



Quality Committee Meeting Minutes

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

Date: Thursday 3 December 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

Apologies:

Dr Julian Mark	(JM)	Executive Medical Director
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In Attendance:

Andrea Broadway-Parkinson	(ABP)	YAS Expert Patient
Dr Steven Dykes	(SD)	Associate Medical Director
Mark Millins	(MM)	Associate Director of Paramedic Practice
Karen Warner	(KW)	Associate Director of Quality & Nursing
Shelagh O'Leary	(SOL)	Associate Director, Organisational Effectiveness & Education
David Smithson	(DS)	Interim Associate Director of HR
Barrie Senior	(BS)	Non-Executive Director (Observer)
Anne Allen	(AA)	Trust Secretary (Observer)
Benita Jones	(BJ)	Head of Internal Audit (Observer)
Sue Kendall	(SK)	Internal Audit (Observer)
Ian Walton	(IW)	Associate Director of Operations (Item 6.7)
Alistair Gunn	(AG)	Logistics and Performance Manager (Item 6.8)
Martin Carter	(MC)	Interim Communications and Engagement Consultant (Item 7.3)

Minutes produced by:

Joanne Lancaster	(JL) Committee Services Manager
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The meeting was preceded by a presentation at 0830 and 0900 hours, delivered by Mark Squires, Associate Director of Support Services, Ian Hinitt, Head of Estates and Mike Fairbotham, Head of Procurement, relating to the response to the CQC from Estates, Procurement and Fleet.

		Action
	The meeting commenced at 0900 hours.	
1.	<p>Introduction & Apologies PD welcomed everyone to the meeting including JL the new Committee Services Manager. Introductions were made to Benita Jones and Sue Kendall from Internal Audit who were observing the meeting as part of the Well Led Review. Apologies were noted as listed above.</p>	
2.	<p>Review Members' Interests Declarations of interest would be noted and considered during the course of the meeting.</p>	
3.	<p>Chairman's Introduction PD referred to the Well Led review and welcomed this initiative.</p> <p>PD referred to the IPR document and emphasised the need to ensure it was not seen as a separate item and that any exceptions were incorporated into specific reports.</p>	
4.	<p>Minutes of the Meeting held on 10 September 2015 The minutes of the Quality Committee meeting held on 10 September 2015 were approved as a true and accurate record of the meeting.</p> <p>Matters Arising: There were no matters arising.</p> <p>Page 7, 2nd paragraph – change to ‘ A network of Emergency Department ED Leads’</p> <p>Page 8, paragraph 5, 2nd sentence, change EM to BS.</p> <p>Page 11, to insert ‘Cluster incidents of under coding to be investigated and to report back. Action for JM.</p>	
5.	<p>Action Log The meeting worked through the Action Log, which was updated accordingly. Closed items were highlighted in grey.</p> <p>Action 046/2014 – Education and Training Plan 2014/15 – A report had been to the Committee. The Clinical Career Framework was expected to be ready by the next quarter. Action closed.</p> <p>Action 012/2015 – Workforce Update Report – Action closed.</p> <p>Action 056/2015 – Review of Terms of Reference and Annual Work Plan – SP working on this and consulting with relevant parties.</p> <p>Action 062/2015 - A&E Improvement Plan Update – Item on the agenda. Action closed.</p>	

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	<p>Action 063/2015 – Education and Training Plan update – Item on the agenda. Action closed.</p> <p>Action 064/2015 – Employee Communication and Engagement update – Item on the agenda. Action closed.</p> <p>Action 065/2015 – Risk Management report – Action to remain open until clarification was received that the risks had been completed.</p>	
6.	QUALITY GOVERNANCE/CLINICAL QUALITY PRIORITIES	
6.1	<p>Quality Governance and Clinical Quality Strategy KW reported that the purpose of the paper was to provide an update on the quality governance and Clinical Quality Strategy and to provide assurance that related work streams were progressing to plan.</p> <p>PD stated her belief there were a lot of acronyms within the report, either a glossary should be provided or the words spelt in full with the acronym in brackets.</p> <p>KW advised that lots of reports had been pulled together to complete the document and had been a piece of joint work between KW and SD.</p> <p>PD would welcome the identification of specific leads within the paper.</p> <p>Action To include the lead officer for specific items for future papers.</p> <p>KW advised that the new Sign up to Safety Programme Lead, Louise Hodgson, had commenced the role that week. She had already met with key people within the organisation. Her focus would be to strengthen the initiative.</p> <p>PD asked for more information on the human factors work.</p> <p>Action A more detailed update on the human factors workstream to be brought to Committee in March.</p> <p>PD asked that Louise Hodgson be invited to the Quality Committee in 6 months' time to update on progress.</p> <p>Action KW to invite Louise Hodgson to the May 2016 Quality Committee to update on the Sign up to Safety programme.</p> <p>KW updated on the patient stories presented to Board. KW advised</p>	<p>KW/SD</p> <p>KW</p> <p>KW</p>

