

**Board of Directors (held in Public)**  
**26 September 2024**  
**Agenda Item: 2.6**



Report Title	Quality & Clinical Highlight Report
Author (name and title)	Dave Green, Executive Director of Quality & Chief Paramedic; Dr Julian Mark, Executive Medical Director
Accountable Director	Dave Green, Executive Director of Quality & Chief Paramedic; Dr Julian Mark, Executive Medical Director
Previous committees/groups	Individual subjects discussed at: TEG, Quality Committee, Clinical Governance Group
Recommended action(s) Approval, Assurance, Information	Information
Purpose of the paper	To update on highlights, lowlights, issues, actions and next steps in relation to Quality and Clinical areas.
Recommendation(s)	Provide oversight on the clinical effectiveness and quality of care delivered, including the areas of improvement identified.

**Executive summary (overview of main points)**

The report is a highlight/lowlight summary report.
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Strategic ambition(s) this supports Provide brief bullet point details of link to Trust strategy	Our Patients	Deliver high-quality patient care and achieve the Ambulance Clinical Outcome measures. Continually develop, providing both conditions and opportunities for all our teams to thrive in a research-active environment, and embed quality improvement throughout the Trust.
	Our People	
	Our Partners	Listen and respond to patients, partners and communities to develop and deliver high-quality care, which is continuously improving. Work collaboratively with all partners to achieve better experiences and outcomes for patients optimising all our collective skills and valued resources. Work in partnership to maximise benefit of our collective knowledge with academic and education partners and be a leading service provider in partnership with voluntary, community and social enterprise partners.
	Our Planet and Pounds	Ensure decisions are informed by evidence, research, data and intelligence. Develop and deliver improvement, through learning and adoption of best practice
Link with the BAF Include reference number (board and level 2 committees only)	3a) Capacity and capability to plan and deliver the Trust strategy, transformation and change 3b) Ability to influence and respond to change in the wider health and care system	

## QUALITY AND CLINICAL 26 September 2024

Highlights	Lowlights
<p><b><u>Patient Safety</u></b></p> <ul style="list-style-type: none"> <li>A revised uniform policy has been agreed at Clinical Governance Group that stipulates bare below the elbow for all staff that are patient facing or working in or around vehicles.</li> <li>Patient Safety Learning Group has met in August and signed off a PSII, changes to national reporting criteria, learning from the 999-telephony theme.</li> <li>Continuing to work with ACGLs and Operations to improve adherence to CD process and POMs process, monitoring out of date medicines through DATIX, with targets every quarter. CD process reaudit currently being undertaken across YAS.</li> <li>Removed the CD paper documentation at Wakefield Station, moved to APP only use, plan to remove books at Castleford and South Kirkby very shortly. The CD app usage increased to 100% for the last 2 weeks at Wakefield.</li> <li>Rolled out access to the app to all staff in West and North to improve adherence to the medicine app specifically the POMs section, continuing to see around 80% uptake in the West stations, after a slow start the uptake in the North has increased to over 60%.</li> </ul> <p><b><u>Patient Experience</u></b></p> <ul style="list-style-type: none"> <li>The Trust public health analyst has reviewed the demographics relating to patient feedback and has identified that we receive a larger proportion of feedback patients who live in the least deprived areas of Yorkshire and Humber.</li> <li>Critical Friends Network (CFN) continue to meet every six weeks. The Patient Experience and Involvement framework is being coproduced with the network.</li> <li>The new Patient Relations Manager starts in post 16 September and the case load being held per co-ordinator has reduced. A workshop was held Trust wide to explore local resolution of complaints.</li> </ul> <p><b><u>Clinical Effectiveness and research</u></b></p> <ul style="list-style-type: none"> <li>Two cross-organisational workshops were held to determine our organisational priorities for 2025/26 for reducing health inequalities. The discussions focussed on areas in which YAS can make a tangible difference to the access, experience and outcomes of those patients and members of our communities that experience health inequalities. The role of YAS in impacting on the social determinants of health was also considered. The outputs of the discussions will be fed into the upcoming business planning discussions.</li> </ul> <p><b><u>Compliance, quality assurance and quality improvement</u></b></p> <ul style="list-style-type: none"> <li>The post of Associate Director of Quality Improvement has been approved and is now out to advert.</li> <li>Clinical Supervision Framework, a working group continues to meet on a regular basis. 403 staff have attended clinical peer review sessions, these were a mixture of Newly Qualified Paramedics (NQP) and Critical Care Paramedics. Clinical Supervision policy has been drafted and going through governance process.</li> </ul>	<p><b><u>Patient Safety</u></b></p> <ul style="list-style-type: none"> <li>Through August there have been an increase the number of category 2 patients that have waited more than 80 minutes for an ambulance.</li> </ul> <p><b><u>Patient Experience</u></b></p> <ul style="list-style-type: none"> <li>Backlog in complaints is being worked through still but this is improving. The team are now back to full establishment and a recovery plan is in place.</li> <li>Formal complaint themes remain static with attitude, call handling and clinical care remaining the top three reasons.</li> </ul> <p><b><u>Clinical Effectiveness and research</u></b></p> <ul style="list-style-type: none"> <li>No substantive funding identified for public health analytical resource which poses a risk to the reducing health inequalities programme moving forwards.</li> </ul> <p><b><u>Compliance, quality assurance and quality improvement</u></b></p> <ul style="list-style-type: none"> <li>Adherence of bare below the elbow for some frontline staff.</li> </ul>

Key Issues to Address	Action Implemented	Further Actions to be Made
	<ul style="list-style-type: none"><li>• Clinical peer support sessions continue to be implemented.</li><li>• TEG and Team Brief live received updates from the Advanced Practice and Consultant teams on their roles and advanced practice.</li><li>• GOODSAM will be launched on Restart a Heart Day 16 Oct 24.</li></ul>	<ul style="list-style-type: none"><li>• Further communication to frontline staff regarding the adherence to bare below, including working with local leadership teams to ensure compliance of bare below.</li><li>• Facilitate for staff clinical peer support sessions c.700 by end of Q3.</li></ul>