



## Quality Committee Minutes

**Venue:** Kirkstall & Fountains, Springhill 1, WF2 0XQ  
**Date:** Thursday 12 March 2020  
**Time:** 0830 hours  
**Chairman:** Tim Gilpin

### Membership:

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
Steve Page	(SP)	Executive Director of Quality, Governance and Performance Assurance
Nick Smith	(NS)	Executive Director of Operations
Karen Owens	(KO)	Director of Urgent Care and Integration

### Apologies:

Phil Storr	(PS)	Associate Non-Executive Director
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### In Attendance:

David O'Brien	(DO'B)	Associate Director of Performance Assurance & Risk
Claus Madsen	(CM)	Associate Director of Education and Learning

### Minutes produced by:

Rebecca Steer	(RS)	Executive Personal Assistant
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	The meeting commenced at 0830 hours.	
1.	<p><b>Introduction &amp; Apologies</b>            TG welcomed everyone to the meeting and apologies were noted as above.</p> <p>The scheduled pre-committee presentation on safeguarding developments was deferred and the meeting was preceded by an update from NS on the current COVID-19 pressures.</p> <p>Pressure and increased demand were initially noticed in NHS 111 and staff across the organisation were mobilised to support them. The 999 service has not yet shown the increased pressure and demand.</p> <p>Command – A strategic group has been set up and meets at 9:30am every morning to discuss and agree actions for that day.</p>	

	<b>Action</b>
<p>This is supplemented by the executive group who meet on Mondays, Wednesday and Fridays to look further ahead. These meetings are currently working well. COVID-19 is being treated as an incident and all meetings and decisions are recorded.</p> <p>Further updates will be provided at the Board meeting on Thursday 26 March.</p> <p>TG moved proceedings to the formal Committee meeting.</p>	
<p><b>2. Review Members' Interests</b> Declarations of interest would be noted and considered during the course of the meeting.</p>	
<p><b>3. Chairman's Introduction</b> Due to the current COVID-19 pressures, it was agreed that papers would be taken as read and would focus on exceptions only.</p>	
<p><b>4. Minutes of the Meeting held on 12 December 2019</b> The minutes of the Quality Committee meeting held on 12 December 2019 were formally accepted a true record.</p> <p><b>Matters Arising:</b> There were no items for discussion that were not addressed through the day's agenda.</p>	
<p><b>5. Action Log</b> The Quality Committee considered the open actions on the Action Log.</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>SP provided a summary of highlights from the paper.</p> <p><b>Approval:</b> <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 work streams.</b></p>	
<p><b>6.2 Freedom to Speak Up Review (FTSU)</b> The report provided an update on concerns reported during Q4 2019-20, to share learning identified and provide an update on the response of YAS to recently published national guidance and developments.</p>	

	Action
<p>The paper was noted and taken as read.</p> <p>It was agreed for CB to provide a report at the next meeting around the ongoing cultural work and for the Committee to consider monitoring issues with regards to respect at work.</p> <p><b>Approval:</b>  <b>The Quality Committee received the report as assurance from the information provided and areas for development.</b></p>	<p><b>CB</b></p>
<p><b>6.3 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. SP highlighted any key issues for the attention of the Quality Committee in the report.</p> <p>It was noted that there may be an increase in significant events over the next few months due to COVID-19.</p> <p>National discussions are ongoing around the potential effect of fatigue on communication and decision making. Clare Ashby will be involved in this work when the current COVID-19 pressures have reduced.</p> <p><b>Approval:</b>  <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>	
<p><b>6.4 Review of Quality Impact Assessments 2019/20 CIPs</b></p> <p>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 2019/20.</p> <p>The paper was noted and taken as read.</p> <p><b>Approval:</b>  <b>The Quality Committee noted the paper and gained assurance with regard to the current position of the QIA monitoring and actions to mitigate key and emerging risks.</b></p>	
<p><b>6.5 Regulatory Compliance Report</b></p> <p>The report provided an update on the current position of regulatory compliance within the Trust along with Inspections for Improvement (I4I) in 2019-20.</p> <p>It was noted that planned mock inspections have been postponed due to COVID-19.</p> <p><b>Approval:</b>  <b>The Quality Committee gained assurance on the Trust's</b></p>	

