



Yorkshire Ambulance Service **NHS**
NHS Trust

An Aspirant Foundation Trust

Quality Accounts 2011-12



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Statement on Quality from the Chief Executive

For everyone at Yorkshire Ambulance Service NHS Trust (YAS), providing high quality patient care is our number one priority. This applies to our ambulance clinicians responding to emergency calls, to our Patient Transport Service (PTS) crews taking patients to and from their planned hospital appointments, to our managers developing new care pathways or ways of working, and to our Trust Board making decisions about the future of our Trust.

The progress we have made has once again been acknowledged by the Care Quality Commission (CQC) which agreed in January 2012 that we had met the full requirements for continued registration with them. This means that we are achieving all of the essential standards of quality and safety.

The Board has been leading our focus on quality and has given significant time to developing our Quality Governance Framework. This will ensure that quality is at the centre of all our systems and structures, and enable the investment in our staff, managers and leaders to build a culture of quality. Demonstrating strong quality governance will be essential as we work towards achieving Foundation Trust status and our systems and structures will be subject to close scrutiny as we progress our application. We welcome this process as it will provide us with additional challenges in setting ambitious objectives and supporting innovation.

In 2011-12 we made improvements in important areas of quality including incident reporting, management of serious incidents (SIs), safeguarding vulnerable adults and children, and the development of new care pathways. We have continued to measure the quality of our clinical care using the national Ambulance Quality Indicators (AQIs). AQI results and achievements are regularly shared with frontline staff in their areas, so they can identify where they can learn from colleagues in other areas.

2012-13 will be a challenging year for all healthcare providers as the healthcare reforms are implemented. We will be exploring and introducing new and more efficient ways of working which will enable us to improve the quality of our care, whilst also reducing the cost to the taxpayer. To achieve this we will work in partnership with our healthcare partners, our patients and local communities to listen to concerns and agree local priorities if we are to ensure our services are responsive to their needs.

We know from the thank you letters and telephone calls we receive from patients and their families that many people receive an outstanding service thanks to the skill, care and dedication of all our staff. We want this to be the experience of every patient and will continue to strive towards this goal.

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 (YAS) 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

A handwritten signature in black ink, appearing to read 'D Whiting', is positioned above the title 'Chief Executive'.

Chief Executive

Mission Statement

Saving lives, caring for you

Our Vision and Values

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

WE CARE

Working together for patients - we work with others to give the best care we can

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

Commitment to quality of care - we always give the highest level of clinical care

Always compassionate - our staff are professional, dedicated and caring

Respect and dignity - we treat everyone with dignity, courtesy and respect

Enhancing and improving lives - we continuously seek out improvements



Our Strategic Aims

- To provide first class care through constantly seeking to innovate and be recognised for our quality;
- To achieve the highest standards for our patients, meeting and exceeding their expectations in terms of outcomes, safety and experience;
- To provide responsive, flexible, consistent and enduring services appropriate to the needs of the patient and in line with commissioner intentions;
- To develop, lead, deliver and coordinate healthcare resilience;
- To be a system navigator and lead in the co-ordination of emergency and urgent care services across the region;
- To attract, retain and enhance the skilled workforce we require to deliver services both now and in the future;
- To create an environment in which YAS develops to its maximum potential, where clinical excellence flourishes, and inspires others;
- To be efficiently and effectively run and enable intelligent investment; and
- To engage locally, regionally and nationally to ensure YAS adds value.

By delivering operational objectives against these aims we know we can achieve our vision.



Equality and Diversity

To ensure YAS continues to comply with the Equality Act 2010 and create an organisation that embraces the benefits of diversity, numerous pieces of work have been completed including:

Publishing a Single Equality Scheme, which has led to:

- the appointment of an executive lead for equality on the YAS Board
- a new Equality Impact Assessment tool to ensure YAS does not discriminate against minority groups
- 138 PTS staff and 21 student paramedics received equality, diversity, dignity and respect training
- retaining the 'two tick' disability symbol, which is awarded by Jobcentre Plus to employers who are positive about employing disabled people
- the formation of a Lesbian, Gay, Bisexual and Transgender (LGBT) staff support network.

Publishing public sector equality duties, which includes:

- staff data
- patient data
- information on how YAS aims to move towards the Equality Delivery System.

YAS is using the NHS Equality Delivery System as a tool to effectively meet the requirements of the Equality Act 2010. This system will assist YAS to continually make improvements in delivering care services and fair employment to all sections of the community.



Priorities for Improvement 2012-13

Context

The priorities for improvement have been developed through an engagement exercise both within YAS, and across a wide range of external stakeholders. The process of engagement is detailed further on page 34 and has included LINKs, our expert patient and commissioners.

The priorities for improvement have also been aligned to the national agenda through the NHS Operating Framework (Department of Health 2012) and also our locally-agreed priorities with our commissioners through the Commissioning for Quality and Innovation (CQUIN) schemes both within our emergency and PTS service.

Our priorities for 2012-13

1. Ensure that the response from the ambulance service meets the needs of local populations

Getting to patients with life-threatening conditions as quickly as possible saves lives and is a vital part of achieving the best possible clinical outcome. Throughout 2012-13 this will continue to be one of our highest priorities.

Aims:

- Maintain our response times to patients with life-threatening conditions in line with the nationally agreed indicator to reach 75% of these patients within eight minutes.
- Improve patient experience.
- To continue to work with our healthcare partners in maintaining and improving existing and new patient pathways.
- Further develop our Clinical Hub to provide more advice and guidance for ambulance clinicians.

Measures, monitoring and reporting:

- Our response times are monitored continuously and are reported to the Trust Board through the monthly Integrated Performance Reptot (IPR).
- YAS has an established patient experience survey which takes place each month for patients who have used our A&E service. This is analysed and reported monthly to both operational managers and the Trust Board.
- The use of the Clinical Hub is monitored monthly (specifically in relation to alternative care pathways).

2. Ongoing monitoring and improvement of Ambulance Quality Indicators (AQIs)

The AQIs are 11 national quality indicators which help us understand the quality of our service by measuring our performance. Along with the other English ambulance services, we began using these indicators in April 2011, and can now report on the quality of our service for patients suffering from cardiac arrest, ST elevation Myocardial Infarction (STEMI) and stroke and also allows our data to be compared with that of other services across the country.

The 11 national quality indicators are:

1. Service experience indicator
2. Outcome from ST elevation myocardial infarction (STEMI)
3. Outcome from cardiac arrest: return of spontaneous circulation
4. Outcome from cardiac arrest: recovery to discharge from hospital
5. Outcome following Stroke for ambulance patients
6. Proportion of calls closed with telephone advice or managed without transport to A&E
7. Re-contact rate following discharge of care
8. Call abandonment rate
9. Time to answer calls
10. Time to treatment by an ambulance-dispatched health professional
11. Red eight-minute response time (category A).

You can view the latest national AQI information which is displayed in the form of a dashboard, on the Department of Health website. It shows how Yorkshire Ambulance Service compares to the other ambulance services in the country.

<http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/AmbulanceQualityIndicators/index.htm>

There are now two categories of emergency calls; **RED** and **GREEN**.

| Red calls | | Green calls | | | |
|---|---|--|---|---|---|
| R1 (ECHO codes) Minimum 75% of cases | R2 Minimum 75% of cases | G1 Minimum 90% of cases | G2 Minimum 90%of cases | G3 | G4 |
| Response within 8 minutes 19 minute transport standard | Response within 8 minutes 19 minute transport standard | Response within 20 minutes | Response within 30 minutes | Telephone assessment within 20 minutes | Telephone assessment within 60 minutes |

The nationally set targets for 2012-13 are for the **Red Calls** only.

It is recognised that the most important factor for patients requiring ambulance assistance is the time it takes for them to get the right treatment for their condition in the right place. To understand how well we do this we will continue to record the clinical outcomes for patients.

Aims:

- Improved performance against all the AQIs.
- Provide feedback to staff on a consistent basis to ensure best practice is shared.

Measures, monitoring and reporting:

- The AQI's (as above) are the measures we use to monitor both performance and quality. They are reported to operational managers and also to the Trust Board on a monthly basis.

3. Improved Patient Transport Service (PTS)

Our PTS service provides transport for eligible people who are unable to use public or other transport because of their medical condition and includes those:

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

Aims:

- Measure our performance against quality targets and reduce waiting times for all patients.
- Map the timings of individual clinics and use this to plan return journeys that better match when patients are ready to be transferred.
- Improve patient satisfaction for all patients using PTS by postal questionnaires, holding patient/carer and patient representative focus groups.
- To target specific patients groups – renal, oncology, wheelchair users, patients with learning disabilities.
- To analyse and develop actions plans from focus groups and to continually monitor and manage changes.
- Understand the different needs of specific patient groups and how they use our service, to refine and improve PTS.
- Deliver the CQUIN schemes agreed with the commissioning consortia.

CQUINs:

The following 2012-13 CQUINs have been agreed with commissioners and will be measured on a monthly basis:

▪ **West Yorkshire:**

1. Developing a number of initiatives focused on reducing abortive journeys.

2. To obtain and use patient feedback on their experiences from all groups who access PTS.

▪ **North Yorkshire:**

1. To obtain and use patient feedback on their experiences from all groups who access PTS, with a focus on patients with learning disabilities, to help improve the overall patient experience.

▪ **South Yorkshire :**

1. To obtain and use patient feedback on their experiences of PTS from seldom-heard groups who access the service in South Yorkshire.
2. Improve the percentage of on line PTS bookings made by Healthcare professionals.
3. Deliver short-term interventions during quarter one and quarter two to reduce the length of the longest waits for patients, post appointment, whilst developing long-term sustainable changes to service modelling.

▪ **Hull and East Yorkshire:**

1. PTS service to contact patients within 30 minutes of transport due to arrive at the patient's residence.

The following Key Performance indicators (KPIs) will also be used to measure quality of the provision:

- Patients should be collected in a timely manner following their appointments.
- Patient journey times should be of an acceptable duration.
- Patients should arrive in a timely manner for their appointments.
- Reducing the complaints and service-to-service issues and receiving positive patient feedback.

Measures, monitoring and reporting:

- The CQUINs will be reported on both internally to the Trust Senior Management Group and Trust Board, and externally to the commissioning consortia.
- The overall programme is also monitored as part of the work of the newly established Transformational Programme Group

4. Implementation of Clinical Leadership Framework

The quality of our clinical leadership will be crucial to delivering some of the changes we want to make in the next year. These changes place a greater emphasis on triage, assessment and treatment at home, rather than hospital admission. A significant transformation of clinical services and clinical leadership began during 2011-12 and will continue to be implemented throughout 2012-13. The service requires clinical leaders capable of delivering this transformation and of supporting frontline clinicians in changing their clinical practice to achieve this.

Aims:

- Embed the leadership structure through clearly-defined job descriptions and role clarity.
- Increase the number of clinical leaders who have received clinical leadership training and development.
- Deliver bespoke clinical leadership and clinical assessment skills' training.
- Understand the impact of implementing the Clinical Leadership Framework.

Measures, monitoring and reporting:

- Increase the number of staff who have received clinical leadership training.
- Increase the quality of patient care through good decision making and clinical leadership (measure through the clinical AQLs).
- Monitor the completion of mandatory training through monthly reporting to the Clinical Governance Group.
- Development of a dashboard to monitor, recruitment, training and implementation of new supervision.
- Dashboard monitored through the Project Group as part of the Trusts Transformational Programme.
- Ongoing monitoring of the impact on quality as part of an agreed return on investment plan.

5. Regional Implementation of the National Trauma Strategy

The national Trauma Strategy sets out the best evidence-based care for patients who sustain major trauma and gives recommendations for healthcare organisations. This includes the use of a Major Trauma Triage Tool to assess patients to ensure those with the most severe injuries are taken to a Major Trauma Centre (MTC) for urgent treatment. This involves the Trust and helicopter emergency medical service working with the Major Trauma Network to ensure that the most urgent patients are conveyed to the most appropriate place.

Aims:

A Trust implementation plan has been developed which will enable us to deliver the following aims:

- Implement a Major Trauma Triage Tool to enable major trauma to be identified.
- Introduce systems which ensure patients suffering major trauma are conveyed to MTCs (by-passing other acute care centres).
- Provide an Enhanced Care team - this means there will be a team of specialists, including trauma-trained paramedics and doctors, in the emergency operation centres (EOCs) who will coordinate a network wide trauma response (subject to commissioner agreement).
- Support the emergency operations centre with a paramedic 24 hours a day, seven days a week.
- Enhance trauma training to include the interventions which clinicians can deliver to patients who suffer major trauma.
- Evaluate the impact of the delivery of the trauma plan.

Measures, monitoring and reporting:

- Completion of trauma training for all clinicians
- Audit of the use of the Trauma Triage Tool
- Agree ways to monitor the outcomes of patients who suffer major trauma with provider organisations.
- Progress is monitored via the Trust Executive Group.

6. Improve the Experience and Outcomes for Patients in Rural and Remote Areas

Our ambulance service covers the whole of Yorkshire and the Humber which includes isolated moorland and remote areas. The way we deliver our services in these areas needs to take into account the landscape and environment we are working in. Over the next year we want to better understand and deliver a service which will improve the experience and outcomes for patients living in rural and remote areas, by collaborative working across the health economy and community settings.

A CQUIN for 2012-13 has been agreed with a goal to improve the patient experience and outcome for patients in rural areas.

Aims:

- Review the current model of care delivery in rural and remote areas.
- Make recommendations for future service delivery to meet the needs of patients in rural and remote areas.
- Development of flexible response models to meet the needs of patients residing in rural locations to promote equity with urban locations.
- The clinical AQIs and stakeholder feedback, will be used to monitor the quality of the service within rural areas.
- Patient satisfaction surveys will take place specifically for patients in rural areas.

Measures, monitoring and reporting:

- These will be reported to the commissioners on a quarterly basis, and the reports used internally in the Trust to identify future service provision.

7. Improve the Quality of Care and Support for People with Dementia

Dementia is a multi-faceted and complex disease. Since the number of people whose lives are touched by dementia is increasing, it is important that our staff are sensitive and respond to the specific needs and wishes of people with dementia. With this in mind, we have developed a CQUIN with a goal of raising ambulance staff awareness of people with Dementia.

Key messages in the *Living well with dementia: A National Dementia Strategy* (Department of Health 2011) includes the need for better education and training for professionals, the need for early diagnosis and helping people live in their own homes longer. Delivery of these objectives will have an impact on ambulance services and they can have a significant role in supporting the national

strategy. Ambulance staff come into contact with both people who have been diagnosed with dementia and those who present with another condition but show signs of possible dementia and staff will therefore need the skills to manage the specific needs of these people in a sensitive way.

Yorkshire Ambulance service will be providing education to staff in line with the Common Core Principles for Supporting People with Dementia, which was published as a workforce development guide by the Department of Health in June 2011.

Aims:

To raise staff awareness of the needs of people with dementia, this including:

- launching a YAS Dementia Awareness campaign for Dementia Awareness week (w/c 20 May 2012)
- developing a Dementia Awareness guide for all staff
- producing a modular Dementia Awareness course on the Trust's Virtual learning environment (VLE) to be accessible for all staff
- incorporating Dementia Awareness training into all new Operational basic training courses.
- recruiting 'Dementia Care' champions to raise awareness of Dementia care within the Trust
- incorporating Dementia Awareness into statutory and mandatory training for all staff by April 13.

Measures, monitoring and reporting:

- All relevant staff to be trained in dementia.
- Feedback from staff, carers and patients through YAS Patient Experience Team and staff surveys.
- Progress will be reported to commissioners at each performance meeting through the CQUIN process.

8. Develop a Safety Thermometer Tool Relevant to the Ambulance Service

The NHS Safety Thermometer is a tool designed to help hospitals understand where they can potentially cause harm to patients, for example, when patients develop a pressure sore or thrombosis. This work has been progressed to date within provider organisations, and in-patient providers have a national CQUIN relating to the submission of patient data for a range of indicators within a Safety Thermometer tool.

Currently, ambulance services have not developed a Safety Thermometer tool or any way of understanding its potential to cause harm.

We have agreed a regional CQUIN with our commissioners to develop a Safety Thermometer tool for the ambulance service which can be used to predict potential harm and therefore plan interventions to reduce this. This CQUIN will support the development of a similar tool, with appropriate indicators for use within the ambulance service setting.

Aims:

- Understand contributors and levels of harm within an ambulance service.
- Develop a tool which will enable potential harm to be identified
- Undertake specific activity to reduce levels of harm.
- Ensure learning is shared across the organisation to ensure best practice is embedded.

Measures, monitoring and reporting:

- Data collection and analysis will inform the Integrated Performance Report for 2013-14.
- Development, implementation and delivery will be reported to commissioner, through the CQUIN process.

9. Raising Public Awareness to Support Appropriate use of Ambulance Services

Raising public awareness with regards to the expectations of the public can potentially have a positive effect on the resource we have available to send to people with life-threatening illnesses. Patients and the public can find the current system for accessing health services confusing and don't know when to see their GP, call NHS Direct, or go to a walk-in centre. This quite often means that members of the public will call 999 when, following our assessment, it is confirmed that the patient is not suffering from a life-threatening condition. In some cases, an ambulance is not needed at all. Whilst we appreciate that an ambulance is often called at times of vulnerability and fear, we would like to work with members of the public to increase the awareness of more appropriate alternatives to 999 when the patient does not have a life-threatening condition.

We have agreed a regional CQUIN this coming year to raise public awareness and provide vital information to patients and the public to enable them to get the right care, at the right time, and at the right place every time.

Aims:

- Analyse any existing public awareness campaigns
- Identify target audiences for each audience group
- Develop educational tools and resources
- Utilise a variety of methods to engage with the public and communicate our key messages.

Measures, monitoring and reporting:

- Analysis of feedback from A&E and PTS patient surveys.
- Demand information and feedback from stakeholders to evaluate the effectiveness of the methods used.
- Progress will be reported to commissioners at each performance meeting as part of the CQUIN process.

