



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) (assurance, approval, information)	Information/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:

**Patient Safety:** Progress in medication safety through pre-packed pouches and continued delivery of the clinical audit programme.

**Patient Experience:** Formal patient complaint remains the lowest since pre-Covid, redesign of the 999 survey aims to boost patient feedback. Local complaint resolution is live in most areas, and the complaint response times are improving.

**Clinical Effectiveness and Research:** Strong uptake of clinical supervision with nearly 3000 interactions over Q2-Q3. Improvements to pathway utilisation via the 'Right Pathway First' campaign, ongoing clinical audit informing clinical practice.

**Quality Improvement:** QI training participation has exceeded expectations, Leaders programme on schedule showing some measurable improvements.

#### Lowlights:

**Patient Safety:** Still seeing medication errors but plans in place to mitigate with pre-packed pouches.

**Patient Experience:** Complaints themes remain focused on attitude, clinical issues and operations. The recent internal audit gave limited assurance, but work is underway to address the learning. Low patient survey response rates but plans in place to improve.

**Clinical Effectiveness:** Sustainability risk with the RCUK ALS/NLS provider status, plans in place to recruit to a dedicated role to address.

**Clinical Pathways:** Persistent challenges remain around pathway accessibility; inconsistent ECG interpretation skills, and limited analytics capacity impacting deeper insight into pathway performance and outcomes.

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 medicines management. 11. Collaborate effectively to improve population health and reduce health inequalities.

Highlights	Lowlights
<p><b>Patient Safety</b></p> <ul style="list-style-type: none"> <li>Progress on medication safety, with pre-packed pouches reducing errors and improving consistency. TEG supported future investment to standardise the model across the Trust.</li> <li>Patient Safety internal audit action remains on track and are being supported through Patient Safety Learning Group and monitored through Quality Committee.</li> </ul> <p><b>Patient Experience</b></p> <ul style="list-style-type: none"> <li>Patient Relations caseload is being maintained at less than 200 formal cases in total (average per coordinator of c30 cases). This is the lowest the caseload has been since pre covid19.</li> <li>The redesigned 999 operations survey is ready to go live in a digital format which will allow QR codes to be placed in vehicles and ED's with the aim of increasing patient feedback.</li> <li>Local resolution is embedded in all areas except EOC (planned go live in Q4). Clear benefits being seen in turnaround and outcomes from complaints.</li> <li>Decreased numbers of formal complaints are being sustained.</li> <li>Average complaint response times continue to decrease in line with 10% target, current YTD performance is 112 days. Response times will continue to be a priority for 2026/27.</li> </ul> <p><b>Clinical Pathways</b></p> <ul style="list-style-type: none"> <li>Staff survey on experience of using referral pathways highlights that staff are confident in identifying patients suitable for referral (74.2% of respondents) and that most are using the approved JRCALC Plus app as their primary source of pathway information (69%). Frailty, community response and Leeds hospitals pathways were highlighted as the most effective pathways.</li> <li>Updated STEMI and stroke pathways, including stroke pre-hospital video assessment and new ECG referral tools. These now align with latest UK Stroke Guideline, European Society of Cardiology Acute Coronary Syndrome Guideline and relevant JRCALC and NICE guidelines.</li> <li>Successful <i>Right Pathway First</i> campaign promoting appropriate pathway use amongst clinical staff. Good engagement so far, with 53 attendees at virtual CPD event on Urgent Community Response and 952 interactions to date with campaign website.</li> </ul> <p><b>Clinical Effectiveness and research</b></p> <ul style="list-style-type: none"> <li>Two NIHR funded, YAS sponsored and hosted studies opened in October and November 2025: Pathway enhancement for the referral of patients with incidental findings encountered by ambulance clinicians (PERIFERAL) and Temperature monitoring and mapping in ground emergency medical services and the Emergency Department (TEMPEST)</li> <li>3 YAS staff have been accepted onto the NIHR Yorkshire and Humber Health Care Professional internships.</li> <li>Clinical audit training is now underway, with sessions delivered to light duties paramedics involved in clinical audits in North Yorkshire, as well as to the Safeguarding teams.</li> <li>Learning from death is progressing well, and the longstanding backlog has been resolved with help from four paramedics on alternative duties.</li> <li><b>Clinical Supervision (CS):</b> Data from the Clinical Supervision App captured 1988 interactions in Q2 and 950 in Q3. Across Q2–Q3 of 2025. Common areas include resuscitation, trauma, end-of-life, non-conveyance, and diagnostic uncertainty. Feedback shows that these sessions are valued and dependent on facilitatory skill, hence CPD funding being used to develop a cohort of paramedic professional advocates via an accredited Level 7 course.</li> </ul>	<p><b>Patient Safety</b></p> <ul style="list-style-type: none"> <li>Medication errors are still a feature in incident reporting but the move to one system for medicines such help to mitigate, alongside ongoing education and awareness work with frontline teams.</li> </ul> <p><b>Patient Experience</b></p> <ul style="list-style-type: none"> <li>Themes from complaints remain, attitude, clinical, operational.</li> <li>360 Audit gave 'limited assurance' for complaints audit due to lack of clarity in governance, particularly around learning from complaints. Work has now started on this to ensure sight of actions from complaints is robust.</li> <li>Survey response rates remain at a very low level. The 2026/27 quality account priority for patient experience has been written with the intention of improving the amount and type of patient experience feedback we receive.</li> </ul> <p><b>Clinical Pathways</b></p> <ul style="list-style-type: none"> <li>Staff survey on pathways highlights continued issues with access to appropriate referral pathways for patients – 44.4% of respondents disagreed or strongly disagreed with the statement 'Urgent and community pathways are easy to access'. SDEC and mental health services were the most frequently mentioned as 'least effective' pathways in respondents' areas. We continue working with partners to improve accessibility and address barriers to referral.</li> <li>Conducted a pilot of an NHS-wide service directory, finishing in October 2025. Pilot evaluation concluded that the NHS-wide directory is not yet a suitable replacement for ambulance-specific service-finding tools. We are still exploring ways to refine and integrate pathway directories for staff including the JRCALC Plus app (see Highlights).</li> <li>We are aware of variation in ECG interpretation skills amongst clinical staff (as highlighted by HSSIB national report in October). Yorkshire PPCI centres report year-on-year increase in ambulance referrals but no corresponding increase in patients accepted for intervention – most inappropriate referrals are believed to be queries about ECG interpretation. A YAS audit is underway to understand in more depth and put in place appropriate actions.</li> </ul> <p><b>Clinical Effectiveness and research</b></p> <ul style="list-style-type: none"> <li><b>RCUK Advanced Life Support Provider Status:</b> YAS is currently the only ambulance service nationally to hold accredited provider status for delivery of both RCUK Advanced Life Support (ALS) and Neonatal Life Support (NLS) courses. This position has been achieved through significant commitment and voluntary effort by individuals in addition to their substantive roles. The absence of a dedicated, resource presents a risk to the sustainability of this accreditation and limits YAS's ability to optimise the associated income generation. To mitigate this, plans have been developed and approved to establish a 0.5 WTE Band 7 role to provide coordination and delivery oversight as well as supporting wider resuscitation effectiveness within the Trust.</li> </ul>

