

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF THE QUALITY COMMITTEE (QC) MEETING HELD ON THURSDAY 25 JULY 2024 AT 2PM (VIRTUAL MEETING VIA MICROSOFT TEAMS)****Members Present:**

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

In Attendance:

Dr R Abeyratne – Director of Health Equality and Inclusion
 Mr R Binks – Deputy Chief Nurse (for Minute 89/24/2)
 Ms B Cassidy – Director of Corporate and Legal Affairs
 Mr M Clayton – Head of Safeguarding (for Minute 89/24/6)
 Mr J Ezro-Griffiths – Head of Diagnostic Productivity (for Minute 89/24/3)
 Ms B Johnson – ICB (shadowing Ms C West, ICB)
 Ms K Jones – Head of Operations, RRCV (for Minute 89/24/1)
 Ms J Kay – Head of Quality Assurance (for Minute 89/24/4)
 Mr R Manton – Head of Risk Assurance
 Dr R Marsh – Stroke Consultant (for Minute 89/24/7)
 Mr M Rahman – Chief Pharmacist
 Ms C Rudkin – Head of Patient Safety (for Minute 89/24/5)
 Ms H Stokes – Head of Corporate Governance
 Ms C West – ICB Representative
 Dr G Xu – Deputy Medical Director

	<u>RESOLVED ITEMS</u>	
84/24	APOLOGIES	
	Apologies were received from Professor I Browne Associate Non-Executive Director, Ms K Darby ICB representative, and Ms C Pheasant Chief Allied Health Professional.	
85/24	QUORUM	
	The meeting was confirmed to be quorate.	
86/24	DECLARATIONS OF INTERESTS	
	<u>Resolved</u> – that no declarations of interests were received in the items being discussed.	
87/24	MINUTES	
	<u>Resolved</u> – that the Minutes of the Quality Committee meeting held on 27 June 2024 be confirmed as a correct record.	
88/24	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.	
	<u>Resolved</u> – that the discussion on the matters arising log (paper B) and any associated actions be updated accordingly.	
89/24	ITEMS FOR DISCUSSION AND ASSURANCE	
89/24/1	<u>Report from the Head of Operations RRCV</u>	

	<u>Resolved</u> – that this Minute be classed as confidential and taken in private accordingly.	
89/24/2	<u>Improving Staff Uptake of Winter Vaccines</u>	
	<p>Mr R Binks Deputy Chief Nurse updated Quality Committee on provisional plans (including a governance and reporting structure) to increase the uptake of winter vaccinations (flu and Covid-19) by UHL staff. Although not part of either the mandatory or voluntary 2024/25 CQUINs, the Trust remained committed to increasing the level of uptake by staff. Quality Committee took assurance from the detailed update on the actions proposed, noting that the involvement of peer vaccinators was key to increasing staff uptake rates. Appropriate staff incentives would be discussed by the UHL People and Culture Committee in August 2024, and it was agreed that progress on vaccination uptake by staff would be added to the Quality and Safety performance dashboard presented to Quality Committee once the vaccination programme began. Quality Committee members suggested a potential target figure of 75%, and queried how much vaccine was planned to be ordered.</p> <p>Quality Committee endorsed the proposed approach of using peer vaccinators (with sufficient clinic time provided) and offering appropriate incentives. It was agreed to highlight the plan in place to increase staff uptake of winter vaccinations for 2024/25, and the Quality Committee's assurance on that plan, to the August 2024 Trust Board.</p>	<p>CN</p> <p>HPS</p>
	<p><u>Resolved</u> – that (A) the detail of the incentives to be offered to staff in respect of winter vaccination uptake be discussed at the August 2024 People and Culture Committee as part of that meeting's deep dive session, and</p> <p>(B) a progress report on winter vaccination programme staff take-up be added to the monthly quality and safety performance report dashboard presented to Quality Committee.</p>	<p>CN</p> <p>HPS</p>
89/24/3	<u>Report from the Head of Diagnostic Productivity</u>	
	<u>Resolved</u> – that this Minute be classed as confidential and taken in private accordingly.	
89/24/4	<u>Annual Report – NICE Compliance</u>	
	<p>Quality Committee reviewed an update on UHL's compliance with the 158 new or updated NICE guidelines published for the period July 2023 – June 2024. Although currently slightly off-plan with completed reviews having been received for 63% of those 158 guidelines, the Head of Quality Assurance (as the Trust lead) provided assurance that an appropriate recovery plan was in place to return to trajectory on this issue. The position was now reported to the CMG Quality and Safety Boards each month, and Quality Committee agreed that it should then also be escalated to the monthly CMG Performance Review Meetings if required. Quality Committee queried how to obtain assurance that there was an appropriate risk-based focus, and also noted queries from Mr M Farmer Associate Non-Executive Director re: compliance with previous NICE guidance and particularly shared decision-making guidance. Mr Farmer also queried how 'conflicting' guidelines were managed. Although noting assurance from the Chief Nurse that guidance did occasionally conflict, and that there was appropriate scope for derogations where appropriate, Quality Committee requested a further update in 6 months' time to include an assessment on the associated risks of any outstanding guidance.</p>	CN
	<p><u>Resolved</u> – that (A) a further update be provided in 6 months' time, including an assessment of the risks associated with any overdue compliance, and</p> <p>(B) instances of non-compliance with NICE guidance be escalated to the monthly CMG Performance Review Meetings (PRMs), if the position was not resolved through discussion at the CMG Quality and Safety Boards.</p>	<p>CN</p> <p>CN</p>
89/24/5	<u>Quality and Safety Performance Report – June 2024</u>	
	<p>Quality Committee reviewed the monthly quality and safety performance dashboard for June 2024, taking assurance (as had the July 2024 Patient Safety Committee) that the Trust continued to show improvements in key areas while addressing ongoing challenges. Improvements re: VTE assessment in ED, the position of zero severe hospital-acquired pressure ulcers in June 2024, and</p>	

