NHS
Yorkshire
Ambulance Service
NHS Trust

MEETING TITLE Trust Board Meeting held in Public		**MEETING DATE** 26/07/2022	
TITLE of PAPER	Trust Executive Report & Integrated Performance Report (IPR)	**PAPER REF**	TB22.032
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. • **Formally note** the Record of Urgent Decision taken 9 May 2022. • **Receive** the Integrated Performance Report for June 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

1.1 The purpose of the report is to provide an updated on the activities of the Trust Executive Group (TEG) and present the June 2022 Integrated Performance Report.

2 Chief Executive's Summary and External Update

2.1 COVID 19 and system pressures

COVID infections in the UK have continued to rise during June and July with the BA.4 and BA.5 subvariants of Omicron driving some of the new infection. Around 3.5m people in the UK had coronavirus in the week ending 6 July (one in every 18 people) according to the Office for National Statistics (ONS).

Rising infection rates continue to place demand and capacity pressure on the health and care sector with over 14,800 patients in hospital with Covid as at 7 July. These pressures impact on PTS, NHS111/IUC as well as A&E Operations and all 10 of the ambulance services in England have now moved to Resource Escalation Action Plan (REAP) level 4, with two services declaring business continuity/critical incidents on 10 and 11 July.

With rare amber and red extreme heat warnings having been issued by the Met Office for 17, 18 and 19 July ambulance services nationally have put plans in place for further periods of exceptional demand. The Trust moved to Adverse Weather Guidance Level 3 to ensure local preparations were put in place to support staff and patients and public messaging was issued through the Trust's social media channels to advising the public to stay hydrated and to use ambulances our services appropriately.

The Rt Hon Steven Barclay was appointed the new Secretary of State for Health and Social Care on the 5 July and met with ambulance chief executives on 16 July to better understand pressures facing urgent and emergency care services and additional measures being taken for the current heatwave.

2.2 Yorkshire and the Humber Integrated Care Boards

The Health and Care Act 2022 outlined arrangements for the establishment of Integrated Care Boards empowering a partnership approach across care systems to deliver more joined up health and care services. Integrated Care Boards have been operating on a voluntary basis across the region and were formally established on a statutory footing with effect 1 July 2022. YAS operates across three ICB areas NHS Humber and North Yorkshire, South

Yorkshire, and West Yorkshire, all of whom held meetings on 1 July 2022, details of these meetings are available on their respective websites.

As a regional provider, YAS is playing a critical role in the transformation of services and outcomes within places and across and beyond systems. To enhance this further we have begun recruitment to key new roles:

- Strategic Partnership Directors x 3: These roles will take the lead on system engagement, planning and service development within the footprint of one of our region's three integrated care systems.
- Consultant Practitioners x 3: These roles will bring clinical expertise within the field of urgent and emergency care and will provide senior clinical and professional leadership, both internally and as a key part of our wider partnership working.

2.3 **CQC inspection – West Yorkshire Urgent and Emergency Care system wide inspection - Care Quality Commission (CQC)**

The CQC undertook a two-day announced inspection of IUC/EOC service (26 & 27 April 2022) as part of a system wide inspection of urgent and emergency care providers. A report has been issued, without rating, which is being checked for accuracy. Nothing has been formally issued to Emergency Operations Centre (EOC) and we expect this section to sit inside the wider Urgent and Emergency system wide report.

All Providers will receive feedback and their inspection reports in the usual way and in addition the CQC will include a short summary in the report around system-wide findings. This will be to highlight how the service works as part of urgent and emergency care pathways.

A West Yorkshire system-wide feedback session will take place with providers, stakeholders, and system leaders in July 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.

2.4 **National Focus on Hospital Handover Delays**

There has been continued collaborative working following the circulation of the request by David Sloman (NHS England Chief Operating Officer) for each Intregated Care System (ICS) to produce a 'plan on a page' to address the handover delays that were contributing to delayed ambulance responses, speciifcally Category 2.

Four areas identified for attention were:

- A system plan to balancing clinical risk
- Boards to report Category 1 and Category 2 performance and handover delays.

- Clear Emergency Departement plans for patients to leave department promtly.
- Maintaining flow at weekends.

YAS continues to work closely with each ICS on the agreed plans and is now supporting the implementation of the actions. A number of Rapid Process Improvement Workshops (RPIW) have been held to identify and implement improvements to local processes.

2.5 **Health and Social Care review: Leadership for a Collaborative and Inclusive Future**

The NHS Leadership Review – Leadership for a collaborative and inclusive future - GOV.UK (www.gov.uk) – led by General Sir Gordon Messenger and supported by Dame Linda Pollard was published on 8 June 2020. The review, billed as the biggest review of NHS leadership since the 1980s, focuses on the best ways to strengthen leadership and management across healthcare in England. It recommends a single set of 'core leadership and management standards' for managers and highlights the negative impact of setting the wrong goals and culture. The review contains seven key recommendations:

- targeted interventions on collaborative leadership and a unified set of values across health and social care,
- action to improve equality, diversity and inclusion (EDI), including embedding inclusive leadership practice as the responsibility of all leaders,
- a single set of unified, core leadership and management standards for NHS managers,
- a simplified, standard appraisal system for the NHS, including a more effective and consistent appraisal system,
- a new career and talent management function for managers
- more effective recruitment and development of non-executive directors (NEDs)
- encouraging top talent into challenged parts of the system,

All 7 recommendations have been accepted by the government and publication of the report will be followed by a plan committing to implementing the recommendations. We are actively engaged at a Trust, system and sector level in development work addressing these recommendations.

2.6 **A Plan for Digital Health and Social Care**

The recently published plan for digital health and social care provides for a major shift in the way healthcare is delivered and now sets out the timeframes and requirements for digital integration and interoperability across all providers. ICS's are receiving additional capital and revenue funding over the next three years to accelerate the implementation, or improvement, of core Electronic Patient Records (EPRs). It is expected data will flow from all of these systems, and other contact points with patients, into a data platform or 'data lake'. Each ICS is working with their own healthcare providers to establish the required infrastructure and creating a few pilot 'use cases' to test the data flows and potential outcomes. The ability to interrogate this 'data lake' will enable not only improved and personalised patient care but also

allow for an improved ability to target specialised healthcare at a more granular and local level. YAS has been allocated £2.5m in capital and revenue funding over the next three years for continued EPR development and data flows into the Yorkshire and Humber Care record. The planned activities within the YAS Clinical Systems Development programme, presented to Board on 28th June 2022, align with the vision set out within the NHS plan.

2.7 NHS England Consultations

Consultation on the Draft Guidance on Good Governance and Collaboration

NHS England are supporting NHS Providers (both Trusts and NHS Foundation Trusts) to work effectively within systems as part of the development of Integrated Care Systems by issuing draft guidance on good governance and collaboration. The guidance sets expectations of collaboration in three key areas and details five characteristics of governance arrangements to support effective collaboration. It is the next step in the ongoing evolution of Trusts' collaboration as part of Integrated Care Systems and provider collaboratives.

NHS England issued a separate more detailed resource to support providers to meet the specific challenge of collaborating with other providers at scale: Working together at scale: guidance on provider collaboratives.

Consultation on the Draft Code of Governance for NHS Provider Trusts

The draft Code of governance applies to both NHS Foundation Trusts and, for the first time, NHS Trusts. In this draft Code, NHS England have combined the latest best practices of the NHS and private sector with the aim of setting out an overarching framework for the corporate governance of Trusts that complements their statutory and regulatory obligations.

The draft updated code can be viewed at: Code of governance for NHS provider trusts. Alongside the Code, NHS England are also consulting separately on a draft Addendum to your statutory duties – reference guide for NHS foundation trust governors.

Summary

These Consultations are NHS England's initial steps in supporting Trusts to work effectively within systems; to help Trusts' work in line with the Integrated Care Systems: Design Framework and the government's Health and Care Act.

2.8 COVID Infection Prevention and Control changes: Increasing the number of patients in YAS PTS vehicles

Following changes to infection prevention and control guidance recently published by the UK Health Security Agency (UKHSA), physical distancing will be removed in healthcare settings. This will enable our Patient Transport Service (PTS) to plan and deliver multiple-patient journeys on a larger scale than when COVID-19 restrictions were initially relaxed in June 2021.

