

Board of Directors (in Public)
24 September 2026

Report Title	Quality & Clinical Highlight Report
Author	Dave Green, Executive Director of Quality & Chief Paramedic Shona McCallum, Executive Medical Director
Accountable Director	Executive Director of Quality and Chief Paramedic Executive Medical Director
Lead Board Committee	Quality Committee
Previous 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	Assurance Information
Purpose of the paper	To update on highlights, lowlights, issues, actions and next steps in relation to Quality and Clinical areas.
Executive Summary	
Since the last report significant progress was made across the Trust's clinical and quality portfolio. A key achievement has been the successful establishment of the Clinical Quality Directorate, bringing together clinical effectiveness, patient safety, quality improvement, medicines, patient experience and professional leadership within a single integrated structure. Following a positive consultation process, implementation commenced on 3 August 2026, with revised governance and leadership arrangements already supporting improved collaboration, resilience and alignment across functions. Whilst overall progress remains positive, a few challenges continue to require attention. Workforce capacity pressures have affected resilience across several quality and safety functions, whilst medicines-related incidents remain a significant patient safety theme requiring ongoing focus. Progress in the quality dashboard development has been positive, but there continues to be constrained by analytical and system capacity, resulting in continued reliance on manual review. Recruitment to the substantive Head of Health and Safety position was unsuccessful during the period, and progress with job evaluation for wider safety roles has been slower than anticipated, affecting the pace of implementation of longer-term service development plans. Despite these challenges, the overall position provides assurance that governance, quality and safety arrangements remain effective and that identified risks are being actively managed. Highlights Successful establishment of the Clinical Quality Directorate, strengthening integration and collaboration across clinical, quality and safety functions. Completion of PSIRF audit actions, development of the next PSIRF Plan and re-establishment of regular CQC case review meetings.	

Continued delivery of the QI Enabling Plan and approval of a refreshed Health and Safety Policy, strengthening improvement capability and governance arrangements.

Significant improvements have been seen in relation to the return of patient experience survey feedback.

Lowlights

Ongoing reliance on manual reporting and assurance processes due to limitations in dashboard and analytical capacity.

Unsuccessful recruitment to the Head of Health and Safety post and delays in progressing job evaluation outcomes for wider safety roles have affected the pace of service development and implementation of future workforce plans.

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 board assurance committees only)

1. Deliver a timely response to patients.
11. Collaborate effectively to improve population health and reduce health inequalities.

