The Leeds Teaching Hospitals NHS Trust

Quality Assurance Committee (QAC) Chair's Report

Public Board
Thursday 26 November 2026

Presented for:	Alert, Advise and Assurance
Presented by:	Laura Stroud, Associate Non-Executive, Director Chair of QAC
Author(s):	Laura Stroud, Associate Non-Executive Director, Chair of QAC, and Victoria Hewitt, Trust Board Administrator
List of meeting dates:	15 October 2026

Freedom of Information Act (FOIA) Exemption	☐**YES** (restricted from the FOIA) ☒**NO** (available to the public under the FOIA)

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 and seeks to alert, advise and provide assurance to the Board on the matters discussed.	Alert, Advise 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 Within

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, Advise, 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.
- 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

- *No matters requiring an alert to the Board were identified.*

3. Advise

- **Sub-committees** – The Committee received updates from its established sub-committees, including the Patient Safety and Quality Sub-Committee (PSQS) and the Safeguarding and Mental Health Oversight Group (SMHOG). All sub-committees had adopted a Triple A reporting style, which the Committee welcomed.

  Areas of note included a 'Back to the Floor' event to support the medicines storage audit. The Committee welcomed the additional context provided to the audit findings on areas of good practice and the minor gaps identified. It recognised the value of in-person visits in triangulating the audit data and enabling engagement with staff.

  The PSQS continued to monitor corridor care, and the Committee recognised the increased risk as winter approached.

  The Committee received assurance on work to share and embed learning from Never Events. A further Never Event had occurred outside the reporting period and had been escalated to regulators. The Committee reviewed the immediate actions taken and the engagement with staff.

  The Committee explored the effectiveness of staff communications, recognising the competing priorities. It noted the development of the Safe Today communications campaign, which was focused on the core fundamentals of patient safety.

  The SMHOG was considering national learning on inappropriate access to patient records by NHS staff. The Committee received assurance on the Trust's disciplinary processes for staff found to have accessed patient records inappropriately.

4. Assure

- **Thirlwall Inquiry –** the Committee received an update on the Trust's progress in implementing the recommendations arising from the Thirlwall Inquiry. Internal communications had been issued to reinforce staff awareness of the Sudden Unexpected Death in Infancy and Childhood (SUDIC) process, and a fundamental review of Safeguarding Training requirements was underway. The Committee considered the barriers preventing clinical staff from accessing training and acknowledged the ongoing work to address these.

  Further guidance had been sought on information governance issues relating to the recommendations for CCTV requirements for each cot within the Neonatal services, following concerns raised by several organisations. A national group had been established to consider these concerns, and the deadline for this action had been extended to March 2027.

A further update on progress against the requirements would be provided at the next Committee meeting. Progress would continue to be monitored through the Committee's sub-committees.

- **Patient Safety Incident Response Framework (PSIRF) Deep Dive –** the Committee received a deep dive into the development of the PSIRF and the maturing approach to investigation, learning and improvement. The PSIRF strategy would be updated for 2027, informed by evidence and people's experiences. The Patient Safety Incident Response Plan (PSIRP) would be renamed the Patient Safety Events Response Process (PSERP), with the term 'events' broadening the scope beyond incidents.

  The Committee further explored the role of Patient Safety Partners, and it was agreed that further work would explore how other trusts involved their partners in decision-making forums.

  The Committee reiterated the importance of fostering a safety culture that encouraged staff to speak up. It emphasised the need to remain open to learning from best practice and to remove barriers to teams reporting both good and poor practice.

- **Patient Safety Events and Learning Report -** During the reporting period, five new patient safety events were reported to StEIS, one referral was made to the Maternity and Newborn Safety Investigations (MNSI) programme, and one Perinatal Mortality Review Tool (PMRT) case had been graded C. The Committee received further details of each case, together with a summary of the key learning.

  The Committee discussed how learning was shared following an event. It also considered how to foster psychological safety for incoming staff, encouraging them to take ownership and speak up confidently in unfamiliar settings.

  The Committee received the annual Integrated Incidents Inquests and Claims Report. A summary of the application of the Duty of Candour Regulations is included as **appendix 1.**

- **Annual Mortality and Learning from Deaths Report 2025/26 -** The annual report consolidated the quarterly Learning from Deaths reports received throughout the year. It was presented to provide assurance on the Trust's mortality surveillance, activity and improvement priorities.

