



Quality Account 2021-22

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Part One

Statement on Quality from the Chief Executive

Welcome to our NHS Trust Quality Account for 2021-22. After another challenging year for the whole of the NHS and social care sector, we are able to present some of the improvements we have made to the quality of the care we provide for people within Yorkshire and the Humber, but largely we note and celebrate the Herculean effort that all staff have put in again this year, in keeping our services as safe as they can be, during these times of unprecedented challenge. We have had real difficulties to overcome this year, but we have worked hard as *One Team* to deliver the best care in our 999 emergency service, Patient Transport Service and NHS 111 for the population we serve in Yorkshire and the Humber. We continue to sustain our Good rating with the Care Quality Commission and continually strive to be outstanding. We are a trusted provider known for our high-quality services amongst Clinical Commissioning groups and we are an active partner in the three integrated care systems (ICSs) we cover.

Like all NHS trusts, we faced the significant challenge of the COVID-19 pandemic throughout 2021-22 and, in common with all key workers, our staff have made an ongoing and substantial commitment to the delivery of care during these testing times. As an organisation and as a system we have worked with focus and pace. I remain incredibly proud of every single member of staff and volunteer in Yorkshire Ambulance Service who rose to the challenge, despite personal risks and fears, to support the NHS response to the pandemic in Yorkshire and beyond.

We work within communities and with other healthcare providers to ensure care delivery is appropriate to patients' needs, given in the most suitable place and delivered in a timely manner. We have always been a key partner in joint working, developing, and implementing new and innovative ways of working to better serve the people of our region, and this did not alter during the pandemic. We have been required to be flexible in response to rising demand and able to respond where capacity became a challenge – being collaborative in the ways we work allowing us to deliver the right care for patients and to ensure their safety and staff safety, but also make a wider contribution to reduce the spread of infection in the community. It would be impossible to single out any one team for the contribution they have made, but when required our organisation does pull together to respond to meet the challenge and really does work as *One Team*; one of our defining values here at YAS. Staff have worked flexibly, changed practice and response rapidly, and utilised new technologies to deliver care. The pace of change continues to be phenomenal, and our staff have responded to that challenge across the board.

We have sustained our improvement and innovation in keeping with our key strategies and these were refocused to support the organisation during what was a difficult year. At times the quality of the care we have been able to deliver has not been of a standard that we might aspire to. There have been times when patient experience has not been what we would like, but we have resolved to learning from those times, to challenge ourselves to do things better and make continuous improvements in care delivery and work environment, accepting our people

deserve to work in a supportive environment that allows them to flourish. 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 seek to achieve and wish to continually learn and improve, using feedback from patients who have used our services to make them better in the future. We will continue to engage with our local communities and intend to further develop our links with the people of Yorkshire to enable us to deliver services that improve the health and well-being of the communities we serve.

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 7,203 staff, have over 1,300 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.

	Service Line	2021-22
Number of emergency calls received (including routine)	A&E	1,294,184
Number of emergency calls responded to, through either a vehicle arriving on scene or by telephone advice	A&E	849,173
Number of 111 urgent calls answered	111	1,669,087
Number of PTS Total Demand (Delivered, Aborted and Escorts)	PTS	842,147

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

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| | <ul style="list-style-type: none"> • We are passionate about the care of patients and their careers. • We treat everyone fairly, recognising the benefits of living in a diverse society. • We listen to and support each other. |
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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. The new Patient Experience Framework will help support the engagement of staff, patients, carers, and the public. The recruitment of internal Patient Safety Specialists and external Patient Safety Partners will further strengthen our quality improvement activities.

The YAS Critical Friends Network (CFN) was launched in 2016 and currently has 19 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.

Continuous engagement with the CFN has once again proved difficult this year due to operational pressures relating to COVID-19 and the need to meet virtually rather than the preferred method of face-to-face, although we have kept in touch via email. The planned work programme for 2022-23 includes engagement with YAS volunteer car drivers along with specific patient groups including patients with learning difficulties and their carers and families.

Patient voice and lived experiences are a crucial part of how the Trust shapes improvement. The CFN has member representation within the Quality Committee, PTS Governance Group, Clinical Quality Development Forum (CQDF) and the Moving and Handling of Patients and Loads Group.

YAS also engages with patients and families using patient stories. Patient stories are used to learn about patient experiences to address issues when things go wrong and to promote excellence in service. 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, to ensure a rounded view is sought to inform improvements.

Part Two

Priorities for Improvement 2022-23

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.

		Lead	Key Drivers
Priority 1	Patient Safety: Implementation of the National Patient Safety Strategy	Clare Ashby, Executive Director of Quality, Governance and Performance Assurance (Interim)/Simon Davies, Head of Investigations and Learning	National Standards. Patient Safety Incident Response Framework (PSIRF). Recruitment of Patient Safety Specialist and Patient Safety Partners.
Priority 2	Patient Experience: Implementation of YAS Patient Experience Strategy	Clare Ashby, Executive Director of Quality, Governance and Performance Assurance (Interim)/Spencer LeGrove, Head of Quality Improvement.	Feedback through patient stories and 4C's. Embedding patient experience in everything we do. Co-production with external colleagues.
Priority 3	Clinical Effectiveness: We will continue to grow joint working across Integrated Urgent Care (IUC)/Emergency Operations Centre (EOC) including Continuing Personal Development (CPD), clinical governance and working towards a shared clinical assessment process.	Clare Ashby, Executive Director of Governance, Quality and Performance (Interim), Karen Owens, Director of Urgent Care and Integration, Nick Smith, Executive Director of Operations	NHS Long Term Plan - joined up and co-ordinated care, digitally enabled, reduced conveyance to Emergency Departments.
Priority 4	Clinical Effectiveness: Employee Health and Well-being	Mussarat Suleman, Head of Employee Health and Wellbeing	NHS People Promise, NHS Health and Wellbeing Framework, AACE Consensus Statement, Mental Health at

			Work Commitment, Trust People Strategy, Staff Survey, Contractual reviews
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Feedback from our patients about our NHS 111 service

"Today I needed assistance from one of your staff members and I just wanted to say the call handler that took my call was so very polite such a calming voice and really put me at ease, She gave me all the advice I needed I was so very scared after breaking my tooth and I genuinely could not have asked for a better outcome I didn't say this to her on the call but I certainly wish I would have thanked her I hope this message could be passed on to her what a pleasant lady".

"Excellent telephone manner, took it slowly so I could understand and didn't belittle me at all. Has also given me correct details on who to contact if needed with timeframes for contact back from CMDU so I'm not wondering over the weekend"

Patient called to say he would like to express his thanks to our service and how the call was dealt with and states he will not ring anywhere else.

He was diagnosed with Sepsis at ED and his surgery followed up his care.

Review of services 2021-22

Statement from the Trust Board

During 2021-22 YAS provided and/or sub-contracted seven NHS services:

- 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.
- 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, pandemics 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.

YAS has reviewed all the data available to it 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:

1. Community education to schools and public sector organisations.
2. 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.
3. Care of our most critically ill and injured patients 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 providing pre-hospital critical care and provides operational shifts to support the YAS response to critically ill and injured patients.

4. 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 2021-22 represents 100% of the total income generated from the provision of relevant health services by YAS for 2021-22.

Participation in Clinical Audit 2021-22

The clinical informatics and audit department is part of the Clinical Directorate and is responsible for overseeing the clinical quality audit programme as well as delivering the national ambulance clinical quality indicators (ACQIs). The Executive Medical Director highlights principal audits to be undertaken as well as audits that are developed in line with the 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. The Trust Clinical Quality Development Forum review audits and proposes topics for inclusion as well as those outlined through themes and trends or new treatments/ delivery in care.

National Ambulance Clinical Quality Indicators (ACQIs)

During 2021-22 YAS completed monthly and quarterly submissions of four main ambulance clinical quality indicators, in line with the national submission timetable. These were the national clinical audits which YAS was eligible to participate in:

1. Cardiac arrest data: 100% of all trust cases
 - ROSC (R1n, R1r, R2n & R2n) submitted monthly
 - Survival to discharge (R3n, R3d, R4n, R4d) submitted monthly
 - Post-ROSC care bundle (R5n, R5b) submitted quarterly
2. STEMI data: 100% of all trust cases
 - STEMI care bundle (M4n, M4b) submitted quarterly
3. Stroke data: 100% of all trust cases
 - Stroke care bundle (K4n, K4b) submitted quarterly
 - Stroke time to hospital (K1) submitted quarterly

- 4. Sepsis data: 100% of all trust cases
 - Sepsis care bundle (P1n, P1b).

The results of the above audits were published nationally via NHS England.

YAS participated in 100% of required national clinical audits, national confidential enquiries, and confidential enquiries during 2021-22.

A national decision has been made to cease both the sepsis and stroke care bundle audits. The last publication of this data is forecast to be August 2022.

Further analysis of the ACQIs has identified potential for improvement in the documentation of analgesia administration for STEMI patients, in line with best practice clinical guidance i.e., post- GTN analgesia is often not administered or documented. Data for sepsis & stroke care continues to show improvement over the last 12 months with an upward trend in care bundle compliance.

The management of patients who have had an out-of-hospital cardiac arrest (OHCAO) is a primary role of the Yorkshire Ambulance Service; the trust continues to attempt resuscitation on an average of over 250 patients per month. As part of the national monitoring of progress in care of these patients, data is submitted by all ambulance services to Warwick University cardiac arrest registry. Since April 2021, the clinical audit team has utilised System One as the source of survival to discharge data following an out-of-hospital cardiac arrest. This is a nationally recognised reporting tool which allows collection of the 30-day survival measure, the previous 28-day survival measure which relied upon individual hospital correspondence has now ceased.

The Utstein comparator group is patients with a cardiac arrest of presumed cardiac origin, where the arrest was bystander witnessed, and the initial arrest rhythm was Ventricular Fibrillation or Ventricular Tachycardia.

During 2021-22 Yorkshire Ambulance Service has continued to report on national indicators despite the continued COVID- 19 pandemic. Some of the clinical impacts of the pandemic are reflected in the cardiac arrest survival outcome data, resulting in reduced survival rates in July 2021 (6%). August 2021 survival proportion appears to indicate improvement in this trend (8%).

ACQI results are communicated across the Trust on at least a monthly basis to share and promote best practice, as well as convey required areas of improvement. Due to the COVID-19 pandemic and its impact upon YAS and the NHS, revised approaches to engagement with staff have been adopted and have proved successful over the past year: including the use of Microsoft Teams as one mode of communication.

Area level performance, including standards of clinical documentation, is routinely communicated to appropriate managers who ensure this is conveyed locally to provide feedback to staff. The aim of these efforts is to support staff knowledge of how and where to record the care they deliver. This has resulted in steady improvements to care bundle performance over the last 12 months. Part of this success is due to the communication of results across the trust, including the YAS 10-10-10 promotional posters as well as the incorporation of the JRCALC app via ePR. Furthermore, the publication of the clinical strategy power BI dashboard has allowed data to be more easily accessed, analysed & communicated across the trust.

Clinical Audit Programme & Outcomes

Although the pressures of the COVID-19 pandemic halted the 2021-22 internal clinical quality audit programme; those audits which could not be completed during this year have been added to the 2022-23 audit programme which is set to remain on track for the upcoming year.

The YAS clinical audit team have produced 6 local clinical audit reports during 2021-22:

1. Care of respiratory patients
2. Care of hypoglycaemic patients
3. Care of paediatric patients
4. Care of homeless patients
5. Care of patients who reside in a care home setting
6. Care of patients who have re- contacted YAS within 72 hours

Additionally, the YAS clinical audit team continue to provide real- time data surrounding clinical demand and medicines usage via the clinical strategy power BI dashboard.

Below sets out the actions YAS intend to take to improve the quality of healthcare following the review of local clinical audit reports:

1. Recommendation to re- audit this group of patients to assess the impact which COVID-19 may have had upon this cohort of patients at the time of audit
 - a. Recommendation to communicate importance of blood sugar recording (this is currently taking place as part of the ACQI communication)
2. Examine the effects that COVID-19 has had on levels of demand on this cohort of patients by analysing historical trends
 - a. Conduct further clinical review of why blood sugar recording is not completed at a higher rate for this cohort of patients

3. Utilise the updated final working impressions available via the YAS ePR to avoid reliance upon the 'generally unwell' final working impression to allow specificity in pre- hospital setting
 - a. Communicate to staff the importance of observation recording, beyond the primary set
4. Recommendation to re-audit this group of patients to assess the impact which COVID-19 may have had upon this cohort of patients at the time of audit
 - a. Complete work with staff to understand the more complex challenges presented when treating this patient group, including recording of clinical observations
5. Further analysis of this patient cohort is recommended with a larger sample size during 2021-22 to facilitate a deeper analysis of YAS drug administration
 - a. Clinical review of standards is required in order to determine appropriateness. For example, blood sugar might not be a required element of observation for all patients
6. Communicate to staff the importance of observation recording, beyond the primary set
 - a. Communicate to staff the importance of clinical documentation to support the decision to discharge a scene

National Project Contribution

During 2021-22 Yorkshire Ambulance Service participated as a pilot trust in the ambulance data set (ADS) project. This has precipitated updates to the YAS electronic patient record (ePR) to incorporate SNOMED coding. Part of a larger national project, this new data set will provide an improved, consistent level of detail about how ambulance services respond to and treat the thousands of calls that are received by the 999 service every day, and which have never been collated consistently before.

The new data set will be particularly important in understanding how and why people access urgent and emergency care, so we can help improve our planning to reduce pressure in the system. The result will be to improve patient outcomes, safety, and experience.

During 2021-22 the YAS ePR continues to be updated and developed translating to significant improvement in the capture for all aspects of clinical data, particularly speed of access to and publication of clinical data. Additionally, improvements have been made to the ability to confirm patient NHS numbers, thus establishing patient outcomes. With a more detailed version of final working impressions, YAS is more effectively able to analyse patient demand in terms of clinical groupings.

National Audit: Assessment of Harm – Delay at hospital handover >1hr

YAS supported the development of this audit to help understand the potential harms that may occur due to delays. 50 cases were clinically reviewed for those patients who waited at an ED for longer than one hour to hand over care. The objective was to identify potential harms that may have occurred. The following was assessed as part of this audit:

- Clinical frailty tools used to generate a frailty score
- Tissue viability
- Missed medications
- Clinical deterioration (NEWS2 score changes)

The reports of these national clinical audits were reviewed in 2020-21 and YAS intends to take the learning from this to improve the quality of healthcare provided during future periods of long hospital handover wait times.

Outcomes of national audits

- 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.
- National Heart Attack Audit (MINAP)- Working with the region wide clinical networks to review the care and pathways for patients with a suspected heart attack and those following a ROSC in the community.

The Trust was not subject to the Payment by Results Clinical Coding Audit during 2021-22 by the Audit Commission.

Mental Health Intelligence

During 2021-22 the YAS Clinical Audit Team received funding for a full-time mental health facilitator. This role has provided intelligence on a daily/ weekly/monthly basis to the Trust in relation to our mental health demand. Producing both in-depth audit reports as well as a mental health power BI dashboard, the role has proved greatly beneficial to the trust mental health steering group in identifying themes and trends for this patient cohort. Through this role, clinical audit has continued to work closely with the national suicide prevention steering group who have identified a gap in the current intelligence for ambulance data sets such as this one.

Funding has been approved for this role to continue during 2022-23.

Research and Innovation

YAS is committed to the development of research and innovation as a 'driver' for improving patient quality of care and experience. We demonstrate this commitment through our active participation in clinical research as a means through which the quality of care we offer can be improved and contribute to wider health improvement. In May 2021, YAS approved the Research strategy for 2021-24 which sets out our aims. These include:

- To have a culture that supports research
- To have an active and balanced portfolio of high-quality research
- To host an Academic Research Unit that embeds YAS in key research streams in partnership with higher education institutes and NHS provider organisations.

In 2021-22 we continued to deliver high levels of research activity as reported in previous years. We are particularly pleased to have considerable engagement of YAS staff in the development and delivery of high-quality research. This includes having co-investigators on studies, completing research qualifications, having membership on steering committees or project management groups, and having 199 paramedics undertake training be able to enrol patients into the PACKMaN clinical drug trial. This level of involvement demonstrates how YAS staff are keen to accelerate the evidence needed to continue to improve patient care and experience, through the delivery of, and participation in, high quality research.

The National Institute for Health Research Clinical Research Network for Yorkshire and Humber (NIHR CRN YH) continues to support the core research delivery and governance work of the department. In recognition of our exceptional performance last year, the research function has been awarded strategic funding from the NIHR Clinical Research Network for Yorkshire and Humber. This has funded a number of part-time strategic and delivery posts to support our portfolio and grow research that benefits our patients and service. They have also funded an investigation into the understanding of how we can improve ambulance clinician engagement with new research projects. This will ultimately support us to be able to offer more research opportunities to the communities of Yorkshire and Humber.

Furthermore, as a result of some of the collaborations with other NHS Trusts in the region to deliver COVID-19 vaccine studies in 2020 and 2021, several research partnerships have been developed. Through these collaboratives, YAS continues to support the development and delivery of research in partnership across Yorkshire, such as birth cohort studies and COVID-19 vaccine booster trials. The YAS Research Team, with the support of the YAS Charity, is hosting the 999 EMS Research Forum conference in March and June 2022, with the theme of "collaboration in pre-hospital research".

The number of patients receiving NHS services provided or sub-contracted by YAS in 2021-22 who were recruited during that period to participate in research approved by a research ethics committee was 100. Staff participated in ethics committee-approved research. During 2021-22 YAS has participated in the following projects:

1. PACKMaN - A randomised controlled trial of Paramedic Analgesia Comparing Ketamine and Morphine in trauma

The PACKMaN trial is an NIHR-funded multi-centre, randomised, double blinded trial comparing the clinical and cost-effectiveness of ketamine and morphine for severe pain in acute traumatic injury. YAS, together with one other NHS ambulance Trust, has opened the PACKMaN study for which we are now recruiting patients. Patients over 16 years of age will be eligible for recruitment if they have severe pain due to acute injury and are deemed by a paramedic to require intravenous morphine or an equivalent medication. Patients will be randomised to either morphine or ketamine. Participants will be followed up for 6 months. Recruitment for PACKMaN with YAS began on 27 October 2021. During 2021-22 a total of 199 paramedics received training to enable participation in the study and 97 patients have been recruited to the study.

2. What TRIage model is safest and most effective for the Management of 999 callers with suspected COVID-19 (TRIM).

The TRIM study is funded by UK Research and Innovation. YAS has been invited as a site for the main study which includes stakeholder interviews and the collection of call data related to suspected COVID-19 cases. The purpose of this study is to evaluate the models used to triage and manage emergency ambulance service responses and care for patients who called 999 with suspected COVID-19 symptoms in the UK. YAS has delivered data regarding models used, interviews with key stakeholders and will be providing information concerning the triage outcomes for our patients. It is envisaged that the research data will inform policy and practice, thus supporting the implementation of the best model for managing and caring for 999 callers who suspect they have COVID-19.

3. Should I stay or should I go? NHS staff retention in a post COVID 19 world, challenges and prospects.

The aims of this study are to:

- Investigate the impact that the legacy of the COVID-19 crisis is having on the decision of current NHS employees to remain employed in the NHS
- Assess what might need to change to motivate current employees to continue working in NHS and to retain COVID-19 returnees
- Attract recent leavers to return to NHS employment

To date 305 YAS staff responded to a survey as part of this study which captured the views of current NHS employees, including COVID-19 returnees. YAS is also participating as one of four NHS Trust case studies. These will consist of qualitative telephone interviews with a sample of senior managers including human resources, head of occupational health, one or two clinical leads, front line health professionals and their line managers. Ten YAS staff members have been interviewed for this part of the study. It is important to determine the impact of the COVID-

19 crisis on the resilience of NHS staff, with respect to their capacity and motivation to remain. Determining this is key to informing government and NHS employer insight into the type of (and scope for) interventions that will maintain and enhance retention rates.

4. Exploring experiences of people living with dementia using NHS patient transport services: an ethnographic study.

This research study is being carried out by an experienced member of staff from within YAS. The purpose of this piece of qualitative research is to explore the experiences of people living with dementia who use NHS patient transport services. The research data will be collected using an ethnographic approach on planned journeys for patients with dementia facilitated by patient transport service that is provided by YAS. This will create a space for making observations, having informal conversations and conducting interviews. The research findings have the potential to influence future practice by making improvements to the service for those living with dementia who rely on patient transport services.

5. 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 pre-hospital triage tools for use in NHS trauma networks. The trial will effectively identify patients who have the potential to benefit from specialist Major Trauma Centre care and will analyse over/under-triage of traumatically injured patients. The study opened in YAS in 2019, and the new injury assessment tool was launched in September 2021 for all YAS ambulance staff to use. From November 2021 the YAS Research Team began collecting data to enable the evaluation of the tool's performance and safety. This evaluation focuses on two of the region's Trauma Networks (South Yorkshire and West Yorkshire). In March 2022 60 staff participated in a survey regarding the new tool and its impact.

6. Community First Responders' role in the current and future rural health.

YAS continues to participate in the delivery of several high-quality studies which explore a variety of ambulance service clinical and delivery areas. The Community First Responder impact on rural health inequalities study, in partnership with the University of Lincoln, is one such project. The study was opened in 2020 and aims to investigate current Community First Responder (CFR) activity alongside the costs of CFR provision in English ambulance services. It will consider the views of patients, the public, CFR scheme members and rural care providers in developing recommendations for future innovations for rural CFR provision.