QUALITY AND CLINICAL UPDATE 24 September 2026

Highlights	Lowlights
<u>Patient Safety</u> • Patient Safety has continued to mature during the quarter, with progress made in strengthening governance, assurance and organisational learning arrangements. All actions arising from the recent Patient Safety Incident Review Framework (PSIRF) internal audit have now been provided to the auditor as completed, providing increased confidence that the Trust's patient safety systems and processes are aligned with national expectations. • In August, work has also progressed on development of the Trust's next Patient Safety Incident Response Plan (PSIRP), informed by learning from current PSIRP implementation, incident themes and organisational priorities. This provides a strong foundation for ensuring future patient safety investigations and learning responses remain proportionate, targeted and improvement focused. <u>Patient Experience</u> • During August, significant progress was made in expanding patient experience measurement and feedback. Results are now shared through local governance meetings. Quarter 1 survey response rates were: 999 12.1%; RPC, 21.4%; and PTS, 18.7%. So far in Q2 we have received 460 survey responses compared to the 156 in Q2 25/26. • National collaboration continued through active participation in National Ambulance Service Patient Experience Group (NASPEG) workstreams, including development of a national Hear and Treat patient experience survey. • The Patient Experience Feedback Policy, including complaints management, and revised procedures for complaints, concerns, comments and compliments were approved in August, strengthening consistency and governance across patient feedback management. • Continued strengthening of safeguarding education and organisational learning, including launch of a Trust-wide Safeguarding MS Teams channel, expansion of CPD programmes and evidence of improved referral quality following training. • Continued focus on safeguarding referral quality. <u>Clinical Effectiveness and Research</u> • A three-month evaluation of the NIMBUS head injury pathway was completed, overseen by our consultant practitioner for Humber & North Yorkshire. The pathway supports clinicians managing selected frail patients who have sustained a head injury and are prescribed anticoagulant medication, providing an alternative to routine conveyance where appropriate. Referral activity increased significantly during the review period, with accepted referrals increasing from 20 in January to 135 in June, demonstrating increased awareness and utilisation of the service. • The first cohort of Specialist Paramedics Mental Health (MH) are now qualified and operational. • Mental Health clinical road map has been approved at Clinical Governance Group (CGG) and will now be used by the MH clinical team to inform the next three years workplan. • Newly Qualified Paramedic (NQP) development was supported through delivery of NQP Development Days within North Yorkshire. Initial feedback from 39 respondents was positive, with all participants reporting improved knowledge and preparedness for NQP practice. The programme achieved an average rating of 8.77 out of 10, with practical learning and clinically relevant content highlighted as key strengths. Further days are scheduled across Yorkshire. • A 0.5 WTE Resuscitation Officer has been recruited to support the continued development of resuscitation standards across YAS. The role will provide additional capacity to support quality assurance, education and the delivery of Resuscitation Council UK Advanced Life Support (ALS) and Newborn Life Support (NLS) accredited courses.	<u>Patient Safety</u> • Medicines-related incidents remain the most significant patient safety theme identified through PSIRF intelligence during the quarter. Although there are encouraging signs of improvement, with recent reports demonstrating a sustained reduction in incidents, medicines safety continues to require focused oversight and improvement activity to ensure these gains are maintained. <u>Patient Experience</u> • Following a technical issue with Datix, an additional workshop is scheduled for September to agree the final operational details ahead of the Quality Governance Assurance Forum (QGAF) launching in October. • Recruitment is complete and the Patient Experience Advisor team is now fully established. Training and induction temporarily reduced capacity and performance, but both are improving as colleagues settle into their roles. • Issues preventing progress towards pilot of new AI solution for translation in 999. Voice to voice translation technology isn't as mature or reliable as BT initially thought now that they are in testing stages with suppliers. The supplier that is most technically mature is American based and therefore there are data sovereignty issues that will need to be overcome. London Ambulance Service (LAS) are continuing to trial in-house solution and will share once out of pilot. Another update is expected from BT late September. The likelihood is that this will now be 27/28 deliverable. • Safeguarding training compliance remains variable across some staff groups (particularly Remote Patient Care), requiring continued focus on assurance, targeted interventions and sustainable training delivery arrangements. <u>Clinical Effectiveness and research</u> • Changes to the national apprenticeship levy funding arrangements have created challenges for newly recruited Specialist Paramedics accessing educational programmes. Whilst mitigating actions have been identified and implemented where possible, these changes present an ongoing risk to future recruitment and development of the Specialist Paramedic workforce. • The CRASH-4 interventional drug study is due to close by the end of this year, YAS have been searching for other large-scale interventional trials as this is a risk for sustainability of frontline paramedic trial recruitment models. <u>Compliance, quality assurance and quality improvement</u> • Ongoing limitations in reporting and analytical capacity have delayed full automation of quality dashboards, requiring continued reliance on manual assurance processes. • Recruitment to the substantive Head of Health and Safety position was unsuccessful, necessitating continued interim arrangements. Progress with job evaluation and establishment reviews for wider safety roles has also been slower than planned, impacting the pace of service development and implementation of longer-term workforce and improvement plans.

- YAS research delivery is on track, including projects where YAS is the host and sponsor. The YAS Research Institute have advertised our undergraduate research internships and have had a diverse range of applications, with the aim of three internships beginning in December 26/January 27. <u>Compliance, quality assurance and quality improvement</u> - The Trust has recommenced regular CQC Case Review meetings, following recent changes within the CQC team structures. - The Trust Executive Group (TEG) approved a refreshed Health and Safety Policy, providing an updated governance framework which reflects current legal requirements, organisational priorities and best practice. - The QI Enabling Plan continues to deliver strongly, with both major improvement priorities progressing. - The Trust has undertaken a quality peer-review of NEAS, supporting through sharing best practice, governance process and meeting establishment.		
Key Issues to Address	Action Implemented	Further Actions to be Made
- Patient safety learning and medicines incidents - Health and Safety leadership and workforce resilience	- PSIRF audit actions completed; ongoing review of medicines-related themes and learning responses through the QI support programme - Interim leadership arrangements maintained and workforce review progressed	- Implement next PSIRF Plan and continue targeted medicines safety improvement activity - Consider options for re-advertisement of Head of Health and Safety post and conclude job evaluation and workforce redesign