

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF THE QUALITY COMMITTEE (QC) MEETING****HELD ON THURSDAY 27 OCTOBER 2022 AT 2:00PM 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

**In Attendance:**

Dr R Abeyratne – Director of Health Equality and Inclusion  
 Mr R Binks – Deputy Chief Nurse  
 Ms B Cassidy – Director of Corporate and Legal Affairs  
 Miss M Durbridge - Director of Quality Transformation and Efficiency Improvement  
 Ms H Hutchinson – ICB Representative  
 Dr K Lambert – Associate Medical Director for Cancer, Consultant Breast Surgeon (for Minute 95/22/1)  
 Mrs H Majeed – Corporate and Committee Services Officer  
 Mr J MacDonald – Trust Chairman  
 Mr R Manton - Head of Risk Assurance  
 Ms B O'Brien - Deputy Director of Quality Governance/Deputy Chief Nurse  
 Ms J Russell – Quality and Safety Manager, Women's and Children's CMG (for Minute 96/22/2)  
 Dr G Sharma – Non-Executive Director  
 Mr J Worrall - Associate Non-Executive Director (non-voting)

	<b><u>RESOLVED ITEMS</u></b>	
<b>91/22</b>	<b>APOLOGIES</b>	
	Apologies were received from Professor T Robinson, Non-Executive Director; Ms C Trevithick and Ms C West, ICB Representatives.	
<b>92/22</b>	<b>DECLARATIONS OF INTERESTS</b>	
	<b><u>Resolved</u> – that no additional declarations of interests were received.</b>	
<b>93/22</b>	<b>MINUTES</b>	
	<b><u>Resolved</u> – that the Minutes of the Quality Committee meeting held on 29 September 2022 (paper A) be confirmed as a correct record.</b>	
<b>94/22</b>	<b>MATTERS ARISING</b>	
	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.	
	<b><u>Resolved</u> – that the discussion on the matters arising log (paper B) and any associated actions be updated accordingly.</b>	
<b>94/22/1</b>	<b>On the day Cancelled Operations (data quality) (Minute 51/22/4 of Audit Committee 31.8.22)</b>	
	The QC Chair highlighted that this discussion was in respect of considering whether the findings from the data quality audit in relation to on the day cancelled operations would be best picked up through Quality Committee (QC) or Operations and Performance Committee (OPC). It was agreed that it would be best for this matter to be taken forward via the OPC, however, if there were any harm issues arising then the QC would need to be informed.	
	<b><u>Resolved</u> – that the verbal update be noted.</b>	

<b>95/22</b>	<b>ITEMS FOR DISCUSSION AND ASSURANCE</b>	
95/22/1	<u>Quarterly Cancer Harm report – Quarter 1 2022-23</u>	
	<p>The Committee received the quarterly report (paper C refers) on potential harm to patients waiting for cancer treatment and it was noted that two patients had harm recorded in the first quarter of 2022-23. The Associate Medical Director for Cancer presented the report and provided assurance that the longer waiting cancer patients were being monitored effectively and that themes common to longer patient pathways were being explored and acted on. The need for continued investment in Cancer Services in terms of workforce, equipment, space, and development of novel and efficient pathways was highlighted. The themes identified which were remediable were mostly around capacity. The patients were already being monitored effectively, however, some patients could move through their pathways more quickly if there was additional capacity for diagnostics, theatre time and clinic time specifically. The Cancer Centre and the Urology Team had been working closely together involving the ICB and EMCA/NHSE on the issues feeding into their backlog including insourcing template biopsies to help clear the backlog and working on a sustainable solution for adequate numbers of in-house biopsies. The Director of Health Inequalities advised that several workstreams had been put in place to address health inequalities in different tumour sites and undertook to liaise with the Associate Medical Director for Cancer to ensure these were prioritised correctly. In discussion, it was agreed that this report should be presented to the System Quality Design Group.</p>	<p><b>AMD, C</b></p> <p><b>CN/MD</b></p>
	<p><b><u>Resolved</u> – that (A) the contents of the report be received and noted;</b></p> <p><b>(B) the Associate Medical Director for Cancer to present this report to the System Quality Design Group (SQDG), and</b></p> <p><b>(C) Chief Nurse/Medical Director’s to include a narrative in their quality report to the Trust Board that longer waiting cancer patients were being monitored effectively and that themes common to longer patient pathways were being explored and acted on.</b></p>	<p><b>AMD, C</b></p> <p><b>CN/MD</b></p>
95/22/2	<u>Pertinent Safety Issues</u>	
	<p>The Chief Nurse and Medical Director briefed the QC verbally on pertinent safety issues: -</p> <ul style="list-style-type: none"> <li>(i) the East Kent Maternity Review had been published, a deep dive of the recommendations would be undertaken to identify any areas for improvement at UHL and a detailed plan would be presented to the Quality Committee in due course;</li> <li>(ii) a serious incident in a ward relating to the ‘personal care’ domain of the ward accreditation process. Members were advised that immediate actions had been taken to resolve the current issue. Several actions were being taken to identify the underlying issues and learn lessons from this incident and a monitoring process had been put in place. Any themes and broader learning arising from the review of this incident would be presented to a subsequent QC meeting. In response to a query, it was noted that the CQC had been made aware of this incident;</li> <li>(iii) an incident relating to very high-risk screening for patients with family history of breast cancer, which instigated a full review from the Clinical Genetics Service of their referrals through the Breast Screening team. A detailed report on this matter would be presented to QC once the review had been completed and</li> <li>(iv) a serious incident due to the delay in recognising a vascular injury and a full investigation regarding this was taking place.</li> </ul> <p>In respect of this update and some reports elsewhere on the agenda, the Trust Chairman expressed concern that there was no clarity in terms of whether the lessons learnt were being implemented. In response, the Medical Director acknowledged this, however, highlighted that, immediate steps had been put in place to rectify the issues and a process to identify the learning and the recommendations would be brought to the Quality Committee, as appropriate. The Trust Chairman was re-assured by this response, noting that these incidents were in the early stages, however, noted the need to keep the focus on this matter. The QC Chair also highlighted that work was in progress and future reports would include the learning and improvement element of any issues identified.</p>	<p><b>CN</b></p> <p><b>MD</b></p>

