



## Quality Committee Meeting Minutes

**Venue:** Kirkstall & Fountains, Springhill 1, WF2 0XQ  
**Date:** Thursday 10 September 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)	Interim Executive Director of Operations
Dr Julian Mark	(JM)	Executive Medical Director

### Apologies:

### 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
Shelagh O'Leary	(SOL)	Associate Director, Organisational Effectiveness & Education
David Smithson	(DS)	Interim Associate Director of HR
Alan Baranowski	(AB)	Associate Director of PTS (For Item 6.7)
John Nutton	(JN)	Non-Executive Director (Observer)
Barrie Senior	(BS)	Non-Executive Director (Observer)
Anne Allen	(AA)	Trust Secretary (Observer)

### Minutes produced by:

Andrea Wort	(AW)	Executive PA
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The meeting was preceded by a presentation at 0830 and 0900 hours, delivered by Gareth Flanders, Head of Quality, relating to the new NHS Accessible Information Standard.

		Action
	The meeting commenced at 0900 hours.	
1.	<b>Introduction &amp; Apologies</b> PD welcomed everyone to the meeting.	

	<b>Action</b>
<p>Apologies were noted as listed above.</p>	
<p><b>2. Review Members' Interests</b> Declarations of interest would be noted and considered during the course of the meeting.</p>	
<p><b>3. Chairman's Introduction</b> The Chairman gave an update on the updated Well Led review process following a conference presentation earlier in the week. She also highlighted the appointment of the new Associate Director of Paramedic Practice role.</p> <p>PD commented positively on the new format of the papers as they provided a more comprehensive picture, but also took the opportunity to remind members to ensure the risk assessment is included and the IPR is referenced. This will help with providing assurance to the committee.</p>	
<p><b>4. Minutes of the Meeting held on 9 July 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 subject to the following amendment:</p> <p>Page 1, Membership – Dr David Macklin, Interim Executive Director of Operations – remove the word 'Interim'</p> <p><b>Minutes of the Joint Quality and Finance &amp; Investment Committee Meeting held on 9 July 2015</b> The minutes of the Joint meeting held on 9 July were approved as a true record of the meeting.</p> <p><b>Matters Arising:</b> There were no matters arising.</p>	
<p><b>5. Action Log</b> The members reviewed the Action Log, and updated this accordingly. Closed items were highlighted in grey.</p> <p><b>046/2014 – Education and Training Plan 2014/15</b> JM updated that Mark Millins is progressing work on the Clinical Career Framework which was due to be presented at the next CGG. It will form part of the workforce plan. JM has had a productive conversation with the CEO from the College of Paramedics in relation to co-creating a national framework for post registration development. There is also the possibility of funding to support this.</p> <p><b>094/2014 – Workforce Plan Update</b> IB reported that the workforce plan has been rejected by the Trade Unions. However, some elements of the plan were continuing, specifically those in relation to training and development.</p>	

	<b>Action</b>
<p>In addition the pay protection policy has been revised and reduced from five years to two years. An alternative workforce proposal is being developed by the Unions and will be shared with DM. It was agreed to close the original action.</p> <p><b>012/2015 - Workforce Update Report</b> Discussed as part of the agenda. Action closed</p> <p><b>037/2015 – Chairman’s Introduction</b> Presentations circulated. Action closed.</p> <p><b>039/2015 – Quality Governance Report</b> Clinical App to be presented to February 2016 Board meeting. AA added to Board Development Meeting plan and discussed with Chairman. Action closed.</p> <p><b>040/2015 – A&amp;E Performance Assurance Update</b> Private providers’ information included in the update scheduled on the Agenda. (DS had circulated communication regarding the Trust position on YAS substantive staff working for private providers. Action closed.</p> <p><b>041/2015 – A&amp;E Performance Assurance Update</b> DM informed this related to the Trade Union position, but having reviewed this option it had been completely excluded. Action closed.</p> <p><b>042/2015 – As above.</b> Action closed.</p> <p><b>045/2015 – Significant Event/Lessons Learned</b> Action related to delayed response. SP advised the presentation includes data that is reviewed on a weekly basis. Action closed.</p> <p><b>046/2015 – Significant Event/Lessons Learned</b> Included in Quality Governance paper. Action closed.</p> <p><b>047/2015 – Significant Event/Lessons Learned</b> Also included in Quality Governance paper. Action closed.</p> <p><b>048/2015 – Workforce Plan</b> Included in workforce report. Action closed.</p> <p><b>049/2015 – Workforce Plan</b> Also included in workforce report. Action closed.</p> <p><b>051/2015 – Employee Engagement Update</b> Included in employee engagement update paper. Action closed.</p> <p><b>052/2015 – Employee Engagement Update</b> Ali Richardson liaising with SOL. Action closed.</p>	

