

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: 31 July 2014**

**COMMITTEE: Quality Assurance Committee**

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

**DATE OF COMMITTEE MEETING: 25 June 2014**

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

- Annual Reports from EQB Sub-Committees, specifically the Health and Safety Annual Report (Minute 40/14/8).

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

- SUI Report (Minute 44/14/1);
- Patient Safety Report (Minute 44/14/7), and
- Quality Accounts (Minute 45/14/2).

**DATE OF NEXT COMMITTEE MEETING: 30 July 2014**

**Ms J Wilson  
25 July 2014**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON WEDNESDAY  
25 JUNE 2014 AT 12 NOON IN SEMINAR ROOMS A AND B, CLINICAL EDUCATION CENTRE,  
LEICESTER GENERAL HOSPITAL**

**Present:**

Ms J Wilson – Non-Executive Director (Chair)  
Mr J Adler – Chief Executive  
Dr S Dauncey – Non-Executive Director  
Ms C O'Brien – Chief Nurse and Quality Officer, East Leicestershire CCG (non-voting member)  
Ms R Overfield – Chief Nurse  
Mr P Panchal – Non-Executive Director  
Professor D Wynford-Thomas – Non-Executive Director and Dean of the University of Leicester Medical School (excluding Minute 40/14)

**In Attendance:**

Mrs G Belton – Trust Administrator  
Ms D Brookes – Acting Senior Midwife (for Minute 44/14/1)  
Mrs R Broughton - Head of Outcomes and Effectiveness  
Mr C Carr – Head of Improvement Performance (for Minute 44/14/3)  
Dr B Collett – Associate Medical Director (Clinical Effectiveness)  
Miss M Durbridge – Director of Safety and Risk  
Ms C Ellwood – Acting Chief Pharmacist (for Minute 44/14/4)  
Dr A McGregor – Consultant Pathologist (for Minute 44/14/2)  
Dr N Moore – Clinical Director, RRC (for Minute 44/14/5)  
Dr H Qureshi – Consultant, Haematology and Blood Transfusion – for Minute 44/14/2  
Mrs C Ribbins – Director of Nursing  
Mr I Scudamore – CMG Director, Women's and Children's (for Minute 44/14/6)

**RECOMMENDED ITEMS**

**ACTION**

**40/14 ANNUAL REPORTS FROM THE EQB SUB-COMMITTEES**

The Chief Nurse highlighted to Committee members the number of workstreams (forming individual Committees) which sat below and reported into the Executive Quality Board, which then reported up to the Quality Assurance Committee. Historically, some of these Committees had produced an annual report, and these were submitted to QAC today for noting and the provision of assurance. Those Committees which were newly established would be providing an annual report for receipt in June 2015.

**Recommended – that this information be noted.**

**40/14/1 New Interventional Procedures Authorising Committee Annual Report**

Paper 'P' detailed the Annual Report from the New Interventional Procedures Authorising Committee (NIPAG). Members noted the contents of the report, noting that the most significant challenge for staff lay in understanding what was meant by a 'new interventional procedure' and under what circumstances a formal notification to the Committee was required. Note was made of the planned communication to assist staff in this respect.

Particular discussion took place regarding benchmarking the number of new procedures in comparison to other Trusts (benchmarking data was available and UHL was in line with other similar Trusts nationally) and also regarding the authorisation level of the Committee (i.e. whether a procedure had to be approved by NIPAG to be utilised within the Trust). It was noted that whilst NIPAG did authorise procedures, it was not an executive body and new procedures could be utilised without authorisation from NIPAG. It was therefore agreed to submit the Terms of Reference for NIPAG to a future meeting

**TA**

of the EQB in order that this issue could be explored in further detail. Recognition was also made of the difficulties in administratively managing the increasing number of applications made to the Committee, which would be reviewed at the end of the budget setting process.

**Recommended – that (A) the contents of this report be received and noted, and (B) the Terms of Reference for NIPAG be submitted to a future EQB meeting in order to fully ascertain the position regarding the Committee’s level of authorisation.**

TA

40/14/2 Mortality Review Committee

Paper Q detailed the UHL Mortality Review Committee Annual Report, as presented by the Head of Outcomes and Effectiveness.

