



Yorkshire Ambulance Service Quality Account 2009-10

DRAFT for LINK, OSC and
Commissioner Review

March 2010



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Introduction

For everyone at Yorkshire Ambulance Service (YAS), providing high quality patient care is central to everything we do. Our A&E service saves people's lives and our PTS service is a vital part of a patient's experience of their NHS care. It is crucial that we closely monitor the quality our services so we can see how well they are working and how we can maintain and improve them for the future.

Our Trust Board has overall responsibility for the quality of our services and has made 'Quality' one of our eight strategic aims.

To achieve this, we have invested significantly in improving our services.

A good illustration of the progress we have made over the last three years is the change from 2007-08 when we did not meet 14 of the 42 NHS core standards, to full compliance with all standards from April 2010.

This has been a Trust-wide achievement thanks to the leadership of the Trust Board in setting priorities and the commitment and hard work from operational and support teams.

We know that the quality of care we provide to our patients is attributable to the quality of our staff. That is why we have focused particular attention on training, development and communication.

During January 2009, YAS was required to register with the Care Quality Commission (CQC) for its arrangements relating to the prevention of Healthcare Associated Infection (HCAI). In July, the CQC carried out a comprehensive and unannounced inspection of our work to prevent HCAI and reported that not only that we had complied with all the requirements of the Hygiene Code, but that we were the only ambulance service in England not to have been given recommendations for improvement.

As part of the overall quality rating in 2008-09, the CQC also assessed our achievement of the nationally-agreed Clinical Performance Indicators (CPIs) relating to the quality of care for patients with ST-elevation myocardial infarction, cardiac arrest, stroke, hypoglycaemia and asthma. We were rated as excellent in this clinical assessment, ranking second out of the eleven ambulance services in England.

This year we recruited a director of standards and compliance who is our Trust lead for quality. Steve Page is a registered nurse with senior-level experience and works closely with Medical Director Dr Alison Walker and her clinical team.

A key priority for early 2010-11 will be to make sure we learn from the recent events at other NHS trusts. The Board will be carefully reviewing and acting upon the recently-published recommendations and best practice following Robert Francis QC's report on the outcome of his inquiry into Mid-

Staffordshire Hospitals NHS Foundation Trust and the independent inquiry commissioned by Yorkshire and the Humber Strategic Health Authority into the actions of Colin Norris. We have already reviewed our internal systems for governance and assurance and will be building on these foundations in the year ahead.

We are also working to embed good clinical governance on the front line. The Medical Director's team has worked with staff to establish a Clinical Code of Practice, a ten-point code which captures the responsibilities of all YAS clinicians.

To bring together the different elements of quality we have developed a Quality Strategy for the first time. This sets out how we will achieve our aspirations for quality and how we will involve and engage our staff, commissioners and stakeholders to establish a culture of patient-focus, high standards, collaboration and improvement.


Statement of Accountability

The Trust Board is accountable for quality. It oversees the development and delivery of the Trust's Quality Strategy and ensures it is working for the benefit of our patients.

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 the first Quality Account by the Yorkshire Ambulance Service, in line with the requirements of the Health Act 2009. The Quality Account contains details mandated by the Act and also the measures that we, in conjunction with our NHS and public partners, have decided best demonstrate our work to drive up standards.

As Accountable Officer it is also my responsibility to ensure that the data included in this Quality Account is accurate. I can provide this assurance based on our internal data quality systems and the opinion of our internal and external auditors who have both considered this Account.



Martyn Pritchard
[Date]

Priorities for Improvement

Following discussions with staff, commissioners and stakeholders, the Board has agreed six priorities for 2010-11 as part of our Quality Strategy. The majority of these priorities are also identified within our contracts under the Commissioning for Quality and Innovation (CQUIN) system.

Priority 1 – Safeguarding Children and Vulnerable Adults

Priority 2 – Patient Assessment and Record Keeping

Priority 3 – Maintaining and Improving the Standard of our Clinical Care

Priority 4 – Patient Pathways

Priority 5 – Patient Experience

Priority 6 – Improving the Experience of Patients at the End of their Lives

Monitoring our Achievement

The Board will receive regular reports (at least three per year) at its public meetings on the achievement against these targets. Reporting to the Board, the Integrated Governance Committee focuses in more detail on key areas of quality and, in turn, receives assurance from the Clinical Governance Committee.

Details of Priorities for Improvement

PATIENT SAFETY

Priority 1 – Safeguarding Children and Vulnerable Adults

Safeguarding is a high priority for all health and social care providers. We know that our accident and emergency and patient transport services can play an important role in safeguarding, especially by working together with partner organisations.

Aims:

1. To increase the number of referrals made to specialist services for safeguarding children and vulnerable adults.
2. To ensure the Trust works closely with other agencies to respond effectively to all Serious Case Reviews.
3. To ensure all Independent Management Reports (IMRs) required as part of Serious Case Reviews are completed on time, to the necessary standard and all relevant recommendations are implemented.

Current initiatives 2009-10:

- We have provided access to safeguarding training to all our staff.
- We have increased our dedicated safeguarding leads from one to four, and we have recruited a head of safeguarding.
- We have reviewed all our policies and procedures in light of recent Care Quality Commission recommendations.

New initiatives 2010-11:

- In line with legislation and national guidance we will be providing training for all staff and ensuring those in key safeguarding roles have completed multi-agency training.
- We will ask our staff about their confidence in using referral processes via a survey process.
- We will be looking at the way we handle complaints and incident reports to make sure that we identify all issues relating to the welfare of children and vulnerable adults and report these to our safeguarding leads.

Priority 2 – Patient Assessment and Records Keeping

Taking accurate and complete clinical observations is essential in order for A&E staff to make the right decisions about a patient's treatment and care. Records are an important part of patient safety as ambulance staff hand over care to other providers.

Aims:

1. For every emergency patient's Patient Report Form (PRF) to be fully completed.
2. For no investigation following a Serious Untoward Incident to identify inadequate clinical assessment as a root cause.

