



Board of Directors (held in Public)
27 July 2023
Quality & Clinical Report
Report of the Executive Director of Quality, Governance
& Performance Assurance

Item 4.4

Presented for:	Assurance
Accountable Director:	Clare Ashby, Executive Director of Quality, Governance and Performance Assurance (Interim)
Presented by:	Dave Green, Associate Director of Quality and Safety (Interim) and Dr Steven Dykes, Executive Medical Director (Interim)
Author:	Dr Steven Dykes, Executive Medical Director (Interim) and Clare Ashby, Executive Director of Quality, Governance and Performance Assurance (Interim)
Previous Committees:	Quality Committee
Legal / Regulatory:	Yes

Key Priorities/Goals	Embed an ethos of continuous improvement and innovation, that has the voice of patients, communities and our people at its heart Create a safe and high performing organisation based on openness, ownership and accountability Deliver the best possible response for each patient, first time Be a respected and influential system partner, nationally, regionally and at place
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Strategic Ambition	(✓)	BAF Strategic Risk
1. Patients and communities experience fully joined-up care responsive to their needs	(✓)	1a Ability to deliver high quality care in 999/A&E Operations/IUC/PTS
2. Our people feel empowered, valued and engaged to perform at their best	(✓)	2c Ability to promote and embed positive workplace culture
3. We achieve excellence in everything we do	(✓)	3b Ability to influence and respond to change in the wider health and care system
4. We use resources wisely to invest in and sustain services		

Key points	
1. Q1 update on highlights, lowlights, issues, actions and next steps	Assurance

QUALITY AND CLINICAL

Highlights	Lowlights
<p><u>Patient Safety</u></p> <ul style="list-style-type: none"> Investigation and learning team have developed the Patient Safety Incident Response Framework plan for the Trust. SG team development of Sexual Safety Charter and Pledge. Schwartz rounds and well-being support for all staff in both Clinical and Quality Directorates whilst dealing with increased reported incidents and complaints. <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> Patients continue to report a record high level of compliments to the Trust. Patient story work has led to coproduced improvement work around care of patient property, supported by patient relations and QI team. Coproduced work with call handlers and mental health patients has led to a resource tool kit developed using staff and patient shared insight. Prompts and learning resources help call handlers to support calls from patients with thoughts of taking their own life. <p><u>Clinical Effectiveness</u></p> <ul style="list-style-type: none"> Clinical Audit and Clinical Pathways dashboards now live. South Yorkshire pre-hospital video triage for stroke pilot completed and in evaluation phase - working with North Yorkshire and Humber Integrated Care Board. New ST elevation myocardial infarction pathway approved and now includes ECG transmission to support appropriate referrals. Improvement in cardiac arrest outcomes for January and February compared with December 22. YAS supporting the national rollout of the Ambulance Data Set. New Patient Group Directives now live for Critical Care Paramedics – metaraminol to manage hypotension in sepsis more effectively, magnesium to manage eclampsia and asthma, and lorazepam and ketamine for the management of Acute Behaviour Disturbance. Research - progress against workplan is on track, with success in publications, numbers of participants onboarded to our various research study programmes remains excellent, 3 new trials opened including CRASH-4, PhD network established, and YAS will be hosting the National Ambulance Suicide Register. Health Inequalities - national consensus approach to support ambulance services and their Integrated Care Systems in reducing health inequalities was launched this quarter. <p><u>Compliance, quality assurance and quality improvement</u></p> <ul style="list-style-type: none"> DPS tool kit complete and fully compliance with IG training over 97%. QI strategy evaluation 2018 – 2023 complete. CQC relationship manager confirms Trust as ‘low risk’ on their insight tool. Violence reduction standards work plan on track, including body worn cameras programme. YAS supported the National Security and Violence Reduction ambulance sector annual conference in Leeds. Internal audit improvement on action compliance. BAF and Risk review work being scoped. 	<p><u>Patient Safety</u></p> <ul style="list-style-type: none"> Safeguarding Team capacity remains a risk and has been elevated to 20 on risk register, issues limit progression of sexual safety charter. June 2023 has recorded the highest volume of 'moderate' incidents in the last 12 months and the second highest combined volume of 'moderate' and above since December 2022. The volume is within the moderate stack for June, as opposed to catastrophic as recorded in December. Delayed response continues to be the highest reason for patient related incidents; however, the trajectory of cases has fallen month on month since February. Days on which we experienced telephony issues continue to be monitored retrospectively for patient harm. Backlog of serious incidents remains of concern, including those with HMC interest or inquest. Infection Prevention and Control preparations for measles outbreaks at local Place –e.g., Wakefield high levels reported. Potential impact on staffing if outbreaks occur. <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> 31% of patient complaints are about attitude and communication skills of our staff. <p><u>Clinical Effectiveness</u></p> <ul style="list-style-type: none"> Rurality has some impact on response to CAT 1 and patient outcomes. An extension of availability of automated CPR devices in more rural locations is being defined for pilot. Sepsis will no longer be an ACQI bundle. <p><u>Compliance, quality assurance and quality improvement</u></p> <ul style="list-style-type: none"> Inspection for improvement first sprint of stations has showed levels of low compliance with some areas of governance on stations. Opportunity to improve synergy of Trust Strategy, BAF & CRR, and Planning process in Q2-Q3. Time required for Board BAF session.

<ul style="list-style-type: none"> Progression with review of IPR balanced scorecard and performance framework. 		
Key Issues to Address	Action Implemented	Further Actions to be Made
<ul style="list-style-type: none"> Safeguarding team capacity secured in order we can progress Sexual Safety Charter. MMR vaccination status for all patient facing staff and sustained communications on recognition and transmission precautions for measles. 	<ul style="list-style-type: none"> Work in sprints to reduce SI backlog. Approve PSIRF plan and work to prepare for go live date. Pilot for local management of patient safety incidents being tested in West ICS. Local action plans from Inspections for Improvement process MMR vaccination review work underway and measles comms complete. 	<ul style="list-style-type: none"> Business case to TEG to consider additional support expansion of SG team to allow for launch of Sexual Safety Charter and other increases in SG demand. Further embedding of Patient Experience Framework, including sharing more locally patient complaints & themes for action/improvement – for example attitudinal work developed alongside YAS Together programme. <i>Suggest pilot in one ICS patch H&NY or South; West undertaking patient safety pilot work)</i> Commitment to time with stakeholders including Board members required to develop next QI strategy – needs to dovetail with Trust strategy development and YAS together pilot work, especially under Excel Together pillar. Board BAF session.