

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

**DATE OF TRUST BOARD MEETING: 29 May 2014**

**COMMITTEE: Quality Assurance Committee**

**CHAIRMAN: Ms J Wilson, Non-Executive Director**

**DATE OF COMMITTEE MEETING: 23 April 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:**

- Statutory and Mandatory Training Update Report (Minute 22/14/1);
- Achievement of the C Diff Reduction Target (Minute 22/14/2);
- The positive work detailed in the update regarding Neonatal Prescribing (Minute 23/14/10), and
- Triangulation of Patient Experience (Minute 24/14/1).

**DATE OF NEXT COMMITTEE MEETING: 28 May 2014**

**Ms J Wilson  
23 May 2014**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON WEDNESDAY  
23 APRIL 2014 AT 12 NOON IN THE LARGE COMMITTEE ROOM,  
LEICESTER GENERAL HOSPITAL**

**Present:**

Ms J Wilson – Non-Executive Director (Chair)  
Mr J Adler – Chief Executive (up to and including Minute 23/14/7)  
Mr M Caple – Patient Adviser (non-voting member)  
Dr K Harris – Medical Director  
Ms R Overfield – Chief Nurse  
Mr P Panchal – Non-Executive Director

**In Attendance:**

Mrs G Belton – Trust Administrator  
Mrs K Bradley – Director of Human Resources (for Minute 22/14/1 only)  
Miss M Durbridge – Director of Safety and Risk  
Mrs S Hotson – Director of Clinical Quality  
Mrs C Ribbins – Director of Nursing  
Ms K Tomlinson – PWC (Observer)

**RESOLVED ITEMS**

**ACTION**

**19/14 APOLOGIES**

Apologies for absence were received from Dr S Dauncey, Non-Executive Director, 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 Professor D Wynford-Thomas, Non-Executive Director and Dean of the University of Leicester Medical School.

**20/14 MINUTES**

Members confirmed that the Minutes of the meeting held on 26 February 2014 (papers A and A1 refer) were a correct record, subject to the inclusion of Ms C Ribbins, Director of Nursing, on the list of those in attendance.

TA

**Resolved** – that the Minutes of the meeting held on 26 February 2014 (papers A & A1 refer) be confirmed as a correct record, subject to the inclusion of Ms C Ribbins, Director of Nursing, on the list of those in attendance.

TA

**21/14 MATTERS ARISING REPORT**

Members received and noted the contents of paper 'B', noting that those actions now reported as complete (level 5) would be removed from future iterations of this report. Members specifically reported on progress in respect of the following actions:-

TA

- (a) Minute 13/14/2 (re reasons for any delays in implementing pressure ulcer prevention measures) – the Director of Nursing advised members that upon investigation, sufficient equipment was available, and the specific issue related to the need for timely ordering. She confirmed that there were on-going education and validation meetings. The QAC Chair noted that she had received positive feedback on this issue at recent Safety Walkabouts;
- (b) Minute 13/14/3 (re extended QAC meeting in June 2014) – the QAC Chair requested that members noted in their diaries the extension to the 25 June 2014 QAC meeting (now to be held from 12 noon until 4pm) for the purpose of receiving Annual Reports from the EQB sub-committees;

