



Quality Account

2017-18

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PART 1

Statement on Quality from the Chief Executive

Welcome to our NHS Trust Quality Account 2017-18. Against the backdrop of a challenging year for the NHS, and specifically for ambulance services, I am proud to present the significant improvements we have made to the quality of care we provide for people within Yorkshire and the Humber. We remain among the best in the country for a number of areas across both the 999 emergency service and NHS 111, specifically in relation to our care for patients who suffer cardiac arrest or heart attacks, as well as for those with urgent but not emergency health needs. We will strive to maintain such excellence in the coming year. During the last year, and especially during the winter period, much publicity has been focused on the health service as a whole, I am incredibly proud of our staff, both the support teams and those caring directly for patients, who work tirelessly to ensure that care is delivered at point of need to our local population.

I was delighted that we had the opportunity to be involved in the developmental stages of the national Ambulance Response Programme (ARP). When this was implemented widely across the ambulance sector in September 2017, it fundamentally changed the way ambulances are allocated. This means that we are more able to target our ambulances and skilled staff to the most time critical and life threatening emergencies. It also means, for those people whose condition isn't immediately life-threatening, that we can assess their need more thoroughly, to ensure that we send the right response or signpost them to a service which is more appropriate for them.

Like other NHS ambulance trusts, we continue to face significant challenges, not least in the unprecedented levels of demand we have seen this year. We have been and will continue to be a key partner in the joint working across the region to develop and implement new and innovative ways of working to better serve the people of our region. Collaborative working with commissioning groups and partner organisations has allowed us to implement some of these new models of care this year and we will continue to progress this work to ensure that we can deliver timely emergency and urgent care in the most appropriate setting.

I am also pleased to announce that we have retained our Patient Transport Service (PTS) for almost the entire region following a number of tender exercises. The PTS team worked incredibly hard to secure these contracts, which all scrutinised the quality of our PTS. I am thrilled that we are now able to continue to support patients in their transport needs to ensure they receive the care they need.

The launch of our refreshed Trust values and Behavioural Framework was also a high point in our year. Both the values and the Behavioural framework were co-produced by our staff and incorporate what matters to them. YAS remains dedicated to these values and looks forward to 2018-19 and the positive difference we make for patients, the wider health economy and the future provision of services, both across emergency and urgent care.

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 care at the heart of all the Trust's activities.

As Accountable Officer and Chief Executive of the Trust 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 and the Quality Account Toolkit. It contains the sections mandated by the Act and also measures that are specific to YAS that demonstrate our work to provide high quality care for all. We have chosen these measures based on feedback from our patients, members of the public, Health Overview and Scrutiny Committees, staff and commissioners.

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

A stylized, handwritten signature in dark ink, appearing to read 'Rod Barnes'.

Rod Barnes Chief Executive

An Introduction to Yorkshire Ambulance Service NHS Trust (YAS)

People we serve and the area we cover

YAS serves a population of more than five million people and covers 6,000 square miles of varied terrain from the isolated Yorkshire Dales and North York Moors to urban areas including Bradford, Hull, Leeds, Sheffield, Wakefield and York.



Our Service

We are commissioned by 23 clinical commissioning groups (CCGs) and, as the only regional healthcare provider, we are ideally placed to support joined-up care for patients and provide the gateway into urgent and emergency services.

We employ over 5,737 staff and have over 1,150 volunteers and provide 24-hour emergency and urgent care to the region.



For everyone working at YAS, providing high quality patient care is our key priority. This applies to our ambulance clinicians responding to emergency calls, to our Patient Transport Service (PTS) crews taking patients to and from their planned hospital appointments, our call handlers and clinicians handling 999 and NHS 111 calls, to our managers developing new care pathways or ways of working, and to our Trust Board making decisions about the future of our Trust.

In 2017-18 we:

- received 922,328 emergency and routine calls
- responded to a total of 780,383 emergency calls
- undertook 944,403 non-emergency journeys
- received 1,647,270 NHS 111 urgent calls.

Our Purpose

To save lives and ensure everyone in our communities receives the right care, whenever and wherever they need it

Our Vision

To be trusted as the best urgent and emergency care provider, with the best people and partnerships, delivering the best outcomes for patients



One Team	<ul style="list-style-type: none"> • We share a common goal: to be outstanding at what we do. • We are collaborative and inclusive. • We celebrate success together and support each other, especially through difficult times.
Innovation	<ul style="list-style-type: none"> • We pioneer new ways of working. • We are at the forefront in developing professional practices. • We have a positive attitude and embrace challenges and opportunities.
Resilience	<ul style="list-style-type: none"> • We always support each other's mental and physical wellbeing. • We have the flexibility to adapt and evolve to keep moving forward for patients. • We remain focused and professional in the most difficult of circumstances.
Empowerment	<ul style="list-style-type: none"> • We take responsibility for doing the right thing, at the right time for patients and colleagues. • We are willing to go the extra mile. • We continuously build our capabilities through training and development.
Integrity	<ul style="list-style-type: none"> • We are open and honest. • We adhere to professional standards and are accountable to our communities and each other. • We listen, learn and act on feedback. • We respect each other's point of view.
Compassion	<ul style="list-style-type: none"> • We deliver care with empathy, respect and dignity. • We are passionate about the care of patients and their carers. • We treat everyone fairly, recognising the benefits of living in a diverse society. • We listen to and support each other.

Engaging with Staff, Patients and the Public about Quality

In order to ensure that the YAS Quality Account reflects the views of all our stakeholders, we consulted with a wide range of groups and individuals including our staff, our Critical Friends Network, YAS Expert Patient, our commissioners, YAS Forum Members, and the local Healthwatch's and Health Overview and Scrutiny Committees. We also analysed our data systems: incidents, near misses, complaints and patient feedback are all mechanisms we use to establish trends and themes which inform our strategy and contribute to our Quality Account.

Patient Feedback

I felt absolutely safe and secure and enjoyed chatting to the driver which helped take my mind off the length of journey and my treatment, I am so grateful I couldn't have done it without them.

YAS has a number of ways in which engages with the public. The Critical Friends Network (CFN) was launched in 2016 and currently has 16 members from both South and West Yorkshire. Throughout the last year the CFN has been a valuable forum for sharing ideas, gaining feedback and building the patient perception into our service developments. The CFN has provided feedback on a patient pathway leaflet, the new YAS website, the PTS user surveys, a number of policies and standards across the Trust and some direct engagement with the Care Quality Commission on some of their YAS-related work.

One of the challenges has been in growing the CFN and this will be a focus for 2018-19. At present the CFN doesn't have any representation from residents of North and East Yorkshire and there is little diversity in terms of ethnicity and sexual orientation within the group. Plans are in place with local GP practices, the PTS Patient Reception Centres (PRCs), the Community Engagement team and Diversity and Inclusion team to build the network further. The planned work programme for 2018-19 includes engagement with specific patient groups including patients with renal disease, people with dementia and also carers.

The second way that YAS engages with patients and families is through the use of patient stories. Patient stories are used as a way to learn about the patient experience and also to learn when things go wrong. Patient stories are presented by the Chairman at each Trust Board meeting in public and also in education and training for our staff.

Throughout the service developments the Trust continues to engage with staff members also, including the Staff Forum to ensure a rounded view is sought to inform improvements

Patient Feedback: 999, Leeds

"Thank you so much for what you did when you answered my 999 call to the emergency services when my husband fell in the hallway. You were both so kind, caring and calm and in spite of my anxiety, I knew that my husband was in safe hands. He joins with me to say thank you for what you did. You are doing a wonderful job, together with all your colleagues, and I hope this note manages to reach you as I really did appreciate what you did, not just for my husband, but for myself also. It is those little gestures that make you very special people."

David's Story

David was visited at home by his GP since he was suffering from stomach pains. His GP advised him to take mild painkillers, but the pain did not settle. A friend remained concerned and rang 999. An ambulance was sent to David but he was reluctant to go to hospital and the paramedic advised him to continue with his regular paracetamol. At the time, there was no indication for David to go to hospital. Two days later, David felt worse and again called 999. Once again, the paramedic could find no indication to warrant admission to hospital and advised David to contact his GP if his pain did not reduce. The following day David was in severe pain and called 999 again. An ambulance attended and took David to hospital, where he was found to have a perforated bowel. Sadly, David died the day after from septic shock.

Lessons Learned for YAS

- The education and training for our clinical staff has been strengthened by introducing case studies and patient stories into the training curriculum. Clinical staff now have the opportunity to work through clinical scenarios in a simulated environment where they can work through supported clinical decision making.
- Clinical supervision has been strengthened through the operational re-structure, improving access to clinical supervision.
- Early escalation is now in place for those complaints that are not responded to in the agreed timeframe.
- NHS 111 has a protocol for repeat callers (differs from frequent callers). YAS is exploring the possibility of linking patient records so that multiple calls from the same person can be identified and managed differently.

WHAT OUR STAFF TELL US:

My role as Patient Transport Service Team Leader is extremely dynamic. I am responsible for leading a team of PTS colleagues in the Sheffield area and across South Yorkshire CBU. I see myself as the oil in the machine which tries to keep the machine running as smoothly and as productively as possible. I attend patients' properties and hospital wards in order to assess the needs of patients, hospital staff and ourselves so that a patient can be transported in a timely, safe and dignified manner. We have at our disposal a great deal of moving and handling equipment which I and others are trained to operate. I am responsible for keeping staff training up to date, ensuring PDRs are completed and deal with issues which arise with staff on a day to day basis. I undertake Datix investigations including dealing with complaints from service users and service-to-service incidents. All in all an enjoyable and varied role which has its ups and downs but very rewarding at times and I feel privileged to be in a position where I can help to make a patient's experience of our service as good as it can possibly be. **Steve Jones, PTS Team Leader (South)**

I am currently employed as an Emergency Care Assistant. I love that the job is varied every single day. The interaction with patients and feeling like I've helped to make a difference, no matter how big or small, is the part I enjoy the most. I feel the support I have in our area from colleagues and management is fantastic. There are always opportunities to progress within the service if I wish to; I look forward to hopefully a long career with the Trust.

Natalie Norman, Emergency Care Assistant (ECA), 999

My role as a Quality and Risk Administrator consists of the day-to-day running of Datix including call handling, quality checking and general help and support to staff. We also manage and investigate the outbound service-to-service incidents and provide admin support to the Heads of Quality, Governance and Performance Assurance Directorate. The part of the job I enjoy most is the unpredictable workload and never knowing what type/severity of incidents are waiting to be quality checked at the start of the day.

Kirsty Scott, Quality and Risk Administrator

I am currently employed as an Advanced Emergency Medical Technician, I enjoy my role with the challenges it brings as no two days are the same. This tests my skills which I am confident and I constantly learn more each day. This job gives me great responsibility and to be able to change people's lives who are in need of our help, it brings a great sense on achievement going home after a long demanding shift knowing that I have helped and saved lives of people who are forever grateful. I have met so many different people from all walks of life, the stories they share not only makes me a better person but being able to pass on these experiences to help others. I always strive to do the best I can, by going above and beyond.

Liam Miller, Advanced Emergency Technician, Bramley

I love my role as a Patient Relations Coordinator it's very busy and varied and I get to interact with a range of different people about a variety of subjects and it has given me a broad understanding of each area of our organisation. Predominantly my role is to coordinate and shape investigations into complaints and concerns made to the Trust across any of our service areas and to ensure we conclude and respond to those in a timely manner in conjunction with the NHS Regulations. I liaise with colleagues across the Trust to gather information regarding whatever the subject matter may be and then I turn that into a response for patients, their families, other healthcare professionals etc and identify any learning for both individuals and the Trust. I feel my role is worthwhile and that I can do something to help put something right for somebody at a time they feel things went wrong, even if it's just a kind word or spending some time listening to how they felt.

Vicky Secka, Patient Relations Coordinator

PART 2

Priorities for Improvement 2018-19

This Quality Account demonstrates our achievements for the year 2017-18 and what we are aiming to achieve in the coming year.

We are required to achieve a range of performance outcomes specific to the nature of the services we provide to the public. In addition, we are required to achieve many other organisational responsibilities as laid down by the Department of Health.

We identified the following quality improvement priorities against the three domains of quality.

Priority One:

Patient Safety:	Assurance on the delivery of safe ambulance response through implementation of ambulance response programme and introducing new models of urgent care Lead: Stephen Segasby, Deputy Director of Operations
Key Drivers:	Patient care and safety are our key priorities, and our involvement in the Ambulance Response Programme, is enabling us to implement improvements in patient care by ensuring that patients are effectively assessed and allocated the appropriate response for their needs. In addition, the strengthened engagement with our health and social care partners is enabling us to review our services and the care we can offer across traditional boundaries. This will allow us to introduce new ways of working and will help to ensure a strong focus on responsiveness across both urgent and emergency care.
Aim:	The aim of the national Ambulance Response Programme is to help provide patient centred care by providing the right response to the patients need. This includes working with our partners to deliver the right care, in the right place, first time.

Priority Two:

Patient Experience:	Embed and integrate the Critical Friends Network (CFN) and strengthen the Patient Experience programme. Lead: Karen Owens, Deputy Director of Quality and Nursing
Key Drivers:	YAS has a clear focus to strengthen the ways we listen to patients and service users. The CFN will provide a valuable vehicle to enable this.
Aim:	To continually improve the experience of patients by designing systems and practice which enable the patient and carers voice to be actively listened to. Additionally, the CFN will provide opportunity for YAS to co-produce with service users and carers to ensure that services are designed with the patient at the centre.

Priority Three:

Clinical Effectiveness:	Improvement in patient outcomes with key conditions: cardiac arrest, paediatrics, patients at the end of life Lead: Dr Steven Dykes, Deputy Medical Director
Key Drivers:	The Trust's Clinical Strategy has determined these priorities through extensive consultation alongside alignment to national priorities.
Aim:	To improve the outcomes and experience for patients with specific conditions using evidence and patient experience to drive improvement.

Measuring, Monitoring and Reporting on Priorities

Quality remains the central element of all Board meetings. We have identified key quality indicators to monitor quality and have a framework to report and share these through all levels of the organisation.

In addition, communication and engagement work is planned to ensure that all our staff and external partners are kept informed and involved.

Review of Services 2017-18 (statements from the Trust Board)

During 2017-18 YAS provided and/or sub-contracted seven NHS services:

- A Patient Transport Service (PTS) delivering planned transportation for patients with a medical need for transport to and from premises providing secondary NHS healthcare. PTS caters for those patients who are either too ill to get to hospital without assistance or for whom travelling may cause their condition to deteriorate.
- An A&E response service (this includes management of 999 calls and providing an urgent care service including urgent care practitioners).
- Resilience and Special Services (incorporating our Hazardous Area Response Team) – which includes planning our response to major and significant incidents such as flooding, public transport incidents, pandemic flu and chemical, biological, radiological or nuclear incidents.
- Fully equipped vehicles and drivers for the Embrace neonatal transport service for critically-ill infants and children in Yorkshire and the Humber.
- Clinicians to work on the two Yorkshire Air Ambulance charity helicopters.
- Management of the Community First Responder Scheme, made up of volunteers from local communities.
- NHS 111 service in Yorkshire, the Humber, North and North East Lincolnshire and Bassetlaw in Nottinghamshire, for assessment and access to urgent care where required for patients. This contract also includes delivery of out-of-hours services in West Yorkshire via a sub-contract with Local Care Direct.

In addition, the Trust supports the wider health communities and economies through provision of:

- Urgent and Emergency Care Vanguard - West Yorkshire Urgent and Emergency Care Network and the North East Urgent Care Network.
- Community and commercial education to schools and public/private sector organisations.
- A private and events service – emergency first aid cover for events such as concerts, race meetings and football matches; and private ambulance transport for private hospitals, repatriation companies and private individuals.

- Care of our most critically ill and injured patients is provided by a partnership between Yorkshire Ambulance Service, Yorkshire Air Ambulance critical care team, BASICS and West Yorkshire Medic Response Team (WYMRT). The critical care team is based with the Yorkshire Air Ambulance (YAA) and consists of Pre Hospital Consultants and Advanced Paramedics trained in critical care and respond using helicopters and rapid response cars. BASICS doctors volunteer their time to respond to the most severely injured patients 24/7 working alongside YAS (and YAA during operational hours). WYMRT is a charity concerned with training junior doctors in pre hospital critical care, and provides operational shifts to support the YAS response to critically ill and injured patients.
- A Volunteer Car Service, members of the public who volunteer with transporting patients to routine appointments.

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

The income generated by the relevant health services reviewed in 2017-18 represents 100% of the total income generated from the provision of relevant health services by YAS for 2017-18.

Patient feedback: 999, Bradford

"I am writing to say 'thank you' for the excellent care I received when I was attended by two paramedics. I'm recovering from a hip replacement, am 80 years old and on my own and I had a bad fall in the kitchen. They were so kind and reassuring and, even during the long evening, until I was placed in Elderly Care Ward. When they came to A&E they came across and had a cheerful word. It meant I didn't feel left in a cubicle on my own. Well above the call of duty and I shall never forget them. If you can please pass on my grateful thanks, and say I'm home now."

YAS continues to focus on improvements on the management of cardiac arrest, through public engagement, 'Restart a Heart' and supporting staff through the Red Arrest Team. Taking a whole-system approach aims to improve the overall survival from out of hospital cardiac arrest.

The reports of 100% national clinical audits were reviewed by the provider in 2017-18 and YAS has taken the following actions to improve the quality of healthcare provided:

- Audit results are applied to service and system processes supporting clinical change, educational focus and individual learning.
- Continuing to improve the system of data sharing between the Trust and regional acute trusts for the validation of data, relating to people who suffer a heart attack.
- Using the national audit findings to inform local audit priorities.
- Working over 2017-18 to help shape the future national clinical audits to reflect current practice and sharpen the focus on patient outcomes

Local Audits

YAS has undertaken a number of local audits during 2017-18. We have continued to support a number of operational clinicians in undertaking clinical audits, from past years they have found this supportive in their development.

Monthly clinical audits were conducted for:

- Record-keeping (how well staff document clinical care)
- Infection Prevention and Control audits in relation to hand hygiene and vehicle and estate cleanliness
- Patient deaths in YAS care
- Care of patients with suspected sepsis
- Call handler and clinical advisor audits
- Manchester triage audits
- Mental health advice audit.

Patient feedback

An ambulance was called for me three times in two months with the same illness. Ambulance staff were brilliant. The first crew acted above and beyond what I expected.

Other clinical audits included:

- Medication, including antibiotic usage
- Care for patients requiring wound closure/care
- Calls from Health Care Professionals outside YAS
- Patients who fall and the onward referrals
- Patients with respiratory disease
- Patients who were not taken to hospital
- Medication used for patients in cardiac arrest
- Transient Loss of Consciousness (TLOC)
- Patients who suffer an anaphylactic reaction
- Adults and children who suffer from epilepsy
- Day in the life of audit (summary of activity 25th December 2016).

The reports of these local clinical audits were reviewed by the provider in 2017-18 and YAS intends to take the following actions to improve the quality of healthcare provided:

- Improve the quality of clinical documentation a key recommendation from a large number of audits.
- Utilise the learning from audits within the clinical education programme, by refreshing information and providing assurance about comprehension and understanding in the practice setting.
- Provide subject matter areas that will support immersion training, via the simulation training facility in YAS, to reinforce practice to avoid care omissions.
- To continue to promote the use of SBAR, the communication handover tool, across the region with acute trusts to reduce the widely recognised risk to patients of missed opportunity at clinical information handover.
- Provide on-going support to clinical staff to conduct audit. The key aim is to develop a culture of responsibility, empowering staff to peer review, to challenge practice poor practice and lead the changes required from the ambulance frontline.
- Development of an electronic Patient Care Record, ePCR, this digitalises the clinical information. This will ensure key data points are collected, aims to support staff by providing a consistent structure to documentation with easy to use information and supportive tools.

Research

In 2017-18 we were highly research active, continuing our success of the previous two years. Over 30% of our registered paramedics continued to take part in two large national trials – details below. Studies are co-ordinated and supported by our Research Paramedics Richard Pilbery, Kelly Hird and Jamie Miles. 481 patients and 296 staff were enrolled into studies in 2017-18. YAS contributes to research participation in Yorkshire and the Humber, allowing patients the opportunity to be part of improving pre-hospital healthcare.

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 Clinical Research Network (NIHR CRN) to ensure we support research activity in a way that promotes the national ambition to double the number of patients participating in research. The local CRN: Yorkshire and the Humber utilises Specialty Groups to support clinical research. YAS links mainly to the 'Injuries and Emergencies' group. We were very pleased to receive two awards from this group this year. Richard Pilbery won 'AHP of the year', and YAS won the 'Improvement Patient Engagement' award.



YAS now has two volunteers supporting our research work as Patient Research Ambassadors. Peter Webster and Chris Hurford who already work with Leeds Teaching Hospitals and York Hospital are also supporting YAS.

The National Institute for Health Research published their annual league tables of research activity on 2 August 2017 at

<https://www.nihr.ac.uk/research-and-impact/nhs-research-performance/league-tables/league-table-2016-17.htm>

YAS is second in the ambulance service group for number of participants recruited, and fifth for the number of research studies. Our number of participants (1,205) puts us in the top third of all trusts.

The AIRWAYS-2 study closed to recruitment in August 2017, having recruited the planned number of patients within the planned timescale. YAS supported this achievement by recruiting more participants than any of the other ambulance services involved. The number of patients receiving NHS services provided or sub-contracted by YAS in 2017-18 who were recruited during that period to participate in research approved by a research ethics committee was 481. Additionally, 296 staff participated in research approved by an ethics committee.

During 2017-18 YAS took part in or provided NHS permission for 16 research studies approved by an ethics committee.

1. AIRWAYS-2-Cluster randomised trial of the clinical and cost effectiveness of a supraglottic airway device versus tracheal intubation in the initial airway management of out-of-hospital cardiac arrest

This clinical trial involved four ambulance trusts across England and is designed to determine the best method of adult airway management in pre-hospital cardiac arrest. The clinical and cost effectiveness of two procedures, both in current use, are being evaluated. This large multi-centre clinical trial completed recruitment in August 2017. Yorkshire and the Humber contributed 2,952 patients to the study out of a total of 9,485. Results are expected in spring 2018.

2. EDARA - An Evaluation of Alcohol Intoxication Management Services (AIMS): Implications for Service Delivery, Patient Benefit and Harm Reduction

EDARA is an observational study looking at the effectiveness and acceptability of AIMS, which receive, treat and monitor intoxicated patients instead of having them admitted to emergency departments. It is funded by the NIHR Health Services and Delivery Research Programme and will run in YAS until July 2018.

