

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF THE QUALITY COMMITTEE (QC) MEETING****HELD ON THURSDAY 27 APRIL 2023 AT 2:00 PM VIRTUAL MEETING VIA MICROSOFT TEAMS****Members Present:**

Ms V Bailey – Non-Executive Director (QC Chair)
 Dr R Abeyratne – Director of Health Equality and Inclusion
 Dr A Haynes - Non-Executive Director
 Ms J Hogg – Chief Nurse
 Mr J Melbourne – Chief Operating Officer
 Mr J Worrall - Associate Non-Executive Director

In Attendance:

Ms S Favier – Deputy Chief Operating Officer (for Minute 46/23/4)
 Ms B Cassidy – Director of Corporate and Legal Affairs
 Mrs H Majeed – Corporate and Committee Services Officer
 Mr R Manton – Head of Risk Assurance
 Ms C Rudkin – Head of Patient Safety
 Ms C West – ICB Representative
 Mr M Wright – Deputy Head of Operations, W&C CMG (for Minute 46/23/2)

RESOLVED ITEMS		
41/23	APOLOGIES	
	Apologies were received from Mr A Furlong, Medical Director; Professor T Robinson, Non-Executive Director; Dr G Sharma, Non-Executive Director and Ms J Smith, Patient Partner.	
42/23	QUORUM	
	The meeting was confirmed to be quorate.	
43/23	DECLARATIONS OF INTERESTS	
	Resolved – that no additional declarations of interests were received.	
44/23	MINUTES	
	Resolved – that the Minutes of the Quality Committee meeting held on 30 March 2023 (paper A) be confirmed as a correct record.	
45/23	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 discussion on Minute 74/22/7 (re. Safeguarding report – System review of abandoned children), it was noted that the review in question was to commence imminently, and the report would be shared accordingly. Therefore, this action could be marked as 'closed'.	CCSO
	Resolved – that the discussion on the matters arising log (paper B) and any associated actions be updated accordingly.	CCSO
46/23	ITEMS FOR DISCUSSION AND ASSURANCE	
46/23/1	<u>Impact of recent (April 2023) industrial action</u>	
	The Chief Operating Officer advised that the CMG and Specialty-level plans had been exceptional to ensure safe care was provided during the second phase of industrial action by post-	

	graduate/junior doctors between 11-15 April 2023. He thanked clinical and non-clinical colleagues who had stepped-up to support the CMG plans. The Trust did its utmost to minimise the impact and were in a relatively good position in managing the disruption. However, the knock-on effects would continue as cancelled appointments, procedures and operations were re-booked. The biggest impact was mostly for patients who were on elective care pathways and further harm review processes would be put in place in addition to the existing ones.	
	In relation to the imminent industrial action by RCN members, the Chief Nurse advised that although UHL did not meet the threshold for RCN strike action, services might be affected by the action taken at neighbouring Trusts. The situation was being closely monitored and relevant Specialty-level planning was in place.	
	<u>Resolved</u> – that the verbal update be received and noted.	
46/23/2	<u>Update re. Incident relating to very High-Risk Screening for Patients with Family History of Breast Cancer</u>	
	The Deputy Head of Operations, Women’s and Children’s presented the report (paper C refers) which detailed the investigation and audit findings related to an incident whereby women who were identified as very high risk for breast cancer were not known to the breast screening pathway. A lack of clarity regarding when to refer, a referral system that was not robust, a lack of failsafe checking process and a service that had outgrown its resource were the key features which had led to this incident. An action plan had been developed to address all the issues that had been identified. The action plan would be reviewed at the Patient Safety Team action plan tracker meeting monthly and by the Adverse Events Committee to ensure compliance in relation to their application and lessons learned. A learning bulletin would be shared with all CMGs and relevant stakeholders and be included on the UHL patient safety portal. In discussion on the learning bulletin, the QC Chair suggested that some wording be included to provide clarity in respect of the reference to ‘some of these patients were appropriately not referred due to already having terminal illness’.	DHoO, W&C
	Members were advised that to date, none of the patients (where the screening programme had been delayed) had been identified as having breast cancer, however, there was one patient yet to be screened further to which the review would be concluded. The QC Chair signed-off this report on the basis that verbal confirmation would be provided to the Trust Leadership Team following the conclusion of this review.	DHoO, W&C
	<u>Resolved</u> – that (A) the contents of the report be received and noted; (B) the Deputy Head of Operations, Women’s and Children’s be requested to include some wording in the learning bulletin clarifying the reference to ‘some of these patients were appropriately not referred due to already having terminal illness’, and (C) the Deputy Head of Operations, Women’s and Children’s be requested to provide verbal confirmation to the Trust Leadership Team on the results of the review following the screening of the final patient whose screening programme had been delayed.	DHoO, W&C DHoO, W&C
46/23/3	<u>Patient Safety and Complaints Performance Data Report</u>	
	The Head of Patient Safety advised that the second iteration of this new look report (paper D refers) focussing on key performance indicators for patient safety and complaints at both Trust and CMG level was presented to the Trust Leadership Team on 18 April 2023. The TLT had suggested the inclusion of a mortality indicator, SPC charts, and narrative to provide assurance on actions being taken when there was a variance to target. The QC considered the monthly patient safety and complaints performance report for March 2023, noting that 8 Serious Incidents (SI) had been escalated in that month including one never event. The report further advised that there had been a reduction in the duty of candour evidence gaps and overdue SI actions. Most CMGs had achieved the response rate and score on the Friends and Family Test indicator. Two partly upheld complaints had been received from the PHSO. There had been no new National Patient Safety Alerts received and no CAS alerts had breached their deadlines. There had been less reopened complaints but more overdue complaints in March 2023	

