

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>8.11.18</b>	<b>Agenda item</b>	<b>Bo.11.18.35</b>

## CONFIRMED MINUTES OF QUALITY COMMITTEE MEETINGS 29 AUGUST & 26 SEPTEMBER 2018

Presented by	Chair of the Quality Committee		
Author	N/A		
Lead Director	Karen Dawber, Chief Nurse and Bryan Gill, Medical Director		
Purpose of the paper	To present the Board with the confirmed minutes of the Quality Committee 29 August & 26 September 2018		
Key control	This paper provides the minutes of the meeting of a Board Committee that assures the strategic objectives to:  <ul style="list-style-type: none"><li>- Provide outstanding care for our patients</li><li>- Be a continually learning organisation</li></ul>		
Action required	To receive		
Previously discussed at/ informed by	Quality Committee		
Previously approved at:	Committee/Group	Date	
	Quality Committee	29 August 2018 & 31 October 2018	
Recommendation			
The Board of Directors is requested to note the content of the minutes and the escalations and actions identified			

**QUALITY COMMITTEE  
MINUTES, ACTIONS & DECISIONS**

<b>Date:</b>	Wednesday 29 August 2018	<b>Time:</b>	14:00-16:30
<b>Venue:</b>	Conference Room, Field House, Bradford Royal Infirmary	<b>Chair:</b>	Professor Laura Stroud Non-Executive Director
<b>Present:</b>	<p><b>Non-Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Professor Laura Stroud, Non-Executive Director (LS)</li> <li>- Ms Selina Ullah, Non-Executive Director (SU)</li> <li>- Mr Amjad Pervez, Non-Executive Director (AP)</li> <li>- Mr Jon Prashar, Non-Executive Director (JP)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Dr Tanya Claridge, Director of Governance and Corporate Affairs (TC)</li> <li>- Dr Bryan Gill, Medical Director (BG)</li> <li>- Ms Cindy Fedell, Director of Informatics (CF)</li> <li>- Ms Karen Dawber, Chief Nurse (KD)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Professor Bill McCarthy, Chairman (BM)</li> <li>- Professor Clive L Kay, Chief Executive (CLK)</li> <li>- Ms Jacqui Maurice, Head of Corporate Governance (JM)</li> <li>- Ms Juliet Kitching, PA (Minutes)</li> </ul>		

No.	Agenda Item	Action
<b>Q.8.18.1</b>	<b>Apologies for Absence</b> There were no apologies.	
<b>Q.8.18.2</b>	<b>Declaration of Interests</b> There were no declarations of interest.	
<b>Q.8.18.3</b>	<p><b>Minutes and Actions of the Quality Committee meeting held on 25 July 2018</b></p> <p>Subject to the following changes the minutes were accepted as a correct record:</p> <p>Professor Clive L Kay to be recorded as In Attendance.</p> <p>Q.7.18.6 – Maternity Improvement Programme Quarter 1 Update – Page 4, paragraph 6 to read, ‘ CLK noted the Executive team is aware of the concerns around the Division and that full support is available to the Division as necessary.’.</p> <p>Q.7.18.7 – Quality Committee Dashboard – Page 5, paragraph two, second sentence to read, ‘Sandra Shannon, Chief Operating Officer, will look at readmissions, as a whole, following the introduction of EPR.’.</p> <p>Q.7.18.8 – Serious Incident Report – Page 5, paragraph two, first sentence to read, ‘TC informed the Committee of a Serious Incident declared this week regarding new born screening in Maternity.’.</p>	

No.	Agenda Item	Action
	<p>The following update was noted: Q.7.18.5 (Page 2) – Focus on: Stroke Management and Care – LS requested an update from BG following the challenges raised by the Board. BG reported following submission of SSNAP data between April and June 2018 the Foundation Trust (FT) has significantly improved to a Level C rating (from Level E). This is made up of two scores for which the Team score was awarded a Level B rating. Whole service improvements have been noted. BG and the team were congratulated by the Committee on the work undertaken to achieve this rating and a report will be submitted to the Board of Directors once the formal results are received.</p>	Medical Director
Q.8.18.4	<p><b>Matters Arising</b> The Committee noted that the following actions had been concluded: Q.5.18.12 (30.05.18) – Nurse Staffing Data Publication Report April 2018. Q.5.18.27 (30.05.18) – Any Other Business re Pathology. Q.7.18.18 (25.07.18) – Learning Disability Improvement Standards for NHS Trusts. Q.7.18.11 (25.07.18) – Public Health England Pathology Meeting.</p>	
Q.8.18.5	<p><b>Committee Annual Report 2017/18</b> The report was noted by LS and accepted by the Committee.</p>	
Q.8.18.6	<p><b>Quality Committee Dashboard</b> LS presented the report and the following were noted:</p> <ul style="list-style-type: none"> <li>Indicators on the dashboard were discussed in depth.</li> <li>The national benchmarks and parameters need also to be understood.</li> <li>BG noted the latest hospital indicator data from EPR should be available next month.</li> <li>Work continues with the bacteraemia work plan.</li> <li>The September Patient Story to the Board is around E coli and rehydration.</li> <li>Pressure ulcers Category 3+ performance has not reached the set target, however, the number have continued to drop over consecutive months.</li> <li>Performance regarding sepsis patients receiving antibiotics within an hour over the last two months has been provided by the EPR tool. 80% performance is currently being achieved. Elements from Accident and Emergency and for in-patients are required for this data. Local audits and data tracking has been undertaken in line with CQUIN definitions. A deep dive on sepsis will be presented in September.</li> <li>Night-time transfers were noted to be an issue for discussion at the Finance and Performance Committee with discussions on any occurrences of harm at this Committee.</li> <li>The complaints process in place in an attempt to enable early resolution of complaints with sustained decrease in numbers outstanding.</li> <li>A report is due to be submitted to the Executive Management Team (EMT) outlining the way forward for readmissions from non-electives. A piece of work will be commissioned to identify any associated harm that could have been prevented.</li> </ul>	Chief Executive
Q.8.18.7	<p><b>Quality Oversight System</b> TC described the key outputs of the Quality Oversight System.</p> <ul style="list-style-type: none"> <li>Themes and trends regarding diabetes management were still persisting but with no significant harm identified.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• There had been a number of incidents relating post-partum haemorrhages in Maternity. Investigations are underway to identify appropriate learning.</li> <li>• @55 incidents have been reported as of no/low harm or near miss around the safe handover of patients between Accident and Emergency, wards in particular Maternity (this is subject to a specific review), medication errors and diabetes management.</li> <li>• One Serious Incident (SI) had been declared during August relating to a misdiagnosis involving a diagnostic test a number of years ago.</li> <li>• Live Quality Summit processes noted.</li> <li>• Issues under active surveillance were noted</li> <li>• Electronic Patient Record (EPR) Learning Matters published on radiation exposure.</li> <li>• A safety campaign on basic checks for equipment will be initiated in September.</li> <li>• Diabetes management audits and issues were discussed. No major harm identified, however, any learning issues will be addressed and guidance circulated.</li> <li>• Non-repeated SIs demonstrate assurance to the Committee of learning being embedded.</li> <li>• A daily review of incidents/complaints, generates escalation where necessary.</li> <li>• The system uses intelligence from external systems (for instance the health safety investigation Bureau) to proactively learn.</li> </ul> <p>The report was noted by the Committee.</p>	
Q.8.18.8	<p><b>Care Quality Commission (CQC) Puerperal Sepsis Outlier Notification</b></p> <p>TC noted the report provides details of a CQC outlier notification letter received by the FT on 31 July 2018 informing the FT had been identified as an outlier nationally for the diagnosis of puerperal sepsis in the period July to October 2017. TC noted agreement has been received to extend the deadline for the response in order all patients identified could be audited, rather than just the sample proposed.</p> <p>The Division has developed an audit tool and has introduced some initial safeguards ensuring puerperal sepsis is coded, when identified as probable sepsis or a query sepsis diagnosis.</p> <p>NICE guidance was issued around Summer 2016 and the FT demonstrated compliance at that time.</p> <p>As a result of the initial findings of the audit, any coder who notes the need to code for sepsis now discusses each case individually with a consultant to ensure the features of sepsis are coded correctly. BM noted the steep rise of sepsis cases over the last three months following quality surveillance. However treating an increased number of patients with possible sepsis was not identified as an issue, in the audit of the first patients in the sample.</p> <p>The Committee will consider whether all externally submitted data should be reviewed by this Committee. CF noted live data is now used to obtain quality indicators.</p>	