Current initiatives 2009-10:

- We have standardised the procedures for clinical record-keeping across the Trust.
- We have introduced a new easy to use PRF which was developed with involvement from clinical staff.
- All PRFs are now scanned and stored electronically which makes it easier to undertake quality audits.

New initiatives 2010-11:

- We will audit completion rates for PRFs every month.
- We will review the quality of clinical information recorded on PRFs on a monthly basis and share the results with staff.
- Learning about clinical audit will be made part of our clinical education programme.

CLINICAL EFFECTIVENESS

Priority 3 – Maintaining and Improving the Standard of our Clinical Care

There are five nationally-agreed Clinical Performance Indicators (CPIs) which relate to conditions where the care of ambulance staff can make a significant difference to patient outcomes. For each indicator there are a number of agreed actions that should be completed for every patient with that condition and we audit our PRFs to identify whether these were carried out. Our performance is reported as the percentage of cases for which our ambulance clinicians carried out these actions compared to the total number of cases. Our scores are also compared with those of other English ambulance services and a measure calculated for how close we are to the national average score.

Aims:

1. To maintain the current level of achievement of greater than 90% for:
 - a. recording of clinical observations for patients with stroke and greater than 95% for:
 - b. management of patients with hypoglycaemia
 - c. management of patients suffering ST-elevation myocardial infarction (STEMI) heart attacks.
2. To achieve performance that is no worse than 1.8 standard deviations below the average score for all English ambulance services for:
 - a. response to patients with cardiac arrest
 - b. treatment of patients with asthma.
3. To make improvement against the indicators for patients suffering STEMI heart attacks:
 - a. recording of two pain scores
 - b. administration of analgesia
 - c. recording of peak flow readings for patients with asthma.

Current initiatives 2009-10:

- We have established a clinical leadership programme.
- Medical Director Dr Alison Walker sent a letter to every member of clinical staff providing information about CPIs and a reminder about their responsibilities.

- The clinical team provides regular updates via the weekly *Operational Update* and the new *Clinical Catch-up* bulletins.

New initiatives 2010-11:

- Local clinical and operations managers will be working together to review CPI scores in their areas and develop actions plans for maintaining and improving standards.

Priority 4 – Patient Pathways

In the past, the single role of our A&E ambulance service was to stabilise a patient's condition sufficiently for rapid transport to a hospital emergency department for further treatment.

This is now changing as the health of the nation is changing. More people are living longer, are suffering from long-term and chronic lifestyle-related conditions such as heart disease and diabetes, or suffer falls. We know that the best care for these patients is not always provided by transporting them to hospital and that they can be better supported by referral to specialist teams.

Aims:

1. To increase the percentage of patients referred to the hypoglycaemia care pathway by 5%.
2. To increase the percentage of patients over the age of 65 referred to the falls care pathways.

Current initiatives 2009-10:

- We have worked with partner NHS organisations to increase the number of pathways available across Yorkshire.
- Our two clinical pathways advisers have run road shows to inform our crews and key colleagues in our partner organisations about the new pathways and give them the opportunity to ask questions.
- Pathways are now in place across the whole of Yorkshire to allow crews to refer patients suffering STEMI heart attacks directly to specialist centres providing the gold-standard primary angioplasty treatment.

New initiatives 2010-11:

- We will be increasing the number of referrals into specialist services across the region for diabetic patients with hypoglycaemia and for patients who have fallen.
- We will be working with our partner NHS organisations to develop additional regional pathways for patients with chronic obstructive pulmonary disease and hip fractures.
- We will be developing our 'hear and refer' capability. This is where clinically-trained staff in our 999 communications centres refer patients directly to an appropriate care pathway following comprehensive and careful assessment of their condition over the telephone.

PATIENT EXPERIENCE

Priority 5 – Measuring Patient Experience

Unlike in hospital trusts, there is not a standard national survey of the experience of ambulance service patients. However, we know that it is vital that the Board has a clear picture of what it feels like to be a patient using our services. In particular, by ensuring we hear what our patients are saying we can reduce the risk of missing the warning signs of poor care.

Aim:

To identify new ways to measure the experience of our patients and start recording our level of achievement.

Current initiatives 2009-10:

- Comments cards are available for users of our Patient Transport Service to tell us about their experiences. 130 people have responded and we have taken account of the feedback – both positive and negative.
- The Board receives reports of numbers of complaints, concerns, comments and compliments at every public meeting and of the actions taken as a result.
- Our Patient Services team leads the way in providing a service that is open and easy to access, fair, responsive and supports learning and development.

Future initiatives 2010-11

- We will be undertaking a new survey of users of our Patient Transport Service and people whose calls have been handled by our Access and Response communications centres.
- We will be asking some patients referred to a diabetes pathway by our clinicians to tell us about their experience of the service.
- We will be working closely with patient and public groups; listening to their feedback and involving them in discussions about how we can develop and improve our service.

Priority 6 – Improving the Experience of Patients at the End of their Lives

Palliative care patients at the end of their lives have different needs to those requiring emergency treatment or attending routine hospital appointments.

Aim:

To increase the number of patients requiring palliative care being referred to a district nursing service, following assessment by our crews.

Current initiatives 2009-10:

- We operate a special palliative care ambulance (funded by Marie Curie Cancer Care) for patients in the Leeds area.

Future initiatives 2010-11:

- We will be working closely with other services to develop a regional ambulance service pathway for palliate care patients to be referred into 24 hour district nursing services as an alternative to hospital admission.

Statements of Assurance from the Board

The Health Act 2009 requires the Trust Board to make a number of Statements of Assurance. These are common to all providers, which makes our account comparable with those of other organisations. They state the number of services the Board has reviewed compared to the total number of services the Trust provides and confirm the Trust has participated in research and national audits.

Review of Services

During 2009-10 Yorkshire Ambulance Service (YAS) NHS Trust provided four NHS Services: an Accident and Emergency service, a Patient Transport Service, a GP Out-of-hours call handling service and a Private and Events service.