With exceptions for some patients, our vehicles will convey patients at full capacity. This includes PTS resources, private ambulances, taxis and volunteers' cars. To ensure the safety of our patients and staff, increased capacity journeys

will be introduced in a phased approach, enabling re-training and familiarisation with planning and delivering multiple patient journeys.

2.9 **Terms of Reference for the COVID-19 Inquiry**

The Prime Minister has published the final Terms of Reference for the COVID-19 Inquiry. The aim of the Inquiry is to consider and report on preparedness and resilience for dealing with the pandemic; the public health response of the UK as a whole; the response of the health and care sector across the UK; and the economic response and its impact, including Governmental interventions. These will be considered up to and including the date of formal establishment of the Inquiry on 28 June 2022.

The Prime Minister accepted Baroness Hallett's changes to the Government's draft Terms of Reference 'in full', which include potential inequalities and the impact on mental health and wellbeing. Added to the key lines of enquiry to the response of the health and social care sector are contact with official healthcare advice services such as 111 and 999; the role of primary care; care at home, including by unpaid carers; and antennal and postnatal care.

The Inquiry team aims to minimise duplication of investigation, evidence gathering and reporting on devolved matters. Guidance is planned to be published in due course, which will detail what information the Inquiry seeks by way of disclosure, who will be required to provide disclosure and in what format.

Baroness Hallett gave a video update on the COVID-19 Inquiry website following the announcement of the Prime Minister in which she makes seven promises to the public about how the Inquiry will run. The Inquiry team will travel around the UK, hearing from as many people as possible.

The document setting out the Terms of Reference can be found at: UK COVID-19 Inquiry: terms of reference – GOV.UK (www.gov.uk).

Baroness Hallett's update can be found at: UK Covid-19 Public Inquiry (covid19.public-inquiry.uk)

Preparation for any submissions required from the Trust and wider ambulance sector is being coordinated with support from the Associate of Ambulance Chief Executives.

2.10 **Association of Ambulance Chief Executives: Spotlight on Anti-racism**

In June 2022, YAS feature in the Association of Ambulance Chief Executives' (AACE) 'spotlight on' series themed around anti-racism. As part of AACE's work in valuing difference and celebrating diversity Chief Executives, Chairs and leadership teams across UK ambulance services have pledged to play a fundamental role in the achievement of positive and lasting change in stamping out racism – acting at both national and local levels**.**

We support the AACE's 5 Rs promise, which is also supported by the National Ambulance BME Forum, as well as the Root out Racism initiative by West Yorkshire and Harrogate Health and Care Partnership. As part of our spotlight

on we have showcased our 'Say Yes to Respect' initiative and how we are promoting a positive, respectful and inclusive culture across the Service.

3 Directorate Updates

3.1 Operations Directorate

The significant challenges experienced by A&E in early 2022 have continued into the first quarter of the year. Although there has been an overall reduction in demand during May and June high acuity patient demand (Category 1) continues to be significantly higher than planned.

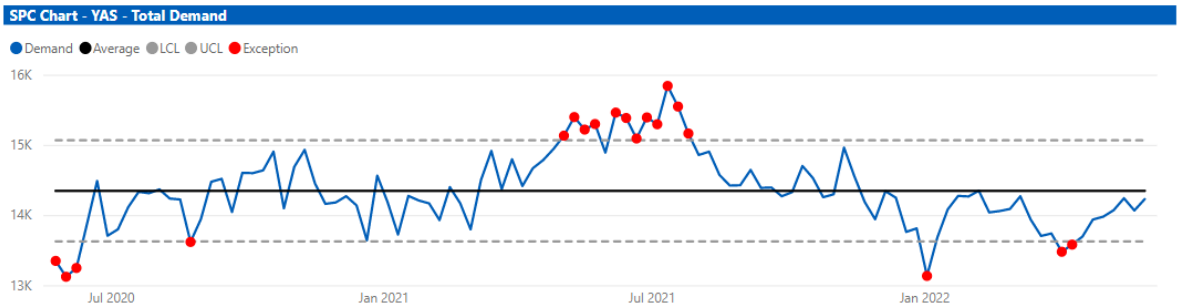
The resource implications of the increase in Category 1 calls and delays in hospital handovers at some acute Trusts continues to be an area of major concern and a significant contributor to increased call volumes in our Emergency Operations Centre (EOC) and excessive response times.

Sickness levels continue to fluctuate with stress and mental health issues being the most common reason for absence. This is very likely linked to the pressures being faced by front line and EOC staff. Covid related absence remains a significant contributor to sickness levels.

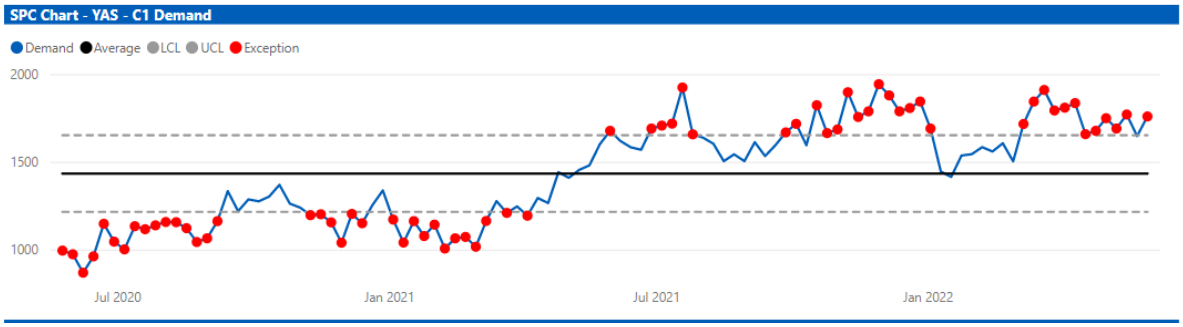
Despite the operational pressures the directorate maintains its focus on continuous improvement and improving the support to service delivery (patient outcomes and experience) and front-line staff. This is being delivered through significant programme of work both within operations and the EOC.

Demand (On Scene Response Demand)

Since August 2021 demand has decreased and is now similar to Spring 2021. Demand remains below forecast, with May 2022 being 2.2% below planned levels. Hidden within this overall decrease is the increase in the proportion of Category 1 calls. This has remained approximately the same as March 2022, at around 10.8%. This presents a significant challenge nationally and regionally 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.

