



Notice of a public meeting of

Health and Adult Social Care Policy and Scrutiny Committee

To: Councillors Doughty (Chair), Cuthbertson (Vice-Chair),
S Barnes, Cannon, Craghill and Richardson

Date: Wednesday, 16 September 2015

Time: 5.30 pm

Venue: The George Hudson Board Room - 1st Floor West
Offices (F045)

AGENDA

- 1. Declarations of Interest** (Pages 1 - 2)
At this point in the meeting, Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

- 2. Public Participation**

At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so.

The deadline for registering is **Tuesday 15 September 2015**
at **5:00 pm**.

Filming, Recording or Webcasting Meetings

Please note this meeting may be filmed and webcast and that includes any registered public speakers, who have given their permission. This broadcast can be viewed at:

<http://www.york.gov.uk/webcasts>.

Residents are welcome to photograph, film or record Councillors and Officers at all meetings open to the press and public. This includes the use of social media reporting, i.e. tweeting. Anyone wishing to film, record or take photos at any public meeting should contact the Democracy Officer (whose contact details are at the foot of this agenda) in advance of the meeting.

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present.

It can be viewed at:

https://www.york.gov.uk/downloads/file/6453/protocol_for_webcasting_filming_and_recording_council_meetingspdf

- 3. York Teaching Hospital NHS Foundation Trust Annual Report 2014/15** (Pages 3 - 66)
This report presents the Committee with the Annual Report of the Chief Executive of York Teaching Hospital NHS Foundation Trust, which details the performance and challenges faced by the hospital during the financial period 2014/15.
- 4. Annual Report from the Chief Executive of the Yorkshire Ambulance Service** (Pages 67 - 82)
The Chief Executive of the Yorkshire Ambulance Service will present an Annual Report to the Committee. *[Report to Follow]*
- 5. Yorkshire Ambulance Service NHS Trust** (Pages 83 - 112)
Quality Report
This report is to inform the Health & Adult Social Care Policy & Scrutiny Committee of the performance of Yorkshire Ambulance Service NHS Trust in the judgement of the Care Quality Commission (CQC). The Yorkshire Ambulance Service NHS Trust Quality Report is at Annex A.

**6. Tees, Esk and Wear Valleys NHS Foundation Trust
Presentation on Transition of Mental Health Learning
Disabilities Services from Leeds and York Partnership
NHS Foundation Trust**

Members will receive a presentation on the transition of the Mental Health Learning Disabilities Services from Leeds and York Partnership NHS Foundation Trust to Tees, Esk and Wear Valleys NHS Foundation Trust.

7. Work Plan (Pages 113 - 116)

Members are asked to consider the Committee's work plan for the municipal year.

8. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:

Name- Jayne Carr

Telephone – 01904 552030

E-mail- jayne.carr@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details are set out above

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

**Ta informacja moze być dostarczona w twoim (Polish)
własnym języku.**

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

 (01904) 551550

**HEALTH AND ADULT SOCIAL CARE POLICY AND SCRUTINY
COMMITTEE**

Agenda item 1: Declarations of interest.

Please state any amendments you have to your declarations of interest:

- Councillor S Barnes Works for Leeds North Clinical Commissioning Group
- Councillor Cannon Current patient at York Hospital and Member of Health and Wellbeing Board
- Councillor Craghill Member of Health and Wellbeing Board
- Councillor Doughty Member of York NHS Foundation Teaching Trust.
- Councillor Douglas (Substitute) Council appointee to Leeds and York NHS Partnership Trust.
- Councillor Richardson Niece is a district nurse.
Undergoing treatment at Leeds Pain Unit and York Sleep Clinic.

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**Health & Adult Social Care Policy & Scrutiny
Committee****16 September 2015**

Report of the Assistant Director Governance and ICT

York Teaching Hospital NHS Foundation Trust Annual Report 2014/15**Summary**

1. This report presents the Health & Adult Social Care Policy & Scrutiny Committee with the Annual Report of the Chief Executive of York Teaching Hospital NHS Foundation Trust, which details the performance and challenges faced by the hospital during the financial period 2014/15.

Background

2. The former Health Overview & Scrutiny Committee last considered the Annual Report from the Chief Executive of York Teaching Hospital NHS Foundation Trust at their meeting in September 2014. The purpose of the report is to keep Members up to date on the work of the Trust.
3. At the September 2014 meeting it was noted that the Trust has performed well against the majority of targets with two exceptions:
 - Emergency Department waiting times
 - The 18 week referral to cancer treatment targets.
4. This led to an investigation by Monitor which opened in early September 2014 as a result of breaches of the four hour emergency access target and cancer targets. The formal investigation was closed in late October 2014 after the Trust provided reassurance to the regulators over the running of the organisation and evidence cancer targets had improved along with plans to reduce waiting times in the emergency department. The closure of the Monitor investigation was considered by this Committee in November 2014.

5. The September 2014 meeting was told that staff recruitment continued to be difficult and as a consequence the Committee received a presentation in February 2015 by Health Education Yorkshire and the Humber on nurse training and workforce planning.
6. The Committee also agreed an item of urgent business in January 2015 in relation to the challenges faced by York Hospital at peak times over the Christmas period when there was an 11.5% increase in admissions to A&E and a 9% increase in presentation at A&E by ambulance and when the percentage of patients attending A&E with pneumonia and respiratory conditions was up 80%.

Consultation

7. The information included in the annexes to this report has been provided by the Chief Executive of York Teaching Hospital NHS Foundation Trust. The Annual Review 2014/15 is published at Annex 1, the full 273-page Annual Report and Accounts 2014/15 at Annex 2 is available online.

Analysis

8. This report and its annexes are presented to the Committee for information only. A representative from the Hospital Trust will be at the meeting to answer any questions Members may have.

Council Plan

9. This report and its annexes are directly linked to the Protect Vulnerable People element of the Council Plan.

Implications

10. There are no implications directly associated with this report.

Risk management

11. There are no risks directly associated with this report.

Recommendations

12. The Committee are asked to consider and comment on the information provided in the annexes and to ask questions of the Hospital Trust representative at the meeting should there be issues needing clarification.

Reason: To keep the Committee up to date on the work of the Trust.

Contact Details

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Chief Officer Responsible for the report:

Andy Docherty
Assistant Director Governance and ICT

**Report
Approved**



Date 02/09/2015

Wards Affected:

All

For further information please contact the author of the report

Annexes

Annex 1 – York Teaching Hospital NHS Foundation Trust Annual Review 2014/15

Annex 2 – (Online only) York Teaching Hospital NHS Foundation Trust Annual Report and Accounts 2014/15.

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Our Year

Annual Review 2014/15

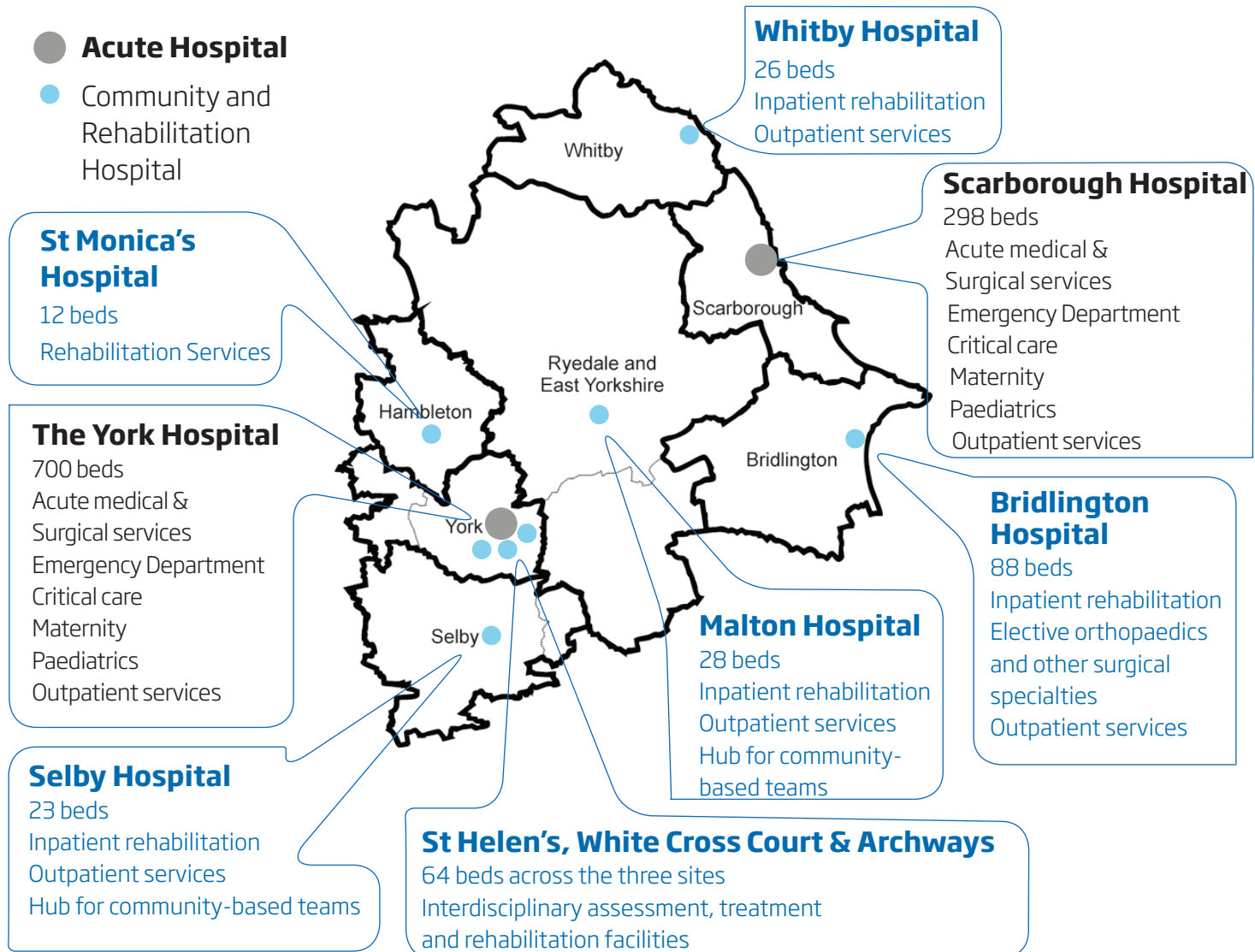


Contents

Chair's welcome	4
Chief Executive's welcome	6-7
Listening to patients and the public.....	9-15
Surveys	12-13
Our governors	17-21
Lead Governor's report	22-25
Our membership	27-28
Our staff	30-33
Managing our finances	34-37
Performance	38
Community services.....	40-44
Building for the future	45-47
Medical education and research	48-49
Taking a closer look at safety.....	51-53
Board of Directors	54-55

Key facts

Population: 800,000 Area covered: 3,400 sq miles Acute staff: 7,000 Community staff: 1,500





Susan Symington
Chair

Chair's welcome

Alan Rose completed his maximum nine years as a Director of the Trust on 31 March this year, and I succeeded him as Chair of the Trust on 1 April. This statement reflects Alan's final year as chair.

One month into my role as Chair at the time of writing, and I am developing a strong sense of our Trust. Of hardworking, committed staff that place patients at the centre of everything they do, of strong partnerships and creative alliances, and of a desire to continually improve the services we offer.

But these are tough times. Across all our sites and between all 8,500 of our staff, we face shared challenges in the year ahead. The first is to maintain and develop our heartfelt commitment to the care of our patients and service users. The second is to meet the significant financial and regulatory challenges we face.

Our mission is a constant. We want to be trusted to provide safe, effective, sustainable healthcare for the communities we serve. Our unswerving focus on our mission and our courage to meet the challenges we face, will ensure that during 2015-16 we will continue to successfully meet the needs of the communities we serve.



We want to be trusted to provide safe, effective, sustainable healthcare for the communities we serve.





Chief Executive's welcome



Patrick Crowley



Despite the increasing pressure and complexity of the environment we work in, we have made a strong start...



Welcome to our annual review for 2014/15.

As has been the case for the past few years, once again this report details our performance during a difficult period for the NHS and the public sector as a whole, and the pressures placed on us continue to rise.

We have always been a strong performer in terms of our financial management and meeting our efficiency obligations, however, despite our best efforts and continuing achievement of our efficiency targets, we have for the first time, alongside many other Trusts, reported a deficit for this year.

We have completed our second year as a single organisation following the formal acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust, and it is clear that there is still more that we need to do to fully integrate the two acute organisations and our community services. Despite the increasing pressure and complexity of the environment we work in, we have made a strong start and I am in no doubt as to the commitment of our staff from every part of the organisation in terms of putting patients at the centre of everything we do.

Merging our organisations was never going to be easy but I am proud of how we have worked together on this at a time when the NHS has never been under so much pressure and working to such high expectations.

In March this year we welcomed the Care Quality Commission into the organisation as part of their planned inspection programme, at the time of writing we are still to receive their final report and assessment. I have genuinely sensed that the assessment process itself has brought the organisation closer together. It has encouraged us to focus on what we are good at, and this in itself will help accelerate the process of truly becoming one organisation.

There are of course areas where we need to improve, and we are prioritising these, however I am pleased to report that we continue to perform to a good standard in most key areas.

I believe we have always been ambitious in our planning and in our desire to continually improve what we do for the benefit of our patients, and we have already delivered a number of schemes that look better, make people feel better and allow us to provide

better services. Many of these are on our East Coast sites, where such investment was urgently needed.

Our new £5m purpose built surgical ward and surgical assessment unit in Scarborough was officially opened at the end of March 2015. We have also completed the new visitor car park, refurbished the maternity theatre at Scarborough Hospital, and provided a new discharge lounge where patients can wait for their transport once they are ready to go home, freeing up beds more quickly and improving patient flow.

As a Board we have made a commitment to a long term strategy which includes a focus on supporting acute and planned care through better use of our estate, the development of plans around what activity can be delivered at Bridlington, and the priority areas for capital development in Bridlington, York and Scarborough.

We continue to focus on our acute services, with the aim of improving how we deliver care for those of our patients who are most ill. A key element of this is the separation wherever possible of our acute and elective activity, and the benefits of this were

felt immediately in orthopaedics where we have separated elective work which is now provided at Bridlington Hospital. Planned orthopaedic surgery was able to continue throughout winter for the local population, unaffected by the bed pressures on the Scarborough site, as a result of our decision to relocate it. This would simply not have happened if we had not moved the service to Bridlington, as evidenced in other surgical specialties that saw a number of planned surgery lists cancelled.

We need to continue to plan and deliver in this way to ensure we retain our ability to make these choices for ourselves, and by maintaining control of our finances and performance I have every confidence we will succeed.

Part of the solution to this is around working more closely with other local organisations and thinking differently about how we deliver services. We are working closely with Scarborough and Ryedale CCG and North Yorkshire County Council to begin to establish a shared vision and set of priorities for well-being, health care and social care for the next five years.

We have introduced community hub models in the Selby and Malton localities, enabling care and support to be given to patients in the community and in their homes, and reducing the reliance on inpatient facilities.

Finally, I wish to place on record my thanks and appreciation as Chair Alan Rose reaches the end of his allowed term of office. Alan led us through the integration of York and Scarborough Trusts, and under his leadership, the Board of Directors was also awarded the title of "NHS Board of the Year" by the NHS Leadership Academy in December 2012.

