



Board of Directors (in Public)
Quality and Clinical Report
26 October 2023

Item 4.7

Presented for:	Information
Accountable Director:	Clare Ashby, Executive Director of Quality, Governance and Performance Assurance (Interim) & Dr Julian Mark, Executive Medical Director
Presented by:	Clare Ashby, Executive Director of Quality, Governance and Performance Assurance (Interim) & Dr Julian Mark, Executive Medical Director
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Previous Committees:	Quality Committee
Legal / Regulatory:	Yes

Key Priorities/Goals	<p>Embed an ethos of continuous improvement and innovation, that has the voice of patients, communities and our people at its heart</p> <p>Create a safe and high performing organisation based on openness, ownership and accountability</p> <p>Deliver the best possible response for each patient, first time</p> <p>Be a respected and influential system partner, nationally, regionally and at place</p>
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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.	Information

Highlights	Lowlights
<p><u>Patient Safety</u></p> <ul style="list-style-type: none"> Investigation and learning team implemented the Patient Safety Incident Response Framework plan for the Trust as PSIRF went live 30 September. SI investigations final stage processing for legacy cases, with new compendious report in place and overall back log of SIs reducing. SG team undertook rapid process improvement workshop on staff allegations process and continued preparatory work prior to launch 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. Safeguarding Team capacity expanded by 2.0 WTE. <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 undertaken with a satisfied Renal patient who has transport needs met by sub-contracted taxi firm and receives more personalised care. Easy read Quality Accounts prepared and published. <p><u>Clinical Effectiveness and research</u></p> <ul style="list-style-type: none"> The YAS Research Institute was launched on the 4 October with a research seminar showcasing YAS research talent and partnership working. There is a plan to deliver a regular itinerary of research seminars going forward. The CRASH-4 trial (Clinical Randomisation of an Anti-Fibrinolytic in Symptomatic Mild Head Injury in Older Adults) opened on the 10 October and is designed to study the impact of tranexamic acid on elderly patients with a head injury and will run for 2 years. National clinical audits continue to be published as per schedule with improvements in cardiac arrest outcomes noted. A senior public health analyst has been recruited to support further analysis of our clinical data from a health inequalities perspective. Three local clinical audits were published in Quarter 2 including care of patients with epilepsy which demonstrated high levels of care with some improvements required in oxygen administration, and use of Entonox audit which demonstrated a need to further improve documentation of a second pain score to demonstrate effectiveness. Urgent Community Response referral access is now available in all areas of Yorkshire. <p><u>Compliance, quality assurance and quality improvement</u></p> <ul style="list-style-type: none"> QI strategy engagement on new strategy underway with patients, staff and partners. CQC relationship manager confirms Trust as 'low risk' on their insight tool. Violence reduction standards strategy developed. Transfer of Risk and Assurance team, including Security function from AD Director of Performance Assurance and Risk to Deputy Director of Quality. 	<p><u>Patient Safety</u></p> <ul style="list-style-type: none"> Delayed response continues to be the highest reason for patient related incidents which are moderate or above. Days on which we experienced telephony issues continue to be monitored retrospectively for patient harm. Legacy SI cases are being processed to support learning but to reduce overall backlog with goal to clear all SI by 1st April 2024 – specific paper available to highlight. Infection Prevention and Control preparations for rise in respiratory infections, including clarity of provision of COVID vaccine to Call Centre staff, a staff group that are excluded by JCVI and a clear escalation action plan to prevent and control outbreaks. <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> 34% of complaints are now about patient care delivery. 14% of patient complaints are about attitude and communication skills of our staff. <p><u>Clinical Effectiveness</u></p> <ul style="list-style-type: none"> The Clinical Quality Indicator care bundle for ST elevation myocardial infarction (heart attack) includes administration of glyceryl trinitrate, aspirin, documentation of pain scores and administration of appropriate analgesia. All areas score highly with the exception of analgesia administration which remains at 70%, resulting in an overall care bundle compliance of 51%. Half of these incomplete care bundles occur when there is no paramedic on scene and the technician has limited analgesic options. Further work is ongoing to understand these fails and develop a Trust wide action plan. <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. To take up the 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"> BAF and Risk review work being scoped with additional support role being recruited to support progression of risk management and wider integration with strategy, planning round and Board Assurance Framework. 		
Key Issues to Address	Action Implemented	Further Actions to be Made
<ul style="list-style-type: none"> Safeguarding team capacity finished allegations process in order that can be used when Sexual Safety Charter is launched. Vaccination status for all patient facing staff and sustained communications on recognition and transmission precautions infectious diseases. COVID vaccines and other IPC practices for winter in all care settings including Health Call Centres. Quality and Safety walk-rounds by members of the Board scheduled for remaining Q3 and Q4. Risk #404 Gap in leadership for Clinical Effectiveness will be addressed following completion of phase 3 of the operating review. 	<ul style="list-style-type: none"> Updated process for SI backlog work continues in sprints and improved position noted. PSIRF implemented in time with go live date. Local action plans from Inspections for Improvement process 	<ul style="list-style-type: none"> Business cases prepared for the planning round <ul style="list-style-type: none"> ✓ Patient experience team structure and capacity ✓ PSIRF team structure and capacity ✓ Quality Improvement strategy and core team capacity ✓ Continuous improvement against Violence Protection & Reduction Standards (VPRS) and use of body worn cameras ✓ Risk management function 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 Assurance Framework and Corporate Risk Register development session at Board Strategy.