3. Prevalence and trends in UK ambulance service staff suicides

The purpose of this study was to determine whether people who work either as a paramedic or in other roles in the UK ambulance services are at higher risk of suicide than people who work in other professions. It was commissioned by the Association of Ambulance Chief Executives and a final report was published in November 2017. The study showed increased risk of suicide for some ambulance staff, and indicated some key times and events when staff need support. The findings are being incorporated into national guidance.

4. RIGHT-2 - Rapid Intervention with Glyceryl Trinitrate in Hypertensive Ultra-Acute Stroke Trial-2

This is a clinical trial assessing the safety and efficacy of Transdermal Glyceryl Trinitrate (GTN) patches, administered by paramedics for patients suffering acute stroke. This study aims to find out whether early use of the patches (before hospital) improves outcomes for patients. The research is funded by the British Heart Foundation and is taking place in four ambulance services, and hospitals who receive eligible patients. It received NHS permission from YAS in October 2015, staff training began in early November 2015 and patient recruitment runs from November 2015 to May 2018.

5. Comparing conveyance and non-conveyance to the Emergency Department for self-harm: Prevalence and ambulance service staff perspectives

This was conducted by a PhD student from the University of Leeds. Six staff were interviewed and anonymous data was provided for analysis. This study closed in September 2017.

7. Connected Health Cities: Data linkage of urgent care data

The study will link data on individual patients from different Emergency and Urgent Care (EUC) providers to map the patient pathway through the EUC system. The goal is to identify key pressure points where changes could be targeted to reduce service pressure and improve patient care. YAS will provide data for this study, which will be open from January 2017 to December 2018.

8. Yorkshire Health Study

This is a longitudinal questionnaire-based cohort study that aims to help the NHS provide the most appropriate services and treatments to prevent and treat obesity in the future by collecting information on the health and weight of a representative sample of adults of all ages (16yrs +) over the next 20 years. The study will enable both new and existing services and treatments to be efficiently and quickly evaluated. Data collection is expected to run from April 2017 to December 2019.

9. Drivers of Demand for Emergency and Urgent Care services (DEUCE): understanding patients' and public perspectives

This is an interview study looking at how people make decisions to use emergency services, urgent care services, routine or self-care. YAS callers who have been identified as making clinically unnecessary use of services were interviewed.

10. The NHS duty of candour – a step forwards? (DoCASs)

This is a student study using questionnaires looking at the impact the Duty of Candour has had on open disclosure in the NHS. Duty of Candour leads nationally have been asked to complete a questionnaire.

**11. Building a culture of openness across the healthcare system: From transparency through learning to improvement?
(Sub-study 1a: telephone interviews with senior stakeholders)**

This is part of a programme of research led by the University of Leicester, and involves interviews with senior managers.

12. Perceptions of Patient Safety in the NHS ambulance services: V1

A PhD student will be conducting interviews with YAS staff. Interviews will explore patient safety culture and practice in the ambulance service.

13. The application of adaptive governance and strategic reflexivity with a lens given by the complexity offered by the NHS in England, to create an appropriate environment which encourages innovation supported by appropriate strategy and governance processes.

This doctoral student study will involve staff interviews.

14. An exploration of ambulance transfer of labouring women to an obstetric unit: a qualitative case study.

This doctoral student study will interview staff about their experiences.

15. ACUTE: concealment sub-study

This is a sub-study (YAS did not participate in the main study) testing whether paramedics are properly 'blind' to the contents of a box used in randomisation.

16. Mindshine3: A definitive randomised controlled trial investigating two online wellbeing interventions to reduce NHS staff stress

Staff are being invited to use one of two online support tools to test which is best at reducing stress.

Publications

1. JM Dickson, HM Dudhill, **J Shewan**, S Mason, RA Grünewald and M Reuber *Cross-sectional study of the hospital management of adult patients with a suspected seizure (EPIC2)*. BMJ Open (2017)
2. Andy Irving, Janette Turner, Maggie Marsh, **Andrea Broadway-Parkinson**, Dan Fall, Joanne Coster, A. Niroshan Siriwardena *A coproduced patient and public event: An approach to developing and prioritizing ambulance performance measures* Health Expectations 2017 1-9
3. **Greg Dodd** - *PTSD, available support and development of services in the UK Ambulance Service* <https://doi.org/10.12968/jpar.2017.9.6.258> Journal of Paramedic Practice Volume 9 Issue 6

4. **James Wren** *Paramedic management of out-of-hospital postpartum haemorrhage with TXA* *Journal of Paramedic Practice* 2017 9:9, 387-394
5. Terry Brown, Claire Hawkes, Scott Booth, Rachael Fothergill, Sara Black, Anna Bichman, Helen Pocock, Jasmeet Soar, **Julian Mark**, Jonathan Benger, Gavin Perkins (2017) *Temporal changes in bystander cardiopulmonary resuscitation rates in England* *Resuscitation* Volume 118, Supplement 1, e69
6. Terry Brown, Claire Hawkes, Scott Booth, Rachael Fothergill, Sara Black, Anna Bichman, Helen Pocock, Jasmeet Soar, **Julian Mark**, Jonathan Benger, Gavin Perkins (2017) *Identification of characteristics of neighbourhoods with high incidence of out-of-hospital cardiac arrest and low bystander cardiopulmonary resuscitation rates* *Resuscitation* Volume 118, Supplement 1 e67-68
7. Jon Mark Dickson, Gregg H. Rawlings, Richard A. Grünewald, Kate Miles, Carina Mack, **Thomas Heywood** and Markus Reuber *An alternative care pathway for suspected seizures in pre-hospital care: a service evaluation* *BPJ* Vol. 2(2) 22–28
<https://britishparamedicjournal.co.uk/home>
8. Fiona Elizabeth Lecky, Wanda Russell, Graham McClelland, Elspeth Pennington, Gordon Fuller, Steve Goodacre, Kyee Han, Andrew Curran, Damian Holliman, Nathan Chapman, Jennifer Freeman, Sonia Byers, Suzanne Mason, Hugh Potter, Timothy Coats, Kevin Mackway-Jones, Mary Peters, **Jane Shewan** *Bypassing nearest hospital for more distant neuroscience care in head-injured adults with suspected traumatic brain injury: findings of the head injury transportation straight to neurosurgery (HITS-NS) pilot cluster randomised trial* *BMJ Open* Vol 7 Issue 10
9. **Jamie Miles**, Colin O’Keeffe, Richard Jacques, Tony Stone, Suzanne Mason *Exploring ambulance conveyances to the emergency department: a descriptive analysis of non-urgent transports* *EMJ* vol 34 issue 12 (Nov 2017) (RCEM conference abstract)
10. Naumann DN, Hancox JM, Raitt J, et al. *What fluids are given during air ambulance treatment of patients with trauma in the UK, and what might this mean for the future? Results from the RESCUER observational cohort study.* *BMJ Open* 2017;0:e019627. doi:10.1136/bmjopen-2017-019627 (collaborators include **Andrew Pountney, Fiona Bell, Jane Shewan**)
11. **Pilbery, Richard; Lowery-Richardson, Kirsty; Standen, Simon**; *British Paramedic Journal*, Volume 2, Number 1, 1 June 2017, pp. 20-24(5) *The management of shock-resistant arrhythmias: a clinical audit*
12. **Fiona Bell, Kelly Hird**, Becky Mars, David Gunnel *An investigation into suicide amongst ambulance service staff* *Association of Ambulance Chief Executives*, Nov 2017.

Medicines Management

YAS adopts an evidence-based approach to the use of medicines within the Trust. This ensures that patients are treated safely and effectively whilst ensuring cost effectiveness. This process is managed by the YAS Medicines Management Group which meets on a monthly basis.

Developments during the last year include:

Changes to formulary:

- The introduction of pre-filled syringes for the critical care team is ongoing, to reduce risk to patients and provide more timely RSI procedures.
- Blood has been added to the YAA formulary for the treatment of major blood loss.
- The tranexamic acid PGD has been updated to include treatment for post-partum haemorrhage in line with JRCALC guidelines 2016.
- The new specialist paramedic programme has been rolled out and they have all been PGD trained and new medicines cupboards are being installed in the relevant stations. Once all the safes are fitted there is a plan to increase the formulary to include codeine.
- A business case for buccal midazolam, dexamethasone and nitrofurantoin was submitted to February Clinical Governance Group.

Ongoing work:

- There has been further improvement in the prescription-only medicines audits, and we have seen a continual reduction in the number of unsafe bags that are highlighted as part of the audit.
- Ketamine has been embedded in the RAT formulary, and continues to be administered safely and appropriately, each administration continues to be audited. The audit of each administration of ketamine by the YAA has been stopped. This will fall into the general medicines audit plan.
- A project initiation document has been submitted to run a trial to include medicines into the Ambulance Vehicle Preparation (AVP) scheme. As well as provide a much more efficient process for staff, it will also improve patient safety and allow stock management to be transparent from procurement to destruction.

Process changes:

- Due to licensing changes we have altered the way we procure and supply controlled drugs to stations. This has resulted in a reduced workload for the clinical supervisors. A single point of entry for all controlled drugs means that we have a more robust system.

National Institute for Health and Care Excellence (NICE) Guidance and NICE Quality Standards

YAS has a clear governance process by which all NICE guidance and NICE quality standards are reviewed, reported and actions planned and monitored.

Patient Safety Alerts

In 2017-18, the NHS Commissioning Board Special Health Authority issued three Patient Safety Alerts which were relevant to Yorkshire Ambulance Service:

- NHS/PSA/W/2017/003 - Risk Of Death And Severe Harm From Ingestion Of Superabsorbent Polymer Gel Granules – action: removed from use as alternative product now available.
- NHS/PSA/D/2017/006 - Confirming Removal Or Flushing Of Lines And Cannulae After Procedures – action: alert issued to all staff and warning information added to relevant education programmes.
- NHS/PSA/W/2018/001 - Risk Of Death And Severe Harm From Failure To Obtain And Continue Flow From Oxygen Cylinders – action: alert issued to staff and warning information added to relevant education programmes.

YAS has a defined process for responding to and communicating Patient Safety Alerts. All alerts are entered and tracked via the DATIX reporting system for audit purposes and those relevant to YAS are discussed and tracked to completion via the Incident Reporting Group (Patient Safety), Trust Procurement Group (Devices and Equipment) and the Health and Safety Committee (Staff Safety).

Goals Agreed with Commissioners 2018-19 (see page 65 for achievements against 2016-17 CQUINS)

Table 1 CQUINS 2018-19	CQUIN	AIM	VALUE
National	Introduction of health and wellbeing initiatives	To encourage staff in healthy lifestyles and to ensure adequate health and wellbeing support for staff.	£143,108
	Healthy food for NHS staff, visitors and patients	Ensure that healthy options for food and beverages are available for staff and visitors to the Trust.	£143,065
	Improving the uptake of flu vaccinations for front line staff to 75% by March 2019.	To achieve a 75% uptake of the flu vaccine by frontline staff by March 2019.	£143,065
A&E	Proportion of 999 incidents which do not result in transfer of the patient to a Type 1 or 2 emergency department.	To achieve a 0.5% target increase for both Hear and Treat and See and Treat individually with an overall 1% increase in non-conveyance.	£429,238
	End-to-End reviews	To use the end-to-end review process to review a patient journey across organisational boundaries to identify, communicate and act upon shared learning.	£214,619
	Ambulance Mortality Review	To identify, communicate and share learning through the review and systematic analysis of deaths which occur whilst in the care of the Trust.	£214,619
	Improved management of patients with respiratory illness	To improve the management of patients with respiratory illness including asthma, Chronic Obstructive Pulmonary Disease and other long term respiratory disease through the introduction of medication delivery devices, alternative pathways and non-pharmacological interventions.	£1,287,715

What Others Say About Us



Care Quality Commission (CQC)

The Care Quality Commission (CQC) is the independent regulator of health and social care in England with the aim of ensuring better care is provided for everyone, be that in hospital, in care homes, in people's own homes, or elsewhere.

- YAS is registered with the CQC and has no conditions on registration.
- The CQC has not taken any enforcement action against Yorkshire Ambulance Service during 2016-17.
- YAS has not participated in any special reviews or investigations by the CQC during the reporting period.

As part of its routine programme of scheduled inspections, the CQC inspectors visited the Trust in September and October 2016 to carry out detailed assessments of five domains of quality and safety (shown below) in all YAS services including NHS 111 and their overall judgement is 'Good'.

Overview of ratings published 1 February 2017:

Outcomes	Safe	Effective	Caring	Responsive	Well-Led	Overall
Emergency and urgent care	Good	Good	Good*	Good	Good	Good
Patient transport services (PTS)	Requires improvement	Good	Good*	Requires improvement	Requires improvement	Requires improvement
Emergency operational centre (EOC)	Good	Good*	Good*	Good*	Good	Good
Resilience	Good	★ Outstanding	Good	Good*	Good	Good
NHS 111	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

* Focused inspections do not look across a whole service; they focus on the areas defined by the information that triggers the need for the focused inspection. CQC therefore did not inspect all of the five domains: safe, effective, caring, responsive and well led for each of the core services they inspected.

The Trust has developed a quality improvement plan which will support the journey from Good to Outstanding. YAS continues to monitor and manage the specific PTS plan through a robust monitoring process via the PTS Governance Group.

We have made significant progress against the areas for improvement which were highlighted, specifically these have been:

- Action to strengthen Trust-wide management and leadership.
- Implementation of a strengthened workforce and training plan.
- A continued focus on standards of cleanliness and infection, prevention and control specifically in PTS
- Approval for a co-ordinated approach to quality improvement built on staff and patient engagement.
- Introduced quality improvement approach to standardising procedures and practice across PTS. This included equipment, training, moving patients safely, preventing falls and caring for children in transit

We anticipate a further CQC inspection during 2018 and look forward to our continued journey to maintain high quality and well-led care.

Rod Barnes, Chief Executive of Yorkshire Ambulance Service NHS Trust, said:

“We were delighted with the outcome of the last CQC inspection in 2016. Their assessment reflected the high quality of service provided by our dedicated staff who work tirelessly every day to provide timely and safe services for our patients. It makes me immensely proud that the commitment of our staff and volunteers and the great care they provide was formally recognised.”

Patient Feedback: PTS, Leeds

“Thank you to the PTS driver for his kindness. I left my shopping in the vehicle and the driver called to ask if it was mine and when I said it was, he said he would drop it off to me when he could. He brought me my bag and I thought I’d thank him by giving him money for a cup of coffee, but he refused to accept it. I would just like to say thank you for his kindness and honesty. He is such a nice guy.”

Data Quality

YAS did not submit records during 2017-18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This requirement does not apply to ambulance trusts.

YAS Information Governance Toolkit Assessment Report has maintained the overall score of 85% compliance for 2017-18. This equates to a satisfactory grading as part of the Information Governance Grading Governance Toolkit which is a performance and improvement tool produced by the Department of Health. It draws together the legal rules and central guidance provided by the Department of Health in relation to the processing (or handling) of information and presents this in one place as a set of 35 information governance 'requirements' (or 'standards'). The purpose of the assessment is to enable NHS organisations to measure their compliance against the law and central guidance and gives an indication as to whether information is handled and processed correctly and protected from unauthorised access, loss, damage and destruction. The assessment rating scheme is simply either 'not satisfactory' or 'satisfactory'.

The Information Governance Toolkit assessment also provides an indication of the quality of our data quality systems, standards and processes. One of its 35 'requirements' covers whether there are procedures in place to ensure the accuracy of service-user information on all systems and records that support the provision of patient care.

In 2017-18 YAS took the following actions to maintain and improve its data quality:

- The Information Asset Owners (IAOs) quarterly review process allows us to undertake data quality checks in their respective areas of the business.
- Staff training in the use of our systems that support the provision of care include the importance of accurate data input. Computer system functionality aims to support accurate data entry and data quality audits of both electronic and paper-based care records are undertaken, reported through the Trust's governance meeting cycle and support our Information Governance Toolkit submission. Feedback to staff is provided if and when data quality issues arise.
- Our Business Intelligence Team quality check all reports they produce and have documented procedures for undertaking data quality checks of external reports prior to distribution.
- Quarterly audits are undertaken to measure YAS adherence to the mandatory health records keeping standards in line with the Health Records Keeping Standards Policy.

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

- YAS will continue to work on the actions in the above section.
- Our internal auditors carried out an audit of the Trust's approach to data quality in 2016 which provided us with significant assurance with some minor improvements recommended to processes.
- We will continue to raise awareness of data quality through the quarterly IAOs' review process to embed best practice and to strengthen the knowledge of our Information Asset Owners and Information Asset Administrators throughout the Trust.
- An electronic patient record (ePR) is currently being trialled that will provide better data quality and integrity by removing the need to scan documents or re-enter data from a manual form, which can lead to errors.
- Our Business Intelligence Team will continue to develop data quality reports for managers to help them monitor and improve data quality in their teams and have worked closely with our IT Department to improve data quality, developing data analysis reports which access a single source of data. Improved spot checks and Standard Operating Practice Documents have been developed and continue to be rolled out across the three service lines. This will improve data quality due to one standard approach to calculating an indicator.
- Qlikview is being utilised in 999 which helps to identify any data quality issues early and provides managers with the tools to spot check information and investigate issues.
- There will be a review of the Data Quality Policy to ensure it remains fit for purpose.

YAS was not subject to the Payment by Results Clinical Coding Audit during 2017-18 by the Audit Commission.

Part 3

2017-18 Review

Mandatory Quality Indicators

Ambulance trusts are required to report:

- **Ambulance Response Programme (ARP) response times** – ambulances will now be expected to reach the most seriously ill patients in an average time of 7 minutes. Other emergency calls will be responded to in an average time of 18 minutes.
- **Care of ST Elevation Myocardial Infarction (STEMI) patients** – percentage of patients who receive an appropriate care bundle.
- **Care of patients with Stroke** – percentage of patients who receive an appropriate care bundle.
- **Staff views on standards of care** – percentage of staff who would recommend the Trust as a provider of care to their family and friends (Friends and Family Test)
- **Reported patient safety incidents** – the number and, where available, rate of patient safety incidents reported within the Trust within the reporting period and the number and percentage of patient safety incidents that have resulted in severe harm or death.

Ambulance Response Times

	YAS – 1 April to 31 August 2017	Highest Month 2017-18	Lowest Month 2017-18
Category 1 within 8 minutes (ARP 2.2)	70.4%	72.9%	65.8%

ARP 3	YAS - 1 September 2017 to 31 January 2018	Highest Month 2017-18	Lowest Month 2017-18
Category 1 Mean Time (Target 00:07:00)	00:07:46	00:08:17	00:07:11
Category 1 90th Percentile (Target 00:15:00)	00:13:49	00:14:19	00:13:17

2017-18			
CCG	Performance by CCG ARP 2.2 (1 April to 31 August 2017)	Performance by CCG ARP 3 (from 1 September 2017)	Performance by CCG ARP 3 (from 1 September 2017)
	Category 1 8 minutes %	Category 1 MEAN	Category 1 90th Percentile
	ACTUAL	ACTUAL	ACTUAL
NHS Airedale Wharfedale and Craven CCG	63.4%	Data Not currently available by CCG	
NHS Barnsley CCG	60.3%		
NHS Bradford City CCG	79.0%		
NHS Bradford Districts CCG	72.4%		
NHS Calderdale CCG	72.0%		
NHS Doncaster CCG	62.2%		
NHS East Riding of Yorkshire CCG	61.3%		
NHS Greater Huddersfield CCG	71.6%		
NHS Hambleton Richmondshire and Whitby CCG	69.3%		
NHS Harrogate and Rural District CCG	76.2%		
NHS Hull CCG	76.0%		
NHS Leeds North CCG	71.0%		
NHS Leeds South and East CCG	82.1%		
NHS Leeds West CCG	70.9%		
NHS North Kirklees CCG	73.9%		
NHS Rotherham CCG	61.2%		
NHS Scarborough and Ryedale CCG	73.4%		
NHS Sheffield CCG	71.0%		
NHS Vale of York CCG	71.1%		
NHS Wakefield CCG	68.7%		
OOA/UNKNOWN	100.0%		
TOTAL YAS	70.4%		

Following the largest clinical ambulance trials in the world, NHS England has implemented new ambulance standards across the country.

The changes have focused on making sure the best, high quality, most appropriate response is provided for each patient first time. Historically ambulance services are allowed up to 60 seconds from receiving a call to sending a vehicle.

Call handlers are now given more time to assess 999 calls that are not immediately life-threatening, which enables them to identify patients' needs better and send the most appropriate response.

Ambulance services are measured on the time it takes from receiving a 999 call to a vehicle arriving at the patient's location. Life-threatening and emergency calls previously should be responded to in eight minutes. We know that most patients did not need this level of response.

Now there are four categories of call:

Category 1 – Calls from people with life-threatening illnesses or injuries

Category 2 – Emergency calls

Category 3 – Urgent calls

Category 4 – Less urgent calls

Under the new system early recognition of life-threatening conditions, particularly cardiac arrest will increase. A new set of pre-triage questions identifies those patients in need of the fastest response.

The new targets will also free up more vehicles and staff to respond to emergencies.

For a stroke patient this means that the ambulance service will be able to send an ambulance to convey them to hospital, when previously a motorbike or rapid response vehicle would 'stop the clock' but cannot transport them to A&E.

From now on stroke patients will get to hospital or a specialist stroke unit quicker because the most appropriate vehicle can be sent first time.

Patient safety is paramount. Academics at Sheffield University monitored more than 14 million ambulance calls under the trial and found no patient safety incidents.

A&E Performance against National Targets

Due to the Trust's participation in the Ambulance Response Programme (ARP) and the changes introduced in different phases of the trial, the performance data for 2017-18 does not directly correlate to the previous response categories and so the Trust is unable to publish performance against the national targets.

YAS has taken the following actions to improve its performance and the quality of its services for patients by the following:

- We have introduced dedicated resources to help facilitate more of our low acuity workload at peak times.
- We are introducing a new health and wellbeing strategy to improve staff welfare and reduce absenteeism.
- We have created a more robust management structure to increase visibility to staff on stations and ensure we have more resilience should it be required.
- The introduction of the 'red arrest teams' to support clinicians on cardiac arrests has increased our 'ROSC' (Return of Spontaneous Circulation) and survival to discharge rates.
- The introduction of staff led 'bright ideas' to improve services locally and patient care.
- The introduction of advanced equipment (air driven nebulisers, nasal naloxone, tympanic thermometers) which are helping us to deliver even better patient care / experience.
- Introduction of the JRCALC app available to all staff to aid with patient care.
- The College of Paramedics 'Best Practice Day', which was funded by YAS, was very successful and well attended.

