University Hospitals of Leicester NHS
NHS Trust

Trust Board paper G2

Meeting title:	Trust Board
Date of the meeting:	11 September 2026
Title:	**Escalation Report from the Quality Committee (QC): 30 July 2026**
Report presented by:	Jill Houghton, Non-Executive Director
Report written by:	Jill Houghton, Non-Executive Director

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)						
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

QC met on 30 July 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 QC's level of assurance.

There are no items requiring formal recommendation to the Trust Board from the July 2026 QC meeting.

This escalation report follows a 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 02 Quality: Inequality in access, experience and outcomes Gap: data quality/completeness, variation in delivery of reasonable adjustments, use of inequalities data in improvement An update on our assessment of the Equality Delivery System (EDS) Domain 1 (commissioned and provided care) was provided in the Health Inequalities regular report. The service assessed was the Frailty SDEC. Assessment is against 4 ratings: required level of access, health needs met, free from harm and positive experience) with outcomes of Undeveloped, Developing, Achieving or Excelling. The service was rated Developing. There have been 4200 patients seen since Jan 2025 with 68% discharged home, very low levels of incidents and 89% of patients rating experience as Good. County residents 2x more likely to be seen, white and less deprived citizens over represented as are Asian individuals. The most and least deprived citizens are under represented. Ongoing work to understand these patterns to target future models of care. Work shows an opportunity around VB11Z coded attendances (patients who are seen in ED but leave with no interventions required) driven by City Neighbourhoods 2 and 4. The ICB has offered funding to develop schemes to target this cohort to impact ED attends The governance around Health Inequalities has been strengthened with a monthly Health Inequalities Improvement Board to cover Neighbourhood and strategy Patient involvement and experience Workforce well being Improvement with an equity lens Innovation Operations Prevention	

Reporting will be through PSC to QC and up to Board with a focus on impact. The absence of adequate data analytical support was noted as a significant constraint. QC recognised and commends the progress made with limited resource, supports the amended governance arrangements and highlights the data analytics issue to Board **(Moderate Assurance)** **BAF 01 01 Quality: Quality, safety and patient experience** **Gap: patient insight not translated into reasonable improvement** The Annual Patient Experience Report was reviewed. There are 1-1.5k PALS concerns per quarter with 200-450 formal complaints. Whilst this is a small proportion of our overall activity there are consistent themes. Access/Waiting, Communication, Womens Health, Medical Care, Nursing Care, Compassion, Inequalities and Patient Experience. QC supported this years plan focussing on access, communication, compassionate care, patient moves, inclusion, strengthen patient voice. QC discussed communication as a theme and the recognition that information and communication are different but overlapping issues. Regular updates are scheduled via PSC to QC and impact will be a key focus for progress **(Moderate Assurance)**	
Positive Assurance taken	**Decisions taken**
Reports reviewed: Annual NICE Guidance review Monthly Quality and Safety	Mortuary Services Self Assessment accepted and recommended for support at Board sign off. Mortuary services regularly report to QC with updates on Fuller Implementation

(Moderate or above Assurance)	plan, HTA audits, incidents, near misses and workforce constraints. Clear audit trail from PSC to QC and up to Board
Items recommended for Board approval:	
Mortuary Self Assessment *(already approved in July 2026)*	
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