


**QUALITY COMMITTEE
MINUTES, ACTIONS & DECISIONS**

Date:	Wednesday 31 October 2018	Time:	14:00-16:30
Venue:	Conference Room, Field House, Bradford Royal Infirmary	Chair:	Professor Laura Stroud Non-Executive Director
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Professor Laura Stroud, Non-Executive Director (LS) - Ms Selina Ullah, Non-Executive Director (SU) - Mr Amjad Pervez, Non-Executive Director (AP) - Mr Jon Prashar, Non-Executive Director (JP) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Dr Tanya Claridge, Director of Governance and Corporate Affairs (TC) - Dr Bryan Gill, Medical Director (BG) - Ms Cindy Fedell, Director of Informatics (CF) - Ms Karen Dawber, Chief Nurse (KD) 		
In Attendance:	<ul style="list-style-type: none"> - Ms Sophia Khan, Lead Pharmacist, (SK) for agenda item Q.10.18.9 - Ms Sandra Shannon, Chief Operating Officer, (SS) for agenda item Q.10.18.10 - Mr Matthew Horner, Director of Finance, (MH) for agenda item Q.10.18.14 - Ms Jacqui Maurice, Head of Corporate Governance (JM) - Ms Juliet Kitching, PA (Minutes) 		

No.	Agenda Item	Action
Q.10.18.1	Apologies for Absence There were no apologies.	
Q.10.18.2	Declaration of Interests There were no declarations of interest.	
Q.10.18.3	Minutes and Actions of the Quality Committee meeting held on 26 September 2018 The minutes of the last meeting were approved as a correct record subject to the following amendment: Q.9.18.9 – The sixth bullet should read, ‘56% of patients who screened positive, 80% were administered antibiotics within an hour.’.	
Q.10.18.4	Matters Arising The Committee noted that the following actions had been concluded: Q.8.18.17 (29.08.18) – Freedom to Speak Up Quarter 1 Report. Q.9.18.16 (26.09.18) – Learning from Deaths. Q.3.18.9 (28.03.18) - Serious Incident Report.	
Q.10.18.4.1	Matters Arising from the Board of Directors Issues raised by LS: <ul style="list-style-type: none"> • EPRR Core Standards Compliance – TC noted the Foundation Trust (FT) was unable to demonstrate substantial compliance with the core standards in September, due to the timing of the Board of Directors’ meeting, there 	


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	<p>was an opportunity to ensure the FT could continue working towards being able to demonstrate compliance with a further nine standards by the October deadline. The Board gave the Quality Committee the delegated responsibility to approve the level of compliance once it had assured itself in relation to the evidence available, on the deadline day (the day of the Committee).</p> <p>The paper presented was written a week before the Committee meeting, and only described partial compliance. The Committee was informed that since the paper had been written the Trust could demonstrate compliance with two further standards, one in relation to the pandemic flu policy (evidence provided to the Committee) and one in relation to the procurement and assurance framework relating to subcontractors. TC confirmed that work instructions have been introduced where necessary to support the assurance framework and are now in place and operating. TC proposed to the Committee that the FT can therefore demonstrate 89% compliance with standards currently (Substantial compliance) and the FT should be 100% compliant by the end of March 2019. Internal audit have undertaken a specific internal assurance review in addition, of some of the key standards where the Trust has declared compliance which have demonstrated a good level of compliance and assurance.</p> <p>TC recommended to the Committee that the substantial compliance declaration in terms of the FT's EPRR standards is approved.</p>	
Q.10.18.4.2	<p>Matters Escalated from Sub-Committees LS reminded the Committee of the Sub-Committees of this Committee:</p> <ul style="list-style-type: none"> • Children and Young People's Board. • Mortality Sub-Committee. • Integrated Safeguarding Committee. • Clinical Audit and Effectiveness Committee. • Information Governance Committee. • Patient Safety Committee. • Patients First Committee. 	
Q.10.18.5	<p>Corporate Risks relevant to the Committee The Committee agreed they are sighted on the risks associated with this Committee through the dashboard, and issues identified in the Corporate Risk Register are being picked up within the agenda.</p>	
Q.10.18.6	<p>Board Assurance Framework (BAF) The BAF provided the Committee with a profile of risks, controls and assurances related to the delivery of the FT's strategic objectives. The key controls and associated assurance were discussed throughout the meeting, supported by the Quality Dashboard and the papers presented.</p>	
Q.10.18.7	<p>Quality Committee Dashboard The following were discussed:</p> <p><u>Mortality</u> – The Learning from Deaths paper linked to mortality, detailing the different programmes of work was noted with the FT continuing to have one of the lowest Hospital Standardised Mortality Ratios in the region.</p>	

