

**QUALITY COMMITTEE
MINUTES, ACTIONS & DECISIONS**

Date:	Wednesday 24 July 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"> - Mrs Sara Hollins, Head of Midwifery (SH) in attendance for agenda item Q.7.19.13 - Ms Jacqui Maurice, Head of Corporate Governance (JM) representing Dr T Claridge (TC) - Juliet Kitching (Minute taker) 		
Observer	<ul style="list-style-type: none"> - Dr Maxwell Mclean, Chairman (MM) - Mrs Michelle Turner, Director of Quality and Nursing, Bradford CCG 		

MM and MT were welcomed to the meeting and introductions were made.

No.	Agenda Item	Action
Q.7.19.1	<p>Apologies for Absence</p> <ul style="list-style-type: none"> - Dr Tanya Claridge, Director of Governance and Corporate Affairs (TC) 	
Q.7.19.2	<p>Declaration of Interests</p> <p>There were no declarations of interest.</p>	
Q.7.19.3	<p>Minutes and Actions of the Quality Committee meeting held on 26 June 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.3.18.5 (28.03.18) – (NICE Guidance on Rheumatoid Arthritis: Compliance and Issues) Triangulation of Data.</p> <p>Q.5.19.16 (29.05.19) – Quality Dashboard.</p> <p>Q.5.19.13 (29.05.19) – Serious Incident Report.</p> <p>Q.1.19.7 (30.01.19) – Implications of new Committee Terms of Reference.</p> <p>Q.4.19.7 (24.04.19) – Quality Oversight System Report.</p> <p>Q.5.19.6 (29.05.19) – Quality Dashboard.</p> <p>Q.6.19.8 (26.06.19) – Focus on: Maternity.</p> <p>Q.6.19.17 (26.06.19) – National In-patient Survey Results and Response.</p> <p>Q.6.19.17 (26.06.19) – National In-patient Survey Results and Response.</p> <p>Q.6.19.19 (26.06.19) – Care Quality Commission Compliance Report.</p>	

No.	Agenda Item	Action
Q.7.19.4	<p>Matters Arising Quality Committee Annual Report to the Board The Committee noted the Chairman has agreed that the Committee Annual Report will be deferred to the August meeting to allow for meaningful and considered reports to be produced as a consequence of the significant changes made to the Terms of Reference earlier in the year. TC will be working on the production of the Annual Reports in consultation with the Committee Chairs for submission to the Board of Directors in September.</p>	Director of Governance and Corporate Affairs
Q.7.19.4.1	<p>Matters Arising from the Board of Directors The Committee noted the following actions:</p> <ul style="list-style-type: none"> • Complaints – 7.19.11 – The Board will receive a routine paper describing high level themes, actions and learning. • Integrated Dashboard – 7.19.11 – Quality: Complaints – A Board Development session will be planned in relation to the Trust-wide Complaints process. • Maternity Incentive Scheme - 7.19.27 – The Board delegated authority to the Chief Nurse to submit the Maternity Incentive Scheme submission following consideration, and delegated approval at the Quality Committee in July 2019. The item will be discussed at Agenda item Q.7.19.12. 	
Q.7.19.4.2	<p>Matters Escalated from Sub-Committees 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 of note; however, BG raised the matter of the forthcoming industrial action, following a discussion at the Workforce Committee on 25 July 2019.</p>	
Q.7.19.5	<p>Board Assurance Framework (BAF) and Strategic Risks relevant to the Committee LS noted the Board Assurance Framework is reviewed in the context of papers received during the meeting and the description of assurances provided will be reviewed in the framework at the end of the meeting.</p>	
Q.7.19.6	<p>Quality Dashboard The Quality Committee Dashboard provided 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, and any specific matters for escalation to the Board will be noted and raised at the end of the meeting.</p> <p>The Committee discussed the issues from the dashboard not covered within the Agenda.</p> <p>Catheter associated Urinary Tract Infections (UTI) – Infection Control have been reviewing this indicator for six months and a robust system has been in place for three months where a suspected catheter UTI has a mini-Root Cause Analysis completed and a review is undertaken by the Infection Control Team. Actions where appropriate are put in place. KD reported in July no catheter associated UTIs were recorded. E-coli prevention measures and care guidance for catheters are being rolled out across the Trust. LS noted this excellent work led by the Infection Prevention Control Team.</p>	

