NHS
Yorkshire
Ambulance Service
NHS Trust

MEETING TITLE Trust Board Meeting held in Public		**MEETING DATE** 25/01/2022	
TITLE of PAPER	Trust Executive Report & Integrated Performance Report (IPR)	**PAPER REF**	TB21.070
KEY PRIORITIES	All		
PURPOSE OF THE PAPER	The purpose of the report is to provide an updated on the activities of the Trust Executive Group (TEG) since the end of October 2021 and present the December 2021 Integrated Performance Report.		
For Approval	☐	**For Assurance**	☒
For Decision	☐	**Discussion/Information**	☒
AUTHOR / LEAD	Chief Executive	**ACCOUNTABLE DIRECTOR**	Chief Executive
DISCUSSED AT / INFORMED BY: Key performance indicators discussed at Trust Executive Group (TEG), Trust Management Group (TMG) and the Operational Delivery team meetings.			
PREVIOUSLY AGREED AT:	**Committee/Group:** N/A	**Date:**	
RECOMMENDATION(S)	The Board is asked to: • **Receive assurance** on the activities of the Executive Team. • **Receive** the Integrated Performance Report for December 2021		

RISK ASSESSMENT	**Yes**	**No**
Corporate Risk Register and/or Board Assurance Framework amended *If 'Yes' – expand in Section 4. / attached paper*	☐	☒
Equality Impact Assessment *If 'Yes' – expand in Section 2. / attached paper*	☐	☒
Resource Implications (Financial, Workforce, other - specify) *If 'Yes' – expand in Section 2. / attached paper*	☐	☒
Legal implications/Regulatory requirements If 'Yes' – expand in Section 2. / attached paper	☐	☒

ASSURANCE/COMPLIANCE	
Care Quality Commission **Choose a DOMAIN(s)**	All
NHSI Single Oversight Framework **Choose a THEME(s)**	1. All

Chief Executive Report

1. PURPOSE/AIM

The purpose of the report is to provide an updated on the activities of the Trust Executive Group (TEG) since October 2021 and present the December 2021 Integrated Performance Report.

2. CHIEF EXECUTIVE'S SUMMARY / EXTERNAL UPDATE

2.1 System Pressures and the Impact of Covid

At the time of writing this report figures indicated that there had been over 14 million confirmed cases of coronavirus in the UK and 149,515 deaths; and a further 179,756 confirmed cases in the UK were announced on 6 January 2022.

In December the NHS returned to a level 4 national incident in light of the challenges faced. National data for England shows that NHS ambulance services dealt with the highest ever number of life-threatening ambulance call outs during the month, responding to 82,000 category one calls, higher than any other month on record. It was also reported across a number of media outlets that a several NHS Trusts across England had declared critical incidents, highlighting the pressures felt across all parts of the system, caused by the pace of increase in rates of the Omicron variant and staff shortages. With the combination of very high community COVID infection rates and the pressures usually experienced at this time of year, it is anticipated that the system will continue to be challenged for some time.

Nationally eight "surge hubs" are being set up at hospitals across England to cope with potential COVID cases (one per region and two in London). The temporary "Nightingale" units will each house about 100 patients. Within Yorkshire and Humber St James's Hospital in Leeds has been selected as the site of the "surge hub" and construction has already commenced.

Prior to Christmas we were starting to see significant improvements in patient response times as recruitment and other improvement actions took effect. However, the rise in COVID infection rates and staff absence associated with the rapid spread of the Omicron variant across the NE and Yorkshire significantly impacted the Trusts operational capability, which has been operating at REAP level 4 since July 2021, our highest level of escalation.

Additional actions had already been put in place as part of our Winter Plan including the setting up a strategic gold cell to ensure we are able to respond to issues quickly and liaise with partners, supported by co-ordination cells in each CBU area, redeploying PTS staff to attend low acuity patients and working in partnership with acute trusts on developing policies for cohorting and triage to reduce handover delays, and introduced a number of initiatives and additional measures to increase staff welfare. Due to the sharp increase in COVID infections and associated staff absence these actions were further strengthened in late December and early January to include the redeployment of staff in support functions to support frontline operations, particularly those with clinical qualifications, standing down PTS routine activity and requesting support from military personnel. The military aid will see personnel supporting

YAS clinicians by assisting with the transportation of patients between hospitals and assist with our non-emergency patient transport service, conveying our most vulnerable patients for life-saving treatments and transporting patients discharged from hospital. This, in turn, will free up our staff to attend to serious and life-threatening cases.

We have started to see some reduction in system pressures and absence levels in recent days and we are keeping our escalation status and mitigating actions under constant review.

The period since late December has been one of the most challenging periods in the history of the service and I would like to thank YAS staff and volunteers for once again stepping up at this challenging time. I also wish to recognise the impact the situation has had on our ability to deliver the highest standards of patient care we strive to achieve.

2.2 Operational Planning Guidance and Launch of Integrated Care Systems

The NHSE 2022/23 Priorities and Operational Planning Guidance document was published on 24 December 2021 and sets out the priorities for the year ahead, reconfirming the ongoing needed to restore services, meet new care demands and reduce the care backlogs resulting from the pandemic. The guidance also outlines a delay to the implementation of the Integrated Care Systems. Originally anticipated to formally commence on 1 April 2022 the three-month delay will see a revised target date of 1 July 2022. The guidance notes that the revised date will "*allow sufficient time for the remaining parliamentary stages"* for the Health and Care Bill. Further to this it is indicated that the revised date also provides greater flexibility for the system to focus on the "immediate priorities in the pandemic response".

2.3 Consultation on the draft constitution of Integrated Care Boards

The three Integrated Care Systems across Yorkshire and the Humber have been consulting on the draft constitution of their Integrated Care Board (ICB) arrangements. From 1 July 2022, subject to legislation, ICBs will take on the commissioning responsibilities of Clinical Commissioning Groups and lead the integration of health and care services across their area. The Health and Care Bill, which proposes the establishment of ICBs seeks to enhance collaborative working across the health and care sectors at to improve health and wellbeing outcomes and reduce health inequalities. We have strong place arrangements, mature provider collaboratives and inclusive and transparent system leadership. The constitutions describe the membership of the ICB, governance structures and the scheme of delegation making with geographic place-based partnerships.

2.3 British Red Cross Study: Nowhere Else to Turn

In November the British Red Cross publishes a study suggesting patients are turning to A&E units, because they feel they have nowhere else to go. The study found less than 1% of the population is responsible for a sixth of A&E attendances, almost one third of ambulance journeys, and one quarter of hospital admissions. The report explores the profile and experiences of people who frequently attend A&E and considers what needs to be done to ensure that more people can be supported in the community, before they reach a crisis. The report also identifies a clear link between high intensity use and wider

inequalities https://www.redcross.org.uk/-/media/documents/about-us/hiu-summary-report-final.pdf

2.3 Presentation to Joint HOSC on current challenges faced by the service West Yorkshire Joint HOSC meeting

On Tuesday 30 November 2021 Rod Barnes presented a paper to the West Yorkshire Joint Health Overview and Scrutiny Committee on the current challenges being faced by the service and progress being made in 999 call answering and wider winter capacity across 999, IUC and PTS. The Committee was complementary about the efforts of the service and was keen to hear how we were linked into new ICS arrangements and work being undertaken to strengthen use of local care pathways.

2.4 Association of Ambulance Chief Executives (AACE) Report: Delayed hospital handovers: Impact assessment of patient harm.

The report released on Monday 15 November 2021 followed a structured clinical review of handover delays at hospital emergency departments across England, coordinated by the Association of Ambulance Chief Executives. The report highlighted the extent of potential harm that is being caused to patients when they are required to wait in the back of ambulances or in corridors, before they are accepted into the care of their local hospital. The impact assessment was undertaken across all ten English NHS ambulance services which reviewed cases from a single day in January 2021, where handovers exceeded one hour. Experienced clinicians assessed the range and severity of potential harm experienced by those patients who were already seriously ill, frail, or elderly and who waited for sixty minutes or more before being accepted into the care of the hospital from the ambulance crews in attendance.

At a Trust level we have continued to face significant system-wide capacity challenges impacting on handover delays. We continue to work closely with the region's Integrated Care Systems (ICSs) and hospital colleagues to address the handover issues and improve patient care and experience and were grateful for the support of the NE & Yorkshire NHSE EPRR team in assisting with this issue over the festive period.

Ambulance services and the pandemic: A review of 2020-21

In recognition of the unusual nature of the year 2020-21, The Association of Ambulance Chief Executives has published a report *Ambulance services and the pandemic: A review of 2020-21* reflecting on the experiences of ambulance services and their employees and volunteers during the first year of the pandemic. The report features contributions from YAS Lead Clinical Educator Joanna Oakman, and EOC Team Leader Michaela Carter as well as YAS national network leads Alistair Gunn and Tasnim Ali.

Blue Light Together

On Thursday 25 November 2021 YAS colleagues attended the Joint MIND /Royal Foundation Emergency Services Mental Health Symposium along with 200 leaders from across fire, ambulance, police, and search and rescue services. Also present were Health Secretary Sajid Javid, Metropolitan Police Commissioner Dame Cressida Dick and Mind Chief Executive Paul Farmer.

YAS and other AACE members have committed to a uniform approach to supporting the mental health of their emergency responder workforce. MIND

used the event to promote the Blue Light Together, a package of mental health support for the emergency services which references our Check-In mental health and suicide prevention campaign being highlighted as an example of best practice https://bluelighttogether.org.uk/?gclid=EAIaIQobChMInrmmlty29AIVBGHmCh1NpQa_EAAYASAAEgKSofD_BwE

3. DIRECTORATE UPDATES

3.1 Operations Directorate

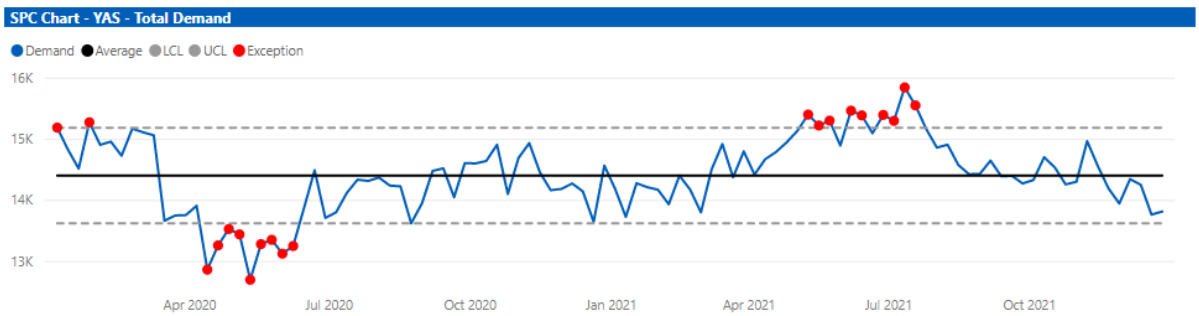
3.1.1 Overview

The Accident & Emergency (A&E) Service has continued to experience significant challenges since the last report in October 2021. The biggest challenge facing the Trust as we enter January 2022 is the increasing levels of COVID-19 related absence both in frontline operations and the Emergency Operations Centre (EOC). In addition to COVID-19 related absence, general staff sickness and fatigue are leading to less uptake of overtime. These factors combined with a significant challenge with hospital handover delays resulted in deterioration of response times to calls.

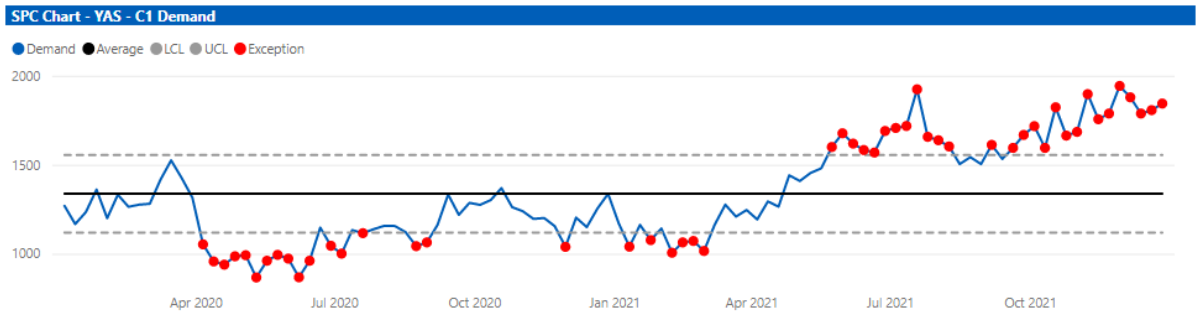
From October 2021 the Trust has also been reviewing additional actions to prepare for a challenging winter period. The immediate priority continues to be to increase our frontline operational and 999 call taking capacity through recruitment, cancellation of non-critical training and increased welfare support for staff. Significant impacts on demand and capacity will require a Trust-wide approach to increasing support into operations from wider Trust departments.

3.1.2 Demand (On Scene Response Demand)

Between late April 2021 and early August 2021 YAS saw an increase in demand. Since then, demand has decreased and is currently similar to this time last year. However, it remains significantly below forecast, with demand for week commencing 27/12/22 being 19.2% under forecast. Hidden within this is the increase in the proportion of Category 1 calls and a reduction in Category 3. This is a challenge as Category 1 calls require multiple resource allocation and immediate dispatch whereas Category 3 calls have a significant amount of flexibility for response. A high number of Category 1 calls also creates more pressure within Emergency Operations Centre (EOC) as they generally have longer talk times and reduce our availability to handle the increasing number of incoming calls.

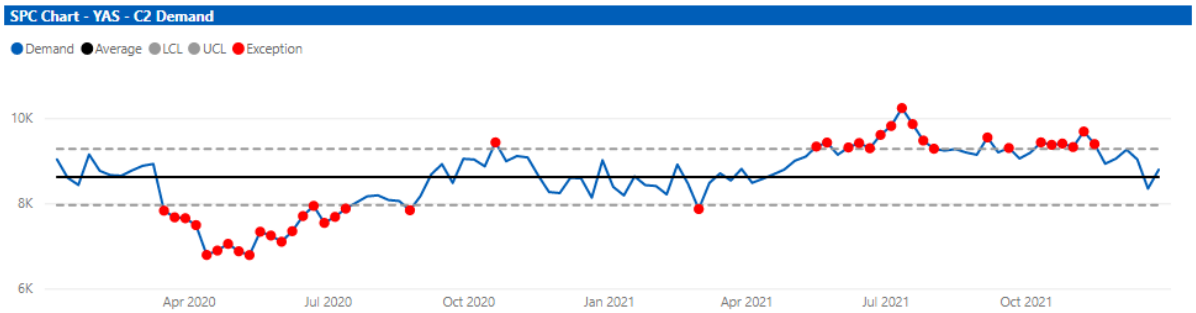


Above: All 999 incidents 06/01/2020 – 02/01/2022

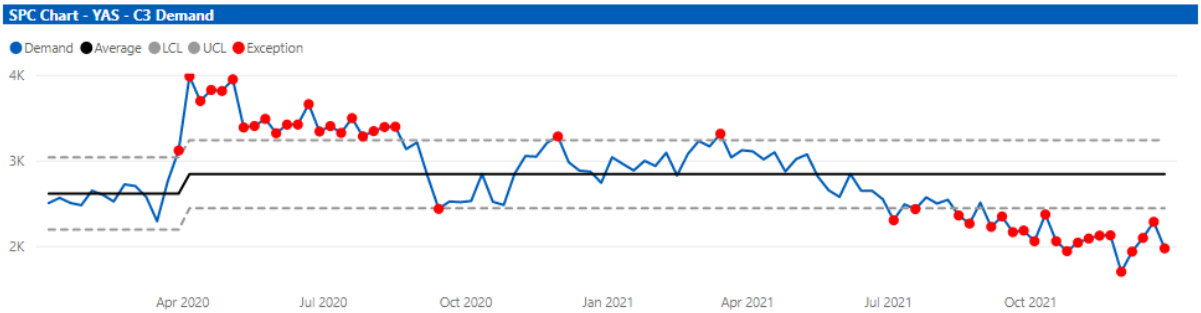


Above: All Cat1 incidents 06/01/2020 – 02/01/2022

We continued to see high demand for Category 2 incidents during October through to December. This was higher than the previous year. However, over recent weeks we have seen a small fall in this demand.



Above: All Cat2 incidents 06/01/2020 – 02/01/2022



Above: All Cat3 incidents 06/01/2020 – 02/01/2022

3.1.3 A&E Operations

Capacity

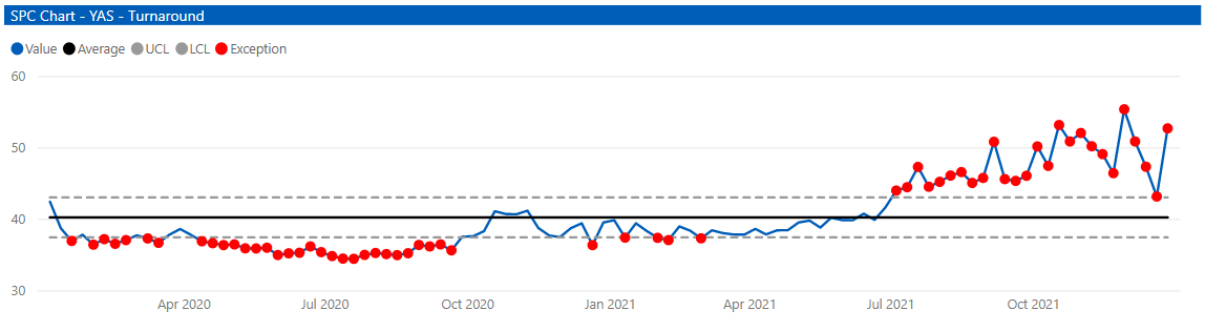
Sickness within Operations is a mix of covid and non-covid absence. Levels of COVID Sickness continue to fluctuate with outbreaks and this period has seen levels of COVID subside before peaking again in late December 2021. Combining this with unpredictable levels of demand as well as continuing high acuity has compounded pressures on the service. In addition to COVID related absence we have experienced an increase of non-covid related absence. These figures can be found within the Integrated Performance Report. The main cause of non-COVID absence has been stress and mental health related issues.

