



Report Title	Quality Committee – Chair’s Report
Author (name and title)	Anne Cooper, Non-Executive/Chair of Quality Committee
Accountable Director	Dave Green, Executive Director of Quality and Chief Paramedic
Previous committees/groups	N/A
Recommended action(s) Approval, Assurance, Information	Assurance
Purpose of the paper	The report provides highlights of the Quality Committee to provide assurance to the Trust Board.
Recommendation(s)	The Board is asked to note the contents of the report.

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

The report provides highlights of the Quality Committee to provide assurance to the Trust Board. The paper aims to update the board on discussions taking place to reduce the risks as set out in the Board Assurance Framework. The Quality Committee has met three times since its last update to the Board; November, December and January.

Trust Strategy Bold Ambitions Select the most relevant points from the bold ambitions.	Our Patients	Achieve the highest possible rating of ‘outstanding’ by the health and social care regulator (CQC).
	Our People	
	Our Partners	Listen and respond to patients, partners and our communities to develop and deliver high-quality care, which is continuously improving. Work collaboratively with all our partners to achieve better experiences and outcomes for patients, optimising all of our collective skills and valued resources. Deliver the most appropriate response to patients requiring of out-of-hospital care.
	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 to Board Assurance Framework Risks (board and level 2 committees only)		4. Strengthen quality governance and medicines management to develop a culture of improvement, safety, and learning. 7. Support staff health and well-being effectively. 11. Collaborate effectively to improve population health and reduce health inequalities.

## Highlight Report

**Report from:** Quality Committee

**Date of the meetings:** 21 November 2024; 17 December 2024; 16 January 2025

### Key discussion points at the meetings and matters to be escalated to board:

#### Alert:

In general, the Committee remains concerned regarding the impact of performance on patient care and risks to the public.

#### Advise:

At the November meeting the QC received an update on the plans to implement a Transfer of Care operating procedure and in December received an update on planned implementation at Hull Royal Infirmary. In the January update, the Committee could see the impact of these developments in the response times across Hull.

Primary Percutaneous Coronary Intervention (PPCI) (often known as angioplasty) issues, where referral/acceptance rates are decreasing as the units are requiring the ECG to be sent in advance, was leading to an increase in on-scene time. Discussions relating to this have taken place with NHS England regionally to re-establish a cardiac network where we can discuss practice.

In November the QC received a report on excessive responses, that is, a review of cases where there had been an excessive delay in the response from YAS. The report needed more analysis and led to a discussion on ongoing monitoring of excessive delays, in general. There is a need to increase our understanding of excessive waits and the relation to quality and safety, and potential harm. In January the Committee received a further update that provided assurance that excessive delays were being assessed to seek understanding, and that structures were in place to take steps to understand and reduce the patient safety and quality impacts of excessive delays. Of note, is that the approach taken is to utilise the new approaches in the Patient Safety Incident Response Framework (PSIRF), and excessive delays is emerging as a PSIRF theme.

#### Assure:

##### November

###### Quality and Safety Briefing:

The Committee received an update from the Medical Director on Clinical Effectiveness, Associate COO on performance and any associated safety issues. The Committee noted the overall performance and how these related to quality and safety. The Committee also received an update on the progress relating to the production of a Quality Dashboard, which was welcomed.

###### Mortality Review:

The Committee received a report and noted the update on the approach to learning from deaths. As part of the process there was a deep dive into where deaths were associated with excessive delays and it was noted that deaths were not directly related to delays, reinforcing previous findings that there is not a clear relationship between delayed response and mortality.

##### December

**Quality and Safety Briefing:**

The Committee received an update on performance and noted the quality and safety perspectives.

**January**

**Risk update:**

The Committee received an update on the position with regard to corporate risks.

**Clinical Supervision Update:**

The Committee received an update on the progress relating to the implementation of clinical supervision and commended the team on progress to date.

**Quality Account Priorities:**

The Committee noted the agreed Quality Account Priorities and was assured that these had been identified through discussion and agreement across the Trust. The committee also noted that further ways to engage partners were required the next time we assess the quality priorities.

**Patient Safety Learning Group (PSLG):**

The Committee gained assurance of the approach to patient safety learning across the organisation through the report of the patient safety learning group.

**Risks discussed:**

At the November meeting the Committee received a full report on Risk Management and the BAF and noted that the greatest risks remain around hospital handover times.

**New risks identified:**

No new risks were identified.

Report completed by: Anne Cooper, Non-Executive Director, Quality Committee Chair.  
Date: 16 January 2025