


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: 5 November 2015

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Dr Sarah Dauncey, Non-Executive Director

DATE OF COMMITTEE MEETING: 24 September 2015

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

- Minute 94/15/2 – Local Supervising Authority Annual Review 2014 report, and
- Minute 95/15/1 – notification of a reported never event, currently under investigation

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

None

DATE OF NEXT COMMITTEE MEETING: 29 October 2015

**Dr Sarah Dauncey
Non-Executive Director and QAC Chair
28 October 2015**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON THURSDAY 24
SEPTEMBER 2015 AT 1:00PM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL
INFIRMARY**

Present:

Dr S Dauncey – Non-Executive Director (Chair)
Mr J Adler – Chief Executive (for Minutes 93/15 – 94/15/6 inclusive)
Mr M Caple – Patient Partner (non-voting member)
Colonel Ret'd I Crowe – Non-Executive Director
Mr J Jameson – Acting Deputy Medical Director (on behalf of Mr A Furlong, Acting Medical Director)
Ms J Smith – Chief Nurse
Ms J Wilson – Non-Executive Director

In Attendance:

Ms J Austin – Consultant Midwife (for Minute 94/15/2)
Ms E Broughton – Head of Midwifery, Women's and Children's CMG (up to and including Minute 94/15/2)
Mrs R Broughton – Head of Outcomes and Effectiveness (for Minute 94/15/11)
Ms C Ellwood – Chief Pharmacist (for Minutes 94/15/4 and 94/15/5)
Mrs S Hotson – Director of Clinical Quality
Mr R Moore – Non-Executive Director
Ms M Pope – Community Midwife (for Minute 94/15/2)
Ms C Ribbins – Deputy Chief Nurse
Mr K Singh – Trust Chairman
Ms H Stokes – Senior Trust Administrator
Ms L Tebbutt – Head of Performance and Quality Assurance (for Minute 94/15/3)
Mr M Traynor – Non-Executive Director

RESOLVED ITEMS

91/15 APOLOGIES

Apologies for absence were received from Miss M Durbridge, Director of Safety and Risk, Mr A Furlong, Acting Medical Director and Ms C O'Brien, Chief Nurse and Quality Officer, Eastern Leicestershire and Rutland CCG. This would have been Ms O'Brien's last official meeting as the CCG representative on QAC, and it was noted that Ms D Leese would be the Committee's CCG representative in future. Ms O'Brien had been thanked for her contribution to QAC at the August 2015 meeting.

92/15 MINUTES

Resolved – that the Minutes of the meeting held on 27 August 2015 be confirmed as a correct record.

93/15 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 noted in particular:-

(a) **Minute 84/15/1 of 27 August 2015** – as an update on the roll-out of the electronic blood management system was being provided to the November 2015 EQB, it was agreed to receive a further report on this issue at the November 2015 QAC.

AMD

(b) **Minute 73/15/2 of 30 July 2015** – the Trust Chairman advised that he would be inviting the Parliamentary and Health Service Ombudsman to visit UHL and discuss 'Dying without Dignity' and associated wider issues. It was agreed to copy in both the Deputy Chief Nurse (as Chair of UHL's End of Life Care Group) and the Director of

**UHL
CHAIR
MAN**

Safety and Risk to this invitation;

(c) **Minute 35/15/b of 30 April 2015** – the Director of Clinical Quality noted her disappointment at the continuing non-compliance of the Kettering and Northampton Renal and Dialysis Units – she had met with them on 25 September 2015 and would report further to the October 2015 EQB;

DCQ

(d) **Minute 40/15/4 of 30 April 2015** – an update on the timeline for recruiting to the CQUIN-related posts would be included on the matters arising report to the October 2015 QAC, and

DCQ

(e) **Minute 99/14/3b of 26 November 2014** – the Head of Midwifery agreed to seek a date from the Clinical Director Women’s and Children’s CMG for presentation of the MBRRACE data to the Mortality Review Committee, EQB, CQRG, and QAC. She noted that perinatal data was expected shortly and that maternity data had been released in summer 2015.

