

**QUALITY COMMITTEE  
MINUTES, ACTIONS & DECISIONS**

<b>Date:</b>	Wednesday 29 May 2019	<b>Time:</b>	14:00 to 16:30
<b>Venue:</b>	Conference Room, Field House, Bradford Royal Infirmary	<b>Chair:</b>	Ms Selina Ullah 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) via telephone</li> <li>- Ms Selina Ullah, Non-Executive Director (SU)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Ms Karen Dawber, Chief Nurse (KD)</li> <li>- Dr LeeAnne Elliott, Deputy Chief Medical Officer (LAE)</li> <li>- Ms Cindy Fedell, Chief Digital and Information Officer (CF)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Mr Matthew Horner, Director of Finance (MH) for agenda item Q.5.19.10</li> <li>- Dr LeeAnne Elliott, Deputy Chief Medical Officer (LAE) representing Dr Bryan Gill</li> <li>- Dr Tanya Claridge, Director of Governance and Corporate Affairs (TC)</li> <li>- Juliet Kitching (Minute taker)</li> </ul>		

No.	Agenda Item	Action
<b>Q.5.19.1</b>	<p><b>Apologies for Absence</b></p> <p>Mr Jon Prashar, Non-Executive Director (JP)</p> <p>Dr Bryan Gill, Chief Medical Officer (BG) represented by Dr LeeAnne Elliott, Deputy Chief Medical Officer (LAE)</p>	
<b>Q.5.19.2</b>	<p><b>Declaration of Interests</b></p> <p>There were no declarations of interest.</p>	
<b>Q.5.19.3</b>	<p><b>Minutes and Actions of the Quality Committee meeting held on 24 April 2019</b></p> <p>The minutes of the last meeting were approved as a correct record subject to the addition of 'Haemoglobinopathy' being added to bullet point 3 of agenda item Q.4.19.7 Quality Oversight System Report.</p>	
<b>Q.5.19.4</b>	<p><b>Matters Arising</b></p> <p>The Committee noted that the following actions had been concluded:</p> <p>Q.3.19.21 (27.03.19) – Clinical Services Strategy.</p> <p>Q.4.19.4.1 (24.04.19) – Matters Arising from the Board of Directors.</p> <p>Q.4.19.7 (24.04.19) - Quality Oversight System Report.</p> <p>Q.4.19.12 (24.04.19) – Nurse Staffing Data Publication – March 2019.</p> <p>Q.4.19.16 (24.04.19) – Leadership Walkround Quarterly Update.</p> <p>Q.4.19.17 (24.04.19) – 2019/2020 Operational Plan.</p> <p>Q.4.19.18 (24.04.19) – 2019/2025 Risk Management Strategy.</p> <p>Q.4.19.19 (24.04.19) – Quality Management System.</p> <p>Q.4.19.20 (24.04.19) – Draft BTHFT Quality Report 2018/19.</p>	

No.	Agenda Item	Action
Q.5.19.4.1	<b>Matters Arising from the Board of Directors</b> To review Strategic Objective 4 – For discussion in agenda item Q.5.19.8.	
Q.5.19.4.2	<b>Matters Escalated from Sub-Committees</b> SU 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> <p>There were no issues of note from the above.</p>	
Q.5.19.5	<b>Board Assurance Framework (BAF)</b> SU noted the Board Assurance Framework is reviewed in the context of papers discussed within the agenda items for review at the end of the meeting. <p>The key strategic risks to note with a current risk level of 'extreme' or 'high' were highlighted:</p> <ul style="list-style-type: none"> <li>• No working autoclave machines ensuring effective decontamination of infected samples prior to disposal – Risk number 3313 – This is a new risk added in April and has been discussed at the Integrated Governance and Risk Committee. A new machine is expected to be in place to resolve the issue by August. Mitigation is in place. The risk is being minimised around the TB work with a delay in repatriating TB testing work until the equipment is in place.</li> <li>• Microbiology – Risk number 3369 – To be discussed in agenda item Q.5.19.12.</li> <li>• Health and Safety – Risk number 3378 – Lack of appropriate training, situations involving violent and aggressive patients requiring de-escalation or ultimately restraint will not be managed effectively or safely resulting in harm to patients and/or staff. The Integrated Governance and Risk Committee agreed KD would be the Executive Lead with support from TC, and organise a review and gap analysis as to how issues are progressed. A Task and Finish group has been established to map out the whole process from de-escalation to restraint. Measures have been put in place particularly around the management of vital signs during restraint. An improved position is expected by June.</li> <li>• Microbiology – Risk number 2968 – To be discussed in agenda item Q.5.19.12.</li> <li>• Mental Health – Risk number 3380 – Added to the register in April 2019. Risk that patients with a mental health diagnosis may not be treated appropriately due to a lack in staff knowledge/awareness and provision of expert clinical advice (mental health). Mental Health awareness week has now taken place with some additional training provided for staff. There is now a seconded member of staff providing support to the Adult Safeguarding Team. The Committee noted that as actions are taken the risk should begin to reduce.</li> <li>• Haemoglobinopathy – Risk number 3374 – To be discussed in agenda item Q.5.19.11.</li> </ul>	

