

Council of Governors: 19.4.18

Agenda Item: CGo.4.18.16

Report from the Chair of the Quality Committee

Presented by:	Professor Laura Stroud, Non-Executive Director	Author:	Jacqui Maurice, Head of Corporate Governance
Previously considered by:	Board of Directors held 8 March 2018		

Key points	Purpose:
1. This paper provides a brief summary of the key matters that were discussed at the meetings of the Quality Committee held on 31 January 2018	To discuss and note
2. The confirmed minutes from the Quality Committee meetings held on 31 January 2018 are attached at Appendix 1.	To discuss and note

Executive Summary:
<p>1. Key Matters discussed at the meeting held on 31 January 2018</p> <ul style="list-style-type: none"> • Emergency Care Standard • Risk Management • 'Our Quality Plan 2018/19' • VTE • Mortality Report • Paediatric Stabilisation <p>2. Agenda items</p> <p>2.1 Quality Committee Dashboard The Quality Committee dashboard was discussed in detail by the Committee and used as the mechanism to discuss key performance indicators.</p> <p>2.2 Information Governance Report/SIRO Quarter 3 Report There has been one Level 2 High Risk reportable information governance incident.</p> <p>Mandatory Information Governance Training compliance is at 87% as at 31 December 2017 which is below the 95% requirement for March 2018. Plans are in place to achieve the 95% trajectory by 31 March 2018.</p> <p>The Information Commissioner's Office Best Practice report has been completed and was submitted to the ICO in December 2017. The Foundation Trust is awaiting a response from the ICO.</p> <p>2.3 Urgent Care Recovery Plan To ensure proportionate focus on quality, safety and performance in relation to the Emergency Care Standard (ECS), it has been decided to merge the existing Quality Summit action plan into the Emergency Care Recovery Plan.</p> <p>The key areas of focus have previously been discussed at the Accident and Emergency Department deep dive presentation to Quality Committee in December 2017.</p> <p>The Committee discussed the recovery plan in detail and agreed to quarterly updates.</p>

Council of Governors: 19.4.18

Agenda Item: CGo.4.18.16

2.4 Serious Incident Report

There have been four new serious incidents reported during December 2017. One of these was in relation to a hospital acquired pressure ulcer. The other incidents related to:

- A patient with delirium, who was transferred as a sleep-out to a surgical ward, absconded via the fire escape and was located on the roof of the building.
- A patient who had oral surgery in 2015 for a pre-cancerous condition. From January 2017 there was a delay in their follow up appointments, which has resulted in a delayed diagnosis and treatment of oral cancer. The patient has undergone a neck dissection, which could have been avoided.
- There has been an error in the process of documents being electronically transferred from the Electronic Patient Record (EPR) to primary care. This process is hosted by a third party contractor and has resulted in over 30,000 items of correspondence not being transferred successfully.

The Foundation Trust has requested and received approval from the Clinical Commissioning Group (CCG) for extensions for two ongoing investigations.

2.5 Quarterly Risk Management Report

The Foundation Trust reported 2640 incidents during Quarter 3 2017/18. Of these incidents, 5 were declared as serious incidents. The Committee receives each individual Serious Incident Investigation report, including Never Events, for consideration and review (Serious Incident Report).

The Committee discussed the report and spent time debating blood transfusion incidents in more detail.

2.6 Our Quality Plan 2018/19

The starting point, basis and success criteria for the Foundation Trust's 'Our Quality Plan' 2018/19 are our Vision, Mission, Objectives and Values as described in the Foundation Trust's Clinical Service Strategy (2017-2022).

'Our Quality Plan' (2018-2019) has been written to support the Clinical Service Strategy and bring the Foundation Trust's plans into line with the Care Quality Commission's regulatory framework. The Quality Plan provides a 'pen portrait' of the Foundation Trust's current approach to quality, the approach and objectives for quality improvement and the Quality goals and targets that the Foundation Trust needs to meet over the next year to ensure that the vision is achieved and the strategic objectives are delivered.

The development of the Quality Plan for 2018/19 was initiated following an NHS Improvement supported 'moving to good event' as an important mechanism to draw together the elements of 'quality' into one document and to plan for comprehensive engagement with the Foundation Trust's people and partners during 2018/19. The committee discussed and approved 'Our Quality Plan 2018/19'.

