



Yorkshire Ambulance Service

Quality Account

2023-24

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Part One

Statement on Quality from the Chief Executive

Welcome to our Quality Account for 2023-24.

Within these accounts we present our position on the quality of care that we have provided over the past year. Whilst the health and social care system continued to face significant challenges, these accounts highlight the improvements we've made and the ongoing work we're undertaking to ensure that we provide safe, effective, responsive, and patient-centred care to the people of Yorkshire and the Humber.

We continue to sustain our 'Good' rating with the Care Quality Commission, and we endeavour to achieve an 'Outstanding' rating.

Our staff and volunteers have worked hard to deliver improvements and continue to do their best for patients. The teams from Integrated Urgent Care (111), Patient Transport Service and 999 Emergency Service have continued to deliver the best healthcare and services they can throughout the year and continue to show compassion and commitment to our patients.

Our STARS Awards 2023 celebrated the incredible achievements of our inspirational staff and volunteers, their selfless devotion to providing the best care to the people of our region and their solidarity in supporting colleagues and the wider YAS team.

As well as our current position and previous successes, this account also outlines our ambitions for the future. Our new strategy for 2024-29 launched in February this year – we recognise that our world has changed significantly in just a few years, and our new strategy also represents a change in how our teams will deliver services fit for the future.

The vision for our Trust is to be best known for delivering great care, being a great place to work and being a great partner to work with; this has been developed with our staff, patients, volunteers, communities, and healthcare partners and is reflective of their views and experiences and meets the needs of those we serve and work with.

At times it has been a challenging year and our staff and volunteers have been at the forefront of delivering care and services, we are proud of the improvements we have made and are determined to continue to improve the services we provide for the communities of Yorkshire and the Humber.

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.



Peter Reading

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 7,073* staff, who together with over 977 volunteers, enable us to provide a vital 24-hour, seven-days-a-week, emergency and healthcare service.

**Head count figure equating to 5,883 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	2023-24
Number of emergency calls received (excludes Routine)	A&E	1,174,905
Number of emergency calls responded to (999) (Hear & Treat, See & Treat and See, Treat & Convey)	A&E	839,919
Number of non-emergency journeys (Routine)	A&E	2,638
Number of 111 urgent calls answered	NHS 111	1,591,620
Number of PTS Total Demand (Delivered, Aborted and Escorts)	PTS	926,374

Vision and Values

Our Purpose

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

Our Vision

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



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

New Strategy Development 2024-29

Throughout 2023-24 YAS has embarked on organisational engagement, region-wide system partner events and engagement with external groups to help steer the organisation's new five-year strategy (2024-29) which was launched the beginning of 2024.

Purpose

To provide and co-ordinate safe, effective, responsive and patient-centered out-of-hospital emergency, urgent and non-emergency care, so all our patients can have the best possible experience and outcomes.

Vision

Great Care, Great People, Great Partner.

Our Values

Kindness, Respect, Teamwork, Improvement

YAS Together

Care, Lead, Grow, Excel, Everyone

Our Enabling Plans: Clinical and Quality, People, Partnership, Sustainable Services, Quality Improvement

Four Bold Ambitions

Our Patients	Our ambition is to deliver exceptional patient-centred out-of-hospital emergency, urgent and non-emergency care, which is safe, kind and responsive, seamlessly integrating services and utilising technology to deliver a high-quality patient experience.
Our People	Our ambition is to be a diverse and inclusive organisation with a culture of continuous improvement, where everyone feels valued, included, proud to work and can thrive.
Our Partners	Our ambition is to be a collaborative, integral and influential partner across a joined-up health and social care network that works preventatively, reduces inequality and improves population health outcomes, supporting all our communities.
Our Planet and Pounds	Our ambition is to be a responsible and sustainable organisation in the use of our financial and physical resources, reducing our environmental impact and ensuring the most effective use of all our resources.

Engaging with staff, patients and the public about quality

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. There are specific patient groups who we seek to ensure receive personalised support and care, these include.

- Those with Mental Health conditions
- Those with Learning Disabilities and Autism
- Those living with Dementia
- Those living in Care Homes, and those caring for them
- High frequency Users of the service

We work directly with these and other patient groups to ensure they are shaping care services in line with their needs and experiences. In addition, this year, the designation of internal Patient Safety Specialists and recruitment of 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 11 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 2023-24 and regular face-to face meetings have resumed post-pandemic. The network members continue to support the organisation and a key example of this is the CFN input into the future Trust strategy for 2024-29.

As part of our process for investigating complaints and patient safety incidents YAS engages with patients and families, where a complaint has been made or where something has gone wrong patients and/or family are involved in the scope of the investigation and kept informed of the findings. On occasion we work 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, along with staff stories, are presented at each public Trust Board meeting and used widely in the education and training of our staff.

Care Opinion and NHS Website Patient Feedback

"Yesterday morning I had been experiencing excruciating pain and difficulty breathing for a few hours, which was getting worse. My husband called an ambulance that arrived within 20 minutes. The paramedics were kind, calm and professional. I was anxious and upset, they put my mind at ease, completed tests and took me to hospital. The care I received was second to none. I would like to get my personal thanks to the paramedics involved."

"In the early hours of Thursday morning a Paramedic and Ambulance crew came to a very remote cottage with no proper access to help me. They showed great professionalism and ingenuity in not only finding me, an 88-year-old man in great distress but then treating me and getting me to the Ambulance and then to Hospital. I owe them a lot."

"An ambulance came out to my husband who has Alzheimer's and had a fall. The staff were amazing, treated him with respect and spoke to him in a manner he could understand. They were so kind and professional, a big thank you to them."

"I used 111 online after feeling wheezy and unable to take deep breaths. A nurse rang me back and made me an appointment at the out of hours GP at the hospital. After concerns of it potentially being a blood clot, I was transferred to SDEC where further tests and treatment were provided."

"I would like to thank the ambulance service man who came to do a risk assessment for my daughter who was diagnosed with Motor Neurone Disease in February this year. His kindness and such professionalism to my daughter and myself made me tearful. I would like to thank everyone in green for their expert care in transporting her to Sheffield Hallamshire in July and bringing her home again in August. A big thank you to health and safety at Barnsley for being there to facilitate both journeys and putting my mind at rest too. A very rare breed these guys and deserve a round of applause every day for what they do. Thank you."

Part Two

Priorities for Improvement 2024-25

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
Priority 1	<p>Patient Experience: Implementation of a Patient Experience and Involvement Strategy</p> <p>We will develop a Patient Experience and Involvement framework, aligned to our Trust strategy, to embed patient voice within all parts of our organisation. We will co-produce the framework with people who use our services and ensure that we are able to hear the voices of those who experience health inequalities. We will consider service changes and quality improvement through the lens of what these mean for our patients, their carers and families.</p>	Lesley Butterworth, Head of Nursing and Patient Experience	National Standards. Equity and Excellence: Liberating the NHS 2010 White Paper. NHS Patient Experience Book
Priority 2	<p>Clinical Effectiveness: Clinical Supervision Framework</p> <p>The outcome for the project is to improve patient care, patient safety, patient experience and on staff side improve their professional development, wellbeing, provides assurance of clinical practice, and improves confidence and clinical leadership.</p>	Mark Millins, Associate Director Paramedic Practice	Implementation of the AACE framework. Improvement of the clinical decision making, maintain patient safety, improve clinical quality, and to support the welfare of staff
Priority 3	<p>Patient Safety: Utilise Patient Safety Incident Response Framework (PSIRF) to gain learning and implement actions.</p> <p>PSIRF allows NHS Trusts to identify and focus on their own areas of concern. The Trust has set up a new governance structure to coordinate learning activities. The Trust will continue to utilise RLDatix to host all its incident management, and the advanced functionality contained within the system allows us to track and identify themes as they develop, focusing efforts and resources to those areas of greatest opportunity for learning.</p>	Simon Davies, Head of Investigations and Learning	National Standards. Patient Safety Incident Response Framework (PSIRF).

Review of services 2023-24

Statement from the Trust Board

During 2023-24 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 2023-24 represents 100% of the total income generated from the provision of relevant health services by YAS for 2023-24.

Participation in Clinical Audit 2023-24

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 Quality Development Forum 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 2023-24 YAS completed monthly and quarterly submissions of three 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 & R2n) submitted monthly.
 - Survival to discharge (R3n, R3d, R4n, R4d) submitted monthly.
 - Post-ROSC care bundle (R5n, R5b) submitted quarterly.
2. STEMI (ST segment elevation myocardial infarction) 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.

Please note, the previously submitted sepsis care bundle has now been decommissioned and will no longer be reported as part of the national ambulance indicators, as decided by the National Ambulance Service Clinical Quality Group (NASCCG) and agreed by the National Ambulance Service Medical Directors (NASMED).

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 2023-24.

- National Stroke Audit SSNAP (Sentinel Stroke National Audit Programme) – 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 - Myocardial Ischaemia National Audit Project)- 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 2023- 24 by the Audit Commission.

A new Ambulance clinical outcome focussing specifically on older adults who have fallen is currently being piloted. Three initial audits have been completed as part of a pilot, the results of which will not be published nationally until the audit technical specification has been agreed by NASCQG and NASMED.

A national benchmarking day took place which involved UK ambulance trust audit teams convening to discuss the technical specifications against which the ambulance clinical outcome indicators are audited. The outcome of this exercise was agreement for amendments to the technical specifications in order to account for updates to clinical practice which have occurred since its initial publication. This is planned to include changes to the STEMI technical specification relating to the administration of analgesia. There is also more scope being granted for each trust to incorporate their clinical guidance and trust decisions.

The management of patients who have had an out-of-hospital cardiac arrest is a primary role of the Yorkshire Ambulance Service; the trust continues to attempt resuscitation on an average of over three hundred 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 SystmOne (a clinical record system used to record patient care electronically (your health records) as the source of survival to discharge data following an out-of-hospital cardiac arrest.

During 2023-24, Yorkshire Ambulance Service has continued to report on national indicators with outcomes for patients who had suffered an out of hospital cardiac arrest 8% and above for all reporting months thus far. The lowest proportion of patients to survive was 8% in July 2023, the highest proportion of survival can be seen in August 2023 with 12.3%, the trust highest since August 2020. Ambulance clinical outcome 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.

Clinical Quality Audit Programme & Outcomes

The YAS Clinical Audit Team have supported the production of five local clinical audit reports during 2023-24 YTD:

1. Care of patients who have been discharged at scene.
2. Care of pain management in adult patients.
3. Audit of Paracetamol administration.
4. Audit of Entonox administration.
5. Care of patients with epilepsy.

With five more in progress set to be complete by the end of 2023-24

1. Care of paediatric patients
2. Audit of patient safety netting and discharge at scene
3. Care of maternity patients
4. Pain management in paediatric patients
5. Care of patients with Chronic Obstructive Pulmonary Disease (COPD)

Additionally, the YAS Clinical Audit Team continues to provide clinical data to the Trust in response to internal requests, as well as real-time data surrounding mental health and pathways data via Power BI dashboard.

National Project Contribution

In 2022-23 Yorkshire Ambulance Service participated as a pilot trust in the Ambulance Data Set (ADS) project. During 2023-24 this has been implemented as business as usual across the trust, including incorporation into reporting mechanisms and data streams.

YAS continue to support other ambulance trusts as they implement ADS in their respective trusts.

Research and Innovation



YAS is committed to having a culture that supports research and innovation as a key driver to improve patient care and experience. In this last year the research function has been awarded increased funding from the NIHR Clinical Research Network for Yorkshire and Humber. This funding has supported the growth of the

research team and allowed us to achieve one of our ambitions from the 2021-24 research strategy: “To host an Academic Research Unit that embeds YAS in key research streams in partnership with higher education institutes and NHS provider organisations”.



In October 2023 we officially launched the YAS Research Institute, celebrating this with a seminar to present some of the key research projects we have been involved with in recent years, and to describe our approach to working with our academic and clinical partners.

During 2023-24 we delivered a broad range of research from studies that analysed routinely collected data, trials of medicines, and qualitative work with staff and patients. Many of our frontline paramedic colleagues have been involved with offering patients the opportunity to be part of clinical drug trials to better treat traumatic injury. With over 180 paramedics completing training to undertake the CRASH-4 drug trial for brain injuries, the YAS workforce is research active and engaged. We have had four staff funded to attend research training courses and continue to support staff undertaking Master's and PhD studies. The YAS Research Institute will therefore focus on growing its research portfolio to address the needs of ambulance service patients, working across boundaries to ensure that patients are offered the best evidence-informed care and benefit the communities that it serves.

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 was one of two English ambulance services who opened the trial to patients in October 2021. If an adult patient had severe pain due to acute injury and were deemed by a paramedic to require intravenous morphine or an equivalent medication they could be invited to take part in the study. Patients were randomised to receive either morphine or ketamine without knowing which drug they received. The last YAS patient was recruited on 30 April 2023, and all patients were followed up for six months. A total of 238 paramedics received training to enable participation in the study and 224 patients were recruited to the study.

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

This study aimed to interview and survey NHS staff 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

This survey aspect of this study closed on 30 April 2023, with 62 staff in 2023 giving up their time to complete the final study survey.

3.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. The research aimed to understand how pre-alert decisions are made and implemented by pre-hospital staff and the impact of these on receiving Emergency Departments and patients. During 2023-24 136 YAS staff participated in the ambulance survey work package of this NIHR-funded study. This will enable the identification of principles of good practice, areas of uncertainty and areas for improvement in the process of pre-alerts.

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

This study aimed to evaluate the feasibility of using point of care testing devices by advanced practitioners (paramedics) to support patients to be safely left at home. Over eight months from April to December 2023, seven advanced practitioners recruited the patients they attended to the study. The study recruited 39 patient participants.

5. Exploring the lived experience of people living with dementia

This project is led by YAS Head of Nursing and Patient Experience who completing their PhD with Leeds Beckett University. She is investigating how people with dementia experience YAS Patient Transport Service journeys. This study is expected to continue recruitment until 1st April 2025.

6. 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 was 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 focussed on the areas of West Yorkshire and London. YAS staff were invited to complete an online survey alongside other community and hospital-based healthcare professionals in the region. The purpose of the survey was 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 was 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. This study was opened on 26 April 2021 and closed on 30 November 2023, having recruited nine participants.

7. SNAP- Supporting New Ambulance Paramedics: A Qualitative Study

This was a YAS sponsored study, funded by a College of Paramedics Small Research Grant awarded to Elisha Miller. The purpose of this study was to explore the experiences of paramedics who have completed the current YAS newly qualified paramedic (NQP) preceptorship programme. This qualitative study aimed to identify and explain the strengths and weaknesses of the programme, by conducting a thematic analysis of research data gathered during focus groups. This study opened on 9 January 2023 and closed on 31 December 2023, having recruited seven participants.

8. STRATUS: freeSTyle libRe and hospitaI 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. This study opened on 5 January 2021 and plans to close to recruitment during 2024.

9. Use and opinions' concerning medicines related errors, monitoring and audit tools used to assess medicines optimisation within care homes in England.

This project is led by a PhD student from the University of Central Lancashire, and will investigate the experiences of medication errors, specifically recruiting YAS staff who attend patients in care homes. The study opened to recruitment on 10 January 2023 and is expected to be complete on 31 December 2024.

10. 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 uses YAS ambulance data linked to long term outcomes and gathers qualitative data directly from patients and staff who attend 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. This study opened on 8 February 2023 and has recruited 49 participants so far.

11. 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 acceptable, feasible and likely to improve patient and staff outcomes. This study was opened in YAS on 1 September 2022 and closed on 23 June 2023, having recruited four participants. Further work packages are continuing at other NHS ambulance sites prior to completion.

12. 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. It aims to support an earlier return, which would benefit both the staff member and the employer. YAS has been randomised to the control group and will continue with current policies and procedures for managing long term sickness. This study opened on 5 October 2022 and has recruited nine participants within 2023-24.

13. How can apprentice paramedics be supported effectively whilst engaged in work-based learning?

This PhD project is investigating how apprentice Paramedics can best be supported by interview and focus groups. The study opened on 1st November 2022 and is expected to close to recruitment on 13 January 2026.

14. 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.

15. CRASH4: Clinical Randomisation of an Anti-fibrinolytic in Symptomatic mild Head injury in older adults

Traumatic brain injury is a leading cause of death and disability. CRASH4 is a multi-site UK wide drug trial that aims to provide evidence about the effects of giving tranexamic acid (TXA) via injection into the muscle on brain bleeding, disability, death and dementia in older adults. YAS has trained approximately 180 frontline paramedics to deliver the intervention and has recruited 52 participants. This study opened to recruitment on 10 October 2023 and is expected to continue recruiting until 31 January 2025.

16. STOPGAP: Study Of cardiopulmonary resuscitation Procedures thought to Generate Aerosol Particles

Two member of YAS paramedic staff are completing their PhD investigating aerosol particles generated during cardiopulmonary resuscitation (CPR). The study opened on 19 June 2023 and closed on 31 October 2023, having recruited 18 participants.

17. EXPECT: Exploring the journeys of Patients who End their Calls prior to Triage by NHS111: a cohort study

This study utilises routine linked care data and is led by YASRI Data Analyst Richard Pilbery. The aim of this study is to explore the patient journey (interaction with health services) for callers who contact 111 but end the call prior to speaking to a health advisor.

18. PARAID: Paramedic delivery of end-of-life care: a mixed methods evaluation of service provision and professional practice.

This study is funded by the Marie Curie Research Grants Scheme and aimed to conduct a large-scale online survey throughout England to evaluate paramedics' current practices, factors influencing their professional contribution and the potential for the paramedic workforce to

improve end-of-life care (Phase 1). 120 paramedics completed the survey in their own time between 27 September 2023 and 29 November 2023.

19. Restorative Justice Interventions

This study is exploring the implementation and effectiveness of restorative justice interventions after receiving training in this area. This study opened on 1 November 2023 is still in the recruitment phase and is due to close on 31st August 2024.

20. Compassion in healthcare

This PhD study recruited NHS staff to investigate compassion in healthcare. The YASRI shared the survey from 4 December 2023 and closed to recruitment on 31 March 2024.

YAS staff authored, peer reviewed publications 2023-24

Wilson C, Janes G, Lawton R, et al. Types and effects of feedback for emergency ambulance staff: a systematic mixed studies review and meta-analysis, *BMJ Qual Saf* [13 March 2023]. doi:10.1136/bmjqs-2022-015634

Alzahrani, A., Keyworth, C., Wilson, C. et al. Causes of stress and poor wellbeing among paramedic students in Saudi Arabia and the United Kingdom: a cross-cultural qualitative study. *BMC Health Serv Res* 23, 444 (2023). <https://doi.org/10.1186/s12913-023-09374-y>

Lightowler, B., Hodge, A., Pilbery, R., et al. Venous blood point-of-care testing (POCT) for paramedics in urgent and emergency care: protocol for a single-site feasibility study (POCTPara). *British Paramedic Journal* 8(1) 34-31 (2023) <https://doi.org/10.29045/14784726.2023.6.8.1.34>

Ablard, S., Miller, E., Poulton, S. et al. Delivery of public health interventions by the ambulance sector: a scoping review. *BMC Public Health* 23, 2082 (2023). <https://doi.org/10.1186/s12889-023-16473-2>

Goodacre S, Sutton L, Thomas B, et al Prehospital early warning scores for adults with suspected sepsis: retrospective diagnostic cohort study *Emergency Medicine Journal* 2023;40:768-776.

Wilson, C.; Janes, G.; Lawton, R.; Benn, J. Feedback for Emergency Ambulance Staff: A National Review of Current Practice Informed by Realist Evaluation Methodology. *Healthcare* 2023, 11, 2229. <https://doi.org/10.3390/healthcare11162229>

Michelet F, Smyth M, Lall R, Noordali H, Starr K, Berridge L, Yeung J, Fuller G, Petrou S, Walker A, Mark J, Canaway A, Khan K, Perkins GD. Randomised controlled trial of analgesia for the management of acute severe pain from traumatic injury: study protocol for the paramedic

analgesia comparing ketamine and morphine in trauma (PACKMaN). Scand J Trauma Resusc Emerg Med. 2023 Nov 24;31(1):84. doi: 10.1186/s13049-023-01146-1.