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	<p>Patients are informed if they have a suspected sepsis with the diagnosis and condition fully explained to the patient. A piece of work will be undertaken through the sepsis campaign with each specialty to ensure full understanding of the consequences and that correct patient information is provided and noted in the discharge letter.</p> <p>LS noted the Committee is well cited and reassured on what this means for the patient.</p> <p>The Committee will recommend to the Board a piece of work is commissioned by the Finance and Performance Committee to better understand coding.</p>	
<b>Q.8.18.9</b>	<p><b>Pathology Service – Assurance from Public Health England (PHE)</b> Further to earlier discussions, BG informed the Committee a meeting had taken place on 24 July 2018, with representatives from PHE where all issues raised had been discussed. PHE have now concluded that the service is meeting the standards and is fully aware of the requirements to deliver an effective service. Learning points have been noted, for example the involvement of PHE initially when the Joint Venture was commissioned.</p> <p>A Category III laboratory for Pathology for Airedale and Bradford will be sited in Bradford commencing in early October.</p> <p>European Quality Assurance processes are reported to the Pathology Joint Venture in order the FT meets the National Standards.</p> <p>The report was noted by the Committee.</p>	
<b>Q.8.18.10</b>	<p><b>Serious Incident (SI) Report</b> TC reported no investigation reports had been completed during the last month. Five new SIs have been declared during July and these were described:</p> <ul style="list-style-type: none"> <li>• Hypoxic brain injury.</li> <li>• Accident and Emergency Practitioner.</li> <li>• Alleged Accusations against a Health Care Professional.</li> <li>• Failure to follow screening policy for an infant.</li> <li>• Patient who suffered a Grade 3 pressure ulcer.</li> </ul> <p>Considerable discussion ensued and immediate actions were noted to have been taken as necessary.</p> <p>KD noted, at the recent presentation to the Committee, Maternity staff were noted to be open, honest and transparent in their reporting.</p> <p>In summary, LS referenced the developing culture where staff are willing to report and engage in processes.</p>	
<b>Q.8.18.11</b>	<p><b>Nurse Staffing Data Publication July 2018</b> KD presented the report and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Nurse staffing is at its lowest at this time of year, prior to annual new starters.</li> <li>• Facebook campaign is underway.</li> </ul>	

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	<ul style="list-style-type: none"> <li>Active recruitment campaign attracting new nurses and nurses from other areas.</li> <li>Majority of incidents in Maternity are on the labour ward and are considered to be no harm.</li> <li>Safe care tool now embedded and the tool is linked to the electronic roster. This is now being used out of hours by site team.</li> <li>Less than 70% fill rate in the month noted.</li> <li>Fourteen new paediatric nurses commencing next month.</li> <li>KD will include the previous ward accreditation score in future reports.</li> </ul> <p>The report was noted by the Committee.</p>	Chief Nurse
Q.8.18.12	<p><b>Information Governance (IG) Report</b></p> <p>CF highlighted the key points of the report regarding evidence being compiled for the new Data Security and Protection Toolkit, which replaces the Information Governance Toolkit. The FT has established new processes for evidencing Assertions (formally Requirements) and a work plan is monitoring progress via the IG Sub-Committee.</p> <p>IG training compliance was noted to be at 93% as at 31 July 2018.</p> <p>The report was noted by the Committee.</p>	
Q.8.18.13	<p><b>Clinical Effectiveness Quarter 1 Report 2018-19</b></p> <p>The report described the FT's position in relation to the implementation of NICE Guidance, national and local clinical audit, national enquiries and the development and management of clinical guidance. LS noted the informative report.</p> <p>BG expressed concern over the ownership of data which leaves the FT and is then used by, for example, the CQC.</p> <p>TC noted:</p> <ul style="list-style-type: none"> <li>All National Audits are being considered looking at the mechanisms of data collections. A paper will be submitted to the EMT identifying outcomes.</li> <li>Support within the FT for the centralisation of the Clinical Audit function.</li> <li>A Clinical Lead has been confirmed for each audit.</li> <li>The Committee agreed all actions resulting from audit reviews must feed back into both Divisional Operational and Divisional Quality meetings.</li> <li>All information in the report has been validated and challenged either through the Medical Director's Office or the Clinical Audit and Effectiveness Committee and this information will be added into the report.</li> <li>The compliance of Maternity compared to other areas in terms of local procedural documents is positive due to the concerted effort made to achieving their compliance action from the CQC report.</li> </ul> <p>The Committee noted the assurance provided through the systemic approach on the work commenced.</p>	<p>Director of Governance and Corporate Affairs</p> <p>Director of Governance and Corporate Affairs</p>
Q.8.18.14	<p><b>NHS England Public Health Screening Reports</b></p> <p>TC reported this annual report highlighting the key achievements and developments in each service in the year had been discussed at the EMT</p>	

