


**QUALITY COMMITTEE
MINUTES, ACTIONS & DECISIONS**

Date:	Wednesday 25 September 2019	Time:	14:00 to 16:30
Venue:	Conference Room, Field House, Bradford Royal Infirmary	Chair:	Professor Laura Stroud Non-Executive Director
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Professor Laura Stroud, Non-Executive Director (LS) - Ms Selina Ullah, Non-Executive Director (SU) - Mr John Prashar, Non-Executive Director (JP) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Dr Bryan Gill, Chief Medical Officer (BG) - Ms Karen Dawber, Chief Nurse (KD) - Ms Cindy Fedell, Chief Digital and Information Officer (CF) 		
In Attendance:	<ul style="list-style-type: none"> - Dr Tanya Claridge (TC), Director of Governance and Corporate Affairs - Joanne Hickey (JH), General Manager Unplanned Care, Dr Sam Ackroyd (SA), Consultant Haematologist and Clinical Lead, and Sharon Barker (SB), Matron, in attendance for agenda item Q.9.19.9 - Nadine Boczkowski (NB), Head of Business Intelligence, in attendance for agenda item Q.9.19.14 - Liz Price (LP), Lead Nurse for Palliative Care, and Dr Becky Owen (BO), Consultant in Palliative Care, in attendance for agenda item Q.9.19.19 - Laura Jones (LJ), Head of Clinical Information Systems, in attendance for agenda item Q.9.19.20 - Juliet Kitching, Executive Assistant to Dr B Gill and K Dawber (Minute taker) 		
Observer	<ul style="list-style-type: none"> - John Holden, Acting Chief Executive, BTHNHSFT - Aubrey Sitch, Corporate Compliance Manager 		

No.	Agenda Item	Action
Q.9.19.1	Apologies for Absence There were no apologies for absence.	
Q.9.19.2	Declaration of Interests There were no declarations of interest.	
Q.9.19.3	<p>Minutes and Actions of the Quality Committee meeting held on 24 July 2019</p> <p>The minutes of the last meeting were approved as a correct record.</p> <p>The Committee noted that the following actions had been concluded:</p> <p>Q.8.18.16 (29.08.18) – Palliative Care Annual Report.</p> <p>Q.6.19.17 (26.06.19) – National In-patient Survey Results and Response.</p> <p>Q.7.19.4 (24.07.19) – Quality Committee Annual Report to the Board.</p> <p>Q.7.19.12 (24.07.19) – Maternity Incentive Scheme Assurance Statement.</p> <p>Q.7.19.15 (24.07.19) – Information Governance Report.</p> <p>Q.7.19.20 (24.07.19) – Leadership Walkround Quality Update/Engagement</p>	