Care of ST Elevation Myocardial Infarction (STEMI) Patients and Care of Stroke Patients

	YAS Apr 16-Mar 17	National Average Apr 16-Mar 17	Highest Month 2016-17	Lowest Month 2016-17	YAS Apr 17- Nov 17	National Average Apr 17- Sept 17	Highest Month 2017-18	Lowest Month 2017-18
Proportion of STEMI patients who receive an appropriate care bundle	80.6%	77.0%	81.6%	79.1%	80.1%	76.9%	84.0%	74.6%
Proportion of stroke patients who receive an appropriate care bundle	98.3%	97.1%	99.3%	97.8%	98.3%	96.7%	99.3%	97.3%

YAS considers that this data is as described for the following reasons:

Over 2017-18 YAS has continued to support the role of the RAT response; these specially trained and equipped staff provide support to responding clinicians across the Trust in cases of patients cardiac arrest. The aim is to improve outcomes for patients and support decision-making.

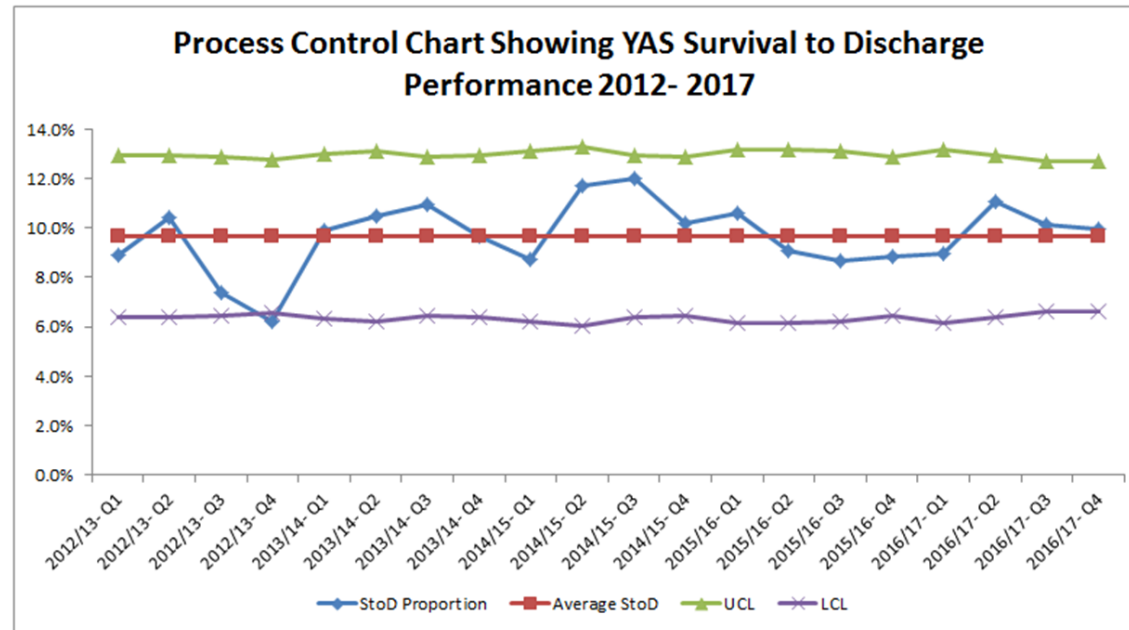
The clinical managers have, over 2017-18, provided feedback to individuals and to clinical supervisor teams on the Trust's current clinical performance on the ACQI; this includes themes and trends locally and Trust-wide. The focus this year has been to promote the management and documentation of pain, especially in patients with STeMI, a type of heart attack.

YAS has taken the following actions to improve the care to patients:

The performance for stroke is consistently in the high 90% across the Trust. A review of the care bundle for 2018-19 aims to expand the care we provide in the pre-hospital phase of care for stroke patients, and will focus on those with the most time-critical strokes.

Patient Feedback: 999 Rotherham

"On behalf of my family, I would like to say a 'Big thank you' to the ambulance crew who attended to my mother-in-law. A special thank you to a crew member in particular who was very caring, re-assuring, patient and showed tremendous compassion and understanding when dealing with mum. I commend him for his qualities. My mother-in-law, who's 98 years old, would like to say thank-you to the ambulance team for all the care given."



The above process control chart identifies performance within 'normal variation' for all quarters since 2012, with the exception of 2012/13 quarter 4. As this is the only occurrence of dropping below the lower control limit, it is likely the surrounding circumstances will not be repeated. According to this theory, increasing the number of patients who survive to discharge is directly linked with improving the process by which YAS treat cardiac arrests

Staff Views on Standards of Care - including Friends and Family Test (FFT)

Staff Views on Standards of Care	Proportion of staff who agree or strongly agree that if a friend or relative needed treatment they would be happy with the standard of care provided by the Trust
YAS 2015-16	65%
National Average 2015-16	64%
YAS 2016-17	71%
National Average 2016-17	67%
YAS 2017-18	70%
National Average 2017-18	70%

The Friends and Family Test (FFT) was introduced as part of the National Standard NHS Contract in 2014 for acute provider organisations. This was extended to include the ambulance sector in the 2015-16 contract.

The questions are presented in the following order and format:

We would like you to think about your recent experience of working in the organisation:

1. How likely are you to recommend this organisation to friends and family if they needed care or treatment?
2. How likely are you to recommend this organisation to friends and family as a place to work?

Datix

Datix was introduced to Yorkshire Ambulance Service in 2013, since its launch it has seen many minor changes and developments; however in 2017 it was agreed that there would be a full organisational relaunch of incident reporting. This included a large review of the system, the form that managers use when investigating incidents, the coding structure for categorisation of incidents and staff engagement about the system (in the form of a survey and roadshows).

The survey allowed managers and reporting members of staff to identify areas of the system that could be improved. The key areas that were highlighted were:

- Incident feedback and information provided when an incident is closed
- The user friendliness of the management form needed to be improved
- The accessibility of the 24-hour incident phone line was limited as staff couldn't always contact the line to report an incident.

We took on board all the comments and introduced a newly designed managers' form which has received positive feedback and an automatic feedback function when the incident is closed. Feedback that has been provided by the investigating manager is now emailed automatically to the reporting member of staff and finally we have trained up more call handlers to take incident calls which has been shown to help members of staff report incidents over the phone.

The relaunch was undertaken with the production of a magazine called Datix News launched by Chief Executive Rod Barnes. Information Systems Manager Richard Harrington then undertook roadshows to meet with staff to explain the importance of reporting incidents and their role in learning lessons to improve safety for both patients and staff.



Incidents Reported

The Trust recognises and values the importance of incident reporting to enable learning and improvement to take place. We encourage our staff to report incidents via the Datix system and they can do this through the 24/7 incident reporting telephone line or via web-based reporting. The following information shows the incidents that have been reported through the Datix system and also includes near-miss reporting.

New Incidents Reported	Ops - A&E	EOC	PTS	111	Other	TOTALS
Apr-17	521	74	74	42	48	759
May-17	533	109	92	70	54	858
Jun-17	501	98	118	46	47	810
Jul-17	430	81	107	56	23	697
Aug-17	405	49	85	49	25	613
Sep-17	399	46	106	67	27	645
Oct-17	418	57	114	72	35	696
Nov-17	434	42	98	32	33	639
Dec-17	480	63	77	49	127	796
Jan-18	486	48	105	57	67	763
Feb-18	431	56	75	54	42	658
Mar-18	456	40	69	47	45	657

Keeping our staff and patients safe is the primary focus across the organisation as well as ensuring that the highest quality of care is delivered to patients consistently. Learning from incidents enables us to do this and a number of initiatives have taken place and continue to be strengthened to improve the quality of the investigations. This includes:

- Re-launch and full review of the Datix incident reporting system in April 2017. This enabled more streamlined forms to be developed based on the severity of the incidents reported, ensuring that the investigation is proportionate and highlights the main areas of concern to enable recommendations.

- A refresh of the investigation skills training across the organisation has resulted in two training days being available for staff to attend. This includes a practical day of training for staff who undertake low level investigations and then a more comprehensive training package for those undertaking high level, possibly Serious Incident, investigations.
- Embedding of root cause analysis (RCA) tools and techniques within Datix enables the true root causes of incidents to be assessed and reported on. This has seen inclusion of the Yorkshire Contributory Factors Framework within Datix, capturing the different root causes that may be apparent including good reference to human factors.

Reported patient related Incidents

Patient-related Incidents (2017-18)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Ops - A&E	59	70	74	71	88	104	99	97	117	112	87	91
EOC	47	45	51	47	30	30	41	16	38	34	31	22
PTS	21	21	35	36	33	33	40	42	24	45	17	31
NHS 111	25	37	15	23	36	55	58	24	32	37	40	36
Medical Ops	2	1	0	1	0	5	0	2	1	2	0	1
Other	7	17	17	7	2	0	7	6	10	13	7	7
TOTALS	161	191	192	185	189	227	245	187	222	243	182	188

During this year, NHS 111 trialled inputting all returned Post Event Message Systems (PEMS). This caused an increased spike in incidents recorded. In conjunction with commissioners, NHS 111 now uploads the number of returned PEMS monthly as one incident whilst including the actual number per Clinical Commissioning Group (CCG) into Datix.

Patient Safety Incidents

A total 2,403 of patient safety incidents were reported in 2017-18.

Patient safety incidents are reviewed within 48 hours within the Quality and Safety Team and those where moderate harm or above is reported to have occurred are subject to a full review within that period to determine if the harm level is accurately described and if the incident meets the criteria for reporting as a Serious Incident and whether the Duty of Candour applies.

Feedback is provided to all staff on their reported incidents through the auto-feedback mechanism on Datix and we continue to encourage investigators to report back their findings in person where possible. We continue to use the *Safety Update* to share learning from incidents with staff and this has been positively received.

Medication Incidents

2017-18	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Medication incidents	63	53	46	54	60	54	63	57	67	84	69	88

Identification and Investigation of Serious Incidents (SIs)

All incidents coded as moderate harm or above are reviewed by the Quality and Safety Team and escalated where appropriate for review at Incident Review Group (IRG) and considered for serious incident (SI) investigation. The definition of a SI includes any event which causes death or serious injury, 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.

YAS has declared 36 serious incident investigations in 2017-18 which makes up less than 0.43% of all incidents reported.

Serious Incidents	Ops - A&E	EOC	PTS	111	OTHER	TOTALS
Apr-17	2	3	1	0	0	6
May-17	1	1	0	0	0	2
Jun-17	1	0	0	0	0	1
Jul-17	1	1	0	0	0	2
Aug-17	1	2	0	0	0	3
Sep-17	4	0	0	0	1	5
Oct-17	0	0	1	1	0	2
Nov-17	2	0	0	1	0	3
Dec-17	3	0	0	1	0	4
Jan-18	0	0	0	0	2	2
Feb-18	3	2	0	0	1	6
Mar-18	1	0	0	0	0	1

Learning from SIs has led to:

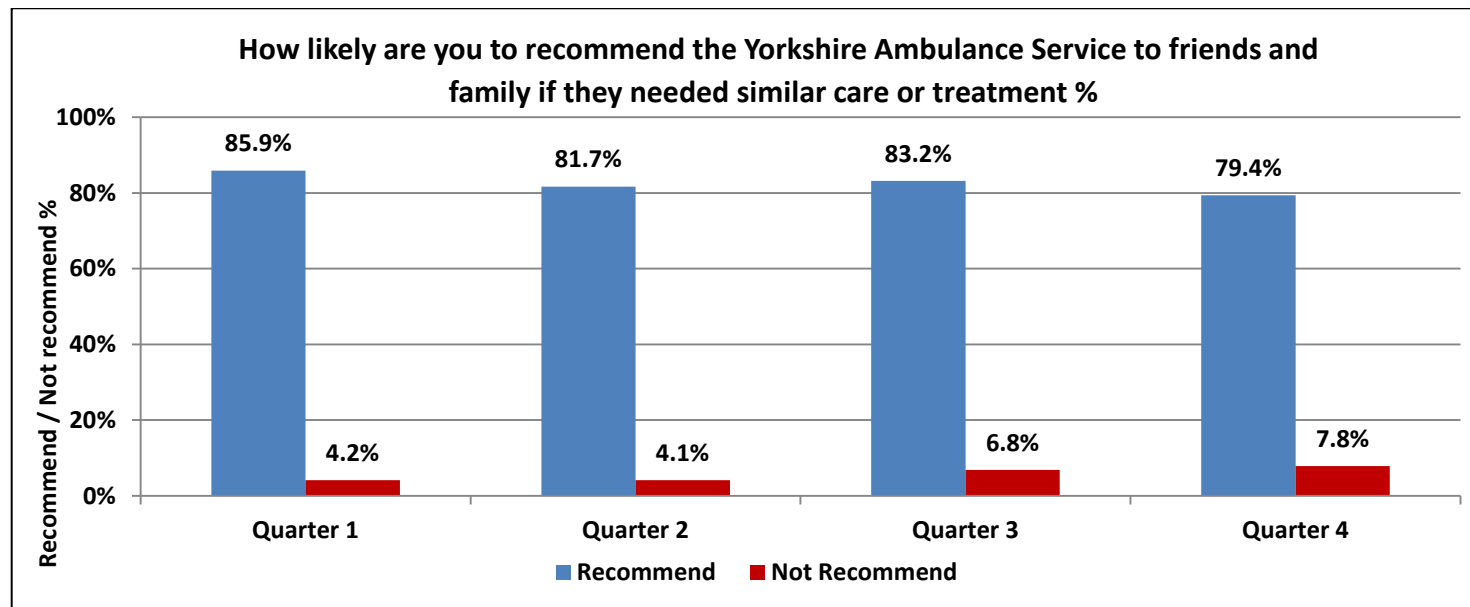
- Strengthening of processes to effectively manage road closures in a timely manner
- Further education for our call handlers to recognise when a patient is not effectively breathing and get the most appropriate response to them
- Enhanced supervision and training for our clinicians.

This year has also seen strengthening of the end-to-end review process which was set up in 2016-17. Many of these have taken place throughout the year involving GP practices, care homes, specialist community teams, acute hospital providers and emergency service colleagues to identify system-wide learning to enhance patient care.

Patient Friends and Family Test

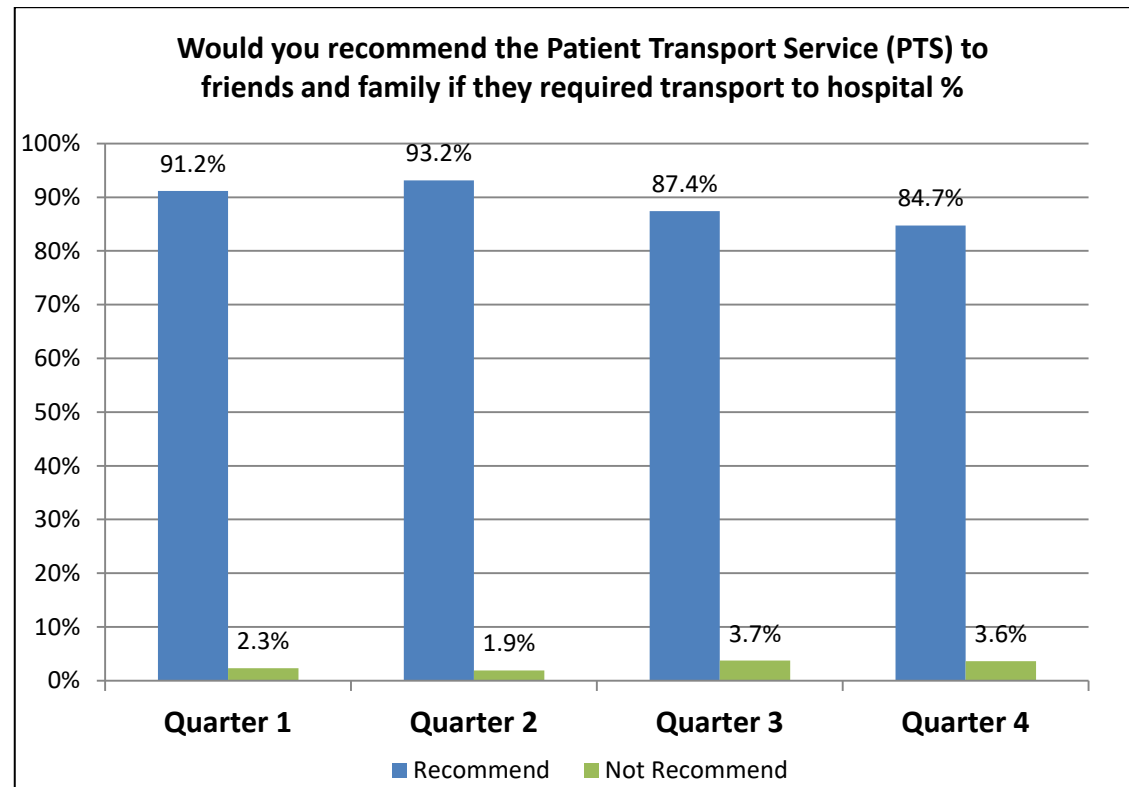
A&E

How likely is it that you would recommend Yorkshire Ambulance Service to friends and family? – 2017-18					
Extremely likely/Likely	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD
North Yorkshire	90.3%	84.0%	90.5%	87.5%	88.4%
Hull & East Yorkshire	93.9%	92.0%	86.7%	84.6%	89.5%
Calderdale, Kirklees & Wakefield	91.7%	93.1%	89.5%	89.1%	89.1%
Leeds, Bradford & Airedale	90.5%	90.0%	92.1%	90.1%	90.1%
South Yorkshire	94.7%	77.5%	91.5%	88.0%	88.0%
Unknown	41.7%	45.0%	28.0%	37.1%	37.1%
YAS	85.9%	81.7%	83.2%		82.5%



PTS

Would you recommend the Patient Transport Service (PTS) to friends and family if they required transport to hospital? – 2017-18					
Extremely likely/Likely	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD
North Consortia	98.6%	98.6%	91.5%	88.0%	94.0%
East Consortia	92.9%	94.1%	91.7%	81.8%	90.7%
West Consortia	89.7%	90.2%	86.2%	85.1%	87.8%
South Consortia	92.9%	96.2%	94.9%	95.1%	94.7%
PTS (inc unknown area)	91.2%	93.2%	87.4%	84.7%	89.1%



Patient Transport Service (PTS)

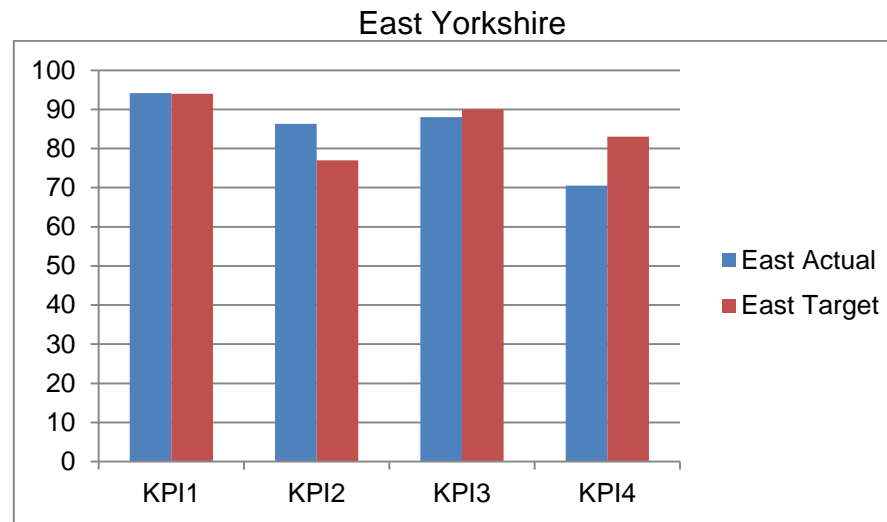
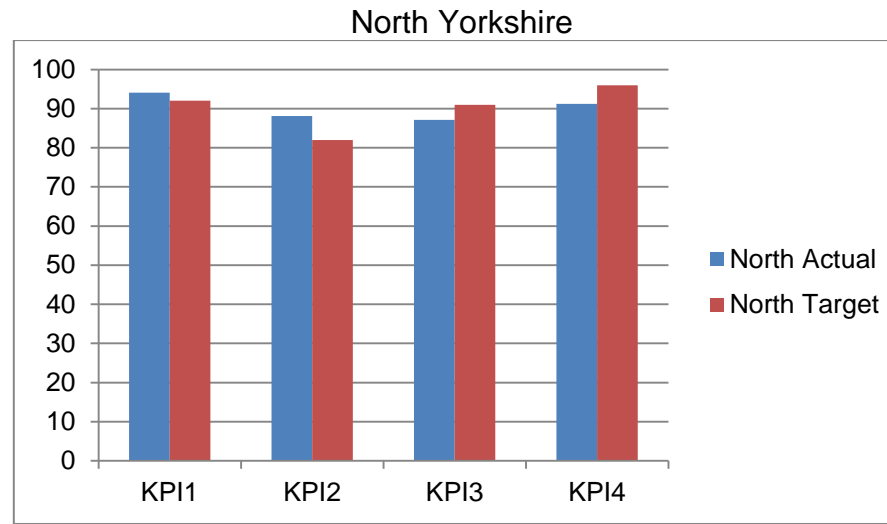
Our Patient Transport Service (PTS) is one of the largest ambulance providers of non-emergency transport in the UK.