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<p>that further targeted work was being undertaken to better understand the experience in palliative care, mental health and renal PTS patients.</p> <p>KW referred to Safeguarding and advised that the new Head of Safeguarding, Jayne Andrews was now in post. The Safeguarding Policy had been reviewed and updated with a single policy which combined Children, Young People and Adults at Risk. The policy was then supported by management guidance and Standard Operating Protocols (SOPs), which included:</p> <ul style="list-style-type: none"> • Prevent; • Child Sexual Exploitation (CSE); • Allegations Against Staff; • Female Genital Mutilation (FGM); • Safeguarding Supervision for the Safeguarding Team. <p>Discussion took place around the huge amount of information frontline staff were required to know. Further discussion took place around management confidence that staff were receiving information and if there were any mechanisms in place to monitor that it was received. It was suggested that a crib sheet of trigger points would be useful for staff.</p> <p>Action: A crib sheet to be produced in relation to Safeguarding which contained trigger points for staff.</p> <p>SP reported that he had approved the updated Memorandum of Understanding (MoU) and had shared this with Commissioners. He explained this facilitates CCG Safeguarding Designated Nurses to represent YAS and share information and feedback at all Safeguarding Boards (both Children and Adults).</p> <p>KW reported that in terms of infection prevention and control that work was continuing against the action plan following the CQC inspection.</p> <p>KW advised that the timescales and plan for the development of the YAS 2015/16 Quality Account had been approved by the Quality Committee.</p> <p>YAS had also undertaken a consultation on priorities during October and November with internal staff and external stakeholders. Feedback had been received and the findings had been interesting with really positive feedback around YAS being a listening and learning organisation.</p> <p>AA noted that stakeholders had asked about the training and development for Board Members.</p>	<p style="text-align: center;">KW/SD</p>

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<p>KW advised that the process for implementing nurse revalidation was progressing well and included the procurement of a hosted software system which supported the revalidation process.</p> <p>SD referred to Clinical Effectiveness and the improvement in documenting NEWS in septic patients in quarter 2. SD referred to a meeting that had taken place on 30 November which assessed the current Sepsis Screening Tool, the Trust received really positive feedback in this regard.</p> <p>SD reported that 16 AutoPulse devise were now out with frontline RAT responders.</p> <p>SD further reported that as part of a national project YAS had undertaken temperature monitoring of its medicines. The audit would take place from November 2015 to March 2016 with the minimum temperatures monitored. The information would be analysed and reported nationally.</p> <p>EM referred to complaints and asked if complaints received in 111/LCD would reach the target of 80% by the end of the year.</p> <p>SP advised this was an internal standard, response performance within 111/LCD had been discussed at meetings and emphasis had been placed on improving performance with the expectation that the standard would be met.</p> <p>PD noted the good news on outcomes from cardiac arrests which had sustained continued improvements and was now above the national average.</p> <p>PD referred to the review of themes from the Clinical Case Reviews (CCR) and how would the Trust know if it was improving in this regard.</p> <p>SD advised that this would be evident from the number of incidents recorded on DATIX.</p> <p>PD referred to complaints relating to staff attitude. DS advised that the Zeal Cultural Audit report would be presented at the Trust Board on 8 December. This would form the basis of development of a behavioural framework which would be used throughout the organisation. It would also inform YAS' recruitment process and appraisals.</p> <p>PD questioned the rise in the number of safeguarding concerns reported. SP advised that he would be in a position to update the Committee on this at the next meeting.</p> <p>Action: SP to provide a report on the increase in safeguarding issues</p>	<p>SP</p>

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<p>reported. PD referred to the 'bare below the elbow' initiative and asked if peer challenge was taking place and if senior management were leading by example.</p> <p>DM advised that senior managers within the Operations Directorate had discussed this and had agreed that if senior managers were wearing a uniform there should be a strict bare below the elbows rule, if in non-uniform then a wrist watch could be worn. DM agreed that peer challenge was a positive enforcement tool and it would be interesting to see how peer challenge was received over the coming weeks.</p> <p>PD noted the risk around the Paramedic Pathfinder CQUIN.</p> <p>PD thanked colleagues for the report.</p> <p>Assurance: The Committee were assured the right level of risk assessment was in place but the Paramedic Pathfinder CQUIN provided limited assurance.</p>	
<p>6.2 Care Quality Commission Action Plan SP advised the report was to provide an update on the action plan following the CQC inspection process.</p> <p>SP advised there had been no significant shortfall since the Trust Board meeting in November.</p> <p>SP confirmed that implementation of the action plan was on track and due for completion in March 2016. Following that milestone there will be an on-going piece of work to ensure that there was no backwards movement against any of the actions.</p> <p>SP reported that YAS had gone beyond what was expected from the CQC in terms of the action plan.</p> <p>SP advised that there were three areas that were currently 'red' on the action plan and updated where the Trust were against these actions:</p> <ul style="list-style-type: none"> • Fob watches – these had now been ordered and had begun to be distributed to staff; • Medical Devices Option Appraisal – an interim position had been put in place that included in-house management and external support. A Medical Devices Manager had been advertised; • Uniform – A presentation had been to Trust Board on this issue. 	

