Yorkshire Ambulance Service NHS
NHS Trust

An Aspirant Foundation Trust

Saving lives, caring for you

2013-14

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Providing world-class care for the local communities we serve

Introducing Yorkshire Ambulance Service

At Yorkshire Ambulance Service NHS Trust (YAS) we put our patients and their needs at the heart of everything we do so that they receive the right response, as quickly as possible, wherever they live. Our frontline A&E teams are highly skilled and are ready to respond to an emergency day or night.

Our main roles are to:

- receive 999 calls in our virtual emergency operations centre, based on two sites in Wakefield and York, and deploy the most appropriate response to meet patients' needs
- respond to 999 calls by getting medical help to patients who have serious or life-threatening injuries or illnesses as quickly as possible
- take eligible patients to and from their hospital appointments with our non-emergency Patient Transport Service
- provide the region's NHS 111 urgent medical help and advice line.

We are led by a Trust Board which meets in public every two months and comprises a non-executive chairman, five non-executive directors, a non-executive director (designate) and six executive directors (five voting and one non-voting), including the chief executive.

We are the only NHS trust that covers the whole of Yorkshire and the Humber and work closely with our healthcare partners including hospitals, health trusts, healthcare professionals, commissioners and other emergency services.

Since the Trust's formation in 2006, we have demonstrated a strong track record of improving patient services through the adoption and implementation of innovative clinical practices, equipment and technology. In 2013-14 we launched the new NHS 111 service which has become one of the top-performing 111 services in the country and has placed us firmly in the frame on urgent care service development.

In the current economic climate where many NHS trusts have struggled to deliver their cost improvement programmes (CIPs), Yorkshire Ambulance Service has achieved the required financial efficiencies for the third year running.

Yorkshire Ambulance Service serves a population of more than five million people who live everywhere from the Yorkshire Dales, North York Moors and the major cities of Bradford, Hull, Leeds, Sheffield, Wakefield and York to the busy East Coast tourist resorts which create seasonal demands upon our services. The catchment area for our NHS 111 service also includes North Lincolnshire, North East Lincolnshire and Bassetlaw.

We employ 4,679* staff, who together with 1,055 volunteers, enable us to provide a vital 24-hour emergency and healthcare service. The largest proportion of staff, over 62%, are employed in operational patient-facing roles including Accident and Emergency, Patient Transport Service, NHS 111, Hazardous Area Response Team (HART), Yorkshire Air Ambulance paramedics, Emergency Operations Centre, Resilience and Special Services, Private and Events, Resource and the Embrace paediatric and neonatal transport service.

4,679 is a headcount figure. It equates to 4,107 whole-time equivalents (WTE).

Welcome from our Chairman and Chief Executive

Welcome to the Yorkshire Ambulance Service NHS Trust - an Aspirant Foundation Trust - Annual Report, Quality Account and Financial Summary which outline our developments and highlights over the last year and look ahead to some of our future aims and opportunities.

It has been an incredibly busy year and not without its challenges as the Trust embarked on a significant period of transformation. We know YAS has to change if we are to meet the future needs of our patients and ensure we are sustainable as an organisation. Whilst change is always unsettling, the majority of our staff have taken this in their stride and the organisation has continued to rise to the everyday demands it faces.

Last year, our Integrated Business Plan for 2013-18 was published and sets out our priorities to improve the quality of patient care, maintain the responsiveness of our services, ensure value for money and achieve Foundation Trust status. The first year of our service transformation programme is now complete and it will help us to deliver the aspirations detailed in the five-year plan.

The work has focused on saving more lives of patients suffering from a major trauma or cardiac arrest and improving outcomes for patients suffering a serious heart attack or stroke. We have also been working on providing the right care for patients, first time, through improved telephone advice, appropriate referral of patients through clinical pathways, and by providing more care at home to reduce the need to take patients to hospital.

OUR 111 SERVICE TOOK ITS 1,000,000th CALL THIS YEAR

In our 999 service, we delivered on our key performance indicators for the third consecutive year despite increases in demand for our service. During 2013-14 the Trust responded to 708,883 urgent and emergency incidents.

We are conscious that there are inconsistencies in the delivery of performance targets across the region and we have been working on better matching resources to demand and reviewing some of our operational policies. We aim to reach patients more quickly, more of the time, deliver high quality care and improve the working lives of staff. We continue to involve frontline staff and trade union colleagues in this improvement work.

Making changes is essential to secure our long-term stability and performance delivery and to protect jobs. We have to ensure that, across all of our service areas, we are delivering our contractual targets, improving outcomes for patients and that the Trust can stand on its own two feet financially, in what is a very difficult financial climate.

Our new NHS 111 urgent care service is now fully embedded across Yorkshire, the Humber, Bassetlaw, North Lincolnshire and North East Lincolnshire. The service took its one millionth call in February 2014 and has worked hard to establish itself as one of the best performing NHS 111 services in England.

Our Patient Transport Service, which undertook 886,312 non-emergency journeys in 2013-14, has improved delivery against key performance indicators and has been focusing on acquiring feedback from people who use and commission the service to keep its position in the marketplace.

We are now operating in the new NHS landscape and another key priority has been to get to know our new partners in Clinical Commissioning Groups, Health and Wellbeing Boards, Commissioning Support Units, NHS England and Healthwatch and to work with them to develop services for patients.

In 2014-15 our key priorities include further improving clinical outcomes for key conditions, delivering timely emergency and urgent care in the most appropriate setting and developing our culture, systems and processes to support continuous improvement and innovation.

YAS is the largest single gateway to healthcare services across Yorkshire and the Humber and this places us in a key position to lead and support the transformation, integration and alignment of healthcare services across the region to best meet the needs of local communities.

Finding better and more appropriate ways to respond to the needs of our patients - without necessarily sending an ambulance resource or taking them to hospital - will be essential so that we can continue to provide high-quality care to all our patients wherever and whenever they require our services.

Thanks go to our staff and volunteers for all that they do to care for our patients.

Della Cannings QPM
Chairman

David Whiting
Chief Executive

Foundation Trust Progress

Our vision is to provide an ambulance service which is continuously developing and delivering the highest level of patient care and services for our residents across Yorkshire and the Humber, Bassetlaw, North Lincolnshire and North East Lincolnshire.

To help us achieve this vision, we are on the journey to become an NHS Foundation Trust (FT). NHS FTs are membership organisations that are free from central government control which means that we will have a lot more freedom to shape the way that we provide and develop services for our patients.

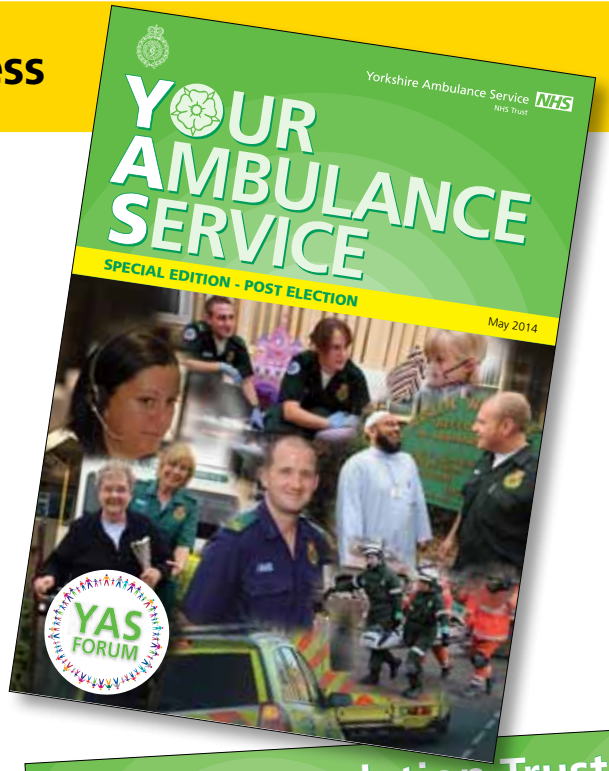
We have exceeded our target for public and staff membership and now have over 5,600 public members and 93% of our eligible staff are members.

Our FT application (like all other aspirant FT applications) has been put on hold until further notice to allow the Care Quality Commission's quality inspections to take place prior to the final stages of the Monitor (FT regulator) process. The new timeline means achievement of FT status is now more likely in 2015.

During this period, we will continue to be committed to membership engagement and partnership working throughout the communities we serve.

Until such time that a YAS NHS FT Council of Governors can be elected, we have chosen to introduce a YAS Forum. It is structured with a total of 22 Members: 10 Public elected (with three vacancies as at 4 June 2014), four Staff and five Appointed Forum Members who will represent the wide range of external stakeholders with whom we work in partnership to deliver our services and this includes membership from patients, communities and organisations. The inaugural YAS Forum meeting took place on 8 July 2014.

YAS FORUM



AMBULANCE SERVICE HONOURS WOMAN WHO SAVED PARTNER'S LIFE

In July 2013 the Trust honoured Kristina Roberts with a commendation for helping to save her partner's life after he suffered a heart attack in the car when they were driving home from Beverley.

Rachel Simpson, a paramedic clinical supervisor who attended 41-year-old Neil Smith's second heart attack, said he had been exceptionally lucky.

"Kristina did a fabulous job,"* said Rachel. *"She was really, really calm and did brilliantly. She kept him alive. We would really encourage people to learn bystander CPR. There are lots of free courses available and as Katrina's experience proves, it can be lifesaving."

MAKING THE NEWS 24/7

Accident and Emergency

It has been another successful year for operational performance with YAS delivering the national emergency response target for the third consecutive year.

This achievement has not been without its challenges but demonstrates how staff have worked tirelessly to provide high levels of care to our patients.

In 2013-14, our staff received 795,750 emergency and urgent calls, an average of over 2,180 calls a day. We responded to a total of 708,883 incidents by either a vehicle arriving on scene or by telephone advice. Of these 267,716 were categorised as immediately life-threatening.

Our ability to achieve the operational performance targets is heavily influenced by a number of environmental factors, which can affect resource levels and our capacity to respond within the relevant timescales. Weather conditions not only affect the speed of response but can also result in increased activity levels at particular times of the year. Naturally, we profile our resource levels to ensure that increased capacity is available over the winter period and other anticipated periods of high demand. We are also supported by a team of volunteer British Association for Immediate Care (BASICS) doctors, Community First Responders and the Yorkshire Air Ambulance which are all available to respond to life-threatening calls in their communities all year round.

While weather conditions were reasonably mild over the winter period, the key challenge faced by the Trust was the increase in demand to the most seriously ill and injured patients (Red calls), compared to the previous year. Like other English ambulance trusts, we have experienced year-on-year growth in activity since we were established in 2006; overall response activity was up by 2% from 2012-13 to 2013-14.

We have continued to work proactively with our partners in the newly-established Clinical Commissioning Groups (CCGs) and acute trusts to manage demand in terms of the flow of patients to hospital and improving hospital turnaround times. We also trialled the Paramedic Pathfinder initiative, a triage process designed to support face-to-face assessment in cases where patients do not need to be taken to hospital.

The Trust undertook a comprehensive review of its operational practice to look at the demands placed on our service and staff and how we can manage this more efficiently and effectively in the future.

Initial diagnostic work indicated that, while the Trust has made good progress in aligning capacity to demand, there was a need to better match resources to current and future demand profiles, particularly on evenings and weekends.

In March 2014, following consultation with staff, we implemented new rotas and rest break arrangements and revised some of our operational policies as well as increasing access to clinical education and training.

These changes were implemented in the latter part of 2013-14 and, following feedback from staff, will be developed and further consolidated during 2014-15.

Other projects delivered during 2013-14 have included:

- Developing the introduction of handover arrival screens in all acute hospital sites we use in Yorkshire and the Humber. The system measures vehicle arrival time, notification of arrival to the hospital, physical handover of the patient and the time the vehicle becomes free so turnaround issues can be identified and resolved. The importance of this function has increased with the introduction of financial penalties in 2014-15, for both acute providers and the ambulance service, for non-compliance with their respective time standards for patient handover.
- Review of clinical leadership in frontline operations to ensure clinicians have the necessary support and opportunities to develop.
- Developing the community medical unit initiative which provides static ambulance facilities in busy areas of Leeds, Sheffield, York and Hull. It aims to provide on-scene medical treatment for patients with minor injuries and illnesses to free up ambulances to deal with more seriously ill patients and relieve pressure on busy hospital emergency departments.

A&E Performance Against National Targets

Red calls are defined as those which are immediately life-threatening. The Trust is required to respond to 75% of these calls within eight minutes and 95% of these calls within 19 minutes.

	Target	2011-12	2012-13	2013-14
Combined Red 8-minute response (previously Category A 8-minute response)	**75%**	75.72%	75.33%	**75.26%**
Red 1 (calls for life-threatening conditions such as cardiac arrest)	**75%**	n/a	n/a	**77.38%**
Red 2 (all other Red calls requiring a response in eight minutes)	**75%**	n/a	n/a	**75.09%**
Red 19-minute response (previously Category A 19-minute response)	**95%**	97.94%	96.97%	**97.29%**

Clinical Developments

Cardiac Arrest

Survival from cardiac arrest is a high priority for YAS. A new resuscitation policy is in place and a revised cardiac arrest strategy has been launched in Hull and will be rolled out in Harrogate, Doncaster, Leeds and Bradford during 2014-15. The Clinical Directorate has developed a package of care which is based on the latest evidence, and involves training and dispatching clinical supervisors to all cardiac arrests to provide senior leadership and decision-making. They will be using the latest technology to improve cardiopulmonary resuscitation (CPR) performance and patient outcomes. This will enable clinical supervisors to adopt a team leader role and provide feedback to crews, both of which have been shown to improve rates of survival to discharge from hospital.

Paramedic Pathfinder

Paramedic Pathfinder is an evidence-based, clinically-safe decision support tool for clinicians, to enable accurate face-to-face assessment of individual patient needs on scene.

Clinicians use a flowchart of specific symptoms to determine the most appropriate care pathway for individual patients.

During 2013-14 we ran a pilot of Paramedic Pathfinder in the Rotherham area. It was very well accepted by our clinicians and has seen very positive results for patients in this area. Due to the success of the pilot we will be introducing this into the rest of the YAS area during 2014-16.

Urgent Care

Our urgent care work has built on last year's programme alongside the national urgent and emergency care review being undertaken by Professor Sir Bruce Keogh.

An Urgent Care Strategy has been developed which covers the strategic priorities for the next two years:

- The expansion of community-based emergency care practitioners (ECPs) and advanced paramedics to bridge the gap between the need for an initial urgent response and planned care services in the community.
- Building upon the existing NHS 111 service skills and infrastructure to expand our role in care co-ordination and provision of local community Single Points of Access (SPA) for health and social care services.
- Developing managed services for specialist groups such as frequent callers, people with mental health needs and palliative care patients.
- Developing urgent care and inter-facility transport solutions to ensure timely and appropriate transport is available to convey patients including GP urgent, discharge and falls services.

- Through focused investment in Information, Communication and Technology (ICT) solutions, we can radically improve our delivery of healthcare services to support care at home. We assist decision-making at scene by providing frontline clinicians with the technology and information to access patient and pathway information and, through provision of tele-health and tele-care services, to support patients living independently in their own homes.

During October 2013 we hosted an urgent care conference with Professor Keith Willett as keynote speaker and explored integrating health and social care. The ambulance service was seen as instrumental in bringing partners together.

At the request of a number of Clinical Commissioning Groups we are developing our emergency care practitioner programme, building on the success of the Sheffield model and taking into account the recommendations being made by the College of Paramedics with regard to progression to specialist and advanced paramedics.

The Trust has been represented at the 15 urgent care working groups across the region and has developed good relationships with commissioners and other providers including acute trusts, community services and the voluntary sector. As a result of our involvement with local groups, we were key to developing a regional platform for urgent care improvements and are represented on the West Yorkshire Commissioning Collaborative. Nationally we are represented by our Associate Medical Director for Urgent Care who chairs the National Ambulance Urgent and Emergency Care Group.

Management of Frequent Callers

Our work with frequent callers is helping to deliver improvements to quality of care, address underlying issues, reduce service pressures throughout the NHS and provide significant system-wide savings including reduction in acute hospital admissions.

In line with national policy we are committed to appropriately reducing face-to-face contacts and re-contact rates and we are also benchmarking with other ambulance services in collaboration with York University.

Pathways

A key feature of Urgent Care Boards is the recognition of having robust patient pathways in place to manage more patients at home. We have reviewed all our pathways across Yorkshire and the Humber and have further developed alcohol referral, mental health, access to in-hours GPs and falls pathways.

End-of-Life Care

Ambulance services often attend patients at the end of life and provide high quality care. At YAS we have a dedicated palliative care ambulance commissioned for Leeds patients and have an End-of-Life Improvement Group to help develop best practice. We recognise that our staff often require further knowledge in this important area and have developed and implemented a specific training pack for all our staff on end-of-life care. In addition, we have been working closely with Kirkwood Hospice in Huddersfield on a partnership initiative to further improve staff training.

Mental Health

The challenge facing patients in crisis with mental health is well recognised and the Trust fully acknowledges that patients in crisis need timely access to support and services that are consistently high quality and can meet individuals' needs. We also recognise that patients should not be conveyed by police but by ambulance. As an ambulance service we have implemented the Section 136 (Mental Health Act) conveyance pathway and a regional mental health improvement group has been set up to identify areas for working in partnership with all police forces across Yorkshire and the Humber, commissioners and patient groups.

Public Health

Specific work on public health initiatives completed throughout 2013-14 included alcohol awareness, partnership working on drug overdose incidents, tackling mental health issues, developing urgent care and managing patients closer to home:

Alcohol Awareness

- The alcohol referral pathway has been rolled out Trust-wide. This enables YAS practitioners to refer patients with alcohol problems into specialist services and was introduced following a successful pilot in South Yorkshire. This procedure applies to referrals from ambulance staff to specialist alcohol services of adult patients aged 18 and above which can be made 24/7 throughout the year.
- A multi-agency alcohol awareness course in Kirklees for people issued with penalty notices for drunk and disorderly behaviour. Current data shows that only 11% of those attending the course have re-offended in comparison to 39% of individuals who received a penalty notice for disorder or caution. Hull City Council and North Yorkshire County Council have both expressed interest in replicating the project in their areas.
- Representation on the North Yorkshire County Council alcohol strategy group with close involvement in strategy development.
- Supporting Hull City Council's alcohol awareness drive including a multi-agency 'pop-up pub' in Hull city centre providing information to members of the public over the Christmas period.

Public Awareness Campaigns and Partnership Working

- Contributing to public awareness campaigns on appropriate use of health services and actively promoting public health initiatives and targeting deprived areas where alcohol and substance misuse can be a problem.
- Promoting the Resuscitation Council's interactive 'Lifesaver' training through local universities to help members of the public to learn how to perform cardiopulmonary resuscitation (CPR).
- Development of a protocol regarding police attendance at overdose incidents in partnership with Humberside Police and Hull City Council.

A targeted media campaign is planned with the aim of increasing awareness around non-routine police attendance.

- Partnership working with Hull City Council in the development of an overdose prevention campaign focused on trained staff working with those affected by substance misuse.
- In conjunction with the College of Paramedics Yorkshire Regional Group, YAS has organised two Best Practice Events to help clinicians develop their clinical decision-making skills to support the highest levels of patient care.

Research and Development

YAS is committed to research and development and has a rolling programme of activity. Some of the activities carried out during 2013-14 include the following:

- YAS is participating in the Yorkshire and the Humber Collaboration for Applied Leadership in Health Research and Care five-year programme theme looking at avoiding attendance and admission of patients with long-term conditions. This work began in January 2014, and is currently scoping practice and developments across the region.
- Our Research Champions Programme continued during 2013-14 to develop research skills and experience among paramedics. They have participated in a project designing a medical device to control traumatic bleeding, observing the process of product development, and are likely to be involved in a clinical trial of the device in due course.

We are also continuing with the Research Fellows Project to develop advanced research skills in paramedics.

- Paramedic Richard Pilbery won an award for the 'highest quality research' at the 999 Emergency Medical Services Research Forum Conference at the University of Sheffield in February 2014. YAS is very proud of his achievement and will be supporting him to present his research at the Paramedics Australasia International Conference in September 2014.
- YAS has worked with a number of groups including the West Yorkshire Comprehensive Local Research Network (WYCLRN) to achieve patient, carer and public involvement and engagement in research.

Emergency Operations Centre

Our Emergency Operations Centre (EOC), based on two sites in Wakefield and York, is the first point of contact for patients needing to use our emergency 999 service.

999 calls are answered by our call handlers who ask a series of carefully structured questions to determine the nature of the problem and deploy the most appropriate response to best meet patient's needs. Call handlers play a vital role in providing reassurance and advice over the telephone to people who are often anxious and distressed.

There have been a number of developments in our EOC in 2013-14 including:

- an increasing number of patients receiving help and advice over the telephone from our highly-skilled clinicians within the Clinical Hub, reducing the need for an emergency response
- a review of our rotas so we can match our staffing levels to periods of high demand more effectively
- ensuring greater resilience across the EOC by developing our infrastructure
- on-going recruitment and training
- the continual development of our Computer Aided Dispatch (CAD) system to improve the use and efficiency of our frontline vehicles.

During 2013-14, two of our members of staff received national awards in recognition of the high standards of care they provide to patients:

Emergency Medical Dispatcher **Fiona Dinkel** (above) was recognised by the International Academy of Emergency Dispatch for her 40 exemplary call audits since November 2012 which highlighted her 'very high standards' of care and she was crowned Dispatcher of the Year.

Clinical Advisor **Jan Matulewicz's** award was for his significant contribution to the clinical assessments of patients over the telephone and his work to improve the care and clinical support to care home staff and patients. He received the UK Navigator Bill Boehly Clinician of the Year Award.

Patient Transport Service

Our Patient Transport Service (PTS) is the largest ambulance provider of non-emergency transport in Yorkshire and the Humber. It is an extremely important part of our service and provides safe, clinically-supported assistance to patients and their carers.

We provide transport for people who are unable to use public or other transport due to their medical condition. This includes those:

- attending hospital outpatient clinics and community-based care
- being admitted to or discharged from hospital
- needing life-saving treatment such as chemotherapy or renal dialysis.

Unlike other elements of Yorkshire Ambulance Service, we have an on-going relationship with a number of our patients and often transport the same patients regularly over a long period of time.

Our patient surveys regularly report very high levels of satisfaction in regard to our drivers with over 96% of patients confirming that they enjoyed the company of the PTS staff on their journey.

We are aware that we are continuing to work in a more competitive and commercial environment. Although we have continued to deliver PTS across the Yorkshire and the Humber, we know that we need to continually improve and listen to the feedback of the people who use and commission our service in order to keep this position.

2013-14 was an extremely busy year for PTS, both in terms of the number of patients we transported and our internal development programme. We have concentrated this year on listening to patients, getting their feedback and building this into our service improvement plans.

We have held a number of focus groups and asked patients to tell us about their experiences of the service. We have also launched a monthly patient experience survey, which provides an important link between our efficiency and quality of service.

Our plans for this year included:

- **Upgrading our Personal Digital Assistant (PDA) devices to capture accurate patient journey times.** We worked with frontline staff to make changes to our PDAs based on their feedback. This has helped to identify where problems may occur so they can be resolved quickly.

- **Expanding our volunteer driver programme.** Our volunteer programme has been re-launched and our ambition in 2014-15 is to increase the number of volunteer drivers and to double the 500,000 miles driven by our volunteers in 2013-14.
- **Developing our award-winning apprenticeship programme.** We have continued to provide high-quality education and training for our apprentices and are actively supporting them into full-time employment, either within PTS or other elements of the ambulance service.
- **Improving access to our service and the accuracy of booking information by increasing the number of service-users who book transport online.** We have worked hard this year with acute trusts, GP practices and commissioners to promote our online booking service and have delivered a number of

training programmes aimed at improving the quality of booking information to enhance patient experience.

- **Better matching resources to patient demand by reconfiguring rotas.** This is being rolled out across Yorkshire in a phased approach.

Our plans for 2014-15 are even more ambitious. We are looking to introduce a text messaging service for patients to inform them of the arrival time of their transport. This will mean that patients will be able to go about their day without fear of 'missing' their appointment. This will also reduce the number of cancelled and aborted journeys as patients will be able to confirm their intention to travel before the driver arrives.

We are continuing to make the online booking process simpler by improving the questions which are asked to determine how many staff and what type of vehicle is needed and reducing errors caused by translating information over the phone.

We know from patient feedback that some of our vehicles are uncomfortable and unreliable. We are investing considerably in our fleet over the next two years and will be purchasing new vehicles.

We are making changes to our control and communications function, staff rotas and training programme, all of which will deliver further improvements with patient waiting times post-appointment, which is a key feature of patient feedback.

Former taxi driver Malcolm Robinson, 66, has been a Volunteer Car Service (VCS) driver for over 30 years:

"The most important thing about volunteering for YAS in this capacity is the difference you can make to people. I'm no Mother Teresa, I can't solve everyone's problems and I wouldn't attempt to try, but I can be the friendly face that picks them up every Tuesday morning.

"These are people, not packages wrapped in brown paper, and I'm your usual family man - not a do-gooder or anyone particularly special."

For more information on joining the Voluntary Car Service, visit http://www.yas.nhs.uk/OurServices/Volunteering/VCS.html or contact the team, email PTSvolunteers@yas.nhs.uk or phone 01924 584019.

NHS 111

NHS 111 was launched on 5 March 2013 to make it easier for patients to get medical help and advice fast when they have an urgent need which is not an emergency. The service is available 24/7 and is free to call from landlines and mobile phones.

The full regional roll-out of NHS 111 was completed during 2013 with all GP out-of-hours calls also being taken by the new service (the GP out-of-hours service in the West Yorkshire and Craven area is delivered in partnership with Local Care Direct).

Covering Yorkshire and the Humber, Bassetlaw, North Lincolnshire and North East Lincolnshire, the service took its one millionth call in February 2014 and is one of the highest performing NHS 111 services in England. Up to the end of 2013-14, the service responded to 1,100,599 calls, 94.9% of which were answered within 60 seconds (the national target is 95%).

As part of regular monitoring of the NHS 111 service, patient experience is independently surveyed. Between April and November 2013, 90% of patients confirmed that they had followed the advice given, 87% agreed that the information provided was helpful and 94% agreed that they were treated with dignity and respect. A survey of local healthcare partners in January 2014 showed that 94% were satisfied or extremely satisfied with how the service was being provided.

The percentage of complaints received equates to 0.02% of all calls taken by the service; patient compliments reached the same level at 0.02%.

Over the year, there have been a number of successful service and system developments to support better patient outcomes, including:

- the direct electronic transfer of patient referrals to GP out-of-hours providers
- the transfer of the remainder of South Yorkshire urgent dental calls to NHS 111 in September 2013
- two clinical updates to the clinical triage system, NHS Pathways

- technical developments to allow patients who need a GP out-of-hours appointment in West Yorkshire and Craven to book directly through NHS 111
- a regional Urgent Care Conference in October 2013 to support integrated working across providers and commissioners with the aim of delivering effective urgent care.

The YAS NHS 111 service has been selected to participate in a national 'Call before you go' pilot project which aims to encourage members of the public to call 111 so they can be signposted to the right service for their needs, rather than just turning up at an emergency department. The pilot involves seven hospitals across the country including Calderdale Royal Hospital and Huddersfield Royal Infirmary in Yorkshire.

Our plans for 2014-15 will focus on NHS 111 being the gateway for urgent care and recognised for good customer service, high levels of care and fully integrated with YAS emergency services and the wider health economy to ensure appropriate referrals of care for our patients.

Our vision also takes into account the need to become innovative, responsive and flexible to meet the changing needs of our stakeholders.

We are committed to becoming the employer of choice with proactive staff engagement and achieving excellence in training and development.

There are significant opportunities for NHS 111 within the national Keogh Urgent and Emergency Care Review and we will continue to work closely with our commissioners and NHS England to look at enhanced service provision for NHS 111 in the future.

There has been significant recruitment activity with NHS 111 staffing levels as follows:

Grade	Headcount	FTE
Call Handlers	264	180.7
Clinical Advisors	103	62.7
Team Leaders	15	13.2
Clinical Team Leaders	15	11.41
Management and Support	35	35

Resilience and Special Services

The ambulance service forms part of the NHS response to major emergencies like flooding, public transport incidents, pandemic flu and chemical, biological, radiological or nuclear (CBRN) incidents. Our Resilience and Special Services Department is responsible for ensuring we have the resources and effective, well-practiced plans so we are ready for action, whatever the emergency.

During 2013-14, we have:

- supported the development of the Local Health Resilience Partnerships (LHRPs), which are strategic planning forums for organisations involved in delivering Emergency Preparedness Response and Recovery (EPRR) arrangements in West Yorkshire, South Yorkshire, North Yorkshire and the Humber (including the East Riding).
- been successfully tested against the core standards of our EPRR requirements set out in the NHS England Core Standards Matrix, the NHS England Planning Framework, Everyone Counts: Planning for Patients 2013-14, and the 2013-14 NHS standard contract.
- launched ResWeb, a single access point for multi-agency EPRR information and guidance across Yorkshire, including current demands on services, which proved particularly beneficial for winter resilience and was also used for the 2014 Tour de France Grand Départ.

- successfully tested our contingency/business continuity plans in response to a serious road traffic collision on the M62 in April 2013, protests by the English Defence League and Unite Against Facism, and episodes of industrial action by the Fire Brigades Union and Unite the Union members at Yorkshire Ambulance Service.
- delivered an extensive training programme, both internally and externally in conjunction with our police and fire and rescue colleagues, as well as taken part in large-scale resilience exercises.
- been working towards certification to the International Standard for Business Continuity Management with the British Standards Institute which was achieved in April 2014.
- involved the Hazardous Area Response Team (HART) in the planning and specification of its new facility based in South Leeds.

Our Fleet

Yorkshire Ambulance Service is committed to exploring ways to reduce fuel consumption and introduce more efficient vehicles to our fleet.

In conjunction with the University of Leeds, University of Manchester and Manchester-based ambulance manufacturer Cartwright, a revolutionary new lightweight, efficient and aerodynamic ambulance has been developed. By introducing an aerodynamic light-bar onto a van conversion (as opposed to a traditional boxy body ambulance), the new vehicle achieves fuel efficiencies of up to 26mpg with an average of 21.14mpg (compared to 16-18mpg with box body ambulances).

Following a national ambulance specification and tender process, we bought 43 of these new ambulances, based on a Mercedes Sprinter 4.6 tonne super single van, which are now operational in the fleet.

Yorkshire Ambulance Service won many awards in recognition of our carbon reduction work during 2013-14, including winner of the Cintas Green Award 2014 and the Fleet New Green Van Awards 2013 and runner-up in the Energy Saving Trust (EST) Fleet Hero Awards 2013.

YAS was also shortlisted for the Fleet News Green Fleet of the Year 2013 and EST Fleet Hero Awards for Innovation in Car and Van Manufacturing 2013.

We have also introduced the following vehicles as part of our planned replacement cycle:

- 33 PTS twin wheelchair Peugeot Boxer vehicles
- 20 Hyundai Santa Fe A&E clinical supervisor response vehicles
- 19 low emission Peugeot Bipper support vehicles.

Estates

An Estates Programme Board has been established to oversee and manage the delivery our five-year Estates Strategy (2012-17).

The strategy aims to release expenditure for reinvestment in patient care and includes:

- rationalising and replacing ageing buildings
- providing flexible and responsive accommodation
- reducing overall property running costs
- improving environmental standards of our estate
- creating value from redundant/surplus facilities.

During 2013-14 work continued to reduce our energy bills and improve working environments for staff. Projects included:

- The development of a purpose-built facility in Leeds for our Hazardous Area Response Team (HART) which was completed in June 2014.
- Installation of solar panels at YAS HQ in Wakefield.
- Installation of new efficient heating boilers at Pocklington, Ripon, Keighley, Barnsley, Huddersfield, Skipton, Whitby, Castleford, Kirkbymoorside and Northallerton ambulance stations, York Administration Centre, YAS HQ in Wakefield and the Fleet Workshop in Wakefield.
- A replacement roof at Huddersfield Ambulance Station.
- New ambulance charging systems at several YAS locations.
- Completion of office conversion for the NHS 111 call centre in Wakefield.
- Installation of on-site fuel facilities at Keighley, Brighouse and Longley ambulance stations.
- Asbestos remedial works to several locations across YAS to ensure that statutory compliance and safe environments are maintained.

Technology

A robust Information, Communication and Technology (ICT) infrastructure is key to the success of the organisation and delivery of our business objectives.

Our ICT Team supports all of our key areas with a range of advanced telephony and IT systems as well as communication platforms. They also support a number of GP out-of-hours services and develop and maintain eLearning and web facilities for a range of other healthcare organisations.

The team has delivered some significant projects and business improvements over the last year including:

- commissioning a YAS resilience website (ResWeb) which is the single access point for information and guidance relating to Emergency Preparedness, Response and Recovery (EPRR).
- migrating all YAS Windows XP PCs to Windows 7 as Windows XP was no longer supported from April 2014.
- replacing computers at ambulance stations with 'thin client', environmentally-friendly computer terminals which consume 1/10 of the power of a normal computer.

Priorities for the coming year include:

- giving staff access to electronic patient care records to aid decision-making. By facilitating the electronic transfer of patient data, Emergency Care Solutions (ECS) will ensure more joined-up working between YAS, hospitals and community-based clinicians which will improve patient experience and outcomes.
- developing a YAS clinical website that will be accessible by our clinicians on scene and our Clinical Hub Team. It will provide clinical guidelines, medicines management, an interface for Paramedic Pathfinder and a directory of clinical services. The clinical website will serve as the single point of access for all clinical information across the Trust.
- developing a single view of Trust-wide data via a data warehouse to provide managers and staff with information relevant to their performance.
- commissioning a new YAS intranet, a state-of-the-art website which will be fully integrated with social media and video conferencing.
- providing support staff and frontline clinicians with secure technology and information, through tablet PCs and smart mobile devices, relating to patients, performance, key performance indicators and clinical pathways to support the right clinical decisions being made at any time in any location.