**QAC  
Members**

- |     |  |                                 |
|-----|--|---------------------------------|
| (c) | Minute 13/14/3 (re QAC workplan) – the QAC Chair noted that a meeting between herself, the Chief Nurse and the Trust Administrator was to be re-scheduled for the purposes of reviewing the QAC work plan;   | <b>QAC<br/>Chair/<br/>CN/TA</b> |
| (d) | Minute 13/14/3 (regarding the frequency of the submission of safeguarding data to QAC) – the Director of Nursing informed members that, in future, this information would be submitted to the EQB, and QAC meeting immediately thereafter, on a quarterly basis;   | <b>DN/TA</b>                    |
| (e) | Minute 14/14/2 (re Information Boards at Ward entrances) – the Director of Nursing reported verbally to confirm that the purchase of the Information Boards had been supported by charitable funds, and would be ordered this week. A template had been developed for use by wards for the interim period between the ordering and fitting of the Boards. Members noted the importance of ensuring that the Boards were kept up-to-date; |                                 |
| (f) | Minute 4/14/2 (re the in-patient survey document) – the surveying of patients regarding the elements they considered relevant to be retained within the in-patient survey had now been concluded and the results would be analysed by the Patient Experience Group;  | <b>PEG</b>                      |
| (g) | Minute 5/14/6 (re the updated action plan with progress updates following the NTDA visit to review IP procedures) – the Chief Nurse confirmed that the Lead Infection Prevention Doctor and Lead Infection Prevention Nurse would be producing one action plan to monitor all relevant aspects, and this item could be removed from future iterations of the Matters Arising report, and   | <b>LIPD/<br/>LIPN</b>           |
| (h) | Minute 18/13 (b) (re EPMA reporting) – the Medical Director noted that a report regarding the longer-term strategy for EPMA was due to be submitted to the Executive Team, further to which it could be submitted to the QAC meeting in either June or July 2014 (jf required). It was also noted that Dr B Collett, Associate Medical Director, was no longer the responsible officer for this workstream.                              | <b>MD</b>                       |

**Resolved – that the matters arising report (paper B) and the actions above, be noted and undertaken by those staff members identified.**

**22/14      QUALITY**

22/14/1      Statutory and Mandatory Training Update Report

Further to Minute 120/13/3 of 17 December 2013, the Director of Human Resources attended to present paper 'C', which informed the Committee of statutory and mandatory training compliance at the end of March 2014 and provided an update on key development priorities to sustain and improve performance over 2014/15. Particular note was made of the significant improvement in overall compliance rates over 2013/14, with the Chief Executive noting the view expressed at the Executive Team meeting the previous day that the Trust should now move to a target of 95% compliance by the end of 2014/15, subject to resolution of specific capacity issues. Members were assured by the clarity provided in terms of the priority actions going forward.

Specific discussion took place regarding the following points:

- |      |  |            |
|------|--|------------|
| (i)  | access to suitable training venues - it was noted that the Director of Human Resources, along with relevant colleagues, would be progressing estates issues in respect of training venues outwith the meeting;   | <b>DHR</b> |
| (ii) | the provision of resuscitation training in terms of who held the budget for this (it was held centrally) and how it was managed in terms of new junior doctor intake (with specific note made of the work on-going around the development of an East Midlands Training Passport in this respect). Note was also made |            |

- that it was the Trust's duty (as employer) to be responsible for the mandatory training of FY1 doctors, and
- (iii) the need to consider the conflict resolution training provided for staff in light of changing security arrangements by the Trust's Facilities Management provider. It was noted that consideration was currently being given to this matter by the Health and Safety Services Manager (in terms of identifying which staff members required what level of training) in order that capacity could be planned accordingly and attendance at relevant training could be facilitated.

In conclusion, the Chair thanked Mrs Bradley for attending today's meeting and noted the Committee's recognition of the work undertaken by Ms Kotecha, Assistant Director of Learning and Organisational Development and Mr E Thurlow, Learning Management System Trainer.

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

**(B) the Director of Human Resources, in conjunction with relevant colleagues, be requested to continue to progress the work outlined under point (i) above.**

DHR

22/14/2 Month 11 – Quality and Performance Update

Members received and noted the contents of paper 'D', detailing the quality and performance updates for the period ending February 2014 (Month 11), noting that the format of this report was currently under-going revision.