2.7 Quality Impact Assessment Report

An overview of the Quality Impact Assessment was given to update the Committee on the

Council of Governors: 19.4.18

Agenda Item: CGo.4.18.16

current process for the identification and management of potential risk to the delivery of healthcare associated with improvement work undertaken as part of the Trust Improvement Programme managed through the Trust Improvement Committee (TiC). The Committee noted the report.

2.8 Patients First Sub-Committee Report

The Annual report of the Patients First Sub-Committee was presented to the Committee. The report highlights the key achievements, challenges and risks being managed by the Sub-Committee on behalf of the Quality Committee.

The Committee discussed the quoracy issues. This will be reviewed and reported back to the Committee.

2.9 Leadership Walkround Update

An update on the progress of the leadership walkrounds from October to December 2017 was given to the Committee. The top three themes identified during this period are:

- Positive multidisciplinary teamwork & performance
- Positive patient experience
- Environment – lack of space / storage

2.10 ProgRESS Report

Structured reviews of a targeted selection of the Foundation Trust's services took place on Wednesday 6 December 2017 which were supported by NHS Improvement and a review team made up of internal staff and external partners. Any areas of risk, or where opportunities for change and improvement were identified, are subject to action planning and further review by the CQC steering group. The Committee spent time discussing the issues in theatres.

2.11 Risk Assessment for VTE

Risk assessment for venous thromboembolism (VTE) is a national quality requirement in the NHS Standard Contract with a threshold set at 95% for all inpatients.

Significant progress has been made in VTE assessment with the December 2017 rate running at 91.35% of eligible patients undergoing a risk assessment.

A trajectory has been set for consistently achieving the standard of 95% by 31 March 2018.

2.12 Mortality Sub Committee Report

The paper presented provided an update on the work that has been progressed to implement the mortality improvement programme in the Foundation Trust from July 2017 to January 2018.

The programme of work has involved a multifaceted approach to enabling a standardised, organised and transparent process for how mortality review is undertaken.

The Foundation Trust's target for completion of mortality reviews using the structured judgement review method is currently set at 25%.

The Committee was assured on the work carried out to date on mortality review.

2.13 Paediatric Stabilisation Deep Dive

Council of Governors: 19.4.18

Agenda Item: CGo.4.18.16

Members of the Paediatric team delivered a presentation on paediatric stabilisation. The Committee heard about the work carried out over the last three years following a serious incident. The Committee were assured that the work identified to be carried out has been completed. Other subsequent issues have arisen and these have been escalated.

2.14 Board Assurance Framework

The Quality Committee is responsible for the following strategic risks in the Board Assurance Framework (BAF).

- **SR1: To provide outstanding care for our patients** - The Executive Leads are the Chief Nurse and the Medical Director
- **SR4: To be a continually learning organisation** - The Executive Leads are the Medical Director and the Director of Governance and Corporate Affairs.

The Committee discussed and gained assurance on the management of the risks.

3. Escalation to the Corporate Risk Register

There were no risks to escalate.

The confirmed minutes from the Quality Committee meetings held on 31 January 2018 are attached at Appendix 1.

The Council of Governors is asked to note the report presented to the Board of Directors on 8 March 2018.

Financial implications:

Regulatory relevance:

Monitor:

Equality Impact / Implications:

Is there likely to be any impact on any of the protected characteristics? (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)

Yes ☐ No ☒

If yes, what is the mitigation against this?

Other:

Strategic Objective:

