

**QUALITY COMMITTEE  
MINUTES, ACTIONS & DECISIONS**

<b>Date:</b>	Wednesday 27 February 2019	<b>Time:</b>	14:00 to 16:00
<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>- Mr Jon Prashar, Non-Executive Director (JP)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Ms Karen Dawber, Chief Nurse (KD)</li> <li>- Dr Bryan Gill, Chief Medical Officer (BG)</li> <li>- Ms Cindy Fedell, Chief Digital and Information Officer (CF)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Dr Tanya Claridge, Director of Governance and Corporate Affairs (TC)</li> <li>- Mrs Susan Franklin, Associate Chief Nurse for Quality Improvement (SF) for agenda item Q.2.19.17</li> <li>- Ms Clare Nandha, Sepsis Nurse Specialist (CN) for agenda item Q.2.19.17</li> <li>- Ms Elizabeth Price, Lead Nurse for Palliative Care (EP) for agenda item Q.2.19.19</li> <li>- Juliet Kitching (Minute taker)</li> </ul>		

No.	Agenda Item	Action
<b>Q.2.19.1</b>	<p><b>Apologies for Absence</b></p> <ul style="list-style-type: none"> <li>- Ms Selina Ullah, Non-Executive Director (SU)</li> </ul>	
<b>Q.2.19.2</b>	<p><b>Declaration of Interests</b></p> <p>There were no declarations of interest.</p>	
<b>Q.2.19.3</b>	<p><b>Minutes and Actions of the Quality Committee meeting held on 30 January 2019</b></p> <p>The minutes of the last meeting were approved as an accurate record subject to the correction of: Page 6, Q.1.19.18, Nurse Staffing Data Publication Reports. The first bullet point should read, Fewer falls with harm.</p>	
<b>Q.2.19.4</b>	<p><b>Matters Arising</b></p> <p>The Committee noted that the following actions had been concluded:</p> <ul style="list-style-type: none"> <li>- Q.3.18.15 (28.03.18) – Briefing Paper: Trust Research Committee Update – March 2018.</li> <li>- Q.9.18.23 (26.09.18) – ‘Big data’ – understanding externally reviewed data.</li> <li>- Q.10.18.14 (31.10.18) – Security Management Standards for Providers.</li> <li>- Q.11.18.8 (28.11.18) – Quality Committee Dashboard.</li> <li>- Q.12.18.16 (12.12.18) – Any Other Business.</li> <li>- Q.1.19.10 (30.01.19) – Quality Dashboard.</li> <li>- Q.1.19.22 (30.01.19) – Learning from Deaths Quarterly Report.</li> <li>- Q.9.18.13 (26.09.18) – Nurse Staffing Data Publication August 2018.</li> </ul>	


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Q.2.19.4.1	<b>Matters Arising from the Board of Directors and other Board Committees</b> There were no matters to report.	
Q.2.19.4.2	<b>Matters Escalated from Sub-Committees</b> LS reminded the Committee of the Sub-Committees of the Quality Committee: <ul style="list-style-type: none"> <li>• Children and Young People's Board.</li> <li>• Mortality Sub-Committee.</li> <li>• Integrated Safeguarding Committee.</li> <li>• Clinical Audit and Effectiveness Committee.</li> <li>• Information Governance Committee.</li> <li>• Patient Safety Committee.</li> <li>• Patients First Committee.</li> </ul> There were no issues of note from the above Committees.	
Q.2.19.5	<b>Strategic Risks relevant to the Committee</b> TC discussed the assurance presented in the report related to the strategic risks relevant to this Committee. The Committee were asked to note the current mitigation described and the monthly review undertaken by the Integrated Governance and Risk Committee.  The Committee noted the risk related to Referral to Treatment (RTT), and queried whether this was considered in the context of performance, this will be discussed at the Integrated Governance and Risk Committee to confirm they are assured that the risk associated with RTT performance is being effectively mitigated.  BG noted the mitigation in relation to the risk associated with the availability of medicines had been updated since the papers were published and the risk level reduced as a result.	Director of Governance and Corporate Affairs
Q.2.19.6	<b>Board Assurance Framework (BAF)</b> The Committee agreed that the rationale for the assurance level, for the objective, to provide outstanding care for our patients, was agreed as, 'The Committee has increasing confidence that the structures and processes to identify and support the mitigation of risk associated with the achievement of this strategic objective are established'. The Quality Committee recognises the improvements that have been made. A formal review will take place of the previous twelve months at the April Quality Committee.	Director of Governance and Corporate Affairs
Q.2.19.7	<b>Quality Dashboard</b> The following issues were discussed:  Microbiology – Issues noted with staffing relating to Infectious Disease Consultants who presently support the microbiology service. All four Consultants have resigned at a similar time due to differing circumstances. Termination dates are around the end of May/early June and mitigations are being explored. There are national issues concerning availability of Microbiologists and Infectious Disease consultants, although the positive appointment in 2018 of an Infection Control Nurse Consultant were noted.  KD and BG reported the positive situations within the report and noted that over a period of time ratings have altered with many areas moving in a positive	

