



Assurance statement

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Yorkshire Ambulance Service NHS Trust (YAS) has carefully considered the findings of an independent investigation carried out by Nurture: Health and Care Ltd into the care provided to Yusuf in 2022.

Overall response to the independent investigation

First and foremost, our thoughts remain with Yusuf's family and everyone affected by this tragic event. We recognise the profound impact this has had and extend our deepest condolences. We, as a Trust, are committed to learning from this investigation and making meaningful improvements to ensure we deliver the safest and highest-quality care possible.

The investigation made recommendations to strengthen how we work in five key areas; three specific to the Trust and two general recommendations for all organisations. We have accepted all recommendations and are acting on them as set out below.

Recommendation 1: Address the impact of work pressures, including rest breaks and downtime.

- **Supporting staff under work pressures** – reviewing rest breaks, shift patterns, and operational practices to protect staff wellbeing and maintain safe patient care.

Trust response

YAS has introduced new guidance for patient handover, shift endings and rest breaks, with further reviews planned through 2025–26 to ensure these changes enhance operational availability of our resources and the working lives of our clinical staff. Various workstreams have been undertaken to enable crews to take breaks and finish their shifts on-time aimed to enhance operational availability and productivity by guaranteeing that breaks occur within designated timeframes during shifts, whilst also ensuring ambulances were available to respond to the sickest patients when needed.

To address handover delays at hospitals, the 'transfer of care' initiative has been introduced. This is a newly established standard operating procedure (SOP) detailing optimal practices for patient handovers from YAS to hospital emergency teams and was implemented in October 2024. Full compliance across all regional hospital emergency receiving units is projected by the April 2026. This standardised approach is expected to significantly improve efficiency during critical transition periods. The overall impact of these actions will improve both patient care and staff wellbeing.

Recommendation 2: Strengthen cultural competence, psychological safety, and civility in practice.

- **Cultural awareness and civility** – embedding principles of cultural competence and professional respect into our training and day-to-day practice.

Trust response

The Trust absolutely appreciates the impact of incivility and the importance of a culturally sensitive approach to care. As a result, cultural competence and respectful communication will be added to our mandatory training programmes delivered to all clinical staff. This training will embrace the principles within the ‘#civilitysaveslives’ initiative to support delivery of a better patient experience and continue to drive YAS’s commitment to providing the best standard of care. This workstream supports our continued drive as a Trust to act to address health inequalities within Yorkshire and the Humber.

This response forms part of a new Patient Experience and Involvement Framework introduced in YAS in 2025, which prioritises learning from incidents, acting with candour, actively listening to patients and families, and delivering care that is sensitive to individuals' needs.

Recommendation 3: Clarify processes around patient choice and communication

- **Patient choice and communication** – clarifying for families when patient choice applies in emergencies and how these decisions are balanced with clinical safety.

Trust response

We are creating clear guidance for staff and information for families on how patient choice works in urgent and emergency care settings, in line with the NHS Choice Framework. Materials are currently being designed for publication and will be available to all clinical staff to support and guide them in their delivery of patient care. It is also anticipated that these materials will be openly available to patients.

Recommendation 4 (general recommendation): Differential Diagnosis

- **Considering different diagnoses** – reinforcing reflective practice so staff systematically explore all possible diagnoses and avoid unconscious bias.

Trust response

Case-based reflective practice as part of YAS’s delivery of the Association of Ambulance Chief Executive’s (AACE’s) National Clinical Supervision Framework will involve considerations of alternative diagnoses and to enable staff to learn from real clinical scenarios. This approach will be monitored through audit by the end of 2025. Clinical supervision at YAS utilises three key formats;

- active supervision, which takes the form of shadow shifts with mentors to facilitate real-time learning and reflection;
- reactive supervision, such as post-incident debriefings, including reviews led by critical care teams following major trauma incidents; and

- proactive supervision, which is classroom-based, restorative, and case-based discussions that cultivate a culture of continuous learning and reflection.

Each of these settings provide an opportunity to support staff in the development of their understanding of differential diagnoses in relation to pre-hospital care and is a continued focus as we progress through the second year of YAS's three-year journey to embed clinical supervision in all these facets.

Further to this, YAS delivers mandatory clinical refresher training, delivered by the Trust's own training academy, that incorporates discussion of serious incidents and emphasises differential diagnosis and reflective practice. This is in addition to staff induction training which integrates content on diagnostic reasoning and reflective decision-making, embedding these principles early in clinicians' careers.

Recommendation 5 (general recommendation): Embedding Caregiver Concerns

- **Listening to caregiver concerns** – improving skills in responding to parents' and carers' worries during paediatric emergencies.

Trust response

Paediatric training and simulation delivered as part of mandatory clinical training now includes a stronger focus on understanding and responding to the concerns of parents and carers. This annual, mandatory, 'clinical refresher' content alongside our external induction programmes, incorporates a number of case studies drawn from real-life incidents. These are designed to support clinical decision-making and early recognition in both newly qualified and experienced staff and align closely to Joint Royal Colleges Ambulance Liaison Committee (JRCALC) and National Institute for Health and Care Excellence (NICE) guidance. The 'Three Minute Toolkit', a key component of 'Spotting the Sick Child', is actively used within these sessions to support clinicians with their assessment and clinical decision-making. This will be embedded across all frontline staff training by 2026 and will continue to be a focus of case-based discussions delivered as part of clinical supervision in the medium and long term.

The recognition and management of paediatric deterioration is a consistent theme across both foundation-level and ongoing training, and 'Spotting the Sick Child' has been formally integrated into the curriculum for paramedic apprentices. We continue to work closely with our regional Higher Education Institution (HEI) partners to support integration of paediatric education into pre-registration curricula and advocate that educational content is developed in accordance with national guidance.

Summary

These improvements form part of our wider commitment to patient safety and continuous learning. We will continue to review our progress and share updates to ensure the changes we are making are sustained and lead to better care for every patient and family we serve. The Trust's response to this investigation and progress against the actions identified will be reported to the Trust Patient Safety Learning Group (PSLG) and reported to the Trust's Quality Committee via PSLG, with assurance provided to the Trust's Board.