



Yorkshire Ambulance Service

Quality Account

2024-25

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Part One

Statement on Quality from the Chief Executive

A warm welcome to our Quality Account for 2024-25.

Within these accounts we report on the quality of care that we have provided from April 2024 to March 2025. Whilst the health and social care system continues to face significant challenges, this quality account highlights the many improvements we've made and outlines the work we're undertaking to ensure that we provide safe, effective, responsive, and patient-centred care to the people of Yorkshire and the Humber.

The Trust has sustained our 'Good' rating with the Care Quality Commission, and we endeavour to take the steps required for us to achieve an 'Outstanding' rating in the future, using continuous improvement.

Our staff and volunteers have worked hard to deliver improvements and continue to do their very best for patients. Our teams range from Remote Patient Care, Patient Transport Service and 999 Emergency Service, through to our Resilience and Special Services (incorporating our Hazardous Area Response Team - HART). They strive to deliver the best healthcare services they can throughout the year and continue to show compassion and a commitment to helping our patients. Here we report on these achievements and celebrate our staff and volunteers. At our STARS Awards in November 2024 we celebrated some of 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.

This year's Quality Account outlines our current position and notes our successes but also outlines our ambitions and quality priorities for the future. This year was the first year of our new strategy which runs from 2024 to 2029. As a Trust we recognise that the requirements and demand for healthcare continue to alter, and a sustainable, future-proofed NHS requires ongoing change. Our new strategy represents a change in how our teams will deliver our services, making them fit for the future, focusing on place-based delivery model with a clear left shift towards prevention and place-based delivery, using clinical pathways and other options alternative to the emergency department where possible.

Our vision 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.

Whilst the year has been challenging, our staff and volunteers remain at forefront of delivering care and services that we are proud of. The improvements we have made have begun to increase our ability to respond in a timely manner and we are determined to continue to improve the services we provide for the communities of Yorkshire and the Humber by continuously learning and reviewing the way we work with our system partners in the NHS, ensuring safe, effective and responsive services that put the patient's needs first.

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 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
Yorkshire Ambulance Service

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 7,682 staff, who together with over 970 volunteers, enable us to provide a vital 24-hour, seven-days-a-week, emergency and healthcare service.

For everyone working or volunteering at YAS, providing high quality patient focused 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	2024-25
Number of emergency calls received (excludes Routine)	A&E	1,230,334
Number of emergency calls responded to (999) (Hear & Treat, See & Treat and See, Treat & Convey)	A&E	908,378
Number of non-emergency journeys (Routine)	A&E	3,633
Number of 111 urgent calls answered	NHS 111	1,691,748
Number of PTS Total Demand (Delivered, Aborted and Escorts)	PTS	978,407

Vision, Purpose and Values

Our Vision

Great Care, Great People, Great Partner.

Our 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.

Our Values

Kindness, Respect, Teamwork, Improvement

YAS Together

Care Together, Lead Together, Grow Together, Excel Together, Everyone Together

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 partner provider organisations and each Integrated Care Board, along with the local Healthwatch and Health Overview and Scrutiny Committees.

The Patient Experience Framework, which has been developed this year, enables 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 a stand-alone role for Patient Safety Specialist, in line with Care Quality Commission requirements, and recruitment of Patient Safety Partners, as defined in the national Patient Safety Strategy, further strengthens our quality improvement activities, particularly the patient voice. We now have three fully onboarded Patient Safety Partners who are working with us across a range of quality areas in the Trust.

The YAS Critical Friends Network (CFN) was launched in 2016 and currently has 15 members from across the region, with four new members joining this year. 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 over the year and regular face-to-face meetings have been sustained. 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. They have met with the Chairman and the Chief Executive, and we have increased their opportunity to participate with service development and improvement work.

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. Work to improve the responsiveness of the patient complaint process has also been undertaken this year, under the direction of our Chief Executive Officer, and improvements will continue using patient feedback on the process.

Feedback from Stakeholders

Patient representative/volunteer

"As far as I am aware - thankfully we have not had need of your services, but I have noticed large queues of patients in A&E which I presume has an impact on availability of moving crews if they are waiting to discharge at A&E."

Patient representative/ volunteer

"Staff and service providers are always friendly caring and helpful. When possible, you always put patients at ease and reduce anxiety."

Patient via Healthwatch

"Excellent service. Call handler stayed on the line until the crew arrived, checking we were coping and supporting us. Rotherham-based crew lovely and patient, trying to keep my husband out of hospital. Excellent care and reassurance, organised medication for me to collect, accessing my husband's medical records."

Patient via Healthwatch

"Called the ambulance as my husband was having chest pains. The ambulance arrived quickly and the paramedics were very efficient and reassuring. Could not have asked for a better team. very easy to access service, good care."

Patient via Healthwatch

"Just booked hospital transport with a wheelchair for the first time. I never tried when it was via a GP, but it is so easy now. A few questions and it is booked to take me in for my next operation."

Healthcare representative.

"I booked transport journeys on behalf of two end-of-life patients, with less than an hour's notice. PTS Schedulers moved heaven and earth to get these extremely poorly patients to their preferred places of death; the empathy they showed towards these patients' final wishes was amazing. The crews were also superb, remaining calm, patient and highly respectful."



Quality Improvement (QI)

The new Trust strategy set out the ambitions and key deliverables of the Trust for the next five years. Following this, the Trust launched its quality improvement (QI) enabling plan which sets out how the Trust will approach the improvement required to achieve the priorities within the strategy.

The plan is aligned with NHS IMPACT (Improving Patient Care Together) and outlines four key areas of focus. These include:

- Building improvement capability
- Developing leadership behaviours for improvement
- Embedding improvement into management systems
- Processes and investing in the Trust's culture and our people.

As part of the Trust's strategy launch, the organisation's values were refreshed with improvement featuring as a core value.

Training

The Trust's Quality Improvement Team has developed a three-tiered approach to improvement education. Introduction to QI at YAS is a bite-size, virtual, self-led course aimed at all Trust staff. QI foundations is a one-day, face-to-face course teaching the model for improvement. QI leaders is a three-day face-to-face programme spread over three months. This is aimed at the Trust's senior leadership community and aims to equip them with the social and technical improvement skills with a leadership lens.

The team has delivered 12 cohorts of our QI foundations training with over 100 staff completing it. Three cohorts of QI leader training will have been delivered or be underway by April 2025.

QI Fellowship

We are now pleased to have our sixth cohort of QI fellows from multiple areas of the organisation on board with a key change to the Fellowship being that they are now undertaking a formal external educational apprenticeship. The Fellows will be qualified as a level 4 improvement practitioner which offers them an accredited qualification. The Fellowship continues to foster and nurture our talent at YAS, and we look forward following their journey.

QI supporting operational improvement

The Trust's QI Team has been supporting and coaching leaders and teams in the Trust who are undergoing improvement activity in their respective areas of work. This includes A&E Operations, YAS Academy, Recruitment, and Health and Wellbeing. After five years of foundation building, QI within YAS is now at the point where we can start to spread the culture of improvement far and wide throughout the organisation. This is thanks to the YAS strategy, new values and the QI Enabling Plan articulating how QI will fit into the organisation moving forward, and links to the YAS Together framework.

Some examples of our QI work in practice include:

Crew Clear in 999 operations

In West Yorkshire there has been extensive work reviewing handover and crew clear procedures by utilising a QI methodology to improve efficiency. Process mapping exercises involving all levels of staff have identified key areas to influence improvement. The learning from this work has been shared with other areas to accelerate improvement work into 2025-26.

Community First Responder (CFR) team use Quality Improvement techniques with their volunteers.

Community First Responder (CFR) volunteers have provided over 210,000 hours this year and provided support to over 20,000 patients. Our aim was to support our volunteers to feel more engaged and appreciated part of the service. Using QI methodologies to test and review, we have developed new skills, using new equipment. This includes the provision for blood glucose measurements. Our CFR course has also been fully revised with the support of clinicians and the YAS Academy. These developments will provide better care to our patients and increase the confidence of our CFRs.

The department continually encourages feedback from volunteers on how we can improve both their experience and the care of patients. This year, volunteers explained to us the difficulty in accessing online learning on the existing platform and its complexity. Over the year, we addressed this feedback by reviewing the modules that were appropriate for volunteers, reducing the number from 24 down to 15. We also introduced a new more accessible e-Learning platform, enabling them to complete their statutory and mandatory training with ease. Both actions came directly from volunteer feedback and have made a huge impact in their volunteer experience with us.

Patient Transport Service (PTS) - Quality Improvement fellow hands over the baton

2024-25 saw the completion of one PTS QI Fellowship and the start of another. The QI Fellowship offers successful candidates the time and space to gain knowledge and experience of running and supporting improvement initiatives Trust-wide, whilst also gaining a qualification. The fellows spend 50% of their time with the QI Team and 50% with their substantive team. PTS has supported six staff through the Fellowship programme since its inception in 2018.

Our previous PTS QI Fellow said: *“Completing my Quality Improvement Fellowship was a significant goal of mine during my time at YAS and has been instrumental in my growth. My improvement project focused on asset management in PTS, which was a complex, yet rewarding challenge that led to the formation of a new working group in 2025 to further develop processes and ideas for tracking PTS equipment.”*

Our new PTS QI Fellow said, *“As the new PTS Quality Improvement Fellow, I will be looking at the volume of operational risk assessments undertaken within PTS and try to find a safe and effective way of reducing the associated time, resource and costs. I will be doing my fellowship with the support of a Level 3 and 4 apprenticeship which I hope will give me the skills needed to make lasting and effective change.”*

Part Two

Priorities for Improvement 2025-26

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 2025-26 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	Patient Experience: <i>Implementation and embedding of the Patient Experience and Involvement Framework</i> Implement and embed the new Patient Experience and Involvement Framework developed in 2024-25, which aligns to our new Trust Strategy. We will work within the framework to fully increase feedback and embed patient voice within all parts of our organisation. The framework has been co-produced with people who use our services to ensure we hear all voices, including those who experience health inequalities. Embedding the framework will allow the Trust to increase the breadth and depth of patient and service user feedback received. Feedback data will then be used to consider service changes and quality improvement through the lens of what these mean for our patients, their carers and families.	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	Clinical Effectiveness: <i>Clinical Supervision Framework</i> Continue to build the capacity for effective clinical supervision in the Trust. The outcome for the project is to improve patient care, patient safety, patient experience and improve staff's professional development and wellbeing. It will provide assurance of clinical practice and improve confidence and clinical leadership.	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	Patient Safety: <i>Utilise Patient Safety Incident Response Framework (PSIRF) to gain learning and implement actions.</i> Implementation of the Patient Safety Incident Response Framework for 2025-26 enables the Trust to continue to develop as a learning organisation. It allows for focus on the main patient safety incidents, using quality improvement techniques to drive patient safety throughout the organisation, ensuring lessons are learnt, improvements are made, and opportunities to share learning and best practice are enhanced.	Simon Davies, Head of Investigations and Learning	National Standards. Patient Safety Incident Response Framework (PSIRF)

Review of services 2024-25

Statement from the Trust Board

During 2024-25 YAS provided and/or sub-contracted seven NHS services:

1. 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.
2. An Accident and Emergency response service (this includes management of 999 emergency calls and providing an urgent care service including urgent care practitioners).
3. 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.
4. Fully equipped vehicles and drivers for the Embrace neonatal transport service for critically ill infants and children in Yorkshire and the Humber.
5. Clinicians to work on the two Yorkshire Air Ambulance charity helicopters.
6. Management of the Community First Responder Scheme, made up of volunteers from local communities.
7. 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 it on the quality of care in all seven of these relevant health services.

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

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 our critical care teams which includes our Critical Care Paramedics based on rapid response cars in each area, the Medical Emergency Response Incident Team (MERIT) a road-based team of Critical Care Paramedics and Pre-Hospital Emergency Care (PHEM) Consultants providing medical advisor cover and response to seriously ill and injured patients, Helicopter Emergency Medical Service (HEMS) teams: a partnership between Yorkshire Ambulance Service and the Yorkshire Air Ambulance (YAA) charity providing HEMS paramedics and PHEM consultants responding using helicopters and rapid response cars. British Association of Immediate Care Schemes (BASICS) Doctors and West Yorkshire Medic Response Team (WYMRT) volunteer their time to respond to the most severely injured patients 24/7 working alongside YAS and YAA. WYMRT is a charity concerned with providing pre-hospital critical care education 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 2024-25 represents 100% of the total income generated from the provision of relevant health services by YAS for 2024-25.

Participation in Clinical Audit 2024-25

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 reviews completed audits and resulting action plans and recommendations are taken to the Patient Safety Learning Group. Clinical audit themes and topics are chosen based on Trust clinical priorities including safety, re-audit requirements and any changes in clinical standards as well as national priorities.

National Ambulance Quality Indicators – Ambulance Clinical Outcome (AmbCO)

During 2024-25, 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. Falls data: sample of 300 patients
 - Falls care bundle (F2b) submitted quarterly.
 - Number of patients ≥ 65 who have suffered a fall from less than two meters and have been discharged on scene (F2n) submitted quarterly.

Please note, the previously submitted stroke 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 2024-25.

- 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 2024-25 by the Audit Commission.

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 2024-25, Yorkshire Ambulance Service has continued to report on national indicators including outcomes for patients who had suffered an out-of-hospital cardiac arrest. Remaining above 9% across the year thus far, the lowest proportion of patients to survive to discharge was 9.2%, and the highest proportion of survival 11.2%. The highest number of patients to survive in one month was 30 people, during May 2024. 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 and Outcomes

The YAS Clinical Audit Team has supported the production of seven local clinical audit reports during 2024-25 YTD:

1. Care of paediatric patients.
2. Care of maternity patients.
3. Care of patients who reside in a care home.
4. Care of patients with a recorded learning disability.
5. Care of patients with a stroke outcome at hospital (SSNAP).
6. Re- audit of Entonox administration.
7. Care of and analgesia administration for patients with suspected fractured neck of femur.

With three more clinical audits set to be complete by the end of 2024-25:

1. Care of patients with ineffective breathing.
2. Care of patients with no fixed abode.
3. Care of young women with mental health related final working impression.

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

National Project Contribution

In 2024-25 Yorkshire Ambulance Service participated as a member of the technical sub-committee for development of a new national indicator, patients ≥ 65 who have suffered a fall from less than two metres and have been discharged on scene (F2n). This is now a nationally mandated indicator and there have been two national submissions of data since graduating from the pilot phase.

A one-off national clinical audit has taken place during 2024-25 based on patients who have re-contacted the ambulance service within a 24-hour period. Yorkshire Ambulance Service has taken lead on this and will be the coordinator for all ambulance trust submissions, including collation of results into a national report. Submission took place in January 2025 and will be ready to report in February 2025.

Clinical Pathways

The Central Clinical Pathways Team in the Clinical Directorate supported the development of a range of referral pathways and launched new initiatives to improve patient care.

A new GP referral pathway was launched in Spring 2024 which aims to empower our clinical staff to make pragmatic shared decisions with patients on the right treatment for them and improve the interface between YAS and our partners in General Practice.

Enhancements to the JRCALC Plus App, which serves as our electronic directory of services, were rolled out in the summer. This included an improved search function and geographically locating staff to ensure results in the directory were most relevant to them. Further work is underway to respond to staff feedback and deliver additional upgrades to the functionality of the app. This will help our staff find the right service for patients and avoid unnecessary hospital attendance and admissions.

The team supported the roll-out of stroke video triage at Hull Royal Infirmary. This initiative connects ambulance crews with specialist stroke clinicians in the hospital by video call, allowing the hospital assessment to take place earlier in the patient journey. This allows for more accurate screening of patients and permits the hospital to better prepare for patients' arrival with them.

We have also worked closely with other YAS directorates and external organisations on the development of Single Points of Access (SPoA) across the system. This work is ongoing, and we are continuing to support the development of a cohesive strategy for YAS on our relationship with SPoAs and collaborate with our area leadership teams on local initiatives to improve access to appropriate services for our patients.

Working with the Business Intelligence and Clinical Informatics and Audit teams, we have improved our collection, analysis and sharing of data on referral pathways, including through the development of an improved data dashboard, which has allowed us to more clearly identify themes and trends and to share insights from these with key stakeholders. This will allow for ongoing improvement in access to referral pathways for our patients.

For example, as part of this work on improving our understanding of patient flow and outcomes, we are conducting a deep-dive service evaluation project looking at the stroke pathway, layering in data on health inequalities and seeking staff and patient feedback to inform future improvements. This project is due to report by the end of Q4.

Another example is within mental health, where we have supported the rollout of Early Response for Mental Health, which connects patients with the right team as soon as possible after their contact with 999 and avoids unnecessary ambulance dispatch where this isn't clinically appropriate for the person's needs. Through close partnership working with other providers, we have also improved our ability to access crisis teams, hospital-based mental health units and local safe spaces across the region.