No.	Agenda Item	Action
	<p>Grade 2 Pressure Ulcers – The reduction seen in Grade 3 pressure ulcers was highlighted. A call to action was held during the first week of July where every patient was considered from the point-of-view of pressure care. This data will be available in due course.</p> <p>C. difficile – The increase in the number of cases over the last month was noted. The Infection Control Committee is closely monitoring activity.</p> <p>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.</p> <p>Complaints Metrics – The new metrics currently being introduced were noted and KD was pleased to report that in January 2018 there were 228 complaints in the system, now reduced to between 60 and 85 in the system at any one time. JP noted an earlier discussion at the Workforce Committee on 24 July 2019 around the quality of the patient journey. The Workforce Committee had recommended this is discussed at the Board Development session in October.</p> <p>BG noted the significant progress and improvements made over the last three years and the standards of data quality.</p> <p>LS acknowledged the Committee work undertaken by CF's team and the FT being a 'top' Trust without being 'digital exemplar'.</p>	<p>Director of Governance and Corporate Affairs</p>
Q.7.19.7	<p>Quality Oversight System Report</p> <p>The routine monthly report giving Committee assurance that the appropriate systems are in place to identify, manage, operationalise and learn from complaints, incidents and Serious Incidents was presented by KD describing the focus for learning in July.</p> <p>KD noted on slide 4 under 'Active Surveillance' this should read 'Respiratory Service and Ward 23' and not ward 3.</p> <p>LS highlighted the industrial action and the importance of noting the impact over the potentially prolonged period, with the importance of the Quality of Care Panel meetings noted during this time. With regards to any investigation delays, discussion regarding timescales should be agreed with families as appropriate. The Foundation Trust (FT) will risk assess these situations as necessary. BG noted no apparent issues related to quality of care due to industrial action to date and assurance was received that decisions will be made on the meetings required during the industrial action. The Quality Committee was assured, following discussions at the Workforce Committee, that the risks and mitigations will be considered and put in place as necessary. However, both KD and BG commented that there is still a considerable risk to manage and we will need to closely monitor the effectiveness of the mitigations and take action as required. The Clinical Commissioning Groups are sited on the arrangements and the Board of Directors are sited on plans and arrangements following an extraordinary meeting.</p>	

No.	Agenda Item	Action
	The report was noted by the Committee.	
Q.7.19.8	Focus on: Management of First Fits (See Appendix 5 Q.7.19.10v – Serious Incident (SI) Report) This issue will be discussed under agenda item: Q.7.19.10.	
Q.7.19.9	Focus on: Update of Rapid Response Peer Review of Haemophilia and Haemoglobinopathy Services The Haematology Service has been the subject of a Trust level Quality Summit since September 2018. A comprehensive action plan has been developed and a full report on progress will be reported to the Quality Committee in September 2019. The paper described the update on the recent Rapid Response Peer Review visit by NHS Specialist Commissioners to examine care for patients suffering from haemophilia and those suffering from haemoglobinopathy, applied to adults and children. BG noted a consultant had been recruited to provide oversight to these patients and from a nursing point-of-view there is an expanded nurse specialist resource. Data registry and governance systems are in place and internal MDT discussions take place. Each patient is expected to undergo an annual review by the Network Specialist Centre and this is being worked towards. Actions accepted by NHS England are being monitored. A further review of the recent SI investigation will take place focussing on the transition periods from Paediatric to Adult care. Any learning will be considered in the specialty governance meeting and where appropriate in the haematology action plan. A full report will be submitted to the Quality Committee in September. The Committee noted the report.	Chief Medical Officer
Q.7.19.10	Serious Incident (SI) Report KD presented the SI report which summarised the SI profile of the Trust for June 2019, in TC's absence, and the following were discussed. An SI reported during June related to an internal investigation interim report that highlighted missed opportunities to test for and diagnose a patient with HIV who subsequently died. No immediate actions were identified and the full actions will be discussed in the final report. Three reports were concluded in June 2019: <ul style="list-style-type: none"> • 2019/4061 – Missed doses of critical medication. • 2019/4033 – A cardiac arrest which occurred in the X Ray Department where the patient was not adequately assessed prior to transfer from the ward. Escort practices are being reviewed. The Committee noted no patient should be transferred on high flow Oxygen and a portable x ray should have been requested. • 2019/2711 – A patient experienced a rapid deterioration and subsequently died as a result of a bleed into an undiagnosed brain tumour. Opportunities had been identified for change and improvement during the investigation. BG noted child brain tumours are often hard to diagnose. New guidance published from a children's brain tumour charity is now being used as part of the FT's guidelines. Education is underway and a clear set of recommendations are now being enacted. 	