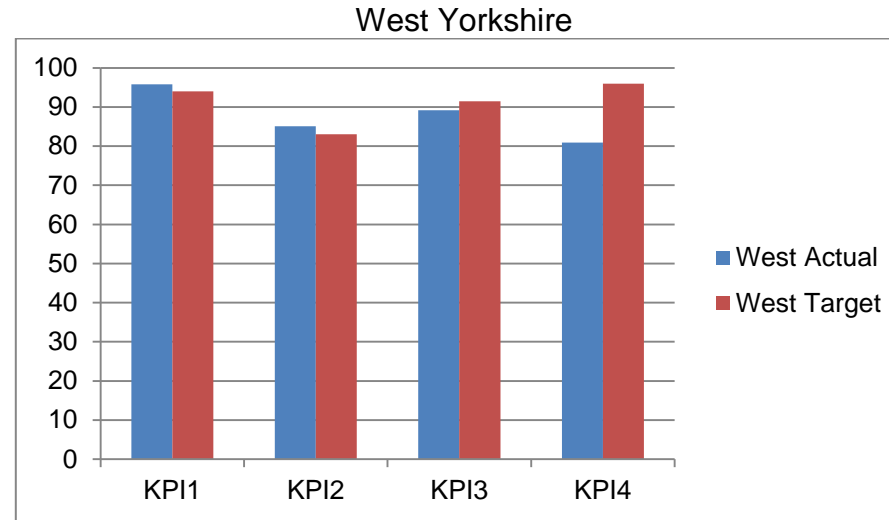
- Between April 2017 and March 2018 we successfully delivered 944,403 patient journeys.
- Our volunteer car service has completed more than 111,000 of those journeys and covered more than 2.1 million miles between April 2017 and March 2018.
- We have more than 60 sub-contractors on the PTS framework who contribute to the successful delivery of our service in the most flexible manner. They delivered just over 17% of our journeys.

The PTS Transformation Programme continues into the next phase of delivery and aims to create a transport service that provides high quality, safe and efficient care to its patients, whilst being sustainable for the future. The main areas of the transformation have included:

- Developing a new service delivery model which has an improved flow for booking patients into the system, defining required resources and so optimising the resources to transport patients.
- Increasing the number of volunteer car drivers and private sub-contractors allowing us greater flexibility in delivering the service.
- Piloting of auto-planning of PTS journeys to increase the efficiency of patient collection and drop-offs to help reduce operating costs through more efficient automated planning.
- Delivery of a centralised resourcing function to ensure the most efficient use and resourcing of staff and vehicles across Yorkshire.
- The first phase of the PTS restructure completed on 1 June 2017. Since this date, the majority of outstanding roles have been recruited to and the service now has the following resources in place: Quality Lead, Head of Service and Standards, Head of Operations, Operations Managers for West, South, North and East, Senior Logistics Manager and Resource Analyst.

Performance against our KPIs - 1 April 2017- 31 March 2018





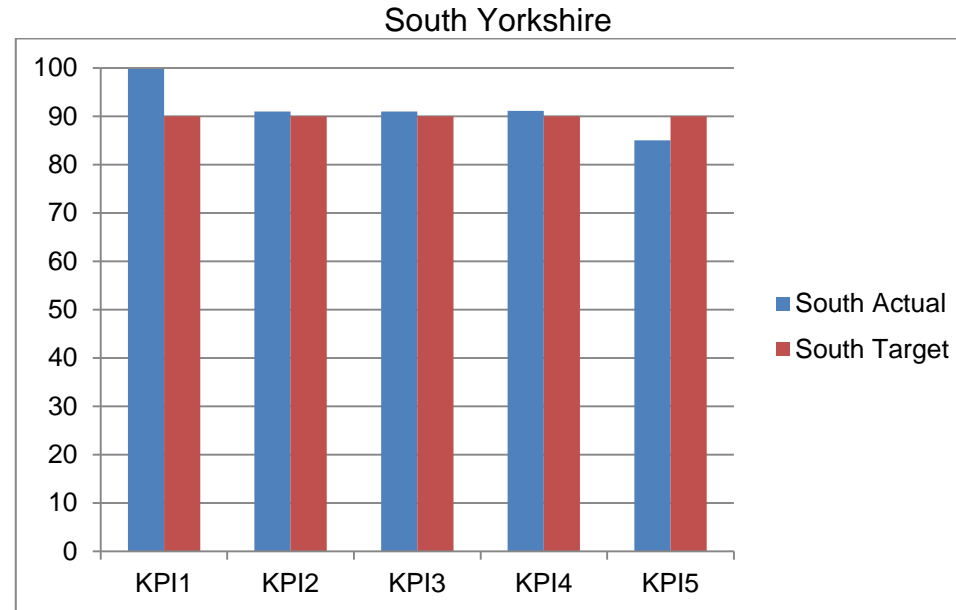
KPIs for North, East and West Yorkshire

KPI1 – Inward pick-up is less than 2 hours before appointment

KPI2 – Patients are on time for their appointments

KPI3 – Patients are picked up no later than 90 minutes after 'ready time' for planned return journeys

KPI4 – Patients are picked up no later than 2 hours after 'ready time' for unplanned return journeys



KPIs for South Yorkshire

KPI1 – The patient's journey inwards and outwards should take no longer than 120 minutes

KPI2 – Patients should arrive at the site of their appointment no more than 120 minutes before their appointment time

KPI3 – Patients will arrive at their appointment on time

KPI4 – Pre-planned outward patients should leave the clinic/ward no later than 90 minutes after their booked ready time

KPI5 – Short notice/on day outward patients should be collected no later than 120 minutes after their booked ready time

Our priority now is to ensure that continued governance and standardised working practices allow us to seamlessly integrate with our delivery partners. We believe that it is in our patients' best interests to continue to receive a service operated by Yorkshire Ambulance Service (YAS) that is delivered by staff who demonstrate core NHS values every day. The care and professionalism exhibit by PTS staff is what sets us apart from our competitors.

Contract Award and contract extension for Non-emergency Patient Transport Service (PTS) in North Yorkshire CCGs

We are delighted that, following a competitive tender process, YAS has been awarded the contract to deliver non-emergency transport services for Clinical Commissioning Groups (CCGs) Scarborough and Ryedale as well as Vale of York within North Yorkshire. The new contract will commence on 1 July 2018 for a five-year period, with the possibility of a further two-year extension.

A two-year extension has also been confirmed within Harrogate and Rural District and Hambleton, Richmondshire and Whitby CCGs.

Mobilisation of the contract for Non-emergency Health Care Patient Transport Services (PTS) in South Yorkshire

The five-year contract to deliver non-emergency health care patient transport services across South Yorkshire commenced on 1 September 2017.

YAS is now delivering:

- Core outpatient services throughout South Yorkshire and on-day discharge services in Sheffield.
- Ad-hoc repatriation work for the four South Yorkshire clinical commissioning groups (CCGs).
- GP urgent services in Sheffield. Work is now taking place with all partners to improve performance for patients using this service.

Mobilisation of the contract for Non-emergency Patient Transport Service (PTS) in East Riding

The contract for the East Riding of Yorkshire commenced on 1 July 2017 and YAS is now delivering all non-emergency patient transport services, which include core outpatient work, transport for priority patients including those attending renal and oncology appointments, and the discharge of patients from hospital who are registered to East Riding Clinical Commissioning Group (CCG).

Initial feedback following the mobilisation of these contracts has been positive.

Improving Quality within PTS

A new management structure has been implemented within PTS which is, ultimately, focused on quality improvement. The Service and Standards Team has already delivered results in terms of improvements based on the feedback from the CQC at the last inspection. So far projects completed include:

- The development and implementation of revised Standard Operating Procedures (SOPs) to ensure IPC standards are met around cleaning of vehicles, including reminder stickers fitted to all vehicles.
- A comprehensive review of the entire fleet to ensure the storage of oxygen is safe and appropriate, with supporting SOPs relating to how oxygen is used within our service.
- The development of 'Jump On' audits empowering team leaders and providing them with the tools to ensure safety and quality audits are completed regularly.

- The introduction of away-days for frontline managers ensures that key messages and information are delivered directly to directorate leaders and can be cascaded to operational staff. Two leadership events have taken place to date, with excellent attendance at both – the first focusing on projects identified from the recent Care Quality Commission report, and the second launched the new values and behaviours supported by the new Trust-wide framework.

Introduction of PTS Update

A dedicated newsletter has been developed to keep PTS staff up-to-date with matters that are relevant to them. This is distributed via email and in print via team leaders. Content includes service updates and relevant Trust initiatives, reminders of key issues, good news stories and development opportunities.

Roll-out of Huddles

A Huddle is a short conversation (around five to ten minutes) in which team leaders talk to their staff about issues relating to their area of work such as vehicle issues, staffing matters and corporate messages.

In 2017, Huddles have been trialled within North Yorkshire and found to be easy to organise. They take little time to prepare for, can be carried out in any environment and encourage a two-way conversation between staff and managers. Further resources are being developed to help team leaders structure and record their Huddles.

Launch of Patient Zone and Quick Book

'Patient Zone' is an online portal designed to allow PTS patients to view, manage and track their transport bookings. 'Quick Book' is a similar portal for Healthcare Professionals (HCPs) to book transport on behalf of their patients. Patient Zone and Quick Book are both available on PCs, tablets, and smartphones and allows our patients to:

- see current, future and past journeys
- check the details of planned journeys, including the type of vehicle booked for them and whether an escort has been registered
- book themselves as 'Ready' when they are able to make their journey home
- track their allocated vehicle on a real-time map, showing the route taken and the details of the vehicle that will arrive
- hold conversations with staff in the communications centres via instant messenger (IM) to discuss any queries
- cancel transport bookings that are no longer required.

In the future it is hoped that Patient Zone will be widely supported and further developed to include self-booking of transport, adding additional details to the 'Ready' function (such as where in the hospital the patient will be waiting) and survey completion to provide feedback on individual journeys.

Introduction of AEDs within PTS fleet

Following a Bright Idea submitted by a member of staff, each vehicle within the Patient Transport Service (PTS) fleet is to be equipped with an Automated External Defibrillator (AED).

These will be available for use as follows:

- In the event of a patient going into cardiac arrest whilst being transported by PTS.
- If a PTS vehicle encounters an emergency whilst undertaking planned journeys.
- If a PTS vehicle is flagged down by a member of the public in an emergency situation.

AEDs are easy to use with minimal training and provide staff with the ability to respond quickly to a deteriorating patient whilst waiting for emergency back-up. Providing early intervention has proven clinical benefits for patients.

In addition, AEDs will allow PTS teams to provide greater support to A&E colleagues within the existing business continuity plans, ensuring the services provided by YAS are as resilient and robust as possible.

Renal Patient Engagement

Ann-Marie Kelly, PTS Renal Engagement Lead (pictured overleaf), has been actively engaged with renal stakeholders and visits the renal units on a weekly basis speaking with both staff and patients.

One of our patients made the recent positive comments:

“Ann-Marie herself has proved to be a godsend when there has been any issues ... she has stepped up to the plate to amend any problem and turn around things to improve the service by forward planning and intercepting issues before they escalate into a bad experience for patients, I know some of the things are outside her remit and are resource-driven, but she endeavours to improve the lot of the patients as best she can, ...I have nothing but praise for how I have been treated.”

Mr GM Helliwell, Renal Patient

This patient-focused approach has led to personal recognition for Ann-Marie at our 2017 WE CARE Awards where she was a winner in the 'Working Together for Patients' category.



Next Steps

- Safety – We are improving the safety of service delivery with improved monitoring. By implementing an electronic process to ensure consumables and vehicles are clean, in date and fit for purpose as part of the team leader audits.
- Patient experience – We are implementing a process in which patients can provide feedback on individual journeys using Personal Digital Assistants (PDAs) carried by drivers. We will use this feedback to inform and develop quality improvement projects. We also intend to enhance the role of the Renal Engagement Lead to include a broader range of specialist patients, across all PTS localities.
- Effectiveness – continuing with the delivery of the transformation programme to improve efficiencies around planning and logistics through the use of auto-planning, auto- scheduling and the use of telematics within our fleet.

Complaints, Concerns, Comments and Compliments

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total 2017-18	Total 2016-17
EOC	Complaint	12	10	11	14	18	20	20	17	18	30	16	20	206	180
	Concerns	3	7	9	6	7	10	10	15	8	15	10	3	103	137
	Service to Service	18	23	25	16	18	17	24	24	9	20	16	17	227	226
	Comment	0	6	1	1	2	1	0	1	0	0	5	2	19	9
	Compliments	1	3	1	0	0	1	0	3	0	0	0	0	9	7
	Lost Property	0	0	0	0	0	0	0	0	0	0	0	0	0	6
	Patient Advice Liaison Services (PALS) Enquiries	2	1	2	3	2	0	2	1	2	1	1	1	18	9
PTS	Complaint	6	15	28	7	12	11	16	14	13	23	14	11	170	128
	Concerns	24	22	18	26	23	24	17	27	28	32	23	18	282	423
	Service to Service	22	15	23	13	15	32	29	26	22	32	23	16	268	395
	Comment	3	1	2	1	7	1	10	3	8	7	8	9	60	73
	Compliments	2	11	2	5	7	3	3	2	3	1	1	0	40	30
	Lost Property	2	4	0	6	2	2	6	6	7	4	5	2	46	22
	Patient Advice Liaison Services (PALS) Enquiries	6	4	3	6	5	5	8	6	1	5	5	2	56	36
A&E	Complaint	13	13	10	22	18	12	10	19	9	16	18	15	175	188
	Concerns	14	12	16	11	7	12	11	8	8	9	7	8	123	197
	Service to Service	12	16	18	20	15	14	12	21	12	16	17	15	220	189
	Comment	4	1	5	8	6	6	3	7	6	4	11	6	67	64
	Compliments	50	85	69	67	34	40	52	63	56	42	20	16	594	556
	Lost Property	24	33	23	24	18	29	22	28	28	32	18	34	313	321
	Patient Advice Liaison Services (PALS) Enquiries	22	16	24	11	13	24	18	10	12	15	9	14	188	208
111	Complaint	54	52	40	35	26	32	33	24	42	38	32	38	446	513
	Concerns	5	7	6	3	2	1	1	2	2	4	3	2	38	48
	Service to Service	26	20	17	30	27	12	20	23	16	28	31	33	283	726
	Comment	4	2	3	9	3	6	2	3	5	9	9	2	57	56
	Compliments	17	12	9	12	13	20	10	5	4	9	9	7	127	136
	Lost Property	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Patient Advice Liaison Services (PALS) Enquiries	1	0	0	0	1	0	0	0	0	0	0	0	2	2

Patient Feedback

"I called 999 thinking that my elderly mother was having a stroke. The paramedic who arrived in 20 minutes was brilliant. He was thorough, professional and reassuring whilst empathetic and appropriately humorous in a stressful situation. An ambulance crew of three arrived later who were equally professional but ultimately were not needed. Thank you very much."

Timeliness of Responding to Complaints

Patients' concerns and complaints are resolved in line with the Complaints Procedure Regulations and Parliamentary and Health Service Ombudsman Principles. This requires that response timescales are negotiated and agreed with individual complainants and are proportionate to the complaint and the level of investigation it requires.

We aim to achieve 85% of agreed timescales which are met most months. We have a guideline of 25 working days average response time. This has been exceeded most months this year due to delays being experienced in obtaining information from operational services due to additional pressure on frontline resources this year.

Month	% of responses meeting due date	Average response timescale (working days)
April 2017	81	24
May 2017	91	25
June 2017	90	26
July 2017	94	27
August 2017	87	29
September 2017	83	29
October 2017	90	28
November 2017	84	35
December 2017	95	30
January 2018	92	28
February 2018	90	29
March 2018	79	31

Standard operational procedures are in place to monitor individual and team workloads and the overall compliance rates are reported to the Board.

Angela's Story

Angela rang 999 as her husband Ian had collapsed and was having difficulty breathing. It took 31 minutes for an ambulance to arrive and Ian had stopped breathing. Angela started CPR but unfortunately Ian passed away.

Upon investigation it was identified that there was a delay in recognising that the patient was not effectively breathing on the 999 call which affected the priority coding. A quality improvement plan was put in place after analysing the human factors involved and an action plan developed in relation to system changes and education and awareness.

Lessons Learned for YAS

- Further education delivered to all EMDs at the EOC away-days and additional guidance produced.
- There have been no SIs reported of a similar nature and the number of non-compliant quality audits around ineffective breathing has reduced to the lowest all year.

Cardiac Arrest Survivor Thanks YAS Lifesavers

A patient who suffered a cardiac arrest at the beginning of September, dropped into Wakefield Ambulance Station with her husband to express their heartfelt thanks to the staff who saved her life.

Paramedics and the Emergency Care Assistant who attended the 999 call just a few weeks previously and, coincidentally, were on station when the couple called in.

The patient is now recovering well, having had a pacemaker fitted and is immensely grateful to everyone involved in the excellent response to her emergency and the outstanding care she received.



Family Give Heartfelt Thanks



Martin and his family were reunited with the crew who attended him when he suffered a brain haemorrhage in his home five years ago.

Martin came to Trust HQ along with wife, daughter and granddaughter and expressed their gratitude to the paramedics for their quick and compassionate response. Although Martin remembers very little of the incident, his wife spoke highly of the care, not just to him but to the whole family. She was particularly grateful for the efforts they made to ensure the family were well-informed of what was happening.

The work of YAS staff and the hospital staff at Leeds General Infirmary meant Martin recovered to be able to walk his eldest daughter down the aisle and welcome his granddaughter into the family.

Local School Says 'Thank You'



Pupils at Low Moor Church of England Primary School in Bradford designed Christmas cards to thank YAS staff for their care of patients across the region.

Some of the cards are pictured and messages included:

“Thank you for looking after people in need.”

“Thank you; we appreciate the time you put into protecting and caring for our community.”

“Thank you for looking after people and helping those in need this Christmas time.”

“Thank you for giving up your Christmas for those who need help the most.”

Staff Recognised by West Yorkshire Police

Two YAS paramedics received commendations from West Yorkshire Police, George Waterhouse paramedic in Bradford, (pictured right), was commended for his involvement in the Police Paramedic Car (POLMED) Scheme, where two special constables and one paramedic attend calls in a rapid response vehicle where both police and ambulance services are needed.

George is the most regular paramedic to work on the scheme and has often stepped in at short notice to ensure a resource can be available. The special constable who nominated him commented on his extremely positive attitude and amazing dedication to his role as a paramedic and the community he serves.





Leeds paramedic Paul Yeaman (pictured left) was commended for his involvement in responding to a particularly harrowing incident involving vulnerable children, one with life-threatening injuries.

He was recognised for his dedication and professionalism in what was a difficult situation for all involved. The joint working of the ambulance, police and hospital staff led to a successful conviction of the individual responsible. Congratulations to both George and Paul on their achievements.

Heart Hero

Community Defibrillation Officer Emma Scott (South Yorkshire, Calderdale, Kirklees and Wakefield), has been awarded the British Heart Foundation (BHF) Heart Health Professional Award in its regional Heart Heroes awards for her drive and commitment to improving the lives of heart patients and/or their families. She was nominated by Lauren Mallinson from the BHF who has worked in partnership with Emma on a number of defibrillator projects including the Rotherham Heart Town initiative.

Simon Gillespie Chief Executive of the BHF, said: "I am delighted that we've been at Emma's commitment to the BHF. Because of her hard work and dedication they've made a positive change to the lives of heart patients.

"As a charity we rely on the efforts of people like Emma to fight heart disease. Without support like this we wouldn't be able to continue funding the world-leading science that has the potential to transform medical care in the future."



Neil's Story

In June Neil woke up complaining of feeling clammy and feeling an obstruction on his chest, he concluded it was heartburn and went back to bed and work the next morning. In July Neil and his family were at their caravan in Cleethorpes when he had a similar episode; on the journey home he had a further five and said he would go to the doctors the next day. His wife and daughter were concerned enough to ring NHS 111 at this point. Following the assessment, an emergency ambulance was arranged as it was a query heart attack. The ambulance arrived within minutes; Neil backed them onto the drive, the crew asked where the patient was and he said it was him. The crew commented that he was the healthiest poorly person they had ever seen and followed him into the house. The assessment was underway when Neil had another episode as before; he was wired up to an ECG machine and it showed that he was in fact having a heart attack.

Neil states they acted quickly in providing backup and informing them what was going to happen next. The rapid responder had just arrived when Neil stated that he felt another one coming and it was a 'big one', he suddenly tensed, went grey and fell backwards, he went into cardiac arrest and advanced life support was commenced. The crew quickly began to transport whilst continuing with life support and en route to Hull Royal Infirmary he was given 10 shocks. Shortly after he was transported again to Castle Hill for further cardiac treatment and receiving further shocks. A Return of Spontaneous Circulation (ROSC) had been reached and Neil was able to be stabilised. He had surgery and a stent was fitted; the arrest had been caused by a blood clot in the main artery. He remained in Hospital for three days before being discharged home with a very positive final result. His treatment is ongoing and he now takes medication to prevent any further cardiac issues. He is slowly building up his fitness and strength to continue his training.

Compliment

Neil's wife sent a compliment to the Patients Relation Team;

"We want to express our sincere thanks to the prompt action of 111 and the paramedics who worked tirelessly, never giving up when there was just a glimmer or a heartbeat, to give Neil back his life and also the opportunity for us to live again as a happy family, a bit shook up and fragile at the moment, but none the less all together."

Performance against Priorities for Improvement 2017-18

Priority One – Lead: Stephen Segasby, Deputy Director of Operations	
Patient Safety: Improving emergency ambulance response times for patients	
<p>In collaboration with providers, commissioners and stakeholders, the Ambulance Response Programme has been designed to change the way ambulance services respond to 999 calls, in terms of both the time to respond (performance) and the prioritisation (clinical coding) of patient conditions, which determines the associated response standards. The former Red 1 and Red 2 national standards have been retired with a new call prioritisation system introduced which sets standards for all 999 calls to ambulance services.</p> <p>In line with clinical guidance, each category has set criteria to establish the required resource, transport and response times to ensure that the right resource gets to the patient, first time, every time and within time. The current Ambulance Quality Indicators (AQIs) measuring performance are no longer considered appropriate measures for a modern and responsive ambulance service capable of delivering a variety of clinical interventions. A revised set of measures, indicators and standards has been developed and is widely supported by commissioners, ambulance providers, paramedics, unions and patient and public representatives.</p> <p>NHS England has suggested that ambulance trusts focus on performance following the introduction of ARP 2.3 since these are most relevant to the Trust's current and future position.</p>	
Priority Two - Lead: Leaf Mobbs, Director of Urgent Care and Integration	
Patient Safety: Development of the Trust's role in care co-ordination across the urgent and emergency care system, with particular focus on care closer to home and improved information sharing across care boundaries	
<p>The introduction of the national specification for Integrated Urgent Care alongside the national Ambulance Response Programme set the direction for YAS around the introduction of earlier and closer working with partners to improve cross-organisational working for the benefit of patients and development of clearer care pathways.</p>	

During the year YAS has worked with commissioners; Sustainability and Transformation Partnerships (STPs), A&E Delivery Boards and Urgent and Emergency Care Networks to understand their ambitions for the future and to support with the strategic direction of IUC for the Yorkshire and Humber region.

