

Trust Board Meeting: Wednesday 13 November 2013
TB2013.141

Title	Quality Committee Chairman's Report
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Status	For Information
History	This is a regular report to the Board

Board Lead(s)	Mr Geoffrey Salt, Committee Chairman			
Key purpose	Strategy	Assurance	Policy	Performance

1. Introduction

The Quality Committee met on 9 October 2013. The main issues raised and discussed at the meeting are set out below.

2. Significant issues of interest to the Board

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

- 2.1. The draft Patient Experience Strategy was considered. The Strategy would be underpinned by four programmes of work namely:
 - Patient Experience and Insight;
 - Patient Stories;
 - Compassionate Care;
 - Patient Leaders;
- 2.2. The approach described within the document was well received however it was noted that investment to complete the objectives was required and would need to be supported by a business case. This business case is being developed and would be presented to the Trust Management Executive in due course. Once the funding to support the Strategy was agreed, the Strategy would be presented to the Trust Board for approval.
- 2.3. The Committee received a patient story about the experience of a patient in the Blue Outpatient department. The Committee identified a number of improvements including providing patients with a description of the process which they would follow during their appointments, staff being aware of the non-verbal communications from patients and their carers, and communicating delays with patients to help set expectations. The Committee noted and welcomed the introduction of customer care training led by the Lead Nurse, Patient Pathway Coordination Team.
- 2.4. The Committee, having received separate Quality Reports and Patient Experience Reports, requested that the reports be combined into a single Quality Report. This approach will ensure that Quality is considered in the round and mirrored the approach as described within the Quality Strategy.
- 2.5. The Committee received a report into a Never Event (Wrong Side Medical Thoracoscopy). The report highlighted that a WHO Safety Checklist had not been completed. Although this was a medical procedure it was acknowledged that compliance with the safety checklist was required. The Medical Director has subsequently undertaken a further programme of spot audits of all treatment areas, to ensure full compliance with completing the checklist. Where non-compliance is identified this is followed up with the individuals concerns and their previous practice is audited. Where necessary disciplinary action would be taken.
- 2.6. The full set of surgical outcomes data, by surgeon, was presented to the Committee and it was noted that no surgeon's outcomes were outside of the expected range. Following discussion at the meeting the data was circulated to all members of the Trust Board for information.

3. Key Risks Discussed

The following risks were discussed:

- 3.1. The issue of discharge planning and implementation was discussed and recognised as a key risk, following feedback through the patient experience processes, including the inpatient survey. The Committee recognised that actions were being taken to address the identified issues and asked the Director of Clinical Services to prepare a report to a future meeting of the Trust Board.

4. Key decisions taken

The following key decisions were made:

- 4.1. The Committee considered the progress to implement the Quality Strategy and were presented with a number of minor amendments to the document. The changes reflect lessons learnt following the Mid-Staffordshire enquiry and publications such as; Francis, Keogh and Berwick reports. The intent of the strategy was not changed. The Committee agreed the changes and recommended to the Trust Board to approve the Strategy. The revised Strategy is available on the Trust website at www.ouh.nhs.uk.
- 4.2. The Committee considered its effectiveness at the midpoint of the year. The Committee agreed to a number of actions to further enhance its effectiveness including a review of the timing of items on the agenda and work to improve the quality of papers being presented.

5. Agreed Key Actions

The Committee agreed the following actions:

- 5.1. Following the review of effectiveness the Committee agreed to consider extending its meeting to three hours to ensure that it could adequately cover the entirety of its agenda fully.
- 5.2. The process for the identification of patient stories was to be reviewed to ensure Non-executive Director involvement in the process.

6. Future Business

The Committee will be focusing on the following areas in the next three months:

- Infection control;
- Peer review programme update;
- Monitoring of CQUIN delivery;
- Workforce governance;

7. Recommendation

7.1. The Trust Board is asked to note the contents of this paper, ratify the decision of the Quality Committee and approve the revised Quality Strategy.

Mr Geoffrey Salt
Quality Committee Chairman
October 2013