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	<p>meeting. Areas of good practice have been identified and actions have been investigated where necessary. Actions are managed through the Clinical Audit and Effectiveness Committee with assurance provided.</p> <p>The reports will be, as required, provided to the Board of Directors.</p>	
Q.8.18.15	<p><b>Patient Experience Quarter 1 Report</b> KD discussed the report and highlighted the key points:</p> <ul style="list-style-type: none"> <li>• The timeliness of complaint responses was discussed with the trajectories set in March 2018 being adhered to and being on track for delivery. KD noted the huge efforts made by the Division of Surgery, Anaesthesia and Diagnostics, and thanked all the teams for their concerted efforts.</li> <li>• Monitoring continues on a regular basis.</li> <li>• Internal Audit were commissioned to look at the strategic work plan for patient experience and significant assurance has been received around content, deep dive and testing.</li> <li>• Work continues on the patient experience strategy work plan and the Improvement Academy is now involved.</li> <li>• The groups are meeting fortnightly.</li> <li>• Two productions based on the Hello My Name Is ... campaign will be presented by a theatre production company in the Sovereign Lecture Theatre on 19 September 2018.</li> </ul> <p>The report was noted by the Committee.</p>	
Q.8.18.16	<p><b>Palliative Care Annual Report</b> KD noted the positive 2017/18 report and the key challenges for 2018/19.</p> <ul style="list-style-type: none"> <li>• Bereaved carers survey launched and the results noted.</li> <li>• Work underway looking at concerns around delays in some fast-track discharges.</li> </ul> <p>The team will be invited to present at the November 2018 Quality Committee.</p> <p>KD agreed to include in the next report the number of patients who die on the ward, but not in a side ward. These numbers are not thought to be of concern due to the necessity to report via Datix.</p> <p>The importance of Multi-disciplinary Team members attending their respective MDTs was noted.</p> <p>The report was accepted by the Committee.</p>	<p>Chief Nurse</p> <p>Chief Nurse</p>
Q.8.18.17	<p><b>Freedom to Speak Up Quarter 1 Report</b> KD noted the documentation published by NHS Improvement and the National Guardian's Office and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The document entitled, 'Freedom to Speak Up self review tool for NHS Trusts and Foundation Trusts' will be discussed at the Board Development session in October.</li> <li>• Derbyshire Community Health Services NHS Foundation Trust publication noted.</li> <li>• A national awareness drive for FTSU is planned for October.</li> <li>• The Guardian role and protected time for Guardians was discussed. KD</li> </ul>	Chief Nurse

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	<p>agreed the consideration of the training/development for more junior members of staff and the 'budding up' with an existing member of the team.</p> <ul style="list-style-type: none"> <li>Protected time for Guardians and Associated Guardians will be considered.</li> </ul> <p>The report was accepted by the Committee.</p>	
Q.8.18.18	<p><b>CQC Compliance Actions Update</b></p> <p>TC reported a formal report will be submitted to the September meeting detailing compliance actions. A compliance action plan, has already been submitted and accepted by the CQC for which the FT is now held to account.</p> <p>TC tabled a letter from the CQC regarding, 'Request for information about maternity services at BTHNHSFT', dated 17 August 2018. Evidence required is currently being pulled together to support a response by the 31 August 2018. A specific paper will be received by the Board of Directors in relation to this request.</p> <p>BG noted agreement has been received to undergo an external assurance on the work being undertaken in Maternity. Professor S Thornton, Consultant Obstetrician and Gynaecologist/Dean of Barts and London School of Medicine, has agreed to provide support and ongoing leadership development to the Maternity team. Feedback will be provided by Professor Thornton.</p>	Director of Governance and Corporate Affairs
Q.8.18.19	<p><b>Board Assurance Framework (BAF)</b></p> <p>The Board had asked that the BAF rating for Q1 be reconsidered by the Committee. Following review it was agreed to revise the rating to Amber to recognise the ongoing quality concerns in Stroke and Maternity Services. KD and BG will write the narrative based on the Committee's discussions.</p> <p>The report was noted by the Committee.</p>	Chief Nurse/ Medical Director
Q.8.18.20	<p><b>Board Assurance Framework – Key Performance Indicators/Risk Appetite</b></p> <p>BG requested the Committee approve the evolution of the Quality of Services strategic objective to reflect the broader nature of quality assurance over and above CQC fundamental standards.</p> <p>The Committee approved the change.</p> <p>Risk appetite was discussed in terms of the strategic objective. TC will rewrite the risk appetite statement. The Committee were in agreement where risk is judged in the best interests of patients and outcome of their care and where there is some evidence, the risk appetite needs to reflect the need for innovative practice.</p>	Director of Governance and Corporate Affairs
Q.8.18.21	<p><b>Any Other Business</b></p> <p>There was no other business.</p>	
Q.8.18.22	<p><b>Matters to share with other Committees</b></p> <ul style="list-style-type: none"> <li>Readmissions/Coding - Finance and Performance.</li> <li>Complaints relating to appointments - Finance and Performance.</li> <li>FTSU guardians and mentoring - Workforce Committee.</li> </ul>	

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Q.8.18.23	<b>Matters to Escalate to the Corporate Risk Register</b> There were no matters to escalate to the Corporate Risk Register.	
Q.8.18.24	<b>Matters to Escalate to the Board of Directors</b> <ul style="list-style-type: none"> <li>• Maternity Services.</li> <li>• Stroke Services – Board to meet the Stroke Team.</li> </ul>	
Q.8.18.25	<b>Items for Corporate Communications</b> <ul style="list-style-type: none"> <li>• Stroke Services.</li> </ul>	
Q.8.18.26	<b>Date and time of next meeting</b> Wednesday 26 September 2018, 2 pm to 4 pm, Conference Room, Field House, Bradford Royal Infirmary.	



Bradford Teaching Hospitals  
NHS Foundation Trust

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST**  
**ACTIONS FROM QUALITY COMMITTEE – 29 August 2018**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
25.07.18	Q.7.18.6	<b>Maternity Improvement Programme Quarter 1 Update</b> TC suggested that an assurance portfolio be developed to sit with the action plan. The proposal will be submitted to the August meeting.	Director of Governance and Corporate Affairs	26/09/18	29/08/18: BG/KD have a meeting in the diary to discuss. Item included on the agenda for September. <b>Action concluded.</b>
25.07.18	Q.7.18.18	<b>Learning Disability Improvement Standards for NHS Trusts</b> A number of actions were proposed over the next twelve months to embed into practice. The action plan will be compiled and submitted to this Committee.	Chief Nurse	26/09/18	29/08/18: Paper to be presented to Patient First Committee prior to Quality Committee. Item included on the agenda for September. <b>Action concluded.</b>
25.07.18	Q.7.18.23	<b>Board Assurance Framework</b> TC, BG, KD and LS agreed to meet prior to the August Quality Committee to explore further. A paper with proposed new Key Performance Indicators will be submitted to the Committee.	Director of Governance and Corporate Affairs/ Medical Director/ Chief Nurse	26/09/18	Paper submitted to the Board of Directors for approval on 13 September. <b>Action concluded.</b>
28.03.18	Q.3.18.17	<b>Development of a real time quality dashboard – Cerner</b> BG provided a verbal update on the development of a real time quality dashboard. He advised that he had been in contact with Cerner but it would take some time before anything would be available and he would provide further updates no later than in six months' time.	Medical Director	26/09/18	Item included on the agenda for September. <b>Action concluded.</b>

