



**Yorkshire
Ambulance Service**
NHS Trust



Quality Committee Terms of Reference 2026-27

FOR BOARD APPROVAL

DOCUMENT CONTROL INFORMATION

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Approved By	Board of Directors
Date Approved	26 March 2026
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Protective Marking	Not Protectively Marked

Our Strategy 2024-29

Our Purpose	To provide and co-ordinate safe, effective, responsive and patient-centred out-of-hospital emergency, urgent and non-emergency care, so all our patients can have the best possible experience and outcomes
Our Vision	Great Care Great People Great Partner
Our Values	Kindness Respect Teamwork Improvement
YAS Together	Care Lead Grow Excel Everyone

Our Bold Ambitions

Our Patients	Our ambition is to deliver exceptional patient-centred out-of-hospital emergency, urgent and non-emergency care, which is safe, kind and responsive, seamlessly integrating services and utilising technology to deliver a high-quality patient experience
Our People	Our ambition is to be a diverse and inclusive organisation with a culture of continuous improvement, where everyone feels valued, included, proud to work and can thrive
Our Partners	Our ambition is to be a collaborative, integral and influential partner across a joined-up health and social care network that works preventatively, reduces inequality and improves population health outcomes, supporting all our communities
Our Planet and Pounds	Our ambition is to be a responsible and sustainable organisation in the use of our financial and physical resources, reducing our environmental impact and ensuring the most effective use of all our resource

THE QUALITY COMMITTEE

Reviewed by Committee	12 March 2026
Approved by Board of Directors	26 March 2026

THE QUALITY COMMITTEE

Terms of Reference

1.0 Constitution

- 1.1 The Quality Committee (the Committee) is a standing Board Assurance Committee that has been formally constituted by the Board of Directors of the Yorkshire Ambulance Service NHS Trust (the Trust) in accordance with its Standing Orders.
- 1.2 The Scheme of Powers Delegated by and Reserved to the Board, the Scheme of Financial Delegations, and the Standing Financial Instructions of the Trust will apply to the work of the Committee.

2.0 Authority

- 2.1 The Committee is authorised by the Board of Directors to act within its terms of reference and will be provided with Trust resources to do so. All members of Trust staff are directed to co-operate with any request made by the Committee.
- 2.2 The Committee has no executive powers other than those set out in these Terms of Reference.
- 2.3 The Committee has the right of access to all information that it deems relevant to fulfil its duties. This may require any Trust colleague to attend a meeting of the Committee to present information or to answer questions on a matter under discussion.
- 2.4 The Committee is authorised by the Board of Directors to instruct professional advisors and request the attendance of individuals and authorities from outside of the Trust with relevant experience and expertise if it considers this necessary.
- 2.5 The Committee is authorised to meet via a virtual/remote arrangement if it deems that necessary.
- 2.6 The Committee is authorised, in exceptional circumstances, to conduct discrete business outside its scheduled meetings where it is not practicable to convene a full meeting.

3.0 Purpose

- 3.1 The purpose of the Committee is to rigorously review and gain assurance, on behalf of the Board of Directors that the Trust is making sufficient progress towards its quality and clinical governance priorities to support the delivery of

the Trust's strategic objectives and Operational Plan whilst being assured as to compliance with appropriate regulatory and statutory requirements.

3.2 The purpose of the Committee is to seek and obtain assurance on behalf of the Board of Directors to demonstrate that the Trust:

- Is making sufficient progress towards improving patient safety, patient experience, and clinical outcomes, and reducing health inequalities.
- Is making sufficient progress towards the delivery of the Trust's strategic ambitions and business plan priorities in respect of the remit of the Quality Committee, specifically those items set out at in section 5.0 below and the business plan workstreams aligned to this committee (see Appendix D).
- Systematically triangulates and reviews learning to drive continuous quality improvement.
- Has in place the appropriate plans, policies, systems, data, intelligence, and processes to support delivery of the above.
- Can be assured regarding compliance with appropriate policy, regulatory, and statutory requirements.
- Can be assured regarding the operation and effectiveness of systems of governance, risk management and internal control as they apply to the remit of the Committee.

4.0 Reporting and Accountability

4.1 The Committee is accountable to the Board of Directors.

4.2 Following each meeting of the Committee the Chair will report to the Board of Directors on how the Committee has discharged its responsibilities. Such reports will alert the Board to any matters that require action, advise the Board on other important matters, and assure the Board about the routine business transacted by the Committee.

