

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: 20 December 2013

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Ms J Wilson, Non-Executive Director

DATE OF COMMITTEE MEETING: 27 November 2013

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:

- Fractured Neck of Femur (#NOF) Performance (Minute 108/13/1 refers);
- Patient Safety Report (Minute 110/13/1 refers);
- Update on Pressure Ulcers (within Minute 110/13/3 refers), and
- Infection Prevention report (Minute 110/13/6).

DATE OF NEXT COMMITTEE MEETING: 17 December 2013

**Ms J Wilson
16 December 2013**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON WEDNESDAY
27 NOVEMBER 2013 AT 12:00 NOON IN THE LARGE COMMITTEE ROOM, MAIN BUILDING,
LEICESTER GENERAL HOSPITAL**

Present:

Ms J Wilson – Non-Executive Director (Chair)
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:

Dr J Acheson – ED Consultant/ Post Graduate Medical Education Lead (for Minute 108/13/2)
Mr J Braybrooke – Consultant Orthopaedic Surgeon (for Minute 108/13/1)
Dr B Collett – Associate Medical Director
Miss M Durbridge – Director of Safety and Risk
Mr M Fores – Project Manager, Medical Education Service Improvement (for Minute 108/13/2)
Mrs S Hotson – Director of Clinical Quality
Mr C Lyon – CMG Manager, MSS (for Minute 108/13/1)
Ms C Ribbins – Director of Nursing

RESOLVED ITEMS

ACTION

106/13 APOLOGIES

Apologies for absence were received from Mr J Adler, Chief Executive; Ms K Jenkins, Non-Executive Director, Ms C O'Brien, Chief Nurse and Quality Officer, East Leicestershire and Rutland CCG (non-voting member) and Professor D Wynford-Thomas, Non-Executive Director and Dean of the University of Leicester Medical School.

107/13 MINUTES

Resolved – that the Minutes of the meeting held on 29 October 2013 (papers A & A1 refer) be confirmed as a correct record.

108/13 MATTERS ARISING REPORT

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

- (a) Minute 79/13/1 (ii) of 28 August 2013 – the Director of Nursing advised that Dementia Awareness training sessions could be arranged for Trust Board members upon request.
- (b) Minute 103/13/1 of 29 October 2013 – the Committee Chair had liaised with the Patient Adviser in respect of the CMG presentations and therefore this item could now be removed from the log. TA
- (c) Minute 101/13/3 of 29 October 2013 – ‘a report on patient centred care’ to be replaced with ‘a report on the Quality Commitment’. TA
- (d) Minute 100/13/7 (ii) – members noted that the Patient Experience Group was being re-established and the governance structures of various other Committee were also being reviewed.

Resolved – that the matters arising report (paper B) and the actions above, be noted. TA

108/13/1 Fractured Neck of Femur (#NOF) Performance

Further to Minute 89/13/1 of 25 September 2013, Mr J Braybrooke, Consultant Orthopaedic Surgeon and Mr C Lyon, CMG Manager, MSS attended the meeting to present paper C, an update on performance in relation to the #NOF Best Practice Tariff and CQUIN indicators. Members noted that the performance for #NOF patients taken to theatre within 36 hours of attendance had deteriorated recently due to multifactorial reasons and one of the main reasons was theatre productivity. However, Mr Braybrooke assured members that relevant colleagues had met and a cohesive approach had been taken to put appropriate actions in place to ensure that performance for time to surgery within 36 hours for fractured neck of femur improved. Discussion took place regarding equipment availability issues which were being taken forward appropriately. Laminar flow theatre capacity was being progressed for the LRI site. Orthogeriatrician posts had been advertised to provide cover for Ward 32. In respect of the theatre scheduler role, it was noted that funding had been approved by the Emergency Care Action Team.

It was agreed that in future, #NOF performance reports needed to be presented to the Executive Quality Board prior to submission to Commissioners. Further to this, the Executive Quality Board (EQB) would determine whether an update on this matter was required to be provided to QAC.

**CMG
Manager
, MSS
CN**

Resolved – that (A) the contents of paper C be received and noted;

(B) the CMG Manager, MSS be requested to ensure that #NOF performance reports were presented to the Executive Quality Board prior to submission to Commissioners, and

**CMG
Manager
, MSS**

(C) the Chief Nurse (via the Executive Quality Board) be requested to advise the QAC Chair whether an update on #NOF performance needed to be presented to QAC.