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
30.05.18	Q.5.18.16	<b>Clinical Effectiveness Q4 Report 2017-18</b> Joint presentation on Sepsis to the Quality Committee and the CCG.	Chief Nurse	26/09/18	27/06/18: TC noted the CCG have requested a deep dive into sepsis. Item included on the agenda for September. <b>Action concluded.</b>
27.06.18	Q.6.18.16	<b>Assurance, the way forward</b> TC will submit a paper to the Board of Directors in due course.	Director of Governance and Corporate Affairs	26/09/18	25/07/18: TC to provide update in September. Paper presented to the Board of Directors on 13 September where discussion held. <b>Action concluded.</b>
25.07.18	Q.7.18.21	<b>Gosport Enquiry – Summary and Implications for Foundation Trust</b> A number of overarching themes identified within the report, a detailed summary will be brought back to the September meeting.	Medical Director	26/09/18	Item included on the agenda for September. <b>Action concluded.</b>
29.08.18	Q.8.18.3	<b>Actions from the Quality Committee – 25.07.18</b> - BG and the team were congratulated by the Committee on the work undertaken to achieve this rating and a report will be submitted to the Board of Directors once the formal results are received.	Medical Director	26/09/18	Report on Stroke SSNAP data presented to the Board of Directors on 13 September. <b>Action concluded.</b>
29.08.18	Q.8.18.11	<b>Nurse Staffing Data Publication July 2018</b> KD will include the previous ward accreditation score in future reports.	Chief Nurse	26/09/18	Ward accreditation score now included. <b>Action concluded.</b>
29.08.18	Q.8.18.18	<b>CQC Compliance Actions Update</b> CQC letter dated 17 August 2018 – A specific paper will be received by the Board of Directors in relation to this request.	Director of Governance and Corporate Affairs	26/09/18	Presented at Board of Directors on 13 September. <b>Action concluded.</b>
29.08.18	Q.8.18.19	<b>Board Assurance Framework (BAF)</b> KD and BG will write the narrative based on the Committee's discussions.	Chief Nurse/ Medical Director	26/09/18	Narrative completed. <b>Action concluded.</b>

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
29.08.18	Q.8.18.20	<b>Board Assurance Framework – Key Performance Indicators/Risk Appetite</b> Risk appetite was discussed in terms of the strategic objective. TC will rewrite the risk appetite statement.	Director of Governance and Corporate Affairs	26/09/18	Presented at Board of Directors on 13 September. <b>Action concluded.</b>
25.07.18	Q.7.18.5	<b>Focus on: Stroke Management and Care</b> A combined Airedale/Bradford report will be submitted to the September Quality Committee.	Medical Director	26/09/18	BG has requested that this is deferred to the Quality Committee scheduled for 28 November.
29.08.18	Q.8.18.6	<b>Quality Committee Dashboard</b> A report is due to be submitted to the Executive Management Team (EMT) outlining the way forward for readmissions from non-electives. A piece of work will be commissioned to identify any associated harm that could have been prevented.	Chief Executive	31/10/18	
25.04.18	Q.4.18.11	<b>Security Management Standards for Providers</b> MH agreed to provide an update in six months' time on clinically related challenging behaviour (Action 3.2).	Director of Finance	31/10/18	
29.08.18	Q.8.18.17	<b>Freedom to Speak Up Quarter 1 Report</b> The document entitled, 'Freedom to Speak Up self review tool for NHS Trusts and Foundation Trusts' will be discussed at the Board Development session in October.	Chief Nurse	31/10/18	
29.08.18	Q.8.18.13	<b>Clinical Effectiveness Quarter 1 Report 2018-19</b> All National Audits are being considered looking at the mechanisms of data collections. A paper will be submitted to the EMT identifying outcomes.	Director of Governance and Corporate Affairs	28/11/18	
29.08.18	Q.8.18.13	<b>Clinical Effectiveness Quarter 1 Report 2018-19</b> All information in the report has been validated and challenged either through the Medical Director's	Director of Governance and Corporate Affairs	28/11/18	

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		Office or the Clinical Audit and Effectiveness Committee and this information will be added into the report.			
28.03.18	Q.3.18.5	<b>NICE Guidance on Rheumatoid Arthritis: Compliance and Issues</b> A recommendation should be given for the Chairman to include triangulation of data (linked with presentations) in a future Board Development Session.	Director of Governance and Corporate Affairs	28/11/18	Will be progressed by the new Trust Secretary. Timescale to be confirmed. 27/06/18: Due date moved to November, topic to be considered for inclusion at October Board Development Session.
30.05.18	Q.5.18.23	<b>Freedom to Speak Up Annual Report (including Quarter 4 Report)</b> It was suggested that a Board Development session is held in quarter one or two to provide an update on Freedom to Speak up.	Director of Governance and Corporate Affairs	28/11/18	Will be progressed by the new Trust Secretary. Timescale to be confirmed. 27/06/18: Due date moved to November, topic to be considered for inclusion at October Board Development Session.
29.08.18	Q.8.18.16	<b>Palliative Care Annual Report</b> The team will be invited to present at the November 2018 Quality Committee.	Chief Nurse	28/11/18	
28.03.18	Q.3.18.9	<b>Serious Incident Report</b> BG to raise rarely performed complicated procedures with other Medical Directors in the area to identify a common approach.	Medical Director	19/12/18	25/04/18: In relation to SI report discussed at the March meeting relating to the renal cancer case. Information received this is being discussed at a national level, due to the rarity of these procedures. Timescale altered awaiting for National guidance. BG to update when information available.

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28.03.18	Q.3.18.15	<b>Briefing Paper: Trust Research Committee Update – March 2018</b> Bradford Institute for Health Research needs to provide the Quality Committee with regular updates on the work undertaken by them to meet the Research Strategy and programme of research. This will be included in future reports.	Medical Director	30/01/19	25/04/18: BG – Timescale adjusted to align to when the next report is due.
29.08.18	Q.8.18.16	<b>Palliative Care Annual Report</b> KD agreed to include in the next report the number of patients who die on the ward, but not in a side ward.	Chief Nurse	28/08/19	

**QUALITY COMMITTEE  
MINUTES, ACTIONS & DECISIONS**


<b>Date:</b>	Wednesday 26 September 2018	<b>Time:</b>	14:00-16:30
<b>Venue:</b>	Conference Room, Field House, Bradford Royal Infirmary	<b>Chair:</b>	Professor Laura Stroud Non-Executive Director
<b>Present:</b>	<p><b>Non-Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Professor Laura Stroud, Non-Executive Director (LS)</li> <li>- Ms Selina Ullah, Non-Executive Director (SU)</li> <li>- Mr Amjad Pervez, Non-Executive Director (AP)</li> <li>- Mr Jon Prashar, Non-Executive Director (JP)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Dr Tanya Claridge, Director of Governance and Corporate Affairs (TC)</li> <li>- Dr Bryan Gill, Medical Director (BG)</li> <li>- Ms Cindy Fedell, Director of Informatics (CF)</li> <li>- Ms Karen Dawber, Chief Nurse (KD)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Ms Jacqui Maurice, Head of Corporate Governance (JM)</li> <li>- Ms Juliet Kitching, PA (Minutes)</li> </ul>		

