

Board of Directors (in Public)
27 March 2025
Agenda Item: 3.5



Report Title	Quality & Clinical Highlight Report
Author (name and title)	Dave Green, Executive Director of Quality & Chief Paramedic Dr Steven Dykes, Acting Executive Medical Director
Accountable Director	Dave Green, Executive Director of Quality & Chief Paramedic Dr Steven Dykes, Acting 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 REPORT 27 March 2025

Highlights	Lowlights
<p><u>Patient Safety</u></p> <ul style="list-style-type: none"> • PSIRF workshop held to review insight data and begin preparations for themes for improvement in 25/26. • Duty of Candour policy updated and approved. • IPC campaign based around national IPC manual commenced. • Safeguarding best practice event well attended & staff feedback was extremely positive. <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> • Patient Experience Framework development for 25/26, with first draft reviewed at CQDF. • Caseload for each Patient Relations Coordinator is holding steady, whilst quality of responses continues to be strengthened. • Acute pathways improvements <ul style="list-style-type: none"> ◦ Stroke pathway evaluation underway with support from public health analyst and CIA team, looking at each stage of the pathway from a population health perspective. ◦ Review of the 10-10-10 campaign underway (aims to reduce on-scene times for time critical patients), starting with staff focus groups. • Training and CPD <ul style="list-style-type: none"> ◦ Clinical Decision-Making and Safe Referrals CPD days run in Jan-Mar 2025. <p><u>Clinical Effectiveness and research</u></p> <p>The health inequalities plan for 24/25 has been completed and now closed. Progress made against the actions contained within the plan was good. High level achievements include:</p> <ul style="list-style-type: none"> • Development of a Trust report on ambulance health inequalities indicators using 2023 data. A refresh of this report has also since been completed using 2024 data to inform the 2024/2025 annual report. • A deep dive into calls relating to risk factors for 'deaths of despair' (alcohol-related, drug-related and self/harm/suicide) and production of an insights report to guide further action. • Refresh of the Association of Ambulance Chief Executives Reducing Health Inequalities maturity matrix demonstrating demonstrable organisational improvement. The overall maturity level for YAS has increased from 'emerging' to 'developing'. • The Health Intelligence Specialist role has been appointed to and will start in the next few months and will be a key role in building on the healthcare inequalities work. • YASRI research seminar was held on 4 March 2025 in Harrogate with a variety of excellent thought-provoking speakers. • Clinical Supervision sessions continue to be delivered. <p><u>Compliance, quality assurance and quality improvement</u></p> <ul style="list-style-type: none"> • Participation at national the CQC co-production event. • Inspections for Improvement schedule for 24/25 completed. • Health and Safety training for Senior leaders commenced. • QI Training & Development: 129 staff have completed QI Foundations training (exceeding the 90-target). <ul style="list-style-type: none"> • QI Leaders training has 18 participants, with more SLC-specific cohorts planned. Board members will receive a development session on QI on 24 April. • YAS QI Webinar (18 March 2025): Focussed on celebrating 2024/25 improvements and reinforcing QI's role in 2025/26 priorities. 244 Trust staff joined the event with positive feedback received, including an appetite for further events. • New Associate Director of QI: Commenced on 3 February 2025 to strengthen QI leadership and impact across the Trust. 	<p><u>Patient Safety</u></p> <ul style="list-style-type: none"> • Challenging picture for Infection Prevention and Control (IPC) continues. Support to frontline staff and managers to support effective IPC practices is underway. High levels of reported incidents including TB and measles. • Number of staff reported for Safeguarding allegations continues to rise and open caseloads are high. • Safeguarding team limited capacity due to staff absence. <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> • Patient Relations has some staffing challenges following maternity leave and internal promotion. • Some delays in complaint response times, work ongoing with colleagues in COO directorate. <p><u>Clinical Effectiveness and research</u></p> <ul style="list-style-type: none"> • Uncertainty over continued funding of the Senior Public Health Analyst post. • In late 2024, SSNAP released a new version of their web- tool, designed to capture data for stroke patients. Issues have been identified by ambulance trusts with this new tool, specifically how it lacks enough of the pertinent information required to help us identify the correct patients which poses a significant data quality risk. Due to these issues, it has been agreed nationally between the ambulance trusts, NHSE & SSNAP, that upload of data for these patients from ambulance trusts has paused temporarily, aiming to recommence in April 2025. Data will be backdated when available. • Delays with access to the anonymised research dataset CUREd+ are causing concerns with two YAS sponsored projects – long lie falls and RADOSS.

Key Issues to Address	Action Implemented	Further Actions to be Made
<ul style="list-style-type: none"> • Safeguarding open caseloads for staff allegations. • Quality data metrics to be agreed for use at meetings and committees to allow for oversight, escalation of areas of concern and assurance. 	<ul style="list-style-type: none"> • BI and members of quality and safety team met to confirm metrics and review their presentation in power BI. • Discussion with IT team, mitigations await ePR release. 	<ul style="list-style-type: none"> • Continue to work with HR to process allegations against staff as quickly as possible to limit impact on all involved. • Quality Improvement Board Strategic Forum session planned for 24 April 2025.