NHS
Yorkshire
Ambulance Service
NHS Trust

Quality Committee Meeting Minutes

Venue: Kirkstall & Fountains, Springhill 1, WF2 0XQ
Date: Thursday 7 June 2018
Time: 0830 hours
Chairman: **Phil Storr**

Membership:

Phil Storr	(PS)	Deputy Trust Chairman/Non-Executive Director
Christine Brereton	(CB)	Director of Workforce and Organisational Development
Dr Julian Mark	(JM)	Executive Medical Director
Leaf Mobbs	(LM)	Director of Urgent Care and Integration
John Nutton	(JN)	Non-Executive Director
Steve Page	(SP)	Executive Director of Quality, Governance and Performance Assurance

Apologies:

Dr Julian Mark	(JM)	Executive Medical Director
John Nutton	(JN)	Non-Executive Director
Stephen Segasby	(SS)	Deputy Director of Operations

In Attendance:

Anne Allen	(AA)	Trust Secretary
Andrea Broadway-Parkinson	(ABP)	YAS Expert Patient
Clare Ashby	(CA)	Head of Safety (For Deputy Director Quality & Nursing)
Alan Baranowski	(AB)	Divisional Commander
Dr Steven Dykes	(SD)	Deputy Medical Director
Tim Gilpin	(TG)	Associate Non-Executive Director
Jeevan Gill	(JG)	Regional General Manager – A&E Operations (For Deputy Director A&E Operations)
Claus Madsen	(CM)	Associate Director of Education and Learning
Mark Millins	(MM)	Associate Director Paramedic Practice
Rachel Monaghan	(RM)	Associate Director of Performance Assurance and Risk
Paul Mudd	(PM)	Divisional Commander North & East
Steve Rendi	(SR)	Sector Commander South Yorkshire (For Jackie Cole)
Becky Monaghan	(BM)	Head of PTS Service and Standards (Item 6.1)

Minutes produced by:

Joanne Lancaster	(JL)	Committee Services Manager

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	The meeting commenced at 0905 hours.	
1.	**Introduction & Apologies** PS welcomed everyone to the meeting which was his first as the Chair of the Quality Committee. PS advised that the Quality Committee (QC) was not quorate and, following discussions with the Trust Chairman, SP and AA it was agreed that the QC should proceed in order to expedite its business and Board assurance role; should a formal decision be required then this would be dealt with outside of the QC and later formalised as appropriate. The meeting was preceded by a presentation on the National Rotational Paramedic Pilot presented by LM and Andy Hodge, Consultant Paramedic Urgent Care. Discussion took place in relation to the future model of the pre-hospital workforce and a number of different pilots across the health system which all aimed to provide a solution in this regard. There was a reliance on Health Education England to provide a high level evaluation to the Rotational Paramedic pilot and this was likely to be in the form of a feasibility study due to the small numbers involved. It would be for YAS to develop a robust Business Case for the Rotational Paramedic Pilot with compelling evidence of the benefits to the wider health system. CB questioned whether employee contracts had been considered during the pilot when Paramedics were placed outside of YAS. LM advised that in some cases honorary contracts had been issued although it was acknowledged this required further consideration. PS thanked LM and AH for an interesting presentation.	
2.	**Review Members' Interests** Declarations of interest would be noted and considered during the course of the meeting.	
3.	**Chairman's Introduction** PS advised that he had requested a time the day's agenda for the Committee to discuss and explore future options for the QC meeting which would build on the excellent work undertaken by Pat Drake, former Quality Committee Chair and NED, and Executive colleagues.	
4.	**Minutes of the Meeting held on 15 March 2018** The minutes of the Quality Committee meeting held on 15 March 2018 were approved as a true and accurate record of the meeting with the exception of the following:	