No.	Agenda Item	Action
	<p>Walkround Quarterly Update.</p> <p>Q.7.19.22 (24.07.19) – Board Assurance Framework.</p> <p>Q.5.19.14 (29.05.19) – Safeguarding Adults Annual Report 2018-19.</p> <p>Q.5.19.15 (29.05.19) – Nurse Staffing Data Publication – April 2019.</p> <p>Q.2.19.19 (27.02.19) – National Audit Care at End of Life.</p> <p>Q.7.19.4 (24.07.19) – Quality Committee Annual Report to the Board.</p> <p>Q.7.19.9 (24.07.19) – Focus on: Update of Rapid Response Peer Review of Haemophilia and Haemoglobinopathy Services.</p>	
Q.9.19.4	Matters Arising	
Q.9.19.4.1	<p>Matters Arising from the Board of Directors</p> <p>There were no matters arising from the Board of Directors.</p>	
Q.9.19.4.2	<p>Matters Escalated from Sub-Committees</p> <p>LS reminded the Committee of the Sub-Committees of the Quality Committee as listed on the Terms of Reference.</p> <p>There were no issues to note.</p>	
Q.9.19.5	<p>Board Assurance Framework (BAF) and Strategic Risks relevant to the Committee</p> <p>LS noted the Board Assurance Framework will be reviewed later in the meeting following discussion of the papers. The description of assurances provided will be reviewed in the framework at the end of the meeting.</p>	
Q.9.19.6	<p>Quality Committee Annual Report 2018/19 to Board</p> <p>As part of good governance TC informed the Committee each Board Committee is required to produce an annual report evidencing the appropriate use of the Board Assurance Framework for approval at the November Board of Directors' meeting. This has resulted following a change to the Audit and Assurance Committee Terms of Reference and a change to the FT's Annual Report schedule and the Annual Governance Statement sign-off earlier this year.</p> <p>TC explained the complication this year due to the change to the Terms of Reference at the end of January 2019 and the report has been separated to reflect this change.</p> <p>LS requested TC is informed directly of any necessary changes and subject to these amendments the report was approved by the Committee.</p>	
Q.9.19.7	<p>Quality Dashboard</p> <p>LS noted the Dashboard provides a single view of the Committee indicators aligned to the Trust's Strategic Objectives. The Committee will review and challenge the elements of the Dashboard presented relevant to the Committee's Terms of Reference. The refreshed dashboard was discussed by LS, with the underpinning metrics and the following issues were highlighted.</p> <p>Readmissions – A meeting is being held this week to discuss readmission rates as these appear to be higher than the Yorkshire and Humber average. Audit work is underway to understand whether there are any related clinical implications.</p>	

No.	Agenda Item	Action
	<p>C Difficile – An increase in Trust attributed cases has been reported in June/July due to the changes to the reporting algorithm from April 2020. A robust review for each case is undertaken with lessons learned and action plans agreed with the relevant Clinical Business Unit.</p> <p>Falls with Harm for 10,000 bed days - The metrics are displayed differently and demonstrate the FT to be in a good position in comparison to other Trusts in the region.</p> <p>Pressure Ulcers – The improvement was noted with Grade 3 pressure ulcers.</p> <p>The Committee were both assured and reassured by data displayed in the charts for July and August, when industrial action took place within the Trust and the data continued to show improvement. The report was accepted by the Committee.</p>	
<p>Q.9.19.8</p>	<p>Quality Oversight System Report (August and September 2019) The Quality Oversight System report was operational throughout August (through Silver Command) and September.</p> <p>No harm was identified throughout the periods of industrial action during which time contingencies were in place and the following were highlighted:</p> <ul style="list-style-type: none"> • 100% compliance with the daily risk review and daily risk huddles. • Fifteen incidents were referred to the Quality of Care Panel and escalated as necessary. • Forty incidents were referred to the incident Performance Management Group. • Two Level 1 investigations have been reported and two clinical reviews requested. • One Quality of Care panel did not take place in September. • Haematology remains a live Quality Summit process. • Endoscopy, the respiratory service and Ward 23, the stroke ward, the short stay ward and GP clinical letters are under active surveillance. <p>LS noted the assurances provided to the Committee.</p>	
<p>Q.9.19.9</p>	<p>Focus on: Haematology</p> <p> Haematology Presentation Septeml</p> <p>BG introduced the team who were welcomed to the meeting noting the service had faced a number of challenges over the last year and the team has been systematically working through looking the improvement process.</p> <p>SA provided an overview of the service noting, in addition to the general areas, paediatrics, VTE and thrombosis, the majority patients attending the hospital have an analysis of their blood. Specialist areas include haemoglobinopathy and haemophilia services. SA noted the very regular updates in new treatments received, resulting in new treatments for patients and increased survival rates with an increase in demand on services due to the nature of the population.</p>	

