

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

20 April 2012

Work Programme

Purpose of Report

1. The purpose of this report is to provide an opportunity for Members to review the Scrutiny of Health Committee's (SoHC's) work programme taking into account current areas of involvement and decisions taken in respect of earlier agenda items.

Remit of the Committee

2. The role of the SoHC is to review any matter relating to the planning, provision and operation of health services in the County.
3. Broadly speaking the bulk of the Committee's work falls into the following categories:
 - a) being consulted on service changes which the Committee has agreed with the NHS locally are "substantial";
 - b) contributing to the development of healthcare policy at local and national levels;
 - c) contributing to the Department of Health's Quality Accounts initiative and the Care Quality Commission's process of registering NHS trusts.

Scheduled Committee Dates

4. The scheduled Committee dates during 2012 and, where possible, provisional agenda items are as follows:
 - ❖ 10:00 am on 1 June, venue to be confirmed
 - Provisional agenda items:*
 - Paediatric Neurosurgery
 - Engagement event - Children's Services at the Friarage Hospital, Northallerton
 - ❖ 10:00 am on 7 September, venue to be confirmed
 - ❖ 10:00 am on 9 November, venue to be confirmed
 - Provisional agenda items:*
 - Mid Yorkshire Hospitals NHS Trust: 5 Year Clinical Services Strategy

On-Going and Emerging Areas of Work

5. Currently, the main areas of work are highlighted below:

a. North Yorkshire Review of Health Services 2011

Progress towards implementing the proposals in the review report will provide the backdrop to much of the Committee's work over the next two years.

b. National Review of Children's Cardiac Surgery

Your Chairman continues to represent the Committee on the Yorkshire and Humber Regional Scrutiny of Health Committee which along with other regional scrutiny committees across the country is being consulted formally on the proposals.

Members will recall that the Royal Brompton Hospital in London called for a Judicial Review of the proposals which lead to a ruling that the consultation was flawed and should be quashed. The Court of Appeal granted the Joint Committee of Primary Care Trusts leave to appeal against this ruling. The outcome of the appeal will be delivered by the Court of Appeal on Thursday 19 April.

c. Quality Accounts

A covering letter, draft 2011/12 Quality Account and feedback form from Yorkshire Ambulance Service are included as APPENDIX 1.

Members are invited to send any comments to your scrutiny support officer by Friday 4 May 2012 so that they can be taken into account in a final response from the Committee.

d. Access to Health Care in Ryedale

Members will recall this project is specifically concerned with access to health appointments.

Arrangements are in hand for members of the task group (County Councillors John Blackie, John Clark and Val Arnold and Ryedale District Councillor John Raper) to meet with representatives from Ryedale Voluntary Action to discuss the outcome of the bid to the Department for Work and Pensions' Round 2 Innovation Fund, with a view to establishing whether or not there are examples of good practice in other parts of the county that could give pointers towards overcoming problems in Ryedale.

e. Children's Services at the Friarage Hospital, Northallerton

The Committee will have a close interest in developments at the Friarage, including the results of the planned engagement process. In the fullness of time the Committee may be involved in a formal consultation.

Recommendations

6. That Members review the Committee's work programme, taking into account issues highlighted in this report, the outcome of discussions on previous agenda items and any other healthcare developments taking place across the County.
7. That your Chairman, County Councillor Jim Clark, be authorised to submit a response on Yorkshire Ambulance Service's draft Quality Account on behalf of the Committee.

Bryon Hunter
Scrutiny Team Leader
County Hall, NORTHALLERTON

12 April 2012

Background Documents: None

Dear All

“Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.”

As you are aware the fundamental objective of the Quality Accounts is to improve the quality of service we offer and to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer.

YAS are required to publish annual Quality Accounts which provides information for service users and the public on the quality of our services. The aim of the Quality Accounts is to:

- demonstrate our commitment to improving the quality of care for the people we serve
- let people know where we have improved our services
- share information on where we plan to improve our services in the coming year.

OSCs are part of the formal assurance process and we are required to share with you a draft version of our 2011-12 Quality Accounts.

Although we are only required to share our draft Quality Accounts with the OSC for the area in which we have our head office, we feel it is important to give all Yorkshire OSCs the opportunity to comment.

We are very pleased therefore to attached our draft.

You can access the DH OSCs ‘mini guide’ to completion via the following link:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125167.pdf

Please do note that the current format is a working draft. Some data is currently reported to January/February 2012 and we will be completing the full-year picture by adding March data at the end of the fiscal year.

Page number references will also change when we get to the final lay-out stage.

Like last year, the final document will be professionally presented and will form part of our Trust Annual Report.

If you would like to refer to the 2010-11 document, this can be accessed at:

<http://www.yas.nhs.uk/Publications/docs/2010-11/YAS%20Quality%20Accounts%202010-11%20-%20FINAL-E.pdf>

To meet the requirements set out by the Department of Health we have to work within a defined structure and include some mandatory statements – some of which may include technical terms. However we have aimed to use plain English wherever possible throughout the Accounts and will also include a glossary of terms (as indicated at the end of this draft).

In addition to the main document we plan to publish a summary version of the 2011-12 Quality Accounts in an easy-to-read style which will set out the key points. As with all our documents, both the summary and full versions will be available in alternative languages and formats on request.

We have included a response form which gives you the opportunity to provide pertinent feedback and comments.

In line with the guidelines, we are asking you to provide your response within 30 working days. We would be grateful if you could ensure that your response is returned by Friday **11 May 2012**.

We look forward to your feedback and to working with you in the future.

Kind Regards

Steve Page
Executive Director of Standards and Compliance



Quality Accounts

2011-12



CONTENTS

1. Statement on Quality from the Chief Executive
2. Statement of Accountability
3. Priorities for Improvement 2012-13
4. Statements from the Trust Board
 - Review of Services
 - Participation in Clinical Audit
 - Participation in Research
 - Goals Agreed with Commissioners
 - What Others Say About Us
 - Data Quality
5. Review of Quality Performance in 2011-12
6. Statements from Local Involvement Networks, Overview and Scrutiny Committees and Primary Care Trusts
7. Glossary

Statement on Quality from the Chief Executive

For everyone at Yorkshire Ambulance Service NHS Trust (YAS), providing high quality patient care is our number one 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, to our managers developing new care pathways or ways of working, and to our Trust Board making decisions about the future of our Trust.

The progress we have made has once again been acknowledged by the Care Quality Commission (CQC) which agreed in January 2012 that we had met the full requirements for continued registration with them. This means that we are achieving all of the essential standards of quality and safety.

The Board has been leading our focus on quality and has given significant time to developing our Quality Governance Framework. This will ensure that quality is at the centre of all our systems and structures, and enable the investment in our staff, managers and leaders to build a culture of quality. Demonstrating strong quality governance will be essential as we work towards achieving foundation trust status and our systems and structures will be subject to close scrutiny as we progress our application. We welcome this process as it will provide us with additional challenges in setting ambitious objectives and supporting innovation.

In 2011-12 we made improvements in important areas of quality including incident reporting, management of serious untoward incidents (SUIs), safeguarding vulnerable adults and children, and the development of new care pathways. We have continued to measure the quality of our clinical care using the national Clinical Performance Indicators (CPIs). CPI results and achievements are regularly shared with frontline staff in their areas, so they can identify where they can learn from colleagues in other areas.

2012-13 will be a challenging year for all healthcare providers as the healthcare reforms are implemented. We will be exploring and implementing new and more efficient ways of working which will enable us to improve the quality of our care, whilst also reducing the cost to the taxpayer. To achieve this we will work in partnership with our healthcare partners, our patients and local communities to listen to concerns and agree local priorities if we are to ensure our services are responsive to their needs.

We know from the thank you letters and telephone calls we receive from patients and their families that many people receive an outstanding service thanks to the skill, care and dedication of all our staff. We want this to be the experience of every patient and will continue to strive towards this goal.

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 patient care at the heart of all the Trust's activities.

As Accountable Officer and Chief Executive of this 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. It contains the sections mandated by the Act and also measures that are specific to Yorkshire Ambulance Service (YAS) that demonstrate our work to drive up standards. 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 these Quality Accounts is accurate. I can provide this assurance based on our internal data quality systems and the opinion of our internal auditors.

David Whiting
Chief Executive

Mission Statement

Saving lives, caring for you

Our Vision and Values

Our Vision

To provide an ambulance service for Yorkshire which is continuously improving patient care, high performing, always learning and delivers value for money.

Our Values

WE CARE

Working together for patients - we work with others to give the best care we can

Everyone counts - we act with openness, honesty and integrity - listening to and acting on feedback from patients, staff and partners

Commitment to quality of care - we always give the highest level of clinical care

Always compassionate - our staff are professional, dedicated and caring

Respect and dignity - we treat everyone with dignity, courtesy and respect

Enhancing and improving lives - we continuously seek out improvements



Our Strategic Aims

- To provide first class care through constantly seeking to innovate and be recognised for our quality.
- To achieve the highest standards for our patients, meeting and exceeding their expectations in terms of outcomes, safety and experience.
- To provide responsive, flexible, consistent and enduring services appropriate to the needs of the patient and in line with commissioner intentions.
- To develop, lead, deliver and co-ordinate healthcare resilience.
- To attract, retain and enhance the skilled workforce we require to deliver services both now and in the future.
- To create an environment in which YAS develops to its maximum potential, where clinical excellence flourishes, and which inspires others.
- To be efficiently and effectively run and enable intelligent investment.
- To engage locally, regionally and nationally to ensure YAS adds value.

By delivering operational objectives against these eight aims we know we can achieve our vision.



Equality and Diversity

To ensure YAS continues to comply with equalities legislation (Equality Act 2010) and create an organisation that embraces the benefits of diversity, numerous pieces of work have been completed including:

- Publishing a Single Equality Scheme, which has led to:
 - an appointment of executive lead for equality on the YAS Board
 - a new Equality Impact Assessment tool to ensure YAS does not discriminate against minority groups
 - 138 Patient Transport Service staff and 21 Student Paramedics received equality, diversity, dignity and respect training
 - retaining the 'two tick' disability symbol, which is awarded by Jobcentre Plus to employers who are positive about employing disabled people
 - the formation of a Lesbian, Gay, Bisexual and Transgender staff support network.

- Publishing public sector equality duties, which includes:
 - staff data
 - patient data
 - information on how YAS aims to move towards the Equality Delivery System.

YAS are using the NHS Equality Delivery System as a tool to effectively meet the requirements of the Equality Act 2010. This system will assist YAS to continually make improvements in delivering care services and fair employment to all sections of the community.



Priorities for Improvement 2012-13

1. Ensure that the response from the ambulance service meets the needs of local populations

Getting to patients with life-threatening conditions as quickly as possible saves lives and is a vital part of achieving the best possible clinical outcome. Throughout 2012-13 it will continue to be one of our highest priorities.

Aims:

- Maintain our response times to patients with life-threatening conditions in line with the nationally agreed indicator to reach 75% of these patients within eight minutes.
- Improve the experience for patients.
- To continue to work with our healthcare partners in maintaining and improving existing and new patient pathways.
- Further develop our Clinical Hub to provide more advice and guidance for ambulance clinicians.

2. Ongoing monitoring and improvement of Ambulance Quality Indicators (AQIs)

The AQIs are national indicators which help us understand the quality of our service by measuring our performance. We began using these indicators in April 2011, and can now report on the quality of our service for patients suffering from cardiac arrest, heart attack and stroke.

It is recognised that the most important factor for patients requiring ambulance assistance is the time it takes for them to get the right treatment for their condition in the right place. To understand how well we do this we will continue to record the clinical outcomes for patients.

Aims:

- Improved performance against all the AQIs.
- Provide feedback to staff on a consistent basis to ensure best practice is shared.

3. Improved Patient Transport Service (PTS)

Our PTS service provides transport for eligible people who are unable to use public or other transport because of their medical condition and includes those:

- attending hospital outpatient clinics.
- being admitted to or discharged from hospital.
- needing life-saving treatment such as chemotherapy or dialysis.

In the past year our patients and partners have told us that they experience extended waiting times for transport too often. Therefore improving PTS remains a key priority for 2012-13.

Aims:

- Measure our performance against quality targets and reduce waiting times for all patients.
- Map the timings of individual clinics and use this to plan return journeys that better match when patients are ready to be transferred.
- Improve patient satisfaction for all patients using PTS.
- Understand the different needs of specific patient groups and how they use our service, to refine and improve PTS.

4. Implementation of Clinical Leadership Framework

The quality of our clinical leadership will be crucial to delivering some of the changes we want to make in the next year. These changes place a greater emphasis on triage, assessment and treatment at home, rather than hospital admission. A significant transformation of clinical services and clinical leadership has begun during 2011-12 and will continue to be implemented throughout 2012-13. The service requires clinical leaders capable of delivering this transformation and of supporting frontline clinicians in changing their clinical practice to achieve this.

