


University Hospitals of Leicester 
NHS Trust

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 27 March 2014

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Ms J Wilson, Non-Executive Director

DATE OF COMMITTEE MEETING: 26 February 2014

RECOMMENDATIONS MADE BY THE COMMITTEE FOR CONSIDERATION BY THE TRUST BOARD:

- None.

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR CONSIDERATION/ RESOLUTION BY THE TRUST BOARD:

- Month 10 Quality and Performance Update (Minute 13/14/2);
- Patient Safety Report (Minute 14/14/1), and
- Nursing Workforce Report (Minute 14/14/2).

DATE OF NEXT COMMITTEE MEETING: 23 April 2014

**Ms J Wilson
21 March 2014**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON WEDNESDAY
26 FEBRUARY 2014 AT 11:00AM IN THE SMALL COMMITTEE ROOM,
LEICESTER GENERAL HOSPITAL**

Present:

Ms J Wilson – Non-Executive Director (Chair)
Mr J Adler – Chief Executive (up to and including Minute 14/14/7)
Mr M Caple – Patient Adviser (non-voting member)
Dr S Dauncey – Non-Executive Director
Dr K Harris – Medical Director (up to and including Minute 14/14/7)
Mr P Panchal – Non-Executive Director
Professor D Wynford-Thomas – Non-Executive Director and Dean of the University of Leicester Medical School

In Attendance:

Mrs G Belton – Trust Administrator
Miss M Durbridge – Director of Safety and Risk
Mrs S Hotson – Director of Clinical Quality
Ms M Wheeler – Foresight Partnership (Observing)

RESOLVED ITEMS

ACTION

11/14 APOLOGIES

Apologies for absence were received from Ms C O'Brien, Chief Nurse and Quality Officer, East Leicestershire CCG, Dr B Collett, Associate Medical Director (Clinical Effectiveness), Ms K Jenkins, Non-Executive Director and Ms R Overfield, Chief Nurse.

12/14 MINUTES

Members confirmed that the Minutes of the meeting held on 29 January 2014 (papers A and A1 refer) were a correct record. Ms Wilson, Chair, thanked Professor Wynford-Thomas for chairing the last meeting in her absence. She also extended the Committee's thanks to Mrs Majeed, Trust Administrator, for all her work in servicing the Committee previously (noting that the servicing of this Committee was now to be undertaken by Mrs Belton, Trust Administrator, due to changes to the portfolio of Committees undertaken by each of the Trust Administrators following the return of the Senior Trust Administrator to the Trust after a period of maternity leave).

Resolved – that the Minutes of the meeting held on 29 January 2014 (papers A & A1 refer) be confirmed as a correct record.

13/14 MATTERS ARISING REPORT

Members reported on progress in respect of the following actions:-

(a) Minute 04/14/3 (i) – the Medical Director confirmed that there had been a discussion at the Executive Quality Board meeting held on 5 March 2014 in respect of the need for revised KPIs and robust action plans in respect of the 'red' rated work streams in the Quality Commitment (the status of the RAG-rating for this item could therefore be amended accordingly);

TA

(b) Minute 04/14/3 (ii) – in respect of agreement that an update on the Quality Commitment should be scheduled for discussion at the Trust Board Development Session in April 2014, the Trust Administrator was requested to subsequently confirm the date of this session and notify colleagues within her team as appropriate;

TA

- (c) Minute 05/14/3 – it was agreed with the Medical Director that the planned update to the March 2014 meeting of the QAC on the electronic system (ICE or ICM) that would be used for test results should be incorporated into the wider update on Critical Safety actions, and MD
- (d) Minute 120/13/1 (i) – it was agreed that the Trust Administrator would request that Dr Cusack, Head of Service (Neonatal), who was scheduled to attend the next meeting of QAC in March 2014, also fed back at this time on whether any data existed in Children’s Services in respect of the omission of drugs, further to which a discussion then be scheduled for the Medicines Management Board. It was further noted that this matter had been discussed at a meeting of the Nursing Executive and the issue of omissions would also be identified in that forum via the Safety Thermometer. TA
- Resolved – that the matters arising report (paper B) and the actions above, be noted and undertaken by those staff members identified.** TA/MD

