



## Quality Committee Meeting Minutes

**Venue:** Kirkstall & Fountains, Springhill 1, WF2 0XQ  
**Date:** Thursday, 13 March 2019  
**Time:** 0830 hours  
**Chairman:** Tim Gilpin

### Membership:

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

### Apologies:

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| Clare Ashby     | (CA) | Associate Director Quality & Nursing       |
| Claus Madsen    | (CM) | Associate Director of Education & Learning |
| Stephen Segasby | (SS) | Deputy Director of Operations              |

### In Attendance:

|                           |       |  |
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| Andrea Broadway-Parkinson | (ABP) | YAS Expert Patient                                   |
| Phil Storr                | (PS)  | Associate Non-Executive Director                     |
| Rachel Monaghan           | (RM)  | Associate Director of Performance Assurance and Risk |
| Suzanne Hartshorne        | (SH)  | Deputy Director of Workforce & OD                    |
| 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:

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| Andrea Jackson | (AJ) | Executive Personal Assistant |
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|    | The meeting commenced at 0905 hours.   |        |
| 1. | <p><b>Introduction &amp; Apologies</b><br/>           TG welcomed everyone to the meeting and apologies were noted as above.</p> <p>The meeting was preceded by a presentation on '#ProjectA' by Erin Payne, Head of Quality Improvement, and Gareth Sharkey, QI Fellow.</p> |        |

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| <p>EP and GS explained the background to the launch of #ProjectA, which was as a result of the CEO of NHSE accompanying a crew on an ambulance, and realising there was scope for improvements.</p> <p>The initial Aims of the Project were to positively impact on winter and identify the issues that crews wish to work on in order to have a positive impact. The project was launched in June 2018 with the aim to support the Ambulance Service in a 12 month programme of work.</p> <p>The community engagement platform Crowdcity was used to generate ideas from frontline staff, for voting, comment and discussion. From discussions, 608 ideas were generated, and grouped into themes, with 12 ideas being tested during a two day 'innovation burst'.</p> <p>The six ideas emerging from the innovation burst included; Action on Falls; Action on Staff Wellbeing; Action on Mental Health and Emotional Distress; A Director of Ideas for Improvement; Action on Partnership with People, Families and the community; and Virtual Collaboration.</p> <p>There were currently 12 ideas across the UK, which could be accessed via the AACE website, and was a good platform for ambulance trusts to share work being undertaken.</p> <p>Work would continue closely with NHS Horizons on development of the work streams, and YAS direction planned in terms of these. A platform would be built to enable continued collaboration with ambulance sector colleagues. The work would be promoted both internally and externally to the organisation and consideration was being given to how a similar approach could be used within the Trust.</p> <p>JM commented on the Ambulance Improvement Programme 'Avoidable Conveyance Steering Group' and how the falls work stream could potentially be linked.</p> <p>AC asked about the relationship between the platform for ideas and innovation bursts.</p> <p>SP explained YAS already have Bright Ideas but these are manually driven. Software platforms were being considered via the Capacity and Capability Programme Board which would support a more transparent and engaged generation of ideas and direct engagement in focussed initiatives like innovation bursts.</p> <p>EP added there would be an opportunity for staff to trial perhaps on the Facebook page. NS informed members of the OneYas Facebook page, which had been set up following an engagement meeting in the south by Anthony Kelly, and all south staff were invited to join it. The page has since escalated with more than 1500 staff from YAS engaged and is linked to the Comms team. It includes valuable information and is well monitored to ensure that content is acceptable and ensure discussions are appropriate.</p> |               |

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| <p>However, we recognise that the more tailored software packages available like Crowdcity, support a more managed approach to improvement ideas. AC offered her help due to her experience in the Crowd platform.</p> <p>JP alluded to work with commissioners and STPs around falls service development and questioned how this is joined up. EP advised falls work was a good way of pulling all these multiple strands together, across many organisations. NS informed commissioners had been approached, not only around funding, but with regards to what could be done differently. However, work is required to include in contracts.</p> <p>CB had engaged with Helen Houghton in the Health &amp; Well-being team and work was developed as part of the Schwartz Rounds. However it is not clear to what extent knowledge is disseminated in organisations and whether people understand what it means. EP advised not yet. NHS Horizons will support financially but the way can be lost through a lack of understanding and suggested testing with a small group followed by further roll out.</p> <p>NS questioned how we mainstream the knowledge across the organisation for frontline staff. One potential would be to see how it works with smaller stations initially, and consider how it could be put into practice following evaluation.</p> <p>PS advised, JP and himself were meeting Danielle Norman, YAS charity, and would discuss the community element as there was potential value in involving the Charity in this programme of work.</p> <p>TG thanked EP and GS for an interesting presentation and requested to be kept informed on developments, and offered support in achieving the objectives in terms of improving patient care.</p> <p>TG moved proceedings to the formal Committee meeting.</p> |               |
| <p><b>2.</b> <b>Review Members' Interests</b><br/>Declarations of interest would be noted and considered during the course of the meeting.</p>   |               |
| <p><b>3.</b> <b>Chairman's Introduction</b><br/>TG welcomed everyone to the meeting. It was important to him that all members feel they can contribute to the meeting and welcomed any questions regardless of how trivial they may be. He also wished to review progress of the meeting together, in terms of moving forward, as things would not change immediately, but if so, this would be done collectively.</p> <p>He requested that members are brief and to the point, but also careful not to miss the critical points that need to be conveyed, and should also contribute when they feel it important.</p>   |               |