Hospital Turnaround

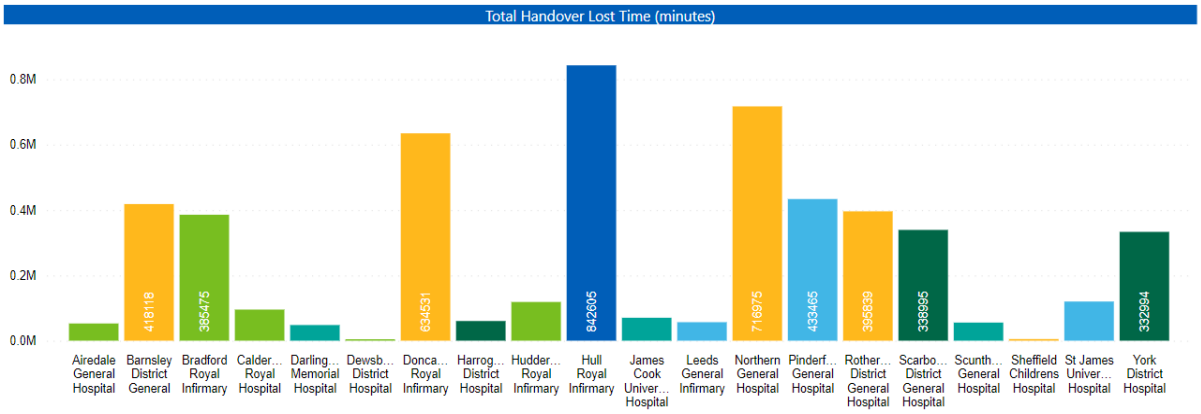
Turnaround delays across Yorkshire significantly increased in early July 2021 and have remained high ever since. These delays have a direct impact on our

response times as they increase our job cycle times meaning we have reduced ambulance availability at key times.

Handover and Turnaround times are continuing to increase despite a significant focus from the National UEC Team. Turnaround times are shown in the chart below.



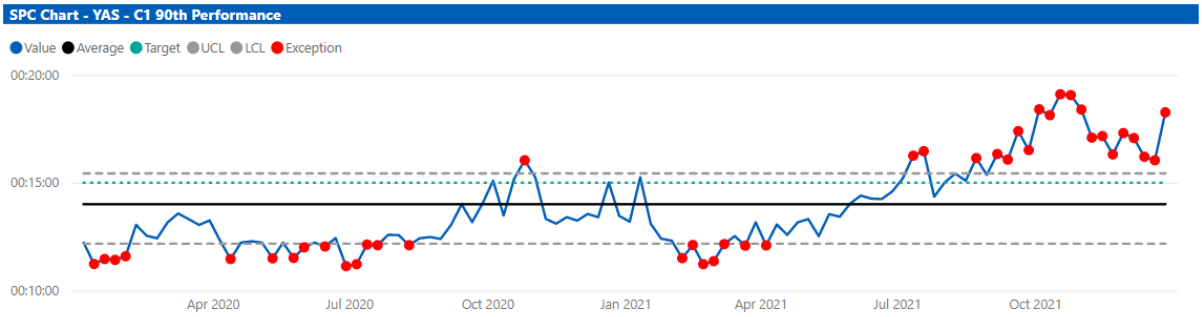
The chart below higlights significant lost hours from October to the end of December at a number of hospitals, most notably Hull Royal Infirmary, Northern General and Doncaster Royal Infirmary. During December, York District Hospital has also seen significant problems with bed availability that has resulted in some significant handover delays.



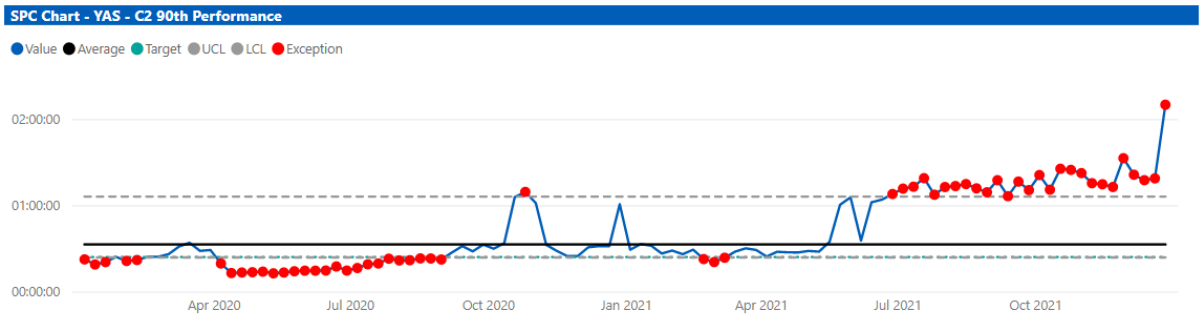
Performance

The impact of the increased absence (especially for EOC) and turnaround delays has significantly reduced our capacity to deal effectively with our demand. As a consequence, performance against the Ambulance Response Programme (ARP) standards has been adversely impacted. This trend has been seen across all UK ambulances services.

Recent performance for October through to end of December shows that no national targets have been met. Our Category 1 90th percentile for the most recent week (WC 27/12/21) is 00:18:26 and Category 2 90th Percentile for the same week is 02:16:53 against national standards of 15 minutes and 40 minutes respectively. Again, these figures reflect trends in the wider ambulance sector.



Above: Cat1 performance 90th percentile 06/01/2020 – 02/01/2022



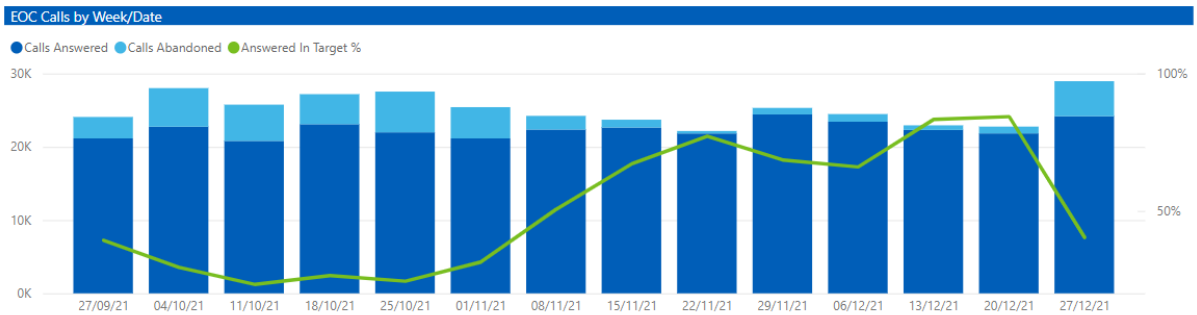
Above: Cat2 performance 90th percentile 06/01/2020 – 02/01/2022

3.1.4 Emergency Operations Centre (EOC)

EOC Demand and Performance

The EOC has been and continues to be under significant pressure after high levels of call demand month on month. A significant proportion of this additional demand was caused by 'call backs' due to delayed response. The chart below shows the number of 999 calls answered and abandoned alongside the percentage of calls answered within target. From this it is clear to see that there has been a week-on-week improvement in the percentage of calls answered during November 2021 as more staff were released from training.

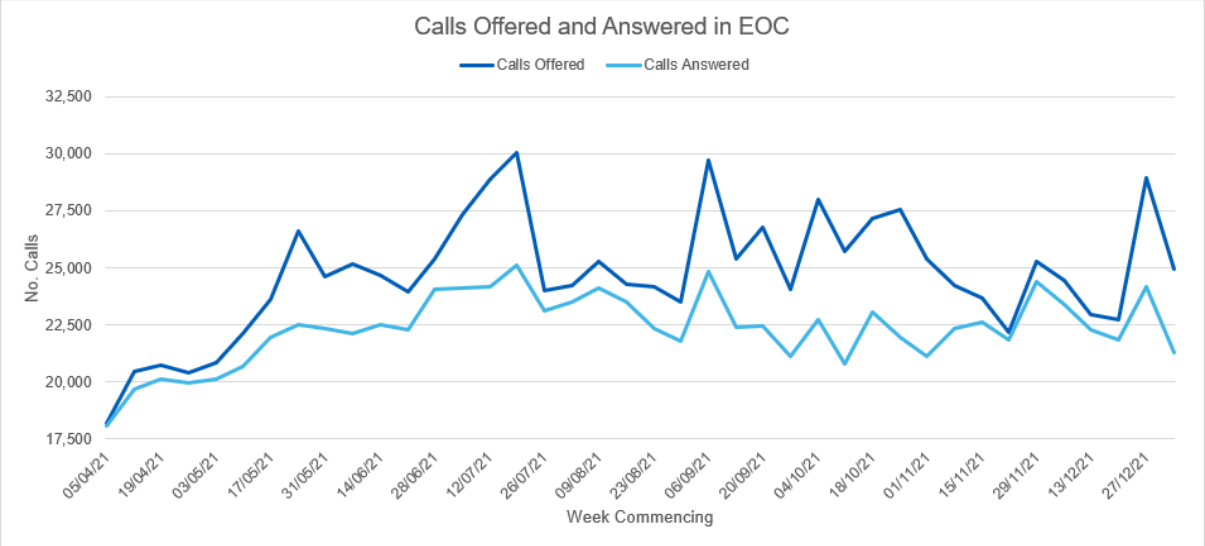
In the most recent week, we have seen a drop in that performance, but it is worth noting that this was over the new year period where demand was higher, and capacity was reduced due to Covid.



Above: EOC Calls by Week with calls answered in target 27/09/2021 – 02/01/2022

We are still seeing abandoned calls and during October 2021 through to December 2021 EOC had 330,259 calls offered with 294,949 of the calls answered first time meaning a total of 35,280 calls where abandoned. The position improved during November 2021.

The chart below outlines the summary of calls since April.



Above: 999 calls offered and answered on all applications in EOC

EOC Capacity

We continue to experience significant levels of sickness within our EOC leading to reduced capacity. December 2021 saw over 50% abstractions (Normally c.35%), with around 35% due to Sickness/Covid alone. During winter we continue to significantly increase our call handler numbers through recruitment, peaking at 232 full time equivalent in March 2021. This will be significantly higher than previous years. This continues to be a major project for the EOC to recruit, train and mentor these new staff.

3.1.5 Team Based Working

The Team Leader (TL) roles went' live' on 11 October 2021. Inductions took place during October 2021 with some additional courses in December 2021.

There are a small number of staff who still need to take this training as they were external candidates and had not yet joined the trust or had moved from other teams within YAS. This session is planned for February 2022. There are a few TL posts that are still vacant, and these are being covered on a short-term basis within seconded staff. There are also five managers who are currently displaced staff due to the change process and being supported by management and HR to secure suitable alternative roles where possible.

3.1.6 Yorkshire Air Ambulance Clinical Model Review

Collaborative working has begun, the following task and finish groups have been set up and all have had their inaugural meeting

- Emergency Operations Centre
- Clinical Leadership and Governance
- Workforce Development and Retention
- Information Requirements
- Technical Crew Member role
- Service Level Agreement Review

- Communications and Relationship Building

Progress and final recommendations will be presented to the YAS/YAA Partnership Board in Quarter 4.

3.1.7 Key Operational Risks

Some of the immediate risks in the next few months are:

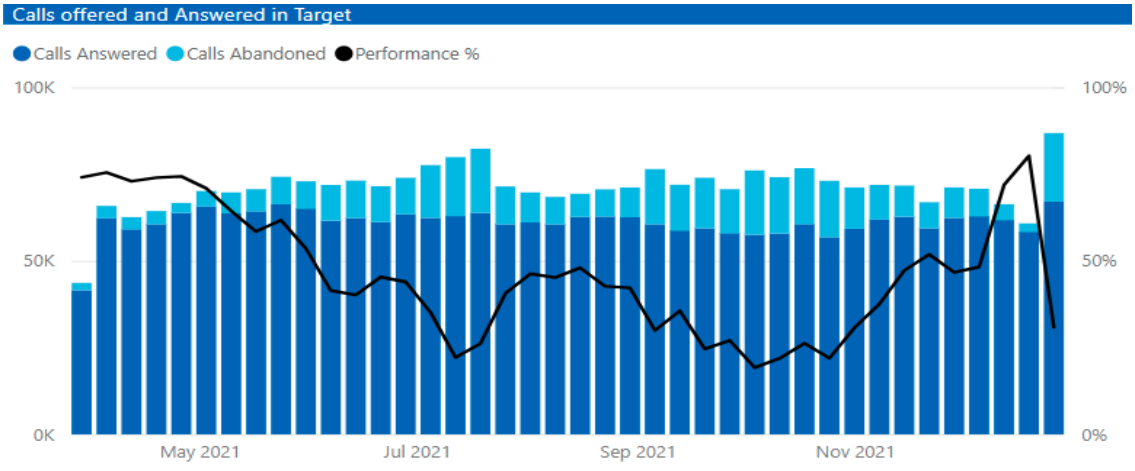
- Further increase in sickness and COVID isolation amongst our staff, further reducing our capacity in EOC and Operations.
- Welfare of all our colleagues working under relentless pressures
- Increased demand due to Winter pressures
- High levels of Handover Delay at specific Acute Hospital Sites.

3.2 Urgent Care and Integration Directorate

3.2.1 Integrated Urgent Care (IUC)

The third quarter for 2021 in IUC has been very challenging, not only locally but for all national providers too. Demand has risen and capacity has reduced meaning that the delivery of performance has been compromised significantly, which across quarter 2 saw the proportion of calls answered fall below the contact baseline level across the period.

The graph below demonstrates the improvement in service performance (for the proportion of calls answered in 60 seconds) from November 2021. This however has significantly changed from the end of December 2021 in line with staffing capacity challenges, outlined further below.

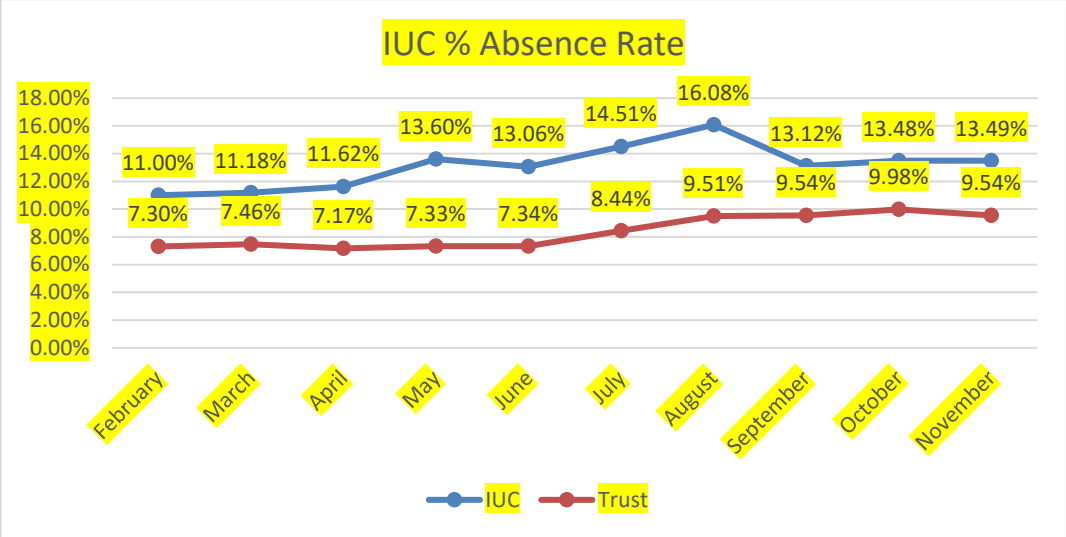


Above: IUC Demand and Performance, April – December 2021

Staff Health and Wellbeing

The IUC service continues to see high absence rates, with Q3 absences generally stabilising as outlined in the chart below. However, from the 27 December 2021 staff absence, driven by a significant increase in covid absence rates (up to around 67% of all absence from the previous 35% average in November), has increased and therefore caused significant capacity challenges to the service. This remains under review as part of wider Trust actions.

Support remains in place for staff via the dedicated IUC Welfare Advice team, with short-term actions taken to bolster this team. Staff health and wellbeing is also a central theme of the IUC Improvement Plan which is being supported through specialist leadership working closely with the IUC management team.



Above: IUC Absence Rates 2021 – 22

Increasing Capacity

As part of normal annual capacity plans IUC has been undertaking winter recruitment, with 112 Health Advisors entering training across August – October 2021.

During Q3 2021-22 the Trust Board approved the recruitment of additional staff for front line care and supervision, with the majority of additional capacity planned across Q4 2021-22. Due to higher levels of attrition and challenges in recruiting additional staff, the IUC service was under planned capacity for Health Advisors by 22 FTE in December 2021 (see chart below).

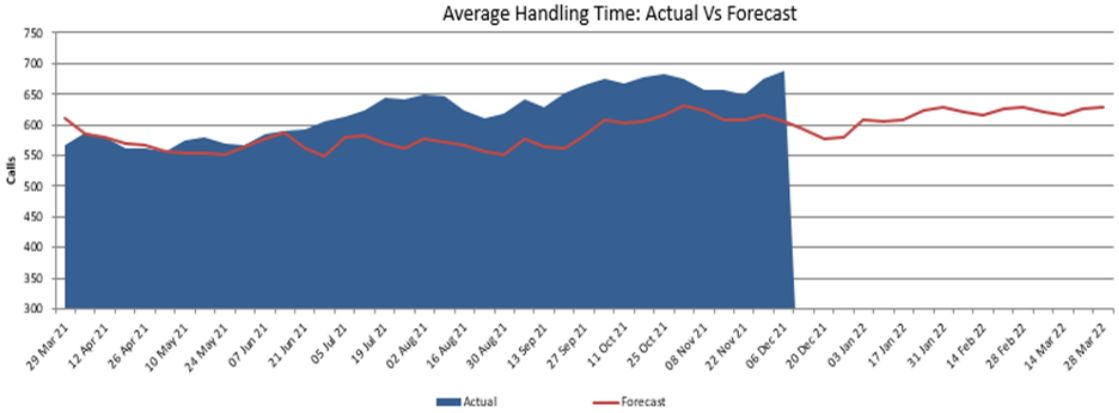
Work is on-going, supported by HR, to understand the reasons for staff attrition. Available data indicates that this is influenced by wider employment market opportunities, the unsocial element of the role, and the demands of the role (linked to additional covid pressure on the NHS over winter).