I would like to thank him for his tireless commitment to both the Trust and the patients he has served over the past nine years. He will be missed, however, we wish him all the best for his new role as Chair of Colchester Hospital University Foundation Trust. I look forward to working with Susan Symington, our new Chair, to build on Alan's work in strengthening the organisation for the benefit of all of our patients and staff.

Patrick Crowley
Chief Executive



New DVD supports life after cancer

A groundbreaking DVD to support those living with and beyond a cancer diagnosis has been produced by the Trust to help patients get the support they need.

The DVD, launched this month, is based directly on the award winning events held over the last three years looking at how ongoing services and support for people who are living with and beyond cancer could be improved.

Jane Archer, Cancer Care Centre Manager, played a key role in bringing the content of the events onto DVD.

Jane said: "It was quite a challenge to put the different subjects onto film but we had a clear vision about what we needed and we had a wonderful set of local experts who had already proved how much they could help people.

"Often people feel very alone through the experience of cancer diagnosis and treatment and it's vital that those living with and beyond cancer get the support they need to lead as healthy and active a life as possible."

Patients and their supporters can all benefit from watching the DVD which comprises a set of short films covering fear of recurrence, coping with worry, fatigue, diet, relationship concerns and how to pick



the right level of exercise and plan for the future.

Christine Norris, Lead Cancer Manager for the Trust, said: "People need help in so many ways - medical, social, psychological, spiritual, financial and informational needs.

"We found experts who could provide the information that really helps people. We have transferred this to DVD and we are delighted with the result."

The DVD, 'Living well with cancer', supports a new national strategy launched last year aimed at understanding what issues are important to those who have survived. It will be distributed to patients under the care of the Trust as part of a holistic needs assessment toward the end of treatment.

Listening to patients and the public

Patient Experience is a key element of quality. Patients tell us that they care about their experience as much as clinical effectiveness and safety. Patients tell us they want to feel informed, supported and listened to so that they can make meaningful decisions and choices about their care. They want to be treated as individuals and value efficient processes.

The Trust want patients to receive the best possible care and treatment at York Teaching Hospital NHS Foundation Trust. We are committed to improving the experiences of our patients and their families when they access our services.

The Trust welcomes feedback from patients, relatives and carers and there are a number of different ways the Trust captures this feedback including:

- National and local surveys
- Concerns and complaints
- Positive feedback
- Involving service users through our Patient and Public Liaison forums

The Trust wants everyone who accesses services to have a high quality, positive experience.

Quarterly Trust-wide patient experience reports are reviewed by the Board of Directors. The reports bring together a range of patient experience information that ensures that patient experience is routinely considered at the most senior level.

Communication and staff attitude continue to feature as key themes in both complaints and compliments. In response to some of the complaints made, the Trust has introduced a customer care training module which uses anonymised complaints as part of the programme and delivered the programme to key groups of staff. Additionally, with the support of NHS Elect, (an independent consultancy body), and in partnership with the Patient Experience Team and Organisational Development, a train-the-trainer module has been developed that is now being delivered to front line staff by matrons and sisters.

Complaints and Compliments

The Trust places a high value on concerns, complaints and compliments as a resource to provide assurance that the care and treatment provided across the hospitals and community services meets the needs and expectations of patients and the public in terms of quality, outcome and safety.

The Trust recognises that complaints can provide a valuable insight into further improvements that could be made. Compliments enable the Trust to feedback to staff when excellent service has been given. Patients, their families and visitors are encouraged to share any concerns or suggestions they have so that their comments and suggestions can be investigated and responded to, and so that we can learn lessons from their experiences.

The Trust has an established Concerns and Complaints Policy and Procedure. Complaints can be made in person, by letter, email or telephone. All complainants receive an acknowledgement letter detailing who will investigate the complaint, their contact details and when a response can be expected. The acknowledgement letter also explains the role of the NHS Complaints Advocacy Service. The Trust will arrange a local resolution meeting with staff if requested by the complainant.

Our complaint correspondence also includes details of how to contact the Care Quality Commission, the independent regulator of all health and social care services in England.

Three information leaflets, How to Complain, PALS and the Quality of Care feedback form have been reviewed and replaced by a new leaflet, 'Your Experiences Matter', with the emphasis moving from how to complain, to how the Trust values and seeks feedback from patients, relatives and carers. It is recognised that not everyone finds it easy to feedback on their experience and this new leaflet will help towards creating an environment where people feel comfortable to do so.

All complaints received are reviewed weekly by the Chief Executive, Chief Nurse and Lead for Patient Experience.



Between 1 April 2014 and 31 March 2015 the Trust as a whole received 655 complaints (including 101 resolved outside the procedure). Last year we received 687 complaints (123 resolved outside the procedure).

Of the 554 registered complaints received, 81 cases are still being investigated as at 31 March 2014. Of the completed cases, 84% generated actions for improvement.





A total of 9,123 examples of positive patient feedback were recorded by the Patient Experience Team across the whole Trust, in the form of letters, cards and emails.

The Patient Experience Team and the Communications Team are developing a system for collecting and sharing the increased feedback received through social media sites such as Facebook and Twitter. Examples of the positive feedback received by the Trust include:

Mr R: *"I was met with courtesy and made to feel at ease, the staff were cheerful and methodical in their advice and procedure. I would like to commend everyone involved in my seamless treatment."*

Mr B: *"You have a hospital and staff to be proud of, all the staff I met did a brilliant job. The concerns over my health during the last months had become a real worry, but thanks to you all these have been alleviated."*

Mr D: *"I have been overwhelmed by the care, compassion, dedication and medical skills that I have experienced from all the staff, the cleaners, meal providers, nurses, doctors, surgeons and others who have helped in many ways. I have also attended a number of clinics and everybody without exception has been highly professional and reassuring. Their kindness has been very much appreciated and helped me through a difficult time."*





A series of annual surveys required by the Care Quality Commission for all NHS Acute trusts in England are carried out each year. The purpose of the annual surveys is to understand what our patients think of healthcare services provided by the Trust.

Inpatient Survey 2013

Each year, every NHS Hospital Trust in England carries out the Survey of Adult Inpatients in the NHS as part of a national programme led by the Care Quality Commission, the regulator of health and social care services.

The questions within the survey cover the patients’ pathway from when they are admitted to hospital to the treatment and care they receive whilst they are in hospital. It also focuses on the quality of how we communicate with our patients and the information that we provide, through to the point at which

they are discharged from our hospitals.

The survey provides the Trust with an understanding of what our patients are saying about both York Hospital and Scarborough Hospital combined, which allows us to identify our Trust priorities for improvement, whilst still allowing us the opportunity to look at key priorities for each hospital site and speciality.

The results of the survey highlight many positive aspects of patient experience across the Trust, with the majority of patients reporting that:

	2012	2013	2014
Overall: rating of care 7+ out of 10	77%	77%	85%
Overall: treated with respect and dignity	78%	81%	79%
Doctors: always/sometimes had confidence and trust	81%	81%	83%
Hospital: room or ward was very/fairly clean	95%	98%	97%
Hospital: toilets and bathrooms were very/fairly clean	95%	96%	94%
Hospital: hand-wash gels visible and available for patients and visitors to use	91%	91%	94%
Care: always enough privacy when being examined or treated	88%	89%	91%

The results also highlight where improvements can be made. The Directorates each develop an action plan for improvement from the National Inpatient Survey which feed into the overall Trust action plan.

National Cancer Patient Experience Survey 2014

153 acute hospital NHS Trusts providing cancer services took part in the survey, accounting for every Trust that provides adult cancer care in England.

All adult patients with a primary diagnosis of cancer, who had been admitted to hospital as an inpatient or as a day case patient, and were discharged between 1 September 2013 and 30 November 2013, were invited to take part in the postal survey.

The survey was carried out on behalf of the Department of Health. Like the National Inpatient Survey the findings are very positive:

- 93% of respondents rated their care as either excellent or very good

- 90% of respondents said that they were given easy to understand written information about their test
- 93% of respondents reported that the Clinical Nurse Specialist (CNS) definitely listened carefully
- 93% of respondents reported that the CNS gave understandable answers to important questions all/most of the time
- 97% of patients reported that staff told them who to contact if worried post discharge

A Trust-wide action plan is in place which focuses on the priorities identified from the survey. A main priority from the previous survey highlighted that we did not communicate nor provide information to patients equitably across the whole Trust. It is therefore encouraging to see that our results in these areas have increased and work continues to improve further in these areas.

The Friends and Family Test

The Friends and Family Test (FFT) introduced by the Prime Minister in 2012 and rolled out to acute trusts in 2013 is delivered across the whole Trust in all wards, services and departments.

The FFT is a simple, comparable test of patient satisfaction. It will enable patients to compare services,

identify those who are performing well and drive others to take steps to improve. (NHS England, 2013). Patients are asked:

“How likely are you to recommend our ward and emergency department to friends and family if they needed similar care or treatment?”

All patients are further asked a follow-up question asking for them to explain the main reason for the answer they have given to the FFT question.

The Trust chose to use an A5 card and an online survey. Patients are given the card as early as possible during their hospital stay, and complete the card at the point of discharge or within 48 hours of leaving the hospital. Patients attending the Emergency Department complete either the card, online survey or respond via a text message option.

The Friends and Family Test is designed to measure patient feedback on a specific question, with some supporting information about why they have given that response. Patients can still use the other methods of giving feedback, and the process for contacting PALS, or giving a complaint or compliment through the patient experience team is still in place.

The FFT is a valuable source of feedback which, when used in conjunction with other feedback from PALS, complaints, national surveys and staff feedback, can provide the Trust with an overall understanding of what patients accessing our service feel about their experience and also highlight areas where we need to improve.

Over the last 12 months (at April 2015) over 56,000 people have responded to the FFT question via cards, text messages and the token systems which were previously in use. This includes responses from inpatients and outpatients from all of our sites, as well as maternity service users and community patients.

The responses have been positive, with 93% likely or extremely likely to recommend the service they experienced.

The responses have been positive, with 93% likely or extremely likely to recommend the service they experienced.



Minster FM Award for York ED



Congratulations to the Emergency Department (ED) at York Hospital, winner of the Team of the Year 2015 in the Minster FM Local Hero Awards.

The accolade is awarded to a group of individuals who have made outstanding achievements through their work together.

James Christie, Deputy Charge Nurse, nominated the team after a very difficult winter in the department. James said: "I wanted to nominate the team to give them a boost after

everyone has worked so hard. It was a complete surprise to be shortlisted let alone to win team of the year!"

Jill Wilford, Lead Nurse for ED, said: "Everyone is absolutely delighted, it was just what we all needed. The department has been so busy at times with staff under a lot of pressure so it was reassuring and humbling to find that the public would still vote for us even through difficult times."

A video of the winners can be viewed on the Minster FM website under Local Hero Awards 2015.

Elected to represent you

Every NHS Foundation Trust is required to have a body of elected governors. York Teaching Hospital NHS Foundation Trust has a Council of Governors, which is responsible for representing the interests of Foundation Trust members, patients and carers, staff members and partner organisations.

The Council of Governors' roles and responsibilities are outlined in law and detailed in the Trust's constitution.

Its prime role is to represent the local community and other stakeholders in the stewardship of the Trust. They work with the Board of Directors in an advisory capacity, bringing the views of staff and local people forward, and helping to shape the Trust's future. The Council has a right to be consulted on the Trust's strategies and plans and any matter of significance affecting the Trust or the services it provides.

The Council holds the Board of Directors to account for the performance of the Trust.

The Council of Governors is specifically responsible for:

- The appointment and removal of the Chairman and other non-executive directors
- The approval of the appointment of the Chief Executive
- The appointment and removal of the external auditors.

Their role also includes:

- Representing the interests and views of local people
- Regularly feeding back information about the Trust, its visions and its performance to the community they represent
- Monitoring performance against the Trust's service development strategy and other targets
- Advising the Board of Directors on their strategic plans
- Making sure the strategic direction of the Trust is consistent with its terms of authorisation as agreed by Monitor (the Foundation Trust regulator)
- Being consulted on any changes to the Trust's constitution
- Agreeing the Chairman's and non-executive directors' pay
- Providing representatives to serve on specific groups and committees
- Informing Monitor if the Trust is at risk of breaching its terms of authorisation, if the concerns cannot be resolved within the Trust.

Our governors

Our governors represent different constituencies. From 1 April 2014 to 31 March 2015, the Council of Governors comprised the following members:

Partner governors (appointed by their organisations):



Voluntary sector: 1 seat
Michael Beckett (North Yorkshire and York Forum)

Local authority: 3 seats



Caroline Patmore (North Yorkshire County Council)



Joseph Riches
(City of York Council)



Dee Sharpe (East Riding of Yorkshire Council)



University of York: 1 seat
Rowena Jacobs

Public governors (elected by Foundation Trust members)

Bridlington: 2 seats



Terry Atherton

Clive Neale



Hambleton: 1 seat



Jane Dalton

Ryedale and East Yorkshire: 3 seats



Jeanette Anness

Sheila Miller



Jenny Moreton



Scarborough: 2 seats



Sue Wellington

David Wheeler



*denotes governors who resigned during 2014/15

Selby: 2 seats



Ann Bolland **Andrew Butler**



Whitby: 1 seat



Stephen Hinchliffe

York: 5 seats



Paul Baines **Helen Fields**



Margaret Jackson **Helen Mackman***



Penelope Worsley **Robert Wright**



Staff governors: 5 seats

Scarborough and Bridlington Hospitals: 2 seats



Helen Noble

Andrew Bennett



York Hospital: 2 seats



Liz Jackson

Mick Lee



Community-based staff: 1 seat



Les North

*denotes governors who resigned during 2014/15

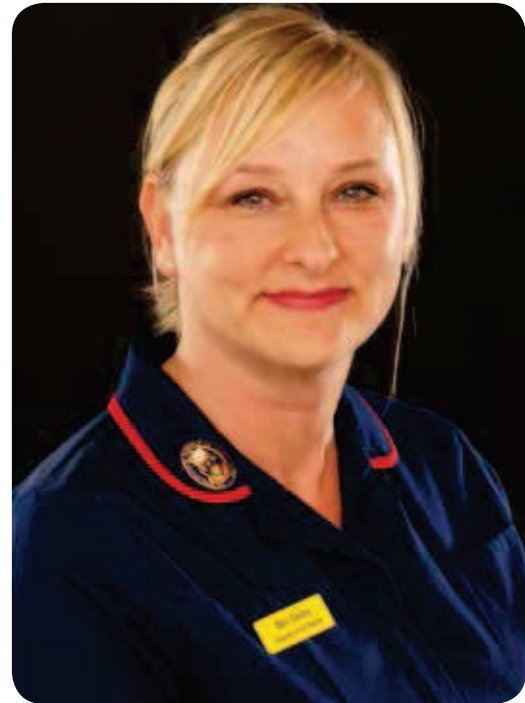


Matron of the Day provides better patient experience

A new resource aimed at improving patient experience is to launch with a nominated 'Matron of the Day' who will be available to ensure that urgent matters receive timely and appropriate attention.