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	<ul style="list-style-type: none"> • The positive dashboard for Healthcare Evaluation Database Mortality. • Summary Hospital Level Mortality Indicator has remained unchanged and demonstrates good performance. • An improved depth of coding. • The programme of work. • The potential for the introduction of medical examiners for all deaths to identify any issues which may trigger a structured judgement review. • The decision that avoidable deaths within Trusts will not be published currently. <p><u>Pressure ulcers</u> – The month's figures are encouraging. An internal audit review is expected to be rated as of limited assurance. The Electronic Patient Record (EPR) is proving a useful tool.</p> <p><u>MRSA Bacteraemia</u> – The FT has had no attributed cases in the last ten months.</p> <p><u>Night-time Transfers</u> – Significant improvements have been made. The level for transfers has been set at zero, however, only inappropriate night-time transfers should be considered. BG and CF will discuss the criteria and review how the data is to be presented</p> <p><u>Sepsis patients receive antibiotics within an hour</u> – This is a new indicator as part of the sepsis commissioning for quality and innovation. There has been significant improvement on the sepsis indicators.</p> <p><u>New Starter Training</u> – The data demonstrates consistently over 95% performance. Escalation processes are in place to track delivery of performance at an individual level.</p> <p><u>Falls with Harm</u> – Low numbers for patient falls with significant or moderate harm.</p> <p>The Committee discussed the JAG paper that had been presented to the Finance and Performance Committee. The Committee agreed that the Quality Committee should also be in receipt of the report from the point of view of Patient Safety.</p>	<p>Medical Director/ Chief Digital and Information Officer</p> <p>Medical Director</p>
Q.10.18.8	<p>Quality Oversight System</p> <p>The information provided over the last month was noted by TC</p> <ul style="list-style-type: none"> • The updates regarding Maternity and stroke were noted. • The Accident and Emergency Quality Summit will be scheduled for December and a mock inspection is organised for November. • Theatres have recently completed a mock inspection supported by NHS Improvement and colleagues from Airedale. • Haematology remains an area of concern and a further Quality Summit is being held on 7 November 2018 focusing on team dynamics and culture. • The learning hub focused their meeting on concerns around the management of patients with mental health concerns who are admitted to the hospital with a physical health problem. <p>The report was noted by the Committee.</p>	

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Q.10.18.9	<p>Focus on: Medication Safety</p>  <p>Q.10.18.9 - Focus on medication safety</p> <p>SK was welcomed to the meeting and introductions were made. SK had been invited to evidence the work undertaken in order this is aligned to the Quality Account and any priorities and actions referenced by the Committee for assurance of the work programme.</p> <p>Medicine safety was highlighted as a key area of work for the coming year and the following priorities were noted:</p> <ul style="list-style-type: none"> • Review culture within the organisation in relation to medicines-related incidents and acting on information received, creating an environment and culture where staff can talk openly and transparently about medicine safety. • Improving the reporting of medicines-related incidents and learning from any incidents that occur in order to increase prevention. National data will be viewed and benchmarking will be undertaken in the coming year. Action plans have been implemented following two themes which have arisen from the Medicines Safety Group on the management of venous thromboembolism (VTE) and Oxygen prescribing. An increase in the number of medication incidents were discussed, identifying an open and honest culture of reporting. Oxygen prescribing work is underway with other staff disciplines and Electronic Patient Record (EPR) Oxygen prescribing will be introduced. • A Pharmacy Technicians' role will be introduced on to wards to improve patient flow and the administration of oral medication to ward patients to enhance medication safety onwards. • Senior Pharmacy Assistant roles will be introduced on to wards to improve medication safety and enable nurses and healthcare workers to focus more time on direct patient care. • The positive presentation was noted. • Discussions and checking processes continue with the EPR team regarding the overriding of VTE Alerts and NHS England is involved in an initiative involving standard bar code systems for medication prescribing. • Improved communication from Pharmacy for wards on the waste management aspect of medication was noted. • A recent internal audit report of limited assurance around medication management will be circulated to the Committee. The report will be discussed at the November meeting and David Smith, Director of Pharmacy, will be invited to attend to provide an update. <p>SK was thanked for the presentation.</p>	
Q.10.18.10	<p>Maternity 'Be the Best' Programme</p> <p>SS was welcomed to the meeting to provide an update on the Maternity Improvement Programme following a number of quality and safety concerns identified in the Maternity Department. A Steering Group has been set up, focusing on the Care Quality Commission (CQC) basic standards and an action plan implemented of the recommendations from the Royal College of Obstetricians and Gynaecologists review. Essential standards and must dos have been achieved. Excellent staff engagement involving a multi-disciplinary approach was reported. The Programme Board meets every two weeks and is</p>	