Research and Innovation

Yorkshire Ambulance Service (YAS) is committed to the delivery and development of research and innovation as a 'driver' for improving patient quality of care and experience. We demonstrate this commitment through our active participation in clinical and health research. In May 2024, YAS approved the Research Institute Strategy for 2024-27 which sets out our ambitions. These include:

- Setting the direction in research
- Being a trusted institute
- Creating impact.



In 2024-25 we continued to deliver high levels of research activity as reported in previous years. We are particularly pleased to have maintained considerable engagement of YAS staff in the development and delivery of high-quality research. This includes having co-investigators on studies, paramedics completing research qualifications, having membership on research steering committees or project management groups, and having 238 paramedics undertake training to be able to enrol patients into the CRASH-4 trial of medication for brain injury. This level of involvement demonstrates how YAS staff are keen to accelerate the evidence needed to continue to improve patient care and experience, through the delivery of, and participation in, high quality research.

The number of patients receiving NHS services provided or sub-contracted by YAS in 2024-25, who were recruited during that period to participate in research included on the NIHR portfolio was 95 across three projects, with an additional 42 participants recruited into ethically approved studies that were not included on the NIHR portfolio. 174 YAS staff participated in research included on the NIHR portfolio. During 2024-25 YAS has participated in the following projects:

1. **IGLOo: Sustainable return to work: A pilot cluster randomised controlled trial of a multicomponent workplace 'IGLOO' intervention compared with usual return-to-work support**
 IGLOo is a randomised controlled trial of a toolkit that is being tested to support managers and their employees who are on long-term sick leave with the process of returning to work, to hopefully allow an earlier return, which would benefit both staff member and employer. YAS has been randomised to the control group and will continue with current policies and procedures concerning long term sickness. We will provide baseline data, and 123 staff have participated in a survey that captures their views on long-term absence management.
2. **AMBOFALL: Ambulance response to older adults who have fallen – a mixed-methods study**
 AMBOFALL is a PhD study investigating factors influencing ambulance clinical decision makers when it comes to managing older adults who have fallen, to identify opportunities to optimise care for this demographic of patients. 40 staff have participated in a survey relating to their confidence regarding assessment and decision-making for older patients that have fallen.
3. **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 238 frontline Paramedics to deliver the intervention, resulting in 123 YAS patients being consented and treated since the study opened to recruitment on 10 October 2023. We are working in close partnership with 10 emergency departments (EDs) and we expect to continue recruiting until November 2025.
4. **BE SURE - Building an understanding of ethnic minority people's service use relating to emergency care for injuries**
 The aim of this study is to investigate what may differ for people from ethnic minorities compared with white British people when presenting with injury to ambulance and EDs. 11 patients have participated in a questionnaire survey that captures their views on differences in how people from ethnic minority groups living in the UK contact emergency services such as the ambulance service or EDs with injury, compared to White British people.
5. **PANDA: Improving Pain management for children and young people attended by ambulance: a realist informed intervention development and feasibility study.**
 The aim of the PANDA study is to explore the experiences of children and young people who have been attended by ambulance for a painful condition, along with their parents/carers and ambulance clinicians to develop and test a new method to improve pain management. 10 ambulance clinicians have provided feedback to improve prehospital acute pain management for children and young people.
6. **SPEEDY: Specialist pre-hospital redirection for ischaemic stroke thrombectomy**
 SPEEDY is a cluster randomised controlled trial to evaluate the clinical and cost effectiveness of a pre-hospital specialist redirection pathway intended to improve the speed and rate of thrombectomy for acute ischaemic stroke across England. Six patients have participated in the pathway which is available in the Humber North Yorkshire and South Yorkshire areas.

7. **Cultural Competency in Paramedicine**
The aim of this study is to explore frontline ambulance service staff's experiences and thoughts around cultural competence, its associated diversity training and importance on professional practice via surveys and interviews. The study is YAS supported and is being undertaken in partial fulfilment of a PhD, funded by the University of East Anglia.
8. **Exploring experiences of people living with dementia using NHS patient transport services: an ethnographic study**
This study aims to understand the experiences of people living with dementia when using patient transport services to access healthcare appointments. Using ethnographic observations and semi-structured interviews, the research explores the perspectives of patients, carers, and PTS staff, focusing on communication, patient wellbeing, and service delivery. Supported by YAS, the study will inform recommendations to improve PTS journeys for patients with dementia and identify staff training needs.
8. **RADOSS**
RADOSS aims to support ambulance clinicians in reducing avoidable ED attendances by developing a risk prediction tool targeted at patients who have suffered a suspected seizure. The tool will estimate an individual's risk, likelihood of recontact with urgent care services, and the likelihood that their ED attendance would be classified as avoidable. As part of the study, YAS is assisting with participant identification, which involves qualitative online workshops with paramedics to help design the tool's features and usability.
9. **Shared decision making**
This study explores how paramedics, patients, and family members make decisions together during ambulance callouts. Using interviews, it aims to understand when shared decision making happens, what helps or hinders the process, and how patients and families wish to be involved. The findings will help build new understanding about how to support better communication and shared decisions in prehospital care.
10. **Mixed Methods Exploration of Prehospital Research Culture and Capacity Building in UK NHS Ambulance**
This study aims to understand the current research culture and capacity within UK NHS ambulance services. Using an online survey followed by interviews with key stakeholders, it will explore how ambulance services support and engage with research activities. The findings will help identify strengths, challenges, and opportunities to further develop research across the prehospital care sector.
11. **PHOTONIC**
PHOTONIC is a study exploring how using video consultations between ambulance crews and hospital stroke teams can improve care for patients with suspected stroke. The research will look at how prehospital triage services have been set up and used, their impact on patient outcomes and NHS resources, and whether they offer value for money. The findings will help guide future improvements in stroke care and support better cooperation between ambulance and hospital services.

12. **Use and opinions concerning medicines-related errors, monitoring and audit tools used to assess medicines optimisation within care homes in England**
This study aims to improve the safe use of medicines in care homes. Research shows that while most medicine-related incidents cause little or no harm, a significant number result in moderate or severe harm. The study is supported by YAS and involves interviews and focus groups with care home managers, staff, residents, and healthcare professionals, alongside a review of medicines audit tools used in care homes. The findings will help identify ways to reduce risks and improve medicines management.
13. **RESCUERS - Study of the factors influencing healthcare workers' decisions regarding use of personal protective equipment in the clinical setting**
This study explores the behaviours, beliefs, and knowledge of pre-hospital healthcare workers around the use of personal protective equipment (PPE) when caring for patients with infections. Using an anonymous online survey, it aims to understand what helps or hinders PPE use, and how personal attitudes and workplace experiences influence decision-making. The findings will help identify ways to support better infection prevention practices across the pre-hospital care sector.

YAS Staff Authored, Peer Reviewed Publications 2024-25

High quality peer reviewed publications authored by YAS staff this year reached a total of twelve. These are shown below:

Bell, F., Crabtree, R., Wilson, C., Miller, E. and Byrne, R. (2024) 'Ambulance Service Recognition of Health Inequalities and Activities for Reduction: An Evidence and Gap Map of the Published Literature', *British Paramedic Journal*, 9(1), pp. 47-57

Coster, J., Bell, F., Sampson, F., Goodacre, S., O'Hara, R. and Long, J. (2024) 'Variation in Ambulance Pre-Alert Process and Practice: Cross-Sectional Survey of Ambulance Clinicians', *Emergency Medical Journal*, 0, pp. 1-7

Fuller, G., Baird, J., Keating, S., Miller, J., Pilbery, R., Kean, N., McKnee, K., Turner, J., Lecky, F., Edwards, A., Rosser, A., Fothergill, R., Black, S., Bell, F., Smyth, M., Smith, J.E., Perkins, G.D., Herbert, E., Walters, S. and Cooper, C. (2024) 'The Accuracy of Prehospital Triage Decisions in English Trauma Networks – A Case-Cohort Study', *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*, 32(47), pp. 01-13

Goodacre, S., Sutton, L., Fuller, G., Trimble, A. and Pilbery, R. (2025) Accuracy of the National Early Warning Score version 2 (NEWS2) in predicting need for time-critical treatment: retrospective observational cohort study, *Emergency Medicine Journal* doi: 10.1136/emmermed-2024-214562.

Long, J., Sampson, F., Coster, J., O'Hara, R., Bell, F. and Goodacre, S. (2024) 'How do Emergency Departments Respond to Ambulance Pre-Alert Calls? A Qualitative Exploration of the Management of Pre-Alerts in UK Emergency Departments', *Emergency Medicine Journal*, Published Online First: 17 September 2024. doi: 10.1136/emmermed-2023-213854

O'Hara, R., Sampson, F., Long, J., Coster, J. and Pilbery, R. (2024) 'What Influences Ambulance Clinician Decisions to Pre-Alert Emergency Departments: A Qualitative Exploration of Pre-Alert Practice in UK Ambulance Services and Emergency Departments', *Emergency Medicine Journal*, Published Online First: 17 August 2024. doi: 10.1136/emered-2023-213849

Pilbery R, Sampson FC, Herbert E, Goodacre S, Bell F, Spaight R, Rosser A, Webster P, Millins M, Pountney A, Coster J, Long J, O'Hara R, Foster A, Miles J, Turner J, Boyd A. What factors predict ambulance pre-alerts to the emergency department? (2025) Retrospective observational study from three UK ambulance services. *BMJ Open*. 2025 Mar 7;15(3): e097122. doi: 10.1136/bmjopen-2024-097122. PMID: 40054872; PMCID: PMC11891521.

Pilbery, R., Smith, M., Green, J., Chalk, D. and O'Keeffe, C. (2024) 'An Analysis of NHS 111 Demand for Primary Care Services: A Retrospective Cohort Study', *PLoS ONE*, 19(7): e0300193. <https://doi.org/10.1371/journal.pone.0300193>

Snooks H, Bengner J, Bell F, Black S, Dixon S, Emery H, Evans, B., Fuller, G., Hoskins, R., Hughes, J., Jones, J., Jones, M., Johnston, S., Long, J., Moore, C., Parab, R., Pilbery, R., Sampson, F. and Watkins, A. (2024) 'Take-Home Naloxone in Multicentre Emergency Settings: The TIME Feasibility Cluster RCT', *Health Technology Assess*, 2024; 28(74). <https://doi.org/10.3310/YNRC8249>

Snooks, H.A., Jones, J.K., Bell, F., Bengner, J., Black, S., Dixon, S., Edwards, A., Emery, H., Evans, B., Fuller, G., Goodacre, S., Hoskins, R., Hughes, J., John, A., Johnston, S., Jones, M., Moore, C., Parab, R., Pilbery, R., Sampson, F. and Watkins, A. (2024) 'Take-Home Naloxone Administered in Emergency Settings: Feasibility of Intervention Implementation in a Cluster Randomized Trial', *BMC Emerg Med* 24, 155 (2024). <https://doi.org/10.1186/s12873-024-01061-3>

Wilson, C. and Bell, F. (2025) 'Providing Feedback to Frontline Paramedics Involved in Research: A Service Evaluation within Yorkshire Ambulance Service', *British Paramedic Journal*, 9(4)

Wilson, C., Budworth, L., Janes, G., Lawton, R. and Benn, J. (2024) 'Prevalence, Predictors and Outcomes of Self-Reported Feedback for EMS Professionals: A Mixed-Methods Diary Study', *BMC Emerg Med* 24, 165 (2024). <https://doi.org/10.1186/s12873-024-01082-y>

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.

1. Patient Group Directions

The urgent care and nurse patient group directions (PGDs) have been updated and by agreement at the medicines optimisation group two were removed from the formulary due to lack of use and in accordance with NICE guidance. The critical care PGDs have been updated, and methylene blue was added to the formulary for the treatment of methemoglobinemia.

2. Pre-packed Medicines Pouch Project

The pre-packed pouch project has been implemented in the North Yorkshire area, and the original three stations in West Yorkshire, releasing staff who would previously have been performing the quarterly medicines' audits and reducing the time required at ED to restock medicines. Data has shown that the use of the pre-packed pouches in the three stations in the West area has reduced turnaround time significantly at the supporting hospital; this directly affects the ability to respond to new calls and can have a positive impact on our response times. There has also been a reduction in out-of-date medicines identified in the areas using the pre-packed pouches.

3. Medicines App

The medicines app has been in use for several months; the usage of the app has increased from around 40% to 75%-80% for the pouches and from 75%-100% usage for controlled drugs (CD). The three original stations that were trialing the CD aspect of the app have had the paper documentation removed and have been using only digital methods for the last quarter. There has been a significant improvement in the app usage and in the accuracy and compliance using the app. A plan to roll out the CD app to the rest of the Trust is in progress and the completion of the roll-out is scheduled for the end of July.

4. Medicines assurance

To ensure the change from paper to digital CD documentation is smooth and effective, the priority has been to improve the current paper-based CD documentation process. Action plans to increase compliance with the policy/process and the introduction of a competency framework provide further assurance that processes are in place, before stations move to the app.

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

The YAS Clinical Audit Team continues to monitor National Institute for Health and Care Excellence (NICE) guidance and updates in relation to clinical best practice, including the monthly clinical updates distributed to all trusts. JRCALC and NICE are standard agenda items at the monthly Clinical Quality Development Forum, for review. NICE and JRCALC guidance are consulted prior to starting any clinical audit and incorporated within the standards for assessing each audit.

Patient Safety Alerts

In 2024-25, the NHS Commissioning Board Special Health Authority issued no Patient Safety Alerts which were relevant to Yorkshire Ambulance Service.

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 2024-25.
- YAS has not participated in any special reviews or investigations by the CQC during the reporting period.

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

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. The Trust has completed its own internal inspections, to ensure the standards required by CQC are sustained.

Data Quality

YAS's 2024-25 Data Security and Protection (DSP) Toolkit assessment was submitted by the deadline of June 2024, achieving Standards Met status.

In September 2024, the DSP Toolkit changed to adopt the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and information governance (IG) assurance, that will:

- Emphasise good decision-making over compliance, with better understanding and ownership of information risks at Trust level, where those risks can most effectively be managed.
- Support a culture of evaluation and improvement, as the Trust will need to understand the effectiveness of our practices at meeting the desired outcomes – and expend effort on what works, not what ticks a compliance box.
- Create opportunities for better practice, by prompting and enabling the Trust to remain current with new security measures to meet new threats and risks.

This change will lead to the Trust seeing a different interface when they log in, with the DSP Toolkit being split into several contributing outcomes, each of which are supported by indicators of good practice grouped into levels of achievement – ‘Not Achieved’, ‘Partially Achieved’ or ‘Achieved’. The Trust will self-assess our level of compliance against each outcome using the indicators of good practice as a guide. The CAF is not designed with an expectation that the Trust should (ever) reach ‘Achieved’ on all outcomes. For many outcomes, a level of ‘Partially Achieved’ is proportionate, and in some cases ‘Not Achieved’ may be appropriate (for example – some CAF outcomes represent capabilities only normally held by organisations with very high cyber security maturity and resources).

Expectations for cyber security and IG controls should remain at a reasonably comparable level to the previous DSP Toolkit, tightening only in areas where NHSE and DHSC believe the higher standard to be a necessary obligation. The CAF provides a systematic and comprehensive approach to assessing the extent to which cyber and information governance risks to essential functions are being managed. Completing this self-assessment will demonstrate that the Trust is working towards or meeting the required standard.

Feedback from our patients about our A&E (999) service – We are hugely proud of all our staff and volunteers and receive positive feedback from patients, members of the public and our partners throughout the year. We take the time to share this feedback with our staff and volunteers.

THANK YOU

“Just unbelievable with my mother - the staff were *respectful, dignified and person-centred*. Overall, we could not complain about Nat and Micha, who were from the Dewsbury crew. They did not rush and did all her observations multiple times. Even in the ambulance, they put music on which she liked and let her grand-daughter travel with them for reassurance.”

“I'm writing to say a *huge thank you* for the *incredible kindness* shown by one of your paramedics recently. My partner's grandad passed away, and during that tough time, your paramedic took the time to comfort me. It meant so much. I don't have contact with my own family because of past abuse, so my partner's family is the closest thing I have to one. The *compassion* your paramedic showed provided the support I really needed at that moment, and I'm truly grateful. Thanks again for the fantastic service.”

“Kenny and Alice were *excellent* – they calmed me down after a motorcycle accident, treated me with the utmost care at the scene and were *extremely professional*. Couldn't have asked for better care.”

“On behalf of all the children and staff in the Early Years Foundation Stage at St Paul's in Alverthorpe - *thank you*. Our learning has focused on 'people who help us' and the ambulance visit, complete with real-life paramedics, was *absolutely magnificent*. All the staff were beside themselves to see the children so full of joy, awe and wonder. “A special mention for the paramedics - the session was both mindfully and expertly delivered. All the children were confident to communicate with both paramedics.”

“I came into Hull Royal Infirmary around 10pm on 8 July and there was an ambulance parked at the front outside A&E. My friend, who was driving, flagged them down as I had my 13-month-old baby girl having a seizure in my arms. Without asking me anything, the paramedic took off straight to the Children's Emergency Department before I got out the car – my daughter was already on a bed hooked up to machines with several doctors and nurses working on her by the time I got there. I didn't get the lady's name unfortunately, but I just wanted to tell her *thank you so much* for taking her to get help and not wasting any time. It was awful seeing my baby go through that, so her immediate actions meant everything to me, and I wanted her to know that she did an amazing job and I'm truly grateful for her being there at the right time.