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	<p>TC noted an additional issue reflected on the Risk Register around clinical waste due to the national incinerator capacity issue, which has been discussed through the Health and Safety Committee and the Integrated Governance and Risk Committee. Further containers are being brought on to the Foundation Trust (FT) site and the length of time the FT will have refrigerated storage onsite has been increased.</p> <p>The report was noted by the Committee.</p>	
<p><b>Q.5.19.6</b></p>	<p><b>Quality Dashboard</b></p> <p>SU noted the quality dashboard provides a single view of quality and the Quality Committee indicators are aligned to the FT's Strategic Objectives.</p> <p>The key issues were highlighted.</p> <ul style="list-style-type: none"> <li>• Mortality – No change in the mortality data, continuing as expected.</li> <li>• Infection Control – Continuing as expected. The C. difficile objective has changed and a new target issued to encompass some community cases going forward. Work is underway to consider this new target. The new indicator will be visible when the dashboard is redeveloped with a complete data refresh.</li> <li>• MRSA – Continuing as expected.</li> <li>• VTE – Continuing as expected.</li> <li>• Falls with Harm – The heat map will be described under the Nurse Staffing report. The 'falls' description is being reconsidered.</li> <li>• Catheter Urinary Tract Infections – Continuing as expected.</li> <li>• Pressure Ulcers Grade 3 – Figures as expected.</li> <li>• Pressure Ulcers Grade 2 – Slight increase in numbers as expected potentially due to this grade of pressure ulcer having not progressed to Grade 3. The FT is currently not an outlier.</li> <li>• Sepsis indicators – The data is now available weekly and is expected to be recorded weekly going forward. A gradual week on week improvement has been shown.</li> <li>• Night-time transfers – Figures remain very low.</li> <li>• Night-time discharges – Further work has been undertaken and is continuing. A sample of the April cases will be considered.</li> <li>• Complaints Metric – The metrics do not currently reflect the decrease in numbers on the improvement trajectory. The Patient First Sub Committee is reviewing and proposing new metrics. Further information will be provided to the July Committee addressing the complaints closed and complaints working day turnaround time, ensuring this is in line with the newly ratified Complaints Policy.</li> <li>• Risks Not Mitigated - This metric will be refreshed with the review of the dashboard.</li> <li>• Patients Recruited to Research – Good progress noted.</li> </ul> <p>The positive report was noted by the Committee.</p>	<p>Chief Nurse</p> <p>Chief Nurse</p>
<p><b>Q.5.19.7</b></p>	<p><b>Quality Oversight System Report</b></p> <p>The routine report describing the work of the oversight system was presented by TC.</p>	