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	<p>divided into sub-groups to take forward actions with nursing, midwifery and medical involvement. KD holds regular meetings with the nursing staff and TC noted the Division hold discussions fortnightly with the Executive Directors. Women and Children were noted to have the highest appraisal rates in the organisation. Areas of focus include patient experience, quality initiatives, theatre ventilation, staffing levels and workload, equipment, recruitment, risk and escalation, regular training and education sessions, and initiatives around some scrub staff.</p> <p>LS welcomed the positive report. The Division will consider working with the Improvement Academy around patient experience in order to develop expert patient work. PRASE volunteers may also be of assistance in obtaining qualitative feedback.</p> <p>Professor Steve Thornton, Professor of Obstetrics from Barts and the London School of Medicine is visiting the FT in January 2019 as a mentor to support the team. A number of consultants have given a commitment to be involved in this improvement. BG agreed to write to the consultants encouraging them to be involved in this improvement work.</p> <p>Completion dates will be allocated to each action by SS and it was envisaged the Maternity 'Be the Best' Programme would be completed within one year. BG noted a new Consultant Obstetrician had recently been appointed to the FT and had expressed his delight to have received a post at Bradford Teaching Hospitals. TC noted a mock inspection is due to be completed in Maternity services.</p> <p>The report was accepted by the Committee.</p>	<p>Medical Director</p> <p>Chief Operating Officer</p>
Q.10.18.11	<p>Serious Incident (SI) Report</p> <p>TC noted the following:</p> <ul style="list-style-type: none"> • Seven SIs had been declared in September 2018, three of which related to a Grade 3 pressure ulcer. • SI 2018/21573 – Omission in care. It was unclear whether care was a contributing factor, however, an SI had been declared. Additional emotional support had been organised for the Clinical Risk Manager, involved in the investigation, following gaps identified in the patient's care. • SI 2018/21604 – Fall. The patient's risk of falling had not been assessed. • SI 2018/23060 – Undiagnosed breach birth/neonatal death. An SI was declared based on gaps in documentation available, there was no evidence of absence of care. • SI 2018/23476 – Thalassaemia treatment. A Level 1 investigation is underway with an external clinical review of care by a specialist consultant. An internal clinical review of all patients with a history of thalassaemia had been undertaken and no harm had been identified. TC noted learning issues from this incident are being further discussed at the Quality of Care Panel meeting. • Two completed SI investigation reports were concluded in September, a Never Event relating to the administration of medicine by the wrong route, however, during the course of the investigation this was identified as not technically meeting the criteria of a Never Event (TC will inform the Committee if this is de-logged), and a Never Event regarding a retained pack. 	