13/14/1 Update from the Executive Quality Board held on 5 February 2014

In the absence of the Chief Nurse, the Director of Nursing reported verbally to confirm that the Executive Quality Board (EQB) was progressing well since its establishment towards the end of 2013. This was a well attended Committee, with good representation from the Clinical Management Groups (CMGs) and work was currently being undertaken to identify all relevant sub-groups which fed into the EQB, with their terms of reference and work plans being submitted to the EQB accordingly. Members welcomed the establishment of this group, noting that there were in excess of 15 sub-committees reporting into the EQB, all of which had received guidance from the Director of Clinical Quality as to the required structure for the Terms of Reference. The sub-committees would each report into the EQB on a regular basis in order to highlight any issues requiring escalation. At their request, it was agreed that the Director of Clinical Quality would send details of the EQB sub-committees to Dr Dauncey and Mr Panchal, Non-Executive Directors. DCQ

Resolved – that (A) this verbal update be received and noted, and

(B) the Director of Clinical Quality be requested to send Dr Dauncey and Mr Panchal, Non-Executive Directors, details of the EQB sub-committees. DCQ

13/14/2 Month 10 – Quality and Performance Update

The Medical Director presented the Month 10 Quality and Performance Update (paper C refers) noting a correction required to the figures detailed on the front page of the report. Following validation, the VTE risk assessment within 24 hours of admission had actually been above the 95% threshold (and was not 94.2% as currently recorded in the report). He also notified members of a Never Event that had occurred in February 2014, the specific details relating to which would be reported to the Trust Board the following day and would feature in next month’s Quality and Performance Update report.

Specific discussion took place in respect of the following issues:

- (i) in response to a query raised by Mr Panchal, Non-Executive Director, regarding the admission process for patients brought to A & E by ambulance, the Director of Nursing confirmed that a process was in place by which such patients were triaged and prioritised accordingly by Trust medical and nursing staff upon their arrival;
- (ii) the decrease in performance in respect of fractured neck of femur in January 2014 – it was noted that a report on this issue was due to be submitted to the Trust Board meeting due to be held the following day, and an update on this matter would also be scheduled for the next QAC meeting;
- (iii) in respect of the Never Event occurring in February 2014, as verbally MD/TA

- | | | |
|--------|--|--------|
| | reported by the Medical Director, it was noted that whilst this matter would be discussed at the EQB, a detailed review of this incident would also be scheduled for a future meeting of QAC, as appropriate; | DSR/TA |
| (iv) | the latest data in respect of the Friends and Family Test (FFT) with an increase in this figure to 71.8% (more detail relating to which was contained within the Patient Experience Report – paper J refers). Particular note was made of the work undertaken by the RRC CMG in respect of their individual FFT score, which was now at 81%, and it was suggested that the work of the RRC CMG could be translated into best practice for use by other CMGs. Specific discussion also took place as to possible reasons for the lower FFT scores in particular CMGs and of further detailed follow-up work which had identified that the reason for low scores can correlate to the reason why people are in hospital (i.e. if this was for a particularly distressing reason, then this would correlate with lower scores). Whilst work would continue to be undertaken in relation to the FFT scores for the Trust’s CMGs, this was a limitation that could not be eliminated. In relation to this matter, the Director of Nursing was requested to seek feedback from other Trusts as to what approaches they were taking around the FFT data. Note was made of the positive FFT scores in relation to ED and eye casualty, and of the newsletter shortly to be issued which would congratulate relevant areas; | DN |
| (v) | in respect of a query as to the difference between the trends relating to patient falls (pages 16 and 17 of the report refer), the Director of Nursing advised that page 16 detailed the prevalence of falls, whereas page 17 detailed the incidence of falls. It was agreed that an explanation of the difference between the two should be included in future iterations of the report to aid comprehension of the data; | DN |
| (vi) | the issue of ward security, in particular the neonatal security system, as raised by Mr Panchal, Non-Executive Director. It was agreed that the Director of Safety and Risk would liaise with Mr Panchal outwith the meeting with a resolution date for the specific concern he had raised and would also provide a report to the Police Liaison Committee (a sub-committee of the EQB, which she chaired) around the wider issue of ward security; | DSR |
| (vii) | delays in implementing pressure ulcer prevention measures – it was agreed that the Director of Nursing would report at the next meeting on the reasons for any such delays and the actions being taken to address these, and | DN |
| (viii) | the contents of the section 5.4 of the report (Ward Performance and Ward Alerting concerns), which formed one part of the intelligent monitoring process in place. In terms of the additional ward areas opened, an overview was being undertaken on a daily basis by either the Chief Nurse, Director of Nursing or Assistant Director of Nursing. The Director of Nursing was requested to send to Dr Dauncey, Non-Executive Director, details of the trigger levels used in the priority order monitoring system employed at ward level, for her information. | DN |

