

**QUALITY COMMITTEE  
MINUTES, ACTIONS & DECISIONS**

<b>Date:</b>	Wednesday 26 June 2019	<b>Time:</b>	14:00 to 16:30
<b>Venue:</b>	Conference Room, Field House, Bradford Royal Infirmary	<b>Chair:</b>	Professor Laura Stroud Non-Executive Director
<b>Present:</b>	<p><b>Non-Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Professor Laura Stroud, Non-Executive Director (LS)</li> <li>- Ms Selina Ullah, Non-Executive Director (SU)</li> <li>- Mr John 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>- Mrs Sara Hollins, Head of Midwifery (SH) in attendance for agenda item Q.6.19.8</li> <li>- Ms Alison Powell, Midwifery Matron (AP) in attendance for agenda item Q.6.19.8</li> <li>- Ms Vicky Cotter and Jemma Tesseyman, Named Nurses/Safeguarding Children Specialist Nurse Practitioners (VC/JT) in attendance for agenda items Q.6.19.11 and Q.6.19.12</li> <li>- Ms Claire Chadwick, Nurse Consultant Infection Control (CC) in attendance for agenda item Q.6.19.14</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.6.19.1</b>	<b>Apologies for Absence</b> There were no apologies.	
<b>Q.6.19.2</b>	<b>Declaration of Interests</b> There were no declarations of interest.	
<b>Q.6.19.3</b>	<b>Minutes and Actions of the Quality Committee meeting held on 29 May 2019</b> The minutes of the last meeting were approved as a correct record subject to the correction of Q.5.19.4.2 – Matters escalated from sub-committees which should read ‘SU’ rather than ‘LS’.	
<b>Q.6.19.4</b>	<b>Matters Arising</b> The Committee noted that the following actions had been concluded: Q.5.19.8 (29.05.19) – Board Assurance Framework – 12 month formal review: Strategic Objective 4. Q.5.19.20 (29.05.19) – Patient Experience Annual Report (including Quarter 4 report). Q.5.19.24.1 (29/05/19) – Any Other Business.	
<b>Q.6.19.4.1</b>	<b>Matters Arising from the Board of Directors</b> There were no matters arising.	

No.	Agenda Item	Action
Q.6.19.4.2	<p><b>Matters Escalated from Sub-Committees</b></p> <p>LS reminded the Committee of the Sub-Committees of the Quality Committee:</p> <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.6.19.5	<p><b>Board Assurance Framework (BAF) and Strategic Risks relevant to the Committee</b></p> <p>LS noted the Board Assurance Framework is reviewed in the context of papers discussed within the agenda items and the assurance provided will be reviewed in the framework at the end of the meeting.</p>	
Q.6.19.6	<p><b>Quality Dashboard</b></p> <p>The Quality Committee Dashboard provides a single view of quality aligned to the Foundation Trust (FT's) strategic objectives which will be considered at the end of the meeting following discussion of the agenda items.</p>	
Q.6.19.7	<p><b>Quality Oversight System Report</b></p> <p>The routine report describing the work of the oversight system was presented by TC.</p> <p>TC reported:</p> <ul style="list-style-type: none"> <li>• The daily risk 'huddle' occurred every single day as required along with the review of Datix information 'risk huddle'. Twenty incidents were referred to the Performance Management Group.</li> <li>• The Quality of Care group considered twenty incidents, declared one Serious Incident, reported two level 1 investigations and two clinical reviews.</li> <li>• Three live Quality Summit processes are in place ie Maternity, Accident and Emergency and Haematology.</li> <li>• The Learning Hub is focusing on Quality Improvement to ensure all changes in evidence of learning are captured and embedded.</li> </ul> <p>LS alluded the Committee to a recent very instructive Radio 4 documentary regarding a patient journey of admissions and discharges. BG noted the virtual ward tracking of patient information in order discharges can be planned. Future challenges in the structure of the Bradford population were noted, however, co-morbidity in the population and readmissions are under consideration.</p> <p>No complaints, incidents, escalations or inquests have been noted and End of Life discussions are proactive within the FT.</p> <p>KD noted safety thermometer work may be identified as an area of development in connection with ward moves and transfers.</p>	