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	<p>direction from red to amber and through to many greens.</p> <p>The report was noted by the Committee.</p>	
<b>Q.2.19.8</b>	<p><b>Quality Oversight System Report</b></p> <p>The Care Quality Commission (CQC) are seeking to develop an engagement process with providers. A successful meeting was held with the CQC on 11 February 2019 and the CQC will return to visit Maternity at the Foundation Trust (FT) in April 2019. A rolling programme will be agreed.</p> <p>The report was received by the Committee.</p>	
<b>Q.2.19.9</b>	<p><b>Information Governance (IG) Report</b></p> <p>CF discussed the report and highlighted there had been no new incidents. The Toolkit is nearing completion. CF noted that she will be seeking approval by the Board to delegate the approval to submit the Toolkit to the Quality Committee at its March 2019 meeting. The focus on IG training continues to ensure the Trust meets its 95% target by the end of March 2019. Data quality strategically is an overall improving position since the data quality maturity model was last updated. However, in terms of the Getting It Right First Time approach with pathway data, this is a mixed position. There is a plan in place for improving the operational data quality position. Strategically maturing the data quality position will take time.</p> <p>The Committee noted new employees with an IG training certificate from another organisation is accepted by the FT.</p> <p>The report was noted by the Committee.</p>	
<b>Q.2.19.10</b>	<p><b>External Cyber Security Assessment</b></p> <p>CF reported the FT had commissioned two external reviews as part of the annual process, which were much more robust reviews than in previous years. The Committee received the results and noted the monitoring of the improvement plan through the IG Sub-Committee.</p> <p>The report was accepted by the Committee.</p>	
<b>Q.2.19.11</b>	<p><b>Clinical Effectiveness Quarter 3 Report 2018/2019</b></p> <p>The Committee received an overview of the progress the FT has made during Quarter 3 2018/19 in relation to achieving the Clinical Effectiveness Objectives, including:</p> <ul style="list-style-type: none"> <li>• The management and assurance processes associated with national best practice recommendations received regarding National Institute of Clinical Excellence (NICE) guidance.</li> <li>• The management and assurance processes associated with the conduct of, and assurance related to National Confidential Enquiry into Patient Outcome and Death (NCEPOD) studies. Three reports were published in Quarter 3, and one published in Quarter 2 is being considered by the Learning Hub, and a full 'learning' report will be submitted to the Committee in March.</li> <li>• The management and the assurance processes associated with the National Clinical Audit and Patient Outcome (NCAPOP) programme and national audits included in the annual Quality Account.</li> </ul>	<p>Director of Governance and Corporate Affairs</p>