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

The income generated by the NHS services reviewed in 2009-10 represents 100% of the total income generated from the provision of NHS services by YAS.

Research

During 2009-10 Yorkshire Ambulance Service took part in one Medical Research Council-funded research study which collected data on patients. The DAVROS study is led by the University of Sheffield and seeks to develop outcome measures related to patients brought into hospitals via the 999 system. The study will continue into 2010-11 in the York and Hull areas.

YAS staff are also involved in six studies which we have either helped to develop or are contributing to steering groups:

IMPROVE: Immediate management of patient with ruptured aneurysm: open versus endovascular repair. Patients are recruited in emergency departments if they arrive alive with a diagnosis of ruptured AAA. The YAS Medical Director was involved in the protocol development.

ESCORTT: Emergency Stroke Calls: Obtaining Rapid Telephone Triage. YAS involvement limited to consultancy role.

HITS-NS: Head Injury Transportation Straight to Neurosurgery. The YAS Medical Director was involved in the protocol development.

Electronic Patient Report Form (ePRF) evaluation: This study is at the development stage, and aims to assess the role and impact of the ePRF on service delivery with regard to ambulance services, their staff, patients and network of linked emergency and urgent care services. Dr James Gray (Assistant Medical Director until October 2009) and Emergency Care Practitioner Gareth Darnell have been involved in this project which is bidding for funding.

Developing outcome measures for pre-hospital care: The YAS Medical Director has been involved in protocol development for this study which is bidding for funding.

Emergency Ultrasound in the pre-hospital setting: the impact of environment on examination outcomes. Our medical director was a co-applicant, investigator and participant in this study which is now completed.

We have developed research partnerships with:

- the three Comprehensive Local Research Networks (CLRNs) that cover the Yorkshire area which have committed approximately £250,000 to fund projects and posts within our Trust
- higher education institutions including the University of Bradford and the School of Health & Related Research (SchARR) at Sheffield University
- local Primary Care Research Networks.

From a national perspective we are an active member of the National Ambulance Research Steering Group (NARSG).

We have worked with regional colleagues to improve communication between organisations in relation to patients who have 'do not attempt cardiopulmonary resuscitation' orders in place. This work is now being taken forward thanks to a successful bid to the regional Innovation Fund. Approximately £60,000 will be used in 2010-11 to fund a project manager hosted by Bradford and Airedale Teaching PCT.

Looking ahead, we will be developing professional research champions and obtaining support from a research fellow to help us develop research that matches our priorities. We are able to undertake this work due to the CLRN funding.

Part of our research strategy includes the promotion of patient and public involvement. We successfully bid for £500 from the Regional Research Design Service to involve an expert patient in the development of a research proposal in to the use of ultrasound in pre-hospital care. With two local universities, we are currently considering a possible study of patient experiences of their involvement in research.

YAS staff have had three peer reviewed articles published relating to research, audit and innovation activity:

A Walker, J Brenchley, and N Hughes: *Mobile radiography at a music festival* Emergency Medical Journal, Aug 2009; 26: 613.

J T Gray and A Walker: *Is referral to emergency care practitioners by general practitioners in-hours effective?* Emergency Medical Journal, Aug 2009; 26: 611 - 612.

JT Gray and A Walker: *At the sharp end: does ambulance dispatch data from South Yorkshire support the picture of increased weapon-related violence in the UK?* Emergency medicine Journal, October 2009, vol./is. 26/10(741-2), 1472-0205

Participation in Clinical Audit

During 2009-10, two national clinical audits and one national confidential enquiry covered NHS services that YAS provides.

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

The national clinical audits and national confidential enquiries that YAS was eligible to participate in during 2009-10 are as follows:

National Clinical Audits:

- Myocardial Ischemia National Audit Project (MINAP) – national database gathering information on all patients who have had a heart attack and who have acute coronary syndromes
- National Infarct Angioplasty Project (NIAP) – audit of patients referred for angioplasty surgical procedure

National Confidential Enquiries:

- Centre for Maternal and Child Enquiries (CMACE) Confidential Enquiry into Head Injury in Children

The national clinical audits and national confidential enquiries that YAS participated in, and for which data collection was completed during 2009-10, 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 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	YAS submits information on specific patients requested by acute trusts rather than submitting a number of cases. There is no system for direct submission of YAS data.
CMACE Head Injury in Children	YAS submits information on specific patients requested by CMACE rather than submitting a number of cases.

The report of two national clinical audits (MINAP and NIAP) were received by the provider in 2009/10. The reports were acknowledged by the provider; however, they are recognised nationally as inaccurate from a pre-hospital perspective as the data is input retrospectively by other organisations.

The reports of two local clinical audits were reviewed by the provider in 2009/10 and YAS intends to take the following actions to improve the quality of healthcare provided:

Local Audit	Agreed actions to improve the quality of healthcare provided
Clinical Performance Indicators measured at local levels within the YAS area	Clinical managers asked to produce action plans specific to each area for every indicator.
Amiodarone usage	Interim audit review identified the need to improve links with acute trusts to receive patient outcome data.
Doncaster patients calling 999 after suffering fits who were not transported to hospital	New referral pathway developed to epilepsy specialist nurses.
Leeds patients who were attended by an emergency ambulance crew after suffering a fall and then referred to intermediate care services	Local intermediate care teams reviewed and developed the use of their assessment tools. YAS agreed that it should continue to support the falls pathway. It was agreed that the two-hour response target was appropriate.
Patients who dialled 999 after suffering a fall, were identified as Category C and referred directly to the South Leeds Intermediate Care team.	YAS is working with partner organisations to rollout the fall pathway should across the Leeds area.

During 2009-10 YAS participated in the following additional national audits:

- Clinical Performance Indicators (CPIs) – STEMI, Cardiac Arrest, Stroke, Hypoglycaemia and Asthma.
- National Audit Office – Progress in improving stroke care.