Aims:

- Embed the leadership structure through clearly defined job descriptions and role clarity.
- Increase the number of clinical leaders who have received clinical leadership training and development.
- Deliver bespoke clinical leadership and clinical assessment skills training.
- Understand the impact of implementing the Clinical Leadership Framework.

5. Regional Implementation of the National Trauma Strategy

The national Trauma Strategy sets out the best evidence-based care for patients who sustain major trauma and sets out recommendations for healthcare organisations. We will deliver the national Trauma Strategy Trust-wide.

Aims:

- Implement a major trauma triage tool to ensure major trauma is identified.
- Introduce systems which ensure patients suffering major trauma are conveyed to major trauma centres (by-passing other acute care centres).
- Provide an Enhanced Care Team - this means there will be a team of specialists, including trauma trained paramedics and doctors, in the call

centres who will co-ordinate a network wide trauma response. (subject to commissioner agreement)

- Support the Emergency Operations Centre with a paramedic 24 hours a day, seven days a week.
- Enhance trauma training to include the interventions which clinicians can deliver to patients who suffer major trauma.
- Evaluate the impact of the delivery of the trauma plan.

6. Improve the Experience and Outcomes for Patients in Rural and Remote Areas

Our ambulance service covers the whole of Yorkshire and the Humber which includes isolated moorland and remote areas. The way we deliver our services in these areas needs to be considerate of the landscape and environment we are working in. Over the next year we want to better understand and deliver a service which will improve the experience and outcomes for patients living in rural and remote areas, by collaborative working across the health economy and community settings.

Aims:

- Review the current model of care delivery in rural and remote areas.
- Make recommendations for future service delivery to meet the needs of patients in rural and remote areas.

7. Improve the Quality of Care and Support for People with Dementia

The number of people whose lives are touched by dementia is increasing. It is important that our staff are sensitive and respond to the specific needs of people with dementia.

Aims:

- Raise ambulance staff awareness of the needs of people with dementia.
- Increase the number of staff who have participated in dementia training.

8. Develop a Safety Thermometer Tool Relevant to the Ambulance Service

The NHS Safety Thermometer is a tool designed to help hospitals understand where they can potentially cause harm to patients, for example, when patients develop a pressure sore or thrombosis. The ambulance service as yet has not progressed in this area. In 2012-13 we want to understand where, as an ambulance service, we potentially may cause harm to patients. We will be aiming to develop a Safety Thermometer for the ambulance service which can be used to predict potential harm and therefore plan interventions to reduce this.

Aims:

- Understand contributors and levels of harm within an ambulance service.
- Undertake specific activity to reduce levels of harm.
- Ensure learning is shared across the organisation to ensure best practice is embedded.

9. Raising public awareness to support appropriate use of ambulance services

Quite often, members of the public will call 999 when, after our assessment, it is confirmed that the patient is not suffering from a life-threatening condition. In some cases, an ambulance is not needed at all. Whilst we appreciate that an ambulance is often called at times of vulnerability and fear, we would like to work with members of the public to increase the awareness of more appropriate alternatives to 999 when the patient does not have a life-threatening condition. This helps to ensure that our clinicians are available to patients who need their care in an emergency

Aims:

- Utilise a variety of methods to engage with the public and communicate our key messages;
- Evaluate the effectiveness of the methods used.

Statements of Assurance from the Board



The National Health Service (Quality Accounts) Regulations 2010 require the Trust Board to make a number of Statements of Assurance. These are common to all providers, which makes our accounts comparable with those of other organisations. The statements confirm the total number of services we provide, that we have participated in research and national audits and that we are registered with the Care Quality Commission (CQC)

Ms Della M Cannings QPM, Chairman

Review of Services 2011-12

During 2011-12 YAS provided five NHS services:

- Accident and Emergency response (including Yorkshire-wide resilience and an Emergency Care Practitioner service in Sheffield).
- Patient Transport Service.
- GP Out-of-hours call handling service for:
 - NHS South of Tyne and Wear
 - NHS North Yorkshire and York
 - NHS East Riding of Yorkshire
 - NHS Hull.
- Private and Events service.
- Vehicles and drivers for the Embrace neonatal transport service.

In addition, YAS supports the wider health community through the provision of:

- Critical Care bed-base helpline
- Telephone provision for out-of-hours District Nurse service

Furthermore, YAS provides commercial training to schools and public/private sector organisations.

YAS has reviewed all the data available on the quality of care in all of these services.

The income generated by NHS services reviewed in 2011-12 represents 100% of the total income generated from the provision of NHS services by YAS for 2011-12.

In addition to Board reports and scrutiny at the Integrated Governance and Business Delivery Committees, directors and other senior managers also participate in 'Listening Watch' visits. Listening Watch is an annual programme which covers all geographic areas, frontline services and support services. It gives directors and other senior managers the opportunity to hear from staff about a wide range of issues and to discuss safety and quality-related issues. After every visit senior staff record their learning from 'Listening Watch' and a six-monthly report is presented to the Trust Senior Management Group. Key issues are discussed and actions agreed and wherever possible feedback is provided to staff on actions taken by the directors and other senior managers as a result of their visits.

During the last year YAS has provided us with development opportunities including new skills and equipment which have had a direct impact on the delivery of enhanced care to patients and their potential long-term recovery. The introduction of new major trauma equipment, including the intra-osseous bone drill, arterial tourniquet and trauma dressing pack, have allowed us to provide additional treatment to patients suffering from serious traumatic injury. This has given us the professional self-satisfaction that we are able to give the best possible clinical care available. Not only has this benefitted patients, but it has meant that clinical staff feel more valued and have been encouraged to learn, develop and practise their clinically-focused skills.

Andy Pippin, Paramedic, Sutton Fields

Clinical Leadership

YAS's vision is to provide an ambulance service for Yorkshire which is continuously improving patient care, high performing, always learning and delivers value for money.

The development of the workforce is crucial to the safe and effective delivery of care. Clinical leadership is central to this.

A significant transformation of clinical services and clinical leadership began during 2011-12 and will continue to be implemented throughout 2012-13. These changes place a greater emphasis on triage, assessment and treatment at home, rather than hospital admission. The service requires clinical leaders capable of delivering this transformation and of supporting frontline clinicians in changing their clinical practice to achieve this.

The YAS Clinical Leadership Programme is a key element in ensuring the delivery of high quality, safe services which deliver the right care to the patient at the right place and at the right time.

Clinical leadership is not a new concept and the need to optimise leadership potential across the healthcare professions is being embraced by YAS.

YAS has adopted the national Clinical Leadership Competency Framework (CLCF) to increase and expand its leadership capacity. This framework offers a common and

consistent approach to leadership development, based on a shared set of professional values and beliefs.

Our progress as an Aspirant NHS Foundation Trust

YAS is in the process of applying for Foundation Trust status. We are now entering the detailed assurance phase. In addition we have commissioned an external review of our Quality Governance arrangements which will be reviewed in July 2012.

This year we have also undertaken a significant public consultation exercise. The Trust received 1604 formal responses. This figure represents the largest response rate for an NHS Ambulance Trust Foundation Trust consultation in the country.

The response rate highlights the Trust's genuine attempt to engage with as many staff and external stakeholders as possible over the 12 week period, to provide them with an opportunity to share their views about the future plans and help inform the development of the new organisation.

Further details can be found [xxxxxxx](#)

NHS 111 - Our Ambition

NHS 111 is a new service being introduced to make it easier for patients to access local NHS healthcare services. Following trials of the new number, residents in some areas of the country are now calling 111 when they need medical help, but it isn't a 999 emergency. It is to be launched nationwide in April 2013.

In Yorkshire and the Humber our NHS commissioners are looking for a single contractual arrangement to provide the new NHS 111 service across the region and urgent care services in West Yorkshire and Craven. The procurement process has started and suppliers are being invited to tender for the contract.

We want to play a major role in running the new service in this region and are working hard to put together a comprehensive and competitive bid outlining our credentials to do so. We are partnering with Local Care Direct (LCD), an experienced provider of urgent care consultation and treatment to 2.1 million patients across West Yorkshire. We both know the region well and have extensive experience in call handling, triage and urgent care provision.

Working together, we will be submitting a bid which delivers an NHS 111 service which supports local health services across the region and ensures patients needing urgent care in West Yorkshire and Craven will get the right care at the right time in the right place.

Yorkshire Ambulance Service currently handles just under one million urgent, GP out-of-hours and emergency calls each year. We are focused on operating a seamless and cost-effective service for patients in Yorkshire and the Humber, extending the services we currently have available to meet the non-urgent medical needs of local people as well as the emergency service we already provide.

As the provider of the ambulance service in the Yorkshire and Humber region, we recognise the benefit to patients of the emergency 999 and non-emergency 111 services working closely together.

Participation in Clinical Audits

During 2011-12 YAS participated in all three of the national clinical audits which were relevant to us.

These were:

1. Myocardial Ischemia National Audit Project (MINAP).
This is a national database which gathers information on all patients who have had a heart attack or who have coronary syndromes.
2. National Infarct Angioplasty Project (NIAP).
This is an audit of patients referred for an angioplasty surgical procedure.
3. National Ambulance Non conveyance Audit (NANA) pilot and audit.

National clinical audit/national confidential enquiry	Number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry
MINAP and NIAP	There is no direct submission of data by YAS. The MINAP process requires ambulance trusts to validate data submitted by acute trusts. At the moment we are able to validate the data submitted by one out of the 15 trusts who submit data on YAS patients.
NANA	NANA looked at 1,658 (emergency 999) calls over a 24 hour period, with 1,265 calls eligible for audit. 505 Red calls and 760 Green calls resulting in 5 re-contact incidents within 24 hours.

The national clinical audits and national confidential enquiries that YAS participated in, and for which data collection was completed during 2011-12 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Audit	Cases Required	Submitted
MINAP	Data required submitted to acute trust	100%

NANA	1,658	100%
------	-------	------

We will continue to support future national audits and are contributing to the design of these audits. Examples include the Trauma Audit Research Network (TARN) and Stroke Improvement National Audit Programme (SINAP). We have also been involved in discussions with the National Institute for Health and Clinical Excellence (NICE) around dedicated audit tools for ambulance services.

Learning from Clinical Audit

As a service we continually review the information we receive from clinical audit and share the learning within the organisation. This will be further developed with the implementation of the leadership framework.

Key learning from our contribution to the MINAP and NIAP national clinical audits was reviewed and the focus is on improving the quality of the care we provide. This has resulted in:

- staff education and awareness training.
- implementation of data exchange processes between YAS and regional acute trusts for the validation of MINAP data.
- spot audits regularly conducted by Clinical Managers.
- YAS Board awareness raised through internal processes.
- more focus placed on STEMI as part of CPIs and AQIs.

Ambulance Services Cardiovascular Quality Initiative (ASCQI)

YAS is involved in a national project which has a focus on Cardiovascular Quality, specifically Acute Myocardial Infarction and Stroke. This has been established through the National Ambulance Service Clinical Quality Group and is funded by the Health Foundation.

Currently we have one pilot in progress:

1. Solo responders in York are using lightweight Oxygen and Entonox (pain relief) cylinders, this allows them to more easily provide pain relief for patients with chest pain. The lightweight cylinders also address the issues concerning the weight of the equipment clinicians carry. The two-month pilot was completed at the end of February 2012 and the results are being reviewed.

Additionally, in November 2011 we launched a new way of providing education for our clinicians by printing vital information on a key tab. The tabs contain the specific elements of care for patients suffering a Stroke or heart attack and serve as a prompt for clinicians to ensure they deliver every important element of care.

We have also continued to develop the information provided on best practice on our learning portal which is available to staff 24-hours a day.

Local Audit

Across YAS we undertake our own local audits to measure our own clinical practice standards against best practice standards.

The local audits we completed last year included:

- quarterly hand hygiene audit report.
- quarterly vehicle cleanliness audit report.
- quarterly premises cleanliness audit report.
- quarterly cannulation audit report.
- annual benzylpenicillin report.
- monthly audits of compliance against the four national Clinical Performance Indicators (CPIs)
- completion of clinical records.
- non-conveyance for under 18s and under 2s (that is, not taking children and young people to a hospital emergency department).
- staff confidence to make referrals to social care.
- monthly audits of care provided to fractured neck of femur and cardiac arrest patients.
- the management of medicines.

Compliance with National Guidelines

All NICE Guidance and NICE Quality Standards are logged as published and reviewed for relevance to YAS practice. For each applicable guidance and quality standard an action plan is produced, implemented and monitored through Clinical Governance reporting systems.

