

Board of Directors Item

BAF Key Issues

Quality Committee

Date/s of meetings held since last BoD: 17th November 2015

BAF Ref – Principal risk	Assurance Received	New / Emerging Risks	Impact on BAF Rating Risk	Actions / Comment
1,2	All QIAs are completed and plans are in place for the committee to receive QIAs for 2016/17 in March 2016. It was agreed that any emerging issues relating to quality with current QIAs will be highlighted at future Quality Committee meetings.		None	.
1,2	<p>The Committee praised the good performance in quality relating to infection prevention, tissue viability, response to complaints acknowledged within three days and the improvement in VTE prophylaxis in month.</p> <p>The committee received an update on the improvement work to address the current issues with the discharge process.</p>	<p>Mortality reviews completed by doctors are below target. The Medical Director gave an update that this has been addressed with the Associate Medical Directors.</p> <p>The outpatient FFT results are below target, these needs to be addressed with the clinical services division. The Director of Nursing will action this.</p>	None	None
1,2	The committee received assurance that incident reporting has increased. The top five incidents were discussed.	<p>Further information was requested in relation to a number of staffing incidents reported. The Director of Nursing will provide feedback to the Non-Executive Directors at the next meeting.</p> <p>It was noted that there was a high number of reported incidents in relation to medical equipment. A breakdown of these was</p>		

		requested and a report looking at the compliance with the maintenance of equipment will be produced for the next Meeting in January 2016.		
1,2	<p>Assurance reports were presented to the committee in relation to compliance with the WHO checklist in theatres and Cath labs.</p> <p>Verbal assurance was given that the checklists are carried out in cath labs routinely however the data to evidence this is not readily available.</p> <p>Theatres provided a report detailing percentage of compliance with the WHO which demonstrated continuous improvement,</p>	Cath labs are currently reviewing the audit process of the compliance and are setting up a sub group who will drive this work. The medical teams are involved in this. An update will be received by the Quality committee in January 2016.		
1,2	A presentation was received by the committee highlighting quality outcomes trust wide and how these are measured and benchmarked. This work will form part of annual planning for next year's improvement plan.		None	
1,2	A readmissions audit was received by the committee highlighting some areas for improvement for clinical teams		None	This work will be presented at medical and surgical audit days on a case by case basis and then this work will be shared with the Governance committees for them to take forward the necessary actions.
1,2	The Medical Director gave an update on progress with secure health messaging in relation to acknowledging and acting on alerts	A recent audit was undertaken which showed improvements need to be made to this process.	None	The Medical Director is working with the Associate Medical Directors to set out what improvements need to be made
1,2	The Committee received an update on the performance of all consultants across surgery and medicine and assurance			To be discussed further at the Board of Directors.

	that the performance issues of consultants are being monitored in accordance with locally developed performance policies.			
1,2	A recent audit in relation to compliance with the sepsis bundle was received by the committee.	The results highlighted that there are improvements to be made which are being led by The Medical Director in conjunction with an anaesthetist.	None	This is being monitored by the Infection Prevention committee. and performance compliance will be included in the dashboard for the Board of Directors.
1,2	<p>An assurance report was received by the committee from the Deputy Chief Pharmacist which outlined the variety of audits and processes conducted within the Trust to review and monitor prescribing and administration of medicines.</p> <p>The committee received assurance that the safe medications committee reviews all incidents and reclassifies the severity of incidents where appropriate. Attendance at this Committee is good with all ward managers included in the membership therefore learning from incidents is shared.</p>	Two areas for improvements were highlighted – Missed Doses and Clinical decision support.	None	It was requested that the paper be presented to the Board of Directors together with an executive summary of the key issues and how they are being addressed.