

**QUALITY COMMITTEE
MINUTES, ACTIONS & DECISIONS**

Date:	Wednesday 30 October 2019	Time:	14:00 to 16:00
Venue:	Conference Room, Field House, Bradford Royal Infirmary	Chair:	Selina Ullah, Non-Executive Director
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Ms Selina Ullah, Non-Executive Director (SU) - Mr Mohammed Hussain, Non-Executive Director (MoH) <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) <p>Directors:</p> <ul style="list-style-type: none"> - Dr Tanya Claridge (TC), Director of Governance and Corporate Affairs 		
In Attendance:	<ul style="list-style-type: none"> - Dr LeeAnne Elliot, Deputy Medical Director (LE) - Ms Claire Chadwick, Nurse Consultant /Assistant Director Infection Prevention & Control (CC) - Ms Sara Hollins, Head of Midwifery (SH) 		

No.	Agenda Item	Action
Q.10.19.1	<p>Apologies for Absence</p> <ul style="list-style-type: none"> • Jon Prashar, Non-Executive Director • Laura Stroud, Non-Executive Director 	
Q.10.19.2	<p>Declaration of Interests</p> <p>There were no declarations of interest</p>	
Q.10.19.3	<p>Minutes and Actions of the Quality Committee meeting held on 25 September 2019</p> <p>The minutes from the meeting on the 25th September were approved as a correct record.</p> <p>SU requested a timescale by which an update from the previous meetings Haematology presentation would be given. BG confirmed an update is due to be given in March 2020.</p> <p>The Committee noted that the following actions had been concluded:</p> <p>Q.5.19.10 (29/05/19) - Focus on: 2019/20 Operational Plan</p> <p>Q.4.19.9 (24/04/19) – Focus on: Safer Procedures</p> <p>Q.7.19.6 (24/07/19) – Quality Dashboard update on Sepsis</p> <p>Q.3.19.21 (27/03/19) – Quality Strategy</p> <p>Q.1.19.14 (30/01/19) – Focus on: IPaC Exception Report</p> <p>Q.6.19.21 (26/06/19) – Emergency Preparedness Cores Standards Update</p> <p>Q.9.19.12 (25/09/19) – Nurse Staffing Data Report</p> <p>Q.9.19.17 (25/09/19) – Inpatient Care Quality Commission (CQC) Survey</p> <p>Q.9.19.17 (25/09/19) – Inpatient Care Quality Commission (CQC) Survey</p> <p>Q.9.19.18 (25/09/19) – Palliative Care Annual Report</p>	

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	Q.1.19.14 (30/01/19) - Focus on: IPaC Exception Report Q.10.19.18 (25/09/19) – Palliative Care Annual Report	
Q.10.19.4	Matters Arising	
	There were no matters arising brought to the attention of the Chair.	
Q.10.19.4.1	Matters Arising from the Board of Directors	
	There were no matters arising from the Board of Directors brought to the attention of the Chair.	
Q.10.19.4.2	Matters Escalated from Sub-Committees	
	There were no matters escalated from the Sub-Committees of the Committee that were not already included on the agenda of the meeting.	
Q.10.19.5	Board Assurance Framework (BAF) and Strategic Risks relevant to the Committee	
	SU noted the Board Assurance Framework will be reviewed later in the meeting along with the Strategic Risk Register following discussion of the supporting papers. The description of assurances provided will be reviewed in the framework at the end of the meeting.	
Q.10.19.5.1	Closure of Risk ID 3378	
	<p>KD provided a summary of the closure of the Strategic Risk 3378 related to de-escalation of violent behaviour and restraint. The risk had been re-assessed in light of the progress that had been made and separated into two risks, which did not require management on the strategic risk register. The Committee also receives assurance in relation to the Trusts compliance with Security Management Standards for Trusts, and this outcome will be reviewed in the context of that compliance and associated assurance.</p> <p>The Committee noted the closure of the risk and the explanation provided by KD.</p>	
Q.10.19.6	Quality Dashboard	
	<p>SU 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. The underpinning metrics and the following issues were highlighted.</p> <ul style="list-style-type: none"> - BG presented a positive view of the Quality Dashboard and asked the Committee to note that overall, the Quality metrics remained on an upward trajectory. - The Committee discussed the limitations of using a Red, Amber and Green colour scheme for ratings against indicators and also that sometimes indicators have comparator data and sometimes do not. CF noted that indicator rating thresholds are set using a number of inputs including the Trust's own targets, the Trusts' experience and, where available, benchmarking data for various sources. It was noted that the definitions of the ratings are in the Glossary at the end of the Dashboard. - KD suggested that a Board development session be held regarding the dashboard journey and ongoing development. 	TC