4.3 The approved minutes of meetings of the Committee shall be formally recorded and submitted to the next available meeting of the Board of Directors.

4.4 The Chair of the Committee shall provide each meeting of the Audit and Risk Committee with a risk assurance report. This report will provide assurance regarding the strategic and corporate risks considered by the Committee, highlight strategic or corporate risks and issues that may require further action, and escalate any concerns regarding risk management processes, controls, and mitigations.

4.5 The Committee will report to the Board annually on its work. The Committee's Annual Report should describe how the Committee has fulfilled its terms of reference and give details of any significant issues that the Committee has considered and how these were addressed.

4.6 The Committee Chair shall attend the Annual General Meeting of the Trust to

respond to any stakeholder questions regarding the Committee's work during the year.

4.7 The Committee shall have the power to establish task-and-finish groups for the purpose of addressing specific tasks for a time-limited period. The Chair from each task-and-finish group will provide meetings of the Committee with:

- A progress report on the work of their group
- The most recent approved minutes from their group

5.0 Duties

5.1 The Committee will discharge its duties through oversight and assurance regarding the following:

5.2 General Duties

- Ensuring that all considerations, decisions and recommendations consistently reflect a patient-centred approach.
- The delivery of quality functions and clinical services through effective strategies, plans, and work programmes.
- The Trust's capacity and capability to support and sustain delivery of high-quality services.
- The timely and effective use of relevant and robust data and intelligence to drive improvement in the quality-of-care including patients, staff and volunteers experience.
- The management and delivery of digital clinical safety compliance across the Trust's functions.
- Assure, advise, alert (AAA) reports from Trust Executive Group management groups reporting to the Committee (see appendix B).

5.3 Patient Safety

- Effective systems and processes for managing and learning from incidents, complaints and concerns, claims, Coroners' inquests, and other adverse events.
- The effectiveness of the Trust's safeguarding arrangements.
- Compliance with the Care Quality Commission (CQC) assurance framework, other regulatory and statutory requirements, national policy and profession guidance in relation to quality and clinical care.
- The effectiveness of medicines management and optimisation, including the management of controlled drugs.
- The effectiveness of the Trust's infection prevention and control arrangements.

5.4 Patient Experience

- The quality of patient experience, including the identification and application of themes and learning from the experience of patients, families, and carers.

- Receive assurance on the Trust's approach to managing and learning from complaints and patient feedback.
- Review of the Patient Feedback (including complaints management) Policy and the implementation.
- The collaboration with system partners to deliver a seamless, safe and effective patient journey.
- The effectiveness of the Trust's work on population health and health inequalities.

5.5 Governance and Risk

- The effective management of quality and clinical risks and the systems and processes to review and monitor the quality and effectiveness of care delivered across the Trust in accordance with the Trust's Risk Management and Assurance Strategic Framework.
- Oversee the effective management of strategic risks as set out in the Board Assurance Framework as appropriate to the purpose of the Committee and see assurance on mitigations. Escalating existing risks and identifying new risks for the attend of the Board of Directors and providing assurance to the Audit and Risk Committee regarding management of risks.
- Progress in the implementation of recommendations arising from internal audit and make recommendations to the Audit and Risk Committee on additions to the annual internal audit plan in relation to the Committee's remit.
- The development, review, and implementation of Trust policies and procedures governing the use of clinical data and patient identifiable information, ensuring compliance with relevant legislation and guidance.
- The production of the annual Quality Account in line with national guidance and timeframes.
- Monitor the Trust's clinical audit programme ensuring it is aligned to Trust priorities.

5.6 Research and Development

- Oversight of the Trust's research strategy and receive assurance through an annual report of the effectiveness and safety of research carried out by the Trust, either alone or in partnership with others.
- Oversight of the Trust's quality improvement enabling plan.

5.7 The Committee may seek appropriate review of and input into the development, governance and approval of business cases, contracts or other forms of investment proposal or service agreements that relate to the remit of this Committee.