In particular the following service developments have been progressed during 2017-18 to support this direction of travel.

- Increasing the direct booking of patient into appointments within the GP Out-of-Hours Services in Rotherham, Hull and Sheffield.
- Additional booking into Urgent Care Treatment centres and extended GP services.
- Increasing clinical advice to deliver the 40% clinical advice NHS England target by December 2017; including additional ED referral verification.
- Supported the roll-out of the National Urgent Medication Advance Service (NUMAS) to support patients calling NHS 111 who need an urgent prescription.
- Working with NHS Digital, YAS has supported the roll-out of NHS 111 Online service to West Yorkshire, North Yorkshire and Humber regions in December 2017 following the successful pilot in Leeds earlier in the year.
- Clinical Quality/Quality Developments; we continue to work with commissioners and suppliers including NHS Pathways to enhance service and referral pathways for patients calling NHS 111. During 2017-18 we successfully implemented two further upgrades to the clinical content of the NHS Pathways system; involving staff training and development on the new systems which included the Ambulance Response Programme codes.

Alongside this, the Trust provides monthly clinical catch-up bulletins, offering advice and information around care pathways and outlining the internal support that is available. We provide clinical support to our operational staff, through the clinical hub within the Emergency Operations Centre and NHS 111. We provide a range of clinical input, including mental health, palliative care, dental, pharmacy, paramedic and nursing expertise. A large focus of this work is around knowledge and experience of specialist care pathways to support frontline clinicians and to improve our ability to provide increased rates of Hear, Treat and Refer.

The use of NHS Pathfinder by our paramedics supports clinical decision-making around locally available pathways, whilst providing clear information around any gaps in local provision that reduce the ability of our paramedics to refer to those local care pathways. We continue to use and develop NHS Pathfinder and work closely with commissioners

to identify local care pathway opportunities. We also work alongside commissioners to ensure that the local Directory of Services (DoS) remains up-to-date, offering our NHS 111 service the latest available care pathways. The NHS Pathfinder and DoS are important tools for our services to ensure that staff have the right knowledge about alternative local care pathways, to deliver the right care in the right place, first time.

Priority Three – Lead: Karen Owens, Deputy Director of Quality and Nursing

Patient Experience: Maintain effective patient feedback to ensure learning from the patient experience is identified and shared. To develop methodology that ensures robust investigation and clear learning is gained from adverse events; ensuring patient and staff feedback from this process informs organisational learning going forward

The Trust has strengthened its investigation processes through the addition of the Serious Incident Investigator role within the Quality and Safety Team. This has enabled specific focus on high level investigation to further strengthen and develop the quality in order to ensure that the appropriate learning is identified and actioned. This has also facilitated more proactive staff engagement as part of the investigation process, with the staff members involved contributing towards root cause analysis (RCA) approaches to help the organisation to really understand what has gone wrong. This has proven successful in Q1 of 2017-18 in identifying a theme within the EOC in relation to ineffective breathing not being consistently recognised on 999 calls. Due to the engagement of the Emergency Medical Dispatchers (EMDs) we were able to identify the human factors impacting on this and take action at the EOC away-days in June to address this.

As part of the investigative processes, families and/or patients are offered the opportunity to be involved in the investigations as part of the Duty of Candour process. This also applies through the complaints investigation process, using their feedback and experiences to inform Trust wide learning. Proactively the Trust seeks advice from the Critical Friends Network (CFN) when learning and service developments are identified. So far this year their valuable feedback has informed developments in relation to moving patients safely, patient information when not conveyed to hospital and the PTS calling card that is left with patients. Key themes and trends have been identified via complaints during Q1 and Q2 2017-18 which has informed improvements. Some of this relates to the PTS service and the use of taxi providers. Working with the PTS team additional work has been undertaken to audit patient feedback, initially in West Yorkshire with the plan to roll out across the Trust, to understand where improvements are required, and also areas of best practice.

Priority Four – Lead: Dr Steven Dykes, Deputy Medical Director

Clinical Effectiveness: Develop a patient-centred pathway which enables best practice for patients who have suffered a stroke

The clinical pathways advisors have been working with the region's stroke service review teams. YAS has increased the number of units providing a direct to stroke team referral for patients with acute stroke. The benefits to patients are:

- early assessment by a senior stroke specialist nurse on arrival at hospital improves the time to early diagnosis for these patients;
- early access to diagnostics; early access to thrombolysis if required, time is of the essence and delays can result in this treatment not being given;
- early reassurance for patient and family that this life changing condition is recognised and actions are being taken;
- limits the number of clinical handovers and provides a clear handover from the pre-hospital environment to the clinicians caring for the patient's directly;
- patients with stroke do not have to compete with the wider emergency patient cohort as this often adds to diagnostic delays;
- this process supports the clinical staff in YAS as their working impression for stroke or MIMICs are highlighted during the clinical pre-alert and at handover.

The Trust has received agreement from the clinical working groups in Yorkshire and Harrogate Trusts, WYAHT and South Yorkshire that the region's acute stroke pathway for all hospitals with hyper acute stroke units will be pre-alerted directly to a stroke lead clinician and not through a secondary route e.g. ED. As well as this, patients will be received by the specialist stroke nurse upon arrival from April 2018.

Achieved	
Partially Achieved	
Not Achieved	

2016-17 CQUINS

A proportion of YAS income in 2017-18 was conditional on achieving quality improvement and innovation goals agreed between YAS and any person or body we entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2017-18 and the following 12-month period are available electronically at: www.yas.nhs.uk

Trust-wide CQUINs

CQUIN 1a – Improvement of health and wellbeing of NHS Staff

A range of initiatives to better support staff have been implemented this year, this includes the MSK back-care workshop pilot which was a great success and roll-out is planned for the coming months. Mental health first aid training has commenced with a hope that this can be rolled out further across the organisation. The Global Corporate Challenge to increase walking/steps taken proved successful with a number of teams competing from across the organisation. The new Health and Wellbeing Team is now in place and a 12-month health and wellbeing action plan is being developed to continue to build on the work started.

Total value - £142,937

CQUIN 1b – Healthy food for NHS staff, visitors and patients

YAS continues to work with catering suppliers ensuring healthy food choices are available for all staff and visitors. Gluten free meals and bread are also available on request. YAS will continue to ensure there is adequate provision of healthy food and beverages available to all staff and visitors who visit the premises.

Total value - £142,937

CQUIN 1c – Improving the uptake of flu vaccinations for frontline clinical staff

This year's flu vaccination campaign has been a huge success with the Trust achieving a 65.3% vaccination rate amongst frontline staff. The Trust is the most improved trust in the country and is in the top three ambulance trusts for vaccination uptake. The planning for 2018/19 campaign will commence in the spring with the aim of achieving 75% uptake rate.

Total value - £142,937

A&E CQUINS

CQUIN 12 – Proportion of 999 incidents which do not result in transfer of the patient to A&E

Shared Care Record and Patient Demographic Service matching are now fully embedded in to EOC. We have not been able to implement DoS as externally full DoS access is not supported for ambulance trusts. Throughout the first year of this CQUIN we have seen a 1% increase in non-conveyance. We will continue to explore the possibility of implementing DoS alongside other working improvements to increase non-conveyance by a further 1% in Year 2.

Total value - £857,619

CQUIN 1 – End-to-End reviews

YAS undertake investigations to learn when things have gone wrong and to make improvements to ensure the highest quality of service and care is delivered at all times. Investigations in YAS have improved over recent years, however in order to develop the process further it was highlighted that more collaborative working is required to ensure appropriate lessons are learned through working with relevant care providers. Monitoring of the effectiveness of end-to-end reviews and the actions and learning identified is conducted and tracked to ensure implementation. Reviews also take place to assess the effectiveness of the actions based on subsequent incidents reported and quality of care delivered.

This process has continued throughout 2017-18 and six end-to-end reviews have taken place in total. These reviews have involved acute trusts, GP surgeries, care homes, out-of-hours GPs, local CCGs, NHS 111 and YAS. The reviews have proved to be an efficient way to share information and learning across providers to ultimately improve patient care in the future.

Some of the key learning and actions to come out of these reviews include:

- A better handover process was developed between YAS and a local acute trust.
- Changes were made to the NHS 111 Pathways system in relation to back and abdominal pain calls.
- A care home shared their learning around YAS's expectations when they call 999 for patients with a DNACPR in place.
- Clinical refreshers are to take place within YAS for end-of-life care.
- GP practice learning that all information handed over is correct and ambulances are book in a timely manner by the attending GP.

Total value – £214,405

CQUIN 2 – Mortality Review

Learning from deaths of people in our care improves the quality of care we provide to patients and their families, and identifies where we could do more. YAS routinely monitors and audits all patient deaths where Recognition of Life Extinct (ROLE) has been invoked by YAS clinicians and a multi-disciplinary meeting, chaired by the Executive Medical Director, reviews all deaths where more could have been done to save the patient.

Total value - £214,405

Patient Transport Service (PTS) CQUIN

CQUIN 1 - Patient Experience – This CQUIN is a continuing development from last year utilising technology to develop and implement an online system (patient portal) that enables patients to access and view their own PTS bookings. This improves the patient experience by ensuring that the correct transport is allocated to the correct location at the correct time. The patient portal is enhancing communication between the patient and YAS PTS resulting in fewer journeys being aborted as the system allows patients to cancel journeys that are no longer required. This in turn ensures that resources can be used effectively to transport the patients who still require transport.

As of December 2017 the Patient Portal now rebadged as the 'Patient Zone' is well established and has developed into a strong online website with over 55 registered users. The user numbers do fluctuate, this is due to patients who no longer require transport and therefore have no requirement to use the 'Patient Zone'.

Patients are regularly surveyed to gather feedback and ideas which may enhance the system. The smartphone mobile website is now being used by some patients to mark themselves 'ready' for transport home following their treatment at hospitals.



Review of Quality Performance

NHS Staff Survey Results - Reporting of Errors, Near Misses and Incidents

	2015 percentage for YAS	National average for ambulance trusts 2015	2016 percentage for YAS	National average for ambulance trusts 2016	2017 percentage for YAS	National average for ambulance trusts 2017
Percentage of staff reporting errors, near misses or incidents witnessed in the last month (the higher the better) (KF29)	85%	79%	84%	81%	85%	82%
Fairness and effectiveness of procedures for reporting errors, near misses and incidents (KF30)	3.27	2.28	3.28	3.38	3.33	3.41

YAS is committed to the development of a culture that is open, honest and transparent; this includes consistent encouragement to report all incidents, near misses and concerns. The national data shows that YAS is above the average for ambulance trusts in terms of staff perceiving the reporting culture to be fair.

Infection Prevention and Control (IPC) Audits

	Audit	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Overall Compliance (Current Year)	Hand Hygiene	98%	99%	99%	98%	98%	99%	97%	99%	98%	99%	99%	99%
	Premise	98%	99%	99%	98%	100%	99%	99%	99%	99%	99%	98%	99%
	Vehicle	99%	99%	99%	99%	100%	99%	98%	98%	98%	99%	98%	98%

Safeguarding

The profile of safeguarding children and adults at risk continues to grow and change and is a key priority across Yorkshire Ambulance Service (YAS). Both policy and practice have been reviewed to ensure compliance with legislation and good practice guidance. The Safeguarding Team continues to engage and support staff within all departments including the Emergency Operations Centre, A&E Operations, Patient Transport Service and NHS 111 to identify safeguarding priorities to ensure quality patient care.

The Safeguarding Team continues to work Trust-wide, with partner agencies, including commissioners, social care and health partners, to review and improve the quality of the safeguarding service provided by YAS staff. Ensuring YAS employees including, secondees, volunteers, students, trainees, contractors, temporary or bank workers and NHS 111 have the appropriate knowledge and skills to carry out their safeguarding children and adult duties.

Safeguarding processes and practice are being continually reviewed and strengthened; especially with regard to the quality of safeguarding referrals to Adult and Children Social Care, the education and training of staff and the safeguarding clinical audit processes.

Within the year, safeguarding practice has been enhanced by updating the Safeguarding module within Datix, to ensure the accurate monitoring of safeguarding activity, reporting and the availability of trend analysis of current safeguarding processes and work streams.

The Safeguarding Team has contributed to Serious Case Reviews (26), Safeguarding Adult Reviews (12), Learning Lesson Reviews (6) and Domestic Homicide Reviews (18) across the Yorkshire region.

The Safeguarding Referral Process

The Safeguarding Children and Adult referral process have been reviewed and strengthened.

Communication has taken place with the lead commissioner of Wakefield CCG and local safeguarding board managers of Local Safeguarding Children Boards (LSCBs) and Local Safeguarding Adult Boards (LSABs) via the Yorkshire and Humber Safeguarding Network Group, regarding the quality of safeguarding referrals generated by YAS practitioners. The previous Safeguarding Adult

and Children referral form has been reviewed and strengthened with amendments agreed via the Trust Governance processes. To improve the quality of information shared with social care and in line with statutory requirements; the referral forms include:

- Safeguarding Children Referral Form
- Safeguarding Adult Referral Form (Adult at Risk)
- Referral for a Social Care Assessment

The new referral format was launched on Monday 2 October 2017.

A bulletin was shared with all Safeguarding Children and Adult Board Managers to inform them of the launch of the new YAS safeguarding referral forms and the process for requesting further information from YAS, both in and out of hours.

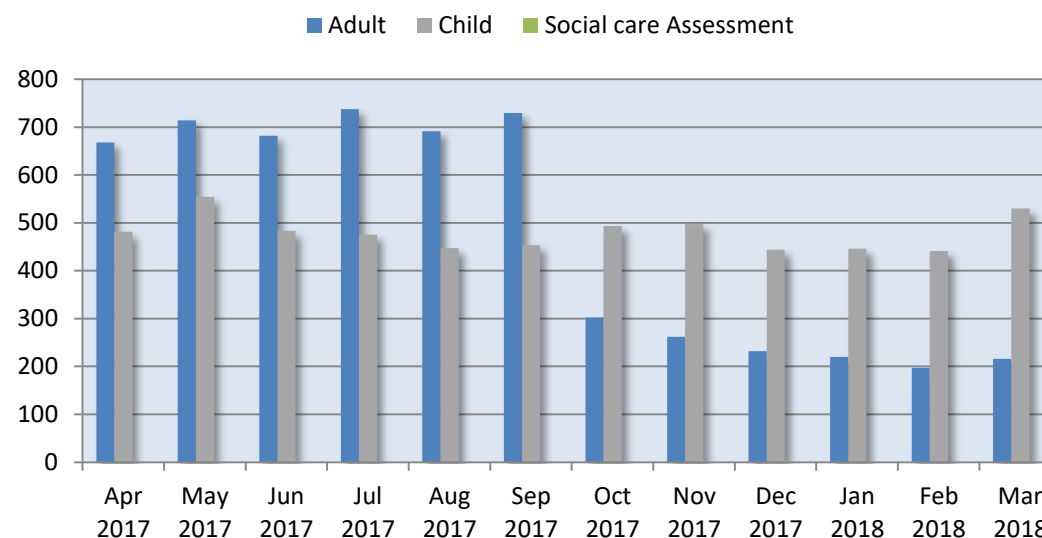
Amending the outline of concern, the additional use of SBAR (Situation, Background, Assessment, and Recommendation) communication tool within the referral form has been an effective way to promote effective and efficient communication of Safeguarding concerns. This will promote effective information sharing within the multi-agency arena to improve the assessment of risk that impacts on our patients' health and social care needs.

There has been a gradual increase in the quantity of safeguarding referrals generated by YAS; this demonstrates the safeguarding agenda is a priority in the delivery of high quality patient care. However, the impact of changes to the previous referral forms, the use of SBAR to provide clear information and the introduction of a Trust-wide referral form for a Social Care Assessment has ensured high risk safeguarding concerns of abuse can be prioritised by partner agencies.

Safeguarding Referrals	Total 2013-14	Total 2014-15	Total 2015-16	Total 2016-17	Total 2017-18
Child	3,956	4,441	5,994	5,645	5,744
Adult	4,401	5,503	6,868	8,855	5,650
Adult Social Care Assessments					3,448 since October 2017
Total	8,357	9,944	12,862	14,500	14,842

The majority of Safeguarding Adult referral forms are known to be for a Social Care assessment and not a safeguarding referral for an 'adult at risk' of or being abused and since October 2017 can be identified below:

YAS-wide Safeguarding Referrals Table



Statutory and Mandatory Safeguarding Training

Safeguarding Training eLearning product

A single Trust-wide Safeguarding Children, Adult and Prevent basic awareness eLearning product has been developed. A pilot of the eLearning training product took place during October 2017 and was launched Trust-wide on 1 December 2017.

The eLearning training product equates to Safeguarding Level 2 training Trust-wide for all health workers who have contact with patients, families and the public. This includes all clinical and non – clinical staff that has face-to-face contact or telephone contact with children, young people, adults and/or parents/carers.

The training product is based on best practice to ensure staff meet the minimal standards of safeguarding knowledge and skills. This is accessible to all staff on the Trust intranet site YAS 247. The training product is relevant to all YAS employees, and includes example calls, video and audio. The eLearning training product includes local information on the process for making a safeguarding referral to social care, using the safeguarding referral forms and when a referral for a social care assessment would be appropriate.

The eLearning package will require completion every three years by all YAS staff.

Safeguarding Training face to face product

Roles and Responsibilities, a two-hour face-to-face Safeguarding training session commenced on 16 May 2017 with A&E operational staff and the Patient Transport Service on 8 December 2017. This session is delivered by Safeguarding professionals and will be completed every three years. These sessions provide case study discussion and an opportunity to focus on the safeguarding requirements for each specific service line. This has evaluated positively to date.

This face-to-face session, during statutory and mandatory training, will eventually be delivered across all service lines and a date to launch the training in NHS 111 is awaited. During 2017, NHS 111 practice development staff have received 'Train the Trainer' sessions to expedite this and to enable the facilitation of face-to-face roles and responsibilities training during NHS 111 statutory and mandatory training days.

For the Safeguarding mandatory training, staff complete the eLearning training prior to attending the face-to-face case focused Roles and Responsibilities session.

Safeguarding Training Compliance

- Safeguarding Children Level 1 Trust-wide compliance has been consistently above 94% in 2017/18.
- Safeguarding Adult Level 1 Trust-wide compliance has been consistently above 94% in 2017/18.
- Safeguarding Level 2 Children new training product developed in December 2017 and increasing monthly and above 74% in 2017/18.
- Safeguarding Level 2 Adult new product developed in December 2017 and increasing monthly and currently at 33%.
- Trust-wide compliance for Prevent basic awareness has consistently 90% during 2017/18.
- Trust-wide Compliance Workshop to Raise Awareness of Prevent (WRAP) above 88%.
- Operational frontline staff figures for WRAP (A&E Operations) above 90%.

The compliance above for Level 2 children and Level 2 safeguarding adult training is a reflection of the transition from one training product to the new refreshed and strengthened product.



Alternative Clinical Pathways

YAS continues to develop pathways towards ensuring patients receive the most appropriate care, in the right place. Wherever possible we aim to manage patients close to home, especially for people who wish to remain in their own home, for example older people who may be frail and have long term conditions.

The types of pathways we develop vary from ones where we hand over the patient to another health care professional or we make a referral to another service or we signpost the patient so they can access an appropriate service to help and support them. One pathway is where we contact the patient's own GP. We encourage our staff to have clinical discussions for a GP to then take over the care and management of a patient if we don't convey the patient to hospital. We continue to refer around 500 patients each month to local community falls services and around 120 patients per month that have had a hypoglycaemic episode and would benefit from follow-up with diabetes specialist nurses. We have extended the referral pathway for patients that have had an epileptic seizure into the Bradford area. This is for patients who are not conveyed to hospital who then receive follow up from an epilepsy specialist nurses. The aim is to ensure their condition is managed and, in turn, this should prevent further seizures and further ambulance call-outs.

Clinical Hub Pathway Referral Comparison 2016-17 and 2017-18		
Referral Pathway	Total referrals 2017-18	Total referrals 2016-17
Diabetic Referral	1272	1,467
Falls referrals	5741	6802
Epilepsy referrals	210	198
Alcohol and Substance	315	328

To ensure a patient receives the right care, especially when unwell but not in need of emergency department treatment or admission, there is often a need for our clinicians to liaise with other health and social care professionals. We have been working closely with our community partners and CCGs to develop and shape single points of access. This means our clinicians can ring a number to access care. Examples of healthcare include access to community and district nurses and specific teams that may also have within the team, physiotherapists, occupational therapists, geriatricians and GPs. The specific needs of the patient can be discussed and this can then lead to appropriate care plans and follow up allowing the patient to remain at home. Where access to social care is required, we are continuing to work to ensure that services can be accessed and joined up with the healthcare wherever possible.

The single points that we have worked with and have been further developed this year are in the areas of Doncaster, Rotherham, Sheffield, Barnsley and Leeds. We have been specifically successful in working closely with Doncaster in reducing admissions to ED from patients who have fallen or have long-term respiratory conditions.

Due to the number of pathways available for staff to access, we now have a helpful resource pack, available for our staff on a clinical App and on our internal intranet. This resource details each pathway, its contact numbers, clinical criteria and area covered. We also encourage clinicians to ring our own Clinical Hub in our emergency operations centre. Here we have clinicians that can help, give advice and support and look up relevant and helpful information about local pathways if access is proving difficult in the community.

The Pathways Team is also at the forefront of designing new models of care in line with the Urgent and Emergency Care Review. Service reconfiguration has meant urgent treatment centres are more common and their effectiveness can be maximised with the input from the pathways team.

Falls

Older adults who have a fall continue to account for over 500 calls per day to NHS 111 and 999, representing one of the most significant areas of demand.

We were successful in an application for a Health Foundation funded project in 2016-17 that has explored a number of aspects of how we can ensure that an older person who falls receives a prompt and appropriate response. We were successful in implementing a service which reduced the time patients were on the floor and conveyed to ED.

Despite its success, the benefits were unable to be realised enough to warrant a full implementation. However, learning from the project has been valuable to help give vital information as to how alternative models of care could be used and developed; specifically, the value of the role of the EOC clinician in managing patients who have fallen.

Mental Health

We now have a fully functioning Mental Health Team working 24/7 within the Emergency Operations Centre (EOC). We have recently recruited and by spring 2018 will have 7 whole-time equivalent staff.

On a more strategic level, the Mental Health Lead engages with mental health trusts across the region, crisis care concordats and regional police forces to help promote the Mental Health Team and to highlight new working practices.

