Yorkshire Ambulance Service NHS
NHS Trust

An Aspirant Foundation Trust

Quality Accounts 2012-13

Draft V4

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Statement on Quality from the Chief Executive

Every day Yorkshire Ambulance Service staff respond to around 2000 patients in emergency and urgent situations and transport over 6000 patients to and from hospital for routine appointments. Those working as frontline clinicians, drivers and call takers are supported by our teams in services such as Information Technology, fleet, estates, human resources and finance.

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

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

Our People

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

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

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

Developing Our Services

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

- Saving the lives of more people suffering major trauma

- Increasing the number of patients receiving appropriate clinical advice rather than an ambulance response
- Providing the NHS 111 service for our region to meet the needs of people needing urgent care
- Introducing new technology to enable our clinicians to create electronic patient report forms and access other records and care plans.

Quality is at the heart of all these service developments which are aimed at getting patients to the best source of care for their needs, as quickly as possible. Developing the way we respond to patients needing **urgent care** is a particularly important focus as the NHS 111 service emerges. Within our A&E and PTS services we are also looking at the way we respond to patients needing urgent care who contact us via 999 and we have now appointed a Lead Nurse for Urgent Care to lead this work. Key themes within the Urgent Care Strategy are:

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

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

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

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

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

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

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

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

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

Our Internal Systems

Internal systems act as important safeguards for the quality of care. Our monitoring systems check how we are performing against key performance indicators and allows us to identify areas where we are performing well and where we may need to take action. We have a set of **quality indicators** which forms part of our Trust performance report and the dashboards for each local area – these include numbers and types of incidents reported, complaints and concerns, compliance with infection prevention and control standards, numbers of safeguarding referrals and results of patient experience surveys. Supporting these paper reports, we also have a programme of unannounced Inspections for Improvement and the Directors' and Associate Directors Listening Watch scheme (see page 15)

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

Having high quality data about incidents and complaints is a vital part of any quality management system. The **incident management system** has being replaced, in April, to provide us with improved reporting analysis capabilities.

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

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

External Assessment

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

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

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

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
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 Objectives

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

Priorities for Improvement 2013-14

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

Our engagement work is summarised on p[X] and has included LINks, our expert patient, health scrutiny committees, patient-representative groups and commissioners.

From the consultation exercise three particular proposals were identified:

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

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

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

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

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

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

To achieve this target we will need to:

- Produce information showing our performance against the AQIs for the four rural areas
- Develop and implement plans to roll out the schemes developed in 2012-13 and develop new schemes

- Evaluate the success of the schemes both through achievement against AQIs and through a patient satisfaction survey.

Priority 2: working with care and residential homes

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

To achieve this target we will need to:

- Develop an information dashboard showing calls from nursing/residential homes who call YAS most frequently.
- Agree plans for engaging with care/residential homes to develop new pathways and educational opportunities
- Monitor the dashboard information to evaluate the effectiveness of the work described above.

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

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

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

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

To achieve this target we will need to:

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

Priority 4: public education

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

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

To achieve this target we will need to:

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

Priority 5: PTS improvement

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

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

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

To achieve this target we will need to:

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

Measuring, Monitoring and Reporting

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

Patient Story
Mr H lives in the Sheffield area. During 2011, Mr H told us that he went through a difficult period including divorce, redundancy and living in undesirable accommodation. It was around this time that his alcohol intake increased until eventually he said he was drinking an average of up to one litre of whisky a day.

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

Mr H told us that it didn't take long before he was contacted by the Fitzwilliam Centre (part of the Sheffield Care Trust Substance Misuse Service). He said the help he was offered included counselling, a support group and medication. He was also signposted to other support services (such as housing and financial advice).
When we spoke to Mr H he said he was very pleased to say that he hadn't been drinking for over 6 months and that his quality of life had improved immensely. He told us that he still attends counselling sessions which he finds beneficial and that he considers himself very lucky that he hasn't suffered any liver or brain damage.

Mr H wanted to give a message to ambulance staff:

"Someone in my state wouldn't often seek help themselves or are often not in a state to do so. I would like to give a message to all ambulance crews to take ***every opportunity*** *to try and refer patients with alcohol problems; it might seem as if it will fall on stony ground but on* ***every occasion*** *they should try. The input from the crew was invaluable for me and could be for others too."*
In terms of the ambulance service, I would like to say thank you very much for their help; on each occasion they did a great job; arriving, treating me and transporting me to hospital quickly.
All in all my overall experience of NHS services has been excellent. Thank you again, I am very grateful!"

Statements of Assurance from the Trust Board

The 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 2012-13

During 2012-13 YAS provided seven NHS services:

- Accident and Emergency (A&E) response (this includes handling 999 calls and providing an Emergency Care Practitioner (ECP) service)
- Patient Transport Service (PTS) for eligible people who are unable to use public or other transport because of their medical condition
- Resilience and Special Services – planning our response to major and significant incidents such as flooding, public transport incidents, pandemic flu and chemical, biological, radiological or nuclear incidents.
- GP Out-of-Hours call handling service for:
    - NHS South of Tyne and Wear
    - NHS North Yorkshire and York
    - NHS East Riding of Yorkshire
    - NHS Hull.
- Vehicles and drivers for the Embrace Neonatal Transport Service
- Clinicians to work on the two Yorkshire Air Ambulance service helicopters
- NHS 111 service for access to urgent care (from 5 March 2013).

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

- Critical care bed-base helpline
- Telephone provision for out-of-hours District Nurse service
- Community and commercial education to schools and public/private sector organisations
- Private and events service – emergency first aid cover for events such as concerts, race meetings and football matches; and private ambulance transport for private hospitals, repatriation companies and private individuals.

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

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

Participation in Clinical Audit

Yorkshire Ambulance Service NHS Trust (YAS) has continued to keep quality governance as one of its main priorities for 2013-14.
We are committed to delivering effective clinical audits in all the clinical services we provide and see clinical audits as a cornerstone of our arrangements for developing and maintaining high quality patient centred services. Our Clinical Audit Policy sets out how we use clinical audits to confirm that our current practice compares favourably with evidence based best practice and to ensure that, where this is not the case, changes are made to improve quality of care received by our patients.

The results of clinical audits are monitored by and reported to the Clinical Governance Group.

During 2012-13 two national clinical audits, and no national confidential enquiries, covered NHS services that YAS provides.
During that period YAS participated 100% national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in:

1. Myocardial Ischemia National Audit Project (MINAP)/National Infarct Angioplasty Project (NIAP). This is a national database which gathers information on all patients who have had a heart attack or suffer acute 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) audit. A governmental audit looking at improving the role of ambulance services in delivering alternative care models for patients.

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

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

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

Learning from Clinical Audit

The reports of two national clinical audits were reviewed by YAS in 2012-13 and YAS has taken the following actions to improve the quality of healthcare provided:

- Staff education and awareness training.
- Implementation of data exchange processes between YAS and regional acute trusts for the validation of MINAP data.
- Spot audits regularly conducted by Clinical Managers.
- More focus placed on STEMI and cardiac arrest as part of CPIs and ACQIs.

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

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:

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

The reports of local clinical audits were reviewed by the Clinical Directorate and YAS will develop on-going initiatives to further improve standards of care.