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	<ul style="list-style-type: none"> <li>The management and assurance related to the Trust High Priority local Clinical Audit Programme and the management and assurance related to local clinical audit. Audits discussed at the Clinical Audit and Effectiveness Committee with plans to control work centrally.</li> <li>The management of Trust-wide and locally devolved clinical guidance – The impressive compliance at 94.5% across 1,193 locally managed documents was noted.</li> </ul> <p>Areas of risk, opportunities for change and improvement were discussed and the assurance in relation to the actions agreed to address them.</p> <p>BG noted available systems whereby latest guidance, delivered by a consensus opinion and best practice are being considered and will link to the Electronic Patient Record (EPR), in order to improve quality and productivity.</p> <p>The Committee recommended the High Priority Audit Plan is linked to the High Priority Improvement Plan which will be submitted to the Committee in April 2019 in order to streamline processes. The Committee agreed local audits will now only be undertaken if they link to quality, therefore, driving improvements.</p> <p>The report was noted by the Committee.</p>	<p>Director of Governance and Corporate Affairs</p>
<p><b>Q.2.19.12</b></p>	<p><b>Serious Incident (SI) Report, Incidents Declared and Investigations Completed - January 2019</b></p> <p>The Committee considered the paper which summarised the serious incident profile of the FT for January 2019:</p> <ul style="list-style-type: none"> <li>Five SIs were reported in January 2019: <ul style="list-style-type: none"> <li>An allegation made against a healthcare professional where there was a potential for adverse media coverage.</li> <li>Two (not linked) potential delays with an adverse outcome in diagnosis of a brain tumour, one in an adult, one in a child.</li> <li>A hospital acquired pressure ulcer.</li> <li>A safeguarding incident, reported as per the local arrangements, of a patient brought into Accident and Emergency.</li> </ul> </li> <li>There were no reports concluded in January 2019.</li> <li>The Clinical Commissioning Group (CCG) has agreed the SI 2018/21573 involving omissions in care can be de-logged following the outcome of the investigation.</li> </ul> <p>The Committee decided that it was assured that appropriate actions and recommendations, where necessary, have been put in place and their effectiveness is being monitored.</p> <p>The report was accepted by the Committee.</p>	
<p><b>Q.2.19.13</b></p>	<p><b>Exception Report – Ventilation</b></p> <p>Due to recent findings previously reported KD noted a piece of work is being undertaken across the whole of the hospital site on ventilation. The Executive Management Group and the Infection Control Committee are aware of the issue. No harm has been noted and issues are being rectified.</p>	
<p><b>Q.2.19.14</b></p>	<p><b>Nurse Staffing Data Publication – January 2019</b></p> <p>KD highlighted the key points in the report:</p>	

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	<ul style="list-style-type: none"> <li>The Heat map had been transposed incorrectly. The changes in terms of care hours per day and fill rate percentages for each area were noted.</li> <li>A new 'sepsis' column has been added indicating the percentage per month sepsis screening for Accident and Emergency admissions by ward. This percentage in addition to the weekly trajectory will be reported monthly on the dashboard against sepsis. Following discussion the Committee agreed the appendix is not commensurate with the improvements and the 'sepsis' column should be removed. Presentation of the information will be reconsidered by KD.</li> <li>Staffing difficulties due to short-term sickness absences and staffing shortages.</li> <li>40% vacancy rate on the Stroke Unit, Ward 6, however, recent recruitments have been made. No patient harm has been identified following risk assessment and mitigation.</li> <li>The Band 7 for the HASU side of Ward 6 has been awarded employee of the month.</li> <li>Discussions were held at the Workforce Committee around quality indicators which continue to be monitored.</li> </ul> <p>The report was noted by the Committee.</p>	Chief Nurse
Q.2.19.15	<p><b>Sepsis Progress Report</b></p> <p>KD welcomed and introduced SF and CN to the meeting. The journey of sepsis within the FT was described over the last three to six months, noting the major improvements made and how this has been linked to NEWS2 (National Early Warning Score), which is due to 'go live' at 3 pm in conjunction with Calderdale and Huddersfield.</p> <p>CN highlighted the following:</p> <ul style="list-style-type: none"> <li>Patients with a NEWS of 5 or greater are at risk of sepsis.</li> <li>Audit identified at risk patients over 40% were escalated.</li> <li>Treatment plans for sepsis used by patients who trigger.</li> <li>Systems explained including roles, responsibilities and documentation, eg screening tool on EPR.</li> <li>Weekly sepsis reports are sent to the wards.</li> <li>Full CQUIN payment is dependent on achieving a 90% target of reporting two indicators, the timely identification and the timely treatment in Accident and Emergency and acute in-patient settings, to NHS England and the CCG. Over 50% improvement made in the FT in the last year.</li> <li>Care of the Elderly is an area reporting the highest number of cases.</li> <li>Re-audit to be completed by the end of March 2019.</li> <li>Meetings taking place regarding changes eg within EPR.</li> <li>The implementation of sepsis trolleys have been delayed due to antibiotic guidelines being incorrect against FT guidelines on EPR, these are due to be rectified by the end of March.</li> </ul> <p>SF discussed NEWS2 which is closely linked and was received as a Patient Safety Alert in April 2018, with the mandate for each Trust to switch to NEWS2 by 31 March 2019. Implementation has been made through three workstreams, operational, EPR and education/training.</p> <p>BG noted the importance of the work, particularly as NEWS2 links to a tile in</p>	