Corporate Communications

Sustained efforts have been made by the Corporate Communications Team to raise the profile of the ambulance service and the work of its staff through the media and trade press. As part of our on-going drive to encourage appropriate use of the 999 service, we have continued to remind the public of when they should call 999 for an ambulance and when they should consider other healthcare services, such as minor injuries units and the new NHS 111 urgent care service. We have also refreshed our Choose Well campaign materials and made them available on the Trust's website and at various public events.

More recently, the Trust has joined the social media site Twitter. @YorksAmbulance acquired 3,400 followers up to the end of 2013-14 and 'tweets' have been aimed at helping to reduce unnecessary pressures on the service and communicating key public health campaign messages.

The team has continued to produce a wide range of internal information for staff and regular external bulletins for key stakeholders to ensure that there is a broad understanding of the Trust's priorities, key developments and awareness of services and the care being provided to patients.


NHS
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96.78

We now employ over 4,600 staff and our workforce continues to grow as we recruit more frontline staff in order to reduce our reliance on overtime and third sector providers.

All of our people are focused on the delivery of high-quality care, good patient experiences and improved health outcomes. The way in which our staff are led, managed and developed is extremely important to us and to the standard of care that we provide.

It has been a challenging year with the Trust experiencing a number of periods of industrial action called by Unite the Union. This was in response to the Trust's decision in February 2013 to de-recognise Unite the Union following a difficult working relationship.

The Trust is committed to providing equality of opportunity and supports and encourages an inclusive culture. We value diversity and have an Equal Opportunities Policy in place. We are committed to building a workforce which reflects the community we serve, enabling all staff to achieve their full potential in an environment characterised by dignity and mutual respect.

During the last 12 months, we have implemented significant changes to our A&E service to ensure that our resources align to demand. This has meant having more staff on duty in evenings and at weekends and is wholly consistent with the key service developments included in the Integrated Business Plan.

Over the next four years our goal is to increase the number of state registered paramedics and have a paramedic on every frontline A&E vehicle. During this period we will be providing every emergency medical technician with the opportunity to train to become a paramedic. We have been continuing to embed the role of emergency care assistant (ECA) into the organisation. ECAs were introduced in 2012-13 to work with and support paramedics.

Average age	2007 (31 March 2007)	2013 (31 March 2013)	**2014 (31 March 2014)**
Average age	40	44	**43**
Male	42	46	**45**
Female	37	42	**41**

Workforce profile (headcount)	2007 (31 March 2007)	2013 (31 March 2013)	**2014 (31 March 2014)**
Paramedics	871	1,289	**1,317**
Technicians	655	461	**368**
Emergency Care Assistants and other frontline A&E support roles	478	597	**726**
Patient Transport Service	228	615	**696**
EOC staff	257	378	**391**
NHS 111	nil	343	**405**
Admin and clerical staff	606	680	**624**
Managerial	106	142	**136**
Other	14	11	**16**

Workforce profile (role)	Gender	Sum of headcount	Sum of FTE	Percentage
Directors	Female	5	5.00	36.23%
	Male	9	8.80	63.77%
Director Total		**14**	**13.80**	**100%**
Employees	Female	2,115	1,770.18	43.91%
	Male	2,487	2,261.24	56.09%
Employee Total		**4,602**	**4,031.42**	**100%**
Senior Managers	Female	29	27.39	44.45%
	Male	34	34.22	55.55%
Senior Manager Total		**63**	**61.61**	**100%**
Grand Total		**4,679**	**4,106.83**	

Resourcing and Recruitment

The Trust has continued to recruit to a wide range of posts over the last year.

Our approach to recruitment and selection has evolved and we have continued to refine and develop our values-based recruitment and selection centre, which has significantly improved our ability to manage candidate flow. This has included the launch of a new recruitment microsite and the deployment of an advanced psychometric assessment system to screen applicants directly against the values and behaviours expected by the Trust. This screening then forms the basis of further assessment throughout the recruitment and selection centre.

Through our approach to values-based recruitment we are making a clear statement that we want to employ people who have particular values and will be focused on patient care first and foremost before any professional or functional skills regardless of their role in the organisation. Most of our training for new staff is conducted in-house and our training centres have reported a marked increase in the calibre of candidates arriving at the training centre. Training attrition has reduced by 60% in comparison with 2012-13 which is a much better outcome for both the Trust and the candidates. In summary, we believe that our new approach provides much better results for less financial investment than the traditional interview process.

Recruitment activity across 2013-14 has been significant, and we have made a great deal of progress in reaching our required establishment in support of the A&E Workforce Plan. We have continued to support significant recruitment campaigns to ensure the NHS 111 service has maintained the required resource levels, along with recruitment for the Patient Transport Service and apprenticeship schemes.

Recruitment activity (whole-time equivalent)

Staff category	Number of advertising campaigns	Number of applicants	Establishment 1 April 2013 WTE (and headcount)	**Establishment 1 April 2014 WTE (and headcount)**
A&E	26	1,944	2,120.07 (2,321)	**2,091.95 (2,298)**
PTS	59	2,182	530.53 (725)	**652.27 (7815)**
EOC/ NHS 111	55	3,319	639.68 (751)	**653.52 (796)**
Support	128	3,525	530.79 (615)	**525.69 (613)**
Management	49	627	163.29 (171)	**128.40 (136)**
Apprentices	27	986	29.00 (29)	**55.00 (55)**
Total	344	12,583	4,013.36 (4,612)	**4,106.83 (4,679)**

Our turnover was 9.56% (WTE, which equates to 11.46% headcount) and represents 107 staff who have retired, 48 who were dismissed, 212 who resigned, and regrettably two staff who died in service.

Sickness Absence

Sickness absence and number of calendar days lost												
2013-14												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
%*	**6.06**	**5.52**	**5.55**	**5.55**	**5.70**	**5.66**	**5.43**	**5.50**	**6.25**	**6.57**	**6.48**	**6.85**
Number of calendar days lost	**7,429**	**6,815**	**6,637**	**7,242**	**7,636**	**7,111**	**7,981**	**7,599**	**9,016**	**9,300**	**8,148**	**9,591**
2012-13												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
%*	6.04	5.74	5.74	6.14	6.21	6.17	6.31	6.65	7.60	7.30	6.50	6.26
Number of calendar days lost	7,249	7,170	6,999	7,807	7,821	7,405	7,754	7,984	9,568	9,275	7,399	8,187

Absence Management

The level of absence within the Trust remains above target and work is continuing to reduce absence. In February 2014 a new Absence Management Policy was agreed and implemented with the aim of reducing the level of sickness absence within the Trust. The new policy establishes clear targets for absence improvement and ensures that staff are managed efficiently to encourage a speedy return to work.

Health and Wellbeing

Alongside a more robust absence management procedure, YAS began a new partnership with People Asset Management (PAM) for the provision of occupational health services. After implementation across West and South Yorkshire in October 2013, the service was launched Trust-wide from 1 April 2014. The new arrangements have started to show some benefits in terms of reducing sickness absence and this is indicated in the table above. However, it is recognised that there is significant further improvement required in this area of work.

The new occupational health service includes a day one absence reporting system, which ensures that all employees reporting absent from work receive the advice and support they need from the first day of absence. All staff have direct access to counselling services and health and wellbeing information 24/7 via both online and telephone services. The new service provides an extensive range of counselling services that can help with treating mental health issues including stress, anxiety, depression, low self-esteem, bereavement and post-traumatic stress disorder.

The 2013-14 flu campaign saw the highest uptake of staff vaccinations that the Trust has ever recorded at 51.28%. The use of paramedic vaccinators proved effective, particularly in engaging frontline staff and overcoming logistical challenges of delivering vaccinations to a widely-dispersed workforce.

The Trust's Employee Wellbeing Strategy is now under development, led by a dedicated Employee Wellbeing Adviser, which will set out a three-year programme for the provision of wellbeing programmes and interventions.

One of the future wellbeing priorities led by the Employee Wellbeing Adviser is to develop the Trust's approach to fitness for both existing staff and new recruits, particularly for those in frontline positions. A clear task analysis for the fitness testing process has already begun and operational staff are being consulted.

*The % figure shows the ratio between calendar days lost to sickness absence and actual days available.

Diversity and Inclusion

In line with Equality Act 2010, YAS is legally required to have Equality Objectives to ensure we meet our general duty of:

- eliminating discrimination, harassment and victimisation
- advancing equality of opportunity between different groups
- fostering good relations between different groups.

The following progress has been achieved against our Equality Objectives 2012-16.

NHS Equality Delivery System (EDS)

We are continuing to use the EDS, a nationally-designed tool, to support the delivery of the equalities agenda; it has given us clarity, focus and the impetus to move forward and tackle health and workforce inequalities.

We are continuing to improve engagement and involvement with seldom-heard communities and groups including:

- **Age** - Age UK, Ageing Carers Group (Learning Disabilities), Dignity Group, Deaf Youth Group, Muslim Youth Group
- **Disability** - Ageing Carers Group (Learning Disabilities), Deaf Youth Group, Downs Syndrome Group, Calderdale Disability Forum, Wheelchair Rugby Team
- **Race** - Leeds GATE (Gypsy and Traveller Exchange), Muslim Youth Group, Staff BME Network
- **Religion** - Doncaster Multi-Faith Forum
- **Sexual Orientation** - Stonewall, Staff LGBT Network and Unison Equality.

YAS supported the second annual NHS Equality, Diversity and Human Rights Week in May 2013 with activities including the launch of the new YAS Learning Disabilities Communication Guide and the opportunity to learn six phrases of Urdu.

Collect, analyse, assess, record and act on patient data

To comply with the Public Sector Equality Duties and use data more effectively, YAS has published data on the number of patients who used our A&E service and Patient Transport Service. Currently this data reflects gender and age but actions are in place to extend this information to cover additional protected groups such as ethnicity.

The Patient Experience Team is continuing to undertake service user experience surveys and is also focusing on patient stories to improve service delivery. These include first-hand experiences from patients about bariatric conditions, drug and alcohol misuse and sensory impairment.

Ensure all operational staff have the skills and tools to treat patients with dignity and respect

All new staff complete diversity, inclusion, dignity and respect training as part of their induction and regular updates are provided to all staff through the Statutory and Mandatory Workbook.

A successful dignity and respect campaign took place within YAS which included the distribution of merchandise to raise the profile of Dignity Action Day.

YAS continued to develop a wide range of education and training products to enhance the care provided to patients with learning disabilities and dementia.

A workforce that reflects the community it serves

YAS continues to publish a comprehensive set of workforce monitoring data which shows the current workforce position for all relevant protected groups against staff numbers, promotion, turnover and employee relations.

This data has been analysed and will inform the Diversity and Inclusion Action Plan.
One engagement event has already taken place involving the Al-Haqq Employability Project in Leeds.

YAS has retained the 'two tick' disability award from Jobcentre Plus, which is given to employers who are positive about employing disabled staff.

Staff Networks

YAS has a number of staff support networks which are at various stages of development.

The well-established Lesbian, Gay, Bisexual and Transgender (LGBT) Network was represented at Leeds Pride in August 2013 and helped to recruit 140 Foundation Trust members.

The Black and Minority Ethnic (BME) Staff Support Network was formally launched in June 2013. It supported Black History Month in October 2013 with an intranet campaign to highlight black leaders in the NHS and the first black ambulance driver.

Discussions are underway about establishing additional staff networks for carers and those with long-term conditions.

Staff Engagement

The importance of employee engagement cannot be underestimated. The most recent authoritative research on this was the Government-commissioned MacLeod Review "Engaging for Success". The conclusion of that review was:

"that if employee engagement and the principles that lie behind it were more widely understood, if good practice was more widely shared, if the potential that resides in the country's workforce was more fully unleashed, we could see a step change in workplace performance and in employee well-being, for the considerable benefit of UK plc."

Research emphasises the importance of culture and values in successful organisations:

- Successful organisations have strong values which express beliefs and norms about what is important and about appropriate, valued behaviours.
- If values are widely shared and reflected in everyday actions of employees at all levels, there is a strong culture.
- Strong, shared culture organisations tend to have better performance and more engaged staff.

We launched a Bright Ideas staff suggestion scheme in May 2013 to enable our staff to make suggestions which can further improve patient care or the quality of our services, improve their working lives and also have the potential to increase efficiency.

A total of 264 Bright Ideas were submitted between May 2013 and 31 March 2014 and a steady flow of submissions continues from staff in both frontline and support services.

Suggestions range from those which have been simple to implement and can be achieved locally, to larger, more complex ideas which have required a level of investment to work through. There have also been a range of ideas which are already underway as part of on-going work, as well as some which are not practical to implement.

OUR STAFF SAID…

I have recently finished the YAS apprentice scheme with the Patient Transport Service and have secured a job as an emergency care assistant (ECA). For my new role, I need the C1 Category on my driving licence which isn't cheap to obtain. Could YAS pay for the C1 Category or contribute towards the cost? *Emergency Care Assistant*

WE DID…

Our Trust Executive Group agreed that anyone who has applied and been accepted for an ECA role will be eligible to apply for the C1 driving licence through our Organisational Effectiveness and Education Department with no fee attached. Other staff who are willing to undertake training to further their career at YAS can pay for the training through a new employees' salary deduction scheme.

OUR STAFF SAID…

All hospitals are now using the standardised National Early Warning Score (NEWS) to score/monitor a patient's risk of deterioration throughout their time in hospital and determine whether a patient is well enough to be discharged. Can the ambulance service adopt the same strategy to standardise the assessment of acute-illness severity? *Clinician*

WE DID…

We are introducing Paramedic Pathfinder, a decision-support tool which uses the PHEWS (Pre-hospital Early Warning Score) system developed by the Manchester Triage Group and is very similar to the National Early Warning Score (NEWS). The Manchester Triage Group is also looking into the possibility of moving to the NEWS system in the future and, if this goes ahead, we will adopt it within the Paramedic Pathfinder model. The Trust has also developed a tool to identify patients in the early stages of sepsis and is using the PHEWS system to support this.

Long Service and Retirement Awards

A total of 221 staff from across the Trust, who have clocked up over 5,400 years' service between them, were honoured on Thursday 5 September 2013 at our fifth annual Long Service and Retirement Awards.

The awards ceremony took place at The Pavilions of Harrogate and saw over 90 members of staff attend to collect their awards from Chief Executive David Whiting, Chairman Della Cannings QPM and the Queen's representative Lord Crathorne KCVO, Lord Lieutenant of North Yorkshire.

The Long Service and Retirement Awards honoured service achieved in 2012. In total, 50 individuals were congratulated for achieving 20 years' service and 45 individuals for the 30 years' service milestone. Two members of staff achieved the rare honour of 40 years' service.

WE CARE Awards

The NHS 111 Project and Mobilisation Team was crowned Team of the Year at the Trust's second annual WE CARE Awards.

Team representatives were among more than 150 staff and guests to gather at a special awards dinner to recognise the dedication and commitment of those at YAS who have gone the extra mile for patients and colleagues.

At the event at the Royal York Hotel, York, on 31 May 2013, the 200 staff who were nominated were applauded and 23 individuals and three teams received awards or highly commended certificates.

In addition, our Chairman Della Cannings QPM personally selected two individuals to receive special Chairman's Choice Awards and a new Partnership Award was introduced to recognise joint working relations for the benefit of our patients.

The awards have been developed to represent the core values of the Trust.

NHS Staff Survey

The 2013 NHS Staff Survey had an overall response rate of 43%, which is above average for ambulance trusts. The overall staff engagement score from the survey improved slightly from 3.18 to 3.21 between 2012 and 2013. This is above average for ambulance trusts.

The survey overall showed modest improvement with scores increasing in 63 questions, deteriorating in 16 whilst 12 scores remained unchanged. However, it is recognised that more work is needed to analyse the results and develop action plans for further improvements in 2014-15. Work will be prioritised over the next 12 months to further improve engagement across the organisation.

YAS Teambrief

We have introduced a new Teambrief initiative to encourage more face-to-face communication between managers and their staff. The initial briefing is provided on a monthly basis by the Chief Executive and executive directors to managers and supervisors across the Trust who are then tasked with cascading these key organisational messages to their staff. We will be developing a Staff Engagement Strategy in 2014-15 to build upon the success of this initiative.

YAS Management Conference

In May 2013, a management conference was held to provide managers, team leaders and supervisors with an update on developments at the Trust and emphasise the importance of good quality leadership to help the Trust achieve its objectives.

Leadership and Learning

Apprenticeships in YAS

We have continued to grow and diversify the range of apprenticeships on offer within the Trust. An established range of apprenticeships are available within our Patient Transport Service and we have recently extended this to our Private and Events Service and the Emergency Operations Centre, all of which offer great prospects for a future career with the ambulance service. A total of 47 apprentices have started with YAS in the last year.

Patient-focused Blended Learning

Yorkshire Ambulance Service has become the first ambulance trust in the country to receive 'Working to Become Dementia Friendly' recognition from the Dementia Action Alliance. This acknowledges the work that has been done to improve the awareness of dementia among our staff.

A training programme has been developed which covers patient assessment, communication challenges, recognising pain, distress and dealing with challenging behaviours.

An assessment of the training revealed that it really did make a difference to the understanding of ambulance staff and improving outcomes when dealing with people with dementia.

The dementia learning resource for ambulance staff was provided by distance and online learning and was followed by an 'End-of-Life Care' learning resource for ambulance staff in January 2014.

Community and Commercial Education

The YAS Community and Commercial Education Team offers a wide range of pre-hospital training for public and private businesses with any profits re-invested directly into public education and community engagement activities.

The Community and Commercial Education Team launched a new website www.firstaid-yas.co.uk that allows customers to book and pay for courses online as well as hosting community education materials.

The team is actively involved with the following community projects:

- **Awareness campaign to reduce knife and gun crime** - We continued to work with South Yorkshire Police to present the Guns and Knives Take Lives initiative to Year 8 pupils in South Yorkshire. We spoke to thousands of pupils during 22 visits, explaining the dangers and consequences of being involved in an incident with these types of weapons.
- **Road safety campaigns** - Various road safety events have been attended throughout the region, including vehicle safety campaigns for young drivers and Biker Down sessions providing accident reduction and safety messages to motorcyclists.
- **Alcohol and drugs awareness** - The Alcohol Intervention Programme highlights the dangers and effects of alcohol and what impact this has on the ambulance service. This workshop, developed with West Yorkshire Police, has been delivered to people involved in alcohol-related incidents who would normally appear in court. However, this alternative strategy aims to educate them on the dangers of excessive drinking to reduce the likelihood of re-offending.
- **Young people, careers and school events** - First aid messages have been provided to children at many events across Yorkshire, including a project to help young children with disabilities and Downs Syndrome to familiarise themselves with the inside of an ambulance.

Workforce Development

The five-year A&E Workforce Plan reviewed the workforce requirements and educational provision needs for the service and a number of key programmes were developed to implement the changed skill mix for the service.

The workforce programmes include the following:

- Development of a student paramedic programme for the progression of support worker staff (emergency care assistants).
- Development of an advanced practitioner programme.
- Development of an emergency care assistant core course.
- Development of an emergency care assistant conversion course.
- Progression of 51 students through the emergency medical technician to paramedic conversion programme.

Clinical Updates and Continuous Professional Development

The Training Department constructed and delivered a series of clinical updates covering a range of subjects for all levels of operational clinical staff, which were delivered at the Trust's educational sites.

A range of continuous professional development events were also developed and delivered during 2013-14, which included sepsis, Joint Royal Colleges Ambulance Liaison Committee (JRCALC) workshops, end-of-life care, domestic abuse, cardiac rhythm recognition and dealing with loss and bereavement.

Clinical Placements

Since April 2013, the YAS Placement Team has arranged various placements, the majority of which are to meet the requirements of the Teesside University and Sheffield Hallam University paramedic programmes. A total of 3,948 placements have been provided this year.

Leadership and Management Development

A range of leadership and management development programmes have been delivered this year to locality managers in PTS, the EOC and A&E Operations in addition to leadership qualifications where appropriate.

Patient and Public Engagement

We are committed to engagement and partnership working with the communities and patients we serve. Key service development programmes set out the scope for the patient and public voice and influence and stakeholder engagement plans detail the mechanisms through which views will be sought, reviewed, reported, responded to and acted upon.

We will continue to work in partnership with commissioners and others to actively create opportunities to:

- put the patient and public voice at the heart of our decision-making
- enable patients to take decisions about their own care
- promote transparency in local health services.

We have mechanisms in place to achieve this including:

- involvement of the YAS Expert Patient and the development of this role
- development of the YAS Forum
- engagement with local Healthwatch
- formal public consultation exercises if indicated by major service change
- partnership working with regional clinical networks.

Community First Responders

Our Community First Responder Scheme is a partnership between YAS and groups of volunteers who are trained to respond to certain life-threatening emergencies in their own communities.

By the end of March 2013 we had 983 CFRs across Yorkshire and the Humber who belong to 211 CFR and co-responder schemes and 1,395 static sites, such as railway stations, shopping centres, GP practices and police custody suites. Our Community Resilience Team has worked hard to facilitate the provision of 70 public access defibrillators in both busy and remote areas across the county and this project will continue throughout 2014-15.

The volunteers attended 9,551 incidents in 2013-14. Their quick response means they are on hand in the vital first few minutes of an emergency to provide life-saving treatment.

Performance data, including our contribution to Ambulance Quality Indicators, return of spontaneous circulation and stroke has improved over the year. CFRs have attended 424 cardiac arrests which represents 5.68% of all cardiac arrests attended by the Trust.

Partnership working arrangements have continued with private companies, local organisations and public-funded bodies to ensure the best care possible for the people of Yorkshire.

In February 2014 we joined forces with York-based Fleetways Taxis to launch a 24/7 CFR scheme, thought to be the first of its kind in England. Thirteen drivers are available to attend the same life-threatening Red 1 and 2 medical emergencies currently attended by CFR schemes.

Usually, on-call CFRs are activated via mobile phone. However, with this new initiative, six of the taxis have been fitted with portable Mobile Data Terminals (pMDTs), which enable our Emergency Operations Centre staff to track and allocate the nearest vehicle to life-threatening emergencies, including heart attacks and breathing difficulties.

In 2013 we also trained some firefighters from Humberside Fire and Rescue Service to respond to appropriate emergency calls at the same time as an ambulance as part of a pilot Emergency First Responder (EFR) scheme. Trialled at Pocklington Fire Station, the joint initiative will be rolled out more widely in Humberside and the East Riding in 2014-15 and will help to improve survival rates from cardiac arrest.

Yorkshire Ambulance Service Charitable Fund

Yorkshire Ambulance Service has its own Charitable Fund which receives donations and legacies from grateful patients, members of the public and fundraising initiatives throughout Yorkshire.

The Charitable Fund exists to support the work of the Trust. Key uses of the funds include the provision of additional training and equipment for services over and above the level that would normally be delivered as part of our core NHS funding.

The Trust, through the Board, is responsible for the management of these funds as Corporate Trustee. We ensure these funds are managed independently from our public funding by administering them through a separate Charitable Funds Committee.

A fundraiser has been recruited to support the work and raise the profile of the YAS Charitable Fund.

During 2013-14 and continuing into 2014-15 the Charitable Fund has been focusing its efforts on raising money for community medical units, which provide on-scene medical treatment for patients with minor injuries and illnesses, and public access defibrillators.

If you would like to make a donation to the YAS Charitable Fund, or for more information, please email charitablefunds@yas.nhs.uk

Openness and Accountability Statement

The Trust complies with the NHS Code of Practice on Openness and has various channels through which the public can obtain information about its activities.

We are committed to sharing information within the framework of the Freedom of Information Act 2000 and all public documents are available on request.

We hold a Trust Board meeting in public every two months. Our Annual General Meeting is held in September each year. This and our Trust Board meetings are open to the public with specific time set aside for public questions.

In January 2014 each member of the Trust Board made a public declaration to adopt the Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England (published by the Professional Standards Authority in November 2013).

We always welcome comments about our service so we can continue to improve.

If you have a compliment, complaint or query, please do not hesitate to contact us, email patient.relations@yas.nhs.uk

Our complaints procedure is based on the Principles for Remedy, which are set out by the Parliamentary and Health Service Ombudsman.

Environmental Policy

Yorkshire Ambulance Service aims to ensure that our buildings, fleet and all goods and services we buy are manufactured, delivered, used and managed at the end of their useful life in an environmentally and socially acceptable way. YAS is committed to reducing the carbon footprint of its buildings, fleet and staff whilst not compromising the core work of our services.

The Trust's Carbon Management Plan, which is consistent with local and national healthcare strategies, sets out our long-term commitment to sustainable reductions of our CO_2 emissions and carbon footprint.

This report is annually updated and the plan identifies CO_2 savings to be made within Estates, IT, Procurement and Fleet departments. YAS has pledged to reduce its carbon footprint by 30% by 2015 based on the 2007 baseline.

Many of the measures identified to reduce CO_2 emissions will deliver on-going financial savings from reduced costs associated with utilities, transport and waste.

These can be reinvested into YAS to support further carbon reduction measures and make further long-term cost savings as well as maintain a more sustainable ambulance service for the future.

YAS Carbon Footprint Calculation

The carbon footprint for 2013-14 is estimated to be 17,000 tonnes of CO_2.

Year	Total CO_2 Emissions (tonnes)	Emissions from building (tonnes)	Emissions from transport (tonnes)	Emissions per employee (tonnes)	% change
2007-08	16,531	5,553	10,856	4.88	0%
2008-09	16,831	4,929	11,745	4.97	2%
2009-10	17,257	5,707	11,345	4.35	4%
2010-11	16,330	5,104	10,961	3.65	-1%
2011-12	17,681	5,031	12,650	3.96	7%
2012-13	18,097	5,743	12,355	5.35	9%
2013-14					

The Trust's carbon footprint has been measured in line with the Carbon Trust methodology and the baseline results are shown above.

To date the carbon footprint of transport has been measured by monitoring mileage which, due to the increased volume of patient responses, has increased the number of miles travelled by the YAS fleet. Due to changes in the fleet, technology improvements and an increase in the fuel efficiency of these vehicles, the 2014-15 transport carbon footprint will be measured through litres of fuel used rather than mileage. This will give a more realistic representation of the decreasing carbon footprint.

Looking Forward to 2014-15

In addition to our focus on carbon, we are also committed to reducing wider environmental and social impacts associated with the procurement of goods and services as well as our operations through our fleet and estate. This is set out in our policies on sustainable procurement.

We are looking to roll out more solar panels, have a more efficient fleet and ensure that we continue to reduce our carbon footprint through a variety of different initiatives.

YAS Sustainability Report 2013-14

The NHS Sustainable Development Unit (SDU), along with colleagues from the Department of Health, has developed a standard reporting template for NHS organisations which form the basis for their Sustainability Report (SR). This is in line with data requirements in the HM Treasury's Financial Reporting Manual.

The Trust remains committed to reducing its carbon footprint and we have incorporated the following points in our Sustainability Report:

- We have put plans in place to reduce our carbon emissions and improve our environmental sustainability. Over the next ten years we expect to save £1.3million as a result of these measures.
- In 2013, we stopped sending waste to landfill (a small amount is still produced as 'flock' from incineration) and are working to reduce the amount of waste that we generate. Waste diverted from landfill now goes to recovery for fuel.
- We have installed a 100kW solar generation system at Yorkshire Ambulance Service headquarters in Wakefield. We will roll out more solar panels in 2014-2015 across our estate. Our current energy suppliers do not purchase electricity generated from renewable sources but we will be changing this in 2015 with new energy contracts.
- The Carbon Reduction Commitment (CRC) Energy Efficiency Scheme is a mandatory scheme aimed at improving energy efficiency and cutting emissions in large public and private sector organisations. As we do not qualify for the scheme, our gross expenditure during 2013-14 was £0.
- NHS organisations have a statutory duty to assess the risk posed by climate change and the Trust is considering the potential need to adapt the organisation's activities, buildings and estate in line with this policy. This will pose a challenge to service delivery and infrastructure in the future and the Trust has started to implement a Climate Change Adaptation Plan which will identify issues that will affect the Yorkshire region in a changing environment.
- During 2013-14 our fuel expenditure was £7.8 million against £8 million in 2012-13. The Trust is continuing to implement ways of reducing fuel use through purchasing more fuel-efficient vehicles and eco-driver training. We have also piloted the use of an electric PTS vehicle and a hybrid-fuel A&E vehicle.
- The Trust's Board-level lead for sustainability is the Executive Director of Finance and Performance.
- Our staff energy and fuel awareness campaign is on-going throughout 2014-15.
- Yorkshire Ambulance Service has also been instrumental in developing an aerodynamic lightweight ambulance. The first of these ambulances were introduced into the fleet in July 2013.
- NHS organisations have a statutory duty to assess the risk posed by climate change and the Trust is considering the potential need to adapt the organisation's activities, buildings and estates in line with this policy. This will pose a challenge to both service delivery and infrastructure in the future. Yorkshire Ambulance Service has put together a Climate Change Adaptation Plan to look to the challenges we face in the future.
- Sustainability issues are included in the Trust's analysis of risks facing the organisation. Risk assessments, including the quantification and prioritisation of risk, are an important part of managing complex organisations.
- The Trust has a Sustainable Transport Plan, which considers what steps are needed and are appropriate to reduce or change travel patterns.

Expenditure on clinical and non-clinical waste

	2013-14 (tonnes)	2012-13 (tonnes)	2011-12 (tonnes)	2010-11 (tonnes)
Waste sent to landfill	**8.35***	7.61*	363	534
Waste recycled/reused	**275**	282	322	320
Waste incinerated/energy from waste	**35.5**	34.93	0	10.5
Waste sent for fuel recovery	**114**	115	0	0
Security waste**	**63.3**	10.63	-	-

* Please note: All our general waste is now sent to an RDF plant where it is used to produce fuel. This means that only a negligible amount of waste is being sent to landfill sites.

**Security waste has increased due to NHS 111 recruitment and the process of going digital and disposing of older waste.

Information Governance

Information governance ensures and provides assurance to Yorkshire Ambulance Service and to individuals that information, in particular personal and sensitive information, is dealt with legally, securely, efficiently and effectively. This in turn helps the Trust to deliver the best possible care to patients and to meet legal and good practice responsibilities in relation to information.

YAS aims to ensure that all information it holds is processed in accordance with the Data Protection Act 1998, Freedom of Information Act 2000 and other related legislation.

Yearly self-assessments against the Information Governance Toolkit requirements enable the Trust to measure compliance against the law, best practice and NHS guidelines.

The Information Governance Toolkit is a continual improvement tool published and managed by the Health and Social Care Information Centre which draws together the legal rules and central guidance and presents them in one place as a set of information governance requirements (or standards). A total of 35 Information Governance Toolkit requirements support the provision of good information governance within the Trust.

In 2013-14 our internal auditors (East Coast Audit Consortium) audited around 80% of the requirement areas, reporting 'significant assurance' against the areas examined.

Over the last year, the Trust has again made further progress against its Information Governance work programme and this has contributed to the internal audit assurance given. This year the process of improvements included:

- Continuing to make sure our staff are trained in the confidentiality, data protection and information security of personal information.
- Continuing to make sure our transfers of paper and electronic personal information are secure.
- Reviewing our policies and strategies in relation to Information Governance.
- Working with Departmental Information Asset Owners to embed effective information risk management arrangements.
- Continuing to ensure our Airwave communication is secure. This is an important means of communication for our ambulance crews out on the road.

Statement in Respect of Information Governance Serious Incidents Requiring Investigation

During 2013-14 there were no personal data-related incidents that met the Information Governance Serious Incidents Requiring Investigation (IG SIRI) criteria at level 2 severity or above. There is a requirement that this type of incident is detailed individually within annual reports.

The Trust did, however have a small number of personal data-related incidents of a lower level of severity and these were:

Summary of other personal data-related incidents in 2013-14

Cat.	Breach Type	No.
A	Corruption or inability to recover electronic data	
B	Disclosed in error	6
C	Lost in transit	
D	Lost or stolen hardware	
E	Lost or stolen paperwork	3
F	Non-secure disposal - hardware	
G	Non-secure disposal - paperwork	
H	Uploaded to website in error	
I	Technical security failing (including hacking)	
J	Unauthorised access/disclosure	2
K	Other	

During the past year there has been one incident involving a lapse of data security which was reported to commissioners as a serious incident. This related to inadvertent publication of some additional respondent details in a posting of patient survey results on the Trust website. Following consultation with the Information Commissioner's Office it was established that the information released represented minimal risk to any individual respondents and the necessary action to prevent recurrence was completed by the Trust.

We take all incidents seriously and all are investigated to ensure that we improve our processes to prevent future incidents occurring.

Reports relating to any personal data-related incidents are analysed and presented to the Information Governance Working Group and Incident Review Group to ensure that the organisation learns from any incidents and puts supportive measures in place to prevent reoccurrence where required. All staff are encouraged to report incidents relating to the loss or disclosure of personal data.

The Senior Information Risk Owner during 2013-14 was Steve Page, Executive Director of Standards and Compliance.

The Caldicott Guardian during 2013-14 was Dr Julian Mark, Executive Medical Director.

Fraud Prevention

Yorkshire Ambulance Service is committed to supporting NHS Protect which leads on work to identify and tackle crime across the health service and, ultimately, helps to ensure the proper use of valuable NHS resources and a safer, more secure environment in which to deliver and receive care.

Our local contact for reporting potential fraudulent activity or obtaining advice is the East Coast Audit Consortium.

Going Concern Statement

After making enquiries the Board has a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. In making this assessment the Board considered the following at the 6 March 2014 Audit Committee meeting:

- Current and future contracts.
- Cash flow and ability to pay debts.
- Identification of Cost Improvement Programmes (CIPs).
- Regulatory concerns regarding quality or finance.
- Financial duties and ratios.
- Delivery of operational performance standards.
- As a result the Board is not aware of any material uncertainties in respect of events or conditions that cast significant doubt upon the going concern of the Trust. For these reasons the Board continues to adopt a going concern basis in preparing the accounts.

NHS 111 TAKES ONE MILLIONTH CALL

Teams at the region's NHS 111 urgent care helpline celebrated after reaching a landmark milestone - taking their one millionth call.

The call was taken between 21.15 and 21.30 on Sunday 16 February 2014, marking the end of a successful first year with only a few weeks to go before the service's first birthday.

The region's service receives calls from residents in Yorkshire and the Humber, Bassetlaw, North Lincolnshire and North East Lincolnshire. On a typical weekday the service responds to around 2,800 calls and on a normal weekend there are 11,000 calls.

