

**NHS**

**Yorkshire  
Ambulance Service**

NHS Trust



# Quality Account

2022-23

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## Part One

### Statement on Quality from the Chief Executive

Welcome to our NHS Trust Quality Account for 2022-23. The health and social care sector continued to face immense challenges throughout 2022-23. Within these accounts we present some of the improvements we've made to the quality of care we provide for people within the Yorkshire and Humber area and welcome you to celebrate the commitment, enormous effort and dedication that all staff have made to deliver on these improvements. Our staff, including volunteers, contribute and bring these improvements to life to keep our services as safe as possible despite challenges that are presented to the NHS and social care.

All ambulance services have faced system pressures which continue to be difficult to overcome. During difficult times, the values and behaviours we work within help us to deliver the best healthcare we can, to as many people as possible, within our Integrated Urgent Care (NHS 111), Patient Transport Service and 999 Emergency Operations. With this we continue to sustain our 'Good' rating with the Care Quality Commission, and we strive to become rated as 'Outstanding'. We are a trusted provider known for our high-quality services amongst commissioners and we are an active system partner in the three integrated care systems (ICSs) we work within.

Working with communities and other health and social care providers continues to be pivotal to ensure the care and needs of patients are given at the right place and right time. Additionally, working as a key partner to innovate and implement ways of working that enhances the care of the people we service in our region. This can only be achieved with the hard work of all our teams working as One Team.

However, as acknowledged before, the challenges we continue to face are immense and staff, including volunteers, continue to respond to this across Yorkshire. We remain focused on ongoing improvements and undertake innovations that support our key areas of priority. But it is important to acknowledge that, at times, the quality of the care we have been able to deliver during this year has not been of the standard we aspire to. This includes patients waiting for ambulances longer than they should within the community, or patients waiting to be admitted to the emergency department due to handover delays. These patient experiences are below the standard we set for ourselves. Where this has occurred, we will contact patients and relatives involved to say sorry, following our Being Open Policy. We investigate incidents fully to support our own learning as well as shared learning across the system. This allows us to develop specific pieces of work to try to resolve issues such as our Rapid Process Improvement Workshops for hospital handover delays that have been held with several our partners at emergency departments across the region, which have led to an improved level of performance.

We remain focused and are ambitious in what we seek to achieve, 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 wellbeing of the communities we serve. We make a commitment to continually improve together.

## 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.

### **Rod Barnes** **Chief Executive**

As interim Chief Executive Officer of the Trust, and in my role as Accountable Officer, I have issued these Quality Accounts for 2022-23. However, it should be noted that Chief Executive and Accounting Officer for the year 2022-23 was Rod Barnes, who left the Trust in May 2023.

### **Peter Reading** **Interim 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 work across three Integrated Care Systems; West Yorkshire, South Yorkshire, and Humber and North Yorkshire, 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 7,020\* staff, who together with over 1,071 volunteers, enable us to provide a vital 24-hour, seven-days-a-week, emergency and healthcare service.

*\* is a headcount figure which includes part-time staff and equates to 5,876 whole-time equivalents.*

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	2022-23
Number of emergency calls received (Excludes Routine)	A&E	1,199,824
Number of emergency calls responded to (999) (Hear & Treat, See & Treat and See, Treat & Convey)	A&E	780,774
Number of non-emergency journeys (Routine)	A&E	2,306
Number of 111 urgent calls answered	111	1,518,926
Number of PTS Total Demand (Delivered, Aborted and Escorts)	PTS	887,290

## 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.



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

## Engaging with staff, patients and the public about quality

In order to ensure that the YAS Quality Account reflects the views of all our stakeholders, we consulted with a wide range of groups and individuals including our staff, our Critical Friends Network, our commissioners, and the local Healthwatch and Health Overview and Scrutiny Committees. The new Patient Experience Framework supports the continued engagement with staff, patients, carers, and the public to coproduce changes to our services. In addition, the designation of internal Patient Safety Specialists and recruitment of external Patient Safety Partners, in line with the national Patient Safety Strategy, will further strengthen our quality improvement activities, particularly the patient voice.

The YAS Critical Friends Network (CFN) was launched in 2016 and currently has 12 members from across the region. The CFN is a valuable forum for sharing ideas, gaining feedback and building the patient perspective into the services we deliver. Continuous engagement with the CFN has improved during 2022-23 and regular face-to face meetings have resumed post pandemic. The network members have provided crucial feedback to many of YAS's internal meetings alongside providing feedback to Association Ambulance Chief Executives (AACE) on what it is like to be a volunteer at YAS.

As part of our process for investigating complaints and incidents YAS engages with patients and families, where a complaint has been made or where something has gone wrong and works with them to develop their own story. These patient stories assist staff across the Trust to reflect on patient experiences, encouraging them to put the patient at the centre of all they do. Patient stories are presented by the Chair at each public Trust Board meeting and used widely 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 allowing us to develop the staff's own ideas on how we can make things better.

## Part Two

### Priorities for Improvement 2023-24

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 expected to work to define and achieve quality priorities each year. For the coming year we have identified the following quality improvement priorities in line with the three domains of quality; patient safety, patient experience and clinical effectiveness.

		Lead	Key Drivers
<b>Priority 1</b>	<p><b>Patient Safety:</b> Implementation of the National Patient Safety Strategy and the new Patient Safety Incident Response Framework</p> <p>The introduction of PSIRF represents a significant shift in the way the NHS responds to patient safety incidents through focusing on understanding how incidents happen, to facilitate more effective learning. There are a number of phases:</p> <ul style="list-style-type: none"> <li>• Diagnostic and discovery of common patient safety incidents</li> <li>• Governance and quality monitoring</li> <li>• Patient safety and incident response planning</li> <li>• Creation of a patient safety policy and plan</li> <li>• The transition phase; moving to the PSIR framework as the primary way of working. (Ceasing Serious Incident Framework)</li> <li>• Embedding the changes, whilst constantly adapting and learning.</li> </ul>	Head of Investigations and Learning	National Patient Safety Strategy. Patient Safety Incident Response Framework (PSIRF). Recruitment of Patient Safety Partners.
<b>Priority 2</b>	<p><b>Patient Experience:</b> Learning Disabilities and Neurodiversity</p> <p>Those with learning disabilities and neurodiverse people are more likely to have urgent and emergency care needs than the general population. They need to receive personalised care to ensure they have the best outcomes and experience when they require 111, 999 or PTS services. Our learning disabilities and neurodiversity action plan has been co-produced with people who have lived experience, their families and carers. We will focus on a number of workstreams that will allow us to achieve our aim of making YAS a better place for neurodiverse people and those with a learning disability.</p>	Lead Nurse Urgent Care	Learning from lives and deaths: People with a learning disability and autistic people (LeDeR), NHS Long Term Plan and Learning Disability improvement standards for NHS Trusts

	<ul style="list-style-type: none"> <li>• Benchmarking the Trust position against national and local Learning Disability and Neurodiversity initiatives to identify gaps and improvements.</li> <li>• To develop staff through training and education, including the role out of Oliver McGowan Mandatory Training</li> <li>• To review internal and external communications to ensure they are accessible for people with learning disabilities and those who are neurodiverse.</li> <li>• Develop a YAS co-production group with people who have lived experience to support service improvement and delivery.</li> <li>• Develop effective partnerships with local agencies, charities and support groups to improve care and outcomes.</li> <li>• To enhance the Disability Support Network and provide support for staff who have a learning disability or who are neurodivergent.</li> <li>• To pilot a digital reminiscence therapeutic care solution for those travelling in YAS vehicles.</li> <li>• To improve the recruitment process and remove barriers for learning disabled and neurodivergent people.</li> <li>• To learn from incidents which relate to people with learning disabilities and neurodiverse people to improve our service and protect both patients and staff from harm.</li> </ul>		
<p><b>Priority 3</b></p>	<p><b>Clinical Effectiveness:</b> Implementation of our Resuscitation Plan</p> <p>Our key priorities for the Resuscitation Plan include:</p> <ul style="list-style-type: none"> <li>• Establishment of YAS as an accredited Advanced Life Support (ALS) training centre</li> <li>• Delivery of our first ALS courses.</li> <li>• Implementation of the GoodSAM app.</li> <li>• Monitoring of key metrics around 999 call taking.</li> <li>• Supporting further use of Community First Responders and bystander CPR.</li> </ul> <p>Senior clinical oversight of the resourcing to cardiac arrests including delivery of clinical treatment against national clinical guidelines, supported clinical decision making and clinical audit.</p>	<p>Associate Director of Paramedic Practice</p>	<p>Ambulance Quality Indicators, Saving lives</p>

<b>Priority 4</b>	<p><b>Clinical Effectiveness:</b> High intensity user groups</p> <p>Traditionally the approach to “frequent callers” has been one of demand reduction with the aim being to reduce ambulance attendances for high-frequency users. As we continue to embed the principles of personalised care we will review and refine our approach to this complex group of patients to understand the risks which exist in terms of their care. This work will be done in conjunction with system partners to ensure we are able to join up care for the most vulnerable, and workstreams will be developed with the following themes:</p> <ul style="list-style-type: none"> <li>• Individual high intensity users</li> <li>• Proactive management of patients with complex needs</li> <li>• Care home liaison</li> <li>• Paediatric liaison.</li> </ul>	Lead Nurse Urgent Care	Health inequalities (CORE20PLUS5), NHS Long Term Plan, NHS England High Intensity User Programme, Integrated Care Board High Intensity User Priorities.
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## Feedback from our patients about our NHS 111 service

“The health advisor was very polite and professional throughout the call. I felt like I had been heard and the health advisor went above and beyond to get me the most appropriate care.”

“Your telephone manner was very professional, efficient, and very calming. You quickly arranged an ambulance response and you are a credit to the service.”

“Thank you for saving his life after he was struggling with breathing difficulties.”

“When I arrived at my mother’s house in the evening, I realised that she was unconscious, and her breathing sounded strange and needed medical attention. I phoned NHS 111.  
I would like to say a big thank you to the health advisor for the way they handled the call. You noticed the urgency of the situation quickly and arranged a clinical call-back. You helped me and my family with my mother’s peaceful passing.”

## Review of services 2022-23

### Statement from the Trust Board

During 2022-23 YAS provided and/or sub-contracted seven NHS services:

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

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

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

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 is provided by a partnership between Yorkshire Ambulance Service, Critical Care Team, British Association of Immediate Care Schemes (BASICS) Doctors and West Yorkshire Medic Response Team (WYMRT). The Critical Care Team is based with the Yorkshire Air Ambulance (YAA) and consists of pre-hospital Consultants and Paramedics trained in critical care and respond using helicopters and rapid response cars. BASICS doctors volunteer their time to respond to the most severely injured patients 24/7 working alongside YAS (and YAA during operational hours). WYMRT is a charity concerned with 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 2022-23 represents 100% of the total income generated from the provision of relevant health services by YAS for 2022-23.

### **Participation in Clinical Audit 2022-23**

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 NHS England Ambulance Quality Indicators for Ambulance Clinical Outcomes (AmbCO). The Trust Clinical Governance Group review completed audits and proposes topics for inclusion as well as those outlined through themes and trends or new treatments/ delivery in care.

### **National Ambulance Quality Indicators – Ambulance Clinical Outcome (AmbCO)**

During 2022-23 YAS completed monthly and quarterly submissions of four main ambulance clinical outcome 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 of:
  - ROSC (Return of Spontaneous Circulation) (R1n, R1r, R2n and R2n) submitted monthly.
  - Survival to discharge (R3n, R3d, R4n, R4d) submitted monthly.
  - Post-ROSC care bundle (R5n, R5b) submitted quarterly.
2. STEMI (ST Elevation Myocardial Infarction – type of heart attack) 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 (up to June 2022/ September submission):
  - 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 2022-23.

- 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 return of spontaneous circulation (ROSC) in the community.

The Trust was not subject to the Payment by Results Clinical Coding Audit during 2022-23 usually undertaken by the Audit Commission.

A national decision has been made to cease the sepsis care bundle audit. The last publication of this data was in September 2022 (June 2022 data).

A new AmbCO focusing specially on older adults who have fallen is currently being piloted. Working with the national audit group, YAS has assisted in the development of the national definitions and data specification which can be used by all ambulance trusts in order to accurately retrieve and depict the data in question. The initial audit of this data is planned to be completed by June 2023.

Analysis of the AmbCO data has historically identified potential for improvement in the documentation of analgesia administration for STEMI patients, in line with best practice clinical guidance i.e., post- GTN (Glyceryl Trinitrate) analgesia is often not administered or not documented as administered. A decision has now been made within the national clinical quality audit group to update the technical guidance so that Entonox and Paracetamol will be classified as appropriate analgesia as part of the audit. This is predicted to increase compliance rates significantly and will be in effect from the January 2023 data collection period onwards. Data for sepsis and stroke care has remained consistent in the past 12 months, with sepsis care bundle compliance around 80% and 90% for stroke care bundle compliance.

The management of patients who have had an out-of-hospital cardiac arrest (OHCA) is a primary role of Yorkshire Ambulance Service; the Trust continues to attempt resuscitation on an average of over 300 patients per month. As part of the national monitoring of progress in care of these patients, data is submitted by all English ambulance services to Warwick University cardiac arrest registry. Since April 2021, the clinical audit team has utilised SystemOne 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. Data includes patients who are in the Utstein comparator group: those patients where the cardiac arrest was of presumed cardiac origin; where the arrest was bystander witnessed; and the initial arrest rhythm was Ventricular Fibrillation or Ventricular Tachycardia. The most recently published YAS data for 2021 shows that 7.7% of OHCA patients survived to 30 days, rising to 20.4% in the Utstein group.

During 2022-23, Yorkshire Ambulance Service has continued to report on national indicators despite the pressures related to the direct and indirect effects of the COVID-19 pandemic. Some of the clinical impacts of the pandemic continue to be reflected in the overall cardiac arrest survival outcome data, resulting in reduced survival rates in September and December 2021 (5%). January 2022 survival proportion indicates improvement in this trend (8%) with another dip in April 2022 (6%), however survival rate recovered to 9% again in May 2022 and has stayed within normal parameters since. We are making continuous improvement in our response to cardiac arrest a quality priority for 2023-24 as we want to ensure patients who suffer a cardiac arrest in Yorkshire have the best possible chance of survival.

AmbCO 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 few years: including the use of Microsoft Teams as one mode of communication.

### **Clinical Audit Programme and Outcomes**

The pressures of the COVID-19 pandemic halted the 2021-22 internal clinical quality audit programme; and those audits which could not be completed during this year have been added to the 2023-24 audit programme, which is being conducted in accordance with clinical priority.

The YAS Clinical Audit Team has supported the production of two local clinical audit reports during 2022-23 so far:

1. Care of patients for whom YAS administered TXA (tranexamic acid)
2. Care of patients with non-traumatic chest pain

Additionally, the YAS Clinical Audit Team continues to provide real-time data surrounding clinical demand and medicines usage via the clinical strategy Power BI dashboard.

### **National Project Contribution**

During 2022-23 Yorkshire Ambulance Service continued to participate 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.

## 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 2022- 23 by the Audit Commission.

## Mental Health Intelligence

The Trust's Clinical Audit Team has 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 beneficial to the Trust's 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 which has identified a gap in the current intelligence for ambulance data sets.

## 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 2022-23 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 238 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 in recent years, 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.

YAS is involved with several regional research collaboratives, including the Bradford City of Research and Wakefield Research Hub, and the Born and Bred in Wakefield birth cohort study. The YAS Research Team, with the support of the YAS Charity, proudly hosted the 999 EMS Research Forum conference in March and June 2022, with the theme of “collaboration in pre-hospital research”. This event was very well received by the EMS community, with 87% of attendees rating the event as excellent or good, despite the event being hybrid and spread across months.

The number of patients receiving NHS services provided or sub-contracted by YAS in 2022-23, who were recruited during that period to participate in research approved by a research ethics committee, was 121 and an additional 629 staff participated in ethically approved projects. YAS supports a broad and diverse range of high-quality research, and during 2022-23 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 six months. Recruitment for PACKMaN with YAS began on 27 October 2021. Since then, a total of 238 paramedics have received training to enable participation in the study and 215 patients have been recruited to the study so far.

### **2. SNAP- Supporting New Ambulance Paramedics: A Qualitative Study**

This is a YAS sponsored study, funded by a College of Paramedics Small Research Grant awarded to Elisha Miller. The purpose of this study is to explore the experiences of paramedics who have completed the current YAS newly qualified paramedic (NQP) preceptorship programme. This qualitative study will identify and explain the strengths and weaknesses of the programme, by conducting a thematic analysis of research data gathered during focus groups.

### **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 446 YAS staff (148 in 2022-23) have given up their time to complete a survey as part of this study which captured the views of current NHS employees, including COVID-19 returnees on working in the NHS. YAS is also participating as one of four NHS Trust case studies.

### **4. STRATUS: freeSTyle libRe and hospitAl admissions, mortality and qUality of life in high-risk type 2 diabeteS patients**

YAS is supporting this randomised controlled trial, by identifying patients with Type 2 diabetes who have required ambulance care to manage their condition. Patients who may be suitable to receive the study intervention are referred by YAS research staff to participating hospitals and the study aims to understand if patients who are offered a Freestyle Libre blood glucose monitor have better health outcomes, including reducing the risk of mortality.

### **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 study opened in YAS in 2019, and the new injury assessment tool was launched in September 2021 for all YAS 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, and the study is close to publishing the results.

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

YAS continued 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 (CFR) 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 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. BESURE: Building an understanding of Ethnic minority people's Service Use Relating to Emergency care for injuries**

This is an NIHR funded study to investigate disparities in ethnic minority populations presenting to emergency ambulance services and emergency departments (EDs) with injuries, the care they receive and what happens to them, compared to the White British population. This mixed methods study will use YAS ambulance data linked to long term outcomes and gather qualitative data directly from patients within the Sheffield area. The results will be used to inform policy to address differences in care, morbidity and mortality in ethnic minority patients.

## **8. POCTPara: Point Of Care Testing for Advanced Practitioners (Paramedics) in urgent and emergency care: a single site feasibility study**

This is a study to evaluate the feasibility of point of care testing devices being used by advanced practitioners (paramedics), to inform the design of a larger study. Over six months, seven Advanced Practitioners will aim to test around 50 patients using the device, and the researchers will seek to understand whether advanced practitioners (paramedics) report that the use of POCT devices is useful in safe clinical decision making with patients in the community, and if it is possible to use the Abbott i-STAT device in the urgent and emergency care setting for those patients where management within the community is being considered.

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

This mixed-methods study explored 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. Data collection is now completed and comprised 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 and observations of pre-alerts being received within EDs. The research aims to understand how pre-alert decisions are made and implemented by pre-hospital staff and the impact of these on receiving EDs 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 ED 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. Pawamedics: The effect of dog therapy on Ambulance Service staff burnout**

Through the NIHR Integrated Clinical Academic internship programme, YAS staff member Aimee Boyd is carrying out an observational study of an existing dog therapy programme at YAS. The study aims to involve 20 staff participants, to understand if dog therapy influences burnout in ambulance service staff, to support future research into therapy dogs and other alternative therapies for paramedics and other healthcare professionals.

### **12. REACT 2: Paramedic decision making during out of hospital cardiac arrest 2**

A total of 55 YAS staff have participated in this mixed-methods study aiming to explore, describe and understand how paramedics make decisions regarding the commencement of resuscitation efforts. The collected data will be analysed to provide an understanding of how these decisions are made and the trade-offs paramedics accept in these decisions, with a report of the findings expected to be published in March 2023.

### **13. IGLOO: Sustainable return to work: A pilot cluster randomised controlled trial of a multicomponent workplace 'IGLOO' intervention compared with usual return-to-work support**

IGLOO is a randomised controlled trial of a toolkit that is being tested to support managers and their employees who are on long-term sick leave with the process of returning to work, to hopefully allow an earlier return, which would benefit both staff member and employer. YAS has been randomised to the control group and will continue with current policies and procedures concerning long term sickness. We will provide baseline data, and 281 staff have participated in a survey that captures their views on long term absence management.

### **14. CATNAPS: Fighting fatigue in the NHS ambulance workforce: development, acceptability and feasibility testing of a comprehensive fatigue risk management system to improve staff and patient safety**

The aim of this study is to develop a comprehensive fatigue risk management system for the UK NHS ambulance sector that is underpinned by a theory of change and is acceptable, feasible and likely to improve patient and staff outcomes. This will be a multi-site, multi-method study, consisting of four work packages and will run for a period of 30 months.

## **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 focused 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.

## **16. The Experiences of Thriving at Work in Paramedics**

This PhD project investigated what keeps people at work and/or thriving in the workplace, rather than focusing on what influences absence from work. This research study's aim was to understand the meaning of thriving at work for paramedics, how they make sense of it, and what influences thriving.

## **17. The Relationship Between Emotional Intelligence, Self-Compassion and Wellbeing in Ambulance Staff**

This study used qualitative methods, and was designed to explore the relationship between emotional intelligence, self-compassion and wellbeing in ambulance staff, in order to aid ambulance services in successfully supporting staff in their organisations. 27 YAS staff completed this survey.

## **18. Ambulance Clinician Approach to Head Injuries in the Older Adult: A mixed methods study in clinical decision making**

This College of Paramedics-funded study aimed to understand the ambulance clinician's perceptions, experiences and decision-making processes when assessing older adults with a head injury and the factors and resources they draw upon to make their decisions. 55 YAS ambulance clinicians completed this survey.

## **19. RADOSS Risk of Adverse Outcomes after a Suspected Seizure**

This NIHR Research for Patient Benefit funded study is being hosted and sponsored by YAS. The project aims to calculate the risk and benefits of taking patients who are suspected to have had a seizure to hospital by ambulance and create a tool that will help ambulance clinicians to understand the likelihood that a patient taken to hospital will not have any further tests or treatment.

