


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: 30 October 2014

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Ms J Wilson, Non-Executive Director

DATE OF COMMITTEE MEETING: 24 September 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:

- medical workforce issues (Minute 77/14/4);
- positive progress on stroke/TIA performance (Minute 78/14/1);
- fractured neck of femur performance and the intention to receive a further report at the November 2014 QAC (Minute 78/14/4);
- progress on UHL's SHMI and HSMR (Minute 78/14/4), and
- communication re: national benchmarking/RAG ratings for nurse staffing reports (Minute 78/14/5).

DATE OF NEXT COMMITTEE MEETING: 29 October 2014

**Ms J Wilson
QAC Chairman
24 October 2014**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON WEDNESDAY
24 SEPTEMBER 2014 AT 12:30PM IN SEMINAR ROOMS A&B, CLINICAL EDUCATION CENTRE,
LEICESTER GENERAL HOSPITAL**

Present:

Ms J Wilson – Non-Executive Director (Chair)
Dr S Dauncey – Non-Executive Director
Mr J Adler – Chief Executive (from Minute 75/14)
Mr M Caple – Patient Adviser (non-voting member)
Dr K Harris – Medical Director
Ms C O'Brien – Chief Nurse and Quality Officer, East Leicestershire CCG
Ms R Overfield – Chief Nurse (from Minute 75/14)
Professor D Wynford-Thomas – Non-Executive Director

In Attendance:

Miss M Durbridge – Director of Safety and Risk (from Minute 75/14)
Dr R Marsh – Head of Service, Stroke (for Minute 78/14/1)
Mr A Palmer – Senior Service Manager, Stroke (for Minute 78/14/1)
Ms C Ribbins – Deputy Chief Nurse (from Minute 75/14)
Mr I Scudamore – Clinical Director, Women's and Children's CMG (for Minute 77/14/1)
Ms H Stokes – Senior Trust Administrator

RESOLVED ITEMS

ACTION

73/14 APOLOGIES

Apologies for absence were received from Mr P Panchal, Non-Executive Director.

74/14 MINUTES

It was noted that due to unforeseen and unavoidable circumstances, the Minutes of the 27 August 2014 QAC were not available, and would instead be provided to the October 2014 QAC for approval.

TA

Resolved – that the Minutes of the 27 August 2014 QAC be considered at the 29 October 2014 QAC.

TA

75/14 MATTERS ARISING REPORT

Members received and noted the contents of paper A, noting that (as per usual practice) any actions reported as complete (RAG rated 5) would be removed from future iterations of this report. Members specifically reported on progress in respect of the following actions:-

- (a) **Minute 65/14/3** of 27 August 2014 – an update on falls was scheduled accordingly for the 29 October 2014 QAC; **CN**
- (b) **Minute 65/14/3** of 27 August 2014 – an update on the incident in question would be provided under Minute 77/14/5 below, and **CN/MD**
- (c) **Minute 65/14/3** of 27 August 2014 – the Medical Director confirmed that any trainee incidents were reported as appropriate to the training supervisor and documented on the trainee's record. It was agreed to remove this action from the action log; **TA**
- (d) **Minute 55/14/2** of 30 July 2014 – the Chief Executive updated members on follow-up discussions re: the LLR 'learning lessons to improve care' quality review, including ongoing governance, project management and resourcing issues. He also noted that end of life care issues would now be captured within the action plan arising from that LLR-wide quality review;
- (e) **Minute 53/14a** of 30 July 2014 – views were now awaited from UHL's incoming

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| Chairman re: proposals to have Patient Adviser deputies available to attend Trust Committees. This item could therefore be removed from the log; | TA |
| (f) Minute 44/14/1 of 30 July 2014 – a report on this SUI was scheduled for the October 2014 EQB and would be escalated to QAC if necessary; | |
| (g) Minute 34/14/1b of 30 July 2014 – confirmation of the actions taken in respect of the perinatal mortality alert would be resolved outside the meeting – this action could therefore be removed from the log; | DCQ/TA |
| (h) Minute 34/14/1c of 30 July 2014 – the relevant spot checks had now been undertaken, and | |
| (i) the following actions had been completed and could therefore be removed from the log:- Minute 67/14/1 of 27 August 2014, and Minutes 55/14/10 and 44/14/7c of 30 July 2014. | TA |

