York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 10

Committee Report

Report from:	Quality Committee Assurance Report
Date of meeting:	16th June 2026
Chair:	Lorraine Boyd

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
* **Saving Babies Lives 3.2** assurance meetings will no longer be provided by the LMNS, which will be fully disbanded at the end of July. Responsibility for assurance sign off will now rest entirely with the Trust Board without preceding external scrutiny. The Implementation Tool will be completed and update to Board provided quarterly. Most recent compliance rate is 78% with full compliance anticipated in 2026/27. * **Palliative and End of Life Annual Report 2026/27** demonstrated demand for services rising significantly with increasing complexity of patient need. Further 25% growth in demand is predicted over the next 5 years. Current staffing and delivery models are unable to consistently meet this demand at present, resulting in inconsistent and inequitable performance and quality of care. * **A Spina Bifida MDT clinic** has been established in Scarborough, through collaboration of paediatricians, paediatric urology, physiotherapy and Shine charity (Spina.Bifida.Hydrocephalus.Information.Networking.Equality https://www.shinecharity.org.uk/). For the first time these very complex children, often from low socioeconomic families, have local access to the expert support they need. Early feedback on the service is very positive.
ASSURE
* **Pressure Ulcer Year End Report** provided an indepth update to support understanding of the progress against this True North metric ,the continued challenges to full compliance, gaps in assurance and associated risk. The Trust Pressure Ulcer Improvement Plan has evolved throughout the year in response to data and strengthened governance. A 15% reduction in Category 2 pressure ulcers was noted, but there was limited evidence that this had led to the anticipated drop in Category 3 and 4 pressure ulcers.The current strategy of focusing on Category 2 will be reviewed in the light of this data. Variation in

performance throughout the year and across clinical areas was evident, undermining the assurance. A further stretch target of 20% reduction is proposed for 2026/27. Risks to delivery are identified as workforce pressures, operational demands and equipment factors eg seating and mattresses.

* **Family Health Care Group** attended, presenting an overview of their challenges and risks. Ongoing challenges with community nurse capacity exceeding demand was outlined with assurance that no associated increase in patient harms has been identified. However this is leading to increased staff absence and there is a risk that maintaining patient safety will not be sustainable. A programme of transformation is ongoing which includes neighbourhood team initiatives and district nurse workforce remodelling.

* **Gynaecology Referrals and Waiting Lists** were highlighted as a particular challenge and a collaborative project with primary care colleagues to consider how this can be addressed was outlined.

* **Regional Maternity Map** score continues on a downward trajectory and is expected to be a continuing trend as a result of recruitment of Deputy Director of Maternity, who is now in post, among other things

* **NEY Integrated Care Board Maternity Equity Dashboard** (July to December 2025 data) was shared and demonstrated strong performance by York and Scarborough compared with national average in proportion of booking appointments within the first 10 weeks of pregnancy, proportion of babies born pre term (below 37 weeks) gestation and proportion of women having post partum haemorrhage of 1500ml or more. A lower proportion of women having an unassisted vaginally birth than the national average was also noted. This provided good assurance on the standard of care being provided from an external data source. The dashboard also provided a breakdown of key outcome measures

* **Workforce and Quality Paper** provided an integrated and triangulated view of nurse staffing levels and how this interacts with quality of care. Data helps identify wards performing well and those which are more challenged, enabling shared learning and targeted review and support where required, as well as a means to monitor the impact of interventions. In the last month there has been a small overall improvement in staffing levels, but with significant variability across the Trust footprint. As yet there is limited assurance that the quality of care is improving and this remains an area of concern, requiring continued focus.

* **Safeguarding Annual Report 2025/26** confirmed a significant increase in safeguarding activity and complexity across all domains. There is strong assurance on core statutory and PREVENT training with 90% level 1 and 2 compliance. There is however some inconsistency across staff groups and in particular more limited assurance on compliance with higher level competency, presenting a risk that staff with the highest levels of safeguarding responsibility may not be consistently trained to the required level. Review of training methods,

in particular recognising experiential learning, is being undertaken to mitigate this risk. Variable application of The Mental Capacity Act and variable recognition of non accidental injury across all areas further contributed to the theme of inconsistency.

* **Complex Needs Annual Report 2025/26** was presented and demonstrated rising demand and complexity over all activity areas : learning disabilities, mental health issues in ED, dementia and autism services. Over the course of the year the activity patterns have shifted from fluctuating demand to more consistent increased complexity. Enhanced Therapeutic Observation of Care (ETOC) remains an area of concern and risk. Governance processes in place identify the risks and monitor improvement activity, however variation in delivery at operational level with limited clarity in some areas around accountability, expectations and escalation processed represents a gap in assurance. A structured improvement plan overseen by the Complex Needs Assurances Group head been developed to address this.