Reference to Strategic Objective(s) this paper relates to

To provide outstanding care for patients

Council of Governors: 19.4.18

Agenda Item: CGo.4.18.16

Appendix 1

QUALITY COMMITTEE MINUTES, ACTIONS & DECISIONS

Date:	Wednesday 31 January 2018	Time:	14:00-16:35
Venue:	Conference Room, Field House, Bradford Royal Infirmary	Chair:	Professor Laura Stroud Non-Executive Director
Present:	<ul style="list-style-type: none"> - Professor Laura Stroud, Non-Executive Director (LS) - Mr Amjad Pervez, Non-Executive Director (AP) - Dr Mohammed Iqbal, Non-Executive Director (MI) - Ms Selina Ullah, Non-Executive Director (SU) - Ms Donna Thompson, Director of Governance and Corporate Affairs (DT) - Ms Cindy Fedell, Director of Informatics (CF) - Ms Sally Scales, Deputy Chief Nurse (SS) - Dr LeeAnne Elliott, Deputy Medical Director (LAE) 		
In Attendance:	<ul style="list-style-type: none"> - Ms Sandra Shannon, Acting Chief Operating Officer (SSh) – In attendance for agenda item Q.1.18.8 - Ms Tanya Claridge, Assistant Director of Governance and Risk (TC) – In attendance for agenda item Q.1.18.11 - Kay Rushforth (KR), Head of Nursing, Children's Services – In attendance for agenda item Q.1.18.18 - Dr Shaun Gorman (SG), Consultant Paediatrician – In attendance for agenda item Q.1.18.18 - Ms Fiona Ritchie, Trust Secretary (FR) - Ms Juliet Kitching, EA, Trust Headquarters (Minutes) 		
Observer:	<ul style="list-style-type: none"> - Mr Barrie Senior, Non-Executive Director (BS) - Ms Sandra Shannon, Acting Chief Operating Officer (SSh) 		

No.	Agenda Item	Action
Q.1.18.1	Apologies for Absence <ul style="list-style-type: none"> - Ms Karen Dawber, Chief Nurse (KD) represented by Ms Sally Scales, Deputy Chief Nurse - Dr Bryan Gill, Medical Director (BG), represented by Dr LeeAnne Elliott, Deputy Medical Director 	
Q.1.18.2	Declaration of Interests There were no declarations of interest.	
Q.1.18.3	Minutes and Actions of the Quality Committee meeting held on 20 December 2017	

Council of Governors: 19.4.18

Agenda Item: CGo.4.18.16

No.	Agenda Item	Action
	The minutes were accepted as a correct record.	
Q.1.18.4	<p>Matters Arising</p> <p>The Committee noted that the following actions had been concluded.</p> <p>Q.11.17.24 – Board Assurance Framework.</p> <p>Q.10.17.12 – Venous Thrombo-embolism – Assessment and Prevention Action Plan.</p>	
Q.1.18.5	<p>Quality Committee Dashboard</p> <p>LS presented the Quality Committee dashboard and discussion held with regards to the following issues.</p> <p>Hospital standardised mortality ratios and mortality ratios: The Committee noted the Foundation Trust (FT) is clearly performing better than other comparative Trusts showing a 'green' indicator on both sides.</p> <p>Harm: SS noted a focused programme is in place to reduce falls, using the quality improvement methodology, led by the Associate Chief Nurse for Quality Improvement, supported by the Medical Director's Office.</p> <p>Catheter and urinary tract infections: SS discussed the Infection, Prevention and Control plans to reduce infections and the opportunities available to use the Electronic Patient Record (EPR) to support audit work and improve data quality. SS noted previous data recording issues which had now been rectified.</p> <p>Pressure ulcers: SS noted the slight overall reduction since October and the continuing work undertaken as part of the collaboration, especially with Category 3 pressure ulcers. Work to reduce Category 2 pressure ulcers continues, however, the FT benchmarks well against Category 2. Both areas, however, remain a focus.</p> <p>Complaints: SS recognised the ongoing pressures particularly around the response times for complaints. The Parliamentary Health Service Ombudsman had visited in December 2017 as part of an informal training visit and expressed satisfaction with the quality of the responses and the vigorous process around checking. The policy now allows the investigator to agree with the complainant an extension to the default time of 30 days for complex complaints. There is facility to record this within Datix but staff are not always adjusting this accordingly, this is an area for improvement.</p> <p>AP questioned as to what proportion of complaints received include reference to the Accident and Emergency Department and other areas. SS noted that this information is included in the quarterly patient experience report. AP asked about whether work was undertaken to map out the patient timeline in outpatients. SS reported that this work is undertaken in the outpatient improvement work stream.</p> <p>Night-time transfers: SSh reported an increase of night-time transfers in December. Within that period the FT experienced significant winter pressures</p>	