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	The report was noted by the Committee.	
Q.6.19.8	<p><b>Focus on: Maternity</b>  <b>QI Journey and the Annual report and Maternity Incentive Scheme</b>  AP was welcomed to the meeting to present Quality Improvement (QI) – Our Maternity Journey and introductions were made.</p> <p>The following were reported:</p> <ul style="list-style-type: none"> <li>• A national maternal and neonatal health safety collaboration commenced almost three years ago.</li> <li>• Following a successful application, the FT was chosen to be in Wave 1 with a year of learning and support in QI methods provided. Four projects were undertaken:</li> <li>• Human Dimensions: Create a learning system – A comprehensive learning system was devised which led to practice changes through learning, QI methods and the use of tools.</li> <li>• Systems and Processes: Design and implement highly reliable and effective pathways of care.</li> <li>• Clinical Excellence: Improve the detection and management of neonatal hypoglycaemia.</li> <li>• Person Centred: Work with mothers and families to improve their experience of safer care.</li> </ul> <p>AP provided examples of the positive impacts/changes made within each area, including staff induction, pathway delivery, patient experience, timeliness of care, communication, reduced transfer delays, key safety improvements, improved work experience, standard operating procedures and safety huddles.</p> <p>The reduction in the Bradford still birth rate was highlighted since this work commenced. Benchmarking led to work around regional guidelines and the future work underway was described.</p> <p>The Committee noted the areas of excellent practice, the positive report and the enthusiasm from this very powerful presentation.</p> <p>BG referenced the EMMI (patient engagement) programme for which initial discussions are commencing in the FT and the current challenges in relation to antenatal care and induction.</p> <p>KD presented the Maternity Annual Report, A Year of Achievements, with additional evidence for the Maternity Incentive Scheme. The document will be presented to the Board of Directors in July 2019.</p> <p>The activities and achievements of Maternity Services at the FT were noted during 2018/19 and the outline for service forward plan and ambitions for 2019/20. This report, combined with AP's work described the step change of moving forward and moving towards good.</p> <p>KD highlighted:</p> <ul style="list-style-type: none"> <li>• The positive upbeat report.</li> <li>• The challenging yet highly successful year during 2018/19.</li> <li>• The positive impact of changes implemented during 2018/19.</li> </ul>	Chief Nurse

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	<ul style="list-style-type: none"> <li>• Appointment of a standalone Consultant post and appointment of additional midwives and new roles to strengthen the risk and governance process.</li> <li>• Service development changes made following the Royal College of Obstetricians and Gynaecologists' report.</li> <li>• Lessons learned from incidents.</li> <li>• QI work.</li> <li>• 24/7 maternity assessments have been running for approximately six months making a difference in the ability to provide one to one care in labour which is very positive.</li> <li>• References to data.</li> <li>• Diabetes initiatives.</li> <li>• Carers' pathways.</li> <li>• Continuity of care pathway.</li> <li>• Clover Team project.</li> <li>• Increased number of home births in recent months.</li> <li>• Maternity safety agenda around perinatal mortality.</li> <li>• Open day planned for August 2019.</li> </ul> <p>KD noted the desire of the Unit is to move to 'good' with the ambition to be 'outstanding'. Staffing concerns around short-term sickness absence are currently being managed.</p> <p>BG noted the remarkable perinatal trend graph, however, suggested Bradford continues to be a regional and national outlier for still birth and perinatal death and this is being considered in greater detail.</p> <p>The Committee noted the excellent work and considerable confidence provided, noting the embedding of culture.</p>	
Q.6.19.9	<p><b>Board Assurance Framework – 12 month formal review: Strategic Objective 4</b></p> <p>BG discussed the challenges faced by the organisation with regards this objective, and how these should be measured and monitored. Positive conversations with CF around the dashboard in relation to the strategic objectives were noted, relating to tracking of the oversight system and around education and training.</p> <p>The work around Quality Improvement, the elements of learning, teaching, training, education and research fundamental to staff and patient care, and the embedding of processes were discussed. The FT will continue to embed learning across the organisation until recommendations are further discussed and agreed.</p> <p>The Committee noted the proposal.</p>	
Q.6.19.10	<p><b>Serious Incident (SI) Report</b></p> <p>The Committee discussed the SI report which summarised the serious incident profile of the Trust for May 2019.</p> <p>TC noted two SIs reported during May one of which was a pressure ulcer and the second related to an inquest listing where a patient developed a recognised complication of surgery and failed to receive a timely senior review. There was</p>	