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| <p><b>4. Minutes of the Meeting held on 13 December 2018</b><br/>The minutes of the Quality Committee meeting held on 13 December 2018 were agreed as an accurate record.</p> <p><b>Matters Arising:</b><br/>There were no items for discussion that were not addressed through the day's agenda.</p>   |               |
| <p><b>5. Action Log</b><br/>The Quality Committee considered the open actions on the Action Log.</p> <p>Action 010/2018 – PTS Pre-Messaging Service – SP advised this was an on-going piece of work, and suggested an update is provided at the next meeting within the Service Line Assurance paper for PTS.</p> <p>Action 012/2018 – Themes and trends triangulating from F2SU concerns, complaints and disciplinary actions or grievances – Accuracy error. Due date should read June 2019, not 2018.</p> <p>All other actions were noted as being appropriately closed or had a future completion date.</p> <p><i>To note: the order of the agenda was changed, whereby item 7.1 was discussed first, as CB was required to leave the meeting for alternative commitments.</i></p>  |               |
| <p><b>6. QUALITY GOVERNANCE/CLINICAL QUALITY PRIORITIES</b></p>   |               |
| <p><b>6.1 Clinical Governance and Quality Report including:</b></p> <ul style="list-style-type: none"> <li>• <b>Patient and Staff Safety;</b></li> <li>• <b>Clinical Effectiveness;</b></li> <li>• <b>Patient Experience.</b></li> </ul> <p>The paper provided a summary of the developments and delivery of clinical governance and quality.</p> <p>A session was held in TMG in relation to the NHS England consultation on patient safety strategy, signalling a change of direction in national focus on development of a just and learning culture. National and regional teams will become focussed on safety along with recent movement of the Healthcare Service Investigations Board (HSIB) branch established. The Medical examiner role could have an impact also.</p> <p>JM advised of the intention that the Medical Examiner role be embedded during 2019 for review of all deaths in hospitals.</p> <p>Work had been undertaken with NHS Improvement (NHSI) to develop a meaningful mortality review, but was not ready for launch. This was fortunate as there was currently only one Medical Examiner in Yorkshire, which is located in Sheffield.</p> |               |

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| <p>A mortality review process had been run in YAS for three years helping to shape what the national view would look like.</p> <p>SP explained the national strategy implementation had the potential to draw our staff into regional and national teams with key people moving into the regulatory assurance domain. We will be keeping a watching brief on this over the coming months.</p> <p>The national Sign up to Safety campaign had been running for the last three years jointly led by CA, KO and SD. Benchmarking revealed YAS performed well against other trusts in relation to incident reporting and uptake. Significant work was undertaken around human factors as well as hard edge learning from patient safety incidents. A plan for zero avoidable harm, was in place and attached at Appendix 1 of the report, which signals the direction of travel in the next one to two years.</p> <p>A Memorandum of Understanding (MOU) was in place with all safeguarding boards and enables how communications with all parties are set out with an added interface with designated nurses and boards. The MOU was being updated due to national changes to child safeguarding arrangements that need to be accommodated. Intercollegiate documents for child and adult safeguarding were now all published.</p> <p>The child document was a little conflicting in its detailed wording, but there was now essentially a requirement to move to a situation where all paramedics should undergo training at level 3, which includes face to face multi-agency training. Ambulance leads nationally have recommended a phased three year implementation programme. In YAS this will commence with over 200 staff, targeting particular staff groups with a higher requirement of assessment of patients. The requirement is being worked into the training plan in relation to full training for all paramedics within the organisation between now and March 2022.</p> <p>Recruitment was currently underway to replace the F2SU Guardian. The current Guardian had decided to step down after three years, in April/May. Interviews had been set for the new selection process in March.</p> <p>The Critical Friends Network was developing positively with much strength and engagement and regular network meetings. The Trust was currently running a pilot Always Event (AE) within the PTS service, identified as "<i>The patient will always be briefed on the travel itinerary before they commence their journey</i>" which is from a patient perspective and should always be about experience.</p> <p>Work was continuing in relation to PTS Eligibility Criteria, to ensure application of criteria, in order to deliver on contract, but also balance with the human element.</p> |        |

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| <p>Dialogue continued between PTS and the Clinical Commissioning Groups (CCGs) in relation to learning to date and how criteria is interpreted.</p> <p>SP advised complaints continued to be received and a meeting had been arranged with the PTS Team to discuss the issue in more detail and support them in dialogue with commissioners.</p> <p>Clinical Effectiveness – Over the past 12 months, changes and developments had been made to the Ambulance Clinical Quality Indicators (ACQI) in how they are reported, to become outcome focussed. There were data quality issues, and issues with a number of acute Trusts who were failing to submit their data. One large acute Trust had not entered any data for some months which was therefore distorting data in relation to cardiac arrests. There were similar issues with STEMI and STROKE data where a number of Trusts had not entered data for some time. NHSE had since decided to publish data on a regular basis but there were currently a number of caveats.</p> <p>Medicines Management – A critical care quarterly report was produced demonstrating work undertaken by RAT/HEMS/HART paramedics. Regular reports and quality of work information was now being submitted.</p> <p>Controlled drugs incidents remained steady, with a total of 102 between 1 October to 31 December 2018, compared with 111 in the same period for last year. The majority of these related to key losses and recording issues. The previous Committee chairman had raised concern over the number of key losses which had improved and reduced to four or five every quarter. New ways of managing controlled drugs in relation to Make Ready were being sourced, in a hope to further improve.</p> <p>There had been a significant rise in non-controlled drugs in relation to drug check discrepancies. Audits of drug cupboards were now included in the reports. Consideration was underway into adding medicines into Make Ready to alleviate the situation going forward.</p> <p>NICE guidance had recently produced and implemented in the last year which links to actual guidance for assurance.</p> <p>A mortality review process was developed, which provides a mechanism to audit any deaths that occurred whilst in the care of the Trust, and review and process any referrals of deaths where patients with learning disabilities are identified.</p> <p>JP questioned the wrong dose incidents for Trust HQ.</p> <p>SD explained the integrated service with NHS 111/IUC, pick up on wrong doses and drugs given by pharmaceuticals.</p> |        |

