

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF THE QUALITY COMMITTEE (QC) MEETING****HELD ON THURSDAY 30 MARCH 2023 AT 2:00 PM VIRTUAL MEETING VIA MICROSOFT TEAMS****Members Present:**

Ms V Bailey – Non-Executive Director (QC Chair)
 Mr A Furlong – Medical Director
 Dr A Haynes - Non-Executive Director
 Ms J Hogg – Chief Nurse
 Mr J Melbourne – Chief Operating Officer
 Professor T Robinson – Non-Executive Director
 Mr J Worrall - Associate Non-Executive Director

In Attendance:

Mr A Best – Co-Chair, Thrombosis Committee (for Minute 32/23/1)
 Ms S Burton - Deputy Chief Nurse Nursing Midwifery Excellence
 Ms B Cassidy – Director of Corporate and Legal Affairs
 Ms H Hutchinson – ICB Representative
 Mrs H Majeed – Corporate and Committee Services Officer
 Mr R Manton – Head of Risk Assurance
 Ms C Rudkin – Head of Patient Safety
 Ms J Smith – Patient Partner
 Ms M Smith – Director of Communication and Engagement

	<u>RESOLVED ITEMS</u>	
27/23	APOLOGIES	
	Apologies were received from Dr R Abeyratne, Director of Health Equality and Inclusion and Dr G Sharma, Non-Executive Director.	
28/23	QUORUM	
	The meeting was confirmed to be quorate.	
29/23	DECLARATIONS OF INTERESTS	
	<u>Resolved</u> – that no additional declarations of interests were received.	
30/23	MINUTES	
	<u>Resolved</u> – that the Minutes of the Quality Committee meeting held on 23 February 2022 (paper A) be confirmed as a correct record.	
31/23	MATTERS ARISING	
	Paper B updated Quality Committee on progress against previous actions. Any updates now provided would be reflected in the next iteration of the log. All '5' rated actions would be removed after this meeting, and the QC Non-Executive Director Chair noted work underway to progress the remaining actions as a matter of urgency.	
	In respect of Minute 19/23/5, the Medical Director provided a verbal update on the current position re. Maxillofacial service and advised that it was being actively managed. It was agreed that any future reports on this matter would be presented to the QC only if there were any significant issues to escalate.	MD
	In discussion on Minute 74/22/7 (re. Safeguarding report – System review of abandoned children), the QC Chair undertook to follow-up this with System colleagues.	QC Chair

	Resolved – that the discussion on the matters arising log (paper B) and any associated actions be updated accordingly.	MD/QC Chair
32/23	ITEMS FOR DISCUSSION AND ASSURANCE	
32/23/1	<u>Thrombosis Committee Report</u>	
	The Committee received a report (paper C) summarising the outstanding issues regarding VTE assessment and anti-coagulation. An electronic prescribing solution had been put in place to resolve the issue relating to potential co-prescribing of warfarin and heparin. The Medical Director commended the team for their efforts in developing an electronic prescribing solution for warfarin and highlighted the benefits of aligning the different modules to the same system providing the drug prescribing. The overall position regarding timely VTE assessment in the ED remained unsatisfactory despite the number of initiatives that had been introduced. Nerve Centre E-prescribing in ED, which commenced in October 2022 was expected to bring improvement, however, the effect had been slow but a steady upward trend. Although the measures were having an effect, it was not as expected, and further work would be undertaken to better understand the data. Further to this, discussions would need to take place with colleagues in the Medicine Specialty and Emergency and Specialist Medicine CMG to resolve this issue. There had been a sustained positive performance for VTE assessment and investigation of Hospital Associated Thrombosis against the Quality Schedule which was above the agreed thresholds (>95%) for quarters 1-3 of 2022-23. A brief update was provided on the thromboprophylaxis and anticoagulation dashboard and a potential training day to raise awareness of anticoagulation issues.	
	The Committee noted the report and requested a further update to be provided to QC in six months' time (i.e., September 2023), however, an update on the VTE assessment in ED be provided earlier.	Co-Chair, TC
	Resolved – that (A) the contents of the report be received and noted, and (B) the Co-Chair of the Thrombosis Committee be requested to provide a further update to QC in six months' time (i.e., September 2023), however, an update on the VTE assessment in ED be provided earlier (i.e., June 2023).	Co-Chair, TC
32/23/2	<u>Patient Safety and Complaints Performance Data Report</u>	
	The Committee received the new look monthly report for February 2023 (paper D) which provided a focus on key performance indicators for patient safety and complaints at both Trust and CMG level. A separate report providing a thematic review of learning from harm incidents would be provided on a quarterly basis. Five serious incidents had been escalated in February 2023. There were still evidence gaps in relation to duty of candour compliance. The details in the patient experience and complaints dashboard were noted.	
	The Committee Chair noted that the report provided a monthly snapshot. However, she requested consideration be given to providing an overarching narrative from the Trust Leadership Team within these reports on any quality concerns that needed to be highlighted and the work being undertaken to resolve those issues, in terms of an assurance approach.	CN
	Resolved – that (A) the contents of the report be received and noted, and (B) the Chief Nurse be requested to consider providing an overarching narrative from the Trust Leadership Team within further such reports to the QC on any quality concerns that needed to be highlighted and the work being undertaken to resolve those issues, in terms of an assurance approach.	CN
32/23/3	<u>Complaints Report Quarter 3 2022/23</u>	
	The Head of Patient Safety presented the quarter 3 complaints report (paper E) which provided themes and trends from the complaints and concerns received in that quarter. This allowed focused speciality or wider organisational actions to be developed and implemented to improve	

