Yorkshire Ambulance Service NHS

NHS Trust

An Aspirant Foundation Trust

2012-13

Annual Report

Quality Accounts

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Our Mission

Saving lives, caring for you

Our Vision

To provide an ambulance service for Yorkshire which is continuously improving patient care, high performing, always learning and delivers value for money.

Our Values

W orking together for patients

We work with others to give the best care we can

E veryone counts

We act with openness, honesty and integrity - listening to and acting on feedback from patients, staff and partners

C ommitment to quality of care

We always give the highest level of clinical care

A lways compassionate

Our staff are professional, dedicated and caring

R espect and dignity

We treat everyone with dignity, courtesy and respect

E nhancing and improving lives

We continuously seek out improvements

Introducing Yorkshire Ambulance Service

Yorkshire Ambulance Service NHS Trust (YAS) was established on 1 July 2006 when the county's three former services merged.

We operate:

- a virtual emergency operations centre, based on two sites in Wakefield and York, where staff receive 999 calls and deploy the most appropriate response to meet patients' needs
- an accident and emergency (A&E) service in response to 999 calls
- a non-emergency patient transport service (PTS) which takes eligible patients to and from their hospital appointments
- an urgent medical help and advice line (NHS 111).

We are led by a Trust Board which meets in public every two months and comprises a non-executive chairman, five non-executive directors, and six executive directors, 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.

The region's terrain varies from isolated moors and dales to urban areas, coastline and inner cities. The catchment area for our NHS 111 service also includes North Lincolnshire, North East Lincolnshire and Bassetlaw.

We employ 4,612* staff, who together with over 960 volunteers, enable us to provide a 24-hour emergency and healthcare service to more than five million people. The largest proportion of staff, over 88%, are employed within frontline patient care which includes A&E, PTS, NHS 111, the Hazardous Area Response Team (HART), Yorkshire Air Ambulance paramedics and the Emergency Operations Centre (EOC).

**4,612 is a headcount figure. It equates to 4,013.36 whole-time equivalents.*

Chairman's Introduction

Welcome to Yorkshire Ambulance Service's 2012-13 Annual Report which is our formal record of performance and developments at the Trust during the last year. Our intention is to give you a real understanding of what your ambulance service has been involved in, including how we have performed against our key objectives, the quality of the patient care we have been providing and the steps we are taking to make further improvements to our services and transform the way we work.

During 2012-13 we handled almost 800,000 urgent and emergency calls, responded to over 717,000 incidents and undertook over 883,000 Patient Transport Service (PTS) journeys. We have supported many families in times of difficulty and know how comforting this can be, particularly when people find themselves in the most vulnerable and distressing circumstances. Despite the increase in demand for our emergency service the Trust has, for the second year in succession, achieved national response targets. This signifies a major step change in our organisation and we are committed to maintaining and improving this level of performance.

Our 999 call handling service continued to perform well with 95% of calls being answered within 5 seconds – our average time is just 3 seconds. Most importantly, we improved our clinical performance of the Ambulance Quality Indicators (AQIs), particularly in relation to cardiac arrest, heart attack care and return of spontaneous circulation (ROSC). We also delivered improvements in our PTS key performance indicators and continue to work to significantly improve this aspect of our organisation to meet changing market demands.

Our loyal and caring staff, both on the frontline and in support functions, are at the core of our services and over 200 of them were nominated by colleagues for going the extra mile for patients and staff at our annual *WE CARE Awards*. Their fantastic achievements in 2012-13 were celebrated at a ceremony held in York in May 2013. Along with our Long Service and Retirement Awards, they are an integral part of staff recognition at the Trust. In September 2012 over 200 members of staff, who between them had clocked up over 3,050 years of service, were honoured for their long ambulance careers.

2012-13 was a year of unique endeavour for the Trust because of events and initiatives we became involved in – supporting the Olympic Torch relay through Yorkshire and providing skilled staff to the Olympic and Paralympic Games in London.

An important part of our work programme last year was to mobilise the new NHS 111 service for Yorkshire and the Humber, having been successful in the competitive tender to run the service.

...the Trust has, for the second year in succession, achieved national response targets

Chairman's Introduction *(continued)*

"We are an aspirant Foundation Trust with 10,000 public and staff members."

Our geographical footprint has extended to Bassetlaw, North Lincolnshire and North East Lincolnshire for this urgent care service and the phased roll-out began in March 2013 and was completed in the summer of 2013.

We are an aspirant Foundation Trust with 10,000 public and staff members. This means that people in the local communities we serve and our staff can have a greater say about their ambulance service and we very much welcome this increased level of engagement.

With the tough economic climate continuing its grip on the UK, we are very focused on operating even more efficiently and developing and adapting our organisation and workforce to meet the needs of patients with less funding and the need to make significant cost improvements. This means changing the way we work and transforming our services to be fit for the future. Organisational development is a key area of focus, but one where high quality patient care remains the top priority.

We're also adapting to the new NHS structure and are committed to strengthening our engagement with newly-formed NHS organisations, including our commissioners - the Clinical Commissioning Groups (CCGs).

During 2012-13 two of our longest-serving Non-Executive Directors (NEDs), Roger Holmes CB and Richard Roxburgh, retired from the Trust and I'd like to take this opportunity to formally thank them for their valuable contribution over many years and the depth of knowledge and experience they shared with us at the Trust. We have welcomed Erfana Mahmood, Mary Wareing and Barrie Senior as NEDs on our Trust Board in 2012-13.

In addition, we said goodbye to our Executive Medical Director Dr Alison Walker. Alison was our longest-serving Board member and her immense contribution to improving clinical care in our region has left a legacy we will treasure and continue to build on for many years to come.

I have only been able to highlight just a handful of outstanding achievements from the past year, but there is much more detail ahead and I very much hope that you enjoy reading more about Yorkshire Ambulance Service and the work we do every day of the year.

Della M Cannings QPM
Chairman

Chief Executive's Welcome

2012-13 was one of the most challenging years I have experienced in my long ambulance service career, but I remain extremely proud of how much our staff managed to achieve during this time and their unstinting passion to deliver the very best clinical care to our patients.

We delivered on our key performance indicators for the second consecutive year, which is an important endorsement of the care we provide to our patients, but also builds confidence in those who commission our services.

A great deal of focus has been placed on our clinical priorities including pre-hospital cardiac arrest and our role in the pathway for patients suffering major trauma, and patients are now benefiting from improvements in equipment, and the way in which we manage patients with critical clinical needs.

Like all public sector organisations, the tighter financial climate is challenging us to find ways in which we can re-shape services to improve quality whilst reducing operating costs.
We recognise the need to continue working with other partners to find innovative solutions to care, and ways in which we can better join up care, to realise whole-system efficiencies, which in turn will reduce costs.

We recognise that we are operating in a more commercial and competitive environment, particularly in the Patient Transport Service (PTS) and urgent care sectors. Progress has been made in the timeliness and quality of our PTS business. There is further work to do in the coming year to ensure we realise the benefits arising from our transformation work, to ensure we have a competitive, high quality range of services for both patients and commissioners.

Through the 999 and NHS 111 services we are the largest single gateway to unscheduled healthcare services in this region and this places us in a key position to support the transformation of urgent care across our local communities working with our health and social care partners.

In 2012-13, much has been accomplished in terms of improving the quality of services and care we provide. Some of our key achievements include:

- Red 8-minute performance to respond to the most seriously ill and injured patients was 75.33% (against the national target of 75%) and Red 19-minute performance was 96.97% (against the national target of 95%) despite a 4.4% increase in demand.
- Our virtual Emergency Operations Centre (EOC), based on two sites in York and Wakefield, achieved the Accredited Centre of Excellence Award from the International Academy of Emergency Medical Dispatch® which is the 'kitemark' of quality for emergency operations centres worldwide. We are currently the 174th emergency operations centre out of over 3,600 worldwide to be accredited.
- Winning the contract to deliver the new NHS 111 service across Yorkshire and the Humber, Bassetlaw, North Lincolnshire and North East Lincolnshire.
- New care for patients involved in major trauma incidents through improved equipment and training and introduction of a senior paramedic in our EOC to coordinate care for those patients.
- Introduction of clinical supervisors as part of our developing Clinical Leadership Framework.
- Introduction of a new A&E workforce model to meet the future needs of our patients.
- Development of the capability of our Hazardous Area Response Team (HART) and securing funding to build a new HART site in 2013.
- A new Health Gold 'major incident' facility at our Wakefield headquarters for the North of England and the introduction of Medical Emergency Response Incident Teams (MERIT) in acute trusts to supply resources in a mass casualty situation.

These and many other achievements have only been made possible through the commitment and hard work of our frontline and support staff and managers. Looking ahead to the coming year we recognise the importance of working together with new partners to build systems that respond effectively to patients' needs, which provide the most appropriate care in a local setting, deliver high quality, safe care, and achieve this within the available resources. We enter 2013-14 in a strong and stable position, prepared to take on new challenges that will bring improvements in patient care and experience.

In 2013-14 our priorities include the following:

- Delivery of our Red emergency response targets and improving our Red 1 performance. (Red 1 priority refers to life-threatening cases where someone has had a cardiac arrest or is unconscious and not breathing.)
- Improving our A&E operational efficiency, flexibility and operating model.
- Delivering the final phase of our A&E workforce plan and associated training opportunities for staff.
- Increasing the number of paramedics, and optimising our advanced practitioner roles to support the provision of right care in the right setting for patients with urgent care needs.
- Continue to work with healthcare partners to develop local solutions to urgent care and care for patients with long-term conditions.
- Deliver improvements within our PTS.
- Full implementation of the new NHS 111 service by July 2013.
- Develop our estates model to support our operational delivery model, aligning fleet maintenance, logistics, vehicle cleaning and make ready (vehicle replenishment and preparation) services.
- Progress our staff engagement and involvement plans.
- Develop solutions for urgent care to support health economy priorities.
- Roll out Emergency Care Solution (ECS) – electronic patient report form to support remote decision-making and improve connectivity to other health economy systems.
- Continue to develop solutions to improving quality outcome indicators, with a focus on major trauma and survival from pre-hospital cardiac arrest.

I am pleased with our progress over the past 12 months and our organisation is ready to face new challenges and new opportunities to work with all partners to improve local services and meet the expectations of our users. We recognise the need to operate within tighter resources, but we are confident that we have a strong foundation from which to build upon.

David Whiting
Chief Executive

...Progress has been made in the timeliness and quality of our PTS business

Paramedic David Brayshaw holding baby Isabelle Dobson who couldn't wait to reach hospital before being born, with Emergency Medical Technician Alf Pickering and Isabelle's mum and dad, Lisa and Mark Dobson. Lisa said, "they were fantastic!"

Caring for our Patients

Accident and Emergency (A&E) Operations

In 2012-13 we continued the good progress that we have made in previous years and achieved all the national emergency response times for only the second year in our history. This demonstrates the stability of our emergency response model, particularly as these achievements were made against the backdrop of our busiest year ever responding to emergency calls throughout Yorkshire and the Humber. In addition to response times, we continue to demonstrate strong improvements in the quality of care we provide to patients when we arrive on scene as can be evidenced from the Ambulance Quality Indicators (AQIs) where our standards are benchmarked against other ambulance services.

In 2013-14 we have another national target to achieve; from 1 April 2013 for calls categorised as Red 1 (our most critically ill and injured patients) where an emergency response must be with the patient within 8 minutes of the 999 call arriving at the BT exchange in 75% of cases. We have detailed plans in place to achieve this target and ensure that we provide patients suffering from these most acute conditions with a timely response.

We believe our performance against the national target, as outlined in the table above, demonstrates the improvements we have made and the consistent and safe emergency response we provide to the people of Yorkshire and the Humber. In 2012-13 we exceeded the national standards for all key measures despite attending over 86,000 more incidents than in 2011-12.

Performance against the national target

	Target	2010-11	2011-12	**2012-13**
Red 8-minute response *(previously Category A 8-minute response)*	75%	73.72%	75.72%	**75.33%**
Red 19-minute response *(previously Category A 19-minute response)*	95%	97.38%	97.94%	**96.97%**
Green 1 response *(previously Category B 19-minute response)*	95%	93.69%	N/A	**N/A**

We received 796,151 urgent and emergency calls in 2012-13, an average of over 2,180 calls a day. We responded to a total of 717,610 incidents of which 269,235 were categorised as immediately life-threatening.

Emergency Operations Centre

Our virtual 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.

During 2012-13 the Trust was awarded the Accredited Centre of Excellence (ACE) status from the International Academy of Emergency Medical Dispatch® for our emergency call handling and dispatch. As our virtual EOC is based across two sites we have actually achieved multi-site Centre of Excellence. Achieving ACE status has not been an easy process, but this recognition is one of the most rewarding our EOC team has been able to achieve together.

...we were awarded the Accredited Centre of Excellence (ACE) status for our emergency call handling and dispatch

We are now one of only 174 emergency services accredited internationally. Since the merger of ambulance services in England in 2006, we are only the second ambulance trust in England to have achieved ACE status and we are the first in the country to receive this accreditation operating the new performance standards, which were introduced part-way through our application process.

The accreditation is awarded to emergency services that can demonstrate superior performance in training, quality assurance and improvement process and/or management, and very high compliance to protocol within their communication centre environments.

There have been a number of developments in our 999 EOCs in 2012-13 including:

- further improvements in the 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 rota review to match our staffing levels to periods of high demand more effectively
- developing our technical infrastructure to ensure greater resilience across the EOCs
- 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.

NHS 111

The new NHS 111 service went live on 5 March 2013, replacing NHS Direct. In West Yorkshire and Craven we also provide an integrated out-of-hours care pathway for primary care services delivered by Local Care Direct. In its first few weeks, to the end of March 2013, the service responded to over 53,400 calls for urgent medical help and advice.

The Trust has three NHS 111 call centres in Wakefield, York and near Rotherham. Clinical governance for this service is provided by our own Clinical Directorate.

In March 2013, for the initial stage of the roll-out, the service was staffed by 179 fully-trained call handlers, supported by 55 experienced nurses and paramedics, who ask callers questions to assess symptoms and give healthcare advice and direct them to the right local service as quickly as possible. This can include their GP, an out-of-hours doctor, walk-in centre or urgent care centre, community nurse, emergency dentist or late-opening pharmacy.

The new NHS 111 service is designed to assist people 24/7, who have an urgent need to speak to someone about their medical problem or need information about what services are available. Callers are offered advice about their condition and given details about the service that can best deal with their problem.

Patients should use the NHS 111 service if they urgently need medical help or advice but it is not a life-threatening situation, ie:

- it is not a serious emergency
- they think they need to go to A&E, a walk-in centre or minor injuries unit
- they don't think they can wait for an appointment with their GP
- they don't know who to call for medical help.

Our partnership of an ambulance service and out-of-hours provider creates a firm and experienced foundation for safe, effective and integrated patient care. Working together, we can deliver a high quality and responsive service for patients needing emergency or urgent care.

"We received a call from a patient's daughter who rang 111 and received care from an out-of-hours GP, 'The call handler was fantastic and knew exactly what care my mother needed and how to get her that care quickly and safely'."

Urgent Care

We have set out plans to develop and modernise our services to deliver our strategic aim - right care, right time, right place for patients with urgent but not emergency care needs and the Trust will deliver the range of responses required for patients who require urgent assessment, advice, care, treatment, diagnosis or referral.

This will ensure that the Trust provides urgent care which is clinically effective and targeted at the needs of the local population. It will also improve clinical care and outcomes for patients and improve patient experience across more integrated care pathways, such as delivering more care closer to home.

We have employed a Clinical Director and a Lead Nurse for urgent care to lead on this area of work and are using the NHS Vanguard Programme to guide part of the project.

Through our 999 and NHS 111 services we are the largest single gateway to healthcare services across Yorkshire and the Humber. 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. This will ensure that patients are managed in the most appropriate setting.

Treatment of Major Trauma

In April 2012 we successfully introduced a senior paramedic role into our EOC to manage major trauma across the region and work with other pre-hospital systems and emergency departments. This has enabled us to identify patients with potential major trauma so that their care can be tailored to their needs, including direct conveyance to a major trauma centre.

We continued to roll-out trauma training for paramedics, providing them with additional skills to improve the treatment of trauma patients, such as the use of haemostatic agents, arterial tourniquets and femoral traction splints.

Improving Public Health

Yorkshire Ambulance Service has access to people and places that many other health and social care services find it difficult to access, and we are often called by those with multiple problems who would not access or accept advice from other healthcare providers; including 'seldom heard' or 'hard to reach' groups.

We can add value to the services we provide by supporting these patients through national public health initiatives and campaigns, as well as leading on focused areas of public health specific to the communities we serve.

We are currently contributing to regional and local public health programmes and have set out the key public health priorities for the Trust both nationally and within the Yorkshire and Humber region.

We are currently working with regional partners in public health on the following priority areas:

- Smoking cessation advice.
- Winter awareness (including flu vaccination).
- Alcohol advice and awareness.
- Improving outcomes from cardiac arrest.
- Accident prevention.

Planning for an Emergency

This year we have had to deal with severe weather from summer onwards, including sporadic flooding and prolonged periods of cold and icy weather coupled with periods of snowfall. This tested all of our resilience plans at some point, including business continuity management systems and plans when the Trust called a 'Major Incident' on Friday 14 December 2012 due to the unprecedented number of 999 calls the Trust received between 06.00 and 13.00 because of extreme weather conditions.

With the NHS in the final phase of its reorganisation, the impact on the emergency preparedness, response and recovery agenda has been significant and the Resilience and Special Services Team is in the process of ensuring we can play our part in this new structure. Yorkshire Ambulance Service is represented on the three new Local Health Resilience Partnerships in place across Yorkshire and the Humber and by working with these groups we can ensure that resilience within the NHS is able to deal with all eventualities.

Every year the Resilience and Special Services Team carries out 'Operation Blitz'. This allows us to review our current plans and guidance to bring them up-to-date in light of our experience and streamline them so that they are more accessible and user-friendly.

Looking ahead, training for all staff and managers across the Trust remains a priority and we have continued to develop new innovative ways of delivering training to balance it against daily operational demands. As part of our emergency planning we remain committed to working alongside our partners and being actively involved in multi-agency table-top and practical training exercises, several of which have been successfully completed in 2012-13.

We continue to develop our business continuity management system to ensure we can deliver our critical services whatever situation we may be faced with.

With the support of our healthcare partners we have continued to develop the concept of Medical Emergency Response Incident Teams (MERIT). These are teams of clinical staff from hospitals trained and equipped to support the ambulance service at or near the scene of a major incident where there are large numbers of casualties.

This year we have also been working on plans to replace our Hazardous Area Response Team (HART) Operational Support Unit building and in 2013-14 work will begin on developing this new facility. In February 2012 the Trust's HART was the first team to be audited against the national HART specification and, whilst the final results of the audit are not expected until September 2013, we will act on any interim feedback to improve the effectiveness of our HART response.

A number of significant pre-planned events took place throughout the year and we are pleased to say that our contingency plans meant there was little impact on our usual business. We provided support to London Ambulance Service NHS Trust for the Queen's Diamond Jubilee Celebrations, we managed the impact of the 2012 European Football Championships whilst at the same time providing medical cover over the Olympic Torch six-day journey throughout Yorkshire and the Humber and finally, we were proud to be involved in the planning and support arrangements for the London 2012 Olympic and Paralympic Games.

Patient Transport Service

Our Patient Transport Service (PTS) is the largest ambulance provider of non-emergency transport in Yorkshire and the Humber. Our non-emergency PTS provides much needed support to patients and their carers and is an extremely important part of our service. We provide a safe service which is clinically supported.

We provide transport for people who are unable to use public or other transport due to their medical condition and include those:

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

During 2012 a number of ambulance services across the country, including Yorkshire Ambulance Service, lost PTS contracts to the private sector. In the increasingly competitive PTS market a significant amount of work is needed to transform the service so we can provide high-quality patient care and resources to ensure they get to their urgent treatments on time.

2012-13 was a busy year for PTS where we undertook 883,990 journeys. As well as continuing to work with our primary care trust commissioners on our four major contracts, we have been working with the new Clinical Commissioning Groups (CCGs), which became operational from 1 April 2013, to ensure that the transition is seamless for patients.

Throughout 2012-13 we faced numerous challenges and during winter 2012 we experienced a number of occasions when adverse weather conditions made delivering our service very difficult. However, we made it a priority to ensure that our patients' renal and oncology treatment was not interrupted during cold snaps or the Christmas period and worked with acute hospitals, healthcare professionals and our A&E service to ensure patient and staff safety was protected at all times.

Our PTS is also integral to the Trust's emergency planning, response and recovery plans. We provide additional support to our A&E colleagues in terms of additional resource on scene, patient transport to hospital and supporting 'business as usual' which still has to be maintained in the event of a major incident.

Plans to develop our PTS further in 2013-14 include:

- upgrading our Personal Digital Assistant (PDA) units to capture accurate patient journey-times, which allows us to identify where problems may occur in the patient pathway and resolve them quickly
- maximising service provision, particularly in rural areas by working with volunteer organisations and community groups
- a pilot scheme using volunteers to help PTS patients on their arrival at hospital and after their appointments
- continuing to develop our multi-award winning PTS Apprenticeship Programme
- improving access to our services and accuracy of booking information by increasing the number of service-users booking transport online
- continuing to develop and deliver bespoke services for patients who require additional support, eg bariatric patients (with specific needs around moving and conveyance) or end-of-life patients.

"Because of my age and physical disabilities, I would find it practically impossible to keep my various appointments without your service."

We are also making further cost efficiencies by removing unnecessary sections of the patient pathway, thus ensuring a more efficient service for patients. However, we are continuing to invest in our PTS ambulances which are designed with patients' comfort and safety in mind.

We are aware that, despite improvements, there are still concerns around patient delays following appointments. In order to reduce and eliminate waiting times we are working hard with our PTS teams and acute hospital partners across the region. Waiting times for patients after difficult and lengthy treatments has been highlighted as a particular concern from patient feedback and we are committed to reducing these.

During 2012-13 there were a number of significant changes and improvements made in PTS:

- We were named as one of Yorkshire and the Humber's best employers in the regional final of the National Apprenticeship Awards and National Training Awards in 2012. We are also one of four NHS trusts to be recognised in the 2012 Top 100 Apprenticeship Employers list in recognition of the very high standard of our apprenticeship scheme and outstanding training programme.
- Since it was introduced, 173 apprentices have completed the Apprenticeship Programme with the Trust and a further six apprentices are due to complete their training in PTS in 2014.
- We have appointed an Associate Director of Operations (PTS) which is a senior role responsible for ensuring that quality and patient experience is key to service development and delivery.
- Our key performance indicator compliance has improved, which means that the service quality for our patients is significantly better.
- We have delivered a number of patient-led focus groups which are particularly concerned with the experiences of patients with dementia and learning disabilities and their carers to get first-hand feedback regarding our services and make improvements.
- We have invested in our fleet to provide new PTS ambulances which ensure that patient experience is improved.
- We have streamlined our management structure to ensure that there are clearer lines of responsibility and accountability for service delivery in each area.

