Board of Directors (in Public)
23 July 2026

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

Executive Summary

Highlights

- The Clinical Directorate and Quality and Professional Standards Directorate have concluded their consultation on the proposal to join to form a single cohesive directorate, the Clinical Quality Directorate. Following consultation, the proposal has been confirmed and will formally commence implementation from 3 August 2026.

- The report highlights positive progress across the Quality and Clinical portfolios, including improved complaints performance, strengthened patient safety capacity, and continued development of patient experience and quality governance arrangements. Good progress is also noted in clinical effectiveness, research activity, quality improvement, and the implementation of tools and programmes that support learning, assurance and service improvement.

Lowlights

- Key areas requiring continued focus include capacity pressures, inconsistent application of proportionate learning responses, limitations in Datix action tracking, and risks around Accessible Information Standard compliance. Clinical audit findings also identify variation in pain management and falls care bundle compliance, with further improvement work underway to strengthen assurance and support consistent practice.

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

QUALITY AND CLINICAL UPDATE 23 July 2026

Highlights	Lowlights
Patient Safety • The Trust welcomed a new Patient Safety Team Manager in June. This post provides much welcomed capacity to the team, as well as bringing a wealth of external experience in PSIRF (Patient Safety Incident Response Framework) arrangements from the wider health sector. • Thematic reviews are being used to explore complex patient safety topics and translate findings into practical organisational learning. The Trust has completed a second Medication Thematic Safety Review which has highlighted several areas of learning. This supports a more reflective approach, moving the focus from identifying "what went wrong" to understanding "what can we learn" and how this can improve future practice. **Patient Experience** • Complaint response times have continued to improve, with the 2025/26 improvement target achieved and a final year-end position showing a 23% reduction in complaint response times. Early 2026/27 performance is also positive, with a year-to-date average response time of 74.32 days, representing a 29% improvement. • The overall complaints caseload has reduced to 149 cases, with each coordinator currently holding around 25 cases, creating a more stable platform for sustaining improved response times. • All Patient Experience Internal Audit actions have been completed and signed off ahead of the May deadlines, providing assurance that agreed improvements relating to learning from complaints and incidents have been progressed. • The Quality Governance Assurance Forum (QGAF) has commenced, strengthening oversight of learning and actions from complaints, incidents and wider patient experience feedback, and supporting improved triangulation across quality intelligence. • The 2026/27 patient experience quality priority has started through the SMS survey pilot, with early indications suggesting positive engagement and most responses received within 24 hours of texts being sent. • Patient Safety Partners are transitioning into Patient Experience, aligning PSP activity with complaints, concerns, compliments, surveys, engagement and other patient voice routes while maintaining links with Patient Safety and Patient Safety Specialists. This should strengthen the use of lived experience insight in safety learning and improvement. • Further patient experience deep dives are planned, including work with COPD patients linked to the King's Fund neighbourhood project, maternity care, patients cared for by volunteers, and real-time PTS feedback with a focus on those at risk of digital exclusion. **Clinical Effectiveness and Research** • **JRCALC+ Emergency Mode** YAS is one of three ambulance trusts participating in the evaluation of JRCALC+ Emergency Mode, a filtered version of the JRCALC+ app designed to help clinicians access key guidance more quickly for critically unwell patients. At the time of reporting, YAS is leading the evaluation in both usage and volume of feedback received. Early staff engagement via OneYAS has been consistently positive, indicating that Emergency Mode is supporting staff access to guidance in high-acuity situations. • **Ligature Audit and Suicide Prevention** A Bradford-based audit presented at CQDF received widespread positive praise, identifying increased use of ligatures, particularly among younger patients, and highlighted opportunities to strengthen patient safety, staff support and suicide prevention. The findings will inform	**Patient Safety** • Proportionate learning responses remain inconsistently applied. A learning response and PSIRF 'lite' training package will be introduced throughout the remainder of the financial year, supported by closer working with the QI team. The additional team manager role will support increase leadership capacity and influence. **Patient Experience** • Capacity pressures remain within the Patient Experience Advisor team due to sickness absence and vacancy, resulting in continued reliance on alternative duties staff, although the position is improving. • Datix limitations are affecting the ability to consistently identify, log and monitor patient experience feedback actions, creating a risk to demonstrating action tracking and evidence of learning. This is impacting the effectiveness of QGAF. Issues have been raised urgently with Datix • Accessible Information Standard compliance remains a local risk, particularly around the consistent identification, recording and application of reasonable adjustments across patient-facing and corporate services. • The SMS survey pilot is promising but not yet fully embedded, with further work needed to enable batch text sending, support monthly distribution and reduce reliance on postal surveys. • The transition of Patient Safety Partners into Patient Experience requires careful implementation, including clear scope, maintained links with Patient Safety and PSS colleagues, and impact reporting to ensure the move strengthens patient safety involvement. **Clinical Effectiveness and research** • **Pain Management Audit** Review of 2,943 patient records identified variation in pain assessment, analgesia use and reassessment. These findings reflect recognised challenges in delivering consistent pain assessment and management across pre-hospital and urgent and emergency care. A multidisciplinary task-and-finish group has been established to oversee improvement actions across clinical practice, education, digital systems and patient experience. • **Falls audit** Identified low compliance with the national falls Ambulance Clinical Outcome (AmbCO) care bundle. Findings have been shared with the Urgent Care Steering Group and will also inform consultant-led improvement activity against the falls AmbCO bundle. Compliance and improvement will be monitored through the available AmbCO dashboard, to provide ongoing oversight, however dashboard data is subject to a reporting lag - a working group has been established to review this. This will support future assurance through evidence of improved compliance in subsequent audit cycles. • The CRASH-4 interventional drug study is due to close by the end of this year, but we do not have another large-scale interventional trial in the pipeline, risking sustainability of paramedic trial recruitment models.