	<p>progress on falls were particularly welcomed by Quality Committee. However, Quality Committee Non-Executive Directors voiced concern over the increase in instances of violence and aggression against staff, and requested that this issue (and the need for continued appropriate action) be highlighted to the Trust Board for information.</p> <p>In detailed discussion, Mr M Farmer Associate Non-Executive Director queried what targeted action was being taken to improve the complaint response times shown for specific areas. Mr J Worrall Non-Executive Director queried whether the current medicines safety performance indicator in respect of the administration of Parkinson's medication (% of doses administered within 30 minutes of prescription) was appropriately realistic and applicable, given the very low numbers in certain areas, and also whether areas without any such cases were being correctly presented in the indicator. The Medical Director requested that that the Patient Safety Team review both of those aspects further (likely in conjunction with the Medication Safety Team). The Quality Committee Non-Executive Director Chair also requested that the dashboard include more information on Women's and Children's CMG performance in 3 months' time, if that CMG's performance on a number of quality and safety indicators had not improved, noting that this issue would be reviewed further through the Maternity Assurance Committee in advance of coming to QC.</p> <p>Quality Committee's concern re: the increase in incidents of violence and aggression towards UHL staff, is highlighted to the Trust Board for information.</p>	<p>HPS</p> <p>CN</p>
	<p>Resolved – that (A) the feasibility/appropriateness of the current medicines safety performance indicator (and its presentation) in respect of the administration of Parkinson's medication (% of doses administered within 30 minutes of prescription) be reviewed, given the very low numbers in certain areas;</p> <p>(B) following appropriate discussion at the Maternity Assurance Committee, a further update on the quality and safety performance of the Women's and Children's CMG be provided to Quality Committee if that CMG's position did not improve, and</p> <p>(C) the increase in instances of violence and aggression against staff be highlighted to the Trust Board.</p>	<p>HPS</p> <p>CN</p> <p>QC NED CHAIR</p>
89/24/6	<u>Progress on Actions Taken following the Internal Audit Assurance Safeguarding Review</u>	
	<p>Quality Committee welcomed the clear update from the Head of Safeguarding on the Trust's plans to address the 7 actions from a recent Internal Audit limited assurance review of safeguarding governance. Quality Committee confirmed that it took assurance from the actions planned by the Trust, and welcomed the safeguarding team's intention to undertake annual audits of certain of the indicators and thus monitor ongoing compliance.</p> <p>It was agreed to highlight the Quality Committee's assurance re: the plans to address the Internal Audit actions on UHL's safeguarding governance, to the Trust Board for information.</p>	QC NED CHAIR
	Resolved – that the Quality Committee's assurance on the plans to address the actions in the safeguarding governance review, be highlighted to the Trust Board.	QC NED CHAIR
89/24/7	<u>UHL Emergency Readmissions Review</u>	
	<p>Quality Committee received a detailed update on 30-day emergency readmission rates at UHL from Dr R Marsh Consultant in Stroke Medicine, noting that the rate was below the national average (which was welcomed). Dr Marsh noted that there was a lack of a consistent approach between the various readmission data sets, and she also outlined the referral/readmission management work underway and the increased reablement provision in the community.</p> <p>Although the readmission data could be broken down by council area (rates remained highest in Leicester city and Northwest Leicestershire, and lowest in Rutland) and by Trust/age/sex/deprivation, it could not currently be broken down by both council and deprivation index together. Although noting the wealth of data provided in the report, Quality Committee requested that further discussion be held with the Director of Health Equality and Inclusion outside the meeting, to review the disaggregated data with a view to understanding the impact on different</p>	DHEI/ Dr R M