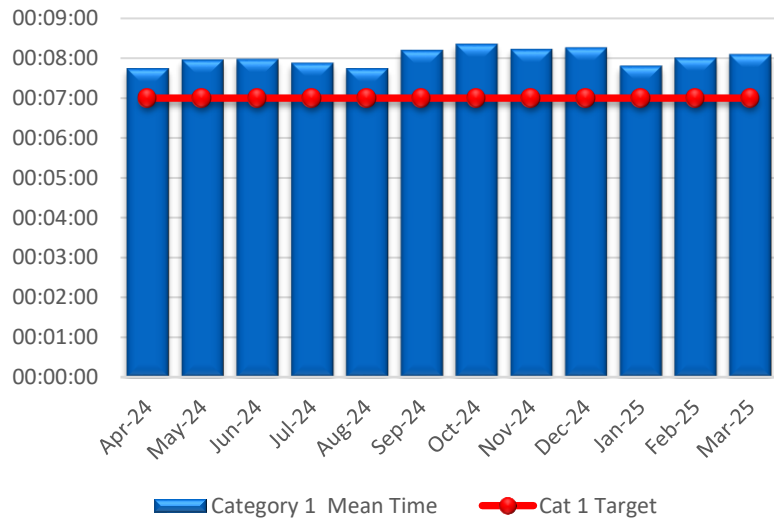
Part 3

Mandatory Indicators

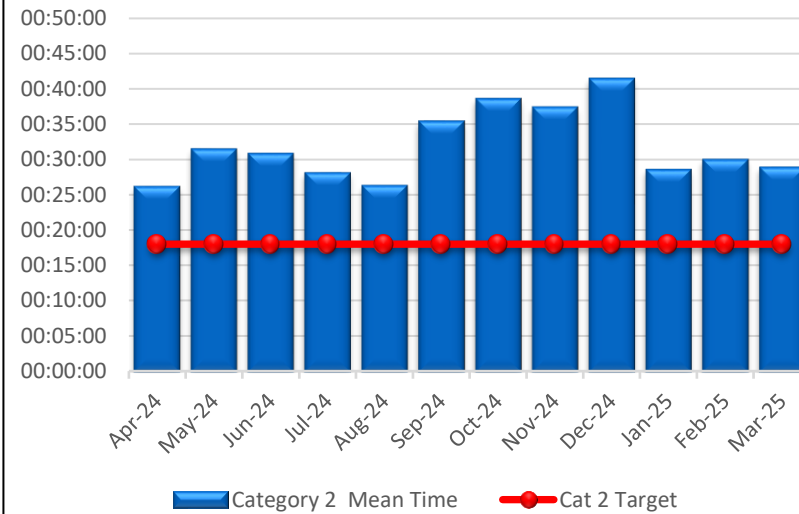
- **Ambulance Response Programme (ARP) response times** – As part of the delivery of the national ARP, ambulance services are measured on the time it takes from receiving a 999 call to the vehicle arriving at the patient's location. Ambulances are expected to reach the most seriously ill patients in 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. ***Stroke has been removed as a national indicator, and we no longer collect this data as a Trust.***
- **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

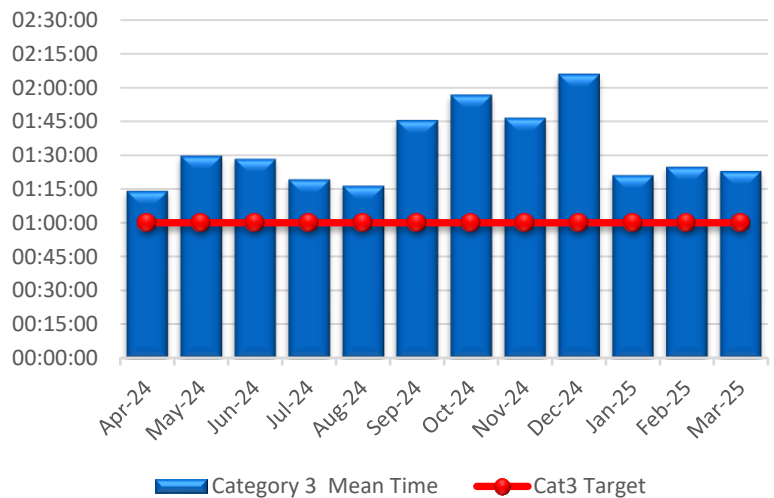
Category 1 Mean Time



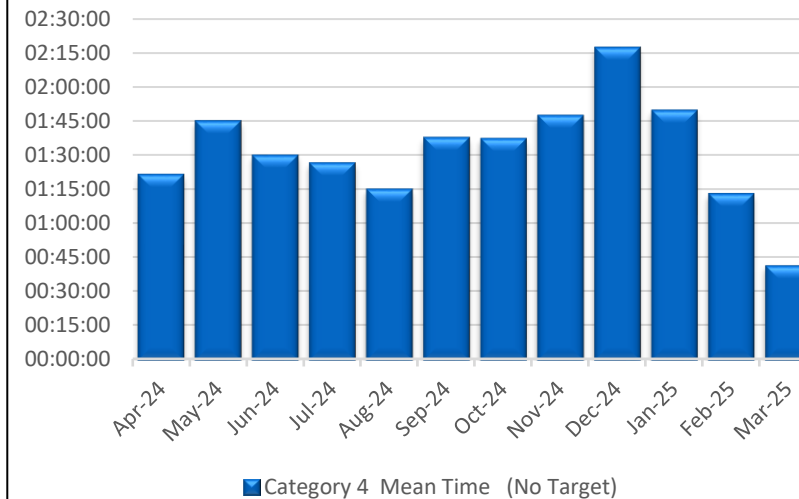
Category 2 Mean Time



Category 3 Mean Time



Category 4 Mean Time



Source: PBR/IPR

For 2024-25 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:

- Response demand for 2024-25 is 3% higher than forecast predictions and responses at scene are 4% higher than 2023-24.
- Higher acuity categories calls continuing to contribute a greater proportion of on-scene responses than in 2023-24 (3 percentage points increase for Cat 1).
- The turnaround time for handing over patients to hospitals and crews available to respond again has increased by an average of 7 minutes from 2023-24.
- A&E Operations (999) has continued to recruit new staff and deploy overtime in line with budgeted levels 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.

Care of ST Elevation Myocardial Infarction (STEMI) Patients

Reported Quarterly	YAS Most Recent Submission	National Average	Highest Quarter	Lowest Quarter
Proportion of STEMI patients who receive an appropriate care bundle	58.7%	78.3%	68.1%	57.8%

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.

Following a cardiac arrest, the Return of Spontaneous Circulation (ROSC) (for example, signs of breathing, coughing, or movement and a palpable pulse or a measurable blood pressure) is a main objective for all out-of-hospital cardiac arrests and can be achieved through immediate and effective treatment at the scene.

The ROSC is calculated for two patient groups. The overall rate measures the overall effectiveness of the urgent and emergency care system in managing care for all out-of-hospital cardiac arrests. The rate for the 'Utstein comparator group' provides a more comparable and specific measure of the management of cardiac arrests for the subset of patients where timely and effective emergency care can particularly improve survival. For example, 999 calls where the arrest was not witnessed, and the patient may have gone into arrest several hours before the 999 call, are included in the figures for all patients, but are excluded from the Utstein comparator group figure.

ROSC (Return of Spontaneous Circulation) and Survival to Discharge	YAS	National Average	Highest Month	Lowest Month
ROSC	23%	28%	31%	15%
ROSC - Utstein	42%	52%	59%	26%
Survival at 30 days following a cardiac arrest	10%	10%	11%	7%
Survival at 30 days following a cardiac arrest - Utstein	26%	31%	37%	11%

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.

Cardiac arrest survival remains low across the UK with less than 1 in 10 people surviving 30 days. In 2023 the English out-of-hospital cardiac registry reported a survival rate of 9%. The 2024-25 YAS data shows ROSC (return of a pulse but not survival) is lower than the national average but an improvement in survival at 10.4%, equal to the national average of 10.4%. This demonstrates that the YAS clinical response model is ensuring that there is a higher level of clinical decision making and appropriate application of advanced resuscitation. Further work is underway to improve bystander CPR rates and better visibility of care planning documents for those patients in the community where attempts at resuscitation is inappropriate.

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 8,205 patients who were recognised as life extinct (or paediatric cardiac arrest, including ROSC) during 2024-25 (April 24- February 25). Please see table 1 for breakdown of number of Trust deaths by month.

Month	Incident Count	Clinical Reviews
Apr-24	706	27
May-24	706	31
Jun-24	706	34
Jul-24	650	29
Aug-24	665	21
Sep-24	670	34
Oct-24	707	30
Nov-24	789	47
Dec-24	907	42
Jan – 25	969	30
Feb – 25	730	33
March - 25	789	31

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

Staff views on standards of care

NHS Staff Survey Results

NSS2024 – Theme results and trends (score out of 10)

Theme	YAS 2018	YAS 2019	YAS 2020	YAS 2021	YAS 2022	YAS 2023	YAS 2024	+/- 2023-24	Sector average 2024	+/- YAS vs 2024 Sector
1. We are compassionate and inclusive	-	-	-	6.5	6.8	7.00	7.01	0.01	6.84	0.17
2. We are recognised and rewarded	-	-	-	4.9	5.0	5.39	5.44	0.05	5.25	0.19
3. We each have a voice that counts	-	-	-	5.9	6.0	6.10	6.11	0.01	5.98	0.13
4. We are safe and healthy	-	-	-	5.3	5.4	5.66	5.76	0.10	5.65	0.11
5. We are always learning	-	-	-	4.1	4.7	5.08	5.13	0.05	4.98	0.15
6. We work flexibly	-	-	-	5.2	5.3	5.52	5.66	0.14	5.45	0.21
7. We are a team	-	-	-	5.6	6.1	6.29	6.33	0.04	6.25	0.08
8. Staff Engagement	6.3	6.6	6.5	5.9	6.0	6.21	6.22	0.01	6.01	0.21
9. Morale	5.7	6.0	6.0	5.3	5.4	5.72	5.87	0.15	5.63	0.24

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.

The staff survey results 2024 indicate a positive trend, demonstrating improvement across all People Promise themes since their launch in 2021. This progress reflects our commitment to fostering a supportive and engaging work environment. We had a 47% response rate for the Staff survey 2024 and we saw an increase in the number of respondents who had filled in their survey.

66% of respondents selected agree/strongly agree out of those who answers the question of “If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation”. This is 6% higher than the sector average score. YAS performed best in sector in this question.

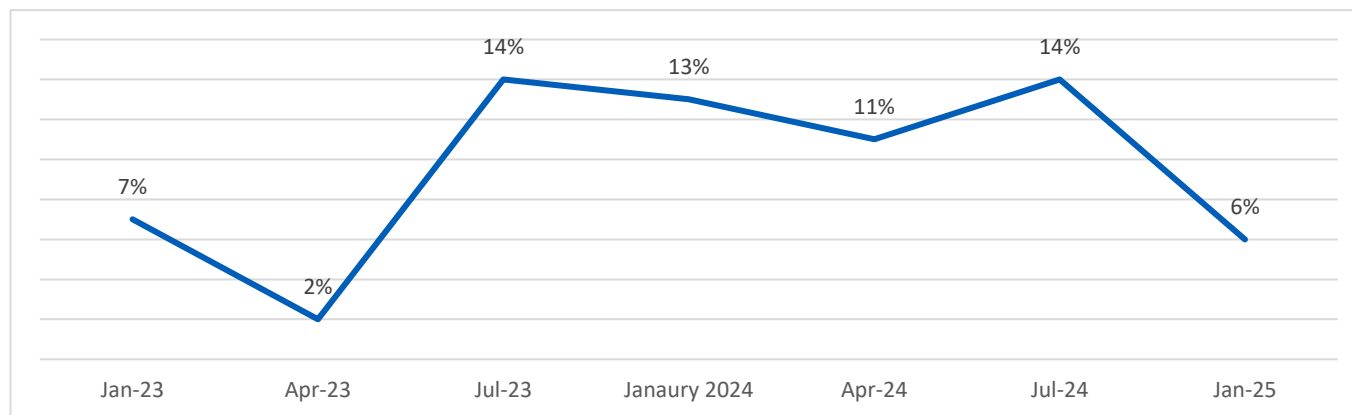
We scored the highest in the People Promise themes against sector average for the themes “We are always learning, we each have a voice that counts, Staff engagement and Morale. Yorkshire Ambulance Service NHS Trust considers that this data is as described, and the results from the NHS Staff Survey are used to support improvement both at a Trust-wide and local level.

National Quarterly Pulse Survey (NQPS) - People Pulse Survey

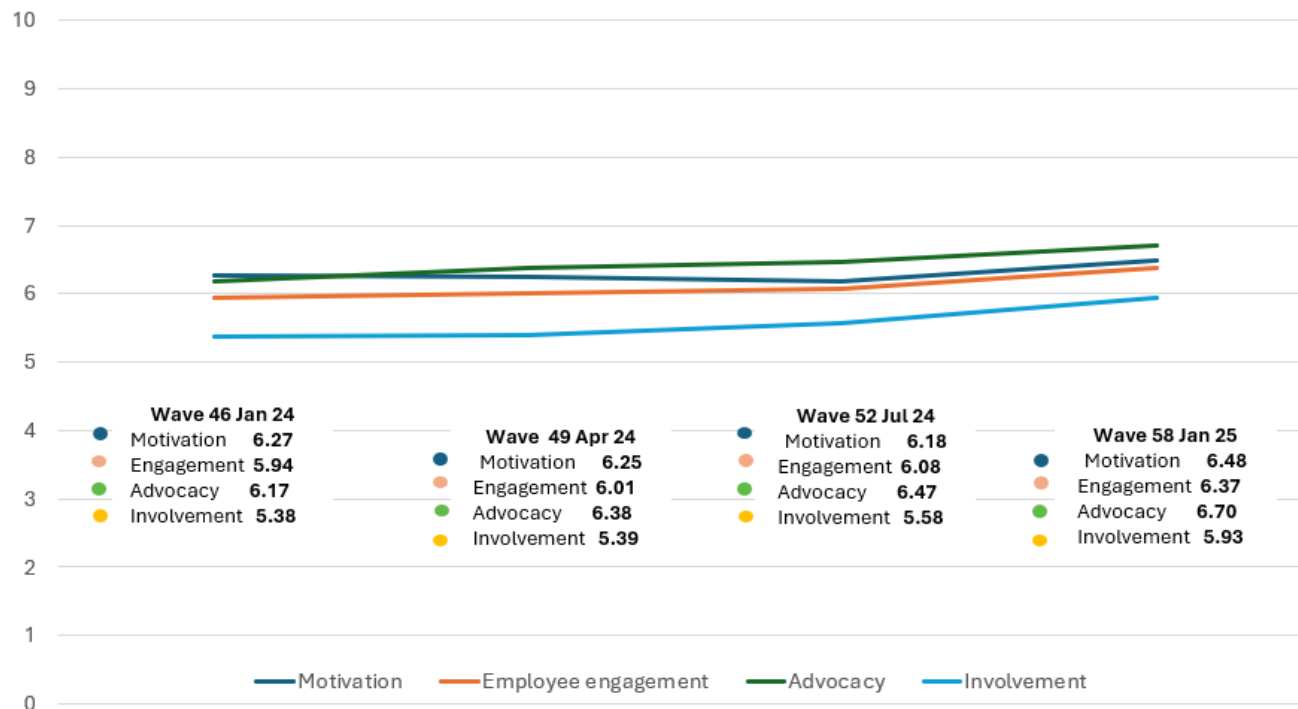
The NHS People Pulse survey is a way for us to check in with staff and to give them an opportunity to feed back their views on the organisation and how they are feeling at work. It takes place every quarter (January, April and July) apart from in October when the National Staff Survey is live. It is also an integral part of the People Promise: "We each have a voice that counts".

The question set will include the core questions, employee engagement questions, and flexible questions focusing on two People Promise elements. This survey supports the Trust to gain regular insight into staff engagement at Yorkshire Ambulance Service over time.

People Promise Response Rate over time



The graph below shows the engagement score comparison to previous surveys. The engagement score includes (Motivation, Engagement, Advocacy and Involvement). The organisation has improved in every theme and the scores are the highest that they have been in a year. Scores have also improved in every theme in each subsequent Pulse check.



