

Quality Assurance Committee Chair's Report 19 June 2025

PUBLIC BOARD

31 July 2025

Presented for:	Information
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Previous Committees:	Summary of Quality Assurance Committee 19 June 2025

Our Annual Commitments for 2025/26 are:	
Recognise and act upon moments that matter to our patients	✓
Support our patients to get home a day sooner	
Be in the top 25% for patient experience and efficiency in outpatients	
Support each other to act with kindness and compassion	
Reduce our carbon footprint by creating greener patient pathways	
Support our staff to manage every £ wisely	
Make best use of our estate, equipment and digital assets	

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk				
Operational Risk				
Clinical Risk	✓	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Minimal	Moving Towards
Financial Risk				
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Moving Towards

Key points	
1. To provide an overview of significant issues of interest to the Board, highlight key risks and assurance discussed, key decisions taken, and key actions agreed at Quality Assurance Committee on 19 June 2025.	For Information
2. Trust Board is asked to note the Quality Assurance Committee Chair's report and receive assurance on the items discussed at the Committee on 19 June 2025 that have been summarised in this report.	For approval

1. Summary

The Quality Assurance Committee (QAC) provides assurance to the Board on the effective operation of quality governance in the Trust. It does this principally through scrutiny of, and appropriate challenge to, this work. In addition, QAC also conducts more detailed reviews of topic areas, as required. The Committee met on 19 June 2025.

2. SIGNIFICANT ISSUES OF INTEREST TO THE BOARD

The role of the Quality Assurance Committee (QAC) was outlined for all members, attendees, and observers. Members discussed QAC's role in seeking assurance against clinical and quality associated risks. Key topics on the Committee agenda were highlighted and context provided as to how the Committee triangulated and challenged this information to provide assurance to the Board. A pre-meeting was also held with the Chief Medical Officer, Director of Quality and the Chief Nurse on 16 April 2025 to discuss the assurances required at the meeting.

Patient & Volunteer Story

The Committee were introduced to the Patient Story video which shared Jeanette's experience on ward J21, St James's University Hospital (SJUH) and detailed the improvements made following her formal complaint.

Within the video Jeanette described her experience during her stay and experience with staff she felt to be uncaring and lacking empathy. She described staff responses as careless and expressed a wider concern that older patients may be perceived as a burden on the NHS.

Staff from Ward 21 and the wider Clinical Service Unit described how they had implemented change using Jeanette experience particularly reintroducing the 'Hello My name is...' pledge, compassion audit and incivility training.

Members discussed the Team's approach in embedding kindness into practice, describing it as powerful education. Members also discussed the need to listen to both patient families and staff, stating that listening remained key to continued improvement and the

importance of accepting constructive criticism and modelling the values expected of a leading hospital.

Assurance against the Patient Safety and Quality Strategy

The Committee received the biannual update against each of the workstreams within the Patient Safety and Quality Strategy 2024-2027. The Trust was now one year into the delivery of the strategy which is fully aligned with the NHS Patient Safety Strategy, which is structured around three key pillars: Insight, Involvement and Improvement. The strategy outlined how the Trust would continue to enhance patient safety over a three-year period, with defined workstreams and deliverables under each pillar.

The Committee were advised of key achievements against the pillars. Notably, implementation of the national Learning from Patient Safety Events (LFPSE) system within its internal incident reporting framework; a digital self-assessment tool had been developed in line with the CQC's new Single Assessment Framework; patient and family engagement had been strengthened through application of the Patient Safety Incident Response Framework (PSIRF) and use of the 'Learn Together' guide; and the work being undertaken by the Patient Safety Learning Hub to support learning across the organisation.

Members discussed the focus for the next 6 months and how the report will be expanded to capture some of the achievements at CSU level.

Draft Quality Account 2024/25

The final draft of the Quality Account 2024/25 was presented for review and endorsement prior to approval by the Board. The Quality Account has been realigned to the Trust Patient Safety and Quality Strategy improvement areas for 2025/26 set out against the headings of insight, involvement and improvement.

Members discussed the reshaping of the Quality account and the inclusion of short video summaries to provide an overview of each section, with the aim of making the document more accessible to a wider audience.

The Committee received the report and endorsed the QA to proceed to the Trust Board for approval.

Patient Safety Incidents and Never Events Assurance Report

The Committee received the assurance report on Patient Safety Incidents set within the context of the Patient Safety Incident Response Framework (PSIRF) from the period 01 April to 31 May 2025.

The Committee received assurance on the immediate actions that had been taken in response to the one patient safety incidents where the Trust had commenced a Patient Safety Incident Investigation (PSII). An overview of the PSII's that had concluded in this period was provided along with the identified learning and methods of assurance.

The Committee were provided with an overview of learning from patient safety events both within the Trust and with systems partners.

The Committee received the report and confirmed their assurance of progress against the PSIRF, and the actions taken to mitigate risks and share learning from PSII's.

