Yorkshire Ambulance Service NHS Trust

MEETING TITLE Trust Board Meeting held in Public		**MEETING DATE** 28/01/2022	
TITLE of PAPER	Trust Executive Report & Integrated Performance Report (IPR)	**PAPER REF**	TB22.007
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) and present the 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 March 2022	

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) and present the March 2022 Integrated Performance Report.

2. NATIONAL UPDATE

2.1 COVID-19 Pandemic

As reported at our January Public Board the SARS-CoV-2 Omicron variant that arrived in the UK in December surpassed previous records for rates of community infection. This created unprecedented pressures on the urgent and emergency care sector as high rates of seasonal winter demand combined with peak levels of sickness absence due to COVID symptoms and fatigue. Operational pressures eased in February but peaked again in March following the removal of all remaining legally enforced COVID-19 related restrictions. Although case numbers remain high, with an estimated one in every 17 people infected in the week ending 16 April infection rates have been falling during April. Despite these improvements the most recent government figures for the whole of the UK show 16,447 patients in hospital with COVID. Throughout this period pressures nationally on acute beds and Emergency Department capacity have impacted on ambulance handover times and patient response times, although improving since Easter, remain a concern.

2.2 UK COVID Inquiry

The UK Covid Inquiry set up to examine, consider and report on preparations and the response to the pandemic in England, Wales, Scotland and Northern Ireland has begun consultation on its draft terms of reference in published in March. The inquiry is chaired by Baroness Heather Hallet and we along with other NHS organisations are preparing for submissions of evidence if and when required.
https://www.gov.uk/government/publications/uk-covid-19-inquiry-draft-terms-of-reference/uk-covid-19-inquiry-draft-terms-of-reference-html

2.3 Conflict in Ukraine

We are very mindful of the ongoing conflict in Ukraine and our thoughts are with all of those affected by this distressing situation. We know that many individuals would also like to help, and we have directed our staff to established charities with experience of responding to disasters, who are best placed to reach victims on the ground such as the Disasters Emergency Committee and other registered charities. They are helping to provide vital life-saving services, like water, food and healthcare, to those caught up in the conflict, including people forced to flee to neighbouring countries.

A national effort is underway to ensure the NHS stands ready to provide further support as needed. NHS England is coordinating the response to avoid creating disruption or duplication and we are liaising with them to ensure we continue to support where we can.

Like many NHS organisations, we have identified medical consumables and drugs which we may no longer be able to use, but which can be distributed

outside of the NHS via coordinated charity efforts on the ground in Ukraine. Furthermore, we have been able to support with the provision of four recently decommissioned ambulance vehicles. These have been delivered to the national team co-ordinating the efforts on behalf of NHS England as part of a national response.

2.3 Queen's Platinum Jubilee Medal

This year sees the celebration of Her Majesty the Queen's Platinum Jubilee to commemorate her 70 years on the throne and the government has announced that a medal will be awarded to those serving members of the armed forces, prison services personnel and frontline emergency services workers, among others. We have now received delivery of the medals and will be writing out to all staff in the coming weeks with the arrangements for collecting them locally and expressing the gratitude of the Board.

Given the strict criteria for the Queen's medal, a specially minted 'thank you' coin has been commissioned by the Association of Ambulance Chief Executives (AACE) to be given to all ambulance trust staff and volunteers, to mark the occasion and their contribution to the service.

2.4 NHS Workforce Race Equality Standard (WRES)

NHS England published the Workforce Race Equality Standard (WRES) report 2021 earlier this month, showing that nationally the number of staff from BME backgrounds at very senior manager level has almost doubled between 2020 to 2021 (up from 153 to 298). The report is actually based on 2020 staff survey data and whilst YAS has made some improvements since the 2020 WRES report, it shows the service as one of the least well performing NHS Organisations for WRES indicator 6: Percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months. We are continuing to take forward implementation and refinement of our Diversity and

Inclusion plans and our 2021 staff survey data shows a significant improvement in this indicator. https://www.england.nhs.uk/publication/workforce-race-equality-standard-2021/

2.5 The Ockenden Report

The final report of the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust led by Donna Ockenden (FRSA) was published at the end of March. The Ockenden Report identifies failures to investigate, learn and improve from concerns and has been highlighted as having lessons for wider NHS maternity services and organisational culture across the NHS. Maternity senior leaders from the three Integrated Care Systems (ICSs) in Yorkshire and the Humber are coordinating reviews of the report's recommendations and YAS is actively supporting this work. https://www.gov.uk/government/publications/final-report-of-the-ockenden-review/ockenden-review-summary-of-findings-conclusions-and-essential-actions

2.6 The Health and Social Care Levy to raise funding for the NHS and social care

This came into effect on 6 April to help tackle the COVID backlogs and reform the adult social care system. The levy includes £39 billion over the next 3 years to put health and care services on a more sustainable footing including £5.9

billion of capital investment to support diagnostics, technology, and elective recovery. https://www.gov.uk/government/publications/health-and-social-care-levy/health-and-social-care-levy

The levy comes at a time when according to the latest British Social Attitudes survey, public satisfaction with the NHS has fallen to 36 per cent, the lowest level since 1997, with waiting times for GP and hospital appointments the main reasons given by respondents, followed by staffing and investment.

3. REGIONAL / LOCAL UPDATE

3.1 Focus on Urgent and Emergency Care

In March 2022 each Integrated Care System (ICS) was asked by Sir David Sloman (NHS England Chief Operating Office) to produce a plan to address the pressures on the emergency and urgent care sector. Inparticular plans are focused on four areas:

- A system plan to balance clinical risk
- ICB and acute provider Boards to regularly monitor response times for ambulance Category 1 and Categor 2 patients together with data on ambulnce handover delays
- Moving patients from A&E as soon as prescribed care has been initiated
- Maintaining the flow of patients at weekends

YAS worked closely with each partners across each of three ICS's to develop shared plans and are now supporting the implementation of the actions.

3.2 Care Quality Commission (CQC) inspection – West Yorkshire Urgent and Emergency Care system wide inspection.

The Care Quality Commission (CQC) has recommenced its inspections of health and care organisations following a pause during the COVID-19 pandemic. The CQC is adopting a new 'place-based' approach to inspections and this includes an inspection of Urgent and Emergency Care services across West Yorkshire ICS during April and May 2022 to understand the patient experience and quality of care delivered. In addition to the standard key lines of enquiry (KLOEs) a number of specific questions about system working to meet urgent and emergency care demand will be posed to each provider.
At the time of this report the CQC are midway through their inspection process reviewing a range of service providers including: GP services, Adult social care facilities, acute, community and mental health providers, NHS 111 and 999 services, GP Out of Hours, dental services and NHS Walk in Centres.

Our CQC relationship manager has told the organisation that the YAS inspection is likely to include:

- EOC - duration 1 day & unannounced,
- 1x Ambulance station in the West - duration 1 day & unannounced

- IUC inspection will be led by a separate team from their Primary Medical Services team. A post inspection request for information has been received for IUC and the completion of that is underway. The visit to IUC is confirmed for 26, 27 and 28 April 2022.

This approach is relatively new for the CQC as they test approaches for system-based inspection. Further information about the inspection methodology can be found at, Urgent and emergency care system wide inspections at Care

Quality Commission (cqc.org.uk). This includes links to published reports. It is anticipated the West Yorkshire Urgent and Emergency Care Programme Board will lead on co-ordinating a response to system wide findings.

2.3 Update on Integrated Care Systems

The implementation date for statutory integrated care systems (ICSs), delayed from 1 April, is currently set for 1 July as the Health and Care Bill is finalised having passed through the House of Lords. From this date integrated care boards (ICBs) will take on the NHS planning functions previously held by clinical commissioning groups (CCGs) and are likely to absorb some planning roles from NHS England. Integrated care partnerships (ICPs) will operate as statutory committees for places, bringing together the NHS and local authorities as equal partners to focus more widely on health, public health and social care.

Over recent years we have increasingly focused on system-wide collaboration to improve patient outcomes and integrated care delivery in line with the objectives of the NHS Long Term Plan. To enable effective engagement with ICBs and place-based partnerships, YAS has developed the Integrated Commissioning Framework jointly with the three Yorkshire and Humber ICSs. The ICF focuses on joint strategic decision making on service developments and urgent and emergency care pathways. There will be a phased approach to delegation of ICS and ICP powers as the scope and functions of the ICF develop. We have also begun the process of reviewing system and place clinical and strategic leadership roles to ensure that YAS is an active and influential participant at each of the ICSs in our region.

2.4 Military Aid - Thank you

During January and February 2022, military personnel supported our clinicians meet the challenges of the pandemic by assisting with the transportation of patients between hospitals and with our non-emergency patient transport service (PTS). The military personnel from The Queen's Own Gurkha Logistic Regiment stood down their support at the end of February 2022. We are extremely grateful for this military aid which helped free up our staff to attend to serious and life-threatening cases. We were able to express our appreciation to 28 Squadron at a farewell and thank you event in Rotherham at the Army Reserve Centre to express our sincere appreciation to for all that they had done to help us.

2.5 Mental Health Vehicle – South Yorkshire

Following the success of the mental health response vehicle in the Hull area, we are rolling out an additional vehicle in south Yorkshire to provide dedicated support to patients who are in mental health crisis. The new mental health response vehicle, which does not have traditional ambulance markings to make it more discreet, has been developed in partnership with south Yorkshire Police, Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) and NHS Doncaster CCG, and will support people detained under the Mental Health Act and for less serious mental health cases when a face-to-face assessment is considered appropriate.

Initially launched in Hull for an initial four-month pilot in April 2021, the mental health response vehicles are operated by ambulance staff who have had additional mental health training. In South Yorkshire, the new vehicle will be responding to mental health calls in the Doncaster and Rotherham areas from

1600hrs until 0200hrs, seven days a week for an initial period until 22 May 2022.

The initial pilot in Hull and East Riding saw 62% of patients attended by the mental health response vehicle being treated/supported at the scene without the need for onward conveyance. We know from patient experience that an emergency ambulance is not always the best response and emergency departments are not always the most appropriate place for someone experiencing a mental health crisis and can add to their stress. The needs of these patients can often be met just as effectively, or even more so, in their own homes, in the community or with alternative care or services. This has not only delivered real benefits for patients, but also contributed to reducing the pressure on emergency departments and to releasing ambulance resources for other emergency calls.

3. DIRECTORATE UPDATES

3.1 Operations Directorate

3.1.1 Overview

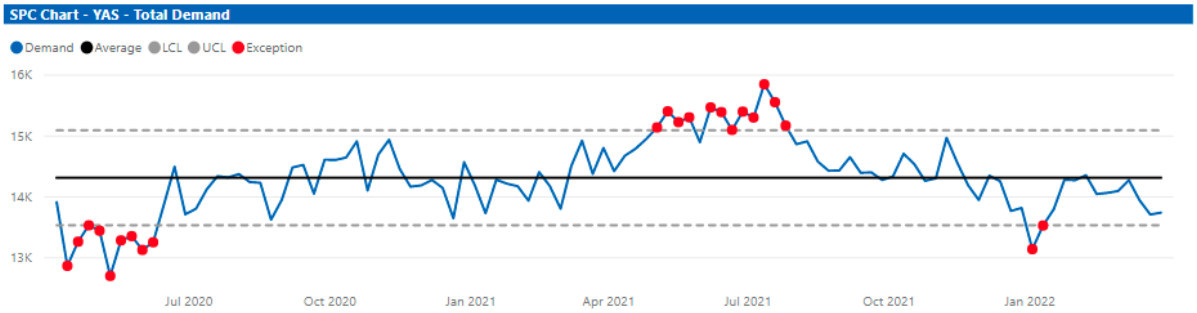
A&E Operations continues to experience significant challenges. An increase in Category 1 calls has placed additional pressures on stretched resources and, impacts the ability of the Emergency Operations Centre (EOC) to respond to increasing call volumes. Delays in hospital handovers at some acute Trusts continues to be an area of major concern.

Sickness levels continue to fluctuate with on-going Covid outbreaks across operations as well as high rates of non-covid related absence with stress and mental health issues the most common reason for absence.

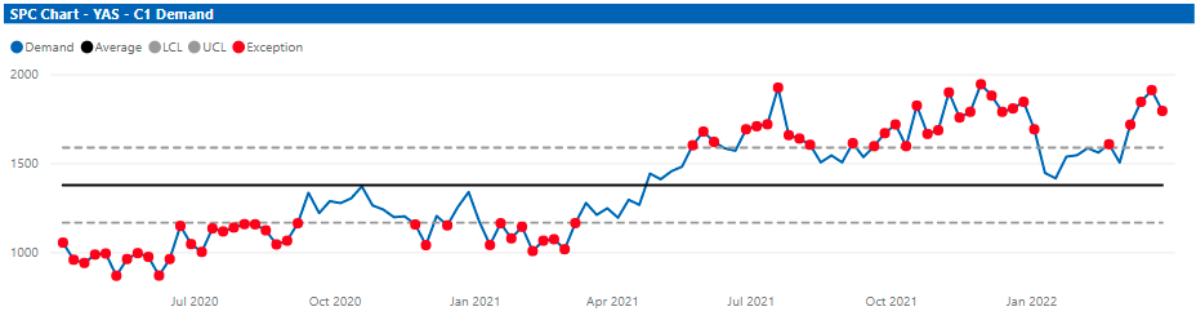
Despite these challenges, the department is focussed on continuous improvement and improving the support to A&E operations delivery (patient outcomes and experience), and front-line staff through a significant programme of work both within operations and the EOC. Focus will be on embedding the principles of Team Based Working and improving internal structures, processes, and systems to improve efficiency whilst further supporting and developing our staff.

