



## Quality Committee Meeting Minutes

**Venue:** Kirkstall & Fountains, Springhill 1, WF2 0XQ

**Date:** Thursday 9 July 2015

**Time:** 0900 hours

**Chairman:** Pat Drake

### Attendees:

Pat Drake	(PD)	Deputy Trust Chairman/Non-Executive Director
Erfana Mahmood	(EM)	Non-Executive Director
Mary Wareing	(MW)	Non-Executive Director
Steve Page	(SP)	Executive Director of Standards & Compliance
Dr Dave Macklin	(DM)	Executive Director of Operations
Dr Julian Mark	(JM)	Executive Medical Director

### Apologies:

Ian Brandwood	(IB)	Executive Director of People & Engagement
Alan Baranowski	(AB)	Associate Director of Operations – PTS

### In Attendance:

Andrea Broadway-Parkinson	(ABP)	YAS Expert Patient
Dr Steven Dykes	(SD)	Associate Medical Director
Karen Warner	(KW)	Associate Director of Quality & Nursing
Ben Holdaway	(BH)	Locality Director - EOC
Becky Monaghan	(BM)	Associate Director of Risk & Safety
Shelagh O'Leary	(SOL)	Associate Director, Organisational Effectiveness & Education
Kate Sims	(KS)	Associate Director of HR
David Smithson	(DS)	Interim Associate Director of HR
Keeley Townend	(KT)	Associate Director of NHS 111 and Urgent Care (For Item 6.6)
Michaela Littlewood	(ML)	NHS 111 Head of Quality Assurance (For Item 6.6)
Karen Cooper	(KC)	NHS 111 Head of Service Delivery (For Item 6.6)
Barrie Senior	(BS)	Non-Executive Director (Observer)
Anne Allen	(AA)	Trust Secretary (Observer)

### Minutes produced by:

Mel Gatecliff	(MG)	Committee Services Manager
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The meeting was preceded by a presentation at 0830 and 0900 hours, delivered by Jacqueline Taylor, Patient Relations Manager, relating to management of complaints.

		<b>Action</b>
	The meeting commenced at 0900 hours.	
<b>1.</b>	<b>Introduction &amp; Apologies</b> PD welcomed everyone to the meeting. Apologies were noted as listed above.	
<b>2.</b>	<b>Review Members' Interests</b> Declarations of interest would be noted and considered during the course of the meeting.	
<b>3.</b>	<p><b>Chairman's Introduction</b> PD thanked everyone for their attendance and welcomed MW and DS to their first Quality Committee meeting.</p> <p>PD stated that the IPR was included on the agenda for information as, going forward, it was intended that consideration of the sections of the IPR would be coterminous with relevant agenda items. Any update on key risks would be provided at the end of the meeting.</p> <p>PD further stated that updates on actions / recommendations from limited assurance Internal Audit reports must now be incorporated in general reports to the Committee so that SP and she could respond appropriately at Audit Committee, particularly if there was slippage.</p> <p>PD added that SP and she must also have sight of progress in relation to any challenging actions / recommendations that were not yet complied with from significant assurance reports.</p> <p>PD stated she had recently attended the Patient Safety Congress in Birmingham. There had been a number of useful presentations which she would ask JK/AW to share.</p> <p><b>Action:</b> <b>PD to ask JK/AW to share Patient Safety Congress presentations with Quality Committee members.</b></p> <p>PD stated that the recent Quality Reference meeting for NHS Providers had mentioned the possibility of a review of trusts' quality accounts. There was also to be a national focus on complaints.</p>	<b>PD 037/2015</b>
<b>4.</b>	<p><b>Minutes of the Meeting held on 7 May 2015</b> The minutes of the Quality Committee meeting held on 7 May 2015 were approved as a true and accurate record of the meeting.</p> <p><b>Matters Arising:</b> There were no matters arising.</p>	
<b>5.</b>	<b>Action Log</b> The meeting worked through the Action Log, which was updated accordingly. Closed items were highlighted in grey.	

	Action
<p><b>046/2014 – Education and Training Plan 2014/15</b> JM confirmed that work remained ongoing with a further update to be provided at September meeting. Action remains open.</p> <p><b>094/2014 – Workforce Plan Update</b> SOL confirmed that work remained on-going with a further update to be presented at the September meeting. Action remains open.</p> <p><b>012/2015 - Workforce Update Report</b> PD stated it had been agreed with DM that the item would come to the September meeting with a detailed update about the use of overtime in the organisation. Action remains open.</p> <p><b>013/2015 – Workforce Wellbeing Strategy</b> AA confirmed that the item would also be included as an agenda item for the September Board meeting. Action closed.</p> <p><b>017/2015 – Quality Governance Report</b> JM confirmed that the information about pain scores was included in that day’s Quality Governance report. Action closed.</p> <p><b>026/2015 – Quality Impact Assessment – 2015/16 Cost Improvement Programme</b> SP confirmed that the item had been included on the agenda for the September meeting. Action closed.</p> <p><b>028/2015 – A&amp;E Performance Assurance Update</b> PD stated that the action would be covered during the A&amp;E Assurance Update. Action closed.</p> <p><b>029/2015 – Service Transformation Programme (closed action)</b> PD was unsure that the required level of detail was provided in the recent Quality Committee report to the Audit Committee and asked for the item to be kept in the report for the next Audit meeting.</p> <p><b>030/2015 – Significant Events / Lessons Learned</b> BH stated that, following investigation, it had been confirmed that background discussions about other calls had caused the distraction. Action closed.</p> <p><b>031/2015 - Significant Events / Lessons Learned</b> JM stated the action was covered through on-going arrangements. An update would be provided later in the meeting. Action closed.</p> <p><b>032/2015 – Workforce Plan 2015/16</b> KS confirmed that information about absence rate trends, etc was included in that day’s report. Action closed.</p> <p><b>033/2015 – Workforce Plan 2015/16</b> KS stated information about skill mix, etc and on-going risks, etc was included in the update report at that day’s meeting. Action closed.</p>	

