EXECUTIVE SUMMARY

1 Purpose and Key Issues

The purpose of this paper is to present the draft minutes of the Quality Assurance Committee meeting held on Tuesday 8 May 2012, numbers 058/12 to 0??/12.

Key issues include:

- Item 060/12 and 086/12 – The Committee approved three interventional procedures in principle as they were assured that the introduction would be undertaken in a safe manner.
- Item 065/12 – The Committee approved the proposals for taking forward the use of patient stories.
- Item 085/12 – The Committee received the annual Organ and Tissue Donation Committee Annual Report for 2011-12 and Annual Plan for 2012-13.
- Item 91/12 – The Committee reviewed the meeting arrangements as there had been insufficient time to discuss the reports from the Specialist Advisor Groups. This had resulted in limited assurance regarding the business of the Specialist Advisor Groups.

2 Supporting Information

The minutes are attached.

3 Controls and Assurances

The minutes of the meeting are considered by the Quality Assurance Committee for accuracy. Following discussion, amendments may be recorded as appropriate. The minutes are then formally approved by the Committee.

An accurate record of the proceedings of the meeting is required in order to ensure that the Board meets its duties in accordance with the Trust's Scheme of Delegation, Standing Orders and Standing Financial Instructions. Copies of the Quality Assurance Committee minutes are presented to the Audit and Assurance Committee and to the Trust Board to note.

The Trust's clinical governance management arrangements have been developed to meet the requirements of the NHS Litigation Authority's Risk Management Standards for Acute Trusts and of the Healthcare Commission's Standards for Better Health. They are performance monitored by the
NHS South West Strategic Health Authority through the implementation of the Clinical Governance Development Plan.

4 Legal Implications

The legal implications have been considered and none have been identified.

5 Equality and Diversity Implications

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. No adverse or positive impacts have been identified from this report.

6 Patient, Public and Staff Involvement

The Trust's business planning process incorporates patient and public involvement. Robust and effective financial control and risk management systems ensure that the Trust's services can be developed and delivered to meet the needs of patients in the medium term.

7 Cost Implications

There are no cost implications.

8 Potential Risk to the Organization

If the minutes are not approved by the Quality Assurance Committee the Trust will be at medium risk of not acting in accordance with the organisation's Standing Orders, Standing Financial Instructions and Scheme of Delegation.

9 Board Prompts

- Has the Board had an opportunity to raise questions or concerns with the Chair of the Committee?
- Is the Board confident that there are effective systems for identifying potential issues early and for keeping the Committee informed?

10 Recommendations

The Board is asked to RECEIVE the draft minutes of the Quality Assurance Committee meeting held on Tuesday 8 May 2012.

11 References

Not applicable.
12 Strategic Objectives

The Trust’s Strategic Objectives were reviewed by the Board in February 2012.

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13 Principal Risks

The Principal Risks have been identified through the Trust’s risk management processes. They are updated as and when required.

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DRAFT
Minutes of a meeting of the Quality Assurance Committee held in the Boardroom,  
Chichester House, North Devon District Hospital, on Tuesday, 8 May 2012

PRESENT:  Alison Diamond  Medical Director
Jim Rhymer  Clinician (Deputy)
Carolyn Mills  Director of Nursing
Chris Snow  Non-Executive Director (Chair)
Amelia Tucker-Jones  Non-Executive Director

IN ATTENDANCE:
Darryn Allcorn  Assistant Director, Workforce Development
Mike Ambridge  Medical Equipment Manager
Sharon Bates  General Manager for Anaesthetics, Theatres,  
Critical Care, Cancer Services, Therapies and Patient Access (for Item 085/12)
Liz Bendle  Patient Safety Officer
Mr Mark Cartmell  Consultant Surgeon (for Item 086/12)
Helen Cooke  Head of Occupational and Physiotherapy
Toby Cooper  Head of Midwifery
Annette Crew  Risk Manager (Joint Member)
Dr Juliet Cross  Head of Corporate Governance (Joint Member)
Jennifer Daley  Named Nurse, Safeguarding Children
Dr Graham Farrar  Organ and Tissue Donation Committee Chair (for Item 085/12)
Geraldine Garnett-Frizelle  Minute Secretary
Frances Goodhind  Principal Pharmacist, Clinical Services (Deputy)
Sarah James  Head of Quality and Safety
Mandy Kilby  Investigations Lead
Andrew Kingsley  Clinical Manager, Infection Control and Tissue Viability
Jacqui Kraska  Clinical Audit and Effectiveness Lead
Dr Jennifer MacPherson  Consultant Radiologist (for Item 060/12)
Tina Naldrett  Assistant Director of Nursing
Julie Poyner  Compliance Manager
Nick Rudling  Safeguarding Adult Lead
Sarah Rundle  Specialist Nurse for Organ Donation (for Item 085/12)
Dr Andy Walder  Clinical Lead for Organ Donation (for Item 085/12)

058/12  CHAIR’S REMARKS

The Committee was advised that there were a large number of papers to be presented  
and it was proposed to try and ensure that all those needing the approval of the  
Committee were taken as a priority. The Committee was also advised it had been  
agreed to take the Research and Development Group minutes early, as the Clinical  
Audit and Effectiveness Lead needed to leave the meeting by 11 am.
The Chairman welcomed Nick Rudling, Safeguarding Adult Lead and Jennifer Daley, Named Nurse, Safeguarding Children to the meeting.