ABP Requirement	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Average Totals
H1 ABP Requirements	342	354	343	361	355	357	377	400	362	378	386	377	366
H2 ABP Requirements	433	454	430	452	449	447	472	502	462	474	484	492	462
Staffing on Payroll Actual and planned	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Average Totals
H1 ABP Projected Establishment	333	331	327	353	347	373	391	390	380				
H2 ABP Projected Establishment										404	428	449	373
Actual And Projected Staffing in Establishment	355	350	341	364	354	365	371	351	358	351	380	405	362
FTE Commencing Training	10	11	19	31	10	30	30	37.5	0	40	40	40	298.95
Heads Commencing Training	17	18	30	50	16	48	48	60	0	64	64	64	478.32
FTE Actual Commenced Training	11.79	9.17	27.07	40.61	12.36	31.57	30.1	27.4	0				190.07
Heads Actual Commenced Training	18	12	36	51	15	40	39	40	0				251
Variance to Plan	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Average Totals
+/-	22	19	14	11	7	-8	-20	-39	-22	-53	-48	-44	-11
+/- %	6.7%	5.8%	4.3%	3.2%	2.0%	-2.1%	-5.1%	-10.0%	-5.8%	-13.2%	-11.2%	-9.9%	-2.9%

Chart 1: IUC Health Advisor Capacity, April to December 2021

Health Advisor recruitment remains a challenge across all IUC providers and has been acknowledged by NHS England through a national health advisor recruitment campaign.

In addition to staffing capacity, available staffing has also been impacted by a significant and sustained increase in Average Handle Time (AHT) across the year. Whilst some of this was expected, and linked to the levels of new staff recruited, this has been high across the year and therefore further impacted the service as staff are not available as quickly.



Above: IUC Average Handle Time (AHT), April to December 2021

The IUC Service Development team have commenced a project to review this further. Anecdotal information suggests that some of the increase is associated to the challenges faced across primary care and that patients are not as easily able to access services when advised, as well as suggested delays in accessing support for patient triage. It is anticipated that further information will be available during Q4.

Key Risks

The risks remain to focus around ensuring sufficient staff are in place to meet the patient demand. Currently, capacity is significantly impacted by the notable increase in COVID related absences as seen from the end of December 2021.

It is recognised that forecasting patient demand is extremely difficult at the moment and to this the IUC team continue to work closely with NHS England as part of their national planning team to ensure best intelligence is in place within IUC forecasting.

With the ongoing pressures within IUC, and all YAS frontline services, a risk remains around staff health & wellbeing, and absence rates impacting on those staff in work and also on patient access.

3.2.2 Patient Transport Service (PTS)

Demand

PTS demand continues to be closely monitored. October - December 2021 showed a smaller increase compared to previous quarters in journeys for outpatients versus PTS Business as Usual (BAU), up from 89% to 91%. Discharges fell from 112% to 109% but remain significantly above pre-covid levels. Total journeys remained at around 92% of BAU for the whole quarter.

PTS has undertaken over 30,000 patient journeys for people either Covid positive or with suspected Covid since March 2020.

The numbers of Covid positive and suspect journeys were at 245 per week at the start of October 2021, with spikes of over 325 per week in mid-October and mid-November; plus, a two-week spike in renal patients towards the end of November 2021. The average for the quarter being 265 cases per week.

At the end of December 2021, YAS' own PTS delivered 35% of journeys, Voluntary Car Service 8% and our alternative framework of providers 57% of journeys.

Our analysis suggested that activity levels would continue to increase due to the recovery of planned care and reduction in waiting lists. However, the Omicron variant has led to severe pressure across the system which will postpone recovery plans.

The H2 2021-22 ICS and acute planned care plans to reduce backlogs in the system are underway. There has been no additional funding for associated patient transport, which we believe will be required as a result of reduced capacity due to social distancing measures.

Performance

Performance and quality standards for patient journeys remained high with three of the main KPI's above target on average, whilst on-day discharges were slightly below target. Overall performance for the quarter was at a higher level than prior to the pandemic.

Telephone booking performance had deteriorated from June 2021, having been impacted by a combination of reduced capacity due to shielding, isolation and sickness, together with increased handling time as a result of additional questions around Covid status and masks. Performance remained significantly below target during most of the last quarter due to higher-than-normal turnover and abstractions, as well as increased volumes. However, recent recruitment has led to a sustained improvement from mid-December 2021 with SLA being achieved for 15 consecutive days.

PTS control room and reservations staff continue to work remotely during the pandemic with 61 control room and booking staff working from home. This further minimises the "on-site" staffing requirement, and transmission risks within YAS HQ and footprint. It also provides an excellent PTS business continuity position, whilst also providing additional footprint for PTS staff who must be on site and other service lines to improve distancing between HQ based employees.

Supporting A&E Operations

As a result of the negative impact caused by Omicron on emergency ambulance services, and the clinical risk caused to the region's population, the Trust took a decision to pause planned care journeys for a short period with Patient Transport Service (PTS) journeys continuing for:

- Patients who need essential life-saving treatment such as renal dialysis, chemotherapy, radiotherapy, and other cancer treatment.

- Patients travelling to receive neutralising monoclonal antibody (nMAb) treatment for COVID-19.
- In-patients who are medically fit for discharge.
- Transfers between healthcare facilities.

It is anticipated that this will enable clinically triaged low acuity 999 activity to be passed to suitable PTS crews. Redeployment of PTS resources to support emergency ambulance services will have an impact on patient health requiring transport to and from planned care appointments, operations, and diagnostics as examples. The risk of patients failing to attend an appointment (reason being due to transport); that they may have already have an extended wait for, will be increased.

Infection Prevention and Control (IPC)

YAS PTS has introduced the safe cohorting of patients on suitable PTS vehicles from 28 July 2021. This allows patients of a suitable mobility, and meeting IPC safe criteria, to be moved with another patient on a large enough vehicle to maintain one meter distancing.

The efficiency improvement has moved from one patient per journey to 1.02 patients per journey. Social distancing still remains and can only be achieved if on a large ambulance and our more mobile patients.

NHSE/I PTS Guidance and New Service Developments

The Ambulance National Specialist Advisor for IPC published, in September 2021, on behalf of AACE, an update on ambulance configuration and distancing. This indicated a high likelihood of there being no relaxation to current distancing measures over the next six-months, highlighting respiratory condition concerns.

New guidance was introduced in November 2021 requiring people entering care homes to be double vaccinated. YAS PTS has taken steps to ensure compliance with the guidance.

At the end of December 2021, a treatment for Covid nMAb was introduced for outpatients, largely in tablet form, but in some cases requiring a transfusion and journey to and from appointment. YAS PTS have been widely engaged in this across the region, mobilising successfully with days' notice.

NHS England and NHS Improvement have published their review of non-emergency patient transport services.

YAS with West Yorkshire Care System has been successfully appointed by NHS E/I as one of three "pathfinder" pilot systems in the Country to trial and test some areas of the review for recommendation:

1. Signposting non-eligible patients
2. Improving access to the Voluntary, Community and Social Enterprise Transport services
3. Better and appropriate access to the "Healthcare Travel Cost Scheme"

In addition, West Yorkshire and YAS, as lead provider in West Yorkshire, will use the Pathfinder programme to pilot, review, engage and recommend on:

- Revised Eligibility Criteria and application
- Commissioning and Procurement

NHS E/I Consultation on Proposed Eligibility Criteria:
It is anticipated that revised eligibility criteria for PTS services will be published by the end of January 2022, with a view to this forming part of new contracts from April 2022 and existing services by April 2023.

Regional Developments (ICS & Trust-level).
Escalation and system engagement continue and modelling of future activity and resource requirements for outpatient and discharge demand continues with system collaboration.

Regional engagement continues to consider increased PTS funding to maintain additional alternative resource capacity in H2 2021-22 and 2022-23. Modelling and assumptions have been presented to the regional finance, planning and commissioning leads, clearly describing the forecast demand requirements of the Healthcare systems as recovery and activity increases.

H2 2021-22 funding for additional or ongoing PTS resource has not been identified by the ICS, it is understood that there is no national funding specifically for PTS as there is with A&E and IUC. This is a concern for the financial year 2022/23.

3.3 Clinical Directorate

As the Omicron variant rapidly spreads across the region impacting on service delivery, the clinical directorate have worked across the organisation to ensure safe processes are in place including development of the cohorting and rapid handover Standard Operating Procedure (SOP), clinical decision making during extreme pressures SOP, and updated the COVID clinical assessment tool to include the latest evidence and a pathway to home pulse oximetry.

The clinical audit team are continuing to coordinate the Learning from Deaths process and clinical audit submission to national collection. Clinical risks due to the continued operational pressures include cessation of training impacting on Safer Right Care and Resuscitation.

Clinical Leadership and Supervision
Despite the current organisational pressures business as usual activity has continued including clinical governance support for all our Fire and Rescue services, and West Yorkshire Police, representing the Trust at Coronial hearings, clinical leadership at ICS level and at national groups. The National clinical supervision framework development has been concluded and YAS are now preparing for implementation.

3.3.1 Research and Development

Utilising funding from the NIHR Clinical Research Network for Yorkshire and Humber and from research grant income, a number of new strategic and research delivery staff are now in post. These staff are supporting our existing research portfolio and allowing us to develop new projects to benefit our patients and service. Highlights for YAS research in the last three months include:

- The Major Trauma Triage Tool Study (MATTS) evidence-informed injury assessment tool was launched for all YAS staff on 28th September. The YAS research team are collecting data to evaluate its performance, safety and to understand its implementation across the trauma networks.

- The "Exploring the use of pre-hospital pre-alerts and their impact on patients, Ambulance Service and Emergency Department staff" study, which was developed between researchers at the University of Sheffield and YAS clinicians has begun, with the collection of pre-alert data from all ambulance call outs. This will result in evidence-based guidance for safe and effective pre-alerts that reduce the risk of unintended negative consequences from the pre-alerts process.

- YAS, together with WMAS, have opened the PACKMaN study – Paramedic Administration of Ketamine or Morphine for Trauma in adults. This is a large interventional randomised controlled trial which is being supported by a number of acute Trusts in the region. To date (10/12/2021) 26 patients have been enrolled with 196 paramedics trained to deliver the trial intervention. The support of operational team leaders and supplies team has been invaluable in setting this study up to understand how we can provide better pain relief for our patients.

- YAS are supporting the East of England Ambulance Service Trust research team-led CESSATION project to understand the experiences of female ambulance staff in menopause transition.

- The research team continue to work with NHS and Higher Education Institution partners in the region on linked research datasets (Connected Bradford), the Born and Bred in Wakefield birth cohort study, COVID-19 vaccine and COVID-19 therapeutic studies.

- Research Paramedic, Richard Pilbery, presented YAS involvement in the PRIEST (pandemic respiratory infection emergency system triage) study to the College of Paramedics International Research Conference in November 2021. The PRIEST tool was shown to be better than telephone triage and face-to-face ambulance clinician identification of patients at risk of needing organ support or death. Repeat calls to 111 were identified as the best predictor of adverse outcomes for these patients.

Finally, the research team, with the support of YAS Charity, are hosting the 999EMS Research Forum in March 2021, with the theme of "collaboration in pre-hospital research".

3.3.2 Clinical Pathways

Urgent Care Pathways

The Clinical Pathways team continue to prioritise the high-volume pathways including Same Day Emergency Care, Urgent Community Response, and virtual wards. There is currently a patchwork of services for SDEC and YAS are working regionally to achieve more consistent and cohesive pathways with most set to launch February 2022. Successful SDECs are running in Huddersfield and Leeds. Urgent Community Response teams are starting to evolve from existing teams and YAS are in discussion at ICS level to ensure seamless pathways of care through EOC, IUC and Paramedics on scene. A pilot is in place for Kirklees and Calderdale with EOC directly sending suitable category 3 calls direct to an urgent care hub.

Emergency Care Pathways

Redesigning the chest pain pathways to enable clinical support for decision making and sending of the ECG to Heart Attack Centres due for launch in February.

Maternity

The Strategic Review of Maternity services in YAS has concluded and has been presented to the Trust Management Group and Quality Committee. The maternity improvement actions will now form one of the clinical priorities for 2022/23. The West Yorkshire ICS funded Practice Developer continues to support frontline clinicians with expert advice and training. They are currently undertaking a detailed audit of ambulance care for pregnant patients.

3.4 Quality, Governance and Performance Assurance Directorate

3.4.1 Infection Prevention and Control

The Infection Prevention and Control (IPC) team continue to provide support for the Trust response as pandemic becomes an endemic respiratory disease. With the Omicron variant now becoming the dominant type, along with it being highly transmissible, the team are now fully focused on supporting the Trust to respond accordingly and within the ever-changing guidance. Additional resources have been provided to the IPC team to support them during this busy period. This includes.

- processing of test and trace requirements and monitoring of clusters and outbreaks,
- regular audit of compliance with PPE,
- review and implementation of the updated national guidance,
- ensuring sustained compliance with guidance in particular PPE for all patients,
- supported review of cleaning options for H2,
- increased uptake of lateral flow testing,
- commencement of flu and COVID booster vaccination programme, and
- ongoing management of outbreaks.

COVID-19 outbreaks have been limited to localised clusters of infection in Trust services for the last month. Work is underway to review new ambulance healthcare guidance with the national IPC group.

3.4.2 Violence Reduction Standard / Body Worn Camera Project.

The Body Worn Camera pilot has now accepted the third tranche of funding from NHSE/I of £365,000. The funding intends to be used to consolidate usage in the phase 1 and 2 sites, and to support a potential phase 3 roll out of cameras and related equipment at sites across the Trust where violence and aggression is being recorded. There have been five recordings captured in the last month, where either the camera has acted as a deterrent or offers factual visual and auditory evidence of offences being committed against staff.

The Violence reduction team are also working through the self-assessment tool for completion and return during Q4. This return will support formation of the action plan for violence reduction implementation of standards during 2022/23. This is further supported by work underway under AACE to further promote actions to prevent or reduce violence against staff in the pre-hospital setting.

3.4.3 Service Transformation

Service transformation programme and associated projects have been reviewed in line with the business priorities for H2 2021-22, in order to ensure Trust resources are focused on the key programmes of work that will support our staff to provide safe patient care. The priorities within the plan are being tracked by the Programme Management Office assurance team and regular meetings with Trust Executives and Senior Responsible Officers have been underway in order to assure focus, grip and pace for these service improvements. The H2 2021-22 priorities will be reviewed again, in line with the current surge in operational pressures as part of the Omicron wave, and this will enable any staffing capacity available to be released to service lines or to the corporate cell. Some elements of the project work remain on the priority list due to their overall impact on supporting operational pressures.

3.4.4 Patient Safety

Incident review of moderate and above cases continues via the Incident Review Group, with low harm and no harm incidents being reviewed by the local patient safety team for themes and trends. Learning is captured at the new Learning Review Group, which includes learning and actions from serious incidents and coroners' cases. An increased focus on thematic learning will be reviewed going forward. Themes from serious incidents include conveyance/non-conveyance decisions, with work to improve this being captured by the Safer Right Care Right Place programme. Recognition of ventricular fibrillation (VF) remains a theme, particularly for newly qualified clinicians; this is a risk that is increased during the training suspension that we use as part of REAP 4 measures. Patient safety indictors for call handling, response times and handover delays are being built into the patient safety section of the IPR, in order to give clear sight of patient safety risks over winter. Retaining staff and skills to undertake patient safety investigations has been prioritised within incidents of moderate and above harm. This is to enable us to be continually learning and to meet regulatory requirements. Other investigations and processes have been streamlined as far as possible.

3.4.5 Safeguarding

Work in safeguarding is being maintained as a critical function for the Trust. However, due to overall pressures within the Trust the Safeguarding team will be focussing on the basic responses, rather than any of the extended improvement work required. The safeguarding team, work with HR, around staff

allegations and further work is required to ensure this process and interactions are seamless, consistent across the organisation and appropriately managed and referred externally as appropriate. Some further focussed work on this element of the safeguarding function has been suspended due to pressures across the NHS.

3.5 Workforce & Organisational Development Directorate

The Workforce and OD Directorate are progressing activities aligned to the strategic aims of the Trust's People Strategy and key updates and activities undertaken in the recent period are set out below:

3.5.1 Leadership and Organisational Development

Appraisals

The Trust's 'Appraisal and Career Conversation' Policy and template was launched mid-November 2021. Briefing sessions have been developed for managers and staff with training mandated for managers. Appraisal/PDR compliance for the Trust is 51.5% at end of November 2021.

National NHS Staff Survey 2021

The National NHS Staff Survey 2021 ran from 5th October to 29th November 2021. The final response rate for this year's survey was 34%. Full results are expected to be available early March 2022.

Cultural Ambassadors

Engagement with our Cultural Ambassadors restarted in September 2021 with the launch of a Newsletter followed by facilitated Leadership support circles and a Cultural Ambassadors Teams channel.

3.5.2 Health and Wellbeing

Staff Absence

Absence rates across the Trust remain high at over 9.5%, and this is demonstrated in the impact on our Employee Assistance Programme (EAP) and Occupational Health (OH) provider seeing a month on month increase in contact. Whilst mental health related issues continue to be a significant reason for staff contacting EAP/OH, Musculoskeletal (MSK) issues are starting to significantly increase.

Preventative support for those working at home with booklet due to be sent to which, contains guidance and tips to prevent MSK injury. This will be further supported with virtual "connection" sessions to help provide a space for home workers to connect, decompress and an opportunity to share some health and wellbeing tips.

Welfare Vehicles

Three welfare vehicles, funded by NHSE/I are now in operation to support staff with refreshments at Emergency Departments across the region. This will be increased by a further welfare vehicle in the coming weeks, due to additional funding secured from YAS Charities. Therapy dogs have also now been piloted in EOC (999) and IUC (111) to great success and plans are being put in place with Pets as Therapy Charity to continue this initiative.

Vaccinations and Immunisation
The autumn COVID booster and flu vaccination programme has been extended in line with the government plans to vaccinate all eligible people by the end of 2021. Pop-up clinics have been made available at Emergency Departments to help with this roll-out for YAS staff.

NHS England and Improvement Health and Wellbeing Framework
NHS England and Improvement have recently launched their new Health and Wellbeing Framework. There are numerous other models, frameworks and recommendations which The Trust needs to align to, such as the AACE Recommendations and The Royal Foundation – Bluelights Together Model. The Trust is currently progressing the development of the future Health and Wellbeing Plan which will reflect how we aim to align and achieve the required challenges set out in the various frameworks.

3.5.3 Recruitment

Significant recruitment is ongoing for Emergency Care Assistants, Paramedics and Emergency Medical Dispatchers. Planning is in place for 153 ECA's, 228 Paramedic's and 90 EMD's to start before April 2022.