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	Page 5, paragraph 4 should read 'ABP advised that she had not had sight of the draft Quality Account 2017/18 post December 2017'. Page 9, paragraph 6 should read 'She would follow up on the Quality Account with KO'. **Matters Arising:** There were no items for discussion that were not addressed through the day's agenda.	
5.	**Action Log** The Quality Committee considered the open actions on the Action Log. Action 002/2018 – KPIs in PTS reports – SP advised this had been updated in the associated report. Action closed. All other actions were noted as being appropriately closed.	
6.	**QUALITY GOVERNANCE/CLINICAL QUALITY PRIORITIES**	
6.1	**Quality Governance and Clinical Quality Strategy – annual review and priorities for 2018/19** The paper provided a summary of the development and delivery of Clinical Governance and Quality, Quality Improvement and Regulatory Compliance. It was noted the paper had been reorganised under the following headings: • Clinical Governance and Quality; • Quality Improvement; • Regulatory Compliance. The Sign Up to Safety programme continued to support open reporting of incidents and NHS England had recently reviewed and relaunched their 'Just Culture' framework for investigation of errors. This was being promoted within YAS to reinforce the importance and raise the profile of reporting incidents. The Moving Patients Safely Group workstream continued to develop ways to reduce patient falls, injuries and number of staff incidents related to Musco-skeletal (MSK) injuries. There was a particular focus on patients with complex needs and how the Trust could involve this group of patients in discussions about their particular needs. The group included cross directorate representation and was considering issues such as training, embedding the moving patients safely agenda and securing medical equipment/goods, which aided moving patients, through the procurement process. It was noted that a safety thermometer was being developed specifically for YAS, mirroring methodology used in the Acute Hospital setting. Monitoring took place daily; themes, trends and actions required to reduce these incidents were fed back to staff on a monthly	

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	bases via the safety thermometer poster displayed at stations. The Institution of Occupational Safety (IOSH) accredited Health and Safety training and been delivered to the Board, TEG and TMG with only a small number of senior managers still to complete the training. It was noted that the time dedicated to staff's moving and handling training had increased to four hours following a review of the statutory and mandatory training. The Association of Ambulance Chief Executives (AACE) had suggested that a national Health and Safety Group be convened and the Trust awaited further information in this regard. The Trust was achieving its target for Safeguarding Children Level 1 and 2 compliance. There was a gradual increase in Adult Level 2 compliance following training initiated in December 2017. It was noted that work was underway to improve the abstraction rate for PTS for Safeguarding training. The Trust had standardised and improved communication recorded in safeguarding referrals. A Business Case had been developed in relation to 'frequent callers who are children' which stated the case for the development of a paediatric liaison role to support best practice and provide a quality service by YAS in this regard. Infection prevention and control (IPC) practices continued to improve particularly within the A&E Operations service. The practice of 'bare below the elbow' continued to be embedded across the organisation; the new fob watches purchased for staff had been well received. A number of risks were highlighted in relation to IPC: • A measles outbreak in the Bradford area had implications for operational staff without the MMR vaccination; should these staff be exposed to measles they required exclusion from the workplace for 21 days. Work was taking place with HR to identify these staff and provide access to the MMR vaccination; a meeting would take place the following week which aimed to quickly resolve the issue; • YAS' Occupational Health provider was unable to offer full assurance that they had up to date and accurate records for all staff immunisation status. This was being worked through as a priority with the provider. It was noted that there was an internal delay in the processing of Health Care Records mainly due to unprecedented volumes of records and a shortage of records staff; this had resulted in delays in accessing clinical data of between 13 – 14 weeks. Actions taken to improve staffing had resulted in a reduction to approximately 11 weeks and this was improving daily. The roll-out of YAS' electronic Patient Record (ePR) should improve the timeliness of processing	