The reports of these national audits have been reviewed by the provider and YAS has taken or intends to take the following actions:

National Audit	Agreed actions to improve the quality of healthcare provided
Clinical Performance Indicators	Articles in the staff newsletter and individual letters to staff providing information regarding the CPIs, why they are important, the areas that require improvement and how we can improve. Review of patient report forms for clinical quality and completion rates.
National Audit Office – Progress in improving stroke care	<i>To be added after March CGC meeting</i>

Goals Agreed with Commissioners

0.5% of YAS’s income in 2009-10 was conditional on achieving quality improvement and innovation goals agreed between YAS and any person they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality Innovation (CQUIN) payment framework.

Our 2009-10 CQUIN goals were:

To achieve registration with the Care Quality Commission for management of Healthcare Associated Infections	✓ Achieved
Infection prevention and control is an essential element of patient safety. It includes having effective systems for cleaning vehicles, equipment and premises; staff observing good hand hygiene techniques and clinicians working to best practice guidelines.	
To improve ambulance turnaround times	✓ Achieved
This is the time taken for crews to complete their handover of care to hospital staff, clean and re-stock their vehicle and make themselves available to respond to another call. This is important as it increases the number of patients we can respond to in a timely manner.	

To achieve scores for all nationally-agreed Clinical Performance Indicators that are within two standard deviations of the mean scores of all English ambulance trusts.	✓ Achieved
This shows that patients with five commonly presenting conditions receive a high standard of care from our clinicians and that appropriate records are kept.	

In 2010-11 1.5% of our income is conditional on achieving our CQUIN goals. The majority of these goals are included in the Priorities for Improvement detailed in section 2.

Further details of the agreed goals for 2009-10 and for the following 12-month period are available on request by writing to:

Mr Steve Page
 Director of Standards & Compliance
 Yorkshire Ambulance Service NHS Trust
 Springhill 2
 Brindley Way
 Wakefield 41 Business Park
 Wakefield
 WF2 0XQ.

What Others Say About Us

YAS is required to register with the Care Quality Commission (CQC) and its current registration status is **TO BE CONFIRMED**. YAS has the following conditions on registration: **IF APPLICABLE**.

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

Data Quality

Good quality information helps the effective delivery of patient care and is an essential to our work to improve the quality of our care.

“We can only be sure to improve what we can actually measure” – Lord Darzi, *High Quality Care for All*, June 2008.

YAS has made significant effort to develop systems and processes for good data management. This means that both we and our partners can have confidence that the information that we use to measure the quality of our services is reliable and accurate.

Our attainment against the NHS Information Governance Toolkit assessment provides an overall measure of the quality of our data systems, standards and processes.

YAS's score for 2009-10 for Information Quality and Records Management assessed using the Information Governance Toolkit was 50%.

CHECK AGAIN AT 31 March. Score may rise to 10/18 = 55% as requirement 401 (use of NHS Number) is subject to discussion with DH. Score also subject to ratification by IGG.

Our work to improve records management and data quality in 2009-10 included the following:

- We introduced a standard policy and procedure for clinical records management throughout the Trust.
- We put data quality at the heart of our business by adopting a formal information risk management structure. This is led by our Director of Information and Communications Technology who is our *Senior Information Risk Owner*. Managers with responsibility for ensuring the data we hold and manage is safe and used in accordance with best practice have been identified and trained.

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

YAS did not submit records during 2009-10 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 2009-10 by the Audit Commission.

Review of Quality Performance

We have selected the following ten indicators to show the quality of our services in 2009-10.

We monitor our performance against these indicators in addition to our national response time targets:

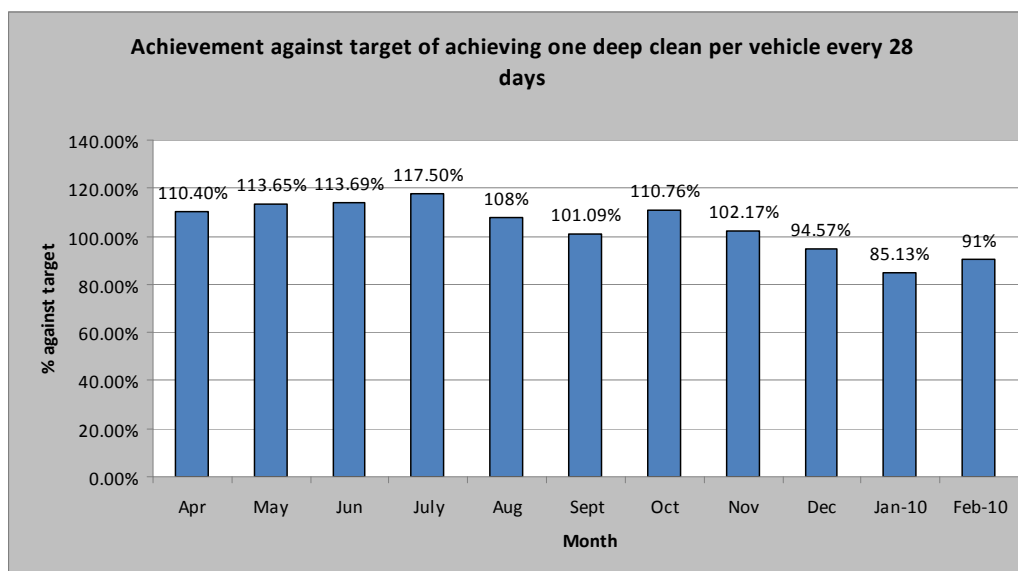
- to respond to 75% of patients with life-threatening conditions (Category A) within 8 minutes
- to respond to 95% of patients with life-threatening conditions (Category A) within 19 minutes
- to respond to 95% of patients with serious conditions (Category B) within 19 minutes.

We report our performance against these targets at every public Trust Board meeting and in our Annual Report.

PATIENT SAFETY

Indicator 1 – Achievement against target of achieving one deep clean per vehicle every 28 days

Department of Health best practice states that every ambulance vehicle should receive a deep clean at least once every 28 days. This is one of the most important ways to reduce the risk of transmission of healthcare associated infections.



