



Quality Account

2025-26



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Publication Note

The Quality Account will be published on the Trust's public website and the link emailed to england.quality-accounts@nhs.net by 30 June 2026, in line with NHS England guidance.

Part One – Statement on Quality

1.1 Statement on Quality from the Chief Executive

A warm welcome to our Quality Account for 2025-26.

This year's report reflects another period of significant pressure across health and social care, but also one of real progress for Yorkshire Ambulance Service. Building on the foundations we strengthened in 2024-25, we have continued to deliver safe, effective and compassionate care to the communities we serve, while accelerating our transformation efforts to meet the changing needs of our population.

Our five-year strategy (2024-29) continues to guide how we adapt and modernise our services. With rising demand, increasing acuity and persistent pressures across urgent and emergency care, it has never been more important for us to work differently, supporting care closer to home, preventing avoidable harm, and ensuring patients receive the right care, first time. Over the last year we have made important strides in doing just that.

I am immensely proud of the dedication shown by our staff and volunteers across every part of the organisation - 999 Operations, Remote Patient Care, Patient Transport Service, Resilience and Special Services, our Community First Responders and all our support services who work behind the scenes to help keep our services running. Their professionalism, compassion and commitment to improvement remain central to delivering high quality care, even in the most challenging circumstances.

Our annual STARS Awards once again showcased the extraordinary contribution our colleagues make. These stories of exceptional care, leadership and teamwork are mirrored every day across Yorkshire and the Humber. They remind us that at the heart of our services are people who go above and beyond to help others.

Over the past year, we have also continued to deepen our collaboration with system partners; acute trusts, primary and community care, mental health providers and Integrated Care Boards. The successful introduction of the Transfer of Care process at Hull Royal Infirmary served as a trailblazer, helping to reduce hospital handover delays and improve experience, and demonstrates what is possible when organisations work together with shared purpose. We have continued to share this learning, along with many other initiatives, across our region to improve patient flow and improve safety.

Our quality priorities for 2025-26 reflect both continuity and evolution. Next year, building on the progress already made, we will focus on:

- **Enhancing patient experience feedback** ensuring we hear from a broader and more diverse range of voices who use our services, including those seldom reached, so that patient experience shapes services at every level.
- **Delivering and embedding our Clinical Response Model (CRM)** strengthening clinical decision making, reducing unwarranted variation. Our model will enable patients to receive the right care at the right time and place us as a valued partner to healthcare organisations in the emerging NHS neighbourhood model.
- **Embed consistent, accessible and high-quality Clinical Supervision** supporting reflective practice, staff wellbeing and safer clinical care across all service lines. We will align this work with our continuing maturity journey under the Patient Safety Incident Response Framework (PSIRF), further strengthening our learning culture and our ability to understand and reduce risk.

These priorities align closely with our long-term strategic ambitions to be known for great care, great people and great partnerships, and reflect what matters most to our patients, our staff, our volunteers and our system colleagues.

Despite a difficult national context, including sustained pressures on response times and continued workforce challenges, our teams have taken meaningful steps to improve performance where it matters most. Clinical outcomes in several key areas have strengthened, and we continue to invest in advanced practice roles, mental health pathways, community-based alternatives to emergency departments, digital innovation and improved operational models.

2026 marks the culmination of a three-year programme to embed Clinical Supervision across the Trust, with strong and sustainable foundations now in place. This progress has been driven by the exceptional contribution of our specialist and advanced workforce, who have established high-quality, psychologically safe supervision as a core component of clinical care. Our local teams are harnessing lessons from this to build on this position of strength as we extend access more consistently across the wider clinical workforce.

We know that there is more to do. We remain fully committed to improving response times, to working with system partners to reduce delays, to strengthening the experience of our patients, and to ensuring every care episode is delivered with safety, dignity and respect.

As Chief Executive, I am assured that the information contained within this Quality Account is accurate, based on our internal data quality systems and external audit processes. I am grateful to all those who have contributed to its development and who continue to support us in our mission.

Thank you to every member of the Yorkshire Ambulance Service team for your unwavering dedication. Together, we will continue to learn, improve and evolve our services so that the people of Yorkshire and the Humber receive the highest standards of care today and into the future.

1.2 Statement of Accountability

The Trust Board has overall responsibility for the quality of care delivered by Yorkshire Ambulance Service. It provides strategic direction, oversight and assurance to ensure that high-quality, safe and effective care remains central to everything we do.

As Chief Executive and Accountable Officer, I am responsible for maintaining high standards of service delivery and for fostering a culture of continuous improvement across the organisation. This Quality Account has been prepared in accordance with the requirements of the Health Act 2009, subsequent Health and Social Care Act 2012 and NHS England's Quality Accounts guidance. It includes all mandated sections, alongside additional information reflecting our local priorities and what matters most to our patients, communities, partners and staff.

To the best of my knowledge, the information presented in this Quality Account is accurate. This assurance is based on the Trust's internal data quality processes and the scrutiny provided through our established governance and audit arrangements.



Peter Reading
Chief Executive, Yorkshire Ambulance Service NHS Trust

1.3 Engaging with our Patients, our People, and the Public about Quality

To ensure this Quality Account reflects the views and experiences of those who use and deliver our services, Yorkshire Ambulance Service engaged widely with stakeholders throughout 2025-26. This included our staff, members of the Critical Friends Network (CFN), partner provider organisations, each Integrated Care Board (ICB), local Healthwatch bodies, and Health Overview and Scrutiny Committees.

In April 2025, we published our Patient Experience and Involvement Framework, and over the past year we have focused on embedding its three core principles:

Insight

We are committed to gathering meaningful feedback from patients, staff and partners, and using this insight to inform our quality improvement priorities. Understanding emerging themes and the experiences of different communities helps us to tailor our services and improve the way we deliver care.

Connecting Our Communities

Strong relationships with local communities remain central to our approach. Through engagement events, partnership projects and accessible communication channels, we aim to build trust, strengthen participation and ensure our services remain responsive and inclusive across all the regions we serve.

Integrating the Patient Voice

We actively involve patients and families in shaping our policies, pathways and service design. By embedding lived experience throughout our decision-making processes, we support a culture of compassionate, person-centred care.

Our Critical Friends Network (CFN) continues to be a cornerstone of patient involvement. During 2025-26, the CFN has further strengthened its contribution, including significant involvement in the development of the Clinical Response Model. We welcomed two new CFN volunteers this year and continue to broaden membership and diversity to ensure representation from a wide range of communities.

Improving our responsiveness to feedback has also remained a priority. Over the past year, we focused on reducing complaint response times to ensure people receive timely and meaningful replies when they raise concerns. This work will continue into 2026-27 as we further strengthen our approach to listening, learning and responding.

1.4 Overview of Yorkshire Ambulance Service

The Trust serves a population of more than five million people and covers 6,000 square miles of varied terrain from the isolated Yorkshire Dales and North York Moors to urban areas including Bradford, Hull, Leeds, Sheffield, Wakefield and York.

Our NHS 111 service helps patients across Yorkshire and the Humber, Bassetlaw, North Lincolnshire and North East Lincolnshire

We employ more than 7,600 staff, who together with over 1,000 volunteers, enable us to provide a vital 24-hour, seven-days-a-week, emergency and urgent healthcare service.

We abide by the NHS Constitution which establishes the principles and values of the NHS in England.

We work across three Integrated Care Systems; West Yorkshire, South Yorkshire, and Humber and North Yorkshire, as the only regional healthcare provider, we are ideally placed to support joined-up care for patients and provide the gateway into urgent and emergency services.

For everyone working or volunteering at YAS, providing high quality patient focused care is our key priority. This applies to our ambulance clinicians responding to emergency calls, to our Patient Transport Service (PTS) crews taking patients to and from their planned hospital appointments, our call handlers and clinicians handling 999 and NHS 111 calls, to our managers developing new care pathways or ways of working, and to our Trust Board making decisions about the future of our Trust.

Vision, Purpose and Values

Our Vision

Great Care, Great People, Great Partner.

Our Purpose

To provide and co-ordinate safe, effective, responsive, and patient-centered out-of-hospital emergency, urgent and non-emergency care, so all our patients can have the best possible experience and outcomes.

Our Values

Kindness, Respect, Teamwork, Improvement

YAS Together

Care Together, Lead Together, Grow Together, Excel Together, Everyone Together

Our Enabling Plans: Clinical and Quality, People, Partnership, Sustainable Services, Quality Improvement

Four Bold Ambitions

Our Patients	Our ambition is to deliver exceptional patient-centred out-of-hospital emergency, urgent and non-emergency care, which is safe, kind and responsive, seamlessly integrating services and utilising technology to deliver a high-quality patient experience.
Our People	Our ambition is to be a diverse and inclusive organisation with a culture of continuous improvement, where everyone feels valued, included, proud to work and can thrive.
Our Partners	Our ambition is to be a collaborative, integral and influential partner across a joined-up health and social care network that works preventatively, reduces inequality and improves population health outcomes, supporting all our communities.
Our Planet and Pounds	Our ambition is to be a responsible and sustainable organisation in the use of our financial and physical resources, reducing our environmental impact and ensuring the most effective use of all our resources.

Part Two – Statements of Assurance

During 2025-26, Yorkshire Ambulance Service NHS Trust provided and/or subcontracted the following seven NHS services:

1. **Patient Transport Service (PTS):** Planned, non-emergency transport for eligible patients with a medical or mobility need, enabling safe travel to and from NHS premises.
2. **Accident and Emergency (999) Response:** Management of emergency calls, dispatch of ambulance resources, and provision of urgent and emergency care, including urgent care practitioners.
3. **Resilience and Special Services:** Including the Hazardous Area Response Team (HART), responsible for preparedness and response to major, complex or high-risk incidents such as flooding or chemical, biological, radiological and nuclear (CBRN) events.
4. **Embrace Neonatal Transport Support:** Provision of vehicles and drivers for the regional specialist transport service for critically ill infants and children.
5. **Yorkshire Air Ambulance (YAA) Clinical Support:** Paramedics and critical care clinicians working on board the two YAA charity helicopters.
6. **Community First Responder (CFR) Scheme:** Recruitment, training and support for volunteers who respond to life threatening emergencies within their communities.
7. **NHS 111 (Integrated Urgent Care):** Telephone-based clinical assessment and urgent care access for Yorkshire, the Humber, North and North East Lincolnshire, and Bassetlaw in Nottinghamshire.

The Trust has reviewed the quality of care delivered across all seven services.

The income generated by the relevant health services reviewed represents 100% of the total income generated from the provision of relevant health services by the Yorkshire Ambulance Services NHS Trust for 2025-26.

In addition to its core NHS services, the Trust also supports the wider health and care system through four further functions:

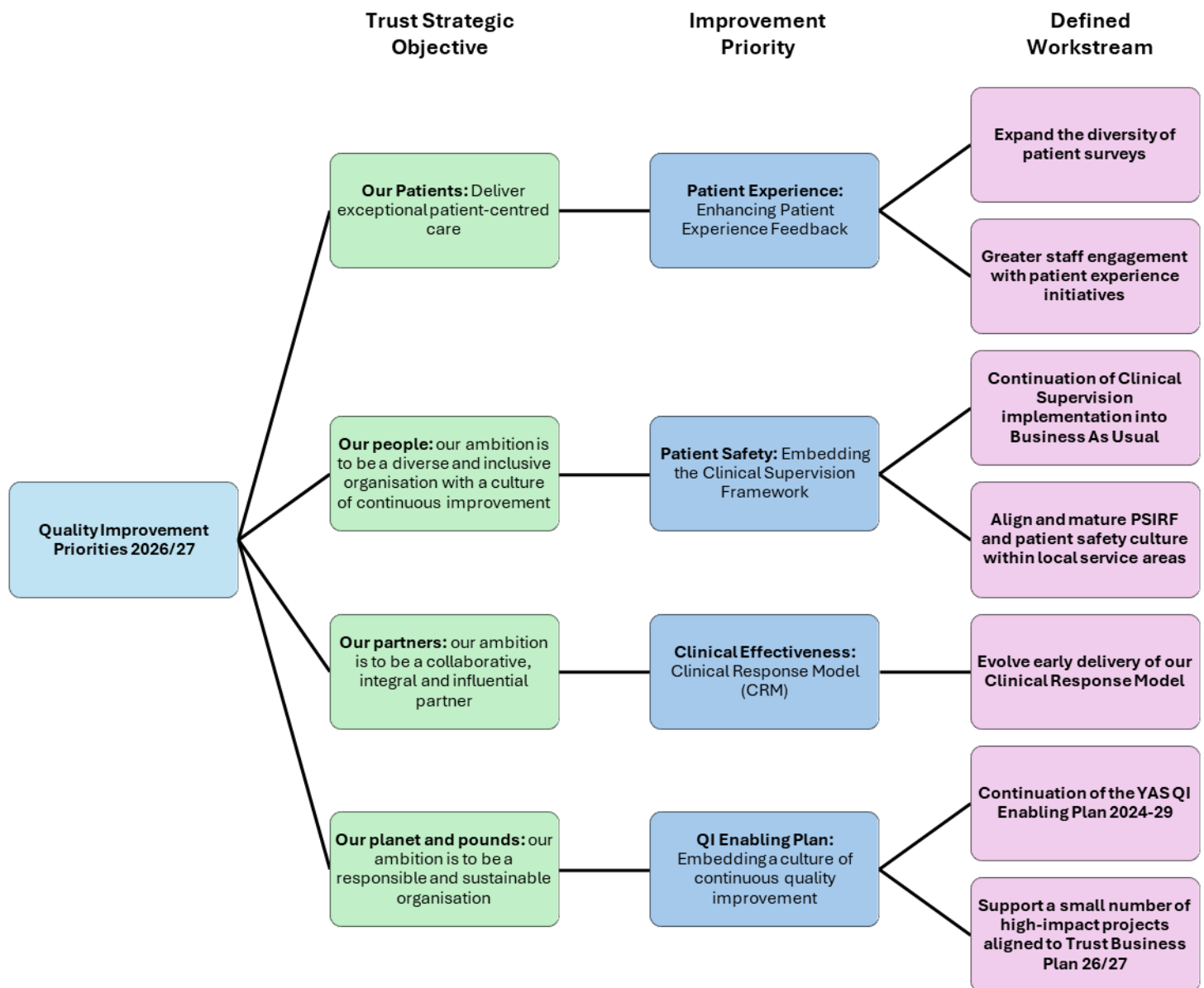
- **Community education** for schools, public services and local organisations.
- **Private ambulance and events services**, supporting public gatherings and providing additional resilience.
- **Specialist pre-hospital care**, including:
 - Specialist Paramedics - Critical Care
 - Medical Emergency Response Incident Team (MERIT)
 - Helicopter Emergency Medical Service (HEMS) clinicians (in partnership with Yorkshire Air Ambulance)
 - BASICS doctors and the West Yorkshire Medic Response Team (WYMRT), who volunteer to support the most seriously ill and injured patients.
- **Volunteer Car Service**, allowing trained volunteers to transport eligible patients to routine NHS appointments.

2.1 Priorities for Improvement 2026-27

As an NHS ambulance service, we are required to meet a range of national performance standards that reflect the unique nature of the care we provide to the public. Alongside these statutory requirements, all NHS trusts are expected to set and deliver annual quality improvement priorities to ensure continuous progress in patient safety, clinical effectiveness and patient experience.

For 2026-27, the Trust has identified a set of Quality Improvement priorities that reflect our commitment to delivering exceptional, person-centred care. These priorities have been developed in line with our Trust strategic objectives and are supported by defined workstreams that will guide improvement activity across the organisation.

The driver diagram below illustrates how our priorities for the coming year align with the Trust's overarching ambitions for our patients, our people, our partners and our sustainability. It shows how each improvement priority links directly to key strategic drivers and the specific programmes of work that will help us achieve meaningful and measurable improvements in care.



Priority 1: Enhancing Patient Experience Feedback

Strategic Objective: *Our Patients – Deliver exceptional patient-centred care*

Improvement Priority: *Patient Experience*

Delivering excellent patient experience remains central to the Trust's mission. In 2026-27, we will strengthen the ways we collect, understand and respond to real-time patient feedback. This includes expanding the diversity of patient surveys and ensuring people from under-represented communities can more easily tell us about their experiences.

This work is underpinned by national drivers such as the NHS Long Term Plan, the updated Experience of Care Improvement Framework, and the CORE20PLUS5 approach to reducing inequalities. We will also continue to build staff capability and confidence by encouraging greater engagement with patient experience initiatives.

The focus of this priority aligns directly with our defined workstreams:

- Expanding the diversity of patient surveys so more voices are heard.
- Increasing staff engagement with patient experience activity.
- Improving responsiveness to concerns and feedback.
- Embedding patient voice in governance and service design.

How success will be measured:

Outcome Measures

- More representative feedback: Increase in feedback from seldom-heard or under-represented groups, demonstrating reduced inequalities in patient voice.
- Improved overall patient experience: Year-on-year improvement in key patient experience indicators (e.g., timeliness, communication, compassion).
- Increased responsiveness: Reduction in the time it takes for the Trust to acknowledge, respond to and act on concerns.
- Positive thematic trends: Measurable improvement in recurring themes raised by patients (e.g., communication clarity, waiting times).
- Staff culture shift: Evidence that staff feel more confident and motivated to engage with patient experience learning and improvement.

Process Measures

- Number and diversity of real-time surveys completed each quarter.
- Completion rate of new, targeted survey mechanisms (e.g., QR codes, digital prompts, community outreach).
- Proportion of services/teams routinely reviewing and acting on real-time feedback.
- Percentage of patient experience actions closed within agreed timeframes.
- Staff participation rates in patient experience training or engagement initiatives.

Priority 2: Strengthening Clinical Effectiveness Through the Clinical Response Model

Strategic Objective: *Our Partners – Be a collaborative, integral and influential partner*

Improvement Priority: *Clinical Effectiveness*

In 2026-27, we will progress Phase 2 of the Clinical Response Model, an essential enabler of the Trust Business Plan. This work strengthens clinical decision-making, reduces unwarranted variation, and supports patients receiving the right care, first time.

Phase 2 will refine enhanced and advanced practice, supported by the development of a YAS Advanced Practice Framework. We will also continue integrating remote care services with operational clinicians to optimise deployment of specialist clinical resources across the region.

These improvements align with national frameworks such as the NHSE Advanced Practice Framework and standards for integrated urgent and emergency care.

This priority is delivered through the following workstreams:

- Aligning and maturing clinical practice frameworks and pathways.
- Evolving early delivery of the Clinical Response Model.
- Strengthening integration between remote and operational clinicians.

How success will be measured:

Outcome Measures

- Improved clinical consistency: Reduction in variation of care across geography, shifts and clinicians.
- Safer clinical decisions: Evidence of improved clinical outcomes linked to CRM enhancements (e.g., escalations, accuracy of dispositions, appropriate use of advanced practice).
- Better use of specialist resource: Improved deployment and utilisation of advanced and specialist practice roles.
- System integration: Enhanced collaborative decision-making between remote and operational clinicians (measured through quality audits or joint case reviews).

Process Measures

- Approval of all six CRM recommendations by TEG with a defined roll-out plan.
- Completion of the YAS Advanced Practice Framework and adoption across services.
- Number of clinicians trained or credentialed under new CRM pathways.
- Proportion of calls/cases where CRM-enhanced decision tools are used appropriately.
- Delivery of CRM workstream milestones (e.g., remote/operational integration sessions, pathway testing, audit cycles).