Council of Governors: 19.4.18

Agenda Item: CGo.4.18.16

No.	Agenda Item	Action
	<p>resulting in higher admissions later on in the day resulting in later transfers. This is a key area of focus to increase diagnostics earlier in the day and free up beds to enable earlier admissions. Although there is no significant seasonable difference in admissions from summer to winter this year, we have seen an increase in emergency admissions. Length of stay does increase during winter due to increased acuity, both of these impact on bed pressures and the Trust's ability to manage flow effectively. Transfer planning was discussed by SSh and the procedures around night-time transfers. The Committee noted that an update had been provided to the Finance and Performance Committee. If this continues to remain a risk a deep dive will be required.</p> <p>Readmission from electives: SSh discussed the recording of the data quality metrics in terms of the trends, particularly for readmission, and suggested if these continue to remain a risk a deep dive may be organised.</p> <p>Training compliance: LAE discussed high priority training compliance figures and the impact following EPR training. Figures were noted to be improving.</p> <p>Mitigation of Risks: DT noted this new indicator displaying a number of risks that were not adequately mitigated against.</p> <p>A Board session is being held next week on risk appetite.</p> <p>The report was noted by the Committee.</p>	
<p>Q.1.18.6 Q.1.18.7</p>	<p>Information Governance (IG) Report Senior Information Risk Owner 2017/18 Quarter 3 Update</p> <p>CF discussed the two reports and highlighted the key headlines. One Level 2 high risk reportable IG incident had been reported involving unauthorised access by a number of members of staff to one patient's record. The investigation has begun and will be reported back in a future IG report.</p> <p>Mandatory IG training compliance is at 87% as of 31 December 2017. Plans are in place to facilitate an improvement in the figure before year end. The Information Commissioner's Office best practice audit was undertaken a year ago for the purposes of learning. A limited assurance report was received at the time. The status and evidence on the action plan was submitted in December 2017. A response to this is awaited. CF noted the data quality indicators that are being managed operationally. Work is still to be undertaken around Information Asset Owners and the robustness of the Information Asset Register, which is a step-change improvement from previous years. General Data Protection Regulation (GDPR) preparedness is progressing and intensive work effort is being applied. Hempsons have been invited to provide an overview of GDPR to the Board of Directors. LS noted the best practice audit was raised at the Informal Council of Governors meeting. CF will be invited to their next meeting to discuss.</p> <p>SSh noted a review of productivity post-EPR is being done specialty-by-specialty, noting most areas have returned to pre-EPR levels of planned activity. Extra support for clinicians is being given where required to assist with</p>	<p>Trust Secretary</p>

Council of Governors: 19.4.18

Agenda Item: CGo.4.18.16

No.	Agenda Item	Action
	<p>the processes. With regards paper notes, CF noted that the Scanning Bureau has fallen behind in scanning and this is being remedied. A review of paper notes provided is planned for the 12-month mark.</p> <p>LS raised the issue of the change of a patient record for those individuals who have undergone gender reassignment. CF will check the process is aligned with national guidance.</p> <p>The Committee noted the papers.</p>	Director of Informatics
Q.1.18.8	<p>Urgent Care Recovery Plan</p> <p>SSh noted the quality and safety elements have been added into the overarching Emergency Care Improvement Plan following the deep dive presentation at the December Committee meeting. The full plan had been attached for information only. The twelve objectives were noted and the key actions to be addressed will be focused on and evidence collated with the impact and benefits to patients being explored.</p> <p>SSh discussed in detail the Urgent and Emergency Care Programme Project Progress table on page 2 of the report. The three areas to provide the largest impact in terms of improvement will be the areas of focus.</p> <p>The report was noted by the Committee and it was agreed that Quarterly Reports would be presented to this Committee.</p>	Acting Chief Operating Officer
Q.1.18.9	<p>Serious Incident (SI) Report</p> <p>LAE noted four new SIs have been reported during December 2017, with one of these relating to a hospital acquired pressure ulcer which will be investigated via the Root Cause Analysis Panel.</p> <p>LAE outlined the remaining three cases:</p> <p>SI 2017/30191 - A patient who absconded from a ward on to a roof top. Immediate actions were put in place and the investigation is ongoing.</p> <p>SI 2017/30221 - A delayed diagnosis and treatment of a patient with oral cancer. The patient is now being managed appropriately. A complex investigation is underway.</p> <p>SI 2017/30313 - Over thirty thousand items of correspondence were not transferred successfully from the EPR system to Primary Care when the system went 'live'. An intermediary company is involved and an investigation is ongoing. A Task and Finish group has been set up and the FT is in contact with the Clinical Commissioning Groups (CCG) and General Practitioners. The information is now despatched in an agreed method and a review of documentation to ensure no harm has been caused by any delay in communication is underway.</p> <p>Two extensions for reports have been agreed by the CCG resulting in the delay to the commencement of investigations, the first regarding an allegation of sexual assault, which has been the subject of a Police investigation, and the second an intrauterine death which is undergoing external review.</p>	