2012-13 indicators for Quality Improvement

| Safety | Effectiveness | Patient Experience |
|--|--|---|
| <p>1. Improved clinical decision making and patient assessment/ clinical record-keeping.</p> | <p>1. Implementation of national Stroke strategy to deliver more streamlined care and improved clinical outcomes.</p> | <p>1. Patient dignity – ensuring a positive patient perception of YAS care.</p> |
| <p>2. Safe administration of medicines, with a focus on improvements in administration of pain relief and on reduction in medication-related adverse events.</p> | <p>2. Further improvement in the national Clinical Performance Indicators (CPIs).</p> | <p>2. Effective use of alternative patient pathways for end-of-life care to ensure that all patients receive the most appropriate care.</p> |
| <p>3. Infection, prevention and control, ensuring continued delivery of a clean, safe environment and clinical care across the Trust.</p> | <p>3. Cardiac arrest survival – delivering a 50% improvement in survival rates through implementation of the Resuscitation Plan.</p> | <p>3. Improvement in patient experience of YAS services; based on patient surveys, active engagement with expert patients, critical friends and other approaches, to gain patient feedback in all aspects of the service.</p> |
| <p>4. Safeguarding children and vulnerable adults, with a focus on ensuring effective assessment and referral processes and improved partnership working.</p> | <p>4. Effective development and use of patient pathways and development of YAS clinical support systems, to ensure patients get the right care in the right place and at the right time.</p> | <p>4. Improvements in the care of patients with learning disabilities, with a focus on awareness raising and on partnership working to ensure that patients with a learning disability receive the most appropriate care.</p> |

Statements of Assurance from the Board

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.



Ms Della M Cannings QPM, Chairman

Review of Services 2011-12

During 2011-12 Yorkshire Ambulance Service provided five NHS services:

- Accident and Emergency (A&E) response (including Yorkshire-wide resilience and an Emergency Care Practitioner (ECP) service in Sheffield)
- Patient Transport Service (PTS)
- 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.
- Private and Events service.
- Vehicles and drivers for the Embrace neonatal transport service.

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

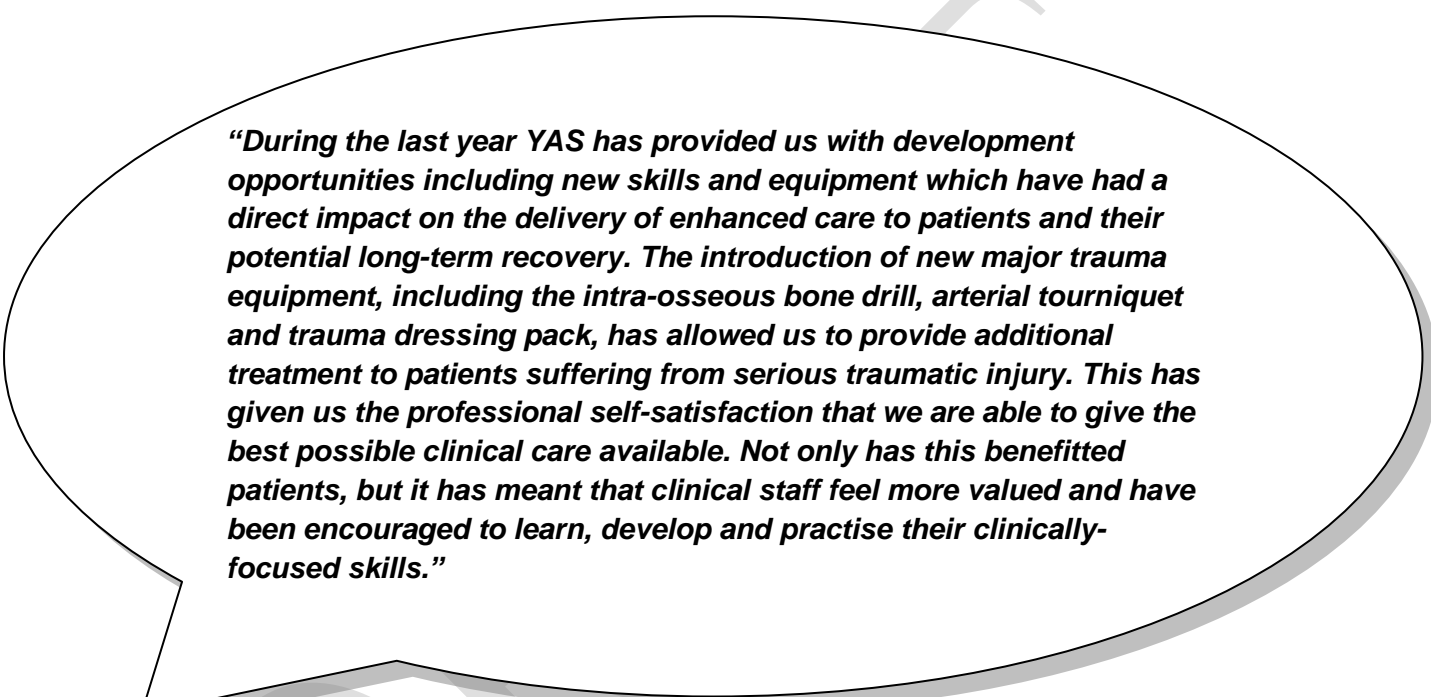
- critical care bed-base helpline
- telephone provision for out-of-hours District Nurse service

Furthermore, YAS provides commercial training to schools and public/private sector organisations.

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

The income generated by NHS services reviewed in 2011-12 represents 100% of the total income generated from the provision of NHS services by YAS for 2011-12.

In addition to Board reports and scrutiny at the Clinical Governance Committee, directors and other senior managers also participate in 'Listening Watch' visits. 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 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.



“During the last year YAS has provided us with development opportunities including new skills and equipment which have had a direct impact on the delivery of enhanced care to patients and their potential long-term recovery. The introduction of new major trauma equipment, including the intra-osseous bone drill, arterial tourniquet and trauma dressing pack, has allowed us to provide additional treatment to patients suffering from serious traumatic injury. This has given us the professional self-satisfaction that we are able to give the best possible clinical care available. Not only has this benefitted patients, but it has meant that clinical staff feel more valued and have been encouraged to learn, develop and practise their clinically-focused skills.”

Andy Pippin, Paramedic, Sutton Fields

Clinical Leadership

The development of the workforce is crucial to the safe and effective delivery of care. Clinical leadership is central to this.

A significant transformation of clinical services and clinical leadership began during 2011-12 and will continue to be implemented throughout 2012-13. These changes place a greater emphasis on triage, assessment and treatment at home, rather than hospital admission. The service requires clinical leaders capable of delivering this transformation and of supporting frontline clinicians in changing their clinical practice to achieve this. In addition, all clinical leaders complete the Bronze Commander Training, which ensures they have the skills to manage the more serious and major operational incidents.

The YAS Clinical Leadership Framework is a key element in ensuring the delivery of high quality, safe services which deliver the right care to the patient at the right place and at the right time.

Clinical leadership is not a new concept and the need to optimise leadership potential across the healthcare professions is being embraced by YAS.

YAS has adopted the national Clinical Leadership Competency Framework (CLCF) to increase and expand its leadership capacity. This framework offers a common and consistent approach to leadership development, based on a shared set of professional values and beliefs.

Practitioners are also being supported in their leadership development through a bespoke Clinical Leadership module which has been designed and delivered with the University of Bradford.

During 2011-12, 60 clinical leaders have completed the module and the benefits having included:

- Implementation of clinical leadership skills assessments and development
- Identification of service improvements projects

Our Progress as an Aspirant NHS Foundation Trust

YAS is in the process of applying for Foundation Trust status. We are now entering the detailed assurance phase. In addition, we have commissioned an external review of our Quality Governance arrangements which will be reviewed in July 2012.

This year we have also undertaken a significant public consultation exercise. The Trust received 1,604 formal responses. This figure represents the largest response rate for an NHS ambulance trust foundation trust consultation in the country.

The response rate highlights the Trust's genuine attempt to engage with as many staff and external stakeholders as possible over the 12-week period, to provide them with an opportunity to share their views about future plans and help inform the development of the new organisation.

Further details can be found on our website <http://www.yas.nhs.uk/>

NHS 111 - Our Ambition

NHS 111 is a new service being introduced to make it easier for patients to access local NHS healthcare services. Following trials of the new number, residents in some areas of the country are now calling 111 when they need medical help, but it isn't a 999 emergency. It is to be launched nationwide in April 2013.

In Yorkshire and the Humber our NHS commissioners are looking for a single contractual arrangement to provide the new NHS 111 service across the region and

urgent care services in West Yorkshire and Craven. The procurement process has started and public and private sector suppliers have submitted bids for the contract.

Our aim is to play a major role in running the new service in this region and we have put together a comprehensive and competitive bid outlining our credentials to do so. We have partnered with Local Care Direct (LCD), an experienced provider of urgent care consultation and treatment to 2.1 million patients across West Yorkshire. We both know the region well and have extensive experience in call handling, triage and urgent care provision.

Working together, we are confident that our bid to deliver an NHS 111 service which supports local health services across the region and ensures patients needing urgent care in West Yorkshire and Craven will get the right care at the right time in the right place.

Yorkshire Ambulance Service currently handles just under one million urgent, GP out-of-hours and emergency calls each year. We are focused on operating a seamless and cost-effective service for patients in Yorkshire and the Humber, extending the services we currently have available to meet the non-urgent medical needs of local people as well as the emergency service we already provide.

As the provider of the ambulance service in the Yorkshire and Humber region, we recognise the benefit to patients of the emergency 999 and non-emergency 111 services working closely together.

Participation in Clinical Audits

The Yorkshire Ambulance Service Trust (YAS) Board has made the development of quality governance one of its main priorities for 2011-13.

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 Plan sets out how we will use clinical audits to confirm that current practice compares favourably with evidence of good practice and to ensure that where this is not the case that changes are made that improve the quality of care. The Clinical Audit Plan sets out development objectives for the short, medium and long-term. The short-term objectives focus on: compliance with regulatory requirements and national policies, guidance and best practice including Clinical Performance Indicators (CPIs) and Ambulance Quality Indicators (AQIs), improving data quality and reporting systems; and staff education and training. The results of clinical audits are monitored and reported on via the Clinical Governance Group.

During 2011-12 two national clinical audits and no national confidential enquiries covered NHS services that YAS provides.

During that period YAS participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in. (There were no national confidential enquiries YAS was eligible to participate in.)

The national clinical audits and national confidential enquiries that YAS was eligible to participate in during 2011-12 are as follows:

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 who have coronary syndromes and of patients referred for an angioplasty surgical procedure. The audit produces annual reports "*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) pilot and audit. A governmental audit looking at improving the role of ambulance services in delivering alternative care models for patients.

| National clinical audit/national confidential enquiry | Number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry |
|---|---|
| MINAP/NIAP | There is no direct submission of data by YAS. The MINAP/NIAP process requires ambulance trusts to validate data submitted by acute trusts. Where possible, we validate the YAS patient data submitted by the 15 trusts. |
| NANA | NANA looked at 1,658 (emergency 999) calls over a 24-hour period, with 1,265 calls eligible for audit. 505 Red calls and 760 Green calls resulted in five re-contact incidents within 24 hours. |

The national clinical audits and national confidential enquiries that YAS participated in, and for which data collection was completed during 2011-12 are listed below alongside the number of cases submitted to each audit or enquiry 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 | 1,658 | 100% |

We will continue to support future national audits and are contributing to the design of these audits. Examples include the Trauma Audit Research Network (TARN) and Stroke Improvement National Audit Programme (SINAP). We have also been involved in discussions with the National Institute for Health and Clinical Excellence (NICE) around dedicated audit tools for ambulance services.

Learning from Clinical Audit

The reports of two national clinical audits were reviewed by the provider in 2011-12 and YAS intends to take the following actions to improve the quality of healthcare provided:

- Staff education and awareness training
- Implementation of data exchange processes between YAS and regional acute trusts for the validation of MINAP data
- Spot audits regularly conducted by Clinical Managers
- YAS Board awareness raised through Board reporting
- More focus placed on STEMI as part of CPIs and AQIs
- Report clinical audit through the Quality Committee as a sub-committee to the Board.

As a service we continually review the information we receive from clinical audit and share the learning within the organisation. This will be further developed with the implementation of the Clinical Leadership Framework.

Ambulance Service Cardiovascular Quality Initiative (ASCQI)

YAS is involved in a national project which has a focus on cardiovascular quality, specifically Acute Myocardial Infarction and Stroke (STEMI). This has been established through the National Ambulance Service Clinical Quality Group and is funded by the Health Foundation.

Currently we have one pilot in progress:

1. Solo responders in York are using lightweight oxygen and entonox more easily (pain relief) cylinders; this allows them to more easily provide pain relief for patients with chest pain. The lightweight cylinders also address the issues concerning the weight of the equipment clinicians carry. The two-month pilot was completed at the end of February 2012 and the results are being reviewed.

Additionally, in November 2011 we launched a new way of providing education for our clinicians by printing vital information on a key tab. The tabs contain the specific elements of care for patients suffering a Stroke or heart attack and serve as a prompt for clinicians to ensure they deliver every important element of care.

We have also continued to develop the information provided on best practice on our learning portal which is available to staff 24 hours a day.

Local Audit

Across YAS we undertake local audits to measure our own clinical practice standards against best practice standards.

The local audits we completed last year included:

- Quarterly hand hygiene audit report
- Quarterly vehicle cleanliness audit report
- Quarterly premises' cleanliness audit report
- Quarterly cannulation audit report
- Annual benzylpenicillin report
- Non-conveyance for under 18s and under 2s (that is, not taking children and young people to a hospital emergency department)
- Staff confidence to make referrals to social care
- Monthly audits of care provided to cardiac arrest patients
- Monthly audits of compliance against the four national Clinical Performance Indicators (CPIs)
- Completion of clinical records
- The management of medicines.

The reports of 11 local clinical audits were reviewed by the provider in 2011-12 and YAS intends to take the following actions to improve the quality of healthcare provided:

- Letter to all operational staff highlighting the importance of CPI documentation and where improvements can be made, specifically in the care of patients with asthma and cardiac arrest.
- Develop monthly updates for all clinical staff within Clinical Business Units (CBUs)
- Asthma posters on all stations relating to the importance of peak flow measurement for patients with asthma prior to treatment and CPI monthly results posted at stations with feedback comments.
- Develop web-based resources which show each of the CPI subjects, providing links to e-learning, research and case studies.
- Ensure alternative care pathways linked with CPIs are available on the internet.

During 2011-12, as a result of clinical audit, YAS has:

- increased compliance with appropriate wearing of hand jewellery
- increased compliance with carrying alcohol gel bottles
- increased compliance with correct use of gloves
- increased reporting of damage to vehicle upholstery
- increased the number of vehicles displaying deep-cleaning schedules
- decreased inappropriate storage of clean linen and consumables
- increased the general overall cleanliness of stations
- Increased the display of audit results
- developed guidance on documentation completion in poster form and displayed it on all stations
- revised and implemented packs to enable, wherever possible, sterile cannulation (a needle to administer drugs or fluid to a patient)
- reinforced drugs' regimes for children and adults

- reviewed and updated the YAS Non-conveyance Policy, Procedure and Process.
- further developed and delivered CPR training to staff; this is then regularly monitored and recorded.
- changed its safeguarding procedure to streamline and strengthen governance processes, this has led to a significant increase in the number of referrals of vulnerable adults and children, that clinicians make to Social Care teams.

Compliance with National Guidelines and Patient Safety Alerts

NICE Guidance and NICE Quality Standards

All NICE Guidance and NICE Quality Standards are systematically reviewed for their relevance to YAS practices and processes. For each applicable guidance and quality standard an action plan is produced, implemented and monitored through Clinical Governance reporting systems.

Patient Safety Alerts

In 2011-12, the National Patient Safety Agency issued three Patient Safety Alerts, which covered:

- harm from flushing of naso gastric tubes before confirmation of placement
- minimising risks of mismatching spinal, epidural and regional devices with incompatible connectors
- keeping new-born babies with a family history of MCADD (Medium chain acyl-CoA dehydrogenase deficiency) safe in the first hours and days of life

A review of these alerts determined that none were applicable to YAS, therefore all were closed as 'no action required'.

Research

Research and Innovation

YAS 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 provide can be improved, and contribute to wider health improvement.

YAS 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 2011-12 YAS took part in eight research studies approved by an ethics committee:

1. Best Interests Decision Study

Four of our staff were interviewed to find out how the Mental Capacity Act (MCA) and its guidance are being used to protect and empower those patients who are judged to lack capacity. This study was led by the University of Bristol and is now complete. A lay summary of the findings can be found at <http://www.applied-social-research.brad.ac.uk/publications/> There are no immediate recommendations for ambulance service staff.

2. High Quality Care for All Quality and Safety in the NHS

349 staff completed a survey to evaluate the extent to which cultural and behavioural changes are occurring in the NHS in response to recent drives to increase quality and safety in healthcare. The project is particularly focused on generating sustainable lessons about how to improve quality and safety in the NHS. This study is led by Aston University and is still active.

3. The Ambulance Service Cardiovascular Quality Initiative (ASCQI)

407 staff completed a survey to explore the extent and variation in the use of quality improvement tools in ambulance services for the second phase of this study. This study is led by East Midlands Ambulance Service (EMAS) and data is currently being analysed.

4. ATLANTIC – Drug Trial

Two patients have taken part in a commercially sponsored multi-national randomised controlled trial to test 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. This study is currently open in ten countries, with 24 patients recruited across the UK.

5. Developing Outcome Measures for Pre-hospital Care

This study aims to develop methods for measuring processes and outcomes of re-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 exploring the practical use of the developed models. This study is a five-year programme of work led by EMAS and the University of Sheffield, which began in December 2011.

