

**QUALITY COMMITTEE  
MINUTES, ACTIONS & DECISIONS**

<b>Date:</b>	Wednesday 29 January 2020	<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 (LS), Non-Executive Director</li> <li>- Ms Selina Ullah (SU), Non-Executive Director</li> <li>- Mohammed Hussain (MH), Non-Executive Director</li> <li>- John Prashar (JP), Non-Executive Director</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Dr Bryan Gill (BG), Chief Medical Officer</li> <li>- Ms Karen Dawber (KD), Chief Nurse</li> <li>- Ms Cindy Fedell (CF), Chief Digital and Information Officer</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Dr Tanya Claridge (TC), Director of Governance and Corporate Affairs</li> <li>- Sara Hollins (SH), Head of Midwifery, for Q.1.20.21</li> </ul>		

No.	Agenda Item	Action
Q.1.20.1	<b>Apologies for Absence</b> There were no apologies.	
Q.1.20.2	<b>Declaration of Interests</b> There were no declarations of interest.	
Q.1.20.3	<p><b>Minutes and Actions of the Quality Committee meeting held on 18 December 2019</b></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:            Q.12.19.4.2 (18.12.19) – Matters escalated from Sub-Committees.            Q.12.19.6 (18.12.19) – Quality Dashboard.            Q.12.19.9 (18.12.19) – Focus on: Paediatric Diabetes Service.            Q.12.19.23 (18.12.19) – In-patient survey and updated action plan progress.</p>	
Q.1.20.4	<p><b>Matters Arising</b></p> <p><b>Endoscopy Waiting Times</b> – KD presented the item on behalf of Sandra Shannon (SS), Chief Operating Officer (COO). This risk under surveillance of the operational framework concerns endoscopy waiting times and is on the Strategic Risk Register.</p> <p>Issues became evident following the implementation of the Electronic Patient Record (EPR) and included significant data quality issues which contributed to a reduction in productivity. Over the last six months a small number of cases have been brought to the attention of the Integrated Governance and Risk Committee or the Quality of Care Panel (QUOC) meetings. Cases have been</p>	

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	<p>tracked carefully and three patients have been identified who may have suffered moderate harm as a consequence of a delay to their endoscopy surveillance. Following review with the Chief Executive and discussions with the CCG a Serious Incident (SI) has been declared in relation to endoscopy, surveillance, patient waiting times and delays. Commissioners are sighted on this which is a known national issue.</p> <p>There have been nine Datix incidents raised of potential harm to patients due to delay with six surveillance cases having been identified as of moderate risk and a Level 1 investigation has been completed. Early indications are that in three cases there has been moderate harm. It has been noted elongated waiting times may have had some impact on patients' long-term prognosis and/or treatment plan and all cases have been discussed at the QUOC meeting.</p> <p>The following were highlighted:</p> <ul style="list-style-type: none"> <li>• The information provide to the patients on the surveillance pathway is being reviewed and updated regarding when advice should be sought from their General Practitioner.</li> <li>• A sixth Endoscopy Suite has now been opened.</li> <li>• An additional Colorectal Surgeon commenced in October 2019 along with an additional Gastroenterologist.</li> </ul> <p>LS noted from the Finance and Performance Committee held on 29 January 2020 that the investment case presented to increase capacity had been approved and there was assurance that the actions taken are mitigating the risk.</p> <p>As a further means of assurance BG is in regular contact with the COO and the clinical Endoscopy team as part of this review process.</p> <p>Assurances have been received previously that the progress to recovery is on trajectory and issues have only occurred in the last six months due to demand. The risk will be reviewed by the Integrated Governance and Risk Committee.</p> <p>The Endoscopy team will present the improvement trajectory from a performance and quality perspective at the March Quality Committee providing the following information:</p> <ul style="list-style-type: none"> <li>• A detailed breakdown of waiting times relating to surveillance patients identified for clarity.</li> </ul>	<p>Director of Governance and Corporate Affairs</p> <p>Chief Operating Officer</p>
Q.1.20.4.1	<p><b>Matters Arising from the Board of Directors</b></p> <p>There were no matters arising from the Board of Directors.</p>	
Q.1.20.4.2	<p><b>Matters Escalated from Sub-Committees</b></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.1.20.5	<p><b>Board Assurance Framework (BAF) and Strategic Risks relevant to the Committee</b></p>	

