



# Quality Account

2018-19

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## **PART 1**

### **Statement on Quality from the Chief Executive**

Welcome to our NHS Trust Quality Account 2018-19. Once again I am proud to present a number of significant improvements which we have made to the quality of care we provide for people within Yorkshire and the Humber. We remain among the best performing Ambulance Trust in the country in a variety of areas across both the 999 emergency service, Patient Transport Service and NHS 111 (integrated urgent care), responding quickly and with compassion to patients with either urgent or emergency health needs. We will strive to maintain such excellence in the coming year.

We have sustained our commitment to implementation of the national Ambulance Response Programme (ARP) which has fundamentally changed the way ambulances are allocated, meaning we can get to the sickest patients in a timely manner by targeting our ambulances and skilled staff to the most time critical and life threatening emergencies. It also means, for those people whose condition is not 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, such as assessment and treatment of the patient without conveyance to hospital being required 'see and treat' and for patient assessment and completion of treatment over the phone 'hear and treat'. We continue to have one of the best hear and treat rates in the country.

Like other NHS Ambulance Trusts, we continue to face significant challenges, not least in the unprecedented levels of demand we have seen this year. As a healthcare system we need to review and refine the way in which we deliver care, focusing more on delivery of care for individuals, communities and populations across the healthcare system. Ensuring we work within communities and with other healthcare providers to ensure care delivery is appropriate to the patients' needs, moving away from hospital based care to one that is based within the community where possible. 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. We have also retained the NHS 111 contract, after a long tender exercise, and using the new integrated urgent care model, this gives us an opportunity to shape the way in which urgent and emergency care is delivered within the region.

2018-19 saw the launch of our Trust Strategy, and supporting enabling strategies, which allows us to communicate our plan and areas of focus for the next five years. We are ambitious in what we are seeking to achieve and intend to progress at pace. The People Strategy – which highlights how we will support and engage our staff to achieve our long term goals, and the Quality Improvement Strategy – which gives us the way in which we will constantly improve our services, are both key to delivering the aims defined in our overarching strategy.

We want to continue to engage with our local communities and intend to further develop our links with these communities to enable us to deliver services that improve the health and well-being of the communities we serve. From the Restart a Heart school engagement event, now a highlight of our year, to developing our volunteer services to deliver support to people in their own homes, we are and want to continue to be part of the local communities support structures and be a trusted partner in the care we deliver, both in partnership with other NHS organisations, but reaching beyond this to third sector and the community.

### **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 handwritten signature in dark ink, appearing to read 'Rod Barnes', written over a light blue horizontal line.

**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 5,853 staff, have over 1,100 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 2018-19 we:

- received 998,731 emergency and routine calls
- responded to a total of 798,968 emergency calls
- delivered 934,492 PTS journeys
- received 1,632,514 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



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

## **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, our commissioners, and the local Healthwatch and Health Overview and Scrutiny Committees. We also analysed our data systems: incidents, near misses, complaints and patient feedback, which are used to establish trends and themes and inform our strategy, thus contributing to our Quality Account.

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 South, East 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.

The CFN has been developed and strengthened during 2018-19. We have advertised the network through local GP practices, PTS Patient Reception Centres (PRCs), the Community Engagement team and the Diversity and Inclusion team with the aim of building the network further. We have engaged directly with PTS patients and linked to established groups that support people living with dementia. This has allowed us to inform quality improvement projects that support the positive experience for these patients, their carers and families. The planned work programme for 2019-20 includes engagement with specific patient groups including patients with learning difficulties and their carers and families.

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 Chair at each public Trust Board meeting and also in the education and training of our staff.

Throughout the development of services, the Trust also continues to engage with staff members, including the Staff Forum to ensure a rounded view is sought to inform improvements.

## Patient Survey Feedback

### PTS:

*'All staff have been lovely and very kind. Never been rushed, all have helped me in and out of the ambulance. Can't thank everybody enough. Sometimes coming home I have had to wait, but is to be expected.'*

*'The ambulance service was efficient and the staff very caring. I was very happy with the experience and the patience of the ambulance people.'*

*'The cars are of course comfortable but the ambulances are hardly comfortable enough for poorly people chairs bolt upright with seatbelts placed so they cut into neck or just generally not comfy . And the ambulance suspension is very poor so it's a rattily jiggery ride'*

*'I have always been treated with a great deal of respect. I always felt as if I was cared about, as well all staff were happy to have a joke and made me feel relaxed. Thank you everyone.'*

*'I did not know what time I would be getting transport to return home.'*

*'Fantastic service. I left something on the ambulance and the ambulance person personally made sure I got it back.'*

*'Everyone that has been to collect me has been very helpful, friendly and polite. Thank you.'*

*'Appears to be an over reliance on taxis. Expensive.'*

*'I would like to thank you for this service. I don't know what I would have done without it during my radiotherapy treatment. It made everything manageable whilst going through a difficult time.'*

## WHAT OUR STAFF TELL US:

"My substantive role as an Ambulance Care Assistant involves the non-emergency transportation of patients to and from outpatient appointments, admissions to and discharges from hospitals or hospices and treatment centres. As such I transport new patients as well as regular patients. This to me is one of the most rewarding aspects of this role. I get to meet new patients from varied backgrounds, experiences and often with a fascinating story or two from their lives! Alongside this I take regular patients who I often am lucky to get to know a little better, talking more in depth about our experiences and interests. This year I was fortunate to gain a secondment as a Quality Improvement Fellow. This was a brand new role within YAS. This has been a very diverse, challenging and ultimately enjoyable role. I have worked on improvement projects, such as reducing musculoskeletal injuries in PTS, the development of a standard operating procedure for the transportation of children and related equipment and worked alongside our Critical Friends Network on a PTS Always Event currently under development. Both roles have their own challenges and rewards but overall they are extremely enjoyable. "

**John Porter-Lindsey, PTS Ambulance Care Assistant/Quality Improvement Fellow**

"I have worked at Yorkshire Ambulance Service for over 16 years. I started on reception in Springhill 1, then moved into Private Ambulance, PTS on secondment and then into the Recruitment department. I am currently the lead for Emergency Care Assistants, which makes me proud to be part of a team that helps recruit people who contribute to saving people's lives."

**Michelle Scott, Recruitment Services Assistant**

"I love my job because every day is never the same I could be involved in a patient risk assessment ensuring that someone can get to hospital for their appointment to then compiling incident data that is reviewed at some of the organisations committees. This information is fed into work streams to make changes to working practice. Knowing that I have a positive impact on patient care even though I am in support services makes me feel like a valued member of staff working towards improving patient experience and safety."

**Richard Harrington, Information Systems Manager**

"I am a Locality Manager with Yorkshire Ambulance Service, my role is one of supporting operational staff at station level as a second line manager, overseeing the clinical supervisor team and their first line management responsibility. I influence patient care by supporting the staff that deliver hands-on treatments and assessments. A happy work force results in a good patient experience. My favourite part of the role is staff support and it's the reason I applied for the post some four years ago following 26 years' service, which is testimony of how much I enjoy working for the Trust and caring staff it employs."

**Andy Flavell, Locality Manager**

## PART 2

### Priorities for Improvement 2019-20

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. Organisationally, we have identified the following quality improvement priorities in-line with the three domains of quality.

#### Priority One

<b>Patient Safety:</b>	Delivery of sustainable improvement in emergency ambulance response performance in line with national standards; delivering the best possible response for each patient, first time and in the right place.
<b>Lead:</b>	Stephen Segasby, Deputy Director of Operations
<b>Key Drivers:</b>	National Standards. Improve patient safety and clinical effectiveness. Patients and communities experience fully joined up care responsive to their needs.
<b>Aim:</b>	The aim of the NHS England Ambulance Response Programme (ARP) is to review ambulance response performance standards and explore strategies that can reduce operational inefficiencies and improve the quality of care for patients, their relatives, and carers.
<b>Measuring and Monitoring:</b>	By the end of 2019-20 we will achieve ARP in line with national standards. Achievement against the standard is reported as a monthly performance indicator in the Integrated Performance Report.
<b>Reporting on Priorities:</b>	Progress against priorities will be reported via the Quality Committee and Board meetings throughout the year.

## **Priority Two**

- Clinical Effectiveness:** To embed the Mortality review process to include Patient Relations service and determine how we work with Acute Trusts to further progress review process
- Lead: Dr Steven Dykes, Deputy Medical Director
- Key Drivers: Learning from Deaths Policy. National Patient Safety Strategy.
- Aim: To understand and further develop the mortality review process in order to work effectively, in line with national policy, requirements both internally to include Patient Relations service and externally, across the healthcare system, including Acute Trusts.
- Measuring and Monitoring: By the end of 2019-20 we will have reviewed our mortality review process against the Learning from Deaths report and update the process as required.  
Mortality review forms part of our wider learning from patient safety incidents and is reported at Incident Review Group.
- Reporting on Priorities: Progress against priorities will be reported via the Quality Committee and Board meetings throughout the year.

## **Priority Three**

- Clinical Effectiveness:** Development of the Trust's role in place-based care co-ordination across the urgent and emergency care system, with particular focus on frail older patients, patients with palliative care needs and patients with mental health conditions
- Lead: Catherine Bange, Regional General Manager
- Key Drivers: NHS Long Term Plan. Placed-based care agenda and development of integrated urgent care systems.

**Aim:** Confirm how we can support the development of place-based systems of care, involving organisations working together to improve health and care for a geographically-defined population and managing common resources.

**Measuring and Monitoring:** By the end of 2019-20 we will have clear plans in place for our engagement and contribution to place-based care for the specific areas of focus identified.

**Reporting on Priorities:** Progress against priorities will be reported via the Quality Committee and Board meetings throughout the year.

### **Priority Four**

**Patient Experience:** Improvement in experience for patients with learning disabilities and patients who have dementia including the Trust becoming registered and recognised as a 'Dementia Friendly' organisation.

**Lead:** Clare Ashby, Deputy Director of Quality and Nursing

**Key Drivers:** Learning from incidents, both within the Trust and nationally, suggests particular groups, such as those with learning disabilities and dementia sometimes do not receive the high quality patient experience we they expect and deserve. This is sometimes due to the inflexibility of the system, such as the call handling questions set, or lack of understanding of their particular needs by staff.

**Aim:** To be recognised as a 'Dementia Friendly' organisation by the quality of care we consistently deliver for these patients. To continuously improve patient experience for those patients with learning disabilities in line with the national benchmarking standards.

**Measuring and Monitoring:** By the end of 2019-20 we will be recognised as Dementia Friendly organisation. By 2019-20 we will identify a named lead for Learning Disabilities and review our system and processes against the national Learning Disabilities standards developing an action plan to close any gaps identifies within our systems and processes.

Reporting on Priorities: Progress against priorities will be reported via the Quality Committee and Board meetings throughout the year.

## **Review of Services 2018-19 (statements from the Trust Board)**

During 2018-19 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 Accident and Emergency 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:

- Community and commercial education to schools and public/private sector organisations.
- A private ambulance transport 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, British Association of Immediate Care Schemes (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 all seven of these relevant health services.

The income generated by the relevant health services reviewed in 2018-19 represents 100% of the total income generated from the provision of relevant health services by YAS for 2018-19.



## Participation in Clinical Audit 2018-19

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes. It does this through the systematic review of care against explicit criteria, followed by the implementation of identified change and its subsequent evaluation.

YAS clinical audit follows the HQIP (Health Quality Improvement Partnership) and is a member of Yorkshire and Humber Effectiveness and Audit Regional Network (YEARN). This helps provide current audit methodologies and share audit findings, supporting system wide areas for improvement.

During 2018-19, five national clinical audits and zero national confidential enquiries covered relevant health services that YAS provides.

Of the five national audits, each audit was broken down into separate components, in effect, mini audits. Whilst there was no direct input into the national confidential enquiries planned or published, during the year reports were reviewed by the clinical team with a view to salient points being included in the development of clinical services, and where indicated, included within the clinical audit programme to identify the current performance and practice of YAS. The specific national confidential enquiries related to Patient Outcome and Death and Perinatal Mortality and Morbidity.

The national clinical audits and national confidential enquires that YAS participated in, and for which data collection was completed during 2018-19, are listed below alongside each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

During the identified period, YAS participated in 100% of national clinical audits and in 100% of national confidential enquiries of those it was eligible to participate in.

The national clinical audits that YAS was eligible to participate in during 2018-19 are as follows:

The following cases, all relevant audit cases, were submitted, representing 100% of sample request:

1. Sepsis care bundle - to understand our performance in recognition and treatment of sepsis, a serious condition resulting from the presence of harmful microorganisms in the blood or other tissues and the body's response to their presence, potentially leading to the malfunctioning of various organs, shock, and death.
2. ST Elevation Myocardial Infarction (STEMI) (Heart attack) – the time taken from call to intervention and the care delivered in comparison to the agreed care bundle
3. Acute stroke – the time taken from call to hospital arrival, then time taken from hospital arrival to intervention and delivery of the agreed diagnostic bundle.
4. Return of Spontaneous Circulation (ROSC) - this means restoring a pulse following cardiac arrest which occurs outside of a hospital and includes review of our performance against an agreed post ROSC care bundle
5. Survival to Discharge - the number of people who survive after a ROSC and return home from hospital

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.

Throughout the year, YAS has focused on the identification and management of Sepsis patients, the promotion of the use of the National Early Warning Score 2 (NEWS 2), a tool that helps to standardise the assessment of acute-illness severity in the NHS

using basic observations such as heart rate and blood pressure, along with other associated improvement processes including handover tools.

The results of these national clinical audits were reviewed by YAS in 2018-19 and YAS has taken the following actions to improve the quality of healthcare provided and to assist in the development of the audit indicators for future national audit processes:

- 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 YAS and regional acute trusts for the validation of data, relating to people who have had a heart attack.
- Using the national audit findings to inform local audit priorities.
- Working over 2018-19 to help shape the future national clinical audits to reflect current practice and sharpen the focus on patient outcomes.
- Improving the data capture process for clinical audits by continuing with the rollout and development of the electronic Patient Record (ePR).

It is also worth noting that:

1. The above national audits have been significantly altered. New topic areas are under development, as well as definitions of existing topic areas and the process for collection of data altered. This review led by NHS England has and will focus audits on patient outcomes; they have supported the linking of outcome data with ambulance service data for cardiac arrest, heart attack (STEMI) and stroke.
2. YAS clinical audit relies on the data extracted from our clinical documentation. Over 2018-19 YAS has developed and started the deployment of the YAS ePR. This is a digital representation of the paper patient care record (PPCR) which when fully deployed will provide improved data capture and will ensure there is timely access to clinical data.

## **Local Audits**

YAS has undertaken a number of local audits during 2018-19. We have continued to support a number of operational clinicians in undertaking clinical audits, which they have found to be both supportive and educational in their development.

Monthly clinical audits were conducted for:

- Record-keeping (how well staff document clinical care both on paper and electronic records)
- Infection Prevention and Control audits in relation to hand hygiene and vehicle and premise cleanliness
- Patient deaths in YAS care
- Call handler and clinical advisor audits
- Manchester triage system audits - The Manchester Triage System is a clinical risk management tool used by clinicians worldwide to enable them to safely manage patient flow when clinical need exceeds capacity
- Mental health advice audit

Other clinical audits included:

- Audit of usage of *Misoprostol* – a medication used to treat postpartum bleeding due to poor contraction of the uterus
- Audit of usage of *Activated Charcoal* – a highly adsorbent fine black odourless, tasteless powdered charcoal used in medicine especially as an antidote in many forms of poisoning
- Audit of usage of *Tranexamic acid (TXA)* - is a medication used to treat or prevent excessive blood loss from major trauma or postpartum bleeding
- An audit of the care received by patients requiring wound closure
- An audit of the care received by patients who have had a transient loss of consciousness (TLOC)
- An audit of the process undertaken during Rapid Sequence Induction (RSI)
- A review of the delivery of respiratory care
- Quarterly mortality review - to provide understanding of quality-of-care problems associated with patient deaths

The reports of these local clinical audits were reviewed by YAS in 2018-19 through the relevant committees and groups, such as the Medicines Optimisation Group. YAS intends to take the following actions to improve the quality of healthcare provided in relation to the clinical audit programme:

- Improve the capture and quality of clinical documentation by using the electronic patient record system to undertake a review of medications, including medicine reconciliation.
- 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, where the staff work in a student-simulated environment to better experience their programme services from the student perspective, via the simulation training facility in YAS, to reinforce practice to avoid care omissions.
- Develop the current clinical audit capability and structure within YAS by using the technology now available in terms of data capture from the ePR system and investing in resources to ensure adequate and effective staffing.
- 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.
- To continue the development of an electronic Patient Care Record, ePR, this allows us to easily collect the clinical information using technology. This will ensure key data points are collected, with the aim of supporting staff by providing a consistent structure to documentation with easy to use information and supportive tools.

Proposed quality audit developments in 2019-20

Over this coming year, the Clinical Informatics and Audit department will focus on:

- Sharing the learning from national/local audits through a communications newsletter
- Develop a set of clinical audits for selection by staff wishing to participate in audit for the first time
- Expand the depth of local audits to reflect the improved data availability
- Undertake a review of the audit website to improve understanding of the function of the CIA team
- Continue to work with NHS England to develop new national Ambulance Clinical Quality Indicators (ACQIs)

## **Research and Innovation**

YAS is committed to the development of research and innovation as a 'driver' for improving the quality of care and patient experience.

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

In 2018-19 we continued our high levels of research activity as reported in previous years. We are particularly pleased to report success in being awarded two contracts to deliver research. This is the result of significant efforts to build partnerships with

academics and others to enable us to influence our research to match the health needs of our staff and patients. We have been awarded £178k by Health Education England to undertake an 18-month project about the wellbeing of ambulance service staff, in partnership with University of Lincoln, University of East Anglia, Edge Hill University, East Midlands Ambulance Service and the Association of Ambulance Chief Executives. We will also hold a grant of £250k from National Institute for Health Research (NIHR Research for Patient Benefit programme) to conduct a study in partnership with the Universities of Hull, York and Sheffield. The study will begin in April 2019, for two years, and is testing the feasibility of a paramedic-administered intervention for 'acute on chronic' breathless patients.

We have also been successful in supporting staff opportunities, with two prestigious NIHR awards to YAS staff: an NIHR internship (supporting pre-Masters level development); and a NIHR Clinical Doctoral Research Fellowship (a PhD project about decision support for paramedics where a patient may be suitable to stay at home).

The National Institute for Health Research published their annual league tables of research activity in August 2018 at

<https://www.nihr.ac.uk/research-and-impact/nhs-research-performance/league-tables/league-table-2017-18.htm>

This year, YAS was fifth in the ambulance service group for number of participants recruited, and sixth for the number of research studies.

