

Board of Directors (in Public)

Item 6.1.1

Subject: Quality Committee BAF Key Issues Report
Date of Meeting: Tuesday 31st May 2022
Prepared by: Sue Pemberton, Director of Nursing, Quality & Safety
Presented by: Nicholas Brooks, Chair Quality Committee
Meeting Held: Tuesday 12th April 2022

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 Monthly progress update Quality and Safety Strategy	SP	A six-monthly progress update against the Quality and Safety Strategy was received producing substantial assurance.		
6.2 QSEC Key Assurances / Risk Report	SP/ RAP	Key assurances / risk report received with the majority of areas rated green.	Acute Kidney Injury (AKI). Radiology discrepancy report.	AKI – a meeting was taking place to progress embedding the information. Key learning points should be escalated to Operational Board as part of the Divisional update.
6.4 Annual Assurance Report Quality Committee	SP	Assurance provided on compliance with Committee TOR.		
6.5 Quality Committee Terms of Reference	SP			Amendment to TOR to reflect end of life and resuscitation service. Assurance reports included on workplan for Quality Committee.
6.6 Quality Committee Workplan 2022/23	SP	Workplan agreed with Mortality Improvement Group added.		
6.7 Quality Impact Assessments (CIPs)	SP/ RAP	All 2021/22 schemes had been subject to QIA and EIA.		Independent quality review of a sample QIA/EIA documents by the Trust's Equality Lead. A lessons-learned based on a sample of schemes for 2021/22 for information. To be carried out in Q1

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				2022/23.
6.8 Dr Foster Dashboard	RAP	Review of the Dr Foster dashboard.		
6.9 Resuscitation Training	SP	Report outlined the actions taken and arrangements put in place to deliver training and improve mandatory training compliance.	Mandatory training compliance.	Resuscitation trainers' capacity has been increased and bespoke sessions for teams have been offered.
7.1 Mortality Review Annual Report	RAP	<p>Review of the Mortality Review Annual Report.</p> <p>An update of progress against Mortality Improvement plan received.</p> <p>The progress ranging from review of deaths, mortality review and scrutiny of data.</p> <p>Acceptance that the figures reflected causes other than standard of care within the hospital.</p>		
7.2 Annual Report re GIRFT Report Actions and Progress	RAP	The Trust were making good progress.		
7.3 Annual Report Medications Safety	SP	<p>The Trust has a good track record for monitoring and learning from medication incidents, resulting in several demonstrable system improvements.</p> <p>Medicines Safety Strategy launched as part of both the Pharmacy three-year strategy and the Trust's new Quality and Safety Strategy.</p>		
7.4 MIAA Secure Health Messaging	RAP	Assurance on the completion/progress against the action plan.		Rigorous assurance is to be provided to the Operational Board that secure health messaging was being opened and actioned and for it to be documented.
8.1 SUIs	RAP	Review of SUIs and actions.		
8.3 BAF 1 Review	SP/ RAP	Review of BAF 1 extract for the Quality Committee.		