

Board of Directors (Public)
Item 7.2.1a

BAF Key Issues

Quality Committee

Date of meetings held since last BoD: 12th January 2016

| BAF Ref – Principal risk | Assurance Received | New / Emerging Risks | Impact on BAF Risk Rating | Actions / Comment |
|--------------------------|---|---|---------------------------|-------------------|
| 1,2 | National Cardiac arrest report and annual resuscitation report received. Assurance received on Trust performance | None | None | .None |
| 1,2 | Heads of Nursing presented to the committee a detailed analysis of safe staffing and the 6 monthly assurance reports was received. The committee received assurance that staffing levels are reviewed 6 monthly utilising the AUKUH and professional judgement models. | .None | None | None |
| 1,2 | Nutrition annual report received. The committee received assurance of good progress with nutrition trust wide and were informed of two areas that required further work namely patient fasting and the implementation of the BAPEN nutritional assessment tool which needs further work with the dietician. | Fasting remains an area for improvement. The main area of focus is the fasting times for day care patients. The divisions of medicine and surgery reviewing the recent audit results and this will be further discussed to agree clear actions at the divisional quarterly governance meeting in February 2016. | None | None |
| 1,2 | Annual safeguarding assurance report detailing that considerable progress has been made over the last 12 months and all the actions from the external review which was undertaken in 2014 have been met. | None | None | None |
| 1,2 | Cath Labs update received in | The audit data from the | None | |

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| | relation to the implementation of the WHO checklist. The clinical lead for Cath labs was in attendance and gave an update on the progress being made to implement a more robust who checklist methodology. This is work in progress. The Cath Lab manager gave assurance that the checklist is being carried out on all elective patients and acknowledged that with emergency patients this proves more difficult due to the nature of the patient's admission. | compliance with the WHO checklist has not been presented to the committee and therefore a full trajectory of improvement has not been reviewed, This has been requested for the March quality committee meeting and will also be further discussed with the divisions at the quarterly divisional governance meeting in February 2016. | | |
| 1,2 | Quality report received on key performance indicators. | It was noted that some improvement has been made in relation to sepsis however this remains below target. | None | |
| 1,2 | An assurance report was presented in relation to compliance with the quality governance framework. | | None | |
| 1,2 | Mortality performance – The Medical Director gave an update on the performance of consultants who were being managed according to Trust protocols. | | None | |
| 1,2 | .Medication safety thermometer – The committee received an update on progress to date. No clear outcomes are visible from the work that has been undertaken,. The committee discussed that this needs to be further debated at executive level/Divisional level regarding the next steps for this as currently it is not a CQUIN. | The committee requested a further updates in relation to medications assurance I March 2016. | None | |