153 ECA's, 231 Paramedics and 83 EMD's have so far been confirmed on training courses, with a further 246 successful candidates (139 ECA's, 13 Paramedics, 94 EMD's) potentially available to start (subject to completion of pre-employment checks) before April 2022.

In our IUC call centres, recruitment campaigns, including a national campaign, are ongoing for additional Health Advisors to support the COVID-19 and winter pressures. 184 Health Advisors have so far started in this financial year with a further 31 scheduled to start before 31 March 2022.

3.5.4 Diversity and Inclusion

Inclusive Recruitment and Promotion Action Plan.
Working closely with regional teams within the West Yorkshire and Harrogate ICS, the Trust has co-produced an ambitious Inclusive Recruitment and Promotion action plan. Through these efforts we aim to increase in representation across all grades in YAS through fairer and inclusive recruitment and promotion practices, regardless of protected characteristic. The action plan has been developed through engagement with Service Area leads and stakeholders including Staff Network Chairs and Trade union representatives.

Mediation
The Trust has refreshed its in-house Mediation service, now with more qualified mediators, and managed by the Diversity and Inclusion service. Mediation provides a process by which an impartial third party helps participants when there has been a breakdown in relationships. Our Mediators are also able to support managers in holding facilitated conversations to resolve conflict at an early stage. Communications aim to remind managers this service should be used to resolve conflict informally, but also to provide staff with information about how and why it can work.

Workforce Equality Dashboard

A Workforce Equality Dashboard has been developed for Diversity and Inclusion and is now live. The dashboard generates data on the Trust's workforce profile on a monthly basis, allowing directorate leads to apply targeted approaches in relation to recruitment where disparity gaps exist.

3.5.5 Employee Relations

The HR team are supporting the increasing number of health-related absence cases to support increased attendance. The recent launch of the Health and Carer's passport and associated managers guidance to implementing reasonable adjustments is intended to make it easier for all to request, access and provide reasonable adjustments in the workplace.

Discussions with Trade Union colleagues on alternative approaches to policy development and their application through a restorative practice lens has commenced. The aim is to support the organisation in embedding a just and learning culture.

3.5.6 Education and Learning

Ofsted provider monitoring visit

In October 2021, Ofsted conducted a new apprenticeship provider monitoring visit and the Trust received 'significant progress' judgements for each of the 3 themes: quality of education, safeguarding, leadership and management. Less than 10% of apprenticeship providers achieve significant progress in all 3 judgements. The visit report, including excellent feedback, was published on the Ofsted website on 1 December 2021. A full Ofsted visit will take place in the next 40 months.

Health Education England Funding

The Trust has secured funding from Health Education England to enable all paramedics, including those with the legacy IHCD Paramedic qualification, to achieve a BSc Honours degree recognising their paramedic skills at degree level (referred to as the BSc Top-up). In addition to the 80 Paramedics who started their studies in March 2021, an expression of interest process identified over 100 further responses. 25 IHCD Paramedics have secured a place on a bridging programme, enabling them to start their degree level modules in September 2022. 75 Paramedics who hold a foundation degree or DipHE will be enrolled at 3 Higher Education Institutions in March 2022. Learners from existing top-up programmes will graduate in spring 2022 and 2023.

Trust-wide Training Plan 2022/23

The Trust-wide Training Plan 2022/23, developed in consultation with all relevant subject matter experts and stakeholders, was approved by the Trust Management Group in December. The plan includes training places for 264 ECAs, 144 Associate Ambulance Practitioners (AAP) and 360 Paramedics including 60 International Paramedics.

3.6 Finance Directorate

3.6.1 Finance

The Trust continues to face a challenging and uncertain year both operationally and financially.

Overall, the Trust met the ICS requirement to break even in H1 (months 1 - 6) and is has submitted a H2 (months 7 - 12) breakeven plan.

The Trust anticipates that it will achieve at least a breakeven position. Work to understand the recurrent and underlying financial position to deliver longer term sustainable and robust financial plans is ongoing. Indications are that there are significant underlying recurrent and Ambulance sector specific costs presenting financial challenges into 2022/23. Detailed financial guidance is yet to be published.

3.6.2 Procurement

Personal Protective Equipment (PPE)

There are no immediate challenges in relation to critical PPE supplies within the Trust. In all cases the Trust holds up to 14 days stock in line with national requirements and is supported by a reliable auto-replenishment system that is agile and able to respond to spikes in demand within 48 hours.

Key Procurement Activity

We are currently leading on 25 procurement projects with a greater than £100k anticipated contract value, including:

- Common CAD / 111 / PTS System.
- Command Resilience Blue Light Capacity Vehicle Lease.
- C1 Driver Training
- Out of Hours Vehicle Recovery

A number of these are national exercises being led by Yorkshire Ambulance Service Trust.

3.6.3 Estates, Fleet & Facilities

Environmental & Sustainability

We are currently undertaking an assessment of the use and consumption of Nitrous Oxide and considering alternatives to this greenhouse gas along with other parties including NAA (Northern Ambulance Alliance) and nationally through GrEAN (Green Environmental Ambulance Network), AACE (Association of Ambulance Chief Executives) as well as with RCEM (Royal College of Emergency Medicine).

A Biodiversity assessment is being developed to create a baseline of the estate, understanding what we have on our properties as well as the future potential to increase biodiversity. Associated to our biodiversity we have now planted 400 trees across the Estate with a plan to plant 2000 trees at Fairfields this February.

A climate adaptation plan is being undertaken to look at the impacts of Climate Change across YAS, the impacts on the service (including our fleet and estate) and the impacts on the community that we serve.

3.6.4 Estates

Ambulance Station Refurbishment
Work continues on the phased refurbishment of Bradford Ambulance Station with the electrical supply upgrade and remodelling of the front elevation areas completing in January. The next phases include the refurbishment and remodelling of the staff facilities due to be completed by the end of the financial year.

At Leeds Ambulance Station work is due to commence on the refit of the offices along with associated fire compartmentation works.

The removal of the aged concertina garage doors continues at Brighouse AS with similar work planned at both Hoyland AS and Bridlington AS to install new and modern door systems.

Scheduled Planned and Preventative Maintenance
Day to day requests for remedial repairs on the Estates remains constant at around 300 requests per month with SLA targets being maintained. Scheduled Planned and Preventative Maintenance (PPM) activities on Estate are at 98.69% completion from a total of 540 tasks.

Electrical Infrastructure
Assessments and monitoring of the electrical infrastructure and associated capacity for electric vehicle charging continues across eight stations.

3.6.5 Fleet

There has been unprecedented pressure on supply chains in 2021-22, not only from Covid but also from a worldwide shortage of electrical components affecting the motor industry. This has caused delays in the Trust's vehicle replacement programme. In November 2021, 123 PTS vehicle replacements were completed and in service. A&E vehicles will arrive January – March 2022.

3.6.6 Medical Devices

The recent Medical Device Alert affecting Corpuls defibrillators has now been resolved with all corrective actions taken. Replacement mechanical CPR devices are continuing to be commissioned in alignment with the introduction of Critical Care Paramedics which will also contribute to a fully integrated IT solution including the automatic upload of data and EPR connectivity.

The Medical Devices team are now supporting the replacement programme of 41 DCAs in conjunction with Fleet.

3.7 Digital Directorate

3.7.1 ICT

Personal Issue Smart Phones

The ICT team continue to roll out mobile phones to front line staff. So far, 1307 out of 2825 (46%) have been deployed across all CBU's with this increasing daily. The existing mobile phones are being migrated from Vodafone to O2.

The project to complete these activities is due to finish at the end of March. The new Community First Responder (CFR) phones are due to be deployed in early February following a pilot with the new NDM software. This will enable CFR's to be fully integrated into the EOC environment.

Electronic Patient Record (ePR)

Plans are being drawn up for the YAS longitudinal patient contact record (EPR, 999, 111 and PTS data) to be incorporated into a 2022/23 delivery workstream. This will also include EPR developments and further integration with the Yorkshire and Humber Care Record. Capital funding has been obtained from the NHSX Unified Tech Fund (UTF) to facilitate this work.

Unified Communications

This is now stable across all service lines. The project phase has been completed and outstanding issues turned over to business-as-usual support.

YAS is working with NHSE to incorporate the planned virtual call centre technology for 111 providers into the technology systems in time for a planned March go-live (subject to Trust agreement).

4. UPDATES ON KEY ACTIVITIES

4.1 Plans to develop York Emergency Operations Centre

At the November Board meeting held in private the Board approved plans to redevelop and expand the Emergency Operations Centre (EOC) at Fairfields in York. The £2.4m scheme will ensure we can accommodate new staff to meet increasing levels of demand and improve resilience in the event of an unplanned incident by more evenly balancing workload with the Trusts EOC in Wakefield.

4.2 Winter campaign

Our winter campaign was launched mid- December 2021 to raise awareness of appropriate use of A&E, NHS 111 and PTS as we face greater than usual winter challenges. The campaign aims to emphasise how the public can play their part in easing pressures on the service this winter.

A series of posters and videos has been produced to highlight when to call 999, what alternative NHS services are available for those with less serious injuries and illnesses as well as pressure-related information when we are at our busiest.

The material will be used alongside the national winter campaign material from NHS England and the UK Health Security Agency under the #HelpUsHelpYou banner which will focus on advice and tips for keeping well this winter, including

guidance about COVID-19. Key messages from the campaign have also been used in a media release and related interviews.

4.3 Health Business Awards 2021

The Trust was shortlisted for two awards at the Health Business Awards 2021, the Innovation in Mental Health Award and the Ambulance Trust of the Year Award. The ceremony took place on 9 December 2021 with YAS winning Ambulance Trust of the Year for work to introduce a dedicated response to patients in Mental Health Crisis.

4.4 New Year's Honours List

This years' New Year's Honours list saw Dr Julian Mark awarded the Queen's Ambulance Medal. This is a huge honour which recognises Julian's tremendous contribution to the ambulance sector's response to the pandemic. It also makes Julian one of a very small number of ambulance service staff who have been recognised for exceptional dedication to duty, outstanding ability, merit and conduct in their roles.

OBE for Retired Long-Service YAS EMT

In addition, to Julian's QAM award in the New Year's Honours List. YAS was delighted to see that retired, long-serving YAS EMT David Deaves had been awarded an OBE for his voluntary and charitable services to the Wakefield community. David has devoted his time to charity since 1980 and was the founder of Dewsbury Ambulance Charities which primarily raises money for sick children, elderly, and needy people in the local community. Over this 40-year period David has raised over £250,000

5. RECOMMENDATIONS

5.1 The Board is asked to:

- **Receive assurance** on the activities of the Executive Team.
- **Receive** the Integrated Performance Report for December 2021.

6. APPENDICES

Integrated Performance Report for December 2021

NHS
Yorkshire
Ambulance Service
NHS Trust

Integrated Performance Report

Dec 2021

Published 18th Jan

Report Guide

Key Buttons

This button will direct you to the relevant page when clicked.

This button will take you to a further drill down page or report. for example, monthly data or the indicator annex. They are usually found at the bottom of the page.

Menu

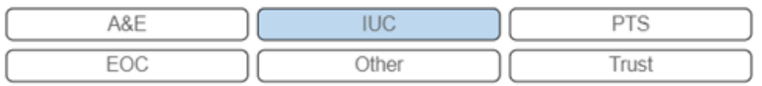
The menu of the left hand side of the screen directs you to the relevant pages for all reports within the app. The IPR has a main report and an Annex.

Reset Filters

This button found top right of the app will reset all filters to the default.

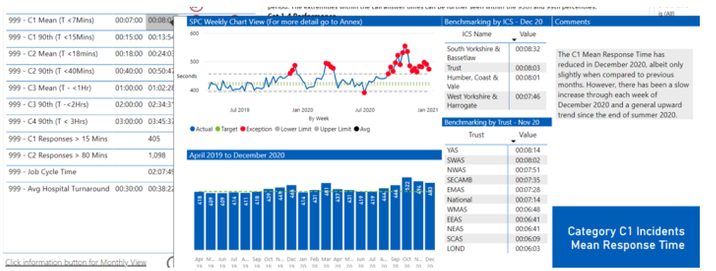
Key Buttons

Some of the summary pages allow for further drill down against areas defined within the IPR. These are found at the top of the page



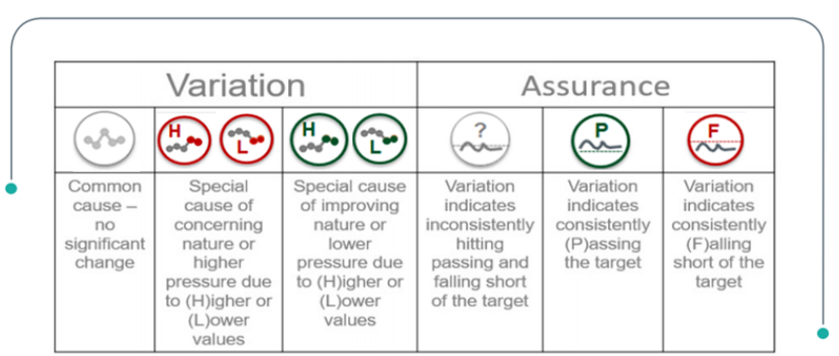
Hover Over Visuals

All of the indicators in the Main IPR allow you to hover over them and see the potential drill down at a glance without having to go to the Annex. The IPR annex has a page for each report covering the main indicators. Just hover over an indicator without clicking to see the data.



Exceptions, Variation and Assurance

As seen in the above visual. Statistical Control Charts (SPC) are used to define variation and targets to provide assurance. Variation that is deemed outside the defined lower and upper limit will be shown as a red dot. Where available variation is defined using weekly data and if its not available monthly charts have been used. Icons are used following best practice from NHS Digital and adapted to YAS. The definitions for these can be found below.



Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Table of Contents

Strategy, Ambitions & Key Priorities

NHS Yorkshire Ambulance Service NHS Trust

One Team, Best Care

Our purpose is

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

with our core values embedded in all we do

One Team | Innovation | Resilience | Empowerment | Integrity | Compassion

Our Vision

By 2023 we will be trusted as the best urgent and emergency care provider, with the best people and partnerships, delivering the best outcomes for patients

Our Ambition for 2023 is that

- Patients and communities experience fully joined-up care responsive to their needs
- Our people feel empowered, valued and engaged to perform at their best
- We achieve excellence in everything we do
- We use resources wisely to invest in and sustain services

Delivery is directly supported by a range of enabling strategies

COMMUNITY ENGAGEMENT | PEOPLE | QUALITY IMPROVEMENT | DIGITAL | FLEET | ESTATES | FINANCE

Our Ambitions for 2023

- Patients and communities experience fully joined-up care responsive to their needs
- Our people feel empowered, valued and engaged to perform at their best
- We achieve excellence in everything we do
- We use resources wisely to invest in and sustain services

Our Key Priorities

1. Deliver the best possible response for each patient, first time.
2. Attract, develop and retain a highly skilled, engaged and diverse workforce.
3. Equip our people with the best tools, technology and environment to support excellent outcomes.
4. Embed an ethos of continuous improvement and innovation, that has the voice of patients, communities and our people at its heart.
5. Be a respected and influential system partner, nationally, regionally and at place.
6. Create a safe and high performing organisation based on openness, ownership and accountability.
7. Generate resources to support patient care and the delivery of our long-term plans, by being as efficient as we can be and maximising opportunities for new funding.
8. Develop public and community engagement to promote YAS as a community partner; supporting education, employment and community safety.

Service Transformation & System Pressures

Yorkshire Wide

- 22/23 NHSE Priorities and Operational Planning guidance issued on the 24 December 2022. This is being discussed at a Y&H system level.
- Operational Pressures and increased sickness has impacted provision of service. Each system is working on operational priorities to provide effective care.

- Pathways - 2 hour UCR being trialled in WY and HC&V and learning will be shared across the Y&H system.

- ED Streaming tool is being tested and proposed to be rolled further.

- Digital discussions are ongoing with the Yorkshire and Humber care record.

- Rotational Paramedic Phase 1 went live and Phase 2 has gone live in mid December.

- Workshops held with the system on improving patient care
  - Ambulance handover improvements
  - ED streaming and alternative options
  - Attendance avoidance pathways e.g., SDEC
  - Urgent community response workstream set up and access for YAS 999 & 111
  - Local clinical support

West Yorkshire ICS

- Urgent community response (2 hr response) – increasing 999 referrals (national push) and aim to pilot direct transfer of cat 3&4 call into UCR service in Kirklees and Calderdale via WY Clinical advice Service (provided through Local Care Direct WY).

- Leeds Children's & Young people's new inpatient facility (Leeds) – Go live of transfer from old 8 bed unit in central Leeds to new 22 bed unit at St/Mary's hospital on outskirts of Leeds was due for 1st Dec. This has now been delayed until the New Year to allow time for construction finalisations.

South Yorkshire and Bassetlaw ICS

- Hospital pressures continue with a significant impact on handovers and an increase in internal diverts to Bassetlaw. Several issues have occurred as a result of the internal diverts and these have been escalated via the appropriate channels.

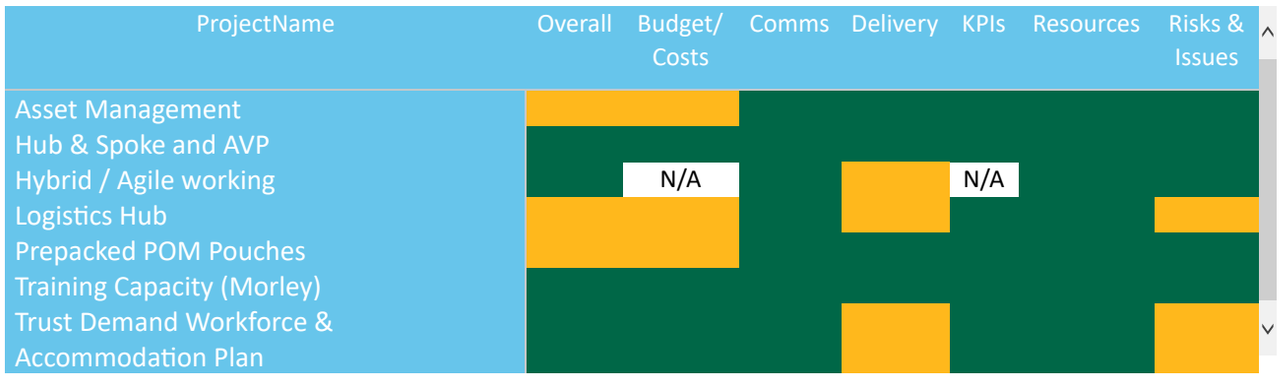
- TRFT remains pressured with an increase in long lengths of stay. Some elective procedures have been stepped down, and some urgent treatment have had to be cancelled due to lack of critical care capacity.