Council of Governors: 19.4.18

Agenda Item: CGo.4.18.16

No.	Agenda Item	Action
	The Committee noted the report.	
Q.1.18.10	<p>Quarterly Risk Management Report – Quarter 3</p> <p>DT presented the report to the Committee. The three most reported incidents through DATIX in Quarter 3 were noted to be blood transfusion issues, patient fall, slip or trip on the same level and communication issues. Compared to the previous quarters numbers remained consistent. DT noted overall the FT benchmarks adequately against no harm, low harm, and moderate/severe harm. Incidents reported by Division noted Medicine and Integrated Care to be dropping significantly, compensated by Anaesthetics, Diagnostics and Surgery where numbers have slightly increased. LAE recognised this information and noted work is ongoing around the disparity.</p> <p>Discussion was held regarding blood transfusion incident reporting. This has been discussed at Committee previously. A review will be brought back to Committee again.</p> <p>The FT complies well with requirements regarding Duty of Candour. There has been one breach of an ongoing difficult case where the Care Quality Commission (CQC) considered they were under an obligation to formally review. Formal feedback is awaited.</p> <p>Good processes were noted for the review of clinical claims received in Quarter 3.</p> <p>DT referenced the ‘episodes of sickness related to musculoskeletal injuries’ which have shown an increase in Quarter 3. The Health and Safety Committee are looking at how staff training on patient moving and handling can be addressed and improved.</p> <p>The radiation incidents reported externally to the Medicines and Healthcare Products Regulatory Agency were discussed. DT noted the radiation related incidents noted in the report were not considered an area of concern. Changes to the Ionising Radiation (Medical Exposure) Regulations are being made and staff will be full briefed as appropriate.</p>	
Q.1.18.11	<p>Our Quality Plan 2018/19</p> <p>TC noted the Quality Plan 2018/19 had been written to support the FT’s Clinical Service Strategy and bring plans in line with the CQC’s regulatory framework. This sets out the background and the principles which will collectively develop the FT’s approach to understanding quality during 2018/19. The current approach to this was provided to improve quality across the FT. TC noted the document had been compiled following one of the ‘Moving to Good’ events recently attended. The clinical services strategy describes the ambition around clinical services with quality of services, embedded within, over the next financial year. The year long plan describes the current position with Committee dashboards looking at quality, current initiatives, goals and aims.</p>	

