Yorkshire Ambulance Service NHS Trust

Quality Committee Meeting Minutes

Venue: Kirkstall & Fountains, Springhill 1, WF2 0XQ
Date: Thursday, 13 December 2018
Time: 0830 hours
Chairman: **Tim Gilpin**

Membership:

Tim Gilpin	(TG)	Non-Executive Director/Deputy Chairman
Christine Brereton	(CB)	Director of Workforce and Organisational Development
Dr Julian Mark	(JM)	Executive Medical Director
Vacant	-	Director of Urgent Care and Integration
John Nutton	(JN)	Non-Executive Director
Steve Page	(SP)	Executive Director of Quality, Governance and Performance Assurance
Nick Smith	(NS)	Executive Director of Operations

Apologies:

Dr Julian Mark	(JM)	Executive Medical Director
John Nutton	(JN)	Non-Executive Director
Rachel Monaghan	(RM)	Associate Director of Performance Assurance and Risk
Jeevan Gill	(JG)	Regional General Manager A&E
Andrea Broadway-Parkinson	(ABP)	YAS Expert Patient

In Attendance:

Phil Storr	(PS)	Associate Non-Executive Director
Clare Ashby	(CA)	Associate Director Quality & Nursing
Claus Madsen	(CM)	Associate Director of Education and Learning
Steven Dykes	(SD)	Deputy Medical Director
Mark Millins	(MM)	Associate Director Paramedic Practice

Minutes produced by:

Joanne Lancaster	(JL)	Committee Services Manager

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	The meeting commenced at 0905 hours.	
1.	**Introduction & Apologies** TG welcomed everyone to the meeting and apologies were noted as above. The meeting was preceded by a presentation on 'The Implementation of the electronic-Patient Record (ePR)' by Ola Zahran, Associate	

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	Director of ICT, Jonathan Milnes, Paramedic, Tom Smith, Emergency Technician, David Adams, IT Specialist and David Bird, Senior IT Specialist. The team provided a demonstration of the ePR system and how this interfaced with the Emergency Department at Acute Trusts. It was noted the implementation was on schedule with an 80% compliance rate for usage. The positive benefits of patient care and quality of record keeping and audit were highlighted by the team. Discussion took place relating to job cycle time and it was explained by the team that work was underway to understand any increase in job cycle time so that mitigations could be put in place to reduce this. TG thanked the team for an interesting and informative presentation and commented on the breadth and scale of work in developing and implementing the ePR. TG moved proceedings to the formal Committee meeting. He explained the Quality Committee (QC) was not quorate and 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.	
2.	**Review Members' Interests** Declarations of interest would be noted and considered during the course of the meeting.	
3.	**Chairman's Introduction** TG welcomed everyone to the meeting. He explained this was his first meeting as the Chair of the QC and he was looking forward to quality items which connected to the QC's governance role with onward assurance to Board.	
4.	**Minutes of the Meeting held on 6 September 2018** The minutes of the Quality Committee meeting held on 6 September 2018 were approved as a true and accurate record of the meeting with the exception of the following: Page 5, paragraph 4, the first bullet point should refer to 'ROSC'. Page 13, paragraph 10, replace the word 'receiving' with 'utilising'. **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 010/2018 – PTS Pre-Messaging Service – SP advised this was	

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	an on-going piece of work. Action remains open. All other actions were noted as being appropriately closed or had a future completion date.	
6.	**QUALITY GOVERNANCE/CLINICAL QUALITY PRIORITIES**	
6.1	**Clinical Governance and Quality Report including:** • **Patient and Staff Safety;** • **Clinical Effectiveness;** • **Patient Experience.** The paper provided a summary of the developments and delivery of clinical governance and quality. CA advised the Critical Friends network (CFN) continued to increase in numbers with membership now at 17. The CFN included very pro-active and engaged members. Health and safety was progressing well across the organisation. Patient safety work within YAS had focused on Safety 1 elements 'learning from past harm'. It was now intended to introduce Safety 2 'learning from excellence'. This would support learning from teams who experienced greater effectiveness related to patient safety and embed this practice to highlight a pro-active approach to patient safety. A number of workstreams had been established relating to the Trust's Strategic Objective of ensuring safety and sustainability. This programme of work explored the achievability of 'zero avoidable harm', within defined measures and was aligned to the Sign-up to Safety pledges. The delivery of planned activities would commence from 2018 through to 2023. In terms of Infection Prevention and Control (IPC) the team was working with Human Resources (HR) to encourage staff to have their flu vaccination. To date 61.9% of staff had been vaccinated. NS advised that frontline staff had been encouraged to receive their flu vaccine via team briefings etc although he acknowledged that there appeared to be some 'hotspots' where the take-up was low. Discussion took place in relation to the steps taken to increase the flu vaccination up-take which had included meeting with Locality Managers and myth busting. It was intended to use a targeted approach next year alongside the current methods. CA advised that it was important that there was a record of the immunisation status of all frontline staff including MMR. The Trust was working with the Occupational Health provider to ensure that information was up to date and available. The Trust was developing the Always Events programme which was a	