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	<p>DM advised that the uniform procurement had been resolved at a national level. YAS would procure uniform either from the national contact or, where this did meet with YAS' specification, from a similar supplier ensuring value for money and quality.</p> <p>PD clarified that the badge on the uniforms would still be the YAS specific badge.</p> <p>SP advised that a meeting with the CQC was due to take place later in the month and it was expected to start discussions around re-inspection, either targeted or full re-inspection. SP informed colleagues that YAS would undertake a mock inspection in March or April 2016 adding that the TDA would be invited.</p> <p>Discussion took place around inspections in different ambulance services, indications were that similar themes were emerging to that of YAS, albeit on different scales.</p> <p>DM stated his belief that there would be opportunities for YAS to support other ambulance services and also that there would be lessons to be learnt from other inspections.</p> <p>PD thanked colleagues for a good report. She emphasised the need to audit and integrate actions going forward and ensure there was continuous improvement within YAS.</p> <p>Approval The Committee noted and the update and were assured that the actions published in August 2015 were being addressed and that progress was being made against the action plan.</p>	
<p>6.3</p>	<p>Quality Impact Assessment review – Cost Improvement Programme</p> <p>KW outlined the details of the paper which was to assure the Committee of the progress which had been made in completing the Quality Impact Assessment (QIA) of the Cost Improvement Plans (CIPs). It further provided an opportunity for the Committee to review and agree the risks and mitigations identified through the QIA process.</p> <p>KW advised there had been a slight change in approach to the efficiency CIP. The fundamental delivery of this CIP remained efficiency and productivity improvement within A&E Operations. Quality assessment of new initiatives, including private providers, was a key element of the implementation process.</p> <p>KW advised that none of the CIPs were rated 12 or above in terms of the risk register.</p>	

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	<p>The scheme tracked through the CIP management group and no issues had been raised by this forum.</p> <p>KW referred to the workforce plan and advised that the Trust were progressing the parts of the plan which they were able to progress.</p> <p>DM stated his belief that A&E Operations were being more efficient although it was difficult to demonstrate this.</p> <p>SP confirmed his view that there was no additional risk to patients arising from the current CIP programme.</p> <p>PD thanked colleagues for the report.</p> <p>Approval: The Committee noted the update and were assured with regard to the current position of the QIA monitoring and action to mitigate key and emerging risks.</p>	
6.4	<p>Expert Patient report</p> <p>PD welcomed YAS' Expert Patient, ABP, to the meeting and invited ABP to present her regular report.</p> <p>ABP advised that she had been busy since the last Quality Committee meeting but that she would keep her update brief.</p> <p>She had attended the Clinical Governance Group meeting and she had been responding to requests from staff to engage and contribute on various initiatives within the Trust.</p> <p>ABP congratulated YAS on ensuring that the patients voice was heard, she stated that this really did make a difference. She further congratulated YAS on their medicine management and clinical effectiveness.</p> <p>ABP reported that she was making progress on the Expert Patient Review and that she was working with Elaine Gibson from Communications on this.</p> <p>ABP advised that she had also been working with Gareth Flanders in Communications on the patient experience stories and she encouraged YAS to continue to involve patients in this regard.</p> <p>She thanked Gareth Flanders and the Quality Team for offering support to review the Quality Accounts to ensure they were accessible.</p> <p>ABP reported that she had also been looking at information from a patient perspective to ensure that literature was appropriate and accessible.</p>	

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<p>ABP advised she had also been asked to be involved in the safeguarding policy review.</p> <p>PD thanked ABP on her usual excellent update and emphasised the importance of her unique role within YAS.</p> <p>SP referred to the new Head of Equality, Kez Hyatt and he would make the appropriate introduction with ABP to connect for future joint working.</p> <p>Approval: The Quality Committee received the YAS Expert Patient verbal update on actions since the last meeting for information.</p>	
<p>6.5 Service Transformation Update</p> <p>SP outlined the paper which was to provide an update on the Service Transformation Programme 2015/16.</p> <p>SP advised that the work was continuing to evolve and aligned to new strategy development, this should provide a clearer view of future aspirations.</p> <p>SP advised that the A&E Transformation Programme was a separate agenda item and would be discussed at that point in the meeting.</p> <p>SP updated colleagues on the Vanguard Programme. This was a West Yorkshire Urgent and Emergency Care Network, of which YAS was a member, and had been chosen to spearhead the development of Urgent and Emergency Care initiatives.</p> <p>There were a number of workstreams and for YAS there was a particular role developing the 'Hear, See and Treat' model.</p> <p>A Vanguard launch event had taken place and arrangements were taking place to refine the governance structure.</p> <p>SP advised the actions for the next period were to produce a Value Proposition which was a high level business case to obtain funding for the programme adding that YAS would need to resource the programme effectively to be able to deliver the outcomes.</p> <p>PD questioned if the Vanguard governance arrangements were aligned to YAS' governance arrangements.</p> <p>SP responded that governance arrangements required refining and this work was on-going.</p> <p>PD commented that in legal terms the Vanguard network would be termed 'informal partnership'.</p> <p>AA advised that she was undertaking a piece of work on governance</p>	

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arrangements of the Vanguard Programme and any implications for YAS. She anticipated that a report would go to the Executive Group meeting in January 2016, following this, the paper would go to Quality Committee and Trust Board.