7. Safety Index of Prehospital On-scene Triage (SINEPOST)

We continued to support a YAS paramedic who was awarded an NIHR Clinical Doctoral Research Fellowship which is hosted and sponsored by YAS. The SINEPOST study used YAS clinical data, linked to data from Yorkshire's emergency departments (EDs), to predict avoidable attendance at the ED. The study is now completed and derived a decision support tool for paramedics to make more appropriate and effective

decisions for patients who may not require the level of care provided by a hospital. The paramedic has now successfully completed their fellowship and has been awarded a PhD.

8. Platform randomised trial of interventions against COVID-19 in older people (PRINCIPLE)

This NIHR-funded Urgent Public Health study is assessing the effectiveness of low-risk treatments for people with a higher risk of complications from COVID-19, who have not attended hospital. Patients who call NHS111 with COVID-19 symptoms were offered the opportunity to take part in this trial, determining if any of the trial treatments reduce the need for hospital admission or reduce death. YAS began recruitment for this randomised, controlled trial in July 2020 and stopped participation in March 2021.

9. Prehospital feedback in the United Kingdom: A realist evaluation of current practice using a multiple-case study design.

This is a mixed-methods study that will explore the feasibility of implementing and evaluating a local pre-hospital feedback initiative in YAS. This PhD study has been developed in partnership with YAS and aims to understand how ambulance clinicians can gain feedback regarding the patients that they have treated. The data collection will comprise of a quantitative survey of ambulance staff, qualitative interviews, documentary analysis and a national service evaluation. This will enable the generation, testing and refinement of a programme theory of pre-hospital feedback, which is being implemented in South Yorkshire as part of a related quality improvement project.

10. Exploring the use of pre-hospital pre-alerts and their impact on patients, Ambulance Service and Emergency Department staff.

Ambulance clinicians use pre-alert calls to inform receiving emergency departments (EDs) of the arrival of a critically unwell or rapidly deteriorating patient who they believe requires senior clinical review and time-critical treatment immediately upon arrival. This NIHR-funded study, which was developed between researchers at the University of Sheffield and YAS clinicians, has begun with the collection of pre-alert data from all ambulance call outs. The research aims to understand how pre-alert decisions are made and implemented by pre-hospital staff and the impact of these on receiving Emergency Departments and patients. This will enable the identification of principles of good practice, areas of uncertainty and areas for improvement. It is currently unknown how pre-alerts calls are responded to by Emergency Department staff or the information they require from Ambulance personnel to act. Therefore, this research aims to highlight any areas of uncertainty that can then be addressed in future national guidance through short, written recommendations produced by the research team.

11. A mixed-methods study of female ambulance staff experiences of the menopause transition (CESSATION study).

YAS is supporting the EEAST research team-led CESSATION project. The three main aims of the CESSATION study are:

- To identify the current menopause guidance, policies and support offered by UK ambulance services
- To understand the work and personal impacts of the menopause on female ambulance staff
- To identify service developments and interventions that may best support female ambulance staff during the menopause transition.

YAS staff have been invited to participate in an online survey, with 299 taking part. Selected YAS staff may be later invited to participate in semi-structured online or telephone interviews.

12. RESPARE: A qualitative study exploring the experiences of research paramedics working in the UK.

The purpose of this research study is to capture the lived experiences of paramedics who have worked or who are currently working in research. This data will provide valuable insight for other paramedics who may be considering a career in research and for organisations considering collaborating or funding research related to paramedicine. This research study is of particular interest to YAS as it looks to attract more research-active clinicians.

13. COMPARE Study: The impact of COVID-19 on Emergency Medical Service led out of hospital cardiac arrest resuscitation: A Qualitative study.

This study will use qualitative methodology to identify the impact of the COVID-19 pandemic on Emergency Medical Service (EMS) led resuscitation in out-of-hospital cardiac arrest (OHCA). The study aims to explore the impact of COVID-19 on three inter-related aspects of providing treatment for cardiac arrest outside of a hospital environment. This includes communication during resuscitation, the process of undertaking the resuscitation procedures and the EMS staff member's perception of risk in administering OHCA resuscitation. This research will explore the lived experiences of EMS staff who have resuscitated patients in OHCA during the COVID-19 pandemic using semi-structured interviews.

14. Improving outcomes of out-of-hospital cardiac arrest: experiences of those providing CPR instructions over the phone.

This is a mixed-methods study funded by the British Heart Foundation. The trial is divided into two phases, of which the second phase invited members of the YAS call handling team, whose role involves providing CPR instructions to callers. The aim here is to explore call-handlers' perceptions of what helps people to follow their instructions and how they overcome common barriers that they encounter. The outputs will be used to improve outcomes for those experiencing cardiac arrest outside of a hospital setting.

15. OPTIMAL: Electronic Palliative Care Co-ordination Systems (EPaCCS) in end-of-life care: evaluating their implementation and optimising future service provision.

The Electronic Palliative Care Co-ordination System is used by health care professionals to note and share the preferences of an individual patient's care at the end of life. The aim of this study is to understand how palliative care co-ordination systems in end-of-life care are being used in routine care, and to guide the development of interventions to support their optimal implementation and maximise patient benefit. The

research is focussed on the areas of West Yorkshire and London. YAS staff have been invited to complete an online survey alongside other community and hospital-based healthcare professionals in the region. The purpose of the survey is to:

- Identify the perceived value and impact of EPaCCS on advance care planning and the management of patients with progressive chronic illnesses
- Identify how EPaCCS are used in routine care delivery and how the intended outcomes from EPaCCS use are understood

A sample of the online respondents will be selected for qualitative interviews to help researchers understand the use of EPaCCS in routine care, the determinants of when and how they are used, and barriers and facilitators to uptake.

YAS staff publications 2021-22

Ji C, Brown TP, Booth SJ, Hawkes C, Nolan JP, Mapstone J, Fothergill RT, Spaight R, Black S, Perkins GD; OHCAO Collaborators. Risk Prediction Models for Out-of-Hospital Cardiac Arrest Outcomes in England. *Eur Heart J Qual Care Clin Outcomes*. 2020 Mar 10;qcaa019
Asghar ZB, Wankhade P, Bell F, et al. Trends, variations and prediction of staff sickness absence rates among NHS ambulance services in England: a time series study. *BMJ Open* 2021;0:e053885. doi:10.1136/bmjopen-2021-053885

Harvey, C., Froggatt, S., Lightowler, B., & Hodge, A. (2021). The ambulance service advanced practitioner's role in supporting care homes: a qualitative study of care staff experiences. *BJHM*, doi.org/10.12968/bjhc.2020.0145

Snooks, H, Watkins, AJ, Bell, F, et al. Call volume, triage outcomes, and protocols during the first wave of the COVID-19 pandemic in the United Kingdom: Results of a national survey. *JACEP Open*. 2021; 2:e12492. <https://doi.org/10.1002/emp2.12492>

McCreesh, S. In a simulated adult trauma patient, can pelvic binders be applied accurately by paramedics and HEMS paramedics? *British Paramedic Journal*. Volume 6, Number 1, 1 May 2021, pp. 23-29(7)

C.A. Hawkes, T. Brown, U. Noor, J. Carlyon, N. Davidson, J. Soar, G.D. Perkins, M.A. Smyth, A. Lockey. Characteristics of Restart a Heart 2019 event locations in the UK, *Resuscitation Plus*, Volume 6, 2021, 100132, ISSN 2666-5204, <https://doi.org/10.1016/j.resplu.2021.100132>. (<https://www.sciencedirect.com/science/article/pii/S2666520421000576>)

Andrew S. Lockey, Terry P. Brown, Jason D. Carlyon, Claire A. Hawkes. Impact of community initiatives on non-EMS bystander CPR rates in West Yorkshire between 2014 and 2018. *Resuscitation Plus*, Volume 6, 2021. (<https://www.sciencedirect.com/science/article/pii/S2666520421000400>)

Northgraves M, Cohen J, Allgar V, et al. A feasibility cluster randomised controlled trial of a paramedic-administered breathlessness management intervention for acute-on-chronic breathlessness (BREATHE). *ERJ Open Res* 2021; 7: 00955-2020 [<https://doi.org/10.1183/23120541.00955-2020>]

Miles J, Jacques R, Turner J, & Mason S. The Safety INdEx of Prehospital On Scene Triage (SINEPOST) study: the development and validation of a risk prediction model to support ambulance clinical transport decisions on-scene—a protocol. *Diagnostic and Prognostic Research* 2021 5:18 [<https://doi.org/10.1186/s41512-021-00108-4>]

Beldon, R., & Garside, J. (2022). Burnout in frontline ambulance staff. *Journal of Paramedic Practice*, 14(1), 6-14. <https://doi.org/10.12968/jpar.2022.14.1.6>

Marincowitz C, Stone T, Bath P, Campbell R, Turner J, Hasan M, Pilbery R, Thomas B, Sutton L, Bell F, Biggs K, Hopfgartner F, Mazumdar S, Petrie J, Goodacre S. Accuracy of telephone triage for predicting adverse outcomes in suspected COVID-19: an observational cohort study. *BMJ Quality & Safety* Published Online First: 30 March 2022. doi: 10.1136/bmjqs-2021-014382

Marincowitz C, Sutton L, Stone T, Pilbery R, Campbell R, Thomas B, Turner J, Bath PA, Bell F, Biggs K, Hasan M, Hopfgartner F, Mazumdar S, Petrie J, Goodacre S. Prognostic accuracy of triage tools for adults with suspected COVID-19 in a prehospital setting: an observational cohort study. *Emerg Med J*. 2022 Feb 9;emermed-2021-211934. doi: 10.1136/emermed-2021-211934. Epub ahead of print. PMID: 35140074

Beldon R, Garside J. Burnout in frontline ambulance staff. *Journal of Paramedic Practice*. 2022 Jan 2;14(1):6-14

Throughout 2021-22, despite the challenges of COVID-19, YAS has continued to commit to research delivery and development and actively worked to meet the aims of our research strategy. Our plans for 2022-23 include increasing our capacity and capability to deliver research, increasing our research grant income and improving how patients are rooted in our research activity.

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.

Patient group directions

The urgent care patient group directions (PGDs) have been reviewed after audit of antibiotics and oral diazepam. All recommendations were actioned, and the changes approved at the medicines optimisation group. The critical care PGDs are also under review to reflect the new critical care paramedic role. The PGD (Patient Group Direction) signing process that was implemented last year will be used for the updated and reviewed IUC (Integration and Urgent Care) and critical care PGDs.

Ambulance Vehicle Preparation (AVP) medicines

We have continued with the AVP process for medicines, and it continues to be successful in reducing DATIX reports relating to out-of-date and lack of stock. To enhance the process and provide complete electronic auditability and improved efficiency and accuracy we are working with IT to produce an electronic system for the AVP staff which will allow the staff to use scanning to pack and check the stock within the pouches and monitor the stock across the medicines journey. The process will continue to expand to include controlled drugs and medicines administration.

COVID-19 vaccination

The medicines optimisation group and Trust pharmacist were integral to the roll out of the staff COVID-19 vaccination programme. Education and training and the provision of policy and procedural documents were developed and approved by the pharmacist and medicines optimisation group, including the safe and secure storage of the different vaccines throughout the programme. Engagement in the regional and national vaccination programme allowed the trust to provide the best possible care for staff with relation to safe and effective vaccine delivery.

Controlled drugs (CD) license

An application for a CD license was submitted and, after a successful inspection by the home office, the CD license was approved. The CD license allows the Trust to continue to possess and supply controlled drug to the paramedics for the treatment of the public. It also allowed the Trust to engage in a national pre-hospital-controlled drug trial.

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

YAS clinical audit team continues to monitor NICE guidance and updates in relation to clinical best practice, including the clinical monthly updates distributed to all trusts. NICE and JRACALC guidance is consulted prior to starting any clinical audit and incorporated within the standards for assessing each audit

Patient Safety Alerts

In 2021-22, the NHS Commissioning Board Special Health Authority issued one Patient Safety Alert which was relevant to Yorkshire Ambulance Service:

NatPSA/2021/002/NHSPS Urgent Assessment/Treatment Following Ingestion Of 'Super Strong' Magnets - A clinical alert was issued to trust staff on 19th May 2021 highlighting the need to convey all affected patients to an Emergency Department.

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).

What Others Say About Us The Care Quality Commission (CQC)

The 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 2021-22.
- YAS has not participated in any special reviews or investigations by the CQC during the reporting period.

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

Data Quality

YAS did not submit records during 2021-22 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 (DSP) Toolkit 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.

In 2021-22, YAS took 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.
- 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 Registers 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 2020-21 DSPT assessment was submitted by the deadline of 30 September 2021; one improvement item remains outstanding in relation to staff training, as compliance has been affected by the COVID-19 pandemic and the current REAP status. The submission status is approaching standards.

Feedback from our patients about our A&E (999) service

For an A&E crew who attended an incident on Leppings Lane

"Just wanted to say a massive thank you to the ambulance crew who took my auntie to hospital with a fractured hip from Leppings Lane. We are very grateful."

For the staff involved in the road traffic collision on White Lee Road, Heckmondwike/Batley

"On Wednesday 21 July at around 8pm I was unfortunately involved in the RTC on White Lee Road in Heckmondwike/Batley, I was one of the first on scene and started CPR. An off-duty first responder was passing by and stopped to help, and I wanted to say that he was fantastic. He took control of the situation and directed the attempted resuscitation, and he was calm and professional under what was a very stressful and traumatic situation. The other attending ambulance crew were brilliant too, as were the Air Ambulance crew. Unfortunately, I didn't get the name of the off-duty first responder, but I wondered if it would be at all possible to find out who he was and to pass on my message that he was brilliant"

For all the crews at Hull Ambulance Stations

"I don't have contact details for the Hull stations, but could you pass on to the appropriate management how amazing all the crews that have backed me up as a CFR have been, and how grateful I am for the majority of them that have taken time to explain things to me when they find out I'm also a student technician at Lincoln. The Hull crews really are a credit to YAS, and every crew I've seen has also been great with the patients, which, as a volunteer for the service is very heartening to see!"

For two South Yorkshire paramedics "Last Saturday I became unwell whilst walking on the Farnsfield Nature Trail and three lady cyclists stayed with me while my husband went home to fetch the car. Two of the cyclists were paramedics in the Yorkshire Ambulance Service and the lady who helped me was on holiday from work. She insisted on coming in the car home with me, took my BP and oxygen level etc (we have a BP monitor and oximeter) and was absolutely marvellous. I was too anxious to ask her surname, but if you could recognise her from these details, please either thank her for me from the bottom of my heart or let me have her details in order that I may personally send her my thanks. She is a credit to you. I am 73 and have been unwell recently and was enormously appreciative of the wonderful care and comfort she provided on her off-duty hours."

2021-22 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.
- **Learning from Deaths** - Daily audit of the clinical data related to patients who have died in the care of YAS. The aim of this audit is to provide the trust with assurance of the care provided to those patients who die during our care/contact and any subsequent learning.
- **Freedom to Speak Up** - NHS trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

Ambulance Response Times

ARP Mean Response Time by Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Category 1 Mean Time (Target 00:07:00)	00:07:32	00:07:55	00:08:31	00:09:16	00:08:55	00:09:44	00:11:04	00:10:09	00:09:49	00:08:55	00:08:45	00:09:42
Category 2 Mean Time (Target 00:18:00)	00:21:13	00:25:22	00:30:04	00:37:21	00:37:18	00:37:56	00:43:40	00:42:00	00:46:56	00:32:43	00:29:45	00:46:41
Category 3 Mean Time (Target 01:00:00)	00:54:59	01:15:04	01:31:31	02:05:46	02:04:35	01:58:54	02:22:25	02:12:27	00:46:56	01:25:51	01:21:33	02:33:59
Category 4 Mean Time (No Target)	01:32:59	02:03:48	02:29:41	03:01:13	03:09:05	02:53:33	02:50:03	02:41:47	03:15:53	01:33:04	01:46:13	02:37:25

Source: PBR/IPR data

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

- 2021-22 has seen a significant variation in both demand and response times due to the impact of lockdown and COVID-19 rates within the community and staff groups.
- It is very difficult to compare this year with any previous period due to this significant variation and uncertainty.
- The actual demand categories for 2021-22 was not in line with the forecast demand, with higher acuity categories contributing to a greater proportion of on scene responses than in 2020-21 (+3.0% for Cat1 and +4.6% for Cat2).
- Performance has been most significantly impacted by extended time caring for patients, due to system partners also having increased demand on their resources and increased and sustained staff absences, because of COVID-19, but also for a requirement to self-isolate due to contact with family members who had been exposed to COVID-19.

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

- Yorkshire Ambulance Service NHS Trust has continued to recruit new staff and deploy overtime in order to maximise capacity throughout what has been a challenging year. We are also continually looking at opportunities to reduce the time it takes to be on scene, handover a patient to the hospital, and be ready to go see another patient. We are working in partnership with system partners to achieve this.
- Our call centres have had a strong element of ongoing recruitment throughout 2021-22. This additional call handling capacity, coupled with significant work to increase the number of calls that can be dealt with by phone as part of the hear and treat initiative, has led to safer and more sustainable call answering services, ensuring patients get the right care, at the right time.
- In 2021-22 we have remained a clear focus on the health and well-being of our staff, to reduce staff absence and to ensure we create a positive environment for our people, so they in turn can look after the population of Yorkshire and the Humber.

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

Only Reported Quarterly now	YAS	National Average	Highest Quarter	Lowest Quarter
Proportion of STEMI patients who receive an appropriate care bundle	69.2%	76.2%	73.2%	66.2%
Proportion of Stroke patients who receive an appropriate care bundle	94.4%	97.6%	96.6%	92.8%
Proportion of Sepsis patients who receive an appropriate care bundle	85.7%	83.0%	87.0%	84.5%

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

- The clinical data represented has been validated via clinical audit and is therefore as accurate as possible according to what has been recorded via our patient records.
- Further analysis of STEMI data has proven that, in line with best practice clinical guidance, post- GTN analgesia is often not administered/documented. If improvements were to be made in compliance to this care bundle component, overall performance for this ACQI would be greatly improved.

- Further analysis of stroke data has proven that, in line with best practice clinical guidance, blood sugar is not documented as well as other care bundle elements. If improvements were to be made in compliance to this care bundle component, overall performance for this ACQI would be greatly improved.

CQI's ROSC and Survival to Discharge	YAS	National Average	Highest Month	Lowest Month
ROSC	23.7%	25.8%	32.1%	17.2%
ROSC - Utstein	42.2%	46.1%	53.1%	28.6%
Survival at 30 days following a cardiac arrest <i>(Data no longer collected Nationally for STD this is a new measure)</i>	7.8%	9.1%	10.8%	5.2%
Survival at 30 days following a cardiac arrest – Utstein <i>(Data no longer collected Nationally for STD this is a new measure)</i>	20.5%	26.4%	32.5%	8.1%

Yorkshire Ambulance Service considers that this data is as described:

- The clinical data represented has been validated via clinical audit and is therefore as accurate as possible according to what has been recorded via our patient records

Yorkshire Ambulance Service NHS Trust has played a role in the development of a new ACQI which will replace both the sepsis and stroke care bundles. Currently three options for the new ACQI are being considered by national groups with a decision planned to be made by March 2022. The following topics are currently under consideration:

- Care of non-traumatic chest pain patients who have been discharged at scene
- Care of and temperature management in new-born patients
- Care of patients 65 years and over who have a fall from a standing height and discharged at scene

The new measure intends to expand the level of analysis in the trusts data to benefit staff and improve outcomes for patients.

Learning from Deaths

Daily audit of the clinical data related to patients who have died in the care of YAS re-started in November 2021. This intelligence is communicated to the YAS clinical area governance leads for further action, where appropriate, as well as being reported via the clinical strategy dashboard. The aim of this audit is to provide the trust with assurance of the care provided to those patients who unfortunately are recognised as life extinct (ROLE) during our care/contact.

- Learning from reviews & investigations over the reporting period have resulted in the need for the following actions which are underway by the trust:
 - Continue the wider learning from deaths process with the review of the defined groups as per policy.
 - Include SJR with stage 2 cases being per reviewed monthly and then progressing a deep dive for themes and trends learning and recommendations through the governance process.
 - There is a need to establish themes and trends following the COVID-19 outbreak and report 2021 Q2.
 - Feedback of the learning to operational staff proposed through some infographic for the Q2 data, the area clinical governance leads to support the key messages.
- YAS reported 1,813 patients who were recognised as life extinct (or paediatric cardiac arrest, including ROSC) during quarter 3 2021-22 (22 November 2021 to 31 January 2022).
- Of these deaths, 217 were referred for clinical review during this reporting period, 100% of which had a review completed and were either closed or further investigated as deemed clinically appropriate.
- Of the reviews which are currently live:
 - Pending stage 1 review – 61
 - Under stage 1 review – 11
 - Stage 1 review completed – 2
 - None under stage 2 review at current time.

Staff views on standards of care

NHS Staff Survey Results

The results for the 2021 NHS Staff Survey changed this year from 10 themes to 7 'themes' aligned to the People Promise and 2 'themes' - 'staff engagement' and 'morale' remaining unchanged from 2020. Themes can be considered as 'summary scores' for groups of questions which give more information about a particular area.

There are 9 Themes, and the results are presented as scores (up to 10). The Themes are:

1. We are compassionate and inclusive
2. We are recognised and rewarded
3. We each have a voice that counts
4. We are safe and healthy
5. We are always learning
6. We work flexibly
7. We are a team
8. Staff engagement
9. Morale

The results of the NHS Staff Survey were confirmed on 30 March 2022 following an embargo stipulated by NHS England.