6. 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 decisions made by emergency care staff directly involved in the care and transition of patients. This study is a fifteen-month programme of work led by the University of Sheffield, which formally began in May 2012. YAS is a co-applicant and has been working closely with the study team from the early development of the study through the funding bid and setting up the project.

7. Exploring the Feasibility and Practicalities of Research in the Pre-hospital Setting

A staff survey to identify the barriers to undertaking pre-hospital research and to identify potential solutions. This survey is being carried out by a student at the University of Sheffield and is still active.

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

This is a phased study looking at the possible future design of equipment-carrying systems using focus groups and observations of staff using equipment with actor casualties. YAS is carrying out this study in partnership with Loughborough University. Data is currently being analysed, and the findings are expected to inform future purchasing decisions and improve staff wellbeing.

The number of patients receiving NHS services provided or sub-contracted by YAS in 2011-12 who were recruited during that period to participate in research approved by a research ethics committee was two, plus 760 staff.

In 2011-12 we also:

- supported three ambulance clinicians who were awarded bursaries to study research at masters level
- nurtured our 20 research champions to promote and encourage the principles and benefits of research
- worked with three Comprehensive Local Research Networks (CLRN) 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

Snaith B, Hardy M, Walker A. Emergency ultrasound in the pre-hospital setting: the impact of environment on examination outcomes. *Emergency Medicine Journal* March 2011, 10.1136

Taylor J. Putting Safety First, *Newsletter, College of Paramedics*, September 2011

Mark J, Walker A, Davey C. A mannequin study comparing suitability of the i-gel™ with a laryngeal mask airway device. Vol 3 No 8 • *Journal of Paramedic Practice*. August 2011

Darnell G, Mason S, Snooks H. Elderly falls: a national survey of UK ambulance services *Online First* doi 10.1136/emered-2011-200419

Innovation

During 2011-12 YAS has been recognised nationally for the work which has been led by Cathryn James, Clinical Pathways Advisor and Emergency Care Practitioner. Cathryn won the NHS Clinical Leaders Network award for her project to improve telecare alarm services for patients using YAS services and was also a finalist in the Medipex Software and Telehealth awards.

Goals Agreed with Commissioners

A proportion of YAS's income in 2011-12 was conditional on achieving quality improvement and innovation goals agreed between YAS and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

We achieved the majority of our A&E CQUIN goals for 2011-12 (subject to reconciliation will be confirmed prior to final publication) which included:

- increasing access to clinical advice for clinicians at the frontline of the service
- improving clinical assessment skills through education and enhancing clinical leadership
- increasing referrals to alternative care pathways
- working collaboratively to reduce the number of frequent callers
- Board-level agreement to introduce electronic patient report forms
- capturing the patient experience.

The 2011-12 PTS CQUINs were commissioned by consortia and were as follows:

South Yorkshire

- reduction in the number of abortive journeys.
- achieving aspirational targets for selected agreed regional KPIs:
 - patients arriving no more than 60 minutes prior to their appointment time - minimum 90%.
 - patients departing within 60 minutes of being booked ready - 90% or more.
 - patients spending no more than 60 minutes on the vehicle within a 10 mile radius - 90% or more.

East Yorkshire

- Repeat of 2010-11 survey to be undertaken in January or February 2012, with results to be reported no later than 31 March 2012.

West Yorkshire

- Reduction in the number of abortive journeys.
- Setting of stretch targets on two of the agreed KPIs:
 - 70% of patients to arrive up to 60 minutes before the appointment time
 - 95% of patients to be no more than one hour on the vehicle.

North Yorkshire no CQUIN scheme in place.

The PTS CQUINS for 2011-12 were not fully achieved by YAS, therefore we have assembled a transformational team to address issues and develop more focused service improvement plans for each PCT contract.

The 2012-13 A&E and PTS CQUINs are closely aligned to the priorities for improvement in these Quality Accounts. They are:

A&E

- Improving outcomes and experience for patients in rural and remote areas.
- Reduce conveyance to emergency departments.
- Improving patient safety by understanding the levels of harm in the ambulance service.
- Improving the assessment of patients with dementia through education.
- Increasing public awareness of the role of the ambulance service.

PTS

West Yorkshire:

- Developing a number of initiatives focused on reducing abortive journeys
- To obtain and use patient feedback on their experiences of PTS from all groups who access the service

North Yorkshire:

- To obtain and use patient feedback on their experiences of the service from all groups who access the PTS service, with a focus on patients with learning disabilities, to improve the overall patient experience

South Yorkshire:

- To obtain and use patient feedback on their experiences of PTS from seldom-heard groups who access the service in South Yorkshire.
- Improve the percentage of on line PTS bookings made by health care professionals.
- Deliver short-term interventions during Q1 and Q2 to reduce the length of the longest waits for patients post appointment whilst developing long-term sustainable changes to service modeling.

Hull and East Yorkshire:

- PTS to contact patients within 30 minutes of transport due to arrive at the patient's residence.

Emergency Care Practitioner (ECP): Comparing patient outcome pathways

- To compare outcomes in a specified group of patients accessing health care, from specified nursing and residential settings, to inform commissioners to improve pathways of care, the comparator group being patients accessing health care via the GP OOH service in Sheffield.

Further details of the agreed goals for 2011-12 and the following 12-month period are available electronically at:

<http://www.yas.nhs.uk/Publications/cquin.html>

What Others Say About Us

Care Quality Commission

YAS is required to register with the Care Quality Commission (CQC) and its current registration status is fully compliant.

The CQC has not taken enforcement action against YAS during 2011-12.

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

National Health Service Litigation Authority (NHSLA)

YAS is currently compliant to the NHSLA standards to level 1. YAS is committed to achieving level 2 status and will be assessed in October 2012.

Data Quality

The YAS Information Governance Assessment Report overall score for 2011-12 was 66% (level 2) and was graded as satisfactory (Green).

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

The effectiveness of all organisations is improved by access to good information. YAS 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 we 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 2011-12 YAS took the following actions to maintain and improve our data quality:



- We utilised our Information Asset Owners (IAOs) to drive the data quality agenda within their respective departments, including advocating the use of formal data quality assurance procedures.
- We continued with the data quality training workshops to ensure that managers and staff in key data-processing roles understand their responsibilities and had the necessary skills.
- Our Management Information team developed weekly data quality reports to help managers monitor and improve reporting and data quality in their teams.
- Our managers are responsible for our 'KA34' performance report to the Department of Health and work together to ensure that any changes to our information technology are assessed for their impact on reporting systems.
- Auditors carried out checks on our data quality systems.

YAS will be taking the following actions to improve data quality:

- We will work with internal 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 improvement in data quality and monitor progress.
- The IAOs will be expected to take ownership of, and seek to improve, the quality of information within their department and provide evidence of the same.
- We will continue to raise awareness of data quality amongst all staff through the IAO one-to-one process and help to embed best practice throughout the Trust.


Our attainment against the NHS Information Governance (IG) Toolkit assessment provides an overall measure of the quality of our data systems, standards and processes. The Trust is on target this year to achieve strong level 2 compliance (within a range from 0 to 3) for all 35 requirements. This is equivalent to satisfactory compliance.

We are in the process of introducing a new data management system which will enable us to work more efficiently and joined up in terms of risk and assurance data capture. It will provide staff with a seamless data input/output process for monitoring compliance, risk management recording and reporting. The new system will minimise risk and improve productivity.

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

- YAS 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.
- YAS was not subject to the Payment by Results clinical coding audit during 2011-12 by the Audit Commission.





“I feel that there is nothing I can complain about. At 91 years of age I have always been treated with respect and dignity and I was very grateful to welcome members of the Ambulance Service. I would like to say a big thank you to them all.”

Mrs C. Moore, Sheffield

How we select our priorities for improvement and quality indicators

During the past year we have engaged our staff and stakeholders in discussions about service quality and their views on the content of our Quality Accounts. These activities included:

Staff Engagement

- We provide weekly *Operational Updates* for all staff, which include clinical, operational and general information.
- Our Chief Executive sends a weekly email bulletin to all managers which includes priorities for the organisation and our service quality.
- We conduct an annual NHS staff survey asking them to be open and honest in their responses. From the feedback we develop and implement an action plan for the coming year.
- Managers attend workshops focusing on key priorities. This allows them to share best practice and lessons learned.

Engagement with Patients and the Public

We regularly ask for patient feedback through:

- PTS comment cards
- A&E surveys, PTS surveys – which can be completed online or via hard copy
- surveys based around quality and patient experience
- Our critical friends network. We welcome their feedback on what they think is important and what they want from the ambulance service.

Engagement with Partners

- Members of the Trust Board attend the quarterly Yorkshire Air Ambulance (YAA) Board to ensure collaborative working and share best practice.
- We hold a quarterly Clinical Review Group attended by the YAS Executive Medical Director, Executive Director of Standards and Compliance and PCT commissioners to review quality and performance against CQUINs.

- We continue to work closely with the Yorkshire-wide Local Involvement Network (LINK) Ambulance Group encouraging all LINKs to participate in events and feedback on any issues.

YAS Expert Patient

YAS has recruited an expert patient who works closely with us acting as an advocate for patients. Expert patients have a key role in building our relationship with our patient network. They are a member of the clinical governance management and assurance structure, and are therefore able to advise on policy development and service provision. Our expert patient enables us to get a realistic perspective of patient experience, and provides us with access to service-users and other stakeholders, through their wide network of service-users and other stakeholders.

Around 40 members from LINKs across the region attended the day-long event in Wakefield on 24 February 2012 organised by the Trust. It was set up to provide an opportunity for representatives within our organisation to meet with LINK members to discuss the services provided to people in the region. They were able to meet with a wide range of staff, including the Trust Board and frontline staff from both the emergency service and the non-emergency patient PTS.

Resuscitation Session

“It has inspired me to sign up for the local community responder group. Several people I have spoken to since the event have said how reassuring it was to hear we cannot cause harm by at least trying to use a defibrillator. He removed the mystique’

‘I would also like to pass on my thanks to all YAS staff present at the event for their endless patience in answering all our questions and not for rushing off at the end but continuing to stay and engage with us. It is much appreciated’

Alison Rowlands – LINK event attendee
Wakefield, 24 February 2012

From the results of engagement we learned that while some of the indicators we had chosen in 2010-11 were important to our patients and stakeholders, others that were

not included last year were considered more important. We have chosen our indicators for the Review of Quality Performance based on this feedback from stakeholders.

Other indicators, including our performance against national response time targets and the performance of our PTS, are included this year in response to the feedback we received.

In our 2011-12 Quality Accounts we set ourselves eight priorities for improvement. We chose these priorities based on our 2011-12 Business Plan, the Clinical Quality Strategy and the CQUIN targets we agreed with our commissioners. We detail a summary of our performance against each of our 2011-12 priorities in the following pages.

Performance Against 2011-12 Priorities for Improvement

Context

When looking at the information presented in this section, it is important to remember the number of patients who use our services each year.

In summary, in 2011-12 we:

- Received 751,910 urgent and emergency calls
- Responded to a total of 631,113 incidents of which 252,619 were immediately life-threatening
- Made 962,499 journeys transporting eligible patients to and from their planned hospital appointments.

Recording Performance Monitoring and Recording against Clinical Outcome Measures

Ambulance Response Times

Getting to patients with life-threatening conditions as quickly as possible saves lives and is a vital part of achieving the best possible clinical outcomes.

In 2011-12 we continued to ensure that improving our response times was YAS's highest priority.

2011-12 aim:

1. Maintain our response times to patients with life-threatening (Category A—now Red 1 and Red 2) conditions in line with the nationally-agreed indicator to reach 75% of patients within eight minutes.

How did we do?

1. During 2011-12 several operational improvements were introduced that had a positive effect on our services to emergency patients. Our ambulance response times for 2011-12 measured against national targets were significantly improved and year-end figures for Red response time was 75.7%

| Category R1 and R2 calls | | |
|------------------------------------|--------------|--------------|
| PCT | 8 Minute % | 19 Minute % |
| North Yorkshire and York PCT | 71.3% | 94.9% |
| East Riding of Yorkshire PCT | 69.9% | 94.5% |
| Hull PCT | 90.7% | 99.8% |
| Bradford and Airedale PCT | 74.1% | 98.2% |
| Calderdale PCT | 78.8% | 97.9% |
| Kirklees PCT | 74.8% | 98.2% |
| Wakefield District PCT | 76.9% | 98.7% |
| Leeds PCT | 75.7% | 98.8% |
| Barnsley PCT | 75.9% | 99.2% |
| Doncaster PCT | 74.6% | 98.6% |
| Rotherham PCT | 75.4% | 99.0% |
| Sheffield PCT | 78.0% | 99.2% |
| Yorkshire Ambulance Service | 75.7% | 97.9% |

Developing Patient Pathways

There are a significant number of people who contact YAS as an emergency service. However, once there has been a robust assessment of the call, it is sometimes confirmed that a 999 ambulance response is not appropriate. In order to ensure we serve our duty to care for all patients who call our services we have, along with our healthcare partners, developed referral systems to ensure patients are appropriately transferred onto alternative care pathways. This may allow a patient to stay at home and a hospital admission may not be necessary.



YAS has also established and implemented a pathway development framework that is now used to inform the development of all new pathways. It details the steps to be taken including identifying a pathway need, implementation, governance, patient outcomes, evaluation and review.

Throughout 2011-12 we have successfully continued to develop these pathways for patients with diabetes, those who fall, and those at the end-of- life.

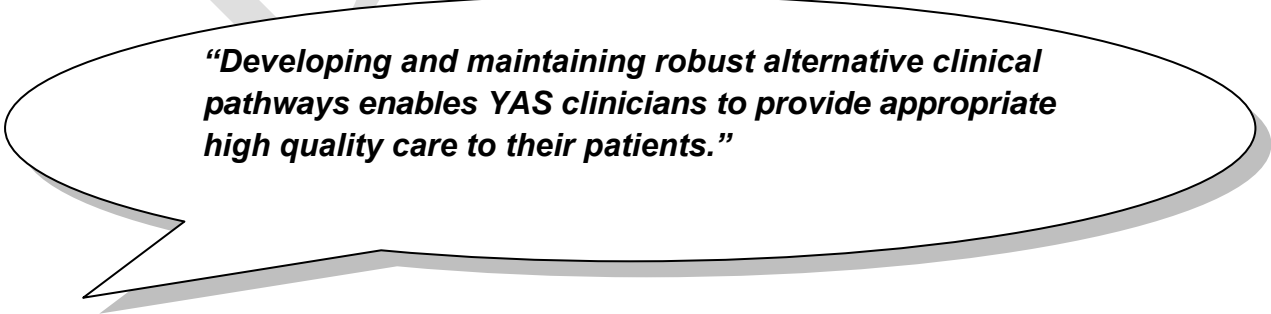
2011-12 aims:

1. Work with healthcare partners to develop our referral processes and establish pathways that meet patient needs and link effectively with local services.
2. Work with healthcare partners to develop processes for referring patients to alternative care pathways that are the same in all areas of Yorkshire and the Humber. Having consistent procedures will promote high standards of care and allow comparisons to be made across the region and with other regions.
3. Introduce a monitoring process for the care provided to patients referred via the diabetes and end-of-life care pathways throughout the full patient journey.

How did we do?

1. We have continued to work with our healthcare partners in developing referral processes and establishing pathways that meet the needs of patients, whether that is to convey them to a hospital or treatment centre or to allow them to remain in their own home with an appropriate care plan in place.
2. We have further developed a number of processes for referring patients to alternative care pathways and, in doing so, have tried to ensure consistency to promote high standards and allow comparisons to be made across the region.
3. We introduced a monitoring process for the care provided to patients referred via the diabetes and end-of-life care pathways throughout the whole patient journey.

The development of care pathways will continue to be important in 2012-13.



“Developing and maintaining robust alternative clinical pathways enables YAS clinicians to provide appropriate high quality care to their patients.”

Liz Harris. Paramedic and Clinical Pathways Advisor, Sheffield

Working with Partners to Ensure Appropriate Care and Management of 'Frequent Callers'

Some of the people who call our 999 service most frequently require help, but not necessarily the attendance of A&E ambulance clinicians or require transporting to hospital.

Since 2009 we have worked with local PCTs to identify frequent callers (either individuals or care homes) and review their care needs via multi-agency case conferences. This helps identify potential gaps in the care they are receiving in their communities and how this care could be improved. By putting in place alternative sources of care which better meet individual needs, this reduces the number of times they call 999 for an ambulance, leaving resources free for others who need them. This work continued to be recognised nationally in 2011 when it won the Incident Response Award at the Inaugural Emergency Services Awards 2011 for the work on managing these patients.

2011-12 aims:

1. Continue to identify the top ten most frequent individual callers and care home callers by commissioned area.
2. Work with other healthcare providers to review cases, agree action plans and monitor the impact of these plans.
3. Analyse previous cases to identify early warning indicators for potential frequent callers and work with healthcare partners to develop procedures for early action so at-risk individuals can get the care they need before resorting to calling 999 for an emergency ambulance.

How did we do?

1. Monthly reports are sent to each PCT on the top ten individuals (frequent callers) and top ten care homes. Liaison with PCT leads each month provides feedback on patient/care home action plans.
2. Following reviews by a patient's GP if appropriate, a case conference is organised. Over the last 12 months YAS has contributed to the action planning in over 50 case meetings.
3. At present York University, in conjunction with YAS is piloting a Prediction Tool which will analyse past cases to identify early warning indicators for potential frequent callers. They will work with healthcare partners to develop procedures for early action so at-risk individuals can get the care they need before resorting to calling 999.

Improving Patient Transport Service (PTS) Performance

Our PTS provides transport for eligible people who are unable to use public or other transport because of their medical condition. These include:

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

2011-12 aims:

1. Agree a target with each of the four PTS commissioning consortia for the percentage of patients who should be collected for their return journeys within 60 minutes of the hospital/clinic advising that they are ready to travel.
2. Measure our performance against these quality targets and work towards reducing waiting times for all patients.