HoM
W&C
CMG

Resolved – that the matters arising report be confirmed as a correct record and any associated actions be progressed accordingly by the relevant lead.

Leads

94/15 QUALITY

94/15/1 Update on Puerperal Sepsis

The Head of Midwifery advised verbally that slippage on the LRI roll-out of the flowchart had caused a delay to the audit of how well that flowchart was working with coders. However, an audit had now been instigated due to a rise in pyrexia as highlighted in the CMG dashboard. Puerperal sepsis figures had not risen, however. The Head of Midwifery also advised that whilst the proposed Sheffield visit had not materialised, alternative visit sites (including Nottingham) were now being considered.

Resolved – that the verbal update on puerperal sepsis be noted.

94/15/2 Local Supervising Authority Annual Review 2014

Ms J Austin, Consultant Midwife and Ms M Pope, Community Midwife (both midwifery supervisors) attended to present the report from the Local Supervising Authority’s 2014 Annual Review of UHL re: the supervision of midwives and the practice of midwifery, noting the lengthy delay between the visit and the Trust’s receipt of this report. Although currently a statutory NMC requirement (rule 11 of the NMC rules and standards), it was planned to remove supervision of midwives as an NMC statutory requirement. Paper C outlined the positive nature of the 2014 annual review, and outlined the actions taken by UHL in response to the 6 recommendations. In discussion on the report, QAC members:-

- (a) noted the likely cost pressures upon the supervision of midwives function, once the statutory imperative was removed. To provide assurance on quality and safety aspects, the QAC Chair requested a further position statement in March/April 2016, re: UHL’s transition planning ahead of the removal of supervision from NMC statutory requirements;
- (b) noted the positive nature of the 2015 Local Supervising Authority visit – the Trust’s action plan in respect of the report from that review would also be provided to QAC in March/April 2016 (unless any urgent aspect required earlier QAC consideration);
- (c) queried how the positive report(s) were publicised more widely, in terms of attracting staff to UHL’s midwifery units. Although noting that all midwifery units were required to pass the annual review, the Consultant Midwife advised that the supervision function had supported several UHL initiatives which were widely publicised (eg baby-friendly status);

CN

CN

- (d) queried the reference within the July 2015 nursing and midwifery monthly report (paper H – Minute 94/15/7 below refers) to occasions (shifts) of midwifery staffing having been below safe minimum levels due to vacancy levels, sickness and maternity leave. The Head of Midwifery advised that the Trust would not knowingly leave an area unsafely staffed, and she outlined the mitigating measures available including appropriate use of bank and agency staff and gynaecology nurses. The Deputy Chief Nurse also advised that UHL’s overall midwifery ratio had improved, and
- (e) noted comments from the Trust Chairman regarding his recent visit to the LGH labour ward, and his query as to whether women were often transferred between UHL’s maternity units. In response, the Consultant Midwife outlined the crucial role of the Supervising Midwife in discussing all transfer cases with the midwife in charge. In further discussion the Head of Midwifery noted that UHL’s 2 maternity units (LGH and LRI) had not both been closed to admissions at the same time for a period of 4 years.

Resolved – that (A) the Local Supervising Authority Annual Review 2014 be noted and highlighted to the October 2015 Trust Board;

**QAC
CHAIR**

(B) an update re: UHL transition planning ahead of the removal of supervision from NMC statutory requirements, be provided in March/April 2016, and

CN

(C) UHL’s action plan in respect of the 2015 LSA annual review visit also be provided to QAC in March/April 2016 (unless any urgent aspect required earlier QAC consideration).

