

**Trust Board meeting: Thursday 1 November 2012**  
**TB2012.115**

<b>Title</b>	<b>Quality Committee</b>
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<b>Status</b>	A paper highlighting key areas of discussion at the Quality Committee meeting held on 25 September 2012, and formally presenting the minutes of the meeting held on
<b>History</b>	This is a regular report to the Board

<b>Board Lead(s)</b>	Mr Geoff Salt, Committee Chairman			
<b>Key purpose</b>	Strategy	<b>Assurance</b>	Policy	Performance

**Summary**

1	The Quality Committee met on 25 September 2012
2	This paper sets out the key decisions, actions, risks and matters for future consideration as raised by the Committee, and attaches the minutes of the meeting.
3	<b>Recommendation:</b> The Board is asked to note the contents of this paper.

## 1. Introduction

The Quality Committee met on 25 September 2012. Detailed minutes are provided as Appendix A to this report. These minutes are draft and subject to formal approval at the next Committee meeting. The approved minutes of the 26 June 2012 meeting are attached as Appendix B.

## 2. Significant issues of interest to the Board

The following issues of interest have been highlighted for the Board:

- Work is to be done before the Committee's next meeting to create a revised version of the Committee's objectives and cycle of business
- The Committee intends to spend at least one third of its time considering key quality issues within the Trust and the wider local health economy
- The patient's story highlighted high quality, compassionate care and good interaction between clinicians and the patient's family. However, there were some issues around nurse leadership and ownership.
- Work is being done to better understand and respond to complaints and other feedback received from patients and their carers about issues they encounter before they enter hospital.
- Events are to be held in October 2012 and March 2013 to formally launch the Quality Strategy, and enable all staff to understand what the Strategy means for them and how quality practice in their areas fits into the wider organisation. Committee members have been invited to attend these events.
- Concerns raised by junior doctors about a lack of senior cover were picked up via a survey.
- A presentation by the Clinical Director of EMTA reported on a small study done to assess the impact of DTOCs on the quality of patient care. This revealed no obvious evidence of harm to delayed patients and no significant differences in outcomes between delayed patients and those not delayed.
- There was a recognition that the numbers of incidents recorded is likely to rise in the short term following the implementation of the online system of Datix

## 3. Key Risks Discussed

The following potential risks were discussed:

- The potential impact on the Trust's reputation of concerns raised by patients, carers and local GPs about difficulties they have encountered in communicating with the Trust, particularly in relation to outpatient appointments. Contact is to be made with Oxfordshire PCT to obtain details of concerns raised by GPs.
- Concern that the formal mechanism for reflecting the patients' experience within the clinical governance structure was not rolled out and embedded.

#### **4. Key decisions taken**

The following key decision was made:

- The revised Terms of Reference of the Clinical Governance Committee was recommended to the Trust Management Executive for approval.

#### **5. Agreed Actions**

- The issue of nurse leadership and ownership is to be brought to a future meeting of the Committee.
- A paper on the issue of patient transfers, to include the quality of handovers, the care of patients and their families and the quality of pain relief, is to be brought to a future meeting of the Committee.
- Contact is to be made with Oxfordshire PCT to obtain details of concerns raised by GPs about ENT and Ophthalmology appointments.
- With reference to the Quality Strategy implementation programme, Committee members would be invited to attend either the 30 October or the 20 March 2013 event.
- An update is to be provided to the Committee on how the patient experience is to be reflected within the Clinical Governance Committee structure.
- The wording of the narrative under cause, effect and impact is to be amended and reflected in the next version of the BAF.

#### **6. Matters deferred for future consideration**

- The Director of Clinical Services is to present an update on the impact of DTOC on patient care to the Committee at the next meeting in December.
- The dashboard is to be brought back to the Committee's December meeting with an up to date review of any areas of Trust performance where clinical issues had been identified.
- Discussion to be held at the December meeting on the presentation of patients' stories at Trust Board meetings.

#### **7. Assurance required from/actions required by other Board sub-committees**

- The Committee did not require assurance from another Board sub-committee on any specific issues, and it did not require action by another sub-committee.

#### **8. Matters referred to the Trust Board**

- No matters were referred by the Committee to the Trust Board.

**Geoff Salt, Quality Committee Chairman**  
**October 2012**