



Quality Committee Meeting Minutes

Venue: Boardroom, Springhill 2
Date: Wednesday, 26 September 2012
Time: 1400 hours

Chairman: Pat Drake

Attendees:

Pat Drake	(PD)	Chairman
Elaine Bond	(EB)	Non-Executive Director
Steve Page	(SP)	Executive Director of Standards & Compliance
Dr Alison Walker	(AW)	Executive Medical Director
Paul Birkett-Wendes	(PBW)	Executive Director of Operations

In Attendance:

Dr Julian Mark	(JM)	Associate Medical Director
Karen Warner	(KW)	Associate Director of Quality
Kevin Wynn	(KDW)	Associate Director of Risk & Safety
Bryan Ward	(BW)	Head of Education & Standards

Apologies:

Erfana Mahmood	(EM)	Non-Executive Director
Stephen Moir	(SM)	Deputy Chief Executive & Executive Director of Workforce & Strategy

Andrea Broadway-Parkinson	(AB-P)	YAS Expert Patient
Ben Holdaway	(BH)	Locality Director, EOC
Dr Dave Macklin	(DM)	Associate Medical Director
Paul Mudd	(PM)	Locality Director, Emergency Operations West
David Williams	(DW)	Deputy Director of Operations
Anne Allen	(AA)	Director of Corporate Affairs & Trust Secretary

Minutes produced by: (MG) Mel Gatecliff, Executive Support Officer (Interim)

		Action
	The meeting commenced at 1400 hours.	
1	Apologies / Declaration of Interests Apologies were noted as above. Declarations of interest would be noted and considered during the course of the meeting.	
2	Review of Quality Impact Assessments for CIP Plans I. Mid-year review 2012-13 schemes II. Five year CIP programme III. Directorate workforce plans	

SP stated that the purpose of the paper was to:

- Assure the Quality Committee of the progress which had been made in completing the Quality Impact Assessment (QIA) of the Cost Improvement Plans (CIPs).
- Provide an opportunity for the Quality Committee to review and agree the risks and mitigations identified through the QIA process.

It was recommended that the Quality Committee:

- Note and comment on the key issues highlighted through the QIA process and associated plans for mitigation.
- Agree the risks and mitigations identified through the QIA process.

KW stated that she had reviewed: the current year's CIPs and QIAs to review the level of risk; schemes for 2013/14 onwards where business cases had been received; and the workforce plans for each directorate (mainly non-clinical functions).

The Quality Committee discussed the CIP schemes which had received either an amber or red rating following the mid-year review.

1 Clinical Leadership – initial QIA green, mid-year review amber

SP stated that there was no indication of a reduction in clinical quality from the early warning indicators.

PBW stated that as Clinical Leadership was one of his schemes, he would welcome guidance on what he could do to improve its rating from amber to green.

SP replied that, although there had been no indication of a reduction in clinical quality, neither had there been any concrete evidence that the scheme was having the positive impact that the Trust required. The rating would therefore become green at the point when this evidence was received.

EB asked where the responsibility for gathering this information lay.

SP replied that although implementation ownership lay in the sphere of operational management, the scheme was being supported through project management arrangements until it was felt that it had been fully incorporated into the organisation.

The Chairman stated her belief that Clinical Leadership could therefore remain amber for quite some time.

SP replied that the scheme had been assessed as "cautious" amber. Although positive progress had been made, the organisation felt that it had not progressed far enough to be assessed as green.

EB asked whether staff such as the Clinical Leadership supervisors would know what was expected of each of them to help turn the amber to green.