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	Health Care Records further. The national Ambulance Clinical Quality Indicators (ACQIs) were being revised and the technical guidance was being updated to reflect the new indicators. The ACQI for cardiac arrest, heart attack and stroke would be collated on national databases and submitted to NHS England (NHSE). YAS had raised concerns with NHSE that the current data for stroke and STeMI was invalid due to missing data amongst other things. It was confirmed that YAS' IPR showed the current data and not the new data. The ePR had been developed and was currently piloting in the Rotherham and Sheffield areas. It was expected this would be rolled out across the region in the latter part of 2018 subject to the Business Case being approved by the Board. It was noted that a number of mortality review cases in the past 6 months had identified concerns around the information provided to patients when consenting them to a non conveyance option. Following the Montgomery v Lanarkshire Health Board case the law now required clinicians to take 'reasonable care to ensure that the patient was aware of any material risks involved in any recommended treatment, and of any reasonable alternative or variant treatments'; the Trust was providing training in the upcoming Clinical Refresher course on the Montgomery ruling and consenting patient. It was noted that the number of keys lost was an improving picture although it was acknowledged there was more work to do in this area. There was a slight an increase in non-controlled drug incidents in 2017/18 and it was thought this was largely due to a better standard of data and reporting. It was noted that Prescription Only Medicine (POM) audits were mostly conducted by light duty staff. The North and East Clinical Business Units (CBUs) had improved compliance with the POMs audit over the last year although it was acknowledged it still remained a challenge to undertake these in these areas; this was mainly due to the rural geographical spread of the areas. The major trauma Standard Operating Procedure (SOP) had been updated to include guidance on the early administration of Tranexamic Acid (TXA). This now formed part of the best practice tariff for Acute Trusts and there was an expectation that this drug would be administered early in the pre-hospital setting. Within YAS early indications were that the vast majority of patients who required this medication were receiving it in a timely manner. It was noted that a local evaluation of Penthrox as an alternative analgesia would take place within Hull and Leeds to establish whether the drug could be used within the operational context; it would not be	

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	administered to children or women in labour. Work was underway to develop an annual resuscitation refresher for all clinical staff graded EMT2 and above and amalgamating this with the clinical refresher ensuring that all clinical staff had an annual update. The Clinical Strategy was now in final draft format and supported the overall Trust Corporate Strategy. PS referred to the positive cardiac arrest survival to discharge rates for YAS. SD responded that YAS was a top performing Trust in this regard. To improve rates further the Trust was trying to establish a more consistent approach to Red Arrest Team (RAT) attendance to cardiac arrest incidents. It was noted that the Critical Friends Network (CFN) had received increased interest from patients and carers in Q4 following promotional activity in previous quarters. During the quarter the CFN had provided feedback on the Quality Account, Clinical Strategy, the Quality Improvement Strategy and the new electronic Patient Record (ePR). Invitations had been extended to the CFN asking for their assistance in YAS' mock Care Quality Commission (CQC) inspection and this had been well received by the group. SP introduced a presentation regarding the CCG's eligibility criteria for Patient Transport Services (PTS) which was being recast following the new contracts in the North of the region. BM advised the Trust had committed to reduce journeys in the North for patients not requiring transport because of their health condition. It was emphasised that plans were in place to manage the reduction in journeys with a robust communications plan. The Trust's Patient Liaison Officer would also be communicating with patients in this regard. The Overview and Scrutiny Committees in the North of the region had been informed. For those patients who were no longer eligible for PTS journeys the Trust would signpost them to alternative services that potentially might be able to help. It was acknowledged the reinforcement of the eligibility criteria may impact on voluntary sector services. The Trust continued to work on an appeals process with the CCGs. It was noted that additional staff training had been provided in relation to customer service and handling complaints. Work was also taking place with the drivers of PTS vehicles to support them with answering questions relating to eligibility criteria from patients. ABP welcomed being sighted on this issue. She urged caution in	