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	<p>the Command Centre.</p> <p>The Committee approved the report and noted the excellent work to date.</p>	
Q.2.19.16	<p><b>Patient Experience Quarter 3 Report</b></p> <p>KD discussed the following highlights:</p> <ul style="list-style-type: none"> <li>• Quarter 3 has seen the lowest recorded number of complaints (119) and the highest number of Patient Advice and Liaison Service contacts (368) in the previous year. There are a number of outstanding complaints small in number but noted to be complex cases.</li> <li>• The Division of Anaesthesia, Diagnostics and Surgery have seen a significant decrease in complaints during Quarter 3 dropping from 78 to 48.</li> <li>• The theme of most complaints is in relation to appropriateness of treatment.</li> <li>• There have been no complaints graded as extreme or high during Quarter 3. The Quality of Care Panel is reviewing a reduced number of complaints.</li> <li>• Assurance work carried out on completed complaints has provided <i>Confident</i> ratings.</li> <li>• Comparisons between the 2017/18 Inpatient Survey cannot be made due to differences in data samples.</li> <li>• The Maternity 2018 In Patient Survey had a 28.6% response rate, however, responses received are positive.</li> <li>• Improvements can be made to enhance future PLACE scores (but limited without funding).</li> <li>• Volunteer services have a number of new opportunities that have been developed to diversify the roles of Volunteers within the organisation.</li> <li>• AccessAble is now live and a formal launch will take place.</li> <li>• Continuing the promotion of the five core principles of the Patient Experience strategy remains a key priority. A poster campaign is to be launched over the next few weeks, to be embedded over six months. The March Board Story will describe a communication element and work is underway in Cancer Services.</li> <li>• The main risk on the Risk Register is around complaints and the timeliness of replies. Complaints have reduced from approximately 220 in the system to less than 80 complaints over the last nine months.</li> <li>• Further improvements cannot be made until appointments are made to vacant roles, however, recruitment will now commence as the substantive appointment has been made to the Assistant Chief Nurse post for Patient Experience.</li> <li>• Work will begin on entering compliments in the system.</li> <li>• Consideration will be given to future Friends and Family surveys. KD is meeting with the Patient Experience Lead at NHS Improvement. Interactive, real-time questionnaires will be considered to capture views.</li> </ul> <p>BG noted the significant improvement in the Maternity Survey, however, considered this was not reflected in the report. KD noted the positive report in a recent Let's Talk article and KD agreed to present the full results of the Maternity Survey to the Quality Committee in March.</p> <p>The report was accepted by the Committee.</p>	Chief Nurse

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Q.2.19.17	<p><b>Freedom to Speak Up (FTSU) Report</b></p> <p>KD discussed the positive quarterly report, the updated action plan and highlighted the following:</p> <ul style="list-style-type: none"> <li>• A Board assessment was carried out last year which noted a number of organisational and communication issues. As a result the action plan has been updated.</li> <li>• LS is the new Non-Executive Director for FTSU.</li> <li>• The role of the FTSU Guardian has been separated into an Executive Director role for FTSU and an FTSU Guardian. Expressions of interest were sought from all Associate Guardians and after a successful recruitment process, SF was appointed as the FTSU Guardian.</li> <li>• All actions are either on track for completion or completed.</li> <li>• Training is provided to Junior Doctors.</li> <li>• Development of Junior Ambassador and Junior Guardian roles is not progressing as expected due to a lack of interest. A further recruitment drive is planned.</li> <li>• Nurse centric function of FTSU Guardian noted due to the ratio of nurses employed.</li> <li>• Elements of harassment, bullying and racism are the main concerns raised.</li> <li>• No specific FTSU Policy, FTSU sign posts and points to other policies and procedures.</li> </ul> <p>LS discussed challenges around digital tools, noted the groundwork undertaken to date, the importance of this work, the difficult conversations, the tackling of poor behaviour and the challenges faced.</p> <p>The report was noted by the Committee.</p>	
Q.2.19.18	<p><b>Statement of Action – Bradford Children’s Social Care</b></p> <p>KD reported the document discussed at the Executive Management Group meeting, describing systems and processes that the Local Authority in Bradford have put in place following a recent Ofsted review. The FT is helping to test out some of the changes and has considered its own current internal processes. No risks have been identified.</p> <p>An operational Safeguarding Committee is overseeing the changes and KD will report back if necessary. The pace of the changes being implemented by the Local Authority were noted.</p> <p>The Committee noted the report.</p>	
Q.2.19.19	<p><b>National Audit Care at End of Life</b></p> <p> National Audit for Care at End of Life.fir</p> <p>KD introduced EP who was welcomed to the meeting. EP discussed the National Audit of Care at the End of Life, which takes place every alternate year in acute hospitals. The case note audit of all adult deaths in May 2018 in Bradford Royal Infirmary (BRI) and between April and June 2018 at St Luke’s Hospital (SLH), Westbourne Green (WBG) and Westwood Park (WWP) were audited.</p>	