Resolved – that the matters arising report and the actions above, be noted and undertaken by those staff members identified. Named staff

76/14 QAC DRAFT WORK PROGRAMME

Paper B set out a proposed high-level annual work programme for the QAC, showing the core business items reported and their reporting frequency. The next step would be to programme those items into specific months through the year and thus develop a more detailed calendar of QAC business in the same format as that used for the Executive Quality Board (EQB). In discussion on the proposed work programme, QAC members:-

(a) discussed a query from the Patient Adviser on how to capture Interserve issues, noting that the Managing Director of the LLR Facilities Management Collaborative (LLRFMC) would be providing an Interserve contract performance report to each monthly Finance and Performance Committee meeting. The Patient Adviser commented on feedback from his colleagues re: CMGs' experience of Interserve performance, and agreed to discuss this further with the Chief Nurse outside the meeting. Although noting the reporting routes for operational performance issues, the QAC Chair considered that there were also relevant quality aspects which could be covered by QAC (eg PLACE results, which needed adding in to the work programme) – the Chief Nurse agreed to consider this further and provide outline proposals accordingly to the October 2014 QAC (potentially as a verbal matter arising at that meeting);	PA/CN TA CN
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(b) noted the need for Trust Board sub-Committees to focus on outputs rather than inputs, which would be covered in detail at Executive-level;	TA
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(c) were advised that QAC would receive a quarterly safeguarding report on any serious case reviews, in addition to the Safeguarding Annual Report;	TA/DCN
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(d) were advised that the quarterly end of life care updates would be provided through the End Of Life Care Committee rather than through PIPEEAC, and

(e) agreed the need to include the quarterly triangulated report re: patient experience.	CN
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Resolved – that (A) noting the need to focus on outputs rather than inputs, the draft QAC work programme be updated as per points (a) – (e) above and Minute 78/1/43 below; DCQ/TA/EDs

(B) once updated as outlined above, a detailed month-by-month QAC work programme be developed as per the EQB work programme format;	DCQ/TA
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(C) the October 2014 QAC be advised (either verbally or in writing) of proposed reporting route(s) for quality concerns over Interserve performance, and	CN
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(D) the Chief Nurse meet with Mr M Caple, Patient Adviser, to discuss concerns raised with him re: Interserve performance.	CN/PA
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77/14 SAFETY

77/14/1 Update on Puerperal Sepsis

The Clinical Director, Women's and Children's Clinical Management Group (CMG) attended for this item and tabled a brief update as provided to the September 2014 Clinical Quality and Review Group. Actions 1c(iii), 1d and 1e of the action plan remained outstanding, although implementation of the clinical review process at the LGH had resulted in significant improvements to puerperal sepsis rates. Work was now underway to implement the flowchart process consistently at the LRI very shortly, and the proposed benchmarking would then take place thereafter. An audit was planned for early 2015 (action 1e). The Clinical Director Women's and Children's CMG was confident that the planned improvement processes were appropriate to prevent a CQC re-alert. In discussion on the update, QAC members:-

(a) noted varying views on whether the flowchart process was easy to follow – the Clinical Director Women's and Children's CMG advised that its working would be reviewed at an appropriate time. Positive feedback had been received from coding staff however;

(b) noted comments from the Chief Nurse and Quality Officer, East Leicestershire CCG that this further update was helpful, as it had not been reported at the CQRG meeting. She emphasised the need for improvements to be sustainable, however, and

(c) agreed to receive a further update on the planned audit, at the 25 March 2015 QAC.

CD
WCCMG

Resolved – that an update on the puerperal sepsis action plan (including the audit) be provided to the 25 March 2015 QAC.

CD
WCCMG

77/14/2 Renal Transplant Action Plan Update

The Medical Director provided a verbal update on this issue, noting that Professor C Rudge would be invited to re-review the position of UHL's renal transplant service later in 2014 – a written update could then be provided to the January 2015 QAC following that re-visit. It was noted that any specific service concerns arising in the interim period would be reported to QAC by exception.

