

Board of Directors

Item 10.2.2.1

Quality Committee

Dates of meetings held since last BoD

11th July 2017

BAF key
issues

BAF Ref – Principal risk	Assurance Received	New / Emerging Risks	Impact on BAF Risk Rating	Actions / Comment
3.1	Quality Impact Assessments The Committee received a further 10 approved QIAs for review. The Committee were satisfied with the level of detail in the QIAs, mitigation of the risks, timescales for review and formal follow up at the respective assurance committees.	None	None	A highlight report would also be presented following the mid-term reviews performed by the BTSG.
1.1, 1.2	Clinical Quality Report The committee noted the medication errors reported on by category in the Clinical Quality Report. Although numbers were low, work would continue to make improvements and target specific areas.			The Quality Committee would review further aspects of dispensing and administration at subsequent meetings; ensure adequate processes and procedures were in – and patient safety was not compromised
1.1, 1.2	NHS National Patient Experience Results The Committee noted the results that confirmed the Trust came second in the country. Overall, the Trust's score had improved from last year.			The Committee acknowledged the plans put in place to make improvements to address the short falls from last year's excellent performance. This included extending psychological support for patients
1.1, 1.2	Equality and Inclusion six-monthly report The committee received the report and commented on the			

	excellent booklet that had been produced to help patients with learning disabilities.			
1.1, 1.2	Quality Risks The Committee received confirmation of the work that had taken place to improve the Secure Health Messaging and radiological alerts. A lot of improvements had been made on EPR to address the issues this would be further improved once V16.3 of EPR was implemented in Sept / Oct 2017			The Divisions were monitoring the situation closely and individuals were being targeted to ensure alerts were responded to in a timely manner.
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.			Improvements were underway to further strengthen the process