The slightly lower number of vehicles cleaned between December 2009 and February 2010 reflects operational pressures, in particular the high demand the Trust experienced during the period of adverse weather conditions and the practical difficulty of removing vehicles from the road during this time.

Indicator 2a – Delivery of Care Quality Commission Recommendations Following Safeguarding Children Review

Requirement	Status
Organisation has clear leadership on safeguarding and managers with dedicated responsibilities	✓ Meeting requirements
Staff have appropriate training	✓ Meeting requirements
Policies and systems are in place	✓ Meeting requirements
Systems for monitoring and assurance are in place	✓ Meeting requirements
Organisation works collaboratively with partner organisations	✓ Meeting requirements
Organisation effectively manages its response to Serious Case Reviews	✓ Meeting requirements

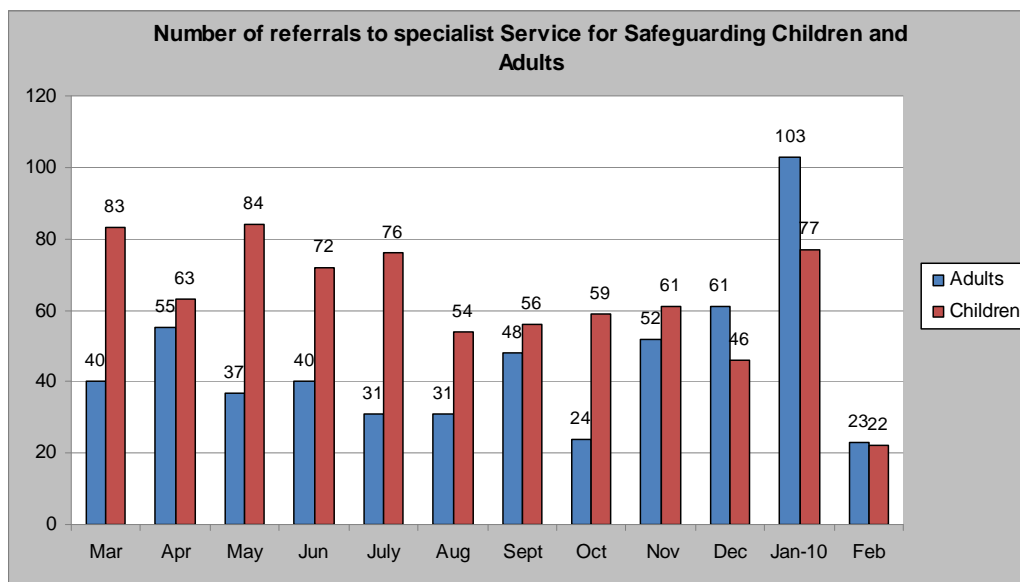
We have published a detailed statement of assurance on our website at <http://www.yas.nhs.uk/Publications/publicationlibrary.html>

Indicator 2b – Numbers of Referrals to Specialist Services for Safeguarding Children and Vulnerable Adults

The welfare of children and vulnerable adults is an ongoing priority and we aim to ensure that patients in our care are safe and protected by effective intervention if they are thought to be suffering, or likely to suffer significant harm.

The numbers of referrals our staff make to specialist services show how vigilant they are being for signs of neglect and abuse and their confidence in the training they have received.

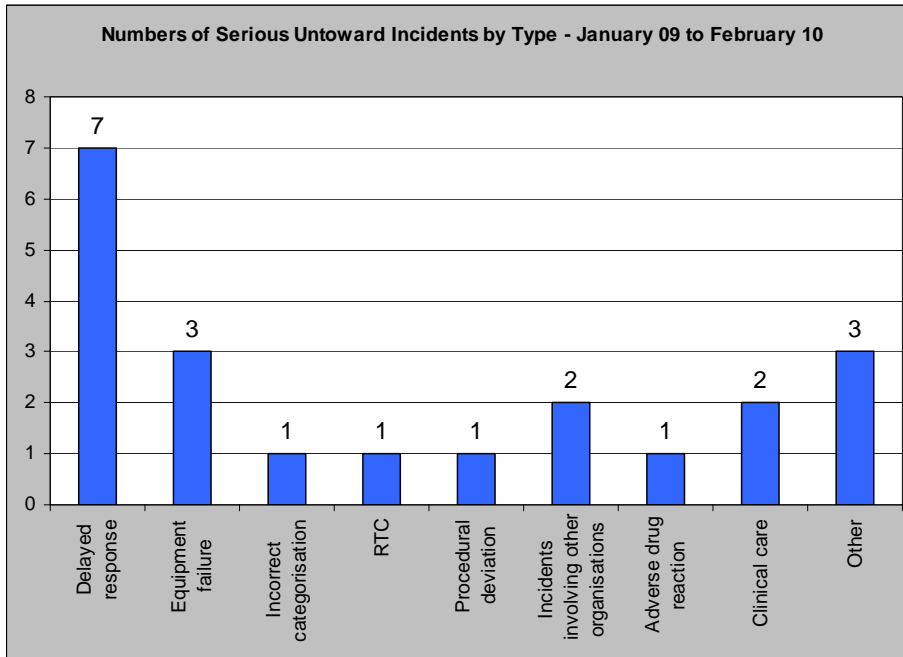
GRAPHS BELOW TO BE UPDATED AT YEAR END. FIGURES FOR FEB ARE PART-MONTH



Indicator 3 – Numbers of Serious Untoward Incidents

If errors are made which put patients at risk or if patients are harmed we report and thoroughly investigate the incident to ensure lessons are learned for the future. The majority of incidents are reported internally according to Trust processes, but in addition, the most serious incidents are reported to our commissioners as serious untoward incidents.

From April 2009 to February 2010 [UPDATE AT YEAR END] YAS reported 21 Serious Untoward Incidents.



The latest report (September 2009) from the National Patient Safety Agency National Reporting and Learning System showed that we reported 37 incidents between 1 October 2008 and 31 March 2009.

Organisations are encouraged to report incidents as a basis for learning and improvement. Numbers of incidents reported are seen as an indicator of whether an organisation has an effective safety culture.