3.1.2 Demand (On Scene Response Demand)

Since August 2021 demand has decreased and is now similar to Spring 2021. Demand remains below forecast, with March 2022, 12.5% below forecast. However, hidden within this is an increase in the proportion of Category 1 calls and a reduction in Category 3 calls. This is a significant challenge as Category 1 calls require multiple resource allocation and immediate dispatch, whereas Category 3 calls have a degree of flexibility in allocating responses. A high number of Category 1 calls also creates more pressure within the EOC as they generally require longer call times, thereby reducing our availability to manage an increasing number of incoming calls.

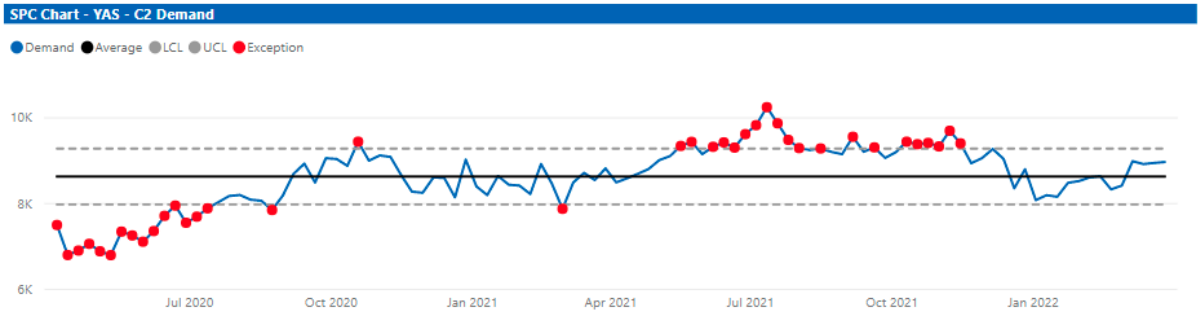


Above: All 999 responses on scene 06/04/2020 – 03/04/2022

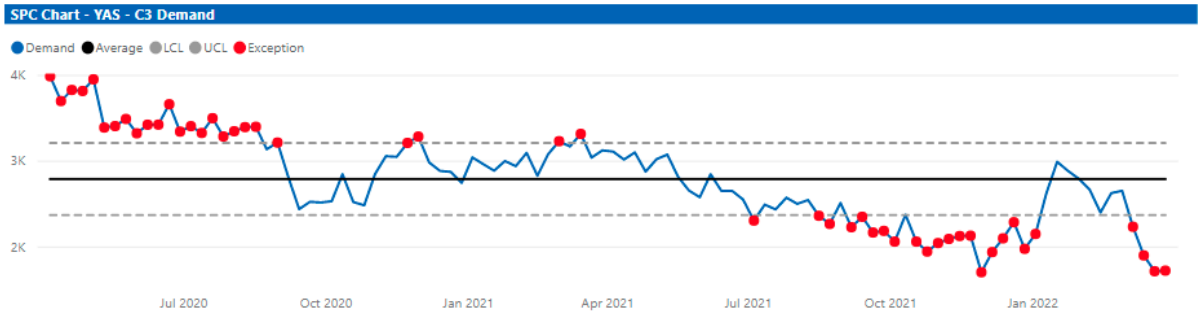


Above: All Cat1 responses on scene 06/04/2020 – 03/04/2022

Demand in Category 2 calls has now levelled out and in March 2022, was 6.5% below forecast.



Above: All Cat2 responses on scene 06/04/2020 – 03/04/2022



Above: All Cat3 responses on scene 06/04/2020 – 03/04/2022

3.1.3 A&E Operations

Capacity

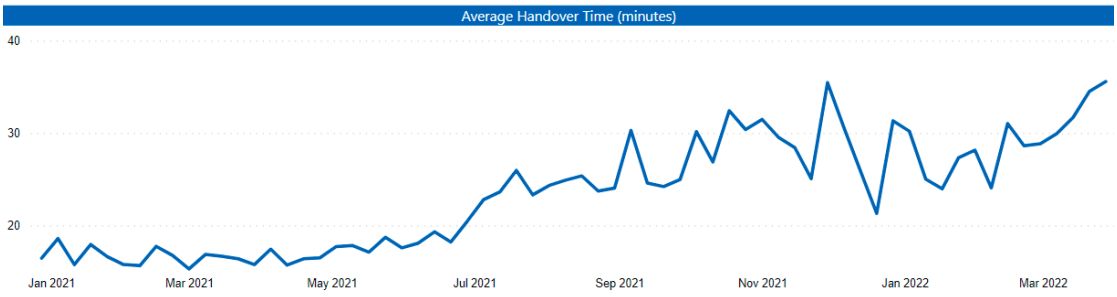
Sickness absence within Operations is a mix of Covid and Non-Covid related absence. Levels of Covid sickness continue to fluctuate with ongoing outbreaks

and this reporting period has seen levels of Covid reduce from a high in late December and early January before beginning an upward trend at the end of the quarter during March 2022. In addition to Covid related absence we continue to see elevated levels of Non-Covid related absence, in particular stress and mental health related issues.

Hospital Turnaround

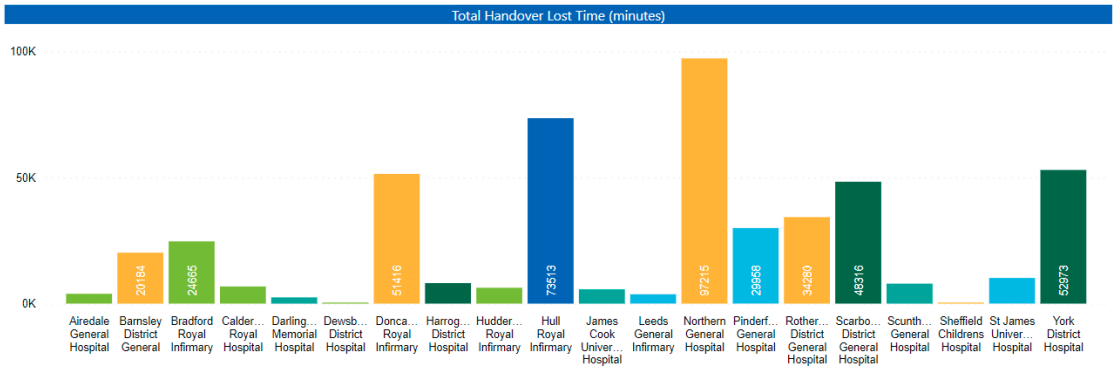
Turnaround delays across Yorkshire and Humber significantly increased from early July 2021 and have remained high ever since. These delays continue to have a direct impact on our response times as they increase job cycle times and reduce ambulance availability at key times.

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.



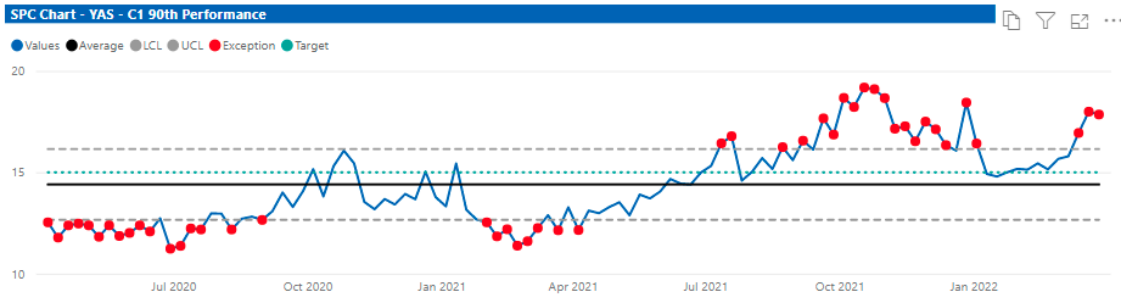
Above: YAS - Turnaround 1st January 2021 – 31st March 2022

The chart below higlights significant lost time (in minutes) during March 2022 at a number of hospitals, most notably Hull Royal Infirmary, Northern General, York/Scarborough and Doncaster Royal Infirmary.

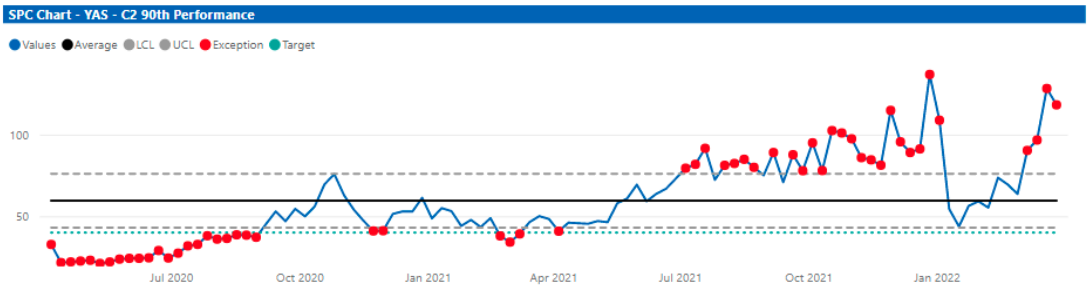


Performance

Category 1 90th and Category 2 90th Percentile Performance in March 2022 did not meet the national ambulance response programme standards of 15 minutes and 40 minutes respectively. This has been a trend during the last 9 months and reflects current trends in the wider ambulance sector in the UK, where YAS continues to benchmark well against other ambulances for Category 2 response times.



Above: Cat1 performance 90th percentile 06/04/2020 – 03/04/2022



Above: Cat2 performance 90th percentile 06/04/2020 – 03/04/2022

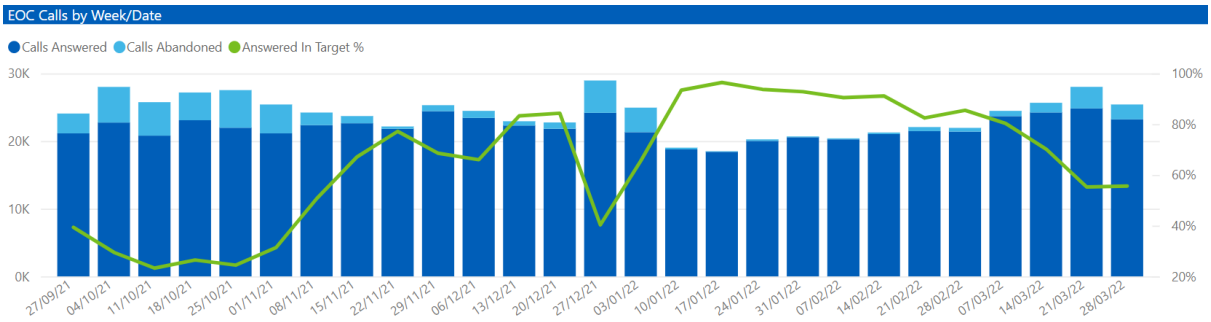
The following chart summarises performance across all categories in March. There was a significant increase in response time across all categories compared with February 2022.

999 - C1 Mean (T <7Mins)	00:07:00	00:09:42
999 - C1 90th (T <15Mins)	00:15:00	00:16:52
999 - C2 Mean (T <18mins)	00:18:00	00:46:41
999 - C2 90th (T <40Mins)	00:40:00	01:41:56
999 - C3 Mean (T - <1Hr)	01:00:00	02:33:59
999 - C3 90th (T -<2Hrs)	02:00:00	06:15:59
999 - C4 90th (T < 3Hrs)	03:00:00	07:11:15

3.1.4 Emergency Operations Centre

EOC Demand and Performance

The Emergency Operations Centre (EOC) has been and continues to be under significant pressure with high levels of call demand month on month. A considerable proportion of the demand is caused by 'call backs' due to delayed response times in reaching the patient. 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 recent fall in performance alongside an increase in abandoned calls.



Above: EOC Calls by Week with calls answered in target 27/09/2021 – 03/04/2022

EOC Capacity

The EOC continues to experience significant levels of sickness. This quarter saw the December high of c.50% abstractions normalise to c.30-35% before rising to over 40% again by the end of March, with half of all absence due to sickness/Covid. Staffing continues to be a challenge as attrition for call takers was higher than forecast during Q4, despite an increase in recruitment and training.

Recruitment and training of 999 call handlers continues at pace with a target of 255 substantive FTE full year effect 2022-23. This will be significantly higher than previous years and continues to be a major project for the EOC to recruit, train and mentor these the new starters.

3.1.5 Team Based Working

The Team Based Working model has been fully implemented across A&E Operations. The new senior operations management structure consists of 5 Deputy Head of Operations; 20 Area Operations Managers, 5 Operational Support Service Managers and 126 Team Leaders managing teams of frontline staff; with approximately 20 – 25 per team. The Gate 4 project closure report was approved by Trust Management Group subgroup on the 8th March 2022.

Focus for the 2022/23 year is the embedding of the principles of Team Based Working including leadership skills and training for managers, rotas aligned to teams and roll out of team investment days.

