

Board of Directors (in Public) Item 7.1.1.1

Quality Committee

Dates of meetings held since last BoD:

27th April 2017

BAF Key Issues

BAF Ref – Principal risk	Assurance Received	New / Emerging Risks	Impact on BAF Risk Rating	Actions / Comment
3.1	<p>The Committee received 19 completed and approved QIAs for review. Several discussed in detail to better understand what impact they would have across the Trust and how any risks would be mitigated to ensure that quality and patient safety was not compromised.</p> <p>The Committee received assurance from the Project Manager that a number of the QIAs would be subject to mid-term reviews to assess their impact on the Trust</p> <p>The Committee were satisfied with the level of detail in the QIAs, mitigation of the risks, timescales for review and formal follow up.</p>	None	None	<p>The QC identified a number of QIAs that would be monitored and reviewed on a 6 monthly basis by the QC</p> <p>A highlight report would also be presented following the mid-term reviews performed by the BTSG.</p> <p>The QC to receive the remaining 10 outstanding QIAs for review at the next QC meeting in July 2017</p>
1.1, 1.2	<p>WHO Safety Check List Audit – Surgery and progress on NatSSIPs and LocSSIPs –</p> <p>Paper received in relation to Surgery audit and progress on NatSSIPs and LocSSIPs</p> <p>The Committee received assurance the audit had been completed for 100% of patients in March 2017 and was fully compliant for each section of the checklist.</p>	None	None	None

	<p>The Quality Committee acknowledged the work that had taken place across the Divisions to implement the required national and local safety standards for NatSSIPs and LocSSIPs.</p> <p>The Committee received confirmation that both Cath labs and Surgery had undertaken a standard approach to achieve the requirements in relation to national, regional and local safety standards</p>	None	None	None
1.1, 1.2	<p>WHO Safety Check List theatres audit and progress on NatSSIPs & LocSSIPs</p> <p>The Committee received assurance that compliance rates had been met the 95% target for the last quarter and achieved 100% for March 2017. Changes to EPR had helped with reporting requirements a pilot implementation of the Care Cube System would realize additional checks and levels of reporting.</p>	None	None	None
1.1, 1.2	<p>Complaints 6 Month Report</p> <p>The Committee received assurance that responses had been undertaken within the required timescales and staff often undertook home visits, going above and beyond what was generally expected.</p> <p>The Committee noted the outstanding work that had been achieved in addressing complaints and asked for this to be fed back to the team.</p> <p>.</p>	None	None	None

1.1, 1.2	<p>The Diabetes Annual Report was well received by the Committee. The Committee commented on the good work that had taken place to date given that diabetes was a challenge across all NHS organisations. Additional work was underway with learning and development to align training and further improve the service by implementing bespoke on line training and generally raise awareness of diabetes across the Trust.</p>	None	None	None
1.1, 1.2	<p>Medicines Policy Annual Report</p> <p>The Committee received the report and referred to the safe storage of medicines and issues that had been identified on Birch and Cedar Ward following an audit in Jan 2017.</p> <p>The Committee received assurance that the DoN had reviewed and assessed the issues raised.</p> <p>A number of action plans had been developed to monitor progress and generate the required improvements.</p> <p>The Committee acknowledged the robust training programme put in place around the administering of medicines process, the required 2nd signatory and witness signatory.</p> <p>The Committee noted the comprehensive level of detail contained in the report and the action plans in place to mitigate any risks.</p>	None	None	Action plans are in place.

1.1 1.2	Secure Health Messaging – The Committee received confirmation of the work that had taken place to ensure the SHM process had been responded to in a timely and effective way once a radiology alert was raised. Reports were produced from EPR to monitor progress, flag potential issues and provide assurance that SHM's had been actioned by the appropriate manager.	None	None	Improvements were underway to further strengthen the process. This is being closely monitored.
1.1, 1.2	Never Event and SULs – Cath labs The committee received an update from the Medical Director on the recent never event Assurance was received that procedures had been tightened up, working practices changed and the learning shared with staff. A full RCA is underway which may generate more learning.	None	None	Awaiting completion of RCA.