  The Committee discussed recurring themes and considered the effectiveness of improvement actions. It also explored how progress could be demonstrated and assurance provided.

  The Committee welcomed the annual report's format, which provided a full-year overview and helped identify themes that might be less apparent in quarterly reports. A copy of the report is provided to the Board in the Blue Box at agenda item 9.4.

  It was agreed that recommendations from the Fuller Inquiry would be included in future quarterly mortality reports, enabling the Committee to maintain oversight of progress.

5. Risk

None of the updates received by the Committee had a material impact on the risk appetite statements as described within the Risk Appetite Framework.

6. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000.

7. 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.

8. Supporting Information

Appendix 1 – Duty of Candour Application

Appendix 1

Duty of Candour Regulations compliance for 2025/26

This section provides information on the application of the Duty of Candour Regulations into incident management processes at LTHT and CSU compliance with these for 2025/26.

1 Procedural Framework at LTHT

The statutory Duty of Candour requirements are described in the LTHT *Being Open (Duty of Candour) Procedure 2024*. There are also references to the Duty of Candour requirements in the following LTHT Risk Management procedures:

- *LTHT Patient Safety Incident Response Plan (PSIRP) 2024*
- *Incident Reporting Procedure 2024*
- *Investigation of Incidents and Complaints Procedure 2024*

2 Reporting

Patient safety incidents are reported through the Trust's incident management system (Datix). Where the level of harm recorded meets the threshold for the statutory Duty of Candour, namely moderate harm, severe harm, or death, the system automatically prompts the reporter to ensure the Duty of Candour process is considered and initiated. The reporting form includes fields to document that an apology has been offered to the patient and/or their family, together with any applicable exceptions in accordance with regulatory requirements.

Following submission, incidents are reviewed by an appropriately senior member of the relevant specialty or Clinical Service Unit (CSU). As part of this process, the reviewer is responsible for confirming that the Duty of Candour has been appropriately applied, that all required actions have been undertaken, and that compliance is accurately recorded within the incident reporting system. This approach supports the Trust's commitment to openness, transparency, and honest communication with patients and families when care has resulted in significant harm.

3 Monitoring

CSUs are responsible for ensuring that the statutory Duty of Candour is applied appropriately and consistently to all relevant notifiable patient safety incidents. Responsibility for compliance sits within each CSU, supported by established governance and assurance processes.

Duty of Candour requirements are embedded within the CSU Quality Assurance Framework and form part of the standard agenda for CSU and specialty governance meetings. This enables regular oversight of compliance, facilitates discussion of any identified issues, and supports timely action where required.

To strengthen local monitoring arrangements, each CSU has access to a dedicated Duty of Candour dashboard within Datix. The dashboard provides real-time visibility of incidents that meet the Duty of Candour threshold, enabling CSUs to track progress, identify outstanding actions, and ensure regulatory requirements are fulfilled.

Patient Safety and Quality Managers provide ongoing support and assurance through attendance at CSU governance meetings, offering expert advice on patient safety matters, including the application of the Duty of Candour. Additional guidance and support are available from the Trust Risk Management Team, helping to ensure a consistent, compliant, and transparent approach to Duty of Candour implementation across the organisation.

4 Assurance (Internal)

The Duty of Candour dashboard within Datix is a key component of the Trust's assurance framework and is routinely used to support CSU Quality Framework (performance) meetings. This provides senior corporate oversight of compliance with the statutory Duty of Candour and enables the identification and escalation of any areas requiring further action or support.

In addition, all newly reported incidents meeting the Duty of Candour threshold (moderate harm, severe harm, or death) are reviewed weekly as a standing agenda item at the Trust Risk Management Team meeting, chaired by the Medical Director (Governance and Risk) and the Director of Quality. This process provides an additional level of scrutiny and assurance, ensuring that Duty of Candour has been appropriately considered and applied. Where completion is outstanding, or an exemption has been recorded, the circumstances are reviewed to confirm that the rationale is documented and consistent with regulatory requirements. Advice and guidance are provided to CSUs as required to support compliance.