No.	Agenda Item	Action
	<p>BG discussed the Management of First Fits (Q.7.19.8) 2019/115: NICE guidelines suggest all patients should be seen within two weeks of their presentation. At BTH any patient presenting with a fit receives screening by Neurology the following day. A system is being considered where monitoring continues after screening and patients are seen by a consultant within two weeks.</p> <p>BG noted every SI report produced is sent to the Governance Lead for every specialty. Recommendations are tracked and actions chased. The West Yorkshire Association of Acute Trusts has agreed to produce a system for shared learning of SI reports and the pro-forma is being worked up.</p> <p>There were no Never Events declared in June 2019.</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>	
Q.7.19.11	<p>Patient Safety and Health and Safety Management and Compliance Incident Report</p> <p>KD presented the report profiling the totality of patient safety and health and safety management and compliance incidents, themes and trends, actions and learning, on behalf of TC, and highlighted the appendices.</p> <p>Appendix 1 noted the Trust-wide incident profile which identifies an increasing number of incidents; however, the incidence of harm is negligible with the majority of incidents being of no harm followed by low harm in a small proportion.</p> <p>Appendix 2 references the patient safety incidents, claims and inquests. Blood transfusion incidents are nationally highly reported due to this being a high risk area with low thresholds for reporting, followed by patient falls, medication and communication issues. Further work is underway, via the learning hub, around communication recognising the increasing trend.</p> <p>The decrease in the number of incidents regarding delivery and labour were noted (Graph 7) possibly due to recent improvements including the 24/7 Maternity Assessment Centre.</p> <p>Patient appointment data was noted (Graph 8) and the increase in incidents related to patient appointments in Quarter 1 noting the highest number of complaints relating to Ward 14 (Urology Service) appointments and availability of follow-up appointments. Work is underway with Primary Care around this area with Urology being one of the priorities for the out-patients and people programme. The moderate/severe/death patient safety incidents by type are, where appropriate, all discussed at the Quality of Care Panel meeting and will have undergone some form of review.</p> <p>Appendix 3 – Health and Safety Incidents and Risk compliance results were noted, specifically the increasing trend of physical assaults to staff and patients by patients and visitors. This was noted to remain a challenge due in part to patient mental health and dependency issues.</p>	

No.	Agenda Item	Action
	<p>Appendix 4 – Effectiveness of actions taken following a Serious Incident. The seven references were noted by the Committee following review of the actions completed by the assurance team. LS noted the number of security incidents.</p> <p>KD highlighted the training and education for staff including restraint noting security staff are now trained in restraint and conflict resolution training.</p> <p>LS noted the considerable assurance provided in the paper and the helpful overview.</p>	
Q.7.19.12	<p>Maternity Incentive Scheme Assurance Statement</p> <p>The Board of Directors requested an assurance process be undertaken regarding the proposed submission of the evidence and statements associated with the Safer Standards of Maternity Care. The Committee noted the assurance statement in relation to its delegated responsibility in relation to assurance associated with compliance with the standards.</p> <p>BG suggested from the evidence provided standards are being met and significant assurance noted of the submission and signed off data.</p> <p>KD noted the required sign-off of the Maternity Quarterly report by the Quality Committee and the approved sign-off of both the General Medical Council National Training Survey Action Plan 2018 for Obstetrics and Gynaecology, and the Midwifery Staffing report by the Workforce Committee (24 July 2019). MT and KD are meeting on 29 July 2019 as per the Commissioner requirements. Document submission will be completed by 15 August 2019.</p> <p>The report was noted by the Committee and MM noted the significant work undertaken by Maternity on behalf of the organisation. The Committee were assured that the FT would be in a position to submit full compliance prior to the 15 August 2019 deadline.</p>	Chief Nurse
Q.7.19.13	<p>Maternity Report – Quarter 1 – April to June 2019</p> <p>KD discussed the Quarter 1 report on the activities of the Maternity Services during Quarter 1 2019/20 providing further assurance of compliance with Safety Actions 1 to 9 of the Maternity Incentive Scheme. SH was welcomed to the meeting to present the report and highlighted the following:</p> <ul style="list-style-type: none"> • Positive changes relating to patient safety and assurance. • Appropriate staffing establishment following new appointments now in post. • Datix reporting – Incidents reported have been of low harm or no harm. Clinical outcomes have been reported to be appropriate. • One to one care in labour, increase since opening of MAC. • No clinical concerns identified within the Department by a newly appointed member of governance staff who has responsibility for the assurance action tracker. • Review taking place of consultant on-call rota to provide separate cover for obstetrics and gynaecology. • Up-to-date policies and guidelines. • Caesarean section rate increased in this reporting period, this is under review but still remains below the regional and national average for caesarean sections. 	