MAKING THE NEWS 24/7

Directors' Report

Chairman and Executive Directors

Chairman
Della Cannings QPM

Chief Executive
David Whiting

Executive Director of People and Engagement*
Ian Brandwood

(appointed 23 September 2013)

Nick Cook, Interim Executive Director of Workforce and Strategy, 1 July - 22 September 2013

Stephen Moir, Executive Director of Workforce and Strategy, 1 April - 30 June 2013

**A review of the corporate structure led to this role being developed from the Executive Director of Workforce and Strategy post*

Deputy Chief Executive and
Executive Director of Finance and Performance
Rod Barnes

Executive Director of Standards and Compliance
Steve Page

Executive Medical Director
Dr Julian Mark

(interim from 1 April - 20 October 2013, appointed substantive from 21 October 2013)

Executive Director of Operations
Russell Hobbs
(9 December 2013 - 29 August 2014)

Michael Fox-Davies,
Interim Director of Operations,
17 July - 8 December 2013

David Williams,
Acting Executive Director of Operations,
1-17 July 2013

Paul Birkett-Wendes,
Executive Director of Operations,
1 April - 30 June 2013

Directors' Report

Non-Executive Directors

Pat Drake (Deputy Chairman)

Dr Elaine Bond

Erfana Mahmood

Mary Wareing

Barrie Senior

John Nutton (designate) - appointed 17 October 2013

Directors' Disclosure Statement

Each of the directors in post at the time of the Annual Report being approved can confirm that:

- so far as the directors are aware, there is no relevant audit information of which the Trust's auditor is unaware, and
- they have taken all the steps that they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

Trust Board and Committee Membership

The Trust Board and Committee membership at Tier 1 committees is as follows:

Committee	Membership
Quality Committee	Three Non-Executive Directors Executive Director of Standards and Compliance Executive Medical Director Executive Director of People and Engagement Executive Director of Operations
Audit Committee	Non-Executive Directors, excluding Chairman
Finance and Investment Committee	Three Non-Executive Directors Chief Executive Executive Director of Finance and Performance Executive Director of Operations
Charitable Funds Committee	Two Non-Executive Directors Executive Director of Finance and Performance
Remuneration and Terms of Service Committee	Five Non-Executive Directors plus Chairman

Declaration of Interests for the Financial Year 2013-14

Non-Executive Directors							
Name	Paid employment	Directorships of commercial companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public appointments (paid or unpaid)	Membership of professional bodies/trade association or similar bodies
Della Cannings QPM Chairman Appointed May 2010	Sole Trader	Director, Association of Ambulance Chief Executives	None	None	Director/Trustee, Yorkshire Youth and North Yorkshire Youth (both companies limited by guarantee and registered charities)	Lay member of The Lord Chancellor's Advisory Committee for West Yorkshire	Life Member, Association of Chief Police Officers Member, Institute of Directors Member, Royal Society for the Encouragement of Arts, Manufactures and Commerce
Patricia Drake Appointed October 2010	Innovate & Develop Ltd	Innovate & Develop Ltd	None	None	None	Vice Chair, Locala Communities Kirklees Community Health Governing Body Nurse, Bradford CCG Justice of the Peace, Calderdale, West Yorkshire	Royal College of Nursing
Elaine Bond Appointed June 2011	Internationals Greetings Plc Deva Designs Ltd	International Greetings Plc Whitegate Technologies Ltd (Director – unpaid) Deva Designs Ltd	None	None	None	None	None

Non-Executive Directors							
Name	Paid employment	Directorships of commercial companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public appointments (paid or unpaid)	Membership of professional bodies/trade association or similar bodies
Erfana Mahmood Appointed May 2012	Accent Group Ltd Chorley and District Building Society Walker Morris	Accent Group Ltd Chorley and District Building Society	None	None	None	None	Member, Law Society
Barrie Senior Appointed August 2012	Self Employed (NED) Aedas Management Services (Partnership) Self Employed Partner, Senior Associates LLP	None	None	None	None	None	Fellow, Institute of Chartered Accountants in England and Wales
Mary Wareing Appointed October 2012	Lamont Wareing Ltd	Director, Lamont Wareing Ltd	None	None	None	None	None
John Nutton (NED Designate) Appointed October 2013	BDO	None			None	None	Fellow, Institute of Chartered Accountants in England and Wales

Chief Executive and Executive Directors							
Name	Paid employment	Directorships of commercial companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public appointments (paid or unpaid)	Membership of professional bodies/trade association or similar bodies
David Whiting Chief Executive Appointed February 2011	None	None	None	None	None	None	Health and Care Professions Council
Steve Page Executive Director of Standards and Compliance Appointed October 2009	None	None	None	None	None	None	Nursing and Midwifery Council Registration
Rod Barnes Executive Director of Finance and Performance Appointed October 2011	None	None	None	None	None	HFMA Member of Governance Audit Committee	Chartered Institute of Management Accountants Healthcare Financial Managers Association
Ian Brandwood Executive Director of People and Engagement Appointed September 2013	None	None	None	None	None	None	Fellow, Chartered Institute of Personnel and Development

Chief Executive and Executive Directors							
Name	Paid employment	Directorships of commercial companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public appointments (paid or unpaid)	Membership of professional bodies/trade association or similar bodies
Dr Julian Mark Executive Medical Director Appointed October 2013	None	None	None	None	None	None	Royal College of Anaesthetists Association of Anaesthetists of Great Britain and Ireland Faculty of Pre Hospital Care of the Royal College of Surgeons of Edinburgh British Association of Immediate Care Schemes British Medical Association Medical Protection Society Faculty of Medical Leadership and Management
Russell Hobbs Executive Director of Operations Appointed December 2013	None	Development to Succeed Ltd	None	None	Council Member - Prison Dialogue (charity dedicated to improving challenge in criminal justice systems)	None	None

Chief Executive and Executive Directors							
Name	Paid employment	Directorships of commercial companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public appointments (paid or unpaid)	Membership of professional bodies/trade association or similar bodies
David Williams (Acting Executive Director of Operations) 1 -17 July 2013	None	None	None	None	None	None	None
Stephen Moir 1 April - 30 June 2013	None	None	None	None	Non-Executive Board Member - Chartered Institute of Personnel and Development (CIPD) Executive Committee Member - Involvement and Participation Association (IPA)	None	Fellow, Chartered Institute of Personnel and Development Fellow, Chartered Management Institute Fellow, Royal Society for the encouragement of Arts, Manufactures and Commerce Associate Member, Public Sector People Manager's Association
Paul Birkett-Wendes 1 April - 30 June 2013	None	None	None	None	None	None	None
Nick Cook (Interim Executive Director of Workforce and Strategy) 1 July - 22 September 2013	Nick Cook Ltd	Director of Nick Cook Ltd	Nick Cook Ltd	None	None	None	Fellow, Chartered Institute of Personnel and Development
Michael Fox-Davies Interim Executive Director of Operations 17 July - 8 December 2013	Fox Davies Management Ltd	None	None	BP	None	Parish Councillor - Harwell	Member, British Institute of Facilities Management Fellow, Institute of Hospitality

Remuneration Report

All permanent executive directors are appointed by the Trust through an open, national recruitment process.

All have substantive contracts and have annual appraisals.

Executive director salaries are determined following comparison with similar posts in the NHS and wider public sector and are reviewed by the Remuneration and Terms of Service Committee. In determining the remuneration packages of executive directors and senior managers, the Trust fully complies with guidance issued by the Department of Health and the Chief Executive of the NHS, as supplemented and advised the NHS Trust Development Authority responsible for the North of England.

Non-executive directors are appointed by the Trust Development Authority following an open selection procedure. Non-executive director appointments are usually fixed-term for four years and remuneration is in accordance with the national formula.

The Remuneration and Terms of Service Committee is a formal sub-committee of the Board. The chairman and all the non-executive directors have served as members of the committee during the year. It meets regularly to review all aspects of pay and terms of service for executive directors and senior managers. When considering the pay of executive directors and senior managers the committee applies the Department of Health guidance.

The current consumer price index (CPI) applied to pensions is 2.2%. The factors used to calculate the 2014 cash equivalent transfer value (CETV) have changed; the new factors used are higher than previous years.

Pay multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in YAS in the financial year 2013-14 was £141,356 (2012-13, £128,873). This was 6.609 times (2012-13, 5.761) the median remuneration of the workforce, which was £21,388 (2012-13, £22,369).

In 2013-14, 0 (2012-13, 0) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £14,294 to £141,356 (2012-13 £14,153-£128,873).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The median was calculated by scaling up part-time salaries to the whole-time equivalent in line with guidance. The median salary for 2013-14 is lower than the previous year due to recruitment to the new ECA role within A&E Operations.

Staff Insight

"Working within Yorkshire Ambulance Service during a time of rapid change and development is both challenging and exciting.

"As a clinical manager, my role is aimed at improving the quality and safety of care for patients. My role is very rewarding and well-supported by a forward-thinking and dedicated team of nurses, paramedics, doctors and emergency care assistants. My role also centres on caring for patients, as well as contributing to improvement projects and the implementation of better care for patients."

John Arnell, Clinical Manager

Salaries and Allowances of Senior Managers

Note: there are no disclosures in respect of performance pay or bonuses as the Trust makes no payments of these types

	2013-14				2012-13			
Name and title	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	All pension-related benefits (bands of £2,500)	TOTAL (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	All pension-related benefits (bands of £2,500)	TOTAL (bands of £5,000)
	£000	£00	£000	£000	£000	£00	£000	£000
David Whiting Chief Executive	140-145	89	100.0-102.5	250-255	125-130	91	0.0	135-140
Rod Barnes Executive Director of Finance and Performance	115-120	68	130.0-132.5	250-255	95-100	67	0.0	100-105
Paul Birkett-Wendes [1] Executive Director of Operations	25-30	16	27.5-30.0	55-60	75-80	14	72.5-75.0	150-155
Ian Brandwood [2] Executive Director of People and Engagement	50-55	65	0.0	55-60	N/A	N/A	N/A	N/A
Nick Cooke [3] Interim Executive Director of Workforce and Strategy	55-60	0	0.0	55-60	N/A	N/A	N/A	N/A
Michael Fox-Davies [4] Interim Executive Director of Operations	115-120	4	0.0	115-120	N/A	N/A	N/A	N/A

1 - Appointed 4 June 2012, left 30 June 2013 2 - Appointed 23 September 2013 3 - Off payroll engagement for the period 25 June 2013 to 27 September 2013 4 - Off payroll engagement for the period 16 July 2013 to 20 December 2013

Salaries and Allowances of Senior Managers

	2013-14				2012-13			
Name and title	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	All pension-related benefits (bands of £2,500)	TOTAL (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	All pension-related benefits (bands of £2,500)	TOTAL (bands of £5,000)
	£000	£00	£000	£000	£000	£00	£000	£000
Russell Hobbs [5] Executive Director of Operations	30-35	16	5.0-7.5	40-45	N/A	N/A	N/A	N/A
Dr Julian Mark [6] Executive Medical Director	115-120	65	97.5-100.0	220-225	N/A	N/A	N/A	N/A
Stephen Moir [7] Deputy Chief Executive and Executive Director of Workforce and Strategy	25-30	16	0.0	25-30	100-105	27	22.5-25.0	125-130
Steve Page Executive Director of Standards and Compliance	110-115	46	155.0-157.5	270-275	85-90	41	0.0	90-95
Dr Alison Walker [8] Executive Medical Director	N/A	N/A	N/A	N/A	115-120	5-10	0.0	120-125
David Williams [9] Acting Executive Director of Operations	0-5	23	0.0	5-10	15-20	0	0.0	15-20

5 - Appointed 9 December 2013 6 - Acting up to the role from 1 April 2013, officially appointed 21 October 2013 7 - Left 30 June 2013 8 - Seconded to YAS 1 April 2011 to 31 March 2013

9 - Seconded to YAS 1 April 2012 to 3 June 2012, temporary appointment to the Board from 1 February 2012 to 3 June 2012, acting up 1 July 2013 to 17 July 2013

Salaries and Allowances of Senior Managers

	2013-14				2012-13			
Name and title	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	All pension-related benefits (bands of £2,500)	TOTAL (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	All pension-related benefits (bands of £2,500)	TOTAL (bands of £5,000)
	£000	£00	£000	£000	£000	£00	£000	£000
Della Cannings, Chairman	20-25	0	0.0	20-25	20-25	0	0.0	20-25
Elaine Bond Non-Executive Director	5-10	0	0.0	5-10	5-10	0	0.0	5-10
Patricia Drake Non-Executive Director	5-10	0	0.0	5-10	5-10	0	0.0	5-10
Roger Holmes [10] Non-Executive Director	N/A	N/A	N/A	N/A	0-5	0	0.0	0-5
Erfana Mahmood [11] Non-Executive Director	5-10	0	0.0	5-10	5-10	0	0.0	5-10
John Nutton [12] Non-Executive Director (Designate)	0-5	0	0.0	0-5	N/A	N/A	N/A	N/A
Richard Roxburgh [13] Non-Executive Director	N/A	N/A	N/A	N/A	0-5	0	0.0	0-5
Barrie Senior [14] Non-Executive Director	5-10	0	0.0	5-10	0-5	0	0.0	0-5
Mary Wareing [15] Non-Executive Director	5-10	0	0.0	5-10	5-10	0	0.0	5-10

10 - Left 30 September 2012 11 - Appointed 15 May 2012 12 - Appointed 17 October 2013 13 - Left 31 July 2012 14 - Appointed 16 August 2012 15 - Appointed 24 April 2012

Pension Entitlements of Senior Managers

Name and Title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2014 (bands of £5,000)	Lump sum at age 60/65 related to accrued pension at 31 March 2014 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2014	Cash Equivalent Transfer Value at 31 March 2013	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£00
David Whiting Chief Executive	5.0-7.5	15.0-17.5	50-55	155-160	926	792	117	0
Rod Barnes Executive Director of Finance and Performance	5.0-7.5	17.5-20.0	30-35	100-105	543	419	115	0
Russell Hobbs Executive Director of Operations	0.0-2.5	0	0-5	0	6	0	2	0
David Williams Acting Executive Director of Operations	(0.0-2.5)	(0.0-2.5)	30-35	95-100	635	618	4	0
Ian Brandwood Executive Director of People and Engagement	(0.0-2.5)	0	60-65	0	706	674	17	0
Steve Page Executive Director of Standards and Compliance	5.0-7.5	20.0-22.5	40-45	120-125	763	591	159	0
Julian Mark Executive Medical Director	27.5-30.0	87.5-90.0	25-30	85-90	455	360	86	0
Stephen Moir Deputy Chief Executive and Executive Director of Workforce and Strategy	(0.0-2.5)	0	0-5	0	10	27	-4	0
Paul Birkett-Wendes Executive Director of Operations	0.0-2.5	0	5-10	0	53	36	4	0

Directors' Report

Please note, the following information (now required as part of the Directors' Report) is included in the Strategic Report or Quality Account:

- Sickness absence data (Strategic Report)
- Disclosure of incidents involving data loss or confidentiality breaches (Strategic Report)
- Provision of information to and consultation with employees (Strategic Report)
- Equality disclosures (Strategic Report)
- Health and safety performance (Quality Account)
- Emergency preparedness (Strategic Report)
- Reference to Principles for Remedy - Complaints Handling (Strategic Report)
- Fraud prevention (Strategic Report)

The following are included in the Financial Summary:

- External auditor's remuneration for non-audit work
- Cost allocation and charges for information
- Better Payments Practice Code
- Exit packages and severance payments
- Off-payroll engagements

LIFE-SAVING KIT FOR TELEVISION STARS

YAS teamed up with ITV to provide defibrillators and associated life-saving training at its television studios in Kirkstall Road, Leeds, and at Emmerdale's purpose-built outdoor set on the Harewood estate.

Community Defibrillation Trainer Sharron Martin and Community Defibrillation Officer Dave Jones presented the defibrillator to Emmerdale stars Samantha Giles, who plays Bernice Blackstock, Mark Charnock, who plays Marlon Dingle and Trudie Goodwin, who plays Georgina Sharma.

They also gave the cast members a YAS shield which is on display in the Woolpack pub.

MAKING THE NEWS 24/7

Statement on Quality from the Chief Executive

Welcome to our Quality Account 2013-14. Yorkshire Ambulance Service has much to celebrate this year, having made a significant number of improvements across all areas of the region.

Like many other Trusts, we have faced significant challenges during the year. Demand for our services has reached unprecedented levels in some areas of the region, and this has meant that we have had to continually assess our level of resources and resilience both on the road in A&E and our non-emergency Patient Transport Service (PTS), as well as in our call centres. This has been against the backdrop of the changing NHS landscape and architecture.

We have undertaken reviews across our organisation relating to our workforce, working patterns and understanding the ways in which we can improve patient care alongside protecting the welfare of our staff. This has resulted in some real improvements in a number of areas, including team working within the call centres and improving clinical care and outcomes. In other areas this work is continuing in 2014-15 to ensure that time can bring about further cost improvements across the region.

YAS successfully introduced the NHS 111 service in 2013 and has received over one million calls so far. I am confident that the new service is delivering high quality, safe services for patients with urgent care needs, building good relationships with other healthcare providers and also is becoming established as a valuable asset.

We have worked through the first year of our Service Transformation Programme and have successfully managed some major change projects as part of this. This has included: improving the quality of our patient transport services through a review of working patterns and workforce, and also improvement in our fleet. We are committed to transforming services for the benefits of patients and users, and we have a clear programme of work defined for 2014-15, which includes implementing our Estates Strategy and Clinical Quality Strategy.

We were proud to win a number of national awards this year, including the Patient Experience Network Award for our patient experience survey programme.

Our Board and staff have undertaken a comprehensive review of the national inquiries which have been published this year, most noticeably the public inquiry led by Sir Robert Francis. We will ensure that we continue to learn, as well as action and implement change from these to ensure that we build on the quality of care we provide to our patients across Yorkshire and the Humber.

Statement of Accountability

The Trust Board is accountable for quality. It oversees the development and delivery of the Trust's strategy which puts quality of patient care at the heart of all the Trust's activities.

As Accountable Officer and Chief Executive of this Board I have responsibility for maintaining the standard of the Trust's services and creating an environment of continuous improvement.

This report is in the format required by the Health Act 2009. It contains the sections mandated by the Act and also measures that are specific to Yorkshire Ambulance Service that demonstrate our work to drive up standards. We have chosen these measures based on feedback from our patients, members of the public, health overview and scrutiny committees, staff and commissioners.

As Accountable Officer I confirm that, to the best of my knowledge, all the information in this Quality Account is accurate. I can provide this assurance based on our internal data quality systems and the opinion of our internal auditors.

David Whiting Chief Executive

Priorities for Improvement 2014-15

Our five-year Integrated Business Plan (IBP) is reflective of the national agenda but importantly, also identifies a number of priority areas for improvement locally and regionally. Once again this year, we have tested our own ideas about these priorities with others. External stakeholders including Healthwatch, overview and scrutiny committees, our expert patient and our commissioners have all been consulted and we have taken into account issues highlighted in feedback from patients and staff. The priorities which have emerged from this consultation include getting to patients as quickly as possible in an emergency as well as priorities around our estate and fleet plans.

The locally-agreed commissioning priorities also include the CQUIN schemes for both A&E and PTS.

Measuring, Monitoring and Reporting

Reporting frameworks have been developed for each of the priorities. In addition, communication and engagement work is planned to ensure that all our staff and external partners are kept informed and involved.

Priority 1

Collaborative working to improve patient experience and outcomes for patients in care homes.

Why have we selected this priority?

With an increasing elderly population, Yorkshire Ambulance Service strives to provide the right care in the right place for care home residents. We have identified this area as a priority based on learning from 2013-14 with frequent callers to our service and discussions with commissioners.

What are we going to do?

We will work collaboratively with 120 care homes to provide a package of interventions to improve delivery of services within the care home setting. There will be a planned roll out covering 30 identified care homes each quarter.

How will we measure services?

We will measure success through the feedback we are receiving from stakeholders and extent to which patient needs are successfully met without the need for an emergency ambulance response or admission.

Priority 2

Improving response times in clinical commissioning groups (CCGs) which currently do not meet the national standard.

Why have we selected this priority?

Our aim is to ensure all patients receive appropriate, timely care when they require it. We have identified this as a priority through review of variations in our response times across different parts of the region, feedback from the public and discussions with local commissioners.

What are we going to do?

We aim to improve the combined Red 1 and Red 2 performance in under-performing CCG areas and to provide performance at 75% within the remaining CCG areas. This will be achieved through a variety of measures tailored to each area.

How will we measure success?

We will measure success through Red 1 and Red 2 performance reports at an individual CCG level.

Priority 3

Continuously improving patient care.

Why have we selected this priority?

Our aim is to reduce the risk of avoidable harm to patients in our care; we have identified this as a priority through learning from adverse events, near misses, complaints and concerns. This initiative is an NHS priority and has also been highlighted in discussions with our commissioners.

What are we going to do?

Progress our understanding of the risk of harm to patients whilst in our care, and help clinicians to take positive actions to reduce this and to demonstrate a positive learning culture via the reporting of incidents. We will do this through continued monitoring of safety thermometer data, highlighting a reduction in harm via appropriate action and analysis of current safety culture.

How will we measure success?

We will measure success through an increase in staff reporting of incidents and near misses and in a reduction of harm to patients in the selected areas of care.

Priority 4

Implement a decision support tool to enable "right care, right place".

Why have we selected this priority?

Our aim is to ensure that patients receive the right care in the right place. Often this can be delivered at home or close to home rather than through ambulance transfer to emergency departments. Implementation of the Paramedic Pathfinder decision support algorithm will improve utilisation of alternative clinical pathways. We have identified this as a priority as it is part of the national strategy for urgent and emergency care. Our own information about patient care and discussions with commissioners has also identified a significant potential to respond differently to patients' needs.

What are we going to do?

We aim to improve utilisation of existing clinical pathways and deploy Paramedic Pathfinder across West Yorkshire CCGs over a 15-month period and to introduce electronic Patient Records (ePRFs) and the roll-out of the toughbook system in the allocated pilot area.

How will we measure success?

We will measure success through the roll-out of our planned project and through audit of patient care.

Priority 5

Improvements for PTS patients with complex needs.

Why have we selected this priority?

Our aim is to support improvement in the quality of service and improve plans of care focusing on dignity and respect and appropriate conveyance of patients with complex needs. We have identified this as a priority from patient feedback and monitoring of our service performance.

What are we going to do?

Ensure safe and appropriate transport arrangements are provided to patients with complex needs within Yorkshire. This will be delivered through staff training to increase skills in risk assessments, moving and handling, patient experience, along with the review of current vehicle and equipment resources.

How will we measure success?

We will measure success through patient feedback and our agreed performance indicators.

Priority 6

Implementation of the Urgent Care Plan.

Why have we selected this priority?

The need to develop urgent care services has been highlighted as an NHS priority and locally, both YAS and our commissioners, have identified the importance of developing different service models to meet the growing patient demand for urgent care.

What are we going to do?

We have identified a number of key areas where we can develop services as part of our overall Urgent Care Development Plan and will take these forward over the coming year. These include the introduction of locally-tailored advanced paramedic services, development of NHS 111 and care coordination, and development of telecare and telehealth services.

How will we measure success?

We will measure success through the development and mobilisation of new service models in agreement with local commissioners and through patient feedback and audit of delivery.

Engaging with Staff, Patients and the Public about Quality

In order to develop our Quality Account we contacted, in the form of a survey, the Trust's Members, Healthwatch and health overview and scrutiny committees to ask their opinions and views on the potential content of this year's Quality Account. The survey gave people the opportunity to rank a set of possible indicators according to how strongly they felt they should be included in the Quality Account. People were also encouraged to send us more detailed comments about their views of quality and the priorities we should be setting for the year ahead.

Engagement with commissioners, stakeholders, staff, patients and the public is an on-going commitment from Yorkshire Ambulance Service and quality forms a major part of all our conversations. The focused engagement relating to the Quality Account therefore complements continuing processes to support engagement on quality and safety issues throughout the year, including the use of regular bulletins for staff and other stakeholders, targeted local feedback on quality performance and a wide range of face-to-face engagement. Externally the Trust was engaged with local health economies via urgent care boards, CCG forums, and through a number of local service reconfiguration boards.

Statements from the Trust Board

Review of Services 2013-14

During 2013-14 Yorkshire Ambulance Service provided and/or sub-contracted eight NHS services:

- A Patient Transport Service for eligible patients who are unable to use public or other transport because of their medical condition.
- An A&E response service (this includes handling and managing 999 calls and providing an emergency care practitioner service).
- Resilience and Special Services - which includes planning our response to major and significant incidents such as flooding, public transport incidents, pandemic flu and chemical, biological, radiological or nuclear incidents.
- A GP out-of-hours call handling service for:
  - NHS South of Tyne and Wear
  - NHS North Yorkshire and York
  - NHS East Riding of Yorkshire
  - NHS Hull.
- Vehicles and drivers for the Embrace Neonatal Transport Service.
- Clinicians to work on the two Yorkshire Air Ambulance charity helicopters.
- A Community First Responder Scheme, which is made up of volunteers from local communities.
- NHS 111 service in Yorkshire, the Humber, North and North East Lincolnshire for access to urgent care. This contract includes delivery of out-of-hours services in West Yorkshire via a sub-contract with Local Care Direct.

In addition, the Trust supports the wider health community through provision of:

- a critical care bed-base helpline
- a telephony function for the out-of-hours district nurse service covering North Yorkshire and Rotherham districts
- community and commercial education to schools and public/private sector organisations
- a private and events service - emergency first aid cover for events such as concerts, race meetings and football matches; and private ambulance transport for private hospitals, repatriation companies and private individuals
- BASICS Doctors, a team of specially-trained volunteer doctors who are available to respond to the most severely injured patients requiring advanced medical assessment and treatment
- a Volunteer Car Service, members of the public who volunteer with transporting patients to routine appointments.

Yorkshire Ambulance Service has reviewed all the data available to it on the quality of care in seven of these relevant health services.

The income generated by the relevant health services reviewed in 2013-14 represents 100% of the total income generated from the provision of relevant health services by Yorkshire Ambulance Service in 2013-14.

Participation in Clinical Audit

Clinical audit has remained one of our main priorities for 2013-14. Clinical audit is the cornerstone for maintaining and improving high quality patient-centred services.

We are committed to undertaking clinical audits in all the clinical services we provide. Our Clinical Audit Policy sets out how we use clinical audits to confirm that our current practice compares favourably with evidence-based best practice and to ensure that, where this is not the case, changes are made to improve quality of care received by our patients.

The results of clinical audits are monitored by and reported to the Clinical Governance Group. Importantly, results and actions are cascaded through our management teams so that frontline staff are connected and engaged with any changes we may need to make.

During 2013-14 two national clinical audits, and zero national confidential enquiries, covered relevant health services that Yorkshire Ambulance Service provides.

During that period Yorkshire Ambulance Service participated in 100% of national clinical audits and in 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Yorkshire Ambulance Service was eligible to participate in during 2013-14 are as follows:

Myocardial Ischemia National Audit Project (MINAP) - heart attack

(This is a national audit which looks at the outcomes of people who have had a heart attack).

ST Elevation Myocardial Infarction (STEMI) is a heart attack caused by a blockage in the coronary arteries, now treated by performing primary angioplasty. This is a minimally invasive procedure performed instead of using drugs. YAS clinicians have a vital role in the identification of heart attack, in their assessment of the patient, making an initial diagnosis and giving pain relief, and then ensuring the patient is taken rapidly to the most appropriate hospital. In Yorkshire this is delivered by three main 24/7 heart specialist centres where YAS has a dedicated pathway to refer our patients. YAS validates the patient data reported nationally by the heart centres within the MINAP for those receiving Primary Percutaneous Coronary Intervention within 150 minutes.

Non conveyance re-contact rate audit

The National Ambulance Non-Conveyance Audit (NANA) was a review of patients treated and discharged on scene and who subsequently re-contacted 999 within 24 hours. The audit assists in exploring the potential clinical risk of when patients are not taken to an emergency department (non-conveyance).

YAS has a low non-conveyance rate with an associated low re-contact rate. As a service we aim to increase non-conveyance and this audit supports the Trust's own monitoring of the safety of this practice. In 2014-15 YAS will participate again in this audit.

National audit	Cases required	Submission criteria
Myocardial Ischemia National Audit Project (MINAP) national audit	Full data set submitted to the acute trusts	100% monthly submission
National Ambulance Non-Conveyance Audit (NANA) audit	1,686	100% annual submission

The reports of two national clinical audits were reviewed by the provider in 2013-14 and YAS has taken the following actions to improve the quality of healthcare provided:

- Staff education and awareness training.
- Implementation of data exchange processes between the Trust and regional acute trusts for the validation of MINAP data.
- Spot audits regularly conducted by clinical managers.
- More focus placed on STEMI and cardiac arrest as part of Clinical Performance Indicators (CPIs) and Clinical Ambulance Quality Indicators (AQIs). These are the performance and quality standards though which all ambulance services are evaluated.

LOCAL AUDITS

The YAS audit plan for 2013-14 has delivered a number of audits:

The use and benefits of Benzylpenicillin in the treatment of meningitis and septicaemia in the pre-hospital environment.

Benzylpenicillin is a broad spectrum antibiotic and is used by YAS clinicians in line with UK ambulance service clinical practice guidelines in the treatment of meningococcal disease.

Meningococcal disease is the leading cause of death by infection in children and adults and can kill a healthy person of any age within hours of their first symptoms.

There are more than 1,200 confirmed cases in England and Wales of meningococcal disease each year. Two clinical categories are described although they often overlap; these are meningitis and septicaemia. In meningitis, the meninges covering the brain and spinal cord are infected by bacteria causing an inflammation. In septicaemia, bacteria invade the bloodstream, releasing toxins, this leads to severe shock and collapse.

Deterioration of the patient can be very rapid and may be irreversible, with treatment becoming less effective by the minute. The mortality from septicaemia can be up to 40% but if recognised early, mortalities of much less than 5% can be achieved.

Evidence shows that early recognition by clinicians in the pre-hospital environment, time-critical transfer to hospital and prompt treatment with antibiotics improves patient outcomes.

The audit measured our compliance to our protocols and guidance and found 100% adherence to the Trust dose regime and good practice in relation to pre-alerting the hospital. The area for improvement relates to the administration of oxygen and this will form part of the re-audit planned as part of the 2014-15 audit programme.

This audit provides the Trust with assurance regarding the use of Benzylpenicillin, and the adoption of the Benzylpenicillin UK clinical practice guidelines (2013).

YAS conducts the following monthly local audits:

- hand hygiene
- vehicle cleanliness
- cleanliness of premises
- inspections for improvement.

The reports of these local clinical audits were reviewed by the provider in 2013-14 and Yorkshire Ambulance Service intends to take the following actions to improve the quality of healthcare provided:

- Inspections for improvement action plans to operational teams.
- Regular infection, prevention and control (IP&C) validation audits by the Risk and Safety Team.
- Monthly IP&C feedback to operational teams.

MEDICINES MANAGEMENT

YAS adopts an evidence-based approach to medicines management which balances safety, effectiveness and cost. An updated protocol has been developed which strengthens the governance surrounding medications and is monitored on a monthly basis. New painkillers have been introduced for air ambulance and Hazardous Area Response Team (HART) paramedics to help patients in severe pain, and drugs introduced for all our clinicians aim to improve the outcomes for those patients who have severe bleeding following major trauma.

LISTENING WATCH

The Listening Watch programme is a proactive way in which executive and associate directors engage with and listen to frontline staff. Through a structured programme of visits and work shadowing, the senior management team has an opportunity to hear directly from staff about a wide range of issues.

NICE GUIDANCE AND NICE QUALITY STANDARDS

YAS has a clear process by which all NICE guidance and NICE quality standards are reviewed, reported and actions planned and monitored. This year an internal review of processes for administering NICE guidance was carried out by the East Coast Audit Consortium and the report reflected that the audit provided "significant assurance".

PATIENT SAFETY ALERTS

In 2013-14, the NHS Commissioning Board Special Health Authority issued three Patient Safety Alerts which were relevant to Yorkshire Ambulance Service:

- The Patient Safety Alert NHS/PSA/D/2014/005 - Improving medication error reporting and learning has been reviewed by the Medicines Management Group and actions relevant to YAS have been considered.
- The Patient Safety Alert NHS/PSA/D/2014/006 - Improving medical device incident reporting and learning has been reviewed by the Vehicle and Equipment Group and relevant actions are currently being considered.
- The Patient Safety Alert NHS/PSA/Re/2014/004 has been reviewed by the lead for infection control and relevant actions are being considered.

As these alerts were only received in March 2014 they are still going through the full processes of assessment for relevance and potential action required.

Participation in Research

YAS has dedicated experts in research who drive the improvement of care and patient experience. They lead our active participation in clinical research and collaborate with the National Institute for Health Research Comprehensive Clinical Research Network to ensure we support research activity in a way that promotes the national ambition to double the number of patients participating in research.

In addition, they ensure that research governance is applied and ethics approval gained when required for each study. This helps protect the identity and rights of research participants.

The number of patients receiving relevant health services provided or sub-contracted by Yorkshire Ambulance Service in 2013-2014 who were recruited during that period to participate in research approved by a research ethics committee was one, plus 16 staff.

ATLANTIC - DRUG TRIAL

This study is a commercially-sponsored, multi-national randomised controlled trial testing whether the use of an antiplatelet drug by paramedic staff 'pre-hospital', compared to on arrival in angioplasty departments, improves outcomes for patients having primary percutaneous angioplasty following a heart attack.

The study formally closed in October 2013 having met its global recruitment target of 1,870 patients, 19 of which were recruited by YAS over the two-year duration of the study.

PHOEBE - DEVELOPING OUTCOME MEASURES FOR PRE-HOSPITAL CARE

This study aims to develop methods for measuring processes and outcomes of pre-hospital care. It uses literature review and consensus methods to create a dataset to routinely link pre-hospital, hospital and mortality data; developing methods to measure proposed indicators, and explore the practical use of the developed models.

The study began in December 2011 and is a five-year programme of work led by East Midlands Ambulance Service and the University of Sheffield.