We are confident that these changes and successes provide a sound foundation to build upon for the coming years.

Our Fleet and Equipment

During 2012-13 we continued to maintain vehicles and equipment throughout the Trust to provide the best clinical care and comfortable transport for all of our patients.

We also developed an emergency ambulance van conversion which uses lightweight technologies and is more aerodynamic. It is more fuel-efficient and will help to deliver both financial and environmental savings.

A mix of new and used vehicles were provided to reduce the age profile of the PTS fleet, with 14 used vehicles being obtained for the cost of two new ones.

During 2012-13, the Trust purchased:

- 21 emergency ambulance van conversions fully kitted with medical equipment
- 2 HART rapid response vehicles
- 14 PTS bariatric-capable stretcher vehicles
- 14 PTS used stretcher vehicles
- 40 PTS cars
- 84 defibrillators.

The technical facilities within the Fleet Department have been enhanced to deliver efficiencies in vehicle repair, maintenance turnaround times and cost savings by reducing the use of specialist work being undertaken by external contractors. This has been achieved through:

- two new diagnostic testing machines for vehicle systems
- an automated testing lane (ATL) MOT facility installed at the Hull workshop.

During 2013-14 we anticipate increasing the number of emergency ambulance van conversions to enable the Trust to deliver further financial and environmental savings.

…we have developed an emergency ambulance which is lightweight and more aerodynamic.

Our Staff

We now employ over 4,600 staff and over the last few years, we have seen changes in the profile of our people and in our style of working. These are positive changes for the Trust, which we will continue over the next five years and beyond.

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.

During the last 12 months, we developed, consulted and obtained agreement to our five-year A&E workforce plan. This will see significant changes in our workforce make up. The plan has been developed to be wholly consistent with forecast demand/activity profiles across all parts of the organisation, aligned to the long-term financial plan and is wholly consistent with the key service developments included in the Integrated Business Plan.

Over the next five 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.

Workforce profile (headcount)		
	2007 (31 March 2007)	**2013 (31 March 2013)**
Paramedics	871	**1,289**
Emergency Medical Technicians	655	**461**
Emergency Care Assistants	nil	**104**
Other frontline staff	478	**493**
PTS staff	574	**615**
EOC staff	257	**378**
NHS 111 staff	nil	**343**
Administration and clerical staff	606	**680**
Managerial staff	106	**142**
Other staff	14	**11**
Male	1,869 (58.13%)	**2,464 (54.56%)**
Female	1,346 (41.86%)	**2,052 (45.44%)**
Average age	40	**44**
Male	42	**46**
Female	37	**41**

We have also introduced the role of emergency care assistant (ECA) into the service. ECAs will work with and support paramedics and the first cohorts of new entrants have been recruited, trained and deployed.

The required A&E workforce changes were progressed in partnership with our trade union colleagues. UNISON, as the largest trade union representing Trust employees, recognised the difficulties and challenges and also the benefits for their members and more importantly, the public. The Trust determined at the end of the consultation process to end the voluntary recognition of Unite the Union as the union had not engaged constructively with us. This decision was conveyed to Unite officials on 4 February 2013. As a consequence, the Trust currently only recognises UNISON for the purposes of collective bargaining, although early discussions are being held with the Royal College of Nursing (RCN) for the purposes of representing and contributing to matters affecting the increased nursing workforce employed by the Trust as a part of the new NHS 111 service.

Apprenticeships

For the second year in a row we have been successful at the NHS Yorkshire and the Humber Apprenticeship Awards. This year the Trust won the Large Apprentice Employer of the Year, which was in recognition of our commitment to developing a wide range of apprenticeships where individuals receive full basic training, on-the-job mentorship, learn job-specific skills and gain a range of qualifications from within an Apprenticeship Programme. Between April 2012 and March 2013 we recruited 28 new apprentices across all business areas and during this time, 64 existing apprentices secured a permanent position with us and 11 have secured a bank contract.

Foundation Trust Staff Membership

The Trust 'opted in' staff members as part of our Foundation Trust application membership strategy and recruitment plan at the start of September 2012, with 99% of staff remaining members.

Annual Staff Survey

The 2012 NHS Staff Survey had an overall response rate of 58%, which is a 3% increase in response rates from 2011 and increases the validity and accuracy of the responses. The overall staff engagement score from the survey improved slightly from 3.18 to 3.20 between 2011 and 2012. However, it is recognised that more work is needed to analyse the results and action plan for further improvements in 2013-14.

Resourcing and Recruitment

During the last 12 months, the Trust continued to recruit for a wide range of posts.

This included the mobilisation plan for the new NHS 111 service, with extensive recruitment activity and the management of the transfer of staff from NHS Direct. A bespoke induction, training and familiarisation programme has been developed to support staff new to the Trust and the service.

Additional recruitment activity has been undertaken across a range of service lines during 2012-13, including sizeable intakes for call handlers and emergency medical dispatchers for the emergency operations centre, recruitment for the Patient Transport Service and apprenticeship schemes. Recruitment to support the A&E workforce plan including emergency care assistants and qualified paramedics, also took place this year.

During March 2012, we piloted a recruitment and selection centre approach to assess candidate suitability based on values, attitude and behaviour. Over 400 staff applied resulting in 100 candidates being invited to the centre.

Staff category	Number of campaigns	Number of applicants	Establishment 1 April 2012 WTE and headcount	Establishment 31 March 2013 WTE and headcount
A&E	23	2,161	2,100 WTE 2,288	**2,120.07 WTE** **2,321**
PTS	20	1,163	552 WTE 648	**530.53 WTE** **725**
EOC/NHS 111	35	3,128	337 WTE 396	**639.68 WTE** **751**
Support	111	2,826	585 WTE 679	**530.79 WTE** **615**
Management	33	540	154 WTE 158	**163.29 WTE** **171**
Apprentices	17	732	48 WTE 48	**29.00 WTE** **29**
Total	239	10,550	3,776 WTE 4,217	**4,013.36 WTE** **4,612**

Our turnover remains low at 6.70% (WTE, which equates to 8.51% headcount) and represents 98 staff who have retired, 28 staff who were dismissed, 144 staff who resigned, and regrettably seven staff who died in service.

Long Service and Retirement Awards

In September 2012 the Trust held its fourth annual Long Service and Retirement Awards to recognise the dedication and commitment of 224 members of staff who had clocked up over 3,050 years of service between them.

YAS staff who had reached their 20, 30 and 40 years' service, as well as those who had retired, celebrated their achievements with their families and colleagues at an event at Nostell Priory, Wakefield.

The Queen's representative, Deputy Lieutenant Major David Wroe MBE, was the special guest who presented the awards along with Chief Executive David Whiting and Chairman Della Cannings QPM, to those staff who had achieved 20 years' exemplary frontline emergency service with the Long Service and Good Conduct (Queen's) Medal.

...staff who have gone above and beyond to deliver high-quality patient care

WE CARE Awards

The Trust held its second *WE CARE Awards* in May 2013 to mark the achievements of our staff during 2012-13 who have gone above and beyond the call of duty to deliver high-quality patient care.

There were seven award categories that staff could nominate their colleagues for and two special awards – YAS Partner Award and Chairman's Choice Award.

Over 200 staff were nominated for the various awards and were honoured at the ceremony which took place in York.

Absence Management

The level of absence within the Trust remains above target and work is continuing to reduce absence. In December 2012 a Board-level task and finish group was established with the aim of reducing the level of sickness absence within the Trust. In addition to concentrating on improving the quality and consistency of absence management, this group focuses on the prevention of absence, by working with the senior management teams within each department to proactively improve the wellbeing of staff. The levels of absence across the ambulance sector in the UK are broadly similar and we are contributing to the work nationally to assess the impact of the need for staff to work longer before pensionable age.

Sickness absence and number of calendar days lost												
2012-13												
Month	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
%	6.01%	5.74%	5.77%	6.19%	6.31%	6.18%	6.28%	6.63%	7.56%	7.27%	6.29%	6.17%
No 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	8,164
2011-12												
Month	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
%	5.27%	4.94%	4.98%	5.54%	5.49%	5.45%	5.62%	6.57%	6.55%	6.29%	6.33%	6.40%
No of calendar days lost	6,606	6,423	5,684	6,556	7,080	6,806	7,224	8,161	8,547	7,880	7,531	8,096

Health and Wellbeing

The Trust is currently reviewing its provision of occupational health services. A tender process is underway to move from four providers to a single provider. This should enable the Trust to provide consistent occupational health support across the organisation. The new provider will be encouraged to deliver innovative services, work in partnership with us to achieve a reduction in absence, and improve the overall wellbeing of our workforce. In the interim we are working closely with our current providers to sustain a high-quality service.

Employee Assistance Programme

In April 2012 the Trust rolled out the Health Assured Employee Assistance Programme. A single provider now delivers support and counselling services to our entire workforce 24/7. In addition to supporting the mental health of staff, the service also provides advice and support on issues including financial, relationship, family, legal, and drugs and alcohol problems. The service is also available to immediate family members of YAS staff. The quality of this service was rated in the most recent NHS Staff Survey with 74% of respondents agreeing that they were able to access services in a timely manner, 67% agreed the service was helpful in improving their wellbeing, and 73% agreed they would recommend the service to others.

Stress Management and Reduction

Work against this action plan has started with the Trust committing to the MINDFUL Employer charter. This voluntary registration is coordinated by Devon Partnership NHS Trust, and commits us to taking positive action towards mental health in the workplace. We will be monitored and reviewed against the charter on a regular basis to ensure we are taking positive and appropriate action to protect the mental health of our workforce.

Diversity and Inclusion

In 2012-13 the Trust identified, agreed and started to implement a set of equality objectives to continue to meet its obligations against the Equalities Legislation (Equality Act 2010). These objectives ensure that we create an organisation that embraces the benefits of diversity and inclusion and include the following:

- **Implement the NHS Equality Delivery System**

  YAS is using this nationally designed tool to embed diversity, inclusion and fairness into service delivery, workforce and leadership issues. A very successful stakeholder grading event took place allowing a diverse range of communities to provide support and input to assist the Trust in identifying gaps which have informed these objectives.

- **Collect, analyse, assess, record and act on patient data that recognises all relevant protected groups**

  The Equalities Patient Data has been published which has identified several gaps. Action plans have been produced to help fill these gaps and work is taking place on how to effectively use this data to improve service delivery.

- **Ensure that all operational staff have the skills and tools to treat patients and carers with dignity and respect**

  All new staff complete equality and diversity training upon induction and regular updates are provided to all staff through the statutory and mandatory training workbook. A very successful dignity and respect campaign has also taken place within the organisation.

  To improve understanding and support training interventions, a number of small engagement events have taken place with 'seldom heard' communities including deaf professionals, learning disabilities support groups, families and carers networks, and a number of older people's support groups.

- **Establish a workforce that reflects the community it serves**

  A comprehensive set of information showing workforce equalities data has been published. This data has been analysed and will inform future action plans to enhance our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse individuals within the workforce. YAS has retained the 'two tick' disability symbol, which is awarded by Job Centre Plus to employers who are positive about employing disabled people.

- **Develop staff support networks**

  The lesbian, gay, bi-sexual and transgender (LGBT) staff support network is now well established and meeting on a regular basis. YAS has also been accepted on to the Stonewall Health Champions Programme. The black and minority ethnic group (BME), although in its infancy, is starting to meet and membership is growing.

Leeds Pride 2012

Learning and Development

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.
- Development of an advanced practitioner programme.
- Development of an ECA core course.
- Development of an ECA conversion course.
- Progression of 61 students through the emergency medical technician to paramedic conversion programme.

Clinical Updates and Continuous Professional Development

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

As part of the continual development of operational staff, the department developed and delivered a range of continuous professional development events across the service during 2012-13, which included ECG modules, mental capacity, and dealing with loss and bereavement.

Governance Arrangements for Education and Training

An Education and Training sub-group has been established which reports to the Workforce Governance Group (set up to oversee the development and delivery of workforce strategy and policy). The purpose of the sub-group is to develop and monitor the Annual Education and Training Plan and review any required changes throughout the year. The sub-group is currently developing a process to quality assure all training activities across the Trust.

...the five-year A&E plan, reviewed the workforce requirements and educational needs for the service

Clinical Leadership

During 2012-13 the Trust introduced a Clinical Leadership Programme, which was supported by a range of assessments for clinical supervisors and clinical development managers. Clinical competency portfolios, initially for clinicians and later for ECAs were also developed. An induction programme for 114 clinical supervisors was also delivered this year.

Yorkshire Ambulance Service Placement Team

Since April 2012, the YAS Placement Team has arranged various placements to meet the requirements of the Teesside University and Sheffield Hallam University paramedic programmes. A total of 1,971 placements have been provided this year. The breakdown of placements is listed to the right.

The Placement Manager has carried out placement visits to these students as part of the quality assurance and student welfare requirements. Where possible, the placements have been evaluated by the students using the NHS Yorkshire and Humber Regional Educational Audit Tool (REAT), as part of the quality assurance programme and agreement with hospital trusts to support the students.

The new Observer Policy introduced in September 2012, involved constructing a new procedure to incorporate all of the necessary approvals of applications such as security checks, planning, recording and evaluation of placements and liaising with the various functions within the Trust.

Organisation	Placement type	Placements 2012-13
Teesside and Sheffield Hallam University Paramedic Programme	Hospital placements (theatres, A&E, CCU, paediatrics, maternity and MAU)	316
Teesside and Sheffield Hallam University Paramedic Programme	Supernumerary hours placements	1,274
Teesside and Sheffield Hallam University Paramedic Programme	In-house placements	82
Observer Placements with YAS by external students (CFRs, MOD staff etc)	Shifts with A&E crews	146 *(since Sept 2012)*
Applications pending in planning stages for observer placements	Shifts with A&E crews	77
Huddersfield University Student Nurse Pilot Scheme	Observer placements with A&E crews	44
Northern General Hospital/University of Sheffield Medical Student Pilot Scheme *(in the planning stage, due to go live in April 2013)*	Observer placements with A&E crews	32
Total number of placements		**1,971**

Leadership and Management Development

The Trust continues to promote the development of leaders and managers with access to accredited management programmes. Leaders and managers are supported in working towards recognised qualifications with either the Chartered Management Institute (CMI) or the Institute of Leadership and Management (ILM). A group of 30 leaders and future leaders have started their courses this year.

Learning Technologies

The Trust continues to develop its virtual learning environment 'YAS 247' - for example the College of Paramedics' Conference was recorded using video and audio technology and then edited

together with visual media used on the day to allow all staff to experience the learning at their own pace and convenience.

This platform provides additional support materials for staff which compliments the existing learning resources. The Trust's dementia awareness education programme is currently structured this way. Moving forward, learning technologies will play an increasing role in maximising the accessibility of learning for all of our staff.

A key development this year has been to increase the accessibility of continuing professional development (CPD) for staff.

Public Education and Community Engagement

The Community and Commercial Education Team expanded their community engagement programme during 2012-13 through building links with external organisations and working in partnership to deliver cross-educational messages.

During the year the team delivered the following projects:

Guns and Knives Takes Lives project is delivered to all year 8 pupils in every school within South Yorkshire (17,000+ pupils). It aims to educate young people on the dangers, effects and future consequences of carrying or using either a gun or a knife.

Take One Moment (TOM) Foundation works in partnership with public sector organisations to raise awareness of the dangers and consequences of reckless driving in young people.

This project highlights the aspects of making the right choices when getting into a car, ie wearing a seat belt, keeping to the speed limit and avoiding drink and drug-driving. We also cover the impacts of these incidents on the emergency services, friends and family.

We have delivered six sessions to 600 sixth form and college students aged between 16 and 18 across the East Yorkshire and Humber region.

We are also working with the TOM Foundation and Harper Creative to design a media campaign aimed at young people to highlight the potential risks when driving or being a passenger.

School Visits. We provide a basic education programme to 5,000+ primary school children around our region covering topics such as calling 999, the consequences of hoax calls and basic first aid. The children also get to see the inside of our educational ambulance and are introduced to the role of a paramedic as a 'person who helps people'.

Alcohol Awareness is an alcohol intervention programme designed to educate rather than convict individuals in West Yorkshire who have been involved in drunk and disorderly-related incidents. It is presented in an effort to 'break the cycle' and has initially been delivered to 50 people.

Road Safety Week. We have attended six Road Safety Week engagement events, where we delivered road safety messages including, safely crossing roads and 'be bright be seen'.

Leeds Health Champions. We have provided emergency life support training to Leeds Health Champions at four events which they have then cascaded to members of the public. The course covers how lifestyle choices can affect health and the causes of cardiac arrest, stroke and heart attacks.

The team has delivered training to over 3,500 delegates in difficult trading conditions. A new website was launched in April 2013 to help raise awareness of commercial training, provide on-line booking facilities and promote the Trust through its community engagement activities.

Foundation Trust Membership Recruitment Events. The team supported 54 recruitment and membership events across the region which encouraged members of the public to become Members of the Trust and we also delivered first aid awareness training to existing members.

14 events, led by the Trust's Chairman Della Cannings QPM, were also held specifically to engage with Members who are expressing an interest in standing for election as a Governor when YAS becomes an authorised FT.

"The paramedics were very thorough, compassionate and communicated clearly with the patient and her relatives."

Partnership Working

Community Resilience

The Community Resilience Department identifies potential Community First Responder (CFR) locations and volunteers to help patients who suffer life-threatening illnesses such as a stroke, heart attack, breathing difficulties and cardiac arrest. The CFR scheme is a partnership between YAS and local groups of volunteers within their communities. In many medical emergencies the first few minutes are critical. If effective treatment can be provided within these first few minutes, lives can be saved and disability reduced.

By the end of March 2013 we had 960 volunteer CFRs across Yorkshire and the Humber who belong to 212 CFR and co-responder sites, along with 251 static sites located across the region (a static site is a place with high footfall but does not move, eg a railway station, airport or shopping centre).

The community-based volunteers, static sites, and co-responders attended 16,813 incidents between April 2012 and March 2013, which is double the number of incidents compared to last year. 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 (AQIs), return of spontaneous circulation (ROSC) and stroke has shown significant improvement over the year. CFRs have attended over 380 cardiac arrests in this period across the region which represents 1.4% of all cardiac arrests attended by the Trust.

Partnership working arrangements have continued with mountain rescue services, HM Coastguard on the east coast and many additional static sites such as dental practices, GP surgeries, prisons and schools. Each of these locations now has access to an automated external defibrillator (AED). The East Riding of Yorkshire saw a significant increase in recruitment in the latter part of last year with additional volunteers supporting areas such as Withernsea, Hedon, Hornsea, Goole and Howden.

Educational Links

Public education, along with community engagement, has developed other projects, such as *Working Together to Save Lives*, which trained over 700 people in hands-only CPR in the first event earlier in the year. A similar event took place in Bridlington in February 2013 and another is scheduled to take place in October 2013 in Goole.

British Heart Foundation

Through its British Heart Foundation (BHF)-funded Community Resuscitation Development Officer, the Trust has delivered basic life support training to over 25,200 students (since 2009) and a diverse group of communities, including drug and alcohol-related projects and students with learning needs, disabilities and autism.

During 2012-13 an additional 173 Heartstart schemes have been established through our relationship with the BHF, which provides training and education in basic life support.

YAS BASICS Doctors

Throughout 2012-13 Yorkshire Ambulance Service continued to support 30 volunteer British Association for Immediate Care (BASICS) doctors who provide support to ambulance clinicians at serious road traffic collisions and other trauma incidents across the region.

Yorkshire Air Ambulance

Where speed is vital because of the severity or nature of a patient's injuries, or if the emergency cannot be reached by road, Yorkshire Ambulance Service provides paramedics for the Yorkshire Air Ambulance charity. The two helicopters are based at Leeds Bradford International Airport and RAF Topcliffe, near Thirsk, North Yorkshire.

At the *WE CARE Awards* held in May 2013, Yorkshire Air Ambulance was presented with the YAS Partner Award for 2012-13 to recognise the close working relationship between the charity and the Trust, where the team of highly skilled paramedics, pilots, doctors and dispatchers works together tirelessly to help patients across Yorkshire.

Our Estate

"Without the determination and professionalism of the paramedics, my father would not be alive today - they did save his life. My family and I are truly grateful for what they did and will always hold them in high regard."

In 2012-13 the Estates Department continued to reduce the Trust's energy bills and make working environments better by including them in its capital programme.

During 2012-13 there were a number of significant developments including:

- installation of new heating systems at Bridlington, Driffield, Hoyland, and Settle ambulance stations
- replacement of the two uninterruptable power supply units at Trust headquarters (Wakefield) as part of the Trust's electrical power resilience
- completion of phase 2 of the refurbishment at Bradford Ambulance Station
- additional parking at Harrogate Ambulance Station including additional vehicle-charging points
- refurbishment of the first floor and part of the ground floor of the Callflex building, which is the new NHS 111 call centre at Wath-upon-Dearne, Rotherham. Refurbishment of the ground floor at Trust headquarters (Wakefield) for the new NHS 111 call centre also took place in 2012-13.

Other successful projects completed during 2012-13 include:

- installation of lever arch taps on a number of hand washing sinks in sluice areas following a previous visit from the Care Quality Commission (CQC)
- repair of damaged and worn road surfaces at Doncaster and Wath-upon-Dearne ambulance stations.

In late 2012 the Estates Department was audited by an internal auditor in relation to Facilities Management and in early 2013 they received 'Significant Assurance' on this audit.

How We Work

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 public Trust Board meeting 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 questions.

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.

Environmental Policy

We aim to ensure that our buildings 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.

Our 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 plan is annually updated and identifies CO_2 savings to be made within Estates, IT, Procurement and Fleet Departments. The NHS aims to reduce its carbon footprint by 10% between 2009 and 2015. YAS has pledged to reduce its carbon footprint by 30% by 2015 based on the 2007 baseline.

YAS is committed to reducing the carbon footprint of its buildings, fleet and staff

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

Year	Total CO_2 emission *(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%

Yorkshire Ambulance Service Carbon Footprint Calculation

The carbon footprint for 2012-13 is estimated to be 18,100 tonnes of CO_2.