The number of patients receiving NHS services provided or sub-contracted by YAS in 2018-19 who were recruited during that period to participate in research approved by a research ethics committee was 173. Additionally, 596 staff participated in research approved by an ethics committee.

During 2018-19 YAS took part in or provided NHS permission for 18 research studies approved by an ethics committee.

### **1. RIGHT-2 - Rapid Intervention with Glyceryl Trinitrate in Hypertensive Ultra-Acute Stroke Trial-2**

This was a clinical trial assessing the safety and efficacy of Transdermal Glyceryl Trinitrate (GTN) patches, administered by paramedics for patients suffering acute stroke. This study aimed to find out whether early use of the patches (before hospital) improves outcomes for patients. The research was funded by the British Heart Foundation and took place in seven ambulance services, and hospitals who receive eligible patients. Patient recruitment ran from November 2015 to May 2018. The results have now been published at [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30194-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30194-1/fulltext) Pre-hospital treatment with transdermal GTN does not seem to improve functional outcome in patients with presumed stroke. It is feasible for UK paramedics to obtain consent and treat patients with stroke in the ultra-acute pre-hospital setting.

## **2. 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 end in 2019.

## **3. 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. Recruitment to this cohort finished in September 2018.

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

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

## **5. Perceptions of Patient Safety in the NHS ambulance services: V1**

A PhD student conducted interviews with YAS staff, exploring patient safety culture and practice in the ambulance service. Recruitment closed in July 2018.

## **6. Mindshine 3: A Trial investigating two online wellbeing interventions to reduce NHS staff stress**

This trial offered staff one of two online support interventions designed to reduce stress. Recruitment stopped in October 2018.

## **7. ACUTE concealment sub-study**

This study explored whether paramedics could 'guess' the contents of a box of equipment used in a study where this should be blinded. YAS paramedics, who were not part of the main ACUTE study, took part to see whether the blinding and randomisation was effective.

## **8. An exploration of ambulance transfer of labouring women to an obstetric unit**

This was a qualitative case study of women who had planned a home birth and were then transferred to hospital in labour. The women and the paramedics who transferred them were interviewed for this PhD study.

**9. The experiences of paramedics who took part in the AIRWAYS2 study**

This online survey explored the impact on their views and practice of paramedics who had taken part in a large national study of airway management.

**10. SATIATED**

This study used a manikin to test the impact of training paramedics in a technique to manage an airway which was soiled i.e. if a patient had vomit or blood in their airway when intubation was attempted.

**11. The ideal urgent and emergency care system: public and healthcare staff perspectives**

YAS staff were interviewed for this study linked to the Connected Health Cities programme.

**12. Exploring paramedic clinical reasoning when caring for children with a non-time-critical illness or injury**

Paramedics were invited to take part in interviews for this PhD study.

**13. An exploratory study to assess the role of individual and lifestyle factors on NHS ambulance workers' wellbeing**

This is an interview study for a Professional Doctorate student.

**14. Exploring the Impact of alcohol licensing in England and Scotland**

This study is collecting data from ambulance services to examine patterns of demand related to alcohol licensing.

**15. Exploring the experiences of Community First Responders.**

This student study interviewed YAS Community First Responders about their role

**16. MATTS (Major Trauma Triage Tool Study) validation and service evaluation: The diagnostic accuracy and real-life performance of major trauma triage tools.**

This study aims to develop accurate, acceptable and usable prehospital triage tools for use in NHS trauma networks, which effectively identify patients with the potential to benefit from MTC care and optimise over/under-triage. This complex study will begin in 2019 and take almost three years to complete.

**17. Promoting psychological resilience in the health professions**

This study aims to evaluate an intervention (staff training) to improve psychological resilience, self-efficacy and mental flexibility. Staff attending the training will have follow up interviews and surveys. This study will begin during 2019.

## 18. The Bridlington Eye Assessment Project (BEAP) Age-related Macular Degeneration (AMD) Study: Characterising Phenotypes and Genotypes in a UK Population Cohort [BEAP-AMD2]

Our research paramedics supported this study taking place in Bridlington, with York Hospitals NHS Trust as the lead site, welcoming and taking swabs from older adults who volunteered to have their eyes assessed.

### Publications:

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3. Brown, T.P., Booth, S., Hawkes, C.A., Soar, J., **Mark, J.**, Mapstone, J., Fothergill, R.T., Black, S., Pocock, H., Bichmann, A. and Gunson, I., 2019. Characteristics of neighbourhoods with high incidence of out-of-hospital cardiac arrest and low bystander cardiopulmonary resuscitation rates in England. *European Heart Journal-Quality of Care and Clinical Outcomes*, 5(1), pp.51-62.
4. **Faqir I**, OP09 A project to improve system performance and patient flow in the emergency operations centre in identification of high risk silver trauma service users who have suffered a traumatic head injury. *BMJ Simulation and Technology Enhanced Learning* 2018;4:A10.
5. **Hodge, A.**, Swift, S. and Wilson, J.P., 2018. Maintaining competency: a qualitative study of clinical supervision and mentorship as a framework for specialist paramedics. *British Paramedic Journal*, 3(3), pp.10-15.
6. **Mackenzie M, Pilbery R** (2019) The impact of an ambulance vehicle preparation service on the presence of bacteria: a service evaluation. *British Paramedic Journal* 2019, vol. 3(4) 27–31
7. McTague L, **Hodge A**, Williams C, Taylor P, Kyeremateng S. Enhancing community health outcomes (project ECHO): developing a community of practice for paramedics in end of life care. *BMJ Support Palliative Care* 2019;9(Suppl 1):A1–A71
8. **Miles J**, Coster J and Jacques R, 62 Thinking on scene: Using vignettes to assess the accuracy and rationale of paramedic decision making. *BMJ Open* 2018; 8:A23-A24 (2018)
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10. O’Cathain A, Knowles E, Bishop-Edwards L, Coster J, Crum A, Jacques R, **James C**, Lawson R, Marsh M, O’Hara R, Siriwardena AN, Stone T, Turner J, Williams J. Understanding variation in ambulance service non-conveyance rates: a mixed methods study. 2018. *Health Services and Delivery Research*, No. 6.19

11. P Gowens, P Aitken-Fell, W Broughton, L Harris, J Williams, P Younger, D Bywater, C Crookston, L Curatolo, T Edwards, E Freshwater, M House, A Jones, **M Millins, R Pilbery, S Standen**, C Wiggin, Consensus statement: a framework for safe and effective intubation by paramedics. *British Paramedic Journal*. 3 (1) 23-27 (2018)
12. **Pilbery, R.** and Teare, M.D., 2018. Do RATs save lives? A retrospective analysis of out-of-hospital cardiac arrest in an English Ambulance Service. *Irish Journal of Paramedicine*, 3(2).
13. **Pilbery R**, Teare MD, Lawton D. Do RATs save lives? A service evaluation of an out-of-hospital cardiac arrest team in an English ambulance service. *British Paramedic Journal* 2019, vol. 3(4) 32–39
14. **Pilbery, R.**, Teare, M.D. and **Millins, M.**, 2018. Soiled airway tracheal intubation and the effectiveness of decontamination by paramedics: a randomised controlled manikin study protocol. *British Paramedic Journal*, 3(3), pp.16-22002
15. **Stead S**, Datta S, Nicell C, Hill J, Smith R, UK ambulance services: Collaborating to provide good end-of-life care. *European Journal of Palliative Care*. 25 (3) 112-115 (2018)
16. Tovey O, Tolson J, **Vinand A**. Communication in a crisis in UK ambulance services: What is needed to improve incident communication? *Journal of Business Continuity & Emergency Planning*, Volume 11 / Number 4 / Summer 2018, pp. 309-316(8)

## Medicines Management

### New developments

1. The new medicines process pilot has been approved and a project team has been set up to complete the work. This will try out new ways to store medicines making it safer for patients by improving the checking and replacement services for frontline staff.
2. A Drugs and Therapeutics committee which is a multidisciplinary team composed of doctors, pharmacists, paramedics and nurses has been formed. The committee reviews medications and selects drugs to be included in the YAS formulary based on safety and how well they work. The selected drugs are limited to use within an Urgent Care environment, i.e. they require to be prescribed urgently to meet patients' clinical needs.
3. The YAS Drugs and Therapeutics Committee are responsible for compiling, maintaining and updating the formulary. The group works together to promote clinically sound, cost-effective medication therapy and positive therapeutic outcomes.

## **Patient Group Directions (PGDs) update**

Patient Group Directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber, such as a doctor or nurse prescriber.

Our suite of PGDs has been reviewed and updated. Specialist paramedics (SP) have had codeine, a drug given as pain relief, added to their formulary, but currently it is only being used by the Specialist Paramedic staff on the internal rotation programme until a new process can be confirmed to allow all other SPs to efficiently withdraw it from storage at the beginning of their shift and return it at the end.

New patient group directions for the critical care paramedics have been approved:

- a. Hypertonic saline solution 5% for the emergency management of raised intracranial pressure and developing cerebral herniation in patients with traumatic brain injury.
- b. Magnesium sulphate 20% will be available for administration for:
  - Severe / Life-threatening asthma unresponsive to first line therapies
  - Anaphylaxis unresponsive to first line therapies
  - Eclampsia (Seizure Management)
  - Tachyarrhythmias unresponsive to first line therapies

## **Controlled Drug Serious Incident (SI)**

During July 2018 the Trust reported a serious incident relating to controlled drugs has been investigated and a number of changes have been recommended and actioned:

- a. A full audit of the withdrawals and returns of morphine was undertaken at each station by the Clinical Managers, this was presented at Medicines Optimisation Group (MOG) and Clinical Governance Group (CGG). No concerns were highlighted. It has been recommended that the Locality Manager for each station performs the same audit to review the withdrawals and returns, each station must be audited within a three month period. Looking at a minimum of one week's

documentation. This will allow a more robust way to ensure that controlled drugs are being managed appropriately and to quickly identify any areas for concern.

- b. MOG, in conjunction with the Supplies and Procurement team, have reviewed the maximum and minimum levels in each station and are monitoring the stock. A monthly report is presented at MOG, any anomalies will be investigated.
- c. Morphine administration that is collected on the ePR will be presented in a report to be monitored at monthly MOG meetings.
- d. The internal audit team will perform a full audit on the Controlled Drug process.

## **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 2018-19, the NHS Improvement issued four Patient Safety Alerts which were relevant to Yorkshire Ambulance Service:

**NHS/PSA/RE/2018/007** - Management of Life Threatening Bleeds from Arteriovenous Fistulae and Grafts – Notices have been issued to all frontline staff and both the Dispatch Academy (999) and NHS Pathways (NHS111) have been alerted to this.

**NHS/PSA/RE/2018/003** - Resources to Support the Safe Adoption of the Revised National Early Warning Score (NEWS2) – Deputy Medical Director championed NEWS2, articles were issued in Staff Update and included in the new ePR (Electronic Patient Care Record).

**NHS/PSA/W/2018/009** - Risk of Harm from Inappropriate Placement of Pulse Oximeter Probes – Staff alerted and action ongoing – Clinical Lead assigned.

**NHS/PSA/RE/2018/008** - Safer Temporary Identification Criteria for Unknown or Unidentified Patients – Staff alerted action ongoing – Clinical Lead assigned.

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.

**Goals Agreed with Commissioners 2019-20** (see page 52 for achievements against 2018-19 CQUINS)

Table 1 CQUINs 2019-20	CQUIN	AIM	VALUE
National	CCG2 Staff Flu Vaccinations	% frontline staff who received flu vaccination between 1st Sept and 28th Feb	>60% to 80% (full payment only achieved for performance above 80% of staff)
	Mental Health teleconferencing	To scope and implement a teleconferencing service to allow improved access to support and advice for mental health patients that contact 999 service.	0.25%
A&E	CCG 10a Ambulance – Access to Patient Information at Scene (Assurance)	Achievement of NHS Digital's assurance process for enabling access to patient information on scene, by ambulance crews via one of the four nationally agreed approaches	Pass/fail on quarterly basis
	CCG 10b Ambulance - Access to patient information at scene (demonstration)	Achieving 5% of face to face incidents resulting in patient data being accessed by ambulance staff on scene.	5% quarterly average (assessed in quarters 3 & 4 only)
PTS	Develop and Implement a Patient Experience App	This indicator aims to support YAS PTS to develop and pilot a new, more responsive approach to collecting and evaluating patient experience information. Central to this new approach will be the introduction of a patient experience survey application (developed by Elephant Kiosks) and mobile collection units, which will enable the service to efficiently collect real time, region specific patient experience information.	£621,000

## Patient Survey Feedback

### A&E:

*"Operator was brilliant following a man who had been hit by a van, stayed on the phone till the ambulance had attended and was very professional."*

*"Both the ambulance staff and paramedic were extremely respectful and gentle."*

*"The lady who answered the phone when I called 999 was reassuring, calm, informative and very personable. The crew who turned up were very professional and I felt reassured that my friend was in very safe hands."*

*"I was treated badly while having a heart attack and spoken to in a terrible manner. I had to wait too long for morphine."*

*"I had to phone for an ambulance for my mum, the call handler was fantastic on the phone, her manner and her professionalism, she did everything to re-assure us and for that I felt I wanted to tell you how grateful I was."*

*"Call handlers need more training and need to ask questions and listen rather than aggressively respond to callers"*

*"Both the ambulance staff and paramedic were extremely respectful and gentle. Excellent treatment, caring and respectful paramedics. Thank you and all your members for a wonderful service. You have literally saved my life more than once."*

## 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 2018-19.
- YAS has contributed to a CQC system-wide review within the Leeds Health Economy that focused on care provision for the older person.

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 developed a continuous quality improvement plan to support the journey from 'Good' to 'Outstanding'. There were a number of 'must do' and 'should do' requirements from the last CQC inspection and these improvements have been implemented. We are never complacent and work to continuously improve the quality of our services year on year. In 2018-19 we have completed an internal 'mock' CQC inspection, supported by peers from another Ambulance Service, our Critical Friends Network and a number of subject matter experts from within the Trust. This internal inspection led to further embedding of standards and ensures consistent practice across all areas.

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 with the commencement of our Leadership in Action programme supported by &Partnership – a company specialising in leadership development.
- Work is on-going to develop and implement a strengthened workforce and training plan.
- A continued focus on standards of cleanliness and infection, prevention and control specifically in PTS
- First year of our Quality Improvement Strategy has been underway during 2018-19 and has had an excellent level of staff engagement and improvements across a variety of areas.
- We have continued to use a quality improvement approach to standardising procedures and practice across PTS, helping to spread and sustain best practice. This included equipment, training, moving patients safely, preventing falls and caring for children in transit

The CQC have confirmed their inspection during early 2019-20 and the Trust are now looking forward to the next steps in our continued journey to maintain high quality and well-led care.

## Data Quality

YAS did not submit records during 2018-19 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.

The Digital Services Platform (DSP) Toolkit is a performance and improvement tool produced by NHS Digital and draws together the legal rules and central guidance in relation to the security of information and presents this in one place as a set of 40 assertions (requirements) subdivided into mandatory and non-mandatory standards. The purpose of the assessment is to enable NHS organisations to demonstrate their compliance against the law and central guidance and gives an indication as to whether information is handled and processed correctly, protected from unauthorised access, loss, damage and destruction. The assessment rating scheme is simply either 'Met' or 'Not Met'.

In 2018-19 YAS has taken the following actions to identify and mitigate information governance and data security risks and strengthen our assurance:

- A review of all policies, procedures and contractual arrangements was undertaken in readiness for implementation of the General Data Protection Regulations in May 2018, along with implementation of an updated Data Protection Impact Assessment (DPIA) process.
- The Trust Publication Scheme was updated to reflect General Data Protection Regulation (GDPR) requirements including privacy notices and fair processing arrangements.
- Continued engagement and development of our established network of Information Asset Owners (IAOs) through a well-embedded risk review process which allows us to undertake information governance and data security checks within IAO's respective business areas and identify areas for improvement.
- We have revised our Data Security Training for staff and volunteers in line with national content Caldicott Principles, which are six principles that organisations should follow to ensure that information that can identify a patient is protected and only used when it is appropriate to do so, GDPR and the National Data Guardian's 10 data security standards.
- Information Asset Registers and Records Of Processing Activities (ROPA) have been reviewed in accordance with regulations and to determine the lawful bases for processing of data.
- Staff training in the use of YAS systems that support the provision of care has included messages regarding the importance of security and accuracy of data.
- The annual clinical audit programme includes audits that measure YAS adherence to the health records keeping standards and best practice in line with the Health Records Keeping Standards guideline.

- We have maintained robust archiving and destruction of records in accordance with our Records Management Policy and retention and destruction schedules.

For 2019-20 YAS has now completed and submitted the Trust's Data Security and Protection Toolkit via NHS digital. The Trust demonstrated compliance with 36 of 40 assertions including submission of evidence against 99/100 mandatory key lines of enquiry and 44/51 non-mandatory requirements. The four assertions where the Trust has declared 'Not Met' were considered to require strengthening of our existing evidence in order to declare full compliance, these are as follows:

- 3.3.1 Percentage of staff successfully completing the Level 1 Data Security Awareness training.  
The Trust has made significant improvement in uptake of Data Security Awareness e-learning training to 91.8% by the end of March 2019. An action plan is in place to maintain and improve this level of compliance.
- 9.4.4 Data security improvement plan.  
The Trust was able to evidence a number of work streams to mitigate data security risk. These are to be formalised into a Data Security Improvement Plan.
- 10.1.2 Contracts with all third parties that handle personal information are compliant with GDPR.
- 10.2.2 Percentage of suppliers with data security contracts in place.

A review of contracts will be undertaken in 2019/20 to provide assurance of robust arrangements for third party compliance with the General Data Protection Regulation.

The DSP Toolkit action plan was signed off by the SIRO.

The Trust was not subject to the Payment by Results Clinical Coding Audit during 2018-19 by the Audit Commission and submitted evidence against all 100 mandatory Data Security and Protection Tool-kit items required and 40 of the 51 non-mandatory items. There were 4 requirements which were declared as not fully met with an action plan submitted for none complete standards.

## Part 3

### 2018-19 Review

#### Mandatory Quality Indicators

Ambulance Trusts are required to report:

- **Ambulance Response Programme (ARP) response times** – As part of the delivery of the national Ambulance Response Programme (ARP) Ambulance services are measured on the time it takes from receiving a 999 call to the vehicle arriving at the patients location. Ambulances will now be expected to reach the most seriously ill patients in an average time of 7 minutes, this is classed as a category one call. We are required to respond to other emergency calls in an average time of 18 minutes, this is classed as a category two call. For urgent calls we are required to respond within 120 mins for category three calls and 180 mins for category four calls.
- **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

ARP 3	YAS 2018-19	Highest Month 2018-19	Lowest Month 2018 -19
Category 1 Mean Time (Target 00:07:00)	00:07:21	00:08:15	00:06:44
Category 1 90th Percentile (Target 00:15:00)	00:12:37	00:14:03	00:11:28
Source PBR Report			

Yorkshire Ambulance Service NHS Trust considers that this data is as described for the following reasons, YAS was commissioned to meet a locally agreed trajectory for Category 1 incidents, not the national ARP standards. Additional funding was provided by commissioners to YAS to achieve the trajectory. YAS delivered the Category 1 trajectory agreed with commissioners during 2018-19.

