Yorkshire Ambulance Service NHS Trust

Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

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

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the trust

Yorkshire Ambulance Service NHS Trust (YAS) was formed in 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. YAS is the only NHS trust that covers the whole of Yorkshire and Humber.

The trust serves a population of over five million people across Yorkshire and Humber and strives to ensure that patients receive the right response to their care needs as quickly as possible, wherever they live.

The trust employs more than 5,700 staff, who together with over 1,150 volunteers, provide a vital 24-hour, seven-days-a-week, emergency and healthcare service.

The Trust receives an average of over 2,500 emergency and routine calls a day through the 999 emergency operations centre. It also receives an average of 4,500 calls a day through the integrated urgent care/NHS 111 call centre.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Good 

What this trust does

Yorkshire Ambulance Service NHS Trust (YAS) was formed in 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. YAS is the only NHS trust that covers the whole of Yorkshire and Humber.

The trust serves a population of over five million people across Yorkshire and Humber and strives to ensure that patients receive the right response to their care needs as quickly as possible, wherever they live.

The trust employs more than 5,700 staff, who together with over 1,150 volunteers, provide a vital 24-hour, seven-days-a-week, emergency and healthcare service.

The trust receives an average of over 2,500 emergency and routine calls a day.

In 2017/18:

- The trust responded to a total of 780,383 incidents through either a vehicle arriving on scene or by telephone advice.
- Clinicians based in the Clinical Hub, which operates within the emergency operations centre (EOC), triaged and helped just under 140,000 callers with their healthcare needs.
- The patient transport service made over 944,000 journeys, transporting patients to and from hospital and treatment centre appointments.
- The service helped 1.6 million patients across Yorkshire and the Humber, Bassetlaw, North Lincolnshire and North East Lincolnshire.

(Source: Trust website)

The main services of the trust are:

Summary of findings

- An emergency ambulance service (999). In 2018-19 the staff in the emergency operations centres (EOC) in York and Wakefield received over 998,500 emergency calls. To meet the demand, there were over 3,250 paramedics, emergency care practitioners (ECPs), urgent care practitioners (UCPs), specialist paramedics, emergency medical technicians (EMTs) and emergency care assistants (ECAs) working on the frontline responding to emergencies. The service responded to 798,968 incidents through either a vehicle arriving on scene or by telephone advice.
- The EOC receives and triages 999 calls from members of the public as well as other emergency services. Emergency medical dispatchers send ambulances out when they are needed. Assessment and treatment advice is given to callers who do not need an ambulance response, a service known as “hear and treat.” Clinicians such as nurses and paramedics are also based in the EOC.
- There is an NHS 111 service which can provide medical help and advice when there is an urgent health need which is not an emergency. NHS 111 calls are answered by trained health advisors, supported by experienced clinicians, who assess needs and determine an appropriate course of action.
- The patient transport service (PTS) provides NHS-funded transport for eligible people who are unable to travel to their healthcare appointments by other means due to their medical condition. Yorkshire Ambulance Service undertakes almost a million non-emergency journeys every year, making the trust one of the largest providers in the UK.
- There is also a resilience and hazardous area response team (HART) who are specially recruited and trained emergency personnel who provide an ambulance response to major incidents. These may involve chemical, biological, radiological or nuclear (CBRN) or other hazardous materials or could involve incidents such as train crashes, large-scale motorway accidents, building collapses or significant fires. HART work alongside fire and rescue services within the ‘inner cordon’ of a major incident.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients’ experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We carried out an unannounced inspection (the service did not know we were coming) of the PTS and EOC core services. We inspected PTS as it had been rated as requires improvement at our last inspection in 2016. We returned to check on progress within this service.

We inspected EOC as that is where emergency calls are handled and triaged. EOC is critical to how the trust responds to emergency calls.

We did not inspect the resilience core service or the emergency and urgent care service as they had both been rated good on our last inspection and we had no concerns about the services. The integrated urgent care/NHS111 service was not inspected at this time as this is subject to a separate CQC inspection process.

