

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

**Public Board
30 July 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 Victoria Hewitt, Trust Board Administrator
List of meeting dates:	Thursday 18 June 2026

Freedom of Information Act (FOIA) Exemption	☐ YES (restricted from the FOIA) ☒ NO (available to the public under the FOIA)
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Link to Strategic Objective	Outcomes – being outstanding now and in the future.
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 Regulation 16: Receiving and acting on complaints

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

Risk Appetite Framework			
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	Operating Outside

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.
- Advice - 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

- An alert was agreed to the Board regarding a potential risk to the Human Tissue Authority (HTA) Research Licence following the identification of a historic issue which had been highlighted within an internal review. The Board was made aware of the risk and action taken at its Timeout on 24 June 2026 and it should be noted that there was no clinical or patient harm risks associated. The Committee would receive oversight of the response from the HTA and seek assurance on any recommendations arising following completion of their investigation.
- Martha's Rule continues to be promoted across both adult and children's inpatient areas Trust wide with both the Critical Care Outreach Team (CCOT) and Leeds Inpatient Outreach Nursing Service (LIONS) Team continuing to receive a steady number of calls. A review of the calls received during March and April 2026 identified that 75% did not meet the escalation criteria for Martha's Rule with most common themes relating to pain management and communication concerns. The Leeds Children's Hospital launched an automated text messaging service in March 2026 in which parents receive automated text messaging within four hours of their child being admitted to hospital. The message contains advice about how to escalate concerns if they think their child is deteriorating and links them to the Martha's Rule webpage which provides additional information. Whilst the data highlighted that children were not meeting the escalation criteria it was providing an important opportunity for colleagues to understand parental and family concerns and address these early.

3. Advice

- The Committee reviewed and endorsed the 2025-26 Quality Account which included the Quality Goals for the coming year. Subsequent approval was provided by the Board on 24 June 2026, and the final report was made available on the public website, as required by the end of June.
- The Committee reviewed the latest Nursing and Midwifery Safer Staffing metrics. No significant incidents from staffing shortfalls or red shifts had been reported and all harms that had been reported were low or no harm and had been reviewed appropriately. The Committee was assured of the strong escalation processes place to ensure that red flags and red shifts were escalated promptly, with timely senior nurse actions and completion of all required reviews. It was noted that the next establishment review would take place in November 2026.
- The Committee received an update on the progress of actions to eliminate corridor care (in support of the NHSE dictate to eliminate corridor care by 2029). The total number of patients who experienced corridor care for more than 45 minutes within the ED in May 2026 was 1,576. This figure established the

baseline position for ongoing monitoring of corridor care utilisation, and it was noted that national data would be included in future reporting to allow the Committee to make comparisons of its position.

4. Assurance

- The Committee received an update on progress against the Patient Safety and Quality Strategy, which included an assurance map of key workstreams which had been requested at the previous meeting. The Committee noted several improvements to strengthen safety and quality governance arrangements, and it should be noted the Trust continues to deliver against the priorities set out within the Strategy, with established arrangements in place to support learning, engagement, governance, and improvement. Work to refresh the Strategy for 2027 would commence within the coming year and which would be supported by the QAC.
- The Committee received an update against the Patient Safety Incident Response Plan (2024-2027) (PSIRP) and learning activity for the period 1 April 2026 to 31 May 2026. The Committee received detail of the investigations during the latest reporting period and were assured of the processes in place and actions taken to share and embed learning.
- The Committee reviewed the detail within the Q3 Learning from Deaths report, and an anonymised copy of the report is provided to the Board in the Blue Box at agenda item 9.8
- The Committee received a number of Annual Reports in line with its Forward Plan which provided assurance of work during 2025/26, details of areas of risk or non-compliance and set out priorities for the coming year. Assurance was received that identified risks were appropriately captured and managed through existing risk processes. The following reports were received by the Committee:
 - Cancer Board Annual Report
 - Medical Devices Accountable Officers Annual Report
 - Complaints and PALS Annual Report (agenda item 9.4 Board)
 - Children and Young People's Annual Report
 - Falls Annual Report
 - Dementia Annual Report
 - Visitors Access Annual Report
 - HCAI Annual Report

5. Risk review

The Committee noted that a number of areas were operating outside of risk appetite however assurance was received of the mitigations in place, and the Committee would retain ongoing oversight and provide a forum for the escalation of quality risks.

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.