	Action
	<p><b>056/2015 – Review of Terms of Reference and Annual Work Plan</b> Action remains open</p> <p><b>060/2015 – Review of Meeting Actions/Quality Review of Papers</b> Actioned through 1-1s with Chief Executive and Chairman. Action closed.</p>
<b>6.</b>	<b>QUALITY GOVERNANCE/CLINICAL QUALITY PRIORITIES</b>
<b>6.1</b>	<p><b>Quality Governance and Clinical Quality Strategy Report</b> KW presented the paper and informed this was a combination of several papers previously and provides a composite picture. It included firstly elements of quality safety itself and secondly quality governance in terms of more generic issues.</p> <p>KW referred to section four which detailed work on the patient safety agenda. In addition, interviews were to take place imminently for a project manager to undertake the “sign up to safety” work. This will strengthen the project management arrangements and delivery of the work-streams.</p> <p>KW highlighted in section 6 there had been difficulty in achieving the complaints target but the picture was improving. The target was 65% at the start of 2015/16 increasing to 80% by the end of the financial year. She further clarified that the table at 6.1 was different to that in the IPR as the IPR reports monthly and the table in the paper contains current weekly data.</p> <p>KW confirmed the target is to meet the deadline for response which has been agreed with the patient.</p> <p>Differences made within the team included the importance of early contact which has seen an increase in complaints on-day becoming closed. SP reported it was positive that whilst an increasing number of cases are being referred to the Health Ombudsman, the majority of these are not upheld. This was a positive reflection of the quality of process. PD commented that the presentation provided at the last quality committee showed a positive picture.</p> <p>KW updated that the response rate to the Friends and Family Test remained low; therefore the Head of Quality was leading some focused work on this. This included contacting Locala who had recently improved the FFT response and could provide some best practice examples.</p> <p>KW informed that Jayne Andrews, had joined the Trust as Head of Safeguarding and Quality Governance, and would add strength in both leadership and management to the safeguarding team.</p>

	<b>Action</b>
<p>In section 12, it was noted that the clinical audit for pain management found that 75.8% of patients who had received analgesia, reported a reduction in their pain score.</p> <p>In addition, a business case was in development to introduce intravenous paracetamol Trust wide. This followed a pilot in the North region.</p> <p>SP had established and chaired the first Freedom to Speak Up working group on 1 Sept 2015 and identified key areas of activity as listed at section 15.4. The group comprised of representatives from each of the service lines, support and corporate directorates, including staff forum members, and union members. An initial review of guidance and available reports, such as the NHSE toolkit and self-assessors, took place and Terms of Reference agreed. The group will be used to take a more rounded view of how staff concerns are raised and feedback. PD suggested an update at the March 2016 committee meeting and link through the staff engagement strategy.</p> <p>SP commented that one challenge was making clear to staff the systems to access support and raise concerns. Recommendations will be taken from the working group to TMG, followed by Quality Committee and in turn Board meeting. Communications will be shared with staff in an ongoing way.</p> <p>KW updated on Nursing Revalidation commenting that timescales were moving closer as Revalidation was due to launch October 2015, with a requirement for nurses to revalidate from April 2016. Karen Singer, NHS 111 Clinical Duty Manager is providing support to ensure Trust readiness and a Nursing Leadership Forum has been established with agreed Terms of Reference and a clear scope of work. Membership is drawn from senior nurses across the organisation. A Professional Nursing Framework has been developed (appendix) which defines the professional line of accountability through the organisation. The revalidation process is progressing well and will include engagement and education for non-nurse confirmers who line manage and NMC registrant.</p> <p>PD asked about engagement and resources available to nurses, both current and newly recruited. KW confirmed that KS was developing resources and engagement tools, there was significant material particularly on the NEC website. Nurses have also been requested to register on the NMCi website to confirm their revalidation date</p> <p>PD recommended that the learning from the revalidation would inform paramedic practice and process.</p> <p>PD felt the paramedic development agenda should be moving forward. JM informed that this was being discussed with College of Paramedics.</p>	

