

**QUALITY COMMITTEE  
MINUTES, ACTIONS & DECISIONS**

<b>Date:</b>	Wednesday 18 December 2019	<b>Time:</b>	14:00 to 16:30
<b>Venue:</b>	Conference Room, Field House, Bradford Royal Infirmary	<b>Chair:</b>	Laura Stroud, Non-Executive Director
<b>Present:</b>	<p><b>Non-Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Ms Laura Stroud, Non-Executive Director (LS)</li> <li>- Mr Mohammed Hussain, Non-Executive Director (MHu)</li> <li>- Mr Jon Prashar, Non-Executive Director (JP)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Dr Bryan Gill, Chief Medical Officer (BG)</li> <li>- Ms Karen Dawber, Chief Nurse (KD)</li> <li>- Ms Cindy Fedell, Chief Digital and Information Officer (CF)</li> </ul> <p><b>Directors:</b></p> <ul style="list-style-type: none"> <li>- Dr Tanya Claridge, Director of Governance and Corporate Affairs (TC)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Mr Barrie Senior, Non-Executive Director (observing)</li> <li>- Mr David Wilmshurst, Non-Executive Director (observing)</li> <li>- Ms Alison Woodhead, Paediatric Diabetes Dietitian, (AW) Q.12.19.9</li> <li>- Ms Donna Ashcroft, Paediatric Diabetes Clinical Nurse Specialist (DA) Q.12.19.9</li> <li>- Ms Maria Garside, Consultant Anaesthetist (MG) Q.12.19.11</li> <li>- Ms Clare Chadwick, Nurse Consultant Infection Prevention (CC) Q.12.19.13</li> <li>- Ms Clare Nandha, Sepsis Nurse Specialist (CN) Q.12.19.15</li> </ul>		

No.	Agenda Item	Action
<b>Q.12.19.1</b>	<b>Apologies for Absence</b> No apologies had been received.	
<b>Q.12.19.2</b>	<b>Declarations of Interest</b> No interests were declared.	
<b>Q.12.19.3</b>	<b>Minutes and Actions of the Quality Committee meeting held on 30 October 2019</b> The minutes from the meeting held on 30 October 2019 were approved as a correct record.	
<b>Q.12.19.4</b>	<b>Matters Arising</b> The Committee reviewed the action log and closed the following items: <ul style="list-style-type: none"> <li>- Q.5.19.12 Infectious Diseases Service Mitigation Plan. Discussed at agenda item Q.12.19.14.</li> <li>- Q.9.19.20 Use of Resources Submission. Submission was made to NHSI within agreed timescales.</li> <li>- Q.10.19.6 Quality Dashboard. The development of the Dashboard has been added to a Board development programme</li> </ul>	

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	<ul style="list-style-type: none"> <li>- Q.10.19.20 Leadership Walk-round quarterly update. Report circulated to all Non-Executive Directors on Diligent.</li> <li>- Q.10.19.25 EPRR Core Standards Update. Date corrected</li> <li>- Q.10.19.30 Agenda items for meeting scheduled 30/10/19. In-patient survey discussed at agenda item Q.12.19.23</li> <li>- Q.6.19.23.2 Any Other Business. Royal College of Anaesthetics Assurance presentation discussed at agenda item Q.12.19.11.</li> </ul>	
Q.12.19.4.1	<b>Matters arising from Board of Directors</b> No matters were brought from the Board of Directors.	
Q.12.19.4.2	<b>Matters escalated from Sub Committees</b> The following matters were escalated from other Committees: <ul style="list-style-type: none"> <li>- EPRR Core Standards Submission. TC stated that the Audit and Assurance Committee had referred this report back to Quality Committee with concerns around the level of assurance provided by the compliance statements. TC has discussed the submission with NHSI and proposed to resubmit it to the Quality Committee in January, the Audit and Assurance Committee in February then to the Board of Directors in March.</li> <li>- The Health and Safety meeting escalated a matter regarding the Ionising Radiation Medical Exposure Regulations (IRMER) improvement notice issued by the CQC. The Committee may want to see the presentation that was made to the CQC as an example of a culture transformation that went beyond policy and procedure within a BTHFT department.</li> </ul>	Director of Governance and Corporate Affairs
Q.12.19.5	<b>Board Assurance Framework and Strategic Risks relevant to the Committee</b> The Committee agreed to review the Board Assurance Framework and Strategic Risks in light of the reports received throughout the meeting.	
Q.12.19.6	<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 following points were highlighted: <ul style="list-style-type: none"> <li>- KD reported that a potential 'never event' from December in maternity is being investigated. No harm was recorded to the woman, procedures for counting swabs in and out were completed but in this initial stage of investigation it looks likely that the conclusion may be it was a 'never event'.</li> <li>- BG reported that significant improvement was evident across mortality indicators through improved screening and triage. Infection Control showed continued improvements with catheter-associated UTIs almost at zero. Many indicators are now benchmarked above the Y&amp;H average, in comparison with the situation 12 to 18 months ago; BG praised the efforts of front line colleagues.</li> <li>- KD reported that the rate of C Difficile infections has reduced because of the systems and processes that have been put in place.</li> </ul> MHu asked when the Committee could review the definitions on the	