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	<p>The Committee agreed to review the BAF and Strategic Risks in light of the reports received throughout the meeting and the description of assurances provided within the framework. Any risks higher than 12 should be noted in terms of assurance.</p>	
<p><b>Q.1.20.6</b></p>	<p><b>Quality Dashboard</b>            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 presented elements of the Dashboard that are 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> <ul style="list-style-type: none"> <li>• The introduction of the key was commended.</li> <li>• HSMI/SHMI – BG noted an error where the narrative stated 'better than expected' with the funnel plots identifying 'within expected'. These will be reworded for next month's report.</li> <li>• BG and CF will reconsider the presentation of the 'stillbirth per 1,000 births' chart regarding the identification of the number of stillbirths per month.</li> <li>• C difficile – An exception report will be discussed at agenda item Q.1.20.14.</li> <li>• Falls with severe harm – All cases have been reviewed. A report on falls with severe harm will be presented at the next Patient Safety Sub-Committee.</li> <li>• Missed Doses – The narrative does not match the chart as there has been a recent rise.</li> <li>• Medicine Reconciliation – A rise (improvement) was apparent, however, BG assured the Committee there was no correlation with missed doses.</li> <li>• Never Event – A Never Event was discussed at the December meeting. The preliminary report indicates a potential second pack was opened that was not counted resulting in an inconsistency with the swab count, therefore, indicating there was a retained swab.</li> </ul>	<p>Chief Medical Officer</p> <p>Chief Medical Officer/Chief Digital and Information Officer</p>
<p><b>Q.1.20.7</b></p>	<p><b>Quality Oversight System Report</b>            The Quality Oversight System report was tabled and presented to the Committee by TC, noting the importance of endoscopy being part of active surveillance over a length of time and it is through this system that incidents are identified on a daily basis.</p>	
<p><b>Q.1.20.8</b></p>	<p><b>Focus on: NHS Patient Safety Strategy 2019</b>            BG discussed the Appendix 1 slide pack. A new National Patient Safety Strategy was published in July last year built on previous patient safety strategies but to encompass measurement, awareness and use of information to understand safety. BG noted the work underway to improve patient safety at national, regional and local Trust level, where locally submitted work is now recognised.</p> <p>Staff involvement, patient awareness, a safety curriculum for staff, learning from harm and building on the approach to quality improvement were highlighted.</p> <p>Community involvement was raised as an area of challenge for the organisation. BG noted the Foundation Trust's (FT) outline strategy for patient and public involvement has recently been launched. The Patient Safety Translation Research Centre has a strong patient level focus and this may be</p>	

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	<p>used as an area going forward.</p> <p>The positive examples of work discussed provided the Committee with full assurance.</p>	
<p><b>Q.1.20.9</b></p>	<p><b>Focus on: Stroke Service</b>            BG provided an updated report due to the deterioration in the Sentinel Stroke National Audit Programme (SSNAP) performance around stroke care, following a deterioration to Level D for the Bradford/Airedale report.</p> <p>There is a risk to the provision of a consistent Stroke Service due to a number of underlying issues, however, it is anticipated that the actions implemented in response will result in an improvement in performance from quarter four onwards.</p> <p>All the interventions now in place have been instigated by the operational team and assurance was received following the type of work undertaken by the team during 2018/19 which should result in direct improvement continuing.</p> <p>There is a level of confidence with the weekly data that the situation has now been stabilized and attaining Level C over the next 6 months seems an appropriate level for the Trust. Additional resources have been provided to this area and work is underway. In addition Stroke is now one of six programmes in the Acute Provider Collaboration with Airedale.</p> <p>KD noted plans around a targeted recruitment for the stroke service and possible international recruitment. No major patient safety risk or negative impact on patients in this service has been identified.</p> <p>A quarterly report on stroke will be provided to the Committee with an update on staffing provided to the Workforce Committee.</p> <p>The report was noted by the Committee.</p>	<p>Chief Nurse/Chief Medical Officer</p>
<p><b>Q.1.20.10</b></p>	<p><b>Serious Incident (SI) Report</b>            TC presented the SI report which summarised the SI profile of the Trust for December 2019.</p> <p>Three SIs were reported by BTHFT during December 2019:</p> <ul style="list-style-type: none"> <li>• A pressure ulcer due to identified omissions in care.</li> <li>• A retained foreign object following a patient having an episiotomy during child birth.</li> <li>• A non-Magnetic Resonance Imaging safe trolley entered the MRI scanner unit with a child who was anaesthetised.</li> </ul> <p>Two SIs were concluded in December 2019:</p> <ul style="list-style-type: none"> <li>• SI 2019/20335 concerning critical medication not prescribed following repatriation.</li> <li>• SI 2019/19790 regarding delay in diagnosis.</li> </ul> <p>The report was noted and 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>	