Frequent Callers

The identification and management of frequent callers to the emergency service offered by YAS is essential for the Trust to fulfil its obligation to identify and safeguard vulnerable people. YAS currently provides a coordinated case management approach for frequent individuals to 999/NHS 111 and is currently piloting the identification of NHS 111 only frequent callers who contact eight or more times per month utilising the same case management approach.

YAS has also expand this existing frequent callers service into supporting patients with multiple complex needs who are not necessarily meeting the frequent caller baseline but impacting on length of time on scene. Building on the existing service to ensure the patient plans supports individual needs while reducing the impact on the UEC service. Further to this, a pilot project has been underway looking at identifying under-18 callers where a contact has been made more than once in a month, in more than one month during a six-month rolling timeframe. This has enabled YAS to identify vulnerable children and liaise with the appropriate professional involved with their care.

During 2018-19 there will also be a focus on care homes that regularly contact UEC services to provide advice, support, signposting and education. Conversations are ongoing with commissioners for funding for next financial year.

Impact:

- Reduced number of calls to NHS 111.
- Reduced transfers to 999 and ambulance conveyance from frequent callers.
- Reduced ED attendance by frail elderly patients from care homes.
- More patients treated at home using patient-specific care plans.
- Improved patient outcomes and experience.
- Identification and safeguarding of vulnerable children.

Patient Feedback: 999, Bradford

"I would like you to pass on my thanks and appreciation to two members of your service who came to my assistance at our home. Their sense of humour and professionalism made my agonising pain a little more bearable to move and survive the rough ride to Bradford Royal Infirmary through the road works. They really are a credit to the service and I would very much appreciate it if you could pass on my many thanks to a couple of true professionals and two great people."



Yorkshire Air Ambulance

The partnership between Yorkshire Ambulance Service and Yorkshire Air Ambulance (YAA) charity has continued to grow and develop over the last 12 months. YAA has attended over 1,500 incidents this year from its two operational bases at Nostell and Topcliffe.

The Critical Care Team (CCT) is now well established within the pre-hospital setting across Yorkshire and is proving valuable in the provision of both specialised critical care to patients and support to our YAS colleagues.

The Airbus H145 aircraft are now fully operational from both bases and have brought significant improvements to the provision of Helicopter Emergency

Medical Services (HEMS). Among these are increased reliability ensuring greater operational availability, improved endurance, larger bespoke medical interior, easy patient loading system and night-flying capabilities.

YAA is now authorised to carry out night HEMS missions and our operational availability has increased to provide cover between 06.00-00.00 daily. YAS paramedics are trained to fulfil technical crew member roles and this includes navigation, donning night-vision goggles and operating specialised night lighting when attending night missions.

Blood products (red blood cells) are now carried on the Nostell aircraft and it is intended that the aircraft operating from Topcliffe will also commence carrying blood in 2018. YAS paramedics are among only a handful of paramedics in the country to be able to provide this potentially lifesaving treatment.

Events Medical and Private Ambulance Service

Within YAS we also have a department that supplies medical services to event organisers and sports grounds on a commercial basis. These services are in position to deal with medical emergencies that occur within the sports ground or the event footprint without having to pull upon the 999 frontline.

Yorkshire has a large number of major sporting venues (Elland Road, Emerald Headingley Stadium, York Racecourse) and hosts several high profile events such as Premier League football, Super League rugby, international triathlons as well as the Tour de Yorkshire multi-day cycle race.

We also provide ambulances and medical advice to the TV and filming industry, with appearances on regional favourites such as *Emmerdale*.

We have a dedicated team of staff and a separate fleet of ambulances that undertake these duties. In 2017-18 the Events Medical and Private Ambulance Service covered 816 events / activities and had 88 customers.

Exciting launch of new YAS electronic Patient Record (ePR)



A new electronic Patient Record (ePR) which has been developed in-house by the YAS Systems Team, in conjunction with clinical and frontline colleagues, was launched as a pilot in the Rotherham area.

Delivering patient care record information electronically will help to meet the objectives of delivering the highest quality of care for patients and providing information for internal and external clinicians in a paperless format (part of the requirements of the NHS Five Year Forward View).

YAS has chosen to replace the paper patient report form (PRF) with an application that replicates as closely as possible the paper version and has been designed to make the recording of information both easy and intuitive.

Feedback from staff using the new ePR is overwhelmingly positive and our partner hospital in the first stage of the roll-out – Rotherham Hospital – was equally enthusiastic.

The application, based on sections of the paper PRF, incorporates the requirements and ideas of Clinical, A&E Operations and Clinical Governance staff. The application has been developed by the YAS Systems Team which has allowed us to closely follow the Trust's requirements and adapt and enhance content in a controlled and timely way to maintain compatibility.

The information recorded is being made available, in the first instance, to hospital departments using a message board format and/or by email.



Blue Light Services Launch New Life-saving Co-responder Scheme



West Yorkshire's Firearms Officers are now responding to certain life-threatening medical emergencies at the same time as an ambulance to give patients the best possible chance of survival, thanks to the launch of an Innovative scheme.

The joint initiative between YAS and West Yorkshire Police aims to help patients in cardiac or respiratory arrest. The emergency co-responder scheme has already been activated 40 times since its introduction in September 2017 – and five patients have been successfully resuscitated and transported to hospital with a cardiac output.

Armed officers are routinely deployed on proactive patrol across West Yorkshire which means they may be closer to someone requiring the most urgent medical care than the nearest available ambulance resource. The officers are already trained to provide life-saving emergency care and carry defibrillators as part of their standard kit. In line with strict criteria, a team of two Firearms Officers are dispatched to patients in cardiac or respiratory arrest at the same time as an ambulance and do not replace the usual emergency medical response from YAS.

Their location within local communities means they could be nearer to the scene in those first critical minutes, delivering life-saving care until an ambulance clinician arrives. However, if the armed officers were already deployed to an existing police incident, or a high priority police incident occurs at the same time, they would not be diverted to the ambulance call.

Paul Stevens, Head of Community Resilience for YAS, said: “Early cardiopulmonary resuscitation (CPR) and defibrillation are undoubtedly the most important steps in the chain of survival and are time critical. We have a responsibility to ensure we explore every available option to improve clinical outcomes for our patients and we are delighted to be working in partnership with West Yorkshire Police on this scheme which has already had a positive impact on patient care. Firearms Officers, who routinely patrol West Yorkshire, already have the skills and equipment, so the collaboration made perfect sense.

“The demand placed upon blue light emergency services increases every year and our approaches to providing the best response and best patient outcomes available are continually evolving. By exploring innovative and alternative ways of working with all partners, together we can ensure our service remains responsive and safe and this will lead to even more lives being saved.” Armed Response Officers are deployed across the Force area on a daily basis and routinely patrol West Yorkshire, attending both firearms-related calls as well as any other appropriate demand. Since the scheme began, the team has achieved a Return of Spontaneous Circulation (the return of cardiac activity with a measurable blood pressure and a palpable pulse) with five patients in cardiac/respiratory arrest, including the first patient they attended.

Superintendent of West Yorkshire Police’s Operations Support section, said: “There is big misconception that armed officers only do anything when a call comes in around weapons, and that simply isn’t the case. These are exceptionally well-trained individuals who, as well as being specially trained firearms experts, first and foremost are police officers whose primary instinct and duty will always be to help people.

“As part of their regular and intensive training, firearms officers receive ‘tactical medical training’ in order to offer emergency care in the varied and potentially unique situations they may find themselves attending.

“Our support of YAS is in addition to the standard response of the ambulance service, and is all around the timeliest intervention so more lives can be saved. This isn’t us taking on ambulance calls; this is about using the exceptional training our teams have to make a real difference when they are not attending other emergency police calls. The reality is this may only be a couple of calls a week, but if in doing so they can save lives, it’s undoubtedly a positive thing.

“There are many occasions where our armed teams have given specialist trauma care to victims of the most serious road traffic collisions, or helped keep someone alive who may have attempted self-harm. These medical skills are vitally important and through this fantastic piece of partnership working, they can use these skills to help save the lives of people across the county.

“This new joined up approach is just another example of how we continue to work closely with our blue light partners to give the best possible service to our communities.”

New YAS Ambulance Driver Training Vehicles



The YAS Driver Education Team has taken delivery of six new purpose-built driver training ambulances. The Fiat Ducato conversion, completed by O&H Vehicle Conversions in Goole, ensures that all our NHS training vehicles meet rigorous safety standards, providing the Trust with a modern and safe training fleet.

The new vehicles are designed to help the development of drivers' handling skills in emergency and non-emergency situations and ensure they become familiar with the vehicle's functionality, similar to those they will encounter on their operational duties. They will primarily be used for training purposes, but can also be deployed to support YAS in emergency situations.

The new vehicles are designed specifically for driver training purposes, although they are outwardly similar to our A&E ambulances. Unlike its A&E ambulance equivalent, the bulkhead is removed to create a crew cab with increased road visibility for learners, allowing for greater interaction during driving sessions and also facilitating learning through direct observation.

The crew cab can also be utilised as a teaching, study, and break area with table, white board, VDU presentation screen, and on-board video recording system to view, monitor and record the drivers' development and assist with play-back for debriefs and tutorials.

NHS 111

Demand and Performance

The NHS 111 regional service continues to see year-on-year growth in patient demand.

Key performance information

- 1,647,270 patient calls answered.
- 88.9% calls answer rate against a target of 95%.
- 82.5% clinical calls answered within 2 hours, against a target of 95%.
- 37.6% calls to NHS 111 given clinical advice.
- 110,986 patients directly booked an appointment.
- 9.0% to 999, 15.1% not recommended to attend another service and 6.7% to the Emergency Department.
- 91% patient satisfaction where they would recommend NHS 111 to their friends and family.

Part of the ongoing NHS 111 Quality and Governance portfolio, in line with three key quality developments mentioned within the Care Quality Commission report in 2016 is the regular end-to-end review process which takes place both internally and externally.

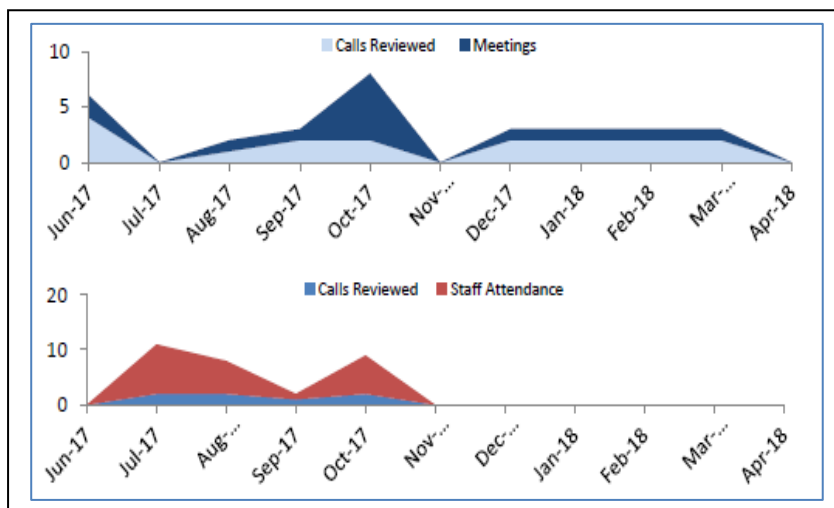
External end-to-end discussions are hosted by the respective CCG bodies during joint quality group meetings and feedback has been positive – noting that reviewing patient journeys can only have a positive outcome on future patient interaction and service provision.

Internal end-to-end discussions form part of the NHS 111 quality process and match the Trust's commitment to support the mental health and wellbeing of individuals who have been involved with poor outcomes or serious incidents. Some of the reactions a person may suffer after a traumatic event are as noted by the Trust's Post Incident Care Policy document;

- Re-experiencing the trauma in your mind.
- Avoiding things that remind you of the incident.
- Feelings of fear and anxiety.
- Feelings of grief and low mood, crying more easily.
- Increased arousal.
- Feelings of guilt and shame.
- Self-image and views of the world can change dramatically.

The time and energy spent revisiting incidents and reviewing the timeline with those involved is well received and feedback has been largely positive with the view that it enhances and improves understanding and working lives.

Year-to-date figures are represented below and are monitored by the NHS 111 Operational Management Group.



External reviews are planned throughout 2018 and further internal reviews will be actioned as and when required in line with service and patient demand.

NHS 111 Quality Developments

NHS 111 has focused on three key quality developments mentioned within the Care Quality Commission report in 2016; clinical recruitment; staff support and audits and the ability for staff to raise concerns linked to the culture.

Clinical recruitment

- Through innovative clinical recruitment initiatives we have been able to significantly increase (90%) the clinical resources working within NHS 111
- This was predominately been achieved through new home/remote working solutions. With clinical staff now working for YAS who live as far as Cornwall, London and the North East. This success was recognised by the Trust with two members of NHS 111 winning a WE CARE Award ~ 'Enhancing and Improving Lives' in November 2017.

Staff Support and Call Audits

- Our staff really value face-to-face feedback on call audits as it provides them with a great opportunity to discuss patient calls, creating a focus on quality and continuous learning.
- Over the last 12 months the NHS 111 service has increased the face-to-face feedback from c10% in 2016/17 to 54% in 2017/18.
- This has been possible since the introduction of a rotational audit team which was formally evaluated as part of NHS England workforce development programme and now forms part of the team within NHS 111.

Raise concerns and Culture

- A new operational and leadership structure is now in place to increase the support available for staff. With dedicated call centre managers for the two locations Wakefield and Rotherham have introduced 'drop-in surgeries' for staff to pop in and share ideas on how the service can be developed.
- Along with additional team leaders and the introduction of a new senior call handler role this has provided staff with career development opportunities. These changes are in line with the NHS England national Integrated Urgent Care (IUC) career framework and are shaping IUC as a career of choice.
- Freedom To Speak Up advocates promote the ability for staff to raise concerns and, as part of a health and wellbeing initiative, the NHS 111 service has launched 'Hello my name is.....' campaign. Pastoral care leads are available in the call centre on busy shifts with the aim of helping to make the call centres a positive and welcoming place with a supportive culture.

NHS 111 Service Developments

The publication of NHS England's Integrated Urgent Care (IUC) specification in August 2017 sets out the national direction of travel for the development of urgent care services.

<https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf>

YAS has made several service developments supporting the delivery of IUC for the Yorkshire and Humber region. In particular it has been exciting to support the NHS 111 Online service, working with NHS Digital, to provide members of the public with an online access channel across the region.

We have also improved the access to clinical advice for patients calling NHS 111, from 30% to 40%, and increased our ability to make direct appointments for these patients with GP Out-of-Hours services, Urgent Treatment Centres and extended GP services.

Our future ambition is to enhance further the patients' journey within NHS 111 / IUC with a 'consult and complete' model , providing patients with advice to care for themselves at home, or to provide them with a prescription or make that onward booking to the service which will provide the next element of their care.

West Yorkshire Urgent Care (WYUC)

YAS continues to work with Local Care Direct to support the ongoing development of the West Yorkshire Urgent Care Service. Supporting the wider transformational change of urgent care across the health system as part of the delivery of the NHS England IUC specification, primary care strategies with extended hours' schemes and linked to local West Yorkshire STP ambitions.

Inspections for Improvement

The Inspections for Improvement process is a rolling annual programme of ambulance station and vehicle inspections undertaken by members of staff within the Quality Governance and Performance Assurance Directorate supported by local staff from the inspection site.

Key areas of standards are reviewed such as Information Governance, Infection Prevention and Control, Health and Safety and Security. The process also promotes standards required by regulators such as Care Quality Commission.

Staff locally are involved and included in the inspection process and encouraged to take ownership of their ambulance station or Patient Reception Centre, dealing with issues as they arise and reporting where they cannot resolve.

The inspection programme has been supported locally by managers and by key support services such as Estates and Medical Equipment. Improvements have been seen year-on-year with 2017-18 focusing on upgrades to facilities for cleaning and decontamination.



Quality Improvement



The need to continually improve the services we provide and to constantly seek new and innovative ways of working for the benefit of our patients is one of the cornerstones of Quality Improvement (QI). This year we have focused on establishing a Quality Improvement plan with the aim of utilising the expertise and experience of all our colleagues. QI allows all members of our team to be able to contribute to improving everything we do.

QI Fellows

We have taken the first steps of the QI plan by developing eight new posts in the form of QI Fellows. The new posts give the opportunity for colleagues from across the Trust to make a real difference in the quality of care and services they can offer to our patients. The role involves the development of their own patient and service-focused improvement projects whilst utilising their own experience and knowledge from within the Trust.

Bright Ideas

The 'Bright Ideas' scheme is an opportunity for all YAS staff to submit ideas which could, potentially, make a positive difference to patients, staff and services. The objective of the scheme is to contribute to the delivery of YAS's vision and values as well as encouraging innovation, show efficiencies or greater effectiveness, or improved morale with an emphasis on quality and patient care and encouraging staff participation. The idea could be something new, a change to a working practice or something that YAS should stop doing.



Overleaf is a table highlighting how many ideas have been received into the scheme in the past financial year, how many ideas are still in process with the team and how many ideas have been implemented:

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Bright Ideas Submitted	21	18	22	33	25	49	36	52	30	44	27	30
Total Bright Ideas Rejected	9	4	15	16	8	13	7	35	5	20	6	13
Rejected because they are in place or in progress already	5	2	10	9	4	3	5	12	3	6	5	11
Bright Ideas Implemented	0	1	3	2	0	0	5	9	4	6	5	1

Here are a few of the Bright Ideas which have been implemented over the last 12 months:



An AutoPulse charger and a spare battery have now been provided to Leeds General Infirmary.



Letters of appreciation, thanks and compliments sent to staff via their manager or clinical supervisor with the support of the locality administration teams; any such letters will now be clearly marked with the words 'Thank You'.



Rolling relief to be included on individual's GRS page. An example being a total of hours to be completed in a set timescale with a countdown of the hours to show staff whether they will be in credit or debit at the end of the period.



YAS has joined forces with the Royal British Legion to show support for the Poppy Appeal. The idea came from a number of Bright Ideas submitted by staff to support the Poppy Appeal and raise awareness of the services provided by the Royal British Legion to help veterans and their families.

Patient Feedback: 999, Bridlington and Scarborough

"I just wanted to say a huge thank you for taking care of myself and especially my son yesterday after I wrote off my car. The time and patience you have was so special. You don't get enough recognition for the tireless work and care you give to the public. Thank you for the 'made-up' balloon you gave to my son. You take care of yourselves, and remember, you are very special for everything you do."



Sign up to Safety is a set of national initiatives in England to help the NHS improve the safety of patient care and aims to reduce avoidable harm by 50%. Launched back in 2014 it is into its fourth year of campaigning.

Over 500 organisations from across England have pledged to make care safer as part of Sign up to Safety. Yorkshire Ambulance Service was proud to be one of the first ambulance services to confirm its pledge to safety.

The programme helps to deliver four locally led, locally driven safety improvement projects:

- Recognising the sick child.
- Deteriorating adult, including recognition and treatment of sepsis.
- Moving patients safely.
- Safety Huddles within the Emergency Operations Centre.

Both clinical work-streams have included a review of current practice, skills and training, followed by robust implementation of recognised tools, including National Early Warning Score (NEWS) and the SBAR handover tool. Collaborative work with emergency departments has enabled a new regional network to be developed and care pathways and consistent protocols have been agreed. A regional screening tool for sepsis has been introduced and has been well received by staff.

The work-stream – Moving Patients Safely – progressed into its third year with a focus on updating the education and training delivered to all staff to support the safe movement of patients. The training programme has been reviewed and the time staff have to undertake practical sessions, using the equipment, has been increased. Staff feedback following these changes has been very positive.

We have also focused on the equipment we provide to support safe movement of patients and have asked staff what about each piece of equipment to ensure it is fit-for-purpose and stored in a place that makes it easily accessible for use. In the coming year we intend to work using co-production techniques, with service users who have complex mobility needs to develop a patient held record that states their preferences for moving when they require our care.



Incidents of harm to patients and levels of musculoskeletal injury to staff have reduced over the three years when these initiatives have been brought together under this safety campaign.

Knowing you are delivering a safe and responsive service is important to staff right across YAS and the staff in the Emergency Operations Centre (EOC) are no different. The EOC is a busy and sometimes stressful place to work. Reflecting daily on their levels of safety, via safety huddles, have helped them to improve communication, recognise when things are not working as they should be and what steps they can take, in real time, to improve safety. Incident reporting within the EOC has improved over the last three years and all staff are empowered to make changes that support safety. Quality improvement methodology has been used to ensure that changes made actually lead to improvements.

As the YAS Sign up to Safety campaign enters into its fourth year it is time to reflect on what we have learned and decide on our safety priorities for the next 3–5 years.

In order to support this we intend to ask our staff and patients about their common safety concerns. Opening up conversations and listening to staff and patients about their own experiences is the best way to highlight the real life safety issues that we face. Learning from when things go wrong is an important part of any safety culture but it's only the first step, real learning will come when we begin to understand what is happening in teams where things are going well; what are the key things that are taking place to promote this safety culture and this is where the Sign up to Safety campaign is heading next.



YAS in the Local Community

YAS Celebrates Best Ever Restart a Heart Day

“Our best Restart a Heart Day yet – but we couldn’t have done it without our incredible team of volunteers!” Clinical Development Manager Jason Carlyon paid tribute to the 900 volunteers who gave up their time to teach CPR to 25,000 youngsters at 123 secondary schools on Restart a Heart Day.

The Clinical Development Manager, who manages a small project team which runs the event every year, said: “Another fantastic Restart a Heart Day! We recruited more volunteers than ever before which meant we could provide CPR training to more youngsters at more schools than ever before. A huge thank you to everyone involved.”

Yorkshire Ambulance Service’s efforts on Restart a Heart Day, which is run in partnership with the British Heart Foundation and Resuscitation Council (UK), attracted national and extensive regional media attention, including BBC Look North and ITV Calendar, as well as features on all local radio stations, numerous newspapers and news websites. The event also generated record activity on Twitter (<https://twitter.com/YorksAmbulance>) and Facebook (<https://www.facebook.com/yorkshireambulanceservice/>) with high-profile support from Emmerdale’s Michelle Hardwick, cricketer Ryan Sidebottom, Paralympian Hannah Cockcroft, Olympic swimmer Rebecca Adlington, footballers David Ginola, Chris Waddle and Carlton Palmer and actress Sheree Murphy – to name a few!