Summary of findings

What we found

Overall trust

Our rating of the trust stayed the same. We rated it as good because:

The emergency operations centre was rated as good; this rating was the same as the previous inspections.

Patient transport services were rated as good. This was an improvement from the previous inspection.

Well led at trust level was rated as good. This was the first time the trust had received a well led inspection.

Are services safe?

Our rating of safe stayed the same. We rated it as good because:

- The core services in the emergency operation centre and patient transport services were rated as good for safety.

Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- The core services in the emergency operation centre and patient transport services were rated as good for effectiveness.

Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- The core services in the emergency operation centre and patient transport services were rated as good for caring.

Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- The core services in the emergency operation centre and patient transport services were rated as good for responsiveness.

Are services well-led?

Our rating of well-led stayed the same. We rated it as good because:

- The core services in the emergency operation centre and patient transport services were rated as good for being well led.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in the patient transport service and emergency operations centre. For more information please see the outstanding practice section of the report.

Summary of findings

Areas for improvement

We found ten things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the areas for improvement section of this report.

What happens next

We will check that the trust takes the necessary action we have suggested to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

We found examples of outstanding practice:

We found the following examples of outstanding practice in the emergency operations centre:

- The service had the quickest 95th centile call answering performance rate of all 11 NHS ambulance providers from July 2018 to January 2019.

We found the following examples of outstanding practice in the patient transport service:

- The service undertook resource forecasting of patient transport services annually and reviewed this on a quarterly basis to reflect patient need.
- The palliative ambulance service responded well to patient needs. Emotional support was provided by staff working closely with hospital based palliative care services. Crews would take patients to a special place during a journey so patients could go somewhere for the last time if they so wished. The team had received awards for outstanding palliative care.
- A clinical action card for patient transport services staff had been introduced to support staff in responding if someone became poorly whilst in their care. The action card supported timely clinical advice to be sought directly from the clinical hub and also provided guidance about safeguarding concerns.
- There had been significant improvements in the service provided to dialysis patients since our last inspection.
- Patient flow coordinators were based at some hospital locations. The patient flow coordinators supported the daily management of patient flow for the service and were very responsive to individual patient need, they worked to minimise delays for their own service and for the hospital trust.
- All the vehicles have automated defibrillators fitted. The defibrillators provided for lifesaving intervention immediately in the event of a patient or a member of the public suffering a cardiac arrest.
- The ambulance vehicle preparation service was in place in parts of the region and was being implemented in other areas. This meant vehicles were cleaned, stocked up and ready for crews to use.
- Clear governance procedures were in place in patient transport services. Linked to changes in the management structure, we found evidence of notable practice in the patient transport services service and standards team. The quality lead led an improvement initiative and the team worked with the quality and safety team to implement training and awareness of incident reporting and learning for patient transport services staff.

Summary of findings

- Computer-assisted route scheduling supported the service in looking ahead at the planning of ambulance routes. Route scheduling reflected the capacity of patient transport services and the differing levels of demand in each locality. Response time performance in geographical areas where route scheduling had been introduced had shown improvement.

Areas for improvement

There were no breaches in regulations so no actions the trust must take. There were some areas where we suggest the trust should make improvements.

In the emergency operations centre:

- The service should always ensure there are sufficient numbers of suitably skilled, qualified and experienced staff in the mental health nursing team.
- The service should improve sharing lessons learned from incidents in the wider service and with partner organisations.
- The service should ensure that it reviews and addresses gaps in staff knowledge and confidence to deal with people in mental health crisis.
- The service should improve appraisal rates to meet the trust target.
- The service should improve sharing learning from complaints and concerns with staff in the department.

In the patient transport service:

- The service should ensure staff are confident in reporting and escalating safeguarding concerns.
- The service should ensure staff are supported appropriately in completing mandatory training, including e-learning.