Council of Governors: 19.4.18

Agenda Item: CGo.4.18.16

No.	Agenda Item	Action
	<p>TC requested the Committee's endorsement of the document in order this can be discussed at the FT's Let's Talk Event being held on 1 February 2018. By the end of next year it is envisaged a detailed four year strategy will be finalised, following contributions from the whole of the organisation. Considerable discussion took place. The targets set will be monitored and measured in order to understand the progress of quality. TC noted a monthly Quality report will be produced for the Quality Committee.</p> <p>LS informed the Committee the Health Foundation are looking for bids of up to £100,000 per bid in their latest round to support the use of data for patient care and benefits. This was noted by the Committee.</p> <p>The document received Committee approval and notification of outcomes in the future will be provided.</p>	
Q.1.18.12	<p>Quality Impact Assessment Report</p> <p>The report had been produced following an internal audit review presented at the Audit and Assurance Committee, to ensure adequate processes are in place. LAE updated the Committee on the process for identification and management of potential risk to healthcare, associated with improvement work, undertaken as part of the Trust Improvement Programme. The document explained the process assessing against criteria the impact of any suggested changes noting the impact from a quality point of view, identifying, escalating and mitigating any risks. Impact assessments consider risks to safety, effectiveness, experience, responsiveness, leadership management and any other changes to the way the FT uses information. Any identified risks are managed via the Trust Improvement Committee with escalation to the Executive Directors.</p> <p>The Committee noted the impressive document detailing the robust process.</p>	
Q.1.18.13	<p>Patient First Sub-Committee Report</p> <p>SS discussed the report noting the achievements and challenges for the group going forward. Three meetings arranged during 2017 were not quorate and hence were cancelled, due to some members having left the organisation and their replacements not having commenced in post. One of the meetings that was cancelled was shortly after EPR go-live. The quorum for meetings was noted to be 60% of members. SS noted the work undertaken around membership and engagement which has led to an improvement and SS agreed an attendance grid by month would be produced in future reports with core and co-opted members being clearly identified.</p> <p>Membership of the Committee will be reviewed. The revised Terms of Reference for the Patient First Sub-Committee will be submitted to the March Quality Committee for approval.</p>	Chief Nurse
Q.1.18.14	<p>Leadership Walkround Update</p> <p>The paper provided an update on the progress of the leadership walkrounds from October to December 2017. LAE noted the three key prompt questions used to facilitate conversations with staff and patients:</p>	

Council of Governors: 19.4.18

Agenda Item: CGo.4.18.16

No.	Agenda Item	Action
	<ul style="list-style-type: none"> • What three things are you most proud of?/What do you do well? • What is your biggest challenge?/What patient or staff issues cause you concern in relation to quality and safety? • What could you do better to improve quality and safety for patients and staff?/What can you do to change some of the challenges into positives? <p>AP requested feedback where appropriate to the Non-Executive Directors who undertook the walkround on any issues raised and a copy of the previous walkround report being available prior to the area being visited, if a previous visit to that area had been undertaken. LAE will feed back this request.</p>	Medical Director
Q.1.18.15	<p>ProGRESS report</p> <p>DT discussed the ProgRESS report, a methodology used to provide assurance on compliance of fundamental standards. The FT had been invited, as one of the Trusts in the North of England, to be part of the NHS Improvement led 'Moving to Good' programme. An opportunity had arisen through the programme to utilise the resource of inviting in a number of experts to the organisation to spend a day to act as 'critical' friends in a number of areas they were asked to review. The areas were selected where the FT was aware concerns were apparent and areas where the FT considered a good quality service was provided. The outcomes were noted in Appendix 1.</p> <p>The Committee noted some areas of concern including theatres, however, a Quality Summit has since been organised and actions are underway.</p> <p>The report was noted by the Committee.</p>	
Q.1.18.16	<p>Risk Assessment for Venous Thromboembolism (VTE)</p> <p>LAE updated the Committee on the progress to date made in VTE assessment following the previous presentations to the Committee in October and December 2017. A weekly meeting is held by the Medical Director's Office in order the standards are resolved by the extended deadline of 31 March 2018. High level data looking at wards, departments and patients are now circulated on a weekly basis to ward teams.</p> <p>The Committee noted the report.</p> <p>FR advised a VTE section will be required in the quality report as part of the annual report.</p>	
Q.1.18.17	<p>Mortality Sub-Committee Report</p> <p>LAE discussed the Mortality Sub-Committee quarterly report, updating the Committee on the work that has been progressed to implement the mortality improvement programme in the FT between July 2017 and January 2018. The programme of work had involved a multi-faceted approach enabling a standardised, organised and transparent process on how mortality review is undertaken.</p>	

