



Paper Ref
 TB22.37

Meeting Title Trust Board Meeting in Public	Meeting Date 26 July 2022
Reporting Committee	Quality Committee
Committee Chaired By	Anne Cooper: Non-Executive Director
Lead Executive Director	Clare Ashby: Interim Executive Director of Executive Director of Quality, Governance and Performance Assurance
Date of Last Committee Meeting[s]	26 May 2022 and 23 June 2022

Summary of Key Matters Considered and Decisions Taken

The Committee has held two meetings since its last report to the Board in April 2022. The meetings were held via videoconference, and both were quorate.

They key areas of discussion during the meetings are noted below.

26 May 2022

- The Committee received updates from each of the three service lines, noting the progress of the quality improvement approach to improve hospital handover delays, and adverse impact on patients. PTS had been targeted to facilitate hospital discharges. The Committee also discussed challenges in IUC recruiting mental health nurses due to availability.
- Members reviewed the data presented in the Integrated Performance Report and Workforce Dashboard.
- A deep dive session was held around retention, which aimed to summarise reasons for staff leaving the Trust and considerations around initiatives to support retention.

23 June 2022

- The Committee received a presentation which provided an overview of the Paediatric Liaison Nurse work and role, noting the positive impact.
- An update was provided on the Pilot Area Clinical Lead role and Newly Qualified Paramedic Programme.
- It was noted that 10% of the workforce had been trained in quality improvement (QI) methodology and that work was progressing to increase this to 20% by the end of the year. A short film from the QI fellows would be presented to the Committee in September 2022.
- An update was provided on employment tribunal cases and lessons learned, noting that the number of cases had reduced compared to last year, partially due to the increased use of restorative practices.
- The Committee noted activity around the management of events and noted that a violence prevention and reduction group would be holding its first meeting in July 2022.
- The Committee held a discussion and received assurance around information relating to Cardiac Arrest Outcomes. An updated on the Trust's Cardiac Arrest



Strategy would be brought through the Committee as part of a future Clinical Quality report.

- Routine reports and updates were received regarding People and Organisational Development directorate updates, Transformation programme updates, Freedom to speak up updates, regulatory compliance, and risk management.

Risks Identified / Matters of Concern and Mitigating Actions

- IPC capacity
- Delays in clinical governance processing including complaints
- Handover delays and consequences to patient experience in the queue, staff morale and wider community patient safety impact due to inability to respond.
- Ability to attract, recruit and retain enough staff.

Matters requiring Board level consideration and/or approval

The Quality Committee Terms of Reference are provided for approval by the Board, along with the Committee Annual Report for 2021-22 for formal noting.

Date of next Committee Meetings	1 September 2022 (1) & 22 September 2022 (2)
---------------------------------	--



Yorkshire Ambulance Service

Quality Committee Terms of Reference

Author: Executive Director of Quality, Governance and Performance Assurance & Head of Corporate Affairs

Board Approved: last Approved September 2021

Date of Next Review: April 2023

Previous Versions Approved by Board:

- 27 March 2018
- 28 February 2019
- 26 October 2021

11.5



QUALITY COMMITTEE TERMS OF REFERENCE

1. PURPOSE

- 1.1 The purpose of the Quality Committee [the Committee] is to provide the Audit Committee and the Board of Directors [the Board] with an objective and integrated view and assurances on both quality and workforce matters, including risks and mitigations, to support the delivery of safety and excellence in patient care. This remit includes a focus on safety, clinical effectiveness, patient experience and workforce issues, and on the effectiveness of quality governance and risk management systems.
- 1.2 The Committee will enable the Board to obtain assurance that high standards of care are provided, and that adequate and appropriate governance structures, processes and controls are in place throughout the Trust to:
- Promote safety, high quality patient care across all Trust departments.
 - Identify, prioritise and manage risk arising from clinical care.
 - Review, prioritise and recommend to the Board risk arising from the Trust's Workforce Plans.
 - Ensure the effective and efficient use of workforce and other resources; through evidence based clinical practice.
 - Ensure that the Trust is aligned to the statutory and regulatory requirements relating to quality, safety and the clinical workforce.
 - Ensure effective supervision and education and training of the workforce.
 - Protect the health, safety and wellbeing of Trust employees.
 - Ensure effective information governance across the Trust's functions.

2. CONSTITUTION

- 2.1 The Quality Committee is constituted as a standing committee of the Board.
- 2.2 As a committee of the Board, the Standing Orders, including the Scheme of Powers Delegated and Reserved to the Board, and the Standing Financial Instructions (SO/SFIs) of the Trust will apply to the conduct of the working of the Quality Committee.