6.0 Committee Membership

6.1 The Committee membership will be agreed by the Board of Directors.

6.2 The Committee membership will consist of:

- Three Non-Executive Directors, one of whom shall be the Chair and one of whom shall be the Vice-Chair
- Executive Director of Quality and Chief Paramedic
- Executive Medical Director

6.3 The Board of Directors will appoint the Chair and Vice Chair of the Committee.

6.4 As per 6.2, the Chair and Vice Chair of the Committee will be Non-Executive Directors.

6.5 The Lead Director for the Committee will be the Executive Director of Quality and Chief Paramedic.

7.0 Committee Attendees

7.1 The Committee has a number of regular attendees, who are not members of the Committee, but attend each meeting to support the Committee in discharging its duties. While they do not participate in decision making, their consistent attendance ensures subject matter expertise, and the timely provision of information needed by the Committee. -making, their consistent attendance ensures subject-matter expertise, and the timely provision of information needed by the Committee.

7.2 Any additional members of Trust staff will be invited as and when required to support the work of the Committee. Individuals invited to present or discuss specific agenda items will attend only for those items and are not expected to remain for the whole meeting.

7.3 Individuals from external organisations may be invited to attend as and when required to support the work of the Committee.

7.4 An attendance record will be held for each meeting. The attendance record for each year will be published as part of the Trust's Annual Report and Accounts.

8.0 Quoracy

8.1 Meetings of the Committee will be declared quorate when at least three Committee members are present. For the purposes of quoracy, the three Committee members present must include at least two Non-Executive Directors and one Executive Director.

8.2 No business shall be transacted by the Committee unless a quorum is present.

8.3 Members unable to attend a meeting may nominate a deputy to attend on their behalf, with the prior agreement of the Committee Chair. With the exception of Non-Executive Directors, nominated deputies shall not count towards the quorum.

- 8.4 Members of the Committee do not represent or advocate for their respective area of the Trust; they act in the interests of the Trust as a whole.
- 8.5 Members of the Committee can attend meetings of the Committee either in person, by telephone, or by other electronic means.
- 8.6 Members of the Committee in attendance by electronic means will count towards the quorum.
- 8.7 Members of the Committee must demonstrably consider, and take appropriate positive action in respect of, the equality and diversity implications of decisions taken by the Committee.

9.0 Decision Making and Voting

- 9.1 The Committee will take decisions in accordance with the Trust's Standing Orders.
- 9.2 The Committee will ordinarily reach conclusions by consensus. When it is not possible to reach a decision by consensus the Committee Chair may call a vote.
- 9.3 In the event of a vote being called, only Committee members present at a meeting of the Committee may participate. Each Committee member is allowed to cast one vote.
- 9.4 In the event of a vote being called, a simple majority of votes cast will be sufficient to determine any given matter.
- 9.5 In the event that the totality of votes cast does not produce a simple majority, the Chair of the Committee will hold the casting vote.
- 9.6 An urgent decision may be taken by the Chair after having consulted with at least one other Committee member and the Lead Director. The exercise of such powers by the Chair will be reported to the next formal meeting of the Committee.
- 9.7 In order to facilitate a more flexible decision-making process between formal meetings the Committee may, where deemed appropriate by the Chair, and if there is quorum, consider a matter circulated via email and record their decision by email correspondence. A record of the decision will be created and reported to the next formal meeting of the Committee.