	<p><b>Resolved – that (A) the verbal report on pertinent safety issues be received and noted;</b></p> <p><b>(B) the Chief Nurse be requested to present to the QC meeting in due course, a detailed plan identifying any areas for improvement at UHL, further to a deep dive of the recommendations from the East Kent Maternity Review, and</b></p> <p><b>(C) the Medical Director be requested to present a detailed report on this matter (i.e., incident relating to very high-risk screening for patients with family history of breast cancer) to the QC once the review (by the Clinical Genetics Service of their referrals through the Breast Screening team) has been completed.</b></p>	<p><b>CN</b></p> <p><b>MD</b></p>
95/22/3	<u>Patient Safety Report – September 2022</u>	
	<p>The Deputy Chief Nurse highlighted the following points from the patient safety report for September 2022 (paper D refers):</p> <ul style="list-style-type: none"> <li>(a) 7 serious incidents (SI) had been escalated in September 2022 including one never event relating to a retained foreign object post osteotomy procedure. The Medical Director provided a detailed briefing regarding the technique used in this procedure and the issues that led to the never event. Members were advised that although the headline in respect of this never event was 'retained foreign object', the issues were never quite the same each time and this was the first time a guidewire had been retained following an osteotomy procedure;</li> <li>(b) although the validated number of moderate and above harm incidents reported had decreased from August into September 2022, the maternity moderate and above validated harms had risen slightly in the same period;</li> <li>(c) a decrease in the rate of reported patient safety incidents had been seen, the lack of nursing staff incidents was the highest of the reported patient safety incidents;</li> <li>(d) the rate of prevented patient safety incidents being reported had decreased slightly and remained at a slightly better position in comparison to the previous year;</li> <li>(e) there had been six incidents with evidence gaps in Duty of Candour which was the lowest number in comparison to the previous months;</li> <li>(f) no CAS Alert breaches during this reporting period, and</li> <li>(g) in respect of the closed SI investigation reports, the recommendations and learning from the closed incidents had been included in the report. In response to queries, the Deputy Chief Nurse advised that whilst implementing the new patient safety framework, consideration was being given to reporting learning from closed incidents differently in future, whereby themes, trends and timescales were appropriately highlighted. Further to a suggestion from the QC Chair, the Deputy Chief Nurse undertook to liaise with the Medical Director and the Chief Nurse regarding the level of detail that needed to be included within the investigation reports in order that sufficient assurance was provided.</li> </ul>	<b>DCN</b>
	<p><b>Resolved – that (A) the contents of the report be received and noted, and</b></p> <p><b>(B) the Deputy Chief Nurse be requested to liaise with the Medical Director and the Chief Nurse regarding the level of detail that needed to be included within the learning from closed incidents investigation reports in order that sufficient assurance was provided.</b></p>	<b>DCN</b>
95/22/4	<u>CQC Urgent and Emergency Care Report</u>	
	<p>Paper E provided an update on the improvement work that had been taking place in the Emergency Department following the CQC Inspection in April 2022 and the department being issued with a Section 29A warning notice. There was a brief discussion about the need for assurance that the actions in the action plan had been embedded. In response, the Chief Nurse suggested that either the CQC Steering Group or the Urgent and Emergency Care Group monitored the outputs of the actions, and this was fed back to the Quality Committee, as appropriate. The Deputy Director of Quality Governance/Safety/Risk with support from the Chief Nurse undertook to have a discussion regarding this outwith the meeting.</p>	
	<b>Resolved – that the contents of the report be received and noted</b>	