Particular discussion took place regarding the recently changed criteria announced by NHS England in terms of a specific type of Never Event (i.e. retained items) which had now been downgraded from a Never Event if specific circumstances existed (i.e. the retained items were deliberately left in situ and intended for removal at a later date) as in a recent case at the Trust relating to a retained vaginal swab. The Chair noted that a report on this specific SUI was due to be presented at the next (May 2014) meeting of the Quality Assurance Committee. Discussion also took place on mortality rates, the VTE target and RTT target, which would be the subject of a report at a future meeting of the EQB. Specific note was made of the Trust's achievement in meeting its C Diff reduction target, having been one of the few Trusts nationally to achieve this.

DSR

MD

Specific discussion took place regarding capacity issues which were affecting elective patients booked to undergo procedures requiring an anaesthetic, and of the on-going work taking place in the Trust in this respect.

Discussion also took place regarding specific wards which consistently scored less well on the Friends and Family test, which triangulated with other collected data, which was being addressed through the Nursing Executive Team and the Patient Experience Group. The QAC Chair noted that little information was provided within the report regarding specific ward performance (in terms of which wards were focussed on and why in terms of the Ward Performance Dashboard reviewed at NET), and it was agreed that the Chief Nurse would send this specific information onto QAC members after the meeting.

CN

In terms of facilities management at the Trust, note was made of improvements against KPIs. However, further improvement was required specifically regarding maintenance issues on specific wards and also around (non-patient safety critical) portering response times. Note was also made of the changes in security arrangements (as also referenced under Minute 22/14/1 above).

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

**(B) the details of the completed investigation into a specific SUI be presented at**

the next (May 2014) QAC meeting, DSR

(C) the RTT target be the subject of a report to a future meeting of EQB, and MD

(D) the Chief Nurse be requested to send onto QAC members information regarding which wards were focussed on and why in respect of the Ward Performance Dashboard reviewed at NET. CN

22/14/3 CQC Report and Action Plan

The Director of Clinical Quality presented paper 'E', which detailed the action plan that had been developed in response to the findings of the Care Quality Commission; their three site-based reports having been published on 28 March 2014. This action plan had been shared with the Head of Hospital Inspections, who had confirmed that it was fit for purpose. Note was made that the action plan detailed both specific and generic actions.

Particular discussion took place in respect of the following:

- (i) the arrangement for monitoring progress against the action plan – it was noted that progress would be reported on a monthly basis at the EQB, and thereafter at QAC, and this item should therefore form a standing agenda item for future EQB and QAC meetings; DCQ/TA
- (ii) the fact that the identification of items within the action plan that were relevant to individual CMGs would be addressed through the Quality and Safety reviews, and (in response to a query from the QAC Chair), the Chief Nurse advised that CMGs would be asked to provide evidence that they had followed up on actions before these were 'signed-off';
- (iii) the fact that some of the actions made reference to the time required for initial review of a particular issue, when implementing the solution would require a longer timeframe, and it was agreed that such issues should be captured in a covering statement to the action plan, and would necessitate a two-stage plan (in time comprising a second version of the action plan); stage one comprising the initial scoping and stage two, the time for completion of all actions required as part of the identified solution. Re-inspection by the CQC would be required upon completion of the second phases of the action plan; DCQ
- (iv) the need to amend the section of the action plan concerning nurse recruitment (page 15) to note that this was on-going, and should therefore be RAG-rated as a '4' rather than a '5' or 'completed action'; DCQ
- (v) noted that a number of identified actions would sit within other action plans, so cross-checking would be required;
- (vi) noted the need, in future iterations of the action plan, to RAG-rate against all actions or none of the actions, however noted the need to highlight to the CQC actions that had already been completed; DCQ
- (vii) medical staffing levels – it was noted that Dr Rabey, Deputy Medical Director was undertaking a medical staffing review, the results of which would be submitted to the EQB. Issues specifically regarding medical staffing levels had not been identified as part of the CQC Report, other than on one specific ward. It was noted that this was an issue for consideration by the Trust Board, and it was agreed that the medical staffing review should comprise part of the Workforce item scheduled for discussion at a future Trust Board development session. DMD/STA