Humber Coast and Vale ICS

- The local CAS in HCV is now fully operational with expanded service. 24/7 review of ED validations in place including online dispositions. GP 1&2 hour speak to dispositions also being reviewed.
- Digital development: Clinician to clinician pilot between the local CAS and Scarborough Frailty SDEC – work delayed in relation to the testing and training.
- Any to Any Booking function is being tested. The NEL SPA to commence booking into Primary Care where appropriate. CHCP direct booking into UTCs and their Care Connect booking process has been in place for 9 weeks, with the services have seen a high number of successful bookings into each site.
- The MH Response Vehicle 9-week pilot extension went live with a rotating fixed crew on 11 October. Work ongoing to understand utilisation, impact, and benefit realisation with Humber FT
- Access to MH Pathway – developing pathway to enable YAS crews to access MH crisis team for advice and guidance and onward referral in order to avoid ED. Went live live 13.12.21.
- Refreshed pathway to widen criteria for crews to refer to the Friarage launched – to ensure frail, elderly patients living in Hambleton, Richmond and Whitby pathway can access care closer to home unless in need of acute services at James Cook – work develop will also ensure better integration with the FAST service (UCR service in that area)
- UCR 2-hour crisis response service – now launched and operates Mon-Fri 0800-1800 (provided by CHCP). Delivers see and treat video consultations, electronic prescriptions, step up to community beds and hear and treat consultations to avoid ED/admissions.

Programme Dashboard - Dec 21 (Hover over projects for more details)

Agile Operations



Trust Demand Workforce & Accommodation Plan - YAS and ORH co-production of a 5-year workforce planning modelling to support understanding of all YAS service lines.
Project is rated Green.

Logistics Hub now Red reflecting delay to fit-out and capital expenditure slippage to 2022/23

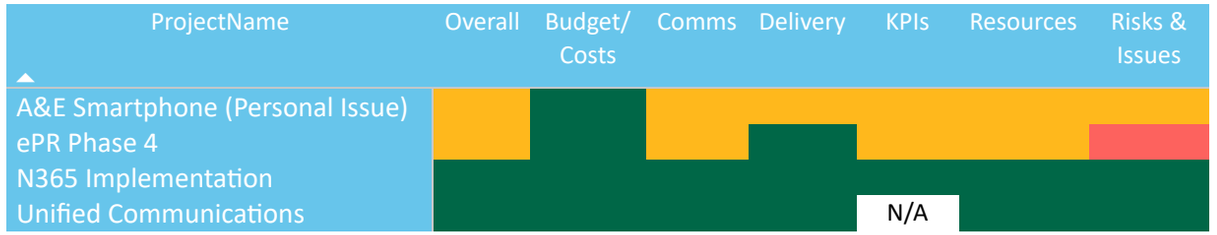
Asset Management - Separate capability for stock control and medicine management proposed, rated Green reflecting delivery in 2022/23, with procurement of approved selected system expected Jan 2022
Prepacked POM Pouches is rated Amber reflecting the dependency with Logistics Hub, delivery in 2022/23

Hub & Spoke and AVP continues to be RAG rated Green with no areas of concern. Purchase of Scarborough site approved by Board, Planning Approval submission expected Q4 2021/22.

Hybrid / Agile working – work completed to understand future preference of staff working from home and desk requirements for operational call centres. Approval for spatial planning granted. Green

Training Capacity (Morley)– works complete to provide additional 4 x training room capacity to support additional recruitment. Rated Green

Digital Enablers



Unified Communications is Green, Project Live, Avaya Upgrade scheduled for Q4 2021/22 under BAU

N365 Implementation is Green as fully delivered, handing over responsibility of the shared area's to data asset owners (over 50% complete, with remainder in Q4 2021/22)

ePR Phase 4 moves to Green, progress in all areas including the MYHT pilot expected Jan '22.

A&E Smartphone (Personal Issue) project remains Amber but good progress (58% of devices deployed), completion anticipated in Q4

Programme Dashboard - Dec 21 (Hover over projects for more details)

Our Patients

ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
EOC Business Continuity Improvements							
EOC Clinical (Patient Process)							
EOC Performance Improvement Programme							
IUC Sustainability & Improvements							
Mental Health Project							
Phase 2 – Post Registration Paramedic Career Pathway (SP/AP)							
Remote Clinical Assessment (RCA) People Plan							
Rotational Paramedics							
Supporting Ambulance Performance							
Team Based Working							

999 Sustainability & Culture -Supporting Ambulance Performance – Status updated to Green reflecting continued good progress recruiting to EMD, ECA and Paramedic posts. Clinical Navigator recruitment interviews completed. Winter Coordination centres live in all four areas. New vehicles deliveries (41) expected to complete by end Feb 2022.

999 Sustainability & Culture - EOC Improvement Programme - the programme has analysed performance, developed a vision for EOC and established 6 workstreams to improve performance, progressing and achieving set milestones, engagement and assurance being given through bi-weekly Oversight group. Rated Green

Team Based Working remains Green as implementation completed by end of November 2021, cost pressure issues resolved. Evaluation to be completed Jan 2021

Rotational Paramedics first rotational second group begins their 12-week induction, feedback from Paramedics and PCN's is positive, though remains Amber.

Post Registration Paramedic Career Pathway (SP/AP) remains on track with all three work streams, Academy funding career pathway phase 2 academic courses until other funding can be sourced. Rated Green

999 Sustainability & Culture - EOC Business Continuity Improvements – Status remains Green as approvals received from TEG, TMG and Trust Board to proceed. Project plan being developed for approval Jan 2022

999 Sustainability & Culture - EOC Clinical (Patient Process) Remains Amber, milestones slipped due to CAD upgrade & unified comms, end date remains March 2022.

Mental Health Project–- HER MHRV pilot extended to 12 December. Second vehicle fully operational working with West and South Yorks Ops for crews for Q4. Phase 2 MH Education & Training content under review due to operational pressure, Overall status remains Amber.

Remote Clinical Assessment (RCA) People Plan Current TNA placements will continue as planned and discussions will be held regarding continuity. RCA career pathway, RCA pods (agile working) and Rotational Roles work streams also continue to progress.

NEPT review (PTS) - National Pathfinder programme. ; Project Plan and Risks & Issues agreed, Project meetings established. Project Manager recruited. Funding confirmed. Status remains Amber.

Supporting UEC Performance - The pressure within UEC remains as highlighted in the H2 plan in terms of call volumes, sickness and turnover. Additional funds have been received via the General Capacity Funding & IUC Investment to help with additional recruitment & retention.

The recruitment / retention trajectory has been developed for the additional Health Advisors / Clinical Advisors and is being monitored via NHSE/I and TEG. Recruitment / training takes 8-12 weeks and the trajectory extends into March 2022 hence RAG rating of Amber.

IUC Sustainability & Improvements Workstream plans developed, key priorities agreed, workstream leads identified. Project Initiation Document signed off. Key actions being progressed by workstream leads on track. Rota review set up. Project Amber rated to reflect pressures on recruitment.

Priority Patient Pathways & Safer Right Care programme Key milestones achieved in order to progress the project and on track to deliver the project aims. Rated Green. Measures/benefits dashboard being finalised and baselines being identified

Programme Dashboard - Dec 21 (Hover over projects for more details)

Our People

ProjectName

Education and Training - Enabling an effective induction and appraisal programme within YAS. This remains rated Green as planned milestones have been met. However current operational pressures will lead to future milestone slippages - induction policy sign off has been delayed and although appraisal training has been rolled out some frontline training has had to be paused.

Recruitment and Retention In addition to supporting the EOC / 111 Recruitment programme (see Our Patients), work ongoing to develop career pathways. Current operational pressures will result in some workstreams being paused. This remains rated Amber.

YAS Culture Work including Health & Wellbeing YAS Culture work remains rated Amber. Despite overall workstream Amber RAG rating – sickness absence KPIs remain high. Work underway to progress HCV programme. Charities Together bid funding scheduled to commence 1/4/22 for 2 years. Redeploying internal resources to assist with recruitment and well being support. The health and wellbeing plan will be aligned with the H&W NHS guidance, AACE guidance and our internal work is due to be signed off in Feb.

Vaccination Programme – The campaigns for Flu and Covid Booster jabs are ongoing and pop up clinics are available across the region until 14th January. The uptake is being monitored and remains rated Amber.

International Recruitment – Working collaboratively with HEE to recruit paramedics from Australia. Project status remains rated Amber. Interviews scheduled to take place Feb 22. An additional international recruitment project to recruit nurses is currently subject to Gate review. Partnership with Trade Unions – Workshops scheduled to support the development of partnership with the trade unions. This remains rated Amber and will be monitored through Q4.

Equality, Diversity & Inclusion – This remains rated Amber. Targeted recruitment, staff and community engagement have begun and a more detailed delivery plan has been developed to make the recruitment process more inclusive. A dashboard is being developed to monitor recruitment outcomes. Reverse BAME mentoring project is being evaluated and will be broadened to align with other protected characteristics in association with the LGBT and Disability Support networks.

e-Expenses software – This remains rated Green and Phase 1 is scheduled to go live 10th January. Technical configuration work is complete and organisational readiness activity has been initiated.

Operating Model – This remains rated Amber. Planning work is progressing in relation to the future operating model, including alignment to the wider health and social care system. Actions are being re-prioritised to reflect current operational pressures' impact on executive time.

Integrated Commissioning Framework - This remains rated Amber. Phase 2 of the ICF was initiated in Dec 21. Development of the key functions and proposals discussed with TEG. Timeline being developed through January and aligns with the ICB development and the operating model design.

Body worn video - Phase 1 and 2 complete, project remains rated Green. Proposed list of Phase 3 sites developed and scheduled to implement March/April 2022. Low levels of camera usage may present risks to future benefits realisation.

NHS Charities Programme - Volunteer Programme - This is rated as Amber and work ongoing to align current Charities volunteer programme and the additional bids to improve provision and training on our Community First Responders and our PTS volunteers. PIDs for CFR Outside Fallers Support and PTS Volunteer Car Drivers Support to be presented to January Gate Sub Review Group and TMG for approval. If approved these workstreams will transfer to 'Our Patients' for assurance purposes.

999 IPR Key Exceptions - Dec 21

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:36	H	
999 - Answer 95th Percentile		00:03:41	H	
999 - C1 Mean (T <7Mins)	00:07:00	00:09:49	H	F
999 - C1 90th (T <15Mins)	00:15:00	00:17:10	H	F
999 - C2 Mean (T <18mins)	00:18:00	00:46:56	H	F
999 - C2 90th (T <40Mins)	00:40:00	01:42:23	H	F
999 - C3 Mean (T - <1Hr)	01:00:00	02:28:22	H	F
999 - C3 90th (T -<2Hrs)	02:00:00	06:00:47	H	F
999 - C4 90th (T < 3Hrs)	03:00:00	09:00:21	H	F
999 - C1 Responses > 15 Mins		1,240	H	
999 - C2 Responses > 80 Mins		6,644	H	
999 - Job Cycle Time		01:50:19	H	
999 - Avg Hospital Turnaround	00:30:00	00:49:25	H	F
999 - Avg Hospital Handover		00:28:26		
999 - Avg Hospital Crew Clear		00:16:37		
999 - Average Hospital Notify Time		00:05:56		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer: The mean Call Answer time decreased in December to 36 seconds which is 32 seconds less than November. The call answer mean for December last year was 8 seconds. Call demand was below forecast for the month by 5.0% but there was still a high proportion of duplicate calls. The tail end of call answer times shown in the percentiles have remained high.

Cat 1-4 Performance: No national performance targets were met in December. Performance times for all categories remain exceptionally high and increased on last month except for Cat1, which shows a slight decrease of 20 seconds in the mean and 17 seconds in the 90th percentile. The proportion of responses in more urgent categories has increased and coupled with high job cycle times and hospital turnaround times this impacts on resource availability and performance. Abstractions were 2.5% higher than forecast for December, increasing 0.5% from November. Weekly staff hours have reduced compared to November by approximately 2,900 hours per week. DCA Jobs times have also shortened by 59 seconds compared to November. However, overall availability decreased by 3.6% from November and was reflected in worsening performance. Compared to December 2020, abstractions are up by 3.7% and availability is down by 8.9%.

Responses Tail (C1 and C2): The number of C1 incidents with a response time greater than 15 minutes in December decreased by 32 to 1,240 which is 206.2% greater than December 2020. The number of C2 incidents greater than 80 minutes last month increased from November by 1,196 to 6,644. In December 2020 there were 1,098 C2 incidents over this threshold. The number of C1 incidents over 15 minutes and the number of C2 incidents over 80 minutes was exceptionally high for every week in December.

Job cycle time: Average Job Cycle time remains higher than last year and has been consistently increasing month on month. Throughout December there continued to be exceptionally high figures due to increased hospital turnaround times. Compared to the same month last year, job cycle time is up by 11.2% which equates to an increase of just over 11 minutes. This has a significant impact on operational availability.

Hospital: Average hospital turnaround times for December remain high and similar to November. Compared to December 2020 this is increased by just over 11 minutes. Average Crew Clear has increased since COVID-19 as more processes are undertaken post patient handover such as further cleaning of resources and making resources and crews ready for their next incident, however, this increase appears to remain relative consistent since March 2020. More recently, the increase in turnaround times have been attributed to long handover times, with December showing around 28 minutes and 30 seconds. The number of incidents with conveyance to ED remains similar to last month and the same month last year, down by 1.3% from November but up from December last year by 0.7%.

Click information button for Monthly View

Click information button for further drill down including benchmarking and SPC

IUC and PTS IPR Key Indicators - Dec 21

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		144,432	H	F
IUC - Calls Abandoned	3.0%	14.6%	H	F
IUC - Answered in 60 Secs	90.0%	44.0%	L	F
IUC - Call back in 1 Hour	60.0%	43.7%		F
IUC - Core Clinical Advice	30.0%	22.2%	L	F
IUC - Booking ED	70.0%	33.9%		F
IUC - ED Validations %	50.0%	40.3%		F
IUC - 999 Validations 30 mins %	50.0%	88.6%		P

Indicator	Target	Actual	Variance	Assurance
PTS - Arrive at Appointment Time	90.0%	87.0%		F
PTS - Answered < 180 Secs	90.0%	77.9%		F
PTS - Journeys < 120Mins	90.0%	99.2%		P
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	91.0%		P
PTS - % Short notice - Pickup < 120 mins	90.8%	84.3%		F

Click information button for Monthly View

IUC Exceptions - Comments (Director Responsible - Karen Owens)

YAS received 169,168 calls in December, 8.2% below the Annual Business Plan baseline demand - as of the end of the month, year to date offered calls were 15.3% above the baseline. Of calls offered in December, 144,432 calls (85.4%) were answered, 8% more than were answered in November, and 4.1% lower than December 2020.

Recent exceptional demand and staff availability challenges have heavily impacted on call performance metrics. The % of calls answered in 60 seconds improved last month, at 44.0% compared with 24.7% in November. Similarly average speed to answer was 403 seconds In December, down 109 seconds from November and against a national target of <20 seconds, and abandoned calls were 14.6% this month, well above the 3% target but 2.9% better than November's performance. YAS are not alone in these challenges, and most national providers are struggling with performance at the moment.

The % of Clinician Call Backs made within 1 hour was 43.7%, below the 60% target and lower than 44.2% in Nov. Core clinical advice was 22.2%, down from 22.6% in November. These figures are calculated based on the new ADC specification, which removes 111 online cases from counting as part of clinical advice, and also locally we are removing cases which come from the DCABS clinical service as we do not receive the initial calls for these cases.

The national KPI for ambulance validations monitors performance against outcomes validated within 30 minutes, rather than just all outcomes validated, and the target for this is 50% of outcomes, However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the national KPI, performance was 88.6% in December, whilst performance for overall validations was 99.6%, with around 10,700 cases validated overall.

ED validation performance was 40.3% for December, 0.7% lower than November. This was due in part to ED validation services being turned off for several periods of time during the month as a result of demand pressures to the service.

ED validation also continues to be driven down since the implementation of 111 First and the prioritisation of UTCs over validation services for cases with an initial ED outcome. In the absence of this, YAS would have met and exceeded the 50% target every month this year.

PTS Exceptions - Comments (Director Responsible - Karen Owens)

Total Demand saw a 4.8% decrease in December (see more detail on YAS demand summary page). Social Distancing guidance of 1m plus remains in place, limiting PTS ability to cohort patients; this is also minimising the potential efficiency benefit to resource and waiting times. The contractual KPI's remain suspended in line with NHS England Guidance. Focus continues on the 120 Min Discharge KPI and patient care.

Covid demand saw a 8.6% decrease in December, with 1,072 journeys delivered. This is the 4th consecutive monthly decrease, meaning Covid demand levels are now 66% lower the peak of the second wave. Short Notice Patients picked up within 120 Mins % was 84.3% in December which is in line with figures seen in recent months. As the 90.8% target is outside the control limits, it would take exceptional levels for the target to be achieved.

Recent exceptional telephony demand continues as calls offered in Dec-21 was 38.4% higher than Dec-20. Calls Answered in 180 % continues to improve since the addition of new staff in Nov. Telephony Perf was 77.9% in Dec which is the highest figure since February. Despite this, Telephony Performance is still 12% under target. Mitigating measures for call handling are being actioned; but it should be noted at end of September PTS Call handling was enacting Business Continuity *measures.'*

Click information button for further drill down including Benchmarking and SPC

Support Services IPR Key Indicators - Dec 21

Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		724		
Serious		7	H	
Moderate and Above Harm		34		
Service to Service		58	L	
Adult Safeguarding Referrals		1,712	H	
Child Safeguarding Referrals		670		
Safeguarding Adults Level 2 - 3 Years		84.0%		

Indicator	Target	Actual	Variance	Assurance
Turnover (FTE) %		10.5%	H	
Sickness - Total % (T-5%)	5.0%	12.1%	H	F
Special Leave		2.7%	H	
PDR / Staff Appraisals % (T-90%)	90.0%	52.1%	L	F
Stat & Mand Training (Fire & IG) 1Y	90.0%	87.0%		F
Stat & Mand Training (Core) 3Y	90.0%	75.2%	L	F
Stat & Mand Training (Face to Face)	90.0%	72.6%	H	F

Quality and Safety Exceptions - Comments (Director Responsible - Clare Ashby)

Patient Relations – further decrease in service to service from the high levels reported in July/August. Complaints remain stable, but are increasing in complexity. Compliments remain the highest reported element of 4Cs – which is very positive given the operational pressures the trust has been under for a consistent amount of time.

