Board of Directors (in Public) 22 May 2025 Agenda Item: 3.5



| Report Title | Quality Committee Chair's Report | | |
|--------------------------------|--|--|--|
| Author | Anne Cooper, Non-executive Director and Chair of Quality Committee | | |
| Accountable Director | Anne Cooper, Non-executive Director and Chair of Quality Committee | | |
| Previous committees/groups | N/A | | |
| Recommended action(s) | Assurance/Information | | |
| Purpose of the paper | The report provides highlights of the Quality Committee to provide assurance to the Trust Board. | | |
| Executive Summary | | | |
| activities to the Trust Board. | from the work of the Quality Committee to provide assurance on its he paper aims to update the board on the risks set out in the Board the Quality Committee is responsible for assurance. The Quality | | |

Assurance Framework where the Quality Committee is responsible for assurance. The Quality Committee has met twice since its last update to the Board in March.

| Recommendation(s) | The Board | are asked to note the contents of the report. |
|--|-----------|---|
| Link to Board Assurance Framework Risks (board and level 2 committees only) | | 4. Strengthen quality governance and medicines management to develop a culture of improvement, safety, and learning. 7. Support staff health and well-being effectively. 11. Collaborate effectively to improve population health and reduce health inequalities. |

Highlight Report

Report from: Quality Committee

Date of the meetings: 22 April 2025; 15 May 2025

Key discussion points at the meetings and matters to be escalated to board:

Alert:

At the meeting in May, the committee discussed the need for an action plan to tackle the excessive delays that have recently emerged in BCK. The committee seeks the support of the Board to secure this focus in Bradford.

Advise:

April

Discussion took place regarding the grading of risks and the effectiveness of mitigation actions against BAF strategic risks.

The committee discussed the importance of rota changes (and other business plan actions) that need to be delivered and embedded before the winter period.

May

The committee recommended the final draft of the Quality Accounts to progress to the Audit and Risk Committee.

The committee discussed the increasing importance of clinical pathways and working with partners to ensure we had the right ones in place alongside appropriate 'Single Point of Access' support.

The committee would like to bring the Board's attention to the new Patient Involvement Framework and seek support on its implementation.

Again the highest number of complaint topics are around attitude of staff and although the categorisation of these complaints is complex the Chair of the Committee has escalated this to the People Committee and asked for a response.

Assure:

The committee continued to focus on gaining assurance of improvement related to Controlled Drugs and this was discussed at both meetings. Progress is being made with the implementation of the Medicines App.

The following standing items were discussed at both meetings:

Quality and Safety Briefing (Chief Paramedic, Medical Director and Operational Leads)

- o 'Transfer of Care' Protocol implementation
- Accountability for hospital handover trajectories and relationships with partners

- Ongoing deep dive into excessive delays emerging themes: meal breaks, rotas and shift changes. This will be discussed at a future meeting to ensure learning is acted on.
- Development of the Clinical Response Model

Report from the Patient Safety Learning Group and noted:

- Crew Line and Critical Care Desk capacity
- Ongoing national shortage of interpreters

April Meeting

The committee were assured of the Trust's approach to Quality Impact Assessments (QIA), and received the annual report and detail of the new QIA processes

It was agreed that the committee would undertake a deep dive into the use and production of clinical pathways and the committee will be agreeing the scope of this with the Executive team.

May

The committee received a verbal update on oversight of business plan priorities and how committees will provide oversight in year.

The West Yorkshire operational team presented a view of how they had oversight of quality and performance.

CQC registration and compliance was discussed and assurance gained on our readiness for assessment.

The committee received assurance of the progress made against the Research Strategy and noted the great work achieved by the research team.

For the first time, the committee received an update of the work of the Patient Safety Partner Team.

The committee received assurance on progress of Clinical Supervision across the Trust.

Risks discussed:

At both meetings, the BAF risks aligned to the committee for oversight were discussed and assurance gained on high level risks from the Corporate Risk register.

The committee discussed the significant risk around funding for the Intelligent Routing Platform including mitigations to reduce risks to patients and the public. It was noted that this was a national issue, and discussions were being held with NHS England to resolve these issues.

New risks identified:

No new risks were identified.

Report completed by: Anne Cooper, Non-Executive Director, Quality Committee Chair.

Date: 15 May 2025