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

(B) this item form a standing agenda item at future EQB meetings and QAC meetings held immediately thereafter; DCQ/TA

(C) the Director of Clinical Quality be requested to undertake the actions identified

under points (iii), (iv) and (vi), and

DCQ

**(D) the Medical Staffing review comprise part of the Workforce item scheduled for discussion at a future Trust Board Development session.**

DMD/STA

22/14/4 CQC Registration of Alliance Contract Locations

The Director of Clinical Quality reported verbally to confirm that the Trust (as host organisation) and its partners forming the Alliance Contract were now formally registered with the CQC to provide services in the community (e.g. in Loughborough, Market Harborough, Hinckley etc). In response to a request, the Director of Clinical Quality confirmed that the Trust was co-registered along with LPT. A paper regarding governance issues in respect of the Alliance Contract was due to be submitted to the next (May 2014) meeting of the EQB.

**Resolved – that (A) this verbal information be noted, and**

**(B) a report regarding the governance arrangements in respect of the Alliance contract be submitted to the next (May 2014) meeting of the EQB.**

Alliance  
Director/  
TA

22/14/5 Draft Quality Account

The Director of Clinical Quality presented paper 'F', which detailed the Draft Quality Account, and requested that members provided feedback on the draft Quality Account (noting that certain content was mandatory in nature and could, therefore, not be re-worded) and noted that further information, including end of year performance data was still to be submitted for inclusion, and once available and validated, the Quality Account would be updated accordingly.

Note was made that the Chief Nurse and Director of Clinical Quality had met with the Patient Advisers on 1<sup>st</sup> April 2014, who had submitted comments in respect of the Quality Account, and would be receiving a detailed response to these (some of which were included within the Quality Account). Mr Caple, Patient Adviser, thanked the Chief Nurse and Director of Clinical Quality in this respect, noting that it had been key to the Patient Advisers to have had this opportunity at this stage of the process. It was noted that the Draft Quality Account would be issued to stakeholders on 28 April 2014 for comments to be received back within one month. QAC members were therefore requested to feedback any additional comments they had on the Draft Quality Account to the Director of Clinical Quality by the end of Friday 25 April 2014.

QAC  
Members

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

**(B) QAC members be requested to feedback any additional comments on the Draft Quality Account to the Director of Clinical Quality by the end of Friday 25 April 2014.**

QAC  
Members

22/14/6 Quality Commitment

The Director of Clinical Quality presented paper 'G', which detailed an update on the refreshed Quality Commitment priorities for 2014/15, this document having been updated following discussion at the Trust Board Development session on 10<sup>th</sup> April 2014.

Following further discussion, members suggested two further changes to the Quality Commitment, as follows:

- (1) to include the wider issue of 'Carers' under the 'Care and Compassion' heading, and
- (2) to change the 'Effectiveness' heading to now read ' Be Effective – Improve

DCQ

Patient Outcomes’.

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

(B) the Director of Clinical Quality be requested to update the Quality Commitment as per the amendments requested by QAC members.

DCQ

22/14/7 Claims and Inquest Report

The Chief Nurse presented paper ‘H’, which detailed information in respect of Claims and Inquests and had been produced by the Head of Legal Services at the request of the Chief Nurse for submission to the EQB.

During discussion at the EQB, it had been agreed that such a report should be submitted to the EQB on a quarterly basis, to also include details of Regulation 28 reports, and the QAC Chair requested that this same quarterly report was submitted thereafter to the following QAC meeting, where discussion could be undertaken on any items relevant to Regulation 28.

TA

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

(B) the Claims and Inquest report submitted to EQB on a quarterly basis be submitted thereafter to the following QAC meeting.

TA

22/14/8 CIP Schemes Quality Impact Assessment

The Chief Nurse reported verbally, noting that she was continuing to assess the quality impact of CIP schemes. A summary of the schemes would be submitted to the next (May 2014) meeting of the Quality Assurance Committee for assurance purposes.