	Action
<p>SP replied that he would expect people to know what was expected of them in each of the specific Clinical Leadership roles, as this was defined as part of the implementation process, recruitment and induction into the new roles.</p> <p>The Chairman asked for continued exception reporting of Clinical Leadership issues to be included as an agenda item at every Quality Committee meeting agenda going forward. She added that operational managers in the localities would need to engage with clinical and development managers.</p> <p>AW stated that updates on Clinical Leadership would be provided at Clinical Governance meetings and it was her intention to report these updates back to the Quality Committee.</p> <p>SP stated that if the Clinical Leadership changes were not working over a period of time then the quality and workforce KPIs would start to dip. Early indicators included PDRs.</p> <p>The Chairman asked for the report at the next meeting to focus on progress made against each of the indicators.</p> <p>Action: SP to provide an update on progress against Clinical Leadership KPIs at next Quality Committee meeting.</p> <p>2 Effective Sickness Management - initial QIA green, mid-year review amber.</p> <p>SP stated that although operational managers had received the planned training, to date there seemed to have been no positive impact on sickness levels.</p> <p>The Chairman stated that as the data being received was now of a much higher standard, figures were not necessarily increasing.</p> <p>The Committee agreed that the QIA RAG should remain amber for the time being.</p> <p>3 Missed meal break payments – initial QIA amber, mid-year review amber.</p> <p>SP stated that the QIA rating had not been altered as the outcome of the scheme was still subject to negotiations.</p> <p>It was agreed that QIA should be an item on each Quality Committee agenda as it would give the Committee a more timely opportunity to consider emerging risks.</p> <p>EB asked whether it would be possible to include a timeline for each scheme to help assess progress being made.</p> <p>Actions: SP to include QIA exception reporting as a regular agenda item</p>	<p></p> <p>SP</p> <p></p> <p>SP</p>

	Action
<p>SP to amend spreadsheet to include timeline information</p> <p>4 Reduce Overtime - initial QIA amber, mid-year review amber.</p> <p>PBW stated that since July the organisation had managed to reduce overtime by 30% whilst still delivering national standards. He asked why the rating was not green.</p> <p>The Chairman replied that the organisation was being cautious as the object of the exercise was to understand risk. Early warning indicators might include response time starting to dip.</p> <p>SP stated that, as this was a higher risk exercise, the item could remain amber for the whole year. In addition if overtime increased again during the course of the winter, the rating could return to red.</p> <p>5 Review of On-call Arrangements – red</p> <p>AW stated that although she understood the numbers and processes contained in the business case, there was a lack of clarity on the clinical resilience within the proposed arrangements. Further development was therefore required before sign off.</p> <p>It was agreed that PBW and AW would discuss this item further outside the meeting.</p> <p>Action: PBW/AW to further develop business case outside of meeting</p> <p>6 A&E Skill Mix – initial QIA amber, mid-year review amber</p> <p>SP stated that the majority of the scheme was currently subject to a 90-day consultation period. However, a new unexpected side issue had recently become apparent to the PTS Project Board whereby the recruitment of the Band 3 roles in A&E was starting to have an impact on the PTS workforce. The mid-year review had assured the Project Board that the impact was currently being mitigated.</p> <p>SP confirmed that the main risks centred round staff disengagement and the potential of industrial action. It was agreed that a comment to this effect should be added to the mid-year review comments box.</p> <p>Action: SP to add comment re staff issue rather than skill mix issue to mid-year comments box.</p> <p>7 EOC Restructure – initial QIA amber, mid-year review amber</p> <p>SP stated that there had been no change in profile as the EOC restructure had not yet been implemented. He added that further QIA would be required at a later stage. The Lead Manager on the spreadsheet was changed from Jo Halliwell to Ben Holdaway.</p>	<p>SP</p> <p>PBW/AW</p> <p>SP</p>