Resolved – that (A) the contents of this report be received and noted,

(B) the Medical Director be requested to submit a report on Fractured Neck of Femur to the next QAC meeting; MD/TA

(C) the Director of Safety and Risk be requested to:

- **submit a report on the recent Never Event to a future QAC meeting (following consideration at the EQB) in order that a detailed review of this incident could be undertaken;**
- **liaise with Mr Panchal, Non-Executive Director, outwith the meeting with a resolution date for the specific concern he raised regarding an aspect of security, and**
- **submit a report to the Police Liaison Committee regarding the wider issue of ward security;**

MD/TA

(D) the Director of Nursing be requested to:

- seek feedback from other Trusts as to what approaches they were taking around the FFT data;
- provide an explanation of the difference between fall incidence and fall prevalence in future iterations of this report;
- provide an update at the next QAC meeting in respect of the reasons for any delays in implementing pressure ulcer prevention measures and
- send Dr Dauncey, Non-Executive Director, details of the trigger levels used in the priority order monitoring system employed at ward level.

DN/TA

13/14/3 QAC Work Plan

The Chair of the Quality and Assurance Committee presented paper D, which detailed a proposed QAC work plan for 2014 which she had prepared in conjunction with the Chief Nurse, and upon which members comments were now sought.

Note was made of the number of items upon which the Committee expected to receive annual reports, and it was agreed that it would be helpful for the Director of Clinical Quality to provide the QAC sub-committees with templates for them to use when presenting annually to QAC. Particular discussion took place as to whether presentation of these annual reports should form a standing item on the QAC agenda (on a rotational basis) or whether a specific Quality Day should be arranged for the purpose of receiving these reports. Members expressed their views on this suggestion, which in the main, were not in favour of the convening of a specific Quality Day. It was agreed that the Chair would feed back to the Chief Nurse the views of QAC members regarding this proposal.

DCQ

Chair

Specific discussion took place regarding the following points:

- (i) the fact that the Trust was currently in the process of agreeing the Quality Schedule and CQUIN programme for next year, as a result of which the specific quality indicators to be measured might change;
- (ii) the intention that if any specific areas monitored were flagging as 'red', an exception report should be submitted in addition to the Quality and Performance report;
- (iii) in respect of the query raised as to whether Safeguarding reports were only to be submitted on an annual (rather than monthly) basis, the Chair noted that exception reports would continue to be seen by the Committee on a frequent basis. She undertook to seek the advice of the Director of Corporate and Legal Affairs as to the frequency of the submission of routine safeguarding information to be reviewed by QAC in future;
- (iv) the fact that the Medicines Management Board had been re-titled the 'Medicines Optimisation Committee', and also the fact that as some of the Committees were newly established, they would require additional time before being in a position to submit an annual report;
- (v) the fact that monitoring of the 'performance' side of quality was undertaken by the Executive Performance Committee, with the monitoring of the 'assessment' side of quality being undertaken by the Executive Quality Board. It was therefore agreed appropriate that the Minutes of the Executive Performance Committee meetings should be submitted to future meetings of QAC for information, and
- (vi) it was agreed that the Chair, Chief Nurse (or Director of Clinical Quality) and Trust Administrator would further review and amend the proposed work programme accordingly.