CN/TA

The Chief Executive noted that CIP schemes could not be quality assessed when only in the early stages of development, and the first tranche of schemes would have been completed by the month end. This work was slightly behind schedule currently.

**Resolved** – that (A) this verbal information be noted, and

(B) the Chief Nurse be requested to submit a summary of the schemes to the next (May 2014) meeting of the Quality Assurance Committee.

CN/TA

23/14 **SAFETY**

23/14/1 Report by the Acting Chief Pharmacist

**Resolved** – that this Minute be classed as confidential and reported in private accordingly.

23/14/2 Report by the Chief Executive

**Resolved** – that this Minute be classed as confidential and reported in private accordingly.

23/14/3 Patient Safety Report

The Director of Safety and Risk presented paper ‘K’, which detailed the monthly patient safety report. Members’ attention was drawn to the key points highlighted on pages 1 and 2 of the report, particularly bullet point 2 regarding the new national patient safety movement announced by NHS England. It was noted that the Director of Safety and Risk and the Medical Director would give consideration to the aspects concerning mortality outwith the meeting, and report to a future meeting of the EQB accordingly.

MD/DSR

Particular discussion took place regarding the following points:

- |       |  |     |
|-------|--|-----|
| (i)   | the fact that feedback on actions taken to address issues identified as part of the Safety Walkabouts would be included in future Patient Safety reports;  | DSR |
| (ii)  | the agreement to invite representatives of the Women's and Children's CMG to the next (7 May 2014) EQB meeting to discuss particular issues identified regarding observations in children;   | TA  |
| (iii) | the planned follow-up regarding potentially ring-fencing elective capacity (in respect of the use of the day ward), and  | CEO |
| (iv)  | the fact that the critical safety actions update was included in the monthly Quality and Performance report and the quarterly Patient Safety report, without triangulation of the data, and members requested that this matter was reviewed in only one of these two reports in future – the Chief Nurse noted that, in future, information would feature in the Quality Commitment and monthly Quality and Performance report and not in the Patient Safety report, with a dashboard approach to be utilised. |     |

(v)

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

**(B) feedback on actions taken to address issues identified as part of the Safety Walkabouts be included in future Patient Safety reports;** DSR

**(C) the Trust Administrator be requested to invite representatives of the Women's and Children's CMG to the next (7 May 2014) EQB meeting to discuss particular issues identified regarding observations in children, and** TA

**(D) the Chief Executive be requested to follow-up the potential ring-fencing of elective capacity (in respect of the use of the day ward).** CEO

23/14/4 Update on Complaints Process and Engagement Event

The Director of Safety and Risk presented paper 'L', which sought to update colleagues on progress against actions in a previous post-CIwyd complaints report and actions identified at the complaints handling Trust Board Development session in February 2014. The action plan detailed within the report described progress against the Trust Board actions on complaint management and handling and detailed timescales and action leads. The report also confirmed the intention to hold a complaints engagement event on 11 June 2014.

Discussion took place in respect of the following points:

- (i) the high numbers of complaints currently being received, particularly in relation to waiting times and cancellations;
- (ii) training provision in respect of complaints handling, and the intention to develop an e-learning package;
- (iii) confirmation that the triage process employed upon receipt of complaints had been revised, along with confirmation as to which staff members were required to sign off complaints;
- (iv) the intention to link complaints data to the triangulation of patient views, and address the root cause of complaints at an early stage (leading to issues being addressed earlier and not becoming formal complaints, which was the end stage of the process), and
- (v) the aspiration to have a clinician as Deputy Chair of the Patient Experience Group, and the need, generally, to have wider representation from various staff groups on Committees. The Medical Director noted the need to identify a clinician with sufficient time within their job plan to undertake this work.

In conclusion, it was noted that the Committee would review continuing progress on this



matter in July 2014 (after the end of quarter 1).