	<b>Action</b>
<p><b>034/2015 – Workforce Plan 2015/16</b> AA confirmed discussions had taken place with the Trust Chairman and an item about skills mix would be added to a forthcoming Board Meeting agenda. Action closed.</p> <p><b>036/2015 – Education and Training Plan 2015/16</b> PD confirmed that NEDs’ training had been discussed at Board and separate discussions had also taken place with the Trust Chairman. PREVENT training would be included as part of the BDM agenda in October. Action closed.</p>	
<p><b>6. QUALITY GOVERNANCE/CLINICAL QUALITY PRIORITIES</b></p>	
<p><b>6.1 Quality Governance Report</b> SP presented an update on Quality Governance to provide assurance that related workstreams were progressing to plan. He stated that the broad ranging report contained information about developments across the Directorates.</p> <p>SP confirmed that factual accuracy comments in relation to the CQC draft report had been submitted by the 3 June deadline and the CQC were still working through them. Their formal response was likely to be received mid-July with the Quality Summit date in mid-August.</p> <p>TEG had carried out an in depth review of the action plan, which was attached to the paper. Wider management engagement through TMG was now under way and a weekly update review would take place.</p> <p>PD asked whether the issue around the scoring had been raised.</p> <p>SP replied that it had but the CQC had needed national input so had been unable to provide an immediate reply. It was expected that a response would be received when the final report was received.</p> <p>SP stated that proposed developments in the patient experience programme had been discussed at a recent Clinical Governance Group (CGG) meeting. It was intended to refocus the attention of the team around action as opposed to data collection and it had been proposed that the frequency of monthly postal surveys be reduced.</p> <p>It was agreed that the Trust needed time to implement some of the changes coming from previous lessons learned.</p> <p>JM stated one of the concerns expressed was that, as questions in the current Friends and Family test did not invite individuals to freely describe their issues, it was currently difficult to pull out themes.</p> <p>SP stated that the national test, although mandatory, was not designed for ambulance service use so the Trust would also aim to carry out its own full survey on a quarterly basis.</p>	

	Action
<p>PD stated there were potential areas in which engagement could be improved. For example, the Trust talked to its staff but not its patients about ambulance design, etc. Going forward it would be essential for the views of critical friends; YAS Forum Members, etc were sought.</p> <p>SP confirmed that work was on-going to regenerate YAS' Critical Friends Network although further clarity was required in terms of the interface, if any, with the Trust's membership, etc.</p> <p>SP stated that a new standard had been published on accessible information which related to meeting the information needs of people with disabilities, direct care needs, etc. It had a lot of implications for YAS and would become a contractual need the following year.</p> <p>PD suggested that the new standard could be the subject of a pre-meeting presentation before a future meeting.</p> <p><b>Action:</b> <b>SP to organise pre-meeting presentation on the new accessibility standards.</b></p> <p>PD requested an update about the clinical application roll out. This was the Clinical Directorate portal to staff, which was available as a URL and built into the Paramedic Pathfinder.</p> <p>JM stated that the full launch was due to take place in September, suggesting that it might be an appropriate topic for a pre-Public Board meeting presentation and demonstration.</p> <p>It was agreed that AA would liaise with JM to arrange a suitable date for the demonstration.</p> <p><b>Action:</b> <b>AA to liaise with JM re suitable date for demonstration of Clinical App at a future Board meeting.</b></p> <p>A discussion took place about the 'bare below the elbow' practice, which the Trust was encouraging managers to enforce as they were going about their day-to-day business. It was noted that TEG would also emphasise the importance of role modelling and ensure that managers attending meetings in uniform adhered to the practice.</p> <p>SP stated that the audit of practice had been increased and Head of Safety, Clare Ashby (CA), was encouraged by what she was seeing out in the field. CA was looking into options for buying fob watches for staff to use as a way to actively encourage people to practice within the policy. CA would submit a proposal in this respect to TEG in due course.</p> <p>ABP suggested that patients and carers could also get involved in monitoring the practice in a critical friends' role.</p>	<p>SP 038/2015</p> <p>AA 039/2015</p>

