



Report Title	Quality & Clinical Highlight Report	
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Previous committees/groups	Individual subjects discussed at: TEG, Quality Committee, Clinical Governance Group, PSLG, CQDF	
Recommended action(s)	For Information	
Purpose of the paper	To update on highlights, lowlights, issues, actions and next steps in relation to Quality and Clinical areas.	
Executive Summary		
<p>Key areas:</p> <p>Highlights</p> <p>Improvement in CD compliance, including better documentation of witness signatures and CAD numbers. This reflects strengthened governance and training efforts.</p> <p>Local resolution for complaints is now live in WY A&E operations following successful launch in HNY. We are starting to see increasing numbers of complaints dealt with locally with positive feedback from local governance teams and complainants.</p> <p>HSJ award shortlist for the work in SY in relation to alternatives to ED for patients in MH crisis.</p> <p>Health Inequalities, with a respiratory focus, and the subsequent work on SPUC's responding to CAT2 breathing difficulty cases has been summarised and accepted for presentation at the Primary Care Respiratory Society annual meeting and the British Thoracic Society Winter Meeting.</p> <p>Lowlights</p> <p>Medication errors involving expired drugs and incorrect dosages continue to be among the most frequently reported incidents. A thematic review is underway as part of the annual patient safety incident response plan.</p> <p>Verifying patient addresses during emergency calls, particularly when outsourced, have led to some delayed responses. Benchmarking is underway to compare internal vs. external rates of incorrect verification.</p> <p>Attendance at annual clinical refresher training remains good but has fallen. Work to understand staff concerns around attendance have been undertaken (one barrier being the anxieties of assessment) planning to improve attendance at the 26/27 clinical refresher through addressing these issues is underway.</p>		
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)	4. Strengthen quality governance and medicines management to develop a culture of improvement, safety, and learning. 11. Collaborate effectively to improve population health and reduce health inequalities.	

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Highlights	Lowlights
<p><u>Patient Safety</u></p> <ul style="list-style-type: none"> • Marked improvement in CD compliance, including better documentation of witness signatures and CAD numbers. This reflects strengthened governance and training efforts. • Increase in safeguarding referrals within Patient Transport Services (PTS), attributed to improved staff awareness and communication. Case-based learning has been embedded in PTS training and newsletters to enhance incident-based education. • Evaluation of Aerogen nebuliser has reached mid-point with 32 COPD patients treated with the novel device. Clinical audit of COPD care is underway with results expected by the end of the product evaluation. • External presentations have been delivered to GP groups in Doncaster and GP Fellows in West Yorkshire discussing the role of the Ambulance Service and effective integrated working. Offers of further presentations have been made across Yorkshire. <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> • Local resolution for complaints is now live in WY A&E operations following successful launch in HNY. We are starting to see increasing numbers of complaints dealt with locally with positive feedback from local governance teams and complainants. SY and IUC are planned to go live in November with EOC following once fully live with NHS Pathways. • Patient Experience and Involvement Framework is being used successfully with governance meetings such as PSLG regularly having patient stories used to demonstrate how learning is being embedded. • The tier one learning disabilities and neurodiversity webinar is due to go live in October, this is for corporate staff and call handling staff in remote patient care and PTS. • Internal audit of complaints handling is ongoing. • HSJ award shortlist for the work in SY in relation to alternatives to ED for patients in MH crisis. <p><u>Clinical Effectiveness and research</u></p> <ul style="list-style-type: none"> • Maternity and neonatal care: Continuing Professional Development (CPD) funding has been secured to deliver the Out of Hospital Maternity Emergency Neonatal Training (OHMNET) programme, led by the new Consultant Midwife. Training sessions are scheduled across 2025/26. In parallel, work is progressing to introduce dedicated pre-alert lines ("red phones") into maternity units across the region, to standardise ambulance–hospital communication for time-critical patients, with an anticipated go-live of February 2026. <p>YAS has secured funding to apply to the Resuscitation Council UK (RCUK) to become an accredited provider of the Out of Hospital Neonatal Life Support course. If successful, YAS would be the first ambulance service nationally to hold this status.</p> <ul style="list-style-type: none"> • Clinical Supervision: Programme is progressing well, with first cohort of facilitators enrolled and attending Professional Advocacy training accredited at level 7 to enable the delivery of restorative sessions – request the continued support of operational colleagues to allow for extractions of staff. Data highlights how the move away from ad hoc clinical supervision towards it featuring at investment days is progressing well but remains a continued focus. Second cohort of Professional Advocacy training begins in September. 	<p><u>Patient Safety</u></p> <ul style="list-style-type: none"> • Despite continued awareness campaigns and the rollout of pre-pack medication pouches, medication errors involving expired drugs and incorrect dosages continue to be among the most frequently reported incidents. A thematic review revealed that a significant proportion of medication incidents were related to expired medications. The Trust Pharmacist advises that the transition to digital record keeping via the YAS medicines app is expected to strengthen governance in this area. • Issues with verifying patient addresses during emergency calls, particularly when outsourced, have led to some delayed responses. Benchmarking is underway to compare internal vs. external rates of incorrect verification. • A thematic review of Datix reports identified a cluster of incidents relating to YAS defibrillators, a task and finish group has been established to undertake a detailed review and report recommendations back to the Patient Safety and Learning Group (PSLG). • Challenges with staffing the Medical Advisor rota are present but being acted upon in collaboration with the people and finance directorates. A risk has been documented. <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> • Whilst there is significant progress in complaints response times, there are challenges with data quality (due to the link between Datix and Power BI). The BI team are currently reviewing and updating dashboards so that accurate data can be reported. • Although there has been a slight improvement, MHRV shift fill remains low at 50%, operational colleagues are leading on improving this figure. <p><u>Clinical Effectiveness and research</u></p> <ul style="list-style-type: none"> • YAS recently transitioned to a new brand of ECG electrodes following a small-scale quality improvement project which demonstrated comparable clinical effectiveness at a reduced cost. However, during wider implementation, several no harm incidents were reported. Following consultation with London Ambulance Service (who have continued to use the product) and with national procurement leads, YAS took the precautionary decision to revert temporarily to the previous brand while the manufacturer undertakes assessments. A re-launch with the support of QI, and a further pilot, will be scheduled once assurance has been received. • Capacity limitations in other organisations preventing our clinicians completing referrals. • Gaps remain in pathways data capture, flow and reporting. • NIHR RRDN funding model has been shared, implications for YAS funding for next year are unclear but mitigated by a cap and collar approach. <p><u>Compliance, quality assurance and quality improvement</u></p> <ul style="list-style-type: none"> • Whilst engagement to the 'ideas to deliver our ambitions' is strong, assessment of ideas continues to be a challenge with leaders' ideas still waiting assessments. • A recent internal audit has highlighted opportunities to enhance the Trust's approach to health and safety risk assessments. In response, an action plan is being developed alongside further exploratory work to align with best practice. • Attendance at annual clinical refresher training remains good but has fallen. Work to understand staff concerns around attendance have been undertaken (one barrier being the anxieties of assessment) planning to improve attendance at the 26/27 clinical refresher through addressing these issues is underway.