No.	Agenda Item	Action
	<ul style="list-style-type: none"> • Quality improvement work has commenced regarding women who are classed as high risk. • An agreed set of metrics for Maternity has been produced to be worked against once received from CF's team. • No SIs declared during Quarter 1. • Reporting rates for the Health Service Investigation Branch benchmark well within the region. This was noted to be a national challenge. • Peri-natal mortality figures noted. • Suspensions of services are monitored and closures reviewed. • One to one care in labour – Inconsistencies noted on how information is captured, education with midwives is underway. • Good progress is being made on the Care Quality Commission action plan. • Board level safety champion is working well. • Improvement in services for vulnerable women and incorporation of peri-natal mental health substance misuse. • Breast feeding initiation rates are improving. • Clover team and home birth teams are working well. • Good engagement following the Care Quality Commission visit. • Good patient feedback. <p>SH discussed the challenges:</p> <ul style="list-style-type: none"> • Short-term sickness. • Middle grade rota and consultants – Plans are in place for recruitment. • Continuity of care – Improvement work is underway, looking at service redesign and service review. <p>Going forward the FT's data requires presentation alongside the regional data and the Committee suggested the detailed report is submitted to the Patient Safety Sub-Committee with any exceptions being raised at the Quality Committee. SH agreed to liaise with Dr LeeAnne Elliott, Deputy Chief Medical Officer.</p> <p>LS noted the phenomenal amount of work undertaken by SH and her team. The Committee noted the challenges and the complexities in the care but were assured by the work being undertaken and the report was noted by the Committee.</p>	
Q.7.19.14	<p>Nurse Staffing Data Publication – June 2019</p> <p>KD highlighted the following:</p> <ul style="list-style-type: none"> • Fill rates for registered nurses on days and nights are consistently the same each month (5% variation on previous months). • Slight rise in incident numbers reported within the Acute Medical Unit and Maternity, however, there were no incidents related to harm. • The FT has been asked by NHS Improvement and NHS England to participate in the fifth wave of a national recruitment and retention programme for nurses. Participation will result in the FT being awarded £50K from NHS Improvement and NHS England to expand the numbers of placements for student nurses and a plan is being worked up for a second intake of student nurses every year. Half the funding will be used for mentoring. Retired staff nurses will be asked to return to work with newly qualified nurses. 	

No.	Agenda Item	Action
	The report was noted by the Committee.	
Q.7.19.15 Q.7.19.16	<p>Information Governance (IG) Report Senior Information Officer Report (SIRO) CF presented the monthly and quarterly reports.</p> <p>CF reminded the Committee of the requirement of the new General Data Protection Regulation that the Data Protection Officer provides an independent report to the Board of Directors. CF noted this report is scheduled for the September 2019 Board of Directors' meeting.</p> <p>The information governance incident that has been reported to the Information Commissioner's Office is being investigated. The investigation is almost complete with the final report awaited.</p> <p>As the information governance agenda is now well established CF queried a move to quarterly reporting with exceptions. This was agreed by the Committee and CF's team were congratulated on the improvement over the years. The report was received by the Committee.</p>	<p>Chief Digital and Information Officer</p>
Q.7.19.17	<p>Mortality Review Improvement Programme/Learning from Death Update (April to June 2019) BG discussed the regular quarterly report highlighting the work ongoing within the FT around learning from deaths, and the continued success around mortality rates.</p> <p>A review has been undertaken with the team in order to streamline the mortality review process and as a consequence future reports will be redesigned.</p> <p>There is a national expectation to work towards the Medical Examiner role. Discussions are underway with Airedale to explore the opportunity to develop this role to the standards in terms of shared opportunities and shared assurances. This would have a resource implication for both organisations, however, it has been indicated that central monies will be available. Screening of deaths within the FT will be undertaken by specific experienced personnel and only those which meet the specific criteria will be referred to H M Coroner.</p> <p>Structured Judgement Reviews have been introduced within each specialty with a summary of the learning from each noted at the end of this report.</p> <p>The Committee approved the report and noted the progress made around the mortality review programme to date.</p>	
Q.7.19.18	<p>Annual Clinical Audit Report 2018-19 BG discussed the report in TC's absence outlining the clinical audit activity carried out from 1 April 2018 to 31 March 2019, which described the management of clinical audit, completion, performance, outcomes of audit and planned improvements to the management of clinical audit during 2018/19. The scale of the programme was highlighted and the amount of work involved to evidence and identify good practice and where standards may have fallen below good practice. Information collected combined with the business intelligence agenda provides assurance of the national audit process of</p>	

