

Board of Directors (in Public)

Item 6.1.1a

Subject: Quality Committee BAF Key Issues Report
Date of Meeting: Wednesday 31st January 2024
Presented by: Nicholas Brooks, Chair Quality Committee
Meeting Held: Tuesday 9th January 2024

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 Stroke Sentinel Audit	SP	The Quality Committee received the Stroke Sentinel Audit.	Some gaps in NICE recommendations for rehabilitation	-
6.2 GIRFT Programme Update	RAP	The Quality Committee received the GIRFT Programme update. 4/9 workstreams closed and sustained action in others.	-	-
6.3 Surgical Site Infections	RAP	The Quality Committee received a presentation on data regarding Surgical Site Infections. Excellent initiative with potential for impact on quality.	-	-
6.4 Radiology NATSIPs/ LOCCSIPs	SP	The Quality Committee received the Radiology NATSIPs/LOCCSIPs.	Gaps in documentation of ward and radiology information	Updates to be made to action plan.
6.5 Quality Dashboard – SOF	SP	The Quality Committee received the SOF dashboard.	-	Work with IT on SOF metrics and response to radiology alerts outstanding.
6.6 Quality and Strategy Annual Update	SP	Assurance was provided against the delivery of the quality and safety strategy priorities.	-	-
6.7 QSEC Key assurances/risks report	SP	The Quality Committee received an update from QSEC.	-	Full roll out of e-consent awaited. Focus group on insulin administration.
6.8 Dr Foster Dashboard	RAP	The Quality Committee noted the assurance on current mortality rates. HSMR and SMR consistently <100.	-	-

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6.9 Mortality Improvement Group Minutes	RAP	The Quality Committee noted the work of the mortality improvement group.	-	-
7.1 Incidents, Complaints & Claims	KW	Assurance was received regarding the process, management and learning from incidents, complaints and claims.	-	Further work to develop the report aligned to In-Phase and PSIRF implementation.
7.2 PSIRF implementation update	KW	The Quality Committee noted the progress with transition now clearly evident. Early learning was also shared.	-	-
8.1 End of Life Annual Report	SP	The Quality Committee received assurance on the arrangements for the end of life care.	-	-
8.2 Radiology IRMER report	SP	The Quality Committee received assurance regarding compliance with IRMER standards. Staff compliance 88-94% of key training priorities.	171 incidents in 12 months; 13 associated with unintended exposure.	-
9.1 Serious Incidents	RAP	Assurance was received in respect of the learning from serious incidents.	-	-
9.2 BAF and Risk Report	KW	The risk report provided an overview of risks potentially impacting on the quality agenda. The Committee also reviewed the relevant extract of the BAF, providing assurances on alignment with the work of the Committee.	-	-