Board of Directors (in Public)
23 July 2026

Report Title	Quality Committee Chair's Report
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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

The report provides highlights from the work of the Quality Committee (QC) on 11 June 2026 to provide assurance to the Trust Board.

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.

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: 11 June 2026

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

Alert:

1. Performance on call answering.
   There were over 2,000 two-minute waits (circa 70 per day in May), as a result of staffing availability. The plans for the coming 12+ months on integrating 999 and 111, and the move to answer 999 calls at Callflex, means there is action in place for the medium term, but the next six months will be challenging, and we are performing at the bottom of the sector as a whole. While this increases the risk of harm, we have not seen any specific patient safety issues.

2. The committee received the Infection Control report and alerts the Board that there is moderate assurance that governance and oversight is effective. There is a plan to improve this with clear priorities for 2026-7.

Advise:

3. DNR
   A recurrent theme raised by staff is the variability in accessing DNAR and RSPECT forms through the YAS footprint. This is recognised by the End of life Ambulance Committee and discussion with NHS pathways is ongoing. Locally the three ICBs approach this differently utilising different platforms to hold this information.

4. Visits
   The Committee reviewed the visit reports and agreed that the summary report coming to Board and committees needed TEG oversight, and that the reports are useful to inform executives in terms of operational issues and the QI team in terms of learning.

Assure:

5. Mortality Oversight.
   After alerting the Board to this issue last month a new governance structure has now been established and was reviewed at Committee this month. This will also be the subject of an internal audit this year

6. Clinical Supervision - uptake and impact.
   There is a plan to embed this as part of the new process for staff appraisals to help ensure coverage across all staff.

7. The Committee approved the Quality Accounts, was assured on the evidence presented, and noted the valuable feedback from partners. The Committee asked Lesley Butterworth to take the Healthwatch comments to the Critical Friends Group and incorporate into the patient experience work.

8. The Committee undertook a ‘deep dive’ discussion on the quality and availability of our Mental Health response and was assured by the significant and trailblazing work undertaken by Louise Whittaker and the team. The Committee noted the MH dashboard which provides valuable data for discussion in meeting need with system partners but also feeds into our business planning for next year in terms of our response to MH need. The Committee noted the demand, that YAS had 133,000 calls for mental health needs in 2025-6, and 10% of our A&E stack relates to people with mental health needs.

9. The Committee noted the report on internal audit actions and was assured on the progress made to complete the audit requirements.

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 Melanie Hudson, Marc Thomas, Dave Green
Date: 11.06.2026