Chair

TA

Chair/CN
(DCQ)/
TA

Resolved – that (A) the contents of this report be received and noted,

(B) the Director of Clinical Quality be requested to provide the QAC sub-

committees with templates for them to use when presenting annually to QAC, DCQ

(C) the QAC Chair be requested to:

- **seek the advice of the Director of Corporate and Legal Affairs as to the frequency of the submission of routine safeguarding information to be reviewed by QAC in future, and**
- **feedback to the Chief Nurse, the views of QAC members regarding the potential scheduling of a Quality Day,**

QAC
Chair

(D) the Trust Administrator be requested to schedule the receipt of Minutes of the EPB at future meetings of the Quality Assurance Committee, and

TA

(E) the QAC Chair, the Chief Nurse (or Director of Clinical Quality) and Trust Administrator be requested to further review and amend the proposed work programme accordingly.

QAC
Chair/CN
(DCG)/
TA

13/14/4 CQC Inspection / Intelligent Monitoring Report

The Director of Clinical Quality reported verbally to advise that the Trust had now received the final report in respect of the Lincoln Renal Unit Inspection, and she undertook to circulate this to QAC members accordingly. She also noted the expectation that the Trust would shortly receive the final draft report in relation to the CQC visit undertaken in January 2014, further to which the Trust had ten days in which to respond on any points of factual accuracy. The CQC would also be publishing the latest Intelligent Monitoring report on 13 March 2014, and the Trust had until the end of the current week to comment on the draft report in terms of factual accuracy. The Trust was now shown as having 4 items of elevated risk and 6 items of risk, but had not been banded due to just having undergone inspection by the CQC in January 2014. Plans were in place against all aspects of identified risk.

DCQ

Specific discussion took place regarding the following:

- (i) the mortality risk indicator and the specific work undertaken in this respect, and
- (ii) the fact that date of the Quality Summit (following the CQC Inspection) had been arranged for 26 March 2014 and of the work required by the Trust in advance of this date (following receipt of the CQC's report). The Director of Clinical Quality undertook to circulate to members the guidance available regarding the production of an action plan in response to the outcome of the CQC inspection. It was agreed that the QAC Chair would discuss with the Trust Chairman, the suggestion of utilising part of the Trust Board Development session planned for March 2014 on the action plan to be produced in response to the CQC report (ahead of the Quality Summit) and, if agreed, to notify the Director of Corporate and Legal Affairs and Senior Trust Administrator accordingly. It was also noted that the date of the Quality Summit clashed with the date of the next QAC meeting, and alternative arrangements would therefore need to be explored in respect of the next QAC meeting (Minute 18/14 below also refers).

DCQ

QAC
Chair /
TA

Resolved – that (A) this verbal report be noted,

(B) the Director of Clinical Quality be requested to:

- **circulate to members the final report from the Lincoln Renal Unit Hospital Inspection, and**
- **circulate to members the guidance available regarding the production of an action plan in response to the outcome of the CQC inspection;**

DCQ

(C) the QAC Chair be requested to discuss with the Trust Chairman, the suggestion of utilising part of the Trust Board Development session planned for

March 2014 on the action plan to be produced in response to the CQC report (ahead of the Quality Summit) and, if agreed, to notify the Director of Corporate and Legal Affairs and Senior Trust Administrator accordingly, and

QAC
Chair/TA

(D) the Trust Administrator to make alternative arrangements in respect of the next QAC meeting due to the anticipated clash with the Quality Summit.

