

**Trust Board Meeting: Wednesday 14 May 2014**  
**TB2014.67**

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

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

## 1. Introduction

The Quality Committee met on 9 April 2014. 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 Committee received a patient story about the experience of a transsexual patient pre and post cardiac surgery. The story indicated a lack of staff understanding of how best to support transsexual and transgender patients. The story also indicated the strong commitment of the staff involved to improve awareness and practice, and the successful remediation of the initial problems that had arisen through engagement and partnership working with the patient. For future patients, a robust action plan has been developed.
- 2.2. The Committee agreed the selection criteria and process for selection of patient stories, subject to minor refinement; discussion of which was to be concluded and reported back to the next meeting;
- 2.3. Following previous consideration of a patient story relating to the care of patients with diabetes, the Committee received an update on action taken to improve the treatment of diabetes across the Trust; noting that a full review would be presented to Trust Board at its meeting on 14 May 2014;
- 2.4. The Committee welcomed the Consultant Nurse in Tissue Viability, who attended to give a presentation on the work being undertaken to reduce the incidence of Pressure Ulcers. She was able to confirm to the Committee that the Trust currently benchmarked well against other Trusts within the Shelford Group;
- 2.5. The Committee received a report on the successful conclusion of the Peer Review Programme, highlighting the key themes identified. Areas of good practice identified included:
  - Caring, responsive and committed staff;
  - Compliance with WHO surgical safety checklist;
  - Involvement in national and local clinical audits;
  - Statutory and mandatory training compliance;
  - Positive leadership, multi-disciplinary teamwork and support for staff;

The report also identified thematic issues that required Divisional level action, for example how to ensure that routine checks of resuscitation trolleys and medicines management occur with high reliability; and those that required Trust-wide action, for example avoidable delays in discharge, and the provision of out of hours cover.

### 3. Key Risks Discussed

The following risks were discussed:

- 3.1. The difference between legal requirements, and the risk of not meeting the expressed preferences of transsexual and transgender patients, was discussed. It was agreed that further assurances and measurable actions were needed and that these actions should be reflected in the Equality and Diversity action register, through which further updates provided could be tracked;
- 3.2. Assurance was given that there was a robust mechanism to oversee any request for staff to opt out of specific types of training, to obviate the risk of non-compliance with the requirement to undertake statutory and mandatory training;
- 3.3. It was reported that further improvements were expected, aligned to the implementation of the Electronic Patient Record, against the target for patients admitted over the age of 75 to undergo dementia screening;
- 3.4. The risks associated with pressure ulcers were considered, and the progress being made to reduce their incidence was noted and welcomed.

### 4. Key decisions taken

The following key decisions were made:

- 4.1. That appropriate targets and priorities for improvements should be set in relation to inpatient and staff surveys, and the Director of Organisational Development and Workforce, and the Acting Chief Nurse, were asked to consider this and report back;
- 4.2. That further work should be undertaken to address issues raised in the Survey of Women's Experiences of Maternity Services 2013, including midwives' awareness of mother's and baby's medical history, and the Head of Midwifery was asked to report back her findings;

### 5. Agreed Key Actions

The Committee agreed the following actions:

- 5.1. Following review of the Executive walk-around action log, the Director of Clinical Services was asked to lead a review of whether items had been prematurely marked as closed, when action remained outstanding;
- 5.2. Noting a completion rate of 76% relating to Statutory and Mandatory training, the Director of Organisational Development and Workforce was asked to report on the outcome of the review that he was undertaking of 23 elements of training, as well as of the frequency and accessibility of training for staff. This will be reported on as part of the regular Workforce Governance report to Quality Committee at its meeting on 13 August 2014.

## 6. Future Business

Areas upon which the Committee will be focusing in the next three months will include:

- Annual Complaints Report;
- Quality Account for 2013/14;
- Setting of joint Action Plans for Inpatient and Staff surveys;
- Quality Impact Assessments of CIP schemes;
- Monitoring of CQUIN delivery;
- CQC Inspection and Report;

## 7. Recommendation

The Trust Board is asked to note the contents of this paper.

**Mr Geoffrey Salt**  
**Quality Committee Chairman**

**May 2014**