### **YAS staff publications 2022-23**

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2. Marincowitz, C., Stone, T., Hasan, M., Campbell, R., Bath, P. A., Turner, J., Pilbery, R., Thomas, B. D., Sutton, L., Bell, F., Biggs, K., Hopfgartner, F., Mazumdar, S., Petrie, J., & Goodacre, S. (2022). Accuracy of emergency medical service telephone triage of need for an ambulance response in suspected COVID-19: An observational cohort study. *BMJ Open*, 12(5), e058628. <https://doi.org/10.1136/bmjopen-2021-058628>
3. Pilbery, R; Young, T; Hodge, A. The effect of a specialist paramedic primary care rotation on appropriate non-conveyance decisions (SPRAINED) study: a controlled interrupted time series analysis. *British Paramedic Journal*, Volume 7, Number 1, 1 June 2022, pp. 9-18(10). <https://doi.org/10.29045/14784726.2022.06.7.1.9>
4. Hasan M, Bath PA, Marincowitz C, Sutton L, Pilbery R, Hopfgartner F, Mazumdar S, Campbell R, Stone T, Thomas B, Bell F, Turner J, Biggs K, Petrie J, Goodacre S. Pre-hospital prediction of adverse outcomes in patients with suspected COVID- 19: development, application and comparison of machine learning and deep learning methods. *Computers in Biology and Medicine*. <https://doi.org/10.1016/j.compbiomed.2022.106024>

5. Marincowitz, C., Sutton, L., Stone, T., Pilbery, R., Campbell, R., Thomas, B., Turner, J., Bath, P. A., Bell, F., Biggs, K., Hasan, M., Hopfgartner, F., Mazumdar, S., Petrie, J., & Goodacre, S. (2022). Prognostic accuracy of triage tools for adults with suspected COVID-19 in a prehospital setting: An observational cohort study. *Emergency Medicine Journal*, 39(4), 317–324. <https://doi.org/10.1136/emered-2021-211934>
6. Hutchinson, A., Allgar, V., Cohen, J., Currow, D. C., Griffin, S., Hart, S., Hird, K., Hodge, A., Mason, S., Northgraves, M., Reeve, J., Swan, F., & Johnson, M. J. (2022). Mixed-methods feasibility cluster randomised controlled trial of a paramedic-administered breathlessness management intervention for acute-on-chronic breathlessness (BREATHE): Study findings. *ERJ Open Research*. <https://doi.org/10.1183/23120541.00257-2022>
7. Powell, C., Fylan, B., Lord, K., Bell, F., Breen, L. A qualitative analysis of stressors affecting 999 ambulance call handlers' mental health and wellbeing. *Emerald Insight*, September 2022, 27(1) <https://www.emerald.com/insight/2047-0894.htm>
8. Hasan, M., Bath, P. A., Marincowitz, C., Sutton, L., Pilbery, R., Hopfgartner, F., Mazumdar, S., Campbell, R., Stone, T., Thomas, B., Bell, F., Turner, J., Biggs, K., Petrie, J., & Goodacre, S. (2022). Pre-hospital prediction of adverse outcomes in patients with suspected COVID-19: Development, application and comparison of machine learning and deep learning methods. *Computers in Biology and Medicine*, 106024. <https://doi.org/10.1016/j.compbiomed.2022.106024>
9. Noble, A. J., Mason, S. M., Bonnett, L. J., Reuber, M., Wright, J., Pilbery, R., Jacques, R. M., Simpson, R. M., Campbell, R., Fuller, A., Marson, A. G., & Dickson, J. M. (2022). Supporting the ambulance service to safely convey fewer patients to hospital by developing a risk prediction tool: Risk of Adverse Outcomes after a Suspected Seizure (RADOSS)—protocol for the mixed-methods observational RADOSS project. *BMJ Open*, 12(11), e069156. <https://doi.org/10.1136/bmjopen-2022-069156>
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12. Hodge, A., Manson, J., McTague, L., Kyeremateng, S., & Taylor, P. (2022, December 1). Creating virtual communities of practice for ambulance paramedics: A qualitative evaluation of the use of Project Echo in end-of-life care. *Latest TOC RSS*. Retrieved December 2, 2022, from <https://www.ingentaconnect.com/content/tcop/bpj/2022/00000007/00000003/art00007>

In 2022-23 YAS has continued to commit to research delivery and development, actively working to meet the aims of our research strategy. Our plans for 2023-24 include closer collaborative working with our partners to produce and be involved with research that continues to meet our needs, priorities and realities.

### **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 and new medications**

All of the patient group directions (PGDs) are now available on the electronic staff record (ESR) for sign off, this allows the Trust to have complete visibility around compliance. The compliance data is reported through Clinical PGB and Medicines Optimisation Group, who report to Clinical Governance Group. This allows identification of staff who have yet to sign PGDs and ensure that senior operations managers are made aware. The PGDs have also been added to YAS JRCALC app to enable easy access for staff at scene. The Nurse PGDs are not held in JRCALC as the PGD is a direct representation of JRCALC guidelines.

Dexamethasone for the treatment of croup has been recommended for addition to the YAS formulary; this was approved added to the response bags.

### **Ambulance Vehicle Preparation (AVP) medicines and medicines APP**

We have continued with the AVP process for medicines, it continues to be successful in reducing incidents relating to out-of-date items and stock issues. To work alongside the AVP pouches, the medicines App has been completed and is currently in the testing phase. The Procurement Team is using the App regularly including the controlled drug functionality. The App is being piloted in a single station, once all issues raised have been rectified the rest of the functionality will be added to the pilot.

The Procurement Hub is due to be completed in the coming months; the AVP medicines packing will take place in the hub and allow for roll out to more stations. Once stations have the AVP pouch system in place the medicines App will be rolled out alongside. This will allow a fully digital process for medicines from procurement to destruction including administration.

The App allows transparency of medicines from procurement to destruction and uses scanning where QR codes are available. The data that is produced by the App is being put into a medicines dashboard to allow senior operational staff, the assurance leads and Trust Pharmacist to have complete overview of the use of medicines and adherence to the App requirements.

### **Medicines Safety**

The need for a more focused medicines safety group for the ambulance sector was recognised, with the Medicines Safety Group now meeting bi-monthly. This group look at benchmarking medicines incidents including controlled drugs, using the national reporting systems. Presenting serious incidents relating to medicines has allowed national learning and highlighted national system issues as well sharing good practice and excellence in documentation. The group produced a national message for patient safety week around adrenaline administration errors which was utilised in the Trust to good effect.

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

The 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 2022-23, the NHS Commissioning Board Special Health Authority issued one Patient Safety Alert which was relevant to Yorkshire Ambulance Service.

NatPSA/2023/001/NHSPS - Use of oxygen cylinders where patients do not have access to medical gas pipeline systems. This action was specifically relevant to Yorkshire Ambulance Service and required risk assessments to address patient safety, fire safety and physical safety. All actions were completed and the NHS England Notice – Safe Use of Oxygen Cylinders - was issued to Trust staff along with a reminder to ensure all existing Trust safety procedures for oxygen cylinders are adhered to.

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 2022-23.
- 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 2022-23 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 2022-23, 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 a well embedded confidentiality audit and risk review processes. This allows 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 2021-22 DSPT assessment was submitted by the deadline of 30 September 2022; one improvement action remains outstanding in relation to staff training. Training compliance has been adversely affected by the COVID-19 pandemic and the continued high demand in the Trust. The overall submission status is therefore *approaching standards*.

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



THANK YOU

"I would like to thank the two ambulance staff that were sent my home in Leeds. They arrived very quickly, they were friendly and extremely professional. I cannot praise them enough in their knowledge but also in their whole attitude to me and to my disabled husband. They seemed to be a good example of the best of the nation's NHS. Please thank them very much."

"Mum is currently sat in ED after a fall. I just wanted to say that, in amongst all the pressures, turmoil and unrelenting demands on the service, the service from YAS was just amazing. From first contact, call back and finally attendance and conveyance to hospital everyone was professional, caring, compassionate, positive, cheerful and reassuring. In a world where we seem only to hear about how broken the NHS is, my mum has had great care from YAS and it has reminded me how proud I am to be part of the NHS. Thank you."

"I was hoping that I could say a huge thank you to the paramedics who looked after me on the darkest day of my life, taking me to Airedale Hospital A&E. I still hold everyone who cared for me that day close to my heart. I am still recovering mentally but without your service I wouldn't have been here to keep battling. Thank you all for everything you do."

Two colleagues were travelling back to station (protected time for category 1 cardiac arrests) during the last 20 minutes of their shift. They voluntarily stopped, provided assistance and conveyed a patient that needed a transfer to resus. A specialist paramedic in critical care was already on scene and had requested a back-up; however due to the time of shift, none were available. Despite the proximity to end of shift, coupled with the fact that it was when the clocks went back, meant they had already worked a longer shift and yet were still willing to voluntarily stop and put themselves forward to work despite their protected status to enable them to finish on time. As a result, they finished late, however their selflessness to help another colleague and ultimately a patient should be recognised.

"I am just writing to thank the Beverley crew of paramedics who attended my accident a week before Christmas. Their care and professional attitude were outstanding. They wasted no time getting to me and taking me to Hull Royal Infirmary where I found out I had a fractured shoulder. Being the brother of a retired Paramedic, I understand full well the pressure you boys and girls of the green army are under. "I know you are doing your best in these difficult times, and it makes my blood boil when people knock the service and the NHS. Things do go wrong in all walks of life, but the people they are knocking could very well, one day, save their life. Once again, I thank you for everything you do."

## Part Three

### 2022-23 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 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. The Trust is not currently funded by Commissioners to a level that allows us to achieve these national targets in all cases.
- **Care of ST Elevation Myocardial Infarction (STEMI) patients** – percentage of patients with ST elevation who receive an appropriate care bundle.
- **Care of patients with Stroke** – percentage of stroke 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 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Category 1 Mean Time (Target 00:07:00)	00:09:35	00:08:34	00:09:30	00:10:21	00:09:42	00:10:00	00:10:35	00:10:10	00:11:19	00:08:25	00:08:24	00:09:01
Category 2 Mean Time (Target 00:18:00)	00:42:03	00:32:42	00:43:18	00:44:44	00:32:38	00:40:57	00:51:32	00:48:55	01:18:01	00:25:12	00:27:35	00:34:35
Category 3 Mean Time (Target 01:00:00)	01:59:08	01:34:17	02:17:01	02:12:33	01:25:40	01:48:13	02:28:08	02:19:48	03:35:00	01:06:34	01:23:46	01:45:35
Category 4 Mean Time (No Target)	02:26:57	02:00:30	02:41:15	02:56:29	01:36:16	01:53:49	02:18:13	02:52:19	03:15:44	01:21:45	01:29:08	02:01:26

Source: PBR/IPR

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

- 2022-23 has seen a significant variation in both demand and response times, partly due to the impact of COVID-19 rates within the community and within staff groups. It is therefore very difficult to compare this year with any previous period due to this significant variation and uncertainty. This has been seen across all ambulance services this year.
- The actual demand for 2022-23 was not in line with the forecast demand, with the higher acuity categories calls continuing to contribute a greater proportion of on-scene responses than in 2021-22 (+2.3% for Cat 1 and -0.7% for Cat 2).
- Performance has most significantly been impacted by extended time caring for patients. Double Crewed Ambulance (DCA) job cycle times are almost 4 minutes longer compared to 2021-22 largely due to increased hospital turnaround times.
- Abstractions (such as annual leave, sickness and training etc) within A&E Operations increased by 1.3% compared to 2021-22, further reducing staff availability. This was generally related to increase sickness absence due to COVID-19.

- 999 Operations have continued to recruit new staff and deploy overtime to maximise capacity throughout what has been a challenging year. Opportunities to reduce time on scene, handover a patient to the hospital, and be ready to go see another patient have been examined throughout the year and we continue to work in partnership with system partners to achieve improvements.

Yorkshire Ambulance Service NHS Trust has taken the following actions to improve the mean and 90<sup>th</sup> percentile compliance to protect the quality of its services:

- Staff recruitment has continued to be a key focus throughout 2022-23. Providing 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 2022-23 the Trust has remained focused on the health and well-being (H&WB) of our staff, aiming 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.
- We have increased the number of calls that our volunteers can attend to ensure patients who require our support receive an earlier response, even where our crews are most busy. This has worked particularly well for non-injured fallers, reducing the time they may be waiting on the floor.
- Within the Emergency Operations Centre we have introduced Clinical Navigator role to assess lower category calls and ensure those that require a quicker response are recategorised.
- Review of cases to ensure we identify themes and trends from incidents outside the mean, towards the 90<sup>th</sup> percentile to ensure we take action on our learning. Where incidents have led to patient harm, we follow Duty of Candour process and are open and honest with our patients and relatives.
- Specific quality improvement work to reduce handover delays to ensure we have as many crews working in our communities as possible. We have worked with our Emergency Department colleagues, using rapid process improvement workshops, to review flow into hospitals and streamline handovers.

#### **Did you know: Industrial Action and Military Support**

Industrial action affected YAS with the first strike taking place on 21 December 2022. During the strikes, many non-frontline staff were deployed to supporting roles to help maintain services. Trade unions agreed a number of derogations (exemptions) that allowed striking staff to respond to the most serious calls. In addition to this, using the same processes as previously employed during the COVID-19 pandemic, military personnel work alongside YAS staff in support of lower acuity calls during strike periods.

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

Reported Quarterly	YAS Most Recent Submission	National Average	Highest Quarter	Lowest Quarter
Proportion of STEMI patients who receive an appropriate care bundle	60.6%	72.7%	72%	57%
Proportion of Stroke patients who receive an appropriate care bundle	94.8%	97.2%	95%	92%

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 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 AmbCO would be improved.

ROSC (Return of Spontaneous Circulation) and Survival to Discharge	YAS	National Average	Highest Month	Lowest Month
ROSC	24%	27.8%	28%	22%
ROSC - Utstein	43.8%	48.2%	49%	30%
Survival at 30 days following a cardiac arrest	6.8%	7.8%	8.8%	5.2%
Survival at 30 days following a cardiac arrest - Utstein	13.3%	25.1%	21%	32%

Yorkshire Ambulance Service NHS Trust 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.

YAS will continue to audit and monitor these figures, in line with national reporting. We recognise that our performance in this clinical quality indicator requires improvement to reach the national average and we have made our resuscitation plan a quality priority for 2023-24.

## Learning from Deaths

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 and 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 Trust policy.
- Still ongoing is analysis relating the impact of COVID -19 pandemic on deaths attended to within the Trust area. Wider learning relating to public health influences has also been incorporated into this process.
- Feedback of the learning to operational staff proposed through infographics.

YAS reported 7,379 patients who were recognised as life extinct (or paediatric cardiac arrest, including ROSC) during 2022-23 (April 2022 to February 2023).

Please see *table 1* for breakdown of number of trust deaths by month. (a more in-depth stage 2 review occurs when a stage 1 review receives a care score of 1 or 2)

Of these deaths, 525 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.

	Stage 1 Review	Stage 2 Review
Apr-22	71	2
May-22	41	0
Jun-22	60	3
Jul-22	25	3
Aug-22	16	0
Sep-22	41	2
Oct-22	36	5
Nov-22	51	5
Dec-22	110	11

*table 1.*

## Staff views on standards of care

### NHS Staff Survey Results

The results for the 2022 NHS Staff Survey include seven 'themes' aligned to the People Promise and two additional 'themes' - 'staff engagement' and 'morale'. Themes can be considered as 'summary scores' for groups of questions which give more information about a particular area.

There are nine 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 21 February 2023, with an embargo in place until 9 March, as stipulated by NHS England.

### 2022 response rate

YAS 2022	SECTOR AVERAGE 2022	+/-	YAS 2021	SECTOR AVERAGE 2021	YAS 2020	SECTOR AVERAGE 2020	YAS 2019	SECTOR AVERAGE 2019
34%	50%	-16%	34%	57%	37%	56%	50%	50%

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

Theme	YAS 2022	YAS 2021	YAS 2020	YAS 2019	YAS 2018	+/- 2022-21	Sector average 2022	YAS vs 2022 Sector +/-
1. We are compassionate and inclusive	<b>6.8</b>	6.5	-	-	-	0.3	6.7	0.1
2. We are recognised and rewarded	<b>5.0</b>	4.9	-	-	-	0.1	5.0	=
3. We each have a voice that counts	<b>6.0</b>	5.9	-	-	-	0.1	5.8	0.2
4. We are safe and healthy	<b>5.4</b>	5.3	-	-	-	0.1	5.4	=
5. We are always learning	<b>4.7</b>	4.1	-	-	-	0.6	4.6	0.1
6. We work flexibly	<b>5.3</b>	5.2	-	-	-	0.1	5.0	0.3
7. We are a team	<b>6.1</b>	5.6	-	-	-	0.5	6.0	0.1
8. Staff Engagement	<b>6.0</b>	5.9	6.5	6.6	6.3	0.1	5.9	0.1
9. Morale	<b>5.4</b>	5.3	6.0	6.0	5.7	0.1	5.2	0.2

At a local level, all themes have improved from 2021. The 2022 sector average for all themes increased from 2021. Our results show all but two themes scored higher than the sector average, with these two themes equalling the average. ‘We are always learning’ and ‘We are a team’ saw the biggest increase, with 0.6 and 0.5 increase respectively. ‘We are compassionate and inclusive’ and ‘We are a team’ achieved the highest scores (6.8 and 6.10) with both scores being 0.1 above sector average.

Yorkshire Ambulance Service NHS Trust considers that this data is as described, and the results from the NHS Staff Survey are used to support improvement both at a Trust-wide and local level.

## National Quarterly Pulse Survey (NQPS)

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

In January 2023, 519 colleagues completed the NQPS (this is compared to 721 completing it in January 2022). Of those:

- 38% said 'I often / always look forward to going to work' (-4% year on year (YoY))
- 53% said 'I am often / always enthusiastic about my job' (-4% YoY)
- 49% said 'Time often / always passes quickly when I am working' (-1% YoY)
- 51% said 'There are frequent opportunities for me to show initiative in my role' (-3% YoY)
- 43% said 'I am able to make suggestions to improve the work of my team / department' -5% YoY)
- 32% said 'I am able to make improvements happen in my area of work' (-6% YoY)
- 61% said 'Care of patients / service users is my organisation's top priority' (-9% YoY)
- 39% said 'I would recommend my organisation as a place to work' (-11% YoY)
- 54% said 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation' (-17% YoY)

The NPQS 2021 had a larger response rate than 2022 and the results show a decrease from 2021 in all questions. The results from the National Quarterly Pulse Survey will be used to provide insight and evaluation over time into whether planned areas for improvement are making a difference to staff.

## Reported patient safety incidents

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. The Trust has adopted Datix Cloud IQ as our main incident reporting software and during 2020 all areas of the Trust reporting moved to the new portal during 2022-23. 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 and low-harm reporting.

New Incidents Reported	Operations - A&E	EOC	PTS	IUC	Other	TOTALS
Apr-22	494	31	100	59	28	<b>712</b>
May-22	497	46	94	49	38	<b>724</b>
Jun-22	489	50	80	65	24	<b>708</b>
Jul-22	492	51	113	86	24	<b>766</b>
Aug-22	497	55	97	73	58	<b>780</b>
Sep-22	411	33	91	57	46	<b>638</b>
Oct-22	455	51	83	85	57	<b>731</b>
Nov-22	533	73	101	66	63	<b>836</b>
Dec-22	536	46	85	67	54	<b>788</b>
Jan-23	564	39	97	84	64	<b>848</b>
Feb-23	507	41	108	71	113	<b>840</b>
Mar-23	517	35	115	72	80	<b>819</b>

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. 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 - 22	May- 22	Jun- 22	Jul-22	Aug- 22	Sep- 22	Oct- 22	Nov- 22	Dec- 22	Jan-23	Feb-23	Mar-23
<b>Patient related incidents**</b>	211	216	223	244	263	200	249	280	279	248	266	243
<b>Patient Incidents – Major, Catastrophic, Catastrophic (death)*</b>	1	5	5	6	4	4	6	11	21	8	8	7
<b>Major, Catastrophic, Catastrophic (death) % of reported patient incidents</b>	0.49%	2.32%	2.19%	2.4%	1.6%	2.07%	2.5%	4.29%	5.62%	3.65%	3%	2.88%

Source Integrated Performance Report (this data is subject to a two-month validation cycle to allow for adjustments and changes in the published information).

A total of 2,922 patient incidents were reported in 2022-23; this was an increase on 2021-22 which saw 2,790 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.

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

- We have a 24/7 phone line and online reporting system making reporting incidents easy for staff wherever they are.
- 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.
- Harm rates remain low as we learn from near miss and low harm incidents, improving systems and processes to protect our patients further by taking action to prevent incidents with higher level of harm.
- 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 14 voluntary FTSU ambassadors working within local teams to hear concerns not identified via formal routes.
- The Trust's Quality and Safety Team has developed strong internal links with operational colleagues to support them on their quality and safety agendas, enabling operational response to issues to occur in a timely manner.
- In line with newly formed integrated care boards (ICBs), the operational plan for 2023-24 is to devolve governance awareness and responsibility to local ownership within the organisation, and to report themes and trends in a more local way - to allow individual ICB areas to own and control local data relating to governance.

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 new requirements from NHS England including the cessation of strict 60-day reporting timescales for serious incidents, largely due to considerable pressure on the sector, and a 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. This remains in place and Trust colleagues continue to liaise with quality leads from individual ICB areas.
- The Trust's 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 Organization and ratified by commissioning partners, has successfully reduced delays to investigation.
- Where family liaison is indicated, contact is made in a timely manner in line with national duty of candour standards, and families have been kept abreast of extended timescales.