The Chair noted the thoroughness of the report, and the fact that the Committee could take significant assurance from the rigour of this work. In response to a query raised as to whether this had been cross-checked with the Associate Medical Director who had been leading an Internal Governance Group established in response to a particular issue, it was confirmed that it had. Discussion also took place regarding the visibility of an individual’s outcome data, and it was noted that ultimately (when the relevant IT systems were in place) this would form part of an individual’s appraisal. Mortality data was currently monitored at specialty level. It was noted that the LLR Review Action Plan would be submitted to the next EQB meeting on 2 July 2014, and would be discussed at the Trust Board, which could then confirm whether it wished to delegate its on-going review to QAC.

**Recommended – that (A) the contents of this report be received and noted, (B) the LLR Review Action Plan be submitted to the next EQB meeting on 2 July 2014, and**

TA

**(C) the LLR Review Action Plan be discussed at the Trust Board, which could then confirm whether it wished to delegate its on-going review to QAC.**

TA

40/14/3 Thrombosis Committee Annual Report

Paper R detailed the Annual Report from the Thrombosis Committee, as presented by the Head of Outcomes and Effectiveness. Note was made of a particular issue in relation to the VTE risk assessment which had been highlighted by the Trust’s auditors. Also noted was the intensive manual work required in relation to thrombosis in respect of which IT support was required. In discussion, the Thrombosis Committee was requested to give consideration to reporting avoidable hospital-acquired VTEs as incidents (as per the process utilised for avoidable pressure ulcers).

**Recommended – that (A) the contents of this report be received and noted, and (B) the Thrombosis Committee be requested to give consideration to reporting avoidable hospital-acquired VTEs as incidents (as per the process utilised for avoidable pressure ulcers)**

HOE

40/14/4 Clinical Audit Annual Report

Members received and noted the contents of paper ‘S’, which detailed the Clinical Audit Annual Report, and commended the format and appearance of the report. Note was made of the challenge that lay in ensuring that audit was viewed as a cycle of continuous quality improvement.

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

40/14/5 Patient Experience Annual Report

Paper T detailed the Patient Experience Annual Report, as presented by the Director of Nursing, noting the significant work undertaken over the past year and the improvements implemented particularly by Emergency and Specialist Medicine, Women's and Children's and MSK.

Particular discussion took place regarding the fact that the ethnic breakdown of respondents to patient experience surveys did not correlate with the ethnic population the Trust served, albeit noting that with FFT, the Trust was not to take action to influence this in any way and for that reason, the view was expressed against setting a target around this.

Members noted the significant work undertaken over the past year and expressed their congratulations to Ms H Leatham, Head of Nursing and her team in this respect.

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

40/14/6 Safeguarding Committee Annual Report

Paper 'U' detailed the annual report from the Safeguarding Committee, as presented by the Director of Nursing. Members considered the report to contain a good use of case examples, and noted the increasing complexities of the safeguarding agenda over the past 12 months. Particular discussion took place regarding the delivery of Prevent training as referenced within the report, and noted the need for awareness of the relevant issues.

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

40/14/7 Organ and Tissue Donation Committee Annual Report

The Director of Nursing presented paper 'V', which detailed the annual report of the Organ and Tissue Donation Committee. Members noted the changes over the last twelve months and specific issues regarding consent and conversion rates. Specific discussion took place regarding the need for the Chief Nurse, in consultation with the Director of Corporate and Legal Affairs, to seek clarity and agree a way forward in terms of determining an appropriate Chair for the Organ and Tissue Donation Committee when Mr Panchal, NED and current Chair, left the Trust at the end of September 2014. The Committee noted their thanks to Dr J Thompson, Clinical Lead for organ donation.

**Recommended - that (A) the contents of this report be received and noted, and**

**(B) the Chief Nurse, in consultation with the Director of Corporate and Legal Affairs, seek clarity and agree a way forward in terms of determining an appropriate Chair for the Organ and Tissue Donation Committee when Mr Panchal, NED and current Chair, left the Trust at the end of September 2014.**

CN/  
DCLA

40/14/8 Health and Safety Annual Report

Members discussed the contents of the Health and Safety Annual Report, noting their congratulations to Mr N Howlett and his team for their achievements over the past year. Particular note was made of the 20% reduction in RIDDOR reportable days lost. QAC recommended the contents of this report onto the Trust Board for formal receipt and noting, as per statutory requirements.