Noble AJ, Morris B, Bonnett LJ, Reuber M, Mason S, Wright J, Pilbery R, Bell F, Shillito T, Marson AG, Dickson JM. 'Knowledge exchange' workshops to optimise development of a risk prediction tool to assist conveyance decisions for suspected seizures - Part of the Risk of ADverse Outcomes after a Suspected Seizure (RADOSS) project. Epilepsy Behav. 2024 Jan 8;151:109611. doi: 10.1016/j.yebeh.2023.109611.

Boyd A, Sampson FC, Bell F, Spaight R, Rosser A, Coster J, Millins M, Pilbery R. How consistent are pre-alert guidelines? A review of UK ambulance service guidelines. Br Paramed J. 2024 Mar 1;8(4):30-37. doi: 10.29045/14784726.2024.3.8.4.30.

Barrett JW, Eastley KB, Herbland A, Owen P, Naeem S, Mortimer C, King J, Foster T, Rees N, Rosser A, Black S, Bell F, Fothergill R, Mellett-Smith A, Jackson M, McClelland G, Gowens P, Spaight R, Igbodo S, Brown M, Williams J. The COVID-19 ambulance response assessment (CARA) study: a national survey of ambulance service healthcare professionals' preparedness and response to the COVID-19 pandemic. Br Paramed J. 2024 Mar 1;8(4):10-20. doi: 10.29045/14784726.2024.3.8.4.10.

The launch of the YAS Research Institute in 2023 set out our ambition to lead and develop more research. During 2024 we will refresh our research strategy outlining how we will continue to develop our staff, maintain strong partnerships and set the direction for generating evidence to improve ambulance patient care.

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.

New Patient Group Directions

Acute Behavioural Disturbance (ABD) Sedation

Following approval of the addition of lorazepam and high strength ketamine to the critical care formulary for the treatment of ABD, patient group directions have been written and approved. All patient group directions (PGDs) are now available on Electronic Staff Record (ESR) and JRCALC. Critical care paramedics are undertaking specific ABD training and education and must be signed off before they can sign the PGDs and use the medication.

Metaraminol and Magnesium

The addition of metaraminol and magnesium to the paramedic formulary as well as the Doctor formulary was approved and PGD written, the use will be restricted to only those critical care paramedics who have achieved the required level of training. Three different training modules have been designed for metaraminol and magnesium 50%.

Pre- packed Medicines and Medicines APP update

The opening of the logistics hub allowed the roll out of the pre-packed pouch pilot and medicines App to 11 stations across the West and North Yorkshire areas. Further roll-out is planned for the coming year.

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 2023-24, the NHS Commissioning Board Special Health Authority issued three Patient Safety Alerts which were relevant to Yorkshire Ambulance Service.

- NatPSA/2023/009/OHID - Potent Synthetic Opioids Implicated In Heroin Overdoses And Deaths
Action taken: Clinical alert issued to staff detailing required information.

- NatPSA/2023/010/MHRA - Medical Beds, Trolleys, Bed Rails, Bed Grab Handles and Lateral Turning Devices: Risk Of Death From Entrapment Or Falls
Action taken: All actions assessed, and relevant ones completed within the Trust.
- NatPSA/2024/003/DHSC_MVA - Shortage Of Salbutamol 2.5mg/2.5ml And 5mg/2.5ml Nebuliser Liquid Unit Dose Vials
Action taken: YAS is prioritising stocks in areas that have the highest use. An alert has been produced to remind staff to ensure that salbutamol is used in accordance with JRCALC only and the nebules strength double checked to ensure the correct dose is administered every time.

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 2023-24.
- YAS has not participated in any special reviews or investigations by the CQC during the reporting period.

At every inspection the CQC ask five key questions, are organisations Safe, Caring, Effective, Responsive and Well-Led and rate organisations against these.

The latest YAS inspection was conducted in 2019 which resulted in an overall rating of Good for the Trust

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

Data Quality

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 ten 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 2023-24, YAS took the following actions to identify and mitigate information governance and data security risks and strengthen our assurance:

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

YAS's 2022-23 Data Security and Protection Toolkit assessment was submitted by the deadline of June 2023, achieving Standards Met status for the first time in three years.

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



THANK YOU

"A simple 'thank-you' doesn't seem enough - we cannot thank you enough for the care and attention you gave us during our emergency last Saturday (30 December). You were amazing, and you treated us with professionalism, respect, and compassion. Without your skills, willingness and ability to assist, what was a very scary experience could have turned out far worse, and we will be eternally grateful."

A compliment has been received via telephone from a lady who was living on the streets for a year, due to being unable to stay in her home as a result of a police matter. She was back home before Christmas, but wanted to thank all crews that have checked on her while she has been on the streets of her hometown in Scarborough, then in York, Pickering, Ripon, Doncaster, Sheffield, Barnsley, Wakefield and Leeds. The crews provided her with blankets, food and drink, and she cannot thank them all enough.

"I would like to pass on my thanks to the ambulance crew who were in York Hospital car park and went to the aid of my dad, who had collapsed. My mum called for help, and they came to take him into ED. They are both in their 80s and are extremely grateful for the help and support. Dad stayed in overnight but has now been discharged. Many thanks for their kindness and support - it was truly appreciated."

"My daughter was diagnosed with a rapid form of Motor Neurone Disease (MND) at the end of January this year and is terminally ill. "She has been bed-bound since May and has recently been in and out of hospital to the clinic and inpatient a few times. On 4 September, the hospital cancelled her operation as the ambulance pulled up to take her. We always need to have an ambulance for my daughter, plus extra staff, because her neck shoulders and arms are so fragile and needs careful handling. "They treat my daughter with such care and respect, each and every one of them. I can't express my gratitude and thanks enough – they are heroes."

Following the recent Leeds frailty training session and the Leeds care home networking meeting, multiple care home workers sang the praises of the Bramley emergency crews:

"The Bramley ambulance staff are always respectful to both the residents and carers. They go out of their way to treat all of the residents with compassion and kindness. A big thank-you to all the YAS Bramley crews who attend our residents. They take the time to listen to our concerns - they are brilliant. They go above and beyond to make our dementia residents feel calm, reassured, and comfortable. We appreciate you!"

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.

Workforce Disability Equality Standard, 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 Workforce Diversity Profile Report was published in October 2023 with an infographic to make our data more accessible.

Our equality support 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. Following Board approval Executive Sponsors and Non-Executive Champions have been assigned to our networks strengthening our commitment to diversity and inclusion with senior leadership support.

Work continues with Estates to develop a minimum requirements standard for building recognising the quality of buildings and spaces has a strong influence on enhancing or restricting a sense of belonging. Actively developing our new builds or refits will increase accessibility, feeling of security, limit boundaries and promote mobility. Work in ongoing with the Enabling Staff Working Group and the Disability Support Network, this includes the implementation of a centralised budget for workplace adjustments.

As an accredited Veteran Aware Organisation, we launched our new Armed Forces Support Network in April 2023 continue to proactively support the diversity amongst our staff and ensuring our mobilisation and special leave policies are supportive of our Armed Forces community resulting in a Silver Defence Employer Recognition Award in August 2023. Updates to the Electronic Staff Record (ESR) now include functionality to record Armed Forces status.

The Equality Impact Assessment (EIA) process has continued to test our policies, processes, functions, and services to ensure inclusive practice for all protected characteristics and has enabled a mechanism for robust recommendations across the Trust.

Below is a list of policies which have been changed or had additions made, due to the EIA process with the Diversity and Inclusion Team.

- Chaperone Policy – recent changes to the policy ensured support for patients with neurodiverse conditions and staff understanding of neurodiversity when requesting consent or a chaperone. Advice for staff on managing chaperons for Trans and non-binary patients, under and over 18, based on whether their chaperone is aware of their transition.

- Courts and Evidence Policy - support for witnesses with protected characteristics giving evidence in coroners court, particularly around racial trauma, disability, and sexual orientation, was added into the policy.
- Prevent Policy – ensuring the policy remains consistent around extremist ideology without singling out a particular group.
- Support attendance at work – the policy now has sections detailing each protected characteristic and advising manager on how to support each group with equity when managing their sickness. Includes mentions of racial trauma, sexuality, issues around multiple instances due to disability and the process of gender reassignment.
- Support for insulin dependent staff – recent changes added into policy with details on groups most likely to be impacted by diabetes and how to help manage/support them intersectionally.
- Health and Wellbeing Guidance – information on how mental health can impact protected characteristics differently, the types of traumas relating to mental health (race, disability, sexuality) and how to best to support those groups internally and externally.
- YAS Patient Consent Policy – the policy now considers racial bias when treating someone under the Mental Health Act (higher numbers of black men detained) and sensitive consent if a patient is transitioning.

The Procedure and Guidance for Supporting Transgender Staff and Service Users is under review at the Policy Development Group following further recommendations from Stonewall. This is expected to launch early 2024 as part of our commitment to supporting Trans colleagues. We launched our first Joint Staff Network Event in November 2023, themed on intersectionality. Guest speaker Benjy Kusi, Wellbeing Consultant and TikTok Influencer, delivered a workshop on the Power of Staff Networks to attendees. This was followed by sessions on Privilege and becoming an Active Bystander, including learning from the Welsh Ambulance Trust on their journey with the Allyship Programme. The event was well attended by over 70 colleagues from across multiple service areas including senior leaders, receiving positive feedback overall. Plans to develop an Allyship Programme as a follow up action are underway for 2024.

TIDEmark (Talent Inclusion and Diversity Evaluation (TIDE) is the annual benchmarking exercise, where our organisation's approach to EDI is compared to others in our sector and ranked against all entries. As members of the Employers Network for Equality & Inclusion, the Trust IS provided an opportunity to participate in a self-evaluation of our progress against inclusion with our workforce, strategy, leadership, recruitment, training and development, communication, engagement and procurement. YAS was awarded the Silver TIDEmark in August 2023 demonstrating a positive step change from Bronze in 2022.

Part Three

2023-24 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 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Category 1 Mean Time (standard 00:07:00)	00:08:07	00:08:21	00:08:49	00:08:34	00:08:25	00:08:28	00:08:44	00:08:44	00:08:46	00:08:13	00:08:06	00:08:07
Category 2 Mean Time (standard 00:18:00)	00:24:26	00:28:30	00:31:14	00:29:15	00:26:49	00:32:39	00:36:11	00:37:14	00:45:56	00:34:31	00:30:20	00:29:28
Category 3 Mean Time (standard 01:00:00)	01:16:01	01:23:01	01:35:23	01:28:27	01:20:02	01:36:42	01:51:41	01:49:54	02:22:02	01:46:19	01:38:49	01:31:48
Category 4 Mean Time (No standard)	01:37:31	01:50:54	02:00:31	01:46:09	01:43:39	02:09:31	02:09:31	02:13:12	02:26:47	02:04:26	01:47:26	01:37:15

Source: PBR/IPR

For 2023-24 we had a revised category 2 mean response time target of 30 minutes, the national standard is normally 18 minutes.

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

- The actual response demand for 2023-24 is in line with forecast predictions and responses at scene are 4% higher than 2022-23.
- Higher acuity categories calls continuing to contribute a greater proportion of on-scene responses than in 2022-23 (+1.3% for Cat 1).
- Time handing over patients to hospitals has reduced by an average of 10 minutes from 2022-23.
- Staff time off (such as sickness, and training etc) within A&E Operations has reduced by 0.8%.

- A&E 999 Operations has continued to recruit new staff and deploy overtime to maximise capacity throughout what has been a challenging year. This year there has been increased scrutiny of our times to handover a patient to the hospital and be ready to see another patient. We continue to work in partnership with system partners to maximise patient pathways.

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

- Recruitment has continued to be an operational priority throughout 2023-24. Increasing the number of clinicians in our Emergency Operations Centre (EOC) has helped in providing additional call handling capacity. This combined with the significant work to increase the number of calls that can be dealt with by phone as part of the hear and treat initiative (when a person does not require an ambulance but a clinician is able to provide treatment and advice over the phone), has led to safer and more sustainable call answering services, ensuring patients get the right care, at the right time. In A&E Operations the increase in staffing has enabled us to put out more ambulances to respond to the increased call volume.
- There also has been additional focus on reducing sickness absence rates in both EOC and A&E Operations.
- In 2023-24 the EOC continues its focus on the health and well-being 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.
- Specific quality improvement work to reduce handover (the transfer of professional responsibility and accountability for some or all aspects of care for a patient) delays has continued in this year 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. There has also been the introduction of the Hospital Ambulance Liaison Officer (HALO) role to support this workstream. The ambulance Pre-Alert, Handover and Preparedness Policy has also been developed and will be implemented later in the year.
- We have developed local clinical hubs in each Clinical Business Unit (CBU) to support with Hear and Treat. We also developed good links with Vocare, and they have been triaging a proportion of calls on a daily basis. In addition, we have also been referring patients to the Urgent Care Response teams (UCRTs) instead of sending an ambulance response.
- To further support performance improvement, with a specific remit of maximising availability of our front-line crews, a specific group of staff have been recruited to work alongside our Regional Operations Managers (ROC). They are in post to support our front-line crews and resolve any issues that could result in them not being available to respond to the next emergency call. They are also there to ensure our front-line crews health and wellbeing is supported throughout their shift.

Care of ST Elevation Myocardial Infarction (STEMI) Patients and Care of Stroke Patients (YTD Jan 2024)

Reported Quarterly	YAS Most Recent Submission	National Average	Highest Quarter	Lowest Quarter
Proportion of STEMI patients who receive an appropriate care bundle	69.6%	76.4%	70%	52%
Proportion of Stroke patients who receive an appropriate care bundle	93.9%	97.7%	94%	93%

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

ROSC (Return of Spontaneous Circulation) and Survival to Discharge	YAS	National Average	Highest Month	Lowest Month
ROSC	34%	28.3%	34%	27%
ROSC - Utstein	66%	52.2%	66%	45%
Survival at 30 days following a cardiac arrest	12%	7.8%	12%	8%
Survival at 30 days following a cardiac arrest - Utstein	37%	31.4%	37%	17%

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.
- With improvements seen against the national average for survival to discharge, YAS will continue to audit and monitor these figures, in line with national reporting.

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 has 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.
- Wider learning relating to public health influences is to be incorporated into this process.
- Feedback of the learning to operational staff proposed through infographics.

YAS reported 8,242 patients who were recognised as life extinct (or paediatric cardiac arrest, including ROSC) during 2023-24. Please see table 1 for breakdown of number of trust deaths by month.

- Of these deaths, 613 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.

Month	Incident Count	Clinical Reviews
Apr-23	684	54
May-23	664	40
Jun-23	615	46
Jul-23	609	63
Aug-23	599	44
Sep-23	606	56
Oct-23	709	59
Nov-23	691	62
Dec-23	839	65
Jan - 24	813	42
Feb - 24	680	45
March - 24	733	37

Table 1. number of learning from death reviews per month.

Staff views on standards of care

NHS Staff Survey Results

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

Theme	YAS 2023	YAS 2022	YAS 2021	YAS 2020	YAS 2019	YAS 2018	+/- 2022-23	Sector average 2023	YAS vs 2023 Sector +/-
1. We are compassionate and inclusive	7.0	6.8	6.5	-	-	-	0.2	6.9	0.1
2. We are recognised and rewarded	5.4	5.0	4.9	-	-	-	0.4	5.4	=
3. We each have a voice that counts	6.1	6.0	5.9	-	-	-	0.1	6.0	0.1
4. We are safe and healthy	5.7	5.4	5.3	-	-	-	0.3	NA	NA
5. We are always learning	5.1	4.7	4.1	-	-	-	0.4	4.9	0.2
6. We work flexibly	5.5	5.3	5.2	-	-	-	0.2	5.3	0.2
7. We are a team	6.3	6.1	5.6	-	-	-	0.2	6.2	0.1
8. Staff Engagement	6.2	6.0	5.9	6.5	6.6	6.3	0.2	6.0	0.2
9. Morale	5.7	5.4	5.3	6.0	6.0	5.7	0.3	5.3	0.4

At a local level, all themes have improved from 2022. Our results show all but one theme score higher than the sector average, with this theme equalling the average. Due to national data issues, the sector average for 'We are safe and healthy' cannot be reported on this year. 'We are always learning' and 'We are recognised and rewarded' saw the biggest increase year on year, both showing 0.4 increase. 'We are compassionate and inclusive' and 'We are a team' achieved the highest scores (7.0 and 6.3) with both scores being 0.2 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) - People Pulse Survey

The National Quarterly Pulse Survey was first implemented at Yorkshire Ambulance Service NHS Trust in January 2022, replacing the Staff Friends and Family Test. In 2024, it was decided by YAS, to use the title 'People Pulse' as NHS England use this and the 'NQPS' interchangeably, and 'People Pulse' emphasises our people, in-line with the new YAS strategy.

The People Pulse survey is administered in January, April and July each year. It consists of nine questions, which support the Trust to gain regular insight into staff engagement at Yorkshire Ambulance Service over time.

In January 2024, 992 colleagues completed the survey (this is compared to 519 completing it in January 2023) and was a response rate of 13%. Of those:

- 55% strongly agreed/agreed with the statement 'My organisation is proactively supporting my health and wellbeing'.
- 61% strongly agreed/agreed with the statement 'I am enthusiastic about my job'.
- 42% strongly agreed/agreed with the statement 'I feel well informed about important changes taking place in my organisation'.
- 67% strongly agreed/agreed with the statement 'In my team we support each other'.
- 54% strongly agreed/agreed with the statement 'There are frequent opportunities for me to show initiative in my role'.
- 47% strongly agreed/agreed with 'I am able to make suggestions to improve the work of my team/department'.
- 35% strongly agreed/agreed with the statement 'I am able to make improvements happen in my area of work'.
- 62% strongly agreed/agreed with 'Care of patients / service users is my organisation's top priority'.
- 49% strongly agreed/agreed with 'I would recommend my organisation as a place to work'.
- 61% strongly agreed/agreed with 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'.

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 adopted Datix Cloud IQ as our main incident reporting software during 2020. This software provides advanced tools to identify and monitor themes and trends in data to allow for system wide training and developments to respond to areas of risk

or areas requiring improvement appropriately. The following information shows the incidents that have been reported through the Datix 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	TOTAL
Apr-23	444	35	90	68	47	684
May-23	504	40	84	74	31	733
Jun-23	475	29	81	67	37	689
Jul-23	558	56	88	85	40	827
Aug-23	542	42	97	103	40	824
Sep-23	502	49	109	84	31	775
Oct-23	585	44	113	106	37	885
Nov-23	604	48	114	125	46	937
Dec-23	644	50	75	104	52	925
Jan-24	635	47	83	93	32	890
Feb-24	631	53	90	79	27	880
Mar-24	607	53	104	67	34	865

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 - 23	May- 23	Jun- 23	Jul- 23	Aug- 23	Sep- 23	Oct- 23	Nov- 23	Dec- 23	Jan- 24	Feb-24	Mar-24
Patient related incidents	217	211	202	251	230	259	293	333	325	279	278	257
Patient Incidents – Major, Catastrophic, Catastrophic (death)	5	6	7	5	5	4	5	8	10	4	4	12

Major, Catastrophic, Catastrophic (death) % of reported patient incidents	2.3%	2.8%	3.5%	2.0%	2.5%	1.5%	1.7%	2.4%	3%	1.4%	1.4%	5%
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Source Integrated Performance Report Please Note: Patient Incidents - Major, Catastrophic, Catastrophic (death) figures are verified up to February 2024. This data is subject to a two-month validation cycle to allow for adjustments and changes in the published information.

A total of 3135 patient incidents were reported in 2023-24; this was an increase on 2022-23 which saw 2,922 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 two dedicated FTSU Guardians and 10 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.
- Local governance and ICB area-based devolution of incident management has been achieved through PSIRF implementation, thus leading to greater awareness and ownership of patient safety and learning opportunities.

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

- The Trust's Quality and Safety team has continued to utilise the 'After-Action Review' (AAR) approach throughout 2023-24 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 successfully reduced delays to investigation. With the introduction of PSIRF in October 2023, the Trust was in a well-placed position to move forward with new learning responses having used AAR for many months previously.