- Patient safety incidents are reviewed within 48 hours by the Quality and Safety Team and moderate harm or above cases are subject to a full review to determine if the harm level is accurately described. Where the incident meets the criteria for reporting as a Serious Incident (SI) a high-level investigation begins and Duty of Candour, the being open process, applied.
- Feedback is provided to all staff on their reported incidents including staff involvement with the after-action review process and through the auto-feedback mechanism on Datix Cloud IQ. We encourage investigators to report back their findings in person where possible. We continue to use the weekly *Staff Update* to share learning from incidents with staff and this has been positively received.
- The Trust developed a zero-harm work plan for implementation from 2019-24; to improve incident reporting and investigation. One of the planned activities was to simplify the near-miss reporting form and this was introduced during the launch of Datix IQ Cloud. A second planned activity is to increase the involvement of staff within the investigation process. Colleagues have provided very positive feedback on the introduction of the after-action review process, which has a significant focus on involving colleagues who cared for the patient.

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

All incidents coded as moderate harm or above are reviewed by the Quality and Safety Team and escalated where appropriate for review at Incident Review Group (IRG) and considered for serious incident (SI) investigation. The definition of a SI includes any event which causes death or serious injury, a hazard to the public, causes serious disruption to services, involves fraud, or has the potential to cause significant reputational damage (Serious Incident Framework, 2015).

YAS has declared 133 serious incident investigations in 2022-23, an increase of 62 incidents on last year, however these incidents make up less than 1.45% of all incidents reported. It is a source of concern for the Trust that serious incidents have continued to rise, and the increase is in relation to delayed response, with the main contributor for this being delays at the point of hospital handover.

Serious Incidents	OPS	EOC	PTS	IUC	OTHER	TOTALS
Apr-22	4	1	0	0	0	<b>5</b>
May-22	2	0	0	0	0	<b>2</b>
Jun-22	5	1	1	1	0	<b>8</b>
Jul-22	10	1	0	0	0	<b>11</b>
Aug-22	13	0	0	0	0	<b>13</b>
Sep-22	4	1	0	0	0	<b>5</b>
Oct-22	14	3	0	1	0	<b>18</b>
Nov-22	13	2	0	0	0	<b>15</b>
Dec-22	16	4	0	0	0	<b>20</b>
Jan-23	16	2	1	0	0	<b>19</b>
Feb-23	3	3	0	0	0	<b>6</b>
Mar-23	11	0	0	0	0	<b>11</b>

Source: RL Datix

A breakdown by Integrated Commissioning Board is shown below by quarter:

	2022-23 Q1	2022-23 Q2	2022-23 Q3	2022-23 Q4	Total
Corporate	0	0	1	0	1
Humber and North Yorkshire	4	15	21	15	55
Lincolnshire	2	0	0	0	2
North East and Cumbria	0	0	0	1	1
South Yorkshire	4	8	13	11	36
West Yorkshire	5	6	18	9	38
Total	15	29	53	36	133

Source: RL Datix (Accessed 28/03/2023)

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

- Yorkshire Ambulance Service NHS Trust continually seeks opportunities for improvement to reduce the potential for avoidable harm sustained by patients under our care.
- The Trust expects a low level of serious harm which demonstrates learning from the reporting of near-miss incidents, in addition to learning and action to prevent repetition from no harm and low harm incidents.
- The Trust has established two groups; one to cover low and no-harm incidents, and the other to review theme and trends from moderate and above incidents. Chaired respectively by senior colleagues within the organisation with authority to act and cascade learning associated with system and process improvement.
- Trust Learning Group, which reviews all Trust serious investigations and cases associated with potential and actual patient harm, has a sub-group which is focused solely on cascading learning to the organisation using innovative platforms with which to do so. This group has produced podcasts and video material based around known themes and trends, such as podcasts to gain insight on caring for people with Learning Disabilities and Neurodiversity and a video promoting staff safety in the back of the vehicle which has been taken to form a national campaign. The group has aspirations to develop a specific web-based learning from incidents as a repository for staff.
- During 2023-24, the Patient Safety Incident Response Framework (PSIRF) will be introduced for all NHS providers. This replaces the Serious Incident Framework (2015) and aligns investigation methodology with the specialist national investigation team at Healthcare Safety Investigation Branch (HSIB).
- There is a focus on development and upskilling within the investigative specialty during 2023-25, in line with planned NHS England framework amendments and transition to the patient safety incident response framework (PSIRF) from around December 2023. Investigators will be required to have professional skills and qualifications relevant to patient safety investigation within NHS providers of care.

- Colleagues from the Quality and Safety Team have completed 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 enables 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.
- SMART action plans are produced and monitored to ensure completion and, where appropriate, specific learning programmes are developed. For example, in the last 12 months the Trust has worked with the 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 guidance for frontline crews.
- The overriding theme from serious incidents reported within this year has been a delayed response to a patient due to lack of resources. There are several reasons why this has occurred, with most impact being felt from the hours lost from hospital handover delays. We have worked in collaboration with some of our provider colleagues to reduce the number of hours lost, to ensure we can reach patients in a timely manner. We have completed rapid process improvement workshops at Mid Yorkshire Hospitals, Northern General Hospital and Scarborough Hospital, and have undertaken continuous improvement programmes with Leeds Teaching Hospitals and Doncaster Royal Infirmary. We continue to work with each Integrated Care System to ensure improvements are sustained and best practice is shared across the region.

## Medication Incidents

Medication incidents	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
	117	111	93	116	91	92	100	112	112	128	102	114

Source Integrated Performance Report.

A total of 1,288 medication incidents were reported in 2022-23.

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

There has been a gradual increase in medicine incidents over the year, particularly during the last quarter. Analysis of the data indicates the main themes are around identification of out-of-date medicines and stock discrepancies. During the winter months due to operational pressures the number of POM audits performed reduced, leading to a reduced identification of incidents and lack of adherence to the process. The numbers of audits performed during the fourth quarter increased the data set, which has increased the identification of out-of-date medicines and lack of stock. The audits are in place to provide assurance that the daily processes and procedures are being followed. The new pouch process and digitilisation of documentation will reduce the requirement for daily checks and POM audits and provide assurance around the

stock within the response bags on an ongoing basis. This work is not fully complete and will take time to roll out Trust-wide. Commitment to improve adherence to the current process is vital to ensure safe medicines for patients.

## Freedom to Speak Up (FTSU)

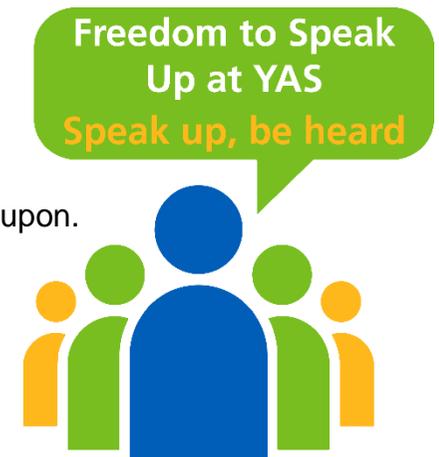
The Trust is committed to listening and learning from patients, relatives, and staff alike. Freedom to Speak Up (FTSU): An independent review into creating an open and honest reporting culture in the NHS (Francis) was published in February 2015. The aim of the review was to provide advice and recommendations 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.

The 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. The Trust's FTSU Policy and associated guidance documents were comprehensively reviewed in 2022 considering the Trusts own learning and the latest guidance from the National Guardian's Office.

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 14 FTSU Ambassadors who can provide support and advice to staff wishing to raise concerns regarding the quality of care, patient safety, bullying and harassment or anything that gets in the way of staff doing a good job within the Trust.

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

- Delivery of coordinated communications and engagement campaign building on the refresh of Trust policy emphasising key points:
  - A culture in which speaking up is part of normal daily behaviour.
  - 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.



- Recruitment of New FTSU Guardian and additional Ambassadors to strengthen staff support across all directorates.
- Baseline triangulation of FTSU, HR, Organisational Development (OD) including staff survey, Patient Relations information to identify areas which may benefit from support.
- Working with OD to build learning from FTSU concerns systematically into the trust OD Plan
- In addition to action taken during the year in response to specific staff concerns, the Trust also commissions targeted reviews in specific areas with issues relating to culture and leadership. Work is continuing with a number of teams to deliver action plans arising from reviews.
- In the current year and continuing into 2023-24 we will be focusing on rigour of feedback to individuals and managers and on the feedback from staff who have raised concerns.
- Regular reporting to Trust Board and Quality Committee on issues, themes and actions undertaken.



“We would like to say thank you to you all for the amazing work that you all do, you go above and beyond. Please remember through the heartache and hard times, there are people/families that respect you all so much. Thank you so much; carry on your brilliant work.”



“The Community Engagement team has been working with a charity caring for single mothers and one of the attendees passed on their thanks: Ali was the best trainer I have ever met. She paced the session so well that I feel very confident that, in the event of an emergency, I have a greater chance of saving a life than before attending this session.”



“I would like to pass on a thank-you to all the ambulance service staff who have been involved and have come out to me and my husband over the last few years. Staff come out every four or five weeks to help me get my husband up off the floor and they are always marvellous. I can't thank them enough not only for what they do for my husband but how they look after me as well.”

## Performance against Priorities for Improvement 2021-22

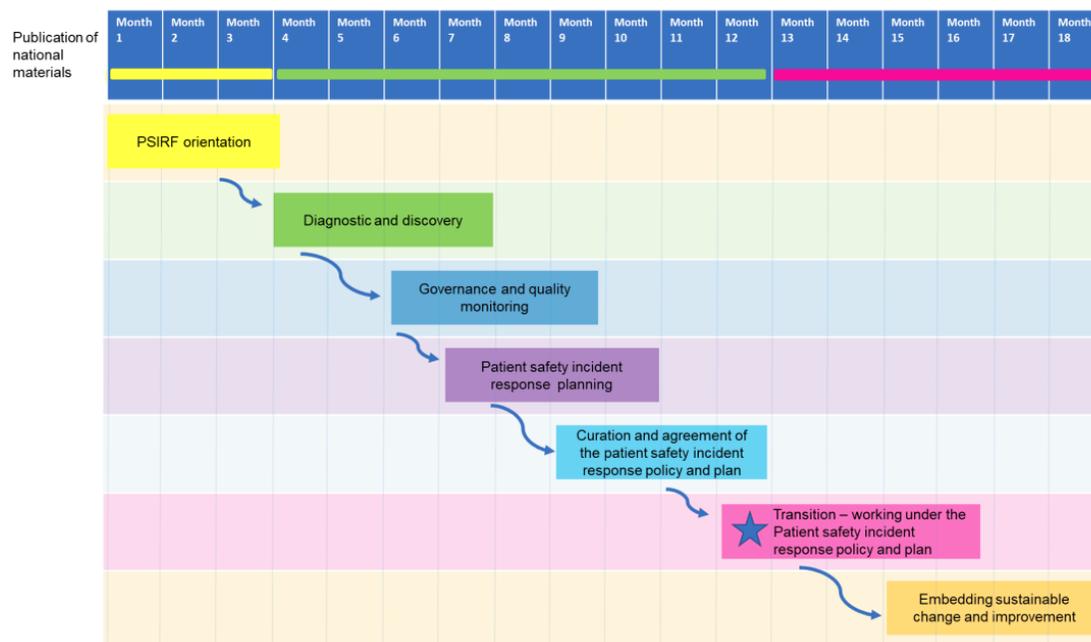
### Priority 1

**Lead:** Clare Ashby, Executive Director of Quality, Governance and Performance Assurance (Interim)/Simon Davies, Head of Investigations and Learning

**Patient Safety:** Implementation of the National Patient Safety Strategy

The Trust has agreed a local CQUIN to guide and direct a transition plan which mirrors the NHS England Patient Safety Incident Framework (PSIRF) implementation process as detailed below:

#### Overview of PSIRF preparation phases



The Trust has made good progress in developing the programme of change required to fully implement the new national Patient Safety Strategy. It is expected that during 2023-24 the Trust will fully implement PSIRF and Learning from patient safety events (LFPSE), aligning all internal governance processes to the revised framework and expectations, whilst closely working with ICB partners to complete and approve all remaining work under the current Serious Incident Framework (SIF 2015).

## Priority 2

**Lead:** Clare Ashby, Executive Director of Quality, Governance and Performance Assurance (Interim)/Spencer LeGrove, Head of Quality Improvement.

**Patient Experience:** Implementation of YAS Patient Experience Strategy

Implementation of our Patient Experience Framework will support teams across the Trust to effectively engage with our patients and service users to improve the services we deliver. Teams across the organisation can work to four dimensions of the framework:

- **Insight** - Utilise and strengthen patient experience data to determine areas for improvement, health inequalities and areas for further engagement. Data should be detailed and provide timely insight to make improvements.
- **Connecting our communities** - Actively seeking opportunities to listen to our patients, carers, and families about what matters most to them and ensuring that the voices of all our communities are heard e.g., proactive surveying, meetings held in communities.
- **Integrated patient voice** - Working in partnership with patients, carers, and families to ensure that their voices are represented and heard inside Yorkshire Ambulance Service. The aim is to improve patient experience by learning about people in our communities, listening to and acting on what patients tell us through several internal and external forums.
- **Co-production** - Utilising the expertise of patients, carers and families' experiences to design, produce and implement improvements to our services e.g. engagement with specialist groups such as people living with learning disabilities, people living with dementia.

Key strategic goals are:

- Build capacity to have service users involved in the Trust's improvements, clinical education, governance, and assurance pieces of work.
- Strengthen the Trusts Patient Experience Networks
- Build a culture of co-production throughout the Trust.
- Rigorous evaluation of patient experience

This is a One Team collaboration with our volunteers, patient and service users pivotal to its success.

## Priority 3

**Lead:** Clare Ashby, Executive Director of Governance, Quality and Performance (Interim), 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 Professional Development (CPD), clinical governance and working towards a shared clinical assessment process.

A Consultant Practitioner in Remote Clinical Triage and Assessment has been appointed to work across IUC and EOC. A key aim for this role is to develop a joint CPD and clinical supervision framework. In addition, IUC and EOC are currently developing a joint model for a Clinical Advice Service (CAS) aiming to go live this summer.

#### Priority 4

**Lead:** Mussarat Suleman, Head of Employee Health and Wellbeing

**Clinical Effectiveness:** Employee Health and Wellbeing

Delivery against Health and Wellbeing Plan for 2022-23 has gone well with work now underway looking at the year ahead. Work on promoting supportive health and wellbeing interventions and awareness to staff has been undertaken, despite demand challenges. The Health and Wellbeing Team has been working closely with service lines to ensure maximum reach and engagement. The winter flu vaccination programme continues with communication activity promoting the benefits and clinic locations. The programme was incentivised with the offer of Love2Shop vouchers.

Mental Health First Aid (MHFA) instructor training continues, with five trained instructors and a further two close to their sign-off. The next step is to work with the instructors to compile a training plan for delivery.

The Menopause Policy has now been developed and is currently going through the approval process.

Work on the Post Incident Care (PIC) programme continues, as does the drive for more volunteers to join the Peer Support and Trauma Risk Practitioner network. The business case for the future occupational health provision for the Trust has been completed and received approval at Board in February 2023. This includes the procurement of services and review of the internal health and wellbeing resource to allow for appropriate support for staff moving forward.

### Did you know: Emergency Preparedness, Resilience and Response (EPRR)

Special Operations has completed the introduction of a national programme to enhance specialist response capabilities to major incidents. This provides support from nearly 300 specially selected and trained A&E operational crews to support the Hazardous Area Response Team (HART). Following a restructure, designed to create additional capacity, work has started on a new continuous improvement programme related to EPRR work. This programme includes a trial of new software designed to capture and manage the lessons learned from significant incidents and large exercises. The restructure has also resulted in EPRR managers aligning with each of the four Local Resilience Forums in the region to better support joint planning for major incidents. The partnership between YAS and Yorkshire Air Ambulance is adopting a Specialist Paramedic Critical Care/Paramedic Critical Care model working permanently on the unit with a small number of staff seconded to the roster to allow for development of the skills and to ensure the unit's availability.

### Performance against 2022-23 CQUINS (Clinical Quality Improvements Indicators)

As a national requirement, 2022-23 contracts include CQUIN schemes.

The Executive Director of Quality, Governance and Performance Assurance has overseen the development of the CQUIN schemes across all relevant contracts.

#### A&E CQUINS

For 2022-23 the Trust has secured agreement that any financial sanctions (local or national) arising from the A&E CQUIN scheme will be reinvested, so there was no financial risk arising from the 2022-23 CQUIN scheme.

Indicator Type	Indicator Name	Indicator weighting
National 1	<b>Staff Flu Vaccinations</b> 90% target uptake for full payment for frontline staff; Quantitative - Q4 report	0.25%
Local 1	<b>Readiness for the introduction of the national Patient Safety Incident Framework (PSIRF)</b> Development and delivery of a plan to implement national PSIRF requirements Qualitative – quarterly milestones from Q1	0.5%
Local 2	<b>Schwartz Rounds</b> Supporting staff health and wellbeing through implementation of Schwartz Rounds Qualitative – quarterly milestones from Q1	0.5%

*Three indicators are included within this year's scheme.*

## PTS CQUIN

CQUIN indicator name - Risk Assessment Module and associated processes. Indicator weighting 100%

This indicator aims to support YAS PTS to develop an application to record, store and electronically share individual risk assessments. This ensures that frontline crews consistently have access to risk assessment information prior to arrival with the patient.

The CQUIN aim was to develop an application which will provide a streamlined technical approach to recording and sharing information of PTS Risk Assessments during 2022-23 with a view to implementing this across all areas by 2023.

This CQUIN indicator also supports the NHS Long Term Plan alongside the digital innovation – ‘Give health and care staff the technology they need to help them complete administrative tasks more quickly, freeing up time to spend with patients.’ It will also support the paperless agenda.

The PTS CQUIN for 2022-23 to date has not been achieved. This CQUIN was to develop an app with which to undertake risk-based assessments. There have been a number of technical issues which have hampered the development. To date, a fix has not been found although Cleric, our systems provider, is working closely with us on this. All quality colleagues in each area are fully aware of the issue and supportive of us rolling this out and providing the final report once it is safe to do so.

## Patient Transport Service

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 2022 and March 2023 our PTS provided 722,466 non-emergency journeys covering 7,621,032 miles, making us one of the largest providers in the UK. Total demand, including delivered journeys, escorts who travelled with patients and aborted journeys was 887,290.



Within PTS, we have:

- just over 770 staff; including 607 in our operations teams, 60 managing bookings, 82 coordinating our fleet and resources, and 27 supporting the overall running of our service-line. More than 187 volunteers registered to support us and, this year, 169 provided 6.9% of our journeys, covering 1,303,884 miles.
- a framework of quality-assured partner providers to provide flexible support for our operations teams. This year they supported us with 50.8% of our journeys.

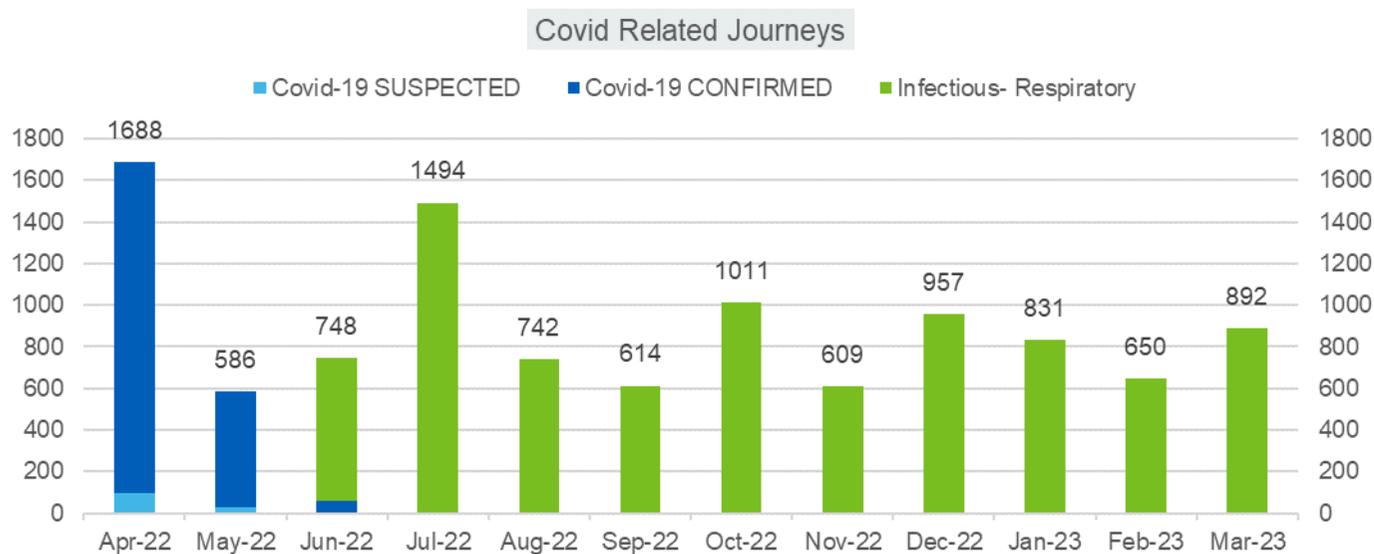
## PTS response to COVID-19

In June 2022, we began increasing the number of patients in our vehicles due to the removal of physical distancing in healthcare settings as confirmed by the UK Health Security Agency (UKHSA). This enabled us to plan and deliver multiple-patient journeys on a larger scale than when COVID-19 restrictions were initially relaxed in June 2021. This also included private providers, taxis and our volunteer car service drivers.

For the safety of our patients and staff, we increased capacity in our vehicles in a phased approach so that we could evaluate and manage risk at every stage.

Even though we increased the number of patients in our vehicles, Level 2 personal protective equipment (PPE) was still required for our staff, and patients (where able) were also asked to wear a face covering.

As part of this move to increase capacity, we introduced extra questions at the point of booking transport, to identify whether they were suspected of having a respiratory infection. These questions were also repeated by PTS operations staff and volunteers as part of their courtesy call, prior to collecting the patient.



## Alternative resources

Since April 2022, the PTS Alternative Resource team has continued to support the PTS service line. The use of alternative resource providers brings with it the flexibility to respond quickly to ever-changing demand levels, especially as we move out of the constraints of the IP&C distancing guidance. Currently, our PTS alternative resource providers carry out just over 50% of all PTS activity.