Beverley Geary, Chief Nurse, pictured right, explained: "There are occasions when patients and relatives urgently wish to speak to the Matron or the Lead Nurse for their designated area, as well as times when staff may require advice from their Matron with regard to a patient experience matter.

"We know this is not always possible as some Matrons work across Trust sites or may be unavailable due to other commitments. In order to ensure that there is always a senior nurse available we plan to institute a 'Matron of the Day' on each site. This is in addition to our current cover and contact arrangements and is not intended to replace the responses that ward staff and Ward Sister would normally make."





Lead Governor's report



By Lead Governor
Margaret Jackson

“ Having been elected by my governor colleagues as Lead Governor in April 2014 and re-elected as governor by Members in September 2014 this is my first report as Lead Governor.

Although my working life was spent in the NHS with much of my employment being in York I have learnt much about the services provided and the expectations of the community since taking on the role of governor. In the most recent elections the governors were particularly pleased that staff governors were elected to support those already holding this position ensuring that the views of staff are listened to, included in any debates and represented at meetings.

I would like to take this opportunity of thanking my predecessor, Helen Mackman for ensuring that the role of a governor is developed and that the CoG is recognised and accepted as an integral part of the Foundation Trust. It is

seen as a crucial group in holding the Trust to its values, in ensuring that the views of Members and the wider community continues to be sought and taken account of at every opportunity. Patient care and safety is the first priority for the Trust in increasingly challenging times. This year, governors have been able to continue to develop their role working closely with everyone at the Trust but particularly with the Trust Chair, Alan Rose and Anna Pridmore, Foundation Trust Secretary. Thanks to them for their on-going advice, support and availability. It is much appreciated by all.

As usual, governors have been able to see Directors and Non-Executive Directors in their roles in a variety of ways and been able to debate and discuss issues as they arise. Governors have attended Board of Directors meetings, ad-hoc seminars presented by Directors and Trust Senior Managers on topics highlighted as of interest by governors. Presentations at the CoG from Non-Executive Directors allowing for debate

Trust colleagues spend much time with governors ensuring that they are kept up to date with developments

and discussion about their role and the work they have been or are involved in. They are members of different Trust groups in which they are able to contribute ensuring that their colleagues are kept abreast of issues being debated. Of particular interest this year was the afternoon governors spent with Directors and Non-Executive Directors discussing the Strategic Plan.

Governors felt valued, involved and able to pro-actively contribute to this development. Trust colleagues spend much time with governors ensuring that they are kept up to date with developments being considered or planned and their time is much appreciated. All of these activities have enabled governors to continue to build their relationships with Directors, Non-Executive Directors and Trust staff, understand their roles and become more aware of how they carry out their responsibilities. Also governors have been involved in the recruitment to senior posts within the organisation and have greatly

valued being included in these appointments.

Public governors have been elected by Trust Members to represent their views and those of the wider community across the large geographical area served by the Trust. This in itself presents a real challenge as issues are or may be different for each community and their priorities may differ. The Trust, since the acquisition of Scarborough Hospital, has continued to review and develop services involving the local governors in the discussions.

Governors attended the Annual General Meeting (AGM) and Open Day at Scarborough providing a stand on the day and a presentation as part of the AGM. The stand highlighted aspects of their role, and the benefits of becoming a Member of the Trust. Governors along with the Trust are keen to increase the number of Members and the current information available is being reviewed and updated to support this.

Continues on next page →



Lead Governor's report continued

Continued from previous page →


To gain the views of Members and the community, governors attend patient participation groups in their local General Practices or areas, local commissioning group meetings, and are involved in visiting departments within the Trust. This enables governors to meet and discuss issues with staff, patients and visitors. The Head of Communications has encouraged governors to submit information about their activities to be included in the Members newsletter.

The two particular developments that I would like to highlight, and governors are delighted to see developed and support, are the following:

1. A Psychiatric Liaison Service based in the Emergency Department (ED) at York Hospital. This is a pilot scheme to run for a year and has been developed by York Trust and Leeds and York Partnership NHS Foundation Trust. A Psychiatric Liaison Specialist Nurse

is available 24 hours a day, seven days a week with Consultant support. The initial feedback is very good. This service has been seen by the governors as an essential part of the service provided to patients in ED and the development is welcomed.

2. The change of emphasis made by the Patient Experience team in looking at the patient experience as a whole and not focusing on one element, complaints or concerns. A new leaflet is being produced which has been widely consulted on and should be available shortly. It is entitled "Your Experience Matters". Please do encourage patients and their families to let the Trust know about their experiences.

Governors are very aware of the challenges the Trust faces and are grateful to the commitment shown by all staff to ensure that patients receive the best care possible. In attending the Trust Celebration of Achievement Award ceremony this year it was a privilege to see the efforts individuals and teams were making to ensure this happens. 





In the news

Archways celebrates ten years of promoting independence

Staff and patients at Archways intermediate care unit enjoyed a teatime treat to celebrate their tenth anniversary.

The unit provides ongoing care for anyone over the age of 18 after an accident or operation. Patients come into the unit for assessment, treatment and rehabilitation and are admitted directly from home, the Emergency Department or following hospital stay.

Deputy Ward Manager Sheena Foxwell has worked at the unit since it opened and during that time she has seen many changes, including two changes of organisation.

Recalling the opening ten years ago, Sheena said: "It was really exciting - daunting but exciting. The opening was delayed as the building work was not complete and I was shown around the unit on my first day wearing a hard hat! We faced many challenges during the first year or so, mostly around processes, recruitment, records, pharmacy and transport. We still face challenges such as staff shortages and increasing demands on the service but we are old hands now and experience really helps.



"Ten years ago many older people found themselves going into 24 hour care facilities which was costly and also was not the best option for a lot of people. Intermediate care aimed to provide treatment and, most importantly rehabilitation, to older people in a range of settings rather than keeping people in hospital.

"The unit has always had a strong nursing as well as large therapy presence. While therapy is vital in promoting independence and helping patients to get home, having round the clock nursing care is brilliant as it acknowledges the important role nursing has in rehabilitation - pain management, wound management, medicines management and self administration, and co-ordinating the team.

Our membership

One of the benefits of being a Foundation Trust is that the structure allows us to work more closely with local people and service users to help us better respond to the needs of our communities. People can become involved in this process by becoming a member of the Foundation Trust.

We have seven public constituencies, and governors are elected for each of these by the members. We also have governors who have been elected by staff members, as well as those who have been nominated by various partner organisations.

Membership numbers by constituency

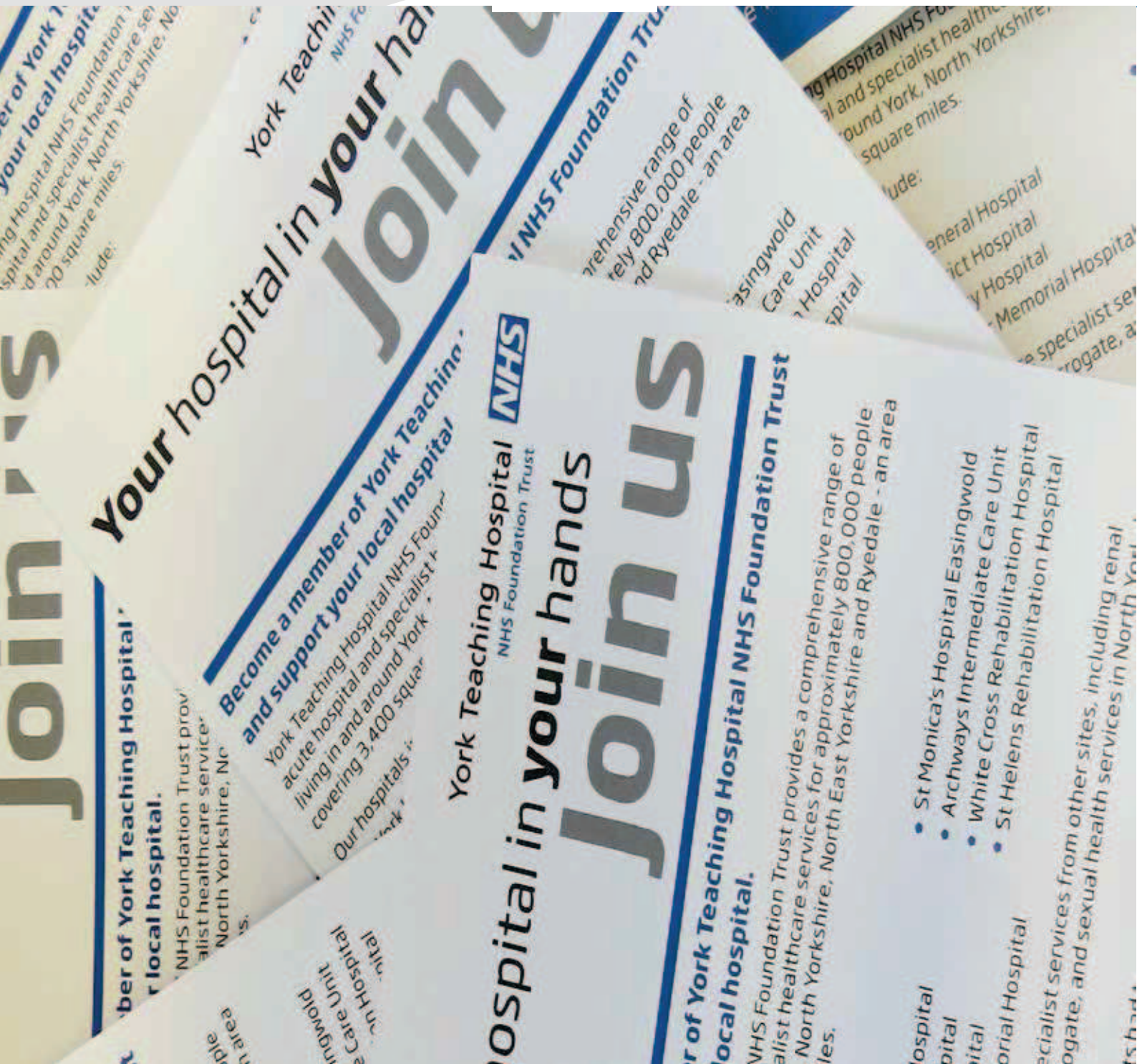
Constituency	Membership at 31 March 2015
York	6,093
Selby	1,727
Hambleton	773
Ryedale & East Yorks	1,656
Bridlington	467
Scarborough	434
Whitby	258
Out of area	718
Staff	9,285
Total	21,411

Membership fact

You don't need any special skills or experience to be a member of our NHS Foundation Trust. Membership is free and is open to anyone aged 16 and over.

Membership fact

As an NHS Foundation Trust, our Council of Governors ensures that the views of members, as well as those of the wider community, are represented appropriately.





Proud to be a living wage employer

National Living Wage Week was a UK-wide celebration of the Living Wage and Living Wage Employers.

The Trust is proud to be a 'Living Wage Employer' and since April 2014, 630 staff across the whole Trust, including porters, catering, domestic and healthcare assistants have been paid the National Living Wage.

Patrick Crowley, Chief Executive, said: "Adopting the Living Wage forms part of our aim to be an employer of choice in all the communities that we provide services for, and despite the significant additional cost, overall it was felt strongly to be the right thing to do.

The living wage is a voluntary scheme designed to encourage employers to raise the pay of those on the lowest incomes, to ensure that it covers the basic cost of living in the UK. The hourly rate is set independently and updated annually and at £7.65 per hour (for those outside London) it currently exceeds the statutory minimum wage of £6.31 per hour. Employers can opt to pay the rate voluntarily. The Board of Directors at the Trust agreed to implement the Living Wage for the financial year 2014/15, reviewing it on an annual basis.



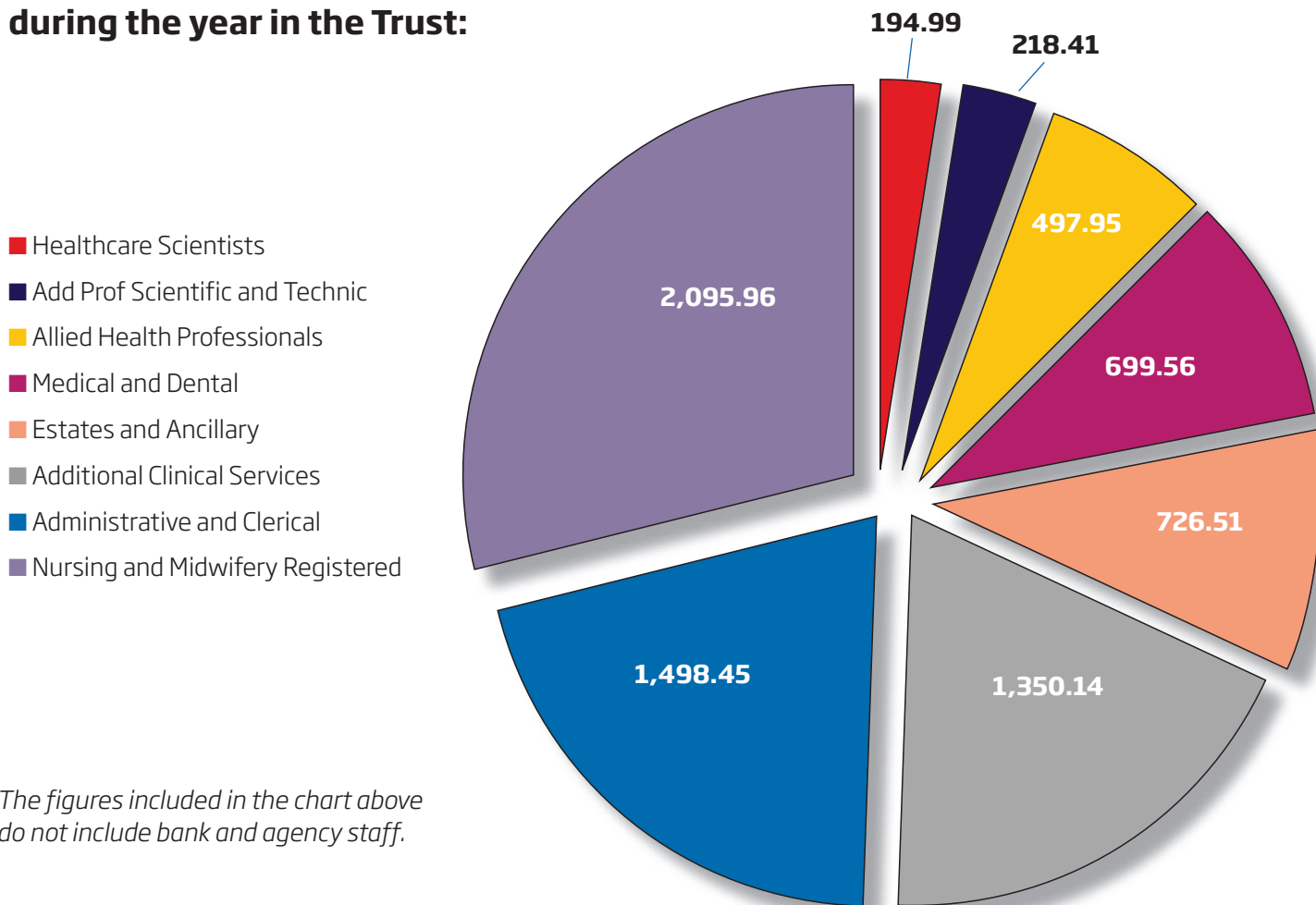
This means that all employees whose pay was below £7.65 per hour received a pay rise to 'top up' their pay from 1 May 2014. The Living Wage also applies to all new employees who join the trust.