The CSU-specific Duty of Candour dashboards provide detailed information on incidents meeting the statutory threshold and enable local teams to monitor compliance, track outstanding actions, and validate exemption data. Together, these arrangements support effective governance, strengthen assurance processes, and promote a consistent approach to the application of Duty of Candour across the Trust.

5 Assurance (External)

Duty of Candour is subject to external scrutiny from External Audit, and the Care Quality Commission (CQC).

The external audit team (Price Waterhouse Cooper) has introduced CSU compliance audits to the annual audit cycle, which includes a review of Duty of Candour compliance through a sample of incident investigation reports.

External Audit select a sample of Duty of Candour applicable incidents as part of their review of the incident data supplied for the Trust’s Quality Account. The Trust is required to provide evidence that the Duty of Candour process has been completed for this sample of incidents.

As part of the CQC regulatory inspection process a sample of Duty of Candour applicable incidents is provided to demonstrate compliance with the Duty of Candour requirements. Information is also provided to the CQC relationship manager in response to enquiries that are received by the CQC, and monitored through the monthly engagement meeting, for assurance.

6 Training and Communication

Duty of Candour training is not currently a mandatory or priority training topic for the organisation. The LTHT Duty of Candour Learning tool has been refreshed and is available for staff to refer to on the intranet, which includes relevant clinical examples of when to apply the Duty of Candour.

Duty of Candour is referenced in the induction training for all new members of staff joining the organisation. It is also covered during the Incident Investigation Skills training programme and ad-hoc Datix training provided to individuals or groups. The Risk Management intranet site has a range of resources dedicated to Duty of Candour, including template letters to support clinical teams and a learning tool with clinical examples to guide staff in practice. Advice is provided to clinical teams by Risk Management, including from the Medical Directors, to support staff in the implementation of the Regulation.

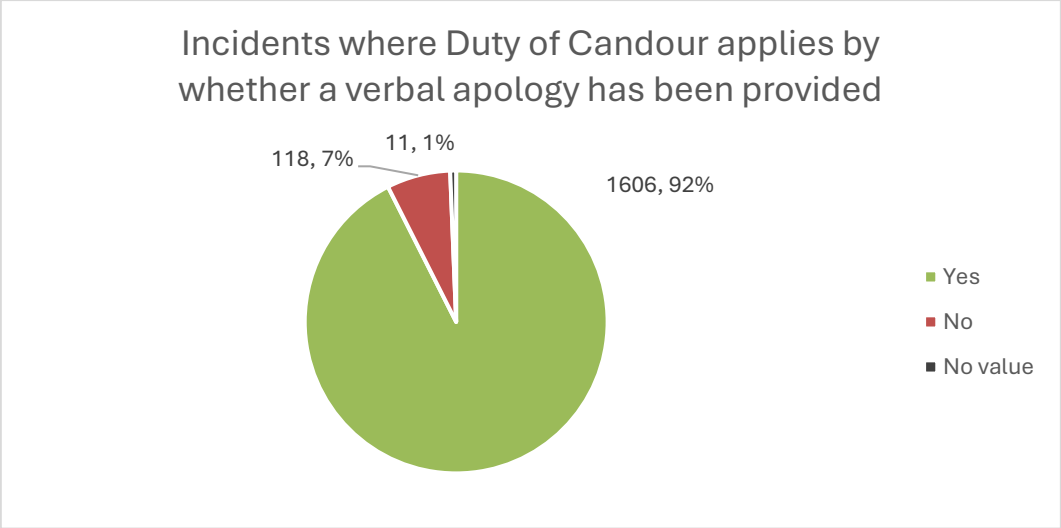
A monthly forum with CSU governance leads is in place to support them in implementing the quality governance and assurance framework, including providing advice regarding Duty of Candour and sharing good practice to support improvements in compliance.

7 Compliance

During 2025/26, 1,735 patient safety incidents reported through the LTHT Datix incident reporting system (4% of all incidents reported) met the statutory threshold for Duty of Candour, having been recorded as resulting in moderate harm, severe harm, or death.

The chart below demonstrates a high level of compliance with the Duty of Candour process, with a verbal apology recorded in 92% of eligible incidents. In 118 incidents (7%), a verbal apology was recorded as not having been provided. These cases are reviewed locally to ensure that any exemption or reason for non-compliance is appropriately documented and consistent with regulatory requirements.