The Yorkshire Ambulance Service NHS Trust has taken the following actions to improve the mean and 90th percentile compliance and so the quality of its services, by March 2020:

- Agreed additional funding with commissioners to meet annual increase in demand.
- Agreed additional funding with commissioners to increase the number of calls managed within the EOC without needing to send an ambulance.
- Agreed additional funding with commissioners to reduce response times to category 1 calls and meet national ARP standards.

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

Only Reported Quarterly now	YAS	National Average	Highest Month 2018-19	Lowest Month 2018 -19
	Apr 18 - Nov 18	Apr 18 - Nov 18		
<b>Proportion of STEMI patients who receive an appropriate care bundle</b> (Published Quarterly)	71.3%	79.8%	79.7%	58.1%
<b>Proportion of Stroke patients who receive an appropriate care bundle</b> (Published Quarterly)	97.3%	98.3%	98.9%	95.3%

(The key issues are the change in the data definitions as well as the time scale for submission over 2018-19 there has been a refresh of the ACQI and some of the months have been used by all trusts to test the new data from an audit view point but has meant a number of iterations of inclusion data standards)

Yorkshire Ambulance Service NHS Trust considers that this data is as described for the following reasons; changes to the above ambulance quality indicator definitions over this last year; the definitions and new care bundles were introduced in April 2018 this has resulted in a period where benchmarking between Trusts has not been possible. This period allowed audit teams to adopt new data sets and submission processes. In addition YAS has rolled out an electronic patient report form known as the YAS ePR, resulting in how data is collected has also changed. The number of incidents has increased over the year and we can better capture the working impression from the ePR. As well as operational staff adapting to the ePR and how they record the care they deliver to patients, It has resulted in the reported care bundles for STEMI lower than expected as staff have not clearly recorded pain scores e.g. in text and not in the observation section.

Yorkshire Ambulance Service NHS Trust has undertaken a number of events to communicate how to complete the YAS ePR, as well as including the care bundle information on the 'Toughbook' ensuring information is available at the point the patient is assessed. YAS also intends to continue to review the ePR functions with the intention of supporting staff to document clearly, and provide individual feedback to local managers and staff on performance when caring for patients with identified best practice care bundles. To support the submission of the new clinical data set there is more reliance on analytics YAS has invested in a new Clinical Informatics and Analytics team they are working with other trusts to develop a single data dictionary. Nationally, to reflect the challenges to all trusts there will be a resubmission of data to NHS England of April 2018 to March 2019 data which will be published in June 2019 YAS expects to see an increase in the performance as the proportion of incidents and full data set will be captured at this submission.

CQIs ROSC and Survival to Discharge	YAS	National Average	Highest Month 2018-19	Lowest Month 2018 -19
	Apr 18 - Nov 18	Apr 18 - Nov 18		
ROSC	23.7%	30.8%	25.8%	19.7%
ROSC - Utstein	48.3%	54.5%	63.0%	28.6%
Survivalt to Discharge	9.0%	10.2%	24.4%	6.5%
Survival to Discharge Utstein	25.6%	29.3%	37.9%	9.1%

Yorkshire Ambulance Service NHS Trust considers that this data is as described; for a number of listed reasons the data should not be compared with past years reported data; both the process of collection and the submission of cardiac arrest data from April 2018 changed nationally. This for YAS has resulted in less patient outcome data being included; EMS witnessed incidents are no longer reported/included in the Utstein data. YAS has been unable to submit complete arrest data over the last six months as survival information from the acute hospitals has not been available in the timeframe required to provide outcome to discharge results. New reporting resulted in a shorter period of time to turn around results which YAS and acute trusts have found challenging. Yorkshire Ambulance Service NHS Trust has invested in developing the new ACQI with NHS England and, using the CIA team, intends to expand the level of analysis in the trusts data to benefit staff and improve outcomes for patients the following actions to improve the above percentage, resubmission of the complete data for June 2019 publication by NHS England by all ambulance trusts. This should then provide comparable performance data from this point which can be used to support the improvement of the quality of its services, by feedback to clinical staff, evaluation of the impact of ARP and other service improvement initiatives.

## **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.

- Work has been undertaken with the QI fellows to review the time taken to finally approve grade three incidents within the set Trust timescales. The project continues to be successful and is in the process of being adopted across the Trust. Initial findings have shown a considerable reduction in the average time to finally approve and provide feedback.
- Work has been undertaken with the QI fellows to review the efficiency of the Frequent Caller reporting process, this has included a review of the management form that the Frequent Caller team uses, whilst the project is still underway the initial results are favourable and that the form changes have speeded the process up.
- The tender process for the organisation's new Risk Management software has been completed and contract negotiations are now underway with the proposed supplier being Datix. Whilst the implementation and benefits will not be seen until late 2019 early 2020 work is underway currently to perform housekeeping on the current system in preparation for transition to the new software.

## New Incidents Reported 2018-19

	A&E Operations	EOC (Emergency Operations Centres)	PTS (Patient Transport Service) -Operations	NHS 111	Other	Total
Apr 2018	367	58	69	44	34	572
May 2018	409	47	81	60	20	617
Jun 2018	341	43	110	52	48	594
Jul 2018	488	40	106	57	59	750
Aug 2018	457	44	84	54	55	694
Sep 2018	424	41	82	61	58	666
Oct 2018	427	19	130	65	61	702
Nov 2018	410	25	122	65	51	673
Dec 2018	421	58	91	74	43	687
Jan 2019	501	64	90	67	58	780
Feb 2019	348	38	95	71	34	586
Mar 2019	478	41	97	64	38	718
<b>Total</b>	<b>5071</b>	<b>518</b>	<b>1157</b>	<b>732</b>	<b>559</b>	<b>8039</b>

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. This year we have seen an overall decline of incidents which supports the positive impact of learning from incidents and creating a positive reporting culture. One initiative utilised is 'Just Culture' as advocated by NHS Improvement, we are actively working with culture of fairness, openness and learning from incidents that supports staff to feel confident when speaking up when mistakes occur.

## Reported Patient Related Incidents (2018-19)

	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019
A&E Operations	76	79	74	86	72	71	72	80	94	146	70	137
EOC (Emergency Operations Centres)	27	24	25	26	21	23	9	14	33	45	27	25
PTS (Patient Transport Services) -Operations	28	26	45	40	39	34	54	47	37	28	32	45
NHS 111	33	53	40	60	46	51	57	50	59	57	54	49
Other	3	2	1	6	2	2	5	1	4	4	1	6
<b>Total</b>	<b>167</b>	<b>184</b>	<b>185</b>	<b>218</b>	<b>180</b>	<b>181</b>	<b>197</b>	<b>192</b>	<b>227</b>	<b>280</b>	<b>184</b>	<b>262</b>

A total of 2,457 patient incidents were reported in 2018-19 this was an increase on 2017-18 which was 2,379 incidents reported. The data demonstrates that the culture of reporting is being embraced within the organisation providing greater visibility of incidents and the development of learning to address these.

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 then 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 on a monthly basis to share learning from incidents with staff and this has been positively received.

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

- We have a high level of internal reporting of near miss and patient-related incidents, with a low rate of moderate and above harm. We have strong processes in place for early identification of harm and review of this to ensure appropriate learning can take place.
- We support staff to report incidents without blame, promoting a just and learning culture, using the NHS Improvement 'A Just Culture' Guide, issued in April 2018 as our supporting guidance.

- We have developed strong internal links with operational colleagues to support them on their quality and safety agendas, enabling operational response to such issues in a timely manner.
- We have a 24/7 phone line and on-line reporting system making reporting incidents easy for staff wherever they are.
- Harm rates remain low as we learn from near miss and low harm incidents, improving systems and processes to protect our patients further.

Yorkshire Ambulance Service NHS Trust has taken the following actions to improve this rate and so the quality of its services:

- 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 then 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 (SI) and whether the Duty of Candour, the being open process, 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 on a monthly basis to share learning from incidents with staff and this has been positively received
- The Trust has developed a zero harm work plan for 2018-23 in conjunction with the clinical directorate to improve incident reporting and investigation, amongst other areas.
- The Trust has also improved the investigation element of Datix to include the Yorkshire Contributory Factors Framework (Lawton 2012), a robust systematic tool that can be used to help us identify main root causes as well as contributory factors which can then be used to inform any improvement work that is undertaken.

## **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 38 serious incident investigations in 2018-19 which makes up less than 0.005% of all incidents reported.

Serious Incidents	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Ops - A&E	0	2	0	0	0	2	0	0	3	4	1	2
EOC	1	0	1	0	0	1	0	0	1	3	0	0
PTS	1	0	0	0	0	1	0	0	1	0	0	0
111	0	1	0	0	1	1	0	0	1	1	1	1
LCD	0	0	0	0	1	1	0	0	1	1	0	0
Other	0	2	0	1	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>2</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>9</b>	<b>2</b>	<b>3</b>

Yorkshire Ambulance Service NHS Trust considers that this data is as described for the following reasons; the Trust expects a low level of serious harm which demonstrates learning from near misses, no harm and low harm incidents. Yorkshire Ambulance Service NHS Trust has taken a number of actions to improve this rate and so the quality of its services, by continually promoting the reporting of near miss incidents, by sharing learning from cases in the monthly Safety Update and by introducing learning programmes from serious incidents, where identified as appropriate, for example in the last 12 months the cardiac arrest management training has been strengthened following learning from a number of serious incidents that took place during resuscitation. The Trust has also improved the investigation element of Datix to include the Yorkshire Contributory Factors Framework (Lawton 2012), a robust systematic tool that can be used to help us identify main root causes as well as contributory factors which can then be used to inform any improvement work that is undertaken. Within the last two years the Trust has appointed a dedicated Serious Incident Investigator; this has enabled an improved quality in investigation and appropriate identification of recommendations and subsequent learning. The current SI Investigator is also a trained Family Liaison Officer which is assisting in correspondence with families under the being open process.

## Medication Incidents

	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019
Medication Incidents	79	87	91	110	132	105	94	77	85	77	63	54

A total of 1,054 medication incidents were reported in 2018-19 these have increased since the last report in 2017-18 and this is aligned to the improved reporting processes which have been implemented within Procurement.

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

- In quarter 4 of 2017-18 the procurement team started to DATIX the discrepancies that they found during the weekly audit of the medicines cupboards held within the emergency departments of the hospitals, this has led to a general increase in the number of medicines incidents reported each month.
- The Yorkshire Ambulance Service NHS Trust Pharmacist produces a separate report detailing the cupboard discrepancies and presents this at the monthly Medicines Optimisation Group to allow the identification of themes of loss of prescription only medicines. The majority of the incidents are single missing doses or documentation errors.
- Yorkshire Ambulance Service NHS Trust intends to monitor the discrepancies and investigate where necessary and is currently looking to the following actions to improve this and so the quality of its services, by moving towards an electronic process using scanners to record the medicines from procurement to point of administration. This is a long-term plan and will start at the procurement end of the process and progress will be monitored through continued reporting.
- The plan for the future is to scan at the point of administration and link to the electronic patient report form. Capital funding has recently been approved to allow development of this process.

## Patient Friends and Family Test

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how.

The FFT asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

Since it was initially launched in April 2013, the FFT has been rolled out in phases to most NHS-funded services in England, giving all patients the opportunity to leave feedback on their care and treatment. Response rates for FFT within the A&E sector are limited by the process as we are only able to approach a small cohort of patients who are not conveyed to hospital after their treatment. All PTS patients are given the opportunity to complete the FFT and the response rate reflects this.

## A&E Friends and Family Test

### How likely is it that you would recommend Yorkshire Ambulance Service to friends and family? – 2018-19

How likely is it that you would recommend Yorkshire Ambulance Service to friends and family?					
Extremely likely / Likely	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD
North Yorkshire CBU	85.3%	86.4%	91.7%	84.2%	86.8%
Hull & East Yorkshire CBU	93.5%	97.0%	92.6%	90.0%	93.7%
Calderdale, Kirklees & Wakefield CBU	81.5%	95.0%	87.5%	92.3%	89.0%
Leeds, Bradford & Airedale CBU	89.7%	97.1%	82.5%	92.7%	90.3%
South Yorkshire CBU	89.4%	92.9%	86.7%	76.3%	86.6%
Unknown Area	44.4%	8.0%	60.0%	64.0%	41.0%
YAS	84.2%	82.3%	86.3%	84.1%	84.2%
Source AE Service User Experience Survey					

## PTS Friends and Family Test

**Would you recommend the Patient Transport Service (PTS) to friends and family if they required transport to hospital? – 2018-19**

Would you recommend the Patient Transport Service (PTS) to friends and family if they required transport to hospital?					
Extremely likely / Likely	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD
North Consortia	91.7%	88.1%	89.6%	82.1%	87.9%
East Consortia	94.4%	80.0%	100.0%	91.7%	91.8%
West Consortia	97.2%	90.4%	92.5%	89.0%	92.2%
South Consortia	90.0%	96.2%	91.8%	90.0%	92.0%
PTS (inc unknown area)	91.6%	89.8%	88.9%	87.0%	89.4%
Source PTS Service User Experience Survey					

## 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 2018 and March 2019:

- We successfully delivered 934,492 patient journeys.
- Our volunteer car service has completed more than 105,633 of those journeys and covered more than 2,041,218 miles.
- We have more than 40 sub-contractors on the PTS framework who contribute to the successful delivery of our service in the most flexible and sustainable manner to meet our patients needs. Additional benefit to the local economy and local community transport providers should also be acknowledged. Between April 2018 and March 2019 they delivered 29.3% of our journeys.

Our service aims to create a sustainable solution to patient transport which provides high quality, safe and efficient patient care that is flexible to the needs of those who use it, and those who commission the service. The areas of focus for 2018-19 were:

- The introduction of a revised flow chart and question set for the NHS England Eligibility Criteria for contracts across North Yorkshire helps us to ensure that eligibility criteria is consistently applied to all patient transport bookings. This was achieved by working closely with CCG colleagues to provide education and awareness to healthcare professionals, patients and staff. This has involved joint workshops undertaken with commissioners and colleagues from Acute Trusts along with patient information sessions. To support this, posters and letters have also been provided.
- Auto planning - in addition to being used in West Yorkshire for all inward journeys up to 11:00am on weekdays, the auto plan software is now being used across North Yorkshire and East Riding of Yorkshire for all pre-booked, inward journeys taking place between Monday and Friday. Taxi resources are now being included in the auto planning software along with Volunteer Car Service (VCS) and YAS resources. This means that the system can select the most efficient resource to transport patients within set Key Performance Indicators. Auto plan settings also allow us to prioritise YAS and VCS resources over taxi use which ensures we do not over-utilise taxis within the plan. The staff working in the PTS communications hub have the ability to use the live auto-allocation tool to provide the most timely available vehicles for all outward journeys as they become ready. This gives the controllers time to look at other journeys that require immediate attention. Work is still required to ensure all users are aware of the tools available to them. The test system is being used to test auto planning for all journeys inwards and outwards in North Yorkshire and East Riding of Yorkshire. Initial results are positive, it should be noted that the situation can change on the day as patients are 'made ready' and it will be essential that schedulers are fully aware of what will be required and what they will be looking for when controlling vehicles with pre-planned journeys allocated.
- The development of a new sub-contractor framework with a plan to launch in June 2019 will provide a more robust contracting arrangement and provide greater flexibility and partnership working across the sub-contractor element of our delivery.
- To retain International Standards ISO accreditation, which certifies that a management system, manufacturing process, service, or documentation procedure has all the requirements for standardisation and quality assurance, the PTS Business Continuity plan must be tested several times a year to ensure it is fit-for-purpose. PTS has been part of a Trust-wide incident involving telephony failure and has also conducted two mock incidents within the department to test and improve business continuity. In addition, all Team Leaders, Service Delivery Managers and Operational Managers along with some support staff have attended business continuity training sessions to ensure they are fully aware of their responsibilities in any given Business Continuity situation.

## Performance against our KPIs – 1 April 2018 -31 March 2019

SCAR & VOY		Target	2018-19
Patients to be picked up within 120 mins before Appointment	KPI 1	90.0%	94.1%
Patients to be dropped off -120 to 0 mins before Appointment	KPI 2	90.0%	90.6%
Pre-Planned patients to be picked up after being marked 'ready' within 90 mins	KPI 3	90.0%	90.4%
Short Notice patients to be picked up after being marked 'ready' within 120 mins	KPI 4	90.0%	83.8%

HRW & Harrogate		Target	2018-19
Patients to be picked up within 120 mins before Appointment	KPI 1	92.0%	94.3%
Patients to be dropped off -120 to 0 mins before Appointment	KPI 2	82.0%	90.8%
Pre-Planned patients to be picked up after being marked 'ready' within 90 mins	KPI 3	91.0%	89.7%
Short Notice patients to be picked up after being marked 'ready' within 120 mins	KPI 4	96.0%	91.1%

East		Target	2018-19
Patients to be picked up within 120 mins before Appointment	KPI 1	93.9%	93.9%
Patients to be dropped off -120 to 0 mins before Appointment	KPI 2	77.0%	89.0%
Pre-Planned patients to be picked up after being marked 'ready' within 90 mins	KPI 3	90.0%	89.8%
Short Notice patients to be picked up after being marked 'ready' within 120 mins	KPI 4	83.0%	69.5%

West		Target	2018-19
Patients to be picked up within 120 mins before Appointment	KPI 1	94.0%	95.5%
Patients to be dropped off -120 to 0 mins before Appointment	KPI 2	83.0%	84.9%
Pre-Planned patients to be picked up after being marked 'ready' within 90 mins	KPI 3	91.5%	89.0%
Short Notice patients to be picked up after being marked 'ready' within 120 mins	KPI 4	96.0%	80.5%

We continue to review and standardise our working practices to ensure we are at the forefront in the delivery of patient transport services. PTS staff continue to demonstrate core NHS values in everything that they do and we believe it is in our patients' best interests to continue to receive a service operated by Yorkshire Ambulance Service.