3.1.6 999 Career Pathway

A number of projects continue to fully implement a career pathway for entry-level front-line staff through to Specialist and Advanced Paramedics. This includes: -

- Enhancements to the ECA to Paramedic career pathway
- Development of a Specialist Paramedic Education Framework
- Recruitment of Specialist Paramedics in Critical Care and Urgent Care
- Recruitment of Advanced Paramedics
- Realignment of roles to Specialist Paramedics in Urgent Care

3.1.7 EOC Business Continuity Improvements project

The Trust Board approved a business case to re-develop the York EOC in order to improve Dispatch business continuity provision whilst also providing additional refurbished office / EOC space. Design plans and engagement with contractors is under way and work is expected to be completed within the 2022/23 financial year.

3.1.8 Yorkshire Air Ambulance Clinical Model Review

Collaborative working across the six Task and Finish Groups continues. The groups came together in March 2022 to consolidate progress in order to present to the Yorkshire Air Ambulance (YAA) Partnership Board on the 13th April 2022. This will include proposals for: -

- EOC
- Clinical Leadership and Governance
- Workforce Development and Retention
- Information Requirements
- Technical Crew Member (TCM) role
- Service Level Agreement (SLA) Review
- Communications and Relationship Building

Progress across all six Task and Finish Groups, whilst positive, have been impacted by ongoing pressures from the ongoing Covid response, with the EOC, Information Requirements, Clinical Leadership and Governance groups reporting slow progress. However, the TCM and Workforce Groups have now agreed in principle, courses of actions that are acceptable by both partners. These proposals will be briefed to the YAA Partnership Board on the 13th April with the aim of securing the agreement to progress these two Task and Finish Groups to a quick conclusion.

3.1.9 Key Operational Risks

Key operational risks expected over the next few months are:

- Continued increased demand due to higher acuity (Category 1) calls to the service
- Continued high levels of handover delays at specific Acute Hospital Sites
- Further fluctuations in Covid and Non-Covid related sickness absence with concerns for all colleagues working under relentless pressures

3.2 Urgent Care and Integration Directorate

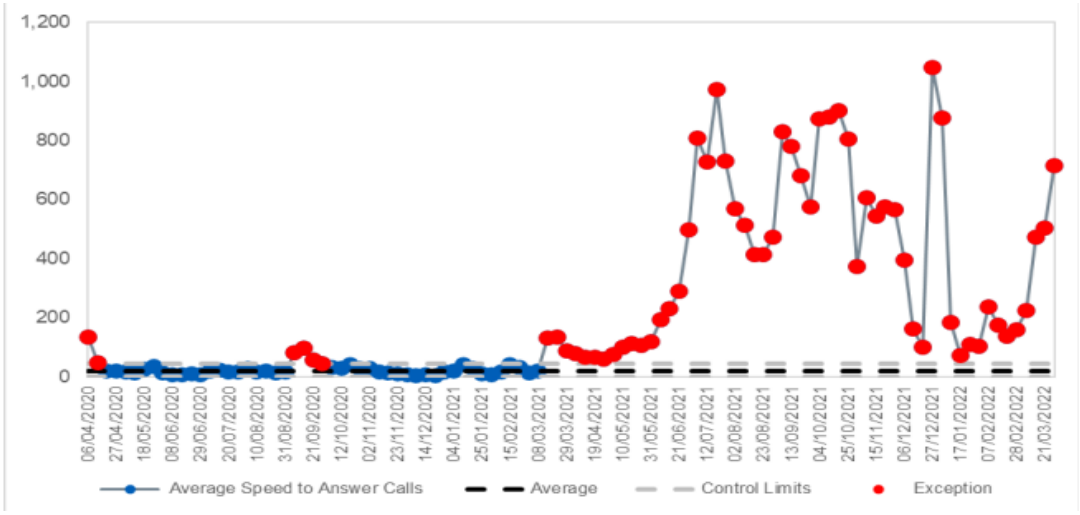
3.2.1 Integrated Urgent Care

<u>Demand and Performance</u>

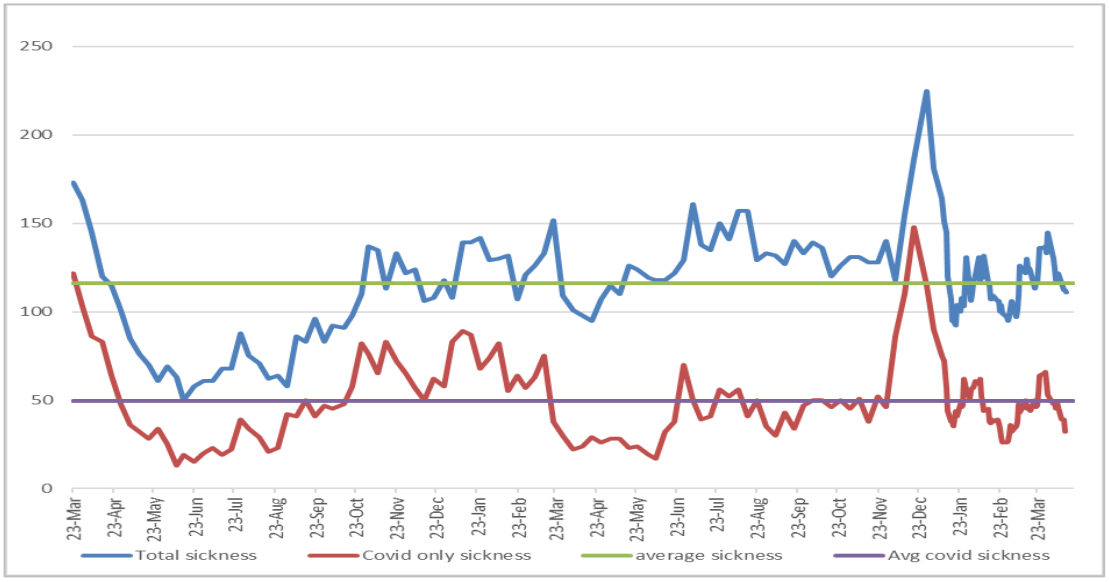
Overall demand and performance for 2021/22 Calls offered was1,964,057, this was 7.3% above baseline, whilst calls answered was 1,669,087, -8.8% below baseline.

Performance for 2021/22 saw calls answered in 60 seconds at 38.1%, calls abandoned 15% and average speed to answer was 407 seconds. Clinical demand for 2021/22 saw 1,634,338 patients triaged, 24.1% of these were assessed by a clinician or a clinical advisor, and 46.2% of these received a clinical call back within one hour.

Performance continued to be a challenge across Quarter 4 for patient access with a maintenance of a high average speed of answer, although falling for a January peak before rising again from mid-March (see chart below).



Staff absence, driven by Covid, has been a key factor in this with both an early January Omicron wave and a further regional increase from the middle of March. However, from early April this has started to fall as indicated by the chart below. Whilst Covid has accounted for between 35% to 50% of staff absence across the period, the other main cause of absence remains 'anxiety, stress and depression' with additional interventions being taken as part of the IUC improvement plan.



Capacity

Staff capacity remains below the 2021/22 funded position with a shortfall of 100 FTE (full time equivalent) Health Advisors following a combination of higher attrition (annualised at 55% and representing a 13% increase on the pre-pandemic average) and more limited uptake in recruitment. To support this activity YAS IUC accepted NHS Professionals support.

Improvement plan

Key developments across the rest of the quarter include:

- **Employee voice** – an extensive staff engagement programme commenced in March with the improvement plan and areas of key focus shared with staff. This marked the start of bi-monthly sessions with the next ones due in May to review and share the NHS Staff Survey results.

  A staff survey was also conducted around the introduction of uniform with the vast majority of staff indicating a preference for the introduction of a uniform similar to that in the Emergency Operations Centre (EOC).

- **Culture and Leadership** – a full review of Freedom to Speak UP (FTSU) cases has been undertaken with the agreed extraction of the FTSU lead in IUC to help support with the wider programme. Resulting in the recommendation of some additional training and marketing of the FTSU scheme. A defined role for staff to act as change champions has been defined and is due to be shared with staff to apply for and commence during Quarter 1.

- **Workforce –** recruitment and retention continues to be a key focus for the service, with additional recruitment planned as part of recovery and the anticipated 2022/23 funding. Actions include additional marketing of the roles (Total Jobs, Facebook advertising) with a clinical recruitment workshop planned in April to further review.

  A key action due across Quarter 1 and Quarter 3 is a rota review. YAS has conducted a procurement exercise to identify an external partner to help support the work. Post contract award dialogue sessions continue to agree the engagement timelines, a key aspect of the work.

- **Service Development** – commencement of review into service 'Average Handle Time' and 'Not Ready Reason Code Usage' in order to understand potential issues and to enable more focused action on any barriers.

  Health Advisor homeworking pilot is due to commence in April / May for a small cohort of staff, initially on an overtime basis.

- **Health and wellbeing** – continuation of initiatives in the call centre including therapy dogs (recognised as supporting staff wellbeing across healthcare), occupational health support sessions, review of staff absence management (including covid absence) and the scheduling of mental health first aider training to commence during Quarter 4.

  In addition to this approval was also secured to introduce a paid wellbeing break during May 2022 for all front facing IUC staff.

3.2.2 Patient Transport Service (PTS)

Demand

Due to the extreme operational pressures caused by the Omicron variant at the beginning of January a decision was taken to suspend routine journeys to planned care clinics between 12 and 23 January 2022. This was free PTS

capacity to support 999 emergency ambulance responses to life threatening calls. The decision led to a 20% decrease in patient journeys for PTS. However, PTS did continue to support the extremely clinically vulnerable, and acute trusts in discharging medically fit patients.

February saw demand return closer to levels seen in recent months. Total demand in February was 18.8% above the same month last year.

March's demand compares with pre-covid levels, being the highest demand since October 2019. The general trend of increased demand has continued, with demand in March 18% above the same month last year, which equates to an increase of c.12,000 journeys.

Demand has increased significantly over the course of the financial year; total demand in 2021/22 was 842,147 (28.3% increase on 2020/21). Covid demand also increased by 49% in this period.

During Quarter 4, social distancing guidance of one metre plus remained in place, limiting PTS ability to cohort patients; this is also minimising the potential efficiency benefit to resource and waiting times.

As part of the planning round forecast has been modelled with a 7% increase:

- 21/22 Demand: 742,582 journeys
- 22/23 Demand: 797,705 journeys

The PTS service delivery model traditionally utilises 60% YAS resource and 40% alternate provider. The current position is that the service utilises 40% YAS resource and 60% alternate provider, reflecting a need to increase capacity to meet additional demand for journeys.

Performance

The contractual KPI's remain suspended in line with NHS England Guidance. Focus continues on the 120 Minute Discharge KPI and patient care.

PTS Short Notice outwards KPI was 87% in March, which is just under target but outperforming pre-Covid performance. Performance ended the year strongly, with the final three months of the year performing above the levels seen in the preceding nine months, and exceeding target for pre-planned inward, outward journeys (85% of all PTS journeys) arrival prior to appointment as well as patient journey times.

The percentage of calls answered in 180 seconds saw a further decrease in March (-14.8%). Telephony performance over the past couple of months has returned to levels seen in 2021 after a spike in performance during January. Final year-to-date (YTD) figure was below target at 58.8%. Online staffing was on average six FTE under requirement. Total calls offered was above forecast (+6.6%) after a 1.6% increase in call volume: 20.7% higher than the same month last year.

PTS control room and reservations staff remain agile/hybrid during the pandemic and 61 control room and booking staff continue to work from home.

Supporting A&E Operations:
During the suspension of PTS services for non-urgent appointments PTS resource was deployed to 999 emergency services. Clinically triaged low acuity 999 activity was passed to suitable PTS crews. On average 74 jobs per day were passed from 999 to PTS. This equated to anywhere between an estimated 67-185hrs of availability been given back to 999 A&E per day. However, during this period up to 600 patients were suspended to provide the resources released by the escalation. The model implemented during the time of escalation has provided valuable insight into the possibility of service models for the future for low acuity patients.

Infection Prevention and Control
On 14 April 2022, new guidance was issued for "National Infection Prevention and Control (IPC) manual and revised UK IPC Guidance letter. Patient Transport is given specific reference in the cover letter as an area where distancing restrictions can return to pre-covid normality. However, the importance of robust local risk assessments is emphasised. It is suggested that changes to the operating model should be balanced with risks to the wider healthcare system.

Direct liaison with renal and cancer centre leads in the region has indicated that these keys partners are not yet ready to implement revised distancing measures. The proposal approved by the Trust Executive Group (TEG), is to reintroduce cohorting patients, booking or routine planned care, in a controlled and safe way from Quarter 2 onwards. Patients requiring renal dialysis and cancer treatments will continue to travel individually, with a proposal to review this in Quarter 3 and four. Masks will continue to be made available and encouraged for all patients travelling.

NHS England and NHS Improvement have published their review of non-emergency patient transport services.
YAS, with west Yorkshire care system, was successfully appointed by NHSE/I as one of three "pathfinder" pilot systems in the Country to trial and test some areas of the review for recommendation:

- Signposting non-eligible patients,
- Improving access to the Voluntary, Community and Social Enterprise Transport services, and
- 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 also pilot, review, engage and recommend on:

- Revised Eligibility Criteria and application (see update below)
- Commissioning and Procurement (pending final legal approval)

NHSE/I consultation on proposed eligibility criteria has concluded and draft report is prepared. The consultation response document and the criteria itself have been approved by the NHSE/I Implementation Board and by the NHSE&I CEOs office. However, Ministerial approval is required ahead of publication.