Council of Governors: 19.4.18
 Agenda Item: CGo.4.18.16

No.	Agenda Item	Action
	<p>The FT's target for completion of mortality reviews using the structured judgement review method is currently set at 25%. Following the implementation of EPR 13% is being achieved and it was noted this is a huge achievement which surpasses that of a number of local organisations.</p> <p>The Committee noted the success in terms of engagement and ownership linking into a more systematic approach.</p>	
Q.1.18.18	<p>Paediatric Stabilisation Deep Dive</p> <div data-bbox="347 757 413 824" data-label="Image"> </div> <p>Q.1.18.18 - Paediatric Stabilisation</p> <p>Kay Rushforth (KR), Head of Nursing, Children's Services, and Dr Shaun Gorman (SG), Consultant Paediatrician, were welcomed to the meeting.</p> <p>KR outlined paediatric stabilisation and noted the following:</p> <ul style="list-style-type: none"> • The facilities were moved to a new ward in March 2017, which included the facility for two paediatric stabilisation beds. • The two-bedded facility admitted children requiring Level 2 critical care (high dependency care) and Level 3 critical care (basic intensive care for children requiring intubation, ventilation and transfer to a paediatric Intensive Care Unit (ICU)). • One to one nursing is required. <p>In October 2014 the CQC highlighted the following concerns during their visit:</p> <ul style="list-style-type: none"> • Inadequate numbers of qualified, trained and experienced nurses competent to care for the deteriorating/ventilated child. • Incomplete weekly/daily equipment checks. • Nurses not trained for ventilator set up and checks of competency. • The FT had previously had an SI where an endotracheal tube had become dislodged and required urgent replacement. The Anaesthetic team had been recalled back to the stabilisation area but as a consequence of this the infant had suffered harm. It was considered the FT had not worked to put procedures in place to prevent such an incident reoccurring in the future. A standard operating procedure is now in place for both care in the stabilisation area and the resuscitation area in the Accident and Emergency Department and transfer from Accident and Emergency to ICU. <p>The Committee were informed an Anaesthetist remains with the patient at all times until the Embrace transport team arrive and assume care of the infant prior to leaving hospital and that this does put additional pressure on the anaesthetic team. Not all children require intubation and ventilation but a request is always made to ask that an Anaesthetist attends the child. If the child does not need intubating the Anaesthetist does not remain with the child.</p>	

Council of Governors: 19.4.18

Agenda Item: CGo.4.18.16

No.	Agenda Item	Action
	<p>The following were discussed:</p> <ul style="list-style-type: none"> • Assurances. • Training Matrix. • Patient Data. • Work undertaken around the deteriorating child. • Vapotherm machines are available enabling infants with respiratory problems to be treated much earlier. From the statistics available fewer infants are now requiring stabilisation. • The priority of Risk Management and Governance around stabilisation. • The high turnover of staff and the current vacancies. • Concerns with staff training due to the reducing numbers of infants requiring stabilisation. <p>The Committee noted:</p> <ul style="list-style-type: none"> • The successful work undertaken to date. • The adequate response time from the Anaesthetists but the level of concern with the team and colleagues about maintaining skills and the expectation of specialism in the particular fields of work. • Anaesthetic teams are based in adult intensive care, time spent with the children removes Anaesthetists from their core area of work. Concerns have been voiced of being pulled between the two areas whilst maintaining levels of skills and expertise. DT will discuss this at a future Executive Management Team meeting. • Work is underway with Neonatologists, Paediatricians and Anaesthetists to determine who is best placed to intubate infants. The issue is being picked up by the Surgical and Anaesthesia Forum. • Roles and responsibilities of BTH and Embrace teams are clear when Embrace attend BTH. • The enormous amount of work around skill mix, training plans and standard operating procedures, the latter being written, as and when required, with the risk teams. • Concerns over charity monies having to be utilised to purchase Vapotherm machines. <p>SG and KR were thanked for their attendance.</p>	<p>Director of Governance and Corporate Affairs</p>
Q.1.18.19	<p>Board Assurance Framework Full discussion took place on the dashboard and the key risks.</p>	
Q.1.18.20	<p>Any Other Business Q.1.12.20.1 – As this was MI's last meeting, LS thanked MI for all his input into the Quality Committee over the tenure of his post and wished him well in the future.</p>	
Q.1.18.21	<p>Matters to Escalate to the Corporate Risk Register There were no matters to escalate to the Corporate Risk Register.</p>	
Q.1.18.22	<p>Matters to Escalate to the Board of Directors</p> <ul style="list-style-type: none"> • Emergency Care Standard 	

Council of Governors: 19.4.18

Agenda Item: CGo.4.18.16

No.	Agenda Item	Action
	<ul style="list-style-type: none"> • Risk Management • 'Our Quality Plan 2018/19' • VTE • Mortality Report • Paediatric Stabilisation 	
Q.1.18.23	Items for Corporate Communications There were no items for Corporate communications.	
Q.1.18.24	Date and time of next meeting Wednesday 28 February 2018, 2 pm to 4 pm, Conference Room, Field House, Bradford Royal Infirmary.	

