



Report Title	Quality Committee Chair's Report	
Author	Becky Malby, Non-Executive Director and Chair of Quality Committee	
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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 7 May 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)	RISK 2 Access to Appropriate Care RISK 3 Quality for Patients RISK 4: Strengthen Medicines Management RISK 11 Collaborate effectively to improve population health and reduce health inequalities.	

Highlight Report

Report from: Quality Committee

Date of the meeting: 7 May 2026

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

Alert:

1. Medicine Management
There are significant difficulties with the controlled drugs APP connectivity. The APP was also unusable during the recent IT Update. As the APP is not yet fully reliable, this is reducing confidence in its use. As a result, there are ongoing inconsistencies, and errors in recording and documentation. There is a significant risk to controlled drug management. The solution is to move the APP to iOS and to multiple servers, but this work is not complete.
2. Mortality Oversight
A new governance structure is being established for mortality reviews as a result of the Task and Finish group's work identifying that there is no consistent feedback of learning and improvements following escalation to an area. The proposal will be coming to the next QC.

Advise:

3. Quality Dashboard
The committee reviewed the very good progress on the Quality Dashboard that will provide clear assurance, will contribute to the quality of our services, and provide intelligence to support system-wide discussions on risk related to quality. The dashboard will be ready to prototype after the June Quality Committee meeting and will be used across all services in YAS.
4. Performance and Business Planning
The Committee has asked for an update on the work on rest-breaks related to QC concerns about the impact on quality of services for patients and any links to harm, and was assured that this was part of the work that as agreed would be presented back to Board as agreed at the recent development session. The Committee identified that the business plan priorities are not yet addressing the actions related to partners to secure alternative pathways in order for YAS to hit the planned hear and treat targets.
5. Visits
The Committee agreed an updated process for reporting Board level Trust visits, to ensure that reporting supports the triangulation of data across committees and provides feedback to teams and services visited.
6. We noted 4 new corporate risks added to the register for Quality Committee oversight. The Committee noted that the previous escalation of the risk related to Health Inequalities asking for Board direction will be addressed at the next Board Strategic Forum. The committee was assured that the overall risk in relation to Quality will reduce in the next quarter as a result of measures taken to date.

7. The Quality Committee remains concerned that the level of sickness absence is impacting the delivery of quality services and asks the People Committee to note this in their work on reducing sickness absence.

Assure:

8. The Committee received a report on the Amos Independent Investigation into Maternity and Neonatal Services, England and Wales (the Amos interim report). The YAS work on strengthening maternity services will be updated when the final report is published, but current work is aligned with the interim findings.
9. The Committee noted the improvement in unwarranted Cat 2 response time variation in Bradford and commended the West Yorkshire team for their work to secure this.
10. The Committee received a report on Safeguarding and was assured that YAS is compliant with national guidance and legislative requirements. The committee asks that the People Committee review the number of safeguarding incidents between staff identified in the report (of the 129 incidents reported, 17 related to patients), and reviews action in relation to sexual safety concerns from staff. We were assured that the risk in relation to compliance of bank staff with safeguarding training was being addressed.
11. The Committee received the annual Clinical Audit Report and Programme and whilst noting the impact of short-term staffing issues on the work programme to date, was assured on the range of audits and the audit process.
12. The Committee received the Annual Research and Development report which builds on the excellent report to the Board Strategic Forum and noted the success in YAS of securing excellent Research funding (2 NIHR grants), and patient engagement. The committee noted the potential risk of reduced national research funding.
13. The committee received the annual Quality Impact Assessment report and was assured that the Trust is compliant with new NHSE guidance and has improved the QIA process to ensure consistency and improve timeliness.

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, Melanie Hudson, Amanda Moat

Date: 10 May 2026