The Trust remains committed to reducing its carbon footprint. Due to increased demand for our services, coupled with a prolonged, cold winter, our vehicles have covered more miles and consequently used additional fuel.

In recognition of our carbon reduction work carried out during the year we have won many awards including a People and Environment Achievement Business Award 2012, as well as being shortlisted for the HSJ Good Corporate Citizenship Award 2012, Green Fleet Awards 2012 and EST Best Large Public Fleet 2012.

Yorkshire Ambulance Service Sustainability Report 2013-14

The NHS Sustainable Development Unit, 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. This is in line with data requirements in the HM Treasury's Financial Reporting Manual.

We have incorporated the following points:

- In 2012-13, we recycled 282 tonnes of waste, which is 64% of the total waste we produce. All our general waste is now sent to an refuse-derived fuel (RDF) plant where it is used to produce fuel. We do not currently generate any energy and renewable energy represents 0.0% of our total energy use. We have not as yet made arrangements to purchase electricity generated from renewable sources.
- 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 2012-13 was £0.
- During 2012-13 our fuel expenditure was £8 million against £7.2 million in 2011-12. Most of the increase is due to rises in international fuel prices and 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 electrical vehicle in our PTS and a hybrid frontline A&E vehicle.

Clinical and non-clinical waste recycling	2012-13 *(tonnes)*	2011-12 *(tonnes)*	2010-11 *(tonnes)*
Waste sent to landfill	7.61*	363	524
Waste recycled/ reused	282	322	320
Waste incinerated/ energy from waste	34.93	0	10.5
Waste sent for fuel recovery	115	0	0
Security waste	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.*

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 meet legal and good practice responsibilities in relation to information.

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

In the past year the Trust has appointed an Information Governance Manager to provide continuing operational support for Information Governance within the Trust.

Yearly self-assessments against 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 Department of Health which draws together 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 2012-13 our internal auditors (East Coast Audit Consortium) audited a number of the requirement areas, reporting significant assurance against all areas examined.

Over the last year the Trust has made further progress against its Information Governance work programme and this has contributed to the internal audit assurance given. This year our improvements include:

- reviewing our policies and strategies in relation to Information Governance
- doing further work to train key staff in the management of information risk, further strengthening our business continuity arrangements in relation to electronic systems supporting patient care
- continuing to ensure our Airwave communication is secure. This is an important means of communication for our ambulance crews out on the road
- continuing to make sure our staff are trained in the confidentiality, data protection and security of personal information
- continuing to make sure our transfers of paper and electronic personal information are secure.

Statement in Respect of Information Governance Serious Incidents Requiring Investigation

During 2012-13 there were no personal data-related incidents that met the Information Governance Serious Incidents Requiring Investigation (SIRI) criteria. 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 are shown in aggregate in the table below.

Category	Nature of incident	Total
V	Other	1
IV	Unauthorised disclosure	1
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	0
II	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	2
I	Loss of inadequate protected electronic equipment, devices or paper documents from secured NHS premises	0

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 Clinical Governance Committee 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 2012-13 was Steve Page, our Executive Director of Standards and Compliance.

The Caldicott Guardian during 2012-13 was Dr Alison Walker, Executive Medical Director.

"Couldn't do enough for me. Very professional and kind and as far as I am concerned, they made me feel safe and at ease."

Charitable Fund

YAS 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.

If you would like to make a donation to the YAS Charitable Fund, or for more information, email CharitableFunds@yas.nhs.uk or phone: 01924 584370. Alternatively, you can contact our Corporate Communications Team, email corp-comms@yas.nhs.uk or phone: 01924 584051.


YAS GOLD

The Trust Board 2012-13

Chairman

Della Cannings QPM

Chief Executive

David Whiting

Deputy Chief Executive and Executive Director of Workforce and Strategy

Stephen Moir

(Stephen left the Trust on 30 June 2013)

Executive Director of Finance and Performance

Rod Barnes

Executive Director of Standards and Compliance

Steve Page

Executive Medical Director

Dr Alison Walker

(Dr Julian Mark took over as Executive Medical Director from 1 April 2013)

Executive Director of Operations

Paul Birkett-Wendes

(Paul left the Trust on 30 June 2013)

Non-Executive Directors 2012-13

Patricia Drake
Elaine Bond
Erfana Mahmood
Barrie Senior
Mary Wareing

Richard Roxburgh retired on 31 July 2012
Roger Holmes CB retired on 30 September 2012

Non-Executive Directors 2012-13

In addition to their attendance at Trust Board meetings, the Non-Executive Directors chair Tier 1 committees as described on page 44.

Della Cannings QPM is the former Chief Constable of North Yorkshire Police (2002-07). She served for 32 years as a police officer as well as being the Senior Police Advisor at the Home Office. She is a holder of the Queen's Police Medal and a life member of the Association of Chief Police Officers. She is also a member of the Lord Chancellor's Advisory Committee for West Yorkshire (Calderdale and Kirklees Sub Committee), a Director of the Association of Ambulance Chief Executives and Chair of the National Ambulance Service Chairman's Group. She is a consultant to businesses on strategic development and fast-time business change, a member of the Institute of Directors and a Fellow of the Royal Society for the encouragement of Arts, Manufactures and Commerce (RSA).

Patricia Drake has extensive experience from her career in the NHS, including her former role as the Assistant Chief Nurse at Bradford Teaching Hospitals NHS Foundation Trust. She is currently the Director of Innovate and Develop Ltd, Vice Chair of Locala and a Justice of the Peace in Calderdale.

Elaine Bond has extensive commercial experience of developing strategies from major restructuring initiatives. She is experienced in improving efficiency in manufacturing, logistics and supply chains. She was previously Group Operations Director at UK Greetings Ltd, a leading designer, manufacturer and supplier of greetings cards and related stationery products.

Erfana Mahmood is a qualified senior solicitor with extensive audit and governance experience. She is the Head of Volume Commercial Lending at a Leeds-based commercial law firm and has over ten years' experience in the high value commercial lending sector and over 15 years' public sector housing experience. She was previously a member of the Group Board for Accent Group Limited and is a Senior Independent Director of YAS.

Appointed 15 May 2012

Barrie Senior is a Chartered Accountant with a wide range of board-level commercial and financial management experience. He is the Chairman of the Trust's Audit Committee and a Fellow of the Institute of Chartered Accountants in England and Wales (FCA). He is the Non-Executive Director of Aedas, a leading UK and international architecture practice, and a former partner in two leading accountancy firms, specialising in risk management, internal and external audit, and information systems audit and security.

Appointed 16 August 2012

Mary Wareing is an experienced programme director with strong stakeholder management skills and has extensive experience in driving transformational change in both the public and private sectors. She is currently the director of Lamont Wareing Limited, a consultancy specialising in operational transformation. Her previous roles have included senior positions at Arla Foods UK, Sheffield City Council, project manager at Irwin Mitchell LLP and as a consultant at McKinsey & Co.

Appointed 24 April 2012

Trust Board - Declaration of Interests

Non-Executive Directors					
Name	Paid employment	Directorships of commercial companies	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	Sole Trader	Director, Association of Ambulance Chief Executives	Director/Trustee, Yorkshire Youth and North Yorkshire Youth (both companies limited by guarantee and registered charities)	Public Member, Lord Chancellors Advisory Committee, Calderdale magistrates	Life Member, Association of Chief Police Officers Member, Institute of Directors Member, Royal Society for the Encouragement of Arts, Manufactures and Commerce
Patricia Drake	Innovate & Develop Ltd	Innovate & Develop Ltd	Chair, Artworks	Vice Chair, Locala Communities Kirklees Community Health Vice Chair/Governor, Dixon Allerton Service Academy Governing Body Nurse, Bradford CCG Justice of the Peace, Calderdale, West Yorkshire	Royal College of Nursing
Elaine Bond	Internationals Greetings Plc	International Greetings Plc Whitegate Technologies Ltd (Director – unpaid)	None	None	None

Non-Executive Directors					
Name	Paid employment	Directorships of commercial companies	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	Accent Group Ltd Chorley and District Building Society Walker Morris	Accent Group Ltd Chorley and District Building Society	None	None	Member, Law Society
Barrie Senior	Self Employed (NED) Aedas Management Services (Partnership) Self Employed Partner, Senior Associates LLP	None	None	None	Fellow, Institute of Chartered Accountants in England and Wales (FCA)
Mary Wareing	Lamont Wareing Ltd	Director, Lamont Wareing Ltd	None	None	None
Richard Roxburgh *(left July 2012)*	None	None	None	None	Fellow, Chartered Institute of Management Accountants
Roger Holmes *(left September 2012)*	None	None	Member of Council, St John Ambulance, South and West Yorkshire	None	None

Chief Executive and Executive Directors					
Name	Paid employment	Directorships of commercial companies	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	None	None	None	None	Health and Care Professions Council
Stephen Moir	National Policing Improvement Agency *(Appointment ended October 2012)*	None	Non-Executive Board Member, Chartered Institute of Personnel and Development (CIPD) Executive Committee Member, Involvement and Participation Association (IPA)	Independent Non-Executive Resources Committee member, National Policing Improvement Agency *(paid – appointment ended October 2012)*	Chartered Fellow, Chartered Institute of Personnel and Development Fellow, Chartered Management Institute Fellow, Royal Society for the Encouragement of Arts, Manufactures and Commerce (RSA) Associate Member – Public Sector People Manager's Association (PPMA)
Paul Birkett-Wendes	None	None	None	None	None
Steve Page	None	None	None	None	Nursing and Midwifery Council Registration
Rod Barnes	None	None	None	HFMA member, Governance Audit Committee	Chartered Institute of Management Accountants Healthcare Financial Managers Association

Chief Executive and Executive Directors					
Name	Paid employment	Directorships of commercial companies	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 Alison Walker	Consultant, Mid Yorkshire Hospitals NHS Trust	None	None	Medical Director (Yorkshire Air Ambulance 2006 - ongoing) Chair, National Ambulance Service Medical Directors Group (February 2012- ongoing) Ambulance Service Medical Director Representative on the UK search and rescue group (2007 - ongoing) Member of the Board and regional Chair of the Faculty of Pre-hospital Care, Royal College of Surgeons of Edinburgh (2007 - ongoing) Medical Advisor to the Chief Fire Officers Association – Immediate Emergency Care Group (2006 - ongoing) Joint Royal Colleges Ambulance Liaison Committee (JRCALC) member (2005 - ongoing)	General Medical Council Fellowship in Immediate Medical Care, Royal College of Surgeons of Edinburgh Fellowship, College of Emergency Medicine Fellowship in General Surgery, Royal College of Surgeons of England Fellowship in Dental Surgery, Royal College of Surgeons of England
David Williams (Acting Executive Director of Operations) *February - June 2012*	None	None	None	None	None

Trust Board and Committee Membership

"I was happy with the service and was assured at all times. I was treated with kindness and expertise."

The Trust Board and Committee membership at Tier 1 committees remains unchanged during 2012-13.

Committee	Membership
Quality Committee	Three Non-Executive Directors
	Executive Director of Standards and Compliance
	Executive Medical Director
	Executive Director of Workforce and Strategy
	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
Charitable Funds Committee	Two Non-Executive Directors
	Executive Director of Finance and Performance
Remuneration and Terms of Service Committee	Non-Executive Directors, including Chairman


Every year we strive to continue to raise quality standards...

Statement on Quality from the Chief Executive

Every day Yorkshire Ambulance Service staff respond to around 2,000 patients in emergency and urgent situations and transport over 6,000 patients to and from hospital for routine appointments. Those working as frontline clinicians, drivers and call takers are supported by our support services such as Information Technology, Fleet, Estates, Human Resources and Finance departments.

Central to our team work is our shared goal to deliver the highest quality care for our patients. This is reflected in our mission statement: ***Saving Lives, Caring for You.***

Every year we strive to raise quality standards through the strategies led by our Trust Board and the business plans delivered locally by our managers. This is a time of significant change for healthcare organisations as we adapt to the new structures within the NHS and the challenging financial climate. However, throughout these changes we are committed to maintaining and promoting high quality patient care. We are developing the ways we measure and monitor our quality performance to ensure that we achieve this objective and quickly identify any areas where we may need to make changes.

During 2012-13 our quality programme has included four main themes: our people, developing our services, our internal systems and external assessment.

Our People

This year we started two major programmes which are designed to ensure that we have the right people, in the right roles with the right skills - both now and in the future. Firstly, we have launched our **A&E Workforce Plan** for 2012-17: This provides a framework under which we will achieve our objective of a registered paramedic on every A&E vehicle, supported by emergency care assistants (ECAs) who provide clinical support and driving skills. Paramedics will be supported with ongoing education and professional development and have opportunities to develop into more senior clinical roles within the Trust.

Secondly, we have continued to implement our **Clinical Leadership Framework**. This has been about building the skills of our clinical leaders and improving the structures in which they work. Clinical leaders attend a bespoke module, delivered in partnership with Bradford University, which develops and assesses clinical leadership skills and requires participants to identify and present a service improvement project. Through the framework, all clinical staff now have a clinical supervisor and there is greater clarity on the lines of accountability and consistent access to education and development.

Work delivered through the framework this year is to ensure that staff can put forward their views and take part in service improvement, and standardising practice where it is shown that this improves patient safety.

Developing Our Services

Our **Integrated Business Plan** 2012-17 sets out four main areas of development in:

- saving the lives of more people suffering major trauma
- increasing the number of patients receiving appropriate clinical advice rather than an ambulance response
- providing the NHS 111 service for our region to meet the needs of people needing urgent care
- introducing new technologies to enable our clinicians to create electronic patient report forms (ePRFs) and access other records and care plans.

Quality is at the heart of all these service developments which are aimed at getting patients to the best source of care for their needs, as quickly as possible.

Developing the way we respond to patients needing **urgent care** is a particularly important focus as the NHS 111 service emerges. Within our A&E and Patient Transport Service (PTS) we are also looking at the way we respond to patients needing urgent care who contact us via 999 and we have now appointed a Lead Nurse for Urgent Care to lead this work.

Key themes within the Urgent Care Strategy are:

- developing clinical assessment skills; both telephone assessment via our emergency operations centres clinicians working in our Clinical Hub, and the face-to-face assessment skills of frontline clinicians
- continued development of alternative care pathways for those patients who do not require care in a hospital setting
- integrating communication, building understanding and working arrangements within primary and social care
- enabling staff to support public health initiatives to promote self-care
- engaging staff in the ongoing delivery and development of the urgent care agenda.

This year, two particular pieces of work have demonstrated how this approach works in practice to improve quality for patients. Our **End of Life Care Group** has looked at improving the way we work across organisational boundaries and providing a timely and appropriate response for patients at the end of their lives. Our Lead Nurse for Urgent Care has also increased our engagement with a number of care homes to promote their awareness of the best routes to access care in different situations.

Our **PTS** continues to work with commissioners to meet the challenge of delivering a service which is both high quality and affordable. We are developing new service specifications which recognise the complexity and variability of the service and achieve both consistency across the region and local flexibility.

An important part of developing these specifications has been the work we have done to listen to the views of patients. We know that patients want a timely service and to receive good communication from us about when they can expect their transport to arrive. To understand how best to achieve this we have looked in detail at our planning function and we have identified where we can make improvements. Where we tried this in South Yorkshire we achieved between 0.4% and 1.66% improvements in performance. The PTS team is now looking to introduce these changes in other areas of Yorkshire.

The PTS team recognises that they still have improvements to make, but through the PTS Transformation Programme, they have a committed team who can build on the foundations that have been laid.

In July 2012 it was announced that Yorkshire Ambulance Service was successful in its bid to run the **NHS 111** service for Yorkshire and the Humber in partnership with Local Care Direct. The NHS 111 service makes it easier for the public to access healthcare services when they need medical help in a situation which is not life-threatening. It has been available to the public throughout Yorkshire and the Humber since March 2013. The contract also includes out-of-hours urgent treatment services for residents of West Yorkshire, Craven, Barnsley, North Lincolnshire, North East Lincolnshire, Bassetlaw and Hull and East Riding.

NHS 111 is a comprehensive service that is free to call and will provide clinical assessments of callers' needs at the first point of contact. It will ensure that patients are referred to the service that best meets their needs.

Developing robust clinical governance systems has been a major part of demonstrating that we are ready to deliver the NHS 111 service. Learning from these systems will be important and this will be shared with commissioners as the service develops to ensure that any areas requiring improvement are identified and that good performance is recognised.

To ensure that we can offer a safe, timely service to all callers, we have agreed with our commissioners that we will take a staged approach – building up the numbers of calls we handle over time. Patients in all areas can access clinical advice via NHS 111, however in some areas, the full integration with the GP out-of-hours service was not in place until July 2013.

Our Internal Systems

Internal systems act as important safeguards for the quality of care. Our monitoring systems check how we are performing against key performance indicators and allow us to identify areas where we are performing well and where we may need to take action. We have a set of quality indicators which form part of our performance report and the dashboards for each local area – these include numbers and types of incidents reported, complaints and concerns, compliance with infection prevention and control standards, numbers of safeguarding referrals and results of patient experience surveys. Supporting these paper reports, we also have a programme of unannounced Inspections for Improvement and the Directors' and Associate Directors' Listening Watch Scheme (see page 59).

We have a significant challenge each year to deliver our Cost Improvement Programme whilst also managing increasing demand for our services. We have introduced a quality impact assessment process to establish and monitor the impact of changes on the quality of care we provide.

Having high quality data about incidents and complaints is a vital part of any quality management system. The Incident Management System was replaced, in April 2013, to provide us with improved reporting analysis capabilities.

Patient safety continues to be a high priority and we have been working, as part of our Commissioning for Quality and Innovation (CQUIN) programme, to develop a Safety Thermometer tool which is relevant for ambulance services. The Safety Thermometer has been developed in hospitals to measure the prevalence of harm to patients as a proportion of all patients seen. We want to learn from the best practice developed in the acute sector and identify where we can reduce harm in the ambulance service.

Following the publication of the Francis Report into the failings at Mid-Staffordshire Hospitals NHS Trust, we have reviewed its recommendations in close detail to understand their implications for our Trust. We share the NHS-wide commitment to putting patients at the centre of everything we do and promoting a culture of compassionate care. Although we already meet many of the standards and good practice recommendations, like all organisations, we have more we can achieve and we have built actions into our 2013-14 quality plans to ensure that we continue to safeguard high standards of care at every level.

External Assessment

We continue to progress on our journey to becoming a Foundation Trust. There have been a number of external assessments for quality governance. The assessors have been satisfied that our arrangements are of a good standard to allow progression through the Foundation Trust application.

In November 2012 we were assessed by the NHS Litigation Authority under their Risk Management Scheme for Trusts. We maintained our compliance at Level 1 with all 50 criterion compliant at this level.

In January 2013 we received an unannounced inspection from the Care Quality Commission (CQC). The inspectors looked at seven of the CQC Essential Standards of Quality and Safety and assessed that we were compliant with them all. The report can be found on the CQC website http://www.cqc.org.uk/directory/rx831

"The professionalism and care/consideration I received in relation to my care, pain management and reassurance by paramedic and ambulance crews was second to none."

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 these Quality Accounts 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

Our Strategic Objectives

- To improve clinical outcomes for key conditions.
- To deliver timely emergency and urgent care in the most appropriate setting.
- To provide clinically-effective services which exceed regulatory and legislative standards.
- To provide services which exceed patient and commissioner expectations.
- To develop culture, systems and processes to support continuous improvement and innovation.
- To create, attract and retain an enhanced and skilled workforce to meet service needs now and in the future.
- To be at the forefront of healthcare resilience and public health.
- To provide cost-effective services that contribute to the objectives of the wider health economy.

Priorities for Improvement 2013-14

Each year NHS trusts are asked to identify a number of areas where they can make quality improvements. These should be selected based on information from internal monitoring systems and consultation with patients and partner organisations. They should also be aligned to the national agenda through the NHS Operating Framework published by the Department of Health, and to locally-agreed commissioning priorities through the CQUIN schemes for A&E and PTS.

Our engagement work is summarised on page 67 and has included LINks, our expert patient, health scrutiny committees, patient-representative groups and commissioners.

From the consultation exercise three particular proposals were identified:

- **Building on 2012-13 work to improve care of people with dementia.**
- **Reducing inappropriate 999 calls.**
- **Building on 2012-13 work to improve services in rural areas.**

These are all reflected in the following priorities for 2013-14. The theme of caring for those with dementia is included within Priorities 2 and 5. Reducing inappropriate 999 calls is included within Priority 4.

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

Rural areas present challenges for ambulance services since calls for similar sized geographic areas are less frequent than in urban areas and are more widely spaced.

In 2012-13 we developed new ways of responding to calls for ambulance assistance which better meet the needs of patients in rural areas. This included a pilot scheme allocating a community paramedic to a medical centre in Pickering, North Yorkshire, to work alongside the GP and practice/district nurses. We also worked with holiday parks to train staff to perform cardiopulmonary resuscitation (CPR) and use defibrillators.

In 2013-14 we will build on this work by reviewing the effectiveness of the pilot schemes and developing further alternatives for patients for whom an ambulance response and conveyance to hospital is not necessary. Our aim is to further improve our achievement against the Ambulance Quality Indictors (AQIs) for patients in the four areas defined as rural by the Office of National Statistics: Calderdale, East Yorkshire, North Yorkshire and Wakefield.

To achieve this target we will need to:

- produce information showing our performance against the AQIs for the four rural areas
- develop and implement plans to roll-out the schemes developed in 2012-13 and develop new schemes
- evaluate the success of the schemes both through achievement against AQIs and through a patient satisfaction survey.

Priority 2 Working with care and residential homes

Yorkshire Ambulance Service responds to a significant number of urgent and emergency calls from nursing and residential homes. There is emerging evidence that an ambulance service response is not always the most appropriate source of care for these patients. The York area will work collaboratively with nursing and residential homes to create alternative pathways for patients and education packages for staff. Within the York area, information will be produced showing numbers of calls received and call outcomes from the nursing/ residential homes from whom we most frequently receive calls. This information will be used to develop plans across Yorkshire to engage care/ residential home colleagues.

To achieve this target we will need to:

- develop an information dashboard showing calls from nursing/residential homes who frequently call Yorkshire Ambulance Service
- agree plans for engaging with care/ residential homes to develop new pathways and educational opportunities
- monitor the dashboard information to evaluate the effectiveness of the work described above.

Priority 3 Achieve a reduction in the harm to patients through the implementation of a safety thermometer tool

In 2012-13 we started work on developing a Safety Thermometer tool relevant for ambulance services. The Safety Thermometer tool has been developed in the acute sector to measure the prevalence of harm to patients as a proportion of all patients seen. We want to learn from best practice developed in the acute sector and identify where we can reduce harm in the ambulance service.