## Contract Management

### Mobilisation of the contract for Medical Non-Emergency Transport (MNET) in Scarborough and Ryedale CCG and Vale of York CCG

A new five-year PTS contract commenced with Scarborough and Ryedale and Vale of York Clinical Commissioning Groups (CCGs) on 1 July 2018, following successful mobilisation. Initial feedback following the mobilisation of this contract has been positive and we are keen to make this contract a success by ensuring that we continue to work closely with all stakeholders to deliver the required outcomes for our patients. We have an excellent collaborative working relationship with the CCGs which has aided successful implementation of the revised application of eligibility criteria which went live on the 30 July 2018 is progressing well. We have also invested in additional staff and new vehicles within the region.

### Improving Quality within PTS

The newly formed Service and Standards team consists of quality, engagement and alternative resource teams. The role of the team is to support and maintain all aspects of quality within PTS. This is achieved through developing standard ways of working and sharing best practice. Work has included:

- The development and implementation of a sub-contractor governance process to support monthly and six-monthly governance checks provide clear guidelines on the inspection of those sub-contractors.
- Revised and improved clinical action cards have been developed and implemented across the PTS fleet, to provide staff with quick-reference information should they need clinical assistance or support whilst dealing with a patient.
- The development of a vehicle checklist to standardise vehicle equipment, consumables and daily or weekly vehicle inspections. This provides documented evidence that checks have been carried out.
- Jump-on vehicle checks (including sub-contractor vehicles) have been introduced to provide assurance that vehicles are clean and fit for purpose.
- A full review of the PTS quality reports has been undertaken by the Head of Service and Standards and PTS Quality Lead. A 'deep dive' has been undertaken into each area of information to provide assurance that the information presented is accurate. All reports have been re-designed and provide an easy to read document with space to provide additional narrative.
- The PTS Team Leader job description has been reviewed and changes approved. To support this, Team Leaders are to be provided with a confidential survey to understand how they see their role and what support or training they require to be able to deliver effectively. The results will inform a programme of planned away days to provide further training and support.
- All PTS line managers, as part of their annual objectives, undertake a minimum of two back-to-the-floor days per year. They spend time on the frontline of our service getting to know staff, listening to their views and seeing how core roles are carried out, as well as experiencing our service through the eyes of the patient.

## **PTS Update**

PTS Update is a regular newsletter providing information that is specific to staff within the PTS service-line. Hard copies and electronic copies are circulated which support the content shared in Staff Update. Along with the regular updates, one-off publications are produced as required, to alert staff to specific events, instructions, safety alerts or opportunities.

## **Staff Huddles**

A huddle is a short conversation (maximum 10 minutes) in which team leaders can cascade information to their teams and listen to any issues relating to that day's operations. These could be related to vehicles, staffing or other Trust messages. During 2018 these have become business-as-usual in all areas. Team Leaders record how many staff they have spoken to and take away actions as necessary. Staff report that the huddles are useful for sharing information and gaining a wider understanding of challenges facing PTS on any given day.

## Complaints, Concerns, Comments and Compliments

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total 2018-19
<b>EOC</b>	Complaint	20	16	17	17	18	10	21	13	17	11	11	10	<b>181</b>
	Concerns	5	8	10	15	7	6	11	14	4	12	7	9	<b>108</b>
	Service to Service	15	17	15	26	13	11	11	14	9	9	14	8	<b>162</b>
	Comment	0	1	1	2	3	0	1	2	2	3	0	2	<b>17</b>
	Compliments	2	0	0	0	0	0	1	0	0	2	0	0	<b>5</b>
	Lost Property	0	0	1	0	0	0	0	0	0	0	0	0	<b>1</b>
	Patient Advice Liaison Services (PALS) Enquiries	3	2	2	1	1	0	1	0	0	0	0	0	<b>10</b>
<b>PTS</b>	Complaint	9	8	6	20	19	13	17	16	20	13	16	14	<b>171</b>
	Concerns	20	31	36	33	28	29	32	25	19	17	26	34	<b>330</b>
	Service to Service	18	18	32	23	32	25	20	28	18	17	20	16	<b>267</b>
	Comment	4	7	4	7	6	11	7	4	7	7	12	0	<b>76</b>
	Compliments	0	0	1	2	0	1	2	0	1	1	0	2	<b>10</b>
	Lost Property	3	2	2	6	4	2	5	3	5	1	6	8	<b>47</b>
	Patient Advice Liaison Services (PALS) Enquiries	2	6	6	4	3	4	4	3	0	0	5	1	<b>38</b>
<b>A&amp;E</b>	Complaint	21	22	18	18	16	12	23	9	20	23	13	16	<b>211</b>
	Concerns	11	7	6	17	15	11	7	12	9	8	13	14	<b>130</b>
	Service to Service	17	17	12	26	11	13	21	12	13	16	18	17	<b>193</b>
	Comment	10	2	4	4	6	8	9	9	6	9	9	5	<b>81</b>
	Compliments	22	17	10	7	8	3	27	14	1	13	6	15	<b>143</b>
	Lost Property	13	25	35	33	36	28	31	15	30	34	26	23	<b>329</b>
	Patient Advice Liaison Services (PALS) Enquiries	8	9	17	18	22	11	13	9	8	2	7	15	<b>139</b>
<b>NHS 111</b>	Complaint	45	46	35	39	31	22	32	32	34	46	29	37	<b>428</b>
	Concerns	6	2	2	4	5	4	5	3	5	2	1	0	<b>39</b>
	Service to Service	34	32	43	30	31	29	27	28	15	38	30	20	<b>357</b>
	Comment	5	6	3	5	5	4	3	2	5	6	4	5	<b>53</b>
	Compliments	10	12	16	7	9	7	7	12	11	9	13	10	<b>123</b>
	Lost Property	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
	Patient Advice Liaison Services (PALS) Enquiries	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>

## Timeliness of Responding to Complaints

Month	% of responses meeting due date	Average response timescale (working days)
April 2018	92	34
May 2018	95	29
June 2018	95	36
July 2018	91	31
August 2018	83	31
September 2018	81	33
October 2018	90	33
November 2018	92	32
December 2018	82	31
January 2019	86	32
February 2019	89	34
March 2019	79	34

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 every month this year with a year-to-date average response time of 32 days. During the year there have been delays in accessing patient care records which are a significant requirement for complaint investigations to proceed. The roll-out of the electronic patient care record programme will improve this and we anticipate shorter average response times in the coming year. Standard operational procedures are in place to monitor individual and team workloads and the overall compliance rates are reported to the Board.

Action is taken when themes and trends from complaints are noted, for example we are developing a new customer care learning package to ensure staff learn and develop when complaints have been received about attitude. Also, we have undertaken clinical case reviews where complaints are received that indicate potential issues, these are undertaken by the Clinical team and can inform wider learning across the Trust.

## Critical Friends Network (CFN)

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 South, West and East Yorkshire. Five of the original CFN members decided not to continue with

their membership during last year, however the group recruited six new members in their place and as such engagement within the group has increased. We continue to strive to increase the diversity within the group and two new members have been recruited that are from a BME background.

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 Quality Account, the National Ambulance Service Digital Strategy, the PTS wheelchair SOP, Project A and a Bright Idea submitted by a staff member within YAS. There has been CFN representation at the CQC mock inspections and on the panel for the Quality and Risk Coordinator interviews. Work has commenced on the Trust's first Always Event pilot, which has been co-designed with the CFN. One CFN member also helped to coproduce a training programme for staff members within the Clinical Hub as part of a Quality Improvement project by one of the Trust's QI Fellows.

One of the challenges has been in growing the CFN and this will continue to be a focus for 2018-19. At present the CFN doesn't have any representation from residents of North Yorkshire. Like last year, efforts will be made to continue to increase diversity within the group in terms of protected characteristics. Agreements 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 2019-20 includes engagement with specific patient groups including patients with learning disabilities and people with Dementia via existing established networks in Yorkshire and Humber.

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 Chair at each Trust Board meeting in public and also in education and training for our staff. YAS service users are encouraged to provide their experience via case study stories that are recorded with them and presented at key meetings such as Public Board.

## Performance against Priorities for Improvement 2018-19

<b>Priority One – Lead: Stephen Segasby, Deputy Director of Operations</b> <b>Patient Safety:</b> Assurance on the delivery of safe ambulance response through implementation of Ambulance Response Programme and introducing new models of urgent care	
Year one of implementing the national Ambulance Response Programme (ARP) has remained on track which is shown by our achievement of the standards and new service model which ensures we are sending the right response, at the right time to all incidents.	achieved
<b>Priority Two - Lead: Clare Ashby, Associate Director of Quality and Nursing</b> <b>Patient Safety:</b> Embed and integrate the Critical Friends Network (CFN) and strengthen the Patient Experience programme.	
During 2018-19 the CFN has continued to grow, increasing its membership to seventeen very engaged members that are pro-active in their contributions to service developments at YAS. To date, two quarterly meetings have taken place gaining valuable feedback on the Quality Improvement Strategy and projects, working collaboratively on medicines management and assisting in research developments. Co-production of Always Events was the focus of October's CFN meeting and this is a key development for patient experience at YAS in developing a set of Always Events across the service, piloting within the PTS initially. Another step forward this year has been the introduction of patient representatives on interview panels, with one member of the CFN assisting in the recruitment of the Quality and Risk Coordinator (Patient Experience) in August. Aside from the CFN, bespoke co-production work has also taken place with dementia patients and carers; with a positive piece of work taking place with the Sheffield Dementia Involvement group (SHINDIG) to gain an insight on how we can improve our services for people with dementia.	achieved
<b>Priority Three – Lead: Dr Steven Dykes, Deputy Medical Director</b> <b>Clinical Effectiveness:</b> Improvement in patient outcomes with key conditions: cardiac arrest, paediatrics, patients at the end of life	
<p>Ensuring that patients who suffer from an out-of-hospital cardiac arrest get the right treatment fast is vital for their long-term survival and quality of life. The chain of survival is still a key element of YAS's strategy and we continue to improve our response to peri-arrest and cardiac arrest.</p> <p>Improved education of cardiac arrest management is now part of clinical refresher programme, led by Clinical Development Managers. The new style Clinical Refresher started in November and has received positive feedback from attendees. The training also includes embedding the use of the new Corpuls monitor/defibrillator and new iGels into routine clinical practice, and concentrates on the human factors involved in resuscitation.</p> <p>Automated External Defibrillators have recently been installed on PTS ambulances, meaning that all our frontline ambulances have defibrillator capabilities, improving our response to patients in cardiac arrest.</p>	achieved

## Performance against 2018-19 CQUINS

A proportion of YAS income in 2018-19 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 goals that were agreed for 2018-19 and the following 12-month period are available electronically at: [www.yas.nhs.uk](http://www.yas.nhs.uk)

### National CQUINS

**CQUIN 1a – Introduction of health and wellbeing initiatives** - *To encourage staff in healthy lifestyles and to ensure adequate health and wellbeing support for staff.*

The 12-month health and wellbeing action plan was developed and delivered a number of key initiatives across the organisation; this includes the MSK back-care workshop project which was a great success. Mental health first aid training has continued with a hope that this can be rolled out further across the organisation. A number of key national campaigns have been delivered to engage staff with improving their health and wellbeing. A diagnostic exercise has been carried out with stakeholders to support the planning for 2019-20.

**Total value:** £143,108 – achieved in part

**CQUIN 1b - 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.*

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:** £143,065 – achieved in full

**CQUIN 1c - 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.*

This year's flu vaccination campaign has been a huge success with the Trust achieving a 65.0% vaccination rate amongst frontline staff. The planning for 2019-20 campaign will commence in the spring with the aim of achieving 75% uptake rate.

**Total value:** £143,065 – achieved in part

## **A&E CQUINS**

**CQUIN A Local – Proportion of 999 incidents which do not result in transfer of the patient to A&E** - 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.

**Total value** - £429,238 – achieved in full

**CQUIN B local – 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.

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 2018-19 and six end-to-end reviews have taken place in total (two more planned before end of 18-19). These reviews have involved acute trusts, GP surgeries, care homes, out-of-hours GPs, local CCGs, NHS 111, YAS PTS and YAS A&E. 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:

- An Acute Trust agreed an internal process in regards to making YAS aware to flag addresses for children when a Limitation of Treatment Agreement (LOTA) is in place. A LOTA outlines the end of life care and symptom control guidelines for children and young people with cancer who requiring palliative care.
- Changes were made to the NHS 111 Directory of Services for clear instructions of how to access an Out of Hours GP Practice.
- YAS PTS distributed the Clinical Action Card to all staff which advises them of the pathway to follow should a patient present as unwell on PTS' arrival.
- Clinical refreshers are to take place within YAS for end-of-life care.
- GP practice taking on board an action to provide worsening advice to patient and their families upon booking an ambulance to support them to recognise worsening symptoms and know what action to take.

**Total value** – £214,405 – achieved in full

**CQUIN C Local – 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.

**Total value** - £214,619 – achieved in full

**CQUIN D Local - 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.

**Total value** - £1,287,715 – achieved in full

## **Patient Transport Service (PTS) CQUIN**

### **CQUIN 1 - Patient Experience App**

The PTS CQUIN for 2018-19 required the development and testing of collecting patient feedback by way of an app. The app was a bespoke designed purchased to meet PTS requirements. Following initial development work (including development of the questions) the app was rolled out in early October 2018 across Yorkshire. Staff from the Service and Standards team used tablets to collect patient feedback for the first two weeks. Staff from other areas of PTS have also volunteered to partake in surveying and continue to support data collection. Initial feedback is positive with patients reporting that they welcome the opportunity to provide

feedback and speak with our staff. This method provides YAS with real-time feedback from our patients whilst also giving our facilitators the opportunity to feedback any issues to operational teams allowing for speedy resolutions. Our patients have told us that they welcome the opportunity to provide feedback on the day of their journey.

**Total value – £628,000 – achieved in full**

## **Review of Quality Performance**

### **NHS Staff Survey Results 2018**

The results for the 2018 National Staff Survey are presented as ‘themes’ and question scores. Themes can be considered as ‘summary scores’ for groups of questions which give more information about a particular area.

There are in total 10 themes and these are presented as scores (up to 10). The themes are:

1. Equality, diversity and inclusion
2. Health and wellbeing
3. Immediate managers
4. Morale
5. Quality of appraisals
6. Quality of care
7. Safe environment – Bullying and harassment
8. Safe environment – Violence
9. Safety culture
10. Staff engagement

The results of the Staff Survey were confirmed on 26 February 2019 following an embargo stipulated by NHS England.

## Headline NHS Staff Survey results for 2018

2018 response rate

YAS 2018 Response	YAS 2017 Response	+/-	Average response for sector*	+/-
34%	35%	-1%	49%	-15%

\*Yorkshire; East Midlands; North East; South Western; South Central; South East; London; West Midlands; Isle of Wight; North West; East of England

## NSS2018 – Theme results and trends (score out of 10)

Theme	YAS score (2018)	YAS score (2017)	+/-	Average for ambulance trusts (2018)	+/-	Best for 2018	Worst for 2018
1. Equality, diversity and inclusion	8.5	8.3	+ 0.2	8.4	+ 0.1	8.7	8.0
2. Health and wellbeing	5.0	4.7	+ 0.3	5.0	-	5.3	4.5
3. Immediate managers	6.0	5.6	+ 0.4	6.2	- 0.2	6.9	5.3
4. Morale (NEW)	5.7	NA	NA	5.7	-	5.8	4.9
5. Quality of appraisals	3.9	3.7	+ 0.2	4.6	- 0.7	5.3	3.9
6. Quality of care	7.4	7.5	- 0.1	7.4	-	7.8	7.0
7. Safe environment – Bullying and harassment	7.4	7.2	+ 0.2	7.3	+ 0.1	7.6	6.9
8. Safe environment – Violence	8.9	8.8	+ 0.1	8.8	+ 0.1	9.0	8.2
9. Safety culture	6.0	5.7	+ 0.3	6.2	- 0.2	6.5	5.8
<b>10. Staff Engagement</b>	<b>6.3</b>	<b>5.9</b>	<b>+ 0.4</b>	<b>6.2</b>	<b>+ 0.1</b>	<b>6.5</b>	<b>5.7</b>

Compared with the ambulance sector, YAS theme scores are broadly in line with the sector average and of the nine themes (excluding Staff Engagement which is summarised below):

- **3 are above the sector average** (1. Equality, diversity and inclusion; 7. Safe environment – Bullying and harassment; 8. Safe environment – Violence)
- **3 are the same as the average** for the ambulance sector (2.Health and Wellbeing; 4.Morale; 6.Quality of Care)
- **3 are rated as below the sector average** (3.Immediate managers; 5. Quality of Appraisal 9.Safety culture)

At a local level compared with our own results from 2017:

- **7 themes show an improvement** (1.Equality, diversity and inclusion; 2.Health and wellbeing; 5.Quality of appraisals; 7.Safe environment – Bullying and harassment; 8.Safe environment – Violence; 9. Safety culture)
- **1 theme is rated as worse** (6.Quality of Care)

\*NB no comparable data for Theme 4 (Morale) as this is a new category; and Staff Engagement is excluded and summarised below

### Staff engagement score

Theme	Staff engagement scores		
Overall staff engagement	2017	5.99	+0.33
	2018	6.32	
Advocacy	2017	6.19	+0.41
	2018	6.60	
Motivation	2017	6.43	+0.31
	2018	6.74	
Involvement	2017	5.39	+0.25
	2018	5.64	

The overall staff engagement score for YAS is 6.3 out of a possible score of 10. This is higher than the score in 2017 (5.9) and better than the average for the ambulance sector (6.2). The Trust intends to increase the response rate for staff survey using a number of incentives and improved access to the staff survey tool across all service lines.

## Friends and Family Test scores (FFT)

Below are the Staff FFT scores for Quarter 3 (as per the 2018 National NHS Staff Survey)

21c. Recommend YAS as a place to WORK					
NSS2018	NSS2017	-/+	Average for ambulance sector	Best in sector 2018	Worst in sector 2017
52%	45%	+7	51%	57%	38%
21d. Recommend YAS for CARE					
NSS2018	NSS2017	-/+	Average for ambulance sector	Best in sector 2018	Worst in sector 2017
74%	68%	+6	71%	79%	44%

Yorkshire Ambulance Service NHS Trust considers that this data is as described for the following reasons because the results were confirmed by NHS England following the lifting of an embargo of the 2018 National NHS Staff Survey results on 26 February. Yorkshire Ambulance Service NHS Trust has taken the following actions to improve this percentage, and so the quality of its services, by repositioning the FFT survey as the Trust's quarterly internal staff survey. The Survey has also been rebranded as Pulse Check and a series of actions have been taken to improve response rates including direct engagement with line managers, regular response updates and using tablets in order to take the survey to staff. Additionally the Trust has improved communication of the results to staff that have been canvassed for their opinions.

## Infection Prevention and Control (IPC) Audits

Infection prevention and control (IPC) is fundamental to the safety of both our patients and our staff. YAS demonstrate that they are compliant with the requirements of the Health & Social Care Act 2008 and the Care Quality Commission (CQC) Key Lines of Enquiry. This includes providing our staff with adequate resources to adhere to IPC standards and follow best practice and ensuring that directorates work effectively together, for example Fleet, Estates and Operations, to set and monitor standards.

