

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF THE QUALITY COMMITTEE (QC) MEETING HELD ON THURSDAY 31 OCTOBER 2024  
AT 2PM (VIRTUAL MEETING VIA MICROSOFT TEAMS)****Members Present:**

Dr A Haynes – Non-Executive Director and QC Chair  
 Professor I Browne – Associate Non-Executive Director  
 Mr A Furlong – Medical Director  
 Ms J Hogg – Chief Nurse  
 Mr M Farmer – Associate Non-Executive Director  
 Mr J Melbourne – Chief Operating Officer

**In Attendance:**

Mr A Best – Co-Chair of Thrombosis Committee (for Minute 130/24/1)  
 Ms C Cibebe – Deputy EPRR Manager (for Minute 130/24/2)  
 Mr M Clayton – Head of Safeguarding (for Minute 131/24/1)  
 Ms L Davies – Head of Radiation Protection (for Minute (for Minute 130/24/5)  
 Mr J EzroGriffiths – Head of Diagnostic Productivity (for Minute 130/24/3)  
 Ms K Jones – Head of Operations, RRCV (for Minute 130/24/4)  
 Ms H Majeed – Corporate and Committee Services Officer  
 Mr R Manton – Head of Risk Assurance  
 Ms S McLeod – Head of Patient Experience (for Minutes 130/24/6 and 130//24/7)  
 Mr M Rahman – Chief Pharmacist  
 Ms H Stokes – Head of Corporate Governance (on behalf of Director of Corporate and Legal Affairs)  
 Ms C West – ICB Representative  
 Dr G Xu – Deputy Medical Director

	<b><u>RESOLVED ITEMS</u></b>	
<b>125/24</b>	<b>APOLOGIES</b>	
	Apologies were received from Dr R Abeyratne, Director of Health Equality and Inclusion, Ms B Cassidy, Director of Corporate and Legal Affairs, Ms K Darby, ICB Representative, Ms C Pheasant, Chief AHP and Professor T Robinson, Non-Executive Director.	
<b>126/24</b>	<b>QUORUM</b>	
	The meeting was confirmed to be quorate.	
<b>127/24</b>	<b>DECLARATIONS OF INTERESTS</b>	
	<b><u>Resolved</u> – that no declarations of interests were received in the items being discussed.</b>	
<b>128/24</b>	<b>MINUTES</b>	
	<b><u>Resolved</u> – that the Minutes of the Quality Committee meeting held on 26 September 2024 (papers A1 and A2) be confirmed as a correct record.</b>	
<b>129/24</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.	
	<b><u>Resolved</u> – that the discussion on the matters arising log (paper B) and any associated actions be updated accordingly.</b>	
<b>130/24</b>	<b>ITEMS FOR DISCUSSION AND ASSURANCE</b>	
130/24/ 1	<u>Thrombosis Committee Update</u>	