2021 response rate

YAS 2021	SECTOR AVERAGE 2021	+/-	YAS 2020	SECTOR AVERAGE 2020	YAS 2019	SECTOR AVERAGE 2019
34%	57%	-23%	37%	56%	50%	50%

Headline NHS Staff Survey results for 2021

NSS2021 – Theme results and trends (score out of 10)

Theme	YAS 2021	YAS 2020	YAS 2019	YAS 2018	+/- 2021-20	Sector average 2021	YAS vs Sector +/-
1. We are compassionate and inclusive	6.5	-	-	-	-	6.6	-0.1
2. We are recognised and rewarded	4.9	-	-	-	-	5.1	-0.2
3. We each have a voice that counts	5.9	-	-	-	-	5.9	=
4. We are safe and healthy	5.3	-	-	-	-	5.3	=
5. We are always learning	4.1	-	-	-	-	4.4	-0.3
6. We work flexibly	5.2	-	-	-	-	4.9	+0.3
7. We are a team	5.6	-	-	-	-	5.9	-0.3
8. Staff Engagement	5.9	6.5	6.6	6.3	-0.6	5.9	=
9. Morale	5.3	6.0	6.0	5.7	-0.7	5.3	=

At a local level, Staff Engagement and Morale have significantly decreased since 2020, but remain equal with the sector average (which has also decreased this year). Yorkshire Ambulance Service NHS Trust scored sector average in four themes (We each have a voice that counts, We are safe and healthy, Staff Engagement, and Morale), above sector average in one theme (We work flexibly) and below sector average in four themes (We are compassionate and inclusive, We are recognised and rewarded, We are always learning, and We are a team).

Yorkshire Ambulance Service NHS Trust considers that this data is as described for the following reasons: the results were confirmed by NHS England following the lifting of an embargo of the 2021 National NHS Staff Survey results on 30 March 2022. The results from the NHS Staff Survey are used to support improvement both at a Trust-wide and local level.

National Quarterly Pulse Survey

The National Quarterly Pulse Survey has been implemented for the first time at Yorkshire Ambulance Service NHS Trust in January 2022, replacing the Staff Friends and Family Test. The National Quarterly Pulse Survey will be administered in January, April and July each year. The National Quarterly Pulse survey consists of nine questions, which support the Trust to gain regular insight into Staff Engagement at Yorkshire Ambulance Service over time.

In January 2022 12% of staff completed the January 2022 National Quarterly Pulse Survey of those:

- 42% said 'I often / always look forward to going to work'
- 57% said 'I am often / always enthusiastic about my job'
- 50% said 'Time often / always passes quickly when I am working'
- 54% said 'There are frequent opportunities for me to show initiative in my role'
- 48% said 'I am able to make suggestions to improve the work of my team / department'
- 38% said 'I am able to make improvements happen in my area of work'
- 70% said 'Care of patients / service users is my organisation's top priority'
- 50% said 'I would recommend my organisation as a place to work'
- 71% said 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'

The results from the National Quarterly Pulse Survey will be used to provide insight and evaluation over time into whether the improvements made as a result of the NHS Staff Survey are improving Staff Engagement, NQPS Q4 Overall Staff Engagement = **6.52**.

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 Cloud IQ and they can do this through the 24/7 incident reporting telephone line or via web-based reporting. Yorkshire Ambulance Service NHS Trust has adopted Datix Cloud IQ as our main incident reporting software and during 2020 all areas of Trust reporting moved to the new portal, with the exception of patient relations who are still using the older net-based system due to challenges with importing information. 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 Cloud IQ system and includes near-miss reporting.

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-21	470	55	108	116	45	794
May-21	513	26	99	90	25	753
Jun-21	483	35	108	97	37	760
Jul-21	464	25	103	94	64	750
Aug-21	463	37	95	82	64	741
Sep-21	401	22	91	95	60	669
Oct-21	489	32	102	82	50	755
Nov-21	562	37	96	75	47	817
Dec-21	492	27	87	73	45	724
Jan-22	481	34	99	56	32	702
Feb-22	517	32	83	51	26	709
Mar-22	532	24	115	59	25	755

Source: Integrated Performance Report.

Patient Related Incidents

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. We encourage our staff to feel confident about speaking up when mistakes occur, reinforcing the need for learning without apportioning blame, a view that is upheld during all investigations undertaken.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Patient related incidents	285	218	229	254	241	226	280	262	198	178	200	219
Patient Incidents – Major, Catastrophic, Catastrophic (death)	2	1	0	5	3	9	13	9	7	6	4	3
Major, Catastrophic, Catastrophic (death) % of reported patient incidents	1%	0%	0%	2%	1%	4%	5%	3%	4%	3%	2%	1%

Source Integrated Performance Report

A total of 2,790 patient incidents were reported in 2021-22; this was an increase on 2020-21 which saw 2,506 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 Cloud IQ 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, and the Trust learning group and communications sub-group have a dedicated plan to cascade relevant information across the organisation. Engagement thus far has been positively received.

Patient incidents coded Major, Catastrophic, Catastrophic (death) are shown above, which makes up less than 2.16% of all incidents reported.

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 a well-developed and highly regarded Freedom to Speak Up (FTSU) process including a dedicated full time FTSU Guardian and 11 voluntary FTSU advocates working within local teams to hear concerns not identified via formal routes.
- 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 data and so the quality of its services:

- During the challenging pandemic years of 2020-22, the Trust received key guidance measures from NHS England including the cessation of strict 60-day reporting timescales for serious incidents due to considerable pressure on the sector and temporary revision to management and declaration of individual reports. An interim standard operating procedure (SOP) was developed and has been in use to aid colleagues working within the quality function to work with temporary working arrangements.
- The Trust Quality and Safety team has adopted 'After-Action Review' as the primary method of reviewing cases involving potential harm and this agreed process, developed internally using principles from the World Health Organisation and ratified by commissioning partners has successfully reduced delays to investigation being caused by pandemic associated resource challenges.
- Where family liaison has been indicated, these contacts have been actioned in a timely manner in line with national duty of candour standards, and families have been grateful of being kept abreast of extended timescales and delay caused by the pandemic.
- 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 both via involvement with the after-action review process and through the auto-feedback mechanism on Datix Cloud IQ and we encourage investigators to report back their findings in person where possible. We

continue to use the weekly *Staff Update* and *Safety Update* to share learning from incidents with staff and this has been positively received.

- Yorkshire Ambulance Service NHS Trust has adopted Datix IQ Cloud as our main incident reporting software, all areas of Trust reporting moved to the new portal, with patient relations remaining on the older net-based system due to challenges with importing information. Increased demand on the patient relations team during the pandemic has meant that migration and the resource required was placed at a lower priority, and it is hoped that during 2022 this can be fully realised. 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 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, and it has been identified that colleagues have provided very positive feedback to the introduction of after-action review processes which have a significant focus on involving colleagues at all levels who have been part of the patient journey.

Identification and Investigation of Serious Incidents (SIs)

Serious Incidents	OPS	EOC	PTS	IUC	OTHER	TOTALS
Apr-21	4	0	0	0	0	4
May-21	5	0	0	0	0	5
Jun-21	7	1	0	0	0	8
Jul-21	4	0	0	0	0	4
Aug-21	5	0	0	0	0	5
Sep-21	7	1	0	0	0	8
Oct-21	0	4	0	1	1	6
Nov-21	0	4	0	0	0	4
Dec-21	2	5	0	0	0	7
Jan-22	10	1	0	0	0	11
Feb-22	4	0	0	0	0	4
Mar-22	3	0	0	0	0	3

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 71 serious incident investigations in 2021-22 which makes up less than 2.5% 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 trust wide weekly *Staff Update* and monthly *Safety Update*. Learning relating to specific teams such as Integrated Urgent Care is also cascaded weekly and monthly in area specific bulletins.
- The Trust has two dedicated Serious Incident Investigators in substantive posts, with aspirations to develop two additional roles (initially as an assistant investigator role). There will be a focus on development and upskilling within the investigative specialty during 2022-23, in line with planned NHS England framework amendments from June 2022, which has a focus on professional skills and qualifications relevant to patient safety investigation for NHS Trusts.
- Colleagues from the Quality and Safety Team are currently taking part in the first cohort of Level 3 (Diploma/A Level) specialist investigation skills, which has been developed by the Healthcare Safety Investigation Branch (HSIB). This Programme will enable colleagues to develop skills in investigation practice focusing on human factors/behaviour, enhance skills acquired via root cause analysis training and experience into approaches which are based on the Systems Engineering Initiative for Patient Safety (SEIPS) model of investigation.
- Senior colleagues supporting the FTSU process have taken part in a restorative Just Culture programme provided by Northumbria University to further champion and embed a welfare focused approach to learning.
- The Trust expects that during 2022, the Patient Safety Incident Response Framework (PSIRF) will be introduced for all NHS providers of care, this replacing the Serious Incident Framework of 2015 and aligning investigation methodology with the specialist national investigation team at HSIB.
- 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.
- Due to the challenges presented to NHS Trusts during the national pandemic, the 2020/21 clinical refresher programme was adversely affected by pressures from around the organisation and many places had to be postponed. It is planned that a full reintroduction will take place across 2022.

Medication Incidents

Medication incidents	Apr - 21	May - 21	Jun - 21	Jul - 21	Aug - 21	Sep - 21	Oct - 21	Nov - 21	Dec - 21	Jan - 22	Feb - 22	Mar - 22	Total
	60	77	59	65	73	47	79	138	95	90	99	135	1,017

Source Integrated Performance Report.

YTD a total of 1,017 medication incidents were reported in 2021-22; these have increased by 343 since the last report in 2020-21.

There has been an increase in breakages over the last six months; after looking at the breakages in more detail, there isn't one area/station.

West and South Yorkshire areas are showing high numbers of incidents relating to prescription only medicines' discrepancies. This may be due to the move to a digital POM audit process that automatically reports to DATIX if any discrepancy is identified.

There has been a decrease in POM audits completed in the East and North Yorkshire areas, which we know leads to an increase in out-of-date and stock issues. The Area Clinical Governance Leads have been working hard to work with operations to improve the adherence to correct process and increase the number of POM audits. POM audits are generally completed by light duty staff, during 2021-22 light duty staff have not been available in the same quantity due to other pressures.

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

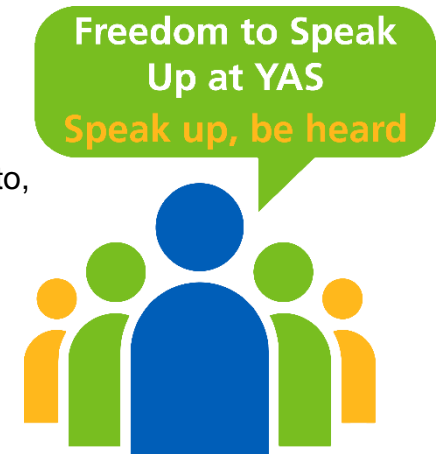
- A general lack of adherence to process has been identified and a medicines education risk has been added to the register. An action plan has been put in place to ensure that medicines management education is available to all levels of staff. The medicines optimisation policy has been reviewed and there is a plan to roll out the associated standard operation procedures in a more easily available manner.

Freedom to Speak Up (FTSU)

Freedom to Speak Up (FTSU): An independent review into creating an open and honest reporting culture in the NHS (Francis) was published in February 2015. The aim of the review was to provide advice and recommendations to ensure that NHS staff would feel safe to raise concerns, confident that they will be listened to, and the concerns will be acted upon.

Yorkshire Ambulance Service (YAS) NHS Trust was quick to implement the recommendations set out in the Freedom to Speak Up Review and has since continued to develop FTSU across the organisation, responding to national guidance when required and playing an active role in regional and national developments.

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.



Below is a summary of the actions from recent and current Freedom to Speak Up activity:

- Co-ordination improved through refreshed Standard Operating Procedure (SOP) and FTSU Review Group process.
- Focusing on rigour of feedback to individuals and managers.
- Trigger criteria for targeted reviews/support agreed and learning processes strengthened.
- Baseline triangulation of FTSU, HR, OD including staff survey, Patient Relations information to identify areas which may benefit from support.
- Developing ongoing process for refresh on analysis and visual dashboard.
- Cross-directorate review of current/recent initiatives.
- Ongoing development work reported via Trust Executive Group (TEG).
- FTSU promotion and representation.
- Launch of updated policy and communications with managers and staff will emphasise key points:
 - FTSU as an embedded 'way of being'
 - Emphasising different routes of support for 'Speaking Up' and the FTSU Guardian as a 'safety net'
 - No censure of staff for choosing the 'wrong route'

- Importance of confidentiality
- Corporate transparency of process and learning
- Timely and clear communications and feedback
- Overarching case management for complex cases

From Healthwatch Wakefield

“I am still alive thanks to the **Yorkshire Ambulance Service**. My husband did CPR in the first place, the ambulance workers took good care of me on my way to hospital, and once in hospital I wasn't expected to live. After two days and still on life support Yorkshire Ambulance Service moved me to Nottingham for brain surgery, then two days later Yorkshire Ambulance Service moved me again still in a coma to continue my care at Sheffield, I am so grateful.”

Did you know:

That in June 2021, YAS enrolled three existing staff members on the Trainee Nurse Associates (TNA) Programme with the University of Huddersfield, making us the first ambulance service in England to have TNAs. This is a two-year rotational apprenticeship programme, leading to qualification as an NMC registered Nursing Associate and a Foundation Degree. The TNAs complete four 6-month placements in different healthcare settings, one within YAS and others including general practice, social care, and community urgent care, along with shorter placements in specialised areas of care such as mental health and learning disabilities or paediatrics. One day per week is spent at university, two days working on placement as a TNA and two days in their substantive role as a Health Advisor/Health Desk Assistant. As part of the programme, YAS will also take on external TNAs from other providers on 8-month placements, two days per week. Once qualified, the staff members will go into a newly created role of Nurse Associate with YAS with the opportunity to then complete a two-year top up degree to become a Registered Nurse within YAS.

Performance against Priorities for Improvement 2020-21

Priority One	
Lead: Nick Smith, Executive Director of Operations	
Patient Safety: Implementation of Team Based Working to underpin the delivery of safe, effective, and patient-centred emergency and urgent care	
The Team Based Working model has been implemented across A&E Operations during 2021-22. The new senior operations management structure consists of five Deputy Head of Operations; 20 Area Operations Managers and 126 Team Leaders managing teams of frontline staff; with approximately 20–25 per team. There was wide support from Operations and the Clinical Directorate to support implementation and assessments at the recruitment stage. All the new roles have been successfully recruited to and all staff have completed an induction into their new roles. We believe that Team-Based working, once fully realised, will allow for staff to have an improved relationship with their line manager and empower staff to make local decisions and take steps to implement improvements in quality that are meaningful to them and their patients.	
Priority Two	
Lead: Lesley Butterworth, Lead Nurse Urgent Care	
Clinical Effectiveness: 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	
The programme was established, but due to the severe pressures experienced by the Trust, the overarching programme board was stood down in late 2021. Despite this, work on several of the workstreams, including alternative falls response, urgent community response services enhancing care in care homes and dementia, has continued.	
Dementia – The Trust achieved its ambitions in dementia friendly improvements by March 2022 and is now recognised as a Dementia Friendly Organisation. Over 3,000 staff are now dementia friends, a massive increase from the 1,000 in February 2021. Dementia training has been embedded, with Tier 1 training completed by 3,089 staff, and work is ongoing to add it to the corporate induction. There has been a high level of engagement with people living with dementia and their carers, resulting in a range of improvement outcomes and the coproduction of a Tier 2 training package which is awaiting delivery to staff. Plans over 2021-22 include working with PTS to support improvements in the booking process for	

patients with dementia and continued development of our support to carers – both those that work for us and those we work with in the community.

Priority Three

Lead: Steve Page/Clare Ashby, Executive Director of Quality, Governance and Performance Assurance and Deputy Chief Executive, Karen Owens, Director of Urgent Care and Integration, Nick Smith, Executive Director of Operations.

Clinical Effectiveness: We will continue to grow joint working across Integrated Urgent Care (IUC)/Emergency Operations Centre (EOC) including Continuing Personal Development (CPD), clinical governance and working towards a shared clinical assessment process.

Despite incessant demand pressures and REAP 4 status across all services lines we have been able to demonstrate that our services in IUC and EOC continue to impact on patient care in a positive way. We have been able to maintain the focus on joint governance throughout the pandemic and offer assurances in relation to IUC as demonstrated through audits and recent patient survey results.

Joint working on standard operational procedures has enabled more seamless journeys for patients from 111 to 999, for example, the Falls pilot workstream.

Collaboration around workforce utilisation at periods of escalation has meant patient needs have been appropriately clinically prioritised. A small number of GP colleagues have been deployed within EOC as part of a pilot building on the model associated with GP support in EOC at the height of the pandemic.

The use of video consultation has supported better outcomes in EOC, and though the uptake is more limited in IUC, once demand pressures allow evidence will be collated to demonstrate the effectiveness of this approach. While there has been no formal deployment of a CPD programme, senior colleagues from EOC and IUC have supported informal CPD for staff across both service lines. This has been well received by all staff groups and is something we hope to formalise and sustain.

Five Advanced Paramedics have been successfully supported through non-medical prescribing courses, this has supported better patient care and outcomes through remote assessment in the EOC support cell. A small number of prescribers in IUC continue to support patients. The effectiveness of their prescribing capability has been hindered by technical issues. Recruitment of further cohorts to NMP schemes has been paused as part of REAP 4 actions.

We have now developed a shared system for Clinical Assessment with the introduction of Pathways Clinical Consultation Support (PaCCs).

PaCCS has been developed by a multi-disciplinary team within NHS Pathways as a consultation tool, for use primarily within the IUC sector (111, 999, CAS, GP-OOH) to provide two different functions;

1. A suite of clinical templates based on existing NHS Pathways clinical content. These templates are presented in a list format which provides the user with a less prescriptive tool, lending itself more to a consultation led clinical assessment rather than triage. Sat behind the symptoms and conditions listed within each clinical template is additional supporting information and links to approved websites that can be viewed if required by the user. The list of symptoms and conditions contained within PaCCS are comprehensive but not exhaustive which is why a certain level of clinical expertise and experience is advised and PaCCS is not appropriate for non-clinicians.
2. Streamlined access to ambulance dispatch, onward referral options (such as ETCs and UTCs), and to a new Pathways Service Search of the Directory of Services (DoS). The Service Search is based on the predecessor to PaCCS, the Senior Clinician Module (SCM), but with improvements based on feedback from SCM clinical users.

In addition, the template provides clinicians with access to a suite of home management care advice. This is an established suite of care advice accessible to clinicians using the telephony (999 and 111) NHS Pathways product.

PaCCS is a supportive tool and clinician users act autonomously in terms of determining the format of the consultation and the required clinical decision-making approach. This aligns with the Urgent Care Workforce blueprint, Levels 5–8.

The following are examples of suggested skillset usage, with underpinning clinical experience:

- Registered medical practitioner
- Registered nurse
- Registered paramedic
- Advanced Practitioner
- Doctor
- Registered pharmacist
- Any other practitioner with an appropriate recognised clinical qualification and training i.e. midwife, clinical pharmacist, associate practitioner, mental health, dental nurse.

Priority Four

Lead: Lesley Butterworth, Lead Nurse Urgent Care

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

The YAS mental health programme has managed to deliver transformation in 2021-22 despite some significant challenges. With the commissioner investment we received the Trust's Mental Health Steering Group has continued to drive forward our plans to improve outcomes for our patients with mental ill health in line with the four workstreams initially identified. The development of this programme into 2022-23 and beyond is currently being planned alongside our key stakeholders in line with the latest Ambulance Mental Health Commissioning Guidance (published January 2022). Updates on the four workstreams are as follows:

- The specialist roles have been recruited to and are proving invaluable in supporting the implementation and evaluation of the transformation work we have completed already and the work we are yet to undertake.
- An initial round of MH rotational nurse recruitment has taken place with MH colleagues in West Yorkshire, with the post going live in March 2022. The ambition is for our patients to access specialist mental health nurse assessment and input early in their interaction with our 999 service, supporting better patient outcomes. Further recruitment alongside South Yorkshire and Humber, Coast, and Vale colleagues is currently being planned.
- We have piloted a Mental Health Response Vehicle in the Hull area along with procuring two additional vehicles; one of which will be located in South Yorkshire with the other located in West Yorkshire. Early results have shown an increase on the number of patients we are able to treat and refer on at scene rather than convey. We have used the initial findings to further strengthen our delivery model during the pilot and we are now using this learning to underpin roll out plans for 2022-23.
- The training and education workstream has been most impacted by the continued COVID-19 pandemic although work has been undertaken to review, refresh and develop our MH training offer. We hope that this can begin being rolled out to staff during 2022-23 dependant on any COVID-19 restrictions and in line with wider Trust training plans.

Performance against 2021-22 CQUINS (Clinical Quality Improvements Indicators)

Due to the on-going pandemic, the operation of the CQUIN scheme has remained suspended for all providers.

Feedback from our patients about our Patient Transport Service (PTS)

For PTS crews and volunteers in the Leeds area "Thank you to all staff and volunteers who took me from my home in Mirfield to the Leeds Cancer Centre, getting me there quickly, comfortably and always being kind, always engaging and for being so caring. They have all been fantastic. The journeys started on 20 July until 27 August 2021."

Julia, Discharge Nurse from LGI Children's Ward, rang with a compliment for **PTS call handler Hayley**. "The hospital had arranged transport for a discharge, unfortunately the doctors hadn't got the medication sorted and they had to cancel the transport because the patient wasn't ready. Mum was quite upset and didn't want to stay in hospital another night so Julia rang YAS PTS to see if there was anything we could do. She spoke to Hayley who went away to speak to a manager, and they agreed to do the journey. Julia would like to thank both Hayley and her manager for being so accommodating and helpful, both the hospital staff and patient's mum are very grateful."

For VCS drivers in Leeds: "I have just finished my cancer therapy. I would like to pass on my gratitude for the many volunteers that have driven me to and from my treatment. They have all been pleasant and considerate as well as the enjoyment of chatting with them during this time of isolation. The journey I was dreading to St James's in Leeds became enjoyable and, on some level, I shall miss it. Many thanks again for the organisation and the service, I'm sure it is a benefit to the NHS."