Listening Watch

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

NICE Guidance and NICE Quality Standards

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

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

- *Diagnosis and management of headache in young people and adults* – changes were made to the practice of our Emergency Care Practitioners regarding their prescription of aspirin
- *Significant haemorrhage following trauma: tranexamic acid* – we reviewed and revised our authorisation documentation (Patient Group Directive) for the use of this drug.

In 2012-13 there were 12 Quality Standards published by NICE. Five were identified as having content relevant to YAS. YAS already met the criteria for two standards and did not require a change of practice. Three, relating to asthma, epilepsies in adults and epilepsies in children and young people, are not anticipated to require changes in practice but are being reviewed by the Clinical Directorate to check that

the best practice is embedded in our systems and processes and reinforced in training.

Patient Safety Alerts

In 2012-13, the National Patient Safety Agency issued zero Patient Safety Alerts, which may have been relevant to YAS.

Participation in 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 offer 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 2012-13 YAS took part in 5 research studies approved by an ethics committee:

1. **ATLANTIC – Drug Trial**

   During 12-13 sixteen patients have taken part in a commercially sponsored multi-national randomised controlled trial testing whether the use of an antiplatelet drug in ambulances, compared to on arrival in angioplasty departments, improves outcomes for patients having primary percutaneous angioplasty following a heart attack. YAS has recruited 18 patients in total to this trial, which is currently open in 10 countries, with over 1000 patients recruited

2. **Developing Outcome Measures for Pre-hospital Care**

   This study aims to develop methods for measuring processes and outcomes of pre-hospital care. It uses literature review and consensus methods to create a dataset to routinely link pre-hospital, hospital and mortality data; developing methods to measure proposed indicators, and explore the practical use of the developed models. This study is a five year programme of work led by East Midlands Ambulance Service and the University of Sheffield, which began in December 2011.

3. **Decision Making and Safety in Emergency Care Transitions**

   This study is designed to find out what is currently known about safety in pre-hospital emergency care and, what are the key influences on safe decision making by emergency care staff directly involved in the care and transition of patients. This study is a fifteen month programme of work led by the University of Sheffield, which started 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.

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

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

5. **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 was carried out by a student at the University of Sheffield and is complete. A report has been provided, and an article accepted for publication in the Emergency Medicine Journal.

A further 4 academic or student studies not involving patients were approved by university ethics committees:

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

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

7. **RESPECT - Paramedic interpretation of electrocardiograms**

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

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

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

9. **A comparative study questioning if YAS could reduce harm in frontline staff through mitigation?**
   This student project will use interviews with staff combined with anonymised staff sickness data to explore how YAS could improve how we care for staff at risk of harm.

The number of patients receiving NHS services provided or sub-contracted by YAS in 2012-2013 who were recruited during that period to participate in research approved by a research ethics committee was 24, plus 31 staff

In 2012-13 we also:

- Nurtured our research champions to promote and encourage the principles and benefits of research

- Worked with three Comprehensive Local Research Networks (CLRNs) and two Higher Education Institutes to develop and carry out clinical research. These were:

    - West Yorkshire CLRN.
    - South Yorkshire CLRN
    - North East Yorkshire and North Lincolnshire CLRN.
    - University of Sheffield School of Health and Related Research.
    - University of Loughborough.

Publications

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

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

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

Goals Agreed with Commissioners

A proportion of YAS's income in 2012-13 was conditional on achieving quality improvement and innovation goals agreed between YAS and any person or body we entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Our 2012-13 A&E CQUIN goals were:

- Improving outcomes and experience for patients in rural and remote areas
  ✓achieved

- Reducing conveyance to emergency departments
  ✓achieved

- Improving patient safety by understanding the levels of harm in the ambulance service
  ✓achieved

- Improving the assessment of patients with dementia through education
  ✓achieved

- Increasing public awareness of the role of the ambulance service.
  ✓achieved

Our 2012-13 PTS CQUIN goals were:

WEST YORKSHIRE

- Developing a number of initiatives focused on reducing abortive journeys
  × not achieved

- To obtain and use patient feedback on their experience of PTS from all groups who access the service
  ✓achieved

NORTH YORKSHIRE

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

HULL & EAST YORKSHIRE

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

SOUTH YORKSHIRE

- To obtain and use patient feedback on their experiences of PTS from seldom-heard groups who access the service in South Yorkshire
  ✓achieved
- Improve the percentage of online PTS bookings made by healthcare professionals

✓achieved

- Deliver short-term interventions during April-June 2012 and July-September 2012 to reduce the length of the longest waits for patients post-appointment whilst developing long-term sustainable changes to service modelling.
  × not achieved

EMERGENCY CARE PRACTITIONER

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

Patient Story

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

A permanent female resident was extremely unwell and ambulance assistance was called for. The patient had a do not resuscitate order in place which was given to the ambulance clinician to take to the hospital with the patient.

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

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

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

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

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

Care Quality Commission (CQC)

YAS is required to register with the CQC and its current registration status is fully compliant. YAS has no conditions on registration.
The CQC has not taken enforcement action against YAS during 2012-13.

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

The CQC carried out an unannounced inspection of YAS on 22-25 January 2013. They inspected compliance with seven of the Essential Standards of Quality & Safety:

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

National Health Service Litigation Authority (NHSLA)

YAS is currently compliant to the NHSLA standards to Level 1 as assessed in November 2012. YAS is committed to achieving Level 2 status.

Data Quality

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

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

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

The clinical information assurance IG Toolkit requirements include assessment that there are adequate skills, knowledge and experience within the organisation in relation to information quality and records management and additionally that there are procedures in place to ensure the accuracy of service user information on all systems and in all records that support the provision of care.

The effectiveness of all organisations is improved by access to good information. 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 2012-13 YAS took the following actions to maintain and improve our data quality:

- Our Business Intelligence team provide daily and monthly data quality reports to help managers monitor and improve reporting and data quality in their teams and measure data quality results.

- We have continued to utilise 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 used the IAO quarterly information risk assessment process to help provide assurance that IAOs undertake data quality checks in their areas.

- Internal auditors have carried out checks on three of the 11 Ambulance Quality Indicators. This was to ensure that the information reported was accurate and complied with the Department of Health Technical Guidance for the Operating Framework.

During the year the Trust's Business Intelligence Information Manager was appointed the National Ambulance Information Group lead for data quality. This has been a good opportunity to share best practice and gain consistency on how ambulance services monitor and measure data quality.

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

- We will continue to work with internal/external auditors to assess the Trust's overall approach to data quality and develop an improvement plan.

- We will continue to develop data quality reports for managers to help them monitor and improve data quality in their teams.

- We will develop key performance measures to drive improvement in data quality and monitor progress.

- Our IAOs will continue to improve the quality of information within their departments and provide evidence of the same.

- We will continue to raise awareness of data quality amongst all staff through the quarterly IAO information risk assessment process and help to embed best practice throughout the Trust through the provision of training workshops.

- We will continue to nationally lead on data quality and ensure that best practice is shared and information audits are carried out in other services.

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

- 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 is now shadow reporting in relation to Payment by Results (PBR) and is expected to fully implement the scheme during 2013-14. PBR clinical coding audit results and error rates for diagnoses and treatment coding (clinical coding) would be expected to be measured as part of the scheme.