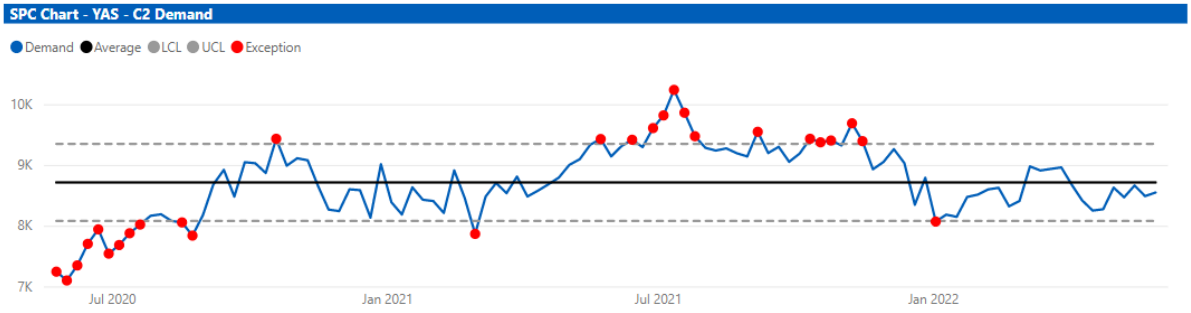


Above: All 999 responses on scene 06/04/2020 – 05/04/2022

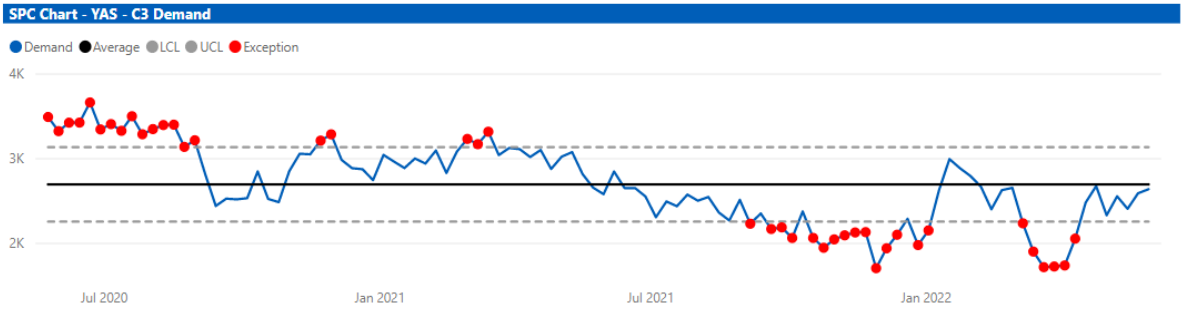


Above: All Cat1 responses on scene 06/04/2020 – 05/06/2022

Demand in Category 2 calls has now levelled out up to June 2022



Above: All Cat2 responses on scene 06/04/2020 – 05/06/2022



Above: All Cat3 responses on scene 06/04/2020 – 05/04/2022

3.1.1 A&E Operations

Capacity

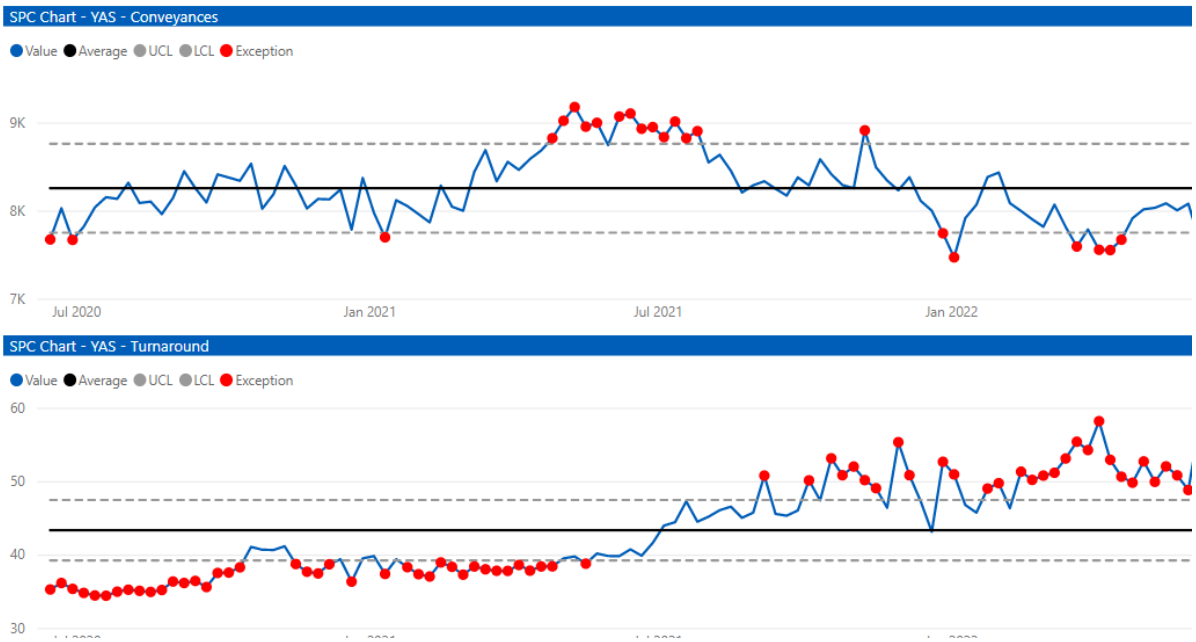
Sickness absence within Operations is a mix of Covid and Non-Covid related absence. Levels of Covid sickness continue to fluctuate with occasional outbreaks and this reporting period has seen levels of Covid reduce from a high in late March and early April before beginning to rise again in July.

Hospital Turnaround

Turnaround delays across Yorkshire and Humber significantly increased from early May 2021 and have remained high despite a significant focus nationally and local collaboration. These delays continue to have a direct impact on our response times as they increase job cycle times and reduce ambulance availability to respond to new incidents at key times. The Trust continues to

monitor evidence of patient harm as a result of these delays and discussions are continuing with system partners to implement measures to reduce delays.

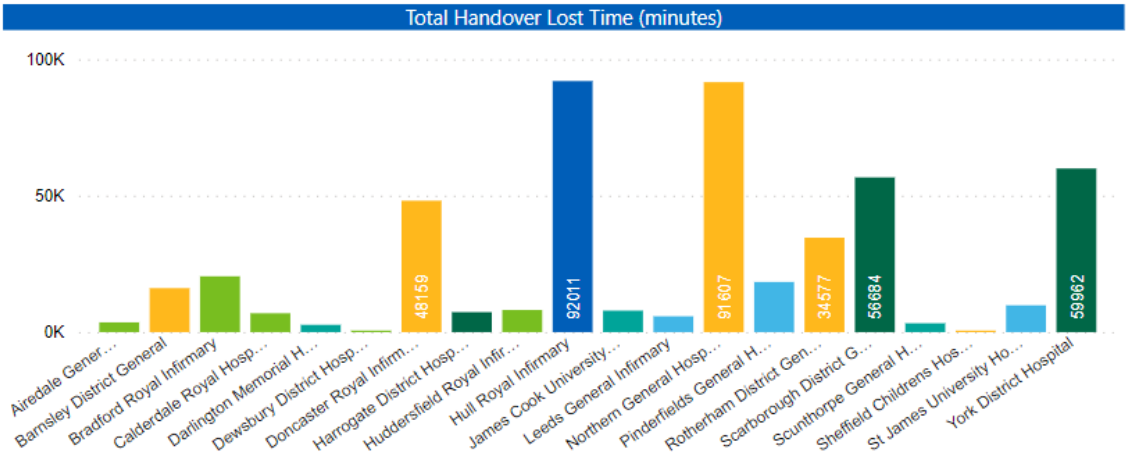
Conveyances and Turnaround times are shown in the chart below and show the number of conveyances to hospital continuing to reduce.



Above: YAS - Turnaround 1st January 2021 – 6th June 2022 (Conveyances and Turnaround)

Above: YAS - Turnaround 1st January 2021 – 6th June 2022 (Conveyances and Turnaround)

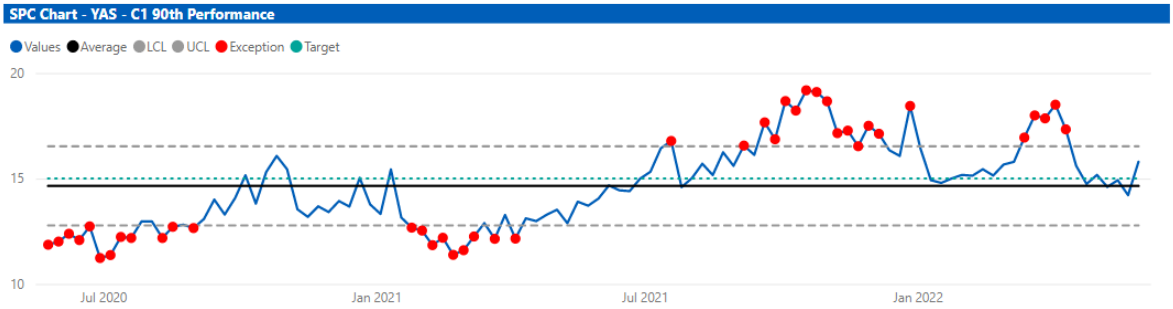
The chart below highlights significant lost time (in minutes) during May 2022 at a number of hospitals, most notably Hull Royal Infirmary, Northern General, York/Scarborough, Rotherham and Doncaster Royal Infirmary.



