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Yorkshire Ambulance Service

Patient Experience and Involvement Framework

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Foreword by Peter Reading, Chief Executive

Working hand-in-hand with our patients, carers, families, and Healthwatch partners, we have created a Patient Experience and Involvement Framework that puts you at the heart of our mission. Our goal is to ensure care that's not just available, but also personal, considerate, and responsive to your specific needs and experiences. This framework aligns with our broader vision, "Great Care, Great People, Great Partner – 2024-2029," and highlights how your experiences will shape our future.

We deeply value your perspective – your insights are our guide. Our commitment is to provide care that is safe and of the highest quality by empowering our clinicians and living our core values of Kindness, Respect, Teamwork, and Improvement.

Understanding patient experience

When we talk about patient experience, we mean how your care is perceived and felt by you, your family, and your carers. While many aspects of care are shared, we recognise that each person's journey is unique, made up of multiple moments throughout your time with us.

We are dedicated to delivering care that is safe, effective, and offers you the best possible experience. From your first contact with Yorkshire Ambulance Service to the final stages of your healthcare journey, whether it spans years or involves end-of-life care, we promise to treat you with dignity, empathy, and excellence.

Our commitment to you

As we continue to build strong partnerships with all involved in health and care across Yorkshire, we are focused on tailoring our services to meet your evolving needs.

Embedding your experience into our leadership, culture, and everyday processes is crucial to our success.

Strong, compassionate leadership is key to driving improvement, and we are committed to fostering a culture of learning and collaboration. By actively listening to you and gathering your feedback, we will continually measure, adapt, and improve the quality of care we provide, ensuring your voice is always at the centre of what we do.

Peter Reading, Chief
Executive March 2025

Our Patient Experience and Involvement Framework

Vision statement

To deliver person-centred, high-quality care by actively listening to patients, carers, and families, ensuring their voices shape service improvements and address health inequalities.

Three main areas of work are defined that guide the Patient Experience Framework
1. Insight – obtaining and using patient experience feedback
2. Connecting our communities – with a focus on reducing health inequalities
3. Integrating the patient voice – including coproduction techniques

1.0 Insights – Obtaining and using patient experience feedback

What is our aim?

We will have useful and effective data which will help us understand our patient experience.

We will use this data to identify

- Areas for improvement
- Potential health inequalities
- Opportunities for further engagement and coproduction
- Areas of success.

Patient vignette

> Nine-month-old Milo's mum, Sara, rings 111 for him when she is concerned about his breathing. An ambulance is arranged and following assessment and treatment Milo is discharged back to his GP, he recovers well from the illness, and Sara is satisfied with the care delivered. Three months later she receives a survey through the post, the survey is only related to the ambulance attendance and is quite lengthy. Sara has recently returned to work from maternity leave and is rushing out of the door when she sees the survey, she tells herself she had a good experience and will fill in the survey later. A few weeks later, Sara finds the survey when tidying up some paperwork, she looks at and thinks too much time has passed now so she puts the survey and the pre-paid envelope in the bin.

When we review formal feedback data (4Cs) through a public health perspective, it becomes evident that most of our feedback originates from our least socially deprived areas. In contrast, we receive minimal feedback through these channels from our most deprived areas. Surveys return rates at YAS are also lower than we would like. By learning from other organisations, we can improve the way we obtain patient feedback, with the final aim of receiving it at the point of care in real time. In the future this could be integrated into our core business through the Electronic Patient Record (ePR), but it necessitates a separate project that includes stakeholder engagement. It will involve frontline staff adopting new practices and requesting patient feedback at the point of care and needs some developmental work to establish.

We will:

- Utilise all sources of data that relate to patient experience such as:
    - Friends and Family Test
    - Concerns, complaints, comments and compliments

    - Patient stories
    - Incident reports and investigation outcomes
    - NHS Choices
    - Local Healthwatch forums
    - National and local surveys
    - Care Quality Commission (CQC) feedback

- We will continually seek to improve the breadth of collection for our data sources to ensure we are analysing data that reflects the diversity of the communities we serve.