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Q.1.20.11	<p><b>Quarterly Patient Safety and Health and Safety Management and Compliance Incident Report</b></p> <p>TC discussed this formal report aligned to the Contract and governance procedures noting the document is shared with Commissioners. The report profiles the totality of patient safety and health and safety management and compliance incidents, themes and trends, actions and learning and is key to understanding and influencing the quality and safety of the services provided by the Trust.</p> <p>The increase in incidents relating to follow-up appointments was noted and will be reviewed by the QUOC group. An update will be provided to the Quality Committee.</p> <p>TC highlighted incident reporting has increased around culture and this was seen as a positive finding.</p> <p>The report was accepted by the Committee.</p>	Director of Governance and Corporate Affairs
Q.1.20.12	<p><b>Patient Safety Sub-Committee Report</b></p> <p>BG highlighted the work of the Patient Safety Sub-committee. The strong assurance and successes in relation to the quality work around patient safety resulting in improvements in the metrics and dashboard were noted.</p> <p>The report was noted by the Committee.</p>	
Q.1.20.13	<p><b>Patient Experience Sub-Committee Annual Report</b></p> <p>KD highlighted the following:</p> <ul style="list-style-type: none"> <li>• A Lay member and representatives from the Patient Advice and Liaison Service sit on the Committee.</li> <li>• Additional assurance has been undertaken where regular reports have been received from the various care groups.</li> <li>• Learning from complaints feedback, in-patient survey results, national survey results and regular reports from Sub-Committees are areas which have been considered in detail.</li> <li>• Membership is currently being discussed following the recent changes in the FT's structure.</li> </ul> <p>The report was noted by the Committee.</p>	
Q.1.20.14	<p><b>Infection Control Exception Report for increase in cases of healthcare associated Clostridium difficile infections during November and December 2019</b></p> <p>KD noted the expectation discussed at the commencement of the year that the cases of C difficile would be beyond trajectory this year due to how these were now measured and counted. Following a spike in the number of cases noticed in late November/early December, Claire Chadwick (CC), Nurse Consultant Infection Control, has provided a concise exception report following concerns raised over cross-infection.</p> <p>The following were highlighted:</p> <ul style="list-style-type: none"> <li>• Increase in the number of cases due to patients with respiratory type</li> </ul>	