No.	Agenda Item	Action
<b>Q.9.18.1</b>	<b>Apologies for Absence</b> There were no apologies.	
<b>Q.9.18.2</b>	<b>Declaration of Interests</b> There were no declarations of interest.	
<b>Q.9.18.3</b>	<b>Minutes and Actions of the Quality Committee meeting held on 29 August 2018</b> The minutes of the last meeting were approved as a correct record.	
<b>Q.9.18.4</b>	<p><b>Matters Arising</b></p> <p>The Committee noted that the following actions had been concluded:</p> <p>Q.7.18.6 (25.07.18) – Maternity Improvement Programme Quarter 1 Update.</p> <p>Q.7.18.18 (25.07.18) – Learning Disability Improvement Standards for NHS Trusts.</p> <p>Q.7.18.23 (25.07.18) – Board Assurance Framework.</p> <p>Q.3.18.17 (28.03.18) – Development of a real time quality dashboard - Cerner.</p> <p>Q.5.18.16 (30.05.18) – Clinical Effectiveness Q4 Report 2017-18.</p> <p>Q.6.18.16 (27.06.18) – Assurance, the way forward.</p> <p>Q.7.18.21 (25.07.18) – Gosport Enquiry, Summary and Implications for Foundation Trust.</p> <p>Q.8.18.3 (29.08.18) – Actions from the Quality Committee – 25.07.18.</p> <p>Q.8.18.11 (29.08.18) – Nurse Staffing Data Publication July 2018.</p> <p>Q.8.18.18 (29.08.18) – CQC Compliance Actions Update.</p> <p>Q.8.18.19 (29.08.18) – Board Assurance Framework (BAF).</p> <p>Q.8.18.20 (29.08.18) – Board Assurance Framework – Key Performance Indicators/Risk Appetite.</p>	

No.	Agenda Item	Action
Q.9.18.4.1	<p><b>Matters Arising from the Board of Directors</b></p> <p>Issues raised by LS:</p> <ul style="list-style-type: none"> <li>Falls with harm and emergency readmissions - To be discussed under agenda item Q.9.18.6.</li> <li>Joint Quality Meeting with Clinical Commissioning Groups organised for 16 November 2018, 1 pm to 3 pm.</li> </ul>	
Q.9.18.4.2	<p><b>Matters Escalated from Sub-Committees</b></p> <p>TC raised the escalation by the Patient Safety Sub Committee of 'deteriorating patients'. Discussions have been held with BG around recognition and the management of deteriorating patients. BG drew the Committee's attention to the Deteriorating Patient Programme noted within the Quality Improvement Programme Update (Q.9.18.21).</p>	
Q.9.18.5	<p><b>Corporate Risks relevant to the Committee</b></p> <p>The current format of the dashboard was noted to be difficult to read, however, this is an extract from the Datix system and a solution to formatting is under consideration.</p> <p>The Committee agreed they are sighted on the risks associated with this Committee through the dashboard and all issues identified in the Corporate Risk Register are being picked up within the agenda.</p>	
Q.9.18.6	<p><b>Quality Committee Dashboard</b></p> <p>LS expressed her appreciation of the work undertaken to make the documentation user friendly. The Committee were assured any risks to patients are properly mitigated and have appropriate controls in place.</p> <p>The following were discussed:</p> <p>Mortality – The Foundation Trust (FT) continues to report well on mortality.</p> <p>Infection – Significant improvement noted in the infection control measures. It has been nine months since the last reported hospital acquired MRSA bacteraemia in the FT. The eColi project recently won the team of the month. LS noted the recent research report on the use of air vented hand driers in hospitals. LS will forward a copy of the paper to KD for discussion at an Infection Control Committee. AP raised the issue of timelines for the individual elements. Discussion ensued and CF noted the Rag ratings (set against the national target) for some of the indicators may require adjustment.</p> <p>VTE – The narrative aligns to the graph and the colours. The staff were commended.</p> <p>Falls with harm – The improvement work undertaken by the Quality Improvement (QI) and senior nursing teams was referenced. The falls collaborative was completed last week and the noticeable reduction in falls per month was noted. KD discussed the innovative practices, the tool kit which is to be launched in October and rolled out throughout the FT. BG discussed his experiences from a ward visit earlier in the day and the enthusiasm and ownership of information provided by staff members on the ward, regarding falls, noting staff are clearly working as teams and, therefore, increasing the strategic direction.</p>	

No.	Agenda Item	Action
	<p>Pressure ulcers – The number of Category 3 pressure ulcers has increased since August, however, there has been a significant number of months with very few numbers. With continual education it is envisaged the Grade 2 numbers will begin to reduce.</p> <p>Sepsis – The new indicators were noted. Statistics demonstrate 80% of patients receive antibiotics within one hour of triggering with sepsis, for in-patients and patients in Accident and Emergency. This was noted to be better than the national average.</p> <p>Night time transfers – The figures remain static.</p> <p>Complaints – The total number of complaints remain at a static level. Significant improvement noted since the introduction of two new indicators. Further work will be undertaken and figures reported within the next quarterly report.</p> <p>Readmissions – The readmission rates in relation to elective and non-elective are unclear suggesting data quality challenges. Confusion has arisen around the recording of the definition of readmission. Discussions are underway to provide clarification. One or two diagnoses, eg pneumonia and myocardial infarction, have been flagged which seem to have a higher readmission rate compared to the average. LS noted the definitions for recording patients as readmissions are set by National Measurement Standards. Consistency across the team is required. All qualities, parameters and variables measured are governed. Results from surveys are presented at the different Committees with all data being submitted to the Board of Directors. Until this time, it was noted, all the Non-Executive Directors see differing pieces of information. The Committee was not assured by the data presented regarding readmissions. The Quality Committee will ask the Finance and Performance Committee to review.</p> <p>TC noted all harms reported apart from VTE consider harm, VTE considers assessment. A root cause analysis is undertaken on all hospital acquired VTEs with these identified in the quarterly report.</p>	<p>Head of Corporate Governance</p>
<p><b>Q.9.18.7</b></p>	<p><b>Development of real time quality Dashboard – Cerner – Six month update</b> BG noted the FT is working on a quality tile of the Command Centre. The data indicated on the dashboard and how this is considered was discussed.</p> <p>BG expressed the usefulness of real time data as opposed to national audits, where presented data is often 12 to 18 months behind.</p> <p>The work undertaken with Cerner and the consideration of presented data from the Electronic Patient Record (EPR) is discussed through the Digital Programme Improvement Group. Medical Information Officer roles amongst the medical staff are to be appointed to. The benefits and use of EPR will be discussed following twelve months post-implementation in order to ensure early intervention to prevent the deterioration of patients' conditions. Discussions with Cerner continue around developing the collaboration from a quality reporting perspective.</p> <p>Discussions continue with NHS Improvement regarding aspects of monitoring in the FT.</p>	