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	<p>The Carer survey sent to all relatives, during the audit period, is linked to the case note review. Concern was raised of the lack of next of kin details available on the EPR system.</p> <p>EP highlighted:</p> <ul style="list-style-type: none"> <li>• Provision of end of life education to all staff who frequently care for patients at the end of life/communication skills workshops.</li> <li>• A sample of 79 deaths were audited at BRI. All deaths were audited within the Community Hospitals.</li> <li>• The categories and results for BRI, SLH, WBG and WWP hospitals were discussed against the National Summary Score.</li> <li>• Nursing figures nationally per one hundred beds noted to be 2.88 nurses, compared to 0.43 at BRI.</li> <li>• The national audit is due to be repeated after April 2019.</li> <li>• Plan devised in order EPR may assist further.</li> <li>• Areas of improvement discussed to enable the team to equal the national results.</li> </ul> <p>The current position was noted by the Committee who advised issues are escalated through the operational management structure.</p> <p>KD will further discuss with BG, discuss the findings at the Executive Management Group meeting and provide an update to the March meeting.</p> <p>LS thanked EP for the presentation.</p>	Chief Nurse
Q.2.19.20	<p><b>Research Translation and Innovation Committee Report</b></p> <p>BG noted the following:</p> <ul style="list-style-type: none"> <li>• Excellent performance continues in relation to some of the quantitative measures of research.</li> <li>• Research continues to be embedded into influencing the most favourable outcomes for patients.</li> <li>• A recent presentation at the Board Development Day in February described the way forward and the strategic direction.</li> </ul> <p>The report was accepted by the Committee.</p>	
Q.2.19.21	<p><b>‘Big data’ – understanding externally reviewed data</b></p> <p>BG noted a number of concerns had been raised concerning the measurement of information both externally and internally.</p> <p>Following a meeting with the CQC and NHS Improvement, agreement had been made to consider a single dashboard for maternity services, to agree metrics and ensure data is used appropriately. Going forward the Maternity dashboard will be fed into the Maternity review programme.</p>	
Q.2.19.22 Q.2.19.22.1	<p><b>Any Other Business</b></p> <p><b>Current Ongoing Review of Children’s Safeguarding</b></p> <p>KD informed the Committee the FT was notified on 21 February 2019 of a review to be undertaken of children’s safeguarding by the CQC.</p>	

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	The CQC visited the Maternity Unit on 28 January 2019 and Accident and Emergency and Paediatrics on 29 January 2019. No exceptions have been raised to date.	
<b>Q.2.19.23</b>	<b>Matters to share with other Committees</b> End of Life issues – Integrated Governance and Risk and the Division of Medicine and Integrated Care.	
<b>Q.2.19.24</b>	<b>Matters to escalate to the Strategic Risk Register</b> There were no issues to escalate to the Strategic Risk Register.	
<b>Q.2.19.25</b>	<b>Matters to Escalate to the Board of Directors</b> There were no matters to escalate to the Board of Directors.	
<b>Q.2.19.26</b>	<b>Items for Corporate Communications</b> There were no items for Corporate communication.	
<b>Q.2.19.27</b>	<b>Agenda items for meeting scheduled 27 March 2019</b> The draft agenda for the March meeting was noted. Item to be discussed at the commencement of the meeting - Strategic Risk Register.	
<b>Q.2.19.28</b>	<b>Date and time of next meeting</b> Wednesday 27 March 2019, 14.00-16.00, Conference Room, Field House, Bradford Royal Infirmary.	