	<b>Action</b>
<p>PD stated her belief that everyone should challenge if they noticed examples of the practice not being adhered to.</p> <p>SP provided a detailed update about the development of the Prevent training, on which KW was leading</p> <p>BM asked who would be the NED representative on the 'Freedom to Speak Up' working group.</p> <p>PD replied it was likely to be EM, as Senior Independent Director, who would ensure that progress was communicated to the Board.</p> <p>PD requested an update on the 'Schwartz Rounds' that NWAS had undertaken.</p> <p>BM stated that they had been quite big staff engagement events but were currently suspended.</p> <p>PD stated that the Trust already ran best practice days which enabled YAS to engage with its staff.</p> <p>JM stated that there would be at least six best practice days around the county during the current year which would include the use of external speakers to allow the Trust to build on best practice, etc.</p> <p>JM stated that a Chief Medical Officer alert had been received in relation to Middle East Respiratory Syndrome (MERS). Staff training had been increased and guidance issued. He confirmed that no definite cases had been diagnosed in the region to date</p> <p>SD confirmed that the Ebola action group had been reinstated in case of an outbreak of MERS.</p> <p>PD stated it was important to get public health messages out across communities as soon as possible.</p> <p><b>Approval:</b>  <b>The Quality Committee received the report as assurance that Quality Governance remained a key priority for the Trust and that related workstreams were progressing to plan.</b></p>	
<p><b>6.2 Clinical Quality Strategy 2015/16 – Update Report</b>  KW presented an update on the progress of the Clinical Quality Strategy 2015/16.</p> <p>She stated that, following its presentation at the last Quality Committee meeting, the Strategy had been to Board in May 2015 with the detailed Implementation Plan attached at Appendix 1.</p> <p>JM stated that real concerns remained about pain scores and the management of suspected spinal injuries.</p>	

	<b>Action</b>
<p>A discussion took place about current issues relating to pain scores and how pain relief was managed. JM stated that the Trust was making a major effort during the current year with a CQUIN in place in respect of pain scores, etc.</p> <p>JM further stated that national and local consideration was being given to altering the spinal assessment criteria to take the mechanism of injury more into account.</p> <p>PD asked whether the issue related to administration of analgesics recording.</p> <p>JM replied that analgesics were given but there was no record of their effect, which was resulting in the Trust receiving complaints about pain relief not being managed correctly.</p> <p>ABP stated that reference had been made to the KPI around patient carer involvement during the recent CGG meeting.</p> <p>The meeting noted the progress and the areas in need of further update and development.</p> <p><b>Approval:</b>  <b>The Quality Committee received the report as assurance that Clinical Quality remained a key priority for the Trust and that the Strategy for 2015/18 was now being implemented.</b></p>	
<p><b>6.3 Cost Improvement Programme - Quality Impact Assessment Review</b></p> <p>KW presented an update to provide assurance of progress made in completing the Quality Impact Assessment (QIA) of the Cost Improvement Plans (CIPs). She stated that it would also provide an opportunity for the Committee to review and agree the risks and mitigations identified through the QIA process and to report on the development and use of early warning indicators relating to the safety and quality of services.</p> <p>KW presented the highlights of the report. She stated that two proposed schemes (reducing frequency of DBS Checks and Yorkshire Air Ambulance staff) had been rejected on the basis of the QIA due to the assessed risk.</p> <p>She stated that, following a recent TDA review, the Trust had received very positive feedback. The TDA had been impressed with YAS' process for QIA and monitoring of CIPs and had asked the Trust to be a model for other organisations.</p> <p>The Committee noted the on-going issues and key risks to the organisation around the A&amp;E Operations Directorate's CIPs.</p>	

	<b>Action</b>
<p>SP stated that engagement was on-going with union representatives prior to the Workforce Plan going out to staff.</p> <p>PD requested an update on meal break payments.</p> <p>BH replied that the intention was that, as of 1 August, meal break payments would no longer be paid and pay protection would reduce to 3 years.</p> <p>PD thanked KW for her update.</p> <p><b>Approval:</b>  <b>The Quality Committee reviewed the risks and mitigations identified through the QIA process, noting the further development of the quality and safety indicators in relation to operational performance and were assured with regard to the current position of the QIA monitoring and action to mitigate key and emerging risks.</b></p>	
<p><b>6.4</b> <b>Expert Patient report</b>  PD welcomed YAS' Expert Patient, ABP, to the meeting and invited ABP to present her regular report.</p> <p>ABP stated she had participated in a teleconference the previous day and was due to meet with SP on 20 July to discuss the outcome of the recent survey. She thanked those people who had participated in the survey, following analysis of which she had started to develop a communications strategy which would allow more promotion of her role and give staff more opportunities to access a patient voice.</p> <p>BM asked whether the survey monkey had gone out Trust-wide.</p> <p>ABP replied that it had been issued through Ops Update and email so should have reached the majority of staff. She had received 66 responses, which was a reasonable response rate given the tight window for responses.</p> <p>ABP stated that she was developing a paper which looked at the work of the Critical Friends Network in practice and had discussed the transformation plan and possible engagement with Nigel Hopps.</p> <p>ABP was pleased to note the commitment being shown towards patient involvement in the future choices of vehicles and equipment.</p> <p>ABP thanked everyone for their support, adding that she would present a more detailed report at the September meeting.</p> <p>PD congratulated ABP on her usual excellent update.</p>	



