



<b>MEETING TITLE</b> Public Trust Board		<b>MEETING DATE</b> 26 November 2013	
<b>TITLE of PAPER</b>	Quality Committee	<b>PAPER REF</b>	7.4
<b>STRATEGIC OBJECTIVE</b>	All		
<b>PURPOSE OF THE PAPER</b>	The purpose of the paper is to provide an update to the Board regarding the activities of the Quality Committee.		
<b>For Approval</b>	<input type="checkbox"/>	<b>For Assurance</b>	<input checked="" type="checkbox"/>
<b>For Decision</b>	<input type="checkbox"/>	<b>Discussion/Information</b>	<input checked="" type="checkbox"/>
<b>AUTHOR / LEAD</b>	Steve Page, Executive Director of Standards & Compliance	<b>ACCOUNTABLE DIRECTOR</b>	Director of Standards & Compliance
<b>PREVIOUSLY CONSIDERED BY</b>	<b>Committee/Group:</b> N/A	<b>Date:</b>	N/A
<b>RECOMMENDATION</b>	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.		
<b>RISK ASSESSMENT</b>		<b>Yes</b>	<b>No</b>
<b>Corporate Risk Register and/or Board Assurance Framework amended</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Resource Implications (Financial, Workforce, other - specify)</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Legal implications/Regulatory requirements</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Quality and Diversity Implications</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ASSURANCE/COMPLIANCE</b>			
<b>Care Quality Commission Registration Outcome(s)</b>		All	
<b>NHSLA Risk Management Standards for Ambulance Trusts</b>		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 12 November 2013. 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 address any emerging issues.
- 2.2 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 This meeting of the Committee was observed by John Nutton, Non-Executive Director Designate and Jonathan Idle, Internal Audit Manager.

### **Papers presented**

- 2.6 Papers were presented on the full range of Quality Committee activity including reports on clinical quality priorities and clinical audit; significant events and lessons learned; quality governance and compliance with the Essential Standards of Quality and Safety, quality indicators in the Integrated Performance Report; the Service Transformation Programme including CQUIN scheme implementation; health and safety; workforce and risk management issues. Further to discussion in Audit Committee and Board earlier this year, it was noted that the agreed workshop on the next Quality Accounts was scheduled for 15 November. The event will be facilitated by Deloitte and will support learning from best practice and more comprehensive alignment of the Quality Account with Monitor requirements.
- 2.7 In addition to scheduled regular updates, specific papers or presentations were received on the following issues to facilitate more detailed discussion:
- The Chair highlighted two 'limited assurance' internal audit reports received at the last Audit Committee. The Executive Director of Operations gave an update on progress in relation to the report on Community First Responder schemes and a more detailed written update has been requested for the next meeting. It was noted that an update on the second report has been requested directly to Audit Committee.
  - The Chair and Executive Director of Standards and Compliance fed back on positive discussions in the recent Clinical Quality Forum, which focused on two key developments for 14/15 aligned to the recommendations of the Francis report – the full roll out of the Patient Safety Thermometer following the pilot work in 13/14 and a focused package of actions relating to communication, attitudes and behavior, informed by learning from patient feedback.

- The Executive Director of Standards and Compliance gave an update on the feedback following the NHS Trust Development Authority Quality Visit. The existing quality governance action plan will be updated where necessary in the light of the feedback. The Committee discussed the need to ensure that patient safety and quality are ingrained into operational department agendas and management processes, to support a day to day focus on these issues at all levels. It was agreed that this will be a key area for development in the coming year, with appropriate management and leadership development support.
- The Executive Medical Director presented a paper outlining exploratory analysis of potential mortality indicator for ambulance Trusts. This work is being led by YAS on behalf of the national ambulance medical directors.
- A paper providing assurance on implementation of NIHCE guidance.
- A report on winter planning, outlining the development of Trust plans for each service line and work with other partners in the health system to support robust communication and escalation processes. The challenges faced by the Trust in being in a position to provide full assurance in relation to the NHS 111 service in its first winter of operation were noted. The Committee was briefed on the anticipated extreme peaks of call volumes over key dates and on the ongoing discussions with commissioners about availability of winter funding and about national contingency plans.
- A report from the Executive Director of Operations on the updated Red target delivery plan. Further updates were requested to future meetings.
- A report from the Associate Director of Quality on governance arrangements for sub-contracted patient care services in A&E Operations and the PTS service. The Committee received assurances that processes were in place and a number of further actions to strengthen these were outlined and agreed. A further report will be provided at the next meeting.
- An update on the management of cost improvement scheme quality impact assessments and on the current view of early warning indicators. It was noted that further more detailed discussion of key schemes would take place in the separate joint Finance and Investment Committee and Quality Committee session.
- A paper from the Locality Director for the Emergency Operations Centre focused on management of clinical governance and quality issues and key indicators in the quality dashboard. The report on the current position and actions to support continuous improvement were positively received.
- An update report on clinical leadership presented by the Executive Director of Operations. Recruitment to vacant Clinical Supervisor posts was reported to be complete. The Committee also discussed the draft dashboard of indicators and a survey of supervisors which will be used to provide ongoing assurance about implementation of the Clinical Leadership Framework in practice.

It was noted that a mechanism for direct feedback from staff was also in development. Positive developments in engaging Clinical Supervisors via Team Brief sessions and other initiatives were reported. Ongoing challenges were noted, however, in relation to inappropriate duties impinging on the Clinical Supervisor role and this will be a key focus of attention over coming months.

- A Workforce update report outlined developments relating to the Trust recruitment, absence management and health and well-being. Action to support improvement in completion and quality of Personal Development Reviews was also reported and assurance given on the current management focus on this area and on anticipated progress.
- A report on delivery of the Annual Education and Training Plan and on the process now commencing for development of the comprehensive training plan for 2014/15. It was noted that a focus on leadership and management development will be a key part of the plan for the coming year.
- The mid-year report on Information Governance, including positive assurance on compliance with the Information Governance Toolkit and an outline of key Information Governance risks and mitigating activity.

### **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 Key risks were identified from the discussions for reporting to the Audit Committee.
- 3.3 In addition to the items scheduled on the work plan, key areas of attention for the Quality Committee in the February meeting will include: further updates on actions arising from the CQC and NHS TDA inspections, a further update report on progress in implementing the Clinical Leadership Framework, An update on action in relation to the Community First Responder Internal Audit report, A detailed report on complaints management, an update on NHS 111 governance and quality issues and a more detailed view of the Bright Ideas scheme and action on ideas submitted to-date. Progress on PDR implementation and development of the 2014/15 training plan will also be considered as part of the regular Workforce Update Report.

### **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.