The key IPC compliance requirements for YAS are:

**Hand hygiene:** All clinical staff should demonstrate timely and effective hand-washing techniques and carry alcohol gel bottles on their person. This includes being bare below the elbows during direct delivery of care.

**Asepsis:** All clinical staff should demonstrate competency in aseptic techniques during insertion or care of invasive devices.

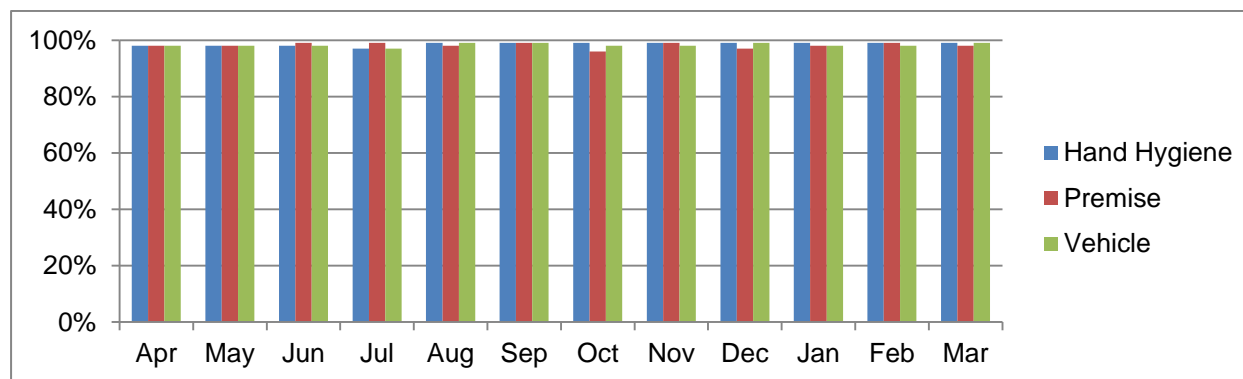
**Vehicle cleanliness:** Vehicles should be clean inside and out and any damage to stretchers or upholstery reported and repaired. Between patient cleans should be undertaken by operational staff at the end of every care episode to reduce the risk of transmission of pathogenic microbes.

**Vehicle deep cleaning:** Vehicles should receive regular deep cleans in accordance with the agreed deep cleaning schedule of 35 days in and line with the agreed Standard Operating Procedures. Effective deep cleaning ensures reduction in the bio-load within the clinical setting.

**Premises cleanliness:** Stations and other sites should be clean and have appropriate cleaning materials available and stored appropriately. Deep cleaning of key clinical storage areas, such as consumable cupboards, medical gases and linen storage areas should take place on a monthly basis. Clinical waste and linen should be disposed of in line with Waste Guidelines.

Audits to confirm compliance with hand hygiene and dress code are undertaken every month by clinical and managerial staff, depending on the location, and results are reported via the Integrated Performance Report and also fed-back to staff on a monthly basis.

	Audit	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Overall Compliance (Current Year)	Hand Hygiene	98%	98%	98%	97%	99%	99%	99%	99%	99%	99%	99%	99%
	Premise	98%	98%	99%	99%	98%	99%	96%	99%	97%	98%	99%	98%
	Vehicle	98%	98%	98%	97%	99%	99%	98%	98%	99%	98%	98%	99%



## Safeguarding

The profile of safeguarding children and adults at risk continues to grow and change and is a key priority across YAS. During 2018-2019 both policy and practice have been reviewed to ensure compliance with changes in legislation, local multi-agency procedures and good practice guidance. The Safeguarding team continues to engage and support staff and Volunteers across all teams and departments including the EOC, A&E Operations, PTS and NHS111 to identify safeguarding priorities to ensure staff are able to provide high quality patient care.

The Safeguarding team works across the Trust and 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 that all YAS employees and volunteers have the appropriate knowledge and skills to discharge their safeguarding function in relation to children, young people and adults. A Memorandum of Agreement is in place between NHS Wakefield Clinical Commissioning Group (CCG) lead commissioner and Yorkshire Ambulance Service (YAS) NHS Trust with all CCGs across Yorkshire and the Humber, NHS England, and the local statutory safeguarding arrangements for children and adults. The aim of this agreement is to ensure that YAS is represented in each CCG area, and is kept informed of any safeguarding issues which require YAS to take to action.

Safeguarding processes and practice are being continually reviewed and strengthened and change in practice is informed by safeguarding audit and evaluation; especially with regard to the quality of safeguarding referrals to Adult and Children Social Care and the education and training of staff. The classroom based safeguarding training session has been evaluated and reviewed in order to meet the needs of different staff groups and service lines.

During 2018-19, safeguarding practice has been enhanced by updating and strengthening current safeguarding team processes and work streams.

### **Key Learning from Reviews**

The YAS Safeguarding Team has contributed to 14 Safeguarding Child Reviews, 21 Safeguarding Adult Reviews, 2 Learning Lesson Reviews and 13 Domestic Homicide Reviews across the Yorkshire region.

As a result of a number of babies reported to have suffered non-accidental injuries or abusive head trauma in one area of Yorkshire, the safeguarding team undertook awareness raising of bruising, burns or scalds in non-mobile children. Information was included in the April 2018 Safety Update and followed up with an article in Staff Update. It should be noted that in all occasions where YAS clinicians had contact with these babies they carried out their safeguarding role and responsibilities appropriately. The Safety Update bulletin in February 2019 to inform best practice, revisited the Care Act 2014 definition of an Adult at Risk and the six principles of Safeguarding Adults.

A Case Review highlighted the need to ensure that, in cases where children at the scene of an incident are taken to another address (e.g. a neighbour or family member) that this is clearly documented in the safeguarding referral to allow Children Social Care to locate the child quickly and without delay. The YAS Child Safeguarding Referral was updated to reflect this.

### **Safeguarding Referrals**

The Safeguarding Children and Adult referral forms are continually reviewed and updated to include any lessons learnt with regard to safeguarding practice.

To improve the quality of information shared with social care and in line with statutory requirements; the referrals forms consist of

- Safeguarding Children Referral Form
- Safeguarding Adult Referral Form (Adult at Risk)

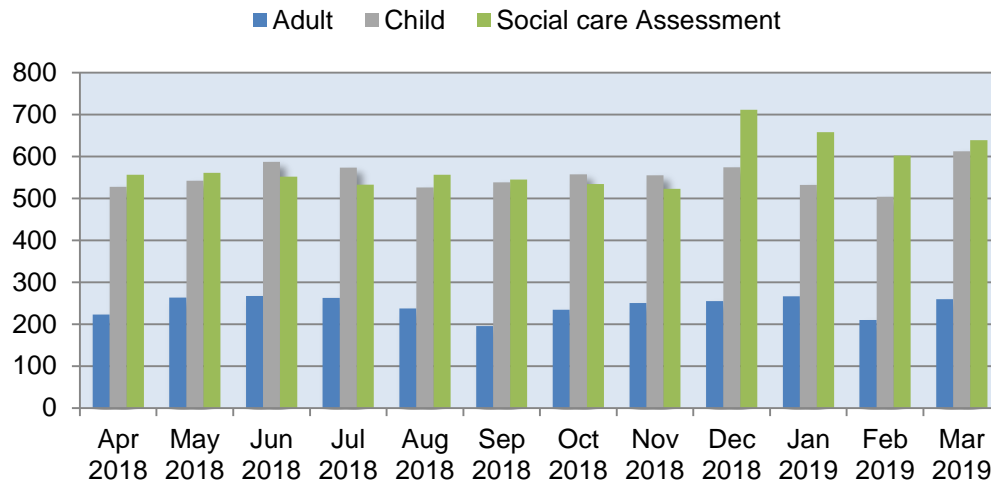
- Referral for a Social Care Assessment

There has been an increase in the quantity of safeguarding referrals generated by YAS since 2013; this demonstrates the safeguarding agenda is a priority in the delivery of high quality patient care. A quality audit of the safeguarding referral forms, including the request for a social care assessment, evidenced that concerns raised were appropriate and that there was enough information on the forms for Adult and Children Social Care to make contact with the child, family or adult at risk in order to make an initial assessment or enquiry. Positive feedback has been received from local authorities regarding an improvement in the quality of referrals generated by YAS since the new referral format was developed.

**YAS-wide Total Safeguarding Referrals Table**

Safeguarding Referrals	Total 2013-14	Total 2014-15	Total 2015-16	Total 2016-17	Total 2017-18	Total 2018-19
Child	3,956	4,441	5,994	5,645	5,744	6,627
Adult	4,401	5,503	6,868	8,855	5,650	2,921
Adult Social Care Assessments					3,448 Since Oct 2017	6,970
<b>Total</b>	<b>8,357</b>	<b>9,944</b>	<b>12,862</b>	<b>14,500</b>	<b>14,842</b>	<b>16,518</b>

**YAS Wide Safeguarding Referrals Table**



## Safeguarding Training

YAS staff are required to complete or refresh their safeguarding training every three years; the current training cycle runs from 2017-20. The eLearning course and the 'Roles and Responsibilities' classroom session together equate to both the Royal College of Paediatrics and Child Health and the Royal College of Nursing safeguarding level two training for adults and children and is aimed at all health workers who have contact with patients, families and the public; including all clinical and non-clinical staff whether this is face-to-face contact or via telephone contact.

Completion of the safeguarding eLearning course introduced in December 2017 continued to increase across all staff groups and service lines and the safeguarding team delivered over 150 hours of classroom based safeguarding training.

Following the publication in August 2018 of the Royal College of Nursing Adult Safeguarding: Roles and Competencies for Health Care Staff Intercollegiate Document and the Safeguarding Children and Young People Safeguarding: Roles and Competencies for Health Care Staff, Fourth Edition published in January 2019, Level 3 safeguarding training has been incorporated into the YAS Training plan for Ambulance Staff in 2019–2020.

## Safeguarding Training Compliance 2018-19

- Safeguarding Children Level 1 Trust-wide compliance has been consistently above **95%**
- Safeguarding Adult Level 1 Trust-wide compliance has been consistently above **94 %**
- Safeguarding Level 2 Children developed in December 2017 and increasing monthly and above **93%**
- Safeguarding Level 2 Adult developed in December 2017 and increasing monthly and currently at **93%**
- Trust wide compliance for Prevent basic awareness has consistently been above **95%**.
- Trust wide Compliance Workshop to Raise Awareness of Prevent (WRAP) above **89%**.



## Alternative Clinical Pathways

### Clinical Pathways

The Clinical Pathways team works across YAS to establish clinical pathway which aim to ensure every patient receives care in the right place, based on their clinical need and that we are providing evidence based, person-centred care.

These pathways vary greatly and cover all types of patient, from those who are acutely unwell with a life threatening condition to those requiring less urgent care and where hospital and admission to an A&E department may not be the most appropriate option, as well as signposting referrals to support social needs.

The acute pathways involve diverting patients suffering from an acute stroke, heart attack and other life threatening condition to the correct hospital, which may not be the nearest hospital to them, where they can receive timely and definitive treatment to minimise disability, deterioration and death. The team works closely with provider organisations to audit and review these pathways and ensure they are correctly utilised by staff and that the pathways and the criteria is up to date and in line with best practice and current evidence.

The urgent care pathways are wide-ranging and are developed in collaboration with community services, commissioners and, where needed, the acute hospital. The clinical pathways team continues to design and develop pathways which utilise community based services. These can be through a direct referral to a service where clinical responsibility is passed on through a clinician to clinician discussion, such as to district nursing teams; single points of access where a community based multi-disciplinary team (such as community nurse, occupational therapists, respiratory nurses, and physiotherapists) is available to provide wrap-around care to a patient in their own home, with the aim of preventing avoidable admission to an emergency department and providing care closer to home. There are now many single points of access which YAS clinicians can access depending on the location of their patient and these continue to develop across the YAS footprint.

Other pathways are accessed through signposting a patient to a suitable service, such as a community based urgent treatment centre or walk in centre, where the specification is standard and patients who fit within the specification can be directed to attend these centres, or where appropriate, conveyed by YAS clinicians. These pathways also continue to be developed and reviewed to ensure suitability of patients and the criteria.

This year the Clinical Pathways team have started to work with acute hospitals to develop pathways into wards, where bypassing A&E has been evidenced to benefit the patient. There are now two pathways into frailty services within two acute hospitals to ensure frail, elderly and complex patients are not delayed in A&E, which has been shown to be detrimental, but that they are directed straight to the correct service in the hospital. Early review of these new pathways shows improved access to a geriatric review and decreased length of stay in the hospital. The team hope to develop more of these direct access pathways into an appropriate hospital ward or service.

Staff continue to be encouraged to refer patients to the clinical hub for conditions not requiring immediate intervention, but where a follow up may be required to try to prevent a further episode and safeguard patients against deterioration and injury. These have been in place for many years and include patients who have fallen; patients who have suffered a hypoglycaemic episode; patients who have had an epileptic seizure; and those require support with alcohol or substance use. These referral pathways now exist across many areas and the team work with the clinical hub teams to ensure that all the information is up to date and are reviewing how effective these referrals are in getting the patient to the right place to enable them to receive the support they require. For example, YAS staff refer, on average, over 400 patients who have fallen and these referrals are passed to a community based falls team who can undertake an assessment of the patients safety, mobility and provide aids and rehabilitation to help prevent future falls.

The Clinical Pathways team has recently rebranded and this was launched and will be launched across the Trust at the beginning of March. This new pathways brand, along with new and standard format pathways and a new way to identify local pathways on the Trust intranet, depending on which area a crew and patient are in and now available and embedded across YAS. The team continues to work across the many directorates of the Trust and works to develop relationships across the wider YAS workforce, help improve use of and confidence of staff in accessing and utilising all types of pathway and helping to ensure patients receive the right care in the right place, using best practice guidance and current evidence.

## Falls

Patients who have fallen continue to represent one of the most significant areas of demand for YAS, both through contact with NHS 111 and the 999 service.

The Clinical Pathways team is working closely with external providers of falls pick up services, such as those who work on behalf of telecare providers or local authorities, and a pathway is now in place which allows these services to support YAS in helping uninjured patients to get up from the floor. This is done through a well governed process and involves triage and agreement from the Clinical Hub clinician. This pathway helps to minimise length of time patients are on the floor, supporting early mobilisation and support in the home when an emergency crew is not required. This partnership working continues to develop and evolve.

Falls pathways, for patients requiring urgent, same day support and those who have a less urgent need, are continuing to be developed to ensure a timely and safe response.

Clinical Hub Pathway Referral Comparison 2017-18 and 2018-2019		
Referral Pathway	Total referrals 2017-18	Total referrals 2018-19
COPD	4	1
Diabetic Referral	1,272	1,273
Falls referrals	5,741	5,086
Epilepsy referrals	210	218
Safeguarding	14,773	16,471
Mental Health referrals	21	49
End-of-Life Care	3	6
Alcohol and Substance	315	424



## Patient story

A man who suffered a cardiac arrest has personally thanked the Halifax ambulance crew who helped to save his life. Mr Neil Davidson, of West Yorkshire, was at home when his heart stopped in the middle of the night. His quick-thinking son started cardiopulmonary resuscitation (CPR) and continued chest compressions until the crew arrived to take over. His son, who lives in Australia, learned how to perform CPR as a 15-year-old at Rishworth School near Sowerby Bridge.

Mr Neil Davidson, who was described as 'Miracle Man' by doctors and nurses in hospital, visited some of his heroes at Halifax Ambulance Station. He was joined by his wife, Janice, for the emotional reunion with Clinical Supervisor Liz Cheetham and Paramedic Sally Tinkler.

He said: "They saved my life, good and proper. Words can't describe how I feel about what they did to help me to survive and recover. I'm now doing a lot of work with the Resuscitation Council (UK), supporting Restart a Heart Day on 16 October, raising money for charities and also raising awareness of CPR. I'm going to campaign for every child in school to be taught this life-saving skill."

Speaking about the night when Neil's life was saved, His wife said: "The instructions from Yorkshire Ambulance Service were really good and concise. Without them on the end of that phone, I would have really struggled, so they helped me greatly."

The reunion was a very proud moment for Liz and Sally.

Liz said: "We meet people on the worst day of their life, help them as best as we can, take them to hospital and that's pretty much where it ends for us. Occasionally, we find out how people are getting on, but a lot of the time we never find out what's happened, so it's lovely that they've been in touch to let us know how well it's turned out."

Sally added: "We don't always get such a great outcome and it's lovely to see him walking, talking and being an advocate for Restart a Heart Day. He'll be saving lives by just doing that and helping other people - awareness and knowledge is key really."

## **NHS 111**

### **Service demand and performance**

As urgent care services are developing within local health economies across Yorkshire and Humber (Y&H) patients this year have seen additional access options available to them, particularly extended hours GP services and Urgent Treatment Services, which has resulted in calls to NHS 111 maintaining at similar levels to 2017-18.

During 2018-19 NHS Digital Online NHS 111 tool has been available for Y&H population with 3060 instances per week on average for 2018-19, supporting patients with managing their conditions through this web based service.

- 1,632,514 patient calls answered (down 0.9% from 2017-18)
- 88.1% calls answer rate against a target of 95% (down -0.8% from 2017-18)
- 80.9% of clinical calls received a call back within two hours, against a target of 95% (down 1.6% from 2017-18)
- 663,319 calls to NHS 111 given clinical advice (45% of triaged calls)
- 119,243 patients directly booked an appointment
- 11.0 % to 999, 14.7% were given self-care advice and 9.5% signposted to ED
- 92% patient satisfaction with the service (based on the national Family and Friends Assessment Framework YTD up to Quarter 3), last year this was 91%.
- Income and costs aligned to manage within budget.

### **Integrated Urgent Care**

We are delighted to announce YAS have been selected as the provider for the region-wide Integrated Urgent Care (IUC) service for at least the next 5 years.

This is excellent news for the Trust and follows the rigorous tender process that we have been involved in since March 2018. Having provided the region's high performing and well regarded NHS 111 service for the last six years, the opportunity for the Trust to transition to the new IUC service is both welcomed and well deserved. It also recognises the fantastic commitment of our frontline staff in the call centres who have supported over eight million patients since its inception in 2013.

In line with our Trust's strategic ambitions to ensure patients and communities experience fully joined-up care responsive to their needs and excellent outcomes, our NHS 111 service will develop to deliver IUC through collaboration with primary care colleagues, other providers and commissioners. We will lead the way in transforming from an 'assess and refer' signposting service to a 'consult and complete' service, where patient needs are resolved through advice, a prescription, or appointment. For further information on Integrated Urgent Care please refer to the NHS England Integrated Urgent Care specification.