Infection Prevention and Control Assurance Report including the Annual report

The Committee received the 2024/25 Infection Prevention and Control (IPC) Annual Report and the HealthCare Acquired Infection (HCAI) report, which included an update on progress against the Trusts commitment to reducing Healthcare Acquired Infections (HCAI). The Annual Report sought to provide assurance to the Board on progress against the IPC Board Assurance Framework (BAF), which is set against the 10 criteria of the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections. The Committee received an overview of current HCAI performance and benchmarking.

Members discussed the Trust position against the HCAI trajectories and key achievements in relation to the Trust management of the measles outbreak, antimicrobial stewardship and water safety.

The Committee received the report and confirmed its assurance of the activities of the IPC Team to educate and reduce the IPC risk within the Trust. Noting the priorities for 2025/26.

Nursing & Midwifery Quality & Safe Staffing Workforce Report

The Committee received the Nursing & Midwifery Quality & Safe Staffing Workforce Report, which triangulated key quality and staffing information for the period March and April 2025. The report provided oversight of current staffing levels and actions being taken to mitigate vacancies and ensure safe staffing.

The Committee discussed the triangulation with assurance reports provided to Workforce Committee, noting that Quality Assurance Committee would continue to focus on the impact of nursing and midwifery staffing on patient care, experience and outcomes and to determine whether patients had experienced harm as a consequence of staffing challenges.

The Committee also discussed the assurances provided regarding the actions taken to mitigate red shifts and red flags, and the daily process to monitor and manage nurse staffing levels through the safe care system and red flag escalation process, noting that a weekly report continued to be provided to the Chief Nurse and Chief Medical Officer at the Quality Review Meeting.

The Committee received the report and confirmed it's assurance.

Children & Young People's Assurance Report

The Children's and Young Peoples Report was presented to the Committee that provided an update on the Children's Hospital compliance with the CQC framework against Children's and Young People's core services and learning from the recent inspection of neonatal services.

The Committee received a detailed overview of the CSUs areas for improvement, transferable learning, and risks against the CQC framework. Members discussed the

improvement staffing due to successful recruitment efforts and the increase in mandatory training compliance.

Members discussed the dates of the last full service inspection of Children and Young Peoples Services being in 2016 and were provided with a summary of how learning from the neonatal service inspection has developed a 'Go month' of review, preparation and improvement across the service.

The Committee receive the report and noted the Children's Hospital compliance with the CQC framework, against Children's and Young People's core services.

Dementia Assurance Report

The Committee received the report provided an update on the activities of the LTHT Dementia Leads, Dementia Steering Group and colleagues who had a specific remit for supporting care of those people living with Dementia and their carers for the financial year 2024-2025.

Members were presented with the key points from the report, including that a total of 5,360 people with a Dementia diagnosis had been admitted to the Trust in 2024/25; the "Know Who I Am" Outpatient appointment document and the amended inpatient "This is Me" document with the aim of offering this tool to all patients with significant memory loss or Dementia on admission.

Members discussed on LTHT's continued involvement in national research projects, in collaboration with the Centre for Dementia Research at Leeds Beckett University, the formal report for Round 6 of the National Audit of Dementia (NAD), and the status of the two-year pilot of the Transitions of Care Admiral Nurse service.

The Committee received the report and confirmed its assurance of the work taking place to improve the experience of people living with Dementia, their families and staff who are caring for them and provide assurance.

Perinatal Services Assurance Report

The Committee received the report which provided a summary of the Care Quality Commission (CQC) inspection that took place in December 2024 and activity related to the NHS England Quality Improvement Programme and Maternity Safety Support Programme.

The Committee received detail of the Perinatal Mortality Review Tool (PMRT) group activity and outcomes, compliance with the Saving Babies' Lives Care Bundle v3 (SBLV3) and an overview of workforce challenges in Maternity and Neonatology and action being taken to mitigate the risk and ensure the provision of safe and effective staffing.

The Committee received the report and noted the assurances in place for the Perinatal services and ongoing actions to respond to the concerns raised during the CQC inspection.

Care Quality Commission (CQC) Inspections and NHS England Rapid Quality Review Update June 2025

The Committee received a report which provided an update on the CQC regulatory inspections of Maternity and Neonatal Services and NHSE Rapid Quality Review meeting regarding Maternity Services. Members were advised the report was provided for assurance regarding the management of regulatory engagement and to support the Committee in its scrutiny role on behalf of the Board of Directors. This included oversight of patient safety, clinical effectiveness, patient experience, and compliance with CQC Fundamental Standards of Care.

While the Trust remained under inspection and continued participation in the NHS England support programme, it was moving away from the levels of risk appetite set by the Board. This applied particularly to Workforce, External (Regulatory) Risk, and Clinical Risk relating to Patient Safety and Outcomes. It was noted that the inspections for both Maternity and Neonatal Services remained ongoing, pending the receipt of draft reports.

Members were provided with an overview of activity with CQC and NHS England since the last report in February 2025 noting that the Chair of the Committee would continue to keep the Board informed, recognising that the situation was evolving rapidly. The Committee received and noted the report.

Learning from deaths Q3 2024/25

The Committee received the Learning from Deaths report for quarter three 2023/24, to provide assurance that the Trust had appropriate processes in place to report on and review patient deaths and ensure lessons were being learned and improvements identified.