In order to reduce waiting times for homeward journeys and improve patients' overall experiences of our service we need to have better knowledge of the timings of individual clinics. Currently, we plan journeys based on an appointment time of one-and-a-half hours for every clinic. In 2011-12 we will:

3. Map the timings of individual clinics and use this to plan return journeys that better match when patients are ready to be transferred.

How did we do?

1. The targets for 60-minute waits are set in the contracts and most areas are achieving this, or close to achieving it. Where this has not been delivered, we have been given the opportunity to work with commissioners to set trajectories for improvement. The priority for us is preventing the extended waits for all patients and, in particular, those patients that have been waiting in excess of two hours. Trajectories for improvement are included in each area's Service Improvement Plans.
2. We have continued to measure performance against all quality targets, however not all of these targets have been achieved and waiting times, in particular, have not shown significant reductions. We have recognised this need to be rectified as a priority area for focus during 2012-13 and have established a service Transformation team whose primary objective is to deliver significantly improved PTS. The Service Transformation team is initially focusing on South Yorkshire, Hull and East Yorkshire localities and working with the PCTs and acute trusts, the team has developed service improvement plans to address and implement the changes.
3. During the last 12 months we have created a 'Site List' document for each of the PTS contract areas. These lists have helped us to confirm specific sites and times of operation. Through discussion with our commissioners we have been able to

more easily identify where changes have needed to be made to improve services for patients.

Developing Clinical Leadership and Assessment Skills

In order to continually improve the quality of our care in line with the AQIs we need to ensure that our clinical staff have the skills and confidence to make good, clinically-sound decisions about treatment and referral. By supporting our staff to develop their clinical assessment and decision-making skills we aim to increase the number of referrals to appropriate alternative care pathways.

YAS is investing significantly in the development of clinical leadership through the implementation of the Clinical Leadership Framework.

2011-12 aims:

1. Develop and deliver a clinical leadership and skills development project.
2. Monitor the numbers of staff who have increased their clinical skills through the clinical leadership and skills development project.
3. Improve the standard of clinical record-keeping by increasing the number of patient report forms where all essential fields are complete.

How did we do?

1. The YAS Clinical Leadership Framework has been developed and implementation has begun, ensuring the delivery of high quality, safe services which provide the right care to the patient at the right place and at the right time. YAS has also designed and delivered education programmes in collaboration with Higher Education Institutes to support the implementation of the Clinical Leadership Framework.
2. We continually monitor staff skills and their development and this will continue throughout 2012-13. This includes the completion of a mandatory training schedule as well as other opportunities for learning and development.
3. We have continued to monitor the clinical record keeping standards and complete a monthly audit of the completeness of clinical records. Table 1 details the monthly results.



| Patient Report Form (PRF) Data | % of completed forms |
|--------------------------------|--|
| April 2011 | 97.9% |
| May 2011 | 98.7% |
| June 2011 | 97.2% |
| July 2011 | 98.1% |
| August 2011 | 98.1% |
| September 2011 | 98.7% |
| October 2011 | 98.4% |
| November 2011 | 97.9% |
| December 2011 | 98.3% |
| January 2012 | 98.4% |
| February 2012 | 99.1% |
| March 2012 | <i>Amendments to process- awaiting outcome</i> |

Table 1 PRF completion results

Providing Ambulance Clinicians with 24/7 Access to Clinical Advice

Our ambulance clinicians work 24-hours a day, seven days a week, 365 days a year. The nature of their job means that they often deliver care in people's homes and in public places where they do not have the same access to reference sources or advice from colleagues as people who work in hospitals or clinics. We want to provide our clinicians with better access to clinical advice and guidance on the available alternative care pathways.

2011-12 aims:

1. Develop our Clinical Hub to provide a new clinical advice and guidance service for ambulance clinicians.
2. Monitor the number of incidents where clinicians working in ambulances and rapid response vehicles (RRVs) can access the Clinical Hub.
3. Increase the satisfaction of clinicians with the service provided by the Clinical Hub. We will monitor this through surveys of staff opinions.

How did we do?

1. The Clinical Hub has been developed and provides the following services:

- **Clinical advisors (specially trained nurses and paramedics).**

Currently their role is to take calls from patients with non-life-threatening conditions and assess their needs using a clinical triage system. Following this assessment they may be able to provide advice about self-care, arrange a home visit by a healthcare professional such as a district nurse, GP or emergency care practitioner, or refer the patient to an appropriate care pathway in the community.

▪ **Health Desk Advisors (non-clinical staff)**

The Health Desk Advisors process information from crews about appropriate care pathways available to them for their patients. They complete the administrative process and make the referral to the appropriate service which allows the crew to spend more of their time assessing and monitoring patients.

▪ **Hear and Treat**

When members of the public contact us, we currently assess the reason they are calling and, in some instances, determine that the situation is not life-threatening or an emergency, and that the problem can be resolved over the telephone. Clinical advisors or qualified nursing staff within the EOC can offer advice which, where appropriate enables people to stay at home rather than be taken to hospital. Currently we 'hear and treat' 4.3% of the calls we receive.

2. In 2011-12 we provided all YAS staff with a single phone line into the Clinical Hub called the 'Crew Advice Line'. This enables all our staff to access advice and support when needed. Throughout the year the extent to which clinicians have accessed the 'Crew Advice Line' has increased and is shown in table 2.

| | Quarter 1 | | Quarter 2 | | Quarter 3 | | Quarter 4 | |
|-----------------------------|-----------|----------------|-----------|----------------|-----------|---------|-----------|---------|
| Acute criteria | 3 | 11.54% | 16 | 22.86% | 29 | 7.44% | 26 | 5.76% |
| Clinical advice | 11 | 42.31% | 9 | 12.86% | 65 | 16.67% | 80 | 17.74% |
| Diabetic Referral | 0 | 0.00% | 5 | 7.14% | 24 | 6.15% | 31 | 6.87% |
| Falls Referral | 0 | 0.00% | 3 | 4.29% | 45 | 11.54% | 46 | 10.20% |
| Frequent Caller Advice | 0 | 0.00% | 0 | 0.00% | 2 | 0.51% | 7 | 1.55% |
| General Pathway information | 3 | 11.54% | 14 | 20.00% | 107 | 27.44% | 149 | 33.04% |
| Stemi Pathway | 0 | 0.00% | 1 | 1.43% | 12 | 3.08% | 10 | 2.22% |
| Stroke Pathway | 2 | 7.69% | 3 | 4.29% | 15 | 3.85% | 8 | 1.77% |
| Safeguarding | 3 | 11.54% | 6 | 8.57% | 24 | 6.15% | 30 | 6.65% |
| Toxbase | 2 | 7.69% | 5 | 7.14% | 13 | 3.33% | 14 | 3.10% |
| JRCALC / NICE Guidelines | 1 | 3.85% | 0 | 0.00% | 2 | 0.51% | 11 | 2.44% |
| YAS Policy Advice | 1 | 3.85% | 8 | 11.43% | 35 | 8.97% | 38 | 8.43% |
| Other | 0 | 0.00% | 0 | 0.00% | 17 | 4.36% | 1 | 0.22% |
| Total | 26 | 100.00% | 70 | 100.00% | 390 | 100.00% | 451 | 100.00% |

Table 2 Advice Calls to the Crew Advice Line

3. In addition, a staff satisfaction survey was conducted in July and August 2011 to understand the staff satisfaction with the advice they received from the 'Crew Advice Line'. A second survey took place in March 2012. Overall staff were highly satisfied with the advice they received.

Measuring and Improving Patient Experience

Listening to and acting on feedback from patients is a vital part of providing a high quality service. By listening to what our patients are saying we can reduce the risk of missing the warning signs of poor care.

2011-12 aims:

1. Increase the overall level of feedback given by patients and other service-users as a proportion of those using our services.
2. Review the diversity of those providing feedback on our services compared to the diversity of our service-users and use this information to increase the opportunities for all groups to make their views known.
3. Develop the mechanisms through which patient feedback influences and improves our services.
4. Keep records of work showing how feedback from patients has been used to develop and improve our services.

How did we do?

1. We have implemented a Service-User Experience Survey for patients who have used our emergency service. This can be completed through a postal survey or electronically. A low response rate to the A&E survey for service-users under 18 years old and carers of under 2-year olds, has led to further work to look at other feedback mechanisms to gain feedback from this age group. This is included in the Patient Experience Workplan for 2012-13.
2. We have also improved the ways we can understand patients' experiences who travel on our PTS vehicles. This is captured through the completion of an annual survey and we have also revised the comments cards to include a question on dignity and respect, together with increased anonymity of feedback and improved readability.

All surveys are written in plain English and are available in large print, alternative format, Braille or a different language on request.

We display posters in our emergency and PTS vehicles informing patients how they can give feedback. We have also continued to record narrative and filmed patient stories as a further method of gaining patient feedback.

3. The Patient Experience Group has continued to manage the service-user feedback from patients. The group is also in the process of developing new ways to better represent the diversity of our communities.
4. The clearest theme from both the A&E and PTS surveys is that patients appreciate the care provided by YAS staff. To reinforce positive behaviour and raise awareness of the minority of negative comments the results are widely publicised to all staff and patient stories and feedback from the surveys is also used within training.

During 2012, we are reviewing the services we provide for bariatric patients. This Trust-wide review will enhance the quality of care we can provide for bariatric patients giving consideration to:

- equipment and associated training
- privacy and dignity
- working collaboratively with the other stakeholders
- risk assessment procedures.

This review has included the contribution of a service-user for which we are very grateful.

5. Throughout the year we have continued to measure the experience of our patients and we are committed to capturing patient stories as part of our work to understand our patients' experience. Over the last year we have developed a library of patient stories, which are both filmed and narrative. The patient stories are an integral part of our Trust Board meetings, and also in inducting and training our staff. We have a robust process to engage patients in patient stories which includes consent.

Response Rates to Postal Survey

| Postal Survey | Q1 | Q2 | | | | Q3 | | | | Q4 | | | |
|-------------------------|-------------|------|-----|------|-------|-----|-----|-----|-------|-----|-----|-----|-------|
| | May (pilot) | July | Aug | Sept | TOTAL | Oct | Nov | Dec | TOTAL | Jan | Feb | Mar | TOTAL |
| Postal surveys sent | 570 | 570 | 570 | 570 | 1,710 | 570 | 570 | 570 | 1,710 | 570 | 570 | 570 | 1,710 |
| Postal surveys returned | 123 | 134 | 165 | 181 | 480 | 191 | 143 | 142 | 476 | 167 | 171 | 155 | 493 |
| % response rate | 21.6% | | | | 28.1% | | | | 27.8% | | | | 28.8% |

Response rates to on-line survey

| Online Survey | Q1 | Q2 | Q3 | Q4 |
|-------------------|-----|-----|-----|----|
| Surveys completed | 221 | 145 | 138 | 96 |

The results show that that for the majority of 999 callers, the ambulance service was the first service they contacted. This is a clear trend from the online results (61%). From the postal results the figure has decreased to 47% in Q4 (from 54% in Q3). Around 21% of callers had first contacted either their own doctor or the GP out-of-hours service (GPOOH).

Between 92% (online results) and 84% (postal results) of callers considered the call answer time as good or excellent.

Satisfaction with ambulance response times is generally higher for the postal survey results (70.5% online compared with 94% postal)

The results (both quantitative and narrative) clearly show a high level of satisfaction with the care provided by YAS clinicians. The quantitative average is between 85% (online results) and 96% (postal results) satisfaction.

There is also a high level of satisfaction regarding how the patient was transferred to the ambulance. The percentages of respondents stating they were satisfied ranged from 92% (online results) to 96% (postal results).

Overall, respondents were satisfied with the care provided by the ambulance service and the dignity and respect shown to them by YAS staff (between 72% online and 95% postal).

Diversity is a cross-cutting theme amongst all of our patient feedback and our aim is to provide a positive experience for all our patients.

DRAFT

Patient Story One:

Mrs S is a bariatric patient who lives alone on the first floor of her two-storey house. Mrs S is unable to stand for long periods however she does occasionally go out.

During the past year Mrs S has spent quite a length of time in hospital where, initially, she was advised that it would be challenging for her to return home due to the nature of her accommodation (the toilet was on the first floor). Mrs S did however return home to live on the first floor. She is happy with this decision and feels that being able to stay in her own home has had a positive effect on her emotional wellbeing and her quality of life.

Over the years Mrs S has used both the emergency ambulance service and PTS. We were introduced to Mrs S by our Expert Patient as she was interested in telling us about her experiences and perspectives of the Yorkshire Ambulance Service.

Mrs S referred to an incident when she was still living on the two floors of her house and she fell in her bathroom (trapped between the toilet and the wall). The ambulance clinicians attended and then called the YAS Hazardous Area Response Team (HART) who were able to use specialist equipment to transfer Mrs S downstairs and out to the ambulance.

Mrs S also mentioned other experiences relating to ambulance transport/vehicle equipment as follows:

- seating in ambulances inadequate for bariatric patients (not wide enough).
- ambulance unable to accommodate a wheelchair or frame.
- excessive journey times.

This visit gave us the opportunity to explain that the Yorkshire Ambulance Service is currently reviewing our processes in order to improve the experience and care of bariatric patients.

Mrs S has since being involved in the review as a patient advisor.

Mrs S was keen to hear about the filmed patient stories and particularly how powerful they can be when used in the training department. Mrs S subsequently agreed to have her story filmed and this was presented to the attendees of Trust Board meeting held in public in May 2012. Patient stories are shown at Trust Board meetings held in public and used regularly in both A&E and PTS training.

Mrs S particularly wished to say that the ambulance staff have always been very helpful and treated her with dignity and respect. She has said that she feels her needs are now better understood which will lead to a better patient experience in the future. She will give this positive feedback to her local Disability Forum and offered future linkages in terms of any help or advice around disability which the Forum may be help to offer in the future.

We were very grateful to Mrs S for inviting us into her home and allowing us to gain a greater understanding of her condition and requirements to improve the patient experience for her and bariatric patients in general.

Performance Against 2011-12 Key Quality Indicators

The following section reports on those indicators which we have highlighted in previous Quality Accounts. They may not remain a key priority for the Trust but still remain very important to the quality of the service we provide. It is therefore our intention to report these wider cross-cutting themes within the Quality Accounts as we continue to monitor and improve our performance.

Indicator 1: Ambulance Response Times

The nationally set target for 2011-12 is as follows:

- The Category B target has been removed and replaced with the new **RED** national targets.
- There is also a **GREEN** category that YAS will report on.

The funding for our services is provided by PCTs and we work with our PCT commissioners to negotiate a level of funding that will allow us to achieve the national response time indicators, on average, over the PCT area.

Our patients and stakeholders also asked us to state, in our Quality Accounts, the time it took us to answer 999 calls. This is the time between the call being connected to our emergency operations centre by BT and the call being answered by one of our trained call-handlers.

In 2011-12 both the nationally-set response targets were achieved. Trust-wide both Red 1 and Red 2 were exceeded, demonstrating a significant improvement on last year's response times.

Year-on-year the number of emergency calls to YAS has increased and 2011-12 was no exception. The service experienced a significant increase in calls during February 2012 (following the snow and freezing conditions) and early March 2012.

Work to improve our response to rural areas continued. North Yorkshire, in particular, has continued to see improvements to response times to life-threatening calls. Delivery of emergency services to a rural area is always a challenge and YAS and the PCT commissioners are working in partnership to develop a range of services to improve response times to rural areas and this remains a priority for improvement for 2012-13.



“Over the past five years whenever I have had need of them either for myself or other people the response time has been excellent and the paramedics have been very efficient and reassuring. I would give them 10/10 or even 11/10”.

E.S. Scarborough, Whitby and Ryedale Cancer Patient Involvement Group

Indicator 2: Patient Transport Service Performance

Our PTS is provided by trained staff working to high standards of quality, safety and professionalism. In addition to Trust-wide indicators of quality, in 2011-12 we measured the standard of our PTS operational performance using three measures:

- **Punctuality:** whether patients arrive in time for their appointments. We aim to get patients to their clinic between 0 and 60 minutes before their appointment time.
- **Waiting time:** how long patients have to wait for their return transport after the clinic tells us that the patient is ready to travel. We aim to pick up patients for their return journey within 60 minutes of being told by the clinic that they are ready to travel.
- **Journey times:** how long patients spend on the vehicle. We aim for journey times to be below 60 minutes.

For each of the above measures we have agreed performance targets with local commissioners.

PTS 2011-12 Performance

| PTS Inward Arrive on Time | PTS Outward Depart within 60 Minutes | PTS Time on Vehicle More Than 60 Minutes |
|----------------------------------|---|---|
| 69.43% | 75.44% | 14.08% |

YAS have recognised that there is scope for improvement and have established a Service Transformational Project to drive this service in 2012-13

Patient Story Two:

Mrs C is a 62-year old lady suffering from bowel cancer. She had an operation and then needed to attend a series of appointments at the regional oncology hospital prior to commencing a course of chemotherapy she also had pressure sores and needed to travel on a stretcher.

Mrs C's first appointment went without any problems and a second appointment was booked for the following week. On the day of the second appointment the PTS was unable to provide transport in time for the appointment and it was subsequently cancelled by the hospital. Mrs C was not informed of what had happened.

A further appointment was scheduled for three days later and went ahead as planned. Two weeks later an ambulance arrived to take Mrs C and her husband for another appointment. The ambulance had other patients to collect en route to the hospital and Mrs C was unable to travel due to her being in pain and could not tolerate the longer journey.

Mrs C's son contacted the Patient Relations Department expressing concerns that his mother had missed vital appointments. The Patient Relations and PTS managers visited Mrs C and her husband, who is her main carer.

Mrs C was understandably very angry and upset about missing her treatment. She expressed concern about her missed appointments and also the attitude of some of the staff who had collected her. However, both Mr and Mrs C were complimentary towards other members of the PTS staff who had attended.