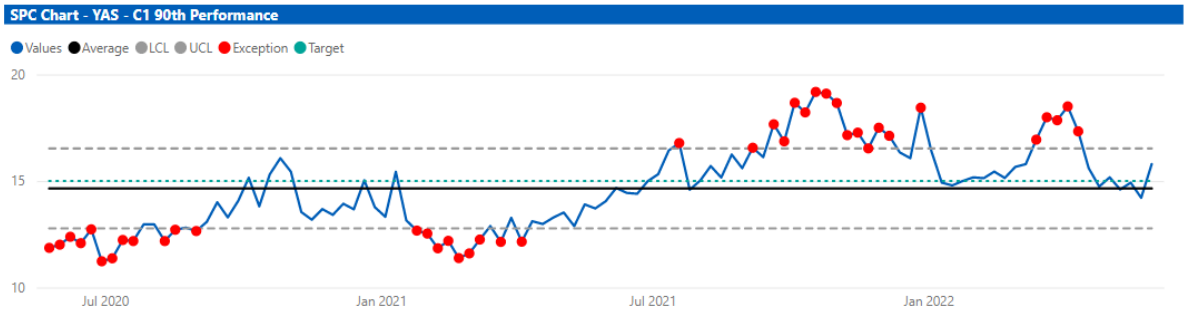
Performance

Category 1 and Category 2 90th Percentile Performance in May 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 12 months and reflects current picture in the wider ambulance sector in the UK.



Above: Cat1 performance 90th percentile 06/04/2020 – 05/06/2022



Above: Cat2 performance 90th percentile 06/04/2020 – 05/06/2022

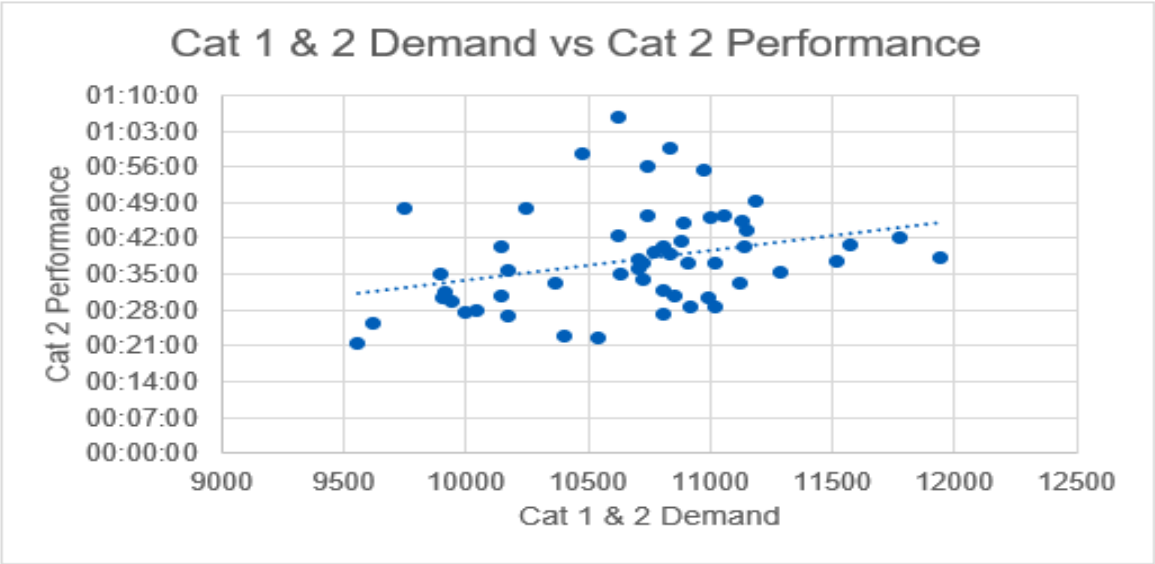
The following chart summarises performance across all categories in May 2022. There was a significant decrease in response time across all categories compared with April 2022.

Category	Target	Performance
999 - C1 Mean	00:07:00	00:08:33
999 - C1 90th	00:15:00	00:14:55
999 - C2 Mean	00:18:00	00:32:41
999 - C2 90th	00:40:00	01:10:34
999 - C3 Mean	01:00:00	01:34:16
999 - C3 90th	02:00:00	03:45:42
999 - C4 90th	03:00:00	05:25:54

Above: C1 to C4 Performance May 2022

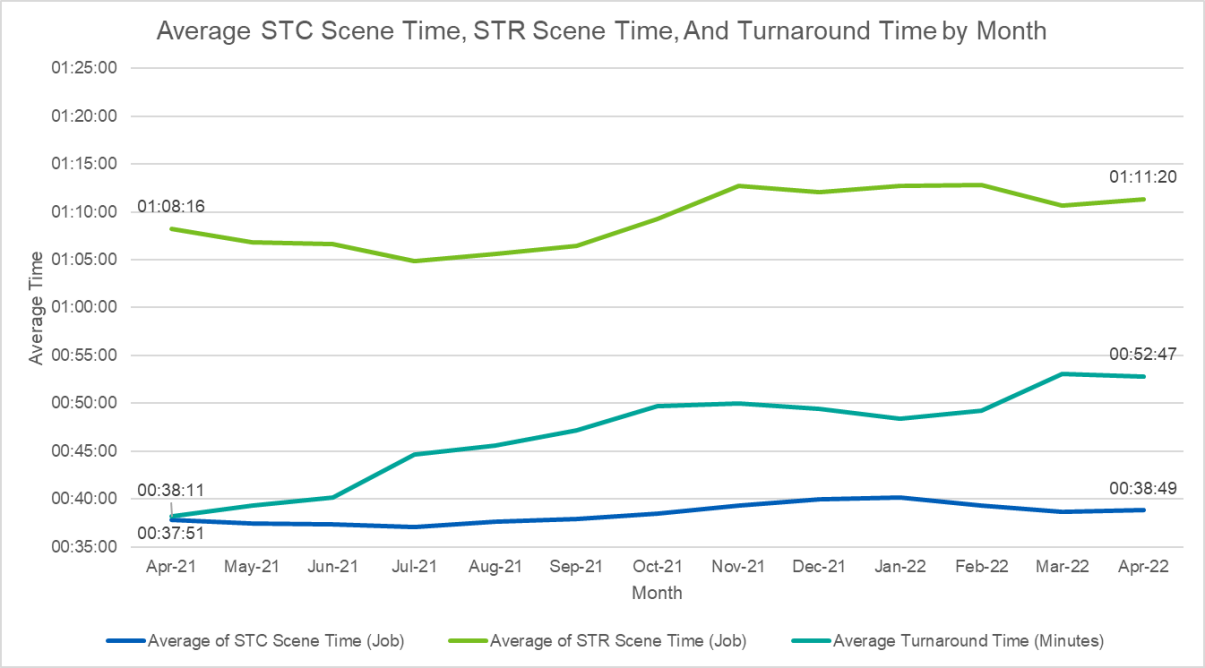
Relationship between Demand and Performance

There are many factors that affect response time performance including demand, time spent on an incident, staff availability, and staff abstractions. The below chart shows the correlation between performance and demand.



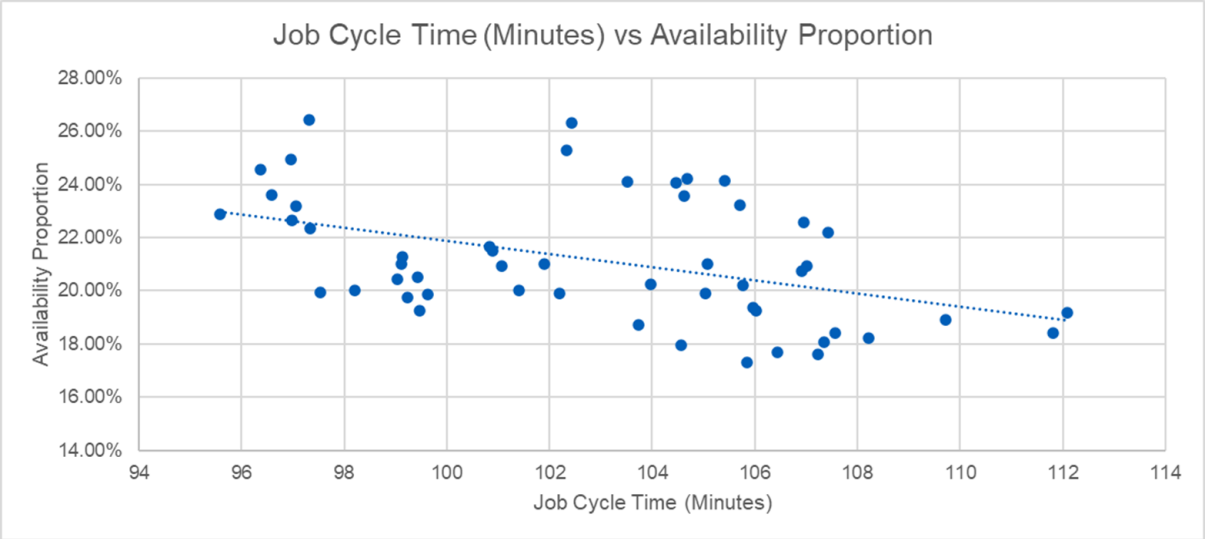
Above: C1 to C4 Performance May 2022

Job cycle time also has an impact on performance, and you can see from the chart below the main increase has come at time spent at hospital rather than the time a crew spend on scene.