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	<p>one SI de-log request in May 2019 relating to a safeguarding issue SI 2019/4093.</p> <p>There were no Never Events declared in May 2019.</p> <p>Immediate actions, where necessary, have been put in place.</p> <p>The Committee noted the report and were assured that the FT has processes in place to identify, investigate and learn from serious incidents.</p>	
<p><b>Q.6.19.11</b></p>	<p><b>Safeguarding Children Annual Report 2018-19</b> VC and JT were welcomed to the meeting and introductions were made.</p> <p>The work over the last twelve months and plans for the future were highlighted:</p> <ul style="list-style-type: none"> <li>• Invaluable support from KD and S Scales, Deputy Chief Nurse.</li> <li>• Work plan and audit strategy devised with Dr J Sims, Named Doctor for Safeguarding Children.</li> <li>• External issues currently being addressed predominantly due to the recent Ofsted of social care with the impact described on the FT and the challenges due to the lack of a substantive Director of Children's Services for the city.</li> <li>• Positive feedback reported including work around Female Genital Mutilation.</li> <li>• The Lilac SOP, the diversity of patients, the use of interpreters and the additional resource of a Safeguarding Children's Specialist Nurse in Accident and Emergency and the screening of all child attendances and safeguarding in Maternity.</li> <li>• Action plan in place following the February 2019 Care Quality Commission (CQC) review of health services for Children Looked After and Safeguarding in Bradford. The district-wide review highlighted a number of improvements for the FT, particularly within Maternity Services and the Accident and Emergency Department. This is linked to high volumes.</li> <li>• Positive staff training figures for Accident and Emergency safeguarding.</li> <li>• Introduction and successful implementation of Child Protection Information Sharing System used in Accident and Emergency and Maternity.</li> <li>• Recognition of children on adult areas.</li> </ul> <p>The team described a recent complex case and the efficient, timely and effective way this case was dealt with. SU noted the importance of capturing this as a successful evidence-based case study.</p> <p>The Committee noted the positive report, the successful work and the considerable assurance provided.</p>	
<p><b>Q.6.19.12</b></p>	<p><b>CQC Safeguarding Review</b> KD referenced this paper as covered in agenda item Q.6.19.11, following a system-wide review of safeguarding and the recommendations applying across all health partners as a joint action.</p> <p>The action plan for the FT will be included in the district-wide combined health services action plan, monitored through the District Health Safeguarding Children Group and within the FT through the Safeguarding Children Steering</p>	

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	<p>Group. The key themes for the FT were described.</p> <p>The report was noted by the Committee.</p>	
<p><b>Q.6.19.13</b></p>	<p><b>Nurse Staffing Data Publication – May 2019</b>            KD presented the report noting this had been discussed earlier at the Workforce Committee.</p> <p>KD highlighted:</p> <ul style="list-style-type: none"> <li>• To work with CF over the coming months looking at reporting the data in a different form as part of the dashboard.</li> <li>• Information from quality surveillance suggests increased harm regarding pressure ulcers or falls, however, this was noted to be unrelated to staffing. Data from Ward 23 will be reviewed.</li> </ul> <p>The report was noted by the Committee.</p>	
<p><b>Q.6.19.14</b></p>	<p><b>Infection Prevention and Control Annual Report</b>            CC was welcomed to the meeting and introductions were made. CC reported on the key highlights of the quarterly Infection, Prevention and Control report demonstrating the progress against the annual Infection, Prevention and Control programme and the compliance update.</p> <ul style="list-style-type: none"> <li>• The Committee noted the changes to the objectives for Clostridium difficile for 2019/20, the required actions as part of the AMR5 year plan and the measures to contain the current outbreak on Ward 8 with contributory risks highlighted. Work continues with the surgical teams around screening, particularly with the Gastroenterology Department. Environmental sampling has been undertaken and results are awaited.</li> <li>• Active risks on the Risk Register relate to Maternity Theatres, associated ventilation and current waste contingency.</li> <li>• Improvement noted in the MRSA bacteraemia rate.</li> <li>• Programme introduced and embedded in the FT to support the reduction in MSSA bacteraemia.</li> <li>• Clostridium difficile – There were twenty-two cases for the year against a trajectory of fifty with a thirty case trajectory for this year noted. Objectives have been altered and a change in definitions.</li> <li>• Gram-negative blood stream infections – This has been a major area of work over the last year and is expected to achieve a 50% reduction in E coli blood stream infections by 2024. This is a collective objective for both the Community and the FT. An improvement strategy/shared action plan has been agreed with the CQC and Local Authority.</li> <li>• Hydration Quality Improvement – Work with the wards continues and an education package is being developed.</li> <li>• Reduction noted in E coli blood stream infections.</li> <li>• Contributions noted to surgical site infections, eg hips, knees and breast.</li> <li>• Ventilation – A Ventilation Steering Group continues to meet covering issues relating to HTM03-01.</li> <li>• Waste – The contingency arrangements and associated risks continue to be risk assessed. TC is heavily involved in this work.</li> <li>• Compliance in mandatory training has increased to 86% during 2018/19.</li> <li>• Impact reduction in Infectious Diseases/Microbiology Specialty Consultant</li> </ul>	



