

| | |
|-------------------------|---|
| Name of Meeting: | Quality and Safety Committee |
| Date of Meeting: | 20 February 2019 |
| Prepared by: | Dr Maggie Helliwell, Non-Executive Director / Chair Q&S Committee |

Highlights from the meeting

- The proposed management action plan related to the Trust's CQC Report was received and discussed – some modifications and additions were suggested
- The updated Peer Review Process underlying Quality Inspection in all clinical areas of the Trust was approved
- The Committee received Assurance that the Trust has acted appropriately in relation to the National Safety Report concerning possible defective metal plates used for certain Orthopaedic procedures. The audit revealed nine such procedures carried out in the Trust but we had used a different supplier to the one specified in the notice.
- The Serious Incident Process is being reviewed particularly in relation to assurance that learning from such incidents is disseminated and assimilated and delivered throughout the process. The Committee will receive the result of that review.
- The Committee received the CNST Maternity Incentive Scheme Action Plan. They will receive updates and exceptions to progress with the plan prior to its national submission
- The Cancer Patient Survey Report and Action Plan was received. The Committee will receive an update on progress in 6 months (September meeting)
- The Mortality Report was received. This Mortality Review process is being reviewed to ensure that the outputs in relation to learning are more responsive, timely and across all clinical groups.
- The Committee felt that appropriate in depth discussions took place around all the agenda items

Challenges from the meeting

- The Committee requested that the cover sheet actions categories for all papers at sub-committees and the Board be reviewed
- The Committee requested that the Trust introduce a process that recognizes and records those CQC Report Action expectations that the Trust Board decide that after due consideration it will not be able to fulfil. This process to clearly state the reason why the Board has come to that decision at that time and when that decision will be reviewed.
- There was a discussion related to the categories, items and scoring within the Integrated Performance Report and the 'spidergram' The committee understands it is a work in progress but felt that currently it did not truly reflect the Trust's current status within the draft CQC Report
- The Committee requested a report and assurance in relation to those patients in the Trust who are medically fit for discharge but have to stay significantly longer. Do we have assurance that they are not coming to significant harm as a result of their lengthened stay?
- The Committee would like further Assurance that the Trust is using the CQC Insight Tool in a proactive way, particularly in relation to the next CQC Inspection. A more detailed report will be brought back to the Committee following the next publication.

New / Emerging risks

None specifically identified at this meeting

| | |
|-------------------------|---|
| Name of Meeting: | Quality and Safety Committee |
| Date of Meeting: | 20 March 2019 |
| Prepared by: | Dr Maggie Helliwell, Non-Executive Director / Chair Q&S Committee |

Highlights from the meeting

- The Committee was very pleased to hear that the combined Stroke Service between Bradford and Airedale had improved its national rating. They wished to congratulate the teams involved in this improvement
- The Committee was pleased to discuss the Sepsis Report with the 2 lead clinicians. Further improvements were expected in our overall sepsis performance and the Committee will review this area in 6 months (September)
- The Committee provided input into the Quality Priorities for the next year within the Trust. In order of priority these were
 - Support and care of mental health patients
 - Sepsis
 - Falls
 - End of Life
 - Wound Care
- The Committee received the 6-monthly falls report and discussed several possible improvements and actions that they would like to see and will receive assurance on these at the time of the next report.

Challenges from the meeting

- The Committee discussed how it will truly know that the Trust has truly embedded the lessons learnt from recent CQC Reports into our culture and day to day working. The discussion ranged around reproducible reliability, how we might communicate our improvements across all our departments and whether setting achievable goals would help teams. We didn't have the answers but wanted the Board to be aware of our discussion and keep it in mind.
- The Committee felt that they needed to have clarity concerning the Board's expectations of their specific role in the Board Assurance Framework process. They understand that this is under review and look forward to further Board discussion.
- The Committee discussed the Trust Policy on actioning NICE Guidance. They understand that a new process is being proposed and will be discussed by the Board.

New / Emerging risks

- The Committee understands that recently submitted AEFs are citing that patients are coming to harm due to staff issues. The weekly QRG reviews all staffing reported incidents against reported falls, pressure ulcers and medication incidents and no correlation has been found. However the Committee acknowledged as do QRG members that this is how it feels to the staff.
- QRG will maintain their scrutiny of this.