	<b>Action</b>
<p>PDRs provide the opportunity to enable this and the forthcoming A&amp;E restructure will need to ensure strong clinical professional leadership in the organisation. This process began yesterday with the appointment of AD Professional Practice, pending acceptance, and a lead role for them is taking charge of the national agenda including revalidation.</p> <p>SP explained the opportunity through nurse revalidation to inform future practice and process Trust wide. Mark Millins and David Smithson are both members of the nursing leadership forum to ensure read across and review of wider implications. SP is planning to take a paper to TEG in October to discuss revalidation and also the opportunity of nursing recruitment in YAS and different ways of working.</p> <p>DM advised he would be writing to paramedics that had left YAS to work for the Dept. of Working and Pensions to encourage them to return to the organisation and to advise them that certain parts of their practice can only be obtained by working in the Ambulance Service.</p> <p>KW commented that software solutions were being considered to support nursing revalidation. An options appraisal on the alternative systems available would be presented to TEG in October 2015.</p> <p>KW highlighted the Monitor Risk Assessment Framework which describes the process Monitor will go through. The Finance &amp; Investment committee report and the Framework were attached at Appendix II for information.</p> <p>MW commented that the paper was helpful and covers a large agenda. A discussion followed on the need for additional narrative to the data in the report to add context.</p> <p>SD reported section 5: Clinical audits had been completed for the CQUINs for mental health, management of suspected sepsis and pain. The first quarterly mortality review reported 481 cases. There were no category 4 cases, relating to unexpected death caused by medical intervention. 33 patients received a category 3 rating due to recent contact with a healthcare professional and discussion was held in how to deal with this sensitively.</p> <p>Going forward, all category 3 and 4 cases will be reported on Datix in a specific field and discussed at the Incident Review Group. Concerns regarding non-YAS contact will be referred using the 'Service to Service' procedure to notify the agency a patient has died. Historically, due to the systems, the case could be 3-4 months out of date before a letter is sent out.</p>	

	<b>Action</b>
<p>JM commented that NASMED were looking to produce a reproducible system which could provide nationally benchmarkable information.</p> <p>PD commented that the CQUINs consisted of quarter 2 data and as such, was not yet a complete picture, and therefore provides limited assurance. SD explained even though compliance for the sepsis CQUIN care bundle was low it was still in the early implementation phase. A network of Emergency Department ED Leads had been established and feedback suggested a rise in the number of pre-alerts and patients resuscitated before arrival at an ED.</p> <p>At the last Quality Committee a deep dive of morphine breakages had been requested. SD highlighted that 68 out of 191 incidents were due to an ampoule shattering on opening, which had been traced back to a single supplier who was using the wrong glass. There was good feedback from frontline staff reporting numbers on vials to trace back to the manufacturer. 120 incidents were either dropped (a number of these were on removal from the safe) or found broken.</p> <p>West Midlands Ambulance Service now have a more resilient ampoule which does not break on impact. However YAS still need to identify the root causes and build any learning into the longer term Make Ready work stream. PD asked that reporting on breakages be shared with local managers.</p> <p>It was noted the key challenge regarding Prevent training. This had been compounded by the cancellation of training in October and the Home Office requirement for face to face training.</p> <p>PD referred to section 18 Risk Assessment, and commented this was a very comprehensive paper.</p> <p>It was noted there were risks around 3a, 3b and 5b of the Board Assurance Framework and that the Paramedic Pathfinder remained a risk, of about £750k.</p> <p><b>Assurance:</b>  <b>The committee were assured the right level of risk assessment was in place but the paramedic pathfinder CQUIN provided limited assurance.</b></p> <p>SP commented also that the paper included quite a cross reference to the CQC paper.</p>	
<p><b>6.2</b></p> <p><b>Care Quality Commission Action Plan</b></p> <p>SP presented the paper which was to update on the CQC inspection process and present the CQC action plan.</p>	