Above: Job Cycle Time April 2022

There is a clear correlation between Job Cycle Time and availability. As the Job Cycle Time increases the availability proportion decreases. This effects performance as there are fewer ambulances to send on jobs therefore impacting performance.

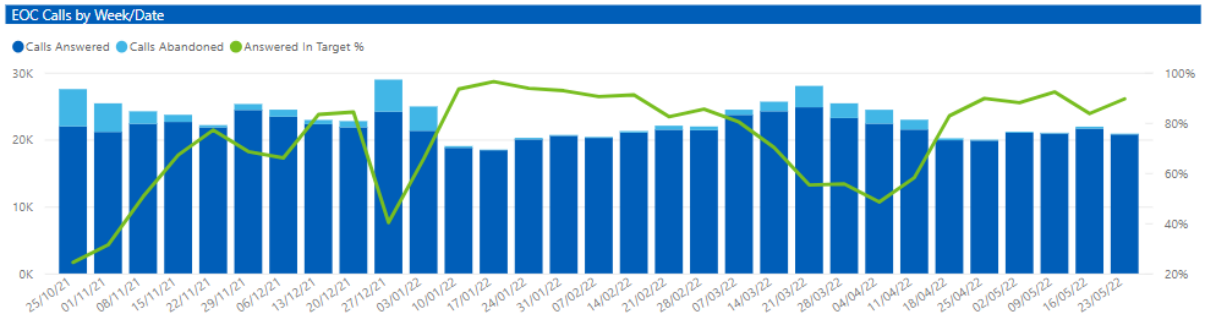


Above: Job Cycle Time vs Available Resource Proportion

3.1.2 Emergency Operations Centre

EOC Demand and Performance

The EOC 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 we can see that the percentage of calls answered in target has noticeably increased since March 2022, averaging at 88% in May. There has an associated reduction in the number of abandoned calls.



Above: EOC Calls by Week with calls answered in target 25/10/2021 – 29/05/2022

EOC Capacity

The EOC continues to experience significant levels of sickness. Exact sickness levels can be seen in the Integrated Performance Report (IPR). Overall abstractions have reduced from the April high of c.45% to a more normalised to c.35-40% by the end of May. Staffing continues to be a challenge as attrition for call takers was higher than forecast during Q1, despite continued high pace recruitment and training, particularly in the call taking roles. Recruitment and training continues to be a major project for the EOC.

EOC Business Continuity Improvements project

The Trust Board approved a business case to re-develop the York EOC in order to improve business continuity provision whilst also providing additional refurbished office / EOC space.

3.1.3 **999 Career Pathway**

YAS is developing a new A&E career development, which allows greater mobility from ECAs to paramedics via AAP programme. The pathway will also introduce a new direct entry point for aspirate paramedics into the organisation. This will increase our clinical skill mix and support with recruitment, retention, staff morale and motivation.

A number of projects continue to support the implementation of the career pathway for entry-level front-line staff through to Specialist and Advanced Paramedics. These include:

- 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

3.1.4 **Emergency Planning Resilience and Response**

EPRR continues to deliver against the agreed action plan in order to achieve the overall assessment grade of substantially compliant national EPRR Core Standards. As the Trust enters the end of the third quarter of the Action Plan, the remaining actions are the more complex standards that may run beyond the current year. Concurrently, the department prepares for the next iteration of the EPRR Core Standards, and the new question sets. The main forward look is the anticipated Manchester Arena Inquiry Report, which is expected to make many wide-ranging recommendations. The Trust is preparing for this by creating a new continuous improvement process to lead on this and all future learning opportunities.

3.1.5 **Community Resilience**

The Community Resilience Team (CRT) continue to recruit, train and support volunteer Community First Responders (CFR's) who give around 12,000 hours of availability every month across Yorkshire responding to a wide variety of category incidents.

CFRs Category 1 contribution remains at 3 seconds, with the implementation of new technical software (NMA Lite) we are seeking to maximise the use of CFRs by speeding up dispatch and tracking our volunteers in the same way we do other resources.

Following funding from NHS Charities Together, we continue to make progress on the falls responder project. We aim in the coming weeks to have 6 falls cars across Yorkshire available seven days per week for up to 18 hours per day crewed by volunteers to be dispatched to none-injury fallen patients to reduce the time they wait on the floor and reduce the need for an ambulance dispatch.

3.1.6 Key Operational Risks

Key operational risks are as follows that are team are working to mitigate:

- 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
- Increased sickness levels
- Operational resources, particularly at weekends

3.2 Urgent Care and Integration Directorate

The System Support and Delivery Managers (SSDM) continue to work collaboratively with place, ICS's and internal departments to share learning and influence service developments such as local Clinical Advice Services (CAS) development, Urgent Community Response (UCR) services and Same Day Emergency Care services (SDEC's). The SSDM's work closely with the clinical pathways team to ensure the whole patient journey is considered, regardless of the patient's entry point into the Urgent and Emergency Care system.

The YAS mental health programme has now operationalised mental health response vehicles (MHRV) in both South and West Yorkshire, working with A&E operations to ensure a sustainable staffing model. The original pilot vehicle in Hull is also due to recommence by the end of August 2022 and the programme team are working with Humber Foundation Trust to staff the vehicle with a MH practitioner and a Paramedic. Formal evaluation of the first phase of the MHRV project will begin in July with a move towards the vehicles becoming business as usual. NHSE/I have announced the national procurement exercise for MHRV's and the YAS MH programme team is currently in discussion with ICS MH leads to inform a submission for the role out of further MHRV's. This work is underpinned by both YAS and system data.

The rotational nurses workstream of the programme has been challenges by the national and local workforce shortages in the MH sector and therefore in discussion with internal colleagues a proposal is being developed to go through the gate process to develop our internal workforce by educating a cohort of Paramedics to become Specialist Paramedic – Mental Health. This new role would rotate into EOC and working on the MHRV and would be sector leading development in our MH workforce plan.

The mental health programme continues to be overseen internally by the mental health steering group and externally by the UEC MH leads group which will feed in to the ICF.

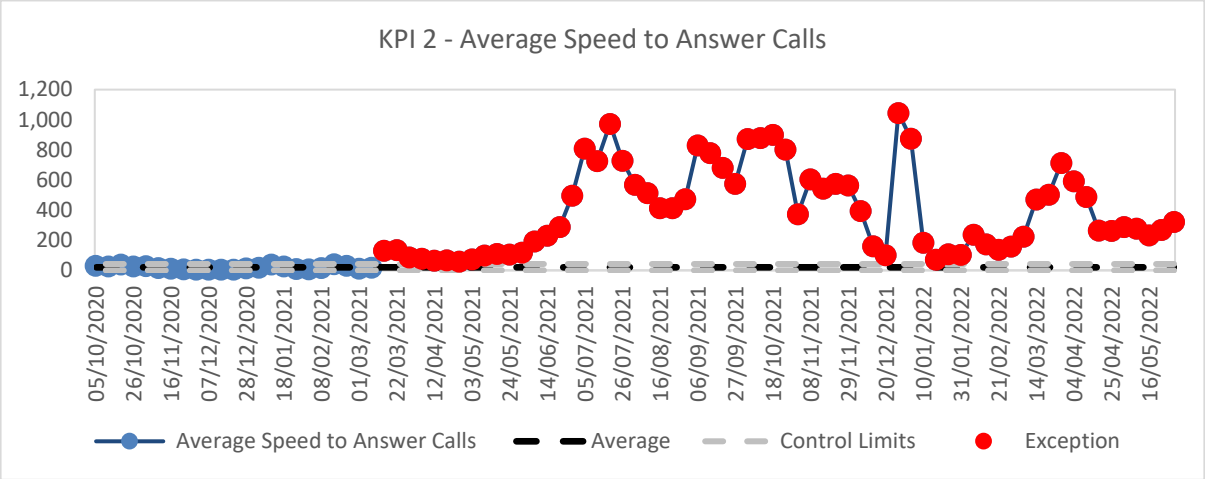
3.2.1 Integrated Urgent Care

<u>Demand and Performance</u>

Overall demand and performance for 2022/23 Calls offered was 444,905, this was 8.2% below baseline, whilst calls answered was 385,989, -20.4% below baseline.