**Recommended – that the contents of this report be recommended onto the Trust Board for formal receipt and noting, as per statutory requirements.**

40/14/9	<u>Resuscitation Committee Annual Report</u>	Members received and noted the contents of the Resuscitation Committee Annual Report, noting that they were unable to take full assurance from the report in light of a number of outstanding questions requiring resolution currently. In conclusion, it was agreed that the Chief Nurse would discuss the current lack of assurance with the Medical Director and the Medical Director would be requested to submit the workplan and KPIs for the Resuscitation Committee to the QAC meeting in August 2014.	CN
	<b><u>Resolved</u> – that (A) the contents of this report be received and noted,</b>		MD/TA
	<b>(B) the Chief Nurse be requested to discuss the current lack of assurance with the Medical Director and</b>		
	<b>(C) the Medical Director be requested to submit the workplan and KPIs for the Resuscitation Committee to the QAC meeting</b>		CN
40/14/10	<u>Infection Prevention Assurance Committee Annual Report</u>	This report was currently unavailable, and would be submitted for receipt at the next QAC meeting in July 2014.	MD/TA DDIPAC
	<b><u>Recommended</u> – that this item be withdrawn from today’s agenda, and be submitted for consideration at the next QAC meeting in July 2014.</b>		DDIPAC
40/14/11	<u>Medicine Optimisation Committee Annual Report</u>	Paper Z detailed the annual report for the Medicines Optimisation Committee, noting that this also acted as the oversight committee for EPMA governance. A New Medicines Optimisation Framework was due for release on 31 July 2014, so it had not yet been possible to plan the work programme for the subsequent year. Particular discussion took place regarding an increase in workload with the requirement of extra reporting, and on-going discussions regarding how this could be supported. In discussion it was agreed that this report should be utilised as the ‘standard’ to which future Annual Reports from EQB sub-committees should be produced.	
	<b><u>Recommended</u> – that (A) the contents of this report be received and noted, and</b>		
	<b>(B) this annual report be utilised as the ‘standard’ to which future Annual Reports from EQB sub-committees should be produced.</b>		
40/11/12	<u>Point of Care Testing Committee</u>	Members received and noted the report from the Point of Care Testing Committee, noting particularly issues associated with kit and calibration.	DCQ/TA
	<b><u>Recommended</u> – that this report be received and noted.</b>		<b><u>ACTION</u></b>
	<b><u>RESOLVED ITEMS</u></b>		
41/14	<b>APOLOGIES</b>	Apologies for absence were received from Mr M Caple, Patient Adviser, Dr K Harris, Medical Director and Mrs S Hotson, Director of Clinical Quality.  Mr Panchal, Non-Executive Director queried deputising arrangements when Patient Advisers could not attend meetings, and it was agreed that he would discuss this matter outwith the meeting with the Director of Marketing and Communications.	PP