	<p>population sectors and assess whether that would lend itself to new metrics on this issue. Ms C West ICB Representative also commented on the need to understand the implications of the data.</p> <p>Quality Committee agreed that UHL should revert back to the national emergency readmission target rather than the Trust's own historic, internally-set target of 8% which did not reflect the national rise in readmissions.</p>	Con Stroke
	<p>Resolved – that (A) the disaggregated readmissions data be reviewed outside the meeting, with a view to understanding the impact on different population sectors and assessing whether that would lend itself to new metrics on this issue, and</p> <p>(B) the proposal for UHL to revert back to the national emergency readmission target be supported.</p>	<p>DHEI/ Dr R M Con Stroke</p> <p>ALL</p>
89/24/8	<u>Health Equality and Inclusion Update</u>	
	<p>The quarterly update from the Director of Health Equality and Inclusion detailed progress on a wide range of activities, including UHL's Health Equality Quality Summit event of 9 July 2024, and the Accessible Information Standard (AIS). Good progress continued on UHL's health inequalities improvement programme comprising over 30 individual projects, although operational pressures remained challenging. The Director of Health Equality and Inclusion noted that she was developing a pro-equity framework with colleagues, to continue to move towards a 'business as usual' approach. A self-assessment had also been undertaken in line with NHS Providers' guidance, and it was agreed to contact the Director of Corporate and Legal Affairs to discuss how best to appropriately sight the Trust Board to the detail of that self-assessment and any further actions required.</p> <p>QC Non-Executive Directors welcomed the significant volume of work being undertaken on health equalities, and received assurance from the Director of Health Equality and Inclusion that progress was being made on a more positive, inclusive organisational culture within the Trust, although recognising the scale and challenge of the health equality agenda. Mr M Farmer Associate Non-Executive Director commented on the need for appropriate engagement with the trans community, with people with lived experience, and with people with serious mental health issues, and he received assurance of UHL's awareness re: those points and of the work being undertaken accordingly. The Chief Nurse also advised that a report on 2025/26 patient experience priorities would be presented to a future Quality Committee. In further discussion, Dr G Xu Deputy Medical Director sought assurance that there was appropriate awareness of the scope of the health equality work needed, including cultural change, noting the scale and complexity of the challenge.</p>	<p>DHEI</p> <p>CN</p>
	<p>Resolved – that (A) the 2025/26 patient experience priorities be presented to a future QC for approval, and</p> <p>(B) further consideration be given outside the meeting to how best to sight the Trust Board to the detail of the NHS Providers' guidance self-assessment.</p>	<p>CN</p> <p>DHEI</p>
89/24/9	<u>Cost Improvement Programme (CIP) Quality Impact Assessments – 2024/25 Quarter 1 Review</u>	
	<p>Quality Committee took assurance from the first quarterly review of the quality impact assessment process for 2024/25 CIP schemes. The key purpose of that QIA process was to help the Trust understand any potential adverse impact that CIP schemes might have on quality. The Chief Nurse and the Medical Director advised Quality Committee that of the 2024/25 schemes reviewed to date, none had been rejected on a quality impact assessment basis and none of the approved schemes were deemed to be high risk from a quality perspective.</p>	
	Resolved – that the position be noted.	
89/24/10	<u>BAF Report</u>	
	<p>Quality Committee reviewed the BAF risks within its remit (strategic risk 1 <i>failure to maintain and improve patient safety, clinical effectiveness and patient experience</i>) and endorsed both the content and the current risk score of 20, which were unchanged from previous considerations.</p>	

