



Report Title	Quality Account – Priorities for Improvement 2026-27
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Accountable Director	Dave Green, Executive Director of Quality and Chief Paramedic
Previous committees/groups	Trust Executive Group - 7 January 2026 Quality Committee – 15 January 2026
Recommended action(s) (assurance, approval, information)	Approval
Purpose of the paper	The purpose of the paper is to update the Board and seek approval on the draft Priorities for Improvement 2026/27.
Executive Summary	<p>This paper presents the proposed 2026/27 Priorities for Improvement for inclusion within the Trust's statutory Quality Account. These outline priorities have been developed through a structured process of review, engagement, and analysis, incorporating feedback from the Quality Committee and aligning with the Trust's 2026–27 Business Planning cycle. The draft priorities have received endorsement from the Trust Executive Group (TEG) and formal approval from the Quality Committee.</p> <p>The paper also provides an update on progress against the 2025/26 priorities, demonstrating improvement activity across patient experience, clinical effectiveness, and patient safety. Notable achievements include embedding the Patient Experience and Involvement Framework, advancing the Clinical Supervision Framework, and further maturing the implementation of the Patient Safety Incident Response Framework (PSIRF).</p> <p>For 2026/27, three Trust-wide priorities are proposed, each aligned to national policy, regulatory requirements, and the three domains of quality:</p> <p>1) Patient Experience – Enhancing Patient Experience Feedback: Strengthening feedback mechanisms to ensure patient voices - including those currently under-represented - inform improvement, shape service design, and support personalised, equitable care. This priority aligns with the NHS Long Term Plan, CORE20PLUS5, and national Experience of Care frameworks.</p> <p>2) Clinical Effectiveness – Implementation of the Clinical Response Model (CRM): Delivering the next stage of the CRM to improve clinical decision-making, reduce unwarranted variation, and enhance integration between remote and operational clinical teams. This work is underpinned by national advanced practice standards and Trust-approved CRM design principles.</p> <p>3) Patient Safety – Embedding the Clinical Supervision Framework: Implementing a consistent, accessible, and evidence-based approach to clinical supervision as a core safety and workforce wellbeing intervention. This will enhance reflective practice, strengthen risk recognition, and integrate learning with wider PSIRF activity.</p>

Collectively, these priorities will support the Trust's ambition to deliver high-quality, safe, and patient-centred care across all service lines. The endorsement of TEG and the Quality Committee provide a mandate to begin broader engagement with patients, staff, community groups, and system partners, enabling the development of detailed implementation plans.

There are no additional financial implications or new risks identified at this stage.

The Trust Board is asked to discuss and approve the proposed outline Priorities for Improvement for inclusion in the 2026/27 Quality Account.

Recommendation(s)	It is recommended that the Trust Board discuss and approve the outline Priorities for Improvement for the 2026/27 Quality Account.
Link to Board Assurance Framework Risks (board and level 2 committees only)	10. Act as a collaborative, integral, and influential system partner.

Quality Account – Priorities for Improvement 2026-27

1.0 INTRODUCTION

- 1.1 The purpose of the paper is to advise the Trust Board on the draft Priorities for Improvement 2026/27 and seek approval. This paper presents the proposed Trust-wide Priorities for Improvement for 2026/27 as required within the annual Quality Account.
- 1.2 It provides detail in response to feedback from the Quality Committee, including clearer articulation of the evidence base, intended impact, and proposed measures. These high-level improvement priorities have been discussed and endorsed by TEG and approved by the Quality Committee, and they are aligned with the content of the Trust's 2026–27 Business Planning cycle

2.0 BACKGROUND

- 2.1 A Quality Account is a mandated annual report about the quality of services offered by an NHS healthcare provider.

A Quality Account must cover:

- A statement on Quality from the Chief Executive
- Priorities for Improvement for the coming year
- Review of this year's quality performance Priorities for Improvement

- 2.2 It is stated in the regulations that:

A Quality Account must include a description of the areas for improvement in the quality of NHS services that the provider intends to provide or sub-contract for the 12 months following the end of the reporting period.

The description must include:

- at least three priorities for improvement.
- how progress to achieve the priorities identified in paragraph (a) will be monitored and measured by the provider; and
- how progress to achieve the priorities will be reported by the provider.

The priorities should reflect the three domains of quality: patient safety, clinical effectiveness, and patient experience.

- 2.3 **Update against our 2025/26 Priorities for Improvement**

Priority 1 - Patient Experience: Implementation and embedding of the Patient Experience and Involvement Framework

- 2.3.1 The Patient Experience and Involvement Framework is being embedded within governance structures in the organisation, for example all service area presentations at the Patient Safety Learning Group now include a patient story which helps demonstrate how learning is being identified, or feedback is being used in each service.