059/12 APOLOGIES

Apologies were received from:

- Pauline Geen  Non-Executive Director (Member)
- Maggie Gordon  Health and Social Care Cluster Manager
- Neil Schofield  Divisional General Manager, Diagnostics
- Mark Meller  Consultant Radiologist

060/12 CLINICAL HOTSPOT

The Committee was advised that there were three clinical hotspots for presentation. Dr Jennifer MacPherson, Consultant Radiologist, was in attendance to present a hotspot and would also present a second on behalf of Dr Alexander Milson, Consultant Radiologist, who was unable to attend the Committee.

Introduction of CT Colonography Service at North Devon District Hospital

The Committee was informed that currently patients who are either unfit for colonoscopy or who have a failed colonoscopy have to be either referred to the Royal Devon and Exeter NHS Foundation Trust for CT colonography or have a less sensitive CT colon performed at North Devon District Hospital. It is proposed to introduce CT colonography as a new service at North Devon District Hospital.

Key issues were:

- The Trust already has the necessary software and equipment.
- This process enables the colon to be seen more clearly.
- The technique for performing CT colonography is not very different from the CT colon scans which are currently regularly performed but allows the colon to be seen more clearly, particularly polyps and cancers. The technique will be of particular use in the Bowel Cancer Screening Programme.
- Dr Milson has already received training to interpret the test, however the radiographers would also require training to undertake the procedure.

The Committee discussed the proposal and raised a number of queries. They were advised that:

- The procedure would provide an enhancement to current practice and would lead to a reduction in the need for some patients to have a barium enema.
- Dr Milson is already trained in interpreting the test and Dr MacPherson will undertake the training to provide cover in his absence.
- The procedure would not be introduced until all training has been undertaken. The radiographer training course is a 2 – 3 day course and it is expected that the lead in, taking this into account, for commencing the new procedure would be approximately six months.
- There is already an auditing process in place related to the Bowel Screening Programme. There is also an internal governance system with any incidents being reported through the Trust's incident reporting process.
• The Committee requested that Dr Milson considered the need for a peer review process once the service has been implemented.
• The Primary Care Trust would need to approve the introduction of the new service.

The Committee APPROVED, in principle, the proposal for the Introduction of CT Colonography Service at North Devon District Hospital as they were assured that the introduction would be undertaken in a safe manner.

PleurX – Ultrasound Guided Tunneled Indwelling Catheter Insertion for Intermittent Drainage of Malignant Fluid

The Committee was informed that the proposal for the insertion of an ultrasound guided tunneled catheter would be used to enable patients to drain fluid at home without the need for urgent hospital visits.

Key issues were:

• There is a substantial evidence base for the procedure with outcomes published in 30 clinical journal articles.
• The clinicians who would undertake the procedure would be Dr MacPherson and Dr Moody.
• Both are already trained in inserting drainage catheters under ultrasound guidance but Dr MacPherson would need training on the equipment to be used and Dr Moody would need to undertake training to learn the technique, which would be provided at the Royal Devon and Exeter NHS Foundation Trust.
• The manufacturer will provide a DVD and information leaflet for community nursing teams with instructions for attaching the drainage bottle to the indwelling catheter.
• There are no published constraints regarding the number of procedures which need to be undertaken annually to maintain competence. Dr MacPherson currently undertakes 8-10 per annum and Dr Moody substantially more and it is felt that this is sufficient.
• It would be planned to audit the procedure after the first five patients for each consultant to look at procedure success, infection rates and hospital re-attendances for drain management.

The Committee APPROVED, in principle, the proposal for the introduction of Ultrasound Guided Tunneled Catheter Insertion for Intermittent Drainage of Malignant Fluid, as they were assured that the introduction would be undertaken in a safe manner.

061/12 MINUTES OF THE MEETING HELD ON 13 MARCH 2012

The minutes of the meeting held on Tuesday, 13 March 2012, numbers 031/12 to 057/12 were considered and the Committee REQUESTED a correction to item 040/12 Research and Development Committee Minutes 8 March 2012 – Research and Development Manager should be replaced with Research and Development Director.

Subject to this amendment, the minutes were APPROVED.

062/12 MATTERS ARISING

Following discussion the Committee reviewed the Action Grid and noted:
**Action 1 – 113/11 – Clinical Hotspot**
The Committee was advised that the Medical Director was assured that no records have been shredded.

Action complete

**Action 3 – 013/12 – Trust Compliance Report January 2012**
The Committee was advised that an update had been included in the Trust Compliance Report for April 2012 on the Trustwide actions arising from the Community Hospital walkabouts.

Action complete.