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	<p>Dashboard. BG responded that this is for a Board Development session recognising that there would be many different perspectives on what they should be. He also asked for clarification over the definition of Medicine Reconciliation whether the definition is 'started' or 'completed' within 24 hours. BG stated that the NICE guidance relates to 'started within 24 hours'. LS asked that this be added to the narrative and CF confirmed that she could change the wording of the definition accordingly.</p>	Chief Digital and Informatics Officer
Q.12.19.7	<p><b>Quality Oversight System Report</b> TC presented her report to the Committee</p> <p>The Committee noted the contents of the report</p>	
Q.12.19.8	<p><b>Focus on: Incidents of Unconscious Bias</b> TC presented her report to the Committee</p> <p>The Committee noted the contents of the report</p>	
Q.12.19.9	<p><b>Focus on: Paediatric Diabetes Service</b> DA and AW presented their report to the Committee highlighting the Quality Improvement work that had been done within the Paediatric Diabetes Service since 2017/18. Bradford bucks the national trend with a higher rate of Type II Diabetes than Type I, higher than average levels of deprivation and a cultural mix that presents challenges with different language and eating norms. With support from the Royal College, BTHFT was one of 18 Trust's nationally to participate on the Quality Improvement Collaborative. Through extensive service mapping and analysis, weekly Quality Improvement meetings and borrowing ideas from other Trusts, BTHFT Paediatric Service made a number of significant service changes including:</p> <ul style="list-style-type: none"> <li>- Centralising data collection and processing</li> <li>- Improved clinic template, clinic pro-forma and patient leaflet that encourage ownership</li> <li>- Using opportunities of waiting room down time to educate patients and their families</li> <li>- Better use of technology for patients and for the team</li> <li>- Flexible care that looks more holistically at the needs of families who face deprivation rather than just health needs.</li> <li>- Greater celebration and sharing of what is working well</li> </ul> <p>This has resulted in a service that is now demonstrating reducing levels of HBA1C amongst its patients and 97% of families expressed an improved experience of the clinic.</p> <p>BG Asked if consideration had been given for a national award and agreed to identify a suitable award to apply for.</p> <p>JP Asked about the challenges the team faced with people of chaotic lifestyles and different cultural backgrounds? DA described a home visit to educate about Carbohydrates but the family had no food, clothing or toys in the house. They supported the family to access basic services before focussing on health. Other problems occur within transient communities where families move to other regions creating challenges for follow up and safeguarding concerns. Strategies that have proven helpful include consistent messages; home visits</p>	Chief Medical Officer