Trust wide:

- The trust should improve diversity at board level, in senior roles and within the wider organisation.
- The trust should become compliant with the accessible information standard and legislation, as it applies to ambulance providers.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

This was the first time the trust had had a well led inspection. We rated well led as good because:

The leadership, governance and culture were used to drive and improve the delivery of high quality, sustainable patient care. Board members and leaders had the right skills and abilities to lead the trust. There was clear leadership in place from a chief executive who was visible, approachable, and well regarded throughout the organisation, to drive and improve the delivery of person-centred care.

Summary of findings

The executive directors had the skills, knowledge, experience, and capability to lead the trust. Leaders modelled and encouraged compassionate and supportive relationships, so that staff felt respected, valued and supported.

The board was forward thinking and a high performing team. They worked well together for a common purpose and were key leaders in positive cross organisational work for the benefit of patients. There was positive commitment from the trust in collaborative 'place-based' systems of care with other organisations to meet the needs of the people in the region.

Notably, a systematic approach was taken to improve care for patients with mental health needs. The mental health work plan was heavily linked to developments in the wider health and social care system, and was overseen as part of the wider transformation programme, via the place based care programme board.

The mental health nursing team provided patients with early intervention in order to minimise or prevent a mental health crisis. The trust had developed a local CQUIN with the lead commissioners that had mental health focus (commissioning for quality and innovation).

There were embedded systems of leadership and strategies had been developed to ensure sustained delivery of services. We saw transparent accountability at decision-making levels. The commitment to improvement in the organisation was very clear. We saw leadership had moved away from a 'command and control' style which we had seen on previous inspections, to one where there was more collaborative working supported by a foundation of behaviour frameworks.

The culture of the organisation was set by the board; patients and staff needs were considered to be paramount. The trust was striving to become a healthcare provider for the region rather than 'just' an ambulance service. Around 70 staff had been approached to be culture ambassadors. They were part of an employee voice forum to influence matters that affected the workforce. This contributed toward innovation, productivity, and organisational improvement.

The trust had a clear vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

There was a robust, realistic overall draft strategy which set out how the vision and aims would be achieved. The strategy had been developed using a structured process, through extensive consultation with staff and stakeholders and was aligned with plans in the wider health economy.

Delivery of the corporate strategy was supported by a range of enabling strategies and the clinical strategy. The enabling strategies were in line with the culture of continuous improvement, engagement, and innovation.

The trust had effective structures, systems, and processes in place to support the delivery of the strategy including sub-board committees, divisional committees, and group meetings. Leaders regularly reviewed these structures.

The board and other levels of governance functioned very effectively. There were clear lines of governance, accountability, and management of partnerships. Joint working arrangements were clearly set out. The board assurance framework comprehensibly outlined key controls in place such as programmes or strategies to address risks.

Financial pressures were managed so that they did not compromise the quality of care. The trust was in a strong financial position.

There were robust quality improvement (QI) processes. The QI team, supported by the QI strategy focussed on developing a culture through skills development and supporting teams and individuals to take responsibility for quality improvement in their areas of work. There was a quality improvement fellow programme where front line staff were seconded part time to develop quality improvement skills and knowledge. Participants in the programme had successfully completed a wide range of improvement projects.

Summary of findings

There were processes in place to support staff and to promote well-being. Staff told us they felt appreciated. Staff we spoke with felt empowered to make improvements and raise concerns.

There was a strong focus on learning from incidents, deaths and sharing good practice. The trust applied duty of candour robustly and appropriately. When things went wrong, senior staff went to patients' homes to offer apology and support and to be held to account. There had been national innovation since 2017 in learning from deaths and this work had been shared across other ambulance trusts.

The trust had robust freedom to speak up processes; the freedom to speak up guardian was supported by ten ambassadors. There were sufficient resources and support to help staff to raise concerns.

In addition to the annual NHS staff survey, the trust carried out quarterly 'pulse check' surveys with staff across different parts of the trust each time so that the senior leadership could get a sense of morale and culture.