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

Discussions are continuing with commissioners system partners to consider increased PTS funding to maintain additional alternative resource capacity, phased removal of social distancing restrictions and forecast demand requirements of the Healthcare Systems as recovery and activity increases in 2022/23.

3.3 Clinical Directorate

3.3.1 Clinical Leadership and Supervision

Area Clinical Lead pilot – The pilot to review the impact of dedicated senior clinicians within each Clinical Business Unit has been extended for a further six months. The Area Clinical Leads (ACLs) are experienced Paramedic clinical leaders dedicated to providing clinical leadership and supervision across operational staff, providing guidance and support for Team Leaders and Area Operations Managers to develop clinical skills. The ACLs are supporting the curriculums for the investment days, developing improved support for newly qualified paramedics and delivering high quality CPD.

3.3.2 Maternity Care

West Yorkshire Local Maternity and Neonatal System funded a six-month secondment post of a maternity practice developer to support maternity development and education. This secondment has now finished but a legacy of maternity improvements and an enthusiasm from frontline clinicians to seek a long-term position within the Trust remains. 140 ambulance clinicians have benefitted from expert education, she has arranged for an upgrade of the birthing simulators and updated the training materials used in the YAS Academy.

3.3.3 Clinical Audit and Effectiveness – Summary of Quarter 4 audits

Since the launch of the new electronic Patient Record (ePR) final working impressions as part of the national ambulance data set pilot, ‘no abnormality detected’ has been the second highest recorded final working impression and this audit assesses the use of this new final working impression. The audit demonstrated that 70% of the use of ‘no abnormality detected’ did not align with the documented free text. The ambulance clinician feedback and the results of this audit have generated implementation of a new search function of the final working impression to assist clinicians with picking the correct final working impression and a repeat audit is planned to review the impact of this functionality.

The Pre-hospital Birth Care Audit uncovered many good areas of practice within Yorkshire Ambulance Service. Maternal observations were complete in full for most of the women and so was the documentation of gestation of pregnancy. The neonatal APGAR score was completed in 82.3% of cases and APGARs calculated at seven and above occurred in 95% of births, suggesting most of the neonates are well at birth and resuscitation is a rare event.

Obstetric complications in this group of women were fortunately low with major bleeding the most common at 15.5% of births. Of these 1.9% of women had a

major bleed (blood loss greater than 1000mls). Care for women suffering a PPH over 750mls was extremely good with 100% of women being cannulated. 100% of women having a major bleed received appropriate drug medication. Recommendations from the audit include purchasing of thermometers suitable for new-borns, and an ePR text box for documentation of new-born care.

3.3.4 Research Delivery

The NIHR Clinical Research Network for Yorkshire and Humber monitor our performance in research delivery.

- In 2021/22 YAS have recruited 805 participants into NIHR CRN portfolio studies
- Seven studies on the NIHR portfolio are currently open to recruitment and are on target to achieve recruitment within the study time. 8 studies have closed during 2021/22 of these two closed with fewer participants than target.

The Major Trauma Triage Tool Study (MATTS) evidence-informed injury assessment tool was launched for all YAS staff on 28 September. The YAS research team are collecting data to evaluate its performance, safety and to understand its implementation across the trauma networks. So far 66 clinicians have completed the evaluation survey.

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, continue to deliver the PACKMaN study - Paramedic Administration of Ketamine or Morphine for Trauma in adults. To date 94 patients have been enrolled with paramedics trained to deliver the trial intervention. The continued support of operational team leaders and supplies team has been invaluable in setting this study up.

YAS is supporting Leeds Teaching Hospitals diabetes research team to identify patients who have type 2 diabetes and have had an ambulance call out for hypoglycaemia to offer them a trial of blood glucose monitoring and diabetes nurse support.

3.3.5 Research impact

The Research Team, together with the YAS Charity have hosted the first online day of the EMS999 Research Forum. This was a day of sharing research results and a face-to-face event for early career researchers will be held on 14 June 2022 in Sheffield.

3.3.6 Research Development

The NIHR Clinical Research Network Yorkshire and Humber have provided additional strategic funding to YAS to support research delivery and research leadership roles to focus on developing more research for YAS. We will be

advertising for a new Senior Research Fellow one day per week fixed until the end of March 2023.

3.3.7 Urgent Care Pathways

Urgent care pathway development continued at pace in 2021, resulting in the creation of many new pathways, including access to mental health home-based treatment teams throughout the region, enabling more patients experiencing mental health related problems to be cared for at home and avoid hospital attendance. In addition, the team have been instrumental in assisting our health and social care partners to design and develop new Urgent Community Response (UCR) teams within the area. The UCR teams offer a 0-2-hour crisis response to patients in their home environments, employing multidisciplinary teams of health and social care professionals that enable the delivery of expert care in community settings, and are especially relevant to patients living with frailty who are proven to have poorer experiences and outcomes when conveyed to hospital. The team are currently piloting an innovative project in cooperation with our operational colleagues in the Emergency Operations Centre (EOC), the UCR teams in Calderdale and Kirklees, and Local Care Direct (LCD). This project has been designed as a 'test of concept' to determine how the ambulance service and the UCR teams can best work together for the benefit of patients.

The Clinical Pathways team have also been working closely with our acute trust partners to develop pathways to hospital-based Same Day Emergency Care (SDEC) services, allowing patients to be assessed, and their care managed, in areas other than the Emergency Department, helping to reduce waiting times and facilitating faster turnarounds.

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. The IPC team have worked to support the review of the national Ambulance sector guidance, which has been released and supports the direction of travel given by the Government, of learning to live with COVID. The safe implementation of this guidance relies on local risk assessment, which are underway. All decisions will be supported by best evidence and approved via Trust Executives, and where necessary recorded on the risk register. COVID-19 outbreaks have been limited to localised clusters of infection in Trust services for the last month and sickness absence due to COVID infection is reducing.

3.4.2 Violence Reduction Standard / Body worn camera project.

The Body Worn Camera pilot is now into phase 3 roll out, with equipment and training being delivered to a further 12 sites. Usage at sites in phase 1 and phase 2 is around 20% of staff. It is suggested that changes operationally regarding Team-based working, which inevitably caused many champions to be redeployed, along with the winter demand level, Omicron COVID-19 variant, and the Trusts REAP level 4, led to some engagement delays in the project timescale and the staff acceptance of this new form of Personal Protective Equipment. However, the new team and management structures put in place

as part of Team-Based working also provides a potential route for more direct engagement, offering greater ability for information to be cascaded from managers to staff, which could help to promote usage of the cameras.

On 28 February 2022, the Association of Ambulance Chief Executives (AACE), with support from NHS England, launched the national #WorkWithoutFear campaign. The campaign's purpose is to highlight the profound impact that abuse, aggression and violence has on staff whilst performing their duties and is to be rolled out over the course of the next six months. We have been taking part in the campaign using the materials provided.

The Violence reduction team have completed self-assessment tool in Quarter 4. A further report will go to the Trust Management Group (TMG) to discuss compliance and agree actions to improve overall compliance. The new standards set a high level of attainment and careful review of resource allocated to reduce violence and maintain standards will be required.

3.3.3 Service Transformation

Service transformation programme and associated projects were 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, during the busy winter period. The priorities within the plan are tracked by the PMO 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. Work now needs to be undertaken to ensure we continue to link programmes of transformation with planning guidance for 2022/23, as well as more strategic planning process for five years forward.

3.4.4 Patient Safety

The National Patient Safety Strategy (PSS) has been launched and elements of the new model for reporting process is being rolled out within 2022/23. Local CQUINs have been developed to ensure we are ready for the new patient safety reporting process. 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.

We are working to fully understand and implement all elements of the national PSS; including patient safety partners and how to work with our public on safety, patient safety training for all staff including Board level training, preparation for DATIX system to work with PSRIF system to ensure fully automated reporting going forward.

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 has met proactively with the HR team to review the process to manage staff allegations, to ensure they are being processed by HR, with the support of the safeguarding team, in a seamless and consistent manner across the organisation and appropriately

managed and referred externally as required. Contracting elements are being reviewed with the lead CCG and where contracted work extends outside of the basics, we would be looking to work collaboratively with safeguarding specialists in CCG.

3.5 People & Organisational Development Directorate

The People and OD Directorate key updates and activities undertaken in the recent period are set out below. However, for 2022/23, it has been agreed for the directorate to prioritise three areas with the aim of supporting staff:

- **Health and wellbeing** – which will include ensuring physical and mental health support is available and that we are looking after our staff. This agenda is crucial given our consistently high sickness absence rate.
- **Targeted culture work** – responding to feedback and working with staff in key areas, through our Say Yes to Respect programme, to address concerns. An important area given our Staff Survey and feedback from Staff networks, Cultural Ambassadors and other feedback from staff.
- **Appraisals and compassionate and inclusive conversations** – ensuring staff have quality appraisal and compassionate and inclusive conversations with their line managers. Another area requiring attention given again our Staff Survey and our appraisal/PDR compliance for the Trust being 48.8%.

Progress against these three areas will be reported through Quality Committee.

3.5.1 Leadership and Organisational Development

The National NHS Staff Survey (NSS) 2021 ran from 5 October to 26 November 2021; a separate paper has been submitted with the results.

The previous Staff Friends and Family Test (FFT) has been replaced with the new National Quarterly Pulse Survey where staff will be able to answer the nine engagement questions (from the NSS) on a quarterly basis. YAS ran its first quarterly survey from Monday 17 January 2022 until Friday 28 January 2022 with a response rate of 12%. The Staff Engagement Score was 6.52 which shows an increase of 0.6 since the NSS in November 2021.

The Leadership in Action and Accelerated Development programmes are under review aligned to other strategic organisational development work.

3.5.2 Health and Wellbeing

The draft 2022/23 Health and Wellbeing Plan has been developed following an engagement event on 15 March 2022 in Leeds with the members of the Health and Wellbeing Group, including the Trust's Wellbeing Guardian (Non-Executive Director on the Board), additional colleagues from all service lines and corporate as well as representatives from the Trust Executive Group, including the Trust's CEO. The draft plan is informed by local intelligence and our staff survey results, whilst ensuring alignment to the recently launched NHSE/I Health and Wellbeing Framework and Diagnostic Tool results, the AACE recommendations and Mental Health Continuum, and The Royal Foundation-Blue lights Together Framework. The draft plan will go to Board in June 2022.

3.5.3 Recruitment

Given the levels of demand and gaps in the workforce plan, significant recruitment campaigns are ongoing for Health Advisors and Call Handlers to join the Trust during 2022/23. To support this work, we are working with NHSI, Leeds One Health and Social Care Workforce and utilising external and geographical targeted advertising strategies.

During 2021/22, 144 ECA's, 210 Paramedics, 108 EOC Call Handlers and 257 IUC Health Advisors started in the Trust.

To further support with increasing operational demands and the growth of our Paramedic pipeline, the Trust has recently taken part in a nationally funded pilot to recruit Paramedics from Australia and New Zealand. The project, led by Health Education England's (HEE's) Global Recruitment Directorate, has resulted in 34 successful offers for overseas Paramedics, who will join the Trust in July/August 2022.

3.5.4 Diversity and Inclusion

In line with our statutory responsibilities, we have recently published our data on the Trust's Gender Pay Gap, which unfortunately increased this year. A separate Trust Board paper with our data and actions to address our gap has been submitted.

The Trust launched its Women and Allies Staff Network on International Women's Day on the 8 March 2022 with an interactive Teams Channel with discussion threads about various themes and issues which impact women. The network is an inclusive space for women, people who identify as women and male allies. A full launch will take place in the summer when it is hoped that colleagues can come together to celebrate our newest staff network.

3.5.6 Education and Learning

The application process for ECAs and EMTs to progress on the career development pathway onto the Associate Ambulance Practitioner apprenticeship opened in February attracting over 300 applicants. Supported by a line manager recommendation, 230 have passed the exam to date with 37 scheduled for a re-sit.

In response to the REAP Level 4 extreme operational demands and staff absences, a bespoke training course of clinical support skills and driving assessment was designed and delivered to 60 military personnel in 3 cohorts across weekends, enabling military deployment during January and February. An additional 10 were trained in clinical support skills but were not required to be deployed.

7.9% of the YAS workforce are on an apprenticeship programme (as of 15th March) which is consistently higher than the government target of 2.3%. This reflects the continued high numbers of staff on one of the three A&E career development programme apprenticeships: Ambulance Support Worker (220), Associate Ambulance Practitioner (169) and Paramedic Apprenticeship (74), as well as those on a variety of other apprenticeships (36) and Trainee Nurse Associates Apprentices (3).

3.6 Finance Directorate

3.6.1 Finance

The Trust has faced 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 submitted a H2 (months 7 - 12) breakeven plan, although the financial results will be reported for the full 12 months 2021/22.

The Trust is forecasting a position of a £7.8m surplus resulting from higher income and lower staff costs offset to an extent by higher than planned non-pay expenditure.

Work to understand the recurrent and underlying financial position to deliver longer term sustainable and robust financial plans is ongoing. Initial planning submissions show significant underlying recurrent and Ambulance sector specific costs presenting financial challenges for 2022/23. The current 2022/23 revenue plan indicates a deficit of £31m.