During 2012-13 we analysed incident data to identify the main areas where harm may occur to patients. This showed three categories where we can reduce the risk of harm to patients. These relate to preventing falls and injury to patients who are in our care and correct coding of 999 calls.

In 2013-14 we will be building on this work to report on these three categories, identify and deliver actions to reduce the levels of harm and monitor the effectiveness of these actions.

To achieve this target we will need to:

- develop a project plan explaining how levels of harm will be calculated
- produce data showing current levels of harm
- define the actions to reduce harm and ensure they are implemented
- produce data showing levels of harm after the actions are completed to monitor the effectiveness of the actions.

Priority 4 Public education

During 2012-13 we launched an awareness campaign to increase public understanding of when to call 999. Whilst we appreciate that an ambulance is often called at times of vulnerability and fear, we want to make people aware of more appropriate alternatives when the patient does not have a life-threatening condition.

We will be building on the work done in 2012-13 to further develop our communication plans and campaigns and our educational resources. This will include looking at the opportunities to work with the new Local Healthwatch organisations.

To achieve this target we will need to:

- develop a project plan for raising awareness in 2013-14
- develop our understanding of our target audiences and the best way to get our messages to different groups
- develop new educational resources
- specify how we will be evaluating the success of this work.

Priority 5 PTS improvement

Our PTS continues to work with commissioners to meet the challenge of delivering a service which is both high quality and affordable.

We know from our patient surveys and engagement work that patients want to be picked up in time for their appointments, have short waits for return transport after their appointments and to receive good communication from us about when they can expect their transport to arrive.

In 2013-14 we will improve our performance against waiting time targets agreed with commissioners, in particular reducing waiting times for return transport.

To achieve this target we will need to:

- revise our planning and scheduling processes working closely with healthcare professionals and patients to reduce waiting times
- amend our road staff rotas to ensure we match our staff availability to our busiest times of the day
- streamline our management structure to ensure visibility and local accountability.

Measuring, Monitoring and Reporting

Progress against the priorities for improvement will be monitored through the CQUIN delivery programme. A lead manager has been assigned for each priority and will be responsible for ensuring that the work is delivered, and for providing progress reports. The reports will include performance against agreed milestones. The Clinical Governance Group and Trust Board will receive monthly updates.

"I am very grateful to the Patient Transport Service. I have always been treated with care and consideration."

Patient Story

Mr H lives in the Sheffield area. He told us that he went through a difficult period including divorce, redundancy and living in undesirable accommodation. It was around this time that his alcohol intake increased until eventually he said he was drinking an average of up to one litre of whisky a day.

During this period, Mr H required ambulance assistance three times. On each occasion he was having seizures (thought to be induced by excessive alcohol consumption). On the last occasion he responded positively to an ambulance crew asking if he would like to be referred to an alcohol service to gain support. Mr H told us it proved to be the start of his journey to recovery.

Mr H told us that it didn't take long before he was contacted by the Fitzwilliam Centre (part of the Sheffield Care Trust Substance Misuse Service). He said the help he was offered included counselling, a support group and medication. He was also signposted to other support services (such as housing and financial advice).

When we spoke to Mr H he said he was very pleased to say that he hadn't been drinking for over six months and that his quality of life had improved immensely.

He told us that he still attends counselling sessions which he finds beneficial and that he considers himself very lucky that he hasn't suffered any liver or brain damage.

Mr H wanted to give a message to ambulance staff:

"Someone in my state wouldn't often seek help themselves or are often not in a state to do so. I would like to give a message to all ambulance crews to take every opportunity to try and refer patients with alcohol problems; it might seem as if it will fall on stony ground but on every occasion they should try. The input from the crew was invaluable for me and could be for others too.

"In terms of the ambulance service, I would like to say thank you very much for their help; on each occasion they did a great job; arriving, treating me and transporting me to hospital quickly.

"All in all my overall experience of NHS services has been excellent. Thank you again, I am very grateful!"

Statements of Assurance from the Trust Board

The Trust Board has overall responsibility for the services provided by Yorkshire Ambulance Service and is accountable for the quality of those services. The Board receives reports at every meeting on quality performance. Specific responsibility for receiving assurance on the effectiveness of our systems for delivering, measuring and monitoring quality is delegated to the Quality Committee. The Chair of the Quality Committee reports on the committee's work to the Trust Board.

As well as receiving reports, the Board needs to hear directly from the users of our services. We start every Trust Board meeting held in public with a patient story which sets the tone for our meeting and helps us focus clearly on the needs of our patients.

As part of our preparations towards achieving Foundation Trust status the Board continues to develop its systems of quality governance. We continue to challenge ourselves and to work with our commissioners and other partners to raise our standards.

The National Health Service (Quality Accounts) Regulations 2010 require the Trust Board to make a number of statements of assurance. These are common to all providers, which makes our accounts comparable with those of other organisations.
The statements confirm the total number of services we provide, that we have participated in research and national audits and that we are registered with the CQC.

Della M Cannings QPM
Chairman

Review of Services 2012-13

During 2012-13 Yorkshire Ambulance Service provided seven NHS services:

- An **Accident & Emergency response** (this includes handling 999 calls and providing an Emergency Care Practitioner service).
- A **Patient Transport Service** for eligible people who are unable to use public or other transport because of their medical condition.
- **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** helicopters.
- An **NHS 111 service** for access to urgent care.

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

- critical care bed-base helpline
- a telephone provision for the out-of-hours District Nurse service
- 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.

Yorkshire Ambulance Service has reviewed all the data available to them on the quality of care in all these services.

The income generated by NHS services reviewed in 2012-13 represents 100% of the total income generated from the provision of NHS services by Yorkshire Ambulance Service in 2012-13.

Participation in Clinical Audit

Yorkshire Ambulance Service has continued to keep quality governance as one of its main priorities for 2013-14.

We are committed to delivering effective clinical audits in all the clinical services we provide and see clinical audits as a cornerstone of our arrangements for developing and maintaining high quality patient-centred services.

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.

During 2012-13 two national clinical audits and no national confidential enquiries covered NHS 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:

1. Myocardial Ischemia National Audit Project (MINAP)/National Infarct Angioplasty Project (NIAP). This is a national database which gathers information on all patients who have had a heart attack or suffered acute coronary syndromes and of patients referred for an angioplasty surgical procedure. The audit produces an annual report *How the NHS manages heart attacks* to show the performance of hospitals, ambulance services and cardiac networks in England and Wales against national standards and targets for the care of heart attack patients.
2. National Ambulance Non-conveyance Audit (NANA). A government audit looking at improving the role of ambulance services in delivering alternative care models for patients.

The national clinical audits and national confidential enquiries that Yorkshire Ambulance Service participated in, and for which data collection was completed during 2012-13, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Audit	Cases Required	Submitted
MINAP/NIAP	Data required submitted to acute trust	100%
NANA	1,686	100%

We will continue to support future national audits and are contributing to the design of these audits through the National Ambulance Service Clinical Quality Group (NASCQG).

Learning from Clinical Audit

The reports of two national clinical audits were reviewed by Yorkshire Ambulance Service in 2012-13 and as a result the Trust has taken the following actions to improve the quality of healthcare it provides:

- 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 AQIs.

As a service we continually review the information we receive from clinical audits and share the learning across the Trust.

Local Audits

Across the Trust we undertake local audits to measure our own clinical practice standards against best practice standards. The local audits we completed last year included:

- a monthly hand hygiene audit report
- a monthly vehicle cleanliness audit report
- a monthly premises' cleanliness audit report
- monthly audits of compliance against national CPIs and AQIs.

The reports of local clinical audits were reviewed by the Clinical Directorate and we will develop ongoing initiatives to further improve standards of care.


need to know?
YAS Red 8 Performance
Red 1 77.78 %
Red 2 78.77 %
Combined 78.79 %
YAS Enterprise Control Room - Resource Availability
YAS EMDs Not Ready
4
YAS EMDs Logged In
17
YAS EMDs On Call
9
YAS EMDs Available
4
96.96
LIVE Weymouth
functioning, and has soldiers doing
many of their security drills there.
BBC NEWS 10:19
3
12
6
3
96.73
Duty
Officer

Listening Watch

Listening Watch is an annual programme which covers all geographic areas, frontline services and support services. It gives directors and other senior managers the opportunity to hear directly from staff about a wide range of issues and to discuss safety and quality-related issues. After every visit, senior staff record their learning from Listening Watch and a six-monthly report is presented to the Trust Senior Management Group. Key issues are discussed and actions agreed and, wherever possible, feedback is provided to staff on actions taken by the directors and other senior managers as a result of their visits.

NICE Guidance and NICE Quality Standards

All NICE Guidance and NICE Quality Standards are systematically reviewed for their relevance to our practices and processes. Action plans are produced, implemented and monitored through Clinical Governance reporting systems where necessary to ensure compliance.

In 2012-13 18 NICE Guidelines were relevant to Yorkshire Ambulance Service. Our existing practice was compliant with 16 guidelines. Changes were made in relation to two guidelines:

- Diagnosis and management of headaches in young people and adults – changes were made to the practice of our emergency care practitioners regarding their prescription of aspirin.
- Significant haemorrhage following trauma: tranexamic acid – we reviewed and revised our authorisation documentation (Patient Group Direction) for the use of this drug.

In 2012-13 there were 12 Quality Standards published by NICE. Five were identified as having content relevant to Yorkshire Ambulance Service. We had already met the criteria for two standards and did not require a change of practice. Three standards, relating to asthma, epilepsies in adults and epilepsies in children and young people, are not anticipated to require changes in practice but are being reviewed by the Clinical Directorate to check that the best practice is embedded in our systems and processes and reinforced in training.

Patient Safety Alerts

In 2012-13, the National Patient Safety Agency did not issue any Patient Safety Alerts which may have been relevant to Yorkshire Ambulance Service.

Participation in Research

Research and Innovation

Yorkshire Ambulance Service is committed to the development of research and innovation as a driver for improving the quality of care and patient experience.

We demonstrate this commitment through our active participation in clinical research as a means through which the quality of care we offer can be improved and contribute to wider health improvement.

"This is the first time we have ever had the need to call an ambulance, we were most impressed with the service and care."

Yorkshire Ambulance Service works 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.

During 2012-13 the Trust took part in five research studies approved by an ethics committee:

1. ATLANTIC – Drug Trial

During 2012-13 16 patients took part in a commercially-sponsored multi-national randomised controlled trial, testing whether the use of an antiplatelet drug in ambulances, compared to on arrival in angioplasty departments, improves outcomes for patients having primary percutaneous angioplasty following a heart attack. Yorkshire Ambulance Service recruited 18 patients in total to this trial, which is currently open in 10 countries, with over 1,000 patients recruited in total.

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

3. Decision Making and Safety in Emergency Care Transitions

This study is designed to find out what is currently known about safety in pre-hospital emergency care and, what are the key influences on safe decision making by emergency care staff directly involved in the care and transition of patients. This study is a 15-month programme of work led by the University of Sheffield, which started in May 2012. Yorkshire Ambulance Service is a co-applicant and has been working closely with the study team from early development of the study through the funding bid and setting up the project.

4. CURE-RAPID (Developing the Community Urgent Response Environment for Rapid Response Vehicles)

This study looked at the possible future design of equipment-carrying systems using focus groups and observations of staff using equipment with actor casualties. Yorkshire Ambulance Service carried out this study in partnership with Loughborough University. The study is now complete and the Trust received a report which is being used to source and test new equipment-carrying systems.

5. Exploring the Feasibility and Practicalities of Research in Pre-hospital settings

A staff survey to identify the barriers to undertaking pre-hospital research and to identify potential solutions. This survey was carried out by a student at the University of Sheffield and is now complete. A report has been provided, and an article accepted for publication in the *Emergency Medicine Journal*.

A further four academic and/or student studies not involving patients were approved by university ethics committees and are as follows:

6. **Why is there a variance in rates of conveyance to hospital for 999 ambulance patients?**

This student's dissertation was used in interviews with paramedics to explore their decision making about when not to take a patient to hospital. Seven staff were interviewed. The study is now complete and the student has been awarded their degree.

7. **RESPECT - Paramedic interpretation of electrocardiograms (ECG)**

This student project is using an online quiz to test whether a computerised diagnostic message influences a paramedic's interpretation of ECG tracings. This study is currently ongoing.

8. **FACS: Frequent Ambulance Callers Study (FACS)**

This newly-opened study is a partnership with York St John University. It will use anonymised ambulance service data from two ambulance services to describe patterns associated with patients who make frequent 999 calls, and develop a prediction tool to identify these callers as soon as possible in order to improve their care. The project includes setting up a network to share good practice across ambulance trusts.

9. A comparative study questioning if Yorkshire Ambulance Service could reduce harm in frontline staff through mitigation?

This student project will use interviews with staff combined with anonymised staff sickness data to explore how Yorkshire Ambulance Service could improve how it cares for staff at risk of harm.

24 patients receiving NHS services provided or sub-contracted by Yorkshire Ambulance Service in 2012-13 were recruited during that period to participate in research, along with 31 staff, approved by a research ethics committee.

In 2012-13 we also:

- nurtured our research champions to promote and encourage the principles and benefits of research
- worked with three Comprehensive Local Research Networks (CLRNs) and two Higher Education Institutes to develop and 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 Loughborough.

Publications

Portz K, Newell R, Archibong U. Rising ambulance life-threatening call demand in high and low socioeconomic areas. Volume 3, Number 3 Journal of Psychological Issues in Organizational Culture December 2012

Scott J, Strickland AP, Warner K, Dawson P. Describing and predicting frequent callers to an ambulance service: analysis of 1 year call data: Emergency Medical Journal February 2013

Hargreaves K, Goodacre S, Mortimer P. Paramedic perceptions of the feasibility of pre-hospital clinical trials: a questionnaire survey. Online First doi: 10.1136/emermed-2013-202346

Goals Agreed with Commissioners

A proportion of the Trust's income in 2012-13 was conditional on achieving quality improvement and innovation goals agreed between Yorkshire Ambulance Service and any person or body we entered in to a contract, agreement or arrangement with for the provision of NHS services, through the CQUIN payment framework.

Our 2012-13 A&E CQUIN goals were:	
Improving outcomes and experience for patients in rural and remote areas	Achieved ✔
Reducing conveyance to A&E departments	Achieved ✔
Improving patient safety by understanding the levels of harm in the ambulance service	Achieved ✔
Improving the assessment of patients with dementia through education	Achieved ✔
Increasing public awareness of the role of the ambulance service	Achieved ✔

Emergency Care Practitioners	
To compare outcomes in a specified group of patients accessing healthcare from specified nursing and residential settings to inform commissioners to improve pathways of care. The comparator group are patients accessing healthcare via the GP Out-of-Hours service in Sheffield	Achieved ✔

Our 2012-13 PTS CQUIN goals were:	
West Yorkshire	
Developing a number of initiatives focused on reducing abortive journeys	Not achieved ✘
To obtain and use patient feedback on their experiences of PTS from all groups who access the service	Achieved ✔
North Yorkshire	
To obtain and use patient feedback on their experiences of the service from all groups who access PTS, with a focus on patients with learning disabilities, to improve the overall patient experience	Achieved ✔
East Yorkshire	
PTS to contact patients within 30 minutes of transport due to arrive at the patient's residence	Achieved ✔
South Yorkshire	
To obtain and use patient feedback on their experiences of PTS from seldom-heard groups who access the service in South Yorkshire	Achieved ✔
Improve the percentage of online PTS bookings made by healthcare professionals	Achieved ✔
Deliver short-term interventions during April to June 2012 and July to September 2012 to reduce the length of the longest waits for patients post-appointment whilst developing long-term sustainable changes to service modelling	Not achieved ✘

"My overall impression of transport and treatment was one of professional competence and kindly concern."

Patient Story

This story was told by a manager of a care home in West Yorkshire.

A permanent female resident was extremely unwell and ambulance assistance was called for. The patient had a Do Not Resuscitate Order in place which was given to the ambulance clinician to take to the hospital with the patient.

On arrival at A&E the ambulance clinicians were very concerned about the patient's wellbeing; she was in fact suffering from hypothermia. The patient's two daughters waited with their mother in A&E and, during that time, the ambulance crew went back on two separate occasions to ask about the patient's wellbeing. The family were greatly appreciative of this and recall the compassion they felt from the ambulance staff.

The patient remained in hospital for several days. An assessment was made where it was agreed between the family, consultant and care home manager that the patient was at the end of her life and that the most appropriate place for her would be back at the care home (as in the patient's end-of-life care plan). Unfortunately within 24 hours the patient's condition deteriorated quite rapidly and this decision was delayed as it was felt that the lady was too poorly to travel.

However some days later an ambulance transferred the lady back to the care home. This was an extremely important moment for the lady's family and the care home staff. It was very comforting to them to have her back in familiar surroundings.

The ambulance clinicians were thanked warmly for helping the lady return to her chosen place of death.

The family then shared a further four special weeks with their mother before she passed away.

What Others Say About Us

Care Quality Commission (CQC)

Yorkshire Ambulance Service is required to register with the CQC and its current registration status is fully compliant. The Trust has no conditions on registration.

The CQC has not taken any enforcement action against Yorkshire Ambulance Service during 2012-13.

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

The CQC carried out an unannounced inspection of Yorkshire Ambulance Service on 22 to 25 January 2013. They inspected compliance with seven of the Essential Standards of Quality and Safety:

- Consent to care and treatment
- Care and welfare of people who use our services
- Cooperating with other providers
- Cleanliness and infection control
- Staffing
- Supporting workers
- Complaints.

National Health Service Litigation Authority (NHSLA)

Yorkshire Ambulance Service is currently compliant to the NHSLA standards to Level 1 as assessed in November 2012. The Trust is committed to achieving Level 2 status.

Data Quality

The Yorkshire Ambulance Service Information Governance (IG) Toolkit overall score for 2012-13 was 73% and was graded as satisfactory (green).

The IG 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.

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

The clinical information assurance IG Toolkit requirements include assessments to ensure that there are adequate skills, knowledge and experience within the organisation in relation to information quality and records management.

It also ensures that there are procedures in place to ensure the accuracy of service-user information on all systems and in all records that support the provision of care.

The effectiveness of all organisations is improved by access to good information. Yorkshire Ambulance Service uses good quality information as a driver of performance for the clinical teams and to help ensure the best possible care for our patients. Accurate information assists us in sound planning for the management of the Trust as well as assisting us in decision making for the delivery and location of care for our patients.

The Trust makes it a high priority to maintain effective, secure data management systems. This means that both the Trust and our partners can have confidence that the information we use to measure the quality of our services is reliable, timely, relevant and accurate.

Ultimately, high quality information results in better and safer patient care and minimises clinical risk for our patients.

In 2012-13 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 three of the 11 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.

During the year the Trust's Business Intelligence Information Manager was appointed the National Ambulance Information Group lead for data quality.

This has been a good opportunity to share best practice and gain consistency on how ambulance services monitor and measure data quality.

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

- We will continue to work with internal/ external auditors to assess the Trust's overall approach to data quality and develop an improvement plan.
- 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 lead nationally on data quality and ensure that best practice is shared and information audits are carried out in other services.

The Health Act 2009 requires us to make the following statements:

- Yorkshire Ambulance Service did not submit records during 2011-12 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.
- Yorkshire Ambulance Service is now shadow-reporting in relation to Payment by Results (PBR) and is expected to fully implement the scheme during 2013-14. PBR clinical coding audit results and error rates for diagnoses and treatment coding (clinical coding) would be expected to be measured as part of the scheme.

"I need to send a big 'thank you' to a PTS Communications Apprentice for being so good, enthusiastic and truly dedicated to their duty. All my bookings are thorough and superb."

Engaging with Staff, Patients and the Public about Quality

Quality forms a major part of all our conversations within Yorkshire Ambulance Service and with commissioners, patients and other stakeholders.

In addition we also undertake a specific consultation exercise, each year, to ask staff and stakeholders about the aspects of our service that they consider their top priority for reporting in our Quality Accounts.

In December 2012 we launched a survey via our intranet (for staff), website (for patients and members of the public) and with email and paper versions sent out to Foundation Trust Members, LINks and Health Overview and Scrutiny Committees. The survey gave people the opportunity to rank a set of possible indicators according to how strongly they felt they should be included in our Quality Accounts. 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.

The results showed that our stakeholders were particularly interested in indicators around patient safety. The indicators with the top 10 scores have all been included in the following section of this year's Quality Accounts.

We have attended three of the Health Overview and Scrutiny Committee meetings (in Sheffield, Leeds and Bradford), specifically to discuss the proposals for our Quality Accounts and our performance against last year's priorities. Written feedback has also been received from York and Calderdale. The proposals were also discussed at the February 2013 Yorkshire-wide LINk Ambulance Group meeting. A number of people asked for results of patient feedback to be published in this year's Quality Accounts, this has been included in the following section.

Quality forms a major part of all our conversations...

Performance against Mandatory Quality Indicators

This year, following a recommendation by the National Quality Board, the Government has changed the Quality Accounts regulations to introduce a small number of mandatory indicators of quality performance. The aim of these mandatory indicators is to allow readers to compare performance between organisations and understand whether a particular number represents good or poor performance.

Ambulance trusts are required to report on the following:

Red ambulance response times – percentage of patients receiving an emergency response within 8 minutes and the percentage of patients receiving an ambulance response within 19 minutes.

Care of 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 responded to the NHS Staff Survey that they 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.

Reported patient safety incidents – 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 2012-13	YAS 2011-12	National Average	Highest	Lowest
Red 1 response within 8 minutes	**72.5%**	Red 1 and Red 2 total: 75.7%	74.0%	78.9% - West Midlands Ambulance Service	70.0% - East Midlands Ambulance Service
Red 2 response within 8 minutes	**75.5%**		75.6%	76.9% - Great Western Ambulance Service	72.8% - East of England Ambulance Service
Red response within 19 minutes	**97.0%**	97.9%	96.0%	98.2% - London Ambulance Service	91.9% - East Midlands Ambulance Service

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

- Response to Red 1 calls remains a challenge. The shortfall in the target currently equates to one patient per day.
- Overall Red performance was achieved up to November 2012. Severe weather in December 2012 and January 2013 increased demand by 12% compared to November 2012. Demand patterns were significantly different to December 2011, with Red calls 9.1% higher and making up a greater proportion of the total call volume.
- The increased severity of patients' conditions during this winter period had a significant impact on the time spent by our ambulance clinicians caring for each patient.