SP advised that Chris Dexter had commenced his role of Managing Director of Patient Transport Services (PTS) within YAS. He would be undertaking a scoping exercise to ascertain what programme support might be required.

SP referred to the Intelligent Ambulance programme. PD asked about the risk within this programme which related to business continuity, patient safety and quality of care.

DM advised that this was a national programme involving the three emergency services (Ambulance, Police and Fire & Rescue). It involved the national replacement of airwaves and was a very complex piece of work. Significant training would be required.

BS questioned if this could be delivered at a national level due to provider issues.

DM advised that it had to be delivered due to the police 'reliable' network.

SP advised this was on the Risk Register and BAF.

PD asked to be kept updated in this regard.

SP advised the next step would be to align Executive portfolios. The Trust Management Group had been briefed the previous day and it was envisaged there would be a revamped Trust Management Group in 2-3 months' time.

SP reported that the whole programme was moving forward and complementing this were the Strategy Review and Business Planning refresh. Business Planning workshops had begun with departments and early indications showed these were being well received.

MW expressed concerns that although it was right and proper that the programme evolved it shouldn't be rescheduled from the baseline plan, for example, PTS. MW believed it gave a misleading picture of the programme.

SP responded that MW's comment was reasonable, the programme had shifted. A new Head of Programme Management had now been recruited and he had extensive experience of Project Management. SP agreed the need to be clear about the benefits and deliverables and the timescales for these.

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<p>PD thanked colleagues for a comprehensive report.</p> <p>Approval The Quality Committee noted the developments outlined in the paper and were assured in regard to the Service Transformation Programme management and resource arrangements and actions.</p> <p>Ian Walton arrived at 1015 hours</p>	
<p>6.6 A&E Transformation Programme DM outlined the paper which detailed the proposal for a sustainable A&E delivery model.</p> <p>DM advised the paper was a triangulation of reports which included the national context and organisational context. DM reported that Paramedic recruitment was proving to be a significant challenge. Capacity demand continued to be a cause for concern, with high vacancy levels, which had led to a high reliance on overtime.</p> <p>DM advised the proposals aimed to address these issues and ensure the A&E service was fit for purpose and sustainable for the future.</p> <p>DM advised that the skill mix and vacancy profile across the service was variable and there were some significant pressure point areas where the staff resources were under capacity as well as having significant gaps in clinicians; predominately in West Yorkshire.</p> <p>He further reported that there was an acknowledgement that there needs to be a higher level of resource/staffing cover to ensure adequate delivering of ongoing and statutory and mandatory and development training.</p> <p>DS advised that recruitment activity would be monitored against demand. There would also be greater transparency built in the recruitment process and this would be reported in the IPR.</p> <p>Discussion took place around shift patterns and the length of shifts for such a demanding role. Work was being undertaken to consider different shift patterns including an eight hour shift. PD reflected that there would be staff who would welcome this and others who would be strongly opposed.</p> <p>DM advised that a key change in the proposals would be to remove Clinical Supervisors out of the rotas (supernumerary – winter resilience). This would ensure that these staff could fully focus on their Clinical Supervisory role.</p>	

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<p>DM reported that interim arrangements would see the use of private provision to ensure performance was not adversely affected by changes. PD asked that information around this be presented to the next Quality Committee.</p> <p>Action: DM to provide a report on private provision to the next Quality Committee in March 2016.</p>	DM
<p>PD referred to the previous rota change and expressed her concern about the unintended consequences this had produced. She felt that appropriate and robust impact assessments would need to be undertaken on proposed rota changes prior to implementation.</p> <p>Action: Proposed changes to rotas to be subjected to a system wide impact assessment prior to implementation.</p> <p>DM advised that to improve the manager staff relationship on the front line it was proposed that Locality Managers would be developed on a hub and spoke model. It was anticipated that this would ensure that staff would see their manager as they began and ended their shift.</p> <p>BS asked if this model was new territory for YAS and he required reassurance that this system had been tried and tested and if it had produced positive outcomes.</p> <p>DM advised that there was an element of moving 'full circle' and reflected on what had happened in the past. It was recognised there was a professional role for Locality Managers and for managing front line ambulance staff.</p> <p>Discussion took place around professional development of Locality Managers. There was a need for balance between their coaching and mentoring role and also clinical supervision role.</p> <p>DM referred to the increase in nursing roles within the workforce. The Nurse Consultant role would have a professional link to the Chief Nurse.</p> <p>BS queried the key assumptions in support of the proposed resource requirement. DM advised the assumptions were based upon national data for 2015/16. He further reported that more profiling would be done to ensure that there was the right balance between demand and resource requirements.</p> <p>MW asked about the achievability of the proposed implementation of the eight hour shift by October 2016. DM responded that the timeline would be for changes between March and October 2016. There may be slippage on the October figure. DM emphasised that the changes</p>	DM

