

**Quality Assurance Committee
Chair's Log**

Meeting: Quality Assurance Committee	Date of meeting: 15 May 2015	
Escalated to: Board of Directors	Date of meeting: 26 May 2015	
Decisions / actions agreed	Responsible person	Deadline
<p>Minimum Mandatory Training requirements and proposed new system – approved in principle. Susy Cook to progress taking into account concerns raised (e.g. IT issues and compliance audit).</p> <p>Agreed and supported QAC Annual Report and revised Terms of Reference to include IPAG connectivity.</p> <p>Annual Governance Statement – agreed with additions described.</p> <p>Clinical Audit Report - Clinical Standards Sub Group to review audit of deteriorating patients and sepsis.</p>	Mrs S Cook	June 2015
Issues for escalation	Action required	
<p>Complaint response times – only 8.3% meet target</p> <p>Non clinical claims increase.</p> <p>C-difficile cleaning – no assurance</p> <p>Safeguarding training levels</p> <p>Workforce Sub Group did not fully meet Terms of Reference.</p>	<p>QAC to receive action plan in June 2015</p> <p>Patient Safety Sub Group to investigate. Annual Claims Report to QAC June 2015</p> <p>Decide further assurance. External audit or utilise internal personnel. G Hunt to progress.</p> <p>Continue to monitor and report - Mrs H Smithies</p> <p>Membership and TOR to be reviewed following HR review.</p>	
Risks	Action required	
Potential risk	Action required	
1367 – delayed diagnosis as a result of inadequate radiological resource DMH.	Remove from CRR	
1350 – A&E targets	Risk increased to 20	