CN

108/13/2 Update on Deanery visit to the Emergency Department (ED)

Dr J Acheson, ED Consultant and Mr M Fores, Project Manager, Medical Education Service Improvement attended the meeting to present an update on the feedback received from the Local Education and Training Board's (LETB) (formerly the Deanery) visit to UHL's ED on 1 October 2013 (paper D refers). The formal report from the visit had been received on the morning of 27 November 2013. In summary, the visit team had been impressed with the changes that the department had implemented since their previous visits in October 2012 and February 2013. The Medical Director commended the work undertaken which had led to the positive result from the LETB. The list of appointments made to improve the ED educational provision was provided in section 2 of paper D.

Dr Acheson stressed the need for a Nurse Education Lead in ED – in discussion on this matter, the Director of Nursing advised that due to the number of nurse vacancies, the focus had been on basic mandatory training, however she noted that a joined up approach needed to be taken to ensure that an appropriate education programme was in place for ED nurses. The Committee Chair requested that verbal assurance be provided at the QAC meeting in December 2013 regarding progress with this issue and assurance be provided that nurses were encouraged to use the e-learning platform ENLIGHTEN-me.

DN

In discussion on future funding to maintain the momentum and make the ED educational project sustainable, the Medical Director provided a brief update on the SIFT funding and Medical Education monies. However, he noted the need for funding support from the Emergency and Specialty Medicine CMG in order to ensure that progress continued

ED

to be made. He suggested that a discussion first be held with the Associate Medical Director, Clinical Education prior to approaching the CMG in respect of this matter.

Consultant

Resolved – that (A) the contents of paper D be received and noted;

(B) the Director of Nursing be requested to provide verbal assurance at the QAC meeting in December 2013 regarding the education programme for ED nurses and the usage of the e-learning platform ENLIGHTEN-me by them, and

DN

(C) Dr J Acheson, ED Consultant be requested to liaise with Professor S Carr, Associate Medical Director, Clinical Education regarding the future funding of the ED educational project prior to contacting the CMG in respect of this.

ED
Consultant

108/13/3 Winter Plan 2013

Mr P Walmsley, Head of Operations (on behalf of the Chief Operating Officer) was scheduled to attend the meeting to present this item and the next item on the agenda, however he had not been able to attend due to operational pressures. The Chief Nurse therefore provided a brief oral update in his absence.

Paper E (Winter Plan 2013-14) had been scheduled on the agenda for discussion to allow the QAC to assure itself about the impact on quality of delivery against the plan. Members welcomed the level of detail provided within the plan. The Medical Director stressed the importance of ensuring that the estates issues were resolved. The Committee Chair noted that a discussion on the plan had also taken place at the Finance and Performance Committee (FPC) in the morning on 27 November 2013 to allow FPC to review performance against plan and have visibility on how the additional winter funding was being spent.

Responding to a query from Mr P Panchal, Non-Executive Director, the Chief Nurse confirmed that appropriate actions had been put in place to resolve matters in respect of the recent Norovirus outbreak. She advised that the NHS Trust Development Authority would be visiting the Trust on 2nd and 3rd December 2013 to review the Trust's Infection Prevention procedures. A report on the feedback from this visit would be provided to the QAC in December 2013.

CN

Resolved – that (A) the contents of paper E be received and noted, and

(B) an update on the feedback from the NTDA visit in respect of reviewing the Trust's IP procedures be provided to the QAC in December 2013.

CN

108/13/4 Outsourcing Elective Work – Backlog Reduction – Assurance re. quality and safety

Further to Minute 100/13/6 of 29 October 2013, the Medical Director reported that the standards in the Trust's contract were the same as those adopted by the Trust's Commissioners.

Resolved – that the verbal update be noted.

109/13 **QUALITY**

109/13/1 Month 7 – Quality and Performance Update

Paper F provided an overview of the October 2013 quality and performance report highlighting key metrics and areas of escalation or further development where required.