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| <p>AC commented it is not always possible to benchmark with current processes, and felt the information in the clinical report did not detail the significance in relation to whether YAS was performing well against other organisations.</p> <p>JM responded that a national balanced scorecard was published, which includes a section on AQI, and is a complete change in the way reporting is carried out from last April 2018. It was previously the responsibility of Ambulance Trusts to collect data and submit, but it now forms part of a central collection of data.</p> <p>AC noted data was reported on ROSC performance for example, but could not see this information within the Integrated Performance Report (IPR).</p> <p>Within the IPR section for quality, a timed series is included around medication and errors, but her comments were noted in that a time series should be used and more benchmarking built in. A session is planned organised with the Trust Executive Group (TEG), to work on proposals to develop the IPR and capture more information within it. Discussion was held on information that will be considered. It was noted that this would be subject to wider engagement following the initial TEG discussions.</p> <p>TG suggested time is allocated for an explanation to be provided of all the key indicators and acronyms, which could potentially be delivered in a future pre-committee presentation.</p> <p>AC had a specific interest in complaints and had worked with managing complaints throughout her career, and felt the report details timings, but did not provide her with any information as to the quality of responses.</p> <p>SP responded the quality of complaints responses should be elicited from the Significant Events/Lessons Learned report, but noted this could be strengthened for future reports.</p> <p>At this point AC raised a Declaration of Interest in relation to Non-Executive of Care Opinion, which relates to people who have an opinion about the system. The chair confirmed this was noted.</p> <p>PS asked when the data issue would be resolved in relation to the Northern General Hospital (NGH).</p> <p>JM explained a breakdown of the data had commenced on quality reporting by area. This was being followed up. The reporting timeframe imposed by NHSE to provide data, means until Trusts are encouraged to report more timely there will always be a data lag. Annual cleanses are built into all of the national databases, and therefore a revalidation will take place in July where annual data will be complete, and a year of validated results can then be seen.</p> | <p>Pre-Committee presentation on ACQI's JM</p> |

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| <p>PS noted the good work on PTS eligibility, in ensuring the right approach is taken in relation to supporting what is right for patients not just applying the new criteria. PS said this was credit to the team working on it. He asked whether commissioners were sighted on the work being undertaken, in that it is for the right reason, and not only due to being contractual. SP confirmed this work is being fed back to commissioners.</p> <p>In relation to complaints, YAS has a process in place, followed by an appeal process, however Commissioners appeared to be upholding all appeals and was therefore the subject of dialogue between them and the PTS team. SP explained this was now developing in a positive way, however there were a number of commissioners who all have different interpretations. Contracts had been entered with the knowledge there would be a greater focus on it, and commissioners were firmly informed of the partnership requirement. Feedback from the team suggests this is going well.</p> <p>TG thanked members for the update and confirmed the request for comparative information going forward, and the offer from AC of her involvement in issues around complaints</p> <p><b>Approval:</b><br/> <b>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.</b></p> |        |
| <p><b>6.2 Significant Events and Lessons Learned</b></p> <p>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.</p> <p>A number of serious incidents reported in Q3 were highlighted, particularly some of the investigations led by HSIB, which include some maternity cases. YAS have three maternity cases included in the process.</p> <p>Real-time escalation and monitoring of response in EOC continues to be monitored. A focussed piece of work has been undertaken since December 2018, in identifying patents that show excessive responses over an agreed threshold, and therefore data extracted for those, therefore several hundred were going through a clinical review process.</p> <p>Intensive work continued, but will provide a baseline set of data and evidence base, and a much more granular understanding in relation to performance and safety. Thresholds will also be reviewed for ongoing monitoring.</p>   |        |