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<p>were based on recruitment levels.</p> <p>PD thanked DM for the update and asked Committee colleagues to keep proposed structures confidential at this stage. The Committee would receive a further update in March 2016 which would include information of impact assessments.</p> <p>Approval: The Committee noted the update.</p>	
<p>6.7 A&E Service Line Assurance Update</p> <p>PD welcomed IW to the meeting and introduced the item advising that issues related to A&E performance had been discussed at the TDA Board to Board the previous week. The paper had been brought to the Quality Committee to consider from a quality perspective.</p> <p>IW thanked the Committee for the inviting him to the meeting. He advised that the purpose of the paper was to update the Committee on performance related issues, monitoring of quality and safety delayed responses in A&E, winter planning process and HART.</p> <p>IW advised performance was improving but not at trajectory levels. YAS monthly performance in Quarter 2 remained challenging, towards the end of Quarter 3 performance improvements coincided with:</p> <ul style="list-style-type: none"> • Increased overtime take up; • Increased private provider capacity; • New starters becoming available to operations following training; • Improvements in alternative response schemes and demand management initiatives. <p>IW referred to some of the initiatives that had commenced, for example the Fire Service Response scheme, this should aid with performance improvement. However, the Trust performance still remained below contracted.</p> <p>PD referred to the Ambulance Response Programme which was a national programme which aimed to identify the most serious life threatening emergencies as early as possible in the call cycle to enable dispatchers to allocate a vehicle to these incidents quickly. All other incidents not identified as serious life threatening will be permitted more time for the dispatchers to make an informed decision about which vehicle to send.</p> <p>IW advised that early indications showed the programme was having a positive impact.</p>	

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<p>DM advised that a national survey would be sent to staff on the Ambulance Response Programme with a standard set of questions, responses would be used to inform the national report.</p> <p>PD asked about patients transported to A&E but subsequently did not receive treatment.</p> <p>MM responded that patients would generally receive appropriate tests and consultant advice.</p> <p>PD referred to health professionals' Red outliers, citing one CCG area with disproportionately high referrals to 999.</p> <p>DM advised there was less of an opportunity to influence this behaviour, however, analysis was being undertaken and would be shared with the Commissioners.</p> <p>IW referred to the key elements of the October plan which aimed to maximise resource; make the best of it on the day; and review, learn and share.</p> <p>IW advised that processes had become very complex and moved towards a call centre rather than command and control. The 'human element' had appeared to be lost.</p> <p>DM responded that management were supporting the EOC teams, and returning to the command and control culture. DM outlined some changes that had taken place to enhance the team cohesiveness of the EOC, for example, Red1 calls – a telephone would ring so that everyone knew that a Red 1 had been received and that appropriate resources could be allocated.</p> <p>DM also referred to supporting staff who had been involved in handling/dealing with a serious incident.</p> <p>IW moved on to update the Committee on the Winter Planning. He advised that a collaborative approach had been taken working with the Commissioner, YAS patient facing departments, YAS support departments, Wakefield Systems Resilience Group (SRG) and NHS England's winter workshops.</p> <p>IW advised that the YAS Service Planning and Development Managers completed the NHSE national template/YAS generic section as part of the SRGs assurance process. In addition weekly teleconferencing calls were taking place with local Health Economies.</p> <p>IW reported that a Communications Plan would be activated to ensure that YAS was promoting its winter resilience both internally</p>	

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<p>and externally.</p> <p>IW informed the Committee that YAS Business Continuity plans were robust and the organisation had resilience plans in place for adverse weather.</p> <p>IW gave an update on HART. He advised that following the CQC inspection in January 2015 that a number of actions had been instigated to redress the findings of the review.</p> <p>IW advised that the Make Ready Teams would support the HART team deep clean.</p> <p>He further advised that a no notice inspection had been undertaken in the summer and no significant issues were found. The TDA had carried out an inspection in October, no formal feedback had been received to date, the management team would welcome feedback from this visit.</p> <p>SP clarified the TDA visit had been an informal visit to look at the facility and not an inspection. SP would arrange to send notes from the visit.</p> <p>Action: SP to send notes to IW from the visit by TDA to the HART team in October.</p> <p>IW reported that the Seal Solutions led Resilience and Capability survey was completed each year as part of the national evidence gathering of HART preparedness. The 2014/15 survey identified areas for improvement. A development programme, working with staff, to address the areas of improvement was ongoing. The key area in need of improvement was in the Team and Unit Cohesion, which linked back to the CS development programme.</p> <p>IW advised that a full review of HART service provision was being undertaken to provide assurance on YAS' ability to deliver the service defined within the Service Specification and provide evidence against the NARU Service Specification Architecture.</p> <p>He further advised that this would take time to work through as there was a national review of the training competencies and Risk Registers, which would be likely to affect the outcome of the YAS review.</p> <p>PD thanked IW for the comprehensive report and overview. She welcomed the structure of the report but asked that in future PDR and sickness absence information was completed.</p> <p>Action: To include PDR and sickness absence information on future</p>	<p></p> <p>SP</p> <p></p> <p>DM/IW</p>