CN

94/15/3

Interserve Estates and Facilities Contract Quality Performance Quarterly Report

Paper D from the Facilities Head of Performance and Quality Assurance detailed Interserve contract quality performance for the period 1 May 2015 – 31 July 2015. All Heads of Nursing had been advised (by Facilities) that Interserve had now begun a cleaning programme in respect of radiators, light-fittings and vents at the LRI, which was welcomed. The results of an external cleaning audit commissioned by Facilities were also set out in paper D, and the Facilities Head of Performance and Quality Assurance noted continuing (and increasing) concerns over patient catering provision. In discussion on the quarterly report, QAC members:-

- (a) noted comments from the Chief Executive that contract issues continued to be discussed in the Trust Board’s confidential sessions;
- (b) queried the position re: potential cleanliness-related quality and safety risks. The QAC Chair reiterated the Committee’s ongoing concerns re: estates and facilities issues affecting the quality of patient experiences;
- (c) noted the update re: portering issues, as detailed in paper D;
- (d) noted that patient food and hydration were key red line issues for the Trust, and
- (e) discussed the extent to which cleaning frequency requirements were laid out in statute, noting however that the National Specification for Cleanliness frequencies were a contractual requirement.

Resolved – that the quarterly Interserve Facilities Management contract report (1 May – 31 July 2015) be noted.

94/15/4

Homecare – Update

Ms C Ellwood, Chief Pharmacist attended to update members on the supply of medicines through Homecare (paper E), which currently remained on UHL’s risk register with a score of 16. Although the external services position had improved, concerns remained in place over pharmacy capacity relating to Homecare internal services. Further discussions on this issue were also being held through the Trust’s Integrated Finance, Performance and Investment Committee (IFPIC). Benchmarking work had

indicated a disparity in UHL pharmacy resource to support Homecare compared to elsewhere in the region, and the particularly rapid growth of rheumatology demand was of concern. QAC requested a further assurance update (re: avoidable patient harm issues) on Homecare in early 2016.

Resolved – that a further update on Homecare be provided to QAC in early 2016.

CP

94/15/5

TTO Prescribing Accuracy – Update

Ms C Ellwood, Chief Pharmacist also updated QAC on actions to improve TTO prescribing accuracy (paper F). In discussion on the report, QAC members:-

- (a) discussed the apparently low number of UHL pharmacists trained as prescribers compared to another identified Trust. Although recognising that training capacity was a key limiting factor, the Chief Pharmacist noted her plans to progress this issue with both Health Education East Midlands (HEEM) and De Montfort University;
- (b) noted (in response to a query) the type of error detected by pharmacy staff;
- (c) noted that targeted pharmacy involvement was being explored, informed by the experience of the Chief Nurse at her previous Trust. This was not a cost-neutral solution, however;
- (d) queried the red action within the RAG-rated action plan at appendix 3 of paper F. In response, the Chief Pharmacist advised that it had been decided to move away from the original action and implement one with a higher potential impact – QAC requested that the action plan be amended accordingly to reflect this, and
- (e) requested that the outcome and resulting action plan from the planned October 2015 reaudit be presented to QAC in early 2016, coinciding with the Homecare update in Minute 94/15/4 above.

CP

Resolved – that the outcome (and resulting Trust action plan) of the October 2015 further audit of TTO prescribing accuracy be presented to QAC in early 2016.

CP

94/15/6

Month 5 – Quality and Performance Update

Paper G provided an overview of the August 2015 Quality and Performance (Q&P) report, noting the following points in particular:-

- (a) UHL's welcomed achievement of the fractured neck of femur standard for the first time since July 2014;
- (b) an increase in Clostridium difficile figures (6 cases), although UHL remained on trajectory for 2015-16. A review of year-to-date cases had found no correlations between the locations, and the Chief Nurse noted a national rise in C. difficile cases;
- (c) a need for greater coverage on the Friends and Family Test (Minute 94/15/8 below also refers), and
- (d) a slight increase in the number of pressure ulcers against UHL's internal target.