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	<p>viruses.</p> <ul style="list-style-type: none"> <li>• No significant patient safety risk in relation to C difficile.</li> <li>• Root Cause Analysis undertaken of all cases with no evidence of cross-infection.</li> <li>• Suspected increase in cases of bioburden.</li> </ul> <p>The Committee were assured by the details, recommendations, conclusions and noted the significant level of assurance provided. CC was commended by the Committee on the report and BG will ensure CC discusses the use of antibiotics and appropriateness, part of the National Patient Safety agenda, at the Medicine Safety Group.</p>	Chief Medical Officer
Q.1.20.15	<p><b>Nurse Staffing Data Publication Reports - November 2019 and December 2019</b></p> <p>The November and December 2019 reports were discussed by KD following earlier consideration of the reports at the Workforce Committee on 29 January 2020.</p> <p>The following were highlighted:</p> <ul style="list-style-type: none"> <li>• The reports have been submitted in their entirety to this Committee due to the significant concerns raised by members of the FT's workforce regarding staffing.</li> <li>• Nurse staffing is closely monitored on a daily basis resulting in staff being moved frequently, due to for example sickness absence and the opening of additional beds/ward. These methods were noted to be unpopular with staff but necessary in order to maintain patient safety.</li> <li>• Regular discussions are held within the Chief Nurse team and staffing considered on a daily basis at senior level.</li> <li>• The Planned and Unplanned safety huddles are followed by a joint meeting on a daily basis.</li> <li>• Recent increases in incidents reported of low or no harm in relation to staffing. The Associate Directors of Nursing are providing a detailed paper to the Patient Safety Sub-committee.</li> </ul> <p>LS noted the earlier discussion at the Finance and Performance Committee on 29 January 2020 around the Cost Improvement Programme and a large sum being taken out in terms of vacancy rates, however, assurance was provided to the Committee that the staffing and nurse staffing analysis was sighted on patient safety and quality.</p> <p>The reports were noted by the Committee.</p>	
Q.1.20.16	<p><b>Children and Young People's Board Report</b></p> <p>BG discussed the report providing an update on the activities and discussions of the Children and Young People's Board as provided by the clinical team. The significant progress was noted over the last twelve months, particularly around the Airedale/Bradford collaboration. There is currently a level of stability for the delivery of acute paediatric and neonatal services and the work of the collaboration is now focused on integration. The positivity and excellent leadership of this Clinical Business Unit was described and a future work plan is currently under consideration for Children's Services in terms of pathways and safeguarding.</p>	



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	The report was noted by the Committee.	
<b>Q.1.20.17</b>	<p><b>Learning from Deaths Update – October to December 2019 - Quarterly Report</b></p> <p>BG outlined the paper with particular reference to Appendix 1, the Briefing note from the Medical Examiner Task and Finish group recently approved at SLT. The programme is now looking at advertising for expressions of interest of the Lead Medical Examiner, a joint post with Airedale, in order to establish the Medical Examiner's Office. This is now within the FT's contract for the NHS from April, however, discussion with the Regional Medical Examiner anticipates the post will be embedded over the next twelve months. BG suggested there may be a group of people who will share a rota to cover the Medical Examiner role over a 7 day period.</p> <p>BG noted Dr Harry Ashurst's position as Associate Medical Director has been reprofiled to focus on this requirement. It is expected there will be two teams, Bradford and Airedale, with conversations held between the two. There is an expectation that the requirement from H M Coroner is to see a 24/7 service, however, this adds another level of complexity and conversations are underway. Further updates will be provided through Learning from Deaths.</p> <p>The Committee were assured with the report and the work progressing.</p>	
<b>Q.1.20.18</b> <b>Q.1.20.19</b>	<p><b>Information Governance (IG) Report</b></p> <p><b>Senior Information Risk Owner 2019/20 Quarter 3 Update</b></p> <p>CF noted that overall there have been no changes in the Information Governance situation with a high level of awareness continuing, however, there has been one new high risk information governance incident in December 2019 which has been reported to the Information Commissioner's Office (ICO). This incident involved a Health Care Assistant and an internal investigation is underway. Further communications have been circulated globally and within wards. BG noted that the communication has been evidenced by some radiology trainees querying their right to view images for educational purposes. There have been no high risk cyber incidents.</p> <p>Work continues on the Data Security and Protection Toolkit Assessment 2019/20 with good progress. The toolkit is almost complete.</p> <p>Developmental work continues towards the Trust's Information Asset Register detailing the Trust's information assets management and ownership. An internal audit review was requested to progress and the draft report identifies a limited assurance opinion. CF noted that this does not mean there is an increased risk but rather a lack of sufficient progress to a best practice state.</p> <p>Mandated IG training compliance up to 31 December 2019 is 92% against a year-end target of 95%.</p> <p>The Committee noted the two reports.</p>	
<b>Q.1.20.20</b>	<p><b>Engagement Walkround Quarterly Update – October to December 2019</b></p> <p>TC discussed the report noting the number of walkround cancellations from both Executive Directors and Non-Executive Directors and this information has been escalated to the Chair and Chief Executive Officer.</p>	