No.	Agenda Item	Action
Q.9.18.8	<p><b>Quality Oversight System</b></p> <p>The information provided over the last month was noted by TC.</p> <p>The report was approved by the Committee.</p>	
Q.9.18.9	<p><b>Sepsis Quarterly Report</b></p> <p>KD discussed the Quarter 1 sepsis report noting the following:</p> <ul style="list-style-type: none"> <li>• Sepsis is a CQUIN.</li> <li>• CQUIN Data has not previously been submitted to the Clinical Commissioning Group due to a previous paper based system.</li> <li>• Data presented obtained from the month of June 2018.</li> <li>• The national CQUIN is divided into four indicators – Timely identification of sepsis in Emergency Departments and acute in-patient settings. Timely treatment for sepsis in Emergency Departments and acute in-patient settings. Antibiotic review. Reduction in antibiotic consumption per 1000 admissions and proportion of antibiotic usage.</li> <li>• Prior to the E-data collection spot audits identified low compliance.</li> <li>• 56% of patients who screened positive, 80% were administered antibiotics within an hour.</li> <li>• Significant progress identified.</li> <li>• CF and her team were thanked for their assistance around the alert process and the capturing of accurate data in connection with the EPR.</li> <li>• Data continues to be monitored monthly, with the monitoring of weekly and potentially daily data to follow.</li> <li>• The targeting of certain areas and teams where further input is required to improve statistics.</li> <li>• Dedicated support from senior clinicians working with the Quality Improvement Team. Two doctor champions to assist, one for Accident and Emergency, the second for in-patient wards.</li> <li>• Sepsis nurse now commenced in post and training underway with staff across all sites.</li> <li>• The trialling of sepsis trolleys have evaluated well.</li> </ul> <p>KD noted the importance of the early commencement of antibiotics and the ongoing work with the EPR team with the transition from NEWS to NEWS2.</p> <p>LS noted the learning to date and the roll out of any learning through the Quality Improvement Programme was discussed.</p> <p>The improvement plan was acknowledged by the Committee and the report noted.</p>	
Q.9.18.10	<p><b>Focus on: Collaboratives</b></p> <p>TC noted when the quality account was published earlier this year there were a number of aspirations and plans to focus and report on. The Committee agreed to cover off these collaborates with a presentation undertaken at this Committee in order to identify an audit of the topic had taken place as evidence for NHS Improvement.</p> <p>Reporting will take place through the Quality Improvement Programme and a rolling programme for each collaborative will be devised for assurance</p>	

No.	Agenda Item	Action
	<p>purposes for presentation to the Quality Committee.</p> <p>The Committee agreed to the request.</p>	
<p><b>Q.9.18.11</b></p>	<p><b>Focus on: Patient Experience Strategy Development Presentation</b></p>  <p>Q.9.18.11 - draft patient experience st</p> <p>Further to discussions at a recent Board Development Day, KD was tasked with developing a Patient Experience Strategy, considering areas to target, ambitions and timescales for actions. The following areas were discussed by KD during the focus presentation.</p> <ul style="list-style-type: none"> <li>• Complaints.</li> <li>• Friends and family.</li> <li>• In-patient story.</li> <li>• Patient Led Assessment of the Care Environment report.</li> <li>• Case studies.</li> <li>• Improvement projects.</li> <li>• Improved methodology.</li> <li>• Patient experience collaborative processes about to be launched.</li> <li>• Importance of relationship and interlink between staff and patients.</li> <li>• Staff wellbeing.</li> <li>• Patient engagement work across the wider healthcare system.</li> <li>• Compassion, empathy and changing attitudes and behaviours.</li> </ul> <p>The Committee were assured by the positive discussions and supported the working title of 'the spirit of kindness'.</p>	
<p><b>Q.9.18.12</b></p>	<p><b>Serious Incident (SI) Report</b></p> <p>TC noted three new SIs were reported by the FT during August 2018:</p> <ul style="list-style-type: none"> <li>• Grade 3 pressure ulcer.</li> <li>• Misdiagnosis in 2016.</li> <li>• Patient fall.</li> </ul> <p>A further SI in Maternity Services has been declared this week which was a neonatal death, where a number of omissions in the documentation have been identified. Immediate actions have been put in place with appropriate conversations and reporting undertaken as required. The Committee expressed concerns given the amount of scrutiny with the Unit over a period of time. The FT is in close communication with the family. A full review of the case is underway and previous audits will be reviewed. Changes have been implemented as a result of the recent discussions.</p> <p>TC noted three investigations were concluded during August 2018. In addition, an amendment will be made to the report of the investigation into the delayed documents to Primary Care where no harm was recorded.</p> <p>The report was noted by the Committee.</p>	

No.	Agenda Item	Action
Q.9.18.13	<p><b>Nurse Staffing Data Publication August 2018</b></p> <p>KD noted the July report had been discussed at length at the recent Board of Directors' meeting with references made to the current staffing situation compared to the August 2017 position and other West Yorkshire Association of Acute Trusts. Robust systems are in place to manage the situations including additional bank healthcare staff and the safe care system which allows the FT to mitigate risk and move staff between areas and wards. Accident and Emergency had proved a challenging area over the last few weeks. Six monthly retention reports will be provided to the Workforce Committee going forward. Trigger areas were discussed over the last month, however, there was no compromise to patient safety as a result at any one time.</p> <p>KD noted if any area drops below the standard of two registered nurses on a shift this would require Executive Director approval, preferably by KD or BG.</p> <p>At this point LS questioned the policy position on training physician associates for Accident and Emergency following the publication of recent successful national data statistics. Six physician associates have recently been appointed to rotate throughout the FT. LS agreed to share a paper, once published, with BG as to their requirements on qualification.</p> <p>The Committee noted the report.</p>	Professor Laura Stroud
Q.9.18.14	<p><b>Infection Prevention and Control Report</b></p> <p>The majority of the key performance indicators had been discussed earlier as part of the dashboard. KD drew the Committee's attention to the Gram negative improvement programme, around eColi, presented at the last Board of Directors' meeting.</p> <p>The report was approved by the Committee.</p>	
Q.9.18.15	<p><b>Information Governance (IG) Report</b></p> <p>CF discussed the IG Report and noted no incidents had been reported this month. Training has slightly dropped as expected, however, the Task and Finish Group is nearing completion of the training model being available, for the organisation, in an alternative format.</p> <p>The quarterly IG report is due to the October meeting.</p> <p>The report was noted by the Committee.</p>	
Q.9.18.16	<p><b>Learning from Deaths</b></p> <p>BG noted currently two reports are submitted from the Mortality Sub-Committee per annum, an annual report submitted from the Mortality Review Improvement Programme and a quarterly Learning from Deaths report are submitted to this Committee.</p> <p>BG proposed a quarterly Learning from Deaths report is submitted to this Committee covering the various elements of sub-committee work, and information on the nationally expected Learning from Deaths in order the information is streamlined.</p> <p>The proposal was accepted by the Committee with the next report due in</p>	Medical Director