There was a frequent callers' team in the emergency operations centre. Some patients with complex needs, who were identified as frequent callers, were managed by the team who coordinated the development of a care plan and referred people to other specialist teams in the community.

There were comprehensive assurance systems to manage risk, and we saw performance issues were escalated appropriately through clear structures and processes.

The trust had responded to a need for more double crewed ambulances, and had significantly changed the mix of types of ambulance vehicles. This enabled the trust to respond more flexibly and effectively in line with new national standards. Notably, the project was completed ahead of time and within budget without compromising services to patients.

There was a successful pilot paramedic rotation scheme for specialist and advanced paramedics. It enabled them to rotate through a variety of settings including into GP practices and other community-based teams. When paramedics returned to their usual role they felt more skilled making judgements about not taking patients to hospital unnecessarily.

The trust collected, analysed, managed, and used information well to support all its activities, using secure electronic systems with security safeguards. Integrated reporting supported effective decision making.

The trust proactively engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

There was an annual programme of community engagement events. There was a 'restart a heart' annual campaign where hundreds of off-duty staff and volunteers give up their time to provide cardiopulmonary resuscitation training in local schools. Over the last five years training had been provided to over 105,000 young people at 72% of the secondary schools across Yorkshire. Over 40,000 pupils would be taught these skills in 2019.

There was notable practice in a strong critical friends network (CFN) made up ex-patients and members of the public. There were quarterly meetings with the CFN, and contact at focus groups and by email or surveys to ensure the patient and public voice was incorporated. The CFN received a bespoke quality improvement training session, to enable them to work more collaboratively with service users and patients.

An innovative approach had been taken to collaborate with other ambulance services in a Northern ambulance alliance. The chief executive of the trust was the current lead CEO for the alliance. There was collaboration to share good practice, improve efficiency and value for money for the benefit of patients

There was strong commitment to improving patient care through research in the challenging environment of emergency and transitory care. The trust participated in appropriate research schemes. It was top of the national league table of the National Institute for Health Research in 2019.

Summary of findings

The trust's quality improvement lead was one of the staff selected to work nationally, directly with NHS Horizons, on #Project A, along with staff from two other ambulance services. This allowed front line ambulance staff and patients to have a voice in the improvement of ambulance services.

Innovative approaches had been taken to support staff and to support them if they were off sick from work. In addition, a support vehicle was converted into a health and well-being bus and this was driven to ambulance stations to provide information and interaction with front line staff on health promotion related to well-being.

There was a network of end of life care (EoLC) champions across the region. They had been partnered with a mentor who had specialist knowledge and supported them in managing patients in rural areas with complex end of life conditions.

There was innovative practice in collaborative work with local care homes to support care home staff to develop skills and experience to care for patients following a fall.

However:

There was a lack of diversity at board level and the workforce was not representative of the population it served. Senior leaders however told us of robust plans to make improvements.

The trust was not compliant with the accessible information standard and legislation although there were pockets of good practice.

There were shortfalls in the numbers of staff in the mental health team in the emergency operations centre.

Ratings tables

Key to tables					
Ratings	**Not rated**	**Inadequate**	**Requires improvement**	**Good**	**Outstanding**
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good →← Oct 2019	Good →← Oct 2019	Good →← Oct 2019	Good →← Oct 2019	Good →← Oct 2019	Good →← Oct 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good ➔➔ Feb 2017	Good ➔➔ Feb 2017	Not rated	Good ➔➔ Feb 2017	Good ➔➔ Feb 2017	Good ➔➔ Feb 2017
Patient transport services	Good ↑ Oct 2019	Good ➔➔ Oct 2019	Good ➔➔ Oct 2019	Good ↑ Oct 2019	Good ↑ Oct 2019	Good ↑ Oct 2019
Emergency operations centre (EOC)	Good ➔➔ Oct 2019	Good ➔➔ Oct 2019	Good ➔➔ Oct 2019	Good ➔➔ Oct 2019	Good ➔➔ Oct 2019	Good ➔➔ Oct 2019
Resilience	Good ➔➔ Feb 2017	Outstanding ➔➔ Feb 2017	N/A	Not rated	Good ➔➔ Feb 2017	Good ➔➔ Feb 2017
Overall	Good ➔➔ Oct 2019	Good ➔➔ Oct 2019	Good ➔➔ Oct 2019	Good ➔➔ Oct 2019	Good ➔➔ Oct 2019	Good ➔➔ Oct 2019