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	<p>reports.</p> <p>Approval: The Committee was assured on the A&E Service Line Assurance Update.</p>	
<p>6.8</p>	<p>Patient Transport Services (PTS) Sub-Contractor Assurance Report</p> <p>PD welcomed AG to the meeting and AG outlined the purpose of the paper which was to provide assurance that the systems and process were in place for the management of the Patient Transport Service (PTS) sub-contractor framework. It further demonstrated that there was a continual robust governance check system in place.</p> <p>AG explained that all sub-contractors utilised by PTS for the transportation of patients needed to be an approved supplier of the PTS framework agreement.</p> <p>The process for acceptance on the framework agreement required that each sub-contractor to sign the YAS PTS sub-contractor committing them to service standards and governance processes as specified in the contract and supporting Governance Check document.</p> <p>AG outlined the current governance process for sub-contractors and advised that although these were robust, in light of the PTS transformation programme, it had been decided to enhance and strengthen the sub-contractor governance process still further.</p> <p>AG advised that the sub-contractor framework agreement was being renewed, it would keep all of the existing robust governance structures but with additional uplifts to meet YAS' enhanced requirements.</p> <p>AG informed the Committee that in future, governance visits would be increased to six monthly (currently done on an annual basis) and there would also be additional monthly management meetings to ensure that governance arrangements were embedded throughout the service.</p> <p>AG advised that, as part of the transformation process, PTS was developing a sub-contractor management team which would monitor sub-contractor performance and governance compliance.</p> <p>AG informed the Committee that the process would be rolled out and it would take a number of years to move everyone over to the new system. The process would be tweaked if it was felt necessary.</p> <p>PD stated that the new sub-contractor framework was the best way forward and she asked that an update on progress be brought back to the Quality Committee in May 2016.</p>	

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	<p>Action: For an update on PTS sub-contractor arrangements to be brought back to Quality Committee May 2016</p> <p>EM questioned whether financial penalties would be awarded where sub-contractors did not meet demand.</p> <p>AG noted EM's question and would clarify if this was explicit within contracts.</p> <p>Approval: The Committee were assured of the of the governance and framework arrangements that were in place.</p>	AG
6.9	<p>Significant Events and Lessons Learned</p> <p>SP outlined the details of the report which provided the Quality Committee with an update on significant events highlighted through the Trust reporting systems and by external regulatory bodies. Furthermore it provided assurance on actions taken to effectively learn from adverse events.</p> <p>SP outlined the details of the processes in place for monitoring incidents. There was a mechanism for real-time review and escalation of delayed response incidents established in the EOC.</p> <p>SP advised that in addition, an assessment of potential for patient harm is undertaken and those cases where harm may have occurred were reported on the YAS Datix Incident reporting system for further fact finding.</p> <p>In terms of emerging themes SP reported that the following had been identified:</p> <ul style="list-style-type: none"> • A lack of spinal immobilisation, often following a fall, with failure to recognise and act upon risk factors where a patient had subsequently found to have sustained a Spinal Cord Injury; • Sudden onset of headache had failed to identify pathology on an NHS Pathways assessment algorithm and resulted in adverse patient outcome; • Failure to recognise deterioration when a patient had called NHS111. <p>SP reported that all SI investigations were tracked by the Risk and Safety team and reported to Commissioners.</p> <p>SP stated that dissatisfaction from patients regarding response times of Green calls was still the largest proportion of all EOC related complaints. During the period there had also been an increase in complaints from Health Care Professionals relating to inter-facility</p>	

	Action
<p>transfers.</p> <p>SP advised that there had been an increase in notifications from the Parliamentary and Health Service Ombudsman at eleven, however, nine were not upheld whilst one was partially upheld, the eleventh had not yet been decided.</p> <p>PD referred to the Paramedic registration process and what systems were in place to ensure registration took place. PD did emphasise that registration was the responsibility of the individual, however, YAS did need to be satisfied that the necessary prompts were in place.</p> <p>DS advised a back-up system was now in place.</p> <p>PD asked for an update on the system for professional registration in 6 months' time.</p> <p>Action: To present a paper to Quality Board for assurance on the system for renewal registration of Professional Bodies.</p> <p>Approval: The Committee noted the update and were assured in regard of the effective management or, and learning from, adverse events.</p>	<p>DS</p>
<p>For Assurance: NHS Constitution (updated July 2015): Review Evidence of Compliance</p> <p>AA advised the paper was to assure the Committee of YAS' evidence of compliance with the principles, values and pledges of the NHS Constitution 2015; evaluated against the high level assurances provided in Appendices B and C.</p> <p>AA advised that the previous version of the NHS Constitution (2013) and YAS' evidence of compliance with it had followed an assurance route through TEG and Quality Committee. This process had culminated in the Trust Board (May 2014) deriving assurance of the Trust's on going regard to the Constitution and agreeing to publish YAS' evidence of compliance on the Trust's website.</p> <p>AA advised that following the publication of the Francis report early in 2015, the Department of Health consulted upon the proposed changes to the NHS Constitution; subsequently an updated version of the NHS Constitution was published on 27 July 2015.</p> <p>AA advised that she had reviewed YAS' evidence of compliance with the updated Constitution. AA referred to Appendices B where the amendments were in track change.</p> <p>ABP asked if the Safeguarding Policy titles in the document were the most recent ones.</p>	

