

Board of Directors (held in Public)
28 November 2024
Agenda Item: 3.7



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)	4) Strengthen quality governance and medicines management to develop a culture of improvement, safety and learning. 11) Collaborate effectively to improve population health and reduce health inequalities.	

Highlights	Lowlights
<p><u>Patient Safety</u></p> <ul style="list-style-type: none"> The Patient Safety Learning Group have met twice since the report to Board, receiving updates on IUC telephony concerns, PTS Themes and learning, learning from inquests, Themes and trends from Local Incident review groups in North and East A&E Operations. <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> The new patient relations manager has now started in post and number of complaints being held per patient relations coordinator has reduced to more manageable levels. The new process for patient complaints appears to be embedding and members of the patient relations team are working with more closely with local leadership teams and attending Local Incident Review Groups. Patient Safety Partners (x3) continue to support YAS by contributing to recruitment interviews for senior roles or attending internal groups such as Quality Committee. <p><u>Clinical Effectiveness and research</u></p> <ul style="list-style-type: none"> Following Clinical Governance Group and a follow-on meeting, a new process for the utilisation of Specialist Paramedics Urgent Care (SPUC) has been agreed to be introduced Trust wide. The SPUC cohort will be mobilised to an agreed cohort of patients that are assessed as category 2. Access to the C3 system is also being introduced to allow greater insight and utilisation of the SPUC teams across the full range of patients appropriate to their skill set. The clinical supervision work is progressing well, with 968 staff attending clinical support sessions so far (achieving the target set of c.700 by end of Q3). The feedback has been positive, and staff have felt supported during the sessions. There is app that is being used to gain timely feedback from the sessions which will help to continually improve the process. <p><u>Compliance, quality assurance and quality improvement</u></p> <ul style="list-style-type: none"> The post of Associate Director of Quality Improvement has been appointed to and will start early in the New Year. Fortnightly meetings have been arranged between the Chief Paramedic, Medical Director and the Consultant Paramedics. This is to support the adherence to Controlled Drugs processes and offer wider clinical leadership support. These have been well attended and received positive feedback. QI Foundation training has been delivered to 97 staff over 10 sessions (target 90 within business plan) with further training dates planned for 2024/ 25 First 6 QI leaders enrolled on QI leaders training with leaders from A&E operations, Emergency Operations Centre and Integrated Urgent Care. QI Fellows have started their level 4 Improvement Practitioner and Lean Six Sigma green belt apprenticeships 	<p><u>Patient Safety</u></p> <ul style="list-style-type: none"> Themes emerging following analysis from Central Incident Review Group are: Manual Handling Concerns, call handling across contact centres (All these themes have already been identified and form part of the patient safety incident response plan (PSIRP) 24/25). A theme of delayed response has started to emerge through Central Incident Review Group, which is not captured in the current PSIRP, this will be monitored and may form part of a new plan in the future. <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> Formal complaint themes remain static with attitude, call handling and clinical care remaining the top three reasons. <p><u>Clinical Effectiveness and research</u></p> <ul style="list-style-type: none"> The introduction of the GoodSAM pilot has been delayed due to technical issues. This is now at the final stages of being addressed and it is hoped the pilot will go live over the next month. <p><u>Compliance, quality assurance and quality improvement</u></p> <ul style="list-style-type: none"> Minimal uptake for designated Senior Leadership Community QI Foundations training dates. Unfortunately, dates fell on Trust Executive Group days. Monday 3 February 2025 identified for next Senior Leadership Community QI Foundation's Day.

Key Issues to Address	Action Implemented	Further Actions to be Made
	<ul style="list-style-type: none">	<ul style="list-style-type: none">Continuing the clinical peer support sessions and act on any feedback in terms of improving.