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| <p>Following an NHSE independent investigation into the care and treatment of 'Thomas', recommendations for YAS in relation to auditing of non-conveyance decisions and documentation were made, including safety netting. An action plan and further work on safety netting, was produced with actions within Education &amp; Learning to address this.</p> <p>Violence and Aggression (V&amp;A) remains one of the top three reported incident categories, and it was highlighted significant work had been undertaken in relation to Conflict Resolution Training, strength of the data flag process and sanctions against perpetrators of V&amp;A to staff. Improvements were made in the way cases are tracked, as some were missed as although reported, referrals to court were missed.</p> <p>A Task and Finish group was set up to work on formulating processes for supporting staff subjected to V&amp;A, in order to apply a range of sanctions. The group involves a number of representatives, which include Datix security leads, local supervisors, legal and frequent caller teams, health and wellbeing and the LSMS. Joint working had improved significantly, and more work was required in relation to the data flagging process, due to the complexity of flagging as this relates to addresses not individuals. It was hoped future technology will enable individual flagging but this was not an easy solution.</p> <p>'Service to Service Outgoing' is a code within the Datix incident module, relating to incidents involving external organisations. This began following pressures with hospital handover, particularly at Scarborough. YAS had since been providing Trusts with information relating to patients affected by handover delays in excess of two hours. SP informed it was likely that the letters to Nurse Directors regarding the excessive waiting times, would be re-formulated over the next quarter.</p> <p>The highlights of learning and outcomes from Complaints, Concerns, Compliments and Comments were noted, however follow up with complainants regarding their satisfaction was not referenced. SP commented that the majority are satisfied, and a good key indicator is that very few are taken further to the Ombudsman and of those that do, very few are upheld.</p> <p>Ombudsman remedies was a recently developing area, where patients were increasingly seeking compensation as part of their complaint. Details of the financial remedies paid in the last quarter were shared, however there is potential for quite significant sums. The Ombudsman had published a table to help determine the level of payments required. It was noted the Trust has paid no more than £1000 to date, and is separate to the legal process.</p> <p>TG had heard anecdotal evidence in the past to suggest that V&amp;A is occasionally generated by staff, often relating to attitude. It had also been suggested that the staff involved in conflict with patients were the same as those often involved in particular incidents, and questioned whether this was true.</p> |               |

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| <p>SP advised individuals can be tracked in relation to incidents and complaints, and any evidence would be played out with local managers and therefore not a significant issue.</p> <p>JP added that behind all serious incidents there are usually one or two members of staff, and therefore questioned whether any support and feedback mechanism was in place to feedback results of the investigation.</p> <p>SP explained the process was to identify from the various reporting streams such as the Incident Review Group (IRG), that when a SI is declared a report and analysis is undertaken in a structured process. Where a clinical case is subject to a clinical case review, this is facilitated by the clinical team with the staff member in a supportive way and feedback provided.</p> <p>PS commented on patient handover delays and noted that a significant number are sent to one particular Trust and questioned whether NHSI are copied in to the letters sent. Regional NHS England/NHS Improvement teams were being held to account nationally on numbers and felt it wise for the Regional Delivery Improvement Director to be informed.</p> <p>JM added Scarborough Hospital has not featured highly on the national ranking because of the size, however the impact locally is significant, as patients were being queued and then re-directed to York District Hospital, and the lack of escalation to NHSI and NHSE was apparent. The York Trust had been encouraged to involve NHSI.</p> <p>SP would be reviewing the process and picking up on the aggregated point from AC as opposed to individual letters. NS informed Anthony Marsh was facilitating high level discussions back into NHSI.</p> <p>SP informed national calls were regularly held and through this each region had identified its hot spot trusts. NS added that Scarborough was now rated 7<sup>th</sup> highest in the whole of England for hours lost.</p> <p>TG thanked SP for the update, and agreed with the intentions for the letter. It was noted the Service to Service communication was invented by YAS for patient focus.</p> <p>AC requested to understand safety netting, and clinical mitigation outside of the meeting.</p> <p><b>Approval:</b><br/> <b>The Quality Committee noted the current position and was assured in regard to the effective management of and learning from adverse events.</b></p> |        |

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| <p><b>6.3 Review of Quality Impact Assessments 2018/19 CIPs</b><br/> 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.</p> <p>Regular focus had been underway on 2018-19 CIPs with no untoward issues.</p> <p>CIPs for 2019-20 were continuing to be developed and finalised and work would be commencing on the QIA for those. Key areas for focus would be around meal breaks and end of shift in A&amp;E operations. A paper would be submitted to the TEG by NS exploring options for this, which included the important balance of managing meal breaks and limiting end of shift overtime which encumbers patient care risk. As discussed earlier, an ongoing review and dialogue with commissioners was underway in relation to eligibility criteria.</p> <p>A QIA was underway for the 999 contract, where the need is to move closer to ARP standards and improve the safety and quality of service, and would be used to inform negotiations with commissioners. It was indicated their initial offer was less than required. The QIA process was complex and is a multi-page spreadsheet, and therefore not produced here. A draft version had been completed of both scenarios to highlight the differences and impact on patient experiences and had been submitted to commissioners.</p> <p>There were a number of hospital reconfigurations underway and the most significant related to alterations of service at the Friarage Hospital Emergency Dept. in Northallerton.</p> <p>JM noted the loss of acute services from the Friarage produces a void of acute service provision for the Dales, and the change would never be fully mitigated by additional ambulances, and therefore felt additional resource time would not be the entire answer to removal of that service.</p> <p>TG thanked SP for the update.<br/> It was noted Appendix 1 should read 2018-19.</p> <p><b>Approval:</b><br/> <b>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.</b></p> |        |
| <p><b>6.4 Regulatory Compliance Report</b><br/> The report provided an update on the current position of regulatory compliance within the Trust.</p> <p>RM highlighted the Inspections for Improvement (I4I) programme would continue next year, and the CQC mock inspection findings were a contributory factor in forming the plan.</p>  |        |