Council of Governors: 19.4.18

Agenda Item: CGo.4.18.16

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM QUALITY COMMITTEE – 31 January 2018

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
20.12.17	Q.12.17.17	Annual Governance review of the Terms of Reference for Sub-committees of the Quality Committee: DT stated that her team would contact the Chairs of the sub-committees and ask them to consider if their membership is appropriate and if they are able to deliver on their Terms of Reference.	Director of Governance and Corporate Affairs*	28/02/18	
20.12.17	Q.12.17.18	Board Assurance Framework: DT referred to the previous agenda item regarding the sub-committees and asked if this should be reflected within the BAF. It was agreed that DT, KD and BG should meet with the Assistant Director of Governance and Risk to consider this and report back to the Committee.	Director of Governance and Corporate Affairs*	28/02/18	
31.01.18	Q.1.18.6 Q.1.18.7	Information Governance Report Senior Information Risk Owner 2017/18 Quarter 3 Update: LS noted the best practice audit was raised at the Informal Council of Governors meeting. CF will be invited to their next meeting to discuss.	Trust Secretary	28/02/18	Actioned 12/02/18. Item concluded.
31.01.18	Q.1.18.6 Q.1.18.7	Information Governance Report Senior Information Risk Owner 2017/18 Quarter 3 Update: LS raised the issue of the change of a patient record	Director of Informatics	28/02/18	

Council of Governors: 19.4.18

Agenda Item: CGo.4.18.16

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		for those individuals who have undergone gender reassignment. CF will check the process is aligned with national guidance.			
31.01.18	Q.1.18.14	Leadership Walkround Update: AP requested feedback where appropriate to the Non-Executive Directors who undertook the walkround on any issues raised and a copy of the previous walkround report being available prior to the area being visited, if a previous visit to that area had been undertaken. LAE will feed back this request.	Medical Director	28/02/18	
20.12.17	Q.12.17.5	A&E Deep Dive: KD agreed to support a bid by the A&E team to the Charitable Funds for the acquisition of 'super trolleys' to enhance what is currently provided within the department.	Chief Nurse	28/03/18	
20.12.17	Q.12.17.6	Quality Committee Dashboard: CF to consider with her team how to develop the dashboard to record: The key risks, issues, and patient outcomes from 'deep dive' presentations received by the Committee to enable a review of progress against expected outcomes over time. The factors key to Bradford and its development as a young entrepreneurial city that the Foundation Trust might be able to capitalise on or should take account of.	Director of Informatics	28/03/18	

Council of Governors: 19.4.18

Agenda Item: CGo.4.18.16

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
31.01.18	Q.1.18.13	Patient First Sub-Committee Report: Membership of the Committee will be reviewed. The revised Terms of Reference for the Patient First Sub-Committee will be submitted to the March Quality Committee for approval.	Chief Nurse	28/03/18	
31.01.18	Q.1.18.18	Paediatric Stabilisation Deep Dive: Anaesthetic teams are based in adult intensive care, time spent with the children removes Anaesthetists from their core area of work. Concerns have been voiced of being pulled between the two areas whilst maintaining levels of skills and expertise. DT will discuss this at a future Executive Management Team meeting.	Director of Governance and Corporate Affairs	28/03/18	
31.01.18	Q.1.18.8	Urgent Care Recovery Plan: The report was noted by the Committee and it was agreed that Quarterly Reports would be presented to this Committee.	Acting Chief Operating Officer	25/04/18	
20.12.17	Q.12.17.13	Maternity Improvement Programme Action Plan: KD advised there was full agreement that excellent progress had been made and that concerns had been addressed. A meeting would take place in six months to assess the position. KD to feed back to the Committee the outcome of the meeting	Chief Nurse	27/06/18	

Council of Governors: 19.4.18

Agenda Item: CGo.4.18.16

*TITLES ALTERED TO REFLECT DIRECTOR PORTFOLIO CHANGES 8/1/2018