- 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. Throughout 2023, colleagues within the quality team involved with family liaison have participated in focused learning and co-production of a local pledge with 'Making Families Count'; a charity supporting families throughout healthcare investigations.
- 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 – this takes place within the newly devolved Local Incident Review Group structure weekly. As per PSIRF guidance, cases highlighted as moderate and above in severity are discussed at Central Incident Review Group, with a decision ratified as to which learning response will be proportionate for the Trust response.
- 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) / Patient Safety Incident Investigations (PSIIs).

	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	PSIRF Introduction	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Operations A&E	6		7	9	4	1		2	1	0	0	0	0
Operations EOC	5	7	1	2	4	1		0	1	0	0	0	0
Patient Transport Service (PTS)	0	0	0	0	0	0		0	0	0	0	0	0
Integrated Urgent Care (IUC)	0	1	0	2	0	0		0	0	0	0	0	0
Other	1	0	0	3	0	3		0	0	0	0	0	0
TOTAL	12	8	8	16	8	5		2	2	0	0	0	0

Source: Integrated Performance Report

All incidents coded as moderate harm or above are reviewed by the locality Area Clinical Governance Lead and escalated where appropriate for review at Local Incident Review Group (LIRG) & Central Incident Review Group (CIRG) if appropriate, for consideration of proportionate learning response.

YAS declared 57 serious incident investigations in 2023-24 before transitioning to PSIRF in October, where escalation of cases to a defined national escalation report ceased; replaced with locally identified learning responses (which can include a detailed incident report).

It is a source of concern for the Trust that serious incidents have risen year on year since 2019, with many themes pointing towards an increase in harm associated with delayed response as a result of system-wide healthcare delays.

	2023-24 Q1	2023-24 Q2	2023-24 Q3	Total
Corporate	1	0	0	1
Humber and North Yorkshire	11	9	3	23
South Yorkshire	8	9	0	17
West Yorkshire	8	11	1	20
TOTAL	28	29	4	61

A breakdown by Integrated Commissioning Board is shown here by quarter (*Source: RL Datix*)

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.
- The Trust Learning Group reviews all serious investigation reports and cases associated with potential and actual patient harm.
- During 2024-25, the Patient Safety Incident Response Framework will continue to be introduced within all NHS providers of care. This replaces the Serious Incident Framework (2015) and aligns investigation methodology with the specialist national investigation team at Health Services Safety Investigations Body. YAS's transition to Patient Safety Incident Response Framework (PSIRF) occurred during the allotted timeframe and progress to embed the new process continues at pace.
- 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 PSIRF. Colleagues in investigation roles will be required to have professional skills and qualifications relevant to patient safety investigation and work to procure this provision has resulted in planned courses within Q4 of 2023-24.
- 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 Health Services Safety Investigations Body (HSSIB). 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.

- The Trust 'Patient Safety Specialists' are currently completing Levels 3 and 4 of the programme by means of distance and in person learning with Loughborough University.
- 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 HSSIB, 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 a rapid process improvement workshop at Hull University Teaching Hospitals NHS Trust and continue to undertake 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 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
	104	116	134	131	122	105	133	128	181	145	134	125

Source Integrated Performance Report.

A total of 1,558 medication incidents were reported in 2023-24.

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

There has been fluctuation in the number of incidents across the year, we have seen an increase in out-of-date medicines and stock issues identified during audit, which can be attributed to staff not adhering to the start and end of shift medicines process. Work is ongoing to improve adherence and accountability. The Medicines Optimisation Policy has been reviewed and once approved will be entered into the electronic staff record (ESR) staff will be notified and will have to sign to declare they have read the policy. Competency frameworks for the controlled drug process and non-controlled drug processes have been added to the policy for use by the Team Leaders to ensure staff understand the policy.

Freedom to Speak Up (FTSU)

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, bullying and harassment and anything that gets in the way of them doing a good job within the Trust.

The Trust is committed to listening and learning from patients, relatives, and staff alike. Freedom to Speak Up: An independent review into creating an open and honest reporting culture in the NHS Francis Report 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 appointed a second, full time Guardian into role early July following recommendations in the NGO report *Listening to Workers – A Speak Up Review of ambulance trusts in England* on 23 February 2023.

At Yorkshire Ambulance Service all staff, volunteers and contractors can raise concerns directly with the Trust's Guardian's by phone or through a dedicated confidential email address. There is also a dedicated network of 10 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:

- Ongoing engagement plan including drop-in sessions conducted by the Guardians and Ambassadors.
- Changes to mandated training has been implemented to increase awareness and following recommendations from the non-governmental organisations (NGOs).
- Recruitment of second FTSU Guardian and ongoing review of Ambassadors across the trust in alignment with NGO guidance.
- Speak Up Month campaign carried out by Guardians and ambassadors throughout October.
Working with OD to build learning from concerns and staff views collected during Freedom to Speak up Month.
- We supported several teams within the trust during a Rapid Process Improvement Workshop for safeguarding allegations ahead of the sexual safety charter release.
- Work is continuing with several teams to deliver action plans arising from reviews.



- In the current year and continuing into 2024-25 we will be focusing on the collation of feedback from staff who have raised concerns.
- Regular reporting to Trust Board and People Committee on issues, themes and actions undertaken.
- Guardians have been facilitating leadership awareness sessions across the trust.



“I know that you spend your working life helping people, and I’m sure most of them are really appreciative of what you do, so you have heard the words ‘thank you’ many, many times before. However, I want to add my own ‘thank you’, and it comes from the bottom of my heart. I am the elderly lady who fell and injured her face on Christmas Day – you came to attend to me at about 4pm. I am so very grateful to you for the reassurance, care and kindness that you showed me. I know that you made every effort to get me to hospital as quickly as possible, and then made certain that my treatment started straight away – I am sure that you saved my life.”



“Thank you for visiting our nursery and reception classes at Beecroft Primary School. Your paramedics were all so knowledgeable and engaging and interacted with the children at the appropriate level. The visit prompted work across the curriculum and resulted in high quality reading, role play, art/design and technology. Bringing equipment into the classrooms sparked the children’s imaginations and allowed all the children to work practically. Looking at, and using the splint, helmets and bandages supported the children’s understanding, especially the children with English as an additional language, as they were able to have memorable experiences first hand. All children were able to go inside the ambulance and seeing the lights and hearing the siren was the highlight of the morning. We have attached some letters and pictures from the children and hope to see you again soon.”



South Yorkshire Police wanted to pass on their thanks and gratitude to the Hazardous Area Response Team (HART) who responded and supported them throughout the 36-hour incident that occurred in Sheffield recently. The job involved a person with mental health issues who had secured themselves in a crane on top of a building site. HART provided support and a specialist capability to the Police throughout this incident and involved both the day and night teams with support from the training team. South Yorkshire Police wanted to pass on their appreciation for HART’s specialist support, professionalism, and expertise throughout this challenging incident.

Performance against Priorities for Improvement 2022-23

Priority 1
Lead: Simon Davies, Head of Investigations and Learning
Patient Safety: Implementation of the National Patient Safety Strategy and the new Patient Safety Incident Response Framework
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: The Trust has made good progress in developing the programme of change required to fully implement the new national Patient Safety Strategy. As planned in the previous year, the Trust fully implemented PSIRF and the Learning from Patient Safety Events (LFPSE) service during the financial year, aligning all internal governance processes to the revised framework and expectations, whilst closely working with Integrated Care Boards (ICBs) partners to complete and approve all remaining work under the current Serious Incident Framework (SIF 2015).
Priority 2
Lead: Lesley Butterworth, Head of Nursing and Patient Experience
Patient Experience: Learning Disabilities and Neurodiversity
<p>Benchmarking the Trust position against national and local Learning Disability and Neurodiversity initiatives to identify gaps and improvements by working with local, regional, and national groups. Action plan produced from this research. However, further work is required around data collection and identifying themes.</p> <p>We are developing staff through training and education, including the roll out of Oliver McGowan Mandatory Training. This is mandatory e-learning for staff to complete. We have a pilot underway with West Yorkshire Integrated Care Board. We have a recruitment process underway, which will facilitate the delivery of the second part of the Oliver McGowan Mandatory Training. And we have also initiated Staff Confidence Survey to understand the training and education needs for staff.</p> <p>We are reviewing internal and external communications to ensure they are accessible for people with learning disabilities and those who are neurodiverse. We are offering and producing key communications/documents in an easy read format.</p> <p>We have developed a YAS co-production group with people who have lived experience to support service improvement and delivery. This includes supporting and working with our Critical Friends Network in relation to improvements / ideas. Also linking in with regional</p>

Integrated Care Board co-production groups and utilising Disability Action Yorkshire and the five Community Groups to work with lived experience people for improvement.

We have developed effective partnerships with local agencies, charities and support groups to improve care and outcomes by linking in and working with national, regional and local agencies, charities and support groups. We have attended at various board and steering groups. We have worked with YAS Community Engagement Team to co-design and co-produce awareness raising workshops with community support groups and Special Needs Schools. The Community Engagement Team will continue with delivering the sessions for a 12-month period and re-evaluate against the work already undertaken.

Peer support groups have been set up to enhance the Disability Support Network and provide support for staff who have a learning disability or who are neurodivergent.

A pilot for digital reminiscence therapeutic care solution for those travelling in YAS vehicles has been running since April 2023 across the region with approximately 2250 hours usage with positive feedback. The pilot evaluation is underway.

We have reviewed the recruitment process to improve and remove barriers for learning disabled and neurodivergent people. We identified some quick wins and mid to long term improvements. The identified improvement actions are now included in the Diversity and Inclusion plan to progress.

We have learned from incidents which relate to people with learning disabilities and neurodiverse people to improve our service and protect both patients and staff from harm.

We also have a task & finish group working on, monitoring, reviewing, and learning from incidents, identifying themes and trends and sharing the learning and ensuring it is embedded.

Priority 3

Lead: Mark Millins, Associate Director of Paramedic Practice

Clinical Effectiveness: Implementation of our Resuscitation Plan

We have completed the establishment of YAS as an accredited Advanced Life Support (ALS) training centre.

The first Advanced Life Support course will run on 10 and 11 April 2024 and is live on the Resuscitation Council website and faculty and student are currently being recruited to the course.

We are in the process of implementing the Good Smartphone Activated Medics (GoodSAM) module into our computer system (we are reliant on an external supplier for this work and can't progress until it is completed). An implementation plan is in place so we can progress at pace as soon as the software module is installed.

We have expanded resuscitation audit is on the audit plan for 2024-25

We are supporting further use of Community First Responders and bystander CPR. Embedded as business as usual.

We have implemented the Specialist Paramedic Critical Care Desk to provide senior support to crews on scene. A clinically led dispatch model for cardiac arrest is being developed and expected to be implemented by April 2024 to effectively target our resources to the calls that need them most based on clinical need.

Priority 4

Lead: Lesley Butterworth, Head of Nursing and Patient Experience

Clinical Effectiveness: High intensity user groups

We continue to further develop the internal Multi-Disciplinary Team meeting to incorporate security and risk, medical flags patient liaison and complex patients. The team has reorganised the workload to align to the new Integrated Care Board areas for both individual and care-home work. Meetings are planned to strengthen links with our internal system partner leads and clinical leads to discuss future ways of working. Patients with complex needs and/or difficulty in engaging independently to meet their own needs are managed on an individual case management basis. All referrals from external agencies are directed to the team for support in facilitating complex support. An expert in care home liaison is allocated to each Integrated Care Board as part of the outreach team. We have upgraded internal systems to support workload moving forward to include paediatric liaison.

Performance against 2023-24 CQUINS (Clinical Quality Improvements Indicators)

A&E CQUINS

As a national requirement, 2023-24 contracts include CQUIN schemes.

The Executive Director of Quality and Chief Paramedic has overseen the development of the CQUIN schemes across all relevant contracts. A&E CQUINS For 2023-24 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 2023-24 CQUIN scheme.

Local 1 Patient Safety Incident Response Framework (PSIRF) Transition – quarterly milestones from Q1 1% weighting

All agreed steps for the Local 1 CQUIN have been achieved, with early progress on the Q3 and Q4 elements being completed in line with PSIRF transition processes in Q2.

The Trust expects full compliance by the end of Q4 with the CQUIN scheme in respect of the Local 1 programme.

PTS (Patient Transport Service) CQUIN

As part of the 2023-24 CQUIN YAS PTS developed an application to record, store and electronically share individual patient risk assessments. This ensures that frontline crews consistently have access to risk assessment information prior to arrival with the patient, leading to fewer delayed and aborted journeys.

The application is accessible to team leaders to create an electronic risk assessment document which, in turn, is then automatically stored as a pdf and immediately visible to operations staff as part of the patient's journey information. This has been developed within the PTS journey management system called Cleric, which is available on the individual-issue smartphones held by operations staff. The previous process was paper-based and completed assessments were held in a shared folder which meant that relevant information was not readily available to view for the staff who are transporting the patient.

This project also supported the NHS Long Term Plan, the paperless agenda, and 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.'

Emergency Preparedness, Resilience and Response (EPRR)

The Special Operations team developed and ran three large-scale live play exercises in York, Leeds, and Castleford. These gave the Trust a good opportunity to test its response to terrorist incidents and amend plans accordingly. The team's focus was on progressing the recommendations from the Manchester Arena Inquiry, Volume 2 report published in November 2022 as well as ensuring that the Trust continues to meet the requirements of the national EPRR core standards. As well as improvements to emergency plans and other arrangements made during the year, further improvements have been identified that will be the focus of the team for the next 12 months. A funding uplift was provided for the Hazardous Area Response Team (HART) in 2023-24. Each of the teams will receive an additional HART paramedic, which will increase the resilience of this specialist unit which is able to provide clinical care in hazardous and high-risk environments.

The partnership between YAS and Yorkshire Air Ambulance moved to a Specialist Paramedic Critical Care/Paramedic Critical Care model working permanently on the unit with a small number of seconded staff. These staff have been recruited and this has maximised the availability of both aircraft. The Charity has recruited a Medical Director and a Clinical Governance Manager to support the work of the clinical staff and ensure a focus on quality and standards. Finally, the Business Continuity Team has successfully supported the Trust in maintaining certification against ISO 22301, which provides a high level of assurance around the preparedness of YAS to manage any business continuity incidents.

A&E Operations

Recruitment

Ambulance Support Worker (ASW)

West Yorkshire – The team has established recruitment days to provide an informative day for prospective candidates. The days provide an overview of the organisation, values, career pathway and the ASW apprenticeship. It provides an opportunity for candidates to learn cardiopulmonary resuscitation (CPR) from Community First Responder colleagues and talk to an operational member of staff in an ambulance environment. This has provided an established pipeline of candidates into the organisation.

South Yorkshire- Our main focus this year has been with the 16–19-year-olds and promoting our service to this cohort of our local population. We have been working closely with the local colleges and the Military Preparation College for Training and encouraging applications to our ASW role.

North and East Yorkshire- We have managed to build a strong pipeline of staff for this role with local recruitment initiatives.

Paramedics

West Yorkshire- We have developed excellent links with Bradford and Huddersfield universities and their recruitment day is attended by senior managers and clinicians to discuss career opportunities and the Newly Qualified Paramedic programme.

South Yorkshire- We have excellent links with Sheffield Hallam University and meet with prospective applicants throughout their university journey.

We are developing a recruitment engagement programme to engage with further education and community groups, promoting the service as a prospective employer alongside the new apprenticeship progression programme.

North and East Yorkshire- We have been fortunate to recruit paramedics from Australia into our area, twenty-one staff joined us in June/July 2023. They have settled well and are supported by dedicated pastoral care leads.

New staff rosters

We have been collaborating with staff and scheduling all year to develop new operational rosters across all areas to be introduced on 1 April 2024. The new rosters have been an opportunity to realign to demand and our current workforce and for staff to influence the rosters to ensure they support health and wellbeing. In Hull 50 staff will be trialling a new rota based on a model used in London. This will give us good coverage on all seven days.

Team based Working

West Yorkshire- Work has continued to embed the team based working model. Increases in team leader establishment have provided opportunities to provide more resilience and staff support. Leaders are developing succession planning and development opportunities to ensure our leaders are aligned to the principles of the people strategy.

South Yorkshire- Work has continued to embed the team based working model, including the roster work in area. Team Leader numbers have increased in line with increases in the workforce, providing additional resilience and support to wellbeing.

North and East Yorkshire- We have had a bit of mobility within this role and have worked hard to offer stability to our frontline teams and recruit from our local pool of staff who will stay in role for the duration appointed. Stability of this role has been a key priority.

Investment days

Staff investment days led by the team leaders have been well received by staff and we been able to deliver learning guided by local clinical themes and trends. One of the topics in all areas was the roll out of “Say Yes to Respect” which has stimulated some excellent debate in peer led groups. Our new rosters will help plan these in a more coordinated way.

People and Culture

West Yorkshire- We have developed a People and Culture Group supported by organisational development. The group meets quarterly to discuss its alignment to the staff survey results and our associated action plan.

South Yorkshire-The ‘Say Yes to Respect’ programme has been rolled out to a considerable proportion of staff within South Yorkshire, through both investment days and additional learning sets delivered by the leadership team. The discussion and debate within staff peer groups during these sessions has enlightened the workforce.

North and East Yorkshire- Alongside the ‘Say Yes to Respect’ programme, we are also trialling ‘Future Ways of Working’ at Harrogate Ambulance Station.

Local Incident Review Group (LIRG)

West Yorkshire becomes a test area to devolve responsibility for incident management to CBU level to ensure oversight, local ownership and associated actions. The group will develop themes or trends that will inform our action plan for learning and quality improvement.

South Yorkshire has embedded the group, and it continues to develop. The local leadership team has embraced this process.

North and East Yorkshire-Similar to the other areas we too are embedding this new way of working. We have allocated additional administrative support and extra clinical expertise via a team leader offering 50% of their time to incident management.

Remote Working

West Yorkshire - Clinical Hub - Keighley

We have developed a remote clinical hub based out of Keighley Ambulance Station. Staff based in the Airedale and Craven area are geographically challenged when the majority of Emergency Operations Centre opportunities are Wakefield based. The remote hub has enabled us to tap into the local clinical workforce to introduce this new operational model. We have invested around £30k in repurposing a redundant standby cabin into a state-of-the-art remote hub facility with three clinical advisor workstations to manage category 3 and 4 demand. We currently have 3.5 whole time equivalent staff trained and operational to evaluate and assess its impact on patient experience and outcome.

Crew line

West Yorkshire will continue to provide crew line assistance to reduce on scene delay, support crews with clinical decision making and support NQP's to discharge on scene to other health care professionals. The service runs out of Manor Mill. South Yorkshire has a similar service operational, and advice given by local crews has been well received. Hull and Fairfield are where the service is located for North and East Yorkshire.

South Yorkshire- There is a remote clinical hub in the Sheffield place, this is a developing and expanding project. The crew advice line is very well established in South Yorkshire, allowing peer support and guidance.

North and East Yorkshire- Our bases are in Hull East and Fairfields, this service has been well received by staff. It also is an opportunity to enhance the skills of our paramedics.

Hospital Ambulance Liaison Officers (HALOs)

Work has been undertaken to expand the number of Hospital Ambulance Liaison Officers across all three CBUs' as follows:

West Yorkshire has recruited 6 HALO managers to support patient flow and crew delays at our key hospital sites at key times. South Yorkshire has recruited 5 HALO managers.

In North and East Yorkshire, the main hospitals in Scarborough, Hull and York have an assigned HALO.

The role will focus on reducing handover, crew clear delays and supporting crews with alternatives to A&E, and supporting maximising the amount of time our crews have to respond to patients waiting. These staff are also present if we need to escalate to use of cohorting patients so that some ambulances can be released from hospitals when there are prolonged handover delays.

Mental Health support

Response Vehicle – the Mental Health Response Vehicle scheme has been extended to the Bradford area. The scheme provides an alternative response to patients in crisis with additional support from specially trained staff with access to mental health pathways.

The South Yorkshire scheme continues in Maltby and has been extended to the Sheffield area. In North and East Yorkshire, the scheme operates from York and Hull and provides an essential service to some of our patients with mental health concerns in the geographical patch. This year we have also recruited to six Specialist Paramedics in Mental Health, three for Wakefield, two for Bradford and one for York. Over the next year they will commence their bespoke training to develop the necessary skills for this enhanced role.

Local Pathways Lead

With the devolved governance in the localised areas North and East Yorkshire have temporarily appointed to a localised team of pathway managers and coordinator to develop additional alternative pathways. This increases the capacity for the centralised pathways team to focus on data collection and provide strategic leadership. The other areas have not yet appointed to these roles.