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	<p>and looking at what opportunities there are for accessible exercise.</p> <p>LS stated that this would be a good opportunity for a Leadership walk-round.</p> <p>The Committee noted the report.</p>	<p>Director of Governance and Corporate Affairs</p>
<p><b>Q.12.19.10</b></p>	<p><b>Focus on: Enhanced Care Pilot</b></p> <p>KD presented her report on the Enhanced Care Pilot which began early in 2019. Enhanced Care has typically been viewed as the need for someone to sit with an elderly person with dementia, but the role and understanding has been transformed into identifying and engaging more appropriately with patients who have additional needs such as learning difficulties, mental health, substance withdrawal or other challenges.</p> <p>The Trust now knows who its most vulnerable patients are, where they are and their enhanced care is co-ordinated by specialists rather than an older approach that relied on having a flag on their EPR. The interventions with those patients are being improved through the use of Patient Passports for those with learning difficulties, Patient risk assessments, staff engagement and training.</p> <p>KD described the challenges presented by people who have the capacity to make choices contrary to promoting health such as smoking, drinking or other behaviours on site. The enhanced care team often work with security and others across the Trust to support the compromise between Trust policy that promotes health for all and enabling patients with capacity to make choices in order to reduce agitation, tension and problems that thereby create a better environment for everyone.</p> <p>JP asked how risks are managed where people are making those lifestyle choices that the Trust would not usually support. KD detailed two examples of the strategies used in managing those risks</p> <ul style="list-style-type: none"> <li>• A behavioural contract is established with some patients that, if not adhered to, would result in their discharge;</li> <li>• A scoring system is used to establish whether medical intervention is required for patients who are withdrawing from substances.</li> </ul> <p>The Committee noted the report.</p>	
<p><b>Q.12.19.11</b></p>	<p><b>Focus on: Royal College of Anaesthetists Assurance Visit presentation</b></p> <p>MG presented to the Committee a report on the Quality Improvement across Anaesthetics. She stated that only 18% of Trusts in the UK had achieved the Royal College of London Anaesthesia Clinical Service Accreditation (ACSA) status and that Bradford was now very close to achieving it by March 2020.</p> <p>MG stated that significant benefits had come from the process, not least having continual access to the Good Practice Library as well as the improved morale and team working. The October report detailed that BTHFT has met 128 of the 144 standards fully, four additional standards have been met with recommendations and a further 12 areas have not yet been met. The report described BTHFT Anaesthetics service as cohesive; flexible; resilient; supportive and collaborative with good team work, good leadership and a</p>	

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	<p>culture that improves patient safety and care.</p> <p>The Committee noted the report and thanked MG in particular for her energy and commitment to mobilise her team. Her tremendous leadership was commended.</p>	
Q.12.19.12	<p><b>Serious Incident Report</b></p> <p>TC presented her report to the Committee. The following points were highlighted:</p> <ul style="list-style-type: none"> <li>- The death of a 13 year old asthmatic child had caused a tremendous amount of distress. BG stated that the learning point from this case should be at what point the Trust seeks outside specialist support. BTHFT isn't a specialist respiratory centre yet sees a significant number of complex cases. BG has commissioned an external expert review of the care to help inform the learning and feedback to family.</li> <li>- A non-MRI compatible patient trolley was taken into the MRI scanner room, fortunately no harm was done but the scanner was shut for 3 days for repairs. This incident bore similarities to an incident last year that involved a bag of tools being taken too near the scanner. Immediate improvements including robust checks have been put in place whilst the full investigation is completed. .</li> </ul> <p>The Committee noted the contents of the report</p>	
Q.12.19.13	<p><b>Infection Prevention &amp; Control Report July – October 2019</b></p> <p>CC highlighted the following from her report:</p> <ul style="list-style-type: none"> <li>• C. Difficile cases increased over the summer which may have been a result of less cleaning during the Industrial action. An investigation concluded that there were no lapses in care and antibiotics were used appropriately according to policy. As the cleaning returned to normal, the incidents of C. Diff dropped. KD added that other Trusts that were not undergoing industrial action also mirrored BTHFT's spike.</li> <li>• Two cases of MRSA's were reported, neither were from lapses in care. One case was a patient using substances intravenously and misused the central line that they had been fitted with. A lesson was learnt to ensure correct consent is acquired that patients fully understand the consequences if they misuse such a line.</li> <li>• More screening is being done with admissions to emergency acute gastrointestinal surgery for CPE after outbreaks on ward 8 and 11, with sporadic cases being screened for on admission. The cases are mostly seen in patients coming from abroad with a risk factor of acute GI surgery.</li> <li>• A case of Pertussis was reported. There will be training for staff who had not routinely worn PPE while in contact with patients suspected of a droplet infection.</li> <li>• Flies had been reported in theatres and pigeons were found to be nesting in the roof space above. The area was cleared and repaired with preventative maintenance planned.</li> </ul> <p>LS asked if further investigation had been undertaken to ensure there weren't similar infestations of pigeons elsewhere. BG confirmed that this had taken place</p>	