Priority 3: Embedding a Consistent Clinical Supervision Framework

Strategic Objective: *Our People – Be a diverse and inclusive organisation with a culture of continuous improvement*

Improvement Priority: *Patient Safety*

Ensuring all clinicians have access to high-quality, reflective and supportive clinical supervision is vital to delivering safe, compassionate care. In 2026-27, we will continue embedding a consistent, accessible and mature Clinical Supervision Framework across all care settings.

A strong supervision culture supports reflective practice, builds psychological safety, enhances staff wellbeing and improves risk recognition and escalation. Insights from supervision will also be aligned with PSIRF learning to strengthen proactive safety interventions.

This work is advanced through the following workstreams:

- Embedding the Clinical Supervision Framework into business as usual.
- Aligning and maturing PSIRF and patient safety culture.
- Building a capable workforce of Professional Advocates.
- Improving digital accessibility and uptake of the supervision system.

How success will be measured:

Outcome Measures

- Improved psychological safety: Staff report increased confidence, support and comfort raising concerns or seeking help.
- Better patient safety outcomes: Reduction in recurring incident themes linked to decision-making, communication, or risk recognition.
- Enhanced retention and wellbeing: Improved staff retention and wellbeing indicators within supervised groups.
- Higher quality reflective practice: Evidence of meaningful learning captured through supervision reflections and fed into PSIRF learning cycles.

Process Measures

- Full geographic and service-line coverage of the Clinical Supervision Framework.
- Increased number of trained Professional Advocates delivering supervision.
- Uptake and utilisation rates of the digital supervision booking platform.
- Completion of peer-review cycles for supervision sessions.
- Delivery of scheduled supervision sessions per team/area per quarter.
- Facilitator feedback confirming sustainability, capability and consistency of the supervision model.

Cross-Cutting Priority – Embedding a Culture of Continuous Quality Improvement

Strategic Objective: *Our Planet and Pounds, Our Patients, Our People, Our Partners*

Improvement Priority: *QI Enabling Plan*

Underpinning all priorities is the continuation of the YAS QI Enabling Plan 2024–29. This ensures we build improvement capability, apply consistent methodology, and support high-impact projects that align with the Trust Business Plan.

The defined workstreams include:

- Continuation of the YAS QI Enabling Plan.
- Support to a small number of high-impact, Trust-aligned improvement projects.

2.2 Statements of Assurance

Clinical Audit and Effectiveness

The Clinical Effectiveness and Audit (CEA) Team plays a central role in assuring and continuously improving the quality of care provided by the Trust. The team oversees delivery of the Trust's clinical quality audit programme, including the NHS England Ambulance Quality Indicators – Ambulance Clinical Outcomes (AmbCO). All completed audits are reviewed through the Clinical Quality Development Forum, with learning and improvement actions monitored and embedded via the Patient Safety Learning Group.

Clinical audit topics are selected in response to Trust priorities alongside national expectations. This ensures the programme remains relevant, evidence-based, and aligned to the needs of patients and the organisation.

The CEA Team also supports a Trust-wide, data-driven approach to clinical improvement. This includes delivering clinical audit training, providing oversight of clinical data quality, and working with colleagues across services to ensure findings lead to meaningful, measurable and sustainable improvements.

Participation in National Programmes on the NHS England Quality Accounts List 2025-26

Throughout 2025-26, the Trust submitted monthly and quarterly data for three core ambulance clinical outcome indicators, in accordance with national reporting requirements. Results are published by NHS England.

The Trust reviewed its eligibility for all programmes on the NHS England Quality Accounts List 2025-26 and participated in those applicable to ambulance services.

During this period the Trust participated in 100% of relevant national clinical audits and as an ambulance provider we have not been required to provide any national confidential enquiries, of the national clinical audits and national confidential enquiries which it was eligible to participate in.

Additional National Datasets

In addition to these national audits, data is provided on Stroke (SSNAP) and Myocardial Infarction (MINAP).

- National Stroke Audit (SSNAP) – enabling review and improvement of stroke pathways.
- National Heart Attack Audit (MINAP) – informing regional review of heart attack pathways and post-ROSC care.

Cardiac Arrest AmbCO (see page 31)

Indicators include:

- Return of Spontaneous Circulation (ROSC) at hospital (monthly).
- Survival to hospital discharge (30 days) (monthly).
- Post-ROSC Care Bundle compliance (quarterly).

STEMI (ST-Elevation Myocardial Infarction) Care Bundle AmbCO (see page 30)

Trust compliance with the nationally recognised STEMI care bundle is reported quarterly.

Falls Care Bundle AmbCO

The Trust has conducted an audit for a sample of 300 cases where a patient experienced a fall and meet the criteria of patients ≥ 65 years old who have suffered a fall from less than two metres and have been discharged on scene.

Month	Compliance of Falls care bundle	
	YAS	England
June 2025	13.0%	51.6%
September 2025	21.3%	53.4%
December 2025	23.0%	Data not yet published
March 2026	Data not yet published (due August 2026)	

(Note: the higher percentage indicates better performance)

Trust Clinical Quality Audit Programme

The following audits have been undertaken during 2025-26:

- Re-audit of End-of-Life Care (EoLC).
- Out of hospital management of patients with Chronic Obstructive Pulmonary Disease (COPD).
- Management of patients with tracheostomy or laryngectomy.
- Re-audit of Entonox administration.
- Pain management audit and service evaluation.
- Non-conveyance audit (quarterly).
- Specialist Urgent Care medicines audit.
- Regional maternity care audit.
- Emergency management of adrenal crisis in adults.

In 2025, the Trust participated in the technical subcommittee developing a national audit of care delivered to end of life patients. Data collection is taking place in January 2026, with publication expected by May 2026.

During 2025-26 a total of 30 local clinical audits and service evaluations were registered in the Trust, this number excludes business as usual assurance clinical audits such as medicine management audits and infection prevention and control audits. During 2025-26 the Clinical Effectiveness and Audit Team are now also providing clinical audit training upon request. It is anticipated this will also increase the number and quality of local clinical audits.

The reports of six completed local clinical audits were reviewed by the Trust in 2025-26. The Trust intends to take the following actions to improve the quality of healthcare provided; the relevant improvement actions can be seen in the summary of some local clinical audits and the recommended improvement actions below.

Out-of-hospital management of patients with Chronic Obstructive Pulmonary Disease (COPD)

Since the previous COPD audit was completed, both clinical practice and national guidance have evolved considerably, including updates to Joint Royal Colleges Ambulance Liaison Committee (JRCALC), National Institute for Care Excellence (NICE) and GOLD standards. COPD is a high-volume condition that represents a significant proportion of YAS emergency and urgent workload. Sub-optimal management can lead to patient harm through inappropriate oxygen administration, delayed bronchodilation or avoidable hospital conveyance. This audit demonstrated that the current guideline recommendations may not be effective in delivering a sufficient dose of salbutamol with the present equipment and drug options available at YAS.

Improvement Action: The Trust will evaluate an alternative to oxygen-driven nebuliser devices for COPD. Provide education and instruction to staff in optimal COPD care, including emphasis on limiting oxygen therapy only to patients with oxygen saturations less than 88% and limiting oxygen-driven nebuliser use. Instruction to staff will emphasise use of corticosteroids when indicated and recommend when discharge at scene or referral to an alternative pathway could be safely considered.

Emergency management of adrenal crisis in adults

NICE published new clinical guidance relating to best practice for the management of patients in adrenal crisis. Updated clinical standard was added where administration of 1 litre of 0.9% Sodium Chloride over 30 minutes for patients that are hypotensive was introduced (previously standards did not specify amount, or time fluids need to be administered over). YAS clinical data was audited to assess how our practice compares both before and after this clinical guidance update. This audit demonstrated compliance with the updated standards but with opportunities for improvement in observations.

Improvement Action: The findings have been shared in the across via the Trust Clinical Safety Bulletin and a re-audit will be carried out in 2026-29 Clinical Audit Programme.

Adults Presenting with Sepsis

To provide assurance though an updated summary of the standard of care for patients over the age of 16 with a final working impression of sepsis. Retrospective data was collected from electronic patient records a total of 3,463 records were audited. Findings showed compliance when measured against four best practice standards, based on NASCQG national audits and JRCALC guidance. No improvement actions required.

Management of patients with tracheostomy or laryngectomy

To assess whether YAS clinicians follow Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidance in caring for patients who have either a tracheostomy or laryngectomy related airway emergency. To assess whether endotracheal tubes (size 6.0) were available for emergency use with this group of patients. Between April 2023 and March 2025 there were 946 incidents where tracheostomy or laryngectomy was mentioned in patient's previous medical history. A sample of 320 incidents was audited.

Improvement Action: Procurement and supplies team to ensure size 6.0 ET tubes are supplied to the organisation's emergency response stations as an ongoing concern. Ambulance Vehicle Preparation team to ensure that size 6.0 ET tubes are included in the standard stock for emergency response vehicles. ET tubes should be located within the current Resus pouch. Operational management teams to ensure their emergency vehicles are stocked with a size 6.0 ET tube.

National Institute for Health and Care Excellence (NICE) Guidance and Quality Standards

The Clinical Audit Team continues to monitor updates issued by NICE in relation to clinical best practice, including monthly clinical updates circulated to all trusts. Both JRCALC and NICE guidance are standing agenda items at the monthly Clinical Quality Development Forum.

NICE and JRCALC guidance are consulted prior to the commencement of any clinical audit and are incorporated into the audit standards used for assessment.

Clinical Coding

The Trust was not subject to the Payment by Results clinical coding audit during 2025-26 by the Audit Commission.

Medicines Management and Optimisation

Yorkshire Ambulance Service is committed to ensuring that medicines are managed safely, effectively and in line with statutory and professional requirements. This includes adherence to the Medicines Act 1968, the Medicines for Human Use (Prescribing) Order 2005, the Health and Safety at Work Act 1974 and associated regulations such as the Control of Substances Hazardous

to Health (COSHH) Regulations 2002.

The Medicines Optimisation Group (MOG), chaired by the Trust Pharmacist, provides strategic oversight of medicines governance. The group ensures that medicines are procured, stored, prescribed, prepared, administered and disposed of appropriately, and that clinical practice reflects up-to-date evidence and supports improved patient outcomes.

Patient Group Directions and Formulary Updates

All Patient Group Directions (PGDs) have now been fully transferred into JRCALC, enabling easier access for clinicians and improved monitoring of compliance. Critical care PGDs have been reviewed and consolidated to ensure they are used only by suitably trained and authorised staff. During 2025-26, Syntometrine was added to the critical care formulary as a first-line treatment option for postpartum haemorrhage.

Pre-Packed Medicines Pouch Project

The Trust has approved, in principle, the rollout of pre-packed medicines pouches across all operational areas. Implementation planning is underway, with initial deployment commenced in Leeds and Urgent Care, including mental health teams.

Medicines App

The controlled drugs module of the Medicines App has been rolled out across all Trust services, including HART, MERIT and the Air Ambulance. Recent enhancements have improved user experience and introduced a dashboard providing clear compliance and assurance data. Some intermittent network issues remain, which are expected to be resolved as part of the transition to iOS.

Patient Safety Alerts

During 2025-26, the Trust implemented the actions associated with three national Patient Safety Alerts relevant to ambulance services:

- NatPSA/2025/006/NHSPS: Harm from incorrect recording of a penicillin allergy as a penicillamine allergy.
- NatPSA/2025/008/NHSPS: Risks associated with adult breathing circuits lacking a patent exhalation route.
- NatPSA/2026/001/DHSC: Steriflex bags containing potassium chloride 0.15%, sodium chloride 0.45% and glucose 2.5%.

The MOG monitored compliance and ensured that actions were communicated effectively to operational staff.

Clinical Pathway Development

During 2025-26, the Clinical Pathways Team continued to strengthen and develop clinical referral pathways to support improved patient outcomes, reduce avoidable conveyance, and ensure more patients access the right service first. Our work focused on enhancing care for time-critical conditions, expanding community-based alternatives to Emergency Department attendance, and improving staff access to pathways and decision-support tools.

Our approach is informed by staff feedback, stakeholder engagement, incident learning and routine monitoring data, with all developments progressed using quality improvement methodology.

Key Areas of Progress

- Time-critical conditions.
- Updated STEMI pathways, including new national criteria, improved ECG transmission processes, and strengthened post-ROSC referral guidance.

- Continued development of the stroke pathway, including support for pre-hospital video assessment and engagement in plans to expand regional thrombectomy provision.
- Improving staff access to pathways.
- Enhancements to the JRCALC Plus pathways directory, including new content for Remote Patient Care and app improvements based on staff feedback.
- Increased availability and visibility of priority referral pathways through the “Right Pathway First” internal communications campaign.
- Better use of data to drive improvement.
- Improved pathway utilisation dashboards, visualisation tools and reporting processes in collaboration with Business Intelligence and Clinical Informatics.
- Engagement in the development of the new iOS-based ePR to strengthen future data capture.
- Completion of a Trust-wide staff survey to inform future pathway design and digital improvements.
- Strengthening governance.
- Development of a new pathway development framework and supporting documentation.
- Updated information governance guidance and revised Memoranda of Understanding for falls pathways.
- Implementation of a new Pathways Steering Group to improve coordination and assurance.
- Increasing access to Same Day Emergency Care (SDEC).

The service worked with acute partners across Yorkshire to expand direct ambulance access to SDEC services, including new frailty, medical, surgical and cardiology pathways. This work provides clinically appropriate alternatives to acute hospital conveyance and supports better patient flow.

Other Local Pathway Developments

Further improvements included:

- Expanded access to Urgent Community Response teams, frailty virtual wards and specialist assessment units.
- New referral routes into gynaecology, respiratory hubs, diabetic podiatry and DVT services.
- Pilots in Mid Yorkshire and Bradford to support real-time senior clinical input and improved access to community-based alternatives.
- Targeted admission-avoidance work in Mid Yorkshire and Leeds.
- Continued focus on falls prevention in West Yorkshire, including development of a business case for implementation in 2026-27.

Research and Innovation

Yorkshire Ambulance Service (YAS) is committed to the delivery and development of research and innovation as a 'driver' for improving patient quality of care and experience. We demonstrate this commitment through our active participation in clinical and healthcare research. In May 2024, YAS approved the Research Institute Strategy for 2024/27 which sets out our ambitions. These include:



- Setting the direction in research
- Being a trusted institute
- Creating impact.

In 2025-26, YAS continued to deliver high levels of research activity as reported in previous years. We are particularly pleased to have maintained considerable engagement of YAS staff in the development and delivery of high-quality research. This includes having co investigators on studies, paramedics completing research qualifications, having membership on research steering committees or project management groups, and having an additional 74 paramedics undertake training to be able to enrol patients into the CRASH 4 trial of medication for brain injury.

This level of involvement demonstrates how YAS staff are keen to accelerate the evidence needed to continue to improve patient care and experience through the delivery of, and participation in, high quality research.

The number of patients receiving NHS services provided or subcontracted by YAS in 2025-26, who were recruited during that period to participate in research included on the NIHR portfolio, was 416 across eight projects, with an additional 129 participants recruited into ethically approved studies that were not included on the NIHR portfolio. 315 members of YAS staff participated in research included on the NIHR portfolio during 2025-26. A synthesis of the Trust's participation in research projects is provided in Table A.

Research and Innovation Impact

YAS staff contributed to ten peer-reviewed publications this year. These publications provide new evidence and learning across areas such as:

- Improving trauma care, including major clinical trials such as PACKMaN.
- Enhancing urgent and emergency care practice, including point-of-care testing and clinical pathway safety.
- Strengthening workforce wellbeing, with studies on burnout, feedback culture and staff experiences.
- Improving care for children and families, including paediatric triage and CPR research.

These outputs reflect the expertise of YAS staff and our commitment to evidence-based improvement. Full publication references are provided in Appendix B.

Table A: During 2025-26 YAS has participated in the following projects:

Study	Purpose / Focus	YAS Involvement
GP Roles in Emergency Ambulance Services	Maps current GP roles in ambulance settings and develops a taxonomy	7 staff interviews
Improving Pain Management for Children and Young People	Develops and tests methods to improve prehospital pain management	12 clinicians/parents/patients contributed
Evaluation of ReSPECT in Community Settings	Explores experiences of patients, carers & staff with the ReSPECT process	40 staff via surveys/interviews
Management Capacity in NHS Trusts	Examines management capacity and ways to strengthen it	10 staff interviews
Long Lies After a Fall	Explores scale, impact and care trajectories after long-lie falls	developed in collaboration with Mid Yorkshire Teaching NHS Trust and the University of Sheffield
Mental Health & Routine Policing	Explores mental health–police interactions through partner & lived experience	2 YAS staff interviews
TXA in Mild Head Injury (Older Adults)	Tests TXA injection effects on bleeding, disability and survival	335 paramedics trained; 223 patients recruited; 12 ED partners
Ethnic Minority Use of Emergency Care	Examines differences in injury-related emergency care use	73 patient survey responses
Seizure Risk Prediction Tool	Tool to reduce avoidable ED attendance after suspected seizure	Paramedic workshops; participant identification
Dementia and Patient Transport	Ethnographic study of dementia patients' PTS experiences	Supported interviews and observations
Diabetes and Freestyle Libre Monitoring	Examines whether glucose monitoring improves outcomes after severe hypoglycaemia	224 patients approached/enrolled
Paediatric Airway Management Database	National dataset to improve safety of advanced paediatric airway care	Data contribution
Paediatric Early Warning Scores	Identifies barriers/facilitators to using PEWS in prehospital care	Staff interviews and surveys
Video in Emergency Dispatch	Evaluates how video affects triage accuracy and decision-making	Policy review; interviews; workshops
Early-career Staff Retention	Develops framework to improve retention of new ambulance staff	Leaver data; possible interviews
Paediatric Out-of-Hospital Cardiac Arrest	Explores clinicians' technical and emotional experiences attending paediatric OHCA	124 survey/interview/focus group participants
Remote Clinical Advice	Examines access to and variation in clinical support for ambulance clinicians	YAS staff participated
Stroke Thrombectomy Redirection	Tests specialist pre-hospital redirection for faster thrombectomy	102 patients recruited in Humber, NY and SY
Research Culture in Ambulance Services	Explores NHS ambulance research capacity & culture	15 participants
Supporting NHS Volunteers	Examines the impact and support needs of CFR volunteers	13 qualitative interviews
NEWS2 Accuracy in ED	Evaluates how well NEWS2 predicts need for urgent treatment	Data-only study
Stroke Pre-hospital Video Triage	Reviews video triage models developed during COVID-19	Data-only study
Paramedic Shared Decision Making	Explores decision making between clinicians, patients & families	Interviews completed
Call-Handler Mental Health and Wellbeing	Surveys wellbeing of 999/111 call-handlers nationwide	Recruitment anonymous (no YAS count)
Paediatric Airway Management Database	National understanding of paediatric advanced airway care	Data contribution

Care Quality Commission Regulatory Compliance

The Care Quality Commission (CQC) is the independent regulator of health and social care services in England. Its purpose is to ensure that high-quality, safe and effective care is provided across all settings, including hospitals, care homes, people's homes, and community services.

The Trust remains fully engaged with the CQC and continues to participate in national conversations regarding the CQC's ongoing programme of regulatory transformation. Although no inspections took place during 2025-26, the Trust has actively contributed to national development work and maintained regular dialogue with the CQC to support continuous improvement in ambulance sector regulation.

The Trust is required to register with the Care Quality Commission and holds current registration status with no conditions attached to registration. The Care Quality Commission has not taken enforcement action against Yorkshire Ambulance Service NHS Trust during 2025-26.