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	assuming that people with their own transport could make their own way to appointments as sometimes it was not as straightforward for some patients. BM acknowledged this and reassured ABP that the Patient Liaison Officer role was being used more widely in regards to patient engagement on this issue and it was noted that there would be some complex scenarios to resolve. LM advised that she had believed it was important the QC had early sight of the possible issues that could arise. She added that TEG was keen that the CCGs were visible throughout the recasting of the eligibility criteria. She reiterated that the Trust was being proactive in its engagement with patients. RM asked whether it was known which patients would be affected by the re-cast of the PTS eligibility criteria. BM responded that details of the pilot, including which patients would be affected, would be included in the detailed report to TEG. BM confirmed that at this stage on-day discharge was not affected. PS referred to the communications that YAS had produced informing patients of the changes and he made the following observations: • The communications appeared to be from YAS only with no reference to CCGs; • The communications were for the North of the region but the eligibility criteria had the potential to impact on the wider region. LM advised this detail was included within the paper for TEG particularly with a focus on the public/patient engagement and Trust engagement with the CCGs. PS asked for this issue to be included in future Quality Governance and Clinical Quality Strategy report. **Action:** **For the recast of the eligibility criteria for PTS (North region) update to be included in future Quality Governance and Clinical Quality Strategy report.** It was noted that the Trust had not received a date for the CQC inspection although there was an awareness of the updated pre-inspection questions via liaison with colleagues in other Trusts. A mock inspection had taken place involving 29 people including staff from YAS, East of England Ambulance Service and the CFN. Initial feedback had been presented to TMG and this had generally been positive. There had been some specific issues for action identified and these were being worked through by senior management. It was noted that the Clinical Strategy would be presented to TMG for	**LM**

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	approval. SD advised that there had been wide engagement and consultation on the document both internally and externally. There had been a broad support of the Strategy and its three core aims: • Continuous improvement and innovation of clinical care; • Enabling our multidisciplinary team to deliver high quality, evidence based, person centred care; • Ensuring that patients experience a consistently safe, compassionate, high standard of care. PS thanked SP, LM, SD and CA for an interesting and informative report. **Approval:** **The Quality Committee received the report as assurance that quality governance and clinical quality remained a key priority for the Trust and that related work streams were progressing to plan. The Quality Committee supported the Clinical Strategy for publication during 2018 in line with the overall strategy dissemination.**	
6.2	**Significant Events and Lessons Learned** The report provided an update on significant events highlighted through Trust reporting systems and by external regulatory bodies and provided assurance on actions taken to effectively learn from adverse events. It was noted that there had been a slight increase in the number of Serious Incidents (SIs) (6) due to excessive responses which was reflective of the busier period experienced within the NHS during the winter period; it was lower than the same period in 2016/17. SP advised that the figures included all the service lines within YAS and not just A&E patients. The information was available by service line and these could be introduced into future reports. SP reported that YAS had attended an end to end review hosted by Mid Yorkshire Hospital NHS Trust (MY) in March. This related to a SI declared by MY where there were opportunities missed by YAS and MY to identify a sepsis patient. Since the incident further action had been taken to ensure that the YAS Sepsis Learning Tool was widespread and embedded in practice. The NEWS (NEWS2 had now been launched) score was being used to assess a patient's sepsis severity across the Trust. SD referred to a case that had been discussed previously by the QC relating to an independent review into the death of a patient with complex and challenging needs. He highlighted NHS England's recommendations from its investigation relating to YAS: • Audit of "Safety Netting" for patients who have not been taken to the Emergency Department; • Audit of information sent to Primary Care when a patient in a	