	<b>Action</b>
<p>The Quality Summit was held on 18 August and an action plan had been developed. This was being monitored weekly through TEG. YAS will be performance managed on the delivery of the plan by NHS TDA, and will also be expected to provide regular updates to commissioners externally.</p> <p>Completion of the plan was likely to be the end of the current financial year which should be in line with demonstrating a good track record and stability in performance. In order to receive a 'good' rating the CQC would need to return and undertake another full inspection which would be unlikely before June 2016.</p> <p>Included in the action plan under risk assessment cross reference had been made with the BAF and will be updated on the BAF and with the corporate level of risk register.</p> <p>SP was considering the Internal Audit plan and the Clinical Audit plan to ensure changes in practice were embedded.</p> <p>BS felt the action plan was very good and details requirements accurately and noted majority had been done. EB also highlighted that this provided an opportunity to report areas YAS was achieving well. As an example the statutory and mandatory training timeline states yes, when the Trust had actually achieved 92% which was better than the national average.</p> <p>PD commented on the importance of the audit to ensure changes in practice were being sustained.</p> <p>PD asked about staff engagement with the CQC report and plan and SP confirmed that locality briefings had taken place YAS wide. DM explained that the actions were also discussed in detail at the senior operational away day.</p> <p>SP commented that NHS TDA had been supportive at the Quality Summit and although the CQC advised improvement was required, the Trust were a short distance from being rated as "Good".</p> <p><b>Approval: The committee gained assurance from the paper on progress of CQC action plan pending comments made that add to the process.</b></p>	
<p><b>6.3</b></p> <p><b>Quality Impact Assessment Review – Cost Improvement Programme</b></p> <p>KW presented the paper as assurance the QIA process of the Cost Improvement Plans.</p> <p>DM commented on section 5.1 and felt the key risks to quality were organisational issues not A&amp;E specifically and suggested this should possibly be changed.</p>	



		<b>Action</b>
	<p>KW referred to the table on page 6 which was a breakdown of incidents around delayed response and associated harm.</p> <p>SP reported there was positive movement around PTS savings in particular the taxi saving.</p> <p><b>Action: A specific agenda item covering the reserve schemes and QIA was requested for the next joint meeting of the Quality and Finance &amp; Investment Committees.</b></p> <p><b>Approval: The Quality Committee were assured regarding the QIA process for CIPs and the ongoing monitoring.</b></p>	<b>SP 061/2015</b>
<b>6.4</b>	<p><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 reported that the Expert Patient Role survey recently was personally enlightening, and thanked those who responded for their support and transparency.</p> <p>ABP and SP discussed the model for engagement and the option of the Critical Friends Model. It was agreed that this would be progressed through the regular 121 meetings.</p> <p>ABP looked for clarity on the status of the engagement strategy, specifically the Patient &amp; Public Involvement element. IB confirmed a report on stakeholder engagement was scheduled for TEG next week and the Board in September therefore it was hoped more clarity would be available at the next Quality Committee. Once agreed this could be shared with ABP.</p> <p>ABP also updated that the education and training department had contacted her in relation to providing expert patient input into the clinical training review.</p> <p><b>Approval: The Quality Committee received the YAS Expert Patient update on actions and accepted the recommendations. It was suggested ABP is contacted regarding engagement.</b></p>	
<b>6.5</b>	<p><b>Service Transformation Programme – Assurance Report</b> SP presented the report which detailed information on work undertaken by the work streams.</p> <p>Key developments included; further refinement of programme deliverables and interdependences; successful contribution to the Urgent Care Network Vanguard bid and gearing up to influence delivery.</p>	

	<b>Action</b>
<p>JM updated that John Cartwright had joined the Trust to manage the work, early delivery and partnership working of the Vanguard programme. A draft outline plan has been developed.</p> <p>PD advised of the requirement to have good governance and due diligence in mind. She further informed that JN and herself would be attending a study day to understand partnerships and due diligence, how it works and what the risks are.</p> <p>SP commented that the appetite for risk for change needed Board agreement.</p> <p>SP updated a significant review and reframing of A&amp;E transformation was about to commence which DM would explain further in item 6.6. Steps were being taken to strengthen programme management in order to deliver. Similarly, in PTS, much work was being undertaken defining deliverables and benefits.</p> <p>AA highlighted the comment at section 5.12, relating to the TDA requesting changes to the SOC, and advised this may mean flexibility for review at committee level and submission to Board, for approval of the SOC.</p> <p><b>Approval:</b>  <b>The Quality Committee accepted the paper, risks and changes being identified.</b></p>	
<p><b>6.6 A&amp;E Improvement Plan Update</b></p> <p>DM led a presentation in relation to the A&amp;E Operations update including an overview as follows:</p> <ul style="list-style-type: none"> <li>• Current performance</li> <li>• Quarter 1 situation analysis</li> <li>• Addressing the issues</li> <li>• Other considerations</li> <li>• Performance Projection</li> <li>• TDA Support</li> </ul> <p>DM invited any comments from the committee.</p> <p>EM sought to understand the level of confidence that all possible actions to improve performance were in place, specifically if there was any capacity for more private providers. DM responded there was a financial constraint, but even if sufficient funding was in place, there were issues around managing a high number of private providers.</p> <p>EM commented on the contribution of ICT, specifically ePRF. DM highlighted the short term impact of implementing new ICT but a longer term view could see benefits.</p>	