The 2022/23 capital expenditure plans have been prioritised and profiled in line with the allocated resource.

3.6.2 Estates, Fleet & Facilities

<u>Environmental & Sustainability</u>

Assessments are continuing on 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).

The biodiversity assessment 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. The assessment will be continued to include the new Scarborough site with tree planting considered in design.

<u>Estates</u>

Work has been completed on the next phase at Bradford and includes for the refurbishment and remodelling of the staff facilities. Further phases will now begin in line with the 2022/23 capital approvals.

Design work is ongoing for Fairfields EOC project.

Work to understand the current deprecation values against lease buildings has been commissioned and completed with data submitted.

<u>Electric Vehicle (EV) Charging</u>

Assessments and monitoring of the electrical infrastructure and associated capacity for EV charging continues across eight stations.

Fleet

FY 2021/22 has seen unprecedented pressure on the supply chain not only from Covid but a worldwide shortage of electrical components affecting the motor industry in turn causing delays within the vehicle replacement programme. Vehicle availability has improved slightly in both A&E and PTS in March from the previous month. Routine Maintenance compliance remains high with the variance to target being vehicles that are currently VOR and undergoing repair. Age profile remains static with orders for 64 DCA and 109 RRV in progress and due to arrive in Quarter 2 through Quarter 3 2022/23.

Medical Devices/AVP and Ancillary Services

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

3.6.3 Procurement & Logistics

Personal Protective Equipment (PPE)

There are no immediate challenges in relation to critical PPE supplies within the Trust. In all cases the Trust holds a minimum of 14 days stock in line with national requirements. The national Inventory Management System - 'Foundry' continues to work effectively and is demonstrating its agility when the Trust sees spikes or reductions in usage rates.

Lateral Flow Devices

The Trust no longer provide Lateral Flow Devices (LFDs) to staff, NHS staff will instead request them individually from the .gov.uk website. We do however hold a small number in stock as a contingency where staff have problems accessing them from the agreed route.

On-going Key Procurements

There continues to be a significant portfolio of activity led by the Procurement team, and alongside our own requirements we continue to identify opportunities to work collaboratively with other Trusts. For instance, work is ongoing with the Common CAD Project with the intention to set up a single supplier framework to be accessed by all Ambulance Service Trusts, with an immediate call-off by YAS, NWAS and EMAS when the framework goes live later this year.

3.7 ICT and Business Intelligence

3.7.1 The focus of the last quarter has been completing the rollout of the mobile phones to A&E Ops staff and moving existing connections from Vodafone to O2. At the end of March 2022, circa 2,468 phones (87%) have been deployed, with the remainder scheduled for April 2022. Circa 4,409 existing Vodafone connections have moved to O2, with the remaining circa 2,790 devices due to migrate by the end of May 2022. These residual devices include the vehicle-based equipment (MDT's and terminals) and timing differences between terminating current contracts and actual lines ceasing. Over 6,800 connections are now live on O2.

Delays with both projects arose due to the recent focus on supporting front line operations and technical issues with some SIM cards that prevented the vehicle-based equipment moving as quickly as planned.

3.7.2 The Mobile Data Vehicle Solution (MDVS) programme run by the national Ambulance Radio Programme (ARP) to replace the existing DCA and RRV vehicle based Mobile Data Terminals (MDT) is in pilot. The new MDT's comply with current Road Traffic Act (RTA) legislation and any exemptions that apply to emergency services. As such, the underlying functionality for the driver to see job information on a screen has correctly changed in line with RTA to prevent this information being displayed at speeds over 7mph. The pilot crews feel that this different but correct functionality will compromise patient safety and job response times. As such, the YAS pilot has paused until a text-to-voice (TTV) solution can be developed by CAD suppliers and the ARP team. NEAS are also piloting the new solution. However, their processes include the frequent use of radio to inform crews of changes to jobs and therefore they are not as impacted as YAS. There is likely to be a delay of three to four months until the TTV functionality is implemented.

3.7.3 The global shortage of chips continues to create supply chain issues related to the delivery of computing equipment. Current delivery times for orders of laptops, desktops, servers and communications equipment are in excess of three months.

3.7.4 EPR phase 4 successfully completed in March 2022, with four releases during the year. Recent developments include a revised Hospital and Administration portal, a relaunch of GP post-event messaging, delivery of the national Ambulance Data set pilot and increased data provision to/from the Yorkshire and Humber Care Record. Leeds, York/Scarborough, Hull and Rotherham Transfers of care are implemented. Sheffield Teaching Hospitals, Bradford & Calderdale and Doncaster plan to implement in 2022/23, and other trusts within the Y&H region are being chased via the ICS leads for prioritisation of this work.

An outline of the YAS Care record has been demonstrated both internally and externally using both internally generated system data and that available from the Y&H care record. This will be a core 2022/23 deliverable.

3.7.5 Phase 1 of the Unified Comms project completed in September 2022 with the entire Trust operating on the new resilient and supported telephony platform. Further development is planned, subject to capital funding, to realise additional operational benefits outlined in the original business case. However, it should be noted that technology enhancements originally in scope for Unified Comms have been superseded during Covid with the introduction of Microsoft Teams in support of working from home, and with limited success, GoodSAM for patient video consultation in 111 and 999.

3.7.6 The N365 project is now complete. All of YAS user emails, Microsoft functionality and user data has been transferred to the NHS Digital platform.

3.7.7 The department continues to support the initial stages of initiatives such as the Single Virtual Call Centre (SVCC) for 111 and the Intelligent Routing Platform (IRP) for 999. Both of these nationally sponsored projects are intended to

deliver an increased patient experience by enabling improved call handling. No go-live is currently set for either project. The department has developed technical solutions to support the 111 working-from-home call handler pilot starting in Q1.

3.7.8 Operational system availability KPI's have been exceeded in the last quarter. The data warehouse infrastructure is currently undergoing a re-platform to increase stability, performance and backup. BI reporting has been impacted by the data warehouse issues.

3.7.9 The Voice comms team and IT service desk have moved to Unit M due to the expansion of the EOC within Springhill 2. Based on analysis of call patterns, the IT service desk hours have been extended to 0600hrs to 2000hrs Monday to Friday. This will cover circa 95% of all calls received to the service desk and enable overnight requests via the Portal to be actioned faster for the following day.

4. UPDATES ON KEY ACTIVITIES

4.1 Jordan Henderson Visit (Charities Together)

England star and Liverpool FC captain Jordan Henderson visited our Emergency Operations Centre in Wakefield in February to meet staff and volunteers at the Trust, where money he helped raise for NHS Charities Together is funding vital equipment, mental health support for staff and training for hundreds of volunteers. Jordan was named Charity Champion for NHS Charities Together in January 2021, after he invited professional footballers to support the NHS by donating part of their wages to the charity's COVID-19 Urgent Appeal. From the £7 million allocated to ambulance services in England, Wales, Scotland and Northern Ireland by NHS Charities Together, YAS received £728,500 into the Yorkshire Ambulance Service Charity to help relieve pressure on the service.

We were able to talk about the work of our staff across our services, as well as the work of our volunteers. He described his visit to the BBC, who were filming his visit, as amazing and praised our staff for sticking together as a team whilst working in such high-pressure environments and called for ongoing mental health support for NHS workers in the years to come.

5. RECOMMENDATIONS

5.1 The Board is asked to:

- **Receive assurance** on the activities of the Executive Team.
- **Receive** the Integrated Performance Report for March 2022.

6. APPENDICES

Integrated Performance Report for March 2022

NHS
Yorkshire
Ambulance Service
NHS Trust

Integrated Performance Report

March 2022

Published 19th April 2022

Table of Contents

Yorkshire Ambulance Service NHS Trust

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

NHS
Yorkshire
Ambulance Service
NHS Trust

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

Patients and communities experience fully joined-up care responsive to their needs

Our people feel empowered, valued and engaged to perform at their best

Our Ambitions for 2023

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.

999 IPR Key Exceptions - March 22

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:28	H	
999 - Answer 95th Percentile		00:02:45	H	
999 - C1 Mean (T <7Mins)	00:07:00	00:09:42	H	F
999 - C1 90th (T <15Mins)	00:15:00	00:16:52	H	F
999 - C2 Mean (T <18mins)	00:18:00	00:46:41	H	F
999 - C2 90th (T <40Mins)	00:40:00	01:41:56	H	F
999 - C3 Mean (T - <1Hr)	01:00:00	02:33:59	H	F
999 - C3 90th (T -<2Hrs)	02:00:00	06:15:59	H	F
999 - C4 90th (T < 3Hrs)	03:00:00	07:11:15	H	F
999 - C1 Responses > 15 Mins		1,150	H	
999 - C2 Responses > 80 Mins		6,495	H	
999 - Job Cycle Time		01:52:04	H	
999 - Avg Hospital Turnaround	00:30:00	00:53:03	H	F
999 - Avg Hospital Handover		00:31:43		
999 - Avg Hospital Crew Clear		00:16:56		
999 - Average Hospital Notify Time		00:05:45		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer: The mean call answer increased by 23 seconds when compared to February and is also 23 seconds longer than March 2021. The variance to forecast from offered calls was 12.1% above forecast. The tail end of call answer times shown in the percentiles increased sharply in March following a steadily decreasing trend since October 2021.

Cat 1-4 Performance: No national performance targets were met in March. Performance times for all categories remain exceptionally high. Compared to February, the Category 1 mean and 90th percentile performance times were increased by 58 seconds and 1 minute 39 seconds, respectively. Abstractions were 1.5% lower than forecast for March, though increasing 2.4% from February. Weekly staff hours have fallen compared to February by almost 4,150 hours per week. DCA Jobs times have lengthened by 42 seconds compared to February. This has contributed to overall availability reducing by 1.4% from January and was reflected in worsened performance. Compared to March 2021, abstractions are up by 3.7% and availability is down by 3.5%.

Responses Tail (C1 and C2): The number of Cat1 responses greater than 90th percentile target increased sharply in March by 76.4% when compared to February. This is an increase of 324.4% when compared to March 2021. The number of Cat2 responses greater than 2x 90th percentile target also increased in March, with a 231.2% increase compared to February and 876.7% increase when compared to March 2021.

Job cycle time: Average Job Cycle time remains higher than last year and has been consistently increasing month on month except for January. Overall, job cycle time is approximately 2 minutes longer than in February and 13 minutes longer than in March 2021.

Hospital: Average hospital turnaround times for March remain high, increasing by over 3 and a half minutes from February to the highest they have been in March. Average turnarounds are now 23 minutes above target and just over 15 minutes longer than they were in March 2021. Average Crew Clear has increased recently, with some weeks in March increasing to just above the upper limit of expected values. However, recent increases in turnaround times have been primarily driven by long handover times. The average handover time in March was almost 4 minutes longer than in February at almost 32 minutes. The number of incidents with conveyance to ED is 8.7% higher than February (although it should be noted the February is a shorter month) but 2.7% below March last year.

IUC and PTS IPR Key Indicators - Mar 22

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		130,037	H	
IUC - Calls Abandoned	3.0%	13.5%	H	F
IUC - Answered in 60 Secs	90.0%	33.0%	L	F
IUC - Call back in 1 Hour	60.0%	45.6%		F
IUC - Core Clinical Advice	30.0%	22.7%	L	F
IUC - Booking ED	70.0%	34.0%	H	F
IUC - ED Validations %	50.0%	40.7%		F
IUC - 999 Validations 30 mins %	50.0%	90.4%		P

Indicator	Target	Actual	Variance	Assurance
PTS - Arrive at Appointment Time	90.0%	89.1%		F
PTS - Answered < 180 Secs	90.0%	44.4%	L	F
PTS - Journeys < 120Mins	90.0%	99.5%		P
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	91.4%		P
PTS - % Short notice - Pickup < 120 mins	90.8%	87.0%		F

IUC Exceptions - Comments (Director Responsible - Karen Owens)

YAS received 150,417 calls in March, -4.3% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in March, 130,037 calls (86.5%) were answered, 7.2% less than were answered in February, and -8.5% lower than the number of calls answered in March 2021.

Although demand has dropped recently, continued limited staff availability has heavily impacted on call performance metrics. Whilst it is no longer a national KPI, we are continuing to monitor the percentage of calls answered in 60 seconds as it is well recognised within the IUC service and operations as a benchmark of overall performance. This measure dropped in March to 33.0%, compared to February's 50.7%. Average speed to answer in March was 376 seconds, up 209 seconds from February and still significantly higher than the national target of <20 seconds. Similarly, abandoned calls were 13.5% this month, above the 3% target and 6.0% higher from February's performance. YAS are not alone in these challenges, with other providers experiencing similar challenges.

The proportion of Clinician Call Backs made within 1 hour was 45.6%, below the 60% target and slightly lower than 46.7% in February. Core clinical advice was 22.7%, down from 23.2% in February. 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 90.4% in March, whilst performance for overall validations was 99.7%, with around 11,100 cases validated overall.

ED validation performance was 40.7% for March, -4.7% lower than February. This was due in part to ED validation services being closed on DoS (in the out of hours periods) for several periods of time during the month as a result of clinical demand and capacity 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. Previous analysis showed that if cases now going to UTCs that would have gone to validation previously were no longer included in the denominator for the validation calculation, YAS would have met and exceeded the 50% target every month this year.