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	residential care home has been left at home. As previously notified to the QC there had been a theme highlighted in Q1 2017/18 relating to not recognising Ventricular Fibrillation (VF); communications and training put in place following the identification of this previously would continue to support front-line staff to identify when someone was in VF. There was an on-going issue relating to temporary road closures across the region and how YAS captured those and fed them into the Trust's system. It was noted that in March 2018 NHSI had issued new 'Just Culture Guide' for all NHS Trusts. The guide would be reflected in the Trust's Investigations and Learning Policy and work continued to strengthen staff support networks during investigations. Violence and aggression towards staff continued to be a focus for the Trust with detailed analysis of such incidents taking place. A warning letter was sent to the perpetrator, where known, and a warning marker placed on the EOC CAD/NHS 111 system or PTS Cleric system as appropriate to alert staff of historical issues. Where appropriate there was active liaison with staff affected and the police to support prosecution. There had been an increase in the number of complaints from PTS patients who used YAS' private provider transportation; the use of private providers within PTS had increased so it was expected that the number of complaints would reflect this. The Trust was seeking to identify any trends and whether there was anything more the Trust could do to reduce the level of complaints in this regard. LM added that the Common Framework used for Private Providers was robust. It was noted that two SIs had been reported to the Information Commissioners Office (ICO) concerning Information Governance (IG); the ICO had determined that no further action was required following the Trust's response. There had been changes to the national guidance relating to Freedom to Speak Up (FTSU) and the Trust was well placed to comply with this. The Trust's FTSU Guardian was raising awareness of the process with staff through a series of engagement events. Fortnightly meetings took place with the FTSU Guardian, Chief Executive and other senior colleagues to review FTSU concerns (anonymously where necessary). PS highlighted staff with dyslexia using the new electronic Patient Record (ePR) process which was being piloted in the South of the	

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	region. SD advised that the FTSU case referred to was unique and was being worked through with the local team with appropriate reasonable adjustments being considered. He assured the QC that the new ePR had been designed to be dyslexia 'friendly'. TG asked, in relation to incidents of violence and aggression towards staff, whether multiple incidents could be related to the same member of staff. PM responded that there were no indications that this was the case although he acknowledged that in a small minority of cases staff attitude could contribute to the escalation of violent and aggressive incidents. RM assured the QC that conflict resolution training was in place for staff. CB added that in addition to the conflict resolution training the Trust was analysing data to identify trends in complaints and behaviours of staff. It was intended that a training course would be designed on a 'self-reflection' basis so that staff could identify where their own behaviour might contribute negatively to situations. In addition it was noted that the Trust's Behavioural Framework and Values would be used in PDRs and recruitment. TG suggested that the universities running Paramedic courses should consider their recruitment activity considering the number of 'drop-outs' during the first year of the course. PS asked for a presentation on the Paramedic university courses, recruitment practices, take-up, drop-out rates and conversions to Newly Qualified Paramedics. **Action:** **A presentation to be presented at the December QC on Paramedic University courses, recruitment practices, take-up, drop-out rates and conversions to Newly Qualified Paramedics.** **Approval:** **The Quality Committee noted the current position and was assured in regard to the effective management of and learning from adverse events.**	**PM/MM**
6.3	**Service Line Assurance – A&E Operations including HART** The paper provided an update on specific aspects of A&E service delivery including ARP performance, financial and programme and projects progress.	

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	The service continued to focus on ARP delivery in addition to other key activities such as Emergency Planning, Business Continuity and Special Operations. The Cost Improvement Programme (CIP) remained a priority. It was noted that the ARP programme and associated projects had been defined and agreed to support the achievement of the delivery of the ARP national standards. There were three workstreams under ARP: • ARP; • Operations Performance Improvements; • EOC Performance Improvements. Under each of these workstreams there were a number of specific projects to deliver the required outcomes. The workforce position was noted including the need for significant training and recruitment requirements to increase substantive FTE by 235 over and above the forecasted 8% attrition rate. The Emergency Preparedness Response and Recovery bi-annual report had been attached to the paper to provide assurance in this regard. PS welcomed the successful consultation with staff side colleagues on the rota amendments to transfer clinical staff from RRV to DCA. PM confirmed that the rotas were not undergoing a wholesale review although there would be amendments to the rota to accommodate the shift towards using more DCA vehicles. Consultation would take place with staff and a series of engagement events were planned. It was noted that the rotas may require a more in-depth review in the future following ORH recommendations. CB added that whilst there was an in-principle agreement with the staff side there were still some challenges to overcome. SP questioned the likelihood of recruiting clinical staff within the timeframe required and what the potential impact might be on other areas of YAS, for example NHS 111. It was acknowledged this was a risk and ongoing discussions relating to cross-directorate working were taking place to mitigate this. SP expressed reservations of the risks listed at 3.13 of the report; he advised the QC that TEG was awaiting further information in relation to the risks. PS asked whether there would be an issue with the increase in training requirements above that budgeted. JG responded that there was a budget for the training requirements	