The following issues were highlighted in particular:-

- | | |
|--|-----|
| (a) Quality Commitment goal to save 1000 lives – in discussion on the timescales regarding the achievement of this goal, it was noted that SHMI and HSMR data would be able to indicate this. A detailed report on each goal would be presented to the Executive Quality Board in December 2013 and an update would be provided to QAC in December 2013; | MD |
| (b) 95% threshold for VTE risk assessment within 24 hours of admission had been achieved for October 2013; | |
| (c) C section rate during October 2013 was 25.6% against a revised target of 25.0%; | |
| (d) staff compliance against statutory and mandatory training was 58% - the Chief Nurse expressed concern and noted the need for appropriate scrutiny. Risk assessments had been completed and would be submitted to the EQB and QAC in December 2013; | DSR |
| (e) 5 Critical Safety Actions – a report was scheduled to be presented to EQB in December 2013 (Minute 110/13/11 below also refers); | |
| (f) friends and family test (FFT) score – the Patient Adviser highlighted that the FFT score for Eye Casualty was 50 and queried whether benchmarking information was available. The Chief Nurse noted that usually Emergency Department and Eye Casualty Department would be batched together in most other Trusts but it might be possible to source this information. However, the Committee Chair advised that a detailed report from the Ophthalmology team was scheduled to be presented to the Finance and Performance Committee in December 2013 and suggested that this report be circulated to QAC, for information; | TA |
| (g) nurse to bed ratios would be provided in the new format to the QAC from December 2013, and | |
| (h) facilities management – the Chief Nurse expressed disappointment that the trend data had not been included. She highlighted that although there had been an improvement in some areas, the pace was not fast enough. She provided assurance that performance was being monitored closely. A six monthly review by Interserve and NHS Horizons would be presented to QAC in January 2014. | CN |

Resolved – that (A) the contents of paper F be received and noted;

(B) risk assessments for statutory and mandatory training compliance be presented to EQB and QAC in December 2013; DSR/TA

(C) the Ophthalmology report scheduled to be presented to the December 2013 Finance and Performance Committee be circulated to QAC members for information, and TA

(D) a six monthly review by Interserve and NHS Horizons be presented to the QAC in January 2014. CN/TA

109/13/2 Gap Analysis of the key recommendations from Robert Francis QC, Professor Bruce Keogh and Professor Don Berwick with the Trust's Quality and Safety Priorities

The Director of Clinical Quality presented paper G, an update on the key actions identified to address any gaps arising from the review of three external reports (Robert Francis QC, Professor Bruce Keogh and Professor Don Berwick). Paper G drew together a number of themes around quality, culture, patient experience, openness and transparency, accountability and education/training and provided a gap analysis against these themes. The report was also scheduled to be presented to the Trust Board on 28 November 2013.

The Chief Nurse advised that although the reports had common themes, there were however differences in approach and therefore it had been challenging to capture all of the themes into one report. She suggested that this needed to be embedded with the Trust's Quality Commitment and Quality Strategy.

Appendix 2 of the report highlighted some of the key themes from the reports together with existing assurance and potential gaps. The Committee Chair highlighted that the timescale for the action relating to undertaking 'Regular Events with Prospective Governors' would need to be amended. In respect of the ward level display boards, (information about quality and safety for the public), it was noted that plans were in place to ensure that this was actioned. The report was scheduled to be presented to the Executive Quality Board in December 2013 and the Chief Nurse suggested that an additional column be added to Appendix 2 and Leads would need to provide an update on how each work stream was being monitored. The Director of Clinical Quality was requested to provide verbal assurance to QAC in December 2013 on implementation of the action plan, further to discussion at EQB.

DCQ

In discussion on patient and public engagement, the Patient Adviser expressed concern that there was inconsistency in respect of CMG awareness on this matter. The Chief Nurse assured members that the reason for re-establishing different Committees was to ensure appropriate governance and triangulation of information. As part of this work, focus would also be given to developing CMG colleagues and expectations regarding patient and public engagement would be made clear.

Resolved – that (A) the contents of paper G be received and noted, and

(B) the Director of Clinical Quality be requested to provide verbal assurance with regard to the implementation of the action plan further to discussion at the Executive Quality Board on 4 December 2013.

DCQ

109/13/3 Forthcoming CQC Inspection

The Director of Clinical Quality made members aware of an unannounced CQC inspection of the Peterborough Renal Satellite Unit (managed by UHL) on 22 November 2013. The CQC had asked for information to be submitted re. training data for staff, cleaning information and infection prevention care in relation to water treatment plant. A report on this would be presented to EQB in December 2013.