No.	Agenda Item	Action
	<p>submission and audit response. Patient safety, patient experience and clinical effectiveness are key areas. BG noted his responsibility for the area of clinical effectiveness working with TC's team and Dr P Smith, Associate Medical Director.</p> <p>The amount of detail required in this area was noted and the report was approved by the Committee.</p>	
<p>Q.7.19.19</p>	<p>Update on In-patient Survey Actions KD discussed the updated action plan presented to the Senior Leadership Team on 23 July 2019 reporting that in order to improve the Family and Friends Test results including the additional in-patient survey questionnaire, each ward has been tasked with providing a number of responses per week enabling information to be gathered on a weekly basis. 585 patient survey responses have been received over the last six weeks. A report will be submitted to each Senior Leadership Team meeting and these surveys to date have identified issues for which actions are being introduced and initiatives undertaken.</p> <p>The Patient Experience Collaborative was introduced on 24 July 2019 to drive improvement.</p> <p>KD noted this work has initially been rolled out to in-patients with out-patient areas expected to follow.</p> <p>The Committee noted the findings within the report.</p>	
<p>Q.7.19.20</p>	<p>Leadership Walkround Quality Update/Engagement Walkround Quarterly Update BG noted a number of leadership walkrounds had been cancelled. The Committee requested the process was discussed with TC.</p> <p>The report was noted by the Committee.</p>	<p>Head of Corporate Governance</p>
<p>Q.7.19.21</p>	<p>Quality Committee Terms of Reference – Review The Terms of Reference formed part of the Committee mid-year informal review with any feedback being provided to TC and MM in order to inform the Board's review.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> • The Executive Directors have begun to invite report authors to present their papers, however, KD suggested some Deputies would be helpful as a member of the Committee to assist with the debate. LS expressed concern over further people attending the meeting which may require the need to extend the time of the meeting further. • Some agenda items appear to have a shorter allocation of time for presentation than other items. • Increase in the length of time of the meeting - BG highlighted the meeting is often two and a half hours in length and alluded to the amount of time taken in producing the papers. On reflection the Committee suggested the sub-Committees could be used to receive assurance with reports raised by exception to this Committee. • To reduce the number of deep dive topics presented at the Quality 	

No.	Agenda Item	Action
	<p>Committee.</p> <ul style="list-style-type: none"> The documents refer to Divisions; this should be amended to reflect the new structure. The number of Committee meetings per year were noted, with some Committee meetings noted to not take place in August. 	
Q.7.19.22	<p>Board Assurance Framework</p> <p>LS – The Committee considered the BAF and having reviewed the papers received during the meeting and the description of assurances provided within the framework, no gaps were identified and the Committee, following the evidence provided to the meeting, accepted the current level of assurance with regards to the key strategic objectives and were suitably assured.</p> <p>The following were discussed:</p> <ul style="list-style-type: none"> Potential industrial action – Identified as a major risk to be escalated. Patient Safety. Sepsis data – CF to correct the comment with JM. 	Chief Digital and Information Officer
Q.7.19.23 Q.7.19.23.1	<p>Any Other Business</p> <p>JP – Due to the potential forthcoming industrial action, the Committee may need to be flexible with verbal/shorter reports being provided due to staff pressures in the short-term.</p>	
Q.7.19.24	<p>Matters to share with other Committees</p> <p>There were no matters to share with other Committees.</p>	
Q.7.19.25	<p>Matters to escalate to the Strategic Risk Register</p> <p>Industrial action – Wholly Owned Subsidiary.</p>	
Q.7.19.26	<p>Matters to Escalate to the Board of Directors</p> <p>Assurance received by the Committee around the Maternity Incentive Scheme.</p>	
Q.7.19.27	<p>Items for Corporate Communications</p> <p>The following items were noted:</p> <ul style="list-style-type: none"> IG team. 	
Q.7.19.28	<p>Agenda items for meeting scheduled 28 August 2019</p> <p>The draft agenda for the August meeting was noted.</p> <p>BG was unsure whether the diabetes team were available to attend the August meeting.</p>	
Q.7.19.29	<p>Date and time of next meeting</p> <p>Wednesday 28 August 2019, 2 pm to 4 pm, Conference Room, Field House, Bradford Royal Infirmary.</p> <p><u>Post-meeting note:</u> Following cancellation of the August meeting, the next meeting will be held on Wednesday, 25 September 2019 at 2 pm.</p>	



BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM QUALITY COMMITTEE – 24 July 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	28/08/19	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.
29/08/18	Q.8.18.16	Palliative Care Annual Report KD agreed to include in the next report the number of patients who die on the ward, but not in a side ward.	Chief Nurse	28/08/19	On September agenda – <u>action closed</u> .
26/06/19	Q.6.19.17	National In-patient Survey Results and Response A report on metrics will be presented to the Quality Committee in August to demonstrate the tracking and improvements.	Chief Nurse	28/08/19	On September agenda – <u>action closed</u> .
24/07/19	Q.7.19.4	Quality Committee Annual Report to the Board The Committee noted the Chairman has agreed that the Committee Annual Report will be deferred to the August meeting to allow for meaningful and considered reports to be produced as a consequence of the significant changes made to the Terms of Reference earlier in the year.	Director of Governance and Corporate Affairs	28/08/19	On September agenda – <u>action closed</u> .
24/07/19	Q.7.19.12	Maternity Incentive Scheme Assurance Statement Document submission will be completed by 15 August 2019.	Chief Nurse	28/08/19	12/08/19: Document submitted and acknowledgement received. <u>Action closed</u> .
24/07/19	Q.7.19.15	Information Governance (IG) Report As the information governance agenda is now well established CF queried a move to quarterly reporting with exceptions. This was agreed by the Committee.	Chief Digital and Information Officer		Reporting now moved to quarterly. Workplan has been updated. The next quarterly report will be due in October 2019. <u>Action concluded</u> .

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
24/07/19	Q.7.19.20	Leadership Walkround Quality Update/Engagement Walkround Quarterly Update BG noted a number of leadership walkrounds had been cancelled. The Committee requested the process was discussed with TC.	Head of Corporate Governance	28/08/19	Process reviewed, cancellations resulted from unexpected unavailability of both Non-Executives and Executives. These have been escalated to the Acting CEO and the Chairman. There was an agreed pause during the summer as a result of the support required from executives for the Trust during the period of industrial action.
24/07/19	Q.7.19.22	Board Assurance Framework Sepsis data – CF to correct the comment with JM.	Chief Digital and Information Officer	28/08/19	
29/05/19	Q.5.19.14	Safeguarding Adults Annual Report 2018-19 A comprehensive presentation on the FT's responsibilities will be provided to the Committee in September.	Chief Nurse	25/09/19	This action has been considered in light of the Board development programme and the appointment of New non-executive Directors and will be included in the Board development programme by March 2020
29/05/19	Q.5.19.15	Nurse Staffing Data Publication – April 2019 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	KD & CF met to discuss and agreed that no additional formal review at this time is required. <u>Action closed.</u>
27/02/19	Q.2.19.19	National Audit Care at End of Life 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	On September agenda – <u>action closed</u> 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
24/07/19	Q.7.19.4	Quality Committee Annual Report to the Board TC will be working on the production of the Annual Reports in consultation with the Committee Chairs for submission to the Board of Directors in November.	Chair/Director of Governance and Corporate Affairs	25/09/19	On September agenda – <u>action closed.</u>
24/07/19	Q.7.19.9	Focus on: Update of Rapid Response Peer Review of Haemophilia and Haemoglobinopathy Services Any learning will be considered in the specialty governance meeting and where appropriate in the haematology action plan. A full report will be submitted to the Quality Committee in September.	Chief Medical Officer	25/09/19	On September agenda – <u>action closed.</u>
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	
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	24/10/19	
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	

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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	24/10/2019	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.
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	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	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.
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	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	