		Action
	<p>AA to clarify and amend if necessary.</p> <p>Action AA to check the titles of the safeguarding policies within the document and amend if required.</p> <p>Approval: The Committee took assurance from YAS' evidence of compliance with the principles, values and pledges of the NHS Constitution, 2015 and recommends the evidence for approval of the Trust Board.</p>	AA
7.	WORKFORCE	
7.1	<p>Workforce Update Report</p> <p>DS outlined the purpose of the report which was to provide the Quality Committee with an overview of matters relating to a range of workforce issues, including education and training, equality and diversity and employee wellbeing.</p> <p>DS advised there was significant focus on recruitment at present, this had been enhanced and was supported by a radio campaign and monthly recruitment events.</p> <p>DS reported that in terms of sickness absence the Trust remained above the target of 5%, however, there had been significant improvement compared to the previous year. The 12 month figure stood at 5.86%. The number of FTE days lost to sickness absence between 1 April and 31 October 2015 was 47459, which equated to 8210 FTE days fewer than the same period the previous year.</p> <p>DS advised that internal audits would be undertaken to ensure the correct process was being followed for sickness absence. DS advised a paper would be presented at F&I Committee around the correlation of refused annual leave and subsequent sickness absence.</p> <p>DS reported that the flu vaccination campaign 2015/16 had commenced and 22 % of the workforce had been vaccinated. DS stated that there appeared to be less energy than in previous years across the organisation in this regard. Further communications on activity would take place to encourage more take up of the vaccination.</p> <p>DS reported that there was a focus within the Ambulance Service sector at present on suicide prevention. The Health and Wellbeing Strategy addressed mental health issues and suicide prevention. DS advised that a number of initiatives were in place within the</p>	

	Action
<p>organisation to support staff with poor mental health.</p> <p>EM referred to the treatment centre for mental health issues for the police force. EM had understood this had positive outcomes for staff treated there and suggested that YAS would benefit from having a conversation with the police in this regard.</p> <p>Robert Dimsdale in Human Resources would investigate this.</p> <p>Action: Robert Dimsdale to contact West Yorkshire Police in respect of their Treatment Centre for mental health issues.</p> <p>SOL reported that staff engagement continued to be measured through a variety of mechanisms, which included, staff survey, family and friends test and the cultural audit.</p> <p>SOL advised that Kez Hayat, Head of Diversity and Inclusion had been working on the priorities for the Race Equality Scheme.</p> <p>PD suggested it would be useful for AMP to meet with the Head of Diversity and Equality.</p> <p>PD requested that a full report be brought to the Quality Committee in March 2016.</p> <p>Action: A more detailed report on the Race Equality Scheme to be presented to a future Quality Committee.</p> <p>AA advised that the Head of Diversity and Equality would attend the YAS Forum in May.</p> <p>Approval: The Committee noted the update and were assured by the progress made.</p>	<p>RD</p> <p>SOL</p>
<p>7.2 Education and Training Plan Update Report</p> <p>SOL outlined the details of the report which was to provide the Quality Committee with an overview of matters relating to education and training.</p> <p>SOL referred to placement provision and advised that the number of placements for 2015/16 was expected to be high.</p> <p>SOL reported that the Trust wide Training Needs Analysis had now been completed. The collation of the data would allow the Trust to assess gaps in skills and training within the current provision.</p> <p>A discussion took place around slippage in the level of training. DM advised that additional training had been restricted but there was no</p>	

	Action
<p>plan to cancel planned training. SOL reported that training commenced around February/March.</p> <p>PD thanked the team for an excellent report.</p> <p>Approval: The Committee noted the update and were assured on the progress made.</p> <p>PD took the opportunity to thank DS for attending what would be his last Quality Committee.</p>	
<p>7.3 Employee Communications and Engagement Update PD welcomed MC to the meeting and MC reported that he had been contracted on a short term basis to develop a new Corporate Communications and Engagement Strategy.</p> <p>He advised that he was due to attend the Board Meeting the following week where he would set out a high level plan.</p> <p>MC reported that he had identified a number of areas for improvement and he would address these through the proposed new Corporate Communications and Engagement Strategy.</p> <p>A discussion took place around employee engagement and how this would need to be improved. Also clarity around where employee engagement 'sat', ie, Communications or Human Resources. MC responded that there was still more work to do and this would be addressed.</p> <p>PD thanked MC for the update and requested that a further update be presented at the Quality Committee in March 2016.</p> <p>A further update to be presented at the Quality Committee March 2016.</p> <p>Approval: The Committee noted the update and progress made.</p>	SP
<p>8. RISK MANAGEMENT</p>	
<p>8.1 Risk Management Report SP outlined the details of the report which informed the Committee on the risks recorded within the BAF and Corporate Risk Register and provided assurance on the effective management of corporate risks.</p> <p>SP advised that the report had been the same report as presented at the Trust Board in November. The only difference being that it had colour coding relevant to Quality Committee and Finance and Investment Committee.</p>	