Our alternative resource providers are also making 29 crews available each week to assist the A&E service-line by conveying patients whose emergency calls have been appropriately triaged.

November 2022 saw the successful implementation of our new PTS private provider framework, YAS118. This bolstered our alternative resources which meet the highest NEPTS standards for quality and patient safety to:

- 22 private ambulance providers.
- three community transport providers.
- 16 taxi companies.

## PTS Volunteers

Our PTS is very grateful to have the support of 187 volunteers who generously give their time to transport some patients in their own cars. Since April 2022, we have been able to attract 8 new volunteers thanks to the support from the public and their interest in our volunteer car service scheme.

Our volunteers have completed 50,090 journeys since April 2022, covering an impressive 1,303,884 miles.

That said, 2022 has not been without its challenges; the increasing cost of fuel has impacted the recruitment and retention of our volunteers - some have taken a break for several months and others have withdrawn from the scheme. However, to address this, volunteers can now claim an extra 5p per mile for every part of a journey with a passenger on board.

This year we have re-established face-to-face listening sessions in which volunteers can share their views and provide feedback on their volunteering experience. We have also delivered drop-in sessions to support volunteers with completing mandatory training modules.

Throughout 2022-23 we have attended a number of the events to raise awareness of volunteering opportunities within the Trust, if you see us at one this year, come and say hello. Alternatively, if you are interested in volunteering with us, please visit our website.

“If transport is by a volunteer driver, I always get a call to say what time to be ready for.” *Patient in West Yorkshire*

“I use a wheeled walker and sometimes the driver hasn’t been informed and it hasn’t fitted into the vehicle’s boot, so the driver has had to put it on the back seat. That being said, it is a fantastic service, thank you very much.” *Patient in West Yorkshire*

“I found the volunteer drivers particularly helpful and pleasant. The staff in the Transport Office were kind enough to check and confirm the next day’s appointment time after a discrepancy on one occasion. All staff always have a smile.” *Patient in West Yorkshire*

### **Key activity and developments within PTS throughout 2022-23**

Healthcare Transport Options – national review and PTS Pathfinder

In August 2021 NHS England (NHSE) and NHS Improvement (NHSI) published its review of non-emergency patient transport. This review set out a framework for PTS providers to support them in becoming consistently fair and sustainable. Specifically, it looked at:

- A revised minimum data set – this is the data that we provide to our commissioners for them to inform NHSE.
- New eligibility guidance to clarify core eligibility criteria.
- A new single set of mobility definitions.
- Improvement of the Healthcare Travel Costs Scheme.
- A commitment to 100% zero-emission journeys.

In response to the review, a dedicated team within PTS has been managing the West Yorkshire Pathfinder Project, since March 2022 to develop and test new ways of working and provide feedback and learning on the recommendations.

Working alongside colleagues from NHS England, West Yorkshire Integrated Care Board and Huddersfield and Calderdale NHS Foundation Trust, the team has managed the development and testing of key workstreams.

For the Trust, this means supporting a fantastic PTS team who have undertaken workstreams such as:

- developing the Trust’s relationship with community, voluntary and social enterprise groups
- testing revised eligibility questions
- testing the signposting of patients who are not eligible for PTS and provide them with alternative ways of making their way to hospital.

The learning from these workstreams is being used to help other providers to develop their services as part of nationwide Community of Interest sessions.

### **Wheelchair safety belts**

In the summer of 2022, we took delivery of 500 lap belts to support the safe transportation of patients in wheelchairs.

The new lap belts are adjustable and are to be used where the patient's own wheelchair does not have a lap belt, where a PTS wheelchair does not have a lap belt, when an existing belt is damaged, or when the wheelchair-fitted lap belt is too short to fit the patient comfortably.

A new standard operating procedure (SOP) was also developed to support the use of the lap belts and to provide instruction to PTS staff on how they should be used to secure their patient.

This is part of a wider wheelchair campaign which is being developed into 2023, which encourages patients to maintain their wheelchairs to ensure they are fit for purpose and safe for travel with us.

### **Dementia training for PTS staff**

In 2022-23 we conveyed 60,500 patients living with dementia. As many of our patients are living with dementia or caring for someone living with dementia, our staff are regularly presented with dementia training opportunities, such as the Dementia Bus.

Throughout 2022-23 there have been several opportunities for our PTS staff to visit the Dementia Bus, which is an immersive training opportunity 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.

### **New equipment for PTS**

Two new pieces of equipment were introduced in early 2022 to help move patients safely, comfortably and with dignity as well as protecting staff from injury; these were the EZ-Glide with Powertraxx and the Portable Telescopic Ramps.

The EZ-Glide with Powertraxx provides improved safety when going up and down stairs, is suitable for any patient within its load capacity and can be used for up to 20 flights of stairs per charge.

The Portable Telescopic Ramps provide improved accessibility when ascending or descending a small number of steps. At full extension the seven-foot ramps can go up or down a maximum height of 355mm or 14 inches and can carry a total load of 275kg or 43.3 stone.

## Staff development

After a break from face-to-face PTS training and away-days due to the COVID-19 pandemic, we were pleased to be able to hold four PTS away-days in June and July 2022.

These training sessions were an opportunity for PTS leaders to network and a range of guest speakers from across the Trust attended to deliver familiarisation training and updates.

The topics covered included:

- An overview and update of PTS developments.
- A session on what health and wellbeing support the Trust offers for staff and how to access it.
- Feedback and analysis on the PTS responses to the latest NHS Staff Survey with session on developing next-steps.
- A refresher on compression-only Basic Life Support (BLS).
- A session on conducting structured dynamic risk assessments and assisting patients walking.
- A demonstration of the new Cleric module – accessing patient risk assessments online.

The next series of PTS away-days are scheduled for summer 2023 with new content.

## Staff recognition

In October 2022 the Trust held its annual STARS Awards to celebrate the dedication, professionalism and commitment of YAS staff shown towards their patients and each other on a daily basis. The ceremony also acknowledges those staff who have gone above and beyond the call of duty.

Bo Fay and Dan Holmes, a PTS crew from Huddersfield, were winners in the Resilience category for their part in helping to deliver a baby. Bo and Dan were driving through Huddersfield when they were flagged down by a motorist. When they stopped, they discovered that the driver's wife was in the later stages of labour. Bo and Dan phoned 999 and, listening to the instructions from their colleagues, they successfully delivered a healthy baby. Bo and Dan were also presented with a Chief Executive's Commendation for their actions on that day.

The Integrated Transport team won the One Team Award, for their work in re-establishing the programme in response to the demand faced by the Trust. During that challenging period in early 2022, journeys were shared between the PTS and A&E service lines when it made our response to patients quicker and when they had been clinically triaged as appropriate for non-emergency transport. PTS crews carried out 873 journeys to support demand for A&E.

This award acknowledges the exceptional multi-disciplinary team effort which embodies all of the Trust's values, is collaborative and inclusive in its approach and shares a common goal to be outstanding.

Our PTS Access team, responsible for managing patient bookings, was also nominated and shortlisted for the One Team Award.

The Volunteer of the Year Award was awarded posthumously to the family of the late Stuart Borrows. Before becoming a PTS Volunteer, Stuart worked in the PTS Planning Team up until his retirement. Unfortunately, Stuart had to stop his volunteering duties due to ill-health in 2022. Sadly, Stuart passed away on 11 April 2022.

During his time with PTS, Stuart was a highly respected volunteer and member of staff and is greatly missed by his colleagues and friends. Stuart was never one to sit idle and in his six years of volunteering he transported over 4,000 patients which totalled 106,881 miles. Before his illness, Stuart was also part of our Volunteer Buddy Scheme guiding new volunteers at the start of their volunteering journey making sure that he was available, and nothing was too much to ask making the new volunteers feel welcome; he also offered innovative ways on how we could make the patients' and volunteers' journeys more enjoyable. It is with great sadness that Stuart is no longer a part of this amazing team of volunteers, and we hope that this award goes a little way in showing his family how much he was valued.

The Trust's annual Long Service and Retirement Awards took place in November 2022 and 11 PTS staff were congratulated on their 20, 30, 40 years' long service within the NHS and YAS – three for 20 years' service, three for 30 years' service and four for the retirement award. A posthumous award was also presented for a member of PTS staff who sadly passed away earlier in the year.

This is an incredible achievement, and we are immensely grateful for their dedication and hard work over those years.

YAS PTS presents recommendations, that, in consultation with West Yorkshire, South Yorkshire; Humber and North Yorkshire ICS Boards (or Chief Executive(s), YAS adopts NHS England revised and mandated application of national eligibility criteria for Non-Emergency Patient Transport Services (NEPTS); agreeing standardised regionwide interpretation across the three ICSs.

The engagement and then implementation will outline the requirements of the new NHS England guidance and recommend an approach which will meet the needs of the guidance and enable YAS to continue to deliver a high quality, safe and sustainable service.

We are also in the process of developing a signposting website for members of the public to easily access a directory of the healthcare transport options programmes help to ensure the sustainability of PTS contracts with commissioners and ensure that those patients who truly need NEPTS are provided with the appropriate levels of service and the highest quality of service possible.

Next year, we are looking to increase our PTS recruitment and develop staff training for new recruits with the implementation of two additional recruitment courses for PTS ambulance care assistants (ACAs). This is just one example of a small step in improving our staff ratio.

In late 2019/early 2020, members of the Alternative Response Team (ART) embarked on a project to look at volunteering roles in hospitals – specifically to determine the feasibility of extending our VCS offering to that of volunteers acting as porters on our behalf within hospital settings. Given the ongoing struggles with parking at hospital sites, and the amount of time it can take to escort a patient from a vehicle to the hospital appointment area, we began to explore the feasibility of the project in conjunction with St John Ambulance.

Members of the ART visited North East Ambulance Service (NEAS) in February 2020 to discuss how they had successfully implemented a similar project within a major Newcastle hospital. As a direct result of the COVID-19 pandemic, the project unfortunately had to be paused. However, in late 2022 the project was revisited. Meetings are currently taking place with volunteer representatives from hospitals in Leeds and Wakefield with a view to undertaking a trial over coming months.

Within PTS we currently use a programme called AutoPlan, which is a tool within Cleric that we can use to automatically allocate a vehicle to our patients. Our PTS Resource Team uses this tool primarily to plan pre-booked and planned patient journeys. During the COVID-19 pandemic, co-horting of patients was suspended and therefore AutoPlan was not used for this period. As social distancing restrictions were lifted in July 2022, it was agreed that we would make a phased return to using AutoPlan. We implemented AutoPlan in the Leeds area initially, to monitor the roll-out. There were some teething issues with the system which unfortunately slowed down any further implementation. However, the decision was made in January 2023 to push forward, and three further areas are now using AutoPlan – Mid Yorkshire, Pennine North and Pennine South.

We are planning to continue with the roll out into East Yorkshire, Scarborough and North Yorkshire and then later into South Yorkshire.

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

"I have always found the staff courteous and very polite. A first-class service outward, waiting and homebound. I have always been treated brilliantly by the staff and also transport staff who have a very difficult job".

"I would like to give my sincere thanks to the YAS Patient Transport Service. From the drivers, immaculate vehicles, receptionists, and everyone in between. You really are the symbol of excellence."



"We have required your services several times in the last 12 months or so. Sadly, my husband is in the advanced stages of a neurological illness. Each of your crews has been amazing, cheerful and upbeat despite the sad situation that they are here to deal with. My husband has just had two weeks in respite care to give me a break. The crew that brought him home today were FANTASTIC!!! One of the guys I have met before, and he remembered us and showed nothing but kindness and professionalism. Please, please take the time to thank the individuals, not just from myself but from the service that has the privilege of employing them! Many thanks."

"Unfortunately for me I use this service regularly and usually have a different crew each time. However yesterday the lady who picked me up to take me to my appointment had been a few times and I was amazed how she remembered my health problems and could see I was in much more pain than before. She was kind, respectful and very caring as always but the fact she remembered me and my needs I thought was amazing given the amount of people she has to deal with. And coming home I had the pleasure of two young ladies both of whom were kind, caring, helpful and respectful."

"Just a big thank-you to you all, for giving me the opportunity to keep my hospital appointments. "Without your service it would have been difficult due to my disability. Everyone is so helpful, caring, cheerful, and compassionate to my needs! "You all deserve more than a gold star! Many thanks again."

## NHS 111 Integrated Urgent Care

### Service demand and performance

For 2022-23 we saw a decrease in demand compared to last year and were -13.2% below forecast for calls offered. However, unlike last year, we saw a large increase in demand in December 2022, including increased calls for COVID-19, colds, flu and winter bugs. It may be that winter illness demand is returning as it was pre-pandemic.



The following figures include data for April 2022 – March 2023.

- 1,766,792 calls were received.
- 1,518,926 patient calls answered (14.0% of calls were abandoned).
- 40.2% of calls answered within 60 seconds, formerly a KPI but now locally tracked.
- An average speed of answer of 413 seconds; this remains a new developmental KPI across IUC.

Patient access has been more challenged across the year with the proportions of calls answered within 60 seconds falling in comparison to previous years. Considering 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.

The following figures only include data from April, May, June, July, December, January, February, and March for 2022-23 due to missing Adastr data from the outage experienced.

- 46.2% of clinical calls received a call back within one hour target of 60%
- 22.9% of core clinical advice provided to patients (target 30%)
- 40.2% Emergency Department (ED) validations (target 50%)
- 97.6% 999 validations (target 95%)
- Of the calls triaged, 10.3% were referred to 999; 4.5% were given self-care advice and 14.6% were signposted to ED. The remainder were referred to attend a primary or community care service or attend another service such as a dental surgery.
- Through the national contingency plan, YAS answered, on average, 1,180 calls per month on behalf of other services.

Although demand has been lower compared to last year, YAS began the year with sub-optimal staffing levels and has therefore had a large push on recruitment this year. Bringing in higher number of new starters initially has an adverse effect on performance due to new staff getting

used to the role and experienced staff being engaged in delivering coaching and support. However, this short-term impact will be far outweighed in the medium term through significantly increased staffing levels providing the capacity and ability to deal promptly with the needs of our patients.

Dental volumes for 2022-23 have been quite varied with general demand and excess demand fluctuating monthly. Unfortunately, due to an Adastra outage in August 2022, we are unable to provide a full picture of dental demand due to YAS missing four months' worth of data.

## **IUC Improvement Plan**

The IUC Improvement Plan has been developed as a direct response to the challenges we face around attraction and retention. Importantly, the plan is based on direct feedback from our people through a series of engagement events. The plan is also directly linked to CQC Key Lines of Enquiry and the NHS People Promise. Key areas of work are:

- Culture – We have an ongoing Civility Saves Lives initiative to encourage our people to treat each other with kindness and respect. We are currently devising a leadership development plan to drive a positive and inclusive culture. This will be linked to tools which will enable our leaders to deliver support to their teams. In addition, we have delivered, and will continue to deliver, regular staff engagement sessions throughout the year to ensure that everyone has a voice. This is supported further by our Change Champions who are in place to ensure our people have a voice and their views and needs are considered. Our initial engagement sessions for 2023-24 will focus on the latest Staff Survey results to ensure our improvement plan reflects these.
- Attraction – Quality and performance is affected by demand and capacity, so a Workforce Plan, with associated trajectory, is in place to ensure we increase workforce numbers and achieve our funded capacity. This is supported through a simplified application process. We are working with agencies to generate high numbers of candidates and we are currently assessing the results of a marketing campaign to ensure that we maximise our recruitment pipeline. When new staff are offered a role with IUC, we provide 'Keep Warm Evenings' to ensure they are engaged and informed. We also employ new recruits one week earlier, prior to the commencement of their formal training, to support induction, statutory and mandatory training, and preparation for the NHS Pathways exams.
- International Recruitment - We aim to open new supply lines for clinical recruitment, and this includes a pilot supported by Health Education England. We have made conditional offers to 15 highly experienced overseas nurses and expect the first cohort to arrive in May 2023.
- Training – We have recently devised a part-time course, and developed the ability to deliver more training remotely, to target new demographics and ensure that we are able to offer more flexibility, removing barriers for those who are unable to undertake our full-time training, which was previously their only option. We have also developed extended preceptorship and coaching to develop our new recruits post training and better prepare them for their role. We have provided additional capacity to welcome and support new staff when they arrive at their operational roles, and this will continue across the coming year.
- Home working – we have extended a pilot for Health Advisors to undertake home working and now have 28 staff involved. If successful, following evaluation, we intend to phase up this opportunity and offer a home working model for a greater number of our people. We

already offer home working for some of our clinicians, but we now intend to extend this. We have recently received expressions of interest and are in the process of procuring additional equipment to facilitate this. We also plan to extend this opportunity to our Bank and Agency clinicians to ensure flexible and attractive working opportunities are open to all.

- Wellbeing – Our Wellbeing Team supports the management of sickness absence, but also to drive proactive wellbeing initiatives. The team has been enhanced with a further two Wellbeing Officers and a Wellbeing Operational Service Manager to provide leadership and support. We have also trained a cadre of Mental Health First Aiders to support staff. In addition, we have implemented paid wellbeing breaks for our people to support them in their demanding roles.
- Rota Review – We have clear feedback from our people that their rotas need to be improved. The demand for weekend working is high and we will be looking at how we may address this. We will also seek to build in supportive measures such as Team Based Working, Preceptorship for new staff and Restorative Supervision for all staff. We are now awaiting agreement to take work forward as there are potential cost implications, which need to be approved.
- Career Structure – we are developing a career structure to provide staff with a clear view of the opportunities which are available to them. Our aim is to develop career opportunities in specialist roles, leadership, and management, delivering education and training and also clinical careers. These will be underpinned by education, training, and CPD. A proposal has recently been agreed by the Trust Executive Group and the proposal will now be taken to the Trust Board.

## **IUC Service Development**

- The Service Development Team continues to work alongside Place and Integrated Care Board colleagues to increase flexibility in supporting patient demand and enabling and improving access to pathways, ensuring better use of clinical capacity across local systems. This includes working with Place and Integrated Care Board colleagues to increase referral rates into services across the region, testing and implementing new referral methods into primary, and urgent and emergency care services. This includes working closely alongside Directory of Services (DoS) colleagues to ensure any issues routing patients to the right services are dealt with swiftly.
- Worked with national, regional, and local colleagues around the ongoing development of the Single Virtual Contact Centre (SVCC). This included setting up a joint working group with North East Ambulance Service (NEAS), overseen by the regional office, ensuring all Trust deliverables, gap analysis and operational solutions were completed on time and ready for the initial go-live date of 1 October 2022. As part of this, the Service Development Team worked with DoS and wider system colleagues to develop service profiles across the region, standardising referral instructions across Yorkshire, Humber and the North East in readiness for the implementation of the SVCC workflow.
- Developed and rolled out several technological improvements including:
  - Successfully implemented Automatic Electronic Ambulance Dispatch referrals between both Yorkshire Ambulance Service (YAS) and NEAS in order to further improve the ambulance dispatch time and reduce the overall call length within IUC.

SMS technical work to enable 'slot type recognition', allowing for SMS appointment confirmations for different appointment types

across Yorkshire, Humber and the North East to ensure our patients get the right information to support them in accessing any necessary onward care.

Coordinated and managed delivery of multiple upgrades to both our host system (Adastra) and the clinical triaging tool NHS Pathways. Bringing forward and developing system enhancements, and innovations such as the ability to activate a single service return within the DoS and improving the address lookup providers within Adastra to speed up the process.

- Worked to support the service to run as effectively as possible during a major system outage including:
  - Began development of Business Continuity (BC) Web application - a strategic option to replace the paper call process in the event of prolonged BC incidents. Work on this is ongoing.
  - Supporting IT colleagues with any necessary system testing.
  - Supported future audit by converting around 70,000 paper cases into a digital format and providing an effective method of filing and retrieval.
- Worked with Estates and Facilities colleagues on infrastructure projects brought about by changes to ways of working as a result of the pandemic. This included support to the Trust's Hybrid Working project while ensuring the necessary expansion of areas for IUC operations in Wakefield and improving health and wellbeing accommodation, training areas and team leader facilities as part of the staff recruitment.
- Piloted and continue to develop safe homeworking options for our 111 contact centre colleagues. An initial pilot implemented with our non-clinical Health Advisors was so successful that this has now been extended from the initial ten members of staff to a potential of up to 50 within the coming months.
- Worked to improve our staff wellbeing by project managing and rolling out Dog Therapy Support within the Trust's IUC and EOC call centres.
- All of this was alongside our regular workload, such as:
  - Completing deep-dive analysis into IUC operational performance, tracking themes, trends and presenting opportunities to deliver improvements in performance to the Trust Management Group (TMG) and other management groups.
  - Working with Practice Developers, Governance and Operations to ensure all staff are compliant with the latest pathways version training.