Emergency Operations Centre (EOC)

A&E call handling and dispatch – action from learning

- Work on ineffective breathing descriptors continued and has shown a positive improvement in identification of these with a reduction in missed descriptors from 10 to 1 recently with ongoing learning planned to continue with these low numbers. Also identified as a key theme for the Trust through the Patient Safety Incident Response Framework.
- Call answer times were a major contributory factor in a number of incidents. Due to improvements in staff retention and training and efficiencies in on day management these delays have significantly reduced.
- The YAS Emergency Operations Centre has made proposals to change to the International Academy of Emergency Dispatch regarding the rephrasing of protocol questions following learning from a serious incident which had Health Services Safety Investigation Body and Coronial involvement. This change has been accepted by the academy and will feature in future updates.
- The Emergency Operations Centre team has implemented an assistance card system for our emergency call handlers. This resulted from an incident where the call handler struggled to obtain an address from the caller. Through the After Accident Review it was identified that other team leaders in the Emergency Operations Centre may have been able to assist. So, by allowing call handlers to signal the nature of their problem quickly the right assistance can be sought. This was a process change led by staff from within the room.
- Process change to dealing with paediatric ReSPECT forms put in place following a near miss incident, this allows for a category 1 response to be maintained whilst a clinical transfer is made allowing for a response alongside a compassionate conversation about the parents' wishes with respect to the treatment to be rendered to the child.
- The Clinical Hub has undergone training in relation to the Montgomery Principles something which had been identified through audit there has been a positive response, and the audit reflects this.
- The action cards and critical incident activation guidance for command incidents has been reviewed and updated in light of learning from the Manchester Arena Inquiry and following exercising and input from teams across YAS with the plan to make it much simpler and easier for deployment.

Process developments

- The Emergency Operations Centre continues to make good progress with its PUSH model with 41 referral endpoints now establish. Referrals averaged 87 per day in January 2024 up from 79 in December 2023.
- PUSH+ model trialled and in place with certain teams whereby they are notified via automatic text message to incidents within their area which may be of interest to them.
- The Clinical Navigator role has now been banded at band 7 AFC and is attracting widespread interest. This has allowed us to staff the downstream navigator position robustly and operate category 2 segmentation between 0800-1600 regularly with a view to increasing this.

- Our safety calling procedure has been automated to allow it to be housed within our computer system making the questions flow much more easily for call handlers and allowing for it to be deployed by non-Advanced Medical Priority Dispatch System trained staff.
- We have continued to try and ensure the right calls are answered by the right people within the Emergency Operations Centre. We have developed two 'Hotkeys' these allow for calls from Health Care Professionals to be quickly transferred to urgent call handlers freeing up our emergency call handlers and also for calls to urgent call handlers which require urgent assistance to be passed without delay.
- Dispatcher audit has now been established allowing us to robustly audit and feedback on dispatcher performance. This brings with it all the benefits of any auditing system and has already allowed for learning to be identified proactively and also brought about changes to practice.

Staffing

- The Emergency Operations Centre Health and Wellbeing team now manage all Emergency Operations Centre staff absence and have continued to have a positive impact since its inception with the rate of absence continuing to fall and the duration of periods of long-term absence also reducing dramatically. They are now substantive members of staff and will look to focus into the preventative space in the coming year.
- York Emergency Operations Centre refurbishment is complete, and work is ongoing to increase our staff base in the York area. The room is much more cohesive and allows for greater numbers of clinical staff to operate from York.
- Emergency Operations Centre recruitment pipelines continue to be strong and attrition rates have dropped particularly in our call handling workforce. The Training Team continues to re-evaluate the initial training offering with a view to reacting to the outputs seen and has recently increased mentorship for new call handlers following feedback ensuring our people feel adequately equipped to carry out their duties.
- A proposal has been submitted to allow an automatic gateway for all call handlers to access the Band 4 enhanced Emergency Medical Dispatcher role. It is expected this will improve retention and provide a viable career path allowing YAS to retain call handling talent rather than lose it to dispatch or operational roles.

Community Resilience

At the beginning of the year Community First Responders came together from across the region to network, share best practice and develop their skills and knowledge with taught continued professional development sessions to use what they had learnt out in the field. This resulted in Community First Responders providing over 210,000 hours and attending in the region of 20,000 patients this year.

We successfully rolled out new phones along with the National Mobilisation Application dispatch application to over 300 Community First Responders schemes across the region, to enable them to receive incidents and respond to patients. The rollout enabled us to dispatch more

quickly and accurately due to being able to track their location. We also introduced Category One Resource Allocation enabling us to automatically dispatch Community First Responders to category one patients. This resulted in a 50% increase in activations and a 30% increase in first on scenes.

We have invested just short of £500,000 replacing all Community First Responders scheme defibrillators with the latest technology that gives their feedback both on scene and after. This has increased the quality of both training and debriefing through feeding back the quality of Community First Responders compressions.

We have continued our work on volunteers attending our fallen patients through the NHS Charities Together funding where we have attended 1,129 category three fallen patients reducing ambulance conveyance by 49% for this specific group of patients. By attending these patients, we have been able to reduce the amount of time patients attended are lying on the floor by 50%. Through this work we have also trained 89% of all Community First Responders have been trained in moving and handling patients



Community Defibrillation

Community Public Access Defibrillators (CPADs) along with education have played a vital part in our communities, increasing the chances of patient survival by early recognition and defibrillation.

The uptake on our Community Public Access Defibrillators familiarisation sessions has been very successful in 2023; with over 100 sessions being delivered with just under 2,000 people attending in total.

2023-24, there are 6,724 defibrillators registered on The Circuit in Yorkshire. This is an increase of 50% from last year.

Between 1 January and 31 December 2023, we increased our Community Public Access Defibrillators activations by over 108% with a total of 10,463 activations through The Circuit and 193 activations through our legacy data defibrillators where our work will continue support these sites to register on The Circuit.

Seasonal Planning

Each year the Trust is required to produce a winter plan which considers anticipated increase in demand against the forecasted capacity. This year we have commenced the shift towards seasonal planning and produced our first seasonal plan, covering the six-month period from

October 2023 to March 2024. This plan is supported by a tactical plan and puts in place several actions to mitigate operational pressures whilst maintaining a high-quality service for our patients. The Trust continues to work closely with system partners to ensure any actions taken are supportive of the wider health economy, and do not increase demand in another part of the system. Progress against any action plans is monitored via the Operational Resilience Oversight Group and outputs reported back into the Trust Executive Group.

The tactical plan has included several actions to mitigate against the predicted high demand. This included the provision of additional private providers to operate as low acuity crews to provide interfacility transfers and discharges. Joint working across operations and IUC enabled harmonisation of call taking scripts across 999 and 111 during times of peak demand. Operational Resilience Oversight Group will continue to focus on evaluating the impact of tactical actions to inform learning for future tactical plans, embedding a continuous improvement cycle approach.

As an urgent care system partner the Trust has continued to work closely with other providers across all THREE Integrated Care Boards, particularly the urgent crisis response teams, embedding learning from 2022-23 to further enhance our 'push model' to allow patients to receive the right care without hospital attendance. This push model has also seen the introduction of support workers to make the referral allowing our clinicians to focus on the clinical queue and this has proven extremely successful.

The industrial action taken by staff in the health sector (Doctors, Allied Health professionals and Nurses) throughout 2023-24 did not have any negative impact on YAS'S emergency response. During winter we experienced less demand than anticipated and without having to declare any critical incidents.

Patient Transport Service (PTS)

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

Between April 2023 and March 2024 PTS has operated 681,456 journeys (including abortions and escorts). This is a 2.3% increase to the same period in 2022-23. Since May 2023, PTS demand has continuously been above 73,000 journeys per month. November 2023 saw the highest demand levels (80,702) over the past two years.

In Quarter 2 PTS introduced new dedicated Planning Desks for discharge journeys. This has had a positive impact on outwards performance. The average monthly KPI for performance since these desks were introduced was 85.4% as opposed to 78.6% in Quarter 1, a 6.8% increase.

Call performance has also been on an upward trend since September 2023. There was a call handler recruitment drive in November 2023, with 7.8 fulltime equivalent (FTE) positions extra now working in comparison to April 2023. In December 2023, the calls answered in 180 Seconds KPI was 74.5%, the highest it has been since January 2022.

PTS continues to support 999 through the Integrated Transport Programme. On average since July 2023, 1,377 A&E journeys have carried out by PTS per month. This is a 28.5% increase to the 2022-23 average.

Year-to-date PTS has delivered 549,732 journeys and is expected to have delivered 730,312 patients by the end of 2023-24.

PTS Reservations have had 361,851 bookings (online and telephone) come into the service so far in 2023-24. That's a 3.8% increase on the same period in 2022-23. From April 23 – Dec 23, 514,432 bookings have been made. 331,343 of those bookings were made by telephone.

The number of patients travelling with infections has been steadily increasing in quarters 2 and 3, however remains well below the number of infectious patients during the height of the COVID-19 pandemic. This is usually the case in the winter months and follows similar patterns of previous years.

PTS strategic and transformational priorities are:

1. Implementation of patient eligibility criteria following NHS England review and guidance for standardising and updating
YAS PTS Senior Leadership and Programme Management are working with the three Yorkshire and Humber Integrated Care Boards (ICBs) to standardise patient access to the non-emergency patient transport service (NEPTS) for West Yorkshire, South Yorkshire and Bassetlaw; Humber and North Yorkshire Integrated Care Services (ICSs).

Following on from the successful West Yorkshire Pathfinder Project in 2022-23, YAS has begun to support the Yorkshire and Humber ICBs to implement the requirements of the NHS England (NHSE) and NHS Improvement (NHSI) review of Non-Emergency Patient Transport Services (NEPTS).

A YAS programme manager is supporting the Yorkshire and Humber ICBs and YAS in collaboratively developing the question set for implementation alongside effective signposting for non-eligible patients and a robust appeals process.

Although a start date has not yet been decided, YAS colleagues are working to prepare for implementation. Work which includes, full system testing and development, undertaking robust quality, equality and health impact assessments, and the development of a comprehensive training package for staff to effectively implement the new question set and for this to be sustained moving forward.

YAS is also leading the development of a Communication and Engagement subgroup whose purpose is to ensure that communications and engagement is effective, thorough, and consistent.

The aim of the programme is to ensure that, through the implementation of a single criteria which meets the overarching principles of eligibility, a consistently more responsive, fair, and sustainable NEPTS can be provided for those patients who are unable to make their own way to appointments due to a severe medical or mobility need.

2. PTS Bid Readiness

The objective is to:

- Retain and grow our current PTS contracts
- Retain and grow market share
- Retain our staff
- Maintain our resilience.

In October 2023, we conducted a business continuity exercise to assess our own tender readiness and used a comparable region for a “real” NEPTS tender as practice.

For this exercise, bid management experts were employed to assist and evaluate the bid responses put together by subject matter experts within YAS.

3. PTS Electric Vehicle Implementation Programme

The overall purpose of this project is to transition to alternative fuel vehicles within the PTS vehicle replacement programme by ensuring the smooth delivery and integration of 35 new electric vehicles (10 arriving Q4 2023-24, 25 delivered Q2 2024-25).

To also install the electrical charging infrastructure at identified stations within financial year 2023-24 and make the most efficient use of PTS staff with C1 licences to ensure effective utilisation of the new electric vehicles.

Alternative Resources

PTS continues to be supported by a framework of quality-assured resources at key stages throughout the year. The flexibility of having other transport providers on our framework allows us to respond quickly, and dynamically to ever-changing situations, from extreme weather conditions to the provision of additional support during periods of industrial action.

During the 2023-24 financial year, our private providers undertook 50.2% of all PTS journeys.

The framework is currently made up of 33 active providers:

- 17 private ambulance providers
- 3 community transport providers
- 15 taxi companies.

Our PTS alternative resources continue to support the A&E service line, providing 28 crews transporting patients who, following an emergency call have been appropriately triaged, freeing up valuable frontline A&E vehicles and crews.

Following a comprehensive review, with effect from 1 January 2024, the Alternative Resource Team have also taken responsibility for the contract and governance management of private ambulance providers on the A&E framework. This change will generate operational efficiencies, and further bolster the governance of all our private providers across the wider Trust.

PTS Volunteers

During 2023 and 2024 we focused on ensuring that our volunteers were fully compliant with their statutory and mandatory training. We provided drop-in sessions to help our volunteers complete this training and will continue to hold these sessions going forward.

We have produced a range of promotional materials that we are asking our volunteers to take out with them to help with recruitment and to also gather feedback from our patients about the service we provide.

We have continued to hold the quarterly sessions for volunteers, and we have found that this has had a great improvement on the attendance of the volunteers but also the support they require for any issues that they may have.

During the coming year we will be focusing on the recruitment and retention of volunteers. This will involve going out to hospitals and handing out leaflets (which we have done previously) and also asking volunteers to hand them out to patients and their local communities. We have also had promotional pieces in local magazines to advertise the volunteering role within PTS and we have also made a video which has gone out on social media.

Do you have friends or family that enjoy driving, like meeting new people, and might have some time to spare? Please share our details with them: Tel: 0333 678 4003 Email: yas.vcsrecruitment@nhs.net

In May 2023 volunteers within Bexley Wing at St James's University Hospital, Leeds started to support our PTS staff and volunteers in a portering trial by escorting patients to their appointments.

PTS staff and volunteers assist their patients to the main reception area in Bexley Wing, where they are met by a Way Welcome Volunteer (hospital volunteer) who are dressed in green. Following a brief handover, the Way Welcome Volunteer takes responsibility for the patient and escorts them to their appointment.

This service allows PTS staff and volunteers to go and collect their next patient. This partnership working is intended to enhance our patient's experience, and also reduce the amount of time staff are on site at the hospital.

We are hoping to expand this service to Pinderfields Hospital, Wakefield in 2024 and we are working with several hospitals in North Yorkshire to trial the service in that area.

Key activity and developments within PTS throughout 2023-24

Reminiscence Interactive Therapy Activities (RITA) Pilot at Huddersfield Ambulance Station

At the end of March 2023, several members of PTS staff completed training on RITA, a software solution designed to help reduce distress, agitation, isolation and improve the wellbeing of all patients with a focus on those living with dementia, mental health, learning disabilities, those who are neurodivergent, acute brain injuries and patients with complex needs.

18 tablet devices with RITA installed are being trialled by PTS staff on board their ambulances for several months. By using RITA with patients who are agitated, distressed, in pain, or non-communicative, PTS staff can encourage communication and help their patients to feel more comfortable and at ease.

RITA is pre-loaded on to YAS hand-held devices with appropriate content, such as photographs, music and interactive games and doesn't require Wi-fi or network connectivity. The content, aimed at enhancing the experience of the patient spans various generations and diverse backgrounds, and can easily be searched and selected. RITA also hosts a Show Me Where body map, which allows patients to select a part of the body that hurts and also a Hear Me App that will aid communication between different languages.

RITA can also be used by PTS staff in their downtime to relax and regroup before collecting their next patient or at the end of the day, and it will hopefully improve their health and wellbeing. Welsh Ambulance Service was the first ambulance trust to pilot RITA and have seen great results. YAS is the first in England to pilot this solution.

PTS staff are asked to give regular feedback on their experience of RITA and they also gathered feedback from their patients where appropriate. Following the completion of the trial, it is hoped that RITA will be rolled out into other areas of PTS and A&E operations in the coming months.

Introduction of Patient Safety Incident Response Framework (PSIRF)

In November 2023 the PSIRF was introduced within PTS in response to the NHS England mandate requiring all NHS organisations to focus on learning, taking action and tackling trends, rather than identifying and conducting complex investigations.

PSIRF:

- Allows local teams to take responsibility for learning.
- Focuses on how incidents happen to facilitate wider learning and to prevent them from happening again.
- Offers more opportunities for shared learning experiences.
- Improves the quality of our approach to investigations.

PSIRF will change the way we think, respond, and learn when something has not gone as we would have expected.

Significant changes include:

- Additional questions asked at the incident reporting stage.
- A weekly PTS incident review group will be established with attendance from across all teams, dependant on the incidents to be discussed that week.
- PTS leaders will have oversight over the breadth of incidents.
- New investigation tools will be introduced – the learning response toolkit.
- The Service and Standards team will provide more support with investigations and learning from investigations.

To further complement the introduction of PSIRF and to enable our PTS staff to use this framework to its full potential, our Governance Team designed and implemented a Learning Response Toolkit.

The toolkit is a set of guidance documents and templates to help PTS staff conduct an investigation that is proportionate to the severity of the incident and the learning that can be identified. The different options allow them to spend more time and resources on learning from incidents rather than identifying and investigating them.

The toolkit includes documents and information on huddles, after-action reviews and multi-disciplinary team meetings such as the patient safety incident investigation meeting.

Regular catchups are held with members of the Governance Team to discuss any ongoing incidents.

Repose Pressure Relieving equipment trial.

In September 2023, PTS began trialling eight Repose Trolley Companions and 12 Repose Care-Sits.

The pressure-relieving equipment has been introduced to address the potential harm posed to patients who are at risk of pressure ulcers, or patients who already have existing pressure ulcers.

Always Events

An Always Event seeks to understand what really matters to people who use our service, their families and carers and then work together to produce changes to improve their experience of care.

We are working on Always Events with NHS England and the Institute for Healthcare Improvement.

The aim of the programme was to have 90% of patients in the Leeds area feel satisfied with the information given to them about their journey by December 2023.

As part of this improved experience, PTS ambulance care assistants would give their patient a briefing at the beginning of their journey, including:

- Introducing themselves to each patient upon collection
- Advising how long the journey will take and the destination
- Advising what route will be taken to get the patient to their appointment
- Confirming their appointment time and advise of any further pick-ups en-route

We have been making regular visits to hospital sites to gather and measure data to establish whether the above information was still being given to each of our patients.

This data has now been gathered and analysed and showed that all patients asked were given the required information above at the start of their journey.

Looking forward to 2024, the aim is to roll this project out across the whole of West Yorkshire by March/April and then later into North, East and South Yorkshire. We will continue to visit clinical settings to gather patient data. This will be used to measure sustainability.

Removal of respiratory questions

In line with guidance on living with COVID-19, we have adapted the questions we ask at booking stage for patients with infections. These questions allow us to identify a broader range of infections and plan journeys that continue to protect patients and staff; this includes conveying some people alone and tailoring cleaning regimes appropriately. A support guide was developed by our Infection Prevention and Control and PTS Governance teams to support our call handlers with identifying the most common infections, and our schedulers with planning journeys for these patients.

Our staff have told us that they find the new process easier to follow and the supporting information gives them the confidence to know when a patient should travel alone. Managing this more closely also allows us to safely convey other patients, with lower risk of infections, together and increases our capacity to deliver more journeys for those who need us.

New PTS wellbeing room at Trust headquarters

A new space was created and furnished in April 2023 at Trust headquarters for PTS staff to use as a wellbeing room. The space is designed for PTS staff to have private conversations, appraisals, wellbeing discussions or formal meetings. The room is furnished with a table, chairs and screen for holding formal meetings and presentations, and also with an L-shaped sofa for more informal conversations.

Harnesses for assistance dogs

Last August adjustable safety harnesses were distributed to each PTS locality.

A standard operating procedure (SOP) was also produced to help guide and instruct PTS staff on how and when to use the harnesses and cleaning procedures for after use. These harnesses mean that we can convey assistance dogs more safely for patients who do not have their own; limiting the risk of injury in the event of an accident and reducing stress for patients who rely on their assistance dog. The harnesses can be used for dogs of all sizes and can be easily secured to the seatbelt clip of PTS ambulances.



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

"A patient who is four weeks post cancer treatment wanted to pass on her sincere thanks to the YAS PTS crews who took her to her chemotherapy and radiotherapy appointments. She said that all the YAS PTS staff were very kind and understanding, and all genuine, lovely people. The patient said it was the kindness of the staff that made such a difference to her treatment, and the trips to and from her treatment were an absolute pleasure."

"I have recently required transport to Harrogate Hospital following an accident resulting in a broken leg. There are many steps down to my house, meaning a carry chair has been needed. Throughout my many hospital visits, the staff have been superb – always punctual and cheerful, and I really appreciate their kindness. Also, the call handlers have all been delightful to deal with."