TA

13/14/5 Clinical Audit Quarterly Report

The Director of Clinical Quality presented paper E, which detailed progress against delivery of the Trust's clinical audit programme and which had been reviewed in detail at the last meeting of the Executive Quality Board, with a detailed follow up report requested by the EQB. The Committee was asked to note the current position and support the actions highlighted in the report and also for future development. Specific discussion took place in respect of appendix 2, and of the fact that this did not currently detail what level of audit activity would be expected for a given service.

It was noted that, further to discussion of this item at the EQB, CMGs understood the need to provide more comprehensive feedback in respect of clinical audit activity, and it was expected that the next quarterly report to the QAC would reflect this.

Resolved – (A) that the contents of this report be received and noted, and

(B) more comprehensive feedback (as per the EQB recommendations) be detailed within the next quarterly submission of this report to the Committee.

CMGs/
DCQ

13/14/6 Project Plan / Timetable for Quality Account 2013/14

The Director of Clinical Quality presented paper 'F', which detailed information in respect of the project plan / timetable for the production of the Quality Account 2014/15, and sought feedback from members accordingly. The Director of Clinical Quality undertook to submit the draft Quality Account for 2014/15 to the next QAC meeting for comment prior to sharing more widely with the Trust's partners. In further discussion of this item, it was agreed that the Director of Clinical Quality would discuss with Mr Caple, Patient Advisor, a date to meet with the Patient Advisers to discuss the contents of the draft Quality Account. It was also agreed that the Director of Clinical Quality would discuss the inclusion of the Quality Account within the programme for the Annual Public meeting with the Director of Marketing and Communications.

DCQ/TA

DCQ

Resolved – that (A) the contents of this report be received and noted, and

(B) the Director of Clinical Quality be requested to:

- **submit the draft Quality Account for 2014/15 to the next QAC meeting for comment;**
- **discuss with Mr Caple, Patient Advisor, a date to meet with the Patient Advisers to discuss the contents of the draft Quality Account, and**
- **discuss the inclusion of the Quality Account within the programme for the Annual Public meeting with the Director of Marketing and Communications.**

DCQ/TA

DCQ

DCQ

14/14 **SAFETY**

14/14/1 Patient Safety Report

The Director of Safety and Risk presented paper 'G', which detailed the monthly Patient Safety Report, the contents of which had also been discussed at the Executive Quality Board.

The Director of Safety and Risk highlighted the issues summarised on the front page of

her report noting, in particular, an increase in SUIs escalated in January 2014 and the one NPSA alert open requiring urgent attention. It was subsequently agreed that the Director of Safety and Risk would include details of the work on-going around blood traceability and the MHRA visit (to be discussed at the Executive Quality Board meeting on 5 March 2014) in the next Patient Safety report to be submitted to the March 2014 QAC meeting. It was also agreed that the Director of Safety and Risk would feed back to QAC the outcome of her proposals to be presented to the EQB on 5 March 2014 regarding root cause analysis investigations (specifically that there should be a Chair assigned to each RCA and that all Trust Board members should be invited to have oversight of one SUI per year).

DSR

The QAC Chair noted her wish to review one specific SUI occurring within the Women's and Children's CMG at a future meeting in order to seek assurance in respect of the review process.

DSR/TA

Further discussion took place regarding the Quality Commitment, a report on which was scheduled for the next meeting of the EQB, and would be submitted to the next meeting of the QAC thereafter.

DCQ

Note was also made of training on complaints as recently attended by the Trust's Chairman and Mr Panchal, Non-Executive Director, and of the potential benefit of this training for other Trust Board members. The Director of Safety and Risk noted that she was currently sourcing appropriate complaints training, and would communicate the details of this once available.