Discussions were held about how best to achieve the next planned appointment and it was agreed that the Patient Relations Manager would ring Mrs C the day before the appointment to advise what time she would be collected so that she could take her pain medication to coincide with the journey.

Indicator 3: Clinical Performance Indicators

There are five nationally-agreed Clinical Performance Indicators (CPIs) which relate to conditions where the care of ambulance clinicians can make a significant difference to patient outcomes.

These CPIs relate to conditions where the care of ambulance clinicians can make a significant difference to patient outcomes for heart attack (STEMI), Stroke, low blood sugar (hypoglycaemia) and asthma. For each indicator there are a number of agreed actions that should be completed for every patient with that condition and we audit our Patient Report Forms (PRFs) to identify whether or not these were carried out.

CPI Results 2011-12 - YAS Performance

From Cycle 7 the method for calculating the results has been changed to reflect the way indicators are calculated.

In order to maintain comparisons with the previous cycle, Cycle 6 results have been recalculated using the new calculation methodology. The table below shows Cycle 6 calculated using the original method and Cycle 6 and 7 using the new methodology.

Cycle 7 CPI results demonstrated a global reduction in clinical performance in the immediate management of STEMI and between November 2010 (Cycle 6) and June 2011 (Cycle 7). Subsequently actions were taken with A&E Operations to ensure that the importance of comprehensive clinical management of STEMI was reinforced. Cycle 8 results, from November 2011, have demonstrated a marked improvement.

Similar results were seen for the recognition and immediate management of stroke between January 2011 (Cycle 6) and July 2011 (Cycle 7) with action plans put in place through A&E Operations, monitored by the clinical excellence managers and reported to the Clinical Effectiveness Group. Significant improvement in performance has subsequently been demonstrated in the Cycle 8 results from January 2012.

| | Old Calculation Method | | New Calculation Method | | |
|---|---------------------------|--------------------------|--|----------------------------|---------------------------|
| | Cycle 6 | | Cycle 6 | Cycle 7 | |
| ST Elevation Myocardial Infarction (STEMI) | Nov 2010 Results % | National Average% | Nov 2010 Results % | June 2011 Results % | National Average % |
| M1-Aspirin | 98.2 | 95.2 | 98.3 | 94.9 | 96.5 |
| M2 -GTN | 93.8 | 91.7 | 94.1 | 86.0 | 92.7 |
| M3 -Two Pain Scores recorded | 90.2 | 85.1 | 90.7 | 84.1 | 80.8 |
| M4 -Morphine alone given | 67.0 | 69.3 | 73.7 | 71.3 | 81.3 |
| M5 -Analgesia given | 74.5 | 75.2 | 79.7 | 82.2 | 86.2 |
| M6-SpO2 recorded | 99.2 | 97.1 | 99.2 | 98.7 | 97.9 |
| MC-Care Bundle M1, M2, M3 and M5 | 67.8 | 59.4 | 75.4 | 65.6 | 66.9 |
| Cardiac Arrest | Dec 2010 Results % | National Average% | Cardiac Arrest is no longer measured as part of the CPIs as this is now measured as part of the AQIs. | | |
| C1-ROSC on arrival at hospital | 14.1 | 19.7 | | | |
| C2-Advanced Life Support provider in attendance | 100 | 98.1 | | | |
| C3-Response to cardiac arrest < 4 minutes | 15.7 | 19.0 | | | |
| PILOT-Care Bundle C2 and C3 | 15.7 | 18.5 | | | |

| Stroke | Jan 2011 Results % | National Average% | Jan 2011 Results % | July 2011 Results % | National Average % |
|---|---------------------------|--------------------------|---------------------------|------------------------------|---------------------------|
| S1-Face, Arm, Speech Test (FAST) recorded | 97.7 | 95.7 | 98.0 | 94.3 | 95.6 |
| S2-Blood glucose recorded | 97.6 | 94.0 | 97.7 | 96.3 | 95.6 |
| S3-Blood pressure recorded | 100 | 98.8 | 100 | 99.3 | 99.6 |
| S4-Time of onset of stroke recorded | 78.7 | 80.6 | 82.0 | 85.3 | 85.8 |
| SC-Care Bundle S1, S2 and S3 | 94.9 | 89.8 | 95.7 | 90.7 | 92.0 |
| Hypoglycaemia | Feb 2011 Results % | National Average% | Feb 2011 Results % | August 2011 Results % | National Average % |
| H1-Blood Glucose recorded before treatment | 99.3 | 99.2 | 99.3 | 97.4 | 98.8 |
| H2-Blood Glucose recorded after treatment | 100 | 93.6 | 100 | 98.1 | 97.9 |
| H3-Treatment for Hypoglycaemia recorded | 100 | 98.4 | 100 | 99.6 | 97.9 |
| H4-Direct referral made to an appropriate health professional | 47.8 | 30.3 | 47.8 | 98.5 | 64.3 |
| HC-Care Bundle H1, H2 and H3 | 99.3 | 92.3 | 99.3 | 96.3 | 95.4 |
| Asthma | Mar 2011 Results % | National Average% | Mar 2011 Results % | Sep 2011 Results % | National Average % |
| A1-Respiratory rate recorded | 100 | 97.3 | 100 | 99.7 | 99.1 |
| A2-PEFR (peak flow) recorded before treatment | 59.9 | 55.7 | 77.7 | 84.3 | 78.3 |
| A3-SpO2 recorded before treatment | 91.5 | 94.8 | 91.5 | 90.9 | 92.3 |
| A4-Beta 2 agonist recorded | 99.3 | 94.0 | 99.3 | 93.4 | 96.6 |
| A5-Oxygen administered | 99.7 | 93.6 | 99.7 | 95.8 | 96.2 |
| PILOT-Care Bundle A1, A2, A3 and A4 | 52.8 | 48.5 | 72.3 | 76.7 | 71.9 |

Indicator 4: Developing Alternative Care Pathways

We have continued to work with our healthcare partners to develop referral processes and establish pathways that meet the needs of the patient, whether that is to convey them to a hospital or treatment centre or to allow them to remain in their own home with an appropriate care plan put in place. We have further developed a number of processes for referring patients to alternative care pathways and we have established and implemented a pathway development framework that is now used to develop any new pathway. It details the steps to be taken including identifying a pathway need, implementation, governance, patient outcomes, evaluation and

review. We strive to ensure consistency in implementing the care pathways wherever possible to allow comparisons to be made across the region.

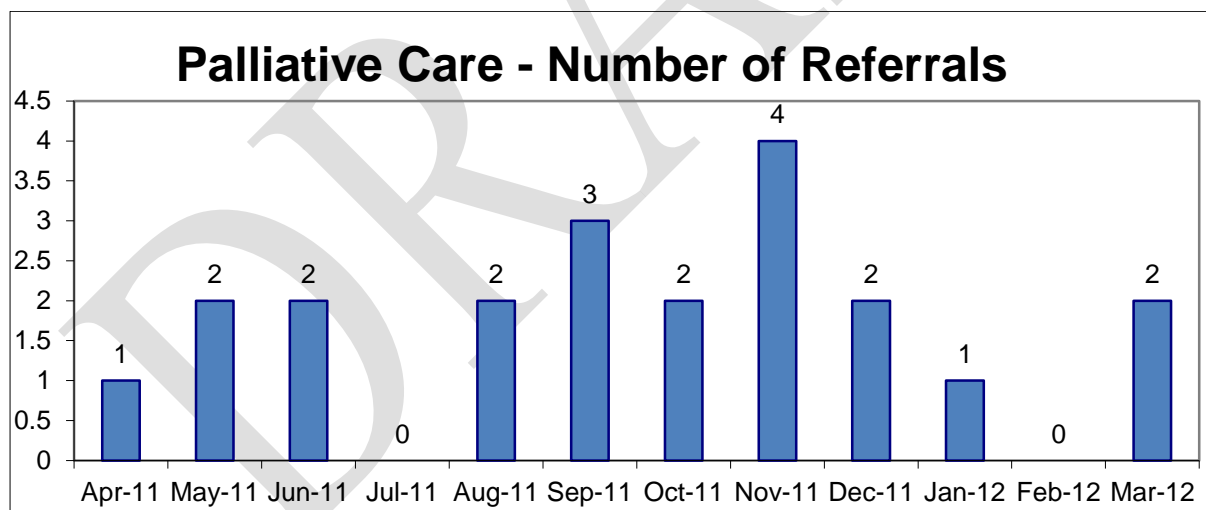
Acute Stroke and Cardiac Pathways

We continue to work with partners to develop pathways for Stroke and cardiac care. This year we have improved the referral pathway to all hospitals providing Hyper-Acute Stroke care. For our patients who present with symptoms of a Stroke, they can be assessed and receive prompt and appropriate care, and where appropriate receive treatment called thrombolysis. Patients suspected of having a heart attack or STEMI, continue to be referred to cardiac centres with over 80% being referred directly by YAS.

Palliative Care/End-Of-Life

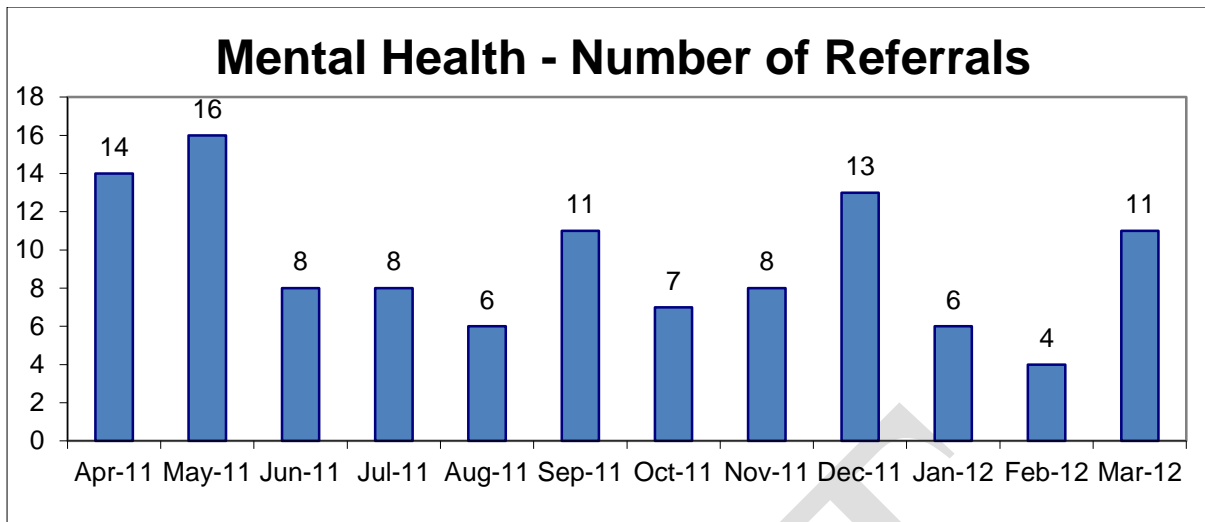
Further to the pilot in Leeds we have now rolled out the referral pathway to most areas of YAS. The pathway ensures that wherever possible and where appropriate for the patient that they can remain in their own home and receive the best care possible at the end-of-their-life. The pathway is consistent in that the ambulance clinician can contact the YAS Clinical Hub, and through them, subsequently a community nurse. A discussion can then take place to agree an appropriate care plan for the patient.

Whilst it is acknowledged that the numbers are small it is important to recognise the value of this pathway for patients at the end-of-their-lives. YAS will continue to extend the network of stakeholders, and contribute to the regional strategic leadership on end-of-life in order to increase the quality of care for patients.



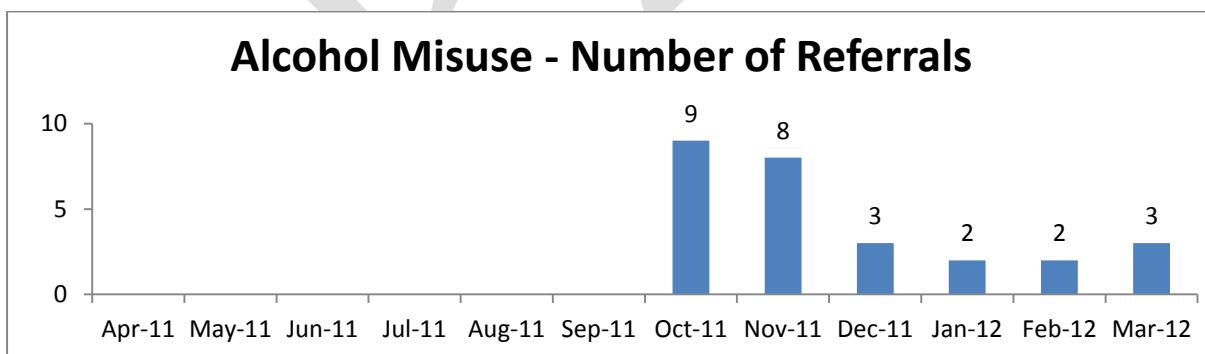
Mental Health

We continue to work with our mental health partners to ensure that patients with acute mental health problems are assessed and cared for in the most appropriate place and avoid the need for emergency department attendances if this is not appropriate. Pathways are now formally agreed in Sheffield, Rotherham, Doncaster and Leeds.



Alcohol Pathway

Many adults in the UK are drinking alcohol at levels that may be damaging their health, most without realising it. We have started an innovative pilot in Sheffield where ambulance clinicians can ask a patient some simple questions relating to alcohol and, where appropriate, can then refer the patient onto a specialist alcohol service for further follow up and an invitation to attend an appointment. The Alcohol Service is a team 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. The YAS Alcohol Services referral pathway began in October 2011 and is available when it is considered the patient may benefit from contact with Alcohol Services.



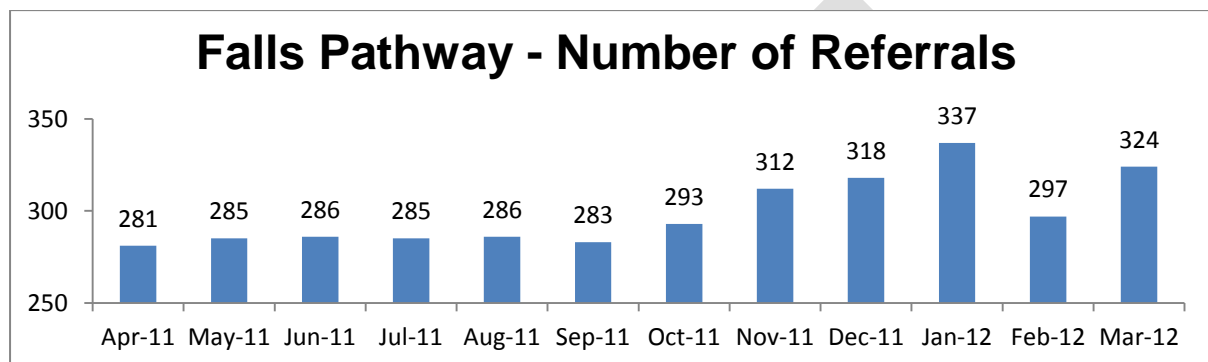
GPs

We have continued to develop referral pathways with our GP partners who work both in and out-of-hours. YAS clinicians are often called to patients who have urgent rather than emergency conditions and therefore may not need attendance or admission to hospital. Direct conversation and clinical discussion with a GP by the attending clinician can ensure an appropriate alternative care pathway for the patient is arranged. This gives the patient and GP the opportunity for home-based care delivered by a variety of clinicians or services in preference to the patient being transported to the emergency department. Use of this referral pathway increases

patient choice and potentially improves patient experience and satisfaction. We have started to refer patients to in-hours GPs in the Huddersfield area in a more formal way with the referral going through the YAS Clinical Hub and we are currently having discussions with GP leads across the region to roll out this pathway more widely.

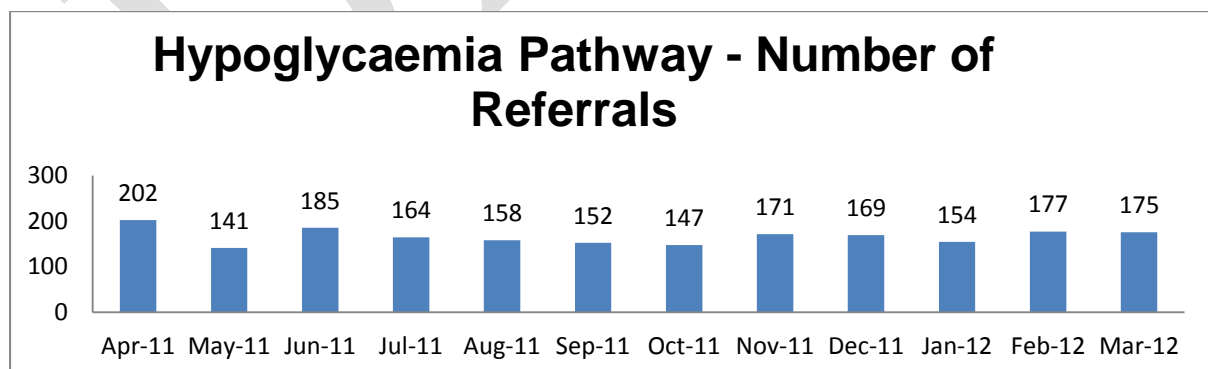
Falls

Across the region we have continued to maintain a consistent referral pathway for patients who have had a fall and are not conveyed to hospital. Referral is from clinician via the Clinical Hub and onto the community services for the patient to receive further follow-up and falls assessment with the aim to reduce further falls and complications such as fractures. The pathway is established in 11 out of the 12 PCT areas.



Hypoglycaemia Pathway

This pathway is YAS-wide and 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 reoccurrence of hypoglycaemia. We are now working with NHS Diabetes and the National Diabetes Information Service to take a closer look at the information we have about patients across the region who have hypoglycaemic episodes and how this can be used to look at ways of reducing these life-threatening events.