No.	Agenda Item	Action
	<p>The following were discussed:</p> <ul style="list-style-type: none"> • A motivated caring team. • Recruitment and succession planning for retiring nurses. • A Peer Review was held in April 2019, reviewing haemoglobinopathy and haemophilia where the report highlighted serious and immediate concerns. This resulted in a large action plan for the team. • Consultant and nurse vacancies. • Quality and Safety meetings where lessons learned are discussed, including patient experience concerns. • Patients transitioning from the children's wards into adult services. • Increased staffing establishment and requirement for a business case for additional staff. • Expert patient involvement. • Close working with Harrogate and Leeds. • Bookwise booking system introduced, to help with booking and flow. • The next Peer Review will be in January/February 2020. <p>The Committee discussed the immediate, short, medium and long-term plans, with the immediate issues having been initially discussed earlier in the week with KD and Sandra Shannon, Chief Operating Officer. KD reported a Ward Manager is being seconded from within the FT to Ward 16 Day Case Unit with immediate effect.</p> <p>The Committee were assured KD and BG are supporting the team ensuring best capabilities and productivities.</p> <p>SA confirmed that whilst this is a high risk service, currently under Bronze Command, the services are safe, with no evidence of harm. However, SA is concerned that the service cannot continue in its current form without pausing a longer term patient safety risk.</p> <p>A further update will be provided in six months' time and the Committee will maintain a strong interest in the developments.</p>	<p>Chief Medical Officer/ Chief Nurse</p>
<p>Q.9.19.10</p>	<p>Senior Information Risk Owner: 2019/20 Incidents Update</p> <p>CF reminded the Committee of the two Information Governance (IG) breaches that have been reported to the Information Commissioner's Officer (ICO). She reported that the ICO was satisfied that there were no systemic issues with either incident and processes and controls were in place. The IC Office have notified the Trust that they will not be taking any action against the Trust.</p> <p>The report was noted by the Committee.</p>	
<p>Q.9.19.11</p>	<p>Serious Incident (SI) Report (July and August 2019)</p> <p>TC presented the SI report which summarised the SI profile of the Trust for July and August 2019.</p> <p>Four Serious Incidents were reported by BTHFT during July 2019:</p> <ul style="list-style-type: none"> • A category 4 pressure ulcer which was declared as an SI due to identified omissions in care. • A patient who presented with a groin abscess. • The two episodes of industrial action were reported as one incident. 	

No.	Agenda Item	Action
	<ul style="list-style-type: none"> A patient who underwent extensive surgery and a prolonged hospital admission following three attendances to the Accident and Emergency Department with abdominal pain. <p>One SI was concluded in July 2019, SI 2019/6944, where there were omissions in care both at the time of a urology appointment and in subsequent follow-up. This has resulted in practices being changed.</p> <p>There were no declared incidents during August 2019, however, three investigations were concluded:</p> <ul style="list-style-type: none"> SI 2019/11720 – Category four pressure ulcer. SI 2019/10898 – Delay in recognition of complication following day surgery. BG noted this incident of concern where a day-case patient had been transferred to an in-patient ward but not listed on an outlier list. BG highlighted a similar case in 2013/14, however, unfortunately appropriate actions had not been put in place following that incident. This serious failure will be identified at the forthcoming Coroner's inquest. The team has been challenged and BG has been provided with complete assurance of a full and proper process for recording and tracking of all patients. The process will be subject to future audits. SI 2019/7368 – Fall resulting in a fracture. <p>The issue of documentation and record keeping within the three reports was highlighted. KD noted assessments now take place as part of the ward accreditation process with reinforcements at both junior doctor and student nurse induction and at the Back to Basics events. BG discussed the development of the escalation process and the work with the Command Centre. A session on documentation will be organised via the Learning Hub.</p> <p>Following the discussion the Committee were content with the actions and assurances provided within the reports that the FT's services are safe, there are processes in place to identify, investigate and learn from serious incidents.</p>	
<p>Q.9.19.12 Q.9.19.13</p>	<p>Nurse Staffing Data Publication Report – July and August 2019 Nurse Staffing Data Publication (Task and Finish Group report)</p> <p>The reports were discussed by KD noting the July and August reports had been considered at the Workforce Committee earlier on 25 September 2019 and the following were highlighted.</p> <ul style="list-style-type: none"> Downward trend on fill rates percentage-wise. New starters will be commencing in September/October 2019. Slight increase on previous month's low harm due to delays in medication and patient flow, demonstrating a positive reporting culture with minimal harm. KD noted the error to the figures in the column on page 15 of the August report, where the average fill rate for night, care staff percentage figures were incorrect. An updated report will be submitted with the revised figures. <p>LS noted the full assurance on behalf of the Committee.</p> <p>The Committee agreed to only a front sheet of the headlines being submitted in the future due to these reports being discussed in depth at the Workforce Committee.</p>	<p>Chief Nurse</p> <p>Chief Nurse</p>