3. RELATIONSHIPS

- 3.1 The Committee will seek the views of Executive Directors, specialist managers, management groups, Internal and external Audit, as required to inform its scrutiny.
- 3.2 The Committee may establish sub-committees or working groups to support its function as required.

4. MEMBERSHIP

- 4.1 Membership of the Committee will comprise: -
- Three Non-Executive Directors, excluding the Audit Committee Chair, one of whom will be appointed by the Board as the Committee Chair.
 - Executive Director of Quality, Governance and Performance Assurance
 - Executive Medical Director
 - Executive Director of People and Organisational Development



- Executive Director of Operations
- Director of Urgent Care and Integration

N.B. The Chairs of the Quality and Finance and Investment Committees will be in attendance at the other Committee wherever possible, to support alignment and cross-reference of key business.

4.2 The following are also expected to be in attendance:

- YAS Patient representative
- Deputy Medical Director
- Deputy Director of People and Organisational Development
- Deputy Director of Quality and Nursing
- GP and Clinical Director – Integrated Urgent Care

4.3 Other personnel may be invited to attend as necessary to support the discussion of specific agenda items.

4.4 Members are expected to attend all meetings. If unavailable, a deputy may be nominated with prior agreement of the Committee Chair.

4.5 Other Board members and senior managers may attend the Committee as observers to support the delivery of their roles.

5. AUTHORITY

5.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and to make decisions on issues and developments within its terms of reference on behalf of the Board, subject to Standing Orders and Standing Financial Instructions. Any decisions of the Committee will be taken on a majority basis. The Committee Chair will have a casting vote in the event of equality of voting.

5.2 The Committee has delegated authority from the Board for oversight and assurance in relation to key organisational risks as indicated in the Trust Board Assurance Framework and the Corporate Risk Register, and agreed by the Audit Committee.

5.3 The Committee is authorised to seek external legal or professional advice as appropriate to support its function.

6. RESPONSIBILITIES

6.1 To review the structures, systems and processes for clinical governance and quality and information governance, and to consider current and future risks to quality and safety.

6.2 To review and monitor implementation of the Trust's Workforce Strategy including gaining assurance of the structures, systems and processes for workforce compliance and quality issues, to ensure an integrated view of quality and workforce matters.



- 6.3 To review and monitor delivery of the Trust's Clinical Strategy and Quality Improvement Strategy and its supporting implementation plans relating to safety, clinical audit and effectiveness and patient experience.
- 6.4 To review and agree the draft Trust's Quality Account prior to recommendation to the Board, and to monitor delivery of Quality Account priorities.
- 6.5 To review reports about compliance with external quality standards, including the Essential Standards of Quality and Safety, NHS Improvement, Health and Safety legislation and regulation, and to review the adequacy of the Board Memorandum on Quality Governance and other relevant formal Trust disclosure statements prior to endorsement by the Board.
- 6.6 To review the effectiveness of systems for reporting, investigation and learning from incidents, complaints and concerns, claims, Coroners' inquests and other adverse events.
- 6.7 To review the management of and learning from all significant adverse events.
- 6.8 To promote a culture of openness and honest reporting and to gain assurance on implementation of the Trust's Freedom to Speak Up Policy.
- 6.9 To review progress and mitigation of key risks in relation to delivery of the Trust's CQUIN and other contractual quality requirements.
- 6.10 To review and gain assurance on the Trust's Service Transformation Programme.
- 6.11 To review and gain assurance on processes for quality impact assessment of Trust developments and cost improvement schemes.
- 6.12 To review Trust quality and workforce indicators to aid continuing improvement of quality.
- 6.13 To review the effectiveness of Trust safeguarding arrangements.
- 6.14 To review the effectiveness of infection, prevention, and control arrangements.
- 6.15 To review the effectiveness of information governance policies and procedures, including the requirements of the Caldicott Guidelines, Data Protection Act 1998, Freedom of Information Act 2000, and compliance with the Information Governance Toolkit.
- 6.16 To review the effectiveness of medicines management, in particular Controlled Drug management, or research carried out by the Trust either alone or in partnership with others.
- 6.17 To review the effectiveness of workforce policies and procedures.



- 6.18 To review relevant internal and external reports, reviews, and enquiries, in order to support the development of quality within the Trust.
- 6.19 To examine any other matter referred to the Committee by the Board.
- 6.20 To scrutinise and obtain assurance as to the effective management of key risks and mitigations relating to the remit of the Committee and. to report to the Audit Committee and provide assurance to the Board on the adequacy of control and mitigation against such risks.
- 6.21 To make recommendations to the Audit Committee concerning the annual programme of Internal Audit work and to work with the Audit Committee to ensure effective scrutiny of the risks and systems of internal control related to matters of quality and safety.