Acute Care Pathways

The change in the healthcare landscape, for instance the reconfiguration of services between hospital sites, has led to a number of hospital sites being bypassed. Pathways for YAS staff have been developed to ensure patients are taken to the right hospital first time. Leeds Teaching Hospitals NHS Trust, Mid Yorkshire Hospitals NHS Trust, and South Tees Hospital NHS Trust all have differing pathways of care in place for medical and trauma patients. The development of the Clinical Hub and the Trust's intranet library of clinical pathways ensure staff are aware of new pathways as they are implemented.

Indicator 5: 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 always strive to put things right and learn for the future.

Gauging the views of our patients and the public about the services we provide is an important aspect of how we shape our future developments.

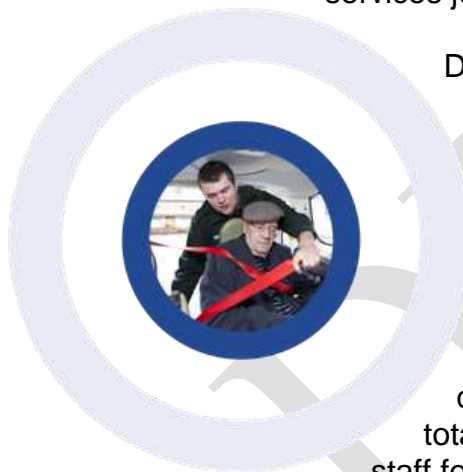
There are times when the standard of service is perceived to have fallen below what is expected and we view comments and suggestions on how we can improve our services just as importantly as concerns and complaints.

During 2011-12 we continued to ensure that concerns and complaints were dealt with quickly and that each enquirer received a full and detailed response.

In 2011-12 we received 1,569 concerns and 82 formal complaints. Of these 172 (10.42%) were resolved within 24 hours, and a further 1,013 (61.36%) within 25 working days.

The Trust is always pleased to receive compliments about the quality of service provided to patients. In 2011-12 we received a total of 716 appreciations and commendations, complimenting staff for their professionalism and dedication.

Learning lessons from complaints, concerns and comments is very important to us. Every two months we report key issues, themes and trends to our Integrated Governance Committee (a sub-committee of the Trust Board) on how we are learning from these to improve our services in the future.



| 2011-12 | | | | | | | | | | | | |
|-------------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Complaints, Concerns and Comments | April | May | June | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| Attitude - negative | 20 | 19 | 11 | 16 | 17 | 8 | 18 | 20 | 12 | 26 | 20 | 20 |
| Delayed, inappropriate, no response | 77 | 91 | 100 | 105 | 94 | 72 | 80 | 93 | 89 | 118 | 96 | 89 |
| Patient care | 21 | 25 | 30 | 18 | 21 | 28 | 15 | 24 | 22 | 24 | 37 | 29 |
| Driving Issues | 10 | 5 | 14 | 9 | 7 | 13 | 11 | 8 | 7 | 9 | 12 | 9 |
| Administrative | 13 | 13 | 9 | 13 | 11 | 14 | 10 | 7 | 13 | 14 | 11 | 8 |
| Other (procedural issues) | 2 | 4 | 3 | 1 | 6 | 3 | 8 | 3 | 9 | 6 | 2 | 13 |
| TOTAL negative | 143 | 157 | 167 | 162 | 156 | 138 | 142 | 155 | 152 | 197 | 178 | 168 |
| Compliments | 69 | 78 | 51 | 57 | 24 | 115 | 61 | 62 | 58 | 36 | 52 | 53 |

| 2010-11 | | | | | | | | | | | | |
|-------------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Complaints, Concerns and Comments | April | May | June | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| Attitude - negative | 21 | 11 | 13 | 19 | 13 | 19 | 16 | 15 | 17 | 16 | 17 | 24 |
| Delayed, inappropriate, no response | 125 | 89 | 127 | 113 | 91 | 144 | 122 | 73 | 78 | 110 | 99 | 122 |
| Patient care | 26 | 19 | 25 | 20 | 17 | 17 | 12 | 28 | 20 | 24 | 26 | 20 |
| Driving Issues | 6 | 4 | 8 | 9 | 12 | 9 | 5 | 6 | 13 | 4 | 8 | 7 |
| Administrative | 12 | 10 | 10 | 9 | 6 | 25 | 8 | 9 | 5 | 6 | 8 | 5 |
| Other (procedural issues) | 3 | 2 | 1 | 2 | 2 | 2 | 0 | 0 | 0 | 1 | 9 | 4 |
| TOTAL negative | 193 | 135 | 184 | 172 | 141 | 216 | 163 | 131 | 133 | 161 | 167 | 182 |
| Compliments | 49 | 49 | 68 | 88 | 56 | 49 | 66 | 49 | 71 | 66 | 118 | 64 |

| 2009-10 | | | | | | | | | | | | |
|-------------------------------------|-----------|-----------|-----------|------------|-----------|-----------|------------|------------|------------|------------|------------|------------|
| Complaints, Concerns and Comments | April | May | June | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| Attitude - negative | 13 | 15 | 12 | 17 | 16 | 8 | 22 | 20 | 13 | 19 | 11 | 14 |
| Delayed, inappropriate, no response | 43 | 55 | 61 | 59 | 43 | 62 | 75 | 61 | 58 | 42 | 99 | 131 |
| Procedural deviation | 14 | 19 | 18 | 31 | 21 | 29 | 34 | 39 | 42 | 40 | 29 | 50 |
| Road Traffic Collisions | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 3 | 0 | 0 |
| Equipment Failure | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 1 | 1 | 1 | 0 | 0 |
| TOTAL negative | 71 | 91 | 91 | 107 | 80 | 99 | 134 | 121 | 114 | 105 | 139 | 195 |
| Compliments | 20 | 44 | 37 | 38 | 13 | 18 | 49 | 58 | 25 | 40 | 46 | 53 |

Some of the improvements we made in 2011-12 as a result of issues highlighted through complaints, concerns and compliments were as follows:

- A number of complaints have been received regarding PTS bookings. Patient Relations has been identifying notes which can be added to patient bookings (i.e. a four-person lift needed, cannot travel in a small ambulance due to sickness). There have been issues regarding whether or not PTS planners are adding these notes which has resulted in patients experiencing repeated problems. PTS managers have now been asked to remind the planners of the importance of adding the notes, which should reduce the number of repeated complaints.
- PTS managers have been reminded to keep patients informed of any updates on their pick-ups. A number of incidents have occurred where YAS has contacted a clinic to advise of a delay, the clinic has subsequently cancelled the appointment, but no-one has informed the patient.
- A number of complaints and concerns were received where members of the public reported feeling intimidated by the driving of ambulance staff. To address this and in addition to the work being led by the new YAS accident reduction manager, a reminder was issued to all staff from the Trust's chief driving tutor reminding them about good driving practice and the consequences should individuals be found to have shown undue aggression towards other drivers.

YAS continues to develop its approach to learning lessons. This work includes the following aspects:

- Developing a culture to encourage reporting incidents and reinforcing a positive attitude to investigations with a focus on learning and not blame.
- Investigation skills and Root Cause Analysis training is currently being developed which will be delivered to investigating managers across the Trust to improve investigation processes and findings.
- Identifying new ways of analysing themes and trends from a number of reports.
- Procurement of the new risk management data system from April 2012.

Patient Story Three:

Miss X called the ambulance at 03.00 for her daughter who had acute pain in her back and chest and was also having difficulty breathing. When the ambulance arrived Miss X became concerned that the clinicians did not sufficiently assess her daughter's condition and appeared to make assumptions as to the cause of her pain. Miss X subsequently wrote to YAS with her concerns regarding the assessment of her daughter's condition and the care given by the crew.

Miss X had never called for an ambulance before and was dissatisfied with her experience.

The complaint was handled through the Patient Relations department, and Miss X was visited by the Associate Medical Director and the Patient Services Coordinator.

An apology was given and the events of the incident were explained and discussed.

A clinical case review was also conducted where the incident was reviewed with the staff involved and their managers. These reviews are aimed at identifying both individual and team areas for learning. The outcomes from this particular meeting were shared with Miss X.

Despite the initial upset caused by this incident the family were pleased to be offered a meeting and also with the outcome of their concerns.

Miss X contacted YAS to express her appreciation of the professionalism and sensitivity YAS showed in handling her complaint.

Indicator 6: Adverse Incidents and Serious Incidents

An incident can be described as:

"An event or circumstance which resulted in unnecessary damage, loss or harm to a patient, staff, visitors or members of the public."

At Yorkshire Ambulance Service we report incidents via the 'Prism' incident reporting system and all incidents are assigned to local managers for an internal investigation. Incidents can vary in severity and in cases where they have resulted in major or catastrophic consequences; these require a higher level and more thorough investigation. These types of incidents are reported as Serious Incidents (SIs) to the Trust's commissioners; NHS Bradford, Airedale and Leeds and a full, comprehensive investigation must be completed and the report submitted within 12 weeks of the incident being reported.

SIs include any event which causes death or serious injury, involves a hazard to the public, causes serious disruption to services, involves fraud, has the potential to cause significant reputational damage to the Trust, plus a number of other types of events.

Incidents

The Trust works continuously to improve our incident reporting system, updating categories to allow more specific reporting which allows us to identify trends more accurately and, in turn, learn lessons from incidents. The table below shows the number of incidents reported across different directorates in 2011-12. The number of 'Other' incidents decreased dramatically after October 2011 which was due to the large amount of work that had taken place to improve the incident categories.

| New Incidents Reported 2011-12 | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Operations – Accident & Emergency | 166 | 235 | 193 | 209 | 172 | 260 | 244 | 378 | 371 | 411 | 355 | 302 |
| Emergency Operations Centre | 64 | 89 | 62 | 55 | 107 | 61 | 41 | 65 | 84 | 216 | 45 | 42 |
| Patient Transport Services | 51 | 56 | 66 | 52 | 61 | 59 | 54 | 79 | 74 | 90 | 68 | 68 |
| Other | 172 | 183 | 187 | 156 | 176 | 161 | 223 | 12 | 8 | 14 | 20 | 17 |
| TOTAL | 453 | 563 | 508 | 472 | 516 | 541 | 562 | 534 | 537 | 731 | 488 | 429 |

Compared to last year's figures, overall there have been more incidents reported this year. The Trust views this as a positive development. We promote incident reporting throughout the Trust as this enables us to identify key issues, themes and trends and we can then work to rectify these problems before they have the potential to turn into a more serious incident. Last year, figures increased between November 2010 and January 2011 due to the adverse weather conditions. Although we didn't experience such adverse conditions this year, we also worked hard to improve our business continuity and resilience plans so that we were better prepared should the weather deteriorate. November 2011–January 2012 had the potential to see an increase in incidents due to the busy festive period, but our resilience plans meant we coped better with this during this period this year.

Throughout the year, the incident trends included road traffic collisions, drugs lost, stolen or damaged, Emergency Operations Centre (EOC) control issues, plus others. The Trust employed an Accident Reduction Manager in September 2011 to focus on reducing vehicle accidents.

An improved process was implemented late 2011 regarding the management of controlled drugs and this was rolled out across the Trust to reduce the number of drug-related incidents. The Care Quality Commission (CQC) praised YAS in January 2012 for their impressive work on this.

Serious Incidents (SIs)

In 2011-12 we reported 11 SIs in comparison to 19 in 2010-11.

| Incident Category | Number of SI's 2011-12 |
|--------------------------------|------------------------|
| Delayed dispatch/response | 5 |
| Road traffic collision | 0 |
| Equipment-related | 1 |
| Clinical care | 1 |
| Inadequate clinical assessment | 0 |
| Alleged assault | 0 |
| Data protection breach | 0 |
| Adverse media attention | 1 |
| Workplace safety | 0 |
| Medication related | 1 |
| Other | 2 |
| TOTAL | 11 |

It is the Trust's expectations that as the number of incidents increases, the number of SIs will decrease. This should happen as a result of the organisation learning lessons from the less severe incidents and working proactively to correct the issues that are raised. This pattern was correct in 2011-12 with our number of SIs almost halving in comparison to the previous year.

The highest category of SIs remained the same with delayed dispatch/response being the cause of most serious incidents. The Trust has made significant improvements relating to clinical assessment and workplace safety to reduce the number of incidents in those areas.

Action plans from SIs are monitored by the Trust and externally by NHS Bradford, Airedale and Leeds. Actions that have been taken as a result of SIs during this year include the following:

- improved business continuity plans and processes across the Trust to ensure resilience.
- improved processes and documentation at key meetings to accurately record decisions made.
- an improved controlled drugs management process.

- training workshops in EOC to ensure call handlers and dispatchers continue to refresh their knowledge and skills. This should reduce the number of delayed dispatch incidents.

Indicator 7: Referrals to Services for Safeguarding Vulnerable Adults and Children

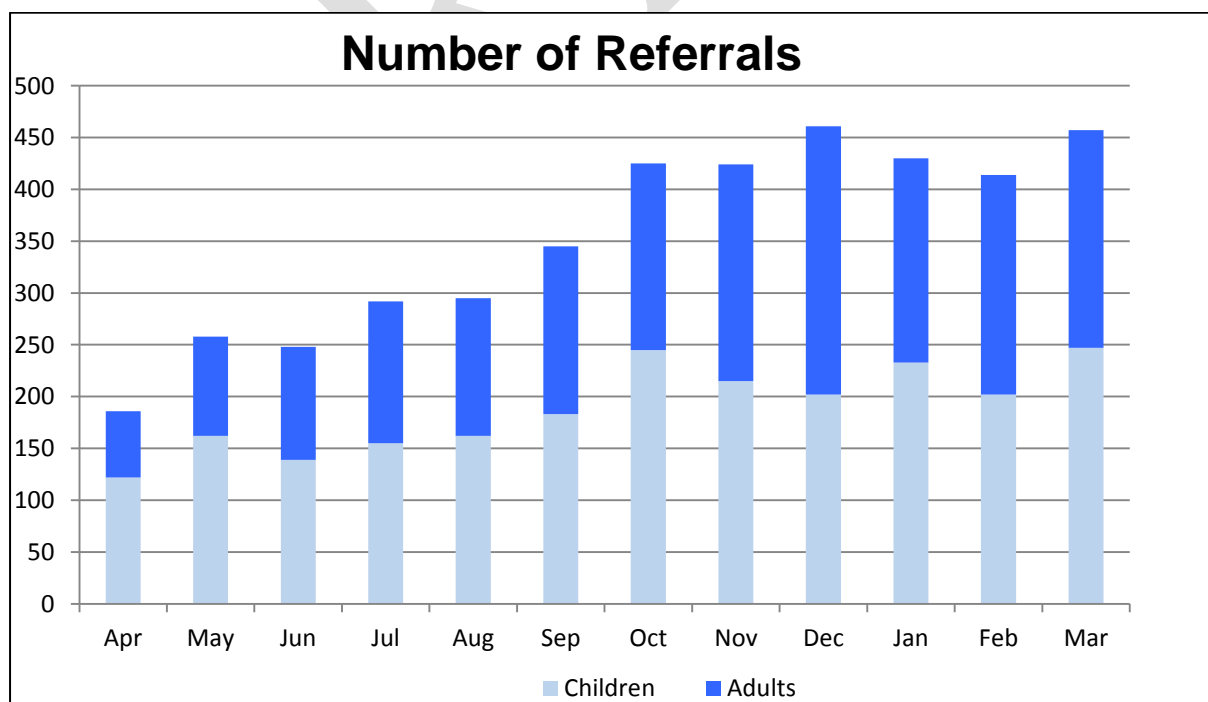
Safeguarding continued to be challenging for the YAS Safeguarding team during 2011-12.

During May 2011, YAS introduced a new referral process following feedback from a staff survey as part of a CQUIN requirement. This resulted in all safeguarding referrals being completed via the Clinical Hub in the YAS EOC. This simplified the process for staff and improved governance and security of the procedure. The change resulted in a significant increase in the number of referrals made to Social Care teams across Yorkshire.

Following changes to national guidance, YAS also responded to improving safeguarding children training for relevant staff with the production of a bespoke ambulance level 2 safeguarding children distance-learning workbook. This enabled YAS to improve falling compliance levels for this element of provision, as all relevant staff were requested to complete the resource.

The YAS Safeguarding team continued to work in partnership with organisations across Yorkshire involved in the safeguarding of children, young people and adults.