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| <p>Further ways to streamline the process continue to be reviewed.</p> <p>Following the last CQC inspection the Trust received a rating of ‘good’, with one area of business for improvement relating to PTS, and a rating of ‘outstanding’ for HART/Resilience.</p> <p>The Trust had recently received notification from the CQC of its intention to inspect us, and the Routine Provider Information Request (RPIR) had been received, which was a trigger for an unannounced inspection within the next 10 – 12 weeks. A Well-led review would also be undertaken following the unannounced visit, within 20 weeks.</p> <p>The inspection in 2016, revealed a number of ‘must do’s’ and ‘should do’s’ and CA was ensuring these were in practice. It was noted that although learning from other Ambulance Services, examples as listed, was available to assist with the Trust response over the next few weeks, it should always be ready for a CQC inspection.</p> <p>Work was underway to ensure all staff are briefed, arrangement of mock interviews, briefings regarding strategic risks and plans and how to respond. Brief for Non-Executive Directors would soon be available.</p> <p>SP explained the RPIR was a spreadsheet containing 70 tabs with data and narrative, with a separate 50 page document of subject matter.</p> <p>A new Data Security and Protection (DSP) Toolkit, had replaced the former Information Governance (IG) Toolkit. The annual submission was due at the end of March and overall should demonstrate an improvement year in year.</p> <p>The draft quality account was attached at Appendix 1 of the report and available for comment with feedback to CA and the team.</p> <p>TG thanked RM for the report.</p> <p><b>Approval:</b><br/> <b>The Quality Committee gained assurance on the Trust’s arrangements for regulatory compliance.</b></p> |               |
| <p><b>6.5 Programme Management Office (PMO) Update</b><br/> The paper provided an update on the current position and next steps in relation to the Trust’s Transformation Programme.</p> <p>Significant progress had been made across a broad range of work streams and overview of projects provided and an update was provided on the core transformation programmes, which were outlined in detail at Appendix 1 of the report.</p> <p>The Service Delivery and Integrated Workforce programme board was broadly on track and the focus would be primarily on delivery and maintenance of ARP.</p>   |               |

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| <p>Mobilisation was also a key focus, along with development of the integrated workforce plan.</p> <p>The Capacity and Capability programme board was in the process of a detailed review of the Carter recommendations, which were presented to the Trust Executive Group (TEG). The Model ambulance was also regularly reviewed. A significant piece of work in relation to the Accountability Framework was underway and an overview presented to the TEG, which also reflected recommendations from the Well-led work undertaken by PWC. The plan was included at Appendix 4.</p> <p>Progress was underway in the Infrastructure Programme Board around Unified Comms relating to not only technology, but delivery of services. A paper light process and agile working approach was also underway.</p> <p>The Place Based Care Programme Board was working on a tool to track high volume urgent care flows and coordinate a Trust wide response to reflect the system wide pressures of falls and frailty. Work was also underway in relation to ICS engagement.</p> <p>TG thanked the team for the update, and believed significant and positive progress was being made with all programmes.</p> <p>SP added that considerable work is required to maintain as the position continues to evolve. There are many pieces of work ongoing within the transformation programme and a continuous review through the Executive programme board.</p> <p><b>Approval:</b><br/> <b>The Quality Committee noted the update and was assured of the effective management of the various projects and initiatives across the Trust.</b></p> |        |
| <p><b>6.6 Service Line Assurance – A&amp;E Operations</b></p> <p>The paper provided an overview of A&amp;E Operations in the last 12 months including performance, quality and workforce and the current position, and also included EOC.</p> <p>2018/19 focussed on high level work around the Ambulance Response Programme (ARP) standards, also including significant work on the transformation from RRVs to DCA.</p> <p>Priorities for 2018/19 included improvement of clinical outcomes for patients, Health &amp; Wellbeing for staff and support in continued development.</p> <p>A local performance trajectory was agreed with commissioners in line with investment, as opposed to the full national ARP standards. Improvements had been seen in all standards and the trajectory mostly exceeded.</p>  |        |

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| <p>A significant variation in the proportion of each call category was noted, with Cat 4 as the lowest category of patients, which is an area that had been a difficult trajectory to achieve. The paper detailed performance up to January 2019, and NS added performance for February had improved, however March was more constricted and demanding.</p> <p>Overtime and recruitment resourcing had been profiled in order to help achieve the key trajectory standards by the end of March. The original forecast through recruitment had suggested trajectory would not be achieved, however month to date mitigation suggests this was on track, particularly in relation to Cat 2.</p> <p>JP asked if the level of mitigation was significant.<br/>NS explained there was extra focus on overtime, as uptake was found to be difficult in some areas. Investment had been made in LAT crews to maximise the hours covered, and operational managers were undertaking a shift per week.</p> <p>SP added that negotiations were ongoing with commissioners in relation to funding for sustainable delivery of the ARP programme. It was noted the funding received may not be a benefit to all CBU's. A pragmatic approach was taken on the service that could be delivered, and a model projection undertaken by ORH, however there was no indication of commissioner agreement to fund the shortfall in service delivery, at this stage.</p> <p>NS explained YAS had presented scenarios on our operating position to NHS England (NHSE) and the expectation is they will not accept a deterioration in service and therefore we hope to receive their full support for the required additional investment funding.</p> <p>AC commented on the challenges in the business units, highlighting that there was much focus on the South and its mitigation plans. AC questioned the North CBU and whether their issues relate to Cat 1, and whether Calderdale, Kirklees and Wakefield (CKW) related to issues at Pinderfields and Dewsbury as Cat 2 to Cat 4 delivery was red, which was a significant number of people.</p> <p>NS responded the challenges related to the number of hours that can be allocated and a recovery plan was in place, but accepted the information currently presented provided little evidence of an improvement in operational delivery.</p> <p>PS raised the issue of quality and process and recalled previous discussions around the value of having full year data available and the presence of an operational Divisional Commander at Quality Committee meetings. Their presence would enable the suggestion of CBU deep dives to be undertaken.</p> |               |