DECISION MAKING AND SAFETY IN EMERGENCY CARE TRANSITIONS

This study, led by the University of Sheffield, concluded in July 2013. It was a study designed to explore safety in pre-hospital emergency care and what are the key influences on safe decision making by emergency care staff. YAS recruited 43 members of staff and eight service-users.

OHCAO2 - EPIDEMIOLOGY AND OUTCOME FROM OUT-OF-HOSPITAL CARDIAC ARREST

This is a prospective observational study to establish a single process for measuring outcomes for patients in the UK who have a cardiac arrest out-of-hospital. It also aims to establish the epidemiology and outcome for out-of-hospital cardiac arrest, explore sources of variation in outcome and establish the feasibility of setting up a national OHCA registry.

A further three academic or student studies not involving patients were approved by University Ethics Committees.

In 2013-14 we also:

- provided training for our research champions
- worked with three Comprehensive Local Research Networks (CLRNs) and two Higher Education Institutes to carry out clinical research.

These were:
- West Yorkshire CLRN
- South Yorkshire CLRN
- North East Yorkshire and North Lincolnshire CLRN
- University of Sheffield School of Health and Related Research
- University of York St John.

PUBLICATIONS

O'Dowd DP, Robertshaw S, **Walker A**, Roberts DG, Romer H. Prospective study of injury severity scores during a season of British Superbike racing. Trauma October 2013 15: 265-270, first published on August 12th 2013 doi: 10.1177/1460408613498066

Scott J, **Strickland AP, Warner K**, Dawson P. A systematic review of frequent callers to and users of emergency medical systems; What are the current gaps in evidence? Emergency Medical Journal, Online First doi: 10.1136/emermed-2013-202545

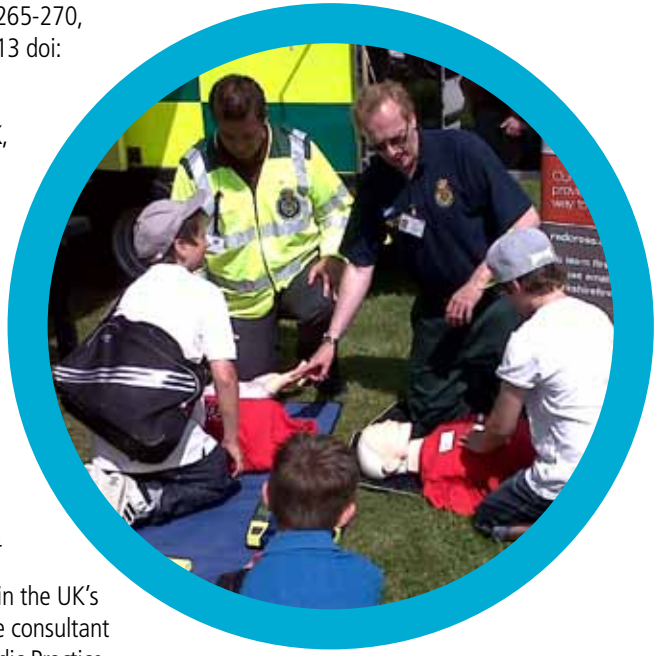
Harvey C. Is there scope for an observational pain scoring tool in paramedic practice? Journal of Paramedic Practice, Volume 6 Number 2 p. 84-88 February 2014

Hodge A. Developing leadership in the UK's ambulance service: A review of the consultant paramedic role, Journal of Paramedic Practice, Volume 6 Number 3 p.138-146 March 2014

Goals Agreed with Commissioners

A proportion of YAS income in 2013-14 was conditional on achieving quality improvement and innovation goals agreed between YAS and any person or body we entered into a contract, agreement or arrangement with for the provision of relevant health services, through the CQUIN payment framework.

Further details of the agreed goals for 2013-14 and the following 12-month period are available electronically at http://www.yas.nhs.uk/



OUR 2013-14 A&E CQUIN GOALS WERE:

CQUIN 1:

Improving the patient experience for patients residing in rural areas.

This work aimed to improve patient experience for patients in rural areas through collaborative working across the health economy and community settings.

This has included developing a range of new ways of working including:

- Developing new service models with paramedics working alongside GPs and community nursing teams.
- Making improvements in the Clinical Ambulance Quality Indicators (ROSC and stroke care bundle AQIs).
- Public access defibrillator schemes within local communities and in caravan parks.
- Education and training events to train members of the public in CPR and 'know your own pulse.'

Value: £1,028,820

CQUIN 2:

Reducing the number of patients taken to the emergency department unnecessarily.

YAS transfers more patients to hospital on average, more than other ambulance services.

This year we have worked hard to understand this better and also worked collaboratively with others to ensure that alternatives, when safe for the patient, are available and accessible. This has meant that we have safely been able to reduce the number of patients we take to the emergency department by 0.5%.

This has been achieved by:

- promotion of existing pathways and implementation of new pathways with education
- increased use of the Clinical Hub
- implementation of the Paramedic Pathfinder pilot in Rotherham.

Value: £617,292

All calls exclude health care practitioner (HCP) calls, interfacility and hospice transfers	2012-13	**2013-14**
Total number of 999 calls which **WERE CONVEYED** to an emergency department	378,007	**383,875**
Total number of 999 calls which were **NOT CONVEYED** to an emergency department or treated on scene	141,155	**157,502**
Triage non-transports via Psiam and NHSD (excluding NHSD passbacks)	31,461	**27,318**
Total **NOT CONVEYED** to an emergency department	172,616	**184,820**
Total	550,623	**568,695**

CQUIN 3:

Collaborative working with specific care home providers to develop a reporting framework for the top 100 care homes.

YAS has worked collaboratively with nursing and residential home providers to create safe models of care for patients, including alternatives to 999, education and training for care home staff and a reporting dashboard to identify priorities for action.

Over the year we have seen a reduction in care home calls where targeted training and education has occurred. This has included:

- Development and delivery of an educational toolkit for care home staff for specific conditions.
- Attendance at regional care home events/ forums to inform improvements.
- Closer working with care home providers to improve services for patients.

Value: £823,056

CQUIN 4:

Promoting patient safety and harm free care.

Acute providers have the concept of a safety thermometer tool, which facilitates the identification of harm. YAS has adopted this and developed a similar tool for use in the ambulance setting. Three harms were identified during 2012-13; falls, injury and medication errors.

For 2013-14, YAS has continued to monitor and report these harms every month and has put in place actions to reduce these; thereby promoting harm-free care.

Progress this year has included:

- improved incident reporting systems
- improvements to the PTS booking process, including actions to take at pick-up and drop-off
- empowering the public to understand the self-booking system for PTS and the need to report problems with their mobility to ensure the right service is provided
- improvement of medicines management processes
- enquiries into all incidents to ensure learning is understood and shared across the organisation
- development of a Trust-wide 'harm-free care' campaign to take place in 2014-15 that includes patient stories to highlight lessons and a dashboard that ensures all staff have access to daily performance information.

Value: £308,646

CQUIN 5:

Public awareness to inform the public's expectations and perceptions of the ambulance service.

Patients and the public can find the current system for accessing health services confusing and often don't know when to see their GP, call NHS 111 or out-of-hours services, go to a walk-in centre or call 999.

Ambulance services can support in transforming patient care by providing vital information to their patients and the public.

Actions include:

- implementation of the national 'Choose Well' campaign to inform the public of the appropriate services available to them
- visiting schools in the region to provide education and awareness about the ambulance service
- supporting and promoting a number of public health initiatives, for example Alcohol Awareness Week
- development of social media channels such as Twitter to engage with a wider audience around the appropriate use of the service.

Value: £308,646

Choose well.

Follow us on Twitter @YorksAmbulance

CQUIN 6:

Understanding the issues which affect the combined Red 1 and Red 2 performance in four underperforming CCGs.

The four identified underperforming CCGs were: NHS Airedale, Wharfedale and Craven, NHS Hambleton, Richmondshire and Whitby; NHS Leeds North and NHS East Riding of Yorkshire.

During the year activity rose in each of these areas and within this context, small improvements were achieved in Airedale, Wharfedale, Craven and North Leeds. Further work will continue in relation to specific CCG areas in 2014-15.

Value: £823,056

CQUIN 7:

Evaluation of Leeds community medical unit (CMU) pilot with proposals and enhancement of the CMU service.

The CMU allows patients to be treated on scene, usually in a city centre location, often avoiding the need to be transported to the emergency department. The CMU is staffed by paramedics with enhanced skills who are trained to see, treat and refer (if required) to appropriate healthcare pathways.

There is extensive opportunity to promote drug and alcohol awareness, particularly during the late evening period to a younger client group. During 2013-14 the CMU initiative was evaluated with a view to extending this service to other areas.

Sharing the lessons learnt from the Leeds city centre pilot focused on:

- developing further the concept of the CMU based on the Leeds experience
- understanding the benefits of the CMU
- understanding the most effective CMU delivery model by comparing each additional pilot site.

Value: £205,764

Total annual value: £4,115,280

OUR 2013-14 PTS CQUIN GOALS WERE:

WEST YORKSHIRE

Implementation of findings from patient experience survey to improve the required quality

The West Yorkshire CQUIN aimed to improve the patients' and carers' experiences of our PTS. The learning from surveys and focus groups has contributed to a significant investment in our fleet, specifically new vehicles which allow the service to be more flexible and also vehicles which are more comfortable for our patients. We are also investing in technology to allow us to accurately track vehicles so that we can provide real-time information to patients about waiting times.

Provision of HCP training in the assessment of patients eligibility and provision of booking information

We have undertaken a piece of work with the acute trusts in West Yorkshire to establish the clinics which appear to have a higher than average aborted journey rate. Aborted journeys are those which happen within two hours of the patient's appointment time. The delivery of an educational package has resulted in an improvement in the quality of the patient bookings.

NORTH YORKSHIRE

Improving patient experience through timely communication of transport arrival

PTS drivers can experience delays when they arrive at a residence to collect patients. We have introduced a scheme whereby patients would be contacted by the PTS driver before they are collected. Following further feedback from patients, we are now looking at different ways in which we can contact them including the use of text messaging and online access.

Improving patient experience through a reduction in aborted journeys

We have worked with the hospitals to identify the clinics which have the highest aborted journey rates and through a combination of education, training and discussion we have reduced the number of journeys which are being aborted.

HULL AND EAST YORKSHIRE

Improving patient experience through timely communication of transport arrival

Although the reason for including this CQUIN is the same as that of North Yorkshire, the way in which this has been delivered is different. In North Yorkshire, the drivers contact the patients immediately before they are picked up to ensure that they are ready to travel.

Within Hull and East Yorkshire we contact patients the day before they travel to confirm that they still have an appointment and that the information we hold is correct. Following feedback from patients who travel frequently (often up to three times a week) we have changed our processes so that we only contact these patients once a week and confirm the following week's travel. This has been received very positively and strong relationships have been built between the call handlers and patients who often use the service which has improved the quality of the service being delivered.

Improving patient experience through a reduction in aborted journeys

In Hull and East Yorkshire there has been a positive impact on the number of aborted journeys reported. This is due to the initiative above where patients are contacted the day or week before they are due to travel and their details confirmed, but also includes promoting the online booking of patient journeys to make sure that we have all the relevant information needed. Our PTS staff are also contacting the hospital when we are informed that patients will not be attending their appointment to ensure that appointments can be reallocated wherever possible.

OUR 2013-14 PTS CQUIN GOALS:

SOUTH YORKSHIRE

Improving the patient experience by ensuring no pre-planned patient waits more than 120 minutes to go home

In South Yorkshire, following patient and user group feedback, it was decided to focus our CQUIN attention on reducing the waiting times patients experienced post-appointment. We have shown a significant improvement and reduction in the numbers of patients who experience long waits once they are ready to travel, however, we still have an opportunity to improve this position even further. A South Yorkshire-wide action plan was developed during the summer of 2013 which looked at how all elements of service delivery took place and has been positively implemented throughout the rest of the year.

Improving the patient experience by understanding the rationale for those patients waiting more than 120 minutes

As part of the CQUIN scheme, it was important for us to understand why patients waited for transport after they have indicated that they are ready to travel. We have looked at all the reasons why this happens and have shared this information with the commissioners and our acute hospitals, as often the solutions cover all areas of the patient pathway.

What Others Say About Us

Care Quality Commission (CQC)

Yorkshire Ambulance Service is required to register with the CQC. Yorkshire Ambulance Service has no conditions on registration.

The CQC has not taken any enforcement action against Yorkshire Ambulance Service during 2013-14.

Yorkshire Ambulance Service has not participated in any special reviews or investigations by the CQC during the reporting period.

The CQC carried out an unannounced inspection of Yorkshire Ambulance Service on 2-4 July 2013. It inspected compliance with six of the Essential Standards of Quality and Safety. Yorkshire Ambulance Service met the following four standards:

- Respecting and involving people who use services.
- Care and welfare of people who use services.
- Safeguarding people who use services from abuse.
- Assessing and monitoring of quality service provision.

The following two standards required minor actions:

- Management of medicines.
- Supporting workers.

Both of these standards were judged to have a 'minor impact on people who use the service'. In April 2014 the Trust was reassessed against the 'management of medicines' standard and found to be compliant.

The action plan for 'supporting workers' continues to be stringently managed through the Trust Executive Group.

NATIONAL HEALTH SERVICE LITIGATION AUTHORITY (NHSLA)

From April 2014 the NHSLA ceased the undertaking of assessments against the standards; therefore trusts will no longer be given a risk management level; however YAS is committed to working to level 2 standards as good practice.

PTS thanks

Vera has been using the Patient Transport Service for a number of years; she is a wheelchair user and lives with her husband in Hull.

On 24 December 2013, Vera needed transport to attend the Rehabilitation Outpatients Clinic at Pinderfields Hospital. Vera was highly delighted with her experience and wrote to YAS to pass on her compliments:

"I am writing to give praise to one of your drivers who is based at Sutton Fields in Hull. He picked myself and my husband up from Hull and took us to Pinderfields and home again. His manners were excellent, he was a pleasure to travel with, he made sure I felt comfortable and safe right throughout the journey and the same applied with my husband. He made us very welcome in his vehicle and had an excellent sense of humour.

Please be sure to pass on our thanks to Chris for all he did that day. He is an employee who should be praised for his standard of care to his patients and is an asset to the company he works for.

Many thanks to the ambulance service but most of all to Chris."

Data Quality

Yorkshire Ambulance Service did not submit records during 2013-14 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The Information Governance Toolkit is a performance and improvement tool produced by the Department of Health (DH). It draws together the legal rules and central guidance and presents them in one place as a set of information governance 'requirements'. The purpose of the assessment is to enable organisations to measure their compliance against the law and central guidance.

The Yorkshire Ambulance Service Information Governance Assessment Report overall score for 2013-14 was 81% and was graded as satisfactory.

Our attainment against the IG Toolkit assessment provides an indication of the quality of our data systems, standards and processes.

Yorkshire Ambulance Service was not subject to the Payment by Results clinical coding audit during 2013-14 by the Audit Commission.

In March 2014 the Trust's performance information was audited as part of a national peer review process sponsored by the Association of Ambulance Chief Executives. This stringent audit found that management information arrangements for the production of Ambulance Quality Indicators were robust and that the Trust was compliant with national guidelines for key performance measures.

In 2013-14 Yorkshire Ambulance Service took the following actions to maintain and improve its data quality:

- Our Business Intelligence Team provided daily and monthly data quality reports to help managers monitor and improve reporting and data quality within their teams and measure data quality results.
- We have continued to utilise our Information Asset Owners (IAOs) to drive the data quality agenda within respective departments, including advocating the use of formal data quality assurance procedures.
- We used the IAOs quarterly information risk assessment process to help provide assurance that IAOs undertake data quality checks in their areas.
- Internal auditors have carried out checks on nine of the 17 Ambulance Quality Indicators (AQIs). This was to ensure that the information reported was accurate and complied with the Department of Health Technical Guidance for the Operating Framework. The 2014-15 Internal Audit Plan will include a number of the remaining AQIs.

Yorkshire Ambulance Service will be taking the following actions to continue to improve data quality:

- We will continue to work with internal/ external auditors to assess the Trust's overall approach to data quality.
- We will continue to develop data quality reports for managers to help them monitor and improve data quality in their teams.
- We will develop key performance measures to drive improvements in data quality and monitor progress.
- Our IAOs will continue to improve the quality of information within their departments and provide evidence of the same.
- We will continue to raise awareness of data quality amongst all staff through the quarterly IAOs information risk assessment process and help to embed best practice throughout the Trust through the provision of training workshops.
- We will continue to work with our ambulance peers to ensure best practice is shared in relation to data quality.

Performance against Mandatory Quality Indicators

Ambulance trusts are required to report:

- **Red ambulance response times** - percentage of patients receiving an emergency response within eight minutes and the percentage of patients receiving an ambulance response within 19 minutes.
- **Care of ST Elevation Myocardial Infarction (STEMI) patients** - percentage of patients who receive an appropriate care bundle.
- **Care of stroke patients** - percentage of patients who receive an appropriate care bundle.
- **Staff views on standards of care** - percentage of staff who would recommend the Trust as a provider of care to their family and friends.
- **Reported patient safety incidents** - the number and, where available, rate of patient safety incidents reported within the Trust within the reporting period and the number and percentage of patient safety incidents that have resulted in severe harm or death.

All trusts must use the same, standard set of wording when reporting their results. We are also required to report our performance compared to the national average and the highest and lowest figures for other ambulance trusts.

Red Ambulance Response Times

	YAS 2013-14	YAS 2012-13	National Average 2013-14	Highest 2013-14	Lowest 2013-14
Red 1 response within 8 minutes	**77.4%**	72.5%	75.6%	80.0%	71.3%
Red 2 response within 8 minutes	**75.1%**	75.5%	74.8%	78.4%	71.4%
Red response within 19 minutes	**97.3%**	97.0%	96.1%	97.9%	92.9%

Yorkshire Ambulance Service considers that this data is as described for the following reasons:

Response to Red 1 calls in both eight minutes and 19 minutes has stabilised with August and December as the outliers. Response to Red 2 calls in eight minutes has been a challenge and current action plans are on track for improvement. In areas which are particularly challenging due to the rural location, YAS is committed to agreeing additional actions with specific CCGs.

Response to Red 2 calls in 19 minutes has been achieved.

- Demand patterns are providing significant issues across some areas of the region.
- Yorkshire Ambulance Service remains in the top half of the national performance profile. All ambulance services have seen significant demand increases this year.

Yorkshire Ambulance Service has taken the following actions to improve this percentage, and so the quality of its services by:

- implementing the A&E Workforce Plan for 2012-2017. This programme remains on track with significant recruitment to meet the aim of a "paramedic on every vehicle" and with recruiting emergency care assistants to support them
- implementing the Clinical Leadership Framework and further review with some revisions to ensure clinical competencies are in place to support pathway referrals and avoid unnecessary admission to hospital. Further work to support the effectiveness of the clinical supervisor role is continuing into early 2014-2015
- actions to monitor and manage sickness absence
- the Regional Turnaround Collaborative initiative which has continued to work with its healthcare partners with the aim of reducing the time it takes in handing over patients' care in the emergency department.

Ambulance Clinical Quality Indicators (ACQIs)

The ACQIs were developed to monitor improvements in the quality achieved by ambulance services and are reported on the NHS England website.

There are four clinical quality topic areas, all of which are time-critical conditions:

- Return of Spontaneous Circulation (ROSC): This indicator monitors the number of patients who suffer cardiac arrest (heart stopped), and who are subsequently resuscitated and the heart restarts prior to the patient's arrival at hospital.
- Cardiac Arrest Survival to Discharge (StD). This monitors the number of patients who leave hospital alive after they have had an out-of-hospital cardiac arrest.
- ST elevation Myocardial Infarction (STeMI) is one type of heart attack resulting from a blockage in a coronary artery. This ACQI monitors the number of patients who receive best practice care in the management of a heart attack. The gold standard treatment is primary angioplasty, carried out at a specialist centre. This is a procedure to insert a stent (plastic bridge) into the artery to remove the blockage and keep the artery open. We report nationally on the proportion of patients receiving these treatments within the target timescales.

Ambulance Clinical Quality Indicators (ACQIs)

	YAS Nov 2013	YAS Nov 2012	National Average Nov 2013	Highest Nov 2013	Lowest Nov 2013
Proportion of **STEMI patients** who receive an appropriate care bundle	**80.2%**	84.3%	80.5%	89.8%	66.7%
Proportion of **stroke patients** who receive an appropriate care bundle	**93.0%**	97.2%	96.3%	99.4%	91.8%

- Management of Stroke. This includes the early recognition of stroke, application of the 'care bundle' and transport to a specialist stroke centre. A 'care bundle' is a collection of interventions that are applied when caring for patients with a particular condition, such as stroke. The elements in a care bundle are based on evidence and when all applied together can help improve the outcome for the patient.

Yorkshire Ambulance Service considers that this data is as described for the following reasons:

- Positive work has been led by the clinical managers for the five Yorkshire areas to engage staff in the results of clinical performance indicators and to promote best practice.

Yorkshire Ambulance Service has taken the following actions to improve the care to patients demonstrated through its year-on-year improvement in the delivery of the ACQI care bundles.

- Clinical managers have delivered training and support for staff in assessing patients with suspected heart attack and stroke.
- We have reviewed our vehicles to ensure that every vehicle is stocked with the correct equipment.
- We have worked with stakeholders and staff to strengthen the access to local stroke pathways.
- CPI performance information is now produced at Trust, team and individual level and engages staff in discussions of the results.
- Improving record-keeping and the completion of patient report forms.
- Working with colleagues in the Emergency Operations Centres to reduce the time taken to back up rapid responders.
- We continue to develop and refresh the skills of our clinicians so that resuscitation is effective.

Staff Views on Standards of Care

Proportion of staff who agree or strongly agree that if a friend or relative needed treatment they would be happy with the standard of care provided by the Trust is 53% (same as national average).

Yorkshire Ambulance Service considers that this data is as described for the following reasons:

- The Trust uses the information provided by the annual staff survey as a key driver for its annual Trust and departmental business plans.
- To achieve the best for our patients we are committed to providing a supportive and positive working environment for our staff.

Yorkshire Ambulance Service has taken the following action to improve this percentage, and so the quality of its services by improving the number of staff responding positively to this question. This includes a significant emphasis on communication and engagement with staff on quality issues and implementing the provision of a cultural audit, which will provide a means of identifying the principal dimensions, traits and characteristics that describe and distinguish the cultures and sub-cultures to be found across the Trust. In addition, the audit will identify aspects/examples of good and bad practice as well as any facilitators and barriers to achieving positive change.

Reported Patient Safety Incidents

An open reporting and learning culture is important to enable the NHS to identify themes and trends using this information and put in place relevant actions. Yorkshire Ambulance Service aims to encourage staff to report incidents, achieve an increase in the number of incidents reported whilst seeing a reduction in the number of incidents resulting in severe harm or death. Incident reporting has increased during 2013-14 however this has not been associated with increasing levels of harm. The implementation of Datix, a database system that records all incidents, has enabled better reporting of incidents.

Yorkshire Ambulance Service has a positive culture of incident reporting and staff are aware of how they can report incidents 24/7 via the Trust's internal intranet or via a telephone incident reporting line during office hours.

Yorkshire Ambulance Service has taken the following actions to improve this percentage:

- A new incident reporting system was implemented in April 2013.
- Operational and support staff at all levels have been engaged in the development and implementation of the new system to ensure that it is fit-for-purpose.
- An awareness-raising exercise has been run in parallel with the implementation of the new incident reporting system.
- The development of the safety thermometer tool will progress our understanding of the risk of harm to patients whilst in our care, and help clinicians to take positive action to reduce this.

Review of Quality Performance 2013-14

Performance against Priorities for Improvement 2013-14

1. Improve the experience and outcomes for patients in rural and remote areas

Produce information showing our performance against ACQIs for the four rural areas	Information reports for all of the ACQIs are produced monthly and shared with the commissioners. The AQIs for stroke and cardiac are of particular focus in the 2013-14 CQUIN. The information report includes the performance for the 'Utstein' comparator group, (which is internationally recognised as it only includes those that 'arrest' with a cardiac origin).	✔ Achieved
Develop and implement plans to roll-out the schemes developed in 2012-13 and develop new schemes	**Emergency Care Practitioner (ECP) Schemes:** The surgeries at Sleights and Harewood have Paramedic Practitioner schemes set up as a pilot. The ECP pilot has been adapted and rolled out in Goole assisted by CCG funding for six months from August 2013 following agreed commissioning. Development of a further scheme in Pocklington is on hold pending the findings of the Goole initiative and further funding. In West Yorkshire, a business case was presented for ECP funding. **Caravan Park Schemes**: There are 13 more sites that have gone 'live' between April and September across Yorkshire.	✔ Achieved
Evaluate the success of the schemes both through achievement against AQIs and through a patient satisfaction survey	Two postal surveys of patients residing in rural areas were undertaken during Quarter 1 and Quarter 2 2013-14. YAS is pleased to report that our service users in the rural areas report a significantly higher level of satisfaction in the service we provide:	Partially Achieved

	Quarter 1	Quarter 3
Call taker listened and was reassuring: satisfactory	90.7%	91.1%
Length of journey time as: good/excellent	96.4%	97.5%
Service they received from YAS as: good/excellent	98.3%	98.5%
Treated with dignity and respect	99.4%	98.8%

However, an area of particular significance is the number of patients contacting another healthcare provider (48.1%) prior to calling 999 for the ambulance service. This survey shows patients believed they had a primary care condition and were seeking an appropriate service. For example 61.5% of patients reported that they did not understand why they were being told to contact the ambulance service after contacting another provider first. This reflects the scope to introduce alternatives to 999 for patients with a pre-existing illness or a long-term condition.

Therefore two key actions were taken following the survey outcomes:

Provided feedback to YAS staff via the internal publication 'Frontline Focus' to encourage staff to continue in their efforts to provide an excellent service.

- Engagement with CCG commissioners providing a copy of the recent survey report, with the view of working together to manage HCP demand/requirements.
- Drive to encourage CCG sign-up to 'GP in-hours' pathway.

2. Working with care and residential homes		
Develop an information dashboard showing calls from nursing/ residential homes who frequently call Yorkshire Ambulance Service	The top 100 care homes were identified in Quarter 1 by analysing the number of 999 calls received during April and May against care home postcode. The care homes were split into the three areas - West, North and East, and South. From this data a reporting dashboard for each of the three areas was developed. In conjunction with an Information Analyst from NHS England, work is being undertaken to further develop the dashboard to enable identification of trends and more specific analysis of individual care homes.	✔ Achieved
Agree plans for engaging with care/residential homes to develop new pathways and educational opportunities	An education/information pack has been created on best evidence-based practice regionally and nationally. This includes basic healthcare and nursing advice and guidance such as the YAS dementia training booklet, DNACPR posters and handover advice. It also includes ambulance service specific information such as the 'What happens when you call 999' leaflet and care home specific information such as the NHS Scotland 'managing falls and fractures in care homes for older people'. The pack is continually reviewed based on identification of useful information from visits to the care homes.	✔ Achieved
Monitor the dashboard information to evaluate the effectiveness of the work described above	Monthly monitoring, evaluating and reporting is taking place and this remains on-going.	✔ Achieved
3. Achieve a reduction in the harm to patients through the implementation of a safety thermometer tool		
Develop a project plan explaining how levels of harm will be calculated	A project plan was developed to enable the measurement of the most common harms that occurred within the ambulance setting. These were identified as falls whilst in receipt of care, injury whilst in receipt of care and medicine errors.	✔ Achieved
Produce data showing current levels of harm	Three indicators have been developed into a harm-free care dashboard to enable YAS to measure harm-free care days. Alongside this we prepare a weekly harm-free care performance briefing highlighting any incidents that have occurred with immediate actions taken and wider lessons learnt. This briefing is now being shared widely across the Trust.	✔ Achieved
Define actions to reduce harm and ensure they are implemented	A steering group, with Trust-wide representation, has been developed in order to drive and track progress with actions to reduce these identified harms. Diagrams have been used to identify primary and secondary drivers for all three harms and many, such as leadership or education and training, will be effective in reducing all three.	✔ Achieved
Produce data showing levels of harm after the actions are completed to monitor the effectiveness of the actions	Measurement of the harms and actions is underway and will be continuous. We will track the harm-free care days, and expect to see these increase as actions are embedded within the organisation.	✔ Achieved

4. Public Education		
Develop a project plan for raising awareness in 2013-14	The Community and Commercial Education Team developed an action plan for the provision of public education for 2013-14. The action plan had the following key developments: The development of Public Education Champions (PECs): these are YAS staff who will work in a voluntary capacity to help provide a full range of public education within their local communities. A total of 63 PECs have been recruited and we provided regional workshops for these staff to access throughout March 2014. The PECs will support some of the key projects the department is currently focusing on. These include the continuation and development of projects relating to work with seldom-heard communities and the promotion of work streams with children and young adults In 2013-14 the following have been undertaken: • TOM Foundation (driving safety) • Provision of First Aid Awareness Training to Foundation Trust members • Guns & Knives Take Lives for all South Yorkshire secondary schools • Pop-up Pub event, alcohol reduction campaign • Biker Down, emergency life support for motorcyclists • National Citizen Service (NCS) programme • Alcohol awareness events • School visits • Scoutastic • Downs Syndrome fundraising event • Police Summer Camp • Great Yorkshire Show - emergency preparation • Young Farmers event • School curriculum - My Family's Health • Child Safety Week • Taxi drivers' CPR training • Emergency Services Days • Careers Day at Sheffield College.	✔Achieved

4. Public Education		
Develop our understanding of our target audiences and the best way to get our messages to different groups	The department has two main focuses at present: • Working with groups that represent seldom-heard communities. These include: social deprivation and isolation, physical, sensory and cognitive impairments, raising aspirations within BME communities, drug and alcohol misuse. • Working with children and young adults to raise awareness of emergency life support, road safety and driving safety. Delivery of public education is very much a blended learning approach from visits and lectures to provide self-access learning materials direct from the Community and Commercial Education Team's public-facing website.	✔ Achieved
Develop new educational resources	The Community and Commercial Education Team has secured funding from the YAS Charitable Fund to develop a number of educational resources for Key Stage 2 pupils. These learning materials will be available on the Community and Commercial Education website alongside the highly-praised Key Stage 1 materials already developed. A series of hard-hitting posters has been developed in partnership with the TOM Foundation which cover: texting and driving, phoning and driving, distraction and seatbelt wearing.	✔ Achieved
Specify how we will be evaluating the success of this work	The Community and Commercial Education Team has a comprehensive database of all the events that have taken place; many of these are subject to post-event evaluation and feedback. We capture the details of anyone who downloads the education materials available so we can follow up on how they have been used and the success of these. Further work will be developed with the Public Education Champions as this work stream develops and expands in the new financial year.	✔ Achieved
5. PTS Improvement		
Revise our planning and scheduling processes working closely with healthcare professionals and patients to reduce waiting times	Full staff consultation was completed and a new role of PTS scheduler introduced. Regional model of service delivery agreed with premises secured at Willerby, Wath and Wakefield to support new ways of working. Full training plan developed for PTS team leaders and PTS schedulers alongside on-going competency assessments and quality assurance.	✔ Achieved
Amend our road staff rotas to ensure we match our staff availability to our busiest times of the day	New rota patterns implemented in South Yorkshire. New draft rotas designed for Hull, East and West Yorkshire. Planned staff and Staff-side consultation in place and full programme for implementation agreed.	Partially Achieved
Streamline our management structure to ensure visibility and local accountability	New management structure implemented in PTS Communications and clearer career pathways in PTS Communications outlined. Appointed Associate Director of PTS (Performance and Delivery) in October 2013 to focus on operational performance delivery. Training and development programme designed and delivered for PTS Management Team including locality managers, customer relations managers and team leaders.	✔ Achieved

A&E Operational Performance by Clinical Commissioning Group (CCG) Area

2013 - 2014 - Red 1 & Red 2 Combined Performance		
CCG	**8 MIN %** ACTUAL	**19 MIN %** ACTUAL
NHS Airedale Wharfedale and Craven CCG	57.5%	91.9%
NHS Barnsley CCG	70.9%	98.5%
NHS Bradford City CCG	83.7%	99.0%
NHS Bradford Districts CCG	75.9%	98.6%
NHS Calderdale CCG	80.4%	97.7%
NHS Doncaster CCG	74.8%	97.7%
NHS East Riding of Yorkshire CCG	68.5%	91.9%
NHS Greater Huddersfield CCG	74.6%	97.6%
NHS Hambleton Richmondshire and Whitby CCG	64.3%	90.2%
NHS Harrogate and Rural District CCG	73.7%	95.6%
NHS Hull CCG	86.0%	99.1%
NHS Leeds North CCG	71.6%	97.0%
NHS Leeds South and East CCG	82.3%	99.3%
NHS Leeds West CCG	74.5%	99.2%
NHS North Kirklees CCG	79.2%	98.6%
NHS Rotherham CCG	73.2%	98.1%
NHS Scarborough and Ryedale CCG	79.9%	94.0%
NHS Sheffield CCG	76.0%	98.6%
NHS Vale of York CCG	71.5%	94.7%
NHS Wakefield CCG	76.7%	98.6%
TOTAL ALL CCGs	**75.3%**	**97.3%**

Measuring, Monitoring and Reporting

Progress against all priorities for improvement was regularly monitored through the CQUIN delivery programme. A lead manager is assigned for each priority and is responsible for ensuring the work is delivered and providing progress reports to internal management groups, including the Trust Board and our commissioners. The reports include performance against milestones.

Patient Safety

INCIDENTS: An incident is any unplanned event which has given rise to actual personal injury, patient dissatisfaction, property loss or damage, or damage to the financial standing or reputation of the Trust.

NEAR MISS: Any occurrence, which does not result in injury, damage or loss, but had the potential to do so.

ISSUE/CONCERN: If it does not fit into any of the above definitions.

Ensuring patient safety is a key priority across the NHS and something we as a Trust are committed to improving upon year on year. One of the key enablers of keeping our patients safe is learning from when things have gone wrong. This helps us to recognise where improvements are required and make changes.