The Acting Deputy Medical Director also noted continuing concerns over endoscopy issues – it was noted that IFPIC had undertaken a 'deep dive' into this service and was appropriately sighted to the associated action plan (further IFPIC update scheduled for December 2015). The Chief Executive queried whether a specific process had been put in place to assess any instances of patient harm from the endoscopy waiting list issue, and the Acting Deputy Medical Director agreed to discuss this accordingly with the UHL Director of Performance and Information.

ADMD/
DPI

Non-Executive Director QAC members queried how the issue of the quality of cancer referrals was fed back to primary care – although this was part of the Trust's overall cancer performance recovery plan it was agreed also to flag this issue to QAC's new CCG representative.

CN/AMD

Mr M Caple, Patient Partner, voiced concerns that the bed unavailability referenced in the cancelled operations performance would worsen as winter approached, and queried whether a plan was in place to avoid a rise in cancelled operations. QAC suggested that further communication was needed to staff of the Trust's winter plans in respect of operational pressures.

AMD/CN
/COO

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

(B) discussions be held with the Director of Performance and Improvement regarding the development of a process to flag any cancer patient harm as a result of the endoscopy waiting list issue;

ADMD/
DPI

(C) the quality of cancer referrals be fed back to the new CCG representative on QAC, and

CN/AMD

(D) consideration be given to further internal communication (to UHL staff) of the winter plan for operational pressures.

CN/AMD
/COO

94/15/7 Nursing and Midwifery Report (including Ward Dashboard) – July 2015

Paper H from the Chief Nurse detailed the UHL nursing and midwifery report for July 2015, covering productivity, staffing, spend, recruitment and retention issues. The Chief Nurse confirmed that the format of this report would change from October 2015 QAC onwards, to provide more assurance and gap analysis. The Chief Nurse also noted the new national cap on agency nurse spend, which aimed to be no more than 4% of the Trust's overall spend on nursing and midwifery staff by quarter 4 of 2015-16. Internal measures to increase the use of bank staff rather than agency nursing staff included introducing weekly pay for UHL bank nurse staff as of September 2015 (which was proving popular) and offering overtime to part-time nursing staff as of 1 October 2015.

Midwifery vacancies currently stood at an improved position of 19.5, and the Chief Nurse noted the aim of reducing this to zero by December 2015. She recognised, however, that it would not prove possible to recruit the entirety of the nursing vacancies locally and outlined various recruitment and retention measures being considered, including 'return to practice' initiatives, a review of the skillmix on some wards, and potential changes to some notice periods. In lengthy discussion on recruitment and retention issues, QAC members noted that staff reasons for leaving were not always financially-based, and agreed the need for UHL to have a more in-depth understanding of the needs of its nursing and HCA workforce. The Chief Nurse provided assurance that she was focusing appropriately on retention and recruitment issues, which would be covered more fully in the new-style monthly report from October 2015 QAC onwards.

CN

Resolved – that the monthly nursing and midwifery report be noted, and

(B) the new-style report from October 2015 QAC onwards also include more detail on nursing/midwifery/HCA vacancies, and associated retention and recruitment initiatives.

CN

94/15/8 Friends and Family Test (FFT) Scores – July 2015

Paper I detailed the friends and family test scores for July 2015, and the Chief Nurse noted her wish to increase the coverage of the FFT. The importance of the FFT had been reiterated to all staff (as this was not just a nursing activity), and the methodology had been reviewed particularly in outpatient areas to enable a ward and CMG-level focus. An easy-read version was also available if wanted. In response to a query from the Patient Partner, the Chief Nurse confirmed that the FFT was expected to be documented for each patient care episode, although it was recognised that patients did not necessarily wish to fill in the survey every time.

Resolved – that the July 2015 Friends and Family Test scores be noted.