Carol Popplestone, Staffside Chair, which represents the Trade Unions said: "We are very pleased that the Board made the decision to implement the living wage. This demonstrates their recognition of the hard work of staff who work in ancillary roles.

"The Trust works hard to achieve partnership working and the implementation of the living wage is one recognition of that."

Our staff

The table below shows the number of full time equivalent staff we have in post during the year in the Trust:



The figures included in the chart above do not include bank and agency staff.





Occupational Therapists celebrate special week



There are over 29,000 qualified occupational therapists in the UK and more than 90 working for the Trust, all who have been proud to celebrate their profession for November's Occupational Therapy Week.

Occupational therapists (OTs) work with people of all ages to help them overcome the effects of disability caused by physical or psychological illness, ageing or accident.

The team helps people who are ill, disabled or feeling the effects of ageing to do the things that are important



to them - such as preparing a meal, returning to work, or doing a favourite pastime. Occupational therapists work in a variety of roles including helping people to return to work, supporting people with depression, to designing accessible environments and products.

OTs across the Trust promoted their profession by asking people to support them with an 'I Love Occupational Therapists' badge. First to wear the badge was Chief Executive Patrick Crowley who the staff visited at a recent Staff Surgery.



Managing our finances

The table below provides a high level summary of the Trust's financial results for 2014/15.

Summary financial performance 2014/15

	Plan £million	Actual £million	Variance £million
Clinical income	401.7	399.7	-2.0
Non-clinical income	35.6	41.4	5.8
Total income	437.3	441.1	3.8
Pay spend	-293.6	-300.1	-6.5
Non-pay spend	-145.6	-152.4	-6.8
Total spend before dividend, and interest	-439.2	-452.5	-13.3
Operating deficit before exceptional items	-1.9	-11.4	-9.5
Transition Support	12.2	12.2	0
Dividend, finance costs and interest	-7.2	-6.5	0.7
Net surplus	3.1	-5.6	-8.8



Income from our clinical work

Clinical income totalled £399.7m, and arose mainly from contracts with NHS Commissioners, including Vale of York CCG, Scarborough CCG, East Riding CCG, NHS England and Local Authorities (£397.0m), with the balance of £2.7m from other patient-related services, including private patients, overseas visitors and personal injury cases.

Income generated from our non-clinical work

Other income totalled £41.4m and comprised funding for education and training, for research and development, and for the provision of various non-clinical services to other organisations and individuals.



Refurbished Energy Centre opens at York Hospital

Wednesday 4 March marked the official opening of the refurbished Energy Centre at York Hospital when Vital Energi, the appointed supplier for the project, handed over the centre to the Trust.

The Trust is committed to reducing its carbon footprint through the work of the Sustainable Development Group. The development of the energy centre is helping make a large step towards reducing the Trust's carbon footprint.

Brian Golding, Director of Estates and Facilities, said: "As an organisation, we are very much aware of sustainability issues and are committed to reducing our environmental impact. Our sustainable development group ensures that we are consistently addressing energy consumption across all our hospitals, looking at everything from light bulbs through to the design of new buildings.

"Last year we completed a major energy saving and carbon reduction project at York Hospital using a Carbon and Energy Fund Framework with Vital Energi. Since the completion of this project, we have seen a huge reduction in our energy consumption.

"We are delighted to officially open the refurbished



energy centre. By reducing energy costs, we can reinvest savings into front line services and patient care."

The principal component of the new installation is a new combined heat and power unit (CHP). Carbon emissions are projected to be cut by 2,996 tonnes a year, a reduction of 22 per cent.

CHP is a great technology that uses a gas fuelled engine to produce electricity, while heat is collected from the hot exhaust gases of the engine to help heat the hospital.



Performance

Whilst the Trust has performed well against the majority of its targets, we have faced increasing demand for our services and this has put pressure on our ability to consistently meet all targets in certain areas.

One of the key areas that has been affected by this is the four hour maximum waiting time standard in both of our emergency departments, and ambulance turnaround times.

We are taking steps to improve this, and we are working with the wider health community to find solutions to what is a whole-system issue that cannot be resolved solely by the hospital. There have been well-documented issues with the achievement of this target across the country, particularly around what was an unprecedented winter period for demand on NHS services.

Another area is the 18 week referral to treatment target. The Trust has seen demand continue to rise, and there have been issues nationally regarding 18 week performance. We agreed with our commissioners and regulators in the latter part of 2013/14 to a planned failure of the 18 week admitted target, and this reflects the approach that has been agreed nationally for this year. This approach has enabled us to treat some of the patients who have been waiting longest and to review how we manage demand in some of our more challenging specialties.

Despite these pressures, we are pleased that the majority of our patients continue to give positive feedback about our services.

Detailed information about our performance against all of our targets is available in the annual report and accounts 2014/15.



New roles for Healthcare Assistants

New advanced level training for Healthcare Assistants (HCA) will see more highly qualified staff assisting in nursing teams

HCAs who are currently in post were invited to apply to develop their skills and take their career to the next level to a band 3 Senior Healthcare Assistant.

Helen Hey, Deputy Chief Nurse, said: "The Trust is delighted to welcome our new band 3, Senior Healthcare Assistants into their posts. They have undergone two weeks of classroom based training which is followed by a period of supported learning on a small number of wards on each site.

"The impact of these new roles will be monitored over the next year in order to explore whether we can offer this personal development opportunity to more of our band 2 Healthcare Assistants. I am sure you will join me in supporting them in their new roles and wish them every success this year."

The first cohort on the course has ten candidates from Scarborough Hospital and eight candidates from York Hospital.



Luke Thompson, Healthcare Assistant at York Hospital is amongst the first to be accepted on the course. Luke said: "It's exciting to get the opportunity for more development in the role. Learning new clinical skills helps us to become more patient focused and makes the job a lot more interesting. I'm looking forward to putting my new skills into practice and it takes me a step closer to nurse training which is what I would eventually like to do. It's really satisfying when you see that patients appreciate what you do."

Community services

York Teaching Hospital NHS Foundation Trust has been commissioned to design, develop and deliver a care hub model in the Selby and District locality.

Vale of York CCG has developed a five year vision for health care. In partnership with local authorities, resources will be combined to deliver a coordinated and integrated response to health and social care need. Key to this approach are local hubs, which will provide a central point of access to health and social care services, across a defined geography and patient population.

As part of a longer term programme of development, York Teaching Hospital NHS Foundation Trust, working in partnership with North Yorkshire County Council, is testing three new services to provide health and social care to a defined population across the district.

Care Home Inreach – started November 2014

- Comprehensive review of all care home residents jointly by GP and Elderly Consultant
- Includes nursing, mental health and pharmacy input
- Full medication review and care planning (including end of life planning) undertaken
- Educational benefit to GPs in optimal management of frail elderly patients

Community Response Team

– started January 2015

- Clinical model co-designed between health and social care staff
- Co-located, joint health and social care team – nurses, therapists, social care co-ordinators and generic workers provide over 30 whole time equivalents
- Service operates 8am-8pm Monday to Sunday
- Responds to individuals in crisis to prevent non-elective admission and ED attendance
- Facilitates timely discharge once acute phase is complete and maximises independence to prevent re-admission and high intensity use of community resources
- Works with individuals to optimise function to ensure that they do not need to move into residential accommodation until they really have to
- Works closely with existing community services (health and social care, including mental health, and third sector) to ensure seamless transition and efficient use of resource

Continues on next page →



Community services continued



Ryedale Frailty Clinic pilot – this began in November 2014 and expanded to include Selby in early 2015.

The clinics provide:

- Comprehensive assessment of complex elderly patients
- Consultant supported by trainee Advanced Clinical Practitioner
- Will include Consultant Old Age Psychiatrist in Ryedale
- Referral on to specialist services, including community therapy, as required
- Provide detailed advice to primary care MDT to ensure care planning in place

Phase two Developments

The following areas have been identified as potential developments through 2015:

- Develop the role of the Community Geriatrician further, including ambulatory care pathways
- Develop 'Discharge to Assess' models
- Closer integration between health and social care, looking at joint appointments and management structures
- Closer integration with existing locality teams
- Closer integration with mental health services



New Surgical Ward at Scarborough Hospital is officially opened

Scarborough Hospital's brand new surgical ward - Lilac Ward - was officially opened on Friday 27 March by Alan Rose, Trust Chair, on his last day as Chair of the Trust Board.

The official opening event was held ahead of a programme of deep-cleaning for the ward to be ready to open its doors to the first patients on 13 April.

The 31 bed ward, which is located on top of Maple Ward, has 15 single rooms and four bays, each with four beds. The ward also features a surgical assessment area, which will help streamline the patient pathway for patients requiring surgery, meaning care for surgical patients is greatly improved.

Lilac Ward is the first ward nationally to have been built using a design solution called the repeatable room design.

Alan Rose, Chair of the Trust, said: "Lilac Ward represents the finest piece of real estate across all of our sites. It will be a wonderful new facility for surgical patients at Scarborough Hospital and represents a great example of reaping specific benefits from combining the strengths of Scarborough and York. I would like to



thank everyone who has helped make this happen."

The ward will open as a surgical facility allowing Haldane ward, one of the hospital's oldest wards, to close.

Andrew Bennett, Head of Capital Projects, explained: "The design of the four-bed bays makes efficient use of space whilst maximising the distance between bed heads, which is an important factor in infection prevention. The 'nested' design of the single rooms with en suite facilities also makes best use of available space. "



Building for the future

During 2014/15, the Trust has invested in the region of £18.5m in capital projects across the estate. The major projects on site during that period included the following:

- The construction of a brand new state-of-the-art inpatient facility at Scarborough that will accommodate 31 inpatients - mainly in single rooms each with ensuite facilities
- A substantial and complex project to replace two CT scanners at York, together with improvements to patient flow and patient privacy and dignity
- Improvements to the emergency department at York to reduce waiting times and delays in releasing ambulances
- The completion and opening of the upgraded maternity theatre at Scarborough;
- Upgrades to maternity ventilation at both York and Scarborough
- The completion of a major refurbishment project to create a new central food production kitchen at York together with an upgraded restaurant facility for visitors and staff
- Improved decontamination facilities for Endoscopy at York

In addition to the above, there are some major projects in the pipeline that the Capital Projects Team is working on, which include:

- A challenging project to reconfigure a number of wards at York to improve patient flow
- Further radiology equipment replacement and facilities upgrade projects (e.g. MRI) in York and Scarborough
- Projects to upgrade and expand Cardiology and Vascular imaging and treatment facilities at York
- A project to create a new urology diagnostic facility at Malton Hospital
- Complex projects to replace elements of engineering services at Scarborough and York (e.g. lifts)
- Improvements to the emergency department at Scarborough to reduce waiting times and delays in releasing ambulances
- Further work to increase surgical capacity and facilities at Bridlington Hospital



York Hospital supports pancreatic cancer awareness campaign

Specialist nurses from York Hospital highlighted Pancreatic Cancer Awareness Month in November with an information stand in the hospital foyer.

Pancreatic cancer is the eleventh most common cancer and often affects older people. Around 8,800 people are diagnosed with the disease every year and it is one of the most difficult to treat. However, patients who are diagnosed in time for surgery have a more than 30 percent chance of surviving beyond five years after diagnosis.

The disease rarely causes symptoms in the early stages, so it's often not detected until the cancer is fairly advanced.

Eden Galang, Lead Upper Gastro Intestinal Macmillan Nurse Specialist at York Teaching Hospital NHS Foundation Trust, explained: "Many people do not know where the pancreas is and what it does. They are not aware of the symptoms of pancreatic cancer and when symptoms present themselves it is often late stage.

"Late diagnosis of the disease has an effect on survival rates so raising awareness of the disease and its symptoms is absolutely vital to drive earlier diagnosis and ultimately



increase a patient's chance of survival. Awareness, along with research, is the key to battling the disease."

Krystina Hardy was recently diagnosed with the disease and has undergone surgery and is now receiving chemotherapy.

Krystina said: "My diagnosis came out of the blue, looking back I had symptoms such as digestive problems and diarrhoea but I was going through a very stressful time so put it down to that. I had no pain or lethargy so it was only when I developed jaundice that I went to my GP and within days I was in hospital and had my operation."



Medical education and research



The number of patients recruited to participate in research approved by a research ethics committee during 2014/15 was 3,773.

The Trust is a partner organisation within the Yorkshire and Humber Clinical Research Network (Y&H CRN). The CRN provide funding to support research staff who work across a wide range of specialities. These staff are appropriately trained and qualified and (with the exception of the two generic teams) managed by the Trust's Lead Research Nurse Coordinators. The generic research staff are managed directly by the CRN, and support studies that do not conveniently fit with the more established speciality teams.

The Trust also employs two research advisors who work closely with investigators to ensure that all Trust-sponsored research is developed and conducted to the appropriate standards. In addition all research in the Trust is conducted in accordance with the Trust standard operating procedures .

The Trust also employs an R&D Quality Assurance Manager who carries out risk-based audits and monitoring of research and who reports directly to the Head of R&D.

Listed below is the range of studies the Trust is part of:

	Active and Recruiting	Active and in follow-up
Anaesthetics	8	0
Cancer & Oncology (York)	23	27
Cancer & Oncology (Scarborough)	16	16
Cardiology	7	4
Dermatology	6	0
Emergency Department	3	1
Clinical Research Facility+	2	0
Gastroenterology	5	0
Generic Team (York)+	14	5
Generic Team (Scarborough)+	25	5
Neurology	2	0
Obstetrics	6	2
Ophthalmology	4	3
Palliative Care	0	0
Paediatrics	8	0
Renal	11	0

Data taken from the activity report 31st March 2015

+These teams support research across a number of specialities including sexual health, stroke, ICU, A&E, orthopaedics, tissue viability and dementia.



New name, new look for York Hospital restaurant

The former Mallard restaurant at York Hospital has recently unveiled its new look following an extensive refurbishment and was given an 'official' opening on Monday 2 February.

As well as a whole new interior, kitchen and fittings, the restaurant has been renamed 'Ellerby's' as a tribute to Keith Ellerby a much respected member of the catering team who tragically lost his life in 2011. Keith had worked for catering services in the NHS in this Trust for almost 50 years. Keith started his career in Bootham Park Hospital in 1962 as an apprentice chef and at the end of his career was Trust Food Safety and Quality Manager.

The restaurant was unveiled by Susan Ellerby, wife of Keith, with the Lord Mayor and Mayoress in attendance. Staff were also invited to join in the celebrations.

Peter Mills, Head of Facilities York, said: "We are delighted with the new Ellerby's restaurant, it's been a huge undertaking and a massive investment for the Trust. We now have state-of-the-art kitchens and a bright and inviting area for staff and visitors to enjoy our food. It's an honour to be able to dedicate the restaurant to Keith Ellerby and I'm sure he would be very proud of what we've achieved."