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	<p>support – A Task and Finish Group has been set up to identify how the Infection, Prevention and Control team could mitigate that loss with some ward based focused assessment.</p> <p>The report recommendations were noted.</p> <p>LS thanked CC for the very thorough, clear, concise and remarkable report. The Committee were confident with the assurance and risk assessments. BG thanked CC and her team for the support given to the challenge faced within Infectious Diseases. From a Public Health perspective, LS noted the close working relationship with the Infectious Disease Consultants in Public Health England and the Health Protection Unit.</p>	
<p><b>Q.6.19.15</b></p>	<p><b>Security Annual Report</b></p> <p>KD presented the document, mandated against the national contract specification and reports on security management issues having regard to NHS Security Management Standards, on behalf of Matthew Horner, Director of Finance, providing assurance in relation to management of security within the FT during 2018/19 and information relating to the key risks and how these are being managed and mitigated. The key theme concerns staff engagement. KD noted the high number of assaults on staff on Ward 15, to be explored, and referenced Ward 7. Staff are extremely skilled in de-escalating these types of issues in some of the areas. There is good staff awareness in the FT, however, the recommendations within the report were noted. No major risks were highlighted.</p> <p>TC described the on-going work around therapeutic holding and physical restraint for which a working group has been organised to support robust compliance of the standards.</p> <p>The report was accepted by the Committee.</p>	
<p><b>Q.6.19.16</b></p>	<p><b>Information Governance (IG) Report</b></p> <p>CF described the changes made to metrics for data quality around business critical data so that they are more representative of the data quality position.</p> <p>The data quality framework is being considered by the Information Governance Sub-Committee next month and will be presented at this Committee afterwards. The framework presents how we look at data quality across the FT.</p> <p>An investigation into the High Risk incident reported is underway and will be presented to this Committee when completed.</p> <p>The report was received by the Committee.</p>	
<p><b>Q.6.19.17</b></p>	<p><b>National In-patient Survey Results and Response</b></p> <p>KD discussed the report providing an overview of the results of the 2018 national CQC In-patient Survey and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Potential data quality issues that have arisen, however, rapid monitoring and improvement plans have been put in place to address the findings.</li> <li>• Unable to benchmark against the previous years' reports as the sample is significantly different.</li> </ul>	