Yorkshire Ambulance Service has taken the following actions to improve this percentage against the quality indicators. This includes the following aspects:

- Implementing the A&E Workforce Plan for 2012-2017. This will see a paramedic on every vehicle, supported on an ambulance by emergency care assistants.
- Implementing the Clinical Leadership Framework to increase the decision-making support available to staff to use alternative care pathways and avoid unnecessary admission to hospital.
- Implementing the recommendations of the Regional Turnaround Collaborative, through which the Trust has worked with acute sector and commissioning colleagues and patient representatives, to reduce the time in handing over patients' care in the emergency department. This included installing new technology to record and monitor handover times.
- Actions to monitor and manage sickness absence. The latest NHS sickness absence figures for ambulance trusts, published by the Health and Social Care Information Centre, show an average of 6.88% for October to December 2012. For the same period Yorkshire Ambulance Service's average sickness absence was 6.83%. As of the 31 March 2013 Yorkshire Ambulance Service's sickness absence was 6.17%.
- Recruitment activity to fill current staff vacancies.

Care of STEMI and Stroke Patients

The latest figures published by the Health and Social Care Information Centre up to 30 September 2012 can be seen on the right.

STEMI stands for ST Elevation Myocardial Infarction. It is a heart attack associated with a blockage in the coronary arteries. The gold standard treatment is primary angioplasty, carried out at a specialist centre, where the blockage is cleared and a stent is inserted into the artery to keep it open. Some patients may also benefit from receiving clot busting drugs. We report nationally on the proportion of patients receiving these treatments within the target timescales.

	YAS July 2012	YAS September 2012	National Average September 2012	Highest September 2012*	Lowest September 2012*
Proportion of STEMI patients who receive an appropriate care bundle	**78.8%**	79.5%	77.2%	92.3% - Great Western Ambulance Service	57.9% - South Central Ambulance Service
Proportion of stroke patients who receive an appropriate care bundle	**95.8%**	96.5%	96.2%	100% - Great Western Ambulance Service	92.9% - South East Coast Ambulance Service

**Isle of Wight Ambulance Service has been excluded due to very low reporting numbers*

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

- A lot of the 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 this percentage:

- Clinical managers have led STEMI and stroke action plans in each of their clinical business units.
- The stroke and STEMI action plans include providing training and support for staff in assessing skills and the provision of appropriate care, ensuring every vehicle is stocked with the correct equipment and providing information about how to access local stroke pathways.
- CPI performance information is now produced at Trust, team and individual level and engage staff in discussions of the results.
- Promoting the completion of patient report forms.
- Working with colleagues in the emergency operations centres to reduce the time taken to back-up rapid responders.

When patients suffer cardiac arrest the Trust is committed to improving the chances of survival. We continue to develop and refresh the skills of our clinicians so that resuscitation is effective and patients have the best possible chance of survival.

Staff Views on Standards of Care

	YAS 2012	National Average 2012	Highest 2012	Lowest 2012
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	**56%**	56%	73% - South Western Ambulance Service	36% - East of England Ambulance Service

The figures above are taken from the 2012 Yorkshire Ambulance Service Staff Survey. This is the first time that this question has been asked in this format.

Yorkshire Ambulance Service considers that this data is as above 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.
- During 2012-13 we undertook work to promote our Employee Wellbeing Scheme and to develop and improve the communications channels between managers and staff.

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

The 2011 Staff Survey told us that we could improve in a number of areas, including:

- Ensuring staff receive Personal Development Reviews
- Ensuring staff get recognition for positive work
- Improving staff communication, involvement and consultation
- Helping staff achieve a positive work-life balance
- Supporting staff to stay healthy.

We used these results to develop an action plan for 2012-13.

Reported Patient Safety Incidents

	1 April 2012 to 31 September 2012				1 October 2011 to 31 March 2012			
	YAS	**National Average**	**Highest**	**Lowest**	**YAS**	**National Average**	**Highest**	**Lowest**
Number of patient safety incidents reported	**224**	225	412 - South Western Ambulance Service	63 - East Midlands Ambulance Service	**323**	194	431 - South Western Ambulance Service	56 - East Midlands Ambulance Service
Proportion of incidents resulting in severe harm or death	**0.4%**	1.2%	7.1% - Great Western Ambulance Service	0% - East Midlands Ambulance Service and South Western Ambulance Service	**0.6%**	1.9%	14.6% - Great Western Ambulance Service	0% - North West, East Midlands, West Midlands and East of England ambulance services

An open reporting and learning culture is important to enable the NHS to identify trends in incidents and implement preventative action. Evidence shows that it is likely that there is significant under-reporting across the NHS. Yorkshire Ambulance Service aims to encourage staff to report incidents and we aim to achieve an increase in numbers of incidents reported whilst seeing a reduction in the numbers of incidents resulting in severe harm or death.

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 take positive action to reduce this.

Performance against Priorities for Improvement 2012-13

1. Ensure that the Response from the Ambulance Service Meets the Needs of Local Populations		
Priority	**Achievement**	
To maintain our response times to patients with life-threatening conditions in line with the nationally agreed indicator to reach 75% of these patients within 8 minutes	We have reached 75.3% of patients with life-threatening conditions (Red calls) within 8 minutes. For a breakdown of performance by Primary Care Trust please see p80	✔
To maintain our response times to patients with life-threatening conditions in line with the nationally agreed indicator to reach 95% of these patients within 19 minutes	We have reached 97.0% of patients with life-threatening conditions (Red calls) within 19 minutes. For a breakdown of performance by Primary Care Trust please see p80	✔
To maintain the national average for each AQI	The work led by clinical and operational managers is already showing a positive improvement	✘
To improve patient experience	Results of patient surveys show that patients highly value the care provided by our staff. 96.2% of patients said that, overall, they were happy with the ambulance service they received	✔
To continue to work with our healthcare partners in maintaining and improving existing and new patient pathways	New or revised pathways introduced in 2012-13 include: Mental Health, Alcohol, COPD, Falls, End of Life, Stroke and Cardiac	✔
To further develop our Clinical Hub to provide more advice and guidance for ambulance clinicians	The Yorkshire Ambulance Service Clinical Hub, situated in the emergency operations centre, acts as a single point of advice for ambulance clinicians to access information about current referral pathways	✔

2. Recording Performance Against Ambulance Quality Indicators (AQIs)		
Priority	**Achievement**	
To set up systems that will enable us to report against the 11 new clinical outcome measures for 2011-12	These systems are now in place and performance against AQIs are reported at every Clinical Governance Committee and Trust Board meeting	✔

3. Improving Patient Transport Service (PTS) Performance		
Priority	**Achievement**	
To measure our performance against quality targets and reduce waiting times for all patients	We have agreed waiting time targets with each of our four commissioning consortia. We have reduced waiting times compared to those recorded in 2011-12, with a 25% improvement in some cases; however we have not met all our targets. Our PTS Turnaround Programme is leading the work, in partnership with commissioners, acute trusts and patients, to reduce waiting times	
Map the timings of individual clinics and use this to plan return journeys that better match when patients are ready to be transferred	Completed	✔
Improve patient satisfaction for all patients using PTS by postal questionnaires, holding patient/carer and patient representative focus groups	Completed	✔
Target specific patient groups - renal, oncology, wheelchair users, and patients with learning disabilities	Completed	✔
To analyse and develop action plans from focus groups and continually monitor and manage changes	Completed. Learning from focus groups is being developed into recommendations to inform service improvements for 2013-14	✔
To understand the different needs of specific patient groups and how they use our service, to refine and improve our Patient Transport Service	Completed. Learning from focus groups is being developed into recommendations to inform service improvements for 2013-14	✔
Deliver the CQUIN schemes agreed with commissioning consortia	All CQUIN payments up to Q3 have been achieved. It is expected that more than 90% of the CQUIN targets will be achieved	✔

4. Implementation of Clinical Leadership Framework		
Priority	**Achievement**	
Increase the number of clinical leaders who have received clinical leadership training and development	166 clinicians have completed the Clinical Leadership Module run by Bradford University. Two new courses have been commissioned to ensure all new clinical supervisors and clinical development managers have a place	✔
Deliver bespoke clinical leadership and clinical assessment skills training	The newly developed Clinical Competency Portfolio has been launched. This is completed by practitioners following assessment by their clinical supervisor on an agreed set of skills and competencies. It also details an escalation plan when practitioners fall below the expected standard	✔
Evaluate the impact of implementing the Clinical Leadership Framework	Ongoing	

5. Implementation of the National Trauma Strategy		
Priority	**Achievement**	
To implement a Major Trauma Triage Tool to enable major trauma to be identified	Completed	✔
Introduce systems which ensure patients suffering from major trauma are conveyed straight to hospitals with specialist teams and equipment who are able to best treat their serious injuries. This may mean not taking the patient to the nearest hospital	Completed	✔
Provide an Enhanced Care Team of specialists, including trauma-trained paramedics and doctors, in the emergency operations centres who will coordinate a network-wide trauma response	Completed	✔
Support the emergency operations centres with an experienced paramedic presence 24 hours a day, seven days a week	Completed	✔
Enhance trauma training to include interventions which clinicians can deliver to patients who suffer from major trauma	In 2011-12 over 90% of our clinicians received training in new equipment and techniques for managing trauma. In 2012-13 we increased the delivery of the initial training package and introduced a new piece of equipment, the Kendrick Splint, for all clinicians. Paramedics have also been trained to administer two new drugs. Clinicians received this training during their clinical update days. As of February 2013 67% of assistant practitioners, 63% of emergency medical technicians and 58% of paramedics had received these updates	✔
Evaluate the impact of the trauma plan	Ongoing. An evaluation methodology has been established with Yorkshire and the Humber Public Health Observatory	✔

6. Improve the Experience and Outcomes for Patients in Rural and Remote Areas		
Priority	**Achievement**	
Review the current model of care delivery in rural and remote areas	Completed	✔
Make recommendations for future service delivery to meet the needs of patients in rural and remote areas	Completed	✔
Development of flexible response models to meet the needs of patients residing in rural locations to promote equity with urban locations	Completed – two pilot projects established including a community paramedic working in a Pickering health centre and static defibrillator sites at several East Yorkshire caravan parks	✔
The clinical AQIs and stakeholder feedback will be used to monitor the quality of the service within rural areas	Completed	✔
Patient satisfaction surveys will take place specifically for patients in rural areas	Patient satisfaction surveys were completed in June and November 2012	✔

7. Improve the Quality of Care and Support for people with Dementia		
Priority	**Achievement**	
Launch a Yorkshire Ambulance Service Dementia Awareness Campaign for Dementia Awareness Week (w/c 20 May 2012)	Completed	✔
Develop a Dementia Awareness Guide for all staff	Completed	✔
Produce a modular Dementia Awareness course on the Trust's Virtual Learning Environment (VLE) to be accessible to all staff	Completed	✔
Incorporate Dementia Awareness training into all new operational basic training courses	Completed	✔
Recruit 'Dementia Care' champions to raise awareness of dementia care within the Trust	Completed	✔
Incorporate Dementia Awareness into statutory and mandatory training for all staff by April 2013	Completed	✔

8. Develop a Safety Thermometer Tool Relevant to the Ambulance Service		
Priority	**Achievement**	
Understand contributors and levels of harm within an ambulance service	Completed	✔
Develop a tool which will enable potential harm to be identified	Completed	✔
Undertake specific activity to reduce levels of harm	Ongoing – this work will continue in 2013-14 (see Priority for Improvement 3)	
Ensure learning is shared across the organisation to ensure best practice is embedded	Ongoing – this work will continue in 2013-14 (see Priority for Improvement 3)	

9. Raising Public Awareness to Support Appropriate Use of Ambulance Services		
Priority	**Achievement**	
Analyse any existing public awareness campaigns	Completed	✔
Identify target audiences for each audience group	Completed	✔
Develop educational tools and resources	Completed	✔
Utilise a variety of methods to engage with the public and communicate our key messages	Yorkshire Ambulance Service took an integrated communications approach linked with the NHS Choose Well Campaign. New information leaflets were distributed and community engagement events and key messages received widespread media coverage. Targeted face-to-face communications to frequent callers, such as care homes, helped to reduce the number of 999 calls they made.	✔

Review of Quality Performance 2012-13

The results of our consultation with staff and stakeholders showed that measures relating to patient safety and patient experience were considered the highest priority for publication.

Operational Performance

A&E Operational Performance by Primary Care Trust (PCT) Area

In 2012-13 the Trust achieved both the national standards for Red calls – to reach 75% of patients within 8 minutes and 95% of patients within 19 minutes. We also improved in comparison to other ambulance services. This is a significant achievement and demonstrates how we are improving the quality of our service despite an increase in demand of over 4%.

The winter months in particular were extremely challenging as we had to cope with significant periods of adverse weather and prolonged sub-zero temperatures.

We continue to work with our commissioners to meet the challenges of achieving fast response times for patients living in both urban and rural areas. We delivered pilot projects to improve response times for patients in rural areas in our 2012-13 CQUIN programme and this will be developed further in 2013-14.

Category Red 1 and Red 2 Calls				
	2011-12		2012-13	
Primary Care Trust (PCT)	**8 minute %**	**19 minute %**	**8 minute %**	**19 minute %**
North Yorkshire and York	71.3%	94.9%	**71.5%**	**93.2%**
East Riding of Yorkshire	69.9%	94.5%	**70.2%**	**92.5%**
Hull	90.7%	99.8%	**89.2%**	**99.4%**
Bradford and Airedale	74.1%	98.2%	**74.6%**	**97.4%**
Calderdale	78.8%	97.9%	**80.1%**	**97.7%**
Kirklees	74.8%	98.2%	**74.8%**	**97.8%**
Wakefield District	76.9%	98.7%	**74.8%**	**97.5%**
Leeds	75.7%	98.8%	**75.3%**	**98.2%**
Barnsley	75.9%	99.2%	**73.0%**	**98.0%**
Doncaster	74.6%	98.6%	**75.7%**	**97.1%**
Rotherham	75.4%	99.0%	**74.5%**	**98.1%**
Sheffield	78.0%	99.2%	**76.8%**	**98.2%**
Yorkshire Ambulance Service	**75.7%**	**97.9%**	**75.3%**	**97.0%**

Patient Safety

Adverse Incidents

An adverse incident is any event or circumstance which resulted in unnecessary damage, loss or harm to a patient, staff member, visitor or member of the public.

We encourage staff to report all incidents, whether major or minor. This is important both to resolve the immediate issues raised and to identify themes and trends which need to be addressed through changes in policies and/or procedures.

Operational managers are supported to investigate and resolve issues occurring in their local areas with escalation channels available when serious issues arise.

We have an Incident Review Group which meets fortnightly and is chaired by an executive director and attended by our clinicians at director and associate director level. This group looks at themes and trends across incidents, complaints, claims, coroners' inquiries and safeguarding cases and identifies where we can learn for the future to reduce the risk of the same things happening again.

A positive safety culture is indicated by high overall incident reporting levels but with few serious incidents and we continue to work towards achieving this. A new incident reporting system was launched in April 2013 which makes it simpler for staff to report incidents. The new system also provides better information to managers about issues reported in their areas so that they can take actions to make things safer for patients and staff.

Number of Adverse Incidents												
New incidents reported	Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013
A&E Operations	319	360	365	373	332	337	378	342	357	335	319	325
Emergency Operations Centres	30	28	23	52	48	30	36	30	46	40	13	18
Patient Transport Service	66	79	67	72	69	50	69	69	61	71	96	72
Other	17	24	13	21	35	17	14	15	18	19	16	30
Total	**432**	**491**	**468**	**518**	**484**	**434**	**497**	**456**	**482**	**465**	**444**	**445**

These figures equate to:

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

Number of Adverse Incidents Relating to Medication												
	Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013
Medication incidents	31	43	42	23	42	33	30	40	35	23	14	31

Medication incidents include all occasions where morphine vials have been accidently dropped or broken and where errors have been made on drug registers. All medication incidents are reviewed by our Medicines Management Group to ensure that any appropriate action is taken. This year, new boxes for morphine storage were introduced to reduce the number of breakages.

Adverse Incidents Relating to Patient Care												
Patient-related incidents	Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013
A&E Operations	29	47	38	34	31	56	44	48	40	54	35	54
Emergency Operations Centres	0	0	1	1	0	0	1	1	3	2	2	7
Patient Transport Service	22	30	29	27	24	18	17	14	24	22	21	21
Other	1	1	0	1	0	0	0	0	1	1	1	2
Total	**52**	**78**	**68**	**63**	**55**	**74**	**62**	**63**	**68**	**79**	**59**	**84**

The unpredictable nature of the work carried out by A&E operations staff and the difficult circumstances in which they sometimes have to provide care means that a higher number of incidents is anticipated in this area than any others. We know that a significant number of these incidents relate to care pathways or care planning problems and we are working in partnership with our commissioners, acute, community and social care providers to minimise these problems. Within PTS the highest numbers of incidents relate to slips, trips, falls and injuries sustained whilst being transported on a vehicle. We are working, through our Patient Safety Thermometer Programme, to understand more about the causes of harm to patients and put in place actions which will minimise this harm.

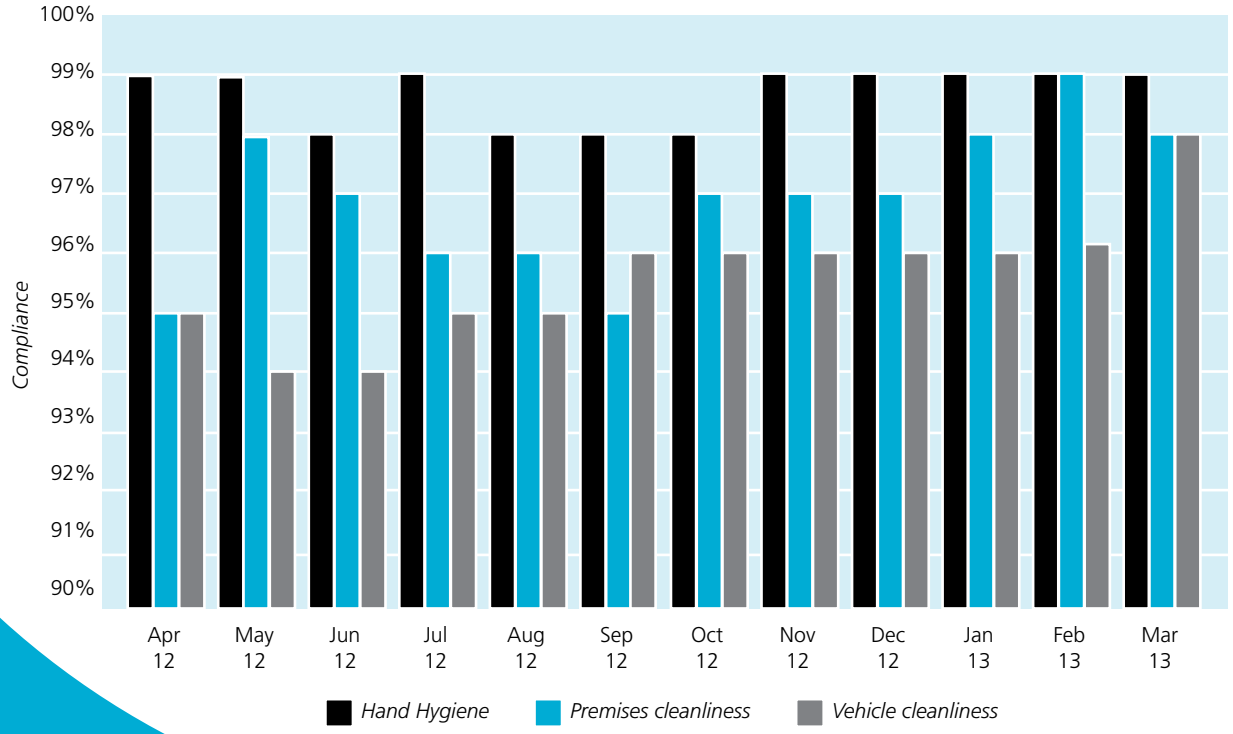
Serious Incidents												
Serious Incidents	Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013
A&E Operations	1	0	0	1	0	0	1	1	3	2	4	1
Emergency Operations Centres	2	1	2	3	2	0	0	0	1	3	2	2
Patient Transport Service	0	0	0	0	0	0	0	2	0	0	0	1
Other	0	0	0	0	0	0	1	0	0	0	0	1
Total	**3**	**1**	**2**	**4**	**2**	**0**	**2**	**3**	**4**	**5**	**6**	**5**

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.

In July 2012 a review of SIs in the emergency operations centres was carried out to understand common themes and make recommendations to reduce the risk of further SIs occurring. A task and finish group was established to deliver the action plan based on the findings of the review.

This was implemented and will continue to be monitored closely.

NHS Staff Survey Results - Reporting of Errors, Near Misses and Incidents	2011 % for YAS	2012 % for YAS	National Average 2012
Staff saying they or a colleague reported an error that could hurt *staff* (the higher the better)	84%	**78%**	81%
Staff saying they or a colleague reported an error that could hurt *patients* (the higher the better)	84%	**78%**	81%
The fairness of incident reporting procedures (score out of 5.0 - the lower the better)	n/a	**3.08**	3.33

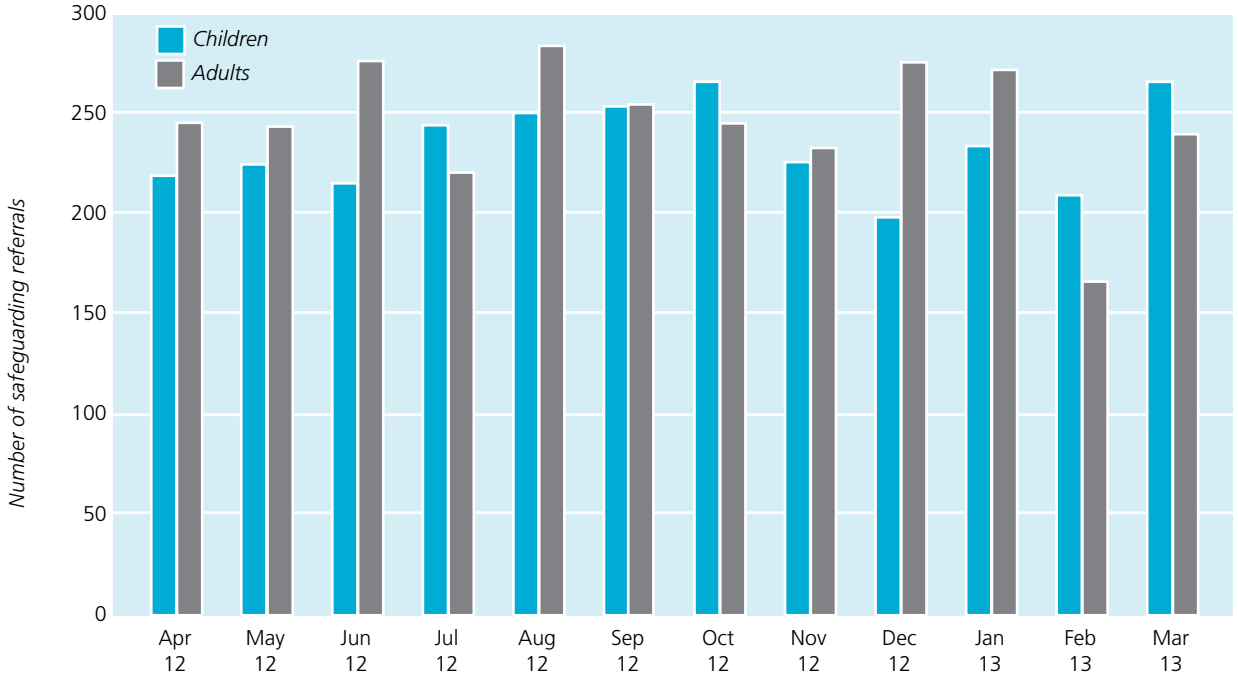


Infection Prevention and Control Audits

We conduct monthly audits of staff hand hygiene practice, premises and vehicle cleanliness across all stations and sites where our operational staff work.