No.	Agenda Item	Action
Q.9.19.14	<p>Quality Data Framework CF reported that as the Trust matures its data quality we are now in a position to provide a Data Quality Framework. NB presented the Framework noting that it is a robust framework fundamental for the delivery of safe and reliable healthcare services, providing a perspective on data quality at the Trust.</p> <p>The framework considers the factors that contribute to high or poor quality data and stresses the importance and values of the Getting It Right First Time approach and supporting high quality care. The report provides a Trust-wide view of data quality encompassing all the information systems and sources, clinical or corporate, capturing data for end-user decision making, through all the life cycle stages of data and information.</p> <p>The very thorough Framework was noted by the Committee, considering the challenges and recognising the importance of accurate, timely data. The Framework underpins data quality and improvement plans.</p> <p>NB further noted that a new Data Governance Board is now in place with Trust-wide representation and she noted the ongoing roll-out of education to further improve data quality.</p> <p>The Framework was endorsed by the Committee.</p>	
Q.9.19.15	<p>NHSE Public Health Screening Reports TC presented the report on behalf of Sandra Shannon, Chief Operating Officer.</p> <p>As part of the contract held with NHS England for screening services this annual report highlighted the key achievements and developments in each service over the year. The FT provides screening services in collaboration with partner Trusts, in antenatal and new-born screening, bowel cancer screening, breast screening and cervical cancer screening. The reports have been reviewed by the Executive Directors and will be submitted to the Board of Directors following Quality Committee approval.</p> <p>LS requested the Committee inform TC directly of any issues identified of concern being managed through their leadership.</p> <p>The Committee noted and approved the report.</p>	
Q.9.19.16	<p>Patient Experience Quarter 1 Report KD discussed the report and the key highlights were noted.</p> <ul style="list-style-type: none"> • A risk had emerged in relation to the backlog of routine low level work plans within the team, due to the industrial action, however, there had been no resulting harm. • Quarter 1 had seen 117 complaints with no high or extreme complaints, this being significantly lower than complaints received during the previous quarter. The theme of most complaints was in relation to the appropriateness of treatment with the areas of the highest number of complaints being Accident and Emergency, Urology and Maternity. At the time of the publication of the report there were 64 open complaints. There are no outstanding complaints over six months ensuring the FT is 100% compliant in line with national policy. • PALS contact remain high, this is positive and encouraged. 	