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	<p>Successful engagement was demonstrated following the World Café events.</p> <p>The report was noted by the Committee.</p>	
Q.1.20.21	<p><b>Maternity Update</b></p> <p>SH was welcomed to the meeting to discuss the reports contained in the update, a number of which have previously been discussed at the Board of Directors. The Board requested the Committee consider the additional proposals in relation to Maternity and KD confirmed these had been actioned:</p> <ul style="list-style-type: none"> <li>• A comprehensive action plan.</li> <li>• Monthly reporting by way of oversight of stillbirths and one to one care in labour as part of the Quality Dashboard and monthly monitoring of the action plan.</li> <li>• Quarterly reporting via the Maternity report.</li> <li>• Stillbirth rates and one to one care in labour added to the Board Dashboard.</li> </ul> <p>The presentation submitted to the Care Quality Commission (CQC) of a deep dive into stillbirths in 2019 was discussed noting the current position and the plans in place. KD noted all stillbirths have been discussed previously and the information noted regarding MBRACE.</p> <p>BG noted foetal growth and pre-eclampsia toxaemia are areas of concern in relation to the still birth rate. A new screening test has become available for pre-eclampsic toxaemia and is due to be implemented.</p> <p>The interface between community and hospital based care, community midwifery monitoring, foetal growth monitoring and early intervention was discussed.</p> <p>KD noted the huge amount of work undertaken to ensure delivery of the CNST standards for which the organisation benefitted financially. Broader discussions will be held regarding areas for required funding to meet the standards and provide improvement which are resilient and sustainable.</p> <p>An SI declared this week has identified missed opportunities following a full review and a programme of work in this area of concern has commenced. This improvement work will be reported back to the Committee.</p> <p>The Committee noted:</p> <ul style="list-style-type: none"> <li>• Further assurance is required in maintaining staff engagement, staff culture and improvement with key risks identified.</li> <li>• Maternity is required to be the number one priority around quality.</li> <li>• Cultures to be considered through the improvement work. KD noted the excellent care delivered by the FT in an area that has been identified to have high levels of deprivation and many levels of complexities. The Committee noted 76% of stillbirths were from the BAME population. 65% of all births are from the BAME population. Data will be further interrogated to identify the age profile in the district and consider other factors in order to drive intervention and improvement.</li> <li>• Challenges to be identified and investment impacts on other services.</li> <li>• Discussions to be held with the Board regarding expected achievements.</li> </ul>	



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	<ul style="list-style-type: none"> <li>• Discussion to be held at SLT regarding Consultant Obstetrician workload including cover on the labour ward.</li> <li>• Lessons are learnt and improvements made but other areas need recognition, eg CQC comments around the Clover Team, Born in Bradford.</li> <li>• Alternative ways of working and models of care are under consideration due to the midwifery workforce being under pressure.</li> <li>• The CQC assurance action plan response to concerns/comments raised by the CQC during the recent inspection period was discussed. All the action plans in place are within the one document and this was noted and approved by the Committee. The action plan will be submitted under a monthly standing item, Maternity, at the present time referencing the actions expected and the progress made.</li> <li>• KD and BG will provide an update on current Maternity services and the work plan being taken forward. The Committee provided their full support.</li> </ul> <p>LS noted the slide pack provides the assurance to the Committee that this service is being thoroughly scrutinised.</p> <p>LS thanked SH for the lengthy discussions and contributions and concluded that Maternity has to be a focussed area for the FT, due to the potential resource implications which may be available via Born in Bradford.</p>	<p>Chief Nurse</p> <p>Chief Medical Officer/Chief Nurse</p>
Q.1.20.22	<p><b>EPRR Core Standards</b></p> <p>TC noted the final submission date for the core standards to NHS England was 31 October 2019. The Audit and Assurance Committee previously received the submission and associated evidence and called into question the strength of assurance requesting the Quality Committee re-reviewed the assurance provided. TC reviewed the evidence portfolio to ensure the strength of the assurance was reflected in the analysis as presented in Appendix 1.</p> <p>The detailed action plan was noted to be on track to be fully compliant by March when the process will recommence.</p> <p>For assurance, TC has commissioned Internal Audit to undertake a piece of work on selective standards which will be initiated shortly. This is the additional Level 3 assurance to be applied and will be further discussed at the Audit and Assurance Committee on Tuesday, 4 February 2020.</p> <p>The paper was noted by the Committee.</p>	
Q.1.20.23	<p><b>Confirmed Health and Safety Committee minutes – September 2019</b></p> <p>The minutes of the above group were noted by the Committee.</p>	
Q.1.20.24	<p><b>Board Assurance Framework (BAF)</b></p> <p>LS noted the descriptions of assurance provided, the positive discussions around the dashboards, the reports and presentations that all the risks on the Risk Register have been covered with a rating of 12 and above.</p> <p>The following were highlighted:</p> <ul style="list-style-type: none"> <li>• The Emergency Care standard had been raised at the Finance and Performance Committee on 29 January 2020. TC noted from a quality</li> </ul>	