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	national initiative looking at the experience of care on each patient contact. The Trust would pilot this initiative with the Patient Transport Service. Some co-production work had taken place with the Critical Friends Network (CFN) and Patient Reception Centres. CA advised that Andrea Broadway-Parkinson, Expert Patient continued to be busy with work programmes across the Trust. SP provided an update of the Patient Transport Services application of the eligibility criteria which had been applied more robustly as per Commissioners intent through the renewal of the PTS contracts in North Yorkshire. The Trust continued to signpost those patients who did not receive PTS to other community transport groups. It was emphasised this was a Commissioned requirement. There were some inconsistencies between the different Clinical Commissioning Groups relating to the application of the criteria particularly in relation to renal patients. The Trust was working with Commissioners to ensure those patients who were eligiable for transport received it. CM asked what the arrangements would be for level 3 Safeguarding training. CA responded that Adult Intercollegiate guidance had been issued and Child Intercollegiate guidance was imminent. Once this had been published the Trust would work with national colleagues to establish what was required of the ambulance sector in this regard. It was noted that the National Ambulance Clinical Quality Indicators had been updated and were currently being embedded into routine practice. Due to delays in Health Care Records processing only partial data had been submitted to NHS England. An action plan was in place to improve the backlog and this was on track to submit full data from December 2018. It was noted the national data would not be refreshed until February 2019. The STeMI care bundle data would be published for January, April, July and October and would record those patients with a pre-hospital diagnosis of suspected ST elevation confirmed on ECG and who had received the care bundle. There was a region wide acute stroke pathway in place which was used in the pre-hospital phase of care. Stoke data would be compiled by ambulance trusts and submitted to the Sentinel Stroke National Audit Programme (SSNAP). This was looking at patient outcome data rather than ambulance response time. It was noted that Codeine tablets had been added to the Specialist Paramedic formulary which allowed Paramedics to manage moderate pain for patients more effectively.	

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	SD referred to a Series Incident (SI) involving the unauthorised removal of morphine from the controlled drugs safe. The Trust had undertaken a series of actions relating to the SI including requesting an Internal Audit on the Controlled Drug process. It was noted that there had been a slight increase in drug check discrepancy on the quarterly incidents report. These incidents related to where there had been an error in the register mainly due to mathematical error rather than an increase in the number of incidents. There had been a significant difference in the number of non-controlled drug incidents during Q2. This was due to a change in the reporting process. All incidents were reviewed to identify any potential trends or themes. The Quality Committee noted: • Risk 1099 'PTS Safeguarding training provision' had been removed from the Corporate Risk Report (CRR) since the last Quality Committee meeting as compliance levels had improved; • Risk 1079 'Health Care Records processing delays' this risk had been increased to 20 on the CRR. The engagement for the development of the Quality Accounts for 2018/19 had commenced. CA referred to the Gosport Inquiry published in June 2018 which had been an independent investigation into the Portsmouth Healthcare NHS Trust. The Trust had reviewed the findings to identify whether there was any learning for YAS. The Trust had a number of routes for staff to report concerns and issues and staff were actively encouraged to do so. In addition the Medicines Optimisation Group (MOG) undertook a review of all medication related incidents and concerns. TG thanked the team for the update. **Approval:** **The Quality Committee received the report as assurance that delivery of clinical governance and quality was progressing well through the implementation of the patient safety, patient experience and clinical effectiveness workstreams.**	
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 the ambulance sector was aiming to be more consistent in its reporting of Serious Incidents (SIs) and YAS had assisted with this by sharing the Trust's process. The number of excessive responses to SIs continued to be monitored	