Engaging with Staff, Patients and the Public about Quality

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

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

In December 2012 we launched a survey via our intranet (for staff), website (for patients and the public) and with email and paper versions sent out to Foundation Trust members, LINks and Health Overview and Scrutiny Committees. The survey gave people the opportunity to rank a set of possible indicators according to how strongly they felt they should be included in the Quality Accounts. People were also encouraged to send us more detailed narrative comments about their views of quality and the priorities we should be setting for the year ahead.

The results showed that our stakeholders were particularly interested in indicators of patient safety. The indicators with the top ten scores have all been included in the following section of the Quality Accounts.

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

asked for the results of patient feedback to be published in the Quality Accounts and this has been included in the following section.

Performance Against Mandatory Quality Indicators

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

Ambulance trusts are required to report:

- **Red ambulance response times** – percentage receiving an emergency response in 8 minutes, percentage receiving an ambulance response within 19 minutes
- **Care of STEMI patients** – percentage of patients who receive an appropriate care bundle
- **Care of stroke patients** – percentage who receive an appropriate care bundle
- **Staff views on standards of care** – percentage of staff who responded to the NHS staff survey that they agree or strongly agree that if a friend or relative needed treatment they would be happy with the standard of care provided by the trust
- **Reported patient safety incidents** – percentage of patient safety incidents that have resulted in severe harm or death.

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

Red ambulance response times

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

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

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

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

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

Care of STEMI and Stroke Patients

(From latest figures published by the Health and Social Care Information Centre – to 30 September 2012)

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

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

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

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

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

The Yorkshire Ambulance Service NHS Trust has taken the following actions to improve this percentage

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

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

Staff views on standards of care

The figures below are taken from the 2012 YAS staff survey. This is the first time that this question has been asked in this format.

	YAS 2012	National Average 2012	Highest – 2012	Lowest – 2012
Proportion of staff who agree or strongly agree that if a friend or relative needed treatment they would be happy with the standard of care provided by the Trust	56%	56%	73% - South West Ambulance Service Foundation Trust	36% - East Of England Ambulance Service NHS Trust

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

- YAS uses the information provided by the annual staff survey as a key driver for its annual trust and departmental business plans
- To achieve the best for our patients we are committed to providing a supportive and positive working environment for our staff
- During 2012-13 we have undertaken work to promote our employee wellbeing scheme and to develop and improve the communications channels between managers and staff.

The Yorkshire Ambulance Service NHS Trust has taken the following actions to improve this percentage.

- The 2011 staff survey told us that we could improve in a number of areas, including:
  - Ensuring staff receive Personal Development Reviews
  - Ensuring staff get recognition for positive work
  - Improving staff communication, involvement and consultation
  - Helping staff achieve a positive work-life balance
  - Supporting staff to stay healthy.
- We used these results to develop an action plan for 2012-13.

Reported patient safety incidents

(This information is based on incidents which occurred between 1 October 2011 and 31st March 2012 and were reported to the National Reporting and Learning System by the 31st May 2012. The next report is due for publication during March 2013)

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

	1 April 12 to 31 Sept 12				1 Oct 11 to 31 March 12			
	YAS	**National Average**	**Highest**	**Lowest**	**YAS**	**National Average**	**Highest**	**Lowest**
Number of patient safety incidents reported	224	225	412 - South West Ambulance Service	63 – East Midlands Ambulance Service	323	194	431 – South West Ambulance Service	56 – East Midlands Ambulance Service
Proportion of incidents resulting in severe harm or death	0.4%	1.2%	7.1% - South West Ambulance Service	0% - South West Ambulance Service	0.6%	1.9%	14.6% – Great Western Ambulance Service	0% – North West, East Midlands, West Midlands and East of England ambulance services

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

The Yorkshire Ambulance Service NHS Trust has taken the following actions to improve this percentage

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

Performance against Priorities for Improvement 2012-13

1. Ensure that the response from the ambulance service meets the needs of local populations	**Achievement**	
a. To maintain our response times to patients with life threatening conditions in line with the nationally agreed indicator to reach 75% of these patients within eight minutes	We have reached 75.3% of patients with life-threatening conditions (Red calls) within eight minutes. For a breakdown of performance by PCT please see p[x]	✓
b. To maintain our response times to patients with life threatening conditions in line with the nationally agreed indicator to reach 95% of these patients	We have reached 97.0% of patients with life-threatening conditions (Red calls) within 19 minutes. For a breakdown of performance by PCT	✓

within 19 minutes	please see p[x]	
c. To maintain the national average for each AQI.	The work led by clinical and operational managers (see p[x]) is already achieving a positive improvement	✗
d. To improve patient experience	Results of patient surveys show that patients highly value the care provided by YAS staff. 96.2% of patients said that, overall, they were happy with the ambulance service they received.	✓
e. To continue to work with our healthcare partners in maintaining and improving existing and new patient pathways	New or revised pathways introduced in 2012-13 include: Mental Health, Alcohol, COPD, Falls, End of Life, Stroke and Cardiac.	✓
f. To further develop our Clinical Hub to provide more advice and guidance for ambulance clinicians.	The YAS Clinical Hub, situated in the Emergency Operations Centre, acts as a single point of advice for ambulance clinicians to access information about current referral pathways.	✓

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

3 Improving Patient Transport Service (PTS) Performance	**Achievement**	
a. To measure our performance against quality targets and reduce waiting times for all patients.	We have agreed waiting time targets with each of our four commissioning consortia. We have reduced waiting times compared to 2011-12, in some cases up to 25% improvement; however we have not met all our	

	targets. Our PTS Turnaround programme is leading the work, in partnership with commissioners, Acute Trusts and Patients, to reduce waiting times (see p[x] for more detail)	
▪ Map the timings of individual clinics and use this to plan return journeys that better match when patients are ready to be transferred	Completed	✓
▪ Improve patient satisfaction for all patients using PTS by postal questionnaires, holding patient/carer and patient representative focus groups	Completed.	✓
▪ Target specific patient groups- renal, oncology, wheelchair users, and patients with learning disabilities	Completed.	✓
▪ To analyse and develop action plans from focus groups and continually monitor and manage changes	Completed. Learning from focus groups is being developed into recommendations to inform service improvements for 2013-14	✓
▪ To understand the different needs of specific patient groups and how they use our service, to refine and improve PTS.	Completed. Learning from focus groups is being developed into recommendations to inform service improvements for 2013-14	✓
▪ Deliver the CQUIN schemes agreed with the commissioning consortia.	All CQUIN payments up to Q3 have been achieved. It is expected that more than 90% of the CQUIN targets will be achieved.	✓

4. Implementation of Clinical Leadership Framework	**Achievement**	
a. Increase the number of clinical leaders who have received clinical leadership training and development.	166 clinicians have completed the clinical leadership module run by Bradford University. Two new courses have been commissioned to ensure all new clinical supervisors and	✓

	clinical development managers have a place.	
b. Deliver bespoke clinical leadership and clinical assessment skills training.	The newly developed Clinical Competency Portfolio has been launched. This is completed by practitioners following assessment by their clinical supervisor on an agreed set of skills and competencies. It also details an escalation plan when practitioners fall below the expected standard.	✓
c. Evaluate the impact of implementing the Clinical Leadership Framework.	On-going	