Safeguarding adult and child – adult safeguarding referrals continue to climb, while child referrals remain static and within normal variation.

Safeguarding training – level 2 training is below the expected range of 85%. Increasing operational demands are affecting time for training and eLearning time provision has not been replaced since face to face training has been suspended. Trust managers, supported by the communications team, are working to ensure all staff are up to date with their eLearning.

Workforce Exceptions - Comments (Director Responsible - Mandy Wilcock)

Sickness - Sickness has increased significantly to 12.1% causing performance concerns across the Trust. Covid is having a significant impact but both short- and long-term absence have seen an increase. The EOC/111 transformation teams have specific work streams regarding health and wellbeing. Special Leave - Special Leave has decreased slightly and stands at 2.4% as the number of staff self-isolating increases due to infection rates increasing.

PDR -rates at 52.1% up from 51.5%. A small and slow increase since the launch of the refreshed Appraisal form/process (in November) as the Trust is still experiencing extreme operational pressures. Support is being provided to all areas and managers are receiving update briefings and workshops (for new managers) on how to conduct the appraisals achieving a quality conversation – when possible.

Statutory and Mandatory Training - Compliance figures have dropped further against the 3 year core training as many staff are now needing to refresh. Compliance for the 1 year face-to-face has increased slightly in spite of operational pressures. Staff are being encouraged to get all eLearning completed and to prioritise Fire and IG which has resulted in a small increase for those as well. The TMG approved 3-year phased approach to achieve full compliance is built into the Training Plan for 2022/23 which was approved at TMG 15 December 2021.

Click information button for Monthly View

Click information button for further drill down including Benchmarking and SPC

Workforce Summary

A&E | IUC | PTS | EOC | Other | Trust

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

Name	Dec 20	Nov 21	Dec 21
FTE in Post %	98.1%	92.8%	90.6%
Turnover (FTE) %	8.3%	10.3%	10.5%
Vacancy Rate %	1.9%	7.2%	9.4%
Apprentice %	4.0%	6.6%	7.0%
BME %	5.9%	6.2%	6.3%
Disabled %	3.0%	3.9%	3.9%
Sickness - Total % (T-5%)	7.4%	9.5%	12.1%
Special Leave	3.5%	2.2%	2.7%
PDR / Staff Appraisals % (T-90%)	72.0%	51.5%	52.1%
Stat & Mand Training (Fire & IG) 1Y	88.3%	85.3%	87.0%
Stat & Mand Training (Core) 3Y	96.7%	81.6%	75.2%
Stat & Mand Training (Face to Face)	69.4%	71.2%	72.6%
Stat & Mand Training (Safeguarding L2 +)	88.6%	85.4%	86.8%

YAS Commentary

FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 9.4% a significant increase from 6.1% in October 2021; this reflects the increase in turnover to now 10.5%. Turnover remains a concern in our call centres with IUC at 37.8% and EOC at 14.2%. Dedicated recruitment and retention work within our call centres continues and is progressing well.
Sickness - Sickness has increased significantly to 12.1% causing performance concerns across the Trust. Covid is having a significant impact but both short- and long-term absence have seen an increase. The EOC/111 transformation teams have specific work streams regarding health and wellbeing. Special Leave - Special Leave has decreased slightly and stands at 2.4% as the number of staff self-isolating increases due to infection rates increasing.

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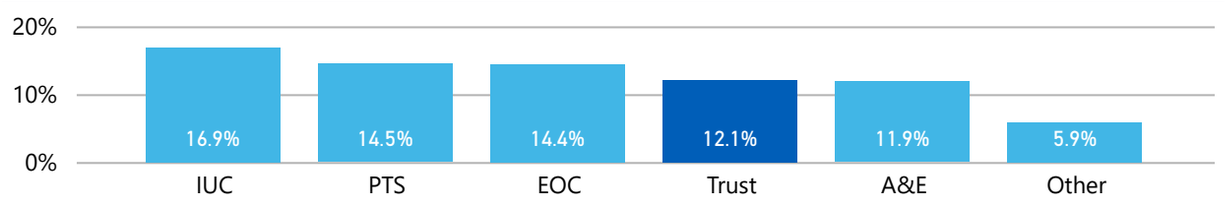
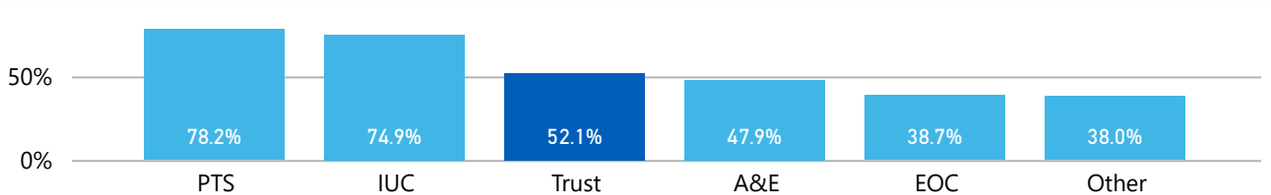
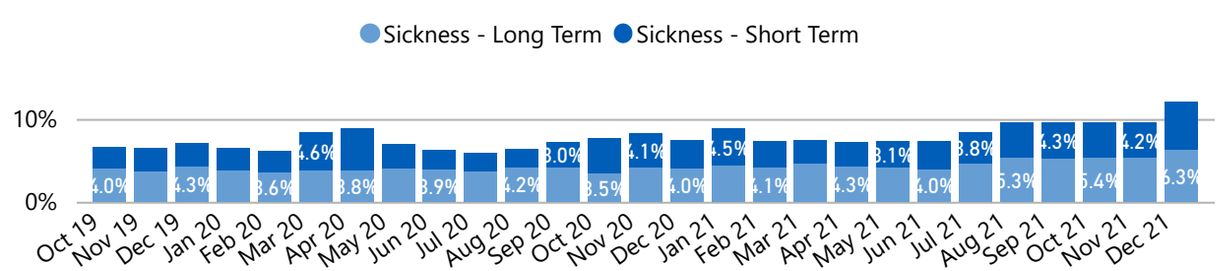
Sickness Benchmark for Last Month



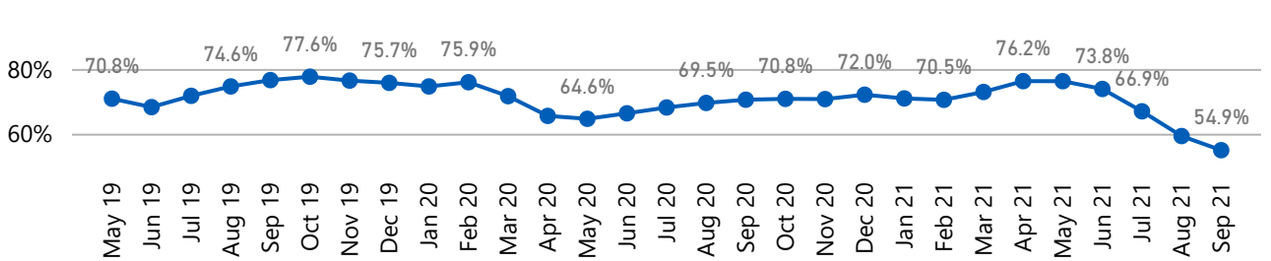
PDR Benchmark for Last Month



Sickness



PDR - Target 90%



Click information button for key KPIs by Month

Click information button PDR by Team

YAS Finance Summary (Director Responsible Kathryn Vause- Dec 21)

Overview - Unaudited Position

Overall The Trust has a year to date surplus at month 9 of £1.5m and £1.2m for ICS reporting after the gains on disposals are removed, which is in line with the Plan.

Capital YTD expenditure continues behind plan, some expenditure has been rephased in Estates, Fleet and IT together with unavoidable production and delivery delays in 2021/22. Work is ongoing to ensure the full year capital spend is as close to plan as possible.

Cash As at the end of December the Trust had £78.6m cash at bank. (£64m at the end of 20-21).

Risk Rating There is currently no risk rating measure reporting for 2021/22.

Full Year Position (£000s)

Name	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)	£1,213	£1,543	£330
Cash		£78,557	£78,557
Capital	£9,159	£2,539	-£6,620

Monthly View (£000s)

Indicator Name	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12
Surplus/ (Deficit)	£637	£7	-£392	-£7	-£104	£75	£1,208	£118
Cash	£66,696	£67,971	£69,166	£72,812	£72,787	£74,752	£75,312	£78,557
Capital	£107	£140	£267	£266	£205	£63	£296	£1,195

Click information button for Summary by Main Service Lines

Patient Demand Summary

Yorkshire Ambulance Service NHS Trust

Demand Summary

ShortName	Dec 20	Nov 21	Dec 21
999 - Incidents (HT+STR+STC)	68,515	69,515	69,557
999 - Increase - Previous Month	0.5%	-1.6%	
999 - Increase - Same Month Last Year	-9.6%	1.9%	
IUC - Call Answered	150,578	133,465	144,432
IUC - Increase - Previous Month	1.8%	0.3%	8.2%
IUC - Increase Same Month Last Year	-6.1%	-9.8%	-4.1%
IUC - Calls Answered Above Ceiling	-14.6%	-13.3%	-23.2%
PTS - Demand (Journeys)	60,112	75,639	72,028
PTS - Increase - Previous Month	-2.6%	5.2%	-4.8%
PTS - Same Month Last Year	-13.0%	22.6%	19.8%

Click information button for Monthly Table View

Commentary

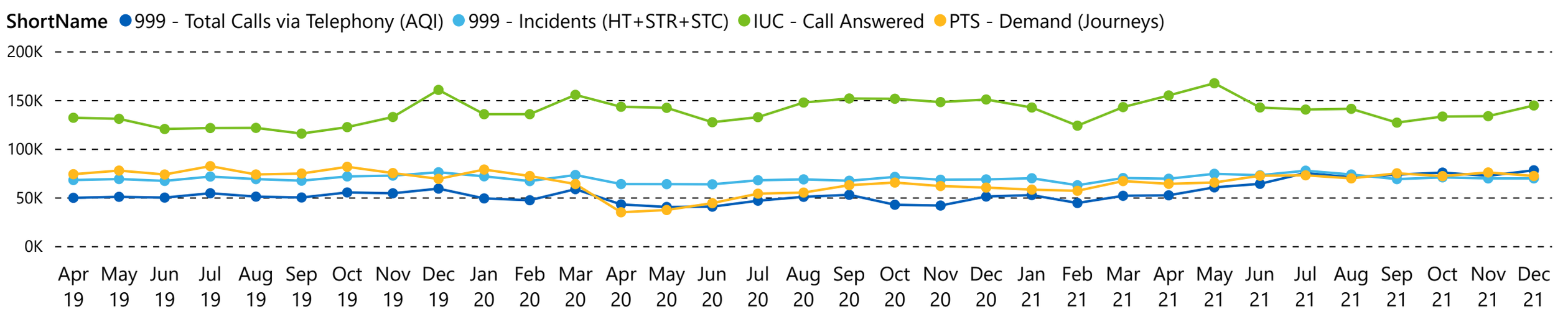
999 - At Scene Response demand is 16.4% lower than forecasted levels for December. All Response Demand (STR + STC +HT) is in line with last month and 1.5% higher than December 2020.

IUC -YAS received 169,168 calls in December, 8.2% below the Annual Business Plan baseline demand - as of the end of the month, year to date offered calls were 15.3% above the baseline. Of calls offered in December, 144,432 calls (85.4%) were answered, 8% more than were answered in November, and 4.1% lower than the number of calls answered in December 2020.

PTS -Total Demand saw a 4.8% decrease in December. The general trend of increased demand continued into the beginning of December, however numbers were expectedly lower during the last 2 weeks of December due to the festive period and associated bank holidays. Demand in December 2021 was 19.8% above the same month last year, which equates to c12,000 extra journeys.

The largest increase in demand is for planned care activity, Acute and system plans inform us that planned care is set to increase throughout H2 as part of the regions system recovery. Therefore PTS demand will continue to increase, unless a rise in infection rates, and associated staff and patients isolating has a temporary impact upon the plans to deliver increased volumes of planned care and journeys.

Overall Calls and Demand



Patient Outcomes Summary

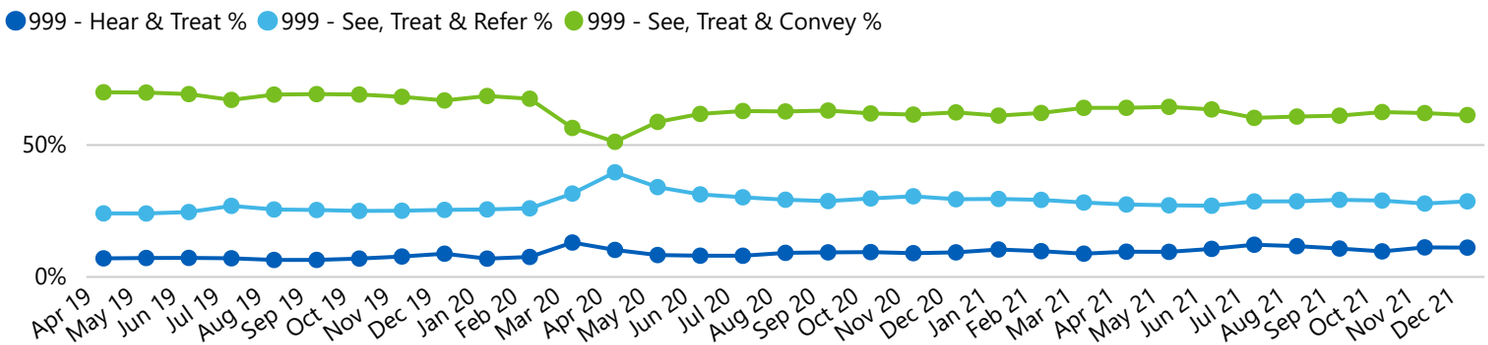
NHS Yorkshire Ambulance Service NHS Trust

Outcomes Summary

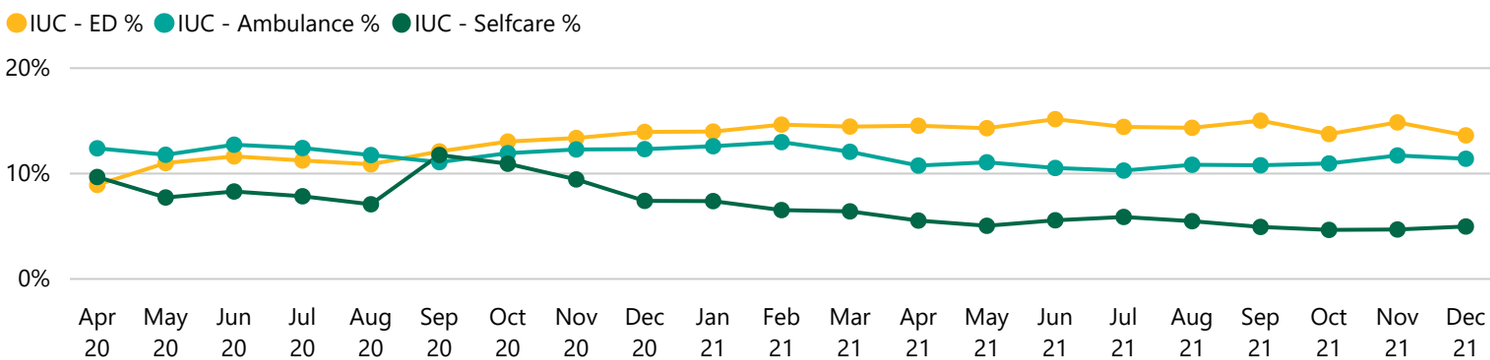
ShortName	Dec 20	Nov 21	Dec 21
999 - Incidents (HT+STR+STC)	68,515	69,515	69,557
999 - Hear & Treat %	8.9%	10.8%	10.7%
999 - See, Treat & Refer %	29.1%	27.4%	28.3%
999 - See, Treat & Convey %	62.0%	61.7%	61.0%
999 - Conveyance to ED %	54.4%	54.7%	53.9%
999 - Conveyance to Non ED %	7.7%	7.1%	7.1%
IUC - Calls Triaged	141,011		
IUC - ED %	13.9%	14.8%	13.5%
IUC - ED outcome to A&E	79.8%	79.9%	77.5%
IUC - ED outcome to UTC	6.0%	10.8%	10.3%
IUC - Ambulance %	12.2%	11.6%	11.3%
IUC - Selfcare %	7.3%	4.6%	4.9%
IUC - Other Outcome %	11.8%	11.1%	11.8%
IUC - Primary Care %	54.2%	55.8%	57.1%
PTS - Demand (Journeys)	60,112	75,639	72,028

Click information button for Monthly Table View

999 Outcomes



IUC Outcomes



Commentary

999 -When comparing December 2021 against December 2020 in terms of incident outcome proportions within 999, the proportion of See, Treat & Refer has decreased by 0.8%, Hear & Treat has increased by 1.8% and See, Treat & Convey has decreased by 1.0%. The proportion of incidents with conveyance to ED has decreased slightly by 0.4% from last year although the number of incidents conveyed to ED is slightly greater (+0.7%). In contrast, the number of incidents conveyed to non ED has decreased by 6.1%.

IUC - The proportion of callers given an ambulance outcome continues to be slightly lower than historical levels. Meanwhile, primary care outcomes remain at a higher level than in the early stages of the Covid-19 pandemic. The proportion of callers given an ED outcome is now consistently around 14-15%, several percentage points higher than historic levels, however within that there has been a shift. The proportion of ED outcomes where the patient was referred to a UTC is now consistently over 10%, compared with only around 2-3% historically. Correspondingly, the proportion of ED outcomes where the patient was referred to an A&E has fallen from nearly 90% historically to 80% now. This was a key goal of the 111 First programme aiming to reduce the burden on Emergency Departments by directing patients to more appropriate care settings..