Key points for the reporting period include:

- YAS remains fully registered with the CQC with no conditions on its registration.
- The CQC has taken no enforcement action against the Trust during 2025-26.
- YAS has not been subject to any special reviews or investigations during the reporting year.
- The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The most recent comprehensive CQC inspection was completed in 2019, resulting in an overall rating of Good for the Trust. Although the CQC has not yet undertaken a new inspection under its updated regulatory model, Yorkshire Ambulance Service continues to demonstrate ongoing readiness and sustained compliance with regulatory expectations.

Table B: Current CQC Ratings (from latest full inspection - 2019)

Service Area	Safe	Effective	Caring	Responsive	Well-Led	Overall
Emergency and urgent care	Good	Good	Good	Good	Good	Good
Patient Transport Service (PTS)	Good	Good	Good	Good	Good	Good
Emergency Operations Centre (EOC)	Good	Good	Good	Good	Good	Good
Resilience	Good	Outstanding	Good	Good	Good	Good
NHS 111	Good	Good	Good	Good	Good	Good
Overall Trust Rating	Good	Good	Good	Good	Good	Good

To maintain high standards and drive continuous improvement, the Trust delivers a structured programme of internal inspections, aligned to the CQC's five key questions - Safe, Effective, Caring, Responsive and Well-Led. These internal reviews ensure that the organisation continues to meet, and where possible exceed, the quality benchmarks set by the regulator.

In addition, the Trust's Quality Improvement Enabling Plan continues to strengthen the approach to Quality Management Systems (QMS). This programme supports the development of a systematic, organisation-wide approach to quality, embedding continuous improvement principles and ensuring that services remain well-governed, data-driven, and focused on improving outcomes for patients and staff.

Information Governance, Data Security and Quality

YAS's 2024-25 Cyber Assessment Framework (CAF) aligned Data Security and Protection (DSP) Toolkit assessment was submitted in June 2025, achieving 'Standards Met' status.

The DSP Toolkit is split into several contributing outcomes, each of which are supported by indicators of good practice grouped into levels of achievement – 'Not Achieved', 'Partially Achieved' or 'Achieved'. The Trust will self-assess our level of compliance against each outcome using the indicators of good practice as a guide. The CAF is not designed with an expectation that the Trust should (ever) reach 'Achieved' on all outcomes. For many outcomes, a level of 'Partially Achieved' is proportionate, and in some cases 'Not Achieved' may be appropriate (for example – some CAF outcomes represent capabilities only normally held by organisations with very high cyber security maturity and resources).

The CAF provides a systematic and comprehensive approach to assessing the extent to which cyber and information governance risks to essential functions are being managed. It provides a standard framework across health and care and the ability to scale and adapt expectations over time, based on changing threat and capabilities.

Data Quality

The Yorkshire Ambulance Service (YAS) recognises that high-quality data is essential to delivering safe, effective and responsive care. Accurate and reliable information underpins clinical decision-making, performance management and statutory reporting. We remain committed to strengthening our data quality arrangements in line with Data Assurance and Transformation Toolkit (DATT) principles. Through stronger assurance, KPI oversight and continuous improvement, YAS will continue to enhance the integrity and reliability of its data, ensuring confidence for patients, partners and external partners.

The Trust will be taking the following actions to improve data quality:

- **The BI and Clinical teams will** continue to monitor the completeness of the learning difficulty, accommodation status and ethnicity of patients entered onto the ePR reports with a detailed Power BI report and updates to the Clinical Audit Group. This will enable the Trust to improve the data recorded around these three areas and enable better use of that data.
- **Strengthen governance and accountability** by maintaining clear data ownership and reporting data quality metrics through established governance structures.
- **Review DATT-aligned data quality standards**, to ensure consistency from data capture to reporting.
- **Enhance validation and assurance processes**, expanding automated checks and undertaking targeted audits to improve completeness, accuracy and timeliness including working with Internal Audit to provide Board assurance.
- **Optimise digital systems** to support structured data capture, reduce duplication and introduce near real-time validation where possible.
- **Develop workforce capability**, reinforcing individual responsibility for accurate recording and promoting a culture that recognises data as a critical asset.
- **Review new KPI Guidance** to ensure YAS is following all the correct rules for reporting and introduce new ways of working to make sure data is captured at source in the right way.

Non-Applicable Statutory Statements

NHS England's Quality Account regulations and technical guidance include a range of indicators designed for hospital, community and mental health providers. Yorkshire Ambulance Service does not deliver inpatient, maternity or mental health inpatient services. The Trust has reviewed all national indicators and confirms that the items listed below are not applicable to our service model. All ambulance-relevant indicators are reported in Part 3.

Rota Gaps – Doctors and Dentists in Training

Yorkshire Ambulance Service does not employ doctors or dentists in training. Therefore, the requirement to report a consolidated annual statement on rota gaps and plans for improvement does not apply.

NHS Staff Survey – National Acute/Community Indicator Set

Some national staff survey indicators included in the Quality Account technical guidance apply only to acute, community or mental health inpatient settings. These indicators do not apply to Yorkshire Ambulance Service due to the nature of our service model. Relevant staff experience indicators for the ambulance sector are instead reported through our People Plan metrics and People Committee.

Inpatient Indicators

Indicators relating to inpatient care including venous thromboembolism assessments, Clostridioides difficile infection rates, and 30-day re-admission measures, apply only to organisations providing inpatient services. As YAS is an ambulance service and does not provide inpatient care, these indicators are not applicable.

Patient-Reported Outcome Measures (PROMs)

PROMs indicators relate to elective surgical procedures (e.g., hip and knee replacement) and are therefore not applicable to YAS.

Community Mental Health Survey / Community Mental Health Experience Indicators

The national patient experience surveys for community mental health services apply only to mental health providers and are not relevant to YAS.

Seven-Day Services (Hospital Services)

The national Seven-Day Hospital Services audit standards relate to inpatient consultant-delivered hospital care and therefore do not apply to YAS.

Summary Hospital-level Mortality Indicator (SHMI)

SHMI is designed for acute hospital providers and is not applicable to YAS.

Crisis Resolution and Home Treatment Team (CRHT) Indicators

The national indicator relating to Crisis Resolution and Home Treatment gatekeeping applies only to mental health trusts and is not applicable to YAS.

Maternity Indicators (Perinatal outcomes, FFT maternity)

YAS does not provide maternity services; therefore, maternity-specific quality indicators do not apply.

Responsiveness to Personal Needs of Inpatients

The national inpatient experience indicator relating to responsiveness to personal needs does not apply because YAS does not deliver inpatient care.

Part 3 – Key Quality Dimensions and Performance

Part 3 of this Quality Account provides a transparent overview of Yorkshire Ambulance Service’s performance during 2025-26 across the key dimensions of patient safety, clinical effectiveness, and patient experience. This section includes the nationally mandated indicators for ambulance services, together with local quality measures, trends and analysis that demonstrate how we monitor, assure and continuously improve the care we provide.

Performance data is presented alongside narrative explanation to show where we are making progress, where variation remains, and how learning from incidents, audits, outcomes and patient feedback is being used to strengthen the safety and quality of our services. Collectively, these indicators provide an important assessment of how well the Trust is delivering high-quality, responsive and clinically effective care for the people of Yorkshire and the Humber.

3.1 Reflections on 2025-26

Delivering on our Quality Improvement ambitions

During 2025-26, the Trust continued to embed Quality Improvement (QI) as an organisation-wide approach, guided by the QI Enabling Plan 2024-29 and aligned with NHS IMPACT. Progress this year reflects growing capability, stronger governance, and increasing ownership of improvement across all services.



Building QI Capability

A total of 208 staff completed QI education, including 153 QI Foundations and 55 QI Leaders participants. This strengthened our capacity to undertake structured improvement work and supported development of a shared methodology across the Trust. Training feedback remained positive, with continued sponsorship from senior leaders and collaboration with other NHS organisations.

The newly established QI Community of Practice provided peer-to-peer support, shared learning and celebrated improvement successes. Two Trust-wide QI webinars attracted more than 400 attendees, reinforcing engagement with continuous improvement principles.

QI Fellowship – Delivering Measurable Impact

The QI Fellowship programme continued to build advanced improvement skills while delivering demonstrable benefits, including:

- PTS Risk Assessments – redesigned pathway reducing assessment time by 40 minutes per case.
- IUC Printing Reduction – reduction from 680,424 pages (2024) to 12,001 pages (2025), saving £11,328 and supporting environmental aims.
- Safeguarding Referrals – targeted CPD and Level 3 training reducing returned referrals and supporting timely care.
- Early Pregnancy Referral Pathway – improved access to the right care at the right time for patients contacting 999.

These projects highlight the impact of the Fellowship model on patient outcomes, workforce development and system efficiency.

Embedding QI as a Strategic Asset

Quality Improvement was integrated into the 2026-27 business planning cycle using a dual approach:

- PMO delivery when solutions are already known.
- QI Pathway for issues requiring exploration, testing and innovation.

QI Leads supported directorates through a strengthened Business Partnership Model, embedding improvement in local objectives, onboarding processes and operational activity. Demand for QI support continued to grow.

The Improvement Hub matured as a Trust-wide platform for idea generation, with 202 ideas submitted and 53 proposals in the open challenge “Ideas to Deliver Our Ambitions.” Challenge campaigns supported local teams to test and refine solutions with greater visibility.

Summary

During 2025-26, the Trust exceeded QI training targets, expanded strategic and local capability, and delivered measurable improvements through Fellowship projects and staff generated ideas. In 2026-27, priorities include strengthening Board-level QI capability, sustaining capacity within the QI Team, enhancing leadership involvement, and further developing assurance and metrics within the Quality Management System.

Service Reflection: 999 Operations

Emergency Preparedness, Resilience and Response (EPRR)

During 2025-26, the Trust strengthened its emergency preparedness and business continuity arrangements. The annual NHS England EPRR Core Standards review reported 93% compliance, maintaining a “Substantially Compliant” rating. The Trust also retained ISO 22301 Business Continuity certification for the eleventh year, with only one minor non-conformity identified.

Operational resilience was enhanced through the introduction of new nationally funded Hazardous Area Response Team (HART) vehicles, reducing downtime and improving readiness. The EPRR team delivered a comprehensive exercise programme, including six multi-agency live exercises, sixteen table-top exercises, and participation in the national pandemic preparedness exercise *Pegasus*. Work to strengthen the Trust’s CBRN capability progressed with procurement of new decontamination assets and further Special Operations Response Team (SORT) training.

Seasonal planning remained robust. Summer and winter plans focused on weather-related risks, welfare considerations, increased winter demand and hospital handover pressures. Improvements from the regional Transfer of Care programme continued to support safer and more timely patient flow. Collaboration with Integrated Care Boards enabled joint development of pathways to support alternatives to Emergency Department attendance.

A&E/999 Operations

A&E Operations, more recently termed 999 Operations, continued to improve patient flow, clinical practice and system collaboration. Implementation of the new Transfer of Care Standard Operating Procedure across acute trusts resulted in improved handover times and Category 2 performance.

Workforce development remained central, with strengthened team leader recruitment processes, embedded mentor rotas for Newly Qualified Paramedics, and enhanced investment days incorporating clinical supervision and CPD. Specialist paramedic teams across urgent, critical and mental health care continued to mature.

Quality learning was driven through the weekly Learning from Incidents Review Group, leading to improvements in abdominal pain and hyperemesis assessment, frailty assessment, mental

capacity and restraint decision making, medicines optimisation, clinical reasoning and documentation quality.

Operational improvements included increased fleet resilience, deployment of the Controlled Drugs App across operational areas, enhanced support to prisons through shared data insights, and strengthened student paramedic education with university partners. Staff wellbeing and local working environments also improved, including enhanced rest facilities and expanded quality governance support across regions.

Service Reflection: Remote Patient Care

Progress continued towards a single Remote Patient Care model, supported by integrated recruitment and training functions that improved staff experience and reduced turnover. National recognition and awards highlighted the strength of this model.

A strong learning culture was supported through the Local Incident Review Group and a new staff recognition scheme aligned with organisational values.

Emergency Operations Centre (EOC)

EOC successfully transitioned to NHS Pathways, with all staff receiving retraining. Staff identified improvement opportunities were escalated through governance to influence national changes, including enhanced recognition of DNACPR/ReSPECT documentation for end-of-life care.

Clinical support structures were expanded, including strengthened Clinical Support Desk arrangements, Clinical Navigators beginning Level 7 training, and implementation of clinical calibration as a formal reflective practice process. A 360-degree audit undertaken as part of PSIRF highlighted EOC as an example of best practice in supporting patient safety.

NHS 111 Integrated Urgent Care

Clinical staffing continued to grow, supported by successful recruitment and retention of international nurses. Performance improved following the 2024-25 Case for Change, despite periods of exceptional demand.

A key development was the new integrated Clinical Advice Service (iCAS) platform, enabling shared clinical queues between 999 and 111. Clinical triage models were updated in line with the Urgent and Emergency Care Plan, enabling earlier identification of high acuity patients and reducing avoidable ED referrals and ambulance dispatches.

Service Reflection: Patient Transport Service (PTS)

PTS continued to embed Quality Improvement, with 34 staff completing QI training and sustained engagement with the PTS Fellowship Programme. Work to streamline operational risk assessments has identified opportunities to reduce assessment time, improve efficiency and support staff development.

The Trust successfully implemented the national eligibility criteria from 1 April 2025 through new question sets, escalation routes, equality impact assessments and staff training. This ensured a fair, consistent and sustainable approach to patient eligibility across the three commissioning ICBs.

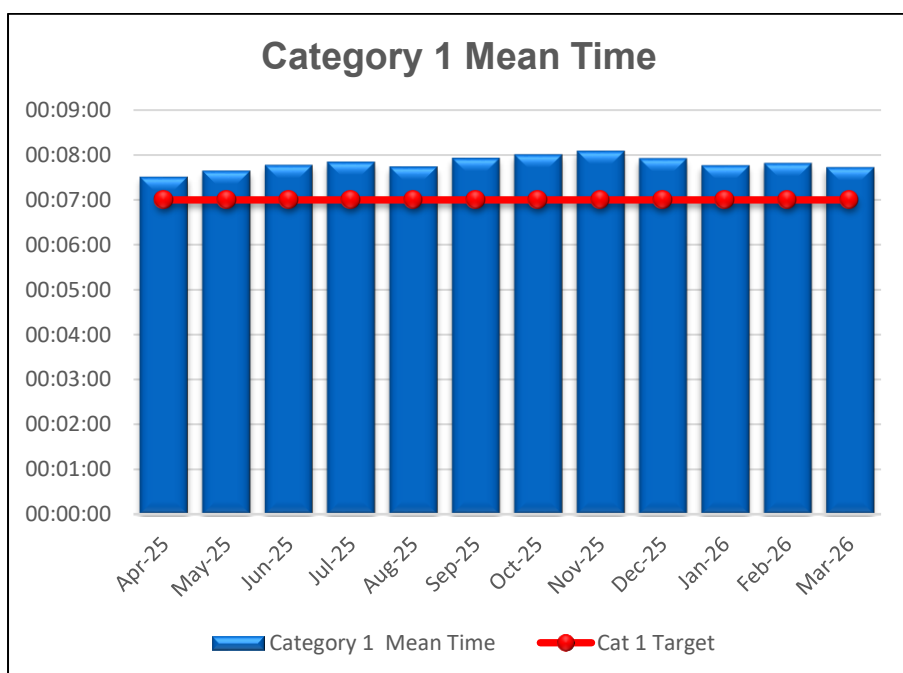
National Mandated Indicators

Ambulance Response Programme (ARP) response times

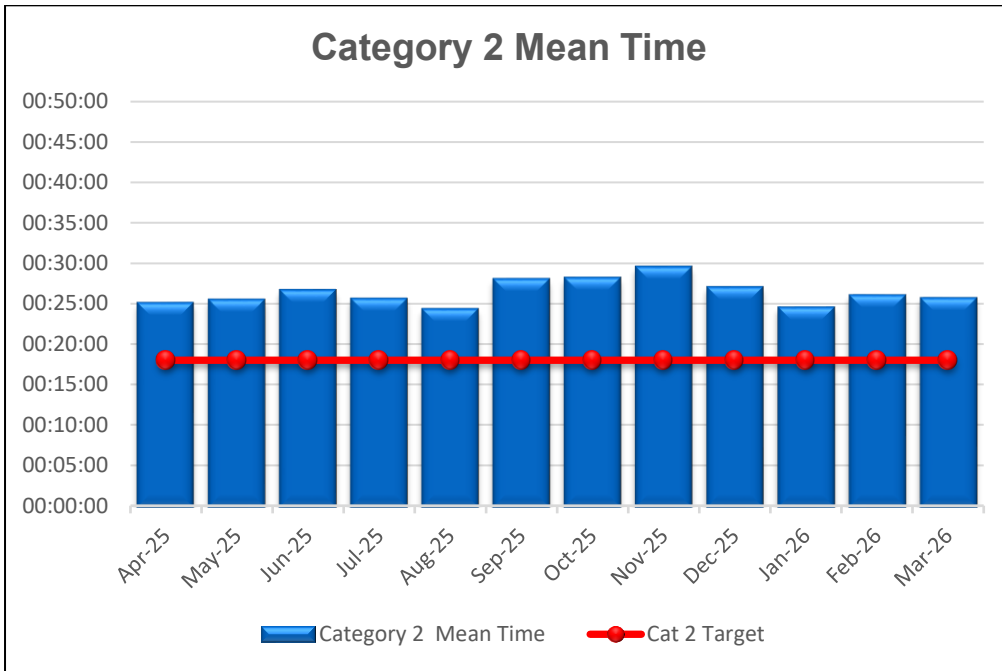
As part of the delivery of the national ARP, ambulance services are measured on the time it takes from receiving a 999 call to the vehicle arriving at the patient's location. Ambulances are expected to reach the most seriously ill patients in an average time of 7 minutes; this is classed as a Category 1 call. We are required to respond to other emergency calls in an average time of 18 minutes; this is classed as a Category 2 call. For urgent calls we are required to respond within 120 minutes for Category 3 calls and 180 mins for Category 4 calls. The Trust is not currently funded by Commissioners to a level that allows us to achieve these national targets in all cases.