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	within the Trust with real-time monitoring undertaken in the Emergency Operations Centre (EOC). It was noted that the Trust was currently undertaking an interim post-day and clinical review of selected cases. Evidence from this review would be used to inform future safety monitoring processes. Violence and Aggression (V&A) remained in the top 3 reported categories of incidents at YAS and the highest category of 'affected staff'. It was emphasised that work continued to strengthen the support provided to staff, both the victim and their immediate line management team, to support staff in the most appropriate manner and increase the number of sanctions applied. The next issue of Team Brief would have an item relating to V&A and further guidance for staff would be released following this. TG asked how YAS benchmarked against other trusts in terms of V&A and whether there was any indication that the staff involved in conflict with patients were the same staff or whether it was a different staff member each time. CA responded that YAS tended to have a lower rate of incidents of V&A although it may be that this was due to historical under reporting by staff of incidents rather than incidents not happening. Reports of this category of incidents had increased significantly in 2018/19 as a result of the development work and staff communications. CB added that a conversation had taken place at the November Trust Board Meeting relating to triangulating information from Freedom to Speak Up (FTSU) concerns, complaints, disciplinary actions and grievances to identify whether there were any trends or themes. TG asked that this be brought to the Quality Committee once completed. **Action:** **To report back to the Quality Committee on any themes or trends arising from the work triangulating information from FTSU concerns, complaints. Disciplinary actions and grievances.** It was noted that the number of employer liability claims had reduced. There had been one Prevention of Future Death (PFD) report issued since the last QC meeting relating to the NHS 111 service where a number of errors had been identified within the call handling process. A number of actions had since been implemented which included the development of additional guidance for call handlers and a review of the 'Managing Call Backs' Standard Operating Procedure. A full response had been provided to the Coroner to provide assurance that concerns had been addressed. SP referred to an independent investigation commissioned by NHSE	**CB 012/2018**

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	relating to a young man with learning difficulties who had sadly passed away and his family had raised concerns about numerous agencies involved with their sons care dating back a number of years prior to his death. The patient was treated appropriately at home following YAS attendance. The recommendations for YAS related to safety netting. Both the Quality Committee and the Trust Board had been provided with briefings on this case. A clinical audit was being conducted to inform any further action required to strengthen safety netting processes. A Serious Case Review had highlighted the need to ensure that in cases where children at the scene of an incident were taken to another address that this was clearly documented in safeguarding referrals. The Trust would implement revised wording on the safeguarding referral form from Q3. TG thanked SP for the update. **Approval:** **The Quality Committee noted the current position and was assured in regard to the effective management of and learning from adverse events.**	
6.6	**Service Line Assurance – NHS 111** This item was taken out of order from the stated agenda. KT attended for this item. The paper provided information on the NHS 111 service line and sub-contracted service West Yorkshire Urgent Care for the past 12 months. KT advised that for the first time in six years NHS 111 had seen limited growth in incoming calls with overall call volumes down from 2017/18. Some of the reduced growth was as a direct result of changes in local urgent care systems and in particular the introduction of extended schemes. NHS 111 on-line had been fully operational during this period and was attracting approximately 12,000 hits per month with around 300 of these cases requiring a clinical call back from NHS 111. Compared to national performance YAS remained above the national average. At the end of October 2018 the national call answer rate within 60 seconds (year to date) was 83.7%. KT advised that from a clinical performance perspective the service was maintaining similar levels to 2017/18 however clinical recruitment was a challenge. A cross-directorate piece of work was taking place in this regard. It was noted that the service had a robust plan for the winter period. During 2018/19 there had been two national NHS Pathways upgrades which introduced new clinical content into the system to support call	

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	handlers and clinicians. This included new information on Sepsis, Cardiopulmonary Resuscitation instruction and ambulance validation. These had been implemented within national guidelines. Call audits continued to be undertaken and this was seen to be a positive safety net for staff. The patient survey for NHS 111 continued to provide positive results from respondents. YAS' NHS 111 continued to have a low referral rate to both 999 and the Emergency Department when compared nationally. Within NHS 111 a working group had been established to support the embedding of the Trust behavioural framework 'Living the Values'. This group had established a culture review action plan which was being implemented. It was intended to launch a 'you said, we did' approach so staff could see their concerns had been listened to and acted upon. From July 2018 NHS 111 had introduced Schwartz rounds for staff to share their experiences. This initiative provided a structured forum where all staff, clinical and non-clinical, came together regularly to discuss the emotional and social aspects of working in healthcare. This was a 2 year programme and feedback received so far had indicated this was being positively received. The service was working hard to ensure it was compliant against the Statutory and Mandatory training and with Personal Development Reviews. Work was underway to improve the current position in Q4. The current tender of the service and Integrated and Urgent Care was noted. CB referred to the Cultural Review within the service and emphasised this was a significant piece of work. She praised the action plan and suggested the Trust should look at how this could be replicated across the organisation. TG thanked KT for the update. **Approval:** **The Quality Committee noted the update report taking assurance on performance across the NHS 111 service line and noted service developments.**	
6.3	**Review of Quality Impact Assessments 2018/19 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 2018/19 schemes. CA emphasised that the process was there to ensure that the Trust	