	quality and safety. Members were briefed on the key updates as listed in the report. The adoption of a longer formal complaint timeframe (60 days) for complex complaints, which was already being used by many other local NHS providers, had resulted in an improvement in performance. The Clinical Management Groups (CMG) were provided with a monthly report that showed the breakdown of complaints in terms of numbers and themes, for the Specialties within the CMG. A brief update was provided on the deep dive of complaints/concerns received by the Gynae Service. The Committee noted the improved position in comparison to the previous quarter.	
	<u>Resolved</u> – that the contents of the report be received and noted.	
32/23/4	<u>NHS Patient Safety Strategy (PSS) and Patient Safety Incident Response Framework (PSIRF) Update Report</u>	
	The Committee received paper F and noted that some progress was being made to implement elements of the NHS Patient Safety Strategy which included the PSIRF but were advised that until a Programme Lead was in post, progress would be limited. The Head of Patient Safety briefed members on the tasks that needed to be prioritised to meet national deadlines. Progress updates would be provided to the Trust Leadership Team on a bi-monthly basis. The Committee Chair requested consideration to be given to the approach by which the wider Trust Board was informed of the PSS. In discussion on whether 'Improving Patient safety education and training' would be mandatory, it was noted that this would need to be agreed by the Steering Group, however, currently the expectation was for it to be undertaken only by 'essential to role' staff. A further update to be presented to QC in due course.	CN/ DCLA
	<u>Resolved</u> – that (A) the contents of the report be received and noted, and (B) the Chief Nurse and Director of Corporate and Legal Affairs be requested to consider the approach by which the wider Trust Board was informed of the PSS.	CN/ DCLA
32/23/5	<u>CQC Update</u>	
	The Committee noted this report (paper G) which provided an update on the CQC core service inspections and changes to how the CQC would regulate providers from 2023. The findings from the Maternity Service inspection in February/March 2023 were awaited.	
	<u>Resolved</u> – that the contents of the report be received and noted.	
32/23/6	<u>Board Assurance Framework (BAF) Report</u>	
	The Head of Risk Assurance presented the report (paper H refers). The Committee reviewed strategic risk 1 on the BAF around 'failure to maintain and improve patient safety, clinical effectiveness and patient experience' which was aligned to its remit. The Committee noted the updates made in the month in red text in the BAF, including a new gap in assurance and associated key next step around compliance with mandatory national clinical audits. There were no changes proposed to the scores of this risk: Current rating is 20 (likelihood of almost certain x impact of major), target rating is 6 and tolerable rating 12.	
	<u>Resolved</u> – that the contents of the report be received and noted.	
33/23	REPORTS FROM UHL BOARDS	
33/23/1	<u>Nursing, Midwifery and AHP Committee (NMAHPC) Summary Report</u>	
	Members were advised that the governance around the Groups reporting to NMAHPC was being strengthened and the terms of reference for those Groups had been approved. The nursing and midwifery safe staffing levels had been appended to the report (paper I) and consideration was being given to develop a similar report for other professional groups. The new monthly report on Nursing & Midwifery staffing levels had been appended to the paper and the Chief Nurse requested any comments to be provided outwith the meeting.	QC Members
	<u>Resolved</u> – that (A) the contents of the report be received and noted, and	