5. Implementation of the National Trauma Strategy		
a. To implement a Major Trauma Triage Tool to enable major trauma to be identified.	Completed	✓
b. Introduce systems which ensure patients suffering major trauma are conveyed straight to hospitals with specialist teams and equipment who are able to best treat their serious injuries. This may mean not taking the patient to the nearest hospital.	Completed	✓
c. Provide an Enhanced Care Team of specialists, including trauma-trained paramedics and doctors, in the emergency operations centres (EOCs) who will coordinate a network wide trauma response.	Completed	✓
d. Support the EOC with an experienced paramedic presence 24 hours a day, seven days a week.	Completed	✓
e. Enhance trauma training to include interventions which clinicians can deliver to patients who suffer major trauma.	In 2011-12 over 90% of our clinicians received training in new equipment and techniques for managing trauma. In 2012-13 we have increased the delivery of the initial training package and introduced a new piece of equipment, the kendrick splint, for all clinicians.	✓

		Paramedics have also been trained to administer two new drugs. Clinicians received this training during their clinical update days. At February 2013 67% of assistant practitioners, 63% of technicians and 58% of paramedics had received these updates.	
f.	Evaluate the impact of the trauma plan.	On-going. An evaluation methodology has been established with Yorkshire & Humber Public Health Observatory	✓

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

7.	**Improve the Quality of Care and Support for people with Dementia**		
a.	Launch a YAS Dementia Awareness campaign for Dementia Awareness Week (w/c 20 May 2012).	Completed	✓
b.	Develop a Dementia Awareness Guide for all staff.	Completed	✓

c.	Produce a modular Dementia Awareness course on the Trust's virtual learning environment (VLE) to be accessible to all staff	Completed	✓
d.	Incorporate Dementia Awareness training into all new operational basic training courses	Completed	✓
e.	Recruit 'Dementia Care' champions to raise awareness of dementia care within the Trust	Completed	✓
f.	Incorporate Dementia Awareness into statutory and mandatory training for all staff by April 2013	Completed	✓

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

9.	**Raising Public Awareness to Support Appropriate Use of Ambulance Services**		
a.	Analyse any existing public awareness campaigns	Completed	✓
b.	Identify target audiences for each audience group	Completed	✓
c.	Develop educational tools and resources	Completed	✓
d.	Utilise a variety of methods to engage with the public and communicate our key messages	YAS took an integrated communications approach linked with the NHS Choose Well campaign. New information leaflets were	✓

	distributed and community engagement events and key messages received widespread media coverage. Targeted face-to-face communications to frequent callers, such as care homes, helped to reduce the number of 999 calls they made.	

Review of Quality Performance 2012-13

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

Operational Performance

A&E Operational Performance by Primary Care Trust (PCT) Area
In 2012-13 YAS achieved both the national standards for red calls – to reach 75% of patients within eight minutes and 95% of patients within 19 minutes. We also improved in comparison to other ambulance services. This is a significant achievement and demonstrates how we are improving quality despite an increase in demand of over 4%.

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

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

Category R1 and R2 calls				
	2011-12		2012-13	
PCT	**8 Minute %**	**19 Minute %**	**8 Minute %**	**19 Minute %**
North Yorkshire and York PCT	71.3%	94.9%	71.5%	93.2%
East Riding of Yorkshire PCT	69.9%	94.5%	70.2%	92.5%
Hull PCT	90.7%	99.8%	89.2%	99.4%
Bradford and Airedale PCT	74.1%	98.2%	74.6%	97.4%
Calderdale PCT	78.8%	97.9%	80.1%	97.7%
Kirklees PCT	74.8%	98.2%	74.8%	97.8%
Wakefield District PCT	76.9%	98.7%	74.8%	97.5%
Leeds PCT	75.7%	98.8%	75.3%	98.2%
Barnsley PCT	75.9%	99.2%	73.0%	98.0%
Doncaster PCT	74.6%	98.6%	75.7%	97.1%
Rotherham PCT	75.4%	99.0%	74.5%	98.1%
Sheffield PCT	78.0%	99.2%	76.8%	98.2%
Yorkshire Ambulance Service	**75.7%**	**97.9%**	**75.3%**	**97.0%**

Patient Safety

Adverse Incidents

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

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

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

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

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

Number of adverse incidents

New Incidents Reported	Apr -12	May -12	Jun -12	Jul-12	Aug -12	Sep -12	Oct -12	Nov -12	Dec -12	Jan -13	Feb -13	Mar -13
A&E Operations	319	360	365	373	332	337	378	342	357	335	319	325
Emergency Operations Centre	30	28	23	52	48	30	36	30	46	40	13	18
Patient Transport Service	66	79	67	72	69	50	69	69	61	71	96	72
Other	17	24	13	21	35	17	14	15	18	19	16	30
Total	**432**	**491**	**468**	**518**	**484**	**434**	**497**	**456**	**482**	**465**	**444**	**445**

These figures equate to:

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

Number of adverse incidents relating medication

	Apr -12	May -12	Jun -12	Jul -12	Aug -12	Sep -12	Oct -12	Nov -12	Dec -12	Jan -13	Feb -13	Mar -13
Medication Incidents	31	43	42	23	42	33	30	40	35	23	14	31

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

Adverse incidents relating to patient care

Patient Related Incidents	Apr -12	May -12	Jun -12	Jul-12	Aug -12	Sep -12	Oct -12	Nov -12	Dec -12	Jan -13	Feb - 13	Mar - 13
A&E Operations	29	47	38	34	31	56	44	48	40	54	35	54
Emergency Operations Centre	0	0	1	1	0	0	1	1	3	2	2	7
Patient Transport Service	22	30	29	27	24	18	17	14	24	22	21	21
Other	1	1	0	1	0	0	0	0	1	1	1	2
Total	**52**	**78**	**68**	**63**	**55**	**74**	**62**	**63**	**68**	**79**	**59**	**84**

The unpredictable nature of the work carried out by A&E Operations staff and the difficult circumstances in which they sometimes have to provide care mean that a

higher number of incidents than other areas is anticipated. We know that a significant number of these incidents relate to care pathways or care planning problems and we are working in partnership with our commissioners, acute, community and social care providers to minimise these problems. Within PTS the highest numbers of incidents relate to slips, trips, falls and injuries sustained whilst being transported on a vehicle. We are working, through our patient safety thermometer programme, to understand more about the causes of harm to patients and put in place actions which will minimise this harm.

Serious incidents

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

Serious Incidents	Apr -12	May -12	Jun -12	Jul-12	Aug -12	Sep -12	Oct-12	Nov -12	Dec -12	Jan -13	Feb -13	Mar -13
A&E Operations	1	0	0	1	0	0	1	1	3	2	4	1
Emergency Operations Centre	2	1	2	3	2	0	0	0	1	3	2	2
Patient Transport Service	0	0	0	0	0	0	0	2	0	0	0	1
Other	0	0	0	0	0	0	1	0	0	0	0	1
Total	**3**	**1**	**2**	**4**	**2**	**0**	**2**	**3**	**4**	**5**	**6**	**5**

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

This was implemented and will continue to be monitored closely.

