



MEETING TITLE Trust Board in Public		MEETING DATE 26/05/2015	
TITLE of PAPER	Clinical Quality Strategy 2015/18	PAPER REF	6.3
STRATEGIC OBJECTIVE	Provide high quality, safe and clinically-effective services which exceed regulatory and legislative requirements		
PURPOSE OF THE PAPER	The purpose of the paper is to present the key achievements delivered as part of the Clinical Quality Strategy 2012/15; and to present the Clinical Quality Strategy 2015/18.		
For Approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input checked="" type="checkbox"/>
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DISCUSSED AT / INFORMED BY – include date(s) as appropriate (free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper): The content of this paper has been discussed, in the main, at Clinical Governance Group, and Trust Management Group. Specific content has also been discussed at Medicines Management Group and the Patient Safety Steering Group.			
PREVIOUSLY AGREED AT:	Committee/Group: Clinical Governance Group Quality Committee	Date: 28 April 2015 7 May 2015	
RECOMMENDATION	It is recommended that the Trust Board receive the report as assurance that clinical quality remains a key priority for the Trust and that the strategy for 2015/18 is now set outling the key quality priorities.		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal implications/Regulatory requirements		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality and Diversity Implications		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission		All	
Monitor Quality Governance Framework		All	

1. PURPOSE/AIM

- 1.1 The purpose of the paper is to present the key achievements delivered as part of the Clinical Quality Strategy 2012/2015; and to present the Clinical Quality Strategy 2015/18.

2. BACKGROUND/CONTEXT

2.1 Clinical Quality Strategy 2012/15

- 2.1 The Clinical Quality Strategy was developed around the three main themes of safety, effectiveness and experience. Fifteen priorities were identified, with key aspects identified in the IBP.

3. KEY ACHIEVEMENTS 2012/15

- 3.1 A detailed report on the progress and delivery of the 2012/15 Clinical Quality Strategy is described in the 2014/15 Quality Account which is due to be presented to the Trust Board in June 2015. The following paragraphs feature a small number of highlights from 2014/15.
- 3.2 Survival to discharge rates for patients who have suffered out of hospital cardiac arrest is a key aspect. Implementation of the Resuscitation Plan has been extremely successful, with YAS leading the national survival to discharge rates for patients in the Utstein comparator group.
- 3.3 Improvement in clinical decision making, especially with regard to conveyance decisions allowing patients to remain in, or be treated nearer to, home has been achieved with the introduction of Paramedic Pathfinder. Initially piloted in Rotherham, the decision-making tool has been linked to ePRF as a clinical app and has been introduced across West Yorkshire as a CQUIN in 2014/15. Paramedic Pathfinder again features in the 2015/16 CQUINs as the roll-out continues across the region.
- 3.4 The management of patients with acute stroke by direct conveyance to a Hyper Acute Stroke Unit with the facility to thrombolyse has been developed in conjunction with providers across Yorkshire and the Humber. Pathways are now available across the whole area but are subject to change on a regular basis. Continued lobbying has resulted in consultation with the national stroke lead at the most recent National Ambulance Services Medical Directors (NASMeD) group to try and improve access to acute stroke services for all patients.
- 3.5 Key achievements have also been in relation to Dementia Care specifically:
- i) Throughout 2014/15, YAS has proudly displayed the 'Working to become Dementia Friendly' forget-me-not logo on all front line vehicles. This commitment has been highly visible in the community to the extent that other organisations, including West Yorkshire Police have committed to working with YAS and will also be displaying the forget-me-not logo all their front line vehicles.

- ii) **Dementia Awareness Training** - All new frontline employees now undertake Dementia Awareness Training as part of a comprehensive training package that is focused on the patient experience. The Alzheimer's society's 'Dementia Friends' training has since been integrated into the delivery of our Dementia Training to enable staff to become part of a social movement of 1 million 'Dementia Friends' throughout the UK.

For existing staff, a bespoke distance learning resource has been developed for frontline staff alongside a full range of online learning.

- iii) **Dementia Awareness – YAS 247 Online** – All staff have access to a range of further learning resource on Dementia directly from our online learning management system (YAS 247).

- iv) A total of 2430 staff have received Dementia Awareness training since July 2013 from the blended learning approach detailed above.

- v) **Dementia Friendly Design – New Ambulances**

YAS became the first NHS ambulance service in the country to procure new ambulances with a dementia-friendly specification. In April 2014, a fleet of 33 new vehicles arrived at the service with a dementia-friendly design, including:

- Steps with a contrasting strip along the front edge.
- Flooring with a matte finish and not shiny.
- Contrasting colours for grab/hand rails
- Seating of a contrasting colour to that of the floor.

- vi) **Dementia Friendly – Reminiscence resource for Non-Emergency Conveyance**

The YAS Leadership and Learning team have created a 'Little book of reminiscence' for use on PTS Ambulances. The reminiscence resource contains a range of photographs of Yorkshire from the 40's, 50' and 60's, kindly provided to YAS under license from the Science and Society picture library, Bradford Museums and Scarborough Museums Trust.

This resource has been piloted in the Bradford and Airedale region and feedback has been extremely positive.

4. CLINICAL QUALITY STRATEGY 2015/18

- 4.1 The development of the 2015/18 clinical quality strategy is complete and was approved by the Clinical Governance Group in April 2015.

- 4.2 The development of the strategy has been informed by:

- Internal knowledge regarding complaints/patient feedback/incident reporting

- Alignment to strategic intent as described in the Integrated Business Plan
- External reports including national guidance, regulation and best practice
- Internal engagement
- External engagement
- Engagement with YAS Forum members

4.3 The strategy is attached at Appendix I. Key themes within the strategy include:

- “Listening, Leading & Learning”
- Alignment to CQC regulatory framework
- Training specifically in relation to new equipment
- Consistent alternative care pathways for patients focussing on mental health
- Clear role and responsibility for clinical leaders
- Implementing best practice in relation to sepsis and recognition of the deteriorating patient
- Pain management
- Human factors within the Emergency Operations Centre
- Listening and engagement
- Station level management

5. COMMUNICATION & ENGAGEMENT

5.1 A communication plan has been developed with support from the Employee Engagement Manager. This will include the initial launch of the strategy and introduction of a regular communication to front line staff on implementation and associated learning.

5.2 This will include a blend of approaches including the use of summary documents and multimedia.

6. RISK ASSESSMENT

6.1 No new risks have been identified at this time.

7. SIGNIFICANT EXTERNAL COMMUNICATIONS

7.1 As part of the communications and engagement plan, there will be information on the public YAS website. The strategy will be shared directly with external stakeholder organisations and commissioners.

8. RECOMMENDATIONS

8.1 It is recommended that the Trust Board receive the report as assurance that clinical quality remains a key priority for the Trust and that the strategy for 2015/18 is now set outling the key quality priorities.

9. APPENDICES

9.1 Appendix 1 - Clinical Quality Strategy 2015/18