**42/14 MINUTES**

**Resolved – that the Minutes of the meeting held on 28 May 2014 (papers A and A1) be confirmed as a correct record.**

**43/14 MATTERS ARISING REPORT**

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

**TA**

- (a) Minute reference 32/14(a) – members noted that the RTT report had been presented at the Finance and Performance Committee meeting held that morning and had not featured any information regarding an update on the safety implications and clinical quality risk assessments as requested for receipt at the EQB and QAC meetings. The Chair noted that she would raise this issue with the Chief Executive. The Committee requested to receive this information in writing on a routine basis at the Committee, and particularly requested that the Medical Director and Chief Operating Officer produced such a report for the QAC meeting in July 2014; **Chair MD/COO**
- (b) Minute reference 33/14/1(b) regarding an update on the Quality Commitment KPIs being included within the Quality Schedule reports to the Clinical Quality Review Group – Ms O'Brien, Chief Nurse and Quality Officer, East Leicestershire CCG noted that she had not seen this report, but it was possibly not due for receipt as yet. The Director of Safety and Risk undertook to send the relevant information to Commissioners in the absence of the Director of Clinical Quality due to leave; **DSR**
- (c) Minute reference 33/14/3 regarding the proposed future format of the Quality and Performance report) – this remained work in progress. It was expected that the draft revised Q & P report would be available for submission to the QAC meeting in July 2014; **CN**
- (d) Minute reference 33/14/5 regarding the submission of regular monitoring reports in respect of the Alliance contract to EQB – it was agreed that the Director of Safety and Risk would establish when the first of such reports would be received and the frequency of their submission to the EQB thereafter; **DSR**
- (e) Minute reference 33/14/6 regarding the circulation of a report outside the meeting regarding the PMO set up and process for undertaking quality impact assessments of CIP schemes – it was agreed that the Chief Nurse's name should be added to those listed as 'Leads' for progression of this issue. It was agreed that the QAC Chair and Chief Nurse would discuss outwith the meeting a means by which QAC could receive feedback of the completed quality impact assessment of CIP schemes. It was also agreed that the Chief Nurse would submit the completed proforma templates (re the quality impact assessment of CIP schemes) to the August 2014 QAC meeting. **TA QAC Chair / CN**
- (f) Minute reference 34/14/5 (regarding a completed root cause analysis report and consolidated action plan relating to two Ophthalmology SUIs being presented to QAC when available) – it was noted that one of the root cause analysis reports had now been signed off and would be available for submission to the next QAC meeting in July 2014; **DSR/TA**
- (g) Minute reference 34/14/8b (regarding the identification of health and safety key performance indicators to be included within the quality and performance report) – the Director of Safety and Risk noted that 5 specific KPIs to be monitored in 2014/15 had been agreed at the last Health and Safety Committee, and she undertook to confirm the specific KPIs agreed at the next QAC meeting; **DSR/TA**
- (h) Minute reference 22/14/1 (regarding the progression outwith the meeting of estates issues in respect of training venues) – it was agreed to seek an update on progress from the Chief Executive; **CE**
- (i) Minute reference 4/14/2 (regarding review of the inpatient survey document at the Patient Experience Group) – the Director of Nursing was requested to include on the action log a date by which this action would be achieved. In further discussion, it was agreed that details regarding the in-patient survey should be circulated to the Trust Board, as per the process for details regarding the out-patient survey. **DN**

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

TA/All

**44/14 SAFETY**

44/14/1 SUI Report – Women’s and Children’s CMG

Ms D Brookes, Acting Senior Midwife, attended to present paper ‘C’, which detailed the root cause analysis report and resulting action plan developed following an SUI involving a retained vaginal swab, in respect of which the Committee sought assurance as to the follow-up actions undertaken. Ms Brookes explained the actions undertaken as a result of this SUI (as also described within accompanying paper C).

Particular discussion took place in respect of the following points:

- (a) whether there had been feedback to the patient’s GP –it was confirmed that there had been feedback;
- (b) noted that a similar incident had occurred three years ago, and challenged the learning from the original incident;
- (c) the fact that Community Midwifery care was absent from this report, and queried the opportunity to re-visit this aspect;
- (d) a query was raised as to whether it was within the Trust’s remit to be able to consider GP practice within the investigation of an SUI (where relevant) – Ms O’Brien noted that her team were able to facilitate a statement from the GP and if a specific concern was raised, they could escalate this appropriately in order that a decision could be taken as to whether an independent review was required. The Director of Safety and Risk noted that GPs were invited in to discuss incidents, however they struggled, on occasion, to provide the Trust with the information within the timescale required;
- (e) noted the future arrangements planned whereby a review of all SUIs would be chaired by a clinical member of the Executive or their deputy;
- (f) a query as to the audit arrangements in place – it was noted that this would be reviewed at the EQB and escalated to QAC as appropriate;
- (g) queried whether any staffing issues had been a factor in this incident – they had not, and
- (h) the Committee confirmed the assurance they had received from the internally focussed action, noting the opportunities to take a wider system view.