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| <p>TG agreed it would be beneficial to have the Divisional Commanders (DC's) attend future meetings as required and asked NS to work with the DCs to ensure they attend for their respective CBU deep dives.</p> <p>EOC had made significant progress and were currently the highest performing Trust for call handling, and continued to be in the top three nationally for all standards.</p> <p>In relation to operational workforce, 400 staff had been recruited this year so far, with much learning from the process. There had been challenges progressing staff through training quickly due to the limited capacity in blue light training. Localised recruitment had taken place, as opposed to holistic, with the majority of ECA's recruited since January being to be attached to South Yorkshire. NS acknowledged the good work undertaken last year.</p> <p>An increase in sickness had been seen, however there was a reduction in February and March. This was an ongoing challenge within EOC and NHS 111, as the call centre environment creates different challenges to the frontline. Work was ongoing to improve sickness levels.</p> <p>Pathways were becoming complex with new developments with paramedic rotation schemes, and a balance was required between supporting the wider system and the ability to maintain a service. Robust processes were in place and good work undertaken on the development of pathways, that when integrated with IUC, would provide real opportunities.</p> <p>JP agreed pathways were important, but highlighted the requirement to be strict in ensuring any implications for the Trust are established. JP was interested to be involved and of assistance if required.</p> <p>AC questioned how reconfiguration is articulated, as there was a tendency to undertake in a remunerative way rather than patient centred.</p> <p>JM explained there were difficulties in engagement and having the capacity to provide attendance at all meetings, but the Trust was also impacted by ICS reconfigurations that were taking place i.e. vascular, however there was no acceptance that this was actually coordinated at a system level. YAS was engaged in all known reconfigurations and has systems in place to support the modelling.</p> <p>TG thanked NS for the update.</p> <p><b>Approval:</b><br/> <b>The Quality Committee noted the update report taking assurance on performance within A&amp;E Operations and EOC and noted service developments.</b></p> |        |

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| 7.  | <b>WORKFORCE</b>  |        |
| 7.1 | <p><b>Workforce and Organisational Development Report</b></p> <p>The paper provided an overview of matters relating to a range of workforce issues including staff engagement, equality and diversity and employee wellbeing.</p> <p><i>To note: this item was discussed at the start of the agenda first, as CB was required to leave the meeting for alternative commitments.</i></p> <p>CB explained the report was streamlined to fit with the recently published/launched people strategy, and divided into sections in order to update on events since the last committee.</p> <p>Work was currently underway with the Performance Assurance and Risk (PA&amp;R) team on development of the People Scorecard, which will monitor actions linked to the People Strategy therefore the report would have increased focus on trends and developments within those actions. Further KPI focus would be included in the next Committee meeting.</p> <p>The Leadership in Action development programme was launched to the senior team last year and the first tranche was almost completed, with a mop up of Module 4 scheduled for 18 March. This would now be cascaded through the organisation. Feedback on evaluation was excellent and was being used to implement changes for the next tranches. It was hoped a module 5 would be developed in 2019-20.</p> <p>In relation to culture and leadership CB informed the Trust were hosting a women’s conference in Leeds on 21 March entitled “Some Leaders are Born Women”, with excellent speakers. This is a collaborative event in conjunction with the Northern Ambulance Alliance (NAA) which aims to celebrate the achievement of women in leadership. Danny Cotton, commissioner for London Fire Service would be attending as a key note speaker. A report would be fed back to the Board.</p> <p>The national staff survey results were now received and a detailed paper would be submitted to the next Public Board. A headline of the results was included in the report.</p> <p>A new Occupational Health Service (OH) had been secured and would commence from 1 April 2019, and members noted the details in the report. The current contract with PAMs would conclude on 31 March 2019, and work was underway on transitional arrangements. Formal contract arrangements were in place with KPIs and a full engagement event undertaken across the Trust to inform of the arrangements.</p> <p>JP questioned turnover. CB responded turnover would be included in the KPI’s along with workforce profile and included in board reports. An update would be provided at the next Quality committee.</p> |        |



