

## Board of Directors (in Public)

### Item 6.1.4a

**Subject:** Quality Committee BAF Key Issues Report  
**Date of Meeting:** 28<sup>th</sup> January 2025  
**Prepared by:** Debbie Ellison, Senior Executive Assistant  
**Presented by:** Claudette Elliott  
**Meeting Held:** Tuesday 14<sup>th</sup> January 2025

This report sets out the key assurances, risks and actions from the recent Quality Committee meeting. Areas for escalation to the Board of Directors are included below as required.

Agenda Item		Assurance Received	New/ Emerging Risks	Actions/ Comments
Item 6.1 – Quality Committee	JM	The Quality Committee received the Quality Dashboard.	-	Performance data to be aligned to real time.
Item 6.2 – Quality Strategy Update	JM	The Quality Committee received the Quality Strategy Update.	The committee noted the impact to the Patient Safety Incident Response Framework (PSIRF) priorities and framework.	-
Item 6.3 – Quality and Safety Executive Committee (QSEC) Key Assurances/Risk Report	JM	The Quality Committee received the QSEC key assurances report.	EPRO PSII (Patient Safety Incident Investigation) update going to DEC. Further PSII for a patient transferred from another hospital.	Matrons working with Business Intelligence (BI) to correct delirium data on the dashboard.
Item 6.4 – Quality Impact Assessments (CIPs) & Update Report		The Quality Impact Assessment report provided the Quality Committee with assurance that measures are taken to support the mitigation of risks.	-	-
Item 6.5 – Mortality Improvement Group Minutes	MK	The Quality Committee noted the Mortality Improvement Group Minutes.	-	-
Item 6.6 –	MK	The Quality Committee received	-	-

Agenda Item		Assurance Received	New/ Emerging Risks	Actions/ Comments
Surgical Site Infections Update		the Surgical Site Infections Update.		
Item 7.1 – Incidents, Complaints & Claims (IICC) Annual Report	BV	The Quality Committee noted the IICC annual report.	1 incident classified as fatal harm investigated as PSII in Q2.  3 RIDDOR reportable incidents.	-
Item 8.1 – QSEC Terms of Reference	MK	The Quality Committee approved the QSEC Terms of Reference.	-	-
Item 9.1 – Clinical Audit & Effectiveness Strategy	MK		The Clinical Effectiveness Strategy is still to be ratified.	Medical Director to confirm timescales.
Item 9.2 – End of Life Annual Report	JM	The Quality Committee noted the End-of-Life Annual Report.	-	Poor performance of end-of-life care plans to be recorded in the performance matrix of the Divisions.
Item 9.3 – CQC IRMER Report	JM	The Quality Committee noted the CQC IRMER Report. The report provided good assurance on radiation safety in the Trust.	There were 11 radiation related incidents reported to IRS between July and December 2024.  1 was reportable to CQC's IRMER team due to the wrong patient being referred for a CT scan.	The patient safety questionnaire was revised.
Item 10.1 – Quality Risks / BAF 1 Review	BV	The Quality Committee noted the Quality and BAF 1 review.	MR waiting times remain a high risk.  17 risks at 12 or above.	From a Quality perspective the position is accurately described and static.
Item 10.2 0 PSII Update	MK	The Quality Committee noted the PSII Update.	There are currently 2 ongoing PSII's and 2 further incidents recommended for PSII's.	-