

Board of Directors (in Public)

Item 6.1.1

Subject: Quality Committee BAF Key Issues Report
Date of Meeting: Wednesday 31st May 2023
Presented by: Nicholas Brooks, Chair Quality Committee
Meeting Held: Tuesday 18th April 2023

This report sets out the key assurances, risks and actions from the recent committee meeting. Areas for escalation to the Board of Directors are included below as required.

Agenda Item	Lead Exec	Assurance Received	New/ Emerging Risks	Actions/ Comments
6.1 Quality Dashboard	SP	The quality dashboard was displayed and any areas of concern were highlighted to the Quality Committee.	-	-
6.2 QSEC key assurances/risk reports	SP	Restraint policy was being worked on by the new Mental Health Consulta (Dr Huq). The Trust were working with MerseyCare to ensure its bespoke to the Trust.	-	Restraint policy being developed.
6.3 Quality Aseptic Audit Pharmacy		No further risks to be highlighted, actions have been completed. New authorised person was fully sighted and understands aseptic work. Auditors coming on site again in 12-18 months. Re-audit to go through QSEC and any issues/concerns to be escalated to Quality Committee.	-	-
6.4 Quality Impact Assessments		Assurance was received from the report.	-	-
6.5 Dr Foster Dashboard	RAP	The Quality Committee received the dashboard.	-	-
6.6 Mortality Improvement Group Minutes – 11 th January 2023	RAP	The Quality Committee noted the minutes.	-	-
6.7 Quality Committee Terms of Reference	SP	Director of Research and Innovation to be removed from the membership. The Quality Committee approved the TOR.	-	-
6.8 Quality Committee workplan 2023/24	SP	The Quality Committee approved the workplan.	-	-
6.9 Nutrition Annual Report	SP	Several improvements have been made. Plans to promote nutrition and hydration week in March. Hydration week was a success in November	-	-

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		2022. Several themes remain a focus for the nutritional group over the coming 12 months.		
6.10 Therapies weekend working	SP	Immediate impact has been noticed – an extra 10 patients been seen per week since the implementation. 34 out of 182 patients were discharged on the weekend, prior to December 2022 patients would have been in beds until Monday.	-	-
6.11 PSIRF	KWh	Report provided assurance on progress in implementing the new PSIRF.	-	-
7.1 GIRFT annual report	RAP	The Quality Committee noted the contents of the report and took assurance that the Trust were acting upon GIRFT information benchmarking and recommendations to improve outcomes, safety and experience for patients.	-	-
8.1 SUIs	SP/ RAP	Assurance was received in respect of the learning from serious incidents. Problems with radiological alerts were noted.	-	-
8.3 BAF 1 review	KWh	Fully updated BAF for 2023/24, safe waiting list will be more prominent in the new BAF.	-	-
8.4 NHS constitution compliance report	SP	Assurance was received regarding compliance with NHS constitution with some areas for improvement – i.e., impacts from Covid.	-	-
8.5 Committee effectiveness	SP/ KWh	Effectiveness reviews to be scheduled earlier next year – to be approved through committee meetings in advance. Positive report on compliance with TOR and effectiveness meetings. Action plan developed and in progress.	-	-