



**Yorkshire  
Ambulance Service**  
NHS Trust



# Quality Accounts 2019-20

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## Part One

### Statement on Quality from the Chief Executive

Welcome to our NHS Trust Quality Account 2019-20. 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 amongst the best performing ambulance trusts in the country in a variety of areas across both the 999 emergency service, Patient Transport Service and NHS 111. We will strive to maintain such excellence in the coming year.

Like all NHS trusts, we faced the significant challenge of the coronavirus pandemic in the final half of this financial year. We began to prepare rapidly during January and February as we watched the situation unfold across China and then Italy. The NHS 111 service came under increasing pressure after the winter half term and Yorkshire Ambulance Service transported the first confirmed positive cases in the U.K in early March 2020. As an organisation and as a system we needed to work with focus and pace. I was, and remain, incredibly proud of every single member of staff and volunteer in YAS, who all rose to the challenge, despite personal risks and fears, to support the NHS response to the coronavirus in Yorkshire and beyond.

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 always been a key partner in the joint working, developing, and implementing new and innovative ways of working to better serve the people of our region, and we have continued to do so during this pandemic. Staff have worked flexibly, changed practice and response rapidly, and utilised new technologies to deliver care. The pace of change has been phenomenal. The integrated nature of our services has developed over the years and the strength of this model has been evident through this pandemic. NHS 111 and EOC have been able to work to support each other with call handling, and staff from clinical roles within the organisation have been trained to support clinical call triage in both settings. Experienced frontline staff established a senior clinical support cell to support difficult decision making and assessment during the pandemic. Appropriate non-conveyance doubled when these staff were able to support the choice of treatment pathway.

I am also pleased to announce that we have extended our Patient Transport Service (PTS) following several successful tender exercises. The PTS team worked incredibly hard to secure these contracts, which all scrutinised the quality of our PTS. I am thrilled that we are now able to continue to support patients in their transport needs to ensure they receive the care they need. The integrated nature of PTS in the wider organisation was a huge benefit to the Trust and the wider healthcare system during the pandemic, as we were able to use the resource in a flexible manner to support increasing on day hospital discharges. This allowed the hospitals to refocus their capacity toward coronavirus patients in a timely manner. We also developed a whole system transport process to support the Harrogate Nightingale Hospital, from ICU transfer in, through to taking patients safely home.

While 2018-19 saw the launch of our Trust Strategy, and supporting enabling strategies, 2019-20 saw a test of how well those strategies were able to support the organisation when under unprecedented pressure. I believe that we have maintained a high-quality service throughout this challenging time. We have learnt new ways of working, using technology effectively not just for clinical care but for everyday business. The idea is not to go back, but to reflect and learn – taking the things that have worked forward ensuring we continue to improve care delivery for all the people we serve.

We remain ambitious in what we are seeking to achieve and intend to progress at pace. We will 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 further given the success of the roles they took on during the pandemic, 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 black 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 Services

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 2019-20 we:

- received 1,054,575 emergency and routine calls
- responded to a total of 847,949 incidents through either a vehicle arriving on scene or by telephone advice.
- delivered 895,131 PTS journeys
- received 1,582,471 NHS 111 urgent calls

## Vision and Values

### Our Purpose

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

### Our Vision

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



One Team	<ul style="list-style-type: none"> <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>
Innovation	<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>
Resilience	<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>
Empowerment	<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>
Integrity	<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>
Compassion	<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 careers.</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 several ways in which engages with the public. The Critical Friends Network (CFN) was launched in 2016 and currently has 18 members from North, South, East and West Yorkshire. The CFN is a valuable forum for sharing ideas, gaining feedback and building the patient perception into our service developments.

The CFN continues to develop and was strengthened during 2019-20. 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 2020-21 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 using patient stories. Patient stories are used to learn about the patient experiences and to address issues when things go wrong. Patient stories are presented by the Chair at each public Trust Board meeting and 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.

## Part Two

### Priorities for Improvement 2020-21

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

**Patient Safety:** Delivery of sustainable improvement in emergency ambulance response performance in line with national standards and quality indicators, by implementing team-based working, to support the best possible response for each patient.

**Lead:** Stephen Segasby, Deputy Director of Operations.

**Key drivers:** National Standards. Improve patient safety and clinical effectiveness. Patients and communities experience fully joined up care responsive to their needs.

**Measuring and monitoring:** By the end of 2020-21 we will achieve Ambulance Response Programme (ARP) standards in line with national standards. Achievement against the standard is reported as a monthly performance indicator in the Integrated Performance Report.

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

#### Priority two

**Patient Safety:** Establishment of YAS Ageing Well programme. The Ageing Well programme will bring together YAS projects and pilots relating to alternative response to falls, silver trauma response, enhancing care in care homes, urgent community response services, dementia, tissue viability, recognising frailty, advanced care planning and carer support.

**Lead:** Lesley Butterworth, Lead Nurse Urgent Care.

**Key drivers:** NHS Long Term Plan, National Ageing Well Programme, operational productivity and performance in English NHS ambulance trusts.

**Measuring and monitoring:** By the end of 2020-21 we will have used co-production with system partners and service users to ensure we have a training product for call handlers, in both Emergency Operations Centre and Integrated Urgent Care.

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

### Priority three

**Clinical Effectiveness:** We will continue to grow joint working across IUC / EOC including CPD, clinical governance and working towards a shared clinical assessment process.

**Lead:** Steve Page, Executive Director of Quality, Governance and Performance Assurance and Deputy Chief Executive, Karen Owens Director, of Planned and Urgent Care, Nick Smith, Executive Director of Operations.

**Key drivers:** NHS Long Term Plan - joined up and co-ordinated care, digitally enabled, reduced conveyance to emergency departments

**Measuring and monitoring:** By the end of 2020-21 we will have fully scoped the project to ensure safe and efficient delivery of joint working across IUC and EOC.

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

### Priority four

**Patient Experience:** Service user involvement in mental health care – using co-production techniques to develop insight and ensure a person-centred approach during call handling for both IUC/EOC.

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

**Key drivers:** National Standards. NHS Long Term Plan. Better access for mental health services. Mental health focus on IUC as first point of access. Co-production in mental health, five-year forward view for mental health.

**Measuring and monitoring:** By the end of 2020-21 we will have an insight document, co-produced by services users and call handling staff, that informs our internal training product.

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

## Review of services 2019-20

### Statement from the Trust Board

During 2019-20 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 and 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 (Integrated Urgent Care) in Yorkshire, the Humber, North and North East Lincolnshire and Bassetlaw in Nottinghamshire, for assessment and access to urgent care where required for patients.

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

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, Critical Care Team, British Association of Immediate Care Schemes (BASICS) Doctors 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 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.

The income generated by the relevant health services reviewed in 2019-20 represents 100% of the total income generated from the provision of relevant health services by YAS for 2019-20.

### Participation in Clinical Audit 2019-20

The clinical audit programme is developed in line with Healthcare Quality Improvement Partnership (HQIP) publication schedule – The National Clinical Audit and Patient Outcomes Programme (NCAPOP), and includes national ambulance audit requirements, locally developed and delivered audits, and NICE Quality Statement generated audits.

As a result of the measures put in place by NHSE to respond to the coronavirus pandemic a number of national clinical audits were suspended, resulting in no Quarter 4 data published for this period.

Over 2019-20 the National Ambulance Quality Group have revised the technical guidance which defines the inclusion and exclusion criteria for what is known as the ambulance clinical quality indicators (ACQIs).

During 2019-20, two national clinical audits and zero national confidential enquiries covered relevant health services that YAS provides.

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

The national clinical audits and national confidential enquires that YAS was eligible to participate in, and for which data collection was completed during 2019-20, are listed overleaf.

## **National Ambulance Clinical Quality Indicators (ACQIs)**

The national ACQIs continue to be updated and are in the process of being embedded into clinical practice as well as audit and reporting practices. The national reporting of the ACQIs for 2019-20 has evolved over the last year to improve and embed the new methods of data collection and ensure that ambulance trusts' adherence to common definitions were robust.

### **Cardiac Arrest- ROSC**

The number of patients who had return of spontaneous circulation (ROSC) on arrival at hospital following an out-of-hospital cardiac arrest where resuscitation (Advanced or Basic Life Support) was commenced/continued by the ambulance service.

### **Cardiac Arrest- ROSC UTSTEIN**

The number of patients who had resuscitation (Advanced or Basic Life Support) commenced/continued by the ambulance service following an out-of-hospital cardiac arrest of presumed cardiac origin, where the arrest was bystander witnessed and the initial rhythm was Ventricular Fibrillation (VF) or Ventricular Tachycardia (VT).

### **Cardiac Arrest- Survival to Discharge**

The number of patients who were discharged alive following an out- of- hospital cardiac arrest where resuscitation (Advanced or Basic Life Support) was commenced/continued by ambulance service.

### **Cardiac Arrest- Survival to Discharge UTSTEIN**

The number of patients who were discharged alive following an out- of- hospital cardiac arrest where resuscitation (Advanced or Basic Life Support) was commenced/continued by the ambulance service.

### **Post- ROSC Care Bundle**

The number of patients who received the appropriate care bundle after sustaining ROSC for 10 minutes or longer after an out-of-hospital cardiac arrest where resuscitation (advanced or basic life support) was commenced/continued by ambulance service.

Care bundle elements include:

- 12-lead ECG
- Fluid administered
- Oxygen administered
- Blood sugar documented
- Systolic blood pressure documented
- End tidal CO<sub>2</sub> documented

### **STEMI Care Bundle Data**

The number of patients with a pre-hospital diagnosis of suspected ST elevation myocardial infarction confirmed on ECG who received the appropriate care bundle

Elements of the STEMI care bundle include:

- Aspirin administered
- GTN administered
- Two documented pain scores
- Appropriate administration of analgesia

### **Stroke Diagnostic Bundle**

The number of FAST-positive or suspected stroke patients assessed face-to-face who received the stroke diagnostic bundle

Elements of the stroke diagnostic bundle include:

- FAST assessment documented
- Blood glucose documented
- Systolic and diastolic blood pressure documented.

## **Stroke: time from call to hospital arrival**

- The number of FAST-positive or suspected stroke patients assessed face-to-face.
- The mean average time from clock start to hospital arrival.
- The median time from clock start to hospital arrival.
- The 90<sup>th</sup> centile time from clock start to hospital arrival.

## **Sepsis Care Bundle**

The number of patients with suspected sepsis with a NEWS of 7 or above assessed face-to-face who received an appropriate care bundle.

Elements of the sepsis care bundle include:

- One set of primary observations documented
- Oxygen administered
- Fluids administration commenced
- Hospital pre-alert

The reports of these national clinical audits were reviewed by YAS in 2019-20 and YAS intends to take 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:

- National Stroke Audit SSNAP – the results of these audits enable YAS to review the pathways and the processes we have in place for managing those patients with stroke. Changes across the Yorkshire and Humber region to refine the overall stroke pathway have been supported by YAS.

## **Local Audits**

### **YAS Conveyance to an Acute Trust Emergency Department**

Audit into the types of patients we take into hospital and assess if any of these patients could have been managed safely in the community.

## **Community First Responder (CFR) use of SpO<sub>2</sub> monitoring**

Audit into the safe use of oxygen and monitoring of oxygen saturations CFR volunteers.

Highlights/actions for improvement from this audit:

- The safe use of oxygen is well demonstrated.
- The appropriate use of monitoring and the interpretation of results are well understood.
- Improvements are required in some documentation standards.
- Repeat audit is required for ongoing assurance.

## **Non-conveyance and safety netting audit**

Audit into the safety of non-conveyance decisions and the use of safety netting to support the patient on and when to seek help if their condition worsens; an audit sample of over 1900 patients who were not conveyed to hospital.

Highlights from this audit:

- Patients with a history of a fall as their main problem made up the highest group of patients (17.5%)
- 1,124 (57%) of patients in this sample declined one or more aspects of the suggested care (transport to hospital or a visit or call to the GP)
- 806 (just under 41%) remained in the care of another adult
- 1,477 (fewer than 75%) had clear documented safety netting advice, outlining what to do if the symptoms worsen and what action to take.

Actions for Improvement:

- 2020-21 audit programme to undertake an audit to review the instances of refusal/declined care by patients to better understand the reasons.
- Highlight the need to improve the quality of safety netting advice given and how this is documented.
- Communication of the findings to staff through the audit on a page for dissemination via all operational clinical managers and tutors.

- Undertake a workshop in 2020 to understand what good safety netting looks like and undertake a re-contact audit to outline the safety of non-conveyance.

## **Furosemide use**

Audit into the safe use of a drug to reduce fluid retention in patients with heart failure the most common presentation is those with shortness of breath exhibiting signs of fluid retention.

Highlights from this audit:

- 98% of all patients receiving this treatment were taken to hospital for ongoing care.
- 73% of patients with pulmonary oedema suspected (fluid on the lung), did receive supportive medication prior to Furosemide.
- 98% of administrations no contraindications were highlighted.

Actions for improvement:

- Highlight the use of Furosemide in other clinical presentations and its use in conjunction with other supportive medicines and adherence to clinical guidelines, audit shared with YAS academy for enhancement in training environments.
- Wider communication with staff relating to clinical documentation of contra-indications.
- Communication of the finding of this audit using infographics and results on a page.

## **Maternity Care**

Audit into the care we deliver to patients who are pregnant or having a baby; this audit reviewed 599 records where an obstetric reason was identified in the clinical record.

Highlights:

- In 10.5% of cases this was the mother's first pregnancy.
- The most common trimester was the final stage (40 weeks).
- 99 babies were born out of hospital; 65 born before YAS arrival.

- 34 delivered by YAS clinicians.
- 12 babies born not breathing 2 confirmed deaths.
- 89% of the patients were conveyed to hospital.

Actions from this overview:

- Improvement identified on the documentation of past obstetric history is recorded.
- Improve recording for those delivered on the management of cord clamping.
- Cascade of the results through an audit on a page to stations and through a Healthcare Quality Improvement Partnership (HQIP) week event.

## **Asthma and Breathing Difficulties**

Audit into the clinical care that patients presenting with difficulty breathing receive.

Highlights:

- Over 52% of patients with a breathing difficulty/shortness of breath recorded had a history of asthma.
- In 31% of instances patients in the past 48 hours had been in contact with another health care provider.
- In 81% of cases the patient was taken to hospital.
- The recording of key observations was completed 95% of the time with the exception or peak flow recording at 56% of the time.

Actions from this audit

- Communication of the findings to operational staff with audit results on a page.
- Work to understand the poor recording of peak flow – during COVID-19 this practice was halted therefore a re-audit will be planned for the period when peak flow recordings return to practice.
- Re-audit 2021 audit programme.

## **Hypoglycaemia**

Audit into the management of patients who present with a low blood sugar, 188 patients.

Highlights from this audit:

- 43.6% of patients had a diagnosis of diabetes that resulted in a finding of hypoglycaemia.
- 67.8% of patients were transported to hospital.
- Those not conveyed (76.6%) had a referral made to a diabetic clinic for follow up.

Actions for improvement

- Monitor the referrals for all patients with low blood glucose and a history of diabetes.
- Communication of the audit findings to operational staff with an audit on a page.
- Further re-audit to highlight the improvements following pathways feedback and communications from the clinical managers.

## **Naloxone Usage**

Audit into the use of a drug to reverse the effects of an opiate overdose.

Highlights of the audit:

- Heroin and Spice are the most common drugs resulting in Naloxone use.
- Majority of patients were male (36-50 years).
- Majority received naloxone following self-administered drug use.
- 77% of patients were transported to hospital.
- Good adherence to drug protocols in the use of Naloxone.

Actions for improvement:

- Improve the recording of safety netting advice.
- Re-audit in 2020-21 to understand the impact of COVID-19 on this group of patients.

## Learning from Deaths

In March 2017 the National Quality Board published the first national guidance on learning from deaths for NHS acute, mental health and community trusts in response to the Care Quality Commission's 2016 publication "Learning, candour and accountability: a review of the way NHS trusts review and investigate the deaths of patients in England" to address the inconsistent approach to reviewing and learning from deaths.

In summer 2018 the Department of Health and Social Care announced its intention to extend the principles of learning from deaths to NHS ambulance trusts and to primary care. With input from the National Ambulance Services Medical Directors group (NASMeD) and the National Ambulance Quality, Governance And Risk Directors group (QGARD), and recognising that the ambulance sector had already made considerable progress in establishing learning from death review processes, NHSI developed guidance for learning from deaths for ambulance services in July 2019. YAS has developed internal policy and process to respond to this guidance and was published in December 2019.

The first statutory 2019-20 Quarter 4 report will be presented in the following format, as required by NHSI:

- A summary of the learning from death reviews and investigations undertaken in the previous quarter and resulting actions taken.
- The number of deaths in the previous quarter in scope for review.
- The number of these deaths for which a review was indicated and, of these, the number of completed reviews.
- The number of deaths for which an investigation was indicated and, of these, the number of completed investigations.
- The number of deaths in which a problem in care was identified which was considered more likely than not to have contributed to the death.

## 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.

The National Institute for Health Research (NIHR) published their annual league tables of research activity in August 2019 at <https://www.nihr.ac.uk/about-us/our-contribution-to-research/research-performance/nihr-research-activity-league-table/league-table.htm>. This year, YAS was the first in the ambulance service group for number of participants recruited, and also first for the number of research studies that recruited that year.

In 2019-20 we continued our high levels of research activity as reported in previous years. We are particularly pleased to have high levels of engagement of YAS staff in the development and delivery of high-quality primary research. This includes co-investigators on studies, membership on steering committees and project management groups.

An NIHR Clinical Doctoral Research Fellowship (a PhD project about decision support for paramedics where a patient may be suitable to stay at home) started this year, due to complete in 2022.

The number of patients receiving NHS services provided or sub-contracted by YAS in 2019-20 who were recruited during that period to participate in research approved by a research ethics committee was 41. Additionally, 283 staff and 418 Restart a Heart Day attendees participated in research approved by an ethics committee.

During 2019-20 YAS took part in or provided NHS permission for nine research studies approved by an ethics committee.

#### 1. BREATHE – Breathlessness RELief AT Home

This is a feasibility cluster randomised controlled trial (cRCT) which aims to test the feasibility of a definitive cRCT for people with breathlessness crisis to evaluate the effectiveness and cost-effectiveness of a paramedic-administered non-pharmacological complex breathlessness intervention compared with usual practice alone. The research is funded by the NIHR, hosted by YAS and will be recruiting eight paramedics to recruit 60 patients from the Hull area into the study. The study opened to paramedic recruitment in January 2020 and patient recruitment in February 2020.

#### 2. Preventing Burnout amongst Healthcare Professionals – A Case Analysis of Yorkshire Ambulance Service

The study comprised a detailed literature review to create an interview protocol to be delivered to YAS Emergency Operations Centre staff. 18 staff were recruited for telephone interview and the interview transcripts were analysed. The study was funded and led by the University of Bradford. Results were presented at the EMS999 Research Forum conference in March 2020.

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

This is a large NIHR-funded programme of work which 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 specialist Major Trauma Centre care and optimise over/under-triage of traumatically injured patients. The study opened in YAS in 2019, with YAS providing data in this year to support tool development and we will be moving to test the new tool later in 2020.

4. Promoting staff wellbeing in UK NHS ambulance service personnel - what works and how can we do better?

This project aims to identify characteristics of successful employee mental wellbeing strategies, approaches or interventions within staff groupings in UK ambulance services, and to understand how existing services could be improved. The study involves policy document analysis, interviews with wellbeing leads, focus groups with ambulance staff followed by a survey to confirm the findings. The study is funded by Health Education England and led by YAS in partnership with University of Lincoln, University of East Anglia, Edge Hill University, East Midlands Ambulance Service and the Association of Ambulance Chief Executives. The project is due for completion in summer 2020.