	Mr A Best, Co-Chair of Thrombosis Committee attending the meeting to present paper C, an update from the Thrombosis Committee. The performance of VTE assessment and investigation of Hospital Associated Thrombosis (HAT) for quarter 1 of 2024-25 was above the agreed threshold (>95%) against the Quality Schedule. Members were advised that the proposed changeover from dalteparin to enoxaparin as the low molecular weight heparin (LMWH) of choice from July 2024, had gone well. The overall position regarding timely VTE assessment in ED remained at just over 50% of eligible patients being assessed in a timely manner, however, the introduction of several initiatives from a recently appointed Consultant in ED was expected to have a positive effect in the coming months. In discussion, support was requested with specific NerveCentre improvements, in response, the Deputy Medical Director advised that the request to integrate VTE risk assessments into NerveCentre had been put forward, however, he undertook to follow-up whether these assessments could be made mandatory. The Thrombosis/anticoagulation guidelines which had currently passed the review date were expected to be updated imminently.	DMD
	<b>Resolved – that Deputy Medical Director be requested to follow-up with NerveCentre colleagues, whether it would be possible to mandate VTE risk assessments on the system.</b>	DMD
130/24/2	<u>Emergency Preparedness, Resilience and Response (EPRR) Annual Report 2023-24</u>	
	The QC received an update (paper D refers) from the Deputy EPRR Manager on the progress made with the Trust's EPRR arrangements for the period August 2023-August 2024. The EPRR Team had completed its annual self-assessment against NHS England's core standards for EPRR, which sees the Trust as being fully compliant against 59 of the 62 standards. This would make the overall compliance rating as being 'substantially compliant', an improvement from 'partially compliant' from the last report. The QC noted the progress made against the EPRR work programme and the key priorities for the Trust in the next twelve months relating to EPRR. In discussion on the need for a de-brief in relation to the IT outage incident, the Chief Operating Officer undertook to provide this to 'Our Future Hospitals and Transformation Committee'. The QC Chair thanked the EPRR team for all the support they provided around EPRR to staff within the Trust and noted full assurance from the update provided. The report would be presented to the December 2024 Audit Committee and Trust Board, thereafter.	COO COO
	<b>Resolved – that (A) the Chief Operating Officer be requested to present this report to the December 2024 Audit Committee and Trust Board, thereafter, and</b>	COO
	<b>(B) the Chief Operating Officer be requested to provide a de-brief in relation to the IT outage incident, to 'Our Future Hospitals and Transformation Committee.'</b>	COO
130/24/3	<u>Report from the Head of Diagnostic Productivity</u>	
	<b>Resolved – that this Minute be classed as confidential and taken in private accordingly.</b>	
130/24/4	<u>Report from the Head of Operations, RRCV</u>	
	<b>Resolved – that this Minute be classed as confidential and taken in private accordingly.</b>	
130/24/5	<u>Radiation Safety Annual Report</u>	
	The annual report (paper G refers) for Leicester Radiation Safety Services (LRSS) presented by the Head of Radiation Protection highlighted the areas of work in which the LRSS was supporting compliance with the legislation and highlighted areas of risk where further work was required. The Service continued to be ISO 9001 certified with British Standards Institute through Medical Physics. Assurance was provided on the following (a) quality control on all radiation generating equipment had been completed in line with national guidance, (b) trend analysis on all radiation incidents across the Trust had been undertaken, which were reviewed locally and followed-up, and (c) all the required returns for the Environment Agency permit and compliance for radioactive waste had been provided. The main residual risks were in relation to compliance in areas that did not regularly use radiation (i.e., areas outside of imaging and radiotherapy). The Head of Radiation Protection provided assurance that there was engagement with these areas, and she was optimistic that an improvement in compliance would be achieved. There were, however, key areas such as optimisation (ensuring radiation doses and risks were as low as possible for patients) where resources limited the amount of support that could be provided. There was limited national workforce and LRSS was training staff to fulfil roles and it was highlighted that this was a	

	long process taking an average of 6 years. The Committee were assured with the update provided by the Head of Radiation Protection.	
	<b><u>Resolved</u> – that this report be highlighted to the Trust Board, for information.</b>	<b>QC Chair</b>
130/24/6	<u>Accessible Information Standard (AIS) – update (Health Equality and Inclusion)</u>	
	The Head of Patient Experience (on behalf of the Director of Health Equality and Inclusion) presented paper H, which provided a current overview on the Trust's position with regard to compliance with the AIS and described the Trust's current approach to embedding AIS in business as usual. The QC noted the current position, received assurance by the comprehensive plans in place to embed and deliver compliance with the AIS, noted the risks associated with failure to fulfil the AIS and key corporate areas, including Estates and Facilities, Communications and Digital, committed to support delivery of the AIS action plans. Members were advised that the action plan needed reinvigorating with a plan for sustainability and commitment from key corporate areas to support embedding of the standard. The Non-Executive Directors raised a number of queries on the application of AIS at UHL, in response, it was noted that although work was in progress to achieve this, further work was required. The Committee were partially assured with the update provided and requested a further update in six months' time.	<b>DHE&amp;I</b>
	<b><u>Resolved</u> – that (A) the Director of Health Equality and Inclusion be requested to provide a further update on Health Equality and Inclusion to QC in six months' time, and</b>	<b>DHE&amp;I</b>
	<b>(B) an update on this matter be highlighted to the Trust Board, for information.</b>	<b>QC Chair</b>
130/24/7	<u>Catering Pathway</u>	
	Members noted that the 2023 Adult Inpatient Survey results showed positive scoring matrix for UHL in key areas relating to food and drinks during their stay in hospital (paper I refers). The external 2024 Patient Led Assessments of the Care Environment (PLACE) inspections had recently commenced at the LGH and GH, and there was positive feedback in respect of the patients' catering service. Improvements have been made to engage with Leicester Communities, making it more inclusive and was well attended by patient representatives and carers. The significant progress was noted, and annual updates were requested to be provided to QC.	
	<b><u>Resolved</u> – that annual updates be provided to QC.</b>	
130/24/8	<u>Winter Respiratory Response Plan 2024-2025 within UHL</u>	
	The Chief Nurse presented paper J and highlighted the following four core areas that formed the approach to managing winter respiratory viruses, both within UHL and across the system – (i) Occupational Health staff vaccination programme; (ii) Inpatient screening and testing of respiratory viruses; (iii) Infection Prevention recommendations around standard precautions including patient placement and PPE requirements, and (iv) annual vaccination and specific programmes i.e., Respiratory syncytial virus (RSV) vaccine programme. Quality Committee took assurance from the update on the actions proposed, noting that the involvement of peer vaccinators was key to increasing staff uptake rates. Further to a query, the Chief Nurse undertook to circulate an update on position re. staff vaccination rates, outwith the meeting.	<b>CN</b>
	<b><u>Resolved</u> – that an update on position re. staff vaccination rates be provided to QC members, outwith the meeting.</b>	<b>CN</b>
130/24/9	<u>Quality and Safety performance report – September 2024</u>	
	Quality Committee reviewed the monthly quality and safety performance dashboard for September 2024 (paper K refers), taking assurance that the Trust continued to show improvements in key areas while addressing ongoing challenges. Improvements re: VTE assessment in ED, taking forward work on anticoagulant safety, focus on transferring care safely concerns, good progress re. complaint timeliness, positive position in terms of Friends and Family Test (FFT) scores, and progress on falls were particularly welcomed by Quality Committee. There had been an increase in instances of violence and aggression against staff and an update on actions being taken in terms of staff safety would be reported to Trust Board in November 2024. The Quality Committee	

