



MEETING TITLE Public Trust Board		MEETING DATE 29/01/2013	
TITLE of PAPER		Quality Committee	PAPER REF 7.4
STRATEGIC OBJECTIVE			
PURPOSE OF THE PAPER		The purpose of the paper is to provide an update to the Board regarding the activities of the Quality Committee.	
For Approval		<input type="checkbox"/>	For Assurance <input checked="" type="checkbox"/>
For Decision		<input type="checkbox"/>	Discussion/Information <input checked="" type="checkbox"/>
AUTHOR / LEAD	Steve Page, Executive Director of Standards & Compliance	ACCOUNTABLE DIRECTOR	Director of Standards & Compliance
PREVIOUSLY CONSIDERED BY	Committee/Group:		Date:
RECOMMENDATION	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.		
RISK ASSESSMENT			Yes No
Corporate Risk Register and/or Board Assurance Framework amended <i>If 'Yes' – expand in Section 4. / attached paper</i>			<input type="checkbox"/> <input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>			<input type="checkbox"/> <input checked="" type="checkbox"/>
Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i>			<input type="checkbox"/> <input checked="" type="checkbox"/>
Quality and Diversity Implications <i>If 'Yes' – please attach to the back of this paper</i>			<input type="checkbox"/> <input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Registration Outcome(s)		All	
NHSLA Risk Management Standards for Ambulance Trusts		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 on 6 January 2013.
- 2.2 The work plan agreed in the May Board meeting is used as the basis for the agenda at each meeting, and this is reviewed and updated 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:
- Positive progress on implementation of the Clinical Quality Strategy, including ongoing work focused on the audit of management of patients under 2 years of age.
 - A review of quality and workforce indicators in the Integrated Performance Report – issues were highlighted and management action discussed in relation to scanning software problems affecting the clinical audit programme, complaints relating to inter-hospital transfers and staff accidents arising from moving and handling of patients. It was agreed that the impact of the service transformation work in PTS on quality indicators would be reviewed in detail at next meeting.
 - Significant events and lessons learned from adverse events – discussion focused on benchmarking of Serious Incidents, staff accidents, and on processes for dissemination and action on learning within the Operational units of the Trust.
 - An update on the ongoing programme of internal Inspections for Improvement, including positive developments in findings since the inspections began and current actions arising from the inspections to support compliance with CQC standards.
 - An update on the Quality Governance action plan and proposed process and timetable for the final external review by Deloitte.
 - Updates on implementation of the workforce plan, education and clinical leadership developments.

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

- Progress against Quality Account priorities and CQUIN schemes – positive progress was reported in relation to most areas. The CQUIN relating to non-conveyance of patients to emergency departments is currently not reaching its trajectory for improvement, and action is under way to address this for the final quarter.
- CQUIN proposals for 2013 – the Committee commented on the range of indicators which are currently under discussion with commissioners. Members supported the outline proposals and noted that the detail was still under development via workshops involving YAS and commissioner teams.
- Management of claims – the Committee received a detailed report on claims, including trends of reporting, the current and projected position and lessons learned.
- Implementation of new JRCALC guidelines – these are due in March 2013 and the Committee received assurance on the Trust implementation plan.
- A report from the Locality Director for South on compliance with the Essential Standards of Quality and Safety – this report provided assurance to the Committee in relation to key indicators in the dashboard, including response performance, IPC audits, PDR completion, training, and flu vaccination rate. The Committee noted ongoing issues which required further management attention, including staff absence rates and response times for patient complaints. The Committee also focused discussion on processes for identification and escalation of quality concerns within the Locality.
- An overview of the new NHS Trust Development Authority and its remit in relation to the Trust with regard to performance management, quality and Foundation Trust development.
- A review of the implications of the external investigations into the allegations against Jimmy Saville. – the report provided assurance to the Committee on the robustness of current safeguarding arrangements and also identified a number of areas where there was potential to further strengthen them. A report was also provided in relation to the Winterbourne View investigation report.
- A presentation on the clinical governance arrangements and forthcoming DH readiness assessment for the NHS 111/Urgent Care service. The Committee was assured with regard to the work under way within the Trust and in partnership across the health economy, and noted the scale of work required to complete this in the coming weeks. The Committee was also briefed on the key risks to mobilisation and work in place or under way to mitigate 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 Discussion is taking place separately between Non-Executive Directors and lead Executive Directors on the interface between Board Committees in management of key risks. It is anticipated that future reports from the Quality Committee to the Board and Audit Committee will be informed by the outcome of these discussions.
- 3.4 In addition to the regular update reports, issues to be considered in detail at the next meeting will include:
- A further progress report on NHS 111
 - Consideration of the Francis report,
 - A further progress report on management of under 2's
 - An update on the Quality Impact Assessments of cost improvement schemes
 - Further information/discussion on processes to identify, disseminate and act on learning on operational teams.

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.