

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>13.9.18</b>	<b>Agenda item</b>	<b>Bo.9.18.10</b>

## A report from the Chair of the Quality Committee

<b>Presented by</b>	Laura Stroud, Non-Executive Director
<b>Author</b>	Jacqui Maurice, Head of Corporate Affairs
<b>Lead Directors</b>	Bryan Gill, Medical Director; Karen Dawber, Chief Nurse
<b>Purpose of the paper</b>	This paper is to provide the Board of a Directors with an overview of the work of the Quality Committee
<b>Key control</b>	This paper is a key control for the strategic objectives to provide outstanding care for patients and to be a continually learning organisation
<b>Action required</b>	To note

### Background

The purpose of the Quality Committee is to provide detailed scrutiny of the Foundation Trust's arrangements for the management and development of safety, effectiveness and patient experience in order to provide assurance and, if necessary, raise concerns or make recommendations to the Board of Directors.

### Key Matters Discussed

The following key matters were discussed at the meetings held in July 2018 and August 2018. A full account of the meetings that have taken place is available in the minutes presented separately for receipt by the Board.

1. Assurance the way forward

A separate paper has been submitted to the Board.

2. Maternity Services

The Committee remains sighted on Maternity Services Improvement Programme and discussed in detail the actions which are on track to be delivered within the planned timescales.

The Board is receiving two specific papers

- One in relation to an outlier alert for puerperal sepsis which the Committee received in July.
- The second is in relation to notification from CQC that they are currently reviewing Maternity Services and have submitted an information request. The Committee will receive a summary of the information provided to the CQC at the next Committee meeting as it was required to be submitted on 31 August. A summary of information provided can be found in the specific paper to the Board of Directors.

The Committee is expecting a further focussed discussion around the quality of Maternity Services during quarter 3.

3. Stroke Services

The Committee received an in-depth service review presentation in July from the Stroke team providing progress reports on all actions taken and improvements that have been made to the delivery of the service. In August the Committee was extremely pleased to note the national SSNAP publication for the period April to June 2018 showed improvement from Level E to Level C which reflected an excellent recovery position. The Committee will however continue to keep a focus on future developments however the Board will be receiving a separate report on Stroke Services.

4. Performance

The Committee has also focussed on the good performance recorded with regard to VTE (Venous thromboembolism), Clostridium difficile, MRSA and, Grade 3 and 2 pressure Ulcers.

### Recommendation

The Board of Directors is requested to note the work of the Quality Committee in scrutinising the Foundation Trust's arrangements for the management and development of safety, effectiveness and patient experience.

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Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	<b>Low</b>		<b>Moderate</b>	<b>High</b>	<b>Significant</b>	
<b>Explanation of variance from Board of Directors Agreed General risk appetite (G)</b>	<b>Risk (*)</b>					

Risk Implications (see section 4 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments		▪
Quality implications		▪
Resource implications		▪
Legal/regulatory implications		▪
Diversity and Inclusion implications		▪

Regulation, Legislation and Compliance relevance
<b>NHS Improvement:</b> Risk assessment framework, quality governance framework, code of governance , annual reporting manual
<b>Care Quality Commission Domain:</b> <i>Safe, caring, effective, responsive, well led</i>
<b>Care Quality Commission Fundamental Standard:</b>
<b>Other (please state):</b>

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
	▪				