

Board of Directors (in Public)
24 July 2025
Agenda Item: 15



Report Title	Quality & Clinical Highlight Report	
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Accountable Director	Dave Green, Executive Director of Quality & Chief Paramedic Steven Dykes, Acting Medical Director	
Previous committees/groups	Individual subjects discussed at: TEG, Quality Committee, Clinical Governance Group, PSLG, CQDF	
Recommended action(s)	For Information	
Purpose of the paper	To update on highlights, lowlights, issues, actions and next steps in relation to Quality and Clinical areas.	
Executive Summary		
The report is a highlight/lowlight summary report.		
Recommendation(s)	Provide oversight on the clinical effectiveness and quality of care delivered, including the areas of improvement identified.	
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. 11. Collaborate effectively to improve population health and reduce health inequalities.	

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Highlights	Lowlights
<p><u>Patient Safety</u></p> <ul style="list-style-type: none"> • Corpuls SOP and awareness document to be presented at CQDF to improve clinicians' ability to trouble shoot the more routine issues. • PSIRP for 2025/26 approved. • Thematic analysis of management and storage of non-controlled medications in our setting, new way of identifying learning for the Trust. <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> • Associate Director Paramedic Practice, Health inequalities lead and the YAS Academy beginning workstream focussing on cultural competence, safety and civility (#civilitysaveslives initiative) to ensure this becomes embedded within Academy teaching. • Local resolution for complaints is live in Humber and North Yorkshire with cases starting to be closed efficiently and effectively. Plans in place for Local Resolution in WY. • Go live of Learning Disabilities and Neurodiversity education for frontline A&E and PTS staff as part of the 'supporting every mind' statutory training day. • Mental Health training delivered to 120 staff on investment days in A&E operations HNY. • Approval of new Patient Feedback (including complaints management) Policy. • Awarded winner of the 2025 Yorkshire Asthma Conference Abstract competition for our public health analysis of respiratory call data in deprived areas. Scoping opportunities with WY ICB and Wakefield place for collaborative working in advance of winter. <p><u>Clinical Effectiveness and research</u></p> <ul style="list-style-type: none"> • A Professional Advocacy Level 7 course identified to enhance the quality of restorative clinical supervision sessions utilising CPD funds. Long term the plan is to create and gain accreditation of our own Paramedic Professional Advocacy (PPA) course to be ran in-house, an initiative supported by the YAS Academy. • QR code booking system created for restorative clinical supervision in areas, supported by Operational leads – roll out and awareness remains on going. • Clinical Supervision dashboard to go live w/c 14 July. • Consultant Midwife developing 'maternity champions' within regions to support with maternity related training and content at investment days. • R&D Manager and Research Paramedic Elisha Miller successful in getting an NIHR Developing Research Leaders Programme award for Allied Health Professionals. Begins in Sept 2025 and aims to increase YAS research capability in paramedics. • From April to June twenty-one patients recruited in CRASH-4 trial, SPEEDY stroke pathway study remains open until Dec 2025. • YAS successful in gaining NIHR funding to undertake an undergraduate internship programme for paramedics. • Three YAS staff have been successful in gaining full funding plus stipend to complete a Research Masters course via the NIHR INSIGHTs programme in Yorkshire and Humber. <p><u>Compliance, quality assurance and quality improvement</u></p> <ul style="list-style-type: none"> • PGDs and Scopes of practice are in the process of being relocated to the JRCALC+ app to improve assurance, accessibility and accountability. • <i>QI Leaders Programme</i>: 195 staff trained; on track to meet 2025/26 goals. • <i>QI Foundations Programme</i>: 30 staff completed; Executive Group sponsorship has boosted participation and alignment. 	<p><u>Patient Safety</u></p> <ul style="list-style-type: none"> • Recent patient safety incident regarding an urgent care clinicians' actions during resuscitation was highlighted at CIRG. Urgent care colleagues have been invited to the YAS RCUK ALS courses scheduled for later in the year. • Lack of meeting space is challenge when trying to arrange After Action Review meetings <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> • Challenges obtaining data, due to issues with Datix reporting function. • MHRV shift fill remains low at 42%, operational colleagues are leading on improving this figure. • Continued restrictions in resource and capacity due to current financial position alongside lack of Senior Public Health Analyst post. <p><u>Clinical Effectiveness and research</u></p> <ul style="list-style-type: none"> • Delays with access to the anonymised research dataset 'CUREd+' have resulted in delays to both long lie falls and RADOSS research projects. <p><u>Compliance, quality assurance and quality improvement</u></p> <ul style="list-style-type: none"> • Limited capacity for QI at operational/team leader levels; furthermore, the growing demand for QI project support may exceed current team capacity.

<ul style="list-style-type: none">• <i>Introduction to QI Training:</i> New 10-minute online course launched; 68 completions so far; integrated into onboarding process.• QI Board Engagement - QI sessions held for Board members in April and June 2025; focus on developing improvement mindset and addressing strategic barriers.• YAS Improvement Hub - Launched 1 July with a redesigned approach for idea generation and impact tracking; hosted on SimplyDo platform; 23 ideas submitted within the first two weeks of campaign launch.		
Key Issues to Address	Action Implemented	Further Actions to be Made
<ul style="list-style-type: none">• Complaints response time improvement plan progress is on track; however, plans are ambitious in the context of organisational change.	<ul style="list-style-type: none">• Commencement of revised QIA process, and establishment of QIA Review Forum.• Joint working with Corporate Communications team to develop channels for Quality Improvement.	<ul style="list-style-type: none">• Present improvement stories at Trust Board sessions.• Further integrate QI into onboarding and staff engagement activities.• Further NED QI training and TEG QI training to be provided.