Research

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.

YAS works with the National Institute for Health Research Comprehensive Clinical Research Network to ensure we support research activity in a way that promotes the national ambition to double the number of patients participating in research.

During 2011-12 YAS took part in eight research studies approved by an ethics committee:

1. Best Interests Decision Study

Our staff were interviewed to find out how the Mental Capacity Act (MCA) and its guidance are being used to protect and empower those patients who are judged to lack capacity.

2. High Quality Care for All/Quality and Safety in the NHS

219 staff completed a survey to evaluate the extent to which cultural and behavioural changes are occurring in the NHS, in response to recent drives to increase quality and safety in healthcare. The project is particularly focused on generating sustainable lessons about how to improve quality and safety in the NHS.

3. The Ambulance Service Cardiovascular Quality Initiative (ASCQI)

243 staff completed a survey to explore the extent and variation in the use of quality improvement tools in ambulance services for the second phase of this study.

4. ATLANTIC – Drug Trial

Two patients have taken part in a commercially sponsored multi-national randomised controlled trial testing whether the use of an antiplatelet drug in ambulances, compared to on arrival in angioplasty departments, improves outcomes for patients having primary percutaneous angioplasty following a heart attack.

5. Developing Outcome Measures for Pre-hospital Care

This study aims to develop methods for measuring processes and outcomes of re-hospital care. It uses literature review and consensus methods to create a dataset to routinely link pre-hospital, hospital and mortality data; developing methods to measure proposed indicators, and explore the practical use of the developed models.

6. Decision Making and Safety in Emergency Care Transitions

This study is designed to find out what is currently known about safety in pre-hospital emergency care, and what are the key influences on safe decision making by emergency care staff directly involved in the care and transition of patients.

7. Exploring the Feasibility and Practicalities of Research in the Pre-hospital Setting

A staff survey to identify the barriers to undertaking pre-hospital research and to identify potential solutions.

8. CURE-RAPID (Developing the Community Urgent Response Environment for Rapid Response Vehicles)

This is a phased study looking at the possible future design of equipment- carrying systems using focus groups and observations of staff using equipment with actor casualties.

The number of patients receiving NHS services provided or sub-contracted by YAS in 2011-2012 who were recruited during that period to participate in research approved by a research ethics committee was two, plus 844 staff (*numbers correct to end February; to be confirmed after year end*)

In 2011-12 we also:

- supported three ambulance clinicians who were awarded bursaries to study research at masters level
- nurtured our 20 research champions to promote and encourage the principles and benefits of research
- worked with three Comprehensive Local Research Networks (CLRNs) and two Higher Education Institutes to develop and carry out clinical research. These were:
 - West Yorkshire CLRN.
 - South Yorkshire CLRN.
 - North East Yorkshire and North Lincolnshire CLRN.

- University of Sheffield School of Health and Related Research.
- University of Loughborough.

Publications

Snaith B, Hardy M, Walker A. Emergency ultrasound in the pre-hospital setting: the impact of environment on examination outcomes. Emergency Medicine Journal March 2011, 10.1136

Taylor J. Putting Safety First, Newsletter, College of Paramedics, September 2011

Mark J, Walker A, Davey C. A mannequin study comparing suitability of the i-gel™ with a laryngeal mask airway device. Vol 3 No 8 • Journal of Paramedic Practice. August 2011

Goals Agreed with Commissioners

A proportion of YAS's income in 2011-12 was conditional on achieving quality improvement and innovation goals agreed between YAS and our Primary Care Trust (PCT) commissioners through the Commissioning for Quality and Innovation (CQUIN) payment framework.

We achieved all our Accident and Emergency (A&E) CQUIN goals for 2011-12 which included:

- increasing access to clinical advice for clinicians at the frontline of the service.
- improving clinical assessment skills through education and enhancing clinical leadership.
- increasing referrals to alternative care pathways.
- working collaboratively to reduce the number of frequent callers.
- Board-level agreement to introduce electronic patient report forms.
- capturing the patient experience.

The 2012-13 A&E CQUINs are closely aligned to the priorities for improvement in these Quality Accounts. These are:

- Improving outcomes and experience for patients in rural and remote areas.
- Reduce conveyance to emergency departments.
- Improving patient safety by understanding the levels of harm in the ambulance service.
- Improving the assessment of patients with dementia through education.
- Increasing public awareness of the role of the ambulance service.

Full details of our CQUIN goals are available electronically at:

<http://www.yas.nhs.uk/Publications/cquin.html>

What Others Say About Us

Care Quality Commission

YAS is required to register with the Care Quality Commission (CQC) and its current registration status is fully compliant.

The CQC has not taken enforcement action against YAS during 2011-12

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

National Health Service Litigation Authority (NHSLA)

YAS is currently compliant to the NHSLA standards to level 1. YAS is committed to achieving level 2 status and will be assessed in October 2012.

Data Quality

The effectiveness of all organisations is improved by access to good information. YAS uses good quality information as a driver of performance for the clinical teams and to help ensure the best possible care for our patients. Accurate information assists us in sound planning for the management of the Trust as well as assisting us in decision making for the delivery and location of care for our patients. The Trust makes it a high priority to maintain effective, secure data management systems. This means that both we and our partners can have confidence that the information we use to measure the quality of our services is reliable, timely, relevant and accurate.

Ultimately high quality information results in better and safer patient care and minimises clinical risk for our patients.

In 2011-12 we took the following actions to maintain and improve our data quality:

- We utilised our Information Asset Owners (IAOs) to drive the data quality agenda within their respective departments, including advocating the use of formal data quality assurance procedures.
- We continued with the data quality training workshops to ensure that managers and staff in key data-processing roles understand their responsibilities and had the necessary skills.
- Our Management Information team developed weekly data quality reports to help managers monitor and improve reporting and data quality in their teams.
- Our managers are responsible for our 'KA34' performance report to the Department of Health and work together to ensure that any changes to our information technology are assessed for their impact on reporting systems.

- Auditors carried out checks on our data quality systems.

In 2012-13 we will be taking the following actions to improve data quality:

- We will work with internal auditors to assess the Trust's overall approach to data quality and develop an improvement plan.
- We will continue to develop data quality reports for managers to help them monitor and improve data quality in their teams.
- We will develop key performance measures to drive improvement in data quality and monitor progress.
- The IAOs will be expected to take ownership of, and seek to improve, the quality of information within their department and provide evidence of the same.
- We will continue to raise awareness of data quality amongst all staff through the IAO one-to-one process and help to embed best practice throughout the Trust.

Our attainment against the NHS Information Governance (IG) Toolkit assessment provides an overall measure of the quality of our data systems, standards and processes. The Trust is on target this year to achieve strong level 2 compliance (within a range from 0 to 3) for all 35 requirements. This is equivalent to satisfactory compliance.

We are in the process of introducing a new data management system which will enable us to work more efficiently and joined up in terms of risk and assurance data capture. It will provide staff with a seamless data input/output process for monitoring compliance, risk management recording and reporting. The new system will minimise risk and improve productivity.

The Health Act 2009 requires us to make the following statements:

- YAS did not submit records during 2011-12 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.
- YAS was not subject to the Payment by Results clinical coding audit during 2011-12 by the Audit Commission.



2012-13 indicators for Quality Improvement

Safety	Effectiveness	Patient Experience
<p>1. Improved clinical decision making and patient assessment/ clinical record-keeping.</p>	<p>1. Implementation of national Stroke strategy to deliver more streamlined care and improved clinical outcomes.</p>	<p>1. Patient dignity – ensuring a positive patient perception of YAS care.</p>
<p>2. Safe administration of medicines, with a focus on improvements in administration of pain relief and on reduction in medication-related adverse events.</p>	<p>2. Further improvement in the national Clinical Performance Indicators.</p>	<p>2. Effective use of alternative patient pathways for end-of-life care to ensure that all patients receive the most appropriate care.</p>
<p>3. Infection, prevention and control, ensuring continued delivery of a clean, safe environment and clinical care across the Trust.</p>	<p>3. Cardiac arrest survival – delivering a 50% improvement in survival rates through implementation of the resuscitation plan.</p>	<p>3. Improvement in patient experience of YAS services; based on patient surveys, active engagement with ‘expert patients’, critical friends and other approaches, to gain patient feedback in all aspects of the service.</p>

<p>4. Safeguarding children and vulnerable adults, with a focus on ensuring effective assessment and referral processes and improved partnership working.</p>	<p>4. Effective development and use of patient pathways and development of YAS clinical support systems, to ensure patients get the right care in the right place and at the right time.</p>	<p>4. Improvements in the care of patients with learning disabilities, with a focus on awareness raising and on partnership working to ensure that patients with a learning disability receive the most appropriate care.</p>
--	---	--

Review of Quality Performance in 2011-12

How we Selected our Priorities for Improvement and Quality Indicators

In our 2011-12 Quality Accounts we set ourselves nine priorities for improvement. We chose these priorities based on our 2011-12 Business Plan, the Clinical Quality Strategy and the CQUIN targets we agreed with our commissioners.

We detail a summary of our performance against each of our 2011-12 priorities in the following pages.

During the past year we have engaged our staff and stakeholders in discussions about service quality and their views on the content of our Quality Accounts. These activities included:

Staff Engagement

- We provide weekly *Operational Updates* for all staff, which include clinical and operational information.
- Our Chief Executive delivers a weekly email bulletin to all managers which include priorities for the organisation and our service quality.
- We conduct an annual staff survey asking them to be open and honest in their responses. From the feedback we develop and implement an action plan for the coming year.
- Managers attend workshops focusing on key priorities. This allows them to share best practice and lessons learned.

Engagement with Patients and the Public

We regularly ask for patient feedback through:

- PTS comment cards.
- A&E surveys, PTS surveys – which can be completed online or via hard copy.
- All surveys are based around quality and patient experience.
- Our critical friends network. We welcome their feedback on what they think is important and what they want from the ambulance service


Engagement with Partners

- Members of the Trust Board attend the quarterly Yorkshire Air Ambulance Board to ensure collaborative working and share best practice.
- We hold a monthly Clinical Review Group attended by the YAS Executive Medical Director, Executive Director of Standards and Compliance and PCT commissioners to review quality and performance against CQUINs.
- We continue to work closely with the Yorkshire-wide Local Involvement Network (LINK) Ambulance Group encouraging all LINKs to participate in events and feedback on any issues.

Around 40 members from Local Involvement Networks (LINKs) across the region attended the day-long event in Wakefield on 24 February 2012 organised by the Trust. It was set up to provide an opportunity for representatives within our organisation to meet with LINK members to discuss the services provided to people in the region. They were able to meet with a wide range of staff, including the Trust Board and frontline staff from both the emergency service and the non-emergency patient transport service (PTS).

From the results of engagement we learned that while some of the indicators we had chosen in 2010-11 were important to our patients and stakeholders, others that were not included last year were considered more important. We have chosen our indicators for the Review of Quality Performance based on this feedback from stakeholders.

Other indicators, including our performance against national response time targets and the performance of our PTS, are included this year in response to the feedback we received.



“I feel that there is nothing I can complain about. At 91 years of age I have always been treated with respect and dignity and I was very grateful to welcome members of the Ambulance Service. I would like to say a big thank you to them all.”

Mrs C. Moore. Sheffield

Context

When looking at the information presented in this section, it is important to remember the number of patients who use our services each year.

Helen to supply data 16th April

In summary, in 2011-12 we:

- received urgent and emergency calls
- responded to a total of incidents of whichwere immediately life-threatening
- made journeys transporting eligible patients to and from their planned hospital appointments.

Performance Against 2011-12 Priorities for Improvement

Recording Performance Monitoring and Recording against Clinical Outcome Measures

From April 2011, all ambulance services in England have been measured and reported against the 11 quality indicators below, allowing our data to be compared with that of other services across the country.

1. Service experience (feedback from service users).
2. Outcome from ST elevation myocardial infarction (STEMI).
3. Outcome from cardiac arrest: return of spontaneous circulation.
4. Outcome from cardiac arrest: recovery to discharge from hospital.
5. Outcome following Stroke for ambulance patients.
6. Proportion of calls closed with telephone advice or managed without transport to A&E
7. Re-contact rate following discharge of care.
8. Call abandonment rate.
9. Time to answer calls.
10. Time to treatment by an ambulance-dispatched health professional.
11. Category A eight-minute response time (Red Calls)

There are now two categories; **RED** and **GREEN** which will commonly be known as **R** and **G**.

Red calls		Green calls			
R1 (ECHO codes) Minimum 75% of cases	R2 Minimum 75% of cases	G1 Minimum 90% of cases	G2 Minimum 90% of cases	G3	G4

Response within 8 minutes 19 minute transport standard	Response within 8 minutes 19 minute transport standard	Response within 20 minutes	Response within 30 minutes	Telephone assessment within 20 minutes	Telephone assessment within 60 minutes
---	---	-----------------------------------	-----------------------------------	---	---

The nationally set targets for 2012-13 are the Red Calls **only**.