Mean Response Time by Month	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Category 1 Mean Time	00:07:30	00:07:38	00:07:46	00:07:50	00:07:44	00:07:55	00:08:00	00:08:05	00:07:55	00:07:45	00:07:48	00:07:43
Category 2 Mean Time	00:24:56	00:25:20	00:26:33	00:25:28	00:24:12	00:27:54	00:28:02	00:29:24	00:26:54	00:24:23	00:25:55	00:25:32
Category 3 Mean Time	01:10:11	01:14:46	01:19:06	01:13:13	01:11:22	01:27:20	01:27:49	01:34:26	01:21:40	01:09:49	01:20:13	01:15:36
Category 4 Mean Time (No Target)	01:21:44	00:57:51	01:10:03	01:41:25	01:32:21	02:36:56	02:06:41	01:54:57	01:55:28	01:44:14	02:08:20	01:47:00
Category 1 90th Percentile	00:13:07	00:13:21	00:13:25	00:13:36	00:13:22	00:13:31	00:13:54	00:14:05	00:13:42	00:13:26	00:13:39	00:13:29

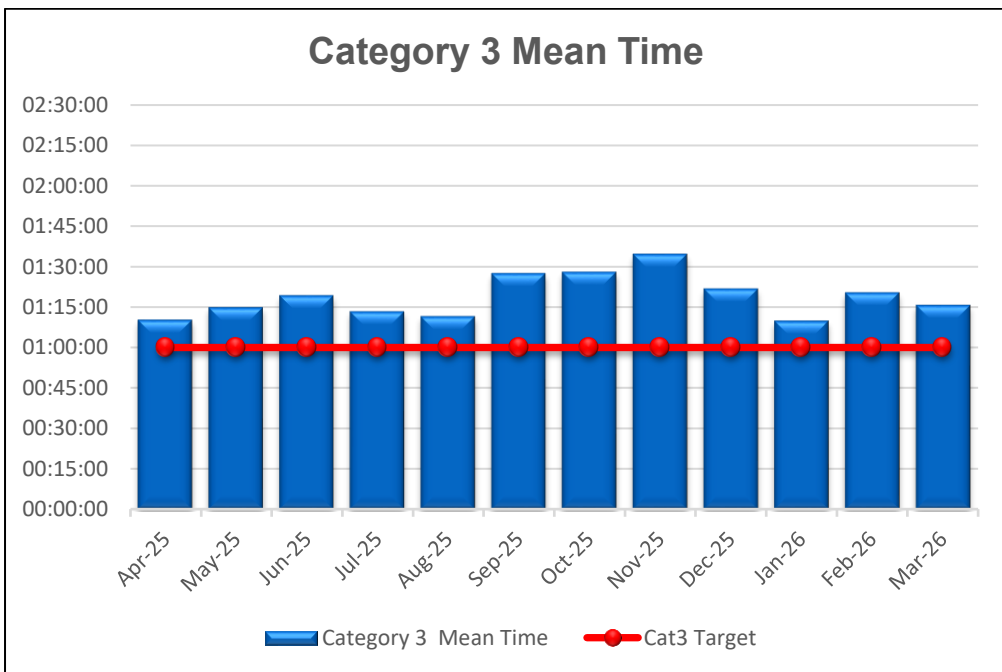
Ambulance Response Times: Category 1



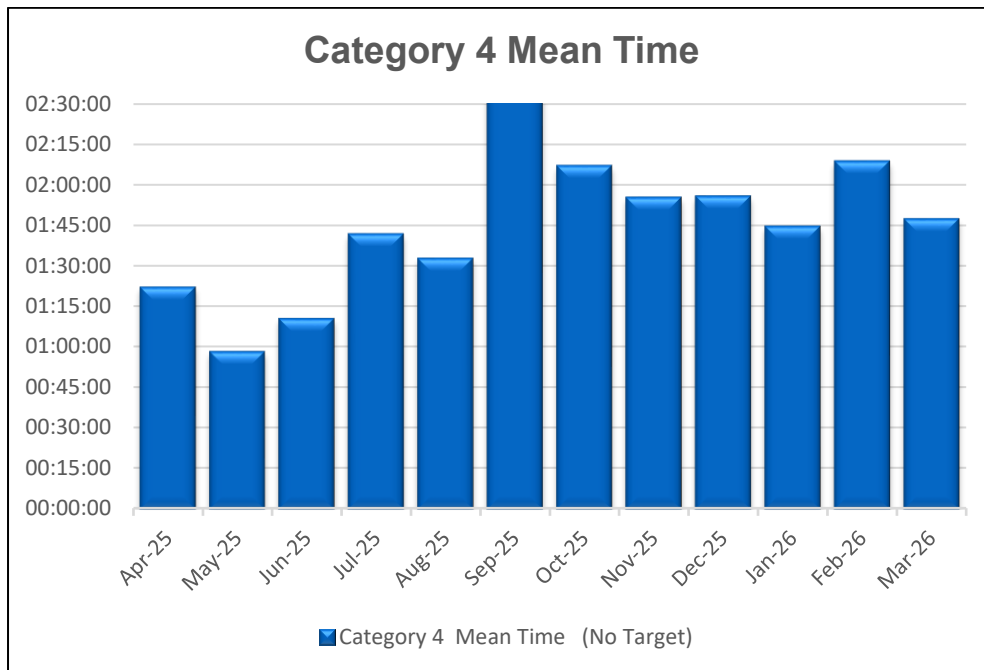
Ambulance Response Times: Category 2



Ambulance Response Times: Category 3



Ambulance Response Times: Category 4



Yorkshire Ambulance Service NHS Trust considers that this data is as described for the following reasons:

The team is continually reviewing the impact of initiatives that increase capacity for YAS. A few of these are listed below:

- The EOC has transitioned from AMPDS triage to NHS Pathways with a view to improving patient care. This has led to fewer Category 1 calls to respond to at scene by 999 Operations with many now graded as Category 2.
- Impact on crew turnaround times following initiatives of Transfer of Care combined with operational focus on crew clear times has led to reduced crew unavailability and better availability to respond.
- Operational managers remain focused on reducing sickness absence rates in both EOC and 999 Operations.

The Trust has taken the following actions to improve this percentage, and the quality of its services, by:

- **Reducing secondary transfers** – data gathering around secondary transfers from Scarborough to improve patient experience and general efficiency.
- **QI project (ongoing) to reduce handover to clear time at hospitals.** Across the region we identified key drivers of delays to crew clearance, mapped system and pathway bottlenecks.
- Improving the **quality of clinical practice** (documentation / supervision) through increasing the number of practice educators and establish mentorship in East Yorkshire.
- **Improving the utilisation** of Northallerton urgent care resources through an analysis of where the staff are basing themselves during shifts – and moving them to where the work is.
- **Right Care Right Person (RCRP)** - Following a high number of concerns raised via Datix, we have established monthly engagement meetings with North Yorkshire Police and

Humberside Police to learn from incidents and provide feedback to crews to ensure RCRP is understood and used appropriately.

- Several members of the senior leadership team completed the **QI Leaders Course**, strengthening local capability in applying structured QI methodology and further embedding a culture of continuous improvement across the service.
- **JRCALC Pathway Review** - During Q3 2025-26, the West Yorkshire Clinical Pathways Group initiated discussions to establish a Quality Improvement project focused on JRCALC pathways.
- **Category 2 Response QI Project** (Bradford and Craven)- During quarters 2 and 3 of 2025-26, a Quality Improvement project was undertaken in Bradford and Craven to address Category 2 response performance.

Care of ST Elevation Myocardial Infarction (STEMI) Patients

Month	Compliance of STEMI care bundle	
	YAS	England
April 2025	49.2%	80%
July 2025	60.7%	84.5%
October 2025	63.8%	82.6%
Jan 2026	Data not yet published	

Yorkshire Ambulance Service NHS Trust considers that this data is as described for the following reasons:

Variation in compliance is primarily associated with incomplete documentation of bundle elements, rather than consistent omission of clinical interventions. Local audit work, including a Trust-wide pain audit, indicates that pain score recording and reassessment are frequent areas of non-compliance affecting bundle compliance.

There have been limitations in the accessibility and usability of AmbCO data, impacting the ability to consistently triangulate performance at team and locality level. This has historically constrained the ability to systematically identify unwarranted variation and target improvement activity. The Trust has taken the following actions to improve this STEMI metric percentage:

- A Trust-wide pain management audit has been completed, informing a programme of improvement focused on enhancing pain assessment, documentation, and reassessment, alongside strengthening adherence to care bundle standards. This includes targeted education and optimisation of electronic patient record (ePR) workflow and data capture.
- In parallel, development of the next iteration of the Trust's ePR system, following iPad roll-out, includes clinical prompting aligned to AmbCO care bundle elements, supporting more reliable real-time documentation including second pain score prompting.
- The Trust is also reviewing analgesic options available to paramedics, with the intention to expand the formulary for STEMI patients, subject to anticipated legislative changes.

Return of Spontaneous Circulation (ROSC)

Cardiac arrest data: 100% of all Trust cases of ROSC (Return of spontaneous circulation) at hospital (submitted monthly).

Survival to discharge (post 30 days of the cardiac arrest how many patients are discharged home) (submitted monthly).

Post-ROSC care bundle (the care bundle elements considered best practice for all patients post ROSC) submitted quarterly.

Month	Survival to discharge (30 days)		Utstein Survival to discharge (30 days)		ROSC at hospital		Utstein ROSC at hospital		Post-ROSC care bundle	
	YAS	England	YAS	England	YAS	England	YAS	England	YAS	England
April 2025	6.9%	10.0%	11.8%	27%	19.6%	26.2%	25.7%	42.1%	50%	No data
May 2025	10.5%	10.1%	26.8%	33.4%	25.5%	28.4%	44.4%	55.2%	67.8%	81.8%
June 2025	4.7%	10.4%	14.3%	32.8%	21.7%	29.2%	28.6%	52%	47%	No data
July 2025	10.8%	11.4%	31.2%	32.6%	29.0%	30%	54.5%	55%	69%	No data
August 2025	9.1%	10.4%	23.5%	28.3%	24.5%	28.2%	40.5%	52.5%	40.9%	79.8%
September 2025	7.9%	9.1%	27.3%	30.5%	25.8%	28%	57.6%	49.6%	60.3%	No data
October 2025	9.9%	10%	24.3%	27.7%	27.3%	28.9%	55.3%	51.3%	58.9%	No data
November 2025	8.2%	9.7%	22.9%	30.5%	27.3%	28.9%	48.6%	53.7%	60.5%	82.2%
December 2025	Data not yet published									
January 2026	Data not yet published									
February 2026	Data not yet published									
March 2026	Data not yet published									

Yorkshire Ambulance Service NHS Trust considers that this data is as described for the following reasons:

Cardiac arrest outcomes are influenced by a range of system-wide factors beyond direct ambulance service control, including bystander response, early defibrillation, and community capability in resuscitation. These factors contribute to variation both between organisations and over time.

Within Trust-controlled elements, variation in post-ROSC care bundle compliance is partly attributable to documentation and data capture limitations in time critical situations, rather than absence of clinical interventions. This includes challenges in consistently retrospectively capturing time-critical elements of post-resuscitation care.

The Trust has taken the following actions to improve this percentage:

- The Trust has strengthened its focus on documentation standards, supported through clinical guidance, patient safety communications, and ongoing reinforcement via clinical leadership.
- Development of patient outcomes and AmbCO dashboards is underway to improve linkage between prehospital care and patient outcomes, enabling more targeted clinical learning and performance improvement.

- The Trust's Clinical Response Model includes a number of initiatives to enhance cardiac arrest care, including recognising Critical Care as a Trust-wide asset to improve deployment and resilience, strengthening the critical care desk, and developing a Resuscitation Officer function to support training and quality improvement.
- The Trust is also exploring learning from East of England Ambulance Service NHS Trust in relation to video-assisted CPR, which supports callers delivering CPR and has been associated with improved early outcomes.
- The Trust-wide annual clinical refresher programme has a specific focus on delivering high-quality basic resuscitation care, reinforcing the fundamentals that underpin improved survival outcomes.
- The Trust has also strengthened its recruitment processes for paramedics, introducing a clinical assessment at entry focused on recognition of shockable and non-shockable rhythms and management of an Advanced Life Support (ALS) scenario. This ensures a consistent baseline of clinical competence at entry.

Staff views on standards of care

NHS Staff Survey Results

People Promise Element	2021 score	2022 score	2023 score	2024 score	2025 score	YAS YoY	Sector Average	YAS vs Sector Average
We are compassionate and inclusive	6.55	6.56	6.81	6.84	7.25	0.41	6.93	0.32
We are recognised and rewarded	4.86	5.04	5.37	5.43	5.62	0.19	5.37	0.25
We each have a voice that counts	5.84	6.02	6.09	6.10	6.23	0.13	5.91	0.32
We are safe and healthy	5.33	5.44	5.66	5.78	5.91	0.13	5.65	0.26
We are always learning	4.09	4.67	5.08	5.12	5.30	0.18	4.92	0.38
We work flexibly	5.22	5.35	5.47	5.63	5.82	0.19	5.55	0.27
We are a team	5.60	6.08	6.27	6.32	6.56	0.24	6.23	0.33
Staff engagement	5.88	5.98	6.19	6.21	6.29	0.08	5.93	0.36
Morale	5.26	5.38	5.70	5.86	6.06	0.20	5.54	0.52

Yorkshire Ambulance Service NHS Trust considers that this data is as described, and the results from the NHS Staff Survey are used to support improvement both at a Trust wide and local level. The NHS Staff Survey results demonstrate a sustained positive trend across all People Promise themes since their introduction in 2021.

In 2025, all People Promise elements improved year on year, with scores increasing across every theme compared to 2024. The largest year on year improvement was seen in “We are compassionate and inclusive”, which increased from 6.84 in 2024 to 7.25 in 2025 (+0.41). Other notable improvements include “We are a team”, rising from 6.32 to 6.56 (+0.24), “Morale”, increasing from 5.86 to 6.06 (+0.20), and “We are recognised and rewarded”, which improved from 5.43 to 5.62 (+0.19).

Performance in 2025 was above the sector average across all People Promise themes. The Trust scored particularly strongly against the sector average in “Morale” (6.06 vs 5.54, +0.52), “Staff engagement” (6.29 vs 5.93, +0.36), “We are always learning” (5.30 vs 4.92, +0.38), and “We each have a voice that counts” (6.23 vs 5.91, +0.32).

The Trust also performed above the sector average in “We are compassionate and inclusive” (7.25 vs 6.93), “We are a team” (6.56 vs 6.23), “We work flexibly” (5.82 vs 5.55), “We are safe and healthy” (5.91 vs 5.65), and “We are recognised and rewarded” (5.62 vs 5.37).

These results indicate consistent improvement in staff experience over time and provide assurance that staff perceptions of engagement, inclusion, wellbeing, and teamwork continue to strengthen. The Trust uses this data to inform targeted improvement actions at both Trust wide and local levels, supporting the ongoing delivery of high-quality care.

Learning from Deaths (LfD)

The Learning from Deaths portfolio is overseen by the Clinical Effectiveness and Audit Team (CEA team) and the Trust’s LfD Lead. YAS follows national guidance, completing more than the minimum of 40-50 structured judgement reviews (SJRs) per quarter. Cases reviewed include:

- Patients with a known and documented learning disabilities
- Maternal deaths
- Paediatric deaths
- Cases with previous safeguarding concerns
- Deaths where the patient had YAS contact within the previous 48 hours
- Deaths following a delayed response to Category 1 and Category 2 calls
- Additional cases may be included as appropriate.

Between April 2025 and January 2026, 7,576 patients were recognised as life extinct (including paediatric cardiac arrest and ROSC cases).

National guidance is being further updated by the NASLfD (National Ambulance Service LfD) Group. In anticipation, YAS has commenced a transformation programme to strengthen mortality review processes, with a focus on identifying meaningful learning themes and improving Trust-wide visibility through a mortality dashboard.

Table C: Learning from Deaths, number of Structured Judgment Reviews:

	Mortality Reviews
Apr-25	21
May-25	35
Jun-25	43
Jul-25	33
Aug-25	28
Sep-25	29
Oct-25	33
Nov-25	70
Dec-25	77
Jan-26	45
Feb-26	56
March-26	33

Learning from Deaths – key themes and actions

Recurring themes include re-contacts, sometimes multiple for palliative and end-of-life care patients. Collaborative working with system providers has started to map out work imagined and work as done with the aim being to use data and patient case studies to ensure the most appropriate resource is used for end-of-life patients. This is being done in conjunction with QI colleagues to work towards best practice for this patient group.

Another area for improvement and one seen across the organisation is around completion of the patient care record to accurately reflect the on-scene care delivered, including specific safety netting advice and on scene decision making. Findings from mortality reviews contribute to a wider trust objective to improve patient documentation.

Resulting from learning, the Trust has undertaken a series of actions, including:

- A network of stakeholders contributing to the development of the Learning from Deaths programme with a focus on key areas of development, including, mortality governance, implementation of learning and the use of data to avoid duplication of reviews across the organisation and inform which deaths should be reviewed and how this data can be used to prevent as well as learn for deaths.

Impact will be reviewed via continued audit and evaluation of mortalities through the programme with a move to incorporating PSIRF learning responses for stage 2 mortality reviews.

Freedom to Speak Up (FTSU)

Yorkshire Ambulance Service (YAS) is committed to an open and supportive culture where staff, volunteers and contractors can raise concerns safely and without fear of detriment. Concerns may relate to quality of care, patient safety, bullying and harassment, or any issue that affects staff wellbeing or their ability to do their job.

In line with the Freedom to Speak Up recommendations (Francis, 2015), the Trust has strengthened its arrangements by appointing two permanent Freedom to Speak Up (FTSU) Guardians. Staff can raise concerns through:

- Direct contact with the FTSU Guardians (phone or confidential email).
- A network of nine FTSU Ambassadors offering local support and signposting.
- Existing HR, management and union routes.



- Formal incident or risk reporting processes where appropriate.

All concerns are handled confidentially, with feedback provided to those who speak up. The Trust actively reinforces that no-one should experience disadvantage for raising concerns. Themes and learning from FTSU activity are reported regularly to the Trust Board, Risk and Audit Committee, and People and Culture Group to ensure transparency, oversight and action.

Recent work to strengthen the speaking-up culture includes:

- Reviewing and enhancing the Ambassador model to improve coverage.
- Supporting development of the Trust’s Victim Charter.
- Implementing a new FTSU reporting tool with integration into a Power BI dashboard.
- Increasing visibility of FTSU at staff inductions and local investment days.
- Contributing Speak Up insights to Trust forums, including the Safety Culture Group and task-and-finish groups.

Patient Safety

Trust Reported Incidents

The data made available to the National Health Service trust or NHS foundation trust by [NHS England] with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death. Report the rate as per 100 patient admissions or per 1,000 bed days, where data is available.

The Trust continues to emphasise the importance of strong incident reporting as a foundation for learning, improvement and safer care. We actively encourage all staff to report incidents, near-misses and concerns through our Datix Cloud IQ system, accessible via a 24/7 telephone line or through the online portal. Adopted in 2020, Datix Cloud IQ remains our central platform for recording patient and staff safety events, enabling robust trend analysis, identification of themes, and targeted quality improvement activity.

The tables below show all incidents reported through Datix, including near-misses and low-harm events.

Table D: Total Incidents Reported (source RL Datix)

Month	Planned and Urgent Care			999 Operations			Corporate Teams			Finance (Inc. Fleet)			Medical			Workforce and Organisational Development		
	23/24	24/25	25/26	23/24	24/25	25/26	23/24	24/25	25/26	23/24	24/25	25/26	23/24	24/25	25/26	23/24	24/25	25/26
April	153	179	138	493	670	737	1	3	0	4	12	21	2	1	0	0	2	3
May	165	260	123	556	699	786	9	1	3	7	13	21	0	0	8	2	2	1
June	148	201	168	529	659	776	1	2	5	16	11	29	2	1	1	2	3	4
July	170	181	162	635	680	789	3	4	6	14	16	25	1	0	1	1	4	3
August	197	189	161	586	645	820	4	1	4	13	17	22	2	0	0	1	1	3
September	195	204	152	541	701	813	4	2	3	14	24	25	1	1	0	1	2	3
October	205	172	185	660	751	828	4	2	6	15	18	34	2	1	2	0	5	4
November	236	185	141	654	724	892	2	3	5	11	16	27	1	1	0	3	4	4

December	165	125	137	722	776	925	2	2	9	9	10	46	2	0	0	0	0	3
January	162	175	148	700	825	905	5	0	3	13	26	25	2	0	0	2	3	3
February	157	144	181	684	686	761	2	1	4	11	18	19	0	0	1	3	1	6
March	166	149	184	661	739	883	4	2	1	8	18	20	2	2	1	1	1	4

Patient-related Incidents

Keeping patients and staff safe remains our core priority. Throughout 2025-26, we continued to embed the Patient Safety Incident Response Framework (PSIRF), strengthening our just and learning culture. Staff are encouraged to speak up about concerns, system weaknesses and potential risks, with investigations focused on learning and improvement rather than blame.