No.	Agenda Item	Action
	<p>KD discussed in detail a recently declared serious incident regarding a hospital acquired Grade 4 pressure ulcer which had been discussed with Commissioners. A root cause analysis had commenced where initial findings have demonstrated a lack of documented evidence from the Clinical Decisions Unit regarding pressure ulcer advice. The patient was bed ridden, in a plaster cast and had no evidence of any other pressure ulcers.</p> <p>The report was noted by the Committee.</p>	
Q.5.19.8	<p><b>Board Assurance Framework – 12 month formal review: Strategic Objective 4</b></p> <p>This agenda item will be added to the June meeting agenda.</p>	Director of Governance and Corporate Affairs
Q.5.19.9	<p><b>Focus on: The Implementation of Our Quality Plan 2018/19</b></p> <p>In March the progress with 'Our Quality Plan 2018/19' was discussed by the Quality Committee in the context of the organisational restructure and its timeframe was extended to September 2019, as proposed by the Chief Medical Officer and Chief Nurse, to enable a period of engagement and review. TC commissioned from S Kasaven (SK), Assistant Director of Quality Governance, a review to provide assurance in relation to the continued focus on and improvements being made associated with the delivery. The paper is a summary of the content and outcome of the review providing assurance in relation to delivery of the Quality Plan 2018/2019, focussing on developments for 2019 onwards being proportionate, appropriate and describing the achievements and the work ongoing.</p> <p>LS noted the targets in relation to the caring domain were predominantly around the improvement in scores but queried whether the targets had been achieved. KD discussed 'kind and compassionate' care noting the recently published Patient Experience Strategy and that the Patient First Group has been tasked with identifying the key patient experience metrics to measure against to feed into the score card.</p> <p>Results will be celebrated and the Committee thanked TC and SK for the report with gaps being addressed with revised indicators where necessary.</p>	
Q.5.19.10	<p><b>Focus on: 2019/20 Operational Plan</b></p> <p>MH discussed the 2019/20 Operational Plan submitted to NHS Improvement and requested the Committee consider the next steps in relation to assurances regarding qualitative implications in association with activity, quality, workforce and financial planning, membership and the quarterly improvement plan.</p> <p>Previous discussion at the Finance and Performance Committee suggested there should be a systematic approach in terms of how the Committee receive that assurance.</p> <p>Since January 2018 when the last report was received, assessments have been evaluated by the Chief Medical Officer and the Chief Nurse, with any concerns reported back to the Quality Committee. The importance of aligning to other reporting mechanisms in this time of significant change and to ensure the correct assurance levels was noted.</p>	

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	<p>LS agreed to meet with TC, BG, KD and MH in order the workplan is updated.</p>	<p>Director of Governance and Corporate Affairs</p>
<p><b>Q.5.19.11</b></p>	<p><b>Haemoglobinopathy and Haemophilia Services Peer Review Outcome</b> Following a Rapid Response Peer Review visit of the Haemoglobinopathy and Haemophilia Service by NHS England and NHS Improvement Specialist Commissioning Team on 11 April 2019, LAE discussed the paper documenting the FT's response to the concerns raised, the actions being addressed and monitored by the Oncology and Palliative Care Clinical Business Unit, via the Haematology Quality Summit meetings and overseen by the Unplanned Care Group.</p> <p>Since the Peer Review the FT has been informed by NHS England and NHS Improvement Specialist Commissioning Team that the Haemoglobinopathy Service will no longer be recognised as a Specialist Haemoglobinopathy Centre and discussions are on-going with the North Region Specialised Commissioning team and the wider Network as to future management. TC has now received further communication requesting a more detailed action plan from NHS England and NHS Improvement which will be submitted.</p> <p>The paper was noted by the Committee.</p>	
<p><b>Q.5.19.12</b></p>	<p><b>Infectious Diseases Service Mitigation Plan</b> The mitigation plan put in place around the risks relating to recent staff vacancies within the Infectious Disease and Microbiology Services was discussed by LAE. Two letters circulated both internally and externally describing the continued provision and changes to services being provided were noted.</p> <p>Positive feedback has been received to the plans, particularly with regards to Ward 7 and no further issues have been raised. A new Infectious Disease Consultant, with microbiology experience, has now been recruited, and will commence in post in September. The start date of this Consultant coincides with the date a previously employed Consultant returns on a part-time basis.</p> <p>LS noted the robust interim plans with confidence and the communications with Public Health England along with the additional resources provided to the Infection Control Team. The Committee requested an update on the situation in November 2019.</p>	<p>Chief Medical Officer</p>
<p><b>Q.5.19.13</b></p>	<p><b>Serious Incident (SI) Report</b> The Committee considered the paper which summarised the serious incident profile of the Trust for April 2019.</p> <p>Four SIs were declared in April 2019, three being related to pressure ulcers due to identified omissions in care, and one relating to safeguarding concerns for an infant who, following assessment in Accident and Emergency, was suspected to have suffered non-accidental injuries.</p>	