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	The Committee noted the contents of the report.	
Q.12.19.14	<p><b>Update on the Infectious Diseases Service</b> BG presented his report to the Committee which was taken as read.</p> <p>The Committee noted the contents of the report</p>	
Q.12.19.15	<p><b>Sepsis Progress Report</b> CN presented her report to the Committee. Although Sepsis is no longer a CQUIN target, it is still a national standard and requires the Trust to record but not report its screening and Time to Treatment with antibiotics.</p> <p>CN reported an increasingly positive picture as the Trust approaches the national target of 90% of suspected Sepsis patients receiving antibiotics within 1 hour The Trust is currently at 80% (a 40% improvement in 12 months). A review of 166 patient notes for accuracy highlighted an ongoing concern of data entry and the need to continuously improve staff knowledge and awareness. .</p> <p>There will be a particular focus on Time to Treatment during 2020 to bring the current average time down from 1 hour and 35 minutes for at least 90% of patients to receive treatment within 1 hour. A Quality Improvement programme being run through the Junior Doctors is increasing the number of patients being escalated following deterioration. Over 500 staff have been trained and more is being done to improve the EPR tools available.</p> <p>MHu asked how long the longer waits for antibiotics are in order to bring the average wait to 1 hour and 35 minutes if 80% of patients are currently treated within 1 hour. CN stated that some patients have waited up to 24 hours and these areas are what will be worked on in the coming year whether the delay is coming at the recognition, prescription or administration stages. BG stated that the broader journey is that the Trust was at 20% of patients being treated within 1 hour and the national average is at 67% so much has been achieved to get the Trust this far and is working towards the 90% standard by the end of 2020.</p> <p>CN also stated that the Trust goes beyond the requirement to look at just 50 case notes and instead looks at all case notes, currently 1600 per month. BG added that as the data and systems get more sophisticated the Trust will be more targeted at treating just those who really need to be treated within 1 hour rather than treating more broadly to avoid missing those who do need it.</p> <p>BG stated that more could be done with the education team to identify current training that could be done in a different way so that Sepsis training, a vital part of delivering effective healthcare, can have a more prominent place.</p> <p>KD expressed concern that while there is a strong focus on sepsis, the Trust mustn't allow complacency identifying other causes of patient deterioration.</p> <p>The Committee noted the contents of the report</p>	
Q.12.19.16	<p><b>Bradford Accreditation Scheme</b> KD presented her report to the Committee and highlighted Appendix 1 of the</p>	



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	<p>report that shows the progression of Wards/Departments accreditations to date. Currently there are no red rated areas and some of the seven amber areas were only a few marks away from being green. Several of those areas in green had been green for the last three assessments. KD explained this could be the end of the RAG rating for the accreditation scheme as the Trust exceeds compliance into excellence. A Gold, Silver and Bronze approach could measure performance beyond compliant and encourage wards and departments to continue Quality Improvement.</p>	
<p><b>Q.12.19.17</b></p>	<p><b>Nurse Staffing Data Publication October 2019</b>            KD explained that a previous decision had been made to only bring this report to the Quality Committee by exception as it is also reviewed by the Workforce Committee. The exception on this occasion is the effect that Trust wide sickness rates are having on staff.</p> <p>A meeting with matrons in October concluded that staffing levels were safe but the ongoing feeling of anxiety or upset was being created by staff being moved around to cover sicknesses in other areas. This problem, in part, is a result of the Trust being highly aware of staffing levels and being able to respond quickly and precisely. Bi-monthly meetings with matrons are now in place to manage the issue.</p> <p>The Committee noted the contents of the report.</p>	
<p><b>Q.12.19.18</b></p>	<p><b>30 day re-admissions</b>            BG presented his report to the Committee. The EPR system has brought together data that shows the Trusts readmissions in a way that wasn't possible to see previously. The Trust is looking at the four outlying areas that, if brought in line with the national average, would bring the Trust's 30 day re-admissions rate below the national average.</p> <p>The Committee noted the contents of the report.</p>	
<p><b>Q.12.19.19</b></p>	<p><b>Clinical Effectiveness Q2 Report</b>            TC presented her report to the Committee.</p> <p>The Committee considered the report and was satisfied that the identified risks were being managed appropriately in accordance with external guidance.</p>	
<p><b>Q.12.19.20</b></p>	<p><b>Patient Experience Q2 Report</b>            KD presented her report to the Committee and highlighted the following:</p> <p><u>Complaints.</u>            KD has asked The Trust's Chairperson to chair a new complaints review group. The group will sample and review complaints that have been completed and responded to in order to test the response and actions taken.</p> <p>At the time of the report, there were currently 52 open complaints in the system, down from a recent peak of 220. Contact with the Patient Advice and Liaison Service remains strong, often seeking advice. The complaints that are coming through tend to be more single issues and lower risk. There has been a spike in complaints coming through from ENT. KD has met with ENT to discuss this and completed a follow up visit to ensure the actions were being</p>	