There has been a complete rebuild of the kitchen and dining room area while the brand new seating area offers a more relaxing and comfortable area for dining as well as for meetings.

Pierre Gomez, Retail Catering Manager said: "The menus have been given a makeover bringing Ellerby's in line with current food trends and a focus on healthier eating such as freshly cooked stir fries and pasta, deli sandwiches and high quality coffee. We've listened to feedback and more food concepts will be introduced."

Taking a closer look at safety

We aim to be recognised as one of the safest hospitals nationally, delivering safe, evidence-based care, partly by acting and learning when we identify need for improvement.

Our Patient Safety Strategy focuses on enhancing our culture of transparency. By joining the “Sign up to Safety” campaign we have committed to listening to patients, carers and staff, learning from what they say when things go wrong and taking action to improve patients’ safety. We continue to encourage reporting of errors and incidents in order to learn from them and are refining our systems for doing this, and reporting rates are rising. Our governance structure has been strengthened further and safety is at the forefront of our discussions at Trust Board.

Care of patients at risk from falling remains one of our highest priorities. Our work to reduce falls and pressure ulcers is based on national good practice and is being managed via strategy groups. To ensure learning is shared, every root cause analysis is presented to a panel with learning being fed back. We are making progress and have seen a reduction in the numbers of patients who are harmed from falling, but know that there is much more to do. Reduction in the number of patients who develop pressure ulcers whilst in our care is a significant challenge. The Chief Nurse Team has developed pressure ulcer reduction plans for both hospital and community care, progress is good, and the



prevalence of harm from pressure ulcers is reducing, but we continue to report the development of category 3 and occasionally category 4 pressure ulcers.

We are proud that no patient contracted MRSA whilst in our care during 2014. Our CDiff performance has improved but procedures continue to be tightened around prescribing of antimicrobials in particular. We finished the year within trajectory but we recognise that we have challenges with intravenous line management that has contributed to our MSSA rates. In managing this we have invested in the appointment of a Central Line Specialist Nurse with an aim to facilitate dedicated training delivery and deliver best practice.

Taking a closer look at safety continued

For our patients approaching the end of life and for their families and carers, our focus will be on the safety and experience of care. This includes patients who die suddenly or after a very brief illness. Our aim is to ensure that people approaching the end of life receive care which is aligned to their needs and preferences, is compassionate and delivered in accordance with agreed principles.

We have begun work on the implementation of electronic prescribing and medicines administration (EPMA), recognised to improve aspects of patient safety and helping to address one of our most frequent causes of avoidable harm. We will audit compliance with administration of medicines focusing specifically on critical medicines and on antimicrobial stewardship.

We will use every opportunity to learn from incidents, complaints and litigation by reflecting on our practice and where necessary changing systems of work to ensure that patients are safe in our care and that repetition of avoidable harm is prevented.

The Serious Incident (SI) and Critical Incident (CI) procedures continue to evolve to ensure appropriate dissemination of change and learning, and work is now focusing on learning from litigation and complaints. In responding to these events we recognise the implication and responsibilities on our duty of candour.

We also take every opportunity to learn from national benchmarking including national audit publications such as the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) and inspections from our regulators. We have developed, along with our local commissioners, several patient safety initiatives which are being managed through the Commissioning for Quality and Innovation (CQUIN) aspect of the contract.

Patient Safety Walkrounds have provided valuable opportunities for senior leaders to discuss safety issues with frontline staff. As a commitment to developing our culture of safety, we aim to undertake four walkrounds each month and to provide a monthly summary report to the Trust Board.

We aim to make good use of peer review to support analysis and to facilitate learning, both within and outside of formal systems. CHKS provides us with healthcare intelligence to support the delivery of safe and effective care.

We are one of 13 Foundation Trusts who are members of NHS QUEST; a network for Foundation Trusts who wish to focus relentlessly on improving quality and safety.

We want our patients to:

Be involved as much as they want in decisions about their care and treatment

Let us know if anything of concern is noticed

Inform us of allergies

Alert us to non compliance, for example with hand hygiene

Be sure that we identify them correctly

Know what medicines they are taking and why

Ensure that they understand what we are planning to do before consenting to treatment

Board of Directors

The Board of Directors has a strategic focus - developing, monitoring and delivering plans. The Board members have collective responsibility for all aspects of the performance of the Trust, including finance, patient safety, management and governance. As a Foundation Trust, the Board of Directors works in partnership with the Council of Governors to ensure the organisation is delivering the community's healthcare needs.

Board meetings are held in public, and anyone is welcome to attend. You can find the dates for the meetings along with the agenda and papers on our website: www.york.nhs.uk



*Mr Alan Rose - Chairman
(retired 31 March 2015)*



*Mr Patrick Crowley -
Chief Executive*



*Mrs Jennifer Adams -
Non-executive Director*



*Ms Susan Symington
- Chairman (from
1 April 2015)*



*Mr Philip Ashton - Non-
executive Director, Chairman
of the Audit Committee and
Senior Independent Director*



*Mr Michael Keaney -
Non-executive Director*



*Ms Libby Raper -
Non-executive Director*



*Mr Andrew Bertram -
Executive Finance Director*



*Mr Mike Proctor -
Deputy Chief Executive*



*Mr Michael Sweet - Non-
executive Director*



*Mrs Beverley Geary -
Executive Chief Nurse*



*Dr Alastair Turnbull -
Executive Medical Director*



*Professor Dianne Willcocks
- Non-executive Director
and Vice Chairman*



*Mrs Sue Holden - Executive
Director of Workforce and
Organisational Development*



*Mrs Juliet Walters -
Chief Operating Officer*





I believe we have always been ambitious in our planning and in our desire to continually improve what we do for the benefit of our patients, and we have already delivered a number of schemes that look better, make people feel better and allow us to provide better services.

Parick Crowley, Chief Executive





Living our values





Find out more...

To learn more about us or to read our full annual report and accounts for 2014/15 visit: www.york.nhs.uk

 Twitter: [@YorkTeachingNHS](https://twitter.com/YorkTeachingNHS)

 Facebook: [York Teaching Hospital NHS Foundation Trust](https://www.facebook.com/YorkTeachingHospitalNHSFoundationTrust)

 Instagram: [YorkTeachingNHS](https://www.instagram.com/YorkTeachingNHS)

 YouTube: [YorkTeachingHospital](https://www.youtube.com/YorkTeachingHospital)

To become a member of York Teaching Hospital NHS Foundation Trust, you can:

Call **01904 631313**

Email membership@york.nhs.uk

Join online: www.york.nhs.uk/membership



Yorkshire Ambulance Service NHS Trust

Performance and Quality Update

September 2015



Our Communities

YAS is the only NHS provider serving the whole Yorkshire region

- Provides: A&E ambulance service; non-emergency Patient Transport Service; NHS 111 service; resilience and special services
- Covers the whole of Yorkshire and the Humber (over 6,000 square miles)
- Commissioned by 23 clinical commissioning groups
- Ideally placed to support joined-up care for patients and provide the gateway into urgent and emergency services



The Demand Challenge

- Demand for emergency ambulances is increasing year-on-year across the whole country
- In Yorkshire and the Humber demand for the most seriously ill and injured patients (Red incidents) was up by 11% in 2014-15 compared to 2013-14



Strategic Priorities

- Improve clinical outcomes: cardiac arrest and major trauma
 - take a national lead on cardiac arrest survival
- Sustain and improve against emergency response standards
- Develop timely urgent and emergency care
 - community-based urgent care practitioners
 - NHS 111 and care coordination
 - Care pathways for specialist groups: frequent callers, mental health, palliative care
- Work with health and care partner organisations to contribute to local integration
- Create, attract and retain a skilled workforce
- Be at the forefront of healthcare resilience and emergency preparedness

What this means for York

- Urgent care practitioner schemes in York help to keep more patients at home
 - reduces demand for double-crew ambulances
 - helps keep resources in rural areas and reduce the pull into city areas
- Rolling out Paramedic Pathfinder clinical decision support tool across North Yorkshire from autumn
 - supporting clinical decision making
 - up-to-the minute access to local care pathways
 - more patients can stay at home with referrals to GP or other primary care services
- Increasing access to patient information
 - electronic ambulance patient report forms
 - access to primary care information
 - supporting clinical decision-making and integrated care



Partnership with Staff

Partnership working is critical to the development and progression of our organisation

Following extensive and on-going staff consultation which began in 2015 we plan to:

- Increase ambulance resources in North Yorkshire to ensure we have the resources to match demand
- A clear career and development pathway to become a paramedic for all staff to assist in the national shortage of paramedic staff
- Introduction of new clinical roles provides skill development for staff
- All rapid response vehicles will be staffed by paramedics as a minimum



A&E Performance

- The national performance target for ambulance services is to reach 75% of patients with life threatening conditions (Red calls) within 8 minutes
- In 2014-15 the average performance for Vale of York was 73.9%
- So far this year (April-August 2015) performance is **74.84%** (compared to 74.02% in same period 2014)

Ambulance Clinical Quality Indicators

Indicator	National Average March 2015	North Yorkshire Actual April 2015	Vale of York Actual April 2015
Unit	%	%	%
Return of spontaneous circulation after an out of hospital cardiac arrest	27.4	35.4	21.4
STEMI Care Bundle delivered in full	87.7	75.0	60.0
Stroke patients being transported to a specialist stroke unit within 60 minutes	57.6	56.2	64.3
Stroke Care Bundle delivered in full	97.3	98.4	100
Survival to discharge from hospital after an out of hospital cardiac arrest	8.8	12.2	15.4

Key:

STEMI: ST-elevation myocardial infarction – a type of heart attack suitable for primary angioplasty treatment

Care bundle: between three and five specific interventions or processes of care that have a greater effect on patient outcomes if done together in given time period, rather than separately.

Community Resilience

- We have three Community First Responder Schemes in York
- Fleetways Taxis signed up to the CFR scheme in February 2014 and has since expanded, with 15 drivers now trained
- Additional community Public Access Defibrillators (cPADs) including most recently on exterior wall of Haxby Ambulance Station



A&E Recovery and Development

- In the long-term, we know we need more staff and vehicles on the frontline:
 - With smart deployment to make best use of these ambulance resources
 - And excellent support services so clinician time is spent caring for patients
- We have a three-phase performance improvement plan:
 1. Short-term actions to support areas of greatest demand pressure
 2. Improve systems for ambulance deployment; review support service infrastructure; engage staff and healthcare partners
 3. Learn from phases 1 and 2 to develop sustainable delivery model



Yorkshire Ambulance Service NHS Trust

Care Quality Commission Report (August 2015)



Care Quality Commission Report

- Inspection in January 2015
- Larger CQC team - approximately 75 inspectors with majority of time spent with frontline staff
- Specialist advisors inspectors/clinical experts
- Experts by Experience
- Focus on our five domains – safety, effectiveness, caring, responsiveness, well-led
- Inspection included Urgent and Emergency Care, Emergency Operations Centre, Patient Transport Service (PTS), Resilience, but not NHS 111
- Ratings to help compare services and highlight where care is outstanding, good, requires improvement or inadequate
- YAS was the first ambulance trust to be rated
- Some areas of methodology still in pilot phase - Resilience

Our ratings for Yorkshire Ambulance Service

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Patient transport services (PTS)	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Emergency operations centre (EOC)	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Resilience	Inadequate	Not rated	Not rated	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Care Quality Commission Report

- ‘Good’ in caring and aspects of effective and responsive
- One ‘Inadequate’ rating - safety domain for Resilience services
- Overall, rating ‘Requires Improvement’, but ‘just a short distance from being ‘Good’”
- Acknowledgement that many areas highlighted are already being actioned
- Acknowledgement of the pressures on our service
- Confidence that YAS can implement and deliver improvement plan
- Many examples of good practice highlighted in the Trust

Summary of Key Messages and Next Steps

- Quality Summit with stakeholders - 18 August 2015; Publication - 21 August
- Trust's action plan to CQC and NHS Trust Development Authority - 15 September
- Lots of good practice, but variability of processes and standards
- Focus on system and process in a number of areas, and on alignment of support services to operations
- Emphasis on role of all managers and staff in delivering action plan and consistent standards
- Increased audit in key areas; locality/department reviews to consider detail of the report
- Re-inspection - possible on specific areas of improvement over coming months. Full re-inspection not likely before June 2016

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**Health & Adult Social Care Policy & Scrutiny
Committee**

16 September 2015

Report of the Assistant Director Governance and ICT

Yorkshire Ambulance Service NHS Trust Quality Report**Summary**

1. This report is to inform the Health & Adult Social Care Policy & Scrutiny Committee of the performance of Yorkshire Ambulance Service NHS Trust in the judgement of the Care Quality Commission (CQC). The Yorkshire Ambulance Service NHS Trust Quality Report is at Annex A.

Background

2. During a CQC inspection in January and February, a team of inspectors and specialists looked in detail at the Trust's emergency operations centres, the emergency and urgent care service, patient transport services and the resilience service including the hazardous area response team.
3. Inspectors found that patients were treated with compassion, dignity and respect by ambulance staff. Staff explained treatment and care options in a way that patients could understand and involved patients in decisions. Patients, their relatives and others received emotional support when experiencing distressing events.
4. However, the ambulance service was not meeting national target emergency response times for responding to life threatening conditions. During the first two quarters of 2014-2015 information showed that the Trust had performed below the 75% national target rate, with less than 71% of calls being responded to within eight minutes. However, the Trust performed consistently above the England average for category A calls requiring the arrival of an ambulance at the scene of the incident within 19 minutes.

5. The Trust had major difficulties in recruiting staff. National shortages of paramedics contributed to the Trust's difficulty in recruiting, and this had impacted on the Trust's ability to be responsive or enable staff the time to attend training.
6. Infection control practices were not always followed by staff. A large number of ambulances were dirty on the outside and the general cleanliness of the inside of ambulances and procedures for disposal of clinical waste gave cause for concern.
7. Inspectors were concerned at the lack of checks on equipment by the hazardous area response team (HART) who provide ambulance service response to particularly hazardous or challenging incidents. A large amount of lifesaving equipment had passed its expiry date. Inspectors also found out of date stock of medical supplies in some ambulances and at ambulance stations.
8. Patients using the patient transport service told inspectors they had difficulty in getting through to the control centre to book or cancel appointments.
9. The inspection report identifies three main areas for improvement:
 - The Trust must ensure all ambulances and equipment are appropriately cleaned and infection control procedures are followed.
 - The Trust must ensure that equipment and medical supplies are checked and are fit for use.
 - The Trust must ensure that all staff are up to date with their mandatory training.
10. Overall the Trust has been rated as Requires Improvement. The inspectors found that the Trust delivered services that were caring, but that work was needed to improve safety, effectiveness and responsiveness.
11. The inspection team highlighted several areas of outstanding practice including:
 - The Trust's 'Restart a Heart' campaign trained 12,000 pupils in 50 schools across Yorkshire.
 - The Trust supported 1,055 volunteers within the Community First Responder and Volunteer Care service Scheme.

- The emergency operations call centre was an accredited Advanced Medical Priority Dispatch System (AMPDS) centre of excellence.
- Mental health nurses working in the emergency operations centre give effective support to patients requiring crisis and mental health support

Consultation

12. The Quality Report at Annex A has been provided by the Care Quality Commission. A representative of Yorkshire Ambulance Service NHS Trust will be in attendance at the meeting to answer any questions members may have.