For PTS staff in Scarborough "My booked ambulance today, for an appointment at Scarborough Hospital at 10.00, rang at 08.10 to collect me. As my husband has Parkinson's and Dementia and my carer does not arrive until 09.00, I explained the situation and pointed out that I live literally two minutes from the hospital, and that sitting in my wheelchair with my broken spine for two hours before my appointment followed probably by another three hours for the appointment then collection, seemed poor planning, would result in considerable pain for me, and in any case as I could not leave my husband unattended so I would have to cancel my appointment which was already 18 months overdue. I was in tears. Fortunately, this morning the organiser was able to rearrange collection times and I was met at 09.40. The ambulance was spotless and the staff, as always, were beyond excellent. Despite the temporary anxiety this morning I would like to thank you all for the service you offer and for what you did for me today. I am very grateful."

For a PTS crew in Rotherham "May I say thank you for all the work you have done in arranging transport for me to Rotherham Hospital. You have shown great patience and I've never heard a moan. Thanks again!"

Review of Quality Performance

Patient Transport Service (PTS)

Our Patient Transport Service (PTS) provides NHS-funded transport for eligible people who are unable to travel to their healthcare appointments by other means due to their medical condition or mobility needs.



Between April 2021 and March 2022 our PTS provided 706,176 non-emergency journeys covering 7,546,273 miles, making us one of the largest providers in the UK. Total demand, including delivered journeys, escorts and abortions was 842,147.

- We have just over 750 staff; including 592 in our operations teams, 49 managing bookings, 85 coordinating our fleet and resources, and 28 supporting the overall running of our service-line.
- More than 250 volunteers are registered to support us and, this year, 181 provided 8.1% of our journeys, covering 1,312,283 miles.
- A framework of quality-assured partner providers to provide flexible support for our operations teams. This year they supported us with 52.2% of our journeys.

Key Activity and Developments to PTS Delivery throughout 2021-22

National Review and PTS Pathfinder

In August 2021, NHS England and NHS Improvement published its national review of non-emergency patient transport services (NEPTS).

The summary report sets out a new national framework for PTS to become consistently more responsive, fair and sustainable. It outlines five components with a number of recommendations relating to:

1. More consistent eligibility.
2. Improved wider transport support.
3. Greater transparency on performance.
4. A path to net zero carbon emissions.
5. Improved procurement and contracting.

To test and develop the recommendations, NHSEI asked for various organisations to become pathfinder sites.

The key drivers for applying to become a pathfinder site included opportunities to:

- Align with the results of the review being carried out by NHSEI from the outset.
- Influence the development of PTS for the benefit of patients within our region.
- Highlight PTS as a healthcare partner in an evolving NHS landscape.
- Deliver a consistent service across the region.
- Test new commissioning, contracting and procurement principles.

Our bid, made in partnership with the West Yorkshire and Harrogate (WY&H) Health and Care Partnership, to ensure improvements to the commissioning and delivery of PTS take place at a system-level, was successful.

Within YAS, the PTS pathfinder pilots will focus on:

- Exploring ways to better signpost people to non-emergency transport options.
- Strengthening the role of community transport in patient transport, particularly through improving the recruitment (and retention) of volunteer drivers and integrating community transport better into local coordination platforms, with potential scoping for YAS to be the lead PTS provider in the region.
- The impact of uptake of the new eligibility criteria developed by the review (separate consultation by NHSEI was carried out).

Colleagues within the WY&H Health and Care Partnership will lead on the following pathfinder projects with collaborative support and involvement from YAS PTS teams:

- Improving the accessibility and timeliness of the Healthcare Travel Costs Scheme (HTCS); overhauling HTCS to make it easier for people on a low income to claim back journey costs.
- The impact of new proposed procurement, commissioning, and contract management principles.

The objective of the pathfinder pilots will be to generate best practice in these specific areas to support continuous improvement of services in other areas around the country. The work will also inform national measures to improve the HTCS and any other national enablers of local improvement.

Our commitment to becoming Dementia Friendly

Within the last year, c. 73,500 of journeys carried out by our Patient Transport Service (PTS) were for patients living with dementia. Around 16% of our patients are known to be living with dementia, however, the actual number is likely to be much greater, and we know that assessing the severity of their symptoms and managing these symptoms during a journey can be challenging. However, we believe that every patient who travels with us deserves to receive person-centred care; that is, thinking about and doing things that ensures each person using our services is an equal partner in their own care, and making sure our care meets their needs. Our staff treat each patient living with dementia equitably – recognising that the severity of their symptoms, their behaviour and their care needs during transport will not be the same.

In line with the Trust's aim to become a Dementia Friendly organisation, and supported by the Dementia Project Coordinator, our PTS is actively taking steps to provide a Dementia Friendly service to all our service-users.

PhD research study into the experiences of people with dementia who use PTS

Several studies have looked at the healthcare needs of those living with dementia, their supporters and staff who care for them, and some have highlighted issues with transport to access healthcare. However, there is little research specifically focused on the ambulance service or the experiences of those who use PTS.

As part of a PhD research study, our Lead Nurse for Urgent Care will be carrying out observations and semi-structured interviews with people living with dementia, their supporters, as well as YAS staff and volunteers with the focus of providing an in-depth understanding of what it is like to use PTS for someone living with dementia.

The aim of this study is to answer the following questions:

1. What are the experiences and perceptions of people living with dementia, and their carers, of using NHS provided PTS to access hospital outpatient appointments?
2. What is positive and challenging about the experience of people living with dementia using PTS to access hospital outpatient appointments?
3. What are the experiences and perceptions of NHS PTS staff and volunteers of caring for patients with dementia, and their care givers, during planned journeys?
4. What could be done to improve PTS for people living with dementia, from the perspective of patients, their families and staff?

Our Lead Nurse will be joining patients on around 100 journeys in West Yorkshire and she will also spend some time in waiting areas to observe interactions and behaviours. She also plans to carry out around 30 interviews with staff, volunteers, patients and their carers who wish to participate in the study.

Dementia Training for PTS staff

Tier 1 dementia awareness training is now in place as part of statutory and mandatory training for PTS staff. Staff don't have to wait until their training is due, they can complete it at any time. Tier 2 training has also been created and piloted with a number of different staff groups and is being rolled out virtually via MS Teams. Tier 2 training focuses on communications, behaviours, and comorbidities (when patients have more than one illness).

Dementia Friends

We have 2,173 PTS staff and volunteers who are Dementia Friends and this figure keeps increasing. A Dementia Friend is somebody that learns about dementia so they can help people living with dementia in their community continue to live in the way they want.

Dementia Friends training sessions are delivered one evening every month, and there is also an option to complete it online.

Music to support a patient's journey

Music can support memory recall; the ability to appreciate and engage with music remains intact even as cognitive functions deteriorate. It can be really powerful and used as therapy to enhance the patient experience and reduce any challenging behaviours. PTS staff and volunteers can now use music as a therapeutic option for patients living with dementia or other complex needs.

Music can provide reassurance, calm and distraction to people living with dementia, enhancing the patient journey and overall experience.

Staff and volunteers can access music to support a patient's journey by using their smartphone to visit [M4D \(Music for Dementia\)](#) (this website offers five radio stations playing music that evokes memories from different eras) or by accessing [YouTube](#) and searching for suitable music.

If the patient has a This is Me document, it may contain details about their musical preferences.

PTS Project Groups

A PTS project group meets every month to discuss and progress the main areas we need to work on. These include the patient booking process, risk assessments for patients living with dementia, and an escalation process for staff and volunteers. The group is also supported by Health and Safety and union representatives, our Lead Nurse, Specialist Development Nurse for Mental Health and Security Management Specialist focussing on violence reduction. We are committed to doing all we can to reduce harm, improve patient experience and enhance person-centred care for people living with dementia.

Personal development opportunities

A suite of personal and professional development opportunities have been made available to PTS staff and volunteers to build on their understanding of dementia and develop their skills to support patients. These include:

- Advanced Care Planning and End of Life Care
- The Dementia Bus - an immersive training experience on a mobile simulator. It allows staff to experience dementia first-hand and is a scientifically and medically proven method of experiencing what dementia might be like.
- The Herbert Protocol - a scheme to support people whose relatives with dementia might go missing.
- Dementia Friends sessions.

New SOP for End of Life (EoL) Patients

A new Standard Operating Procedure (SOP) has been developed for PTS staff to formalise and standardise the process for conveying patients receiving end of life (EoL) care. This will ensure that a patient's final journey is managed as a priority and they receive transport in a timely manner to their preferred place of care or chosen place to die.

Key features:

- An EoL Journey can be booked or carried out at any time, regardless of the time of day or contract cut-off time.
- Escorts are permitted without question, where there are sufficient number of seats in the vehicle.
- Journeys will still be accepted when a risk assessment is required, the journey is an Extra Contractual Referral (ECR), or the journey takes place outside of Yorkshire or North Lincolnshire.
- If a risk assessment is required, it will be carried out on-day.
- Continued communication with the booker is essential.
- PTS operations staff will be informed that a Priority EoL Journey has been allocated to them.
- We will prioritise the patient's needs and aim to carry out the journey as soon as possible.

Alternative Resources

Since April 2021, the PTS Alternative Resource Team has, again, facilitated several projects to ensure that our services are more flexible and responsive to meet the needs of our patients in an evolving NHS landscape.

As a result of the global COVID-19 pandemic, the reliance on our third-party partner providers has never been more significant. We have, again, faced the challenge of staff absences due to COVID-19 which has been embraced by our partner providers as they have provided our PTS with additional resources and increased their shift coverage in order to support YAS during these difficult periods.

We are currently working with 38 private organisations to support our PTS:

- Four community transport organisations.
- 18 private ambulance companies.
- 16 taxis firms.

Introduction of new Account Analyst within the Alternative Resource Team

This role has allowed us to streamline the invoicing process; payments are now processed more efficiently with direct lines of communication established between our Alternative Resource team, our Finance team and PTS partner providers.

Comments from our partner providers

“The various avenues of communication YAS offer are excellent, and it feels that we are able to carry out our daily duties with their full support at all times. I can’t praise the team at YAS enough and look forward to continuing to support them.”

Chris O’Brien, Operations Manager, Medevent

“I would like to take this opportunity to say how much I both respect and admire the YAS controllers for the sterling job they do daily. I find them helpful, friendly, and able to think and act quickly in challenging circumstances. The YAS smartphone and supporting system is very user-friendly, and informative, and makes working with YAS both enjoyable for my crew mates and myself. I truly can’t fault anything at all.”

Wendy Clayton, Ambulance Care Assistant, Medevent

“UKEMS have been working with YAS for several years. We appreciate the working relationship we have with YAS, and this is an area where we believe YAS excel in. UKEMS are made to feel that we are not just a provider who provides a service when needed, but an integral cog in a bigger machine working towards providing excellent patient care throughout the region. We find YAS to be very professional, friendly, and consistent across the board.”

Damian Smith, General Manager, UKEMS

PTS Volunteers

We currently benefit from 243 PTS Volunteers who offer their time to provide patients with a friendly face and company as well as safe, comfortable, and reliable transport to their healthcare appointments. Patients allocated to our volunteers can walk but may need a helping hand to the vehicle, getting in and out of the vehicle, to the location of their clinic, or back to their home.

Since April 2021 the following developments have supported the recruitment, retention and experience we offer to our volunteers:

- We have increased the number of regularly active volunteers from 123 (April 2021) to 136 (March 2022). We're also happy to see a number of volunteers who were previously shielding due to Government advice, return to volunteering with us.
- We continue to receive the support of the public which has been instrumental in increasing the number of new PTS volunteers we have been able to attract this year - 88
- We have adapted our recruitment process as a result of the COVID-19 pandemic to ensure that we can continue to support people to join us. For example, interviews now take place via telephone or MS Teams to reduce face-to-face contact.
- New recruits are now paired up with an experienced volunteer as a 'Buddy' for part of their local induction – Buddies equip new recruits with the knowledge and confidence to deliver quality care to our patient from their very first volunteering journey.
- All PTS volunteers have now been issued with an NHS email address.
- We have begun the process of rolling out updated smartphones to every volunteer – these feature access to more apps and improved ways of communicating with volunteers.
- Volunteers now complete e-learning on the same system as YAS staff and we are supporting them with accessing and navigating the new system. This will enable volunteers to complete their statutory and mandatory training in bitesize chunks and improve our monitoring of their compliance.
- Our PTS Volunteer Coordinator is now part of a newly-formed national networking group where PTS volunteer leads from other NHS ambulance trusts meet remotely to share learning and best practice; developing the way we utilise volunteers and improving each individual's volunteering experience.

"Always willing to assist our patients and regularly goes above and beyond."

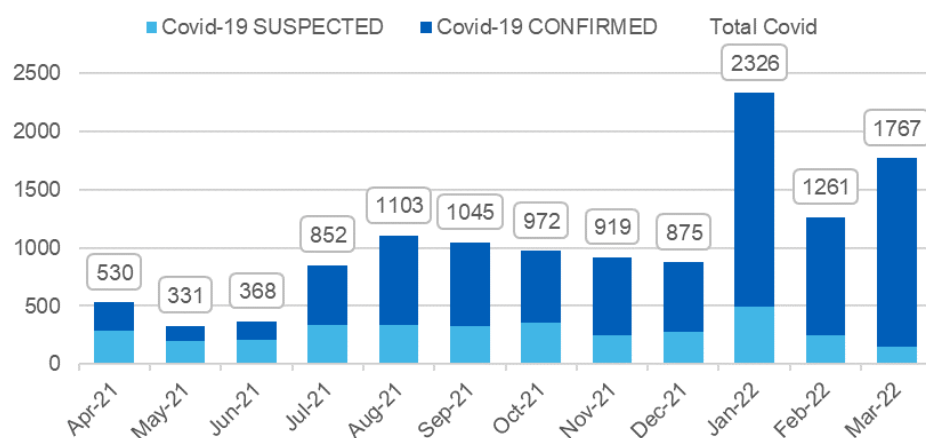
Anonymous feedback about one of our volunteers

“The drivers are excellent, especially the volunteers.”

Anonymous, postal survey patient feedback, Quarter 2 2021-22, North Yorkshire.

PTS response to COVID-19

Covid Delivered Journeys



Like the rest of the Trust, our PTS continue to be significantly affected by COVID-19. Last year we conveyed 8,871 patients confirmed as having COVID-19, and 3,478 suspected COVID-19; please see the graph.

Cohorting patients

In July 2021, as COVID-19 restrictions continued to change and the demand for our PTS steadily increased, we began cohorting some patients and no longer restricted some journeys to one patient at a time.

The safety of our patients and staff is always our highest priority and careful consideration has been made to ensure that cohorting patients will be done safely - we staggered the roll-out of cohorting patients to ensure that our processes were safe and effective. One patient is only planned to travel with another when it is safe to do so and when social distancing of at least one metre can be maintained.

Every one of our vehicle types and configurations was individually assessed. Some vehicles are unsuitable for transporting more than one patient, but for others we have identified the combination of patients that may be conveyed together, and which seats can be used in these situations. We also reviewed the question set that we use to book a patient's journey so that we collect the right information to be able to assess the risk to staff and patients and can maintain safe social distancing of at least one metre.

To support our teams with the complex nature of planning and carrying out patient journeys, we identified five rules that must always be adhered to; these are:

1. Two patients may travel together if **neither** are suspected or confirmed as having COVID-19.
2. Patients who are isolating, require oxygen during their journey, require an escort, travel in a wheelchair, are exempt from wearing a facemask, are receiving cancer treatment or are categorised as 'Must Travel Alone' **must not** travel with any other patients.
3. Only **one** patient will be planned to a standard car (including volunteer or taxi).
4. A definitive list of YAS vehicles that are appropriate for cohorting is available on the PTS Teamsite; no other vehicles will be used to convey cohorted patients.
5. Patients must **always** be seated at least one metre away from another patient.

Providing transport for patients receiving COVID-19 treatment

In December 2021, we began providing transport for patients who needed to travel to receive COVID-19 treatment in order to avoid hospitalisation; these are patients who test positive for COVID-19 and who are at a higher risk of developing severe illness and more likely to be hospitalised that are offered neutralising monoclonal antibody (nMAB) treatments at clinics across the region.

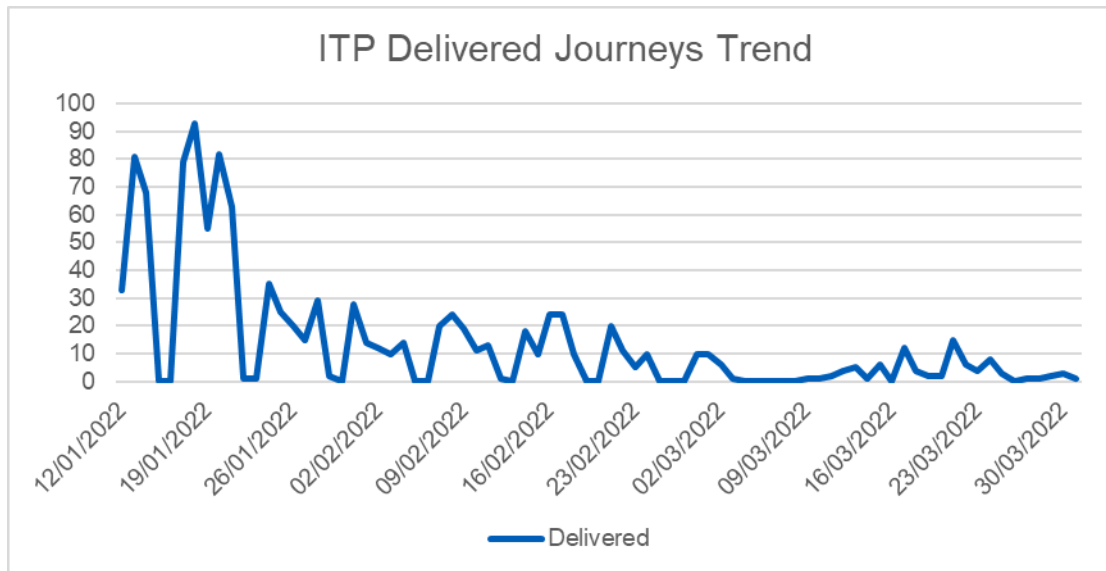
The treatment is administered intravenously or orally to patients who have mild to moderate COVID-19 and at least one risk factor for developing severe illness – this includes people who have Down's Syndrome, certain types of cancer, or a condition or treatment that makes them more likely to get infections.

Whilst we have been transporting patients who are COVID-19 positive for some time, we are very proud to support our most vulnerable patients in receiving this newly-developed life-saving treatment.

Supporting A&E colleagues

In early January 2022, the Omicron variant of COVID-19 had a significant impact on infection rates in Yorkshire and unprecedented levels of staff absence across the Trust caused significant operational pressures for the Trust. YAS implemented a number of actions to prioritise patient care which included our PTS staff being deployed to convey clinically triaged and appropriate 999 patients. This meant that, routine PTS journeys to non-essential clinics had to be suspended to free up ambulance resources required for patients who needed our services the most.

Our crews were supported by clinicians in the Clinical Hub, we dedicated staff in the PTS Logistics team to manage these journeys and provide a point-of-contact for crews, and staff provided non-clinical handovers to hospital colleagues.



This support for our A&E service-line has continued with PTS teams providing transport for low acuity patient when capacity allows. From January 2022 to March 2022, our PTS has supported A&E with 1,091 journeys (see graph).

This activity was supported by learning from the 2020 Integrated Transport Pilot in which a collaboration between our PTS and 999 emergency services ensured the most efficient use of all the resources available, providing a wholly integrated transport solution for patients in need of our services, irrespective of how they reach us.

Support from our Alternative Resources during the COVID-19 pandemic.

- Our Alternative Resource Team has continued to provide our partner providers with PPE on a weekly basis. Easy Travel, one of our key partners based in Leeds, has provided us with cardboard boxes throughout the pandemic to support distribution.

- Sheffield-based City Taxis continue to utilise their innovative fixed passenger bulkhead solution, allowing them to transport patients who are able to travel in a standard car or wheelchair-accessible vehicle but were either suspected, or confirmed of having COVID-19. They have provided Hackney Carriage/London Black Cab style taxis fitted with passenger bulkheads which we have utilised across the region. This support has been key to allow YAS to continue to provide high-quality care to all renal dialysis units when they have faced an outbreak of COVID-19.
- Easy Travel, Leeds, who initially mirrored this initiative by introducing bespoke-fit bulkheads, have now adapted all of their vehicles to provide fixed bulkheads for safely conveying patients suspected or confirmed of having COVID-19. Easy Travel continue to dedicate eight of these resources to YAS.
- All private ambulance providers have ensured their ambulances are fitted with bespoke passenger bulkheads. This mirrors the efforts of YAS and ensures quality is consistent throughout our service line.
- All our partner providers have adhered to YAS Infection Prevention and Control (IPC) requirements and continue to follow our PPE donning and doffing advice along with our enhanced post patient clean procedure.
- When we introduced patient cohorting, all of our partner providers carried out vehicle-based risk assessments to identify their suitability for social distancing. Safely cohorting patients has allowed us to maximise our efficiency of these resources.
- Private ambulance providers also contributed to our response in supporting our A&E colleagues in January 2022. Crews were allocated appropriate journeys which had been triaged by a clinician, just like PTS crews. This was a change to our normal expectations which our partner providers embraced.