		<b>Action</b>
	<p>DM explained recruitment remained the most significant risk.</p> <p><b>Action: Further update to be provided at the next Quality Committee meeting.</b></p> <p>Cluster incidents of under coding to be investigated and to report back. Action for JM</p> <p><b>Approval:</b>  <b>The Quality Committee noted the presentation with identified key risks to the organisation, and confirmed its limited assurance in reaching 75%, but were assured around patient safety and that a plan was in place.</b></p>	<p><b>DM 062/2015</b></p>
<p><b>6.7</b></p>	<p><b>PTS Service Line Assurance Update</b>  AB joined the meeting at 1120.</p> <p>AB presented the report which provided an assessment of the quality of service delivery relating to the Patient Transport Service.</p> <p><b>Approval:</b>  <b>The Committee noted limited assurance around financial viability, and were assured around CQUINs and work being taken forward on patient safety.</b></p> <p>SP commented this was a good news story around PTS. PD added it was good to see service delivery going in the right way, and complimented AB on the structure of the paper and presentation of data.</p> <p>AB left the meeting.</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 17 June to 21 August 2015.</p> <p>SP highlighted the number of serious incidents reported a positive picture with nothing untoward in the number or trends.</p> <p>Incidents and near misses were running with a continued high level of reporting and low ratio of harm to overall reporting.</p> <p>Work had also begun in the Standards &amp; Compliance Directorate around feedback to staff on lessons learned and a monthly summary bulletin had been circulated last month with initial feedback as positive. A survey was also planned as a way of consulting with staff on effective feedback mechanisms.</p>	

		<b>Action</b>
	<p>DM commented that occasionally feedback is not provided on service to service issues.</p> <p>There was a very positive picture relating to moving and handling and in particular equipment bags as claims relating to these had significantly reduced. SP had recently chaired the Health &amp; Safety Committee and reported that staff representatives were positive about the impact.</p> <p>EM commented that issues were increasingly being referred to the coroner due to delayed response issues. DM confirmed that YAS representatives are increasingly called to provide evidence to the Coroner and that this was managed through the Legal Services Team.</p> <p>PD commented on the proportion of complaints in A&amp;E attributed to attitude and communication, which occasionally can be seen as an indicator of a stressful environment.</p> <p><b>Approval:</b>  <b>PD recommended the report on behalf of the committee, accepting the inherent risks particularly around risk 5b.</b></p>	
<b>7.</b>	<b>WORKFORCE</b>	
<b>7.1</b>	<p><b>Workforce Plan Update</b></p> <p>DS presented the report containing an overview of workforce related issues.</p> <p>PD asked if the reduction in sickness was due to overtime increasing. IB explained absence records were now being taken into account when training opportunities are offered which may assist with attendance. DM informed that additionally, staff must not have been absent for a period of time, in order to qualify for overtime payments.</p> <p>SOL updated on the Race Equality scheme and informed a revised action plan had been approved by TEG. Work had been undertaken with the lead commissioner in prioritising work required in this area and looking into data emerging.</p> <p>Key updates included a new Equality &amp; Diversity lead joining the Trust at the end of September, and also the procurement of a new Training and Development programme for all managers. This work was now signed off by the Executive Director of Finance and in the final stages of awarding contract. IB added it is a mandated obligation to deliver the equality and diversity training.</p> <p><b>Approval: The Quality Committee approved the paper.</b></p>	