In January 2025, 508 colleagues completed the survey (total response of 6%). Of those:

Core metrics:

- 61% strongly agreed/agreed with the statement ‘My organisation is proactively supporting my health and wellbeing’.
- 52% strongly agreed/agreed with the statement ‘I feel well informed about important changes taking place in my organisation’.
- 76% strongly agreed/agreed with the statement ‘In my team we support each other’

Employee engagement (Motivation, Advocacy and Involvement):

- 66% strongly agreed/agreed with the statement ‘I am enthusiastic about my job’.
- 60% strongly agreed/agreed with the statement ‘There are frequent opportunities for me to show initiative in my role’.
- 56% strongly agreed/agreed with ‘I am able to make suggestions to improve the work of my team/department’.
- 47% strongly agreed/agreed with the statement ‘I am able to make improvements happen in my area of work’.
- 69% strongly agreed/agreed with ‘Care of patients / service users is my organisation’s top priority’.
- 58% strongly agreed/agreed with ‘I would recommend my organisation as a place to work’.

- 71% strongly agreed/agreed with 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'.

Trust Reported 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-24	607	56	90	87	31	872
May-24	609	63	117	153	31	973
Jun-24	585	63	95	100	26	869
Jul-24	599	71	103	83	33	889
Aug-24	598	54	86	99	30	868
Sep-24	627	46	124	94	43	935
Oct-24	671	63	106	65	34	940
Nov-24	660	59	114	75	24	932
Dec-24	705	67	67	58	26	923
Jan-25	729	74	99	70	41	1013
Feb-25	630	56	81	65	37	870
Mar-25	648	90	86	56	33	914

Source: RLDatix.

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 - 24	May - 24	Jun - 24	Jul - 24	Aug - 24	Sep - 24	Oct - 24	Nov - 24	Dec - 24	Jan - 25	Feb - 25	Mar - 25
Patient related incidents	258	292	274	288	250	259	272	275	283	251	255	268
Patient Incidents – Major, Catastrophic, Catastrophic (death)	9	6	3	4	3	6	3	5	5	3	6	4
Major, Catastrophic, Catastrophic (death) % of reported patient incidents	3.48%	2.05%	1.09%	1.38%	1.2%	2.31%	1.10%	1.81%	1.76%	1.19%	2.35%	1.5%

Source Integrated Performance Report Please Note: Patient Incidents – Major, Catastrophic, Catastrophic (death). This data is subject to a one-month validation cycle to allow for adjustments and changes in the published information.

A total of 3,225 patient incidents were reported in 2024-25; this was a slight increase on 2023-24 which saw 3,135 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.
- Despite a slight increase over the last 12 months, 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 Patient Safety Team has developed strong internal links with operational colleagues to support them on their quality and governance 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:

- Proportionate learning responses under PSIRF programme continue to deliver substantial learning opportunities for local areas, cascaded then across the organisation via the Trust's 'Patient Safety Learning Group' (PSLG).
- We aim to develop our regional teams across 2025-26 to enable a broader range of facilitators to deliver 'After Action Review' and other learning responses.
- 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 any extended timescales.
- Patient safety incidents are reviewed within 48 hours by the Quality and Safety Team and moderate harm or above cases are subject to a full review to determine if the harm level is accurately described.
- 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.
- Locally developed learning groups have been established, and staff are encouraged to become involved in the incident management processes to gain an understanding of the themes and trends in their local area and make improvements based on their learning.

Identification and Investigation Patient Safety Incident Investigations (PSIIs).

	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
Operations A&E	0	0	0	1	0	0	0	1	0	0	0	1
Operations EOC	0	0	0	0	1	0	0	0	0	0	1	0
Patient Transport Service (PTS)	1	0	0	0	0	0	0	0	0	0	0	0
Integrated Urgent Care (IUC)	0	1	1	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0
Monthly TOTAL	1	1	1	1	1	0	0	1	0	0	1	1

Source: RLDatix

Breakdown of National vs Local Patient Safety Incident Investigations (PSIIs).

	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	Total
National Requirement	0	0	0	1	1
Local Trust Focus	3	2	1	1	7
TOTAL	3	2	1	2	8

Source: RLDatix

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) and Central Incident Review Group (CIRG) if appropriate, for consideration of proportionate learning response.

It is a source of concern for the Trust that serious patient safety events have risen in number 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.

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

	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

Yorkshire Ambulance Service 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.
- During 2024-25, the Patient Safety Incident Response Framework (PSIRF) was introduced within the Trust and is now BAU for all patient safety investigations matters.
- The 2025-26 Trust themes are outlined as follows in the Patient Safety Incident Response Plan (PSIRP):
 - Patient Care and Safety Concerns
 - Communications and Documentation
 - Medication Safety Concerns
 - Equipment Failures.
- 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.

- SMART action plans are produced and monitored to ensure completion and, where appropriate, specific learning programmes are developed.
 - Patient Safety Partners (PSPs) are working closely with colleagues in the Trust to provide the patient voice across Trust decision making.

Medication Incidents - Non controlled drug incidents for year to date:

Medication incidents	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Total 2024-25
	106	69	79	63	67	82	81	95	75	97	75	89	978

Source Integrated Performance Report. (Where the monthly figures are high, this correlates to large quantities of medicines going out of date the month before and not being removed in time, these are identified during routine audit and during the start of shift check.)

There has been a total of 978 non-controlled medicines incidents for the year 2024-25, the majority of these are discrepancies and out-of-date medicines identified at the point of audit, all service to service (YAS to other service have been excluded and any 111 medicines service to service (111 - other service) have been excluded.

There have also been 449 controlled drug incidents mainly breakages and documentation errors that were amended after investigation with no loss.

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

There has been a slight reduction most likely due to the change in medicines pouch process that has been implemented across the North area and three station in the West. This has led to less out of date and stock issue reporting across those areas.

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.

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 nine 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:

- Strengthen engagement plan by increasing visibility and number of drop-in sessions conducted by the Guardians.
- Guardians to provide and discuss compliance levels for mandated training with individual areas.
- Review Ambassador model and liaise with each area to determine their ambassador requirements and increase where possible.
- Review of the FTSU model and team structure within the organisation.
- Implement additional reporting route using Microsoft form easily accessible on all devices.
- Continue to support at Trust forums such as Sexual Safety Climate and Domestic Abuse Task and Finish Group and Diversity and Inclusion Steering Group.
- Guardians continue to facilitate leadership awareness sessions across the Trust.
- Regular reporting to Trust Board on themes and actions undertaken.



Performance against Priorities for Improvement 2024-25

Priority 1
Lead: Lesley Butterworth, Head of Nursing and Patient Experience
Patient Experience: Implementation of a Patient Experience and Involvement Framework
<p>The development of our patient experience and involvement framework, aligned to the Trust strategy will ensure we embed patient voice within all parts of our organisation. The framework is being co-produced with the Trust's Critical Friends Network who are a group of patient voice volunteers who meet regularly and support the organisation by representing the views of patients, their families and carers. Benchmarking has taken place with similar frameworks from other organisations; this has mostly been acute trusts as this type of framework is not common within the ambulance sector.</p> <p>The co-production has agreed several principles for the framework which include.</p> <p><i>It should be a living document</i></p> <ul style="list-style-type: none"> • Actively reviewed and updated. • There should be an associated workplan developed. • The framework and workplan will be overseen by a patient experience steering group which has representation from across the organisation. <p><i>Quality Data is essential</i></p> <ul style="list-style-type: none"> • Where we haven't got this, we will seek to develop it. <p><i>The framework should be understandable for all</i></p> <ul style="list-style-type: none"> • Staff • Patients • Family and carers • Accessible on our external website • Easy-read version should be developed <p>It will include:</p> <ul style="list-style-type: none"> • Vignettes and real people's stories should be used to ensure we capture "how it feels" to be a patient receiving care from YAS. • More co-production with wider groups and have links with other organisations that represent patients' voices. • Measures to understand the experiences of more of our patients, we should do this in a variety of ways and close to the point of contact where possible. • It should not be a long wordy document. • It should focus on Health Inequalities <p>Measurement of progress against this priority will be reviewed on a quarterly basis and reported through the Clinical Governance Group and Quality Committee, on behalf of Board.</p>

Priority 2

Lead: Mark Millins, Associate Director Paramedic Practice

Clinical Effectiveness: Clinical Supervision Framework

Clinical supervision in YAS follows the Association of Ambulance Chief Executives (AACE) framework which defines it is a process of professional support and learning, undertaken through a range of activities, which enables individuals to develop knowledge and competence, assume responsibility for their own practice and enhance service user protection, quality and safety of care.

YAS is committed to providing high-quality clinical supervision that promotes a supportive and safe psychological space for all clinical staff. We believe that continuous learning and professional development are essential to maintaining the highest standards of care for our patients. Clinical supervision is a critical component of this commitment, ensuring that clinicians receive the necessary support to grow in their professional roles.

Each Clinical Business Unit (CBU) has identified staff to facilitate the clinical peer support sessions, including nurse advocates, paramedics, GPs, team leaders, and mentors. This process is ongoing and evolving. A train-the-trainer package has been developed by the Leadership and Organisational Development Team for facilitators, and this is now being cascaded out to all facilitators with 69 currently trained.

Feedback from clinical peer support sessions is collected via an app which has been developed internally. This provides information on the numbers of staff participating in clinical peer support sessions along with their clinical grade as well as key trends that emerge during the session which are then used to inform clinical education and clinical practice within YAS.

As of February 2025, 2,026 staff had participated in a clinical supervision session with further sessions planned to continue in the new financial year and beyond.

Measurement of progress against this priority will be reviewed on a quarterly basis and reported through the Clinical Governance Group and Quality Committee, on behalf of Board.

Priority 3

Lead: Simon Davies, Head of Investigations and Learning

Patient Safety: Utilise Patient Safety Incident Response Framework (PSIRF) to gain learning and implement actions

Throughout 2024, the Trust has continued to embed PSIRF, flexing the plan along the way to ensure the most suitable fit. RLDatix continues to be the preferred Trust reporting and recording system.

Several organisational changes have occurred including reorganisation of central and local governance arrangements to match integrated commissioning board geographical areas, these changes have allowed local teams to develop a much greater understanding of the individual patient safety challenges of their respective areas, and to feel included in understanding the learning required to make improvement.

Central collation and review of themes and trends occurs both within the RLDatix system and through the executive-led Patient Safety Learning Group (PSLG)

Four local themes were selected for our 2024-25 Patient Safety Incident Response Plan (PSIRP) These were:

- Interpretation and call handling errors in Emergency Operations Centre (999 calls) – met target 5% reduction.
- Interpretation and call handling errors in Integrated Urgent Care (111 calls) – met target 5% reduction.
- Moving patients safely to reduce injury and falls – met target 5% reduction.
- Effective on-scene decision making.

A target of 5% reduction on the baseline reported incidents during 2023-24 was set at the outset of the year. Three of the four themes will meet that target reduction with the interventions put in place following learning from proportionate learning responses such as call audits, clinical case review and after-action reviews.

Effective on-scene decision making is likely to take longer for interventions to be fully embedded and improvements realised.

Measurement of progress against this priority will be reviewed on a quarterly basis and reported through the Clinical Governance Group and Quality Committee, on behalf of Board.

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



"I've recently transported my 2,500th patient as a PTS volunteer - a role I took up in March 2021 just as COVID took its cruel grip on the world, so my first year was a challenge to say the least. I really enjoy the role. After 50 happy years as a Huddersfield bus driver having to cope with the loss of my dear wife of 48 years, PTS volunteering actually rescued me from a life of complete boredom. I can highly recommend it to everyone looking to fill in time whilst performing a vital service. I must pay tribute to the PTS support team at YAS who are, without exception, so *very helpful and professional* in everything they do, making the role so enjoyable and rewarding. Best wishes to everyone at YAS."

"I would like to express my heartfelt thanks to all the lovely staff who have helped me over the last few months, taking me to and from York Hospital. All the drivers/crews and call handlers have been *amazing, friendly, reliable and very professional* - a credit to the service. They all do an amazing job."

"I wanted to pass on thanks to two members of staff (Ellie and Saff) who assisted me with a male who had fallen in Hull city centre. I was single crewed with an elderly male with a head injury and they both pulled over to assist with first aid until paramedics arrived.

They were both *extremely helpful, very considerate and caring* towards the male - a real credit to the ambulance service."

"Over the last nearly eight years of service, I have received a letter of thanks and many words of thanks from our patients, all of which I believe give a big boost to morale. I have been thinking, in all the time I have been a VCS driver, I have never heard of anyone thanking the staff behind the scenes who, without, we could not exist, and I would just like to say a very big thank you for looking after us. I would like to think I can speak for all of us drivers - please pass on the thanks from all the volunteer PTS drivers. Hope this cheers your day up. Heartfelt thanks."

THANK YOU

Patient Experience

Patient experience is a broad term which covers all aspects of the experience of people being cared for in an NHS organisation. It is established in literature that there is a direct link between safety and experience for patients and it is vitally important that NHS organisations understand and act upon feedback relating to patient experience. Understanding and acting on patient experience is a key step in moving towards the delivery of person-centred care. The terms patient satisfaction and patient experience are often used interchangeably, but they are not the same thing. To assess patient experience, one must find out from patients whether something that should happen in a healthcare setting (such as clear communication with a provider) happened or how often it happened. Satisfaction, on the other hand, is about whether a patient's expectations about a health encounter were met. Two people who receive the exact same care, but who have different expectations for how that care is supposed to be delivered, can give different satisfaction ratings because of their different expectations.

The Nursing and Patient Experience Team was created in November 2023 with the intention of ensuring that all patient experience activities across the Trust are joined up and that patient voice is central to all that we do.

Patient Relations

2024-25 has seen a significant period of transformation in relation to the way we deal with complaints in the organisation. We have reviewed all our processes against the NHS complaints standards framework (2022) and where needed we have updated. These updates have included the following milestones.

- Implementation of CEO oversight of complaint responses (Complete - March 2024).
- Changes to sign-off for formal complaint responses (Complete - March 2024).
- Devolution of service-to-service queries (Complete - April 2024).
- Workshops with operational leaders (Complete - Sept 2024).
- Update of financial remedy process (Complete - Oct 2024).
- Implementation of the QC check in the other areas (already in 111, EOC and SY).
- Roll out of stage one/local resolution.
- Development of area/service level actions plans for learning from patient feedback.

The transformation is being jointly led by the Head of Nursing and Patient Experience, the Associate Chief Operating Officer Remote Care and the Director of Partnerships and Operations (South Yorkshire) and the changes will be reflected in the Trust's Compliments, Comments, Concerns and Complaints Management Policy.

Complaints, Concerns, Comments and Compliments – the four Cs.

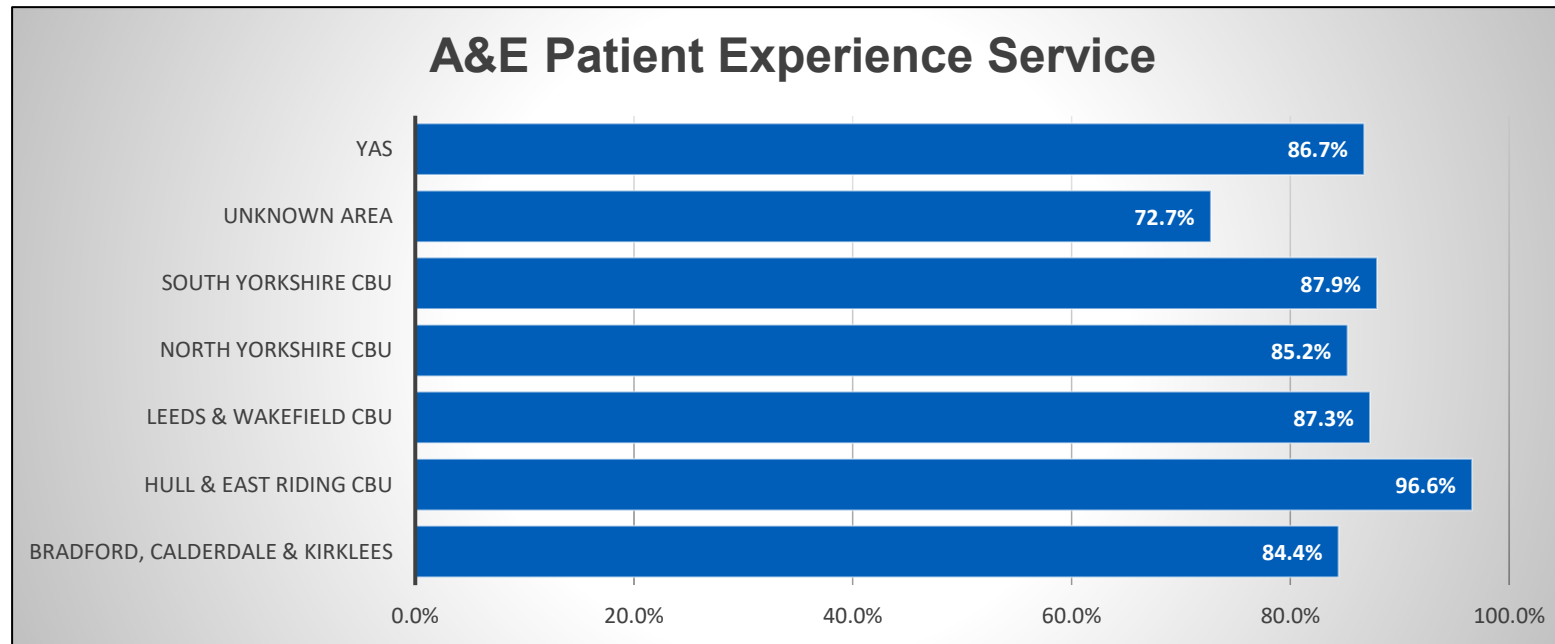
	Complaints, Concerns and Comments	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Total
EOC	Complaints	9	10	11	7	7	15	15	10	8	11	8	5	116
	Concerns	5	3	6	9	11	7	9	16	4	5	8	3	86
	Service to Service	13	8	12	20	11	10	6	5	2	5	7	8	107
	Comments	0	2	1	0	0	0	0	0	1	0	0	0	4
	Compliments	1	0	1	0	0	4	0	7	7	16	1	1	38
	Lost Property	0	0	0	0	0	0	0	0	0	0	0	0	0
	PALS Enquiries	1	1	1	0	0	0	1	1	0	2	2	3	12
PTS	Complaints	15	21	20	31	11	12	20	25	14	12	13	10	204
	Concerns	28	27	18	32	25	25	21	21	16	15	9	10	247
	Service to Service	27	16	31	14	18	19	24	30	18	30	14	35	276
	Comments	4	3	3	1	3	4	2	0	1	1	0	0	22
	Compliments	3	7	7	5	7	3	0	12	5	11	2	10	72
	Lost Property	12	8	12	14	9	8	8	9	7	9	9	8	113
	PALS Enquiries	0	1	4	0	5	7	22	8	12	21	16	28	124
A&E	Complaints	27	15	29	29	30	33	32	24	30	20	21	29	319
	Concerns	14	12	14	17	13	19	28	22	15	22	8	16	200
	Service to Service	45	38	37	65	56	31	53	59	42	66	74	59	625
	Comments	2	1	0	3	1	1	1	0	0	2	0	0	11
	Compliments	98	93	105	100	90	82	41	110	96	130	111	100	1156
	Lost Property	24	31	28	20	25	28	37	29	25	30	27	18	322
	PALS Enquiries	8	8	5	13	6	7	21	18	8	49	29	43	215
NHS 111/IUC	Complaints	18	18	15	17	24	11	11	9	18	10	16	18	185
	Concerns	1	0	0	0	2	0	1	1	0	0	0	1	6
	Service to Service	12	10	30	19	19	10	32	6	14	21	25	32	230
	Comments	5	4	0	1	4	5	2	3	5	6	3	4	42
	Compliments	1	7	6	3	2	1	4	4	3	7	9	3	50
	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	0	0