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	although she acknowledged that the timescale was challenging and could be problematic. PS asked whether the Trust had the training space for the numbers of staff to be trained in a short timeframe. JG explained that the Magna site at Rotherham would be utilised for the period of the training and had capacity. CM added that the training team had worked hard to utilise all the training facilities across the Trust for this intake of staff. There was an intermediate solution for the next four years in relation to the Hub and Spoke programme however a longer term plan for training facilities was required. Discussion took place in relation to the report construction and detail. It was agreed to produce an amended paper and replace the paper held on file. **Action:** **To produce an amended paper and replace the paper held on file.** It was noted that a review of YAS' Commander Framework was taking place in line with the National Occupational Standards for Ambulance Commanders incorporated into the revised (draft) National Command and control Guidance. Work was underway with the YAS Academy and EPRR team to review the national occupational standards of command training, the expertise required to deliver this training and the resources necessary to achieve full compliance. It was noted that the Trust had written to the CCG in relation to Northallerton Friarage Hospital and the dedicated YAS resource allocated there asking for a formal acknowledgement of YAS' risk assessment of this being decommissioned by the CCG. **Approval:** **The Quality Committee noted the update report taking assurance on performance across the A&E service line and noted service developments. The challenges in relation to recruitment of clinical staff were noted.**	**JG**
6.4	**Review of Quality Impact Assessments 2017/18 CIPs** The paper outlined the progress made in completing the Quality Impact Assessments (QIAs) of the Cost Improvement Plans (CIPs) and reports on the monitoring of indicators relating to the safety and quality of service for 2017/18 schemes. It was noted that the 2018/19 CIP schemes were outlined at appendix 2 of the report; more detailed work was required on these.	

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	There would be service changes within A&E to help deliver the ARP national standards; a workforce engagement plan was in place. Within PTS a review of the Sub-contractor Governance Framework was being undertaken. This was to ensure the process was robust as the use of sub-contractors increased. **Approval:** **The Quality Committee noted the paper and gained assurance with regard to the current position of the QIA monitoring and actions to mitigate emerging key risks.**	
6.5	**Expert Patient Report** The report provided a summary of the role and activities of the YAS Expert Patient. ABP continued to be engaged with different workstreams across the Trust. ABP referred to the Moving Patients Safely Group where she had recommended that the agenda should include a 'deep dive' focus on the needs of wheelchair users (manual and electric) and other complex needs involving a mobility component. She further recommended in the paper that this should also involve overlaps with NHS111/Urgent Care for more seamless care to be provided from a patient needs perspective. The Critical Friends Network (CFN) was developing well although ABP believed there could be challenges retaining volunteers on the CFN. CA responded that at present the CFN was a core of dedicated, actively involved, individuals. There had been a Health Foundation bid to help develop and expand the group. PS asked what ABP felt the optimum number of people there should be on the CFN. ABP responded that she believed between 25 – 40 members would be sufficient for a sustainable CFN. She suggested that the YAS Membership database could be utilised more to engage people with the CFN. CA added that the team was working hard to recruit people to the CFN and leaflets were being handed out at the York Pride event that weekend. PS thanked ABP for her report. **Approval:** **The Quality Committee received the YAS Expert Patient report on actions since the last meeting for information.**	

