Meeting title:	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)
Date of the meeting:	8 May 2026
Title:	**3.4 Escalation Report from the Quality Committee (FIC): 30 April 2026**
Report presented by:	Dr Andrew Haynes, MBE, QC Non-Executive Director Chair
Report written by:	Dr Andrew Haynes, MBE, QC Non-Executive Director Chair

Action – this paper is for:	Decision/Approval		Assurance	x	Update	
Where this report has been discussed previously	Not applicable					
To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which						
BAF Risk 01 Quality 02- Harm Free Care BAF 01 Quality 04 – Care for Patients with Additional Needs BAF 01 Quality 01 – Embedding a safety culture						
Impact assessment						
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 30 April 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
BAF 01 Quality 02- Harm Free Care **Regulation 28 Prevention of Future Deaths Notice** HM Coroner Lincolnshire issued this notice on 1st April to MHRA, UHL and Medtronic Ltd. A death resulted from a device failure in an indwelling haemodialysis catheter in a satellite dialysis unit. Investigation revealed a similar non fatal event at a different satellite unit in November last year. A formal risk assessment suggests a response based on risk mitigation, strengthened documentation and surveillance. This was approved by the Committee. **(Strong Assurance)** **BAF 01 Quality 02- Harm Free Care** **Gap: Failure to implement National Cleaning Standards** Significant progress has been made with reviews of team structures and rosters to align to National Cleaning Standards. Bimonthly audits by an independent team are in place with transparent reporting to teams, CMGs and through TIPAC to QC. Suboptimal scores require a rectification plan and re audit. New cleaning equipment has been purchased to facilitate a standardised approach and response times. **(Moderate Assurance)** **BAF 01 Quality 04 – Care for Patients with Additional Needs** **Gap: increased attendances and length of stay in ED for mental health patients** A recent incident has prompted a review of the emergency department environment to assess and address potential risks and strengthen patient safety. **(Moderate Assurance)**	Discussion with system partners on the impact of prolonged stays for patients with mental health disorders in ED with regard to safety and additional cost impact on UHL (Group Chief Nurse and the ICB Head of Quality and Safety)

BAF 01 Quality 01 – Embedding a safety culture **Gap: maternity culture and safe staffing** In response to national expectations around a shift from process compliance to outcomes based assurance, a proposed model to align governance and Board reporting across UHL and UHN was approved. It builds on existing structures, strengthens collaboration and has no additional financial implications. It sets the framework to meet the 4 requirements of the MIS yr 8 requirements on Board oversight, governance, culture and leadership. **(Strong Assurance)**	
Positive Assurance taken	**Decisions taken**
Reports reviewed: Quarterly 104+ days Cancer Harm Review Monthly Quality and Safety Monthly Perinatal Assurance Committee and Scorecard Annual CNST Claims Scorecard 2025 Annual Safeguarding Report Update on Cleaning Standards **(Moderate or above Assurance)**	• Response to Coroner for Section 28 Prevention of Future Deaths approved • Suggested alignment and refinement of governance structure and Board reporting formats into a framework compliant with new national standards approved (maternity)
Items recommended for Board approval:	
None	
Items referred to other committees:	
None	

SIGNIFICANT ASSURANCE	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
MODERATE ASSURANCE	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
LIMITED ASSURANCE	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
NO ASSURANCE	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