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| <p>TG explained the recent ICS/STP announcement suggests they had more control on workforce issues, particularly in relation to paramedics, and was concerned if the focus is purely on YAS as an organisation there was a danger that well trained professionals would be mentored and join the Trust and then lost to primary care. He suggested that if the system required that number of staff, then assistance and innovative thinking was required on how these people can be delivered into the system.</p> <p>JM explained experience of the first rotational paramedic pilot would demonstrate that ICS/STP do not work with them, but that work coming into the organisation is changed. Paramedics are deployed and it changes their clinical development and risk appetite, which in turn alters the way patients are managed. Building relationships at a community level has a huge effect on patient care.</p> <p>AC commented on the requirement to have a strong partner relationship with organisations on how to rotate clinicians through the community.</p> <p>CB explained the Trust has strong links with the Local Workforce Action Boards (LWAB) in training, development, recruitment and retaining. A programme of work would be launched imminently on integrated workforce to determine the view on internal and integration with the wider system, developments in that work should be seen over the next year.</p> <p>Discussion held and TG thanked CB for the update.</p> <p><b>Approval:</b><br/> <b>The Quality Committee noted the update and gained assurance by the progress being made within the Workforce and Organisational Development Directorate.</b></p> |        |
| <p><b>8. RISK MANAGEMENT</b></p>  |        |
| <p><b>8.1 Risk Management Report</b><br/> The paper presented the Board Assurance Framework (BAF) for 2018/19 and provided detail of changes to the Corporate Risk Register (CRR) including an update on Security developments since the last Quality Committee meeting.</p> <p>RM updated year-end processes were currently underway to close down the 2018-19 BAF and obtain a view of risks for next year. The document would be submitted to TMG and then returned to Board for further comment.</p> <p>Four risks were added to the CRR in relation to Airwave Button Activation and Response (1181); EU Exit (1186); Workforce PDR and Training Data – PTS (1188); and NHS 111 Number Matching (1191).</p> <p>TG asked for an explanation of the purpose for the button.</p>  |        |

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| <p>It was noted this is a staff 'panic button' that requires a response if pressed. The Security team were working with EOC to ensure a clear process is in place for responding as to date responses were varied.</p> <p>A risk assessment was undertaken in relation to EU Exit and there was content that the risk was being well managed, and a business continuity planning exercise had been undertaken.</p> <p>There had been issues with PDR and training data in relation to the PTS service and work was ongoing to resolve this.</p> <p>NHS number matching had been discussed at the Trust Management Group (TMG) due to a number of incidents that had been reported where automatic population of patient details in EPR had occasionally been inaccurate. An SI had arisen on a patient into hospital before it was realised it was not the person that the name and address were assigned to. Postcode matching had been included as well as gender and date of birth. It was noted postcodes dramatically improve the quality of search. The situation was now significantly mitigated.</p> <p>Risk 1096 in relation to the Friarage Hospital was being reframed to capture the bigger picture and awaiting a QIA.</p> <p>TG noted the risk on EU exit was a very important issue given the current circumstances, and was content the issue was being addressed with confidence, along with the patient address issue. He felt the quality of matching was very good and credited EOC and frontline staff for voluntarily reporting the issue.</p> <p>TG thanked RM for bringing attention to the risks and was assured that all elements were covered.</p> <p><b>Approval:</b><br/> <b>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.</b></p> |        |
| <p><b>9. INNOVATION, RESEARCH GOVERNANCE</b></p>   |        |
| <p><b>9.1 Clinical Development and Innovation Report</b><br/> The report provided an update on clinical developments as part of the Clinical Strategy.</p> <p>JM explained the context of the clinical strategy going forward through the three core aims detailed in the report, and all elements relate back to one of those.</p> <p>The new 10-10-10 approach was an acknowledgement that crews were spending longer on scene, and although patients benefit in referral and non-conveyance, there were certain conditions that require rapid assessment for transport to hospital for such conditions as stroke, stemi and major trauma.</p>   |        |

Clinical key priorities in summary were about ensuring patients receive the right care at the right time in the right place.

There were historic issues with advance life refresher training for frontline staff and the cycle had reverted back to annual rather than 18 months to get ahead of all clinicians each year. EMT grade 2 and above would be annual in this cycle, including advanced life support.

The chain of survival was a real focus in relation to cardiac arrests, with early hands on chest and early defibrillation if required. Defibs were now placed in all PTS vehicles and valuable engagement in place with Police armed units who are keen to use the skills acquired from our teaching in order to respond to Cat 1 details. A number of areas were on board.

Acute stroke patients were transported directly to Hyper Acute Stroke Units (HASU), which bypasses queues in Emergency Departments, and also reduces job cycles and frees up crews.

Mechanical Thrombectomy would always remain a secondary transfer and numbers would always be small. Patient outcomes would be improved however the impact on service delivery is minimal.

Coronary care pathways were now expanding across Primary Percutaneous Coronary Intervention (PPCI) centres. There were five main centres in the region and all exploring the option of accepting wider groups of patients.

SD had undertaken significant work in relation to Sepsis, and the clinical directorate are part of a national implementation group for the National Early Warning Score (NEWS) and for integrating into main stream practice. It was felt the real value was recognition of sepsis is not a single point in time, it is a demonstration of deterioration in a patient. There was frustration as to whether primary care was supported by the Royal College of General Practitioners as they were not seen to be adopting NEWS 2 in terms of use of recognisable language and the potential risk of missing the importance of the NEWS2 score during handover. It was noted NHSE were supportive of NEWS 2, which was being built into healthcare professional referral processes to determine the level of response received. There would be significant impact on recognition of a deteriorating patient.

A service review of vascular emergencies across North Yorks was a challenge, and the national view was being run by the Vascular society. An on-call review in West Yorkshire led to streamlining of vascular services, influenced by YAS.