**Action 4 – 037/12 – National Outpatient Survey 2011 Action Plan**
The Committee was advised that the action plan will be re-presented for review in six months time, to the September 2012 meeting.

Action ongoing.

**Action 5 – 038/12 – Patient Experience Strategy**
The Committee was advised that community services are included in the Patient Experience indicators as are specialist community services.

Action closed.

**Action 6 – 042/12 – Risk Management Committee**
The Committee was advised that information had been included with the Safer Care Delivery Committee minutes relating to falls.

Action complete.

**Action 7 – 50/12 – Being Open Policy**
The flow chart has been added to the policy.

Action complete.

The Committee **NOTED** the actions that had now been completed and **AGREED** the completed actions.

**063/12 INTERVENTIONAL PROCEDURES PROFORMA**

Alison Diamond, Medical Director, presented the Interventional Procedures Proforma.

The Committee was advised that:

- The interventional procedures proforma had been developed following discussions at previous meetings.
- The proforma was intended to provide background information to the Committee and also to provide clinicians with some prompts on the information that is required by the Committee to gain assurance that any new procedures introduced are introduced safely.
Following discussion the Committee asked for the following amendments to the proforma:

- Information should be included under the Evidence Base section to indicate whether the procedure has been undertaken elsewhere in the NHS or is completely new. AD
- The Training section be expanded to require detail of what training is required and where training will be provided. AD
- The Assurance statements be moved to the top of the form. AD

Subject to these amendments, the Committee APPROVED the Interventional Procedures Proforma.

064/12 RESEARCH AND DEVELOPMENT GROUP

Jacqui Kraska, Clinical Effectiveness Lead, presented the Research and Development Group minutes of the meeting held on 8 March 2012.

The Committee was advised that the key issues discussed at the meeting were:

- The Group had received and discussed the Trial Status and Recruitment report which also looks at the performance of studies.
- The Group had received and discussed a report on Serious Adverse Events which looked at the process for reporting events and identifying any issues.

The Committee RECEIVED the Research and Development Group minutes of the meeting held on 8 March 2012.

065/12 PATIENT STORIES

Sarah James, Head of Quality and Safety, presented the Patient Stories paper.

The Committee was advised that the use of patient stories had previously been discussed at the Trust Board and the Board had requested that this be looked at in more detail by the Quality Assurance Committee.

The Committee was informed that:

- The subject of the use of Patient Stories had been raised at a Trust Board meeting and the Board had delegated it to the Quality Assurance Committee to look at in detail and examine options for how they could be used.
- There is a significant evidence base to show that the use of patient stories impacts on improving the quality care and services provided.
- The Trust does not currently use patient stories in a consistent, meaningful way.
- The use of patient stories requires time and a variety of methods in order to be able to use them well.
- Patient stories could be used to engage with patients as well as staff.
- Four options were presented to the Committee for consideration of how patient stories could be used.
Following discussion, the Committee AGREED that a pilot should be undertaken using the Dementia DVD which has already been made and allowing time for discussion after it has been viewed at the next Committee meeting.  

The Committee APPROVED the pilot of the use of Patient Stories.

066/12 QUALITY ACCOUNT 2012-13

Sarah James, Head of Quality and Safety, presented the Quality Account 2012-13.

The Committee was informed that:

- The Quality Account forms part of the organisation’s quality improvement strategy to embed and improve quality and patient safety.
- The Quality Account 2012-13 provides a review of the priorities outlined in the 2011-12 Quality Account and outlines what has been delivered and where further work is still to be undertaken.
- The Quality Account details the Trust’s priorities for 2012-13 which were decided following consultation with staff, external stakeholders and the public.
- The nine priorities chosen link with the quality triangle of patient safety, patient experience and clinical effectiveness.
- This year’s Quality Account is the first since Transforming Community Services in April 2011 and provides an opportunity for the organization to look back over developments during the past year and look forward to future developments.

The Committee raised a number of queries and was informed that:

- The introduction would be looked at to see if it could be strengthened to emphasise the Quality Account covers the whole Trust, including the acute hospital, community hospitals and community services.
- Statements from Stakeholders will be added to the report as they are received.
- The statement on page 7 of the report “Pressure ulcers are avoidable” will be amended to read “The majority of pressure ulcers are avoidable”.  
  
  The Quality Account will be ratified by the Trust Board.

The Committee APPROVED the Quality Account 2012-13 subject to the amendment noted and the inclusion of stakeholder statements.

067/12 QUALITY IMPROVEMENT STRATEGY 2012-15

Carolyn Mills, Director of Nursing, presented the Quality Improvement Strategy 2012-15.

The Committee was advised that:

- The Strategy has been developed following the identification of a gap during the Foundation Trust application assessment process. The Trust already has a Patient Experience Strategy, a Patient Safety Strategy and a Clinical Audit and Effectiveness Strategy which underpin this overarching Quality Improvement Strategy.
- The Strategy links with seven of the Trust’s key objectives and describes how the Trust will improve the safety and effectiveness of care whilst continuing to develop patient focus.
The Trust has identified quality as a key Trust strategic objective and the Strategy pulls together the three dimensions of quality – Patient Safety, Patient Experience, Clinical Effectiveness.