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	<p>A serious case review is likely to be commissioned by the local Safeguarding Children's Board and the SI transferred to reflect a system-wide incident rather than one attributed to the FT. Immediate and appropriate actions have been put in place.</p> <p>There were no Never Events declared in April 2019.</p> <p>One SI was concluded in April 2019, 2019/115 - Delay in the diagnosis of a brain tumour in an adult. The findings and action plan were noted. As a result of the investigation developmental exercises will be undertaken and a standardised format for reporting will be compiled with input from TC, LAE and S Scales, Deputy Chief Nurse. Further information will be sought around 'first fits', the use of NICE guidance around epilepsy management in the Accident and Emergency Department and exploring issues around unbiased opinions/assumptions, for example regarding alcohol. This issue will be discussed via the Learning Hub. An exception report will be brought back to the June Committee.</p> <p>The Committee noted the report and was assured that the FT has processes in place to identify, investigate and learn from serious incidents. The high quality investigations produced by the team were noted.</p>	<p>Director of Governance and Corporate Affairs</p>
<p><b>Q.5.19.14</b></p>	<p><b>Safeguarding Adults Annual Report 2018-19</b></p> <p>KD presented the comprehensive report produced by Sarah Turner, Named Nurse for Safeguarding Adults, and the self-assessment paper rating/assuring the FT as 'green' for all areas.</p> <p>The key recommendations were noted:</p> <ul style="list-style-type: none"> <li>• Monitoring patients with a mental health diagnosis against NCEPOD recommendations.</li> <li>• Increased scrutiny in the provision of services for patients with a learning disability following the introduction of the national Learning Disability Standards.</li> <li>• Proposed changes to the Mental Capacity Act in relation to the Deprivation of Liberty Safeguards which has received Royal assent. Work to be undertaken to understand the implications of practice in relation to the change in legislation. Learning events have been planned.</li> </ul> <p>A comprehensive presentation on the FT's responsibilities will be provided to the Committee in September.</p> <p>KD noted until recently there had been a lack of engagement to links within the Care Trust, however, discussions are underway with the Acting Medical Director and Nurse Director. Work is progressing in relation to pharmacy issues and rapid advice.</p> <p>TC will ask the Medicine Safety Committee, via the Patient First Committee, to look at the governance process around the issue of an external provider prescribing or dictating a drug or treatment regime where Trust staff are unfamiliar.</p> <p>CF noted the interface between the Care Trust and the FT is due to 'go-live' shortly.</p>	<p>Chief Nurse</p>



