



Report Title	Quality Committee Chair's Report	
Author	Becky Malby, Non-Executive Director and Chair of Quality Committee	
Accountable Director	Becky Malby, Non-Executive Director and Chair of Quality Committee	
Previous committees/groups		
Recommended action(s) (assurance, approval, information)	Information / Assurance	
Purpose of the paper	The report provides highlights of the Quality Committee to provide assurance to the Trust Board.	
Executive Summary		
<p>The report provides highlights of the Quality Committee meetings on 18 December 2025 and 15 January 2026 to provide assurance to the Trust Board.</p> <p>The paper aims to update the Board on discussions taking place to reduce the risks set out in the Board Assurance Framework.</p>		
Recommendation(s)	The Board are asked to note the contents of the report and the proposed Board actions.	
Link to Board Assurance Framework Risks (board and level 2 committees only)	<p>2. Provide access to appropriate care.</p> <p>3. Deliver quality for patients.</p> <p>4. Strengthen medicines management.</p> <p>7. Support staff health and well-being effectively.</p> <p>11. Collaborate effectively to improve population health and reduce health inequalities.</p>	

## Highlight Report

**Report from:** Quality Committee

**Date of the meeting:** 18 December 2025

### Key discussion points at the meetings and matters to be escalated to board:

#### Alert:

#### BAF 3. Deliver Quality for Patients.

1. The Committee noted that the variation between places of the availability of alternative pathways impacts the ability of YAS as part of a system response to meet need.
2. There is ongoing work internally to realign the pathways team and then to undertake a review to prioritise the most appropriate pathways with system partners.

#### Advise:

#### BAF 3. Deliver Quality for Patients.

1. The Committee received an excellent Quality Improvement analysis of the impact of capacity related to shift times and ambulance availability noting the impact on availability of our services for CAT2 between 10-2pm and 7-9pm, for Bradford. There were a number of actions that require changes to resource allocation. The committee had escalated this issue to the People Committee (because of the workforce issues) but agreed this should be transferred to the Finance and Performance Committee for full oversight with Quality Committee reviewing the Quality Improvement impact as follow up.
2. In relation to pathway variation (availability of pathways in different places) Amanda Moat attended both West Yorkshire and South Yorkshire Audit chairs catch-up meetings with the agreement that audit chairs will work together on shared risk issues across patches, developing risk registers with a clinical lens to shine a spotlight where systemwide audits should be directed. Whilst ICBs are in flux and 360 have their systemwide audits already planned 26/27, (pathology and one other), we can push action through the chair for areas of cross system concern.

#### BAF 11. Collaborate to effectively improve population health and reduce health inequalities

3. The Committee noted the intention of neighbourhoods to meet complex needs and discussed in outline the role of YAS. At this stage we recommended that YAS provide heat map data on demand for our services, to inform neighbourhoods in terms of their plans to meet needs close to home. This will demonstrate the variation in demand between communities and can inform neighbourhood development plans.

<b>Assure:</b>
<p>BAF 3 Deliver Quality for Patients.</p> <ol style="list-style-type: none"> <li>1. The Critical Incident story shared at the committee highlighted the difficulty Ambulance staff face when patients do not have DNR or advanced care plans in place.</li> <li>2. Julia Nixon advised that YAS has been invited to a Humber and North Yorkshire End of Life workshop.</li> <li>3. There is also opportunity to raise this issue at the YAS Quality Oversight Group that meets monthly with ICB Medical Directors and Chief Nurses.</li> <li>4. The Committee received a report on Bradford in relation to Category 2; and received a Quality and Safety Briefing on excessive transfers of care, operations, Clinical and Health Inequalities.</li> </ol>
<p><b><u>Risks discussed:</u></b></p> <p>The BAF risks aligned to the committee for oversight were discussed in relation to the Bradford Case Study and its implications for all our services.</p>
<p><b><u>New risks identified:</u></b></p> <p>No new risks were identified.</p>

Report completed by: Rebecca Malby  
Reviewed by Dave Green and Amanda Moat  
Date: 18 December 2025

## Highlight Report

**Report from:** Quality Committee

**Date of the meeting:** 15 January 2026

### Key discussion points at the meetings and matters to be escalated to board:

#### Alert:

There are no issues to Alert.

#### Advise:

BAF 3. Deliver Quality for Patients.

1. The Committee is building each BAF risk into a specific workplan agenda item this year to be provided to the Board.
2. The Committee is reviewing the data available to support our work, timetabling a discussion of metrics to assure the Board in relation to clinical outcomes at the next meeting, to develop the quality aspects of the Dashboard to support BAF.
3. The Committee support the draft Quality Accounts priorities for Improvement
4. All actions relating to the internal audit of patient experience and complaints will be complete in May 2026. There is a review taking place on how teams learn from the review of patient experience and from complaints and how this supports a Safety 2 culture.

BAF 11. Collaborate to effectively improve population health and reduce health inequalities

5. Further to our previous AAA report in December. The Committee is reviewing the heat map data available to determine if it provides the granularity of information to understand the impact of health inequalities on service use and response.
6. The Committee recommends that there is a Board Strategic Forum focus on Health Inequalities to provide the visions and principles through which the BAF can be operationalised.

The Committee will be observed as part of the Well-Lead review in its March meeting.

#### Assure:

BAF 2 Access to Appropriate Care

1. The Committee was assured that the executive is actively seeking out learning from other Ambulance Trusts to support the work on continuing to develop YAS Emergency Operations Centre, and the improvements to Hear and Treat. We commend the organisation on the positive reporting culture and discussed how to continue to strengthen the safety response to progress from a Safety One culture to a Safety Two culture. We noted that we have responded to 18,370 999 calls and 40,180 111 calls over the period 4 January to 11 January, which provides context to our consideration of incident reviews. This will underpin the Committee's work this year.

### BAF 3 Deliver Quality for Patients.

2. The Committee received the Patient Safety Learning Group (PSLG) temperature check report and on receipt of this were assured by the activity that this is being managed by the group. We have requested a summary that links the patterns and trends identified which link to the Quality Account priorities.
3. The Committee were assured by the use of integrating stories of patients/ service user stories into the reports discussed at the Committee which are adding valuable insights and context.
4. The Committee was assured by the feedback on the complaints process, in view of the organisations aim to improve follow-through of this into the workplan this year. We were assured that there is measurable progress in patient experience and complaint response times.
5. The Committee was assured that the approach to clinical supervision as the cornerstone to securing professional practice and learning is progressing well, but progress varies across the whole organisation. We have asked for a timeline for when access to and uptake of supervision is equitable across the organisation.
6. The Committee was assured that the next step in the development of the quality of clinical supervision is the development of guidance for those leading supervision sessions to ensure a safe learning environment
7. The Committee was assured that where there are reports of staff attitude being of concern there is no correlation between these and adverse patient outcomes.

### BAF 4: Strengthen Medicines Management (all Amber)

8. The Committee were assured by the steps being taken to mitigate the issues raised in the Internal Audit action relating to controlled drugs compliance.

#### **Risks discussed:**

The BAF risks aligned to the Committee for oversight were discussed both in the specific agenda item but also in each of the agenda items with this report clearly linking to the BAF.

#### **New risks identified:**

No new risks were identified

Report completed by: Rebecca Malby  
Reviewed by Dave Green and Amanda Moat  
Date: 15 January 2026