- We will encourage local teams to analyse their patient experience data to empower them to identify areas of good practice and where improvements are needed.

- Explore ways of gaining patient experience feedback at the point of care in real time with both patients and staff.

What does success look like?
We will know we have been successful in delivering this aspect of the framework when:

Enhanced Demographic Representation: We have a comprehensive understanding of the demographics of the patients who contact us with feedback, ensuring that voices from the CORE20PLUS5 groups and other under-represented communities are adequately captured and represented in our patient experience data.

Improved use of patient experience feedback: Each local service area will have its own learning plan which defines how they are using patient experience feedback in their service to make improvements. Patient experience will be central to our clinical governance processes.

Increased real time point of care patient feedback: The Trust has a reliable method for obtaining patient feedback at the point of care (where this is appropriate to collect). Methods for collection should be varied and easy to use for both patients and staff.

2.0 Connecting our communities – with a focus on reducing health inequalities

What is our aim?
Our aim is to amplify the voices of under-represented groups, especially CORE20PLUS5 populations, in our patient experience work. We strive to create an inclusive feedback system that captures diverse experiences, focusing on those facing health inequalities. By doing so, we will enhance the quality and equity of our services, ensuring every patient feels heard, valued, and supported.

By meeting this aim, we will ensure that our services are equitable, inclusive, and responsive to the needs of all our patients, especially those from marginalised and underserved communities.

Patient vignette

Sami is a 25-year-old autistic man who has a diagnosis of bipolar disorder. He has type one diabetes, which is poorly controlled. He is currently sofa surfing as he lost his tenancy when he fell into difficulties with his rent. Sami often has cause to contact 111 and 999 for a variety of reasons. He recently rang 111 and because they were unable to ring him back due to his phone running out of charge later in the day, his friend called 999 on his behalf and an ambulance attended, Sami heard the crew saying to his friend that he shouldn’t ring so often and that he did not need to be taken to hospital. He became very unwell and took a taxi to the ED as he did not want to ring an ambulance again where he was admitted and treated for Sepsis. When he is discharged Sami tells his friend what happened, and they advise him to complain to the ambulance service.

Sami does not know how to do this. He Googles Yorkshire Ambulance Service complaints and gets to the website which has a lot of information on, but Sami does not understand it. As he is trying to understand this his data runs out. However, as part of the ‘Voices of the Street’ project Sami can raise his concerns about the 111 service not being able to ring him back, the attitude of the crew that attended him when his friend rang 999 for his and his distrust of the service since.

The voices of individuals like Sami, part of NHS England’s CORE20PLUS5 population, are under-represented in our current patient experience feedback. Sami struggled to make contact to voice his concerns, and overall, his experience left him reluctant to call for an ambulance again.

CORE20PLUS5 groups tend to have worse health outcomes and shorter lifespans. They often require urgent and emergency care, highlighting the need to understand their experiences and address health inequalities. Initiatives like ‘Voices of the Street,’ funded by the Yorkshire Ambulance Service Charity and executed by a local Healthwatch organisation, help us capture these insights to improve our services. Our Patient Experience Framework can help us to identify opportunities that allow us to expand our feedback mechanisms obtaining a broader reach, including those who may find it harder to use our existing methods.

We will:

- Expand the ways in which feedback is obtained to ensure options are varied, easily available and widely accessible to all.
- Work alongside local teams at ‘place’, local patient group meetings, Healthwatch and Integrated Care System partners to determine local area opportunities for engagement and patient experience feedback, specifically in vulnerable patient groups or under-represented communities.
- Work with the right patients at the right time when developing and planning improvements in services, considering how we work to reach less frequently heard communities and support the reduction of health inequalities.
- Effectively use patient voices to challenge us to develop and deliver services that are
- fair, equitable, inclusive and accessible for all members of the community.
- Work collaboratively with the community engagement team to help connect with communities and expand the ways in which we listen and learn from their experiences.