5. Perceptions of clinical simulation methods used in paramedic education programmes V1

A Masters student conducted interviews with YAS staff, exploring paramedic experiences of clinical skills simulation in education. 6 participants were recruited in May 2019.

6. Impact of Restart a Heart Day 2019 in the UK

This study used a survey to investigate the characteristics of people that took part in Restart a Heart Day events across England. It explored their rating of the training they receive and its impact on their levels of confidence levels for performing cardiopulmonary resuscitation. The study was funded by the Resuscitation Council UK. Recruitment occurred across two participating schools during October 2019, with 418 surveys completed.

7. The Patient Experience of a Paramedic–Pharmacist Referral pathway for clinical medication reviews (PEPPR)

This study explores if a pharmacist-led medicines review following referral from ambulance crews have an effect on how patients feel about their medicines. As part of a new pathway in the Leeds area, patients are referred for a clinical medications review if they have called for an ambulance after a fall. The study is due to complete in May 2020, and so far 36 patients have returned the survey. This study is funded as part

of a grant to YAS and the Leeds GP Confederation from the NIHR Yorkshire and Humber Patient Safety Translational Research Centre (NIHR YH PSTRC) and is being led by YAS.

#### 8. Referral to Pharmacists – Ambulance Clinician Experience Survey (REPLACES)

This study is linked to the PEPFR study above as part of a grant to YAS and the Leeds GP Confederation from the NIHR YH PSTRC and is also being led by YAS. This study aims to determine the most important factors that ambulance clinicians use to identify patients who are having difficulty managing their medicines. The survey opened to YAS staff to participate in October 2019 with 117 participants to date, and will close in 2020.

9. A survey of ambulance paramedics' attitudes and experiences of identifying patients with end of life care needs and their awareness of the Gold Standards Framework Proactive Identification Guidance. This online survey explored paramedic identification of patients with end of life care needs. 114 YAS paramedics completed the survey between November 2019 and Jan 2020.

#### Publications:

1. Appleton JP, Scutt P, Dixon M, investigators et al. Ambulance-delivered transdermal glyceryl trinitrate versus sham for ultra-acute stroke: Rationale, design and protocol for the Rapid Intervention with Glyceryl trinitrate in Hypertensive stroke Trial-2 (RIGHT-2) trial (ISRCTN26986053). *Int J Stroke*. 2019;14(2):191–206. doi:10.1177/1747493017724627
2. Jones M, Snooks H, Bulger J, Bell F, et al. PP24 Time: take-home naloxone in multicentre emergency settings: protocol for a feasibility study. *Emerg Med J* 2019;36:e10. <https://emj.bmj.com/content/36/1/e10.1>
3. Hird K, Bell F, Mars B, James C, Gunnell, D. OP6 An investigation into suicide amongst ambulance service staff. *Emerg Med J* 2019;36:e3.
4. 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.
5. 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

6. 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
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9. Miles J, Coster J, Jacques R. Using vignettes to assess the accuracy and rationale of paramedic decisions on conveyance to the emergency department. *British Paramedic Journal*, Volume 4, Number 1, 1 May 2019, pp. 6-13(8). DOI: <https://doi.org/10.29045/14784726.2019.06.4.1.6>
10. Pilbery R, Teare M D. Soiled airway tracheal intubation and the effectiveness of decontamination by paramedics (SATIATED): a randomised controlled manikin study *British Paramedic Journal*, Volume 4, Number 1, 1 May 2019, pp. 14-21(8). DOI: <https://doi.org/10.29045/14784726.2019.06.4.1.14>
11. Pilbery R, Miles J, Bell F. A service evaluation of paediatric pain management in an English ambulance service. *British Paramedic Journal*, Volume 4, Number 2, 1 September 2019, pp. 37-45(9)
12. Platt A. PP11 Relationship between hospital characteristics and survival outcomes in out of hospital cardiac arrest (OHCA) patients treated and transported by Yorkshire Ambulance Service (YAS). *Emergency Medicine Journal* 2019;36:e6.
13. Pilbery R, Teare M D. PP14 Soiled airway tracheal intubation and the effectiveness of decontamination (SATIATED) by paramedics: a randomised controlled manikin study. *Emergency Medicine Journal* 2019;36:e7.
14. Fisher M R. Improving post-resuscitation care after out-of-hospital cardiac arrest. *Journal of Paramedic Practice* 2020 12:1, 14-21 <https://doi.org/10.12968/jpar.2020.12.1.14>

## Medicines Management and Optimisation

It is a requirement of the organisation to ensure that medicines are safely and securely procured, stored, prescribed, dispensed, prepared, administered, disposed of and monitored in accordance with the statutory requirements of the Medicines Act 1968 (as amended, and subsequent regulations, including the Medicines for Human Use (Prescribing) Order 2005), the Health and Safety at Work Act 1974, as amended, and subsequent regulations including the Control of Substances Hazardous to Health Regulations 2002.

The Medicines Optimisation Group (MOG) chaired by the Trust Pharmacist is responsible for managing the processes and systems for safety and security of medicines, reviewing effectiveness and introducing developments to improve patient outcomes and ensure value for investments.

### **Integrated and Urgent Care**

The national and local Y&H Integrated Urgent Care (IUC) service specifications detail the requirement for prescribing, this and the recent legislation which enabled independent paramedic prescribing meant that YAS had to make its position clear around how it was going to move prescribing forward. A governance framework and prescribing position paper have been approved at CCG and also presented to the commissioners. A Non-Medical Prescribing Policy has been written and the clinical lead for IUC, YAS Academy and the Trust Pharmacist have also linked with Health Education England to help form the national scope and framework for paramedic independent prescribing.

In November the commissioners finally approved YAS IUC as a prescribing centre and electronic prescribing went live. A prescribing update report was presented at the February 2020 Medicines Optimisation Group. Issues raised so far are mainly to do with the system and the way relevant calls are directed to the available prescribers.

**Patient Group Directions** - 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.

### **Nitrofurantoin**

The addition of nitrofurantoin to the formulary for use by ECPs and SPs, has gained finance approval for funding. The education was delivered during the Advanced Clinical Practice days. The PGD is to be used in conjunction with the new clinical guidelines on the management of suspected Urinary Tract Infection (UTI).

## **Misoprostol**

After three near-miss incidents where misoprostol had been administered outside of the PGD, leading to service to service concerns. The decision was taken that the indication for miscarriage on the PDG should be removed to reduce the risk of patient/foetal harm. A clinical alert was issued and staff informed to stop using misoprostol for miscarriage immediately and only use it in post-partum haemorrhage as per PGD. The PGD was updated and the changes approved. The education and training questions associated with the PGD will also be updated to reflect the changes.

Information from the ECPs and procurement was collected to determine whether there was a clinical need for salbutamol inhalers to be provided by a PGD. The outcome was that a limited number of inhalers have been supplied to patients and that the entire clinical needs of the patients were not being met by just providing them with an inhaler. It was decided that we were not providing the holistic care that may be necessary and that the number supplied did not fit with the legislation and regulations around the requirement for a PGD.

## **Critical Care PGDs**

### **Adrenaline post ROSC PGD**

The post ROSC adrenaline PGD has been simplified to a consistent dose for both shockable and non-shockable post ROSC patients which is in accordance with resuscitation guidelines.

### **Midazolam co-medicant for Ketamine PGD**

The midazolam co-medicant PGD has now been updated and will provide a more consistent approach across all critical care practitioners, including Red Arrest Team (RAT) paramedics.

### **Midazolam for Head Injury**

The midazolam for head injury PGD has been updated and the age range was reduced from 16 down to 12 years old in line with national guidance.

### **Flu vaccine**

Specialist Pharmacy Services (SPS) is an NHS organisation which supports medicines optimisation across the NHS. They work with the Care Quality Commission (CQC) the Medicines and Healthcare products Regulatory Agency (MHRA) and other specialist groups such as the Ambulance Pharmacy Network (APN) to produce PGDs and advise on complex, high-cost medicines and medicines-related issues.

SPS issued a Question and Answer document relating to who can administer flu vaccinations and by what legal entity, in response to a number of enquiries concerning the use of PGDs. The document caused further confusion across the ambulance sector as it was believed it stated that it was illegal to use peer-to-peer vaccination.

The Trust Pharmacist presented a paper that set out to clarify the confusion and provide assurance around the legality of the flu vaccination campaign that is about to be implemented.

There were a number of queries around the vaccinating of volunteer staff, the Trust Pharmacist was asked to verify whether YAS could vaccinate volunteer staff. The Trust Pharmacist has provided assurance that any volunteer staff should be offered the vaccination.

### [National Institute for Health and Care Excellence \(NICE\) Guidance and NICE Quality Standards](#)

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. NICE is the independent organisation responsible for providing evidence-based guidance on health and social care. NICE guidance, standards and other resources help health, public health and social care professionals deliver the best possible care within the resources available.

NICE'S role is to improve outcomes for people using the NHS and other public health and social care services. They do this by:

- Producing evidence-based guidance and advice for health, public health and social care practitioners.
- Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services.
- Providing a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.

The table below includes NICE guidance YAS identified as requiring action through communication to staff, changes in practice or the revision of policy.

Month	Guidance	Subject	YAS Outcome
April 2019	NG126	<a href="#">Ectopic pregnancy and miscarriage: diagnosis and initial management</a>	Reviewed, all relevant clinical elements covered within existing practice (JRCALC)
May 2019	NG128	<a href="#">Stroke and transient ischaemic attack in over 16s: diagnosis and initial management</a>	Reviewed by the lead pathways – recent review of clinical pathways and proposed direct to scan support the guidance in NICE- ARP response discussions at NASMED raised the issue of time to respond. Thrombectomy plans regionally are in place towards the future management of stroke
May 2019	NG127	<a href="#">Suspected neurological conditions: recognition and referral</a>	Aimed at Primary Care although section on TLOC relevant but covered in relevant section within JRCALC guidance
July 2019	QS 185	<a href="#">Hearing loss in adults</a>	Reviewed, no change required in current practice required for this group of patients
July 2019	QS 35	<a href="#">Hypertension in pregnancy</a>	Reviewed, no change required in existing clinical practice
July 2019	QS14	<a href="#">Service user experience in adult mental health services</a>	Reviewed, primarily focused on MH organisations, no action required by YAS at this stage relevant points covered within existing practice towards this group of patients
July 2019	QS15	<a href="#">Patient experience in adult NHS services</a>	Reviewed, elements of the QS covered in existing education, practice and information governance arrangements
July 2019	NG 115	<a href="#">Chronic obstructive pulmonary disease in over 16s: diagnosis and management</a>	Update of guidance published 2018, whilst more primary care focused elements applicable which are covered in existing clinical practice guidelines
August 2019	NG 136	<a href="#">Hypertension in adults: diagnosis and management</a>	Reviewed, Primary Care focused but identification of abnormal assessments covered within existing guidelines
September 2019	TA 599	<a href="#">Sodium zirconium cyclosilicate for treating hyperkalaemia</a>	Reviewed, not deemed applicable to YAS
September 2019	QS 189	<a href="#">Suicide prevention</a>	Centred predominantly on MH organisations. Elements relevant re multi-agency working and actions to take to be accounted for in future MH work- MH strategy includes these quality standards for partnership working
September 2019	NG138	<a href="#">Pneumonia (community-acquired): antimicrobial prescribing</a>	Reviewed, forwarded to Medicines Optimisation Group for further review use of first line and second line antibiotics completed for Urgent Care Practitioner

## Patient Safety Alerts

In 2019-20, the NHS Commissioning Board Special Health Authority issued two Patient Safety Alerts which were relevant to Yorkshire Ambulance Service:

NatPSA/2019/003/NHSPS - Risk Of Harm To Babies And Children From Coin/Button Batteries In Hearing Aids And Other Hearing Devices – Action is ongoing with this alert currently.

CHT/2019/001 - Alert From The Central Alerting System Helpdesk Team - The Introduction of National Patient Safety Alerts – CAS Alert SOP was updated in line with this alert, designated named individuals identified within departments to receive the alerts for consideration / action.

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 Strategic Health and Safety Committee (Staff Safety).

## Goals Agreed with Commissioners 2020-21

A proportion of YAS income is usually 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 (CQUIN) payment framework. However, due to the on-going pandemic, the operation of the 2020/21 CQUIN scheme will remain suspended for all providers for the remainder of the year; an allowance for CQUIN will continue to be included in the block payments made to trusts.

## What Others Say About Us

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 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 2019-20.

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

As part of its routine programme of scheduled inspections, the CQC inspectors visited the Trust from 28 May to 1 July 2019 to carry out a focused inspection\* of YAS services including out Emergency Operations Centre and Patient Transport Service as well as the first Well-led review of the Trust.

Outcomes	Safe	Effective	Caring	Responsive	Well-Led	Overall
Emergency and urgent care	Good	Good	Good	Good	Good	Good
Patient transport services (PTS)	Good	Good	Good	Good	Good	Good
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

A few areas for improvement were identified within the report. A Trust wide action plan has been developed to address these findings.

#### Trust wide:

- The Trust should improve diversity at Board level, in senior roles and within the wider organisation.
- The Trust should become compliant with the accessible information standard and legislation, as it applies to ambulance providers.

#### Emergency Operations Centre:

- The service should always ensure there are sufficient numbers of suitably skilled, qualified and experienced staff in the mental health nursing team.
- The service should improve sharing lessons learned from incidents in the wider service and with partner organisations.
- The service should ensure that it reviews and addresses gaps in staff knowledge and confidence to deal with people in mental health crisis.
- The service should improve appraisal rates to meet the trust target.
- The service should improve sharing learning from complaints and concerns with staff in the department.

## Patient Transport Service:

- The service should ensure staff are confident in reporting and escalating safeguarding concerns.
- The service should ensure staff are supported appropriately in completing mandatory training.

The report also provided many notable areas for celebration within the published report, as follows:

- The Board was a forward thinking and high performing team, who together set the culture of the organisation; where patient and staff needs were considered paramount. There was clear leadership in place from the CEO who was visible and approachable.
- The Trust proactively engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively, including our Critical Friends Network (CFN).
- There was a strong focus on learning from incidents, deaths and sharing good practice. There had been national innovation since 2017 in learning from deaths and this work had been shared across other ambulance trusts.
- The Trust is top of the national league table of the National Institute for Health Research in 2019.
- Financial pressures were managed so that they did not compromise the quality of care. The Trust was in a strong financial position.
- There was a robust quality improvement (QI) process. Participants in the QI Fellowship programme had successfully completed a wide range of improvement projects.
- Innovative approach to collaboration with other ambulance services via the Northern Ambulance Alliance, chaired by our CEO, to share good practice and improve efficiency for the benefit of patients.
- Innovative approaches had been taken to support staff, in particular if they were off sick from work. A support vehicle had been converted into a health and well-being bus to directly promote staff health and well-being.
- Around 70 staff had volunteered to be cultural ambassadors, as part of an Employee Voice Network, and this contributed to innovation, productivity and organisational improvement.
- The Leadership in Action programme complemented the Trust's values and behaviours framework and over 200 leaders enrolled on the programme.
- The CQC reported that there was a mutually respectful working relationship between Staff-side representatives and senior leaders.
- Our contribution to the local and national staff equality networks was noted.
- The national rotational paramedic pilot scheme won the Royal College of General Practitioners 'Good Neighbour' award for excellence in collaborative practice.
- Notable practice in supporting care home staff to reduce calls to service for their residents, allowing them to develop skills to support patients who have fallen.

## Data Quality

YAS did not submit records during 2019-20 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 Data Security and Protection Toolkit (DSPT) is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

YAS submitted the Data Security and Protection Toolkit (DSPT) assessment by the 30 September 2020 deadline, with 116/116 mandatory evidence items provided and 44/44 assertions confirmed. Our status therefore is 'Standards Met'.

In 2019-20, YAS has taken the following actions to identify and mitigate information governance and data security risks and strengthen our assurance:

- Rolled out Data Security Awareness eLearning to all staff;
- Updated the Data Protection Impact Assessment (DPIA) template;
- Reviewed the Freedom of Information Policy;
- Continued engagement and development of our established network of Information Asset Owners (IAOs) through well embedded confidentiality audit and risk review processes which allow us to undertake information governance and data security checks within IAOs' respective business areas and identify areas for improvement;
- Reviewed the Information Asset Register and data flow maps through engagement with relevant IAOs;
- Rolled out a Cyber Security eLearning course for IAOs;
- Maintained robust archiving and destruction of records in accordance with our Records Management Policy and retention schedule.

YAS's 2019-20 DSPT assessment will be submitted by the deadline of 31 March 2020. As of mid-February, 115 of 116 mandatory evidence items have been provided and 41 of 44 assertions have been confirmed.

The Trust was not subject to the Payment by Results Clinical Coding Audit during 2019-20 by the Audit Commission.

## Part three

### 2019-20 Review

#### Mandatory Quality Indicators

Ambulance trusts are required to report:

- **Ambulance Response Programme (ARP) response times** – As part of the delivery of the national ARP, ambulance services are measured on the time it takes from receiving a 999 call to the vehicle arriving at the patient's location. Ambulances are now expected to reach the most seriously ill patients in an average time of 7 minutes; this is classed as a category 1 call. We are required to respond to other emergency calls in an average time of 18 minutes, this is classed as a category 2 call. For urgent calls we are required to respond within 120 minutes for category 3 calls and 180 mins for category 4 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	Highest Month	Lowest Month
<b>Category 1 Mean Time (Target 00:07:00)</b>	00:07:12	00:08:01	00:06:49
<b>Category 1 90th Percentile (Target 00:15:00)</b>	00:12:36	00:13:25	00:11:53

Source: PBR/IPR Dashboard

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

- Responses over forecast (+4.3% for the year).
- COVID impact in March, which is the highest month for the year (if we take that month out, the C1 mean for the full year drops 5 seconds)

Yorkshire Ambulance Service NHS Trust has taken the following actions to improve the mean and 90<sup>th</sup> 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

STEMI	YAS	National Average	Highest Quarter	Lowest Quarter
Proportion of STEMI patients who receive an appropriate care bundle	50.8%	78.2%	58.7%	40.0%
Proportion of Stroke patients who receive an appropriate care bundle	90.5%	98.1%	95.9%	83.6%

Source: IPR Dashboard / CQI National Dashboard – data to November 2019

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

- The poor recording of two pain scores has again resulted in lower than expected performance against this care bundle. Work commenced locally for managers to feed back to those who had failed to document any aspect of the care bundle, we hoped to see a marked improvement in Q4.
- The YAS electronic patient record known as the YAS ePR, has improved the capture for all aspects of the ACQI data with ready access to information; this has ensured feedback to staff is timely. The number of incidents has increased over this year as we capture the working impression from the ePR.
- Yorkshire Ambulance Service NHS Trust continues to promote how to best document clinical care. The further development of features in ePR over 2020-21 will help support staff to complete key fields including the ACQI elements. The submission of Q4 data when the NHS England website is reopened is expected in late June 2020 YAS expects to see an increase in the performance as the proportion of incidents and full data set will be captured at this submission.
- The management of patients who have had a cardiac arrest in the community is a primary role of the Yorkshire Ambulance Service. As part of the national monitoring of both progress and to determine how well services manage and care for these patients' data is submitted by all services to Warwick University cardiac arrest registry.

- The cardiac arrest data is submitted monthly until November 2019. The Utstein comparator group are patients with cardiac arrest of presumed cardiac origin, where the arrest was bystander witnessed, and the initial rhythm was Ventricular Fibrillation or Ventricular Tachycardia.