DSR

Resolved – that (A) the contents of this report be received and noted,

(B) the Director of Safety and Risk be requested to:

- **include details of the work on-going around blood traceability and the MHRA visit (to be discussed at the Executive Quality Board meeting on 5 March 2014) in the next Patient Safety report to be submitted to the March 2014 QAC meeting;**
- **feed back to QAC the outcome of her proposals to be presented to the EQB on 5 March 2014 regarding root cause analysis investigations;**
- **provide a report to a future meeting of the QAC regarding the specific SUI occurring within the Women's and Children's CMG, and**
- **communicate the details in respect of complaints training once available, and**

DSR

(C) the Director of Clinical Quality be requested to submit a report on the Quality Commitment to the next meeting of the Quality Assurance Committee.

DCQ

14/14/2 Nursing Workforce Report

The Director of Nursing presented paper 'H', which detailed an update in relation to the nursing workforce within the Trust, the contents of which members were requested to receive and note.

Particular discussion took place regarding the following:

- (i) use of bank and agency nursing staff – there continued to be a need to utilise bank and agency staff due to staffing requirements in light of patient acuity and levels of demand etc. Such usage should decrease when the 'felt' vacancies reduced;
- (ii) the Information Boards to be displayed at ward entrances – the Director of Nursing was requested to notify QAC members when the Information Boards to be displayed at ward entrances were in situ;
- (iii) the frequency with which ward staffing acuity reviews were undertaken - this was twice a year. Mr Panchal, Non-Executive Director, requested that the

DN

- ‘messaging’ to staff regarding ward staffing levels was reviewed as staff did not always seem to be fully aware of actions on-going in this respect – in response the Director of Nursing noted that such communication had improved through the Chief Executive Bulletins and that communications were issued to the Trust’s nursing community on a weekly basis, and
- (iv) a request that the learning from the recruitment of overseas nurses was fed into the organisation, potentially through the submission of this item to the Executive Workforce Board.

DN

Resolved – that (A) the contents of this report be received and noted, and

(B) the Director of Nursing be requested to:

- **notify members when the Information Boards to be displayed at ward entrances were in situ, and**
- **feed the learning from the recruitment of overseas nurses into the organisation, potentially through the submission of this item to the Executive Workforce Board.**

DN

14/14/3 Report from the Medical Director

Resolved – that this item be classed as confidential and taken in private accordingly.

14/14/4 Report from the Director of Nursing

Resolved – that this item be classed as confidential and taken in private accordingly.

14/14/5 Update on UHL’s Interim Guideline for End of Life Care

The Director of Nursing reported verbally to advise that an interim guideline was being rolled out for use by Trust staff to assist them in the provision of end of life care. This was to provide staff with appropriate guidance following the receipt of advice nationally to discontinue use of the Liverpool Care Pathway. This guidance was available to staff on INsite, and was a main agenda item for progression through one of the EQB sub-committees.

Resolved – that this verbal information be noted.

14/14/6 Quarterly Patient Experience Report

The Director of Nursing presented paper ‘J’, which provided an update on the Patient and Family Experience Feedback for quarter 3 (October – December 2013), and she specifically highlighted the points summarised on pages one and two of the report. Appendix 1 to the report summarised the CMGs’ responses to patient feedback.

Specific discussion took place in respect of the following:

- (i) that ‘waiting times’ represented a recurring theme on the ‘Message to Matron’ feedback forms, and for this matter to be considered when reviewing the Trust’s Quality Commitment;
- (ii) the fact that the cross-cutting themes (section 4.3 refers) were being refreshed and would form a report to the EQB meeting next week;
- (iii) the need to recognise the diversity of the Trust’s patient population and plan for this accordingly when seeking patient feedback, and
- (iv) in response to a query as to the plans in respect of regaining momentum on work relating to discharge, it was noted that a number of work streams had now been transferred to the Assistant Director of Nursing for progression.

Resolved – that the contents of this report be received and noted.

14/14/7 Update on integrated action plan for themes from Keogh, Berwick, Francis Reports and the Government's Final Response to the Francis Report – 'Hard Truths – The Journey to Putting Patients First'

The Director of Clinical Quality presented paper 'K', which provided assurance that the updated integrated action plan for themes from Keogh, Berwick and Francis reports had been updated following feedback at the last QAC meeting.