What does success look like?
We will know we have been successful in delivering this aspect of the framework when:

Improved patient confidence and trust: Patients from diverse backgrounds, including those like Sami, will feel confident and supported when raising their concerns or providing feedback about our services. We will see an increase in the number of feedback submissions from these groups.

Effective collaboration and partnerships: We will have established strong partnerships with local Healthwatch organizations, Integrated Care Boards, NHS Trusts, and other relevant entities. These collaborations will help us continuously capture, learn from and respond to patient feedback across our region.

Accessible and understandable communication: Our communication materials on how to provide feedback will be accessible and comprehensible to all individuals, regardless of their socio-economic status or educational background. This will be reflected in the positive responses and increased engagement from the community.

Tangible service improvements: Feedback gathered from under-represented communities will have led to tangible improvements in our services. These improvements will be documented and shared with the public, demonstrating our commitment to addressing health inequalities and enhancing patient care.

Positive health outcomes: We will see a positive impact on the health outcomes of individuals from the CORE20PLUS5 groups, with a reduction in the need for urgent and emergency care, and an overall improvement in their health and well-being.

3.0 Integrated patient voice – including co-production

What is our aim?
Patient experience and involvement opportunities will include formal feedback (4Cs), research, quality improvement, and projects. When planning service developments or projects, staff will seek patient experience feedback at the start.

Meetings will have patient stories relevant to the agenda and will be prepared to enable people to tell their story in their own words. Patient stories will also be used in training to ensure that patient voice is integrated into the learning in our organisation.

To continually grow and support the YAS Critical Friends Network (CFN) which is a vital component of the service, allowing us to gather patient feedback on our work, ensuring that our services are genuinely patient-centred, inclusive, and responsive to the community's diverse needs. A collaboration that builds trust, enhances patient satisfaction, and contributes to a more equitable healthcare system.

To learn from the voices of our patients and communities and embedding this learning in our organisation as we move through the life cycle of our Trust strategy, using this Patient Experience Framework to support excellence.

Patient vignette – Co-production

Trigger warning – mentions thoughts of suicide

Matthew is a 52-year-old veteran who in 2020 was experiencing significant PTSD, his relationship with his wife had broken down and he was without medication for four weeks. During this time Matthew was feeling low, and that the world would be better without him. A few days before Christmas Matthew's dog died and he felt he had nothing left to live for, he went to the railway line with the intention of taking his own life. A member of the public saw Matthew and was concerned, so rang the police who asked the ambulance service to attend. Matthew was attended to by a Mental Health Response Vehicle; the crew assessed him and took him to a local safe space where he was able to access support for his current mental health needs but also helped him access his prescription and speak to the housing office.

In 2022, Matthew was part of a group of people with experience of contacting YAS when they were experiencing suicidal thoughts who though a co-production collaboration with MIND Leeds working with call handling staff from the Emergency Operations Centre (EOC) and Integrated

Urgent Care – NHS 111 (IUC), to develop call handler action cards that support staff with what to say when dealing with patients in distress and having thoughts of taking their own life. Call handlers had identified this as something they found particularly challenging.

Co-production in health services refers to the collaborative process where healthcare providers, patients, and their families work together to design, implement, and evaluate healthcare solutions. This approach recognises the invaluable insights and experiences that patients bring to the table, ensuring that services are more tailored and responsive to their needs. The importance of co-production lies in its ability to empower patients, fostering a sense of ownership and engagement in their own healthcare journey. By actively involving patients in decision-making processes, health services can become more transparent, patient-centred, and effective.

The benefits of co-production are many and varied; it can lead to improved health outcomes, increased patient satisfaction, and the development of innovative solutions that address the diverse needs of the community. Furthermore, co-production helps build trust and confidence between patients and healthcare providers, ultimately contributing to a more inclusive and equitable healthcare system.

In summary, mixing the expertise of patients, carers and families personal experiences alongside the experience of the staff who deliver the care, we can design, produce and implement meaningful improvements to our services that enhance the care delivery outcomes and patient experience.