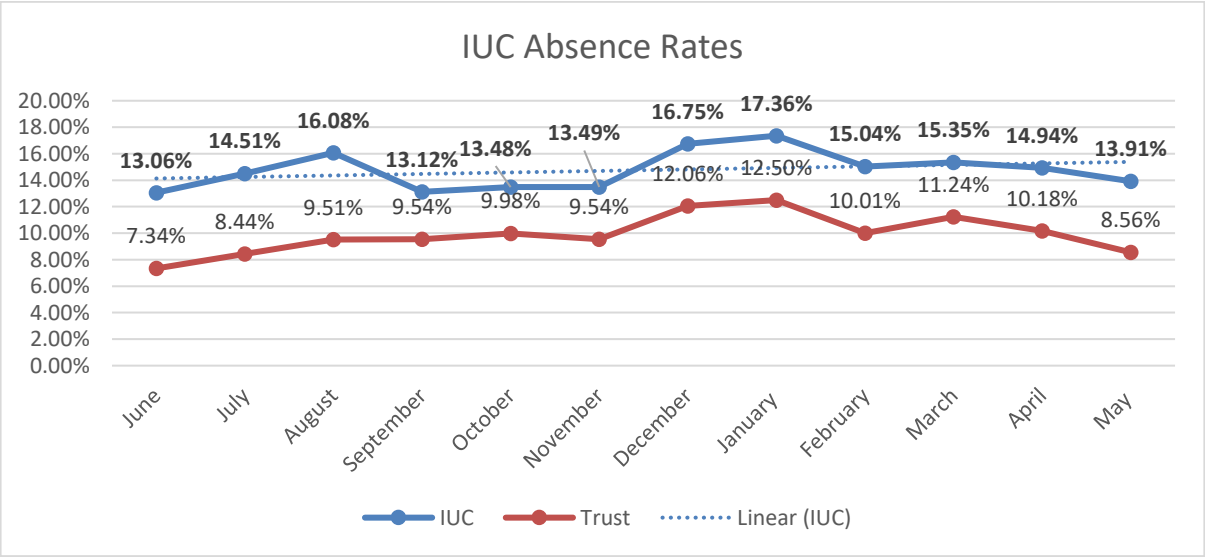
Performance for 2022/23 saw calls answered in 60 seconds at 32.7%, calls abandoned 13.2% and average speed to answer was 404 seconds. Clinical demand from 1st April 22 – 26th June 22 saw 378,910 patients triaged, 19.1% of these were assessed by a clinician or a clinical advisor, and 33.6% of these received a clinical call back within one hour.

Performance continued to be a challenge across Quarter 1 for patient access with a maintenance of a high average call response times (see chart below in seconds).

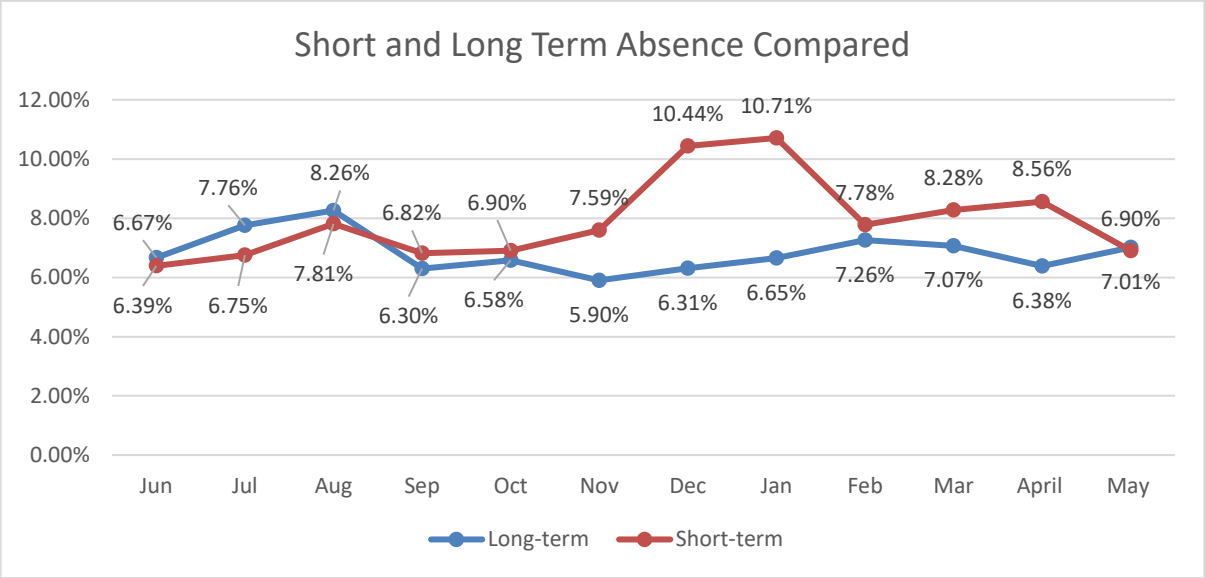


Staff absence, driven by Covid, has been a key factor in this with both an early January Omicron wave and a further regional increase from the middle of March. However, from early April this has started to fall as indicated by the chart below. Whilst Covid has accounted for between 35% to 50% of staff 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.

Absence decreased again in May and, other than a spike in March, has been on a downward trajectory since the start of the year. Trust-wide absence has also followed a similar pattern. A monthly overview is contained within the chart below



Long-term absence increased to **7.01%** while short-term absence decreased for the first time since January, to **6.9%**, and dipped below long-term absence for the first time since August. A comparison of long and short-term absence rates throughout the year is set out below:



Sickness Absence Reasons

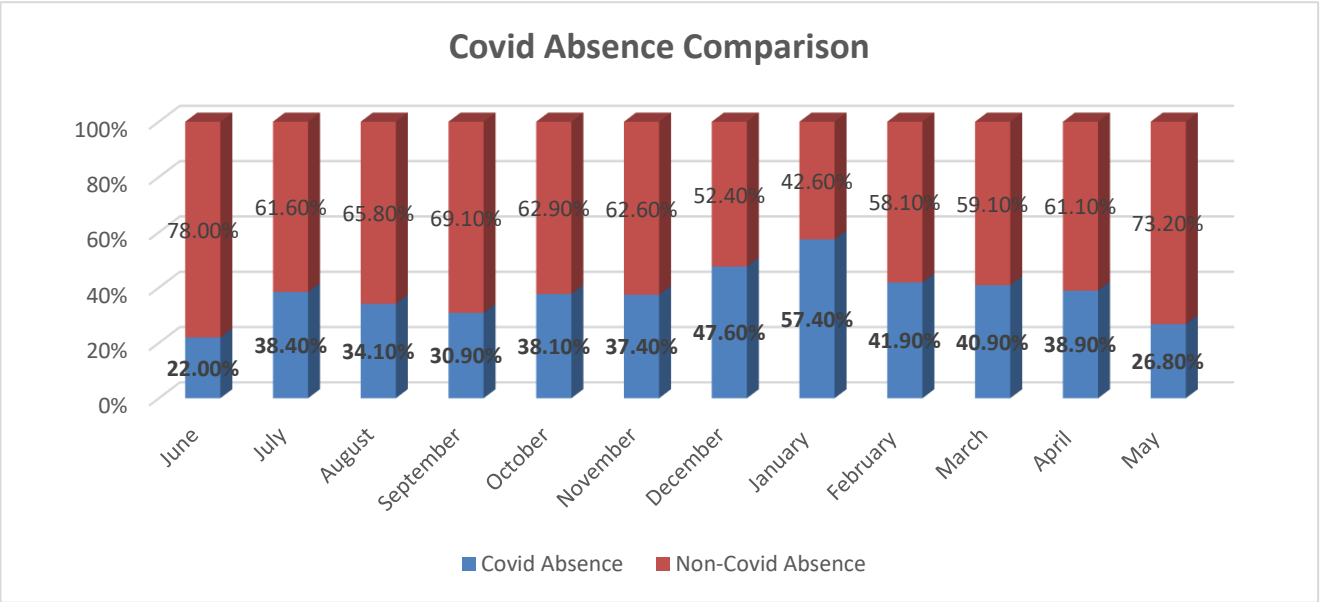
Anxiety/stress/depression/psychological-related absence remains the highest reason for non-Covid related sickness absence, and slightly increased in May to **44.3%.**

Rates for each non-Covid reason remain broadly comparable to previous months with no significant changes, though it should be noted that the proportion of absence related to Cold, Cough, Flu- Influenza decreased from 7.4% in April to 1.9% in May, and the absence related to other musculoskeletal problems increased (from 3.9% to 4.6%), whilst Gastrointestinal problems has also increased from 10.8% to 12.7%.

