

## Board of Directors (in Public)

### Item 6.1.1a

**Subject:** Quality Committee BAF Key Issues Report  
**Date of Meeting:** Monday 28<sup>th</sup> November 2022  
**Presented by:** Nicholas Brooks, Chair Quality Committee  
**Meeting Held:** Tuesday 11<sup>th</sup> October 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 Clinical Quality Dashboard	SP/ RAP	<b>Delirium</b> Delirium risk assessment once a day for August was reporting at 60.9% against a target of 90%; for September it was 53.9%.	None	Work is ongoing to drive improvements in documentation for this quality indicator.
		<b>Falls</b> For the month of August there were 16 falls, two of which were avoidable. Lead for falls has visited each area to highlight prevention methods with ramble guards in place for those patients at risk. Falls awareness week was held in September with the trial of yellow blankets, slipper socks and locker bags.	None	A robust improvement plan is in place. Most falls are unavoidable and education of patients to encourage them to seek help is a key component of the plan. Work is ongoing to educate patients prior to their admission.
		<b>Radiological alerts</b> 81.7% achieved for the month of August against a 95% target	None	
		<b>Primary PCI – door to balloon time</b> 89.9% against a 90 min target of 95%; call to balloon 150 min 50% vs. 95% target.	None	
6.2 Quality Impact Assessments (CIPs) & Update Report	SP	Of the 88 schemes being tracked, 36 require a QIA; these representing 84% of the total value.  Half of the schemes have progressed to the final stage of	None	

		approval with the majority at this stage being approved.		
6.3 QSEC Key Assurances / Risk Report – 9 <sup>th</sup> September 2022	SP	<p>Consent – the consent audit was received at the last QSEC meeting. There has been slight improvement, but not to the required level. E-consent will be rolled out from November.</p> <p>Surgical site infections. Data have not previously been reliable, but this should improve with the new electronic system. Progress will be reported through the Trust Operational Board and Quality Committee.</p>	None	
6.6 Sepsis Annual Report	RAP	Despite new tougher targets the KPIs for antibiotic administration at both one hour and three hours have improved, with full compliance at 96% at three hours and the one-hour result only slightly below target.	None	
6.7 Quality aseptic audit - Pharmacy	SP	<p>A recent MHRA and North West Quality Assurance audit of the pharmacy aseptic unit has identified a number of areas of concern which, if uncorrected, could require closure of the service.</p> <p>There was no immediate operational risk to patients or the Trust. An action plan to address the issues was required for submission to North West Quality Assurance within 28 days.</p> <p>The Aseptic Lead is due to retire in 2023. The post has been advertised and is included in the pharmacy risk register. The aim is to recruit as early as possible in order to ensure detailed handover.</p>	A full action plan is in place.	An update will be presented to quality committee in 6 months to provide assurance on progression of the action plan.
7.1 Annual Report – GIRFT Reports, Actions and Progress Update	SP	<p>Excellent feedback was received from the GIRFT clinical leads following the two virtual site visits in the previous year.</p> <p>Progress in closing gaps in line with improvement plans, with an overall reduction of 42 to date, has been excellent.</p>	None	