Looking Ahead: Our Quality focus for 2022-23

In 2022-23, our focus for improving quality across PTS will be to:

- Continue responding to the COVID-19 pandemic with a view to developing new ways of working to support the wider Trust.
- Continue as an NHSEI pathfinder site, testing and developing recommendations from the national review of PTS, informing and shaping the outcomes for the benefit of our patients.
- Implement the new eligibility criteria when published by NHSEI to ensure parity and equity for all patients, regardless of where they live.
- Continue with our developments to become a dementia friendly patient transport service.

NHS 111

Integrated Urgent Care

The second year of the pandemic saw significant additional pressure on the service (patients and staff) and local health system. This manifested itself through initial lockdowns as well as the COVID-19 vaccination campaign which IUC staff supported across the wider Trust.



The NHS 111 telephone and online services remain front and centre in supporting patients through the pandemic as access to other services has become more difficult and in some instances complex. The service has seen the patient profile remain different to pre-pandemic levels with more in-week and in-hours demand (between 08:00 and 18:30) than has been seen historically.

This change in profile has also seen fewer calls relating to winter illness (for example norovirus, colds and flu) than has historically been the case and continuing the trend of 2020-21. This change does impact on patient demand modelling and therefore does represent a challenge to the service in most effectively aligning staffing resource to patient demand.

Like other providers, the service has been impacted by significant COVID-19 infections across its workforce with 36.6% of all absence being linked to COVID-19 infection. IUC, in line with the wider Trust, adopts strict infection, prevention and control with measures over and above those in place nationally for members of the public. These additional measures are in place to support staff but also patient access to the service, which as above remains a key patient gateway to urgent care.

In line with the significant service and system pressures in IUC an improvement plan was launched across the year with the focus on supporting patients and staff welfare and to help develop the service moving forward. This improvement plan remains in place with delivery expected across 2022-23.

Service demand and performance

For the year 2021-22 and given the on going impact of the COVID-19 pandemic, we saw a rise in demand of 11.9% from last year with most impact seen across the quarter 1. However, and in line with last year, the service has not seen the projected call increases across the normal 'winter' period. This is due to fewer calls around winter illness (for example colds, flu and winter bugs) due to people socially mixing less than in pre-pandemic years.

Influenced by patient demand, and staff absence levels (of which COVID-19 infection a significant proportion) patient access has been more challenged across the year with the proportions of calls answered within 60 seconds falling in comparison to previous years. In light of an increase in patient abandonment to the service increasing, the IUC service did review local telephony messaging to encourage patients to remain on the line by providing them with an indicative timeframe of their likely wait time. Early indications of this change are that it has encouraged patients to remain on hold for assessment and therefore reduce the risk of patients exploring more acute options.

Whilst overall dental volumes remain significantly above commissioned levels across the year as whole it is noted that these 'excess' levels have started to fall markedly from October 2021. This is likely influenced by dental services enabling more direct patient access through their local managing COVID-19 safely guidelines, together with wider NHS 111 system pressures which has encouraged more on-line access.

NHS Digital's online NHS 111 tool processed 747 instances per week on average for 2021-22, supporting patients to manage their conditions through this web-based service. This is a change of 62.7% compared to the previous year. A significant factor in this overall volume remains on-line dental clinical validation linked to where patients may have taken too much pain relief and therefore needed assessment for toxic ingestion more urgently as opposed to dental treatment access.

Key performance information:

- 1,669,087 patient calls answered
- 37.1% of calls answered within 60 seconds, formerly a KPI but now locally tracked
- As average speed of answer of 407 seconds, this is a new developmental KPI across IUC
- 45.6% of clinical calls received a call back within one hour target of 60%
- 26.2% of core clinical advice provided to patients, target 30%
- 41.7% Emergency Department (ED) validations, target 50%
- 99.3% 999 validations, target 95%
- Of the calls triaged, 10.7% were referred to 999; 5.1% were given self-care advice and 14.5% signposted to ED. The remainder were referred to attend a primary or community care service or attend another service such as dental.
- In an independent survey (including returns for the 12 months up to the 31 December 2021) 95% of patients agree/strongly agree that they were treated with dignity and respect, with 97% of patients fed back that they followed some, or all of the advice that they were given.
- 93% would recommend NHS 111 to their friends and family and overall satisfaction for the service continues to be extremely positive with 35 compliments received.

Pandemic response and on-going actions

There have been a range of initiatives to support patients calling NHS 111 and to ensure our staff within the call centres are equipped, trained and in a safe environment to give the care and advice required.

Detailed below are some of the highlights of things that have been put in place:

- Maintenance of the Service Advisor role, provided by a mixture of Community First Responders, agency and wider Trust staff. Work remains on-going around other appropriate calls these staff can support with.
- Implementation of numerous national NHS Pathways releases to ensure up to date clinical triage systems were in place. All staff training was completed for these new releases within very tight timescales.
- On-going development of COVID-19 FAQs for operational staff to answer public queries, updated weekly.
- Staff welfare, support, engagement, and communication throughout this difficult period has been key for the Trust with regular support from health and wellbeing, human resources, corporate communications and other support functions in the Trust. The IUC team has maintained the focus on its staff with a few highlights to note that have been delivered alongside the patient care:
- Continued delivery of Personal Development Reviews (PDRs)
- Ongoing recognition and reward for staff through the IUC scheme.
- Weekly staff brief along with a management weekly update.

IUC Service Development

- Agreed changes to local surge and escalation processes with local commissioners to both to provide more flexibility in supporting patient demand but also enabling improved patient pathways for certain cohorts over the winter period to utilise wider local system clinical capacity.
- 111 First Implementation including direct booking to ED
Following the national directive to launch NHS 111 First in December 2020 we completed the full roll-out of electronic referral and arrival time booking via the 'EDDI' too
4 x NHS Pathways Version Implementations
- Host System (Adastra) upgrades, including
 - Upgrade to the latest functionality including the option to display first Directory of Services (DoS) result in the disposition screen
 - Re-engineering of the electronic ambulance messaging to allow crews to see the description of the reason for call rather than just a disposition code

- Full roll-out of 'GP & Care Connect' national booking technology standards.
- SMS technical work to enable utilisation of SMS technology to provide fast and efficient 'comfort calling' messages to patients along with the ability to close non-urgent cases by text message at times of high escalation.
- Local CAS - Significant development of the Clinical Advice Service including expansion of the hours where ED outcomes are validated by clinicians. Also further increased the CAS support by referring 'refused Primary Care' dispositions for validation by the Vocare CAS sub-contract reducing pressure on the YAS clinical queue.
- Support to local ICS in their development of local CAS offers in HC&V and West Yorkshire to enable ED validation cases from NHS111 online alongside assessing patients who have reached an urgent GP 1 or 2 hour disposition via the 111-telephony line. A similar project is also underway in the SYB ICS area.
- Review and enhancement to NHS 111 local telephony messaging to avoid duplication of those nationally played before patient calls are routed to YAS, in line with an independent review of the new telephony system introduced by the Trust in March 2021.

Looking ahead to 2022-23

It is hoped that across the year that over the course of the year and driven by vaccination levels and less acute variants across early 2022, that the public and communities that we serve can continue to live with the virus and through this have reduced transmission, demand on healthcare and a fall in COVID-19 related staff absence.

The focus for the IUC team will be to continue to evolve and develop the service, in line with national and regional developments together with staff health and wellbeing focused initiatives, and through these to continue to deliver high quality patient care and to support our staff.

A&E Operations

Career Pathways

In late 2019 Yorkshire Ambulance Service (YAS) implemented a phase 1 career pathway for frontline staff joining at Emergency Care Assistant (ECA) level who wished to progress to Paramedic. In January 2021, the Trust Board approved a business case to implement phase 2, a career pathway for paramedics wishing to progress into specialist and advanced practice.

The Specialist Paramedic (SP) is a patient facing role using the education, skills and experience gained through Higher Education and primary care rotation to provide high levels of care for patients at home whenever possible. They also provide mentoring and take a leadership role whilst rotating into the Emergency Operations Centre / Integrated Clinical Advice Service and undertake primary care rotation.

Implementation of Phase 2 of the Career Pathway has three key elements: -

- Introduction of an academic framework focusing on the development of a post registration paramedic career pathway / education framework to include Specialist Paramedic, Advanced Paramedic and Consultant Paramedic in the context of primary, urgent, emergency, and critical care. The framework has been developed and approved by Clinical Governance Group and is now in the procurement phase.
- Recruitment of thirty-six Specialist Paramedic Critical Care (SPCC), one Advanced Paramedic Critical Care (APCC) and nine Advanced Paramedic Urgent Care (APUC). These roles will help Operations fulfil the requirements of Team Based Working and support the implementation of the post registration paramedic career pathway. All 36 SPCC roles have been recruited to as have the APCC and 6 of the 9 APUC posts
- Realignment of the current roles of Specialist Paramedics, Urgent Care Practitioners, Emergency Care Practitioners, Aspirant SPs, and Paramedic Practitioners, by aligning these roles to the new Specialist Paramedic Urgent Care role. These proposals are currently going through a staff consultation process.

EOC

Over the past six months the Emergency Operations Centre (EOC) has undertaken a programme of work to review and improve the services which we provide to patients and the working conditions and relationships with staff working within the EOC at both our Wakefield and York sites. This programme of work has included:

- A new Vision statement - 'YAS EOC is recognised internationally as having the best people, being a great place to work and delivering outstanding patient care'
- Establishment of a Health & Wellbeing team to improve the wrap around support we can provide to staff
- Transfer to a unified comms telephony platform which will allow us to update and improve sustainability and performance, and brings us in line with other services within the Trust
- Agreement to invest in the York EOC premises to improve our Business Continuity model
- Increased the number of call takers by over 50% to ensure we can deliver the highest level of patient care
- Increased our clinical resources within EOC including the recruitment of doctors to assist with patient triage and ensuring patient care is not delayed

Emergency Preparedness, Resilience and Response (EPRR)

Proposed changes within the Trust, with the creation of the Specialist Paramedic Critical Care role, have created opportunities within the Hazardous Area Response Team (HART) and Yorkshire Air Ambulance to include these new roles into the structures. In addition, Yorkshire Air Ambulance and YAS have commenced a far-reaching review that will build on the existing partnership to deliver further enhancements to the clinical operating model. Special Operations is also delivering a national programme that will enhance specialist response capabilities under the SORT Enhancement Programme. This has permitted the department to review its own structure, creating a new capability dedicated to the delivery of continuous improvement against the EPRR agenda.

Military support

In recognising the growing pressures over winter, and in accordance with established procedures, YAS requested military support in order to maintain safe levels of service. After a comprehensive training package, military personnel began to work alongside YAS crews in support of lower acuity calls. A total of 70 military personnel were trained, 60 of whom were employed throughout the region focusing on West and South Yorkshire, with a small detachment also assigned to East Yorkshire.

Winter Planning

Each year the Trust produces a winter plan which considers anticipated increase in demand against the forecasted capacity. The plan puts in place several actions to mitigate operational pressures whilst maintaining a high-quality service for our patients. The Trust works closely with system partners to ensure any actions taken are supportive of the wider health economy, and do not increase demand in another part of the system. This year was difficult to predict given it was the first winter with COVID-19, plus 'normal winter pressures' without national / regional / local lockdown restrictions. The plan was active from the 1 December 2021 to 31 March 2022.

During the festive period, the Yorkshire region experienced high numbers of the COVID-19 Omicron variant. Due to a high number of staff absences, either by staff isolation or sickness, operational services were under significantly under pressure. Staff absences were much higher than predicted levels in the Trust winter plan. As a result, the Trust took several difficult decisions to either realise additional capacity into A&E and/or Integrated Urgent Care services or reduce demand. These actions were shared with NHS England, the Acute hospitals across the region and other health care system partners. The impact of these actions was monitored on a weekly basis with a view to resuming normal duties as soon as practically possible. Some of the actions included cancelling all planned transport services, employing military personnel, bringing back staff from secondment that had clinical or operational roles and employing primary care clinicians.

Community Resilience

Community Resilience volunteers have continued to play a major role in delivering patient care and ensuring business continuity through quickly supporting many departments in Yorkshire Ambulance Service often at short notice. This was made possible as all volunteers are screened to NHS England volunteer standards.

Community Defibrillation Trainers were rapidly redeployed to our Academy and NHS 111 to facilitate the training of volunteers into new roles. Over 150 existing volunteers were retrained and offered support to NHS 111, PTS, Fleet, Estates and EOC. Volunteers carried out a variety of tasks such as refitting vehicles with COVID-19 safe bulkheads, assisting with clinical waste, answering NHS 111 and 999 calls, supporting PTS transport of patients.

Many of our volunteers gained a greater insight into the organisation and gained employment during an uncertain time when many people lost their regular income.

While most of the population were required to work remotely or placed on furlough, our volunteers continued to respond to our most poorly patients throughout the pandemic. 25,019 patients received care from a Yorkshire Ambulance Service Community First Responder during the pandemic. During the same period volunteers were trained and equipped to attend uninjured patients who had fallen. Several hundred of these patients were cared for by volunteers assisted by remote clinicians and able to stay at home with appropriate care plans in place.

We have continued collaborative working with partner agencies, YAS Charity and other departments within the organisation and have successfully secured funding to further develop volunteering across YAS.

Community Defibrillation

The online Community Public Access Defibrillator (CPAD) familiarisation sessions have been very successful in 2021; 36 sessions have been delivered online since April with 713 attending in total.

We have also been able to go back into the communities and deliver face-to-face CPAD familiarisation sessions since July – 36 sessions also delivered since July with 638 attending in total.

Work is underway with Hull City Council and Hull CCG to place CPADS out in areas that currently don't have any, giving greater coverage for the local communities.

Another big project this year has been the implementation of The Circuit – this is the National Defibrillator Network that all ambulance trusts in the UK are registered to. This is linked to our call system and the call handlers allocate defibrillators to incidents as and when required. We

have had the process of contacting every CPAD guardian (over 2,500 CPADs to date) and asked them to re-register. Once done, we have to take them from our old system (this is still running in parallel with the new system). Any allocation of CPADs is much quicker and the guardians are advised by automated email as soon as it has been sent for. They then have the facility of logging into their account and making the CPAD available again themselves, making the process much quicker and should make more defibrillators available at any one time. We are in the process of asking all the static sites to re-register now. The British Heart Foundation has implemented a media campaign, encouraging everyone with a defibrillator to register it with their ambulance service through their link. www.thecircuit.uk

Complaints, Concerns, Comments and Compliments

Complaints Concerns and Comments		Apr- 21	May- 21	Jun- 21	Jul- 21	Aug- 21	Sep- 21	Oct- 21	Nov- 21	Dec- 21	Jan- 22	Feb- 22	Mar- 22	Total
EOC	Complaint	19	17	39	32	32	29	27	27	23	13	16	30	304
	Concerns	10	5	19	17	13	15	20	12	13	9	5	8	146
	Service to Service	18	14	30	25	30	32	24	37	16	17	7	21	271
	Comment	1	0	1	1	2	0	0	1	0	2	0	0	8
	Compliments	0	1	2	3	3	3	1	2	2	1	1	0	19
	Lost Property	0	0	0	0	0	0	2	0	0	4	4	11	21
	PALS Enquiries	0	0	2	2	0	2	1	1	1	0	2	6	17
PTS	Complaint	11	25	11	15	10	15	13	14	15	7	12	17	165
	Concerns	21	18	17	28	24	21	12	18	14	7	11	5	196
	Service to Service	20	25	23	19	13	13	15	15	14	11	12	13	193
	Comment	4	4	1	0	1	2	2	2	2	4	3	4	29
	Compliments	5	5	8	6	4	5	4	7	3	1	7	4	59
	Lost Property	10	10	10	14	12	9	5	10	14	8	12	17	131
	PALS Enquiries	2	3	0	1	3	3	1	5	8	4	3	15	48

A&E	Complaint	21	25	36	28	21	32	20	34	20	30	21	25	313
	Concerns	15	10	20	13	30	23	10	18	13	14	16	13	195
	Service to Service	28	31	28	20	23	23	12	25	17	15	13	27	262
	Comment	4	5	6	8	2	4	2	1	4	7	3	4	50
	Compliments	76	96	85	121	76	111	91	98	104	107	90	92	1,147
	Lost Property	26	28	27	22	30	27	33	23	33	24	34	28	335
	PALS Enquiries	6	12	10	8	9	12	8	24	17	19	15	20	160
NHS111	Complaint	25	19	28	28	22	21	34	23	17	23	13	15	268
	Concerns	0	3	0	1	2	0	0	1	0	1	0	0	8
	Service to Service	22	19	42	65	31	45	12	12	11	21	24	15	319
	Comment	3	3	2	0	1	4	0	0	3	3	2	0	21
	Compliments	8	5	4	4	2	1	1	1	1	3	2	3	35
	Lost Property	0	0	0	0	0	0	0	1	0	0	0	0	1
	PALS Enquiries	0	0	0	0	0	0	0	0	0	0	0	0	0

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

A&E Call Handling and Dispatch

- Case used by PTS/EOC in relation to ongoing work to improve EoL service.
- Case used as an opportunity to raise with commissioners re: nurses being able to verify deaths and to use in Joint Quality Board.
- Effectiveness of Clinical Hub may be compromised in periods of high demand.
- Joint working with acutes looking at handover delays and the impact on delayed responses.
- YAS pathway to be updated to reflect the NHSE framework. NHS Framework to be sent to hospitals.
- EOC Systems dealing with MIS around the parameters set in the software coding

- EOC to consider whether EMDs should be able to override chest pains for under 35s going Cat 5.
- There is ongoing work in EOC relating to the duplicate call module issues.

A&E Operations

- Good practice from crew clinical assessment to be shared via YAS safety poster regarding treatment of patients with aortic Dissections.
- Team level learning about how we work with the police when booking in a Section 136 patient.
- Need for safer restraint training for staff - this has led to the 'safer handling' project and the CRT training programme being redesigned for roll-out at the end of the financial year .
- The ACGL has identified some learning for the crew - should have carried out a more thorough examination of injuries and documented their findings on the Patient Care Record completed at the time. Staff notice put up at stations reminding staff to check the medicine cabinet.

PTS

- Logistics schedulers to keep in regular contact with clinics and update them with issues surrounding delays with patients.
- All drivers working on the YAS contract have been sent copies of the bulletins that have been sent to providers with information on about reporting incidents to Datix and the Clinical Action Card.
- Logistics staff to be reminded to tell providers to report any incidents that they are made aware of via Datix.
- 'No Trace' SOP redistributed to PTS Logistics staff to ensure that everyone is confident with the SOP.
- Reminder sent to all PTS Operational staff regarding the importance of ensuring all equipment, luggage and medication is handed over.
- A bulletin is to be sent to providers working on the YAS framework to inform them that if they can't locate a patient they can contact them if there is a mobile number on the booking.
- PTS is in the process of putting together information for patients around cut off times.
- Taxi company drivers have been advised to use seat covers and to wear the correct Level 2 PPE.
- Reminder to keep a line of communication open with the clinic and patient informing them of the delays with patient transport.
- A narrower bariatric wheelchair is coming into operation in November 2022 which will allow accessibility in more vehicles
- Reminder sent to private providers on the correct process for transporting YAS PTS patients

NHS 111

Across the year, the service received 332 episodes of feedback. There were 250 complaints, comments, and concerns raised to the Clinical Governance & Quality Team and 35 compliments.

IUC also responded to 47 requests by other NHS organisations who were leading on complaints/concerns and comments.

IUC also responded to 319 service-to-service complaints from external service providers.

In relation to the complaints, comments, and concerns:

- 181 related to the clinical assessment and / or outcome (including delays)
- 48 related to the manner which the call was handled and processed
- 46 related to the attitude of the staff member taking a call

Out of 233 complaints and concerns (and other NHS organisations leading) which have been closed across the year, 86 were upheld, 112 were not upheld and 35 were partially upheld.

All patient feedback is investigated and individual feedback to the call taker is managed in a timely manner. Themes and trends from all incidents are correlated and disseminated to the wider organisation to be used to help future service improvement.

- Improvement in process to secure a translator for patients to support quicker identification of their country of origin
- Improvement in call-backs for patients within the NHS 111 service and wider healthcare partners by engagement with system partners and new process (in-hours) for managing refused primary care clinical dispositions
- Managing the online dental assessments through senior health advisor assessment to ensure appropriate outcome and help prioritise deeper clinical assessment.

Corporate

- All referrals to registered bodies, such as the NMC, must be approved by the professional lead for the Trust prior to any referral being made. This is now the case for both internal and external staff referrals, in order that the clear requirement for the referral can be established and agreed beyond all reasonable doubt.

Timeliness of Responding to Complaints

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
% of responses meeting due date	93	91	86	84	73	80	83	63	33	35	30	35
Average response timescale (working days)	31	38	34	42	43	44	55	68	70	68	75	69

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.

As a result of excessive unprecedented demand on the service since June the extreme pressure on complaint handling has impacted upon the ability to meet this target in addition to reduced access to frontline services.

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.

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	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Bradford, Calderdale and Kirklees CBU	50.0%	72.2%	42.9%	92.9%	73.1%

Hull & East Yorkshire CBU	90.0%	83.3%	85.7%	86.7%	87.0%
Leeds & Wakefield CBU	89.3%	92.9%	77.3%	88.2%	87.4%
North Yorkshire CBU	82.5%	76.9%	87.5%	84.6%	83.2%
South Yorkshire CBU	78.8%	52.4%	60.0%	85.7%	72.2%
Unknown Area	66.7%	63.6%	60.0%	71.4%	65.6%
YAS	79.9%	74.8%	72.2%	86.8%	79.3%

Source: A&E Service User Experience Survey

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. During 2019-20 NHS England reviewed the effectiveness of the FFT for Emergency ambulance service along with the National Ambulance Service Patient Experience Group. Guidance was reissued to allow for a project approach in ambulance services resulting in a national sector patient experience report to be produced at the year end. YAS, along with the majority of other ambulance services opted to take the project approach and planned a project for 2020-21 focusing on the needs of our patients with learning disabilities and how we communicate with them. Unfortunately, these patients have been unavailable for us to engage directly with them throughout the pandemic and therefore the plan is to produce a patient experience report on the learning from the pandemic.

