Board of Directors (in Public)
21 May 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

- All Patient Safety and Patient Experience internal audit actions have been completed locally, with formal sign-off and closure anticipated.
- Introduction of Patient Safety KPIs and the Quality & Governance Assurance Forum (QGAF) has strengthened oversight of incident learning and improved timeliness of safety investigations.
- Complaint response performance improved by 23% in 2025/26, with caseloads stable and further improvement targets set for 2026/27.
- Significant progress in clinical effectiveness and QI delivery, including successful pilots (UCH Coordinator, Accurx self-care advice), strong CPD engagement, and QI training exceeding plan.
- Increased QI leadership capacity is now in place, following conclusion of a QI Team restructure.

Lowlights

- Continued focus on PSIRF practice across the Trust has highlighted some variation in practices. The appointment of a new Patient Safety Team Manager is expected to address this.
- Datix system limitations are impacting data triangulation, and timeliness of learning responses, particularly within QGAF reporting. Further work is underway to establish an improvement approach and strengthen this.
- Capacity pressures within the Safety and Patient Experience teams, including delayed recruitment, continue to affect pace and consistency, though mitigations and restructuring are underway.

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 UPDATE 21 May 2026

<table>
<tr><th>Highlights</th><th>Lowlights</th></tr>
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<u>**Patient Safety**</u>

- Patient Safety internal audit actions are complete locally with expected sign off and closure with 360 Assurance. Following introduction of Patient Safety team KPI scorecard, team performance and Patient Safety Incident Investigations (PSII) are being undertaken within much improved timescales.
- With the launch of the Quality, Governance Assurance Forum (QGAF), the organisation has begun implementing comprehensive review and assurance processes focused on monitoring how lessons are learned from incidents. This initiative aims to strengthen oversight and ensure that learning from each event is systematically captured and assessed, fostering ongoing improvement.
- The Trust is currently conducting a comprehensive review of its 'Risk matrix' to better align with PSIRF principles and the broader system ideology related to incident management. This initiative aims to ensure that these approaches are thoroughly integrated throughout the organisation, supporting a more cohesive and effective response to incidents across all areas.
- A new Patient Safety Manager will be joining the Trust with a structured induction and familiarisation programme commencing 1 June 2026.
- A refreshed Healthcare Professional (HCP) Framework has emerged from the national Task and Finish Group, which YAS Emergency Operations Centre (EOC) have agreed to be a pilot site for.

<u>**Patient Experience**</u>

- Complaint response time year-end position for 2025/26 was an overall Trust improvement of 23%. The 2026/27 plan is a further 10% target which and internal 20% stretch target in place.
- Complaint caseloads remain at an optimum level of ~30 cases per coordinator
- Further work has been undertaken on the digitising of patient experience surveys with a planned go live date of June 2026.
- Plans are also in place for patient experience deep dives into; maternity care, COPD and volunteer care.
- Patient Experience internal audit actions all completed ahead of planned closure dates.

<u>**Clinical Effectiveness and research**</u>

- QR-code enabled access to Clinical Supervision now live across Bradford and Leeds, improving frontline access to timely clinical supervision. Plans being made to increase awareness with a *'coffee and cases*' style engagement session at station level, led by the Quality and Professional Standards Senior Leadership Team and local area teams.
- Urgent Care Hub (UCH) Coordinator pilot within EOC demonstrated significant operational and clinical benefit, with 699 Specialist Paramedic Urgent Care (SPUC) triages completed during the 7-day trial compared to a previous weekly average of 366. The pilot showed improved hear-and-treat activity, strengthened utilisation of urgent care clinicians and reduced cognitive load for triaging staff.
- YAS to participate in the national evaluation of the JRCALC Plus 'Emergency Mode' platform, a streamlined interface designed to support clinicians managing high-acuity, time-critical incidents through faster access to key clinical guidance and drug information.
- A CPD Champion model within West locality enables extracted clinicians, including Newly Qualified Paramedics (NQP), to deliver locally-led CPD aligned to local learning needs. Strong engagement has been demonstrated through virtual CPD events attended by over 170 staff, with learning shared across localities to explore wider rollout opportunities.

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<u>**Patient Safety**</u>

- Patient Safety Incident Review Framework (PSIRF) language is embedded, but implementation is uneven, while devolved area teams are well established, there continues to be a need for standardisation of some work practices. Central team investigators are aligned to area teams and supporting the devolution of learning response completion.

