

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF THE QUALITY COMMITTEE (QC) MEETING HELD ON THURSDAY, 25 SEPTEMBER
2025
AT 2PM (VIRTUAL MEETING VIA MICROSOFT TEAMS)****Members Present:**

Ms J Houghton – Non-Executive Director (Acting Chair)
 Dr R Abeyratne – Director of Health Equality and Inclusion
 Prof I Browne – Non-Executive Director
 Ms S Burton – Deputy Chief Nurse (on behalf of Chief Nurse)
 Ms S Nancarrow – Associate Director of Operations – Cancer & Diagnostics (on behalf of Chief Operating Officer)
 Mr G Xu – Deputy Medical Director (on behalf of Medical Director)

In Attendance:

Mr M Clayton – Head of Safeguarding (for Minute 117/25/1)
 Ms J Croysdale – ICB Representative
 Dr R Davies – Clinical Director RRCV (for Minute 116/25/8)
 Ms G Gunn – Macmillan Lead Cancer Nurse (for Minutes 116/25/4 and 116/25/5)
 Dr D Jenkins – Lead Infection Control Doctor (for Minute 116/25/7)
 Ms H Majeed – Corporate and Committee Services Officer
 Mr R Manton - Head of Risk Assurance
 Mr H Qureshi – Consultant in Haematology and Transfusion Medicine (for Minute 116/25/3)
 Mr M Rahman – Chief Pharmacist
 Ms C Rudkin – Head of Patient Safety (for Minute 116/25/6)
 Ms C Ward – Patient Safety Partner
 Ms H Wingfield – Head of Operations, Women’s & Children’s CMG (for Minute 116/25/2)

RESOLVED ITEMS**111/25 APOLOGIES**

Apologies were received from Mr A Furlong, Medical Director, Dr A Haynes MBE, Non-Executive Director, and QC Chair, Ms J Hogg Chief Nurse, Ms S Kaur, Associate Non-Executive Director and Mr J Melbourne, Chief Operating Officer.

112/25 QUORUM

The meeting was confirmed to be quorate.

113/25 DECLARATIONS OF INTERESTS

Resolved – that no declarations of interests were received in the items being discussed.

114/25 MINUTES

Resolved – that the Minutes of the Quality Committee meeting held on 28 August 2025 (papers A1 & A2) be confirmed as a correct record.

115/25 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.

Resolved – that the discussion on the matters arising log (paper B) and any associated actions be updated accordingly.

116/25 ITEMS FOR DISCUSSION AND ASSURANCE

116/25/ Board Assurance Framework (BAF) Report (paper C)

1

The Committee reviewed the BAF and supported that the risk scores remain unchanged.

Resolved – that the report be received and noted.

116/25/ Report from the Head of Operations, Women's & Children's CMG

2

Resolved – that this Minute be classed as confidential and taken in private accordingly.

116/25/ Blood Traceability Report - compliance with the use of BloodTrack System (paper E)

3

Dr H Qureshi, Consultant in Haematology and Transfusion Medicine provided an update on the blood traceability system (BloodTrack), outlining compliance rates, technical challenges with obsolete devices, manual workarounds, and ongoing efforts to improve traceability. It was highlighted that while 100% blood traceability was achieved over the past year, 7.2% of transfusions required manual tracing due to incomplete use of the BloodTrack system. Key issues include outdated iPods, poor device maintenance, inconsistent staff training, technical failures, and non-use during emergencies - all of which posed risks to patient safety. Despite improvements from 70% to 93% compliance, the report stressed the need for device upgrades, better training, and integration with the Nerve Centre system.

The Deputy Medical Director queried whether there was a legal requirement to use the BloodTrack system, in response, it was noted that the legal requirement was for traceability, not specifically for the use of BloodTrack, however this system was the commonly used platform and had a large functionality.