Patient Experience Surveys

Yorkshire Ambulance Service carries out quarterly patient experience surveys of patients who have used our services. The surveys are an important feedback tool that supports the 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. These surveys are currently undertaken using paper surveys (A&E and PTS) and text surveys (111) to a random sample of patients who have used the service in the last quarter.

A&E Friends and Family Test

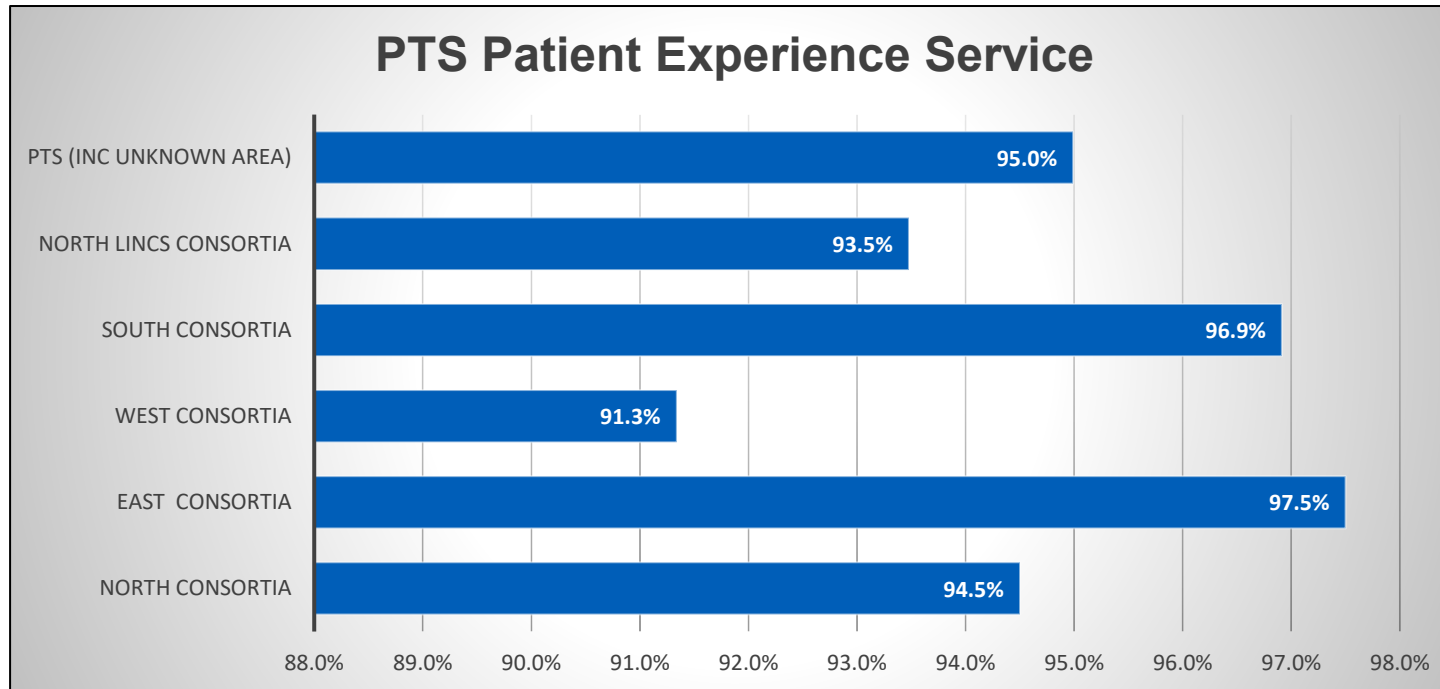
How likely are you to recommend the Yorkshire Ambulance Service to friends and family if they needed similar care or treatment?



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?



Source: PTS Service User Experience Survey

Patient Experience Feedback

"Having needed to call the ambulance recently, I was really impressed and could not speak highly enough of the service. The call handler stayed on the line for 20 minutes whilst two more came with the ambulance. I can't speak highly enough of them all with their care of my husband and myself. He was taken into York and straight to resus. What more can I say? *Just brilliant* and thank you so much. He is back home now."

"The paramedic who attended my situation literally changed my life. He was so *kind and caring* and shared his own experience and it made me stop and think and helped me to get out of an abusive situation. He really did make a difference. I never have had the chance to thank him, but I want to say a huge thank you to him and his colleagues. You took the time to care that night."

"I have Motor Neurone Disease and was having difficulty breathing, so telephoned 111 and was advised an ambulance was on its way. The two paramedics arrived quickly; I was assessed and taken directly to York Hospital. There was a wait, which I was expecting and was then admitted."

"A huge thank you to the two crews who came out to help my 89-year-old mum. Both crews were *absolutely amazing* going above and beyond - nothing was too much - even managing to get mum to eat something! They helped mum so much when she was in need and the failing social care system let her down. Mum was bedbound and hadn't eaten for over four weeks and complained of pains in her chest. We absolutely can't thank them enough for everything they did for mum as well as for their *professionalism* and awareness of the system - they tried everything possible to get the right help and support she needed. Sadly, the only option available was admitting her to A&E. Thank you so much for all you did we are truly grateful."

Service Line Quality Reporting

999 Operations – focus on quality

Emergency Preparedness, Resilience and Response (EPRR) – quality highlights

- The Trust undertook the annual NHS England EPRR Core Standards review between September and November 2024, achieving 93% compliance, up from 79% in 2023/24 resulting in an overall assessment of “Substantially Compliant”.
- The Business Continuity Team maintained certification against ISO 22301 for the tenth consecutive year.
- The Hazardous Area Response Team (HART) continues to recruit to increase the team in line with the funding uplift received in the previous year building on its ability to respond quickly and with a high-quality service.
- A new Medical Emergency Response Incident Team (MERIT) model was established in January 2025, providing enhanced critical care support with a road-based doctor and specialist critical care paramedic for 10 hours per day.
- A review of capabilities following the Manchester Arena Inquiry recommendations has resulted in a new model of doctor-led critical care support for major incidents.

Spotlight on seasonal planning

This year we have produced two seasonal plans to respond to anticipated changes to demands on our services and/or our capacity to respond. As climate changes we are likely to see additional issues over summer months.

The **‘Summer’ Plan** identified risks related to issues during sustained hot weather or ‘heatwave’ leading to increased demand but also staffing wellbeing concerns.

Each service line also produced **tactical plans** for the **Easter period** where we identified there was an increased risk to service delivery due to high demand and wider system pressures due to the four-day bank holiday weekend. Active monitoring was put in place linked to the wider risks and impact from collective action with tactical plans developed in readiness for any associated increased pressures.

The second half of the year was covered by our **‘Winter’ Plan**. Similar risks were identified for this period, in summary these were relating to three main areas: higher demand, workforce capacity issues and delays in hospital handover. The period is prolonged and impacts on performance due to additional system pressures and increased levels of respiratory and norovirus infections.

As an urgent care system partner the Trust has continued to work closely with other providers across all three Integrated Care Boards (ICBs), particularly the urgent crisis response teams, further enhance our ‘push model’ to allow patients to receive the right care without hospital attendance. There has been the implementation of the Integrated Care Coordination Services in the ICB areas which streamlined the single point of access approach to care and signposting patients accordingly.

A&E Operations - quality highlights

- All areas within A&E operations have worked closely with the recruitment team and have successfully increased their staffing numbers. The Specialist Paramedics Critical Care (SPCC) and Specialist Paramedics Mental Health (SPMH) are established into each of the ICB areas.
- Realignment of rosters at numerous stations to improve staff wellbeing as staff are now working a rota pattern that they have helped create, which also supports our response times to patients.
- Delivery of investment days has improved to ensure our staff have access to a structured investment day and Continuing Professional Development (CPD) opportunities. This ensures they have the right skills to deliver the safe, compassionate and effective care.
- Concerns have been raised over sexual safety in the workplace, and this has been an area of focus for all our management teams including at station surgeries, team leader meetings and senior management team meetings. The Say Yes to Respect campaign has continued to be supported and the Sexual Safety Charter implemented to further enhance the focus on a safe working environment. Team Leaders have received the facilitator training improving confidence and competence to challenge poor behaviours from staff and to listen to when they speak up.
- Extension of the Ambulance Vehicle Preparation (AVP) service within the A&E service which provides clean, well-stocked vehicles which allows frontline staff to focus on care delivery.
- Clinical effectiveness has been improved following learning from incidents which includes improved airway management, improved placement of defibrillator pads and enhanced assessment and care provision for paediatric patients. This learning has been developed and spread from South Yorkshire across the whole of the Trust.
- Clinical pathways have been developed in partnership across the region. For example, in the North and East the local leadership team has continued to work closely with Humber and North Yorkshire ICB and other system partners under the Admissions Avoidance workstream of the ICB HNY UEC Recovery Programme for 2024-25 which included community frailty, alternative care pathways, Hospital @ Home (Virtual Wards), and streaming and redirection activities within the Emergency Department. All these pathways help reduce the number of patients who need to be taken to the Emergency Department.
- Operational colleagues have worked in partnership with acute trust colleagues to introduce the Transfer of Care standard operating procedure which aims to reduce handover delays within EDs. This has been successfully implemented in December 2024 at Hull Royal Infirmary, discussions are now underway to roll this out across other acute trusts.
- Enhancement of the Mental Health Push from EOC to all place partners has resulted in a reduction in the need for ambulance responses to some patients; this is now a 24/7 service. Our links in Rotherham with the community teams meant we could initiate pilots in to find better ways of meeting patients' needs. Similarly, we undertook a trial with Right Care Barnsley to reduce ambulance responses and direct patients through a multi-disciplinary team to the best response for them.

Spotlight on our work to support mental health patients in Yorkshire

Since August 2024, we have operationalised two Mental Health Response Vehicles, one at Halifax Ambulance Station and the other at Leeds Ambulance Station. We have successfully recruited 10 Specialist Paramedics Mental Health (SPMHs). These combined give a total of 8 operational MHRVs across Yorkshire and the Humber, providing enhanced support for mental health patients. This has resulted in most of these patients being treated on scene or supported by local Mental Health Pathways such as, Safe Spaces and Crisis Cafes, leading to a reduction in the number of mental health patients conveyed to the ED. This is extremely positive for the patient experience as we know that an ED is not an optimal location for someone in a mental health crisis.

Remote Patient Care – focus on quality

Emergency Operations Centre (EOC) - quality highlights

- Patient safety improvement work was undertaken to reduce cases of missed ineffective breathing descriptors. These are now at negligible levels meaning members of the public are getting the response they need when they are at their sickest.
- Call answer times have improved significantly over the last year, and we are now seeing consistent call answer times under the 10-second mean. This improves patient safety and experience for callers.
- YAS has continued its link with the International Academies of Emergency Dispatch (IAED) with regard to changes to maternity pathways and improving services for women in second trimester miscarriages.
- Staff are proactively engaging with NHS Pathways team, building relationships to ensure a similar level of influence once we move to NHS Pathways in 2025.
- We have enhanced Category 2 segmentation provision and have a very high conversion rate for alternative responses for those accepted.
- Successful General Practitioner deployment into EOC has encouraged a coaching environment maximising Senior Clinical Advisor confidence in decision making, which enhances clinical effectiveness.
- 'Clinical Calibration' is a bi-monthly opportunity for all clinicians to present complex cases they have encountered, encouraging discussion for shared learning.
- A 'safety calling' process for call handlers has been embedded with good success and has been utilised consistently as we have seen excessive delays within 999 operations.

Spotlight on our work to support *Right Care Right Person*; a change in process

A '*concern for welfare*' module, with additional screening questions, has been implemented to assist with the Right Care Right Person demand. This helps us to identify incidents that are appropriate for ambulance response. We want to be able to get to the right patient, at the right time and with the right staff. Collaboration on this with the regional Police Services has been challenging but sustained, and the improvements made will impact patient safety.

Spotlight on Transfer of Care Quality Improvement work

Delays in patient handovers at hospitals have been a challenge within the healthcare system. These delays create serious operational challenges for ambulance services, resulting in ambulances being unavailable for extended periods of time. This, in turn, leads to delays in responding to emergency situations, heightening the risk of harm to patients. Hull Royal Infirmary, like many other hospitals across the country, has been significantly affected by these delays.

Addressing this problem was crucial for ensuring the safety and wellbeing of patients, improving the efficiency of ambulance services, and minimising the risk of harm to the community. Immediate and sustained action was necessary to improve the handover processes at hospitals like Hull Royal Infirmary, as well as across the wider healthcare system, to safeguard patient care and prevent further harm.

To address the problem, a new Standard Operating Procedure (SOP) was developed and introduced under the title "Transfer of Care" (ToC). The primary objective of this policy was to reduce handover delays and ensure that no ambulance would wait longer than 45 minutes to transfer a patient to the care of the hospital. By setting a clear time limit for patient handovers, the ToC SOP aimed to streamline the process and reduce the negative impacts of delays on both ambulance availability and patient safety.

The implementation of the ToC SOP at Hull Royal Infirmary began in December 2024 through a phased approach. This phased roll-out was designed to allow for careful monitoring, feedback, and adjustments as the policy was integrated into the hospital's existing systems and processes. It was essential that both Yorkshire Ambulance Service (YAS) and the Emergency Department (ED) at Hull Royal Infirmary worked collaboratively to achieve the goals outlined in the new policy. This required clear communication, alignment of resources, and a shared commitment to improving patient care.

