



**Yorkshire
Ambulance Service**
NHS Trust



Quality Account 2020-21

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Part One

Statement on Quality from the Chief Executive

Welcome to our NHS Trust Quality Account 2020-21. After a challenging year for the whole of NHS and social care sector, I am proud to be able to present the improvements we have made to the quality of the care we provide for people within Yorkshire and the Humber. We remain amongst the best performing ambulance trusts in the country in a variety of areas across both the 999-emergency service, Patient Transport Service and NHS 111. We continue to sustain our Good rating with the Care Quality Commission and strive to attain outstanding in the coming years. We are a trusted provider known for our high-quality services amongst Commissioning groups and we are an active partner in the three integrated care systems we cover.

Like all NHS trusts, we faced the significant challenge of the COVID-19 pandemic throughout 2020-21, and, in common with all key workers, our staff have made an ongoing and substantial commitment to the delivery of care during these testing times. As an organisation and as a system we have worked with focus and pace. I was, and remain, incredibly proud of every single member of staff and volunteer in Yorkshire Ambulance Service (YAS), who all rose to the challenge, despite personal risks and fears, to support the NHS response to the pandemic in Yorkshire and beyond.

We work within communities and with other healthcare providers to ensure care delivery is appropriate to the patients' needs, and where appropriate move away from hospital-based care to one that is based within the community. We have always been a key partner in the joint working, developing, and implementing new and innovative ways of working to better serve the people of our region, and we have continued to do so during the pandemic. We have been required to make rapid changes to the way in which we work and deliver care for patients to ensure patient safety, staff safety and make the wider contribution to reducing the spread of infection in the community. It would be impossible to single out anyone team for the contribution they have made, but when required our organisation does pull together to respond to meet the challenge and really does work as *One Team*, one of our defining values here at YAS. Staff have worked flexibly, changed practice and response rapidly, and utilised new technologies to deliver care. The pace of change has been phenomenal and our staff have responded to that challenge across the board.

I am pleased to announce that we have extended our Patient Transport Service (PTS) following two successful tender exercises in North Lincolnshire and Hull. The PTS management team works incredibly hard to secure any contract. I am thrilled that we are now able to support patients in these regions with their transport needs to ensure they can access the care they require. The integrated nature of PTS in the wider organisation is a huge benefit to the Trust and the wider healthcare system, and no time highlights this more than during a pandemic. PTS were

able to use their resource in a flexible manner to support the increasing on day hospital discharges. This allowed the hospitals to regain their capacity for their next patients in a timely manner, ensuring flow through the hospitals.

In December 2020 NHS England launched the *NHS 111 First* campaign. The aim is to direct people to use 111 first when they have an urgent but not life-threatening medical need, rather than going straight to the Emergency Department. If the patient needs urgent care, staff in NHS 111 can now book an 'arrival slot' so they can be seen safely in the Emergency Department, Urgent Treatment Centre or other services. The Trust has embraced the challenge of extending the staff base to meet the increased demand and I am proud of the work that the team have done in order to prepare for such a significant increase in workforce during an already challenging year.

We have sustained our improvement and innovation in keeping with our key strategies and these were refocused to support the organisation during unprecedented pressure. I believe that we have maintained a high-quality service throughout this challenging time. We have learnt new ways of working, using technology effectively not just for clinical care but for everyday business. The idea is not to go back, but to reflect and learn – taking the things that have worked forward ensuring we continue to improve care delivery for all the people we serve.

We remain ambitious in what we seek to achieve and wish to continually learn and improve, using feedback from patients who have used our services to make them better in the future. We will continue to engage with our local communities and intend to further develop our links with these communities to enable us to deliver services that improve the health and well-being of the communities we serve. From the Restart a Heart Day school engagement event to developing our volunteer services further, we are and want to continue to be part of the local communities' we serve and be a trusted partner in the care we deliver, not only in partnership with other NHS organisations, but also reaching beyond this to the third sector and the community.

Statement of Accountability

The Trust Board is accountable for quality. It oversees the development and delivery of the Trust's strategy which puts quality of care at the heart of all the Trust's activities.

As Accountable Officer and Chief Executive of the Trust Board I have responsibility for maintaining the standard of the Trust's services and creating an environment of continuous improvement.



This report is in the format required by the Health Act 2009 and the Quality Account Toolkit. It contains the sections mandated by the Act and also measures that are specific to YAS that demonstrate our work to provide high quality care for all. We have chosen these measures based on feedback from our patients, members of the public, Health Overview and Scrutiny Committees, staff and commissioners.

As Accountable Officer I confirm that, to the best of my knowledge, all the information in this Quality Account is accurate. I can provide this assurance based on our internal data quality systems and the opinion of our internal auditors.

A handwritten signature in black ink, appearing to read 'Rod Barnes', written over a light grey background.

Rod Barnes Chief Executive

An introduction to Yorkshire Ambulance Service NHS Trust (YAS)

People we serve and the area we cover

YAS serves a population of more than five million people and covers 6,000 square miles of varied terrain from the isolated Yorkshire Dales and North York Moors to urban areas including Bradford, Hull, Leeds, Sheffield, Wakefield and York.

Our Services

We are commissioned by 23 clinical commissioning groups (CCGs) and, as the only regional healthcare provider, we are ideally placed to support joined-up care for patients and provide the gateway into urgent and emergency services. We employ over 6,805 staff, have over 900 volunteers and provide 24-hour emergency and urgent care to the region.

For everyone working at YAS, providing high quality patient care is our key priority. This applies to our ambulance clinicians responding to emergency calls, to our Patient Transport Service (PTS) crews taking patients to and from their planned hospital appointments, our call handlers and clinicians handling 999 and NHS 111 calls, to our managers developing new care pathways or ways of working, and to our Trust Board making decisions about the future of our Trust.

| | Service Line | 2020-21 |
|---|--------------|-----------|
| Number of emergency calls received (Excludes Routine) | A&E | 1,031,064 |
| Number of emergency calls responded to (999) (H&T, S&T and S,T&C) | A&E | 806,557 |
| Number of non-emergency journeys (Routine) | A&E | 3,170 |
| Number of 111 urgent calls answered | 111 | 1,701,699 |
| Number of PTS Total Demand (Delivered, Aborted and Escorts) | PTS | 656,192 |

Vision and Values

Our Purpose

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

Our Vision

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



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

Engaging with staff, patients and the public about quality

In order to ensure that the YAS Quality Account reflects the views of all our stakeholders, we consulted with a wide range of groups and individuals including our staff, our Critical Friends Network, our Commissioners, and the local Healthwatch and Health Overview and Scrutiny Committees. We also analysed our data systems: incidents, near misses, complaints and patient feedback, which are used to establish trends and themes and inform our strategy, thus contributing to our Quality Account.

YAS has several ways in which engages with the public. The Critical Friends Network (CFN) was launched in 2016 and currently has 22 members from North, South, East and West Yorkshire. The CFN is a valuable forum for sharing ideas, gaining feedback and building the patient perception into our service developments.

Continuous engagement with the CFN has been difficult this year due to operational pressures relating to COVID-19 and the need to meet virtually rather than the preferred method of face-to-face, although we have kept in touch via email. The planned work programme for 2021-22 includes engagement with YAS volunteer car services along with specific patient groups including patients with learning difficulties and their carers and families.

The second way that YAS engages with patients and families is using patient stories. Patient stories are used to learn about patient experiences to address issues when things go wrong and to promote excellence in service. Patient stories are presented by the Chair at each public Trust Board meeting and in the education and training of our staff. This year has seen the introduction of patients, whose stories are being heard, attending Board meetings to personally feedback on their experience where they are able to do so.

Throughout the development of services, the Trust also continues to engage with staff members, including the Staff Forum to ensure a rounded view is sought to inform improvements.

The introduction of the Simply Do Ideas platform in May 2020 provides an open forum for staff to share their ideas for improvement and innovation across the organisation and to provide a focus to gain staff opinions and suggestions around particular areas for improvement organisationally.

Patient Feedback - EOC

“This is just a thank you to the person who helped me in my time of need, my partner had a cardiac arrest at home, I rang 999. The person who helped me with CPR over the phone was amazing, and I never got time to thank her. The person was amazing...I suppose she will say she was just doing her job...but she was amazing...if possible I would like to thank the paramedic team too.”

“Compliments to the call handler who helped deliver the patients baby. The call handler was magnificent and made the whole process so much easier with great comfort, control and best of all - loving support, she was sensational. The call handler gave great service, amazing. Crew were amazing too.”

“I want to say a huge thank you for the quick response of the call handlers and the kindness they showed me over the phone. My mum has had a heart attack but your support on the phone helped me get to her safely and help her. I am so grateful. Thank you so much.”

Part Two

Priorities for Improvement 2021-22

We are required to achieve a range of performance outcomes specific to the nature of the services we provide to the public. In addition, we are required to achieve many other organisational responsibilities as laid down by the Department of Health. Organisationally, we have identified the following quality improvement priorities in line with the three domains of quality.

Priority ONE

Patient Safety: Implementation of Team Based Working to underpin the delivery of safe, effective and patient-centred emergency and urgent care.

Lead: Nick Smith, Executive Director of Operations

Key Drivers: National Standards. Improve patient safety and clinical effectiveness. Patients and communities experience fully joined up care responsive to their needs.

Priority TWO

Clinical Effectiveness: Establishment of YAS Ageing Well programme. The Ageing Well programme will bring together YAS projects and pilots relating to alternative response to falls, silver trauma response, enhancing care in care homes, urgent community response services, dementia, tissue viability, recognising frailty, advanced care planning and carer support.

Lead: Lesley Butterworth, Lead Nurse Urgent Care

Key Drivers: NHS Long Term Plan, National Ageing Well programme, operational productivity, and performance in English NHS ambulance trusts.

Priority THREE

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

Lead: Steve Page, Executive Director of Governance, Quality & Performance, Karen Owens, Director of Planned and Urgent Care, Nick Smith, Executive Director of Operations

Key Drivers: NHS Long Term Plan - joined up and co-ordinated care, digitally enabled, reduced conveyance to Emergency Departments.

Priority FOUR

Patient Experience: Service user involvement in mental health care – using co-production techniques to develop insight and ensure a person-centred approach during call handling for both 999 and IUC.

Lead: Lesley Butterworth, Lead Nurse Urgent Care

Key Drivers: National Standards. NHS Long Term Plan. Better access for Mental Health Services. Mental Health Focus on IUC as first point of access. Co-production in Mental Health, Five Year Forward View for Mental Health.

Review of services 2020-21

Statement from the Trust Board

During 2020-21 YAS provided and/or sub-contracted seven NHS services:

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

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

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

1. Community education to schools and public sector organisations.
2. A private ambulance transport and events service – emergency first aid cover for events such as concerts, race meetings and football matches; and private ambulance transport for private hospitals, repatriation companies and private individuals.
3. Care of our most critically ill and injured patients is provided by a partnership between Yorkshire Ambulance Service, Critical Care Team, British Association of Immediate Care Schemes (BASICS) Doctors and West Yorkshire Medic Response Team (WYMRT). The Critical

Care Team is based with the Yorkshire Air Ambulance (YAA) and consists of pre-hospital Consultants and Paramedics trained in critical care and respond using helicopters and rapid response cars. BASICS doctors volunteer their time to respond to the most severely injured patients 24/7 working alongside YAS (and YAA during operational hours). WYMRT is a charity concerned with providing pre-hospital critical care, and provides operational shifts to support the YAS response to critically ill and injured patients.

4. A Volunteer Car Service, members of the public who volunteer with transporting patients to routine appointments.

The income generated by the relevant health services reviewed in 2020-21 represents 100% of the total income generated from the provision of relevant health services by YAS for 2020-21.

Participation in Clinical Audit 2020-21

The clinical informatics and audit department is part of the Clinical Directorate and is responsible for overseeing the audit programme. The Medical Director highlights principal audits to be undertaken as well as audits that are developed in line with Healthcare Quality Improvement Partnership (HQIP) publication schedule – The National Clinical Audit and Patient Outcomes Programme (NCAPOP), and includes national ambulance audit requirements, locally developed and delivered audits, and NICE Quality Statement generated audits. The Trust Clinical Quality Development Forum review audits and propose topics for inclusion as well as those outlined through themes and trends or new treatments or delivery in care.

During 2020-21, 10 national clinical audits and zero national confidential enquiries covered relevant health services that YAS provides.

During that period, YAS participated in 100% of national clinical audits and in 100% of national confidential enquiries of the national clinical audits and confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that YAS was eligible to participate in, and for which data collection was completed during 2020-21, are listed below.

National Ambulance Clinical Quality Indicators (ACQIs)

The national ACQIs over 2020-21 have had periods of suspension due to the impacts on some audit departments with NHSE altering its publication schedules. YAS continued to undertake the clinical audit programme as planned and when submission of data was recommenced completed the full data submission. The second wave of the pandemic (February 2021) has resulted in a further altering of the reporting as clinical audit departments in other trusts are affected.

During 2020-21 the Trust has continued to work with the NHSE team in supporting the improvements to the national clinical audits. One area we are improving is how audit teams access survival to discharge information following an out of hospital cardiac arrest. The current system relies upon the hospitals providing this information which is often slow and time consuming and during the pandemic has been more challenging than ever. YAS, along with other ambulance trusts, will now use 'System One' to collect 30-day survival data, an internationally recognised survival measure, and this will be reported in April 2021.

The improvement of the care bundles for 2021-22 involves providing direct feedback to staff. Each area is provided with the cases where a care bundle is not met, and local clinical managers discuss the cases with the staff involved. This aims to raise the issues directly as well as ascertaining any themes.

Focused work continues across the trust. The Safer Right Care Right Place programme aims to support the assessment process and reinforce the need to clearly record the rationale for any care bundle omission.

Monitoring is achieved through monthly reported data as well as national performance indicators.

Cardiac Arrest - ROSC

The number of patients who had return of spontaneous circulation (ROSC) on arrival at hospital following an out-of-hospital cardiac arrest where resuscitation (Advanced or Basic Life Support) was commenced/continued by the ambulance service.

Cardiac Arrest - ROSC UTSTEIN

The number of patients who had resuscitation (Advanced or Basic Life Support) commenced/continued by the ambulance service following an out-of-hospital cardiac arrest of presumed cardiac origin, where the arrest was bystander witnessed and the initial rhythm was Ventricular Fibrillation (VF) or Ventricular Tachycardia (VT).

Cardiac Arrest - Survival to Discharge

The number of patients who were discharged alive following an out-of-hospital cardiac arrest where resuscitation (Advanced or Basic Life Support) was commenced/continued by ambulance service.

Cardiac Arrest - Survival to Discharge UTSTEIN

The number of patients who were discharged alive following an out-of-hospital cardiac arrest where resuscitation (Advanced or Basic Life Support) was commenced/continued by the ambulance service.

Post - ROSC Care Bundle

The number of patients who received the appropriate care bundle after sustaining ROSC for 10 minutes or longer after an out-of-hospital cardiac arrest where resuscitation (advanced or basic life support) was commenced/continued by ambulance service.

Care bundle elements include:

- 12-lead ECG
- Fluid administered
- Oxygen administered
- Blood sugar documented
- Systolic blood pressure documented
- End tidal CO₂ documented.

STEMI Care Bundle Data

The number of patients with a pre-hospital diagnosis of suspected ST elevation myocardial infarction confirmed on ECG who received the appropriate care bundle.

Elements of the STEMI care bundle include:

- Aspirin administered
- GTN administered
- Two documented pain scores
- Appropriate administration of analgesia.

Stroke Diagnostic Bundle

The number of FAST-positive or suspected stroke patients assessed face-to-face who received the stroke diagnostic bundle.
Elements of the stroke diagnostic bundle include:

- FAST assessment documented
- Blood glucose documented
- Systolic and diastolic blood pressure documented.

Stroke: time from call to hospital arrival

- The number of FAST-positive or suspected stroke patients assessed face-to-face.
- The mean average time from clock start to hospital arrival.
- The median time from clock start to hospital arrival.
- The 90th centile time from clock start to hospital arrival.

Sepsis Care Bundle

The number of patients with suspected sepsis with a NEWS of 7 or above assessed face-to-face who received an appropriate care bundle.

Elements of the sepsis care bundle include:

- One set of primary observations documented
- Oxygen administered
- Fluids administration commenced
- Hospital pre-alert.

Assessment of Harm – Delay at hospital handover >1hr

YAS supported the development of this audit to help understand the potential harms that may occur due to delays.

50 cases were clinically reviewed for those patients who waited at an ED for longer than one hour to handover care. The objective was to identify potential harms that may have occurred.

- 50 records clinically reviewed
- Clinical frailty tools used to generate a frailty score
- Tissue viability
- Missed medications
- Clinical deterioration (NEWS2 score changes).

The reports of these national clinical audits were reviewed by YAS in 2020-21 and YAS intends to take the following actions to improve the quality of healthcare provided and to assist in the development of the audit indicators for future national audit processes:

- National Stroke Audit SSNAP – the results of these audits enable YAS to review the pathways and the processes we have in place for managing those patients with stroke. Changes across the Yorkshire and Humber region to refine the overall stroke pathway have been supported by YAS.
- National Heart Attack Audit MINAP- Working with the region wide clinical networks to review the care and pathways for patients with a suspected heart attack and those following a ROSC in the community.
- Working to improve clinical care for those patients with suspected sepsis use of 10/10/10 posters links to Apps and part of the electronic patient record.
- YAS has supported NHSE in the development and testing of an Ambulance Data Set (ADS). The aim is to deliver timely outcome data to clinicians and audit teams and will be used to provide feedback to staff, educationalists with the ambition to support decision making and improve care.

Local Audits

There were 9 local audits undertaken in 2020-21 listed below:

- Audit of patients re-contacted by YAS within 72hours
- Audit of the care of patients with a mental health need
- Audit of care of patients residing in cared-for accommodation
- Audit of the care of patients with respiratory disease

- Audit of Wound Care
- Audit of the use of Antibiotics (antimicrobial)
- Quarterly audits of Learning from Deaths
- Audit of patients with symptoms of COVID-19
- Re-audit of patients with hypoglycaemia.

Excessive Response Times during National Pandemic Working

Audit to review all Q3 999 calls where the response time for our most serious or life-threatening calls was approximately twice the national response time measure.

Highlights from this audit:

- Conveyance and care provided in the majority of cases was in line with YAS standards.
- Learning was highlighted for the care of patients experiencing new stroke symptoms where a delay had impacted the time window in which to provide emergency intervention.
- Patients were found to be, on the whole, reluctant to travel to hospital due to the ongoing pandemic and had concerns over hospital acquired infection – this introduced an additional element of potential delay to care and highlighted the requirement for appropriate onward referral and information given to patients on scene.
- No cases were identified which indicated significant harm had come to any patient of the 1,083 cases reviewed.
- Ongoing audit is required; consideration is being given to the breadth of information being considered.

Actions for improvement:

- Paper prepared for Clinical Governance Group to inform and discuss next steps.
- New integrated portal created for future reviews to improve the identification of delayed cases and provide a graphical interface.
- Learning to be shared through Trust and external partners in relation to the Trust response to COVID-19.
- Consideration to be given to other ambulance trusts' review of response times during the pandemic.

Research and Innovation

YAS is committed to the development of research and innovation as a 'driver' for improving the quality of care and patient experience.

We demonstrate this commitment through our active participation in clinical research as a means through which the quality of care we offer can be improved and contribute to wider health improvement.

In 2020-21 we continued our high levels of research activity as reported in previous years. We are particularly pleased to have high levels of engagement of YAS staff in the development and delivery of high-quality primary research. This includes co-investigators on studies, membership on steering committees and project management groups.

The number of patients receiving NHS services provided or sub-contracted by YAS in 2020-21 who were recruited during that period to participate in research approved by a research ethics committee was 12. A further 66,315 patients were included in the pre-hospital element of the PRIEST study (Pandemic Respiratory Infection Emergency System Triage), which was prioritised for support as an Urgent Public Health Research study. Additionally, 381 staff participated in research approved by an ethics committee.

During 2020-21 YAS took part in or provided NHS permission for 16 research studies approved by an ethics committee. Due to the impact of COVID-19, a number of studies were paused in March 2020, and either closed early to recruitment or reopened again later in the year. A number of studies were classed as Urgent Public Health Research by the NIHR, and YAS has supported a number of these projects as a directly participating site, as a participant identification centre or by providing delivery resource to other NHS Partner Organisations within the Yorkshire region.

1. BREATHE – Breathlessness RELief AT Home: A feasibility cluster randomised controlled trial (cRCT) to test if a definitive cRCT is possible to evaluate the effectiveness and cost-effectiveness of a paramedic-administered breathlessness crisis intervention for people with acute-on-chronic breathlessness compared with usual care.

This is a feasibility cluster randomised controlled trial (cRCT) which aims to test the feasibility of a definitive cRCT for people with breathlessness crisis to evaluate the effectiveness and cost-effectiveness of a paramedic-administered non-pharmacological complex breathlessness intervention compared with usual practice alone. The research is funded by the NIHR, hosted by YAS and has recruited 23 paramedics to recruit 60 patients into the study. The study opened to paramedic recruitment in January 2020, paused in March 2020, and restarted in September 2020.