94/15/9

External Schedule of Visits

Paper J set out the schedule of completed and forthcoming external visits to UHL, including a RAG-rated progress update for actions arising from the completed visits. In response to a query from the QAC Chair, the Director of Clinical Quality outlined the background to the October 2015 JAG accreditation visit and noted that JAG would also visit Alliance sites in that month. The QAC Chair also noted the need to include the forthcoming joint OFSTED/CQC pilot visit (involving Leicestershire County Council and its partners and focusing on child sexual exploitation work) in the list at paper J. In terms of the Trust Board responsibility for safeguarding, it was noted that UHL's Safeguarding Annual Report was received by the Trust Board. The Director of Clinical Quality also briefed QAC on the likely outcome of the transplant laboratory CPA accreditation review from September 2015.

DCQ

In further discussion, QAC members requested that the tabulation of appendix 2 (forthcoming visits) be changed to include a populated RAG rating reflected UHL's preparedness for each visit. The 'status of action plan' column in this appendix should also be retitled as 'preparatory notes'.

DCQ

Resolved – that future iterations of the external schedule of visits report be amended to:-

DCQ

- (1) include the forthcoming OFSTED/CQC pilot visit, and**
- (2) reflect the formatting changes requested to appendix 2 above.**

94/15/10

CQC Action Plan – Compliance Actions

The Trust's latest CQC compliance action plan was detailed at paper K, noting that progress on this issue was monitored monthly through the Executive Quality Board. Only 1 compliance action remained open, relating to the environment for children having dental extractions. As the agreed solution would require capital investment, a report was being presented accordingly to the Trust's Capital Monitoring and Investment Committee in October 2015 – once the investment was agreed this action would then be closed.

Internal Audit's 2015-16 review of UHL's response to the CQC inspection had been presented to the AC on 17 September 2015, and QAC members were also advised of a new CQC Steering Group chaired by the Chief Nurse. Although the Internal Audit report had been helpful, the QAC Chair noted that there had been some discussion over whether its overall risk rating was too high. The Chief Nurse noted, however, that it was good practice to be able to evidence action plans. She also considered that QAC might wish to receive increased assurance on the Trust's preparedness for a prospective CQC visit as the likely timescale drew nearer.

Following discussion, members requested that a further assurance report be provided to a future QAC, detailing (i) wider work to assess whether the measures taken had served to deliver the previous CQC actions, and (ii) work by the Director of Clinical Quality's team in identifying potential future CQC 'hot issues'.

DCQ/
CN

Resolved – that (A) the CQC action plan compliance actions update be noted, and

- (B) a further assurance report be provided to a future QAC, covering:-**
- (1) wider work to assess whether the measures taken to date had served to deliver the previous CQC actions, and**
 - (2) work by the Director of Clinical Quality's team in identifying potential future CQC 'hot issues'.**

DCQ/
CN

94/15/11 Out of Hospital SHMI and Readmissions Reviews Report

The Head of Outcomes and Effectiveness presented the results of 2 casenote reviews (out of hospital SHMI and readmissions) as detailed in paper L. The results had been discussed at the Executive Quality Board and would also be presented to the Urgent Care Board, noting that the key aim of the reviews had been to learn lessons and identify actions to improve the care of patients in UHL. In discussion on paper L, QAC suggested it would make the results more meaningful if they were linked to specific patient stories, and also supported the need for shared care plans across the healthcare system. QAC welcomed the reviews, which needed to be appropriately cascaded out given the significant system-wide cultural change needed in managing patients with longterm conditions or end of life care needs. In light of this, the Trust Chairman agreed to discuss a summary of the report with his LLR Chair colleagues in November 2015.

UHL
CHAIR
MAN

Resolved – that the Trust Chairman discuss a summary of the report with his LLR Chair colleagues in November 2015, as part of the agreed need to cascade the information appropriately.

UHL
CHAIR
MAN

94/15/12 Seven Day Services

The Acting Deputy Medical Director updated QAC on progress on the 7-day services project (paper M). As part of the urgent and emergency care vanguard, UHL had recently put itself forward as an early implementer for the next stage. Measuring the standards was difficult, however, without spot audits. In response to a query, the Acting Deputy Medical Director considered that UHL was ahead of the curve on the 7-day services standards, and he noted that no national additional funding had been made available for areas needing additional investment.

