



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		
Summary highlights: Highlights Patient stories are now regularly shared at meetings, such as PSLG. YAS has successfully been accredited as a provider of the Out of Hospital Neonatal Life Support course for the Resuscitation Council UK (RCUK) and are the first ambulance service nationally to hold this status. The Improvement Webinar Winter 2025 focussed on improvements that enhance patient care. Receiving positive feedback and engagement from a wide audience. Lowlights Two recent internal audits identified areas for improvement with the introduction of PSIRF and patient complaints. Further work needed to improve the Trust risk assessment process to align with best practice. Verifying patient addresses during emergency calls, particularly with outsourced providers, remain under close review.		
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
<u>Patient Safety</u> • Patient Safety Learning Group continues to meet monthly and receive learning from across the three service lines. The October meeting highlighted the requirement for PTS to build a business case for a piece of moving and handling equipment that enables the safer movement of patients upstairs. Humber and North Yorkshire A&E team identified a reduction of 50% in treatment errors due to targeted learning and improved supervision. <u>Staff Safety</u> • Health and Safety oversight: Development of a comprehensive risk assessment register and legal register is underway to support assessment of health and safety compliance. A business case is being developed that will support the wider health and safety capacity. • Training & Learning: Violence reduction training review has been completed; new e-learning content for Body-Worn Cameras and Dynamic Risk Assessment launched. • IPC Engagement: Improved participation in investment day IPC learning sessions. Positive flu vaccination uptake. <u>Patient Experience</u> • Enhanced Real-Time Feedback: The Trust is prioritising the collection and use of real-time patient experience feedback, expanding survey accessibility across digital, paper, and mobile channels. This will form one of the priorities in the 26/27 Quality accounts. • Patient stories are regularly shared at meetings, events, and training sessions, presented in the words of patients and relatives to foster compassionate, person-centred care. • Quarterly patient experience reports are presented to the Clinical Governance Group and Quality Committee, analysing feedback, complaints, and engagement events to identify trends and areas for improvement. • Focus on Reducing Complaint Response Times: A targeted improvement plan aims for a 10% reduction in complaint response times, reflecting the Trust's commitment to responsiveness and continuous improvement. Currently this plan is on trajectory. <u>Clinical Effectiveness and research</u> • YAS has successfully been accredited as a provider of the Out of Hospital Neonatal Life Support course for the Resuscitation Council UK (RCUK) and are the first ambulance service nationally to hold this status. • Clinical Supervision is progressing well, testimony shows how the move away from ad hoc clinical supervision towards it featuring at investment days is progressing well, enhancing staff confidence and clinical skills. • NQP Development days have been arranged and delivered across multiple locations across Yorkshire, building on their success from last year, and featured education from our consultant midwife. Testimony has been received from one of the NQPs, who subsequently attended a difficult birth and utilised the education to care for mother and baby. • Phase 1 of the Clinical Response Model project has been completed and created 6 key workstreams to pursue as part of a business enabling plan in 26/27. • The Patient Safety Clinical Bulletin is now a monthly publication, supported by a multidisciplinary working group to ensure content remains timely, relevant, and aligned with PSIRF learning priorities. The group is also developing complementary materials, such as infographics and posters, for internal and social media channels to broaden reach, enhance engagement, and promote learning across all staff groups.	<u>Patient Safety</u> • A recent internal audit looking at the transition to PSIRF has been graded as limited assurance. The report did show clear evidence of system-based thinking and effective learning activities; however further improvement has been identified. A comprehensive improvement plan with SMART actions has been developed to address the learning identified before the conclusion of the current financial year. This will be monitored through PSLG and Quality Committee. <u>Staff Safety</u> Health and Safety • A number of risk assessments are approaching or have exceeded their scheduled review dates, with some requiring formal closure. • A risk relating to the Trust's Health and Safety Risk assessment process has been escalated to the Corporate Risk register following Internal Audit findings. • A new risk has been added to the Corporate Risk register relating to the Trust's lack of Stress risk assessment identified through learning from another Trust that has received HSE intervention for this. The proposed business plan to improve the capacity of the health and safety team should help to address the issues identified. <u>Patient Experience</u> • Benchmarking against complaints standard framework, accessible information standards and experience of care has commenced, however this is challenging as related documents are tailored to services provided by acute Trusts. • The collating of demographic data from patients giving feedback has not yet been fully embedded. Work is ongoing with the patient relations team. • A recent patient experience/complaints audit has resulted in limited assurance, however several of the learning actions are already completed. There were also a number of positives in the audit findings, including a how patient focused and professional the patient relations team were. The learning actions will be monitored through PSLG and Quality Committee. <u>Medication Safety</u> • Despite sustained awareness campaigns medication errors, particularly involving expired drugs and incorrect dosages, remain a challenge. In areas that have had the introduction of pre-pack medication pouches, the errors are reported are much lower. A business case is under development for the Trust wide roll-out of pre-packed medication pouches. • Early feedback on the phased rollout of the YAS Medicines App is positive, showing improved compliance with digital record-keeping and stock checks. Full implementation is underway, supported by targeted training and audit processes to strengthen governance. <u>Patient Address Verification</u> • Challenges in verifying patient addresses during emergency calls, particularly with outsourced providers, remain under close review with a multi-disciplinary learning response undertaken to gain the learning and make improvements. • Further improvements, including system enhancements and clearer escalation pathways for complex cases, are being explored to reduce delays and strengthen patient safety governance. <u>Defibrillator Safety</u> • A thematic review of Datix reports identified a cluster of incidents involving YAS defibrillators. • A task and finish group, including procurement, clinical, IT, and other stakeholders, is conducting a detailed review and will present recommendations to PSLG in November 2025.