MD
MD

Resolved – that (A) Professor C Rudge be invited to provide a written update to (and attend) the 28 January 2015 QAC, following his re-visit to the renal transplant unit, and

MD

(B) any additional concerns over the service (prior to the revisit) be escalated to QAC as appropriate.

MD

77/14/3 Outpatient Follow-Up – Monthly Update

The action plan arising from this investigation had now been finalised and would be circulated to QAC members for information. In response to a query from the QAC Chair, the Medical Director advised that the actions had a variety of timescales attached, with some already having been completed and some scheduled for mid-2015.

TA

Resolved – that the outpatient follow-up action plan be circulated to QAC members for information.

TA

77/14/4 Patient Safety Report and Patient Safety Annual Report 2013-14

The monthly patient safety report at paper C had also been considered at the 9 September 2014 EQB, where a robust discussion had taken place re: medical workforce

issues (covering both senior and junior grades and reflecting a wider national picture). Work was now underway on specialty-level assessments of medical staffing levels, for appropriate interlinking with UHL's overarching medical workforce strategy. The Medical Director and the Chief Nurse advised that the position locally was exacerbated by the East Midlands being perceived as a less attractive place for staff to work (not limited only to medical staff). The QAC Chair advised that she would highlight this issue to the September 2014 Trust Board. In further discussion on paper C, the Director of Safety and Risk drew QAC members' attention to the following issues:-

**QAC
CHAIR**

- (a) work by the Regional Patient Safety Collaboratives on a potential safety/management clinical fellowship post, to attract doctors to the East Midlands;
- (b) the end of November 2014 timescale for Sir Robert Francis QC to report on his 'Freedom to Speak Up' review to the Secretary of State for Health;
- (c) the intention to open up UHL's 3636 staff concerns reporting helpline to medical students as of 1 October 2014. The Chief Nurse queried whether this helpline was currently open to other types of student within UHL;
- (d) her plans to include a further 'doughnut' diagram in the October 2014 iteration of the report, showing comparative numbers of patient safety incidents;
- (e) the welcome improvement in central alerting system broadcasts performance for August 2014, due primarily to the efforts of CMGs. In response to a query, the Director of Safety and Risk considered that this improvement was sustainable provided that the overall number of CAS alerts being issued did not itself rise significantly;
- (f) the 6 serious untoward incidents in August 2014 (learning from which was being shared with staff), and
- (g) the valuable lessons emerging through the 'Learning from Experience Group'.

With regard to the 2013-14 Patient Safety Annual Report (paper C1), the Director of Safety and Risk noted work underway to produce a more user-friendly, outward-facing 4-page summary to include benchmarking information and more explanation of the figures. The format of the full report reflected quality schedule requirements but was not particularly user-friendly. A similar summary was also being developed for the Complaints Annual Report 2013-14 (Minute 79/14/2 below refers). Development of such summaries for patients and the public was supported by Mr M Caple, Patient Adviser. In discussion on the 2013-14 Patient Safety Annual Report, QAC members:-

DSR

(i) noted comments from the Patient Adviser on the number of Interserve issues raised via the Executive Patient Safety Walkabouts. It was noted, however, that the period covered by the report had ended in March 2014, and that Interserve performance complaints had declined since that time;

(ii) noted that 10% patient safety incidents per admission was the national average, and

(iii) requested that all dates be reviewed to ensure they related to the 2013-14 year.

DSR

Resolved – that (A) medical workforce issues be highlighted verbally to the 24 September 2014 Trust Board;

**QAC
CHAIR**

(B) a brief outward-facing summary of the 2013-14 Patient Safety Annual Report be produced, for public access and information (to include bench-marking information etc), and

DSR

(C) subject to ensuring that all dates referred to 2013-14, the Patient Safety Annual Report 2013-14 be approved.