## Training

The Practice Development Team is an integral element of the NHS 111 family. They are the first contact new starters have within the NHS 111 service once employed. They facilitate a set of rolling training packages for all new starters and staff returning to work following absence. This

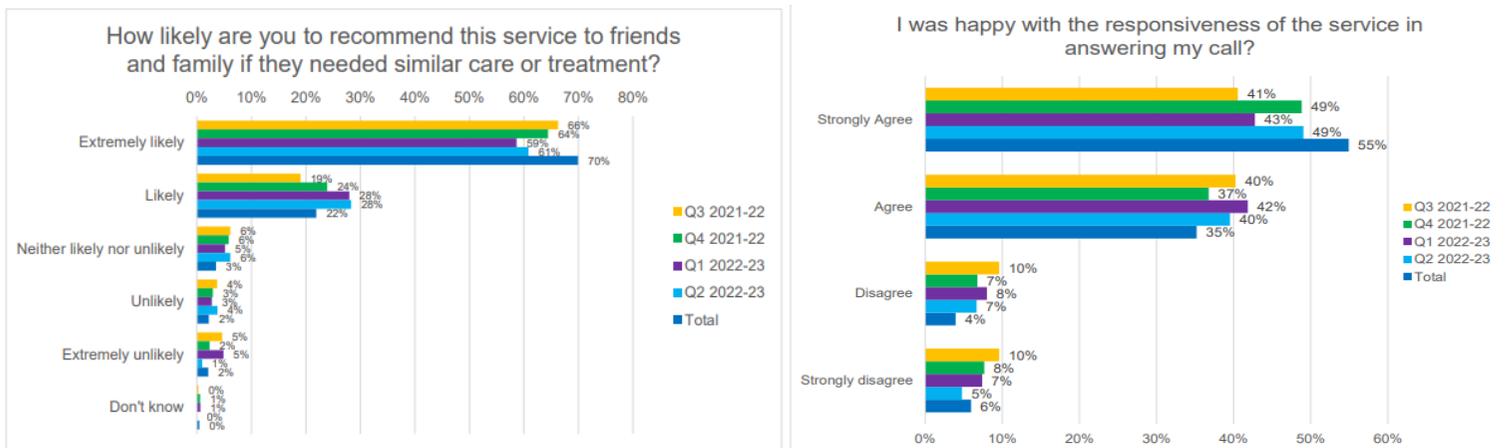
includes core module 1 and 2 of the NHS Pathways Licence, the clinical module of the NHS Pathways Licence, the internal coaching courses, ad hoc training sessions, implementing NHS Pathways version updates and PACCS training for clinicians. Basic Life Support sessions are also completed.

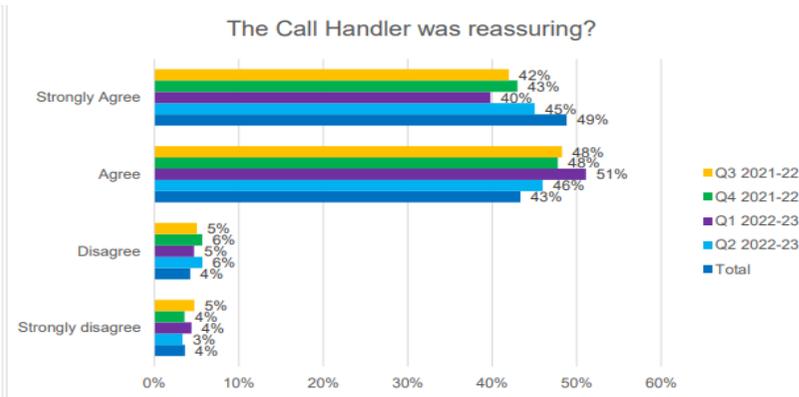
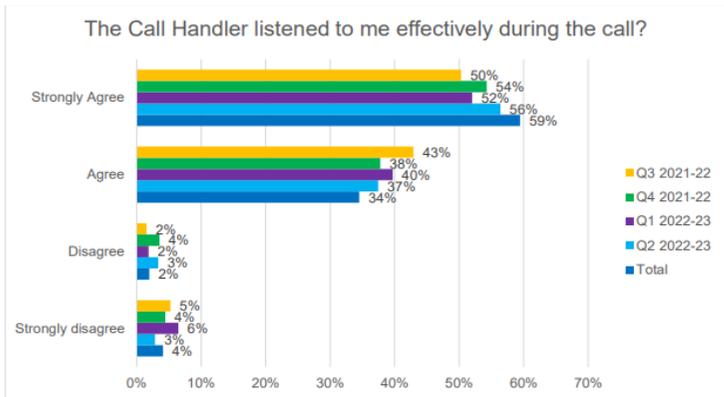
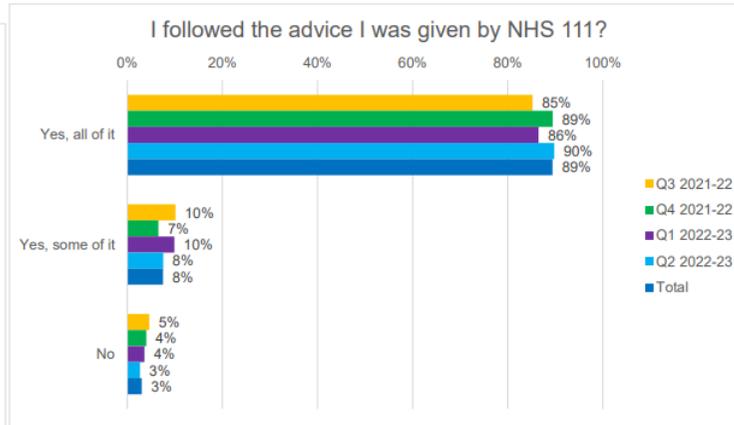
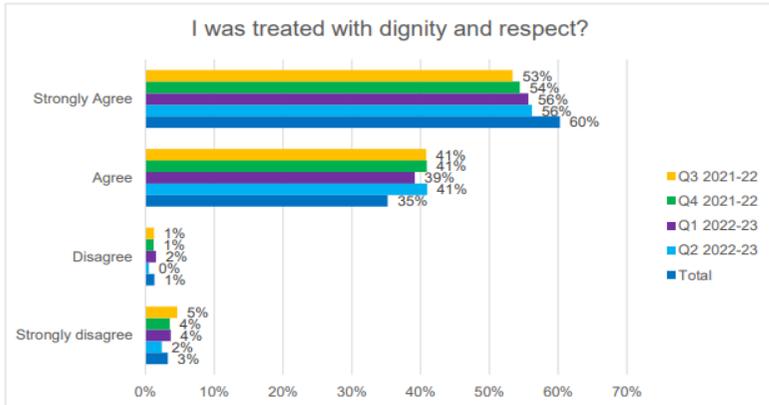
The team has joint working with other areas within NHS 111 to develop a Probationary Period Policy, statutory and mandatory training compliance matrix, recruitment of new staff, liaise with the Workforce Team to develop sufficient rotas for new staff and work with NHS Pathways regarding compliance and new improvements to service and training.

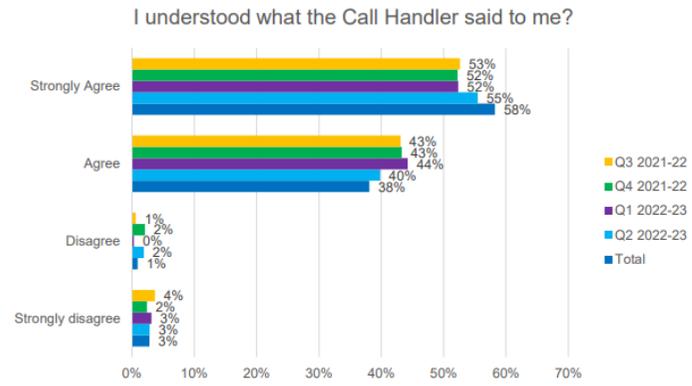
Currently the Professional Development Team is involved in a transformation project. This will focus on the development and implementation of a part-time training programme to broaden access for prospective new recruits, streamlining the handover of new staff to their subsequent line managers to ensure they are welcomed and supported into the operational environment, the coach's personal development plans, to offer a more robust role which they can be proud of.

## Patient Survey

The patient survey is sent out to patients at the end of each month and Quality Health analyses the data and returns to figures to NHS 111 every quarter; this is a randomly generated survey of 2% of all patients in the month. The results demonstrate that the public would recommend the service to family and friends; they are generally happy with the responsiveness of the service and were confident in following the advice given. The respondents also believed that they were treated with the upmost respect dignity.







## Patient feedback

From April 2022 to March 2023, the NHS 111 Clinical Governance and Quality Team received 438 episodes of feedback from members of the public and other NHS organisations who are leading on the feedback. These comprised of 174 complaints, 4 concerns and 11 comments, and 43 compliments. IUC also received 26 feedbacks for other NHS leading services, as well as 180 service-to-service complaints from external service providers.

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 improvements. The Clinical Governance and Quality Assurance Team also completes reports for HM Coroners and facilitates Serious Incident Case Reviews and takes patient stories to commissioners.

## Staff Wellbeing

NHS 111 has become an active participant in the roll-out of the Professional Nurse Advocate Programme. The aim of this national programme is to deliver training and restorative supervision for colleagues right across England. The programme was launched in March 2021, towards the end of the third wave of COVID-19. This was the start of a critical point of recovery: for patients, for services and for our workforce.

NHS 111 launched the programme in 2022 and now has seven Registered Nurses who have completed the Level 7 qualification at a recognised university and a further Registered Nurse commenced the programme in January 2023. The sessions have included topics on: What is Restorative Clinical Supervision? Vicarious Trauma, Civility Saves Lives and Compassionate Conversations.

Several Professional Nurse Advocates have also participated in improvement projects across the Trust, such as After Action Reviews, End to End meetings with commissioners, integrated care improvement plan, assisting a member of the Research Team, winter pressure planning, and the overall business plan.

NHS 111 also has a team of welfare advisors to assist, support and help employees manage their attendance at work by holding regular stage meetings for short-term and long-term absences. In these meetings, the welfare advisors discuss how the employee is, confirm their absence dates are correct, the nature of the absence and what self-care tips they have been doing in terms of their own health conditions whilst they are absent. The welfare advisors provide further support by sign-posting the individual to the Trust's support services, such as the Resilience Hubs and national support lines such as Shout for Mental Health.

The welfare advisors continue to support the employee in-between these meetings when the employee is absent, by conducting weekly welfare calls to check in and see if they need any additional help, and whilst at work by holding interim stage meetings to discuss how they are at work and review any further absences.

The welfare advisors have been proactive in their support whilst employees are in work by hosting events promoting a balanced and healthy lifestyle through self-care, nutrition, mental health, and exercise and had a successful health walk to Mam Tor. The welfare advisors have also scheduled in promotional weeks for staff, such as a Valentine's Week, anti-bullying week and a series of events which are aimed at promoting team working and boosting morale.

The welfare advisors produce fortnightly newsletters to keep the IUC staff updated on relevant topics such as the Mental Health Continuum and how to recognise and manage stress. They are further trained in managing display screen equipment and can help employees feel comfortable with the YAS equipment, for example, specialist chairs, in order to support any underlying health conditions and/or disabilities.

## Feedback to all YAS staff from patients

"I am writing just to say thank you to all paramedics, dispatchers, NHS 111 staff, and everyone else employed at Yorkshire Ambulance Service. You all do a sterling job, all year round. My family (Mum and Dad) have always been treated with great care and kindness by paramedics. It has given us great comfort and confidence to know they were being looked after by such kind people. Once again, thank you."

THANK YOU

"We would like to say thank you to you all for the amazing work that you all do, you go above and beyond. Please remember through the heartache and hard times, there are people/families that respect you all so much. Thank you so much; carry on your brilliant work."

"I have needed to call the emergency ambulance service several times in recent years. On every occasion the call handlers and emergency crews have responded quickly, calmly, efficiently and with kindness even at this difficult time. Thank you!"

"Just a big thank-you to you all, for giving me the opportunity to keep my hospital appointments.  
"Without your service it would have been difficult due to my disability.  
Everyone is so helpful, caring, cheerful, and compassionate to my needs!  
"You all deserve more than a gold star! Many thanks again."

## Patient Relations

### Complaints, Concerns, Comments and Compliments

	Complaints, Concerns and Comments	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Total
EOC	Complaints	31	12	29	39	19	19	30	6	23	11	9	15	<b>243</b>
	Concerns	8	6	8	7	4	6	8	3	9	4	2	2	<b>67</b>
	Service to Service	29	10	14	20	24	14	20	14	10	15	10	8	<b>188</b>
	Comments	0	0	0	0	0	0	0	0	1	0	0	1	<b>2</b>
	Compliments	0	1	1	1	1	0	0	0	0	3	3	2	<b>12</b>
	Lost Property	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
	PALS Enquiries	1	1	4	0	1	0	0	0	0	0	1	0	0
PTS	Complaints	12	14	26	15	16	28	20	13	10	7	17	21	<b>199</b>
	Concerns	8	18	15	13	15	13	18	16	13	15	8	11	<b>163</b>
	Service to Service	10	16	15	17	18	20	25	15	14	10	24	28	<b>212</b>
	Comments	2	4	1	4	3	1	3	1	4	5	0	1	<b>29</b>
	Compliments	4	6	5	10	2	0	1	0	8	4	7	5	<b>52</b>
	Lost Property	13	16	6	6	2	3	9	8	9	6	9	9	<b>96</b>
	PALS Enquiries	6	6	6	5	5	2	6	1	3	6	0	1	<b>47</b>
A&E	Complaints	22	23	29	22	20	22	14	16	17	14	16	19	<b>234</b>
	Concerns	3	17	14	9	12	10	8	5	9	10	8	14	<b>119</b>
	Service to Service	21	19	27	18	33	20	22	22	13	10	26	26	<b>257</b>
	Comments	1	5	3	4	5	1	2	0	1	0	1	5	<b>28</b>
	Compliments	81	118	84	91	48	18	156	63	133	154	119	109	<b>1,174</b>
	Lost Property	22	27	28	34	14	22	21	27	27	27	24	28	<b>301</b>
	PALS Enquiries	16	18	21	12	13	9	10	1	4	3	4	4	<b>115</b>

<b>NHS 111/UC</b>	Complaints	13	17	17	19	20	15	18	10	19	13	12	27	<b>200</b>
	Concerns	1	1	1	0	0	0	0	0	1	0	0	0	<b>4</b>
	Service to Service	13	20	17	15	29	6	12	7	10	17	15	19	<b>180</b>
	Comments	3	0	2	0	0	0	1	1	0	0	3	1	<b>11</b>
	Compliments	4	3	3	3	3	2	3	3	2	3	10	4	<b>43</b>
	Lost Property	0	0	0	0	0	0	0	0	0	0	0	1	<b>0</b>
	PALS Enquiries	0	0	0	0	0	0	0	0	0	0	0	1	<b>0</b>

*\*Please note there were delays experienced in the processing of compliments during part of the year, therefore the data shown above for compliments throughout August to December, although accurate for the period as a whole, is not as received for the individual months.*

### Timeliness of Responding to Complaints

	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
<b>% Of responses meeting due date</b>	48	55	52	47	39	25	28	21	18	24	30	64
<b>Average response timescale (working days)</b>	59	58	68	78	75	84	69	74	65	68	60	54

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 2022 the extreme pressure on complaint handling has impacted upon the ability to meet this target in addition to reduced access to frontline services.

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

## **A&E Call Handling and Dispatch**

- Awareness raised of the mutual aid process for Cat 1 calls.
- A trend relating to not picking up on ineffective breathing has been identified and material to be distributed around this to all Emergency Medical Dispatchers (EMDs). Awareness raised to all EOC staff on how to recognise ineffective breathing on calls.
- 
- EMD standard operating procedure (SOP) regarding identifying locations to be amended and re-issued to all staff via safety alerts.
- All ambulance services are now signed up to The Circuit so that defibrillator access codes can be accessed nationally.
- Reminder issued to all local acute trusts of the Ambulance Response Programme and how this means calls are categorised.
- Task and finish group formed to analyse and improve inappropriate EOC call closures.
- Improvements to dispatch audit process.
- Location of the patient was not on EOC system, therefore added as a result of this complaint.
- EMDs not to receive compact reduced training as with COVID intake.
- EMDs to receive mental health awareness training.
- SOPs to include all calls where concerns regarding an individual's mental health to be escalated to a team leader before closure.
- SOPs to be clear on action to be taken by team leaders for escalated calls.
- As a result of a complaint the EOC "no send scripts were amended, and the caller would no longer be advised to move the patient where the patient is unable to move following an injury.
- YAS is looking into the policies to support crews and the EOC decision making regarding welfare check calls.

## **A&E Operations**

- The Trust Learning Group will be looking at further exploration and review methods for ensuring that refreshers on clinical practice can be escalated more effectively to frontline staff.
- To reiterate the use of spinal assessment tools, thorough patient assessment and documentation to cover those decisions made.
- Awareness raising of deployed ramp being a trip hazard.
- Pathway wording amended to avoid it being too ambiguous.
- On courses and assessment days the Driver Education Team will reiterate to staff, the Trust's responsibilities when parking vehicles.
- Learning from cases regarding immobilisation, pain relief and handover to be shared with the Trust Learning Group for wider learning.
- Regarding crews telling patients not to take their own medicines into hospital - clinical alerts have been sent out and information added during Patient Safety Week. A presentation has been put together around the updated Medicines Policy and medicines SOPs which we are planning to deliver during team leader investment days and as part of Newly Qualified Paramedic (NQP) induction. It will be used as part of the controlled drugs' inductions and station induction.

- Communication to all staff to ensure monitoring equipment is not removed from the patient until in the unit/handover completed when transporting unstable/ critically unwell patients who have required a pre-alert.

## **PTS**

- Scheduling staff have been reminded to adhere to and follow the 'no trace procedure' when a patient cannot be found by the crew on the return journey.
- A new process for taxi companies providing SITREPs for capacity has been implemented.
- A reminder to all call-handlers has been distributed, to inform a patient of the process if it is their first booking with PTS.
- System put in place for providers to contact control within 10 mins of shift start.
- All YAS vehicles now carry a lap belt, and as of 7 November 2022, all taxi providers and private providers now have lap belts on their vehicles to ensure that patients can travel on all resources.
- PTS is currently giving further training to schedulers with regard to how long it takes to collect and drop off patients. PTS team leaders have also requested to see if this time can also be factored in and be reflected in the Cleric system as this doesn't seem to show a true reflection of the time it takes to transport patients with special requirements.
- A design change has been made to the ITP tracker form to highlight with a green background if the pick-up location is different to the patient's home address location for any ITP inward journeys. This change has now made it much easier for PTS schedulers to spot the change in pick-up address for any such journeys.

## **Patient Experience Surveys**

Yorkshire Ambulance Service carries out quarterly patient experience surveys of patients who have used our services during the period. The surveys are 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.

## 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	81.8%	92.3%	87.1%	78.6%	<b>86.0%</b>
Hull & East Yorkshire CBU	66.7%	90.0%	77.8%	96.2%	<b>86.0%</b>
Leeds & Wakefield CBU	83.3%	70.8%	81.8%	94.1%	<b>83.7%</b>
North Yorkshire CBU	94.1%	71.8%	88.9%	92.6%	<b>84.9%</b>
South Yorkshire CBU	80.0%	85.3%	80.6%	97.4%	<b>86.8%</b>
Unknown Area	0%	71.4%	77.8%	42.9%	<b>62.5%</b>
YAS	81.1%	80.0%	84.1%	91.2%	<b>84.4%</b>

Source: A&E Service User Experience Survey

## 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	100.0%	93.0%	97.0%	95.45%	<b>96.36%</b>
East Consortia	87.5%	100.0%	97.2%	97.12%	<b>94.82%</b>
West Consortia	97.4%	93.7%	97.2%	97.22%	<b>96.55%</b>
South Consortia	95.6%	98.7%	94.6%	94.6%	<b>95.16%</b>
Out of Area	50.0%	100.0%	92.9%	94.73%	<b>93.61%</b>
PTS (inc unknown area)	95.6%	95.8%	95.9%	94.55%	<b>95.36%</b>

Poor/ Very poor	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
North Consortia	0%	2.0%	0%	0%	<b>0%</b>
East Consortia	0%	0%	3%	4.55%	<b>1.72%</b>
West Consortia	1.3%	3.8%	0%	4.55%	<b>1.7%</b>
South Consortia	4.4%	1.3%	0%	4.0%	<b>1.61%</b>
Out of Area	0%	0%	0%	0%	<b>0%</b>
PTS (inc unknown area)	2.5%	2%	3%	2.73%	<b>1.43%</b>

Neither good nor poor	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
North Consortia	0%	5.0%	3%	4.55%	<b>3.64%</b>
East Consortia	12.5%	0%	0%	4.55%	<b>3.45%</b>
West Consortia	1.3%	2.5%	3%	0%	<b>1.72%</b>
South Consortia	0%	0%	6.0%	0%	<b>3.23%</b>
Out of Area	50.0%	0%	7%	5.26%	<b>6.38%</b>
	2%	2.0%	1.0%	2.73%	<b>3.21%</b>
PTS (inc unknown area)	0%	5.0%	3%	4.55%	<b>3.64%</b>

## Safety Update

The Trust safety workstreams 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 multi-disciplinary 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 is expected throughout 2023-24 in line with NHS England guidance and the wider system plan for all providers of NHS provided care. LFPSE will replace the current reporting systems which the Trust uses, National Reporting and Learning Systems (NRLS) and the Strategic Executive Information System (StEIS) combining both into one streamlined/automated service which will be delivered via the Trusts embedded incident reporting system 'DatixRL'. The LFPSE system will provide improved support for all health and care sectors and will provide greater visibility and parity. 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 bring the following benefits:

- The system will make it easier to record safety events, with automated uploads from the DatixRL system, to saving time and allowing teams to focus energies on patient/staff safety programmes.
- It will collect information that is better suited to learning for improvement than what is currently gathered by existing systems.
- Data on safety events will be easier to access and more valid as the information gathered will be standardised across all NHS providers of care.
- It will utilise new technology to support higher quality and more timely data, machine learning, and provide better feedback for the Trust and governing bodies.
- 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

To ensure Trust compliance with IPC measures, audits have been maintained, and reported compliance remains at a 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 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.

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 handover 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 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
	Hand Hygiene	92%	96%	99%	97%	98%	98%	98%	97%	98%	92%	96%	85%
	Premise	100%	99%	99%	99%	99%	99%	99%	99%	99%	85%	97%	88%
	Vehicle	99%	99%	98%	99%	97%	98%	99%	99%	98%	99%	96%	87%

## 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 West Yorkshire Integrated Care Board (ICB) as 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.

Yorkshire Ambulance Service, via the Head of Safeguarding, provides assurance to the West Yorkshire ICB via the Designated Professionals for Safeguarding, that the service is well led and managed and discharges its statutory responsibility in line with legal obligations. This is monitored by quarterly reporting and verbal confirm and challenge discussion both on a one-to-one basis and as part of the Yorkshire Ambulance Service Safeguarding Executive Review Group.

Safeguarding processes are being continually reviewed and strengthened. During 2022-23, 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 children and young people.