95/22/5	<u>Board Assurance Framework (BAF)</u>	
	The Head of Risk Assurance presented the report (paper F refers) advising that the report had been reviewed by the Medical Director and Chief Nurse. There was need to move forward whereby the BAF was aligned with the Quality Committee's year planner and annual programme of work to provide assurance to the Committee in a structured manner. Members noted that strategic matters were covered in the BAF, and any operational matters discussed at the Quality Committee would be linked to the BAF via the operational risk register. In discussion, the Medical Director suggested that rather than including every issue on the BAF, any recurrent themes which were Trust-wide, where there was a view that there was a gap in control, should be included onto the BAF. A Trust Board Development session had been scheduled in November 2022 to review risk appetite and risk scoring of risks on the BAF.	
	<b><u>Resolved</u> – that contents of paper F be received and noted.</b>	
96/22	<b>REPORTS FROM UHL BOARDS</b>	
96/22/1	<u>Nursing and Midwifery Board Report</u>	
	In presenting the report (paper G refers), the Chief Nurse highlighted the following points in particular: - (a) the structure of Nursing and Midwifery Board was being refreshed and it would become the Nursing, Midwifery and AHP Committee from November 2022 onwards; (b) the Executive Team had approved the investment plan to establish a Pathway to Excellence Team which would ensure long-term commitment to the Pathway to Excellence programme and investment in the nursing and midwifery workforce across UHL; (c) currently, 28 Shared Decision Making (SDM) councils been established with a further 21 councils in the early stages of development; (d) in August 2022, the Registered Nurse and Registered Children's Nurse combined position depicted a slight decline in position of 9.7 WTE compared to July 2022; (e) work was underway to ensure that staff were assessed on their competence of using the Birth-rate Plus intrapartum acuity tool; (f) the nursing metrics data was collected manually, and work was in process to automate this, the Exemplar ward model would be adopted, and (g) additional assurance from CMG Heads of Nursing was being sought for clinical areas where Care Hours Per Patient Day (CHPPD) were less than six. In response to a query on the vacancy position, it was noted that Trust wide focus was required on increasing and retaining the nursing and midwifery workforce and discussions were on-going with other Trusts in respect of this matter.	
	<b><u>Resolved</u> – that the contents of this report be received and noted.</b>	
96/22/2	<u>Maternity Safety Report</u>	
	The Quality and Safety Manager, Women's and Children's CMG presented paper H, received an update on progress of the maternity safety agenda, including an update on completed Healthcare Safety Investigation Branch reports (HSIB) and Serious Incidents in quarter 2 of 2022-23. The report also highlighted the challenges in achieving some of the 10 safety actions recommended in the Maternity incentive scheme year 4 report. The Chief Nurse briefed members about an issue and highlighted that the most significant risk was in terms of achieving Safety Action 2 which was in relation to reporting of the Maternity Services Data Set. A brief update on Safety Action 5 (Workforce planning) and Safety Action 8 (Training) was also provided. In discussion on the new style reporting of learning from incidents, it was suggested that themes needed to be captured and assurance was required that the actions being taken were making a difference.	
	<b><u>Resolved</u> – that (A) the Maternity Safety Report be received and noted, and  (B) the ICB Representative be requested to include the 'Oversight of Maternity and Neonatal Services' on the agenda of the System Executive Quality Group (SEQG).</b>	<b>ICB Rep</b>

97/22	<b>LLR QUALITY BOARD</b>	
	<b>Resolved</b> – no reports to be referred to the LLR Quality Board from this QC this meeting.	
98/22	<b>ITEMS FOR NOTING</b>	
98/22/1	<u>2022-23 CQUIN Schemes Quarter 1 Report</u>	
	<b>Resolved</b> – that the contents of paper I be received and noted.	
98/22/2	<u>Compliance to NICE Guidance – Annual Update</u>	
	<b>Resolved</b> – that the contents of paper J be received and noted.	
98/22/3	<u>Bi-Annual Organ Donation Update at UHL</u>	
	<b>Resolved</b> – that the contents of paper K be received and noted.	
98/22/4	<u>Integrated Performance Report (IPR) – 2022/23 Month 6</u>	
	<b>Resolved</b> – that (A) the contents of paper L be received and noted, and  (B) the Chief Nurse be requested to present the outcome from the external review of hospital acquired pressure ulcers to the Quality Committee.	<b>CN</b>
99/22	<b>ANY OTHER BUSINESS</b>	
	There were no items of any other business.	
100/22	<b>IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD</b>	
	<b>Resolved</b> – that the action under Minute 95/22/1 (C) be brought to the attention of the Trust Board.	<b>CN/MD</b>
101/22	<b>DATE OF THE NEXT MEETING</b>	
	<b>Resolved</b> – that the next meeting of the Quality Committee be held on Thursday 24 November 2022 from 2pm via Microsoft Teams.	

The meeting closed at 3.38pm

Hina Majeed – Corporate and Committee Services Officer

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

***Voting Members***

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% Attendance</i>
V Bailey (Chair)	7	7	100
A Furlong	7	6	86
A Haynes	7	6	86
J Hogg (from May 2022)	6	5	83
E Meldrum (until May 2022)	1	1	100
T Robinson	6	3	50

***Non-voting members***

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% Attendance</i>
B O'Brien	7	5	71
M Durbridge	7	7	100
G Collins-Punter (until May 2022)	2	1	50
G Sharma	7	5	71

J Smith (PP)	7	5	71
J Worrall	7	7	100
C Trevithick/C West/ H Hutchinson/S Bailey (ICB Representative)	7	6	86