CN

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

**(B) to review aspects relating to audit at the EQB, escalating to QAC as appropriate.**

CN

44/14/2 Report from Consultant Cytopathologist

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

44/14/3 Report from the Head of Performance Improvement

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

44/14/4 Report from the Chief Pharmacist

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

44/14/5 Report from the Medical Director

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

44/14/6 Review of 2012 Trent Neonatal Survey Report

Mr I Scudamore, Clinical Director of Women's and Children's Services, attended to present paper 'H', which detailed the results of the 2012 Trent Neonatal Survey report for the Trust, including raised rates (within the expected range) of Hypoxic Ischaemic Encephalopathy (HIE) for 2012 and 2013. Whilst nothing specific had been identified on further investigation of relevant cases, a number of themes had been identified, in respect of which an action plan had been developed, with all actions expected to have been completed within the next six weeks. HIE had also been added to the maternity dashboard and would be monitored accordingly.

Particular discussion took place regarding the following points:

- (a) the sustainability of the actions implemented – these were considered to be sustainable;
- (b) the particular actions now being implemented, including the development and implementation of an education package, the mandatory training and assessments re CTGs and the appointment of two new locum consultants. Also discussed was the planned visit to the NHS Trust in Sheffield with the aim of sharing practice, and the Committee suggested that this was a reciprocal visit, and it was agreed that a reciprocal visit would be arranged with this action being incorporated into the action plan;
- (c) the lengthy discussion that had taken place at the Clinical Quality Review Group regarding this matter in view of the need for enhance alignment given the similar themes that had been identified through SUIs three years ago and the assurance now taken from the work being under by Dr Currie, Consultant Neonatologist, and
- (d) general discussion took place regarding the need for all reports submitted to the Committee to feature a fully completed front sheet – it was agreed that the Trust Administrator would re-iterate this requirement to all authors submitting reports to future QAC meetings (issuing them with a template to utilise for this purpose).

CD

TA

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

**(B) the visit to Sheffield be a reciprocal visit (with this action being incorporated into the action plan), and**

CD

**(C) the Trust Administrator be requested to re-iterate the requirement to complete a front sheet to all authors submitting reports to future QAC meetings (issuing them with a template to utilise for this purpose).**

TA

44/14/7 Patient Safety Report

The Director of Safety and Risk presented paper 'I', which detailed the monthly update report in respect of patient safety, and included specific information regarding the following: the quarterly Patient Safety report, 3636 Staff Concerns Report line, Doctors in Training representation at EQB, SUIs reported and closed in May 2014, CAS performance and 45 Day RCA performance. She particularly highlighted the increase in written complaints, particularly regarding cancellations and waiting times. QAC were particularly asked to note EQB's approval to invite a Doctor in Training representative to sit on the EQB, to note the lessons learnt and actions of the completed RCA reports to reduce further incidents and to note that the EQB had approved the closure of the NPSA Right Patient, Right Blood Alert as listed in point 6.7 subject to careful monitoring of the agreed action plan by the Transfusion Committee. Also discussed was the increase in NPSA alerts, and the challenging deadlines associated with these.

Specific discussion took place regarding the following points:

- (a) the usefulness of seeing the detail regarding denominators in future iterations of the Patient Safety report – it was agreed that this would be included;
- (b) the importance of the triangulation of patient feedback, for further discussion at the Patient Experience Group meeting due to be held the following day;
- (c) a request made of the Director of Safety and Risk to circulate further information regarding ethnicity (page 16 of the Quarterly Patient Safety report refers);
- (d) the intention to receive at a future QAC meeting the root cause analysis report and action plan in relation to the SUI in ED when available, and
- (e) the outcome of the recent ED Risk Review meeting – it was agreed that the out-puts of the ED Risk Review meeting should be reviewed at the Trust Board (noting that the EQB would maintain oversight of this work).

DSR

DSR

DSR/TA

CN/TA

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

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

- include details regarding denominators in future iterations of the Patient Safety report;
- circulate further information regarding ethnicity (page 16 of the quarterly Patient Safety report refers), and
- submit the root cause analysis report and associated action plan in relation to the SUI in ED to a future meeting of QAC (when available), and

DSR

**(C) to review the out-puts of the ED Risk Review meeting at the Trust Board (noting that EQB would maintain oversight of this work).**

CN/TA

#### 45/14 QUALITY

##### 45/14/1 Risk Summit

The Chief Executive verbally briefed members of a discussion held at the Quality Surveillance Group regarding a Risk Summit, noting that the Trust had not had any formal involvement in such.