	<b>Action</b>
<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 and the training plan.</p> <p>PD asked about policy on funding and support for higher education courses. SOL explained there is a standard application process and some funding was available internally for staff development.</p> <p>JM added that there are a number of free CPD sessions, all of which had been videoed for staff to access with high profile specialists in the field. It was agreed that the communication and profile of these could be raised.</p> <p><b>Approval:</b>  <b>The Committee were assured by the action being taken in terms of risk and aware of the tension, but in light of the CQC action plan, consideration would be made to training implications as a read across to CQC.</b></p> <p><b>Action: SOL to review the training plan in light of CQC recommendations.</b></p>	<p><b>SOL 063/2015</b></p>
<p><b>7.3</b></p> <p><b>Employee Communications and Engagement Update</b>  SOL provided the committee with an update on the development of the YAS Team brief initiative as well as some of the additional employee engagement initiatives currently under way.</p> <p>Low attendance recently at team brief sessions led to a review of the initiative and a proposal for its development was approved by TEG in August.</p> <p>Attention was drawn to the research project currently underway and attached, commissioned by Ambulance Service HR Directors to review the finer detail of employee engagement in ambulance services and why this is different to acute trusts. This is similar to work being undertaken by Zeal within YAS with the cultural audit.</p> <p>The timeline for the new intranet was requested and IB confirmed the intranet had gone live this week. The new pulse intranet and the old intranet would be running in parallel for a few weeks before being phased out. However, members were not aware this had begun therefore IB and SOL agreed to extend the communication.</p> <p>PD congratulated on the recent tweet-a-thon.</p> <p><b>Action: It was requested that NEDs are provided with instructions on how they can access the site externally.</b></p> <p><b>Approval:</b>  <b>The Committee noted the changes to the YAS Team brief as part</b></p>	

		<b>Action</b>
	<b>of employee engagement developments and other work ongoing to support this.</b>	<b>064/2015</b>
<b>8.</b>	<b>RISK MANAGEMENT</b>	
<b>8.1</b>	<p><b>Risk Management Report</b> An update was provided 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>The BAF had been updated since the last version and now included a cross reference to the key issues contained in the CQC report. Similarly reference is also made to the corporate level of the risk register.</p> <p>SP explained that since Becky Monaghan, AD Risk &amp; Safety, had now left the Trust and he had resumed chairmanship of the Health &amp; Safety Committee (HSC) and RAG and would continue to do so, even when that post has been filled.</p> <p>SP had a useful conversation with Ian Hinitt about strengthening governance arrangements in facilities management areas. This was a positive development and he was bringing interesting ideas that could be applied to other parts of the organisation also.</p> <p><b>Action:</b> <b>PD commented there was a significant number of risks for September and March, but not as much in between, and therefore requested assurance at the next meeting in December that those dated in September will be completed.</b></p> <p><b>Approval:</b> <b>PD accepted this was a significant piece of work and was up to date in terms of the risks the Committee carried and assurances needed to provide to Audit Committee, at the present time, and that there was no additional risk associated with the process and in light of an Executive Director chairing those sub committees.</b></p>	<b>SP 065/2015</b>
<b>9.</b>	<b>RESEARCH GOVERNANCE</b>	
<b>9.1</b>	There were no reports for Research & Development.	
<b>10.</b>	<b>ANY OTHER BUSINESS</b>	
<b>10.1</b>	<p><b>Issues for Reporting to the Board and Audit Committee</b></p> <p>Issues for reporting to Audit Committee had been noted. There were no issues for reporting to Board.</p> <p>PD commented that the standard of papers was improving and it was</p>	

		<b>Action</b>
	<p>very helpful to see risks and exceptions clearly identified. All agreed with the process of including the IPR for information purposes.</p> <p>SP felt there was still scope within paper to tighten up a bit more on highlighting of IPR exceptions, with a more specific paragraph.</p> <p>PD noted this was the last meeting attended by IB and thanked him on behalf of the committee for his input and wished him well in his new role.</p>	
<b>10.2</b>	<p><b>Review of Meeting Actions and Quality Review of Papers – Annual Committee Review and Work Plan for 2015/16</b></p> <p>PD thanked everyone for their time and efforts, adding that the meeting had finished on time.</p>	
<b>11.</b>	<b>FOR INFORMATION</b>	
	There were no items for information.	
<b>12.</b>	<p><b>Date and Time of Next Meeting:</b>  (0830) 0900-1230 hours  <b>3 December 2015</b>, Kirkstall and Fountains, Springhill 1, WF2 0XQ</p>	

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

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

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