Ambulance Response Times

Getting to patients with life-threatening conditions as quickly as possible saves lives and is a vital part of achieving the best possible clinical outcomes. In 2011-12 we continued to ensure that improving our response times was YAS's highest priority.



2011-12 aim:

1. Maintain our response times to patients with life-threatening (Category A) conditions in line with the nationally agreed indicator to reach 75% of patients within eight minutes.

How did we do?

1. Getting to patients with life-threatening conditions as quickly as possible saves lives and is a vital part of achieving the best possible clinical outcome. During 2011-12 several operational improvements were introduced that had a positive effect on our services to emergency patients. Our ambulance response times for 2011-12 measured against national targets were significantly improved and some exceeded the set standard.

Developing Patient Pathways

There are a significant number of people who contact YAS as an emergency service, however, once there has been a robust assessment of the call, it is sometimes confirmed that a 999 ambulance response is not appropriate. In order to ensure we serve our duty to care for all patients who call our services we have, with our healthcare partners, developed referral systems to ensure patients are appropriately transferred onto alternative care pathways. This may allow a patient to stay at home and a hospital admission may not be necessary.

Throughout 2011-12 we have successfully continued to develop these pathways for patients with diabetes, those who fall, and those at the end of life.

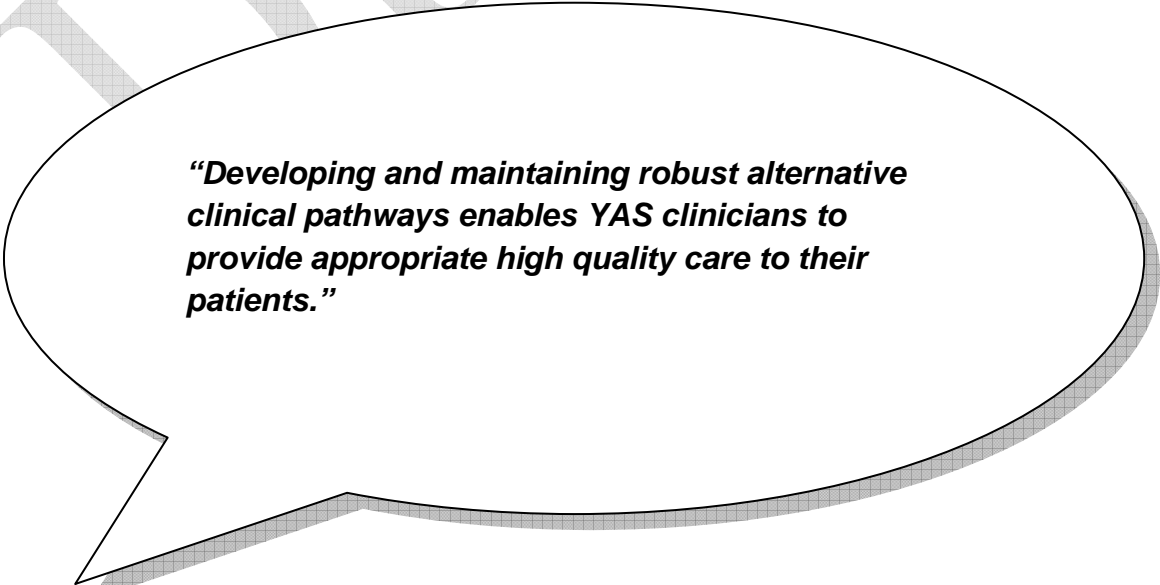
2011-12 aims:

1. Work with healthcare partners to develop our referral processes and establish pathways that meet patient needs and link effectively with local services.
2. Work with healthcare partners to develop processes for referring patients to alternative care pathways that are the same in all areas of Yorkshire and the Humber. Having consistent procedures will promote high standards of care and allow comparisons to be made across the region and with other regions.
3. Introduce a monitoring process for the care provided to patients referred via the diabetes and end-of-life care pathways throughout the full patient journey.

How did we do?

1. We have continued to work with our healthcare partners in developing referral processes and establishing pathways that meet the needs of patients, whether that is to convey them to a hospital or treatment centre or to allow them to remain in their own home with an appropriate care plan put in place.
2. We have further developed a number of processes for referring patients to alternative care pathways and in doing so have tried to ensure consistency to promote high standards and allow comparisons to be made across the region.
3. We introduced a monitoring process for the care provided to patients referred via the diabetes and end-of-life care pathways throughout the whole patient journey.

The development of care pathways will continue to be important in 2012-13.



“Developing and maintaining robust alternative clinical pathways enables YAS clinicians to provide appropriate high quality care to their patients.”

Liz Harris. Paramedic and Clinical Pathways Advisor, Sheffield

Working with Partners to Ensure Appropriate Care and Management of 'Frequent Callers'

Some of the people, who call our 999 service most frequently, require help – but not necessarily the attendance of A&E ambulance clinicians or require transporting to hospital.

Since 2009 we have worked with local Primary Care Trusts (PCTs) to identify frequent callers (either individuals or care homes) and review their care needs via multi-agency case conferences. This helps identify potential gaps in the care they are receiving in their communities and how this care could be improved. By putting in place alternative sources of care which better meet individual needs, this reduces the number of times they call 999 for an ambulance, leaving resources free for others who need them. This work continued to be recognised nationally in 2011 when it won the Incident Response Award at the Inaugural Emergency Services Awards 2011 for the work on managing these patients.

2011-12 aims:

1. Continue to identify the top ten most frequent individual callers and care home callers by commissioned area.
2. Work with other healthcare providers to review cases, agree action plans and monitor the impact of these plans.
3. Analyse past cases to identify early warning indicators for potential frequent callers and work with healthcare partners to develop procedures for early action so at-risk individuals can get the care they need before resorting to the 999 ambulance service.

How did we do?

1. Monthly reports are sent to each PCT on the top ten individuals (frequent callers) and top ten care homes. Liaison with PCT leads each month provides feedback on patient/care home action plans.
2. Following reviews by a patient's GP if appropriate, a case conference is organised. Over the last 12 months YAS has contributed to the action planning in over 50 case meetings.
3. At present York University, in conjunction with YAS is piloting a Prediction Tool which will analyse past cases to identify early warning indicators for potential frequent callers. They will work with healthcare partners to develop procedures for early action so at-risk individuals can get the care they need before resorting to calling 999.

Improving Patient Transport Service (PTS) Performance

Our PTS provides transport for eligible people who are unable to use public or other transport because of their medical condition. These include:

- attending hospital outpatient clinics.
- being admitted to or discharged from hospital wards.
- needing life-saving treatments such as chemotherapy or renal dialysis.

2011-12 aims:

1. Agree a target with each of the four PTS commissioning consortia for the percentage of patients who should be collected for their return journeys within 60 minutes of the hospital/clinic advising that they are ready to travel.
2. Measure our performance against these quality targets and work towards reducing waiting times for all patients.

In order to reduce waiting times for homeward journeys and improve patients' overall experiences of our service we need to have better knowledge of the timings of individual clinics. Currently, we plan journeys based on an appointment time of one-and-a-half hours for every clinic. In 2011-12 we will:

3. Map the timings of individual clinics and use this to plan return journeys that better match when patients are ready to be transferred.

How did we do?

1. The targets for 60-minute waits are set in the contracts and most areas are achieving this, or close to achieving it. Where this has not been delivered, we have been given the opportunity to work with commissioners to set trajectories for improvement. The priority for us is preventing the extended waits for all patients and, in particular, those patients that have been waiting in excess of two hours. Trajectories for improvement are included in each area's Service Improvement Plans.
2. We have continued to measure performance against all quality targets, however not all of these targets have been achieved and wait times, in particular, have not shown significant reductions. We have recognised this needs to be rectified as a priority area for focus during 2012-13 and have established a service Transformation team whose primary objective is to deliver a significantly improved PTS service. The service Transformation team is initially focusing on South Yorkshire, Hull and East Yorkshire localities and working with the PCTs and acute trusts, the team has developed service improvement plans to address and implement the changes.
3. During the last 12 months we have created a 'Site List' document for each of the PTS contract areas. These lists have helped us to confirm specific sites and times of operation. Through discussion with our commissioners we have been able to more easily identify where changes have needed to be made to improve services for patients.



Developing Clinical Leadership and Assessment Skills

In order to continually improve the quality of our care in line with the AQI's we need to ensure that our clinical staff have the skills and confidence to make good, clinically- sound decisions about treatment and referral. By supporting our staff to develop their clinical assessment and decision-making skills we aim to increase the number of referrals to appropriate alternative care pathways.

YAS is investing significantly in the development of clinical leadership through the implementation of the clinical leadership framework.

2011-12 aims:

1. Develop and deliver a clinical leadership and skills development project.
2. Monitor the numbers of staff who have increased their clinical skills through the clinical leadership and skills development project.
3. Improve the standard of clinical record-keeping by increasing the number of patient report forms where all essential fields are complete.

How did we do?

1. The YAS Clinical Leadership Framework has been developed and implementation has begun, ensuring the delivery of high quality, safe services which provide the right care to the patient at the right place and at the right time. YAS has also designed and delivered education programmes in collaboration with Higher Education Institutes to support the implementation of the Clinical Leadership Framework.
2. We continually monitor staff skills and their development and this will continue throughout 2012-13. This includes the completion of a mandatory training schedule as well as other opportunities for learning and development.

3. See table A

Patient Report Form (PRF) Data	% of completed forms
April 2011	97.9%
May 2011	98.7%
June 2011	97.2%
July 2011	98.1%
August 2011	98.1%
September 2011	98.7%
October 2011	98.4%
November 2011	97.9%
December 2011	98.3%
January 2012	98.4%
February 2012	
March 2012	

(Table A)

Providing Ambulance Clinicians with 24/7 Access to Clinical Advice

Our ambulance clinicians work 24-hours a day, seven days a week, 365 days a year. The nature of their job means that they deliver care in peoples' homes and in public places where they do not have the same access to reference sources or advice from colleagues as people who work in hospitals or clinics. We want to provide our clinicians with better access to clinical advice and guidance on the available alternative care pathways.

2011-12 aims:

1. Develop our Clinical Hub to provide a new clinical advice and guidance service for ambulance clinicians.
2. Monitor the number of incidents where clinicians working in ambulances and rapid response vehicles can access the Clinical Hub.
3. Increase the satisfaction of clinicians with the service provided by the Clinical Hub. We will monitor this through surveys of staff opinions.

How did we do?

1. The Clinical Hub has been developed and provides the following services:
 - **Clinical advisors (specially trained nurses and paramedics).**
Currently their role is to take calls from patients with non life- threatening conditions and assess their needs using a clinical triage system. Following this assessment they may be able to provide advice about self-care, arrange a home visit by a healthcare professional such as a district nurse, GP or emergency care practitioner, or refer the patient to an appropriate care pathway in the community.
 - **Health Desk Advisors (non-clinical staff)**
The Health Desk Advisors process information from crews about appropriate care pathways available to them for their patients. They

complete the administrative process and make the referral to the appropriate service which allows the crew to spend more of their time assessing and monitoring patients.

- **Hear and Treat**

When members of the public contact us, we assess the reason they are calling carefully, and in some instances determine that the situation is not life threatening or an emergency, and that the problem can be resolved over the telephone. Clinical advisors or qualified nursing staff within the ambulance service Emergency Operations Centre can offer advice which, where appropriate enables people to stay at home rather than be taken to hospital unnecessarily. Currently we “hear and treat” 4.3% of the calls we receive.

2. In 2011-12 we provided all YAS staff with a single phone line into the Clinical Hub called the ‘Crew Line’. This enables all our staff to access advice and support when needed. Throughout the year the extent to which clinicians have accessed the ‘Crew Line’ has increased and is shown in table B.

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Acute criteria	3	11.54%	16	22.86%	29	7.44%		
Clinical advice	11	42.31%	9	12.86%	65	16.67%		
Frequent Caller Advice	0	0.00%	0	0.00%	2	0.51%		
General Pathway information	3	11.54%	14	20.00%	107	27.44%		
STEMI Pathway	0	0.00%	1	1.43%	12	3.08%		
Stroke Pathway	2	7.69%	3	4.29%	15	3.85%		
Toxbase	2	7.69%	5	7.14%	13	3.33%		
JRCALC / NICE Guidelines	1	3.85%	0	0.00%	2	0.51%		
YAS Policy Advice	1	3.85%	8	11.43%	35	8.97%		
Other	3	11.54%	14	20.00%	110	28.21%		
Total	26	100.00%	70	100.00%	390	100.00%	0	0.00%

(Table B)

3. In addition, a staff satisfaction survey was conducted in July and August 2011 to understand the staff satisfaction with the advice they received from the ‘Crew Line’. A second survey took place in March 2012. Overall staff were highly satisfied with the advice they received.