The table below shows patient-related incidents reported between April and December 2025, including cases resulting in major or catastrophic harm.

Table E: Patient-Related Incident Breakdown (source: Integrated Performance Reports, data subject to one-month validation)

Month	Patient-related Incident			Patient Incidents – Major, Catastrophic or Catastrophic (death)			Major, Catastrophic, Catastrophic (death) - % of reported patient incidents		
	23/24	24/25	25/26	23/24	24/25	25/26	23/24	24/25	25/26
April	192	254	282	2	6	1	1.04%	2.37%	0.36%
May	214	288	280	3	4	1	1.41%	1.39%	0.36%
June	199	279	273	6	0	4	3.02%		1.47%
July	257	289	266	5	1	1	1.95%	0.35%	0.38%
August	203	249	286	3	2	1	1.48%	0.81%	0.35%
September	239	255	297	2	4	4	0.84%	1.57%	1.35%
October	280	282	308	4	0	8	1.43%		2.60%
November	316	275	303	3	4	1	0.95%	1.46%	0.34%
December	305	276	313	15	4	3	4.92%	1.45%	0.96%
January	267	249	284	1	2	5	0.38%	0.81%	1.77%
February	265	252	318	4	3	3	1.51%	1.20%	0.95%
March	238	271	303	6	3	1	2.53%	1.11%	0.34%

Table F: Patient Safety Incident Investigations (PSIIs) over 2025-26

PSII	OPS	EOC	PTS	IUC	OTHER	TOTAL
TOTAL	5	3	0	1	1	9

A total of 3,513 patient incidents were reported in 2025-26, compared with 3,225 in 2024-25. This reflects the Trust's continued commitment to open reporting, increased visibility of risks, and strengthened learning processes.

The Trust considers that this data is as described for the following reasons:

- Staff have access to a 24/7 telephone and online reporting system.
- High reporting of near-miss and low-harm incidents reflects strong safety culture.
- Early identification and review of harm ensure timely learning.
- Improvements to systems and processes help reduce the risk of higher-harm incidents.
- PSIRF supports a just culture where learning is prioritised over blame.
- Freedom to Speak Up (FTSU) Guardians and Ambassadors offer confidential routes for concerns.
- Strong links between the Patient Safety Team and operational colleagues ensure timely action.
- Local governance arrangements under PSIRF have strengthened ownership of patient safety across ICB areas.

Medication Incidents – Non-controlled drug incidents

Table G: Medication incidents

Medication incidents	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Total 2025-26
	147	187	179	172	217	192	193	210	197	175	169	166	2,204

The Trust considers that this data is as described for the following reasons:

- There was an increase in incidents due to the roll-out of the Medicines Management app, but after using it for a few months the incidents have decreased as the staff get used to the new system.
- There has been a number of medicines expiring over the last six months which led to an increase in identification of out-of-date medicines at the point of audit. Increased training and education have been put in place to improve adherence to the process, the move to a pre-packed pouch process for the entire Trust has been approved, which will also reduce the incidence of out-of-date medicines and stock discrepancies.

PSIRF Learning Responses

Under PSIRF, learning responses are selected proportionately to the level of harm and insight required. The table below summarises all learning responses by month.

Table H: PSIRF Learning Response type, by month (Source RL Datix)

	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
After Action Review (AAR)	2	0	0	4	3	5	1	0	4	2	5	1
SWARM Huddle	1	2	2	0	1	1	0	1	0	0	2	1
Patient Safety Incident Investigation (PSII)	1	1	0	1	0	1	2	0	3	0	0	0
Multi-Disciplinary Team (MDT)	0	0	3	2	3	2	3	2	1	1	2	1
Clinical Based Discussion (CBD) or Clinical Case Review (CCR)*	18	27	12	11	13	13	24	19	21	24	20	11
Local Closure / Fact Find*	520	624	635	647	682	687	723	718	696	589	529	508
Monthly Total	271	267	267	256	271	264	276	254	238	616	558	522

Identification and Investigation of PSII's

The following table outlines PSII's by service and month. All moderate harm or above incidents are reviewed by Area Clinical Governance Leads and escalated to Local or Central Incident Review Groups where required.

Table I: Identification and Investigation of PSII's per Service Area, by month (Source: RL Datix)

	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
999 Operations	0	0	1	0	0	0	1	2	0	0	0	0
Emergency Operations Centre (EOC)	2	0	0	0	0	0	0	0	1	0	0	0
Patient Transport Service (PTS)	0	0	0	0	0	0	0	0	0	0	0	0
Integrated Urgent Care (IUC)	0	0	0	0	0	0	0	0	0	1	0	0
Other	0	0	0	1	0	0	0	0	0	0	0	0
Monthly Total	2	0	1	1	0	0	1	2	1	1	0	0

Table J: PSII's Investigated per Integrated Commissioning Board, by quarter.

	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	Total
Corporate	1	2	1	0	4
Humber and North Yorkshire	0	0	1	0	1
South Yorkshire	0	0	2	0	2
West Yorkshire	1	0	1	0	2
Total	2	2	5	0	9

Duty of Candour

The Trust applies the statutory Duty of Candour to all notifiable safety incidents.

In 2025-26, 102 incidents met the statutory threshold. 100% received initial notification and an apology within the required timescales. Actions taken this year include:

We continue to monitor timeliness and quality of communication through monthly PSIRF governance.

Trust Position and Improvement Actions

The Trust considers that this data is as described for the following reasons:

- Staff have access to a 24/7 telephone and online reporting system.
- High reporting of near-miss and low-harm incidents reflects strong safety culture.
- Early identification and review of harm ensure timely learning.
- Improvements to systems and processes help reduce the risk of higher-harm incidents.
- PSIRF supports a just culture where learning is prioritised over blame.
- Freedom to Speak Up (FTSU) Guardians and Ambassadors offer confidential routes for concerns.
- Strong links between the Patient Safety Team and operational colleagues ensure timely action.
- Local governance arrangements under PSIRF have strengthened ownership of patient safety across ICB areas.

Yorkshire Ambulance Service NHS Trust has taken the following actions to improve this data and the quality of its services:

- Embedding PSIRF as business-as-usual across all services.
- Focusing on key themes in the Patient Safety Incident Response Plan (PSIRP): patient care and safety, communication and documentation, medication safety, and equipment failures.
- Using complementary Safety I and Safety II approaches to both reduce harm and understand how work succeeds in complex environments.
- Working closely with Patient Safety Partners (PSPs) to ensure meaningful patient involvement in safety and governance.
- Delivering proportionate learning responses and sharing insights through the Patient Safety Learning Group (PSLG).
- Expanding regional facilitation capacity to support After Action Reviews and other learning methods.
- Ensuring timely family liaison and compliance with Duty of Candour.
- Completing rapid 48-hour reviews for all patient safety incidents, with full review of moderate-harm cases.
- Providing staff with feedback through Datix auto-feedback, AAR participation, and local governance groups.
- Strengthening local ownership of learning through area-based review groups and devolved incident management.

Reflections on 2025-26

Performance against Priorities for Improvement 2025-26

Priority 1: Enhancing Patient Experience and Involvement

Strategic Objective: *Our Patients – Deliver exceptional patient-centred care*

Overview of Progress

During 2025-26, significant progress was made in embedding the Patient Experience and Involvement Framework across organisational governance. All service area presentations at the Patient Safety Learning Group now include a patient story, ensuring that learning from lived experience is systematically incorporated into discussions and decision making.

The Patient Relations Team has begun collecting demographic data from complainants through Datix. Although still in early development, this provides the foundations for better understanding who is and is not represented in current complaints data, helping identify inequalities and target real time feedback collection.

Patient experience surveys have undergone redesign with input from the Critical Friends Network (CFN). Once deployed, these will be more accessible, diverse and responsive to patients' needs. Early improvements have already been seen in complaints handling, with two 999 Operations areas adopting a strengthened local resolution model that has reduced escalation and improved timeliness.

Engagement with the Critical Friends Network remains positive. Two new volunteers have expressed interest, recruitment has been aligned with wider Trust volunteer processes, and new training packages are being rolled out based on volunteer feedback. Patient experience considerations are now more visible within operational governance, including supporting PTS teams in applying the national eligibility criteria fairly and consistently.

Area of limited progress: Training for frontline staff on patient experience principles has been inconsistent and remains a gap, as this was not built into the 2025-26 training plan.

Impact (2025-26)

- Increased visibility of patient voice within governance, supporting more balanced and inclusive decision making.
- Strengthened complaints-handling processes, supporting earlier resolution and improved patient satisfaction.
- Enhanced co-production and volunteer involvement through the CFN, increasing the quality and diversity of user insight.
- Improved use of data to identify health inequalities and gaps in patient feedback.
- Greater assurance that patient experience insight informs operational decisions, including PTS eligibility application.

Next Steps (2026)

- Launch the redesigned patient experience survey and integrate findings into service level improvement plans.
- Expand demographic analysis to better understand under-represented groups and reduce inequalities in patient voice.
- Develop and implement structured patient experience training for frontline staff within the organisational training plan.
- Continue to strengthen CFN engagement, ensuring volunteers play a central role in service design and evaluation.
- Enhance how patient feedback informs strategic decision making across all service areas

Priority 2: Clinical Effectiveness – Clinical Supervision Framework

Strategic Objective: *Our People – Support our workforce to deliver safe, high-quality care*

Overview of Progress

The continued roll-out of the Clinical Supervision (CS) Framework has progressed well during 2025-26. Twenty-five facilitators are nearing completion of professional advocacy (PA) training, with a further 30 places scheduled for early 2026. Embedding CS within Investment Days is underway but remains dependent on the completion of the Team Based Working review, which will determine long-term sustainability and delivery capability.

Six Newly Qualified Paramedic (NQP) development events were held across Yorkshire, offering capacity for 350 attendees, including newly recruited graduates. Attendance was prioritised for those >6 months qualified, with all NQPs expected to attend three sessions over their two-year pathway. Testimony indicates the sessions have enhanced confidence, reflective practice and patient-care outcomes.

Impact (2025-26)

- Expanded pool of trained facilitators able to deliver high quality, restorative clinical supervision.
- Positive staff reported impact from NQP development events, including improved clinical confidence and decision making.
- Improved consistency and structure in supervision conversations captured through facilitator feedback and activity data.

Next Steps (2026)

- Complete PA training for the current cohort and fill remaining places.
- Finalise the Team Based Working review to ensure futureproof delivery of clinical supervision.
- Embed CS fully within Investment Days, ensuring equitable access across all regions.
- Continue evaluating the impact of NQP development activities and refine delivery based on feedback.

Priority 3: Patient Safety – Learning and Improvement Through PSIRF

Strategic Objective: *Patient Safety – Strengthen proactive learning and reduce avoidable harm*

Overview of Progress

During 2025-26, the Trust further matured its implementation of the Patient Safety Incident Response Framework (PSIRF). The alignment of central and local governance structures with Integrated Commissioning Board (ICB) footprints has strengthened local ownership of patient safety issues, enabling teams to more effectively identify, understand and respond to risks within their areas.

Central oversight through our central incident reporting system (RLDatix) and the executive led Patient Safety Learning Group supports triangulation of themes, monitoring of trends, and ensuring learning is shared across the organisation.

The four priority themes for 2025-26 were:

- Patient Care and Safety Concerns – including no conveyance resulting in re-attendance with harm, and patient deterioration during unplanned delays.

- Communication and Documentation – miscommunication leading to major harm and delayed response due to incorrect patient location.
- Medication Safety Concerns – wrong drug, dose or route resulting in moderate or greater harm.
- Equipment Failures – unexpected incidents with potential for significant learning.
- Exceptional Patient Safety Events – emerging risks not fitting other categories but requiring rapid learning.

Progress against each theme is reviewed quarterly via the Clinical Governance Group and Quality Committee.

Impact (2025-26)

- Improved visibility of patient safety risks at local and central levels.
- Strengthened learning culture through proportionate learning responses and triangulated insights.
- Increased consistency in identifying themes and addressing systemic issues.
- Better alignment of local governance processes to geographical patient safety needs.

Next Steps (2026)

- Continue maturing local safety teams' capability to deliver proportionate learning responses.
- Strengthen cross-service triangulation of themes and risks.
- Improve how insights inform proactive quality improvement activity.

Infection Prevention and Control (IPC)

The Trust remains committed to maintaining high standards of Infection Prevention and Control to safeguard both patients and staff. Compliance continues to be monitored through regular audits, with results consistently demonstrating strong performance. YAS remains compliant with the Health and Social Care Act 2008 and Care Quality Commission (CQC) requirements, supported by clear assurance against the IPC Board Assurance Framework.

Throughout 2025-26, we worked closely with regional and national system partners, including NHS England, to ensure robust governance processes and to equip staff with the knowledge, training and resources needed for effective IPC practice.

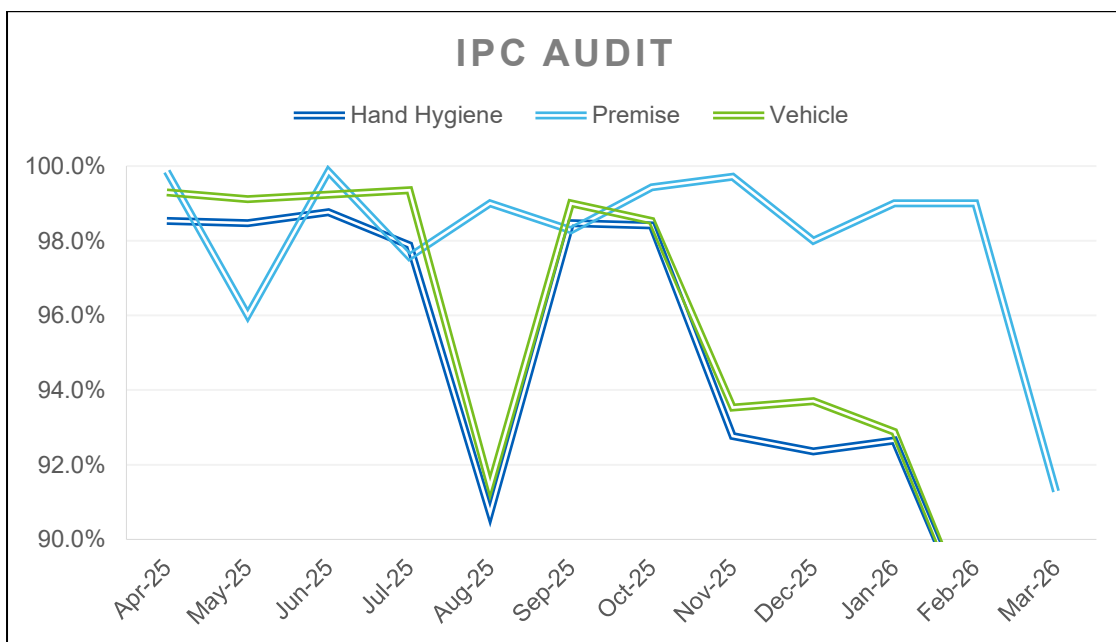
Key IPC Requirements

- **Hand Hygiene**
All clinical staff must follow effective, timely hand hygiene practices. Staff are required to be bare below the elbows during direct patient care and to carry personal hand-rub at all times.
- **Vehicle Cleanliness**
Ambulances must be clean inside and out, with any damage reported promptly. Staff are required to complete between-patient cleans after every care episode to reduce infection risks. Dedicated cleaning teams support enhanced post-patient cleaning in emergency departments to maintain safety and improve handover flow.
- **Vehicle Deep Cleaning**
All vehicles undergo scheduled deep cleaning at least every 56 days, in line with Trust procedures. Deep cleans reduce environmental bio-load and support safe clinical environments.
- **Premises Cleanliness**
Stations and other premises must be kept clean, with appropriate cleaning materials stored correctly. Monthly deep cleans are required in key clinical storage areas, including consumables, medical gases and linen rooms.

Waste and used linen must be disposed of according to clinical waste guidelines. Premises cleaning schedules were enhanced during the pandemic and continue to support safe working practices.

Table K: IPC compliance

	Audit	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Overall Compliance (Current Year)	Hand Hygiene	98.5%	98.5%	98.8%	97.9%	90.7%	98.5%	98.4%	92.8%	92.4%	92.6%	87.5%	87.9%
	Premises	99.9%	96.0%	99.9%	97.6%	99.0%	98.3%	99.4%	99.7%	98.0%	99.0%	99.0%	91.3%
	Vehicle	99.3%	99.1%	99.2%	99.4%	91.4%	99.0%	98.5%	93.5%	93.7%	92.9%	87.5%	88.9%



Safeguarding

The Safeguarding Team delivers the Trust’s statutory safeguarding functions for children and adults, working closely with system partners across West Yorkshire, South Yorkshire, and Humber and North Yorkshire. Core responsibilities include contributing to statutory reviews, managing Local Authority Designated Officer (LADO) and Person in a Position of Trust (PiPoT) referrals, and providing Trust-wide oversight of Prevent. During 2025-26, the team focused on improving learning dissemination from incidents and statutory reviews, and strengthening targeted, thematic education for staff.

Statutory Reviews

Across the region, YAS contributed to 27 Rapid Reviews, 156 Safeguarding Adult Reviews (SARs) and 33 Domestic Abuse Related Death Reviews (DARDRs). A learning matrix is used to monitor recommendations, track progress and inform thematic learning priorities.

Safeguarding Referrals

YAS makes safeguarding referrals for adults and children to 13 local authorities across Yorkshire and the Humber, as well as out-of-area when needed. Referral volumes continued to rise in line with increasing service demand. Ambulance crews increasingly identified key themes including:

- Neglect of children
- Self-neglect in adults
- Declining mental health in both adults and children.

These trends continue to shape staff education and multi-agency learning.

Specialist Domestic Abuse Practitioner (SDAP)

The Specialist Domestic Abuse Practitioner has strengthened the Trust's response to domestic abuse affecting patients and staff. Compliance with the YAS-specific domestic abuse e-learning introduced in 2024-25 exceeded 90%, and outstanding DARDR learning has been completed.

Working alongside clinical leaders, the team developed a local JRCALC guideline and a non-fatal strangulation pathway, ensuring staff have access to up-to-date, evidence-based advice on this emerging area of practice.

Paediatric Liaison

The paediatric liaison service identifies children and young people with repeated ambulance contacts or high-risk single presentations. Through targeted liaison with primary care, acute services and social care, the service helps divert children towards appropriate planned care and strengthens early intervention.

Training and Competency

Safeguarding training requirements continue to be mapped to the Intercollegiate Documents. In 2025-26, compliance began to recover following the expected dip associated with the transition to e-learning at the end of 2024-25.

Key developments include:

- Launch of an ambulance-specific Level 3 Adults e-learning package in August 2025.
- Delivery of CPD sessions and learning materials to support Level 3 requirements.
- Ongoing development of a proportionate safeguarding supervision model aligned with the Trust's wider clinical supervision framework, planned for implementation in 2026.

Prevent

Prevent training compliance improved in early 2025-26 due to targeted communications and enhanced awareness of radicalisation risks, particularly involving children. Work with policing partners is underway to better understand conversion rates from initial concerns to full Prevent referrals, ensuring appropriate escalation pathways.