2. MATTS (Major Trauma Triage Tool Study) validation and service evaluation: The diagnostic accuracy and real-life performance of major trauma triage tools

This is a large NIHR-funded programme of work which aims to develop accurate, acceptable and usable prehospital triage tools for use in NHS trauma networks, which effectively identify patients with the potential to benefit from specialist Major Trauma Centre care and optimise over/under-triage of traumatically injured patients. The study opened in YAS in 2019, implementation and evaluation of the new tool will take place in 2021.

3. TIME - Take home naloxone Intervention Multi centre Emergency setting feasibility trial

This project aims to find out whether it is possible for ambulance paramedics and Emergency Department staff to give out take home naloxone kits to drug users they see. The study is set in the Hull area, and opened in May 2019; it was paused due to COVID-19 and completed the 12 month recruitment period in October 2020.

4. Promoting staff wellbeing in UK NHS Ambulance personnel - what works and how can we do better?

This project aims to identify characteristics of successful employee mental wellbeing strategies, approaches or interventions within staff groupings in UK ambulance services, and to understand how existing services could be improved. The study involves policy document analysis, interviews with wellbeing leads, focus groups with ambulance staff followed by a survey to confirm the findings. The study is funded by Health Education England and led by YAS in partnership with University of Lincoln, University of East Anglia, Edge Hill University, East Midlands Ambulance Service and the Association of Ambulance Chief Executives. The project underwent amendment to account of COVID-19, has completed data collection and will report in 2021. YAS recruited 147 participants into the study.

5. Community First Responders' role in the current and future rural health and care workforce

This project commenced in YAS in 2020. The project aims to investigate current CFR activity, and the costs of CFR provision in English ambulance services. It will take account of the views of patients, public, CFR scheme members and rural care providers in developing recommendations for future innovations for rural CFR provision.

6. The Patient Experience of a Paramedic–Pharmacist Referral pathway for clinical medication reviews (PEPPR)

This study explores if a pharmacist-led medicines review following referral from ambulance crews have an effect on how patients feel about their medicines. As part of a new pathway in the Leeds area, patients are referred for a clinical medications review if they have called for an ambulance after a fall. The study was closed early due to COVID-19, and a total of 43 patients returned the survey. This study is funded as part of a grant to YAS and the Leeds GP Confederation from the NIHR Yorkshire and Humber Patient Safety Translational Research Centre (NIHR YH PSTRC) and is being led by YAS.

7. Referral to Pharmacists – Ambulance Clinician Experience Survey (REPLACES)

This study is linked to the PEPFR study above as part of a grant to YAS and the Leeds GP Confederation from the NIHR YH PSTRC and is also being led by YAS. This study aims to determine the most important factors that ambulance clinicians use to identify patients who are having difficulty managing their medicines. The survey closed to recruitment early due to COVID-19 with 142 staff completing the survey.

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

We continue to support a YAS paramedic who was awarded an NIHR Clinical Doctoral Research Fellowship which is hosted and sponsored by YAS. The SINEPOST study will use YAS clinical data, linked to data from Yorkshire's emergency departments (EDs), to predict avoidable attendance at the ED. It aims to support paramedics to make more appropriate and effective decisions for patients who may not require the level of care provided by a hospital. It is due to complete in 2022.

9. The effect of a specialist paramedic primary care rotation on appropriate non-conveyance decisions: a controlled interrupted time series analysis (SPRAINED)

This study was led by a YAS research paramedic, sponsored by YAS and supported by the Yorkshire and Humber Applied Research Collaborative. Using ambulance service data, this study aimed to evaluate whether the specialist paramedics who have rotated into primary care, are appropriately non-conveying a higher proportion of patients than a matched control group of YAS paramedics. The completed study won the 'Best of the best' award at the Australasian College of Paramedicine International Conference 2020 (ACPIC20).

10. The Psychosocial, Relational and Emotional Consequences of Occupational Trauma Exposure During and Following A Pandemic: Insights from NHS Emergency Ambulance Personnel in England

This PhD study explored experiences of frontline ambulance personnel and managers working both during and after the peak of the global pandemic, COVID-19. During 2020, nine YAS staff were interviewed for this project.

11. Studying the impact of COVID-19 on the NHS workforce to guide trauma-informed and psychologically-informed support provision

This project aimed to investigate the immediate and longer term impact of the COVID-19 pandemic on psychological and emotional wellbeing of NHS staff. Three YAS staff completed the online survey.

12. Pre-hospital Pandemic Respiratory Infection Emergency System Triage (PRIEST)

This NIHR-funded urgent public health research will evaluate the triage methods used at Yorkshire Ambulance Service through NHS 111 and 999 calls and in face-to-face ambulance callouts. Using routine ambulance and other clinical data it aims to determine whether a patient with a suspected case of coronavirus should be admitted to hospital or not and looks to develop new methods of triage. The results of the study are

expected in early 2021 and may also be able to help identify which patient characteristics are associated with a higher risk of serious complications such as age or underlying health conditions. The number of participants in this study upon completion was 66,315.

13. A cross-sectional survey evaluating the effects of the COVID-19 pandemic on the wellbeing of ambulance personnel in the United Kingdom (CARA)

The College of Paramedics funded the CARA study to understand the impact on UK ambulance personnel's wellbeing of providing urgent and emergency care during the COVID-19 pandemic. This study recruited UK ambulance personnel to complete a short online questionnaire assessing their current perceived preparedness and wellbeing during the accelerative phase of COVID-19 outbreak. Subsequently, during the peak and decelerative phases of the pandemic wave, staff were asked to complete two further brief questionnaires. The study completed data collection in 2020 with 189 YAS staff participants.

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

This NIHR funded Urgent Public Health study is assessing the effectiveness of trial COVID-19 test low-risk treatments for people at higher risk of complications from the illness who have not attended hospital. Patients who call NHS111 with COVID-19 symptoms are offered the opportunity to take part in this trial, to determine if any of the trial treatments reduce the need for hospital admission or reduce death. This randomised controlled trial started recruitment in YAS in July 2020 and has no current end date.

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

The TRIM study will evaluate triage models being used to triage and manage emergency ambulance service responses and care for patients who call 999 with suspected COVID 19 symptoms in the UK YAS has provided initial data to this project, and will work with two local hospital sites to follow up patients, and will complete interviews with key staff involved with COVID-19 triage.

16. UpLift: A randomised controlled trial to improve NHS staff wellbeing

The UpLift trial aimed to compare the effects of two group-based psychological interventions designed to reduce the occupational burnout levels of NHS staff. Recruitment occurred in November with 10 YAS staff participating.

YAS is committed to partnership working. The research team supported and collaborated with a number of our local NHS provider Trusts to deliver the COVID-19 vaccine and preventive therapy research studies in our region.

Publications:

1. **Platt, A.** A service evaluation of transport destination and outcome of patients with post-ROSC STEMI in an English ambulance service. *British Paramedic Journal*, Volume 5, Number 1, 1 June 2020, pp. 32-36(5)
2. Green, J; Robinson, M; **Pilbery, R**; Whitley, G; Hall, H; Clout, M; Reeves, B; Kirby, K; Bengler, J. Research paramedics' observations regarding the challenges and strategies employed in the implementation of a large-scale out-of-hospital randomised trial. *British Paramedic Journal*, Volume 5, Number 1, 1 June 2020, pp. 26-31(6)
3. Turner J, Bourn S, Raitt J, Ley E, O'Meara M. Pre-Hospital Trainee Operated research Network study investigators. Pre-hospital emergency anaesthesia in the United Kingdom: an observational cohort study. *Br J Anaesth.* 2020;124(5):579-584. doi:10.1016/j.bja.2020.01.023
4. Bourn, S., Turner, J., Raitt, J. and Tucker, H., 2020. Geo-temporal provision of pre-hospital emergency anaesthesia by UK Helicopter Emergency Medical Services: an observational cohort study. *British Journal of Anaesthesia*, 124(5), pp.571-578.
5. McClelland G, **Pilbery R**, Hepburn S. Soiled airway tracheal intubation and the effectiveness of decontamination by United Kingdom paramedics (SATIATED2): A randomised controlled manikin study. *Australasian Journal of Paramedicine* [Internet]. 2020Jul.17 [cited 2020Jul.20];17. Available from: <https://ajp.paramedics.org/index.php/ajp/article/view/783>
6. Jones M, **Bell F**, Bengler J, et al. Protocol for Take-home naloxone In Multicentre Emergency (TIME) settings: feasibility study. *Pilot Feasibility Stud.* 2020;6:96. Published 2020 Jul 9. doi:10.1186/s40814-020-00626-w
7. **Miles, J.**, Turner, J., Jacques, R., Williams, J. and Mason, S., 2020. Using machine-learning risk prediction models to triage the acuity of undifferentiated patients entering the emergency care system: a systematic review. *Diagnostic and Prognostic Research*, 4(1), pp.1-12. <https://doi.org/10.1186/s41512-020-00084-1>
8. Matthew Northgraves, Judith Cohen, Victoria Allgar, David Currow, Simon Hart, **Kelly Hird, Andrew Hodge**, Miriam Johnson, Suzanne Mason, Flavia Swan, Ann Hutchinson A feasibility cluster randomised controlled trial of a paramedic-administered breathlessness management intervention for acute-on-chronic breathlessness (BREATHE): Study protocol *ERJ Open Research* Jan 2021, 00955-2020

Medicines Management and Optimisation

It is a requirement of the organisation to ensure that medicines are safely and securely procured, stored, prescribed, dispensed, prepared, administered, disposed of and monitored in accordance with the statutory requirements of the Medicines Act 1968 (as amended, and subsequent regulations, including the Medicines for Human Use (Prescribing) Order 2005), the Health and Safety at Work Act 1974, as amended, and subsequent regulations including the Control of Substances Hazardous to Health Regulations 2002. The Medicines Optimisation Group (MOG) chaired by the Trust Pharmacist is responsible for managing the processes and systems for safety and security of medicines, reviewing effectiveness and introducing developments to improve patient outcomes and ensure value for investments.

Patient Group Directions (PGDs)

A new process to ensure timely and accurate assurance of the number of staff who are compliant with the signing and understanding of the individual PGDs has been introduced; all paramedic patient group directions are now linked to the ESR system. As with all competency requirement reports, this report is presented at the Clinical Portfolio Governance Board and the Medicines Optimisation Group. The move also includes the annual flu PGD and associated education and training package again allowing easy and timely assurance to the Flu group around the authorisation of the peer vaccinators.

Ambulance Vehicle Preparation (AVP) medicines

A pilot to test a new and improved process for supplying medicines to the frontline staff was set up and started in November 2020. The process, which aligns with the current AVP process, has been designed to improve efficiencies from the point of procurement to the point of administration to the patient, allowing a more transparent and auditable medicines trail and to also reduce medicines incidents relating to expired medicines and stock discrepancies at scene, whilst also reducing the amount of paper documentation and reducing the amount of time needed to restock medicines. The pilot was set to run for six months, across two stations, one AVP station and one non- AVP station to ensure that the process would work across all sites moving forward. So far the pilot has been very successful and it has expanded to include some of the smaller stations in the two areas.

Clinical Incident Audit

An audit looking at clinical incidents that have occurred over the last two years has been undertaken to look for themes and trends and reasons why certain clinical incidents occur. Areas such as time of shift, time of rest breaks, compliance with statutory and mandatory training, and experience level of staff have been used to gain a better insight into the causes of errors. The audit is hopefully going to be published as there

is very little information around pre-hospital care errors. Other ambulance services are also looking at conducting similar audits, once completed there is a plan to look to see if the themes and trends follow nationally.

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

The National Institute for Health and Care Excellence (NICE) review evidence across broad health and social care topics. During 2020 they paused the scheduled programme and focused on the development of COVID-19 rapid clinical guidelines and health care technology use. This focus supported the healthcare system in providing the evidenced base to undertake new ways of working for both COVID-19 and non COVID-19 patients.

YAS reviewed these guidelines as they were produced for application to clinical practice and where relevant agreed the implementation through our governance processes.

Patient Safety Alerts

In 2020-21, the NHS Commissioning Board Special Health Authority issued two Patient Safety Alerts which were relevant to Yorkshire Ambulance Service:

NatPSA/2020/005/NHSPS - Steroid Emergency Card to Support Early Recognition and Treatment of Adrenal Crisis in Adults – This action is not specifically relevant to Yorkshire Ambulance Service. A notice was issued to trust staff to highlight and remind staff to look out for the emergency cards.

NatPSA/2020/006/NHSPS - Foreign Body Aspiration During Intubation, Advanced Airway Management or Ventilation - The Introduction of National Patient Safety Alerts – action is ongoing with this alert, liaising with suppliers to ensure that packaging of products meets the requirements of this alert.

YAS has a defined process for responding to and communicating Patient Safety Alerts. All alerts are entered and tracked via the DATIX reporting system for audit purposes and those relevant to YAS are discussed and tracked to completion via the Incident Reporting Group (Patient Safety), Trust Procurement Group (Devices and Equipment) and the Strategic Health and Safety Committee (Staff Safety).

Goals Agreed with Commissioners 2020-21

A proportion of YAS income is usually conditional on achieving quality improvement and innovation goals agreed between YAS and any person or body we entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework. However, due to the on-going pandemic, the operation of the 2020-21 CQUIN scheme will remain suspended for all providers for the remainder of the year; an allowance for CQUIN will continue to be included in the block payments made to trusts.

What Others Say About Us

The Care Quality Commission (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 2020-21.
- 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 |

This year the CQC have changed the way they audit NHS Trusts and they are no longer conducting routine inspections. The CQC transitional regulatory approach is now being used across the sectors they regulate. It is flexible, and builds on what they learned during the initial phases of the pandemic.

On the 17th December 2020, the Trust met with CQC to discuss the recent Transitional Monitoring Application (TMA) submission that was requested by the CQC in November. The TMA requested information focused around our safe response to patients during the pandemic and a key focus on our combined approach and our relationships with other NHS Trusts. The CQC did not report any concerns with our submission.

Data Quality

YAS did not submit records during 2020-21 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This requirement does not apply to ambulance trusts.

The Data Security and Protection (DSP) Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

In 2020-21, YAS took the following actions to identify and mitigate information governance and data security risks and strengthen our assurance:

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

YAS's 2019-20 DSPT assessment was submitted by the deadline of 30 September 2020; 116 out of 116 mandatory evidence items were provided and 44 of 44 assertions were confirmed, meaning standards were met.

The Trust was not subject to the Payment by Results Clinical Coding Audit during 2020-21 by the Audit Commission.

Patient Feedback – A&E Operations

“Thank you for your care and support. Keep up the exceptional work you do at this trying time.”

“I am humbled to be the recipient of so much medical excellence. My wife and I wish to thank the emergency services for their rapid response and excellent care. We are convinced they saved my life!”

“We would like to say a big thank you to the three paramedics who attended to my husband last night. As well as being so professional, they were all extremely kind and caring and we are so grateful to our wonderful NHS. Once again, many, many thanks.”

“Compliment to crew: Thank you to the crew that saved my life, they were angels that day. I can't put into words my gratitude towards them; they were so kind and reassuring in every way. I shall never forget their kindness and professionalism.”

“I wanted to express my fulsome appreciation and gratitude for the outstanding conduct and professionalism of the two paramedics. Their calm but soothing demeanour, their professional and effective on the scene treatment, and the rapid but safe transfer to hospital are all testament to your service and profession as a whole. Should I ever find myself unlucky enough to be in a similar predicament in the future, I hope that it's them who appear again over the horizon!”

Part three

2020-21 Review

Mandatory Quality Indicators

Ambulance trusts are required to report:

- **Ambulance Response Programme (ARP) response times** – As part of the delivery of the national ARP, ambulance services are measured on the time it takes from receiving a 999 call to the vehicle arriving at the patient's location. Ambulances are now expected to reach the most seriously ill patients in an average time of 7 minutes; this is classed as a category 1 call. We are required to respond to other emergency calls in an average time of 18 minutes, this is classed as a category 2 call. For urgent calls we are required to respond within 120 minutes for category 3 calls and 180 mins for category 4 calls.
- **Care of ST Elevation Myocardial Infarction (STEMI) patients** – percentage of patients who receive an appropriate care bundle.
- **Care of patients with Stroke** – percentage of patients who receive an appropriate care bundle.
- **Staff views on standards of care** – percentage of staff who would recommend the Trust as a provider of care to their family and friends (Friends and Family Test).
- **Reported patient safety incidents** – the number and, where available, rate of patient safety incidents reported within the Trust within the reporting period and the number and percentage of patient safety incidents that have resulted in severe harm or death.
- **Learning from Deaths**
- **Freedom to Speak Up** - NHS trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

Ambulance Response Times

| ARP Mean Response Time by Month | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Category 1 Mean Time (Target 00:07:00) | 00:07:17 | 00:07:11 | 00:06:59 | 00:06:59 | 00:07:24 | 00:07:46 | 00:08:42 | 00:08:14 | 00:08:03 | 00:08:00 | 00:07:07 | 00:07:20 |
| Category 2 Mean Time (Target 00:18:00) | 00:15:15 | 00:12:23 | 00:13:32 | 00:15:34 | 00:18:29 | 00:22:42 | 00:29:13 | 00:24:36 | 00:24:03 | 00:24:30 | 00:21:20 | 00:21:19 |
| Category 3 Mean Time (Target 01:00:00) | 00:26:38 | 00:21:17 | 00:25:29 | 00:31:14 | 00:39:55 | 00:57:32 | 01:24:16 | 01:03:38 | 01:02:28 | 01:03:08 | 00:56:33 | 00:58:54 |
| Category 4 Mean Time (No Target) | 00:47:12 | 00:43:01 | 00:45:42 | 00:56:20 | 01:07:07 | 01:20:37 | 01:44:38 | 01:23:53 | 01:32:25 | 01:36:37 | 01:35:10 | 01:32:19 |

Source: PBR/IPR

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

- 2020-21 has seen significant variation in both demand and response times due to the impact of lockdown and COVID-19 rates within the community and staff groups.
- It is impossible to compare this year with any previous period due to the significant variation.

Yorkshire Ambulance Service NHS Trust has taken the following actions to improve the mean and 90th percentile compliance and so the quality of its services, by March 2022:

- Modelled funded hours by month to match predicted demand.
- Produced a funded capacity plan to ensure the right numbers of staff are recruited, trained and deployed to meet requirements.
- Awaiting confirmation of additional funding from commissioners to achieve ARP.
- Continually looking at opportunities to reduce job cycle times including on scene times, patient handover and handover to clear processes in partnership with system partners.

- Increasing the number of calls that can be dealt with by phone and also increase the number of patients conveyed to locations other than ED.
- Improved auto dispatch for Category 1
- Taken part in the category 3/4 validation pilot which aims to help navigate patients early on so we can improve operational resources availability.

We have also:

- Improved the hear and treat process.
- Implemented the senior support cell to support non conveyance decisions.
- Introduced clinical homeworking and remote video consultation.
- Brought in several new EMDs and a new training schedule to allow us to increase the number of staff taking emergency calls.

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

| STEMI/STROKE | YAS | National Average | Highest Quarter | Lowest Quarter |
|--|-------|------------------|-----------------|----------------|
| Proportion of STEMI patients who receive an appropriate care bundle | 49.1% | 77.0% | 52.4% | 41.8% |
| Proportion of Stroke patients who receive an appropriate care bundle | 93.4% | 98.0% | 94.7% | 92.1% |

Source: IPR Dashboard / CQI National Dashboard – please note: CQI's were not completed in April and May

The national submission of ACQI was suspended by NHSE in 2020 to support the refocus of clinicians on frontline care. Internally monitoring of performance was undertaken with data collection pending the full submission by the end of the financial year.

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

- The adherence to the care bundle for STEMI remains impacted by the poor recording of pain scores in the record.
- The care bundle for acute stroke remains above 90% consistently.

| CQI's ROSC and Survival to Discharge | YAS | National Average | Highest Month | Lowest Month |
|--------------------------------------|-------|------------------|---------------|--------------|
| ROSC | 25.0% | 25.5% | 33.3% | 17.3% |
| ROSC – Utstein | 43.2% | 47.5% | 52.5% | 34.2% |
| Survival to Discharge | 9.1% | 7.9% | 13.5% | 6.2% |
| Survival to Discharge Utstein | 24.9% | 23.7% | 33.3% | 17.1% |

Source: CQI National Dashboard – please note: CQI's were not completed in April and May

Yorkshire Ambulance Service considers that this data is as described:

The management of patients with cardiac arrest in the community is a primary role for the Yorkshire Ambulance Service.

- Survival to Discharge (Utstein) that is those patients who have had a cardiac arrest in the community and YAS were present. Over the last three years there remains a steady performance and we remain one of the highest performing ambulance services nationally.

Improvements over the last 12 months have seen YAS continue to work with NHSE in support of the development of this indicator. During the next 12 months NHSE aims to amend and report on a 30 day to survival measure which is nationally and internationally applied in research.

Learning from Deaths

Learning from Deaths (LfD) is a structured approach outlined by the National Quality Board in 2017 with the aim of ensuring there is consistency in how health care organisations review and learn from deaths. It was expected that ambulance trusts would report on LfD to NHSI however, due to the pandemic, the process of reporting has been paused. However, the LfD data was submitted nationally to help with the initial COVID-19 reporting of those suspected of COVID-19 who died in the community.

Internally YAS have continued to report on Learning from Deaths as part of the Quality, Safety and Governance processes and use highlighted themes and trends to support improvements to care and service delivery.