Measuring and Improving Patient Experience

Listening to and acting on feedback from patients is a vital part of providing a high quality service. By listening to what our patients are saying we can reduce the risk of missing the warning signs of poor care.

2011-12 aims:

1. Increase the overall level of feedback given by patients and other service-users as a proportion of those using our services.
2. Review the diversity of those providing feedback on our services compared to the diversity of our service-users and use this information to increase the opportunities for all groups to make their views known.
3. Develop the mechanisms through which patient feedback influences and improves our services.
4. Keep records of work showing how feedback from patients has been used to develop and improve our services.

How did we do?

1. We have implemented a Service-User Experience Survey for patients who have used our emergency service. This can be completed through a postal survey or electronically.

We have also improved the ways we can understand patients' experiences who travel on our PTS vehicles. This is captured through the completion of an annual survey and we have also revised the comments cards to include a question on dignity and respect, together with increased anonymity of feedback and improved readability.

All surveys are written in plain English and are available in large print, alternative format, Braille or a different language on request.

We display posters in our emergency and PTS vehicles informing patients how they can give feedback. We have also continued to record narrative and filmed patient stories as a further method of gaining patient feedback.

2. The Patient Experience Group has continued to manage the service- user feedback from patients. It is also in the process of developing new ways to better represent the diversity of our communities;
3. The clearest theme from both the A&E and PTS surveys is that patients appreciate the care provided by YAS staff. To reinforce positive behaviour and raise awareness of the minority of negative comments the results are widely publicised to all staff and patient stories and feedback from the surveys is also used within training.

During 2012, we are reviewing the services we provide for bariatric patients. This Trust-wide review will enhance the quality of care we can provide for bariatric patients giving consideration to:

- equipment and associated training
- privacy and dignity
- working collaboratively with the other stakeholders
- risk assessment procedures.

This review has included the contribution of a service user for which we are very grateful.

4. Throughout the year we have continued to measure the experience of our patients and we are committed to capturing patient stories as part of our work to understand our patients' experience. Over the last year we have developed a library of patient stories, which are both filmed and narrative. The patient stories are an integral part of our Trust Board meetings, and also in inducting and training our staff. We have a robust process to engage patients in patient stories which includes consent.

We record our achievement and details of this work can be found on page xxx.Outcome/actions taken with YAS from survey to be included at year end

Diversity is a cross cutting-theme amongst all of our patient feedback and our aim is to provide a positive experience for all our patients.

A Bariatric patient story to be included

Performance against 2011-12 indicators

Indicator 1: Ambulance Response

The nationally set target for 2011-12 is as follows:

- The Category B target has been removed and replaced with the new **RED** national targets.
- There is also **GREEN** category that YAS will report on.

The funding for our services is provided by PCTs and we work with our PCT commissioners to negotiate a level of funding that will allow us to achieve the national response time indicators, on average, over the PCT area.

Our patients and stakeholders also asked us to state in our Quality Accounts the time it took us to answer 999 calls. This is the time between the call being connected to our emergency operations centre by BT and the call being answered by one of our trained call-takers.

In 2011-12 both the nationally-set response targets were achieved.

Trust-wide both the Red 1 (75% immediately life-threatening) and the Red 2 (95% within 19 minutes) were exceeded, demonstrating a significant improvement on last year's response times.

Year-on-year the number of emergency calls to YAS has increased and 2011-12 was no exception. The service experienced a significant increase in calls during February 2012 (following the snow and freezing conditions) and early March 2012.

Work to improve our response to rural areas continued. North Yorkshire, in particular, has continued to see



improvements to response times to life-threatening calls. Delivery of emergency services to a rural area is always a challenge and YAS and the PCT commissioners are working in partnership to develop a range of services to improve response times to rural areas and this remains a priority for improvement for 2012-13.

Year-to-date - 1 April 2011 to 29 February 2012

PCT	Total Red 1 and Red 2	
	8 Minute %	19 Minute %
North Yorkshire and York PCT	71.2%	94.8%
East Riding of Yorkshire PCT	69.7%	94.6%
Hull PCT	90.7%	99.8%
Bradford and Airedale PCT	73.6%	98.1%
Calderdale PCT	78.7%	97.9%
Kirklees PCT	75.0%	98.2%
Wakefield District PCT	76.9%	98.7%
Leeds PCT	75.4%	98.8%
Barnsley PCT	76.0%	99.2%
Doncaster PCT	74.2%	98.7%
Rotherham PCT	75.6%	99.1%
Sheffield PCT	78.5%	99.3%
YAS	75.7%	97.9%

“Over the past five years whenever I have had need of them either for myself or other people the response time has been excellent and the paramedics have been very efficient and reassuring. I would give them 10/10 or even 11/10”.

Indicator 2: Patient Transport Service Performance

Our PTS is provided by trained staff working to high standards of quality, safety and professionalism. In addition to Trust-wide indicators of quality, in 2011-12 we measured the standard of our PTS operational performance using three measures:

- **Punctuality:** whether patients arrive in time for their appointments. We aim to get patients to their clinic between 0 and 60 minutes before their appointment time.
- **Waiting time:** how long patients have to wait for their return transport after the clinic tells us that the patient is ready to travel. We aim to pick up patients for their return journey within 60 minutes of being told by the clinic that they are ready to travel.
- **Journey times:** how long patients spend on the vehicle. We aim for journey times to be below 60 minutes.

For each of the above measures we have agreed performance targets with local commissioners.

PTS Year-to-date Performance

PTS YTD Inward Arrive on Time	PTS YTD Outward Depart within 60 Minutes	PTS YTD Time on Vehicle More Than 60 Minutes
69.30%	75.34%	13.78%

Patient Story One:

Mrs C is a 62 year old lady suffering from bowel cancer. She had an operation and then needed to attend a series of appointments at the regional oncology hospital prior to commencing a course of chemotherapy.

Mrs C had pressure sores and needed to travel on a stretcher.

Mrs C's first appointment went without any problems and a second appointment was booked for the following week.

On the day of the second appointment the Patient Transport Services (PTS) was unable to provide transport in time for the appointment and it was subsequently cancelled by the hospital. Mrs C was not informed what had happened.

A further appointment was scheduled for three days later and went ahead as planned. Two weeks later an ambulance arrived to take Mrs C and her husband for another appointment. The ambulance had other patients to collect on route to the hospital and Mrs C was unable to travel due to her being in pain and could not tolerate the longer journey.

Mrs C's son contacted the Patient Relations Department expressing concerns that his mother had missed vital appointments.

The Patient Relations and PTS managers visited Mrs C and her husband, who is her

Indicator 3: Clinical Performance Indicators

There are five nationally-agreed Clinical Performance Indicators (CPIs) which relate to conditions where the care of ambulance clinicians can make a significant difference to patient outcomes.

These CPIs relate to conditions where the care of ambulance clinicians can make a significant difference to patient outcomes for heart attack (STEMI), Stroke, low blood sugar (hypoglycaemia) and asthma. For each indicator there are a number of agreed actions that should be completed for every patient with that condition and we audit our Patient Report Forms (PRFs) to identify whether these were carried out.

CPI Results 2011-12 - YAS Performance

From Cycle 7 the method for calculating the results has been changed to reflect the way indicators are calculated.

In order to maintain comparisons with the previous cycle, Cycle 6 results have been recalculated using the new calculation methodology. The table below shows Cycle 6 calculated using the original method and Cycle 6 and 7 using the new methodology.

Cycle 7 CPI results demonstrated a global reduction in clinical performance in the immediate management of STEMI and between November 2010 (cycle 6) and June 2011 (cycle 7). Subsequently actions were taken with A&E Operations to ensure that the importance of comprehensive clinical management of STEMI was reinforced. Cycle 8 results, from November 2011, have demonstrated a marked improvement.

Similar results were seen for the recognition and immediate management of stroke between January 2011 (cycle 6) and July 2011 (cycle 7) with action plans put in place through A&E Operations, monitored by the Clinical Excellence Managers and reported to Clinical Effectiveness Group. Significant improvement in performance has subsequently been demonstrated in the cycle 8 results from January 2012.

	Old Calculation Method	New Calculation Method	
	Cycle 6	Cycle 6	Cycle 7

ST Elevation Myocardial Infarction (STEMI)	Nov 2010 Results %	National Average%	Nov 2010 Results %	June 2011 Results %	National Average %
M1 – Aspirin	98.2	95.2	98.3	94.9	96.5
M2 - GTN	93.8	91.7	94.1	86.0	92.7
M3 - Two Pain Scores Recorded	90.2	85.1	90.7	84.1	80.8
M4 - Morphine alone given	67.0	69.3	73.7	71.3	81.3
M5 - Analgesia given	74.5	75.2	79.7	82.2	86.2
M6 – SpO2 recorded	99.2	97.1	99.2	98.7	97.9
MC – Care Bundle M1, M2, M3 and M5	67.8	59.4	75.4	65.6	66.9
Cardiac Arrest	Dec 2010 Results %	National Average%	Cardiac Arrest is no longer measured as part of the Clinical Performance Indicators as this is now measured as part of the Ambulance Quality Indicators.		
C1 - ROSC on arrival at hospital	14.1	19.7			
C2 - Advanced Life Support provider in attendance	100	98.1			
C3 - Response to cardiac arrest < 4 minutes	15.7	19.0			
PILOT – Care Bundle C2 and C3	15.7	18.5			
Stroke	Jan 2011 Results %	National Average%	Jan 2011 Results %	July 2011 Results %	National Average %
S1 - Face, Arm, Speech Test (FAST) recorded	97.7	95.7	98.0	94.3	95.6
S2 - Blood glucose recorded	97.6	94.0	97.7	96.3	95.6
S3 - Blood pressure recorded	100	98.8	100	99.3	99.6
S4 – Time of onset of stroke recorded	78.7	80.6	82.0	85.3	85.8
SC – Care Bundle S1, S2 and S3	94.9	89.8	95.7	90.7	92.0
Hypoglycaemia	Feb 2011 Results %	National Average%	Feb 2011 Results %	August 2011 Results %	National Average %
H1 - Blood Glucose Recorded before treatment	99.3	99.2	99.3	97.4	98.8
H2 - Blood Glucose Recorded after treatment	100	93.6	100	98.1	97.9
H3 - Treatment for Hypoglycaemia Recorded	100	98.4	100	99.6	97.9
H4 – Direct referral made to an appropriate health professional	47.8	30.3	47.8	98.5	64.3
HC – Care Bundle H1, H2 and H3	99.3	92.3	99.3	96.3	95.4
Asthma	Mar 2011 Results %	National Average%	Mar 2011 Results %	Sept 2011 Results %	National Average %

A1 - Respiratory rate recorded	100	97.3	100	99.7	99.1
A2 - PEFR (peak flow) recorded before treatment	59.9	55.7	77.7	84.3	78.3
A3 - SpO2 recorded before treatment	91.5	94.8	91.5	90.9	92.3
A4 - Beta 2 agonist recorded	99.3	94.0	99.3	93.4	96.6
A5 - Oxygen administered	99.7	93.6	99.7	95.8	96.2
PILOT – Care Bundle A1, A2, A3 and A4	52.8	48.5	72.3	76.7	71.9

Indicator 4: Developing Alternative Care Pathways

We have continued to work with our healthcare partners to develop referral processes and establish pathways that meet the needs of the patient, whether that is to convey them to a hospital or treatment centre or to allow them to remain in their own home with an appropriate care plan put in place. We have further developed a number of processes for referring patients to alternative care pathways and, in doing so, have tried to ensure consistency to promote high standards of care and allow comparisons to be made across the region.