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	<ul style="list-style-type: none"> - KD highlighted that the C. Difficile Status was red due to a change in reporting parameters and did not necessarily reflect a worsening situation within the Trust. - MRSA data shows an improvement across the Trust. - It was noted that there is a concern with the presentation of the sepsis data RAG rating but this would be on the December agenda for discussion in more detail. - KD advised that the trajectory for 'written complaints' was set on the desire to see numbers falling, KD stated that this needs reviewing in light of regional trends that demonstrate comparatively positive performance. - SU commended the work of TC and others in nearing 100% of policies being in date <p>SU requested an update on the existing 'Risks not Mitigated' Indicator. TC explained that more work was is planned to improve this indicator. An update will be given at the December meeting.</p> <p>The Committee, having reviewed and challenged the evidence from the dashboard, confirmed that it was satisfied that those matters discussed were being addressed appropriately.</p>	TC
Q.10.19.7	<p>Quality Oversight System Report</p> <p>The committee noted the report prepared by TC and taken as read. SU thanked TC for the work and clear way in which data is being presented and assurance given.</p>	
Q.10.19.8	<p>Focus on: Safer Procedures</p> <p>LE presented an update in relation to the work being undertaken with regard to Safer Procedures. The Committee were informed that in September 2015 NHSE published a safety alert 'Supporting the introduction of the National Safety Standards for Invasive Procedures (NatSSIPs). All organisations were required to develop Local safety standards for invasive procedures (LocSSIPs) to focus on reducing never events within all settings where invasive procedures occur. The Committee were informed that theatre areas had previously reported full compliance with NatSIPPS and consistently demonstrate outstanding compliance with checklists which is currently reported at 99-100% in monthly audits.</p> <p>LE provided an update to the Trust approach on meeting the standards relating to local invasive procedure checklists, standard operating procedures (SOPs), and the results from a development group set up to provide assurance in this area.</p> <p>The Quality Committee was informed that since April, when it last received a Safer Procedures report, there has been a further audit of procedures undertaken by the Quality Governance team which demonstrated an improvement for LocSSIPs in place within clinical areas outside of theatres and that compliance had improved from 86% to 92% in that period between April and July 2019. Teams working at a lower level of compliance have been identified and are working to improve. This has led the group to work more in an assurance phase to ensure that SOPs are being used.</p> <p>LE further advised that there had been no never events since November 2018.</p>	

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	<p>Outcome The Committee agreed that from the report presented, it was assured that the controls and mitigation in place in relation to the implementation of LocSSIPs are effective and supporting the safe delivery of interventional procedures across the Trust.</p>	
Q.10.19.9	<p>Serious Incident (SI) Report (September 2019) TC summarised the contents of the report to the committee to outline new declared incidents as well as investigations completed during September 2019.</p> <p>The committee heard details of three Serious Incidents:</p> <ul style="list-style-type: none"> • a patient with a pressure ulcer, • a patient with an abnormality on their lung that was lost to follow up • a patient who developed a clot in their stent <p>One previous investigation relating to a patient with acute abdominal perforation was concluded.</p> <p>Following discussion the Committee determined that focussed attention to profile SIs alone by gender or ethnicity is unlikely to garner much additional learning. The Committee recognised the impact of ethnicity on health generally was significant and to look at this in this context would be more valuable.</p> <p>Outcome The Committee noted the report and was assured that controls were in place.</p>	
Q.10.19.10	<p>Quarterly Patient Safety and Health & Safety Management and Compliance Incident Report TC presented this transactional report which, she advised, is contractually required in order to inform the Committee about the incidents related to the safety of patients and health and safety management and compliance over the previous quarter.</p> <p>TC stated that 84% of reports are submitted within acceptable timescales which is 23% above the national median.</p> <p>The committee accepted the report, confirming that it was assured that appropriate controls were in place.</p>	
Q.10.19.11	<p>Nurse Staffing Data Publication September 2019</p> <p>Outcome As the report had already been discussed at the Workforce Committee, the Quality Committee noted the report and KD's summary that no patient safety or quality issues were raised within it.</p>	
Q.10.19.12	<p>Infection Prevention & Control Report April – July 2019 The report was presented to the Committee and taken as read. CC highlighted key points from the report.</p> <ul style="list-style-type: none"> • The Trust continues to benchmark well against peers for MRSA, C. Difficile and E. Coli infections 	