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	<p>Lessons learned and immediate actions have been put in place, and the Committee was assured of actions being taken to prevent further incidents. The report was noted by the Committee.</p>	
Q.10.18.12	<p>Nurse Staffing Data Publication Report – September 2018 KD noted no major changes on nursing staffing data for September 2018 with slight improvement identified. The concise and clear report was noted to have the previous ward accreditation scores documented.</p> <p>The report was accepted by the Committee.</p>	
Q.10.18.13	<p>Patient Safety and Health and Safety Management and Compliance Incident Report (Quarter 2 2018/19) TC noted the changed format of this report in line with the new style front sheet profiling the totality of patient safety and health and safety management and compliance incidents, themes and trends, actions and learning which are key to understanding and influencing the quality and safety of the services provided by the FT. Appendix 1 (overview of Trust profile), Appendix 2 (patient related incidents), Appendix 3 (health and safety incidents and risks to compliance), and Appendix 4 (effectiveness of actions taken following an SI) were noted.</p> <p>The paper provided assurance to the Committee that incidents are recognised, managed and contextualised within the FT. The report informed the Committee of incidents related to the safety of patients, health and safety management and compliance for the period 1 July to 30 September 2019.</p> <p>The paper described a Fixed Penalty Notice received with respect to a breach in a Duty of Candour that was identified and reported by the FT in 2016. The Committee have been well sighted on the work undertaken since the breach.</p> <p>The Committee noted a Regulation 28 and 29 notice had been received in respect of an inquest from H M Coroner. The FT will review current practice guidelines with respect to information provided to patients on discharge from hospital who may be at risk of thromboembolisms, following recent surgery, after trauma. A response will be submitted within 56 days to H M Coroner, a copy of which will be presented to this Committee.</p> <p>The Committee were assured by the report and noted the further assurance which will follow.</p>	<p>Director of Governance and Corporate Affairs</p>
Q.10.18.14	<p>Security Management Standards for Providers MH, as Executive Lead for Security, was welcomed to the meeting. MH noted this standard report submitted to the Quality Committee details the process undertaken by the FT for self-assessment, ensuring appropriate security management arrangements are in place for the organisation, staff and patients, to ensure assets are safeguarded.</p> <p>The Security Management Committee undertook their self-assessment against the 29 standards which fall under the four domains of strategic governance, inform and involve, prevent and deter and hold to account. Twenty-three standards achieved full compliance, five partial compliance and one, non-compliance. The evidence supporting the standards and the action plan were noted, timescales will be added.</p>	

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	<p>The non-compliant standard of ensuring staff whose work brings them into contact with NHS patients are trained in the prevention and management of clinically related challenging behaviour, in accordance with NHS Protect guidance, the monitoring, review of training and evaluation for effectiveness was discussed and is listed on the Corporate Risk Register. The Committee agreed it would be useful for the report to be submitted to the December Health and Safety Committee for discussion, and advice will be provided back to the Quality Committee as to how this may be progressed.</p> <p>The report was noted by the Committee.</p>	<p>Director of Governance and Corporate Affairs</p>
<p>Q.10.18.15 Q.10.18.16</p>	<p>Information Governance (IG) Report Senior Information risk Owner (SIRO) Report – Quarter 2</p> <p>CF discussed the IG report and the quarterly Senior Information Risk Owner report. CF noted no new reportable incidents. There have been no Cyber Security Incidents in the quarter, however, a more recent cyber attempt was noted by several organisations in West Yorkshire. Learning has been taken.</p> <p>Training compliance is at 83% combining both annual renewal and first-time training.</p> <p>The new Data Security and Protection Toolkit assessment has commenced. A sample audit will be agreed during November 2018 with the audit taking place in early January 2019. The data quality maturity of the Trust is currently under discussion by the IG Sub-Committee as the progression of the maturity turns away from EPR data correctness and broadens. A new suite of indicators reflective of this perspective have been agreed.</p> <p>The positive assurance was noted and the reports were accepted by the Committee.</p>	
<p>Q.10.18.17</p>	<p>Learning from Deaths – Quarterly Report</p> <p>BG noted the earlier discussions in agenda item Q.10.18.7, and this positive assurance was noted by the Committee.</p>	
<p>Q.10.18.18</p>	<p>Treat As One – Bridging the Gap between Mental and Physical Healthcare in General Hospital National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Guidance 2017</p> <p> Treat as One update KD 31.10.18.pptx</p> <p>KD provided the Treat As One update to the Committee, following the 2017 NCEPOD report recommendations considering patients' mental health conditions when admitted to hospital for treatment of physical conditions. Acute providers nationally struggle to consider those with long-term psychiatric disorders, often resulting in patients feeling isolated and an extended length of stay.</p> <p>A poster campaign has been introduced in Bradford Teaching Hospitals and audit tools and guidance have been provided by NCEPOD. Baseline audits</p>	