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	<ul style="list-style-type: none"> <li>The survey was undertaken in July 2018 when the FT was failing Accident and Emergency, 18 weeks and cancer targets.</li> <li>Focussed work has been undertaken in the FT from September 2018 and the Patient Experience Strategy was launched and continues to be rolled out.</li> </ul> <p>With a pending CQC inspection, KD noted a number of actions underway:</p> <ul style="list-style-type: none"> <li>The Quality Improvement Patient Experience collaborative has commenced.</li> <li>The Associate Directors of Nursing meet weekly. Each ward has been tasked with providing ten in-patient survey results per week in order these can be monitored to show real-time data.</li> <li>Launched 'Night Night Sleep Tight' in an attempt to encourage customer care where wards from 10 pm will become quiet zones. Dedicated persons will ask patients if their needs are met to improve engagement and kindness.</li> <li>The second action plan will be presented to the Senior Leaders' Team on 9 July 2019 and an updated version will be presented to the Quality Committee in July 2019.</li> <li>A report on metrics will be presented to the Quality Committee in August to demonstrate the tracking and improvements.</li> </ul> <p>LS suggested a short electronic survey is completed by the patient at the time of discharge.</p> <p>The Committee approved the report and noted the plans to date.</p>	<p>Chief Nurse Chief Nurse</p> <p>Chief Nurse</p>
<b>Q.6.19.18</b>	<p><b>Combined Learning Report</b></p> <p>The report providing a summary of learning from precursor incidents during Quarter 4 2018/19 was noted by the Committee.</p>	
<b>Q.6.19.19</b>	<p><b>Care Quality Commission (CQC) Compliance Report</b></p> <p>The compliance actions required by the CQC following their unannounced and well-led inspections were noted within TC's report. The action plan and assurance details are now complete and the report will be presented to the Board of Directors.</p> <p>One correction to the report was noted, on page one under key options, issues and risks, where 'November 2019' should read 'November 2018'.</p>	<p>Director of Governance and Corporate Affairs</p>
<b>Q.6.19.20</b>	<p><b>Health and Safety Annual Report</b></p> <p>TC described the progress made by the FT during 2018/19 in relation to Health and Safety. The FT's performance in relation to Health and Safety is considered good, however, there are opportunities for change and improvement. Internal audit regularly assist in audit work. Areas of concern are Control Of Substances Hazardous to Health, waste, medical device training and ventilation.</p> <p>The Committee noted the thorough report reflects the substantive amount of work undertaken and underway and the report was approved.</p>	



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Q.6.19.21	<p><b>Emergency Preparedness and Resilience and Response Core Standards Update</b></p> <p>Following the vast amount of work throughout 2017 and 2018, TC was pleased to report by 31 March 2019 the FT is fully compliant with national standards. Internal audit will now be approached to confirm via testing.</p> <p>Each year, along with the core standards a 'deep dive' into a standalone subject is undertaken with the topic this year being adverse weather. The questions for this will be made available for the FT to consider with the core capital standards release. The Regional EPRR team will visit the FT on 23 August 2019 to undertake a site visit. Preparation is underway with areas of work to be embedded around procurement and business continuity plans, but the FT is considered to be in a good position.</p> <p>The report was noted by the Committee and TC will report back following the visit.</p>	Director of Governance and Corporate Affairs
Q.6.19.22	<p><b>Internal Audit Plan</b></p> <p>Following a request by the Chair of the Audit and Assurance Committee it was considered every Committee should have sight of the FT's internal audit operational plan.</p> <p>The report presented was noted by the Committee.</p>	
Q.6.19.23	<p><b>Any Other Business</b></p>	
Q.6.19.23.1	Industrial Action – This was discussed in detail at the Workforce Committee on 26 June 2019. A plan is currently being worked to in order to maintain safety of care for patients.	
Q.6.19.23.2	BG reported on the recent Royal College of Anaesthetists Assurance visit undertaken on 25 June 2019 and the positive, high level feedback received. Approximately five areas were highlighted where further work is required, including drug management, theatres and local anaesthetics, however, these are known areas to the team. The required evidence will be submitted and it is hoped this will lead to accreditation sometime in 2020. BG will invite the team to present to the Committee once the final report is received.	Chief Medical Officer
Q.6.19.23.3	<p>Discussion of agenda item Q.6.19.5 - Board Assurance Framework (BAF) and Strategic Risks relevant to the Committee - LS noted, following the afternoon's discussions some risk ratings have changed, however, there remain a number of risks that are still moderate and high.</p> <ul style="list-style-type: none"> <li>2968 – Inability to Recruit Consultant Microbiology posts – This mitigation was discussed at the June Finance and Performance Committee but this was noted to result in an impact on quality. BG noted, regarding microbiology staffing across Airedale and Bradford, Harrogate may be joining the Joint Venture Pathology. Harrogate currently have a staff of five Microbiologists and two trainees who wish to share a post. This risk will be reviewed at the next Integrated Governance and Risk Committee.</li> <li>3369 – Infectious Disease Consultant Staffing – This is an extreme risk but an action plan is in place.</li> <li>3378 – Situation involving violent and aggressive patients – This remains an extreme risk, however, there is a rigorous process in place regarding</li> </ul>	