PTS Exceptions - Comments (Director Responsible - Karen Owens)

Total Demand was 78,867 in March; a 16.9% increase on the previous month. (see more on Demand 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. PTS Short Notice outwards KPI was 87.0% in March, which is under target. Performance ended the year strongly, with the final 3 months of the year performing above the levels seen in the preceding 9 months. Final YTD figure was below target at 85.0%.

Covid Demand was 2,170 in March, which is a 42.9% increase on February. This follows 6 consecutive weekly increases in covid demand. Calls Answered in 180 % saw a further decrease in March (-14.8%). Telephony Performance over the past couple of months has returned to levels seen in 2021 after a spike in performance during January. Final YTD figure was below target at 58.8%. Online staffing was on average 6 FTE under requirement. Total calls offered was above forecast (+6.6%) after a 1.6% increase in call volume: 20.7% higher than the same month last year

Support Services IPR Key Indicators - Mar 22

Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		755		
Serious		3		
Moderate and Above Harm		26		
Service to Service		76		
Adult Safeguarding Referrals		1,626	H	
Child Safeguarding Referrals		880	H	

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.

Indicator	Target	Actual	Variance	Assurance
Turnover (FTE) %		11.9%	H	
Sickness - Total % (T-5%)	5.0%	11.2%	H	F
Special Leave		1.5%	H	
PDR / Staff Appraisals % (T-90%)	90.0%	48.7%	L	F
Stat & Mand Training (Fire & IG) 1Y	90.0%	87.6%		F
Stat & Mand Training (Core) 3Y	90.0%	79.7%	L	F
Stat & Mand Training (Face to Face)	90.0%	71.4%		F

Workforce Exceptions - Comments (Director Responsible - Mandy Wilcock)

Sickness - Sickness has reduced significantly to 10.0% although still causing performance concerns across the Trust. Covid absence is starting to slowly increase again, although special leave/self-isolation has reduced by 50% from 2.5% to 1.2%. The EOC/111 transformation teams have specific work streams regarding health and wellbeing.

PDR -rates at 49.3%. Given continued pressures this has dropped slightly from Jan to Feb in all areas apart from PTS who achieved a small increase. Support continues to be 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.

Statutory and Mandatory Training - Compliance figures have improved slightly for the 3y eLearning, albeit most categories
in most areas are still below the compliance targets. Staff are being encouraged to get all eLearning completed and work is underway to determine how the Trust might be able to achieve compliance within the next six months.

Workforce Summary

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

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

Name	Mar 21	Feb 22	Mar 22
FTE in Post %	99.2%	89.6%	89.0%
Turnover (FTE) %	8.3%	11.1%	11.9%
Vacancy Rate %	0.8%	10.5%	11.0%
Apprentice %	6.2%	7.8%	7.8%
BME %	6.0%	6.3%	6.4%
Disabled %	3.2%	4.1%	4.2%
Sickness - Total % (T-5%)	7.5%	10.0%	11.2%
Special Leave	3.8%	1.2%	1.5%
PDR / Staff Appraisals % (T-90%)	72.9%	49.3%	48.7%
Stat & Mand Training (Fire & IG) 1Y	86.1%	86.4%	87.6%
Stat & Mand Training (Core) 3Y	96.6%	78.9%	79.7%
Stat & Mand Training (Face to Face)	66.6%	72.5%	71.4%
Stat & Mand Training (Safeguarding L2 +)	86.0%	89.2%	90.5%

YAS Commentary

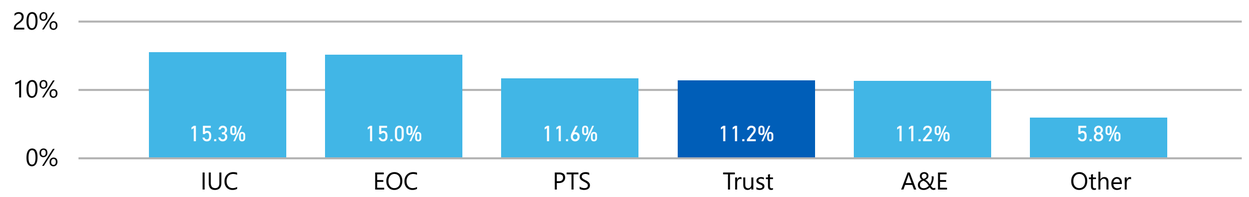
FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 11%. Turnover is at 11.9%. Both these are gradually increasing with the main area of concern remaining in our call centres (IUC has increased by 2% to 39.3%). Dedicated recruitment and retention work within our call centres continues to progress well.

Sickness - Sickness has increased significantly to 11.2%, causing performance concerns across the Trust. This can mainly be attributed to the rise in covid cases amongst our communities. The EOC/111 transformation teams have specific work streams regarding health and wellbeing.

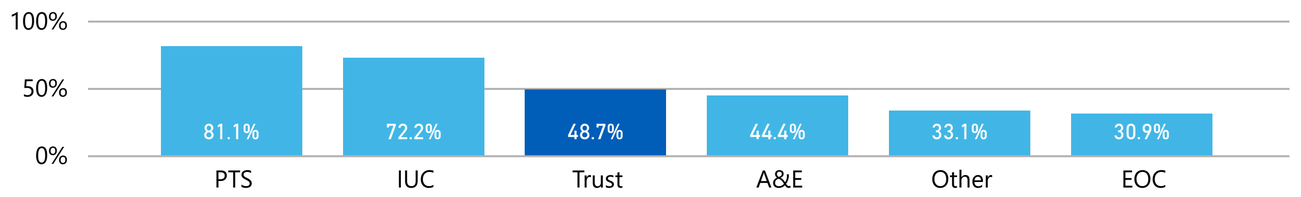
PDR - Rates at 48.7%. Given continued pressures this has dropped slightly from Feb to Mar at Trust level. However, PTS and IUC have achieved a small increase. Support continues to be provided to all areas, and managers are receiving update briefings and workshops (for new managers) on how to conduct the appraisals achieving a quality conversation.

Statutory and Mandatory Training - Compliance figures have improved slightly in all categories, apart from face-to-face training.
Staff are being encouraged to get all eLearning completed and the Trust has agreed an approach to achieve compliance within the next six months for all eLearning.

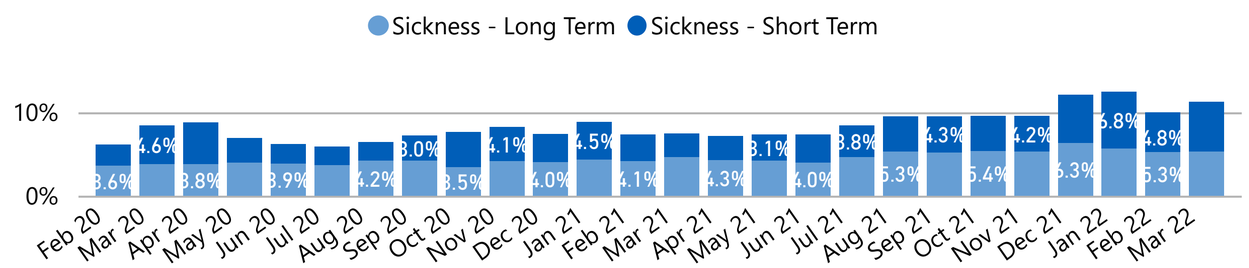
Sickness Benchmark for Last Month



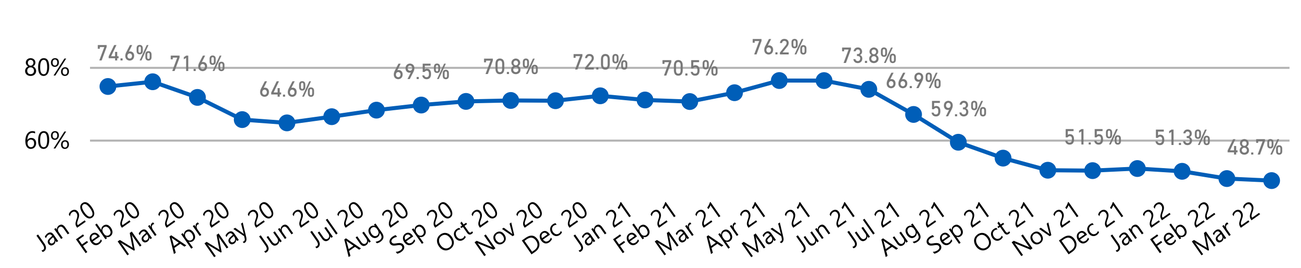
PDR Benchmark for Last Month



Sickness



PDR - Target 90%



YAS Finance Summary (Director Responsible Kathryn Vause- Mar 22)

Overview - Unaudited Position

Overall: The Trust has a year to date surplus at month 12 of £8.5m (£7.8m for ICS reporting after the gains on disposals and impairements are removed).

Capital: YTD expenditure was lower than plan due to unavoidable production and delivery delays in 2021/22.

Cash: As at the end of March the Trust had £75.9m 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)	£575	£8,527	£7,952
Cash	£0	£75,927	£75,927
Capital	£14,124	£11,908	-£2,216

Monthly View (£000s)

Indicator Name	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03
Surplus/ (Deficit)	£637	£7	-£392	-£7	-£104	£75	£1,208	£118	£6,647	£503	-£165
Cash	£66,696	£67,971	£69,166	£72,812	£72,787	£74,752	£75,312	£78,557	£78,963	£85,290	£75,927
Capital	£107	£140	£267	£266	£205	£63	£296	£1,195	£851	£461	£8,057

Patient Demand Summary

Demand Summary

ShortName	Mar 21	Feb 22	Mar 22
999 - Incidents (HT+STR+STC)	69,951	63,628	71,785
999 - Increase - Previous Month	11.9%		
999 - Increase - Same Month Last Year	-4.2%		
IUC - Call Answered	142,753	121,251	130,037
IUC - Increase - Previous Month	15.4%	-9.8%	7.2%
IUC - Increase Same Month Last Year	-8.1%	-2.0%	-8.9%
IUC - Calls Answered Above Ceiling	-10.1%		-18.9%
PTS - Demand (Journeys)	66,815	67,476	78,867
PTS - Increase - Previous Month	17.6%	17.2%	16.9%
PTS - Same Month Last Year	4.8%	18.8%	18.0%

Commentary

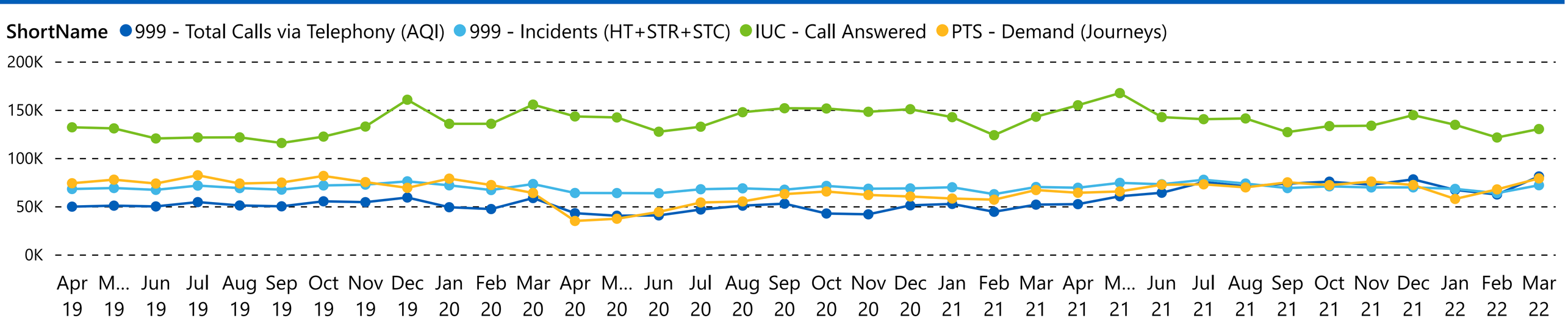
999 - At Scene Response demand is 12.5% lower than forecasted levels for March. All Response Demand (STR + STC +HT) is 12.8% up on February (although February was a short month) and this was the highest response demand since August 2021, higher than that seen over winter. Compared to March 2021 this was 2.6% higher this year.

IUC - YAS received 150,417 calls in March, -4.3% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in March, 130,037 calls (86.5%) were answered, 7.2% less than were answered in February, and -8.5% lower than the number of calls answered in March 2021. Throughout 2021/22 YAS received 1,964,057 calls, this was 7.3% above baseline. Of the calls offered, calls answered for 2021/22 were 1,669,087, -8.8% below baseline.

PTS - Total Demand was 78,867 in March; a 16.9% increase on the previous month. Demand numbers were lower during January and February, however March's demand compares with pre-covid levels, being the highest demand since Oct-19. The general trend of increased demand has continued, with demand in March 18.0% above the same month last year, which equates to an increase of c12,000 journeys. We have seen demand increase significantly over the course of the financial year; the final figure for total demand in 2021-22 was 842,147 which is a 28.3% increase on 2020-21.