DSR

77/14/5 Report from the Director of Safety and Risk

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

77/14/6 Leicester Innovation and Improvement Patient Safety Unit (LIIPS)

Paper D from the Medical Director advised QAC of a new local NHS-academia collaborative initiative in the shape of the Leicester Innovation and Improvement Patient Safety Unit (LIIPS). Work was at a relatively embryonic stage, with governance issues being discussed further on 29 September 2014. LIIPS had received a 'soft launch' to date, with a pilot year planned from September 2014 followed by full launch of the Unit (subject to a successful pilot) in September 2015. In response to a query from Professor D Wynford-Thomas, Non-Executive Director re: rolling-out LIIPS to other non-Leicester stakeholders, the Medical Director advised that this would be discussed further on 29 September 2014 although it was likely that LIIPS would cover LLR only (in the first instance). The QAC Chair noted her support for the LIIPS initiative, and queried how to ensure that learning was appropriately shared between the partners. She also requested that a further 6-month update on LIIPS be provided to UHL's Trust Board in 6 months' time (noting that the Trust Board would be advised of LIIPS' establishment at its meeting on 25 September 2014).

MD

Resolved – that (A) the LIIPS initiative be supported by QAC, and

(B) an update on LIIPS progress be provided to the UHL Trust Board in March/April 2015.

MD

77/14/7 Report from the Director of Safety and Risk

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

78/14 QUALITY

78/14/1 Stroke and TIA Report

Mr A Palmer, Senior Service Manager Stroke and Dr R Marsh, Head of Service Stroke attended for this item, introducing paper F (deferred from the August 2014 QAC). The report outlined the continued progress in meeting the 90% stroke unit stay target for stroke patients, including introduction of a more robust ringfenced stroke beds policy and additional specialist nurses in ED. The service was confident of achieving the target for August 2014 (subject to data validation), and noted that all specialist nurses were now in post. A new Consultant had also been recruited to work within the TIA clinic (to ensure that the stroke target improvements were not achieved at the expense of lower-risk patients) and the running of that clinic had been reviewed to increase the number of patients seen each day. Any slippage on the action plan was due primarily to recruitment issues, although it was still considered that movement towards a 7-day service was realistic. In discussion on paper F, QAC members:-

- (a) noted that although very few patients were incorrectly coded, the small number of patients overall meant that any miscoding had a significant impact. Coding was an issue which was being reviewed;
- (b) welcomed the sensible and pragmatic approach to Consultant jobplanning within the service;
- (c) noted moves to expand the early supported discharge team, to enable UHL also to take county patients – however, the Head of Service Stroke noted the difficulties presented by cuts to external Social and Reablement Services in terms of the care packages able to be offered to the most disabled patients within the early supported care service. QAC discussed the best route for raising this concern within the LLR community – noting that good links were currently in place with Leicester City Social Services the Chief Nurse and Quality Officer, East Leicestershire CCG agreed to advise the Stroke Service outside the meeting of similar links to Leicestershire County Social Services;
- (d) noted (in response to a Patient Adviser query) the steps taken to enhance

CNQO
ELCCG

- patient involvement in the redesign of the stroke and TIA services, including moves to include a patient representative on the LLR Stroke Group;
- (e) noted (in response to a query) that the 2 ringfenced stroke beds were usually adequate for demand, despite winter peaks in stroke activity. The Chief Executive asked the service to notify him direct of any slippage in the observance of that ringfencing;
 - (f) noted that the action re: increased SALT provision was being pursued through the contracting meetings and development of an appropriate SLA (SALT being an LPT-provided service), and
 - (g) noted recent increases in the level of therapy provision (action F2 of the report) – therapies were managed by a different CMG however, and dialogue therefore continued between the Emergency and Specialist Medicine and the Clinical Support and Imaging CMGs.

SSM/
HoS
Stroke

Resolved – that (A) the Chief Nurse and Quality Officer, East Leicestershire CCG, advise the Head of Service, Stroke, of appropriate contacts to pursue with Leicestershire County Social Services, and

CNQO
ELCCG

(B) the Head of Service and the Senior Service Manager, Stroke, advise the Chief Executive of any slippage on the availability of the ringfenced stroke beds.

