

**Quality Assurance Committee (QAC)
Chair's Summary Report**

**Public Board
24 September 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:	20 August 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 13: Safeguarding service users from abuse and improper 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 provides alerts, advice and provide assurance to the Board on the matters 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, which 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

- The Committee reviewed the Trust's Sepsis Improvement Plan with concerns raised on the pace of some actions and limited assurance on delivery timelines. The Committee noted that a Task and Finish Group had been established to review the sepsis process comprehensively to support improvements. It was recognised that medical and nursing leads were in place, and options were being considered for a designated Sepsis Team. The Committee noted the importance of timely antibiotic administration and the need to ensure better utilisation of screening tools. The Board are notified that an escalation of sepsis screening has been made to the Corporate Risk Register due to the potential patient safety risks with focus on mitigations and delivery of actions via the Task and Finish Group.
- The Committee reviewed the 2026/27 winter plan noting the incorporation of lessons from the previous year. The plan included updated bed occupancy models, clearer escalation triggers, and a new action-tracking system for improved accountability. It was noted that, following learning from the previous year, the Trust inpatient vaccination programme would commence from October 2026. Whilst the Committee received strong assurance and endorsed the 2026/27 plan, an alert is provided to the Board that despite additional capacity, a residual bed deficit remains within the worst-case planning scenario. Internal mitigations were in place however there is a reliance on city partners to support a reduction in demand and flow. Daily monitoring processes will be in place during winter to promptly identify and address emerging pressures.

3. Advice

- The Committee endorsed a revised reporting structure to its meetings with greater utilisation of its sub-committee structure. This had been informed by a review of the existing Committee structure and changes would enhance strategic oversight and assurance while reducing duplication and detailed operational reporting. Routine detailed reports would be replaced by highlight reports from sub-committees: Infection Prevention and Control, Safeguarding, Patient Experience, and Patient Safety and Quality. The Committee would retain focus on patient safety, clinical effectiveness, infection prevention, safeguarding, patient experience, and regulatory compliance in line with its delegated duties from the Board. Board approval is sought for the updated work plan which has been included at Appendix 1. Subject to Board approval the Committee will update its Terms of Reference to reflect the changes to its sub-committee structure which will seek Board approval in November 2026.
- The Committee received a summary report from the Quality Safety Assurance Group (QSAG) and Clinical Effectiveness Outcomes Group (CEOG) which highlighted a number of key issues including increased mental health

presentations in the emergency department, demand pressures in the Cleft and Palate Service, and progress on the Human Tissue Authority improvement plan. The Committee noted escalation of sepsis screening risk (with a full report to the Committee) and ongoing workforce challenges in breast screening and arthritis treatment pathways. The Trust's care of the deceased improvement plan was progressing with executive oversight and capital investment considerations.

- The Committee reviewed the Quarter 4 2025/26 Learning from Deaths report which highlighted mortality review activities, including Structured Judgement Reviews (SJRs), mortality screening, and Medical Examiner escalations. A total of 176 SJRs were completed; most indicated good or excellent care, with five cases rated as poor care. Key learning themes included timely recognition of patient deterioration, clinical monitoring, treatment delays, documentation, communication, and care coordination for complex patients. Assurance was received on the process in place to support Learning from Deaths and the Committee noted the ongoing action through the Mortality Framework Improvement Plan. The Summary Hospital-level Mortality Indicator (SHMI) was within the expected range, though data variance existed due to transition to a new system (HED). A future deep dive into mortality data disparity was suggested to enhance understanding and assurance. A public version of the Learning from Deaths report is provided to the Board at agenda item 9.4, noting that patient-identifiable data has been removed.
- The Committee received an update on patient safety activities aligned with the Trust's Patient Safety and Quality Strategy and Incident Response Plan. Three new patient safety events were reported, to which the Committee received further detail. One of these cases was a Never Event bringing the year-to-date total to four and an escalation had been made with clinical leaders. The Committee was informed that Local Safety Standards for Invasive Procedures (LocSSIP) Group had been established to ensure compliance with the National Standards for Safer Invasive Procedures (NatSSIPs). Its expected outputs were a Trust-wide standard operating procedure and a map of local procedures. Non-Executive Directors were invited to observe a Patient Safety Learning Hub meeting for assurance of processes of sharing learning and active engagement in learning from all sources of insight.