No.	Agenda Item	Action
	<ul style="list-style-type: none"> • Meetings are underway with Bradford Talking Media regarding Accessible Information Standards. A risk assessment against the standard has been carried out. • Family and Friends test results have identified an overall increase in the response rate. • The patient experience collaboration has been established and commenced, designed to enhance the experience of care across the FT. • The Learning Disability Forum has introduced a FT screensaver and recruitment is underway for a Learning Disability Nurse Specialist to join the team. • The Treat Me Well campaign is progressing. • The Enhanced Care Project has been undertaken looking at the delivery of one to one care. Real time patient feedback will be received from patients and carers with one to one support. <p>The Committee received assurance and approved the report noting the improving trajectory in the areas discussed.</p>	
Q.9.19.17	<p>Inpatient Care Quality Commission (CQC) Survey 2018 Update</p>  <p>Inpatient Survey Presentation 2. Karen</p> <p>This survey had been discussed in a separate session prior to the commencement of the Quality Committee. The notes of the session will be summarised and attached to the minutes as an addendum.</p> <p>The Committee agreed it would be useful to hold a similar session with the Governors.</p>	<p>Director of Governance and Corporate Affairs</p> <p>Director of Governance and Corporate Affairs</p>
Q.9.19.18	<p>Palliative Care Annual Report (July 2018 to July 2019)</p> <p>LP and BO were welcomed to the meeting to present the Annual Report, July 2018 to July 2019, and the results of the National Audit for Care at the End of Life 2018.</p> <p>The National Audit for Care at the End of Life 2018, an organisational level audit consisting of a case note review and a quality survey, resulted in thirteen national recommendations which have been reviewed with local services, three have been fully met, nine partially with one not being applicable to the FT.</p> <p>LP reported on the benefits of the Electronic Patient Record (EPR) with regards the standardising of documentation. Due to the work to date, LP envisaged data received following the 2021 audit would be further improved. This positive feedback was noted.</p> <p>BO described the achievements in the last twelve months:</p> <ul style="list-style-type: none"> • Increased team establishment. • Increase in education provision noting a 56% increase in last year. • Development of electronic programmes around national e-learning 	

Chief Nurse

No.	Agenda Item	Action
	<p>through mediation or Human Resource investigations with one investigation awaiting completion.</p> <p>Where necessary issues have been addressed. A number of the complaints received from Corporate services were regarding the same issue, however, these have to be counted as separate concerns.</p> <p>New FTSU guidelines on FTSU training in the Health Sector in England were published in August 2019 to improve the quality, clarity and consistency of training on speaking up across the health sector to support those commissioning and delivering training.</p> <p>The Committee noted the increase in reporting as a positive assurance and the report was accepted by the Committee.</p>	
Q.9.19.20	<p>Use of Resources Submission</p> <p>On 27 November 2019 the FT will participate in its Use of Resources Assessment undertaken by NHS Improvement. As part of the pre-assessment consideration, the FT is required to submit a brief self-assessment with supporting information. The drafted submission was noted with TC requesting feedback by 30 September 2019 to herself and Matthew Howson, Head of Service Business and Development, Strategy and Integration.</p> <p>A final draft will be provided by 3 October 2019.</p>	<p>Director of Governance and Corporate Affairs</p>
Q.9.19.21	<p>Care Group Governance</p> <p>TC noted this item has previously been discussed at the Finance and Performance, the Partnership and the Workforce Committees. The document will be updated and submitted to the Senior Leadership Team meeting on 1 October 2019. The Executive Directors have all attended at least one meeting where this item has been discussed. A session is planned at the Board Development Day on 3 October 2019. Evidence will be compiled of the interface between the Care Groups and the sub-Committees.</p> <p>TC requested sight of any comments being sent through to Sandra Shannon, Chief Operating Officer.</p>	
Q.9.19.22	<p>Quality Improvement: Learning from Each Other – Quarter 1 Update</p> <p>The paper summarised the key priorities of the Quality Improvement work celebrated at the recent Learning from Each Other Event held on 9 July 2019.</p> <p>The booklet of all abstracts produced, following the event, was noted demonstrating the progress made over the last few years.</p> <p>The Committee agreed this work should be highlighted to the Governors.</p> <p>BG thanked the Quality Improvement Team for their work in organising this hugely impressive event.</p> <p>The Committee noted the work undertaken in staging such an event.</p>	