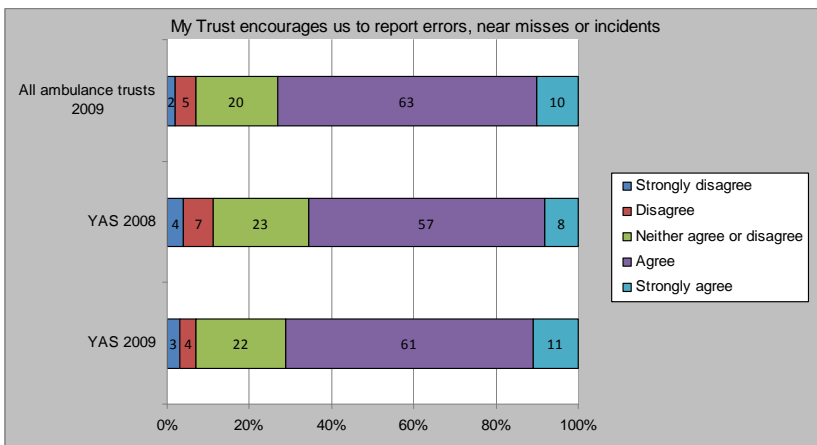
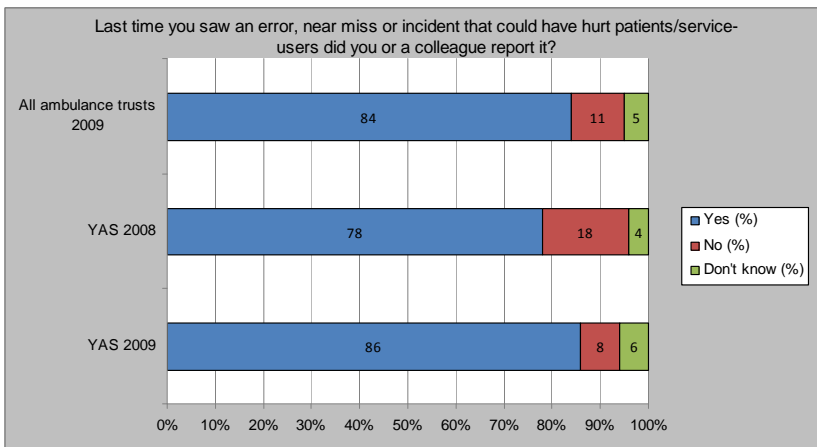
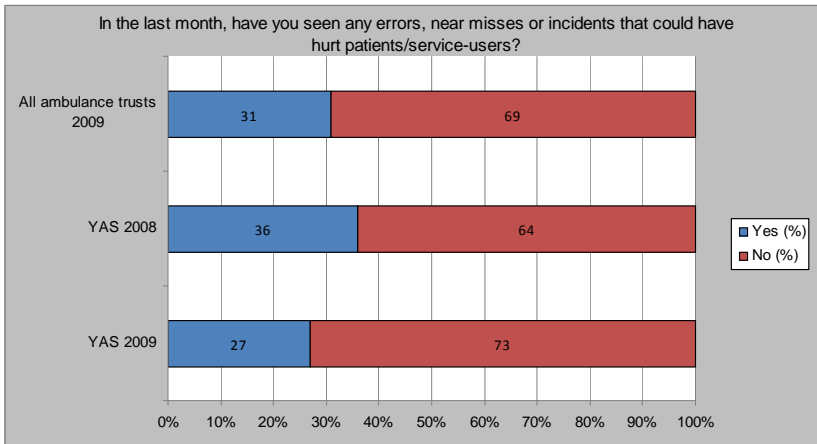
Numbers of incidents referred to the National Patient Safety Agency (NPSA) National Reporting and Learning System: 1 April 2009 – 31 March 2010. (Data from NPSA)

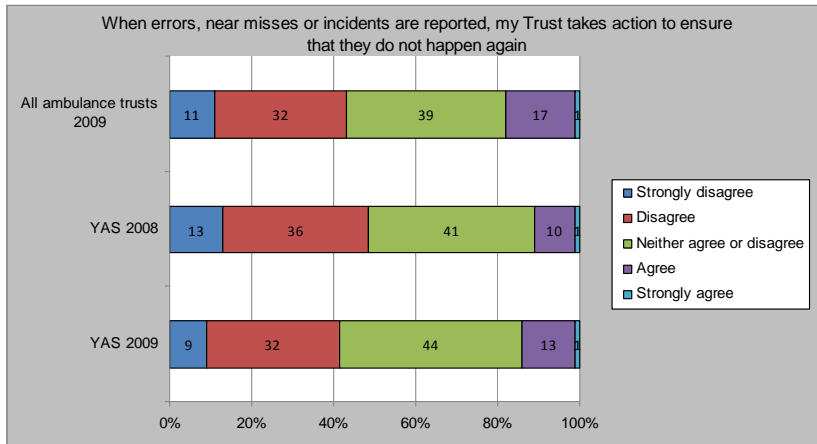
Graph showing number of incidents reported by YAS compared to other ambulance trusts. Data due to be published April 2010

Indicator 4 – Results of 2009 NHS Staff Survey

The national NHS staff survey, coordinated by the Care Quality Commission, has been carried out for the past six years.

It provides reliable data about how staff feel about working in our Trust and what staff experience in their working lives. There are a specific set of questions relating to errors, near misses and incidents. The results show how YAS has improved since 2008.





CLINICAL EFFECTIVENESS

Indicator 5 – Performance Against Clinical Performance Indicators

As explained in our Priorities for Improvement, there are five nationally agreed Clinical Performance Indicators (CPIs) which relate to conditions where the care of ambulance staff can make a significant difference to patient outcomes. For each indicator there are a number of agreed actions that should be completed for every patient with that condition and we audit our PRFs to identify whether these were carried out. Our performance is reported as the percentage of cases for which our ambulance clinicians carried out these actions compared to the total number of cases.