	Action
<p>Action: SP to change Lead Manager from Jo Halliwell to Ben Holdaway</p> <p>8 Revised Lease Car Policy – initial QIA amber, mid-year review amber</p> <p>SP stated that there was nothing significant to report with the only outstanding issue being that of on-call requirements versus lease cars. He added that the revised policy was awaiting TEG sign off.</p> <p>9 Lease vehicle reduction – to be phased in in conjunction with other fleet CIPs – initial QIA amber, mid-year review amber</p> <p>SP stated that modelling indicated that this was a reasonable plan but it would need to be monitored through the operational KPIs to ensure that this was correct.</p> <p>10 Review costs of PTS PDA devices – initial QIA amber, mid-year review amber</p> <p>SP stated that further information was required on this scheme.</p> <p>11 Saving on ICT licences – initial QIA amber, mid-year review amber</p> <p>AW stated that although the current business case was of a reasonably high level, further information was still required, adding that she did not anticipate any major problems.</p> <p>EB asked why the “owner” of each scheme was not present when a business case was being considered.</p> <p>SP replied that it gave the review an element of independence, adding that each scheme was subject to deliberation in a variety of places. He further stated that KW largely led the QIA process and would ask Lead Managers lots of questions at this stage. AW and he would come in at a later stage to give an independent view.</p> <p>AW stated that most small queries were dealt with via phone calls, email, etc. More information was formally requested only when a large amount of additional information was needed.</p> <p>The Chairman stated that the new procedure should work well and continue to improve in subsequent years as it became more embedded in the organisation.</p> <p>12 Corporate Workforce Plans</p> <p>Corporate workforce plan – green Standards and Compliance workforce plan – green Clinical workforce plans – green Workforce and Strategy – green Finance and Performance workforce plan – amber</p>	<p>SP</p>

	Action
<p>SP stated that the corporate workforce plans were detailed workforce plans that had been laid out in the template previously supplied by SM which included commentary on Quality Impact.</p> <p>SP reported that the majority of the plans were manageable within anticipated staff turnover rates and restructure with no significant impact on quality of phased changes anticipated.</p> <p>He added that fleet, in line with the vehicle reduction plan and expected turnover, was the reason for the Finance and Performance workforce plan's amber rating.</p> <p>13 NHS 111</p> <p>SP stated that 111 issues had been picked up in the downside scenarios. The need for CIP plans was being clarified with commissioners in line with the 111 contract.</p> <p>RB stated that year on year efficiency savings had been built into year two of the 111 contract. He further stated that there were synergies between 111 and other areas of the service, adding that although the organisation was starting with separate services, future logic stated that there would be many potential overlaps.</p> <p>The Chairman stated that the whole 111 process had been a good experience from which the organisation had learned a great deal.</p>	
<p>3</p> <p>Quality Impact Assessment of Downside Risk Scenarios</p> <p>SP stated that the purpose of the paper was to</p> <ul style="list-style-type: none"> • Assure the Quality Committee of the progress which had been made in completing the Quality Impact Assessment (QIA) of the Downside Risk Scenario; and • Provide an opportunity for the Committee to review and agree the risks and mitigations identified through the QIA process. <p>It was recommended that the Quality Committee:</p> <ul style="list-style-type: none"> • Note and comment on the key issues highlighted through the QIA process and associated plans for mitigation; and • Agree the risks and mitigations identified through the QIA process. <p>SP stated that the process followed had been the same as that adhered to for the review of the Cost Improvement Plans (CIPs).</p> <p>EB stated that as the impact values were no longer correct they should either be taken out or amended.</p> <p>SP replied that an F&IC meeting had recently taken place so changes were likely to have already been made to the financial information.</p> <p>The meeting discussed the downside risks which had received an amber rating.</p>	

	Action
<p>1 A&E contract penalties including severe weather plan (2013/14 and 2015/16)</p> <p>The mitigations were noted to relate mainly to the delivery of reserve CIP schemes.</p> <p>2 PTS CQUIN and PTS contract penalties due to non-achievement of key performance targets</p> <p>SP stated that this downside risk related primarily to reputational damage and mitigation focused on managing quality delivery to an acceptable level, in negotiation with commissioners.</p> <p>3 PTS Contract Loss (South and East)</p> <p>It was noted that mitigation primarily focused on avoidance of contract loss and robust management of withdrawal from the service.</p> <p>4 CIP not delivered by 25%</p> <p>SP stated that this downside related to bringing in reserve CIP schemes and organisational mitigations. He further stated that the organisational level mitigations had not yet undergone QIA but had been presented by RB in the recent F&IC meeting.</p> <p>5 Non-pay inflation 1% greater than plan</p> <p>SP stated that the assumption behind the mitigation for this downside risk was that some areas of expenditure (eg those areas essential for quality and safety) would be prioritised over others and discretionary spend would be reduced.</p> <p>6 No external funding assumed for ECS</p> <p>SP stated that recent news seemed to be a positive step forward in terms of ECS funding, adding that should the funding not materialise the organisation would take a phased approach to implementation and would support associated training delivery by integrating with the wider Trust training plan.</p> <p>7 Liquidated damages for delayed go live of NHS 111</p> <p>SP stated that rigorous project management and support had been agreed for the mobilisation period to avoid delay. If delay were to occur additional mitigation consisted of delayed or cancelled recruitment to a number of management and administrative roles.</p> <p>8 Loss of NHS 111 contract after 3 years</p> <p>SP stated that this downside risk would have a large financial impact on the organisation in addition to reputational damage. Rigorous project management of the transition and a corporate communications plan to manage adverse media would be the primary mitigating actions.</p>	