The Quality Improvement Strategy 2012-15 will be presented to the Trust Board in June for ratification.

The Committee APPROVED the Quality Improvement Strategy 2012-15.

068/12 CLINICAL AUDIT AND EFFECTIVENESS STRATEGY

Sarah James, Head of Quality and Safety, presented the Clinical Audit and Effectiveness Strategy.

The Committee was informed that the key issues were:

- The Clinical Audit and Effectiveness Strategy is the last of the three quality strategies to be submitted for approval, the Committee having already approved the Patient Experience Strategy and the Patient Safety Strategy.
- The Strategy details the objectives for the next three years and links to the quality improvement aspect detailed in the other two strategies.
- The key objectives of the strategy include the development of trustwide processes to support clinical audit activity.
- Delivery of the strategy will be supported by a detailed work plan.
- The Strategy will be presented to the Trust Board for ratification.

The Committee REQUESTED that page 5 of the Strategy, under the section headed Scope, be amended to reflect Members for the Trust’s future Foundation Trust status. Katherine Allen will supply a form of words.

The Committee APPROVED the Clinical Audit and Effectiveness Strategy.

069/12 QUALITY ASSURANCE COMMITTEE COMPLIANCE REPORT 2011-12

Juliet Cross, Head of Corporate Governance, presented the Quality Assurance Committee Compliance Report 2011-12.

The Committee was advised that the key issues were:

- The Committee had met six times during 2011-12 and all meetings had been quorate.
- The Committee had received two in-depth risk reports, one relating to risks in maternity services following a serious incident investigation and one relating to the potential risk of harm to patients from the incorrect administration of medicines, fluids or enteral feeds via a pump or syringe driver.
- The Committee had received a number of presentations under the Clinical Hotspot, including proposals for introducing a system of taking two blood samples for patients with no historical blood sample to reduce the risk of transfusing mismatched blood.
- The Committee had reviewed its role and functions. This had also included a review of the sub-committees reporting to the Committee with a number of sub-committees no longer required to submit minutes, but rather a Committee Compliance Report and an annual review of their Terms of Reference.
Following the review of the Committee’s role and functions, the Committee had been renamed the Quality Assurance Committee and membership had been revised to include three Non-Executive Directors, one of whom is the Chair of the Committee.

Following discussion, the Committee requested that the list of sub-groups not reporting to the Committee listed under section 7 – Main Areas of Development be amended, as the Joint Safeguarding Adults Board and the Joint Safeguarding Children Board do still report to the Quality Assurance Committee.

Subject to this amendment, the Committee APPROVED the Quality Assurance Committee Compliance Report 2011-12.

070/12 QUALITY ASSURANCE COMMITTEE TERMS OF REFERENCE

Juliet Cross, Head of Corporate Governance, presented the Quality Assurance Committee Terms of Reference.

The Committee was advised that:

- The Terms of Reference were presented as part of the Committee’s annual review.
- Membership and meeting details have been updated.
- The Medical Director advised that a Lead Clinician will not be appointed to the membership of the Committee until July.

Following discussion the Committee REQUESTED that the Terms of Reference be re-presented to the July meeting once a Lead Clinician has been nominated for membership.

The Committee also REQUESTED that Mark Meller be removed from the current membership list as he no longer serves on the Committee.

The Committee APPROVED the Quality Assurance Committee Terms of Reference.

071/12 INCIDENT MANAGEMENT AND INVESTIGATION POLICY

Juliet Cross, Head of Corporate Governance, presented the Incident Management and Investigation Policy.

The Committee was advised that:

- The policy is a harmonized policy following Transforming Community Services.
- In addition, the policy represents the amalgamation of two previous policies into one; the Incident Reporting Policy and the Incident Investigation Policy.

Following discussion, the Committee agreed to return any comments on the Policy to Juliet Cross in two weeks time and the Policy would then be re-presented to the July meeting of the Quality Assurance Committee for approval.

The Committee NOTED the Incident Management and Investigation Policy.

072/12 STRATEGIC WORKFORCE DEVELOPMENT COMMITTEE
The Chairman advised that, due to the large number of papers presented on the Agenda, it was not intended to go through each of the sub-committee sets of minutes in detail, but rather they would be taken individually for noting only, unless a significant issue was raised.

The Committee noted the Strategic Workforce Development Committee draft minutes of the meeting held on 20 April 2012. No issues were raised.

073/12 TRUST COMPLIANCE REPORT – APRIL 2012

Alison Diamond, Medical Director, advised the Committee that following feedback from the Quality Assurance Committee, she and the Compliance Manager had met to discuss the format of the Compliance Report. In future, the background context will be provided for data supplied by action owners. The section of the Care Quality Commission Quality and Risk Profile has been expanded to include additional information when the direction of travel of the indicators change.