- 2.3.2 The patient relations team are now obtaining demographic data from complainants, and this is being logged in the Datix system. This is still being embedded but it is anticipated that we will be able to see in future where we have gaps in terms of complaints which will allow us to be able to target our real time data collection in areas where we have little formal feedback.
- 2.3.3 Patient experience surveys are currently being redesigned with support from the Critical Friend Network (CFN) and it is expected an updated patient experience survey will be widely available.
- 2.3.4 We have made significant improvements already in 2025/26 to our complaints handling by implementing local resolution in two of our A&E operational areas. We are strengthening our links with operational quality meetings to ensure local learning from feedback is embedded.
- 2.3.5 The CFN remains active, and an additional 3 people have expressed an interest in joining the group. Recruitment processes have been enhanced and aligned with the rest of the volunteer roles in the organisation and based on feedback from the CFN volunteers a training package for volunteers is being implemented.
- 2.3.6 We are embedding patient experience into our governance and decision making and ensuring that we use the voices of our patients (including those who may be silent or difficult to hear) to both hold ourselves to account and also improve our processes. For example, we are currently using feedback from the CFN and analysing our data to understand the missing voices and then using this to support the PTS team who have been tasked by our commissioners with implementing the national eligibility criteria. Patient voices are being used to ensure that YAS processes are robust and that patients who are eligible are able to travel with PTS.
- 2.3.7 The only area of the Y1 plan where the Patient Experience and Involvement framework has not made significant progress is staff training and support to develop improved patient experience. Sessions have taken place with team leaders but as this was not included in the 2025/26 training plan training for frontline staff will be ad hoc.

Priority 2 - Clinical Effectiveness: Clinical Supervision (CS) Framework

- 2.3.8 To date, 25 facilitators are approaching completion of the professional advocacy (PA) course, and another 30 places are available and scheduled for Feb / March 2026. The move to embedding CS as part of investment days is well under way but requires the Team Based Working review to complete as this will be fundamental to effective delivery and future proofing this arrangement.
- 2.3.9 Further to this, 6 NQP development events have been completed across Yorkshire, offering 350 places to our NQPs, extended to those graduates who have been successfully recruited. Places were offered to NQPs >6months qualified in the first instance with all NQPs expected to attend there over their two years with the positive benefits to patient care captured in attendee testimony.

Priority 3: Patient Safety: Continue utilising the Patient Safety Incident Response Framework (PSIRF) to embed learning and drive improvement.

2.3.10 Over the past year, the Trust has successfully embedded PSIRF principles into its governance and quality improvement processes. Key achievements include:

- **Cultural Shift:** Adoption of a systems-based approach to incident response, moving away from blame and focusing on organisational learning. This has strengthened psychological safety and encouraged openness among staff.
- **Learning Responses:** Delivery of proportionate and compassionate patient safety learning responses (PSLRs) aligned to both national priorities and locally identified risks. These responses have informed targeted improvement plans for high-impact incident types such as medication and equipment related concerns.
- **Governance & Assurance:** Regular reporting to Patient Safety Learning Group, Clinical Governance Group and Quality Committee has provided assurance on progress and enabled escalation of risks where required. Oversight roles have been clarified, ensuring accountability at Board level and integration with wider safety governance.
- **Training & Resources:** Continued engagement with national PSIRF training requirements for patient safety teams and senior leaders, ensuring capability to deliver robust learning responses.
- **Collaborative Learning:** Participation in the Yorkshire & Humber PSIRF Learning Community, the National Ambulance Patient Safety Learning Group (NPSLG), and the NHS England 'Safety Culture' implementation group has facilitated shared learning and benchmarking, confirming that PSIRF has led to more system-based investigations and actionable improvements across the region/country/sector.

Impact:

- Increased focus on quality improvement rather than investigation volume.
- Enhanced ability to identify contributory factors and implement sustainable changes.
- Improved engagement with patients, families, and staff affected by incidents.

Next Steps for 2026:

- Expand thematic reviews using PSIRF data to inform strategic safety priorities.
- Develop a safety culture enhancement plan based on a strategic review utilising the Manchester Patient Safety Framework.
- Strengthen feedback loops to share learning across all service lines.