SSM/
HoS
Stroke

78/14/2 CQC Action Plan Update (Compliance Actions)

The monthly update at paper G outlined progress against the compliance actions detailed in the CQC action plan. The Chief Nurse drew members' particular attention to action 7c re: recovery of paediatric patients post-dental extraction; although the CMG was working on a remedial plan this issue was unlikely to be resolved in line with the September 2014 timeline, and the CQC had been made aware accordingly. The Chief Nurse and Quality Officer, East Leicestershire CCG noted that this issue had been discussed at the most recent CQRG meeting, and she requested details of any other services involved – the Chief Nurse agreed to brief her accordingly and share the final report once available. In further consideration of paper G, the Chief Nurse also noted the beneficial involvement of the new Resuscitation Committee Chairs in moving action 1a forward.

CN

It was agreed that the monthly CQC action plan to the October 2014 QAC would include further detail on the issues within actions 1a and 7c above (October 2014 EQB reports could be used for this purpose, where appropriate).

CN/DCQ

Resolved – that (A) the Chief Nurse brief the Chief Nurse and Quality Officer, East Leicestershire CCG on paediatric dental service issues, and share the final report as appropriate, and

CN

(B) further detail on the issues re: in actions 1a and 7c of the CQC action plan be included in the next monthly update to the October 2014 QAC.

CN/DCQ

78/14/3 Quality Commitment Key Performance Indicators (KPIs)

Paper H outlined KPIs for UHL's Quality Commitment, as also discussed at the September 2014 EQB. The Committee Chair requested that a review of the working of UHL's Quality Commitment as a whole be factored in to the QAC annual work programme (Minute 76/14 above refers).

DCQ/TA

Resolved – that a 2015 review of the working of UHL's Quality Commitment be included in the QAC annual work programme.

DCQ/TA

78/14/4 Month 5 Quality and Performance Report

The Chief Nurse drew members' attention to quality issues within the month 5 quality

and performance report at paper I, noting that stroke/TIA issues had been covered in Minute 78/1/41 above and that further detail on fractured neck of femur performance was already scheduled to be presented to the October 2014 QAC. The Chief Nurse also voiced her disappointment that UHL's first MRSA case in 12 months had just occurred – a review of the circumstances was now underway. In further discussion on paper I, the Medical Director noted significant positive progress on UHL's SHMI and HSMR mortality rates, which would be highlighted to the Trust Board on 24 September 2014.

MD/QAC
Chair

The QAC Chair voiced concern over the continued performance issues in relation to cancer targets (exception report appended to paper I), and queried the extent of any clinical impact/risk (noting that the operational performance aspects were under review by UHL's Finance and Performance Committee). Although recognising the potential psychological impact on patients, the Medical Director provided assurance that any clinical risk was being appropriately managed. The cancer specialties' performance recovery plans had also been reviewed by the 23 September 2014 Executive Performance Board. The Chief Nurse and Quality Officer ELCCG also confirmed plans to convene a 'clinical problem solving working group' in the next few weeks to review this issue. The QAC Chair noted the November 2014 timescale for compliance with the 62-day target and requested a deeper dive into this issue if that timeline slipped further.

MD

The Chief Nurse sought QAC views on whether the lead clinicians for any monthly quality and performance exception reports should be invited to attend QAC and present their remedial plans – in response, the QAC Chair suggested it would be helpful for the cancer leads to attend in October 2014 and brief the Committee further on the planned cancer actions. ***

***** post-meeting note – it was subsequently agreed that the Cancer lead (Mr M Metcalfe) would attend the October 2014 Trust Board to present on both the quality and operational performance aspects of the cancer targets, rather than presenting them separately to the October 2014 QAC and Finance and Performance Committee.**

Resolved – that the month 5 quality and performance report be noted;

(B) progress on UHL's SHMI and HSMR be highlighted to the 24 September 2014 Trust Board;

MD/QAC
CHAIR

(C) a deeper dive be undertaken if the November 2014 compliance deadline for the cancer 62-day target slipped further, and

MD

(D) it be noted that Mr M Metcalfe, CHUGGS CMG, would present both the quality and operational performance aspects of the cancer target under-performance to the October 2014 Trust Board rather than (separately) than to the October 2014 QAC and Finance and Performance Committees.