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Q.6.19.23.4	<p>training. This risk is expected to be reduced.</p> <p>The Strategic Objectives on the Board Assurance Framework were considered:</p> <ul style="list-style-type: none"> <li>• To provide outstanding care for our patients – Structure and processes are in place.</li> <li>• To be a continually learning organisation – Discussions have taken place and work is underway on refinement.</li> <li>• June data is required for Quarter 1 prior to an assurance rating being allocated.</li> <li>• Further to the newly structured Board Assurance Framework it is envisaged by the July Integrated Governance and Risk Committee agenda items will be linked to the controls and these aligned to the strategic objectives.</li> </ul> <p>The Committee were content with the Board Assurance Framework in light of the discussions held.</p> <p>Discussion of agenda item Q.6.19.6 - Quality Dashboard – The Committee considered providing outstanding care for the FT's patients and to be a continually learning organisation. Regarding this objective, BG and KD had discussed with CF regarding how the dashboard is viewed in relation to each of the strategic objectives. Work is underway regarding objectives 1 to 4 due to the lack of oversight required around learning. There is a comprehensive programme of KPIs around how the QI journey has developed, over the last two to three years, is embedded and sustained.</p> <p>Work is taking place around the whole education and training agenda, fundamental to our staff, patient care and quality of care. Information to extract from the Quality System Oversight element into a KPI type tracking system is under consideration.</p> <p>The helpful discussion was noted by the Committee.</p>	
Q.6.19.24	<p><b>Matters to share with other Committees</b></p> <p>There were no matters to share with other Committees.</p>	
Q.6.19.25	<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>	
Q.6.19.26	<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>	
Q.6.19.27	<p><b>Items for Corporate Communications</b></p> <p>The following items were noted:</p> <ul style="list-style-type: none"> <li>• Maternity</li> <li>• Safeguarding good news stories</li> <li>• Anaesthetic visit</li> </ul>	
Q.6.19.28	<p><b>Agenda items for meeting scheduled 24 July 2019</b></p> <p>The draft agenda for the July meeting was noted.</p>	
Q.6.19.29	<p><b>Date and time of next meeting</b></p> <p>Wednesday 24 July 2019, 14:00-16:00, Conference Room, Field House, Bradford Royal Infirmary.</p>	

No.	Agenda Item	Action
Q.6.19.30	<b>Health and Safety Committee Minutes – 13 March 2019</b> The Minutes were received by the Committee.	



**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST**  
**ACTIONS FROM QUALITY COMMITTEE – 26 June 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/Chief Medical Officer	24/07/19	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. 26/06/19: Update to be provided at the July meeting by the Chief Medical Officer.
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	24/07/19	26/06/19: KD has now received the sample from April 2019. Item deferred until the July meeting.
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	24/07/19	26/06/19: Item delayed to the July meeting. The document will be discussed at the September Board of Directors.

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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.
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.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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.
26/06/19	Q.6.19.8	<b>Focus on: Maternity</b> KD presented the Maternity Annual Report, A Year of Achievements, with additional evidence for the Maternity Incentive Scheme. The document will be presented to the Board of Directors in July 2019.	Chief Nurse	24/07/19	
26/06/19	Q.6.19.17	<b>National In-patient Survey Results and Response</b> The second action plan will be presented to the Senior Leaders' Team on 9 July 2019.	Chief Nurse	24/07/19	
26/06/19	Q.6.19.17	<b>National In-patient Survey Results and Response</b> An updated version will be presented to the Quality Committee in July 2019.	Chief Nurse	24/07/19	
26/06/19	Q.6.19.19	<b>Care Quality Commission (CQC) Compliance Report</b> The compliance actions required by the CQC following their unannounced and well-led inspections were noted within TC's report. The action plan and assurance details are now complete and the report will be presented to the Board of Directors.	Director of Governance and Corporate Affairs	24/07/19	



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	
26/06/19	Q.6.19.17	<b>National In-patient Survey Results and Response</b> A report on metrics will be presented to the Quality Committee in August to demonstrate the tracking and improvements.	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.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
26/06/19	Q.6.19.21	<b>Emergency Preparedness and Resilience and Response Core Standards Update</b> The report was noted by the Committee and TC will report back following the visit.	Director of Governance and Corporate Affairs	25/09/19	
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	
26/06/19	Q.6.19.23.2	<b>Any Other Business</b> Royal College of Anaesthetists Assurance Visit – BG will invite the team to present to the Committee once the final report is received.	Chief Medical Officer	24/10/19	
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	