	in comparison to February 2023. In response to a query, a brief update on the never event relating to wrong site surgery (wrong patient) was provided.	
	<u>Resolved</u> – that the contents of the report be received and noted.	
46/23/4	<u>New Elective Care Access Policy</u>	
	The Committee noted that the ‘Elective Care Access Policy’ (paper E refers) had been re-written to ensure it was an accurate reflection of current national guidance, supported the actions outlined in the 360-waiting list management assurance audit and provided clarity in order that it was easy to follow. The changes to the following aspects of the policy were highlighted in particular: - (a) the management of patients who did not attend (DNA) their appointment, and (b) mandatory contextual elective care training for staff, applicable to their role. Members were advised that the policy had already been presented to the Trust Leadership Team where the following actions had been agreed: - (i) to make the Safeguarding Team aware; (ii) to develop a patient guide (in different languages) of the key points, and (iii) monitoring of the policy – a section on this action had already been included within the policy. In response to next steps, it was noted that the policy would be presented to the Policy and Guideline Committee and the Operational Management Group for review, further to which it would ‘go live’. Members noted that the new policy was a positive step forward in addressing the waiting list audit challenges that had occurred previously. Members felt the policy was easy to follow which would assist in its implementation. The policy would be reviewed in six months’ time to ensure that patients were receiving treatment in accordance with national standards and objectives. It was also noted that the national policy and direction on elective recovery targets was frequently changing and therefore the policy would be reviewed regularly. In discussion on the proposed follow-up of the internal audit report on waiting list management and implementation of actions agreed, the Chief Operating Officer advised that the updated action plan would be presented to the Operations and Performance Committee in May 2023.	
	<u>Resolved</u> – that the contents of the report be received and noted.	
46/23/5	<u>Accessible Information Standard (AIS) Workstream – Update</u>	
	Further to an update provided at the Quality Committee in January 2023, the Director of Health Equality and Inclusion presented paper F which provided an update on the Trust’s approach to increasing its compliance with the legal duties outlined in the 2016 AIS. The AIS was an NHS requirement for all providers to make reasonable adjustments to ensure individuals (and their families/carers) with sensory impairments and learning difficulties/disabilities had access to healthcare services that met their needs. The AIS Group had developed an action plan with specific actions to deliver changes across existing processes, IT infrastructure, communication methods, mandatory training, and resource levels (people and infrastructure). The AIS Group would be working with an external company to progress work particularly around physically accessing and navigating the Trust’s sites and attending appointments by the deaf and blind community. The Trust had been found to be below the expected standard (against Cabinet Office Standards) for public website accessibility. The Equality, Diversity and Inclusion Team and IM&T Team were working together to rectify the issues identified in respect of UHL’s public website. The Committee Chair requested that regular updates on the AIS workstream should feature on the Quality Committee meeting agenda highlighting that the QC needed to be more accountable in monitoring the implementation of the AIS. The gaps in patient experience had been recognised and the Committee Chair requested assurance to be provided to the QC, in respect of ensuring patient groups were regularly testing that Services were meeting the requirements of the AIS. The Chief Nurse acknowledged the points made and advised that a new job role entitled ‘Head of Patient Experience’ would be advertised imminently and would evolve over the next few months.	DHE&I
	<u>Resolved</u> – that (A) the contents of the report be received and noted, and (B) the Director of Health Equality and Inclusion be requested to schedule regular updates on the AIS workstream on the agenda for the Quality Committee meeting.	DHE&I
46/23/6	<u>Board Assurance Framework (BAF) Report</u>	
	The QC reviewed strategic risk 1 on the BAF (paper G refers) around a framework to maintain and improve patient safety, clinical effectiveness and patient experience which was aligned to the	