DSR/TA

**Resolved** – that (A) the contents of this report be received and noted, and  
(B) a further update report on progress be submitted to the July 2014 QAC meeting.

DSR/TA

23/14/5 Report from the Medical Director

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

23/14/6 Report from the Medical Director

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

23/14/7 Report from the Medical Director

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

23/14/8 Report from the Medical Director and Director of Safety and Risk

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

23/14/9 Report from the Director of Nursing

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

23/14/10 Update regarding Neonatal Prescribing

Dr Cusack, Head of the Neonatal Service, attended to present paper 'P', which provided an update against action plans and a summary of repeat audits in respect of prescribing errors. He particularly noted the training that had been implemented and a number of actions undertaken in response to practical issues in terms of the lighting of drug preparation stations, drug fridges etc.

Specific discussion took place regarding on-going support issues regarding Pharmacy (due to sickness absence) and under-dosing of medication (now improved to 0.25%). Members congratulated Dr Cusack on the progress made to-date, from which they took significant assurance. They also considered that it would be useful to utilise the details provided by Dr Cusack along with details regarding 'Epiphany' to comprise the patient story element of a future Trust Board meeting.

MD/TA

**Resolved** – that (A) the contents of this report be received and noted, and  
(B) the details provided by Dr Cusack regarding neonatal prescribing along with details regarding 'Epiphany' be utilised to comprise the patient story element of a future Trust Board meeting.

MD/TA

23/14/11 Quarterly Infection Prevention Report

The Chief Nurse presented paper 'Q', which detailed a summary of key performance indicators for infection control, and represented a very positive report.

The fact that the Trust had achieved its C Diff reduction target was specifically noted.

Figures relating to e-coli would be presented in an attributed format in future versions of this report (whether UHL or community attributed). Particular focus would be given to surgical site infections and multi-resistant bugs in 2014/15.

In response to a query raised by the Chair as to whether the Chief Nurse had confidence that infection prevention had the required amount of focus in each of the CMGs, she advised that she did. The Trust's Infection Prevention Assurance Committee monitored this situation and further impetus was provided by the large number of Infection Prevention Champions throughout the Trust.

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

## **24/14 PATIENT EXPERIENCE**

### **24/14/1 Triangulation of Patient Feedback**

The Director of Nursing presented paper 'R', which detailed work recently undertaken for the purpose of routinely triangulating patient feedback. Appendix 1 to the report detailed triangulation of patient feedback, complaints and web-based feedback.

The main negative themes arising from the triangulation of feedback related to waiting times, cancellations, catering, parking and cleanliness, with the main 'positive' theme relating to caring and compassionate staff.

Work was currently being undertaken regarding standardising the criteria for such 'theming' with subsequent embedding and feeding back to CMGs, with CMGs having their own actions plans to address the issues raised. Members were very supportive of this approach, noting the importance of engagement with patients (recognising the associated financial cost of such engagement) debating where this responsibility for taking forward this agenda lay (whether in Communications or in Corporate Nursing).

The Director of Safety and Risk noted that future iterations of this report required the inclusion of specific complaints data (rate, trend and numbers of complaints by CMG). It was noted that a monthly data report would be produced with a detailed report provided on a quarterly basis.

DN

Particular discussion took place regarding the potential for trust-wide initiatives on waiting times, and note was made of the self-assessment tools to collate from CMGs information as to what issues were within their gift to resolve. There was a need to coach the CMGs as to the specific data they should be reviewing. In response to a query as to whether the theme 'waiting times' could be broken down any further, the Director of Safety and Risk confirmed that this could be sub-divided into waiting times in out-patients and for procedures and operations etc. It was agreed that it would be helpful to circulate to Trust Board members the table on the last page of paper R in advance of the Trust Board meeting due to be held the following day.