Patient Experience
(Director Responsible - Clare Ashby)

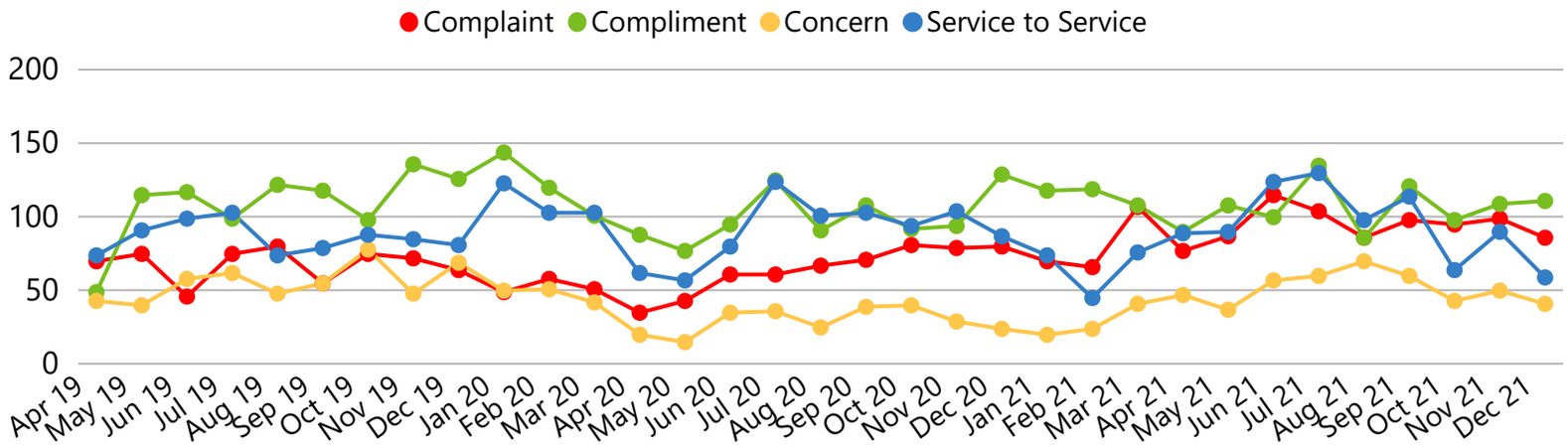
A&E | EOC | IUC | PTS | YAS

Yorkshire Ambulance Service NHS Trust

Patient Relations

Indicator	Dec 20	Nov 21	Dec 21
Service to Service	86	89	58
Concern	23	49	40
Compliment	128	108	110
Complaint	79	98	85

Complaints, Compliments, Concerns and Service to Service



YAS Compliance

Indicator	Dec 20	Nov 21	Dec 21
% FOI Request Compliance	100.0%	100.0%	100.0%

YAS Comments

Patient Relations – further decrease in service to service from the high levels reported in July/August. Complaints remain stable, but are increasing in complexity. Compliments remain the highest reported element of 4Cs – which is very positive given the operational pressures the trust has been under for a consistent amount of time.

FOI Compliance is consistently remaining above the target of 90%

Click information button for Monthly Table View

Patient Safety - Quality (Director Responsible - Clare Ashby)

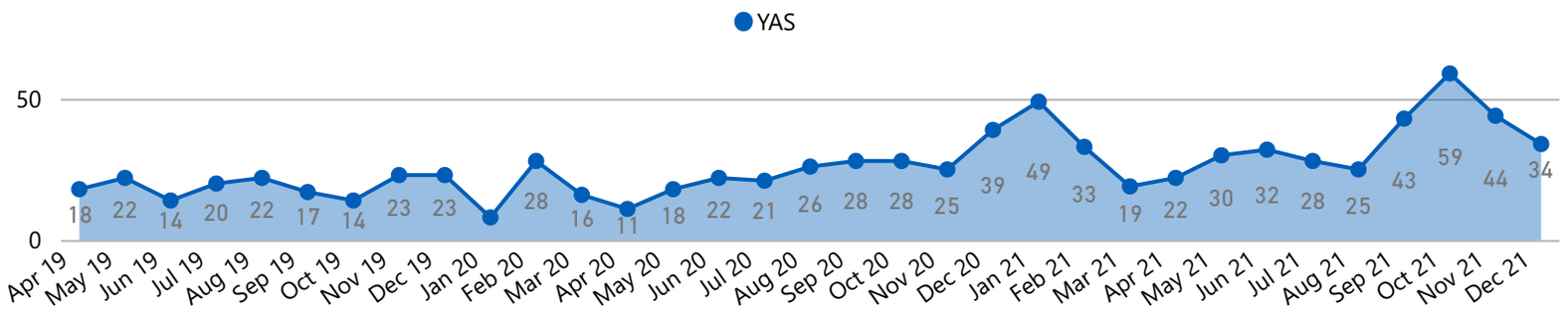
A&E | EOC | IUC | PTS | YAS

NHS Yorkshire Ambulance Service NHS Trust

Incidents

Indicator	Dec 20	Nov 21	Dec 21
All Incidents Reported	816	817	724
Medication Related	59	138	95
Moderate & Above Harm - Total	39	44	34
Number of duty of candour contacts	5	4	6
Number of RIDDORs Submitted	3	5	2
Serious	5	4	7

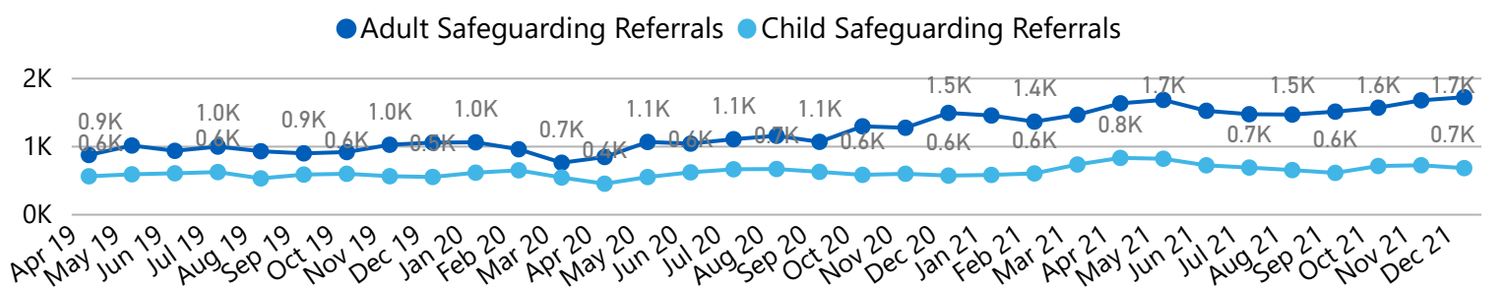
Incidents - Moderate and Above Harm



YAS Child and Adult Safeguarding

Indicator	Dec 20	Nov 21	Dec 21
Adult Safeguarding Referrals	1,481	1,666	1,712
Child Safeguarding Referrals	560	712	670
% Trained Safeguarding for Children (L1)	96.9%	83.0%	73.4%
% Trained Safeguarding for Children (L2)	87.3%	81.4%	79.9%
% Trained Safeguarding for Adults (L1)	96.3%	82.4%	71.9%

Safeguarding Training



A&E Long Responses

Indicator	Dec 20	Nov 21	Dec 21
999 - C1 Responses > 15 Mins	405	1,272	1,240
999 - C2 Responses > 80 Mins	1,098	5,448	6,644

YAS IPC Compliance

Indicator	Dec 20	Nov 21	Dec 21
% Compliance with Hand Hygiene	99.8%	98.6%	98.8%
% Compliance with Premise	98.6%	98.9%	99.0%
% Compliance with Vehicle	96.5%	98.5%	99.3%

YAS Comments

Safeguarding adult and child – adult safeguarding referrals continue to climb, while child referrals remain static and within normal variation.

Safeguarding training – level 2 training is below the expected range of 85%. Increasing operational demands are affecting time for training and eLearning time provision has not been replaced since face to face training has been suspended. Trust managers, supported by the communications team, are working to ensure all staff are up to date with their eLearning.

Click information button for Monthly View

Patient Safety (Harm)

Yorkshire Ambulance Service NHS Trust

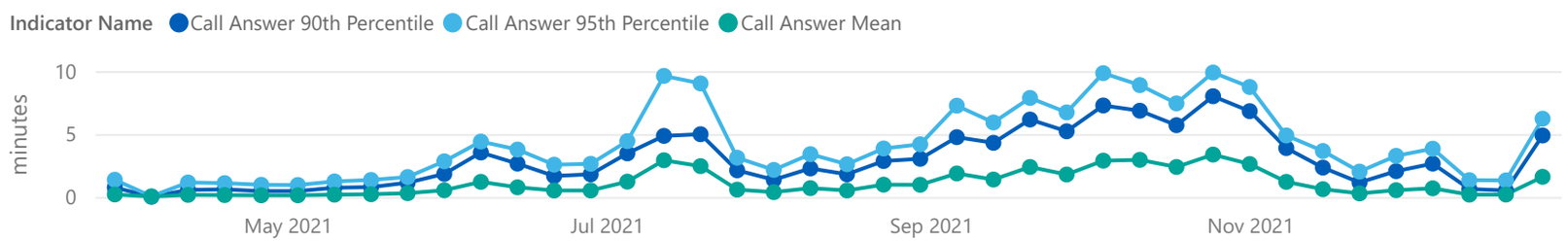
Commentary:

Yorkshire Ambulance Service NHS Trust are looking into three areas of the patient's journey which could cause harm. These have been highlighted as call to answer, delayed responses and hospital turnaround. Looking at these three areas can help the Trust triangulate data to identify areas of potential harm and improvement. These areas highlighted are monitored through the Trust Management Group. If a patient experiences more than one of the areas of potential harm this then generates a flag seen in the "instances where a call appears in more than 1 top 10 list". A clinical review is then undertaken. 1 exceptions was highlighted for this IPR period of time but with no clinical harm.

Instances where a call appears in more than 1 top 10 list

Date	Handover	Response	Telephony
31 July 2020			
18 November 2021			

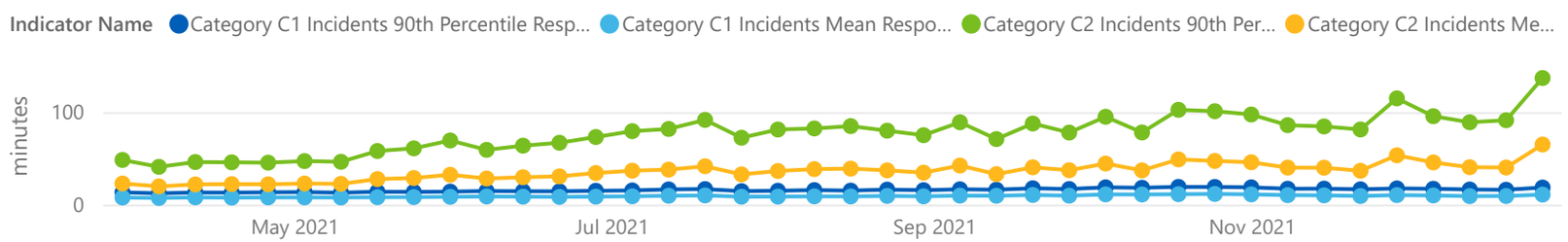
Call Answer Metrics (call data available from 7th September onwards)



Call Answer Metrics

Indicator Name	Nov 20	Oct 21	Nov 21
Call Answer 90th Percentile	00:00:35	00:06:45	00:03:53
Call Answer 95th Percentile	00:01:19	00:08:54	00:05:17
Call Answer Mean	00:00:12	00:02:46	00:01:08

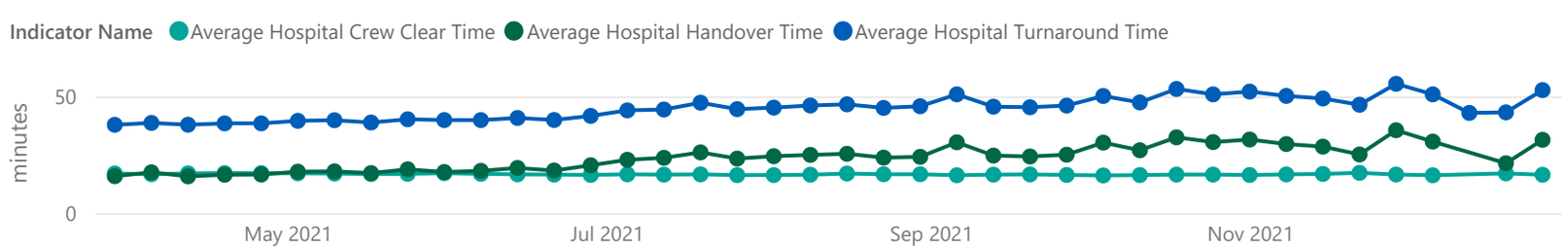
Response Metrics



Response Metrics

Indicator Name	Nov 20	Oct 21	Nov 21
Category C1 Incidents 90th Percentile Response Time	00:14:08	00:18:44	00:17:27
Category C1 Incidents Mean Response Time	00:08:14	00:11:04	00:10:09
Category C2 Incidents 90th Percentile Response Time	00:52:07	01:32:33	01:30:54
Category C2 Incidents Mean Response Time	00:24:36	00:43:40	00:42:00

Hospital Turnaround Metrics



Hospital Turnaround Metrics

Indicator Name	Nov 20	Oct 21	Nov 21
Average Hospital Crew Clear Time	00:15:44	00:16:19	00:16:40
Average Hospital Handover Time	00:18:21	00:29:16	00:29:18
Average Hospital Turnaround Time	00:39:26	00:49:44	00:50:00

Patient Clinical Effectiveness (Director Responsible Julian Mark)

Care Bundles (Last 3 Results)

Indicator	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
Sepsis %		78.0%			84.0%			85.0%			87.0%
STEMI %			61.0%			68.0%			66.0%		
Stroke %	92.0%			96.0%			96.0%			97.0%	

Myocardial Ischaemia National Audit Project (MINAP)

Indicator	May 21	Jun 21	Jul 21	Aug 21
Number of STEMI Patients	102	101	132	128
Call to Balloon Mins for STEMI Patients (Mean)	137	136	144	150
Call to Balloon Mins for STEMI Patients (90th Percentile)	178	194	197	215

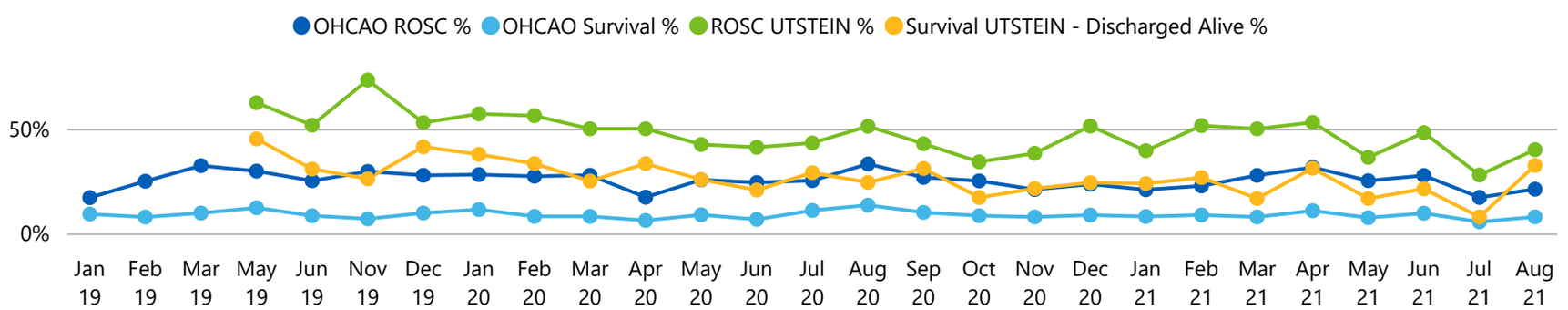
Sentinal Stroke National Audit Programme (SSNAP)

Indicator	Jul 21	Aug 21	Sep 21
Avg Time from call to hospital	104	91	96
Total Patients	407	398	422

Re-contacts as Proportion of Incident Category

Indicator	Jun 21	Jul 21	Aug 21
Re-contacts - H&T (%)	5.9%	4.9%	5.2%
Re-contacts - S&T (%)	5.2%	4.6%	4.6%
Re-contacts - Conveyed (%)	6.1%	5.6%	5.8%

ROSC and Survival



Sepsis Care Bundle –Data evidences increase in care bundle compliance from 78% in December 2019 to 85% in June 2021. Hospital pre- alert remains largely responsible for the majority of failures. The ePR has updated to trigger sepsis warning flags when the observations are inputted and pre-alert will become a mandatory field in the next release of the ePR. An updated sepsis decision tool and 10/10/10 campaign aims to increase awareness of the care bundle and reduce on scene time with Red Flag Sepsis.

STEMI Care Bundle – Care bundle compliance currently demonstrates an upward trend in 2021 when compared with previous years. In April 2021 YAS achieved 68% compliance up from 61% in January 2021, July 2021 demonstrated 66%. Analgesia administration has been identified as the main cause of this variability with GTN lowering patient pain score on scene, negating analgesia requirement. A review of the Acute Coronary Syndrome pathway is underway as well as the technical guidance under which this measure is audited. Recording of two pain scores (pre & post analgesia) is also an contributing factor to care bundle failures. Further work is currently being undertaken by YAS clinicial informatics & audit team to circulate these findings to front- line clinicians. Further review of the ACQIs by the national audit group also suggests that this element of the care bunlde may be amended in the near future.

Stroke Care Bundle –Consistently performing in the 90% range, compliance could be improved with better documentation of patient blood sugar. The revised 10/10/10 and FASTO campaign was launched in Q3 2019/20. February & May 2021 both demonstrated 96% compliance. Blood pressure & FAST test recording compliance sits at above 99%, whilst the recording of blood sugar is currently at 93% across the trust. Communication of this trend to front- line clinicians has taken place.

Cardiac Arrest Outcomes – YAS perform well in both Survival to discharge and ROSC against the national average. The highest number of patients to survive for one month was 38 out of 270 during Nov 16. Analysis from Apr 16 to Mar 20 depicts normal variation with proportion of YAS patients who survive to discharge following OHCA, therefore no special causes need to be investigated at this point of analysis. Analysis for ROSC demonstrates special cause variation in April 2020 & July 2021; further investigation demonstrates worsened patient acuity during these months due to the current pandemic.

MINAP - This data shows the mean and 90th percentile time from call to cardiac catheter lab for intervention. Early access to reperfusion (the restoration of blood flow) and other assessment and care interventions are associated with reductions in STEMI mortality and morbidity. The time to angiography reflects the speed and effectiveness of both the ambulance service, and the team which provides emergency primary percutaenous angiography in the hospital.

