



MEETING TITLE Public Trust Board		MEETING DATE 26/03/2013	
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			<input type="checkbox"/>
			<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify)			<input type="checkbox"/>
			<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements			<input type="checkbox"/>
			<input checked="" type="checkbox"/>
Quality and Diversity Implications			<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 5 March 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 year-end reviews and reports on clinical quality priorities, safeguarding, infection, prevention and control, patient experience, clinical audit, significant events and lessons learned, compliance with the Essential Standards of Quality and Safety, quality indicators in the Integrated Performance Report, health and safety, information governance, workforce, research and development and risk management issues.
- 2.6 The regular and scheduled year-end reports noted key areas of positive development and highlighted areas for further action in the coming year.
- 2.7 In addition to scheduled regular updates, specific papers or presentations were received on the following issues to facilitate more detailed discussion:
- An update on the external quality governance review conducted by Deloitte in January 2013. This review concluded that the Trust remained compliant with the Foundation Trust quality governance framework, and that recent developments had further strengthened the existing arrangements.
 - A report following the Care Quality Committee unannounced annual inspection which was conducted in January 2013. This found the Trust to be fully compliant with the standards under review.
 - A year-end report on quality from the Operations Directorate A&E Localities.
 - An update report in relation to Emergency Operating Centre incidents and the implementation of the action plan presented to the last meeting of the Committee. The Committee noted the positive progress on the action plan, reviewed incidents reported since the initial review and agreed some additional action to further support the improvement process.

- A review of the quality impact of all cost improvement schemes, including consideration of early warning indicators relevant to each scheme, highlighting areas of concern and mitigating action.
- A report on the implications of the Mid Staffordshire NHS Foundation Trust public inquiry. The Committee considered priority areas for action by the Trust and agreed that review of progress would be a key part of the Quality Committee work plan for 2013/14.
- A report on Compassion in Practice, the Chief Nursing Officer's strategy for developing the culture of caring across the nursing profession. This was considered by the Committee in relation to the Trust's expanding nursing workforce, but also in relation to the broader applicability of the principles to all health professionals. It was agreed that the Trust should seek to develop its own approach aligned to the national strategy, to support the development of patient centred care.
- An update on implementation of the clinical leadership framework . It was noted that this had not progressed as anticipated in February owing to operational pressures. The Committee agreed that this should be reviewed as a priority by the Executive team and a further report provided to next Quality Committee on mitigating action taken.
- An update on the clinical governance arrangements for the NHS 111 service, and a briefing on the commencement of the service on the day of the Committee meeting.

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 as part of the 2013/14 work plan will include:
 - Ongoing monitoring of progress in relation to the Mid-Staffordshire Public Inquiry recommendations
 - Further review of developments relating to Compassion in Practice.
 - Ongoing reports on implementation of the clinical leadership framework and training delivery in the light of the challenges to these processes arising from operational pressures.
 - Further review of clinical audit processes and outcomes.
 - A report at each meeting of the Committee on the quality impact of cost improvement schemes, to provide ongoing assurance with regard to the maintenance of quality and safety of patient care.
- 3.4 Assurance reports from operational Locality Directors will continue as part of the work plan. These will focus on the quality dashboard, highlighting good practice, exceptions and mitigating actions.

3.5 In addition to the senior manager assurance reports, presentations will be arranged to precede each meeting, to allow an opportunity for the Committee to hear directly from the staff involved about examples of good practice drawn from across the Trust.

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.