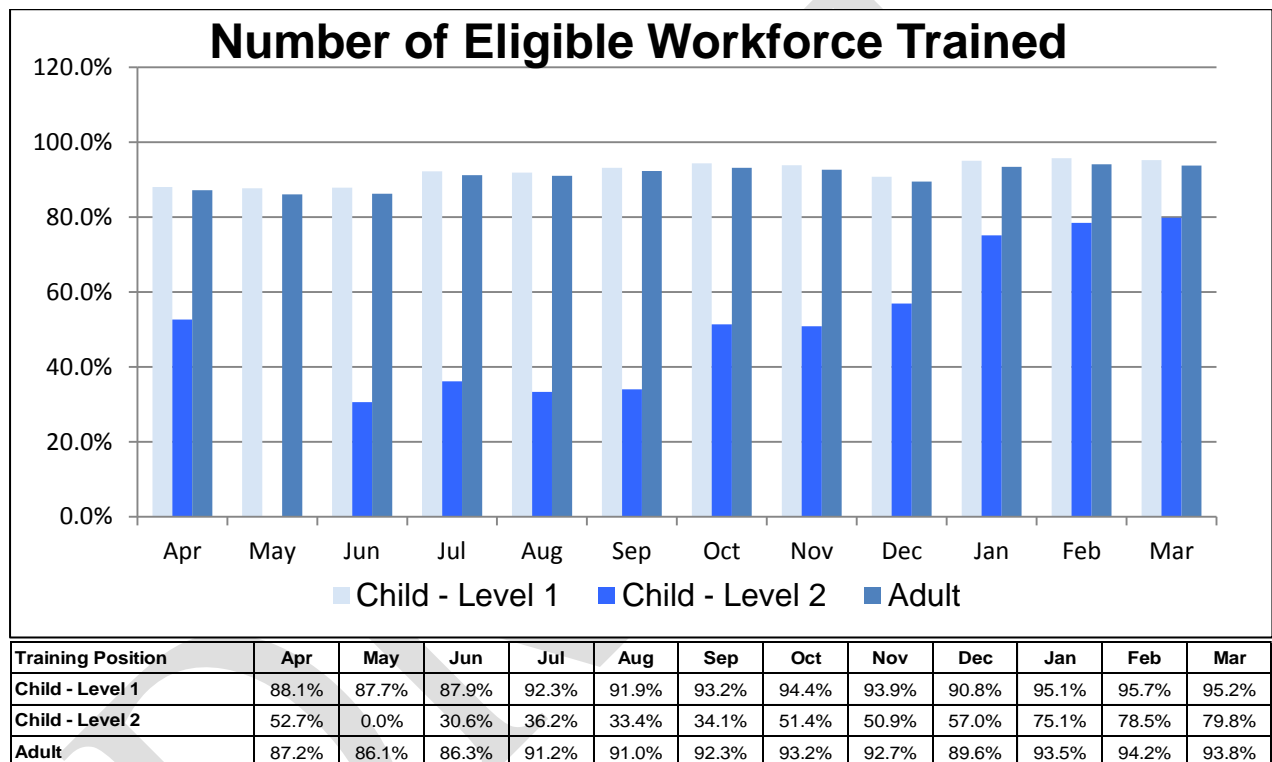
In 2011-12 our staff made the following referrals:



| Referrals | 10/11 | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|-----------------|-------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| CHILDREN | | | | | | | | | | | | | |
| Referrals | 1408 | 122 | 162 | 139 | 155 | 162 | 183 | 245 | 215 | 202 | 233 | 202 | 247 |
| ADULTS | | | | | | | | | | | | | |
| Referrals | 1061 | 64 | 96 | 109 | 137 | 133 | 162 | 180 | 209 | 259 | 197 | 212 | 210 |
| TOTAL | 2469 | 186 | 258 | 247 | 292 | 295 | 345 | 425 | 424 | 461 | 430 | 414 | 457 |

Safeguarding Training

Safeguarding Children Level 1 is basic level training which is required to be completed by all YAS staff. Safeguarding Children Level 2 is more in-depth training and is required by staff who have direct contact with children and vulnerable adults as part of their job.



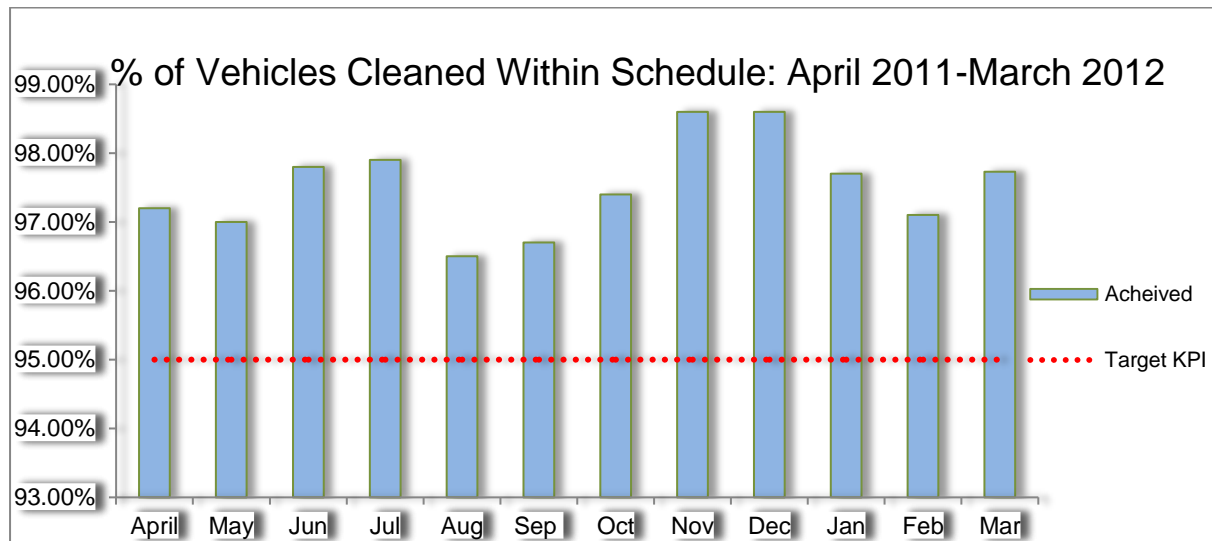
Indicator 8: Vehicle Cleaning and Hand Hygiene

Infection, prevention and control is one of the basic elements of providing safe patient care. At YAS we monitor two key indicators:

- Compliance with vehicle deep-cleaning schedules.
- The compliance of staff with hand hygiene procedures.

In 2011-12 we aimed for 95% of ambulance vehicles to receive a deep clean once every 28 days. This was a challenging target to achieve as high demand for our services meant that vehicles were only off the road for relatively short periods of time. During the year we have recruited additional cleaners and developed our processes to ensure standards are consistently met. We continue to build on our

experience from 2010-11 and the lessons we have learned have helped us to consistently exceed the target of 95%.

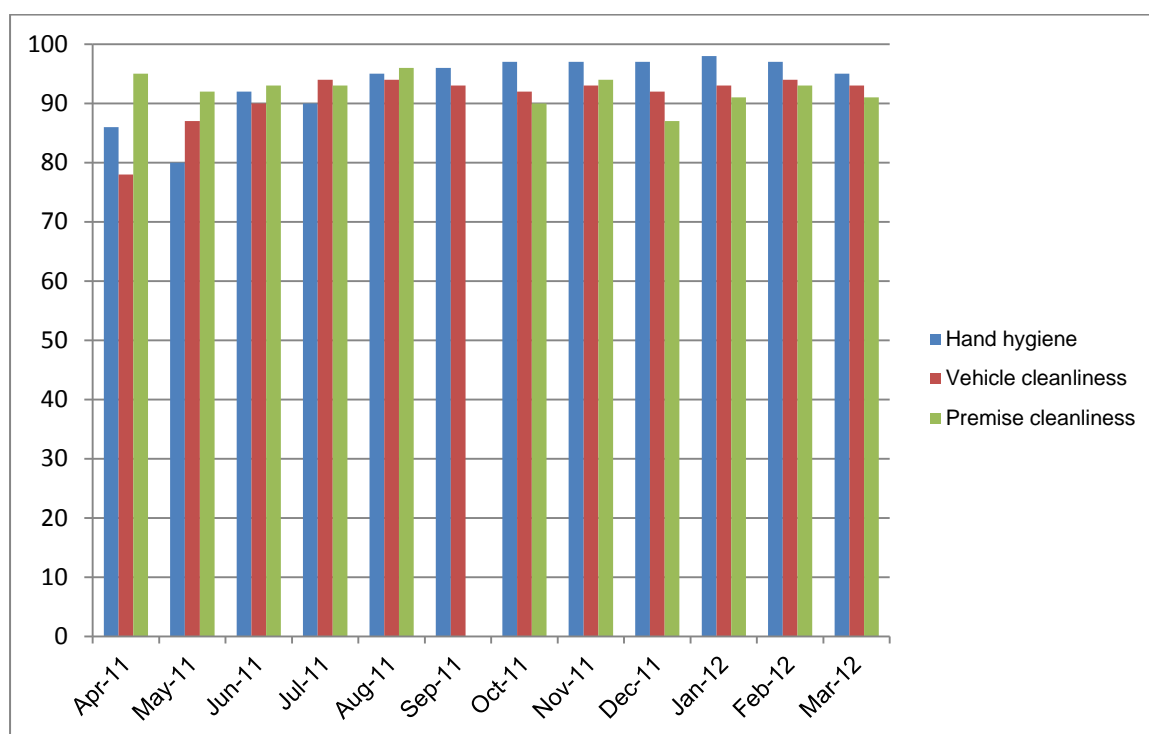


Infection Prevention and Control Audits

YAS has introduced a robust audit process for cleanliness and infection prevention and control. Areas identified to increase compliance throughout the coming year include the following:

- Hand hygiene, all staff members to carry alcohol gel bottle on their person.
- Vehicle cleanliness promotes and increases the reporting of damage to stretchers or upholstery on vehicles.
- Premises' cleanliness, infection prevention and control audit reports to be displayed on notice boards in ambulance stations to increase staff awareness.

Infection Prevention and Control Audits (percentage compliance)



the premises' cleanliness audit was not completed in September 2011 due to a change in the focal area for the audit. The three audits were amended in October 2011 following the Care Quality Commission inspection to focus on areas where improvement was identified.

Indicator 9: Service Experience

Unlike hospital trusts, there is no standard national survey of the experience of ambulance service patients. However, we know that it is vital that the Trust Board has a clear picture of what it feels like to be a patient using our services.

In 2011-12:

- The Patient Experience Group has continued to meet to look at feedback from patients. The group's role includes developing new ways to obtain feedback to get a balanced view from A&E and PTS patients and recognising the diversity of our communities. The group shares the learning from patient feedback with staff and managers so they can improve services for the future.
- Our Trust Board has continued to use patient stories at its public meetings. This has included anonymised case studies and video footage of patients talking about their experiences. By using the voices and experiences of real patients it helps Board members maintain their focus on high quality patient care at all times.

The Dignity and Respect Campaign launched during 2010-11 has continued to focus on the Dignity Code:

- We took advice from staff and patients in developing our YAS Dignity Code.
- It takes best practice from the Department of Health and applies it to an ambulance setting.

Dignity and Respect leaflets have been given to all staff and posters have been placed around the Trust buildings. We also have Dignity and Respect Champions throughout the Trust.

The Dignity Code/dignity and respect is now included in:

- staff Corporate Inductions.
- staff training sessions.
- A dedicated section on dignity and respect on the YAS intranet.
- patient stories (filmed and narrative).
- Modular Object Orientated Dynamic Learning Environment (MOODLE). This is a virtual learning environment containing news and learning information for staff. The site includes forums, patient stories, videos, questions and answers and weblinks. Positive patient experience including dignity and respect is themed throughout.

All our surveys also contained questions relating to dignity and respect.

We have made significant improvements during 2011-12 for patients and service-users to be able to give us their feedback about our services via the following channels:

- We launched the A&E Service-user Experience Survey questionnaire which is accessible to our service-users online. We have sent the same survey/questions to 570 randomly selected service-users on a monthly basis (this is approximately 1% of our 999 calls per month). Although we are pleased with the 25-30% response rate so far, work is on-going to look at ways of improving this. The results have been shared with staff and managers so they can improve services in the future.
- Results from the A&E Service User Experience Surveys indicated a consistent theme, namely the negative experience of patients who underwent telephone triage. The numbers were small, so an additional investigation was performed by way of a 'deep dive' survey during December 2011. The results have been shared with staff and managers so they can take note and any appropriate action on the findings.
- Processes are being improved to ensure patients do not undergo repeated telephone assessments (this trend is evident in the survey narrative responses).
- Call-handlers have improved the explanations they offer to patients when they are transferred for triage.
- Work will progress through the CQUIN (described earlier) regarding public education and raising public awareness of ambulance triage and other healthcare pathways.
- We have placed laminated notices in both A&E and PTS vehicles. The purpose of these is to ensure that service-users are clear about how they can tell us what they

think of our services and also to let patients know that we may contact them to find out what they thought of our services, including how to let us know if they do not want this to happen. The notice displays a telephone number where they can leave a message should they want us to actively send a survey to them.

- During 2011 we revised the comments cards available to all PTS users so that they have larger, easy-read print and added a dignity and respect question. We removed the section asking patients to tell us their details in order to maintain their anonymity.
- We have completed a PTS survey for patients. This contains more questions than the comments cards.
- A repeated theme relating to clinical care of patients with spinal injuries (in particular relating to spinal immobilisation) was recognised. Training on new equipment and spinal immobilisation is now included in the trauma training programme
- A Patient Experience Workplan has been developed for 2012-13.
- We have recorded several patient stories (filming or narrative of their story) as another method of gathering patient experience. These are seen at each Trust Board meeting held in public and are also proving a very powerful learning tool within training.

Results of the PTS Annual Survey for 2011-12:

- Satisfaction is extremely high with the friendliness and helpfulness of staff, feeling safe whilst being transported, and the transport being clean and comfortable in all areas.
- The percentages of respondents ranged from 91% to 100%.
- Respondents are also satisfied with the time the transport picked them up from home, the journey time being an acceptable length, and felt the transport was available when required.
- Some patients expressed that we did not achieve the target to get them in on time for their appointment. Dissatisfaction was shown across all areas with the length of time waiting for transport home. This theme is a key part of the improvement work we are taking forward into 2012/13.



Statements from Local Involvement Networks (LINKs), Overview and Scrutiny Committees (OSCs) and Primary Care Trusts (PCTs)

The regulations of the Health Act 2009 require us to engage in a consultation period of 30 working days with our LINKs, OSCs and lead commissioning PCT for comments on our Quality Accounts prior to publication.

We acknowledge the feedback we have received and are pleased to publish extracts from the statements below from our Lead Commissioner, a selection of the LINKs and OSCs.

In compliance to the regulation we have published the statement from our commissioners in full.

All the views and issues put forward to us, have been considered, some of which have already been addressed. Others will be used as a basis for further discussion and engagement and help us to further improve our services in the year ahead.

NHS Bradford and Airedale statement on Yorkshire Ambulance Service NHS Trust Quality Account 2011-12

NHS Bradford and Airedale (part of the NHS Airedale, Bradford and Leeds cluster PCT) is the lead commissioner for Yorkshire Ambulance Service NHS Trust and has reviewed their draft of the Quality Accounts for 2011-12, ensuring that all lead and associate commissioners' comments regarding the content and presentation have been shared with the Yorkshire Ambulance Service NHS Trust, and have received written assurance from the provider that all commissioner feedback will be incorporated into their final Quality Accounts.

Associate commissioners include:

- NHS Barnsley
- NHS Leeds
- NHS Calderdale
- NHS North Yorkshire and York
- NHS Doncaster
- NHS Rotherham
- NHS East Riding
- NHS Sheffield
- NHS Hull
- NHS Wakefield
- NHS Kirklees

Quality has been described as having three elements: effectiveness, patient experience and safety. These Quality Accounts provide an overview of the delivery of quality against these three dimensions. Overall, it is felt that these Quality Accounts are well presented and demonstrate a commitment by the Yorkshire Ambulance Service NHS Trust to providing safe, high quality care for patients. NHS Bradford and Airedale and the associate commissioners acknowledge the improvements

referenced within these Quality Accounts and in particular the following areas which demonstrate the Trust's on going commitment to quality improvement. Yorkshire Ambulance Service NHS Trust has:

- developed clinical leadership and assessment skills' programmes to be undertaken by staff
- ensured that the right care is delivered to patients at the right time and in the right place.
- demonstrated a commitment to patient, public and staff engagement and has highlighted that this has influenced their future priorities for improvement
- made significant progress in continuing to develop alternative care pathways with health care providers which have the potential to allow more patients to stay at home and reduce hospital admission
- made good progress with the frequent callers work and has been involved in a number of case review meetings to support these individuals. The Trust has also worked collaboratively with the University of York to develop a prediction tool to identify individuals who are at risk of becoming frequent callers
- continued to make improvements in incident reporting and management of Serious Incidents which were targets within the 2010-11 Quality Accounts.

Yorkshire Ambulance Service NHS Trust has demonstrated participation in both national and local clinical audits which demonstrates that the Trust has a commitment to improving practice through review and action.

Yorkshire Ambulance Service NHS Trust has reviewed its priorities for improvement that were set out in their 2010-11 Quality Accounts for achievement in 2011-12. They have provided clear information and evidence that the majority have been achieved and highlighted areas for continued improvement which will be focused on in 2012/13. Specifically the Trust has identified the following:

- Quality targets for PTS have not all been achieved and, in particular, wait times have not shown a significant reduction.
- There is a requirement to develop new ways to better represent the diversity of communities.
- Yorkshire Ambulance Service NHS Trust has met all of the 2011-12 contractual quality requirements and also opted to implement the Commissioning for Quality and Innovation (CQUIN) scheme and has achieved the majority of the targets and in some indicators has actually exceeded the agreed targets.

Associate commissioners' comments include:

- The information in these Quality Accounts is accurate and fairly interpreted as far as the supporting information we have as a commissioner.
- Over the past 12 months, Yorkshire Ambulance Service NHS Trust has worked with commissioners to improve the quality of services for patients and we support the improvement priorities identified for 2012/13 and look forward to working with the Trust to achieve these aims.

The required statements of assurance have been provided, demonstrating achievement against essential standards.

NHS Bradford and Airedale fully supports the future priority areas identified for 2012/13. It is noted that the majority of these are linked to the 2012-13 CQUIN goals and have therefore been agreed as areas for improvement by all commissioners and Yorkshire Ambulance Service NHS Trust.

NHS Bradford and Airedale commend the work of Yorkshire Ambulance Service NHS Trust over the last 12 months and continues to support their commitment to quality improvement.

North Yorkshire Scrutiny of Health Committee

The North Yorkshire Scrutiny of Health Committee (SoHC) recognises that YAS is only required to seek the views of the overview and scrutiny committee (OSC) for the area in which the Trust's head office is located, i.e. the Wakefield OSC. The NY SoHC therefore commends YAS for the way in which it has shared its Quality Accounts with all OSCs in its catchment area. The Trust clearly welcomes patient and public involvement and is entering into the spirit intended for Quality Accounts.

Over the last year Yorkshire Ambulance Service has continued to demonstrate its commitment to engage with the SoHC on developments in healthcare across all of North Yorkshire. In every case these developments have been brought forward by the hospital trusts or by the emerging Clinical Commissioning Groups.