Patient feedback from travelling with a volunteer:

"John who took me to the appointment was such a gentleman and was so lovely to talk to and just made really nice conversation and made me feel at ease going to the appointment."

"I wish to thank PTS who, in my mind, went above and beyond. We struggled initially to find a postcode address for an acute journey, but the member of PTS ensured she would locate and find the address to add to the system. She then called back the following day to advise, and even book the transport, after she had added it to the system. She was friendly, accurate, professional, and engaging - she did what she said she would, and all before 9am. This is a shining example of good care and service."

THANK YOU

NHS 111 Integrated Urgent Care

Service Demand and Performance

For the past financial year to date (up to March 31, 2024) demand was at 1.1% vs. the 2022-23 fiscal year and calls answered were at +4.6%. Calls offered were -6.6% against the baseline forecast. The figures below cover the period April 2023 – March 2024:



- 1,786,561 calls were received.
- 1,591,620 patient calls were answered (10.9% of calls were abandoned).
- 63.4% of calls were answered within 60 seconds.
- Average speed of answer was 124 seconds (2 minutes 4 seconds).
- Average handling time (AHT) was 660 seconds (11 minutes).
- Not Ready Reason Codes (NRRCs) averaged 34.5%.

From the beginning of Q2 (July 2023), we have been outsourcing 10% of our calls through National Resilience to help with demand and this has supported our improved performance trends. Average speed to answer has stayed under 2 minutes every month since August and reached a low in November of 1 minute 17 seconds. The average figure for 2022-23 was 6 minutes 53 seconds, and we ended 2023-24 at 2 minutes 4 seconds, almost 70% faster. The proportion of calls answered in 60 seconds has also shown an upward trend, moving from 49.2% in April 2023 to an average of 68.3% for the months of Q2, Q3, and Q4 and ending with a year average of 63.4%.

- 47.2% of clinical calls received a call back within one hour (target 60%)
- 21.5% of patients received core clinical advice (internally measured – target 30%)
- 40.6% of patients were assessed by a clinician (KPI measured by NHSE – target 50%)
- 42.5% Emergency Department (ED) validations (target 50%)
- 99.5% 999 validations (target 95%)
- 95.4% 999 validations within 30 minutes (internally measured – target 90%)

Of 1,510,047 calls triaged, 12.2% were referred to 999; 4.3% were given self-care advice and 15.3% 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. Dental triage volume for 2023-24 was 48,679 and overall has been trending downwards, with March 2024's figure 7.7% down on that of April 2023.

Overall staffing levels remain below capacity plan, but our recruitment trajectory of 30 FTE per month has been achieved across the year to date. We continue to work with several agencies, with a recruitment campaign that took place in Q4 of 2023-24 currently being reviewed ahead of agreeing next steps. Recruitment at this level will continue to be a priority until Health Advisor establishment is achieved. Clinical Advisor recruitment is also going well with the trajectory for the year being met and an encouraging number of new applicants in process.

IUC (Integrated Urgent Care) Improvement Plan

The IUC Improvement Plan was developed as a direct response to the challenges we face around attraction and retention. Importantly, the plan was based on direct feedback from our people through a series of engagement events. The plan is also linked to CQC (Care Quality Commission) Key Lines of Enquiry, and the NHS (National Health Service) People Promise.

Over the past 12 months, the plan has been developed into a comprehensive Case for Change, aiming to:

- Provide improved Employee Value Proposition (EVP) for our people to attract, motivate, and retain the workforce we need to deliver a quality NHS 111 service to our patients in line with the NHS People Plan (Train, Retain and Reform).
- Deliver improved working patterns which build in time for supporting our people through a Team Based Working, regular 1:1 meetings, clinical supervision, and support, continued professional development and a post training preceptorship.
- Support this through a robust leadership, education & training and clinical career structure improving culture and focus on high-quality patient care.
- Deliver a productive and cost-effective service which provides a safe and high-quality experience for our patients and meets national key performance indicators around call taking.

The key deliverables in 2024 are:

- Implementation of new rotas and Team Based Working by 3 June.
- Implementation of a Career/Leadership Structure.
- Implementation of a Leadership Development Programme for Team Leaders by September.
- Implementation of a strategic marketing and recruitment plan to reduce reliance on Agency and incentive payments.
- Implementation of uniform for IUC staff by September.
- Contribute to the wider Trust review of Reward and Job Description/Person Specification for Health Advisors and other similar roles and provide recommendations for a revised package.

The Case for Change has been through corporate governance, and the delivery of the above initiatives, were agreed by the Trust's Board of Directors, on 30 November 2023. Regular meetings with commissioners have taken place to ensure they are sighted on our proposals.

A governance structure has been established to deliver the Case for Change and this will also ensure that other work plans are incorporated. Specifically, remaining outstanding actions from the IUC Improvement Plan, the HR deep dive into retention alongside the Moorhouse recommendations.

Other work which is currently underway and being contributed to or led by IUC includes:

- Design and implementation of Integrated Education and Development Team across EOC and IUC.
- Implementation of a quality assurance framework for the delivery of education and training, led by the YAS Academy.
- Implementation of the Integrated Clinical Assessment Service (ICAS) between IUC and EOC.
- Scoping the possibility of Health Advisor Apprenticeships (linked to work on the reward package).
- Continued roll out of the International Nurse Recruitment Project.
- Continued roll out of the Hybrid Working Model for Health Advisors and Clinical Advisors.

Other areas of work which is being delivered as part of our usual business activities are:

- The recruitment process has been reviewed and a plan for simplifying and expediting the process will be introduced in Quarter 4.
- Training and development material has been devised and all new staff now receive training on cultural matters through Civility Saves Lives course work as part of their first week with the Trust.
- A part time training course has been developed with the aim of attracting applicants from a wider demographic. This is linked directly to our current work with local universities to attract students to part time evening and weekend roles.
- Staff engagement sessions are being held every other month, to gauge feedback from staff on areas of importance to them. This will be key to understanding and responding to Staff Survey results and have informed the rota review which is currently in progress.

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.

To support internal improvements and efficiency gains, the team developed and rolled out several technological improvements including:

- Further expansion of Automatic Electronic Ambulance Dispatch referrals between Yorkshire Ambulance Service (YAS) and other NHS Ambulance Trusts to improve the ambulance dispatch time, minimising any delays to patient care.
- Implemented an improved address lookup tool within our Case Management System (Adastra), to reduce call length and improve accuracy supporting successful Electronic Ambulance Dispatch referrals.
- Development and rollout of clinical video triage in IUC through an integrated video triage tool, enabling video triage for all clinicians in IUC both on-site and remote workers.
- 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 Directory of Services (DoS). This change has directly led to IUC hitting and exceeding KPI 9 (Proportion of callers allocated the first service type offered by the Directory of Services).
- Completed roll out of Self-Service Reporting Dashboards for operational staff groups, alongside enhanced line management reporting, to provide the tools for performance improvement as the IUC Case for Change is implemented.

Ongoing developments of technological improvements including:

- Completed development of a Business Continuity (BC) Web application - a strategic option to replace the paper call process in the event of prolonged BC incidents. Live test to complete before rollout to operational use.
- Worked with our host system supplier to develop the ability to provide NHS Pathways Care Advice via SMS, with the aim to reduce call length and support patients by providing information they can refer to. Due to rollout Spring 2024.
- Ongoing development with host system supplier to develop an online Call-back Status Page, giving patients a live time frame for clinical call-backs, supporting patients to manage their care and reduce the need to call back for updates. Due to rollout Summer 2024.
- Completed initial development of an Integrated Clinical Assessment Service queue in our host system (Adastra), appropriate cases from both IUC and EOC can be sent to this single queue and managed by the proposed CAS, integrating service lines.
- Although the project has been placed on hold by NHS England, the team worked hard with national, regional and local colleagues on the technological development of the Single Virtual Contact Centre (SVCC).

Continued previous years' work by assisting Estates and Facilities colleagues on infrastructure projects brought about by changes to ways of working as the restrictions that came about because of the pandemic were lifted. We've worked to maximise available space in Wakefield to support training areas due to the increase in Call Centre staff recruitment and influenced the wider Trust Estates Strategy.

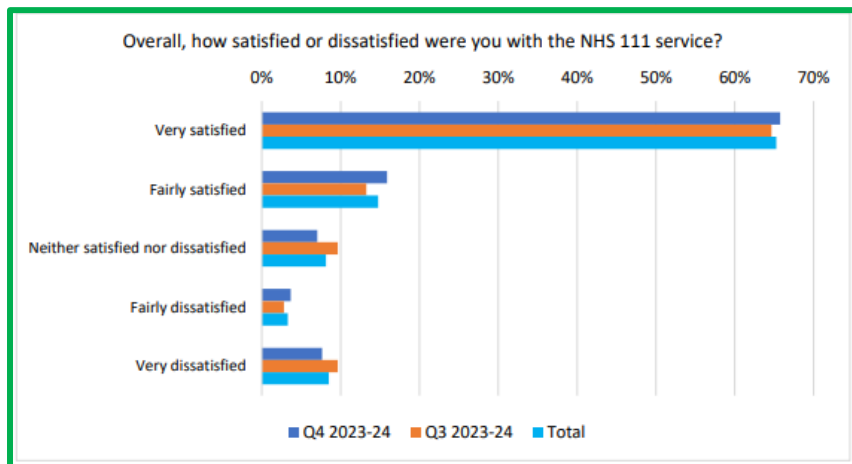
Continued to develop robust hybrid working options for our NHS 111 contact centre colleagues to support Clinical Advisors (CA's) and Health Advisors (HA's) to work a proportion of their contracted hours remotely from their homes. Hybrid working has proven benefits for both staff and the service and supports staff to maintain a healthy work life balance.

Enabled the establishment of prescribing capabilities in IUC through working with system providers to establish a prescribing module and develop in-house training to our prescribers.

The YAS International Nurse Recruitment Pilot Project in 2023 aimed to recruit up to five nurses to work as Senior Clinical Advisors at Yorkshire Ambulance Service (YAS) NHS Trust within the IUC call centres. YAS worked with NHS England and Overseas Development and Employment Promotion Consultants (ODEPC), a governmental organisation in the Indian state of Kerala. Through this route, following face-to-face and online interviews of candidates supplied by ODEPC, we have recruited 14 nurses so far with the intention of recruiting more during 2024-25.

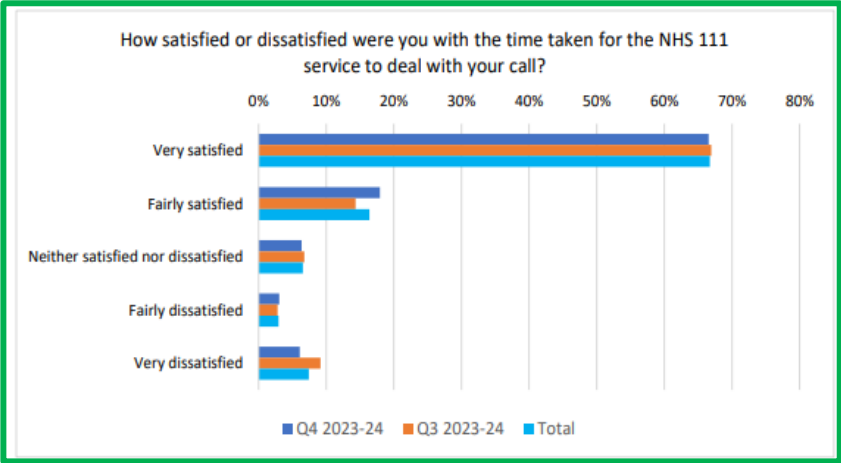
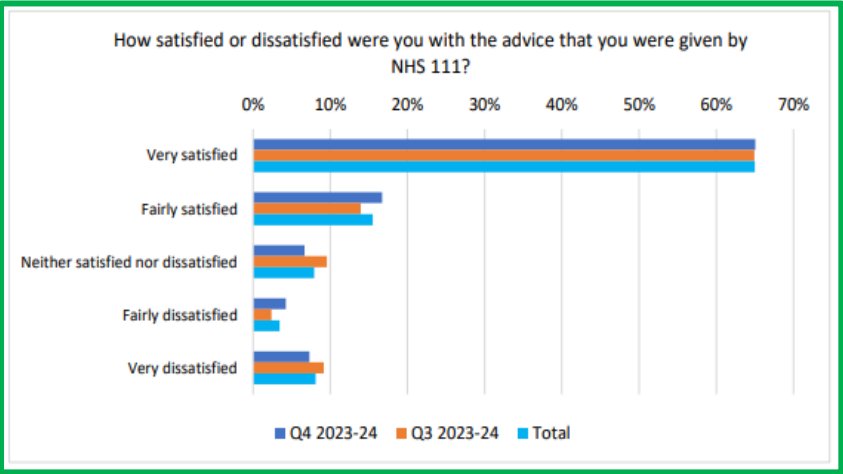
Worked with system partners to encourage GP practices to register and upload special patient notes on to the system to help patients can receive the right care the first time.

Patient Survey



NHS111 has used an external provider to assist in collating information from the public in the form of a patient survey. This survey has historically been sent 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.

Following a procurement process, as of November 2023, NHS 111 adopted a new method in surveying our patients via text message, this included a review of the questions sent out to patients and concluded with reducing the number of questions from 22 to 12. SMS surveys are sent out within the first week of every month, patients then have until the last week of the final month in the quarter to complete their survey sent to them. With the information gained, Quality Health creates a final report that will give an overview on the quarter and an overview of the year- to- date provision, broken down by the previous quarter across the fiscal year.



Feedback from our patients about our NHS 111 Service



"The patient said she felt listened to, understood and that you were amazing. She said you made her feel like someone cared and that you do your job".

"The caller said you had a calm and caring approach, which she found very reassuring in what was a stressful situation. She would like to express her sincere thanks for the professional service you provided when she telephoned the NHS 111 service on behalf of her sister."

"The patient said you were extremely polite, compassionate, super helpful and patient throughout the call and did a brilliant job of reassuring and calming her down. She stated she couldn't thank you enough."

"The patient said you were very helpful and kind throughout the call. She was also grateful that you supported her and provided her with the most appropriate care."

Patient Feedback and Incidents

From April 2023 to March 2024, the NHS 111 Clinical Governance and Quality Team manage both feedback complaints and concerns from member of the public and internal incidents relating to NHS 111.

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 complete and participate in multidisciplinary meetings, After Actions Reviews and Swarm Huddles (a recognised after incident safety meeting format), to elicit learning from events.

The Clinical Governance Team has been working closely with the Patient Safety teams to facilitate a smooth transition to align with the NHS Patient Safety Strategy, the Patient Safety Incident Response Framework (PSIRF), and the Complaints Standards Framework. The Clinical Governance Team has been completing focused audits to determine the efficiency of recommendations from learning from incidents.

The Clinical Governance Team also receive compliments for the care which has been provided by members of operational staff to the organisation. The staff member involved receives a letter produced by the team, outlining the nature of the complement, which is shared with their managers also.

The Clinical Governance Team have received three GREATix reports thanking them for their professionalism and ability uphold the values of YAS One Team, Integrity, and Resilience.

Audit Team

The IUC Audit Team consists of 12 part time IUC Health Advisors who work rotationally. They are highly skilled individuals within audit and can apply the Pathways competencies at an expert level. The team is committed to quality improvement and understand the importance of audit within in IUC and the objective to ensure patient safety and acceptable levels of call performance both clinically and from a customer service focus.

The Audit Team primary role is to ensure that all IUC staff are audited monthly with feedback provided as soon as possible and in 2023-24 period, the IUC Audit Team has completed on average over 7,000 routine audits as part of the Pathways license agreement. To aid effective learning the team delivers constructive detailed face to face feedback on all audits where possible, if this is not possible the feedback will be delivered over MS Teams and the last resort would be email. Any audits that have not reached the desired competency are always fed back face to face, which supports staff with their professional development and well-being.

The Audit Team also completes urgent audits and any further follow up audits at the request from the Operational or Clinical Governance Teams and focused audits in such areas as Basic Life Support to ensure best practice. The Audit Team works a variety of shifts which includes weekends and overnight, thus always providing audit expertise and support.

Staff Wellbeing

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 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, whilst reviewing any further absences.

The welfare advisors produce monthly 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 using the YAS equipment, for example, specialist chairs, to support any underlying health conditions and/or disabilities.

The Welfare Champions support the Welfare Team by actively engaging with staff and providing feedback to management. They plan, organise, and encourage attendance to wellbeing activities and initiative such as, Time to Talk Day, Self-Care Week and information regarding any wider Health and Wellbeing updates within the Trust. They inform and provide information about how to look after one's wellbeing, incorporating the seven dimensions, and ensuring that employees have a voice, and an open channel to provide updates to management.

Staff recognition was set up eight years ago to recognise staff who had gone beyond in their role. This has evolved over time and now is open for all staff to nominate anyone within IUC for something they think deserves recognition. We have nominations for multiple reasons, anything from someone's appreciation for a colleague's support to someone being praised for taking a difficult call. Staff are invited to email the dedicated Operational Service Manager who leads on recognition with the person's name they would like to nominate and a brief reason. This is then emailed to the staff member and added to a quarterly newsletter that is published to everyone in IUC. This is popular and around 20 to 30 nominations are received each time. The nominees are also given a recognition badge in appreciation of their achievement.

Patient Relations

Complaints, Concerns, Comments and Compliments

	Complaints, Concerns and Comments	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Total
EOC	Complaints	9	19	13	10	14	14	21	19	18	24	9	9	179
	Concerns	1	5	1	5	4	2	9	10	12	3	2	5	59
	Service to Service	20	16	15	13	13	14	19	10	15	27	12	4	178
	Comments	0	0	1	0	1	0	0	0	0	0	0	0	2
	Compliments	1	0	0	3	3	0	0	1	1	1	0	3	13
	Lost Property	0	0	0	0	0	0	0	0	0	0	0	0	0
	PALS Enquiries	1	1	0	0	0	1	3	1	0	0	0	0	7
PTS	Complaints	20	23	33	27	13	23	16	19	15	17	18	15	239
	Concerns	20	25	27	21	13	17	28	27	17	22	29	34	280
	Service to Service	25	21	23	30	19	12	31	27	24	14	16	12	254
	Comments	2	0	0	0	0	4	1	2	1	0	1	0	11
	Compliments	5	4	7	9	5	5	7	12	4	6	7	8	79
	Lost Property	11	8	12	9	8	7	9	12	16	9	16	8	125
	PALS Enquiries	2	0	3	1	0	5	4	5	0	2	4	3	29
A&E	Complaints	18	17	21	33	20	19	25	18	17	24	27	25	264
	Concerns	8	13	19	12	13	8	12	16	22	13	14	20	170
	Service to Service	13	27	34	34	28	20	33	37	19	24	36	33	338
	Comments	1	4	2	0	0	4	1	0	2	0	1	3	18
	Compliments	113	114	97	98	93	97	127	96	79	108	113	96	1231
	Lost Property	12	30	25	35	22	9	41	37	25	34	20	21	311
	PALS Enquiries	2	4	10	3	6	5	10	12	14	9	14	10	99

NHS 111/UC	Complaints	25	21	18	28	30	25	27	22	27	17	11	24	275
	Concerns	0	0	0	1	1	0	1	0	1	1	0	0	5
	Service to Service	8	5	32	24	16	14	18	16	14	22	15	34	218
	Comments	0	0	1	2	2	0	1	0	3	6	10	2	27
	Compliments	6	5	2	1	2	6	3	1	0	3	2	4	35
	Lost Property	0	0	0	0	0	0	0	0	0	0	0	0	0
	PALS Enquiries	0	0	0	0	0	0	0	0	0	0	0	1	1

Timeliness of Responding to Complaints

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Average
% of responses meeting due date	90	81	84	81	88	80	74	81	84	61	61	82	79
Average response timescale (working days)	48	42	45	51	57	65	56	53	63	91	100	81	63

We aim to achieve 85% of agreed timescales and have a guideline of 30 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 demand on the service 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 includes:

A&E Call Handling and Dispatch

- Reminder to York EOC that out of hours referrals need to be emailed and not telephoned.