As part of the IUC improvement plan a range of actions are being taken to support staff health and wellbeing these include maintenance of key infection and prevention and control measures (mask wearing and cleaning workstations) given increase in transmissible illness together with additional measures such as additional rise and fall desks to support staff wellbeing.

Specific steps around supporting staff mental health include promotion of the Employee Assistance support helpline, compassionate conversation refresher training for Team Leaders and an additional cohort of mental health first aiders trained by the service. The service also continues with the pilot of therapy dogs.

Covid-related Absence



Covid-related absence decreased in May, to the lowest rate since June last year. Early indications are that, in line with community rates, covid absence has increased during June.

Capacity

Staff capacity remains below the 2022/23 funded position with a shortfall of 53.4 FTE (full time equivalent) Health Advisors following a combination of high attrition (annualised at 44%) and more limited uptake in recruitment. To support this activity YAS IUC accepted NHS Professionals support.

Improvement plan

The Improvement Plan has now been developed further into the 2022/23 IUC Delivery Plan. This will ensure that there is a single plan for IUC this year, which links directly with CQC Key Lines of Enquiry (KLOEs) and also the NHS People Promise.

Key developments across the rest of the quarter, through the IUC 2022/23 Delivery Plan include:

- *Culture and Leadership* – A workshop was held with IUC Managers and Staff Representatives on 30 June 2022 to finalise and agree the Plan. The Plan is live and being delivered through a set of projects, along with actions which are monitored through the IUC Senior Management Team and Operational Management Group Meetings. In addition, working groups will be set up to provide forums for collaborative development of key areas of work such as the rota review and leadership development.

  As part of the collaborative delivery of the Plan, a defined role for staff to act as Change Champions has been progressed and 11 staff have applied and been accepted.

- *Health and wellbeing* – continuation of initiatives in the call centre including therapy dogs (recognised as supporting staff wellbeing across healthcare), occupational health support sessions and review of staff absence

management (including covid absence). Mental health first aider training was delivered to 8 Team Leaders during the last Quarter.

A significant step has been the introduction of paid wellbeing breaks for all front facing IUC staff. Early indicators suggest that these breaks have been well received.

- *Workforce* – recruitment and retention continue to be a key focus for the service, with additional recruitment planned as part of recovery and the 2022/23 funding. Actions include additional marketing of Health Advisor and Clinical Advisor roles. This is urgent as attraction levels are significantly reduced, and we are no longer receiving the number of applicants needed to meet our trajectory for this year. This appears to be a national trend which is likely due to the much more competitive employment market conditions. To assist, Sue Moloney (Senior HR Consultant) is leading the development and delivery of an urgent plan around attraction and recruitment.

  A key action across Quarter 1 was to procure an external firm to lead a rota review. Unfortunately, the preferred provider proved unsuitable. To expedite this, the IUC Team are planning to undertake the review and we will seek an external provider to review and validate the work.

- *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 sessions in May focused on reviewing the NHS Staff Survey results. The next sessions are due in July, and these will focus on the forthcoming rota review to ensure that all staff have the opportunity to put their views forward.

- *Careers, Education and Learning* – The IUC Team are looking at the current clinical leadership model, with a view to ensuring that senior clinical expertise is in place to lead the development of career pathways, underpinned by education and CPD frameworks. The aim is to increase attraction and retention as a result of an improved offering.

- *Service Development* – A review of 'Average Handle Time' and 'Not Ready Reason Code Usage' is underway to understand potential issues and to enable more focused action on any barriers.

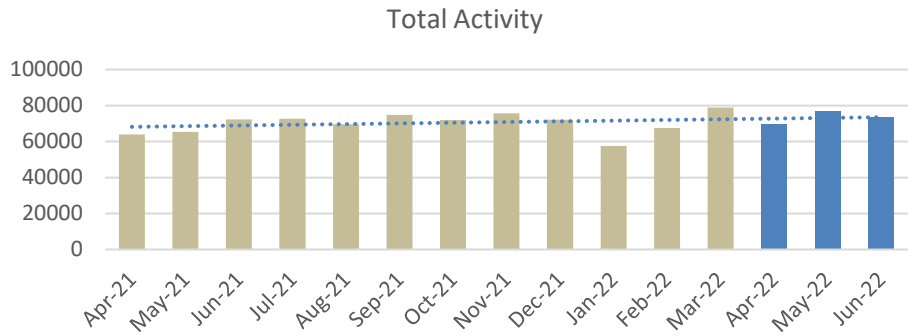
The Health Advisor homeworking pilot commenced in June, with a small cohort of staff on an overtime basis and will be evaluated to ascertain the benefits and possibilities for rollout on a larger scale.

3.2.2 **Patient Transport service (PTS)**

Demand & Resource

Total activity for Quarter 1 of 2022/23 was 220,129 journeys. This was a 7.9% increase to January to March 22, and a 9.2% increase to Quarter 1 of 2021/22.

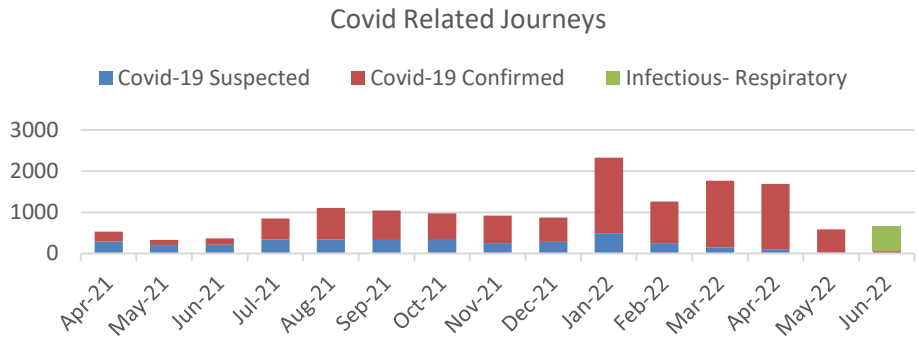
Consistently since April 22, actual demand has been higher than forecast. In Quarter 1 of 2022/23, actual demand was 11.9% higher than expected.



PTS service delivery model aspiration (1.4 patients per vehicle run) 60% YAS resource and 40% alternate provider.

Q1 actual delivery model remained 40% YAS and 60% alternate provider. (Distancing reducing resource to 73% of BAU capacity – phased removal of distancing is forecast to impact in Q2 although average patients per vehicle have been on a small upwards trend since April, and for the Quarter 1 was 1.03.

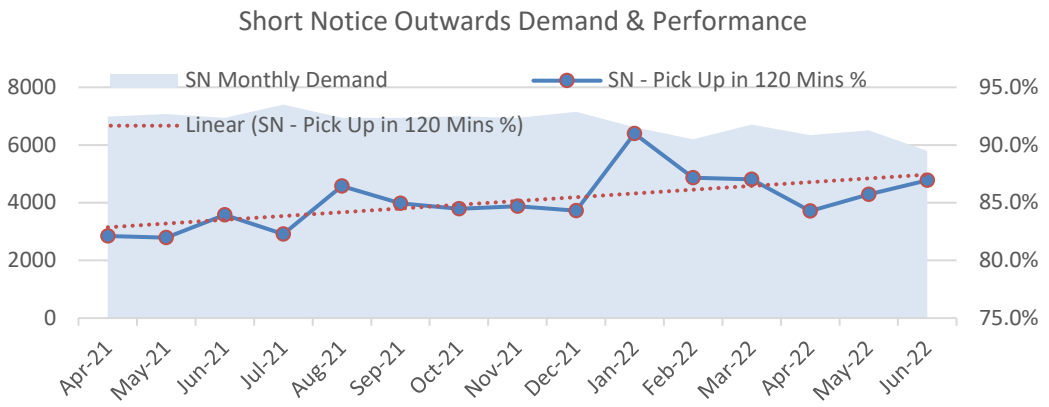
Covid related journeys saw a significant decrease in Quarter 1 compared to January - March 22. Demand levels were 45.3% lower than the previous quarter.