Eleven incidents contained no recorded response to the verbal apology field. This is generally attributable to incidents initially reported as no harm or low harm, where the level of harm was subsequently revised by the reviewer to moderate harm or above. In such cases, the Duty of Candour fields become applicable retrospectively, and completion of the required documentation may remain outstanding until the incident review is finalised. These records are monitored through established governance and assurance processes to ensure that Duty of Candour requirements are appropriately addressed and recorded.

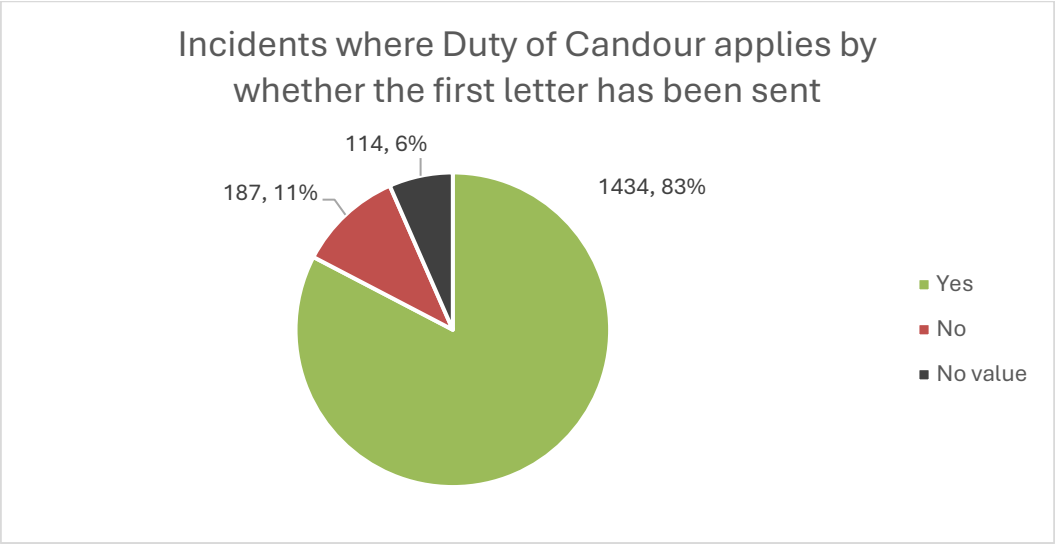


The pie chart below shows that, of the 1,735 incidents meeting the statutory Duty of Candour threshold, 1,434 (83%) had documented evidence within the Datix record that the initial Duty of Candour letter had been issued to the patient and/or their family.

In 11% of cases, the record indicated that a letter had not been sent. The majority of these incidents included an appropriately documented rationale, reflecting recognised exemptions or circumstances where issuing a letter was not required under the Duty of Candour regulations.

A total of 114 incidents (6%) did not contain a completed record confirming whether the initial Duty of Candour letter had been sent. These cases are subject to ongoing review through local and corporate governance processes to ensure that documentation is completed, any outstanding actions are addressed, and compliance with statutory requirements can be appropriately evidenced.

Overall, the data demonstrates a high level of compliance with the written communication requirements of the Duty of Candour process, supported by established monitoring and assurance arrangements across the Trust.



During 2025/26, 1,567 incidents that met the statutory Duty of Candour threshold had completed the incident review process and were recorded as closed. Closure of the review represents the point at which the Trust should provide patients and/or their families with feedback on the findings of the investigation, including an explanation of the outcome, actions taken, and a further apology where appropriate.

The final graph demonstrates that, of the incidents with a recorded closure date, 1,308 (84%) had documented evidence within Datix that a second Duty of Candour letter had been sent following completion of the review. This indicates a high level of compliance with the requirement to communicate the outcome of the investigation to patients and families.

For 256 incidents (16%), the record indicated that a second Duty of Candour letter had not been issued. In all cases, a rationale was documented within Datix, demonstrating that the decision not to send a letter had been considered and appropriately recorded in line with local and regulatory requirements.

Three incidents did not contain a recorded response within this field. These relate to incidents that had previously been reviewed and closed but were subsequently reopened to facilitate further investigation or review. As a result, the Duty of Candour process remains ongoing and the final documentation is yet to be completed.