4. Assurance

- An update was received on the Trust's performance against HCAI thresholds during Quarter 1 of 2026/27. Infection rates were broadly stable compared to the previous year, though MRSA bloodstream infections had increased, while *Pseudomonas aeruginosa* infections had decreased. The IPC Team remained alert to outbreaks with responses including enhanced control measures, hand hygiene, environmental cleaning, and staff education. Challenges were noted in unplanned care pathways, leading to the establishment of an IPC Task and Finish Group to address barriers and improve practices. Elective pathways showed better compliance with infection prevention standards. The IPC Strategy was updated and embedded across clinical teams to ensure consistent expectations. The Committee confirmed assurance on escalation and mitigation actions despite the Trust not meeting internal infection trajectories.
- An update was received on corridor care; the Committee noted increased emergency department attendances had impacted desired progress, partly due to extreme heat, with 1,227 patients experiencing corridor care for over 45

minutes during the reporting period. Despite increased demand, corridor care space utilisation had decreased, indicating progress in embedding actions to reduce corridor care. Strengthened escalation frameworks and safety checks were implemented; however, audit completion consistency varied. No moderate or higher harm incidents related to corridor care were reported. The Committee recognised the challenges of winter pressures and emphasised safety and harm reduction while acknowledging the need for system-wide collaboration to reduce corridor care reliance.

- The Safeguarding Annual Report was reviewed by the Committee, which summarised the Trust's safeguarding activities and statutory compliance for 2025/26, covering children, adults, mental health, and Prevent duties. There had been a sustained increase in complex safeguarding cases, reflecting a positive reporting culture and earlier intervention opportunities. Key risks included increasing patient complexity, domestic abuse, workforce pressures, and health inequalities, with mitigating actions such as workforce development and trauma-informed practice in place. Safeguarding priorities for 2026/27 aligned with the Safeguarding Strategy 2025–2028, focusing on national reforms and changing patient needs. Training compliance and staff support arrangements were noted, with ongoing review of team capacity to meet rising demand. The Committee endorsed the safeguarding priorities and confirmed assurance on statutory duty compliance. The Board will receive a copy of the Annual Report at agenda item 9.8.
- The Learning Disability and Autism (LDA) Annual Report was reviewed by the Committee, which detailed performance against statutory requirements and the LDA strategy for 2025/26. Highlights included the implementation of the Diamond Pathway for LDA patients, and strengthened service models to improve resource use, which had released additional clinical time of 20 hours per week to meet demand. Datix incidents related to LDA had reduced by 59%, and PALS contacts and complaints had remained stable. The Committee noted the introduction of the Oliver McGowan Mandatory Training Programme with current compliance at 68% for Part 1. The Committee supported the continued development of the Oliver McGowan Mandatory Training Programme, however, an escalation was agreed to WYAAT regarding future provision and funding.

5. Risk review

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

The Committee noted an escalation by the QSAG regarding sepsis screening to the Corporate Risk Register.

6. Recommendation

The Board is 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.

The updated workplan is presented at appendix 1 and is seeking Board approval.

Quality Assurance Committee 2026/27 Work Plan

Work Plan 2026-2027						
Dates Agenda Item	16 April 2026	18 June 2026	20 Aug 2026	15 Oct 2026	17 Dec 2026	18 Feb 2027
1. Standing Items						
1.1 Welcome, Introductions and Apologies for Absence	X	X	X	X	X	X
1.2 Declarations of Interest	X	X	X	X	X	X
1.3 Approval of Minutes of the Previous Meeting	X	X	X	X	X	X
1.4 Matters Arising	X	X	X	X	X	X
1.5(i) Review of Action Tracker	X	X	X	X	X	X
1.5(ii) Items from other Board Committees/ Executives	X	X	X	X	X	X
2. Briefings						
Chair of the Quality Assurance Committee	X	X	X	X	X	X
Sub-Committee Summary Reports (Triple A format)	X	X	X	X	X	X
- Patient Safety and Quality Sub-Committee - Infection Prevention and Control Sub-Committee - Patient Experience Sub-Committee - Safeguarding and Mental Health Sub-Committee						
3. Regulatory and Strategy						
CQC Registration Annual Assurance	X					
Oversight of regulatory inspections and action plans	As required					
Patient Safety and Quality Strategy Delivery		X			X	
Patient Safety Incidence Response Framework (PSIRF) – annual delivery report		X				
Public Health & Health Inequalities			X			X
Leadership Walkround Programme – Schedule for Approval						X
Corporate Risk Register and Board Assurance Framework	X	X	X	X	X	X
4. Focussed Assurance						
Quality and Safety of care during winter	X					
Emerging topic		X				
Eliminating Corridor Care			X			
Mortality				X		
Sepsis Improvement					X	
Emerging topic						X
5. Patient Safety, Clinical Effectiveness and Patient Experience						
Essential Metrics	X	X	X	X	X	X