No.	Agenda Item	Action
Q.9.19.23	Confirmed Health and Safety Committee Minutes – June 2019 The minutes of the above meeting were noted by the Committee.	
Q.9.19.24	Board Assurance Framework LS noted the positive discussions around the dashboards, the reports and presentations received by the Committee and in particular Haematology, the ICO responses and FTSU. Assurance mechanisms had been reviewed within the assurance framework. KD suggested negative assurance is documented for July against Focus on: Haemophilia and Haemoglobinopathy Services, to which the Committee agreed.	
Q.9.19.25 Q.9.19.25.1	Any Other Business Update from the Health and Safety Committee: IRMER Regulations The Committee agreed to this addition. TC informed the Committee of a recent short-notice CQC inspection of IRMER guidance (radiological safety guidance). As a result an Improvement Notice has been received and further information and an action plan will be submitted to the December Quality Committee, following discussion at the Health and Safety Committee. The Improvement Notice concerns quality, Regulation 6, procedures, protocols and quality assurance programmes. A risk assessment has been undertaken which does not score at 15 or above on the care group risk register. A detailed action plan has been compiled and signed off to address areas of non-compliance and this will now be shared with the CQC. A further visit will result in December to assess progress against the plan.	
Q.9.19.26	Matters to share with other Committees <ul style="list-style-type: none">Increasing referrals, capacity and demand in Haematology – Finance and Performance Committee.	
Q.9.19.27	Matters to escalate to the Strategic Risk Register There were no matters to escalate to the Strategic Risk Register.	
Q.9.19.28	Matters to Escalate to the Board of Directors <ul style="list-style-type: none">Increasing referrals, capacity and demand in Haematology.Improvement notice - IRMER Regulations.	
Q.9.19.29	Items for Corporate Communications The following items were noted: <ul style="list-style-type: none">Patient Experience.Palliative Care/End of Life Care.	
Q.9.19.30	Agenda items for meeting scheduled 30 October 2019 The draft agenda for the October meeting was noted. KD asked if the Committee required a separate update on progress against the In-Patient Survey or if this could be reported as part of the Quarterly Patient Experience report. The agreement was for a separate report in three months and then quarterly thereafter.	Chief Nurse

No.	Agenda Item	Action
Q.9.19.31	<p>Dates and times of next meetings</p> <p>Wednesday 30 October 2019, 2 pm to 4.30 pm, Conference Room, Field House, Bradford Royal Infirmary.</p> <p>Wednesday 18 December 2019, 2 pm to 4.30 pm, Conference Room, Field House, Bradford Royal Infirmary.</p>	



Bradford Teaching Hospitals
NHS Foundation Trust

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM QUALITY COMMITTEE – 25 September 2019