Where individual indicators are noted as Red or Amber, there is a process for requesting assurance / action from managers that the issues are being managed appropriately. It was agreed that the Trust’s position needs to be set into context as the manager’s responses are not always comprehensive.

The Committee received the Trust Compliance Report for April 2012.

074/12 DRUGS AND THERAPEUTICS COMMITTEE

The Committee was asked if there were any significant issues to be raised relating to the Drugs and Therapeutics Committee minutes of the meeting held on 8 March 2012 and none were identified.

The Committee noted the Drugs and Therapeutics Committee minutes.

075/12 EASTERN PATIENT INFECTION AND CONTROL COMMITTEE

The Committee was asked if there were any significant issues to be raised relating to the Eastern Patient Infection and Control Committee minutes of the meeting held on 13 March 2012 and none were identified.

The Committee noted the Eastern Patient Infection and Control Committee minutes.

076/12 NORTHERN PATIENT INFECTION AND CONTROL COMMITTEE

The Committee was asked if there were any significant issues to be raised relating to the Northern Patient Infection and Control Committee minutes of the meeting held on 6 March 2012 and none were identified.

The Committee noted the Northern Patient Infection and Control Committee minutes.
077/12  MEDICAL DEVICES COMMITTEE

The Committee was asked if there were any significant issues to be raised relating to the Medical Devices Committee minutes of the meeting held on 16 April 2012 and none were identified.

The Committee NOTED the Medical Devices Committee minutes.

078/12  SAFER CARE DELIVERY COMMITTEE

Carolyn Mills, Director of Nursing, presented the Safer Care Delivery Committee minutes of the meeting held on 3 April 2012.

The Committee was advised that the key issues were:

- An increasing number of harm events across both the North and East were reported. Included with the Committee minutes was the Quality and Patient Safety Risk Report for April 2012 which included the run charts for risks related to patient harm events. The Quality Assurance was asked if they wished to continue to receive the run charts and they AGREED that for assurance the run charts should continue to be presented.
- The Safer Care Delivery Committee had discussed the risks associated with non-attendance at statutory and mandatory training, with particular reference to Resuscitation Training. Annette Crew, Risk Manager, asked for it to be noted that there was an inaccuracy in the minutes relating to Health and Safety Training. Face to Face Health and Safety Training had not been withdrawn but rather the number of sessions provided during 2011-12 had been reduced and an e-learning package developed. The e-learning package had been made available for staff, but they were still able to access Face to Face training where needed.

Following discussion, the Committee raised a query regarding the Quality and Patient Safety Risk Report for April 2012 relating to the reported month on month increase in Patient Harm Events for Northern Services. The report states that the Patient Safety Team is currently unsure of the reasons for the month on month increase but is working with Corporate Governance to undertake a more detailed analysis of these increases. The Committee asked for any update and was informed that work is ongoing but one element may relate to high reporting, as the Trust has always been a high reporter of incidents.

The Committee RECEIVED the minutes of the Safer Care Delivery Committee minutes of the meeting held on 3 April 2012.

079/12  SAFEGUARDING ADULTS ANNUAL REPORT 2011-12

Nick Rudling, Safeguarding Adults Lead, presented the Safeguarding Adults Annual Report 2011-12.

The Committee was advised that the key issues were:
• There was a significant improvement in completion of Safeguarding training over the course of the year.
• There has been increased reporting of incidents as possible safeguarding issues, which may in part be related to increased awareness of staff who have completed safeguarding training. This increase has also been apparent in the community where staff going in to care homes are picking up safeguarding issues.
• The number of Deprivation of Liberty applications made had increased from one in 2010-11 to 27 for 2011-12. Again this is likely to be attributable to increased awareness amongst staff following the increased training uptake.
• An internal audit had taken place which had identified a number of areas which needed improvement and actions to address these have been included in the Safeguarding Adults workplan for 2012-13. The audit will be repeated again during 2012-13 to review whether the actions have started to have an impact.
• The Safeguarding Adults policy had been revised and harmonized.

The Committee RECEIVED the Safeguarding Adults Annual Report 2011-12.

080/12 CONTROLLED DRUGS ANNUAL REPORT 2011-12

Alison Diamond, Medical Director, presented the Controlled Drugs Annual Report 2011-12.

The Committee was advised that the key issues were:

• The Annual Report was presented to the Committee for information.
• It is not a statutory requirement to produce the report, but it has been produced as part of the external quality assurance process for the Trust’s Foundation Trust application.
• The assurance provided is in the processes and controls in place regarding the use and monitoring of controlled drugs, but does not provide assurance relating to the number of incidents which occurred and how the Trust dealt with them and whether there were any HR issues.

Following discussion the Committee AGREED that Niall Ferguson, Director of Pharmacy, be asked to review with a view to presenting a Clinical Hotspot on controlled drugs incidents and how they are managed via the Management of Medication committee structure to the Committee at a future meeting.

The Committee RECEIVED the Controlled Drugs Annual Report 2011-12.