Over 2021-22 the intention to report quarterly to NHSI the following:

- A summary of the learning from death reviews and investigations undertaken in the previous quarter and resulting actions taken.
- The number of deaths in the previous quarter in scope for review.
- The number of these deaths for which a review was indicated and, of these, the number of completed reviews.
- The number of deaths for which an investigation was indicated and, of these, the number of completed investigations.
- The number of deaths in which a problem in care was identified which was considered more likely than not to have contributed to the death.

Reported patient safety incidents

Incidents Reported

The Trust recognises and values the importance of incident reporting to enable learning and improvement to take place. We encourage our staff to report incidents via the incident reporting system Datix and they can do this through the 24/7 incident reporting telephone line or via web-based reporting. Yorkshire Ambulance Service NHS Trust has adopted Datix IQ Cloud as our main incident reporting software and during 2020 all areas of Trust reporting moved to the new portal, with patient relations still using the older net based system until the end of the financial year due to challenges with importing information. This software provides advanced tools to identify and monitor themes and trends in data to allow for system wide training and developments to respond to areas of risk or areas requiring improvement appropriately.

The following information shows the incidents that have been reported through the Datix system and includes near-miss reporting.

| New Incidents Reported | Ops - A&E | EOC | PTS | IUC | Other | TOTALS |
|------------------------|-----------|-----|-----|-----|-------|------------|
| April-20 | 369 | 26 | 67 | 39 | 23 | 524 |
| May-20 | 417 | 44 | 74 | 67 | 31 | 633 |
| Jun-20 | 492 | 32 | 107 | 52 | 33 | 716 |
| Jul-20 | 514 | 48 | 93 | 70 | 33 | 758 |
| Aug-20 | 507 | 15 | 101 | 63 | 27 | 713 |
| Sep-20 | 484 | 17 | 113 | 51 | 38 | 703 |
| Oct-20 | 536 | 20 | 127 | 44 | 33 | 760 |
| Nov-20 | 475 | 21 | 95 | 58 | 34 | 683 |

Keeping our staff and patients safe is the primary focus across the organisation as well as ensuring that the highest quality of care is delivered to patients consistently. We encourage reporting by promoting a 'Just Culture' as advocated by NHS England/Improvement.

We actively promote a culture of fairness, openness and learning from incidents, encouraging staff to feel confident speaking up when mistakes occur, reinforcing the need for learning without apportioning blame which is reinforced during all investigations undertaken.

| | | | | | | |
|---------------|-----|----|-----|-----|----|------------|
| Dec-20 | 538 | 38 | 101 | 87 | 52 | 816 |
| Jan-21 | 604 | 79 | 147 | 120 | 45 | 995 |
| Feb-21 | 476 | 67 | 114 | 92 | 63 | 812 |
| Mar-21 | 547 | 25 | 80 | 96 | 79 | 827 |

Source: Integrated Performance Report.

| Patient-related Incidents | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 |
|---------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Ops - A&E | 65 | 67 | 90 | 100 | 86 | 81 | 113 | 101 | 118 | 115 | 104 | 196 |
| EOC | 11 | 27 | 16 | 25 | 7 | 9 | 9 | 13 | 20 | 47 | 45 | 14 |
| PTS | 26 | 32 | 54 | 38 | 44 | 45 | 42 | 36 | 36 | 53 | 51 | 38 |
| IUC | 28 | 37 | 30 | 33 | 38 | 32 | 22 | 25 | 43 | 36 | 41 | 37 |
| Medical Ops | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 |
| Other | 1 | 3 | 1 | 4 | 5 | 4 | 3 | 2 | 10 | 3 | 33 | 49 |
| TOTALS | 132 | 166 | 191 | 201 | 180 | 171 | 189 | 179 | 227 | 254 | 274 | 334 |

Source: Integrated Performance Report.

A total of 2,506 patient incidents were reported in 2020-21; this was a decrease on 2019-20 which saw 2,610 incidents reported. The data demonstrates that the culture of reporting is being embraced within the organisation providing greater visibility of incidents and the development of learning to address these.

Patient safety incidents are reviewed within 48 hours by the Quality and Safety Team and those where moderate harm or above is reported to have occurred are then subject to a full review within that period to determine if the harm level is accurately described, if the incident meets the criteria for reporting as a Serious Incident and whether the Duty of Candour applies. Feedback is provided to all staff on their reported incidents through the auto-feedback mechanism on Datix and we encourage investigators to report back their findings in person where possible. We continue to use the weekly *Staff Update* and the monthly *Safety Update* to share learning from incidents with staff and this has been positively received.

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

- We have a high level of internal reporting of near-miss and patient-related incidents, with a low rate of moderate and above harm. We have strong processes in place for early identification of harm and review of this to ensure appropriate learning can take place.

- We support staff to report incidents without blame, promoting a just and learning culture, using the NHS Improvement 'A Just Culture' Guide as our supporting guidance.
- We have a well-developed and highly regarded Freedom to Speak Up (FTSU) process including a dedicated FTSU Guardian and 11 voluntary FTSU advocates working within local teams to hear concerns not identified via formal routes.
- We have developed strong internal links with operational colleagues to support them on their quality and safety agendas, enabling operational response to such issues in a timely manner.
- We have a 24/7 phone line and on-line reporting system making reporting incidents easy for staff wherever they are.
- Harm rates remain low as we learn from near miss and low harm incidents, improving systems and processes to protect our patients further.

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

- During the challenging pandemic year 2020-21, the Trust received a number of key guidance measures from NHS England including the cessation of strict 60-day reporting timescales for serious incidents due to considerable pressure on the whole NHS and temporary revision to management and declaration of individual reports. An interim standard operation procedure (SOP) was developed and has been in use to aid colleagues working within the quality function to work with temporary working arrangements.
- Where family liaison has been indicated, these contacts have been actioned in a timely manner in line with national duty of candour standards, and families have been grateful of being kept abreast of extended timescales and delay caused by the pandemic.
- Patient safety incidents are reviewed within 48 hours by the Quality and Safety Team and those where moderate harm or above is reported to have occurred are then subject to a full review within that period to determine if the harm level is accurately described, if the incident meets the criteria for reporting as a Serious Incident (SI) and whether the Duty of Candour, the being open process, applies.
- Feedback is provided to all staff on their reported incidents through the auto-feedback mechanism on Datix and we encourage investigators to report back their findings in person where possible. We continue to use the weekly *Staff Update* and *Safety Update* on a monthly basis to share learning from incidents with staff and this has been positively received
- Yorkshire Ambulance Service NHS Trust has adopted Datix IQ Cloud as our main incident reporting software and during 2020 all areas of Trust reporting moved to the new portal, with patient relations still using the older net based system until the end of the financial year due to challenges with importing information. This software provides advanced tools to identify and monitor themes and trends in data to allow for system wide training and developments to respond to areas of risk or areas requiring improvement appropriately.
- The Trust has developed a zero-harm work plan for 2019-24 to improve incident reporting and investigation, amongst other areas. One of the planned activities is to simplify the near-miss reporting form which is to be introduced during the launch of Datix IQ Cloud. A second planned activity is to increase the involvement of staff within the investigation process which is currently actioned by our lead investigators to facilitate inclusion learning whilst also increasing the recognition of positive working practice which will be a welcomed addition to the Datix modules allowing for positive feedback to be delivered and documented with ease.

Identification and Investigation of Serious Incidents (SIs)

| Serious Incidents | OPS | EOC | PTS | IUC | OTHER | TOTALS |
|-------------------|-----|-----|-----|-----|-------|--------|
| Apr-20 | 0 | 0 | 0 | 1 | 0 | 1 |
| May-20 | 1 | 0 | 0 | 0 | 0 | 1 |
| Jun-20 | 2 | 0 | 0 | 1 | 0 | 3 |
| Jul-20 | 1 | 0 | 0 | 0 | 0 | 1 |
| Aug-20 | 5 | 0 | 0 | 0 | 0 | 5 |
| Sep-20 | 4 | 0 | 1 | 0 | 0 | 5 |
| Oct-20 | 4 | 0 | 0 | 0 | 0 | 4 |
| Nov-20 | 6 | 0 | 0 | 0 | 0 | 6 |
| Dec-20 | 5 | 0 | 0 | 0 | 0 | 5 |
| Jan-21 | 3 | 2 | 0 | 0 | 0 | 5 |
| Feb-21 | 4 | 1 | 0 | 0 | 0 | 5 |
| Mar-21 | 7 | 1 | 0 | 1 | 0 | 9 |

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

These are the main categories, but there may also be other causes.

YAS has declared 50 serious incident investigations in 2020-21 which makes up less than 1.2% of all incidents reported.

Yorkshire Ambulance NHS Trust considers that this data is as described for the following reasons; the Trust expects a low level of serious harm which demonstrates learning from the reporting of near miss incidents in addition to learning from no harm and low harm incidents.

Yorkshire Ambulance Service NHS Trust continually seeks opportunities for improvement to reduce the potential for avoidable harm sustained by patients under our care. To enable this, we promote the reporting of all incidents to include near miss incidents and share the system wide learning from completed investigations in the weekly *Staff Update* and monthly *Safety Update*. The Trust now has a dedicated Serious Incident Investigator; this has enabled an improved quality in investigation and appropriate identification of recommendations and subsequent learning.

SMART action plans are produced and monitored to ensure completion and, where appropriate, specific learning programmes are developed using the learning established from SIs. For example, in the last 12 months the Trust has worked with the Healthcare Safety Investigation Branch (HSIB) to investigate maternity cases. The joint investigations have identified areas where maternity cases could be strengthened within Yorkshire Ambulance Service NHS Trust, introducing new, and refreshing existing guidance for frontline crews.

Due to the challenges presented to NHS Trusts during the national pandemic, the 2019 clinical refresher programme was adversely affected by pressures from around the organisation and many places had to be postponed. It is planned that a full reintroduction will take place from April

2021 with the content being aligned to focus on areas of current prominence such as identification of shockable rhythms as well as history taking, assessment and decision making. New content will be developed for 2022 based on learning from themes and trends in investigation.

The Moving Patient Safely Group (MPSG) is sustaining its work-streams and continually exploring areas for improvement with collaborative working across the organisation with internal stakeholders to reduce patient injury during movement and to reduce slips, trips and falls whilst in our care. This is proving valuable to establish further visibility and improved practices to support and steer safe practice. The group continues to review all moving and handling injuries sustained to patients and staff and action any learning or review of equipment to improve outcome. Following a commissioned Subject Matter Expert review of moving and handling practice within the Trust a number of improvements have been made including approval to recruit a Moving and Handling Lead this post will be substantiated in early 2021-22.

Medication Incidents

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|-----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| Medication incidents | 43 | 58 | 81 | 63 | 52 | 47 | 58 | 47 | 59 | 63 | 61 | 42 | 674 |

Source Integrated Performance Report.

A total of 674 medication incidents were reported in 2020-21 these have decreased since the last report in 2019-20.

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

The number of incidents recorded during 2020-21 has reduced compared to 2019-20 due to a medicines process change that was implemented during 2019-20, initially there were errors in the new process and it took a number of months for the process to become embedded. As well as this COVID-19 has also had an impact on the number of incidents, a reduction in calls during the first and second quarter of 2020-21 led to a reduction in medicines use, compared to 2019-20, and therefore a reduction in the total number of incidents reported. We also saw a reduction in the number of damaged/dropped vials which can also be due to the lack of use and reduction in movement of the vials between the vehicle and scene. We have continued to see an increase in reporting of external incidents which is a positive as it provides assurance that clinical staff at scene are continuing to identify medicines related issues at scene.

Freedom to Speak Up (FTSU)

In February 2015 Sir Robert Francis QC published an independent review into creating an open and honest reporting culture in the NHS. The review entitled “Freedom to Speak Up” aims to provide advice and recommendations to ensure that NHS staff feel it is safe to raise concerns, confident that they will be listened to and the concerns will be acted upon. Yorkshire Ambulance Service was one of the first ambulance trusts to commit to the recommendations of the review and continues to influence other NHS trusts as they look to implement the Freedom to Speak Up (FTSU) philosophy into their own organisations. Yorkshire Ambulance Service was quick to implement the recommendations of the Freedom to Speak Up review and since the appointment of its first FTSU Guardian in June 2016, both staff and volunteers at YAS have accessed the service.

The National Guardian’s Office published annual report for 2020 can be found here: [ngo_ar_2020_digital.pdf \(nationalguardian.org.uk\)](https://www.nationalguardian.org.uk/2020/12/10/ngo-ar-2020-digital.pdf)

At Yorkshire Ambulance Service all staff, volunteers and contractors can raise concerns directly with the Trust’s FTSU Guardian by phone or through a dedicated confidential email address. There is also a dedicated network of FTSU Advocates who can provide support and advice to staff wishing to raise concerns regarding the quality of care, patient safety or bullying and harassment within the Trust. A refresh of staff communications has recently been sent out, to reissue the names and contact details of the FTSU Guardian and Advocates, increasing access and awareness across the Trust. Yorkshire Ambulance Service NHS Trust is in the process of refreshing the FTSU intranet page, to include a YAS FTSU video, featuring Board members and staff to promote FTSU within the Trust.

With the exception of truly anonymous concerns, all workers who raise concerns through FTSU receive updates to their concern and feedback on the final outcome, actions to be implemented or lessons learned. They are given an opportunity to feedback on their experience of raising concerns through FTSU to ensure that the service continues to meet the needs of all workers at YAS.

The YAS experiences of the people of Calderdale, Kirklees and Wakefield during the COVID-19 outbreak

“Ambulance traffic has been relentless, I mean it just hasn’t stopped, so I know how much busier they have been. They visited a neighbour in autumn, and then another near neighbour at about 2.30am the other morning, I saw the blue lights so looked out. They were there for some time and then when I looked out again, I saw the driver, a young paramedic, with his head in his hands at the wheel before they set off. I saw three young paramedics cleaning their van a few months back and told them they were doing a brilliant job and they had my gratitude.”

“Tried NHS 111 who took a lot of questions then said I could have an appointment at a hub in Hull which is 95 miles away. How was I expected to drive in pain and on lockdown, I don’t know. I eventually got my dentist and had a telephone consultation and he prescribed antibiotics.”

“The emergency services and 111 were brilliant; they were great with both my husband and me.”

“A high quality ambulance service is one where staff are skilled, compassionate and feel rewarded in their work. One where they have all the resources they need to deliver timely support and interventions from first taking the call to hands on treatment. I have witnessed the hard work of Yorkshire Ambulance Service over the last months, most recently in the early part of this year and would like to say they have gone above and beyond in extremely difficult circumstances. I hope staff are getting any support they need.”

Patient Friends and Family Test

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how.

The FFT asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

A&E Friends and Family Test

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

| Extremely likely / Likely | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | YTD |
|--------------------------------------|--------|-------|-------|--------|-------|
| North Yorkshire CBU | 100.0% | 96.2% | 96.6% | 93.3% | 97.0% |
| Hull & East Yorkshire CBU | 96.2% | 75.0% | 86.7% | 83.3% | 87.7% |
| Calderdale, Kirklees & Wakefield CBU | 94.4% | 88.5% | 91.3% | 100.0% | 93.2% |
| Leeds, Bradford & Airedale CBU | 96.3% | 85.0% | 75.0% | 95.8% | 90.4% |
| South Yorkshire CBU | 81.5% | 81.3% | 76.5% | 76.0% | 78.8% |
| Unknown Area | 68.8% | 83.3% | 77.8% | 75.0% | 74.4% |
| YAS | 91.4% | 86.8% | 86.7% | 88.2% | 88.6% |

Source: A&E Service User Experience Survey

Since it was initially launched in April 2013, the FFT has been rolled out in phases to most NHS-funded services in England, giving all patients the opportunity to leave feedback on their care and treatment. During 2019-20 NHS England reviewed the effectiveness of the FFT for Emergency ambulance service along with the National Ambulance Service Patient Experience Group. Guidance was reissued to allow for a project approach in Ambulance Services resulting in a national sector patient experience report to be produced at the year end. YAS, along with the majority of other Ambulance Services opted to take the project approach and planned a project for 2020-21 focusing on the needs of our patients with learning disabilities and how we communicate with them. Unfortunately, these patients have been unavailable for us to engage directly with them throughout the pandemic and therefore the project has not been achieved this year.

PTS Friends and Family Test

Thinking about the service we provide, overall how was your experience of our service?

| Very Good/Good | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | YTD |
|------------------------|-----------|-----------|-----------|-----------|-------|
| North Consortia | 96.2% | 93.8% | 100.0% | 93.9% | 95.3% |
| East Consortia | 100.0% | 91.7% | - | 100.0% | 96.2% |
| West Consortia | 98.2% | 99.1% | 100.0% | 95.8% | 98.3% |
| South Consortia | 100.0% | 100.0% | 100.0% | 98.1% | 99.5% |
| OOA | 100.0% | 96.7% | 100.0% | 100.0% | 98.3% |
| PTS (inc unknown area) | 98.5% | 98.2% | 100.0% | 96.2% | 98.0% |

| Poor/ Very poor | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | YTD |
|------------------------|-----------|-----------|-----------|-----------|------|
| North Consortia | 1.9% | 3.1% | 0% | 4.1% | 2.7% |
| East Consortia | 0% | 0% | - | 0% | 0% |
| West Consortia | 0% | 0% | 0% | 2.1% | 0.4% |
| South Consortia | 0% | 0% | 0% | 1.9% | 0.5% |
| OOA | 0% | 0% | 0% | 0% | 0% |
| PTS (inc unknown area) | 0.5% | 0.4% | 0% | 2.6% | 0.9% |

| Neither good nor poor | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | YTD |
|------------------------|-----------|-----------|-----------|-----------|------|
| North Consortia | 1.9% | 3.1% | 0% | 2.0% | 2.0% |
| East Consortia | 0% | 8.3% | - | 0% | 3.8% |
| West Consortia | 1.8% | 0.9% | 0% | 2.1% | 1.2% |
| South Consortia | 0% | 0% | 0% | 0% | 0% |
| OOA | 0% | 3.3% | 0% | 0% | 1.7% |
| PTS (inc unknown area) | 1.0% | 1.5% | 0% | 1.3% | 1.2% |
| | | | | | |

James' story

I have always been a keen motorcyclist from a young age, riding off-road trials bikes and getting my road bike licence as soon as I was able. I was an experienced rider and really enjoyed this as my hobby.

On the 19th November I was on my motorcycle on the way home from visiting my parents when my life changed forever. I was travelling down a main road when a car suddenly pulled out from a side road. From what I am told I collided straight into the car and flew over the top. Without the quick response of the ambulance service I have been told many times that I would not be here today. I am very lucky to be alive.

I suffered multiple fractures, punctured both lungs and damaged the majority of my internal organs. I had to undergo emergency surgery where my spleen was removed to stop the internal bleeding. My main injuries included a damaged heart valve for which I've since had open heart surgery to repair, and a brachial plexus injury from which I still have no use of my left arm. I also suffered from a bleed on my brain. I was in a coma for four days and on ICU/HDU for a total of 13 days.

My recovery is still ongoing but I'm just thankful to be here. Meeting up with the Yorkshire Ambulance Service crew who saved my life helped bring a lot of closure as my memory of the accident and aftermath was very sketchy. It also gave me the chance to show my appreciation and gratitude in person. Without these amazing people I would not be here today and I cannot thank them enough." Overall I was in the LGI for five weeks and managed to come home late Christmas Eve.

Patient Transport Service (PTS)

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

Between April 2020 and March 2021 our PTS service completed 573,580 non-emergency journeys, covering 4,735,036 miles, making us one of the largest providers in the UK.

- We have just over 700 staff; including 529 in our operations teams, 43 managing bookings, 105 coordinating our fleet and resources, and 27 supporting the overall running of our service-line.
- More than 200 volunteers are registered to support us and, this year, 136 provided 7.9% of our journeys, covering 245,230 miles. Less of our volunteers were able to offer their time this year due to the pandemic.
- A framework of 44 quality-assured partner providers to provide flexible support for our operations teams. This year they supported us with 43.5% of our journeys when we began transporting one patient at a time.

New PTS Fleet

In February 2021, PTS received 11 new ambulances to join the fleet of 350 vehicles (pictured). As part of our plan to replace our oldest vehicles, 100 ambulances have been purchased and will be delivered over the coming months, ensuring that none of our fleet is older than seven years.

The Peugeot Boxers feature electric tail lifts, interior and exterior recording cameras, a dementia-friendly interior and bespoke-fit passenger bulkheads to support the transportation of patients with suspected infections.



Mobilisation of new PTS contracts

We mobilised two new PTS contracts since the COVID-19 outbreak – in North Lincolnshire in March 2020 and Hull in April 2020. Staff that have joined us as part of TUPE arrangements and those who have managed the smooth transition for patients at such a challenging time have showed the utmost professionalism. Whilst services normally take four to six months to mobilise, the spread of COVID-19 acted as a springboard, bringing about unprecedented speed of delivery, achieving our KPI for quality from day one. We have received incredibly positive feedback from staff and stakeholders and, most importantly, compliments from our patients.

New version of PTS booking system introduced

The new web-based or “pink” version of Cleric, the PTS booking, assessment and transport logistics software was launched in September 2020 – YAS is the first ambulance service to use the new application and will be piloting it for Cleric.