	<u>Resolved</u> – that the contents of this report be received and noted.	
90/24	REPORTS FROM QUALITY COMMITTEE SUBCOMMITTEES	
90/24/1	<u>Maternity Assurance Committee (MAC) including May 2024 Perinatal Surveillance Scorecard</u>	
	The Chief Nurse provided assurance that this group was now working well, and she outlined progress on 2 risks within the summary. There were no specific issues requiring formal escalation to Quality Committee from the MAC summary.	
	<u>Resolved</u> – that the update from MAC be received and noted.	
90/24/2	<u>Nursing Midwifery and AHP Committee (NMAHPC) – June and July 2024</u>	
	The Chief Nurse particularly noted a good discussion by NMAHPs on quality of care.	
	<u>Resolved</u> – that the update from NMAHPC be received and noted.	
90/24/3	<u>Patient Safety Committee (PSC) – July 2024</u>	
	With regard to the issues covered at the 16 July 2024 PSC, the Medical Director particularly highlighted discussion on:- <ul style="list-style-type: none"> the latest 6-monthly report from the Hospital Transfusion Committee (also included on the July 2024 Quality Committee agenda for information), including progress in identifying an interim solution for blood transfusion modules on NerveCentre; the report on maintaining focus and oversight of quality of care and experience in pressurised services, and a review of the possible deployment of community Automated External Defibrillators (AEDs) on UHL acute sites. For the reasons outlined in the summary and in light of the low risk, it had been agreed not to deploy these AEDs on UHL acute sites. 	
	<u>Resolved</u> – that the update from PSC be received and noted.	
91/24	LLR QUALITY BOARD	
91/24/1	<u>Feedback from and escalation to LLR System Quality Board</u>	
	No items to highlight.	
92/24	ITEMS FOR NOTING	
	<u>Resolved</u> – that the following items be received and noted: (1) Integrated Performance Report for month 3 of 2024/25; (2) Hospital Transfusion Committee (HTC) report, and (3) Medicines Optimisation Committee (MedOC) report.	
93/24	ANY OTHER BUSINESS	
93/24/1	<u>Strike Action</u>	
	The Chief Operating Officer briefed Quality Committee members on upcoming strike action.	
	<u>Resolved</u> – that the verbal update be noted.	
94/24	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: - (1) increased incidence of violence and aggression towards staff as outlined in Minute 89/24/5;	

	<p>(2) the Committee's assurance re: progress on the safeguarding governance audit actions in Minute 89/24/6 above, and</p> <p>(3) the confidential issues in Minutes 89/24/1 and 89/24/3 above.</p>	
95/24	<p>ITEMS NOT RECEIVED IN LINE WITH THE WORK PLAN FOR THIS MONTH</p> <ul style="list-style-type: none"> • Infection Prevention Board Assurance Framework – deferred to QC in August 2024; • Annual Report - Patient Experience, involvement, and complaints – deferred to QC in August 2024, and • Review of QC terms of reference and work plan – deferred to August 2024. 	
96/24	DATE OF THE NEXT MEETING	
	Resolved – that the next meeting of the Quality Committee be held on Thursday 29 August 2024 from 2pm via Microsoft Teams.	

The meeting closed at 3.59pm

Helen Stokes – Head of Corporate Governance

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>	4	4	100
<i>R Abeyratne</i>	4	3	75
<i>I Browne</i>	4	3	75
<i>M Farmer</i>	4	4	100
<i>A Furlong</i>	4	4	100
<i>J Hogg</i>	4	4	100
<i>J Melbourne</i>	4	4	100
<i>T Robinson</i>	4	2	50
<i>J Worrall</i>	4	3	75

In attendance

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% Attendance</i>
<i>D Burnett</i>	4	1	25
<i>S Burton</i>	4	1	25
<i>B Cassidy</i>	4	3	75
<i>R Manton</i>	4	3	75
<i>C Pheasant</i>	4	1	25
<i>M Rahman</i>	4	4	100
<i>J Smith (PP)</i>	4	2	50
<i>Gang Xu</i>	4	1	25
<i>ICB Representative</i>	4	4	100