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	<p>The Committee received the report and the findings were noted. ST and her staff were commended on their achievements of the actions.</p>	
<p><b>Q.5.19.15</b></p>	<p><b>Nurse Staffing Data Publication – April 2019</b>  The following were highlighted by KD.</p> <ul style="list-style-type: none"> <li>• One Datix incident was reported as an example of harm. As a result of staffing levels the Registered Nurse had recognised there was the potential for this level to be unsafe, however, there were no occasions of less than two registered nurses on a shift.</li> <li>• The deteriorating performance on Ward 3, based on harms was discussed potentially due to the Matron assisting Ward 6. A definite improvement in standards has recently been observed and the Ward 3 Matron has now returned. Positive recent publication of the SSNAP data is a Level B in relation to Ward 6.</li> <li>• The Heat maps have been reviewed and a number of recommendations made – Falls with no harm are not rated. <ul style="list-style-type: none"> <li>• All patient harms remain rated as red.</li> <li>• Areas with planned numbers of one or less are not recorded as red.</li> <li>• The Friends and Family Test has been coded as amber when less than 95% recommended.</li> </ul> </li> </ul> <p>Following discussion KD and CF will discuss the presentation of the information and nursing quality metrics. A Task and Finish group will be set up to report back to the Committee in four months' time in order the Committee are provided with the information required for appropriate assurance.</p> <p>The report was accepted by the Committee.</p>	<p>Chief Nurse</p>
<p><b>Q.5.19.16</b></p>	<p><b>Information Governance (IG) Report</b>  CF reported that the statistics provided in the report, including training, are consistent with previous months and noted the data quality metrics are being refreshed.</p> <p>Since the publication of the report the FT has declared a reportable information governance breach to the Information Commissioner's Office. The incident involved a patient's correspondence. An investigation is underway and further information will be provided once the investigation is complete. The Information Commissioner to date has not responded to the incident being logged and is unlikely to respond until further information is provided.</p> <p>The report was received by the Committee.</p>	
<p><b>Q.5.19.17</b></p>	<p><b>Clinical Effectiveness Quarter 4 Report</b>  TC discussed the report providing an overview of the progress of the FT highlighting the key areas of concern.</p> <ul style="list-style-type: none"> <li>• Continued delays in the implementation of NICE guidance related to the assessment of risk for, and management of Venous Thrombo-embolism.</li> <li>• Implementation of the NICE sepsis guidance.</li> <li>• The case ascertainment of a number of national audits.</li> <li>• The variable approach to controlling data quality when audit data is submitted to the national audit providers.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• A number of national audits where Trust performance in relation to specific standards has been identified as worse than expected.</li> <li>• The sensitivity of care group governance structure to identify and manage emergent risk from the national and local audit process.</li> <li>• The number of Trust-wide clinical guidelines that have exceeded their planned deadline for review.</li> </ul> <p>TC noted the FT is moving to a programme of restructure of the quality governance team in order to strengthen and centralize national audit functions. The team objectives will be discussed with BG and KD.</p> <p>The Committee approved the report.</p>	
Q.5.19.18	<p><b>Clinical Audit Annual Report</b></p> <p>The report outlined the clinical audit activity carried out across the FT from 1 April 2018 to 31 March 2019 including the management and planned improvements to management of clinical audit, completion, performance, processes and outcomes of audit.</p> <p>TC assured the Committee of the effective systems and processes in place in the organisation to pick up areas of risk. The Committee were assured of the appropriate systems and processes in place to have oversight of clinical effectiveness and around clinical audit, and the robust structures under-pinning the process.</p> <p>The Committee were assured by the report.</p>	
Q.5.19.19	<p><b>Learning from Deaths – Quarterly Report</b></p> <p>LAE reported all mortality reviews carried out in the FT are expected to be conducted using structured judgement reviews and examples were noted. A small minority of reviews have identified poor care, however, none of these were identified to have had a direct causal relationship to the outcome of the case. Any concerns are reviewed through the Quality Governance system. Analysis of Healthcare Evaluation Database (HED) data is routinely done and areas of concern reported, followed up and reviewed. The Learning from Deaths work is now being realigned within the governance structure and will transition to the Governance team, further updates on this process will be provided to the Quality Committee as this realigns. TC noted that once embedded within the governance process some of the mandated statements within the Quality Account will be fulfilled.</p> <p>A joint approach with Airedale is currently under discussion around the implementation of the role of the medical examiner.</p> <p>The report and the progress made with the mortality reviews, learning and the national mortality statistics were noted by the Committee.</p>	
Q.5.19.20	<p><b>Patient Experience Annual Report (including Quarter 4 report)</b></p> <p>The report provided an update on the work of the Patient First Sub-Committee and included a report from Complaints (Quarter 4) and the Patient Advice and Liaison Service.</p>	