Overall ratings are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Patient transport services

Good ↑

Key facts and figures

Yorkshire Ambulance Service's patient transport service delivered planned transport for patients with a medical need for transport to and from premises providing secondary NHS healthcare.

Patient transport services catered for those patients who were either too ill to get to hospital without assistance or for whom travelling may cause their condition to deteriorate. The trust's patient transport service was one of the largest ambulance providers of non-emergency transport in the UK, undertaking almost one million non-emergency journeys every year.

The service aimed to create a sustainable solution to patient transport which provided high quality, safe and efficient patient care that was flexible to the needs of those who used it, and those who commissioned the service.

Patient transport services were supported by a volunteer car service, members of the public who volunteer with transporting patients to routine appointments.

(Source: Routine Provider Information Request (RPIR) – Context tab)

The trust had contracts with 18 taxi services and 17 independent providers which it used to provide patient transport services. Taxi services had a contract value of £6,314,168 and third-party providers had a contract value of £7,864,825.

(Source: Routine Provider Information Request (RPIR) Providers tab)

Prior to the inspection we reviewed a range of information from and about the service. During our inspection we visited each of the five geographical localities within patient transport services; we visited nine ambulance stations, the headquarters communication centre, eight hospitals and four patient reception centres. We spoke with more than 30 patients and their relatives and carers, engaged with more than 40 staff, including managers of the service, team leaders and ambulance crew, volunteer drivers, call centre operations staff, maintenance staff and cleaning staff. We checked 25 vehicles.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Summary of this service

Our rating of this service improved. We rated it as good because:

- People's needs were central to the delivery of the service and there was a proactive approach to meeting patient's needs. Technology was used innovatively to ensure patients received a timely response from the service.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients we spoke with were consistently positive in their comments about the service.
- People could access the service when they needed it, in line with national standards, and received the right care in a timely way. Staff supported patients to make informed decisions about their care and treatment. Patient flow coordinators based in hospitals supported bed management and discharge arrangements so that response times were met.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Escalation processes for deteriorating or seriously ill patients were in place and patient safety incidents were managed well.

Patient transport services

- The service engaged with patients, staff, and equality groups, the public and local organisations to plan and manage services. It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Ambulance vehicles fitted with specialised equipment were available to support the needs of bariatric and other patients with complex needs.
- The service had sufficient staff and made sure they were competent for their roles. Managers appraised staff work performance and held supervision meetings with staff to support their development.
- Infection risk was controlled well and premises and equipment were visibly clean. The service used systems and processes to safely prescribe, administer record and store medicines.
- A positive culture was evident in patient transport services. The service had an open culture where patients, their families and staff could raise concerns and promoted equality and diversity.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.
- Clear governance procedures were in place in patient transport services. Managers and staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. Leaders and teams used systems to manage performance effectively.
- Records were clear, up-to-date, stored securely and easily available to all staff providing care. The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Patient transport services encouraged innovation and participation in research. Staff were committed to continually learning and improving services. Managers and senior staff understood and applied the concept of quality improvement.

However:

- Some staff did not have the confidence to report and escalate safeguarding concerns despite having been trained to do so.
- Some risk to premises and vehicle security was encountered at more than one ambulance station; we discussed this with the service at the time and immediate action was taken to meet our concerns.
- Some staff required the support of their manager in completing mandatory training, including e-learning. Managers were taking action regarding training support.
- The service's achievement for patients picked up at short notice remained below the trusts own planned achievement level. We acknowledged the trust was working to manage the challenges for short notice requests.