Analysis

13. This report and its annex are presented to the Committee for information only.

Council Plan

14. This report and its annexes are directly linked to the Protect Vulnerable People element of the Council Plan.

Implications

15. There are no implications directly associated with this report.

Risk management

16. There are no risks directly associated with this report.

Recommendations

17. The Committee are asked to consider and comment on the information provided in the annex and to ask questions of the Trust representative at the meeting should there be issues needing clarification.

Reason: To keep the Committee up to date on the work of the Trust.

Contact Details

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Chief Officer Responsible for the report:

Andy Docherty
Assistant Director Governance and ICT

**Report
Approved**

Date 08/09/2015

Wards Affected:

All

For further information please contact the author of the report

Annexes

Annex A – Yorkshire Ambulance Service NHS Trust Quality Report

Yorkshire Ambulance Service NHS Trust

Quality Report

Springhill 2, Brindley Way
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Date of inspection visit: 13-16 January 2015,19
January 2015,9 February 2015
Date of publication: This is auto-populated when the
report is published

This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Requires improvement 
Are services at this trust safe?	Requires improvement 
Are services at this trust effective?	Requires improvement 
Are services at this trust caring?	Good 
Are services at this trust responsive?	Requires improvement 
Are services at this trust well-led?	Requires improvement 

Letter from the Chief Inspector of Hospitals

Yorkshire Ambulance Service NHS Trust (YAS) was formed on 1 July 2006 when the county's three former services merged. The trust covers North Yorkshire, South

Yorkshire, West Yorkshire, Hull and East Yorkshire covering almost 6,000 square miles of varied terrain, from

Summary of findings

isolated moors and dales to urban areas, coastline and inner cities. The trust employs over 4,670 staff and provides 24-hour emergency and healthcare services to a population of more than five million.

The trust provides an accident and emergency (A&E) service to respond to 999 calls, a 111 service for when medical help is needed fast but it is not a 999 emergency, patient transport services (PTS) and Emergency operation centres (EOC) where 999 and NHS 111 calls are received, clinical advice is provided and from where emergency vehicles are dispatched if needed. There is also a Resilience and Hazardous Area Response Team (HART).

Our inspection of the ambulance service took place between 12 to 15 January 2015 with unannounced inspections on 19 January 2015 and 9 February 2015. We carried out this comprehensive inspection as part of the CQC's comprehensive inspection programme.

We inspected four core services:

- Emergency Operations Centres
- Urgent and emergency Care
- Patient Transport Services
- Resilience Services including the Hazardous Area Response Team:

Overall, the trust was rated as requires improvement. Effectiveness, safety, responsive and well-led were rated as requires improvement. Caring was rated as good.

Our key findings were as follows:

- At the time of inspection four out of the six executives were in substantive positions however there had been a recent loss of the Chief Executive and a history of change at executive level within the trust. .
- There was below national average performance over Red 1 and 2 targets and an increased number of complaints which did not meet the trusts 25 day response times. The trust reported during this period an increase in activity across all services.
- The trust were in the process of changing the culture in the organisation from performance target driven to one of professional/clinical culture.
- There was a history of poor staff engagement and relationships between senior management and workforce. There was a recent introduction of new rotas and meal breaks had a further negative impact on relationships.

- We had significant concerns within the HART service about the checking of equipment, a large number had passed its expiry date and assurance processes had not detected this. There were also inconsistencies with checking of breathing apparatus and the processes observed did not follow best practice guidance. We revisited the HART base two days after the announced inspection and one month later to check that changes had been implemented in response to our concerns.
- Development work had been undertaken to strengthen the assurance and risk management process and these showed improvement, but lacked maturity. Issues were found on inspection for example there were security issues at one station, cleanliness of ambulances across the region, but particularly at the HART unit demonstrate a lack of robustness with misleading results giving rise to false assurance.

The trust had major difficulties in recruiting staff, national shortages of paramedics contributed to the trusts difficulty in recruiting paramedics which impacted on the ability to be responsive and also enable staff to attend training and other activities.

The trust was working hard to be more outward facing, working in partnership with commissioners and improving consultation with patients and public.

We saw several areas of outstanding practice including:

For the trust:

- The trust's 'Restart a Heart' campaign trained 12,000 pupils in 50 schools across Yorkshire.
- The trust supported 1,055 volunteers within the Community First Responder and Volunteer Care service Scheme.
- Green initiatives to reduce carbon in the atmosphere by 1,300 tonnes per year.
- The emergency operations call centre was an accredited Advanced Medical Priority Dispatch System (AMPDS) centre of excellence.
- Mental health nurses working in the emergency operations centre to give effective support to patients requiring crisis and mental health support. This included standardised protocols and 24 hour access to mental health pathways and crisis team.

However, there were also areas of poor practice where the trust needs to make improvements.

Summary of findings

Importantly, the trust must:

- The trust must ensure all ambulances and equipment are appropriately cleaned and infection control procedures are followed.
- The trust must ensure that equipment and medical supplies are checked and are fit for purpose.
- The trust must ensure all staff are up to date with their mandatory training.

In addition the trust should:

- The trust should ensure all staff receive an appraisal and are supported with their professional development. This must include support to maintain the skills and knowledge required for their job role.
- The trust should ensure risk management and incident reporting processes are effectively embedded across all regions and the quality of identifying, reporting and learning from risks is consistent. The trust should also ensure staff are supported and encouraged to report incidents and providing feedback to staff on the outcomes of investigations.
- The trust should ensure all ambulance stations are secure at all times.
- The trust should review the provision and availability of equipment for use with bariatric patients and staff are trained to use the equipment.

- The trust should review the safe management of medication to ensure that there is clear system for the storage and disposal of out of date medication. The trust should also ensure oxygen cylinders are securely stored at all times.
- The trust should ensure records are securely stored at all times
- The trust should ensure consistent processes are in place for the servicing and maintenance of equipment and vehicle fleet.
- The trust should all staff have received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- The trust should ensure performance targets in relation to patient journey times and access to booking systems continue to be monitored and improve.
- The trust should ensure there are appropriate translation services available for staff to use to meet the needs of people who use services.

In addition, the trust should consider other actions these are listed at the end of the report.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Yorkshire Ambulance Service NHS Trust

Yorkshire Ambulance Service NHS Trust (YAS) was formed on 1 July 2006 when the county's three former services merged. The trust covers North Yorkshire, South Yorkshire, West Yorkshire, Hull and East Yorkshire covering almost 6,000 square miles of varied terrain, from isolated moors and dales to urban areas, coastline and inner cities. The trust employs over 4,670 staff and provides 24-hour emergency and healthcare services to a population of more than five million. YAS is the only NHS trust that covers the whole Of Yorkshire and Humber.

The trust provided an accident and emergency (A&E) service to respond to 999 calls, patient transport services (PTS) and Emergency operation centres (EOC) where 999 calls were received clinical advice is provided and from where emergency vehicles are dispatched if needed. There is also a Resilience and Hazardous Area Response Team (HART). The trust also provided an NHS 111 core service for when medical help is needed fast but it is not a 999 emergency. This core service was not inspected as part of this inspection and will be inspected separately.

In 2013-14 the trust's A&E service responded to 795,750 urgent and emergency calls and received through the EOC 2.2 million 999 and NHS 111 calls per year which averages at 2,180 calls per day. Within PTS in 2013-14 the service made around 886,312 journeys transporting patients across Yorkshire and neighbouring counties each year.

The trust covers a population of approximately five million people and ethnic diversity ranged from 1.9% to 18.2% of the population. Within West Yorkshire, South Yorkshire and Kingston upon Hull area the life expectancy for both men and women was lower than the England average. Whereas in North Yorkshire the life expectancy was higher than the England average for both men and women.

Our inspection team

Our inspection team was led by:

Chair: Elaine Jeffers

Head of Hospital Inspections: Julie Walton, Care Quality Commission

A team of 51 people included CQC inspectors, inspection managers, national professional advisor, pharmacy

inspectors, inspection planners and a variety of specialists: The team of specialists comprised of paramedics, urgent care practitioners, operational managers, call handlers and experts by experience that had experience of using services.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?

- Is it responsive to people's needs?
- Is it well-led?

The inspection team inspected the following:

- Emergency Operations Centres
- Urgent and Emergency Care
- Patient Transport Services

Summary of findings

• Resilience Team including the Hazardous Area Response Team

Prior to the announced inspection, we reviewed a range of information that we held and asked other

Organisations to share what they knew about the hospital. These included the clinical commissioning

Groups (CCGs), the Trust Development Authority, NHS England, and the local Healthwatch's.

We held focus groups and drop-in sessions with a range of staff in the service and spoke with staff individually as requested. We talked with patients and staff from a range of acute services who used the service provided by the ambulance trust. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' personal care and treatment records.

We carried out the announced inspection visit from 13–15 January 2015 and undertook unannounced inspections on 19 January 2015 and 9 February 2015.

What people who use the trust's services say

Friends and Family Test

In October 2014 95% of patients who responded the friends and family test would recommend the service to a friend or family member.

Hear and Treat Survey 2013-2014

The 2013/14 Hear and Treat Survey contacted adult callers who had received telephone triage and advice when calling 999 in December 2013. The survey consisted of 25 questions relating to the call handler, clinical adviser, outcome and overall impression of the service provided. The trust performed, on average, the same as other ambulance trusts for 16 questions, and better than other trusts for nine questions. This meant overall the trust was the best performing trust in this survey.

Patient surveys

The patient Survey for the (EOC) in October 2014 showed 87.3% of patients felt the ambulance call taker listened carefully and 86.7% of call takers were reassuring.

For PTS the trust patient experience survey for August 2014 showed 100% of patients said they had been treated with dignity and respect within each of the regions.

The trust's patient experience survey for August 2014 also showed between 66% – 80% of patients across the four regions would be 'extremely likely' or 'likely' to recommend PTS to family and friends if they required transport to hospital.

A&E Patient survey

In the Yorkshire Ambulance Service - A&E Service User Experience Survey Report for April 2014 to November 2014 for the question I understood my care and treatment the trust has scored 95%. For the same time period 92% would recommend the service to a family member or friend.

Patients views during the inspection

During the inspection, we spoke with a number of patients across all services. Patients also contacted CQC by telephone and wrote to us before and during our inspection. The comments we received were mainly positive about their experiences of care. The main concerns raised with us were in relation to delays in transport for patients using PTS.

Facts and data about this trust

The population the trust serves includes:

- South Yorkshire
- North Yorkshire
- Hull & East Yorkshire
- West Yorkshire

Yorkshire Ambulance Service NHS Trust also provides a 111 service to:

- Bassetlaw
- North Lincolnshire.


Activity

Summary of findings

- In 2013-14 the trust's A&E service responded to 795,750 urgent and emergency calls.
- The total number of calls for 999 and NHS 111 handled by the trust was 2.2 million calls per year which averaged at 2,180 calls per day.
- Within PTS in 2013-14 the service made around 886,312 journeys transporting patients across Yorkshire and neighbouring counties each year.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>A Trust Board paper from the Audit Committee (8 January 2015) identified one of the key risks reported was regarding the adverse impact on clinical outcomes and operational performance due to inability to deliver the A&E workforce plan and associated recruitment and training requirements. It stated this remained a key risk to delivery and further work was on-going in early 2015 to update the plan. Within the trusts Quality Accounts 2014 it stated an internal review found a need to better match resources to current and future demand profile, particularly evenings and weekends. In March 2014 the trust introduced new rotas and rest break arrangements and revised some of the practice policies. The five year workforce plan was reviewed and educational provision identified to include a student paramedic programme, advanced practitioners programme, emergency care programme, a range of professional development courses for example sepsis, EOL and domestic abuse.</p> <p>We had significant concerns within the resilience service specifically the HART team about the checking of equipment, a large number had passed its expiry date and assurance processes had not detected this. There were also inconsistencies with checking of breathing apparatus and the processes observed did not follow best practice guidance.</p> <p>An external audit report of the HART service produced in November 2014 highlighted areas for improvement in relation to equipment including checking of equipment. It was recommended that equipment should be checked on a regular basis to ensure all of the necessary equipment is on board the vehicles in case of an emergency call out. However at the time of our inspection these improvements had not been implemented.</p> <p>In addition there was equipment that had not been appropriately charged so would not be ready for use. The command vehicle had been connected to the electricity supply however when the vehicle was started the backup generator was running which suggested all systems were not fully charged. Therefore the vehicle would not be ready to dispatch if required and there had been confusion as to how the vehicle should be connected to the electrical supply. The Automated External Defibrillator on the vehicle showed it was not ready for use and had not been suitably charged.</p>	<p>Requires improvement </p>

Summary of findings

The HART team at the Leeds location had six breathing apparatus (BA) sets and these should have been checked at the start of every shift. We were informed that the number of BA sets checked was dependent on the number of HART paramedics on duty and a minimum of four BA sets should be checked per shift. We noted that on one vehicle, two of the four sets had not been checked that day; one set had been checked the day before and the other set two days before.

These concerns were escalated to Executive director of operations for the trust to address. We re-visited the HART base two days after the announced inspection and one month later to check that changes had been implemented in response to our concerns. We found the management team had implemented a range of measures to ensure systems were in place for the checking of equipment. We saw processes had been improved for ensuring breathing apparatus was checked at the beginning of every shift and gas cylinders were stored separately including a having a separate rack for Oxygen, Entonox and empties. The inventory list for all vehicles had also been revised and was easier to follow and audit against.

The HART team was part of the National Ambulance Resilience Unit (NARU) which was established in each ambulance trust to help strengthen national resilience and improve patient outcomes in a variety of challenging pre-hospital environments. Each HART team had to provide assurance 24 hours a day seven days a week they are prepared and able to respond. However during our inspection we found this was not the case.

Concerns regarding equipment, stock management and assurance processes were also identified within the urgent and emergency care service with out of date stock found in ambulances and at ambulance stations.

During the visit the inspection team were able to walk into one ambulance station without being challenged or noticed. We found the station to be unsecure and the inspection team were able to gain open access to the station and to the ambulances in the parking bay

There was a lead person in the role of director of infection, prevention and control (DIPC), who was supported by one infection prevention nurse. The DIPC and nurse were also supported by Associate Director of Risk and safety and members of the Risk and Safety team. Any infection issues were discussed at the incident review group, which had representatives from clinicians, the 111 service, human resources, legal and representatives from operations.

Summary of findings

Monthly audits for infection control took place however during the inspection however there were variable standards of cleanliness, infection control and hygiene across the areas visited. This was particularly relevant for ambulances in the HART/ resilience team and the urgent and emergency care services. Vehicle cleaning was rated as a high risk on the corporate risk register control measures had been put in place and this had reduced the risk to moderate. Due to findings in these services the trust could not rely on the effectiveness of the internal audit reports, particularly over cleanliness and that the control measures had reduced the risk.