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	<p>implemented.</p> <p>One example of learning is around how letters are generated automatically that lead to confusion, such as a duplicate appointment being closed results in a letter home that says 'your appointment has been cancelled'. These issues are being addressed and resolved.</p> <p><u>Friends and Family</u> An action from the previous CQC inspection was to increase the number off questionnaires being completed and received. There has been month on month increases in responses with some wards achieving 60%. In some cases the extended questions have been used and A&amp;E have linked theirs to an award system for staff that are named in the Friends and Family responses.</p> <p><u>Children's In-patient Survey</u> Staff were understandably disappointed by poor results following the move to a new ward. The response rate of 22% was lower than hoped and further work is being done to increase this response rate. A Quality Improvement Collaborative has begun and changes are already evident in this last quarter. KD described the positive change that people now feel they have permission and are able to do something about their concerns.</p> <p>The Committee noted the contents of the report.</p>	
Q.12.19.21	<p><b>Safeguarding Adults Bi-annual report</b> KD presented the report to the Committee summarising that the safeguarding team is functioning well.</p> <p>The Committee noted the contents of the report.</p>	
Q.12.19.22	<p><b>Safeguarding Children Bi-annual report</b> KD presented the report to the Committee summarising that the safeguarding team is functioning well. Of particular note was that the Trust was praised by the CQC in regard to its work on Deprivation of Liberty Safeguards.</p> <p>The Committee noted the contents of the report.</p>	
Q.12.19.23	<p><b>In-patient survey and updated action plan progress</b> KD presented the report to the Committee summarising that the survey demonstrated great progress was being made. BG stated that the progress was excellent news but that a little work was needed to frame it positively to reduce the likelihood of people associating large numbers with negative targets for example: 'Did the nurses talk in front of you as though you were not there? 92.34%.</p> <p>The Committee noted the contents of the report and agreed the report could return to a quarterly reporting cycle as part of the patient experience reports.</p>	<p>Chief Nurse</p> <p>Director of Governance and Corporate Affairs</p>
Q.12.19.24	<p><b>Learning from precursor events</b> TC presented her report to the Committee. Previous reports have been approached from a high level view of when things have gone wrong, the report was generated from staff sharing their experiences and provides assurance of</p>	



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	<p>the learning management system from a different perspective.</p> <p>The World Café provided an opportunity for staff to share experiences that led to 47 high quality nominations from across the Trust which will be put together in a brochure. A family attended whose child needed a heart transplant and died a few years ago. The family were able to see the learning and progress made since which proved to be a very powerful experience that could be repeated.</p> <p>The Committee noted the contents of the report.</p>	
<b>Q.12.19.25</b>	<p><b>CQC Compliance Report</b></p> <p>TC presented her report to the Committee. Much work across the Trust had gone into preparing for the CQC and managing the volume of data requests being made. TC stated that she felt the Trust was well prepared and that the inspection process went more smoothly than at the last inspection. Although there were issues raised during the inspection with some being disappointing, the inspectors did not raise anything serious enough to require immediate improvement.</p> <p>The Committee noted the report.</p>	
<b>Q.12.19.26</b>	<p><b>Freedom to Speak Up Q2 Report</b></p> <p>KD presented the report to the Committee, explaining that it had been discussed in detail at the Workforce Committee with nothing further that needed to be highlighted.</p> <p>The Committee noted the contents of the report.</p>	
<b>Q.12.19.27</b>	<p><b>Clinical Audit &amp; Effectiveness Sub Committee Report</b></p> <p>BG presented his report to the Committee, he pointed out that the report related to the 2018/19 period and the much work had been done since. With regards to work over the coming year, BG will be chairing the Clinical Audit &amp; Effectiveness Committee for a short period to ensure better integration with other quality streams.</p> <p>The Committee noted the contents of the report.</p>	
<b>Q.12.19.28</b>	<p><b>Draft Patient and Public Engagement Strategy</b></p> <p>TC presented the report to the Committee. The report is intended to provide an overarching strategic approach to building relationships with people who use the Trusts services.</p> <p>The Committee noted the contents of the report. LS commended the work undertaken in producing the impressive report.</p>	
<b>Q.12.19.29</b>	<p><b>Board Assurance Framework</b></p> <p>Having heard the reports, viewed the papers and having had the opportunities to challenge where necessary, the Committee was asked if it has been satisfactorily assured that risks are being controlled and strategic objectives managed appropriately.</p> <p>The Committee discussed the risk appetite and whether there was duality in</p>	