Our scores are also compared with those of other English ambulance services and a measure calculated for how close we are to the national average score. The z-score describes how many standard deviations above or below the mean score a trust is positioned. The standard agreed by national ambulance directors of clinical care is that a z-score of minus 2 or above indicates that a Trust is performing within acceptable limits in comparison with other Trusts, whereas a score of below -2 indicates underperformance in relation to the other Trusts.

Results received/published in 2009/10

ST Elevation Myocardial Infarction (STEMI)	Nov 2008 Results %	z-score	May 2009 Results %	z-score
Aspirin administered	97.37	0.77	95.73	0.71
GTN administered	86.21	0.62	76.07	-0.49
Initial Pain Score	78.81	-0.35	not measured	
Subsequent Pain Score	56.3	-0.56	not measured	
Two Pain Scores Recorded	56.3	-0.48	60.34	-1.10
Morphine alone given	Figures not provided		34.38	-1.29
Analgesia given	55.17	0.02	38.14	-1.50
Cardiac Arrest	Dec 2008 Results %	z-score	June 2009 Results %	z-score
ROSC on arrival at hospital *	17.30	-0.01	13.50	-1.04
Defibrillator on scene	100	0.29	not measured	
Advanced Life Support provider in attendance	not measured		94.61	-1.15
Response to cardiac arrest < 4 minutes	10.86	-0.87	20.36	-0.51
Stroke	Jan 2009 Results %	z-score	July 2009 Results %	z-score
Face, Arm, Speech Test (FAST) recorded	84.59	-0.18	92.39	-0.08
Blood glucose recorded	90.00	0.97	93.24	0.50
Blood pressure recorded	96.79	-0.53	99.32	0.25
Hypoglycaemia	Feb 2009 Results %	z-score	Aug 2009 Results %	z-score
Blood Glucose Recorded before treatment	100	0.48	99.65	0.34
Blood Glucose Recorded after treatment	94.47	-0.39	96.70	-0.03
Treatment for Hypoglycaemia Recorded	96.35	-0.61	99.27	0.43
Asthma	Mar 2009 Results %	z-score	Sept 2009 Results %	z-score
Respiratory rate recorded	94.55	-1.09	98.73	0.36
PEFR (peak flow) recorded before treatment	52.78	1.16	45.34	0.94
SpO2 recorded before treatment	78.22	-0.62	86.08	-0.31
Beta 2 agonist recorded	95.45	0.38	98.31	0.78
Oxygen administered	96.50	1.02	94.07	0.31

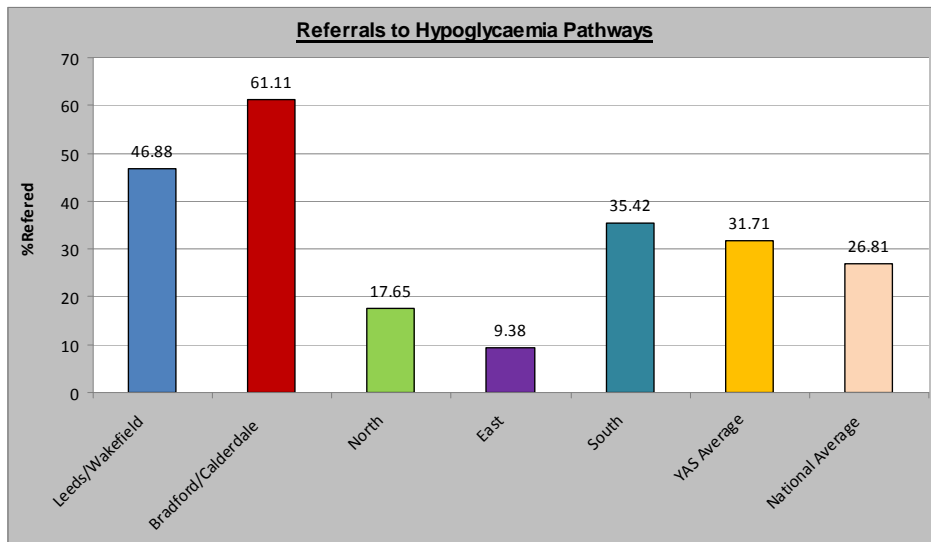
* The June 2009 ROSC result is currently under review by the national ambulance service audit group as there are some inconsistencies in the data sets submitted, this means that the indicator results may not be directly comparable between ambulance services.

Indicator 6 – Number of Referrals to Hypoglycaemia Pathways

Following a 999 call for a hypoglycaemic episode (where blood sugar has fallen very low), patients across much of Yorkshire are referred to diabetes specialist nurses who provide follow-up care. Referral may not be appropriate for all patients attended, but those referred in this way have reported that it helped them understand the importance of monitoring their blood sugar, how to recognise warning signs of low blood sugar and how to prevent problems in the future.

A total of 1409 patients were referred to diabetic teams by YAS staff in 2009.

In August 2009 an audit of referrals was carried out as part the data collection for Clinical Performance Indicators. The results are shown below as a percentage of the total numbers of patients with hypoglycaemia attended by YAS crews.

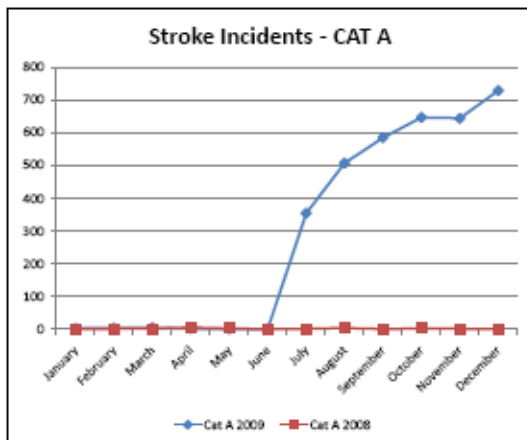


Indicator 7 – Number of Stroke Incidents Classified as Life-threatening Emergencies (Category A)

In the last ten years treatments for strokes, which have been caused by a blood clot, have developed to offer these patients a drug treatment that can almost reverse this disabling condition for some. YAS has agreed pathways to refer these patients for rapid assessment and treatment. This year the number of hospitals with pathways has increased from 12 to 20 (out of the 24 hospitals to which YAS staff take patients).