CQI's ROSC and Survival to Discharge	YAS	National Average	Highest Month	Lowest Month
ROSC	29.4%	31.1%	31.8%	25.4%
ROSC – Utstein	59.5%	55.2%	75.0%	51.4%
Survival to Discharge	9.1%	9.6%	13.8%	6.6%
Survival to Discharge Utstein	33.3%	29.5%	45.2%	28.6%

Source: CQI National Dashboard – data to November 2019

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; emergency medical services (EMS) witnessed incidents are no longer reported/included in the data. YAS has been unable to submit complete arrest data over the last six months as collection of the data in a timely manner is challenging in the timeframe required to provide outcome to discharge results.
- Reporting has 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 Clinical Informatics and Audit (CIA) team, intends to expand the level of analysis in the trusts data to benefit staff and improve outcomes for patients. The six-monthly resubmission of data by ambulance trusts, usually in June, is expected later in the year. This provides 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.

YAS considers that this data is as described and has taken the following actions to improve the care to patients demonstrated through its year-on-year improvement in the delivery of the ACQI care bundles:

- Due to the COVID-19 Virus and its impact on the NHS and YAS, revised approaches to engagement with staff during the coming months are proposed. The use of Microsoft Teams as one modicum of communication, with the proposed halted feedback sessions to recommence at a local level through the area managers. The review of aspects of poor documentation will be discussed with staff with the aim of supporting their knowledge of how and where to record the care they deliver. We will continue to promote the 10-10-10 messages through the JRCALC App and the ePR Toughbook/rugged computers.
- In 2020-21 YAS will progress some enhancements to the ePR that should support staff in the recording of clinical care as well as expanding the ability to confirm NHS numbers, thus establish patient outcomes.
- YAS are continuing to work with teams from NHSE to help develop a core ambulance data set (ADS). This work, when implemented, will enable all ambulance trusts to collect pre-defined data and receive outcome data to support staff in their decision making and ultimately have one set of data definitions for all ambulance trusts whatever they use as a clinical record.

## Reported patient safety incidents

### 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 incident reporting system Datix and they can do this through the 24/7 incident reporting telephone line or via web-based reporting. Yorkshire Ambulance Service NHS Trust is in the process of updating our incident reporting system to Datix IQ Cloud, an advanced risk management software which is due to be rolled out across all departments by April 2020. This software provides advanced tools to identify and monitor themes and trends in data to allow for system wide training and developments to respond to areas of risk or areas requiring improvement appropriately.

The following information shows the incidents that have been reported through the Datix system and includes near-miss reporting.

New Incidents Reported	Ops - A&E	EOC	PTS	IUC	Other	TOTALS
Apr-19	497	37	115	42	43	734
May-19	490	38	103	45	57	733
Jun-19	469	32	92	24	52	669
Jul-19	482	55	127	24	41	729
Aug-19	414	33	107	23	28	605
Sep-19	433	35	109	24	37	638
Oct-19	450	43	91	42	40	666
Nov-19	498	49	103	57	29	736
Dec-19	489	51	82	82	31	735
Jan-20	561	47	92	70	31	801
Feb-20	515	45	75	65	39	739
Mar-20	467	30	88	65	37	687

Source: IPR

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. We encourage reporting by promoting a 'Just Culture' as advocated by NHS England/Improvement. We actively promote a culture of fairness, openness and learning from incidents, encouraging staff to feel confident speaking up when mistakes occur, reinforcing the need for learning without apportioning blame which is reinforced during all investigations undertaken.

Patient-related Incidents	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Ops - A&E	179	142	112	97	102	80	82	153	138	178	104	118
EOC	18	21	12	29	12	12	21	28	21	19	22	8
PTS	52	53	55	50	43	44	36	38	40	31	41	34
IUC	20	19	14	13	11	12	32	46	42	48	46	43
Medical Ops	2	3	3	1	1	1	0	3	1	0	0	0
Other	3	1	0	0	3	4	2	1	5	1	2	2
<b>TOTALS</b>	<b>274</b>	<b>239</b>	<b>196</b>	<b>190</b>	<b>172</b>	<b>153</b>	<b>173</b>	<b>269</b>	<b>247</b>	<b>277</b>	<b>215</b>	<b>205</b>

Source: IPR

A total of 2,610 patient incidents were reported in 2019-20; this was an increase on 2018-19 which saw 2,457 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 by 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, 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 encourage investigators to report back their findings in person where possible. We continue to use the weekly *Staff Update* and the monthly *Safety Update* 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 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 by 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, 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 encourage investigators to report back their findings in person where possible. We continue to use the weekly *Staff Update* and *Safety Update* on a monthly basis to share learning from incidents with staff and this has been positively received

- The Trust is in the process of introducing Datix IQ Cloud an advanced risk management software to be rolled out across all departments by April 2020. This software provides advanced tools to identify and monitor themes and trends in data to allow for system-wide training and developments to respond to areas of risk or areas requiring improvement appropriately.
- The Trust has developed a zero-harm work plan for 2019-24 in conjunction with the Clinical Directorate to improve incident reporting and investigation, amongst other areas. One of the planned activities is to simplify the near-miss reporting form which is to be introduced during the launch of Datix IQ Cloud. A second planned activity is to increase the involvement of staff within the investigation process which is currently actioned by our lead investigators to facilitate inclusion learning whilst also increasing the recognition of positive working practice which will be a welcomed addition to the Datix modules allowing for positive feedback to be delivered and documented with ease.

### Identification and Investigation of Serious Incidents (SIs)

Serious Incidents	OPS	EOC	PTS	IUC	OTHER	TOTALS
Apr-19	3	1	0	1	0	5
May-19	3	4	0	1	0	8
Jun-19	1	1	0	0	0	2
Jul-19	4	0	0	2	0	6
Aug-19	1	0	0	0	0	1
Sep-19	1	1	0	0	0	2
Oct-19	0	1	0	0	0	1
Nov-19	5	1	0	0	0	6
Dec-19	3	2	1	1	0	7
Jan-20	0	1	0	1	0	2
Feb-20	1	0	0	1	0	2
Mar-20	2	0	0	2	0	4

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 45 serious incident investigations in 2019-20 which makes up less than 2% of all incidents reported.

Yorkshire Ambulance 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 the reporting of near miss incidents in addition to learning from no harm and low harm incidents.

Yorkshire Ambulance Service NHS Trust continually seeks opportunities for improvement to reduce the potential for avoidable harm sustained by patients under our care. To enable this, we promote the reporting of all incidents to include near miss incidents and share the system wide learning from completed investigations in the weekly *Staff Update* and monthly *Safety Update*. The Trust now has a dedicated Serious Incident Investigator; this has enabled an improved quality in investigation and appropriate identification of recommendations and subsequent learning.

SMART action plans are produced and monitored to ensure completion and, where appropriate, specific learning programmes are developed using the learning established from SIs. For example, in the last 12 months the Trust has worked with the Healthcare Safety Investigation Branch (HSIB) to investigate maternity cases. The joint investigations have identified areas where maternity cases could be strengthened within Yorkshire Ambulance Service NHS Trust, introducing new, and refreshing existing guidance for frontline crews. Additional developments to learning are planned for the 2021 Clinical Refresher course, with the Trust currently acquiring options to procure maternity mannequins to support simulation-based resuscitation training. In addition to this, during the 2020 Clinical Refresher course, focus has been given to increasing knowledge and awareness of shockable heart rhythms and improving the training material available to support the course in recognition of the learning established from two recent SI investigations.

### Medication Incidents

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Medication incidents	85	115	82	80	52	66	75	69	69	60	64	50

Source IPR

A total of 867 medication incidents were reported in 2019-20 these have decreased since the last report in 2018-19

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

A change to the way procurement reported discrepancies occurred towards the end of 2018-19, this led to a rise in the number of incidents reported. At the beginning of 2019-20 the process was changed again; resulting in a more effective procurement process and a decrease in the number of discrepancy reports. Alongside this we also performed more prescription medicines audits; it has been shown that the higher number of regular audits performed the fewer out-of-date and stock issue incidents were reported. Although the total number of incidents has decreased, we have seen a rise in the number of clinical errors due to external services; this is a positive move as it shows that our clinicians are becoming more aware of medicines regardless of whether they are being administered by themselves. This has been acknowledged through the *Clinical Update* and the numbers continue to rise. The incidents are reported through the service-to-service concern pathway.

## 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 are you to recommend the Yorkshire Ambulance Service to friends and family if they needed similar care or treatment?					
Extremely likely / Likely	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD
North Yorkshire CBU	87.1%	92.6%	94.3%	95.3%	92.7%
Hull & East Yorkshire CBU	95.2%	85.7%	77.8%	83.3%	84.6%
Calderdale, Kirklees & Wakefield CBU	90.3%	88.4%	95.2%	92.6%	91.2%
Leeds, Bradford & Airedale CBU	80.6%	93.9%	100.0%	95.2%	91.9%
South Yorkshire CBU	90.0%	88.6%	95.0%	89.3%	87.5%
Unknown Area	25.0%	45.0%	83.3%	94.1%	61.4%
YAS	83.3%	86.6%	93.5%	91.9%	87.7%

Source: A&E 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?

Extremely likely / Likely	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
North Consortia	94.3%	93.2%			93.8%
East Consortia	100.0%	95.0%			97.1%
West Consortia	91.2%	90.7%			68.8%
South Consortia	92.0%	89.7%			72.2%
PTS (inc unknown area)	92.6%	91.7%			77.6%

*Question No longer asked, replaced with new question below*

Thinking about the service we provide, overall how was your experience of our service?

Very Good/Good	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
North Consortia			95.6%	94.1%	94.7%
East Consortia			77.8%	100.0%	90.9%
West Consortia			95.9%	95.7%	95.8%
South Consortia			87.8%	98.4%	94.2%
OOA			100.0%	100.0%	100.0%
PTS (inc unknown area)			92.9%	96.6%	95.1%

Poor/ Very poor	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
North Consortia			4.4%	4.4%	4.4%
East Consortia			22.2%	0.0%	9.1%
West Consortia			2.0%	0.0%	0.8%
South Consortia			4.9%	1.6%	2.9%
OOA			0.0%	0.0%	0.0%
PTS (inc unknown area)			4.5%	1.7%	2.8%

Neither good nor poor		Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
North Consortia				0.0%	1.5%	0.9%
East Consortia				0.0%	0.0%	0.0%
West Consortia				2.0%	4.3%	3.4%
South Consortia				7.3%	0.0%	2.9%
OOA				0.0%	0.0%	0.0%
PTS (inc unknown area)				2.6%	1.7%	2.0%

## 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 2019 and March 2020 we successfully delivered 895,131 patient journeys.
- Our volunteer car service has completed more than 62,461 of those journeys and covered more than 1.7 million miles. We have 180 active volunteers and are planning to recruit another 72 in 2020-21.
- We use a number of quality-assured sub-contractors who contribute to the successful delivery of our service in the most flexible manner. They provided around 43% of journeys last year.

## What our patients say about us:

*“I would like to say if this service was not available for needy patients, there would be a very large amount of vulnerable patients not surviving health problems. I would also like to inform you that all the staff I have had the pleasure to deal with have been helpful, caring, polite and all are a credit to your service.”* Anonymous, North Yorkshire

*“I could not manage without the ambulance team's help. Always cheerful, pleasant and courteous. My drive is horrendous, like a mountain, but never a problem to your staff.”* Anonymous, West Yorkshire

*“Always pleasant with a polite smile and manner, you may think this is silly, but one day I was asked, once I was sat down, if I would like the television on. A little kindness takes nothing and you made an older lady very happy that day. It put a smile on my face for the rest of the day.”* Anonymous, South Yorkshire

*“Every driver I have met has been, without exception, most kind, friendly and helpful”* Anonymous, East Yorkshire

Taken from postal survey patient feedback, Quarter 2 and 3, 2019-20

### **Five-year contract for non-emergency transport patients in Hull**

NHS Hull Clinical Commissioning Group (CCG) awarded its five-year contract to deliver non-emergency patient transport in Hull to Yorkshire Ambulance Service (YAS) following a competitive tender process.

The new service, commencing 1 April 2020, will provide eligible patients with safe and reliable NHS-funded transport to and from medical appointments, where they have a condition that prevents them from travelling by any other means.

NHS Hull CCG Interim Director of Integrated Commissioning, Joy Dodson, said:

“Our main priority is to commission services of the highest quality that meet the needs of patients in Hull. We have consulted patients who use this essential service around their experiences and what they value in terms of care, safety, reliability and communication.

“In addition, our transport needs have expanded with the opening of the Jean Bishop Integrated Care Centre in 2018, particularly around the transport of frail patients, and the new contract delivered by Yorkshire Ambulance Service NHS Trust will be able to support this.”

### **Patient Transport Services in North Lincolnshire**

On Saturday 7 March 2020, Yorkshire Ambulance Service NHS Trust (YAS) commenced a five-year contract to provide non-emergency transport for patients in North Lincolnshire.

## **Improving Quality within PTS**

### **Roll-out of Automated External Defibrillators (AEDs)**

Following the roll-out of Automated External Defibrillators (AEDs) across the PTS fleet, Grant Elsworth, Ambulance Care Assistant based at Halifax Ambulance Station, became the first member of staff to use the life-saving equipment when he came across a member of the public suffering cardiac arrest. Grant carried out cardiopulmonary resuscitation (CPR) and used the AED he had on board his vehicle to shock and successfully resuscitate the patient.

Grant was returning to Halifax Ambulance Station at the end of his shift when he stopped for a car that was parked at an angle in the road. Whilst other vehicles drove around the parked car, Grant stopped to see if the driver needed help. He said:

“We were taught how to recognise the signs of cardiac arrest in training school and they were unmistakable - the gentleman was grey and sweating. I couldn’t get him to speak to me and I couldn’t get find a pulse either so I pulled him out of the car and started CPR. A passer-by had also stopped so I asked them to continue with CPR whilst I collected the AED from my vehicle.

“I attached the AED and a shock was advised, so I pressed the button, it was really easy to use.”

Help arrived shortly after, with the police taking over CPR and a paramedic crew providing advanced interventions. The patient was revived on-scene due, almost certainly, to the swift actions taken by Grant and the use of the AED he had with him.

### **PTS passes ISO 22301 re-accreditation**

Following an intensive Business Continuity Audit in March 2019, PTS were successful in their re-accreditation of ISO 22301, passing without a single recommendation or non-conformity recorded.

ISO 22301 is an international standard that recognises our efforts to manage disruptions and continue our operations. To achieve the accreditation we must be able to demonstrate robust plans to establish, implement, operate, monitor, review, maintain and continually improve a business continuity management system.

Yorkshire Ambulance Service remains the only ambulance service within the UK to achieve this accolade.

## Roll-out of individual issue smartphones

We have rolled out personal-issue smartphones to improve engagement and communication with remote, mobile and dispersed staff across PTS Operations – something which has been a challenge in the past. Staff can personalise the device settings, access a wide range of apps, manage their NHS email, and undertake training on YAS 247.

## Support for People with Communication Needs

A booklet has been developed to help support patients and service-users who have additional communication needs.

The A4 booklet (pictured) can help our staff to communicate with people who have learning disabilities, people who have some sight loss and people who are deaf or have some hearing loss. It may also be used to communicate with people who cannot speak or whose first language is not English.

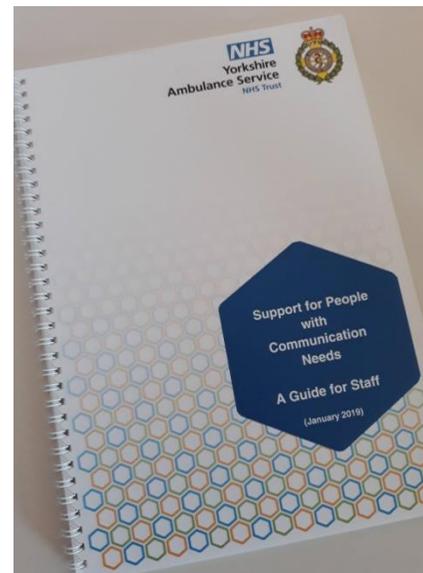
The booklet features large font, descriptions in plain English and easy-to-understand illustrations that can be shown whilst speaking to a patient. The booklets are stored on vehicles and are also available on individual-issue smartphones.

## Vehicle checklist app

An app for undertaking and recording daily and weekly vehicle checks has been developed to replace paper-based books.

The app, which is available on all individual-issue smartphones, has a number of benefits:

- Reminds staff when a check needs to take place.
- Tailors the check requirements to those that need to take place at that time.
- Sends team leaders a notification when issues with a vehicle are recorded.
- Allows staff to take photos of their concerns and upload them to the record.
- Improves the team leaders' ability to validate checks and respond to vehicle issues.



- Reduces the time needed to undertake checks.
- Reduces inaccuracies in reporting.
- Facilitates the storage of completed records.
- Provides a real-time dashboard of the whole fleet for team leaders.

This development is designed to give health and care staff the technology they need to help complete administrative tasks more quickly, freeing up time to spend with patients.

The version has been developed in direct response to feedback from PTS colleagues and staff are welcome to provide further suggestions for improvements.

### **Hydrogen hybrid vehicle a success for PTS**

Yorkshire Ambulance Service is taking huge steps in carbon reduction thanks, in part, to our hydrogen hybrid PTS ambulance. Embracing innovation by utilising hydrogen fuel has saved more than 250 litres of diesel and 690kg of CO2 since the hybrid ambulance was introduced in 2018.

With the advantage of a hydrogen refuelling station at the wind-powered ITM Power site in Sheffield, YAS aims to be at the cutting edge of new fuel technology.

- As a Trust, we cover 51 million kilometres every year.
- Our Patient Transport Service has the most vehicles (more than 400) and covers the most miles.
- Funding for the PTS vehicle conversion came from Innovate UK.
- We worked with Ultra Low Emission Mileage Company Ltd (ULEMCo) to convert the ambulance to run on hydrogen as well as diesel.
- Just 0.02kg of hydrogen is used for 1km travelled
- It takes just three minutes to refuel the vehicle with 2-3kg of hydrogen, compared to much longer re-charge times for electronic vehicles.
- The converted ambulance has saved 253.8 litres of diesel to date.

### **Investing in Volunteers**

In January 2020, Yorkshire Ambulance Service was awarded the Investing in Volunteers (IiV) accreditation for the way in which Community First Responders and PTS volunteers are managed within the Trust. IiV is the UK quality standard for all organisations which ensures that:



- There is a two-way relationship between volunteers and YAS.
- Appropriate resources are assigned to managing volunteers.
- YAS involves volunteers who reflect the diversity of the community in which we operate.
- YAS develops appropriate roles for volunteers.
- Steps are taken to protect volunteers.
- Our recruitment procedures are fair.
- Volunteers are properly introduced to their role, to YAS and to our policies and practices.
- YAS offers support and supervision to volunteers.
- The contribution of volunteers is recognised.

This standard is a way of recognising how much we value our volunteers and ensuring we maintain the highest standards for them in the future.

### **Volunteer wins *Yorkshire Evening Post* Health Award**

Stuart Yarker, PTS Volunteer from Leeds, won the Volunteer of the Year Award at the 2019 *Yorkshire Evening Post* Health Awards. Stuart's nomination recognised his commitment to the role, giving over 530 hours of his personal time and using his own vehicle to transport more than 540 patients to their appointments. He has made nearly 600 separate journeys and travelled more than 11,250 miles during the last 12 months.

In addition, on two separate occasions, Stuart has used his skills to save lives, first by delivering cardiopulmonary resuscitation (CPR) to a fellow holiday-maker in Flamborough and then, some months later and a little closer to home, he noticed that his father-in-law was suffering cardiac arrest. Again, Stuart performed CPR until an emergency ambulance arrived on scene. His father-in-law was transported to hospital and was later discharged to recover at home.