Work Plan 2026-2027						
Dates Agenda Item	16 April 2026	18 June 2026	20 Aug 2026	15 Oct 2026	17 Dec 2026	18 Feb 2027
Patient Safety Events and Learning	X	X	X	X	X	X
Mortality Review (Learning from Deaths)		X	X	X		X
Mortality Annual Report (report to Board in November)				X		
HCAI Annual Report (report to Board in July)		X				
HCAI Action Plan (for approval)					X	
Nursing & Midwifery Quality & Safe Staffing Workforce Report (report to Board in July and January)		X			X	
Patient harm review (patients waiting for treatment)	X			X		
Quality Impact Assessments (waste reduction programme)			X	X		
Complaints and PALS Bi-annual Report (report to Board in January and July)		X			X	
Annual Clinical Audit Programme - for approval	X					
Clinical Audit Annual Report: Including findings from Trust-wide and National Audits		X				
Medical Devices Accountable Officer's Annual Report	X	X				
Safeguarding Bi-Annual Reports (Annual report Aug and six-month update in Feb)			X (report to BoD in Sep)			X (report to BoD in March)
Leeds Safeguarding Adults Board Annual Report			X			
Annual Report on Incidents, Coroners and Claims				X		
Medication Safety Officer Annual Report					X	
CD Accountable Officer's Annual Report					X	
Visitor Access Annual Report		X				
6. Quality Governance						
Quality Account (Draft review)		X				
Quality Goals (as part of Quality Account)	X					
7. Corporate Governance Reports						
Quality Assurance Committee Annual Report						X
Sub-Committee annual reports - Patient Safety and Quality Sub-Committee - Infection Prevention and Control Sub-Committee - Patient Experience Sub-Committee - Safeguarding and Mental Health Sub-Committee		X				
8. Matters for the Quality Assurance Committee						
Review Committee Terms of Reference						X
Assessment of Committee's Effectiveness (Incl. Impact Assessment) Self-assessment						X
Review of Committee Objectives						X
Review of quality related risk – Internal Audit actions/ CRR/ BAF	X	X	X	X	X	X

Work Plan 2026-2027						
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Committee Work Plan and Calendar of Key Events	X	X	X	X	X	X
9. Final Items						
Issues to escalate to the CRR or impact to risk appetite framework	X	X	X	X	X	X
Issues to seek legal advice	X	X	X	X	X	X
Issues to escalate to the Trusts Regulators	X	X	X	X	X	X
Issues to raise with other Board Committees	X	X	X	X	X	X
Any other business	X	X	X	X	X	X
Matters to be drawn to the Board's attention by the Chair of the Committee	X	X	X	X	X	X
Reflections on Meeting Effectiveness	X	X	X	X	X	X
Date of next meeting	X	X	X	X	X	X

Version Control	Comments
Version 3 (22/04/2026)	inclusion of Sepsis and Safety in ED as regular items (agreed at QAC on 16/04/2026) and Winter Plan brought forward to August.
Version 4 (27/04/2026)	Safeguarding and LDA annual report schedule updated to August (Report to Board in Sep Medical devices <u>not</u> blue box AMR added to HCAI updates
V5 16/07/26	Working Update
V6 20/08/2026	Revised reporting
V7 (27/08/2026)	Workplan updated to reflect changes to Ctte sub-committee structure and annual reporting as agreed by Committee on 20 Aug 26 at agenda item 6.1