

Quality Assurance Committee Chair's Report 21 August 2025

PUBLIC BOARD

25 September 2025

Presented for:	Information
Presented by:	Laura Stroud, Associate Non-Executive Director & Non-Executive Maternity Safety Champion
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Previous Committees:	Summary of Quality Assurance Committee 21 August 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 21 August 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 21 August 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 21 August 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, the Chief Nurse and Head of Quality Governance on 19 August 2025 to discuss the assurances required at the meeting.

Patient & Volunteer Story

The Committee were introduced to the Patient Story video which shared Derek's experience of being treated by the Maxillofacial team at Leeds Dental Institute (LDI) following episodes of skin cancer. He underwent facial reconstruction surgery and had been attending the Oral Surgery Department for the past six to seven years for a series of treatments

Within the video Derek described his experiences during the time of his surgery and spoke positively about the care received, highlighting that appointments were punctual, nurses were friendly, and he always felt able to raise questions or concerns. Derek described the staff as supportive and emphasised that this had given him peace of mind during his surgeries.

Members discussed how Derek's story demonstrated holistic and compassionate care, which took into account his family circumstances as well as his clinical needs. Members also discussed the importance of treating individuals not just as patients but as people, with personalised care at the heart of the service.

Patient Safety Incidents, including Never Events Assurance Report 01 June to 31 July 2025

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 June to 31 July 2025.

The Committee were advised that the Trust had commenced two Patient Safety Incident Investigations (PSII), one of which was a Never Event. 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.

Mortality Review - Learning from Deaths Q4 2024/25

The Committee received the Learning from Deaths report for quarter four 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 the latest Summary Hospital-level Mortality Indicator (SHMI) published in July 2025 for March 2024 – February 2025 is 1.1371 (decrease from 1.1428 in March 2025). The Hospital Standardised Mortality Ratios (HSMR) for May 2024 – March 2025 is 109.3 (reduced from 110.2). Both indices will 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.

Healthcare Associated Infection Assurance Report and IPC Performance and Assurance Report July/August 2025

The reports provided an update on the Trust Healthcare Associated Infection (HCAI) performance against national thresholds for Q1 and a detailed report against performance in July and August 2025, enabling oversight and providing opportunity for scrutiny on the current position.

The Committee received an overview of current HCAI performance and benchmarking against other Trusts noting that from April 2025 there had been a significant increase in HCAI, with LTHT recording 45 CDI cases in Q1, two MRSA bacteraemia cases and twenty-eight cases of MSSA bacteraemia.

Members discussed the Trust escalating position against the HCAI trajectories and additional actions that are being undertaken to bring the HCAI position back under control.

It was noted that the annual plan had been launched on 4 June 2025, and work was underway with the team to provide a suite of resources in support of the plan, including decolonisation, water safety and vascular devices. CSU-level concerns regarding antibiotic use had been reviewed, with MRSA-related learning now embedded into ward-level training and presented at CSU quality meetings. Device-related risks were being escalated to the vascular access device group, and decolonisation education had been completed in affected areas

The Committee received the reports and confirmed its assurance of the activities of the IPC Team to educate and agreed the IPC Performance and Assurance Report July/August 2025 would be escalated to the Trust Board, acknowledging the current high rates of HCAI at LTHT.

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 May and June 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.

Quality Impact Assessments (waste reduction programme)

The report provided an update on the approach taken to the audit of the Trusts Quality Impact Assessment (QIA) process for CSU waste reduction programme (WRP) schemes and outlined the findings of the Q4 2023/24 QIA audit.

In 2023/24 1,331 QIAs were completed with 100% of the schemes undergoing a quality assessment and signed off by the appropriate senior CSU Clinical Director.

Members discussed the audit findings which reinforced the Trust's commitment to maintaining high standards of patient care and safety whilst pursuing its waste reduction initiatives. It was confirmed that future QIA audit sampling would ensure that CSUs rated Red or Amber under the financial performance framework would be more prominently represented within the audit sample.

Perinatal Services Assurance Report

The Committee received the report which sought to provide assurance on the monitoring and management of Perinatal risks and confirm that maternity and neonatal quality and

safety are regularly reviewed using a minimum data set aligned with the National Perinatal Quality Surveillance Model.

Members were advised that following publication of the CQC reports NHS Resolution requested a review of the year six Maternity Incentive Scheme (MIS) evidence. The review concluded that not all safety actions had been met. This was confirmed to NHS Resolution, which subsequently required the Trust to update the year six submission, repay the associated funding, and review the year five submission. It was noted that the Trust were able to bid for discretionary NHS Resolution funding, which was capped and subject to clinical review, by submitting a detailed action plan by 1 September 2025.