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| <p>JM updated that YAS covers three Local Maternity Systems (LMS) and is a member of all three LMS Boards, represented by a senior midwife to represent YAS at the 3 local maternity system boards, by the West Yorkshire and Harrogate LMS. This was beneficial, as now provide midwife engagement in the Ambulance Service and an understanding of the complexities and issues seen. The senior midwife would be attending the CGG to present on her work so far.</p> <p>In relation to Respiratory Care, YAS provides patients with COPD, air driven nebulisers and is one of the first ambulance trusts in the country to place on vehicles for COPD patients. This would assist in potential for non-conveyance and shorter hospital stays.</p> <p>JM explained ECHO (Extension of Community Healthcare Outcomes) was a virtual learning platform championed by Andy Hodge, and used with St Luke’s Hospice to produce a community of practice for end of life care.</p> <p>The report provided assurance on the areas concerned and a number of clinical developments noted in terms of acute care.</p> <p>TG thanked JM and SD for the update and personally found it extremely helpful to be alongside clinicians in order to understand practices and development, and felt it would welcome the opportunity to arrange for a visit with JM, SD or MM in order to gain that front end experience.</p> <p><b>Approval:</b><br/> <b>The Quality Committee accepted the report and gained assurance on clinical developments across the organisation.</b></p> |               |
| <p><b>9.2 Quality Improvement Report</b></p> <p>The paper updated on the progress against the Quality Improvement (QI) strategy and supporting implementation plan for 2018-19 and to update on the proposed next steps for 2019/20.</p> <p>A large element of the progress had been discussed earlier in the pre-committee presentation.</p> <p>The QI strategy had been published alongside the People Strategy and Freedom to Speak Up (F2SU). The first cohort of the QI Fellowship had been in place for ten months, and was working well, and Fellowes were delivering silver level training to groups of staff across the organisation. Each fellow had been working on projects aligned to their area of expertise, and an agreement and plan was in place for their continued involvement as part of the QI strategy once their secondment comes to an end.</p> <p>A celebratory event was scheduled for 21 March 2019, in order to review the QI Fellows’ journey over the last year.</p>   |               |

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| <p>The QI team had worked closely with the Performance Management Office (PMO) team to develop projects aligned to the wider QI strategy. Members within the team were equipped with service improvement and lean orientated skills, and a number were also trained in Virginia Mason methodology. A number of development projects were included in the report, which enhances the QI toolkit.</p> <p>The key areas of focus for 2019-20 were noted in the report, and 10 applicants had been successful for this year, which was an increase on 2018-19. A number of QI Fellows were being supported centrally and the remainder from the operational budget, and championed by NS from an operations perspective.</p> <p>Considerable work will be undertaken over the coming year around communication and engagement and development of the new QI App. Work also continues on the bright areas programme. Training and master classes will continue for both the core team and the QI Fellows along with other staff.</p> <p>The Core QI team and PMO staff had been selected to attend the NHSI Quality, Service Improvement and Redesign (QSIR) course in 2019, which involved process mapping and measurement for improvement.</p> <p>Plans for the next year include training development programme for Board aligned to NHSI for Leadership for Improvement built on improvement academy sessions, with additional resources in the development plan to support coaching.</p> <p>AC questioned how the benefits could be reviewed in a roundabout way rather than a specific project. SP responded that year-end evaluation wrapping would be undertaken on the experiences of staff and Fellows of the benefits from individual projects to enable a more rounded view.</p> <p>TG felt that Quality Improvement was about releasing knowledge and maintaining enthusiasm and an understanding of the role of staff on a day to day basis. However, there is always a point where there would always be a dilemma between HR and Managers working in different ways, and therefore questioned whether there was already a system in place as this work should be done in partnership.</p> <p>SP alluded to the Appendix in the PMO report in relation to the Accountability Framework which was a significant piece of work delivering on the suggestion as described by TG.</p> <p>TG thanked SP for the helpful update.</p> <p><b>Approval:</b><br/> <b>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.</b></p> |               |

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| <b>10.</b>  | <b>ANY OTHER BUSINESS</b>   |               |
| <b>10.1</b> | <p><b>Review of the Meeting, New Format and Terms of Reference</b></p> <p>TG welcomed any suggestions for improvements in relation to the format of the meeting and reports, and encouraged contributions from members to the meeting where they felt it appropriate.</p> <p>AC felt the reports were lengthy and would benefit an executive summary within the front cover, in order to understand and highlight the key areas of interest.</p> <p>SP responded that previous discussion had taken place at Board and agreed a summary would be included for significantly lengthy reports. He also felt the front cover should be utilised to a maximum extent ensuring the purpose and recommendations are very clear. PS agreed the front cover was not utilised how it should be.</p> <p>SP suggested the front cover incorporates the background, and then a summary of key sections for attention.</p> <p><b>Action: Authors of reports to be asked to use the front sheet or include a section highlighting key areas for attention in longer reports. SP to raise via TMG to agree a consistent approach. Sept 2019.</b></p> |               |
| <b>11.</b>  | <b>FOR INFORMATION</b>  |               |
| <b>11.1</b> | <p><b>IPR – Workforce and Quality</b><br/>The report was noted.</p>   |               |
| <b>11.2</b> | <p><b>Quality Committee Workplan 2018/19</b><br/>This item was noted.</p>   |               |
| <b>11.3</b> | <p><b>Quality Committee Terms of Reference</b><br/>The updated TOR had updated with additional comments from the Board, and circulated.</p> <p>The meeting closed at 1205 hours.</p>  |               |
| <b>12.</b>  | <p><b>Date and Time of Next Meeting:</b><br/>(0830) 0900-1230 hours<br/>14 March 2019, Kirkstall and Fountains, Springhill 1, WF2 0XQ</p> <p>Not quorate unless we get John Nutton to the meeting</p>   |               |

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

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

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