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.
- **Premises cleanliness**: stations and other sites should be clean, have appropriate cleaning materials available and stored appropriately.



Safeguarding

The number of referrals to specialist services for protecting vulnerable adults and children that are made by our staff indicates the effectiveness of our safeguarding training. 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. We have strong partnerships with the other organisations across Yorkshire and the Humber who are involved in safeguarding.

Numbers of referrals are significantly higher than in 2011-12, demonstrating greater awareness of referral pathways by our staff through effective training programmes and new reporting arrangements.

Number of Safeguarding Referrals

Referrals	Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Total 2011-12	**Total 2012-13**
Child referrals	223	233	218	246	250	252	263	225	198	237	208	265	1,408	**2,818**
Adult referrals	246	244	274	224	279	253	247	236	273	269	167	239	1,061	**2,951**

Clinical Effectiveness

Developing Alternative Care Pathways

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.

We have developed a clear, consistent process for developing new pathways to ensure that they are planned, implemented and monitored effectively.

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.

Numbers of referrals to alternative care pathways made this year are shown in the table to the right.

Pathway Referral Comparison 2011-12 and 2012-13

	Total referrals 2011-12	**Total referrals 2012-13** *(up to February 2013)*
COPD referrals	6	**7**
Diabetic Hypoglycaemia referrals	1,994	**1,798**
Emergency Care Practitioner referrals	444	**510**
Epilepsy referrals	21	**24**
Falls referrals	3,586	**4,387**
Mental Health referrals	112	**268**
End-of-Life Care referrals	21	**45**
Social Care referrals	0	**164**
Alcohol and Substance Misuse referrals	33	**61**

Chronic Obstructive Pulmonary Disease (COPD)

After ischaemic heart disease, COPD is the second highest cause of hospital admissions in the NHS. A recent national audit showed that re-admission rates in Yorkshire are high at 32% and that the average length of stay is a day longer than the national average.

Introducing a 'hospital at home' approach can help COPD patients manage their condition better, improving their experiences. This approach results in fewer admissions to A&E departments and evidence suggests that the average length of stay in hospital can be reduced by 25%.

Patients from the Leeds and Wakefield areas with COPD that are already known to the respiratory teams can be referred via the Yorkshire Ambulance Service Clinical Hub. The respiratory team will contact the Yorkshire Ambulance Service clinician by telephone to discuss and agree an appropriate care plan.

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 recurring episodes of hypoglycaemia.

Emergency Care Practitioners

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 emergency care practitioner assistance.

Emergency care practitioners are able to assess and treat patients at home, or refer them directly to the most appropriate hospital or community specialist including intermediate care teams, district nurses and specialist nurses.

An emergency care practitioner assessment is comparable to that of a GP or hospital senior house officer. They can administer additional medicines such as antibiotics, steroids, analgesia and antihistamines.

Epilepsy

When our clinicians attend patients in the Doncaster area who have suffered a seizure, and there are no other complicating factors, they may be referred directly to the Doncaster Epilepsy Team for review by a nurse specialist.

Falls

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

999 calls for falls have the highest call volume in Yorkshire for most months. The Yorkshire Ambulance Service Falls Referral Pathway is a proactive way of managing patients that slip, trip or fall and do not require transport to hospital. We now have pathways in place across the whole of Yorkshire.

Mental Health

Mental health problems vary from mild depression and anxiety to more serious conditions such as bipolar disorders and schizophrenia. Some patients will have an insight into their problems and be known to mental health services, others will not and ambulance clinicians may represent their only access to professional assessment and treatment. Some patients with mental health problems may not need to attend an emergency department but would benefit from help from mental health services.

This year we have increased the number of mental health pathways available and they are now in place across most of Yorkshire.

"Ambulance services make a crucial contribution to enabling people to have their stated care preferences met and to achieve a 'good death' – dying with dignity, ideally in the setting of their choice."

NHS National End-of-Life Care Programme
The route to success in end-of-life care – achieving quality in ambulance services

"Below are the characteristics of high-quality end-of-life care that we aim to achieve within Yorkshire Ambulance Service:

- *Person-centred: geared first and foremost to meeting the needs and preferences of the individual, and their carer/family.*
- *Well-informed: linked by efficient integrated information systems so that staff are fully informed of any care plans, stated preferences and advance decisions, such as whether to attempt resuscitation.*
- *Preparing for the unexpected: able to swiftly assess the scenario and exercise sound clinical judgement, backed by clinical expertise.*
- *Calm and courteous: sensitive to context, particularly in relation to cultural and spiritual issues."*

Angela Harris, Lead Nurse for Urgent Care

End-of-Life Care

End-of-life care patients are sometimes transported to hospital by ambulance and admitted to hospital, when they would have preferred to remain in their own home/care home. The aim of this pathway is to ensure that end-of-life patients receive the most appropriate care for their condition and remain in their own home wherever possible.

Whilst the numbers are small, it is important to recognise the value of this pathway for patients at the end of their lives. This has been recognised by regional colleagues and commissioners and the pathway is now in place across the whole of Yorkshire.

Social Care

We have introduced two direct referral pathways to social care this year. In the East Riding of Yorkshire, if a clinician has concerns about a patient's ability to manage their own social care needs they can make a referral to the Social Care Practical Home Support team.

In Leeds a successful pilot project has been established where clinicians can refer patients for social care assessments if they are concerned about their ability to look after themselves, but where a safeguarding referral is not appropriate. We are now looking at how this can be rolled out to other areas.

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.

Alcohol Services are teams of health and social care professionals who provide a number of services to people who misuse, or have an addiction to alcohol. The aim is to provide packages of care to assist in reducing alcohol intake, or to become abstinent. We are now hoping to roll out this pathway Trust-wide.

The Yorkshire Ambulance Service Alcohol Services Referral Pathway is available for when it is considered the patient may benefit from contact with alcohol services. Following the 2011-12 pilot project in Sheffield, the scheme was extended to Rotherham in 2012-13. Rotherham also offers a Substance Misuse Referral Pathway.

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 and dedication. 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.

Examples of lessons learned and actions taken in 2012-13 are:

- Patients waiting for PTS journeys at the Pinderfields reception centre expressed concern about the temperature of the waiting area. We negotiated with the hospital to take steps to reduce draughts through entrance doors.
- Feedback suggests that people calling 999 expect an immediate ambulance response and do not expect to have their call sent for telephone triage. We are working to raise awareness of how the ambulance service works through our public communications campaigns.
- Information from complaints and concerns indicated that we did not have consistent guidance for A&E staff on how to safely secure babies and young children for travel to hospital. A piece of work is being done by our Fleet Department, working with the Health and Safety Committee to look at best practice from other services and current equipment provision.
- A number of staff attitude complaints arose where clinicians had made a safeguarding referral. We found that clinicians had focused on obtaining key information about the patient/child's safety in line with their training. In doing so they had not seen how this would be perceived. A new section on patient experience was developed to be included in safeguarding training which includes examples of learning from experience and a reminder of the Trust's Dignity and Respect Code.
- Survey feedback indicates that staff are valued extremely highly by members of the public. Positive comments from surveys and examples of compliment letters received are included in local and Trust-wide communications to share learning and recognise good service. This is seen as increasingly important within Yorkshire Ambulance Service as a key part of developing a culture of patient-centred care.

A&E - Complaints, Concerns and Comments													
	Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	**Total**
Attitude and conduct	10	5	15	13	14	12	17	12	13	11	9	15	**146**
Clinical care	28	21	15	25	14	14	8	21	12	20	21	8	**207**
Driving and sirens	1	4	10	10	7	3	3	6	10	8	8	3	**73**
Call management and response	33	22	26	26	30	25	35	33	23	27	21	20	**321**
Other	2	4	11	10	8	11	11	7	9	8	20	9	**110**
Total negative	**74**	**56**	**77**	**84**	**73**	**65**	**74**	**79**	**67**	**74**	**79**	**55**	**857**
Compliments	10	0	26	154	47	32	78	19	65	2	19	0	**452**

PTS - Complaints, Concerns and Comments													
	Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	**Total**
Attitude and conduct	3	4	6	2	3	7	6	8	2	6	4	6	**57**
Clinical care	3	8	7	4	4	4	3	9	5	6	4	3	**60**
Driving and sirens	3	3	2	8	2	3	4	4	2	4	1	1	**37**
Call management	9	5	6	3	6	3	3	2	3	1	2	0	**43**
Response	27	40	28	28	37	51	63	36	34	29	39	33	**445**
Other	8	7	2	2	4	6	5	7	6	8	3	7	**65**
Total negative	**53**	**67**	**51**	**47**	**56**	**74**	**84**	**66**	**52**	**54**	**53**	**50**	**707**
Compliments	1	0	0	11	7	4	16	1	6	1	0	4	**51**

Comparison with 2011-12 shows an overall reduction in negative feedback received. The main reason for this reduction has been improvements by PTS in minimising long waits and delays for patient travel. The exception to this improvement was in September and October 2012 when demand was higher than expected commissioned levels, and PTS vacancies in North and West Yorkshire contributed to longer waits.

Patient Experience Survey – A&E

In September 2012 we revised our A&E patient experience survey to make it shorter, simpler to complete and more focused on the things that matter to patients.

We also introduced the Friends and Family Test, which asks service-users whether they would recommend our service to friends and family. This test was introduced by all acute trusts in April 2012 and ambulance trusts have agreed to use the same question to allow us to compare results. When we introduced the test we started using a 1 to 10 scale.

In November 2012 we changed to a descriptive scale. This seems to have had an impact on the scores.

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

We also monitor the narrative comments that are made and these provide an important insight into factors affecting patient experience. Some of the comments are published throughout this document.

Overall, I was happy with the service received from Yorkshire Ambulance Service								
	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	**Year Average**
Agree/ strongly agree	99.4%	93.3%	97.1%	96.2%	96.2%	95.3%	96.4%	**96.1%**

How likely are you to recommend the Yorkshire Ambulance Service to friends and family if they needed similar care or treatment? *(Percentage of Promoters - Percentage of Detractors = Net Promoter Percentage)*								
	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	**Year Average**
Net promoter percentage	82.6%	78.9%	64.2%	71.9%	71.1%	66.5%	77.2%	**73.2%**

Patient Experience Survey – PTS

We undertook patient relations surveys across all areas of Yorkshire in October 2012 and these have been continued in South Yorkshire every month. From April 2013 we started conducting monthly surveys in all areas.

Narrative feedback showed six key themes which we will be using to inform our service improvement plans in the year ahead:

- Long waits for transport home have a negative impact on patient's experience of PTS.
- Some patients have welfare concerns about missing meal times, missing scheduled carer visits and access to toilet facilities.
- The friendship and caring attitude of staff makes a positive difference to patients' care experiences.
- 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.

"We are trained ambulance crew members working for Yorkshire Ambulance Service. When we put on our uniform you can't help but feel a degree of pride. You know when you are doing a good job when the patients greet you with that welcoming smile and cheerful banter, and when you drop them off they look forward to seeing you next time."

Gary Milson OBE
PTS Ambulance Person

Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Primary Care Trusts (PCTs)

We have published below the formal statements received from our commissioners, Local Healthwatch organisations and Overview and Scrutiny Committees.

We have also made changes to our Quality Accounts based on their feedback on the draft which was sent out for consultation. We have:

- provided details of the numbers of NICE Guidelines and quality standards that were relevant to Yorkshire Ambulance Service and the actions we have taken to ensure we are fully compliant
- given figures showing sickness absence rates compared to the average for all ambulance trusts
- given further explanation around the number of adverse incidents related to patient care and our work to minimise harm to patients
- given an explanation of Red 1 and Red 2 calls, and how response times are measured (in the Glossary of Terms on page 134)
- given more explanation around our public engagement work as part of our work to raise public awareness and support appropriate usage of the ambulance service
- given A&E performance figures broken down by PCT area
- given an explanation for the trends in complaints, concerns and comments received in 2012-13
- added further information into the Chief Executive's introduction about the staged launch of NHS 111 and actions taken in response to the learning from the Francis Report into the failings at Mid-Staffordshire Hospitals NHS Trust.

Healthwatch York

We welcomed the opportunity to review these Quality Accounts and felt it was a very open and comprehensive report.

It was good to see that Yorkshire Ambulance Service recognise that patient transport is of great concern to the public and further improvements are planned.

The frequent ambulance callers study is very welcome and we look forward to seeing the results of this.

It was pleasing to see that Yorkshire Ambulance Service recognised the value of the end-of-life care pathway despite the small numbers of patients involved. We welcome the roll-out of the end-of-life care pathway across the whole of Yorkshire.

The report was well presented and in a format that was generally quite easy to read.
The inclusion of a glossary was very welcome.

Sheffield City Council's Healthier Communities and Adult Social Care Scrutiny Committee

Sheffield City Council's Healthier Communities and Adult Social Care Scrutiny Committee welcomes the opportunity to comment on the Trust's Quality Accounts this year.

The Committee was pleased to see that Yorkshire Ambulance Service has engaged widely in the selection of the quality priorities for this year, and recognises the difficulties of carrying out such a process in a diverse region such as Yorkshire and the Humber.

We feel that the report is clearly presented, and welcome the improvement in this over recent years.

The Committee would like to take this opportunity to express its appreciation of the service provided by Yorkshire Ambulance Service, and its contribution to health and wellbeing in the Sheffield area. We look forward to seeing progress in the quality priorities over the coming year.

NHS East Riding of Yorkshire

On behalf of all associate commissioners in the North Yorkshire and York and Humber Clinical Business Unit, NHS East Riding of Yorkshire is pleased to be given the opportunity to review and comment on the Yorkshire Ambulance Service Quality Accounts for 2012-13.

Feedback has been collated from the following associate commissioners to produce this response:

- NHS East Riding of Yorkshire
- NHS North Yorkshire and York
- NHS Harrogate and Rural District
- NHS Scarborough and Ryedale
- NHS Hull NHS Vale of York.

Overall it is felt that the Quality Accounts are well written and informative and demonstrate a fairly balanced approach in relation to providing examples of high quality care for patients and areas where more work is required to improve service delivery and patient experience.

The commissioners recognise the improvements and demonstrable commitment referenced within the Quality Accounts, specifically within the following areas.

Yorkshire Ambulance Service NHS Trust:

- has continued to focus on improving the experience and outcomes for patients in rural areas listening to patient's views therefore understanding the need for a timely service with good communication
- worked collaboratively to secure the right care for patients and the most appropriate response by creating alternative pathways for patients and educational packages for staff in particular with reference to care and residential homes
- developed Clinical Leadership Frameworks to ensure the right people have the right skills to do the right job, therefore improving patient safety
- continued to work towards Foundation Trust status with a number of external assessments completed by the NHSLA and CQC, showing commitment to improving practice through review and action.

The national average for all Ambulance Quality Indicators (AQIs) has not been achieved and clinical and operational managers are leading work to improve the performance going forwards.

Yorkshire Ambulance Service has reviewed its priorities for improvements that were set out in the 2011-12 Quality Accounts for achievement in 2012-13, and provided clear information and evidence that the majority have been achieved. The Trust has highlighted one key area for continued improvement which is:

- The national average for all AQIs has not been achieved and clinical and operational managers are leading work to improve the performance going forwards.

Commissioners recognise that Yorkshire Ambulance Service needs to improve its response rates, particularly in the rural areas of Humber and North Yorkshire and York. Commissioners will be working with Yorkshire Ambulance Service in 2013-14 to achieve improvements through improved triage, public awareness and placement of capacity.

Yorkshire Ambulance Service continues to be part of the Commissioning for Quality and Innovation (CQUIN) scheme and up to Q3 achieved all payments with an expected outturn of greater than 90% of the CQUIN targets.

The required statements of assurance have been provided and we are pleased to see demonstrated evidence of achievement against essential standards.

The commissioners fully support priority areas identified for 2013-14. As progress against the priorities for 2013-14 will be monitored through the CQUIN delivery programme they have therefore been agreed as areas for improvement by all commissioners and Yorkshire Ambulance Service.

We confirm that to the best of our knowledge the report is a true and accurate reflection of the quality of care delivered by Yorkshire Ambulance Service and that the data and information contained in the report is accurate as it stands at the Q3 position.

The commissioners would like to take this opportunity to commend the work of Yorkshire Ambulance Service NHS Trust over the last 12 months and will continue to support their commitment to quality improvement.

Jane Hawkard
Chief Officer NHS East Riding of Yorkshire Clinical Commissioning Group

On behalf of all associate commissioners

East Riding of Yorkshire Council Health, Care and Wellbeing Overview and Scrutiny Sub-Committee

The East Riding of Yorkshire Council Health, Care and Wellbeing Overview and Scrutiny Sub-committee would like to thank Yorkshire Ambulance Service for the opportunity to comment on its Quality Accounts.

Yorkshire Ambulance Service has attended a number of meetings of the Health, Care and Wellbeing Overview and Scrutiny Sub-committee during 2012-13 to provide the Sub-committee with an update on service provision and the Council would like to thank them for their participation.

The Sub-committee would like to congratulate Yorkshire Ambulance Service on its successful bid to run the NHS 111 service for Yorkshire and the Humber in partnership with Local Care Direct. It is hoped that with the introduction of this system, together with its promotion to the public, it will help to reduce the number of non-emergency 999 calls, a priority for 2013-14 that the Sub-committee is pleased to see continuing from last year's priorities.

The Sub-committee welcomes all the Priorities for Improvement for 2013-14. In particular, the Sub-committee very much welcomes Priority 1: improve the experience and outcomes for patients in rural and remote areas. It is particularly important that Yorkshire Ambulance Service explores opportunities to work co-operatively with the Council and other health and care providers to deliver patient-centred services.

As the East Riding is a predominantly rural county it presents many challenges for ensuring the public receive the required services. Also the Sub-committee looks forward to seeing an improved Patient Transport Service through the improvements proposed through Priority 5. In particular, the Sub-committee hopes that Yorkshire Ambulance Service seriously considers asset rationalisation for the Patient Transport Service, sharing services with other transport providers where possible to increase service provision and efficiency. The Sub-committee also hopes that with regard to end-of-life care, patient transport provision is made available in a timely manner so that patients' wishes are met.

It is apparent to members that further work is required by the Trust to improve the Red 8 response times in the more rural areas of the East Riding where response times still fall very far below the national target. Red 8 response times for Hull and the East Riding now stand at just over 70% overall (5% lower than the national target) but the actual amount of time it takes the Trust to attend a Red 8 call-out is far greater than 8 minutes in many areas of the East Riding, something which continues to be of great concern to the Sub-committee.

The Sub-committee would like to thank Yorkshire Ambulance Service for taking on board its comments from last year's Quality Accounts consultation when it requested further information be displayed in future Accounts on staff satisfaction and staff survey results.

Healthwatch North Yorkshire and Healthwatch Bradford

Healthwatch North Yorkshire and Healthwatch Bradford are delighted to be able to provide Yorkshire Ambulance Service with feedback on their draft Quality Accounts for 2012-13.

The draft document was distributed across the whole Healthwatch North Yorkshire community and through the Healthwatch Bradford Care Quality Working Group.

Feedback received has included many very positive comments about the service and some suggestions for future service improvement.

Healthwatch North Yorkshire and Healthwatch Bradford look forward to building on the working relationship established by the North Yorkshire and Bradford Local Involvement Network.

Feedback has been summarised below:

Priorities

- Priorities do not encompass the needs of people with skeletal problems and severe chronic pain – detailed comments about this are provided at the end of this response under 'Other Issues'.
- The very clear outline of priorities for improvement is to be greatly applauded.
- The priority given to improving response times is welcomed.

Missing Issues

- Statistics relating to response times are not presented by area. As the Trust covers such a huge area there will be major differences in meeting the targets. [YAS note: this has since been added]
- Patient stories have not included any mishaps or untoward experiences and how Yorkshire Ambulance Service has altered its practice as a result.
- Further details of the local audits would be welcomed.
- Details of the Patience Experience Survey in particular Family and Friends feedback.
- Analysis of concerns and compliments to accompany tables [YAS note: further information has since been added]
- It would be useful to have an explanation of how performance, with respect of timeliness is measured.
- Yorkshire Ambulance Service experience of the introduction of the NHS 111 service.
- Comment from Yorkshire Ambulance Service on the use of private ambulance service provision.

Patient and Public Involvement

- The Patient Experience Survey gives insufficient detail to represent patient and public consultation.
- The clear outline of Priorities for Improvement shows how effective public consultations have been.
- Patients' stories are very welcome and we would urge Yorkshire Ambulance Service to publish more of these in future years as they assist in ensuring the Quality Accounts are accessible.

Clear Presentation

- Some language used is not wholly accessible.
- When reporting on performance it is useful to be provided with both percentages and figures to give a full picture of the achievements.
- Sometimes graphical presentation is unhelpful eg re cleanliness.
- The data on safety incidents is unhelpful without caseloads.