<u>**Patient Experience**</u>

- 111 patient experience survey contract ended in April with no surveys being sent in March, this has been queried with the team and will be rectified with the implementation of text surveys.
- Quality Governance Assurance Forum, first meeting went ahead with good attendance, however challenges with the datix system are more complex than initially thought meaning information is difficult to access currently. Process mapping workshop and system updates planned in.

<u>**Clinical Effectiveness and research**</u>

- Targeted review of skin tear incidents in elderly patients following thematic analysis identified opportunities to improve moving and handling practice. Findings will inform future communications and Urgent Care Steering Group learning activity.
- COPD-related clinical risk relating to lack of access to air driven nebulisers reviewed and reworded to better reflect existing mitigations in place through current national guidance, including JRCALC and BTS recommendations aimed at reducing the risk associated with oxygen-driven nebulisation.
- The UK Clinical Research Delivery performance report on study set up is now live (<u>Study Set-Up: Trust level set up report – ukcrd.org</u>). There are no commercial studies for YAS on the report and no new non-commercial studies that have opened.

<u>**Compliance, quality assurance and quality improvement**</u>

- There are staffing capacity challenges in the safety department leading to challenges in ensuring learning responses, and Datix incident report quality are timely. There is a restructure currently underway in the department introducing additional roles and improve the clarity of leadership in across the safety function.

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- The Clinical Quality Development Forum (CQDF) reviewed a digitised self-care advice pilot using Accurx for non-conveyed urgent care patients. The pilot improved compliance with agreed safety-netting standards from 67% to 96.34%, strengthening the consistency and auditability of patient communication, with wider implementation now being considered through CGG.
- Three YAS staff have started their NIHR Yorkshire and Humber Health Care Professional internship.
- The National Institute for Health and Care Research (NIHR) Research for Patient Benefit (RfpB) funded, YAS hosted PERIFERAL project (incidental findings), has received Health Research Authority (HRA) and NHS ethics approvals and has begun recruitment.
- The NIHR HSDR (Health and Social Care Delivery Research) funded, YAS hosted long lies project, has received a no cost extension and is progressing well in all the work packages.
- The team have also been able to work closely in the last six months with YAS Business Intelligence developing a detailed AmbCo dashboard which will soon be rolled out in phases to clinicians, (with the locally collected and audited), allowing for a timely focus on local outcome and any needs for urgent improvements. This dashboard will also be developed further to incorporate the index of multiple depravations.
- Two interface clinical audits added to the 2026-2029 Clinical audit programme with which will be a joint project YAS and Sheffield's NHS Trust.
- Working with local Universities we are working with the student paramedic course, so that Data-request forms for the project will be used as opposed to FOI, this allows a conversation to take place and provide guidance for student Service evaluation projects.

Compliance, quality assurance and quality improvement

- QI training delivery has significantly exceeded agreed targets, particularly across the Foundations and Leaders programmes. More staff than planned have now completed formal QI training, helping to build improvement capability and confidence across the Trust. Large-scale delivery has also proven successful, including the Finance Directorate cohort of 60 staff.
- Three dedicated QI programmes have now been established in direct support of the Trust's 2026/27 priorities, including patient flow, operational performance, and workforce wellbeing.
- Senior QI Lead recruitment - band 8a QI roles are now in post, providing increased senior capacity, leadership and stability within the team. This strengthens oversight of Trust-priority QI workstreams and increases resilience within the team as we move into a demanding 2026/27 programme.
- Collaborative work between the Safety team, 999 ops and Fleet colleagues to assist with the safe deployment of the eDCA. A health and safety risk assessment identified some significant hazards relating to the operation of the vehicle which were successfully addressed improving staff and patient safety for those who will be using the eDCA.
- Collaborative work between the Health and Safety team and the Health and Wellbeing team to better understand the links between moving and handling tasks/ incidents reported and MSK related absence.

Key Issues to Address	Action Implemented	Further Actions to be Made
• Staffing and capacity	• QI Team restructure is complete • Safety Team restructure proposal is currently underway	
• PSIRF variation across local teams	• Internal audit recommendations are complete. • Recruitment of a new Patient Safety Team Manager is complete, commencing 1 June 2026. • Establishment of the Quality Governance Assurance Forum.	• Targeted objectives set for Trust Patient Safety Team in maturing culture and processes to standardise working practices across YAS local team in respect of PSIRF and Patient Safety.