7. ATTENDANCE

- 7.1 The members of the Committee are expected to attend each meeting unless prior agreement is obtained from the Committee Chair.
- 7.2 The Executive Director of Quality, Governance and Performance Assurance is the Executive Director lead. Other members of the Board will be entitled to attend and to receive papers to be considered by the committee.
- 7.3 Other managers/staff may be invited to attend meetings depending upon issues under discussion.
- 7.4 A quorum will be three members, which will include two Non-Executive Directors and either of the Executive Director of Quality, Governance and Performance Assurance or the Executive Medical Director.
- 7.5 Committee attendance will be recorded by a member of the Executive administrative team and this information will be passed to the Committee Chair for review.

8. REPORTING

- 8.1 The Quality Committee will report to the Board following each meeting and approved minutes of the Committee will be circulated to all Board members for information.
- 8.2 The Committee Chairman will draw to the attention of the Board any issues which require disclosure to the Board, including those that affect the financial strategy of the Trust or require executive action.
- 8.3 The Committee Chairman will also provide a report to each meeting of the Audit Committee, focused on the management of key risks within its terms of reference.



9. ADMINISTRATION

- 9.1 The Executive administrative team will support the administrative function of the Committee, including:
- Agreement of the Agenda with the Committee Chair, and attendees and collation of papers.
 - Tracking of actions and issues to be taken forward.
 - Advising the Committee on pertinent areas in matters of an administrative nature. The Head of Corporate Affairs will, upon request, provide advice and support to the Chair and Committee members.
- 9.2 The Executive Coordinator will take minutes of the meetings.

10. FREQUENCY

- 10.1 The Quality Committee will meet twice every quarter.
- 10.2 Additional meetings will be convened by the Committee Chair or Trust Chair, as necessary.
- 10.3 The Committee Chair will ensure that, if an additional meeting(s) are held virtually, these must be recorded, and the minutes reviewed and approved by the Board.

11. MONITORING AND REVIEW

- 11.1 The Committee will review its compliance with these terms of reference through its annual report to the Board and annual self-evaluation workshop.
- 11.2 The Terms of Reference of the Committee will be reviewed by the Committee and submitted for approval by the Board at least annually.



**Yorkshire Ambulance Service
Quality Committee
Annual Report
2021-22**

Sub-Committee/Group Chair: Tim Gilpin / Anne Cooper
Report Approved by Sub-Committee: 26 May 2022

Quality Committee ANNUAL REPORT

1. BACKGROUND / INTRODUCTION

- 1.1 The purpose of the Quality Committee [the Committee] is to provide the Audit Committee and the Board of Directors [the Board] with an objective and integrated view and assurances on both quality and workforce matters, including risks and mitigations, to support the delivery of safety and excellence in patient care. This remit includes a focus on safety, clinical effectiveness, patient experience and workforce issues, and on the effectiveness of quality governance and risk management systems.
- 1.2 The Committee will enable the Board to obtain assurance that high standards of care are provided, and that adequate and appropriate governance structures, processes and controls are in place throughout the Trust to:
- Promote safety, high quality patient care across all Trust departments.
 - Identify, prioritise, and manage risk arising from clinical care.
 - Review, prioritise and recommend to the Board risk arising from the Trust's Workforce Plans.
 - Ensure the effective and efficient use of workforce and other resources; through evidence based clinical practice.
 - Ensure that the Trust is aligned to the statutory and regulatory requirements relating to quality, safety, and the clinical workforce.
 - Ensure effective supervision and education and training of the workforce.
 - Protect the health, safety, and wellbeing of Trust employees.
 - Ensure effective information governance across the Trust's functions.

2. MEMBERSHIP

- 2.1 The Membership of the committee comprises of (as detailed in the ToR) three non-executive Directors, excluding the Audit Committee Chair, Executive Director of Quality, Governance and Performance Assurance, Executive Medical Director, Director of Workforce and Organisational Development, Executive Director of Operations, Director of Urgent Care, and Integration
- 2.2 The Chairs of the Quality and Finance and Investment Committees are in attendance at the other Committee wherever possible, to support alignment and cross-reference of key business.
- 2.3 In addition, the following are expected to be in attendance: YAS Patient representative, Deputy Medical Director, Deputy Director of Workforce and Organisational Development, Deputy Director of Quality and Nursing, GP, and Clinical Director – Integrated Urgent Care

	03.06.21	17.06.21	09.09.21	28.09.21	30.11.21	16.12.21	03.03.22	24.03.22
Tim Gilpin (Chair)	✓	✓	✓	✓	✓	✓	✓	✓
Anne Cooper	✓	✓	✓	✓	✓	✓	✓	✓
Jeremy Pease	✓	✓	✓	✓	✓	X	✓	✓
Steve Page (to end June 2021)	✓	X						
Clare Ashby (From July 2021)			✓	✓	✓	✓	✓	✓
Dr Julian Mark	✓	✓	✓	X	X			
Dr Steven Dykes (From Oct 2021)					X	✓	X	X

