

Board of Directors (held in Public)
30 January 2025
Agenda Item: 3.6



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.

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.

QUALITY AND CLINICAL 30 January 2025

Highlights	Lowlights
<p><u>Patient Safety</u></p> <ul style="list-style-type: none"> Q3 review of PSIRF local themes shows improvement in 3 out of 4 programmes of work. Local Incident review Groups are working effectively to identify learning from incidents. Safeguarding Domestic Abuse Specialist Practitioner employed substantively. Trust Health IT Clinical Safety Officer in post - prioritising NHS Pathways implementation <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> Caseload for each Patient Relations Coordinator has reduced further, whilst quality of responses continues to be strengthened. <p><u>Clinical Effectiveness and research</u></p> <ul style="list-style-type: none"> Consultant Midwife currently being recruited to support improvement plans from maternity reviews. The clinical supervision work to progress well, with more than 1600 staff attending clinical support sessions so far (exceeding the target set of c.700 by end of Q3). The feedback continues to be positive, and staff feel supported during the sessions. All feedback from the sessions is captured using an in house developed app which will help to continually improve the process. Four YAS staff have been accepted on the part time NIHR funded integrated clinical academic internship programme at Sheffield Hallam University. Outputs from the pre-alerts study that YAS developed and completed together with the University of Sheffield have been published in the Emergency Medicine Journal Current Issue Emergency Medicine Journal Board development session held on 12th December focussing on the ambulance service role in developing social value. Actions include: - Conduct mapping of current activity within business plan to understand priorities Develop understanding of how to measure impact of planned initiatives and how this is resourced The 2025-2030 Clinical Audit Plan has been approved at Clinical Governance Group. The plan is to layout clinical audit training, raising the profile and participation in clinical audits lead by frontline paramedics, building on the Trust strategy by increasing expectation on patient involvement in clinical audits and effectiveness projects. Use of a light duties paramedic in the Clinical audit and informatics team, with a view to increasing paramedic additional skills around clinical audit methodology, clinical information and audit team benefits. <p><u>Compliance, quality assurance and quality improvement</u></p> <ul style="list-style-type: none"> Quality Accounts for 24/25 in preparation, including agreement of quality priorities for 25/26. QI Foundations: Surpassed the annual target with 123 staff trained to date (target: 90). Three more cohorts planned in Q4, including one for senior leadership community members. QI Leaders: Four cohorts offered in 2024/25, with two commencing in Q4. QI Conference: Planning underway for the Trust's inaugural Quality Improvement conference in March 2025. A3 Reporting: Introduced to the Patient Safety Learning Group, standardising improvement updates and enhancing discussion time. 	<p><u>Patient Safety</u></p> <ul style="list-style-type: none"> Safeguarding referral processing for Leeds area had issues for a spell during December. Now resolved but lessons to be learnt for SG team, EOC and ICT. Challenging picture for Infection Prevention and Control (IPC) continues. Support to frontline staff and managers to support effective IPC practices. <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> Patient Experience Framework co-design with Critical Friends Network delayed, but scheduled for completion in Q4, ready for implementation in Q1 25/26. No substantive funding identified for public health analytical resource which poses a risk to the reducing health inequalities programme moving forwards. <p><u>Clinical Effectiveness and research</u></p> <ul style="list-style-type: none"> Delays are predicted for the delivery of two projects that YAS are sponsoring that have significant involvement with large, linked datasets due to data management challenges in other providers. Delays to development of reporting on clinical effectiveness due to BI dashboard issues and queries related to the appointment of an Information Analyst in clinical audit. <p><u>Compliance, quality assurance and quality improvement</u></p> <ul style="list-style-type: none"> Increased focus on the Trust from CQC during December and into January. QI Leaders: Limited SLC participation in QI Foundations, with 18 people signing up to QI Leaders training to date. Additional SLC-specific Foundations cohorts and communications are planned for Q1 25/26 and beyond.

Key Issues to Address	Action Implemented	Further Actions to be Made
<ul style="list-style-type: none"> Safeguarding referral process overall needs to be reviewed to ensure safe and sustainable. Further flu vaccines to be offered into Q4 due to high levels of flu and poor uptake of flu vaccine. The controlled drugs compliance report will be presented to Board via a separate paper. 	<ul style="list-style-type: none"> Review of Safeguarding referrals and possible options for future developments has commenced following learning from recent incident. Infection Prevention and Control campaign based on national IPC manual to be launched in Q4 across Trust. 	<ul style="list-style-type: none"> Patient Safety Specialist recruitment to complete central PSIRF team.