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	<p>point-of-view this is part of an active piece of work on the quality oversight system that is undertaken routinely and any issues are escalated directly to QUOC as necessary.</p> <ul style="list-style-type: none"> <li>The Information Governance and Risk Committee considered two risks in relation to Maternity services, one around intrauterine deaths and one around maternity staffing. These have been discussed with the CQC and agreement has been reached that these individual risks would be added as an overarching risk to the Strategic Risk Register around Maternity services and will feature on the Board Assurance Framework. These will be presented at the next Information Governance and Risk Committee.</li> <li>Risk 3468 – Staff not following or being able to follow correct process for recording activity on patient pathway steps on EPR. SS will be attending the February Committee to present on this issue.</li> </ul> <p>Assurances were received regarding strategic objective 1, To provide outstanding care for our patients, and strategic objective 4, To be a continually learning organisation.</p> <p>The Committee agreed and were content in terms of the ratings and that Quarter 3 would remain green as all risks had been covered and discussed.</p>	
Q.1.20.25	<p><b>Draft Chair's Report for Audit and Assurance Committee</b></p> <p>LS noted a report will be circulated to members of the Quality Committee following the meeting for comment.</p>	
Q.1.20.26 Q.1.20.26.1	<p><b>Any Other Business</b></p> <p>Coronavirus – KD noted the numerous notifications currently being received from NHS England and Public Health England over the last few weeks and confirmed that these have been complied with. Infection Control is being closely monitored. To date a number of action cards have been issued to the FT's admitting areas, all consultants and nursing staff.</p> <p>A briefing note is being produced by CC which will be circulated to all Board members including the Chair. Guidance on staff training is currently awaited from CC. Further policy documentation is available for guidance should staffing numbers need to be increased and non-essential activities closed down.</p>	Chief Nurse
Q.1.20.27	<p><b>Matters to share with other Committees</b></p> <ul style="list-style-type: none"> <li>Senior Leadership Meeting - Finance discussion around vacancy factors.</li> <li>Audit and Assurance Committee – EPR.</li> <li>Workforce Committee – Stroke staffing.</li> </ul>	
Q.1.20.28	<p><b>Matters to escalate to the Strategic Risk Register</b></p> <ul style="list-style-type: none"> <li>Maternity.</li> </ul>	
Q.1.20.29	<p><b>Matters to Escalate to the Board of Directors</b></p> <ul style="list-style-type: none"> <li>Maternity – To be discussed and noted in the Chair's Board report.</li> <li>Endoscopy risk.</li> <li>Finance discussion around vacancy factors.</li> <li>Coronavirus.</li> </ul>	

