

## Board of Directors (in Public)

### Item 6.1.3a

**Subject:** Quality Committee BAF Key Issues Report  
**Date of Meeting:** 29<sup>th</sup> April 2025  
**Prepared by:** Ruth Gaunt, Executive Office Manager  
**Presented by:** Nick Brooks  
**Meeting Held:** Tuesday 8<sup>th</sup> April 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.	-	Radiological alerts response to be reduced due to the data quality issue being identified.
Item 6.2 QSEC Key Assurances/Risk Report	JM	The Quality Committee received the QSEC key assurance / risk report	-	There were no obvious concerns from the report summary following the QSEC meeting held on 8th March 2025.
Item 6.3 – Quality & Safety Strategy	JM	The Quality Committee received the newly updated Quality & Safety strategy, 2025-28.	-	The team were commended for the detailed strategy with clear focus on issues to be monitored and good process outlined for reporting and monitoring.
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.	-	MK is engaging with the Telstra health consultant, to see whether PPCI associated mortality can be benchmarked

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				against peers.
6.6 Telstra Health Dashboard		The Quality Committee received the Telstra Health Dashboard	-	-
6.7 Stroke Sentinel	MK	The Quality Committee received the Sentinel Stroke National Audit Programme (SSNAP) update.	<p>Delays in reporting to SSNAP due to changed parameters and staffing limitations.</p> <p>Concern within regional and national networks regarding the ability to meet the requirements of SSNAP</p>	<p>LHCH expected to report in the Autumn.</p> <p>Additional staffing has been added to the team.</p> <p>Team assessing patients against a fatigue score to provide partial explanation for non-compliance with recommended rehabilitation requirements.</p>
6.8 Committee Effectiveness Review – survey results	BV	The Quality Committee approved the Committee Effectiveness Review.	-	<p>There were no emerging concerns about the way the committee is conducted.</p> <p>It was agreed that the item will be incorporated into the annual report going forward.</p>
6.9 Terms of Reference	JM	The Quality Committee approved the Terms of Reference subject to changes ahead.	JM suggested CQUINS be removed from the terms of reference.	It was agreed that no amendments be made to the Terms of Reference due to expected changes ahead.
6.10 Workplan 2025/2026	JM	The Quality Committee approved the workplan 2025/2026 subject to changes ahead.	-	-
7.1 GIRFT Reports and Progress Update Annual Report	MK	The Quality Committee received the GIRFT Reports and Progress Update Annual Report	MF to provide a thematic analysis of 65 areas of non-compliance listed in the report.	The Quality Committee noted the excellent progress and great credit to the leadership and divisions.
8.1 – Quality Risks / BAF 1 Review	BV	The Quality Committee noted the Quality and BAF 1 review.	15 risks at 12 or above.	From a Quality perspective the position is accurately described and static.

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8.2 PSII Update	MK	The Quality Committee noted the PSII Update.	-	-
8.3 EPRO Update	SB	The Quality Committee received update on progress against the learning and actions, highlighted during the PSII, relating to EPRO and Digital Communications and missing letters. The committee noted and supported next steps within EPRO and future digital projects.	7 patients classified as low and no harm	Close review under way to ensure patient safety and no further missing letters.
8.4 R&I Governance: MHRA / Good Clinical Practice Regulation	MV	The Quality Committee received the R&I Governance: MHRA / Good Clinical Practice Regulation	-	Research improvement expected with LAASP integration.  Work taking place to address Good Clinical Practice training both locally and as part of LAASP
8.5 Constitution / Patient Pledge	JM	The Quality Committee noted the assessment of compliance in all areas within the NHS Constitution.	-	-