Following discussion, the Director of Clinical Quality was requested to provide one final update on progress at the July 2014 QAC meeting, after which time this item should no longer require scheduling on the QAC agenda as all actions should have been completed.

DCQ

Resolved – that (A) the contents of this report be received and noted, and

(B) the Director of Clinical Quality be requested to provide one final update on progress at the July 2014 QAC meeting.

DCQ

15/14 **MINUTES FOR INFORMATION**

15/14/1 Finance and Performance Committee

Resolved – that the public Minutes of the Finance and Performance Committee meeting held on 29 January 2014 (paper L refers) be received and noted.

15/14/2 Executive Quality Board

It was noted that the Minutes of the Executive Quality Board meeting held on 5 February 2014 (paper M refers) had been circulated to members that morning, however would be required in advance of the QAC meeting in future in order to allow members sufficient time to review these ahead of the meeting.

TA

Resolved – that (A) the Minutes of the Executive Quality Board meeting held on 5 February 2014 be received and noted, and

(B) these Minutes be circulated sufficiently in advance of future QAC meetings in order to allow members time to review these ahead of the meeting.

TA

16/14 **ANY OTHER BUSINESS**

16/14/1 Report by the Director of Safety and Risk

Resolved – that this item be classed as confidential and taken in private accordingly.

17/14 **IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

Resolved – that relevant information from the following reports be brought to the attention of the Trust Board at its meeting the following day:

- Minute 13/14/2 (Month 10 Quality and Performance Update);
- Minute 14/14/1 (Patient Safety Report – in particular SUIs), and
- Minute 14/14/2 (Nursing Workforce Report).

18/14 **DATE OF NEXT MEETING**

As per the discussion under Minute 13/14/4 above refers, it was noted that the next

meeting of the Quality Assurance Committee would require re-arranging in view of the clash with the scheduled date for the Quality Summit, and the Trust Administrator undertook to contact members regarding this matter outwith the meeting in order that alternative arrangements could be made.

TA

Mr Panchal, Non-Executive Director, noted that it would be helpful if, when recording members' attendance on the chart at the end of the public Minutes, it could be recorded if previously scheduled meeting dates had needed to be changed at short notice.

Resolved – that the Trust Administrator be requested to contact members outwith the meeting regarding arrangements for the next meeting of the Quality Assurance Committee.

TA

Cumulative Record of Members' Attendance (2013-14 to date):

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
<i>J Adler</i>	<i>11</i>	<i>7</i>	<i>64</i>	<i>R Overfield</i>	<i>6</i>	<i>4</i>	<i>67</i>
<i>M Caple*</i>	<i>11</i>	<i>10</i>	<i>91</i>	<i>R Palin*</i>	<i>4</i>	<i>3</i>	<i>75</i>
<i>S Dauncey</i>	<i>3</i>	<i>2</i>	<i>67</i>	<i>P Panchal</i>	<i>11</i>	<i>8</i>	<i>73</i>
<i>K Harris</i>	<i>11</i>	<i>8</i>	<i>73</i>	<i>C Ribbins **</i>	<i>5</i>	<i>4</i>	<i>80</i>
<i>S Hinchliffe</i>	<i>1</i>	<i>1</i>	<i>100</i>	<i>J Wilson (Chair)</i>	<i>11</i>	<i>10</i>	<i>91</i>
<i>K Jenkins</i>	<i>4</i>	<i>1</i>	<i>25</i>	<i>D Wynford-Thomas</i>	<i>11</i>	<i>8</i>	<i>73</i>
<i>C O'Brien – East Leicestershire/Rutland CCG*</i>	<i>11</i>	<i>7</i>	<i>64</i>				

- *non-voting members*
- *** records attendance whilst Acting Chief Nurse*

Gill Belton
Trust Administrator