REPORT TO THE TRUST BOARD

31 MAY

<table>
<thead>
<tr>
<th>Title</th>
<th>Quality Committee Highlight Report</th>
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<tr>
<td>Lead Director</td>
<td>Andrew George, Non-Executive Director</td>
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<tr>
<td>Author(s)</td>
<td>Andrew George, Non-Executive Director</td>
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<tr>
<td>Purpose</td>
<td>To receive for information</td>
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<td>Previously considered by</td>
<td>Approved by the Quality Committee 11 May 2016 and received by the Audit Committee 26 May 2016.</td>
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Executive Summary
This report outlines the key items of discussion at the Quality Committee Meeting held on 11 May 2016.

Related Trust Objectives

<table>
<thead>
<tr>
<th>Sub-objectives</th>
<th>✓</th>
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<tr>
<td>Consistently deliver great healthcare to every patient every day</td>
<td>✓</td>
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<tr>
<td>Deliver care to patients when they need it.</td>
<td>✓</td>
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<tr>
<td>Develop our teams to provide the care we want for our own families.</td>
<td>✓</td>
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<tr>
<td>Embed accountable leadership throughout the organisation</td>
<td>✓</td>
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<tr>
<td>Improve the healthcare we provide to patients where and when you need it.</td>
<td>✓</td>
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<tr>
<td>Deliver care to patients in the appropriate setting</td>
<td>✓</td>
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<tr>
<td>Improve the value of the ‘Suffolk Health £’.</td>
<td>✓</td>
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<td>Flexible and responsive to future demands</td>
<td>✓</td>
</tr>
<tr>
<td>Design new pathways to improve the overall wellbeing of our population.</td>
<td>✓</td>
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Risk and Assurance

The Committee enables the Board to obtain assurance that high standards of care are provided and that appropriate governance structures, processes and controls are in place in relation to quality and risk.

Related Board Assurance Framework Entries

| All |

Financial Implications

None identified

Legal Implications/Regulatory/Statutory Requirements

Nothing detailed within the report contravenes Trust legal/statutory responsibilities or the human rights of staff and/or public.

Action Required by the Trust Board

The Trust Board is asked to receive for Information.
QUALITY COMMITTEE HIGHLIGHT REPORT

BACKGROUND

1. A highlight report of the Quality Committee meeting is provided to the Trust Board each month to provide quality assurance to the Board.

2. Key areas of discussion are noted below.

KEY ISSUES

3. Confirmation of Virtual Sign Off
   The Chair confirmed virtual sign off of the following documents in April 2016:
   - Quality Account – Draft for circulation for external support statements
   - Risk Management Policy
   - Breaking Bad News Guidelines

   The Quality Account will be brought back to the next Quality Committee and will include comments from stakeholders, project plans for next year and limited assurance from external auditors.

4. CQC Action Plan Progress
   The CQC Action Plan has been completed and an evidence log has been retained for corporate memory. To ensure sustainability of the ‘must do’ actions associated with ongoing training and clinical audits the Committee will retain an oversight.

5. Integrated Performance Report – Quality Metrics Proposal
   A proposal was agreed by the Committee to bring the Quality Metrics from the Integrated Performance Report and other defined metrics from the Accountability Framework each meeting to align with other assurance committees.

6. CQC Patient Survey Results – Maternity
   The CQC Patient Survey – Maternity report has been received and the Division is pleased to announce that the Trust received a satisfactory result. The actions arising from the report will be overseen by QMSG for further discussion.

7. National Maternity Review
   A paper on the National Maternity Review was received by the Committee. The following key themes were identified:
   - Personalised Care
   - Continuity of Carer
   - Safer Care
   - Postnatal and Perinatal Mental Health
   - Multi-professional working
   - Payment system
The Maternity department will be liaising with the IESCCG to develop a Maternity Service strategy that is responsive to the review recommendations.

8. Quality Committee Risk Register
Within the reporting period there were:

- 11 open risks on the Quality Committee risk profile
- 0 critical level risks escalated to the Committee
- 0 risks removed or closed from the Committee; and
- 0 changes to risk scores reported by risk owners
- 5 overdue actions were explored (3 of which business cases are being prepared and remaining 2 are anticipated to be achieved at end of May)

All risks on the Quality Committee risk profile have been updated in line with the Risk Management Policy requirements.

9. Internal Audit Report
The following internal audit reports were reviewed:

- Patient Safety – Safeguarding Adults - Substantial Assurance
- Arrangements for Professional Registration – Reasonable Assurance
- Implementation of Medical Equipment Action Plan – Reasonable Assurance

The Committee will oversee the delivery of the recommendations.

10. Goddard Inquiry
The Goddard Inquiry is a statutory inquiry established by the Home Secretary under the 2005 Inquiries Act, following the Saville Enquiry, the child exploitation in Rotherham and the Miles Bradbury case in Cambridge.

Guidance was published by Verita, an independent team of investigative consultants used in the Miles Bradbury review and a checklist and action plan has been drawn up by the DoN and Named Nurse for Safeguarding Children using the recommendations within the guidance.

11. HGC Annual Report
The Healthcare Governance Committee Annual Report was received and approved by the Committee, subject to some minor changes and was forwarded for consideration of the Audit Committee.

12. Patient & Carer Experience Q4 Report
This Quarter 4 report provided an overview of feedback received by the Trust. A summary of overarching themes and topics from feedback were:

- 140 complaints received related to communications/staff attitude, treatment, delays in processes, and car parking
- Dip in ED percentage of recommenders, due to peak demand/waiting times
- Values based survey questions continues to exceed the minimum scores required
259 comments/compliments cards/letters received, mostly positive.

13. **Annual Organisational Audit**
   This report provided assurance to the Committee and Board that effective systems are in place which comply with the requirements of the Responsible Officer regulations for medical appraisal and revalidation.

14. **Patient Safety & Clinical Effectiveness Group Annual Report**
   The Patient Safety & Clinical Effectiveness Group Annual Report was received by the Committee.

15. **Safeguarding Adults Annual Report**
   The Safeguarding Adults Annual Report was received and noted by the Committee.

   The Safeguarding Children Annual Report would be submitted to the June Quality Committee meeting.

   Both annual reports will support annual declarations which will be presented to the Trust Board.

**RECOMMENDATION**

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