- NQP development: Development days have been arranged across Yorkshire, building in their success from last year, to feature content relevant to their needs. The offer has been extended to several NQPs awaiting employment as part of the recruitment pool to support CPD whilst waiting.

The NQP portfolio app has been well received, and user engagement is good. Support sessions for mentors and team leaders will be offered to ensure confidence for supervisors. An oversight dashboard is being built by the provider which allows NQP leads for each area oversight of progress of staff within their CBU. A plan is also in place to enable access to portfolio content for those recruited paramedics who are awaiting a substantive position in the recruitment pool.

- Service evaluation: Examination of Entonox usage is underway at Leeds ambulance station, supported by research team and sustainability manager to reduce the impact of greenhouse gas emissions from unused Entonox.
- The work done on Health Inequalities, with a respiratory focus, and the subsequent work on SPUC's responding to CAT2 breathing difficulty cases has been summarised and accepted for presentation at the Primary Care Respiratory Society annual meeting and the British Thoracic Society Winter Meeting. These are significant conferences to present this work at.
- Locally tailored plans have been implemented by Area Leadership Teams to increase uptake of Push pathways, SDEC referrals, and low acuity falls responses. These plans are supported centrally by the Clinical Pathways and RPC teams.
- A six-month communications campaign launches in October, focusing on winter pressures and key pathways. Improvements to the JRCALC Plus app include enhanced search, feedback tools, and accessibility features.
- First Site Initiation Visit for the Long lies fall study has taken place, a key milestone in patient recruitment into this important project.
- Lead Manager for Clinical Audit, Informatics and Records is now in post.
- Mental Health Data Analyst appointed and working with the Health Intelligence Specialist enabling more target work to continuously inform and improve clinical practice.

Compliance, quality assurance and quality improvement

- Consistent attendance to QI Foundations training with positive feedback. Since April 2025, 92 people have attended the training and projections suggest we will meet our in-year target of 144 by March 2026.
- Executive sponsorship continues to be instrumental in promoting the QI Leaders programme, successfully positioning it with the intended audience and encouraging participation from leaders.
- To date, 25 people have completed the training with 26 currently progressing through the QI leaders training.
- The Improvement Hub hosted several challenges that supported the organisation to crowdsource ideas and feedback relating to the clinical response model review. This saw a total of 68 ideas generated to support the review.

<ul style="list-style-type: none">Continue to engage with the CQC as part of ongoing relationship management, with a recent face to face visit to HQ and the Emergency Operations Centre in Wakefield that received positive feedback.			
Key Issues to Address		Action Implemented	Further Actions to be Made
<ul style="list-style-type: none">Continued medication safety incidents, particularly involving expired drugs and dosage errors, despite recent mitigation efforts.Ongoing efforts to remedy data quality issues impacting patient experience information flow.Datix theme relating to defibrillator devices.Capacity gaps in services receiving YAS referrals.		<ul style="list-style-type: none">Improvement stories scheduled to upcoming Trust Board in October 2025.Application for Trust Board Improvement Development Programme, hosted by NHS Impact, has been submitted.	<ul style="list-style-type: none">Further strengthening of Quality Improvement contributions into the YAS Together Programme – Excel Together has been identified, work is underway.Further engagement with system partners; improving data capture/analysis/reporting; improving internal offer for real-time crew support and case-holding.