Kirklees Council's Well-Being and Communities Scrutiny Panel (the HOSC)

The Kirklees Scrutiny Panel has reviewed the Quality Accounts in detail, with particular reference to the four areas suggested by the Department for Health for attention. The Panel has not identified any specific priorities or important issues that are not addressed within the Quality Accounts. However, the Panel is aware that there are a number of service reconfigurations affecting the Yorkshire Ambulance Service area, which may place additional pressures on the services that are provided, and these are not referenced within the Quality Accounts. This includes: changes to children's congenital cardiac surgery; the Mid Yorkshire Hospitals clinical services strategy; and the Calderdale and Huddersfield Health and Social Care Strategic Review.

The Panel has noted the inclusion within the report of commentary on the engagement of staff, stakeholders, patients and the public in determining their top priority for reporting in the Quality Accounts. However, as there are no details within the report on the scale of the involvement of patients and the public it is difficult for the Panel to accurately comment as to whether the Trust has demonstrated true involvement.

The Panel does feel that the Quality Accounts are presented very clearly for communicating the necessary information.

The Panel would like to encourage engagement throughout the year between the Trust and Scrutiny on the delivery of the priorities within the Quality Accounts.

Healthwatch Sheffield

Healthwatch Sheffield is grateful for sight of the Yorkshire Ambulance Service NHS Trust's draft Quality Accounts for 2012-13 and welcomes the opportunity to provide comments.

These comments are based on draft V2 of the Quality Accounts for 2012-13 received at the end of March 2013.

The document appears to us to be clearly set out and readily understandable by a public audience for which the Trust is to be commended. It would be helpful to readers to include page numbers in the table of contents. We hope that the Trust will be able to produce a summary easy to read version for wider public information.

We could not see a reference in the draft document to the Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry which was published in February 2013. It would be helpful to have an indication of any actions that the Trust will take to improve quality in response to the recommendations.

In ***Developing Our Services*** we note the information on the NHS 111 service and would like to see an assessment of the preparations during 2012-13 for the start of this service in March 2013 as we understand there has been a delay in the commencement of the NHS 111 service in South Yorkshire due to safety concerns.

In ***Priorities for Improvement 2013-14*** we agree with these priorities. In Priority 4: public education, we suggest the addition of "working with Local Healthwatches".

In ***Listening Watch and NICE Guidance*** it would be helpful to have some details of the subject areas considered and actions taken as a result of these exercises.

In the ***Participating in Research*** section we applaud the range of projects that the Trust is participating in. We assume that the Trust follows the NICE Guidance in recruiting patients and staff to participate in research and feel this would be worth mentioning.

Sheffield LINk always asked trusts to include information on ***Patient Safety Alerts (PSAs)*** in Quality Accounts. Therefore we are pleased to see that no PSAs were received in 2012-13.

We would also like to see reported in this document information on any ***Coroners' Rule 43 Requests*** that were received by the Trust in 2012-13 such as the number of requests received during the year, their subjects, the actions taken and status of the Trust in respect of each.

We found it helpful to see the performance against ***Mandatory Quality Indicators*** gathered together in one section. However if possible, we would like to see the figures broken down by CCG area and the previous two years' of figures included for comparison rather than just the last year. We note the shortfall in the Red 1 response performance but are pleased to see the list of actions to improve this performance.

We found the table of ***Reported Patient Safety Incidents*** somewhat confusing. Could the actual numbers of incidents resulting in severe harm or death be reported and it would be helpful to see a comparison with the previous two years.

We are pleased to see that the Trust achieved all of its objectives in relation to ***Improving the Quality of Care and Support for People with Dementia*** and that the Trust will work with care and residential homes in 2013-14 to create new pathways as alternatives to emergency calls. As the number of people with dementia is increasing we feel that this is an ongoing issue and dementia awareness actions need to be continued year on year. We support the priority to develop a Safety Thermometer Tool.

We commend the Trust on its improved performance in ***Safeguarding Referrals***.

We recognise that we are just one of the 13 Local Healthwatches within Yorkshire Ambulance Service's area and can report that Sheffield LINk did not have any negative feedback from the public during 2012-13. In the ***Patient Experience*** section we like the examples given of learning from complaints. However, in respect of the ***Complaints, Concerns, Comments and Compliments*** tables the broad subject areas are helpful but the monthly numbers are not very meaningful and it would, in our view again, be more informative to have the numbers by CCG area and aggregated for the current year and the last two years for comparison.

A quick comparison with the 2011-12 Quality Accounts show that the number of complaints, concerns and comments in 2012-13 is going to be significantly lower than in the previous three years and this should be highlighted.

We note the usefulness of the ***Patient Experience Surveys*** in A&E and PTS and hope that these can be repeated in 2013-14.

Finally we feel the inclusion of ***Patient Stories*** gives the document a 'real' character and the inclusion of a ***Glossary of Terms*** at the end is very helpful, and these are to be commended.

Mike Smith
Chair, Sheffield LINk (to March 2013)

Pam Enderby
Chair, Healthwatch Sheffield

NHS Rotherham

NHS Rotherham commissions PTS in South Yorkshire.

The draft Quality Accounts have been shared with all commissioners and their comments incorporated. Over the previous year (2012-13) Yorkshire Ambulance Service has continued to work hard to improve the quality of PTS in the South and has delivered improvements.

Throughout 2012-13 we have continually monitored Yorkshire Ambulance Service against all the quality targets set for the year. Yorkshire Ambulance Service specifically worked with patients with learning disabilities and patients with dementia and their carers to understand their experiences of the service and understand the improvements required to improve their experience.

Yorkshire Ambulance Service committed to reduce the number of patients waiting for long periods of time for their return journey, short-term interventions were in place during Quarters 1 and 2 which improved waiting times. However the improvements during Quarter 4 were less successful.

2013-14

The priority for patients accessing PTS continues to be a timely return journey. Yorkshire Ambulance Service has made this a priority for 2013-14 and commissioners are committed to working closely with Yorkshire Ambulance Service to achieve this.

The NHS is changing and the way patients access services and where they are located is evolving to meet patient need. PTS needs to adapt and flex to meet these changes and continue to put patients at the centre of the service.

The Clinical Commissioning Groups across South Yorkshire fully support the future priority areas identified in the accounts for 2013-14 and are committed to working with Yorkshire Ambulance Service to support their achievement.

Julia Massey
Contract Manager - Patient Transport
Finance, Contracts and Service Improvement
Directorate, Rotherham CCG

We are implementing transformational change projects across a number of service areas

Operational Review

Strategy Development

We are continuing to develop and implement our strategy, as contained within our five-year Integrated Business Plan. This describes our strategic goals and aims in relation to our ambitions as we move forward with our application for NHS Foundation Trust status and meet the challenges and opportunities presented by the Health and Social Care Act 2012.

The introduction of the Act has seen commissioning powers transfer from Primary Care Trusts (PCTs) to more locally-based Clinical Commissioning Groups (CCGs) with increased powers to tender for and commission services aligned to local health needs.

To support our approach to these changes we are strengthening our business and commercial capabilities and implementing transformational change projects across a number of service areas. This work has included the introduction of a Trust-wide Service Transformation Programme, including devolving greater responsibility for strategy development and implementation to operational management teams through the introduction of Monitor's Service Line Management Framework.

Working in partnership with other healthcare providers, we intend to build upon our success in winning the NHS 111 service contract for Yorkshire, Bassetlaw, North Lincolnshire and North East Lincolnshire to improve and develop services aligned to managing patients closer to home and avoiding unnecessary attendances at hospital emergency departments. We see this as key to ensuring that patients are treated in the most appropriate care setting and avoiding unnecessary use of resources at a time when there is significant pressure on health funding due to demographic and economic challenges.

Service Performance

2012-13 was the second consecutive year in which we delivered the national performance standard of responding to 75% of the most urgent 'Red' calls within 8 minutes. We also achieved the national standard to provide transport within 19 minutes for 95% of appropriate 'Red' calls.

We delivered this performance against a backdrop of increasing demand (we responded to over 4% more incidents than in 2011-12) and an extended period of extremely challenging weather over the winter months.

We are underlining our commitment to improving the quality of care we provide for our patients through the successful delivery of a number of Commissioning for Quality and Innovation (CQUIN) schemes. These schemes included improving response times and outcomes for patients living in rural areas, raising awareness of when it is appropriate to call the ambulance service, working with healthcare partners to develop alternatives to conveyance to A&E departments and improving the quality of care and support we provide to patients with dementia.

We continue to work with our commissioners for the Patient Transport Service (PTS) to meet the challenge of delivering a service which is both high quality and affordable. The focus of service improvement efforts has been to improve the numbers of patients being conveyed to and from their hospital appointments in a timely manner and the work underpinning this will continue across 2013-14.

Looking Forward to 2013-14

Our annual business plan for 2013-14 has been agreed by the Board and provides a strong framework for the continued improvement and development of our services. Key developments include:

- Continuing to implement the new A&E workforce model, supported by a review of staff rotas in order to deliver improved consistency in performance across the year, and across the diverse geography of the Yorkshire and the Humber region including rural areas.
- Delivering the Red 1 mandatory target which became effective from 1 April 2013.
- Expanding the role of our Clinical Hub, to improve telephone advice available to patients and frontline clinicians.
- Developing our urgent care offering to reduce inappropriate admissions to A&E.
- Delivering our cost improvement plans which will also lead to a reduction in our national reference cost position and an improved financial surplus.
- Developing and rolling out the Emergency Care Solution (electronic Patient Report Form system) in order to improve the quality of patient information available to frontline clinicians and our healthcare partners.
- Reducing mortality from major trauma and improving survival to discharge for pre-hospital cardiac arrest.
- Phased roll-out of Service Line Management and service transformation across the Trust.
- Continuing to implement the Service Transformation Programme for PTS in order to improve the affordability and quality of our services.
- Working with our healthcare partners to develop our own and other community-based services to ensure care is delivered in the most appropriate setting to meet the needs of our patients.
- Completing the roll-out of the NHS 111 service across Yorkshire and the Humber, Bassetlaw, North Lincolnshire and North East Lincolnshire.

Financial Performance

During 2012-13 we continued to improve our financial performance by delivering a financial surplus of £2,223,000 (£512,000 after adjustment for impairments of £1,711,000 in relation to valuation of land and buildings) whilst achieving 95% 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.

Achievement of Financial Duties and Auditors Local Evaluation			
Financial duty	2010-11	2011-12	2012-13
Income and expenditure breakeven	✔	✔	✔
Capital resource limit duty	✔	✔	✔
External finance limit duty	✔	✔	✔
Better Payment Practice Code duty	✘	✘	✘
Capital cost absorption duty	✔	✔	✔

✔ Met ✘ Not met

Income and Expenditure

We planned to realise an operating surplus of £1,975,000 in 2012-13 and delivered £2,223,000. We maintained appropriate control of expenditure in the period whilst achieving 95% of our Cost Improvement Plan on a recurrent basis. We made a technical adjustment to our accounts for an impairment of £1,711,000 in respect of in-year land and property revaluations, in line with Department of Health accounting guidance, giving a net retained surplus of £512,000.

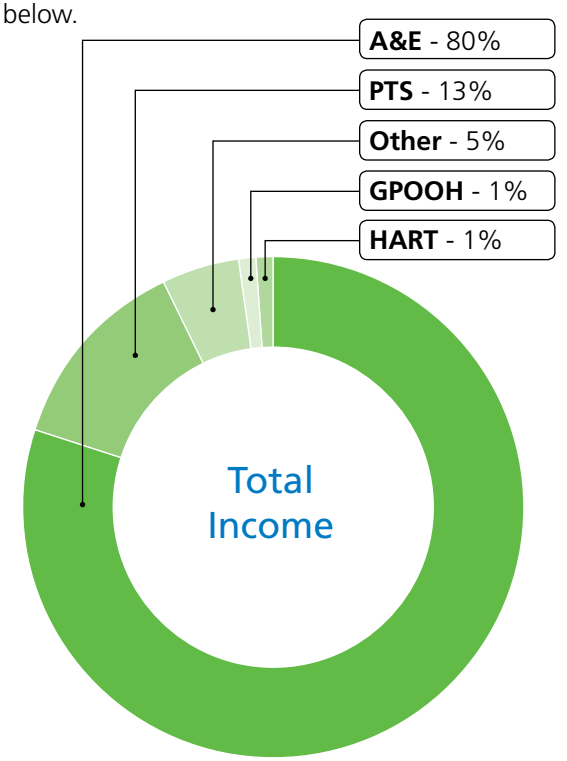
We are planning to deliver a surplus of £2,600,000 in 2013-14.

Income

We recognised income of £209,772,449 in 2012-13. This is £9.439m higher that income received in 2011-12 due to additional A&E demand, the mobilisation of the NHS 111 service and non-recurrent funding to support service transformation.

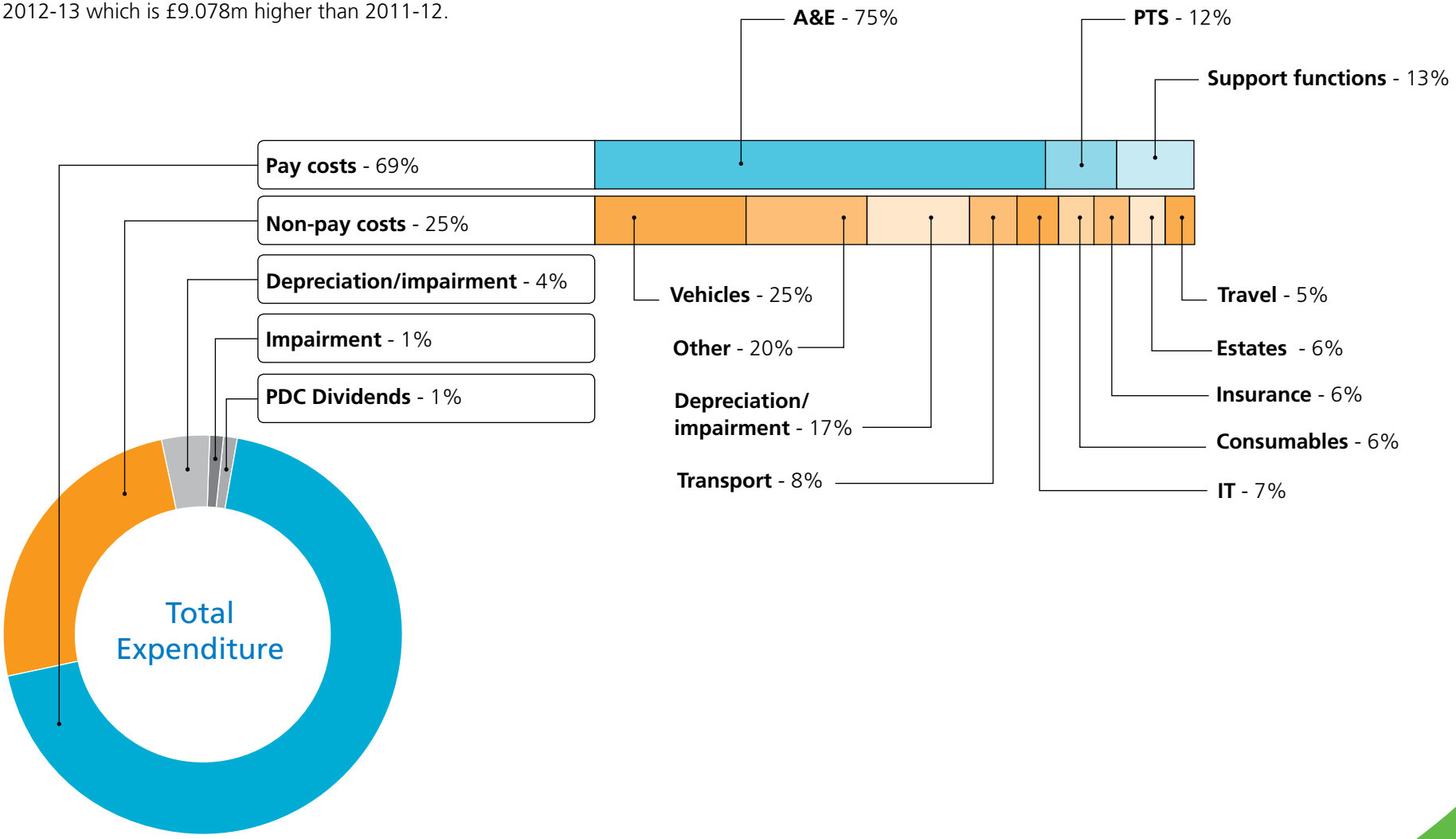
The financial plan for 2013-14 projects income to be £227,197,000 before any growth in A&E demand.

The breakdown of 2012-13 income can be seen in the diagram below.



Expenditure

We spent £207,186,000 on revenue items in 2012-13 which is £9.078m higher than 2011-12.



Cost Improvement Plans

We planned to achieve £10,285,000 savings in the year equating to 5% of our planned income. We achieved 95% of these savings recurrently in 2012-13. The balance was non-recurrent savings of £483,000 which will have to be found recurrently as part of the £10.9m cost improvement plan for 2013-14.

Capital Expenditure

The Trust's Capital Resource Limit (CRL) was set at £17,662,000 for 2012-13, which included £6,672,000 for the purchase of Trust headquarters at Springhill, Wakefield and £2,000,000 for a new Hazardous Area Response Team (HART) building in Leeds. However, the purchase of this new site was not completed until July 2013. We spent £15,655,637 on capital expenditure and received £326,665 for assets sold, which had a net book value of £77,683. The net effect of this was a CRL undershoot of £2,084,000, £2m of which relates to the HART funding carried forward to 2013-14. We therefore achieved the target with an £84,000 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 £1,973,000 and therefore a reduction in the EFL of this amount. The difference between the closing and opening cash balance (£6,845,000 and £4,869,000 respectively) was £1,976,000 which meant that the Trust had £3,000 more cash than planned and therefore undershot the EFL, thereby achieving this target. In addition, the EFL assumed that £2m would be received before the end of the financial year for the purchase of the new HART building. As this funding will now be received in 2013-14, there was an additional £2m technical undershoot of the EFL.

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 actual relevant net assets. The relevant assets at the start of the period were £62,378,000 and £60,928,000 at the end giving an average of £61,653,000. The public dividend capital reflected in the accounts was £2,159,000 which equates to 3.5% thereby achieving the target.

Better Payment Practice Code (BPPC)

Current trade creditors have reduced by £320,000 to £1,350,000 at the end of 2012-13. This improved performance is borne out by the associated improvements against the BPPC whereby the achievement of the target of invoices paid within 30 days has increased from 87% to 89%. A reduction in the number of invoices processed due to streamlined invoicing procedures should see further improvement in 2013-14.

Governance Statement

1. Scope of responsibility

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of 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 strategic and operational risks faced by the Trust and the mechanisms for providing the Trust Board with assurance that these risks are managed efficiently and effectively.

The Trust has met with the NHS North of England and our lead commissioner for 2012-13, Bradford, Airedale and Leeds Primary Care Cluster on a regular basis to reassure that both the national and local targets are being met and that risks are mitigated to tolerable levels. The Trust also 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 involvement networks (LINks). The Trust has also engaged proactively with the emerging clinical commissioning groups and NHS Trust Development Authority and has effectively managed the key issues through the transition to the new commissioning environment.

2. The governance framework of the organisation

The Trust Board adheres to and is compliant with, the principles outlined in the UK Corporate Governance Code (2010). 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.

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 (3 voting and 1 non-voting). In addition; the Board functions are coordinated and supported by the Director of Corporate Affairs/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 significantly developed its ability to focus on strategic issues whilst assuring itself of the performance of the whole organisation. It has achieved this through the following:

- A longer range agenda planning approach 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
  - strategic development of the Trust including stakeholder engagement and workforce
  - tendering for and mobilisation of the NHS 111/ West Yorkshire Urgent Care Services contract
  - financial priorities
  - quality governance, including review of the implications of the public inquiry into Mid-Staffordshire NHS Foundation Trust
  - Board governance and committee arrangements
  - risk management.

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 Director of Corporate Affairs and Trust Secretary on behalf of the Chairman and any notable exceptions are addressed by the Chairman or Chief Executive as appropriate.

This year, as an aspirant Foundation Trust, the Trust completed the Board Governance Assurance Framework (BGAF), commissioned by the Department of Health. The BGAF deploys a standardised process to help the Board build on strengths and address weaknesses.

It supports the Trust in the development of robust governance arrangements in line with Foundation Trust requirements. The process involved an initial self-assessment, followed by an in-depth review undertaken by external auditors. This included a significant desktop review of governance documentation, observation of Trust Board meetings, one-to-one Board member interviews, and stakeholder feedback. The findings from this review informed an action plan that the Trust Executive Group developed and implemented to address areas of identified weakness. The Board is satisfied that the key areas in the BGAF action plan have been progressed and the initial report and progress against the action plan formed part of the submission to the Strategic Health Authority, which resulted in the Trust progressing to the next stage of the Foundation Trust authorisation process.

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 during the year, resulting in a governance rating score of 3.0 against a Monitor requirement of a score of < 4.0.

The Trust's 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. They also reflect the relevant recommendations arising from the public inquiry into Mid-Staffordshire NHS Foundation Trust and an action plan arising from the Trust review is being taken forward in the coming year to further strengthen our arrangements in key areas.

The Trust has successfully completed phase 2 of the Foundation Trust Historical Due Diligence exercise. The Trust Executive Group developed and implemented an action plan to address areas of identified weakness, which formed part of the submission to the SHA and resulted in the Trust progressing to the next stage of the FT authorisation process.

In addition to the external scrutiny detailed above; members of the SHA Foundation Trust Applications Team observed Trust Board and Non-Executive led committee meetings.

A Clinical Quality Strategy sets out the priorities for clinical quality and this is underpinned by annual implementation plans for each of 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 Trust Board has been underpinned throughout 2012-13 by five key committees/management groups:

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

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 sub-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's Cost Improvement Programme.

A comprehensive review of corporate governance arrangements was undertaken in 2011-12, leading to further development of Board committee and management group arrangements. As a result of this exercise, a Quality Committee was introduced as a sub-committee of the Board in March 2012. The Quality Committee consists of three Non-Executive Directors, the Executive Director of Standards and Compliance, Executive Medical Director, Executive Director of Workforce and Strategy 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 scrutinises and supports the Board in gaining assurance on risk management, workforce governance, health and safety and information governance issues.

In addition to the introduction of the Quality Committee, significant changes were made, following the review to the Trust's management groups to rationalise and streamline the arrangements. These changes, embedded during 2012-13, have helped to reduce duplication and have increased the clarity of accountability and flow of information within the management groups.

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, 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 the 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's Service Transformation Programme and Cost Improvement Programme, and contributing to the development of strategy and policy.