Resolved – that the verbal update be noted.

95/15 **SAFETY**

95/15/1 Patient Safety Monthly Report – August 2015

In the absence of the Director of Safety and Risk, the Director of Clinical Quality introduced the patient safety report for August 2015, as detailed in paper N. In discussion on the report, QAC members:-

- (a) voiced disappointment that failure to act on results and failure to escalate a deteriorating patient seemed to have reappeared as Serious Incident factors, after a lengthy absence, and
- (b) received assurance (in response to a query from the Trust Chairman) that UHL's culture did positively encourage staff to report incidents, and discussed the position of the 3636 staff concerns line, given the low number of concerns being reported (1 in August 2015). The Deputy Chief Nurse noted staff feedback that the 3636 line was being used only when all other avenues had been exhausted, and it was felt that staff were more inclined to raise issues in alternative ways such as through the intranet staff forum. QAC agreed to seek a view from the Director of Safety and Risk as to whether future monthly patient safety reports should also capture data from these alternative ways of raising concerns.

DSR

QAC was also advised verbally by the Acting Deputy Medical Director of an apparent never event. In line with the agreed process, a detailed report would be presented to QAC in Oct 2015 following an investigation. The occurrence of an apparent never event would also be highlighted to the Trust Board on 1 October 2015 through the QAC Chair's summary of today's meeting.

DSR

QAC
CHAIR

Resolved – that (A) a view be sought on future iterations of the patient safety

	monthly report also capturing data from the other mechanisms used by staff to report concerns (in addition to the 3636 line), including (eg) the intranet 'staff room' forum, and	DSR
	(B) the never event (as now verbally reported by the Acting Deputy Medical Director) be flagged to the October 2015 Trust Board and reported to October 2015 QAC in the usual way following investigation.	DSR/ QAC CHAIR
95/15/2	<u>Complaints Performance Report – August 2015</u> In the absence of the Director of Safety and Risk, the Director of Clinical Quality introduced the complaints performance report for August 2015 (as detailed in paper O), noting UHL's consistent achievement of the 25-day response timeframe since November 2014. Although there had been a further reduction in formal complaints, QAC noted that waiting times and communication were key complaint themes in August 2015. In further discussion, QAC agreed the proposal that the Independent Complaints Review Panel presentation scheduled for November 2015 Trust Board should cover general themes from all 15 complaints it had reviewed, rather than just one case. In response to a query from the Trust Chairman, it was confirmed that QAC already received an annual report on complaints. <u>Resolved</u> – that the Independent Complaints Review Panel presentation scheduled for the 5 November 2015 Trust Board provide an overview of the complaints themes reviewed to date, rather than presenting an individual complaint.	DSR/ AMD
95/15/3	<u>10x Insulin Medication Error – Root Cause Analysis (RCA) Report</u> Paper P detailed the completed root cause analysis report following a 10x insulin medication error. This had not been a never event but had been investigated using the SUI process. Following discussion, QAC accepted the RCA report subject to the caveat that the actual cause was multi-factorial in nature, rather than focusing on one nursing element (as currently presented). QAC also discussed the benefits of an electronic prescribing system in reducing mistakes, although accepting that it could not completely negate human error. <u>Resolved</u> – that the RCA report at paper P be accepted, subject to the amendment that the actual cause had been more multi-factorial in nature than currently presented.	DSR DSR
96/15	PATIENT EXPERIENCE	
96/15/1	<u>Triangulation of Patient Feedback – Quarter 1 of 2015-16</u> Paper Q detailed the quarterly triangulation of patient feedback information for April – June 2015, which now included patient diaries for the first time and also contained a 'you said we did' report for each CMG at appendix 3. Waiting times, facilities issues, and communication remained key themes of patient feedback, and QAC welcomed a decrease in negative feedback about nursing care. The Trust Chairman welcomed this important report, and emphasised the particular need to address waiting time issues. He also queried how CMGs were monitored in terms of responding to patient feedback – in response the Deputy Chief Nurse noted the role of the 'you said we did' report in closing that loop. <u>Resolved</u> – that the 2015-16 quarter 1 triangulation of patient feedback report be noted.	
97/15	ANNUAL REPORTS FROM EQB SUB COMMITTEES	