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

## **Improving Quality**

As part of our ongoing ambition to continually improve the quality of the services provided NHS 111 has enhanced patient pathways through:

- Providing additional clinical advice
- Ensuring more patients receive a direct booking for onward care
- Facilitating rapid clinical validation for ambulance calls considered to not to be emergency cases, but urgent care requiring transportation.
- Integrating with the NHS Digital online tool.

Our staff have received training on two new clinical updates of our NHS Pathways clinical decision support software, introducing new clinical content to support patients further, particularly around Sepsis, CPR instructions and undertaking a validation of calls that require an ambulance as the outcome.

For our clinical staff a skills assessment process has been undertaken as part of the wider Trust review to create a Clinical Professional Development for clinicians within NHS 111 and CPD sessions have been put in place along with Online resources to enhance the skills of our staff.

A cultural development working group was established this year to look at feedback received about how it feels to work within NHS 111, to review the 2017 staff survey results and to also look at how we can work together with staff to embed and 'live' the Trust's Values and Behavioural framework – Living our Values. The working group will support our staff engagement programme as we progress on with the development of our IUC service.

Of particular excitement as part of our Health and Wellbeing programme from July NHS 111 introduced Schwartz Rounds for staff to share their experiences. Point of Care Foundation is supporting the work and have trained seven facilitators to undertake these learning rounds. Further information is noted below on their purpose.

- Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare.
- The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care.
- Rounds can help staff feel more supported in their jobs, allowing them the time and space to reflect on their roles. Evidence shows that staff who attend Rounds feel less stressed and isolated, with increased insight and appreciation for each other's roles. They also help to reduce hierarchies between staff and to focus attention on relational aspects of care.
- The underlying premise for Rounds is that the compassion shown by staff can make all the difference to a patient's experience of care, but that in order to provide compassionate care staff must, in turn, feel supported in their work. There have been 4 rounds so far across both the call centres including 60 to 70 staff and the team have already planned the next 12 months for the service. The topics so far have included 'the patient I will never forget' and 'in at the deep end'. Informal feedback is very positive and a formal evaluation for the first six months is underway.



Our approach to quality improvements in NHS 111, embedded through the Trust's Quality Strategy, listening to feedback from staff, patients, carers and their families, will be central to our IUC development.

### **West Yorkshire Urgent Care (WYUC)**

WYUC has continued to be delivered by Local Care Direct as part of our sub contract to NHS 111 supporting 258,846 patients with their urgent care Out of Hours needs in West Yorkshire. From 2019-20 Commissioners will have a direct contract with Local Care Direct to deliver this service.

### **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 2018-19 focusing on upgrades to station furnishings, fittings and fixtures with some stations receiving extensive refurbishment, including three sites in preparation for implementation of Ambulance Vehicle Preparation on site.

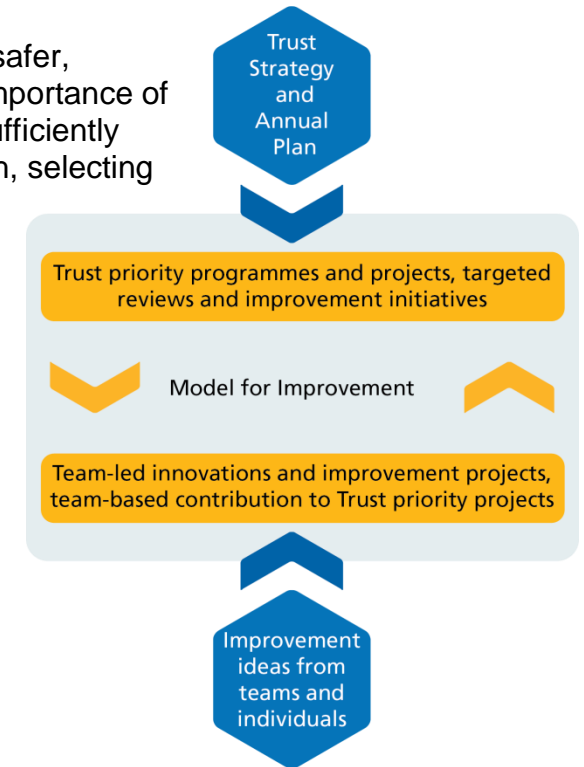




## Quality Improvement (QI)

Quality Improvement is an approach used to improve our service to make it safer, effective, patient-centred, timely, efficient and equitable. We recognise the importance of using a QI approach which is meaningful to staff and accessible to use but sufficiently robust to underpin all programmes of improvement. We use a combined approach, selecting the best elements of available QI models. Over the last year, we have developed our QI Strategy with the aim of working with our patients, their carer's, our staff and volunteers to:

- Provide a consistent framework for QI, informed by the available evidence of best practice.
- Best reflect the fast-moving, operational context and widely-distributed workforce of the organisation, allowing for a systematic approach within a flexible overall framework.
- Allow opportunities for applying different methodologies to suit specific projects and developments, without diluting the consistent messages to leaders and staff about the overall Trust approach.
- Recognise that learning can be achieved during failure as well as success and this type of learning reflects the maturity of an organisation.



## Building capacity and capability for Quality Improvement

### The Quality Improvement Fellowship

A fundamental element of the QI strategy is to increase QI capacity across the Trust via the Quality Improvement Fellows process. The QI Fellowship programme is a twelve-month programme designed to be repeated over five years in line with the QI Strategy. The first cohort for the QI Fellowship programme is now complete and employs staff from our Emergency Operations Centre, Patient Transport System, A&E, NHS 111, YAS Academy and the Quality and Safety team. The QI Fellowship is pivotal in gaining the support and confidence of the frontline teams and therefore the successful implementation of the QI Strategy.

The QI Fellows have built up experience over the course of the year and undertaken various training opportunities to enhance their knowledge. All QI Fellows have now completed their Gold level QI training which enables them to be able to deliver QI training to staff across the organisation thus building our capacity around QI. This training has been supported through our partnership with the Improvement Academy.



*Left to right  
Gareth Sharkey, Craig Reynolds, Amy Ingham, John Porter-Lindsey, Carl Betts, Sakina Waller, Spencer Le Grove,  
Jayne Bradbrook.*

In addition, each of the QI Fellows has been working on projects aligned with their area of expertise:

QI Fellow	Project
Amy Ingham	<ul style="list-style-type: none"> <li>• Reduction in the use of paper for educational purposes</li> <li>• Improve information for patients/carers being conveyed to hospital</li> </ul>
Carl Betts	<ul style="list-style-type: none"> <li>• Introduction of a mobile phone pack on front line ambulances</li> <li>• Barnsley District General Hospital Simulation suite pilot day for YAS staff (planned for Jan 2019)</li> </ul>
Craig Reynolds	<ul style="list-style-type: none"> <li>• Improving the time to final approval of incidents reported via DATIX</li> <li>• Improving the use of YAS TV</li> <li>• QI app development</li> </ul>
Gareth Sharkey	<ul style="list-style-type: none"> <li>• Reduce time to handover to clear</li> <li>• Creation of a new training programme for paramedics in training in collaboration with the University of Bradford</li> </ul>
Jayne Bradbrook (Start date 01/10/18)	<ul style="list-style-type: none"> <li>• Reducing the number of falls in care homes in Sheffield</li> </ul>
John Porter-Lindsey	<ul style="list-style-type: none"> <li>• Reducing MSK injuries for PTS staff by moving patients safely</li> <li>• Working collaboratively with the Critical Friends Network and colleagues to create Always Events</li> </ul>
Sakina Waller	<ul style="list-style-type: none"> <li>• Improving the self-care advice delivered during telephone triage</li> <li>• Improving collaborative working between the frequent caller team and the wider clinical hub</li> <li>• Reducing the interview time (and associated costs) for new recruits in EOC</li> </ul>
Spencer Le Grove	<ul style="list-style-type: none"> <li>• Improving the receipt formal feedback on their clinical practice from acute NHS Trusts</li> <li>• Implementation of the board of frustration</li> <li>• Increasing the availability of crews awaiting a GP OOH phone back</li> </ul>

Overview of QI Fellow projects



## Board Development

In January 2019, the Board of Directors began their '*Leadership for improvement – board development programme*' led by NHS Improvement. The programme focuses on enabling boards to know what it takes to lead improvement in organisations where quality improvement is a core enabler to delivering the triple aim of achieving improvements in patient experience (satisfaction and outcomes), population health, and value for money. This programme will run from January 2019 to March 2020.

## Critical Friends Network

The Core QI Team has been working closely with the Critical Friends Network (CFN) to develop their understanding of quality improvement with an aim of developing a cohort of expert patients who can influence decision making at Yorkshire Ambulance Service. The CFN are critical in supporting our improvement work and ensuring that the patient voice is heard throughout our work streams.

## Training and Development

Throughout 2018-19, numerous training sessions have taken place to build capacity and capability around Quality Improvement. Bronze on-line e-learning is available through the Improvement Academy; silver level QI training has been accessed through the Improvement Academy and subsequently, internally, through our QI Fellows; leadership for QI has been delivered to senior managers across the organisation and further bespoke training has been delivered to teams as requested.

## #Project A

This programme of improvement for ambulance services with frontline staff and patients was announced by Simon Stevens (Chief Executive NHS England) in March 2018. Working collaboratively with NHS Horizons and ambulance trusts around the United Kingdom, the aim of the work is to allow front-line ambulance staff and patients to have a voice in improvement of ambulance services.

Over a two week period a decision making group, encompassing Quality Leads from ambulance services across the United Kingdom, the #ProjectA design team and critical friends analysed all 608 ideas to determine which of these ideas to take to the test

phase. Twelve themes were identified to test and from these, three themes were selected to be taken forward to the next phase, as follows:

- Falls
- Mental Health Response
- Staff Health and Wellbeing

Falls – this work stream will focus on working towards a national framework based on the Welsh Ambulance Trusts' Falls Framework designed around five key themes: prevention, supporting community resilience, assessment (hear and treat), response (see and treat) and avoiding further harm.

Mental health – this work stream will focus on ambulance staff response to people in mental health crisis or emotional distress and prevent their onward conveyance to Emergency Departments. A human based mental health prompt card and training is being prototyped in the North West and the collaborative is looking to scale this across other services. In addition the collaborative has provided input to the strategy and workplan of the National Ambulance Working Group on Mental Health and its five work streams to identify the specific inputs that #ProjectA can deliver in support of this strategy.

Staff wellbeing – this work stream will focus on improving staff wellbeing by the introduction of a prevention strategy for ambulance services with regard to post traumatic stress disorder (PTSD), testing out models for on-going 1:1 support and exploring the potential for introducing a Schwartz Round model in YAS.

YAS was one of three ambulance trusts across the UK who were selected to support NHS Horizons in a formal capacity in relation to #ProjectA.

## Quality Improvement Team Priorities for 2019-20

PROGRAMMES OF WORK:	OVER THE COMING YEAR WE WILL:
<b>BUILDING CAPACITY AND CAPACITY</b>  This programme of work will continue as a key priority in 2019/20.  To aim for >20% of employed staff to have a functional level of Quality Improvement knowledge and experience by 2022	<ul style="list-style-type: none"> <li>- Continue to build our capacity and capability through our QI Fellowship Programme</li> <li>- Introduce a QI accreditation scheme for staff to have recognition for their achievements in the use of their QI skills and knowledge</li> <li>- Continue to provide silver level QI training for all staff across the organisation</li> <li>- Provide a QI 'masterclass' for leaders of the organisation</li> <li>- Collaboration with universities to provide QI training to student paramedics</li> <li>- Complete the Board Development Programme with NHS Improvement</li> <li>- Continue to engage with staff and patients to develop the QI profile</li> </ul>
<b>MEASUREMENT FOR IMPROVEMENT</b>	<ul style="list-style-type: none"> <li>- Develop an internal plan to move from measurement for assurance to measurement from improvement</li> <li>- Work with the Business Intelligence department to develop a deeper understanding of Statistical Process Control charts (continuous measurement)</li> <li>- Training and development for staff in relation to measurement</li> <li>- Work with the Quality, Governance and Performance Assurance Team to develop strength in our measurements for patient safety and investigations</li> </ul>
<b>#PROJECTA</b>	<ul style="list-style-type: none"> <li>- To continue to work collaboratively with NHS Horizons to build improvements for the associated projects</li> <li>- To develop our falls work in line with the Welsh Falls Framework</li> <li>- To develop our mental health work to improve the non-conveyance of patients with mental health needs to hospital</li> <li>- To test and implement interventions that will support our staffs health and wellbeing</li> <li>- To work with #ProjectA to develop a programme of work to improve relationships with our patients and the community</li> </ul>
<b>MOVING PATIENTS SAFELY</b>	<ul style="list-style-type: none"> <li>- To develop a Breakthrough Series Collaborative model (a breakthrough series collaborative is a short term learning system that brings together large numbers of teams to seek improvement in a focused topic area)</li> </ul>



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 fifth 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:

We took part in the National Kitchen Table week from 18th – 24th March. Staff will be encouraged to talk about what safety means to them. There are a number of questions to get the conversations started, we will be using these both in face to face and virtual settings throughout the week and will use the responses to understand further our safety culture at YAS.

Supporting honest reporting of incidents is an important part of the Sign up to Safety Campaign and NHS England has recently reviewed and relaunched their 'Just Culture' framework for investigation of errors. The NHS Improvement 'Just Culture' framework has been embedded into the YAS Incident reporting policy and is continuing to provide a basis for a positive culture ethos within the organisation.

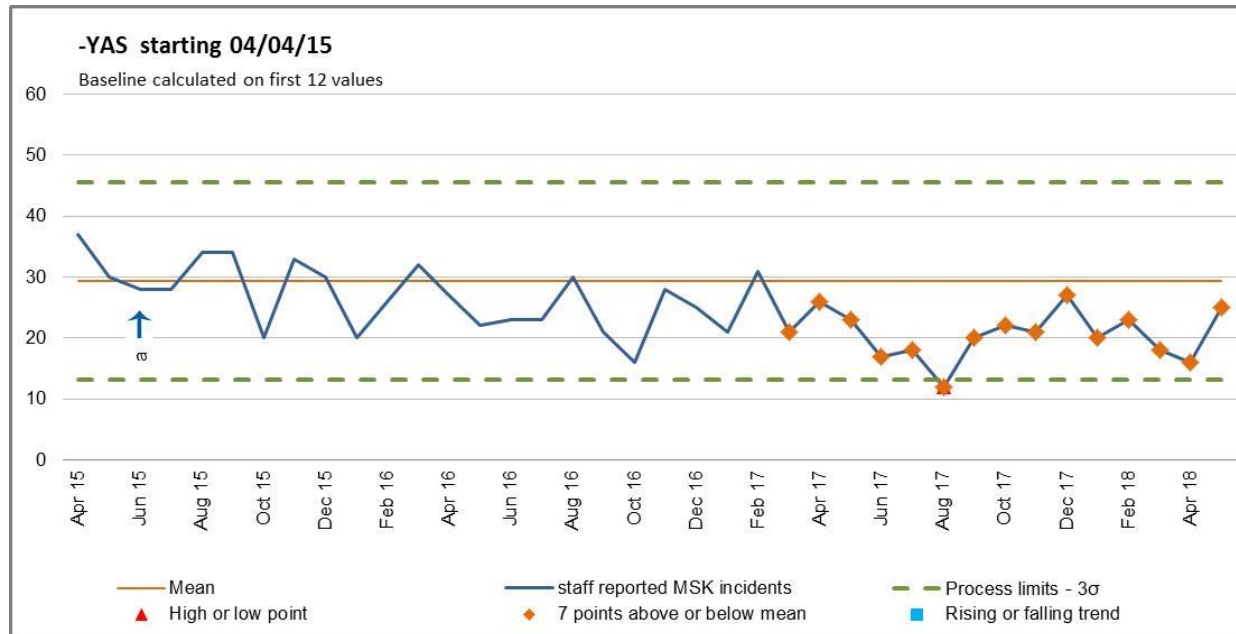


A key Sign up to Safety work-stream is Moving Patients Safely – we have updated the education and training delivered to all staff to support the safe movement of patients. The training programme has been reviewed and staff are now given time to undertake practical sessions, using the equipment provided. 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 (MSK) injury to staff have reduced over the four years when these initiatives have been brought together under this safety campaign.

A Statistical Process Control (SPC) chart shows a significant reduction in staff reported MSK incidents over the time period we have been measuring this outcome.



Safety huddles have been implemented and effectively utilised across the Trust in Emergency Operations Centre, 111 call centre and Patient Transport Service. These have been facilitated with teams on a weekly basis, both face to face and via teleconferencing, where the team is geographically dispersed. The perceived effectiveness has not been measured on a quantitative basis but through dialogue with staff there is clear value attributed to their effectiveness, particularly with improving timely communication and subsequently improving service delivery and patient safety.

As the YAS Sign up to Safety campaign enters into its final 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 is 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 our Sign up to Safety campaign is heading next.

### **Events Medical and Private Ambulance Service**

Within YAS we also have a department that supplies medical services to event organisers and to the region's sports stadia 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 number of world class sporting venues that host high profile events such as Premier League football, International and Super League rugby, international triathlons as well as the ever popular Tour de Yorkshire multi-day cycle race.

In 2018 our staff also provided medical cover at a variety of musical performances and also provided ambulances and medical advice to the TV and filming industry, with appearances on regional favourites such as ITV's Emmerdale and Channel 4's Ackley Bridge.

2019 looks to be another year to look forward to as Yorkshire welcomes the 2019 Cricket World Cup at the Emerald Headingley in July, plus an Ashes Test Match in August. There is also the ICU World Cycling Championships taking place over nine days in September 2019.

We have a dedicated team of staff and a separate fleet of ambulances that undertake these duties.

80 Customers and over 800 Events / activities covered in 2018-19

### **Public Health**

The ambulance service role in public health is rapidly evolving. A key component of the work of YAS is to work with partners across the public health system utilising local intelligence to operationalise the life course approach in an urgent and emergency care environment.

These partnerships support the delivery of the national ambulance consensus to improve public health and wellbeing and enable the development and implementation of joint and complementary approaches across a range of cross cutting themes. As a result, YAS is increasingly being recognised as a leading member of the wider public health system at a local level and public health and prevention continue to be at the heart of shaping the care that we deliver to our communities.

The last year has focused on maintaining momentum and continuing to embed a public health approach across the organisation. Achievements include:

- Community health checks delivered across the region incorporating the Making Every Contact Count approach
- Further integration of Making Every Contact Count principles into core training provision for frontline staff
- Taking a population health approach to data analysis in order to better understand the needs of our communities
- Service evaluation of the YAS pathway for alcohol misuse patients in order to inform potential further development
- Commencement of the process to become a local signatory to Public Health England's Prevention Concordat for Better Mental Health as part of our commitment to the mental health and wellbeing of all our staff.