Throughout 2012-13 the SMG has been routinely provided with risk management information and assurance from:

- operational management groups in A&E and PTS
- Risk and Assurance Group
- Health and Safety Committee
- Information Governance Working Group
- Clinical Governance Group (including IP&C)

To strengthen the management of key Trust change programmes and projects aligned to the five-year business plan, including delivery of the Cost Improvement Programme, the Trust established a Transformation Programme Management Group. This Group started work in April 2012, with executive leadership and Non-Executive Director involvement.

The Group provides regular reports on progress to the Trust Board.

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 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 Trust utilises the Knowledge and Skills Framework (KSF) which prescribes that risk management forms part of the core competences for managers.

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.

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 proactive approach and one which reviews risks retrospectively. Therefore the Trust's risk assessment is a dynamic process.

Risks are identified proactively by the Board and Senior Management Group as part of the five-year and annual business planning cycles.

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.

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 significant (extreme level) risks 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: those that have been managed in-year and also those that will be managed in the future.

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 principal risks to the strategic objectives identified in the Board Assurance Framework 2012-13, were:

- significant disruption to 999 service provision, leading to adverse impact on clinical outcomes due to the complexity and interface of different IT systems
- adverse clinical outcomes due to failure of reusable medical devices and equipment and inability to improve the effectiveness of clinical care and patient outcome
- harm to patients, staff and others due to deficiencies in the data flagging process leading to potential for data flags not being brought to the attention of interested parties
- inability to deliver performance targets and clinical quality standards
- lack of compliance with key regulatory requirements (CQC,HSE, IGT, NHSLA) due to inconsistent application across the Trust
- loss of income due to inability to secure/retain PTS and other significant service contracts, adversely influencing future service commissioning intentions

- inability to deliver service transformation and organisational change, including non-delivery of cost improvement programmes
- failure to learn from patient experience and adverse events due to inadequate data management systems for reporting and identifying learning opportunities
- 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
- adverse impact on developments in urgent/unscheduled care services in partnership with other providers due to failure to implement the NHS 111 service/West Yorkshire Urgent Care provision.

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.

During the year, the role of the Finance and Investment Committee and Quality Committee in gaining assurance on key risks was further developed, and both of these committees have provided significant assurances to the Audit Committee on risks relevant to their terms of reference.

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.

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, it was identified that a there was potential for a deficit against planned financial outturn due to significant overspending on the provision of PTS. The risk was escalated to the Board for inclusion in the Board Assurance Framework and Corporate Risk Register in November 2012 and a mitigation plan was established.
- Analysis of incident and other adverse event reporting data identified the risk of harm to staff due to moving and handling as a significant area of concern. Risk mitigation required the implementation of a number of bespoke projects, including most notably;

Review of Carry Chairs

Following extensive trials, the Trust Vehicle and Equipment Group recommended the purchase of a new carry chair with detachable track.

Funding has been secured for procurement of the new chairs from April 2013, which should reduce the number of moving and handling injuries and positively influence staff welfare.

Review of Emergency Response Bag

Incident data indicated that moving and handling incidents relating to the current emergency response bag are the third biggest cause of injury to staff and that the majority occur amongst rapid response vehicle (RRV) drivers.

The Trust has worked with Loughborough University to determine a specification for a new emergency response bag. The work to procure and implement a suitable response bag is now complete, and due for implementation in quarter one of 2013-14.

- Actions taken to mitigate the risk of an adverse impact on clinical outcomes due to failure to embed the Clinical Leadership Framework had not progressed as anticipated. Albeit some good progress has been made to implement the Clinical Leadership Framework, the risk score has been returned to its start of year position, primarily due to issues relating to operational demand impacting on the implementation of a number of key actions. The risk treatment plan has been refocused to address the emerging issues and gaps identified.
- There was positive movement in-year on the delivery of performance targets and clinical quality standards, however; achievement of the response time targets remained challenging.

Delivery of the Red 1 target has been specifically highlighted for the year ahead. To effectively manage this risk in 2013-14, a comprehensive, Board approved risk mitigation plan has been developed and submitted to the NHS Trust Development Authority.

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.

All corporate risks subject to on-going risk management plans will be recorded on the 2013-14 iteration of the Board Assurance Framework and will continue to be managed through the Corporate Risk Register.

The Trust achieved its operational targets for immediately life-threatening calls in 2012/13. The achievement of this target will continue to pose a challenge to the Trust's risks in the future, however, with potential financial and regulatory consequences.

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 have been no reported serious incidents involving lapses of data security.

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 (ASNZS: 4360) Risk Management Standards, the NHS Litigation Authority (NHSLA) Risk Management Standards for Ambulance Trusts and the National Patient Safety Agency (NPSA).

The Corporate Risk Register and Board Assurance Framework enables 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. Any significant gaps in controls on the Board Assurance Framework are identified and routinely managed through the Corporate Risk Register.

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.

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.

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 in to 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 is fully compliant with the Care Quality Commission (CQC) essential standards of quality and safety.

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 procedures 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 Head of Internal Audit Opinion)
- 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:

- CQC Essential Standards for Quality and Safety – Provider Compliance Assessments
- the CQC inspection process
- NHSLA risk management standards compliance inspections
- NHS Connecting for Health Information Governance Toolkit
- on-going self-assessment (utilising the Auditors' Local Evaluation methodology)
- internal audit reports
- external audit reports
- external consultancy report 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.

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 will be 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.

The Trust is required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare a Quality Accounts for each financial year. The Trust's Quality Accounts for 2012/13 reports on key indicators of quality relating to patient safety, clinical effectiveness and patient experience. The Quality Accounts include comments from key stakeholders which are a positive reflection on developments over the year and of the Trust's engagement with partners. The Quality Accounts have been subject to Internal Audit and External Audit review and scrutiny by the Quality Committee and Audit Committee and I am satisfied that they present a balanced and accurate view of quality within the Trust.

On final review and closure of the 2012/13 iteration of the Board Assurance Framework, two significant control issues were identified relating to inadequate capacity to audit clinical practice and significant overspending on the provision of Patient Transport Services (see Section 6).

Head of Internal Audit Opinion

Significant assurance can be given 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 and/or inconsistent application of controls put the achievement of particular objectives at risk, most notably in relation to clinical audit arrangements, the management of fuel cards, the management of medical devices and the accounts payable system.

The audits for 2012-13 were drawn from the Operational Internal Audit plan approved by the Audit Committee in April 2012. This was a risk based plan and regular reports have been presented to the Audit Committee concerning achievement of the plans and any in-year changes.

During the year audits deemed mandatory by the Trust have been completed, including; Board Assurance Framework, Information Governance Toolkit and core financial systems work, ie Main Accounting System, Accounts Payable, Budgetary Control and Fixed Assets. In addition, areas the Trust considered to be of significant risk have been completed, including; clinical audit, statutory and mandatory training, staff recruitment, lessons learned from SUIs, clinical record management, CQC requirements, capital management, facilities management, management of medical devices and business continuity/disaster recovery arrangements.

Of the 20 reviews completed; 13 provided significant assurance, six provided limited assurances (Clinical Audit, Fuel Cards, Adastra System General Controls, Management of Medical Devices, Asset Register and Accounts Payable) and one review (Business Continuity Gap Analysis) did not require an overall assurance level.

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 2013/14 will be reviewed through the risk management and committee arrangements outlined in section 2 of this statement.

6. Significant Issues

The 2012-13 review of the Trust's system of internal control has identified three significant issues relating to: full mobilisation of the NHS 111 service, inadequate capacity to audit clinical practice and significant overspending on the provision of PTS.

The risk relating to clinical audit arises from in-year problems with clinical record scanning systems and the impact this has on clinical audit capacity. Immediate risk mitigation was put in place in the form of additional temporary staffing to ensure the delivery of core national clinical audit requirements.

To improve its ability to evidence that patient care is of a sufficiently high standard, the Trust has developed a multi-faceted risk treatment plan which will focus on; the further development of procedural documents, the implementation of a functional scanning and verification solution and to fully establish the Clinical Leadership Framework.

A comprehensive risk treatment plan was developed to manage the potential for a deficit against planned financial outturn due to significant overspending on the provision of PTS. Key elements include; managerial sign off required for all sub-contractor spend, recruitment review, review of sub-contractors support, revised financial forecast and identified cost savings underpinned by a PTS Transformation Programme, and consistent application of authorisation procedures.

The NHS 111 service was scheduled to go live across the whole of the contracted area in March 2013. The initial implementation was limited to West Yorkshire and early operation highlighted a number of challenges both for the Trust and wider health system, which have required additional Trust resources to be targeted to support delivery. Following review involving Commissioners, the Department of Health and the Trust, it was agreed that further roll out should be phased, with full roll out completed in early 2013-14. The Trust is continuing to work with Commissioners to deliver the service and to manage the risks associated with the final stages of mobilisation.

Management of these risks will be monitored during 2013/14 through the Trust Executive Group, Finance and Investment Committee, Quality Committee, Audit Committee and the Trust Board. Additional monitoring and assurance will be provided through the Trust's Transformation Programme Management Group, to oversee the delivery of key developments aligned to the Trust's 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

Yorkshire Ambulance Service NHS Trust

7 June 2013

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 by NHS North of England as the Strategic Health Authority responsible for Yorkshire and the Humber.

Non-Executive Directors are appointed by the Appointments Commission 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 annual pay settlement and the framework and guidance for very senior managers in strategic and special health authorities, primary care trusts and ambulance trusts. The current consumer price index (CPI) applied to pensions is 5.2%. The factors used to calculate the 2013 cash equivalent transfer value (CETV) have changed; the new factors used are higher than previous years.

The salary of the most highly paid individual at Yorkshire Ambulance Service in the financial year 2012-13 was £128,873. This was 5.761 times the median salary of the workforce, which was £22,369. The median was calculated by scaling up part-time salaries to the whole time equivalent in line with guidance.

Salary Entitlements of Senior Managers

Name and title	2012-13			2011-12		
	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in Kind (rounded to the nearest £000)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in Kind (rounded to the nearest £000)
	£000	£000	£000	£000	£000	£000
David Whiting Chief Executive	**125-130**	**0**	**9.1**	125-130	0	5.9
Rod Barnes[1] Executive Director of Finance and Performance	**95-100**	**0**	**6.7**	45-50	0	3.2
Paul Birkett-Wendes[2] Executive Director of Operations	**75-80**	**0**	**1.3**	N/A	N/A	N/A
Stephen Moir[3] Deputy Chief Executive and Executive Director of Workforce and Strategy	**100-105**	**0-5**	**0**	75-80	5-10	0
Steve Page Director of Standards and Compliance	**85-90**	**0**	**4.1**	85-90	0	3.4
Dr Alison Walker[4] Executive Medical Director	**115-120**	**5-10**	**0**	100-105	10-15	6.5
David Williams[5] Acting Executive Director of Operations	**15-20**	**0**	**0**	15-20	0	0

[1]Appointed 3 October 2011. [2]Appointed 4 June 2012. [3]Other remuneration figure is 3.35% for Deputy Chief Executive; Appointed 1 June 2011. [4]Seconded to Yorkshire Ambulance Service from 1 April 2012 to 31 March 2013

[5]Seconded to Yorkshire Ambulance Service from 1 April 2012 to 3 June 2012, temporary appointment to the Board from 1 February 2012 to 3 June 2012.

Salary Entitlements of Senior Managers

Name and title	2012-13			2011-12		
	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in Kind (rounded to the nearest £000)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in Kind (rounded to the nearest £000)
	£000	£000	£000	£000	£000	£000
Della Cannings QPM Chairman	**20-25**	**0**	**0**	20-25	0	0
Elaine Bond[6] Non-Executive Director	**5-10**	**0**	**0**	5-10	0	0
Patricia Drake Non-Executive Director	**5-10**	**0**	**0**	5-10	0	0
Roger Holmes CB[7] Non-Executive Director	**0-5**	**0**	**0**	5-10	0	0
Erfana Mahmood[8] Non-Executive Director	**5-10**	**0**	**0**	N/A	N/A	N/A
Richard Roxburgh[9] Non-Executive Director	**0-5**	**0**	**0**	5-10	0	0
Barrie Senior[10] Non-Executive Director	**0-5**	**0**	**0**	N/A	N/A	N/A
Mary Wareing[11] Non-Executive Director	**5-10**	**0**	**0**	N/A	N/A	N/A

[6]Appointed 5 June 2011. [7]Left 30 September 2012. [8]Appointed 15 May 2012. [9]Left 31 July 2012. [10]Appointed 16 August 2012. [11]Appointed 24 April 2012.

The Trust does not make any performance-related bonuses.

Reporting related to the Review of Tax Arrangements of Public Sector Appointees

As part of the Review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23 May 2012, organisations are required to publish information in relation to the number of off-payroll engagements – at a cost of over £58,200 per annum – that were in place on 31 January 2012.

Off-payroll engagements at a cost of over £58,200 per annum in place on 31 January 2012 are detailed in the table below:

Off-payroll engagements	Number
Number in place on 31 January 2012	1
Of which: Number that have since come onto the organisation's payroll	0
Of which: Number that have since been re-negotiated/re-engaged to include contractual clauses allowing the Trust to seek assurance as to their tax obligations	0
Number that have not been successfully re-negotiated and therefore continue without contractual clauses allowing the Trust to seek assurance as to their tax obligations	0
Number that have come to an end	1
Total	0

The Trust had no new off-payroll engagements between 23 August 2012 and 31 March 2013, for more than £220 per day and more than six months.

Pension Entitlements of Senior Managers

Name and title	Real increase in pension at age 60/65 (bands of £2,500)	Real increase in pension lump sum at aged 60/65 (bands of £2,500)	Total accrued pension at age 60/65 at 31 March 2013 (bands of £5,000)	Lump sum at age 60/65 related to accrued pension at 31 March 2013 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2013	Cash Equivalent Transfer Value at 31 March 2012	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£00
Rod Barnes Executive Director of Finance and Performance	**0-2.5**	**0-(2.5)**	**25-30**	**75-80**	**419**	385	14	0
Paul Birkett-Wendes[1] Executive Director of Operations	**2.5-5.0**	**0-2.5**	**0-5**	**0-5**	**36**	0	30	0
Stephen Moir Deputy Chief Executive and Executive Director of Workforce and Strategy	**0-2.5**	**0-2.5**	**0-5**	**0-5**	**27**	12	15	0
Steve Page Director of Standards and Compliance	**0-(2.5)**	**0-(2.5)**	**30-35**	**95-100**	**591**	548	14	0
David Whiting Chief Executive	**0-(2.5)**	**0-(2.5)**	**45-50**	**135-140**	**792**	744	10	0
David Williams[2] Acting Executive Director of Operations	**5.0-7.5**	**15.0-17.5**	**30-35**	**95-100**	**618**	0	109	0

[1]Appointed 4 June 2012. [2]Seconded to Yorkshire Ambulance Service NHS Trust 1 April 2012 to 3 June 2012, temporary appointment to the Board on 1 February 2012 to 3 June 2012

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 2013 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, 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. 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 2013. We have not considered the effects of any events between 7 June 2013, 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

September 2013

Summary Financial Statements

Statement of Comprehensive Income for the year ended 31 March 2013	**2012-13 £000**	2011-12 £000
Gross employee benefits	**(145,184)**	(145,199)
Other costs	**(62,002)**	(52,909)
Revenue from patient care activities	**204,471**	195,284
Other operating revenue	**5,301**	5,049
Operating surplus/(deficit)	**2,586**	2,225
Investment revenue	**50**	30
Other gains and (losses)	**248**	113
Finance costs	**(213)**	(148)
Surplus/(deficit) for the financial year	**2,671**	2,220
Public dividend capital dividends payable	**(2,159)**	(2,200)
Retained surplus/(deficit) for the year	**512**	20
Impairments and reversals	**(985)**	(1,257)
Net gain/(loss) on revaluation of property, plant and equipment	**1,043**	1,504
Total comprehensive income for the year	**570**	**267**

Financial Performance for the year	**2012-13 £000**	2011-12 £000
Retained surplus/(deficit) for the year	**512**	20
Prior period adjustment to correct errors	**0**	0
IFRIC 12 adjustment	**0**	0
Add back impairments	**1,711**	408
Adjustments in respect of donated asset/ government grant reserve elimination	**0**	0
Adjustment re absorption accounting	**0**	0
Adjusted retained surplus/(deficit)	**2,223**	**428**

Statement of Financial Position as at 31 March 2013	31 March 2013 £000	31 March 2012 £000
Non-current assets		
Property, plant and equipment	**74,171**	69,177
Intangible assets	**411**	280
Trade and other receivables	**985**	2,035
Total non-current assets	**75,567**	71,492
Current assets		
Inventories	**1,406**	1,627
Trade and other receivables	**11,883**	10,383
Cash and cash equivalents	**6,845**	4,869
Total current assets	**20,134**	16,879
Non-current assets held for sale	**160**	441
Total current assets	**20,294**	17,320
Total assets	**95,861**	**88,812**

Statement of Financial Position as at 31 March 2013	31 March 2013 £000	31 March 2012 £000
Current liabilities		
Trade and other payables	**(11,767)**	(13,641)
Provisions	**(2,736)**	(2,594)
Capital loan from Department of Health	**(334)**	0
Total current liabilities	**(14,837)**	(16,235)
Non-current assets plus/less net current assets/liabilities	**81,024**	72,577
Non-current liabilities		
Provisions	**(7,048)**	(5,342)
Capital loan from Department of Health	**(6,171)**	0
Total non-current liabilities	**(13,219)**	(5,342)
Total assets employed	**67,805**	67,235
Financed by: Taxpayers' equity		
Public Dividend Capital	**74,094**	74,094
Retained earnings	**(10,625)**	(11,232)
Revaluation reserve	**4,336**	4,373
Total taxpayers' equity	**67,805**	**67,235**

Statement of cash flows for the year ended 31 March 2013

	2012-13 £000	2011-12 £000
Cash Flows from Operating Activities		
Operating surplus/deficit	**2,586**	2,225
Depreciation and amortisation	**9,080**	8,647
Impairments and reversals	**1,711**	408
Interest paid	**(61)**	0
Dividend (paid)/refunded	**(2,223)**	(2,200)
(Increase)/decrease in inventories	**221**	(159)
(Increase)/decrease in trade and other Receivables	**(387)**	484
Increase/(decrease) in trade and other payables	**252**	(1,006)
Provisions utilised		
Increase/(decrease) in provisions	**(2,139)**	(2,189)
	3,835	2,301
Net cash inflow/(outflow) from operating activities	**12,875**	8,511
Cash flows from investing activities		
Interest received	**50**	30
(Payments) for property, plant and equipment	**(17,423)**	(7,341)
(Payments) for intangible assets	**(358)**	(237)
Proceeds of disposal of assets held for sale (PPE)	**327**	295
Net cash inflow/(outflow) from investing activities	**(17,404)**	(7,253)

Statement of cash flows for the year ended 31 March 2013

	2012-13 £000	2011-12 £000
Net cash inflow/(outflow) before financing	**(4,529)**	1,258
Cash flows from financing activities		
Public dividend capital received	**3,000**	0
Public dividend capital repaid	**(3,000)**	0
Loans received from Department of Health - new capital investment loans	**6,672**	0
Loans repaid to Department of Health - capital investment loans repayment of principal	**(167)**	0
Net cash inflow/(outflow) from financing activities	**6,505**	0
Net increase/(decrease) in cash and cash equivalents	**1,976**	1,258
Cash and cash equivalents (and bank overdraft) at beginning of the period	**4,869**	3,611
Cash and cash equivalents (and bank overdraft) at year end	**6,845**	4,869

Glossary of Terms

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 clinical 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 FT 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.

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 replace 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.

Term/Abbreviation	Definition/Explanation
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.
Clinical Supervisor	Works on the frontline as part of the operational management team and facilitates the development of clinical staff, helping 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.

Term/Abbreviation	Definition/Explanation
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.
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. The 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.

Term/Abbreviation	Definition/Explanation
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.
Healthwatch	Healthwatch England is the new independent consumer champion for health and social care in England. Local Healthwatch organisations have been set up from April 2013.
Human Resources (HR)	A function with responsibility for implementing strategies and policies relating to the management of individuals.
Information Asset Owners (IAO)	An IAO is an individual within an organisation that has been given formal responsibility for the security of an 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.

Term/Abbreviation	Definition/Explanation
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.
Local Involvement Network (LINk)	A network of individuals and community groups, such as faith groups and residents' associations, working together to improve health and social care services. A new consumer champion called Healthwatch started to replace LINks from October 2012.
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.

Term/Abbreviation	Definition/Explanation
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.
National Health Service Litigation Authority (NHSLA)	Handles negligence claims and works to improve risk management practices 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 that arise in the negligence claims reported to the NHSLA.
National Infarct Angioplasty Project (NIAP)	An audit of patients referred for an angioplasty surgical procedure.
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 Patient Safety Agency (NPSA)	A national agency which helps to improve the safety of patient care by working with health organisations.
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.
NHS England (formerly NHS Commissioning Board)	Formally established as an independent body on 1 October 2012, is responsible for authorising Clinical Commissioning Groups (CCGs), working collaboratively with partners and encouraging patient and public participation in the NHS.
NHS 111	NHS 111 is a new service for patients who need medical help fast, but it's not a 999 emergency. The urgent care service is available 24 hours a day, 365 days a year and calls are free from landlines and mobile phones.
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.
Overview and Scrutiny Committee (OSC)	Local authority bodies which provide scrutiny of health provision in their local area.

Term/Abbreviation	Definition/Explanation
Paramedic	Senior ambulance service healthcare professionals at an accident or medical emergency. Working alone or with an emergency care assistant, 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 Care Trust (PCT)	PCTs work with local authorities and other agencies that provide health and social care locally to make sure that your community's health needs are being met. They were replaced by Clinical Commissioning Groups (CCGs) from April 2013.
Primary Percutaneous Coronary Intervention (pPCI)	A surgical treatment for heart attack patients which unblocks arteries that 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 Strategy	Framework for the management of quality within Yorkshire Ambulance Service.
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.

Term/Abbreviation	Definition/Explanation
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)	Something out of the ordinary or unexpected. It is an incident – or a series of incidents – that, if left unattended, may pose a risk to service users or the health and safety of staff, visitors and others.
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.
Strategic Health Authority (SHA)	SHAs used to manage the NHS locally and provide an important link between the Department of Health and the NHS. They ceased to exist from April 2013.
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. The Trust also provides the NHS 111 urgent care service to the extended area of Bassetlaw, North Lincolnshire and North East Lincolnshire.
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 2013 for Yorkshire Ambulance Service NHS Trust, together with further copies of this publication, are available on request.

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