- To develop and implement a six-month preceptorship programme for Senior Clinical Advisors
- To continue recruitment within Emergency Operations Centre to increase the number of Clinical Navigators.
- Emergency Operations Centre to explore environment improvements for staff who are under mentorship. Identify any positive changes that could be made in relation to ergonomics, screen visibility and quieter environment during the initial mentoring period for mentors and mentees.
- The Trust currently offers monthly Continued Professional Development sessions for Emergency Operations Centre and Integrated Care Centre staff. Using the learning from this incident, a face-to-face CPD session, focusing on the associated risks and red flag signs in diabetic patients. The session will be attended by Clinical Practice Developers, and they will discuss and agree with the consultant practitioner:
 - a. How this learning can be provided to staff upon induction into their new role as Senior Clinical Advisor.
 - b. How this learning can be cascaded.
- Reminder to all local acute Trusts of the Ambulance Response Programme and how this means calls are categorised.
- Category 5 no send scripts to be reviewed to ensure they do not deter people from calling back in a worsening emergency situation.
- Investigate whether it's appropriate to reinstate 'warm transfers' from 999 to 111 to mitigate the risk of people not following the advice given when they receive a 'no send' 999 response.
- Mandatory Advanced Medical Priority Dispatch System Sudden Arrest training to be issued to relevant Emergency Operations Centre staff for completion.
- Reminder to York Emergency Operations Centre Team that out-of-hours referrals need to be emailed not telephoned.
- Feedback for staff re: checking spellings, NHS spine not matching and looking for previous call - putting reminder in next call taker newsbeat.
- Learning identified for dispatchers regarding missed opportunity to allocate resources and no notes recorded to justify this.
- All staff alert to be sent to all Emergency Operations Centre staff to reiterate the importance of highlighting a 999 call that has been re-coded for the same patient to a Team Leader in real-time and completing a Datix report as soon as possible so the call can be reviewed.

A&E Operations

- Concerns around communicating delays at Emergency Departments to patients to influence patients' decision making about going to hospital has been taken to Trust Learning Group.
- Staff at Hornsea Ambulance station requested not to leave vehicles on run lock. Specific instances also addressed with individual staff members.
- Provider will be issuing further guidance/reminder to all staff regarding correct process when dealing with a child with increased temperatures.
- To produce a clinical alert to raise awareness around Guillain-Barre Syndrome (GBS) and our clinical considerations.

- ePR documentation quality training to be included in investment days.
- We are identifying all remaining Advanced Emergency Medical Technicians / Emergency Medical Technicians 2 grade staff and ensure awareness and understanding of revised Scope of Practice V10
- We are evaluating the content of “Supporting Patient Care During Extreme Pressure” clinical alert instruction and will revise as necessary to minimise risk.
- ACL identified Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines may benefit from clarification in relation to the definition of dermal burns to include the National Institute for Health and Care Excellence (NICE) guidelines for the classifications of burns.
- YAS frontline staff to use safeguarding cases for reflection and having the opportunity to access themed safeguarding learning sessions, allowing Paramedic profession to develop a wider regard for safeguarding and increase their professional curiosity, thereby increasing relevant, and high-quality safeguarding referrals.
- YAS Safeguarding Team is accessing local refresher days and developing local safeguarding ‘champions’ who are empowered to embed safeguarding.
- We are conducting work on recognition of sick child and relevant assessment and clinical treatment.

PTS

Our quality improvement workstreams for patients and service efficiency include:

- A regional programme of work with commissioners to implement the revised national eligibility criteria – this will ensure that our services are being provided to timely and high-quality standards to patients with a medical or mobility, who need it the most.
- Our PTS Logistics Team aims to proactively inform every patient and related hospital department of any delays to transport that would affect their appointment. To prevent this the team will seek support early to provide more time to explore other transport options.
- All crews have been reminded that if they arrive at a clinic prior to it opening, that they must not leave the patient unattended but contact Drivers’ Line for advice.
- When a crew suggests that a patient would benefit from travelling with an escort the people involved in that person’s care will be informed (such as a care home).
- A clear process is being developed to ensure all staff understand what action to take if a patient’s whereabouts is unknown.
- When we note that a patient may have a considerable waiting time, this should be escalated to a team leader so that other options, such as sending a taxi, may be explored to keep waiting times to a minimum.
- We have shared a glossary of terms for our abbreviations and coding with all taxi providers to ensure that drivers are aware of patient’s requirements, we are also working to make the codes more intuitive.
- We are working with our software provider, Cleric, to ensure a patients’ ‘ready time’ is passed through to us when updated online.

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	88.9%	77.8%	92.3%	93.8%	87.7%
Hull & East Yorkshire CBU	80.0%	100.0%	94.6%	87.0%	92.2%
Leeds & Wakefield CBU	80.0%	81.0%	77.4%	89.3%	82.2%
North Yorkshire CBU	93.3%	90.7%	92.2%	92.3%	92.0%
South Yorkshire CBU	92.5%	91.5%	89.2%	89.5%	90.7%
Unknown Area	80.0%	86.7%	58.3%	100.0%	78.6%
YAS	88.6%	89.6%	87.3%	90.6%	89.0%

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	94.1%	98.1%	96.7%	93.0%	96.0%
East Consortia	94.7%	100.0%	92.5%	88.9%	94.1%
West Consortia	93.5%	95.3%	98.0%	100.0%	96.8%
South Consortia	95.8%	86.4%	94.5%	95.7%	92.6%

North Lincs	100.0%	92.7%	100.0%	85.7%	93.6%
PTS (inc unknown area)	94.8%	94.0%	95.8%	93.4%	94.6%

Poor/ Very poor	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
North Consortia	0%	1.89%	1.61%	2.33	1.74%
East Consortia	5.26%	0%	1.89%	7.40%	2.95%
West Consortia	6.45%	2.22%	1.92%	0%	2.60%
South Consortia	4.17%	11.86%	1.35%	2.13%	4.93%
North Lincs	0%	2.44%	0%	4.76%	2.13%
PTS (inc unknown area)	4.12%	4.24%	1.49%	3%	3.03%

Neither good nor poor	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
North Consortia	5.88%	0%	1.61%	4.65%	2.31%
East Consortia	0%	0%	5.66%	3.70%	2.94%
West Consortia	0%	2.22%	0%	13.79%	17.53%
South Consortia	0%	1.69%	4.05%	2.13%	2.46%
North Lincs	0%	4.88%	0%	9.52%	4.26%
PTS (inc unknown area)	1.03%	1.69%	2.62%	3.59%	2.37%

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. 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.

Overall Compliance (Current Year)	Audit	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
	Hand Hygiene	90%	97%	89%	87%	88%	86%	92%	98%	92%	96%	98%	96%
	Premise	96%	100%	93%	94%	95%	91%	99%	99%	84%	99%	92%	99%
	Vehicle	88%	99%	84%	87%	86%	88%	94%	95%	90%	95%	95%	94%

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) and Person in a Position of Trust (PiPoT) referrals in cases where a staff member may be considered a risk to children and vulnerable adults. 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 South Yorkshire ICB, Humber and North Yorkshire ICB and West Yorkshire ICB as lead commissioner, social care, police and health partners, to review and improve the quality of the safeguarding

service provided by YAS staff, ensuring that all YAS employees and volunteers have the appropriate knowledge and skills to discharge their safeguarding function in relation to children, young people and adults.

A Memorandum of Agreement (MOA) is in place between NHS West Yorkshire, South Yorkshire and Humber and North Yorkshire ICB's and Yorkshire Ambulance Service (YAS) NHS Trust. The aim of this agreement is to ensure that YAS is represented in each ICB area, and to provide assurance for NHS England and the local Safeguarding Partnerships and Boards that statutory safeguarding arrangements for children and adults are in place.

Yorkshire Ambulance Service, via the Head of Safeguarding, provides assurance that the service is well led and managed and discharges its statutory responsibility in line with legal obligations. This is monitored by quarterly quality reporting to West Yorkshire ICB. Additionally Designated Professionals from all three ICB's are invited to Yorkshire Ambulance Service Safeguarding Executive Review Group quarterly.

Safeguarding processes are being continually reviewed and strengthened. During 2023-24, the Safeguarding Team capacity has been increased to meet the increasing workload. As part of this a Specialist Domestic Abuse Practitioner has now joined the team and is working to equip staff with the skills to robustly identify, support and escalate domestic abuse concerns.

The Specialist Domestic Abuse Practitioner (SDAP) role launched to the organisation through the 16 Days of Activism campaign which ran from 25th November to 10th December 2023, alongside social media posts and communications to staff in the weekly staff update, the role was also featured on Teambrief Live which is broadcast across the organisation. This has been reflected in the referrals to the team requesting support and advice for staff members who are victim-survivors. The profile with external partners continues to increase with requests to share information and take protective actions for patients who are known to MARAC.

A new Domestic Abuse e-learning package is now available to all staff via the internal learning portal. In addition to this open lunchtime webinars provided a further opportunity for staff to gain more insight into the Trust's responsibilities to domestic abuse victim-survivors. Feedback from the training delivered to date has included *'really well considered... so much scope to make positive change and impact on those experiencing abuse'*.

Yorkshire Ambulance Service continue 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.

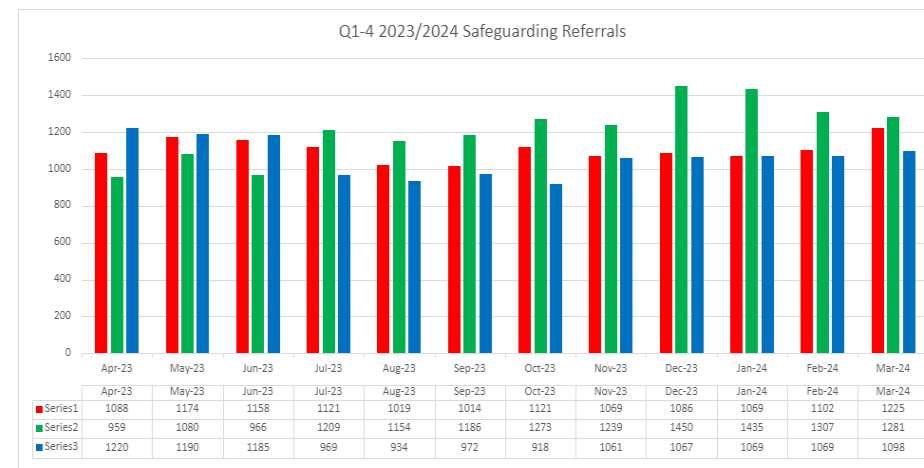
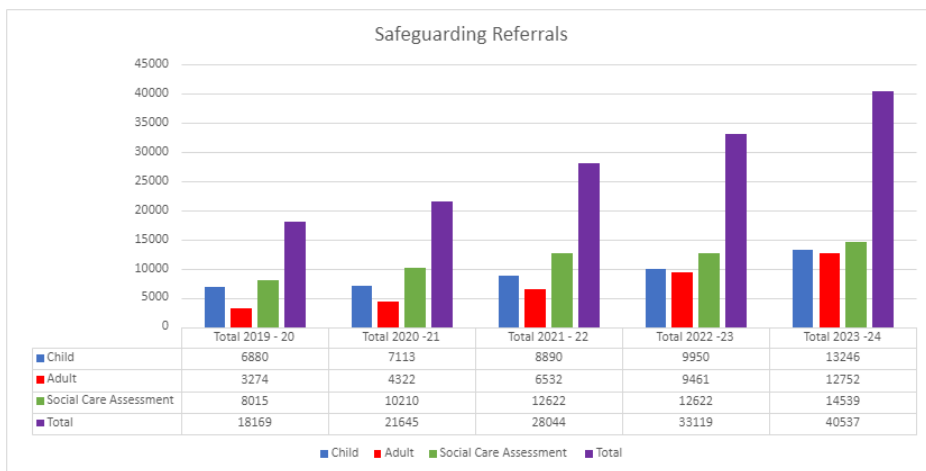
The Paediatric Liaison Nurse is very much a 'Think Family' role liaising closely around adult cases where Adverse Childhood Experiences (ACE's) and adult physical and mental health impacts on the child.

In the year April 2023 –March 2024 the Safeguarding Team at YAS has contributed to 20 Rapid Reviews as part of the statutory Child Safeguarding Practice Reviews (CSPR) process and 2 which progressed to wider review, 43 Safeguarding Adult Reviews (SARs) and 28 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.

Over the past year the Safeguarding Team at Yorkshire Ambulance Service has shared key information to staff and externally on all social media platforms, regarding prominent safeguarding themes. During Safeguarding Adult Week, they shared key information, and this was displayed on Pulse (intranet) but also placed onto multiple social media platforms. The team has also shared information regarding counter terrorism, Safe sleeper, and the Sexual Safety Charter which was launched Trust wide in October 2023. Professional curiosity is continually promoted to YAS staff, ensuring that Safeguarding is considered at every patient contact.

Yorkshire Ambulance Service makes safeguarding referrals for both adults and children to 13 local authorities within the Yorkshire and Humber footprint and liaise out of area where needed. The number of referrals overall has increased during 2023-24, with a significant increasing seen for Social Care Assessment requests for adults. Ambulance crews are seeing more cases of self-neglect and declining mental health where primary care services have not or could not be accessed.



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.

During 2023-24, safeguarding training amongst both the substantive and bank workforce has inclined, which is pleasing to see and a testimony to staff during times of continued extreme pressure.

Level 3 compliance for adults remains low due to some IT issues regarding system access and recording of completion. This is currently being reviewed to achieve a resolution.

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



For Patient Transport Service (PTS) colleagues

"As part of my research study, I had arranged to be able to undertake as much data collection as possible the week commencing 9 October 2023. Prior to this, when suitable patients had been identified, I had been unable to observe their journey because of constraints with my diary. This had led to me falling behind in my data collection activities and potentially delaying the outputs of the study. I therefore asked key members of the PTS team to help support the identification of patients to be part of the study and also arranged to shadow in PTS reservations. The support from the PTS team was fantastic and I was able to undertake patient observations and four interviews during the week, generating a significant amount of data for the study."

For A&E Operations

"I would like to express my thanks and appreciation for the amazing care and skilled interventions my colleagues provided to the patient in Barnsley on Christmas Eve. Your professionalism and leadership at the scene highly reflect your commitment to providing the best care for your patients at their time of need. Continue to show that professionalism and passion, and you will continue to be a valuable asset to both Yorkshire Ambulance Service and the public we serve."

For Patient Transport Service (PTS)

"We attended a four-person job to take a patient as an admission into a new care home. The crew showed amazing compassion towards the patient and his daughter, who found the process of him leaving his home upsetting. They also showed high integrity as we found out the patient had bad bed sores. This changed the risk assessment that was in place and a constructive conversation was then started on the best way to move the patient. There was fantastic communication from start to finish, and I am very pleased with the way the job was conducted to the highest of standards and showing all the YAS values."

For Emergency Operations Centre (EOC)

"Working alongside GPs representing the British Islamic Medical Association, and staff from Bradford Teaching Hospitals NHS Foundation Trust, two of our EOC colleagues delivered BLS training to a community in Bradford. "Both were exemplary members of YAS, supporting throughout the day and ensuring that all involved had a positive experience. There has been a large amount of positive feedback regarding the work they did, and the way they conducted themselves throughout the afternoon, and the Community Engagement Team is immensely grateful for the time they gave up for us."

For Integrated Urgent Care

"I want to say thanks for the amazing support the NHS 111 Governance team has provided me as one of the Trust's SI Investigators. I had to contact the team requesting some urgent fact-finding work in relation to one of my investigations. The information regarding contact with 111 only came to light late in the process, but the team managed to turn it around in two hours so I am able to complete my report ready for the deadline. I know everyone is incredibly busy, but I just wanted to pass on my thanks to the team to ensure they are recognised for their work, without a moan, groan or barrier in sight!"

Volunteers

During Volunteers' Week (1-7 June) we celebrated the incredible impact our volunteers have on our patients, staff and communities.

We have almost 1,000 volunteers and, in the last year, they have offered almost 261,500 hours and supported over 29,000 patients.

Volunteering allows us to offer more time, care, and attention, not just to our patients and communities, but also to our staff.

Volunteers' Week 2023 saw the launch of Yorkshire Ambulance Service's first Volunteer Development Framework which sets out the Trust's commitment to supporting and enhancing volunteering. This is in recognition of the significant benefits volunteering brings to patients, staff, communities and to volunteers themselves.

The Volunteer Development Framework identifies how we will achieve our ambitions of having:

- A robust infrastructure to enable, sustain, and enhance current and future volunteering opportunities.
- An organisational culture that values, encourages, promotes, and supports volunteering.
- Volunteer programmes that maximise volunteer contribution and represent the diversity of our communities.
- Collaborative partnerships with other health and care providers, voluntary, community and third sector organisations to further enhance our care offer through volunteering.

This work is supported by the Association of Ambulance Chief Executives (AACE) National Ambulance Volunteering Strategy.

Volunteers' Week also saw the launch of our new volunteering identity which brings together all our volunteering roles - Community First Responders, Patient Transport Service Volunteer Drivers, Critical Friends Network and Community Engagement Volunteers - under one umbrella.



Looking after our staff

The focus on looking after and improving the health and wellbeing of our staff is firmly embedded into the Trusts operational objectives and subsequently the People Plan, 'creating a healthy working environment to enable staff to perform to their best'. Delivery of this is managed through the Health and Wellbeing Plan, for which the priorities have been developed in consultation with our stakeholders taking into account staff feedback and research in the field. The key focus of the plan has been to embed health and wellbeing into everything we do through the provision of guidance and supportive tools that have been evidence led. Delivery has included:

- Focused campaigns supporting staff health and wellbeing, this has included focused campaigns on alcohol awareness, mental health, suicide awareness and physical wellbeing with the latter coinciding with NHS 75 years.
- The Financial Wellbeing Group has had another successful year having arranged several focused events and promotions including money management advice. The potential introduction of the Wagestream platform is currently being explored working closely with relevant teams.
- Due to the success of the therapy dogs project, this has now been embedded and rolled out as a core offer across the Trust. We are excited to continue working with Pets as Therapy enabling more teams to benefit from the offer.
- Support for our operational staff conveying patients to hospital emergency departments and PTS colleagues supporting vulnerable patients to appointments continues. The three welfare vehicles continue to support our staff with the larger health and wellbeing vehicle providing enhanced cover during peak demand periods which has been integral as part of the Trust 2023-24 winter plan. Winter Wellbeing on Tour, covering the months December – February has provided our staff a safe space to talk, access wellbeing support and get a hot drink and snack. This tour has enabled us to engage with staff across all YAS sites and hospitals in the region. The feedback captured has been invaluable and will help shape future planning.
- The welfare vehicle replacement project has progressed considerably, the existing three vehicles will be replaced with four to easily accommodate the region. The vehicles are due to be on the road imminently providing a safe and confidential space for staff to have a chat and a brew. The vehicles will be multi-functional enabling wider engagement.
- The seasonal vaccination programme which includes flu and COVID-19 vaccination was delivered with clinics set-up at YAS locations across the region. Delivery was supported by peer vaccinators from across the Trust.
- The menopause policy was successfully launched and the Women and Allie's Network, following a successful pilot, have launched the plan for sanitary products to be available in all women's and accessible toilets across the Trust.
- The suicide prevention toolkit is now live and available to all YAS staff and volunteers providing advice and guidance on steps to take to support someone who is struggling with their mental wellbeing. The Zero Suicide Alliance online awareness training is also promoted through this toolkit. The management guidance sits alongside this, supporting and guiding managers in the aftermath of an attempted staff suicide or staff death by suicide.
- The health and wellbeing guidance has been developed and due to be launched imminently.

- Mental health first aid training continues to be offered to staff; however, the delivery has been slower than expected due to challenges experienced with staff time off and capacity. A review of the mental health training offer will commence shortly with options for consideration. This work will be delivered in partnership with internal stakeholders including input from the YAS Mental Health Programme which is focused on patient experience.
- New Occupational Health and specialist service contracts are now in place ready to go live for 2023-24. Staff will continue to be able to access core Occupational Health services, the Employee Assistance Programme and physical health services such as physiotherapy albeit with improved flexibility in meeting diverse staff needs.
- Work continues in developing bespoke support pathways to meet the needs of YAS teams, for example, welfare support process for YAS Critical Care team and support with the pilot wellbeing dashboard in South Yorkshire with a focus on providing timely support to operational staff.
- Sharing of best practice and learning continues at a national level working with other ambulance trusts and across the system.