No.	Agenda Item	Action
	November 2018.	
Q.9.18.17	<p><b>Patient Led Assessment of the Care Environment (PLACE) Annual Report</b>            KD noted the score for the PLACE reports, based on the previous year, had significantly improved in many domains, however, the FT has still not achieved the national average. KD suggested acknowledging the work undertaken to date by Karen Bentley, Assistant Chief Nurse, and the Estates team, for the progress made to date, but acknowledged the continued work necessary as part of the patient experience strategy moving forward. A comprehensive action plan is now in place.</p> <p>TC requested the Committee support a risk assessment of the FT's current performance and for this to be picked up by the Integrated Governance and Risk Committee, as an outcome of the risk assessment.</p> <p>The proposal and report were approved by the Committee.</p>	Director of Governance and Corporate Affairs
Q.9.18.18	<p><b>ProgRESS Report Quarter 1</b>            TC noted the quarter one report provides the Committee with an overview of the work in relation to assuring compliance with the Care Quality Commission (CQC) fundamental standards of quality and safety. An adjusted approach will be taken during Quarter 2 to look at the areas within the inspection framework around the key fundamental standards across the organisation to provide risk assessment rather than rating. Two reviews were undertaken during Quarter one, one receiving limited confidence and one confidence.</p> <p>Following the reviews a comprehensive programme of mock inspections across services are to be completed by December with areas of learning to be identified to include education for nurses on nurse staffing.</p> <p>The report was approved by the Committee.</p>	
Q.9.18.19	<p><b>Combined Learning Report – Quarter 1 2018/19</b>            TC discussed the report produced for Quarter 1. The considerable progress made and continuing to be made to date was noted.</p> <p>The Committee accepted the report.</p>	
Q.9.18.20	<p><b>Maternity Quality Dashboard</b>            BG discussed how totality of quality in Maternity can be captured and discussed recent incidents which have taken place in Maternity, however, not directly involving Maternity patients.</p> <p>BG had met with the Maternity team to map out how quality would be presented. KD and BG subsequently met with NHS Improvement and suggested the measures are completed across the whole system of the regulators. Data from NHS Improvement has been added to FT data to build a complete set. Maternity will be used as a pilot area to build quality for a specialty/clinical area.</p> <p>NHS Improvement have suggested providing an outline of measures to be completed by early November, to identify the full picture of quality in the Maternity service linking to improvement work.</p>	

No.	Agenda Item	Action
	BG agreed an outline quality dashboard will be available for the November Quality Committee meeting.	Medical Director
Q.9.18.21	<p><b>Quality Improvement Programme Update</b> BG discussed the increasing programme of quality improvement across the FT and the paper providing an update on the structure and programme of work. The Maternity Service will be part of the collaborative and involved in the work closely aligned to the Improvement Academy.</p> <p>Research benefits will be embedded across all improvements.</p>	
Q.9.18.22	<p><b>Gosport Enquiry Summary</b> BG provided an update on the actions completed by the FT following the paper submitted to the July meeting of the Quality Committee, detailing the key findings and implications from the Gosport Enquiry.</p> <p>BG discussed two components:</p> <ul style="list-style-type: none"> <li>• The use of controlled drugs and opioids, end of life care and the strong culture of working with families and patients.</li> <li>• A visit to an Elderly Care Governance meeting where a comprehensive review following the Gosport report, had been undertaken, particularly regarding intermediate care facilities. Immediate assurance was provided by treatment being overseen by pairs of consultants. General Practitioners cover out-of-hours but no decisions are made concerning patients' treatment without referring to the consultant body, ensuring alignment to the overall FT governance framework. Designed action plans are in place.</li> </ul> <p>With overall decision making clearly as a team for care delivered and the fact the consultants do not have named patients, confidence and assurance was provided.</p>	
Q.9.18.23	<p><b>'Big data' – understanding externally reviewed data</b> BG informed the Committee external regulators are measuring the FT against areas not embedded into the organisation.</p> <p>Inaccuracies have been identified through NHS Improvement and the CQC quality data. NHS Improvement have acknowledged the need to work with the FT and support the improvement work. KD and BG reported their positive meetings with NHS Improvement.</p> <p>BG will submit recommendations on how data will be viewed, understood and measured against. The document will be discussed at the Executive Director Time Out on 27 September 2018 and a further update will be provided by TC in January 2019.</p>	Director of Governance and Corporate Affairs
Q.9.18.24	<p><b>Learning Disability Improvement Standards for NHS Trusts – Action Plan</b> KD noted the Learning Disability Improvement Standards from NHS Improvement were discussed at the Quality Committee in July 2018. The Committee requested an action plan be presented to the Quality Committee. KD noted the considerable work required in this important area of health and the lack of resources required to fully undertake this work. KD proposed the safeguarding adult team, who work closely with the Care Trust, would continue this work for the remainder of the year whilst additional resources are sought to</p>	

No.	Agenda Item	Action
	<p>look at patients with learning difficulties and mental health issues that need treating on adult wards.</p> <p>The action plan will be updated to include clearly identified timelines, project leads and completion dates. The FT is currently meeting the acceptable standards, some systems and policies are already in place. Awareness raising has been undertaken via the Treat As One campaign for patients with existing mental health conditions.</p> <p>The Committee were assured.</p>	
Q.9.18.25	<p><b>Board Assurance Framework (BAF)</b></p> <p>The BAF provides the Committee with a profile of risks, controls and assurances related to the delivery of the FT's strategic objectives.</p> <p>The following were noted:</p> <ul style="list-style-type: none"> <li>Outstanding care Quarter 1 – Assurance level to be adjusted following discussion with the Board of Directors.</li> <li>Following the earlier discussions Quarter 2 will be recorded as limited confidence.</li> </ul> <p>The report was noted by the Committee and the statements accepted.</p>	
Q.9.18.26  Q.9.18.26.1	<p><b>Any Other Business</b></p> <p>TC described to the Committee a potential problem of a highly sensitive issue, whereby the FT has only recently been informed regarding the clinical waste management service. This is a rapidly changing situation and is being managed as a national incident. Fifty-eight other organisations are affected. A public announcement in relation to this issue is expected by Monday, 1 October 2018. The FT is forbidden to speak to other providers on this subject.</p> <p>Waste collections to the FT will cease on 1 October 2018 by the current supplier. A detailed contingency plan is in place to support the management of clinical waste whilst an interim solution is found. The plan involves storing our clinical waste on site for a period of time and this plan can be implemented with immediate effect. All theatre anatomical waste both recognisable and unrecognisable and all maternity placental waste, will be sorted and will be traceable. The plan has been fully risk assessed, and all identified risks have been mitigated effectively. There is currently no identified risk to the FT's patients or the delivery of clinical services. All potential risks to staff who handle our waste and the storage solutions themselves are being appropriately managed and actively monitored.</p> <p>A communication to all Non-Executive Directors will be circulated.</p>	Director of Governance and Corporate Affairs
Q.9.18.27	<p><b>Matters to share with other Committees</b></p> <p>There were no matters to share with other Committees.</p>	
Q.9.18.28	<p><b>Matters to Escalate to the Corporate Risk Register</b></p> <ul style="list-style-type: none"> <li>Waste management.</li> <li>Maternity.</li> </ul>	