Feedback through from volunteers who have commented - “Great event in Beverley – put me down for next year!” “Great group of volunteers, mostly YAS staff, and the children seemed to enjoy it and get a lot out of it.” “It was great fun and I’m looking forward to 2018 already!” “Really good to be involved and proud to be a small part of it.” “Honoured as always to be involved.”



Community Defibrillators

The Community Resilience Team continues to increase the number of Community Public Access Defibrillators (CPADs).

Our expectation to increase by a further 10% should have seen a further increase to 831 devices on the previous year however we can confirm In December 2017 there are now 1221 Public Access Defibrillators across Yorkshire all registered on our Computer Aided Dispatch System (CAD) this is a significant increase of 466 new devices giving us a 61.87% increase on the previous year and far exceeds our objectives.

The number of static devices on CAD is now 1,486 giving us an increase of 137 further devices registered on our CAD system.

Further development is planned this year to replace the initial 100 devices provided by YAS. As part of this process ownership will fall back to communities; they will be responsible to maintain and sustain these cabinets and defibrillators going forward in line with the other 1,121 devices currently across the Yorkshire and Humber region.

Public Health

As the only ambulance service to have a dedicated Public Health Lead, YAS has been recognised nationally as an exemplar of public health practice within the ambulance sector. Professor Kevin Fenton, Director of Health and Wellbeing for Public Health England, highlighted YAS as a local service leading the way on this agenda in his recent blog for Public Health Matters.

A national consensus statement between the Association of Ambulance Chief Executives (AACE), NHS England, Public Health England (PHE) and the voluntary sector has now been published which outlines the role that ambulance services have to play within public health.

To embed this at a local level, YAS has helped to coordinate a regional commitment has been reached that involves five police forces, four fire and rescue services, two ambulance services and four police and crime commissioners, working with PHE, NHS England and Health Education England. Partners are committed to working together to use their collective resources, knowledge and skills to develop a regional approach to early intervention and prevention which, while recognising the unique nature of each organisation, draws on their combined expertise to support the communities they serve.

Further achievements to date include:

- Public health knowledge and understanding is now beginning to be integrated into the training and development of all YAS staff through the Making Every Contact Count (MECC) approach to behaviour change.
- Awareness of MECC has been incorporated into the YAS Clinical Refresher Programme and Emergency Care Practitioner development days for 2017-18 as well as the clinical supervisor development days to allow for cascading through mentoring and supervision.
- A bespoke programme of training in MECC developed in conjunction with North Yorkshire County Council has also been delivered for the Patient Transport Service in North Yorkshire.
- Community engagement with the health and wellbeing agenda remains a top priority. YAS partnered with the Stroke Association during our community engagement roadshows in May to promote the Make May Purple campaign and the Arrhythmia Alliance to promote Heart Rhythm Week in June.

- As part of the Northern Ambulance Alliance we are also working with North West Ambulance Service to develop their public health strategy to ensure a consistent approach to public health across the north.

The Public Health Lead for YAS has been invited to speak as an advocate for the ambulance services and public health at both the national Public Health England conference and annual Local Government Association/Association of Directors of Public Health conference.

In recognition of our public health contribution YAS received a highly commended award at the Advancing Healthcare Awards.

Looking after our staff

Employee Wellbeing

In 2017-18 YAS has further promoted:

- **Post Incident Care (PIC) Process**

We have enhanced our PIC process to include access to a clinical psychologist for cases of severe trauma and to improve our ability to record and monitor individual incidents. There is a process of training being rolled out to clinical supervisors in Mental Health First Aid Training.

- **Wellbeing Champions**

YAS has created a group of over 70 Wellbeing Champions. They are disseminating information and providing the Employee Wellbeing Team with valuable feedback. They have been offered some training opportunities, but we really need to continue to build this network in terms of volume and scope.

- **Physical Competency Assessment (PCA) for applicants to frontline roles (CQUIN activity)**

We have begun to trial a PCA for applicants to frontline roles. Further sessions are organised and these will continue until the validation of the PCA is complete. We can then evaluate with a view to incorporating into our recruitment process.

- **MSK/Back Care and Health Check Pilots (CQUIN activity)**

We have now received information from two of the three potential providers that were contacted regarding delivery of the above. A preferred provider has been selected and is liaising with the involved areas of the organisation to run this pilot. We are currently reviewing how we can move this forward.

Embracing Diversity, Promoting Inclusivity

We are proud to have developed our first Diversity and Inclusion Strategy which sets out the Trust's ambitions and plan of action to promote and advance equality of opportunity, diversity and inclusion.

Chief Executive Rod Barnes and Chair Kath Lavery launched the document on 7 December at Yorkshire Ambulance Service (YAS) Headquarters (HQ) in Wakefield (pictured).

As part of the event, Rod, Kath and staff at HQ signed a pledge that all our employees and those who access our services are treated with dignity, respect and fairness at all times.

To deliver this three-year strategy, we must put equality, diversity and inclusion at the heart of everything we do. The document outlines our six strategic equality objectives and sets out core areas of work and the actions we will take to fulfil our ambitions. Each year we will assess the progress we have made which will be reported through the Trust Board.



Successful Community Event in Bradford

The Trust, in partnership with community voluntary organisation Neesie, held a community fun day at the Carlisle Business Centre in Bradford. More than 60 members of the local community attended and were able to take part in free first aid awareness training as well as learning about career and volunteering opportunities within the Trust.

Patient Feedback: 999 Harrogate

"I would like to thank you for the service that we received from the ambulance crew who attended my husband's fall. My husband had fallen from the front steps of our house and landed on the concrete, cutting his face above his eyebrow very badly. The ambulance arrived very soon after I called and when they arrived they made sure he was OK. Then, while on the phone with my daughter, they reassured her that my husband was OK."

NHS Staff Survey

The NHS Staff Survey is an important means by which the experience of staff at work and their engagement with patients, colleagues and managers are explored.

The Trust's Staff Survey for 2017 was carried out as a census survey, with every member of staff being invited to respond and share their views. A total of 1,602 staff at Yorkshire Ambulance Service NHS Trust took part in this survey; this is a response rate of 35%. The 35% response rate is below the average for ambulance trusts in England which was 40% in 2017.

The overall staff engagement indicator score for YAS in 2017 was 3.38 which was the same result in 2016. The Trust score however is below the national average for ambulance services which is 3.45. YAS believes that it is highly important that focus is given in this area of development and, as such, each directorate will be supported with the development of a local actions and activity to improve levels of staff engagement.

The top five key findings for the Trust are:

- **KF29** 85% of staff reporting errors, near misses or incidents witnessed in the last month.
- **KF3** 90% of staff agreeing that their role makes a difference to patients/service users.
- **KF16** 82% of staff working extra hours.
- **KF13** 3.94 Quality of non-mandatory training, learning or development (the higher the score the better).
- **KF2** 3.89 Staff satisfaction with the quality of work and care they are able to deliver (the higher the score the better).

The bottom five key findings areas for the Trust are:

- **KF6** 13% of staff reporting good communication between senior management and staff.
- **KF12** 2.48 Quality of appraisals.
- **KF10** 3.33 Support from immediate managers.
- **KF9** 3.08 Effective team working.
- **KF30** 3.29 Fairness and effectiveness of procedures for reporting errors, near misses and incidents.

KF 27 Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse (the higher the score the better)

Trust score 2016	Trust score 2017	National average for ambulance trusts 2017
37%	39%	38%

K21 Percentage of staff believes that the Trust provides equal opportunities for career progression or promotion

Trust score 2016	Trust score 2017	National average for ambulance trusts 2017
69%	69%	69%

KF19 Organisation and management interest in an action on health and wellbeing (higher score the better)

Trust score 2016	Trust score 2017	National average for ambulance trusts 2017
3.16	3.21	3.25

The intelligence gathered from all staff opinion surveys across the Trust informs communication and engagement activities at both corporate and local levels.

Freedom to Speak Up



In February 2015 Sir Robert Francis QC published an independent review into creating an open and honest reporting culture in the NHS. The review entitled “Freedom to Speak Up” aims to provide advice and recommendations to ensure that NHS staff feel it is safe to raise concerns, confident that they will be listened to and the concerns will be acted upon. Yorkshire Ambulance Service was one of the first ambulance trusts to commit to the recommendations of the review and continues to influence other NHS trusts as they look to implement the ‘Freedom to Speak Up’ philosophy into their own organisations.

The first twelve months have been a busy time for the Freedom to Speak Up team as it worked hard to ensure that staff are aware of the service and feel empowered to access should they have a concern to raise. Representation at staff network meetings, best practice events and staff forum events have helped promote FTSU which continues to result in a good level of staff engagement.

In an attempt to raise early awareness of Freedom to Speak Up our Guardian Jock Crawford has worked with Sheffield Hallam, Teesside and Bradford universities presenting to student paramedics ahead of their NHS trust placements. Our Guardian was also asked to facilitate two workshops at the National Freedom to Speak Up Conference in London in February, one of which was attended by Sir Robert Francis himself.

A national Ambulance Network of Freedom to Speak Up Guardians has now also been established co-chaired by the Jock and Anna Price (East of England Ambulance Service). It is hoped that establishing a network of this type will assist in identifying issues common to all ambulance trusts which could then be addressed collaboratively.

Embedding the learning from concerns raised through Freedom to Speak Up will take time but already there have been changes to policies and standard operating procedures as a result of staff raising concerns. Over the next year the Freedom to Speak Up team will continue to work closely with all departments at YAS to maximise the benefits of staff speaking up.



Jock Crawford chats with Sir Robert Francis during the national conference in London

Celebrating Staff Achievements - WE CARE Awards!



'Team of the Year' awarded to the Private and Events Team



Working Together for Patients – Patient Transport Service
Renal Engagement Lead Anne-Marie Kelly



Respect and Dignity – Paramedic Adil Baig, Calderdale,
Kirklees & Wakefield

YAS Analyst wins National Award

Congratulations to YAS Capacity Planning Analyst, who has won the title of Analyst of the Year at the National Awards from The Forum which champions best practice and professional development in customer contact.

The award programme showcases excellence in customer contact planning, insight, quality and customer experience functions and the awards ceremony took place on 26 September 2017.

He was recognised as being an exemplary role model for those in his professional community and he joined fellow winners in presenting at The Forum's national conference in Kenilworth, Warwickshire.



Trio of Accolades for 'Green' YAS

YAS was the proud winner of the Public Sector Fleet of the Year (Medium to Large) at the 2017 GreenFleet Awards. The award recognises a public sector organisation with a fleet of more than 300 vehicles that can demonstrate a reduction in CO2 and other pollutants through fuel efficiency programmes, green fleet management and driver awareness training.

Congratulations also went to the Environmental and Sustainability Manager at YAS, for being presented with a GreenFleet EV Champion Award for supporting the electric vehicle (EV) cause.

In addition, YAS was named as runner-up in the Innovation Award category at the Energy Saving Trust's Fleet Hero Awards.



Staff Honoured at Long Service Awards

We honoured our dedicated staff members who have served Yorkshire Ambulance Service (YAS) NHS Trust for 20 years and beyond at the Long Service and Retirement Awards, many of whom attended on the day. In total, 259 members of staff have clocked up around 6,000 years between them!

The event took place at Pavilions of Harrogate, led by Chief Executive Rod Barnes, Chair Kathryn Lavery, Sector Commander Mark Inman and special guest the Lord-Lieutenant, Her Majesty's representative in North Yorkshire, to present YAS staff with their certificates and awards.

On the day, we were pleased to honour our exceptional staff who have served in the NHS for 20, 30 and 40 years. The Lord-Lieutenant presented staff with a certificate and an award for their long service. Additionally, the Queen's Long Service and Good Conduct Medal was awarded to frontline emergency staff for 20 years' exemplary service.

We honoured 82 members of staff for serving in the NHS for 20 years, 53 for 30 years' NHS service and five for serving 40 years with the NHS. We also awarded 22 Queen's Medals and recognised 97 retirees for their valuable service within the Trust and to the people of Yorkshire for many years.

In addition, we presented two posthumous awards to families who have lost their loved ones in service in 2016. We were honoured that members of their families could attend the ceremony to receive awards on their behalf.



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

Introduction

The following pages contain feedback on the draft Quality Account from our key stakeholders. All of the CCGs, Health and Scrutiny Committees and Healthwatch organisations in the areas covered by the Trust were invited to comment. The replies received are reproduced in full below. Where possible we have acted on suggestions for improvement immediately. Where this has not been appropriate we will ensure that the feedback is reflected in the development of the next Quality Account for the period 2018-19. As ever, we are grateful to all organisations who have engaged with us in discussions of our Quality Account and who have supported its production with their constructive feedback.

During 2017-18 the Trust was involved in piloting new national Ambulance Response Programme (ARP) standards. These have now been finalised and introduced across the country from April 2018. The Trust is implementing a major programme of change during 2018-20, with commissioner support to ensure full delivery of the standards and associated benefits for patients. The changes to standards in 2017-18 and from April 2018 have meant that it is not possible to present equivalent year-on-year or more localised data for the standards. This is an issue highlighted by a number of our stakeholders and we will continue to work closely with them over the coming months to support updates on delivery of the new performance standards as we progress with implementation of our change programme.

Wakefield Clinical Commissioning Group – Lead Commissioner for YAS 999 Services

Thank you for providing the opportunity to review and provide comments on the draft Yorkshire Ambulance Service (YAS) Quality Account for 2017-18. The document itself is clear, well designed, and easy to read. It is evident that a wide engagement process has been completed with partner organisations. It is also evident that it is the intention to widen engagement in the future. The Critical Friends Network is well established and demonstrates the involvement of staff, patients and the public.

Overall, the Quality Account provides a fair, accurate and transparent reflection of the quality of services provided by YAS. The inclusion of the activities undertaken throughout 2017/18 is clear demonstration of a continuous drive to improve quality. Commissioners are in agreement and supportive of the priorities for 2018/19 that demonstrate a clear focus on patient safety, patient experience and clinical effectiveness.

Patient Involvement

The document is enhanced by the use of patient stories and patient feedback. Patient stories highlight the impact the service has on individuals within the Yorkshire and the Humber. It also demonstrates that YAS is engaged with patients and acting on feedback. Further work to engage patients is demonstrated through the development of the Patient Zone portal to allow patients to track their booking and make relevant changes. The desire to have devices in clinics and on vehicles is applauded as a mechanism to gain real time feedback from patients. As commissioners we look forward to seeing the progress of these two pieces of work in the coming year.

Learning from Staff

The Freedom to Speak Up team has also ensured that staff have a safe place to raise concerns and the report shows that they have been listened to and appropriate changes of working have occurred as a result. The further use of staff feedback is also helpful, and demonstrates that YAS is also engaging with staff. The summary of the `Bright Ideas` initiative, also clearly demonstrates the organisational commitment to learn from staff. There is also support for staff following incidents through the Post Incident Care process.

Learning from Incidents

It is also clear from the review of incidents that YAS is an organisation that learns from incidents and has clear methods for collecting, reporting and taking actions relating to incidents. The Quality Account also provides evidence how Serious Incidents had improved care, for example via training provision regarding the identification of ineffective breathing within the Emergency Operation Centre. The end-to-end review process in conjunction with other health partners is welcomed by members to share learning across the system and improve treatment and care for patients. In addition further Root Cause Analysis training for staff is welcomed in order to ensure that as much learning as possible is captured from incidents.

Clinical Audit

The inclusion of the summary of Clinical Audit provides evidence that the trust has participated in both national and local clinical audits and is committed to the development of research and innovation as a driver for improving the quality of care and patient experience. In addition, the Trust demonstrates a strong commitment to research including an expansion of the team. This is further evidence that the Trust is aiming to be a learning organisation.

Quality Outcomes

Commissioners would like to congratulate YAS on their STEMI and ROSC results which are higher than the national average showing that YAS are providing excellent patient care.

Individual Feedback from East Riding of Yorkshire CCG and Vale of York CCG

The Vale of York Clinical Commissioning Group (VOYCCG) is pleased that YAS has retained their PTS contract and they are looking forward to working with YAS on quality improvements in the next 12 months. The VOYGGC also recognises the contribution that YAS has made to their hospitals over the winter months when they have been under significant pressure, providing on-site management support to ambulance crew to improve patient care and turnaround times.

YAS agrees that response times in some rural areas such as East Riding require innovative and collaborative system solutions to improve and they have committed to working with partners in primary and community care sectors to make progress and improvements in response times in 2018/19.

Healthwatch Leeds

- There are clear, defined priorities which reflect the priorities of the local population.
- The document is comprehensive and includes the wide range of services provided.
- The document is well presented and has demonstrated patients' involvement and how you have done this. The use of service user quotes and case studies throughout is to be commended. As is the use of case studies in staff training.
- On page 9 it describes working with NHS 111 on developing a policy on how to manage 'repeat 999 callers'. On Page 13 it describes the 7 NHS Services which YAS provides or subcontracts one of which is NHS 111, which is therefore an 'in house' service. Whilst we realise Quality Accounts aren't the best place to describe changes in policy it might be appropriate that outcomes of 'repeat 999 callers' would be a good subject for a future local audit? This is an important area as people who repeatedly call 999 (who are not normally frequent callers) may well have something significantly amiss.
- On page 32 there is a table of various CCGs and the ARP8 response time (ie the time taken for an ambulance to attend seriously ill people should be within 8 minutes). Included in the table is NHS Cumbria CCG so we assume YAS provides ambulance services for at least part of Cumbria? We are not given the number of call outs but this important emergency target was only achieved in 43.5% of calls. This is obviously a very low rate and we suspect must be related to the

geography and time taken to attend? If there are a number of calls to NHS Cumbria CCG it would be good to know what is being done to specifically address this very low compliance rate?

- We are pleased to see improved patient engagement being recognised in both research and specialist services. (p18 YAS winning 'Improvement Patient Engagement' award with the Clinical Research Network and p94 Renal Engagement lead winning a WE CARE award 'Working Together for Patients')

Leeds Clinical Commissioning Group

The report was presented in a very readable and accessible format, which included a good overview explaining who was involved in pulling the report together. The frequent use of service user quotes and stories was also an effective way of demonstrating transparency and the importance of learning from patient experience. It was a good example that people were being listened to.

Following on from this the Critical Friends Network provided a mechanism for widening involvement with a focus on improving the experience of patients through the co-production of services. It is particularly pleasing to hear that the focus for 2018-19 will be with those suffering from dementia and their carers. In addition the frequent engagement by the trust with renal patients can only have a positive outcome in building positive relationships. The commissioners will look forward to receiving the outcomes of the feedback. Further work to engage patients is demonstrated through the development of the Patient Zone portal to allow patients to track their booking and make relevant changes. The desire to have devices in clinics and on vehicles is applauded as a mechanism to gain real time feedback from patients. As commissioners we look forward to seeing the progress of these two pieces of work in the coming year.

The report contained useful details on actions applied following clinical audits so demonstrating that the audit process is being embraced to improve quality of care. In addition the Trust demonstrates a strong commitment to research including an expansion of the team. This is further evidence that the Trust is aiming to be a learning organisation.

It is noted that the Trust as a whole has a CQC rating of Good which confirms its desire to improve quality and performance through setting an aim of being rated Outstanding. The Patient Transport Service was rated as Requires Improvement, but the actions to address this are welcomed, such as a new management structure focussing on Quality Improvement. Commissioners will look forward to receiving updates on this work through the regular contract meetings and are encouraged by the commitment to this through the training of Quality Improvement fellows.

Safety also appears prominently in the report. There is evidence of a commitment to incident reporting by making the reporting process as straightforward as possible for staff who are predominantly out on the road. In addition further Root Cause Analysis training for staff is welcomed in order to ensure that as much learning as possible is captured from incidents. There is also support for staff following incidents through the Post Incident care process. The detailed attention to the Safeguarding process and ensuring it was embedded with staff was also reassuring.

The Trust's above national average performance for ST Elevation Myocardial Infarction and stroke patients receiving the appropriate care bundle is to be commended. In addition, the introduction of Automated External Defibrillators into all patient transport vehicles is welcomed and it will be interesting to see how often these are used and how they contribute to the support of A&E colleagues. Following on from this the Restart a Heart events were not only valuable in teaching lifesaving skills, but an excellent example of community engagement, thus raising the profile of the service.

Other initiatives of note were the employment of mental health workers to not only ensure appropriate responses but also to build good relationships with local trusts and the flexible working arrangements for 111 staff to increase availability for shifts .

Overall the account is easy to understand, clearly formatted, used lots of images to help demonstrate and illustrate points and used few acronyms. We are supportive of the Quality Priorities for 2018-19 which continue to focus on the core elements of quality, namely safety, experience and effectiveness, and we hope that this is accepted as a fair reflection. We look forward to seeing the progress made over the coming year.

Healthwatch Kirklees

Healthwatch in Kirklees & Calderdale continues to have an open constructive relationship with Yorkshire Ambulance Service. We find the organisation open and responsive, willing to listen to the feedback from patients, and transparent in its dealings with our organisation.

Wakefield MDC Adults Services, Public Health and the NHS Overview and Scrutiny Committee

Through the Quality Accounts process the Adults Services, Public Health and the NHS Overview and Scrutiny Committee have engaged with the Trust to review and identify quality themes and issues that members believe should be both current and future

priorities. The Trust has sought the views of the Overview and Scrutiny Committee with the opportunity to provide pertinent feedback and comments.

The Committee has acknowledged that the priorities for improvement have been reviewed through a wide range of groups and individuals and that the Trust has taken into account issues highlighted in feedback from patients and staff and believe that the Trust's priorities identified in the Quality Account broadly match those of the public.

The Committee accepts that the content and format of the Quality Account is nationally prescribed. The Quality Account is therefore having to provide commentary to a broad range of audiences and is also attempting to meet two related, but different, goals of local quality improvement and public accountability.

In order for the public to make sense of information presented requires the provision of standard, consistent and comparable measures, published in a format that enable interpretation and comparison. Priorities for improvement should then be given benchmark or trend information to provide some context for interpretation. The Committee would suggest that a reader friendly summary document would be helpful to provide public clarity and relevance to the Quality Account.

The Committee would like to see a more challenging approach to the setting of priority areas for improvement. Whilst the Committee accepts that the continuum of improvement should be maintained, the Committee believes the public would want to see more ambition in setting challenging but realistic targets for improvement.