DCQ

The Director of Clinical Quality briefed members on a forthcoming visit from the CQC on 13 January 2013 to inspect UHL's services. A CQC Inspection Steering Group had been established and met weekly. A Trust Board Development session to prepare for the visit had been held on 21 November 2013. The CQC had requested a range of information which would need to be submitted by 13 December 2013.

The Chief Nurse highlighted that the CQC had requested a summary of the Trust's highest risks relating to quality of care and treatment and noted the need for a discussion and agreement by the Trust Board in respect of this matter. The Committee Chair and Chief Nurse agreed to discuss outside the meeting in respect of including this item for discussion at the private section of the Trust Board meeting on 28 November 2013. The Director of Safety and Risk agreed to make available a summary of high risks from the risk register relating to quality and safety to support this discussion.

CN/Chair

DSR

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

(B) a discussion on the Trust's highest risks relating to quality of care and treatment be held at the Trust Board meeting on 28 November 2013 and a summary of high risks from the risk register relating to quality and safety be provided to support this discussion.

CN/Chair
/DSR

109/13/4 Clinical Audit Quarterly Report

The Director of Clinical Quality presented paper I, a progress update against delivering UHL's clinical audit programme. Appendix 3 provided details of the completed audits in

quarter 2 of 2013-14. The Chief Nurse expressed concern that the outcome summary of a significant number of audits undertaken in the Emergency Department had been rated 'red'. She noted the need for Audit Leads particularly in relation to the 'red' rated audits to be invited to the January 2014 EQB to provide an update.

DCQ

In discussion on priority rating of audits, the Associate Medical Director and the Director of Clinical Quality agreed to liaise outside the meeting on the preferred way forward.

AMD/
DCQ

Resolved – that (A) the contents of paper I be received and noted;

(B) the Audit Leads be invited to attend the Executive Quality Board in January 2014 to provide an update on the audits that had been RAG rated 'red', and

DCQ

(C) the Associate Medical Director and the Director of Clinical Quality be requested to liaise outside the meeting in respect of the priority rating of audits.

AMD/
DCQ

110/13 SAFETY

110/13/1 Patient Safety Report

The Director of Safety and Risk presented paper J, the patient safety report. The following points were highlighted in particular:-

- (i) appendix 1 detailed the quarter 2 (2013-14) patient safety report. The next quarterly report would track incidents, complaints and inquests per CMG in line with the new structure;
- (ii) increase in complaints relating to communication and cancellations;
- (iii) themes and trends from SUIs continued to be reviewed to ensure that actions were implemented and learning was embedded, and
- (iv) sections 6.2 and 6.5 provided details on the further work undertaken in terms of root cause analysis reports.

Responding to a query from Mr P Panchal, Non-Executive Director re. provision of appropriate equipment, the Chief Nurse advised that a brief review of the ward based equipment had been undertaken but indicated that it was a complex piece of work. The Director of Safety and Risk highlighted that NHS England had issued a proposal on safety around devices and the Trust was required to respond by 10 January 2014. It was agreed that this matter would be discussed at EQB in December 2013.

DSR

The Committee Chair requested that an update on complaints rate by CMGs be provided to the QAC in January 2014.

DSR

Responding to a query from the Director of Safety and Risk, members requested that SUI updates in the Patient Safety report should continue as normal, however more detailed reports of never events should be included.

In response to a query from the Patient Adviser, it was noted that the Learning from Experience Group was the medium to share good and bad practice in the CMGs. The membership of this Group was being reviewed to ensure appropriate accountability.

Resolved – that (A) the contents of paper J be received and noted, and

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

DSR

- discuss NHS England's proposal on safety around devices at the EQB meeting in December 2013, and
- present complaints rate by CMGs at the QAC in January 2014.

110/13/2 Review of the NHS Hospitals Complaints System – Clywd-Hart Report

Appendix 1 of paper K detailed the Clwyd-Hart review into the NHS hospitals complaints process and set out a number of recommendations to improve the complaints system. Paper K outlined UHL's strategy for dealing with the recommendations contained in the report. Section 3.3 listed the recommendations most relevant to UHL and its patients. The recommendations proposed in section 4.1 of the report were those that could be implemented without further delay.

