



MEETING TITLE Public Trust Board		MEETING DATE 21/05/2013	
TITLE of PAPER		Quality Committee	PAPER REF 7.4
STRATEGIC OBJECTIVE		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.	
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: N/A	Date: N/A
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 14 May 2013.
- 2.2 The committee work plan has been updated for 2013/14 and is used as the basis for the agenda at each meeting. 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.
- 2.5 Prior to the meeting, the Committee received the first of its scheduled good practice presentations. Chris Sharpe, Head of Leadership and Learning presented on recent Trust developments in dementia awareness training.

Papers presented

- 2.6 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; significant events and lessons learned; compliance with the Essential Standards of Quality and Safety; quality indicators in the Integrated Performance Report; health and safety; workforce and risk management issues.
- 2.7 In addition to scheduled regular updates, specific papers or presentations were received on the following issues to facilitate more detailed discussion:
- The clinical audit plan and implementation of NICE guidelines. The committee received assurance in relation to the Trust process for review and implementation of new NICE guidelines. The committee also noted the updated clinical audit plan. The risk relating to the scanning software problems was discussed and the mitigating actions noted. The committee received assurance that the mandatory clinical audit functions would be maintained whilst the problem was addressed.
 - A review of recommendations from the Public Inquiry into the Mid-Staffordshire Hospitals NHS Foundation Trust. This included a full baseline assessment against all of the recommendations. Those which were assessed as requiring additional action were highlighted for inclusion in the updated Quality Governance Action Plan. Others were highlighted as recommendations to other bodies, but potentially requiring further committee review during the year, when the relevant organisations produced their response.

The importance of focusing on professionalism amongst staff and patient experience was highlighted as key themes to run through all aspects of the work plan.

The Quality Committee discussed the baseline assessment and agreed the draft action plan, subject to minor amendments.

- A report providing an update on the quality impact assessment of all cost improvement schemes. The committee noted the current position and supported the continuation of the agreed programme.
- An update on CQUIN schemes agreed for 2013/14 in the A&E and PTS service.
- A review of the 2012/13 Quality Account, providing the committee with an opportunity to scrutinize and propose refinements to the Account prior to submission to Audit Committee and Board.
- An update on clinical governance in the NHS 111 service, with assurance on processes for learning and improvement from incidents, complaints and other feedback.
- An update report on clinical leadership presented by the Executive Director of Operations. This entailed a review of the current position and recommended actions to ensure full delivery of the new clinical leadership framework. A further update on the action plan will be brought to the next meeting. It was agreed that Locality Directors would focus on ensuring that vacancies are filled before the next meeting.
- A report outlining the annual training plan agreed by the TEG. The committee received assurances that the plan meets the mandatory requirements and supports priorities in the Trust business plan. The plan is flexible across the year, reflecting seasonal operational pressures and can be delivered within the available resources.
- An update on the Service Transformation Programme, including the further development of the programme and project management arrangements for 2013/14. The committee also noted the launch of the programme to staff and management in communications material and meetings during May.

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 and further review of national recommendations as these emerge from the relevant bodies.
 - Ongoing reports on implementation of the clinical leadership framework and training delivery.
 - 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, risk registers 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.
- 3.6 The committee noted the plan to highlight positive developments relating to patient experience in a future pre-Board presentation.

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.