



Public Trust Board				27 November 2012	
Title		Quality Committee		Paper Ref	7.4
PURPOSE (X)		Information	X	Strategic Objective	Business Plan Objective
Approval		Decision			
Assurance		X	Discussion	X	All
Purpose of the paper		The purpose of the paper is to provide an update to the Board regarding the activities of the Quality Committee.			
Recommendation		<p>It is recommended that the Board:</p> <ul style="list-style-type: none"> Notes discussions within the Quality Committee and the key issues highlighted for further scrutiny within the Committee work programme. 			
Author		Steve Page, Executive Director of Standards and Compliance		Accountable Director:	Steve Page, Executive Director of Standards and Compliance
RISK ASSESSMENT				Yes	No
Changes to the Corporate Risk Register and/or Board Assurance Framework					X
Resource Implications					X
Legal implications					X
ASSURANCE/COMPLIANCE					
CQC Registration Outcome(s)		Auditors' Local Evaluation		NHSLA Risk Management Standards for Ambulance Trusts	
All		4.1, 4.2		All	

1. PURPOSE/AIM

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

2. SUMMARY REPORT FROM THE QUALITY COMMITTEE

Overview

- 2.1 The Quality Committee met as part of its established work programme during September and November.
- 2.2 An additional meeting had also been convened in September to enable a more detailed review of the cost improvement programme quality impact assessments and of the Board statements on quality and governance.
- 2.3 The work plan agreed in the May Board meeting is used as the basis for the agenda at each meeting, and this is reviewed at the close of each meeting to ensure that it contains any newly emerging issues.
- 2.4 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

- 2.5 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 indicators in the Integrated Performance Report, quality governance, workforce and risk management issues.
- 2.6 Key points highlighted in regular update reports included:
 - Transfer of Clinical Managers to the Clinical Directorate and the focus within their roles on driving improvement in the Ambulance Clinical Quality Indicators.
 - Positive progress on implementation of the Clinical Quality Strategy, including development of the Patient Safety Thermometer, the forthcoming ambulance service national patient survey exercise, work on the public health plan and on drafting an updated urgent care strategy.
 - Publication of the updated national Never Events policy framework and the process for internal review.
 - Key themes from the updated Locality self-assessments of compliance with CQC standards.
 - An update on the Quality Governance action plan and proposed timetable for the final external review by Deloitte.
 - An update on implementation of the workforce plan and on educational developments, including positive developments in commissioned courses

and links to the recently established Local Education and Training Board (LETB).

- An update on the current position in relation to flu vaccination. It was noted that there is still considerable work to do to ensure that the Trust achieves its vaccination target, but that actions are in place to support this, including the existing occupational health provision, training paramedics to administer the vaccine and an intensive communication campaign.
- An update on implementation of the clinical leadership framework. It was noted that initial recruitment was now complete and the new roles were in place. The Clinical development Manager roles are now working well, but project management of the development is continuing at present until there is clear evidence to demonstrate that the Clinical Supervisor role is fully embedded in practice.
- Finalisation of the plan to replace the 'blue bags' and purchase new carry chairs – both key issues to address the most significant patient moving and handling risks.
- Confirmation of the positive outcome (score 50/50) in the re-assessment of NHSLA level 1, and plans for progress to level 2 in 2013.

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

- NICE guideline implementation - it was confirmed that all new guidelines had been reviewed and that action had been taken in the minority of cases where the guidelines were applicable.
- Management of controlled drugs – the Committee received positive assurance on action to reduce morphine vial breakages. Special provision was being made for storage of controlled drugs in mass casualty vehicles. Work is also under way nationally to consider the development of bespoke ambulance service controlled drug stationery, which it is believed will reduce administrative errors.
- A report from the Locality Director on compliance with the Essential Standards of Quality and Safety in the EOC, and an update to the Committee on implementation of the action plan arising from the EOC serious incident review. The Locality director report highlighted a number of areas requiring further development and gave assurance on the action under way. The Committee was advised that the management review and process of establishing a team structure within EOC were now under way.
- A mid-year review of policy developments – the Committee received an update on the policies required to meet NHSLA standards, and on work under way to strengthen the management of the wider policy and procedure library, including access to the documents for staff and public.
- An update on clinical training and induction – the Committee noted the considerable positive developments and good position across most areas of essential training. The Committee also noted that delivery of clinical update training is currently behind schedule owing to operational pressures, but that work is well advanced to re-schedule the training programme for the remainder of the year, to ensure that the year-end target is achieved.

- An update on implementation of the 111 service – the Committee was advised about initial work on clinical governance arrangements within YAS and across the wider health system, and about the Department of Health assessment process. A further report will be brought back to the next meeting to provide an opportunity to explore this in more detail.
- An update on developments in the new national and local Healthwatch arrangements.
- A briefing from the Committee Chairman on implications of the forthcoming Francis Inquiry report. It was agreed that this would require a detailed consideration by the Committee following publication in January.
- A report on the internal and system-wide lessons learned in relation to major incident management, from the Hillsborough Independent Panel report.
- A mid-year report on information governance, including assurance with regard to the processes in place to ensure compliance with the IG toolkit, and a review of wider information governance risks and action to address these.

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 The work plan was reviewed and updated at the close of the meeting, to ensure an appropriate focus on key issues.
- 3.3 In addition to the regular update reports, issues to be considered in detail at the next meeting will include: the resuscitation Plan, 111 clinical governance requirements, a further update on EOC developments, review of the CIP quality impact assessments and CQUIN delivery, and further updates on delivery of clinical update training and implementation of the clinical leadership framework.

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.