* **Infection Prevention & Control (IPC) Annual Report 2025/26** demonstrated clear progress in Clostridium difficile (CDI) and Methicillin Sensitive Staphylococcus Aureus (MSSA) infection, supported by strengthened governance, confirmed by a significant assurance internal audit report on Care Group IPC governance. However significant challenges remain, particularly with gram negative and Multi Resistant Staphylococcus Aureus (MRSA) infections. Variation across wards and departments persists and the Trust is not yet consistently meeting national expectations. Continued focus is required.

* **Q4 Mortality and Learning from Deaths Report** confirmed that SMHI (Summary Hospital Mortality Index) continues to trend downwards across both sites. Differential SMHI across common diagnostic groups has not identified any areas of specific concern. A recent alert has been received from the National Emergency Laparotomy Audit (NELA) having identified a higher mortality rate than the national average. Further investigation is being undertaken as a priority. Investigation is aligned with work already underway as a consequence of a rise in Datix incidents relating to management of bowel obstruction providing additional assurance on the efficacy of processes to identify potential clinical harms.

ADVISE

* **The NEY ICB Maternity Equity Dashboard** also provided a breakdown of key clinical outcome measures of preterm birth and PPH by deprivation quintile and ethnicity which will support ongoing monitoring for health inequalities.

* **Maternity Care Bundle**, a new element of Maternity Incentive Scheme Year 8, was published in January 2026 and implementation targeted for March 2027. An interim review has been undertaken providing a baseline through early assessment of local readiness and identification of priority gaps to support preparatory work ahead of access to the implementation tool.

* **Friends and Test Uptake** has exceeded expectations impacting on the cost of the service. SMS messaging has been temporarily suspended, pending the outcome of a cost benefit analysis of the range of communication options available.

* **The Quality Account for 2025/26** was shared and it was agreed to be a good and recognisable account of the year. The significant work involved in is porosity was recognised. It was approved by the Committee and approval by the Board is recommended

* **Quality Committee Terms of Reference** were reviewed and the proposed amendment of adding ' a function to gain assurances around the implementation of actions arising from clinical audits ' was agreed.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

New risk ' insufficient stroke consultant staffing to provide consistent safe care ' will be added to the CRR and had been assigned to Quality Committee by the Risk Committee for oversight.

CRR 866 'failure to meet the contractual requirements of the nationally and locally set objectives for Trust Acquired Bacteraemia including MSSA,MRSA and gram-negative bacteraemia' was reviewed and discussed via the IPC Annual Report.

Risks contributing to PR1 discussed included
Enhanced Therapeutic Observation of Care
Community Capacity
Palliative and End of Life Care
Pressure Ulcer Care
Nurse Staffing
Safeguarding training compliance

ASSURANCE GAINED

Nurse Staffing and Quality
Good assurance that we have a system in place to identify risks to safe, high quality care in line with the Trust ambition to provide excellent care every time. Limited assurance that staffing levels are consistently commensurate with this, contributing to Principal Risk 1.

Safeguarding
The Trust maintains established safeguarding arrangements in line with the Safeguarding Assurance and Accountability Framework, encompassing

governance embedded through the Board and Committee structures, with policy, training, supervision and multi agency working arrangements in place.

Complex Needs
2025/26 brought significant focus on the Complex Needs portfolio leading to strengthen governance, including dashboard development to support reporting, visibility and oversight through a Complex Needs Assurances Committee, escalating to Quality Committee via Patient Safety and Clinical Effectiveness Group. Good assurance is evident that statutory requirements are met and there is clear visibility of performance, risks and emerging themes. Assurance on sustainable balance of capacity and demand is more limited, and similarly limited on consistent delivery of Enhanced Therapeutic Observation of Care. Plan and priorities for 2026/27 were shared.

NICHE Report Recommendations
9 of the 11 recommendations have been completed and the remaining 2 relate to mental health workforce development and training programme development, both of which are linked to recruitment and implementation of the Mental Health Lead Professional role commencing Autumn 2026.

Palliative and End of Life Care
Quality Committee have low assurance that the Trust can consistently provide sustainable and equitable high quality Palliative and End of Life Care in line with internal and national ambitions. It is anticipated that this gap will be addressed through the emerging Clinical Strategy.

Infection Prevention and Control
Good assurance that governance has been strengthened and Internal Audit delivered a significant assurance report following review of the governance and effectiveness of Care Group IPC meetings. Delivery challenges persist and, whilst improvement plans and stewardship priorities are in place, risk remains and ongoing focus required to reduce avoidable harm and meet national expectations.

Patient Experience
NHSE Patient Experience of Care Assessment Framework self assessment has been completed and has led to a ranking of 'improving', with some evidence of good practice, but limited evidence in other areas. This assurance gap is being addressed and a Patient Experience KPI dashboard to support governance and oversight is emerging.