Management of Safeguarding Allegations and Sexual Safety Concerns

The Trust remains committed to embedding both the NHS England and YAS Sexual Safety Charters introduced in 2023/24. The Safeguarding Team continues to work closely with the People Directorate to ensure that:

- Allegations against staff or volunteers are managed in line with Trust policies.
- Concerns are appropriately escalated via LADO and PiPoT processes.
- The wider public is protected through effective multi-agency working.

This approach ensures trauma-informed, fair and consistent management of all cases.

External Assurance and Self-Assessment

Safeguarding assurance is overseen through:

- The Memorandum of Agreement with ICB partners.
- Quarterly Safeguarding Executive Review Group meetings.
- Active participation in Designated Safeguarding Professional networks.

This structure provides strong external oversight and ensures our safeguarding arrangements remain robust, compliant and aligned with best practice.

Patient Experience

Responsiveness to Personal Needs

Improving patient experience remains a central priority for the Trust in 2025-26. While survey response rates have historically been low, work is underway to increase engagement through digitised patient surveys, mobile-friendly formats and targeted communications to make feedback more accessible.

For 2026-27, a key quality priority is broadening how we collect feedback. Alongside traditional surveys, we are expanding the use of focus groups, telephone interviews and community engagement events to ensure we hear from a wider range of patients, including seldom heard groups.

The Voices of the Street programme is a clear example of this approach, gathering direct feedback from people experiencing homelessness through outreach and partnership with local organisations. The resulting action plan focuses on improving access and tailoring services to better meet their needs.

Our Patient Experience and Involvement Framework continues to embed patient voice into service design and care delivery, promoting co-production and ensuring feedback leads to meaningful improvement. The Critical Friends Network provides independent insight and challenge, supporting the Trust to maintain a strong focus on patient perspectives.

We have also implemented a complaints response time improvement plan, achieving more than a 21% reduction in response times between YTD, supported by Stage One local resolution in several service areas. Although response times remain above where we aim to be, further improvement will remain a focus for 2026-27.

Collectively, these initiatives demonstrate our commitment to person-centred care and to ensuring every patient's voice informs how we design, deliver and improve our services.

Patient Relations

During 2025–26, Patient Relations has delivered significant improvements in how complaints are managed, with a strong focus on timeliness, governance and organisational learning. A full 360-degree audit of the complaints process was completed, leading to strengthened governance arrangements and clearer oversight of learning from complaints.

Key Improvements

- Completion of a 360-degree complaints process review, with actions underway to strengthen governance and assurance.
- Introduction of Stage One local resolution in A&E, Patient Transport Services (PTS) and Integrated Urgent Care (IUC), enabling quicker resolution of concerns.
- Planned rollout of Stage One local resolution to the Emergency Operations Centre (EOC) by April 2026.
- Improved management of complaints caseloads, resulting in a reduction in response times of over 20% between April 2025 and April 2026.
- Development of service-level learning plans to ensure systematic learning from patient feedback by April 2026.
- Introduction of a new post-complaint patient feedback survey, now available online.
- Development of an online patient feedback form to improve accessibility.
- Launch of a new Patient Experience Feedback Policy, including updated complaints management processes.

Patient Experience Surveys

Yorkshire Ambulance Service conducts quarterly patient experience surveys across all service areas. These surveys provide an important opportunity for patients to share their views and help the Trust understand what is working well and where improvements are needed. Feedback currently comes through paper surveys for A&E and Patient Transport Services (PTS), and text-based surveys for NHS 111, issued to a random sample of patients each quarter.

Response rates remain low (below 10%), and the feedback received is not fully representative of the population, with most responses coming from White British patients aged over 61. Work is underway, as outlined earlier, to increase participation and improve the inclusivity of survey responses through digital developments and broader engagement methods.

Complaints, Concerns, Comments and Compliments

This section summarises feedback received across YAS services between April-December 2025. It covers complaints, concerns, comments, service-to-service contacts, PALS activity and compliments. The data informs where we are performing well, where timely resolution is improving, and where further action is required.

Across the period, feedback volumes varied significantly across services. 999 Operations generated the highest overall activity, including the greatest number of complaints, concerns, service to service contacts and compliments. The service received almost three times as many compliments as complaints, indicating strong positive recognition alongside its high operational demand. In contrast, EOC reported lower volumes overall, with monthly fluctuations in complaint numbers across the year, but low volumes on average. PTS showed a positive trajectory, with complaints reducing steadily from April to December, supported by the effective use of Stage One Local Resolution. NHS 111/IUC also demonstrated improvement, with complaints falling from 18 in April to five in December.

Service-to-service contacts remained high across all areas, particularly in 999 Operations and NHS 111/IUC, reflecting the complexity of multi-team and inter-service pathways. Compliments were heavily concentrated within 999 Operations, while other services recorded lower but consistent levels of positive feedback. Overall, the data highlights areas of strong performance, particularly within 999 Operations and PTS, alongside targeted opportunities for improvement within EOC and specific operational processes across the Trust.

In January 2025, YAS implemented a Stage One Local Resolution process for complaints. Since its introduction, there has been a significant reduction in formal complaints across the organisation, most notably within Patient Transport Service (PTS), where complaints have decreased by 40%.

Alongside this, strengthened governance arrangements have been introduced to improve organisational learning from complaints. Learning themes and identified actions are now reported and reviewed monthly through Quality, Performance and Governance meetings across the organisation. This has improved visibility, accountability, and oversight of complaint-derived learning.

As a direct result of this enhanced scrutiny, there has been an increase in targeted Continuing Professional Development (CPD) activity within 999 Operations. Complaint themes have informed focused clinical education sessions, including:

- Hyperemesis
- Addison's disease and adrenal crisis
- Abdominal assessment.

This demonstrates a clear shift from reactive complaint handling to proactive quality improvement and clinical development.

For 2026-27, the governance framework will be further strengthened through the introduction of a dedicated Governance and Assurance Meeting. This forum will specifically monitor actions arising from complaints, track implementation progress, and ensure identified improvements are embedded in practice. This additional layer of assurance will support closure of the learning loop and provide greater organisational oversight of improvement delivery.

	4c Data	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total
EOC	Complaints	1	12	10	17	3	11	9	9	17	7	1	5	102
	Concerns	2	1	3	4	4	7	6	6	6	1	1	4	45
	Comments	0	0	0	0	1	0	0	0	0	0	0	1	2
	Compliments	6	2	0	1	0	1	1	0	2	3	2	2	20
	Service to Service	12	10	6	5	8	10	6	12	19	7	7	11	113
	PALS Local Resolution	0	0	0	0	0	0	0	0	0	0	0	0	0
PTS	Complaints	14	16	11	12	6	6	6	5	5	7	14	13	115
	Concerns	10	14	6	8	5	4	12	4	7	9	5	4	88
	Comments	0	0	0	0	0	0	0	0	0	0	1	1	2
	Compliments	12	8	7	7	6	4	5	2	7	6	7	8	79
	Service to Service	28	27	26	35	18	24	17	21	16	31	27	19	289
	PALS Local Resolution	16	16	24	10	13	18	21	10	19	25	27	23	222
A&E	Complaints	23	27	20	30	23	33	30	28	25	29	30	32	330
	Concerns	13	16	22	16	12	17	11	12	3	20	11	12	165
	Comments	0	2	0	1	4	1	4	1	0	2	1	2	18
	Compliments	87	102	88	93	90	60	64	83	46	152	104	128	1097
	Service to Service	52	49	39	56	46	51	39	48	32	51	36	55	554
	PALS Local Resolution	0	0	2	0	5	5	20	12	8	16	9	19	96
IUC	Complaints	18	12	18	12	17	4	8	8	5	8	9	11	130
	Concerns	0	3	0	1	0	7	5	10	7	5	5	5	48
	Comments	5	8	6	5	4	0	1	0	0	0	0	1	30
	Compliments	4	9	4	8	6	3	0	1	0	2	0	2	39
	Service to Service	22	23	33	28	25	33	18	27	32	14	13	42	310
	PALS Local Resolution	1	0	0	0	0	0	1	0	0	2	1	0	5

A&E Patient Experience

Remote Patient Care – Patient Experience

Over the next year 2026-27, the Emergency Operations Centre (EOC) will focus on strengthening how patient experience is captured for patients who receive a Hear and Treat response. While these patients do not always receive a face-to-face ambulance response, their experience of clinical assessment, communication, reassurance and advice provided over the telephone remains a critical component of safe and effective care.

To support this, EOC will begin the development of a dedicated patient experience feedback survey for Hear and Treat patients. The survey will be designed to capture patient views on key aspects of their interaction with the service, including clarity of communication, involvement in decision making, confidence in the advice provided, and overall satisfaction with the outcome of the call.

Feedback gathered through this work will be used to identify themes, areas of good practice, and opportunities for improvement within EOC clinical assessment and call-handling processes.

Friends and Family

Within Yorkshire Ambulance Service NHS Trust (YAS) we use the NHS Friends and Family Test (FFT) as a key measure of patient experience. The FFT is a shorter version of our full-Service User Experience Survey and provides patients with a simple and accessible way to tell us about the care and service they have received.

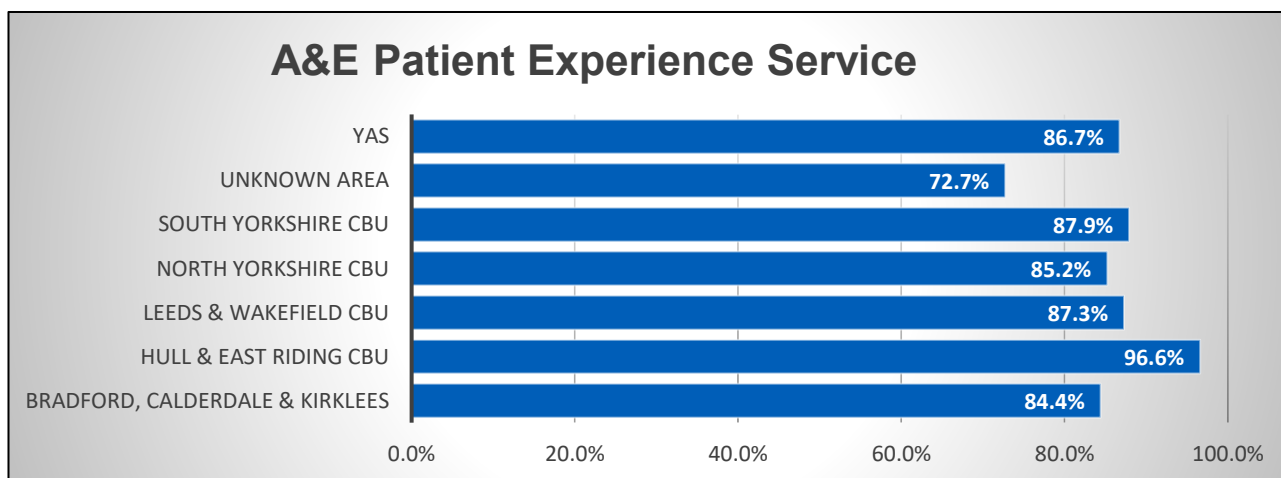
Patients who have used our Patient Transport Service (PTS) or 999 emergency service are invited to complete a Service User Experience Survey. This survey captures important information including which area of Yorkshire they live in, whether they would recommend our service to friends and family if they needed similar care or treatment, and responses to a range of questions designed to help us understand different aspects of their experience. These include communication, dignity and respect, timeliness of care, and overall satisfaction with the service provided.

The survey also includes a free-text comment box, enabling patients and carers to provide more detailed feedback in their own words. This qualitative feedback is particularly valuable as it helps us to identify themes, recognise examples of good practice, and highlight specific areas where improvements may be required.

Survey responses are collated and analysed on a quarterly basis. Reports are then shared with both the PTS and 999 service leadership teams to support service-level review and learning. Over the next 12 months (2026-27), the Trust will further develop its approach to analysing feedback from the Friends and Family Test and Service User Experience Surveys. This will include strengthening how themes and trends are identified and used to inform service improvement, ensuring that patient experience feedback continues to support local learning, quality improvement activity and service development across Yorkshire and the Humber.

Friends and Family Test A&E

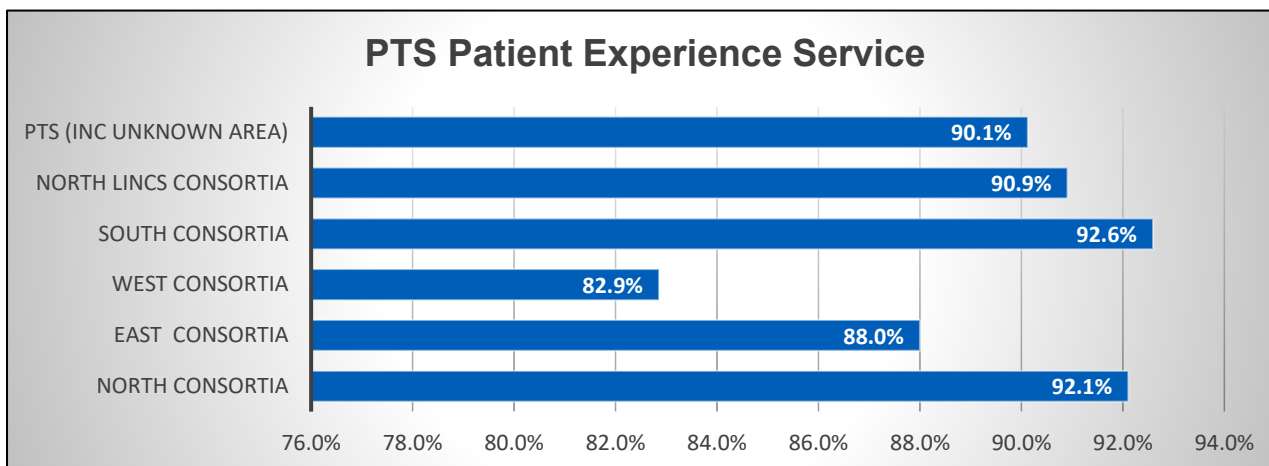
How likely are you to recommend the Yorkshire Ambulance Service to friends and family if they needed similar care or treatment?



Source: A&E Service User Experience Survey

Friends and Family Test PTS

Thinking about the service we provide, overall, how was your experience of our service?



source: PTS Service User Experience Survey

Patient Transport Service – Patient Experience

The Non-Emergency Patient Transport Service provides NHS-funded transport for eligible patients who cannot travel independently due to medical or mobility needs.



Throughout 2025-26, PTS experienced higher patient complexity and increased demand for stretcher-capable vehicles and advanced moving and handling support. Despite these pressures, performance remained strong and the service continued to deliver reliable transport across Yorkshire.

Implementing Revised Eligibility Criteria

On 1 April 2025, YAS implemented the revised national PTS eligibility criteria on behalf of the three commissioning ICBs. Working collaboratively with commissioners, the Trust introduced a new question set, clearer assessment processes, consistent staff training and an escalation route for complex cases. This ensured fair, appropriate use of NHS-funded transport. Learning from the first year will inform a review of mobility related questions in 2026-27.

Contract Management and Procurement

In 2025, new PTS contracts for South, West Yorkshire and Humber and North Yorkshire under the new Health Care Services (Provider Selection Regime) Regulations 2023. This outcome reflects strong regional collaboration and ensures continuity of high-quality transport services for our service users.

Improving Safety Through New Equipment

To enhance safety and experience for patients and staff, PTS introduced Compact PowerTraxx powered stair-tracking chairs. Following successful trials and positive staff feedback, the Trust invested in 25 additional units, improving handling in confined spaces and reducing manual lifting requirements.

Recognition and Sustainability

PTS won the Public Sector Commercial Fleet of the Year Award at the 2025 GREENFLEET Awards for introducing 35 electric vehicles, the largest ambulance-sized EV PTS fleet in any NHS ambulance trust. A further 25 electric vehicles have been approved to continue progress towards a cleaner, more sustainable service.

Staff and Volunteer Experience

At YAS, our people are at the heart of everything we do. We recognise the dedication, professionalism and compassion our staff bring to their roles every day, and we are committed to providing a workplace that is safe, supportive and enables them to deliver outstanding care. Ensuring the wellbeing, development and experience of our workforce is central to our organisational strategy and reflected in our ambition to prioritise Our People.

Our approach is guided by an evidence-based Health and Wellbeing Plan aligned to the NHS England Health and Wellbeing Framework. This ensures our efforts are focused where they have the greatest impact and that we continue to take a holistic view of wellbeing - acknowledging the importance of physical, mental, emotional and financial health.

Wellbeing Plan: Key Highlights

Delivery of the Health and Wellbeing Plan has led to a number of positive developments during 2025-26, strengthening support for staff and contributing to improved efficiency and effectiveness across the Trust. Key achievements include:

- Monthly reflective spaces introduced across core service areas, offering staff safe environments to reflect and recharge.
- A dedicated wellbeing hub on the intranet, providing accessible self-care resources, complemented by monthly guided bite-size interventions.
- Increased engagement with wellbeing content via approved social media channels, helping normalise and promote proactive self-care.
- Active participation in the NHS micro-exercise pilot via the Pleaz wellbeing app, supporting daily movement and mental health.
- Successful delivery and Trust-wide roll-out of a personal exercise plan pilot, following excellent outcomes and high staff engagement.
- Targeted health and wellbeing campaigns, covering resilience, nutrition, financial wellbeing and winter health. These were supported by the wellbeing vehicle, which engaged staff across YAS sites and hospitals.
- Enhanced use of wellbeing and workforce data, enabling timely support, reducing unnecessary delays and strengthening performance.
- Delivery of the flu vaccination programme, supported by roaming and pop-up clinics. The Trust exceeded the required 5% improvement target compared with 2024-25.
- Collaboration with internal stakeholders to implement the Avoidable Employee Harm model, improving people practices and reducing harm caused by poorly designed processes. Implementation is scheduled to begin in March 2026.

Looking ahead, we will continue to build on these achievements and ensure the 2026-27 Health and Wellbeing Plan remains shaped by staff input and responsive to the changing needs of our workforce.

Celebrating Our Staff and Volunteers

We are proud to recognise the remarkable contributions of our staff and volunteers. In October 2025, YAS hosted the annual STARS Awards in Leeds, celebrating colleagues who have gone above and beyond in demonstrating excellence, compassion and commitment to the people of Yorkshire. The event was an opportunity to thank those who consistently make a difference and exemplify the values of the Trust. This includes our community volunteers, Peter Dickinson received the Volunteer of the Year Award, and Steve Hudson from the volunteer leadership team won the *Grow Together* Award.

Equality, Diversity and Inclusion

Governance, Leadership and Assurance

During 2025-26, the Trust continued to embed equality, diversity and inclusion (EDI) as a core component of quality, workforce wellbeing and equitable care delivery. Activity during the year focused on strengthening governance, improving data quality, embedding anti discrimination principles across the organisation, and addressing identified inequalities.

A Trust-wide anti-discrimination statement was embedded through the Diversity and Inclusion Policy and associated people policies, reinforcing the Trust's clear position that discrimination, harassment and victimisation are not tolerated. This commitment is supported through equality impact assessment processes, policy assurance routes and reporting through established governance structures, including the Diversity and Inclusion Steering Group.

EDI considerations were routinely embedded into policy development and service improvement through EIA's (equality impact assessments), helping teams to identify and mitigate potential disproportionate impacts on protected groups and supporting a culture of dignity, civility and respect.

Workforce Equality Data and Transparency

The Trust continued to strengthen workforce equality data and assurance through the use of information drawn from ESR. Improved levels of staff declaration supported more robust analysis and informed targeted improvement activity.