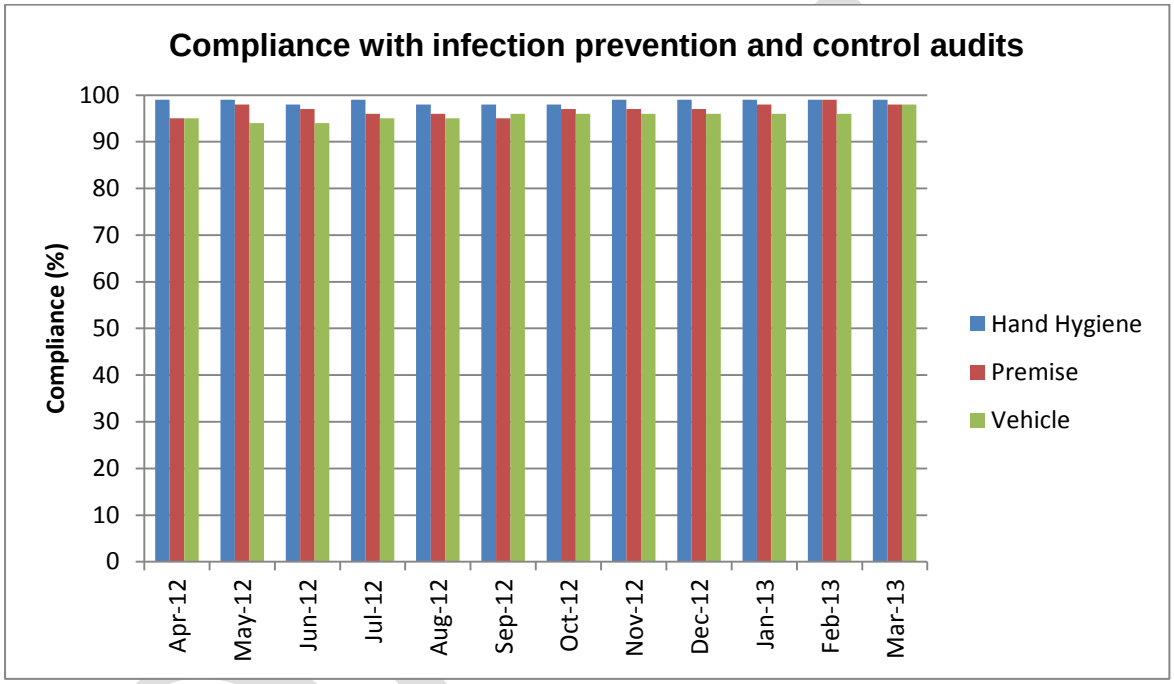
NHS staff survey results - reporting of errors, near misses and incidents

	2011 percentage for YAS	2012 percentage for YAS	National average for ambulance trusts 2012
Staff saying they or a colleague reported error that could hurt staff (the higher the better)	84%	78%	81%
Staff saying they or a colleague reported error that could hurt patients (the higher the better)	84%		
The fairness of incident reporting procedures (score out of 5.0 - the lower the better)	n/a	3.08	3.33

Infection prevention and control audits

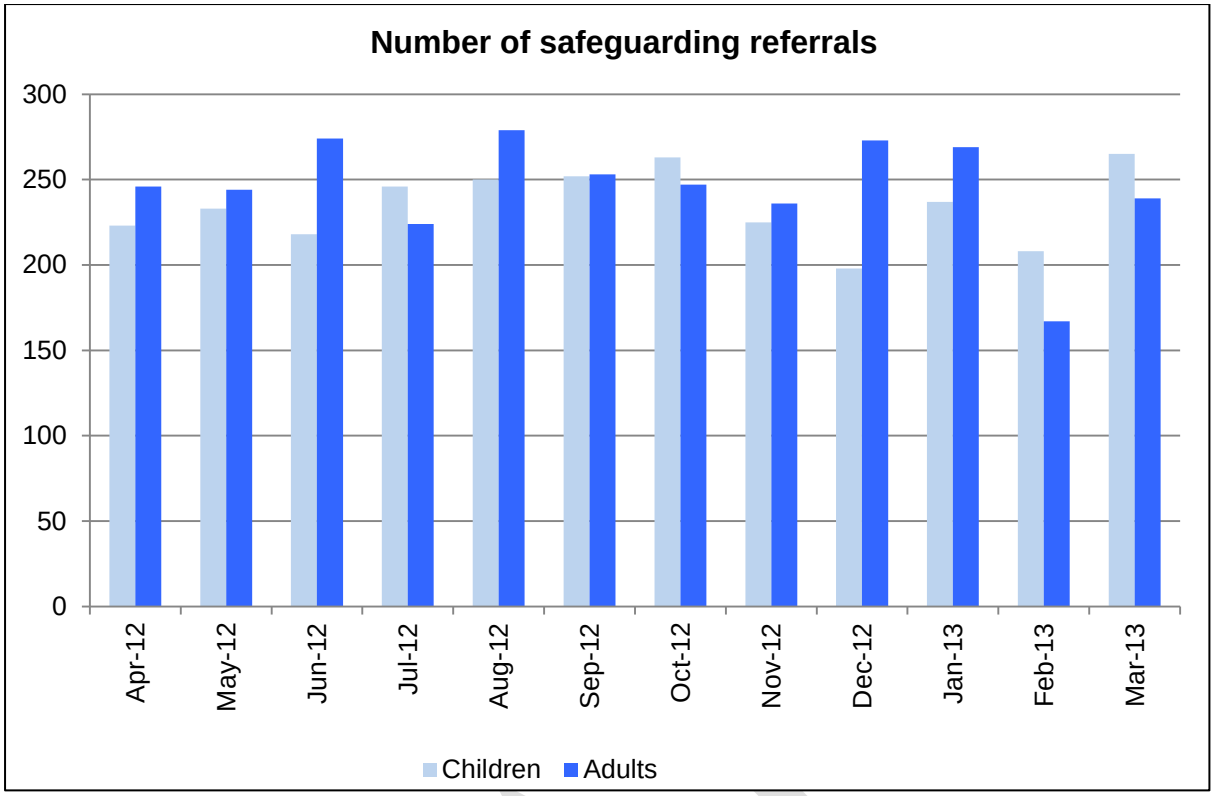
We conduct monthly audits of staff hand hygiene practice, premises and vehicle cleanliness across all stations and sites where our operational staff work. Compliance requirements are:

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



Safeguarding

The numbers of referrals to specialist services for protecting vulnerable adults and children that are made by our staff indicates the effectiveness of our safeguarding training. Staff are given information to help them identify warning signs of abuse or neglect and to report this via our Clinical Hub, to social care. We have strong partnerships with the other organisations across Yorkshire and the Humber who are involved in safeguarding.



Referrals	Total 2011-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Total 2012-13
Children Referrals	**1,408**	223	233	218	246	250	252	263	225	198	237	208	208	**2775**
Adult Referrals	**1,061**	246	244	274	224	279	253	247	236	273	269	167	212	**2944**

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

Clinical Effectiveness

Developing alternative care pathways

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

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

To ensure that our A&E operational staff have 24/7 access to advice and support about the available care pathways we have a clinician

advice line, staffed by specially trained nurses and paramedics, within the Clinical Hub in our Emergency Operations Centre.