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6.6	**Programme Management Office (PMO) Update Annual PMO review and programme priorities 2018/19** The paper updated on the Trust's four Transformational schemes, newly formed Transformation Boards and workstreams supported by the PMO function. It was noted that at the year-end 2017/18 the Transformation schemes were all RAG rated as 'amber' with the exception of the Hub and Spoke scheme which was rated as 'green'. The four programmes from 2017/18 would now form part of the four new Transformation Programme Boards: • Service Delivery and Integrated Workforce Model; • Operational Place Based Care; • Infrastructure; • Capacity and Capability. A number of workstream/projects sat beneath these and each of these had been allocated a RAG rating. It was acknowledged that some of the programmes were in their infancy and had been rated accordingly. It was expected that the ratings would change and move up rapidly. It was noted that plans to manage the transition from previous programme board arrangements and to align delivery groups to the new programme boards were going well. **Approval:** **The Quality Committee noted the update and gained assurance that the Project Management Office was assured of the effective management of the various projects and initiatives across the Trust.**	
7.	**WORKFORCE**	
7.1	**Workforce and Organisational Development Update** The paper provided an overview of matters relating to a range of workforce issues including staff engagement, equality and diversity and employee wellbeing. It was noted that the new Workforce and Organisational Development Strategy would be an enabling strategy of the Trust's Corporate Strategy and would set out the agenda for the Directorate and the direction of travel for the workforce at YAS. The Trust had progressed with the co-development of its programme for developing all leaders in role 'Leadership in Action' in close collaboration with its partner AndPartnership. The programme was due to start in July 2018 and the first cohort would be TEG and TMG. It would then be cascaded to other leaders across the organisation. It was being done on a 'Train the Trainer' basis and was linked to the Diversity and Inclusion Strategy and the Values and Behavioural Framework.	

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	A one year Health and Wellbeing action plan had been developed as an interim measure until a longer term plan could be progressed. The action plan included actions around stress awareness and mental health issues and feedback from staff had been positive. It was noted that the level 3 Ambulance Support Worker standard and the level 6 Paramedic standard had been approved under the Apprenticeship Levy by the Education and Skills Funding Agency; these now awaited funding bands. The Trust would deliver the level 3 training and work would take place with YAS' FE partners to deliver the level 6 training. PS referred to the flu campaign and questioned whether staff had been informed of the importance of receiving the flu vaccination rather than having it due to receiving a £10 high street voucher. CB responded that staff were educated as to the importance of having the flu vaccination in addition to receiving a high street voucher. The vouchers had proved successful in incentivising staff to receive their flu vaccination. This year different options were being explored such as staff being able give charitable donations instead although this was yet to be confirmed or approved. There would be a detailed communications plan for the flu campaign. TG expressed concerns relating to the number of disciplinary cases (29). CB confirmed this number had reduced since publication of the report. Future reports would include some trend analysis in this regard. **Approval:** **The Quality Committee noted the update and gained assurance by the progress made within the Workforce and Organisational Development Directorate.**	
7.2	**Education and Training plan update including Apprenticeship Levy update – Annual review and priorities 2018/19** The report provided an overview of matters relating to education and training and the training plan. As referred to earlier in the meeting there was some pressure on education delivery and education venues. A plan was in place to mitigate this. The Paramedic Band 6 upskilling programme was on track; those Paramedics without the requisite skills would need to be upskilled by March 2020. It was believed that the number of Paramedics requiring upskilling was circa 200. There were still challenges for the Placements team to provide the number of placements requested. This had significantly increased this	