Yorkshire Ambulance Service continues to champion a paediatric liaison service. This involves identifying children and young people who use our services regularly but also a cohort who present only once but with a concerning presentation. External liaison then takes place with various partners from primary care to social care professionals, enabling care to be refocused back into planned services. This service is the first of its kind amongst ambulance services and is in line with the NHS Long Term Plan to reduce the number of children and young people presenting to emergency and unplanned care settings.

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 (ACEs) and adult physical and mental health impacts on the child.

In the year April 2022 – March 2023 the Safeguarding Team at YAS has contributed to 43 Rapid Reviews as part of the statutory Child Safeguarding Practice Reviews (CSPR) process and three which progressed to wider review, 47 Safeguarding Adult Reviews (SARs) and 33 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.

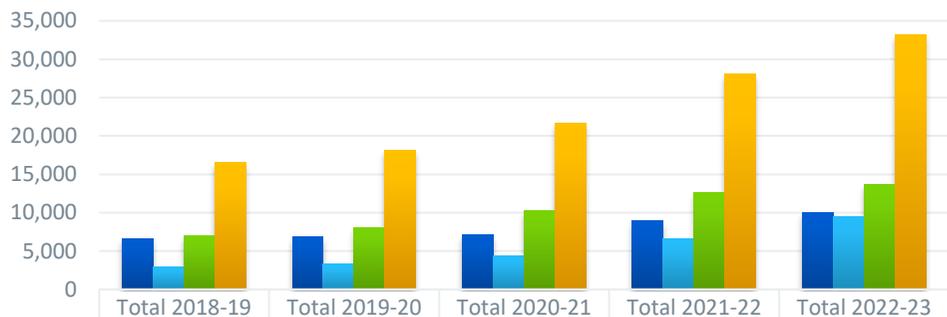
The Safeguarding Team at Yorkshire Ambulance Service regularly shares key information with staff, both internally and across social media platforms.

Daily communications via social media to support Adult Safeguarding Week 18/11/2022: Exploitation and County Lines, Self-neglect, Creating safer organisational cultures, Elder abuse, Safeguarding in everyday life.

Significant information was also shared in respect of domestic abuse and violence against women and girls. Reminders have also been shared about making appropriate safeguarding referrals and professional curiosity.

As part of work to improve knowledge, skills and confidence around supporting people where domestic abuse may be a factor, there has been awareness raising amongst Yorkshire Ambulance Service staff around both coercive control and non-fatal strangulation. It is the Trust's intention to develop a role for a specialist domestic abuse worker within the organisation and develop a robust training plan for staff, as well as providing subject matter expertise to develop both the operational and strategic response.

## Safeguarding Referrals

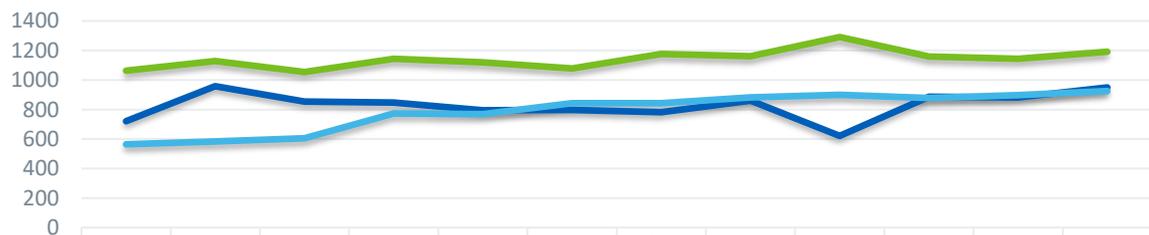


Child	6,627	6,880	7,113	8,890	9,950
Adult	2,921	3,274	4,322	6,532	9,461
Social Care Assessment	6,970	8,015	10,210	12,622	13,708
Total	16,518	18,169	21,645	28,044	33,119

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

The number of referrals overall has decreased during 2022-23, with children and adult social care referrals showing the decline. It is difficult to understand exactly why this is, but it is likely that post COVID-19 both children and adults are more visible to primary care, early intervention and proactive service across the multi-agency platform and need is being detected at an earlier point.

## Safeguarding Referrals 2022-23



Children	721	958	853	846	794	798	781	860	621	886	882	950
Adults ( At risk of Abuse)	564	583	606	773	769	842	843	882	900	877	897	925
Social Care Assessments (Adults)	1063	1128	1054	1143	1120	1078	1177	1161	1291	1159	1143	1191

## 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 2022-23. Level 1 and 2 safeguarding training amongst both the substantive and bank workforce has increased, which is pleasing to see and a testimony to staff during this time of continued extreme pressure.

Yorkshire Ambulance Service has approved a plan to train an initial cohort of key identified staff in Level 3 Safeguarding for both adults and children, which is now being implemented. This will strengthen the knowledge base across the organisation and provide a wider platform for advice and guidance for level 1 and 2 trained staff.

These key individuals were identified based on role and management/leadership responsibility to enable them to work more autonomously to make key safeguarding decisions and give advice to staff on more complex cases.

It was also agreed to train paramedics and other relevant staff groups on a rolling programme as their current competency expires.

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

In 2022 the Clinical Pathways Team continued to support changes to acute care pathways, ensuring patients with relevant conditions received the specialist care 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, including the stroke video triage in South Yorkshire and the sending of ECG's pilot in Hull. Urgent care pathway development continued at pace in 2022, resulting in the creation of many new pathways and the development of others.

The team worked closely with System Support and Delivery Managers and the Emergency Operations Centre (EOC) Clinical Response and Governance Manager to implement the PUSH model in EOC allowing for calls to be passed to local Urgent Community Response (UCR) teams without clinical triage. From the data gathered, it has showed this to be effective in providing patients with quick call-back times from the UCR and rapid assessment leading to good quality wraparound community care. Several of the UCR teams are now established with this. Similarly, the team has been building relationships with several alternative falls responder teams following the NHS England Winter Resilience Document. This has provided rapid falls' intervention for both level one and level two falls to prevent long lies, therefore decreasing hospital admission across a much wider footprint.

Following on from the 2021 Quality Account, the Clinical Pathways Team has been working closely with system providers to improve the use of Same Day Emergency Care (SDEC) and make it more accessible to road clinicians with more consistent criteria across the region. This work continues at place and Integrated Care Board (ICB) levels with feedback from road staff regarding improving access to SDEC provisions. The team has been undertaking positive staff engagement using Clinical Pathway Roadshows and investment days to increase the urgent care pathway knowledge of road staff. This has showed positive outcomes for the team, the external providers and road clinicians.

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. The Clinical Pathways Team aims to increase the number of UCR teams involved with the PUSH model, as well as further developing the number of Alternative Falls Response Providers across the region for level one falls. 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 system to achieve this fundamental driving aim.

## YAS Ageing Well Programme

The YAS Ageing Well programme has been impacted by the continued pressures which the organisation was under in 2022 and therefore workstreams were prioritised to ensure that there was capacity to deliver to greatest possible impact for older people and those living with frailty and dementia.

The workstreams which continued throughout 2022 have been:

### **Care Home Liaison**

The Care Home Liaison Team (CHLT), which is part of the YAS Outreach Team and is led by the Lead Nurse – Urgent Care, has been proactively working with care homes in five places across the region to provide support when dealing with residents' urgent and emergency care needs. This pilot has seen reductions in avoidable calls (where the patient did not need to be conveyed) from care homes to 999 particularly for patients who have fallen. The CHLT has also received positive feedback from system partners and care homes.

### **Alternative response to falls**

This workstream has been led by the Associate Director for Quality and Safety and has used Quality Improvement (QI) methodology to see improvements in dispatch of alternative falls response services, including fire, local authority teams and community first responders with additional training and equipment to pick people up who have fallen but are not injured. This workstream has seen a decrease in patients experiencing long lies on the floor following a fall and therefore a reduction in the harm caused from these extended lie times.

### **Dementia**

Throughout 2022 we have had a Trust-wide focus on people living with dementia and have taken steps to improve the care we deliver to this patient group in all service lines, as well as those who work for us who are carers of someone living with dementia. This project included significant patient and carer engagement and the Trust signing up to John's Campaign ([johnscampaign.org.uk](http://johnscampaign.org.uk)) and collaborating with the Alzheimer's Society. Yorkshire Ambulance Service is also leading the way in dementia-related research in the ambulance sector with two ambulance-specific research studies being supported by the Trust.

## Our GREATix feedback system - for colleagues to celebrate each other



### For an IUC Senior Clinical Advisor

"Call received from patient who wanted to take the time to acknowledge the amazing care they received from our colleague, who took the time to explain in a way the patient understood. Our colleague showed kindness and compassion and made using 111 easy and effective. Furthermore, they said our colleague made them smile for the first time in days."

### For the Trust HQ Reception Team

"The Springhill Reception staff are unwaveringly brilliant in their attitude and level of support offered. Following a recent role change I have found myself coming to them for assistance on an almost daily basis and my near constant badgering never seems to be an issue for them, and if it is they hide it very well! I feel they often do not get the recognition they deserve and want to ensure they know that their efforts are appreciated throughout the Trust."

### For a Mental Health Response Vehicle crew

"We just want to say a massive thank you to our colleagues on the MHRV for backing us up on a detail this evening. They were calm, professional, and built a good rapport with the patient. They both helped diffuse what could have been a potentially dangerous situation as the patient was armed with a knife. Thanks again! The support of the MHRV was really appreciated tonight."

### For an ambulance crew

"Our colleagues were nothing but professional, committed and dedicated to supporting the challenges which were faced at hospital. They helped to ensure that crews were able to hand over their patients in a timely manner so that their colleagues could get back out to patients out in the community. Not once did they complain; they were more than happy to help throughout the night to support myself and the hospital in what were difficult circumstances. They even opted to have their meal breaks at the hospital showing a clear 'one team' approach. I was extremely proud to have worked with them and know the staff at the hospital greatly valued the hard work which they all put in during their shift. Thank you all for your support during this shift and for working with me to help ensure we kept crews available to respond to other patients."

### For a PTS Call Handler

"Our colleague showed empathy, compassion, and concern for an elderly patient. They raised their concerns to a team leader and contacted the emergency services to ensure the patient received the correct care and support as the patient was struggling to breathe. The patient was ever so grateful. Well done!"

### For an EOC Telephone Advisor

"Our colleague was presented with a call from an elderly patient with dementia. He was asked for his mobile number and told our colleague that he would just get it for them. Following this there was some swearing and a loud bang. Our colleague stayed on the line and kept trying to engage in conversation with the patient, asking him if he was okay, but to no avail. They immediately alerted the team leaders, who managed to arrange for an ambulance to go round and check up on the patient. Due to our colleague's quick thinking, calm attitude and caring nature, the patient was seen to promptly and his transport was booked with ease. Well done!"

## Community Engagement

### Disability Action Yorkshire

We worked with approximately 15 learners and went through a series of questions and hypothetical scenarios with them, to establish their understanding and feelings about calling for emergency support - including ambulance service, police, and fire. Here are some of the findings:

- Learners overall knew to call 999 in an emergency and most knew that 101 was for non-emergencies.
- Learners were unsure though of what deemed an emergency and non-emergency; instead they believed most issues would be a 999 (unless they were little injuries which could be cured through the use of basic first aid at home)
- Learners were unsure how to differentiate between the services when asked by the call operator - but knew fire was for the fire service. They were unsure if a car incident involving people would involve calling the ambulance and police separately, or if they would tell each other.
- Learners explained that questions on the phone to a stranger would be hard to answer- so they would default to asking their parent/guardian to speak instead. When the hypothetical “what if you weren’t with your parent?” question was asked, they said they would be unsure how to answer all the questions. e.g., not knowing how to tell if a person was breathing/bleeding/unconscious.
- Many learners expressed that they “would put someone in the recovery position” but they did not know how to do this and also could tell when it would not be appropriate- i.e., when a person has a suspected head injury or is seizing for example.
- We asked the learners if they would be able to accurately give their location if they were not at home. They did not know to look for street signs or largely visible landmarks or indeed ask for help for someone else.
- In response to this, the learners installed the what3words app on their phones and they practised using this in the classroom.
- Learners said that they found it a bit scary when ambulances are called for other people - relating this to two occasions when ambulances have been called for learners at DAY. Many of them did not know why they needed to leave the room and had a lot of questions about what happens when paramedics arrive, what happens in the ambulance and what happens at hospital.
- Learners talked about blood tests and knew that these sometimes happen but did not know much about “the masks people have put on their faces” (oxygen) and what the “sticky wires do” (heart monitors).

The learners were all eager to learn more and would like to act out some real-world scenarios through first aid classes.

### Personalised Care Team

The previously named Urgent Care and Integration Team has transitioned this year to become the Personalised Care Team. The Urgent Care and Integration Team had a dual focus, with System Support and Delivery Managers who worked on external system engagement and delivery; these roles have moved to the new area leadership teams and now report to the recently recruited System Partnership Directors. This has

enabled capacity for the Lead Nurse – Urgent Care to concentrate on the other function of the team, clinical leadership of the YAS personalised care agenda which includes:

- Mental Health
- Older People
- Learning Disabilities and Neurodiversity
- Dementia
- Patients who may lack capacity
- Complex needs and high intensity users

### **Outreach team**

The previously called Frequent Caller Team is currently undertaking a review and moving into the Personalised Care Team to support their development and to ensure robust clinical leadership of the team. This team works with complex patients who often have unmet needs and high urgent/emergency care needs. This can be because of complex physical health conditions such as COPD, heart failure and epilepsy or because of mental illness such as emotionally unstable personality disorder, bipolar disorder, and PTSD or often a combination of both physical and mental health conditions. The team works in a person-centred way to support patients to access the right response when they are in a crisis.

Along with other strands of work which relate to the data flags held at YAS, the Outreach Team has supported the review of all flags which relate to a patient's medical condition. These have been clinically checked and simplified so that the flags can be passed by voice to the terminals in ambulances when this upgrade takes place in 2023. We have also reduced the number of medical data flags so that only those that will have an impact on the patient's care remain.

2023-24 will be an exciting year for the Outreach Team as we work together to both continue to develop person centred care plans for complex patients and to develop new ways of managing groups of patients who may have high urgent and emergency care needs. This will involve the team working with system partners to proactively support patients.

### **Consultant Practitioner - Remote Clinical Assessment**

In December 2022 we recruited our first Consultant Practitioner for Remote Clinical Assessment; the role will work across both NHS 111 and EOC to provide senior clinical leadership to our remote clinical assessment areas. Professional leadership to the Consultant Practitioner is from the Lead Nurse – Urgent Care who will support the development of workstreams aligned to the four pillars of consultant practice:

- Expert clinical practice.
- Professional leadership and consultancy.
- Education training and development and practice and service development.
- Research and evaluation.

The appointment of the Consultant Practitioner is a great step towards developing the staff who work in our remote clinical assessment areas and advance our career pathway for clinicians working in NHS 111/EOC.

## **Mental Health**

The YAS Mental Health Programme aims to improve services and outcomes for patients who need YAS services because of their mental health. The programme is in year three of five-year transformation plan which includes all parts of the organisation and working collaboratively with our system partners.

## **Training and Education**

This workstream has been delayed in 2022-23 because of the Resource Escalation Action Plan (REAP) level of the organisation, however by working in partnership with another provider we will be able to start to deliver tier 2 face-to-face training for all staff in YAS who have patient contact. The half-day training will be delivered by internal mental health associate educators and trainers from the successful third-party provider. Content will include:

- Dealing with patients in mental health crisis
- The effects of stigma
- Communication with someone in emotional distress
- Suicide prevention and postvention
- Case-based discussion relevant to the persons area of work

## **Specialist roles**

In order to mitigate the mental health workforce challenges and to develop our own workforce, we have agreed to move to a model of a Band 7 Specialist Practitioner – Mental Health. This role will work on a rotational basis both in EOC (to provide 24-hour cover) and on the mental health response vehicles (MHRVs) (to provide 12-hour cover, seven days a week) along with having built-in rostered weeks to spend in external placements so they can develop and maintain relationships with mental health providers from the NHS, Social Care, VSCE and independent

sector. The programme of education for these practitioners (who could be paramedics or nurses) will be aligned to the Specialist Practitioner Urgent Care and Specialist Practitioner Critical Care programmes. This development is supported by the College of Paramedics and our mental health system partners.

Staff who work on the MHRVs are also able to access additional continuing professional development (CPD) and clinical supervision organised by the Specialist Development Nurse – Mental Health to enhance their knowledge, skills and experience.

The programme also continues to employ the following specialist roles within YAS:

- Specialist Development Nurse – Mental Health
- Clinical Pathways Manager – Mental Health
- Clinical Audit Facilitator – Mental Health
- Programme Manager – Mental Health

### **Mental Health Response Vehicles (MHRVs)**

YAS now has three mental health response vehicles operating seven days a week from Hull, Maltby and Wakefield. MHRVs are targeted at patients in mental health crisis who need a face-to-face ambulance assessment. The vehicle is much less clinical than a traditional ambulance and staff have additional training to support patients in crisis. Both patients and staff find the MHRV environment more conducive to an effective assessment. The MHRVs work closely with colleagues in mental health crisis teams and local safe space provisions which are often operated by voluntary organisations and provide peer support workers to keep patients safe whilst mental health professionals assess them. The MHRV is able to transport patients who do not require a stretcher where conveyance is , for example when the patient is detained under the Mental Health Act. We work closely with our four police forces to support them and provide conveyance when they are detaining someone under S136 of the Mental Health Act.

We are currently in the process of bidding to NHS England who are undertaking a national capital procurement to purchase new MHRVs. If successful, this will see the number of vehicles increased to nine by 2025-26. These vehicles will be made to the national specification which

YAS has contributed to the development of and will be 100% electric vehicles. We are currently in discussions with our commissioners about the recurrent funding for these vehicles in anticipation of the national procurement and capital spend.

### **Mental Health Response Vehicle (MHRV): David's Story**

David was a patient seen by the vehicle in South Yorkshire, this is his story...

David was conveyed to a Safe Space by our MHRV on a Saturday afternoon following a welfare concern call to police around David sleeping in his car. Safe Space is a service that provides out-of-hours support for patients experiencing mental health crisis and avoids conveyance to the ED.

The services are provided through partnership working of health and care organisations, allowing access to multiple local services and wraparound support.

The crew provided David with hot food, and discussions with him identified that he:

- had been sleeping in his car for five weeks
- had a number of physical health problems, but no access to his medication
- was a victim of psychological and physical domestic abuse
- is a veteran
- had had a suicide plan with intent to carry out that night.

Following conveyance, our MHRV crew secured a seven- day prescription for David's medication and delivered these to Safe Space.

Safe Space then worked with other agencies to support David, securing accommodation with somewhere safe to shower, clean clothes and ongoing social and advocacy support – although there is still a long journey for David ahead.

David is now giving his time as a Community Warden, forming part of a community round twice a week that supports older and vulnerable people with a door knock and running errands. He loves this role and enjoys giving back.

David attends Fit Forces every week at Doncaster Rovers, a group for ex-service people to come together as a social and fitness experience. He has been able to share his experiences with other veterans.



**David**



**David in his Community Warden role**

## **Mental Health professional support to EOC**

Our original plan to recruit rotational mental health nurses in partnership with a local mental health provider was unsuccessful due to the current challenges in the mental health nursing workforce. We have had some success in recruiting our own mental health nurses to bring us back to our original establishment of eight WTE staff. However, we are not able to recruit to the 12 WTE mental health nurses we would need to meet mental health-related demand in EOC.

We have therefore explored with system partners the implementation of a “push” model where, following triage, a clinician in EOC can make a direct referral to the patient’s local mental health crisis service. This aims to get the patient to definitive care where possible without the need for a face-to-face ambulance attendance when the call has been coded Cat 3 or 4. The first pilot of this way of working is due to go live at the end of January 2023 and expanded quickly from there once the concept has been proved.

## **Learning Disabilities and neurodiversity**

In 2022-23 our project focus was on improving services for people living with dementia. We have now embedded this work into business as usual and in 2023-24 we are intending to focus on learning disabilities and neurodiversity. The work will see the same approach used as our dementia friendly project with the project lead starting by talking to people and groups who represent those with a learning disability and neurodiverse people and our staff to understand where the challenges and opportunities are. This will then lead to the development of a workplan which is likely to include multiple workstreams and goals for the year.

## **Oliver McGowan Mandatory Training**

This training is currently being developed nationally and is mandatory for all health and social care staff. The training is co-designed and will be co-facilitated by experts by experience. The roll-out of this training to YAS staff will require dedicated resource and we are currently working with Health Education England and ICB leads to consider this, with the aim of commencing delivery of tier 2 sessions for patient-facing staff in Q3 2023-24.

## **Body Worn Camera Programme**

As part of the Long-Term Plan, NHS England launched a programme in 2021 to tackle violence towards staff. All ambulance trusts showed their commitment to facilitate this project, having received funding, YAS began its work to deliver on the pilot. The Trust has committed to extend the funding for the pilot into a third year, with financial agreement to provide 1,000 camera licences for 2023-24.

In total there are 36 ambulance stations which have body worn cameras available to frontline A&E Operations staff. In this final year, the Trust is considering widening the scope of camera use and, through stakeholder collaboration, the Trust intends to deliver a high level of staff confidence in the equipment, protecting staff from harm whilst at work. Footage captured from these cameras has been used in several criminal investigations, resulting in stronger criminal sanctions against those who are abusive, aggressive, or violent towards staff, in comparison to offences where CCTV has not been readily available.

## Restart a Heart

On Friday 14 October we taught CPR to over 30,000 students at 132 secondary schools which means we have smashed the milestone of more than 200,000 young people being taught the life-saving skill since our campaign was launched in 2014.

During this time, according to new figures released by the University of Warwick, bystander CPR rates in Yorkshire have increased from 39.9% in 2014 to 74.9%\* in 2021. These statistics relate to bystander CPR rates for non-witnessed and bystander-witnessed cases. The national figures for bystander CPR are 55.2% (2014) and 73.5%\* (2021).