## **Looking after our staff**

### **Employee Wellbeing**

In 2018-19 YAS has further promoted:

- **Post Incident Care (PIC) Process**  
We have reviewed our PIC process and are working through the recommendations set out in the review. Further training is being rolled out to locality managers and managers across the organisation in Mental Health First Aid Training.
- **Physical Competency Assessment (PCA) for applicants to frontline roles (CQUIN activity)**  
Following a successful pilot, Physical Competency Assessments for all ECA roles has been rolled out with good success. Work will now take place to look at other frontline roles across the organisation.

- **MSK/Back Care project (CQUIN activity)**

Following a successful pilot, Physiomed have delivered the back care project in our call centre environments and within corporate functions, the evaluation has been positive and we hope to look at how we can further support staff with MSK related conditions.

## **Embracing Diversity, Promoting Inclusivity**

We continue to implement the Trust's Diversity and Inclusion Strategy which was launched in December 2017. The strategy outlines the Trust's strategic equality objectives on diversity and inclusion and enables the Trust to deliver our key priorities with a focus on embedding and mainstreaming diversity and inclusion at the heart of everything we do.

Our staff equality networks continue to work closely with the Trust in effectively influencing the diversity agenda. YAS has been leading the way in organising two national ambulance specific conferences which have enabled to raise the profile of diversity and inclusion across all the difference services.

## **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 (FTSU) philosophy into their own organisations.



In May 2018 the National Guardian's Office asked Freedom to Speak Up Guardians in all NHS trusts and foundation trusts to review data they submitted to the office on speaking up cases covering all four quarters of 2017/18.

This gave guardians the opportunity to reconcile this information to ensure the accuracy of the data and information provided.

The National Guardian's Office has now analysed this data and has published a full report on the number of cases brought to guardians during the year 2017/18.



## Learning from Freedom To Speak Up

Speaking up data report 2017/18

Between 1 April 2017 and 31 March 2018:

7,087 cases were raised to Freedom to Speak Up (FTSU) Guardians in NHS trusts and foundation trusts.

361  
(5%)

Cases indicated detriment as a result of speaking up may have been involved.

More cases (2,223, 31% of the total) were raised by nurses than other professional groups.

3,206  
(45%)

Cases included an element of bullying / harassment.

2,266  
(32%)

Cases included an element of patient safety / quality.

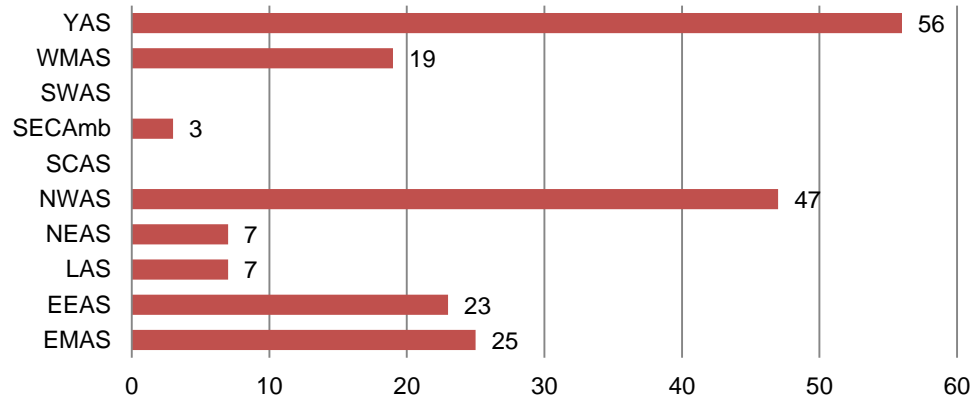
1,254  
(18%)

Cases were raised anonymously.

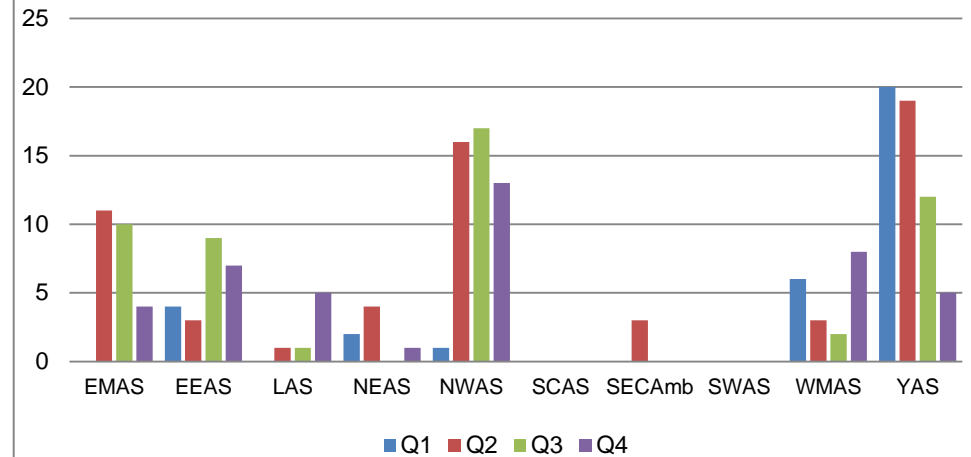
6 NHS trusts either did not make a return or reported that they received no cases through their Freedom to Speak Up Guardian in all four quarters

Yorkshire Ambulance Service was quick to implement the recommendations of the Freedom to Speak Up review and since the appointment of its first FTSU Guardian in June 2016 both staff and volunteers at YAS have accessed the service. In September 2018 the National Guardian's Office published a full report on the number of cases brought to NHS guardians across England during the reporting period 1<sup>st</sup> April 2017 through to 31<sup>st</sup> March 2018. During the same period Ambulance Trusts in England reported the following FTSU concern activity:

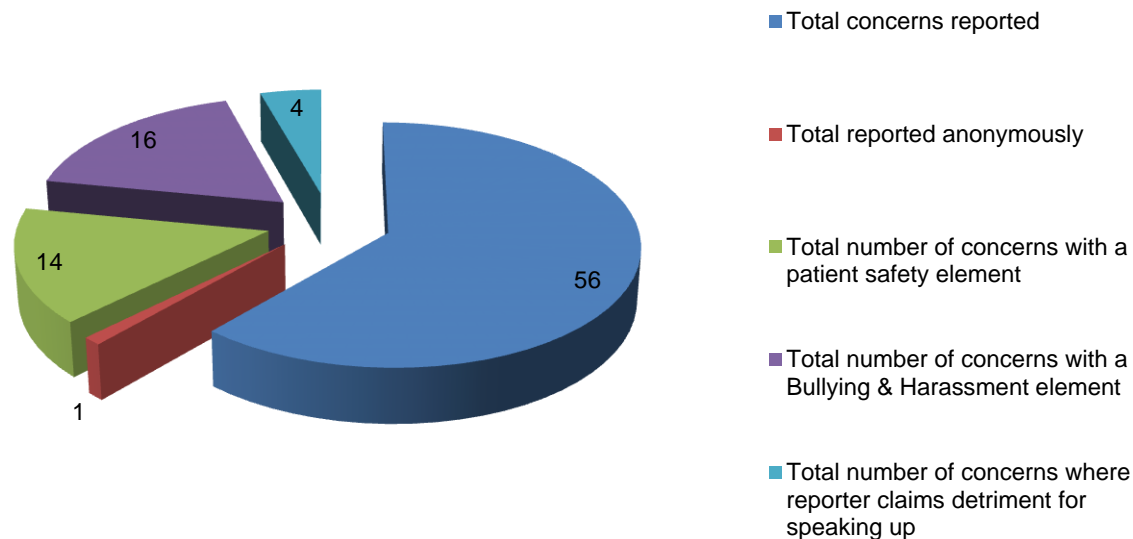
**Total number of concerns reported by Ambulance Trusts  
1 April 2017 - 31 March 2018 (Quarters 1-4)**



**Quarterly concerns reported by Ambulance Trust  
1 April 2017 - 31 March 2018**



**National Guardian's Office Reporting Criteria  
Yorkshire Ambulance Service NHS Trust**



At Yorkshire Ambulance Service all staff, volunteers and contractors can raise concerns directly with the Trust FTSU Guardian by phone or through a dedicated confidential email address. There is also a dedicated network of FTSU Advocates who can provide support and advice to staff wishing to raise concerns regarding the quality of care, patient safety or bullying and harassment within the Trust. Full contact details are available at the entrance of every Trust building in addition to them being available on a dedicated FTSU intranet page. The Trust FTSU policy and strategy can also be

downloaded from the trust intranet 'Pulse'. With the exception of truly anonymous concerns all workers who raise concerns through FTSU will receive updates to their concern and feedback on the final outcome, actions to be implemented or lessons learned. They will also be given an opportunity to feedback on their experience of raising concerns through FTSU to ensure that the service continues to meet the needs of all workers at YAS.

Following its annual survey, the National Guardian's Office published recommendations for trusts on how to support their Guardians and promote a speaking up culture. Senior Trust leaders met with Dr Henrietta Hughes (National FTSU Guardian) in July 2018 during which time they were able to demonstrate how the Trust has embraced these recommendations by providing ring-fenced time for the FTSU Guardian to perform their duties while also providing direct access to senior leaders to escalate patient and staff safety concerns should the need arise.

## 2018 YAS STARS Awards - The Winners



Staff from across the Trust who have gone the extra mile for patients and colleagues were honoured at our inaugural YAS STARS Awards on Friday 23 November at The Principal Hotel in York.

More than 170 staff and guests attended the event to celebrate colleagues who have inspired others, delivered beyond expectations and are shining examples of all that is excellent about YAS. At the core of the YAS STARS Awards were the values' awards which are aligned to the Trust's new values, One Team, Compassion, Integrity, Innovation, Empowerment and Resilience.

In addition to the main categories there were awards for volunteer and apprentice of the year, commitment to diversity and inclusion, as well as some Chief Executive's Commendations for staff who have performed

actions of an exemplary nature. It was a very difficult task for the judging panel to choose the winners from so many worthy nominations.

## **ALF Awards 2019**

Andrea Atkinson, Professional Lead for Mental Health, scooped a prestigious Association of Ambulance Chief Executives (AACE) Outstanding Service Awards at the Ambulance Leadership Forum (ALF) 2019. Andrea was presented with the award for Exceptional Service in a Clinical Role (excluding paramedic).





## YAS in the Local Community

### Thousands of School Children Learn CPR on Restart a Heart Day!

Mission accomplished! In 2018 we provided CPR training to 25,000 youngsters across Yorkshire thanks to more than 700 volunteers who turned out in force to support Restart a Heart Day. This means we have smashed the 100,000 milestone since the event began five

years ago!

Yorkshire's gold medal winning Paralympian and World Champion, Hannah Cockcroft MBE, joined YAS Chief Executive Rod Barnes on a visit to one of the 113 participating secondary schools – The Crossley Heath School in Halifax – and learnt CPR.

Hannah, who suffered two cardiac arrests within 48 hours of being born which resulted in brain damage and left her with deformity to her legs and feet and weakened hips, said: "Restart a Heart Day is a fantastic initiative. CPR is much more strenuous than I expected but I'm really glad I've learnt it! The more people who know CPR, the more lives can be saved. It's that simple."

They were joined by Lizzie Jones, widow of Danny Jones, Welsh International and Keighley Cougars Rugby League player, who died aged 29 after suffering a cardiac arrest during a match in May 2015.

Lizzie said: "It's wonderful that young adults can be taught CPR in school. I wish I had this opportunity and I think everyone who has learnt this is very lucky. I keep praying that it will become part of the national curriculum because it's such an important skill."



## **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.

### **NHS Wakefield CCG (on behalf of CCGs across the Yorkshire and Humber)**

The following statement is presented on behalf of the Clinical Commissioning Groups across the Yorkshire and Humber region. We welcome the opportunity to review and provide comments on the Yorkshire Ambulance Service (YAS) 2018-19 Quality Account.

The document is clear, well designed, and easy to read. It is evident that a wide engagement process has been completed with partner organisations to produce the report. Overall, the Quality Account provides a fair, accurate and transparent reflection of the quality of services provided by YAS, along with a summary of the priorities for 2019-20.

Throughout the year we have had access to a range of information about the quality and safety of services provided which informs our regular dialogue with the Trust. We are assured that this information is thoroughly assessed by the YAS Board and its subcommittees.

Highlights within the report include YAS's model for Quality Improvement (QI) and the QI Fellowship programme to build capacity and capability for improvement; YAS's involvement in #ProjectA; the introduction of Schwartz Rounds for staff in NHS111; and, of course, the phenomenally successful Restart a Heart Day which provided CPR training to 25,000 of our region's young people. It is positive to see quality improvement work being embraced and valued by front line staff.

We are supportive of the Trust's four proposed Priorities for Improvement for 2019-2020 which deliver the national agenda or were identified from local learning from incidents. Despite the challenges of increased demand on services YAS have successfully implemented the national Ambulance Response Programme and response times have improved towards meeting the national requirements

Priority 3 is welcome and indicates the intended contribution the Trust will make to the Leeds city-wide priority to the population health management approach to care. We also welcome the Trust's involvement in developing place-based systems for mortality review processes.

The report is enhanced by the use of patient and staff feedback to highlight the direct impact the service has on individuals. The report also demonstrates that YAS is engaging widely with patients, and importantly continually engaging with staff to improve both the quality of care for patients and the experience of being an employee, as demonstrated in the improved staff survey results. The 'what staff tell us' section reflects the importance of feedback from staff to the YAS culture as does the positive reporting levels to the freedom to speak up guardian.

There is clear evidence that the trust has participated in both national and local clinical audits. The summary of national and local Clinical Audits and Research and Innovation demonstrates the organisation's commitment to the continuous improvement of services. Commissioners acknowledge the focused work undertaken in relation to the management of Sepsis and promotion of NEWS2. Support has been provided for staff to undertake research, resulting in 2 prestigious NIHR awards for staff.

The continuation of the Inspection for Improvement programme of ambulance station and vehicles also promotes the highest standards of quality for the services, and supports the Trust in its preparation for regulatory visits from the Care Quality Commission.

The Patient Transport Service is well embedded within the quality account and gives a good overview of current challenges and plans to continue to improve. It is positive to see the new service and standards team for PTS, and it is hoped that this will contribute towards an improvement in ratings following CQC inspection in 2019. It is positive to see the partnership working with CCGs reflected in the document regarding PTS transformation and the introduction of refreshed patient eligibility criteria.

YAS should be commended for their success in retaining and being awarded a number of contracts following competitive tender processes, including Patient Transport Services for most of the region and the new Integrated Urgent Care service (which replaced the NHS111 contract) from 1 April 2019. The amount of time and resource to prepare and submit a tender, and then mobilise a service following award should not be underestimated.

Commissioners look forward to continuing to work closely with colleagues in YAS across the coming year to ensure services are responsive, of high quality and improve the experience of care for our patients.

### **Sheffield's Healthier Communities and Adult Social Care Scrutiny Committee**

We welcome this opportunity to comment on YAS's Quality Accounts for 2018-19. We are supportive of the priorities the Trust has identified for 2019-20 – particularly around place based care - which we recognise is important in the drive towards a more integrated health and social care system and we are interested in exploring in more detail what this will mean for patient pathways; and in improving experience for patients with dementia. We would however like to see a little more detail of key actions, how success will be measured and appropriate targets for the Quality Priorities – so that next year we can understand whether we have achieved our ambitions in these areas.

We'd like to thank all the staff at YAS for their hard work in delivering services that are very much valued by people in Sheffield, and look forward to engaging further with the Trust over the coming year.

### **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 been able 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. Members acknowledge that the Trust have aimed to use plain English wherever possible and welcomes the production of a summary and easy read versions, which will make the Quality Account more relevant to a public audience.

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.

It is not clear from the Quality Account priority areas for improvement which aspects of performance are covered and what types of measures are used. The Quality Account states "A range of measures are agreed for each priority to ensure sustained progress towards each priority aim". However from a public perspective it offers very little by way of quantifiable evidence to assess quality. The Committee would like to see more detail in the Quality Account in relation to measuring, monitoring and reporting on priorities.

The Committee accepts that emergency response standards have 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, particularly with a focus on frail older patients, patients with palliative care needs and patients with mental health conditions.

The Committee particularly welcomes the priority area for improvement to improve the experience for patients with learning disabilities and patients who have dementia.

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.

## **Healthwatch York**

Healthwatch York welcomed the opportunity to review and comment on the Yorkshire Ambulance Service (YAS) Quality Accounts 2018-19. We feel that the priorities for improvement reflect a number of the priorities for people living in York.

We particularly welcome the priority to become a dementia friendly organisation. This fits well with work in our city to become a better place to live for people with dementia. Through this, people with dementia identified increased staff training and awareness as vital, to make sure people with dementia are treated first and foremost as individuals not as a condition or a problem.

We welcome the work this year to broaden the Critical Friends Network and are pleased to hear this remains a priority for the coming year.

It is good to see the inclusion of patient stories and feedback about when things went well and when they didn't go so well.

## **Healthwatch Wakefield**

Healthwatch Wakefield is pleased once again to comment on the Quality Account of the Yorkshire Ambulance Service NHS Trust ('the Trust') for the year 2018-19. We are pleased to report that the Trust has continued to involve Healthwatch Wakefield on a number of issues.

The opening statement on quality from the Chief Executive, Rod Barnes, reflects on the significant improvements made to the quality of care provided for service users over the course of 2018-19, whilst recognising that the Trust continues to face challenges particularly regarding unprecedented levels of demand. This is a summary that Healthwatch Wakefield are in agreement with and would take this opportunity to commend the Trust on their continued provision of healthcare services to the people of Wakefield and surrounding area.

### Progress against Priorities for Improvement 2018-19

Whilst it is encouraging to note that Ambulance Response Programme standards are within the upper quartile, Healthwatch Wakefield remain keen to see continuing improvements in this area, wherever possible, to ensure that Category 1 calls in particular can be responded to consistently within the target time of 7 minutes.

We are pleased to see that the Critical Friends Network continues to grow and has recruited an engaged and pro-active membership. The introduction and co-production of “Always Events” is a fantastic initiative and one which Healthwatch Wakefield fully supports. It would additionally be good to see the positive work with dementia patients and carers continue to develop and spread across the region that the Trust covers.

Healthwatch Wakefield welcome the installation of Automated External Defibrillators on all Patient Transport Service ambulances and we are pleased to hear that the Trust has recently joined the ECHO platform to facilitate sharing of best practice in order to continue to help improve patient outcomes. It is also good to see new screening and ‘traffic light’ tools being used in relation to paediatric patients, but we would be keen to see improvements in how these are used for those patients who may have learning difficulties or disabilities.