	03.06.21	17.06.21	09.09.21	28.09.21	30.11.21	16.12.21	03.03.22	24.03.22
Karen Owens	✓	✓	✓	✓	X	X	✓	✓
Suzanne Hartshorne (to end June 2021)	✓	✓						
Mandy Wilcock (From July 2021)			✓	✓	✓	✓	✓	✓
Nick Smith	✓	✓	✓	✓	✓	✓	✓	✓

3. MEETINGS

3.1 In 2021-22, the Committee held eight meetings, all meetings were held via Microsoft Teams, all meetings were quorate:

- 03 June 2021 & 17 June 2021
- 09 September 2021 & 28 September 2021
- 30 November 2021 & 16 December 2021
- 3 March 2022 & 24 March 2022

3.2 A part of its review in March 2021, to enable the committee to have more focussed and in-depth discussions, it was agreed that there would be two meetings held per quarter split between data and assurance, underpinned by IPR (meeting 1) and learning and development (meeting 2).

4. MAIN AREAS OF COMMITTEE ACTIVITY

4.1 The agenda for each meeting follows a standard format, broken down into Areas of focus:

Meeting 1:

- Clinical Governance and Quality report including quality and safety dashboard
 - Patient and staff safety, clinical effectiveness, patient experience
- Workforce report including workforce dashboard
 - Workforce plan, recruitment, retention, absence management, health and wellbeing, safe staffing
- Service Line Assurance
 - A&E Operations directorate/CBUs, IUC, PTS
- Deep dive topic

Meeting 2:

- Regulatory compliance
- Service Transformation Programme
- Risk management
- Workforce and OD
 - Leadership, culture, staff engagement, D&I
- Significant events and lessons learned
- Workforce and culture
 - Learning and key themes
- Clinical development and innovation
- Quality Improvement
- Deep dive topic TBC

- 4.2 The Committee undertook deep dives during the year focussed on:
- Sickness Absence
 - National Patient Strategy
 - Quality Committee Purpose and Principles including Terms of Reference for agreement
 - Freedom to Speak up / Culture
 - Strategic Maternity Review
 - Patient Safety H1 and new QC dashboard
 - Quality Accounts priorities 2022-23.

5. LINKS WITH OTHER COMMITTEES

- 5.1 The Committee Chair will routinely, draw to the attention of the Board any issues which require disclosure to the full Board via the Chairman’s report. In addition, the Chair will, through the Audit Committee provide assurance to the Board on the adequacy of control and mitigation against any identified risks.
- 5.2 The non-executive holding the position of Chair of the Finance and Investment Committee is also a member of the Quality Committee.

6. TRUST BOARD ASSURANCE

- 6.1 The Committee Chairman provided regular reports to the Trust Board in Public, identifying significant matters arising during the year to each Trust Board meeting on behalf of the Committee. The reports provided an overview of decisions at the most recent meeting. These were received and noted by the Board as follows:

Quality Committee Meetings	Reported to Board
03 June 2021 & 17 June 2021	27 July 2021
09 September 2021 & 28 September 2021	26 October 2021
30 November 2021 & 16 December 2021	25 January 2022
3 March 2022 & 24 March 2022	28 April 2022

7. ASSURANCE

- 7.1 The Quality Committee is an assurance Committee and therefore where a decision is required the matter is referred to the Board.
- 7.2 Regular reports were received, and actions reviewed and completed in line with the main areas of focus for the Committee. The Chairman undertook a review at the end of each meeting to identify areas of good practice in reports provided and consideration of the way and type of information the Committee wished to receive.
- 7.3 2021-22 has been a particularly difficult year due to the continuation of pressure experienced caused by the Covid-19 pandemic. The Committee received regular updates from the Executive Team members and frequently discussed and received assurance on the impact and actions being taken to provide a safe service for patients.
- 7.4 The Chair of the Committee confirms that all issues arising have been appropriately managed and are closed via the action log as appropriate.

8. CONCLUSION AND LOOK FORWARD

- 8.1 It is believed that the Committee has fulfilled its role in providing assurance to the Board with an objective and integrated view and assurances on both quality and workforce matters, including risks and mitigations, to support the delivery of safety and excellence in patient care, as identified within this report.
- 8.2 A self-assessment has been undertaken regarding the Committee's compliance with its' Terms of Reference during 2021-22 having reviewed Terms of Reference which will be reported to thought of the Audit Committee and Board July 2022.
- 8.3 The Committee is committed to a process of continuous development to operate in an efficient and effective manner and any work planned will be recorded on the forward plan for 2022-23.