We encourage staff to report all incidents, near misses, issues and concerns, whether major or minor. This is important both to resolve the immediate issues that have been raised and to identify the wider themes and trends which need more planning to address. Analysis of all incidents takes place and is supported by triangulation with other information such as complaints, claims, coroners' inquiries and safeguarding cases. These are discussed fortnightly at the Incident Review Group. The meeting is chaired by an executive director and attended by clinicians from across the organisation. Themes and trends are also reported to Clinical Governance Group, Quality Committee and the Trust Board.

A positive safety culture is indicated by high overall incident reporting with few serious incidents and we continue to work towards achieving this. Datix, a new incident reporting system, was launched in April 2013. It is easier for staff to report incidents, including near misses and concerns and allows managers to review incidents within their area.

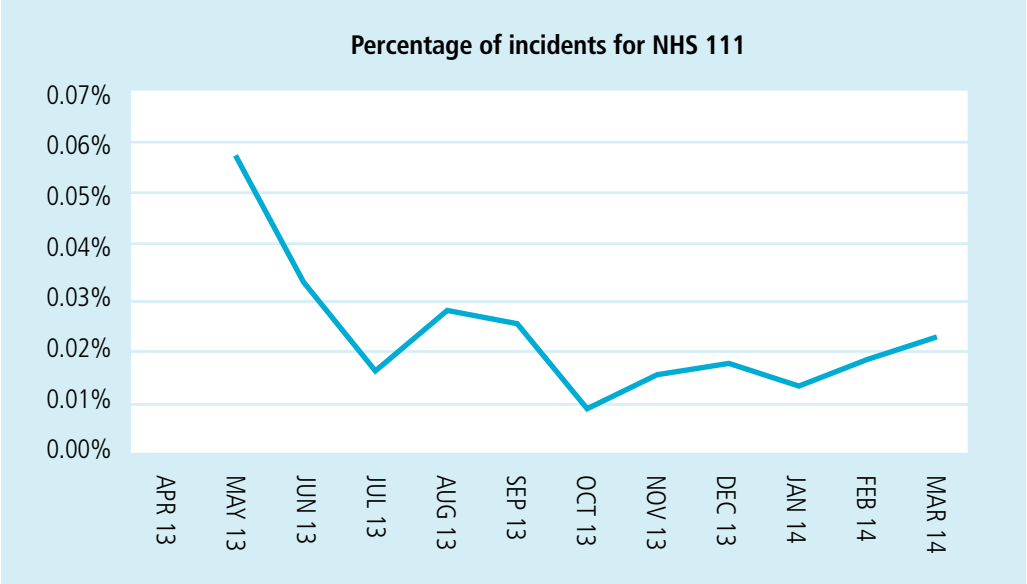
Number of Adverse Incidents												
New Incidents Reported	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	267	286	203	249	244	222	301	261	316	282	296	265
EOC	6	9	9	13	5	4	9	18	6	10	9	9
PTS	68	50	54	72	82	38	67	72	61	84	70	65
NHS 111	41	26	12	24	22	8	15	17	16	19	23	18
NHS 111 calls answered	71,653	76,900	74,727	85,198	85,819	85,410	92,670	97,030	115,133	102,405	100,152	112,189
% of incidents for NHS 111	0.057%	0.034%	0.016%	0.028%	0.026%	0.009%	0.016%	0.018%	0.014%	0.019%	0.023%	0.016%
Other	13	16	20	32	32	21	28	21	21	21	22	23
TOTALS	395	387	298	390	385	293	420	389	420	416	420	380

Number of Adverse Incidents

These figures equate to approximately:

- one adverse incident relating to A&E Operations reported for every 189 emergency responses
- one adverse incident relating to the Emergency Operations Centre reported for every 1,818 emergency responses
- one adverse incident relating to PTS reported for every 2,760 patient journeys.

The adverse incidents relating to NHS 111 for every 5,000 calls received (following the period immediately after the introduction of the new service).



Number of Adverse Incidents (Including Near Misses) Relating to Medication												
	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Medication incidents	23	26	30	34	29	23	30	27	50	29	30	37

The medication incidents shown here include all occasions where morphine vials have been accidently dropped or broken and where errors have been made on drug registers. We are working to reduce breakages by using new safety mats in areas where drug vials are transferred. All medication incidents are reviewed by our Medicines Management Group to ensure that appropriate action is taken after the incident. Lessons to be learnt from incidents are communicated to frontline staff and included in existing training packages.

Adverse Incidents Relating to Patient Care												
	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	46	52	34	40	41	35	49	50	40	58	36	30
EOC	3	3	3	8	0	3	4	12	3	5	3	4
PTS	22	10	20	17	26	11	21	19	14	25	15	17
NHS 111	33	22	9	15	19	5	10	12	12	13	17	16
Medical Ops	0	0	4	1	5	5	7	6	3	0	0	0
Other	1	3	2	1	0	1	0	1	0	0	2	2
TOTALS	**105**	**90**	**72**	**82**	**91**	**60**	**91**	**100**	**72**	**101**	**73**	**69**

Due to the nature of the service provided, it is expected that A&E Operations will have more patient-related incidents than our other services. We know that a large number of these incidents relate to the emergency response initiated by the Emergency Operations Centre (999 call centre) or agreed care pathways, which are currently being strengthened within the Trust. Within PTS the highest numbers of incidents relate to slips, trips, falls and injuries sustained whilst being transported on a vehicle.

Serious Incidents												
	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	1	1	1	0	1	1	1	0	1	2	2	1
EOC	1	0	0	1	0	0	2	0	1	0	0	0
PTS	1	0	2	0	0	0	2	0	0	1	0	0
NHS 111	2	0	1	1	0	0	1	1	0	0	1	1
Other	0	0	0	0	0	1	0	0	0	0	0	2
TOTALS	**5**	**1**	**4**	**2**	**1**	**2**	**6**	**1**	**2**	**3**	**3**	**4**

Serious Incidents (SIs) include any event which causes death or serious injury, involves a hazard to the public, causes serious disruption to services, involves fraud or has the potential to cause significant reputational damage. These are the main categories, but there may also be other causes.

Through careful investigation of all incidents, including serious incidents, it was identified that further action was required in relation to patients suffering from falls on board ambulances whilst in YAS care. Following this, a review was conducted of the moving and handling training with recommendations made which included a review and updating of the learning outcomes. These have been updated to reflect the legal requirement for patients to wear a seat belt.

This amendment has been included to ensure patient safety is upheld at all times with the requirement for patients to be suitably and appropriately secured during travel. It also provides support and guidance for staff in the event that a patient refuses to wear a seat belt. Also included is reference to the loading and unloading of wheelchairs and details on how competency is assessed and maintained. Tutors now place particular emphasis on the importance of securing patients correctly for all moving activities during their training sessions.

In 2013-14 we launched our Patient Safety Thermometer Programme in order to help reduce harm to our patients. This programme is run within A&E and PTS. Each day we report numbers of patient harm from falls, injury and medication errors.

These measurements are reported via a dashboard that all staff can access on a daily basis. Key interventions to reduce these patients' harms have been identified during extensive review of previous incidents and through the use of improvement tools such as diagrams of key drivers. A set plan of work has been developed that will influence the safety culture of the organisation and includes a call to action for frontline staff. For example, we know that in PTS patients were falling because they were trying to get up and out of the vehicle without the support of the driver. We are placing posters encouraging patients who are not confident to walk alone to wait for the driver to help them move. We are also encouraging all PTS drivers to request that patients who feel unsteady on their feet wait for them before they move.

By taking some of these simple steps we hope to continually improve the safety of our patients within YAS.

In order to complement the frontline safety thermometer campaign, the Education and Training Department has commenced a targeted educational campaign to raise awareness amongst operational staff of the issues arising from failure to safely handle patients.

Road shows have been arranged to engage further with staff during the launch of the campaign and Patient Safety Champions are being developed to act as monitors for safer care delivery within PTS and ensure open lines of communication exist.

NHS Staff Survey Results - Reporting of Errors, Near Misses and Incidents			
	2012 percentage for YAS	**2013 percentage for YAS**	2013 National average for ambulance trusts
Staff saying they or a colleague reported an error that could hurt staff (the higher the better)	78%	**78%**	79%
Staff saying they or a colleague reported an error that could hurt patients (the higher the better)	78%		
The fairness of incident reporting procedures (score out of 5.0 - the lower the better)	3.06	**3.13**	3.13

Infection Prevention and Control (IP&C) Audits

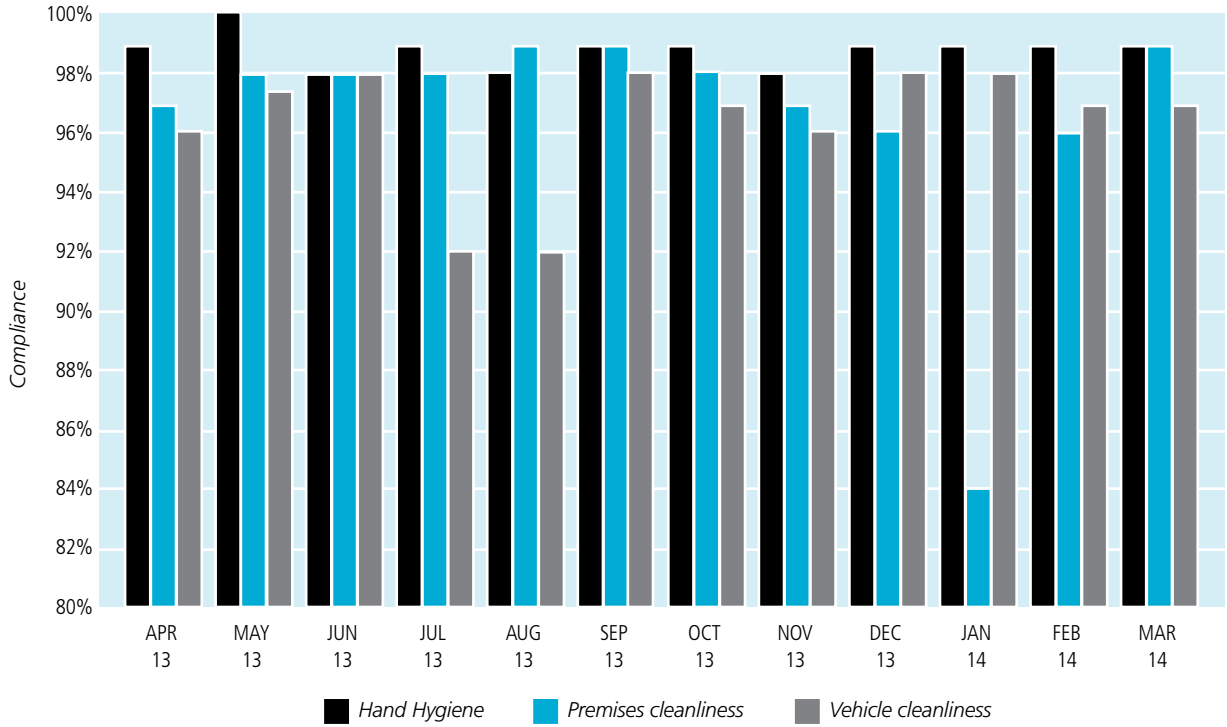
We conduct monthly audits of staff hand hygiene practice, premises and vehicle cleanliness across all stations and sites where our operational staff work. The recruitment of a Head of Safety/Lead Nurse for IP&C has led to additional inspections to guarantee compliance assurance and support operational teams.

Compliance requirements are:

- **Hand hygiene:** all clinical staff should demonstrate good hand-washing techniques and carry alcohol gel bottles on their person.
- **Vehicle cleanliness:** vehicles should be clean inside and out and any damage to stretchers or upholstery reported and repaired.
- **Cleanliness of premises:** stations and other sites should be clean, have appropriate cleaning materials available and stored appropriately.

Compliance with the IP&C monthly audits remains near to 100%. The Quality and Risk team has been out to visit staff in practice to make sure that hand hygiene and vehicle cleanliness are maintained throughout care delivery. Staff have reported receiving training and education about IP&C and were able to put this knowledge into practice to protect both themselves and their patients. Vehicles were clean and full deep cleaning was undertaken at least every 35 days.

Compliance with Infection Prevention and Control Audits 2013-14

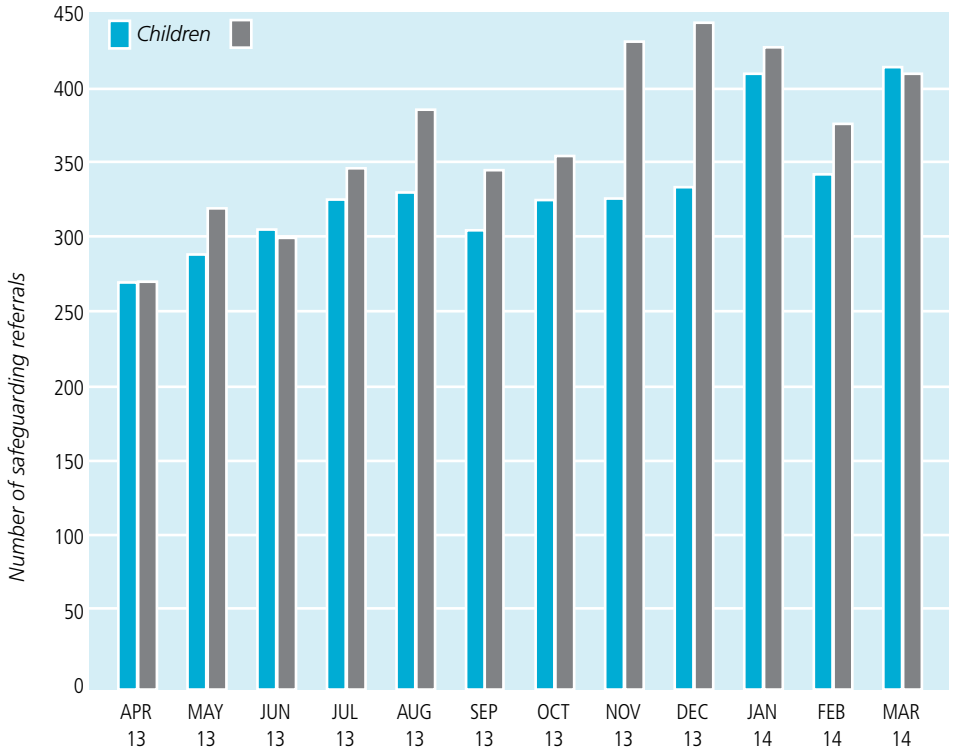


Safeguarding

The introduction of NHS 111, and the introduction of a single point of contact for safeguarding referrals through the Clinical Hub, is a major contributor to the growth of referrals to specialist services 2013-2014.

The number of referrals for protecting vulnerable adults and children that are made by our staff indicates the effectiveness of our safeguarding training.

Referrals	**Total 2013-14**	Total 2012-13
Child referrals	**3,956**	2,818
Adult referrals	**4,401**	2,951



Domestic Violence Quality Mark

YAS has been awarded a Quality Mark by the Safer Leeds Partnership for its work relating to domestic violence and abuse over the last four years.

YAS has developed and launched a bespoke eLearning package for staff and improved the domestic violence aspect of safeguarding policies and procedures.

This has helped staff in A&E Operations and the Emergency Operations Centre to detect and report issues relating to domestic violence and vulnerable individuals as well as improving support for our own staff involved in abusive relationships.

Clinical Effectiveness

We continue to work with our health and social care partners to develop new pathways for patients for whom a hospital emergency department is not the most appropriate place for care. This may allow patients to remain in their own homes with an appropriate care plan, or take them to a treatment centre with specialist care for their condition.

To ensure that our A&E operational staff have 24/7 access to advice and support about the available care pathways we have a clinician advice line, staffed by specially trained nurses and paramedics, within the Clinical Hub in our Emergency Operations Centre. We have created specific pathway notice boards in our ambulance stations and regularly update our intranet page with pathway information.

Developing Alternative Care Pathways

Referral to Practical Home Support Team in East Riding

We recognise that some patients who can be managed at home without the need for hospital attendance or admission need help with aspects of social care. This, for example, may be to get over an illness or minor injury such as a fall. In the East Riding area we can refer patients to a 24/7 team that can attend the patient's home normally within two hours.

They can undertake tasks such as:

- preparing light meals
- light housework
- supporting lonely and isolated patients
- taking patients shopping and to collect their pensions/pay bills
- collecting prescriptions
- checking and confirming existing support networks
- helping with confidence-building
- completing a home safety check.

Although numbers of referrals are small, we know that these patients have benefited from this new service. We are exploring in other areas how we can access similar services for patients.

Diabetic Hypoglycaemia

This pathway continues to be in place across the whole of Yorkshire. It ensures that patients receive a follow-up assessment after we have attended them for an acute hypoglycaemic episode. Appropriate support and education can then be provided to prevent reoccurring episodes of hypoglycaemia.

Emergency Care Practitioners (ECP)

When ambulance clinicians are called to patients who may not need to attend an emergency department or be admitted to hospital, the patient may benefit from ECP assistance. ECPs are able to assess and treat patients in their own home, or refer them directly to the most appropriate hospital or community specialist including intermediate care teams, district nurses and specialist nurses.

They can administer additional medicines such as antibiotics, steroids, analgesia and antihistamines and manage a range of minor illness and minor injuries.

We continue discussions with our partners about how to further develop our staff, to extend the scope of practice of our paramedics into more specialist and advanced roles. This is in line with the on-going national review of urgent and emergency care that recognises the role that ambulance services can play in the areas of urgent care.

The pathway for YAS clinicians in Doncaster is that they can now contact the ECPs directly. This has reduced the recorded number of referrals that go through the YAS Clinical Hub and is therefore reflected in the reduction of referrals in the table on page 73.

Epilepsy

When our clinicians attend patients in the Doncaster area who have suffered a seizure, and there are no other complicating factors, they can be referred directly to the Doncaster Epilepsy Team for review by a nurse specialist. We are currently looking at extending this pathway into the whole South Yorkshire area.

Falls

Falls continue to affect around 30% of adults over the age of 65 who live in their own homes and 50% of those who live in nursing or residential homes.

The Yorkshire Ambulance Service Falls Referral Pathway is a proactive way of managing patients who slip, trip or fall but do not require transport to hospital. We have falls pathways in place across the whole of Yorkshire.

Yorkshire Ambulance Service has been instrumental in the establishment of a regional falls network.

It enables healthcare professionals, the third sector groups and selected members of the public to come together to discuss and share areas of good practice in relation to falls prevention. Two facilitated sessions have allowed groups within the region to map the services that are available to prevent falls and highlight to CCGs potential gaps in service.

Mental Health

Mental health illness can vary from mild depression and anxiety to more serious conditions such as bipolar disorders and schizophrenia. A number of people with mental health illness access treatment and support through our 999 service. Some of these patients do not need emergency care but may benefit from mental health specialist care. This year we have extended the number of mental health pathways available and they are now in place across most of Yorkshire. The Trust continues to work with specialist groups and partner organisations to share information and develop effective community-based service models.

Clinical Hub Pathway Referral Comparison 2012-13 and 2013-14

Referral Pathway	**Total referrals 2013-14 (up to February 2014)**	Total referrals 2012-13
COPD referrals	**7**	7
Diabetic hypoglycaemia referrals	**1,775**	1,798
Emergency Care Practitioner referrals	**244**	510
Epilepsy referrals	**31**	24
Falls referrals	**5,048**	4,387
Mental health referrals	**193**	268
End-of-life care referrals	**26**	45
Social care referrals	**397**	164
Alcohol and substance misuse referrals	**129**	61

Thanks

Alex contacted YAS to pass on his compliments regarding the care of his wife at the end of her life. Mary had terminal lung cancer and had expressed a wish to die at home with Alex caring for her. Mary became unwell with chest pain and the GP advised calling for an ambulance.

Alex recalls the speed in which the ambulance arrived, and also the calming influence our staff had on the situation. With hindsight, he now believes that our staff recognised that Mary was very close to the end of her life. Alex also recalls his great distress at this time. Our staff advocated for Alex and Mary, making several phone calls to the GP, discussing with them the option for Mary to remain at home.

Alex said:

"Thanks to the work of your staff, my wife spent the rest of her life at home with her family. My family and I would like to thank them for all their efforts on that day. It would have been sad for my wife to have spent her last hours in A&E. I would also like to thank the Yorkshire Ambulance Service as a whole for their first class response to my call for help. I can't see how it could get any better and you have left a 77-year-old senior a little happier than he might have been. Thank you again to all concerned".

End-of-Life Care

Patients at the end of life have very specific and individual needs. It is important that their preferences for care and place of death are honoured. YAS continues to work with partners involved in caring for people at the end of life to ensure that patients receive their chosen pathway of care. This has been recognised by regional colleagues and commissioners and the end-of-life care pathway is now in place across the whole of Yorkshire.

Alcohol and Substance Misuse

Many adults in the UK are drinking at levels that may be damaging their health - most without realising it.

Alcohol contributes, among other things, to high blood pressure, family stress, depression, emotional problems, accidents, strokes, heart disease, weight gain, stomach ulcers and cancer. Drinking above the recommended levels increases the risk of damage to health and binge drinking is considered to be drinking twice the daily limit in one sitting.

YAS has been actively involved in a multi-agency approach to tackle alcohol problems through awareness campaigns, care referral pathways and joint strategies. Initiatives such as 'pop up pubs' in Hull and alcohol awareness courses run in the Kirklees area have been shown to be effective in reducing alcohol problems. There has been a Yorkshire-wide roll-out of the Alcohol Pathway which allows ambulance clinicians to refer patients to specialist alcohol teams who can provide support and rehabilitation programmes.

YAS has also worked in close partnership with Hull City Council in the development of an overdose prevention campaign focused on trained staff working with those affected by substance misuse.

Supporting Emergency Departments

With increasing pressures on emergency departments, there is a need to focus on the care of patients with minor trauma and those presenting with non-life threatening illness. Ambulance services are key to meeting this challenge and it is now well recognised the contribution that we can make to caring for patients at home or signposting them to an alternative pathway, thereby reducing the number of people who have unnecessary hospital attendance.

At Yorkshire Ambulance Service we have a number of ways to support this:

- Telephone triage by clinicians.
- Utilisation of alternative pathways.
- Specialist paramedic practice to assess and manage patients at home as appropriate.
- Implementation of the Paramedic Pathfinder project.

Paramedic Pathfinder

Paramedic Pathfinder is a tool designed to support good clinical decision-making. The tool has been tested in Rotherham and included clinicians from ambulance stations in Rotherham, Maltby and Wath.

The information generated from the pilot shows that the number of patients who are taken to an emergency department can be safely reduced with more patients treated appropriately, closer to or in their own home. YAS has a plan to extend the use of the tool across West Yorkshire during 2014-2015.

Key to the success of the tool is the local availability of primary and community care pathways for further assessment and treatment of patients seen by paramedics.

The Trust is therefore working closely with commissioners and other providers as part of the roll-out of Paramedic Pathfinder, to identify needs and support the development of appropriate services.

NHS 111

YAS was thrilled and proud to be awarded the contract to deliver the NHS 111 service across Yorkshire, Humber, North and North East Lincolnshire. The mobilisation of the service took a staged approach and was completed in July 2013.

The mobilisation included significant recruitment, training and system testing to ensure we delivered a safe service. We received 1,100,599 calls for 2013-14 and are the largest single NHS 111 provider in the country. NHS 111 now serves a population of 5.4 million people and is expected to take 1.29 million calls during 2014-15.

The service has been actively engaged with the clinical governance and quality groups for 23 CCGs and a regional Clinical Quality Group.

The table below shows where NHS 111 Yorkshire and the Humber has referred its patients compared with the national picture:

	SERVICE TYPE					
Provider	Ambulance	A&E	Primary and community care	Recommended to attend other service	Managed with self-care	Calls answered and dealt with, but not requiring triage through NHS Pathways/Assessment tool
YAS NHS 111 (1 April 2013 – 31 March 2014)	**8.6%**	**5.9%**	**54.7%**	**3.6%**	**11.5%**	**15.3%**
NHS 111 national statistics up to February 2014*	9.1%	6.3%	53.7%	3.5%	12.5%	14.8%

* Last nationally-published data

NHS 111 Yorkshire and the Humber actively welcomes feedback and, as such, NHS 111 has developed a secure web portal (https://feedback.yas.nhs.uk/NHS111/) where feedback can be given to the service. This eases the process for feedback to ensure that the service develops, evolves and responds to the needs of patients and clinicians alike. Feedback to the service can also be submitted by telephone or mail.

Internally the management team has held a number of staff-based events to communicate with the team, but also to receive direct feedback from them on how we can improve the service.

Out of these staff engagement events there have been a number of "you said, we've done" initiatives. Some of these meant the streamlining of processes to improve patient care, others were put in place to improve staff well-being and improve the overall efficiency of the service.

Over the Christmas period, which is known to be a period of high demand for NHS services, the service was ranked nationally within the top three of the 46 NHS 111 services. This was achieved through effective service planning and good practice examples of collaborative working with our partners to ensure that the calls were answered and managed appropriately.

Performance is measured on how quickly we answer incoming calls to our service. NHS 111 (Yorkshire Ambulance Service) finished the year on 94.89% of calls answered within 60 seconds - the national standard is 95%.

On 12 and 13 October there was a national IT failure for NHS 111 in some parts of the country. If the reduced performance over this weekend is taken out then NHS 111 (Yorkshire Ambulance Service) achieved 95.16%. This was a remarkable achievement for the first year of a new service.

Calls, where appropriate, are assessed using NHS Pathways software and where required the patients are referred to another service.

When a referral to another service is made, NHS 111 has access to a Directory of Services that covers the whole country, to identify the closest most appropriate service to meet patients' needs.

The overall NHS 111/Urgent Care contract links delivery of out-of-hours services in West Yorkshire through a sub-contract with Local Care Direct (LCD). During the year Yorkshire Ambulance Service and LCD have worked closely to deliver and continuously improve a seamless pathway of care for patients. Work will continue to develop during 2014-15 in partnership with commissioners.

Patient Experience

Some of our 2013-2014 winners:

PEN National Awards 2014
Rethinking the experience

SETTING THE STAGE – MEASURING, REPORTING AND ACTING

A Patient Experience Network National Award in the 'measuring, reporting and acting' category in recognition of our patient survey programme.

NHS SUSTAINABILITY DAY TRANSPORT AWARD WINNER

An NHS Sustainability Day Award in the 'transport' category in recognition of our carbon reduction work, including our lightweight, aerodynamic ambulances.

CINTAS GREEN AWARD

The Cintas Green Award in recognition of the amount of shredded waster paper we recycle.

Patient Experience

Complaints, Concerns, Comments and Compliments

Our staff work very hard to get the job right first time. But, as in any complex service, mistakes can happen and problems occasionally occur. When people tell us about their experiences we listen, we find out what has happened and we respond in a timely manner. We always aim to put things right and learn for the future.

Positive feedback is always a pleasure to receive and is also an important source of learning. We regularly receive appreciations and commendations for staff for their professionalism, dedication and care. This is shared with the individuals concerned along with an acknowledgement of their good service from the Chief Executive.

Learning from complaints, concerns and comments is very important. We report themes, trends and lessons learned to our fortnightly Incident Review Group and monthly Clinical Governance Group.

PTS - Complaints, concerns and comments													
	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	**Total**
Attitude and conduct	6	11	3	13	3	8	5	8	5	5	7	5	**79**
Clinical care	2	5	3	3	5	4	5	9	4	6	6	7	**59**
Driving and sirens	2	2	1	0	1	3	4	3	4	4	4	4	**32**
Call management	1	1	2	4	1	6	0	4	2	1	0	4	**26**
Response	24	27	22	41	25	28	24	21	34	24	15	14	**299**
Other	15	9	9	7	8	5	5	4	2	2	2	4	**72**
Total negative	**50**	**55**	**40**	**68**	**43**	**54**	**43**	**49**	**51**	**42**	**34**	**38**	**567**
Compliments	**5**	**0**	**2**	**1**	**0**	**1**	**1**	**1**	**3**	**3**	**0**	**3**	**20**

Examples of PTS Lessons Learned

- Complaints about falls occurring or seatbelts not being used have contributed to the organisation-wide work on falls reduction.
- Concerns have been raised regarding the disconnection or removal of parts of patient equipment by ambulance clinicians when attending patients and transporting them to hospital. This led to problems when patients were discharged from hospital as they were unable to use their equipment until an engineer had attended to complete repairs. An article was published in the staff newsletter to remind clinicians of best practice when attending patients using home oxygen equipment.
- Complaints where patients have perceived that clinicians are dismissive of their condition have led to work to share patients' experiences and perceptions with clinical staff. One complainant also agreed that their story could be used in staff training.
- A revision has been made to the form for booking patient transport journeys which fall outside of the contract arrangements. This arose from a complaint where a booking was cancelled by the CCG and replaced by a taxi booking as a more cost-effective option. The taxi was inappropriate in this case as the patient required wheelchair transfer to and from the vehicle; however this information was not apparent to the CCG. The booking form now contains all relevant information on which an appropriate decision can be made.

Comparison with 2012-13 data sets, there has been a 6.2% overall reduction in negative feedback received by PTS. The main reason for this reduction has been improvements by PTS in minimising long waits and delays for patient travel.

A&E - Complaints, concerns and comments													
	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	**Total**
Attitude and conduct	9	15	21	16	14	21	15	17	21	29	11	16	**205**
Clinical care	15	17	15	33	21	28	30	13	26	36	24	22	**280**
Driving and sirens	4	6	8	8	4	7	9	6	7	10	6	5	**80**
Call management and response	27	24	10	28	23	34	36	29	32	33	41	43	**360**
Other	1	0	1	0	0	0	0	0	0	1	0	1	**4**
Total negative	**56**	**62**	**55**	**85**	**62**	**90**	**90**	**65**	**86**	**109**	**82**	**87**	**929**
Compliments	**76**	**51**	**39**	**38**	**17**	**16**	**11**	**27**	**49**	**17**	**1**	**78**	**420**

Examples of A&E Lessons Learned

- Feedback from complaints and concerns has been used in the corporate induction training programme to ensure that all new employees are informed of the importance of dignity and respect to patients at all times. Dignity Action Day 2014 has also acted as a focus for the promotion and awareness of the importance of compassionate care.
- A complaint involving a patient with meningococcal septicaemia has led to awareness work regarding meningitis. Frontline staff have been reminded about the problems of other medical conditions masking the symptoms of meningitis and teaching materials have been obtained from Meningitis Now (formally Meningitis UK and Meningitis Trust) to distribute to frontline staff. A new sepsis/meningitis identification tool for frontline staff to help them detect meningitis has been introduced.

NHS 111 (including Local Care Direct) - Complaints, concerns and comments													
	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	**Total**
Attitude and conduct	7	4	7	2	2	2	3	3	2	3	3	6	**44**
Clinical care	24	23	8	15	15	10	22	11	11	18	11	19	**187**
Operations	12	4	5	16	7	9	15	6	11	7	4	12	**108**
Total negative	**43**	**31**	**20**	**33**	**24**	**21**	**40**	**20**	**24**	**28**	**18**	**37**	**339**
Compliments	**9**	**26**	**13**	**14**	**13**	**6**	**10**	**10**	**14**	**26**	**7**	**3**	**151**

The rate of complaints and concerns in the NHS 111 service fell significantly during the year as the new service became fully embedded.

Examples of NHS 111 Lessons Learned

Delays in patient care for palliative care patients (this problem has been greater in West Yorkshire); the main concerns are delays in pain relief, accessing doctors.

Actions Taken

- New Special Patient Notes (SPN) template designed and use of SPNs reinforced
- NHS 111 staff have been trained to input SPNs
- Palliative care selected as one of the annual regional palliative care audits, to be completed in June 2014.

Outcome

- Increased numbers of SPNs
- Attendance by NHS 111 at West Yorkshire palliative care meetings
- Informing NHS 111 staff via internal newsletters and reinforcing how to manage these calls
- Use of senior clinicians to support call handlers
- Encouraging NHS 111 staff to complete the YAS End-of-Life Learning Resource for ambulance staff
- West Yorkshire action plan to work with commissioners to improve Local Care Direct response times.

Incorrect referrals - staff errors due to NHS 111 Directory of Services (DoS) issues

Actions Taken

- Staff training, instructions/use of maps to locate areas/wall board messaging
- Rewording of GPOOHs on DoS
- NHS 111 team leader training sessions
- NHS 111 staff workshops
- Discussion with NHS Pathways regarding national DoS improvements
- Worked with the CCG/CSU DoS leads to make information clearer for staff.

Outcome

- Less DoS issues raised both internally and externally
- On-going improvements required as issues are identified
- Commissioners are thinking about how the DoS can give better alternative outcomes, for example South Yorkshire and Bassetlaw are working on adding existing mental health services so that the DoS guides NHS 111 staff to select those services instead of GPs/EDs.

Patient Experience Survey - A&E

The results of our A&E patient experience survey are integrated within local and corporate reporting including staff communications.

We monitor the results by geographic area which are reviewed by local teams as part of routine performance monitoring, alongside measures of operational and financial performance.

The results are also used within in-house training, including corporate inductions, and by higher education providers.

We ask the Friends and Family Test question along with other ambulance trusts in order to compare results nationally. This question was introduced by all acute trusts from April 2013 and by April 2015 all ambulance trusts are mandated to implement this benchmark of quality.

We also monitor the narrative comments that are made and these provide an important insight into factors affecting patient experience.

Following the correlation of the A&E service user feedback, a report is made available on the internal intranet for staff to access and review. In addition service-user feedback results are submitted to operational meetings for analysis and discussion.

Examples of workstreams following service-user feedback.

- Dignity and respect campaign.
- Changes in Emergency Operation Centre script for emergency calls relating to triage with a clearer description as to who will carry out any return calls.
- Input into 2013-14 dementia CQUIN as part of staff training.
- Friends and Family Test in order to benchmark YAS national position.

Overall, I was happy with the A&E service received from YAS												
	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Agree/Strongly agree	94.4%	95.8%	92.7%	96.9%	97.4%	93.2%	94.0%	93.7%	96.9%	91.5%	93.4%	93.7%

How likely are you to recommend the YAS A&E service to friends and family if they needed similar care or treatment? (Percentage of Promoters - Percentage of Detractors = Net Promoter Percentage)												
	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Net promoter %	70.4%	72.4%	73.0%	74.0%	72.0%	77.6%	75.0%	69.2%	60.4%	73.4%	69.5%	75.1%

Patient Experience Survey - PTS

In June 2013 we launched a routine PTS patient experience survey. The Friends and Family Test question is included so that ambulance trusts can continue to share patient experience results nationally.