Discussions had been held between the Director of Safety and Risk and the LLR Healthwatch to consider this report and improve the Trust's complaints handling. The Director of Safety and Risk proposed to hold a 'Putting Patients Back in the Picture' LiA event with internal staff and external stakeholders. The Patient Adviser welcomed the LiA event and suggested that consultation prior to implementation was the key to success. He also suggested that progress be made as a whole rather than focussing on 'quick wins'. The Chief Nurse and Committee Chair noted the need for a Trust Board Development session to be scheduled to discuss this report.

CN/Chair

Responding to a suggestion, the Director of Safety and Risk highlighted that other organisations had been contacted in the past in respect of their complaints handling processes and additional time and resource would be required to undertake this exercise again.

Resolved – that (A) the contents of paper K be received and noted, and

(B) the Chief Nurse and Committee Chair be requested to arrange for a Trust Board Development session to be scheduled to discuss the 'Review of the NHS Hospitals Complaints System – Clywd-Hart Report'.

CN/Chair

110/13/3 Update on data reported in the NHS Safety Thermometer (ST) regarding 'harms'

The Chief Nurse presented paper L, an update on the NHS Safety Thermometer prevalence results for October 2013. The percentage of harm free care for October 2013 was 94.74% reflecting a reduction in the number of patients with newly acquired harms. The Chief Nurse tabled a paper re. position statement of UHL's Hospital Acquired Avoidable Pressure Ulcers (PU) which the Chief Nurse and Quality Lead ELR CCG had presented to the Contract Performance meeting on 21 November 2013. Appendix 1 of the tabled paper provided pressure ulcer benchmarking information which confirmed that UHL was not an outlier in this respect.

One grade 4 avoidable PU had been reported which would be treated as if it were a never event. The Chief Nurse had been liaising with the CCGs in respect of grade 4 PUs to be investigated as never events but not reported formally as never events in the future.

Resolved – that the contents of paper L be received and noted.

110/13/4 Nursing Workforce Report

Paper M provided an overview of the nursing workforce position for UHL. International recruitments had commenced and it was expected that in excess of 100 Registered Nurses would commence in post by February 2014.

Real time staffing data went 'live' during week commencing 25 November 2013. A screen shot of this information was tabled at the meeting. The staffing data was reviewed twice on a daily basis including weekends and it was expected to publish this information on the wards. Currently, real time staffing information for Theatres, ITU and HDU was not in place but consideration would be given on whether it would be possible to capture this information.

Members were advised that the Chief Nursing Officer in England had published new staffing guidance to support Providers and Commissioners to make the right decisions about nursing, midwifery and care staffing capacity and capability – this was tabled at the meeting.

Resolved – that the contents of paper M be received and noted.

110/13/5 Additional Staff in ED to Care for Long Wait Patients

The Chief Nurse highlighted that additional staff were in place in ED to care for long wait patients. Weekly audits had been undertaken and a dashboard was now in place. In future, information on this would be included in the nursing workforce report.

CN

Resolved – that the verbal update be noted and the dashboard in respect of the additional staff in ED to care for long wait patients be included within the Nursing Workforce report.

CN

110/13/6 Infection Prevention Report – Results of the review of the two MRSA Bacteraemias in September 2013 and C Diff Action Plan

The Chief Nurse presented paper N and advised that there had been 3 cases of MRSA in UHL since April 2013 and post infection reviews had been undertaken to identify how the infections occurred and the actions that needed to be put in place to prevent re-occurrence. Two of these cases were classified ‘unavoidable’ and the third case was classed as ‘equivocal’ as some of the documentation had not been completed.

Members noted paper N1 which provided an overview of the Trust’s position to-date with regard to the number of C Difficile cases. The good performance to-date in spite of the challenging trajectory was noted.

Resolved – that the contents of papers N and N1 be received and noted.

110/13/7 Report from the Director of Nursing

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

110/13/8 Care of the Dying Patient – Interim Guideline

Further to Minute 77/13/5 of 28 August 2013, the Director of Nursing advised that as part of NHS England, the Leadership Alliance for the Care of Dying People had been established to lead and provide focus for improving the care of dying people and their families. Interim guidance had been developed and this would be subject to national consultation. Paper P was based on this guidance and it was a report which provided interim guidelines for care of patients in the last days of life to ensure the delivery of high quality end of life care within UHL. It was noted that Dr R Bronnert, Consultant in Palliative Medicine was the End of Life Care Lead at UHL.