No.	Agenda Item	Action
Q.9.18.29	<b>Matters to Escalate to the Board of Directors</b> <ul style="list-style-type: none"> <li>Falls with Harm.</li> <li>Emergency Readmissions.</li> <li>Joint Quality Meeting with the Clinical Commissioning Groups.</li> </ul>	
Q.9.18.30	<b>Items for Corporate Communications</b> <ul style="list-style-type: none"> <li>Waste management.</li> </ul>	
Q.9.18.31	<b>Date and time of next meeting</b> Wednesday 30 October 2018, 2 pm to 4 pm, Conference Room, Field House, Bradford Royal Infirmary.	



**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST**  
**ACTIONS FROM QUALITY COMMITTEE – 26 September 2018**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
29.08.18	Q.8.18.6	<b>Quality Committee Dashboard</b> A report is due to be submitted to the Executive Management Team (EMT) outlining the way forward for readmissions from non-electives. A piece of work will be commissioned to identify any associated harm that could have been prevented.	Chief Executive	31/10/18	
25.04.18	Q.4.18.11	<b>Security Management Standards for Providers</b> MH agreed to provide an update in six months' time on clinically related challenging behaviour (Action 3.2).	Director of Finance	31/10/18	
29.08.18	Q.9.18.6	<b>Quality Committee Dashboard</b> The Committee was not assured by the data presented regarding readmissions. The Quality Committee will ask the Finance and Performance Committee to review.	Head of Corporate Governance	31/10/18	
29.08.18	Q.8.18.17	<b>Freedom to Speak Up Quarter 1 Report</b> The document entitled, 'Freedom to Speak Up self review tool for NHS Trusts and Foundation Trusts' will be discussed at the Board Development session in October.	Chief Nurse	31/10/18	
26.09.18	Q.9.18.13	<b>Nurse Staffing Data Publication August 2018</b> LS agreed to share a paper, once published, with BG as to their requirements on qualification.	Professor Laura Stroud	31/10/18	
26.09.18	Q.9.18.17	<b>Patient Led Assessment of the Care Environment Annual Report</b> TC requested the Committee support a risk	Director of Governance and Corporate Affairs	31/10/18	

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		assessment of the FT's current performance and for this to be picked up by the Integrated Governance and Risk Committee, as an outcome of the risk assessment.			
26.09.18	Q.9.18.26.1	<b>Any Other Business</b> <b>Clinical Waste Management Service</b> A communication to all Non-Executive Directors will be circulated.	Director of Governance and Corporate Affairs	31/10/18	
25.07.18	Q.7.18.5	<b>Focus on: Stroke Management and Care</b> A combined Airedale/Bradford report will be submitted to the September Quality Committee.	Medical Director	28/11/18	26.09.18: BG has requested that this is deferred to the Quality Committee scheduled for 28 November 2018 and this was agreed.
29.08.18	Q.8.18.13	<b>Clinical Effectiveness Quarter 1 Report 2018-19</b> All National Audits are being considered looking at the mechanisms of data collections. A paper will be submitted to the EMT identifying outcomes.	Director of Governance and Corporate Affairs	28/11/18	
29.08.18	Q.8.18.13	<b>Clinical Effectiveness Quarter 1 Report 2018-19</b> All information in the report has been validated and challenged either through the Medical Director's Office or the Clinical Audit and Effectiveness Committee and this information will be added into the report.	Director of Governance and Corporate Affairs	28/11/18	
28.03.18	Q.3.18.5	<b>NICE Guidance on Rheumatoid Arthritis: Compliance and Issues</b> A recommendation should be given for the Chairman to include triangulation of data (linked with presentations) in a future Board Development Session.	Director of Governance and Corporate Affairs	28/11/18	Will be progressed by the new Trust Secretary. Timescale to be confirmed. 27/06/18: Due date moved to November, topic to be considered for inclusion at October Board Development Session.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
30.05.18	Q.5.18.23	<b>Freedom to Speak Up Annual Report (including Quarter 4 Report)</b> It was suggested that a Board Development session is held in quarter one or two to provide an update on Freedom to Speak up.	Director of Governance and Corporate Affairs	28/11/18	Will be progressed by the new Trust Secretary. Timescale to be confirmed. 27/06/18: Due date moved to November, topic to be considered for inclusion at October Board Development Session.
29.08.18	Q.8.18.16	<b>Palliative Care Annual Report</b> The team will be invited to present at the November 2018 Quality Committee.	Chief Nurse	28/11/18	
26.09.18	Q.9.18.16	<b>Learning from Deaths</b> The proposal of a quarterly Learning from Deaths report covering the various elements of sub-committee work, and information on the nationally expected Learning from Deaths in order the information is streamlined was accepted by the Committee, with the next report due in November 2018.	Medical Director	28/11/18	
26.09.18	Q.9.18.20	<b>Maternity Quality Dashboard</b> BG agreed an outline quality dashboard will be available for the November Quality Committee meeting.	Medical Director	28/11/18	
28.03.18	Q.3.18.9	<b>Serious Incident Report</b> BG to raise rarely performed complicated procedures with other Medical Directors in the area to identify a common approach.	Medical Director	19/12/18	25/04/18: In relation to SI report discussed at the March meeting relating to the renal cancer case. Information received this is being discussed at a national level, due to the rarity of these procedures. Timescale altered awaiting for National guidance. BG to update when information available.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
28.03.18	Q.3.18.15	<b>Briefing Paper: Trust Research Committee Update – March 2018</b> Bradford Institute for Health Research needs to provide the Quality Committee with regular updates on the work undertaken by them to meet the Research Strategy and programme of research. This will be included in future reports.	Medical Director	30/01/19	25/04/18: BG – Timescale adjusted to align to when the next report is due.
26.09.18	Q.9.18.23	<b>‘Big data’ – understanding externally reviewed data</b> BG will submit recommendations on how data will be viewed, understood and measured against. The document will be discussed at the Executive Director Time Out on 27 September 2018 and a further update will be provided by TC in January 2019.	Director of Governance and Corporate Affairs	30/01/19	
29.08.18	Q.8.18.16	<b>Palliative Care Annual Report</b> KD agreed to include in the next report the number of patients who die on the ward, but not in a side ward.	Chief Nurse	28/08/19	