Nevertheless, improvement in outcomes for all patients remains a key priority for any healthcare provider, and Healthwatch Wakefield supports the Trust in their efforts to improve this in our region, in particular regarding cardiac arrest and patients at the end of life. Work to develop and enhance the level of patient care, particularly in rural areas, is welcomed as is the ongoing collaboration with Emergency Department consultants across Yorkshire.

It is good to see improvements almost across the board in terms of NHS Staff Survey results, and although there has been a slight decrease in the results in relation to “Quality of Care”, we note that these still remain in line with national averages. It would be heartening to see an increase in this area again next year, though. The increase in Staff FFT scores, however, is significant, especially compared to national average, and is hugely encouraging to see.

### Priorities for Improvement 2019-20

Healthwatch Wakefield welcomes the fact that, given performance against all 2018-19 priorities has not been completely successful, some priorities are being rolled over into next year. We would, however, like to pick some that we would be keen to see a particular focus on:

- **Patient Safety: Emergency ambulance response times**
  - This is a key priority and Healthwatch Wakefield will be keen to see how delivery of sustainable improvement in emergency ambulance response performance in line with national standards translates into ongoing improvements for patients.
- **Clinical Effectiveness: Mortality review process**
  - An understanding and further development of the mortality review process is welcomed in order to facilitate working more effectively and remain in line with national policy. Healthwatch Wakefield will be keen to see the involvement of the Trust's Patient Relations service and externally, across the healthcare system, involvement of the Acute Trusts.
- **Clinical Effectiveness: Place-based care coordination**
  - We welcome the Trusts ambition to develop its role in place based care co-ordination across the urgent and emergency care system, with particular focus on frail older patients, patients with palliative care needs and patients with mental health conditions.
- **Patient Experience**
  - This is a commendable priority in relation to improvement in experience for patients with learning disabilities and patients who have dementia, including the Trust becoming registered and recognised as a 'Dementia Friendly' organisation. We welcome this target and hope to see the Trust continuously improve patient experience for these patients in line with the national benchmarking standards

### Overall Summary

The draft document that was presented for review is comprehensive and extensive. We particularly like the use of patient stories, along with comments and quotes from staff and stakeholders.

There is evidence of strong performance against most of the priorities the Trust set for itself, and although some of the targets were narrowly missed, we are encouraged by efforts already made, the future plans, and the dedication of the team to continue driving through improvements despite the continuing challenges in the healthcare macro- and micro-environments.

Healthwatch Wakefield commends the Trust on its performance in delivering quality healthcare services to the people of Wakefield and surrounds, and we look forward to continuing to support and work with the Trust to help ensure continuous improvements are sustained.

## **Rotherham Health Select Commission**

Rotherham Health Select Commission (HSC) appreciates the opportunity to scrutinise and comment on the draft Quality Account for Yorkshire Ambulance Service (YAS) and the YAS sub-group discussed the draft document in depth. Members are supportive of the four priorities for improvement in 2019-20 and feel these are priority issues for our community, especially priorities 1, 3 and 4.

HSC notes the good progress made by the Trust in many areas, including the development of Electronic Patient Records; referrals for adult social care assessment; audit work to drive improvements; and clinical pathway development.

Although the overall CQC rating for YAS is “Good” Members expect to see positive changes result from the action plan for the Patient Transport Service to improve its CQC ratings from “Requires Improvement” this year.

Medication incidents are a concern and the Commission is likely to seek assurance by following up on the serious incident relating to a controlled drug and the work around cupboard discrepancies.

Engagement is a key issue and it is pleasing to see the NHS staff survey results show a positive direction of travel, but further work is needed to increase response rates to the national average for the sector.

The Critical Friends Network is having a clear impact and it is hoped that its membership will grow and its role develop further. More detail could have been included in the report on consultation activity to give further assurance around the robustness of this workstream.

As the Quality Account is a detailed technical document that must meet specific requirements, the photographs, graphics, patient stories and quotes make it more interesting and relevant for people. The positive stories and feedback are good but it is also helpful to include examples where there has been some clear organisational learning, as in other years.

As Vice Chair I am pleased that the Trust engages proactively in research projects and look forward to hearing the outcomes from the RIGHT-2 and DEUCE studies.

Cllr Peter Short  
Vice Chair of Rotherham Health Select Commission

## **Healthwatch Leeds**

We welcome YAS use of the Critical Friends Network as a patient/public forum for engagement and the wide range of things they have been involved in. We also recognise that it is a small group and the difficulties YAS face in capturing patient experience when a high number of service users are with them for a very short period of time. Whilst it is pleasing to see that Patient Experience is Priority 4, relating to dementia, it would also be good to see in the Quality Account whether any initiatives are taking place to increase the number of the Critical Friends Network.

We feel that the priorities reflect the wide population that YAS covers and have been able to discuss in more detail when YAS presented the priorities to Healthwatch Leeds in April 2019.

We think it reads quite well for a Quality Account although for a large number of the public it might not be an easy document to read.

## **Healthwatch Sheffield**

Healthwatch Sheffield welcomes this opportunity to comment on Yorkshire Ambulance Service (YAS) NHS Trust's Quality Accounts 2018-19.

We broadly welcome the progress that has been made against the priorities for 2018-19.

We were pleased to read about the successful completion of the first priority; and we would like to find out more about the impact this has had.

Good progress has been made with the Critical Friend Network (CFN) and plans to expand the reach and influence of the group are very welcome, so that a wide range of experiences can be taken into account to drive improvements. We would like to find out more about your plans in this area.

We're not able to comment meaningfully on the third priority for 2018-19, as patient outcomes are not discussed in detail.

In terms of the priorities set out for 2019-20, having a named lead provides clear accountability, although the broad scope means progress will be difficult to measure. For example, 'Delivery of sustainable improvement in emergency ambulance response'. A common theme raised by people who share their experiences with us is waiting times for emergency ambulances and the Patient Transport Service in general. It would be useful to set out how response times will be addressed.

We welcome the focus on vulnerable patients in priorities three and four, especially people with mental health conditions, learning disabilities and dementia. It is positive to see that YAS have listened to patient feedback and are using this to drive improvements in patient experiences of these patients at an operational level.

It is important for NHS organisations to listen to patient feedback both good and bad and learn from this. YAS has been pro-active in seeking out the feedback shared with us. We support this approach and the relationship we are building.

The Trust's has acknowledged that the target timescale for responding to complaints has not been met this year, and the explanation of how this will be improved is clear. We would like to see complaints broken down by theme so that they can be used to support learning, i.e. what actions have been taken in response to emerging themes and the impact of these actions.

In considering whether your account reflects the experience shared with us by service users and their families, as data is not presented for each local area we're unable to relate the feedback we hear with the standard of care you judge to be delivered in Sheffield.

In general, the positive experiences shared with us relate to staff attitudes and the impact this made on their care. As mentioned earlier, negative experiences often focused on waiting times.

We welcome the inclusion of a glossary of terms in this Quality Account, as well as the Trust continuing to produce a summary and Easy Read version.

Overall, we look forward to continuing to work with YAS in the coming year.

## 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 2018 to March 2019.
  - Papers relating to quality reported to the Board over the period April 2018 to March 2019.
  - Feedback from commissioners dated 30 April 2019.
  - Feedback from local Health Watch organisations dated 30 April 2019.
  - Feedback from Overview and Scrutiny Committees dated 30 April 2019.
  - 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 23 May 2019

## Glossary of Terms

Term/Abbreviation	Definition/Explanation
<b>Accident and Emergency (A&amp;E) Service</b>	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.
<b>Algorithm</b>	is a self-contained step-by-step set of operations to be performed. Algorithms exist that perform calculation, data processing, and automated reasoning.
<b>ALS</b>	Advanced life support
<b>Advanced Medical Priority Dispatch System (AMPDS)</b>	An international system that prioritises 999 calls using information about the patient as supplied by the caller.
<b>Ambulance Quality Indicators (AQIs)</b>	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.
<b>Ambulance Service Cardiovascular Quality Initiative</b>	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.
<b>Annual Assurance Statement</b>	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.
<b>ACQI</b>	Ambulance Clinical Quality Indicators
<b>Automated External Defibrillator (AED)</b>	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.
<b>AutoPulse</b>	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.
<b>Being Open</b>	The process of having open and honest communication with patients and families when things go wrong
<b>Bare Below the Elbows (BBE)</b>	An NHS dress code to help with infection, prevention and control.
<b>Better Payment Practice Code (BPPC)</b>	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.
<b>Board Assurance Framework (BAF)</b>	Provides organisations with a simple but comprehensive method for the effective and focused management of the principal risks to meeting their strategic objectives.
<b>British Association for Immediate Care (BASICS)</b>	A network of doctors who provide support to ambulance crews at serious road traffic collisions and other trauma incidents across the region.
<b>Bronze Commander Training</b>	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.
<b>Caldicott Guardian</b>	A senior member of staff appointed to protect patient information.
<b>Cardio-pulmonary Resuscitation (CPR)</b>	A procedure used to help resuscitate a patient when their heart stops beating and breathing stops.
<b>Care Bundle</b>	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.
<b>Care Quality Commission (CQC)</b>	An independent regulator responsible for monitoring and performance measuring all health and social care services in England.
<b>Chair</b>	The Chair provides leadership to the Trust Board and chairs all Board meetings. The Chair ensures key and appropriate issues are discussed by the executive and non-executive directors.
<b>Chief Executive</b>	The highest-ranking officer in the Trust, who is the Accountable Officer responsible to the Department of Health for the activities of the organisation.
<b>Chronic Obstructive Pulmonary Disease (COPD)</b>	COPD is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease.
<b>Clinical Commissioning Group (CCG)</b>	Groups of clinicians who commission healthcare services for their communities. They replaced primary care trusts (PCTs).
<b>Clinical Governance Group (CGG)</b>	Internal regulatory group that agrees and approves all clinical decisions
<b>Clinical Hub</b>	A team of clinical advisors based within the Emergency Operations Centre providing support for patients with non-life-threatening conditions.
<b>Clinical Pathways</b>	The standardisation of care practices to reduce variability and improve outcomes for patients.
<b>Clinical Performance Indicators (CPIs)</b>	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.
<b>Clinical Quality Strategy</b>	A framework for the management of quality within YAS.
<b>Clinical Supervisor</b>	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.
<b>Commissioners</b>	Ensure that services they fund can meet the needs of patients.
<b>Community First Responders (CFRs)</b>	Volunteers in their local communities, who respond from their home addresses or places of work to patients suffering life-threatening emergencies.
<b>Comprehensive Local Research Networks (CLRNs)</b>	Coordinate and facilitate the conduct of clinical research and provide a wide range of support to the local research community.
<b>Computer Aided Dispatch (CAD)</b>	A method of dispatching ambulance resources.
<b>Commissioning for Quality and Innovation (CQUIN)</b>	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.
<b>Cardiopulmonary resuscitation (CPR)</b>	a lifesaving technique useful in many emergencies, including heart attack or near drowning, in which someone's breathing or heartbeat has stopped
<b>Dashboards</b>	Summary of progress against Key Performance Indicators for review by managers or committees.
<b>Dataset</b>	A collection of data, usually presented in tabular form.
<b>DATIX</b>	Patient safety software for healthcare risk management, incident and adverse event reporting.
<b>Department of Health (DH)</b>	The government department which provides strategic leadership for public health, the NHS and social care in England.
<b>Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)</b>	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.
<b>Duty of Candour</b>	Regulation that ensures providers are open and transparent with people who use their services.
<b>Electrocardiogram (ECG)</b>	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.
<b>Emergency Care Assistant (ECA)</b>	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.
<b>Emergency Care Practitioner (ECP)</b>	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.
<b>Emergency Department (ED)</b>	A hospital department responsible for assessing and treating patients with serious injuries or illnesses.
<b>Emergency Medical Technician (EMT)</b>	Works on an emergency ambulance to provide the care, treatment and safe transport of patients.
<b>Emergency Operations Centre (EOC)</b>	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.
<b>Epidemiology</b>	Is the study and analysis of the patterns, causes, and effects of health and disease conditions in defined populations
<b>Equality and Diversity</b>	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.
<b>Expert Patient</b>	Independent person who works with YAS and offers a patient perspective to the Trust.
<b>Face, Arm, Speech Test (FAST)</b>	A brief test used to help determine whether or not someone has suffered a stroke.
<b>Foundation Trust (FT)</b>	NHS organisations which operate more independently under a different governance and financial framework.
<b>General Practitioner (GP)</b>	A doctor who is based in the community and manages all aspects of family health.
<b>Governance</b>	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.
<b>Global Rostering System (GRS)</b>	GRS Web is a web-based function which allows staff to view their shift information electronically.
<b>Hazardous Area Response Team (HART)</b>	A group of staff who are trained to deliver ambulance services under specific circumstances, such as at height or underground.
<b>Health Overview and Scrutiny Committees (HOSCs)</b>	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.

<b>HealthWatch</b>	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.
<b>HQIP</b>	Health Quality Improvement Partnership - established in April 2008 to promote quality in healthcare
<b>Human Resources (HR)</b>	A function with responsibility for implementing strategies and policies relating to the management of individuals.
<b>Patient safety or staff safety incident</b>	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.
<b>Information Asset Owner (IAO)</b>	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.
<b>Information, Communication and Technology (ICT)</b>	The directorate responsible for the development and maintenance of all ICT systems and processes across Yorkshire Ambulance Service.
<b>Information Governance (IG)</b>	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.
<b>Information Management and Technology (IM&amp;T)</b>	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.
<b>Integrated Business Plan (IBP)</b>	Sets out an organisation's vision and its plans to achieve that vision in the future.
<b>Joint Decision Model (JDM)</b>	A national information and intelligence model that gathers information around patient/location/threat to aid a safer response.
<b>Joint Royal Colleges Ambulance Liaison Committee (JRCALC)</b>	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
<b>KA34</b>	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.

<b>Key Performance Indicator (KPI)</b>	A measure of performance.
<b>Knowledge and Skills Framework (KSF)</b>	A competence framework to support personal development and career progression within the NHS.
<b>Local Education and Training Board (LETB)</b>	Responsible for the training and education of NHS staff, both clinical and non-clinical, within their area.
<b>Major Trauma</b>	Major trauma is serious injury and generally includes such injuries as: <ul style="list-style-type: none"> <li>▪ traumatic injury requiring amputation of a limb</li> <li>▪ severe knife and gunshot wounds</li> <li>▪ major head injury</li> <li>▪ multiple injuries to different parts of the body e.g. chest and abdominal injury with a fractured pelvis</li> <li>▪ spinal injury</li> <li>▪ severe burns.</li> </ul>
<b>Major Trauma Centre</b>	A network of centres throughout the UK, specialising in treating patients who suffer from major trauma.
<b>Manchester Triage System</b>	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.
<b>Mental Capacity Act (MCA)</b>	Legislation designed to protect people who can't make decisions for themselves or lack the mental capacity to do so.
<b>Myocardial Infarction (MI)</b>	Commonly known as a heart attack, an MI is the interruption of blood supply to part of the heart, causing heart cells to die.
<b>National Ambulance Non-conveyance Audit (NANA)</b>	National indicator for re-contact rates within 24 hours for patients treated and discharged at scene by ambulance services.
<b>National Early Warning Score (NEWS)</b>	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.
<b>National Health Service (NHS)</b>	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.
<b>NHS Improvement (NHSI)</b>	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.
<b>National Learning Management System (NLMS)</b>	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.
<b>National Reporting and Learning System (NRLS)</b>	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.
<b>Near-Miss</b>	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.
<b>NHS 111</b>	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.
<b>NHS England</b>	NHS England is responsible for Clinical Commissioning Groups (CCGs), working collaboratively with partners and encouraging patient and public participation in the NHS.
<b>Non Conveyance</b>	Non transportation of patients to hospital
<b>Non-Executive Directors (NEDs)</b>	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.
<b>Paramedic</b>	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.
<b>Paramedic Practitioner</b>	Paramedic practitioners come from a paramedic background and have additional training in injury assessment and diagnostic abilities.
<b>Patient Group Directions (PGDs)</b>	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.
<b>Patient Care Record (PCR)</b>	A comprehensive record of the care provided to patients.
<b>Patient Safety Alerts</b>	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.
<b>Patient Transport Service (PTS)</b>	A non-emergency medical transport service, for example, to and from out-patient appointments.
<b>Peer Review</b>	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.
<b>Personal Development Reviews (PDRs)</b>	The PDR process provides a framework for identifying staff development and training needs and agreeing objectives.
<b>Personal Digital Assistants (PDAs)</b>	Small computer units which help to capture more accurate data on Patient Transport Service performance and journey times and identify areas which require improvements.
<b>Pharmacological agents</b>	A biologically active substance applied to the body for their therapeutic effects on one or more tissues or organs.
<b>PREVENT</b>	Prevent is part of counter-terrorism strategy. Its aim is to stop people becoming terrorists or supporting terrorism.
<b>Private and Events Service</b>	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.
<b>Quality Governance Framework</b>	A process to ensure that YAS is able to monitor and progress quality indicators from both internal and external sources.
<b>Quality Strategy</b>	Framework for the management of quality within Yorkshire Ambulance Service.
<b>Qualitative research</b>	Is primarily exploratory research. It is used to gain an understanding of underlying reasons, opinions, and motivations.
<b>Quantitative research</b>	Is used to quantify the problem by way of generating numerical data or data that can be transformed into useable statistics.
<b>Rapid Response Vehicle (RRV)</b>	A car operated by the ambulance service to respond to medical emergencies either in addition to, or in place of, an ambulance.
<b>Resilience</b>	The ability of a system or organisation to recover from a catastrophic failure.
<b>Safeguarding</b>	Processes and systems for the protection of vulnerable adults, children and young people.
<b>Safeguarding Referral</b>	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.
<b>Safety Thermometer</b>	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.
<b>Sepsis</b>	Is a life-threatening condition that arises when the body's response to infection injures its own tissues and organs.
<b>Serious Incidents (SIs)</b>	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.
<b>Stakeholders</b>	All those who may use the service, be affected by or who should be involved in its operation.
<b>ST Elevation Myocardial Infarction (STEMI)</b>	A type of heart attack.
<b>Transient Ischaemic Attack (TIA)</b>	Mini stroke
<b>Urgent Care Practitioner (UCP)</b>	Has enhanced skills in medical assessment and extra clinical skills over and above those of a standard paramedic
<b>Utstein comparator</b>	A set of guidelines for uniform reporting of cardiac arrest.
<b>VCS</b>	Volunteer Car Service
<b>WYUC</b>	West Yorkshire Urgent Care
<b>Year to Date (YTD)</b>	The period from the start of a financial year to the current time.
<b>Yorkshire Air Ambulance (YAA)</b>	An independent charity which provides an airborne response to emergencies in Yorkshire and has YAS paramedics seconded to it.
<b>Yorkshire Ambulance Service (YAS)</b>	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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