

**UHL / UHN Boards in Common Paper F1**

<b>Meeting title:</b>	Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group - UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together (Public)
<b>Date of the meeting:</b>	9 April 2026
<b>Title:</b>	<b>Escalation Report from the Quality Committee (QC): 26 February 2026</b>
<b>Report presented by:</b>	Andy Haynes, MBE, QC Non-Executive Director Chair
<b>Report written by:</b>	Andy Haynes, MBE, QC Non-Executive Director Chair

<b>Action – this paper is for:</b>	Decision/Approval		Assurance	x	Update	
<b>Where this report has been discussed previously</b>	Not applicable					
<b>To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which</b>						
BAF Risk 01 Quality 02- Harm Free Care BAF 01 Quality 03 Patient and Carer Experience						
<b>Impact assessment</b>						
N/A						

**Purpose of the Report**

To provide assurance to the Trust Board on the work of the Trust's Quality Committee (QC).

**Summary**

Quality Committee met on 26 February 2026 and was quorate. The attached escalation report identifies any issues which the Committee either needs to recommend, or wishes to highlight, to the Trust Board, and sets out the QC's level of assurance.

This escalation report follows the new quadrant template, focusing on assurance levels and aiming to provide an 'at a glance' report from the Board Committees. The template covers: **key escalations; actions to take outside the Committee; positive assurances, and decisions taken.**

The escalation report also sets out any items recommended for Trust Board approval, and any items referred to other Committees.

The report is not intended to be a narrative account of all issues discussed at the meeting.

Key escalations to notify the Board	Actions to take outside of the committee
<p>BAF 01 Quality 02- Harm Free Care Gap relating to fundamental care compliance not consistent</p> <p>National Falls Audit Update 2025 There were 61 falls with moderate or greater harm and 47 eligible for reporting (over 65yrs). On the national multi risk factor assessment tool we are above the 2024 national average on 4/10 areas. We are significantly below the national average on 5 areas (completing an assessment, delirium screening, vision assessment, removing patients safely from the floor and medical assessment within 30’ of fall). An action plan is in place and will be reported through monthly Falls Safety Team meetings to NMAHP and up to QC. Overall, our rate of falls with harm remains below the national average. However, we recognise that there is more to do to strengthen how we identify risk, minimise harm, and respond effectively to falls resulting in moderate or greater harm. Our focus is on ensuring consistent application of preventative measures, timely response, and learning where incidents do occur. (Moderate Assurance)</p> <p>BAF 01 Quality 03 Patient and Carer Experience Gap identified with variability in response rate and experience across groups.</p> <p>The Trust is seeing an increase in complex complaints where responses from family are using AI to respond to UHL communications. A deep dive has recommended that the collaborative working between patient experience and safety needs strengthening with a focus on clarity for the patient/family, a compassionate approach and a clear audit trail of engagement. This will be reported through Patient Experience updates to QC and cases will be reviewed by the independent panel. QC suggested that the deep dive showed cases where there were no safety</p>	<p>None</p>

<p>concerns and those where there were hence a different approach may be required for these 2 groups. (Moderate Assurance)</p> <p>Organ Donation Biannual Report UHL is a level 1 service reporting 12 or more donations a year. These may be after brainstem (BS) and cardiac death (CD). At M9 we have recorded 5 donations hence off track for the year. For BS donations there was 100% referral and Senior Nurse review with a 50% consent rate. For CD, 88% referral, 71% Senior Nurse review and 50% consent. These compare to 66 and 56% consent rates nationally. There was a recognition that communication with community groups needed to be strengthened. The Associate Director of Health Inequalities offered support and access to Comms. There was a suggestion that Charitable Funds could be approached for funds to assist. (Moderate Assurance)</p>	
<p>Positive Assurance taken</p>	<p>Decisions taken</p>
<p>BAF Risk 01 Quality 02 Harm Free Care Q3 Learning From Deaths Report Published SHMI for Oct 24 to Sep 25 is 108, a significant increase from the previous rolling 12 months result of 97. Crude mortality and HSMR remain stable. Investigation has shown that the data submission contained a high number of cases with an invalid primary diagnosis which led to UHL having 300 more deaths than expected. The data has been corrected and the SHMI will return to below 100 when the analysis is repeated. A review of data quality controls has taken place. The number of neonatal deaths in 2025 has returned to pre pandemic levels for the first time. Between April and September there were 2 cases where care may have impacted on outcomes and actions are in</p>	<p>2026 QC Work Plan approved</p>

Quality Committee 26 February 2026 – Non-Executive Director Committee Chair’s escalation report

<p>progress. Between July and September there were 9 neonatal deaths; 3 were transferred for care to UHL and 7 had congenital anomalies. (Strong Assurance)</p> <p>Reports received and reviewed:                  Monthly Quality and Safety                  Q3 Patient Experience                  Q3 Quality Strategy                  Q3 Perinatal Safety                  Perinatal Assurance Cttee Highlight Report                  Q3 TIPAC                  (Strong Assurance)</p>	
Items recommended for Board approval:	
None	
Items referred to other committees:	
None	

<b>SIGNIFICANT ASSURANCE</b>	Clear understanding of the issues with a robust, deliverable plan which will achieve the required outcomes. Only insignificant residual risk. There may be external evidence to corroborate this view
<b>MODERATE ASSURANCE</b>	Good understanding of the issues, a clear plan with timescales that are credible and deliverable but some action still required. The residual risk is more than insignificant
<b>LIMITED ASSURANCE</b>	Recognised material weaknesses which may be incomplete understanding of the issues or an action plan which is not comprehensive, credible or deliverable. A significant amount of residual risk remains
<b>NO ASSURANCE</b>	A fundamental failure to understand the issues. An action plan is inadequate with fundamental gaps, weaknesses or breakdown in compliance. A significant of residual risk remains and immediate action is required