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	<p>KD highlighted:</p> <ul style="list-style-type: none"> <li>• The launch and continued rollout of the Patient Experience Strategy.</li> <li>• AccessAble go-live.</li> <li>• Reports from other groups, eg Learning Disability and Dementia.</li> <li>• Patient Experience Collaborative work.</li> <li>• National In-patient Survey – Results are awaited and due to significant differences in this year's sample, comparison with last year's results is not possible and returns of national CQC comparative results are awaited. A focus report and action plan will be presented at the June meeting.</li> <li>• Friends and Family Test results.</li> <li>• Complaints – No complaints graded as extreme or high during Quarter 4. The theme of the majority of complaints is in relation to appropriateness of treatment. The number of complaints relating to Accident and Emergency have reduced significantly, over 50%, during Quarter 4.</li> </ul> <p>The Patient First Sub-Committee will produce a revised workplan based on the Patient Experience Strategy.</p> <p>The Committee were assured that all issues are discussed at the Learning Hub and the Divisions are informed regarding all complaints.</p> <p>Concerns were raised over perceptions around appropriateness of treatment and discussions and conversations not being passed on by patients to, for example their families which then resulted in a complaint.</p> <p>The Committee noted the focussed work underway around the strategy, Quality Improvement, improving the quality of responses and reducing the number of complaints.</p>	Chief Nurse
Q.5.19.21	<p><b>Freedom to Speak Up Annual Report (including Quarter 4 report)</b></p> <p>The report was discussed by KD highlighting the following:</p> <ul style="list-style-type: none"> <li>• The action plan had been updated as a result of the Board Development session.</li> <li>• The number of anonymous and other (staff group) concerns raised in Quarter 4. All were believed to be nursing complaints with 12 out of 14 relating to Accident and Emergency when management changes were occurring. The difficulties in responding to anonymous concerns were noted with advice taken from the National Guardian's Office. Drop in sessions in Accident and Emergency were organised with the staff and in addition, KD, BG and S Shannon, Chief Operating Officer, held weekly drop in sessions. No further FTSU concerns have since been received relating to Accident and Emergency.</li> </ul> <p>The report was noted by the Committee.</p>	
Q.5.19.22	<p><b>Programmed Review of Effectiveness, Safety and Sensitivity (ProGRESS) 2018/2019, Quarters 3 and 4</b></p> <p>The ProGRESS report was noted for Quarters 3 and 4 assessing compliance against the Care Quality Commission (CQC) fundamental standards using a programme of planned and responsive reviews to identify risks, opportunities for change or improvement and highlighting transferrable learning.</p>	

No.	Agenda Item	Action
	<p>TC noted:</p> <ul style="list-style-type: none"> <li>Completed mock inspections of the Trust by core service.</li> <li>Completed review of cyber security.</li> <li>Completed review of staff understanding of the Mental Health Strategy.</li> <li>Completed ProgRESS review of Dignity and Respect.</li> <li>Continue to embed a programme of Ward and Environmental Assurance reviews.</li> <li>Four week campaign run to implement and measure a ward based safety checklist.</li> <li>A number of areas are planned for review and a compliance and risk group will direct the programme.</li> </ul> <p>The report and the on-going work were noted by the Committee.</p>	
<b>Q.5.19.23</b>	<p><b>Maternity Incentive Scheme – Year 2 Safety Actions</b></p> <p>KD noted due to the volume of evidence-based work required for the Maternity Incentive Scheme by the submission date of August 2019, it would be useful to discuss the scheme. The FT was successful in achieving the ten safety actions in year one. The ten safety action categories remain unchanged in year two, however, a greater depth of evidence is required to demonstrate compliance with some safety actions requiring Board level sight or sign-off prior to submission. The ten safety actions were discussed and the timetable for sign-off was noted. Discussion, and where appropriate sign-off, will take place with Commissioners as required. The Committee noted the update on this Avoid Term Admissions into Neonatal Units (ATAIN) action plan.</p> <p>KD envisaged the process will be completed one week prior to the 15 August 2019 deadline.</p> <p>The comprehensive presentation was noted by the Committee.</p>	
<b>Q.5.19.24</b> <b>Q.5.19.24.1</b>	<p><b>Any Other Business</b></p> <p>KD and TC will discuss the BAF outside of the meeting and the document will be circulated to the Committee. The statement will remain as previously and the assurance rating was discussed, remaining green.</p>	Director of Governance and Corporate Affairs
<b>Q.5.19.25</b>	<p><b>Matters to share with other Committees</b></p> <p>There were no matters to share with other Committees.</p>	
<b>Q.5.19.26</b>	<p><b>Matters to escalate to the Strategic Risk Register</b></p> <p>There were no issues to escalate to the Strategic Risk Register.</p>	
<b>Q.5.19.27</b>	<p><b>Matters to Escalate to the Board of Directors</b></p> <p>There were no issues to escalate to the Board of Directors.</p>	
<b>Q.5.19.28</b>	<p><b>Items for Corporate Communications</b></p> <p>There were no items for Corporate Communications.</p>	
<b>Q.5.19.29</b>	<p><b>Agenda items for meeting scheduled 26 June 2019</b></p> <p>The draft agenda for the June meeting was noted to include:</p>	