78/14/5 Nursing Workforce Report

Paper J detailed the latest position in respect of UHL's nursing workforce and the measures being taken to mitigate risks where possible. Real-time staffing issues had improved, and previous issues over safety statements being completed had been resolved. Agency use continued to reduce, and an additional 45 international nurses had recently arrived at UHL. However, the vacancy position continued to be affected by turnover issues. Further detail was still awaited on national RAG ratings as part of the 'Hard Truths' reporting framework now required of Trusts – this issue had also been discussed by the CQRG and it was reiterated that the information reflected only the fill-rate against Trusts' initial nurse staffing plans rather than being a judgement on the appropriateness (or otherwise) of those plans. The QAC Chair noted the need to involve UHL's Director of Marketing and Communications in the appropriate communication of those national RAGs and benchmarking (once finalised), and commented that she

CN/DMC
QAC

would highlight this issue to the September 2014 Trust Board accordingly. In further discussion, the Chief Nurse noted that the nurse:bed ratio information previously requested was not attached to paper J – this would be circulated outside the meeting on this occasion and attached to all future reports on this issue.	Chair CN
<u>Resolved</u> – that (A) the Director of Marketing and Communications be consulted re: appropriate communication of the nursing workforce indicators, once national benchmarking/RAG ratings were available;	CN/DMC
(B) the communication issue above be flagged to the September 2014 Trust Board, and	QAC CHAIR
(C) information on the nurse:bed ratio be appended to each monthly nursing workforce report to QAC.	CN

79/14 PATIENT EXPERIENCE

79/14/1 Complaints Process Review and Engagement Event

Paper K summarised the attendance at, and outcomes from, a complaints engagement event held in June 2014, noting that this would also be discussed at the September 2014 Trust Board. 60 members of the public/stakeholder groups/UHL staff had attended, and Mr M Caple, Patient Adviser commented favourably on the inclusive style of the event. Mr Caple would also be attending the September 2014 Trust Board to present this report, and to communicate the view that some form of subsequent external review by patient representative(s) of (anonymised) complaint files would be useful, to gain assurance that Trust investigations and responses were appropriately patient-centred. He acknowledged the need for any such review panel to be appropriately populated, with a need for careful training and a clear purpose – the findings of such a panel could then be reported back to the Trust via (eg) QAC. In response to a Commissioner query, the Director of Safety and Risk advised that patients would be advised in their final complaint response from UHL that their complaint might be subject to subsequent review by an external panel and offering them the opportunity to opt-out of that process if they so wished. The QAC Chair suggested that it would be helpful to seek a view on the overall review process from Internal Audit, and both the Chief Nurse and Mr M Caple Patient Adviser supported the involvement of a UHL Non-Executive Director in the review process (even if only in an observer role).

The Patient Adviser then also outlined 2 further key themes emerging from the complaints engagement event, namely (i) the need for a culture change towards a more ‘can do’ approach, and (ii) the need for appropriate resourcing of Trust teams to manage any new approach to complaints. In response to a query from the QAC Chair, the Director of Safety and Risk advised that feedback on the event would be provided electronically to attendees. The QAC Chair also queried how to ensure that UHL’s complaints process was appropriately accessible to traditionally hard-to-reach sectors of the community – the Chief Nurse agreed that this had been omitted from the action plan, which would be updated accordingly (noting that potential ‘clinic’ events in the community were being considered, although resourcing of such events would be a challenge). Via discussion at UHL’s PIPEEAC, appropriate input would also be sought from UHL’s Service Equality Manager on how best to engage with hard to reach groups.

Resolved – that (A) the issue of access to the process for lodging complaints /concerns, be added to the action plan, and DSR

(B) community links/wider access issues be discussed at the PIPEEAC, with appropriate input from UHL’s Service Equality Manager. DCN