PTS Friends and Family Test

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	Total
North Consortia	90.9%	81.3%	96.0%	100.0%	93.5%
East Consortia	0.0%	100.0%	100.0%	95.5%	94.1%
West Consortia	97.1%	90.9%	93.3%	100.0%	94.1%
South Consortia	92.3%	100.0%	87.5%	96.2%	94.4%
OOA	100.0%	100.0%	66.7%	100.0%	92.9%
PTS (inc unknown area)	94.3%	92.2%	92.4%	97.6%	94.0%
Poor/ Very poor	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
North Consortia	9.1%	12.5%	0%	0%	3.9%
East Consortia	100.0%	0%	0%	0%	2.9%
West Consortia	1.5%	6.1%	6.7%	0%	4.1%
South Consortia	5.1%	0%	6.3%	0%	2.8%

OOA	0%	0%	33.3%	0%	7.1%
PTS (inc unknown area)	4.1%	5.2%	5.1%	0%	3.7%
Neither good nor poor	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
North Consortia	0%	6.3%	0%	0%	1.3%
East Consortia	0%	0%	0%	4.5%	2.9%
West Consortia	1.5%	3.0%	0%	0%	1.8%
South Consortia	2.6%	0%	6.3%	3.8%	2.8%
OOA	0%	0%	0%	0%	0%
PTS (inc unknown area)	1.6%	2.6%	1.3%	2.4%	2.0%

Feedback from our patients about our Emergency Operations Centre (999 calls)

Compliment for the 999 call taker: The family of the patient wanted to pass on their thanks and said the EMD was absolutely amazing during "the longest 10 minutes of his life". I know how tough it is for EMD's at the minute, so I wanted the staff member to be recognised for her fantastic work.

"The call handler is a very efficient member of staff and completed his role with compassion and understanding. The nurse and call handler were outstanding in the role, and I would like to thank them and for their hard work to be recognised during these difficult times."

"The minutes after the birth until an ambulance arrived, we were on the phone to the emergency operations centre. The lady was on the line well over an hour and was incredible. She instructed my husband on how to deal with the after birth and look after myself. She managed to keep us all calm and safe. We will always remember her help."

"I was just hoping to pass my thanks onto one of your 999 call handlers.
In the early hours of this morning my Grampy passed away, we are still waiting for full details, but it sounds likely he suffered a heart attack.
Gramps was unconscious by the time the ambulance crew arrived, I'm not sure if he went unconscious during the 999 call or after the EMD cleared the line but unfortunately there wasn't much the crew could do upon arrival.
Thank you to whoever took the call; you are the last person to ever speak to him. I'm sure it would have been scary for him and having someone to talk to and reassure him would have meant a lot to him. I'm an EMD for SWAST and know that sometimes taking calls can be a thankless job. All ambulance services are so incredibly now it can feel like we are failing but please know how much you are appreciated. Unfortunately, nobody was able to save him but I hope you know that you still made a difference."

Safety Update

The Trust safety work streams are aligned to the YAS Clinical Strategy and the NHS Patient Safety Strategy. The Trust strategy supports Person-centred, Evidence-based Care and puts the patient and clinician at the heart of the organisation. This demonstrates the Trust's ambition for the future and provides the road map to support our ambition to become an integrated urgent and emergency care provider, driving improvements in patient outcomes, patient safety and clinical quality.

The Clinical Strategy supports the delivery of an integrated urgent and emergency care service which will save lives and ensure everyone in our communities, receives the right care, whenever and wherever they need it, and will put the patient and clinician at the heart of the organisation through three core aims:

- Continuous improvement and innovation of clinical care;
- Enabling our multidisciplinary team to deliver high quality, person-centred, evidence-based care; and
- Ensuring that patients experience a consistently safe, compassionate, high standard of care.

Introduction of the Patient Safety Incident Response Framework (PSIRF) and the Learning from Patient Safety Events (LFPSE) service will be adopted by the Trust, with the expected date to be in early Spring 2022-23. The LFPSE will replace the current reporting systems which the Trust uses, National Reporting and Learning Systems (NRLS) and the Strategic Executive Information System (StEIS). The LFPSE system will provide improved support for all health and care sectors and will provide greater visibility and parity. Patient safety events will be recorded directly into LFPSE system from our local risk management



platform, DATIX, and there is ongoing work to develop this function. These new systems will be used to help the Trust to further develop a risk-based approach to patient safety learning and investigations strategy.

LFPSE will enable the Trust to:

- Make it easier to record safety events, with automated uploads from the DATIX system to save time and effort.
- Collect information that is better suited to learning for improvement than what is currently gathered by existing systems
- Make data on safety events easier to access, to support local and ambulance specialty-specific improvement work
- Utilise new technology to support higher quality and more timely data, machine learning, and provide better feedback for the Trust.

Engaging with all elements of the National Patient safety Strategy and technologies and application of our Trust Clinical Strategy is an exciting time for the Trust which will ensure the future proofing for patient safety and learning.

Infection Prevention and Control (IPC) Audits

Year two of the pandemic has again provided many challenges in 2021-22 for managing Infection prevention and control (IPC) practice. To ensure Trust compliance with IPC measures, audits have been maintained and compliance remains at a very high level to maintain the safety of both our patients and our staff. YAS continues to demonstrate that it is compliant with the requirements of the Health and Social Care Act 2008 and the Care Quality Commission (CQC) Key Lines of Enquiry, this is further supported by ensuring that the Trust provides visibility and compliance with the metrics of the IPC Board Assurance Framework. The Trust has built upon the IPC measures implemented in year one of the pandemic, with provision for Test and Trace and outbreak management made available to staff. The Trust has worked with system partners regionally and nationally and with NHS England to provide robust management processes ensuring that staff have the knowledge and resources to comply with IPC practice.

Level 1 and Level 2 IPC training for all staff is available via eLearning. Current compliance for training is:

Staff	IPC Level 1	IPC Level 2
Substantive	83%	72%
Bank Staff	76%	69%

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. Throughout the pandemic additional post patient cleaning provision was provided at emergency departments with dedicated cleaning teams to assist ambulance crews. This provision allowed swifter hand over times at emergency departments.

Vehicle deep cleaning: Vehicles receive regular deep cleans in accordance with the agreed deep cleaning schedule of at least 56 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. Throughout the pandemic premise cleaning schedules have increased to support working safely measures.

PPE: To ensure adherence to staff PPE requirements during the pandemic, audits have been undertaken at 'point of care' to ensure compliance is managed.

Overall Compliance (Current Year)	Audit	Apr – 21	May- 21	Jun- 21	Jul- 21	Aug- 21	Sep- 21	Oct- 21	Nov-21	Dec- 21	Jan- 22	Feb- 22	Mar- 22
	Hand Hygiene	99%	99%	99%	99%	98%	99%	100%	99%	99%	99%	99%	99%
	Premise	99%	98%	99%	100%	94%	99%	99%	99%	99%	98%	97%	99%
	Vehicle	99%	99%	99%	100%	98%	99%	99%	99%	99%	99%	99%	97%

Safeguarding

The Safeguarding Team has a statutory function within Yorkshire Ambulance Service and liaises with both internal and external multi-agency partners in respect of Child Death, Statutory Safeguarding Reviews (Domestic Homicide Reviews, Safeguarding Adult Reviews and Child Safeguarding Practice Reviews), and Local Authority Designated Officer (LADO) referrals in cases where a staff member may be considered a risk to children. It is also the responsibility of the Head of Safeguarding to report Prevent counter terrorism data to NHS England.

The Safeguarding Team works across the Trust and with partner agencies, including commissioners, social care, police 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 (MOA) 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.

Wakefield acts as the host CCG, and as such ensures that YAS is represented in each CCG area. Yorkshire Ambulance Service, via the Head of Safeguarding, provides assurance to the CCG that the service is well led and managed and discharges its statutory responsibility in line with legal obligations. This is done by quarterly reporting and verbal confirm and challenge discussion.

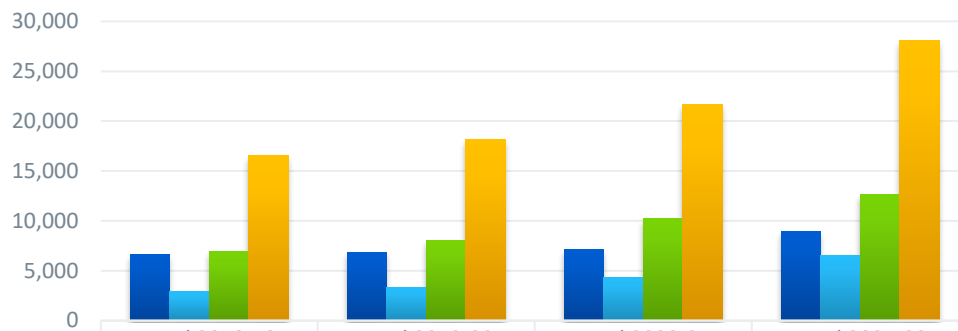
Safeguarding processes are being continually reviewed and strengthened. During 2021-22, safeguarding practice has been enhanced across the trust by the introduction of Child Protection-Information System (CP-IS), a national system which helps health and social care staff to share information securely to better safeguard society's most vulnerable.

The service has also been improved by the appointment of a Paediatric Liaison Nurse, this role provides opportunity to review children and young people presenting to both 999 and 111 services with concerning presentations. This quality based early intervention service is the first of its type in a UK Ambulance Service and supports the NHS Long Term Plan to reduce the number of children and young people accessing emergency care unnecessarily.

The paediatric nurse liaises across primary and secondary care boundaries to support the management of health needs in primary care or community settings on a planned basis rather than as crisis intervention. This is especially relevant in respect of children and young people's mental health services

The Paediatric Liaison Nurse is very much a 'Think Family' role liaising closely around adult cases where Adverse Childhood Experiences (ACE's) and adult physical and mental health impacts on the child.

Safeguarding Referrals

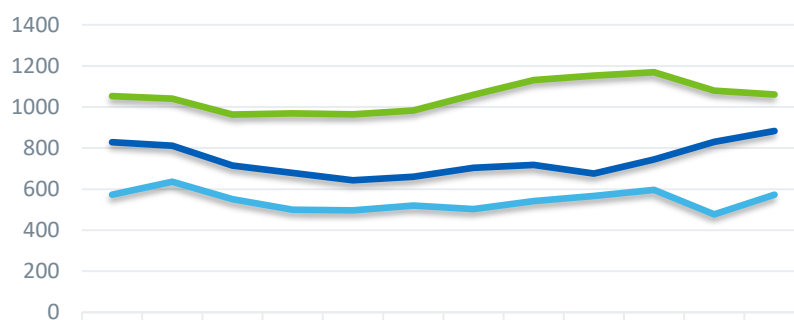


Child	6,627	6,880	7,113	8,890
Adult	2,921	3,274	4,322	6,532
Social Care Assessment	6,970	8,015	10,210	12,622
Total	16,518	18,169	21,645	28,044

In the year April 2021 –March 2022 the Safeguarding Team at YAS has contributed to 16 Rapid Reviews as part of the statutory Child Safeguarding Practice Reviews (CSPR) process and three which progressed to wider review, 40 Safeguarding Adult Reviews (SARs) and 27 Domestic Homicide Reviews (DHRs) across the Yorkshire and Humber region.

Safeguarding is continually evolving, and it is essential that organisations horizon scan to see emerging themes and trends. The Safeguarding Team liaises both locally and nationally, using statutory reviews, audit, legislative updates and general information sharing to highlight updates, hot topics and emerging issues. These inform training and service development within the organisation. The safeguarding team at Yorkshire Ambulance Service regularly share key information with staff, both internally and across social media platforms.

Safeguarding Referrals 2021-22



Children	828	811	715	679	643	660	703	718	675	745	830	883
Adults (At risk of Abuse)	573	636	551	499	497	520	502	542	566	596	477	573
Social Care Assessments (Adults)	1053	1041	963	968	964	983	1059	1131	1152	1169	1079	1060

Daily communications via social media to support adult safeguarding week in November 2021: digital safety, positive culture, grooming, safeguarding is everyone's responsibility.

Important information has also been shared to support staff to recognise and escalate concerns around Female Genital Mutilation (FGM) and Modern Slavery.

As part of work to improve knowledge, skill and confidence around supporting people where Domestic Abuse may be a factor. The Bright Sky App has been

installed onto the smart phones of frontline staff. This app provides practical support and information on how to respond to domestic abuse. It can be used by people experiencing abuse or by people supporting others.

Yorkshire Ambulance Service makes safeguarding referrals for both adults and children to 13 local authorities within the Yorkshire and Humber footprint and liaise out of area where needed.

The number of referrals is generally consistent month on month although slight fluctuation has been seen in the referral rate and nature of concern as COVID-19 continues.

Year on year, social care referrals overall continue to rise in line with national trend. Enhanced knowledge, skill and confidence amongst staff has resulted in both increased and earlier identification of concern.

Yorkshire Ambulance Service Safeguarding Training

The intercollegiate document for adults (August 2018) and Children (January 2019), published by the Royal College of Nursing, has been designed to guide professionals and the teams they work with to identify the competencies they need in order to support individuals to receive personalised and culturally sensitive safeguarding. It sets out minimum training requirements along with education and training principles. The most recent versions of these documents recommended the inclusion of identified ambulance staff in Level 3 training.

Level 1 – all staff working in health settings (e-learning)

Level 2 – all practitioners, clinical and non-clinical, that have regular contact with patients, families or carers, or the public (e-learning)

Level 3 – for all registered healthcare staff who engage in assessing, planning intervening, and evaluating the needs of adults and children where there are safeguarding concerns.

The Trust is committed to ensuring high quality safeguarding practices exist across all business areas of the organisation, and training is central to making that happen. COVID-19 has resulted in sustained demand on frontline services and made timely completion of statutory and mandatory training challenging.

During 2021-22 compliance with Level 2 safeguarding training amongst the substantive workforce has taken a steadily improved, which is a testimony to staff commitment to learning during this time of extreme pressure.

The Trust is committed to ensuring high quality safeguarding practices exist across all business areas of the organisation, and training is central to making that happen. COVID-19 has resulted in sustained demand on frontline services and made timely completion of statutory and mandatory training challenging.

During 2021-22, Level 2 safeguarding training amongst the substantive workforce has taken a steady incline, which is pleasing to see and a testimony to staff during this time of extreme pressure due to COVID-19.

Compliance for volunteers has declined in March 2022, this is due to transition from a paper-based workbook approach to a requirement to complete electronic modules on ESR.

The requirement for compliance at Level 1 has changed for patient facing staff in both substantive and voluntary roles with all of these roles completing Safeguarding Training at Level 2, with acceptance by the organisation that Level 1 knowledge is incorporated in that and without the need for separate study.

There are still a percentage of non-patient facing substantive staff who undertake Level 1 training for both safeguarding and prevent. This has moved to electronic learning modules which will replace the traditional workbook approach.

For clinical staff currently compliant at Level 2, Level 3 modules will become available when they are required to renew their statutory and mandatory training. This is accepting that ambulance staff in patient facing roles cross level 2 and 3 training according and appropriate to the role they are undertaking. With increasing autonomy and decision making of all frontline practitioners it is acknowledged that more healthcare staff will need to acquire some of the knowledge, skills and competencies at level 3. National guidance emphasises 'as appropriate to role' for this reason.

Clinical Pathways

The Clinical Pathways Team works within the remit of the Clinical Directorate and is responsible for the design, development, communication, and monitoring of acute and urgent care pathways. Acute care pathways are designed to ensure patients are conveyed to the most appropriate destination and receive the gold standard treatment for their presenting condition, and include heart attacks, strokes, sepsis, maternity, and vascular emergencies. Urgent care pathways are predominantly community-based and enable ambulance clinician access to services designed to provide care closer to home, avoiding hospital attendance and helping to improve patient experiences and outcomes.

In 2021 the Clinical Pathways Team continued to support changes to acute care pathways, necessary due to the ongoing pandemic, ensuring patients with relevant conditions received the specialist care they required. The team is also working with system partners to improve existing acute care pathways utilising new technologies and approaches designed to streamline access and improve patient outcomes, principally in relation to heart attack and stroke services.

Urgent care pathway development continued at pace in 2021, resulting in the creation of many new pathways, including access to mental health home-based treatment teams throughout the region, enabling more patients experiencing mental health related problems to be cared for at home and avoid hospital attendance. In addition, the team has been instrumental in assisting our health and social care partners to design and develop new Urgent Community Response (UCR) teams within the area. The UCR teams offer a 0-2-hour crisis response to patients in their home environments, employing multidisciplinary teams of health and social care professionals that enable the delivery of expert care in community settings, and are especially relevant to patients living with frailty who are proven to have poorer experiences and outcomes when conveyed to hospital. The Clinical Pathways Team has also been working closely with our Acute Trust partners to develop pathways to hospital-based Same Day Emergency Care (SDEC) services, allowing patients to be assessed, and their care managed, in areas other than the Emergency Department, helping to reduce waiting times and facilitating faster turnarounds.

During the next 12 months the team will continue to pursue improvements to existing acute care pathways and prioritise the development of pathways to UCR, SDEC and mental health services across the region. In addition, the team will look to capitalise on the new team-based working structure, linking with the A&E Operations Directorate to design and initiate new and innovative methods to promote pathway usage, consistent with the deliverables outlined in the Trust's Safer Right Care project.

The Clinical Pathways Team is focused on efforts to improve patient experiences and outcomes, and we will continue to work with our partners across the health and social care spectrum to achieve this fundamental driving aim.

Quality Improvement (QI)

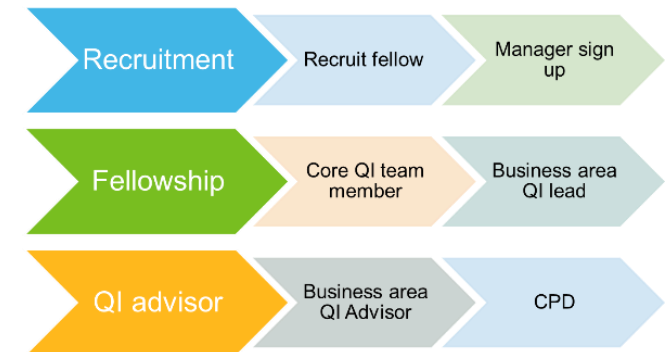
The Quality Improvement (QI) Strategy has continued to be embedded throughout the organisation with the QI model of delivery enhanced. This enhancement aimed to further develop the Trust training with the implementation of a e-learning foundation training through to the delivery of different QI methodology training such as LEAN and Virginia Mason. There are also plans in place to provide a 15-minute introduction to QI for all new staff and volunteers during Trust induction. This will help the Trust to embed a continuous ethos of improvement by allowing our people to utilise the right QI methodologies to support improvement work for our people, patients, and service users.

The Trust QI team are a part of the Northern Ambulance Alliance (NAA) QI council. This is made from QI leaders across North West Ambulance Service, North East Ambulance Service and East Midlands Ambulance Service. The aim of the council is to reduce duplication of improvement efforts, share learning and build an ever-growing QI culture in the ambulance sector.

The QI Fellowship allows our people to have half of their employment, on secondment, to be able to develop their QI knowledge and skills to help make improvements throughout the Trust. The QI Fellowship is soon to complete its third cohort with QI Fellows supporting key QI initiatives such as:

- Pre-hospital feedback
- Improving the management of deep cleaning requests
- Management and reporting of clinical waste
- Delivery of short notice changes in the Emergency Operations Centre (EOC)

Unfortunately, due to the pressures the Trust and the wider NHS has been faced with QI Fellows have had to be redeployed to their substantive role within operational service delivery. This has been challenging but the Trust continue to work to support the QI Fellowship as it enters its fourth cohort of QI Fellows. The programme for this next cohort builds on the lessons learned from previous cohorts and will see fellows working more closely with their own business area and a focus on applying their skills and knowledge after completion of the fellowship.



The QI Team continue to support our people and business areas with key projects such as:

- The rollout of smartphones for A&E operational staff
- Cultural review
- A&E Job lead Time
- Emergency survival shelters
- Rapid response to patients who have fallen
- Implementation of Schwartz Rounds

Innovation – Simply Do Ideas

The Trust continues to use a digital platform to enable continuous improvements through crowd sourced solutions. The digital platform, Simply Do Ideas, allows challenges to be set to staff surrounding a specific problem or area for improvement so our people can help to provide solutions and ideas in response to the challenge. Simply Do Ideas provides many benefits of which helps to deliver key objectives within the QI strategy. This demonstrates the Trust approach to the maturity of QI and supports the Trust values, in particular, 'One Team, Empowerment and Innovation' and key priorities such as embedding an ethos of continuous improvement.

The platform continues to grow in users, idea generation and challenge setting to help improvement work for our patients, service users and our people.

Yorkshire Ambulance Service Continuous Improvement

HUB and Spoke and Ambulance Vehicle Preparation (AVP)

The Trust is undertaking a major transformation programme (called Hub and Spoke) to reconfigure and align operational service delivery, estate, fleet, and support service functions. This reconfiguration is to achieve a range of quality (safety, efficiency, effectiveness, experience) benefits, based on recommendations from Lord Carter's review into unwarranted variation in NHS Ambulance Trusts (NHSE 2018), NHS England/ NHS Improvement (NHSE/I) led Ambulance Improvement Programme, the National Audit Office (NAO) recommendations (2017), the Naylor Review of NHS Property and Estates (DH 2017), as well as sharing of learning, good practice and evidence of effectiveness from other Ambulance Trusts. The Doncaster Hub and five Local Area Response Points (spokes) have been successfully implemented since February 2020. The Trust has approved the model for Hull with implementation planned for 2023-24.