Supporting patients at the end of their life

In March 2021 we introduced a new Standard Operating Procedure to support our staff to identify, facilitate and support a patient’s end of life journey – one to their preferred place for end of life care or death.

Our aim is to prioritise journeys which will help to fulfil patients’ wishes and support their dignity and support our teams with a process which facilitates the provision of appropriate transport for this purpose.

Palliative Care Ambulance

We are incredibly proud to have been able to provide transport for Adam Lodge and his fiancée, Hannah, (pictured together, right) to their wedding ceremony back in December 2020.



Adam had been receiving treatment at St James Hospital, Leeds, and, from various PTS journeys, his regular crew learnt that, Adam and Hannah were due to be married. However, because of Adam's healthcare and transport needs, he and his wife-to-be had not yet worked out how they would get to their ceremony at Leeds Civic Hall.

With valued help from staff at Wheatfields Hospice, Paul Mountain and Matt Emsley, Ambulance Care Assistants from Bramley Ambulance Station, made the necessary arrangements alongside Heather Farrar, PTS Communications Scheduler, to ensure the happy couple were safely and comfortably conveyed to their ceremony and back home again on Saturday 19 December 2020.

On the couple's wedding day Paul was accompanied by Phil Fenton, Ambulance Care Assistant from Leeds Ambulance Station, and the crew decorated the ambulance together, making sure that the bride and groom's journey was reflective of their special occasion.



Strengthening PTS Delivery

Integrated Transport Pilot

On Wednesday 9 September 2020, Yorkshire Ambulance Service NHS Trust launched an Integrated Transport Pilot. Our aim is to provide a wholly integrated transport solution for patients in need of our services, irrespective of how they reach us.

Integrated transport utilises PTS resources for some lower acuity patients who would have traditionally been transported by our 999 crews; those who need transport to hospital, but who don't need a paramedic crew for the transfer.

The pilot is collaboration between our PTS and 999 emergency service designed to ensure the most efficient use of all the resources available to us. Integrated transport looks at all available YAS resources and uses them to convey patients in the best way.

Journeys are shared between service lines when it will make our response to patients quicker, but only when it is safe and appropriate to do so.

Dedicated PTS schedulers work within EOC staff (remotely) and, together, they assess the most suitable method of transport for the patient. Patients and healthcare professionals continue to request transport in the usual way; patients are triaged by a healthcare professional and the PTS scheduler will use detailed knowledge of PTS operations to ensure the smooth handover of journeys between the service lines.

Integrated transport will reduce waiting times for patients who need transport to hospital, but who don't need a paramedic crew for the transfer. Other benefits of integrated transport include:

- improved patient experience
- more effective use of our staff and vehicles - freeing up A&E crews to attend patients who need our services the most
- improvements to patient flow within healthcare settings
- a reduction in the use of taxis for non-emergency patients
- supporting staff to receive breaks and reducing instances of finishing shifts late
- improved performance against national standards for both service lines.

Since the start of the pilot, 1,000 journeys have been shared between the two service-lines.

- A&E teams have completed 348 journeys on behalf of PTS and;
- PTS conveyed 652 low acuity A&E patients.

Alternative Resources

Since April 2020, the PTS Alternative Resource team has facilitated several projects to ensure that our services are more flexible and responsive to meet the needs of our patients in an evolving NHS landscape.

Patient case study – integrated transport in action

- Mrs Johnson is 69 years old and lives in a care home in Wakefield.
- She was witnessed tripping over a chair leg and falling to her knees.
- Mrs Johnson stood up unaided but reports a sore wrist.
- The patient's GP is called who recommends that Mrs Johnson is given paracetamol to manage the pain and attend Pinderfields General Hospital for an X-ray.
- The GP calls our HCP booking line within EOC to arrange transport for Mrs Johnson within a four-hour window.
- The request is passed to the Low Acuity Transfer team.
- A&E demand is high but the PTS scheduler co-located within EOC reports a local PTS crew is planned to drop off another patient at PGH within the hour.
- The PTS crew is allocated to Mrs Johnson and, following handover of their patient, collects her much sooner than an A&E vehicle would have been able to reach her.

PTS Volunteers

The incredible support that the public have shown to the NHS since the start of the pandemic has been instrumental in increasing the number of new PTS volunteers we have been able to attract this year.

Our refreshed recruitment campaign primarily utilised our social media channels and featured a series of videos that our existing volunteers kindly filmed themselves. These videos described each of their personal experiences and their reasons for volunteering, encouraging others to do the same. Our website has been updated to provide a wealth of information on the PTS volunteer role and application process, and we've added an interview to the recruitment process to ensure candidates share our values for quality patient care. Between November 2020 and March 2021 we have received applications from more than 150 new volunteers.

Sadly, volunteering has been a difficult decision for some people this year and for others, we had to ask them to stand down in line with government guidance and to protect their own health and wellbeing. However, we've carried out welfare calls to all of our volunteers and are also offering them a vaccine against the virus.

New framework agreements for partner providers

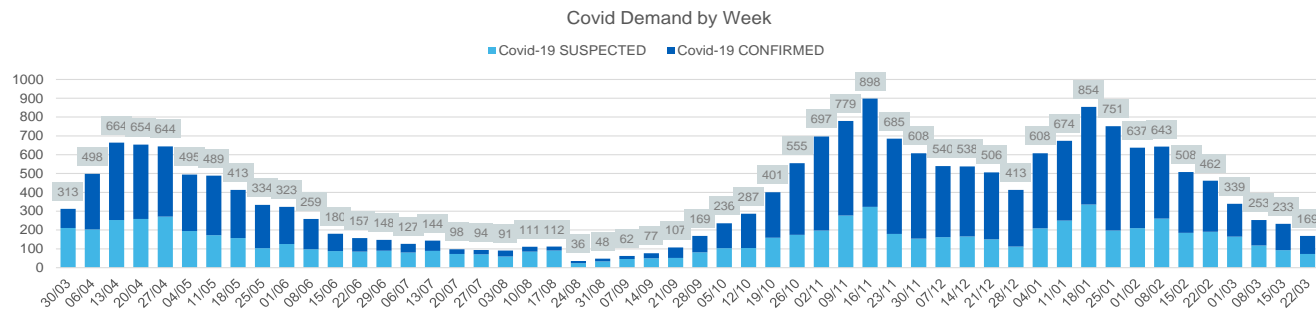
- YAS38 went live on Monday 1 June 2020 securing support from 33 different organisations - 13 private ambulance services, 17 taxi firms and three community transport providers.
- YAS66 went live on Wednesday 23 December 2020 and established a further 11 organisations from regions where alternative resources were lacking. This comprises of eight private ambulance services and three taxi providers, strengthening the support for PTS across all areas of Yorkshire.

PTS response to COVID-19

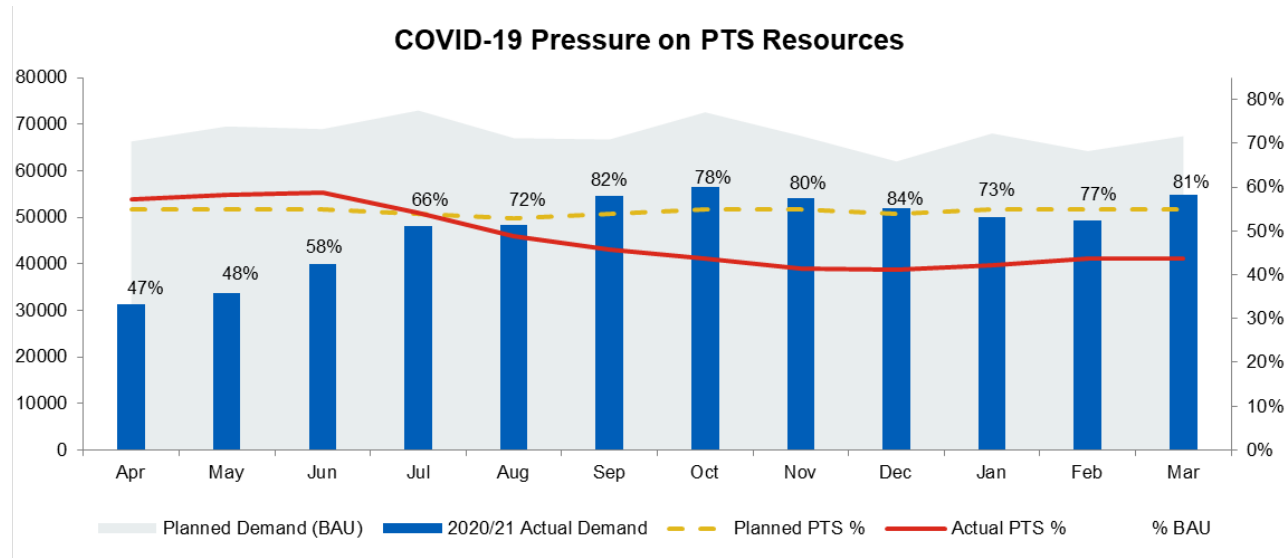
Like the rest of the Trust, our PTS has been significantly affected by COVID-19. At the start of the pandemic, many outpatient appointments, elective procedures and other hospital services were suspended and, as national lockdown was announced, we took the decision to convey only those patients who had an essential need to visit hospital – such as for renal dialysis, cancer treatment and other vital services. Our efforts were also focused on supporting hospitals with patient discharges and, of course, transporting only one patient in a vehicle at a time to ensure social distancing could be maintained.

Our staff repeatedly stepped forwards in response to the COVID-19 emergency; 32 volunteers offered to convey patients confirmed or suspected of having the virus at the start of the pandemic, then to work as a dedicated crew for NHS Nightingale, and later to support our A&E teams who were facing exceptional demand. In support of PTS, a number of the Trust’s Community First Responders undertook additional training to work alongside PTS crews.

Since the start of the pandemic we’ve conveyed 12,504 patients confirmed as having COVID-19, and 7,926 suspected COVID-19, see graph below.



The graph below demonstrates that when journey numbers reduced (April to June 2020) the number of these journeys delivered by PTS was above our expectations based on that time the previous year. However, as demand for our services rose to 66% of what we would normally expect to see (August onwards), we had to utilise more of our alternative resources than normal, such as volunteers and partner providers. This is because we could transport fewer patients per journey to support social distancing measures, and we take longer to carry out extra cleaning in between journeys.



PTS staff, volunteers and partner providers have been wearing Level 2 personal protective equipment (PPE) for all patient interactions, including moving and handling manoeuvres and escorting patients to their destinations. We've supplied all of our partner providers with sufficient supplies of PPE to ensure that they had enough stocks of the right sort of PPE and we've issued lateral flow self-testing kits to all of those who convey our patients.

PTS vehicles that did not have fixed passenger bulkheads were fitted with bespoke-fit passenger bulkheads (pictured) to provide additional protection to staff and patients.

A vehicle cleaning process was developed by our ancillary team providing guidance on recommended cleaning techniques for staff to carry out in between each patient.



To ensure that we understand the most up-to-date infection status of all of our patients and can manage their needs appropriately, crews carry out courtesy calls ahead of collecting each patient. They ask pertinent questions about the patient's symptoms and travel history in line with current government guidance to ensure the most appropriate resource is sent for them. In addition, requests for transport to and from outpatient appointments can now only be booked up to three working days prior to the scheduled appointment.

We fast-tracked the introduction of patient self-booking across all regions to reduce the time that other professionals spend booking transport on behalf of patients. This also ensures that bookings are accurate and appropriately triaged in line with national guidance and reduces the potential for aborted journeys and ensures that transport is available for those who need it the most at a time of very limited capacity. It also provides patients with the opportunity to make choices about their care – feedback shows that many patients prefer to manage their own transport bookings.

A clinical on-call rota was established to provide clinical advice and support decision-making from dedicated clinicians for all matters relating to COVID-19 within PTS.

Screens, one way systems, increased cleaning and homeworking were introduced across our reservations and logistics call centres to ensure the safety of our communications teams. We issued 69 new home working kits to staff that have been able to adapt to working from home.

Specially trained PTS volunteers and specific PTS ambulances were identified to provide assistance with NHS Nightingale Hospital, Harrogate. Although the Nightingale Hospital did not become operational, the PTS volunteers were available at short notice should they have been needed.

We increased our communication activity across the service-line to include daily meetings with senior PTS managers and daily PTS Briefings to local PTS Leaders held remotely via Microsoft Teams. Both have now reduced to twice-weekly but continue to be crucial methods of information-sharing and a forum to raise any queries. We've also used our individual-issue smartphones to ensure staff get PTS-specific email updates as well as used our booking system, Cleric, to send direct messages to crews working at the time.

We initially suspended routine governance inspections of our partner providers to reduce the pressure on transport services and in line with government guidance for contact and travel. However, we have continued to carry out quality and performance meetings remotely, monitor providers using other information such as service-user feedback, our Team Leaders have been carrying out spot checks of vehicles at hospital sites, and we have carried out some inspections remotely. Whilst we have been carrying out fewer audits in person, we still visit a partner provider if we believe there to be a risk of harm and COVID-safe site visits are now being scheduled.

During the pandemic 17 PTS volunteers have supported at 60 Trust COVID-19 vaccination clinics, offering a collective total of 1,026 hours

Support for PTS during the COVID-19 pandemic

- Easy Travel, one of our key partners based in Leeds, provided cardboard boxes on a regular basis to help with our distribution of PPE.
- RES Group, an electrical contractor based in Hull, helped us distribute PPE and other supplies across the county during the first wave of the pandemic. Lisa Connor, Managing Director of RES Group, offered the services of her teams, free-of-charge, whilst staff were unable to carry out their normal work due to COVID-19 restrictions in place at the time. In 2019, Lisa's husband, Gary, suffered a heart attack and was treated by our A&E crews. Gary has, thankfully, made a full recovery, and the couple have since been helping where they can since then.
- Sheffield-based City Taxis approached YAS with an innovative solution allowing them to continue transporting patients who were able to travel in a standard car but were either suspected, or confirmed of having COVID-19. They have provided Hackney Carriage/London Black Cab style taxis fitted with passenger bulkheads. Easy Travel, Leeds, went on to mirror this initiative introducing bespoke-fit bulkheads and adapting five of their vehicles. All of the private ambulance providers that work with us have also installed bespoke-fit bulkheads across their fleet, mirroring the efforts of the Trust and ensuring consistent provision of our service.



Pictured above: RES Group staff collect stock at YAS Headquarters from Sam Sutcliffe, PTS Quality and Assurance Officer (left), and Emma Bramley, Alternative Resource Incident and Engagement Analyst (right).

What Our Staff and Volunteers Say

Perry LaFrenais and Sam Warburton, Ambulance Care Assistants based at Harrogate, said:

"We both received extra training to enable us to deal with COVID-19 patients and did two days of training to act as a discharge crew for Harrogate's Nightingale Hospital. We are grateful to have been given the opportunity to do our bit during a national crisis. It has been very rewarding to witness the joy people have shown when being discharged and to share some of the moments when they have met up with their loved ones."





Tom Simpson, an Ambulance Care Assistant based in York, said:

"One memory that really stands out for me was when I went to collect a patient with Multiple Sclerosis, who was COVID-19 positive and had been in a critical condition, and they received a round of applause from ward staff as they were discharged. I'm proud to be part of a team which has responded during these unprecedented times and the attitude they have shown towards the procedures put in place."

Rosamund Baker, a PTS Volunteer for 24 years based in East Yorkshire, said:

"It is a privilege to be able to volunteer during the current time; to know that I'm helping out by ensuring patients get to their appointments in a safe and comfortable way. I did feel anxious having transported a patient who later tested positive for coronavirus. However, I was reassured knowing that I had used the Personal Protective Equipment (PPE) provided appropriately. I like that I can be that listening ear if a patient is worried or concerned. I love my role as a PTS Volunteer."



Looking Ahead: Our Quality Focus for 2021-22

In 2021-22, our focus for improving quality across PTS will be to:

- Continue responding to the COVID-19 emergency with a view to developing new ways of working to support the delivery of our service.
- Receive the remainder of our new ambulances and begin to make plans for the next phase of developing our fleet. This includes researching and piloting options for a 'greener' fleet.
- Enhance quality and governance across our partner providers; we plan to introduce vehicle swabbing as part of our inspection regime to ensure appropriate cleanliness is being maintained.
- Review our mobility algorithm to ensure a patient's needs are identified and managed appropriately and the right resource is allocated to them first time.
- Support the Trust-wide dementia project with aim of developing a dementia friendly patient transport service.
- Standardise the application of eligibility criteria laid out by the Department of Health to ensure parity and equity for all patients, regardless of where they live.

Sean's story

Sean is 38 years old and is married with a five-year-old son. He enjoys spending time with his young family and going to the driving range with his friends in his spare time. Sean undergoes dialysis three times a week at York District Hospital and uses YAS PTS services as a means to get there and back. Sean has been relying on PTS to attend his dialysis treatment for approximately 30 years since he was a young child. Sean remembers travelling to Leeds with PTS when he was about seven years old.

Sean praised the drivers who work for or on behalf of PTS, explaining that they are always willing to help and are really friendly. Sean feels like the drivers listen when he has frustrations about the service and try to help where they can. Because Sean is a regular PTS user he appreciates the courtesy call that YAS drivers provide when they are close to his home to let him know they will soon be arriving to pick him up. Sean explained that he can often tell whether he will be travelling with an alternative provider working on behalf of PTS or a YAS driver because YAS drivers generally ring him before 7am to say where they are and how long they will be. Sean finds this helpful as it means he can get ready to leave the house and not have to worry about how much longer the transport will be. Sean says that he rarely has any issues and generally gets to his appointments on time.

Sean explained that he regularly has to wait between 45 minutes to an hour and half to travel home from dialysis which leaves him feeling ill and frustrated. Following dialysis, Sean already feels very tired and just wants to get home so he can have something to eat, take his tablets and have a lay down. Once Sean feels better he then spends time with his young son. However, when Sean has to wait a long time to get home he often starts to feel ill, sweaty and too hot whilst waiting in hospital for transport home. He often waits outside for the transport to keep the sick feeling at bay. He starts to get anxious and explained that, once he gets home after such a long wait, he is too tired or ill to spend any time with his family. Sean feels this massively impacts on his family life especially with his son being so young and eager to play.

Another of Sean's frustrations is that communication between the unit and YAS isn't always as good as it could be. For example on the occasions when Sean finishes dialysis early the unit don't always inform YAS or ask for an ambulance to transport Sean home earlier than originally planned. This results in Sean waiting for extended periods of time and feeling anxious.

Sean's story resulted in shorter wait times due to greater communications between YAS and the renal unit.

Complaints, Concerns, Comments and Compliments

| Complaints, Concerns and Comments | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|-----------------------------------|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| EOC | Complaint | 6 | 5 | 9 | 10 | 9 | 11 | 22 | 15 | 19 | 10 | 9 | 15 | 140 |
| | Concerns | 0 | 1 | 9 | 3 | 2 | 6 | 11 | 4 | 3 | 3 | 4 | 6 | 52 |
| | Service to Service | 2 | 4 | 4 | 13 | 10 | 13 | 22 | 21 | 13 | 6 | 5 | 8 | 121 |
| | Comment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 2 |
| | Compliments | 1 | 0 | 0 | 1 | 0 | 5 | 1 | 0 | 2 | 0 | 2 | 3 | 15 |
| | Lost Property | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | PAL's Enquiries | 1 | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| PTS | Complaint | 2 | 6 | 9 | 6 | 11 | 16 | 14 | 10 | 21 | 12 | 18 | 23 | 148 |
| | Concerns | 10 | 3 | 7 | 12 | 11 | 15 | 13 | 10 | 9 | 8 | 9 | 17 | 124 |
| | Service to Service | 7 | 7 | 7 | 24 | 17 | 13 | 20 | 24 | 10 | 15 | 12 | 18 | 174 |
| | Comment | 2 | 0 | 1 | 0 | 2 | 1 | 1 | 2 | 0 | 3 | 1 | 1 | 14 |
| | Compliments | 2 | 2 | 1 | 11 | 8 | 5 | 2 | 2 | 6 | 1 | 5 | 4 | 49 |
| | Lost Property | 2 | 1 | 8 | 7 | 6 | 7 | 10 | 8 | 7 | 19 | 2 | 13 | 90 |
| | PAL's Enquiries | 1 | 1 | 0 | 2 | 2 | 0 | 2 | 0 | 1 | 1 | 0 | 2 | 12 |
| A&E | Complaint | 17 | 15 | 25 | 29 | 33 | 32 | 31 | 32 | 31 | 37 | 29 | 41 | 352 |
| | Concerns | 8 | 7 | 16 | 18 | 9 | 14 | 15 | 13 | 10 | 6 | 9 | 16 | 141 |
| | Service to Service | 21 | 21 | 18 | 33 | 29 | 19 | 26 | 16 | 18 | 26 | 12 | 23 | 262 |
| | Comment | 2 | 1 | 2 | 1 | 2 | 2 | 1 | 3 | 3 | 3 | 4 | 8 | 32 |
| | Compliments | 82 | 69 | 87 | 104 | 79 | 94 | 85 | 82 | 113 | 111 | 107 | 95 | 1108 |
| | Lost Property | 16 | 18 | 27 | 27 | 22 | 33 | 22 | 29 | 25 | 24 | 40 | 28 | 311 |
| | PAL's Enquiries | 5 | 5 | 11 | 16 | 10 | 8 | 7 | 9 | 7 | 12 | 11 | 12 | 113 |
| NHS111 | Complaint | 9 | 15 | 17 | 13 | 13 | 9 | 13 | 21 | 8 | 10 | 9 | 27 | 164 |
| | Concerns | 1 | 3 | 1 | 2 | 2 | 2 | 0 | 1 | 1 | 2 | 1 | 1 | 17 |
| | Service to Service | 31 | 24 | 50 | 53 | 44 | 57 | 25 | 42 | 45 | 26 | 15 | 26 | 438 |

| | | | | | | | | | | | | | | |
|--|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| | Comment | 1 | 2 | 0 | 5 | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 7 | 19 |
| | Compliments | 2 | 5 | 6 | 8 | 3 | 3 | 3 | 9 | 7 | 5 | 4 | 5 | 60 |
| | Lost Property | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | PAL's Enquiries | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Timeliness of Responding to Complaints

| Month and year | % of responses meeting due date | Average response timescale (working days) |
|----------------|---------------------------------|---|
| April 2020 | 95 | 24 |
| May 2020 | 96 | 27 |
| June 2020 | 91 | 29 |
| July 2020 | 94 | 34 |
| August 2020 | 94 | 36 |
| September 2020 | 94 | 36 |
| October 2020 | 89 | 35 |
| November 2020 | 90 | 29 |
| December 2020 | 94 | 29 |
| January 2021 | 94 | 49 |
| February 2021 | 93 | 36 |
| March 2021 | 97 | 25 |

We aim to achieve 85% of agreed timescales and have a guideline of 25 working days' average response time, however timeframes are agreed with complainants on a case-by-case basis and the quality of the investigation is the priority.