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
29/05/19	Q.5.19.10	Focus on: 2019/20 Operational Plan LS agreed to meet with TC, BG, KD and MH in order the workplan is updated.	Director of Governance and Corporate Affairs	30/10/19	26/06/19: Item delayed to the July meeting. The document will be discussed at the September Board of Directors. A meeting will be organised for August. 25/09/19: Item deferred until October 2019 following discussion.
24/04/19	Q.4.19.9	Focus on: Safer Procedures 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	24/10/19: On October agenda – <u>action closed</u> .
24/07/19	Q.7.19.6	Quality Dashboard Sepsis – A steady improvement in a reduced number of cases was reported with staff education continuing particularly in Accident and Emergency regarding the administration of antibiotics/medication. The very encouraging sepsis work underway by the team was noted by BG. C Chadwick, Nurse Consultant in Infection Control, and C Nandha, Sepsis Nurse Specialist, will be invited to present on sepsis at a future Quality Committee.	Director of Governance and Corporate Affairs	24/10/19	On October agenda – <u>action closed</u>
27/03/19	Q.3.19.21	Quality Strategy 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	24/10/19	On October agenda – <u>action closed</u> . The Chief Medical Officer and the Chief Nurse lead on the production of the Quality Strategy and, in light of the publication of the national patient safety framework during the summer that this action is deferred to the October meeting.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
30/01/19	Q.1.19.14	Focus on: Infection Prevention and Control Exception Report 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	24/10/19	On October agenda – <u>action closed</u> Deferred to October meeting. Added to July agenda. 24/07/19: KD - This will be reported in the Quarter 1 Infection Prevention and Control report due on 28/08/19. Written update will be part of this and when speaking about dashboard for catheter associated UTIs update will also be provided at this time.
26/06/19	Q.6.19.21	Emergency Preparedness and Resilience and Response Core Standards Update The report was noted by the Committee and TC will report back following the visit.	Director of Governance and Corporate Affairs	24/10/19	On October agenda – <u>action closed</u> A formal update will be provided to the October Committee as the assurance work in relation to the core standards by NHSE scheduled in August was postponed by NHSE.
25/09/19	Q.9.19.12	Nurse Staffing Data Publication Report – August 2019 KD noted the error to the figures in the column on page 15 of the August report, where the average fill rate for night, care staff percentage figures were incorrect. An updated report will be submitted with the revised figures.	Chief Nurse	24/10/19	24/10/19: <u>Action completed.</u>
25/09/19	Q.9.19.12	Nurse Staffing Data Publication Report The Committee agreed to only a front sheet of the headlines being submitted in the future due to these reports being discussed in depth at the Workforce Committee.	Chief Nurse	24/10/19	24/10/19 – <u>Action completed.</u>
25/09/19	Q.9.19.17	Inpatient Care Quality Commission (CQC) Survey 2018 Update This survey had been discussed in a separate session prior to the commencement of the Quality	Director of Governance and Corporate Affairs	24/10/19	

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		Committee. The notes of the session will be summarised and attached to the minutes as an addendum.			
25/09/19	Q.9.19.17	Inpatient Care Quality Commission (CQC) Survey 2018 Update The Committee agreed it would be useful to hold a similar session with the Governors.	Director of Governance and Corporate Affairs	24/10/19	
25/09/19	Q.9.19.18	Palliative Care Annual Report (July 2018 to July 2019) Compliments and complaints have increased since last year. There have been recent changes to the Datix reporting system, however, the themes remain the same. The complaints and incidents will be explored further at the Patient Experience Committee.	Chief Nurse	24/10/19	24/10/19 – <u>Action completed.</u>
25/09/19	Q.9.19.20	Use of Resources Submission A final draft submission document will be provided by 3 October 2019.	Director of Governance and Corporate Affairs	24/10/19	
30/01/19	Q.1.19.14	Focus on: Infection Prevention and Control Exception Report A progress report will follow in the Quarter 2 Infection, Prevention and Control report 2019.	Chief Nurse	27/11/19	On December agenda – <u>action closed</u> 24/07/19: This will be reported in the Quarter 2 Infection Prevention and Control report due in November 2019.
29/05/19	Q.5.19.12	Infectious Diseases Service Mitigation Plan The Committee requested an update on the situation in November 2019.	Chief Medical Officer	27/11/19	

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
25/09/19	Q.9.19.18	Palliative Care Annual Report (July 2018 to July 2019) The Committee suggested a Hospice story as a Board Story at a forthcoming Board of Directors.	Chief Nurse	27/11/19	24/10/19: Action in hand.
25/09/19	Q.9.19.30	Agenda items for meeting scheduled 30 October 2019 KD asked if the Committee required a separate update on progress against the In-Patient Survey or if this could be reported as part of the Quarterly Patient Experience report. The agreement was for a separate report in three months and then quarterly thereafter.	Chief Nurse	18/12/19	On December agenda
26/06/19	Q.6.19.23.2	Any Other Business 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	18/12/19	24/10/19: Deferred until December 2019.
25.09.19	Q.9.19.9	Focus on: Haematology A further update will be provided in six months' time and the Committee will maintain a strong interest in the developments.	Chief Medical Officer/ Chief Nurse	25/03/20	