10.0 Committee Administration

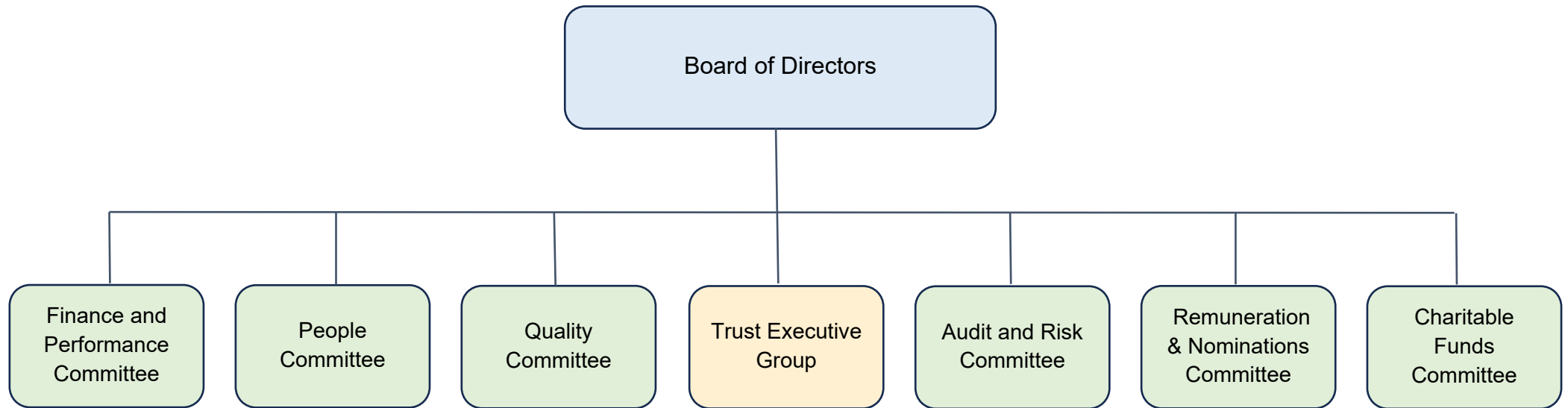
- 10.1 The Committee will ordinarily meet at least ten times a year. By exception, and in the event of extraordinary circumstances, this number may be varied upwards or downwards.

- 10.2 The Committee shall meet at any other time that the Chair of the Committee, in consultation with the Lead Director, shall require, to enable the Committee to discharge its responsibilities in full as required.
- 10.3 The Chair of the Committee and the Lead Director will meet to agree the agenda for each meeting. The agenda will be based on the Committee Annual Work Plan and any agreed additional items.
- 10.4 The Company Secretary or their nominated designate will support the Chair of the Committee and the Lead Director in the management of the Committee's business.
- 10.5 Notice of each meeting shall be made available to each member of the Committee, no less than four working days before the date of the meeting in electronic form unless agreed otherwise by the Chair and Lead Director.
- 10.6 Administrative support to the Committee shall be provided by the committee secretary, who will normally be a member of the Trust's corporate governance team (which fulfils the role of Trust secretariat). The committee secretary will take minutes and clearly record actions.
- 10.7 Items for inclusion on the agenda shall be submitted to the secretary at least ten days prior to the meeting. Agendas can only be amended by the agreement of the Committee Chair and Lead Director. On an exceptional basis, short-notice items may be accepted by the Chair as items of Any Other Business.
- 10.8 The Committee Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure that these are recorded in the minutes accordingly.
- 10.9 The committee secretary shall minute the proceedings of all Committee meetings and provide draft minutes within five working days, reviewed by the Lead Director and then approved by the Committee Chair within 10 working days of the meeting.

11.0 Monitoring and Review

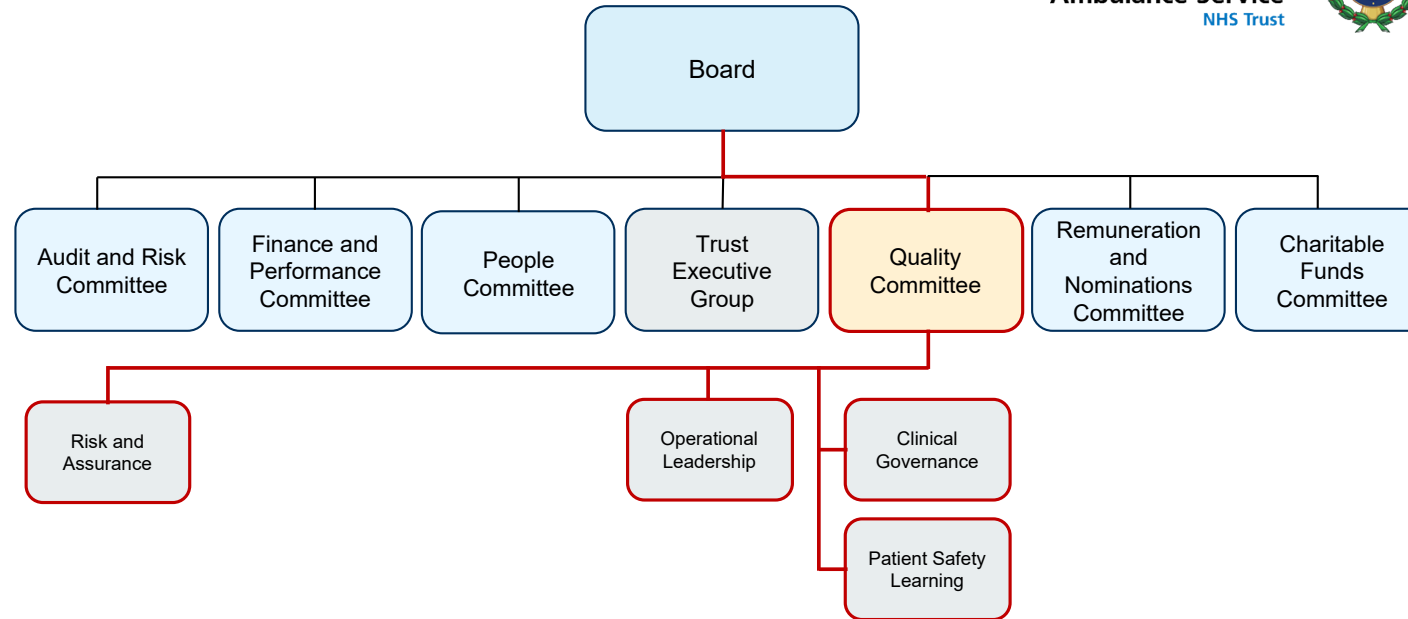
- 11.1 The Terms of Reference of the Committee will be reviewed at least annually and submitted to the Board of Directors for approval.
- 11.2 The Committee will undertake an annual review of its performance, via self-assessment by its members and any agreed actions will be reported to the Board.

