

Board of Directors (in Public)
26 March 2026



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 from the work of the Quality Committee (QC) on 12 February 2026 to provide assurance to the Trust Board.</p> <p>The paper aims to update the board on the work of the Committee to reduce the risks set out in the Board Assurance Framework where the Quality Committee is responsible for assurance.</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)	<ul style="list-style-type: none"> 2. Provide access to appropriate care. 3. Deliver quality for patients. 4. Strengthen medicines management. 7. Support staff health and well-being effectively. 11. Collaborate effectively to improve population health and reduce health inequalities.

Highlight Report

Report from: Quality Committee

Date of the meeting: 12 February 2026

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

Alert:

BAF Risk 4 Medicines Management

1. The committee was assured by the extensive work presented on Medicines Management and has taken the view that due to the effectiveness of the mitigations in place this is now not a strategic risk.

BAF Risk 3 Quality for Patients

2. New Corporate Risk 718 was discussed by the committee, and whilst this is an issue, this has not been discussed with the lead executive director in terms of its risk score, and there are (a) mitigations in place and (b) a process with NHSE to solve the problem. We are recommending the Risk & Assurance Group (RAG) discusses and reviews this risk with the Chief Medical Officer.
3. Safeguarding: The committee was alerted to a system-wide issue in the ePR that has led to staff believing they were submitting safeguarding, social care, falls, and other prevention referrals, when in fact entries made in free-text fields were not transmitted outside YAS. The Committee received a verbal report that since January 2024, 259 safeguarding referrals were missed, with a recent three-month review identifying 28 cases where referrals were documented but not sent. While immediate patient-harm risk appears at this point to be low, the committee was assured that the further planned work on the audit of preventative referrals will identify any patient harm. The committee was assured by the thorough set of actions now in place to mitigate the risk to patients whilst the ePR fixes are implemented that will ensure this does not happen again.

Advise:

BAF overall

1. The committee discussed the methods of capturing data from Board visits, and the governance team will be proposing a feedback process that includes a focus on BAF. To date Board members are not all timely in completing feedback. The committee recommends that feedback from all visits by the Board is provided to the governance team in a timely manner, using the template provided.

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

2. The Committee has reviewed the heat map data available and discussed how this is being used to inform our tailored response to support equality, and how we can catalyse understanding of variation related to inequalities by place within ICBs. We noted the reliance on averages for performance across ICBs, rather than place-based data which would support systemic understanding of the role of alternative pathways and local context for variation in YAS data. Our analysis of the issues will provide context to the Board Strategic Forum focus on Health Inequalities, providing proposed direction for the Board.

Assure:

BAF Risk 3 Deliver Quality for Patients.

1. The Committee reviewed the clinical outcome data in development and were assured by both the development process for data accuracy, how the data will be used in clinical supervision, quality improvement and learning reviews. A paper setting out the proposed metrics to develop the quality aspects of the Dashboard to support BAF will be coming to our April meeting.
2. The Committee received a service line deep dive report from South and were assured by the depth of the process for quality and safety and the commitment by staff to this process. The committee was assured by South's presentation of how they bring performance and quality together weekly to improve patient experience.

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

3. The Committee has reviewed the heat map data available and discussed how this is being used to inform our tailored response to support equality, and how we can catalyse understanding of variation related to inequalities by place within ICBs. We noted the reliance on averages for performance across ICBs, rather than place-based data which would support systemic understanding of the role of alternative pathways and local context for variation in YAS data. Our analysis of the issues will provide context to the Board Strategic Forum focus on Health Inequalities, providing proposed direction for the Board.

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 Shona McCallum
Date: 12 February 2026