Observations during the inspection showed some staff wore wrist watches. The trusts infection prevention and control policy dated 12 February 2014 stated that any watch worn had to be waterproof and washable which was in line with what staff reported. However the trust policy did not contain guidance on how often wrist watches should be decontaminated or cleaned. This was not in line with current best practice which consider that bare below the elbows means that all staff in contact with patients could effectively decontaminate their hands and wrists between each episode of patient care or contact which is not possible to do properly when wearing cuffs, watches and/or jewellery.

The NHS Safety Thermometer is not relevant, in some areas, such as ambulance Trusts but we asked about the processes for harm measurement and reporting. We found the Trust produced a monthly safety thermometer briefing and included the number of harm free days and incidents relating to the patient transport service (PTS) and Accident and Emergency (A&E) service. Within PTS services we saw information on the safety thermometer for January 2015 indicated two of the reported falls were being investigated due to the severity of the fall. One of the falls had not been reported and had been brought to the trust's attention via a complaint. There was information on the safety thermometer sheet which reminded staff to report incidents as soon as possible.

The trust had developed a policy for duty of candour and being open. The policy statement stated that

“All staff including volunteers, working for YAS are required to be open with patients. It is an essential part of us achieving a culture of safe care identifying lesson, which need to be learned.” The trust had a log with current cases which were seen at the inspection.

For full details, see the location report for the inspection of this provider.

Summary of findings

Are services at this trust effective?

The trust used national evidenced-based guidelines to prioritise and categorise emergency calls based on the clinical needs of patients. The emergency operations call centre was an accredited Advanced Medical Priority Dispatch System (AMPDS) centre of excellence.

The trust had Mental health nurses working in the emergency operations centre to give effective support to patients requiring crisis and mental health support. This included standardised protocols and 24 hour access to mental health pathways and crisis team.

There were a number of alternative urgent care pathways in line with the recommendations of the Urgent Care Review 2013 by Sir Bruce Keogh. It was recommended that by treating patients at the scene and reducing conveyance rates the ambulance service would contribute to alleviating some of the pressures in emergency departments and offer a better service to patients. These had been developed through partnership working with other providers and included direct referral to specialist teams such as respiratory teams.

The 2013/14 Hear and Treat Survey contacted adult callers who had received telephone triage and advice when calling 999 in December 2013. The survey consisted of 25 questions relating to the call handler, clinical adviser, outcome and overall impression of the service provided. The trust performed, on average, the same as other ambulance trusts for 16 questions, and better than other trusts for nine questions. This meant overall the trust was the best performing trust in this survey.

The trust was better than expected for the number of stroke positive patients who received the appropriate care bundle. A stroke positive patient was identified as showing FAST symptoms. In August 2014 57.3% of patient arrived at a stroke unit within 60 minutes below the England rate of 60.4%. For ST segment elevation myocardial infarction (STEMI), which is a type of heart attack, the trust was the best performing trust for patients receiving an appropriate care bundle at 85%.

The trust was one of the worse performing ambulance trusts at 23% for patients who had had a cardiac arrest returning to spontaneous circulation (ROSC) at the time of arrival at hospital. That is, reviving a patient when their heart had stopped. The highest performing trust was 40%. The trust was the second highest performing trust for the overall cardiac survival rate for patients who have a cardiac arrest survival to discharge. The trust performed similar to expected for the proportion of patients who received treatment in hospital within 150 minutes.

Requires improvement



Summary of findings

In 2013-14 the trust had a mixed performance against the England average for Red1 calls but over the year performed better than the England average, particularly between July and November. In the first two quarters of 2014-15 the trust had performed worse than the England average rarely getting over 70% of Red 1 calls responded to within 8 minutes. In 2013-14 the trust performed slightly better than the England average, for response times to Red 2 calls only performing worse in quarter four. In the first two quarters of 2014-15 the trust started worse than England averages, however had started to match the England average at the end of quarter 2 with response rate of 70%. For all category A calls resulting in the arrival of an ambulance at the scene of the incident within 19 minutes the trust performed better than England average and did not breach the 95% target during 2013-14. The trust had also performed better than England average and did not breach the 95% target during the first six months of 2014-15.

Within the EOC business plan December 2014 it stated the call pick up time was above the standard of 95% in 5 seconds with the year to date position being 95.3%.

Within PTS services during April to October 2014, there were 662,888 actual patient journeys against a planned number of 663,148 journeys. The thresholds for compliance against each key performance indicator were different for each CCG dependent on historic performance, activity profiling targets and historic funding streams. As a consequence compliance in one area was not equitable with performance in another. Trust data by region for patients arriving on time for their appointment during quarter two (July-September 2014) showed: East Yorkshire 74.9% (target 77%), North Yorkshire 77.3% (target 82%) South Yorkshire 86.4% (target 90%) and West Yorkshire 85.1% (target 82%). There were 92.8% of patients who were collected within 120 minutes (on the day and at short notice journeys) against a target of 93.8%.

Performance indicators for renal patients showed targets were not being met for inward arrival times and outward collections within 60 minutes of ready time.

For full details, see the location report for the inspection of this provider.

Are services at this trust caring?

Patients were treated with compassion, dignity and respect by ambulance staff. Staff explained treatment and care options in a way that patients could understand; they explained and involved patients in decisions. Patients were supported to manage their own

Good



Summary of findings

health by using non-emergency services when it was appropriate to do so. Patients, their relatives and others received emotional support when experiencing distressing events, including when someone had died.

Patients and hospital staff spoke positively about the quality of staff. We observed crews on PTS vehicles assist patients and explained procedures to them on accessing the vehicle and during their journey. Crews ensured patients were safely escorted to the hospital department or their home and made comfortable.

For full details, see the location report for the inspection of this provider.

Are services at this trust responsive?

The trust had five specific vehicles which had an enhanced range of equipment available for patients considered to be bariatric or obese. These had been introduced as an improvement beyond the basic capability of the existing fleet. However staff told us these ambulances were not always able to respond in a timely way for emergencies and described incidents where the patient's dignity had to be balanced with the need for emergency care.

In 2013/14, the trust had 14.6% of all Red 1 calls in England and 9.1% of all Red 2 Calls in England. The trust had been dealing with a steady number of calls since 2012; in April to September 2014, the trust had 15% of Red 1 calls and 9.3% of Red 2 calls in England.

For the PTS service patients and hospital staff in North, East and West Yorkshire told us they had difficulty in getting through to the control centre to book or cancel appointments. One patient said they had waited 45 minutes to book a journey another said they had tried to make a booking by phone on the 0300 number many times but could not obtain an answer; instead they had contacted the hospital who made the appointment for them. PTS call data up to October 2014 confirmed the target of 80% of calls were not being answered within 30 seconds.

PTS for renal dialysis patients did not always meet prescribed response time targets in line with The National Institute for Health and Care Excellence (NICE) quality standard 15: Patient Transport (March 2011). The guidance stated that patients with chronic kidney disease receiving haemodialysis or training for home therapies should have transport within 30 minutes of their clinical treatment. Records for patients receiving dialysis in York showed that over a six month period, 21 patients had waited more than 60 minutes after their treatment had finished and seven had waited more than two hours. This impacted on waiting times and hospital staff who sometimes had to stay later than their contracted hours to

Requires improvement



Summary of findings

accommodate patients. Targets for renal arrival times were not being met effectively. Records for York renal dialysis unit showed between 21 August 2014 and 5 January 2015 five patients arrived earlier than the 60 minute standard and 15 patients had arrived late for their dialysis with the greatest delay being two hours after the appointment time. This was also the case for West Yorkshire and Hull area renal patients; targets were not being met for inward arrival times and outward collections within 60 minutes of ready time.

There were examples of Resilience planning and suitable on-going assessments of service demand and pro-active planning. If HART staff were attending an operational job, they were promptly relieved to attend a Resilience call-out if necessary. Due to the issues regarding stock and equipment there was concern that the responsiveness of the Resilience function, including HART, had been compromised. This, potentially, could have had a negative impact on being able to provide a swift response to Resilience / HART related call-outs.

The trust was the first ambulance trust to receive “working to become dementia friendly” recognition by the Dementia Action Alliance.

The trust used the four C’s as measures for quality; these were complaints, concerns, comments and compliments. Staff were encouraged to resolve complaints informally where possible, but if there were trust wide issues then these would be escalated to investigation. Complaints were audited monthly using a criterion based on the Patient Association and also a peer ambulance service. The latter enabled a comparison of results across two trusts.

There had been an increasing number of complaints which had not been responded to within the trust’s 25 day target. The trust was achieving the timescales in 60% of cases. At the time of the inspection, there was a back log in operations of around two months, which equated to about eight cases. The trust had revised the policy, changing the target response time to reflect the complexity of the complaint.

Themes from complaints for the PTS service generally were twofold, delays in picking patients up following appointments and delays in picking up at home. The themes for the EOC were generally around the coding of calls and the timing of response. An audit of calls had been undertaken to highlight any cases that needed escalating to the incident review group.

For full details, see the location report for the inspection of this provider.

Summary of findings

Are services at this trust well-led?

The trust had a mission statement and a trust strategy. The trust strategy was based on four themes with one mission, Saving lives, caring for you. The trust was facing challenges due to the number of interim posts in the senior management team. The trust's previous Chief Executive had recently resigned, which left only the Chair and three substantive members of the executive team, other posts were on an interim basis only.

The trust governance arrangements comprised of two leadership groups, the Trust Board and the Trust Executive Group, with a range of committee and subgroup structures between and beneath these. The latest version of the Board Assurance Framework was agreed in October 2014 and further updated in December 2014. The strategic objectives on the BAF were underpinned by the risk registers and used to support objectives for the business planning cycle and the annual governance report. Risks to meeting performance targets included attending red calls were considered high. When we visited the resilience team, including the HART service, we found that there were governance failings to ensure that the equipment, including lifesaving equipment and consumables were safe to use, with in-date products and appropriately charged.

Staff reported across the trust that promotion to management had traditionally been through the ranks, with performance targets the main driver rather than quality. It was clear through interviewing the executive team, senior managers and professionals working within the trust that there was an ambition to move to a professional, clinical culture. Before, during and after the inspection staff side representatives raised concerns about safety and performance at the trust

Vision and strategy

- The trust had a mission Statement and a trust vision "Providing world-class care for the local communities we serve". The trust had developed a set of values and behaviours based on an acronym We Care which stood for Working together for patients, Everyone counts, Commitment to quality of care, Always compassionate, Respect and dignity and Enhancing and improving lives.
- The trust strategy was based on four themes with one mission, saving lives, caring for you. The four themes to achieve the mission statement were, "Right care, right place, first time; Right skills for patients; Exceeding expectations and spending public money wisely and Engaging and involving communities and staff in change.

Requires improvement



Summary of findings

- The trust strategic objectives were delivered through the trust's five year Integrated Business Plan, which was underpinned by a two year Operating Plan which covered 2014-2016. This was also underpinned by directorate and departmental plans to support this.

Governance, risk management and quality measurement

- Yorkshire Ambulance Service covered the whole of Yorkshire and some of north Lincolnshire. It provided services across South Yorkshire, Leeds and Wakefield, Hull and East Riding, Bradford, Calderdale and Kirklees, North Yorkshire and Craven, with emergency operation centres based at Wakefield and York. The trust provided services to 16 acute NHS trusts and seven mental health trusts.
- The trust governance arrangements comprised of two leadership groups, the Trust Board and the Trust Executive Group, with a range of committee and subgroup structures between and beneath these.
- There were five main committees reporting to the Trust Board, which consisted of the audit committee, the finance and invest committee, the quality committee, the remuneration and terms of service committee and the charitable funds committee.
- Working to the Trust Executive team were five groups, the performance review group, the cost improvement management group, the trust management group, the foundation trust development group and the TEG transformation group (this covered the urgent care, estates/ hub and spoke, organisational development and leadership aspects for the trust).
- A range of subgroups and committees were delegated specific operational and delivery work and included a workforce group, clinical governance group (the patient safety group, the incident review group and the medicines management group reported into the clinical governance group), risk assurance group (also contained the information governance group), health and safety committee and an estates, fleet and equipment group.
- There were arrangements in place across the operational delivery of the trust and were arranged into three groups which specialised in their service area, a patient transport management group, accident and emergency operations management group and the NHS 111 management group.
- Working to the operational delivery groups were locality management groups who were responsible for the daily local operational management and reporting.
- Changes in appointment and recruitment to key posts was on-going, some of which played a role in the mitigation of risk. For

Summary of findings

example, a Trust Board paper from the Audit Committee (8 January 2015) provided the quality committee risk assurance report. One of the key risks reported was that of the adverse clinical outcomes due to failure of reusable medical devices and equipment. A reduction in risk was stated as “contingent” on the recruitment of a new head of medical devices, at the time of the inspection this post had not been recruited to.

- The trust had a Board Assurance Framework (BAF) and a corporate risk register in place, subject to a quarterly cycle of peer review through the risk assurance group, the trust executive group and Board committees. This was used to prioritise risks that the trust should review through the quality committee, with a report of the outcome to provide to the audit committee.
- The latest version of the Board Assurance Framework was agreed in October 2014 and further updated in December 2014. The risk statements on the BAF were underpinned by the risk registers and the information was used to support risk management of the delivery of the trust’s corporate objectives and the annual governance report.
- The main risks on the register were with regard to the lack of staff to provide a paramedic service within the north and south of Yorkshire areas, meeting regulatory requirements regarding health and safety checks and the cleaning of vehicles, and the inability to maintain a cleaning regime for the ambulances. In addition, risks to meeting performance targets included attending red calls were considered high.
- When we visited the resilience team, including the HART service, we found that there were governance failings to ensure that the equipment, including lifesaving equipment and consumables were safe to use, with in-date products and appropriately charged. The vehicles used for a regional response also were unclean both the exterior and interior of the vehicles. This matter was raised with the trust at the time of the inspection, which acknowledged the failings and took immediate actions to make the service safe and ready to respond.
- There had been audits undertaken within the HART service, as referenced on the risk register and these had not identified the deficiencies and so no actions had been taken to address the failings.
- The trust had assessed and identified prior to the inspection the following seven areas as key challenges:
- Clinical supervision, embedding a professional culture and consistent implementation of clinical supervisor across operational areas.

Summary of findings

- Meeting increased red demand with wider system pressures such as hospital turnaround times.
- Staff engagement there was geographical issues and shift patterns across the trust, with a strong unionised culture.
- Management and leadership capacity and capability there had been a number of interim executives, historic deficit in middle to senior management capability, variation in quality and performance management across localities.
- Support functions such as Fleet and Estates teams, not always well-aligned to needs of front-line staff.
- Complaint Response times there was an increased number over 25 day target for response.
- Commissioner engagement and strategic direction the trust had to manage and work with a complex arrangement of CCG's and a lack of coherent commissioner and trust view of future regional strategy. The trust was commissioned by 23 clinical commissioning groups.
- The feedback from the lead commissioner reported that there was a much more positive working relationship developing between the trust and the commissioning bodies.
- We reviewed the trusts corporate risk register and found the trust did not have robust governance processes to manage risks in a timely and effective way. We found the pertinent risks from the risk register showed the trust had been aware of the issues for a number of years and had failed to put sufficient actions in place to minimise the risks. The trust acknowledged that there was further improvement needed to embed the processes across the trust.
- The trust reported there was a national shortage of paramedics and subsequently had significant difficulties in recruiting staff, particularly paramedics, which impacted on the ability to be responsive and also enable staff to attend training and other activities. There were concerns over places not being taken up on paramedic courses leaving shortages in the future and also that funding would not roll over into the next year. This had been on the risk register since May 2013.
- The Trust told us at the time of inspection they had significantly expanded opportunities for technicians to become paramedics and that places available were under-subscribed with the Trust actively encouraging uptake. However some staff within the trust told us they did not feel the organisation supported them to train to become paramedics.