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

Pathway Referral Comparison 2011-12 and 2012-13		
Referral Pathway	**Total Referrals 2012-13 (to Feb 13)**	**Total Referrals 2011-12**
COPD Referrals	7	6
Diabetic hypoglycaemia Referrals	1798	1994
ECP Referrals	510	444
Epilepsy Referrals	24	21
Falls Referrals	4387	3586
Mental Health Referrals	268	112
End of Life Care Referrals	45	21
Social Care Referrals	164	0
Alcohol and Substance Misuse Referrals	61	33

Chronic Obstructive Pulmonary Disease (COPD)
After ischaemic heart disease, COPD is the second highest cause of hospital admissions in the NHS. A recent national audit showed that readmission rates in Yorkshire are high at 32% and that the average length of stay is a day longer than the national average.

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

Patients from the Leeds and Wakefield area with COPD that are already known to the Respiratory teams can be referred via YAS Clinical Hub. The Respiratory Team will contact the YAS clinician by telephone to discuss and agree an appropriate care plan.

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

Emergency Care Practitioners
When ambulance clinicians are called to patients who may not need to attend an emergency department or be admitted to hospital, the patient may benefit from Emergency Care Practitioner (ECP) involvement.

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

An ECP assessment is comparable to that of a GP or hospital senior house officer. ECPs can administer additional medicines such as: antibiotics, steroids, analgesia and antihistamines.

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

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

999 calls for falls is the highest category in Yorkshire most months. The YAS falls referral pathway is a proactive way of managing patients that slip, trip or fall and do not require transport to hospital. We now have pathways in place across the whole of Yorkshire.

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

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

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

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

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

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

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

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

Angela Harris, Lead Nurse for Urgent Care

Social Care

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

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

Alcohol and Substance Misuse

Many adults in the UK are drinking at levels that may be damaging their health – most without realising it. Alcohol contributes, among other things to: high blood pressure, family stress, depression, emotional problems, accidents, strokes, heart disease, weight gain, stomach ulcers and cancer. Drinking above the recommended levels increases the risk of damage to health and binge drinking is considered to be drinking twice the daily limit in one sitting.

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

The YAS alcohol services referral pathway is available for when it is considered the patient may benefit from contact with alcohol services. Following the 2011-12 pilot project in Sheffield, the scheme has been extended to Rotherham in 2012-13. Rotherham also offers a substance misuse referral pathway.

Patient Experience

Complaints, Concerns Comments and Compliments

Our staff work very hard to get the job right first time. But, as in any complex service, mistakes can happen and problems occasionally occur. When people tell us about

their experiences we listen, we find out what has happened and we respond in a timely manner. We always aim to put things right and to learn for the future. Positive feedback is always a pleasure to receive and is also an important source of learning. We regularly receive appreciations and commendations for staff for their professionalism and dedication. This is shared with the individuals concerned along with an acknowledgement of their good service from the Chief Executive.

Learning from complaints, concerns and comments is very important. We report themes, trends and lessons learned to our fortnightly Incident Review Group and monthly Clinical Governance Group. Examples of lessons learned and actions taken in 2012-13 are:

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

A&E

Complaints, concerns and comments	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	**Total**
Attitude and Conduct	10	5	15	13	14	12	17	12	13	11	9	15	**122**
Clinical Care	28	21	15	25	14	14	8	21	12	20	21	8	**178**
Driving and Sirens	1	4	10	10	7	3	3	6	10	8	8	3	**62**
Call Management and Response	33	22	26	26	30	25	35	33	23	27	21	20	**280**
Other	2	4	11	10	8	11	11	7	9	8	20	9	**81**
Total negative	**74**	**56**	**77**	**84**	**73**	**65**	**74**	**79**	**67**	**74**	**79**	**55**	**723**
Compliments	10	0	26	154	47	32	78	19	65	2	19	0	**433**

PTS

Complaints, concerns and comments	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Total
Attitude and Conduct	3	4	6	2	3	7	6	8	2	6	4	6	**51**
Clinical Care	3	8	7	4	4	4	3	9	5	6	4	3	**57**
Driving and Sirens	3	3	2	8	2	3	4	4	2	4	1	1	**35**
Call Management	9	5	6	3	6	3	3	2	3	1	2	0	**43**
Response	27	40	28	28	37	51	63	36	34	29	39	33	**373**
Other	8	7	2	2	4	6	5	7	6	8	3	7	**55**
Total negative	**53**	**67**	**51**	**47**	**56**	**74**	**84**	**66**	**52**	**54**	**53**	**50**	**604**
Compliments	1	0	0	11	7	4	16	1	6	1	0	4	**47**

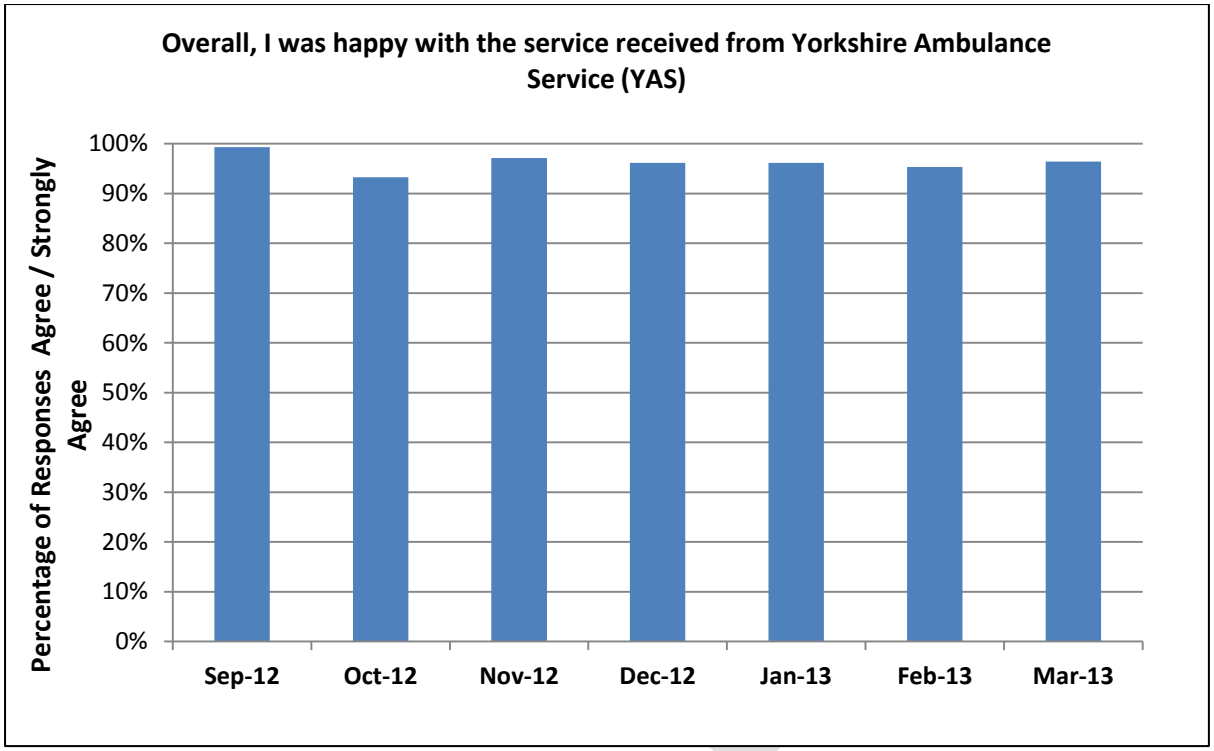
Comparison with 2011-12 shows an overall reduction in negative feedback received. The main reason for this reduction has been the improvement by PTS in minimising long waits and delays for patients. The exception to this improvement was in September and October 2013 when demand was higher than commissioned levels and staff vacancies in PTS North and West Yorkshire contributed to longer waits.