Click information button for Monthly Table View

Overall Calls and Demand

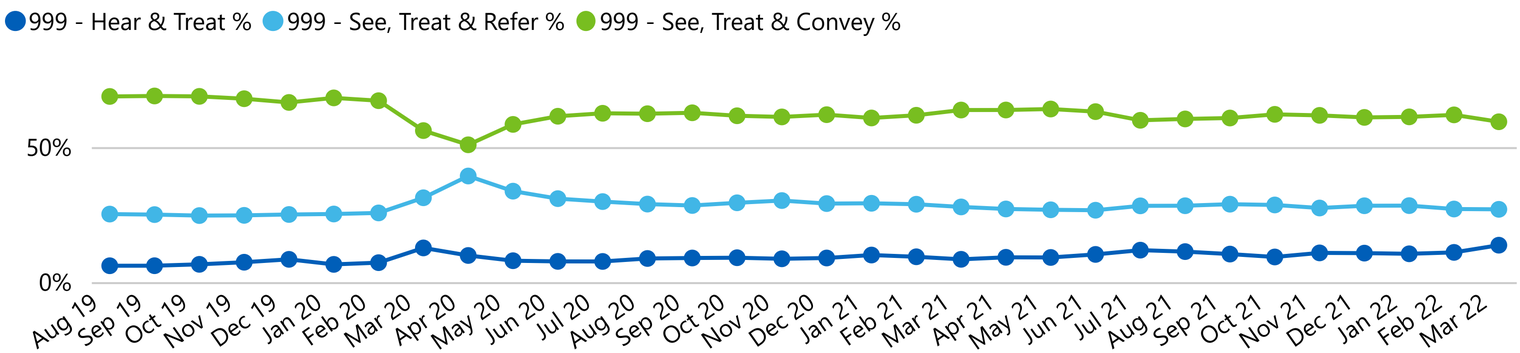


Patient Outcomes Summary

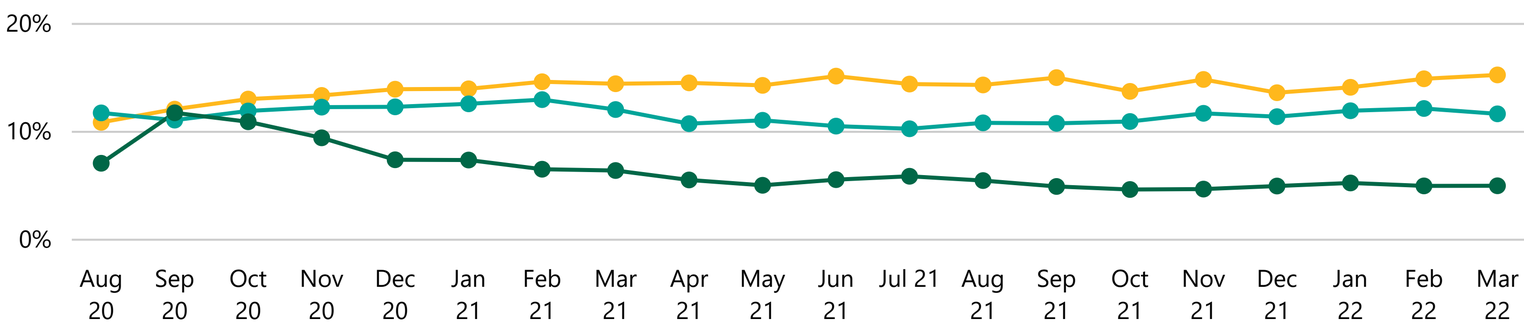
Outcomes Summary

ShortName	Mar 21	Feb 22	Mar 22
999 - Incidents (HT+STR+STC)	69,951	63,628	71,785
999 - Hear & Treat %	8.4%	11.0%	13.7%
999 - See, Treat & Refer %	27.8%	27.1%	27.0%
999 - See, Treat & Convey %	63.7%	61.9%	59.4%
999 - Conveyance to ED %	55.5%	54.7%	52.6%
999 - Conveyance to Non ED %	8.2%	7.3%	6.7%
IUC - Calls Triaged	135,180		
IUC - ED %	14.4%	14.8%	15.2%
IUC - ED outcome to A&E	82.5%	77.7%	78.4%
IUC - ED outcome to UTC	7.1%	11.9%	11.7%
IUC - Ambulance %	12.0%	12.1%	11.6%
IUC - Selfcare %	6.3%	4.9%	4.9%
IUC - Other Outcome %	11.4%	11.7%	11.5%
IUC - Primary Care %	54.9%	54.9%	55.4%
PTS - Demand (Journeys)	66,815	67,476	78,867

999 Outcomes



IUC Outcomes



Commentary

999 - When comparing March 2022 against March 2021 in terms of incident outcome proportions within 999, the proportion of See, Treat & Refer has decreased by 0.9%, Hear & Treat has increased by 5.2% and See, Treat & Convey has decreased by 4.3%. The proportion of incidents with conveyance to ED has decreased by 2.9% from March 2021 and the proportion of incidents conveyed to non-ED has decreased by 1.4%.
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)

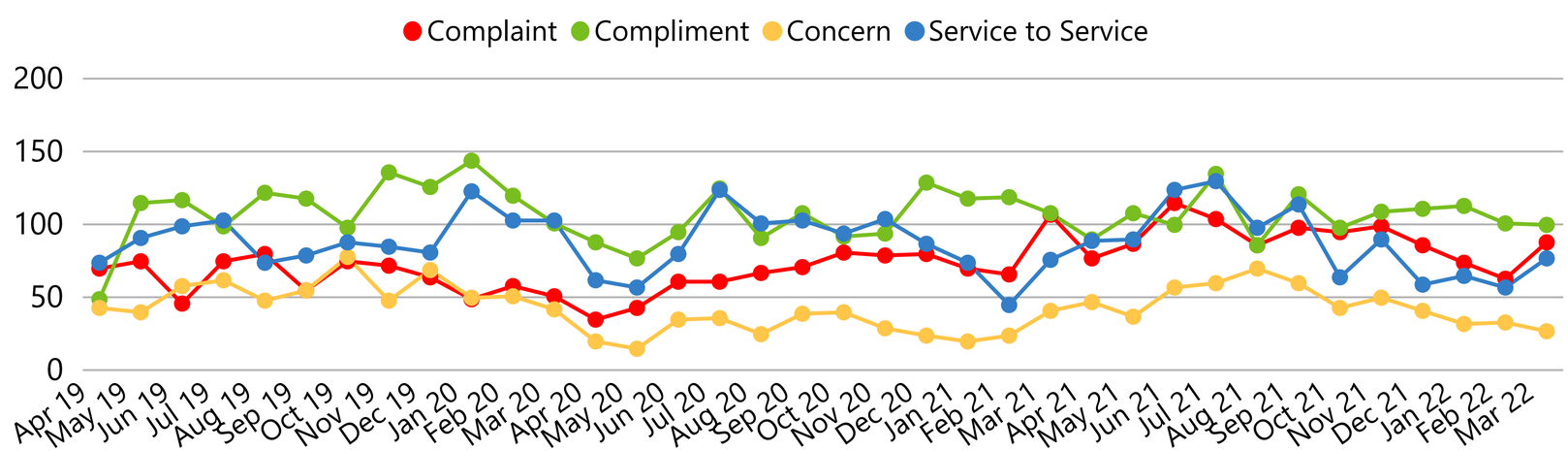
A&E | EOC | IUC | PTS | YAS

NHS Yorkshire Ambulance Service NHS Trust

Patient Relations

Indicator	Mar 21	Feb 22	Mar 22
Complaint	106	62	87
Compliment	107	100	99
Concern	40	32	26
Service to Service	75	56	76

Complaints, Compliments, Concerns and Service to Service



YAS Compliance

Indicator	Mar 21	Feb 22	Mar 22
% FOI Request Compliance	100.0%	93.9%	95.0%

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%

Patient Safety - Quality (Director Responsible - Clare Ashby)

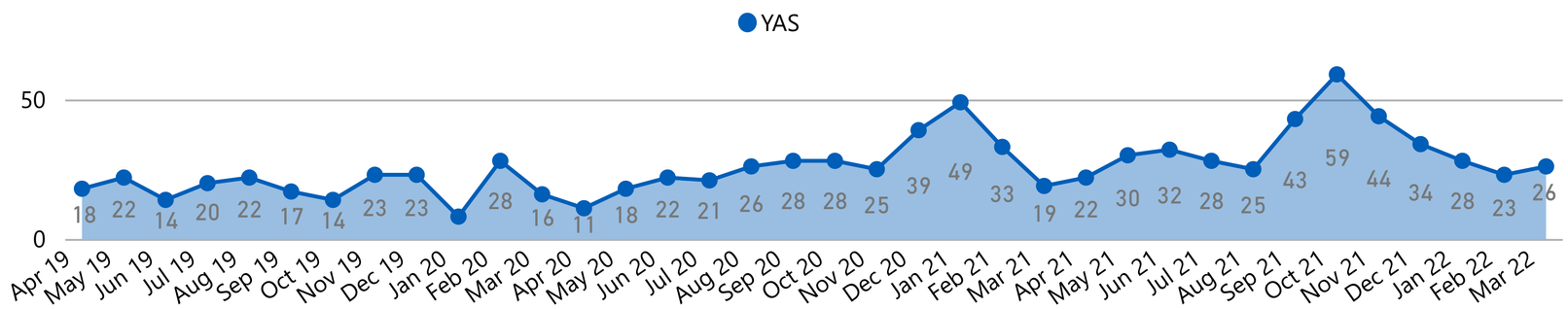
A&E | EOC | IUC | PTS | YAS

NHS Yorkshire Ambulance Service NHS Trust

Incidents

Indicator	Mar 21	Feb 22	Mar 22
All Incidents Reported	827	709	755
Medication Related	42	99	
Moderate & Above Harm - Total	19	23	26
Number of duty of candour contacts	9	5	4
Number of RIDDORs Submitted	6	1	5
Serious	9	4	3

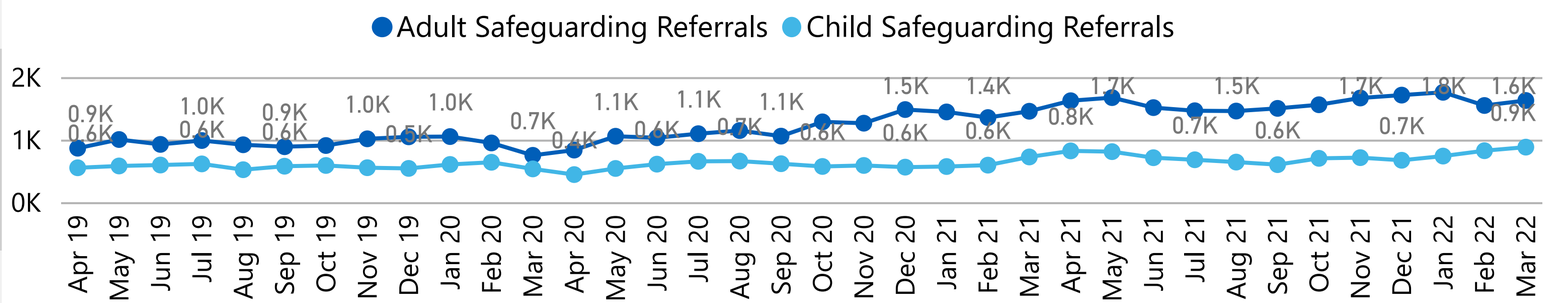
Incidents - Moderate and Above Harm



YAS Child and Adult Safeguarding

Indicator	Mar 21	Feb 22	Mar 22
Adult Safeguarding Referrals	1,454	1,546	1,626
Child Safeguarding Referrals	723	823	880
% Trained Safeguarding for Children (L1)	96.8%	74.5%	73.6%
% Trained Safeguarding for Children (L2)	84.7%	86.7%	88.4%
% Trained Safeguarding for Adults (L1)	95.8%	73.1%	72.2%

Safeguarding Training



A&E Long Responses

Indicator	Mar 21	Feb 22	Mar 22
999 - C1 Responses > 15 Mins	271	652	1,150
999 - C2 Responses > 80 Mins	665	1,961	6,495

YAS IPC Compliance

Indicator	Mar 21	Feb 22	Mar 22
% Compliance with Hand Hygiene	99.0%	97.0%	99.0%
% Compliance with Premise	98.3%	99.0%	97.0%
% Compliance with Vehicle	99.1%	99.0%	99.0%

YAS Comments

Safeguarding adult and child – child and adult safeguarding referrals have risen in March 22.

Safeguarding training – level 2 training is above 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.