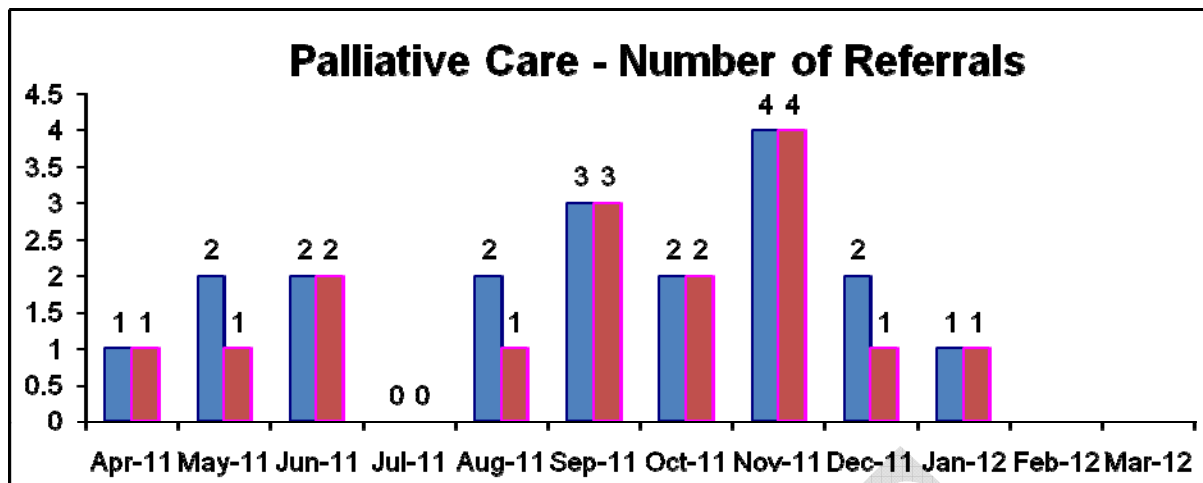
Acute Stroke and Cardiac Pathways

We continue to work with partners to develop pathways for Stroke and cardiac care. This year we have improved the referral pathway to all hospitals providing Hyper-Acute Stroke care. For our patients who present with symptoms of a Stroke, they can be assessed and receive prompt and appropriate care, and where appropriate receive treatment called thrombolysis. Patients suspected of having a heart attack, ST elevation Myocardial Infarction, continue to be referred to heart centres with over 80% being referred direct by YAS.

Palliative Care/End-Of-Life

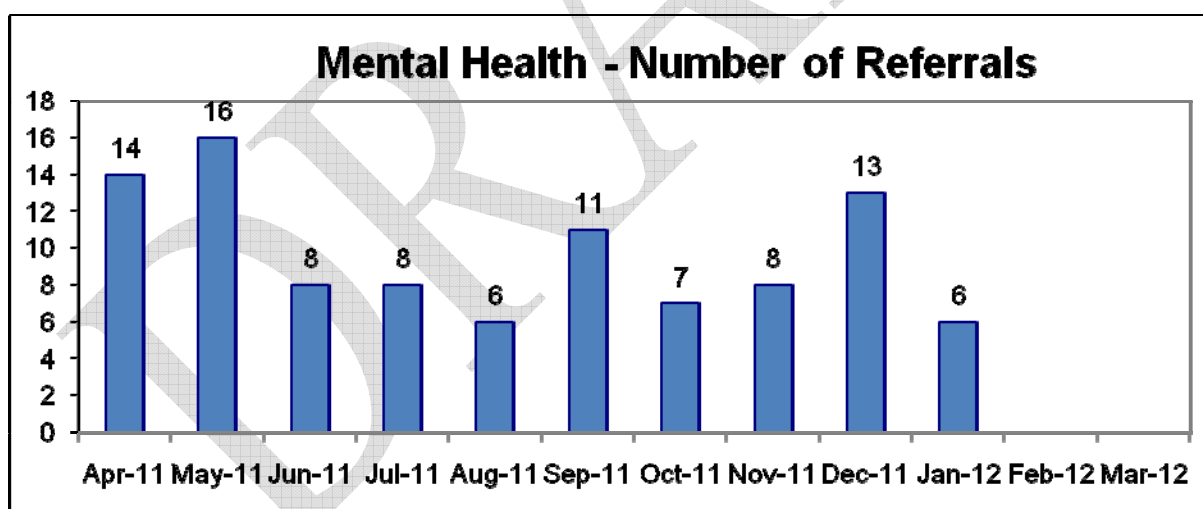
Further to the pilot in Leeds we have now rolled out the referral pathway to most areas of YAS. The pathway ensures that wherever possible and where appropriate for the patient that they can remain in their own home and receive the best care possible at the end-of-their-life. The pathway is consistent in that the ambulance clinician can contact the YAS Clinical Hub, and through them, subsequently a community nurse. A discussion can then take place to agree an appropriate care plan for the patient.

Whilst it is acknowledged that the numbers are small it is important to recognise the value of this pathway for patients at the end of their lives. YAS will continue to extend the network of stakeholders, and contribute to the regional strategic leadership on end-of-life in order to increase the quality of care for patients.



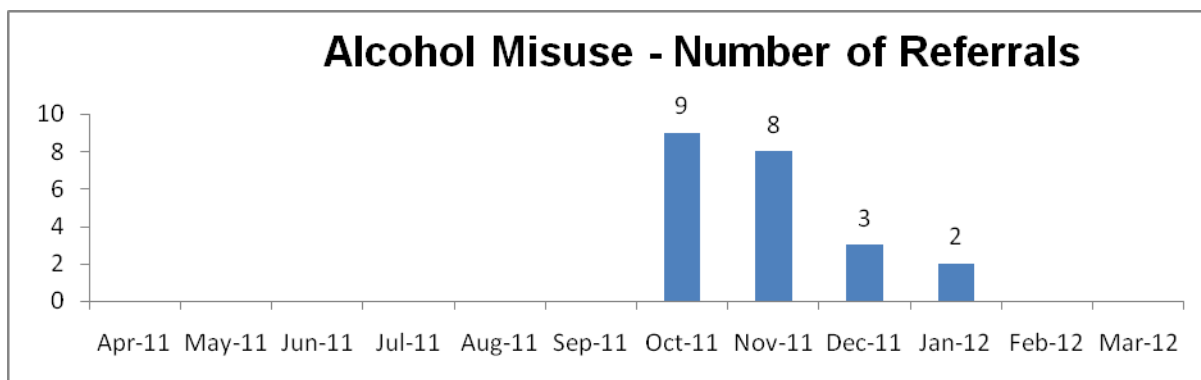
Mental Health

We continue to work with our mental health partners so we can ensure that patients with acute mental health problems are assessed and cared for in the most appropriate place and avoid the need for emergency department attendances if this is not appropriate. Pathways are now formally agreed in the areas of Sheffield, Rotherham, Doncaster and Leeds.



Alcohol Pathway

Many adults in the UK are drinking alcohol at levels that may be damaging their health, most without realising it. We have started an innovative pilot in Sheffield where the ambulance clinician can ask a patient some simple questions relating to alcohol and, where appropriate, can then refer the patient onto a specialist alcohol service for further follow up and an invitation to attend an appointment. The Alcohol Service is a team of health and social care professionals who provide a number of services to people who misuse, or have an addiction to alcohol. The aim is to provide packages of care to assist in reducing alcohol intake, or to become abstinent. The YAS Alcohol Services referral pathway began in October 2011 and is available when it is considered the patient may benefit from contact with Alcohol Services.

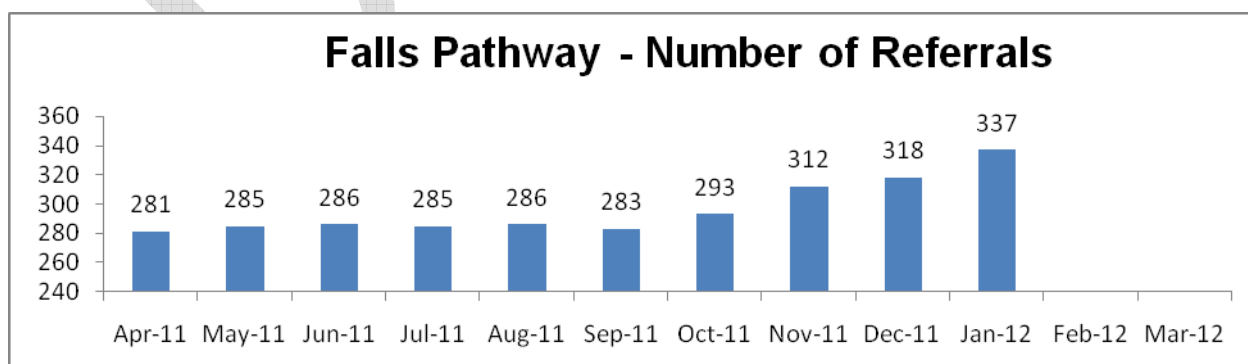


GPs

We have continued to develop referral pathways with our GP partners that work both in and out-of-hours. YAS clinicians are often called to patients who have urgent rather than emergency conditions and therefore may not need attendance or admission to hospital. Direct conversation and clinical discussion with a GP by the attending clinician can ensure an appropriate alternative care pathway for the patient is arranged. This gives the patient and GP the opportunity for home-based care delivered by a variety of clinicians or services in preference to the patient being transported to the emergency department. Use of this referral pathway increases patient choice and potentially improves patient experience and satisfaction. We have started to refer patients to in-hours GPs in the Huddersfield area in a more formal way with the referral going through the YAS Clinical Hub and we are currently having discussions with GP leads across the region to roll out this pathway more widely.

Falls

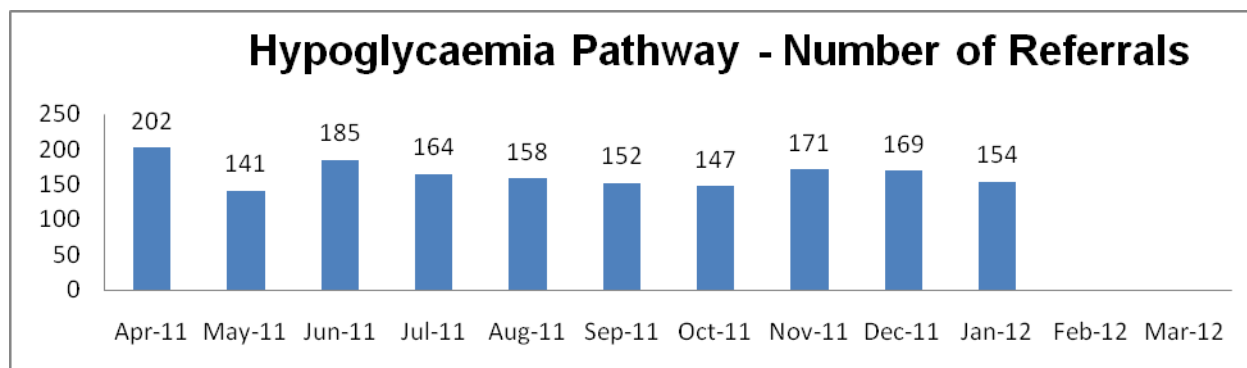
Across the region we have continued to maintain a consistent referral pathway for patients who have had a fall and are not conveyed to hospital. Referral is from clinician via the Clinical Hub and onto the community services for the patient to receive further follow up and falls assessment with the aim to reduce further falls and complications such as fractures. The pathway is established in 11 out of the 12 PCT areas.



Hypoglycaemia Pathway

This pathway is YAS-wide and ensures that patients receive follow-up assessment after we have attended them for an acute hypoglycaemic episode. Appropriate support and education can then be provided to prevent reoccurrence of hypoglycaemia. We are now working with NHS Diabetes and the National Diabetes

Information Service to look closer at the information we have about patients across the region who have hypoglycaemic episodes and how this can be used to look at ways of reducing these life-threatening events.



Acute Care Pathways

The change in the healthcare landscape, for instance the reconfiguration of services between hospital sites, has led to a number of hospital sites being bypassed. Pathways for YAS staff have been developed to ensure patients are taken to the righthospital first time. Leeds Teaching Hospitals NHS Trust, Mid Yorkshire Hospitals NHS Trust, and South Tees Hospital NHS Trust all have differing pathways of care in place for medical and trauma patients. The development of the Clinical Hub and the Trust's intranet library of clinical pathways ensure staff are aware of new pathways as they are implemented.

Indicator 5: Complaints, Concerns, Comments and Compliments

Our staff work very hard to get the job right first time but, as in any complex service, mistakes can happen and problems occasionally occur. When people tell us about their experiences we listen, we always strive to put things right and learn for the future.

Gauging the views of our patients and the public about the services we provide is an important aspect of how we shape our future developments.

There are times when the standard of service is perceived to have fallen below what is expected and we view comments and suggestions on how we can improve our services just as importantly as concerns and complaints.

During 2011-12 we continued to ensure that concerns and complaints were dealt with quickly and that each enquirer received a full and detailed response.

In 2011-12 we received **xxxxx** concerns and **xxxx** formal complaints. Of these **xxxx(xxx%)** were resolved within 24 hours, and a further **xxxx (xxx%)** within 25 working days.



The Trust is always pleased to receive compliments about the quality of service provided to patients. In 2011-12 we received a total of xxx appreciations and commendations, complimenting staff for their professionalism and dedication.

Learning lessons from complaints, concerns and comments is very important to us. Every two months we report key issues, themes and trends to our Integrated Governance Committee (a sub-committee of the Trust Board) on how we are learning from these to improve our services in the future.