Patient Experience survey – A&E

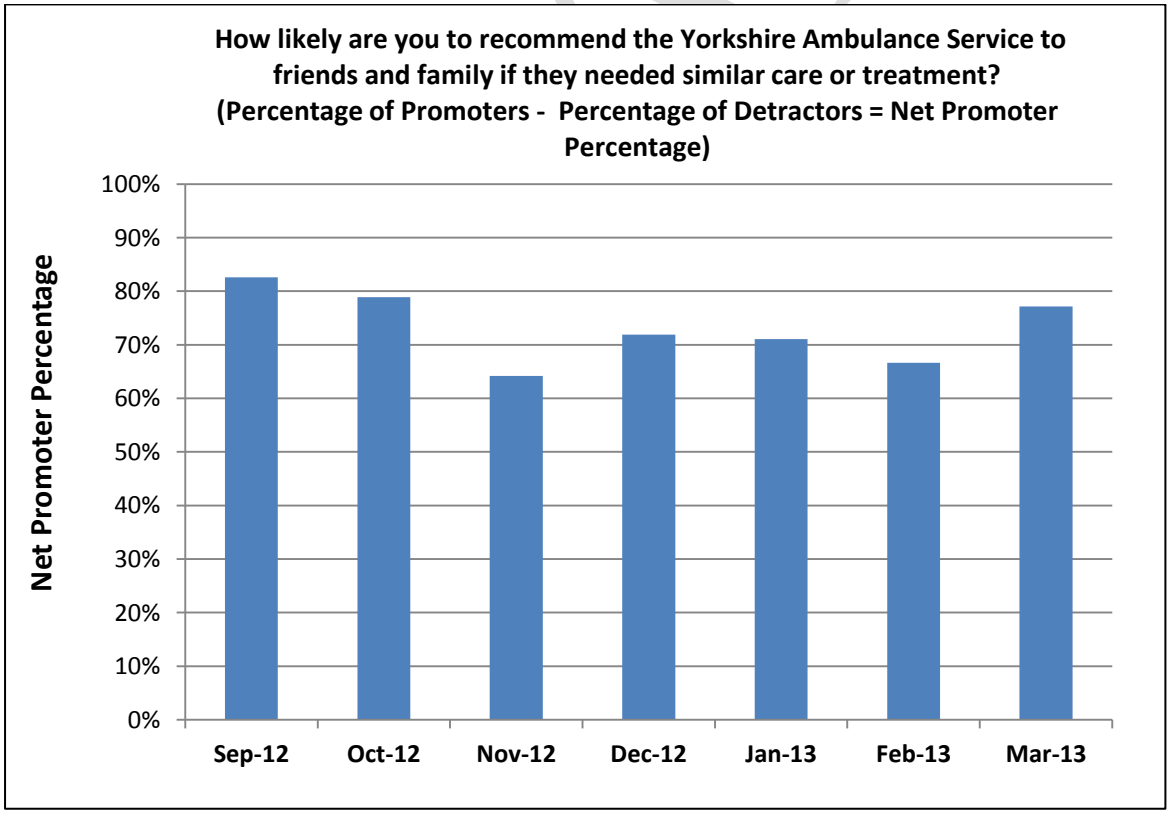
In September 2012 we revised our A&E patient experience survey to make it shorter, simpler to complete and more focused on the things that matter to patients.

We also introduced the Friends and Family test, which asks service-users whether they would recommend our service to friends and family. This test is being introduced by all acute trusts from April 2013 and ambulance trusts have agreed to use the same question to allow us to compare our results. When we introduced the test we started using a 1 to 10 scale. In November we changed to a descriptive scale. This seems to have had an impact on the scores. We monitor the results by geographic area and the results are reviewed by local teams as part of routine performance monitoring alongside measures of operational and financial performance.

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



	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Year average
Agree / Strongly Agree	99.4%	93.3%	97.1%	96.2%	96.2%	95.3%	96.4%	96.1%



	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Year Average
Net promoter percentage	82.6%	78.9%	64.2%	71.9%	71.1%	66.5%	77.2%	73.2%

Patient Experience survey – PTS

We undertook patient relations surveys in all areas of Yorkshire in October 2012. Surveys have been continued in South Yorkshire every month. Results for four key questions are shown below. From April 2013 we will be conducting monthly surveys in all areas.

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

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

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

Gary Milson OBE
PTS Ambulance person

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

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

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

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

Healthwatch York

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

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

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

It was pleasing to see that YAS recognised the value of the end of life care pathway despite the small numbers of patients involved. We welcome the rollout of the end of life care pathway across the whole of Yorkshire.

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

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

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

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

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

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

NHS East Riding of Yorkshire

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

Feedback has been collated from the following associate commissioners to produce this response:
NHS East Riding of Yorkshire
NHS North Yorkshire and York
NHS Harrogate and Rural District
NHS Scarborough and Ryedale
NHS Hull NHS Vale of York

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

The commissioners recognise the improvements and demonstrable commitment referenced within the Quality Account specifically within the following areas. Yorkshire Ambulance Service NHS Trust:

- Have continued to focus on improving the experience and outcomes for patients in rural areas listening to patient's views therefore understanding the need for a timely service with good communication.
- Worked collaboratively to secure the right care for patients and the most appropriate response by creating alternative pathways for patients and educational packages for staff in particular with reference to care and residential homes.

- Developed Clinical Leadership Frameworks to ensure the right people have the right skills to do the right job therefore improving patient safety.
- Continued to work towards Foundation Trust Status with a number of external assessments completed by NHS LA and CQC showing commitment to improving practice through review and action.

- The national average for all Ambulance Quality Indicators (AQI's) have not been achieved and Clinical and Operational managers are leading work to improve the performance going forwards.

Yorkshire Ambulance Service has reviewed their priorities for improvements that were set out in the 2011-12 Quality Account for achievement in 2012-13 and provided clear information and evidence that the majority have been achieved. They have highlighted one key area for continued improvement which is;

- The national average for all Ambulance Quality Indicators (AQI's) have not been achieved and Clinical and Operational managers are leading work to improve the performance going forwards.

Commissioners recognise that YAS need to improve its response rates particularly in the rural areas of Humber and NYY. Commissioners will be working with YAS in 2013/14 to achieve improvement through improved triage, improved public awareness and improved placement of capacity.