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	<ul style="list-style-type: none"> • MRSA Bacteraemia cases have been halved since the previous quarter due to the increased focus on aseptic technique. • Objectives for C. Difficile reporting have changed from 72 hours from admission to 48 hours from admission. This results in a much tighter window to sample the patient after their admission, after which, the infection is classified as a hospital acquired infection. This difference in targets has resulted in an increased number of reported hospital acquired infections. • The Carbapenemase-producing Enterobacteriaceae (CPE) outbreak reported last year has now been closed with no further cases of outbreak. • The higher incidence of TB in Bradford has been attributed as the causative factor in the 3 reported incidents of exposure to TB since April 2019. A task and finish group are looking at key risks to put as a risk on the risk register as well as working with NHSE to identify these patients in a more timely way. • Further work has been undertaken to increase mandatory training across the trust as well as surveying Clinical Hand wash Basins and Bed spacing. <p>The Committee was asked to note the changes to the objectives with C. Diff., the difficulty in achieving C. Diff. targets and the risk of TB for patients and staff within BTHFT.</p> <p>BG commended the outstanding work to prevent and control infection over the last three years and suggested presenting the paper to the SLT.</p> <p>SU thanked the team for work undertaken. The committee noted and approved the report.</p>	
Q.10.19.13	<p>Clinical Effectiveness Quarterly Report</p> <p>TC presented the report to the Committee. She summarised key points and progress made including that 94.4% of the 1167 clinical guidelines were being complied with across the Trust.</p> <p>The committee received the report and confirmed that it was assured that risks were being identified and that policies and procedures are in place.</p>	
Q.10.19.14	<p>Information Governance Report</p> <p>CF presented the report. She highlighted to the Committee the two externally reportable information governance incidents (breaches) in Quarter 2 of 2019. One incident remains open with the Information Commissioner's Office (ICO)</p> <p>CF asked the Committee to note the contents and the Committee received and noted the report.</p>	
Q.10.19.15	<p>Senior Information Risk Owner 2019/20 Quarter 2 Update</p> <p>CF presented the report and asked the Committee to note the contents and the Committee received and noted the report.</p>	
Q.10.19.16	<p>Learning from Deaths quarterly report</p> <p>BG presented the report. He stated that the next phase is the development of the Medical Examiner role across Bradford and Airedale Trusts. Additional funding is expected to be made available. BG explained that he is due to meet</p>	

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	<p>with regional medical examiner whose role is to help trusts implement this function. The Medical Examiner's role will be to screen and review every death including liaising with the Coroner and with the families</p> <p>Committee accepted the report and confirmed that it was assured.</p>	
Q.10.19.17	Readmissions – Improvement Programme Update	
	<p>BG provided a summary of the new Improvement Programme relating to readmissions, confirming that the work in relation to recording issues was ongoing. It was reported that four specialties show an above Peer rate of readmissions and these are going to be supported through the improvement programme to identify opportunities for change and improvement. It was confirmed that to date no significant harm has been identified. BG highlighted the importance of the way the Business Intelligence Team was supporting this improvement work with contemporaneous data presented in a way that supports measurement for improvement.</p> <p>The committee noted the report.</p>	
Q.10.19.18	Learning Disability (LD) Benchmarking Audit and Work plan	
	<p>KD presented a summary of the report. She explained that an action plan had been drawn up from guidance produced in the National Report.</p> <p>The Committee noted the report and the progress made by the Trust.</p>	
Q.10.19.19	Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and Liberty Protection Safeguards (LPS)	
	<p>KD presented a summary of the report. There is a change in legislation from DoLS to LPS. The main difference is that it now includes people from the age of 16 rather than 18.</p> <p>The Committee noted the report.</p>	
Q.10.19.20	Leadership Walk round quarterly update	
	<p>The report was taken as read and TC requested that it be circulated to all the Non-Executive Directors.</p> <p>The Committee confirmed that it was assured by the processes put into place.</p>	TC
Q.10.19.21	Quality Improvement Programme Update	
	<p>LE presented the report to provide assurance that staff were engaging with processes and sharing good news more frequently, including by social media.</p> <p>The committee accepted the report and noted its contents.</p>	
Q.10.19.22	GMC National Training Survey	
	<p>BG presented the report to the committee and highlighted that it detailed 8 patient safety reports. He assured the committee that issues raised are being dealt with and that relevant processes are in place to manage the risks. BG reported that there were no issues of bullying or harassment issues raised by trainees in the last two years.</p>	