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	maintained quality and that any changes proposed did not impinge on patient care or safety. It was noted that the new Transformation Programme Boards were now fully established with work underway to confirm the alignment of transformation work to the new Trust Strategy and Enabling Strategies. The Trust continued to liaise with NHS partners in relation to service reconfigurations and joint QIA processes were an integral part of this process. It was noted that an urgent transfer of 160 beds in Sheffield Teaching Hospitals had recently been highlighted through a system planning process and a QIA would be completed in relation to this urgent development as more information became available. CA and NS were meeting on this issue as it had the potential to have a significant impact on the Trust's winter plan. An updated QIA was in development in relation to the closure of Willerby Ambulance station and this would be reviewed in TMG in December 2018. It was noted that the CIP development for 2019/20 was well underway. SP advised that QIAs for the contract work for 2019/20 was a significant piece of work. TG thanked the team for the update. **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.**	
6.4	**Regulatory Compliance Report** The report provided an update on the current position of regulatory compliance within the Trust. CA provided an update relating to the forthcoming Care Quality Commission (CQC) inspection although no date had been set to date. The Trust had been preparing for the inspection building on the work undertaken from the previous CQC inspection action plan. It was noted that an external Well-Led Review had been undertaken by PWC and the review recommendations would be delivered through the Trust Executive Group (TEG), Trust Management Group and the Capacity and Capability Transformation Programme. The Trust had taken an active part on the CQC local systems review that had been undertaken in the Leeds area during October 2018. This had focused on delivery of services for the older population. CA advised that the Trust had purchased powered respiratory	

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	protection equipment to ensure the Trust was compliant with Health and Safety Executive (HSE) requirements. This had been financed through non-recurrent funding. It would support staff safety and also reduce a significant requirement for staff abstraction for 'fit testing' in the future. TG thanked CA for the report. He commented that he believed that the Quality Committee received the right information to provide them with assurance that quality and patient safety was embedded across the organisation. **Approval:** **The Quality Committee gained assurance on the Trust's arrangements for regulatory compliance.**	
6.5	**Programme Management Office (PMO) Update** The paper provided an update on the current position and next steps in relation to the Trust's Transformation Programme. SP advised this had been reported to Board at the 29 November meeting. It was noted that the main objectives within the Service Delivery and Integrated Workforce Programme Board were going to plan with the exception of 'C4 90th' trajectory and the 'Hear and Treat' trajectory. Mitigation plans were in place in this regard. The Place Based Care Programme Board had been considering the high volume calls the Trust received from residential homes and from patients with challenges around mental health. The Infrastructure Programme Board had been looking at the Hub and Spoke programme, the Ambulance Vehicle Preparation (AVP) facilities at Leeds and Huddersfield and Unified Communications. The Capacity and Capability Programme Board had focused on service line performance, value for money through collaboration with the Northern Ambulance Alliance (NAA), the Corporate Strategy and workforce requirements to deliver the Trust's priorities. TG asked whether the Trust was facing challenges with clinical recruitment. CB responded that the Trust was currently considering different approaches to clinical recruitment including the development of an internal 'Bank'. TG thanked the team for the update. **Approval:** **The Quality Committee noted the update and was assured of the effective management of the various projects and initiatives**	