On Friday 6 December 2019, Stuart was invited to a celebratory afternoon tea at Leeds United Football Club followed by the *Yorkshire Evening Post* Health Awards ceremony hosted by BBC Look North's, Harry Gration. Stuart was announced the winner of the Volunteer of the Year category and the day was topped off with a tour around Leeds United Football Stadium at Elland Road.



Stuart was delighted with his award and said: “I’d like to think I won this award not just for me but for all the volunteering team, for all the PTS staff and for everyone else at Yorkshire Ambulance Service.”

### **Safety dash-cams for PTS vehicles**

This year Yorkshire Ambulance Service Fleet department have been retrofitting dash-cams to the PTS fleet. The cameras will help to protect our people and our property, and provide potential savings for the Trust.

The front-facing cameras, installed in the vehicle windscreen, aim to:

- Support the security of vehicles and prevent theft from Trust vehicles.
- Assist with the prevention, detection and investigation of crimes.
- Provide video evidence for the investigation of road traffic collisions (RTCs).
- Support faster processing of insurance claims.
- Capture instances of violence and aggression aimed at staff, supporting the police with prosecution of offenders.

The dash-cams continuously record and a ‘panic’ button is located on the rear of the device which will flag the date and time of a recording when pressed.

### **Patient Surveying**

Following the development of the bespoke patient survey app last year, members of the PTS Service and Standards team collected real-time data from patients on hospital sites who had travelled with us that day.

Whilst our existing postal survey was still sent out, this method was adaptive, provided immediate feedback and encouraged a greater response rate – over 90% of patients agreed to share their views. Patients told us that they welcomed the opportunity to talk to our staff, not just about the survey, but about other matters as well. Patients consistently told us that they received a good service and were grateful transport was available to them.

### **Positive outcomes:**

- Patients felt safe.
- Patients felt respected.

- Our staff were friendly and helpful.
- Transport was appropriate for their needs.

## PTS Quality Focus for 2020-21

In 2020-21, our focus for improving quality across PTS will be:

- Prioritising transport for patients receiving end of life care.
- Improving support for patients with dementia, including how we identify these patients.
- Supporting our leaders through a programme of bespoke away days.
- Developing a new framework for our partner providers to operate within that focuses on quality of service.

## Complaints, Concerns, Comments and Compliments

Complaints, Concerns and Comments		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
EOC	Complaint	11	15	6	16	7	4	11	18	12	4	6	1	111
	Concerns	10	4	10	10	7	3	17	9	17	6	8	3	104
	Service to Service	8	9	19	26	10	8	13	18	23	20	5	15	174
	Comment	2	2	1	0	0	0	1	0	1	0	0	0	7
	Compliments	0	3	3	2	2	2	0	4	2	3	3	3	27
	Lost Property	0	0	0	0	0	0	1	0	0	0	0	0	1
	PAL's Enquiries	0	0	0	0	1	0	0	1	2	0	0	2	6
PTS	Complaint	22	17	10	21	16	16	14	15	7	9	11	14	172
	Concerns	17	19	28	29	24	28	31	23	22	24	24	24	293
	Service to Service	15	23	33	30	22	15	27	24	24	47	34	22	316
	Comment	1	5	2	5	1	0	6	1	0	1	4	1	27
	Compliments	1	8	6	8	10	6	4	7	9	5	3	2	69
	Lost Property	0	3	9	3	3	7	8	9	9	5	5	3	64
	PAL's Enquiries	2	0	1	3	1	1	3	1	1	1	5	3	22
A&E	Complaint	18	21	12	20	22	17	19	20	13	16	16	21	215

	Concerns	15	14	16	20	15	21	23	12	20	17	15	10	<b>198</b>
	Service to Service	18	28	29	27	16	9	26	25	16	29	23	13	<b>259</b>
	Comment	3	4	4	8	8	11	3	7	5	8	2	5	<b>68</b>
	Compliments	38	100	103	84	107	102	88	117	102	125	109	91	<b>1166</b>
	Lost Property	31	29	29	24	35	22	33	35	23	34	22	17	<b>334</b>
	PAL's Enquiries	6	9	13	9	6	3	13	15	10	14	10	5	<b>113</b>
	Complaint	18	21	17	17	34	17	29	18	31	19	24	14	<b>259</b>
NHS111	Concerns	0	2	3	2	1	2	6	3	9	2	3	1	<b>34</b>
	Service to Service	32	30	17	19	25	46	21	17	17	26	40	52	<b>342</b>
	Comment	2	4	3	2	1	2	1	3	3	3	0	1	<b>25</b>
	Compliments	9	3	4	4	2	7	4	7	12	10	4	2	<b>68</b>
	Lost Property	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
	PAL's Enquiries	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
	Complaint	18	21	17	17	34	17	29	18	31	19	24	14	<b>259</b>

Month and year	% of responses meeting due date	Average response timescale (working days)
April 2019	80	31
May 2019	81	36
June 2019	78	30
July 2019	75	37
August 2019	80	37
September 2019	83	32
October 2019	73	37

November 2019	93	37
December 2019	94	29
January 2020	95	31
February 2020	87	33
March 2020	95	24

### Timeliness of Responding to Complaints

We aim to achieve 85% of agreed timescales and have a guideline of 25 working days average response time, however timeframes are agreed with complainants on a case-by-case basis and the quality of the investigation is the priority.

Additional resources were implemented in the Patient Relations Team in October as the size of caseloads was affecting performance. The increased capacity is starting to impact positively on workloads and is enabling a more proactive focus on improvement work to address the themes and trends identified from complaints and concerns as well as recognising areas of good practice and building on these. We have begun to realise and capture several service improvements from complaints and there are wider trends also identified which are under discussion with operational management.

We take all complaints seriously and always try to learn and improvement following negative feedback. Some of our notable quality improvements made includes:

#### A&E Call Handling and Dispatch –

- Learning identified from call audit by Specialist Mental Health Nurse who will feedback learning to all Clinical Hub clinicians to improve practice when speaking to patients with autism.

#### A&E Operations –

- *Staff notice* to be prepared and shared across the Trust to provide advice and guidance on ReSPECT forms to frontline staff.

- *Staff Update article* to remind frontline staff when attending a call for a GP transfer, the patient's condition is to be reassessed and a care plan implemented which reflects the needs of the patient at the time of attendance.
- A new agreement put in place that we will now attend all Acute Behavioral Disturbance incidents as category 1 emergencies for a trial period.
- Raise awareness of what constitutes a time-critical patient in relation to airway obstruction – Article to be included within clinical update and learning to be incorporated into next year's clinical refresher training and link into clinical decision making
- Appointment of a moving and handling subject matter expert to review and make comment on the Trusts training policy re: moving and handling patients safely.
- Appointment of a YAS Trust lead for moving and handling to implement the changes arising.
- ECG stickers discussed at Trust Procurement Group on 1.8.2019. Group concluded there were no issues however clinicians have been reminded of best practice when removing stickers and to consider other appropriate skin areas.
- Review of clinical supervision for all staff, training for all staff on end-of-life care, refresher training on clinical assessment and decision making and review of procedures following death of a patient and ensuring all A&E and EOC staff are aware of procedure.
- Clinical manager has updated YAS what goes where (emergency pathways for Calderdale and Huddersfield) to include calling the centre first.
- 'What Patient Where' amended to make it clearer that children with red flag sepsis can be taken to Huddersfield. The current version is not as clear as it could be, so a change will hopefully help to avoid future incidents.

#### PTS –

- Staff always check the PDA for any additional notes or information on patients and if they are unsure to ring through to the control room to clarify. They are also aware that if they feel the route they have been given would benefit from a different order to contact the control room to discuss, and then take direction as to the best route.
- Clinic opening times added to the AutoPlan system so they will be taken into account when planning journeys in the future.
- Reminder to staff to park on an even surface when deploying ramps.
- Reminder to staff, in the event that there are to be any delays to ensure to maintain a constant line of communication with the department and patient to set their expectations.
- To make sure that if there are any late appointments that we will aim to contact the clinics in advance to either see if there is any chance of moving the appointment time forward or if not how long the appointment is expected to be so that we can ensure transport will be made available and try to avoid any delays.

- Reminder to night controllers that they need to make regular checks of the outward list during the evening to ensure that there are no outpatient patients attending late appointments that have not been marked ready to travel.
- Callflex planner to email Wakefield Logistics South Controller each Friday to inform them of all pre-planned patient journeys.
- A reminder has been sent out via Sheffield Taxis that all patients must be escorted to and from their destination.
- Schedulers instructed not to reduce patient dialysis treatment in order to accommodate resource.
- Reservations Team to ask callers to stay on the line until the booking has been fully input and closed down to ensure there is no other booking in the system.
- Reservations Team to advise HCP callers that they cannot make patient ready in advance and to call back later when the patient is actually ready to travel.
- Development of a new standard operating procedure (SOP) for when staff cannot locate a patient for their homeward journey.
- YAS is not contracted to provide a set number of crews or shifts; we are required to provide a service level measured monthly and annually. The details of this incident have been shared with the commissioners as part of the PTS quarterly reporting process and will be taken into consideration as part of the next contractual review.
- There is a SOP which is currently being reviewed (Governance Group) which does advise drivers to check with neighbours if unable to gain access to property.
- Bulletin to be sent to all staff reminding them that, unless authorised, the attendant must travel in the ambulance saloon with the service user and to remind the staff about communicating with YAS PTS Control and the AMTL Untoward Incident reporting process.
- City Taxis have circulated a memo to all drivers working for YAS, reminding them that they should not leave patients unattended. Where a situation arises they must contact the control office, who will speak with YAS for further advice and support.
- City Taxis, along with all other providers YAS uses, have been reminded of some requirements and expectations set out in the YAS Framework. These include:
  - Providers must wait 15 minutes, free of charge, for all patients. No wait time exceeding this will be paid that has not been authorised officially by YAS.
  - On arrival at the pick-up/drop-off point, the driver is expected to leave the vehicle and collect the patient.
- All providers reminded of the following:
  - Auto-Plan will schedule all journeys, including outward, in advance of the patients getting marked ready. These journeys will be planned based on the approximate ready time, which the system generates at the point of booking. Patients can come ready either side of this approximate time, so it is important that the Portal is monitored.
  - Where a run has more than one patient, if a patient is marked ready but other patients have no time entered, YAS should be contacted to see if a vehicle can be sent. YAS may decide to remove some of the patients, or may allocate the ready patient to a YAS resource.
  - No taxi should be dispatched to collect only patients marked ready, leaving other patients behind, without advice from YAS.

- PTS systems to explore back up plan for VCS drivers as they have no radio access and rely solely on smartphone technology for their work.
- Day control on Cleric has now been updated to show when a driver has confirmed receipt of a run so schedulers can now clearly see when a driver is aware of changes to their work. This will avoid any occasions where patients may be missed.
- Staff in Barnsley have been reminded that not all dementia patients require an escort.
- PTS LAT crews will now only do inter-facility transfers and not admissions - changes made to SOP to reflect this.
- As a result of this incident the Patient No Trace process is now a formal part of the Logistics Scheduler Training package. All new starters will now go through the four steps of the Patient No Trace process and the correct actions to follow when patients are reported as missing from the area they are to be collected from.
- All drivers are to utilise the driver line to seek guidance/assistance from our PTS logistic staff members.
- Reminder for taxi companies not linked to the portal that a telephone call is required to confirm any transport requests.

Corporate –

- Process for sending wellbeing emails to staff having logged violence and aggression incidents being reviewed by Risk Management Team to prevent recurrence of email being sent to patient in error.

**Priority One – Lead: Stephen Segasby, Deputy Director of Operations**

**Patient Safety:** 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.

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. Year two of implementing ARP is on track and shows our achievement of the standards and service model which ensures we are sending the right response, at the right time to all incidents.

**Priority Two - Lead: Dr Steven Dykes, Deputy Medical Director**

**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

The Learning from Deaths (LdFs) Policy has now been embedded in YAS processes, and all patient deaths are reviewed by the Clinical Audit Team. Any deaths meeting set criteria are reviewed using a Standardised Judgement Review (SJR) tool and if required referred to the LdFs Panel chaired by the Trust's Medical Director. A joint project with an acute trust is underway to join the patient journey together and identify any learning points. Current learning themes are related to under recognising silver trauma and poor quality referrals to primary care. Excellent practice has been recognised in the provision of paediatric cardiac arrest.

### Priority Three – Lead: Catherine Bange, Regional General Manager

**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

In respect of care co-ordination for patients with mental health conditions, the key focus has been on understanding the mental health pathways across the YAS footprint and evaluating their operating structures. We have enhanced and continue to develop our Mental Health Dashboard which serves to highlight pathway gaps in mental health provision. The dashboard is used as an operational tool and allows the team to understand demand, support patient care and support key partners including the police. More recently this has been enhanced to contribute to Public Health work by identifying high risk populations.

Work is ongoing to enhance our training in mental health for patient-facing staff, as well as restructuring how our Mental Capacity Act training is delivered. Our Specialist Development Nurse is engaged in work streams focussed on suicide prevention as part of staff wellbeing; supporting work to build mental health competencies across 999 and 111 Clinical Hubs as well as significant involvement with service partners to improve ambulance conveyance of persons detained by the police under Section 136 of the MHA.

Our Specialist Development Nurse is embedded in work on Crisis Care Pathway and Secondary Care Pathway at ICS level, as well as providing significant input into place-based work across the YAS footprint including Crisis Care Concordant work, Crisis and Urgent Care Forums and Suicide Prevention Action Groups.

We are part of the Urgent Community Response accelerator national programme pilot underway in Kirklees and are collaborating with the places who are adopting the principles of this programme.

YAS is part of the Yorkshire and Humber Regional End of Life Care group and works in partnership with providers of palliative care to improve the services we provide related to end of life care. As part of this collaboration, we have implemented End of Life Care divisional leads who are senior paramedics who have undertaken a Post-Graduate Certificate in End of Life Care and become part of a team who provide clinical support and act as a point of contact for paramedics and other YAS clinicians. The work undertaken by the team includes delivery of local CPD sessions and two best practice events with many Consultants and Specialist Nurses in EoLC delivering education. In addition, Project ECHO has been used in partnership with St. Luke's Hospice Sheffield to deliver virtual communities of practice in EoLC across the region over the past two years, and the introduction of a specialist palliative care line option for each area within Yorkshire so that ambulance clinicians have specialist palliative care support when required.

## Priority Four – Lead Clare Ashby, Deputy Director of Quality and Nursing

**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

YAS has been nominated for the Alzheimer's Society Dementia Friendly Awards which aim to celebrate people, organisations or communities who make a real change to the lives of people with dementia. There has been a push to encourage staff to become Dementia Friends and in the last 12 months over 1,000 staff have completed the training which gives people an understanding of dementia and the small things we can all do to make a difference. Additional initiatives have included:

- Gaining the views of people affected by dementia to help shape services
- Visits by a 'dementia bus' which offers interactive activities for staff to help them understand what it can be like to live with dementia.
- Dementia-friendly Patient Transport Service vehicles.

We undertook focused work to support people with learning disabilities commenced with in-reach engagement sessions, where YAS patient experience team joined with locally established Learning Disability (LD) network groups to promote our NHS 111 LD video, review and refresh our communication booklet by asking people who have learning disabilities what would work best for them. We ran a campaign throughout November across the whole of the Trust focusing on the 'three thinks' LD campaign: think access, think flexible, think equality

<https://pathwaysassociates.co.uk/uploads/media/files/resources/How%20to%20Think%20LD.pdf>

## Patient Feedback

### **A&E crew based in West Yorkshire**

"I am writing to say how helpful two of your paramedics were when they came to my mum. I am her carer and visually impaired. We had not had paramedics before and I was apprehensive with me being blind about how they would treat us. An elderly friend was also here. Mandy and Nicola treated us all with dignity and respect and had the right level of communication with my mum who is also deaf. I think it was their last job of the day and we were not at all rushed. We accepted their offer of contacting physio and that team have also been a big help. My mum did not need to go to hospital and is making an encouraging recovery from the fall for her age – she is nearly 90. Thank you to Nicola and Mandy and for the service you provide."

### **For NHS111**

"I just wanted to say a big thank you to the NHS 111 service. The lady on the phone was very polite and helpful. I am extremely grateful for the service NHS 111 provides"

**For an A&E crew based in Doncaster** "Last year I had an accident where I slipped and landed on my shoulder. This dislocated my shoulder and left me laid on the floor, finding it extremely hard to move. As soon as the first crew came in they were professional, empathetic and kind, ensuring not only I was taken care of but also my partner and friends who were understandably a bit shocked. Although it was only a dislocated shoulder at this point I was in the worst pain I have ever experienced and so two other paramedics were dispatched to administer morphine. Both pairs of staff worked together seamlessly with great professionalism and efficiency. However, above their obvious knowledge and expertise, the most comforting and positive aspect of their work were their personalities. They were funny and thoughtful and took mine and my partner's minds off the pain and the bad situation we found ourselves in. On behalf of all of us I would like to give our deepest gratitude and appreciation to these four wonderful NHS staff. As an individual who has worked with many different professionals in the armed services and prison services, these four NHS staff were amongst the most amazing people I have come across. They are a credit to the NHS and to the country."

### **For a PTS crew based in North and East Yorkshire**

"I want to write this message and I hope it gets back to the girls Caroline and Amy from emergency response systems global who work for YAS. I just want to say I have a spinal tumour and the way the girls move me is amazing, they make sure I have the right equipment and that I am not in pain. I know these girls even start early or finish late just to make sure I am settled and safe."

### **For a call handler in EOC and A&E crew based in Leeds**

"My wife phoned 999 and from that moment the service was excellent. The person on the phone was reassuring and gave advice until the first responder arrived, which was extremely quick. Soon afterwards the ambulance arrived. All were professional and treated us as individuals, being courteous and caring. We would like our thanks to be passed onto the ambulance staff."

## Performance against 2019-20 CQUINS (Clinical Quality Improvements Indicators)

### **National CQUIN Programme**

All CQUINs for 2019-20 have been agreed as met by Commissioners. The final quarter, which fell during the commencement of the coronavirus pandemic, meant that reporting was not required for evidence assessment.

*CCG2 Staff Flu Vaccinations* – 62.44% frontline staff who received flu vaccination between 1 September and 28 February .

*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.

### **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.

*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.

### **PTS**

The 2019-20 CQUIN has been agreed to support YAS PTS to develop an application for checking and recording daily/weekly vehicle checks electronically. The current process is paper based, which is time-consuming and can lead to inaccuracies in recording. Likewise, Team Leaders must then manually review the paper logs in order to validate checks, identify issues, or monitor the impact of changes in practice. The proposed electronic method would see these checks completed by means of an app which once developed and tested will be loaded onto each individual smartphone carried by each ambulance care assistant.

This CQUIN indicator will support the NHS Long Term Plan alongside the digital innovation – ‘Give health and care staff the technology they need to help them complete administrative tasks more quickly, freeing up time to spend with patients.’ It will also support the paperless agenda. The successful development of the application will provide a streamlined technical approach to recording PTS vehicle checks during the pilot phase of 2019-20 with a view to implementing this fully across all areas by April 2020.

## NHS111

*Fully delivered in year*

The CQUINs this year included there key areas:

- Additional training on sepsis training for all our staff both clinical and non-clinical to increase the awareness and identification of sepsis.
- The introduction of a frequent callers management process to support callers who contact the service on a regular basis working across YAS and with other health and social providers.
- The successful implementation of a Trust-wide flu campaign, targeting it within the IUC, to protect staff and their families this winter.