All Yorkshire Ambulance Service surveying is anonymous; therefore the Trust is unable to investigate individual cases where negative feedback is provided. However, where negative feedback is received, this is analysed as a possible theme or trend, and triangulated with the themes and trends from Patient Relations services. This, in turn, is reported back into the clinical governance forum for review and debate and cascaded down to operational teams.

As outlined within the Quality Account 2012-13 similar narrative feedback themes have been highlighted during 2013-14.

- The caring attitude of staff makes a positive difference to a patient's care experiences.
- Long waits for transport home have a negative impact on a patient's experience of PTS.
- Some patients have welfare concerns about missing meal times, missing scheduled carer visits and access to toilet facilities.
- When delays occur, patients want to be kept up-to-date with what is happening and how long they may have to wait.
- Some patients find the vehicles uncomfortable.
- Some patients explained the impact on their care experience from not being eligible to have the support of an escort during their journey.
- Service-user survey feedback helps to inform the patient story programme.

A number of initiatives have been instigated and actions will be continually reviewed and addressed within the Patient Experience Programme 2014-15.

These include team leader training sessions that focused on patient safety and patient experience feedback, review and upgrade of PTS fleet vehicles and expanding the role of staff within patient reception centres to ensure improved customer care.

Would you to recommend the YAS PTS service to friends and family if they needed transport to hospital? (Percentage of Promoters - Percentage of Detractors = Net Promoter Percentage)										
	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Net promoter %	63.8%	43.6%	39.0%	45.6%	53.6%	70.7%	64.1%	61.0%	66.7%	55.0%

Patient Experience Survey - NHS 111

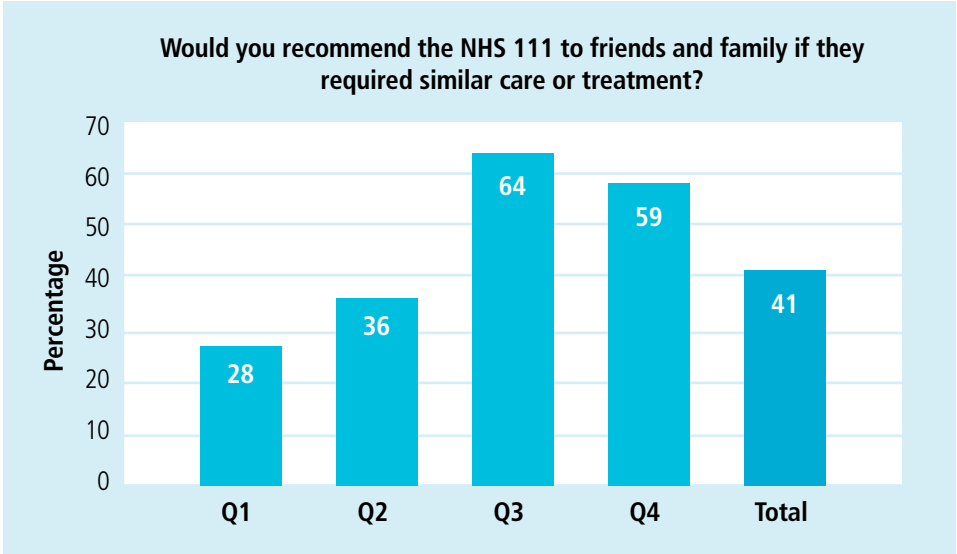
The NHS 111 service uses an independent organisation to survey its patients to ask them for feedback on the service they provide.

The key headlines from the patients surveyed:

- 88% of respondents agreed/strongly agreed that they were happy with the time taken for their call to be answered.
- 92% of respondents agreed/strongly agreed that the call taker listened carefully.
- 95% of respondents agreed/strongly agreed that they had been treated with dignity and respect.
- 92% of respondents outlined that they followed the advice that they were given.

Overall feedback from patients using NHS 111 service has been very positive. This has been used to inform continuous improvement, alongside information from complaints and staff feedback. A key initiative during 2013-14 was to focus on listening and recording skills to ensure accurate recording of all demographic information to ensure that patients' electronic records can be easily accessed during a call.

Service-user feedback continues to be an essential element of monitoring the Yorkshire Ambulance Service achievements against Care Quality Commission required Standard 1: Respecting and involving people who use services.



Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Clinical Commissioning Groups (CGGs)

All clinical commissioning groups, local healthwatch organisations and overview and scrutiny committees were invited to comment on the draft YAS Quality Account and we have published below all the formal statements we received.

We have made changes to improve the Quality Account based on feedback from stakeholders as part of our initial informal consultation process. Additional information has also been added to some sections of the document to reflect points highlighted in the statements below.

Statement on the Yorkshire Ambulance Service Quality Account 2013-14

On behalf of associate commissioners in Yorkshire and the Humber, NHS East Riding of Yorkshire Clinical Commissioning Group (CCG), Lead Commissioner for the 999 contract and NHS Greater Huddersfield CCG, Lead Commissioner for the NHS 111 contract, we welcome the opportunity to review and report on its Quality Account.

The Quality Account provides information across the five domains as set out within The NHS Outcomes Framework 2013/14 (DH, 2012) with particular focus on the three areas of quality originally set out by Lord Darzi:

- Patient safety
- Patient experience
- Clinical effectiveness.

As host for the YAS 999 contract for Yorkshire and Humber and on behalf of associate CCGs and the local population, NHS East Riding of Yorkshire CCG recognises this Quality Account demonstrates a commitment to quality improvement and high quality services presenting a fair reflection of the provider's achievement of quality of service delivery against the backdrop of a changing NHS.

The Quality Account of the Yorkshire Ambulance Service clearly affirm a strong commitment to providing and delivering safe, high quality care, showing clear and concise methods of continuously improving their services. Patient, community and staff involvement plays a key part in achieving their priorities and setting the goals for the coming year.

The commissioners are supportive of 5 of the 6 priority areas being delivered by YAS which outline six key themes; improving patient experience for patients in care homes, improving response times, harm-free care, decision-support tool to enable 'right care, right place', and improvements in the Patient Transport Service. At the time of writing, the commissioners have only just received the Urgent Care Plan and have yet to review and comment on the implementation. It is positive to note the continued focus on improving patient experience and outcomes for patients in care homes and the focus on patient safety with the development of the patient safety thermometer. This is commendable and reassuring for members of the public.

YAS has clearly evidenced the effective mobilisation of the NHS 111 service that was fully implemented in July 2013 and the Quality Account provides an accurate reflection of the service and its performance. The service has fully engaged the CCGs and the effective service planning and collaborative working have been acknowledged. NHS Greater Huddersfield CCG hopes that the service continues to develop and evolve, responding to patient needs and puts forward the following areas for consideration for 2014-15 (NHS 111 YAS):

- Better integration of OOH providers within South Yorkshire, North Yorkshire and the Humber.
- Increasing self-care dispositions.
- Understanding and then possibly reducing (if appropriate) the number of calls into the service that do not require a triage through NHS Pathways.
- Working more closely with commissioners to understand complaints and reasons for these into the service.
- Working closely with commissioners regarding the two KPIs that were not achieved last year.

YAS has clarified participation in both national and local clinical audit, evidencing their commitment to improving high quality patient-centred services. YAS continues to prioritise clinical audit. YAS participated in 100% of national clinical audits and in 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in. YAS has clearly demonstrated performance against the 'core' indicators (on which all ambulance trusts must report).

There is continued focus on patient safety and the way this will shape future service improvements. This is continuously monitored as part of the Commissioning for Quality and Innovation (CQUIN) scheme (999/PTS) and the monthly (999/111) Contract Management Boards (CMBs). In relation to reporting harms YAS demonstrates that ensuring patient safety is a key priority; encouraging staff to report incidents to enable investigation and to ensure lessons are learnt and shared to prevent recurrence.

It is acknowledged that YAS achieved the NHS Constitution service standards in 2013-14 but response times remain a challenge particularly in rural areas. It is hoped that there will be an increased focus on working in partnership with individual CCGs to improve CCG-specific response times through development of CCG-specific plans tackling localised reasons for poor performance. Performance is also hoped to be improved through continued work with care homes and implementation of a decision-support tool (Paramedic Pathfinder) to enable "right care, right place" will begin to improve adherence to agreed service standards.

Demand patterns are providing significant issues across some areas of the region.

YAS remains in the top half of the national performance profile.

YAS has taken the following actions to improve the quality of its services by:

- Implementing the A&E Workforce Plan for 2012-17 which includes significant recruitment to meet the "paramedic on every vehicle" aim along with recruiting emergency care assistants to support them.
- The YAS Clinical Leadership Framework has undergone review following implementation with some revisions to ensure clinical competencies are in place to support pathway referrals and avoid unnecessary admission to hospital.
- Actions to monitor and manage sickness absence.
- The Regional Turnaround Collaborative initiative has continued to work with its healthcare partners to reduce handover times in the emergency department.

YAS has evidenced the continued focus around patient experience. In 2013, a patient, staff and partner experience survey was launched which has helped inform and identify gaps in service delivery. It is hoped that patient and staff feedback will promote a positive way of learning and improving patient care. It should be highlighted that the Patient Experience Survey is split by geographical area which can be easily used by the general public to locate data relevant to the individual's location.

NHS East Riding of Yorkshire CCG and NHS Greater Huddersfield CCG commend the work being undertaken at YAS and as commissioners we will continue to work together in the continued steps for quality improvement.

Airedale, Wharfedale and Craven Clinical Commissioning Group (AWC CCG)

Overall, the YAS Quality Account is presented in an effortless format for patients and the public. The simple design enables the reader to absorb the information clearly and the pictorial elements allow for unproblematic understanding of the data displayed. It may be that YAS extends this format within the document and replaces some of the more comprehensive tables with charts to allow for the reader to gain a clearer understanding.

Throughout the paper there are good descriptors of the various assignments undertaken by YAS, which include audits, CQUINs, specific projects etc. The reader does gain strong knowledge of the exercises undertaken, however the outcomes and future plans, particularly in areas where it is evident that improvements are required, is insubstantial and in some cases deficient.

In regard to CQUIN 6, the declaration of underperforming response times for AWC CCG is digested as restrictive and generalised and disregards any action recovery plans. This element of the Quality Account is disappointing and offers no assurances to people living in and around AWC.

Throughout 2013-14 there has been a national shift towards patient experience and engagement which is reflected in all aspects of the NHS. It is disappointing that the Quality Account for YAS fails to use this opportunity to inform the general public of changes to practice and new introductions as a result of 'You said..... we did'. This would be a supreme means to alert the service-users to the importance of the patient voice.

There are, however, a number of areas throughout the paper where YAS has displayed superior and admirable modes of practice. Christmas is a particularly eventful time of year and YAS being ranked nationally within the top three of the 46 NHS 111 services is inspiring and must be congratulated on this achievement.

AWC CCG commend the team and recognise that incident reporting is a sensitive and challenging area, yet YAS has created an open reporting and learning culture.

To continue to accomplish 100% compliance in Infection Prevention and Control audits month on month is extremely impressive and emphasises the conscientiousness of the ambulance staff, AWC CCG is encouraged by the diligence of the team's efforts.

Safeguarding is a particularly complex and demanding area and together with the high volume of referrals to YAS, it is notable the service delivered is first-rate.

A further difficult and problematic field is that of falls, the establishment of a Regional Falls Network demonstrates excellent working and sharing of practice bestowing confidence in both staff and patients.

Kirklees Council's Well-Being and Communities Scrutiny Panel

The Scrutiny Panel has reviewed the Quality Account which included reference to the Department for Health's guidance. The Panel did not identify any additional priorities that had not been highlighted within the report. However the Panel did note that no reference has been made to a number of service reviews that are taking place which are likely to have an impact on the Yorkshire Ambulance Service and could have financial and resource implications. This includes: the new congenital heart disease review and the Calderdale and Huddersfield health and social care strategic review.

The Panel did note the reference to developing staff and extending the practice of paramedics. The Panel feel that this is an important issue, particularly in light of the potential changes in the way that urgent and emergency care may be delivered across Kirklees and Calderdale, and would like to have seen a greater emphasis and detail on the work being done to support and develop the role of paramedics.

The Panel felt that the report did highlight an on-going commitment to engage with staff, patients and the public. However it would have been helpful to provide more detail on the scale of involvement and engagement with patients and the public and to give this issue more prominence within the report.

The Panel felt that the report is put together well although the language in the report is at times difficult to interpret and would benefit from further work on providing some clear guidance to the reader when using acronyms and technical terms.

The Panel would welcome a continued dialogue with the Trust on its progress against the priorities outlined in the report and to have input from the Trust regarding the wider implications of the emerging proposals from the various NHS service reviews.

Healthwatch York

Healthwatch York welcomed the opportunity to review the Yorkshire Ambulance Service (YAS) Quality Account for 2013-14. We feel that the priorities identified for improvement are all areas which will help YAS improve its quality of care and meet the needs of patients in the future.

It is pleasing to note the importance that YAS places on learning and that feedback from complaints and concerns is used in the corporate induction. The involvement of staff, using information from the annual staff survey is also very welcome.

We welcome the positive culture of incident reporting and the high level of overall incident reporting which is important in encouraging openness.

It is good to see improvements to the experience of patients using the Patient Transport Service. Timely communication of confirmations using text messages and an online system are very positive steps towards improving the quality of the service.

The Quality Account is clearly presented and is generally easy to read. We very much welcome the inclusion of a comprehensive glossary to make the document more accessible for patients and the public.

Healthwatch Sheffield

Healthwatch Sheffield acknowledges the work done by YAS in 2013-14 and welcomes the opportunity to provide comments.

The document is clearly laid out and there appears to have been a genuine attempt to make it as understandable as possible, which is to be commended. We have asked that the Trust consider a summary or easy read version to accompany the report to further disseminate the information contained within. We are aware that this is something we and the former Sheffield Link have asked for in previous years and would welcome some on-going dialogue as to how this can be achieved.

In Priorities for Improvement 2014-15 we agree with these priorities and are pleased to note that so many of these relate directly to patient experience or safety.

We are pleased to see an emphasis on patient transport in the coming year, as this is an area that patients have told us they have sometimes had difficulties with, and would be keen to see action planning underpinning all of these six priorities.

We note that the Trust has been successful in meeting all but one of its targets in 2013-14. We would hope to see a plan for meeting the final action, and note that at the time of writing, detailed evidence of the achievement of these targets was not available to view, so do not feel qualified to wholeheartedly endorse this success.

We are concerned that Sheffield CCGs A&E operational performance is one of the lowest in the region, and hope to see some improvement in this area. We note that YAS has introduced Friends and Family Tests in patient transport in 2013 but note with concern that scores are not available.

We recognise that we are just one of the 13 Local Healthwatch within YAS's area and can report that we only received one piece of negative feedback from the public during 2013-14. This was communicated to YAS at the time, and resolved to the satisfaction of the complainant.

Finally, we are pleased to see the continuation of the glossary and patient stories from last year, which contribute to the document's user-friendly feel, and appreciate the stories from members of staff which further enhance this.

Health Select Commission, Rotherham MBC

The priorities are patient-focused and YAS needs to ensure these result in measurable improved outcomes across the three quality domains, building on improvements that have taken place during 2013-14.

Referring back to the HSC's original input, which highlighted the importance of the NHS 111 service and performance measures, it would be good to see some indication of patient feedback/ satisfaction with the service included, as the Quality Account mentions the feedback mechanisms in place to capture this.

Also to reiterate from the original input:

YAS has demonstrated its willingness to make changes and to continue to engage with patients, the public, staff and other stakeholders to inform service development and improvements.

Healthwatch Bradford and District

YAS is to be congratulated for producing a clearly written and attractively laid out Quality Account (QA).

YAS has a good reputation for community engagement. One example of this is that the final version of last year's QA incorporated a number of improvements addressing comments that had been made by ourselves and other local Healthwatch groups in the region on the draft QA that had been previously circulated. For example, the geographic breakdown of data by CCG area and also the breakdown of concerns and complaints received were very welcome as is the inclusion of these in this year's QA.

We are obviously concerned that waiting times in the Airedale Wharfedale and Craven CCG (along with Hambleton, Richmond and Whitby) are the worst in the region and we hope that efforts to improve these are successful.

We were disappointed in the response of staff to the Friends and Family question and consider this a major cause for concern (even though we recognise that the response appears to be the same as the national average). The low morale of staff throughout NHS services is worrying to us - we believe that staff who are confident that their work produces quality outcomes are usually, in fact, delivering high quality care.

We were also disappointed to see no reference to the concerns of trade unions within YAS that have been reported in the media – these concern the training given to Emergency Care Assistants and the changes in the working hours break regime. We hope that systems are in place to demonstrate that there is no reduction in the quality of care following these changes to working practices.

Once again we must point out that all published patient stories are positive. As we said last year unambiguously positive stories contain no learning messages other than reinforcement of existing practice. However, it must be said that the stories provided are not at all bland (as some we have seen in other QAs) and do give real information about good practice that has been achieved and highlight the importance of maintaining such practice.

There is much to be positive about in this QA. The upgrading of vehicles is very welcome. We are pleased at data showing better than average care provision to STEMI and stroke patients.

However there are also disappointments. Delays in the (non-emergency) Patient Transport Service continue to be a problem. Red 2 response times are worse this year.

We were interested in the information about the 111 service but not all of this was available in the draft provided – so we are not really in a position to comment. (We should emphasise that this is not the fault of YAS but is a consequence of the NHS England imposed timetable for the publication of QAs). We look forward to commenting next year. We would particularly be interested in learning about progress to make the 111 service available to deaf users.

We agree with the comment made by Healthwatch Sheffield last year that it would be useful to publish some of the detail of the changes achieved by the executive and associate directors Listening Watch exercises.

The data on adverse incidents is very welcome - it would be useful to see this expanded eg, average monthly figures for this year compared with previous years. Also it would be useful to have further comment on the detail of this for example is any reason known for the increase in serious incidents in October?

Similarly, patient experience data is very useful and it would be useful to have further comment on the detail of this, for example, is any reason known for the drop in satisfaction level in November?

Are the criteria governing whether or not a patient escort is thought appropriate being reviewed in view of this being a source of negative feedback?

Wakefield Council's Adults and Health Overview and Scrutiny Committee

The Adults and Health Overview and Scrutiny Committee has engaged with the Trust to review and identify quality themes and issues that members believe should be both current and future priorities. This has included a specific meeting with the Trust on progress against the areas of improvement identified in the 2012-13 Quality Account and suggested areas for improvement for consideration in the 2013-14 Quality Account. This allowed consideration of any potential issues that may have been of concern and has helped the OSC build up a picture of the Trust's performance in relation to the Quality Account.

In addition, members of the OSC spent an afternoon at the YAS Emergency Operations Centre, which provided useful insight into emergency operations, including the A&E response service and the handling and management of 999 calls.

In order to develop the Quality Account, the Trust contacted the OSC to ask for their opinions and views on the potential content of this year's Quality Account. On the basis of this dialogue and engagement, together with the wide range of stakeholder involvement, the Committee is assured that the identified priorities are in concert with those of the public and the Trust has adequately demonstrated that they have involved patients 'and the public in the production of the Quality Account.

The Committee believes the layout of the Quality Account provides relevance and clarity to both a professional and public audience.

In terms of the YAS Quality Account the OSC focused on two particular areas:

- **Patient Safety** - members received a presentation from YAS on their safety thermometer, which is a local tool for measuring, monitoring and analysing patient harms and 'harm free' care
- **A&E Performance** - including ambulance response times, ambulance handovers.

The Committee's focus on patient safety has been a key element of the overview and scrutiny work programme over the last 12 months. Members therefore welcome the commitment by the Trust to harm-free care through the development of a patient safety thermometer. The objective must be to reduce patient safety incidents by increased reporting and by building a safety culture that is open and fair, and to foster an environment where the whole organisation learns from safety incidents and where staff are encouraged to report and proactively assess risks.

The Trust's commitment to this is evidenced through the development of a positive culture of incident reporting where staff are aware of how they can report incidents 24/7 via the Trust's internal intranet or via the telephone incident reporting line during office hours.

The Committee remains concerned regarding ambulance turnaround times which has continued below target. The timely handover of care between ambulance services and Accident and Emergency services is essential in order to secure the delivery of high quality patient care. Delays not only indicate inefficiencies within the system, but have the potential to negatively impact on patient outcomes and result in a poor experience of care.

The Committee welcomes the implementation of findings from the patient experience survey to improve quality. In particular, the West Yorkshire CQIUN aimed to improve patient and carer experience of the Patient Transport Service. Members have received some negative feedback so are therefore pleased to see improvements to the PTS booking process.

The Committee believes that the Trust's commitment to developing public access to defibrillator schemes is an excellent example of service innovation that will not only save lives but will also greatly improve the patient experience for patients in more remote areas of the district. The Committee would like to see this scheme extended to local communities within urban conurbations and be more widely publicised.

The Committee's recent scrutiny of Dementia Services highlighted examples within nursing and residential care homes regarding admissions to acute settings and the need for appropriate alternatives, where necessary. The Committee therefore welcomes the reference in the Quality Account to the CQUIN goal of collaborative working with nursing and residential care home providers to create safe models of care for patients, including alternatives to 999.

Volunteer Insight

"I retired from my day job in November 2010 and a colleague, who had been a Community First Responder (CFR) for some years, told me about the role and got me interested.

Volunteering keeps me active and gives me something to focus on. I also like to think that I am in a position to help someone if they need it. I also like working as part of a team, keeping in touch with people and supporting fellow CFRs in our scheme.

I find that the support from YAS, with regard to training and support after a difficult or stressful job, to be excellent.

Every job is different; you meet and try to help lots of different people. As a CFR there are some jobs where you are not required to carry out a specific task, but you can talk to the patient, reassure them, and be ready to assist when the crew arrives."

Graham Cliff,
Community First Responder

Annex A: Statement of directors' responsibilities for the quality report

Directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare quality accounts for each financial year.

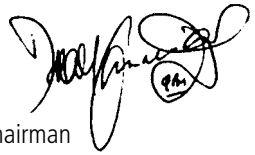
Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013/14; the content of the quality report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2013 to June 2014
  - papers relating to quality reported to the Board over the period April 2013 to June 2014
  - feedback from commissioners dated 27/05/14
  - feedback from local Healthwatch organisations dated 23/04/2014
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 06/05/2014
  - national patient survey N/A to ambulance sector
  - national staff survey 2013
  - the head of internal audit's annual opinion over the Trust's control environment dated June 2014
  - CQC quality and risk profiles dated April 2014.
- the quality report presents a balanced picture of the NHS trust's performance over the period covered
- the performance information in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the quality report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board



Chairman

Chief Executive

3 June 2014

MAKING THE NEWS 24/7

AMBULANCE CHARITABLE FUND DONATES COMMUNITY MEDICAL UNIT

Thanks to funding from the Yorkshire Ambulance Service Charitable Fund, a new Community Medical Unit has opened its doors to provide additional clinical support at busy locations.

Staffed by an Emergency Care Practitioner and Emergency Care Assistant, the mobile unit has been developed to incorporate a clinical assessment/treatment area and waiting area for patients. It is equipped to the same level as an ambulance.

It aims to provide on-scene medical treatment for patients with minor injuries and illnesses to free up ambulances to deal with more seriously ill patients and relieve pressure on busy hospital emergency departments.

Operating and Financial Review

Operational Review

Strategy Development

The rising demand for healthcare services from a population that is getting older and has more complex healthcare needs is placing considerable pressure on the current emergency and urgent care system. Responsive, effective and personalised services outside of hospital for those people with urgent but non life-threatening conditions are required to ensure they receive the right advice and treatment in the right place at the right time.

The Keogh Review identified the significant and unique role ambulance services can play in managing patients closer to home with enhanced paramedic skills and the provision of NHS 111. These are at the centre of a whole-system planning approach focused on addressing the healthcare needs of local communities. Sharing information between different agencies including details of patient treatment, medication and individual care plans and active participation of patients in decisions regarding service design and healthcare choices are central improving decision-making and patient outcomes.

As the largest single gateway to healthcare services across Yorkshire and the Humber, the ambulance service is already demonstrating that it has the skills and capability to triage and signpost patients appropriately across the whole health economy through both the 999 and 111 services, whilst also gathering information to identify where gaps exist in local services in order to inform future commissioning decisions.

The proliferation of technology such as smart phones and tablet computers is also a powerful catalyst for change allowing us to improve our delivery of healthcare services and reach greater numbers of patients in community and home settings.

Our two-year Operating Plan and five-year Integrated Business Plan outline our ambitions, aspirations and plans to deliver world-class care for the local communities we serve through providing an ambulance service for Yorkshire and the Humber which is continually improving patient care, always learning, spending public money wisely and setting high standards of performance.

In developing our strategy we have actively engaged with patients and partners in health and social care as well as taking account of key themes within national strategies that are relevant to our services, people and communities. The include NHS England planning guidance 'Everyone Counts', the Health and Social Care Act 2012, the Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry (the Francis Report), the Sir Bruce Keogh Review 'Transforming Urgent and Emergency Care' and the new Care Quality Commission (CQC) inspection regime. Locally we have focused on the priorities and plans of clinical commissioning groups, Healthwatch, health and wellbeing boards and urgent care boards.

Our plans and mission 'Saving lives, caring for you' focus on our commitment to quality and ensuring we deliver safe, effective, caring, well-led and responsive services to the communities we serve.

Our supporting strategies including workforce, clinical quality, information technology, fleet and estate, provide the necessary drivers to deliver the best possible care for our patients and support the concept of working in new ways to deliver the highest quality services.

This will be achieved by improving frontline clinical skills, giving staff access to advice, technology and information to aid decision-making and ensuring that our estate and fleet guarantee that patients have timely access to services in a safe and clean environment. The quality of our services and the care we provide to our patients will continue to be our utmost priority in the years ahead.

We understand that the current economic outlook continues to provide significant financial challenges. Our long-term financial strategy is therefore focused on ensuring that we have financial resilience to enable us to invest in service transformation, service developments and clinical quality.

Service Performance

During 2013-14 we made significant progress and improvements against many of our objectives. These include:

- Improving both overall performance and national benchmarking for Ambulance Quality Indicators (AQIs) including stroke care and calls managed through telephone advice.
- Achieving delivery against the Red 1 and Red 2 national performance standard to reach 75% of our most urgent patients in eight minutes.
- Embedding NHS 111 across Yorkshire and the Humber, Bassetlaw, North Lincolnshire and North East Lincolnshire.
- Delivery of our statutory financial duties.

Over the course of the year we have worked closely with our commissioners and other healthcare providers to ensure patients are cared for in the most appropriate setting. By continuing to develop our Clinical Hub and providing our frontline clinicians with access to improved information regarding local health care services we have been able to increase the numbers of patients treated through telephone advice or at scene from 25% to just under 30% of our calls.

We have continued to underline our commitment to improving the quality of care we provide for our patients through the successful delivery of a number of CQUIN schemes. These schemes included working with care home staff to improve their understanding of patient pathways, providing public information regarding

appropriate use of ambulance services, improving patient safety, evaluating the benefits of deploying community medical units within city centres during evening and weekend periods and improving response times and outcomes for patients living in rural areas.

Our commitment to improving the quality of our PTS provision saw the introduction of new staff rotas in South Yorkshire, to better match vehicle and staff availability to times of peak patient demand. These changes were accompanied by the reconfiguration of roles and structures within the planning and scheduling to improve our call-taking response and journey planning and the beginning of a major investment to modernise our PTS vehicle fleet.

2013-14 was the first year of operation for our NHS 111 service, which commenced in March 2013. During the year the service received 1.10m calls and achieved one of the call best response rates when compared to other services nationally.

We have continued to strengthen our financial performance and financial governance arrangements during the year, which has enabled us to deliver our statutory financial targets in each of the last three years. We have achieved our planned surplus of £2.6m for the year, in line with Department of Health guidance that NHS provider organisations deliver a surplus in excess of 1% of income.

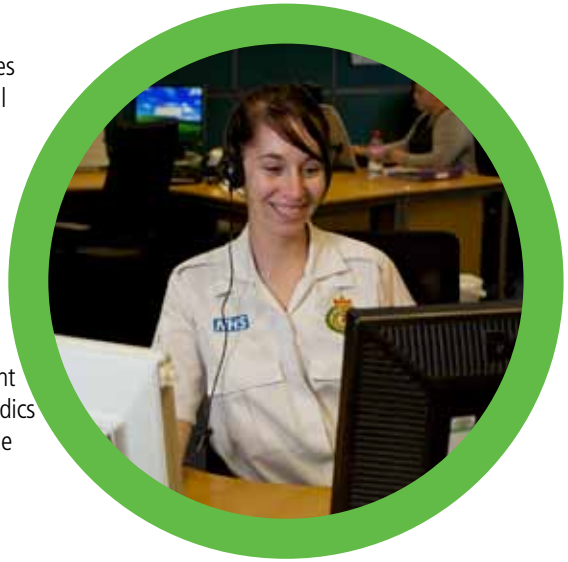
These achievements have been made against a continued increase in demand, responding to 3% more A&E incidents than 2012-13 and the requirement to deliver c£10m of efficiency savings in line with national public spending constraints.

Looking forward to 2014-15

To support the delivery of our strategy in an increasingly competitive and financial constrained environment, we are implementing significant changes across a number of service areas focused on improving patient outcomes and service quality, delivering value for money and strengthening our business and commercial capabilities.

Our two-year Operating Plan for 2014-15 and 2015-16 approved by the Board in March identifies the priorities, risks and milestones for the organisation over the next two years and provides the foundation for our five-year Integrated Business Plan. Key developments within this plan include:

- Improving availability of ambulance services at peak times of demand and in more rural areas. We have recently introduced new operational rotas across Yorkshire and the Humber and work will continue to embed these changes during early 2014-15.
- Developing our urgent care offering to reduce inappropriate admissions to emergency departments. This includes increasing the number of community urgent care paramedic schemes, whereby paramedics with enhanced clinical skills work alongside GPs and other primary care providers to support and manage patients care within their local communities and developing managed care pathways such as frequent caller case management which identifies frequent callers to the emergency ambulance service who require help, but not necessarily assistance from our A&E staff.
- The deployment of the Electronic Patient Record System (ePRF) and Paramedic Pathfinder clinical decision-support tool will be a key enabler of integrated digital health and social care records and supports our strategy to ensure patients are treated in the most appropriate care setting.
- Delivering further improvements in arrival and collection times across the county for patients using our Patient Transport Service. The various strands of this programme include fleet modernisation, expanding volunteer driver numbers and implementation of new staff rotas to better match resources to peak periods of demand.



- Improve our response for Return of Spontaneous Circulation for those patients suffering cardiac arrest by rolling out the successful 'Red Arrest' pilot programme carried out in Hull to improve adherence to Resuscitation Council guidelines for cardiopulmonary resuscitation (CPR) and to establish the impact of the presence of a clinical supervisor at all pre-hospital cardiac arrests. This will be supported by further expansion of the number of Community First Responder Schemes and static defibrillators located in public places.
- Further improve NHS 111 and West Yorkshire Urgent Care Service delivery and play an active part in the national review of the NHS 111 clinical service specification from 2015-16 and to seek opportunities to support local care co-ordination and single points of access for health and social care services.
- Development of Urgent Care Transport and inter-facility transport solutions to ensure timely and appropriate transport is available to convey patients including GP urgent, discharge and falls services.
- Improve staff engagement and development focused on embedding our values and objectives, enhancing feedback opportunities and supporting development of our clinical staff through the introduction of a new clinical leadership and supervision model.

Financial Performance

During 2013-14 we continued to improve our financial performance by delivering a financial surplus of £2,633,000 whilst achieving 97.6% of our Cost Improvement Programme target and achieving all our statutory financial duties. We also made further progress in our compliance with the Better Payment Practice Code which monitors the time it takes to pay our suppliers.

Income and Expenditure

We planned to realise a retained surplus of £2,600,000 in 2013-14 and delivered £2,633,000. We maintained appropriate control of expenditure in the period whilst achieving 92.8% of our Cost Improvement Plan on a recurrent basis.

We made a technical adjustment to our accounts for an impairment of £110,000 relating to in-year land and property revaluations, and in respect of donated assets totalling £28,000, giving an adjusted retained surplus of £2,771,000.

We are planning to deliver a surplus of £2,908,000 in 2014-15.

Income

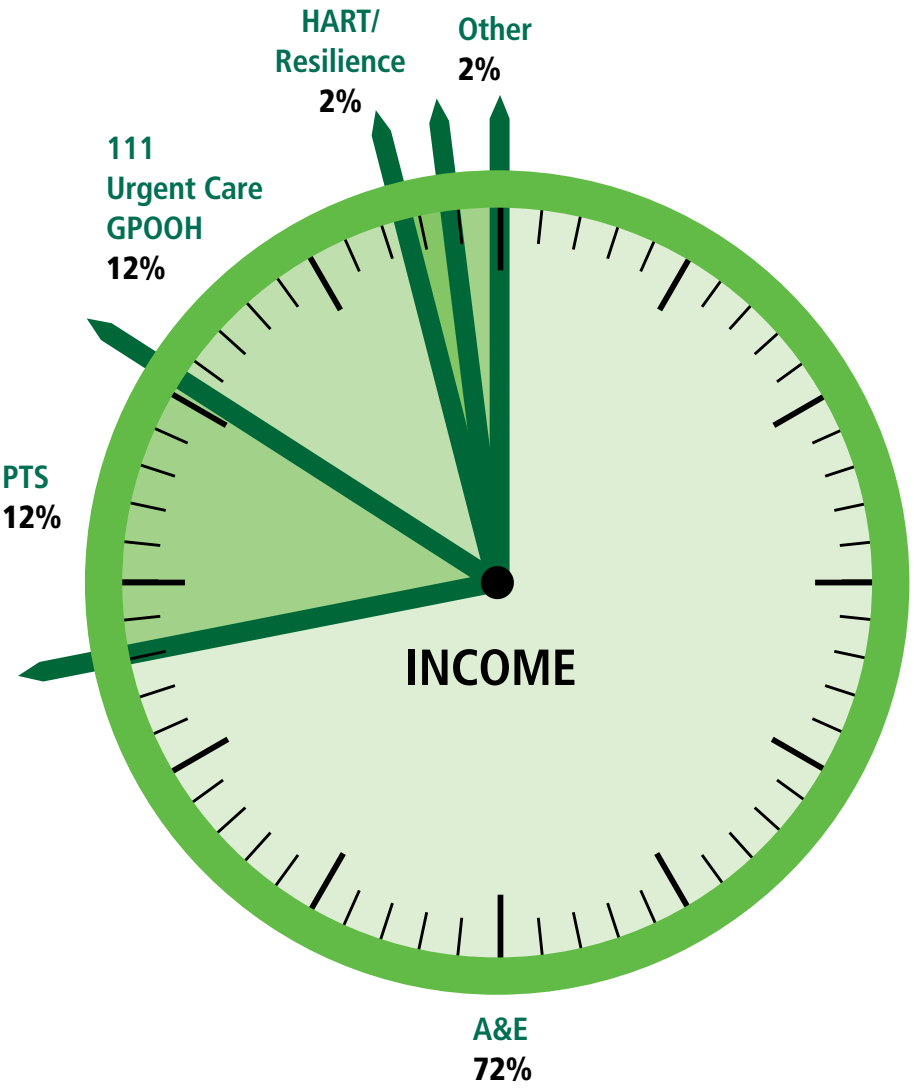
We recognised income of £233,384,000 in 2013-14. This is £23.6m higher than income received in 2012-13 due to the full year effect of the NHS 111 service which commenced in March 2013.