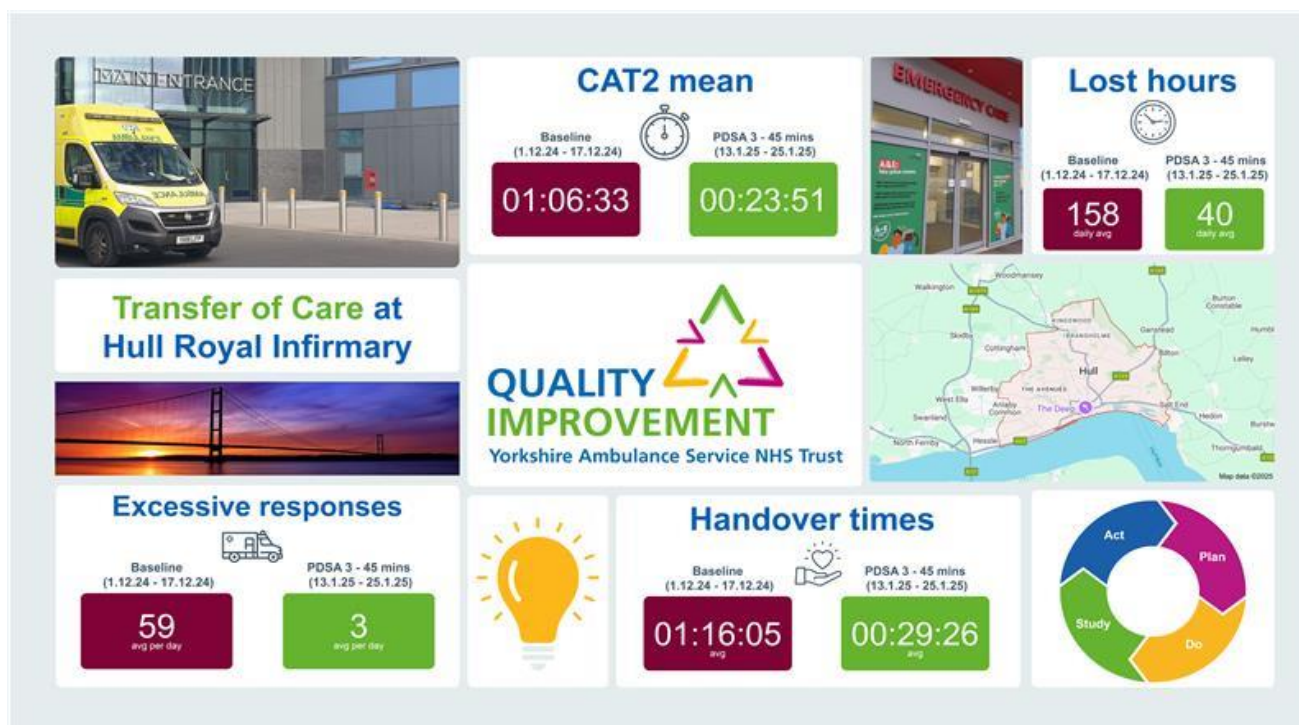
The success of the ToC SOP depended on the collaborative efforts of all stakeholders involved, as effective handover processes could only be realised through coordinated action between the ambulance service and the hospital's ED staff. By ensuring that ambulances were able to promptly transfer patients into hospital care, it was anticipated that the overall efficiency of emergency services would improve, leading to faster response times for subsequent patients and a reduction in the risk of harm caused by delays.

The introduction of the ToC SOP at Hull Royal Infirmary was a critical step toward mitigating handover delays. Its success relied heavily on the seamless cooperation between YAS and ED to ensure that the 45-minute handover window was consistently met, ultimately improving patient care and reducing operational strain on ambulance services.

The introduction of the Transfer of Care (ToC) SOP at Hull Royal Infirmary was a resounding success, with its impact being noticeable almost immediately. By reducing handover delays to no longer than 45 minutes, the policy resulted in safer patient care, as patients were transferred promptly to hospital care, reducing the risk of harm associated with prolonged ambulance waits. This improvement in patient care not only

enhanced patient safety but also contributed to better staff wellbeing, as ambulance crews were able to complete handovers more efficiently, leading to reduced stress and pressure on ambulance crews.

The positive outcomes observed at Hull Royal Infirmary underscored the effectiveness of the phased approach, and improvements continue to be made as the policy is refined and adapted to further optimise its implementation. The collaboration between YAS and ED staff has proven to be a key factor in the success of the ToC SOP, with both teams working closely together to meet the 45-minute handover target consistently. Encouraged by the success at Hull Royal, plans are now underway to roll out the ToC SOP across the entire Trust in due course. The aim is to replicate the positive results seen at Hull Royal Infirmary in other hospitals within the trust, further improving the efficiency of handovers, enhancing patient care, and supporting staff wellbeing across the region. The continued progress of this initiative is expected to drive further improvements in ambulance service response times and contribute to a safer, more efficient healthcare system overall.



NHS 111 Integrated Urgent Care - quality highlights

- Clinical Advisor recruitment met the trajectory for the year with an encouraging number of new applicants.
- YAS's International Nurses Recruitment Programme has been a success, and this has bolstered clinical advisor recruitment.
- Implementation of clinical supervision programme for clinical staff, matching provision in 999 operations.
- Exploration of technological solution to allow the development of an integrated clinical advice service (iCAS) which will see calls from either 999 or 111 that require clinical advice being managed in a single workflow queue and clinical staff working together to manage the demand and provide an improved experience for patients.
- Implementation of IUC's Case for Change has been the main operational priority of 2024-25 and has delivered:
 - A new rota for colleagues, aimed at improving work/life balance and underpinning a move towards Team Based Working.
 - New roles have been created to provide a clearer career structure for both clinical and non-clinical colleagues.
 - A Leadership Development Programme is now in place for our team leaders.
 - All IUC staff are now wearing YAS uniform in line with the wider Trust.
 - Successful removal of incentive payments and stopped recruitment via agencies for non-clinical staff.



Spotlight on Pharmacists role in Integrated Urgent Care

In our clinical advice service, we have a cohort of pharmacists who provide timely medicine management advice, and referral management to ensure patients and carers receive safe and effective care. Across this year, their work has included:

- Improving patient self-management, with 69% of cases handled by our pharmacists resolved through home management, reducing reliance on emergency services.
- Streamlining urgent medicine access by successful coordinating with community pharmacies, helping patients access essential medicines efficiently.
- Expanding clinical support by advising the wider YAS clinical staffing community on medication safety, supporting mental health concerns, and reducing unnecessary hospital admissions especially around calls relating to toxic ingestion.

Feedback from our patients about our NHS 111 Service

"The response of your service helped me remain calm. Your response was prompt and professional."

"Very happy with Health Advisor's approach and warmth throughout the assessment, was really engaging and felt comfortable."

"I had no idea I was having a heart attack. I want to give my personal thanks to all involved as I owe every person my life."

"The Health Advisor was very polite, easy to speak to, understood me and was clear, calm and listened well. They were totally professional."

"I want to compliment the Health Advisor; they had a lovely telephone manner, and I felt that they really wanted to help."

"Very happy with the service and really cannot thank every member of staff I dealt with for all their help and care."

"The Health Advisor was polite and helpful."

"All staff are truly amazing, you always help and listen, I just cannot thank you enough. You understand my Autism and help me."

"I want to thank the lady who took a call about my dad. She was patient and reassuring. We are truly grateful."

"The Health Advisor went above and beyond to support my daughter and me."

Patient Transport Services (PTS) – focus on quality

Our Non-Emergency 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.

- The existing PTS contracts are reaching the end of term, and Yorkshire and Humber ICBs are at a decision point on the future model and contracting intention. Through regional PTS collaboration, YAS is aiming to inform future service models and the consideration of Provider Selection Regime processes.
- To further support the introduction of the Patient Safety Incident Response Framework (PSIRF), PTS has established a Local Incident Review Group.
- This year, 35 new electric vehicles were added to our PTS fleet, delivering the largest introduction of electric ambulances into any NHS ambulance trust fleet to date. This project is part of the wider NHS Net Zero project and meeting our future net zero carbon targets.
- PTS continues to be supported by a framework of quality-assured providers. This benefits the local business economy and ensures YAS can offer the “best of both” with high quality NHS service levels and the flexibility and value for taxpayer money with our commercial and community transport partners.
- Introduction of a direct phone line for healthcare staff to make ‘on day’ journey bookings on behalf of their patients. Having a dedicated line for healthcare representatives to make ‘on day’ bookings, means they avoid being added to the call queue, enabling them to make journey bookings quicker. This also supports the wider system in seeing and discharge patients more efficiently, improving the patient experience.
- Revision of process for patients required to travel alone, to maximise patient safety but maintain service efficiency. Following a successful pilot in West Yorkshire in July 2024, we implemented a new process which relies on clinicians letting us know when their patient is being source isolated for an infection, so we can continue that during transfer, protecting other patients and reducing spread of infection.
- In October 2024, PTS successfully achieved a Level 1 Always Events® Recognition Award, for the co-produced improvements made to PTS in Leeds. 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. Looking forward to 2025, we are hoping to roll this project out in all areas across Yorkshire and considering future always events.

Spotlight on work to prepare for implementation of patient eligibility criteria, following NHS England review.

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 Patient Transport Service can be provided for those patients who are unable to make their own way to appointments due to a severe medical or mobility need. The PTS Senior Leadership Team and Contracting Team are working with

the three Yorkshire and Humber Integrated Care Boards (ICBs) to standardise patient access to PTS for West Yorkshire, South Yorkshire and Bassetlaw, and Humber and North Yorkshire Integrated Care Services.

In 2024-25, YAS has continued to support the Yorkshire and Humber ICBs in preparing to implement the requirements of the NHS England review of PTS. A dedicated YAS programme manager supports the Yorkshire and Humber ICBs and YAS to collaboratively develop a question set for eligibility implementation alongside effective signposting for non-eligible patients and a robust appeals process.

Although a start date is not confirmed, YAS colleagues are working to prepare for implementation in 2025/26. Work 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. Patient involvement will also be sought when trialling the new question set. The Trust has been leading a communication and engagement sub-group, whose purpose is to ensure that all communications and engagement about patients' eligibility for PTS is effective, thorough and consistent.

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, with the aim to lead to fewer delayed and aborted journeys. This App was launched across PTS in April 2024, with all frontline crews now having access to risk assessment information prior to arriving with a patient. Crews have provided verbal feedback about how useful this app is. 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.

Community Resilience



This year has been another busy year for our Community First Responders and the Community Resilience Team. Firstly, in June 2024, we celebrated a significant milestone, 25 years of community first responding in Yorkshire and Humber. We marked the occasion by holding a series of events throughout Yorkshire, where we reminisced with both our longer serving and newly qualified volunteers.

These were not the only volunteers to receive recognition this year. 245 volunteers received the King's Coronation Medal in recognition for five or more years' frontline service. Two volunteers also received highly commended awards at the Trust's STARS Awards.

One of our proudest achievements this year has been maintaining the Investing in Volunteers UK quality standard. After completing a self-assessment and CFRs along with other volunteers sharing their experiences with the assessor, we have been re-accredited for a further three years.

Infection Prevention and Control (IPC)

To ensure Trust compliance with IPC measures, audits have been maintained, and reported compliance remains at a high level to maintain the safety of both our patients and our staff. YAS continues to demonstrate that it is compliant with the requirements of the Health and Social Care Act 2008 and the Care Quality Commission (CQC). 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.

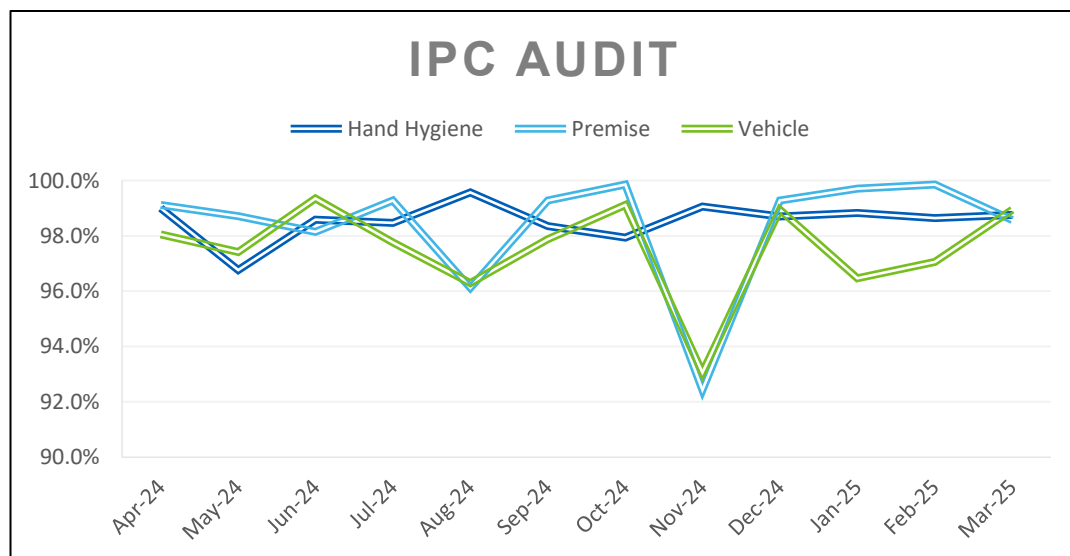
Asepsis: All clinical staff should demonstrate competency in aseptic techniques during insertion or care of invasive devices.

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 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025
	Hand Hygiene	99.0%	96.8%	98.6%	98.5%	99.6%	98.4%	97.9%	99.1%	98.7%	98.8%	98.6%	98.8%
	Premise	99.1%	98.7%	98.1%	99.3%	96.1%	99.3%	99.9%	92.4%	99.3%	99.7%	99.9%	98.6%
	Vehicle	98.1%	97.4%	99.4%	97.8%	96.3%	97.9%	99.1%	93.1%	98.9%	96.5%	97.1%	98.9%



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 Abuse Related Death Reviews (formerly 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 adults at risk. 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, 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 ICBs 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.

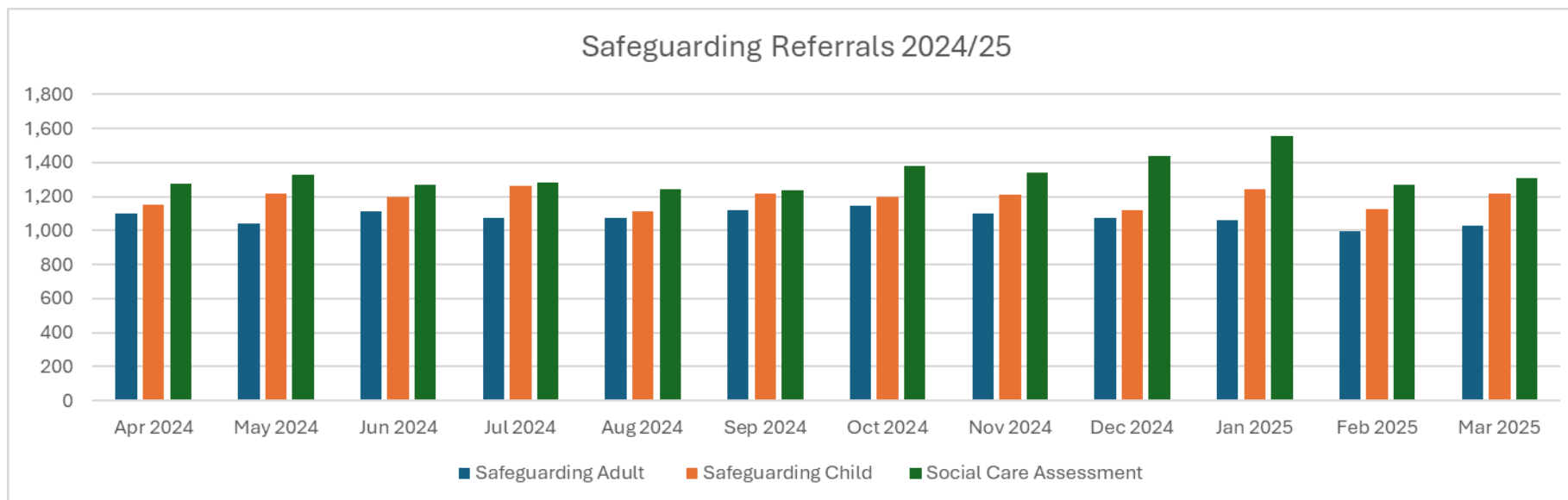
Yorkshire Ambulance Service, via the Head of Safeguarding, provides assurance that the service is well led and managed and discharges its statutory responsibility in line with legal obligations. This assurance is shared quarterly at the Yorkshire Ambulance Service Safeguarding Executive Review Group where safeguarding representatives from our three ICB partners attend.

Dissemination of learning from incidents and statutory reviews has been a focus for the safeguarding team in 2024-25. In the year April 2024 – March 2025 the Safeguarding Team at YAS has contributed to 17 Rapid Reviews as part of the statutory Child Safeguarding Practice Reviews process, 100 Safeguarding Adult Reviews and 22 Domestic Abuse Related Death Reviews across the Yorkshire and Humber region.

A matrix of learning and recommendations identified from statutory reviews has been created to monitor progress and completion. This has enabled the team to develop and provide targeted, thematic learning to YAS staff.

Safeguarding Referrals

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 2024-25, with a significant year on year increase in Social Care Assessment requests for adults. Ambulance crews continue to identify more cases of self-neglect and declining mental health where primary care services have not or could not be accessed.



Specialist Domestic Abuse Practitioner

Following a successful 18-month fixed term project, the Specialist Domestic Abuse Practitioner (SDAP) is now a permanent role in the Safeguarding Team. During the project phase a new domestic abuse policy has been launched that reflects updates in practice related to the Domestic Abuse Act (2021) including support for staff who experience domestic abuse, aiming to improve staff safety and wellbeing. The policy revisions have been co-produced and supported by staff who have personal experience and have been well received.

