

**Trust Board meeting: Wednesday 9 January 2013**  
**TB2013.19**

<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 12 December 2012
<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**

<b>1</b>	The Quality Committee met on 12 December 2012
<b>2</b>	This paper sets out the key decisions, actions, risks and matters for future consideration as raised by the Committee.
<b>3</b>	<b>Recommendation:</b> The Board is asked to note the contents of this paper.

## 1. Introduction

The Quality Committee met on 12 December 2012.

## 2. Significant issues of interest to the Board

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

- The Committee noted the overall improvement in the standard of the papers that were presented to them.
- The Committee received a patient story via DVD from a mother whose baby son had required emergency surgery immediately after birth and has subsequently received long term care at various units in the JR. She described an overwhelmingly positive experience, but made some useful suggestions for improvement.
- A programme of receiving patients' stories at Board meetings is to be drawn up to coordinate as much as possible with the programme of clinical divisional presentations. The programme is to commence at the Board meeting in March 2013.
- Committee members who had been involved in walk rounds with patient representatives described their insights as very helpful, and it was suggested that upon authorisation as a Foundation Trust, this facility should be extended to governors
- According to the Safety Thermometer Tool, the Trust provides a 95% rate of "harm free" care. Numbers of pressure ulcers and patient falls would need to come down in order to improve this rate
- Overall mortality measures are within expected limits, but emergency admissions at weekends, considered in isolation are above the upper control limit.
- Efforts are being made to ensure that the Trust is compliant with the requirements of *Healthcare for All*. A learning disability nurse has been recruited and learning disability champions are now in place.

## 3. Key Risks Discussed

The following potential risks were discussed:

- The potential impact on quality of care and patient safety of perceived deficiencies in nurse leadership and assertiveness, particularly at ward sister level. A leadership programme has been commissioned and is to be reviewed.

## 4. Agreed Actions

- Draft objectives for the Committee to be presented for discussion at the meeting in February 2013 and formally agreed at the April meeting.
- An update is to be presented at the February meeting on the actions being taken to address concerns raised by local GPs about outpatient appointments.
- Details of actions to address the issues raised in the Patient Story to be included in the February Patient Experience Report

- A process of independent selection of patient stories using non-executive directors to be considered
- The numbers of complaints received to be included in future versions of the Patient Experience Report
- A programme for receiving patient stories at Board meetings to be drawn up, to commence in March 2013
- Messages from patients' stories to be triangulated with other sources of patient feedback including ED and NED interaction during walk rounds
- A progress report on the leadership programme for Ward Sisters/Charge Nurses is to be brought to the Quality Committee in February and is then to be referred to the Board in March
- Trend and contextual information to be included in future versions of the quarterly and annual complaint reports
- A discussion to be held before the February meeting to determine how clinical audit was to be addressed between the Audit Committee and the Quality Committee
- Consideration of the Trust's performance in the Dr Foster Annual Hospital Guide to be added to the Board Seminar programme
- The Quarter 3 Quality Impact Assessment was to be brought to the Committee meeting in February.
- A further update on agreeing quality priorities to be provided to the February meeting of the Committee
- A further update on how the Trust was meeting the Healthcare for All recommendations was to be brought to the February meeting
- Clinical Governance Committee terms of reference to be amended to stipulate minimum attendance levels for all members.
- Quality Committee terms of reference be referred to the Trust Board for approval

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

Draft objectives for the Committee for the year 2013/14 are to be formally agreed at the Committee's meeting in April 2013

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

- The Committee requires assurance from the Audit Committee on the effectiveness of arrangements for clinical audit. A discussion is to take place in January to determine how both Committees can best fulfil their obligations in this regard.

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

- Formal approval of the amended Terms of Reference is to be obtained from the Trust Board.

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