3.0 PROPOSAL

Proposed 2026/27 Priorities for Improvement

3.1 Priority 1: Patient Experience: Enhancing Patient Experience Feedback

For the year 2026/27, our quality priority is centred on actively improving the ways we capture, understand, and respond to real-time feedback from our patients. By focusing on timely and effective patient experience surveys, we aim to foster a culture of continuous improvement across all our services. Importantly, this approach also enables us to reach communities who are not currently represented in our formal feedback mechanisms, such as those who may not engage through complaints processes, ensuring their voices are heard and considered in shaping our services. This commitment aligns with national drivers such as the NHS Long Term Plan, which emphasises the importance of personalised care, digital transformation, and patient involvement in shaping healthcare services.

Key Drivers

- NHS Long Term Plan: Emphasises personalised care, digital transformation, and patient involvement in shaping healthcare services.
- Experience of Care Improvement Framework (NHS England): Updated in 2025 to support improved outcomes and experiences for patients, carers, staff, and communities. Promotes co-production, inclusive feedback systems, and strategic alignment with national policy.
- CORE20PLUS5 Approach: Focuses on reducing health inequalities by amplifying the voices of under-represented groups in patient experience work.
- Patient Safety Incident Response Framework (PSIRF): Nationally mandated shift from reactive incident reporting to proactive learning and improvement, embedded across local and regional governance structures.

How we will measure success

- Increase in the number and diversity of patient surveys completed.
- Reduction in response time to patient feedback and concerns.
- Improvement in patient satisfaction scores year-on-year.
- Positive feedback trends in key areas highlighted by patients.
- Greater staff engagement with patient experience initiatives.

3.2 Priority 2: Clinical Effectiveness: Clinical Response Model (CRM)

The focus for 2026/27 is the delivery and embedding of Phase 2 of the Clinical Response Model (CRM). This programme is an enabler of the Trust's 2026 business priorities and will strengthen clinical decision-making, reduce unwarranted variation, and enable patients to receive the right care, first time.

This will entail refining enhanced and advanced practice via development of a YAS Advanced practice Framework. As well as enhanced integration between remote care and operational clinicians to optimise deployment of specialist and advanced practice resources. These changes will support improved outcomes, enhance consistency of care across the region, and strengthen organisational assurance of clinical quality.

Key Drivers

- NHSE Advanced Practice Framework / Maturity Matrix
- AACE guidance on remote clinical support and deployment
- Trust Clinical Response Model – TEG-approved recommendations
- National standards for urgent and emergency care integration

How we will measure success

- Improvement in clinical outcomes, and improved patient care being delivered remotely and at appropriate treatment centres/alternative pathways.
- Improvement in operational efficiency, and staff satisfaction scores relating to a culture of learning.

3.3 Priority 3: Patient Safety: Embedding the Clinical Supervision Framework

For 2026/27, the Trust will continue the implementation and embedding of a consistent, accessible and evidence-based Clinical Supervision Framework across all care settings. Clinical supervision is a core component of a safe, learning-focused

organisation. It supports reflective practice, strengthens risk recognition, and enhances escalation behaviours.

Embedding a mature supervision offer will improve patient safety, support clinical quality, and promote staff wellbeing and retention. Insights from supervision will be integrated with PSIRF learning to strengthen proactive safety interventions and organisational learning.

Key Drivers

- AACE National Clinical Supervision Framework
- Patient Safety Incident Response Framework (PSIRF)
- Trust Clinical Supervision Framework and implementation plan
- National workforce wellbeing and professional standards guidance

How we will measure success

- Full implementation of the Clinical Supervision Framework across all care settings, evidenced through activity reporting and equitable access.
- Increased number of trained Professional Advocates able to deliver and support high-quality clinical supervision discussions.
- Improved digital accessibility, demonstrated by utilisation of the digital booking system across geography and shift patterns.
- Peer review of clinical supervision sessions to provide structured feedback and assurance of quality.
- Staff feedback demonstrating improved confidence, psychological safety and perceived value.
- Facilitator feedback demonstrating positive experience, sustainability and ongoing development needs.

3.4 Forward Plan: Developing the Improvement Priorities

The proposed outline improvement priorities have received formal endorsement from both the Trust Executive Group (TEG) and the Quality Committee. This collective approval provides a clear mandate to proceed with broader community engagement, ensuring that stakeholder partners across the system are fully involved in refining and shaping these proposals.

This engagement will, in turn, support the development of comprehensive and robust implementation plans, enabling effective delivery and ensuring alignment with organisational quality improvement objectives.

4.0 FINANCIAL IMPLICATIONS

4.1 No financial implications.

5.0 RISKS

5.1 No risks to be considered for the risk register

6.0 RECOMMENDATION

6.1 It is recommended that the Trust Board discuss and approve the outline Priorities for Improvement for the 2026/27 Quality Account.