	noted that despite operational performance, good position had been maintained in respect of quality and safety indicators.	
	<b><u>Resolved</u> – that the contents of this report be received and noted.</b>	
130/24/10	<u>Cost Improvement Programme Quality Impact Assessments: 2024/25 Quarter 2 review</u>	
	Quality Committee took assurance from the quarterly review of the quality impact assessment process for 2024/25 CIP schemes (paper L refers). It was noted that this report could be submitted to future Quality Committee meetings, for information.	
	<b><u>Resolved</u> – that the contents of this report be received and noted.</b>	
130/24/11	<u>BAF Report</u>	
	Quality Committee reviewed the BAF risks within its remit (strategic risk 1 failure to maintain and improve patient safety, clinical effectiveness, and patient experience) and endorsed both the content and the current risk score of 20 (paper M refers). The Quality Committee noted the updates under the Quality risk category, namely 'Lack of standardisation in clinical operational process' – the key next step around the Osbourne building CRO improvement plan had been completed and the thematic review of MRSA bacteraemia had been completed and reported in the Infection Prevention report. In respect of the risk relating to 'clinical workforce and culture', the risk description had been updated. The Medical Director advised Quality Committee that an update on cardiac surgery would be provided to the Trust Board in November. The Quality Committee supported the business case to seek winter investment and the Chief Nurse undertook to communicate this to the System Chief Nurse and Medical Director.	<b>CN</b>
	<b><u>Resolved</u> – that (A) the contents of this report be received and noted, and (B) the Chief Nurse be requested to communicate to the System Chief Nurse and Medical Director that the QC had supported the business case to seek winter investment.</b>	<b>CN</b>
<b>131/24</b>	<b>REPORTS FROM QUALITY COMMITTEE SUBCOMMITTEES</b>	
131/24/1	<u>Safeguarding Assurance Committee (SAC) Report</u>	
	The Head of Safeguarding highlighted the following points in particular from paper N2: - (a) a frontline staff safeguarding audit had been distributed to the children's workforce on behalf of the LLR Children's Safeguarding Partnership. The goal was to capture staff views on the effectiveness of safeguarding messages. The results were expected in March 2025; (b) a new hybrid approach to child safeguarding training, launched in September 2024, had increased both training capacity and flexibility for staff; (c) Acute hospital safeguarding leads across the East Midlands had agreed to collaborate on a unified approach to adult safeguarding training. The plan was to seek endorsement from the Regional Chief Nurse, and (d) revised approach to capturing learning from serious incidents – introduction of key safeguarding messages in daily briefings.	
	The Committee was fully assured by the progress being made by the SAC. In respect of the 'Feedback from 360 Assurance following safeguarding evidence submission' (paper N1 refers), the Committee noted that six recommendations had been completed and further evidence was required to close the final recommendation.	
	<b><u>Resolved</u> – that the update from SAC be received and noted.</b>	
131/24/2	<u>Maternity Assurance Committee (MAC) Report</u>	
	The Committee were advised that there were some issues relating to Safety Action 2: Euroking data extraction (paper O refers), however, the Chief Nurse highlighted that this would be resolved.	
	<b><u>Resolved</u> – that the update from MAC be received and noted.</b>	
131/24/3	<u>Patient Safety Committee (PSC) – 15 October 2024</u>	