081/12 LEARNING FROM PATIENT EXPERIENCE GROUP

Carolyn Mills, Director of Nursing, presented the minutes of the Learning from Patient Experience Group meeting held on 13 February 2012.

The Committee was advised that:
The Group had discussed reported number of incidents of pressure damage (grades 1-4) and the workstreams and action plans in place to support delivery of a reduction in these incidents.

The Committee RECEIVED the Learning from Patient Experience Group minutes of the meeting held on 13 February 2012.

082/12 PATIENT EXPERIENCE REPORT QUARTER 3 2011-12

Sarah James, Head of Quality and Safety, presented the Patient Experience Report for Quarter 2 2011-12.

The Committee was advised that:

- Two key themes had been identified during Quarter 3 2011-12:
  - Clinical care and treatment; and
  - Information provision
- Action plans are in place to address all issues identified.
- A review of the content and format of the report is ongoing.
- In future, the detailed report will be presented to the Learning from Patient Experience Group and any significant issues will be highlighted in the Learning from Patient Experience Group minutes.


083/12 NATIONAL INPATIENT SURVEY 2011

Carolyn Mills, Director of Nursing, presented the National Inpatient Survey 2011.

The Committee was advised that the key issues identified were:

- The Trust scored in the best 20% of Trusts in 2 out of the 64 responses which were unchanged from the last survey. These were:
  - Did nurses talk in front of you as if you weren’t there?
  - Copy of letters in plain English when leaving hospital.
- The Trust scored in the worst 20% of Trusts in 2 out of 64 responses, also both unchanged from the last survey. These were:
  - Noise at night
  - Were you asked to give your views?
- The Trust scored in the middle 60% of Trusts in 60 out of the 64 responses.
- Some improvements were noted, particularly in relation to fewer instances reported of sharing mixed sex sleeping area.
- Some deteriorations were noted, particularly in relation to patients experiencing delays to their discharge from hospital.
- The action plan from the last survey had targeted a number of areas, including mixed sex accommodation, noise at night and patients being asked for their view on the care they received.
- A number of actions are in place to address outstanding issues:
  - A task and finish piece of work, led by the Director Nursing, will be undertaken to address noise at night.
○ An action plan has been developed to deliver a Trustwide patient experience programme which will address the issue of patients being asked their view on the care they received

The Committee RECEIVED the National Inpatient Survey 2011 and NOTED the actions in place to address the issues identified.

084/12 PATIENT AND PUBLIC INVOLVEMENT ANNUAL REPORT 2011-12

Katherine Allen, Head of Communications, presented the Patient and Public Involvement Annual Report 2011-12.

The Committee was advised that:

- Attendance at the Involving People Steering Group has continued to be good.
- A series of Dementia Focus Group were held during the year and the results of these have been included in the development of the Trust’s Dementia Strategy and also incorporated into staff training via the customer care DVDs.
- Work has been undertaken to develop relationships with LINk Devon and the Trust is working with them on their 2012-13 work programme, the first part of which is the patient flow workstream.
- There has been successful patient and public involvement in a number of decisions during the course of the year, including the consultation on the multi-faith space, the redesign of the Ladywell Unit and the identification of sensory impaired patients.
- There has been partnership working with the Patients’ Association on a patient experience survey, which forms the basis of the Trust’s patient experience tracker. The results of the survey are being used as a focus for the development of staff training DVDs.
- The Trust’s volunteer recruitment programme has been revitalized and relaunched.
- The consultation exercise undertaken as part of the Trust’s Foundation Trust application included many public engagement events and opportunities for the public to provide feedback to the Trust.
- Work is ongoing with colleagues in the eastern area of the Trust to align Patient and Public Involvement work across the whole Trust.

The Committee RECEIVED the Patient and Public Involvement Annual Report for 2011-12.

085/12 ORGAN AND TISSUE DONATION COMMITTEE ANNUAL REPORT 2011-12 AND PLAN FOR 2012-13

Dr Graham Farrar, Organ and Tissue Donation Committee Chair, attended to present the Organ and Tissue Donation Committee Annual Report for 2011-12 and Plan for 2012-13. He was accompanied by Sharon Bates, Divisional General Manager for Anaesthetics, Theatres, Critical Care, Cancer Services, Therapies and Patient Access, Dr Andy Walder, Clinical Lead for Organ Donation and Sarah Rundle, Specialist Nurse for Organ Donation.
The Committee was advised that the key issues for the Annual Report were:

- Dr Graham Farrar took over as lay Chairman of the Committee in September 2011.
- A dedicated Specialist Nurse for Organ Donation, funded by NHS Blood and Transplant, has been appointed.
- There were two successful retrievals of donor organs during 2011-12 which had resulted in seven separate organs being used for transplant.
- There were ten corneal eye donations which had resulted in seven successful transplants.
- Ongoing audit has demonstrated that there have been no missed opportunities for organ donation with all potential organ donors appropriately referred to the Organ Donation Team for consideration.
- There has been increased staff training and awareness raising relating to organ and tissue donation and ongoing work with the Mortuary Team relating to tissue retrieval.