	(B) Quality Committee Members be requested to feedback any comments to the Chief Nurse, on the new monthly report on Nursing & Midwifery staffing levels.	QC Members
34/23	LLR QUALITY BOARD	
34/23/1	<u>Feedback from and escalation to LLR System Quality Board</u>	
	No reports for escalation from this meeting.	
35/23	ITEMS FOR NOTING	
	The following items were received and noted. <ul style="list-style-type: none"> • Data Quality and Clinical Coding Update (paper J) • Integrated Performance Report – Month 11 2022/23 (paper K) 	
	<u>Resolved</u> – that the contents of papers J and K be received and noted.	
36/23	<u>IMPACT OF MARCH 2023 INDUSTRIAL ACTION</u>	
	The Quality Committee Chair requested the Executive Directors to provide an update in terms of any safety and quality concerns following the March 2023 industrial action by Post-Graduate/Junior Doctors. The Medical Director advised that for those patients who were in hospital, there were no significant quality issues. The impact was mostly for patients who were on planned care pathways. Although it would be challenging to monitor this impact, a harm review process was in place. Some elective activity was undertaken, and members were advised that the number of patients who had their planned care pathway disrupted was less in UHL than comparative Trusts. The Trust was supported well by partners across LLR.	
	A further round of Post-Graduate/Junior Doctors industrial action had been announced from 11-15 April 2023. As this was immediately after the Easter four-day Bank Holiday and took effect over the Easter school holidays, the Chief Operating Officer advised that there would be less flexibility in providing elective care during this period. The QC Chair expressed concern over disruption to elective oncology activity. CMGs would be submitting their plans imminently which would be reviewed to identify any critical gaps. The final plans would be reviewed by the Executive Directors prior to sign-off which would ensure safe care remained available to those who most need it. The Trust would initially focus on supporting Clinical Management Groups to provide safe emergency care. Discussion with System colleagues was also underway.	
	<u>Resolved</u> – the verbal update be noted.	
37/23	ANY OTHER BUSINESS	
	There were no items of other business.	
38/23	IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD	
	<u>Resolved</u> – that the following updates be brought to the attention of the Trust Board: - <ul style="list-style-type: none"> • Safeguarding (System Review of Abandoned Children) – this was discussed as part of the matters arising report (Minute 31/23 above refers), and • Improvements in some of the complaint processes (Minute 32/23/3 above refers) 	
39/23	ITEMS NOT RECEIVED IN LINE WITH THE WORK PLAN FOR THIS MONTH	
	It was noted that the following report had not been received in line with the Committee's work plan: <ul style="list-style-type: none"> • Quality Transformation/Quality Improvement Plan Update (this report will now be called Improvement Collaborative Update) 	
40/23	DATE OF THE NEXT MEETING	

Resolved – that the next meeting of the Quality Committee be held on Thursday 27 April 2023 from 2pm via Microsoft Teams.

The meeting closed at 3.31 pm

Hina Majeed – Corporate and Committee Services Officer

Cumulative Record of Members' Attendance (2022-23 to date).

Present

Name	Possible	Actual	% Attendance
V Bailey (Chair)	11	11	100
R Abeyratne (from December 2022)	3	1	33
A Furlong	11	10	91
A Haynes	11	10	91
J Hogg (from May 2022)	10	8	80
J Melbourne (from December 2022)	3	3	100
E Meldrum (until May 2022)	1	0	0
G Sharma (from December 2022) **	3	2	67
T Robinson	11	6	55
J Worrall (from December 2022) **	3	3	100

** Changed from attendee to member

In attendance

Name	Possible	Actual	% Attendance
B O'Brien	8	6	75
B Cassidy (from December 2022)	3	3	100
M Durbridge (until December 2022)	8	8	100
G Collins-Punter (until May 2022 and from December 2022)	5	1	20
S Harris (from December 2022)	3	0	0
J McDonald (from December 2022)	3	0	0
R Manton (from December 2022)	3	3	100
R Mitchell (from December 2022)	3	0	0
B Patel (from December 2022)	3	0	0
C Rudkin (from December 2022)	3	3	100
G Sharma (until December 2022)	8	6	75
J Smith (PP)	11	6	55
Mike Williams (from December 2022)	3	0	0
J Worrall (until December 2022)	8	8	100
ICB Representative	11	7	64