79/14/2 Complaints Annual Report 2013-14

	<p>Paper K1 provided an overview of complaints activity and performance for 2013-14 – as noted in Minute 77/14/4 above it was also planned to produce a more user-friendly, outward-facing summary for patients and the public. Activity had risen by 30% across all sectors covered by UHL’s Patient Information and Liaison Service (PILS), with GP concerns constituting a particularly significant increase – these contacts were currently managed in the same way as complaints and would have a marked impact on resources if the numbers continued to rise in this way. In discussion, the Chief Nurse and Quality Officer ELCCG outlined CCGs’ approach to GP concerns, which had changed following the mid-Staffs review and reflected the need for Trusts to be appropriately organisationally-sighted to such concerns. QAC members agreed that further Executive-level discussion was needed on the most appropriate internal process to resolve GP concerns.</p>	DSR
	<p>Waiting times and cancellations continued to be a key source of patient complaints, and the Director of Safety and Risk noted the significant CMG effort being put into resolving complaints. She also confirmed that QAC would receive a quarterly complaints performance report from November 2014 onwards, as per the QAC work programme. It was also reiterated that only a very small percentage of all the patients treated by UHL went on to make a complaint.</p>	DSR
	<p><u>Resolved</u> – that (A) the Complaints Annual Report 2013-14 be endorsed, noting the intention to produce a brief, outward-facing summary for public access and information;</p>	DSR
	<p>(B) Executive-level discussion take place re: the most appropriate process for handling GP concerns, and</p>	CN/MD/EDs
	<p>(C) a quarterly complaints report be submitted to QAC from November 2014</p>	DSR
80/14	ITEMS FOR THE ATTENTION OF QAC FROM EQB	
80/14/1	<p><u>EQB Meeting of 9 September 2014 – Items for the attention of QAC</u></p> <p>Reporting verbally, the Chief Nurse highlighted the following issues for the attention of QAC from the September 2014 EQB meeting:-</p> <ul style="list-style-type: none"> the work of the Frail Older People’s Strategy Board, which would hold its second meeting in September 2014 (remit and membership as per paper L); a CQC pilot inspection of mental health crisis review services, taking place on 24-26 September 2014 – a verbal update on this inspection would be provided to the October 2014 QAC via the matters arising report. 	DCQ
	<p><u>Resolved</u> – that verbal feedback from the CQC pilot inspection of mental health crisis review services be provided to the 29 October 2014 QAC (under matters arising).</p>	DCQ
81/14	MINUTES FOR INFORMATION	
81/14/1	<p><u>Finance and Performance Committee</u></p> <p><u>Resolved</u> – that the public Minutes of the 27 August 2014 Finance and Performance Committee be received and noted.</p>	
81/14/2	<p><u>Executive Performance Board</u></p> <p><u>Resolved</u> – that the action notes of the 26 August 2014 Executive Performance Board be received and noted.</p>	
82/14	ANY OTHER BUSINESS	

82/14/1 Report from the Chief Nurse

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

82/14/2 Nutrition Forum

In response to a query from the QAC Chair, the Chief Nurse outlined the reporting line for the Nutrition Forum – as nutrition was now covered by the Quality Commitment the Nursing Executive Team received a monthly update accordingly. The Chief Nurse agreed to circulate those reports to the QAC Chair for information (this issue would be included on the October 2014 QAC agenda, pressure of other business permitting).

CN

Resolved – that the NET reports on nutrition be circulated to the QAC Chair for information, and included on the October 2014 QAC agenda for information (pressure of business allowing).

CN

83/14 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:

QAC CHAIR

- medical workforce issues (Minute 77/14/4)
- positive progress on stroke/TIA performance (Minute 78/14/1);
- fractured neck of femur performance and the intention to receive a further report at the November 2014 QAC (Minute 78/14/4);
- progress on UHL’s SHMI and HSMR (Minute 78/14/4), and
- communication re: national benchmarking/RAG ratings for nurse staffing reports (Minute 78/14/5).

84/14 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality Assurance Committee be held on Wednesday 29 October 2014 from 12.30pm until 3.30pm in Seminar Rooms A & B, Clinical Education Centre, Leicester General Hospital.

The meeting closed at 3.24pm.

Cumulative Record of Members’ Attendance (2014-15 to date):

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Adler	6	5	83	R Overfield	6	5	83
M Caple*	6	4	67	P Panchal	6	3	50
S Dauncey	6	5	83	J Wilson (Chair)	6	5	83
K Harris	6	5	83	D Wynford-Thomas	6	3	50
K Jenkins	1	0	0				
C O’Brien – East Leicestershire/Rutland CCG*	6	4	67				

* non-voting members

Helen Stokes – Senior Trust Administrator