Patient Vignette – telling your story

Pauline called a YAS ambulance for husband Barry when he experienced a serious health condition. The ambulance was delayed, and he sadly died a few days later. An investigation was undertaken, and this took a long time, which meant that Pauline didn't get any feedback about what had happened and was unable to get closure. She was kept up to date with the investigation as it progressed and when it was concluded she met with a senior leader from the Emergency Operations Centre and the Investigations and Learning Team. They were able to explain to her what system issues had led to the ambulance not being able to find Barry and the changes that had been made to prevent this happening again.

Whilst this could never bring Barry back, Pauline felt that the matter had been taken seriously and that lessons had been learnt. As part of the meeting Pauline was asked if she would like to complete a story to be presented to the Trust's public board meeting and join the Trust's Critical Friends Network (CFN) as a patient voice volunteer, which she accepted. As a member of the CFN Pauline met with other volunteers and was able to get involved in activities such as projects, quality improvements, reviewing documents/policies and meeting regularly with senior leaders in the organisation.

Integrating patient voice is crucial in the NHS, ensuring healthcare services are patient- centred and tailored to diverse communities. According to NHS England, patient involvement shapes effective and responsive health services.

Active participation from patients, carers, and families in healthcare design and evaluation leads to better outcomes and increased satisfaction. This is particularly important for the ambulance service, which often serves as the first point of contact in emergencies.
Listening to patient feedback enhances response strategies, ensuring compassionate, timely,

and appropriate care. Collaboration with individuals who have experienced suicidal thoughts, such as the effort with MIND Leeds, shows how patient input can develop valuable resources for call handlers and responders. This builds trust, confidence, and contributes to a more inclusive healthcare system, improving ambulance service quality.

We will:

- Focus our approach for improving patient experience on the principle that staff, patients, carers and their families work in partnership to implement changes based on what matters most to them.
- Embed a ‘co-production’ approach in the way the Trust works, supported by tools to
- accelerate improvement and implementation.
- Empowering service users voice by ensuring our patients, families and carers are
- at the centre of everything we do and are used to drive quality improvements for our staff
- and patients.
- Strengthen our internal Patient Experience Network, known as the Critical Friends Network (CFN), and embed patient safety partnerships, by encouraging seldom heard groups and under-represented communities across Yorkshire to actively participate, whilst working collaboratively with the Trust’s Community Engagement Team.
- Utilising patient stories and improving patient experience by learning, listening to and acting on what patients tell us.
- Enable patient voice to be integrated into wider organisation by identifying points of contact throughout each business area and work to hold them accountable for delivery.

How will we know we have been successful?

Broad range of patient experience and involvement opportunities: Success will be demonstrated by a significant increase in both the quantity and diversity of feedback mechanisms, research projects, quality improvement initiatives, and involvement in service developments. We will track the number and variety of these opportunities, ensuring active engagement from a wide range of demographic groups.

Public board meetings and storytelling: We will measure success by the consistent inclusion of relevant stories at public board meetings, presented in the words of the individuals involved. This will be tracked by recording the number of stories shared and their integration into Trust meetings and training sessions. Additionally, we will collect and review feedback from participants on the effectiveness of these stories in conveying patient experiences.

Critical Friends Network (CFN) engagement: The success of the CFN will be evaluated by monitoring the frequency and depth of interactions between CFN members and the organisation. This includes tracking the number of CFN meetings, the diversity of participants, and the tangible changes implemented based on CFN feedback. Success will be indicated by positive feedback from CFN members, increased patient satisfaction scores, and demonstrable improvements in service quality and inclusivity.

We will be linked with Experience of Care leads across our region: Assess and review our Patient Experience Framework in line with the NHS England experience of care framework and link with communities of practice to develop further, faster.

4.0 Call to action for all staff

The framework emphasises the importance of understanding your role and acting upon it to collect and use patient experience to deliver person-centred care. It outlines several key actions for staff:

- **Enhanced demographic representation:** Record demographics on all patient documentation entries, including patient feedback, so we can demonstrate an understanding of who feeds back their experience.