		<b>Action</b>
	<p><b>Approval:</b>  <b>The Quality Committee received the YAS Expert Patient verbal update on actions since the last meeting for information.</b></p>	
<p><b>6.5</b></p>	<p><b>A&amp;E Performance Assurance Update</b>  DM presented an update on performance related issues, safety concerns and delayed responses in A&amp;E.</p> <p>PD stated that the Committee recognised the significant performance challenge faced by the Trust. As the quality issues around delayed response would be discussed elsewhere on the agenda, she suggested that the session should concentrate on A&amp;E performance.</p> <p>DM stated that performance continued to decline during June with the Trust reaching a tipping point in relation to re-deployable hours to cover the gap from a performance perspective. Until the number of deployable resources could be increased, the Trust, which currently had a shortfall of 800-1000 unit hours a day across the patch and about 30 ambulances, would be unable to achieve a sustained solution to the current problems.</p> <p>DM provided a summary of the work under way to rectify the situation, which was most challenging at weekends. This included the ORH consultancy work and resulting developments in staffing and deployment, and continued use of private providers.</p> <p>SP stated that the Trust was cautious about its choice of private providers. First discussions had taken place with St John. YAS was comfortable working with them as an organisation as they were not looking to compete with YAS but to partner the Trust.</p> <p>St John would therefore continue to be used as the primary providers but as they would not be able to provide the numbers required within the necessary timeline. Discussions around the procurement process for alternative providers and the governance around that process were on-going.</p> <p>BS raised the possible risk that private providers might poach YAS' own staff and sell them back to the organisation.</p> <p>A long discussion took place about declarations of secondary employment, etc, following which it was agreed that KS and DS should find out more information about current and proposed processes in relation to secondary employment with private providers, etc and feed back to the September meeting.</p> <p><b>Action:</b>  <b>DS/KS to provide update on current and proposed processes in relation to secondary employment with private providers, etc at September meeting.</b></p>	<p><b>DS/KS  040/2015</b></p>

	Action
<p>BS asked whether it would be possible to use 'split' teams so that there was a YAS employee on each private vehicle.</p> <p>It was agreed that DM and the working group should look into the feasibility of the suggestion.</p> <p><b>Action:</b>  <b>DM to consider the practicalities of using 'split' teams of YAS and private employers' staff and report back to Committee.</b></p> <p>PD stated her belief that YAS' own staff should work for the Trust on overtime or not at all, adding that there was potentially a professional governance issue to consider in that respect.</p> <p>DM stated that this would be handled through the contract with each private provider who would be precluded from employing YAS' staff as part of their contract with the Trust.</p> <p>Following further discussion, it was agreed that it would be useful to have sight of a wider resource plan.</p> <p>DM stated that he would be in a position to provide a lot more detail at the September meeting.</p> <p><b>Action:</b>  <b>DM to provide update on proposed/actual use of private providers at September meeting.</b></p> <p>PD thanked DM for a very transparent report and presentation, acknowledging the pressure that he was currently under. She stated that although the NEDs would challenge DM, they would also support him.</p> <p><b>Approval:</b>  <b>The Quality Committee received the update report and was assured that the quality and safety monitoring process continued to monitor the response to patients and in particular took account of any delayed responses.</b></p>	<p><b>DM</b> <b>041/2015</b></p> <p><b>DM</b> <b>042/2015</b></p>
<p><b>6.6</b></p> <p><b>NHS 111 Assurance Update</b>  Associate Director of NHS 111 and Urgent Care, Keeley Townend (KT), Head of Quality Assurance, Michaela Littlewood (ML) and Head of Service Delivery, Karen Cooper (KC) entered the meeting to provide an update on performance and quality indicators along with details of developments undertaken through the year, which included an update on the current NHS 111 Workforce Plan.</p> <p>KT stated that the core NHS 111 workforce was comprised of call handlers, clinical advisors, team leaders and duty managers.</p>	

	<b>Action</b>
<p>In addition, nationally commissioned pilots had introduced the use of dental nurses, pharmacists and senior clinical floor walkers plus the introduction of palliative care.</p> <p>Major workforce challenges had included: growing patient demand; reduction in finances; an extreme seasonal call profile and need for temporary staff; a challenging recruitment programme; an inability to attract clinical advisors and a high sickness rate.</p> <p>KT presented the Strategic Workforce Plan which incorporated learning from the past four years. The key areas of the Plan were:</p> <ul style="list-style-type: none"> <li>• Recruitment and retention;</li> <li>• Clinical development;</li> <li>• Building efficiencies; and</li> <li>• Clear roles and responsibilities.</li> </ul> <p>Home working was a pilot for clinicians only. The pilot worked although there were a number of IT support issues. To continue with the pilot would cost the service but it would help with retention and recruitment.</p> <p>KT stated that major progress had been made in terms of absence management during the course of the past 12 months which was the result, in part, of implementing learning from panel hearings. In addition, a 'deep dive' process was in place with the HR Business Partner going through absence reports with duty managers on a monthly basis.</p> <p>KS stated that managers were taking a proactive approach in terms of the absence deep dive and she was happy that nothing major was being missed.</p> <p>KT stated that individual performance reports meant that staff could access feedback on their personal performances on a daily basis.</p> <p>PD asked whether having part-time members of staff, who might have another job elsewhere, brought any challenges.</p> <p>KT replied that NHS 111 needed part-time rather than full-time staff.</p> <p>PD congratulated KT and her team on achieving a major decrease in absence, having halved the absence rate from its original 15%.</p> <p>DS asked whether KT had considered annualised hours contracts.</p> <p>KT replied that this had been considered, but that NHS 111 was not yet mature enough as a service to comply with the requirements, although parameters for peak time working and leave had been agreed across the year to match the demand profile.</p>	