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Q.1.20.30	<b>Items for Corporate Communications</b> There were no items for Corporate Communications.	
Q.1.20.31	<b>Agenda items for meeting scheduled 26 February 2020</b> The draft agenda for the February meeting was noted. To add: Chair's report for Audit and Assurance Committee which is being circulated.  LS confirmed additional items could be added to the agenda if required.	
Q.1.20.32	<b>Date and time of next meetings</b> The next meeting will be held on Wednesday 26 February 2020, 2 pm to 4 pm, Conference Room, Field House, Bradford Royal Infirmary.	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST**  
**ACTIONS FROM QUALITY COMMITTEE – January 2020**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
18.12.19	Q.12.19.30	<b>Any Other Business</b> TC to circulate the Terms of Reference for updating and ensure the Workplan reflects the need to review them annually	Director of Governance and Corporate Affairs	26.02.20	Board Committee review to begin on 27 January. Outcomes to be reported to Committee at end of February and to Board in March 2020. Terms of Reference and the Workplan to be updated in line with outcomes from review. 29.01.20: The Committee noted the update with a report on the outcomes from the review to this Committee at the end of February and Board in March 2020. The Workplan is on the agenda for review by the Committee in March. <u>Action concluded.</u>
18.12.19	Q.12.19.23	<b>In-patient survey and updated action plan progress</b> KD to reframe the presentation of targets such that the high percentages are not incorrectly associated with negative targets. E.g. Did the nurses talk in front of you as though you were not there? 92.34%	Chief Nurse	26.02.20	29.01.20: KD will ensure the narrative is included to reflect positive trends from Q3 report onwards. 18.02.20: <u>Action concluded.</u>
30.10.19	Q.10.19.27	<b>Maternity Services Q2 Report</b> 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	26.02.20	29.01.20: The quarterly report has been deferred until February and an exception report will be presented at the January meeting. The action is now due for completion in February. 26.02.20: On agenda, see Quarter 3 Patient Experience Report. <u>Action concluded.</u>
29.01.20	Q.1.20.4	<b>Matters Arising – Endoscopy Waiting Times</b> The risk will be reviewed at the Integrated Governance and Risk Committee.	Director of Governance and Corporate Affairs	26.02.20	Risk reviewed at the IGRC on 19.02.20. <u>Action concluded.</u>

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29.01.20	Q.1.20.6	<b>Quality Dashboard</b> HSMI/SHMI – BG noted an error where the narrative stated ‘better than expected’ with the funnel plots identifying ‘within expected’. These will be reworded for next month’s report.	Chief Medical Officer	26.02.20	<u>Action concluded</u>
29.01.20	Q.1.20.6	<b>Quality Dashboard</b> BG and CF will reconsider the presentation of the ‘stillbirth per 1,000 births’ chart regarding the identification of the number of stillbirths per month.	Chief Medical Officer/Chief Digital and Information Officer	26.02.20	<u>Action concluded</u>
29.01.20	Q.1.20.14	<b>Infection Control Exception Report for increase in cases of healthcare associated Clostridium difficile infections during November and December 2019</b> BG will ensure CC discusses the use of antibiotics and appropriateness, part of the National Patient Safety agenda, at the Medicine Safety Group.	Chief Medical Officer	26.02.20	<u>Action Concluded</u>
29.01.20	Q.1.20.21	<b>Maternity Update</b> The action plan will be submitted under a monthly standing item, Maternity, at the present time referencing the actions expected and the progress made.	Chief Nurse	26.02.20	26.02.20: Completed. Maternity is now a monthly standing item on the agenda. <u>Action concluded.</u>
29.01.20	Q.1.20.21	<b>Maternity Update</b> KD and BG will provide an update on current Maternity services and the work plan being taken forward.	Chief Nurse/Chief Medical Officer	26.02.20	26.02.20: Completed. Maternity is now a monthly standing item on the agenda. <u>Action concluded.</u>

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
29.01.20	Q.1.20.26.1	<b>Any Other Business - Coronavirus</b> A briefing note is being produced by CC which will be circulated to all Board members including the Chair.	Chief Nurse	26.02.20	26.02.20: Circulated by KD. <u>Action concluded.</u>
29.01.20	Q.1.20.4	<b>Matters Arising – Endoscopy Waiting Times</b> The Endoscopy team will present the improvement trajectory from a performance and quality perspective at the March Quality Committee providing the following information: A detailed breakdown of waiting times relating to surveillance patients identified for clarity.	Chief Operating Officer	25.03.20	SES has been advised of the requirement. Item has been added to the 25 March QC agenda.
29.01.20	Q.1.20.11	<b>Quarterly Patient Safety and Health and Safety Management and Compliance Incident Report</b> The increase in incidents relating to follow-up appointments was noted and will be reviewed by the QUOC group. An update will be provided to the Quality Committee.	Director of Governance and Corporate Affairs	29.04.20	
29.01.20	Q.1.20.9	<b>Focus on: Stroke Service</b> An update on staffing will be provided to the Workforce Committee.	Chief Nurse/Chief Medical Officer	29.04.20	
25.09.19	Q.10.19.9	<b>Focus on: Haematology</b> 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	29.07.20	