2011-12												
Complaints, Concerns and Comments	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Attitude - negative	20	19	11	16	17	8	18	20	12	26		
Delayed, inappropriate, no response	77	91	100	105	94	72	80	93	89	118		
Patient care	21	25	30	18	21	28	15	24	22	24		
Driving Issues	10	5	14	9	7	13	11	8	7	9		
Administrative	13	13	9	13	11	14	10	7	13	14		
Other (procedural issues)	2	4	3	1	6	3	8	3	9	6		
TOTAL negative	143	157	167	162	156	138	142	155	152	197		
Compliments	69	78	51	57	24	115	61	62	58	36		
2010-11												
Complaints, Concerns and Comments	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Attitude - negative	21	11	13	19	13	19	16	15	17	16	17	24
Delayed, inappropriate, no response	125	89	127	113	91	144	122	73	78	110	99	122
Patient care	26	19	25	20	17	17	12	28	20	24	26	20
Driving Issues	6	4	8	9	12	9	5	6	13	4	8	7
Administrative	12	10	10	9	6	25	8	9	5	6	8	5
Other (procedural issues)	3	2	1	2	2	2	0	0	0	1	9	4
TOTAL negative	193	135	184	172	141	216	163	131	133	161	167	182
Compliments	49	49	68	88	56	49	66	49	71	66	118	64
2009-10												
Complaints, Concerns and Comments	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Attitude - negative	13	15	12	17	16	8	22	20	13	19	11	14
Delayed, inappropriate, no response	43	55	61	59	43	62	75	61	58	42	99	131
Procedural deviation	14	19	18	31	21	29	34	39	42	40	29	50
Road Traffic Collisions	1	0	0	0	0	0	1	0	0	3	0	0
Equipment Failure	0	2	0	0	0	0	2	1	1	1	0	0
TOTAL negative	71	91	91	107	80	99	134	121	114	105	139	195
Compliments	20	44	37	38	13	18	49	58	25	40	46	53

Some of the improvements we made in 2011-12 as a result of issues highlighted through complaints, concerns and compliments were:

- A number of complaints have been received regarding PTS bookings. Patient Services has been identifying notes which can be added to patients' bookings (ie a four-person lift needed, cannot travel in a small ambulance due to sickness). There have been issues regarding whether PTS planners are adding these notes which has resulted in patients experiencing repeated problems. PTS managers have now been asked to remind the planners of the importance of adding the notes, which should reduce the number of repeated complaints.
- PTS managers have been reminded to keep patients informed of any updates on their pick-ups. A number of incidents have occurred where YAS has

contacted a clinic to advise of a delay, the clinic has subsequently cancelled the appointment, but no-one has informed the patient.

- A number of complaints and concerns were received where members of the public reported feeling intimidated by the driving of ambulance staff. To address this and in addition to the work being led by the new YAS accident reduction manager, a reminder was issued to all staff from the Trust's chief driving tutor reminding them about good driving practice and the consequences should individuals be found to have shown undue aggression towards other drivers.

YAS continues to develop its approach to learning lessons. This work includes the following aspects:

- Developing a culture to encourage reporting incidents and reinforcing a positive attitude to investigations with a focus on learning and not blame.
- Investigation skills and Root Cause Analysis training is currently being developed which will be delivered to investigating managers across the Trust to improve investigation processes and findings.
- Identifying new ways of analysing themes and trends from a number of reports.
- Procurement of the new risk management data system from April 2012.

Patient Story Two:

Miss X called the ambulance at 3.00am for her daughter who had acute pain in her back and chest and was also having difficulty breathing. When the ambulance arrived Miss X became concerned that the clinicians did not sufficiently assess her daughters' condition and appeared to make assumptions as to the cause of her pain. Miss X subsequently wrote to YAS with her concerns regarding the assessment of her daughters' condition and the care given by the crew.

Miss X had never called for an ambulance before and was dissatisfied with her experience.

The complaint was handled through the Patient Relations Department, and Miss X was visited by the Associate Medical Director and the Patient Services Coordinator.

An apology was given and the events of the incident were explained and discussed.

A clinical case review was also conducted where the incident was reviewed with the staff involved and their managers. These reviews are aimed at identifying both individual and team areas for learning. The outcomes from this particular meeting were shared with Miss X.

Despite the initial upset caused by this incident the family were pleased to be offered a meeting and also with the outcome of their concerns.

Miss X contacted YAS to express her appreciation of the professionalism and sensitivity YAS showed in handling her complaint.

Indicator 6: Adverse Incidents and Serious Untoward Incidents

An incident can be described as:

"An event or circumstance which resulted in unnecessary damage, loss or harm to a patient, staff, visitors or members of the public."

At YAS we report incidents via the 'Prism' incident reporting system and all incidents are assigned to local managers for an internal investigation. Incidents can vary in severity and in cases where they have resulted in major or catastrophic consequences, these require a higher level and more thorough investigation. These types of incidents are reported as Serious Incidents (SIs) to our commissioners, NHS Bradford, Airedale and Leeds, and a full, comprehensive investigation must be completed and the report submitted within 12 weeks of the incident being reported. SIs include any event which; causes death or serious injury, involves a hazard to the public, causes serious disruption to services, involves fraud, has the potential to cause significant reputational damage to the Trust, plus a number of other types of events.

Incidents

At YAS we continuously work to improve our incident reporting system, updating categories to allow more specific reporting which allows us to identify trends more accurately and, in turn, learn lessons from incidents. The table below shows the number of incidents reported across different directorates in 2011-12. The number of 'Other' incidents decreased dramatically after October 2011. This was due to the large amount of work that took place to improve the allocation to specific incident categories.

New Incidents Reported 2011-12	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Operations – Accident & Emergency	166	235	193	209	172	260	244	378	371	411		
Emergency Operations Centre	64	89	62	55	107	61	41	65	84	216		
Patient Transport Services	51	56	66	52	61	59	54	79	74	90		
Other	172	183	187	156	176	161	223	12	8	14		
TOTALS	453	563	508	472	516	541	562	534	537	731		

Compared to last year's figures, overall there have been more incidents reported this year. YAS views this as a positive development.

We promote incident reporting throughout the Trust as this enables us to identify key issues, themes and trends and we can then work to rectify these problems before they have the potential to turn into a more serious incident.

Last year, figures increased between November 2010 and January 2011 due to the adverse weather conditions. Although we did not experience such adverse conditions this year, we also worked hard to improve our business continuity and resilience plans so that we were better prepared should the weather deteriorate. The period November 2011 – January 2012 had the potential for an increase in incidents due to the busy festive period, however our resilience plans meant we coped better this year.

Throughout the year, the incident trends included road traffic collisions, drugs lost, stolen or damaged and Emergency Operations Centre (EOC) control issues. The Trust employed an Accident Reduction Manager in September 2011 to focus on reducing vehicle accidents. An improved process was implemented in late 2011 regarding the management of controlled drugs and this was rolled out across the Trust to reduce the number of drug-related incidents. The CQC praised YAS in January 2012 for its impressive work on this.

Serious Incidents (SIs)

In 2011-12 we reported 10 SIs as opposed to 19 in 2010-11.

Incident Category	2011-12
Delayed dispatch/response	4
Road traffic collision	0
Equipment related	1
Clinical care	1
Inadequate clinical assessment	0
Alleged assault	0
Data protection breach	0
Adverse media attention	1
Workplace safety	0
Medication related	1
Other	2
TOTAL	10

It is the Trust's expectations that as the number of incidents increases, the number of SIs will decrease. This should happen as a result of the organisation learning lessons from the less serious incidents and working proactively to correct the issues that are raised. This pattern was correct in 2011-12 with our number of SIs almost halving in comparison to the previous year.

The highest category of SIs remained the same with delayed dispatch/response being the cause of most serious incidents. The Trust has made significant improvements relating to clinical assessment and workplace safety to reduce the number of incidents in those areas.

Action plans from SIs are monitored by the Trust and externally by NHS Bradford, Airedale and Leeds. Actions that have been taken as a result of SIs during this year include:

- Improved business continuity plans and processes across the Trust to ensure resilience.
- Improved processes and documentation at key meetings to accurately record decisions made.
- An improved controlled drugs management process.
- Training workshops in the EOC to ensure call takers and dispatchers continue to refresh their knowledge and skills. This should reduce the number of delayed dispatch incidents.

Indicator 7: Referrals to Services for Safeguarding Vulnerable Adults and Children

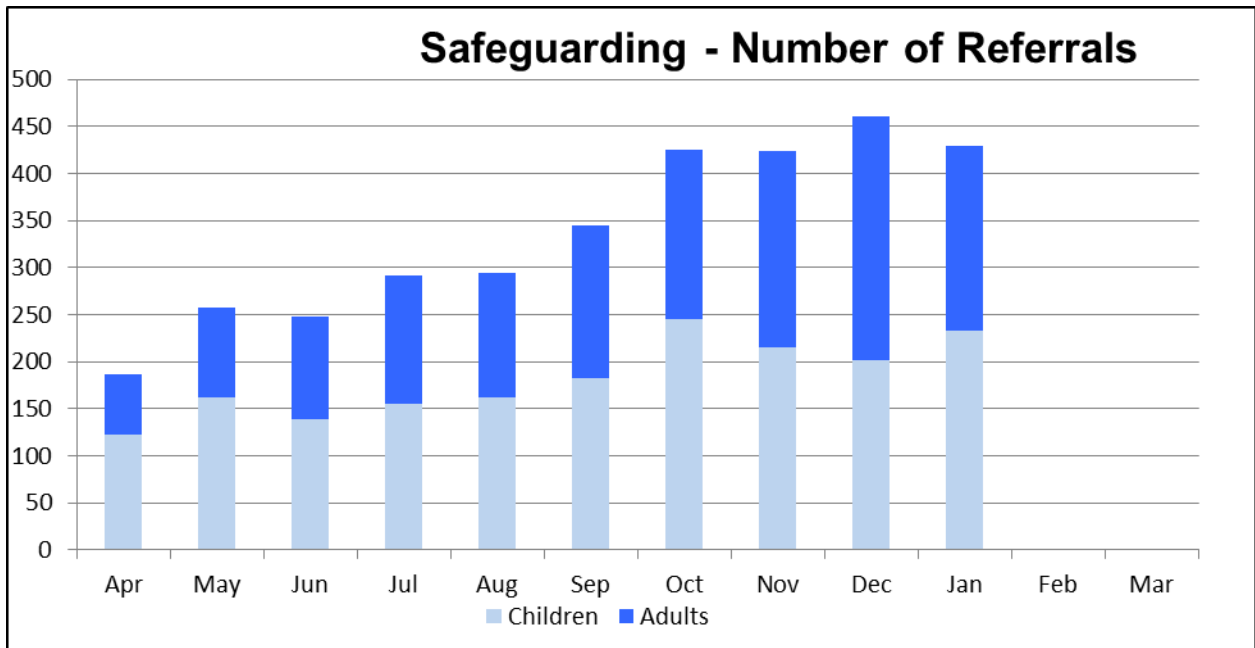
Safeguarding continued to be challenging for the YAS Safeguarding team during 2011-12.

During May 2011, YAS introduced a new referral process following feedback from a staff survey as part of a CQUIN requirement. This resulted in all safeguarding referrals being completed via the Clinical Hub in the YAS EOC. This simplified the process for staff and improved governance and security of the procedure. The change resulted in a significant increase in the number of referrals made to Social Care teams across Yorkshire.

Following changes to national guidance, YAS also responded to improving safeguarding children training for relevant staff with the production of a bespoke ambulance level 2 safeguarding children distance-learning workbook. This enabled YAS to improve falling compliance levels for this element of provision, as all relevant staff were requested to complete the resource.

The YAS Safeguarding team continued to work in partnership with organisations across Yorkshire involved in the safeguarding of children, young people and adults.

