



Public Trust Board				31 July 2012	
Title		Quality Committee		Paper Ref	8.3
<b>PURPOSE (X)</b>		<b>Information</b>	X	<b>Strategic Objective</b>	<b>Business Plan Objective</b>
Approval		<b>Decision</b>			
<b>Assurance</b>		X	<b>Discussion</b>	X	All
<b>Purpose of the paper</b>		The purpose of the paper is to provide an update to the Trust Board regarding the activities of the Quality Committee.			
<b>Recommendation</b>		<p>It is recommended that the Board:</p> <ul style="list-style-type: none"> <li>Notes discussions within the Quality Committee and the key issues highlighted for further scrutiny within the Committee work programme.</li> </ul>			
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<b>RISK ASSESSMENT</b>				<b>Yes</b>	<b>No</b>
Changes to the Corporate Risk Register and/or Board Assurance Framework					X
Resource Implications					X
Legal implications					X
<b>ASSURANCE/COMPLIANCE</b>					
<b>CQC Registration Outcome(s)</b>		<b>Auditors' Local Evaluation</b>		<b>NHSLA Risk Management Standards for Ambulance Trusts</b>	
All		4.1, 4.2		All	

## **1. PURPOSE/AIM**

- 1.1 The purpose of the paper is to provide an update to the Trust Board regarding the activities of the Quality Committee.

## **2. SUMMARY REPORT FROM THE QUALITY COMMITTEE**

### **Overview**

- 2.1 This was the third meeting of the Quality Committee since its establishment following the recent review of governance arrangements.
- 2.2 The work plan agreed in the May Board meeting is used as the basis for the agenda at each meeting.
- 2.3 The format of the meeting enables consideration and triangulation of assurance reports from corporate teams, together with papers and presentations from operational department managers and clinical staff.

### **Papers presented**

- 2.3 Papers were presented on the full range of Quality Committee activity including clinical quality priorities, significant events and lessons learned, compliance with the Essential Standards of Quality and Safety, quality governance, workforce and risk management issues.
- 2.4 Key points highlighted in regular update reports included:
  - The inaugural meeting of the Clinical Quality Forum had been held. The meeting was attended by a cross section of clinical staff and invited representatives from other Trusts and universities. Discussion focused on key elements of the Trust clinical strategy, the ideas for innovation arising from the Clinical Leadership programme and how the Trust can stimulate and support the development of ideas for improvement from clinical staff.
  - The Quality Accounts had now been completed and published according to the Department of Health timetable.
  - A further external review of Quality Governance was being conducted by Deloitte and the updated report was anticipated in the following week.
  - An update was given on a recent risk highlighted in relation to delivery of level 2 safeguarding training for all new starters within 3 months. It was noted that this was being addressed through a change in process and that there was confidence that the issue was now resolved.
  - An update on ongoing discussions about the new workforce model and skill mix review, and positive progress in paramedic recruitment.
  - Consideration of sickness levels, which remain above the Trust target. New initiatives had been agreed to address this including audit and improvement of sickness data, tighter performance management and monthly Executive case review of selected long term sickness cases.

2.5 In addition to scheduled regular updates, specific papers or presentations were received on the following issues to facilitate more detailed discussion:

- A review of Incident investigation skills – this report outlined training provided for a relatively small number of managers to-date and current plans to expand this through a bespoke course for approximately 240 managers and clinical supervisors which is being developed as part of the agreed training plan for 2012.
- Infection Prevention and Control (IPC) mid-year report – this provided an overview of progress to-date in 2012/13. Delivery of the agreed IPC work plan is on track, with positive developments in clinical audit and training. A programme of estates work has been completed to upgrade station hygiene facilities and this is continuing through a number of major schemes in this years' capital programme. The hand hygiene and cleanliness audits completed each month at station level are being supplemented by spot checks as part of the Inspection for Improvement programme. The role of the clinical supervisor in conducting ongoing checks was also considered and this will be discuss further in the next meeting.
- Inspections for Improvement programme – the Committee received an update on the key themes arising from this internal programme, and the actions initiated as a result of this. The update was well received and it was agreed that the AD for Quality would also explore the potential for patient involvement in future inspections.
- A report from the Locality Director on compliance with the Essential Standards of Quality and Safety in West CBU.
- An update on the quality impact assessments for CIP schemes and preview of the Trust Board workshop scheduled for 10 July.
- Implementation of the new clinical leadership framework. The Committee received a further update on progress since the last meeting.
- A Health and Wellbeing mid-year report – this focused on current plans in relation to post-incident care, stress management, reduction and management of musculo-skeletal injury, and information and resources for staff. The post-incident care process was specifically highlighted. This development had started as part of paramedic Richard Carter's work with the Safeguarding team and was now being rolled out across the Trust.
- An update on progress in relation to the NHSLA assessment. It was noted that a mock assessment is planned in July and that a stock take on next steps was planned following this.

2.6 Significant time was also dedicated in the meeting to a presentation from clinical practitioners from the West Locality:

- Claire Geary, Clinical Development Manager (CDM), outlined her plan for implementing the new CDM role, focused on the local delivery of consistent education in clinical skills in the A&E service. She also described her intentions in managing and supporting the new Clinical Supervisors in her area.

- Gareth Sharkey, Clinical Supervisor (CS), described his vision for the new CS role and how this would support quality of patient care and operational effectiveness.

The Committee again found the contribution from clinicians very valuable and agreed that this approach should be continued as part of the annual work programme, to complement the assurance reports received from Executive Directors and senior managers.

### **3. SUMMARY AND NEXT STEPS**

- 3.1 The Committee agreed that the current format and work plan appeared to provide an appropriate range and depth of information to support the assurance process.
- 3.2 It was agreed that the format of assurance reports from operational managers would be further strengthened for future meetings, to facilitate a sharper focus on performance exceptions and key risks.
- 3.3 In addition to the agenda items scheduled in the work programme, the next meeting will focus in detail on clinical governance and quality issues in the proposed 111 service.

### **4. RECOMMENDATIONS**

- 4.1 It is recommended that the Board:
  - Notes discussions within the Quality Committee and the key issues highlighted for further scrutiny within the Committee work programme.
  - Approves the proposed Committee work plan for 2012/13.

### **5. ATTACHMENTS**

- 5.1 Appendix 1 - Minutes of the Quality Committee – 5 July 2012