Key issues highlighted from the Plan for 2012-13 were:

- The Team are currently preparing for National Transplant Awareness week which will take place from 9 – 15 July 2012. The theme for this year is “Pass it on” which focuses on encouraging people to sign up to the Organ Donation Register and to passing on their wishes to family and friends. A link to the campaign and the register will be included in the North Devon Journal.
- A schools pack has been prepared which will look at many of the issues around organ donation, including ethics as well as the science involved.
- A talk for students at Petroc College has been arranged.


086/12 CLINICAL HOTSPOT

Mark Cartmell, Consultant Surgeon, attended to present a Clinical Hotspot on Single Incision Laparoscopic Surgery.

Single Incision Laparoscopic Surgery
The Committee was advised that there was some urgency in presenting this hotspot to them, as it related to a particular patient being considered for the procedure. No other treatment options were available for the patient, who was being kept informed of the potential risks.

The Committee was informed that:

- The procedure represents a change of current procedures with the difference being instead of three excisions, one would be used.
- Links have been developed with other surgeons in Cheltenham and Bristol already using this technique, as well as the network of laparoscopic surgeons and the National Training Body.
- Mark Cartmell has undertaken specific training in Milan for this procedure and is an experienced laparoscopic surgeon.
• There would be careful selection of patients suitable for the procedure to be undertaken at the Trust. More complex cases would still be sent to Cheltenham initially.
• There will be a close audit of all procedures undertaken and benchmarking of outcomes against other Trusts using the technique.
• The procedure is not done anywhere else in the South West currently, although there are similar procedures being carried out.
• The Committee was provided with copies of evidence to support the technique.

The Committee:

• APPROVED the proposal to undertake this procedure on a specific patient as the Committee was assured that the procedure would be undertaken in a safe manner.
• APPROVED, in principle, the introduction of Single Incision Laparoscopic Surgery as they were assured that the introduction would be undertaken in a safe manner.

087/12 NORTHERN INFECTION PREVENTION AND CONTROL COMMITTEE COMPLIANCE REPORT 2011-12

Andrew Kingsley, Clinical Manager Infection Control and Tissue Viability, presented the Northern Infection Prevention and Control Committee Compliance Report for 2011-12.

The Committee was advised that:

• The Committee had met eleven times in 2011-12; nine of the meetings had been quorate.
• The Northern and Eastern Infection Prevention and Control Committees had harmonized during the course of the year through the development of terms of reference and the harmonized Committee had met for the first time in April 2012.
• In future, one Committee Compliance Report for the harmonized Committee will be produced.

The Committee RECEIVED the Northern Infection Prevention and Control Committee Compliance Report 2011-12.

088/12 MEDICAL DEVICES COMMITTEE COMPLIANCE REPORT 2011-12

Mike Ambridge, Medical Equipment Manager, presented the Medical Devices Committee Compliance Report 2011-12.

The Committee was advised that:

• The Committee had been scheduled to meet four times during 2011-12.
• One meeting had been cancelled and of the three meetings held, two of which were not quorate.
• A number of areas of development had been identified, including a revision of Key Performance Indicators and discussions regarding the inclusion of Eastern Community Services representatives and appropriate membership of the Committee to ensure quoracy.
The Committee discussed the report, in particular its concerns over the issue of quoracy and was assured that the matter is being addressed through the review of membership to ensure that the right people are members. The Committee will be updated on progress through the minutes of the Medical Devices Committee.

The Committee RECEIVED the Medical Devices Committee Compliance Report 2011-12.

089/12 RISK MANAGEMENT COMMITTEE

Annette Crew, Risk Manager, informed the Committee that following discussion at the last Quality Assurance Committee meeting regarding its assurance role in terms of risk and the challenge that should be raised at Quality Assurance meetings to open risks and their associated action plans, she had met with the Committee Chair to look at how information on risks is presented to the Quality Assurance Committee. It had been agreed that in future, the Risk Management Committee minutes would be presented in the confidential session of the meeting, together with the new 15+ Risk Report for a more in depth discussion, due to the potentially confidential nature of the information now to be included in a single report.

090/12 SAFETY ALERTS GROUP TERMS OF REFERENCE

Juliet Cross, Head of Corporate Governance, presented the Safety Alerts Group Terms of Reference.

The Committee was advised that:

- Membership of the Group has been revised.
- The Group’s functions have been revised to include identification of alerts for formal audit to gain assurance of their effective implementation.
- The Group will receive routine reports of ongoing reports that have been recorded on the Corporate Risk Register for performance monitoring.
- The Group’s annual compliance report will be presented to the Quality Assurance Committee.

The Committee APPROVED the revised Safety Alerts Group Terms of Reference.

091/12 EMERGING ISSUES

The Committee discussed the issues that had been raised during the meeting and agreed that because of the time constraints, not enough time had been spent discussing the minutes of the Specialist Groups. This has resulted in a reduction in the level of assurance the Committee has received regarding the business of the Specialist Advisor Groups.