shared intelligence with system partners, exploration of specialist ligature-cutting equipment, and further prevention-focused improvement work.

- **Clinical Supervision in the Appraisal Proposal**
  Clinical Quality Development Forum (CQDF) supported proposals to incorporate clinical supervision and CPD discussions into annual career conversations. This provides an opportunity to identify learning needs earlier, improve access to targeted support, strengthen clinical decision-making confidence and provide greater assurance that staff are maintaining competence in high-risk and complex areas of practice.

- **NQP Development Days**
  Approximately 350 places were provided during the March–April 2026 Newly Qualified Paramedic development days, with near-full attendance. Feedback was highly positive, with an average score of 8.8/10; 86.9% of attendees reported feeling better prepared for practice and 98.4% reported improved knowledge. This provides assurance that the programme is supporting clinical confidence, capability and professional development.

- The YAS-hosted, and -sponsored PERIFERAL study (incidental findings), has received all of its approvals and begun to recruit participants, on track with study milestones. Similarly, the Longlies and TEMPEST (temperature monitoring of medicines in vehicles) NIHR-funded and YAS-hosted studies are on track. The YAS Research Institute (YASRI)has been awarded £100,295 in Research Capacity Funding in recognition of research leadership for 2026-27. YASRI have brought together two stakeholders (York St John University and the Yorkshire and Humber Applied Research Collaborative) to match fund a PhD opportunity around urgent and emergency care campaigns which has advertised the stipend position.

- In early July, the Clinical Effectiveness and Audit Team welcomed Martin Havenhand (YAS Chair), who met with team members to gain insight into the department's work.

- The AmbCO Dashboard is now available on the Power BI app, produced and completed by the Clinical Effectiveness and Audit Team in collaboration with the Business Intelligence team. This has been launched with clinical leads for roll out in their areas. This ensure that all national clinical outcome data is available for operation teams to review and implement recommendation, learning and drive local improvement. This data is provided 3 to 4 months after collection, clinical auditing and quality checking by the clinical effectiveness and audit team.

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

- **Health and Safety Policy**
  The Trust Health and Safety policy was reviewed and approved at TEG on 17 June. The policy has undergone thorough review bringing it up to date with structural changes across the organisation. No relevant changes to legislation were noted, with no significant policy changes required. The Safety Team are currently undergoing structural changes which will further benefit safety for the Trust.

- **Trust Risk Assessment Management**
  A recent internal audit provided recommendations for the strengthening of the risk management processes. Work is progressing on implementing a digitalised system utilising the Trust Microsoft 365 infrastructure. This is expected to widen access to risk assessment, improve central coordination, and assist timely review.

• **Quality Improvement Fellowship** In June, applications were opened for the next cohort of Quality Improvement Fellows, a first of its kind programme in the ambulance sector. The fellowship model has evolved over several years to meet the needs of staff; this year has seen significant expressions of interest across the organisation with requests for additional places by some service lines. • **Quality Improvement Team** The Quality Improvement team completed a restructure earlier in 2026. Following recruitment processes the team is expected to be in full establishment from July 2026. The team continue to positive progress the QI Enabling Plan and are making good headway in delivering improvement-orientated approaches for the Trust Business Priorities with a number of Plan, Do, Study, Act (PDSA) cycles being undertaken across Operations and Remote Patient Care to test changes, generate learning and support sustainable improvement. • **Quality Account Publication** Following Trust Board approval, the Trusts annual Quality Account 2025-26 was published on the Trust website and communicated to stakeholders.	

Key Issues to Address	Action Implemented	Further Actions to be Made
• Staffing and capacity •	• Safety Team restructure proposal is currently underway	• Continue to focus on AmbCO audits and actions