SSNAP – This data shows the call to hospital arrival time for patients with a stroke. Measures will be developed of the overall times from call to CT scan and from call to thrombolysis, which will reflect the speed and effectiveness of both the ambulance service and the team which provides emergency and specialist stroke treatment in the hospital. The health outcomes of patients who suffer an acute stroke can be improved by recognising the symptoms of a stroke or transient ischaemic attack (TIA), making a diagnosis quickly, and by early transport of a patient to a stroke centre capable of providing further tests, treatment and care, including an early CT scan of the brain and "clot-busting" drugs (thrombolysis) for those who are eligible.

Re-contacts with 72 hours - there has been a small but steady increase in the number of patients being referred to alternative providers following the increase in non-conveyance pathways and with the exception of the peak of the pandemic, there has been no change in re-contact. The Safer Right Care, Right Place project aims to improve the safety of decision making and reduce avoidable conveyances.

Fleet and Estates

Estates

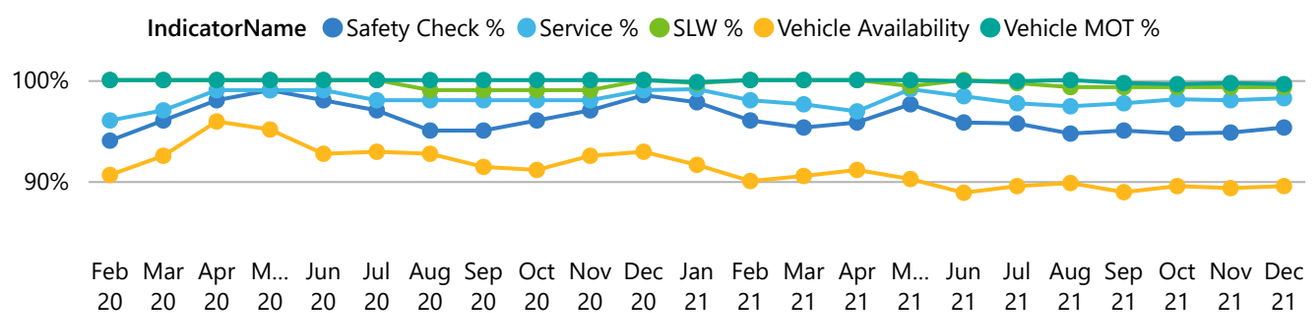
Indicator	Dec 20	Nov 21	Dec 21
P1 Emergency (2 HRS)	70.0%	50.0%	100.0%
P1 Emergency – Complete (<24Hrs)	90.0%	75.0%	100.0%
P2 Emergency (4 HRS)	91.9%	87.9%	88.6%
P2 Emergency – Complete (<24Hrs)	70.3%	84.5%	86.4%
Planned Maintenance Complete	100.0%	92.3%	97.4%
P6 Non Emergency - Attend within 2 weeks	70.3%	63.8%	90.0%
P6 Non Emergency - Complete within 4 weeks	59.5%	53.2%	76.1%

Estates Comments

Requests for reactive repairs on the estate totalled 300 jobs for the month (December 2021), with a completion rate of 100% for all priority one work. This compares to requests for repairs in June 2021 of 364 jobs with a completion rate of 50% within the <24 hour SLA window. Springhill remains highest originator of requests for reactive repair with 18 in total which has reduced from 27 in June 2021.

There were 536 planned maintenance tasks completed in month of which 394 were mandatory, 85 statutory and 57 routine with a completion rate of 97.4%. This completion rate has improved from November 2021.

999 Fleet



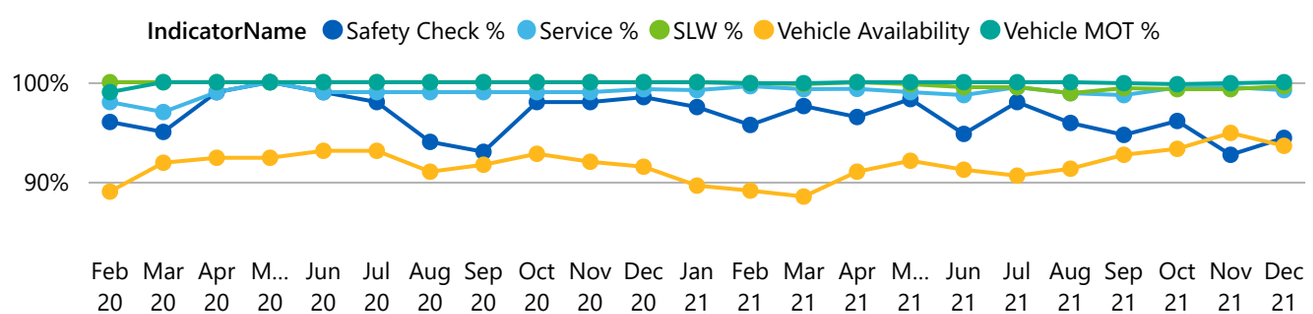
999 Fleet Age

IndicatorName	Dec 20	Dec 21
Vehicle age +7	8.9%	10.8%
Vehicle age +10	0.2%	0.4%

PTS Age

IndicatorName	Dec 20	Dec 21
Vehicle age +7	16.7%	8.6%
Vehicle age +10	17.5%	2.4%

PTS Fleet



Fleet Comments

Focus has centred on the reduction in age profile of our PTS fleet with vehicle age +7 reducing from 16.7% in December 2020 to 8.6% in December 2021. During the same period vehicle age +10 has reduced significantly from 17.5% to just 2.4%.

Vehicle availability for both PTS and 999 fleet has remained consistent at around 90% during this challenging operational period.

Glossary - Indicator Descriptions (A&E)

NHS Yorkshire Ambulance Service NHS Trust

A&E

mID	ShortName	IndicatorType	AQIDescription
AMB26	999 - C1 90th (T <15Mins)	time	Across all C1 incidents, the 90th percentile response time.
AMB25	999 - C1 Mean (T <7Mins)	time	Across all C1 incidents, the mean response time.
AMB32	999 - C2 90th (T <40Mins)	time	Across all C2 incidents, the 90th percentile response time.
AMB31	999 - C2 Mean (T <18mins)	time	Across all C2 incidents, the mean response time.
AMB35	999 - C3 90th (T -<2Hrs)	time	Across all C3 incidents, the 90th percentile response time.
AMB34	999 - C3 Mean (T - <1Hr)	time	Across all C3 incidents, the mean response time.
AMB38	999 - C4 90th (T < 3Hrs)	time	Across all C4 incidents, the 90th percentile response time.
AMB37	999 - C4 Mean	time	Across all C4 incidents, the mean response time.
AMB78	999 - C1 90th (Trajectory)	time	C1 Incidents 90th Percentile Response Time (Trajectory)
AMB77	999 - C1 Mean (Trajectory)	time	C1 Incidents Mean Response Time (Trajectory)
AMB80	999 - C2 90th (Trajectory)	time	C2 Incidents 90th Percentile Response Time (Trajectory)
AMB79	999 - C2 Mean (Trajectory)	time	C2 Incidents Mean Response Time (Trajectory)
AMB82	999 - C3 90th (Trajectory)	time	C3 Incidents 90th Percentile Response Time (Trajectory)
AMB81	999 - C3 Mean (Trajectory)	time	C3 Incidents Mean Response Time (Trajectory)
AMB83	999 - C4 90th (Trajectory)	time	C4 Incidents 90th Percentile Response Time (Trajectory)
AMB84	999 - Call Answer Mean (Trajectory)	time	Call Answer Mean (Trajectory)
AMB01	999 - Total Calls via Telephony (AQI)	int	Count of all calls answered.
AMB07	999 - Incidents (HT+STR+STC)	int	Count of all incidents.
AMB59	999 - C1 Responses > 15 Mins	int	Count of Cat 1 incidents with a response time greater than the 90th percentile target.
AMB60	999 - C2 Responses > 80 Mins	int	Count of Cat 2 incidents with a response time greater than 2 x the 90th percentile target.
AMB56	999 - Face to Face Incidents (STR + STC)	int	Count of incidents dealt with face to face.
AMB17	999 - Hear and Treat (HT)	int	Count of incidents not receiving a face-to-face response.
AMB53	999 - Conveyance to ED	int	Count of incidents with any patients transported to an Emergency Department (ED), including incidents where the department transported to is not specified.

Glossary - Indicator Descriptions (IUC and PTS)

Yorkshire Ambulance Service NHS Trust

IUC and PTS

mID	ShortName	IndicatorType	AQIDescription
IUC01	IUC - Call Answered	int	Number of calls answered
IUC03	IUC - Calls Answered Above Ceiling	percent	Percentage difference between actual number of calls answered and the contract ceiling level
IUC02	IUC - Calls Abandoned	percent	Percentage of calls offered that were abandoned
IUC07	IUC - Call back in 1 Hour	percent	Percentage of patients that were offered a call back by a clinician that were called within 1 hour
IUC31	IUC - Core Clinical Advice	percent	Proportion of calls assessed by a clinician or Clinical Advisor
IUC08	IUC - Direct Bookings	percent	Percentage of calls where the patient was recommended to contact a primary care service that had an appointment directly booked. This indicator includes system bookings made by external providers
IUC12	IUC - ED Validations %	percent	Proportion of calls initially given an ED disposition that are validated
IUC13	IUC - Ambulance validations %	percent	Percentage of initial Category 3 or 4 ambulance outcomes that were clinically validated
IUC14	IUC - ED %	percent	Percentage of triaged calls that reached an Emergency Department outcome
IUC15	IUC - Ambulance %	percent	Percentage of triaged calls that reached an ambulance dispatch outcome
IUC16	IUC - Selfcare %	percent	Percentage of triaged calls that reached an self care outcome
IUC17	IUC - Other Outcome %	percent	Percentage of triaged calls that reached any other outcome
IUC18	IUC - Primary Care %	percent	Percentage of triaged calls that reached a Primary Care outcome
PTS01	PTS - Demand (Journeys)	int	Count of delivered journeys, aborted journeys and escorts on journeys
PTS02	PTS - Journeys < 120Mins	percent	Patients picked up and dropped off within 120 minutes
PTS03	PTS - Arrive at Appointment Time	percent	Patients dropped off at hospital before Appointment Time
PTS04	PTS - % Pre Planned - Pickup < 90 Mins	percent	Pre Planned patients to be picked up within 90 minutes of being marked 'Ready' by the hospital
PTS05	PTS - % Short notice - Pickup < 120 mins	percent	Short Notice patients to be picked up within 120 minutes of being marked 'Ready' by the hospital
PTS06	PTS - Answered < 180 Secs	percent	The percentage of calls answered within 180 seconds via the telephony system

Glossary - Indicator Descriptions (Quality and Safety)

NHS Yorkshire Ambulance Service NHS Trust

Quality and Safety

mID	ShortName	IndicatorType	AQIDescription
QS01	All Incidents Reported	int	
QS02	Serious	int	
QS03	Moderate & Above Harm	int	
QS04	Medication Related	int	
QS05	Number of duty of candour contacts	int	
QS06	Duty of candour contacts exceptions	int	
QS07	Complaint	int	
QS08	Compliment	int	
QS09	Concern	int	
QS10	Service to Service	int	
QS11	Adult Safeguarding Referrals	int	
QS12	Child Safeguarding Referrals	int	
QS13	% Trained Safeguarding for Children (L1)	percent	
QS14	% Trained Safeguarding for Children (L2)	percent	
QS15	% Trained Safeguarding for Adults (L1)	percent	
QS17	% FOI Request Compliance	percent	
QS18	% Compliance with Hand Hygiene	percent	
QS19	% Compliance with Premise	percent	
QS20	% Compliance with Vehicle	percent	
QS26	Moderate and Above Harm (Per 1K Incidents)	int	
QS24	Staff survey improvement question	int	(TBC, yearly)
QS21	Number of RIDDORs Submitted	int	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Glossary - Indicator Descriptions (Workforce)

NHS Yorkshire Ambulance Service NHS Trust

Workforce

mID	ShortName	IndicatorType	AQIDescription
WF36	Headcount in Post	int	Headcount of primary assignments
WF35	Special Leave	percent	Special Leave (eg: Carers leave, compassionate leave) as a percentage of FTE days in the period.
WF34	Fire Safety & Awareness - 1 Year	percent	Percentage of staff with an in date competency in Fire Safety & Awareness - 1 Year
WF33	Information Governance - 1 Year	percent	Percentage of staff with an in date competency in Information Governance - 1 Year
WF28	Safeguarding Adults Level 2 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Adults Level 2 - 3 Years
WF24	Safeguarding Adults Level 1 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Adults Level 1 - 3 Years
WF19	Vacancy Rate %	percent	Full Time Equivalent Staff required to fill the budgeted amount as a percentage
WF18	FTE in Post %	percent	Full Time Equivalent Staff in post, calculated as a percentage of the budgeted amount
WF17	Apprentice %	percent	The percentage of staff who are on an apprenticeship
WF16	Disabled %	percent	The percentage of staff who identify as being disabled
WF14	Stat & Mand Training (Face to Face)	percent	Percentage of staff with an in date competency for "Basic Life Support" , "Moving and Handling Patients" and "Conflict Resolution" as required by the competency requirements set in ESR
WF13	Stat & Mand Training (Safeguarding L2 +)	percent	Percentage of staff with an in date competency for "Safeguarding Children Level 2" , "Safeguarding Adults Level 2" and "Prevent WRAP" as required by the competency requirements set in ESR
WF12	Stat & Mand Training (Core) 3Y	percent	Percentage of staff with an in date competency for "Health Risk & Safety Awareness" , "Moving and Handling Loads" , "Infection Control" , "Safeguarding Children Level 1" , "Safeguarding Adults Level 1" , "Prevent Awareness" and "Equality, Diversity and Human Rights" as required by the competency requirements set in ESR
WF11	Stat & Mand Training (Fire & IG) 1Y	percent	Percentage of staff with an in date competency for both "Information Governance" and "Fire Safety & Awareness"
WF07	Sickness - Total % (T-5%)	percent	All Sickness as a percentage of FTE days in the period
WF05	PDR / Staff Appraisals % (T-90%)	percent	Percentage of staff with an in date Personal Development Review, also known as an Appraisal
WF04	Turnover (FTE) %	percent	The number of staff leaving (FTE) in the period relative to the average FTE in post for the period
WF02	BME %	percent	The percentage of staff who identify as belonging to a Black or Minority Ethnic background

Glossary - Indicator Descriptions (Clinical)

NHS Yorkshire Ambulance Service NHS Trust

Clinical

mID	ShortName	IndicatorType	Description
CLN39	Re-contacts - Conveyed (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN37	Re-contacts - S&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN35	Re-contacts - H&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN32	Survival UTSTEIN - Patients Discharged Alive	int	Survival UTSTEIN - Of R4n, patients discharged from hospital alive.
CLN30	ROSC UTSTEIN %	percent	ROSC UTSTEIN - Proportion who had ROSC on arrival at hospital.
CLN28	ROSC UTSTEIN Patients	int	ROSC UTSTEIN - Patients with resuscitation commenced / continued by Ambulance Service.
CLN27	ePR Referrals (%)	percent	Proportion of ePR referrals made by YAS crews at scene.
CLN24	Re-contacts (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN21	Call to Balloon Mins for STEMI Patients (90th Percentile)	int	MINAP - For M3n, 90th centile time from call to catheter insertion for angiography.
CLN20	Call to Balloon Mins for STEMI Patients (Mean)	int	MINAP - For M3n, mean average time from call to catheter insertion for angiography.
CLN18	Number of STEMI Patients	int	Number of patients in the MINAP dataset an initial diagnosis of myocardial infarction.
CLN17	Avg Time from call to hospital	int	SSNAP - Avg Time from call to hospital.
CLN15	Stroke %	percent	Proportion of adult patients with a pre-hospital impression of suspected stroke who received the appropriate best practice care bundle.
CLN12	Sepsis %	percent	Proportion of adult patients with a pre- hospital impression of suspected sepsis with a NEWs2 score of 7 and above who received the appropriate best practice care bundle
CLN09	STEMI %	percent	Proportion of patients with a pre-hospital clinical working impression of STEMI who received the appropriate best practice care bundle
CLN06	OHCAO Survival %	percent	Proportion of patients who survived to discharge or were alive in hospital after 30 days following an out of hospital cardiac arrest during which YAS continued or commenced resuscitation
CLN03	OHCAO ROSC %	percent	Proportion of patients who had return of spontaneous circulation upon hospital arrival following an out of hospital cardiac arrest during which YAS continued or commenced BLS/ALS

Glossary - Indicator Descriptions (Fleet and Estates)

NHS Yorkshire Ambulance Service NHS Trust

Fleet and Estates

mID	ShortName	IndicatorType	Description
FLE07	Service %	percent	Service level compliance
FLE06	Safety Check %	percent	Safety check compliance
FLE05	SLW %	percent	Service LOLER (Lifting Operations and Lifting Equipment Regulations) and weight test compliance
FLE04	Vehicle MOT %	percent	MOT compliance
FLE03	Vehicle Availability	percent	Availability of fleet across the trust
FLE02	Vehicle age +10	percent	Vehicles across the fleet of 10 years or more
FLE01	Vehicle age 7-10	percent	Vehicles across the fleet of 7 years or more
EST14	P6 Non Emergency - Complete within 4 weeks	percent	P6 Non Emergency - Complete within 4 weeks
EST13	P6 Non Emergency - Attend within 2 weeks	percent	P6 Non Emergency - Attend within 2 weeks
EST12	P2 Emergency – Complete (<24Hrs)	percent	P2 Emergency – Complete within 24 hrs compliance
EST11	P2 Emergency (4 HRS)	percent	P2 Emergency – attend within 4 hrs compliance
EST10	Planned Maintenance Complete	percent	Planned maintenance completion compliance
EST09	All calls (Completion) - average	percent	Average completion compliance across all calls
EST08	P4 Non Emergency – Complete (<14 Days)	percent	P4 Non Emergency completed within 14 working days compliance
EST07	P3 Non Emergency – Complete (<72rs)	percent	P3 Non Emergency completed within 72 hours compliance
EST06	P1 Emergency – Complete (<24Hrs)	percent	P1 Emergency completed within 24 hours compliance
EST05	Planned Maintenance Attendance	percent	Average attendance compliance across all calls
EST04	All calls (Attendance) - average	percent	All calls (Attendance) - average
EST03	P4 Non Emergency (<24Hrs)	percent	P4 Non Emergency attended within 2 working days compliance
EST02	P3 Non Emergency (<24Hrs)	percent	P3 Non Emergency attended within 24 hours compliance
EST01	P1 Emergency (2 HRS)	percent	P1 Emergency attended within 2 hours compliance