	<p>With regard to the issues covered at the 15 October 2024 PSC (paper P refers), the Medical Director particularly highlighted discussion on: -</p> <ul style="list-style-type: none"> <li>• <b>Audit and Quality Improvement Programme (AQIP) Update</b> – an update on this would be provided to QC in November 2024.</li> <li>• <b>Mortuary / Bereavement Services Long Stay Patient Incident</b> – appropriate actions had now been taken and preventative actions had been put in place.</li> <li>• <b>Medicines Optimisation Committee Report</b> – the concerns around the use of universal keys for medicines and non-medicines cupboards was being addressed;</li> <li>• <b>Dermatology Wrong Site Surgery External Review</b> – an update would be presented to PSC in November 2024 and the report would be subsequently scheduled ‘for information’ at QC.</li> </ul>	
	<b>Resolved</b> – that the update from PSC be received and noted.	
<b>132/24</b>	<b>LLR QUALITY BOARD</b>	
132/24/1	<u>Feedback from and escalation to LLR System Quality Board</u>	
	The ICB Representative provided a brief update on a number of initiatives being taken forward including GP Action work, Mental Health Capacity Act and Continuing Healthcare workstreams.	
<b>133/24</b>	<b>ITEMS FOR NOTING</b>	
	<b>Resolved</b> – that the following items be received and noted: (1) <b>Integrated Performance Report 2024/25 – Month 6 (paper Q);</b> (2) <b>Perinatal Surveillance Scorecard (paper R), and</b> (3) <b>Medicines Optimisation Committee Report (paper S).</b>	
<b>134/24</b>	<b>ANY OTHER BUSINESS</b>	
	There were no items of any other business.	
<b>135/24</b>	<b>IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD</b>	
	<b>Resolved</b> – that the following updates be brought to the attention of the Trust Board: - (1) <b>The discussion under minute 130/24/4;</b> (2) <b>Radiation Safety Annual Report (Minute 130/24/5 above refers), and</b> (3) <b>Accessible Information Standard (AIS) – update (Health Equality and Inclusion) (Minute 130/24/6 above refers).</b>	
<b>136/24</b>	<b>ITEMS NOT RECEIVED IN LINE WITH THE WORK PLAN FOR THIS MONTH</b>	
	<ul style="list-style-type: none"> <li>• Data Quality and Clinical Coding (Scheduled on workplan for September 2024) – initially deferred to October 2024, now been deferred to November 2024, and</li> <li>• Audit and Quality Improvement Update – deferred due to busy October 2024 QC agenda.</li> </ul>	
<b>137/24</b>	<b>DATE OF THE NEXT MEETING</b>	
	<b>Resolved</b> – that the next meeting of the Quality Committee be held on <b>Thursday 28 November 2024 from 2pm via Microsoft Teams.</b>	

The meeting closed at 4pm

Hina Majeed – **Corporate and Committee Services Officer**

**Cumulative Record of Members’ Attendance (2024-25 to date).**

**Present**

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% Attendance</i>
<i>A Haynes (Chair)</i>	7	6	86
<i>R Abeyratne</i>	7	4	57
<i>I Browne</i>	7	6	86
<i>M Farmer</i>	7	7	100

<i>A Furlong</i>	7	6	86
<i>J Hogg</i>	7	7	100
<i>J Melbourne</i>	7	6	86
<i>T Robinson</i>	7	2	28
<i>J Worrall (until 31 August 2024)</i>	5	3	60

**In attendance**

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% Attendance</i>
<i>D Burnett</i>	7	2	28
<i>S Burton</i>	7	2	28
<i>B Cassidy</i>	7	5	71
<i>R Manton</i>	7	6	86
<i>C Pheasant</i>	7	1	14
<i>M Rahman</i>	7	7	100
<i>J Smith (PP)</i>	7	2	28
<i>Gang Xu</i>	7	4	57
<i>ICB Representative</i>	7	6	86