- **Use of patient experience feedback:** Get involved locally with the learning that comes from patient experience. Share themes from complaints and compliments each local service area will have its own learning plan to show how they are using patient experience feedback in their service.

- **Broad range of patient experience and involvement opportunities:** All staff can work to increase the quantity and diversity of feedback mechanisms, research projects, quality improvement initiatives, and involvement in service developments, by thinking about the patient experience first.

- **Public board meetings and storytelling:** We can all include relevant patient stories at meetings, events and training sessions and these should be presented in the words of the patients and relatives themselves.

- **Critical Friends Network (CFN) engagement:** Understand and promote membership of the Critical Friends Network to the patients we care for. As a Trust we will monitor the frequency and depth of interactions between CFN members and the Trust.

Monitoring and Evaluation

Using this framework should enable staff working in any setting to deliver compassionate, person-centred care by embedding patient experience in all areas of the organisation. Through a structured, measurable approach, we will improve outcomes, address inequalities, and foster trust within the diverse communities we serve.

Implementation and embedding of the Patient Experience Framework is a Quality Account priority

Quarterly patient experience reports are taken to the Clinical Governance Group and Quality Committee. These include analysis of patient experience feedback, 4Cs
including complaints, noting trends and themes for further analysis or areas identified for improvement, and any patient experience engagement events.

Integrated Care Board collaboration

We will share insights from patient experience data with our system partners and aligning with regional healthcare strategies to drive intelligent review of healthcare systems.

5.0 Appendix A: Action plan for Year one

Strategic Objective	Specific Actions	Measurable Outcomes	Achievable Steps	Relevant to YAS Strategy	Timeframe (Milestones)
1. Improve Patient feedback mechanisms	Implement real-time, diverse feedback collection, including digital and verbal methods.	Increase in response rates; improved demographic representation.	Assessed against Experience of Care Framework.	Aligns with "Great Care" ensuring person-centred feedback.	**Q1 2025:** Pilot real-time feedback **Q3 2025:** Full implementation
2. Address health inequalities in patient experience	Target under-represented groups using public health data. Engage CORE20PLUS5 communities, particularly in coproduction or focus groups.	20% increase in feedback from high-inequality areas.	Train frontline staff on collecting feedback at the point of care.	"Great Partner" by strengthening community relationships.	**Q2 2025:** Identify gaps **Q4 2025:** Implement outreach initiatives.
3. Enhance complaint resolution and learning	Streamline complaints process for transparency and responsiveness. Embed local learning into local service improvements.	90% complaints responded within NHS Complaints Standards timeframe. Reduction in repeated complaints on similar issues.	Collaborate with Healthwatch and community partners on potential coproduction events.	"Great People" by fostering a learning culture.	**Q1 2025:** Local complaints learning system in place **Q2 2025:** Monitor impact.

4. Strengthen Patient and Public Involvement (PPI)	Expand Critical Friends Network (CFN) & integrate patient voice into service development.	30% increase in CFN membership and increased members engagement with planned events and activities.	Conduct targeted recruitment and co-production projects with patients.	‘‘Great Partner’’ through active engagement with patient representatives.	**Q3 2025:** Expand CFN **Q1 2026:** Establish regular involvement mechanisms.
5. Improve staff training and support to develop patient experience	Deliver awareness sessions on patient-centred care and feedback utilisation.	33% of frontline staff trained on patient experience best practices.	Develop supportive documents and establish peer-learning forums.	‘‘Great People’’ by empowering staff with knowledge.	**Q2 2025:** Launch training **Q4 2025:** Assess impact.
6. Embed patient experience into governance and decision-making	Use patient feedback in Board-level discussions and operational planning.	Patient stories and experience reports included in every Board level committee meeting.	Ensure governance frameworks require evidence of patient engagement.	‘‘Great Care’’ through continuous quality improvement.	**Q1 2025:** New reporting structures **Q2 2025:** Monitor effectiveness.