In discussion on the outdated iPod devices and the need for device upgrades, it was noted that device replacement had been escalated to IT, and a group was reviewing options. The Patient Safety Committee would continue to monitor progress, with any issues being escalated to Quality Committee, as appropriate.

Resolved – that the report be received and noted.

116/25/ 104 Day+ Cancer Quality Standard Report – Quarter 2 & 3 2024/25 (paper F)

4

The Quality Committee considered the above-referenced report (presented by the Macmillan Cancer Lead Nurse) which outlined the process currently in place for the reporting of cancer harm as monitored by the Cancer Centre. The 104+ day process reported actual physical harm to a patient from the date of receipt of their two-week wait referral to their first definitive cancer treatment. The report illustrated the Trust's position for quarters 2 & 3, along with individual tumour site data including key themes and actions identified to improve waiting times. The Committee supported the ongoing work and noted that future harm reviews would reflect recent capacity losses in certain tumour sites.

Resolved – that the report be received and noted.

116/25/ National Cancer Patient Experience Survey, UHL – 2024 results (paper G)

5

The report (presented by the Macmillan Cancer Lead Nurse (MCLN)) summarised the results of the 2024 national cancer patient experience survey, highlighting areas of improvement and deterioration, workforce risks, data representativeness, and plans for action. There was concern about the sustainability of improvements due to fixed-term posts ending in March, with business cases being developed to support key roles. Action plans were being developed at tumour site and organisational levels, with a focus on addressing inequalities in survey responses and improving patient engagement, particularly among underrepresented groups.

In response to a suggestion, the MCLN undertook to ensure future reports would triangulate local survey data and national data.

Professor I Browne, Non-Executive Director queried whether there were any areas that were being focussed to improve patient experience, in response, it was noted that particular focus was

being given to fundamentals of care, and a new psychology service was also in place. The impact of this would be seen in future surveys.

MCLN

Responding to a query in respect of representativeness of survey data, especially regarding ethnicity and tumour site distribution, it was noted that efforts were underway to compare sample submissions with response demographics and concerns would be feedback nationally.

Resolved – that (A) the contents of this report be received and noted, and

(B) the Macmillan Cancer Lead Nurse to feedback concerns nationally in respect of representativeness and quality of the cancer patient experience survey data.

MCLN

116/25/
6 Quality and Safety Performance Report 2025/26 Month 5 (paper H)

The Head of Patient Safety presented the report which highlighted improvements in risk assessments, falls, and safety metrics, while highlighting ongoing challenges with overdue complaints and incidents.

Responding to a query from Ms J Houghton, Non-Executive Director, regarding any support that needed to be provided to CMGs dealing with overdue complaints, it was noted that some of the complaints were complex and required meetings, however, work was in progress to address the issues.

Mandatory training compliance remained low, partly due to the high number of local modules. The Deputy Medical Director noted the need to review and potentially reduce the number of modules, balancing national requirements with local learning needs and suggested bringing a proposal in November/December, as appropriate.

DMD

Resolved – that (A) the contents of this report be received and noted, and

(B) the Deputy Medical Director to review mandatory training compliance and potentially reduce the number of modules, balancing national requirements with local learning needs and present a proposal.

DMD

116/25/
7 Risks Arising from the Vacancy of Principal Pharmacist – Antimicrobials (paper I)

The Committee received a report (from the Lead Infection Control Doctor) on the current position of antimicrobial stewardship, describing workforce shortages, the need to reconfigure stewardship responsibilities, and the importance of collective responsibility. The Committee acknowledged the high risk, supported the need for a new approach, and advised that recruitment and business case processes should proceed through the appropriate management channels.

In discussion, the Director of Corporate and Legal Affairs undertook to liaise with the Lead Infection Control Doctor outwith the meeting re. the recommendation in the report relating to the continuity of the Antimicrobial Stewardship Committee with administrative support from the Chief Executive's office.