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	<p>have been undertaken within the Accident and Emergency Department based on guidance and work through the Safeguarding Adults Team, however, for maximum benefit further resources are required.</p> <p>Patients admitted for treatment of a physical condition, with existing mental health problems, when required, currently receive assistance from the Safeguarding Adults Team. TC's office has offered support for adults once the team is fully established and a business case has been submitted for additional staff for the Safeguarding Adult Team. The Committee noted the current financial situation may affect the necessary implementation, however, this will be raised at a forthcoming Executive Management Team meeting. Points of contact are available within the FT for staff and baseline audits will be undertaken when resources allow. Concerns were raised. TC noted the issue is under discussion with the Learning Hub, eg assistance from voluntary organisations, test results from mock inspections and discussions with Primary Care.</p> <p>The question was raised of working with patients with undiagnosed needs, however, it was noted the FT is not a mental health provider. Learning work will be continued.</p>	
Q.10.18.19	<p>Leadership Walkround – Quarterly Update</p> <p>BG updated the Committee on the progress to date of the Leadership Walkround Programme allowing in depth conversations between the leadership team and frontline teams.</p> <p>BG noted on occasions when walkrounds are cancelled staff are disappointed.</p> <p>The report was accepted by the Committee.</p>	
Q.10.18.20	<p>Model Hospital Briefing</p> <p>The Committee were encouraged by LS to register with the free digital tool provided by NHS Improvement to support all staff in NHS Trusts. This may be used as an indicator by NHS Improvement.</p> <p>BG reported the Model Hospital and Getting It Right First Time (GIRFT) are two separate processes. The results of the GIRFT report sit within one section of the Model Hospital. BG drew the Committee's attention to the error within the paper that the Medical Director is not leading on the Model Hospital as every single Executive is required to understand their individual responsibilities. This paper will be taken forward for the Annual Plan by the Bradford Improvement Programme. The Model Hospital enables the FT to identify opportunities using GIRFT and other benchmarking reports, identifying financial opportunities by clinical service and how each service compares to its peers. The key measures were noted of data quality and clear governance structures.</p> <p>A presentation on the Model Hospital will be provided at the Board Development session in due course.</p> <p>The Committee will receive a report outlining the next steps at the next meeting.</p> <p>The Committee noted the report.</p>	<p>Director of Governance and Corporate Affairs</p>

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Q.10.18.21	Any Other Business There was no other business.	
Q.10.18.22	Matters to share with other Committees There were no matters to share with other Committees.	
Q.10.18.23	Matters to Escalate to the Corporate Risk Register There were no matters to escalate to the Corporate Risk Register.	
Q.10.18.24	Matters to Escalate to the Board of Directors <ul style="list-style-type: none"> Model Hospital. The Committee agreed the BAF assurance level for this month should remain as amber (Limited Confidence) and agreed the content of the assurance statement. Current documentation will be submitted to the Board of Directors' meeting on 8 November 2018. 	Director of Governance and Corporate Affairs
Q.10.18.25	Items for Corporate Communications <ul style="list-style-type: none"> Work undertaken in Pharmacy in general to include the safety work. 	
Q.10.18.26	Date and time of next meeting Wednesday 28 November 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 – 31 October 2018

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
29.08.18	Q.8.18.13	Clinical Effectiveness Quarter 1 Report 2018-19 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	Paper went to EMT. Work plan agreed. <u>Action concluded.</u>
29.08.18	Q.8.18.13	Clinical Effectiveness Quarter 1 Report 2018-19 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	Included in Q2 report. <u>Action concluded.</u>
29.08.18	Q.8.18.16	Palliative Care Annual Report The team will be invited to present an update at the November 2018 Quality Committee.	Chief Nurse	28/11/18	Included on the agenda. <u>Action concluded.</u>
26.09.18	Q.9.18.13	Nurse Staffing Data Publication August 2018 LS agreed to share a paper regarding Physician Associates, once published, with BG as to their requirements on qualification.	Professor Laura Stroud	28/11/18	
26.09.18	Q.9.18.20	Maternity Quality Dashboard BG agreed an outline quality dashboard will be available for the November Quality Committee meeting.	Medical Director	28/11/18	Included on the agenda. <u>Action concluded</u>
31.10.18	Q.10.18.7	Quality Committee Dashboard The committee agreed that the JAG paper presented at Finance and Performance Committee on 31 October should be presented to the Quality Committee			28/11/18: Item on the agenda. <u>Action concluded.</u>