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	last year. An additional administrative resource had been sourced to aid with the workload of the Placements team. The Trust was considering the appropriate provision of education and Continual Professional Development (CPD) which was available to staff. CPD was relevant for all staff throughout the Trust and the Education and Learning Portfolio Boards (PGBs) would manage approvals ensuring a fair and equitable process for staff. The Trust was hoping to secure funding for RCN training. The College of Paramedics had funded some elearning courses for YAS' staff through ESR. **Approval:** **The Committee noted the update and gained sufficient assurance on the training and education plan. The risk in relation to placements was noted.**	
8.	**RISK MANAGEMENT**	
8.1	**Risk Management Report including:** • **Security Programme annual review and workplan 2018/19** • **Information Governance Annual Review and work plan 2018/19** The paper updated on the year-end BAF 2017/18 and the final version of the BAF 2018/19. Changes to the Corporate Risk Register (CRR) were highlighted and there was a specific focus on risks relating to the remit of the Quality Committee. It was noted that the 2018/19 BAF had been approved by the Board. RM highlighted the following risks: • Risk 1095 - EOC recruitment of Clinical Advisors – risk to NHS 111 – she advised this risk had been mitigated since publication mainly due to the reduction in RRV use; • Risk 1096 – Decommission dedicated Friarage ambulance – discussion took place regarding this risk and it was confirmed the wording of the risk was appropriate; • Risk 1097 – South Performance – Plans were in place to improve this issue and performance had increased since publication of the report. JG advised that in relation to Risk 1095 the Trust may recruit to generic YAS Clinical Advisors that could be utilised across the service lines. It was noted that Risk 146 – Annual IG Training presented a risk in terms of compliance. A paper had been presented to TMG outlining the requirements of the new Data Security and Protection Toolkit and the risks associated with the training standard. The Trust planned to increase compliance in this regard.	

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	Risk 1039 Freedom of Information (FoI) compliance – this risk had been reduced following a successful concerted effort to increase compliance. It was noted that Risk 1056 – Measles Outbreak – potential impact on staffing and performance – the rating of the risk would be re-thought in addition to a wider risk relating to immunisation being considered. SP reported on the Serious Incident relating to the failure of the telephony server. Investigative work was still taking place as to the root cause of the failure. Testing and re-building was taking place to ensure that the system was robust and to provide assurance. PS noted formal thanks for those involved in response to the failure of the telephony server. **Approval:** **The Quality Committee noted the progress made and key changes to the risk profile and gained assurance from the robust processes currently in place to manage risk across the Trust.**	
9.	**RESEARCH GOVERNANCE**	
9.1	**Research and Development End of Year report and plan 2018/19** The paper updated on Research business and progress within 2017/18 and presented the workplan for 2018/19. It was noted that 2017/18 had been another successful year for the Research Team. YAS was second in the ambulance service for the number of participants recruited and fifth for the number of research studies undertaken. YAS' number of participants put the Trust in the top third of all Trusts. The AIRWAYS2 study had been analysed and it was expected that the results would change practice; this was a significant achievement and outcome for the research. SD noted his formal thanks to all those involved. The report sought approval of the workplan for 2018/19. **Approval:** **The Quality Committee received and gained assurance on the 2017/18 performance and agreed to the 2018/19 worplan.**	
10.	**ANY OTHER BUSINESS**	
10.1	**Committee Effectiveness annual review and work plan/priorities for 2018/19** The Quality Committee held a discussion on its effectiveness and workplan/priorities 2018/19. Discussion took place in relation to what worked well and areas that	

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	could be improved. PS had captured everyone's input, he would consider the feedback and he would discuss this with Executive Director colleagues before reporting back to the Committee. **Approval:** **The Quality Committee noted the discussions.**	
10.2	**Issues for reporting to the Board and Audit Committee** PS summarised the issues for Board which included workforce issues relating to the delivery of ARP, PTS criteria and the excellent work undertaken by the Research Team. It was noted the Quality Improvement Strategy would be approved by Board.	
11.	**FOR INFORMATION**	
11.1 **11.2** **11.3**	**IPR – Workforce and Quality** The report was noted. **Quality Committee Workplan** This item was noted. **Quality Committee Terms of Reference** This item was noted. The meeting closed at 1200 hours.	
12.	**Date and Time of Next Meeting:** (0830) 0900-1230 hours 6 September 2018, Kirkstall and Fountains, Springhill 1, WF2 0XQ	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ CHAIRMAN

_____ DATE