Is the service safe?

Good ↑

Our rating of safe improved. We rated it as good because:

Patient transport services

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse. A clinical action card provided immediate guidance about safeguarding concerns and a clinical hub was available for advice.
- Escalation processes for deteriorating or seriously ill patients were in place. Risk assessments were completed and updated for each patient. Staff identified and acted quickly when patients were at risk of deterioration. Vehicles were equipped with an automated external defibrillator. Procedures were in place to support patients with additional needs.
- Patient safety incidents were managed well. Staff recognised incidents and near misses and reported them appropriately. The service and standards team worked with the quality and safety team to implement training and awareness of incident reporting and learning for patient transport services staff. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. A 'moving patients safely' working group had reviewed equipment available to support the safe movement of patients and equipment including motorised chairs and specialist moving slings were used. Child safety restraints and child safety seats were available. The palliative care team used dedicated ambulance vehicles fitted with specialist equipment.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank and agency staff a full induction.
- Infection risk was controlled well and premises and equipment were visibly clean. We found evidence of notable practice in the ambulance vehicle preparation service.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer record and store medicines. Patient transport services staff were trained in the administration of medical gases. medical gas cylinders were securely stowed.
- Mandatory training in key skills was provided for all staff and the service made sure everyone completed it.

However:

- Some staff were not confident in reporting and escalating safeguarding concerns despite receiving training.
- Some risk to premises and vehicle security was encountered at more than one ambulance station; we raised this at the time and immediate action was taken to meet our concerns.
- Some staff required the support of their manager in completing mandatory training, including e-learning.

Is the service effective?

Good ➔➔

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Eligibility criteria for transport prioritised patients with recognised medical conditions, for example, renal dialysis patients, and also patients with dementia and other mental health needs.

Patient transport services

- Patients' food and drink requirements were assessed by staff to meet their needs during a journey. Special dietary requirements were catered for and the service made adjustments for patients' religious, cultural and other needs. In the palliative ambulance service ambulance vehicles were fitted with a fridge for patient hydration needs.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Response times agreed with patients and commissioners were met. The service monitored agreed response times to facilitate positive outcomes for patients and used the findings to make improvements. Performance data demonstrated a consistently high level of achievement and an improving trend overall.
- Those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide effective care and communicated well with other agencies. The service liaised with other ambulance services through the northern ambulance alliance to support collaboration about procurement and sharing of notable practice.
- Staff gave patients practical support and advice to patients to lead healthier lives. The service worked with external agencies to provide services which were appropriate for the patient's needs.
- The service made sure staff were competent for their roles. Managers appraised staff work performance and held supervision meetings with staff to support their development.
- Patient flow coordinators based in hospitals worked closely with clinicians and hospital administrators to support bed management and discharge arrangements.

However:

- The service's own target for patients picked up at short notice remained below the planned level. We acknowledged the trust was working to manage the challenges for short notice requests.

Is the service caring?

Good **Not previously rated**

We rated the service as good because:

- We found positive evidence of compassionate care in patient transport services. Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We observed some staff going 'above and beyond' in care for patients, particularly in the end of life aspects of the service.
- When staff supported patients requiring assistance with moving and handling this was done sensitively and appropriately.
- Staff provided emotional support to patients, families, and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Patient transport services staff understood the emotional impact receiving care and treatment had on patients and potentially on their relative's overall wellbeing.
- We found some examples of notable practice in the emotional support provided by staff in the end of life patient transport service which worked closely with hospital based palliative care services. Counselling and support were provided to relatives, carers and other patients in connection with patient deaths. The palliative care crew had won external awards for its delivery of care and support to patients.

Patient transport services

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Patients we spoke with were consistently positive in their comments about the service.