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	<p>being risk averse to anything that might compromise compliance yet having an open attitude towards achieving excellence beyond compliance. As the Trust is maturing and compliance becoming more commonplace there is evidence of innovative and progressive development that is desirable.</p> <p>The Committee agreed that TC, BG, KD and LS would review the wording of the narrative and change the risk appetite to open. This would be circulated around the Committee virtually before going to the Board of Directors.</p> <p>The Committee was assured.</p>	
<b>Q.12.19.30</b>	<p><b>Any Other Business</b></p> <p>TC confirmed that the Terms of Reference that needed to be updated would be populated and circulated around before going to the Audit and Assurance Committee. The Workplan would be reviewed with regards to the need to annually review the Terms of Reference.</p>	Director of Governance and Corporate Affairs
<b>Q.12.19.31</b>	<p><b>Matters to share with other Committees</b></p> <p>There were no matters to share with other Committees</p>	
<b>Q.12.19.32</b>	<p><b>Matters to Escalate to the Strategic Risk Register</b></p> <p>There were no matters to escalate to the Strategic Risk Register.</p>	
<b>Q.12.19.33</b>	<p><b>Matters to Escalate to the Board of Directors</b></p> <p>There were no matters to escalate to the Board of Directors</p>	
<b>Q.12.19.34</b>	<p><b>Items for Corporate Communications</b></p> <p>The Paediatric Diabetes Service presentation (Q.12.19.9) should be shared with Corporate Communications, particularly if a national award is identified. The team should be thanked.</p>	
<b>Q.12.19.35</b>	<p><b>Agenda items for meeting scheduled 29 January 2020</b></p> <p>The Agenda for 29 January 2020 was approved.</p>	
<b>Q.12.19.36</b>	<p><b>Dates and times of next meetings</b></p> <p>The next meeting would take place on Wednesday 29 January 2020, 2 pm to 4.00 pm, Conference Room, Field House, Bradford Royal Infirmary.</p>	



**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST**  
**ACTIONS FROM QUALITY COMMITTEE – December 2019**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
18.12.19	Q.12.19.4.2	<b>Matters escalated from Sub Committees</b> TC to resubmit the EPRR Core Standards submission to the Quality Committee in January	Director of Governance and Corporate Affairs	29/1/20	Added to January agenda – action completed
18.12.19	Q.12.19.6	<b>Quality Dashboard</b> CF will ensure the narrative around Medicine Reconciliation is amended to better reflect 'started within 24 hours'	Chief Digital and Informatics Officer	29/1/20	CF has confirmed that this has been actioned. <u>Action complete.</u>
18.12.19	Q.12.19.9	<b>Focus on: Paediatric Diabetes Service</b> BG agreed to identify whether there was a suitable National award that could be applied for with regard to the Quality Improvement work undertaken.	Chief Medical Officer	29/1/20	HSJ awards: <u>Action complete</u>
18.12.19	Q.12.19.9	<b>Focus on: Paediatric Diabetes Service</b> TC would suggest the service as an opportunity for a Leadership walk-round	Director of Governance and Corporate Affairs	29/1/20	Has been added to the list for walkrounds. <u>Action completed.</u>
18.12.19	Q.12.19.23	<b>In-patient survey and updated action plan progress</b> TC to ensure the In-patient survey and updated action plan report returns to a Quarterly reporting cycle.	Director of Governance and Corporate Affairs	29/1/20	Work Plan has been updated. Action concluded.
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	29/1/20	Board Committee review to begin on 27 January. Outcomes to be reported to Committee at end of February and to Board in March 2020. TORs and Workplan to be updated in line with outcomes from review.

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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	26/2/20	KD will ensure narrative is included to reflect positive trends from Q3 report onwards.
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	26/2/20	KD has agreed to present improvement plan in January and a Q3 report in February. 29/1 Improvement plan added to January agenda. Action now due for completion in February.
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	25/03/20	