Staff star in a new immersive 360 CPR training video which has been developed for Restart a Heart Day.

The immersive content can be viewed on a range of devices, including phones and virtual reality headsets, and sets out the scenario of a student coming across a stranger in cardiac arrest. It takes you through what to do and how to give the patient the best chance of survival by starting CPR. The scenario allows you to interact with the virtual environment to get a 360-degree view, and see what is above, below, and all around you.

Richard Grice, Technology Enhanced Learning Developer in YAS Academy, developed the simulation. He said: “The idea of an immersive scenario is to give viewers a lifelike perspective. By having an immersive, unique perspective, we can offer a memorable and interactive user experience which will help to teach more people how to do CPR.”

**\* The 2021 data is provisional and will be confirmed when the Annual Epidemiology Report for Out-of-Hospital Cardiac Arrest Outcomes is published by the University of Warwick late October 2022. These figures relate to bystander CPR rates for non-witnessed and bystander-witnessed cases. The national figures for bystander CPR are 55.2% (2014) to 73.5%\* (2021).**



YAS has developed a mobile CPR training kiosk – believed to be the first of its kind in the UK.

The kiosk teaches CPR in just 90 seconds. Users watch a tutorial video and practise on a manikin which provides feedback about the effectiveness of the chest compressions.

The unit was the idea of Jason Carlyon, Community Engagement Manager, who had seen similar kiosks being successfully used in high-traffic, public locations, such as airports, across America.

He approached Sheffield-based printers, Broadword, to develop a prototype and now the unit was launched on Friday 14 October at Howden School - one of the 138 schools taking part in the ninth annual mass CPR training session - to mark Restart a Heart Day 2022.



## Quality Improvement (QI)

Quality Improvement (QI) continues to be embedded throughout the organisation as it now reaches its final year. The QI Team continues to deliver improvement events and training to support organisation improvement at a strategic and local level. In addition to this, the QI Team works closely with system partners across the three Integrated Care System footprints. Over the past year the QI Team has worked collaboratively with Mid Yorkshire Hospitals, South Yorkshire hospitals and York Teaching Hospitals to undertake Rapid Process Improvement Workshops (RPIWs) to improve the hospital handover process with outcome measures aligned to national handover targets. Work continues with system partners to improve processes to patient hospital admissions.



Furthermore, the QI Team has also supported A&E Operations and the non-emergency Patient Transport Service with its integrated transport programme. This enables A&E to hand over patients presenting with low acuity conditions to PTS. This has involved bringing teams together to work through processes in real time and developing new ways of working. This increases the availability for A&E ambulances to respond to higher acuity calls with, on average, 40 patients handed over to PTS.

QI training continues to be delivered throughout the organisation. These are:

- QI Bronze – eLearning course designed to give a functional understanding of QI.
- QI Silver – Face-to-face sessions aimed to equip people and teams to develop improvement projects with support from the QI Team
- Improvement Leaders – Face-to-face sessions aim to equip teams and leaders to run improvement programmes and projects with a stronger alignment to LEAN methodology.

In addition to this the QI Fellowship allows our people to develop their QI skills over the period of 18 months on a part-time secondment. This is to enable QI Fellows to practise their QI skills whilst remaining in their substantive post and bringing QI skills back into their area of work. The QI Fellowship is now in its fourth cohort, and as well as supporting Trust QI projects. Below are some of the key QI projects they are working on:

- Learning from incidents in Emergency Operations Centre
- Staff sanitary product availability
- Pressure mattress during excessive handover delays
- Patient information leaflet availability



*Quality Improvement Fellowship Cohort 4*



The Trust continues to use a digital platform to enable continuous improvements through crowd-sourced solutions. The digital platform, Simply Do, 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 provides many benefits of which helps to deliver key objectives within the QI

strategy. This demonstrates the Trust's approach to the maturity of QI and supports the Trust's values '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.

## Feedback From Care Opinion



"Fantastic service from the moment we made the 999 call after a family member had a stroke, to the amazing paramedics arriving and beyond...The outstanding professional attention received, even the speed of the ambulance, the nurses, the consultants, to our Mum fully recovering and returning home safely after a long time in hospital. The continued care from carers and physiotherapists from the NHS has been fantastic and we are all extremely grateful for the expertise of every single person involved in the NHS. You looked after her as though she was part of your own family. You are all magical jigsaw pieces that create miracles. We will always be grateful forever!"



"When my 85-year-old husband had a Transient Ischaemic Attack, the Yorkshire Ambulance Service was outstanding. Service was speedy, both from the ambulance responder and the ambulance; great kindness, empathy, skill and the highest standards of professionalism, patience and thoroughness in undertaking checks were shown throughout; they ensured he received all possible care. We are very grateful because all this has led to a happy conclusion. Such staff and such service deserve nothing but praise."



"Huge thank you to the crew that attended me. They were compassionate, professional and explained everything in detail to me."

## Looking after our staff

The Trust values the health and wellbeing of all its people and has this firmly embedded as a priority within our People Strategy. Delivery of this is supported by the Health and Wellbeing Plan. Delivery has included:

- A range of focused programmes supporting staff in looking after their health and wellbeing. This has included improved access to information, launch of the Mental Health Continuum as a self-management tool and to aid compassionate wellbeing conversations, and targeted campaigns on mental, physical, and financial wellbeing.
- A Financial Wellbeing Group has been established with representatives from across the Trust helping expand our support offer and communications to our staff.
- Investment into establishing mental health first aid instructors within the Trust, enhancing awareness, breaking the stigma and creating a safe space for our staff to seek support.
- Enhanced the Peer Support and Trauma Risk Practitioner Network creating additional confidential collegial support roles for our staff.
- Continue to work closely with our local health and wellbeing teams embedded within our Emergency Operations Centre (999) and Integrated Urgent Care (111) to support their specific health and wellbeing priorities.
- Expanded roll out of the psychological wellbeing and therapy dog sessions with more teams benefitting from the offer.
- Welfare vehicles frequently out on the road supporting staff with refreshments and support. Feedback has been very positive. The larger health and wellbeing bus has enhanced this offer during peak demand periods.
- Additional resource within the Health and Wellbeing Team has created more opportunities for engagement with our staff, helping to better understand support needs.
- The flu vaccination programme for 2022-23 and the COVID-19 booster vaccination was delivered at various clinics across Yorkshire making it easily accessible for our staff.
- Occupational Health (OH) and specialist services were widely accessed and managed through external contracts. The Trust undertook a large engagement exercise to ascertain the future needs for OH and health and wellbeing support. Work began on drafting what an enhanced and improved model will look like going forward.

## 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. An ongoing review of our recruitment and selection practices has refocused 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 with the launch of our new Women & Allies' Network in 2022 and the Armed Forces Network we continue to proactively support the diversity amongst our staff.

The Trust relaunched Health and Wellbeing Passport in November 2022, 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 reviewed our Reasonable Adjustments Guidance to ensure ease of access for individuals requiring specialist resources and launched our Menopause Guidance. The Equality Impact Assessment process has been revised to ensure early engagement during the development of policies, strategies and guidance to consider all protected characteristics within our workforce and patients.

The Trust supported a placement in partnership with Disability Action Yorkshire within the Ambulance Vehicle Preparation (AVP) Team. This was positively received with a number of staff completing disability awareness training to support the young person over their six-week placement. The team is hoping to continue this relationship providing further opportunities for young people with disabilities seeking experience within YAS.

The Procedure and Guidance for Supporting Transgender Staff and Service Users is expected to launch early 2023 to build on the existing good practice and support from our staff network Pride@YAS.

Work continues in targeted hotspots on diversity and inclusion such as focused workshops on white privilege and allyship to promote and champion inclusive behaviours in line with Trust values.

## **Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Integrated Care Boards (ICBs)**

### **Introduction**

The following pages contain feedback on the draft Quality Account from our key stakeholders. All the ICBs, 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 2023-24.

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.

### **Humber and North Yorkshire, and West Yorkshire Integrated Care Boards (ICBs)**

We would like to thank Yorkshire Ambulance Service (YAS) for the opportunity to comment on their Quality Account (QA) for 2022-23. We would also like to take this opportunity to thank all the staff at YAS for their hard work and dedication during the pandemic and sustained period of high demand for your services.

The Quality Account provides the ICBs with an informative overview of the progress that has been made, along with the challenges that the Trust has encountered during 2022-23. The report provides evidence how the Trust has continued to identify challenges, improve, and maintain the quality and safety of the services provided despite unprecedented demand.

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

The progress against the four quality improvement priorities that were identified is noted along with work continuing in these areas. The ICBs are supportive and in agreement with the 2023-24 quality priorities YAS has identified.

### **Staff Engagement / Patient Voice**

The ICBs welcome the continued engagement that the Trust has managed in 2022-23 with both patients and staff ensuring that their voice is heard.

The feedback from patients and staff throughout the document is encouraging and demonstrates the organisation's overall commitment to engagement. The examples of patient feedback provide very positive examples of care and the use of the National Pulse Survey for staff feedback is also positive.

### **Research and Audit**

The ICBs acknowledge the organisation's continued commitment to and the contribution to a variety of National Clinical Audits. Despite the continued operational challenges ICBs were pleased to note the continued investment by the Trust into Research and Development and the high levels of research activity undertaken.

### **Demand Pressure**

The ICBs continue to share your concerns that 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 urgent and emergency care system to try and reduce this impact as far as possible.

### **Learning from Incidents**

We have been fully cited on your work to implement the new Patient Safety Incident Response Framework (PSIRF) and the staff training that underpins this. It is encouraging to see that further training has been implemented to equip staff in specialist investigation skills. We look forward to hearing how this develops and the impact that it has within the Trust.

We acknowledge that you have identified this area within your quality improvement priorities and provide evidence of dedicated serious incident investigators with the provision of offering further training to staff which is extremely positive.

With the formation of ICBs your operational plan will support the reporting of incidents, themes and trends into regional levels which will be welcomed.

The continued work in relation to incident reporting is acknowledged. Despite the challenges there continues to be a good reporting culture amongst staff. The implementation of the After-Action Review process is also encouraging to ensure incidents are investigated in a timely

manner to provide families with an outcome and closure, and the open and transparent manner these are conducted in with a member of your Critical Friends Network present at the reviews.

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

The ongoing work within PTS is encouraging to see, particularly the work in relation to supporting patients with dementia and the training programme that has been implemented.

### **Recovery Plan**

It is acknowledged that the available Category 1 and 2 response time data has deteriorated, the report does detail causative factors but note the actions introduced to support improvement.

It is encouraging to see the commitment to the Integrated Urgent Care (IUC) Improvement Plan and the key areas of work in relation to recruitment and retention that has resulted from direct engagement from staff.

The ICBs remain committed to working with the Trust and its regulators to improve the quality and safety of services available for the population of Yorkshire and Humber and look forward to working with the Trust to continue to deliver better outcomes for all our patients.

### **South Yorkshire ICB**

With YAS covering a large population over a large geography they already reflect local priorities whilst acknowledging the differing approaches needed throughout different sections of the accounts. It is felt that some information about specific themes in relation to incidents would be beneficial, narrative about those themes and plans to learn from them. Public and patient involvement is evident in the production of the accounts. Will the report be made available in line with the Accessible Information Standards?

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

Through the Quality Accounts process the Adults Services, Public Health and the NHS Overview and Scrutiny Committee have been able to review and identify quality themes and issues that members believe should be both current and future priorities. The Trust has sought the views of the Overview and Scrutiny Committee with the opportunity to provide pertinent feedback and comments.

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

The Committee accepts that the content and format of the Quality Account is nationally prescribed. The Quality Account is therefore having to provide commentary to a broad range of audiences and is also attempting to meet two related, but different, goals of local quality improvement and public accountability. Members acknowledge that the Trust have aimed to use plain English wherever possible and would welcome the production of a summary and easy read versions, which will make the Quality Account more relevant to a public audience.

In order for the public to make sense of information presented requires the provision of standard, consistent and comparable measures, published in a format that enable interpretation and comparison. Priorities for improvement should then be given benchmark or trend information to provide some context for interpretation.

The Committee has considered the quality measures and presentation formats used in the Quality Account:

- **Content:** how many measures are used, which aspects of performance are covered and what types of measures are used.
- **Rigour:** whether information about performance over time is given, whether statistical tests are used, whether benchmarking information is given and whether measures are presented in context with appropriate interpretation and explanation.
- **Presentation:** how the data is presented such as how tables and 'traffic-lighting' indicators are used, how graphs are used and how readable the documents are.

The Committee would like to see more detail in the Quality Account in relation to measuring, monitoring and reporting on priorities.

The Committee accepts that they can only review the draft version of the Quality Account within the timescales prescribed. However, this does present some challenges in reviewing quality and performance when key data is missing from the draft.

The Committee accepts that emergency response standards have presented a significant challenge within the region with unprecedented levels of activity and notes the actions being put in place to address the challenges presented.

Overall, the Committee welcomes the Trust's emphasis on collaborative working across the wider health economy and the unique role it can play in the provision of services, particularly with a focus on patients with mental health conditions.

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

### **Rotherham Metropolitan Borough Council, Health Select Commission**

The Commission members have reviewed the draft Quality Account for 2022-23 and appreciate the opportunity to provide feedback. Our response reflects local communities' needs while ensuring that YAS performance meets national targets.

Unfortunately, the response times for YAS have once again failed to meet national targets in all categories, with non-urgent calls experiencing the most extended wait times. While reviewing the Account, it appears that there is currently no specific plan in place to address a number of these issues. We understand and sympathise with Rotherham resident concerns regarding the deteriorating quality of service, and the impact it has on the safety and wellbeing of residents: in particular, the disappointing response times of ambulances, which have not improved, and the loss of confidence in the service by first responders and staff.

We acknowledge that progressing such matters can be challenging, and we hope that YAS will take proactive measures to rectify the failures in a timely and effective manner.

We want to be assured that YAS's primary focus should be on providing Rotherham residents with a reliable ambulance service when they need it. All Trust activities should ultimately support reduced response times and increased safety. While initiatives like reducing unnecessary conveyances, staff wellbeing and public training are positive, the draft Account does not demonstrate how these efforts will improve outcomes for residents. For instance, the insights gained from the recent engagement work with people who have learning disabilities should be implemented to create a safer service for individuals with disabilities. It is crucial that we can observe tangible progress in this area reflected in next year's Account. The Quality Account should consistently focus on what matters to people: a safe and effective ambulance service.

While the Quality Account has some strengths, there may be areas that could benefit from further development. For example, it could be helpful to include a more comprehensive self-assessment that identifies both issues and solutions, and provides evidence of how each initiative is contributing to improved response times and patient safety. By implementing clear action and evaluation plans, the service can better track its progress towards improvement and provide assurance to partners and residents. While there is room for improvement, it is important to recognise the efforts made towards improving the service and continue to build upon those strengths.

As elected representatives, it is our responsibility to advocate for the needs and concerns of our residents. We recommend that YAS remains committed to finding solutions to address the observed service failures and improve service quality.

## **Healthwatch Sheffield**

Thank you for sharing this year's Quality Account with us. This response draws on the views and experiences of our volunteers, who have helped to provide a patient and public view of the information.

Overall, the quality account pulls together a strong story of lots of data- and evidence-based improvements in the Trust, with good research partnership and service development work, though with less focus on service-user/community input. Despite challenging contexts for services this year, it is encouraging to see good CQC feedback and examples of positive patient stories.

The report can be challenging to understand – providing comparative data from previous years would help to set some of the information in context, for instance around service demand, complaint numbers, and the Friends and Family Test. It would also be helpful to cross-reference different sections of the report that relate to one another (e.g. pieces of work on staff wellbeing).

### **The Trust's priorities for next year**

It is difficult to comment on the Trust's priorities for 2023-24 as little detail is set out under each objective. It would be helpful to understand more about the impact YAS hopes each objective will have, their approach to the work, their targets etc. We hope that there will be meaningful ways for service users to be engaged in this work, particularly for the priorities around 'Learning Disabilities and neurodiversity' and 'High intensity user groups'.

### **Priorities from last year**

Two of the priorities from 2022-23 were about the implementation of strategies within YAS – however the account doesn't give information about activities undertaken or the impact they have had. It would be especially helpful to see more information about the Patient Experience Framework.

The objective around employee health and wellbeing is described much more clearly – we were pleased to see strong examples of work that's been completed, and found other examples of work on this topic elsewhere in the report. We note that there were marginal increases in morale in this year's staff survey, but some declines in the quarterly pulse surveys. Combined with concerns about recruitment and retention, we are glad to see that work on this important topic is ongoing.

## **Opportunities for feedback and involvement**

The quality account mentions lots of ways that feedback has been sought from patients and the public, but could say more about how this has been embedded in the Trust's work. It is positive to see strong examples of how learning from complaints has driven specific service improvement; it would be good to see this information about other elements, e.g. more information about the Critical Friends Network, how patient stories are used to improve services, and how some of the smaller-scale work under 'community engagement' could have wider impacts. We liked the presentation of patient stories throughout the report, and many of them chime with what we've heard from patients and families over the last year. However, addressing some less positive feedback – for instance concerns we hear about Patient Transport Service delays, cancellations or unsuitability of vehicle – would provide additional transparency for members of the public.

## **Healthwatch East Riding, Healthwatch Hull and Healthwatch North Lincolnshire**

Healthwatch East Riding, Healthwatch Hull and Healthwatch North Lincolnshire welcome the opportunity to feedback on the Trust's Quality Accounts. The accounts set out a detailed summary of activity during 2022-23 and list future priorities. It also details the importance of service user opinions in shaping services and the opportunities for engagement with the Trust.

Positive efforts the Yorkshire Ambulance Service (YAS) has made to engage with service users and their families, includes improving continuous engagement with YAS Critical Friends Network (CFN) and using patients and their family's stories to address issues. It is also encouraging that patient feedback is used in the education and training of staff.

The feedback highlighted from patients using the non-emergency Transport Service is positive, especially identifying compassion and caring attitudes amongst staff. However, complaints and concerns remain higher than compliments with 178 service user complaints recorded and 152 concerns compared to 47 compliments.

The general figures provided on complaints handling is concerning with the 85% target timescale for completing complaints being missed every month, with some months (November's 21% and December's 18%) figures being especially low. The Trust has explained that this situation is due to demand on the service and the pressure on complaints handling but there is no indication as to what is being done to resolve the situation. It is however extremely positive that the Trust does learn from complaints and has made some significant improvements as a result, such as the lap belts for those in wheelchairs, which are now available in YAS vehicles.

The Quality Account highlights some of the Trusts' key activities and developments for its Patient Transport Service, which has been noted, including lap belts, staff training, staff away days and new equipment to help patients be moved safely and prevent staff injury. It is also noted that YAS has participated in 100% of the required national clinical audits and has supported the production of two local critical audit reports. We also note YAS' commitment to research and the organisation's aims as stated within the 2021-24 research strategy.

It was disappointing that only 34% of staff in 2022 took part in the staff survey compared to an average for the sector of 50%. However, staff have rated all the themes listed slightly higher than in 2021 and most have been rated slightly higher than the sector average. The lowest scoring theme was 'we are always learning' with a score of 4.7 out of 10, however, this was also one of the areas that saw the biggest rise in staff opinions since 2021.

The results of the National Quarterly Pulse Survey (NQPS) were also disappointing with a decrease being recorded against all statements. The highest scoring statement, 'Care of patients / service users is my organisation's top priority' was only agreed by 61% of staff.

Reference to research that improves patient quality of care and experience demonstrates a commitment to ensuring that services are continuously improving. It would be nice here to have some initial findings included as opposed to just numbers of participants.

The section on MHRVs was well presented and the shared lived experience of David's story highlights the impact of this essential service and is clearly presented for patients and the public.

Finally, it is noted that the Priorities for Improvement for 2023-24 have been identified by the organisation and follow the three domains of quality. In future it would be useful for the three domains of quality to be included in the report.

## **Barnsley Overview & Scrutiny Committee**

Barnsley Overview & Scrutiny Committee (OSC) would like to thank Yorkshire Ambulance Service for the opportunity to comment on their annual Quality Account and for the services they have provided to the people of Barnsley during 2022-23.

## **Priorities**

The Committee is supportive of the priorities outlined within the report and are pleased to see there have been further developments to help those suffering from poor mental health and would hope that YAS is successful in their bid to increase the number of response vehicles so that those experiencing a mental health crisis can be transported to a S136 suite with dignity and care.

The Committee is also pleased to see the work being done to strengthen safeguarding for both adults and children, including the paediatric liaison service, and are reassured to see that there are plans to further enhance safeguarding through the delivery of continuous professional development for staff during the coming year.

Once again, ambulance response times remain much higher than we would like. Whilst we appreciate that outside influences may have had an impact, the committee would expect the Trust to look at ways of reducing these figures across all categories as soon as possible. Response times do seem to have improved at the beginning of 2023 and the committee would hope that this trajectory continues.

As well as general concerns about performance against ambulance response times, Barnsley OSC has specific concerns over targets not being met with regards to category 2 responses, as this includes patients suffering a stroke who need urgent access to a Hyper-Acute Stroke Unit (HASU) outside the area. This includes patients who have phoned for an ambulance and need taking directly to a HASU, as well as those who have presented at Barnsley Hospital and need transferring to a HASU. Barnsley OSC is keen that YAS continues to work with South and West Yorkshire Integrated Stroke Delivery Networks to ensure the correct triage pathways for stroke are being utilised and commit to seeing through and evaluating the video triage pilot to improve outcomes for residents and reduce inequalities.

Although the results of the NHS Staff Survey compare favourably to the sector average across all themes, the response rate is much lower, and we would expect to see a much higher level of engagement when the survey is next conducted. Similarly, we would expect YAS to investigate the findings of the most recent National Quarterly Pulse Survey to see why there has been a fall in performance across all themes, particularly 'I would recommend my organisation as a place to work' and 'If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation'.

Whilst we understand that investigating complaints can be complex and timescales are agreed with individuals, we would expect to see better performance against the targets set so that any potential learning can be determined and implemented in a timely way to prevent further incidents.