The Committee were advised that the latest Summary Hospital-level Mortality Indicator (SHMI) published in March 2025 for November 2023 – October 2024 is 1.1211 (decrease from 1.122 in February 2025). The Hospital Standardised Mortality Ratios (HSMR) for January 2024 – December 2024 is 108.6 (increase from 108.5). Both measures remained above the expected range and would continue to be monitored by the Mortality Improvement Group.

The Committee received assurance on the specific reviews presented to the Mortality Improvement Group, lessons highlighted from CSU structured judgment reviews and themes from escalation from the Medical Examiner.

The Committee received the report and confirmed its assurance on the processes in place to report on and review patient deaths

Patient harm review (patients waiting for treatment)

The Committee received a report provided an update following the latest clinical harm review of patients on the waiting list for planned/elective care.

Members were advised of a review of patient safety incident reports covering the period from October 2024 to May 2025 which had identified incidents categorised as “delay or failure in treatment or procedure.” However, following a manual review, only two incidents were found to be directly related to delays due to time spent on an elective waiting list.

Members were advised of ongoing work to align elective theatre capacity with clinical demand; an overview of the Trust waiting list performance and associated trajectories which

are reported via the Financial and Performance Committee and the planned actions and timeframe for monitoring patients awaiting treatment and ensuring appropriate oversight.

Falls Assurance Report

The 2024/25 Falls Annual Report was presented to the Committee and included detail of the Trust's position regarding the incidence of in-patient falls.

The Committee were advised that a total of 2,326 In-patient falls were reported during the financial year. Of these, 105 were categorised as falls with harm: 64 resulted in moderate harm, 37 in severe harm, and three in catastrophic harm. The Trust ended the year 12.9% above its targeted 10% reduction trajectory. The overall trend indicated a positive direction, with the falls rate per 1,000 bed days showing a sustained downward trajectory.

Members discussed the quality improvement workstreams to support a reduction in falls, activity of the Falls Assurance Group and the Ward Assurance Review Meeting.

Complaints and PALS Annual Report

The 2024/25 Complaints and Patient Advice Liaison Service (PALS) Annual Report was presented to the Committee and provided detail on the activity and performance in relation to complaints and PALS during 2024/25.

Member discussed the activity related to patient experience. Key points of note were Trust received a total of 676 complaints, representing an increase of 93 complaints (16%) compared to the previous year (2023/24), which recorded 583 complaints; there was a 13% increase in PALS activity. Key priorities for 2025/26 included sharing the outputs of patient experience with CSUs via a Complaints Sharing Event; using complaints and PALS data to drive improvements in communication, coordination, and compassion; and reviewing the quality assurance process for PALS response letters.

The Committee received and noted the report which would flow to Board for information and assurance

Safeguarding Annual Report and Learning Disability and Autism Annual Report

The Committee received the Safeguarding annual report provided a summary of the key issues and activity in relation to the Trust's Safeguarding Teams during 2024/2025 and the Learning Disability and Autism (LD&A) annual report.

Members discussed an increase in activity and complexity of referrals across both Safeguarding and Learning Disability/Autism cases and noted that staff continue to positively report safeguarding concerns/queries. Members acknowledged risk to the Trust related to unauthorised Deprivation of Liberty Safeguards (DoLS) due to significant delays within the Local Authority to authorise these in a timely manner.

Members also were appraised of the status of the roll out of the Oliver McGowan training which the Trust has made mandatory and continues to prioritise roll out.

The Committee received the report and confirmed its assurance on the Trust's safeguarding process and the LD&A was following good practice

Visitor Access Report

The committee received a report which included activity during 2024/25 and assurances in place for the Trust's Visitor Access policy. The Committee received the report and noted the update.

Regular reports - Essential Metrics Report, Minutes from the Quality and Safety Assurance Group, Clinical Effectiveness and Outcomes Group and Patient Experience and Engagement Group.

Annual reports – The Complaints and PALS Annual Report, Safeguarding Annual Report and Learning Disability and Autism Annual Report 2024/25 was reviewed and approved.

3. Financial Implications

There are no financial implications detailed within this report.

4. Risk

The Quality Assurance Committee provides assurance oversight of the Trust's Patient Safety and Outcomes risks, which cover the Level 1 risk categories (see summary on front sheet). Following discussion at the Quality Assurance Committee meeting there were no material changes to the risk appetite statements related to the Level 2 risk categories and the Trust continues to operate within the risk appetite for the Level 1 risk categories set by the Board.

5. Communication and Involvement

This report will be available to members of the public, patients, and staff through publication of the Board papers.

6. Equality Analysis

Not applicable

7. Publication Under Freedom of Information Act

This report has been made available under the Freedom of Information Act 2000.

8. Recommendation

Trust Board is asked to note the Quality Assurance Committee Chair's report and receive assurance on the items discussed at the Committee on 19 June 2025 that have been summarised in this report.

9. Supporting Information

None.

Laura Stroud

**Associate Non-Executive Director, Non-Executive Maternity Safety Champion and
and Chair of Quality Assurance Committee
July 2025**