



Report Title	2024/25 Quality Accounts – Priorities for Improvement
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Accountable Director	Dave Green, Executive Director of Quality and Chief Paramedic
Previous committees/groups	Clinical Governance Group, Trust Executive Group, Quality Committee
Recommended action(s) Approval, Assurance, Information	Approval
Purpose of the paper	The purpose of the paper is to update Trust Board on the draft Priorities for Improvement 2025/26 and obtain approval
Recommendation(s)	Approval

Executive summary (overview of main points)

<p>The Quality Account is a mandated requirement of all healthcare providers which are published annually.</p> <p>A Quality Account must cover:</p> <ul style="list-style-type: none"> • A statement on Quality from the Chief Executive • Priorities for Improvement for the coming year • Review of this year's quality performance <p>They describe the quality of care and services, and also highlight the priorities for quality improvement for the forthcoming year. The Quality Account is publicly available and contains mandatory sections and a number of mandated statements.</p> <p>The first stage in producing the Quality Accounts is determining the Trusts priorities for the up and coming year.</p> <p>Feedback is requested from staff and stakeholders on what we are doing well and what we need to improve on.</p>

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	Ensure our culture is one where our people are listened to, encouraged and enabled to speak up when they have concerns about patient or colleague safety and wellbeing, or when they have suggestions for how the Trust might be better run.
	Our Partners	Listen and respond to patients, partners and our communities to develop and deliver high-quality care, which is continuously improving.
	Our Planet and Pounds	Choose an item.
Link to Board Assurance Framework Risks (board and level 2 committees only)		9. Develop and sustain improvements in leadership and staff training and development.

1. SUMMARY

- 1.1 The purpose of the paper is to update Trust Board on the draft *Priorities for Improvement 2025/26* and obtain approval.

2. BACKGROUND

- 2.1 A Quality Account is a mandated annual report about the quality of services offered by an NHS healthcare provider.

- 2.2 A Quality Account must cover:

- A statement on Quality from the Chief Executive.
- Priorities for Improvement for the coming year.
- Review of this year's quality performance Priorities for Improvement.

- 2.3 It is stated in the regulations that:

A Quality Account must include a description of the areas for improvement in the quality of NHS services that the provider intends to provide or sub-contract for the 12 months following the end of the reporting period.

- 2.4 The description must include:

- at least three priorities for improvement.
- how progress to achieve the priorities identified in paragraph (a) will be monitored and measured by the provider; and
- how progress to achieve the priorities will be reported by the provider.

The priorities should reflect the three domains of quality: patient safety, clinical effectiveness, and patient experience.

3. 2024/25 PRIORITIES FOR IMPROVEMENT UPDATE Q3

- 3.1 **Priority 1 - Patient Experience:** Implementation of a Patient Experience and Involvement Strategy

- 3.1.1 The Patient Experience and Involvement framework is being coproduced with the Trusts Critical Friends Network. The Trusts public health analyst has reviewed demographics relating to our current patient feedback and this has identified that we receive much greater levels of feedback from the least deprived areas of Yorkshire and Humber. It is therefore felt to be important that the framework considers people who are at risk of experiencing health inequalities and ensures that we are able to capture, understand and learn from the experience of a wider variety of patients. During 2025/26 work will be undertaken to embed the framework to ensure it is used effectively across all service lines, and that it works as a starting point for any service development to ensure patient voice remains at the heart of all we do.

- 3.2 **Priority 2 - Clinical Effectiveness:** Clinical Supervision Framework

- 3.2.1 Clinical supervision in YAS follows the AACE framework which defines it as a process of professional support and learning, undertaken through a range of activities, which enables individuals to develop knowledge and competence, assume responsibility for their own practice and enhance service user protection, quality and safety of care.

- 3.2.2 YAS is committed to providing high-quality clinical supervision that promotes a supportive and safe psychological space for all clinical staff. We believe that continuous learning and professional development are essential to maintaining the highest standards of care for our patients. Clinical supervision is a critical component of this commitment, ensuring that clinicians receive the necessary support to grow in their professional roles.
- 3.2.3 Each CBU has identified staff to facilitate the clinical peer support sessions, including nurse advocates, paramedics, GPs, team leaders, and mentors. This process is ongoing and evolving. A train-the-trainer package has been developed by the Leadership and Organisational Development Team for facilitators and this is now being cascaded out to all facilitators with 69 currently trained.
- 3.2.4 Feedback from clinical peer support sessions is collected via an app which has been developed internally. This provides information on the numbers of staff participating in clinical peer support sessions along with their clinical grade as well as key trends that emerge during the session which are then used to inform clinical education and clinical practice within YAS.
- 3.2.5 As of December 2024, 1386 staff had participated in a clinical supervision session with further sessions planned to continue in the New Year and beyond.
- 3.3 Priority 3 - Patient Safety:** Utilise Patient Safety Incident Response Framework (PSIRF) to gain learning and implement actions
- 3.3.1 In 2024 the Trust has begun to embed PSIRF, flexing the plan along the way to ensure the most suitable fit. RLDatix continues to be the preferred trust reporting and recording system.
- 3.3.2 Several organisational changes have occurred including reorganisation of central and local governance arrangements to match Integrated Commissioning Board (ICB) geographical areas. These changes have allowed local teams to develop a greater understanding of the individual patient safety challenges within their respective areas, and to understand the learning and lead the improvements required.
- 3.3.3 Central collation and review of themes and trends occurs both within the RLDatix system and through the executive led Patient Safety Learning Group (PSLG)

4. PROPOSED 2025/26 PRIORITIES FOR IMPROVEMENT

- 4.1 Whilst good progress has been made towards the 2024/25 Priorities for Improvement, these are not yet fully embedded within the Trust. Therefore it is recommended that these priorities are carried over in order to achieve this.

<p>Priority 1</p>	<p>Patient Experience: Implementation and embedding of the Patient Experience and Involvement Framework</p> <p>Implement and embed the new Patient Experience and Involvement framework developed in 2024/25, which aligns to our new Trust strategy. We will work within the framework to fully embed patient voice within all parts of our organisation. The framework has been coproduced with people who use our services to ensure we hear all voices, including those who experience health inequalities. Embedding the framework will allow the Trust to consider service changes and quality improvement through the lens of what these mean for our patients, their carers' and families.</p>
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Priority 2	<p>Clinical Effectiveness: Clinical Supervision Framework</p> <p>Continue to build the capacity for effective clinical supervision in the Trust. The outcome for the project is to improve patient care, patient safety, patient experience and improve the professional development and wellbeing of staff. It will provide assurance of clinical practice and improve confidence and clinical leadership.</p>
Priority 3	<p>Patient Safety: Utilise Patient Safety Incident Response Framework (PSIRF) to gain learning and implement actions.</p> <p>Implementation of the Patient Safety Incident Response Plan for 2025/26 enables the Trust to continue to develop as a learning organisation. It allows for focus on the main patient safety incidents, using quality improvement techniques to drive patient safety throughout the organisation, ensuring lessons are learnt, improvements are made, and opportunities to share learning and best practice are enhanced.</p>

5. RECOMMENDATIONS

- 5.1 It is recommended that Trust Board discuss and approve the 2025/26 draft Priorities for Improvement.