The Committee discussed the current frequency of meetings and agreed that with the increased volume of work being presented to the Committee, bi-monthly meetings were no longer viable. It was agreed that meetings should be held monthly and new dates would be circulated to Committee members.

JC
Following on from this, the Committee also discussed varying the venue for the meeting, to include locations in the eastern area and it was agreed that this would be looked into. JC

092/12 ANY OTHER BUSINESS

There was no other business raised for discussion.

093/12 NEXT MEETING

The next meeting of the Quality Assurance Committee will be held on Tuesday, 10 July 2012 between 10.00 – 1300 in the Boardroom, Chichester House.

094/12 CONFIDENTIAL SECTION

Items for discussion in the confidential session could include confidential clinical governance or individual patient issues.

095/12 EXCLUSION

The meeting RESOLVED that, due to the confidential nature of the final business to be transacted, the meeting moved to a confidential session.

096/12 CLOSE OF MEETING

There being no further business, the meeting closed at 12 noon.
## Quality Assurance Committee Action Grid – Open Section

**Updated 20 June 2012**

### 8 November 2011

| 144/11 – Clinical Audit and Effectiveness Group Notes | 1 | Draft revised Terms of Reference to be presented for comment to January meeting of Clinical Governance | JKra | 13.03.12 | Jan 12 – Work is ongoing to revise the Terms of Reference. To be presented to the March Quality Assurance Committee meeting. | Ongoing |

### 13 March 2011

| 037/12 – National Outpatient Survey 2011 Action Plan | 2 | Action Plan to be brought back to the Committee for review in six months | CM | Sept 12 | | Ongoing |

### 8 May 2012

| 061/12 – Minutes of the meeting held on 13 March 2012 | 3 | Item 040/12 Research and Development Committee minutes of 8 March to be amended – Research and Development Manager to be replaced with Research and Development Director. | JC | 10.07.12 | Jun 12 – Amendment made. | Closed |

| 063/12 – Interventional Procedures Proforma | 4 | A number of amendments to the proforma were requested:  
- Evidence Base Section to be changed to request information on whether the procedure has been undertaken elsewhere in the NHS  
- Training Section to be expanded to request detail of what training required etc.  
- Assurance statements to be moved to the top of the form. | AD | 10.07.12 | | |

| 065/12 – Patient Stories | 5 | Dementia DVD to be presented at next meeting. | SJ | 10.07.12 | | |

<p>| 066/12 – Quality Account 2012-13 | 6 | Sentence on page 7 “Pressure ulcers are avoidable” to be changed to “The | SJ | 10.07.12 | | |</p>
<table>
<thead>
<tr>
<th>Item No</th>
<th>Title</th>
<th>Description</th>
<th>Responsible</th>
<th>Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>068/12</td>
<td>Clinical Audit and Effectiveness Strategy</td>
<td>A form of words to be supplied to reflect the inclusion of FT Members on page 5 under Scope of the Strategy</td>
<td>KA/SJ</td>
<td>10.07.12</td>
<td>Closed</td>
</tr>
<tr>
<td>069/12</td>
<td>Quality Assurance Committee Compliance Report 2011-12</td>
<td>Joint Safeguarding Adults Board and Joint Safeguarding Children Board be moved from the list of groups not reporting to the Committee, to the list who do still report to QAC.</td>
<td>JC</td>
<td>10.07.12</td>
<td>Jun 12 – Amendment made.</td>
</tr>
<tr>
<td>070/12</td>
<td>Quality Assurance Committee Terms of Reference</td>
<td>Terms of Reference be re-presented to the Committee once a Lead Clinician has been appointed. Mark Meller to be removed from the list of members</td>
<td>JC</td>
<td>10.07.12</td>
<td>Jun 12 – Awaiting confirmation of Lead Clinician.</td>
</tr>
<tr>
<td>071/12</td>
<td>Incident Management and Investigation Policy</td>
<td>Policy to be re-presented to the July meeting once comments have been received back from the Committee.</td>
<td>JC</td>
<td>10.07.12</td>
<td>Jun 12 - Amendment made.</td>
</tr>
<tr>
<td>073/12</td>
<td>Trust Compliance Report April 2012</td>
<td>Trust position needs to be set into context as manager’s responses are not always comprehensive.</td>
<td>JP</td>
<td>10.07.12</td>
<td></td>
</tr>
<tr>
<td>080/12</td>
<td>Controlled Drugs Annual Report 2011-12</td>
<td>Niall Ferguson to be asked to present a clinical hotspot to a future meeting on controlled drugs incidents and processes for managing them.</td>
<td>NF</td>
<td>Sept 12</td>
<td></td>
</tr>
<tr>
<td>091/12</td>
<td>Emerging Issues</td>
<td>New dates for monthly meetings to be circulated to the Committee. Alternative venues in the eastern area to be investigated.</td>
<td>JC</td>
<td>May 12</td>
<td>Jun 12 – Agreement to six meetings a year with April and October dates circulated to QAC members.</td>
</tr>
</tbody>
</table>