Additional resources implemented in the Patient Relations Team last year has continued to impact positively on workloads and enabling a more proactive focus on improvement work to address the themes and trends identified from complaints and concerns as well as recognising areas of good practice and building on these. Access to frontline services throughout the pandemic has affected response times although extended due dates have been agreed with complainants and managed through effective communication achieving in excess of 90% compliance the majority of the year.

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

A&E Call Handling and Dispatch

- Staffing levels in the Clinical Hub to be reviewed. The number of new clinicians to qualified staff to be reviewed to ensure sufficient numbers of clinicians to manage the stack of waiting patients.
- Reminder to whole team of correct process to dispatch to 999 calls made from within hospitals for cardiac arrests.
- EOC to review how to guide crews to correct location.
- Inappropriate data flag placed which placed a risk on the attendance of the patient. The flag has been amended for this patient but Data Flag Coordinator advised that there are other patients with similar flags and request made for these to be reviewed/revised where appropriate.
- Changes made to infectious diseases desk.
- Concern regarding transport for a patient who required level 3 PPE. Caller was passed between EOC and PTS who both stated it was the other's job and not theirs. The process had recently changed and EOC are now responsible for it. This was not correctly cascaded to the EOC. Since receiving the concern, the message has now been correctly cascaded to EOC.
- There is room for error in how messages re: diverts are passed on throughout ROC to EOC to Operations, especially as they are delivered verbally. Concerns have been forwarded to EOC Governance and queried if there is any improvement work that can be done in this area.

A&E Operations

- Bleep 500 pathway in East Yorkshire to be embedded within YAS current pathways framework.
- A data flag has now been added to remind crews the birth centre is not in the Bronte Tower at Dewsbury General Hospital.

- A Standard Operating Procedure (SOP) is to be put in place for A&E Operations to follow in relation to the stowage of ramps. This is being taken forward by the Regional General Manager.
- COVID-19 support tool seemed to be leading clinicians to not convey patients which required conveyance - tool updated by Clinical Directorate to prevent this.
- Alert to be emailed out to all staff reminding them to put patient's name and DOB on all documents. Trust record keeping policy is being reviewed and this issue will be in the update.
- Suggestion for the removal of auto population of time stamp from the observations fields on the electronic patient record (ePR) to be taken forward to next ePR development meeting.
- To ensure transgender patients' information is captured on documentation correctly to avoid use of wrong name and gender.
- Crew made aware that the District Nurse (DN) team no longer glue lacerations - we no longer make referrals for this to that team. However, DN team accepted the referral which they shouldn't have. DN team has now confirmed they will no longer accept these referrals to avoid confusion.
- Pathways team to look at developing a potential advice line to cardiology to allow crews to contact and discuss specialist cardiology patients and take their advice.
- Reminder of siren policy cascaded to nearby ambulance stations and staff reminded to be considerate.
- Issue raised regarding short supply of Tympanic thermometers resulting in some ambulances being given Axilla thermometers.
- Looking to put End of Life care on CPD day for Clinical Supervisors in the South Yorkshire area.
- At present system generated emails regarding CPAD inactivations and issues are only able to go to one email address/one defibrillator guardian. The defibrillator co-ordinator will review and implement possible system change regarding having contact details for two defibrillator guardians/two email addresses.
- Identified an educational gap in relation to the interpretation of ECG results specifically with newly qualified paramedics (NQPs), addressed via a YAS Academy Training Programme specifically aimed at NQPs

PTS

- If a patient is to be late for their healthcare appointment, for any reason, our PTS team contact the relevant clinic to check that the patient can still be seen.
- A Standard Operating Procedure (SOP) is being produced by PTS to ensure that instances when patients do not answer the door to our drivers, and other reasons for aborted journeys are managed consistently. This SOP is being produced in line with the national decision making model.
- Our PTS team have increased daily interactions between logistics staff and reservations teams to ensure that any daily issues are managed efficiently. For example, if any hospitals are experiencing high volumes of discharges that may result in delays or cancellations

to patient journeys. This helps our Reservations team to manage the bookings they receive and keep patients informed. Similarly, our PTS Logistics team now routinely contact patients if they are made aware of issues that may affect their journey.

- Our PTS teams have received additional training on undertaking risk assessments for patients prior to their journeys to avoid unnecessary cancellations. Patients who do not need a risk assessment but have additional needs (for example, a patient with a severe allergy) will be highlighted to the crew before the journey takes place.
- Our PTS Specialist Patient Engagement Officer has liaised with renal dialysis units to stagger appointment times. This means that patients requiring double crews travel at different times, reducing the demand for our resources and minimising delays for patients.
- Our PTS teams ensure that Staff Notices, Safety Alerts, Volunteer Notices and Subcontractor Updates are utilised to ensure that all those providing journeys on behalf of Yorkshire Ambulance Service NHS Trust are kept up to date with key information. This includes any lessons learnt from complaints, concerns, comments and compliments received in relation to our PTS.
- Working closely with our partner providers our PTS Alternative Resource team makes improvements based on feedback received:
 - The various transport management systems used by our partner providers do not always communicate with our booking system seamlessly. These organisations now liaise with our planning staff directly regarding on-day changes.
 - Delays to journeys were encountered when PTS Schedulers believed that crews from partner providers were located in a particular area. Our PTS teams have worked with our partner providers to ensure resources remain in the area allocated to them.
 - If staff employed by our partner providers are involved in incidents deemed to be sufficiently concerning they are permanently suspended from carrying out journeys on behalf of YAS.
 - We have asked that private providers do not use a particular make and model of wheelchair accessible vehicles due to the difficulties that have been reported in boarding and alighting with patients.

NHS 111

Using patient feedback and information from staff and incidents the following improvements have been made:

- Due to COVID-19 there have been a number of NHS pathways changes have been implemented to ensure improvements in patient care during 2020-21. These have included NHS Pathways version updates incorporating COVID-19 questions within the 'normal' pathways rather than paper versions. All ambulance dispositions had a question asking if there were any Coronavirus concerns where the ambulance was to be dispatched.
- As part of the COVID-19 response we introduced the Service Advisor role to help within call volumes. These staff were predominantly from the YAS Community First Responder (CFR) scheme. This meant our service advisors were now working differently. They took only simple COVID-19 calls, Health Care Professional calls and Repeat Prescription requests and were upskilled with the Dental Light pathway training in May 2020.

- Nationally and locally we have assisted in working with the Community Pharmacy Consultation Service (CPCS) to make it more patient focussed with fewer questions.
- Internally we NHS 111 have COVID-19 frequently asked questions for staff these are revised weekly and updated as necessary and continue to be issued operational staff as required.
- The introduction of direct booking of GP telephone appointments via the DOS (Directory of Services) recommended via NHS England.
- To ensure that patients' GP surgery information is captured correctly and matched to the NHS Spine, staff now need to ask for the GP surgery and are taking the electronic information from the NHS Spine. This went live on the 4th July.
- To reduce the number of failed ambulance dispatches, the postcode now has a mandated button to ensure it can be recognised for ambulance dispatch, this went live in June 2020.
- Trust learning themes from incidents were used to amend training programmes for induction, and changes were made to training materials including altering new staff induction packages to assist with understanding.
- IUC produce six weekly patient safety updates based on patient feedback and learning; topics covered have included allergic reactions and noting anaphylaxis, ensuring end-of-life patients receive prompt care. Benefits and use of Summary Care Record and gaining patient consent, managing challenging callers and ensuring all staff offer consistent support. As part of wider trust initiative on managing trauma, we have reinforced ensuring that the correct NHS Pathway is used to capture more serious falls and injuries.
- Following a successful pilot of the NHS 111 Health and Well-Being team, these roles have now been made permanent. This has ensured ongoing staff support due to ill health, absence and has been invaluable during COVID-19.

Corporate

- Processes have been changed in relation to the re-direction of telephone calls and the monitoring of answer machine messages left within Risk and Safety Team.
- Process of managing incidents involving alleged violence and aggression towards staff has been reviewed and changed.
- "Contact us" section of YAS website amended to make it clearer how to raise complaint or concern and not just a compliment.
- Patient Relations' answerphone has not been working - issue resolved and process put in place by Patient Relations to check weekly that messages are being sent to email address.

Patient Feedback - PTS

"I would like to compliment your drivers on their care and consideration whilst transporting me from home to hospital. They helped me calm my fears, thank all of them for me and my husband."

"I wish to commend two of your employees under whatever reward and/or recognition scheme you have in place, both of whom looked after my Mum exceedingly well.

They were cheerful, considerate, caring and very professional to both my Mum and the family members on her arrival back home. They made sure that we had all her discharge notes in preparation for her GP, her belongings and medication, all of which were handed to us in a caring and informative manner. They also ensured she was as comfortably back in bed (at home)."

"I can only say that the service delivered by the PTS was first-class in every respect. I have nothing but praise for the system and the drivers and administration staff. Excellent in all areas."

"Both drivers were immaculate and observed PPE requirements. They were empathetic, helpful, courteous, humorous and a credit to their profession and YAS."

"Without PTS, my husband and I could not have got to [hospital] for my cancer treatment. Over the last nine months the worry has been taken off us both. So kind, caring and attentive and for all they do they need a medal, I'm so happy with the service as we don't drive and can't travel by bus or train as my walking is a bit bad at the moment. Thank you all, I'm so in your debt."

Performance against Priorities for Improvement 2020-21

Priority One – Lead: Stephen Segasby, Deputy Director of Operations

Patient Safety: Delivery of sustainable improvement in emergency ambulance response performance in line with national standards; delivering the best possible response for each patient, first time and in the right place.

The Team Based Working Project has been continuing, although at a slower pace due to COVID-19. The project commenced its consultation period in early October 2020 and planning is underway to sustain the programme of work throughout 2021-22 in order to ensure it is fully realised and embedded.

Priority Two - Lead: Lesley Butterworth, Lead Nurse Urgent Care

Patient Safety: Establishment of YAS Ageing Well programme. The Ageing Well programme will bring together YAS projects and pilots relating to alternative response to falls, silver trauma response, enhancing care in care homes, urgent community response services, dementia, tissue viability, recognising frailty, advanced care planning and carer support.

The development of the YAS Ageing Well programme, focused on improving care and outcomes for our frail and older people population began in January 2020, the programme aimed to bring together a number of projects aligned to the objectives and themes in the national NHSE ageing well agenda which was articulated in the long term plan. These include enhanced care in care homes, anticipatory care and urgent community response. YAS is also represented on the Regional Ageing Well Delivery Board.

Scoping of a number of the work streams had not yet begun when the pandemic response commenced and, after review, it was agreed by the steering group and Lead Nurse that these work streams would be paused. Work streams which were already underway and outputs were determined to contribute to the overall pandemic response were continued and some accelerated at pace.

- Alternative response to falls, led by Matt Spencer and Darren Lee, this project has seen CFRs attending to patients who have fallen to prevent long lies on the floor.
- Care home liaison, led by Samantha Pinder and Natalie Howson; this project uses frequent caller methodology to work with care homes who are high users of our services. By working in collaboration with local place based services the team is working with the care home sector to ensure high quality, safe care for people who live in

these settings. The team also provides training for care homes on what to expect from YAS when they need to contact us.

- Urgent Community Response and access to frailty services, led by Matt Spencer, Jordan Wall, Angharad Truelove and Vicky Annakin; at place level teams are working together to ensure we have responsive, robust, and resilient access to urgent community services (two hour response) and access to frailty services. This has included profiling of a frailty service in Humber which can now be assessed via 111 in a local cas model.

In 2021-22 the Ageing Well programme will be reinvigorated, renewed and the paused work streams will start to be scoped.

Priority Three – Lead: Steve Page, Executive Director of Quality, Governance and Performance Assurance and Deputy Chief Executive, Karen Owens, Director of Planned and Urgent Care, Nick Smith, Executive Director of Operations.

Clinical Effectiveness: We will continue to grow joint working across IUC/EOC including CPD, clinical governance and working towards a shared clinical assessment process.

Integrated working has continued to develop operationally through the COVID-19 pandemic and further development is now being taken forward within the internal workstreams of the 111 First programme. Joint Clinical Governance meetings with IUC and EOC are embedded and work to support the development of a shared clinical team is underway.

The integrated nature of our services has developed over the year and the strength of this model has been evident through the pandemic. NHS 111 and EOC have been able to work to support each other with call handling, and staff from clinical roles within the organisation have been trained to support clinical call triage in both settings. Experienced frontline staff established a senior clinical support cell to support difficult decision making and assessment during the pandemic.

Appropriate non-conveyance doubled when these staff were able to support the choice of treatment pathway. There has been some valuable learning about how establish a senior clinical decision support cell and the value of such a function is evident.

Priority Four – Lead Clare Ashby, Deputy Director of Quality and Nursing

Patient Experience: Service user involvement in mental health care – using co-production techniques to develop insight and ensure a person-centred approach during call handling for both IUC/EOC

The plan for a face-to-face patient engagement event was postponed due to the COVID-19 pandemic and is now planned to take place in Summer 2021. However, we continue to be engaged with the co-production work which was put forward as a bright idea from IUC staff. This programme of work will build on the training and education plan that is already in place in IUC with the aim of making the mental health support cards for staff more robust via co-production and also ensuring some evaluation of their effectiveness.

Patient Feedback

For Kim Morgan, Ambulance Care Assistant, and Michaela Evans, Ambulance Care Assistant, based at Castleford Ambulance Station

"I feel that I needed to contact you to express my sincere appreciation to the ladies who transported me today on both journeys. Both of them were absolutely beautiful, fantastic and I cannot praise them enough. Please can you thank them both for me."

For 999 and NHS 111 staff

"I really like the emergency services, all of the staff in ambulances, the NHS 111 call centre staff and also all of the doctors in A&E as they are all very understanding of my additional needs and mental health conditions. All of the staff who I've come across have been very helpful and understanding. I am very grateful for them looking after me and I really appreciate it so thank you. Also when I see an ambulance, I like to wave at the operatives and sometimes the ambulance operatives give me a nice smile and a wave back."

For Susan Merry and John Sykes (PTS crew based at Halifax Ambulance Station)

"I want you to know that the crew who transported me to and from hospital were brilliant. They collect me on a regular basis and they make me feel like they are my friends because they know me that well. I really do feel safe in their hands."

For all YAS staff

"Thank you to all staff at YAS for the last month as I have called the service a lot due to suffering from mental health-related problems and the COVID-19 pandemic getting on top of me. I am now coping very well. Thanks again for all of your help and support."

For an A&E crew

"I just wanted to say thank you for everything you did on that Saturday afternoon. You went above and beyond for me, Isla and Liam. We will always remember that day, especially how you cared for us from the minute you stepped into our bathroom. You will always have a special place in our hearts. Thank you so much."

For EOC staff

"To Yorkshire Ambulance Service, I can't thank you enough for saving our son Danny. Thank you for trying to keep me calm on the phone!"

For all YAS staff

"During the coronavirus outbreak, I would just like to extend my greatest thank you for being super human every single day and looking after everyone, even though this is sometimes detrimental to your own wellbeing. I wish there was a way that I could assist you in your most stretched times – apart from staying at home (which I am). Thank you very much once again."

Performance against 2019-20 CQUINS (Clinical Quality Improvements Indicators)

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

Review of Quality Performance

NHS Staff Survey Results

The results for the 2020 National Staff Survey are presented as 'themes' and question scores. Themes can be considered as 'summary scores' for groups of questions which give more information about a particular area.

The themes have changed for 2020, removing the Quality of Appraisals theme to make way for the inclusion of COVID-19 specific questions nationally. The Trust opted to include additional questions around Values and Leadership.

There are in total 10 themes and these are presented as scores (up to 10). The themes are:

- Equality, diversity and inclusion
- Health and wellbeing
- Immediate managers
- Morale
- Quality of care
- Safe environment – Bullying and harassment
- Safe environment – Violence
- Safety culture
- Staff engagement
- Team working.

The results of the national NHS Staff Survey were confirmed on 11 March 2021 following an embargo stipulated by NHS England.

2020 response rate

| YAS 2020 | SECTOR AVERAGE 2020 | +/- | YAS 2019 | SECTOR AVERAGE 2019 |
|----------|---------------------|------|----------|---------------------|
| 37% | 56% | -19% | 50% | 50% |

Headline NHS Staff Survey results for 2020

NSS2020 – Theme results and trends (score out of 10)

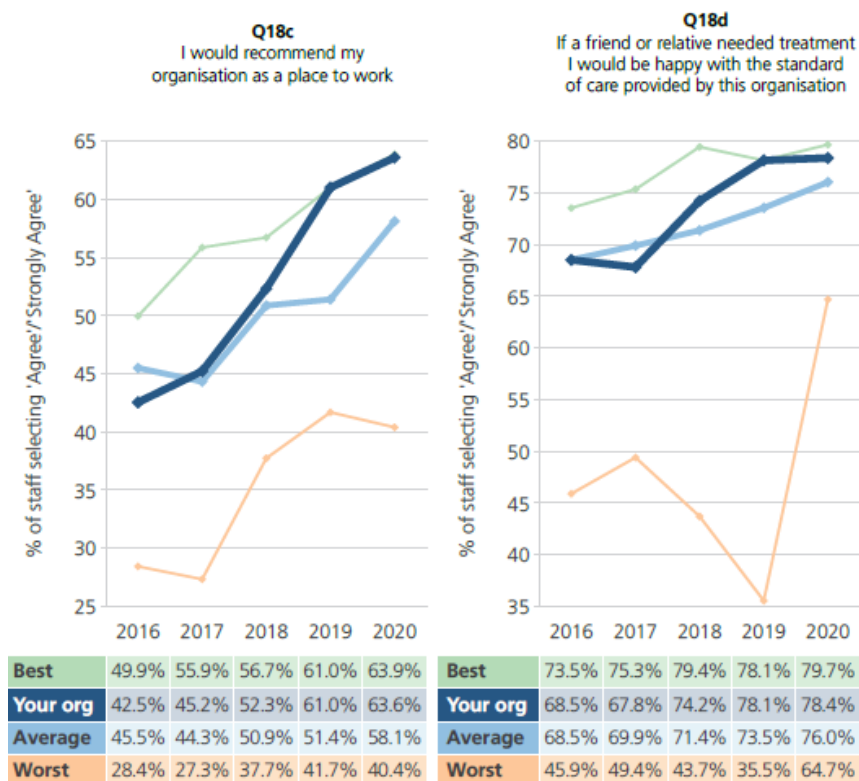
| Theme | YAS 2020 | YAS 2019 | YAS 2018 | +/- 2019/20 | Sector average 2020 | YAS vs Sector +/- | NHS Average |
|---|----------|----------|----------|-------------|---------------------|-------------------|-------------|
| 1. Equality, diversity and inclusion | 8.5 | 8.5 | 8.5 | = | 8.5 | = | 9.0 |
| 2. Health and wellbeing | 5.5 | 5.3 | 5.0 | +0.2 | 5.5 | = | 6.1 |
| 3. Immediate managers | 6.4 | 6.4 | 6.0 | = | 6.4 | = | 6.9 |
| 4. Morale | 6.0 | 6.0 | 5.7 | = | 6.0 | = | 6.2 |
| 5. Quality of care | 7.6 | 7.7 | 7.4 | -0.1 | 7.5 | +0.1 | 7.5 |
| 6. Safe environment – Bullying and Harassment | 7.4 | 7.5 | 7.4 | -0.1 | 7.4 | = | 8.1 |
| 7. Safe environment – Violence | 8.9 | 8.9 | 8.9 | = | 8.9 | = | 9.5 |
| 8. Safety culture | 6.3 | 6.3 | 6.0 | = | 6.4 | -0.1 | 6.8 |
| 9. Staff Engagement | 6.5 | 6.6 | 6.3 | -0.1 | 6.3 | +0.2 | 7.0 |
| 10. Teamworking | 5.1 | 5.2 | 5.0 | -0.1 | 5.1 | = | 6.5 |

At a local level, five of 10 themes have remained steady since 2019. One theme has increased (Health and Wellbeing). Four themes have decreased, although it is worth noting that two of these remain above sector average, and no theme has dipped below the 2018 scores, showing continued improvements over time.