	<b>Action</b>
<p>She stated that the team were proactive in terms of managing annual leave. Call handlers were encouraged to take leave during the summer period, often at short notice.</p> <p>ABP asked what initiatives were being considered in terms of accessibility, etc.</p> <p>ML replied that a sign language service was available for deaf communities but this was not yet available 24/7.</p> <p>KT stated that, although there had been some integration of patient notes to identify special needs locally, further work was needed on a national basis.</p> <p>ABP asked how the call centre was performing in relation to the sepsis pathway.</p> <p>ML replied that it was challenging but the call centre performing well.</p> <p>PD thanked KT and her team for the update. She noted that, although there were still issues to overcome and learning to take on board in terms of moving forward, positive progress had been made.</p> <p><b>Approval:</b>  <b>The Quality Committee noted the update on NHS 111, taking assurance on the performance across the service line and noting service developments.</b></p>	
<p><b>6.7</b> <b>Service Transformation Programme – Opportunities for Patient and Public Engagement and Make Ready Specification</b></p> <p>SP provided an update on plans to develop Service Transformation Programme approach to patient and public engagement.</p> <p>SP stated that, as the Trust’s Transformation Programme would have a significant impact on patients and the wider public, initial work had been undertaken to begin to define that impact and describe how YAS could engage fully with patients and the public in the design and delivery of Transformation projects.</p> <p>It was YAS’ intention to involve patients and wider public by:</p> <ul style="list-style-type: none"> <li>• Involvement in the solution design process;</li> <li>• Provision of information and consultation about future plans;</li> <li>• Evaluation of their experience of the changes made.</li> </ul> <p>He stated that there was some overlap with ABP’s earlier update.</p> <p>ABP stated that her brief conversation with Transformation Programme Lead, Nigel Hopps, had included discussions about possible involvement of patients and the wider public in groups such as the Urgent Care Forum and Critical Friends Network.</p>	

	<b>Action</b>
<p>SP stated that initial discussions would develop into more specific items and would probably include some work around Hub and Spoke stakeholder engagement and vehicle procurement.</p> <p>SP further stated that, although this was a developing area, the Trust had clear intentions to engage across the programme.</p> <p><b>Approval:</b> <b>The Quality Committee noted and commented on the report.</b></p> <p><b>Make Ready</b> SP presented the specification for the implementation of Make Ready and/or Vehicle Preparation processes within YAS in order to give Committee members the opportunity to see and comment on the business case for completeness. It was agreed that comments should be returned to SP within the next few days.</p> <p><b>Action:</b> <b>Comments on the specification to be returned to SP urgently.</b></p> <p>ABP stated that no reference had been made to patients' lost property which could have a lot of time and resource implications.</p> <p><b>Action:</b> <b>SP to feedback the necessity for reference to patients' lost property to the document's author.</b></p> <p><b>Approval:</b> <b>The Quality Committee considered and commented on the Specification for use within the Make Ready pilot and the Vehicle Preparation Programme prior to final sign off.</b></p>	<p><b>All</b> <b>043/2015</b></p> <p><b>SP</b> <b>044/2015</b></p>
<p><b>6.8</b></p> <p><b>Significant Events / Lessons Learned</b> The Quality Committee considered in detail the update on significant events highlighted through Trust reporting systems and by external regulatory bodies which provided assurance on actions taken to effectively learn from adverse events. The report covered the period 1 April to 16 June.</p> <p>The new Serious Incidents (SIs) were considered in depth.</p> <p>PD asked why the Sheffield service did not think that the SI on page 8 had anything to do with them.</p> <p>BM replied that this was because they thought that they had treated the baby correctly.</p> <p>SP stated that YAS had challenged primary care providers and NHS England but on occasions there seemed a reluctance to engage.</p>	

	<b>Action</b>
<p>PD emphasised the importance of making this perceived reluctance to engage clear in YAS' report.</p> <p>DM stressed that the Trust continued to escalate cases to NHS England when the assurance being sought was not forthcoming.</p> <p>PD stated that the standard and layout of the report was improving. For example, the reasons for delays, etc were now much clearer. However, sometimes lessons learned seemed to be very broad.</p> <p>BM stated there was now a standard data set that could be included in reports relating to delayed responses. This included information about red and green demand in terms of an hourly break down, meal breaks etc.</p> <p>BM further stated that there were currently 28 open incidents, 11 of which were under investigation. Three extensions were due to come to an end that week with the remainder of the 28 with the Commissioners for review or closure.</p> <p>BM stated that the Patient Safety and Information Group met on a monthly basis with the Lead Commissioners. Although it was still difficult to get timely feedback, the situation had improved since Wakefield CCG had taken over as Lead Commissioners.</p> <p>PD asked how dynamic the Lead Commissioners were in communicating with the relevant CCG.</p> <p>SP replied that JM and he had a quarterly meeting with the Lead Commissioners and the sub-regional CCG 'clusters' which was proving to be useful in terms of consistency of message going back into the CCGs.</p> <p>EM requested information about the distinction between incidents and near misses, noting that there had been 669 incidents and 62 near misses in June 2015.</p> <p>BM stated that the national framework around the recognition of an SI and how to investigate one was reviewed by NHS England in March 2015. She added that people were encouraged to report as many incidents and near misses as possible and the fact that the numbers of both were increasing was good news.</p> <p>The number of incidents of a low grade was generally positive with the lower severity a positive reflection on the safety culture of the organisation. Monitoring work was on-going in terms of reported incidents, etc to enable YAS to improve and gather further learning.</p> <p>DM stated that delayed response information was pulled out each week and monitored by the Executive team.</p>	