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	The committee noted the report.	
Q.10.19.23	ProgRESS Report TC presented the report to the Committee. She highlighted the usefulness of the 'must', 'should' and 'could' actions that arose from the inspection. The committee noted in particular the following; <ul style="list-style-type: none"> - The continuing actions to ensure the removal of out of date patient information leaflets - Following review, the conclusion that pharmacist cover would not be provided to midwifery as it had been determined that there would be no detrimental effects to patients - however having cover in place would carry significant additional costs. - The Trust is nearing its target for 100% of policies and guidance to be within date. The committee noted the report.	
Q.10.19.24	Quality Strategy TC presented the report to the committee and highlighted the work done by BG and KD on the Quality Plan for 2019/22. BG highlighted the importance of the full board being able to talk about the work of the Quality Committee with the CQC.	
Q.10.19.25	Emergency Preparedness and Resilience and Response Core Standards Update TC presented the report to the committee and highlighted the improved position of 93% compliance compared with last year. She informed the committee of the visit from NHSE and some of their questions. TC requested approval to submit the statement of compliance to NHSE. SU raised a query a query about an incorrect date on item 14 of the report. TC to amend The Committee were satisfied with the report.	TC
Q.10.19.26	Annual and Quality Report 19/20 work plan TC presented to the committee the schedule for producing the Trust's Annual Report and Quality Report and asked them to note the actions required. Discussion was had about how to shorten the report using infographics for example. The Committee approved the work plan and are sighted on the associated actions presented in the report.	
Q.10.19.27	Maternity Services Q2 Report SH presented the Q2 report to the committee. The committee heard about the staffing problems the service has endured over the period and that at one point they were short of 15 midwives. All posts have now been filled. During that shortage there was no increase of harm to mothers	

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	<p>or babies and that the dashboard rating remains good.</p> <p>Positive audit data demonstrated lower than expected rates of</p> <ul style="list-style-type: none"> • Induction of Labour • Overall caesarean section rate • Instrumental births • 3rd and 4th degree tears and post-partum haemorrhage <p>The Trust has a higher than expected normal birth rate. The audit data showed that focussed improvement was required for 'small for gestational age' which is higher than expected.</p> <p>There were no serious incidents and two incidents reported to Health Services Investigation Branch (one of which did not reveal any lapses of care). This was a favourable rate of reports compared with other trusts.</p> <p>More work is needed to reach some benchmarks including</p> <ul style="list-style-type: none"> • use of the Perinatal Mortality Review Tool, achieving 84% against a target of 95% • the trust have not achieved the 20% continuity of carer target <p>The committee heard that the service welcomes the anticipated new theatres and the increase of space and improved outcomes that this will bring.</p> <p>BG asked for clarification over the use of green hash lines on the dashboard to not indicate targets. He also asked for an update on the staff culture in terms of feedback received for future reports.</p> <p>The committee noted the report.</p>	SH
Q.10.19.28	Confirmed Health and Safety Committee Minutes – June 2019	
	The minutes of the above meeting were noted by the Committee.	
Q.10.19.29	Board Assurance Framework	
	<p>Re-Admission rates were identified as a Gap in assurance.</p> <p>The Committee agreed that they were assured and reviewed their self-assessment rating as green.</p>	
Q.10.19.30	Any Other Business	
Q.10.19.31	Matters to share with other Committees	
	No matters were identified to share with other committees	
Q.10.19.32	Matters to escalate to the Strategic Risk Register	
	No matters were identified to escalate to the Strategic Risk Register.	
Q.10.19.33	Matters to Escalate to the Board of Directors	

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	<p>The Quality Plan would be sent to the Board of Directors.</p> <p>The Quarterly Maternity Report would also be sent to the Board of Directors.</p>	
Q.10.19.34	Items for Corporate Communications	
	No items were raised for corporate communications	
Q.10.19.35	Agenda items for meeting scheduled 18 December 2019	
	No items were added to the agenda.	
Q.10.19.36	<p>Dates and times of next meetings</p> <p>It was noted that the November meeting is cancelled. The next meeting would take place on 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 – 30 October 2019

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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	18/12/19	24/10/19: Deferred until December 2019. Item included on the agenda. <u>Action concluded.</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	18/12/19	24/10/19: More evidence is being collected before the submission to NHSI
30.10.19	Q.10.19.6	Quality Dashboard TC will give an updated view on Risks Not Mitigated	Director of Governance and Corporate Affairs	18/12/19	
30.10.19	Q.10.19.6	Quality Dashboard KD suggested a board development session regarding the dashboard journey and ongoing development.	Director of Governance and Corporate Affairs	18/12/19	
30.10.19	Q.10.19.20	Leadership Walk round quarterly update TC to circulate report to all Non-Executive Directors	Director of Governance and Corporate Affairs	18/12/19	
30.10.19	Q.10.19.25	Emergency Preparedness and Resilience and Response Core Standards Update TC to correct the date SU queried on item 14 (page 20) of the report.	Director of Governance and Corporate Affairs	18/12/19	Date corrected. <u>Action concluded.</u>
25/09/19	Q.10.19.30	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	Chief Nurse	18/12/19	On December agenda. <u>Action concluded.</u>

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		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.			
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. Presentation added to the agenda. <u>Action concluded.</u>
30.10.19	Q.10.19.27	Maternity Services Q2 Report BG asked for clarification on use of green hashed lines on the dashboard and for an update on staff culture in future quarterly reports.	Chief Nurse	29/1/20	
25.09.19	Q.10.19.9	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	