	Scheme weighting	Total potential value
North (HRWCGG and HaRD CCG)	1.25% - single indicator	£22,283
North (York & Scarborough)	1.25% - single indicator	£35,158
South Yorkshire	1% Local indicator, 0.25% Flu CQUIN	£146,295
West Yorkshire	1.25% - single indicator	£170,663

## Review of Quality Performance

### NHS Staff Survey Results

The results for the 2019 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 11 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
- 11. Team working

The results of the national NHS Staff Survey were confirmed on 18 February 2020 following an embargo stipulated by NHS England.

2019 response rate

YAS 2019	SECTOR AVERAGE 2019	+/-	YAS 2018	SECTOR AVERAGE 2018
50%	50%	=	34%	49%

### Headline NHS Staff Survey results for 2019

NSS2019 – Theme results and trends (score out of 10)

Theme	YAS 2019	YAS 2018	+/- Against 2018	Ambulance sector average 2019	YAS vs Ambulance sector +/-	National NHS average for 2019
1. Equality, diversity and inclusion	8.5	8.5	0	8.4	+0.1	9.0
2. Health and wellbeing	5.3	5.0	+0.3	5.0	+0.3	5.9
3. Immediate managers	6.4	6.0	+0.4	6.2	+0.2	6.9
4. Morale (NEW)	6.0	5.7	+0.3	5.7	+0.3	6.2
5. Quality of appraisals	4.3	3.9	+0.4	4.7	-0.4	5.6
6. Quality of care	7.7	7.4	+0.3	7.4	+0.3	7.5
7. Safe environment – Bullying and Harassment	7.5	7.4	+0.1	7.3	+0.2	8.0

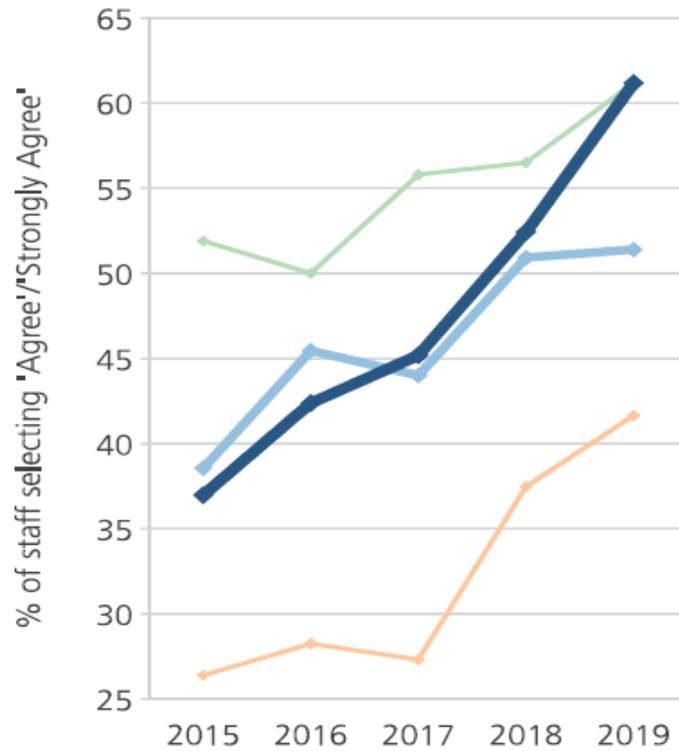
8. Safe environment – Violence	8.9	8.9	0	8.8	+0.1	9.4
9. Safety culture	6.3	6.0	+0.3	6.3	0	6.8
10. Staff engagement	6.6	6.3	+0.3	6.3	+0.3	7.0
11. Team working	5.3	N/A	N/A	5.3	0	6.6

At a local level, **8 of 11 themes show improvement** since 2018. Two themes have remained steady (Equality and Violence). The team working theme is new for 2019 and does not have comparable data. No themes have decreased.

When compared with the ambulance sector average, YAS theme scores are consistently high around on above average. It is notable that in all but one area YAS has made an improvement on previous years scores and a huge improvement in the number of staff taking part.

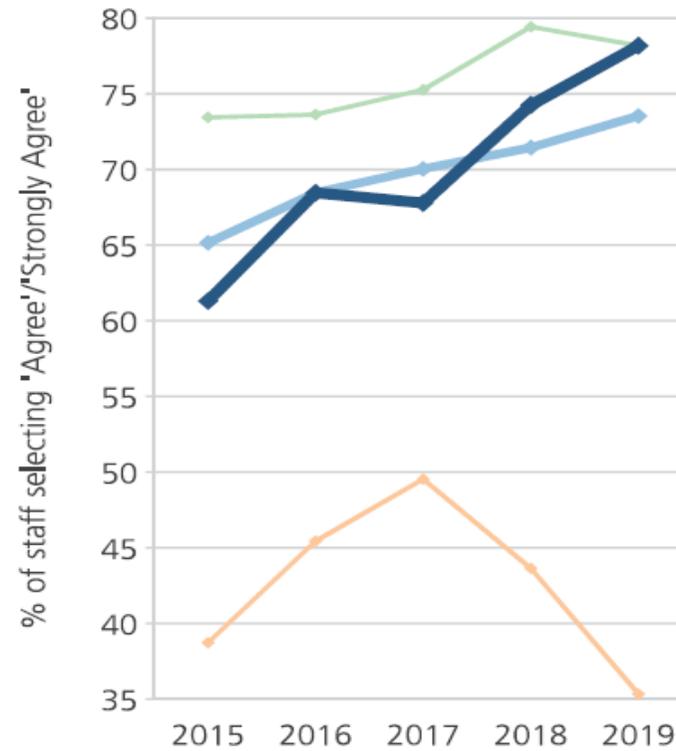
(FFT) Friends and Family Test scores

**Q21c**  
I would recommend my organisation as a place to work



<b>Best</b>	51.9%	50.0%	55.8%	56.5%	61.2%
<b>Your org</b>	37.0%	42.4%	45.2%	52.4%	61.2%
<b>Average</b>	38.6%	45.5%	44.0%	50.9%	51.4%
<b>Worst</b>	26.4%	28.2%	27.3%	37.5%	41.6%

**Q21d**  
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



<b>Best</b>	73.4%	73.6%	75.3%	79.4%	78.2%
<b>Your org</b>	61.3%	68.5%	67.8%	74.3%	78.2%
<b>Average</b>	65.1%	68.5%	70.0%	71.4%	73.5%
<b>Worst</b>	38.7%	45.4%	49.5%	43.6%	35.3%

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 2019 National NHS Staff Survey results on 18 February 2019.

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

#### Increase in Response Rates

- All operational staff are now given protected time to complete the NHS Staff Survey.
- Surveys are now predominately online, which was a staff preference.
- YAS has improved access to online surveys for operational staff through the use of PDAs and tablets.
- YAS has improved the pre and post-survey communications, including staff briefings and updates, infographics and engagement events.

#### Improvements

- Sharing the results and actions taken as a result of feedback.
- Results have been used to support improvement both at a Trust-wide and local level.
- Improvement in 2019-20 has focused on leadership, staff engagement and career development.

#### Infection Prevention and Control (IPC) Audits

Infection prevention and control (IPC) is fundamental to the safety of both our patients and our staff. YAS demonstrates that they are compliant with the requirements of the Health and 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 hand rub 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 at least 35 days in 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 monthly. 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	99%	98%	99%	99%	99%	98%	99%	98%	98%	99%	99%	99%
	Premise	97%	98%	99%	99%	99%	99%	99%	99%	97%	98%	98%	99%
	Vehicle	99%	99%	99%	98%	99%	99%	99%	99%	98%	98%	99%	98%

## Safeguarding

The profile of safeguarding children and adults at risk continues to grow and change and is a key priority across YAS. During 2019-20 both the Safeguarding Policy and practice guidance 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 NHS 111 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 at risk. 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 to meet the needs of different staff groups and service lines.

During 2019-20, safeguarding practice has been enhanced by updating and strengthening current safeguarding team processes, standards and work streams. This has included the introduction of a Frequent Caller Paediatric Liaison post to the frequent caller team in EOC, to support multi-agency working, information sharing and the assessment of risk to children.

The YAS Safeguarding Team has contributed to 12 Child Safeguarding Child Practice Reviews, 17 Safeguarding Adult Reviews and 18 Domestic Homicide Reviews across the Yorkshire and Humber region.

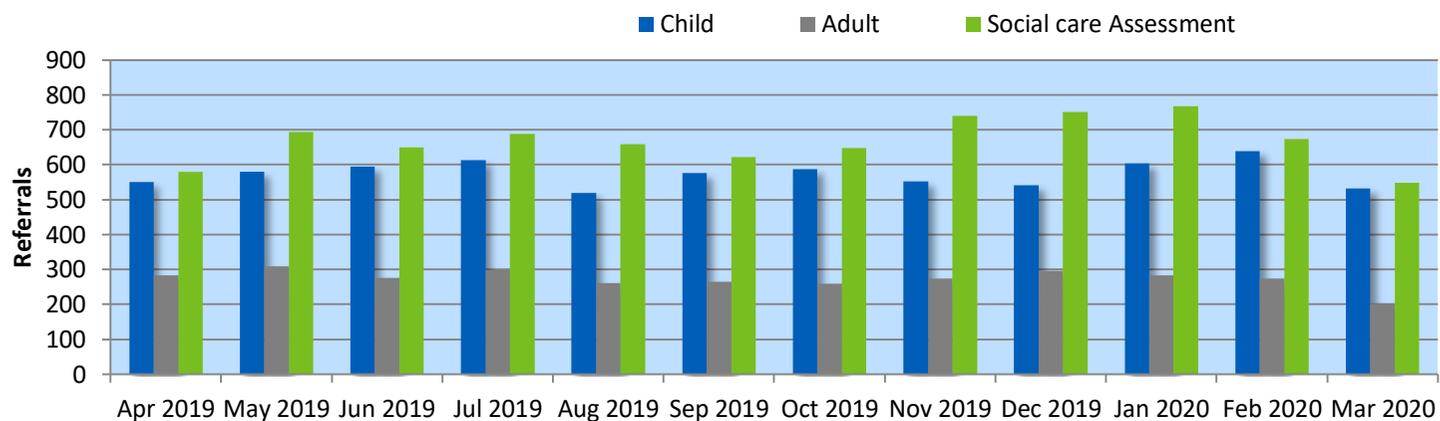
The Safety Update bulletin in August 2019 revisited Making Safeguarding Personal in line with the Care Act 2014 with staff and during November, information was disseminated to help support families to access early help and support.

During National Ambulance Safeguarding Month in September, key messages and topics were shared with staff, including domestic abuse, mental capacity, children in care and professional curiosity. This was supported by the production of safeguarding Z-cards, a local and national communication plan and Clinical Roadshows.

## YAS Wide Total Safeguarding Referrals Table

Safeguarding Referrals	Total 2014 - 15	Total 2015 - 16	Total 2016 - 17	Total 2017 - 18	Total 2018 - 19	Total 2019 - 20
<b>Child</b>	4,441	5,994	5,645	5,744	6,627	6,880
<b>Adult</b>	5,503	6,868	8,855	5,650	2,921	3,274
<b>Adult social Care Assessments</b>				3,448 since October 2017	6,970	8,015
<b>Total</b>	9,944	12,862	14,500	14,842	16,518	18,169

### Safeguarding Referrals



## Alternative Clinical Pathways

### Right Care, Right Place

Several national policy developments and publications have emphasised the importance of ensuring that ambulance staff convey patients to an emergency department (ED) only if this is clinically appropriate for the patient's needs, or where no alternative exists for the patient's safe ongoing treatment and care.

In order to safely fulfil these ambitions, ambulance clinicians need access to healthcare professionals and multidisciplinary teams who are able to provide community treatment in a safe, timely and effective manner. Availability and access to these services is dependent on a number of factors including geographical location and commissioning priorities but expansion throughout the region is progressing at pace.

The Clinical Pathways Team (CPT) work in tandem with integrated care systems, commissioners, acute trusts, service providers and voluntary sector organisations in order to aid patients by gaining access to these services. The end result of this work is the formation of urgent care pathways that enable access to services whilst ensuring clinical governance is accounted for and patient safety is prioritised.

Urgent care pathways are numerous and varied: some allowing access to specialist healthcare teams, able to effectively manage patients in their home environment, such as virtual wards and community response teams; others enabling referrals to services that complement patient care for those conveyed or are in need of further support if remaining at home, such as local diabetes, epilepsy and falls teams.

Not all clinical pathways are urgent in nature and some have been developed for emergency conditions; ensuring patients receive the appropriate treatment and conveyance to specialist hospital units. An example would be the stroke pathway; designed to ensure patients experiencing a stroke are identified quickly, provided with evidence-based, gold-standard care and, conveyed to specialist stroke centres that may not be their local hospital but, where evidence shows that these specialist centres improve experiences and outcomes.

Across the Yorkshire and Humber region a number of hospitals have, or are in the process of, reconfiguring the services they provide with the aim of improving the care available for patients; to best manage their condition or injury whilst ensuring they receive the optimum treatment. The CPT works with acute trusts to develop pathways to take account of these service reconfigurations, so that clinicians are aware of the appropriate destinations if conveyance is warranted.

The main ambition of the CPT is to ensure all patients receive the right care, in the right place and at the right time.

## NHS 111

### **Integrated Urgent Care**

April 2019 saw the introduction of our new Integrated Urgent Care (IUC) service contract with Yorkshire Ambulance Service continuing to deliver the NHS 111 call handling and core clinical advice service for Yorkshire & Humber region, for at least the next 5 years.

During December 2019 as a service we were delighted to answer our 10 millionth call to the service, since its inception in 2013, providing support for patients and their families with an urgent medical need.

### **Service demand and performance**

NHS 111 was down 3.1% on last year's demand, but over 7% above when dental calls are excluded.

NHS Digital Online NHS 111 tool that has been available for Y&H population with c.9,034 instances per week on average for 2019-20, supporting patients with managing their conditions through this web-based service. This is an increase of 245.2% from the previous financial year.

#### Key performance information

- 1,582,471 patient calls answered.
- 80.2% of calls answered within 60 seconds against a target of 95%.
- 56.3% of clinical calls received a call back within one hour, target 60%.
- 30.3% of core clinical advice provided to callers, target 30%.
- 45.0% of direct bookings for patients, target 30%.
- Of the calls triaged, 12.6% were referred to 999; 5.0% were given self-care advice and 10.8% signposted to A&E. The remainder were referred to attend a primary or community care service or attend another service such as dental.
- In an independent survey 96% of patients agree/ strongly agree that they were treated with dignity and respect, with 98% of patients feedback that they followed some, or all of the advice that they were given. (North East and Yorkshire).
- 92% would recommend NHS 111 to their friends and family and overall satisfaction for the service continues to be extremely positive with 77 compliments.

## **Integrated Urgent Care Developments**

During the year we have made some exciting developments in IUC to support improvements in the quality of care we provide and the training & support to our staff. Below are a few of the highlights the service has introduced:

### **Prescribing and Community Pharmacy developments**

In October this year our small team of independent prescribers were enabled to support patients with certain conditions with the issue of electronic prescriptions. This development provides an improvement in care for certain patient groups for specific conditions and also frees up other clinical resources with the health system to care for more acute patients.

As part of the new community contract a new Community Pharmacist Consultation Service was introduced in winter. This supports patients who have a repeat prescription request along with the ability to refer patients direct to local pharmacist for the minor illness service.

As part of this initiative a number of senior nurses and paramedics have been trained to be prescribers. Working as both senior clinical floor walkers, they are also able to add clinical support by taking patients from the NHS 111 clinical queue and where appropriate are also able to prescribe.

## **Recruitment developments**

### **Clinical recruitment programme**

We successfully completed a clinical recruitment programme to improve attraction of clinicians into IUC and 999 service this year. This included the development of an Employee Value Proposition with new marketing materials that staff helped design.

To support this a wholesale digital marketing campaign was undertaken, with open days held within the centres where our staff supported these events as advocates for the service, who were able to sell the benefits of working in YAS and clinically in these roles.

The advertising was widespread in nursing journals, digital campaign in railway stations and a mobile advertising van. Additional marketing materials have also been created with photo shoots within the call centre to create a new concept for phase two of the campaign '*Being there on the phone, is still being there*' which will be launched in spring 2020.

## **New health advisor assessment centre**

With the support of our staff working in the call centre we have significantly developed our assessment process for recruiting Health Advisors. This has been designed to support a reduction in attrition and was implemented for the winter peak recruitment. This assessment provides a 'real insight' into the role as an advisor and what it's like to work in IUC and for the ambulance service. The evaluation of this new assessment process and its success will be undertaken next year as the aim was to reduce the attrition levels that were taking place within the first three months of the service.

## **Sharing best practice**

The YAS IUC team works alongside our local commissioners, within local ICT/STP foot prints through our Clinical Advice Service (CAS) liaison officers to work together to develop services and to ensure that NHS 111 is integrated into local developments.

In December a stakeholder event with commissioners was held within the call centre to share details of the IUC service and the developments underway and to gather learning and feedback to collectively develop our service together.

We work closely with NHS England IUC team and other IUC providers, with YAS chairing the national provider forum, to share best practice and shape the national IUC specification.

## **Digital developments**

New booking technology GP connect was deployed in September, the first of its type in the country, which will enable the rapid rollout of In Hours GP appointment booking and the sharing of patient records. This enables IUC to book patients directly into their surgeries, supporting a seamless onward referral of care. This technology has been rolled out across the region with the expectation that this will be fully deployed next year.

We have worked with local commissioners to provide access to the local Humber and East Riding palliative care records to support with continuity of care for patients and their families.

## **Dental services for Yorkshire and the Humber for patients five years old and over**

This service is commissioned by NHS England and the clinical assessment & booking service along with treatment services are delivered by other providers.

The NHS 111 telephone number is the access route in for the public (simple to remember and free to call) however the calls are then routed to the other providers using an Interactive Voice Response (IVR) messaging service.

YAS supports with the service for patients who are under 5 as children as the problems they present with associated with dental issues could cause by other factors and also where the patient selects the wrong IVR option as we in these instances will triage the patient and support with referrals to the clinical assessment & booking service if appropriate.

## **Quality Developments**

The national NHS Pathways system was upgraded three times during the year, with all of the upgrades enhancing the patient assessment process to ensure callers get the right support and if appropriate onward care referral. To support these upgrades all staff have received comprehensive training on the changes along with additional training our key focus areas: learning from incidents, reporting incidents and concerns, mental health call management and the rollout of our Trust's 'yes to respect' campaign.

Joint clinical governance meetings have been established with our 999 Emergency Operation Centre to support the joint learning across the organisation.

A twelve-month clinical Continuing Professional Development (CPD) programme has been developed for clinicians within EOC and NHS 111. This is now being rolled out with regular face to face/Skype educational sessions. An annual event for YAS is Internal Nurses day, in 2019 the topic was mental health, and for 2020 the focus is paediatric care.

## **Health & Wellbeing**

IUC works in conjunction with the Health and Wellbeing Team to deliver the Trust's strategy for supporting our staff. This has included the introduction of a team of wellbeing leads within the call centres to support staff who are absent and also those within work. One of the initiatives for the new year was a virtual walking competition around Yorkshire between the call centres. This approach was developed following best practice sharing from another IUC provider.

## **Staff engagement**

Within IUC we have worked with staff on a number of engagement initiatives; using 'cuppa and chat' sessions with staff where we gain feedback and share the 'you said, we did' actions we have taken, also using our cultural working group as an expert reference group to help shape priorities to make IUC a great place to work.