In 2019, YAS scored best in sector for six themes, was above sector average for two themes, scored sector average for two themes, and was below average in one theme.

Whilst there has not been a statistically significant drop in scores across the ten themes, YAS no longer scores highest when compared to the ambulance sector.

(FFT) Friends and Family Test scores



Yorkshire Ambulance Service NHS Trust considers that this data is as described for the following reasons; because the results were confirmed by NHS England following the lifting of an embargo of the 2020 National NHS Staff Survey results on 11 March 2021.

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

Increase in response rates:

- Taking into account operational challenges in 2020, staff were still given protected time to complete the NHS Staff Survey, although it was not always possible for them to do so. Consideration will be given ahead of the 2021 survey around a more robust approach to ensure this protected time is given.
- YAS will continue to explore a more holistic approach to survey communications throughout the year.

Improvements

- Sharing the results and actions taken as a result of feedback.
- Results have been used to support improvement both at a Trust-wide and local level.

Infection Prevention and Control (IPC) Audits

The pandemic has provided many challenges in 2020-21 to managing Infection prevention and control (IPC) practice but IPC audits have been maintained at a very high level to ensure the safety of both our patients and our staff. YAS demonstrates that it is compliant with the requirements of the Health and Social Care Act 2008 and the Care Quality Commission (CQC) Key Lines of Enquiry. This includes providing our staff with adequate resources to adhere to IPC standards and follow best practice and ensuring that directorates work effectively together, for example Fleet, Estates and Operations, to set and monitor standards.

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.

Vehicle deep cleaning: Vehicles should receive regular deep cleans in accordance with the agreed deep cleaning schedule of at least 35 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.

Audits to confirm compliance with hand hygiene and dress code are undertaken every month by clinical and managerial staff, depending on the location, and results are reported via the Integrated Performance Report and also fed back to staff on a monthly basis.

| Overall Compliance (Current Year) | Audit | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|-----------------------------------|--------------|------|------|-----|-----|------|-----|-----|-----|------|-----|-----|-----|
| | Hand Hygiene | 100% | 100% | 99% | 99% | 100% | 99% | 99% | 99% | 100% | 99% | 99% | 99% |
| | Premise | 99% | 99% | 99% | 96% | 99% | 99% | 98% | 98% | 99% | 95% | 99% | 98% |
| | Vehicle | 99% | 99% | 98% | 97% | 99% | 99% | 99% | 99% | 96% | 97% | 99% | 99% |

Safeguarding

The Safeguarding team has seen a lot of change during the 2020-21 year. A new team came into post April 2020, at the beginning of the COVID-19 pandemic and embraced the challenges which this difficult time brought.

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

The Safeguarding team works across the Trust and with partner agencies, including commissioners, social care, police and health partners, to review and improve the quality of the safeguarding service provided by YAS staff, ensuring that all YAS employees and volunteers have the appropriate knowledge and skills to discharge their safeguarding function in relation to children, young people and adults.

A Memorandum of Agreement (MOA) is in place between NHS Wakefield Clinical Commissioning Group (CCG) lead commissioner and Yorkshire Ambulance Service (YAS) NHS Trust with all CCGs across Yorkshire and the Humber, NHS England, and the local statutory safeguarding arrangements for children and adults at risk.

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

Safeguarding processes are being continually reviewed and strengthened. During 2020-21, safeguarding practice has been enhanced across the trust by the introduction of electronic safeguarding referrals into A&E operations and NHS 111 so that front line staff can digitally input information which is then sent to the relevant local authorities. This has made the referral process quicker and resulted in better quality first hand referrals. The Safeguarding Team at Yorkshire Ambulance Service is currently working with a selection of our Local Authority Social Care

partners to audit referrals in a bid to further strengthen the processes that we have for safeguarding the most vulnerable members of our community.

2020-21 saw the progression of the Paediatric Frequent Caller Liaison Nurse Project, jointly led by the Frequent Caller and Safeguarding Teams. This role has enabled Yorkshire Ambulance Service to work together with partner agencies to share information that is relevant and proportionate to safeguard vulnerable children and young people under 18. This is the first role of its type in an ambulance service in the UK and agreement has been reached to fund a Paediatric Liaison role permanently once the project term ends in March 2021.

The YAS Safeguarding Team has contributed to 11 Child Safeguarding Practice Reviews (CSPR) as part of the rapid review process and three which progressed to wider review, 33 Safeguarding Adult Reviews (SARs) and 14 Domestic Homicide Reviews (DHRs) across the Yorkshire and Humber region.

Safeguarding is continually evolving and it is essential that organisations horizon scan to see emerging themes and trends. The Safeguarding Team liaises both locally and nationally, using statutory reviews, audit, legislative updates and general information sharing to highlight updates, hot topics and emerging issues.

During National Ambulance Safeguarding Week in September 2020, Yorkshire Ambulance Service supported a national programme of events and promotional information, sharing a pre-recorded presentation on Domestic Abuse with particular reference to the impact of COVID-19. Social media and internal communication resources were also used to raise the profile of communication with vulnerable patients, self-neglect and hoarding, non-accidental injuries in children and the Mental Capacity Act.

The internal Safety Update is displayed throughout the organisation and populated monthly with key information. Safeguarding added key messages in August 2020 about the new electronic safeguarding referral system and in September 2020 to raise awareness around consent, improving the quality of referrals, conveyance of children to hospital and refreshing the contact details for the Safeguarding Professionals and encouraging contact for advice and guidance.

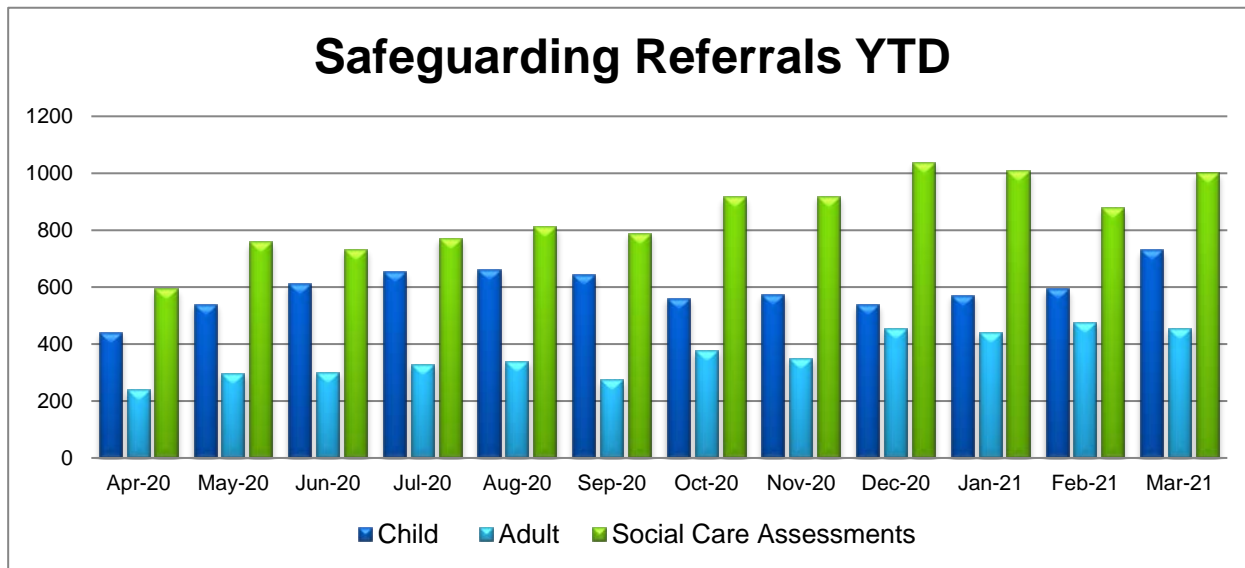
Yorkshire Ambulance Service referrals to Social Care

Yorkshire Ambulance Service makes safeguarding referrals for both adults and children to 13 local authorities within the Yorkshire and Humber footprint and liaise out of area where needed. The number of referrals is generally consistent although slight fluctuation has been seen in the referral rate and nature of concern during COVID-19 and especially during periods of lockdown.

Referrals for adult social care assessments have risen consistently since they began in 2017; this is in line with national trends and reflects societal changes. It also indicates better understanding by staff of key areas such as mental capacity, consent, self-neglect and hoarding.

| Safeguarding Referrals | Total 2014-15 | Total 2015-16 | Total 2016-17 | Total 2017-18 | Total 2018-19 | Total 2019-20 | Total 2020-21 as of Q3 |
|-------------------------------|---------------|---------------|---------------|----------------------|---------------|---------------|------------------------|
| Child | 4,441 | 5,994 | 5,645 | 5,744 | 6,627 | 6,880 | 7,113 |
| Adult | 5,503 | 6,868 | 8,855 | 5,650 | 2,921 | 3,274 | 4,322 |
| Adult Social Care Assessments | | | | 3,448 Since Oct 2017 | 6,970 | 8,015 | 10,210 |
| Total | 9,944 | 12,862 | 14,500 | 14,842 | 16,518 | 18,169 | 21,645 |

| | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 |
|-------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Child | 441 | 539 | 612 | 653 | 659 | 644 | 560 | 574 | 537 | 570 | 594 | 730 |
| Adult | 239 | 297 | 300 | 328 | 339 | 273 | 375 | 349 | 454 | 438 | 475 | 455 |
| Social Care Assessments | 594 | 758 | 731 | 771 | 811 | 788 | 915 | 918 | 1,037 | 1,008 | 878 | 1,001 |



Yorkshire Ambulance Service Safeguarding Training

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

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

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

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

| Training | Target Group | Annual Target (%) | Compliance at 31/03/19 | Compliance at 31/03/20 | Compliance at 31/03/21 | |
|-------------------------------|------------------|-------------------|------------------------|------------------------|------------------------|-----|
| | | | | | Substantive | VCS |
| Safeguarding Children Level 1 | All Staff | 85% | 95% | 97% | 97% | 92% |
| Safeguarding Children Level 2 | Identified Roles | 85% | 93% | 92% | 85% | 92% |
| Safeguarding Adult Level 1 | All Staff | 85% | 94% | 97% | 96% | 92% |
| Safeguarding Adult Level 2 | Identified Roles | 85% | 93 | 90% | 85% | 92% |
| Prevent Basic Awareness | All Staff | 85% | 95% | 97% | 97% | 93% |
| Prevent WRAP (Level 3) | Identified Roles | 85% | 89% | 92% | 89% | 89% |

The Trust is committed to ensuring high quality safeguarding practices exist across all business areas of the organisation, and training is central to making that happen. Maintenance of competency at Level 1 and 2 consistently in excess of 85% is a testimony to this.

During 2020-21 Safeguarding Training at Level 1 and 2 for both Adults and Children was reviewed and updated and is now delivered electronically using a nationally used product was launched in July 2020 along with a Yorkshire Ambulance Service specific module focusing on local process for referrals.

The number of staff trained at Level 3 is currently 105. Continued pressures related to COVID-19 have meant that further training at level 3 has been delayed currently. The training will be resumed once staff can be released to plan, deliver and participate in a COVID-19 friendly training package.

Clinical Pathways - Safer Right Care, Right Place

The Clinical Pathways team in YAS is responsible for negotiating, developing, and communicating to staff the most appropriate routes of care for patients. There are 2 main types of pathways Urgent often community-based, or Acute which are often time critical and result in the bypassing of the nearest hospital to a specialist centre.

In 2020 the YAS Pathways Team focused on the modifications to several specialist acute clinical pathways which were modified due to the pandemic ensuring patients with time-critical conditions, like a heart attack, could still receive specialist centre care. In addition, the team supported several urgent care pathways' developments supporting patients being cared for closer to home. This included patients with mental health problems accessing 999 being referred where available to local teams avoiding an ED attendance, working with the health system to support the use of Same Day Assessment Units and a successful Frailty service at Leeds and Dewsbury hospitals.

New acute developments included patients with specific vascular conditions requiring surgery being taken to specialist centres in line with NICE guidelines to improve patient outcomes.

Over the next 12 months the team will focus upon maximising the pathways that are available to staff and aim to deliver the Trusts approach to Safer Right Care, Right Place and improve both the outcomes for patients and their experience.

We continue to work closely with many of our health and social care partners to maintain current pathways and develop new pathways for patients for whom a hospital emergency department is not the most appropriate place for care. This allows patients to remain in their own homes with an appropriate care plan, or take them to a treatment centre with specialist care for their condition.

Diabetic Hypoglycaemia pathway

This pathway continues to be in place across the whole of Yorkshire. It ensures that patients receive a follow-up assessment after we have attended them for an acute hypoglycaemic episode. Appropriate support and education can then be provided to prevent reoccurring episodes of hypoglycaemia.

Falls pathway

Falls continue to make up a large proportion of our overall 999 calls, with many calls for older people who have fallen and are unable to get up. We were particularly concerned at the start of the COVID-19 pandemic that our ability to respond could be challenged so we now have partnership agreements with 12 different organisations who we can ask to attend a person who has fallen on our behalf.

(link to falls film) <https://www.youtube.com/watch?v=UywlB7YW-0>) Our partners range from fire and rescue personnel to community health teams, our community first responders and local authority responders. Evaluation shows these arrangements are effective and safe. We also conducted a patient feedback survey which told us that patients were satisfied with being attended by other types of responders, and that a prompt response and assistance to get up from the floor was welcomed.

We continue to refer patients that are not conveyed to hospital to local falls prevention service and on average are referring around 450 patients each month.

Integrated Urgent Care

The start of the pandemic in February 2020 was the beginning of an unprecedented year for everyone across the country and noticeable within the health service.

The NHS 111 telephone and online services were front and centre of the government's response to the coronavirus pandemic with public messaging centred on staying at home and contacting the health service remotely rather than face-to-face.

Patient demand to the NHS 111 service at times, especially in the months of April and September 2020, were extreme, and excessive by 14% in March and 25% in September, with the focus on delivering a safe service and ensuring staff welfare.

Service demand and performance

For the year 2020-21, in light of the coronavirus pandemic the IUC service, saw a rise in demand of 7.5% from last year; however some of the normal 'winter' peak demand was not seen due to social distancing and lockdown restrictions resulting in an overall year-end position of 0.3% below above contract ceiling.

Specifically to note there has been a rise in dental demand by 42.8% compared to last year, with 84,952 dental calls answered; this has increased as a result of the reduced face-to-face dental care services available during the pandemic particularly in the March/April 2020lock down.

NHS Digital's Online NHS 111 tool processed 16,600 instances per week on average for 2020-21, supporting patients to manage their conditions through this web-based service. This is an increase of 84% compared to the previous year.

Key performance information:

- 1,701,699 patient calls answered
- 84.1% of calls answered within 60 seconds against a target of 95%
- 54.3% of clinical calls received a call back within one hour target of 60%
- 29.5% of core clinical advice provided to patients, target 30%
- 47.6% Emergency Department (ED) validations, target 50%
- 97.4% 999 validations, target 95%
- Of the calls triaged, 11.8% were referred to 999; 8.3% were given self-care advice and 13.4% signposted to ED. The remainder were referred to attend a primary or community care service or attend another service such as dental
- In an independent survey 95% of patients agree/strongly agree that they were treated with dignity and respect, with 97% of patients fed back that they followed some, or all of the advice that they were given.
- 94% would recommend NHS 111 to their friends and family and overall satisfaction for the service continues to be extremely positive with 70 compliments received.

Pandemic response

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

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

- Introduction of a new Service Advisor role, provided predominantly by our Community First Responders, initially to support COVID-19 patients. Subsequently the role was enhanced further to manage dental patients, health care professionals and patients calling for repeat prescriptions. Callers were directed to these advisors via a self-selection telephony menu.

- Implementation of numerous (10) national NHS Pathways releases and 19 updates to ensure up to date clinical triage systems were in place as more information came to light about the pandemic and the signs and symptoms of COVID-19. All staff training was completed for these new releases within very tight timescales.
- Full national roll-out of the 'GP Connect' booking technology for 'in-hours' GP practices to enable referral from NHS 111 with a focus on booking patients 'remote/virtual consultations' rather than a face-to-face appointment.
- Significant enhancement of the use of remote/virtual technology to support:
 - *Patient care* through clinical home workers, remote video assessment of patients.
 - *Recruitment & Training* with a new remote recruitment assessment process and virtual new starter training.
 - *Staff wellbeing* through enabling shielding staff to work from home and virtual Schwartz rounds, along with regular Teams meetings.
- Ensured effective recruitment to keep ahead of the pandemic requirements, bringing forward the usual winter recruitment into summer and increasing the levels of staff to meet the national NHS 111 First initiative.
- Development of COVID-19 FAQs for operational staff to answer public queries, updated weekly.
- Development of flexible clinical staffing models to increase clinicians at the peak of the pandemic, with bespoke training for 'COVID clinicians' who initially dealt purely with COVID-19 patients and who were then given additional training to expand their scope of practice to deal with a wider range of calls.
- Development of clinical training on the coronavirus as more was understood about the virus, to ensure clinicians were equipped to support patients effectively.
- Learning continues to be applied (including staff input) throughout the pandemic with specific input into research, safety reviews, clinical ethics, and NHS England national response.
- Establishment of a dedicated wellbeing team for staff within IUC supporting staff who are absent from work to return as soon as possible. This team is supported by the wider Trust Health and Wellbeing team and in essence local ambassadors in the call centres promoting the activities that the Trust has developed through the pandemic to support our frontline staff.
- Changes to the call centre environment along with significant infection prevention and control measures have been implemented and continue to be adapted to ensure the centres are in line with the government's safe working environment guidance and are COVID-19 secure.

Staff welfare, support, engagement and communication throughout this difficult period has been key for the Trust with regular support from health and wellbeing, human resources, corporate communications and other support functions in the Trust. The IUC team has maintained the focus on its staff with a few highlights to note that have been delivered alongside the patient care:

- Continued delivery of Personal Development Reviews (PDRs) with the target of 90% being hit for the first time within IUC.
- Implementation of locally developed CQUIN for clinical sepsis training for all IUC clinical staff.
- Ongoing recognition and reward for staff through the IUC scheme.
- Socially distanced huddles to enable discussion around key changes.
- Weekly staff brief along with a management weekly update.

NHS 111 First

NHS 111 First is an NHS England national programme initiated after phase one of the pandemic. It aimed to offer people an alternative way of accessing and receiving healthcare, including a new way to access emergency departments. This was launched with a TV advertising campaign which went live on 1 December 2020.

The following key elements have been delivered by YAS during the summer to enable go-live of NHS 111 First:

- Additional recruitment to increase staffing capacity (clinical and non clinical) and associated supervision and support for an anticipated 12% increase in patient demand.
- Significant expansion of the call centre environment utilising space vacated by non-frontline staff now working from home to ensure social distancing and a COVID-safe workplace.
- Technical upgrade of the patient management system (Adastra) to facilitate the implementation of automatic referral and booking of an arrival slot from NHS 111 into EDs for those patients needed care at an emergency department.
- Clinical Governance refreshed to incorporate NHS 111 First.
- Collaboration with each of the three Yorkshire and Humber Integrated Care Services to take part in, and successfully complete, the NHSE/I assurance process for NHS 111 First go-live.
- Collaborative work YAS completed with emergency departments to support delivery of 111 First, and the support for the delivery of clinical advice originating from the NHS 111 online portal.

The IUC team continues to work with local place based systems to develop services to support the onward referral of patients to the most appropriate care setting.

Looking ahead to 2021-22

With the national vaccination programme in place it is hoped over the course of the year that the ability to control the virus will take hold and change during the year. The focus for the IUC team will be to take the learning from the pandemic and optimise the benefit from the innovations that have taken place to support our staff and care for patients.

COVID-19 experience quotes from IUC

Janet Long, CFR- “I am proud to be part of the team of CFR service advisor for NHS 111. Enabled by experienced colleagues we are helping to bear the lead of COVID-19 calls.”

Bret Bousfield, CFR- “As a local CFR it’s an incredible privilege to work with Yorkshire Ambulance service on their NHS 111 team. They have been brilliant in welcoming us and making us feel part of the team. It’s a great feeling to know that what I am providing is helping to alleviate people’s worries and concerns, particularly those who are elderly, isolated and those with young families and long term health conditions.”

Jordon Ingham, Service Development Officer-IUC – “I think there are a lot of things I could mention about the last two months. However, I am most proud of how the Trust’s vision and values continue to shine during this difficult time. “

Lindsey Black, Service Development Project Support Assistant, IUC – “Having worked for NHS 111 for almost seven years, I have experienced many difficult times but none so more than this. Not only has patient demand been unprecedented, but the challenges of continual changes to guidelines, processes’ and updates to NHS Pathways has been constant (sometimes changing within the same day) and our staff have taken it in their stride, despite it being an incredibly scary and uncertain time for them and their loved ones. I have to say that whilst supporting within the call centre, and despite all the changes and challenges for all IUC staff and wider YAS staff supporting, I got this overwhelming feeling of calmness and togetherness that I have never sensed as much before. A feeling that we’re all a team, we’re all in this together, we can only do our best and can only help one patient at a time, but we can get through this. This made me feel so proud to be part of this team!”