• In September and October 2025, four YAS staff completed their National Institute for Health and Care Research (NIHR) Research Internship (three paramedics and one nurse), presenting their work at Sheffield Hallam University. Two have now begun a NIHR funded INSIGHT masters' course • Short-term funding secured from West Yorkshire Integrated Care Board to bring in specific public health analytical expertise to YAS in the form of a Senior Public Health Analyst post. Project group formed, with key deliverables, and collaborative exploratory data analysis commenced on calls for breathing problems in the most deprived areas. Priority cohorts to be identified with a QI project planned later this year to implement actions derived from analysis. • Agreement with YAS Academy to coordinate an initial review of training programmes during 2025/26 to identify and embed health inequalities content, with ongoing collaboration and periodic review as programmes evolve. • Head of Clinical Effectiveness, presented at the National Clinical Audit Leadership Summit on the topic of the Ambulance Service and Unrealised Clinical Audit Partner to an acute and community healthcare audience. • This month the Lead Manager for Clinical Audit and Learning from Deaths Lead and the Clinical Directorate Manager held a Learning from Deaths workshop, from which a task and finish group will continue to develop on this work to improve the effectiveness of the process and maximise our learning from deaths. <u>Compliance, quality assurance and quality improvement</u> • Work has commenced to re-design the I4I inspection process to improve Health and Safety assurance. • Early work has commenced in planning delivery for a CQC Readiness assessment for early 2026. QI Training: • Consistent participation from various departments within the organisation attending QI Foundations training with positive feedback. Since April 2025, 120 people have attended the training. • Executive sponsorship continues to be instrumental in promoting the QI Leaders programme, successfully positioning it with the intended audience and encouraging participation from Trust leaders. • An expression of interest was made to undertake an NHS IMPACT board development programme. The outcomes from were due to be communicated at the end of August 2025; it is understood NHSE may have paused the programme. QI Business Partnerships: • The business partner relationship with East A&E Ops is now firmly established, with continuous involvement in both strategic discussions and day-to-day operational activity such as: • Reducing crew clear times at Hull Royal Infirmary (HRI), with learning initiated from the PDSA cycle launched in September. • Reducing excessive ED conveyance rates. • Increased utilisation of alternative care pathways. Improvement Webinar Community of Practice: • The Improvement Webinar Winter 2025 focussed on improvements that enhance patient care. This was well attended with positive feedback with people feeling empowered to undertake improvement projects. This is available to watch by clicking here.	Key actions include: • Confirming current devices remain safe for clinical use. • Reviewing maintenance costs and emerging AED technologies for future consideration. • Agreeing new processes for reviewing cases of concern and supporting AED mode. • Utilising defibrillator supplier support for education and training. <u>Clinical Effectiveness and research</u> • Clinical Supervision: While the Professional Advocacy (PA) Level 7 training programme for Clinical Supervision facilitators continues to progress well, a small number of nominated facilitators were unable to attend due to not being abstracted from operational duties. This has temporarily slowed the ability to deliver restorative supervision coverage. Engagement with operational leadership team is underway to ensure future cohorts are supported. • The new NIHR funding model for research delivery has been shared with NHS Trusts, indicative allocations show that YAS has lost the maximum amount of funding (cap and collar model in place) at 7%, or around £40,000 for 2026-27. Our allocation does still remain significantly higher than all other NHS ambulance Trusts. • Given the requirements in the updated ambulance emergency and urgent care service specification and the new strategic commissioning framework, YAS must continue to prioritise health inequalities despite the current financial climate. Consideration should be given, as part of the 2026/27 business planning process, as to whether we are able to meet these requirements and, if not, what is needed to support. • Several staff from the Clinical Effectiveness and audit team are moving on to either retirement or progressing their careers in other posts, which is a good thing for them, and we wish them well. However, it does mean we will have a number of vacancies from key posts at the same time, therefore there has been a need to place this on the corporate risk register. <u>Compliance, quality assurance and quality improvement</u> • Attendance at annual clinical refresher training remains a challenge however it is hoped that with the extra course dates an overall attendance of 80% will be achieved. This is closely monitored at Clinical PGB. The plan to improve attendance at the 26/27 clinical refresher is underway including how we enhance the educational experience at these sessions whilst ensuring assurance of these key skills. QI Business Partnerships: • While there is clear evidence of strong engagement and progress in the adoption of improvement partnership with teams within several departments, it is recognised that there is variation in the pace and extent of implementation across the organisation, reflecting differing local contexts, priorities, and readiness for change.
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The improvement community held its launch meeting in October. This had broad attendance from Legal services, Quality and Professional standards, A&E West Yorkshire, Leadership & OD, Planning and Development, Health and Wellbeing and Research team colleagues.			
Key Issues to Address		Action Implemented	Further Actions to be Made
Continued medication safety incidents, particularly involving expired drugs and dosage errors, despite recent mitigation efforts.		Monitoring of the internal audit actions for PSIRF and Patient Experience learning actions through PSLG and Audit Committee.	Support business plans for the Trust wide rollout of pre-packed medication pouches.