		<b>Action</b>
	<b>arrangements for regulatory compliance.</b>	
<b>6.6</b>	<p><b>Service Transformation Programme Update</b> The paper provided an update on the current position and next steps in relation to the Trust's Transformation Programme.</p> <p>Key highlights and progress were noted.</p> <p><b>Approval:</b> <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>	
<b>6.7</b>	<p><b>Service Line Assurance – Patient Transport Service and IUC-NHS111</b> The paper provided an overview and summary of the Patient Transport, and Integrated Urgent Care services including performance, quality and workforce.</p> <p>Key highlights and progress were noted.</p> <p><b>Approval:</b> <b>The Quality Committee noted the update report taking assurance on performance within the services and with regard to performance risks.</b></p>	
<b>7.</b>	<b>WORKFORCE</b>	
<b>7.1</b>	<p><b>Sickness Deep Dive</b> CB delivered a presentation to the Committee and highlighted the following areas for information.</p> <p>Sickness absence is an issue for ambulance services nationally, and particularly for YAS. The current average for YAS is 20 days of sickness absence per person per year. The main reason for this is stress, anxiety and depression, followed by MSK. The sickness absence action plan has been developed to target these areas.</p> <p>Rather than reducing sickness absence, the Trust have focused on improving the health and wellbeing of staff. An improved sickness absence system has been implemented with Empactis to ensure that absences are recorded correctly.</p> <p>The sickness absence policy is being redrafted and strengthened, and stakeholder groups with management and Trade Union reps are ongoing to progress this.</p> <p>Dedicated HR resource has been put into EOC and IUC to target these areas. Further work on resilience is also being completed in EOC.</p> <p>An electronic good practice document has been developed and 1:1s are being booked with managers to discuss this.</p>	

	<b>Action</b>
<p>An annual report will be sent to the Board.</p> <p>TG thanked CB for the deep dive presentation and discussion.</p>	
<p><b>7.2 Workforce and Organisational Development (OD) Report</b> The paper provided an overview of matters relating to key priorities within the Trust's People Strategy.</p> <p>Key highlights and progress were noted.</p> <p><b>Approval:</b> <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> The paper provided detail of updates to the Board Assurance Framework (BAF) and changes to the Corporate Risk Register (CRR), providing assurance the management of risk, since the last Quality Committee meeting.</p> <p>The paper was noted and taken as read; the paper will now be taken to the Board.</p> <p>It was noted that two BAF documents would be provided for the next meeting; the closed BAF for 2019-20 and the BAF for 2020-21.</p> <p><b>Approval:</b> <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> The report provided an update on clinical developments and innovations as part of the Clinical Strategy update with a focus on research, right care – right place, clinical development and public health.</p> <p>The paper was noted and taken as read.</p> <p>The HRA have stated that all research not related to COVID-19 should be suspended to release clinical staff during this period.</p> <p>A Pandemic Respiratory Infection Emergency System Triage (PRIEST) study is ongoing around the reaction to pandemics; this is being run by Sheffield University and the Trust is involved.</p> <p><b>Approval:</b></p>	

		<b>Action</b>
	<b>The Quality Committee accepted the report and gained assurance on clinical developments across the organisation.</b>	
<b>9.2</b>	<p><b>Quality Improvement (QI) Report</b> The paper updated on the progress against the Quality Improvement (QI) strategy, including the 2019-20 implementation plan.</p> <p>The paper was noted and taken as read.</p> <p>It was noted that all work is being suspended except specific priority areas.</p> <p><b>Approval:</b> <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>	
<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> TG requested an update on corporate reporting. It was confirmed that the BI team are currently transferring corporate reports to PowerBI for use as a tool, and similar work is ongoing in A&amp;E Ops. The next stage of this work is to develop the IPR. Progress will need to be assessed due to the COVID-19 pressures.</p> <p>AC valued the deep dive into sickness absence and thanked CB for this.</p> <p>The chairman closed the meeting at 1030 hrs.</p>	
<b>11.</b>	<b>FOR INFORMATION</b>	
<b>11.1</b>	<p><b>IPR – Workforce and Quality</b> The report was noted.</p>	
<b>11.2</b>	<p><b>Quality Committee Work plan 2018/19</b> The work plan was noted.</p>	
<b>11.3</b>	<p><b>Quality Committee Terms of Reference</b> The TOR were noted for information.</p>	
<b>12.</b>	<p><b>Date and Time of Next Meeting:</b> (0830) 0900-1230 hours 11 June 2020, Kirkstall and Fountains, Springhill 1, WF2 0XQ</p>	

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

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

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