Leigh Elsworth, Quality and Risk Administrator – “Working from another department in YAS and volunteering to help other departments in this difficult time makes every day a success but most of all helping the general public makes me feel great. In YAS individually we are a drop; together we are an ocean.”

Alice Milner – “I have found that working in IUC during this pandemic has brought on different emotions as the seriousness of the disease increased. We have all had to adapt to something that we have never experienced in this lifetime, I have felt a lot more pressure as the amount of calls has increased to unpredictable levels, during the peak of calls we experienced 600+ waiting to be answered. It has been quite a scary time for everyone including, staff and the general public, but I am proud to work for the IUC to be able to give patients that reassurance and advice that people are so desperate to find during this difficult time. The amount of kindness being shown by patients has made light of a scary situation and has made me feel more valued & appreciated.”

Trust safety work streams are aligned to the NHS Patient Safety Strategy launched in 2019 and affiliated to the Trusts' strategic aim to create a safe and high performing organisation based on openness, ownership and accountability. The Trust's Clinical Strategy sets out the following objectives:

- Define patient harm by reviewing and relaunching the Safety Thermometer.
- Achieve zero avoidable harm for defined measures by 2024.
- Introduce a formal process for early identification and mitigation of risk by implementing Clinical Hazard Impact Assessment Tool.
- Improve knowledge and practice through reflective practice, improving sharing of learning from incidents and improving education in response to risk.

Introduction of the Patient Safety Incident Response Framework (PSIRF), a key part of the National Patient Safety Strategy is now expected to be fully introduced in March 2022 following delays associated with the national pandemic. The Trust has engaged with the following programmes to appropriately establish national and regional objectives:

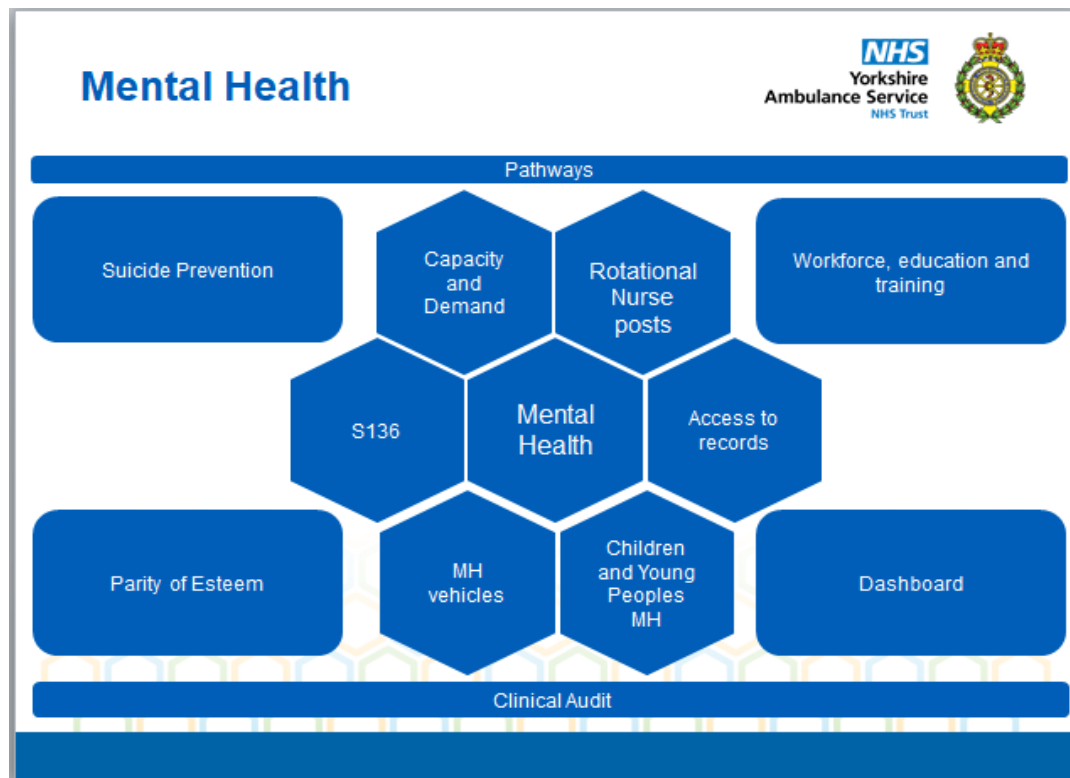
- Three senior colleagues have been nominated to be patient safety specialists and are now included in the national network. These staff, and designated others, will complete a specific patient safety syllabus to be developed by HEE. Four staff from the Quality and Safety team is undertaking the Patient Safety II Investigation Training Programme during Q3/Q4 2021-22, run by Consequence UK, in support of the national strategy. Expectations for family/lay person involvement in safe care as a safety partner are underway nationally and expected to be confirmed soon. This role will most likely allow us to develop one or more of our Critical Friends to support the patient safety agenda.
- YAS safety representatives have attended virtual briefing sessions for the new Patient Safety Incident Response Framework (PSIRF) and Patient Safety Incident Management System (PSIMS) which replace the existing STEIS and NRLS patient safety reporting systems. These new systems will be used to help the Trust to develop a risk-based approach to patient safety incident review and investigations strategy.
- An established working group within the Trust has been developed with membership from key departments including the senior clinical team, Quality, Safety and Risk, A&E Operations, YAS Academy, Integrated Urgent Care and Patient Transport Service. It is the intention of the group to establish key areas of work and to hold breakout sessions with key partners including patient representatives and colleagues from the Clinical Commissioning Group (CCG) who are working with NHS England on the introduction of the PSIRF.

Mental Health (MH) programme

Between 1st January 2020 and 31st December 2020 we received 50,000 mental health-related 999 calls and approximately 21,000 111 calls were also related to mental ill health.

Mental Health demand is predicted to increase significantly due to the effects of the COVID-19 pandemic. It is estimated an additional 10 million people nationally will experience a new or additional mental health related illness.

The YAS mental health programme has been developed over the past two years and 2020-21 has been a successful year for the programme with significant transformation planned in 2021-22 and beyond. The Trust Board has endorsed the transformation plans and we have received commissioner investment to support changes to the way we deliver care to patients who contact us in mental health crisis and to achieve the ambitions set out in the NHS Long Term Plan and the five Year Forward View for Mental Health investment and new ways of working across systems is required. Collaboration and integration both internally and externally is a key principle of the YAS MH programme which aims to ensure patients presenting with mental ill health receive high quality, safe care, that they receive parity with those presenting physical ill health, and that they receive care at the right time, in the right place.



The transformation plans for 2020-21 and beyond are centred on four main work streams:

Specialist roles, key posts have been recruited to including, specialist development nurse – MH, project manager, dementia project coordinator clinical pathways manager and audit facilitator. These roles will work across directorates to support the implementation and evaluation of the transformation work and plans for future years.

Rotational MH nurse, plans are in place to develop a rotational programme for MH nurses into YAS, working in collaboration with MH providers to support the rotation and to ensure best use of workforce across systems and to ensure that patients can access specialist mental health nurse assessment and input early in the patient interaction, which supports better patient outcomes.

MH vehicles, work has also already begun on the operationalisation of a MH vehicle pilot in Hull, with a vehicle that is based upon the first draft of the national MH ambulance specification. A dedicated vehicle will be targeted at patients with a primary mental health condition or who have been detained under the mental health act. Following the pilot, roll out to other areas is planned.

Training and Education, 2020-21 saw the review and refresh of tier one training (for all YAS staff) covering, mental health, Mental Capacity Act, learning disabilities and dementia. This new training offer will improve awareness for all staff. In 2021-22 service line specific tier two is planned for staff with patient contact. This training will use champions from within service lines working with the MH specialist development nurse and external stakeholders such as MH trusts and the Police to develop and deliver bespoke training relevant to each area, PTS, 111 and 999.

Whilst progress on the programme has been affected by the COVID-19 pandemic, the Trusts mental health steering group has continued to drive forward our plans to develop and implement transformational plans to improve outcomes for patients with mental ill health. Once COVID-19 restrictions are lifted we plan to have a patient engagement event with others with lived experience and our staff working together to co-produce a process for talking to patients over the phone (999 or 111) when they are feeling suicidal. This type of call is distressing for patients and staff and there is currently no guidance for staff when dealing with this type of call.

Recently the Trust Board heard from Emily a patient who experienced the stigma of mental ill health during her interaction with YAS in December 2019. Emily's experience fell short of the high quality of care we expect and the Lead Nurse has been working with Emily to ensure her story is used to improve care. Emily has agreed to join the trust's mental health steering group and Critical Friend's Network and is helping us make sure that the voice of those with lived experience is embedded into our programme of work.



Emily Moore, patient representative - Mental Health Steering Group

Public Health

Yorkshire Ambulance Service has developed and embedded an organisational approach to person-centred care, early intervention and prevention across all staff groups and volunteers:

- Development of a set of key competencies required for the delivery of brief interventions for behaviour change
- A workshop with key stakeholders from across the organisation (including frontline staff) to understand the barriers and opportunities to delivering Making Every Contact Count (MECC).

- Review of training provision to ensure staff are supported with the required skills and competencies to deliver brief interventions for behaviour change.
- Developed signposting support for the delivery of brief interventions together with an improved mechanism to record in the electronic Patient Record (ePR).

Used system-wide data to inform the development of urgent and emergency care services:

- Engaged with the national Population Health Management accelerator programme within the Humber, Coast and Vale ICS to explore how ambulance data can be better utilised to inform local population health management programmes and an upstream approach to service delivery and development across the system.

Better understand the health inequalities present within the Yorkshire and Humber region and develop plans which aim to reduce these inequalities:

- Supported the work of the West Yorkshire and Harrogate Health and Care Partnership to increase the years of life that people live in good health and reduce the gap in life expectancy between people with mental health, learning disabilities and autism.

Collaborated on the regional public health agenda at a system-level and develop local partnerships through which we may further this agenda:

- We continued to develop our relationships with key stakeholders across the system, including our other emergency service colleagues, to develop and implement joint and complementary approaches to identified areas of public health need.

During the pandemic we have supported system-wide response plans through the use and sharing of data:

- Worked with the ICS on recovery plans and focused on the longer term impacts of COVID-19 on the most vulnerable in society.
- Mental health and wellbeing.
- Impacts of social isolation and unmet physical health needs.
- Economic adversity and homelessness.
- Violence, abuse and vulnerability.

Looking after our staff

- A range of support programmes has been delivered throughout the pandemic including a trauma support service, anxiety support sessions and regular wellbeing related communications.
- All staff have been offered a Flu and COVID-19 vaccination.
- A new Post Incident Care support process has been launched with training for managers.
- A short-term HWB/staff engagement plan has been developed in response to the pandemic and to support staff in recovering from the last 12 months.
- Procurement of a Mental Health Support Service to implement a Peer Support Programme and bring a Trauma Risk Management Tool to the Trust.
- A Financial Wellbeing Working group has been formed to develop a financial wellbeing offer for staff.
- Mental Health First Aid Training continues to be rolled out to staff across the organisation, with a further 11 instructors recruited and trained.
- The Suicide Prevention working group has developed guidance for managers and staff in relation to suicide prevention and has launched an awareness and educational campaign to support this agenda.
- The Trust's occupational health and wellbeing Services continue to provide a range of support services to staff and receive positive feedback from staff and managers.

Embracing Diversity, Promoting Inclusivity

The Trust's approach to equality, diversity and inclusion is embedded within our People Strategy. We have developed a focused Diversity and Inclusion Action Plan to deliver our key priorities in this area with an emphasis on embedding and mainstreaming diversity and inclusion at the heart of everything we do.

Our staff equality networks are an important asset in effectively influencing the diversity agenda and we continue to work closely with them and other key stakeholders in developing our plans to further enhance and embed inclusion across the Trust. Our staff equality networks have played a key part in supporting their members and wider staff during the COVID-19 pandemic increasing their meetings and engagement for an alternative route for informal peer support and conversation.

Say YES to Respect

The Say YES to Respect campaign promotes a positive, respectful and inclusive culture across Yorkshire Ambulance Service.

The campaign has been developed in response to feedback from staff who have highlighted the need for colleagues to be kinder and more respectful towards each other

The campaign raises awareness of the importance of professional behaviours in the workplace, it encourages staff to get the banter balance right and empower colleagues to constructively challenge inappropriate behaviours and language so that workplace conflict can be dealt with at the lowest possible level and in a more informal manner, where appropriate.

Community Defibrillation

Yorkshire Ambulance Service NHS Trust has installed 33 community public access defibrillators (CPADS) at ambulance stations where there are no other cPADS within 600 metres which is great news giving greater coverage for defibrillators in the communities.

Due to COVID-19 restrictions, the YAS Community Defibrillation Co-ordinator have not been able to go out and deliver cPAD familiarisation sessions face to face, so YAS has devised an online cPAD familiarisation session through MS Teams for communities. Feedback has been very good, saying it has made participants feel more confident should they need to go and collect a cPAD and use it.

Over the course of the year many selfless YAS staff stayed away from their families to protect relatives who are shielding and to enable them to continue working.

It has been a long year for some colleagues and the Trust is both grateful and proud of the sacrifices they have made to put patient care before their home life.

One member of staff stayed away from home for the first three months of the pandemic. Sally Boocock, an Emergency Medical Technician based at Bradford Ambulance Station was isolating away from her nine-year-old twin daughters Daisy and Ruby since early March 2020 as they were diagnosed with DiGeorge syndrome as children - a condition present from birth that can cause a range of lifelong problems, including heart defects and learning difficulties.



To ensure her girls were not at risk, Sally made the decision to leave them in isolation with her sisters Claire and Emma. For the first three months of the pandemic, Sally continued to work as an EMT and she only communicated with her family via Facetime or when she drove past to blow kisses through her car window on the way to work.

At the beginning of June 2020, her sister Claire set up a reunion in the form of a trick 'bear hunt' in the woods. Sally - dressed as the mascot for Leeds Children's Heart Unit where Ruby has been treated - posed for a photograph with her unsuspecting girls and niece Lily.

Just moments later, Sally took off the head of the mascot and gave her daughters their first big hug for three months.

YAS does Joe Cocker - 'With a Little Help From My Friends'



Being there for one another in these difficult times was the focus a new music video starring the sweet sounds of our talented staff. Sixteen staff performed and dozens more featured in a cover of Joe Cocker's version of 'With a Little Help From My Friends' which raised cash for the Yorkshire Ambulance Service Charity and Shelter.

YAS wins gold at 2021 Learning Awards.

The Trust's Ambulance Support Worker apprenticeship programme won a gold award at the national 2021 Learning Awards.

Launched in 2018, YAS was the first ambulance service to introduce the Ambulance Support Worker (emergency, urgent and non-urgent) apprenticeship. It provides another pathway for career development to paramedic and the 12-18 month apprenticeship allows apprentices to learn on the frontline and includes classroom-based training and blue-light driver training.

The Trust was shortlisted for Apprenticeship Programme of the Year and took gold ahead of seven other public and private sector finalists in the category. Organised by the Learning and Performance Institute (LPI), the online ceremony held on 18 February marked the learning sector's 25th annual celebration of outstanding achievement and best practice in corporate learning and performance by organisations and individuals.

Presented by British TV and radio personality Claudia Winkleman and joined by an online audience of thousands, the Learning Awards ceremony was broadcast in the style of a TV event and hosted live from a recording studio in London.

YAS's apprenticeship programme was cited as a clear winner, being the first of its kind in the UK and praised for being well designed and clearly demonstrating a strong impact on the organisation. The judging panel recognised that YAS worked as part of a national trailblazer group to develop a programme for the ambulance service that meets a need to provide an entry point into the service and offers a robust career progression pathway.

In addition, the programme was commended for supporting workforce planning and having a positive influence on the quality of patient care. In terms of measurable success, there have been very positive results with assessment pass rates and staff retention.

There are currently 235 clinical apprentices working to qualifications over three different apprenticeship levels – Emergency Care Assistant, Associate Ambulance Practitioner and Paramedic and 50 non-clinical apprentices in post.

Restart a Heart Day

As we were unable to provide our usual face-to-face CPR sessions, we hosted online sessions on Friday 16 October 2020 to enable schoolchildren to learn this vital life-saving skill.

Our Restart a Heart Team developed a host of new resources to support the event including a new instructional video starring Community Resuscitation Manager Jon Thordarson and soon-to-qualify Hull Paramedic Sally McKee.

Other resources included:

- a video featuring Yorkshire celebrities and staff providing CPR instructions which achieved 20,000 views in the first 24 hours of its launch on 1 October 2020
- a new promotional video
- CPR training aids in Makaton which uses signs, symbols and speech for people with learning or communication difficulties
- videos featuring staff speaking in the most commonly used alternative languages in Yorkshire conveying the importance of CPR
- experiences of emergency medical dispatchers talking about their role in the chain of survival
- myth-busting videos from staff about CPR
- new patient case studies.

Early data suggests cardiac arrests have been increasing during the current pandemic with greater reluctance from bystanders to intervene due to COVID-19. This year's campaign messaging focused on the importance of hands-only CPR as well as placing a cloth, towel or item of clothing loosely over the patient's nose and mouth to reduce the risk of catching an infection.

Quality Improvement (QI)

The Quality Improvement Strategy has continued to gain momentum throughout this difficult year with organisational training being converted to online virtual training and assisting departments to continue to move forward improvements that will support our patients and staff.

The usual start date for this year's cohort of QI Fellows was delayed due to their requirement to support organisational pressure due to COVID-19; however the programme recommenced on 12 October 2020 with six new Fellows. Their initial projects have been agreed and are underway, they include:

- Improved delivery of short-notice changes in our Emergency Operations Centre
- Availability of medical equipment
- Improved telephone triage for dementia patients in IUC
- Supporting healthcare settings to book patient transport appropriately and efficiently.

In addition, several projects have been ongoing throughout 2020-21 as indicated below.

Quality Improvement Fellows

Six new Quality Improvement Fellows joined the Quality Improvement team this year and have already begun to support the Trust's ambitions to improve on the quality of care we provide to our patients and support we provide to our staff. These staff work half of their time in their substantive roles and half of their time supporting improvements across the Trust, while receiving extensive training in Quality Improvement methodology. They have selected a number of priority projects that they will be supporting over the course of their time in the QI team as follows:

- Increasing compliance with the post return of spontaneous circulation care bundle
- Management of medical devices
- Delivery of short notice changes in the Emergency Operations Centre
- Reducing delays gaining access to patients' homes
- Improving telephone triage for patients living with dementia
- Reducing healthcare representatives' queries in our Patient Transport Service
- Improving clinical waste reporting.

Project: Moving Patients Safely

This project focuses on the need to improve our staff health and wellbeing around moving patients safely and also support staff to reduce harm caused to patients whilst moving them. Staff from across the organisation have come together to discuss some of the challenges they face when moving their patients and come up with ideas that are being tested which can improve this process. This project will carry over to 2021-22.

Project: Simply Do Ideas

March 2020 saw Yorkshire Ambulance Service NHS Trust commence a pilot contract with Simply Do Ideas, a cloud-based, digital platform enabling organisations to deliver continuous improvement through crowd sourced solutions. Throughout the pilot year, Simply Do Ideas has demonstrated several benefits as well as helping to deliver key objectives within the Trust's Quality Improvement (QI) Strategy. This has evidenced an ever-growing maturity to the Trusts approach to QI. The



platform supports the Trust's values, in particular 'One Team, Empowerment and Innovation' and key priorities such as embedding an ethos of continuous improvement. This document provides a rigorous evaluation of Simply Do Ideas in Yorkshire Ambulance Service NHS Trust.

The key objectives of the implementation of Simply Do Ideas are:

- Support the Trusts One Team, Best Care strategy as well as supporting the QI and People strategies by:
 - » Encouraging synergy between top-down strategic direction and bottom-up staff engagement. (QI Strategy)
 - » Building a QI community as a social movement that aims to build capacity, energy and motivation for all staff to make real changes. (QI Strategy)
 - » Employee 'Voice' – listen, engage and respond to our staff to make them feel truly valued (People Strategy)
- To empower and enable everyone in the Trust to suggest ideas for improvement, in a safe arena, with complete transparency
- To allow teams to pro-actively engage with staff on improvement or to tackle problems
- Allow teams to manage their own ideas for improvement whilst maintaining engagement with staff
- To mature the Trust's approach to QI from strategy to application.

Project: Job Lead Time

The aim of this project is to improve the efficiency of the job cycle time (the time from the initial call to the ambulance service to the time we leave the patient). A group of senior leaders from across the organisation took part in training to provide the necessary skills to lead improvement. There are a number of projects that support this piece of work which are currently in their early stages of development through the testing of ideas that will support improvements for patients and staff

Project: Post Incident Care

The new post incident care and support process was launched at the end of September 2020 supported by two training sessions designed to raise awareness of the new process and to support managers and team leaders to provide patient-centred support. This project is currently being evaluated to ensure that it meets the desired aims of the project.