**Resolved – that this verbal information be noted.**

##### 45/14/2 Quality Accounts

In the absence of the Director of Clinical Quality, the Chief Nurse presented paper ‘J’, which detailed the final draft of the Quality Account, which would be submitted to the Trust Board on the following day for formal approval. It was noted that the Auditor’s Opinion had now been received and would be tabled at the Trust Board. Members commended the Director of Clinical Quality on the production of this document, and agreed that it would be useful to have photocopies of the document available for attendees at the Trust’s Annual Public Meeting. The success in facilitating engagement with a wider group of stakeholders was also noted.

DCQ/DM  
C

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

##### 45/14/3 CQC Action Plan

In the absence of the Director of Clinical Quality, the Chief Nurse presented paper ‘K’, which detailed progress against the CQC action plan. She noted that some of the timescales had slipped, and that these would be reviewed on a line-by-line basis at the next EQB meeting. Note was made of the significant number of actions that had been completed or were on track. Particular concern was expressed regarding the action outlined in point 7a, and the Chief Nurse noted her intention to discuss with the Chief Operating Officer the fact that the Discharge Lounge was not under the responsibility of

a Matron or a Head of Nursing.

CN

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

**(B) the Chief Nurse be requested to discuss with the Chief Operating Officer the fact that the Discharge Lounge was not under the responsibility of a Matron or Head of Nursing.**

CN

45/14/4 Month 2 – Quality and Performance Update

The Chief Nurse presented paper 'L', which detailed an overview of UHL quality and safety, patient experience, operational and finance performance against national and local indicators for the month of May 2014. The Chief Nurse noted that the format of this report was currently being revised, and that future iterations of this report should be in the updated format.

Particular discussion took place regarding a specific same sex breach that had been discussed recently with Commissioners, and the dip in performance against the cancer two-week wait. In respect of the exception report detailed in appendix 4 (regarding Cancer Performance in April 2014) the Chief Nurse and Medical Director were requested to discuss the clinical implications of this matter further at the next QAC meeting in July 2014.

CN/MD

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

**(B) the Chief Nurse and Medical Director be requested to discuss the clinical implications (in respect of the 2 week cancer wait exception report) further at the next QAC meeting in July 2014.**

CN/MD

46/14 **ITEMS FOR THE ATTENTION OF QAC**

46/14/1 EQB Meeting of 4 June 2014 – Items for the attention of QAC

The Associate Medical Director (Acting Chair of the EQB meeting held on 4 June 2014) briefly noted the points of discussion at the 4 June 2014 EQB meeting (paper M refers).

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

47/14 **MINUTES FOR INFORMATION**

47/14/1 Finance and Performance Committee

**Resolved** – that the public Minutes of the Finance and Performance Committee meeting held on 28 May 2014 (paper N refers) be received and noted.

47/14/2 Executive Performance Board

**Resolved** – that the action notes of the Executive Performance Board meeting held on 27 May 2014 (paper O refers) be received and noted.

48/14 **ANY OTHER BUSINESS**

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

49/14 **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:

- Health and Safety Annual Report (Minute 40/14/8);
- SUI Report (Minute 44/14/1);
- Report from the Head of Performance and Improvement (Minute 44/14/3);
- Report from the Acting Chief Pharmacist (Minute 44/14/4);
- Report from the Medical Director (Minute 44/14/5);
- Patient Safety Report (Minute 44/14/7), and
- Quality Accounts (Minute 45/14/2).

**50/14 DATE OF NEXT MEETING**

**Resolved** – that the next meeting of the Quality Assurance Committee be held on **Wednesday 30 July 2014 from 12.30pm until 3.30pm in the Seminar Rooms A and 1B, Clinical Education Centre, Leicester General Hospital.**

The meeting closed at 4.13pm.

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

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
<i>J Adler</i>	3	2	67	<i>R Overfield</i>	3	2	67
<i>M Caple*</i>	3	1	33	<i>P Panchal</i>	3	2	67
<i>S Dauncey</i>	3	2	67	<i>J Wilson (Chair)</i>	3	3	100
<i>K Harris</i>	3	2	67	<i>D Wynford-Thomas</i>	3	1	33
<i>K Jenkins</i>	1	0	0				
<i>C O'Brien – East Leicestershire/Rutland CCG*</i>	3	2	67				

- \* non-voting members

Gil Belton  
Trust Administrator