TA

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

**(B) specific complaints data (to include rate, trends and numbers by CMG) be included in future iterations of this report,**

DN

**(C) the data report be produced on a monthly basis, with a detailed quarterly analysis provided, and**

DN

**(D) the Trust Administrator be requested to issue to Trust Board members immediately following the meeting the table featured on the last page of paper R (in advance of the following day's Trust Board meeting).**

TA

24/14/2 CQC National In-Patient Survey

The Director of Nursing presented paper 'S', which detailed reports recently submitted to the Clinical Quality Review Group in respect of the CQC National In-Patient Survey.

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

24/14/3 Dementia Implementation Plan

The Chief Nurse presented paper 'T', which detailed the Trust's Dementia Implementation Plan as endorsed by the Executive Quality Board at its last meeting held on 2 April 2014. The plan would be monitored at the EQB and would form part of the quarterly patient experience report.

Particular discussion took place regarding the plan as it related to the different patient communities the Trust served, and members considered that it would be beneficial and reassuring to patients to publicise the strategy.

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

**(B) the Dementia Implementation Plan be monitored through the EQB and form part of the quarterly Patient Experience report.**

CN

25/14 **MINUTES FOR INFORMATION**

25/14/1 Finance and Performance Committee

**Resolved – that the public Minutes of meetings of the Finance and Performance Committee held on 26 February 2014 and 26 March 2014 (papers U and U1) be received and noted.**

25/14/2 Executive Quality Board

The Minutes of the Executive Quality Board meeting held on 5 March 2014 (paper V refers) were received and noted. It was agreed imperative that QAC received the Minutes of the most recent EQB meeting at each of its meetings, with the Chief Nurse / Chair of EQB to specifically highlight to QAC members any particular issues discussed at the preceding EQB meeting requiring escalation to / notifying to QAC.

TA/CN

**Resolved – that (A) the Minutes of the Executive Quality Board meeting held on 5 March 2014 (paper V refers) be received and noted, and**

**(B) it be agreed that QAC receive the Minutes of the EQB meeting immediately preceding (i.e. in the same month) as QAC, with the Chief Nurse (EQB Chair) requested to specifically highlight to QAC members any particular issues discussed requiring escalation to or notification to QAC.**

TA/CN

25/14/3 Executive Performance Board

**Resolved – that the Minutes of the Executive Performance Board meeting held on 25 March 2014 (paper W refers) be received and noted.**

26/14 **ANY OTHER BUSINESS**

**Resolved – that there were no further items of business.**

27/14 **IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

**Resolved** – that the QAC Chair be requested to bring the following issues to the attention of the Trust Board at its meeting the following day:

- Statutory and Mandatory Training Update report (Minute 22/14/1);
- Achievement of the C Diff reduction target (Minute 22/14/2);
- Report by the Acting Chief Pharmacist (Minute 23/14/1);
- The positive work detailed in the update regarding Neonatal Prescribing (Minute 23/14/10), and
- the Triangulation of Patient Experience (as an addition to the Q & P report) – Minute 24/14/1.

**28/14 DATE OF NEXT MEETING**

**Resolved** – that the next meeting of the Quality Assurance Committee be held on Wednesday 28 May 2014 from 12.30pm until 3.30pm in the Large Committee Room, Leicester General Hospital.

The meeting closed at 3.53pm.

**Cumulative Record of Members' Attendance (2014-15 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>	1	1	100	<i>R Overfield</i>	1	1	100
<i>M Caple*</i>	1	1	100	<i>P Panchal</i>	1	1	100
<i>S Dauncey</i>	1	0	0	<i>C Ribbins</i>	1	1	100
<i>K Harris</i>	1	1	100	<i>J Wilson (Chair)</i>	1	1	100
<i>K Jenkins</i>	1	0	0	<i>D Wynford-Thomas</i>	1	0	0
<i>C O'Brien – East Leicestershire/Rutland CCG*</i>	1	0	0				

- \* *non-voting members*

Gill Belton  
Trust Administrator