Board of Directors (in Public)
26 March 2026

NHS Yorkshire Ambulance Service NHS Trust

Report Title	Quality & Clinical Highlight Report
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Previous committees/groups	Individual subjects discussed at: TEG, Quality Committee, Clinical Governance Group (CGG), Patient Safety Learning Group (PSLG) and Clinical Quality Development Forum (CQDF)
Recommended action(s) (assurance, approval, information)	For Information and Assurance
Purpose of the paper	To update on highlights, lowlights, issues, actions and next steps in relation to Quality and Clinical areas.

Executive Summary

Highlights:

- **Patient Safety:** Investigation quality and organisational learning improving; RLDatix refresh strengthening oversight; PSII timeliness improving.
- **Patient Experience:** Complaints response times 21% faster YTD; local resolution expanding (Emergency Operational Centre (EOC) planned); work progressing on digitised patient feedback.
- **Clinical Effectiveness & Research:** Outcomes dashboard and QR booking for supervision nearing launch; critical care governance being consolidated; data governance and clinical dashboards progressing.
- **Quality Improvement (QI):** QI priorities aligning to the 2026/27 Business Plan; Senior QI Lead in post; QI Fellows cohort completed.

Lowlights:

- **Patient Safety:** Patient Safety Implementation Response Framework (PSIRF) implementation needs further standardisation across devolved area teams.
- **Patient Experience:** Patient relations admin resilience remains fragile; RLDatix feedback module constraints; learning-from-complaints governance needs strengthening.
- **Clinical Effectiveness & Research:** COPD nebuliser risk remains active (no air-driven nebulisers) with Aerogen pilot proposed; National Institute of Health Research Regional Research Delivery Network (NIHR RRDN) funding reduced (~£40k).

Recommendation(s)	Provide oversight on the clinical effectiveness and quality of care delivered, including the areas of improvement identified.
Link to Board Assurance Framework Risks (board and level 2 committees only)	1. Deliver a timely response to patients. 11. Collaborate effectively to improve population health and reduce health inequalities.

QUALITY AND CLINICAL 26 March 2026

Highlights	Lowlights
Patient Safety • Shift continues from investigation volume to investigation quality (clearer causal analysis and stronger actions), consistent with regional benchmarking. • Thematic reviews are tackling complex topics and producing practical organisational learning (moving from "what went wrong" to "what can we learn"). • Patient Safety internal audit actions remain on track, monitored via PSLG and Quality Committee. • Patient Safety Incident Investigation (PSII) completion times have improved this quarter; the most recent was completed within 30 working days. Following implementation of performance improvement scorecard, PSII's are being undertaken within mandated timeframes. • RLDatix incident module refresh is improving visibility of learning response status and due dates across the Trust. • Patient Safety Manager recruitment is on track; expected start by end of Q1 26/27 (subject to notice periods). **Patient Experience** • Patient relations demand remains steady at ~30 cases per coordinator. • Complaint response times have improved 21% YTD (exceeding the 10% year-end target). • Local resolution is embedded in all areas except EOC (go-live in planning) and is improving turnaround and outcomes. • Digitised patient feedback survey: design and implementation planning underway. • Patient experience internal audit actions are complete or on track, with no slippage against timescales. • HMP Millsike: joint engagement visit completed (Operations/Emergency Preparedness Resilience Response), following high ambulance attendance rates. Follow on work continuing via Advanced Paramedic Clinical Lead (APCL), this is multifaceted and requires greater collaborative working between prison system and remote patient care. • Integrated Clinical Assessment Service (iCAS) phase 1 went live with a digital safety case; safety issues addressed before deployment. • Ambulance–Neighbourhood interface: NHS England (NHSE) funding secured; Kings Fund support commissioned; mapping started with exemplar neighbourhoods. **Clinical Effectiveness and research** • Clinical refresher programme approved (includes civility and psychologically safe resuscitation; content aligned to audit findings and emerging evidence). • Maternity: Newborn Life Support (NLS) training supported ahead of first YAS-led Resuscitation Council UK-accredited course (June); CPD events underway to shape inequality-focused training. • Patient outcomes dashboard nearing go-live to support case-based clinical supervision and outcome-focused assurance. • Clinical supervision access improving: QR booking system due to launch; software testing includes prioritisation of higher-risk cases. • Trus Executive Group (TEG) agreed to align critical care under Special Operations to improve coordination and equitable access across Yorkshire. • Deputy Medical Director and Associate Medical Director Critical Care recruited. • Clinical Effectiveness and Audit (CEA) and Business Intelligence (BI) teams held a joint workshop to streamline data governance and accelerate clinical dashboards (incl. Ambulance Clinical Outcomes (AmbCo.)).	**Patient Safety** • PSIRF language is embedded, but implementation is uneven while devolved area teams are newly established and alignment work continues. Central team investigators are aligned to area teams and supporting the devolution of learning response completion. • Corporate capacity pressures are delaying the Learning Response training programme; a recovery plan is in development. • Variation in use of proportional learning responses has been noted in some areas. To aid consistency standards the risk matrix is being reviewed. **Patient Experience** • Admin capacity is reduced due to short-notice sickness and vacancies; mitigations are in place but remain fragile. • RLDatix feedback module limitations constrain improvements; superuser training and module reconfiguration are planned. • Governance for learning from complaints needs strengthening; Quality Committee supported establishing a quality governance assurance forum to strengthen oversight. • Patient survey response rates remain low, and the postal approach is not cost-effective; business case for change is in development. **Clinical Effectiveness and research** • COPD risk added to register: lack of air-driven nebulisers; Aerogen pilot proposal developed to mitigate hyperoxia risk. • Emerging evidence on inequity in pain management will inform Patient Safety Bulletin content and align to Association of Ambulance Service Chief Executives (AACE) national work (e.g., Reframing of image library to include different skin tones). • NIHR (Yorkshire and Humber) RRDN funding confirmed for 2026/27: £534,189 (c. £40k reduction). **Compliance, quality assurance and quality improvement** • Recurrent safety themes remain persistent (moving & handling, violence and aggression, system delays) continue to require targeted oversight, which are forming part of the development of the Patient Safety Incident Response Plan (PSIRP) for 26/27. • Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)-reportable events continue each month; the issue was discussed at the Strategic Health & Safety Group regarding submission delays and statutory compliance needing improvement.

• Best Practice Continuing Professional Development event held by the Safeguarding Team (17 March 2026). • Learning Disability, Ethnicity and Accommodation dashboard implemented (from 360 audit) and shared with area teams. • CEA/PMO (Programme Management Office) improving health records and OnBase processes to increase access to clinical data from paper records. • Learning from deaths: reducing duplication (e.g., paediatric/child reviews) and developing a shared mortality dashboard; improving safeguarding and end-of-life recontact data. • CRASH-4 study recruiting across YAS; first recruit at Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) this month. • YAS Research Institute seminar held 17 March (Cave Castle, Hull). **Compliance, quality assurance and quality improvement** • QI priorities being aligned to the 2026/27 Business Plan, with clearer pathways for testing and scaling change. • Senior QI Lead appointed, strengthening Trust-wide oversight, coaching and delivery capacity. • Board Strategic Forum session delivered on improvement maturity, progress, risks and next steps. • QI Fellows cohort completed; benefits recognised and capability continues to grow.		

Key Issues to Address	Action Implemented	Further Actions to be Made
• RIDDOR reporting timescales (statutory compliance).	• Baseline review completed and improvement requirement confirmed by Health & Safety Strategic Group. • TEG supported investment in Health and Safety Team including additional expertise; team restructure commencing.	• RIDDOR Improvement plan to be developed and produced.