	committee and its work plan. There are no further matters of concern from the strategic risk or significant changes proposed to the content this month. The committee noted the updates made in the month in red text in the BAF, including reference to the CQC National thematic review of maternity services along with a key next step to progress with a maternity improvement programme, and a piece of work to review patient harm because of delayed elective care. 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.	
	The Chief Nurse briefed members verbally on the communication which had taken place with UHL from the CQC since their inspection of maternity services between 28 February 2023 and 1 March 2023, in terms of concerns expressed and additional information requested from the Trust. The Trust had provided further information in respect of its plans in the immediate term. The Chief Nurse also highlighted that any exceptions would be monitored, and an update would be submitted to the CQC, on a weekly basis. Further response from the CQC was awaited.	
	<u>Resolved</u> – that the contents of the report and verbal update be received and noted.	
47/23	REPORTS FROM UHL BOARDS	
47/23/1	<u>Maternity Assurance Committee Escalation Report</u>	
	This report (paper H refers) had been withdrawn from the agenda and deferred to the Quality Committee in May 2023.	
48/23	LLR QUALITY BOARD	
48/23/1	<u>Feedback from and escalation to LLR System Quality Board</u>	
	No reports for escalation from this meeting.	
49/23	ITEMS FOR NOTING	
	The following items were received and noted. <ul style="list-style-type: none"> • Medicines Optimisation Committee Quarterly Report (paper I) • Integrated Performance Report – Month 12 2022/23 (paper J) 	
	<u>Resolved</u> – that the contents of papers I and J be received and noted.	
50/23	ANY OTHER BUSINESS	
50/23/1	<u>International Day of Midwives and International Nurses Day</u>	
	As part of the International Day of Midwives and International Nurses Day, videos of ‘thanks to midwives, nurses and ODPs’ was being prepared. Therefore, the Chief Nurse requested members to submit a short note of thanks for inclusion in the videos.	All members
51/23	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"> • New Elective Care Access Policy – the policy was clear and easy to follow. A patient guide would be developed (Minute 46/23/ 4 above refers), and • Accessible Information Standard (AIS) Workstream Update – highlighting that QC needed to be more accountable in monitoring the implementation of the AIS (Minute 46/23/5 above refers) 	
52/23	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) – initially deferred from March 2023 to April 2023. Now been deferred to July 2023; • Quarterly Cancer Harm Report – Quarter 3 2022/23 (deferred to May 2023); 	

	<ul style="list-style-type: none"> Organ Donation Report (deferred to May 2023), and Deteriorating Patient Board, Resuscitation Committee, and the End-of-Life Steering Group Report and Safer Surgery Update (deferred to May 2023). 	
53/23	DATE OF THE NEXT MEETING	
	<u>Resolved</u> – that the next meeting of the Quality Committee be held on Thursday 25 May 2023 from 2pm via Microsoft Teams.	

The meeting closed at 3.06 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)	1	1	100
R Abeyratne (from December 2022)	1	1	100
A Furlong	1	0	0
A Haynes	1	1	100
J Hogg (from May 2022)	1	1	100
J Melbourne (from December 2022)	1	1	100
G Sharma (from December 2022) **	1	0	0
T Robinson	1	0	0
J Worrall (from December 2022) **	1	1	100

** Changed from attendee to member

In attendance

Name	Possible	Actual	% Attendance
B Cassidy (from December 2022)	1	1	100
G Collins-Punter (until May 2022 and from December 2022)	1	0	0
S Harris (from December 2022)	1	0	0
J McDonald (from December 2022)	1	0	0
R Manton (from December 2022)	1	1	100
R Mitchell (from December 2022)	1	0	0
B Patel (from December 2022)	1	0	0
C Rudkin (from December 2022)	1	1	100
J Smith (PP)	1	0	0
M Williams (from December 2022)	1	0	0
ICB Representative	1	1	100