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

Introduction

The following pages contain feedback on the draft Quality Account from our key stakeholders. All of the CCGs, Health and Scrutiny Committees and Healthwatch organisations in the areas covered by the Trust were invited to comment. The replies received are reproduced in full below. Where possible we have acted on suggestions for improvement immediately. Where this has not been appropriate we will ensure that the feedback is reflected in the development of the next Quality Account for the period 2021-22.

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

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

Wakefield CCG

Commissioners would like to thank YAS for the opportunity to comment on the annual Quality Accounts (QA). The QA provides a fair, accurate, comprehensive and transparent reflection of the quality of services provided by Yorkshire Ambulance Service (YAS) and the activities undertaken throughout 2020-21. The report also demonstrates a continuous drive to improve quality even through challenging times within the NHS.

The QA reads very well and is clearly presented, easy to navigate and uses plain language for patients and the public. The QA accurately reflects activity within the year and provides assurance of the quality of the service and the numerous improvements that have been achieved during one of the most testing periods of time ever. The report feels open and honest and the inclusion of feedback and stories helps the reader to gain insight into the culture of the organisation.

Engagement

Commissioners welcome the way that YAS has continued to remain engaged with both partners, commissioners, and patients in these changed times to ensure that all partners have the opportunity to feed into the quality accounts. YAS continue to implement change when they learn through patient experiences; this can be through an incident, a concern raised by a patient or a complaint. It is always positive to see that YAS continue to listen and respond.

Audit and Research

Commissioners were pleased to see that YAS continued to participate in both national and local audit's despite the pandemic but appreciate the impact that the pandemic has had on this participation.

Despite the very challenging year, there is clear demonstration of large contribution to research.

ARP

Commissioners note that Ambulance Response Programme (ARP) targets have not always been achieved, with a decrease in performance noted as the winter months approached. This is a reflection of the pressures felt across the system due to the rising number of COVID-19 cases exacerbated by the loss of overall capacity due to handover delays and staff sickness.

Commissioners appreciate the actions that YAS have taken to try and improve these outcomes, and the actions taken to promote patient safety in a very challenging period. It is also recognised that YAS audit `excessive responses` for any potential harm caused.

ACQI

It has been previously highlighted that the `care bundle` for STEMI has been below the national mean. We are aware that overall performance impacted by the recording of GTN / analgesia / pain scores, and that local actions are taking place to improve recording. We are also aware that the low achievement of this standard does not translate into poorer survival outcomes for patients within the region. However, we look forward to local improvements being translated into improved achievement of the Care Bundle. We also recognise achievement for acute stroke patients is above 90%.

Incidents

It is positive that the number of `low harm` incidents reported is increasing in line with the just culture that the organisation is promoting, and demonstrates that people who work within the organisation feel safe to report incidents. Commissioners were also pleased to see the joint working that had been undertaken with HSIB on Maternity SI's as this will produce a real opportunity to enhance the safety of maternity care.

Supporting Staff

The Quality Accounts reflect the work undertaken by YAS to ensure that they support their staff's health and wellbeing and also involve their front line staff in quality improvement work and projects.

Other Initiatives

YAS have undertaken a lot of very positive work during the past year through the COVID-19 pandemic, having to learn alternative means of working and coming up with new ways to keep patients safe. This has been really good to read about. It has also been positive to read about the awards and that staff at YAS have still managed to achieve despite the pandemic.

It is also acknowledge the value of having an expert in the role of moving and handling lead as again we believe it will support the patient experience and patient safety incidents as well as improving the well-being of staff.

Patient Stories

The noted increase in volunteers has been a positive impact of the pandemic, again highlighted by the use of `stories`. The Integrated Transport Pilot demonstrates the innovative way in which YAS provides services utilising all service lines, and again the positive outcome and experience for patients emphasised by patient stories.

Patient stories illustrate the positive impact YAS has on individuals. It was very touching to read about how the PTS service went above and beyond to ensure the couple who were getting married made it to their wedding. Commissioners have also enjoyed reading about the patient stories and patient experiences from patient transport and this reflects the improvement in the quality of service that has been seen. We look forward also to hearing more about the work that is ongoing with End-of- Life journeys for patients.

Conclusion

We thank YAS for their continued hard work and dedication throughout the past year. We support the key priorities identified for 2021-22. Commissioners within Yorkshire and Humber welcome the opportunities for collaborative working to achieve this.

North Yorkshire CCG

Thank you for sharing the draft Quality Account, overall the CCG considers this account to be representative and evidences a fair reflection of YAS performance and acknowledges the progress made to improve outcomes. The CCG acknowledges the challenges that the COVID-19 pandemic has caused throughout the year and would like to take this opportunity to thank you for the service you have provided. The key successes and challenges are clearly reflected in the account and the CCG particularly notes:

- The introduction of patient's attendance at the Board meetings to share their experience of the services.
- The illustration throughout the report of users' views and the sharing of the Family/Friends data.

It is acknowledged that the available category 1 and category 2 response time data has deteriorated since August 2020, the CCG would be interested in the causative factors when completed, but note the actions introduced to support improvement.

Unprecedented demand on the NHS 111 telephone and online service due to the pandemic and the response that was initiated and evidenced throughout the report.

Barnsley Clinical Commissioning Group

Thank you for sending us the YAS Quality Accounts for 2020-21 for review.

The Accounts provide a detailed account of YAS' activities in 2020-21. Overall, the document provides a fair reflection of the quality of services provided by YAS and demonstrate the Trust's commitment to quality and patient safety.

We would also like to express our appreciation for the way that YAS staff has maintained quality and patient systems during an extremely challenging year for the Trust due to the demands placed on them due to the COVID-19 pandemic. We recognise that the pandemic has impacted on YAS being able to progress Performance against Priorities for Improvement 2020-21.

We note the following achievements in the Accounts:

- There has been a reduction in medication incidents, and we welcome the planned audit looking at clinical incidents that have occurred over the last 2 years to identify trends and themes relating to clinical incidents.
- Participation in national clinical audits has continued during the COVID-19 pandemic. However, with regard to local audit activity, it is not clear whether there was any output from this and whether any specific improvements have been made as a result of the audits.
- A new process has been introduced to ensure timely and accurate assurance of the number of staff who are compliant with the signing and understanding of individual Patient Group Directions.
- YAS' 2019-20 Data Security and Protection Toolkit assessment was submitted by the deadline of 30 September 2020 showing that the required standards were met.
- The introduction of a new Standard Operating Procedure to support YAS staff to identify, facilitate and support a patient's end of life journey, in particular one to their preferred place for end of life care or death.
- The introduction of electronic safeguarding referrals into A&E operations and NHS 111 which have helped making the referral process quicker and resulted in better quality first hand referrals.
- The Trust's CQC inspection on the 17 December 2020, using the Transitional Monitoring Application (TMA) approach, did not highlight any concerns with YAS' submission. The TMA requested information focussed around how safe YAS's response was to patients during the pandemic and a key focus on our combined approach and our relationships with other NHS Trusts

Areas we recognise requiring further work in 2021-22 include:

- In the main, NHS Staff Survey results for 2020 remained steady compared with performance for the 2019 survey and the sector average for 2020 but YAS are keen to improve response rates. We note that YAS will consider ahead of the 2021 survey ways of improving the level of responses.
- We note that the Accounts indicate that the achievement of one of its mandatory quality indicators for ambulance response times remains a challenge. We welcome the actions being taken by YAS to improve its performance for the mean and 90th percentile targets by March 2022
- In relation to the clinical quality indicators for Care of ST Elevation Myocardial Infarction (STEMI) Patients and Care of Stroke Patients, the indicator for the proportion of STEMI patients who receive an appropriate care bundle is well below the national average. We note that the reason given for this is the poor recording of pain scores in the record.

Priorities for 2021-22

As required by the Department of Health, the Accounts set out clear region wide priorities for 2021-22. We consider that the priorities that YAS has identified are appropriate areas to target for continued improvement. In particular, we are pleased to see the continuation of the YAS Ageing Well programme in the priorities.

However, it is not articulated in the Quality Accounts whether the priorities for 2020-21 have been reviewed alongside the possible long term impact of COVID-19 on the Trust's activities.

Overall, we welcome the 2020-21 accounts and look forward to another year of working together to improve the quality of services provided to Barnsley patients.

Barnsley Metropolitan Borough Council Overview and Scrutiny Committee

The Overview & Scrutiny Committee welcomes the opportunity to comment on the Quality Account for 2020-21 and would like to thank the Yorkshire Ambulance Service (YAS) for their commitment to delivering high-quality services throughout what has been an incredibly challenging and difficult year.

Feedback from Service Users & Staff

The Committee is pleased to see that feedback from service users is being utilised to identify actions for improvements across areas of the service, including learning from complaints.

Although the feedback from staff seems to be in line with the sector average, the response rate is considerably lower and further work needs to be done to increase participation in future surveys.

Mandatory Quality Indicators

It is encouraging to see that the service actively promotes a culture of openness when reporting 'near misses' and the figures show that December and January (latest data provided) incidents were at an 'in-year' high. However, without the comparator data for previous years or the reasons behind the increase, it is difficult to make a comment on this indicator which links to patient safety.

The ambulance response times did not achieve the target for Category 1 and Category 2 calls from August to December 2020 (latest data provided). It is assumed that this was as a result of the pressures from COVID-19, but as with the 'near misses' data, it is difficult to comment given that narrative and comparator data around these indicators is missing.

Accessibility

The document provides a very detailed account of activity for the year and is difficult to follow in parts, particularly given the large amount of missing data/information. The Committee would hope that when the report is finalised, YAS also produces an easy-to-read version or a summary for members of the public to understand the work that has been achieved and the priorities for the coming year.

Recovering from the COVID-19 Pandemic

The Committee would hope that all reporting and delivery of projects return to pre-COVID-19 levels as soon as possible and looks forward to reviewing further progress against the key priorities in 12 months-time.

Healthwatch Hull and Healthwatch East Ridings Read Right Teams

Do our priorities reflect the priorities of the local population?

It appears that consideration has been done to prioritise those of the local population. The report mentions it has two main touch points with the public – the Critical Friends Network (CFN) and the patient stories, it would be useful to share the outputs of these forums and how these priorities relate to the priorities for improvement that have been identified such as;

- Patient Safety – implementation of Team Based Working
- Clinical Effectiveness – establishment of YAS Ageing Well programme
- Clinical Effectiveness – continue to grow joint working across areas
- Patient Safety – service user involvement in mental health care

- PTS Family and Friends Test – excellent results on feedback on if they would recommend this service to friends are family.

Safeguarding and complaints handling seems to be performing well which is excellent to see.

Are there any important issues we have missed in our Quality Accounts?

It is great that the YAS has been involved in so many audits, however there appears to be very limited details of the outcome and any corrective/preventative actions from the large number of audits carried out, there are some details from a few key audits but not from all. I think this would be useful information to include, even if the outputs are limited as this then highlights that the continuous improvement process is being followed.

There are some clear Key Performance Indicators identified, what I don't see is clear and actionable outcomes for when these haven't been achieved.

Examples;

1. The ambulance response times show a clear upward trend above the target from August/September 2020 and no clear action to bring this back in line to meet the target.
2. STEMI patients receiving the care bundle is well below the national average – and again there doesn't appear to have clear improvement plan to resolve this.
3. Medication incidents – how can conclusions be made when the numbers are not yet finalised?

4. Service demand and performance figures were missing, would be useful to see how the performance had been. Will be difficult to conclude on how the YAS is performing overall without this information.

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

Yes, the patient feedback and patient stories provided in the sections is a good build and shows that effort has gone into involving patients and the public.

There are lots of patient and public forums detailed in the report which shows a high level of engagement and involvement. It's clear lots of excellent work is being done, what would be useful is to show how the outputs of these forums are helping make improvements to the services as I don't think this has come across as clearly as it maybe could.

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

Yes, I think the detail is clear, I think there could be some improvements in formatting – there are large sections of detail which could be broken up with tables/pictures etc. to make it easier to digest.

A summary or output at the end of each section would also be useful to show the next steps or the conclusion of the work that has been done and any targets for the following year. This is done for some sections but not all, so that could be a potential build to keep it all consistent.

Rotherham Metropolitan Borough Council Health Select Commission

The Health Select Commission sub-group has reviewed the 2020-21 Quality Account and wishes to heartily thank all the staff of Yorkshire Ambulance Service who has worked tirelessly throughout the pandemic in service of our community.

In response to the Quality Account itself, several concerns were raised. First, the Members suggested that a response time, which is the paramount priority for the local population, should be emphasised foremost. Members recognise the demands associated with the pandemic, especially on staff wellbeing. Members therefore hope to see future Quality Accounts move beyond focussing on COVID-19. Improving response times, staff wellbeing and clinical effectiveness are all worthy aims. As part of the Health Select Commission work programme for 2021, members hope to engage further in dialogue with YAS to provide additional insight into the priorities of the people of Rotherham.

Members raised further concerns regarding the rates of bullying and harassment, which have not changed during the past year, despite a significant drop in the response rate. Members recognise that it is a good sign if staff members feel able to report bullying and harassment, but

seeing as last year, one of the YAS improvement aims was documenting staff feedback, this year's 19% drop in responses suggests there is more work to do in this regard.

Previously, Members also specifically requested improved quality of mandatory staff appraisals, which has been removed altogether from the current Quality Account measures to make room for anticipated COVID-19 related questions. Yet optional content about values and leadership has been added. Members find these choices disappointing and alarming and hope to see greater evidence that staff needs and wellbeing are prioritised in future Quality Accounts. Attending to staff needs includes ensuring staff have the right training and preparation for clinical effectiveness and that they are provided with timely, high-quality feedback and appraisals of their work. Staff have gone above and beyond under the pressures of the pandemic; now is the time to champion their needs, and Members affirm your resolve to do so.

Furthermore, Members hope to see future Quality Accounts give greater emphasis to more perspectives of vulnerable members of the community, specifically people living in Care Homes and those with learning disabilities. Members hope to see a greater outward focus, moving beyond COVID-19, and are eager to engage in continued dialogue with YAS to help support these efforts.

The Members of the Health Selection Commission sub-group once again wish to recognise all the YAS staff who have daily provided a lifeline to our community in exceptional times of need.

Sincerely,

Cllr Eve Rose Keenan
Chair of Health Select Commission

Statement of Directors' Responsibilities for the Quality Report

Directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare quality accounts for each financial year.

Monitor has issued guidance to NHS Foundation Trust boards on the form and content of Annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013-14;
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2020 to March 2021.
 - Papers relating to quality reported to the Board over the period April 2020 to March 2021.
 - Feedback from commissioners dated 30 April 2021.
 - Feedback from local Healthwatch organisations dated 30 April 2021.
 - Feedback from Overview and Scrutiny Committees dated 30 April 2021.
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - National patient survey - N/A to ambulance sector
 - National staff survey
 - CQC Intelligent Monitor Report (N/A to ambulance service)
 - The Quality Report presents a balanced picture of the NHS Trust's performance over the period covered;
 - The performance information in the Quality Report is reliable and accurate;
 - There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- The Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board

Date 24 June 2021

Glossary of Terms

| Term/Abbreviation | Definition/Explanation |
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| Accessible Information Standard (AIS) | All publicly funded adult social care and health providers, must identify, record, flag, share and meet the information and communication needs of those who use their services. |
| Accident and Emergency (A&E) Service | A responsive service for patients in an emergency situation with a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention. |
| ACQI | Ambulance Clinical Quality Indicator. |
| Advanced Medical Priority Dispatch System (AMPDS) | An international system that prioritises 999 calls using information about the patient as supplied by the caller. |
| 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 (AQIs) | AQIs were introduced in April 2011 for all ambulance services in England and look at the quality of care provided as well as the speed of response to patients. The AQIs are ambulance specific and are concerned with patient safety and outcomes. |
| 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 | An NHS dress code to help with infection, prevention and control. |

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| (BBE) | |
| 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. |
| Clinical Commissioning Group (CCG) | Groups of clinicians who commission healthcare services for their communities. They replaced primary care trusts (PCTs). |

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| 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. |
| Comprehensive Local Research Networks (CLRNs) | Coordinate and facilitate the conduct of clinical research and provide a wide range of support to the local research community. |
| 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. |

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

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| Emergency Department (ED) | A hospital department responsible for assessing and treating patients with serious injuries or illnesses. |
| Emergency Medical Technician (EMT) | Works on an emergency ambulance to provide the care, treatment and safe transport of patients. |
| Emergency Operations Centre (EOC) | The department which handles all our emergency and routine calls and deploys the most appropriate response. The two EOCs are based in Wakefield and York. |
| EoLC | End of Life Care |
| 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. |
| Expert Patient | Independent person who works with YAS and offers a patient perspective to the Trust. |
| Face, Arm, Speech Test (FAST) | A brief test used to help determine whether or not someone has suffered a stroke. |
| Foundation Trust (FT) | NHS organisations which operate more independently under a different governance and financial framework. |
| General Practitioner (GP) | A doctor who is based in the community and manages all aspects of family health. |
| Global Rostering System (GRS) | GRS Web is a web-based function which allows staff to view their shift information electronically. |
| Governance | The systems and processes, by which health bodies lead, direct and control their functions, in order to achieve organisational objectives, and by which they relate to their partners and wider community. |
| Hazardous Area Response Team (HART) | A group of staff who are trained to deliver ambulance services under specific circumstances, such as at height or underground. |
| Health Overview and Scrutiny Committees (HOSCs) | Local authority-run committees which scrutinise matters relating to local health services and contribute to the development of policy to improve health and reduce health inequalities. |
| Healthwatch | There is a local Healthwatch in every area of England. Healthwatch is the independent champion for people using local health and social care services. Healthwatch listens to what people like about services and what could be improved and share their views with those with the power to make change happen. Local information is also shared with Healthwatch England, the national body, to |

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

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| 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. |
| Manchester Triage System | The Manchester Triage System (MTS) is a tool utilised within the YAS Clinical Hub when undertaking clinical telephone triage. It allows clinicians to safely manage patients by achieving the correct care outcome based on their clinical presentation. |
| Mental Capacity Act (MCA) | Legislation designed to protect people who can't make decisions for themselves or lack the mental capacity to do so. |
| MHA | Mental Health Act |
| Myocardial Infarction (MI) | Commonly known as a heart attack, an MI is the interruption of blood supply to part of the heart, causing heart cells to die. |
| NASMED | National Ambulance Service Medical Directors. |
| National Ambulance Non-conveyance Audit (NANA) | National indicator for re-contact rates within 24 hours for patients treated and discharged at scene by ambulance services. |
| National Early Warning Score (NEWS) | Standardises the use of a NEWS system across the NHS in order to drive the 'step change' required in the assessment and response to acute illness. |
| National Health Service (NHS) | Provides healthcare for all UK citizens based on their need for healthcare rather than their ability to pay for it. It is funded by taxes. |
| National Learning Management System (NLMS) | Provides NHS staff with access to a wide range of national and local NHS eLearning courses as well as access to an individual's full training history. |

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

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| Patient Group Directions (PGDs) | Good practice recommendations, for individual people and organisations, aiming to ensure patients receive safe and appropriate care and timely access to medicines, in line with legislation. |
| Patient Safety Alerts | Incidents identified by NHS England reporting system that spots emerging patterns at a national level, so that appropriate guidance can be developed and issued to protect patients from harm. |
| Patient Transport Service (PTS) | A non-emergency medical transport service, for example, to and from out-patient appointments. |
| Peer Review | The evaluation of work by one or more people of similar competence to the producers of the work. It constitutes a form of self-regulation by qualified members of a profession within the relevant field. |
| Personal Development Reviews (PDRs) | The PDR process provides a framework for identifying staff development and training needs and agreeing objectives. |
| Pharmacological agents | A biologically active substance applied to the body for their therapeutic effects on one or more tissues or organs. |
| PREVENT | Prevent is part of counter-terrorism strategy. Its aim is to stop people becoming terrorists or supporting terrorism. |
| Private and Events Service | Provides medical cover to private and social events for example, football matches, race meetings, concerts and festivals. It also provides ambulance transport for private hospitals, corporations and individuals. |
| Quality Governance Framework | A process to ensure that YAS is able to monitor and progress quality indicators from both internal and external sources. |
| Quality Strategy | Framework for the management of quality within Yorkshire Ambulance Service. |
| Qualitative research | Primarily exploratory research used to gain an understanding of underlying reasons, opinions, and motivations. |
| Quantitative research | Used to quantify the problem by way of generating numerical data or data that can be transformed into useable statistics. |
| RAT (Red Arrest Team) | A paramedic who is able to deliver advanced skills and leadership to a patient who is critically unwell or in cardiac arrest |
| Rapid Response Vehicle (RRV) | A car operated by the ambulance service to respond to medical emergencies either in addition to, or in place of, an ambulance. |
| 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. |

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| 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. |
| 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. |
| 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). |
| 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. |
| Transient Ischaemic Attack (TIA) | Mini-stroke |
| TMG | Trust Management Group |
| Urgent Care Practitioner (UCP) | Someone with enhanced skills in medical assessment and extra clinical skills over and above those of a standard paramedic. |
| Utstein comparator | A set of guidelines for uniform reporting of cardiac arrest. |
| UTI | Urinary tract infection |
| VCS | Volunteer Car Service. |
| WYUC | West Yorkshire Urgent Care. |
| Year to Date (YTD) | The period from the start of a financial year to the current time. |

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| 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. |