Celebrating our staff

Our STARS Awards 2023 celebrated the incredible achievements of our inspirational staff and volunteers, their selfless devotion to providing the best care to the people of Yorkshire, and their solidarity in supporting colleagues and the wider YAS team. This year's awards took place at the Principal Hotel in York on Thursday 9 November. The evening was hosted by Dr Steven Dykes, Deputy Medical Director, and Claire Lindsay, Head of Service Central Delivery (EOC), who announced the winners following a series of video presentations for each category before certificates and awards were presented to the winners and highly commended.

This year, we received over 170 nominations, which were reviewed by panels of judges made up of our executive and non-executive directors who had the difficult job of selecting individuals and teams to be shortlisted. At the core of the STARS Awards are the values' awards, which are aligned to the Trust's values: One Team, Compassion, Integrity, Innovation, Empowerment and Resilience. There were also awards for Volunteer of the Year and Commitment to Diversity and Inclusion, as well as Chief Executive's Commendations.

Community Engagement

Community engagement enables us to contact people across Yorkshire outside of our emergency response or service delivery role. We engage with our communities to raise awareness of our services, teach important skills, build trust and to learn about how we can improve access to our services.

We recognise that health inequalities have a significant impact on people's likelihood to need our services, their ability to access them and their access to other services and support. While we engage widely with all communities across Yorkshire, we have a particular focus on reaching communities most likely to experience poor health and face barriers to accessing services.

YAS's community engagement is wide ranging. We work with communities across Yorkshire to deliver training on basic life-saving skills; awareness raising of our services; projects that improve people's life skills and employability; public engagement events to understand the experience different communities have of our services.

When we engage our communities we make a difference to people's lives, we build trust between our organisation and the people we serve and we gain insight into how we can improve our services.

During 2023-24 we engaged over 12,000 people from across Yorkshire, delivering a wide range of events, activities and projects. 2023 also saw the tenth anniversary of Restart a Heart in Yorkshire, this year teaching 32,000 people cardiopulmonary resuscitation (CPR) across 166 separate events on 14 October.

Over the last year we have focused on four priorities for community engagement:

- Delivering targeted interventions to improve people's lives
- Raising awareness of life saving skills
- Engaging with communities to be visible and build relationships
- Improving access to our services for vulnerable populations

Teaching life skills and improving confidence – Achieve programme

Over the last year we have expanded our 'Achieve' programme, delivering the 7-week skills course with people in recovery from drug and alcohol addiction; vulnerable women and in partnership with a prison as part of pre-release support for offenders.

Achieve teaches valuable life skills, including first aid; team working and resilience, and aims to give participants skills and confidence to support them in moving forward with their lives. The programme is delivered in partnership with organisations that work with people needing support through challenges such as substance misuse, domestic violence or offending.

This year we have delivered six Achieve courses, supporting 42 people to improve their lives.

Restart a Heart

This was YAS's tenth year participating in the Resuscitation Council UK's (RCUK) national Restart a Heart campaign, held on 14 October every year. The day saw 32,000 people receive CPR training across 166 events. Restart a Heart represents a huge effort to introduce secondary school children to CPR training and our tenth year of the campaign saw 700 volunteers joining events in schools to support training.



Twenty-four-year-old Alex Cowes returned to the school where his life was saved when he had a cardiac arrest as a teenager to mark the 10th anniversary of Restart a Heart Day.

Alex took part in our inaugural Restart a Heart Day at Fulford School in York in 2014. The following year, the 15-year-old suffered a cardiac arrest during physical education and was saved by school staff who performed CPR and used the on-site defibrillator.

Alex's story inspired us to continue with the annual mass CPR training at the region's secondary schools on Restart a Heart Day which celebrated its 10th anniversary on Monday 16 October, having taught CPR to 234,708 youngsters during 1,047 school visits thanks to off-duty ambulance staff and volunteers giving 39,213 hours since 2014.

Mum-of-one Megan Hughes, of Wakefield, is set to marry her partner who saved her life when she had a cardiac arrest at the age of 23. She shared her story with students at Crofton Academy in Wakefield.



Supporting Community Trainers to deliver life-saving skills awareness courses in their own communities – Community Partners Programme

In 2022 we launched our Community Partners Programme, supporting staff, volunteers and students in community organisations and colleges to deliver life saving skills training. This year saw new Community Trainers created across five organisations. Collectively, our Community Trainers delivered 30 training sessions, teaching nearly 300 people basic life saving skills.

The Community Partners Programme provides people with the equipment and skills they need to deliver life-saving skills training to their own peers, or in their own community. Funded by YAS Charity, we are currently supporting Community Trainers in, New Visions Bradford, Leeds City College, Hull CVS, East Riding Voluntary Action Services (ERVAS) and The SHoRes Centre, Withernsea.

Free First Aid courses

Over the last year we have continued to roll out our free first aid courses, teaching first aid awareness to community groups across Yorkshire. Our rolling programme of free first aid is delivered in partnership with a wide range of community organisations, enabling us to reach a diverse range of communities. This year we have worked with young parents groups, charities supporting ethnically diverse communities, primary and secondary schools and Saturday schools for Eastern European children to teach first aid and raise awareness of our services.

YAS staff and volunteers supporting community engagement – Community Engagement Volunteers

Community engagement was supported over the last year by our Community Engagement Volunteers. These are members of YAS staff and volunteers who undertake community engagement activities on behalf of the Trust, outside of their paid or voluntary role.

Over 2023-24 they delivered 38 engagement activities and events, reaching over 2,500 people across Yorkshire.

Engagement sessions for people with a learning disability

This year we worked with people who have a learning disability and/or those who are neurodivergent to develop a series of workshops to raise awareness of our services and how to use them.

Between October and December we piloted the sessions with five organisations that support people with a learning disability and/or those who are neurodivergent. Sessions were delivered with Disability Action Yorkshire (Harrogate); Case Training Services (Hull); Scarborough and District Mencap; Coleman Training Development (Bradford); and Enable (Sheffield). The pilot formed part of the Trust's wider programme of work to improve services for people with a learning disability and/or those who are neurodivergent.

A total of 70 people were engaged across the five sessions. Participants have fed back they are more confident in accessing YAS services should they need to. A full programme of engagement, based on the format co-produced and piloted, is being rolled out in 2024.

Engaging rough sleepers on their experience of YAS services

Over 2023-24 we have been working with Healthwatch Hull on a project to understand the experience of rough sleepers of our services, and the barriers they face in accessing them.

We know that people at risk of rough sleeping have worse health outcomes than the wider population, a high level of need for our services and are more likely to experience barriers in accessing our own and others' services.

Healthwatch Hull has engaged with our staff, with people at risk of or currently rough sleeping and with the agencies that support them to understand issues that the population face in accessing YAS services.

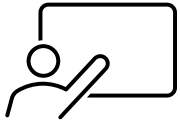
The project, which will produce its final report in April 2024, has enabled the views of nearly 200 people to be gathered with a focus on understanding people's experiences so we can improve our care and services in the future.

The project is funded by the YAS Charity.



Quality Improvement (QI)

Quality Improvement (QI) continues to be embedded throughout the organisation and the QI strategy 2018-23 has now reached the end. Below are some key highlights of what the strategy has delivered for YAS:



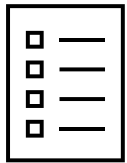
839 people trained in QI



2379 people signed up to the Simply Do innovation platform.



21 of 33 people who have embarked on the QI Fellowship have taken on promotion or leadership roles.



31 internal QI projects delivered,
5 internal Rapid Process Improvement Workshops
4 external Rapid Process Improvement Workshops
1 Dragons Den innovation round



1 HSJ (Health Service Journal) Award nomination
1 HSJ poster presentation
2 National College of Paramedic Conference Presentations

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, Hull University Teaching 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.

In addition to this the QI Fellowship allows our people to develop their QI skills over a 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.

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 2024-25.

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.

Yorkshire and Humber Integrated Care Boards (HNY, SY, WY ICBs)

General

The ICBs within Yorkshire and Humber are pleased to be given the opportunity to review the Yorkshire Ambulances Service (YAS) Annual Quality Account (QA) for 2023-24. The QA again provides us with an informative overview of the progress that has been made by the Trust during 2023-24 period. The (YAS) Quality Account (QA) provides a detailed overview of approach to quality. The account provides a regional overview of the Trusts priorities they have identified and whilst this isn't at an ICB level the approach is appropriate.

Work around identifying ICB level priorities would be beneficial in the future. It is not felt that any issues have been missed from the QA, and that local issues are raised and managed at a local level by exception.

YAS's research and quality improvement work is extensive and varied and provides opportunities for staff to engage with areas of their work that are of particular interest with support from the organisation and the overall aim to improve services.

We would like to take this opportunity to thank all the staff at YAS for their hard work and dedication during what has been another very difficult year. YAS also recognise the achievement of their own staff in a period of significant pressure within the health and social care sectors. We wish to thank YAS for their continuous commitment to the population we serve and for your contribution to the partnerships working collaboratively across all ICB `places` within the region.

Priorities

The ICBs are particularly pleased to see the progress made against your priorities for this year, furthermore that these continue to evolve with a focus upon reflecting the needs, vulnerabilities and risks associated with the local population. Throughout the account it is evident that YAS continuously strive to improve quality and in promoting a safety culture and focus upon patient experience and involvement. The 3 priorities for 2024-25 appear to be supportive of the current quality directives around patient safety and experience and are welcomed.

Patient Safety Incident Response Framework (PSIRF)

At the close of the 2023-24 year, we wish to congratulate YAS, for all their work on the implementation of PSIRF. Evident throughout the account was a clear commitment to learning and in addressing safety issues as a key priority, overall, continually improving outcomes for those using our services. We note that in ensuring good governance the Trust remains committed to embedding robust processes for the reporting, monitoring and auditing of data and intelligence associated with patient safety issues.

There is recognition that Serious Incidents with associated harm have increased year on year and plans are in place to train staff in investigative skills. We hope that the described further implementation of PSIRF described will support the identification of themes and highlight any quality improvement work required. Again, whilst it is noted that an overarching theme has been delayed responses to patients due to lack of resource/delayed ambulance handovers, it is acknowledged the role of the Hospital Ambulance Liaison Officers (HALOs) has continued to support the main hospitals in Scarborough, Hull and York in the handover of patients to ensure ambulances can be released from these hospitals. The feedback from patients about the Accident and Emergency (999) service is encouraging to see and demonstrates the hard work and commitment of colleagues.

Safeguarding

The ICBs would like to thank YAS for sharing with us a review of the work by the Safeguarding team including the appointment of a Specialist Domestic Abuse Practitioner, the work on `warning signs` in identifying abuse or neglect, the learning and sharing across the Trust and appointment of `champions`. Furthermore, we acknowledge the associated statutory duties and commend the team on their work across both internal and external multi-agency partners, in protecting vulnerable groups and working into our community partnerships. Supported by the memorandum of understanding across each Integrated Care Board area, YAS as a partner continue to support assurance for NHS England and the local Safeguarding Partnerships and Boards that statutory safeguarding arrangements for children and adults are in place.

Patient and Public Involvement

The involvement of patients and the public is evident throughout the report and to be applauded. Recruitment of Patient Safety Partners and having a well-established. Critical Friends Network provide YAS with an internal sense check concerning work programmes.

The ICBs recognise the extensive work that YAS remains committed to in working with the community. From the development of the Critical Friend Network to the work with schools and the local community, in receiving feedback and continually seeking ways to improve and develop services for the population. The ICBs note the significant work in improving increased access to community defibrillators and the ongoing commitments to this work. We are particularly pleased to note the positive improvement work to improve the patient experience for people with a Learning Disability or Neurodiversity and the partnership working with local, regional and national groups to identify gaps and areas for further improvement.

The use of patient feedback through the QA further highlights the use of feedback within YAS.

Research, Audit and Innovation

The ICBs acknowledge the ongoing commitment of YAS in respect of research and innovation and wish to congratulate you in securing funding through the National Institute for Health and Care Research (NIHR) and the breadth of work being undertaken in achieving your ambitions set for 2021-24. We note positive involvement in local and nationally mandated audits, the launch of the YAS Research Institute in 2023 and the proposal to further develop the good work already begun in this area to improve ambulance patient care.

Infection Control and Prevention (IPC)

We note the work undertaken by YAS with regards to compliance with IPC measures and note the maintenance of audits to demonstrate compliance. We acknowledge the positive work undertaken by YAS colleagues in working alongside system partners to ensure robust management processes are in place to maintain compliance with IPC practices.

Staff Support and Well-being

The focus on recruitment and retention of the workforce is welcomed along with the supportive measures in place to support the wellbeing of the workforce. The ICBs recognise the improved results generated from the NHS Staff Survey (2023) and that YAS benchmark higher than the ambulance sector mean.

Patient Outcomes and Experience

The ICBs look forward to working further with YAS, in support of Quality Improvement (QI) measures and projects, and in addressing pressures across the whole system in order to ensure positive patient outcomes and experience.

The ICBs confirm to the best of their knowledge that the information contained within the QA is accurate and consistent with that which has been shared with us.

Wakefield MDC's 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.

The Committee welcomes the focus on a limited number of priorities in relation to patient experience and clinical effectiveness and supports the continued emphasis on those issues that matter most to the public and users of the service. Success is most likely when there is fidelity in the chosen improvement method, and a sustained commitment over time.

Healthwatch Leeds

Thank you for this opportunity to comment on your Quality Account, which we found to be comprehensive and informative. We were particularly keen to read about how you use patient and public voice to improve your services. We found some positive methods in the report, particularly of note are:

- YAS Critical Friends' Network
- Priority 1 – it is good to read of the intention to develop a patient experience and involvement framework with patients (especially those who experience health inequalities).
- Excellent priority 2 - on patient experience to co-produce and learn from those with a learning disability and neurodiversity.
- Good to hear of RITA trial for patients using PTS with dementia, LD, brain injury.

- It was also positive to read about community engagement across the patch and the focus on communities with greater health inequalities and those with LD – to raise awareness of services, to improve their access and deliver training. We are pleased that further engagement based on this is being rolled out this year.
- It was also interesting to hear of the significant use of volunteers in Leeds to improve PTS experience.

Overall, we found this report to be really useful in highlighting the work that has gone on around patient and public engagement. It would be great if there was a focus on what we call the 3C's of Compassion, Communication and Co-Ordination in future work of Yorkshire Ambulance Service. These are the three areas that people have told us make the most difference to their experiences in health care.

Barnsley Overview & Scrutiny Committee (OSC)

We 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 2023-24. They would also like to thank all the officers who have taken the time to be involved in committee meetings, both in Barnsley and regionally.

Priorities

The priority areas for 2024-25 are what the Committee would expect to see. However, they would like the Key Driver for Priority 2 to be more ambitious so that the service 'improves' patient safety, and not just 'maintains' it.

The implementation of a Patient Experience & Involvement Strategy is in alignment with the work the South Yorkshire, Nottinghamshire & Derbyshire Joint Health Overview & Scrutiny Committee (JHOSC) has been doing with the South Yorkshire Integrated Care Board to develop their 'Start with People' strategy. The JHOSC will also be scrutinising the YAS Strategy, 'Great People, Great Care, Great Partner' for 2024-29 as part of its work programme for the 2024-25 municipal year.

There appears to be an improvement in ambulance response times when compared to 2022-23, although targets for category 1 and category 2 are still not being met most of the time, despite the target for category 2 being increased from 18 to 30 minutes. It is hoped that the quality work being done to improve handover times at hospitals realises benefits so that resources can be released, reaching patients in a timely manner and reducing the number of serious incidents. The Committee is disappointed to see that data for January and February is missing as this would help them to understand the impact of winter pressures on response times.

At their highest, performance against the indicators relating to the care of STEMI and Stroke patients are not achieving the national average and the Committee would like to see improvement in these areas and it is hoped that the identified improvement actions will have the desired impact. Also, there is less variation between the highest and lowest performance figures for Stroke patients and the committee would like to see this replicated for STEMI patients where possible to ensure consistency of care.

The Committee is pleased to see that the most recent figure for ROSC is above the national average and that improvement has been seen against the national average from survival to discharge. Again, the committee notes that there is significant variation between the highest and lowest performing months for the Utstein score and wonders if there is anything that could be done to ensure consistency?

Omissions

As far as the committee is aware, there are no omissions, and the report includes all the necessary information as outlined in guidance from NHS England.

The Committee would, where possible, like to see comparisons for data to demonstrate whether performance should be celebrated, and which areas need to improve. Also, a lack of targets/acceptable thresholds within the report prevents us from understanding how well the service is performing.

Similarly, it is not clear whether ambitions have been achieved in some areas and there could be more to demonstrate the outputs/outcomes of the ambitions. The current information demonstrates the level of activity taking part within the service but not necessarily whether this work is of sufficient quality and having a positive impact on the right things at the right time.

Staff, Patient and Public Involvement

There is evidence within the report that YAS engage with staff, patients, and the public about the quality of services. The Committee would expect that, given the size of the footprint served, enough people are engaged and that all sections of the community are represented both geographically and demographically, and this should be considered when working towards achieving Priority 1 for 2024-25.

Report Presentation

There is a lot of information within the report that is not easy to understand, and although an easy-to-read version is mentioned, and we have raised it as an issue in the past, we cannot find a more recent version than the one published for 2018-19 on your website. The committee would expect to see an easy-to-read version published on your website for this year.

Doncaster Metropolitan Borough Council

I think your priorities are appropriate, however, your service delivery falls a very long way short of what the local population needs and expects. The important issue you have missed is that you glossed over the inadequacies, constantly commenting that the situation is better than a couple of years ago when the NHS was in the post-COVID recovery phase. The reality is that in most of the categories where you quote percentages for staff satisfaction with various things half your staff were expressing their dissatisfaction.

Similarly, the times spent waiting outside A&E may be better but fundamentally they are nowhere near good enough and you know that too well. I appreciate you are under political pressure to find sound bites for the political masters who devised the criteria and this stakeholder feedback form.

I am sure you believe that including comments from letters of appreciation constitutes that you have involved patients in the production of the Quality Accounts. I don't want to take anything away from the credit your frontline staff deserve for the incredible work they do day in and day out. What about the comments from the thousands of people waiting hour after hour for an ambulance. You only have to watch one of the programmes filmed in an ambulance control response room to see what the issues are.

Healthwatch Hull

Healthwatch Hull welcome the opportunity to make a statement on the Yorkshire Ambulance Service Quality Accounts.

It is encouraging to see quotes from members of the public and stakeholders embedded throughout the quality accounts, and to read about the community work which is carried out including free first aid sessions. On a local level the feedback Healthwatch Hull have received around YAS has been generally positive, people felt they were treated with care and compassion. The accessibility of NHS 111 service and Patient Transport Service were highlighted with the project carried out looking at rough sleepers and people experiencing homelessness, barriers were identified such as lack of mobile phone access and lack of knowledge of services.

It is encouraging to see the Equality Impact Assessment process has continued to test policies, processes, functions and services to ensure inclusive practice for all protected characteristics and that policies have been changed or had additions made due to the process.

The report highlighted key achievements against Priorities for Improvement 2022-23 particularly around learning disability and neurodiversity by reviewing internal and external communications to ensure they are accessible, offering and producing key communications/documents in an easy read format.

Performance against 2023-24 CQUINS (Commissioning for Quality and Innovation Indicators) outlines progress which has been made around recruitment of staff, Emergency Preparedness, Resilience and Response and Patient Transport Service.

It is disappointing to see that the Trust is not currently funded by commissioners to a level that allows YAS to achieve the national Ambulance Response Programme response times in all cases.

Although a learning culture is evident throughout the accounts, it is disappointing to hear that the uptake of the offer of mental health first aid training among staff has been slower than expected. The need for further mental health training and a 'Trauma Informed approach' was highlighted throughout the work which Healthwatch Hull carried out with YAS with rough sleepers and those experiencing homelessness in Hull. However, it is encouraging that the suicide prevention toolkit is now live and that a review of the mental health training offer review is to take place.

Finally, much of the information provided within the quality accounts, is stated for the Trust as a whole. It is felt that more detailed information by area specifically around ambulance response times would be useful so that members of the public and local organisations can gain a clearer understanding at a local level.