As part of the Trust's People Strategy we have members of IUC are cultural ambassadors and working as part of the Trust wider Employee Voice Network. The results of the Staff Survey in 2019 show significant improvement both in the responses to the survey and the results for the Trust; with particular highlights in IUC around the quality of care provided to patients, our safety cultural and support from managers. The staff survey also provides us with some great ideas to focus on for next year and we will be working with staff in spring on this.

### [Looking ahead to 2020-21](#)

During the new year NHS England will issue a new IUC specification and Key Performance Indicators (KPIs) for the service and we will work closely with our commissioners and other providers to implement these changes locally.

We will continue to roll-out direct booking for patients making the onward referral of care seamless and start to understand the role of IUC for mental health callers as part of the ambitions within the NHS Long Term Plan.

Our focus will be on continually improving our patient outcomes and our overall quality, supported through the Trust Quality Improvement Strategy and the Quality Improvement Fellows now embedded within our service. One of our initiatives in this area is to introduce side-by-side audit process, which is an NHS Pathways initiative to improve the quality and number of audits. These audits will include in the future 'real-time' audits whilst the health advisor /clinical advisor is talking to the patient, either sat side-by-side or remotely in real time through Microsoft Teams (this is in place for social distancing now). The real-time audits will be part of a range of audits including retrospective and will expand audits into new clinical specialties for example mental health.

### [COVID Experience IUC](#)

#### **Keeley Townend Associate Director IUC**

I have always been proud to work for YAS (and the NHS) and never more so than now; seeing staff across the Trust rise to the challenge of COVID-19 in heroic ways whilst individually flourishing as they take on extra responsibilities; is really humbling. I have learnt so many new things and been surprised at the sheer scale of what we have achieved in such a short period of time. We can say 'hand on heart' we have done and continue to do everything we can to care for our patients and look after each other as colleagues at this time. #oneteam

## COVID Experience Quotes from IUC

**Janet Long, CFR-** I am proud to be part of the team of CFR service advisor for NHS 111. Enabled by experienced colleagues we are helping to bear the lead of COVID-19 calls.

**Bret Bousfield, CFR-** As a local CFR it's an incredible privilege to work with Yorkshire Ambulance service on their NHS 111 team. They have been brilliant in welcoming us and making us feel part of the team. It's a great feeling to know that what I am providing is helping to alleviate people's worries and concerns, particularly those who are elderly, isolated and those with young families and long term health conditions.

**Jordon Ingham, Service Development Officer-IUC** - I think there are a lot of things I could mention about the last two months. However, I am most proud of how the Trust's vision and values continue to shine during this difficult time.

**Lindsey Black, Service Development Project Support Assistant, IUC** - Having worked for NHS 111 for almost 7 years, I have experienced many difficult times but none so more than this. Not only has patient demand been unprecedented, but the challenges of continual changes to guidelines, process' and updates to NHS Pathways has been constant (sometimes changing within the same day) and our staff have taken it in their stride, despite it being an incredibly scary and uncertain time for them and their loved ones. I have to say that whilst supporting within the call centre, and despite all the changes and challenges for all IUC staff and wider YAS staff supporting, I got this overwhelming feeling of calmness and togetherness that I have never sensed as much before. A feeling that we're all a team, we're all in this together, we can only do our best and can only help one patient at a time, but we can get through this. This made me feel so proud to be part of this team!

**Leigh Elsworth, Quality and Risk Administrator** -- working from another department in YAS and volunteering to help other departments in this difficult time makes every day a success but most of all helping the general public makes me feel great. In YAS individually we are a drop together we are an ocean.

**Alice Milner** - I have found that working in IUC during this pandemic has brought on different emotions as the seriousness of the disease increased. We have all had to adapt to something that we have never experienced in this lifetime, I have felt a lot more pressure as the amount of calls have increased to unpredictable amounts, during the peak of calls we experienced 600+ waiting to be answered. It has been quite a scary time for everyone included, staff and the general public, but I am proud to work for the IUC to be able to give patients that reassurance and advice that people are so desperate to find during this difficult time. The amount of kindness being shown by patients has made light of a scary situation and has made me feel more valued & appreciated.

## Quality Improvement

Quality Improvement (QI) 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 2019-20, we have continued to work towards our QI Strategy with the aim of working with our patients, their carers, our staff and volunteers to:

- Provide a consistent framework or 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 systemic 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 Programme

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 and second cohort of the QI Fellowship Programme is now complete with staff from across the whole organisation participating in the Programme. The QI Fellows have built up experience and knowledge of QI by undertaking a variety of improvement projects that are important to them and that are aligned to our Strategic aims.

## Overview of QI Projects

QI Fellow	Project Title
Matthew Boocock	<ul style="list-style-type: none"> <li>Reducing variability in SPO2 readings</li> </ul>
Paul Cockcroft	<ul style="list-style-type: none"> <li>Improve rest room lighting in ambulance stations</li> <li>Increase the usage of bunkered fuel on ambulance stations</li> </ul>
Michael Chater	<ul style="list-style-type: none"> <li>Increase the perception of support to meet portfolio competences for newly qualified paramedics</li> </ul>
Anthony Kelly	<ul style="list-style-type: none"> <li>Reduce the time taken to access telephone numbers needed by ambulance crews</li> </ul>
Luzani Moyo	<ul style="list-style-type: none"> <li>Increase the percentage of patients bringing their own medicines into hospital</li> </ul>
Gareth Woods	<ul style="list-style-type: none"> <li>Implementing a system to help patients inform of their readiness for transport in our Patient Transport System</li> </ul>
Damian Brooks	<ul style="list-style-type: none"> <li>Increase recognition of student skills through use of visual aides</li> <li>Increase the uptake of overtime for Operations staff</li> </ul>
Nathan Steadman	<ul style="list-style-type: none"> <li>Reduce the average handover time at Hull Royal Infirmary emergency department</li> </ul>
Helen Smith	<ul style="list-style-type: none"> <li>Increase the percentage of staff attending training days</li> </ul>
Sam Bentley	<ul style="list-style-type: none"> <li>Reduce unavailability and variance in code usage to improve availability for patients in IUC</li> </ul>
Jayne Bradbook (01/10/18)	<ul style="list-style-type: none"> <li>Reducing the number of falls in care homes in Sheffield</li> </ul>

## Training and Development

Throughout 2019-20, the QI training structure has been revised to support the building of capacity and capability around our quality and service improvement agenda.

Over the last 12 months we have seen the number of individuals participating in the QI training increase to:

- Bronze Level = 194 staff
- Silver Level = 70 staff
- Gold Level = 15 staff
- Rapid Process Improvement = 3 workshops

## Critical Friends Network

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

Focuses on the foundations of QI theory and methodology including an introduction to the Model for Improvement.

Award criteria:

- Completion of bronze QI e-learning through the Improvement Academy or face-to-face (one hour).
- Submission of project proposal.



Builds on the concepts and knowledge gained through bronze QI training adding tools to aid with the implementation of a QI project. In addition, a selection of improvement micro-modules will be optional to support on going development.

Award criteria:

- Completion of YAS QI silver face-to-face training (one day).
- Demonstration of utilising QI tools and methodology throughout a QI project with support from QI Team.



Builds on the knowledge and experience gained through the silver award to implement a large-scale, complex project with the opportunity to diversify into process or quality improvement specialities.

Award criteria:

- Completion of Lean Improvement Leaders programme with demonstrable skills to lead and develop a large-scale project relating to process improvement OR
- Completion of gold level train-the-trainer and demonstrable skills to lead and develop a large-scale project relating to quality improvement.



## **Projects**

### **Moving Patients Safely**

This project focuses on the need to improve our staff health and wellbeing around moving patients safely and also support staff to reduce harm caused to patients whilst moving them. Staff from across the organisation have come together to discuss some of the challenges they face when moving their patients and come up with ideas that are being tested which can improve this process. This project will carry over to 2020-21.

### **Schwartz Rounds**

These are group sessions aimed at providing opportunities for staff to speak openly about their experiences surrounding the management and treatment of patients. They often focus on elements of the situations that were particularly emotive. These sessions provide the opportunity for staff to reflect on stories told by other members of staff and to participate in discussions around their own experiences. Our IUC service has been supporting the testing of Schwartz Rounds to our paramedic workforce. The first Schwartz Round within Operations was delivered to nearly 200 staff at our College of Paramedics Best Practice day.

### **Logistics Warehouse**

The Infrastructure Programme Board, Gate Review Panel and Trust Management Group are considering a new logistics warehouse for the Trust. If agreed the new logistics warehouse will include a number of new processes:

- To store consumables; using an electronic hand pallet truck.
- To receipt goods inward.
- To store and deliver pre prepared AVP consumable packs and AVP style drug packs.
- For the PTS 'Central Linen Service'.

### **Post Incident Care and Suicide Prevention**

In collaboration with the 'Post Incident Care Working Group' the team supported the co-design of a process framework for post Incident care that empowered managers and peers to deliver appropriate support to affected staff members. The process aimed to improve levels of staff confidence and referral rates to the 24/7 Employee Assistance Line for mental health and trauma support services. A proposed framework and supplementary guidance has been designed for staff.

## **Vehicle Movement**

To help determine the number of A&E vehicles to support future operations the team are working with Fleet Services to map the current vehicle processes including the flow of information. Root causes and drivers for optimum vehicle deployment were identified and an observational study within Fleet, focused on vehicle movement within the Leeds AVP cluster.

## **A&E Operations: Patient Ready Project**

In partnership with A&E this project started to explore reasons for crew unavailability. Following a workshop held on the 30 September, the scope of this project was refined to focus on start of shift processes. This project included:

- New standard work vehicle checks.
- New standard work for dispatchers to contact crews.
- Introduce fully protected time for crews to undertake vehicle checks.

## **Quality Improvement ideas Platform**

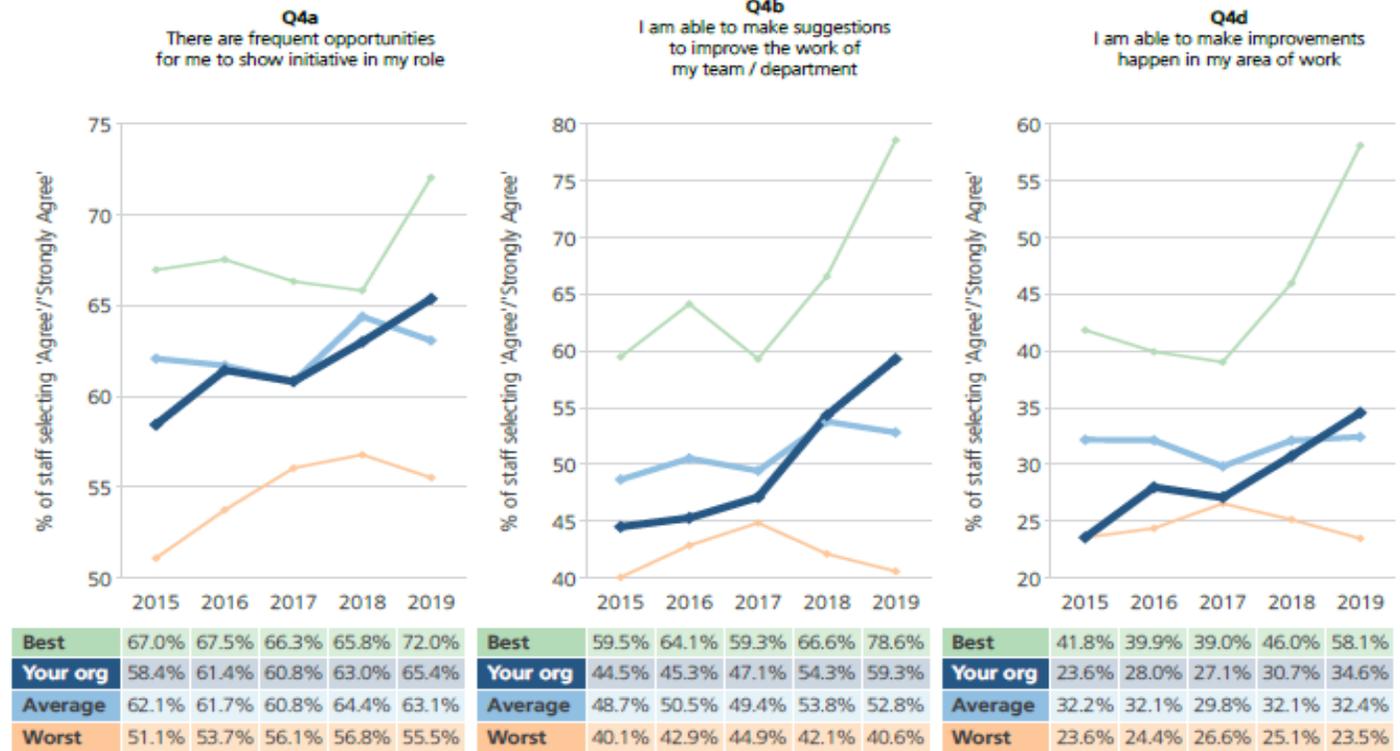
During 2019-20, the Trust has been in the process of purchasing a QI ideas platform to improve the system currently in place that supports the collation and collection of ideas for improvement put forward by staff. The new platform will provide an open and transparent platform for staff to share their ideas for improvement and for learning to be shared. The platform is due to be launched April 2020.

## **External partnerships**

- #ProjectA – our relationship with #ProjectA has continued into 2019-20 with the emphasis moving from the distinct projects to more of a focus around the connectability of ambulance QI and the growing AmbulanceQ network. YAS remains firmly integrated in the developed and evaluation of #ProjectA
- Northern Ambulance Alliance (NAA) – during 2019-20 the NAA agreed to support quality improvement across the four ambulance trusts with a focus on building QI capacity and capability and building a programme of improvement around hospital handover.
- AmbulanceQ – this network has been developed by Improvement Leads from across the UK. This network aims to build a community of QI experts who will develop a UK-wide overview of Quality Improvement within the ambulance service.

## Monitoring

The recent staff survey results shows a significant improvement in indicators relating to staff contributions to improvements. YAS are showing above average across all surveyed organisations and, when compared to other ambulance trusts, are performing equally as well or better.



## Rapid Performance Improvement Workshops (RPIW)

### York Ambulance Station

This RPIW focused on the successful design and implementation of a new consumables storeroom at York Ambulance Station. Key tasks undertaken during the RPIW include; relocating the consumables storeroom, reorganising PTS vehicles, re-introducing automatic shutter doors at the station and reducing the contents of response bags.

#### **Impact:**

- **The time taken to re-stock an ambulance has reduced from 14 to 3 minutes**
- **The amount of out-of-date or damaged items reduced from 14 to 6 items per month**

### Welcome to YAS

This RPIW focused on improving and streamlining the new starter process. Key tasks undertaken during the RPIW include; creating new starter packages, activities to reduce time taken to access log-in details and production of ID badges. The 90-day and 120-day 'report-back' showed consistent improved performance compared to baseline.

#### **Impact:**

- **Time taken for HR Services to send candidates an 'unconditional offer letter' and them being set-up on the ESR system has reduced by 63%**
- **YAS Academy students now receive their IT badge and email log-in on day one of work**
- **Time from employee sign-off to ESR live reduced by 63%**

## Uniform: Lean and Green

This RPIW focused on reducing waste in the uniform ordering process. At the start of the process, thirty-four areas of waste were identified including; high occurrence of inaccurate ordering, infrequent delivery of new uniform to ambulance stations and inadequate stock in uniform stores. At the end of the process, the team removed thirty-one “wastes”, with the three remaining being passed to the Trusts ‘Uniform Steering Group’ for consideration and action.

### **Impact:**

- **On 9 December, 2019 an online app ‘DUOS’ was introduced enabling staff to order new uniforms online.**
- **Reduced waste: uniform ordering kits are now available at a number of ambulance stations.**
- **Twice-weekly deliveries has reduced the time taken to receive new uniforms. App.**

## HR Team Based Service Improvement Initiatives

In partnership with the HR team a number of service improvement initiatives have been progressed. Key developments and impacts include:

- Development of a recruitment app on Pulse to enable all recruiting managers to source key documents, guidance and checklists in one central place.
- Time reduction between conditional offer sent and all checks completed.
- Standard operating procedures updated/completed.
- Team huddles introduced.
- DBS check and leavers process standardised and streamlined.
- Skills matrix introduced.

### **Impact:**

- **The time taken from advertising start date to the unconditional offer letter being sent to the candidate has reduced by 44% (from 82 to 46 working days).**
- **The time from unconditional offer letter being sent to contract issued reduced by 79% (from 84 to 18 working days).**
- **Start date to unconditional offer sent reduced by 44%.**

## Quality Improvement Team Priorities for 2020-21

PROGRAMMES OF WORK:	OVER THE COMING YEAR WE WILL:
<p><b>BUILDING CAPACITY &amp; CAPABILITY</b> This programme of work will continue as a key priority in 2020-21.</p> <p>The aim for &gt;20% of employed staff to have a functional level of Quality Improvement knowledge and experience by 2022</p>	<ul style="list-style-type: none"> <li>- Continue to build our capacity and capability through our QI Fellowship Programme</li> <li>- Continue the implementation of a QI award scheme for staff to have recognition for their achievements in the use of their QI skills and knowledge</li> <li>- Continue to engage with staff and patients</li> <li>- Develop a series of micro-modules to support the QI training model</li> <li>- Implementation of a Quality Improvement staff engagement platform</li> </ul>
<p><b>MEASUREMENT FOR IMPROVEMENT</b> This programme of work will continue as a key priority in 2020-21</p>	<ul style="list-style-type: none"> <li>- Work with the Business Intelligence department to develop a deeper understanding of Statistical Process Control charts (continuous measurement)</li> <li>- Continue to train and develop staff knowledge and understanding in relation to measurement for improvement</li> </ul>
<p><b>MOVING PATIENTS SAFELY</b> This programme of work will continue as a key priority in 2020-21</p>	<ul style="list-style-type: none"> <li>- To continue with tests of change related to moving patients safely</li> <li>- To create a change package to share and spread learning from interventions across the organisation</li> </ul>
<p><b>SCHWARTZ ROUNDS</b></p>	<ul style="list-style-type: none"> <li>- To build on the work already tested on implementing Schwartz Rounds into our Emergency Operations Centre and Operation Directorate</li> </ul>
<p><b>NORTHERN AMBULANCE ALLIANCE (NAA)</b></p>	<ul style="list-style-type: none"> <li>- To officially launch the Quality Improvement arm of the NAA</li> <li>- To build a Breakthrough Series Collaborative* with members of the NAA focussed on the hospital handover process</li> </ul> <p><i>*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</i></p>

## National Patient Safety Strategy

Trust safety work streams are aligned to the NHS Patient Safety Strategy launched in 2019 and affiliated to the Trusts strategic aim to create a safe and high performing organisation based on openness, ownership and accountability. The Trust's Clinical Strategy sets out the following objectives:

- Define patient harm by reviewing and relaunching the Safety Thermometer.
- Achieve zero avoidable harm for defined measures by 2024.
- Introduce a formal process for early identification and mitigation of risk by implementing Clinical Hazard Impact Assessment tool.
- Improve knowledge and practice through reflective practice, improving sharing of learning from incidents and improving education in response to risk.

A complete review of the new national Patient Safety Strategy is underway and the Trust will ensure that all aspects of the national requirements are in place within agreed timescales.

## Public Health

*“We will maximise the role of the workforce to develop the public health role of the ambulance services at both a national and regional level and develop a person-centred care skills framework taking a tiered approach across the integrated urgent and emergency care workforce to better support people to stay healthy and avoid illness complications”.*

Prevention plays a significant part in the new NHS Long Term Plan and the need for new commitments from the NHS to improve upstream prevention of avoidable illness is recognised as a priority. As key stakeholders the ambulance sector has a responsibility to support the national public health agenda and we continue to work with our partners in the wider health and social care system to ensure that public health and prevention are embedded within our clinical approach.