Paediatric Liaison Nurse

Yorkshire Ambulance Service continues to develop a paediatric liaison service. This service identifies children and young people who use our services regularly, those who present only once but with a concerning presentation and children with complex medical need. The Paediatric Liaison Nurse liaises with external partners in primary, acute and social care services, enabling care to be refocused back into planned services. The Paediatric Liaison Nurse is very much a 'Think Family' role liaising closely with the outreach team around adult cases where Adverse Childhood Experiences (ACEs) and adult physical and mental health impacts on the child.

In 2024-25 the Named Professional for Safeguarding Children has begun partnership work in North Yorkshire to identify children at risk of exploitation and serious youth violence and how information can be shared to promote identification and referral pathways for this vulnerable population. This work is an extension of the internal learning identified from the Joint Targeted Area Inspection on the theme of serious youth violence that YAS participated in with Leeds place in 2023-24.

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



"Shanna and Holly attended to a patient who had a wide laceration on her right lower leg. They contacted the Specialist Paramedic Urgent Care (SPUC) desk and requested a SPUC for wound review/closure. When I got on the scene, the patient was inside the DCA on the stretcher. It took a considerable time to clean the wound, stop the bleeding and close the wound and to make falls/district nurse referrals. Due to this, Shanna and Holly were very late for their meal break. In addition, they kindly assisted me with the wound care and the referrals. Throughout the patient care process, they displayed excellent adherence to YAS values. Their teamwork and kindness were exemplary. They are based at Leeds Ambulance Station."

"Sophie took a Category 1 CPR call at on her first day of taking calls. She not only handled the call fantastically, but very professionally. She has handled her calls on day one very well. She was polite and caring throughout the call. She got straight on with CPR as soon as this was recognised. She handled herself very well and should be very proud of herself."

"On Friday 15 November at 15.00, Selby Hospital declared a business continuity incident following an outage of water, electricity and heating. Consequently, PTS was asked to support with the evacuation of 21 inpatients from two sites. Swift action was taken, and all patients were in a bed by 20.15. Feedback from the acute trust bronze commander was that YAS provided a 'phenomenal service' and asked that we say a 'massive thanks to all partners involved'. I would like to say a special thank you to the Regional Operations Centre (ROC) for providing two Low Acuity Transport (LAT) crews to support, to the Alternative Response Team (ART) and our subcontractors who were able to mobilise additional resource at very short notice on a Friday afternoon, and to the PTS staff in Operations and Logistics who worked overtime to ensure a successful hospital evacuation."

"With just one week's notice, I asked for volunteers to help facilitate activities at an open day for a local special educational needs and disabilities (SEND) school. Several members of staff gave up three hours of their own personal time to assist. They demonstrated YAS values and interacted professionally with children, parents, staff, and other members of the emergency services at the event. Thank you for your time and dedication to engaging with this important group in our local community."

"I would like to extend my heartfelt appreciation to Andy and Amy for their exemplary care on 25 June. Their kindness, respect, and holistic approach in attending to a female patient experiencing an acute episode of schizophrenia were truly commendable. Their teamwork was evident as they engaged both the patient and me in thoughtful discussions about the best options for her care. Andy and Amy are an absolute credit to YAS, and their dedication and professionalism are worthy of high praise."

Looking after our staff

At YAS we value and acknowledge the contributions our staff make in ensuring our patients are provided with a responsive and excellent care at point of need. To achieve this, we understand the need to have a safe, supportive environment, with the right education and skills training for our staff.

One of the bold ambitions of YAS strategy is 'Our People'. At its core is the focus on improving staff health, wellbeing and attendance. Progress against this is closely monitored through the Health and Wellbeing Plan. The plan is aligned to the NHSE Health and Wellbeing Framework ensuring prioritisation against the areas of greatest need. The plan is evidence-based and developed in consultation with stakeholders. Our focus is on providing a holistic approach to wellbeing, where we consider and acknowledge that all aspects of an individual's health are interconnected and require equal importance.

Quality Highlights of our well-being plan

Over the past year the Trust has successfully delivered against the approved Health and Wellbeing Plan. Our focus areas and key achievements have included:

- The approval and launch of our newly created Health and Wellbeing Guidance with a focus on raising awareness of common mental health conditions and the impacts, the support available and how to access it.
- The review and enhancement to the Fitness for Work Policy ensuring it is fit for purpose and meets the needs of all the workforce.
- Recruitment of the Health and Fitness Advisors into the Health and Wellbeing Team with a focus on delivering fitness testing and providing structured interventions, support and programmes to enhance the physical wellbeing of our workforce.
- Continued work alongside the Trust's Women and Allies' Support Network in championing menopause and supporting the re-accreditation for Menopause Friendly Employer.
- The welfare and multi-purpose vehicles successfully launched and transferred across to our local operational teams to use across the region providing our staff the much needed safe and confidential space for a chat, drink and a snack particularly outside emergency department. The vehicles are widely used with regular positive feedback.
- Delivery of focused campaigns supporting staff health and wellbeing, which have included focus on self-care and resilience, nutrition and exercise, sleep hygiene and financial wellbeing. The health and wellbeing vehicle has been on tour as part of these campaigns, engaging with staff across YAS sites and hospitals.
- The seasonal vaccination programme for flu was delivered with pop-up and roaming clinics set-up at YAS locations across the region. Delivery was supported by peer vaccinators from across the Trust.

- Partnered with Public Health to deliver the Swap to Stop Pilot scheme at YAS. Initially introduced within EOC and IUC. Due its success now expanded to include PTS. Initial results show some staff having quit with a large proportion having reduced smoking. Will continue to monitor moving into the new year with possibility of a roll-out across the wider Trust.
- Research started to establish a consistent and fit for purpose post-incident care framework. The aim of the co-design group is to design, build and implement a digital solution to support and manage the health and wellbeing of our staff. Work will progress further in the coming year.
- Strengthening and continuous review of our occupational health and specialist service provision has continued ensuring staff and business needs are met.
- Partnership working within the EOC environment to provide regular psychological wellbeing support to staff, in addition to other current arrangements, following a difficult or traumatic call. Currently testing the creation of these safe spaces that will inform future expansion.
- Sharing of best practice and learning continues at a national level working with other ambulance trusts and across the system.

The focus over the coming year will be to continue to prioritise the delivery against the ongoing projects, whilst ensuring the Trust 2025-26 Health and Wellbeing Plan and the subsequent Mental Wellbeing and Physical Wellbeing sub-plans are developed in collaboration and specific to meet the changing needs of our workforce. Staff mental wellbeing and reducing absence will be our key drivers over coming year.

Spotlight on Violence Prevention and Reduction Team

Yorkshire Ambulance Service NHS Trust has a legal duty as an employer under the Health and Safety at Work Act to ensure, so far as reasonably practicable, the health, safety, and welfare of workers, including protecting them from work-related violence.

Following the recent (January 2025) statistical publication from the Association of Ambulance Chief Executives stating, “Violent incidents recorded against UK Ambulance staff on course to exceed 20,000 a year for the first time ever”, it is now more important than ever to ensure that the Trust continues to provide dedication and appropriate staff levels to deliver on a prevention and mitigation programme ensuring a safe work environment for staff. Levels so far suggest there is a 30% increase of reported incidents in the last 12 months.

The Violence Prevention Team works with partner agencies across our geography, including police, social care, health partners, Violence Reduction Unit (VRU), probation services, courts and councils to ensure that all known staff safety risks are shared, reviewed, monitored and disseminated appropriately within the Trust.

The Violence Reduction Lead (VRL) manages the Violence Prevention and Reduction workstream and provides subject matter expertise on the delivery of work against the Violence Prevention and Reduction Plan and the Violence Prevention and Reduction Policy, both of which were produced and approved in May 2024; the management of delivery of work relating to these documents is to be monitored by multi-disciplinary leaders across the Trust.

During 2024-25, the Violence Prevention Team capacity has been increased to meet the increasing workload and to enhance the management of the Body Worn Camera programme. The Violence Prevention Team and the VRL have received more requests in 2024-25 to attend Multi-

Agency Public Protection Arrangements (MAPPA) discussions, which are chaired by the police and probation services regarding individuals who are deemed to be a risk to individuals in the community regarding their previous offending history of either a sexual or dangerous offence.

Violence Prevention and Reduction mitigations include the requirement for continual statistical data reviews, which in turn develop and enhance improvements across this workstream and as such the Business Intelligence dashboard has also been enhanced in 2024-25 to include additional data that is applicable to the new changes in this field, including the oversight of sexual violence reports of crime against staff in the workplace.

The Violence Prevention Team also manages, supports and delivers on the Body Worn Camera programme, introduced in 2021 by NHS England. Following additional funding by the Trust earlier in 2024, the Trust has been able to expand Body Worn Cameras to all operational sites across the Trust, ensuring that this security technology can be used alongside other processes to reduce and capture criminal acts of violence conducted towards YAS employees.

Over the last year, the Violence Prevention Team has engaged frequently with the YAS Communications Team and external partners to deliver against the *#Workwithoutfear* campaign. Regular publication of individuals that pose a risk to staff safety are provided on the weekly *Staff Update*, as well as through the internally produced Staff Safety Alert portal.

Celebrating our Staff

Our STARS Awards 2024 took place on 7 November where we celebrated some of the exceptional achievements of our staff and volunteers who have gone above and beyond the call of duty. We recognised their ongoing commitment to providing the best care to the people of Yorkshire and supporting their colleagues and the wider YAS team.

This year's awards were held in Leeds and the winners and highly commended colleagues were presented with certificates and awards.

This year, we received 120 nominations, which were reviewed by panels of judges consisting of our executive and non-executive directors who had the difficult job of selecting individuals and teams to be shortlisted.

The award categories are centred around our five YAS Together pillars: Care Together, Lead Together, Grow Together, Excel Together, and Everyone Together. There are also additional awards for Volunteer of the Year and Team of the Year, as well as Chief Executive's Commendations.



Community engagement at YAS

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.

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. 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 and engagement 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.

In 2024 we launched our new four-year Community Engagement Plan, with the following objectives:

- Improving lives through targeted interventions.
- Raising awareness of life-saving skills.
- Engaging communities to be visible, build relationships and raise awareness of our services.
- Engaging to improve experience of and access to our services.

During 2024-25 we engaged over 10,000 people from across Yorkshire, delivering a wide range of events, activities and projects. As well as engaging the public we engaged directly with wide range of communities that are seldom reached including BAME communities; people with Learning Disability and/or who are neurodiverse; Asylum Seekers and Refugees; people recovering from alcohol and drug addiction; people experiencing homelessness and more. All our community engagement projects are supported by the YAS Charity.

Teaching life skills and improving confidence – Achieve programme

Achieve is a skills course designed for people needing additional support to improve their lives. In addition to basic life support, it teaches a range of life skills that relate to the work and values of the ambulance service such as teamwork, communication and resilience.

Achieve was developed in partnership with addiction charity [New Vision Bradford](#). We initially worked with the charity to deliver basic life support training to people recovering from drug and alcohol addiction and found that those completing the course were not only highly engaged but wanted to do more with us and develop other skills. Since launching in late 2022 we have delivered 17 Achieve courses, teaching valuable skills to 110 people.

Achieve is delivered in partnership with a range of organisations who provide support to vulnerable and marginalised communities. In the first half of 2024-25 it has formed part of the support provided to prisoners at [HMP Wealstun](#) to prepare them for release into the community, and as a life skills course for women involved in the criminal justice system with [Together Women Hull](#).

Supporting young people into work in partnership with The King's Trust

We have been delivering courses with The King's Trust since 2021. Over that time, we have delivered six courses. Young people leave the course with more confidence, as well as learning valuable skills to help them secure employment. In addition, five people have gone on to secure roles with YAS because of the support they have received through the programme.

Our latest Get Started with YAS was delivered at Manor Mill Ambulance Station in July 2024 with six young people. Two of the attendees applied for paid positions within YAS, and although these were unsuccessful, they have been equipped with skills to continue to seek employment with the Trust and elsewhere. One attendee has gone on to become a Community First Responder (CFR).

Learning Disability Awareness (LDA) Workshops

Our Learning Disability Awareness workshops are delivered for people with a learning disability and/or who are neurodiverse. They raise awareness of how to call 999 and 111 and provide familiarisation with ambulance staff and equipment so that people can be more comfortable if they use our services.

The workshops are part of the Trust's Learning Disability Programme. They were designed in partnership with people with a learning disability and/or who are neurodiverse.

Since January 2024 we have delivered 28 LDA workshops with 351 people taking part. All our workshops are delivered in partnership with organisations supporting people with a learning disability.



Restart a Heart



Each year on [Restart a Heart](#) Day volunteers from Yorkshire Ambulance Service and partner organisations teach CPR in schools across Yorkshire. Restart a Heart Day was developed in 2013 by the European Resuscitation Council to encourage others to teach members of the public how to help restart the heart of someone who has suffered a cardiac arrest.



On 16 October 2024, 740 volunteers taught CPR to 35,000 children. This activity forms part of the national campaign which aims to raise awareness of CPR and encourage people to learn this important life-saving skill.

Restart a Heart Ambassadors

In the run up to Restart a Heart Day this year we worked with [Parkwood Academy](#) school in Sheffield to train students as Restart a Heart Ambassadors. Six students have completed a course that has given them the skills to deliver CPR training to their peers. On Restart a Heart Day 2024 our ambassadors trained 180 other students and will continue rolling out the life-saving training across the school.

Free First Aid Awareness

Our free First Aid Awareness courses are delivered across Yorkshire to a wide range of communities. We have been running courses for over 15 years and, in that time, have developed relationships with grass-roots community organisations that help us reach into a wide range of diverse communities.

The course can be adapted for communities with different communication needs and with people who do not speak English as a first language. Over 2024-25 we have delivered rolling programmes of first aid awareness with Polish communities, Muslim communities, other BAME communities, parent and carer groups and a range of community organisations.

Community Partners Programme

Our Community Partners Programme provides training and equipment to community organisations and colleges to support them to roll out their own life-saving skills awareness training. This train-the-trainer course has created 17 Community Trainers across six organisations. Collectively, our community trainers have delivered over 80 life-saving skills awareness courses to over 1,300 people over the last 18 months.

The Community Partners Programme not only teaches valuable life-saving skills, but it also supports the development of individuals to become Community Trainers and represents an investment in our communities.

Over 2024-25 we partnered with Kirklees Council Safer Roads Team to support two new Community Trainers. We also began to expand the programme in Leeds City College where our Community Trainers have delivered life-saving skills training to every student enrolled on the Public Services Course. We are now supporting students in the Health and Social Care Faculty to become Community Trainers.

Engagement with people at risk of rough sleeping

Over 2023-24 we worked with [Healthwatch Hull](#) to understand the experiences of people at risk of rough sleeping of our services. We spoke to our staff, local stakeholders and people with experience of sleeping rough in Hull. The feedback we received, and the experiences people shared have helped us understand how we can provide better care for people at risk of sleeping rough.

We are currently working with colleagues across the Trust and people with lived experience of sleeping rough to develop an action plan that will help improve our services for this vulnerable population.



Community Engagement Volunteers

Our Community Engagement Volunteers (CEVs) 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 the first nine months of 2024-25 our CEVs delivered 45 community engagement events, reaching over 2,400 people. Our CEVs deliver life-saving skills training; promote YAS as a place to work and volunteer and raise awareness of our services.

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 2025-26.

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.

Combined Feedback from

South Yorkshire Integrated Care Board (ICB), Humber and North Yorkshire ICB, West Yorkshire ICB

General Comments

The ICBs within Yorkshire and Humber are pleased to be given the opportunity to review the Yorkshire Ambulance's Service (YAS's) annual Quality Account (QA) for 2024-25. We would like to take this opportunity to thank all the staff at YAS for their hard work and commitment to the population we serve during what has been another challenging year for the ambulance sector. YAS also recognises the achievement of their own staff in a period of significant pressure within the health and social care sectors.

This year's QA provides a comprehensive review of the progress made against YASs priorities for the year and sets out how these will continue to evolve with a focus upon reflecting the needs, vulnerabilities and risks associated with the local population. We note there have been many key successes within the year; we congratulate you in this.

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

Working with Partners

There have been many ongoing challenges across the system with the year, and the Trust has worked consistently with system partners in seeking to mitigate risks, developing services and pathways and remain responsive to demand. Above all working collaboratively in an approach which seeks to reduce harm to patients and improve patient experience.

The ICBs recognise the significant effort and collaborative working which has enabled new approaches to managing demand in the Urgent and Emergency Care (UEC) pathway; achieving recent improvements in response times and for periods whereby there are periods of high demand or high acuity of patients and category calls. The Trust has supported the development of a range of referral pathways and the launch of new initiatives to improve patient care.

The ICBs acknowledge the work of YAS within the local partnerships and notably with our acute services, in working collaboratively to improve patient handover times. The introduction of the Transfer of Care Standard Operating Procedure (SOP) has been a significant success across the system, in reducing handover delays to no longer than 45 minutes in the trusts where the SOP has been adopted.