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

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

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

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

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

Jane Hawkard
Chief Officer NHS East Riding of Yorkshire Clinical Commissioning Group
On behalf of all associate commissioners

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

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

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

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

The Sub-Committee welcomes all the Priorities for Improvement for 2013/14. In particular, the Sub-Committee very much welcomes Priority 1: improve the experience and outcomes for patients in rural and remote areas. It is particularly important that YAS explore opportunities to work co-operatively with the Council and other health and care providers to deliver patient centred services. As the East Riding is a predominantly rural county it presents many challenges for ensuring the public receive the required services. Also the Sub-Committee looks forward to seeing an improved Patient Transport System through the improvements proposed through Priority 5. In particular, the Sub-Committee hopes that YAS seriously considers asset rationalisation for the Patient Transport Service, sharing services with other transport providers where possible to increase service provision and efficiency. The Sub-Committee also hopes that with regard to end of life care, patient transport provision is made available in a timely manner so that patients' wishes are met.

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

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

Yorkshire Ambulance Service – Draft Quality Accounts 2012-13
Healthwatch North Yorkshire and Healthwatch Bradford – Feedback

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

The draft document was distributed across the whole Healthwatch North Yorkshire community and through the Healthwatch Bradford Care Quality Working Group. Feedback received has included many very positive comments about the service and some suggestions for future service improvement.

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

Feedback has been summarised as set out below:

Priorities

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

Missing Issues

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

Patient and Public Involvement

- The Patient Experience Survey gives insufficient detail to represent patient and public consultation.
- The clear outline of priorities for improvement shows how effective public consultations have been.
- Patients' stories are very welcome and we would urge YAS to publish more of these in future years as they assist in ensuring the QA is accessible.

Clear Presentation

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

Feedback from Kirklees Council's Well-Being & Communities Scrutiny Panel (the HOSC)

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

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

The Panel does feel that the Quality Account is presented very clearly for communicating the necessary information.

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

Healthwatch Sheffield

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

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

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

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

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

In ***Priorities for Improvement 2013-14*** we agree with these priorities. In priority 4 Public Education we suggest the addition of "working with Local Healthwatches".

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

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

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

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

We found it helpful to see the performance against ***Mandatory Quality Indicators*** gathered together in one section. However if possible we would like to see the figures broken down by CCG area and the previous 2 years of figures included for comparison rather than just the last year. We note the shortfall in the Red 1 response performance but are pleased to see the list of actions to improve this performance.

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

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

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

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

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

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

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

Mike Smith
Chair, Sheffield LINk (to March 2013)

Pam Enderby
Chair, Healthwatch Sheffield

NHS Rotherham
NHS Rotherham commissions PTS in the South of Yorkshire.
The draft Quality Accounts have been shared with all commissioners and their comments incorporated. Over the previous year 2012/13 YAS have continued to work hard to improve the quality of PTS in the South and have delivered improvements.

Through 2012/13 we have continually monitored YAS against the all the Quality targets set for the year. YAS specifically worked with patients with Learning Disabilities and patients with Dementia and their carers to understand their experiences of the service and understand the improvements required to improve their experience.

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

2013/14

The priority for patients accessing PTS continues to be a timely return journey. YAS have made this a priority for 2013/14 and commissioners are committed to working closely with YAS to achieve this.

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

The Clinical Commissioning Groups across South Yorkshire fully support the future priority areas identified in the accounts for 2013/14 and are committed to work with YAS to support their achievement.

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

Glossary of Terms

Term/Abbreviation	Definition/Explanation
Accident and Emergency (A&E) Service	A responsive service for patients in an emergency situation with a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention.
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.
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.
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.
Caldicott Guardian	A senior member of staff appointed to protect patient information.
Cardio-pulmonary Resuscitation (CPR)	A procedure used to help resuscitate a patient when their 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.
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.
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.
Chronic Obstructive Pulmonary Disease (COPD)	Chronic obstructive pulmonary disease (COPD) is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease.
Dashboards	Summary of progress against key performance indicators for review by managers or committees.
Dataset	a collection of data, usually presented in tabular form
Department of Health (DH)	The government department which provides strategic leadership for public health, the NHS and social care in England.
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR)	For a small number of people who are approaching the last days of life, cardio-pulmonary resuscitation would be futile or not a viable option. In these circumstances DNACPR forms are completed to avoid aggressive, undignified and futile actions to resuscitate a patient, and to allow a natural dignified death in line with the patient's wishes.
Electrocardiograms (ECG)	An interpretation of the electrical activity of the heart. This is done by attaching electrodes onto the patient which record the activity of the different sections of the heart.
Emergency Care 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.
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.
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 Asset Owners (IAO)	An IAO is an individual within an organisation that has been given formal responsibility for the security of an asset (or assets) in their particular work area.
Information, Communication and Technology (ICT)	The directorate responsible for the development and maintenance of all ICT systems and processes across Yorkshire Ambulance Service.
Information Governance (IG)	Allows organisations and individuals to ensure that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care.
Information Management and Technology (IM&T)	This 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.
Key Performance Indicator (KPI)	A measure of performance.
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: • 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
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 funded by taxes.
National Health Service Litigation Authority (NHSLA)	Handles negligence claims and works to improve risk management practices in the NHS.
NHSLA Risk	Ambulance trusts are assessed against these risk management

Management Standards for Ambulance Trusts	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 Reporting and Learning System	The NRLS is managed by the NHS National Patient Safety Agency. The system enables patient safety incident reports to be submitted to a national database. This data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care.
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.
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 car provided to patients.
Patient Transport Service (PTS)	A non-emergency medical transport service, for example, to and from out-patient appointments.
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 Calls	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.
Red 1	Red 1 calls are the most time critical and cover cardiac arrest patients who are not breathing and do not have a pulse, and other severe conditions. For Red 1 calls response time is recorded from the moment the call is connected to the emergency operations centre. This ensures that patients who

	require immediate emergency ambulance care receive the most rapid response.
Red 2	Red 2 calls are serious but less immediately time critical and cover conditions such as stroke and fits. For Red 2 calls the response time is recorded from the point when the call handler has specific information about the patient so that they receive the most appropriate ambulance resource based on their specific clinical needs
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.
Resilience	the ability of a system or organisation to recover from a catastrophic failure
Safeguarding	Processes and systems for the protection of vulnerable adults, children and young people.
Safeguarding Referral	YAS staff are given information to help them identify warning signs of abuse or neglect and to report this via our Clinical Hub, to social care. Social care will follow up each referral to ensure that the vulnerable adult or child involved is safe.
Safety Thermometer	The NHS Safety Thermometer is a tool designed to help hospitals understand where they can potentially cause harm to patients
Serious Case Reviews (SCRs)	Establish whether there are any lessons to be learnt about the way in which staff and agencies work together to safeguard vulnerable people.
Serious Incidents (SIs)	Something out of the ordinary or unexpected. It is an incident – or a series of incidents – that, if left unattended, may pose a risk to service users or the health and safety of staff, visitors and others.
Stakeholders	All those who may use the service, be affected by or who should be involved in its operation.
ST Elevation Myocardial Infarction (STEMI)	A type of heart attack.
Strategic Health Authority (SHA)	SHAs 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.
Yorkshire and Humber Public Health Observatory (YHPHO)	YHPHO produces information, data and intelligence on people's health and health care for practitioners, policy makers and the wider community. They turn information and data into meaningful health intelligence. YHPHO will become part of Public Health England from 1 April 2013.
Year to Date (YTD)	The period from the start of a financial year to the current time.

If you would prefer this document in another format, such as large print, braille or audio file, please contact our Corporate Communications department at Trust Headquarters to discuss your requirements:

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