APPENDIX A: BOARD AND COMMITTEE STRUCTURE



APPENDIX B – QUALITY COMMITTEE ASSURANCE FLOWS

Assurance Flows: Quality Committee



APPENDIX C: COMMITTEE MEETING DATES 2026/27 (subject to change during the year)

		Board: Public and Private	Board: Strategic Forum and Private	Trust Executive Group	Audit and Risk Committee	Quality Committee	Finance and Performance Committee	People Committee	Remuneration and Nominations Committee	Charitable Funds Committee	Board as Corporate Trustee
2026	April		23	1 and 15	14	9	16			30	
	May	21		6 and 20		7	14	5			21
	June		25(ARA) ¹	3 and 17	23(ARA) ²	11	11				
	July	23		1 and 15	14	9	16	7	23 tbc	30	
	August			5 and 19							
	September	24(+AGM) ³		2 and 16		10	17	1	24 tbc		
	October		22	7 and 21		13	15			29	
	November	26		4 and 18	10	12	19	3	26 tbc		26
	December		10	2 and 16		17	15				
2027	January	28		6 and 20	19	14	21	12		26	
	February		25	3 and 17		11	18				
	March	25		3 and 17		11	18	2	25 tbc		

Meeting dates correct as of 01 March 2026. Dates subject to change during the year.

APPENDIX D

BOARD ASSURANCE FRAMEWORK RISKS: COMMITTEE OVERSIGHT

Bold Ambition	Strategic Risk Summary: The Trust is unable to...		Committee
Our Patients	1	Deliver a timely response to patients	Finance and Performance
	2	Provide access to appropriate care	Quality
	3	Deliver quality for patients	Quality
	4	Strengthen medicines management	Quality
	5	Develop and maintain effective emergency preparedness, resilience, and response arrangements.	Finance and Performance
Our People	6	Develop and sustain an open and positive workplace culture	People
	7	Support staff health and well-being effectively	People
	8	Deliver and sustain improvements in recruitment and retention.	People
	9	Develop and sustain improvements in leadership and staff training and development.	People
Our Partners	10	Act as a collaborative, integral, and influential system partner.	TEG / Board
	11	Collaborate effectively to improve population health and reduce health inequalities.	Quality
Our Planet and Pounds	12	Secure sufficient revenue resources and use them wisely to ensure value for money.	Finance and Performance
	13	Secure sufficient capital resources and use them wisely to ensure value for money.	Finance and Performance
	14	Deliver safe and effective digital technology developments and cyber security arrangements.	Finance and Performance
	15	Act responsibly and effectively in response to climate change.	Finance and Performance

Effective from 01 October 2025

APPENDIX E

2026/27 BUSINESS PLAN WORKSTREAMS – COMMITTEE OVERSIGHT

INSERT 2026/27 TABLE WHEN AVAILABLE