No.	Agenda Item	Action
	Strategic Objective 4. Focus on: Maternity. Focus on: In-patient Survey.	
<b>Q.5.19.30</b>	<b>Date and time of next meeting</b> Wednesday 26 June 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 – 29 May 2019**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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 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.
29/05/19	Q.5.19.16	<b>Quality Dashboard</b> Night-time discharges – Further work has been undertaken and is continuing. A sample of the April cases will be considered.	Chief Nurse	26/06/19	
29/05/19	Q.5.19.8	<b>Board Assurance Framework – 12 month formal review: Strategic Objective 4</b> This agenda item will be added to the June meeting agenda.	Director of Governance and Corporate Affairs	26/06/19	Added to June agenda – action closed.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
29/05/19	Q.5.19.10	<b>Focus on: 2019/20 Operational Plan</b> LS agreed to meet with TC, BG, KD and MH in order the workplan is updated.	Director of Governance and Corporate Affairs	26/06/19	
29/05/19	Q.5.19.13	<b>Serious Incident Report</b> Further information will be sought around 'first fits', the use of NICE guidance around epilepsy management in the Accident and Emergency Department and exploring issues around unbiased opinions/assumptions, for example regarding alcohol. This issue will be discussed via the Learning Hub. An exception report will be brought back to the June Committee.	Director of Governance and Corporate Affairs	24/07/19	TC - Deferred to July agenda due to size of June agenda and timing of learning hub.
29/05/19	Q.5.19.20	<b>Patient Experience Annual Report (including Quarter 4 report)</b> National In-patient Survey – Results are awaited and due to significant differences in this year's sample, comparison with last year's results is not possible and returns of national CQC comparative results are awaited. A focus report and action plan will be presented at the June meeting.	Chief Nurse	26/06/19	Added to June agenda – action closed.
29/05/19	Q.5.19.24.1	<b>Any Other Business</b> KD and TC will discuss the BAF outside of the meeting and the document will be circulated to the Committee. The statement will remain as previously and the assurance rating was discussed, remaining green.	Director of Governance and Corporate Affairs	26/06/19	

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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	24/07/19	Added to July agenda.
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	24/07/19	Added to July agenda.
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	24/07/19	Added to July agenda.
24/04/19	Q.4.19.7	<b>Quality Oversight System Report</b> Haemoglobinopathy/Haematology – KD and BG have met with the team and a formal update of the response will be presented to the May Quality Committee.	Chief Medical Officer/ Chief Nurse	24/07/19	29.05.19: Haemoglobinopathy update to be discussed. An update on Haematology will be provided in July 2019 following the Quality Summit. Added to July agenda.
29/05/19	Q.5.19.6	<b>Quality Dashboard</b> Complaints Metric – The metrics do not currently reflect the decrease in numbers on the improvement trajectory. The Patient First Sub Committee is reviewing and proposing new metrics. Further information will be provided to the July Committee addressing the complaints closed and complaints working day turnaround time, ensuring this is in line with the newly ratified Complaints Policy.	Chief Nurse	24/07/19	To be included in the July dashboard paper.



Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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	
27/03/19	Q.3.19.21	<b>Clinical Services Strategy</b> Due to the new operational structure currently being implemented the strategy for 2019/20 will be resubmitted to the Quality Committee in September 2019.	Director of Governance and Corporate Affairs	25/09/19	
29/05/19	Q.5.19.14	<b>Safeguarding Adults Annual Report 2018-19</b> A comprehensive presentation on the FT's responsibilities will be provided to the Committee in September.	Chief Nurse	25/09/19	
29/05/19	Q.5.19.15	<b>Nurse Staffing Data Publication – April 2019</b> Following discussion KD and CF will discuss the presentation of the information and nursing quality metrics. A Task and Finish group will be set up to report back to the Committee in four months' time in order the Committee are provided with the information required for appropriate assurance.	Chief Nurse	25/09/19	
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	25/09/19	18.6.19 – Report not yet published. LS and KD met with the team in early June. Update deferred to September meeting when publication expected. 27.03.19: Report not yet published. Details to be submitted to the Quality Committee on publication.
24/04/19	Q.4.19.9	<b>Focus on: Safer Procedures</b> The Committee commended and received assurance of the work of the team and Dr L A Elliott as Lead. An update will be provided in 6 months' time.	Chief Medical Officer	30/10/19	



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Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
29/05/19	Q.5.19.12	<b>Infectious Diseases Service Mitigation Plan</b> The Committee requested an update on the situation in November 2019.	Chief Medical Officer	27/11/19	