	Action
<p>9 New downside scenario – Assuming implementation of Payment by Results using national tariff from 2014/15</p> <p>SP stated that this downside risk would be mitigated by bringing forward reserve CIPs.</p> <p>10 New downside scenario – Underpayment for A&E over-activity eg in-year marginal income for over performance is reduced to 50% of full tariff</p> <p>SP stated that this related mainly to organisational mitigations and additional reserve CIPs.</p> <p>The Chairman and EB thanked SP for the summary, which they had both found very useful.</p>	
<p>4</p> <p>Board Statements including: Clinical Quality; Finance; and Governance</p> <p>SP stated that the purpose of the paper was to present the draft Board statements relating to: Clinical Quality; Finance; and Governance.</p> <p>He further stated that the documents were presented for review prior to submission to the Strategic Health Authority (SHA) as part of the Foundation Trust (FT) application process.</p> <p>It was recommended that the Quality Committee:</p> <ul style="list-style-type: none"> • Consider and agree the content of the draft Board statements for submission to the SHA • Note the requirement for additional supporting material and the process in place to supply this. <p>SP stated that the Monitor Compliance Framework contained the up-to-date version of the statements. He added that under each of the three headings, an indication of evidence required to underpin the statements had been given to enable the organisation to provide appropriate evidence if it was requested.</p> <p>SP reported that working with the FT team KW had collated a great deal of evidence which had been submitted to Deloitte. KDW asked whether the detail contained under the headings was a “must do”. SP confirmed that it was.</p> <p>The Chairman confirmed the recommendation that the YAS Chairman and Chief Executive could sign the statements on behalf of the Board.</p>	
<p>5</p> <p>Draft Board Statement and Memorandum on Quality Governance</p> <p>SP stated that the paper presented the updated draft Board Memorandum on Quality Governance for review and approval prior to submission to the Strategic Health Authority (SHA) as part of the Foundation Trust (FT) application process.</p>	

		Action
	<p>It was recommended that the Board:</p> <ul style="list-style-type: none"> • Consider and agree the content of the updated draft Board Memorandum on Quality Governance for submission to the SHA. • Note the next steps in the development process. <p>SP stated that updated versions of the document had been considered by the Quality Committee and Board on several occasions.</p> <p>He advised the Committee that changes to the document were highlighted in yellow. Several of these related to early warning indicators and the QIA process and the Board committee and management group structure had been summarised in a revamped diagram on page 11 of the document.</p> <p>EB stated that it was a good document, which was progressing well.</p> <p>SP stated that KW was tracking the Quality Governance action plan. He added that the Trust needed to agree an additional assessment date with Deloitte, as it was likely that its score would decrease again as a result of the extra work that had been undertaken since the last assessment.</p>	
6	<p>Any other business</p> <p>The Chairman confirmed that the official feedback report from the SHA representatives who had observed the last meeting had still not been received.</p> <p>The Chairman further confirmed that the January 2013 and March 2013 meeting dates had been moved from Thursday 10 January to Tuesday 8 January and from Thursday 7 March to Tuesday 5 March which would enable AW to attend the meetings. The new dates had already been emailed to the Committee by Andrea Wort.</p> <p>The meeting closed at 1515 hours.</p>	
7	<p>Date of next meeting</p> <p>The next meeting will be held on Thursday, 8 November 2012, 1330-1630, Boardroom, Springhill 2.</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**