DCLA

Professor I Browne, Non-Executive Director/People and Culture Committee (PCC) Chair undertook to provide support via the PCC in respect of collective responsibility (i.e. greater involvement of all relevant healthcare professionals) to take the antimicrobial stewardship workstream forward.

PPC
Chair

The Chief Pharmacist undertook to liaise with the Medical Director regarding whether an external review should be undertaken.

CP

Resolved – that (A) the contents of this report be received and noted;

(B) the Director of Corporate and Legal Affairs to liaise with the Lead Infection Control Doctor (David Jenkins) outwith the meeting re. the recommendation in the report relating to the continuity of the Antimicrobial Stewardship Committee with administrative support from the Chief Executive's office;

DCLA

(B) the ICB Representative to escalate to relevant teams, as appropriate (a) the request for a thematic review of abandoned children in the Emergency Department, and (b) increase in adult neglect cases.

**ICB
Rep**

117/25/2 Patient Safety Committee (PSC) (16.9.25) Report (paper N2)

The Committee noted the report from Patient Safety Committee meeting on 16 September 2025.

Resolved – that the report be received and noted.

117/25/3 Nursing, Midwifery and AHP Committee Summary Report (paper N3)

The Deputy Chief Nurse presented this report. The Committee noted progress made with the Fundamentals of Care workstream and changes to the Leicester Excellence Accreditation Framework (LEAF) metrics to improve assurance and oversight of individual wards quality metrics, robust oversight of the challenges in relation the AHP workforce and stability of nursing and midwifery vacancies.

Resolved – that the report be received and noted.

118/25 LLR QUALITY BOARD

118/25/ Feedback from and escalation to LLR System Quality Board

1

None

119/25 ITEMS FOR NOTING

Resolved – that the following reports be received and noted:

- (1) Integrated Performance Report – Month 5 (2025-26) (paper O1), and
- (2) Perinatal Surveillance Scorecard (paper O2).

120/25 ANY OTHER BUSINESS

There were no items of any other business.

121/25 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that there were no items to be brought to the attention of the Trust Board from this QC meeting.

122/25 ITEMS NOT RECEIVED IN LINE WITH THE WORK PLAN FOR THIS MONTH

- Learning from Claims and Inquests (May 2025) – deferred to October 2025 QC.
- QC terms of reference review (August 2025) – deferred to October 2025 QC.
- Data Quality and Clinical Coding Report – was already an 'item for noting' on August 2025 agenda, therefore has not been included on September 2025 agenda.
- Review any UHL core strategies within QC's remit –
- Clinical Strategy – the Medical Director has advised the strategy was signed off by the TB in August 2025 and there is nothing more to add at this point.
- National Cleaning Standards – Bi-Annual Update (September 2025) – deferred to October 2025 QC.

123/25 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the Quality Committee be held on Thursday 30 October 2025 from 2pm via Microsoft Teams.

The meeting closed at 3.56 pm

Hina Majeed – Corporate and Committee Services Officer

Cumulative Record of Members' Attendance (2025-26 to date).

Present

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% Attendance</i>
<i>A Haynes (Chair)</i>	6	5	83
<i>R Abeyratne</i>	6	4	67
<i>I Browne</i>	6	5	83
<i>M Farmer</i>	0	0	N/A
<i>A Furlong</i>	6	4	67
<i>J Hogg</i>	6	5	83
<i>J Houghton</i>	6	6	100
<i>S Kaur (from May 2025)</i>	5	4	80
<i>J Melbourne</i>	6	4	67
<i>T Robinson (until May 2025)</i>	3	0	0

In attendance

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% Attendance</i>
<i>D Burnett</i>	6	0	0
<i>S Burton</i>	6	3	50
<i>B Cassidy</i>	6	5	83
<i>R Manton</i>	6	5	83
<i>C Pheasant</i>	6	0	0
<i>M Rahman</i>	6	5	83
<i>C Ward (PP)</i>	6	4	67
<i>Gang Xu</i>	6	5	83
<i>ICB Representative</i>	6	6	100