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	across the Trust.	
6.7	**Winter Preparations** The paper provided an update on winter planning for 2018/19. It was noted that the Trust had produced an overarching framework for winter known as the Winter Concept of Operations (Con-Ops) which had been developed with input from each operational service line. The Trust had worked with partners to ensure there was a system wide, integrated approach to winter resilience as part of NHS England's Assurance process. A Winter Resilience Workshop had taken place on Friday, 7 December 2018 which had reviewed key risks and ensured there was a shared understanding of plans for the winter period. There were some challenges with cover in A&E Operations for certain key dates over the winter period although the Trust had put in plans to mitigate these and staff had responded positively. **Approval:** **The Quality Committee gained assurance that the Trust's Winter Concept of Operations Plan 2018-19 was robust.** PS left the meeting at 1055 hours.	
7.	**WORKFORCE**	
7.1	**Workforce and Organisational Development Report** 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 this report was in a new format and combined information on workforce, organisational development and education and training. The Board had approved the Trust's People Strategy at its meeting of 29 November 2018. In the future the Workforce and Organisational Development report would align to the five strategic aims within the People Strategy and report against the Key Performance Indicators. The Leadership in Action programme had commenced in August 2018 as a mandatory leadership development programme. Workshops had been positively received by delegates. The programme would be rolled out to leaders across the whole of the organisation. The national Staff Survey 2018 had closed on 30 November 2018 and YAS' response rate had been 33%. This was likely to increase slightly once paper based surveys had been processed. This had been a similar response to that of 2017 and consideration was being given to how to increase engagement with the survey in the future.	

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	CM advised that the Personal Development Review (PDR) compliance was at 81% which was a positive attainment. It was noted that funded training opportunities during 2018/19 had included BSc Top Up for existing Paramedics, Technician to Paramedic, MSc (ACP), Mentor Training and Non-Medical Prescribing. TG thanked CB and CM for the update. **Approval:** **The Quality Committee noted the update and gained assurance by the progress made within the Workforce and Organisational Development Directorate.**	
7.2	**Paramedic Training** MM and CM delivered a presentation to the Quality Committee regarding Paramedic Higher Education routes and conversions to Newly Qualified Paramedics. It was noted that the Trust did not receive information on the take-up or drop-out rate on university courses. YAS provided information relating to the number of Placements the Trust could accommodate to FE establishments. An illustration was provided on the number of Placements aligned to each university although it was emphasised this would not be the number eventually employed by YAS as some students would choose alternative ambulance providers or primary care careers. SP asked whether the number of students on courses was driven by YAS' future workforce requirements. CM responded that there were restrictions in terms of the numbers of Placements that the Trust could offer so numbers were reflective of this. This was something that could be further considered. Discussion took place in relation to the retention of student Paramedics. Suggestions included using student Paramedics for bank to provide a link with the organisation. It was noted that all the university programmes led to the professional HCPC registration. Future candidates would achieve the formal level 6 degree BSc in Paramedic Practice. It was noted that only Paramedics that were recruited into the ambulance service undertook the Newly Qualified Paramedic (NQP) period to provide further assurance that an individual was competent in the role. All NQPs would have a mentor and on successful completion on the period, with evidenced capabilities, would progress to a Band 6 Paramedic.	

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	MM advised there was a national 'fast-track' process in place to reach a Paramedic Band 6. NQPs could apply to be part of the 'fast-track' programme after a period of 9 months and become a Paramedic Band 6 at 12 months. Approximately 10% of NQPs had accessed this initiative. TG thanked MM and CM for the informative and interesting presentation. He believed this highlighted the high level of support provided to NQPs by the Trust. **Approval:** **The Committee noted the update.**	
8.	**RISK MANAGEMENT**	
8.1	**Risk Management Report** The paper presented the Board Assurance Framework (BAF) for 2018/19 and provided detail of changes to the Corporate Risk Register since the last Quality Committee meeting. The Quality Committee noted the changes to the Corporate Risk Register since the last Quality Committee, of particular note: • Risk 1063 – EOC Rota Cover – Festive Period – The targeted plan had been successful in reducing the deficit hours to a manageable level. The EOC team continued to address further actions to optimise dispatch staffing provision; • Risk 1156 – clinical Supervisor Job matching banding evaluation – This was subject to a national Job Evaluation panel; • Risk 1174 – Fixed Asset Register – An action plan had been put in place and was being actively manged; • Risk 1175 – FIT testing – Availability of crew who are fit test passed to respond – delays in Patient Care – A procurement exercise had been undertaken to procure RPE hoods. Once these were in place it would negate the requirement to FIT test; • Risk 861 – Statutory and Mandatory training – the 3 yearly booklet had gone live in November 2018; • Risk 1079 – Health Record processing delays – A robust action plan was in place to manage the backlog of processing and validating PCRs and it was forecast to be up to date by the end of December 2018. Discussion took place in terms of risks relating to the Trust's supply chain as a result of the EU Exit. SP provided assurance that the Trust was in the process of completing a risk assessment against national criteria in terms of the EU Exit. The Trust was linked in appropriately at a national, regional and local level. **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.**	