The patients need to present within three-and-a-half hours of first symptoms so acute stroke is now handled as a medical emergency. This meant a change to the call-handling procedure in our 999 communications centres so stroke is now given the highest priority for response – Category A.

The graph below shows the increase in numbers of patients with stroke identified as Category A since the new pathways have been developed.



Looking ahead, in association with Sheffield University and NHS Sheffield, we are planning to conduct an audit of the outcomes for patients referred via the Sheffield stroke pathway.

PATIENT EXPERIENCE

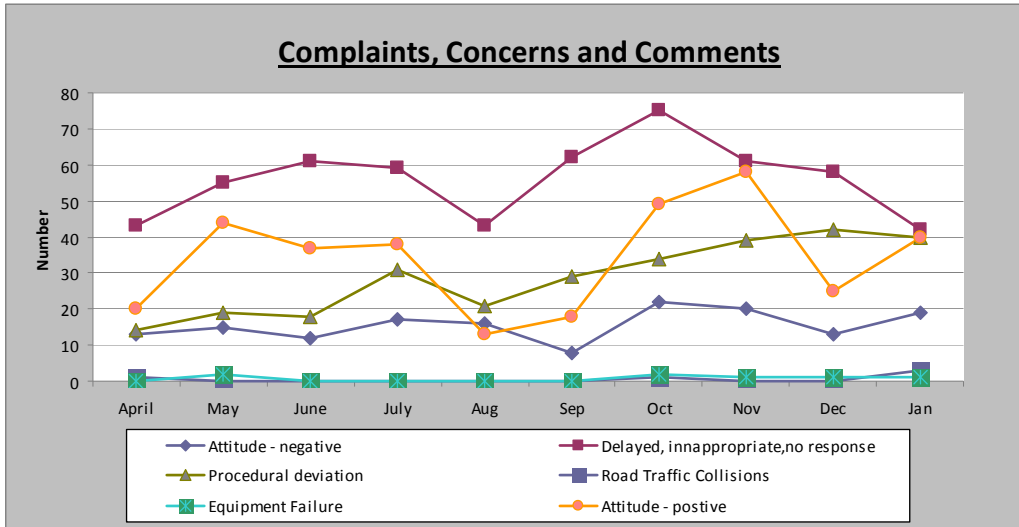
Indicator 9 – Number of Complaints, Concerns and Comments

Indicator 10 – Number of Compliments

YAS staff work very hard to get the job right first time but, with busy services, mistakes can happen and problems occur. When people tell us about their experiences we aim to listen, if necessary put things right, and learn for the future.

As well as telling us when things go wrong, we are very pleased when people tell us about a good experience of our services. When someone tells us about the good service provided by a member of our staff their director sends them a personal letter to acknowledge their good service.

	Definition
Complaint	Any expression of dissatisfaction that requires a formal response
Comment	Where a member of the public or a patient wishes to make YAS aware of an event or incident but where they indicate that no further action is required.
Concern	Where a member of the public or a patient wishes to make YAS aware of an event or incident and where they require informal feedback.
Compliment	Any expression of satisfaction with a service made by a customer about the organisation. A compliment may be made about an individual, team or the service as a whole.



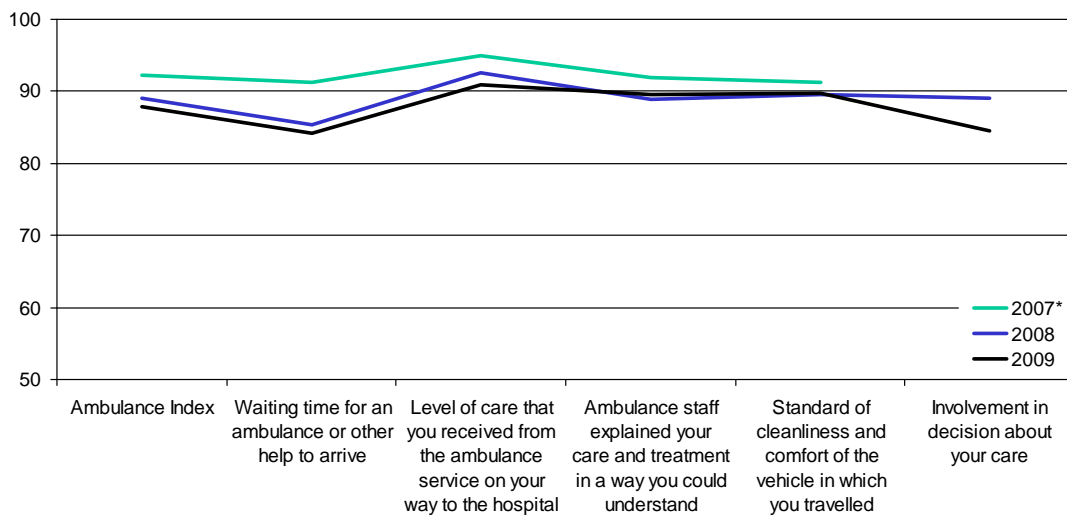
Indicator 11 – Results of Yorkshire & Humber (Y&H) Strategic Health Authority Public Satisfaction Research 2009

This research measured and analysed levels of public and patient satisfaction with NHS services within the NHS Y&H region. It was based on a large-scale quantitative survey followed-up by qualitative research in the form of discussion groups.

Of a 3980 people responding to the survey, 89% said they were satisfied or highly satisfied with the ambulance service. This was the highest satisfaction score for any NHS service in the region.

User satisfaction scores: mean score out of 100%

Base: Total users 2009 (n=179); 2008 (n=116) and 2007 (n=111)



STATEMENTS FROM LOCAL INVOLVEMENT NETWORKS, OVERVIEW
AND SCRUTINY COMMITTEES AND PRIMARY CARE TRUSTS

To be added following consultation period