Patient Safety (Harm)

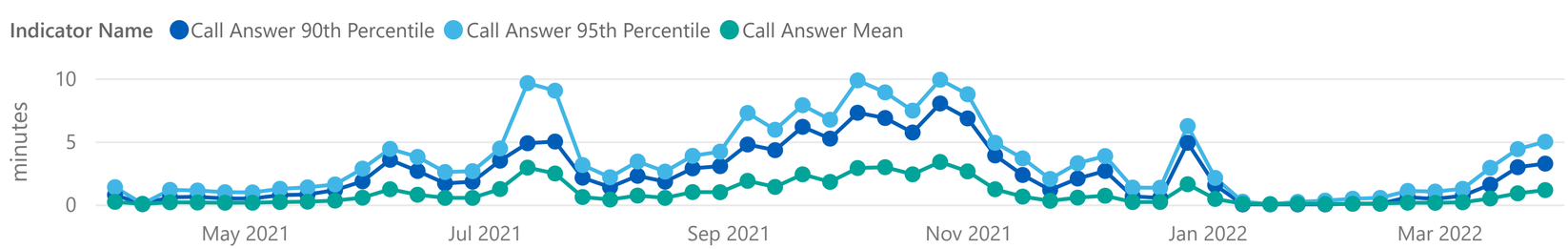
Yorkshire Ambulance Service NHS Trust

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
18 November 2021			
01 February 2022			

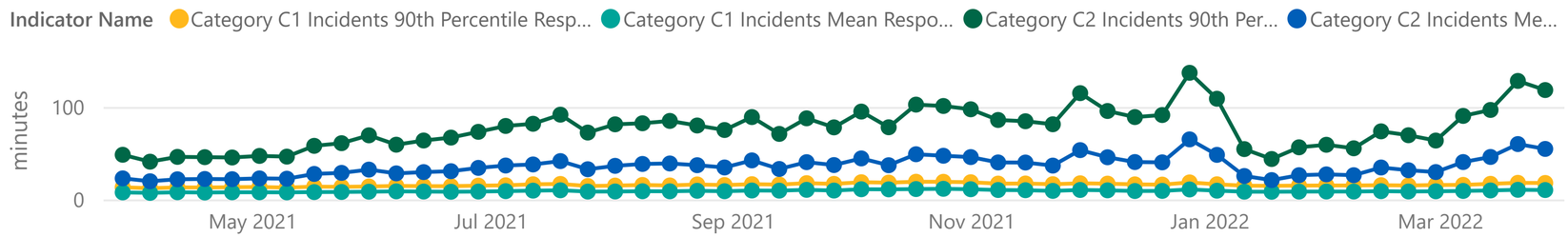
Call Answer Metrics (call data available from 7th September onwards)



Call Answer Metrics

Indicator Name	Mar 21	Feb 22	Mar 22
Call Answer 90th Percentile	00:00:07	00:00:12	00:01:35
Call Answer 95th Percentile	00:00:38	00:00:42	00:02:45
Call Answer Mean	00:00:05	00:00:05	00:00:28

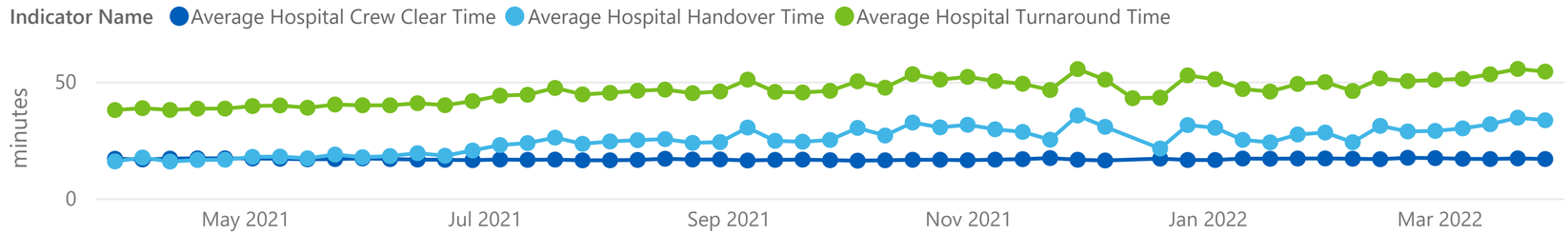
Response Metrics



Response Metrics

Indicator Name	Mar 21	Feb 22	Mar 22
Category C1 Incidents 90th Percentile Response Time	00:12:34	00:15:13	00:16:52
Category C1 Incidents Mean Response Time	00:07:20	00:08:45	00:09:42
Category C2 Incidents 90th Percentile Response Time	00:44:26	01:03:41	01:41:56
Category C2 Incidents Mean Response Time	00:21:19	00:29:45	00:46:41

Hospital Turnaround Metrics



Hospital Turnaround Metrics

Indicator Name	Mar 21	Feb 22	Mar 22
Average Hospital Crew Clear Time	00:16:31	00:17:04	00:16:56
Average Hospital Handover Time	00:16:26	00:27:50	00:31:43
Average Hospital Turnaround Time	00:37:59	00:49:16	00:53:03

Patient Clinical Effectiveness (Director Responsible Julian Mark)

Care Bundles (Last 3 Results)

Indicator	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21
Sepsis %			84.0%			85.0%			87.0%		
STEMI %	61.0%			68.0%			66.0%			73.0%	
Stroke %		96.0%			96.0%			97.0%			93.0%

Myocardial Ischaemia National Audit Project (MINAP)

Indicator	Jun 21	Jul 21	Aug 21	Sep 21
Number of STEMI Patients	101	132	128	118
Call to Balloon Mins for STEMI Patients (Mean)	136	144	150	151
Call to Balloon Mins for STEMI Patients (90th Percentile)	194	197	215	212

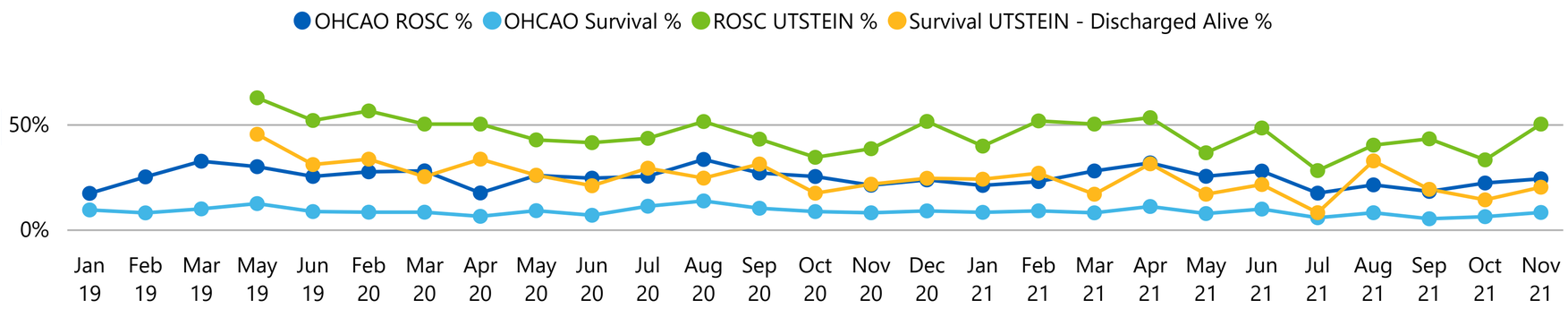
Sentinal Stroke National Audit Programme (SSNAP)

Indicator	Aug 21	Sep 21	Oct 21
Avg Time from call to hospital	91	96	102
Total Patients	398	422	406

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 2020 to 86% in December 2021. Hospital pre- alert remains largely responsible for the majority of failures. It has been widely agreed that pre- alert is not appropriate for all sepsis patients & a national decision has been made to stop reporting this ACQI in summer 2022. 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 which will be launched early February and aims to increase awareness of the care bundle and reduce on scene time for patients 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%. A further increase to 73% in October 2021 confirms this trend. 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. 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. National decision has been made to stop reporting of this ACQI measure in 2022.

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 is largely due to the current pandemic. Furthermore, survival rates for July, September, October & December 2021 (5%, 5%, 6% & 5% respectively) all sit below the previous rates for this time of year. This, again, has been attributed to the COVID- 19 pandemic.

Re-contacts with 72 hours has traditionally been difficult to monitor but as the number of patients matched to NHS numbers increases, this valuable data is now more readily available. 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

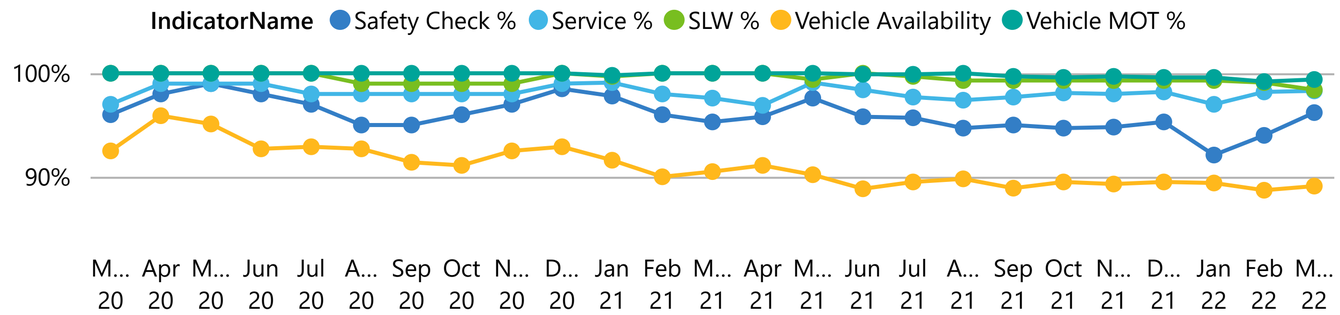
Indicator	Mar 21	Feb 22	Mar 22
P1 Emergency (2 HRS)	100.0%	100.0%	100.0%
P1 Emergency – Complete (<24Hrs)	75.0%	100.0%	88.9%
P2 Emergency (4 HRS)	83.3%	87.8%	94.6%
P2 Emergency – Complete (<24Hrs)	64.6%	75.5%	83.6%
Planned Maintenance Complete	99.6%	98.6%	99.4%
P6 Non Emergency - Attend within 2 weeks	90.8%	80.0%	91.7%
P6 Non Emergency - Complete within 4 weeks	78.2%	57.5%	75.0%

Estates Comments

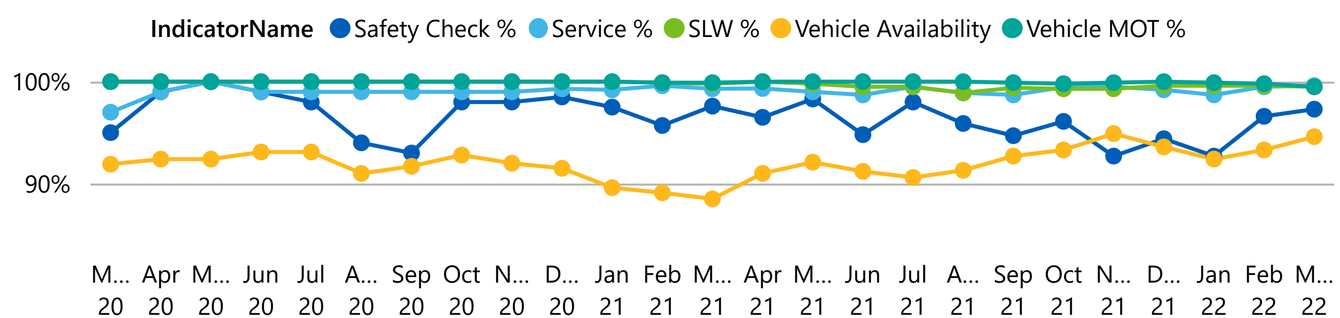
Requests for reactive work/repairs on the Estate totalled 317 jobs for the month of March which is increase against the previous month where 280 request were received. SLA figures continue to be good with, delay on parts prevents the completion.. The overall attendance and completion for all works against a variable SLA is 92% and 85% respectively.

The other categories aside the P1 & P2 emergency works are - P3 attend within 24 hours and P4 which is attend within 2 days. The performance on these are 98% and 97% respectively for attendance and 83% & 90% for completion. First Day First on all categories is 74%. Planned Maintenance activity on the Estate carried out by our service provider to attended to Statutory, mandatory and routine maintenance is recorded at 100% completion for March.

999 Fleet



PTS Fleet



999 Fleet Age

IndicatorName	Feb 22	Mar 22
Vehicle age +7	10.1%	10.1%
Vehicle age +10	0.4%	0.4%

PTS Age

IndicatorName	Feb 22	Mar 22
Vehicle age +7	8.6%	8.6%
Vehicle age +10	2.9%	2.9%

Fleet Comments

Vehicle availability has improved slightly in both A&E and PTS in March from the previous month. Routine Maintenance compliance remains high with the variance to target being vehicles that are currently VOR and undergoing repair. Age profile remains static with orders for 64 DCA and 109 RRV in progress and due to arrive in Q2 through Q3 this financial years.

Glossary - Indicator Descriptions (A&E)

Yorkshire Ambulance Service NHS Trust

A&E

mID	ShortName	IndicatorType	AQIDescription
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.
AMB54	999 - Conveyance to Non ED	int	Count of incidents with any patients transported to any facility other than an Emergency Department.
AMB55	999 - See, Treat and Refer (STR)	int	Count of incidents with face-to-face response, but no patients transported.
AMB75	999 - Calls Abandoned	int	Number of calls abandoned
AMB74	999 - Calls Answered	int	Number of calls answered
AMB72	999 - Calls Expected	int	Number of calls expected
AMB76	999 - Duplicate Calls	int	Number of calls for the same issue
AMB73	999 - Calls Offered	int	Number of calls offered
AMB00	999 - Total Number of Calls	int	The count of all ambulance control room contacts.
AMB88	999 - Calls Answered Under 2 Minutes %	percent	The proportion of calls answered in 2 minutes

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	
QS26	Moderate and Above Harm (Per 1K Incidents)	int	
QS27	Serious (Verified)	int	
QS28	Moderate & Above Harm (Verified)	int	
QS29	Patient Incidents	int	
QS30	Patient Incidents (verified)	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)

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