The financial plan for 2014-15 projects income to be £232,023,000 before any growth in A&E demand.

Achievement of Financial Duties

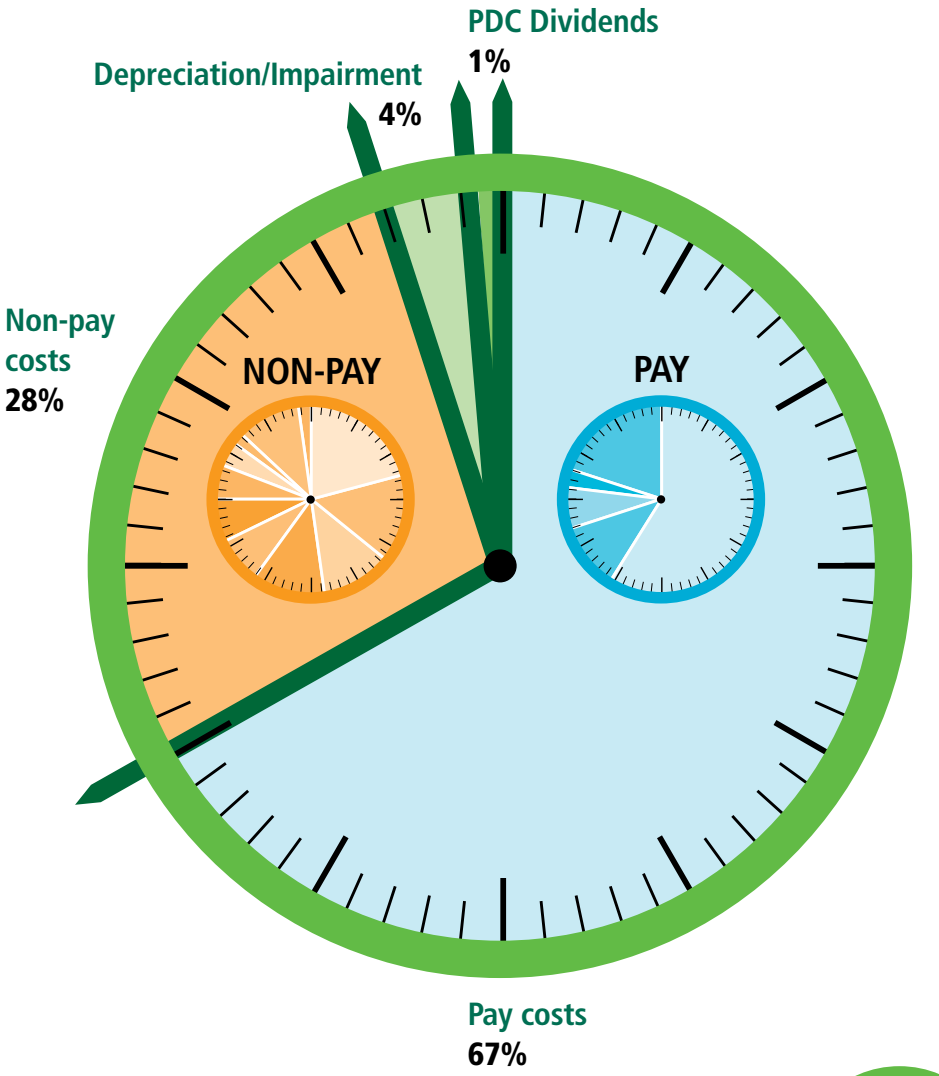
Financial duty	2011-12	2012-13	2013-14
Income and expenditure breakeven	✔	✔	✔
Capital resource limit duty	✔	✔	✔
External finance limit duty	✔	✔	✔
Better Payment Practice Code duty	✘	✘	✘
Capital cost absorption duty	✔	✔	✔

2013-14 Income



2013-14 Expenditure

We spent £230.6m on revenue items in 2013-14 which is £23.4m higher than 2012-13.



Pay by expenditure type:	%
A&E	59
PTS	11
111/Urgent Care/GPOOH	7
HART/Resilience	3
Support functions	20

Non-pay by expenditure type:	%
Urgent Care services commissioned from other organisations	21
Vehicles	15
Transport	12
Depreciation/Impairment	12
Consumables	8
Estates	7
IT	6
Insurance	4
Travel	2
Other	11
PDC Dividends	2

Operating and Financial Review

Cost Improvement Plans

We planned to achieve £10,909,000 savings in the year equating to 4.6% of our planned income and actually realised savings of £10,643,000 (97.6%). We achieved 92.8% of these savings recurrently in 2013-14. The balance was non-recurrent savings which will have to be found recurrently as part of the £10.35m cost improvement plan for 2014-15.

Capital Expenditure

The Trust's Capital Resource Limit (CRL) was set at £13,672,000 for 2013-14, which included a Hazardous Area Response Team (HART) building. We spent £13,754,000 on capital expenditure and received of £196,000 for assets sold, which had a net book value of £91,000. We therefore achieved the CRL target with an £9,000 underspend.

Cash/External Financing Limit (EFL)

The EFL is in effect a limit on the Trust's cash balance, restricting its use of external funding. This year there was an anticipated increased cash balance of £3,295,000 and therefore a reduction in the EFL of this amount. The difference between the closing and opening cash balance (£10,142,000 and £6,845,000 respectively) was £3,297,000 which meant the Trust had £2,000 more cash than planned and therefore undershot the EFL, thereby achieving this target.

Capital Cost Absorption Duty

The Capital Cost Absorption Duty measures the return the Department of Health makes on its investment in the Trust and is set at 3.5% of the average carrying amount of all assets less liabilities, less the average daily cash balance in the Government Banking Service or National Loans Fund accounts. The average relevant net assets figure for the period was £54,264,000. The public dividend capital reflected in the accounts was £1,898,000 which equates to 3.5% thereby achieving the target.

Better Payment Practice Code (BPPC)

Current trade creditors have reduced by £771,000 to £579,000 at the end of 2013-14. This improved performance is borne out by the associated improvements against the BPPC whereby the number of invoices paid within 30 days has increased from 89% to 93% for non-NHS payables. An invoice scanning system was introduced during 2013-14 and with full use over a complete financial year, plus improvements in the purchase-to-pay system, achievement of the 95% target should be seen in 2014-15.

Pensions Liabilities

For employees who are members of the NHS Pension scheme, contributions are deducted from pay and added to employer contributions. Both elements are paid over to the NHS Pensions Agency, which administers the scheme, one month in arrears.

At the end of the year, we have accrued £2.012m in our balance sheet for March contributions. Details of the accounting policy on pensions costs can be found in the full Accounts for the year at Note 10.6. Pension entitlements in respect of senior managers are contained within the Remuneration Report that follows.

External Auditor's Remuneration

In addition to their audit work, we paid our external auditors £9,000 to review our Quality Account.

Sickness Absence Data

Each year the Department of Health publishes sickness absence figures for the Trust.
The number of days lost to sickness absence between January and December 2013 was 52,887 which equates to an average of 13.2 sick days per Full Time Equivalent (FTE).

Cost Allocation and Charges for Information

In charging for the services the Trust has delivered, it has complied with HM Treasury guidance on Managing Public Money to recover full costs.

Exit Packages and Severance Payments

Payments the Trust makes in relation to exit packages and severance can be found in the full Accounts at Note 10.4.

Off-payroll Engagements

For all off-payroll engagements as of 31 March 2014, for more than £220 per day and that last longer than six months:	Number
Number of existing arrangement as of 31 March 2014	8
Of which, the number that have existed:	
for less than one year at the time of reporting	6
for between one and two years at the time of reporting	1
for between two and three years at the time of reporting	0
for between three and four years at the time of reporting	0
for four or more years at the time of reporting	1

For all new off-payroll engagements between 1 April 2013 and 31 March 2014, for more than £220 per day and that last longer than six months:	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2013 and 31 March 2014	11
Number of new engagements which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations	0
Number for whom assurance has been requested	9
Of which:	
assurance has been received	9
assurance has not been received	2
engagements terminated as a result of assurance not being received	0

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year	2
Number of individuals that have been "board members, and/or senior officers with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements	2

Governance Statement

1. Scope of responsibility

The Board is accountable for internal control. As Accountable Officer, and Chief Executive on this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

I am supported in my role as Accountable Officer by a clearly defined management structure and governance arrangements, as described in the Trust's Integrated Business Plan. The Executive Director Portfolios and associated management structures have been refined during the year, to ensure effective strategic and operational leadership and to provide greater clarity on accountability across all areas of Trust business.

The corporate risk management framework is set out in our Risk Management and Assurance Strategy. I ensure that this document, which describes our strategic approach to the processes and monitoring arrangements for managing risk, is reviewed and updated on an annual basis. The strategy describes the Trust risk management system and the mechanisms for providing the Trust Board with assurance that risks are managed efficiently and effectively.

The Trust has met with the NHS Trust Development Authority and our lead clinical commissioning groups for 2013-14 on a regular basis to provide assurance that both the national and local targets are being met and that risks are mitigated to tolerable levels. The Trust works with its partners through membership of clinical networks across Yorkshire, contractual arrangements with other NHS providers, membership of resilience forums and active liaison with local scrutiny committees and local Healthwatch organisations. The Trust has also engaged extensively with individual clinical commissioning groups, urgent care working groups and other local health economy forums.

2. The governance framework of the organisation

The Trust Board adheres to and is compliant with, the principles outlined in the HM Treasury/ Cabinet Office Corporate Governance Code, which are pertinent to NHS providers. The Board recognises its accountabilities and provides leadership within a framework of prudent and effective controls which enables risk to be assessed and managed.

The Board sets the strategic aims for the organisation and ensures that resources are in place to meet its objectives. It receives reports at each meeting on the principal risks and associated actions as detailed in the Trust's Board Assurance Framework, through a combination of risk management reports and reports from the Board sub-committees.

The Trust Board meets on a two monthly basis and consists of; the Chairman and five other Non-Executive Directors (NEDs), the Chief Executive Officer, the Executive Director of Finance and Performance, and four other Executive Directors (three voting and one non-voting). A non-voting Non-Executive Director (designate) also attends Board meetings. In addition, the Board functions are co-ordinated and supported by the Trust Secretary. The Board is primarily responsible for:

- Formulating strategy - vision, values, strategic plans and decisions
- Ensuring accountability - pursuing excellent performance and seeking assurance
- Shaping culture - patient focus, promoting and embedding values
- Engagement with internal and external stakeholders to support delivery of Trust aims and objectives.

Over the year, the Trust Board has continued to assess its own effectiveness and develop its ability to focus on strategic issues whilst assuring itself of the performance of the whole organisation. It has achieved this by the following:

- A co-ordinated work plan across the Board and its sub-committees, to ensure a focus on key decisions and governance dates during the year
- Regular Board strategic development sessions, in addition to the bi-monthly public meetings, to cover key strategic and development issues which have included:
  - Our Foundation Trust application
  - The Trust's five-year integrated Business Plan and Operating Plan
  - Strategic development of the Trust including stakeholder engagement, workforce and leadership development, the Emergency and Urgent Care Review, commercial development, ICT strategy, estates strategy
  - Financial priorities
  - Quality governance including consideration of the Mid-Staffordshire NHS Foundation Trust public inquiry
  - Board governance and committee arrangements
  - Risk management including risk management information flows and business continuity arrangements
  - Development and review of Board effectiveness, including Healthcare Financial Management Association (HFMA) finance training for Board members and facilitated team development.

Attendance sheets are signed by Board members at every meeting and attendance is recorded in the minutes, with apologies noted. In an executive director's absence a nominated associate director attends. Attendance at Board meetings is monitored by the Trust Secretary on behalf of the Chairman. During the year no notable exceptions warranted action by the Chairman or Chief Executive as appropriate.

Governance Statement

This year, as an aspirant Foundation Trust (FT), the Trust has submitted monthly assurance statements on the stipulated areas of governance to the NHS Trust Development Authority (TDA) and the Board has regularly reviewed the evidence underpinning these statements to assure itself of their accuracy. In addition, the Trust Executive Team has met on a monthly basis with representatives of the NHS TDA to review the current position and provide assurance on specific issues as required.

During 2012-13 the Trust continued to commission external assessments in relation to its quality governance arrangements. These assessments have supported the Trust in strengthening its governance arrangements, with the most recent governance rating score of 3.0 against a Monitor requirement of a score of < 4.0. A further assessment conducted by the Internal Audit Service was commissioned in 2013-14 and is due for completion in Quarter 1 of 2014-15.

The Trust arrangements for quality governance are fully aligned to the requirements of the Foundation Trust Quality Governance Framework and ensure compliance with the Essential Standards of Quality and Safety.

The Trust successfully completed phase two of the Foundation Trust Historical Due Diligence exercise during 2012-13. The Trust Executive Team developed and implemented an action plan to address areas of identified weakness, in anticipation of the next stage of the FT authorisation process.

During the year representatives of the NHS TDA have observed the Board and its committees to gain assurance on the rigour of Trust governance processes. Key areas of financial and quality governance have also been subject to NHS TDA review and the Trust has acted on the feedback received as a result of these exercises. No significant concerns were highlighted as a result of these exercises and the overall conclusion was that the Board and committees were operating effectively. General feedback from the exercise has been used alongside the Board's ongoing self-assessment of its effectiveness to inform future development.

A Clinical Quality Strategy sets out the priorities for clinical quality and this is underpinned by an annual implementation plan covering the key work streams.

Quality is a central element of all Board meetings. The Integrated Performance Report focuses on key quality indicators, and this is supplemented by more detailed reports containing both qualitative and quantitative information on specific aspects of clinical quality.

The Board and Quality Committee regularly review issues, learning and action arising from serious incidents, other incidents and near misses, complaints and concerns, serious case reviews, claims and coroners' inquests. During the year no nationally-defined 'Never Events' have occurred as a result of Trust care or services.

The Trust's Quality Account is developed through a process of extensive consultation both internally and with external stakeholders. In 2013-14 a workshop facilitated by the Trust's external auditors also supported further development of the Quality Account, drawing on best practice from across the NHS. The Quality Account for 2013-14 have been reviewed by the Trust Executive Group, the Board and its committees. The final document has also been subject to Internal and External Audit scrutiny in line with Monitor guidance.

The Trust Board has been underpinned throughout 2013-14 by five key committees/ management groups:

- The Audit Committee (see Section 5)
- The Finance and Investment Committee
- The Quality Committee
- The Trust Executive Group; and
- The Senior Management Group.

In addition, the Remuneration and Terms of Service Committee advises the Trust Board about appropriate remuneration, terms of service, contractual arrangements and performance evaluation for the Chief Executive and other executive directors. The Charitable Funds Committee also supports the Board in discharging its responsibilities as trustees of the Trust Charitable Funds.

The Finance and Investment Committee (F&IC) was introduced from May 2011, following a review of Trust committees conducted in 2010-11. The F&IC is a formal committee of the Trust Board and is chaired by a non-executive director.

The Committee includes three non-executive directors, the Executive Director of Finance and Performance, the Chief Executive and senior managers. The Committee undertakes objective scrutiny of the Trust's financial plans, investment policy and major investment decisions, and as such plays a pivotal role in financial risk management. It reviews proposals for major business cases and reports on the commercial activities of the Trust, and also scrutinises the content and delivery of the Trust cost improvement programme.

The Quality Committee was introduced as a committee of the Board in March 2012 following a comprehensive review of corporate governance arrangements. The Quality Committee consists of three non-executive directors, the Executive Director of Standards and Compliance, Executive Medical Director, Executive Director of People and Engagement and senior managers. The Committee undertakes objective scrutiny of the Trust's clinical governance and quality plans, compliance with external quality regulations and standards and key functions associated with this, including processes to ensure effective learning from adverse events and infection prevention and control. A key element of this work is scrutiny of the quality impact assessment of cost improvement plans and other service developments. The Committee also supports the Board in scrutinising and gaining assurance on risk management, workforce governance, health and safety and information governance issues.

Governance Statement

During 2013-14 the Board further reviewed the function of its committees, to ensure rigorous scrutiny of the management of key risks in the Board Assurance Framework and Corporate Risk Register, and the effective flow of information on key risks between the committees and Board.

In 2013-14 the Quality Committee and Finance and Investment Committee also held a joint meeting to facilitate detailed review of the major cost improvement schemes from both a finance and quality perspective. This exercise will be repeated on a six-monthly basis during 2014-15, in relation to cost improvement schemes and other specific areas of joint interest.

In early 2014 the Board committees have undertaken detailed reviews of their effectiveness, through workshops facilitated by the Internal Audit service. The exercise for the Board itself will be completed in June 2014. The exercises completed to-date have concluded that the Board committees are fulfilling their duties effectively. The reviews have also identified a number of recommendations for changes to terms of reference or working practices which will be implemented during 2014-15 to further strengthen the Board and committee functions.

During the year the Chairman and Non-Executive Director chairs of the Finance and Investment Committee and Quality Committee facilitated a national ambulance service workshop in relation to key Board committees. This provided a valuable opportunity to benchmark the Trust's arrangements with those in other organisations, to gain positive assurance on the effectiveness of current Trust systems and processes and to learn from others.

The Trust Executive Group (TEG) meets fortnightly and is accountable for the operational delivery of objectives set by the Trust Board. The primary functions of TEG include; management of organisational governance, investment and disinvestment, performance delivery, including delivery of cost improvement programmes, horizon scanning, strategy and policy development, interpretation and implementation, and stakeholder and partner engagement. The Chief Executive Officer, as Accountable Officer, presents a progress report from the TEG to each meeting of the Trust Board.

The Senior Management Group (SMG) reports to TEG, consists of the executive directors and associate directors and is chaired by the Chief Executive. The SMG provides TEG with assurances on governance and compliance on areas of delegated responsibility, including; monitoring and review of performance in relation to operational, quality, workforce and financial objectives, identification and management of key risks, including review of the Board Assurance Framework and Corporate Risk Register, action to address key risks to delivery and on operational issues and problems, overseeing delivery of the Trust service transformation programme and cost improvement programme, and contributing to the development of strategy and policy.

Throughout 2013-14 the SMG has been routinely provided with risk management information and assurance from:

- Operational management groups in the Accident and Emergency, Patient Transport and NHS 111 services.
- Risk and Assurance Group (including Information Governance)
- Health and Safety Committee
- Clinical Governance Group (including IP&C)

Towards the end of the year, the Trust initiated a development programme for directors and senior managers, together with a review of the TEG and SMG functions to identify further opportunities to strengthen and streamline the arrangements. This will be completed during 2014-15.

To strengthen the management of key Trust change programmes and projects aligned to the five-year business plan, the Trust established a Transformation Programme Management Group. This group commenced work in April 2012, with executive leadership and non-executive director involvement and has continued to operate during 2013-14. The group provides regular reports on progress to the Trust Board and Quality Committee. The focus and governance of the service transformation programme have been subject to significant review at the close of 2013-14, in order to ensure clarity of purpose and full alignment to the updated Operating Plan objectives for 2014-15.

As Chief Executive Officer (CEO), I lead on the maintenance of an effective risk management system within the Trust, for meeting all statutory requirements and adhering to guidance issued by the Department of Health in respect of governance. Leadership is also provided by the directors and managers at all levels in the managerial hierarchy, who ensure that effective risk management is implemented within their areas of responsibility.

The Executive Director of Standards and Compliance has lead responsibility for managing the development and implementation of risk management (excluding financial risk management) and integrated governance. The Director routinely provides the Trust Board, the Quality Committee, Audit Committee and other management groups with expert advice and reports on risk management and assurance. The Director ensures that the Board has access to regular and appropriate risk management information, advice, support and training where required.

The Executive Director of Finance and Performance has lead responsibility for financial risk management. The Director advises the Trust Board, the Audit Committee and Finance and Investment Committee, the Trust Executive Group and Senior Management Group on an on-going basis, about risks associated with the Trust's financial procedures, and the financial elements (capital and revenue) of its activities, through the integrated governance framework.

The Executive Medical Director has lead responsibility for clinical risk management, ensuring that all clinical procedural documents are maintained and current. The Director advises the Trust Board, Quality Committee, Clinical Governance Group, and other management groups as appropriate, on risks associated with the Trust's clinical procedures and practices.

The Trust has developed and delivered a range of risk management training programmes and other education and development initiatives to all grades of management and staff, where applicable.

The Standards and Compliance Directorate has established monitoring arrangements to ensure that, in addition to learning lessons from adverse events, a proactive approach is also taken to learning from examples of good practice. A programme of internal 'Inspections for Improvement' provides objective assurance and support for department managers on key areas including health and safety, infection prevention and control and information governance.

Arrangements are in place through Board and committee review to confirm that the Trust discharges its statutory functions. The Trust is satisfied that it has been compliant with these functions during 2013-14.

3. Risk assessment

Risk assessment is the overall process of risk identification, risk analysis and risk evaluation. The process assists the Trust to manage, reduce or eradicate identified risks in order to protect the safety of patients, staff, visitors and the organisation as a whole. The identification of risk takes many forms and involves both a pro-active approach and one which reviews risks retrospectively. Therefore Trust risk assessment is a dynamic process.

Risks are identified proactively by the Board and Senior Management Team as part of the five-year and annual business planning cycles.

As part of this process the Board assesses its overall risk profile, taking into account the key business risks, Trust capacity and capability to address these, and the Board's appetite for risk including the target residual risk.

This information informs the Board Assurance Framework and its use during the year by the Board and its committees.

In addition, risks can be identified on a daily basis throughout the Trust by any employee. The identified risks vary significantly in scope, content, likelihood and impact and hence the measures for addressing them have also varied. Having identified a risk, a thorough risk assessment is carried out following the guidance for on-going risk assessment, described in the Trust Risk Escalation and Reporting Procedure.

When risks have been identified, each one is analysed in order to assess what the likely impact would be, the likelihood of this impact occurring and how often it is likely to re-occur. When evaluating risks; consideration is given to any existing controls for that risk and importantly the adequacy and effectiveness of those controls. All risks and associated risk treatment plans are recorded and regularly updated in the Datix risk management system. This is used as the basis for monthly review of existing and emerging risks involving all departments, via the Risk and Assurance Group.

Risks that cannot be managed locally are passed up through the line of management, to the Trust Executive Group and ultimately to the Trust Board, which is notified of all risks with a rating of 12 or above within the organisation that cannot be adequately eliminated or controlled. The Trust Board has ultimate responsibility for deciding how the Trust then manages those risks.

The organisation's major risks are separately identified. The Trust identifies risk to its annual Business Plan and five-year Integrated Business Plan, and aims to prioritise and manage the principal risks that may impact on the achievement of the Trust's strategic objectives and implementation plans.

The top six risks to the strategic objectives identified in 2013-14 were:

- Deficit against planned financial outturn eg due to significant overspending in the provision of Patient Transport Services, 111 service and A&E service.
- Inability to deliver service transformation and organisational change, including non-delivery of cost improvement programmes.
- Loss of income due to inability to secure/ retain service contracts, adversely influencing future commissioning intentions.
- Adverse impact on clinical outcomes and operational performance due to an inability to deliver the A&E workforce plan and associated recruitment.
- Adverse impact to developments in urgent/ unscheduled care services in partnership with other providers due to failure to meet the requirements of the NHS 111 service.
- Inability to deliver performance targets and clinical quality standards.

Other risks recorded in the Board Assurance Framework 2013-14, were:

- Adverse clinical outcomes due to failure of reusable medical devices and equipment.
- Harm to patients, staff and others due to deficiencies in the data flagging process leading to the potential for data flags not being brought to the attention of interested parties.
- Reduced ability to evidence that patient care is of a sufficiently high standard, due to inadequate capacity to audit clinical practice.
- Lack of compliance with key regulatory requirements (CQC, HSE, IGT, NHSTDA) due to inconsistent application across the Trust.
- Failure to learn from patient and staff experience and adverse events within the Trust or externally.
- Adverse impact on clinical outcomes due to failure to embed the clinical leadership framework.
- Adverse impact on organisational performance and clinical outcomes due to significant events impacting on business continuity.

Mitigation plans were in place for each of these principal risks and the Audit Committee has scrutinised the controls and assurances as part of its annual work programme, through reports from the accountable executive directors.

Monthly iterations of the Board Assurance Framework are supported by separate risk movement and assurance movement reports. These reports provide detail on the actions taken to mitigate the strategic risks and any reports received that could provide the Trust Board with assurance. The Board and its committees also receive reports on the Corporate Risk Register, to enable a deeper review of emerging risks and of the flow of risk information between operational departments and the Board.

A number of new operational risks with a potential impact on the strategic goals emerged during the year and required additional management action. These have been reported to the Audit Committee and to each meeting of the Public Board via the Integrated Performance Report. The most significant risks were as follows:

- In year, the financial risk relating to the new NHS 111 service was re-assessed at a higher level. The risk was escalated to the Board for review and was considered in more detail in the Finance and Investment Committee. An in-year mitigation plan was developed and implemented to limit and manage the financial challenge. This included both internal actions through a service optimisation plan and extensive negotiations with commissioners. These actions were successful in reducing the funding deficit in 2013-14 and have significantly reduced the risk to the organisation for 2014-15.

- Internal review identified a risk relating to the checking and auditing of controlled drug stocks and this was also identified as a minor concern in the CQC inspection conducted in July 2013. A mitigation plan was put in place and reviewed by the Quality Committee and the Trust is now satisfied that this risk has been resolved.

- The challenge relating to fully embedding the new clinical supervisor role across the A&E service was not fully resolved in 2013-14 as initially envisaged and to some extent a lack of stability in the Executive Director of Operations role, which has now been resolved, contributed to this position. The CQC inspection conducted in July 2013 identified this as a minor concern, as part of its consideration of Outcome 14 - Supporting Workers. An Internal Audit report commissioned by the Trust and conducted in January/February 2014 also concluded that there was limited assurance in relation to the implementation process and highlighted a number of recommendations for further action. An action plan to accelerate the process of embedding the new role in practice was developed with leadership from the newly appointed Executive Director of Operations. Positive progress has been made since this point, with assurance reports provided to the Quality Committee at each meeting. The quality of the Personal Development Reviews provided for staff and elements of training delivery and recording were also highlighted by the CQC as minor concern issues relating to Outcome 14. The Executive Director of People and Engagement has implemented an action plan to address these issues and this has also been subject to detailed review in the Board and Quality Committee.

- The actions focused on Outcome 14 have progressed well and it is envisaged that they will be completed by the close of Quarter 1 2014-15. In relation to clinical supervisors, completion of the planned actions will provide a firm foundation for success of the role and the Trust will continue to focus on the role in practice to ensure that it delivers the intended outcomes for patients and staff in 2014-15.

- There was positive movement on the delivery of performance targets and clinical quality standards, and the Red 1 and 2 targets were achieved for the year. Implementation of the workforce plan and rota review changes underpinning sustainable change presented significant challenge during the year and the risk relating to maintenance of positive employee relations during this period increased significantly during the year. The Board and Trust Executive Group have considered the risk in detail and mitigating action is in place to maintain and improve the relations with employees and the unions representing them. The achievement of this target will continue to pose a challenge to the Trust in the future, however, with potential financial and regulatory consequences. The employee relations issues which emerged during 2013-14 will continue to be a key factor.

In addition to monitoring by the Trust Board and Audit Committee, progress against risk treatment plans have been routinely discussed in each meeting of the Quality Committee and Finance and Investment Committee.

All corporate risks subject to on-going risk management plans will be recorded on the 2014-15 iteration of the Board Assurance Framework and will continue to be managed through the Corporate Risk Register.

A number of control issues were highlighted during the year as a result of the internal audit programme in the areas of fleet workshops, procurement, clinical leadership, recruitment, IT programme management and aspects of PTS management. These issues have been considered in the relevant management forum and mitigating action agreed to resolve any outstanding issues. The Audit Committee reviews management assurance on completion of related action plans.

Reference is made, within the Risk Management and Assurance Strategy to the Information Governance Policy which describes, in detail, the arrangements within the Trust for managing and controlling risks to data security. The Senior Information Risk Officer role for the Trust is undertaken by the Executive Director of Standards and Compliance, supported by the Trust's Executive Medical Director as the Caldicott Guardian. During the past year there has been one incident involving a lapse of data security which was reported to commissioners as a serious incident. This related to inadvertent publication of some additional respondent details in a posting of patient survey results on the Trust website. Following consultation with the Information Commissioner's Office it was established that the information released represented minimal risk to any individual respondents and the necessary action to prevent recurrence was completed by the Trust.

4. The risk and control framework

The Trust is subject to constant change in its core business and the wider environment; the risk environment is constantly changing too, therefore priorities and the relative importance of risks for the Trust shift and change.

The Trust recognises that in order to be most effective, risk management must become part of the organisation's culture. The Trust strives to embed risk management into the organisation's philosophy, practices and business processes rather than be viewed or practiced as a separate activity. Our aim is for everyone in the Trust to become proactively involved in the management of risk.

The Risk Management and Assurance Strategy and supporting Risk Escalation and Reporting Procedure defines the process which specifies the way risk (or change in risk) is identified, evaluated and controlled. The Trust's risk management process adheres to the guidance provided by the Australia/New Zealand Risk Management Standards, the NHS Litigation Authority Risk Management Standards for Ambulance Trusts and the National Patient Safety Agency (NPSA).

The Board Assurance Framework and Corporate Risk Register enable the Board to examine how it is managing the risks that are threatening the achievement of strategic objectives. Both of these documents are closely aligned and subject to comprehensive executive review on a quarterly basis.

The Risk Management and Assurance Strategy and associated procedural documents are actively promoted by managers to ensure that risk management is embedded through all sections of the Trust.

Close liaison between the risk and safety managers and business planning managers has ensured that business planning informs and is informed by risk management. Key business risks and mitigations are captured in the Integrated Business Plan and Operating Plan.

A quality impact assessment process ensures that all decisions on efficiency savings and expenditure on new developments are objective, risk based and balanced, taking account of costs and savings, impact on quality and ease of implementation. The quality impact assessments and associated early warning indicators are subject to review in each meeting of the Quality Committee.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations.

The Trust has undertaken a climate change risk assessment and developed an adoption plan, to support its emergency preparedness and civil contingency requirements, as based on UK Climate Projections 2009 (UKCP09), to ensure that this organisation's obligations under the Climate Change Act are met.

The Trust has in place an annual counter fraud work programme, which is monitored via the Audit Committee. During the year the Trust also approved and introduced a new anti-bribery policy and procedure in line with new legislation.

5. Review of the effectiveness of risk management and internal control

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways;

- The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Board Assurance Framework and on the controls reviewed as part of the internal audit work (see page 103).
- Executive directors and senior managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance.
- The Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

My review is also informed by:

- Care Quality Commission Essential Standards for Quality and Safety - Provider Compliance Assessments
- The Care Quality Commission inspection process
- Self-assessment against NHSLA risk management standards
- The NHS Information Governance Toolkit.
- Assessment against NHS Counter Fraud and Security standards
- Peer reviews within the ambulance service sector
- Internal audit reports
- External audit reports
- External consultancy reports on key aspects of Trust governance.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit Committee, Finance and Investment Committee and Quality Committee. A plan to address weaknesses and ensure continuous improvement of the system is in place.

Governance Statement

The Trust Board seeks assurance that risk management systems and processes are identifying and managing risks to the organisation appropriately through the following:

- At least annually; a review of the effectiveness of the Trust's system of internal control. The Trust Board ensures that the review covers all material controls, including financial, clinical, operational and compliance controls, and risk management systems.
- An annual review of the Risk Management and Assurance Strategy.
- Reviews in each Audit Committee meeting of controls and assurances in relation to the principal risks in the Board Assurance Framework, via scrutiny and challenge sessions involving the accountable executive directors.
- A six monthly comprehensive review of the Board Assurance Framework.
- Monthly integrated performance reports outlining achievement against key performance, safety and quality indicators.
- Assurance reports at each meeting, providing information on progress against compliance with national standards.
- Assurance from internal and external audit reports that the Trust's risk management systems are being implemented.

The risk assurance infrastructure closely scrutinises assurances on controls to assess their validity and efficiency. A key element of this work is to ensure that all procedural documents are subject to monitoring compliance against the detail described within them; that they meet with regulatory requirements; and that they have considered all current legislation and guidance.

The Risk and Assurance Group carries out a detailed analysis of assurances received, to identify any gaps in the assurance mechanisms and to provide an evaluation of the effectiveness of them, reporting findings to executive committees/management groups as appropriate.

The Audit Committee provides overview and scrutiny of risk management. The Committee independently monitors, reviews and reports to the Trust Board on the processes of governance and, where appropriate, facilitates and supports through its independence, the attainment of effective processes. The Audit Committee concludes upon the adequacy and effective operation of the organisation's overall internal control system. In performing this role the Committee's work will predominantly focus upon the framework of risks, controls and related assurances that underpin the delivery of the organisation's objectives; the Board Assurance Framework.