The AVP model of delivery is recommended by the NHSE/I Ambulance Improvement Programme and aligns to Lord Carter's Model Ambulance programme. Evidence indicates that AVP leads to increased clinical and vehicle availability, more consistent vehicle re-stocking, and more effective cleaning in line with CQC and DH hygiene standards for UK Ambulance Services (NHS E 2018, Mackenzie and Pilbery 2019). AVP has been successfully implemented at Wakefield, Doncaster and Bradford stations, and as cluster AVP for the Leeds and Huddersfield areas (includes AVP provision for smaller surrounding stations in Bramley, Seacroft and Honley). The Trust has just approved a new cluster AVP station for Scarborough (which will include Whitby, Bridlington, Filey and Kirkbymoorside Stations) with implementation planned for 2023-24. Further developments have included a Prescription Only Medicines (POMs) pilot which has been proven safe and successful reducing the need for POM audits, improving standardisation, reducing risk of out-of-date medicines and improving quality. Future developments include standardised formatting of all vehicles for consumables to be delivered from a new central Logistics Hub (planned to be operational 2022-23) improving stock management control, efficiencies and logistics team efficiencies.

As part of ongoing improvement, a study was undertaken to understand if more effective cleaning through AVP processes could safely extend the deep clean cycle from 5 weeks; this was proven successful and safe, and approved into business as usual for AVP sites to extended deep cleans to 8 and 12 weeks respectively on PTS and A&E AVP vehicles improving vehicle availability. An AVP App provides data along with operational data that the team review and develop with BI and colleagues to monitor and share via AVP improvement meetings monthly across AVP sites with AVP, Operations and Fleet to ensure benefits are realised and maximised.

Embedding Team Based Working

Workstream objective - *To establish a structure within A&E Operations in which staff feel supported and engaged, leaders at all levels role model the values of the Trust, leaders are confident and visible, and the senior leadership team works collaboratively to lead, influence and deliver the vision.*

The Team Based Working project was completed in March 2022. This project established and implemented a new management structure across A&E Operations. The Embedding Team Based Working project is the next phase of this work and focuses on implementing the cultural change expected of the new structure, as well as providing the new managers the skills and tools they need to effectively manage staff. The project is designed to address some of the lessons learnt from the first project, evaluate how the new structure has been implemented and put in place things which will help improve the management structure and ensure it is fit for purpose in the long term. This includes engagement with all new managers in the form of “re-set days”, identifying what is working, what isn’t, and what else we need to do, evaluating the impact of TBW on key metrics and embedding the key principles of TBW across operations. The project actions will be driven by feedback from the “re-set” days, evaluation of other activities and the training needs analysis results completed by every manager across A&E Operations.

EOC Improvement Programme, Continuous Improvement workstream

Workstream objective - *To develop and implement a culture of continuous improvement in EOC where everyone is supported and engaged to improve outcomes.*

The foundations of this workstream were to develop a performance framework and associated tools at all levels within EOC.

Subsequently, this framework, combined with wider intelligence through audit, incidents, formal staff and patient feedback and workforce data, would be supported by a shared improvement model leading to the continuous improvement of EOC services.

Project Management Office (PMO) – continuous improvement activities

The Trusts approach to PMO has a continuous improvement focus, actively engaging stakeholder in ongoing development and action to ensure the model is aligned and responsive to trust priorities and sharpen assurance and oversight of key projects and programmes. Key tasks undertaken include:

- work to strengthen the PMO team including introducing new roles: Transformation Programme Manager, Transformation Project Manager and PMO Assurance Manager.
- Review and refresh of the PMO dashboard and reporting mechanism to Trust Executive Group (TEG)+ providing overarching assurance on the Trusts H2 plan.
- Coproduced action to review and refresh of the Trust’s approach to managing project risks. New risk model in line with best practice designed and piloted with stakeholders.
- Coproduced action to review and refresh the Trust’s PMO workbook and highlight report.

ECP Multi-source feedback project

Background

The Sheffield Emergency Care Practitioner (ECP)/Urgent Care Practitioner (UCP) team has been running for nearly 20 years providing urgent care to largely vulnerable, elderly and housebound patients registered with GP surgeries with the Sheffield CCG area, serving a total population of approx. 500,000. The team is staffed by experienced paramedics and nurses who specialise in the assessment, diagnosis and treatment of minor injuries and minor illness in the community. The key aims of the team are:

- To provide out of hospital care in the home or community setting
- To avoid unnecessary hospital attendance and admission
- To provide clinical support and leadership to other frontline paramedics

The team has built good relationships with local care homes, GPs, other community AHPs and ambulance service colleagues, all of whom have access to directly refer patients to the team for same-day assessment.

The Project

The team began discussing ways to obtain service user and stakeholder feedback last year in order to measure a benchmark level of satisfaction with the services we currently provide and identify any areas of potential development for the future. No previous formal service user feedback has been sought although anecdotally the team has a good reputation within YAS and the local health community. It was planned to share results with the Trust and any interested stakeholders.

The initial stage involved developing the questionnaire and gaining agreement from the Trust to distribute the survey. Assistance was sought from the Quality Team to ensure policies and procedures were adhered to.

The questionnaire was developed by a small project team and agreed on by the wider team at a regular ECP Huddle meeting. Various methods of distribution were considered and debated taking into account our core patient group are largely house bound. An electronic format was decided on for ease of use. Paper copies were considered but it was decided that issues of postage would add unnecessary complications.

The questionnaire is accessed via a QR code which is provided with patient advice after the assessment on a sticker or card and left with the patient or their advocate.

It is acknowledged that this is not accessible for all our patients but it was felt that the option of returning a paper copy would be unlikely to be any more accessible for most, due to the patient groups involved.

The project launched in October 2021 with the initial aim of running for 8 weeks or until 50 responses were received, which came sooner. This was with the backdrop of increasing COVID-19 cases in the third wave in the UK which was causing significantly increased demand across the Trust. ECPs were largely redeployed into the SCSC with limited capacity out on the road. It was quite difficult to engage the team in the project due to high levels of staff sickness, increased demand, anxiety regarding COVID-19 and general pressures.

Responses have been slow and there may be numerous reasons for this, not least those mentioned above relating to staff, but also possibly due to care home staff having limited time to complete a survey, many of our patients not having the necessary access to technology and needing assistance etc.

Responses that we have received have been overwhelmingly positive.

As more results are received, we will analyse the data in more detail and look to areas for development or improvement in the future.



Our GREATix feedback system - for colleagues to celebrate each other

For a PTS Call Handler

"I listened to a call taken by this colleague, in order to find out what was said for another department, and it was a pleasure to listen to. They were confident, had a lovely tone to their voice throughout the whole call and asked everything correctly. A huge improvement from when they first started and was very shy and quiet on the phones. Well done!"

For Bethany, Call Centre Team Leader

"Great help with keeping morale high on a particularly bad day for me and cheered me up! Always knows what to say and how to help and gives great advice. Supported me with professional and personal problems as well which is greatly appreciated."

For Luke, Paramedic

"Luke was a massive help for us in the EOC tonight, we discussed due to workload what we thought he would be able to work with and he dealt with a number of jobs all which were discharged on scene. He's a really positive figure and always stands out as being a cheerful, friendly, attentive person, which is super appreciated at any time but especially these days with all the negativity and hard work due to the pandemic. Myself and my colleagues agree that Luke is a truly valuable figure within the service, and we wanted to send our thanks for his hard work, especially this shift and his positive personality!"

For colleagues in EOC

"I would like to send my sincere thanks to the amazing staff that I spoke to in the EOC department. I am an Emergency Care Practitioner and whilst on duty on Friday had to call for an ambulance four times during my shift. All four call handlers were outstanding, professional and without doubt a credit to the service. Please could you pass on my sincere thanks and gratitude to them all for their amazing professionalism and kindness".

For Louise, Campaigns Manager

"Louise has been really helpful in creating comms for Staff Update and social media to support the Safeguarding Team. We provide Louise with the events that we need to promote, and she locates the appropriate content and transforms our ideas into great campaigns. Louise even pre-empts our requests and comes to the team with things that she thinks we would want to publicise. It makes our job much easier knowing that Louise is there and that she is able to produce such high-quality work for us".

For Natalie, Paramedic and Frequent Caller Case Officer

"Natalie is innovative, empowering, engaging and wants to make YAS a better place for our staff and patients. I first met Natalie a couple of years ago and was quickly impressed by her can do attitude. She is fantastic at engaging people, ensuring everyone has a voice and helping people feel part of the bigger team to achieve more. Never doubt you do a fantastic job Natalie and keep up the fantastic work."

Looking after our staff

- A range of programmes are being delivered and continue to be delivered to support staff in looking after their health and wellbeing. In addition to the core offer, the Health and Wellbeing Team has increased the wellbeing provision for staff during the pandemic, including provision of support sessions on anxiety and therapy dogs.
- The flu vaccination programme for 2021-22 has now come to an end and was run in conjunction with the COVID-19 booster vaccination at static sites, roving and pop-up clinics. Booster vaccination uptake has been 61.4% for all employees and flu vaccination uptake has been 51.4%.
- Psychological wellbeing support pilot within EOC and IUC is progressing well.
- The Health and Wellbeing Team continues to work closely with EOC and IUC to support their programme of work focused on health and wellbeing.
- More dates are planned in for the delivery of peer support and trauma risk practitioner's programme.
- Welfare vehicles continue to be out on the road supporting staff. Anecdotal feedback so far has been really positive.
- Funding through the Humber Coast and Vale Health and Care Partnership will see the delivery of bite-size mental health and suicide awareness training between February and March. The sessions will equip staff with skills to actively listen, spot signs, provide support, signpost and more importantly how to manage self-care.
- Occupational Health and specialist services continue to be delivered and managed through external contracts. The services continue to be widely accessed. Where possible promotion of the support offer continues to be communicated to all staff using a variety of channels.

Embracing Diversity, Promoting Inclusivity

The Trust's approach to equality, diversity and inclusion is embedded within our People Strategy. We have a focused Diversity and Inclusion Action Plan, which includes delivering actions against our Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Gender Pay Gap reporting and other key priorities in this area with an emphasis on embedding and mainstreaming diversity and inclusion at the heart of everything we do. A recent review of our recruitment and selection practices has refocused our efforts in ensuring these processes are inclusive, accessible, and attractive to candidates from all communities across our region in a bid to ensure we have a diverse workforce which reflects the communities which we serve.

Our staff equality networks are an important asset in effectively influencing the diversity agenda and we continue to work closely with them, trade unions and other key stakeholders in developing our plans to further enhance and embed inclusion across the Trust. Our staff equality

networks continue to play a key part in supporting their members and wider staff during the COVID-19 pandemic increasing their meetings and engagement for an alternative route for informal peer support and conversation.

The Trust launched its Reasonable Adjustment Guidance and Health Passport in November 2021. This provides information and support to both manager and employee on the reasonable adjustment process. The Health Passport has been designed for individuals within YAS who are living with a disability, long-term health condition, mental health issue or learning disability/difficulty. It allows individuals to easily record information about their condition, any reasonable adjustments they may have in place and any difficulties they face. We also launched a carer passport alongside the health passport to ensure our carers have the right support in place to enable them to remain well and at work whilst providing unpaid care.

Prestigious award for Trust's nurses

Congratulations to Clare Ashby, Executive Director of Quality, Governance and Performance Assurance (Interim) and Iffa Settle, Head of Safety and Infection Prevention and Control Lead (IP&C), who were both recognised with a Chief Nursing Officer Silver Award in April 2021. The award, presented virtually by Ruth May, Chief Nursing Officer for England, recognises major contributions to patients and the profession, for nurses and midwives. She said: "I am delighted to be able to present Clare and Iffa with CNO awards and recognise their inspirational leadership at the Yorkshire Ambulance Service. "They are both amazing and inspirational nurse leaders and I am really pleased that I have been able to personally thank them for their work."



Aspire Programme

The Aspire Programme delivered First Aid training to vulnerable young people through local authority contacts. The programme also delivered virtual careers session to schools across the region.

Restart a Heart team have also linked in with North Yorkshire Police and North Yorkshire Fire and Rescue Service to support their Cardiac Arrest Awareness campaign throughout 2022.



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

Introduction

The following pages contain feedback on the draft Quality Account from our key stakeholders. All the CCGs, Health and Scrutiny Committees and Healthwatch organisations in the areas covered by the Trust were invited to comment. The replies received are reproduced in full below. Where possible we have acted on suggestions for improvement immediately. Where this has not been appropriate, we will ensure that the feedback is reflected in the development of the next Quality Account for the period 2022-23.

The Trust is working hard to support a positive culture for staff and work is ongoing to establish areas where improvements can be made. The Trust is also strengthening the link between patients, members of the public and YAS through several initiatives aimed at supporting the voice of those who use and access our services to develop improvements *with* us.

As ever, we are grateful to all organisations who have engaged with us in discussions of our Quality Account and who have supported its production with their constructive feedback.

Wakefield CCG combined commissioner response

Commissioners would like to thank Yorkshire Ambulance Service (YAS) for the opportunity to comment on the annual Quality Account (QA). We would also like to take this opportunity to thank all the staff at YAS for their hard work and dedication over the past two years that the COVID-19 pandemic has been with us, and the unprecedented demand on your services.

Commissioners confirm to the best of their knowledge, that the information contained in the report is accurate, fair, and consistent with that which has been shared with us

Do our priorities reflect the priorities of the local population?

Commissioners are supportive and in agreement with the 2022-23 quality priorities.

YAS covers a vast area with a very different populations so it would be difficult to ensure priorities reflect all local populations. However, given the wide range of difference in the population, YAS has endeavoured to cover this in the priorities including rural population, dementia patients and those with specific healthcare concerns/problems.

Are there any important issues we have missed?

Some information about specific themes and learning from incidents would be beneficial. The report could be further enhanced by describing the work you have undertaken on improving care and treatment for pregnant women with the expertise from the midwife seconded from West Yorkshire Integrated Care System (ICS).

Have we demonstrated that we have involved patients and the public in the production of the Quality Accounts?

Commissioners welcome the way that YAS has continued to remain engaged with both partners, commissioners, and patients. Public involvement appears to be a key aspect of YAS's quality strategy with a strong commitment to public involvement.

We welcome the continued engagement that the Trust has managed in 2021-22 ensuring that their voice is heard through the YAS Critical Friends Network.

It would have been beneficial to understand how involvement is perceived by the public/patient representatives.

Is our Quality Account clearly presented for patients and the public?

Overall, the QA reads very clearly for patients and the public to review.

General Comments

Operational Pressures

Commissioners are aware of the operational pressures that YAS and the whole healthcare economy have experienced this year and the consequent impact on quality standards and patient experience (not only experience of direct patient care, but also the ability to respond to complaints and the Friends and Family Test (FFT) project with people with a learning disability).

We would like to applaud the achievements YAS has made with the four priorities for improvement for 2021-22, accomplished under the operational pressures and despite changes in senior clinical leadership within YAS.

Commissioners share the concerns of how the demands across the system have impacted on the response times of ambulances to Category 1 and 2 patients. We acknowledge the work that YAS has undertaken both itself and as part of the wider system to try and reduce this impact as far as possible.

Audit and Research

Commissioners are pleased to view the continued commitment to contribute to national and local audits. The new ways of communicating with staff have allowed for audits to be completed and any messages around lessons learnt to be shared with staff.

Despite the continuation of the pandemic, commissioners are pleased to note the continued investment by the Trust into Research and Development with the launch of the new research strategy for 2021-24.

Workforce and Dedication of Staff

The impact of the challenging year is clearly described. Wellbeing is a theme throughout the report and its link to the delivery high quality care is evident

Continuous Improvement (Effectiveness, Experience, Safety and Outcomes)

Commissioners note the four quality improvement priorities that have been identified 2022-23 and fully support the decisions that have been made. We look forward to seeing progress through the year.

Commissioners remain committed to working with the Trust and its regulators to improve the quality and safety of services available for our population. The report also demonstrates a continuous drive to improve quality even through challenging times within the NHS.

It is noted that patient safety has seen the implementation of the Team Based Working to underpin the delivery of safe, effective, and patient-centred emergency and urgent care, with all staff in place and having completed their induction. We look forward to hearing further how this develops and the impact that it has within the Trust.

It was positive to read about the work that has been undertaken to improve the experience for people living with dementia and their carers, and the plans for the continued work with this group.

YAS continue to implement change when they learn a lesson through patient experiences; this can be through an incident, a concern raised by a patient or a complaint.

The report is strong on effectiveness, patient experience, safety, outcomes and achieved a good balance between what's going well and what needs to be improved.

The report highlights innovative testing of new roles to support and bring additional capacity into the organisation, for example, mental health facilitator in audit team, paediatric liaison nurse, and trainee nurse associates.

Joint Working

Commissioners acknowledged the continued work YAS has undertaken to promote joint working across Integrated Urgent Care (IUC) and the Emergency Operations Centre (EOC) with the implementation of further staff training, and the development of the shared system for Clinical Assessments. Commissioners hope this will progress further in 2022-23 as it has been identified for a priority in the forthcoming year.

Mental Health

The transformational work that the Trust has undertaken to improve the experience for patients with mental health issues has been noted. We will be keen to see how the mental health rotational nurse posts and mental health response vehicle develop and the impact the specialist roles have for patients.

Healthwatch North Lincolnshire

Yorkshire Ambulance Service NHS Trust covers a wide variety of communities and the plans set out in the Quality Account cover some key aspects including mental health and dementia. The Quality Account includes reference to research and emphasises a good commitment to ensuring services are working to the best of their ability and working well for those who need to use them. This includes consideration of staff wellbeing and the knock-on effect this has on the people they serve. There is room for more localised research into the experiences of local people to really help empower the voices of people from all areas covered by Yorkshire Ambulance Service NHS Trust.

The list of overall quality improvements is welcome and highlights that learning from complaints has taken place. However, a further breakdown of the complaints data and showing how this has impacted on the quality improvements would be useful. It would also be interesting to understand whether the compliments highlighted have been used to replicate good practice elsewhere. Also, within the performance against priorities for improvement 2020-21 section, priority four stipulates the use of 'co-production techniques' yet there is no mention any service user involvement or how the service user voice has been used to shape service improvements. By adding these lived experiences the Trust would better evidence its involvement of patients and reinforce the value of patient input.

The Quality Account also details Key Activity and Developments to Patient Transport Services throughout 2021-22 and promisingly details planned activity to make improvements to services, ensuring they are delivered consistently across the region. It would be beneficial to have some reassurance in the future about how these planned pilots will reflect the views, opinions and experiences of all the various regions, including the rural North Lincolnshire region to further ensure services are fit for purpose for all those they serve. Another planned area of work included research into the experience of people with dementia who use Patient Transport Services, details of the timescales for this planned work and how the Trust plans to utilise the research would be useful to those who may be affected by the issue.

It was reassuring to read the efforts the Trust has made to mitigate the risks posed by the COVID-19 pandemic, and the work undertaken to provide transport for patients having to travel to receive COVID-19 treatment in order to avoid hospitalisation.

Finally, whilst a glossary of terms and abbreviations is included, this is nine pages long, which suggests there may be some room for improvement in the accessibility of the information presented for the general public.

Rotherham Health Select Commission

Members of Health Select Commission reviewed the 2021-22 draft and acknowledge the extreme circumstances in which YAS delivered services to the Rotherham community throughout the period reflected in the report. Members note the resourcefulness of YAS throughout this year, recognising the challenges to recruitment and training of staff that have undeniable impact on service delivery. Members were pleased to see this draft look beyond the pressures of COVID-19, outward and forward, to take learning from the pandemic and optimise the benefit from the innovations to support staff and care for patients.

Response times remain the single priority for people relying on YAS in times of urgent need. Members are therefore deeply concerned that the draft lacks a robust plan to rectify the failure to achieve national targets in any category. Members understand the challenges the service has faced and the steps taken to improve handovers, call centres, and staff resilience. Members note that the comments from the CQC inspection in 2019 still provide useful direction for continued improvement.

Members also would like to see plans for enhanced safety to reduce serious incidents and medication incidents, noting the work that has been done to build a positive reporting culture. Members hope that exploring ways to make training and development more available to prospective and newly recruited staff whilst protecting the wellbeing and mental health of current staff with a view to long-term retention will aid in safe and effective service delivery going forward.

Members expressed desire to see more sub-regional breakdowns of performance information to show how well services are being delivered to Rotherham residents. Members identified this as an area for improved clarity in future Quality Accounts.

Finally, Members express their sincere gratitude to the YAS staff for their dedicated service to Rotherham residents in difficult circumstances.

Healthwatch Wakefield

Healthwatch employs a small staff team and are helped by a significant number of volunteers. The draft quality account was circulated to our volunteers and their responses have been incorporated into this report.

Due to the impact of COVID on the Trust, the priorities for YAS have been rolled over from 2019-20. We assume that these have been signed off by the commissioners and are still relevant to the population.

Despite the pressures of COVID, YAS has been involved with has been impressive amount of research and innovation. The detailed patient stories and co-ordination with volunteers demonstrate compassion in care and proactive management of the pandemic.

It is felt that data showing trends and comparative data would be helpful. There are numerous tables with data within the report to inform the reader of the performance of the Trust, however there is no comparison with previous years' performance. Therefore, the data does not demonstrate whether there has been improvement or whether performance has deteriorated such as STEMI (ST Elevation Myocardial Infarction); scores are below the national average, understanding how this compares with previous years could be explained and actions to improve detailed.

The draft report received does not include Q4 data so the whole year data and in-year trends could not be reviewed and therefore some of the commentary and actions may need to be amended accordingly and will not be reviewed by us.