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
31.10.18	Q.10.18.10	Maternity 'Be the Best' Programme A number of consultants have given a commitment to be involved in this improvement. BG agreed to write to the consultants encouraging them to be involved in this improvement work.	Medical Director	28/11/18	<u>Action concluded.</u>
31.10.18	Q.10.18.10	Maternity 'Be the Best' Programme Completion dates will be allocated to each action by SS and it was envisaged the Maternity 'Be the Best' Programme would be completed within one year.	Chief Operating Officer	28/11/18	All outstanding actions have a completion date of no later than 31 December 2018. <u>Action concluded.</u>
31.10.18	Q.10.18.20	Model Hospital Briefing A presentation on the Model Hospital will be provided at the Board Development session in due course. The Committee will receive an update outlining the next steps at the next meeting.	Director of Governance and Corporate Affairs	28/11/18	Post-meeting note: Briefing provided to Board of Directors on 8/11/18.
31.10.18	Q.10.18.24	Matters to Escalate to the Board of Directors The Committee agreed the BAF assurance level for this month should remain as amber (Limited Confidence) and agreed the content of the assurance statement. Current documentation will be submitted to the Board of Directors' meeting on 8 November 2018.	Director of Governance and Corporate Affairs	28/11/18	Report submitted to Board on 8 November. <u>Action concluded.</u>
28.03.18	Q.3.18.9	Serious Incident Report 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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					<u>Post-meeting note:</u> BG noted there is a national debate being held regarding complex surgery. The solution will be that this is about integrated care systems and how to deliver services going forward. <u>Action concluded.</u>
25.07.18	Q.7.18.5	Focus on: Stroke Management and Care A combined Airedale/Bradford report will be submitted to the September Quality Committee.	Medical Director	12/12/18	<u>26.09.18:</u> BG has requested that this is deferred to the Quality Committee scheduled for 28 November 2018 and this was agreed. <u>31/10/18:</u> BG proposed the next report on Stroke will describe the continual progress being made by the FT, alongside a report on what the Stroke Collaboration with Airedale is doing in relation to quality. BG will also take a report to the Partnership Committee on the collaboration piece and the learning from that collaboration as part of the Airedale/Bradford Collaboration. The Committee agreed the report would be deferred until the December meeting when the SSNAP information will be included.
29.08.18	Q.9.18.6	Quality Committee Dashboard 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	12/12/18	31/10/18: Finance and Performance Committee asked to review the data around readmissions. Under review with Chief Operating Officer and action

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
					ongoing for Quality Committee. <u>Post-meeting note:</u> Finance and Performance Committee to consider, to receive report on 28/11/18.
31.10.18	Q.10.18.13	Patient Safety and Health and Safety Management and Compliance Incident Report (Quarter 2 2018/19) Regarding Regulation 28 and 29 from H M Coroner a response will be submitted within 56 days to H M Coroner, a copy of which will be presented to this Committee.	Director of Governance and Corporate Affairs	12/12/18	
28.03.18	Q.3.18.15	Briefing Paper: Trust Research Committee Update – March 2018 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	‘Big data’ – understanding externally reviewed data 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	

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
31.10.18	Q.10.18.14	Security Management Standards for Providers The Committee agreed it would be useful for the report to be submitted to the December Health and Safety Committee for discussion, and advice will be provided back to the Quality Committee as to how this may be progressed.	Director of Governance and Corporate Affairs	30/01/19	
28.03.18	Q.3.18.5	NICE Guidance on Rheumatoid Arthritis: Compliance and Issues 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	27/02/19	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 February Board Development Session.
29.08.18	Q.8.18.16	Palliative Care Annual Report 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	