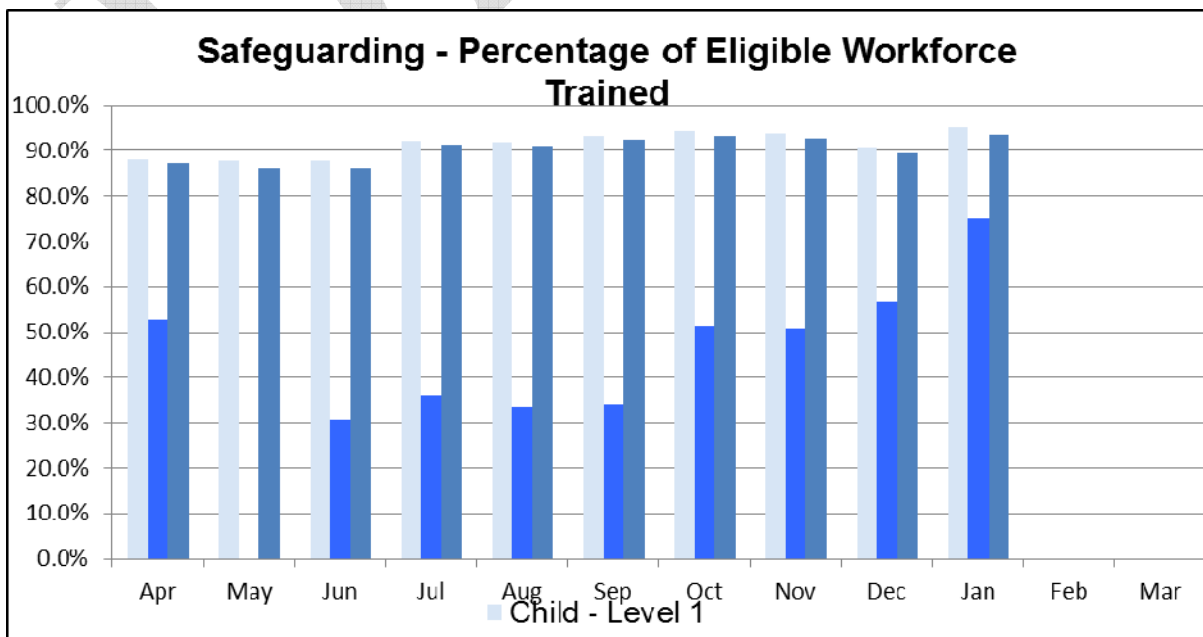
In 2011-12 our staff made the following numbers of referrals:



Referrals	2010-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
CHILDREN													
Referrals	1,408	122	162	139	155	162	183	245	215	202	233		
ADULTS													
Referrals	1,061	64	96	109	137	133	162	180	209	259	197		
TOTAL	2,469	186	258	247	292	295	345	425	424	461	430		

Safeguarding training

Safeguarding Children Level1 is basic level training which is required to be completed by all YAS staff. Safeguarding Children Level 2 is more in-depth training and is required by staff that have direct contact with children and vulnerable adults as part of their jobs.



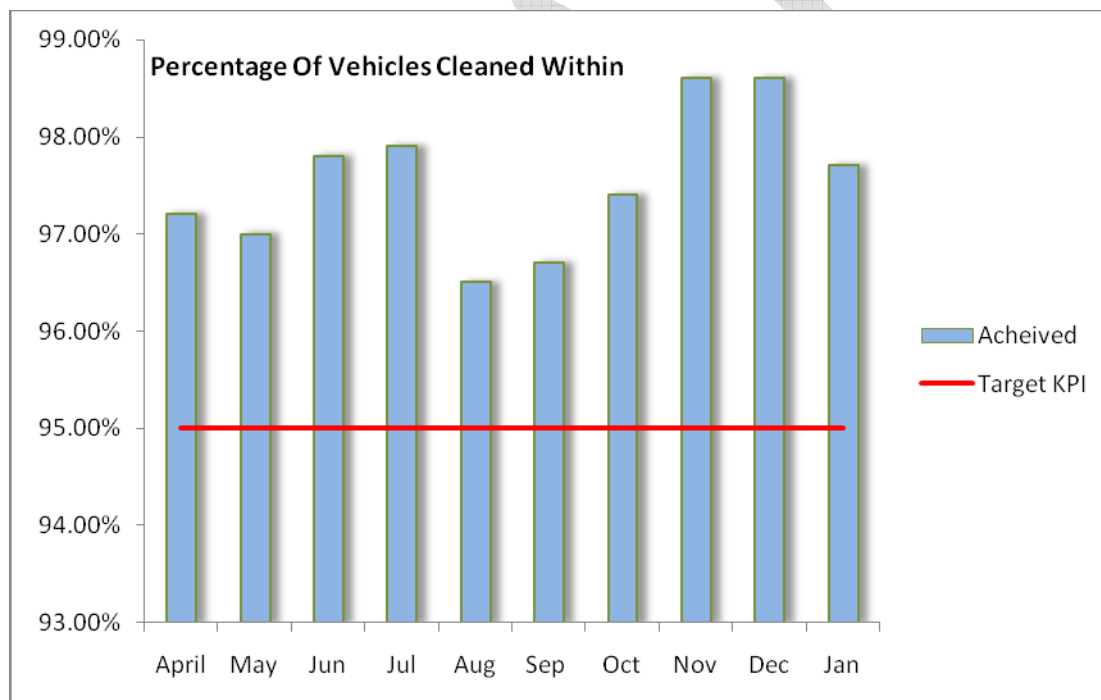
Training Position	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Child - Level 1	88.1%	87.7%	87.9%	92.3%	91.9%	93.2%	94.4%	93.9%	90.8%	95.1%		
Child - Level 2	52.7%	0.0%	30.6%	36.2%	33.4%	34.1%	51.4%	50.9%	57.0%	75.1%		
Adult	87.2%	86.1%	86.3%	91.2%	91.0%	92.3%	93.2%	92.7%	89.6%	93.5%		

Indicator 8: Vehicle Cleaning and Hand Hygiene

Infection, prevention and control is one of the basic elements of providing safe patient care. At YAS we monitor two key indicators:

- Compliance with vehicle deep-cleaning schedules
- The compliance of staff with hand hygiene procedures.

In 2011-12 we aimed for 95% of ambulance vehicles to receive a deep clean once every 28 days. This was a challenging target to achieve as high demand for our services meant that vehicles were only off the road for relatively short periods. During the year we have recruited additional cleaners and developed our processes to ensure standards are consistently met. We will build on our experience from 2010-11 and the lessons we have learned have helped us to consistently exceed the target of 95%.



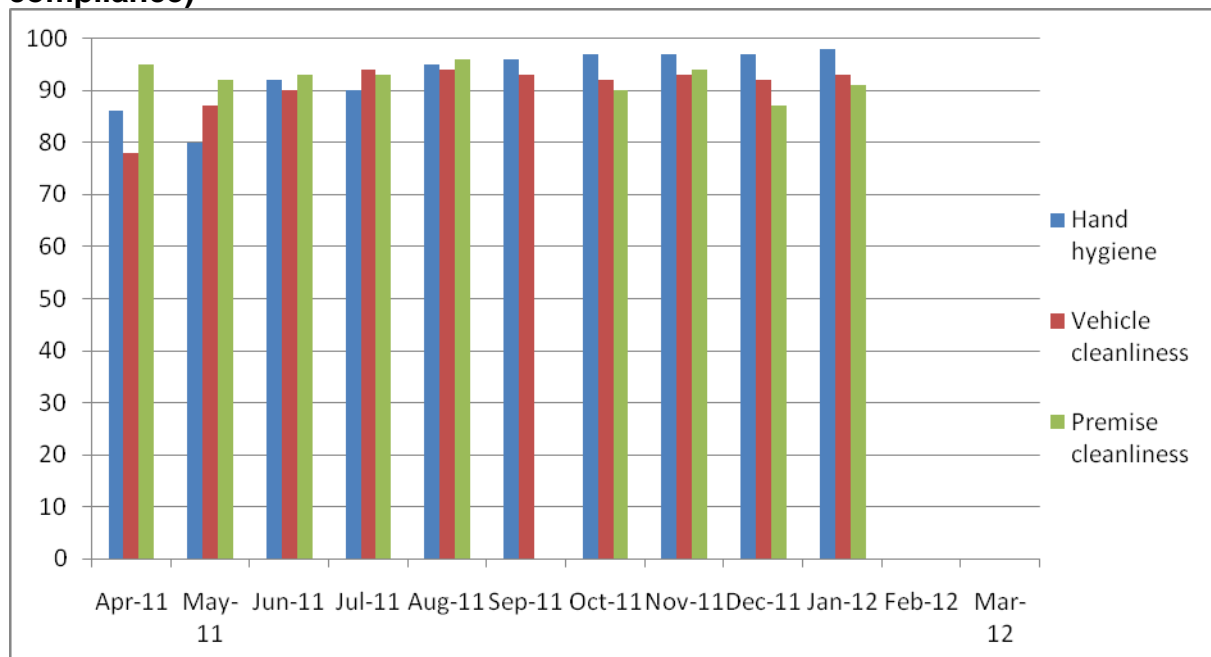
Infection Prevention and Control Audits

YAS has introduced a robust audit process for cleanliness and infection prevention and control. Areas identified to increase compliance throughout the coming year include:

- Hand hygiene – all staff members to carry alcohol gel bottle in person.
- Vehicle cleanliness – promote and increase the reporting of damage to stretchers or upholstery on vehicles.

- Premises' cleanliness – infection prevention and control audit reports to be displayed on notice boards within stations to increase staff awareness.

Infection Prevention and Control Audits (percentage compliance)



Indicator 9: Service Experience

Unlike hospital trusts, there is no standard national survey of the experience of ambulance service patients. However, we know that it is vital that the Trust Board has a clear picture of what it feels like to be a patient using our services.

In 2011-12:

- The Patient Experience Group has continued to meet to look at feedback from patients. The groups' role includes developing new ways to obtain feedback to get a balanced view from A&E and PTS patients and recognising the diversity of our communities. The group shares the learning from patient feedback with staff and managers so they can improve services for the future.
- Our Trust Board has continued to use patient stories at its public meetings. This has included anonymised case studies and video footage of patients talking about their experiences. By putting the voices and experiences of real patients into our Board room it helps Board members maintain their focus on high quality patient care at all times.

The Dignity and Respect Campaign launched during 2010-11 has continued to focus on the Dignity Code:

- Remembering that many care activities can leave people feeling vulnerable (physically, emotionally or psychologically).
- Demonstrating respectful verbal and non-verbal communication.

- Having zero tolerance for all forms of abuse.
- Supporting people with the same respect you would want for yourself or a member of your family.
 - Respecting people's right to privacy.
 - Treating everyone as being of worth, in a way that is respectful of them as valued individuals.

All our surveys have also contained questions relating to dignity and respect.

We have made significant improvements during 2011-12 as to how patients and service-users can give us their feedback about our services via the following routes:

- We launched the A&E Service User Experience Survey questionnaire which is accessible to our service-users online. We have posted the same survey/questions to 570 (random) service-users on a monthly basis (this is approximately 1% of our 999 calls per month). Although we are pleased with the 25-30% response rate so far, work is ongoing to look at ways of improving this. The results have been shared with staff and managers so they can improve services for the future.
- We have placed laminated notices in both A&E and PTS vehicles. The purpose of these is to ensure that service-users are clear about how they can tell us what they think of our services and also to let patients know that we may contact them to find out what they thought of our services, including how to let us know if they do not want this to happen. The notice displays a telephone number where they can leave a message should they want us to actively post a survey to them.
- During 2011 we revised the comments cards available to all PTS users so that they have larger, easy-read print and added a dignity and respect question. We also removed the section asking patients to tell us their details in order to maintain their anonymity.
- We have completed a PTS survey for patients. This contains more questions than the comments cards.
- Results from the A&E Patient Experience Surveys indicated a consistent theme, namely the negative experience of patients who underwent telephone triage. The numbers were small, so an additional investigation was performed by way of a 'deep dive' survey during December 2011. The results have been shared with staff and managers so they can take note and any appropriate action on the findings.
- We have recorded several patient stories (filming or narrative of their story) as another method of gathering patient experience. These are seen at each Public Trust Board and are also proving a very powerful learning tool within training.



Statements from Local Involvement Networks, Overview and Scrutiny Committees and Primary Care Trusts

The regulations of the Health Act 2009 require us to send copies of our Quality Accounts to our LINKs, OSCs and lead commissioning PCT for comment prior to publication. The regulations state that we must allow a consultation period of 30 working days. We must publish the statements at the end of the Quality Accounts.

We have received the statements below which are published in full.

We have listened to all the views and issues put forward to us, some of which have been addressed. Others will be used as a basis for further discussion and engagement and help us to further improve our services in the year ahead.

Statements from.....



Feedback on Draft Quality Accounts 2011-12

Feedback from (name of organisation):

1. Comments for publication:

This is likely to include your assessment against the Department of Health's suggested headings:

- Do we demonstrate our commitment to improving the quality of care for the people we serve?
- Do we let people know where we have improved our services?
- Do we share information on where we plan to improve our services in the coming year?

[Max: 1000 words]

2. Comments on the content, format or wording of the Quality Accounts that you would like us to address before we produce the final version:

These comments may be about things in the document that you would like us to explain in more/less detail or where you think we can describe things in a more simple way.

A large, empty rectangular box with a thin black border, intended for users to provide comments on the content, format, or wording of the Quality Accounts. The box is currently blank.