	Action
<p>SP reported the new risks:</p> <ul style="list-style-type: none"> • Risk 735: Possible loss of income and staff due to potential decommissioning of HCP green bookings; • Risk 720: Possible risk to patient and staff safety if adequate winter plans are not put in place resulting in an inability to maintain effective service delivery; • Risk 721: There could be an interrupted flow of getting staff into post to address service demand if current pressures in the Training and Education team continue and increase further, as is expected as a result of the revised workforce plan; • Risk 731: Staff safety could be compromised and an increase in musculoskeletal injuries could arise if the Trust continues to purchase / operate the Mercedes van conversion ambulances due to the operation of the rail lift and from working with/moving patients in a confined environment; • Risk 719: Unexpected loss of computer functionality in PTS call centre due to automatic IT windows updates. Risk initially rated Moderate (12) has been eliminated by removal of auto-update. Risk closed. <p>SP reported that additional work was underway following discussion in Audit Committee to assess the risks highlighted in the Internal Audit reports. These would be mapped to the Risk Register and would be reported to the Audit Committee in January.</p> <p>SP advised that a review of all risks across the organisation had commenced, including those below the 12 rating and would be reported to the Audit Committee in January 2016.</p> <p>Approval The Committee noted the update.</p>	
<p>8.2</p> <p>Information Governance Mid-Year Report and IG Toolkit Review</p> <p>SP outlined the details of the report was to provide a mid-year report on the management of information governance and the IG Toolkit (version 13) and to provide assurance that these arrangements were being managed effectively.</p> <p>SP reported that the Information Governance (1 year rolling) training compliance would be a challenge to complete within the next 2-3 months.</p> <p>SP referred to the patient information related IG incidents and near misses with the highest being Patient Record Form (PRF) related (lost/misplaced/stored inappropriately).</p> <p>SP reported that the Trust was currently operating as 'amber' which meant 'working towards' full implementation of the Calidcott2 recommendations. SP advised that work was underway to consider</p>	

		Action
	<p>the issues.</p> <p>Action: JM to report on progress against Caldicott2 at the March Quality Committee.</p> <p>SP advised that some progress had been made in terms of the Goddard Inquiry and the preservation of any records that would be relevant to the Inquiry. However, there was still much work to do. Records had been identified and the next steps would be to identify appropriate storage and/or archive processes.</p> <p>SP reported that the management of Subject Access Requests (SARs) and Freedom of Information Requests (Fol) had improved.</p> <p>Discussion took place about inappropriate use of Fol requests by employees seeking information instead of using Human Resources. In addition the Unions used this route when it would be more beneficial to open dialogue with management.</p> <p>PD asked for an update on this at the next Quality Committee.</p> <p>Action: An update to be brought to the March meeting about FOI requests from staff and Unions.</p> <p>SP referred to Information Asset Owners and advised that the programme of quarterly IAO review meetings were continuing. SP reported the Privacy Impact Assessments which had been signed off since May 2015.</p> <p>PD thanked the team for the detailed paper, she recognised there were still issues to address but that progress was being made.</p> <p>Approval: The Committee noted the update.</p>	<p>JM</p> <p>SP</p>
<p>9.</p>	<p>RESEARCH GOVERNANCE</p>	
<p>9.1</p>	<p>Research Update Report SD outlined the details of the report which was to update on progress made against the 15-16 research work plan and key deliverables.</p> <p>SD advised that YAS were top recruiters for the AIRWAYS-2 trial out of the ambulance services that were participating in the study.</p> <p>SD referred to the NIHR mandated Performance Report and advised that YAS had missed one of the trial reporting criteria. This had been due to the design of the trial which had meant that the first patient</p>	

		Action
	<p>could not have been recruited until staff had been recruited and trained.</p> <p>PD thanked the team for an excellent paper and welcomed the progress on YAS' research.</p> <p>Approval: The Committee noted the update.</p>	
10.	ANY OTHER BUSINESS	
10.1	<p>Issues for reporting to the Board and Audit Committee PD stated that SP and she would agree the issues for reporting to the Board and Audit Committee outside the meeting.</p>	
10.2	<p>Review of meeting actions and quality review of papers – annual committee review and work plan for 2015/16 PD thanked everyone for their time and efforts, adding that the meeting would finish on time.</p>	
11.	FOR INFORMATION	
11.1	<p>Terms of Reference and annual work plan The report was noted.</p>	
11.2	<p>IPR – Workforce and Quality The report was noted.</p> <p>The meeting closed at 1210 hours.</p>	
12.	<p>Date and Time of Next Meeting: (0830) 0900-1230 hours 3 March 2016, Kirkstall and Fountains, Springhill 1, WF2 0XQ</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**