As of February 2026:

- 9.3% of the workforce identified as being from ethnically diverse backgrounds.
- 8.4% of staff declared a minority sexual orientation.
- 10.7% of staff declared a disability.
- 82.6% of staff had declared a religion or belief.

The Trust continued to publish and review workforce equality reports, including the Workforce Diversity Profile Report and pay gap analysis. This included reporting on ethnicity, disability and gender pay gaps, providing transparency and informing action plans to address identified disparities and support fair recruitment, progression and retention.

Workforce Improvement and Inclusive Practice

During the year, the Trust progressed a review of inclusive recruitment and selection practices, examining stages of the end to end recruitment process to identify and address potential barriers for under represented groups. This work was informed by workforce data and aligned to the Trust's Equality, Diversity and Inclusion Action Plan 2024-27.

The Trust also continued to promote awareness and consistent application of people policies that support inclusion and staff wellbeing, including the Menopause Policy and New Parent Policy. This activity helped ensure colleagues and managers were aware of available support and reasonable adjustments, contributing to a more inclusive workplace culture.

The Diversity Census Campaign 'Count Me In' remained a key focus throughout 2025-26, encouraging colleagues to update their diversity information on ESR. This resulted in improved declaration rates across several protected characteristics, strengthening the quality of workforce data used for assurance, workforce planning and equality impact assessment.

Staff Voice and Engagement

Support for Equality Support Networks remained central to D&I delivery, enabling networks to provide lived experience insight, support staff voice and contribute to policy review and engagement activity, helping to shape learning and improvement across the Trust.

Impact on Quality and Patient Equity

By strengthening workforce inclusion, addressing discrimination and using equality data to inform improvement, this work also supports equitable access, experience and outcomes for patients, ensuring services are responsive to the diverse needs of the communities the Trust serves.

Continuous Improvement

The Trust remains committed to continuous improvement in equality, diversity and inclusion, using learning and data from 2025-26 to inform priorities for the year ahead and to further embed anti discrimination and inclusive practice as fundamental components of quality and safety.

GREATix: Learning from Excellence

GREATix is the Trust's positive reporting system, designed to recognise excellent care, effective teamwork and compassionate practice. Complementing our incident reporting processes, GREATix enables staff and volunteers to highlight what is working well and share examples of outstanding practice across services.

Any member of staff can submit a GREATix to acknowledge a colleague or team. Recognitions are reviewed locally and shared directly with those nominated, helping reinforce positive behaviours and boost morale. Themes from GREATix submissions also inform wider learning, supporting a culture that celebrates success and promotes the spread of good practice.

The continued use of GREATix reflects our commitment to building a supportive, appreciative workplace where excellence is recognised and where learning comes not only from challenges but from the excellent work carried out every day across the Trust.

Community Resilience

This year has been one of the busiest on record for Community First Responders (CFRs) within the Community Resilience Team, with volunteers providing more hours than ever despite volunteer numbers remaining largely unchanged. In 2025, CFRs donated 247,054 hours of their time and attended 22,184 incidents, an increase of 45,430 hours (19%) on the previous year. CFRs continue to play a vital role in responding to Category 1 and 2 emergencies, often arriving first on scene and providing essential support to frontline colleagues.

Significant improvements have been made to CFR training and equipment to further enhance the support they provide to patients and colleagues. Key developments include:

- A revised training programme extended from three to four days, strengthening the quality and depth of learning.
- Introduction of new BM kits and Trust-wide rollout of EpiPen training.
- Investment in new, improved kit bags.
- Increased use of video triage via GoodSAM to support collaboration with the Clinical Hub.

Public Health

YAS has continued its focus on reducing healthcare inequalities in relation to ambulance care in 2025-26. Specific areas of focus have included mental health, in particular calls for self-harm and suicide, inequalities in calls for breathing problems from our most deprived areas and a piece of work to better understand the spectrum of obstetric and maternity-related demand presenting to

YAS, including demographics, clinical characteristics, and pathways of care. Further details on this can be found in our annual report.

With significant recent developments in national policy relating to the ambulance sector and health inequalities, YAS will continue to prioritise work to reduce health inequalities for these clinical conditions in 2026-27 as well as working with partners to further develop our understanding of the needs of our populations.

Community Defibrillation and Public Engagement

Our Defibrillator Coordinator has added 1,215 additional defibrillators to *The Circuit*, bringing the Trust total to 8,551 registered defibrillators by the end of 2025. This work ensures lifesaving equipment is visible, accessible and ready for use by the public.

The Coordinator also delivered 44 defibrillator familiarisation sessions, attended by 673 community members, helping increase local confidence, awareness and readiness to act in a cardiac emergency. This represents a significant contribution to community resilience and survival outcomes across Yorkshire.

Community Engagement

Community Engagement at Yorkshire Ambulance Service is focused on raising awareness of our services, teaching life-saving skills, building trust with our communities and improving access to our services.

At YAS, we have a particular focus on engaging communities experiencing poor health outcomes and barriers to accessing services. We engage widely with communities across Yorkshire but have a particular focus on engaging with Inclusion Health Groups and people living in areas of deprivation.

Our community engagement activity is delivered by a core team plus 80 Community Engagement Volunteers, who are existing YAS staff and volunteers who undertake community engagement in their spare time.

As well as engaging communities directly, we have also support individuals, volunteers and organisations outside of YAS to deliver interventions on our behalf. These train-the-trainer programmes equip people outside of YAS to deliver their own life-saving skills training in their own communities.

Our community engagement objectives for 2024-26 are:

- Improve lives through targeted interventions.
- Raise awareness of life-saving skills.
- Engage with communities to be visible and develop relationships.
- Improve access to our services for vulnerable populations by generating insight.
- Develop volunteering across the Trust.

During 2025-26 we delivered 360 community engagement events and activities, engaging around 18,000 people across Yorkshire. In addition to this our flagship CPR campaign, Restart a Heart Day, trained 40,000 secondary school children in CPR in October 2025.

Our engagement activity in this period has reached into underserved and marginalised communities, including Asylum Seekers and Refugees, people involved in the criminal justice system, people with multiple unmet needs, young people in care and a wide range of migrant communities where English is not the first language.

Over 2025-26 our employability and skills programmes, Achieve and Get Started with YAS, supported people from disadvantaged backgrounds into paid and voluntary roles with the Trust

and with the wider NHS. These programmes teach life skills and employability skills alongside first aid for some of our most vulnerable and marginalised communities.

All our community engagement projects are supported by the YAS Charity.

Restart a Heart Day

Restart a Heart Day is one of our flagship community engagement programmes. Delivered annually in partnership with volunteers and supporting organisations, the initiative teaches CPR to young people across Yorkshire as part of the European Resuscitation Council's campaign to improve public response to cardiac arrest.

In 2025, our 12th annual event was the most successful yet. Nearly 800 volunteers visited a record 180 secondary schools, delivering CPR training to 40,000 young people. This large-scale effort equips thousands of students with lifesaving skills and increases the likelihood that more people will receive immediate CPR in an emergency.

Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Integrated Care Boards

The following pages contain the feedback received from our key stakeholders on the draft Quality Account. All Integrated Care Boards (ICBs), Healthwatch organisations, and Overview and Scrutiny Committees within the Trust's footprint were invited to comment, and the responses received are reproduced in full.

Where appropriate, we have incorporated suggested improvements directly into this Quality Account. Where immediate changes were not feasible, the feedback will inform the development of the 2026-27 Quality Account and future quality priorities.

The Trust remains committed to strengthening our culture and supporting our workforce, while continuing to build stronger relationships with patients and the public. Through a range of engagement initiatives, we are working to ensure that the voices of those who use our services help shape improvements and influence how we deliver care.

We are grateful to all organisations who have taken the time to review and comment on our Quality Account and thank them for their constructive contributions and ongoing support.

Combined Feedback

South Yorkshire Integrated Care Board (ICB), Humber and North Yorkshire ICB, West Yorkshire ICB

General Comments

The ICBs within Yorkshire and Humber are pleased to be given the opportunity to review the QA for 2025-26. We would like to also thank all the staff at YAS for their hard work and commitment to the population we serve. As recognised in the QA, YAS also appreciates the achievement of their own staff in a period of continued pressure within the NHS, also recognised through the recorded YAS Stars Awards.

The ICBs acknowledge the comprehensive review of the progress against the Trust's quality priorities for the year and how these will influence Priorities for Improvement for 2026-27. The alignment of these priorities to the Trust's strategic objectives and defined workstreams is welcomed, the information within the 2026-27 priorities further embed the Trust's processes in strengthening governance to aligning the Patient Safety Incident Response Framework (PSIRF) and enhancing further your patient safety culture.

Whilst noting the Trust's last Care Quality Commission (CQC) inspection was in 2019, the ICB acknowledge the continuous efforts to maintain high standards and drive improvement. We particularly note the information provided within the QA of the structured programme of internal inspections aligned to the five Key Lines of Enquiry.

The ICBs confirm to the best of their knowledge that the information contained within the draft QA is accurate and consistent with the information which has been previously shared with us.

Priorities for Improvement

We welcome and agree with the identified Quality Improvement Priorities that are clearly supported by defined workstreams. We recognise the priorities build on those within previous QAs.

- 1) Enhancing Patient Experience Feedback – we support the strengthening of collection, analysis, and response to feedback along with supporting measures to expanding the diversity of feedback received. The workstream is supported by clear outcome measures.
- 2) Strengthening Clinical Effectiveness Through the Clinical Response Model – reduction in potential unwanted variation in practice is welcomed along with supporting decision making to ensure patients receive the appropriate care. This priority is supported by clear outcome measures.
- 3) Embedding a Consistent Clinical Supervision Framework – we recognise the value of a Clinical Supervision model to support patient safety.

999 Service / Emergency Operation Centre (EOC)

YAS has implemented NHS Pathways within the EOC, the large scale of change is acknowledged, implementation has been a success.

We note there have been many key successes within the past year, and we congratulate you in this. We recognise your collaborative work with system partners in introducing of the Transfer of Care (ToC) processes and recognise the positive impact this has on reducing hospital handover delays and in improving patient experience and flow within our Urgent and Emergency Care (UEC) pathway.

We thank you for your continued support and involvement with the project to expand direct ambulance access to the Same Day Emergency Care Services (SDECs) across the Yorkshire area, resulting again in a better patient experience and reducing pressures on other departments.

The ICB acknowledges your Ambulance Response Programme (ARP) response times and evidence of numerous initiatives in supporting further improvement and compliance. Right Care Right Place and as an example, the introduction of engagement meetings to share learning from incidents is extremely positive. We look on with interest as to how the learning can be translated into further quality initiatives and improvements.

Engagement, Feedback and Community Involvement

We note the positive work which has been undertaken by the Trust over the past year in engaging with a wide range of groups and individuals and the value of your engagement the Critical Friends Network (CFN), Healthwatch, and the ICBs in supporting improvements in services.

The ICBs recognise the effort and focus on achieving a positive experience of care, with the introduction of the Patient Experience and Involvement Framework and the patient story as part of the learning group. The 21% reduction in complaint response times achievement is to be congratulated, and we acknowledge the ongoing work to continue to improve these measures. There is a clear demonstration within the QA that the views of patients and the public have been actively sought with patient experience, and the future plans for more focus on enhancing patient experience feedback, reaching out to a broader and more diverse range of service users. Utilising the CFN and involving patients and families in shaping policies, pathways and service design.

Community involvement is clearly demonstrated within the QA an emphasis on reaching communities at greater risk of poor health outcomes, or who experience barriers to accessing care. Examples noted are, engagement at public events and targeted projects with over 8000 people, delivering basic lifesaving skills training, raising awareness of services and supporting development and employability initiatives. Furthermore, there has been direct working with marginalised groups, including people from ethnic minority communities, people with learning disabilities or who are neurodiverse, asylum seekers and refugees, people recovering from substance misuse, and individuals experiencing homelessness.

We acknowledge the success of the Trust's Community First Responders (CFR) and their performance of attending 22,184 incidents, offering 247,054 hours a 19% increase from the previous year.

Clinical Audit

YAS has continued to demonstrate through the Clinical Effectiveness and Audit Team clear commitment to support both national and local clinical audits and the completion of 30 local audits within 2025-26.

The ICBs would like to further acknowledge and congratulate the Trust in the ongoing commitment to participate in the national programmes aligned to the Quality Accounts List 2025-26, and the information provided noting the 100% success in the participation of relevant national clinical audits and the examples given within.

Research and Innovation

The Clinical Quality Oversight Group (CQOG) has also received updates regarding the YAS research programme. We recognise the impact on improving patient care but also the benefits of involving staff in supporting research.

Clinical Pathway Development

YAS has continued to work in collaboration with ICB and other providers to support the development of clinical pathways to support alternatives to conveying patients to Emergency Departments.

Children and Young Persons

From a children's and young person's perspective the draft QA reflects the focus on specialist neonatal and paediatric transport, safeguarding, early identification and intervention, and improvements in outcomes through research and regional improvement work. Furthermore, the ICB notes the recognition of increasing child neglect and deteriorating mental health, alongside strengthened PREVENT training compliance, that further enables early risk identification and reinforces safeguarding arrangements for children and young people.

Safeguarding

It is positive to read the safeguarding elements within the learning from deaths portfolio. This QA provides a clear and robust overview of the safeguarding activity across the Trust, which is positive to see, with the significant amount of work undertaken regarding sexual safety that is highlighted and noted.

Integrated Urgent Care

We recognise the implementation of the iCAS platform to support closer working with EOC to support patients on the `clinical queue`. We acknowledge the ongoing pressure within the service to maintain timely responses for clinical review. YAS is collaborating with the ICBs to agree actions to support future improvements.

Patient Transport Service

YAS has worked with the ICBs to support changes to PTS eligibility to align to national requirements and has also contributed to the ongoing refinements required.

Staff Survey

The ICB wish to congratulate the Trust on their NHS staff survey results which demonstrate improvement against all nine domains, also evidencing the progress across all People Promise themes. This valuable data and information provide assurance that staff welfare is highly important, and they are listened to and heard to further shape and improve the services the Trust provides. The ICB further congratulate the Trust with the uptake of the Flu vaccination by staff that has exceeded the 5% increase required. An excellent piece of work and the ICB would be interested to learn as to how this was achieved so that it can be shared across partner organisations.

Quality Improvement

We look forward to working further with YAS in support of quality improvement measures and projects, and in addressing pressures across the system to ensure high quality outcomes and a positive experience of care.

Barnsley Overview and Scrutiny Committee

Although significant progress has been made during 2025-26, the Committee notes that the Trust's priorities for 2026-27 are a continuation of the previous year, with identified next steps to further improve each of the identified areas.

The Committee notes that response rates are still low for patient experience surveys and acknowledges that there is more to do to gather patient feedback to inform service delivery. Therefore, the Committee welcomes the fact that Priority 1 relates to enhancing patient experience feedback and that specific outcome and process measures have been identified to measure the impact of planned activity. The Committee feels that the Quality Account clearly demonstrates the Trust's commitment to collecting, understanding and responding to real-time patient feedback, including the expansion of patient surveys to ensure those from under-represented communities can more easily share their experiences. The Committee also acknowledges the Trust's commitment to embedding a culture of improving and learning and are pleased to see that quality improvement work has resulted in a significant reduction in response times to complaints between April 2025 and April 2026. With regard to the staff survey, the Trust should be congratulated on their above sector average results for the People Promise themes.

There do not appear to be any omissions in the Quality Account when compared to DHSC guidance, that the Committee are aware of.

When presenting data to members of the public, it should be meaningful and easy to understand. There are some data tables within the report that would benefit from additional information to provide clarity (e.g. targets, comparator information, polarity), so that the data can be interpreted correctly by those outside the organisation.

The Committee hopes that Yorkshire Ambulance Service will continue to engage and play an active role in the work of Overview and Scrutiny Committees, at both a local and regional level, over the coming year.

Rotherham Council's Health Select Commission

The Health Select Commission welcomes the opportunity to comment on the Yorkshire Ambulance Service Quality Account 2025-26 and recognises the predominantly positive and balanced narrative it presents during a period of operational and system pressure. Members recognise and celebrate the progress described in relation to leadership, system-wide partnership working, strengthened governance arrangements and the development of a mature quality and safety culture. Improvements in staff engagement, wellbeing and the embedding of Freedom to Speak Up arrangements are particularly welcomed and recognised as essential foundations for delivering safe and effective care. Members were keen to understand whether the Trust considered correlation between patient feedback and FTSU data in initiative planning.

In regard to the information presented, the Commission's observations are framed by the specific context of Rotherham's population, which experiences higher levels of deprivation, poorer baseline health outcomes, lower healthy life expectancy and a greater reliance on urgent and emergency care than other areas served by the Trust. Against this backdrop, the Commission is clear that

ambulance service performance does not affect all like Rotherham where demand, clinical acuity and vulnerability are greater.

Whilst Members acknowledge that the Trust's quality priorities are broadly aligned with system pressures, including rising demand and increasingly complex patient need, they would welcome stronger articulation of how priorities are explicitly informed by local population health data and place-based intelligence. There remains scope for future Quality Accounts to demonstrate more clearly how Joint Strategic Needs Assessment data is used to shape operational decisions, resource deployment and service improvement in communities experiencing the greatest levels of inequality, alongside direct evidence of responsiveness to findings from patient survey mechanisms which maximises the reach and inclusivity of patient experience feedback, delivering meaningful local impact. Members also felt that whilst this Quality Account relates to the 2025-26 period, broader comparator data throughout would helpfully illustrate improvements over time.

The Commission holds concerns regarding persistent failure to meet national response time standards for Category 1 and 2 incidents, notwithstanding some welcome improvement. Members note the assertion that the Trust is not funded to consistently meet national standards. Whilst the broader national context is recognised, the Commission considers that this position demands greater transparency. In particular, clearer information quantifying the scale of the funding gap, its impact on service delivery and outcomes, and how the Trust advocates with commissioners on behalf of communities with consistently high demand and deprivation. Without this clarity, the Commission feels there is the risk of unequal outcomes becoming normalised rather than actively challenged.

Members held particular concerns regarding outcomes for time-critical conditions, including ST elevation myocardial infarction and cardiac arrest, where performance appears to remain below national averages. This is particularly relevant for Rotherham given its higher cardiovascular risk and premature mortality. The Commission felt that the presentation of performance data would benefit from clearer interpretation to support public understanding, alongside more explicit explanation of how ambulance response times, community defibrillation initiatives, cardiopulmonary resuscitation (CPR) training and hospital pathways work together to improve outcomes in deprived communities. The Commission particularly welcomes initiatives providing secondary school children with CPR training, developing a generation enabled to respond effectively to cardiovascular emergencies. This demonstrates specific action taken to address issues particularly relevant in Rotherham, and Members contemplated whether accessibility to defibrillator instructions in other languages in certain communities might support improving outcomes.

The Commission welcomes the breadth of patient and community engagement activity described within the Quality Account, including efforts to reach seldom heard voices. However, concerns remain that patient experience survey response rates are low and not truly representative of the communities most reliant on ambulance services. In Rotherham, where digital exclusion, language barriers and socio-economic disadvantage are more prevalent, this risks underrepresenting the voices of those most affected by service pressures. Strengthening the representativeness of patient feedback is therefore seen as a critical element of addressing health inequalities, and future reporting could more clearly demonstrate how learning from deprived communities informs service improvement. The Commission would be keen to hear more detail around the specific steps YAS will take to improve representative engagement in feedback generation, such as the development of multilingual feedback forms or 'easy read' versions.