A joint response from Healthwatch in South Yorkshire – Barnsley, Doncaster, Rotherham and Sheffield

Thank you for sharing this report with us, which this year we have chosen to respond to jointly as staff and volunteers at the four Healthwatch organisations in South Yorkshire.

This report is a very comprehensive account of Yorkshire Ambulance Service's (YAS) work over the past year. It's clear that the organisation has managed to maintain their service, and overall perform well, through considerable adverse times. The Trust's performance has been impacted by resource challenges and industrial action, but the accounts do not dwell on these issues and instead give a balanced view of other factors too. We feel the accounts paint an honest picture of the challenges faced – for instance ambulance response times – and how these might be improved.

The document shows huge amount of activity, and lots of work on new initiatives and further developments. It was interesting to read about the wide range of projects they have been involved with.

YAS priorities for improvement

We note the good progress made on last year's priorities, especially the work to identify gaps and improvements for neurodiverse patients and patients with learning disabilities. We were pleased to see details of work involving these cohorts and learning from their views and experiences directly.

We welcome the priority areas identified for 2024-25 and believe they do reflect the priorities of the local population based on feedback we receive, particularly the priority around developing and implementing a Patient Experience and Involvement Strategy. Co-production with service users as a way to improve patient voice is always welcome.

It would be good however to see more details on this – the ‘how’ these objectives will be achieved (e.g. how will you co-produce the framework), and any key targets or measurables. Further detail might also help to show why these targets have been chosen, and what makes this a special or more specific focus rather than being part of normal working practice.

Patient engagement, involvement and feedback

The positive patient stories quoted throughout the report make for nice reading. We were pleased to see good results in the patient surveys and Friends and Family Test for the service as well. This aligns with patients feedback we’ve received over the last year, which is mostly positive for the services Yorkshire Ambulance Service delivers with lots of feedback focusing on supportive staff and effective care.

Where we do hear about issues, the key ones include:

- 999 and emergency response – long ambulance response times, which we note are discussed in these accounts
- NHS 111 – people not receiving a call back from the service when they were assured this was the next step
- Patient Transport Services (PTS) – people telling us they are not able to access PTS despite being seemingly eligible or having used it previously. While the account notes very positive experiences from people who’ve used this, it is worth considering that this won’t include people who were not able to access the service.

It is good however to see the detailed section on learning from complaints and feedback; we are pleased that YAS is listening to these less positive experiences and being transparent about their actions in response.

It is also good to see improving scores year on year for the staff surveys – and where the data goes back far enough, to see that these results have returned to pre-COVID levels. It seems there is still work to do here, including around staff communications, but staff morale seems to be moving in a positive direction.

The ‘community engagement section’ and the ‘engaging with staff, patients and the public about quality’ section details a range of activities which have involved patients, families and the public in the work of YAS. It was interesting to read the section on rough sleepers and how YAS has partnered with Healthwatch Hull on this project, as well as initiatives like the Critical Friends Network. Some of these stories would benefit from links to external webpages where readers could find out more about their impact and how those involved feel the projects are going.

Readability

The glossary is helpful, and medical terms and conditions have usually been given their common names which will help with clarity. However, the length of the accounts will mean that they are probably not going to be read by the majority of the general public. YAS is a huge organisation, making it important for its reports to be clear, well labelled, and well ordered.

There are places where better organisation or clarity would help with readability, including better explaining some of the charts – the language explaining some of the performance results was difficult to understand. Wherever possible, breakdowns showing different regions of Yorkshire (which vary widely in size, demographics, specific challenges etc) would also help to put findings in perspective for those wanting to understand how the service is performing in their local area. This includes being clear about where initiatives are being trialled throughout the region – so people can understand whether a project in one place may or may not have a similar impact where they live.

Where the accounts describe issues like ambulance response times and patient safety incidents where targets are not being met or incidents are increasing, it would be helpful to see these alongside national figures too.

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 2023 to March 2024.
 - Papers relating to quality reported to the Board over the period April 2023 to March 2024.
 - Feedback from commissioners dated 1 May 2024.
 - Feedback from local Healthwatch organisations dated 1 May 2024.
 - Feedback from Overview and Scrutiny Committees dated 1 May 2024.
 - 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 27/06/24

Glossary of Terms

Term/Abbreviation	Definition/Explanation
Accessible Information Standard (AIS)	All publicly funded adult social care and health providers, must identify, record, flag, share and meet the information and communication needs of those who use their services.
Accident and Emergency (A&E) Service	A responsive service for patients in an emergency situation with a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention.
ACQI	Ambulance Clinical Quality Indicator.
Adastra	A tool that provides staff working in emergency care settings with the tools to provide patients with the correct course of treatment
ADS	Ambulance date set
Advanced Medical Priority Dispatch System (AMPDS)	An international system that prioritises 999 calls using information about the patient as supplied by the caller.
Algorithm	Is a self-contained step-by-step set of operations to be performed. Algorithms exist that perform calculation, data processing, and automated reasoning.
ALS	Advanced life support.
Ambulance Quality Indicators for Ambulance Clinical Outcomes (AmbCO)	Monthly outcomes for ambulance patients with stroke, cardiac arrest, heart attacks, or sepsis
Ambulance Service Cardiovascular Quality Initiative	The initiative aims to improve the delivery of pre-hospital (ambulance service) care for cardiovascular disease to improve services for people with heart attack and stroke.
Ambulance Response Programme (ARP)	The Ambulance Response Programme (ARP) was established in 2015 by NHS England to review the way ambulance services operate and ensure a greater clinical focus. This helped to inform changes in national performance standards which were introduced in 2018.
Annual Assurance Statement	The means by which the Accountable Officer declares his or her approach to, and responsibility for, risk management, internal control and corporate governance. It is also the vehicle for highlighting weaknesses which exist in the internal control system within the organisation. It forms part of the Annual Report and Accounts.
Automated External Defibrillator (AED)	A portable device that delivers an electric shock through the chest to the heart. The shock can then stop an irregular rhythm and allow a normal rhythm to resume in a heart in sudden cardiac arrest.

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

Clinical Governance Group (CGG)	Internal regulatory group that agrees and approves all clinical decisions.
Clinical Hub	A team of clinical advisors based within the Emergency Operations Centre providing support for patients with non-life-threatening conditions.
Clinical Pathways	The standardisation of care practices to reduce variability and improve outcomes for patients.
Clinical Performance Indicators (CPIs)	CPIs were developed by ambulance clinicians and are used nationally to measure the quality of important areas of clinical care. They are designed to support the clinical care we provide to patients by auditing what we do.
Clinical Quality Strategy	A framework for the management of quality within YAS.
Clinical Supervisor	Works on the frontline as part of the operational management team and facilitates the development of clinical staff and helps them to practise safely and effectively by carrying out regular assessment and revalidations.
Commissioners	Ensure that services they fund can meet the needs of patients.
Community First Responders (CFRs)	Volunteers in their local communities, who respond from their home addresses or places of work to patients suffering life-threatening emergencies.
Complaint	An expression of dissatisfaction regarding a YAS service or the specific behaviour of a member of staff in the course of their duties to which a response is required and where a person specifically states that they wish the matter to be dealt with as a formal complaint at the outset.
Computer Aided Dispatch (CAD)	A method of dispatching ambulance resources.
Commissioning for Quality and Innovation (CQUIN)	The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals.
Concern	An expression of dissatisfaction regarding a YAS service or the specific behaviour of a member of staff in the course of their duties to which a response is required and where attempts to resolve the matter as speedily as possible, focusing on delivering the outcomes being sought are successful. Issues raised where the individual does not require feedback at all are dealt with as concerns where the matter relates to a negative experience of patient care episode.
Continuing Professional Development (CPD)	Training and development opportunities for all staff at every level.

cPAD (Community Public Access Defibrillator)	cPADs are cabinets located on the outside wall of a building so that the AED inside can be accessible 24/7 to anyone in the vicinity who requires it.
COPD	Chronic obstructive pulmonary disease (COPD) is the name for a group of lung conditions that cause breathing difficulties
Critical Friends Network (CFN)	A range of people, patients and members of the public, from different backgrounds who can all provide valuable input into the work we do.
Dashboards	Summary of progress against Key Performance Indicators for review by managers or committees.
Dataset	A collection of data, usually presented in tabular form.
DATIX	Patient safety software for healthcare risk management, incident and adverse event reporting.
Defibrillator	See AED
Department of Health (DH)	The government department which provides strategic leadership for public health, the NHS and social care in England.
Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)	For a small number of people who are approaching the last days of life, cardiopulmonary resuscitation (CPR) would be futile or not a viable option. In these circumstances DNACPR forms are completed to avoid aggressive, undignified and futile actions to resuscitate a patient, and to allow a natural dignified death in line with the patient's wishes.
Duty of Candour	Regulation that ensures providers are open and transparent with people who use their services.
Electrocardiogram (ECG)	An interpretation of the electrical activity of the heart. This is done by attaching electrodes onto the patient which record the activity of the different sections of the heart.
Electronic Patient Record (ePR)	Electronic record to capture assessment and interaction information about our patients and share this with other healthcare providers
Emergency Medical Dispatcher (EMD)	Emergency Medical Dispatchers answer 999 calls from the public
Emergency Care Assistant (ECA)	Emergency Care Assistants work with clinicians responding to emergency calls. They work alongside a more qualified member of the ambulance team, giving support and help to enable them to provide patients with potentially life-saving care at the scene and transporting patients to hospital.
Emergency Care Practitioner (ECP)	Emergency Care Practitioners are paramedics who have received additional training in physical assessment, minor illnesses, minor injuries, working with the elderly, paediatric assessment, mental health and pharmacology.
Emergency Department (ED)	A hospital department responsible for assessing and treating patients with serious injuries or illnesses.

Emergency Medical Technician (EMT)	Works on an emergency ambulance to provide the care, treatment and safe transport of patients.
Emergency Operations Centre (EOC)	The department which handles all our emergency and routine calls and deploys the most appropriate response. The two EOCs are based in Wakefield and York.
EoLC	End of Life Care
EPaCCS	Electronic Palliative Care Coordination System
Epidemiology	The study and analysis of the patterns, causes, and effects of health and disease conditions in defined populations
Equality and Diversity	Equality legislation protects people from being discriminated against on the grounds of their sex, race, disability, etc. Diversity is about respecting individual differences such as race, culture, political views, religious views, gender, age, etc.
ESR	Electronic Staff Record
Expert Patient	Independent person who works with YAS and offers a patient perspective to the Trust.
Face, Arm, Speech Test (FAST)	A brief test used to help determine whether or not someone has suffered a stroke.
FTSU	Freedom to Speak Up
Foundation Trust (FT)	NHS organisations which operate more independently under a different governance and financial framework.
General Practitioner (GP)	A doctor who is based in the community and manages all aspects of family health.
Global Rostering System (GRS)	GRS Web is a web-based function which allows staff to view their shift information electronically.
Governance	The systems and processes, by which health bodies lead, direct and control their functions, in order to achieve organisational objectives, and by which they relate to their partners and wider community.
HALO	Hospital Ambulance Liaison Officer
Hazardous Area Response Team (HART)	A group of staff who are trained to deliver ambulance services under specific circumstances, such as at height or underground.
Health Overview and Scrutiny Committees (HOSCs)	Local authority-run committees which scrutinise matters relating to local health services and contribute to the development of policy to improve health and reduce health inequalities.
Hear and Treat	When a person does not require an ambulance, but a clinician is able to provide treatment and advice over the phone.

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

Knowledge and Skills Framework (KSF)	A competence framework to support personal development and career progression within the NHS.
LAT	Low Acuity Transport.
LFPSE	Learning from patient safety events
Local Education and Training Board (LETB)	Responsible for the training and education of NHS staff, both clinical and non-clinical, within their area.
Major Trauma	Major trauma is serious injury and generally includes such injuries as: <ul style="list-style-type: none"> ▪ traumatic injury requiring amputation of a limb ▪ severe knife and gunshot wounds ▪ major head injury ▪ multiple injuries to different parts of the body e.g. chest and abdominal injury with a fractured pelvis ▪ spinal injury ▪ severe burns.
Major Trauma Centre	A network of centres throughout the UK, specialising in treating patients who suffer from major trauma.
Mental Capacity Act (MCA)	Legislation designed to protect people who can't make decisions for themselves or lack the mental capacity to do so.
MHA	Mental Health Act
MINAP	Myocardial Ischaemia National Audit Project
MND	Motor Neurone Disease
Myocardial Infarction (MI)	Commonly known as a heart attack, an MI is the interruption of blood supply to part of the heart, causing heart cells to die.
NASCQG	National Ambulance Service Clinical Quality Group
NASMED	National Ambulance Service Medical Directors.
National Ambulance Non-conveyance Audit (NANA)	National indicator for re-contact rates within 24 hours for patients treated and discharged at scene by ambulance services.
National Early Warning Score (NEWS)	Standardises the use of a NEWS system across the NHS in order to drive the 'step change' required in the assessment and response to acute illness.

National Health Service (NHS)	Provides healthcare for all UK citizens based on their need for healthcare rather than their ability to pay for it. It is funded by taxes.
National Learning Management System (NLMS)	Provides NHS staff with access to a wide range of national and local NHS eLearning courses as well as access to an individual's full training history.
National Reporting and Learning System (NRLS)	The NRLS is managed by the NHS Improvement. The system enables patient safety incident reports to be submitted to a national database. This data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care.
Near-Miss	Any occurrence, which does not result in injury, damage or loss, but has the potential to do so. Investigation of individual incidents allows us to address the immediate issues, whilst aggregation of data ensures wider themes and trends are identified across the organisation. Triangulation of data from multiple sources such as incidents, complaints, claims, coroners' inquiries and safeguarding cases provides us with a valuable opportunity for organisational learning that utilises both the staff and patient perspective.
NHS England (NHSE)	NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England
NHS 111	NHS 111 is an urgent care service for people to call when they need medical help fast but it's not a 999 emergency. Calls are free from landlines and mobile phones.
NIHR CRN	National Institute for Health and Care Research Clinical Research Network: the network which supports clinical research infrastructure throughout England, working towards increased access for patients to new and better treatments in the NHS and social care.
NGO	Non-governmental organisations
Non-Conveyance	Non transportation of patients to hospital.
Non-Executive Directors (NEDs)	Drawn from the local community served by the Trust, they oversee the delivery of ambulance services and help ensure the best use of financial resources to maximise benefits for patients. They also contribute to plans to improve and develop services which meet the area's particular needs.
OHCA	Out of hospital cardiac arrest
Out of area	Outside Yorkshire or outside the usual business area.
PaCCS	Pathways Clinical Consultation Support. A suite of clinical templates based on existing NHS pathways clinical content.
Patient Advice and Liaison Service (PALS)	Offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.

Patient safety or staff safety incident	Any unplanned event which has given rise to actual personal injury, patient dissatisfaction, property loss or damage, or damage to the financial standing or reputation of the Trust.
PSS – Patient Safety Specialist	Lead patient safety experts in healthcare organisations, working full time on patient safety
PSP – Patient Safety Partner	A role that patients, carers and other lay people can play in supporting and contributing to a healthcare organisation's governance and management processes for patient safety.
Paramedic	Senior ambulance service healthcare professionals at an accident or medical emergency. Working alone or with colleagues, they assess a patient's condition and provide essential treatment.
Paramedic Practitioner	Paramedic practitioners come from a paramedic background and have additional training in injury assessment and diagnostic abilities.
Patient Care Record (PCR)	A comprehensive record of the care provided to patients.
Patient Group Directions (PGDs)	Good practice recommendations, for individual people and organisations, aiming to ensure patients receive safe and appropriate care and timely access to medicines, in line with legislation.
Patient Safety Alerts	Incidents identified by NHS England reporting system that spots emerging patterns at a national level, so that appropriate guidance can be developed and issued to protect patients from harm.
Patient Transport Service (PTS)	A non-emergency medical transport service, for example, to and from out-patient appointments.
Peer Review	The evaluation of work by one or more people of similar competence to the producers of the work. It constitutes a form of self-regulation by qualified members of a profession within the relevant field.
Personal Development Reviews (PDRs)	The PDR process provides a framework for identifying staff development and training needs and agreeing objectives.
Pharmacological agents	A biologically active substance applied to the body for their therapeutic effects on one or more tissues or organs.
PREVENT	Prevent is part of counter-terrorism strategy. Its aim is to stop people becoming terrorists or supporting terrorism.
Private and Events Service	Provides medical cover to private and social events for example, football matches, race meetings, concerts and festivals. It also provides ambulance transport for private hospitals, corporations and individuals.
PSIRF	Patient Safety Incident Response Framework
PTSD	Post-traumatic stress disorder (PTSD) is an anxiety disorder caused by very stressful, frightening or distressing events

PUSH model	A task that is designed to direct the user as to what to do to get the desired outcome.
Quality Governance Framework	A process to ensure that YAS is able to monitor and progress quality indicators from both internal and external sources.
Quality Strategy	Framework for the management of quality within Yorkshire Ambulance Service.
Qualitative research	Primarily exploratory research used to gain an understanding of underlying reasons, opinions, and motivations.
Quantitative research	Used to quantify the problem by way of generating numerical data or data that can be transformed into useable statistics.
Rapid Response Vehicle (RRV)	A car operated by the ambulance service to respond to medical emergencies either in addition to, or in place of, an ambulance.
REAP	Resource Escalation Action Plan. Allows for escalatory measures from the “corporate body” to support performance and disruptive events that are assessed as high risk to service delivery e.g., Major Incident.
Resilience	The ability of a system or organisation to recover from a catastrophic failure.
RITA	Reminiscence Interactive Therapy Activities, a software solution designed to help reduce distress, agitation, isolation and improve the wellbeing of all patients
ROSC (Return of spontaneous circulation)	The return of cardiac activity after a cardiac arrest.
Safeguarding	Processes and systems for the protection of vulnerable adults, children and young people.
Safeguarding Referral	Yorkshire Ambulance Service staff are given information to help them identify warning signs of abuse or neglect and to report this via our Clinical Hub, to social care. Social care will follow up each referral to ensure that the vulnerable adult or child involved is safe.
Safety Thermometer	The NHS Safety Thermometer is a tool designed to help hospitals understand where they can potentially cause harm to patients and reduce the risk of this.
SDEC	Same day emergency care
SEIPS	A framework for understanding outcomes within complex socio-technical systems
Sepsis	A life-threatening condition that arises when the body's response to infection injures its own tissues and organs.
Serious Incidents (SIs)	Serious Incidents include any event which causes death or serious injury, involves a hazard to the public, causes serious disruption to services, involves fraud or has the potential to cause significant reputation damage.
SNOMED	SNOMED CT is a structured clinical vocabulary for use in an electronic health record.

SP (Specialist Paramedic)	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.
SpO₂ (peripheral capillary oxygen saturation)	The percentage of oxygenated haemoglobin (haemoglobin containing oxygen) compared to the total amount of haemoglobin in the blood (oxygenated and non-oxygenated haemoglobin).
SSNAP	Sentinel Stroke National Audit Programme
Stakeholders	All those who may use the service, are affected by or who should be involved in its operation.
Standard Operating Procedure (SOP)	A set of step-by-step instructions compiled by an organisation to help workers carry out complex routine operations.
ST Elevation Myocardial Infarction (STEMI)	A type of heart attack.
SystmOne	SystmOne provides a single Electronic Health Record for every patient.
Transient Ischaemic Attack (TIA)	Mini-stroke
TMG	Trust Management Group
TXA	Transexamic acid
Urgent Care Practitioner (UCP)	Someone with enhanced skills in medical assessment and extra clinical skills over and above those of a standard paramedic.
UCR	Urgent community response
Utstein comparator	A set of guidelines for uniform reporting of cardiac arrest.
UTI	Urinary tract infection
VCS	Volunteer Car Service.
VOCARE	Provides services across multiple regions in England and provides urgent care services including urgent treatment centres, NHS 111 and GP out of hours services.
WYUC	West Yorkshire Urgent Care.
Year to Date (YTD)	The period from the start of a financial year to the current time.
Yorkshire Air Ambulance (YAA)	An independent charity which provides an airborne response to emergencies in Yorkshire and has YAS paramedics seconded to it.
Yorkshire Ambulance Service (YAS)	The NHS provider of emergency and non-emergency ambulance services in Yorkshire and the Humber.