The Audit Committee reviews all risk and control-related disclosure statements and memoranda, together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.

The Audit Committee primarily utilises the work of internal audit, external audit and other assurance functions, but is not limited to these audit functions. It also seeks reports and assurances from other Board committees, directors and managers as appropriate, concentrating on the over-arching systems of governance, risk management and internal control, together with indicators of their effectiveness.

During the year, the role of the Finance and Investment Committee and Quality Committee in gaining assurance on key risks was further developed and the flow of information between these key committees and the Audit Committee was strengthened through systematic review and mapping of risks and assurances. Both of these committees have provided significant assurances to the Audit Committee on risks relevant to their terms of reference.

During 2013-14 the Internal Audit Service completed a risk and assurance mapping exercise to inform the ongoing scrutiny of risks across all aspects of Trust business. In 2013-14 the internal audit programme doubled in its scope and allocated time. This change was driven by the Board and Executive Team, to underpin the organisation's readiness to become a Foundation Trust.

The Trust is required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare a Quality Account for each financial year. The Trust Quality Account for 2013-14 reports on key indicators of quality relating to patient safety, clinical effectiveness and patient experience.

The Quality Account includes comments from key stakeholders which are a positive reflection on developments over the year and of the Trust's engagement with partners. The Quality Account has been subject to Internal Audit and External Audit review and scrutiny by the Audit Committee and I am satisfied that they present a balanced and accurate view of quality within the Trust.

The Trust is compliant with the CQC essential standards of quality and safety, with the exception of minor concerns relating to Outcome 9 - Management of Medicines, and Outcome 14 - Supporting Workers. The Trust has implemented actions to address the issues highlighted in the CQC inspection conducted in 2013. Action is relation to Outcome 9 is now complete, with remaining action on Outcome 14 due for completion in June 2014.

On final review and closure of the 2013-14 iteration of the Board Assurance Framework, one significant issue was identified relating to continued delivery of the A&E service targets against a backdrop of challenging employee relations (see page 105).

Head of Internal Audit Opinion

Introduction

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit (HoIA) is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (ie the organisation's system of internal control).

Governance Statement

This is achieved through a risk-based plan of work, agreed with management and approved by the Audit Committee, which should provide a reasonable level of assurance subject to the inherent limitations described below.

The purpose of this Head of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer and the Board which underpin the assessment of the effectiveness of the organisation's system of internal control. This opinion will assist in the completion of the Annual Governance Statement.

Opinion

My overall opinion is:

Significant assurance can be given that that there is a generally sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weaknesses in the design or inconsistent application of controls put the achievement of particular objectives at risk, most notably in the areas of procurement and contracting, fleet workshops, clinical leadership, recruitment, IT programme management and aspects of PTS.

Basis of Forming the Opinion

The basis for forming my opinion is as follows:

Assurance Framework

An Assurance Framework (AF) exists to meet the requirements of the Annual Governance Statement and provide reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation. The Trust has an AF in place which has been maintained and improved throughout 2013-14 - the format and frequent updates ensuring that the AF remains focused and 'live'. The Board Assurance Framework aligns the Trust's strategic objectives and goals to the principal risks in achieving them. The Trust has continued to ensure the AF is used effectively at Board level, with support from the key governance committees and the AF is subject to extensive scrutiny within the governance framework of the Trust from the Risk and Assurance Group, SMG, the committees of the Board and the Board itself.

Some improvement points to strengthen the BAF process further have been highlighted around a clearer mapping of assurances to key controls, greater clarity in the recording of assurances and reviewing the timeframe for actions required which are concentrated towards the year end.

Assurance across the organisation's business areas*
(*The assurance areas listed frequently overlap between functional areas)

The audits for 2013-14 were drawn from year one of a newly-developed and enlarged three-year strategic plan approved by the Audit Committee. The components of the risk-based plan are set out to the right and include audits deemed mandatory by the Trust (including BAF, IGT and core financial systems work) along with coverage across the Trust's business with a greater emphasis on operational areas than achieved through previous internal audit plans.

Clinical Quality and Governance

Medicines security, NICE guidance, medical device management, clinical leadership, ACQIs

Standards and Governance

BAF, corporate governance compliance (incl Bribery Act), data quality (Integrated Performance Report), incidents/SUIs, service transformation, patient relations, communications strategy, infection prevention and control, risk management, health and safety, 111 contract, Information Governance Toolkit validation, CQUINs

Workforce and Strategy

HR policies and procedures, recruitment, absence management, training and education plan

Finance and Performance

Financial systems (financial ledger, payroll, procurement, annual report, travel expenses, financial reporting) IT reviews around Emergency Care Solutions implementation and IT operational security, healthcare contracts, estates cleaning, estates utilisation, fleet workshops

Operations

EOCs, PTS operations, PTS Integrated Performance Report, Community First Responders, emergency planning

Contribution to governance, risk management and internal control enhancements:

- Development of a three-year 'zero-based' internal audit plan from a fundamental review of the 'audit universe' alongside executive officers and the Audit Committee. This fundamentally changed the scope of internal audit coverage expanding further into operational areas to support the Trust's development agenda including its journey towards Foundation Trust status.
- Involvement and relationship with the organisation eg attendance at Audit Committee meetings, Executive Team and Senior Management Group (as required) in addition to meeting attendance connected with specific reviews.
- Ongoing discussion with lead officers and non-executive members throughout the year.
- Review and advice on committee effectiveness (Audit Committee, Quality Committee and Finance and Investment Committee).
- Effective utilisation of internal audit including in-year communication, and changes to the audit plan.
- Follow up, demonstrating progress against recommendations to improve systems and controls.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation.

The opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led Assurance Framework. As such, it is one component that the Board takes into account in making its Annual Governance Statement.

Director of Audit Services, April 2014

Mitigating action has been taken to address the specific concerns identified in the Head of Internal Audit opinion, and other risks emerging during the year through the Trust's risk management processes. Assurance on the controls in place to manage these issues in 2014-15 will be reviewed through the risk management and committee arrangements outlined in section 2 of this statement. This mitigating action includes:

- Detailed risk treatment plans in relation to each of the risks recorded in the BAF.
- Establishment of a task and finish group to oversee mitigation of risks to delivery of the Red performance targets.
- A recovery plan with external input to support fleet management improvement actions.
- A management and process review of the procurement function.
- Continued delivery of the PTS transformation programme.
- Targeted project work in relation to clinical leadership and recruitment functions.

6. Significant Issues

The 2013-14 review of the Trust's system of internal control has identified one significant issue relating to: continued delivery of the A&E service targets against a backdrop of challenging employee relations.

The risk relating to delivery of the A&E targets is being addressed through embedding and refining the rota review changes introduced in the final quarter of 2013-14, implementation of a programme of other operational efficiency changes and continued implementation of the five-year workforce plan. This will be supported by extensive management and staff engagement and communication. Employee relations present a significant challenge during this period of intense change, and are also heavily influenced by the national context in the light of ongoing discussions around national pay settlement and unsocial hours. There are ongoing discussions with the recognised trade union UNISON relating to these issues. The Trust is also continuing to engage with Unite representatives via ACAS, with a view to developing more positive working relationship during 2014-15.

Management of these risks will be monitored during 2014-15 through the Trust Executive Group, Finance and Investment Committee, Quality Committee, Audit Committee and Board. Additional monitoring and assurance will be provided through the Trust's Service Transformation Programme, to oversee the delivery of key developments aligned to the Trust five-year business plan.

With the exception of the internal control issues that I have outlined in this statement, my review confirms that Yorkshire Ambulance Service has a generally sound system of internal controls that supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed.

Accountable Officer:

David Whiting, Chief Executive Officer

6 June 2014

Independent Auditors' Statement

Independent Auditors' Statement to the Board of Directors of Yorkshire Ambulance Service NHS Trust

We have examined the summary financial statements of Yorkshire Ambulance Service NHS Trust for the year ended 31 March 2014 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the Remuneration Report.

This report is made solely to the Board of Directors of Yorkshire Ambulance Service NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. Our audit work has been undertaken so that we might state to the Trust those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's members, as a body, for our audit work, for this report, for our audit report, or for the opinions we have formed.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report (which includes the summary financial statements) and the supplementary material in accordance with applicable United Kingdom law.

Our responsibility is to report to you our opinion on the consistency of the summary financial statements within the annual report with the statutory financial statements.

We also read the other information contained in the annual report as described in the contents section, and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summary financial statement.

Basis of opinion

We conducted our work in accordance with Bulletin 2008/3 issued by the Auditing Practices Board. Our report on the Trust's statutory financial statements describes the basis of our opinion on those financial statements.

Opinion

In our opinion, the summary financial statements are consistent with the statutory financial statements of Yorkshire Ambulance Service NHS Trust for the year ended 31 March 2014. We have not considered the effects of any events between 9 June 2014, the date on which we signed our report on the statutory financial statements, and the date of this statement.

Paul Thomson (Engagement Lead)
for and on behalf of Deloitte LLP
Appointed Auditor
Leeds, United Kingdom

18 September 2014

Summary Financial Statements

Statement of comprehensive income for the year ended 31 March 2014	2013-14 £000	2012-13 £000
Gross employee benefits	**(154,339)**	(145,184)
Other operating costs	**(74,256)**	(62,002)
Revenue from patient care activities	**229,574**	204,471
Other operating revenue	**3,810**	5,301
Operating surplus/(deficit)	**4,789**	2,586
Investment revenue	**49**	50
Other gains and (losses)	**103**	248
Finance costs	**(272)**	(213)
Surplus/(deficit) for the financial year	**4,669**	2,671
Public dividend capital dividends payable	**(1,898)**	(2,159)
Retained surplus/(deficit) for the year	**2,771**	512
Impairments and reversals	**(416)**	(985)
Net gain/(loss) on revaluation of property, plant and equipment	**1,411**	1,043
Total comprehensive income for the year	**3,766**	570

Financial performance for the year	2013-14 £000	2012-13 £000
Retained surplus/(deficit) for the year	**2,771**	512
Prior period adjustment to correct errors	**0**	0
IFRIC 12 adjustment	**0**	0
Deduct impairments	**(110)**	1,711
Adjustments in respect of donated asset	**(28)**	0
Adjustment re absorption accounting	**0**	0
Adjusted retained surplus/(deficit)	**2,633**	2,223

Summary Financial Statements

Statement of financial position as at 31 March 2014

	31 March 2014 £000	31 March 2013 £000
Non-current assets		
Property, plant and equipment	**79,156**	74,171
Intangible assets	**1,231**	411
Trade and other receivables	**814**	985
Total non-current assets	**81,201**	75,567
Current assets		
Inventories	**1,326**	1,406
Trade and other receivables	**12,309**	11,883
Cash and cash equivalents	**10,142**	6,845
Total current assets	**23,777**	20,134
Non-current assets held for sale	**160**	160
Total current assets	**23,937**	20,294
Total assets	**105,138**	95,861

Statement of financial position as at 31 March 2014

	31 March 2014 £000	31 March 2013 £000
Current liabilities		
Trade and other payables	**(11,726)**	(11,767)
Provisions	**(2,635)**	(2,736)
Capital loan from Department of Health	**(334)**	(334)
Total current liabilities	**(14,695)**	(14,837)
Non-current assets plus/less net current assets/liabilities	**90,443**	81,024
Non-current liabilities		
Provisions	**(8,535)**	(7,048)
Capital loan from Department of Health	**(5,837)**	(6,171)
Total non-current liabilities	**(14,372)**	(13,219)
Total assets employed	**76,071**	67,805
Financed by: taxpayers' equity		
Public Dividend Capital	**78,594**	74,094
Retained earnings	**(7,759)**	(10,625)
Revaluation reserve	**5,236**	4,336
Total taxpayers' equity	**76,071**	67,805

Summary Financial Statements

Statement of changes in taxpayers' equity for the year ended 31 March 2014

	Public dividend capital £000s	Retained earnings £000s	Revaluation reserve £000s	**Total reserves £000s**
Balance at 1 April 2013	**74,094**	**(10,625)**	**4,336**	**67,805**
Changes in taxpayers' equity for 2013-14				
Retained surplus/(deficit) for the year		2,771		**2,771**
Net gain/(loss) on revaluation of property, plant, equipment			1,411	**1,411**
Impairments and reversals			(416)	**(416)**
Transfers between reserves		95	(95)	**0**
Reclassification adjustments				
New PDC Received - Cash	4,500			**4,500**
Net recognised revenue/ (expense) for the year	**4,500**	**2,866**	**900**	**8,266**
Balance at 31 March 2014	**78,594**	**(7,759)**	**5,236**	**76,071**

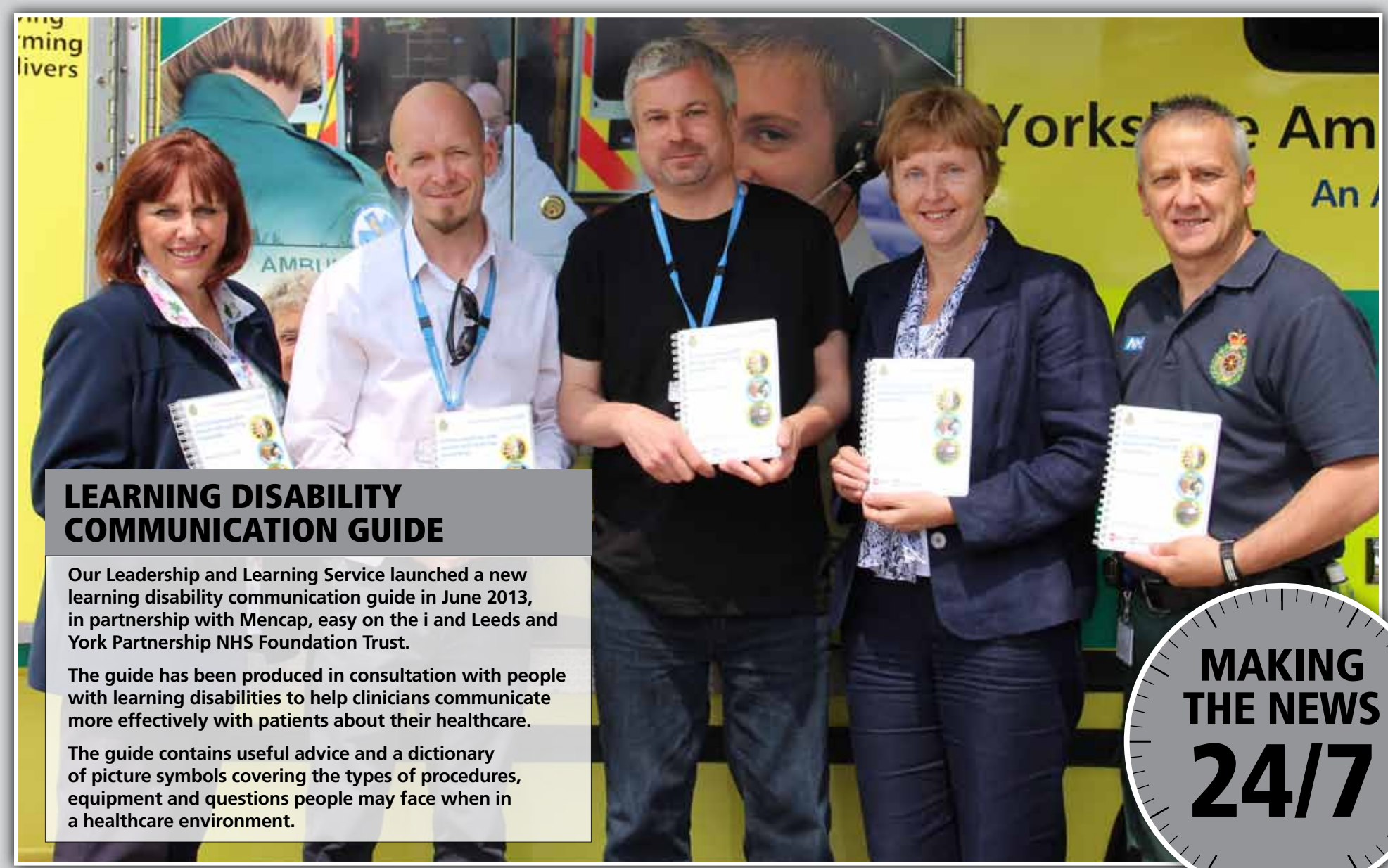
Statement of changes in taxpayers' equity for the year ended 31 March 2014

	Public dividend capital £000s	Retained earnings £000s	Revaluation reserve £000s	**Total reserves £000s**
Balance at 1 April 2012	**74,094**	**(11,232)**	**4,373**	**67,235**
Changes in taxpayers' equity for the year ended 31 March 2013				
Retained surplus/(deficit) for the year		512		**51**
Net gain/(loss) on revaluation of property, plant, equipment			1,043	**1,043**
Impairments and reversals			(985)	**(985)**
Transfers between reserves		95	(95)	**0**
Reclassification adjustments				
New PDC received	3,000			**3,000**
PDC repaid in year	(3,000)			**(3,000)**
Net recognised revenue/ (expense) for the year	**0**	**607**	**(37)**	**570**
Balance at 31 March 2013	**74,094**	**(10,625)**	**4,336**	**67,805**

Summary Financial Statements

Statement of cash flows for the year ended 31 March 2014	2013-14 £000	2012-13 £000
Cash Flows from Operating Activities		
Operating surplus/deficit	**4,789**	2,586
Depreciation and amortisation	**8,990**	9,080
Impairments and reversals	**(110)**	1,711
Donated Assets received credited to revenue but non-cash	**(29)**	0
Interest paid	**(119)**	(61)
Dividend (paid)/refunded	**(2,021)**	(2,223)
(Increase)/decrease in inventories	**80**	221
(Increase)/decrease in trade and other receivables	**(132)**	(387)
Increase/(decrease) in trade and other payables	**(1,989)**	252
Provisions utilised	**(1,451)**	(2,139)
Increase/(decrease) in provisions	**2,684**	3,835
Net cash inflow/(outflow) from operating activities	**10,692**	12,875
Cash flows from investing activities		
Interest received	**49**	50
(Payments) for property, plant and equipment	**(10,829)**	(17,423)
(Payments) for intangible assets	**(977)**	(358)
Proceeds of disposal of assets held for sale (PPE)	**196**	327
Net cash inflow/(outflow) from investing activities	**(11,561)**	(17,404)
Net cash inflow/(outflow) before financing	(869)	(4,529)

Statement of cash flows for the year ended 31 March 2014	2013-14 £000	2012-13 £000
Cash flows from financing activities		
Public dividend capital received	**4,500**	3,000
Public dividend capital repaid	**0**	(3,000)
Loans received from Department of Health - new capital investment loans	**0**	6,672
Loans repaid to Department of Health - capital investment loans repayment of principal	**(334)**	(167)
Net cash inflow/(outflow) from financing activities	**4,166**	6,505
Net increase/(decrease) in cash and cash equivalents	**3,297**	1,976
Cash and cash equivalents (and bank overdraft) at beginning of the period	**6,845**	4,869
Cash and cash equivalents (and bank overdraft) at year end	**10,142**	6,845



LEARNING DISABILITY COMMUNICATION GUIDE

Our Leadership and Learning Service launched a new learning disability communication guide in June 2013, in partnership with Mencap, easy on the i and Leeds and York Partnership NHS Foundation Trust.

The guide has been produced in consultation with people with learning disabilities to help clinicians communicate more effectively with patients about their healthcare.

The guide contains useful advice and a dictionary of picture symbols covering the types of procedures, equipment and questions people may face when in a healthcare environment.

MAKING THE NEWS 24/7

Glossary

Term/Abbreviation	Definition/Explanation
Accident and Emergency (A&E) Service	A responsive service for patients in an emergency situation with a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention.
Advanced Medical Priority Dispatch System (AMPDS)	An international system that prioritises 999 calls using information about the patient as supplied by the caller.
Ambulance Quality Indicators (AQIs)	AQIs were introduced in April 2011 for all ambulance services in England and look at the quality of care provided as well as the speed of response to patients. The AQIs are ambulance specific and are concerned with patient safety and outcomes.
Ambulance Service Cardiovascular Quality Initiative	The initiative aims to improve the delivery of pre-hospital (ambulance service) care for cardiovascular disease to improve services for people with heart attack and stroke.
Annual Assurance Statement	The means by which the Accountable Officer declares his or her approach to, and responsibility for, risk management, internal control and corporate governance. It is also the vehicle for highlighting weaknesses which exist in the internal control system within the organisation. It forms part of the Annual Report and Accounts.
Automated External Defibrillator (AED)	A portable device used to restart a heart that has stopped.
Bare Below the Elbows	An NHS dress code to help with infection, prevention and control.
Better Payment Practice Code (BPPC)	The BPPC was established to promote a better payment culture within the UK and urges all organisations to adopt a responsible attitude to paying on time. The target is to pay all invoices within 30 days of receipt.
Board Assurance Framework (BAF)	Provides organisations with a simple but comprehensive method for the effective and focused management of the principal risks to meeting their strategic objectives.
Board Governance Assurance Framework (BGAF)	Assists Boards through a combination of self and independent assessment processes to ensure they are appropriately skilled and prepared to achieve Foundation Trust authorisation.
British Association for Immediate Care (BASICS)	A network of doctors who provide support to ambulance crews at serious road traffic collisions and other trauma incidents across the region.

Glossary

Term/Abbreviation	Definition/Explanation
Bronze Commander Training	A course designed to develop and equip ambulance services, health colleagues and Voluntary Aid Society Incident Managers at operational/bronze level to effectively manage major/catastrophic incidents.
Caldicott Guardian	A senior member of staff appointed to protect patient information.
Call Connect	A way of measuring ambulance response times introduced on 1 April 2008 based on the point at which a call is connected to the ambulance service.
Cardio-pulmonary Resuscitation (CPR)	A procedure used to help resuscitate a patient when their heart stops beating and breathing stops.
Care Bundle	A care bundle is a group of interventions (practices) related to a disease process that, when carried out together, result in better outcomes than when implemented individually.
Care Quality Commission (CQC)	An independent regulator responsible for monitoring and performance measuring all health and social care services in England.
Centre for Maternal And Child Enquiries (CMACE)	Aims to improve the health of mothers, babies and children by carrying out confidential enquiries and related work on a nationwide basis.
Chairman	The Chairman provides leadership to the Trust Board and chairs all Board meetings. The Chairman ensures key and appropriate issues are discussed by the executive and non-executive directors.
Chief Executive	The highest-ranking officer in the Trust, who is the Accountable Officer responsible to the Department of Health for the activities of the organisation.
Chronic Obstructive Pulmonary Disease (COPD)	COPD is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease.
Clinical Commissioning Group (CCG)	Groups of GPs who, from April 2013, commission healthcare services for their communities. They replaced primary care trusts.
Clinical Hub	A team of clinical advisors based within the Emergency Operations Centres providing support for patients with non life-threatening conditions.
Clinical Pathways	The standardisation of care practices to reduce variability and improve outcomes for patients.
Clinical Performance Indicators (CPIs)	CPIs were developed by ambulance clinicians and are used nationally to measure the quality of important areas of clinical care. They are designed to support the clinical care we provide to patients by auditing what we do.

Glossary

Term/Abbreviation	Definition/Explanation
Clinical Quality Strategy	A framework for the management of quality within YAS.
Clinical Supervisor	Works on the frontline as part of the operational management team and facilitates the development of clinical staff and helps them to practise safely and effectively by carrying out regular assessment and revalidations.
Commissioners	Ensure that services they fund can meet the needs of patients.
Community First Responders (CFRs)	Volunteers in their local communities, who respond from their home addresses or places of work to patients suffering life-threatening emergencies.
Comprehensive Local Research Networks (CLRNs)	Coordinate and facilitate the conduct of clinical research and provide a wide range of support to the local research community.
Computer Aided Dispatch (CAD)	A method of dispatching ambulance resources.
Commissioning for Quality and Innovation (CQUIN)	The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals.
Dashboards	Summary of progress against Key Performance Indicators for review by managers or committees.
Dataset	A collection of data, usually presented in tabular form.
Department of Health (DH)	The government department which provides strategic leadership for public health, the NHS and social care in England.
Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)	For a small number of people who are approaching the last days of life, cardiopulmonary resuscitation (CPR) would be futile or not a viable option. In these circumstances DNACPR forms are completed to avoid aggressive, undignified and futile actions to resuscitate a patient, and to allow a natural dignified death in line with the patient's wishes.
Electrocardiograms (ECG)	An interpretation of the electrical activity of the heart. This is done by attaching electrodes onto the patient which record the activity of the different sections of the heart.
Emergency Care Assistant (ECA)	Emergency Care Assistants respond to emergency calls as part of an A&E crew. They work alongside a more qualified member of the ambulance team, giving support and help to enable them to provide patients with potentially life-saving care at the scene and transporting patients to hospital.

Glossary

Term/Abbreviation	Definition/Explanation
Emergency Care Practitioner (ECP)	Emergency Care Practitioners are paramedics who have received additional training in physical assessment, minor illnesses, minor injuries, working with the elderly, paediatric assessment, mental health and pharmacology.
Emergency Department (ED)	A hospital department responsible for assessing and treating patients with serious injuries or illnesses.
Emergency Medical Technician (EMT)	Works as part of an emergency ambulance crew to provide the care, treatment and safe transport for emergency patients.
Emergency Operations Centre (EOC)	The department which handles all our emergency and urgent calls and deploys the most appropriate response. Our two EOCs are based in Wakefield and York.
Equality and Diversity	Equality legislation protects people from being discriminated against on the grounds of their sex, race, disability, etc. Diversity is about respecting individual differences such as race, culture, political views, religious views, gender, age, etc.
Face, Arm, Speech Test (FAST)	A brief test used to help determine whether or not someone has suffered a stroke.
Foundation Trust (FT)	NHS organisations which operate more independently under a different governance and financial framework.
Foundation Trust Development Group	This is made up of the YAS Chairman and YAS Trust Executives.
General Practitioner (GP)	A doctor who is based in the community and manages all aspects of family health.
Governance	The systems and processes, by which health bodies lead, direct and control their functions, in order to achieve organisational objectives, and by which they relate to their partners and wider community.
GP Consortia	GP Consortia officially replaced primary care trusts (PCTs) from April 2013. They are responsible for commissioning healthcare services in England.
Green Calls	A local response target. Previously known as Category B calls for conditions which are not immediately life-threatening.
Hazardous Area Response Team (HART)	A group of staff who are trained to deliver ambulance services under specific circumstances, such as at height or underground.
Health Overview and Scrutiny Committees (HOSCs)	Local authority-run committees which scrutinise matters relating to local health services and contribute to the development of policy to improve health and reduce health inequalities.

Glossary

Term/Abbreviation	Definition/Explanation
Healthwatch	Healthwatch England is the new independent consumer champion for health and social care in England. Local Healthwatch organisations have also been set up. Local Healthwatch organisations are a network of individuals and community groups, such as faith groups and residents' associations, working together to improve health and social care services. Healthwatch organisations started to replace LINks (Local Involvement Networks) from October 2012.
Human Resources (HR)	A function with responsibility for implementing strategies and policies relating to the management of individuals.
Information Asset Owner (IAO)	An IAO is an individual within an organisation that has been given formal responsibility for the security of an information asset (or assets) in their particular work area.
Information, Communication and Technology (ICT)	The directorate responsible for the development and maintenance of all ICT systems and processes across Yorkshire Ambulance Service.
Information Governance (IG)	Allows organisations and individuals to ensure that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care.
Information Management and Technology (IM&T)	This department consists of the IT Service Desk, Voice Communications Team, IT Projects Team and Infrastructure, Systems and Development Team which deliver all the Trust's IT systems and IT projects.
Institute of Healthcare and Development (IHCD)	A body responsible for the content of some ambulance staff training which is then delivered through ambulance trusts.
Integrated Business Plan (IBP)	Sets out an organisation's vision and its plans to achieve that vision in the future.
KA34	A reporting requirement for all ambulance trusts, with a template completed annually and submitted to the Department of Health. The information obtained from the KA34 is analysed by individual ambulance service providers to show volume of service and performance against required standards.
Key Performance Indicator (KPI)	A measure of performance.
Knowledge and Skills Framework (KSF)	A competence framework to support personal development and career progression within the NHS.

Glossary

Term/Abbreviation	Definition/Explanation
Major Trauma	Major trauma is serious injury and generally includes such injuries as: • traumatic injury requiring amputation of a limb severe knife and gunshot wounds • major head injury • multiple injuries to different parts of the body eg chest and abdominal injury with a fractured pelvis • spinal injury • severe burns.
Major Trauma Centre	A network of 22 new centres throughout the UK, specialising in treating patients who suffer from major trauma.
Mental Capacity Act (MCA)	Legislation designed to protect people who can't make decisions for themselves or lack the mental capacity to do so.
Monitor	The independent regulator of NHS foundation trusts.
Myocardial Infarction (MI)	Commonly known as a heart attack, an MI is the interruption of blood supply to part of the heart, causing heart cells to die.
Myocardial Ischemia National Audit Project (MINAP)	A national database gathering information on all patients who have had a heart attack or who have acute coronary syndromes.
National Health Service (NHS)	Provides healthcare for all UK citizens based on their need for healthcare rather than their ability to pay for it. It is funded by taxes.
NHS 111	NHS 111 is a new service for people to call when they need medical help fast but it's not a 999 emergency. Calls are free from landlines and mobile phones.
NHS England	Formally established as an independent body April 2013, is responsible for authorising Clinical Commissioning Groups (CCGs), working collaboratively with partners and encouraging patient and public participation in the NHS.
NHSLA Risk Management Standards for Ambulance Trusts	Ambulance trusts are assessed against these risk management standards which have been specifically developed to reflect issues which arise in the negligence claims reported to the NHSLA.
NHS Trust Development Authority (NHS TDA)	Provides support, oversight and governance for all NHS trusts on their journey to delivering what patients want; high quality services today, secure for tomorrow.
National Infarct Angioplasty Project (NIAP)	An audit of patients referred for an angioplasty surgical procedure.

Glossary

Term/Abbreviation	Definition/Explanation
National Learning Management System (NLMS)	Provides NHS staff with access to a wide range of national and local NHS eLearning courses as well as access to an individual's full training history.
National Reporting and Learning System (NRLS)	The NRLS is managed by the NHS National Patient Safety Agency. The system enables patient safety incident reports to be submitted to a national database. This data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care.
Non-Executive Directors (NEDs)	Drawn from the local community served by the Trust, they oversee the delivery of ambulance services and help ensure the best use of financial resources to maximise benefits for patients. They also contribute to plans to improve and develop services which meet the area's particular needs.
Paramedic	Senior ambulance service healthcare professionals at an accident or medical emergency. Working alone or with an assistant practitioner or emergency care technician, they assess a patient's condition and provide essential treatment.
Paramedic Practitioner	Paramedic practitioners come from a paramedic background and have additional training in injury assessment and diagnostic abilities.
Patient Report Form (PRF)	A comprehensive record of the care provided to patients.
Patient Transport Service (PTS)	A non-emergency medical transport service, for example, to and from out-patient appointments.
Personal Development Reviews (PDRs)	The PDR process provides a framework for identifying staff development and training needs and agreeing objectives.
Personal Digital Assistants (PDAs)	Small computer units which help to capture more accurate data on Patient Transport Service performance and journey times and identify areas which require improvements.
Primary Percutaneous Coronary Intervention (pPCI)	A surgical treatment for heart attack patients which unblocks arteries which carry blood to the heart.
Private and Events Service	Provides medical cover to private and social events for example, football matches, race meetings, concerts and festivals. It also provides ambulance transport for private hospitals, corporations and individuals.
Quality Governance Framework	A process to ensure that YAS is able to monitor and progress quality indicators from both internal and external sources.
Quality Strategy	Framework for the management of quality within Yorkshire Ambulance Service.

Glossary

Term/Abbreviation	Definition/Explanation
Rapid Response Vehicle (RRV)	A car operated by the ambulance service to respond to medical emergencies either in addition to, or in place of, an ambulance capable of transporting patients.
Red 1 and 2 Calls	Previously referred to as Category A calls. An immediate life-threatening situation requiring emergency assistance eg cardiac arrest, choking, uncontrolled haemorrhage etc. The objective is to provide immediate aid to apply life-saving skills supported by paramedic intervention.
Resilience	The ability of a system or organisation to recover from a catastrophic failure.
Safeguarding	Processes and systems for the protection of vulnerable adults, children and young people.
Safeguarding Referral	Yorkshire Ambulance Service staff are given information to help them identify warning signs of abuse or neglect and to report this via our Clinical Hub, to social care. Social care will follow up each referral to ensure that the vulnerable adult or child involved is safe.
Safety Thermometer	The NHS Safety Thermometer is a tool designed to help hospitals understand where they can potentially cause harm to patients and reduce the risk of this.
Serious Case Reviews (SCRs)	Establish whether there are any lessons to be learnt about the way in which staff and agencies work together to safeguard vulnerable people.
Serious Incidents (SIs)	Serious Incidents include any event which causes death or serious injury, involves a hazard to the public, causes serious disruption to services, involves fraud or has the potential to cause significant reputation damage.
Stakeholders	All those who may use the service, be affected by or who should be involved in its operation.
ST Elevation Myocardial Infarction (STEMI)	A type of heart attack.
Year to Date (YTD)	The period from the start of a financial year to the current time.
Yorkshire Air Ambulance (YAA)	An independent charity which provides an airborne response to emergencies in Yorkshire and has YAS paramedics seconded to it.
Yorkshire Ambulance Service (YAS)	The NHS provider of emergency and non-emergency ambulance services in Yorkshire and the Humber.
Yorkshire and Humber Public Health Observatory (YHPHO)	YHPHO produces information, data and intelligence on people's health and healthcare for practitioners, policy makers and the wider community. They turn information and data into meaningful health intelligence. YHPHO became part of Public Health England from 1 April 2013.

Yorkshire Ambulance Service NHS
NHS Trust

An Aspirant Foundation Trust

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The full accounts for the year ended 31 March 2014 for Yorkshire Ambulance Service NHS Trust, together with further copies of this publication, are available on request.

If you would prefer this document in another format, such as another language, large print, Braille or audio file, please contact our Corporate Communications department at Trust Headquarters to discuss your requirements.

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