Mr P Panchal, Non-Executive Director noted the need for discussion with the Leicester Council of Faiths in order to get their buy-in in relation to the development of the interim guidance – it was noted that this was in-train.

The Associate Medical Director stressed the need for appropriate on-going training and education programme once the guideline was in place. In response to a suggestion from the Chief Nurse, the Director of Nursing undertook to complete an equality impact assessment prior to implementation and present it to the Executive Quality Board in December 2013. She also agreed to check whether this guideline needed to be approved by the Trust’s Policy and Guideline Committee. The Committee Chair

DN

DN

requested an update on assurance to the QAC in February 2014 on how this guideline was being deployed within the Trust.

DN

Resolved – that (A) the contents of paper P be received and noted, and

(B) the Director of Nursing be requested to:-

DN

- to complete an equality impact assessment prior to the implementation of UHL's interim guideline for end of life care and present it to the Executive Quality Board in December 2013;
- check whether this guideline needed to be approved by the Trust's Policy and Guideline Committee, and
- provide an update on assurance to the QAC in February 2014 on how this guidance was being deployed within the Trust.

110/13/9 Update on the Quality Mark Elder Friendly Hospital Wards project

Resolved – that the contents of paper Q be received and noted.

110/13/10 Patient Experience Feedback – Quarter 2 (2013-14)

Paper R provided an update on the Patient and Family Feedback for Quarter 2 (July - September 2013). Particular emphasis on the following was made:-

- friends and family test score;
- three positive and negative themes that appeared on both NHS Choices and Patient Opinions;
- patient experience survey – free text comments;
- carer's information and support programme, and
- meaningful activity facilitators whose role was to improve the well being of patients with dementia as well as promoting a closer working relationship with their carers.

Appendix 1 (action plan) detailed progress in respect of the UHL Quality Commitment – patient centred care priorities for 2013. In discussion on action 1.13, it was noted that space had been found in the Windsor Building for an information centre in collaboration with AGE UK and external organisations to ensure that information was accessible to carers.

A discussion on carer experience would also regularly feature on the agenda for future Patient Experience Group (PEG) meetings which were currently being re-established. The Committee Chair welcomed this and suggested that improvement plans for patient waiting times also be accommodated on the agenda for the PEG meetings, as appropriate.

Resolved – that the contents of paper R be received and noted.

110/13/11 Overview of the Critical Safety Actions

Due to time constraints, this item was deferred to the QAC meeting in December 2013.

AMD/TA

Resolved – that this item be deferred to the QAC meeting in December 2013.

111/13 **ITEMS FOR INFORMATION**

111/13/1 Executive Quality Board – Terms of Reference

Resolved – that the contents of paper T be received and noted.

111/13/2 Data Quality Report

Resolved – that the contents of paper U be received and noted.

112/13 MINUTES FOR INFORMATION

112/13/1 Finance and Performance Committee

Resolved – that the public Minutes of the Finance and Performance Committee meeting held on 30 October 2013 (paper V refers) be received and noted.

112/13/2 Executive Performance Board

Resolved – that the action notes of the Executive Performance Board meeting held on 27 August 2013 (paper W refers) be received and noted.

113/13 ANY OTHER BUSINESS

There were no items of any other business.

114/13 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the following items be brought to the attention of the Trust Board on 28 November 2013:-

- Fractured Neck of Femur (#NOF) Performance (Minute 108/13/1 refers);
- Patient Safety Report (Minute 110/13/1 refers);
- Update on Pressure Ulcers (within Minute 110/13/3 refers), and
- Infection Prevention report (Minute 110/13/6).

115/13 DATE OF NEXT MEETING

Resolved – that the next meeting be held on Tuesday, 17 December 2013 at 9:30am in the Large Committee Room, Main Building, LGH.

The meeting closed at 3.20pm.

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Adler	8	4	50	R Overfield	3	3	100
M Caple*	8	7	87.5	R Palin*	4	3	75
S Dauncey	1	1	100	P Panchal	8	5	62.5
K Harris	8	6	75	C Ribbins **	4	3	75
S Hinchliffe	1	1	100	J Wilson (Chair)	8	8	100
K Jenkins	1	0	0	D Wynford-Thomas	8	5	62.5
C O'Brien – East Leicestershire/Rutland CCG*	8	5	62.5				

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

Hina Majeed, Trust Administrator