

**Quality Assurance Committee (QAC)
Chairs Summary Report**

**Public Board
29 January 2026**

Presented for:	Alert, Advice and Assurance
Presented by:	Laura Stroud, Associate Non-Executive Director Chair of QAC
Author(s):	Laura Stroud, Associate Non-Executive Director and Victoria Hewitt, Trust Board Administrator
List of meeting dates:	Thursday 4 December 2025

Link to Strategic Objective	Focus on care quality, effectiveness and patient experience
Link to Provider Capability Assessment	Governance, risk and regulatory
Link to CQC Well-led Statement	Governance, Management and Sustainability
Regulatory Impact	Regulation 9: Person-centred care Regulation 12: Safe care and treatment Regulation 18: Staffing Regulation 20: Duty of candour

Key points:	
This report provides a summary of the key highlights from the QAC meeting and seeks to alert, advice and provide assurance to the Board on the areas discussed.	Alert, Advice and Assurance

<u>Risk Appetite Framework</u>			
Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Impact
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 Away

1. Introduction

Following its last meeting the Committee has considered significant issues and key areas to highlight to the Board under three key categories Alert, Advice, Assurance (AAA):

- Alert - areas that the Committee wishes to escalate as potential areas of non-compliance, that need addressing urgently, or that it is felt Board should be sighted on.
- Advise - on new areas of monitoring or existing monitoring where an update has been provided to the Committee and there are new developments.
- Assurance - specific areas of assurance received warranting mention to Board.

2. Alert

- The Committee noted that from January 2026 matters relating to perinatal services would be transferred to the newly established Perinatal Improvement Assurance Committee , that would be taking over the delegated duties of the Board in seeking assurance on these services (the Board approved the Terms of Reference and Forward Plans for this Committee in November and minor amendments are included within the Standing Order update at agenda item 8.7). The Committee received the Maternity Neonatal Quality Assurance Report for December 20205 and commended the new format of reporting, which was modelled on NHSE best practice guidance.
- The Committee received an assurance update on compliance with resuscitation standards. The Committee noted it had **not received sufficient assurance on the confidence in the timeline to recover compliance against paediatric resuscitation training** and an escalation was made to the Chief Medical Officer to further support this action. It should be noted that this has also been included as an action within the Perinatal Improvement Plan.

3. Advice

- A progress update was received against the Patient Safety and Quality Strategy 2024-27, of note was the growth of the Patient Safety Ambassador Network, a forum that enables staff to provide insight into patient safety issues and raise concerns. The Committee challenged the assurance process underpinning the data within the report with verbal assurances received and it was agreed that the forums reviewing and confirming data would be sighted within the report moving forward.
- The Committee reviewed the latest Learning from Deaths information and noted that the latest Summary Hospital-level Mortality Indicator (SHMI) for October 2025 (June 2024–May 2025) was 1,1348 and categorised as 'as expected'. Both LGI and SJUH sites were now rated as 'as expected,' as were all ten diagnostic groups. The Q1 Learning from Deaths report has been shared with the Board via the Blue Box at agenda item 9.3.
- The Committee conducted a detail review of nursing and midwifery staffing with assurance received on the oversight provided and response if staffing levels fell below planned thresholds of 80%. The Committee did request an update to the presentation of ward data to support increased trend analysis and identification to take place moving forward.
- The Committee reviewed the processes in place to prevent and monitor the risk of patient harm for patients waiting for planned/ elective treatment. A risk was raised on the allocation and availability of elective theatre capacity to respond to long waiting patients, and it was confirmed this was reflected on the appropriate

risk registers. Further assurance was requested by the Committee on the process in place to reduce harm and how CSUs assured themselves on the accuracy of available data, communication with patients and clarity to patients to seek advice.

4. Assurance

- Assurance was received on the actions in place to support a reduction in Healthcare Acquired Infections (HCAI) and the progress made in reducing the volume of cases. The engagement activities by the Team and immediate responses to cases was recognised as a strength. There was recognition of the complexity of achieving surveillance data however the Trust's national leadership in this area was recognised. An MRSA action plan had been developed based on this data review, which included local MRSA action plans presented to operational IPC meetings, hand hygiene audits and interventions, cannula review and removal improvement work, online education online insertion and maintenance, and decolonisation education.
- The Committee received the Annual Report on Palliative Care and End of Life with assurance received of the quality of care. It was noted that the Assisted Dying Bill (currently in review at the House of Lords) would impact this area and a risk to the Trust was noted because of bed closures at local hospices. Assurance was received that this risk was being assessed and had been recorded on the Trust risk register.
- The Committee noted the assurance received on the dissemination of learning following an incident, with immediate action taken where required to prevent any repeat incident, with strong investigation processes to identify and share further learning. The Committee reviewed the patient safety incident investigation themes and trends from 1 October 2025 to 30 November 2025 as defined in the LTHT Patient Safety Incident Response Plan.

5. Risk review

The Committee received an update on ongoing engagement with regulators. It was noted that the Trust was moving away from the risk appetite set by the Board, for Workforce, External Regulatory Risk and Clinical Risk, relating to Patient Safety and Outcomes. The Trust continues to engage with NHSE, the CQC and system partners through the monthly Integrated Quality Improvement Group, chaired by the Regional Director at NHSE.

The Committee noted the monitoring of this risk and mitigating actions via the Well Led and Perinatal Improvement Plans, both of which would report progress periodically to the Board.

6. Recommendation

The Board are asked to receive and note the content of this report and be assured that the QAC is fulfilling its assurance function as delegated from the Board and as defined within its Terms of Reference.