This year we have developed a new public health plan which will span the next five years. The plan reflects the progress we have made in supporting the public health agenda to date and ensures that our priorities reflect those across the region. In addition to those outlined within the

NHS Long Term Plan the following local public health priorities have been identified in conjunction with our partners:

- Suicide prevention and bereavement support
- Social isolation and loneliness
- Homelessness
- Support for carers.

Over the next year we will work with our partners to understand the contribution that we as an ambulance service can make in developing pathways of care which will better support the needs of our patients in these areas.

More broadly over the course of the plan we will also develop our ability to:

- Develop and embed an organisational approach to person-centred care, early intervention and prevention across all staff groups and volunteers.
- Use system-wide data to inform the development of urgent and emergency care services.
- Better understand the health inequalities present within the Yorkshire and Humber region and develop plans which aim to reduce these inequalities.
- Collaborate on the regional public health agenda at a system-level and develop local partnerships through which we may further this agenda.

### Looking after our staff

In 2019-20 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. A new Post Incident Care and support process has been developed with staff and managers.
- Mental Health First Aid Training continues to be rolled out to staff across the organisation, with a further 12 instructors recruited. A Suicide Prevention working group has been developed to provide guidance for managers and staff in relation to suicide prevention.
- Physical Competency Assessment (PCA) for applicants to frontline roles continues to be part of Trust recruitment processes. A three-year reassessment is currently being developed.
- Following a successful procurement, the Trust appointed new providers to deliver the Occupational Health services, including mental health support and physiotherapy support services. The Trust also procured a new absence management system.

## Embracing Diversity, Promoting Inclusivity

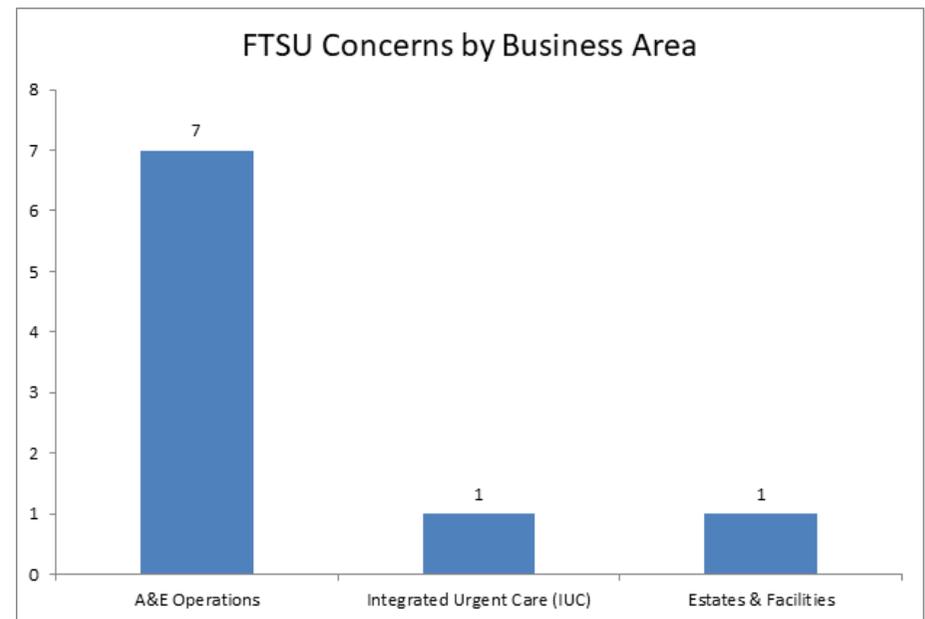
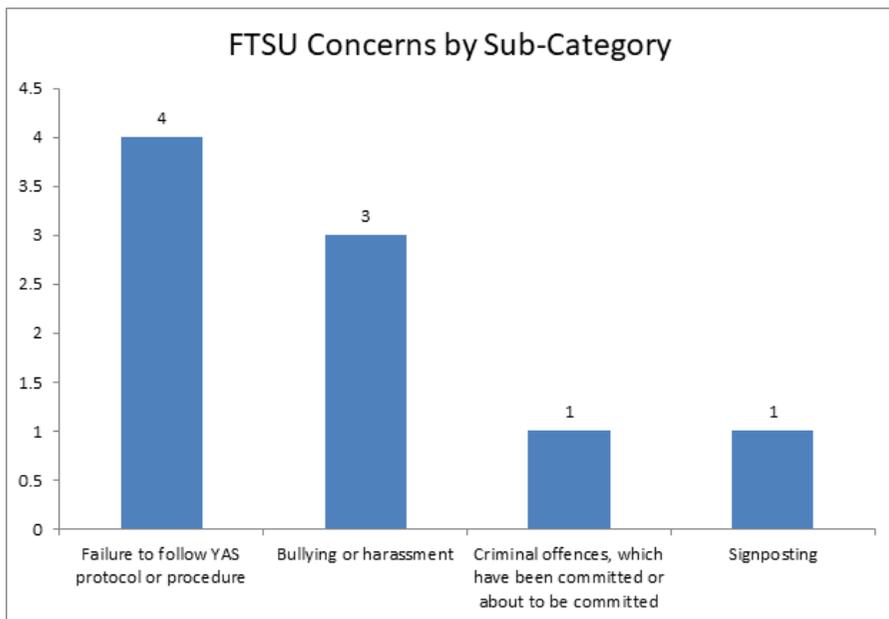
We continue to implement the Trust's Diversity and Inclusion Strategy which was launched in December 2017. The strategy outlines the Trust's strategic equality objectives on diversity and inclusion and enables the Trust to deliver our key priorities with a focus on embedding and mainstreaming diversity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

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. 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.

The National Guardian's Office published a full report on the number of cases brought to NHS guardians across England during the reporting period 1st April 2018 through to 31st March 2019. During the same period Ambulance Trusts in England reported the following FTSU concern activity:



At Yorkshire Ambulance Service all staff, volunteers and contractors can raise concerns directly with the Trust’s 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. A refresh of staff communications has recently been sent out, to reissue the names and contact details of the FTSU Guardian and Advocates, increasing access and awareness across the Trust. Yorkshire Ambulance Service NHS Trust is in the process of refreshing the FTSU intranet page, to include a YAS FTSU video, featuring Board members and staff to promote FTSU within the Trust.

With the exception of truly anonymous concerns, all workers who raise concerns through FTSU receive updates to their concern and feedback on the final outcome, actions to be implemented or lessons learned. They are 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.

In July 2019 the National Guardian’s Office published recommendations for Board members on how to support and promote FTSU within their Trust. A number of initiatives are underway within YAS, to learn from and implement this guidance.

## Awards

Staff from across the Trust who have gone above and beyond for patients and their fellow colleagues were recognised at our second annual *YAS STARS Awards* on Friday 5 July 2019 at The Marriott Hotel in Leeds.

YAS staff and guests attended the occasion to celebrate colleagues who inspire others, exceed expectations and are outstanding examples who encompass the Trust's core values of **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.

Huge congratulations to everyone shortlisted. It proved to be a very difficult task for the judging panel to choose winners from so many worthy nominations.

## Restart a Heart

More than 40,000 young people across Yorkshire were taught CPR on our biggest ever Restart a Heart Day. The success of the event is testament to 860 big-hearted volunteers who gave up their time to teach the life-saving skill at 164 secondary schools.

In 2019, we took students from Wakefield Girls' High School and Queen Elizabeth Grammar School in Wakefield underground to learn how to save the life of someone in cardiac arrest 'darn t'pit' at the National Coal Mining Museum for England in Overton, Wakefield. The event was part of a Resuscitation Council (UK) challenge to organise CPR lessons in iconic locations and to reinforce the message that if you can learn CPR 140 metres underground, you can learn it anywhere.

## 999 Aspire Pilot

999 Aspire is a YAS-developed, tri-service programme in collaboration with West Yorkshire Police (WYP) and West Yorkshire Fire and Rescue Service (WYFRS) and has been funded by the West Yorkshire Police Violence Reduction Unit.

The purpose of the programme is to address the issue of violent crime, particularly where there has been the use of a knife. It will also look at changing attitudes and perception of the emergency services, emergency first aid, police subjects such as police powers, community fire prevention and mental health resilience.

An exciting 13-week pilot of the programme launched at Leeds City College in January 2020.

Representatives from YAS, WYP and WYFRS came together to deliver the first session based on how young people viewed the role of the emergency services and listened to personal stories to help the young people understand that there is a person behind every uniform.

The session also included team building exercises and an overview of what would be covered over the coming weeks which will include visits to our own Hazardous Area Response Team (HART) site and also a WYFRS station visit.

It is hoped that this pilot will be extended in to other areas in the future.



## Northern Ambulance Alliance (NAA)

### **Northern Ambulance Alliance (NAA)**

The NAA consists of four Trusts: East Midlands Ambulance Service Trust; North East Ambulance Service NHS Foundation Trust; North West Ambulance Trust; and Yorkshire Ambulance Service NHS Trust.

The aim of the Alliance is to create a collaborative approach of working together to improve health outcomes for patients and deliver greater benefits for the populations it collectively serves. The main principles of the Northern Ambulance Alliance are:

- To improve the quality and service delivery for all patients in the North of England.
- To maximise opportunities for standardisation across the North of England.
- Reduce the overall costs of the collective budgets of the four services.

The Alliance offers a credible forum to discuss and develop new ideas and to apply tried and tested solutions that have already been trialled in one or more of the partner trusts. The Alliance enables relationship building across organisations, not just at the most senior level but at every level, amongst those staff who have a shared understanding and experience of working in the ambulance service.

The NAA has established a Board (NAAB) consisting of their Trust Chairs and Chief Executives that focuses on agreed strategic priorities across the footprint of the northern ambulance services.

The NAA work areas are supported by CEO and Executive-led groups from across the four Trusts. These work areas are designed to:

- develop efficiency and quality improvement priorities and plans
- organise work-stream meetings and governance
- implement initiatives working with a range of stakeholders nationally and across the NAA
- ensure delivery against plans.

## **NAA current key work stream achievements and progress:**

### **Avoidable Conveyance and Telecare Decision Support Tool Pilot:**

Three groups (Falls and Frailty, Mental Health, Care Homes) share best practice to support achievement of work stream outcomes and benefits across all four Trusts. This is shared via the groups and on the Future NHS Collaboration platform.

This work stream includes a telecare pilot. This is due to commence in November 2020 to test the utility and safety of a decision support tool with telecare providers to assist them in identifying when a service user requires an NHS Ambulance Service response. It aims to support them in deciding when to transfer the call to the local NHS Ambulance Service or other locally defined pathway, the type of information needed and when to refer service users into locally agreed pathways of care. The implementation and impact will be evaluated and the learning shared across the NAA to support avoidable inappropriate conveyance.

**Computer Aided Dispatch (CAD):** The vision for the Common CAD project is, *“Enabling better patient care through the seamless control of 999, 111 and Patient Transport Services across the Northern Ambulance Alliance”*. The Strategic Outline Case (SOC) for the Common CAD was approved by the NAA Board allowing the project to proceed to the development of a Full Business Case (FBC) by April 2021.

**Wider Digital:** All digital work has been identified by the NAA Board and senior stakeholders and will be explored through the NAA Digitisation Programme Board (DPB) before following the Gate governance process, as appropriate.

**ARP MVDS Roll Out:** A Gate Zero proposal was progressed for the NAA to provide a single focus for all four Trusts for the Ambulance Radio Programme (ARP) vehicle hardware roll out that will, in due course, be a key underpinning capability for ambulance digital transformation. The ARP national team are supportive of the proposal. The Gate Zero will now be expanded into a SOC for presentation to the next NAA Board.

**Robotic Process Automation:** There is capacity and scope to develop plans to support the NAA priority of expanding the digital work stream to include the use of Robotic Process Automation (RPA). Conversations are ongoing with NHS England/Improvement Ambulance Improvement Programme and Corporate Services, through the Digital, Technology and Automation Lead regarding potential pilot and funding opportunities, as well as learning from successful RPA projects and best practice.

**Quality Improvement (QI) Academy:** Work is progressing on the NAA Board approved QI plan, with the key outputs of:

- The Leadership Council - the vehicle for development and delivery of the implementation plan, through the three work streams in the original proposal:
  1. Staff engagement;
  2. QI training, and;
  3. Breakthrough Series Collaborative.
- The Advisory Board
- The launch event (now Spring 2021).

**Sustainable Fleet – Tranman:** Delivery of this project has been divided into two phases, with Phase One now complete. Phase Two has now commenced and requires a greater digital focus, as it concentrates on the delivery of key technical interfaces that will provide wider benefits beyond Trust Fleet Departments. These are: GRS for rostering information; Terrafix/Terratrack/VU for vehicle tracking system; and, reporting data warehouse which will allow the delivery of dashboards to meet internal and external business intelligence (BI) needs. This work also reports into the NAA Digitisation Programme Board.

**Corporate Services:** The Human Resource (HR) Directors have agreed to progress work around: maximising Electronic Staff Records (ESR) benefits realisation; quality benchmarking; and talent management.

### **NAA Key Facts:**

The NAA member trusts:

- serve nearly 20 million people
- provide services across an area of over 21,000 square miles
- have 19,000 members of staff
- handle in excess of 2.6 million 999 calls every year, that's 7,195 emergency 999 calls a day
- drive nearly 3 million Patient Transport Service (PTS) journeys annually
- have over 3,600 volunteers

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

### **HealthWatch Bradford & District**

Healthwatch Bradford and District welcomes this opportunity to comment on the Yorkshire Ambulance Service NHS Trust Quality Accounts report for 2019-2020.

The report gives a very comprehensive view of positive actions taken Trust wide throughout the year to improve the quality of care and patient and carer experience; as well as providing readers with insight into the Trust's Quality Improvement key priorities for 2020-21

There is clear evidence throughout the Quality Account report that the Yorkshire Ambulance Service NHS Trust is committed to improving the quality of care for the communities that it serves; this is not only reflected to some extent through their account on public and patient engagement activities and consultations they've held throughout the year, but also through the analysing of their data systems, incidents, near misses, complaints and patient feedback; which are all extremely important areas for invaluable learning, including recognising where areas of good practice have been happening.

Healthwatch Bradford & District would particularly like to commend the Yorkshire Ambulance Service NHS Trust on their engagement with patients and families and the use of patient stories; which from our experience is one of the most powerful, and effective learning tools available to anyone working in the NHS.

The Yorkshire Ambulance Service appear to have utilised patient and public engagement activities well and effectively; including new areas of engagement; for example: the continued developing and strengthening of the Critical Friends Network; the direct engagement of Patient Transport Service patients and the establishing of new links with Dementia groups which in turn has helped throughout the year to shape and inform quality improvement projects across the Trust, including the production of this Quality Account report. Healthwatch Bradford & District are pleased to note that the Yorkshire Ambulance Service NHS Trust have included in the planned work programme for 2020-21 engagement with specific patient groups i.e. patients with learning difficulties and their carers and families, which in turn will ensure more inclusivity within the patient and public experience and involvement activities of the Trust; and thus further ensure that services are co-designed by all who access them.

We would however like to have seen more in the way of written detail or examples of how the Yorkshire Ambulance Service NHS Trust embraced diversity and promoted Inclusivity throughout 2019-20, and what their key priorities around this will be for 2020-21. This would have helped to add more 'meat to the bones' to the words within their written statement "deliver our key priorities with a focus on embedding and mainstreaming diversity and inclusion at the heart of everything we do".

Healthwatch Bradford & District look forward to seeing evidence in the 2020-21 Quality Accounts of the progress the Yorkshire Ambulance Service NHS Trust makes over the coming year in regards to the 4 identified local public health priorities (suicide prevention and bereavement support, social isolation and loneliness, homelessness and support for carers); which as a result of COVID-19 will be particularly prevalent across the whole of the health & care sector; this worked in conjunction with their service improvement key priorities for 2020-21 as set out on page 11 of the Quality Accounts will without out a doubt enable the Yorkshire Ambulance Service NHS Trust to further develop and improve on Stakeholder co-production; and provides the Trust as a whole, further opportunity to demonstrate their efforts at aspiring to their vision, values and purpose.

Healthwatch Bradford & District appreciate that to meet the requirements set out by the Department of Health, YAS like any other NHS Trust, have to present their Quality Accounts inclusive of certain mandatory statements which have to appear in their corporate state. Therefore we are relieved to note that within the Quality Accounts 2019-20 the Yorkshire Ambulance Service NHS Trust have included a glossary of terms and that the Trust will also ensure that the document after publication will be made available as a Summary and Easy Read version as well as available in alternative languages and formats on request.

Helen Rushworth; Manager: HealthWatch Bradford & District;  
Sara Firth; Engagement Officer; HealthWatch Bradford & District

## **Combined CCG comments**

### Summary

Overall the Quality Account (QA) provides a fair, accurate, comprehensive and transparent reflection of the quality of services provided by Yorkshire Ambulance Service (YAS) and the activities undertaken throughout 2019-20. The report demonstrates a continuous drive to improve quality even throughout extremely challenging times at the start of the Covid-19 pandemic.

It is also recognised that the information contained within the report is presented and discussed with commissioners throughout the year. It is also acknowledged the challenges of being a regional provider; however YAS demonstrate strong and continued engagement and collaboration with all Integrated Care Systems (ICSs) and 'places'.

## Quality Priorities (2020-21)

The priorities are supported and welcomed. The priorities are reflective of the population in particular the mental health, the ageing well programme and work developing to address inequalities and improving population health. Commissioners welcome the opportunity of working with YAS to support achievement.

Excluding the current Covid-19 pandemic and the constraints this has applied to the healthcare system including the ambulance service; the priorities are generally in line with the local population need. With YAS covering a wide range of socioeconomic and geographic situations it would be difficult to establish a set of priorities that matched everyone's needs.

## Improving Services

It is clear throughout the document that YAS have a strong and continued commitment to improve services. Commissioners are supportive of the work YAS continue to undertake in respect of quality improvement and how this is being developed to improve services to make them safer, effective and patient-centred.

## Clinical Audit and Utilising Research

There is clear evidence that the trust has participated in both national and local clinical audits and is committed to the development of research and innovation as a driver for improving quality of care and patient experience. The contribution to clinical audits is both positive and wide ranging; the QA also elaborated how clinical audit has improved practice. Evidence is provided throughout the QA that YAS are an evolving, innovative, information rich organisation focussed on learning.

It is good to see significant audit and research activity leading to further actions and quality improvements.

## Digital Technology

The QA provides positive examples of quality improvement and digital solutions throughout the organisation and with clear links to organisational strategy.

## Ambulance Response Programme (ARP)

YAS have acknowledged improvements are needed to improve the mean and 90th percentile compliance in respect of response times and are working closely with commissioners to improve this.

## Quality Improvement (QI) and QI Fellows

It is really encouraging to see the ambitions for building capability around quality improvement through training and the QI fellowship programme and including the Critical Friends Network in this. Quality improvement work continues to expand and demonstrated by staff survey results via significant improvement in indicators relating to staff contributions to improvements. The QA also demonstrated positive collaborative working with other ambulance services through the Northern Ambulance Association (NAA) to examine joint working for consistency and economies of scale and utilising QI within the association.

## Learning from Incidents

Positive improvements noted within the QA to incident reporting, investigating and monitoring. The introduction of DatixIQ will support the process and identify themes and trends enabling further targeted actions and quality improvement. The coverage within the QA regarding incidents (with learning and actions) is positive.