- 97/15/1 Thrombosis Prevention Committee Annual Report 2014-15
- Resolved** – that Thrombosis Prevention Committee Annual Report 2014-15 be noted (paper R).
- 98/15 ITEMS FOR INFORMATION**
- 98/15/1 Duty of Candour (Regulation 20 Health and Social Care Act 2008) Update
- Mr M Traynor Non-Executive Director suggested that the ‘duty of candour’ terminology might not be currently understood by staff, with further communication needed therefore to clarify the language around this issue.
- Resolved** – that further consideration be given to how this terminology was being communicated to staff. **CN**
- 98/15/2 Safety Walkabouts Update
- In discussion, QAC members supported having more safety walkabouts in outpatient areas rather than being predominantly ward-focused. The Chief Nurse confirmed, however, that other types of walkabout did already cover outpatient areas as well.
- Resolved** – that safety walkabouts also be held in outpatient areas. **DSR**
- 98/15/3 NHSLA Safety Improvement Plan Update
- Resolved** – that this item be noted for information (paper U), including the Trust’s successful bid and receipt of an incentive payment.
- 99/15 ITEMS FOR THE ATTENTION OF QAC FROM EXECUTIVE QUALITY BOARD (EQB)**
- 99/15/1 EQB Meeting of 4 August 2015 – Items for the attention of QAC
- Resolved** – that the contents of paper V be received and noted.
- 99/15/2 EQB Meeting of 1 September 2015 – Items for the attention of QAC
- Resolved** – it be noted that any items flagged for the attention of QAC from the EQB meeting of 1 September 2015 were featured on this meeting’s agenda.
- 100/15 MINUTES FOR INFORMATION**
- 100/15/1 Executive Performance Board
- Resolved** – that the action notes of the 25 August 2015 Executive Performance Board meeting (paper W) be received and noted.
- 100/15/2 QAC Calendar of Business
- Resolved** – that the contents of paper X be received and noted.
- 101/15 ANY OTHER BUSINESS**
- There were no items of any other business.
- 102/15 ITEMS TO BE HIGHLIGHTED TO THE TRUST BOARD**
- Resolved** – that the Local Supervising Authority Annual Review 2014 (Minute 94/15/2 above) and the verbal notification of a potential Never Event referred to in **QAC**

Minute 95/15/1 above, be highlighted to the Trust Board on 1 October 2015 via the QAC meeting summary. CHAIR

103/15 DATE OF NEXT MEETING

Resolved – that the next Quality Assurance Committee be held on Thursday 29 October 2015 from 1.00pm until 4.00pm in the Board Room, Victoria Building, LRI.

The meeting closed at 4.05pm.

Helen Stokes
Senior Trust Administrator

Cumulative Record of Members' Attendance (2015-16 to date):

Voting Members

<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>	6	4	60	<i>C Ribbins</i>	6	2	25
<i>I Crowe</i>	6	6	100	<i>J Smith</i>	2	2	100
<i>S Dauncey (Chair)</i>	6	4	60	<i>J Wilson</i>	6	6	100
<i>A Furlong</i>	6	4	60				

Non-Voting Members

<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>M Caple</i>	6	4	60	<i>K Singh</i>	6	6	100
<i>C O'Brien – East Leicestershire/Rutland CCG</i>	6	3	50	<i>M Traynor</i>	6	5	83
				<i>R Moore</i>	6	6	100