Engagement

We note the positive work which has been undertaken by the Trust over the past year in engaging with a wide range of groups and individuals to co-produce changes to Trust services. The ICBs recognise the that YAS has embraced the principles of PSIRF in relation to both learning and promoting safety.

Quality Improvement

Throughout the account it is evident that YAS continuously strives to improve quality and in promoting a safety culture and focus upon patient experience and involvement. We welcome the approach taken by the Trust in respect of the new Quality Improvement Strategy and the alignment of this with NHS IMPACT. The four key areas of focus specified demonstrate the commitment and ambition of the Trust in developing a culture of continuous improvement. The examples of the Quality Improvement work demonstrate how the approach is taken forward in practice and we fully support the initiatives taken.

The ICBs looks forward to working further with YAS in support of quality improvement measures and projects, and in addressing pressures across the system to ensure positive patient outcomes and experience.

Research and Innovation

As in previous years, the Trust has continued to demonstrate commitment to the delivery and development of research and innovation in driving improvements in the quality of care delivered and in improving patient experience. We applaud the contribution of Trust colleagues who have participated in writing for publication and contributing to peer reviews.

Audit

It is pleasing to see the how the participation in the Sentinel Stroke National Audit Programme (SSNAP) has enabled the Trust to review the pathways and processes for managing patients with a stroke and the support from the Trust in refining the overall stroke pathway across the region.

We note the work undertaken 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 in the community.

Furthermore, the ICBs note the participation by the Trust in the participation of national clinical audits within 2024-25.

Patient Transport Service (PTS)

The ICBs appreciate the continued support from the Trust in preparing to implement the NHS England review of PTS and welcome the approach the Trust is taking to ensure the patient voice is heard as this work progresses.

Infection Prevention and Control (IPC)

The ICBs recognises the continued focus the Trust has upon IPC and its impact on patient pathways and services. We are pleased that as system partners the Trust has IPC leads in local, regional, and national IPC forums and there is an ongoing commitment in ensuring measures in place to manage risks associated with infections. We are pleased to see these risks are reported within the Board Assurance Framework (BAF) and there is oversight and assurance in respect of these challenges.

Safeguarding

The ICBs recognise and appreciate the support the YAS Safeguarding team offers to the wider partnerships in the delivery of Safeguarding reviews. We also wish to commend the Trust on their work relating to Domestic Abuse and in securing the Specialist Domestic Abuse Practitioner post on a permanent basis.

Patient Experience

The feedback pages provide a clear focus on the positive experiences that patients, family and carers have had when using YAS services. It was felt that it could be improved by adding comments that have provided more critique that could have been considered or led to change.

Local Population Needs

Consideration has been made to the local population though with the YAS population being varied both socioeconomically and geographically so generalisations would inevitably happen.

North Lincolnshire Council Scrutiny Committee

North Lincolnshire Council's Health, Integration and Performance Scrutiny Panel welcomes the opportunity to comment on Yorkshire Ambulance Service (YAS) NHS Trust's 2024-25 Quality Account. YAS is a key, valued partner, providing Patient Transport Services to residents of North Lincolnshire.

Members of the scrutiny panel looks forward to meeting Trust representatives in 2025-26 to discuss the priorities and performance as outlined within the Quality Account document.

Cllr David Robinson, Chairman - Health, Integration and Performance Scrutiny Panel

Barnsley Scrutiny Committee

Priorities

Thank you for the opportunity to provide comment on the Quality Account (2024-25) for Yorkshire Ambulance Service. The Committee is satisfied that the priorities of Patient Safety, Patient Experience, and Clinical Effectiveness are broadly in line with the needs of the local community.

The Committee has noted the steady increase in ambulance response times from September to a peak in December. Although these have subsequently fallen, there is still considerable work to be done to meet targets for ambulance response times, particularly for category 2 and category 3 responses.

The Committee also notes the commitment to further reduce handover times at A&E departments, and we hope to see the improvements realised at Hull Royal Infirmary rolled out to improve handover times in other areas, including Barnsley.

With regard to the performance against STEMI, ROSC, and Utstein scores, the Committee would challenge whether a trust with a CQC rating of 'good' should be achieving at least national average for these indicators.

Omissions

The Committee is pleased to see there are less data omissions in the draft document this year, particularly around response times, as this allows us to gain a greater understanding of performance and trends. We still feel it would be beneficial for stakeholders to see comparator data and thresholds to give the data more meaning.

Patient and Public Involvement

There is clear evidence that the Trust is providing opportunities for patients and the public to engage. In 2024-25 the Trust directly engaged with specific groups, including people who have a learning disability or are neurodiverse, and the Committee would ask the Trust to consider adding carers (all-age) to this list.

The Committee is pleased to see that the staff survey results demonstrate a positive trend and exceeds the sector average, with an increasing response rate. However, the People Promise response rate has fallen to 6% and the Committee would recommend that the Trust considers whether more could be done to increase response rates, as they do not feel as though this is statistically representative of the organisation as a whole.

The Committee welcome plans in the Patient Experience and Involvement Framework to use vignettes to demonstrate 'lived experience'.

Readability

We appreciate that the format of the report is very prescriptive. We did find it easier to read this time; however, the Committee still thinks the public would benefit from an easy-to-read basic summary of the key points.

General Comments

During 2024-25 Yorkshire Ambulance Service have been invited to take part in the Committee's session on Managing Demand on Urgent and Emergency Care in Barnsley, and also to meetings of the Joint Health Overview and Scrutiny Committee for South Yorkshire, Nottinghamshire, and Derbyshire. We look forward to developing relationships and working with the Trust in the coming year.

Combined feedback from

Healthwatch Sheffield, Healthwatch Barnsley, Healthwatch Rotherham, Healthwatch Doncaster

Thank you for sharing this year's Quality Account with us. The report describes a huge range of constructive work from the Trust over the last year, both for patients and for staff. We are pleased to see positive feedback, much of which aligns with things we hear from patients and the public through our work – especially relating to good care from emergency ambulances and paramedics.

Engaging with staff, patients, and the public about quality

It is good to read about different types of work to engage with patients, carers, and specific service user groups who can face poorer health outcomes about their experiences. We were also pleased to read how the Trust describes working with people who raise a complaint or concern in order to resolve this. It would be good to see more detail about the themes arising from complaints, and any specific learning that has taken place, in the later Complaints, Concerns, Comments and Compliments section. The purely quantitative data here doesn't describe the story of learning and improvement, which would be helpful to share with the public.

Priorities for improvement

The priorities for 2025-26 are the same/very similar to those that were set in 2024-25. As key targets or measurables were not set out in last year's accounts, it's difficult to understand how successful these work areas have been, and how that relates to what we hear from patients and members of the public.

We welcome the focus on embedding patient experience and would like to see more detail on what this means for people in practice.

Specific areas of work

We were pleased to see the growth in the number of Mental Health Response Vehicles and Specialist Paramedics in Mental Health. Monitoring and sharing patient feedback on the service would be beneficial to help understand the impact of this new approach – we would like to see this shared in next year's Quality Account.

On Non-Emergency Patient Transport Services – through the feedback and enquiries that members of the public contact us with, we hear about some of the key issues that are important to people. People find the eligibility criteria for this service hard to understand and sometimes feel it's unevenly applied. Regular users of Patient Transport also find it frustrating to be asked the same questions each time they book. The eligibility criteria have recently changed and it is expected that it will reduce the number of people able to use the service – to help patients and carers plan their journey into hospital it would be helpful to produce some clear public information about how the criteria works, along with information about how people might be able to raise a concern if they don't feel it is being applied fairly or consistently. We would also encourage YAS to work alongside hospitals in the region to monitor and understand the impact these changes have on people.

Healthwatch Hull, Healthwatch East Riding of Yorkshire

Healthwatch Hull and Healthwatch East Riding welcome the opportunity to make a statement on the Yorkshire Ambulance Service Quality Accounts 2024-25.

It is encouraging to see quotes from members of the public and stakeholders embedded throughout the quality accounts, and to read about the Patient Experience Framework which has been developed this year and the work to coproduce the changes to services. The new Trust strategy and Quality Improvement through QI Fellowship, Training and QI support operational development along with new Trust values is encouraging.

On a local level, the feedback Healthwatch Hull has 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, however following the Voices of the Street work we are aware of the steps being taken and outcomes which have been delivered to ensure these services are accessible to people experiencing homelessness.

It is encouraging to read about the community work which is carried out including free first aid sessions. It is great to read that a new Medical Emergency Response Incident Team (MERIT) model was established in January 2025, providing enhanced critical care support with a road-based doctor and specialist critical care paramedic for 10 hours per day.

The report highlighted key achievements against Priorities for Improvement 2023-24 particularly around improving patient relations through a significant period of transformation and utilisation of the Patient Safety Incident Response Framework. The Friends and Family Test results for Hull and East Yorkshire showing on average 97.5% would recommend YAS to friends and family if they needed similar care or treatment is positive to see.

It is encouraging to see the NQPS survey has shown the organisation has improved in every theme and that the scores are the highest that they have ever been and that scores in every theme have improved in each subsequent pulse check.

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. It is also disappointing to see the turnaround time for handing over patients to hospitals and crews available to respond again has increased by an average of 7 minutes from 2023-24 however the positive outcomes observed at Hull Royal Infirmary through the Transfer of Care work has provided some improvements locally.

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

Healthwatch North Lincolnshire

Healthwatch North Lincolnshire welcomes the opportunity to comment on Yorkshire Ambulance Service's Quality Account 2024-25.

The Quality Account positively highlights public involvement in Trust service development including the contribution of the Critical Friends Network (CFN) in the 2024-29 strategy and the planned involvement of patients in trialling a new set of questions on patient transport eligibility.

The involvement of patients and / or their family in complaints investigations is also featured and should help those who have experienced a negative service feel heard and respected. The use of patients' stories for staff reflection is also welcomed.

It is encouraging to note that patient experience is highlighted amongst the priorities for improvement 2025-26, part of which involves the implementation and embedding of the Patient Experience and Involvement Framework (2424-25). The Trust's continual monitoring of service user satisfaction data through the Friends and Family Test is positive as is the Trust completing its own internal inspections to make sure that CQC standards are maintained. However, to highlight the usefulness of the checks, more information on how often these occur, and any improvements made as a result would be beneficial.

Finally, the NHS staff survey results for 2024 are encouraging and show an improvement on the previous year's performance for the People Promise themes. The increase in the number of respondents is also a positive achievement with more staff willing to share their views. The National Quarterly Pulse Survey for January 2025 also shows that the scores for all themes were the highest in a year. However, disappointingly the number those completing the survey have declined to their lowest level since April 2023.

Overall, the Quality Account provides clear information, reflects the work of staff and highlights achievements made by the Trust.

Health Select Commission – Rotherham Metropolitan Borough Council

The Health Select Commission was pleased to have the opportunity to review and comment on Yorkshire Ambulance Service's Quality Account for 2024-25.

Members noted reference to consultation and engagement throughout the document, which was pleasing to see as ensuring the voice of service users and stakeholders is involved in shaping service delivery is critical to ensuring that delivery meets the needs and expectations of the communities served. However, the Health Select Commission was mindful that, despite references being made to engagement with Overview and Scrutiny Commissions, Rotherham's Health Select Commission has not seen YAS participate in its scrutiny function for an extended period and would welcome the opportunity to contribute to the formulation of policy and strategy directly affecting Rotherham residents, such as the Patient Experience Framework and YAS 2024-29 strategy. Members were keen to see what the consultation on those areas comprised of, and what views YAS had taken account of during their development and would be grateful if this information could be shared.

It was encouraging to see significant work undertaken around patient experience and the investigation of complaints and safety incidents, and members noted some innovative approaches to sharing learning such as 'Clinical Calibration'. The impact of that work would have been easier for members to understand had data been presented to quantify the impact of initiatives implemented on overall performance in those areas, or through the providing examples of new or amended processes drawn from that learning. Members were keen to see analysis around trends or themes, reflecting that YAS understood gaps or weaknesses in services delivery and targeted responses providing reassurance that

appropriate steps were taken to address key concerns.

The Health Select Commission were interested in the use of the quality improvement methodology to improve handover and crew clearing procedures, but would have again welcomed additional information or supporting data to quantify the level of impact from this piece of work. They welcomed the sharing of that learning with other areas to accelerate improvement in 2025-26 and were keen to understand where, how and in what aspects of services YAS intended that to have impact as this was not described within the Quality Account. Understanding data in relation to areas such as this would enable Health Select Commission members to better understand inter-relational service and system pressures, and advocate on behalf of YAS for Rotherham residents through its interactions with delivery partners.

Members also recognised the importance of the role of Community First Responders (CFRs), particularly given the challenging operating environment, and applauded the work undertaken to demonstrate the value of volunteer roles. It was felt that further detail within the document around the services provided by CFRs and the positive impact they had made on overall service delivery and performance had the potential to raise the profile and general understanding of the contribution volunteers make to YAS's work and increase public confidence in the role and the skills and capabilities of those volunteers.

With respect to the priorities identified for 2025-26, members felt that these were broad scope priorities which, without identified targeted outcome, would make it difficult to assess or evidence their successful achievement or the progress made, but welcomed the general principles the priorities outlined which do address in those broad terms key concerns for service users.

Members were particularly interested in the roll-out of stroke video triage referenced in the document and its potential to address service pressures in that pathway in facilities serving Rotherham residents. They were keen to learn more about how this works in practice and how the improvements seen could be replicated in other areas to improve patients experience and outcomes.

Members were concerned that YAS had expressed the view that the Trust was not sufficiently funded by Commissioners to allow the achievement of ambulance response programme national targets. It was felt that the drivers of this position were more complex and nuanced than funding alone, with other aspects of the document alluding to the other factors which had or could influence performance in that area. Members were keen to better understand those challenges and identify how they could work to support improved performance alongside YAS for the benefit of Rotherham people.

ROSC (Return of Spontaneous Circulation) data indicated YAS performed below national average on three of the four criteria and the supporting narrative around the clinical decision making around resuscitation raised further questions for members. More explanation to support YAS assertions regarding the effectiveness of decision making in that area and patient outcomes would offer welcome reassurance on performance.

The Health Select Commission was impressed by the Trust's robust performance in the friends and family test, and the notable improvement from 79% to 93% compliance in emergency preparedness, resilience, and response core standards, from which great comfort can be taken. Other notable areas were the Transfer of Care SOP, enhancement of Mental Health Push and members are keen to understand how these

initiatives can benefit Rotherham people through further partnering with local delivery partners. There were also notable positives around recruitment and retention which presented scalable learning opportunities.

Members also applauded YAS's initiatives around safeguarding including the Specialist Domestic Abuse Practitioner and Paediatric Liaison Nurse and a general commitment to engaging seldom-heard voices, those with neurodiversity and/or learning disabilities and marginalised communities.

Finally, the Health Select Commission acknowledges the challenging operating environment for health services nationally is supportive of YAS's commitment to ongoing improvement and the important and innovative work it is doing to reimagine and reshape service delivery to respond to challenges. Members look forward to working more closely with YAS over the coming year as they continue that journey.

As always, the Health Select Commission extends sincere thanks on behalf of the people of Rotherham to all at YAS for their dedication, care and for Rotherham residents in times of greatest need.

Councillor Eve Keenan, Chair

Statement of Directors' Responsibilities for the Quality Account Report 2024-25

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 2024 to March 2025.
 - Papers relating to quality reported to the Board over the period April 2024 to March 2025.
 - Feedback from commissioners dated 1 May 2025.
 - Feedback from local Healthwatch organisations dated 1 May 2025.
 - Feedback from Overview and Scrutiny Committees dated 1 May 2025.
 - 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 Trusts performance over the period covered.
 - The performance information in the Quality Report is reliable and accurate.
 - There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- The Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

Date: 26-6-2025

Appendix A - 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 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 and Social Care (DHSC)	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)/Ambulance Support Worker (ASW)	Emergency Care Assistants/Ambulance Support Workers 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 Department (ED)	A hospital department responsible for assessing and treating patients with serious injuries or illnesses.
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 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, 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.
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 work area.
ICB	Integrated Care Board. NHS organisations responsible for planning health services for their local population. There is one ICB in each ICS area.
ICS	Integrated Care System. There are 42 integrated care systems in England bring together their local health and care organisations to improve outcomes, tackle inequalities and create better services. ICSs have the flexibility to make their own decisions about how partners work together in their 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, 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 Services Medical Directors Group.
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 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.
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.
NHS Pathways	A clinical tool used for assessing, triaging and directing the public to urgent and emergency care services.

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
NILO	National Inter-Agency Liaison Officer. A senior manager or officer from an emergency service who liaises between services at an incident
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.
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 <u>field</u> .

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 can monitor and progress quality indicators from both internal and external sources.
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.
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.
TEG	Trust Executive Group.
Transient Ischaemic Attack (TIA)	Mini stroke.
TXA	Tranexamic acid
UCR	Urgent community response
Utstein comparator	A set of guidelines for uniform reporting of cardiac arrest.
UTI	Urinary tract infection
VCS	Volunteer Car Service.
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.