The staff experience and staff survey were particularly important this year due the intensity of work due to the pressures of COVID. It is a concern that only 34% of staff responded to the National Staff Survey. This is significantly below the sector average, and lower than the previous year, in addition, only 12% of staff completed the January 2022 National Quarterly Survey. Understanding the reasons for this low level is quite important as the survey can be an indicator of lack of engagement or low morale. Actions to ensure better engagement would be useful within the report.

At the time of feedback, there was no final data and no comparison of the number of patient-related or serious incidents reported. The reasons for an increase in medication incidents which seem to be increasing from November compared to earlier in the year had not been documented.

The initiative to recruit trainee Nursing Associates who will eventually become registered nurses with YAS demonstrates a positive response to the need to develop the workforce.

It is good to note that after two years of managing COVID pressures, the priorities for YAS had been rolled over and are now in implementation. Mental Health has been a Healthwatch Wakefield priority, and the positive impact of the initiative and the dementia friendly research and training is a positive step as is the focus on staff development and recruitment for 2022-23.

The initiatives implemented to encourage the reporting of incidences is showing positive results. It is helpful to see the actions which have been taken as a result of the review. On a positive note, the compliments received by A&E service line is significantly higher than the complaints received, particularly given the pressure on staff during this year.

The timeliness of responding to complaints is reducing and an explanation of the issues would be helpful.

With regard to the Quality Account being clearly presented for patients and public, it is a long and complex report with inevitably a large amount of jargon, which in the main is explained within the text and supported by a glossary. When the report is completed, it would be worth checking for other acronyms that are not explained, particularly within tables. As commented upon last year, to ensure the quality accounts are more accessible to the public, the easy read summary of the Quality Account could be checked by people with a learning disability and not just carers or other professionals. This way they can use the feedback to ensure the document is easy read and accessible. There are local advocacy groups locally who are experienced in checking easy read and can do this for YAS.

In conclusion, this is a comprehensive and detailed report, and the Trust deserves many congratulations from Healthwatch Wakefield for providing a quality service to so many people, particularly in these challenging times.

Healthwatch Sheffield

Thank you for sharing this year's Quality Account with us. As always, our response includes insight from staff and volunteers to gain a wider perspective on the report and its presentation.

Overall:

Despite response times clearly suffering at the peak of COVID-19, the report sets out a strong story of pandemic delivery across the Trust's different services, as well as a strategic focus on research and clinical data. We are pleased to see that the Trust still appears focused and well-run.

We do note that the draft we have reviewed is missing some final data – especially in the NHS 111 section. We have received a lot of feedback about NHS 111 through the engagement work we do with patients, families and the public – especially regarding calls about dentistry. Due to the incomplete data we have not been able to sense check this part of the report, but the feedback we received has shown a mixed picture. People have received conflicting guidance from services about how to access urgent dental care, and for some people NHS 111 was able to help them access the care they couldn't get by phoning a local dental practice. For others, confusing guidance meant they were bounced back and forth between NHS 111 and local dental practices due to different messaging from each. Messaging around accessing dental care in the pandemic has been confusing for many, including those within services, and making sure call handlers have clearer information about this would be beneficial.

Readability:

Yorkshire Ambulance Service covers a large footprint and delivers many different services, which means the report will always be lengthy and contain a lot of information. We appreciate the inclusion of the glossary to help with reading and understanding. We think the report could also benefit from a more thorough breakdown of the footprint and the terms that the Trust uses for each area to help people understand the data that relates to where they live.

There is some data presented without much written analysis which is also challenging for those outside of the Trust - it sets out a lot of findings and performance data but the reader may be left with questions about what actions will be taken as a result.

The Trust's priorities for 2022-23:

The priority areas the Trust has set out for next year appear to be broad headlines – it is difficult to comment on these objectives without some level of drilling down into them. What does the Trust hope that achieving these priorities will mean for staff, patients, and families? What work will be done to make this happen? How will they measure success? For the objectives that involve implementing a new YAS strategy, is this available for the public to read? We think more detail would have to be published in order for patients to understand what the Trust aims to focus on.

Progress against priorities for 2021-22:

When the 2021-22 priorities were set out in last year's report, there was a brief statement about how each priority would be measured/monitored. It would be helpful to see this repeated here for transparency, so people could see how the Trust has performed against those previous targets. This would make it clearer what has/hasn't been achieved, and how the Trust came to its conclusion about which targets it has completed, and where work needs to continue.

Changed ways of working are assumed to have led to improvements, but there is no data by which to measure this so we hope that evaluation is taking place, with opportunities for patients/families/staff to give feedback.

Opportunities for feedback and involvement:

It was good to see a section about Complaints, Concerns, Comments and Compliments, and that changes have been implemented as a result of people's feedback. This shows a good level of transparency for patients, their families and the public. The Trust could further improve this section by breaking down key themes so we could see any key areas of concern. We note the difficulty the Trust is having in meeting their complaint response target and hope that as staffing issues improve, complaint response times do too.

Opportunities for staff feedback do not appear to be readily taken up – e.g. the 34% response rate for the 2021 NHS Staff Survey, and the 12% response for the January 2022 National Quarterly Pulse Survey. Especially considering lower than previous staff morale, the Trust should consider how to increase uptake of staff feedback opportunities, as this is key to learning from people's experiences and implementing measures to improve morale.

We would like to see that ways of engaging patients and the public are built in to the Trust's service improvement work – and we hope that the finer details of the priority areas for 2022-23 explore how people can be involved in shaping and measuring the success of these objectives.

Barnsley Overview and Scrutiny Committee

The Committee would like to thank Yorkshire Ambulance Service Trust for the services they have provided to the residents of Barnsley during 2021-22, particularly given the additional pressures brought by COVID-19

Priorities - 2021-22

The Committee is pleased to see that the Trust has managed to achieve Priority 1 (Patient Safety) and Priority 4 (Patient Experience) which relates to mental health care. The Overview & Scrutiny Committee received a referral from Healthwatch Barnsley relating to adult mental health crisis care in June 2021. It was clear from subsequent investigations that Yorkshire Ambulance Service has a key role to play in conveying patients to section 136 suites and it is hoped that residents in Barnsley will benefit from the work outlined in the Quality Account.

The Committee is also pleased to see that the Trust managed to address the dementia friendly ambitions as part of the work in achieving Priority 2 and that there has been a high level of engagement with people living with dementia and their carers resulting in a range of improvement outcomes and co-production of a training package for staff. The Overview & Scrutiny Committee focused on Dementia services for one of their task and finish groups this year and were encouraged to hear that Yorkshire Ambulance Service now have dementia friendly ambulances and have increased the number of dementia champions within the service. During the course of the group's investigations, they also engaged with people living with dementia and their carers to identify improved outcomes.

Priorities - 2022-23

The Committee is satisfied that the priorities identified for 2022-23 broadly reflect those of the local population.

It is hoped that work will be done to address under-performance against mandatory indicators relating to response times, STEMI and appropriate care bundles for patients experiencing a stroke. The committee would like to see work being done to understand the reasons for under-performance, and actions put in place with a view to equalling or exceeding the national average performance.

Important Omissions

The Committee is not aware of any important issues that have been missed from the Quality Account.

Patient & Public Engagement

It is clear from the account that patients and the public are encouraged to share their experiences via the Friends and Family test, the Critical Friends Network and patient stories. It also shows that people living with dementia and their cares have been engaged to identify service improvements. However, it is not always clear from the report how this information is used, what the improvements are, and what impact they have had.

Work of the OSC

The Committee welcomed Yorkshire Ambulance Service's attendance at our session in November 2021 where we looked at Barnsley's Urgent & Emergency Care Strategic Winter Plan and we look forward to working together again in the near future.

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 2021 to March 2022.
 - Papers relating to quality reported to the Board over the period April 2021 to March 2022.
 - Feedback from commissioners dated 1 May 2022.
 - Feedback from local Healthwatch organisations dated 1 May 2022.
 - Feedback from Overview and Scrutiny Committees dated 1 May 2022.
 - 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 14 June 2022

Glossary of Terms

Term/Abbreviation	Definition/Explanation
AAP	Associate Ambulance Practitioner
Accessible Information Standard (AIS)	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.
Accident and Emergency (A&E) Service	A responsive service for patients in an emergency situation with a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention.
ACQI	Ambulance Clinical Quality Indicator.
Advanced Medical Priority Dispatch System (AMPDS)	An international system that prioritises 999 calls using information about the patient as supplied by the caller.
Automated External Defibrillator (AED)	A portable device that delivers an electric shock through the chest to the heart. The shock can then stop an irregular rhythm and allow a normal rhythm to resume in a heart in sudden cardiac arrest.
Algorithm	Is a self-contained step-by-step set of operations to be performed. Algorithms exist that perform calculation, data processing, and automated reasoning.
ALS	Advanced life support.
Ambulance Response Programme (ARP)	The Ambulance Response Programme (ARP) was established in 2015 by NHS England to review the way ambulance services operate and ensure a greater clinical focus. This helped to inform changes in national performance standards which were introduced in 2018.
ASW	Ambulance Support Worker
AutoPulse	An automated, portable, battery-powered chest compression device composed of a constricting band and half backboard that is intended to be used as an adjunct to CPR.
AVP	Ambulance Vehicle Preparation
Bare Below the Elbows (BBE)	An NHS dress code to help with infection, prevention and control.
Being Open	The process of having open and honest communication with patients and families when things go wrong.
Board Assurance Framework (BAF)	Provides organisations with a simple but comprehensive method for the effective and focused management of the principal risks to meeting their strategic objectives.
British Association for Immediate Care (BASICS)	A network of doctors who provide support to ambulance crews at serious road traffic collisions and other trauma incidents across the region.

BME	Black and Minority Ethnic.
CAD	Computer Aided Dispatch - A method of dispatching ambulance resources.
Caldicott Guardian	A senior member of staff appointed to protect patient information.
Cardio-pulmonary Resuscitation (CPR)	A procedure used to help resuscitate a patient when their heart stops beating and breathing stops.
Care Bundle	A care bundle is a group of interventions (practices) related to a disease process that, when carried out together, result in better outcomes than when implemented individually.
Care Quality Commission (CQC)	An independent regulator responsible for monitoring and performance measuring all health and social care services in England.
CBU	Clinical Business Unit
CCG	Clinical Commissioning Group
CFN	Critical Friends Network - A range of people, patients and members of the public, from different backgrounds who can all provide valuable input into the work we do.
CFR	Community First Responder - Volunteers in their local communities, who respond from their home addresses or places of work to patients suffering life-threatening emergencies.
Chair	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.
Chief Executive (CEO)	The highest-ranking officer in the Trust, who is the Accountable Officer responsible to the Department of Health for the activities of the organisation.
Clinical Governance Group (CGG)	Internal regulatory group that agrees and approves all clinical decisions.
Clinical Hub	A team of clinical advisors based within the Emergency Operations Centre providing support for patients with non-life-threatening conditions.
Clinical Pathways	The standardisation of care practices to reduce variability and improve outcomes for patients.
Complaint	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.
Commissioning for Quality and Innovation (CQUIN)	The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals.
Concern	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, focusing 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.
Continuing Professional Development (CPD)	Training and development opportunities for all staff at every level.
cPAD (Community Public Access Defibrillator)	cPADs are cabinets located on the outside wall of a building so that the AED inside can be accessible 24/7 to anyone in the vicinity who requires it.
DATIX	Patient safety software for healthcare risk management, incident and adverse event reporting.
Defibrillator	See AED
Department of Health (DH)	The government department which provides strategic leadership for public health, the NHS and social care in England.
DCA	Double Crew Ambulance
Diversity and Inclusion	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.
Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)	For a small number of people who are approaching the last days of life, cardiopulmonary resuscitation (CPR) would be futile or not a viable option. In these circumstances DNACPR forms are completed to avoid aggressive, undignified and futile actions to resuscitate a patient, and to allow a natural dignified death in line with the patient's wishes.
Duty of Candour	Regulation that ensures providers are open and transparent with people who use their services.
ECA	Emergency Care Assistants work with clinicians responding to emergency calls. They work alongside a more qualified member of the ambulance team, giving support and help to enable them to provide patients with potentially life-saving care at the scene and transporting patients to hospital
Electrocardiogram (ECG)	An interpretation of the electrical activity of the heart. This is done by attaching electrodes onto the patient which record the activity of the different sections of the heart.
ED	Emergency Department
Electronic Patient Record (ePR)	Electronic record to capture assessment and interaction information about our patients and share this with other healthcare providers

EPRR (Emergency, Preparedness, Resilience and Response)	To ensure effective arrangements are in place to deliver appropriate care to patients affected during an event or situation which threatens serious damage to the environment of a place in war, or terrorism, which threatens serious damage to the security of the United Kingdom
Emergency Medical Dispatcher (EMD)	Emergency Medical Dispatchers answer 999 calls from the public.
Emergency Medical Technician (EMT)	Works on an emergency ambulance to provide the care, treatment and safe transport of patients.
Emergency Operations Centre (EOC)	The department which handles all our emergency and routine calls and deploys the most appropriate response. The two EOCs are based in Wakefield and York.
EoLC	End of Life Care.
Face, Arm, Speech Test (FAST)	A brief test used to help determine whether or not someone has suffered a stroke.
FTSU	Freedom to Speak Up
FOI	Freedom of Information
General Practitioner (GP)	A doctor who is based in the community and manages all aspects of family health.
Global Rostering System (GRS)	GRS Web is a web-based function which allows staff to view their shift information electronically.
Governance	The systems and processes, by which health bodies lead, direct and control their functions, in order to achieve organisational objectives, and by which they relate to their partners and wider community.
Hazardous Area Response Team (HART)	A group of staff who are trained to deliver ambulance services under specific circumstances, such as at height or underground.
Health Overview and Scrutiny Committees (HOSCs)	Local authority-run committees which scrutinise matters relating to local health services and contribute to the development of policy to improve health and reduce health inequalities.
Healthwatch	There is a local Healthwatch in every area of England. Healthwatch is the independent champion for people using local health and social care services. Healthwatch listens to what people like about services and what could be improved and share their views with those with the power to make change happen. Local information is also shared with Healthwatch England, the national body, to help improve the quality of services across the country.
Health Care Professional (HCP)	People working within the healthcare sector.
HQUIP	Health Quality Improvement Partnership - established in April 2008 to promote quality in healthcare.

Human Resources (HR)	A function with responsibility for implementing strategies and policies relating to the management of individuals.
Information Asset Owner (IAO)	An IAO is an individual within an organisation that has been given formal responsibility for the security of an information asset (or assets) in their particular work area.
ICS	Integrated Care System - re new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.
Information, Communication and Technology (ICT)	The directorate responsible for the development and maintenance of all ICT systems and processes across Yorkshire Ambulance Service.
Information Governance (IG)	Allows organisations and individuals to ensure that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care.
Integrated Urgent Care (IUC)	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.
International Standardisation Organisation (ISO)	An international standard-setting body composed of representatives from various national standards' organisations.
Joint Royal Colleges Ambulance Liaison Committee (JRCALC)	Is the Joint Royal Colleges Ambulance Liaison Committee. Their role is to provide robust clinical speciality advice to ambulance services within the UK and it publishes regularly updated clinical guidelines.
Key Performance Indicator (KPI)	A measure of performance.
LAT	Low Aquity Transport.
Major Trauma	Major trauma is serious injury and generally includes such injuries as: <ul style="list-style-type: none"> ▪ traumatic injury requiring amputation of a limb ▪ severe knife and gunshot wounds ▪ major head injury ▪ multiple injuries to different parts of the body e.g. chest and abdominal injury with a fractured pelvis ▪ spinal injury ▪ severe burns.
Major Trauma Centre	A network of centres throughout the UK, specialising in treating patients who suffer from major trauma.

Manchester Triage System	The Manchester Triage System (MTS) is a tool utilised within the YAS Clinical Hub when undertaking clinical telephone triage. It allows clinicians to safely manage patients by achieving the correct care outcome based on their clinical presentation.
Mental Capacity Act (MCA)	Legislation designed to protect people who can't make decisions for themselves or lack the mental capacity to do so.
MHA	Mental Health Act
Myocardial Infarction (MI)	Commonly known as a heart attack, an MI is the interruption of blood supply to part of the heart, causing heart cells to die.
NASMED	National Ambulance Service Medical Directors.
National Early Warning Score (NEWS)	Standardises the use of a NEWS system across the NHS in order to drive the 'step change' required in the assessment and response to acute illness.
National Health Service (NHS)	Provides healthcare for all UK citizens based on their need for healthcare rather than their ability to pay for it. It is funded by taxes.
National Reporting and Learning System (NRLS)	The NRLS is managed by the NHS Improvement. The system enables patient safety incident reports to be submitted to a national database. This data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care.
Near-Miss	Any occurrence, which does not result in injury, damage or loss, but has the potential to do so. Investigation of individual incidents allows us to address the immediate issues, whilst aggregation of data ensures wider themes and trends are identified across the organisation. Triangulation of data from multiple sources such as incidents, complaints, claims, coroners' inquiries and safeguarding cases provides us with a valuable opportunity for organisational learning that utilises both the staff and patient perspective.
NHS England (NHSE)	NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England.
NHS Improvement (NHSI)	NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. They offer the support providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.

NHS 111	NHS 111 is an urgent care service for people to call when they need medical help fast but it's not a 999 emergency. Calls are free from landlines and mobile phones.
Non Conveyance	Non transportation of patients to hospital.
Non-Executive Directors (NEDs)	Drawn from the local community served by the Trust, they oversee the delivery of ambulance services and help ensure the best use of financial resources to maximise benefits for patients. They also contribute to plans to improve and develop services which meet the area's particular needs.
PaCCS	Pathways Clinical Consultation Support. A suite of clinical templates based on existing NHS pathways clinical content.
The Patient Advice and Liaison Service (PALS)	Offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.
Patient safety or staff safety incident	Any unplanned event which has given rise to actual personal injury, patient dissatisfaction, property loss or damage, or damage to the financial standing or reputation of the Trust.
Paramedic	Senior ambulance service healthcare professionals at an accident or medical emergency. Working alone or with colleagues, they assess a patient's condition and provide essential treatment.
Patient Care Record (PCR)	A comprehensive record of the care provided to patients.
Patient Group Directions (PGDs)	Good practice recommendations, for individual people and organisations, aiming to ensure patients receive safe and appropriate care and timely access to medicines, in line with legislation.
Patient Safety Alerts	Incidents identified by NHS England reporting system that spots emerging patterns at a national level, so that appropriate guidance can be developed and issued to protect patients from harm.
Patient Transport Service (PTS)	A non-emergency medical transport service, for example, to and from out-patient appointments.
Peer Review	The evaluation of work by one or more people of similar competence to the producers of the work. It constitutes a form of self-regulation by qualified members of a profession within the relevant field.
Personal Development Reviews (PDRs)	The PDR process provides a framework for identifying staff development and training needs and agreeing objectives.
PREVENT	Prevent is part of counter-terrorism strategy. Its aim is to stop people becoming terrorists or supporting terrorism.
Private and Events Service	Provides medical cover to private and social events for example, football matches, race meetings, concerts and festivals. It also provides ambulance transport for private hospitals, corporations and individuals.

Quality Improvement Framework	Framework for the management of quality within Yorkshire Ambulance Service.
Quality Improvement Strategy	
Qualitative research	Qualitative research is a term that covers a range of data collection methods, for example interviews, focus groups, observation, recordings (audio or video) and documents. It is often used to explore in-depth a problem or phenomenon, to gain a deeper understanding and greater insight.
Quantitative research	Quantitative research methods are frequently applied in health and social care research. They use objective measurements with statistical methods, mathematics, economic studies or computational modelling to enable a systematic, rigorous, empirical investigation.
RAT (Red Arrest Team)	A paramedic who is able to deliver advanced skills and leadership to a patient who is critically unwell or in cardiac arrest
Rapid Response Vehicle (RRV)	A car operated by the ambulance service to respond to medical emergencies either in addition to, or in place of, an ambulance.
REAP	Resource Escalation Action Plan. Allows for escalatory measures from the “corporate body” to support performance and disruptive events that are assessed as high risk to service delivery e.g., Major Incident.
Resilience	The ability of a system or organisation to recover from a catastrophic failure.
ROSC (Return of spontaneous circulation)	The return of cardiac activity after a cardiac arrest.
Safeguarding	Processes and systems for the protection of vulnerable adults, children and young people.
Safeguarding Referral	Yorkshire Ambulance Service staff are given information to help them identify warning signs of abuse or neglect and to report this via our Clinical Hub, to social care. Social care will follow up each referral to ensure that the vulnerable adult or child involved is safe.
Sepsis	A life-threatening condition that arises when the body's response to infection injures its own tissues and organs.
Serious Incidents (SIs)	Serious Incidents include any event which causes death or serious injury, involves a hazard to the public, causes serious disruption to services, involves fraud or has the potential to cause significant reputation damage.
Stakeholders	All those who may use the service, are affected by or who should be involved in its operation.

Standard Operating Procedure (SOP)	A set of step-by-step instructions compiled by an organisation to help workers carry out complex routine operations.
ST Elevation Myocardial Infarction (STEMI)	A type of heart attack.
TEG	Trust Executive Group.
Transient Ischaemic Attack (TIA)	Mini-stroke.
TMG	Trust Management Group.
Utstein comparator	A set of guidelines for uniform reporting of cardiac arrest.
UTI	Urinary tract infection.
VCS	Volunteer Car Service.
WYUC	West Yorkshire Urgent Care.
Year to Date (YTD)	The period from the start of a financial year to the current time.
Yorkshire Air Ambulance (YAA)	An independent charity which provides an airborne response to emergencies in Yorkshire and has YAS paramedics seconded to it.
Yorkshire Ambulance Service (YAS)	The NHS provider of emergency and non-emergency ambulance services in Yorkshire and the Humber.