## Acting on Feedback and Patient Experience

The addition of comments throughout the QA of patient feedback and patient stories demonstrates that YAS is listening to patient's experiences and acting on their feedback. The Critical Friends Network is now well established which demonstrates the involvement of staff, patients and the public, it is also good to see that this is to be developed further. Co-production with service users is well embedded particularly in improvement work has developed insight to ensure a person-centred approach during call handling for both Integrated Urgent Care (IUC) and the Emergency Operation Centre (EOC).

Public engagement has been mentioned and utilised in producing the QA though the numbers of those involved could be increased. The report takes time to mention the number of journeys/contacts that YAS undertakes/receives across its service lines over a year yet the volume of feedback included in the report is remarkably low in terms of a percentage.

Feedback indicates that the public often perceive the ambulance service as part of the local general hospital, YAS's involvement in an episode of care can get lost in the narrative due to public perception. It would be beneficial to highlight to the public and healthcare systems, YAS as an individual provider in its own right.

### Developmental Work

Throughout the QA, clear recognition is provided regarding the developmental work YAS is providing and working in conjunction with others within the health and social care environment. For example:-

- establishment of the YAS Ageing Well programme bringing together YAS projects and pilots relating to alternative responses to falls.
- silver trauma response,
- enhancing care in care homes,
- urgent community response services,
- dementia, tissue viability, recognising frailty, advanced care planning and carer support is timely

YAS has continued to support Restart a heart, the large number of people participating in the training is testament to YAS's work. YAS have adopted Bradford CCG's Think LD approach. In conjunction with other emergency services and Leeds City College YAS has also participated in `Aspire 999`. It is positive to see that YAS was awarded the Investing in Volunteers (IiV) accreditation for the way in which Community First Responders and PTS Volunteers are managed within the Trust and some of the stories describing their positive impact this has had.

### Response to COVID-19

It is humbling to hear the experiences of staff of the YAS response to Covid-19. This is a welcomed addition to the report. All providers and commissioners are working hard to manage services within the pandemic. Recognising that YAS being the only regional healthcare provider as noted in the account are ideally placed to support joined-up care for patients and provide the gateway into urgent and emergency care delivering the right care at the right time and in the right place.

## NHS Hull CCG

Commissioners in Hull note the Quality Improvement priorities of YAS focusing on:

- 1) Patient Safety – definitely a priority for the CCG working with other system providers to ensure the correct level of response to our patients to ensure the sickest get the correct and quickest response while ensuring that less urgent patients are signposted to the correct service to meet their needs.
- 2) The Ageing Well Programme – The Ageing Well Programme is particularly welcome in Hull as we have invested heavily in and focus on the needs of our Frail Elderly population via our Integrated Care Centre. We are also working closely with our Social Care colleagues and our Primary Care Networks to improve the offer to care homes via the Enhanced Offer to Care Homes.
- 3) Clinical Effectiveness - joined up and co-ordinated care for our patients, digitally enabled with reduced conveyance to Emergency Departments is definitely a priority for the CCG. The work regarding “111 First” fits well with this priority but does not appear to be mentioned within the Quality Account. The CCG is also supportive of work on improving the end of life services to our patients. We would encourage the involvement of Primary Care Networks in this work stream to ensure the resilience of patient pathways that may include referral into GP Practices.
- 4) Patient Experience – the planned work on producing patient centred mental health support via 111 to support patients calling in crisis is very welcome. 111 is often the first point of contact for patients experiencing a mental health crisis especially in the out of hours period. Ensuring a good fit with our planned CMHT redesign work and planned extra mental health workers for Primary Care networks would also be encouraged.

NHS Hull CCG notes and welcomes the use of the Critical Friends Network and the valuable contribution they offer in terms of patient feedback. We have seen personally in our Local Quality Meeting the value of having a patient present to offer their input to the conversation. Plans for further engagement also noted with specific groups including people with learning disabilities and their carer’s with regards to specific work streams is also supported.

Throughout the account there is use of patient and staff stories and quotes to evidence the involvement. Evidence that patient feedback in the form of PALS feedback and complaints has been used to inform priorities in the account also noted.

Innovative use of IT noted in the account to gather patient feedback from the PTS Service via a Smartphone app was interesting to read.

The Quality Account seems clear, well laid out and easy to read. There appears to be evidence of engagement with Partners, staff and most importantly patients.

NHS Hull CCG feels the Quality Account provides an accurate reflection of the quality of services provided by YAS and welcomes the summary of the priorities for 2020-21.

The Quality Account is by requirement quite a detailed document. The possible use of more graphics and photographs could “break up” the document a little. The detailed nature of the document could make it a little difficult to read but we acknowledge that YAS has produced easy read versions in the past and believe they will do so again.

### **Healthwatch East and Yorkshire/ Healthwatch Kingston upon Hull**

Healthwatch East Riding of Yorkshire and Healthwatch Kingston upon Hull welcome the opportunity to make a statement on the Quality Account for Yorkshire Ambulance Service NHS Trust.

The area covered by YAS is so large and diverse, it is difficult to define what is the local population and therefore decide if the YAS priorities meet those of the local population. A key issue which seems to have not been covered is the equity between rural and urban communities across Yorkshire including response times, first responder cover and patient transport. An issue for patients on transport in rural communities is the time they have to spend on the transport before and after clinical appointments whilst drop offs are made with other patients.

Healthwatch are pleased to note YAS have made an effective attempt at involving patients and the public at large in the production of the Quality Account with the use of the Critical Friend Network, however it does not explain how members are recruited for the network and how this might be improved in times of COVID-19 when less of the general public are attending healthcare settings.

The actual list of proposed improvements is encouraging. The ‘Fellows’ programme is particularly interesting both in format and actual practice. It contains a number of projects which will attract the support of patients and the general public. However we would welcome this to be highlighted in some way to draw particular attention to its purpose and practice. It has the potential for actually drawing increased participation by the public.

The learning culture is evident, and perhaps boosted due to the large contingent of volunteers and current initiatives. Healthwatch would welcome the inclusion of case studies which could provide in a more graphic or news worthy style.

Most of the year on year improvement targets do seem to relate to government targets, rather than based upon real experiences by customers of the service.

The Chief Executives summary makes interesting reading, and we acknowledge the additional challenges faced this year through the pandemic. We welcome the initiative to engage with local community and look forward working closer together in the future

### **Rotherham Metropolitan Borough Council Scrutiny Committee**

The Yorkshire Ambulance Service Sub-group of Health Select Commission convened on 13 November 2020, to review the Quality Account Draft and agree the priorities described in the enclosed statement. The Health Select Commission appreciated being invited to view and comment on the draft Quality Account, and they requested that, as soon as is feasible in 2021, a representative from YAS might join a meeting with Members to discuss these priorities and give more context to current work, learning, and challenges.

Members had in the past expressed concerns around disciplinary issues, and it was encouraging for Members to see YAS staff surveys reflecting 10% or more above the national average for staff agreeing that this is a good place to work. Staff surveys also scored well on the question regarding staff comfort with friends or family receiving services from YAS. Members also noticed the care with which safeguarding data has been captured and analysed in the draft. Members noted the positive plans being made to enhance documentation of staff feedback, streamlining data collection, and using data to inform decision making.

Members expressed the desire to see a reduction in incidents of bullying and harassment and to see improvement in the quality of mandatory staff appraisals. Members were interested in seeing more information regarding response times and service to care homes noted in the Quality Account or as part of a presentation to a future meeting of the Health Select Commission. Members emphasised the importance of having provisions in place so that compliance with the Civil Contingencies Act does not produce potential shortages of available transport vehicles when the nation enters the final phase of EU exit early in 2021.

The Health Select Commission acknowledged the hard work YAS have been doing especially during the pandemic and wishes to express thanks for all your efforts on behalf of patients, families, and staff.

Sincerely,

Cllr Eve Keenan Chair of Health Select Commission and YAS Quality Account Sub-Committee

## Healthwatch Sheffield

Thank you for sending this report to us. We would also like to take this opportunity to thank all those at Yorkshire Ambulance Service for their hard work throughout the COVID-19 pandemic.

Our response to this report includes feedback from our volunteers, who offered a patient and public perspective to the findings. The report is long and at points can be difficult to understand, but we recognise that the Trust covers a very large footprint and provides multiple services so it likely cannot be summarised further. We do like the helpful inclusion of a glossary. Overall, the Trust has delivered a good report which shows that it is generally performing very well.

We broadly support the priorities for next year; it is especially good to see accountable leads and measurable outcomes, which will help to monitor progress. It would be helpful to see some more detail on the key drivers and monitoring, where explaining the acronyms and national standards would make the section more accessible. We support the use of co-production and service user involvement in the priority around mental health care and hope that service users will be involved throughout the whole process, including future monitoring.

The Trust has made good progress against its previous targets, and it's good to see that people living with Dementia seem to have been actively involved in the target to improve their experiences. For the target involving frail older patients, patients with palliative care needs, and patients with mental health conditions, we would challenge that it doesn't seem to include an analysis of whether patient experience from those groups has improved. Most of the objectives for the year ahead would benefit from increased interaction and engagement with service users, as a meaningful way to identify whether improvements have been successful.

We know that Yorkshire Ambulance Service recognises the value in hearing and using patient stories, as they are always keen to hear experiences that have been raised through us, so this is just a matter of making sure these patient stories are key to monitoring quality. The latest Care Quality Commission (CQC) report is very positive, and it's good to see the Trust's openness about the areas for improvement. Likewise, it's good to see learning that has arisen from complaints. It would be helpful to see complaints broken down by theme as well as department – for instance, are people's complaints largely about waiting times, their interactions with staff, their clinical care? Relatedly, it would be helpful to see more about the serious safety incidents and how these were resolved and learned from.

We were particularly pleased to see the Trust's work around supporting people with communication needs as this is a really important subject for all areas of health and social care. We would be interested to see the guidance and how it was produced (eg through co-production with service users, in partnership with voluntary organisations) as it doesn't seem to be publicly available. If the guidance is proving successful, it would be really positive to be able to share the good practice with other services.

One area we read with particular interest was around Patient Transport. It's good to see that it's largely positively reviewed by patients, and this supports the feedback we have received throughout much of the year. We did however hear from a number of people in March who were confused by the service changes due to Covid-19. This confusion caused some people to miss urgent appointments as they didn't know if they could use Patient Transport. When we contacted the Trust about these issues, we were pleased that we were able to get some more definite answers so we could support people. However, as the pandemic develops it's likely that services will have to continue to adapt, so it's important that communication about the changes is clear – both to the public, and to members of staff across Yorkshire who will be responsible for booking Patient Transport. This will help to alleviate some of the worries for patients who rely on the service.

## **Healthwatch Wakefield**

The senior management organisational chart shows that quality is given a very high priority starting at the very top of the management tree. The statement by the Chief Executive, Rod Barnes, demonstrates a commitment to a culture of year-on-year quality improvement throughout the whole organisation.

### Priorities

The priorities that reflect those of the Wakefield District population are patient safety and a positive patient experience. This is more easily understood than clinical effectiveness and the YAS Ageing Well programme, despite these two being admirable and important priorities. I am sure this is so for the rest of the area that is served.

This is a comprehensive and detailed report demonstrating to Healthwatch Wakefield that we are lucky to be served by such a superb organisation. The rollout of portable defibrillators for the patient transport fleet is admirable. There is an important service that is missing and that is of community defibrillator support. I have had personal experience of this in the community group of which I am a member, and that experience was excellent.

The Healthwatch Wakefield Task and Finish Group have looked at the report and were invited to a presentation where questions could be raised. I also submitted some questions and queries. All of these were answered to our satisfaction and the group felt there were no more issues that were missed.

### Involving patients and public in the production of the report

That the Investing in Volunteers award was achieved by YAS earlier this year is something to be proud of. The report states "YAS involves volunteers who reflect the diversity of the community in which we operate." We at Healthwatch Wakefield know what this means as we achieved

this award not so long ago. Volunteers are a very significant resource for reflecting the priorities of the local population and bringing forward problems.

The friends and family test gave excellent results in all geographical areas, and including the patient transport service.

Healthwatch is in the business of collecting feedback from people about the service experienced by patients from the health and social care sector. There were 10 unsolicited submissions from the public to Healthwatch Wakefield in the year covered by this report. Two were negative: "It did take a while for it to get to us", "The paramedic was rude and unhelpful." Some positive quotes from the others: "They were really good", "They really came quickly", "Excellent service. I am so grateful to them for all their help", "The two ambulance paramedics were excellent. Very professional."

I cannot recall the YAS being discussed at our Board meetings in other than in a positive manner.

#### Clear presentation of the Quality Accounts for patients and public

The report is, of necessity, lengthy and with clear graphs and tables. The purpose and vision stated on page 8 are clear and understandable by patients and public who I am sure can sense these when using the service. Many of the acronyms were dealt with in the glossary. It is a rare and commendable help for a report to include a glossary. I think the glossary is vital for members of the public to understand some of the details of the report.

In conclusion, this is an excellent comprehensive and detailed report and the trust deserves many congratulations from Healthwatch Wakefield for providing such a high quality service to so many people.

Dr Richard Sloan MBE, PhD, FRCGP  
Chair Task and Finish Group and Trustee, Healthwatch Wakefield  
November 2020

**Barnsley CCG**

Thank you for sending us the YAS Quality Accounts for 2019-20 for review. The Accounts provide a detailed account of YAS' activities in 2019-20. Overall, the document provides a fair reflection of the quality of services provided by YAS and demonstrate the Trust's commitment to quality and patient safety. We recognise that towards the end of the year it was extremely challenging for the Trust in terms of the demands on its services due to the start of the COVID-19 pandemic.

#### Performance 2019-20

The Quality Accounts evidence that the Trust has generally achieved positive results against its quality priorities for 2019-20. We particularly welcome more detail than in previous reports about how learning from incidents and complaints has translated into quality improvements. It would be helpful also if the report included a summary of all the themes from different sources of intelligence alongside each other. In terms of quality improvements in 2019-20, we are pleased to see the additional support provided by the Patient Transport Service for people with communication needs through the use of a booklet designed to help staff communicate with people who have learning disabilities, visual or auditory impairment and people who cannot speak or whose first language is not English.

#### Priorities for 2020-21

As required by the Department of Health, the Accounts set out clear region wide priorities for 2020-21. We consider that the priorities that YAS has identified are appropriate areas to target for continued improvement. We are particularly pleased to see the inclusion of service user involvement in mental health care as one of the priorities. However, it is not clear in the Quality Accounts whether the priorities for 2020-21 have been reviewed alongside the possible long term impact of COVID-19 on the Trust's activities.

In terms of the narrative content of the Quality Accounts, I would like to offer the following observations:

- The Quality Accounts is a very long document. Generally, the report is easy to read but it would benefit from editing/simplifying to make the narrative in parts more concise and flow better. This would make the report more reader friendly particularly for patients and the public.
- There are a number of typos and narrative anomalies throughout the report. We assume that these will be resolved in the final report. For example, text at the bottom of page 39 and the top of page 40 is repetition of earlier text. On page 28, the report refers to four Patient Safety Alerts but only lists two.
- It would be useful on page 51 to have definitions of complaints versus concerns.
- The use of charts would help the reader more readily compare trends over time. For example, on page 41, the use of a chart to compare medication incidents between 2018-19 and 2019-20.
- Not all items in the glossary are in alphabetical order.

We hope the above comments are useful, and we look forward to working with the Trust over the coming year. Finally, on behalf of Barnsley Clinical Commissioning Group, I would like to offer my sincere thank you to the entire YAS workforce for their hard work and commitment over the last 9 months whilst caring for people in an incredibly challenging and unprecedented set of circumstances. I know that this cannot have been easy particularly for those frontline staff who must have been concerned about the increased level of risk to their own health due to their contact with the public.

## 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 2019 to March 2020.
  - Papers relating to quality reported to the Board over the period April 2019 to March 2020.
  - Feedback from commissioners dated 30 April 2020.
  - Feedback from local Health Watch organisations dated 30 April 2020.
  - Feedback from Overview and Scrutiny Committees dated 30 April 2020.
  - 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 26 November 2020

## Glossary of Terms

Term/Abbreviation	Definition/Explanation
<b>Accessible Information Standard (AIS)</b>	all publicly funded adult social care and health providers, must identify, record, flag, share and meet the information and communication needs of those who use their services.
<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>ACQI</b>	Ambulance Clinical Quality Indicators
<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>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>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>Ambulance Response Programme (ARP)</b>	New ambulance standards. Set of pre-triage questions to identify those patients in need of the fastest response
<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>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>Bare Below the Elbows (BBE)</b>	An NHS dress code to help with infection, prevention and control.

<b>Being Open</b>	The process of having open and honest communication with patients and families when things go wrong
<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>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>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 (CEO)</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>Complaint</b>	An expression of dissatisfaction regarding a YAS service or the specific behaviour of a member of staff in the course of their duties to which a response is required and where a person specifically states that they wish the matter to be dealt with as a formal complaint at the outset.
<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>Concern</b>	An expression of dissatisfaction regarding a YAS service or the specific behaviour of a member of staff in the course of their duties to which a response is required and where attempts to resolve the matter as speedily as possible, focussing on delivering the outcomes being sought are successful. Issues raised where the individual does not require feedback at all are dealt with as concerns where the matter relates to a negative experience of patient care episode.
<b>Continuing Professional Development (CPD)</b>	Training and Development opportunities for all staff at every level.

<b>Critical Friends Network (CFN)</b>	A range of people, patients and members of the public, from different backgrounds who can all provide valuable input into the work we do.
<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>Electronic Patient Record (ePR)</b>	Electronic record to capture assessment and interaction information about our patients and share this with other healthcare providers
<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>EoLC</b>	End of Life Care
<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>Global Rostering System (GRS)</b>	GRS Web is a web-based function which allows staff to view their shift information electronically.
<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>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>Health Care Professional (HCP)</b>	People working within the Healthcare sector
<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>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>Integrated Urgent Care (IUC)</b>	A range of services including NHS 111 and Out of Hours services, which aim to ensure a seamless patient experience with minimum handoffs and access to a clinician where required.
<b>International Organisation for Standardisation (ISO)</b>	An international standard-setting body composed of representatives from various national standards organisations.
<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>LAT</b>	Low Equity Transport
<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</li> </ul>

	<ul style="list-style-type: none"> <li>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>MHA</b>	Mental Health Act
<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>NASMED</b>	The National Ambulance Service Medical Directors
<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>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 England (NHSE)</b>	NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England
<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>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>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>The Patient Advice and Liaison Service (PALS)</b>	Offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers
<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>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 Care Record (PCR)</b>	A comprehensive record of the care provided to patients.
<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 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 <a href="#">field</a> .
<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>RAT (Red Arrest Team)</b>	A paramedic who is able to deliver advanced skills and leadership to a patient who is critically unwell or in cardiac arrest
<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>ROSC (Return of spontaneous circulation)</b>	The return of cardiac activity after a cardiac arrest.
<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>SP (Specialist Paramedic)</b>	They have the capability to administer antibiotics and other medications under Patient Group Directives (PGDs) and perform wound closure interventions so patients can be better managed in the community and avoid ED attendances.
<b>SpO2 (peripheral capillary oxygen saturation)</b>	The percentage of oxygenated haemoglobin (haemoglobin containing oxygen) compared to the total amount of haemoglobin in the blood ( oxygenated and non-oxygenated haemoglobin).
<b>Stakeholders</b>	All those who may use the service, be affected by or who should be involved in its operation.
<b>Standard Operating Procedure (SOP)</b>	A set of step-by-step instructions compiled by an organisation to help workers carry out complex routine operations.
<b>ST Elevation Myocardial Infarction (STEMI)</b>	A type of heart attack.
<b>Transient Ischaemic Attack (TIA)</b>	Mini stroke
<b>TMG</b>	Trust Management Group
<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>UTI</b>	Urinary tract infection
<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.