### **Omissions**

The Committee is not aware of any important omissions in the report.

### **Staff, Patient & Public Involvement**

There is evidence within the report that YAS engages with staff, patients and the public about quality. The Committee would like assurances that given the size of the footprint served, a sufficient number of people are engaged and that all sections of the community are represented both geographically and demographically, however this is not clear from the report.

### **Report Presentation**

Whilst the report is difficult to understand in parts, the glossary and the availability of an easy-to-read version makes it more accessible.

## Healthwatch Wakefield

We welcome the opportunity to comment on this set of Quality Accounts for 2022-23. Overall, the Quality Accounts are clear, well written and portray a wide-ranging approach to quality, improvement and development within the service. Please note, the draft report received by us does not include all the data for Quarter 4, so reviewing the whole year, as well as identifying in-year trends could not be done. Therefore, some of the commentary and actions within the report may have been amended accordingly and will not have been reviewed by us.

Throughout the year Healthwatch Wakefield received 20 pieces of feedback on Yorkshire Ambulance Service; two were mixed, nine positive and nine negative. The themes of the feedback are wide-ranging, with only two particular areas mentioned more than once. They were both negative pieces of feedback on quality of care and diagnosis. Other themes, such as communication between staff and patients, and access to services both received a positive and negative comment. Whilst some themes, such as the admission process, just received the one comment. As a result, it is difficult to conclude any particular themes which are the priority of the local population from our feedback alone. Please note that each piece of feedback was shared with Yorkshire Ambulance Service throughout the year as we received it.

Within the report, it would be interesting to show a comparison to previous year's Quality Accounts. For example, when comparing the figures there is a slight decrease in the overall number of emergency calls received compared to the last published quality account (2021-22 = 1,159,634. 2022-23 = 1,103,381). Due to the high number of calls, it can be argued that the decrease is negligible, and this decrease is reflected with the most other statistics as well. However, the Patient Transport Service (taking patients to and from their planned hospital appointments) showed an increase in demand (2021-22 = 763,280. 2022-23 = 807,882). Again, given the high number of calls being taken this increase could be negligible, but given that it is the only service to show an increase is particularly interesting. The Quality Account explores the Trust's plans to increase provision for the PTS which is positive given the increase in demand.

"We are looking to increase our PTS recruitment and develop staff training for new recruits with the implementation of two additional recruitment courses for PTS ambulance care assistances (ACA). This is just one example of a small step in improving our staff ratio."

The A&E friends and family test information from the first three quarters shows a decrease in how many people would recommend the service when compared to previous years within Leeds and Wakefield. In the previous Quality Account, the yearly average score for Leeds and Wakefield was 87.4%, whereas the average for this year is currently 76.6%.

The account mentions Mental Health Response Vehicles are now operating in Wakefield, and this appears to be a positive step forward. However, to date we have not yet received any feedback on the vehicles from members of the public.

Finally, 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. The inclusion of the glossary to help with reading and understanding is helpful with this, but to further enhance the report additional localised information would help understand the data that relates to where they live.

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. Moving forward, we will continue to share any feedback we receive throughout the year with the trust, championing the voices from Wakefield District, and continue to work alongside the trust to identify any improvements.

### **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 2022 to March 2023.
  - Papers relating to quality reported to the Board over the period April 2022 to March 2023.
  - Feedback from commissioners dated 1 May 2023.
  - Feedback from local Healthwatch organisations dated 1 May 2023.
  - Feedback from Overview and Scrutiny Committees dated 1 May 2023.
  - 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 29/06/23

## Glossary of Terms

Term/Abbreviation	Definition/Explanation
<b>Accessible Information Standard (AIS)</b>	All publicly funded adult social care and health providers, must identify, record, flag, share and meet the information and communication needs of those who use their services.
<b>Accident and Emergency (A&amp;E) Service</b>	A responsive service for patients in an emergency situation with a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention.
<b>ACQI</b>	Ambulance Clinical Quality Indicator.
<b>Adastra</b>	A tool that provides staff working in emergency care settings with the tools to provide patients with the correct course of treatment
<b>Advanced Medical Priority Dispatch System (AMPDS)</b>	An international system that prioritises 999 calls using information about the patient as supplied by the caller.
<b>Algorithm</b>	Is a self-contained step-by-step set of operations to be performed. Algorithms exist that perform calculation, data processing, and automated reasoning.
<b>ALS</b>	Advanced life support.
<b>Ambulance Quality Indicators for Ambulance Clinical Outcomes (AmbCO)</b>	Monthly outcomes for ambulance patients with stroke, cardiac arrest, heart attacks, or sepsis
<b>Ambulance Service Cardiovascular Quality Initiative</b>	The initiative aims to improve the delivery of pre-hospital (ambulance service) care for cardiovascular disease to improve services for people with heart attack and stroke.
<b>Ambulance Response Programme (ARP)</b>	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.
<b>Annual Assurance Statement</b>	The means by which the Accountable Officer declares his or her approach to, and responsibility for, risk management, internal control and corporate governance. It is also the vehicle for highlighting weaknesses which exist in the internal control system within the organisation. It forms part of the Annual Report and Accounts.
<b>Automated External Defibrillator (AED)</b>	A portable device that delivers an electric shock through the chest to the heart. The shock can then stop an irregular rhythm and allow a normal rhythm to resume in a heart in sudden cardiac arrest.
<b>AutoPulse</b>	An automated, portable, battery-powered chest compression device composed of a constricting band and half backboard that is intended to be used as an adjunct to CPR.

<b>Bare Below the Elbows (BBE)</b>	An NHS dress code to help with infection, prevention and control.
<b>Being Open</b>	The process of having open and honest communication with patients and families when things go wrong.
<b>Better Payment Practice Code (BPPC)</b>	The BPPC was established to promote a better payment culture within the UK and urges all organisations to adopt a responsible attitude to paying on time. The target is to pay all invoices within 30 days of receipt.
<b>Board Assurance Framework (BAF)</b>	Provides organisations with a simple but comprehensive method for the effective and focused management of the principal risks to meeting their strategic objectives.
<b>British Association for Immediate Care (BASICS)</b>	A network of doctors who provide support to ambulance crews at serious road traffic collisions and other trauma incidents across the region.
<b>Bronze Commander Training</b>	A course designed to develop and equip ambulance services, health colleagues and Voluntary Aid Society Incident Managers at operational/bronze level to effectively manage major/catastrophic incidents.
<b>Caldicott Guardian</b>	A senior member of staff appointed to protect patient information.
<b>Cardio-pulmonary Resuscitation (CPR)</b>	A procedure used to help resuscitate a patient when their heart stops beating and breathing stops.
<b>Care Bundle</b>	A care bundle is a group of interventions (practices) related to a disease process that, when carried out together, result in better outcomes than when implemented individually.
<b>Care Quality Commission (CQC)</b>	An independent regulator responsible for monitoring and performance measuring all health and social care services in England.
<b>Cardiopulmonary resuscitation (CPR)</b>	A lifesaving technique useful in many emergencies, including heart attack or near drowning, in which someone's breathing or heartbeat has stopped.
<b>Chair</b>	The Chair provides leadership to the Trust Board and chairs all Board meetings. The Chair ensures key and appropriate issues are discussed by the executive and non-executive directors.
<b>Chief Executive (CEO)</b>	The highest-ranking officer in the Trust, who is the Accountable Officer responsible to the Department of Health for the activities of the organisation.
<b>Chronic Obstructive Pulmonary Disease (COPD)</b>	COPD is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease.
<b>CLERIC</b>	Computer system that PTS use to book, manage and schedule patient transport.

<b>Clinical Governance Group (CGG)</b>	Internal regulatory group that agrees and approves all clinical decisions.
<b>Clinical Hub</b>	A team of clinical advisors based within the Emergency Operations Centre providing support for patients with non-life-threatening conditions.
<b>Clinical Pathways</b>	The standardisation of care practices to reduce variability and improve outcomes for patients.
<b>Clinical Performance Indicators (CPIs)</b>	CPIs were developed by ambulance clinicians and are used nationally to measure the quality of important areas of clinical care. They are designed to support the clinical care we provide to patients by auditing what we do.
<b>Clinical Quality Strategy</b>	A framework for the management of quality within YAS.
<b>Clinical Supervisor</b>	Works on the frontline as part of the operational management team and facilitates the development of clinical staff and helps them to practise safely and effectively by carrying out regular assessment and revalidations.
<b>Commissioners</b>	Ensure that services they fund can meet the needs of patients.
<b>Community First Responders (CFRs)</b>	Volunteers in their local communities, who respond from their home addresses or places of work to patients suffering life-threatening emergencies.
<b>Complaint</b>	An expression of dissatisfaction regarding a YAS service or the specific behaviour of a member of staff in the course of their duties to which a response is required and where a person specifically states that they wish the matter to be dealt with as a formal complaint at the outset.
<b>Comprehensive Local Research Networks (CLRNs)</b>	Coordinate and facilitate the conduct of clinical research and provide a wide range of support to the local research community.
<b>Computer Aided Dispatch (CAD)</b>	A method of dispatching ambulance resources.
<b>Commissioning for Quality and Innovation (CQUIN)</b>	The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals.
<b>Concern</b>	An expression of dissatisfaction regarding a YAS service or the specific behaviour of a member of staff in the course of their duties to which a response is required and where attempts to resolve the matter as speedily as possible, 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.

<b>Continuing Professional Development (CPD)</b>	Training and development opportunities for all staff at every level.
<b>cPAD (Community Public Access Defibrillator)</b>	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.
<b>COPD</b>	Chronic obstructive pulmonary disease (COPD) is the name for a group of lung conditions that cause breathing difficulties
<b>Critical Friends Network (CFN)</b>	A range of people, patients and members of the public, from different backgrounds who can all provide valuable input into the work we do.
<b>Dashboards</b>	Summary of progress against Key Performance Indicators for review by managers or committees.
<b>Dataset</b>	A collection of data, usually presented in tabular form.
<b>DATIX</b>	Patient safety software for healthcare risk management, incident and adverse event reporting.
<b>Defibrillator</b>	See AED
<b>Department of Health (DH)</b>	The government department which provides strategic leadership for public health, the NHS and social care in England.
<b>Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)</b>	For a small number of people who are approaching the last days of life, cardiopulmonary resuscitation (CPR) would be futile or not a viable option. In these circumstances DNACPR forms are completed to avoid aggressive, undignified and futile actions to resuscitate a patient, and to allow a natural dignified death in line with the patient's wishes.
<b>Duty of Candour</b>	Regulation that ensures providers are open and transparent with people who use their services.
<b>Electrocardiogram (ECG)</b>	An interpretation of the electrical activity of the heart. This is done by attaching electrodes onto the patient which record the activity of the different sections of the heart.
<b>Electronic Patient Record (ePR)</b>	Electronic record to capture assessment and interaction information about our patients and share this with other healthcare providers
<b>Emergency Medical Dispatcher (EMD)</b>	Emergency Medical Dispatchers answer 999 calls from the public
<b>Emergency Care Assistant (ECA)</b>	Emergency Care Assistants work with clinicians responding to emergency calls. They work alongside a more qualified member of the ambulance team, giving support and help to enable them to provide patients with potentially life-saving care at the scene and transporting patients to hospital.

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

	services and what could be improved and share their views with those with the power to make change happen. Local information is also shared with Healthwatch England, the national body, to help improve the quality of services across the country.
<b>Health Care Professional (HCP)</b>	People working within the healthcare sector.
<b>HQIP</b>	Health Quality Improvement Partnership - established in April 2008 to promote quality in healthcare.
<b>Human Resources (HR)</b>	A function with responsibility for implementing strategies and policies relating to the management of individuals.
<b>Information Asset Owner (IAO)</b>	An IAO is an individual within an organisation that has been given formal responsibility for the security of an information asset (or assets) in their particular work area.
<b>Information, Communication and Technology (ICT)</b>	The directorate responsible for the development and maintenance of all ICT systems and processes across Yorkshire Ambulance Service.
<b>Information Governance (IG)</b>	Allows organisations and individuals to ensure that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care.
<b>Information Management and Technology (IM&amp;T)</b>	This department consists of the IT Service Desk, Voice Communications Team, IT Projects Team and Infrastructure, Systems and Development Team which deliver all the Trust's IT systems and IT projects.
<b>Integrated Business Plan (IBP)</b>	Sets out an organisation's vision and its plans to achieve that vision in the future.
<b>Integrated Urgent Care (IUC)</b>	A range of services including NHS 111 and out-of-hours services, which aim to ensure a seamless patient experience with minimum handoffs and access to a clinician where required.
<b>International Standardisation Organisation (ISO)</b>	An international standard-setting body composed of representatives from various national standards' organisations.
<b>Joint Decision Model (JDM)</b>	A national information and intelligence model that gathers information around patient/location/threat to aid a safer response.
<b>Joint Royal Colleges Ambulance Liaison Committee (JRCALC)</b>	Is the Joint Royal Colleges Ambulance Liaison Committee. Their role is to provide robust clinical speciality advice to ambulance services within the UK and it publishes regularly updated clinical guidelines.
<b>Key Performance Indicator (KPI)</b>	A measure of performance.
<b>Knowledge and Skills Framework (KSF)</b>	A competence framework to support personal development and career progression within the NHS.

<b>LAT</b>	Low Acuity Transport.
<b>LFPSE</b>	Learning from patient safety events
<b>Local Education and Training Board (LETB)</b>	Responsible for the training and education of NHS staff, both clinical and non-clinical, within their area.
<b>Major Trauma</b>	Major trauma is serious injury and generally includes such injuries as: <ul style="list-style-type: none"> <li>▪ traumatic injury requiring amputation of a limb</li> <li>▪ severe knife and gunshot wounds</li> <li>▪ major head injury</li> <li>▪ multiple injuries to different parts of the body e.g. chest and abdominal injury with a fractured pelvis</li> <li>▪ spinal injury</li> <li>▪ severe burns.</li> </ul>
<b>Major Trauma Centre</b>	A network of centres throughout the UK, specialising in treating patients who suffer from major trauma.
<b>Mental Capacity Act (MCA)</b>	Legislation designed to protect people who can't make decisions for themselves or lack the mental capacity to do so.
<b>MHA</b>	Mental Health Act
<b>Myocardial Infarction (MI)</b>	Commonly known as a heart attack, an MI is the interruption of blood supply to part of the heart, causing heart cells to die.
<b>NASMED</b>	National Ambulance Service Medical Directors.
<b>National Ambulance Non-conveyance Audit (NANA)</b>	National indicator for re-contact rates within 24 hours for patients treated and discharged at scene by ambulance services.
<b>National Early Warning Score (NEWS)</b>	Standardises the use of a NEWS system across the NHS in order to drive the 'step change' required in the assessment and response to acute illness.
<b>National Health Service (NHS)</b>	Provides healthcare for all UK citizens based on their need for healthcare rather than their ability to pay for it. It is funded by taxes.
<b>National Learning Management System (NLMS)</b>	Provides NHS staff with access to a wide range of national and local NHS eLearning courses as well as access to an individual's full training history.

<b>National Reporting and Learning System (NRLS)</b>	The NRLS is managed by the NHS Improvement. The system enables patient safety incident reports to be submitted to a national database. This data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care.
<b>Near-Miss</b>	Any occurrence, which does not result in injury, damage or loss, but has the potential to do so. Investigation of individual incidents allows us to address the immediate issues, whilst aggregation of data ensures wider themes and trends are identified across the organisation. Triangulation of data from multiple sources such as incidents, complaints, claims, coroners' inquiries and safeguarding cases provides us with a valuable opportunity for organisational learning that utilises both the staff and patient perspective.
<b>NHS England (NHSE)</b>	NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England
<b>NHS 111</b>	NHS 111 is an urgent care service for people to call when they need medical help fast but it's not a 999 emergency. Calls are free from landlines and mobile phones.
<b>Non Conveyance</b>	Non transportation of patients to hospital.
<b>Non-Executive Directors (NEDs)</b>	Drawn from the local community served by the Trust, they oversee the delivery of ambulance services and help ensure the best use of financial resources to maximise benefits for patients. They also contribute to plans to improve and develop services which meet the area's particular needs.
<b>Out of area</b>	Outside Yorkshire or outside the usual business area.
<b>PaCCS</b>	Pathways Clinical Consultation Support. A suite of clinical templates based on existing NHS pathways clinical content.
<b>Patient Advice and Liaison Service (PALS)</b>	Offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.
<b>Patient safety or staff safety incident</b>	Any unplanned event which has given rise to actual personal injury, patient dissatisfaction, property loss or damage, or damage to the financial standing or reputation of the Trust.
<b>Paramedic</b>	Senior ambulance service healthcare professionals at an accident or medical emergency. Working alone or with colleagues, they assess a patient's condition and provide essential treatment.
<b>Paramedic Practitioner</b>	Paramedic practitioners come from a paramedic background and have additional training in injury assessment and diagnostic abilities.
<b>Patient Care Record (PCR)</b>	A comprehensive record of the care provided to patients.
<b>Patient Group Directions (PGDs)</b>	Good practice recommendations, for individual people and organisations, aiming to ensure patients receive safe and appropriate care and timely access to medicines, in line with legislation.

<b>Patient Safety Alerts</b>	Incidents identified by NHS England reporting system that spots emerging patterns at a national level, so that appropriate guidance can be developed and issued to protect patients from harm.
<b>Patient Transport Service (PTS)</b>	A non-emergency medical transport service, for example, to and from out-patient appointments.
<b>Peer Review</b>	The evaluation of work by one or more people of similar competence to the producers of the work. It constitutes a form of self-regulation by <u>qualified members of a profession within the relevant field.</u>
<b>Personal Development Reviews (PDRs)</b>	The PDR process provides a framework for identifying staff development and training needs and agreeing objectives.
<b>Pharmacological agents</b>	A biologically active substance applied to the body for their therapeutic effects on one or more tissues or organs.
<b>PREVENT</b>	Prevent is part of counter-terrorism strategy. Its aim is to stop people becoming terrorists or supporting terrorism.
<b>Private and Events Service</b>	Provides medical cover to private and social events for example, football matches, race meetings, concerts and festivals. It also provides ambulance transport for private hospitals, corporations and individuals.
<b>PSIRF</b>	Patient safety incident response framework
<b>PTSD</b>	Post-traumatic stress disorder (PTSD) is an anxiety disorder caused by very stressful, frightening or distressing events
<b>Quality Governance Framework</b>	A process to ensure that YAS is able to monitor and progress quality indicators from both internal and external sources.
<b>Quality Strategy</b>	Framework for the management of quality within Yorkshire Ambulance Service.
<b>Qualitative research</b>	Primarily exploratory research used to gain an understanding of underlying reasons, opinions, and motivations.
<b>Quantitative research</b>	Used to quantify the problem by way of generating numerical data or data that can be transformed into useable statistics.
<b>Rapid Response Vehicle (RRV)</b>	A car operated by the ambulance service to respond to medical emergencies either in addition to, or in place of, an ambulance.
<b>REAP</b>	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.
<b>Resilience</b>	The ability of a system or organisation to recover from a catastrophic failure.

<b>ROSC (Return of spontaneous circulation)</b>	The return of cardiac activity after a cardiac arrest.
<b>Safeguarding</b>	Processes and systems for the protection of vulnerable adults, children and young people.
<b>Safeguarding Referral</b>	Yorkshire Ambulance Service staff are given information to help them identify warning signs of abuse or neglect and to report this via our Clinical Hub, to social care. Social care will follow up each referral to ensure that the vulnerable adult or child involved is safe.
<b>Safety Thermometer</b>	The NHS Safety Thermometer is a tool designed to help hospitals understand where they can potentially cause harm to patients and reduce the risk of this.
<b>SDEC</b>	Same day emergency care
<b>Sepsis</b>	A life-threatening condition that arises when the body's response to infection injures its own tissues and organs.
<b>Serious Incidents (SIs)</b>	Serious Incidents include any event which causes death or serious injury, involves a hazard to the public, causes serious disruption to services, involves fraud or has the potential to cause significant reputation damage.
<b>SNOMED</b>	SNOMED CT is a structured clinical vocabulary for use in an electronic health record.
<b>SP (Specialist Paramedic)</b>	They have the capability to administer antibiotics and other medications under Patient Group Directions (PGDs) and perform wound closure interventions so patients can be better managed in the community and avoid ED attendances.
<b>SpO<sub>2</sub> (peripheral capillary oxygen saturation)</b>	The percentage of oxygenated haemoglobin (haemoglobin containing oxygen) compared to the total amount of haemoglobin in the blood (oxygenated and non-oxygenated haemoglobin).
<b>Stakeholders</b>	All those who may use the service, are affected by or who should be involved in its operation.
<b>Standard Operating Procedure (SOP)</b>	A set of step-by-step instructions compiled by an organisation to help workers carry out complex routine operations.
<b>ST Elevation Myocardial Infarction (STEMI)</b>	A type of heart attack.
<b>SystemOne</b>	SystemOne provides a single Electronic Health Record for every patient.
<b>Transient Ischaemic Attack (TIA)</b>	Mini-stroke
<b>TMG</b>	Trust Management Group
<b>Urgent Care Practitioner (UCP)</b>	Someone with enhanced skills in medical assessment and extra clinical skills over and above those of a standard paramedic.
<b>UCR</b>	Urgent community response

<b>Utstein comparator</b>	A set of guidelines for uniform reporting of cardiac arrest.
<b>UTI</b>	Urinary tract infection
<b>VCS</b>	Volunteer Car Service.
<b>WYUC</b>	West Yorkshire Urgent Care.
<b>Year to Date (YTD)</b>	The period from the start of a financial year to the current time.
<b>Yorkshire Air Ambulance (YAA)</b>	An independent charity which provides an airborne response to emergencies in Yorkshire and has YAS paramedics seconded to it.
<b>Yorkshire Ambulance Service (YAS)</b>	The NHS provider of emergency and non-emergency ambulance services in Yorkshire and the Humber.