	Action
<p>A lengthy discussion took place about the reporting of Serious Incidents, the monitoring of safety in terms of delayed responses, etc and what further assurance could be provided in that respect.</p> <p>SP agreed to consider what additional information could be added to the next report going to the Quality Committee and Board in terms of direct assurance in respect of incident reporting and monitoring.</p> <p><b>Action:</b>  <b>SP to consider additional information that could be added to future reports in respect of direct assurance in terms of incident reporting and monitoring.</b></p> <p>PD asked whether there had been any improvement in complaint and concern response timescales since March.</p> <p>SP replied that it was an improving picture as YAS worked through the back log, although the improvement plan was still in early stages of implementation.</p> <p><b>Action:</b>  <b>KW to present up-to-date picture re complaint and concern response timescales at September meeting.</b></p> <p>PD stated that she remained cautiously optimistic that the roll out of the new response bags and lighter equipment was leading to a decrease in the number of employer liability claims.</p> <p>JM stated he was currently trying to arrange a meeting with Coroners to discuss the Trust's high level of involvement in inquests. In the meantime, YAS would continue to support its members of staff who had to attend inquests.</p> <p>PD stated that she would like the Committee to receive a report at the September meeting relating to actions being taken to tackle unanswered calls.</p> <p><b>Action:</b>  <b>SP/DM to provide an update at the September meeting on the issue of unanswered calls.</b></p> <p>BM stated that in order to gain assurance that the Being Open policy was embedded an audit was being developed to examine this area.</p> <p>PD thanked everyone for a detailed and useful discussion.</p> <p><b>Approval:</b>  <b>The Quality Committee noted the current position and was assured in regard to the effective management of and learning from adverse events.</b></p>	<p><b>SP 045/2015</b></p> <p><b>KW 046/2015</b></p> <p><b>SP/DM 047/2015</b></p>

		Action
7.	<b>WORKFORCE</b>	
7.1	<p><b>Workforce Plan 2015/16</b> SOL and KS provided an overview of matters relating to a range of workforce issues.</p> <p>SOL stated that the main area to highlight was that of PDR completion. There had already been some discussions to highlight actions being taken arising from the recent IA significant assurance report with a programme of work around PDRs underway in terms of both quantity and quality.</p> <p>PD stated her belief that behavioural issues also needed to be included in the PDR process and asked whether the Trust was making progress in that area.</p> <p>SOL replied there was quite a strong element in terms of behaviour and patient experience within the A&amp;E revised competencies.</p> <p>A long discussion took place about possible ways in which to change the current process by, for example, by introducing a 12 month rolling programme, with a further update to be provided at the September meeting.</p> <p><b>Action:</b> <b>SOL to include further update about progress in relation to PDR completion, etc in the September update report.</b></p> <p>SOL stated that Leadership and Management development had been identified as a key area of activity during 2015/16. Work was on-going in relation to middle-management develop programmes to ensure that new and current managers received appropriate training and support to allow them to meet the Trust's expectations of them.</p> <p>In terms of the race equality scheme, a more substantial action plan was being worked up to go back to TEG and the Committees in due course.</p> <p>PD stated her belief that equality and diversity training was required to improve the cultural competency of YAS' staff to deliver care to people from different cultural backgrounds.</p> <p>The meeting moved on to consider current recruitment and absence management issues.</p> <p>KS stated that the two key areas for recruitment activity were A&amp;E Ops and NHS 111. Recruitment was well under way in preparation for the NHS 111 winter period with the Trust expecting to appoint an additional 100 members of staff for that period.</p>	<p><b>SOL</b> <b>048/2015</b></p>



	Action
<p>KS further stated that a weekly meeting took place between Training, Recruitment and Locality Director, Paul Mudd to review activity in terms of A&amp;E Operations recruitment.</p> <p>DM stated that the current two-stage recruitment process was the right thing to do in order to prevent problems in relation to skill mix.</p> <p>SP asked whether there were enough people in the recruitment team to process the current NHS 111 and A&amp;E demands.</p> <p>KS replied that DS was currently reviewing recruitment processes across the Trust with the recruitment manager. There had been some turnover in the team in previous months but it was now back at full establishment so its capacity was being revisited.</p> <p>DS stated that, although there were efficiencies to be had in the Trusts recruitment processes in terms of technology, some non-recurrent funding was required to overcome issues in the short term.</p> <p>KS stated that, as requested by the Trust Board, a sickness absence 'deep dive' had been undertaken into the NHS 111 service and a report produced.</p> <p>PD stated that the drop in sickness from 5.75% in May to 5.51% in June was good news.</p> <p>DS stated that members of staff who were off sick did not receive incentives. Long term sickness was currently standing at 3.9% and he would provide a detailed report on this topic in September.</p> <p><b>Action:</b>  <b>DS to provide a detailed report on long term sickness at September meeting.</b></p> <p>KS stated that, whilst the Workforce Plan was almost complete in terms of A&amp;E Operations, PTS still needed further development. However, workforce modelling in terms of PTS would still be aligned in terms of the A&amp;E Plan.</p> <p>KT's NHS 111 Workforce Plan was highlighted as a good example in terms of its use of the apprenticeship scheme and encouraging entry into the wider organisation.</p> <p>KS confirmed that the formal recognition of four Trade Unions: Unison; Unite; GMB; and the RCN, was agreed at the Trust Board on 30 June 2015. She stated that it was good to have all of the unions around the table offering each other healthy challenge.</p> <p>The change of Committee representation from KS to DS for the next 12 months was noted.</p>	<p>DS 049/2015</p>