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.

Members noted that the Maternity and Neonatal Service continued to enhance the report to ensure effective assurance and evidence is provided in order to receive full assurance. The Perinatal Assurance Group had been established to review current local and national reporting and what is required in order to meet MIS year seven. Laura Stroud confirmed that the report would be received for information only, advising the board that assurance is to be sought through the future reporting to the Board.

Regulatory Report: Care Quality Commission (CQC) Inspections, NHS England Rapid Quality Review and NHS Resolution

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.

Members were advised that inspection reports for Maternity and Neonatal Services at both Leeds General Infirmary (LGI) and St James University Hospital (SJUH) had now been published, confirming seven breaches in Maternity Services (three at LGI, four at SJUH) and eight in Neonatal Services (four at LGI and four at SJUH). A corporate risk had been added to the risk register, with the Risk Management Committee (RMC) receiving monthly updates. The Trust had responded by 18 July 2025 with an action plan addressing the requirements of the Health and Social Care Act 2008, associated regulations, and relevant legislation. These actions formed part of the Maternity and Neonatal Improvement Board action plan to ensure alignment across workstreams. Maternity services continues to provide CQC with a weekly submission of midwifery staffing data against Birthrate Plus recommendations, following the earlier warning notice. Neonatal services continue to provide a monthly submission of HRG level care days at SJUH for assurance.

As a result of the CQC regulatory breaches related to Maternity and Neonatal Services, and in light of the NHSE support programme, the Trust is moving away from the Board's established risk appetite in the areas of Workforce, External, Regulatory, and Clinical Risk, Patient Safety and Outcomes.

Member discussed the CQC Trust-wide Well-Led inspection that took place on 17-19 June 2025. Staff were provided with guidance ahead of the inspection, with the key message being to be open, honest and constructive. Initial feedback was given to the Executive Team at the conclusion of the visit, and written feedback was received on 20 June 2025. The final report is awaited.

Members were provided with an overview of activity with CQC and NHS England since the last report in June 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.

External Agency Visits Report, Dec 24 – May 25

The report provided an update on external agency visits, inspections, and accreditations, and summarised visits to the Trust that had taken place between 1 December 2024 and 31 May 2025, along with the progress of historical open visits. Within this time period 21 visits had been recorded, of which 12 had been closed. The Committee received and noted the report.

Clinical Audit Annual Report: Including findings from Trust-wide and National Audits

The report provided an overview of clinical audit activity in LTHT for the year 2024/25. Members noted that compliance with the 2024/25 Clinical Audit Programme was 96% for Nursing, with 1,100 audits completed of 1,140, and 83% for Medical, with 242 audits completed of 290.

The Committee were advised that a key priority for 2025/26 would be a shift towards improvement-led outcomes through a targeted audit programme. The implementation plan for this approach had been endorsed by the Clinical Effectiveness and Outcomes Group 2025. The Committee received the report and noted the update.

Improvement work 2024 -2025 undertaken in line with the improvement strategy

The Committee received a presentation on the Leeds Improvement Method, highlighting the Improvement Strategy 2024-28 and its ambitions to continually improve the quality of care and services.

Members discussed the seven goals which underpin the strategy and received an update on work aligned to this and the impact it was having across the Trust on improving the safety and quality of care and also represented as return on investment of the Improvement teams resource.

Members commended the presentation and noted it was positive to see how improvement work was enabling teams to thrive and that by following a true improvement cycle, the organisation would progress to a stronger position. The Committee received and noted the update.

Establishment of Perinatal Assurance group – approval of terms of reference

The Committee reviewed and approved the proposed terms of reference for the Perinatal Assurance Group 2025/26. It was agreed these would be reviewed again in six months as the Group evolves.

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

Annual reports – QSAG 2024/25 Annual report and terms of reference and workplan for 2025/26 and CEOG 2024/25 Annual report and terms of reference and workplan for 2025/26 were 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 however it was noted that as a result of the CQC regulatory breaches related to Maternity and Neonatal Services, and in light of the NHSE support programme, the Trust was moving away from the Board's established risk appetite in the areas of Workforce, External, Regulatory, and Clinical Risk, Patient Safety and Outcomes. A risk has been added to the Corporate Risk register and this is reviewed monthly by the Risk Management Committee.

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 21 August 2025 that have been summarised in this report.

9. Supporting Information

None.

Laura Stroud

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