Is the service responsive?

Good 

Our rating of responsive improved. We rated it as good because:

- People could access the service when they needed it, in line with national standards, and received the right care in a timely way.
- The service undertook resource forecasting of patient transport services annually and reviewed this on a quarterly basis to reflect patient need.
- The service planned and provided care in a way that met the needs of local people and the communities it served. It also worked with others in the wider system and local organisations to plan care. Capacity and planning teams worked closely with commissioners in the preparation and review of the services delivery plans. Since our previous inspection in 2016 we found the service had taken further steps towards the full implementation of computer-assisted route scheduling for patient transport services.
- There was notable practice in the implementation of computer-assisted route scheduling. Use of a computer-assisted system supported looking ahead at the planning of transport services routes. This reflected the capacity of the service and the differing levels of demand in each locality. Response time performance information for the areas where this had been introduced had shown improvement.
- The service was working to be inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients' access services. Staff told us how they met the transport needs of patients with impaired vision. Patients with a learning disability or dementia were usually escorted by crew during their journey. A guide was available on vehicles to help staff support people with communication needs. The guide was also available on the crews' palmtop. Patient transport vehicles we observed had been assessed as 'dementia friendly'.
- There had been significant improvement since our last inspection in relation to services for patients who were undergoing renal dialysis.
- Patient transport services ambulances were provided with a communication booklet to support effective communication for patients with specific needs.
- A highly commended specialist patient transport services palliative care team met the need of patients receiving end-of-life care.
- Patient transport services provided a service for patients with mental health needs and crew received training to support the needs of these patients.
- Ambulance vehicles fitted with specialised equipment were available to support the needs of bariatric and other patients with complex mobility needs.
- Team leaders visited patient with complex needs and undertook pre-journey risk assessments. This helped to ensure the availability of suitable equipment and vehicle to meet patient need. Patient journeys resulted in a successful outcome rather than being cancelled.

Patient transport services

- Patient flow coordinators at some hospital locations supported the daily management of patient flow for patient transport services. The coordinator liaised with hospital bed management staff and visited discharge wards to review any backlogs and check with clinical staff whether patients were ready to leave. They provided information back to the ambulance service about patient's mobility needs and types of ambulance vehicle available.
- The patient flow coordinators sometimes assisted in ensuring patients were ready to leave hospital and minimise delays. For example, by following up the patient's prescription medicines.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.
- A specialist patient transport services palliative care team met the need of patients receiving end-of-life care. This service had been highly commended by commissioners and at the trust annual awards.
- The complaints process had been much improved since our last inspection. The number of complaints about being collected late for an appointment or after an appointment was very low in relation to the number of journeys made (0.004% of all journeys).

Is the service well-led?

Good ↑

Our rating of well-led improved. We rated it as good because:

- Leaders and staff actively and openly engaged with patients, staff, and equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- A positive culture was evident in patient transport services. The service had an open culture where patients, their families and staff could raise concerns and promoted equality and diversity.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- Leaders supported staff to develop their skills and take on more senior roles. Staff were focused on the needs of patients receiving care and felt respected, supported and valued. Staff spoke highly of their managers and said they were open, friendly and approachable.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Clear governance procedures were in place in patient transport services. Managers and staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact and had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Patient transport services

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Patient transport services encouraged innovation and participation in research. Staff were committed to continually learning and improving services. Managers and senior staff understood and applied the concept of quality improvement.

Outstanding practice

We found areas of outstanding practice. See the outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

Emergency operations centre (EOC)

Good ➔➔

Key facts and figures

Yorkshire Ambulance Service NHS Trust has two 999 Emergency Operations Centres (EOC); one in Wakefield and one in York.

- **Wakefield Emergency Operations Centre (EOC):** The EOC is located at the Yorkshire Ambulance Service NHS Trust headquarters and is a dedicated 999 call centre providing 24/7 call taking and dispatching capabilities. The clinical hub is located there along with the EOC management team, frequent caller team and data flagging team.
- **York Emergency Operations Centre (EOC):** The EOC is a newly refurbished 999 call centre with offices used for other areas of the business.