		<b>Action</b>
	<p><b>Approval:</b>  <b>The Quality Committee formally reviewed and scrutinised the workforce update report, noted the key risks to the organisation and was assured by the progress made.</b></p>	
<p><b>7.2</b></p>	<p><b>Education and Training Plan Update</b>  SOL provided the Quality Committee with an overview of matters relating to education and training.</p> <p>SOL stated that the focus for the Plan had so far been within A&amp;E Operations and the development of training relating to the new roles.</p> <p>PD stated it was good to see the diversity of education provision, although risks still remained around the cancellation of training and required abstraction levels. It was agreed that the Committee would continue to monitor the risk closely going forward.</p> <p>SP stated that the CQC plan and refreshed training needs analysis would need to be kept in mind.</p> <p>PD stated that the need for a training needs analysis also came out of the Internal Audit (IA) report.</p> <p>DS stated that a couple of actions had remained outstanding from the Probationary period report. The recommendation around publicity had now been completed and the policy had now gone out to each Directorate via the relevant HR Business Partner. More detailed information would be provided in the July scorecard.</p> <p>DS stated that he had started work on a recruitment and retention strategy for the Trust.</p> <p>BS stated that a wider question from the IA report related to whether there were wider lessons to be learned. For example, there might be a general need to improve change management in the organisation.</p> <p>DS stated that, in terms of a review of HR policy, a process had been put in place around clarity of ownership and an update sent to IA.</p> <p><b>Approval:</b>  <b>The Quality Committee formally reviewed and scrutinised the Education and Training report and was assured by the progress being made.</b></p>	
<p><b>7.3</b></p>	<p><b>Employee Engagement Update</b>  SOL presented an update on the current and proposed Employee Engagement initiatives, which had been prepared by Associate Director of Communications, Lorna Thornley.</p>	

	<b>Action</b>
<p>SOL stated that the cultural questionnaire run by Zeal Solutions had ended with the results currently being analysed. This would take a few weeks, following which key priorities would be identified and the results presented at a future Committee meeting.</p> <p><b>Action:</b>  <b>SOL to present update on findings of Zeal’s analysis of the cultural questionnaire at a future Committee meeting.</b></p> <p>PD stated that she would like the next report to contain information about the more flexible approach to Team Brief.</p> <p><b>Action.</b>  <b>SOL to provide further information about the more flexible approach to Team Brief in the next update report.</b></p> <p>In terms of the Friends and Family Test, there remained a disparity between the number of staff who would recommend the Trust as a place of ‘care’ which was good overall compared with the number of staff that would recommend the Trust as a place of ‘work’ which remained poor.</p> <p>SOL stated that the forthcoming results of the cultural audit should help to identify a spectrum of key issues that needed addressing within the service that would help to make YAS a great place and help to improve the results going forward.</p> <p>Following discussion, it was agreed that the YAS Staff Forum should link into the Engagement Update going forward, as this engagement was not currently highlighted anywhere else in the organisation.</p> <p><b>Action:</b>  <b>AA/SOL to liaise to ensure that updates about YAS Staff Forum engagement was included in future versions of the report.</b></p> <p><b>Approval:</b>  <b>The Quality Committee noted the report.</b></p>	<p><b>SOL 050/2015</b></p> <p><b>SOL 051/2015</b></p> <p><b>SOL/AA 052/2015</b></p>
<p><b>8. RISK MANAGEMENT</b></p>	
<p><b>8.1 Risk Management Report</b>  BM provided an update on the risks recorded within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) to provide assurance on the effective management of corporate risks.</p> <p>PD stated that the current report would be BM’s last report, as she was shortly due to leave the organisation. She thanked BM for her support during her time at YAS.</p>	

	<b>Action</b>
<p>SP stated that the report was the same iteration that had gone to the July Audit Committee meeting, adding he would feed back to BM on the issues from that meeting prior to the paper going to Board.</p> <p>It was agreed that any additional comments should also be fed back to SP as soon as possible.</p> <p><b>Actions:</b>  <b>Any comments on the Risk Management Report to be submitted to SP as soon as possible.</b></p> <p><b>SP to liaise with BM re amendments required to Risk Management Report prior to the document going to Board (following receipt of any additional comments).</b></p> <p>BS stated that the fact that the new risks (5c and 6c) had been subject to appropriate scrutiny on their way through the Committees would need to be made clear in the paper.</p> <p><b>Approval:</b>  <b>The Quality Committee noted the new risks identified and agreed the Gaps in Assurance and subsequent actions required.</b></p> <p><b>Risk Management Strategy</b>  SP stated that the Risk Management Strategy had also been to the Audit Committee. There had been several minor amendments including the change of name of SMG to TMG, which would be included in the Strategy before the document went to Board.</p> <p><b>Action:</b>  <b>SP to ensure the inclusion of the amendments received from the Audit Committee in the version of the Risk Management Strategy going to the Trust Board for approval.</b></p> <p>PD thanked BM and SP for their updates.</p> <p><b>Approval:</b>  <b>The Quality Committee reviewed the Strategy prior to final approval by the Trust Board.</b></p>	<p><b>ALL</b> <b>053/2015</b></p> <p><b>SP</b> <b>054/2015</b></p> <p><b>SP</b> <b>055/2015</b></p>
<p><b>9. RESEARCH GOVERNANCE</b></p>	
<p><b>9.1 Research &amp; Development Annual Plan</b>  JM presented a paper describing progress against the 2014/15 Research workplan and key deliverables which provided details of the Research &amp; Development (R&amp;D) Annual Plan for 2015/16. The paper was taken as read. JM stated that the Trust Board had challenged him in recent years to raise the profile of R&amp;D so during the current year it was his intention to try to attract an industry partner.</p>	