The Committee welcomes the continued emphasis on patient safety within the Quality Account and the priority on delivery of safe ambulance response through implementation of ambulance response programme and the introduction of new models of urgent care. The Committee believes that YAS has a key role in care co-ordination across urgent and emergency care. Collaborative working with commissioners and partners will help secure this objective and will lead to better co-ordination of services through innovation and new ways of working that will deliver timely emergency and urgent care in the most appropriate setting and will help develop new pathways of care for patients for whom the emergency department is not the most appropriate place for care.

There is compelling evidence that NHS organisations in which staff report they are engaged and valued deliver better quality of care. The Committee supports the emphasis on continued staff engagement in the Quality Account. The Committee particularly welcomes the development of the Critical Friends Network in building patient involvement into service developments and the use of patient stories which are used to learn about the patient experience and lessons learned and acted upon where things go wrong.

It is encouraging to see that the momentum of improvement has been sustained in the quality of care provided for people who suffer cardiac arrest or heart attack. Members also support the collaborative approach to a patient centred pathway which enables best practice for patients who have suffered a stroke.

The Committee accepts that emergency response standards has presented a significant challenge within the region with unprecedented levels of activity and notes the actions being put in place to address the challenges presented. The Committee recognises that the national Ambulance Response Programme has been designed to change the way ambulance services respond to 999 calls but believes that performance, on whatever metric is used, has a long way to go to meet public expectations.

Overall the Committee welcomes the Trust's emphasis on collaborative working across the wider health economy and the unique role it can play in the provision of services, both across emergency and urgent care. Conversely, the Committee would encourage the wider health economy to recognise the major challenges that can arise from hospital and service reconfigurations which can significantly impact on the ambulance service and that the Trust remains fully involved in the widespread changes to the health care system.

The Committee is grateful for the opportunity to comment on the Quality Account and looks forward to working with the Trust in reviewing performance against the quality indicators over the coming year.

Rotherham Health Select Commission

Rotherham Health Select Commission appreciates the opportunity to scrutinise and comment on the draft Quality Account for Yorkshire Ambulance Service and the YAS sub-group discussed the draft document in depth. Members are supportive of the three priorities for improvement in 2018-19 and believe these are priority issues for our community, with Priority 1 following on from the introduction of the new ambulance standards and call categories last year.

Members were concerned to see that Rotherham was in the bottom three for performance on ARP 2.2, having previously been one of the worst performing areas the year before. Whilst accepting that 2017-18 is the baseline year for the new ambulance response times, they expect to see improvements on ARP 3 in Rotherham once disaggregated data is available by CCG area and will be keeping this issue under scrutiny.

Ideally the Commission would prefer to see data for the full year before giving their feedback on the Quality Account but recognises the timescales within which the Trust has to work. In addition, not all the tables include performance data over two or three years which is beneficial for seeing trends over time and comparing performance with the previous year.

As the Quality Account is a detailed and technical document that has to meet specific requirements on content, the photographs, patient stories and feedback quotes make it more interesting and relevant for people. Members hope that the Trust will again publish summary and easy read versions so that the core information is more accessible to a wider audience.

The draft document outlines engagement activity in developing the Quality Account and the Health Select Commission is pleased to hear of the positive impact of the Critical Friends Network (CFN) and that Priority 2 is to develop this further.

Members noted the progress made on last year's four quality priorities and acknowledged areas of good performance, which they hope are sustained, especially care of STEMI and stroke patients, infection prevention and control and positive scores in the Friends and Family Test for the Patient Transport Service.

The end to end review process in conjunction with other health partners is welcomed by Members to share learning across the system and improve treatment and care for patients.

Cllr Simon Evans
Chair of Rotherham Health Select Commission

HealthWatch Barnsley

HealthWatch Barnsley welcomes the opportunity to review and feedback on the Quality Accounts for 2017-18. We consider that the priorities reflect those of the local population and that they accurately reflect the important issues that concern most of the public, perhaps these could be included on a more equitable geographic areas in future reports.

It is evident from content of the Quality Accounts that patients and public have been involved in their production. The inclusion of patient and service user stories is particularly welcomed. This methodology helps the stakeholders understand and relate to the experiences of service users.

The Quality Accounts are clearly presented, and the addition of a Glossary of Terms will prove especially useful to the lay person.

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

The Health, Care and Wellbeing Overview and Scrutiny Sub-Committee would like to thank the Trust for the opportunity to comment on its Quality Accounts 2017-18 and for its attendance at Health OSC meetings during the 2017-18 work programme.

The Sub-Committee found the Account to be clear and informative in its presentation. The three priorities are meaningful and achievable, though the Sub-Committee would encourage the Trust not to lose focus on improving response times as was mentioned in Priority 1 of the Quality Account 2016-17.

The Sub-Committee was encouraged to hear from the Trust at its meetings in 2017-18 that significant emphasis had been placed on the role of clinical staff; a fact which is reflected in the Quality Account. The Account clearly evidences the Trust's desire to learn from its experiences through case reviews and clinical audits.

The Sub-Committee is pleased with the Trust's rating by the CQC of 'good' but notes the need to improve patient transport services and would encourage the Trust to actively work with partner agencies and take advantage improvement opportunities to achieve better outcomes in East Riding.

The Quality Account contains a section on quality data reporting. This is one of the Sub-Committee's greatest areas of concern for the Trust. The Sub-Committee is pleased that the Trust has been involved in the pilot scheme for ARP and understands that transferring to a different system of targets and data-tracking makes reporting difficult in the early stages. However, the Sub-Committee has publically recommended that the Trust make efforts to improve the way it records data to enable the production of more detailed regional reports. The overall performance of the Trust is good, but local authority scrutiny committees need to be able to scrutinise the Trust's performance in their own areas to fulfil their duty to residents. Aside from this, the Sub-Committee is concerned with regard to the Trust's ability to strategise and prioritise without understanding its performance in particular areas. As ARP matures, perhaps in the Quality Account 2018/19 and during 2018/19, the Sub-Committee would like to see the Trust address this issue.

The Sub-Committee was encouraged to read that a high percentage of the Trust's Hull and East Yorkshire staff would recommend the Trust to friends and family.

The Sub-Committee is concerned by the number of complaints recorded by the Trust in relation to the NHS 111 service. Councillors have listened to the concerns of many residents in relation to NHS 111 and the number of complaints (376) and service-to-service issues (219) YTD is conspicuously high. The Sub-Committee would encourage a greater focus on the improvement of NHS 111 and on working closely with partner organisations to ensure that the advice given is correct and to the benefit of patients. For example, NHS 111 call-handlers must be clear about the locations of urgent treatment and 8-8 centres when advising patients where to travel for treatment.

Overall, the Sub-Committee is encouraged by the Trust's ambitions and desire to improve, remains concerned by the performance of NHS 111 and the quality of its data, and looks forward to welcoming its employees to future overview and scrutiny meetings.

Statement of Directors' Responsibilities for the Quality Report

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

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

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

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013-14;
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2017 to March 2018.
 - papers relating to quality reported to the Board over the period April 2017 to March 2018.
 - feedback from commissioners dated 30 April 2018.
 - feedback from local HealthWatch organisations dated 30 April 2018.
 - feedback from Overview and Scrutiny Committee dated 30 April 2018.

- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - national patient survey - N/A to ambulance sector
 - national staff survey
 - CQC Intelligent Monitor Report (N/A to ambulance service)
- the quality report presents a balanced picture of the NHS Trust's performance over the period covered;
 - the performance information in the quality report is reliable and accurate;
 - there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice;
 - the data underpinning the measures of performance in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
 - the quality report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the Board

Date 30/05/18	Kathryn Lavery, Chair
Date 30/05/18	Rod Barnes, Chief Executive

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.
Algorithm	is a self-contained step-by-step set of operations to be performed. Algorithms exist that perform calculation, data processing, and automated reasoning.
ALS	Advanced life support
Advanced Medical Priority Dispatch System (AMPDS)	An international system that prioritises 999 calls using information about the patient as supplied by the caller.
Ambulance Quality Indicators (AQIs)	AQIs were introduced in April 2011 for all ambulance services in England and look at the quality of care provided as well as the speed of response to patients. The AQIs are ambulance specific and are concerned with patient safety and outcomes.
Ambulance Service Cardiovascular Quality Initiative	The initiative aims to improve the delivery of pre-hospital (ambulance service) care for cardiovascular disease to improve services for people with heart attack and stroke.
Annual Assurance Statement	The means by which the Accountable Officer declares his or her approach to, and responsibility for, risk management, internal control and corporate governance. It is also the vehicle for highlighting weaknesses which exist in the internal control system within the organisation. It forms part of the Annual Report and Accounts.
Automated External Defibrillator (AED)	A portable device that delivers an electric shock through the chest to the heart. The shock can then stop an irregular rhythm and allow a normal rhythm to resume in a heart in sudden cardiac arrest.
AutoPulse	An automated, portable, battery-powered chest compression device composed of a constricting band and half backboard that is intended to be used as an adjunct to CPR.
Being Open	The process of having open and honest communication with patients and families when things go wrong
Bare Below the Elbows (BBE)	An NHS dress code to help with infection, prevention and control.
Better Payment Practice Code (BPPC)	The BPPC was established to promote a better payment culture within the UK and urges all organisations to adopt a responsible attitude to paying on time. The target is to pay all invoices within 30 days of receipt.

Board Assurance Framework (BAF)	Provides organisations with a simple but comprehensive method for the effective and focused management of the principal risks to meeting their strategic objectives.
British Association for Immediate Care (BASICS)	A network of doctors who provide support to ambulance crews at serious road traffic collisions and other trauma incidents across the region.
Bronze Commander Training	A course designed to develop and equip ambulance services, health colleagues and Voluntary Aid Society Incident Managers at operational/bronze level to effectively manage major/catastrophic incidents.
Caldicott Guardian	A senior member of staff appointed to protect patient information.
Cardio-pulmonary Resuscitation (CPR)	A procedure used to help resuscitate a patient when their heart stops beating and breathing stops.
Care Bundle	A care bundle is a group of interventions (practices) related to a disease process that, when carried out together, result in better outcomes than when implemented individually.
Care Quality Commission (CQC)	An independent regulator responsible for monitoring and performance measuring all health and social care services in England.
Chairman	The Chairman provides leadership to the Trust Board and chairs all Board meetings. The Chairman ensures key and appropriate issues are discussed by the executive and non-executive directors.
Chief Executive	The highest-ranking officer in the Trust, who is the Accountable Officer responsible to the Department of Health for the activities of the organisation.
Chronic Obstructive Pulmonary Disease (COPD)	COPD is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease.
Clinical Commissioning Group (CCG)	Groups of clinicians who commission healthcare services for their communities. They replaced primary care trusts (PCTs).
Clinical Governance Group (CGG)	Internal regulatory group that agrees and approves all clinical decisions
Clinical Hub	A team of clinical advisors based within the Emergency Operations Centre providing support for patients with non life-threatening conditions.
Clinical Pathways	The standardisation of care practices to reduce variability and improve outcomes for patients.
Clinical Performance Indicators (CPIs)	CPIs were developed by ambulance clinicians and are used nationally to measure the quality of important areas of clinical care. They are designed to support the clinical care we provide to patients by auditing what we do.

Clinical Quality Strategy	A framework for the management of quality within YAS.
Clinical Supervisor	Works on the frontline as part of the operational management team and facilitates the development of clinical staff and helps them to practise safely and effectively by carrying out regular assessment and revalidations.
Commissioners	Ensure that services they fund can meet the needs of patients.
Community First Responders (CFRs)	Volunteers in their local communities, who respond from their home addresses or places of work to patients suffering life-threatening emergencies.
Comprehensive Local Research Networks (CLRN)	Coordinate and facilitate the conduct of clinical research and provide a wide range of support to the local research community.
Computer Aided Dispatch (CAD)	A method of dispatching ambulance resources.
Commissioning for Quality and Innovation (CQUIN)	The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals.
Cardiopulmonary resuscitation (CPR)	a lifesaving technique useful in many emergencies, including heart attack or near drowning, in which someone's breathing or heartbeat has stopped
Dashboards	Summary of progress against Key Performance Indicators for review by managers or committees.
Dataset	A collection of data, usually presented in tabular form.
DATIX	Patient safety software for healthcare risk management, incident and adverse event reporting.
Department of Health (DH)	The government department which provides strategic leadership for public health, the NHS and social care in England.
Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)	For a small number of people who are approaching the last days of life, cardiopulmonary resuscitation (CPR) would be futile or not a viable option. In these circumstances DNACPR forms are completed to avoid aggressive, undignified and futile actions to resuscitate a patient, and to allow a natural dignified death in line with the patient's wishes.
Duty of Candour	Regulation that ensures providers are open and transparent with people who use their services.
Electrocardiogram (ECG)	An interpretation of the electrical activity of the heart. This is done by attaching electrodes onto the patient which record the activity of the different sections of the heart.
Emergency Care Assistant (ECA)	Emergency Care Assistants work with clinicians responding to emergency calls. They work alongside a more qualified member of the ambulance team, giving support and help to enable them to provide patients with potentially life-saving care at the scene and transporting patients to hospital.

Emergency Care Practitioner (ECP)	Emergency Care Practitioners are paramedics who have received additional training in physical assessment, minor illnesses, minor injuries, working with the elderly, paediatric assessment, mental health and pharmacology.
Emergency Department (ED)	A hospital department responsible for assessing and treating patients with serious injuries or illnesses.
Emergency Medical Technician (EMT)	Works on an emergency ambulance to provide the care, treatment and safe transport of patients.
Emergency Operations Centre (EOC)	The department which handles all our emergency and routine calls and deploys the most appropriate response. The two EOCs are based in Wakefield and York.
Epidemiology	Is the study and analysis of the patterns, causes, and effects of health and disease conditions in defined populations
Equality and Diversity	Equality legislation protects people from being discriminated against on the grounds of their sex, race, disability, etc. Diversity is about respecting individual differences such as race, culture, political views, religious views, gender, age, etc.
Expert Patient	Independent person who works with YAS and offers a patient perspective to the Trust.
Face, Arm, Speech Test (FAST)	A brief test used to help determine whether or not someone has suffered a stroke.
Foundation Trust (FT)	NHS organisations which operate more independently under a different governance and financial framework.
General Practitioner (GP)	A doctor who is based in the community and manages all aspects of family health.
Governance	The systems and processes, by which health bodies lead, direct and control their functions, in order to achieve organisational objectives, and by which they relate to their partners and wider community.
GRS	GRS Web is a web-based function which allows staff to view their shift information electronically.
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 Care Commission	A non-departmental public body sponsored by the Department of Health of the United Kingdom. It was set up to promote and drive improvement in the quality of health care and public health in England and Wales.
Health Overview and Scrutiny Committees (HOSCs)	Local authority-run committees which scrutinise matters relating to local health services and contribute to the development of policy to improve health and reduce health inequalities.

HealthWatch	There is a local Healthwatch in every area of England. Healthwatch is the independent champion for people using local health and social care services. Healthwatch listens to what people like about services and what could be improved and share their views with those with the power to make change happen. Local information is also shared with Healthwatch England, the national body, to help improve the quality of services across the country.
Human Resources (HR)	A function with responsibility for implementing strategies and policies relating to the management of individuals.
Incident	Any unplanned event which has given rise to actual personal injury, patient dissatisfaction, property loss or damage, or damage to the financial standing or reputation of the Trust
Information Asset Owner (IAO)	An IAO is an individual within an organisation that has been given formal responsibility for the security of an information asset (or assets) in their particular work area.
Information, Communication and Technology (ICT)	The directorate responsible for the development and maintenance of all ICT systems and processes across Yorkshire Ambulance Service.
Information Governance (IG)	Allows organisations and individuals to ensure that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care.
Information Management and Technology (IM&T)	This department consists of the IT Service Desk, Voice Communications Team, IT Projects Team and Infrastructure, Systems and Development Team which deliver all the Trust's IT systems and IT projects.
Integrated Business Plan (IBP)	Sets out an organisation's vision and its plans to achieve that vision in the future.
Joint Decision Model (JDM)	A national information and intelligence model that gathers information around patient/location/threat to aid a safer response.
Joint Royal Colleges Ambulance Liaison Committee (JRCALC)	Is the Joint Royal Colleges Ambulance Liaison Committee. Their role is to provide robust clinical speciality advice to ambulance services within the UK and it publishes regularly updated clinical guidelines
KA34	A reporting requirement for all ambulance trusts, with a template completed annually and submitted to the Department of Health. The information obtained from the KA34 is analysed by individual ambulance service providers to show volume of service and performance against required standards.
Key Performance Indicator (KPI)	A measure of performance.

Knowledge and Skills Framework (KSF)	A competence framework to support personal development and career progression within the NHS.
Local Education and Training Board (LETB)	Responsible for the training and education of NHS staff, both clinical and non-clinical, within their area.
Major Trauma	Major trauma is serious injury and generally includes such injuries as: <ul style="list-style-type: none"> ▪ traumatic injury requiring amputation of a limb ▪ severe knife and gunshot wounds ▪ major head injury ▪ multiple injuries to different parts of the body eg chest and abdominal injury with a fractured pelvis ▪ spinal injury ▪ severe burns.
Major Trauma Centre	A network of centres throughout the UK, specialising in treating patients who suffer from major trauma.
Manchester Triage System	The Manchester Triage System (MTS) is a tool utilised within the YAS Clinical Hub when undertaking clinical telephone triage. It allows clinicians to safely manage patients by achieving the correct care outcome based on their clinical presentation.
Mental Capacity Act (MCA)	Legislation designed to protect people who can't make decisions for themselves or lack the mental capacity to do so.
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.
National Ambulance Non-conveyance Audit (NANA)	National indicator for re-contact rates within 24 hours for patients treated and discharged at scene by ambulance services.
National Early Warning Score (NEWS)	Standardises the use of a NEWS system across the NHS in order to drive the 'step change' required in the assessment and response to acute illness.
National Health Service (NHS)	Provides healthcare for all UK citizens based on their need for healthcare rather than their ability to pay for it. It is funded by taxes.
NHS Improvement (NHSI)	NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. They offer the support providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.

National Learning Management System (NLMS)	Provides NHS staff with access to a wide range of national and local NHS eLearning courses as well as access to an individual's full training history.
National Reporting and Learning System (NRLS)	The NRLS is managed by the NHS Improvement. 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.
Near-Miss	any occurrence, which does not result in injury, damage or loss, but has the potential to do so. Investigation of individual incidents allows us to address the immediate issues, whilst aggregation of data ensures wider themes and trends are identified across the organisation. Triangulation of data from multiple sources such as incidents, complaints, claims, coroners' inquiries and safeguarding cases provides us with a valuable opportunity for organisational learning that utilises both the staff and patient perspective.
NHS 111	NHS 111 is an urgent care service for people to call when they need medical help fast but it's not a 999 emergency. Calls are free from landlines and mobile phones.
NHS England	NHS England is responsible for Clinical Commissioning Groups (CCGs), working collaboratively with partners and encouraging patient and public participation in the NHS.
Non Conveyance	Non transportation of patients to hospital
Non-Executive Directors (NEDs)	Drawn from the local community served by the Trust, they oversee the delivery of ambulance services and help ensure the best use of financial resources to maximise benefits for patients. They also contribute to plans to improve and develop services which meet the area's particular needs.
Paramedic	Senior ambulance service healthcare professionals at an accident or medical emergency. Working alone or with colleagues, 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 Group Directives (PGD'S)	Good practice recommendations, for individual people and organisations, aiming to ensure patients receive safe and appropriate care and timely access to medicines, in line with legislation.
Patient Report Form (PRF)	A comprehensive record of the care provided to patients.
Patient Safety Alerts	Incidents identified by NHS England reporting system that spots emerging patterns at a national level, so that appropriate guidance can be developed and issued to protect patients from harm.

Patient Transport Service (PTS)	A non-emergency medical transport service, for example, to and from out-patient appointments.
Peer Review	the evaluation of work by one or more people of similar competence to the producers of the work. It constitutes a form of self-regulation by qualified members of a profession within the relevant field.
Personal Development Reviews (PDRs)	The PDR process provides a framework for identifying staff development and training needs and agreeing objectives.
Personal Digital Assistants (PDAs)	Small computer units which help to capture more accurate data on Patient Transport Service performance and journey times and identify areas which require improvements.
Pharmacological agents	A biologically active substance applied to the body for their therapeutic effects on one or more tissues or organs.
PREVENT	Prevent is part of counter-terrorism strategy. Its aim is to stop people becoming terrorists or supporting terrorism.
Private and Events Service	Provides medical cover to private and social events for example, football matches, race meetings, concerts and festivals. It also provides ambulance transport for private hospitals, corporations and individuals.
Quality Governance Framework	A process to ensure that YAS is able to monitor and progress quality indicators from both internal and external sources.
Quality Strategy	Framework for the management of quality within Yorkshire Ambulance Service.
Qualitative research	Is primarily exploratory research. It is used to gain an understanding of underlying reasons, opinions, and motivations.
Quantitative research	Is used to quantify the problem by way of generating numerical data or data that can be transformed into useable statistics.
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.
Resilience	The ability of a system or organisation to recover from a catastrophic failure.
Safeguarding	Processes and systems for the protection of vulnerable adults, children and young people.
Safeguarding Referral	Yorkshire Ambulance Service staff are given information to help them identify warning signs of abuse or neglect and to report this via our Clinical Hub, to social care. Social care will follow up each referral to ensure that the vulnerable adult or child involved is safe.
Safety Thermometer	The NHS Safety Thermometer is a tool designed to help hospitals understand where they can potentially cause harm to patients and reduce the risk of this.

Sepsis	Is a life-threatening condition that arises when the body's response to infection injures its own tissues and organs.
Serious Incidents (SIs)	Serious Incidents include any event which causes death or serious injury, involves a hazard to the public, causes serious disruption to services, involves fraud or has the potential to cause significant reputation damage.
Stakeholders	All those who may use the service, be affected by or who should be involved in its operation.
ST Elevation Myocardial Infarction (STEMI)	A type of heart attack.
Transient Ischaemic Attack (TIA)	Mini stroke
Urgent Care Practitioner (UCP)	Has enhanced skills in medical assessment and extra clinical skills over and above those of a standard paramedic
Utstein comparator	A set of guidelines for uniform reporting of cardiac arrest.
VCS	Volunteer Car Service
Year to Date (YTD)	The period from the start of a financial year to the current time.
Yorkshire Air Ambulance (YAA)	An independent charity which provides an airborne response to emergencies in Yorkshire and has YAS paramedics seconded to it.
Yorkshire Ambulance Service (YAS)	The NHS provider of emergency and non-emergency ambulance services in Yorkshire and the Humber.

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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