Trust Board paper H1

Meeting title:	Trust Board
Date of the meeting:	12 November 2026
Title:	**Escalation Report from the Quality Committee (QC): 29 October 2026**
Report presented by:	Jill Houghton, Non-Executive Director QC Chair
Report written by:	Jill Houghton, Non-Executive Directo QC 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)						
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 29 October 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 October 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 to the Board	Actions to take outside of the committee
BAF 01 Quality 1 Audit and Quality Improvement Programme (AQIP) and Continuous Improvement Development Updates The Quality Committee was impressed with all the activity cited in this report. Grip and control of National Clinical Audits continues to improve and 87% have plans in place to progress. Benchmarking demonstrates that UHL is in line with or better than the national average. Improvement projects continue to expand and increasingly link to CIP activity. (Significant Assurance) BAF 01 Quality 1 Specialist Services Quality Dashboard (SSQD) Q3 & 4 2025-26 This report provides assurance that UHL is working towards full compliance with NHSE's SSQD requirements. Returns are required for 44 specialised services provided by UHL. Throughout 2025/6 data submission could not be submitted for all areas so the Quality Assurance Team is working closely with the relevant clinical teams to improve future compliance. Data completeness has improved from 71.5% in Q1 to 86.4% in Q4. However, local data suggests that, in some cases, performance is better than the national report indicates and review and validation of data continues. (Moderate Assurance) BAF 01 Quality 01 New Interventional Procedure Authorisation Group (NIPAG) Annual Update This report provided assurance to the Quality Committee of the governance, oversight and implementation of New Interventional Procedures within UHL in2025/6. During this period NIPAG reviewed 7 new notifications, monitored 16 active procedures through audits,	

managed suspension when appropriate and completed one procedure when it met audit requirements. Overall, the report provided significant assurance to the Committee that new procedures are introduced and monitored in line with Trust policy and NICE guidance. (Significant Assurance)	
Positive Assurance taken	Decisions taken
Quality and Safety Performance Report Cost Improvement Programme Quality Impact Assessments 2025/26 Changes to CQC Statement of Purpose Nursing, Midwifery and AHP Committee Summary Report Patient Safety Committee Summary October 2026	These reports all received moderate assurance although the Changes to CQC Statement of Purpose gave the Committee significant assurance that UHL had an accurate and up to date Statement of Purpose
Items recommended for Board approval/highlighted for Board information:	
The Committee's receipt of a report on the changes to the CQC Statement of Purpose is highlighted to the Trust Board.	
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