Recurring themes arising from the Learning from Deaths process and the Patient Safety Incident Response Framework, which sets out how organisations respond to and learn from patient safety incidents, were also noted, particularly in relation to frail and end of life patients experiencing repeated ambulance contacts. The Commission recognises that these issues often reflect challenges at the interface between health and social care rather than ambulance service practice

alone. However, in a borough with higher levels of frailty, long term illness and social isolation, such system gaps place a disproportionate burden on ambulance services and have a direct impact on patient experience. This remains an area of concern and may warrant further scrutiny that the Commission would be keen to explore, in conjunction with relevant health system partners including Council provided and commissioned services, over the course of the 2026-27 municipal year, to explore how it can support the drivers of these issues being addressed at whole system level to deliver improvements.

The contribution of Community First Responders and volunteers is acknowledged and valued. However, the Commission would welcome clearer narrative to ensure this support is understood by members of the public as complementary to, and not a substitute for, adequately funded statutory ambulance provision, particularly in communities experiencing sustained high demand.

Healthwatch North Lincolnshire and Healthwatch Hull

The publication of the Trust's Patient Experience and Involvement Framework and the subsequent focus on embedding its core principles are positive steps for patient involvement. Similarly, the work of the Critical Friends Network (CFN) in contributing to the Clinical Response Model was also noted as a positive development and the CFN's involvement in redesigning patient experience surveys highlights how the network can successfully contribute to the work of the trust.

It is encouraging to read that the trusts commitment to involving patients continues with one of the priorities for next year being the enhancement of patient experience feedback, including obtaining more opinions from seldom heard groups. This will be especially important as the current response rates are low for the patient experience quarterly surveys.

The cross-cutting priority aimed at embedding a Culture of Continuous Improvement and the organisation's participation in clinical and healthcare research reflects a desire for continuous organisational learning, which should ultimately benefit patients. Similarly, the Clinical Quality Audit Programme highlights improvement actions identified, which again should ultimately benefit patients by improving care.

It has been noted that there has been a 21% decrease in the complaint's response times, year to date, and that this is attributed to the complaint's response time improvement plan. Hopefully people will benefit from the decrease in waiting times for their complaints to be answered and it is encouraging that the trust will continue to focus on this for 2026-27.

The Quality Account mentions patient transport and that national eligibility criteria have been implemented. It states that this ensures "a fair, consistent and sustainable approach to patient eligibility across the three commissioning ICBs". However, Healthwatch North Lincolnshire has received an increase in the amount of negative feedback from people trying to book patient transport indicating that this new approach is not working for some residents.

It is noted that the Yorkshire Ambulance Service is delivering below the national targets in regard to the Ambulance Response Times. It is however very reassuring to see the amount of action that is being put in place to improve the percentage of the Ambulance Response Times. This will hopefully translate into improved response times ahead of next report.

Healthwatch Hull has received feedback that does highlight both the success and challenges faced by the service.

It is promising to see the key themes and actions from the Learning from Deaths reviews, this will hopefully continue and the service will benefit from improved efficiency moving forward.

It is encouraging to see that work will be done to improve the inclusivity of people responding to Patient Experience Surveys.

Complaints, Concerns, Comments and Compliments feedback varied across the months and services, with EOC and IUC having significantly more complaints and concerns than compliments. The Stage One Local Resolution Process introduction seems to be successful, showing a reduction overall in formal complaints.

The development of the dedicated patient feedback survey for Hear and Treat patients within Remote Patient Care is a powerful addition to capture the patient experience.

Healthwatch Sheffield

Thank you for sharing this year's Quality Account with us. The report describes a Trust working hard in challenging circumstances, with a strong focus on quality improvement.

We particularly appreciate the focus given to enhancing patient experience feedback in the ongoing quality objective. Last year's progress, setting up groundwork around areas like demographic data collection, and volunteer involvement on survey design, is good to see and we hope that this will set this year's work up for greater success. The trackable process and outcome measures are helpful, including for public transparency on this work. As an organisation working in patient and public experience, we would caution the Trust not to be over-reliant on digital surveys as a feedback measure, as opposed to direct outreach and engagement, both are necessary when aiming to hear from such a diverse range of people across a large footprint.

It is clear from the Quality Account the work being done to improve the Trust's complaints and concerns system; this is important to people who have not had a positive experience of the service.

We hear feedback throughout the year from patients, families, and the public about YAS services. Feedback about emergency ambulances and paramedics has been largely very positive, despite the data in the Quality Account showing response times not quite meeting national targets. Feedback relating to NHS 111 has been more mixed, with a large number of people telling us they were promised call backs within particular time frames, which were often not met. It would be good to know how the Trust is monitoring metrics like this or acting on feedback about it.

Healthwatch Leeds

Overall, the proposed priorities for 2026-27 appear to reflect key issues for local people across Yorkshire and the Humber, including improving clinical effectiveness, workforce development and maintaining patient safety within a challenging operational environment.

Do our priorities reflect the priorities of the local population?

Healthwatch Leeds welcomes the focus on improving clinical effectiveness through the Clinical Response Model and embedding consistent clinical supervision, which aligns with public expectations of safe, high quality and clinically appropriate care. The emphasis on staff wellbeing and retention is also important, given the clear link between workforce stability and people's experience.

However, we note that public priorities consistently raised through Healthwatch engagement this year include response times, waiting for care, patient transport eligibility following changes in criteria, communication while waiting, and hospital handover delays. While these issues are referenced, the Quality Account would benefit from more explicit explanation of how proposed priorities and workstreams will translate into tangible improvements that people and carers can

see and feel, particularly where national performance targets are not currently achievable due to wider system pressures.

We would be keen to work with Yorkshire Ambulance Service and involving them in the 3Cs (Communication, Coordination and Compassion) which is being adopted across Leeds as they are key to good health and care experiences. We would welcome the opportunity to collaborate and find ways that the service can use the 3Cs.

Are there any important issues we have missed in our Quality Account?

We encourage a stronger and more explicit focus on health inequalities throughout the Quality Account. While inequalities are acknowledged, further detail would be welcomed on how data relating to ethnicity, disability, mental health needs, digital exclusion and those living in low-income neighbourhoods is being actively used to shape service improvement and reduce inequitable outcomes.

We would also welcome greater visibility of place-based working, including how Yorkshire Ambulance Service NHS Trust (YAS) collaborates with local partners, voluntary and community sector organisations, and people with experience to address inequalities at a neighbourhood and community level.

The report references engagement with 'seldom heard groups' to build trust and raise awareness of services. Healthwatch Leeds welcomes this focus by notes that the Quality Account would be strengthened by reflecting on the impact of this engagement. While we recognise this activity may relate more to awareness and use of services rather than direct experience, further insight into what difference this has made, and how learning from it is being applied, would provide greater assurance of its value.

Have we demonstrated that we have involved patients and the public in the production of the Quality Account?

The Quality Account references patient and people's experience data; however, survey response rates are low and not representative, with respondents predominantly White British and aged over 61. Healthwatch Leeds encourages Yorkshire Ambulance Service NHS Trust to provide greater assurance that patient and people's experience reflect the diversity of the population it serves, including people less likely to provide feedback following emergency or urgent care.

We would welcome further evidence of how patient and public feedback has directly influenced priorities and content within the Quality Account. In relation to research and involvement activity, Healthwatch Leeds would also welcome further detail on how YAS is working, or planning to work, to improve diversity of people involved in research and service development. This includes how learning from the Critical Friends Network and from people with experience of using ambulance services is being used to shape research priorities and involvement approaches, particularly to ensure participation from communities who are currently underrepresented.

In addition, we encourage YAS to continue to develop approaches that go beyond typical feedback mechanisms, including co production and co design, to involve people and communities more meaningfully in shaping and improving services through ongoing conversations rather than one off consultation through online surveys.

Is our Quality Account clearly presented for patients and the public?

The Quality Account is comprehensive; however, accessibility for people could be further improved. Healthwatch Leeds would encourage the use of clearer, plainer language, with acronyms and technical terms consistently explained. Performance and quality information would be more meaningful if framed more clearly around what it means for people, carers and communities.

Future reports would also benefit from clearer signposting of key messages and explicit reference to the availability of alternative formats, including easy read, large print and translated versions, to ensure the document is accessible to a broad and diverse audience.

Healthwatch Leeds welcomes continued engagement with Yorkshire Ambulance Service and looks forward to ongoing discussions to ensure that people's experience, equity and accessibility remain central to quality improvement and future Quality Accounts.

Statement of Directors' Responsibilities for the Quality Account Report 2025-26

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare a Quality Account for each financial year. NHS England has issued guidance on the form and content of Quality Accounts (which incorporate the legal requirements) and on the governance arrangements that providers should have in place to support data quality in preparing the Quality Account.

In preparing this Quality Account, the Directors have taken steps to satisfy themselves that:

- The content meets the requirements set out in NHS England's Quality Accounts guidance;
- The content is not inconsistent with internal and external sources of information, including: Board papers and minutes for April 2025-March 2026; papers relating to quality reported to the Board during that period; feedback from commissioners, local Healthwatch and Overview and Scrutiny Committees; the Trust's complaints and patient safety reports; national staff survey results; and the Care Quality Commission position;
- The Quality Account presents a balanced picture of the Trust's performance over the period covered;
- The performance information reported is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures included in the Quality Account and these controls have been reviewed for effectiveness; and
- The data underpinning the measures is robust and reliable, conforms to specified data quality standards and prescribed definitions, and has been subject to appropriate scrutiny and review.

The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing this Quality Account.

By order of the Board

Signed: **Martin Havenhand**, Chair of the Board Trust

Date: 25 June 2026

Signed: **Peter Reading**, Chief Executive

Date: 25 June 2026

Note: NHS England does not require external auditor assurance on Quality Accounts. The draft Quality Account was provided to the relevant Integrated Care Board(s), local Healthwatch and Overview and Scrutiny Committees for comment prior to publication and their statements are reproduced in full within this document.

Appendices

Appendix A - Glossary of Terms

Term	Definition
A&E (Accident and Emergency)	Emergency and urgent care provided to people with serious or life-threatening illness or injury.
AED (Automated External Defibrillator)	A portable device that delivers a shock to help restart the heart during a cardiac arrest.
AmbCO (Ambulance Clinical Outcomes)	National indicators measuring ambulance outcomes such as cardiac arrest survival, STEMI care bundle compliance and stroke care.
AmbSYS (Ambulance System Indicators)	National measures of ambulance performance including call-handling times and response times.
ARP (Ambulance Response Programme)	National framework defining how 999 calls are categorised (Categories 1–4) and the response time standards for each.
BBE (Bare Below the Elbows)	Infection control standard requiring sleeves above the elbow during clinical care.
CBRN	Chemical, Biological, Radiological and Nuclear
CCP / Critical Care Paramedic	A highly trained paramedic providing advanced care to critically ill or injured patients.
CEA (Clinical Effectiveness and Audit Team)	The team responsible for audits, clinical effectiveness and supporting evidence-based practice.
CFN (Critical Friends Network)	A panel of patient and public volunteers who provide independent challenge and insight to support quality improvement.
Clinical Pathway	A structured plan describing best-practice care for a particular condition.
Clinical Supervision	A structured reflective process supporting staff to improve practice, wellbeing and patient safety.
CQC (Care Quality Commission)	The independent regulator of health and social care services in England.
Datix Cloud IQ (DCIQ)	The Trust's electronic system for reporting and managing incidents, complaints and risks.
Duty of Candour	A legal requirement for healthcare providers to be open and honest with patients when something goes wrong in their care.
EOC (Emergency Operations Centre)	The control centre where 999 and urgent calls are received, assessed and allocated an ambulance response.
ePR (electronic Patient Record)	A digital system used by clinicians to record and share patient assessment and treatment information.

ESR	The NHS Electronic Staff Record (ESR) is a comprehensive HR and payroll system used by NHS organisations to manage employee data, payroll, and workforce planning.
FFT (Friends and Family Test)	A national measure asking patients whether they would recommend a service to others.
HALO (Hospital Ambulance Liaison Officer)	A role supporting ambulance handovers and patient flow in hospital emergency departments.
ICB (Integrated Care Board)	NHS organisations responsible for planning and commissioning healthcare services for local populations.
ICS (Integrated Care System)	Partnerships of NHS organisations, councils and other partners working together to improve health and reduce inequalities.
IUC (Integrated Urgent Care / NHS 111)	Services offering clinical assessment, triage and advice for urgent healthcare needs.
JRCALC (Joint Royal Colleges Ambulance Liaison Committee)	National ambulance sector clinical guidelines used by paramedics across the UK.
Learning from Deaths (LfD)	National programme identifying learning and improvements following review of patient deaths.
LSOA (Lower Super Output Area)	Statistical area used to measure levels of deprivation, often used for health inequalities analysis.
MDT (Multi-Disciplinary Team)	A group of professionals from different disciplines working collaboratively on patient care.
MERIT (Medical Emergency Response Incident Team)	A specialist team providing advanced medical care at serious incidents.
NASCQG	National Ambulance Service Clinical Quality Group
NQP (Newly Qualified Paramedic)	Paramedics in their first two years post-registration, supported through a structured development pathway.
NHS Pathways	The clinical triage system used by NHS 111 and some EOCs to assess the severity of symptoms and direct the correct response.
NIHR (National Institute for Health and Care Research)	Organisation that funds and supports health research in England.
Non-Fatal Strangulation Pathway	A clinical pathway supporting assessment and safeguarding where non-fatal strangulation is suspected.
Patient Safety Incident Investigation (PSII)	A formal investigation under PSIRF into events causing moderate, severe harm or death.
Patient Safety Incident Response Framework (PSIRF)	The national framework describing how NHS organisations respond to patient safety events and learn from them.

Patient Transport Service (PTS)	Non-emergency medical transport for eligible patients who cannot travel independently due to medical or mobility needs.
PGD (Patient Group Direction)	A legal framework allowing specific medicines to be supplied or administered by authorised clinicians without a prescription.
PIPoT (Person in Position of Trust)	A safeguarding process used when allegations relate to individuals who work or volunteer with vulnerable people.
PPI / Patient and Public Involvement	Activities enabling patients and the public to help shape services and improvement work.
PSP (Patient Safety Partner)	A trained volunteer who works with the Trust to support governance and learning from safety events.
ROSC (Return of Spontaneous Circulation)	The return of a heartbeat following cardiac arrest.
SDEC (Same Day Emergency Care)	Hospital services providing assessment and treatment without requiring admission.
SJR (Structured Judgement Review)	A methodology for reviewing patient deaths to identify learning and improvement.
SORT	Specialist Operations Response Team
SSNAP (Sentinel Stroke National Audit Programme)	National audit measuring the quality and outcomes of stroke care.
STEMI (ST-Elevation Myocardial Infarction)	A serious type of heart attack requiring urgent treatment.
TEG	Trust Executive Group
Transfer of Care (ToC)	The point at which care transfers from ambulance crews to hospital staff; governed by national standards.
Urgent Community Response (UCR)	Community teams providing rapid assessment and care to avoid unnecessary hospital admission.

Appendix B: YAS Staff Authored Peer Reviewed Publications 2024-25

The Lancet Regional Health – Europe

Smyth, M.A., Noordali, H., Starr, K., Yeung, J., Lall, R., Michelet, F., Fuller, G., Petrou, S., Walker, A., Green, Z., McLaren, R., Miller, E., Buckley, D. & Perkins, G.D. (2025). *Paramedic analgesia comparing ketamine and morphine in trauma (PACKMaN): a randomised, double-blind, phase 3 trial*. **The Lancet Regional Health – Europe**, 53, 101265.

<https://doi.org/10.1016/j.lanepe.2025.101265>

British Paramedic Journal

Wilson, C., Budworth, L., Janes, G., Lawton, R. & Benn, J. (2025). *Missed opportunities of feedback for emergency ambulance staff: a mixed-methods diary study*. **British Paramedic Journal**, 10(1), 27–37.

British Paramedic Journal

Hodge, A., Lightowler, B., Pilbery, R., Bell, F., Best, P., Hird, K., Snaith, B. & Walker, A. (2025). *Venous blood point-of-care testing (POCT) for paramedics in urgent and emergency care: a single-site feasibility study (POCTPara)*. **British Paramedic Journal**, 10(1), 19–26.

Emergency Medicine Journal

Porter, A., Bell, F., Brady, M., Brown, S., Carson-Stevens, A., Driscoll, T., Evans, B.A., Foster, T., Gallanders, J., Gunson, I., Harris-Mayes, R., Kingston, M., Lyons, R., Miller, E., Rosser, A., Siriwardena, A.N., Spaight, R., Williams, V. & Snooks, H. (2025). *'Every day was a learning curve': implementing COVID-19 triage protocols in UK ambulance services — a qualitative study of staff experiences*. **Emergency Medicine Journal**, Epub ahead of print.

<https://doi.org/10.1136/emmermed-2024-214495>

British Paramedic Journal

Bellamy, V., Wilcock, H., Wilson, C. & Crabtree, R. (2025). *Patterns and characteristics of 'calls of despair': a service evaluation using Yorkshire Ambulance Service data*. **British Paramedic Journal**, 10(2), 40–48. <https://doi.org/10.29045/14784726.2025.9.10.2.40>

British Paramedic Journal

Barcroft, C., Crow, A. & Wilson, C. (2025). *Real-time ventilation feedback devices for out-of-hospital cardiac arrest: a review of the literature*. **British Paramedic Journal**, 10(2), 24–33. <https://doi.org/10.29045/14784726.2025.9.10.2.24>

Archives of Disease in Childhood

Lewis, J., Simpson, R.M., Stone, T., Ennis, N., Jay, N., Croft, S., Pilbery, R. & Mason, S.M. (2025). *Clinical advisors at NHS 111 improve accuracy for paediatric patients and their advice is more reliably followed: a retrospective observational cohort study*. **Archives of Disease in Childhood**. <https://doi.org/10.1136/archdischild-2025-328896>

Emergency Care and Medicine

Mulrooney, W., Wilson, C., Pilbery, R., Fisher, R., Whiterod, S., Smith, H., Turner, E., Edmonds, H., Webster, P., Prestwich, G., Bell, F. & McLaren, R. (2025). *Pharmacist review of medicines following ambulance-attended falls — a multi-methods evaluation of a quality improvement initiative*. **Emergency Care and Medicine**, 2(4), 49. <https://doi.org/10.3390/ecm2040049>

Behaviour Research and Therapy

Delgadillo, J., Laker, V., Simmonds-Buckley, M., Southgate, A., Parkhouse, L., Davis, B., Furlong-Silva, J., King, N., Keeble, S., Davis, O., Royal, P., Lucock, M., Aguirre, E., Thwaites, R., Flint, B., Osborne, T., Bell, F., Devon, M. & Barkham, M. (2025). *Digital health interventions for occupational burnout in healthcare professionals: a multi-site randomised non-inferiority trial*. **Behaviour Research and Therapy**, 195, 104919. <https://doi.org/10.1016/j.brat.2025.104919>

British Paramedic Journal

Rosser, A., Gunson, I., Green, Z., Lall, R., Michelet, F., Miller, E., Miller, J., Noordali, H., Perkins,

G., Stanley, O. & Smyth, M. (2025). *Safety and compliance among newly qualified paramedics in a pre-hospital clinical trial of an investigational medicinal product: a post-hoc analysis of the PACKMaN randomised controlled trial*. **British Paramedic Journal**, 10(3), 10–17.
<https://doi.org/10.29045/14784726.2025.12.10.3.10>