Staff at both 999 EOCs handled all the emergency calls and deployed the most appropriate response. Staff were trained to deliver instructions and advice to callers over the phone on how to care for patients until the arrival of the ambulance crew.

(Source: Routine Provider Information Request (RPIR) – Sites and context tabs)

Yorkshire Ambulance Service reported that they received 998, 731 emergency and routine calls in 2018-19 in the EOC.

(Source: Quality Account 2018-19)

During the inspection we spoke with 36 staff and listened to 45 calls. We reviewed 4 complaint responses, 3 incident root cause analysis reports, and call audit reports for 3 months including call compliance levels and audit numbers.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to meet patient demand and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety. The service controlled infection risks. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care and had access to good information. The service was available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people and took account of patients' individual needs. People could access the service when they needed it and did not have to wait too long for emergency triage.

Emergency operations centre (EOC)

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.
- The service received positive feedback from patients and members of the public which showed they were compassionate and caring to patients.

However:

- The service did not always have enough mental health nurses and lessons learned from incidents were not routinely shared outside the department.
- Training in mental health crisis was limited and appraisal rates did not meet the trust target.
- Learning from complaints and concerns was not always shared effectively in the EOC.
- There was limited risk awareness at middle manager level. The service was taking action to mitigate this.

Is the service safe?

Good 

Our rating of safe stayed the same. We rated it as good because:

- The service provided mandatory training in key skills to all staff and was close to meeting the trust target for completion and had plans in place to meet the trust target for the remaining modules.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. The mental health nurse provision was embedding into the service and when there were no mental health nurses on shift, there were alternative pathways in place for patients with mental needs.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm. Managers regularly reviewed and adjusted staffing levels and skill mix, however there was not always enough mental health nurses to cover the projected shift pattern. The trust was taking action to mitigate this.
- Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- Staff gave advice on medicines in line with national guidance.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team.

However:

- There were not always enough mental health nurses to cover the projected shift pattern. The trust was taking action to mitigate this.

Emergency operations centre (EOC)

- We were not assured that all staff were routinely aware when service changes were made that this was as a result lessons learned from incidents. Lessons learned from incidents were not routinely shared in the wider service.

Is the service effective?

Good 

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief advice in a timely way.
- The services ambulance systems (AmbSYS) indicators were consistently better than the England average in the inspection reporting period.
- The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. There were robust processes in place to support these outcomes and hear and treat rates were consistently above the England average.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Call handlers were not always confident they had received the training and knowledge they needed to manage patients in a mental health crisis.
- The service did not meet appraisal rate targets in the EOC.

Is the service caring?

Good 

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Emergency operations centre (EOC)

- The service received positive feedback from patients and members of the public which showed they were compassionate and caring to patients.

Is the service responsive?

Good

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it, in line with national standards, and received the right care in a timely way.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with staff involved.

However:

- We were not assured that all staff in the department were aware when service changes were made that this was as a result of learning from complaints and concerns.

Is the service well-led?

Good

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes throughout the service. Staff at all levels were clear about their roles and accountabilities and managers had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

Emergency operations centre (EOC)

- Leaders and staff engaged with members of the public to improve public information about the services delivered by the EOC.
- Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.

However:

- There was limited awareness of organisation risk at middle manager level beyond day to day operational issues. The service was taking action to mitigate this.

Outstanding practice

We found areas of outstanding practice. See the outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

Our inspection team

Sarah Dronsfield, Head of Hospital Inspection chaired this inspection and Ruth Dixon, Inspection Manager led it. An executive reviewer, Helen Bellairs, supported our inspection of well-led for the trust overall.

The team included four inspectors, two assistant inspectors, one inspection planner, one executive reviewer, and six specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.