- **Adrenal Crisis Audit:** Clinical audit into adrenal crisis care identified that IV fluid therapy was frequently initiated, however this was not delivered in line with the NICE update from August 2024. In response, findings have been disseminated via the patient safety clinical bulletin and investment days within South Yorkshire, with plans for local clinical leads and team leaders to replicate across regions. Furthermore, free, nationally delivered, CPD opportunities have been identified and shared with the area teams. A focused re-audit is scheduled within the 2026/27 programme to assure improvement in compliance and clinical effectiveness.
- **Corpus Review:** A Task and Finish Group undertook a detailed review of the Corpus defibrillator in response to concerns about some functionality, concluding that while ongoing engineering, training, software and governance mitigations ensure the device remains clinically safe and suitable for use. There is a need to start early market engagement to inform any future device procurement, as technology and resuscitation practice evolve.
- **Impact of Consultant Midwife:** Partner agencies have provided positive feedback regarding the management of complex maternity emergencies by ambulance crews relating to cases in East, South and West Yorkshire in recent months. This is following focussed maternity education at the NQP and Critical Care development days overseen by our Consultant Midwife, showing both impact of the role and effectiveness of the development days in enhancing patient care.

#### **Compliance, quality assurance and quality improvement**

##### **Patient selfcare advice**

- An electronic patient selfcare advice initiative has successfully completed the initial testing phase, and the Clinical Safety Case is now finalised. The Standard Operating Procedure (SOP) is currently pending approval from Clinical Quality Development Forum, expected in early February. Upon approval, training will be initiated for the Specialist Paramedic's Urgent Care (SPUC) in Hull & East Riding initially. Work is ongoing to coordinate the training and implementation process.

##### **QI Training**

- Participation in QI Foundation training has exceeded expectations, with 153 staff members having completed the programme, 53 more than originally projected. The training is accessible to personnel at all levels, ensuring a consistent organisational understanding of quality improvement principles and practices.
- Delivery of the QI Leaders programme remains on schedule, with 55 participants expected to have completed the course by May 2026. This progress demonstrates the organisation's commitment to embedding a culture of continuous improvement and equipping leaders with the necessary skills to drive improvement. For example, increasing SPUC utilisation in Northallerton has seen an average increase of 50.81% of baseline.
- QI Training has been delivered to wider system colleagues as a part of the NHS global QI Fellowship with positive feedback.

##### **Improvement Hub**

- Engagement is underway to ensure that staff ideas are collected against projects and programmes that are closely aligned with emerging organisational priorities.
- The local EOC improvement challenge is now well established within the broader network of improvement champions.

<b>Key Issues to Address</b>	<b>Action Implemented</b>	<b>Further Actions to be Made</b>
• Lack of a dedicated Resus lead	• Plan to utilise 0.5 WTE	• Job description development and go out for the role April '26