Trust Board paper G3

Meeting title:	Trust Board
Date of the meeting:	11 September 2026
Title:	**Escalation Report from the Quality Committee (QC): 27 August 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 27 August 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 August 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 Quality 1 and 2 **Bi-Annual Organ Donor Report** The Quality Committee was disappointed to hear that UHL, as a level 1 donation unit having previously maintained up to 12 donations a year, had facilitated zero donations since April 2026. By the end of April 2025, we facilitated 10 donations and 6 by the end of April 2026. The cause for this is multi-factorial including being below average for referral of patient donors and the Specialist Nurse for Organ Donation not always being able to attend the end of life discussions. The Organ Donation team is focusing on direct engagement with ITU leads and education for paediatric services. The implication of this situation continuing is that the service will potentially receive reduced funding in the future. **(Limited Assurance)**	Non-Executive Director, Jill Houghton facilitated an online introduction to the Director of Communication and Engagement and the Organ Donation Team to offer support to their communication and education plan. This was accepted by both parties.
BAF 01 Quality 1 and 2 **Quality Strategy Q1 Update** The Committee received an encouraging update in relation to progress against the UHL Quality Strategy in all aspects apart from limitations associated with End-of-Life Care due to digital integration and estate challenges. The Committee asked for a deep dive to be undertaken into UHL's End of Life care while noting the commitment and great support offered by the palliative care team. (**Moderate Assurance pending a further report on End-of-Life Care)**	
BAF 01 Quality 1 and 2 **UHL Mortality and learning from Deaths Quarterly Report** This report provided assurance in respect of both the national risk adjusted mortality measure and delivery of death certification, Medical Examiner scrutiny and case record review as required by national statutory requirements. The data suggests that mortality outcomes remain in line or better than expected for a trust of UHL's size and	Dr Tanu Singhal (Deputy Medical Director and Chair of the End-of-Life Steering Group) will lead on the End of Life deep dive supported by Sue Burton Interim Chief Nurse

complexity. The Chair of the Perinatal Mortality Review Group presented the quarterly Perinatal Mortality Report. It was highlighted that the number of neonatal deaths is much lower than in previous years, but benchmarking status will not be known until early 2027. The Committee commended the work that the Bereavement Service has started implementing in Quarter 1 in relation to the Eye Donation Scheme for UHL. By July 13 deceased patients had donated their eyes. **(Moderate Assurance)** **BAF 01 Quality 1** **Infection Prevention Quality Audit TB Report 2025-2026** The Quality Committee was pleased to receive the first annual audit of TB related Infection Prevention and Control activity at UHL. An increase in demand, complexity and operational burden was identified. In 2023/24 71 cases requiring further investigation were identified compared to 117 in 2025/26. The audit culminated in recommendations which will form the basis of a UHL TB Action Plan. This plan will include targeted quality improvement in the high-risk areas. Following the implementation of the plan a reaudit will be undertaken and presented to the Committee. **(Moderate Assurance)** **BAF 01 Quality 1** **Patient Safety Committee Report – Paediatric Scoliosis** The Committee was an update, via the Patient Safety Committee, that the Paediatric Scoliosis Service, which had experienced problems with service sustainability, patient delay and workforce challenges had transferred the majority of affected patients to Nottingham University Hospitals. Potentially affected patients have been identified and internal and external reviews still being undertaken **(Moderate Assurance)**	
Positive Assurance taken	**Decisions taken**
Reports reviewed:	

Quality Committee 27 August 2026 – Non-Executive Director Chair's escalation report

Patient Experience Report Q1including complex complaints Quality and Safety Performance Report 2026/27 Month 4 Waste Management Trust Infection Prevention Assurance Committee Report Nursing Midwifery and AHP Committee Summary Report **(Moderate Assurance)**	
Items recommended for Board approval:	
None. Infection Prevention and Dementia Annual Reports 2026/7 were approved by the Quality Committee for the Board to note. The Patient Safety Partner in attendance at the Quality Committee wanted the Board to be made aware of the significant progress made in relation to supporting patients living with dementia not least the implementation of the Cognitive Assessment Screening Bundle within NerveCentre and associated activity	
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