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9.	**INNOVATION, RESEARCH GOVERNANCE**	
9.1	**Clinical Strategy Report** The new report provided an update on clinical developments as part of the Clinical Strategy. The Strategy supported the Trust's Corporate Strategy to save lives and ensure everyone in YAS' communities received the right care, whenever and wherever they needed it and put the patient and clinician at the heart of the organisation. It was noted that a recent workshop on improving the YAS Right Care, Right Place strategy had identified the need to implement an improved clinical supervision and leadership model across the frontline including in the Emergency Operations Centre (EOC). The JRCALC App had been released in March 2018 and sign-up was in excess of 60% of frontline staff with more than 1750 road staff signing up and using their own devices. It was now available on toughbooks and desktop computers. The app supported clinical decision making and provided an easy reference tool on scene. It was noted the key priorities of the Clinical Strategy had been taken from national priorities and known ambulance pressures and were in summary – 'ensuring our patients get the right care, at the right time, in the right place'. The Trust was committed to ensuring that patients who suffered from an out-of-hospital cardiac arrest received the right treatment. The Trust would be enhancing the resuscitation team with clinical leadership, enhanced training and reflecting on human factors, decision making and simulation. It was noted that Automated External Defibrillators had been installed on all Patient Transport Service vehicles. SD referred to the 10-10-10 campaign which had been launched to decrease the on scene time for critically ill patients. The campaign provided frontline clinicians with a simple framework for reducing on scene time and ensuring optimum clinical care was given. It was noted that the Trust now employed a midwife to provide support and guidance to clinicians in this regard. The Trust believed that everyone approaching the end of life should receive high quality care that reflected individual needs, choices and preferences. A network of End of Life Care (EoLC) champions had been established within the organisation. Each of these had the Post Graduate Certificate EoLC with a further 5 clinicians studying this qualification. **Approval:**	

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	The Quality Committee accepted the report and gained assurance on clinical developments across the organisation.	
9.2	**Quality Improvement Report** The paper updated on the implementation of the Quality Improvement (QI) Strategy and supporting implementation plan for 2018-19 and to update on the proposed next steps for 2019/20. It was noted that the Quality Improvement Strategy had previously been agreed at the Board and would formally be published alongside the People Strategy in December 2018/January 2019. The QI Fellows had completed eight months of their twelve months programme. They had been working on projects aligned with their area of expertise and projects would be evaluated at the end of the secondment along with the overall annual implementation plan. A number of other initiatives were being worked on by the QI team including Bright Ideas and Project A. It was expected that work in 2019/20 would focus on: • Falls; • Mental Health; • Working with patients and the community; • Staff wellbeing. CA outlined the next steps which included recruiting for the next intake of QI Fellows, embedding QI Fellow Leaders and strengthening the QI Core Team. It was noted that the Board had been successful in its application for the NHSI Leadership for Improvement Board Development Programme. SP added that it was intended to build on the QI developments undertaken in year 1 and ensure that momentum continued across the Trust in this regard. **Approval:** **The Quality Committee noted the progress in implementation and proposed next steps and gained assurance that appropriate processes were in place to enable implementation of the Quality Improvement Strategy.**	
10.	**ANY OTHER BUSINESS**	
10.1	**Review of the Meeting, New Format and Terms of Reference** Discussion took place in relation to the Committee meeting and ensuring the right information at the right level was being provided. There was a balance to be sought in relation to providing enough information to give the necessary assurance and not inundating the Committee with significant amounts of information and data that was not required. SP advised that the annual workplan was reviewed in conjunction with	

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	the Chair of the Committee and agreed by the Committee. It was noted the QC was a key Committee which provided assurance to the Board. TG stated he would be keen to see elements of 'celebrations of success' as he believed there would be learning to be taken from successes. It was noted the QC Terms of Reference would be reviewed and taken to the February Board meeting for approval.	
11.	**FOR INFORMATION**	
11.1	**IPR – Workforce and Quality** The report was noted.	
11.2	**Quality Committee Workplan 2018/19** This item was noted.	
11.3	**Quality Committee Terms of Reference** This item was noted. The meeting closed at 1205 hours.	
12.	**Date and Time of Next Meeting:** (0830) 0900-1230 hours 14 March 2019, Kirkstall and Fountains, Springhill 1, WF2 0XQ	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ CHAIRMAN

_____ DATE