



Report Title	Quality Committee Chair’s Report	
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Accountable Director	Becky Malby, Non-Executive Director and Chair of Quality Committee	
Lead Board Committee	Quality Committee	
Previous groups		
Recommended action	Assurance Information	
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 the 10th September 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 board assurance committees only)	2. Provide access to appropriate care. 3. Deliver quality for patients. 4. Strengthen medicines management. 11. Collaborate effectively to improve population health and reduce health inequalities.	

Highlight Report

Report from: Quality Committee

Date of the meeting: 10 September 2026

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

Alert:

There are no Alerts

Advise:

For the following areas the committee reviewed the improvements and mitigations:

(a) In relation to the BAF:

1. *Quality Governance Assurance Forum (QGAF)*: This forum was established to ensure the completion of actions from incident reviews. It became evident that there was not sufficient access to or visibility of action plans. This has been remedied and QGAF will convene now that accountability for action plans is clear.
2. *Performance*: The committee was updated on improvements to EOC in relation to the standardisation of specialist advice and pathway referral, to ensure there is consistency in decision-making within YAS. The committee noted the working team focusing on alternative pathways and a joined-up approach across YAS.
3. *Medicines Management*: The committee noted the qualified assurance from PSLG in relation to medicines management. This has been a regular report from Quality Committee to Board. The committee was assured that the executive is fully sighted on the causalities, and noted the instigation of YAS wide quality improvement processes to process map medicines management which are actively managing the risk.
4. *Patient Experience*: Early evidence from the move to text and phone messaging to secure patient feedback indicates that this has been successful in significantly increasing the volume and quality of patient feedback. The intelligence from this enhanced feedback is being shared directly to teams who have been enthusiastic about the process.
5. *Clinical Response Model*: The committee received a thorough report on progress in the Clinical Response Model and was assured that, despite organisational changes (to posts / internal consultation) progress is on track across all workstreams. The committee's previous advice on Clinical Supervision remains the same with under reporting across YAS and moderate assurance in terms of equitable uptake. This assurance also recognises the significant change underway to establish clinical supervision in YAS. The workplan is in place to address this with a Clinical Supervision re-launch in September.

(b) In relation to quality controls to support the Quality Committee work:

6. *Board Visits*: The committee received an update on visits. The quarterly summary report, alongside each visit write up now goes to TEG, and actions arising will be reported by the Chief Executive in his Board report from here on. The committee noted that there are still visit reports missing.
7. *Well Led*: The committee reviewed the feedback from the Well Led observation noting in particular the need to improve the quality of the front-sheets to focus on the QC Terms of Reference, and to improve the consistency of the Deep Dives to ensure all are at the standard of the best.

8. *Quality Dashboard*: The quality dashboard to support the Quality Committee reports using AAA format and provides triangulation to the papers throughout the committee. Members found the dashboard report helpful in seeking assurance across the agenda items.

Assure:

1. *Performance*: The committee was assured that there is no excessive harm caused by delays. Incidents are reported fully and comprehensively, and any harm reviewed.
2. *Business Plan*: The committee was assured on the progress in the Business Plan and the Quality Improvement Enabling Plan.
3. *BAF*: The committee noted the number of static risk scores. The executives agreed to ensure strategic risks are more visible across the organisation and more fully embedded in the existing frameworks for review at all levels of the organisation. The committee asked the executives to provide the committee with clear expectation of how long each risk would remain static, to inform discussion about the tolerance of risk at the Board.
4. *CQC*: The Committee noted the national CQC update to its inspection process and was assured that there is a programme of work to strengthen the YAS Inspection for Improvement programme to ensure standardisation of the quality of the inspections, focusing on areas that require improvement, and improving internal capacity for inspection.
5. *Quality Account*: The Committee received a report on the Quality Account Q1 progress and was assured that the priorities remain achievable.
6. *EPR referral which was a previous alert from QC when it was uncovered that submitted referrals were not generating the external referral (including for safeguarding)*: This was a post meeting addition and members are assured that after the EPR update, referrals are being made correctly. This paper will come to 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: Amanda Moat

Date: 10 September 2026