Yorkshire Ambulance Service has always been willing to engage with the Committee and to set out how the developments would impact on Yorkshire Ambulance Service and on patients and to set out the measures that it will be putting in place. In terms of the priorities for 2012-13 we welcome the continued emphasis on response times Priority 1. We are concerned that the Quality Accounts as one of the aims supporting this priority is to “maintain our response times to patients with life-threatening conditions...” Response times in rural areas need to be improved rather than just maintained. However, we do note as Priority 6 there are plans to improve the experience and outcomes for patients in rural and remote areas. Hopefully improved response times will be part of the work. In the past we have commented that in its Quality Accounts Yorkshire Ambulance Service should include measures to work more effectively with the Yorkshire Air Ambulance service covering the county. We suggest that such measures should also be part of your work to improve experiences and outcomes for patients in rural and remote areas.

We fully support a priority to improve the PTS. This is a particular concern in rural areas. Improvements to the quality of care for people with dementia are also welcomed. Both priorities are excellent news.

Summing up we feel that Yorkshire Ambulance Service work on its Quality Accounts demonstrates a strong commitment to improving the quality of care and to sharing information in an open way with the Committee.

County Councillor Jim Clark
Chairman North Yorkshire Scrutiny of Health Committee

Yorkshire Local Involvement Networks: 13 LINKs have been invited, through the Regional Ambulance Group, to contribute to the feedback on the draft Quality Accounts for Yorkshire Ambulance Service. Three LINKs have made contributions and these contributions are summarised by the North Yorkshire LINK host in the following statements:

Yorkshire LINKs are very pleased to provide comments on the Yorkshire Ambulance Service NHS Trust's draft Quality Accounts for 2011–2012.

LINKs involvement with Yorkshire Ambulance Service has focussed on both A&E response and on the ability of the PTS arm to perform to an acceptable standard. LINKs would like to congratulate the Trust on achieving a year-end performance in excess of 75% Red1 target and in the manner it overcame the difficulties of severe weather during the late winter months. However, response times continue to be a priority especially in rural parts of the region.

These draft Quality Accounts are clearly set out and accessible for a public audience and LINKs welcome the Trust's intention to publish a summary version in an easy to read style.

LINKs are very pleased to see that PTS is a priority but would like to suggest an aim of adapting PTS to the changing nature of many clinics which are being moved from hospitals into community settings.

LINKs welcome the aim to improve the care and support for people with dementia.

LINKs recognise that there are few gaps in the Quality Account 2011-12. Gaps that are identified in the document refer to information gaps rather than issue gaps. LINKs would like to see the following included:

- Planned actions to develop patient pathways in addition to diabetes and end of life.
- Patient Safety Alert data.
- An aim of adapting the PTS service to the changing nature of many clinics which are being moved from hospitals into community settings.

It has been very useful to have on-going dialogue regarding the Quality Account in the past and it is strongly suggested that this is developed further in the future.

LINKs would suggest that the Trust should not rely on written feedback from service users.

The LINKs would like to acknowledge the work and support given by Yorkshire Ambulance Service to the February 2012 public event and throughout the last year.

Sheffield LINK

The Sheffield LINK is grateful for sight of Yorkshire Ambulance Service (YAS) NHS Trust's draft Quality Accounts for 2011-12 and welcomes the opportunity to provide comments.

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.

We are pleased that the Trust intends to publish a summary version in an easy-to-read style.

In ***Priorities for Improvement*** we would like to see some specific quantified outcome measures that the Trust are aimed to be achieved over 2012-13.

We would suggest that there is reference to PTS changing due to the nature of many clinics which are being moved from hospitals into community settings.

It is pleasing to see an aim to ***'Improve the care and support for people with dementia'*** as this is a priority area for Sheffield LINK.

The ***'2011-12 Ambulance Response Performance'*** information was very helpful in that it highlighted the 12 PCT areas and identified the differences in response times between them. However we would have liked to have seen figures for the last 3 years as in the Complaints table, so that performance over time can be compared.

The data on ***'PTS 2011-12 Performance'*** would be more useful if broken down into PCT areas.

Sheffield LINK always asks trusts to include information on ***Patient Safety Alerts (PSAs)*** in Quality Accounts. We would like to see information reported in this document on the number of PSAs received during the year, their subjects, the actions taken and status of the Trust in respect of each.

We recognise that we are just one of the 13 LINKs within YAS's area and we do not have any negative feedback to offer from a Sheffield perspective. However, in respect of the ***'Complaints, Concerns, Comments and Compliments'***, there have clearly been some significant increases in negative comments and some reductions in the number of compliments. It would be very helpful if these tables could be presented in a format that permitted an analysis of the differences across and between the 12 PCT areas.

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 improvements to be commended.

Mike Smith

Chair, on behalf of Sheffield LINK

Kirklees Council's Well-Being and Communities Scrutiny Panel

Thank you for providing us with a copy of your Quality Accounts 2011-12 and inviting the Panel's comments on the report.

Members of the Panel have carefully reviewed the information contained within the report, and are broadly supportive of the Trust's priorities as set out in the report. The Panel would welcome further detail on how the Trust hope to achieve a number of the priorities, for example, Priority 6 '*Improve the Experience and Outcomes for Patients in Rural and Remote Areas*'

The Panel notes the engagement of partners, and would like to encourage closer working with scrutiny in Kirklees.

The 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 welcomes this opportunity to comment on Yorkshire Ambulance Service's (YAS's) Quality Accounts.

YAS attended one meeting of the Health, Care and Wellbeing Overview and Scrutiny Sub-committee during 2011-12 to provide the Sub-committee with an update on service provision, and also one meeting to consult with the Sub-committee on the Foundation Trust Application.

The Sub-committee welcomed the fact that YAS took on board comments made on last year's Quality Accounts regarding a lack of reference to Equality and Diversity and that the 2011-12 Accounts acknowledge the importance of Equality and Diversity and has its own section.

The introduction of a new data management system is particularly welcomed so that data across the service is seamless and fully joined up and unnecessary duplication is avoided; all of which saves time and money and will help provide the patient with a better experience.

Although YAS is achieving above the nationally-set response targets overall for both Red 1 and Red 2, the Sub-Committee notes with concern that although response times have improved since 2010/12 figures, East Riding of Yorkshire now has the worst response rate for Red 1 and Red 2. The Sub-Committee acknowledge that the large rurality of the East Riding presents problems for the Service; however, it is vital that the Service continues to work towards increasing these response figures to ensure that response times fall in line with other urban areas across Yorkshire and the Humber region and is at least meeting the nationally-set response targets.

The Quality Accounts state that staff completed a number of surveys throughout the course of the year, yet nowhere is there any indication as to the results/responses of these surveys and therefore any positive outcomes/improvements to the service. The views of staff are an important marker of an organisation's workforce wellbeing and managerial competence and hence an organisation's ability to deliver high-quality care. The Sub-committee would like to see more coverage of this in future

Quality Accounts but do welcome the support given to staff to undertake further professional studies and research.

The Sub-committee welcomed Yorkshire Ambulance Service's involvement in the national project on Cardiovascular Quality and hope that the pilot can be rolled out across the entire service area.

The Sub-Committee hopes that YAS is successful in its bid for the NHS 111 number contract.

In terms of priorities for 2012-13, as noted earlier with regard to performance against ambulance response times, the Sub-committee feel it is imperative that the service prioritises improving response times in the East Riding and welcome this as a Priority for 2012-13. The Sub-committee also welcomes the priority on improved PTS, as there is anecdotal evidence to prove dissatisfaction of patient experience. Likewise, the priority that wishes to improve the experience and outcomes for patients in rural and remote areas is particularly relevant to East Riding patients and therefore the Sub-committee welcome this as a priority.

The Sub-committee also supports the service in its priority raising public awareness to support appropriate use of ambulance services. All too often we hear stories of ambulances being called for inappropriate circumstances and the more people who can be educated on this subject the better.

Bradford LINK

Yorkshire Ambulance Service Quality Accounts were admirably clear in particular the opening section spelt out the aims the Trust had set itself very well. However it was not always obvious how far progress had been made on some of these fronts from the rest of the document.

The readiness of the Trust to give examples of complaints in full was extremely welcome and demonstrated good practice in dealing with complaints, learning from mistakes and putting systems in place to minimise the possibility of these problems recurring.

Could further thought be given to facilitating the response of patients who are too ill, too old or too vulnerable to give feedback by existing methods and have no relatives to speak up for them?

Problems that have been brought to our attention have been to do with delays in serving rural areas eg the Wharfedale area.

We note and welcome improved outcomes for patients by virtue of new equipment and good training of staff. It is now well understood that pre-hospital care is an important factor in optimising outcomes for patients.

We applaud the extent to which the Trust actively seeks to use learning from research findings to improve performance.

We are pleased to see the increased awareness of safeguarding issues and in particular the availability of training for staff in child safeguarding – we would urge that suitable training is also provided in safeguarding vulnerable adults.

Finally we wondered whether or not it would be possible to demonstrate performance by reporting outcomes as well as inputs e.g. in the table for clinical performance indicators would it be possible to report survival rates for patients as well as reporting the rates for procedures undertaken.

DRAFT

Glossary of Terms

| Term/Abbreviation | Definition/Explanation |
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| Accident and Emergency (A&E) Service | A responsive service for patients in an emergency situation with a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention. |
| Advanced Medical Priority Dispatch System (AMPDS) | An international system that prioritises 999 calls using information about the patient as supplied by the caller. |
| Ambulance Quality Indicators (AQIs) | AQIs were introduced in April 2011 for all ambulance services in England and look at the quality of care provided as well as the speed of response to patients. The AQIs are ambulance specific and are concerned with patient safety and outcomes. |
| Ambulance Service Cardiovascular Quality Initiative | The initiative aims to improve the delivery of pre-hospital (ambulance service) care for cardiovascular disease to improve services for people with heart attack and stroke. |
| Assistant Practitioner (AP) | They work on ambulances to assist paramedics/emergency medical technicians in providing the care, treatment and safe transport of emergency and non-emergency patients in a clinically safe and professional environment. |
| 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. |
| British Association for Immediate Care (BASICS) | A group of doctors who provide support to ambulance crews at serious road traffic collisions and other trauma incidents across the region. |
| Bronze Commander Training | A course designed to develop and equip Ambulance Service, health colleagues and Voluntary Aid Society Incident Managers at operational/bronze level to effectively manage major/catastrophic incidents |
| Business Delivery Committee (BDC) | The BDC is responsible for managing risks relating to operational performance, finance and workforce, as well as monitoring and reviewing these elements of the Board Assurance Framework. |
| 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. |
| Capital Cost Absorption Rate | The process whereby the cost of capital is taken account of fully (absorbed) in an organisation's costs. |
| Capital Programme | Details the capital investment plans for the Trust. |
| Capital Resource Limit (CRL) | CRLs are set by the Department of Health and are a measure of capital expenditure less disposal of assets, grants and donations. |
| Cardio-pulmonary | A procedure used to help resuscitate a patient when their |

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| Resuscitation (CPR) | heart stops beating and breathing stops. |
| Care Quality Commission (CQC) | An independent regulator responsible for monitoring and performance measuring NHS organisations. |
| 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 is responsible for the operation of the Board, chairs all Board meetings (when present) and facilitates the effective contribution of all executive and non-executive directors. The Chairman ensures effective communication with patients, members, clients, staff and other stakeholders. |
| Chief Executive Officer (CEO) | Highest-ranking officer in an organisation. |
| Clinical Hub | A team of clinical advisors based within the Emergency Operations Centres proving support for patients with non-life-threatening conditions. |
| Clinical Pathways | The standardisation of care practices to reduce variability and improve outcomes for patients. |
| Clinical Performance Indicators (CPIs) | CPIs were developed by ambulance clinicians and are used nationally to measure the quality of important areas of clinical care. They are designed to support the clinical care we provide to patients by auditing what we do. |
| Clinical Team Educator (CTE) | Undertakes operational frontline duties and facilitates the development of clinical staff and helps them to practice safely and effectively by carrying out regular assessment and revalidations. |
| Clinical Team Leader (CTL) | Works on the frontline as part of the operational management team to achieve departmental objectives and key performance indicators. |
| Commissioners | Ensure that services they fund can meet the needs of the patient. |
| Commissioning for Quality and Innovation (CQUIN) | A payment framework which makes a proportion of providers' income conditional upon the achievement of quality and innovation targets. |
| 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. |
| Department of Health (DH) | The government department which provides strategic leadership for public health, the NHS and social care in England. |
| Development And Validation of Risk-adjusted Outcomes for | A research project to identify patient characteristics that predict survival. |

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| Systems of Emergency Medical Care (DAVROS) | |
| 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 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 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. |
| External Financing Limit (EFL) | The EFL is a limit set by the Department of Health on the Trust's cash expenditure. |
| Face, Arm, Speech Test (FAST) | A brief test used to help determine whether someone has suffered a stroke. |
| Foundation Trust (FT) | NHS Organisations which operate under a different governance and financial framework. |
| Foundation Trust Development Group | YAS Chair, Trust Executives. |
| General Practitioner (GP) | A physician who is not a specialist but treats all illnesses. |
| Governance | The systems and processes, by which health bodies lead, direct and control their functions, in order to achieve organisational objectives, and by which they relate to their partners and wider community. |
| GP Consortia | GP Consortia will be replacing Primary Care Trusts (PCTs) officially from April 2013. They will be responsible for commissioning healthcare services in England. |
| Green Calls | Previously known as Category B calls. A serious condition which is not immediately life-threatening e.g. controlled haemorrhage, overdose/conscious etc. The objective is to provide paramedic intervention as soon as possible. |
| 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. |
| Human Resources (HR) | A function with responsibility for implementing strategies and policies relating to the management of individuals. |
| 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 |

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| | 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 Yorkshire Ambulance Service department consists of the IT Service Desk, Voice Communications team, IT Projects team and Infrastructure, Systems and Development team which deliver all the Trusts 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. |
| Integrated Governance Committee (IGC) | Responsible for monitoring management of the Trust's operating systems and procedures to provide assurance to the Board on governance and compliance. |
| 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) | Made up of individuals and community groups, such as faith groups and residents' associations, working together to improve health and social care services. |
| Major Trauma | Major trauma is serious injury and generally includes such injuries as: <ul style="list-style-type: none"> • traumatic injury requiring amputation of a limb • severe knife and gunshot wounds • major head injury • multiple injuries to different parts of the body e.g. chest and abdominal injury with a fractured pelvis • spinal injury • severe burns |
| Major Trauma Centre | A network of 22 new centres specialising in treating patients who suffer from major trauma |
| MCADD (Medium chain acyl-CoA dehydrogenase deficiency) | MCADD is a rare inherited disorder where the body cannot metabolise fat properly the disease affects about one in 10,000 babies born in the UK |
| Mental Capacity Act (MCA) | Designed to protect people who can't make decisions for themselves or lack the mental capacity to do so. |
| Monitor | Monitor is the independent regulator of NHS foundation trusts. |
| Myocardial Infarction (MI) | Commonly known as a heart attack, an MI is the interruption of blood supply to part of the heart, causing heart cells to die. |
| Myocardial Ischemia National Audit Project (MINAP) | A national database gathering information on all patients who have had a heart attack or who have acute coronary syndromes. |
| National Health Service (NHS) | Provides healthcare for all UK citizens based on their need for healthcare rather than their ability to pay for it. It is |

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| | 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 which 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 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. |
| Non-executive Directors (NEDs) | Oversee the delivery of ambulance services for the local community 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. |
| Organisational Development (OD) | The OD team works with all staff to support YAS in becoming a clinically-focused organisation by developing structures, processes and behaviours. |
| Overview and Scrutiny Committee (OSC) | Local authority bodies which provide scrutiny of health provision in their local area. |
| Paramedic | Senior ambulance service healthcare professionals at an accident or medical emergency. Working alone or with an assistant practitioner or emergency care technician, they assess a patient's condition and provide essential treatment. |
| Paramedic Practitioner | Paramedic practitioners come from a paramedic background and have additional training in injury assessment and diagnostic abilities. |
| Patient Report Form (PRF) | A comprehensive record of the care provided to patients. |
| Patient Transport Service (PTS) | A non-emergency medical transport service, for example, to and from out-patient appointments. |
| Personal Development Reviews (PDRs) | The PDR process provides a framework for identifying staff development and training needs and agreeing objectives. |
| Personal Digital Assistants (PDAs) | Small computer units which help to capture more accurate data on Patient Transport Service performance and journey times and identify areas which require improvements. |
| Primary 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. |
| Primary Percutaneous Coronary Intervention (PPCI) | An emergency procedure used to treat a heart attack. |
| Private and Events Service | Includes medical cover for football matches, race meetings, concerts, festivals and so on. It also provides ambulance transport for private hospitals, corporations and individuals. |
| Quality Strategy | Framework for the management of quality within YAS. |
| Red 1 and 2 Calls (R1) (R2) | Previously referred to as Category A calls. An immediate life-threatening situation requiring emergency assistance e.g. cardiac arrest, choking, uncontrolled haemorrhage etc. The objective is to provide immediate aid to apply life-saving skills supported by paramedic intervention. |

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| 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. |
| Safeguarding | Processes and systems for the protection of vulnerable adults, children and young people. |
| Safety Thermometer | The NHS Safety Thermometer is a tool designed to help hospitals understand where they can potentially cause harm to patients |
| 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 Untoward Incidents (SUIs) | 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. |
| Statement on Internal Control | The means by which the Accounting 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 Account. |
| ST Elevation Myocardial Infarction (STEMI) | A type of heart attack. |
| Strategic Health Authority (SHA) | SHAs manage the NHS locally and provide an important link between the Department of Health and the NHS. |
| Yorkshire Air Ambulance (YAA) | An independent charity which provides an airborne response to emergencies in Yorkshire. |
| Yorkshire Ambulance Service (YAS) | The NHS provider of emergency and non-emergency ambulance services in Yorkshire. |

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