Summary of findings

- New operational rotas increased vacancies for band 5 paramedics which left the trust unable to fill planned core operations staff shifts, with the appropriate skill mix and this impacted on red response calls. There were 23 vacancies and this was identified as a red risk on register from February 2014.
- The risk of A&E vehicle cleaning not being compliant was identified particularly in North and East Yorkshire. The actions recorded identified there was weekly monitoring, IPC audits, 141 inspections to monitor the compliance. It was identified there was a lack of availability of crew to clean within timescales, A&E vehicle checks not being done as required by clinical supervisors and three cleaner vacancies. This was identified as a red risk and had been on register since July 2012. Throughout our inspections we found there were continued concerns with the cleanliness of vehicles. Despite the risk being identified since July 2012 the trust had not managed to put an effective system in place to ensure vehicles were appropriately cleaned. Failure to complete vehicle deep cleaning procedures within the timeframe was also highlighted as an amber risk on register and had been on since September 2013.
- Concerns highlighted on the risk register in relation to health safety identified the H&S policy did not cover all areas expected such as DSE, risk assessment processes, working at height, CoSHH, arrangements in place to cover PPE selection and use, equipment, manual handling etc. Despite control measures being identified at the time of inspection this risk remained on the risk register with the same risk score though the risk had been reduced to amber.
- There was a lack of robust governance systems and processes to identify and mitigate risk within the trust

Fit and Proper Person Requirement.

- The trust had developed a policy for the Fit and Proper Person Requirement. The policy stated the fitness of directors would be reviewed on a regular basis to ensure they remain fit for the role. This would be annually for existing directors as part of their appraisal and as part of recruitment for new Directors.

Leadership of the trust

- At the time of inspection four out of the six executives were in substantive positions however there had been a recent loss of the Chief Executive and a history of change at executive level within the trust.
- The chair had been in post for approximately four and a half years and the non-executive directors had been in post throughout this period.

Summary of findings

- A Trust Board paper from the Audit Committee (8 January 2015) provided the quality committee risk assurance report. One of the key risks reported was regarding the adverse impact on clinical outcomes due to the failure to embed the clinical leadership framework into the organisation. The update reported that although there was some positive progress further work was continuing to develop and monitor an agreed dashboard.
- Key to the development and future sustainability of the trust was the Transformation Programme, at the time of the inspection the priorities within the programme were identified and further work to finalise the specific deliverables for 2015-16 was in progress. There was executive director lead, associate director lead as part of a wider portfolio and head of service transformation. The trust was planning to recruit to a newly created associate director of service transformation role which had been agreed to further strengthen the programme management arrangements
- Leadership capability, low staff engagement and the workforce not aligned to the business requirements was acknowledged by the trust as a challenge.
- The trust was preparing for Foundation Trust status and was at the pre-application stage. As part of the preparation for FT status, there has been a recruitment drive for the YAS Forum, a shadow panel of representatives, public and staff to prepare for the future configuration should FT status be approved. We saw agendas, minutes and attended a forum meeting in public on 13 January 2015.
- There was a varied picture from the ambulance crews about how visible the leadership team at board level were. Some had met the interim chief executive officer (CEO) but the majority of staff told us they had not seen or met other members of the board. One crew reported that the CEO had spent time with them on shift, which they appreciated and found valuable. Staff we spoke with generally felt the trust senior management teams were remote and simply issued commands.

Culture within the trust

- Staff reported across the trust that promotion to management had traditionally been through the ranks, with performance targets the main driver rather than quality.
- It was clear through interviewing the executive team, senior managers and professionals working within the trust that there is an ambition to move to a professional, clinical culture. Staff reported that they were proud to do their job but were under

Summary of findings

intense pressure to meet targets, and that they were left feeling exhausted. Clinical leaders were introducing training and raising awareness wherever there were opportunities to engage with staff to create a professional base culture.

- An equality analysis of the service values based recruitment had been completed. The trust was working with NHS England's equality team to further embed the Equality Diversity System 2; the framework for this was already in place.
- The trust was undertaking a cultural audit to identify engagement issues and staff expectations of leaders and managers at team and departmental level. The cultural barometer provided a platform for the development of a new behavioural framework.
- Before, during and after the inspection staff representatives raised concerns about safety and performance at the trust. Staff side representatives reported that their members had strategic concerns over the PTS service, A&E service and Health & Safety issues in the trust. Staff members felt there had been too much change at senior management level and turnover of interim executives, with at least four directors of operations posts in a short space of time. Staff reported that they could not remember a stable team leadership since 2006. There was confidence expressed in local senior management.
- Issues raised included the lack of clinical staff, retaining staff, communication difficulties, which were in the main email based with little time to read. Staff members were reporting health problems, particularly over musculoskeletal problems and work related stress.
- The trust reported they had introduced a number of measures to address musculoskeletal problems and work related stress. There had been a replacement of equipment bags which had been an improvement in 2014. There was a further roll out of new carry chairs as an on-going programme to introduce equipment which mitigated the risk. The trust had implemented a data flagging process to highlight potential dangers and allow staff to stand off and there was work on introducing a dynamic risk assessment.

Public and staff engagement

- The Trust Board met in public every two months. The trust was undertaking the Friends and Family test and patient surveys but they were aware that they needed to reach more patients; the response rate was about 1%. The trust was working on improving patient engagement with the See and Treat patients, which had to have the FFT in place by April 2015 and this was also aligned to a CQUIN target.

Summary of findings

- The trust reported there was a monthly postal patient surveys run for all service lines, which have a much higher response rate than the newly introduced national FFT model. The trust won a national award in 2013/14 for their patient experience programme.
- The trust was developing a staff engagement strategy for 2014/15. The NHS Staff survey for 2014 only 43% of staff responded. The percentage of staff in the trust that felt that they make a difference was 88% compared to the national average of 89%. The trust scored the same as the national average of 76% of staff feeling satisfied with the quality of work and patient care they are able to deliver.
- The trust had launched a staff suggestion scheme in May 2013 called “Bright ideas” in which 264 ideas had been submitted.
- Staff sickness absence 2013/14 was above trust target. The Ambulance Service average for the month of March 2014 was 6.3%; the Sickness Absence for the trust was reported as 6.7%. In February 2014 a new absence management policy had been agreed.

The trust had a new partnership with an external company for the provision of occupational health support for staff in the trust. The trust’s employee wellbeing strategy was under development.

Innovation, improvement and sustainability

- There was uncertainty over income generation and the sustainability of some services within the trust. Arrangements were in place to hold twice a year a joint quality and financial meeting to go through the quality impact assessment process, with a non-executive director as chair.
- Key to the trust’s success to achieve its strategic aims and future development was the transformation programme. This involved the redesign of services to provide a hub and spoke arrangement, call centre integration, intelligent ambulance service, PTS transformation, urgent and emergency care delivery model.
- The trust consistently performs well against the Red 19 national target, reaching patients within 20 minutes 95.50%.
- The trust were looking at the sustainability of the PTS service. Fleet replacement was a challenge and capital options being explored.
- The trust was working on building the internal capacity for robust incident investigation and aimed to embed this in the

Summary of findings

risk management arrangements at all levels of the organisation. In addition, the trust was implementing the new risk assessment process, including the “dynamic risk assessment” as part of the health and safety strategy arrangements.

- For security, the trust had developed a five year plan, with lock down procedures in place and included the completion of a self-review tool and audit with NHS Protect with the introduction of the new NHS security standards.
- The Emergency Operations Centre has achieved AMPDS Centre of Excellence accreditation and a member of staff had won the international ‘EMD of the Year’ award in 2014.
- The HART team led on the development of the national Urban Search and Rescue capability and is at the forefront of introducing extended skills to these specialist clinicians. YAS is the only ambulance Trust to fulfil the requirements of the MERIT model which was being adapted to fulfil the new guidance for mass casualty.

Overview of ratings

Our ratings for Yorkshire Ambulance Service

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Patient transport services (PTS)	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Emergency operations centre (EOC)	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Resilience	Inadequate	Not rated	Not rated	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Yorkshire Ambulance Service NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Notes

Outstanding practice and areas for improvement

Outstanding practice

- The trust's 'Restart a Heart' campaign trained 12,000 pupils in 50 schools across Yorkshire.
- The trust supported 1,055 volunteers within the Community First Responder and Volunteer Care service Scheme.
- Green initiatives to reduce carbon in the atmosphere by 1,300 tonnes per year.
- The emergency operations call centre was an accredited Advanced Medical Priority Dispatch System (AMPDS) centre of excellence.
- Mental health nurses working in the emergency operations centre to give effective support to patients requiring crisis and mental health support. This included standardised protocols and 24 hour access to mental health pathways and crisis team.

Areas for improvement

Action the trust MUST take to improve

Action the trust MUST take to improve

Importantly, the trust must:

- The trust must ensure all ambulances and equipment are appropriately cleaned and infection control procedures are followed.
- The trust must ensure that equipment and medical supplies are checked and are fit for purpose.
- The trust must ensure all staff are up to date with their mandatory training.

In addition the trust should:

- The trust should ensure all staff receive an appraisal and are supported with their professional development. This must include support to maintain the skills and knowledge required for their job role.
- The trust should ensure risk management and incident reporting processes are effectively embedded across all regions and the quality of identifying, reporting and learning from risks is consistent. The trust should also ensure staff are supported and encouraged to report incidents and providing feedback to staff on the outcomes of investigations.
- The trust should ensure all ambulance stations are secure at all times.
- The trust should review the provision and availability of equipment for use with bariatric patients and staff are trained to use the equipment.
- The trust should review the safe management of medication to ensure that there is clear system for the storage and disposal of out of date medication. The trust should also ensure oxygen cylinders are securely stored at all times.
- The trust should ensure records are securely stored at all times
- The trust should ensure consistent processes are in place for the servicing and maintenance of equipment and vehicle fleet.
- The trust should all staff have received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- The trust should ensure performance targets in relation to patient journey times and access to booking systems continue to be monitored and improve.
- The trust should ensure there are appropriate translation services available for staff to use to meet the needs of people who use services.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
<p>Treatment of disease, disorder or injury</p>	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>HSCA 2008 (Regulated Activities) Regulations 2014. Regulation 12(2)(h): Assessing the risk of, and preventing, detecting and controlling the spread of infections.</p> <p>We found that the trust did not always have the facilities, systems and arrangements in place to protect service users from the risk of exposure to a health care associated infection.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The trust must ensure all ambulances and equipment are appropriately cleaned and infection control procedures are followed.</p>
<p>Treatment of disease, disorder or injury</p>	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17 Good governance</p> <p>We found the trust did not have robust governance processes to manage risks in a timely and effective way.</p> <p>This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

The trust must ensure risk management processes were effectively embedded across all regions and the quality of identifying, reporting and learning from risks was consistent.

The trust must ensure that equipment and medical supplies are checked and are fit for purpose.

The trust should ensure there is an effective system for reporting incidents and providing feedback to staff on the outcomes of investigations.

The trust should ensure records are securely stored at all times.

The trust should ensure consistent processes are in place for the servicing and maintenance of equipment and vehicle fleet.

The trust should ensure records are securely stored at all times.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 18

We found that the Trust did not always protect patients from unsafe or inappropriate care as not all staff had received mandatory training and had an appraisal.

This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which corresponds to regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The trust must ensure there are suitable arrangements in place for staff to receive appropriate training, supervision and appraisal including the completion of mandatory training. This must include support to maintain the skills and knowledge required for their job role.

Health & Adult Social Care Policy & Scrutiny Committee Draft Work Plan 2015-16

Meeting Date	Work Programme
10 June 2015	<ol style="list-style-type: none"> 1. Introductory Report including ideas on Potential Topics for Review in this Municipal Year. 2. LYPFT Report on Progress of Action Plan in relation to CQC inspection 3. Update Report on Changes to Direct Payments 4. Draft Work Plan 2015/16
21 July 2015	<ol style="list-style-type: none"> 1. Attendance of the Executive Member for Health and Adult Social Care – Priorities and Challenges for 2015/16 2. Safeguarding Vulnerable Adults Annual Assurance Report 3. Healthwatch report on Wheelchair Services 4. Scoping report on public health grant spending and other potential scrutiny reviews 5. Verbal update on progress of changes to direct payments 6. Work Plan 2015-16
10 September 2015	<ol style="list-style-type: none"> 1. Update report on changes to direct payments 2. Be Independent Year End Position Statement and 1st Qtr Monitoring Report 3. End of year Finance & Performance Monitoring Report 4. 1st Quarter Finance and Performance Monitoring Report. 5. CCG update report on health systems resilience 6. Work Plan 2015-16 including proposed scrutiny reviews

16 September 2015	<ol style="list-style-type: none"> 1. Annual report from the Chief Executive of York Teaching Hospital NHS Foundation Trust. 2. CQC Inspection Report – York Teaching Hospitals NHS Foundation Trust (not available until October). 3. Annual Report from the Chief Executive of Yorkshire Ambulance Service. 4. CQC Inspection Report – Yorkshire Ambulance Service. 5. Tees, Esk & Wear Valley Foundation Trust presentation on managing the transition of Mental Health & learning disability services from LYPFT. 6. Work Plan 2015-16
20 October 2015	<ol style="list-style-type: none"> 1. Report on GP health checks for people with learning disabilities (Slipped from September) 2. Health and Wellbeing six-monthly update report (slipped from September) 3. Update report on re-procurement of Musculoskeletal Services 4. Six-Monthly Quality Monitoring Report – Residential, Nursing and Homecare Services. 5. Annual Carers’ Strategy Report (Frances Perry, slipped from September). 6. Update report on Elderly People’s Homes. 7. Work Plan 2015-16
24 November 2015	<ol style="list-style-type: none"> 1. Be Independent 2nd Qtr Monitoring Report 2. Healthwatch six-monthly Performance update report 3. 2nd Quarter Finance and Performance Monitoring Report 4. Work Plan 2015-16
22 December 2015	<ol style="list-style-type: none"> 1. Work Plan 2015-16
26 January 2016	<ol style="list-style-type: none"> 1. Safeguarding Vulnerable Adults Six-monthly Assurance Report 2. Work Plan 2015-16

23 February 2016	<ol style="list-style-type: none"> 1. 3rd Quarter Finance and Performance Monitoring Report 2. Work Plan 2015-16
23 March 2016	<ol style="list-style-type: none"> 1. Health and Wellbeing six-monthly Update Report 2. Be Independent 3rd Qtr Monitoring Report 3. Update report on York Wheelchair Services. 4. Work Plan 2015-16
26 April 2016	<ol style="list-style-type: none"> 1. Six-Monthly Quality Monitoring Report – Residential, Nursing and Homecare Services. 2. Healthwatch six-monthly performance update report 3. Work Plan 2015-16

June 2016: Be Independent End of Year Position

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