

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

**Public Board
26 March 2026**

Presented for:	Alert, Advice and Assurance
Presented by:	Laura Stroud, Associate Non-Executive Director Chair of QAC
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List of meeting dates:	Thursday 19 February 2026

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 reviewed several escalations from its sub-committee structure with one area for further escalation to the Trust Board regarding the ongoing use of corridor care and surge areas. The Committee reviewed the controls in place to mitigate patient safety risk and noted the use of risk assessments to assess patient suitability prior to placement. It identified a gap in the documentation aligned with the risk assessment process and highlighted a need for improvement in this area. The Professional Practice and Safety Standards Team was supporting the development of a consistent set of documentation standards, and these would be included within the audit process moving forward. The Committee was notified of the need for a Live Bed State reporting tool within the Emergency Department (ED) to support the flow and place of patient movement; this was an action for the Executive Team. The Chief Nurse provided additional context to the sustained pressures, particularly within the ED and highlighted the increased reliance on corridor care and surge areas to respond to demand. The Committee agreed to raise an alert to the Board of the increasing risk being absorbed by ED and the need for different action to mitigate this. Mitigation actions and considerations would be actioned via the Executive Team. The current controls in place were recognised however the ongoing utilisation of corridor care was not sustainable and an alert would be provided to the Board of the escalating position.
- An update on the learning identified from a national pandemic preparedness exercise has been escalated to the Board for information. A number of recommendations had been identified by the internal Team, and it is recommended that a Task and Finish Group is set up to respond to this. A copy of the full report is shared with the Board for support to actions at agenda item 9.6.
- The Committee wishes to alert the Board that there is a continued increase in the volume of complaints received and continued pressure on timeframes to respond. A review of reporting and governance processes was underway, with plans to introduce a new Complaint Working Group to provide strategic oversight, and support further improvements. The Board should be aware that the Trust is not achieving the internal standards it had set for itself in terms of timelines to respond and remained below the 80% target. Verbal assurances were received from the Chief Nurse on the actions taken to support improvements and the Committee had asked for sight of the action plans.
- The Committee received an update on the Safeguarding arrangements with assurance received that the Trust continues to meet its statutory duties. The Board should be alerted of the risk to the long-term funding for the A&E Navigator Service (a Team of specially trained youth workers working with the young patient population who may be victims of or involved in organised and violent crime). The full report is a blue box agenda item 9.4.

3. Advice

- The Committee received an update on progress against the Health Equity and Public Health Strategy 2025-2028. The discussion noted Leeds role as a Marmot City and the shift in resources to address health inequalities. At the time of reporting there was an ongoing risk to the funding for the Smoking Cessation service. Positive progress was recognised across all areas of the Strategy, and the Committee noted the priorities for the coming year which would include the use of a health inequality index to support activity in addressing inequalities.
- The Q2 Learning from Deaths report was reviewed with detail provided on the reportable deaths and the learning that had been applied following completed investigations. A copy of the report with anonymised data is provided to the Board for information at agenda item 9.3. There were no mortality outliers during the reporting period, and it was recognised that the Q3 focus would be on Learning Disability and Autism, and gastroenterology. In addition, the Committee reviewed the data within the Mortality annual report provided at 9.7 which combined the quarterly Learning from Deaths reports, the Mortality Improvement Group (MIG) annual report, and the mortality section from the Trust's Quality Account 2024/25, with a focus on governance and process assurance, mortality indicators and trends, and learning and improvement actions applied across the year.
- The Committee reviewed the latest Healthcare Associated Infections (HCAI) position and noted that the Trust continued to see an escalating position with all mandatory reportable infections (noting that the threshold was set against a 10% reduction on the previous year). Despite the performance, assurance was received of the actions and learning to manage HCAs and the work to keep patients safe within the constraints of environment and estate.

4. Assurance

- The Committee received an assurance update on the learning and actions taken in response to Patient Safety Incident investigations. Over the last reporting period there had been four new Patient Safety Event (PSE) reported to StEIS and three new MNSI referrals with detail on each provided to the Committee. The Committee were briefed on the introduction of a new Learning Cascade model to share and embed best practice and learning following an incident and there was recognition of the ongoing processes to support communication and ensure learning was embedded. The Committee further explored the additional actions been taken to address repeat themes of incidents and the process of an investigation was explained with further managerial action should cases involve repeat personal.
- The Committee received an update on the Safer Staffing metrics and recognised the well embedded escalation processes including red flags and red shifts. There had been no serious incidents from staffing shortfalls and the central Nursing Team continued to monitor and see an improving workforce position with fewer wards falling below 80% staffing; Registered Nurse (RN) and Midwifery vacancies continue to reduce and verbal assurance was provided on the process for monitoring and managing nursing and midwifery staffing levels in addition to the ward Healthcheck metrics.

5. Risk review

The Committee noted increased risk across a number of areas as highlighted within the alert section of the report. 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.