	<b>Action</b>
<p>YAS continued to work closely with the National Institute for Health Research Clinical Research Network: Yorkshire &amp; Humber (NIHR CRN:YH), which was a key funder of YAS research activity.</p> <p>He stated that YAS' Research Governance Policy would be fully reviewed by March 2016, when the Health Research Authority (HRA) systems were expected to be fully implemented.</p> <p>The partnership with the NIHR Y&amp;H Collaboration for Leadership In Applied Health Care and Research (CLAHRC) would also continue. Projects currently supported included an evaluation of the use of mental health nurses in the EOC, a data linkage study and a scoping study of mental health pathways.</p> <p>PD stated that it was good news that YAS had managed to raise its profile with CLAHRC as this would bring its own useful benefits. She thanked JM for an excellent report which demonstrated good examples of profile-raising.</p> <p><b>Approval:</b>  <b>The Quality Committee noted and was assured by the Research &amp; Development Annual Plan.</b></p>	
<p><b>10. ANY OTHER BUSINESS</b></p>	
<p><b>10.1 Review of Terms of Reference and Annual Work Plan</b></p> <p>SP stated that, although the Terms of Reference (ToR) had not yet been changed, they might need to be changed going forward.</p> <p>ABP asked about the possibility of a second representative from a patient perspective.</p> <p>SP replied that this suggestion would be picked up as part of considerations following receipt of feedback from the survey.</p> <p><b>Action:</b>  <b>SP to feed ABP suggestion re possibility of a second representative from a patient perspective into the considerations following receipt of the survey feedback.</b></p> <p>In terms of representation on the Committee, it was agreed that SP would invite RB to attend a future Quality Committee meeting.</p> <p><b>Action:</b>  <b>SP to invite RB to attend a future Quality Committee meeting.</b></p> <p>A discussion took place about the membership of the Committee.</p> <p>JM stated that the ToR should state: '2 Associate Directors from the Medical Directorate'.</p>	<p><b>SP</b>  <b>056/2015</b></p> <p><b>SP</b>  <b>057/2015</b></p>

	<b>Action</b>
<p>DM stated that the Deputy Director of Operations would need to be deleted from the membership list. SP and DM would discuss the inclusion of the Locality Director for EOC outside the meeting.</p> <p>It was agreed that the NED Chairman of F&amp;IC should be added to the list of members.</p> <p>Once the amendments to membership and those who should be in attendance had been made, it was agreed that the document could go to the July Board meeting for formal approval.</p> <p><b>Action:</b>  <b>SP to make the following amendments to the ToR:</b></p> <ul style="list-style-type: none"> <li>• <b>In attendance: 2 Associate Directors from the Medical Directorate to be added;</b></li> <li>• <b>Deletion of Deputy Director of Operations;</b></li> <li>• <b>Inclusion of Locality Director for EOC to be discussed outside the meeting;</b></li> <li>• <b>Membership: NED (Chair of F&amp;I) to be added.</b></li> </ul> <p><b>Action:</b>  <b>SP to submit amended document to AA for inclusion in papers for July Board meeting.</b></p> <p><b>Approval:</b>  <b>The Quality Committee noted and approved the above changes to its Terms of Reference.</b></p> <p><b>Annual Workplan</b>  PD presented the revised Workplan which had been altered to take into account the demands of the Committee’s increasingly complex agenda. She stated that the proposed format was as simple as SP and she could make it.</p> <p>There were no comments about the revised Workplan.</p> <p><b>Approval:</b>  <b>The Quality Committee noted and accepted the revised Workplan.</b></p>	<p><b>SP</b> <b>058/2015</b></p> <p><b>SP</b> <b>059/2015</b></p>
<p><b>10.2</b>     <b>Issues for Reporting to the Board and Audit Committee</b>  PD stated that SP and she would clarify the issues for reporting to the Board and Audit Committee outside the meeting.</p>	
<p><b>10.3</b>     <b>Review of Meeting Actions and Quality Review of Papers – Annual Committee Review and Work Plan for 2015/16</b>  PD thanked everyone for their time and efforts, adding that the meeting had finished on time.</p> <p>It was agreed that it had worked well to use the IPR in context.</p>	

		<b>Action</b>
	<p>However, as the content and format of the IPR was due to change in the near future, this decision might need to be reconsidered going forward.</p> <p>PD asked whether it might be an appropriate time to carry out another Committee self-assessment review.</p> <p>AA stated that she would liaise with the Trust Chairman and Chief Executive about the management of self-assessments for Board and Board Committees going forward and report back at a later date.</p> <p><b>Action:</b>  <b>AA to liaise with Trust Chairman and Chief Executive re management of Board and Board Committee self-assessments going forward and report back when appropriate.</b></p>	<b>AA 060/2015</b>
<b>11.</b>	<b>FOR INFORMATION</b>	
	<p>There were no items for information.</p> <p>The meeting closed at 1210 hours.</p>	
<b>12.</b>	<p><b>Date and Time of Next Meeting:</b>  (0830) 0900-1230 hours  <b>10 September 2015</b>, Kirkstall and Fountains, Springhill 1, WF2 0XQ</p>	

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

\_\_\_\_\_ **CHAIRMAN**

\_\_\_\_\_ **DATE**