Bradford Teaching Hospitals  
NHS Foundation Trust

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST**  
**ACTIONS FROM QUALITY COMMITTEE – 27 February 2019**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
30.01.19	Q.1.19.28	<b>Maternity Services Quarter 3 Report</b> Risk posed by Obstetric Theatre Ventilation – A report is expected to the Infection, Prevention and Control Committee in February with an update to be provided to the February Quality Committee.	Chief Nurse	27/03/19	27/02/19: The update on Ventilation will be included in next month's Infection Prevention and Control Quarterly report. Full report received by the Integrated Governance and Risk Committee. Host of work underway in Maternity. <u>Action completed.</u>
27.02.19	Q.2.19.5	<b>Strategic Risks relevant to the Committee</b> The Committee noted the risk related to Referral to Treatment (RTT), and queried whether this was considered in the context of performance, this will be discussed at the Integrated Governance and Risk Committee to confirm they are assured that the risk associated with RTT performance is being effectively mitigated.	Director of Governance and Corporate Affairs	27/03/19	Discussed at IGRC on 20/3/19 and considered in relation to performance. <u>Action completed.</u>
27/02/19	Q.2.19.11	<b>Clinical Effectiveness Quarter 3 Report 2018/2019</b> The management and assurance processes associated with the conduct of, and assurance related to National Confidential Enquiry into Patient Outcome and Death (NCEPOD) studies. Three reports were published in Quarter 3, and one published in Quarter 2 is being considered by the Learning Hub, and a full 'learning' report will be submitted to the Committee in March.	Director of Governance and Corporate Affairs	27/03/19	Included on the agenda. <u>Action completed.</u>

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27/02/19	Q.2.19.14	<b>Nurse Staffing Data Publication – January 2019</b> Sepsis - Following discussion the Committee agreed the appendix is not commensurate with the improvements and the 'sepsis' column should be removed. Presentation of the information will be reconsidered by KD.	Chief Nurse	27/03/19	<u>Action completed.</u>
27/02/19	Q.2.19.16	<b>Patient Experience Quarter 3 Report</b> BG noted the significant improvement in the Maternity Survey, however, considered this was not reflected in the report. KD noted the positive report in a recent Let's Talk article and KD agreed to present the full results of the Maternity Survey to the Quality Committee in March.	Chief Nurse	27/03/19	Item included on the agenda. <u>Action completed.</u>
27/02/19	Q.2.19.19	<b>National Audit Care at End of Life</b> KD will further discuss with BG, discuss the findings at the Executive Management Group meeting and provide an update to the March meeting.	Chief Nurse	27/03/19	A verbal update will be provided.
30.01.19	Q.1.19.13	<b>Focus on: Safer Procedures</b> An updated of the work to be provided to the Quality Committee in April 2019.	Chief Medical Officer	24/04/19	
27/02/19	Q.2.19.6	<b>Board Assurance Framework (BAF)</b> The Committee agreed that the rationale for the assurance level, for the objective, to provide outstanding care for our patients, was agreed as, 'The Committee has increasing confidence that the structures and processes to identify and support the mitigation of risk associated with the achievement of this strategic objective are established'. The Quality	Director of Governance and Corporate Affairs	24/04/19	

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		Committee recognises the improvements that have been made. A formal review will take place of the previous twelve months at the April Quality Committee.			
27/02/19	Q.2.19.11	<b>Clinical Effectiveness Quarter 3 Report 2018/2019</b> The Committee recommended the High Priority Audit Plan is linked to the High Priority Improvement Plan which will be submitted to the Committee in April 2019 in order to streamline processes. The Committee agreed local audits will now only be undertaken if they link to quality, therefore, driving improvements.	Director of Governance and Corporate Affairs	24/04/19	
28.03.18	Q.3.18.5	<b>(NICE Guidance on Rheumatoid Arthritis: Compliance and Issues) Triangulation of Data.</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	26/06/19	Will be progressed by the new Trust Secretary. Timescale to be confirmed. 27/06/18: Deferred to November 2018 following October Board development day. 28/11/18: Topic to be considered for inclusion at February 2019 Board Development Session.  12/12/18: Clarity requested from Committee on what is required and if this should be picked up under action Q.9.18.23 - 'Big data' Understanding externally reviewed data. TC explained this is related to pre-cursor data and triangulation of data across the Trust and is not just

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					for Rheumatoid Arthritis. BG explained this is linked to measuring outcomes in a consistent way with the CCG and needs to be developed from January 2019 for a duration of 6 months preferably starting with Maternity. Update to be provided in 6 months.
30.01.19	Q.1.19.7	<b>Implications of new Committee Terms of Reference</b> The Terms of Reference were approved to be revisited in six months' time to ensure alignment.	Director of Governance and Corporate Affairs	31/07/19	
30.01.19	Q.1.19.14	<b>Focus on: Infection Prevention and Control Exception Report</b> Checks are now in place and following further education a nurse-led project through the Infection Prevention and Control Committee will be carried out monitoring the use of urinary catheters. A report will be submitted in July 2019.	Chief Nurse	31/07/19	
30.01.19	Q.1.19.14	<b>Focus on: Infection Prevention and Control Exception Report</b> A progress report will follow in the Quarter 2 Infection, Prevention and Control report 2019.	Chief Nurse	31/07/19	
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	