PTS Reservations call volumes in Quarter 1 were higher than numbers seen over the past year. Compared to January to March 22, the Comms department received 9.9% more calls, and 7.2% more calls compared to April - June 21. Actual call demand for Quarter 1 was 7.3% higher than forecast. June saw the largest variance, with 12.4% more calls than expected, with the Jubilee Bank Holiday period impacting this.

<u>Performance</u>
The contractual KPI's remain suspended in line with NHS England Guidance. Focus continues on the 120 Min Discharge KPI and patient care.

Short Notice Outwards Performance saw a 2.8% decrease in service level for Quarter 1 compared to January - March 22. However, performance saw a 2.9% increase compared to the same period in 2021/22 and has been on an upward trend over the past year.



In April to May of Quarter 1, Hull, East, and West saw low KPI 4 performance results. These three areas account for 47% of the total short notice demand. Lower performance in these areas will impact overall service level for the quarter. Performance began to increase in June, with performance being 1.2% higher than May.

Call Performance was 30.5% for Quarter 1, 33.7% lower than performance seen in January to March 22, and 13.3% lower than the same period in 2021/22.

Higher call volumes and increased average handling time are having a negative impact to service level. “Logged on” staffing was on average 7 FTE under requirement – recruitment remains ongoing, a continuation of 21/22 non-recurrent additional call handler budget is required with additional scripting for phased distancing requirements and additional call demand.

Infection Prevention and Control
On 14 April 2022, new guidance has been 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 that is caveated strongly by wording around ensuring local risk assessments are in place, there is reference to this being transitional; and that any implementation should be balanced with risks to the wider healthcare system that Covid may cause.

Direct liaison with Renal and Cancer centre leads in the region have indicated that these keys partners are not yet ready to implement revised distancing measures.

From 13 June 2022, YAS PTS operations commenced phased roll out of multi-patient journeys following new IP&C Guidance and the removal of distancing restrictions for routine planned care and discharge journeys. We will continue to offer the greatest levels of protection to clinically vulnerable patients; – in particular, journeys for renal dialysis and relating to oncology, as well as patients who have recently received a solid organ transplant.

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

West Yorkshire ICS, as lead; with YAS named by NHSE as one of three "pathfinder" pilot systems in the Country to trial and test some areas of the review for recommendation:

1. Signposting non-eligible patients
2. Improving access to the Voluntary, Community and Social Enterprise Transport services
3. Better and appropriate access to the "Healthcare Travel Cost Scheme" (**this workstream is being trialled by West Yorkshire ICS and Calderdale Acute)*

In addition, West Yorkshire ICS, with YAS as lead provider in West Yorkshire have committed to an 18-month programme to pilot, review, engage and recommend on:

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

This programme of work is accountable to, and governance assured by the Region's Integrated Care Board (ICB).

3.2.4 **NHSE/I NEPTS Commissioning, Contracting and Core Standards guidance has been released.**

NHS England and NHS Improvement has been working with stakeholders to develop this "NEPTS Commissioning, Contracting and Core Standards" guidance, which although is non-statutory or non-mandatory, aims to provide guidance which will:

- Improve service responsiveness and enable investment and innovation
- Offer consistency and standardisation across contracts
- Incentivise responsiveness and enable learning and accountability

This guidance will be accompanied by implementation support tools such as case studies and model specifications at the right time to support commissioners and ICS more broadly

There is a large focus in the guidance in standardising core standards, eligibility, commissioning / procurement processes, net zero targets and NHS "Who Pays?" guidance. For which our engagement has been supportive of. The guidance references oversight of the whole system's NEPTS by an ICS Senior Responsible Officer; also providing suggested "lead provider" models; which we are supportive of.

The following points MD of PTS has extracted from the guidance as concerns, areas we have challenged on or key differences.

The guidance breaks NEPTS in to two types of providers:

- *Specialist transport services*

Specialist transport providers offer a service using vehicles which are designed for the primary purpose of transporting people who require treatment. Specialist transport providers are required to register with the Care Quality Commission (CQC).

- *Non-specialist transport services*
  Non-specialist transport services often provide scope for new models of delivery, including multiple-use vehicles and providers, such as taxis, community transport, and volunteers. There is also scope to raise productivity of vehicles and providers by integrating them with other transport sectors. Providers do not usually require CQC registration, which is determined by the design of the vehicle.

We have fed back on the guidance's distinctions between types of NEPTS services; and the perception that "non specialist" and unregulated signifies cost savings, and reduced quality for patient care requirements from NHS funded transport. We have requested that this has been sighted on and supported by CQC as part of the review, awaiting response.

NHS E/I Consultation on proposed eligibility criteria has concluded.
The updated non-emergency patient transport services (NEPTS) eligibility criteria has been published on the NEPTS page of the NHS E/I website on 31st May 2022 together with the full consultation response document.

These criteria will be used in future contracts and will be adopted in existing services by April 2023.The national NEPTS implementation team will be running a number of engagement events in the coming months to support commissioners and providers in the implementation of the updated eligibility criteria.

The national NEPTS implementation team state they will work with providers and commissioners in capturing and sharing the learning from 'live testing' the implementation of the updated eligibility criteria with the wider system.

To note, there is no national standardised question set; application of the published criteria is to be determined locally by ICS. We have fed back to the national NEPTS implementation team that we do not believe that this addresses the key concerns highlighted at the start of the national review into NEPTS which criticised the inconsistency between NEPTS contracts in quality standards for patients.

Also of note is the inclusion of any patient receiving in clinic dialysis treatment for NEPTS NHS funded transport regardless of their mobility or current transport means. There is a lot of reference towards directing patients to the "Healthcare Travel Cost Scheme" that considers patient's financial/social eligibility to refund transport costs.

3.3 **Clinical Directorate**

3.3.1 **Directorate Overview**

The Clinical Directorate's core function and purpose is to provide expert clinical advice and leadership, support and lead clinical development and support clinical governance throughout the Trust. Core clinical governance activities managed by the directorate are in place, including clinical audit, Learning from Deaths, and clinical effectiveness. Despite on-going operational pressures and governance backlogs the Trust continues to maintain good clinical governance and patient safety monitoring practices.

Medicines Safety remains a high priority for the directorate and although the number of clinical errors relating to medicines remains low, there has been a sharp increase in reported incidents. A key priority to improve medicines safety this year is to digitise the medicines management pathway for both non-controlled and controlled medicines. This will be deployed alongside the pre-packed medicines project supporting frontline clinicians to focus on patient care and further improving medicines safety. The Trust Pharmacist is working with the digital and operational teams to develop and embed the systems.

The Directorate continues to support operational teams building clinical supervision and leadership models and has focussed on improving clinical support for Newly Qualified Paramedics and clinical leadership for the Team Leaders. This year we will re-energise our CPD offering, utilising face to face, and remote learning tools such as ECHO – a virtual education technique which brings clinicians together with subject matter experts to allow sharing of best practice through case-based discussion.

The Clinical Directorate continue to support the delivery of the Clinical Strategy. The Clinical Strategy was launched in July 2019 to inform the Trust strategy of One Team, Best Care and support the delivery of an integrated urgent and emergency care service. The clinical strategy puts the patient and clinical teams at the heart of the organisation to deliver this model through three core aims:

- Continuous improvement and innovation of clinical care,
- Enabling our multidisciplinary team to deliver high quality, person-centred, evidence-informed care and,
- Ensuring that patients experience a consistently safe, compassionate, high standard of care.

Significant progress has been made on developing the operational clinical model with closer working between all three service lines, team-based working, and implementation of the post graduate career progression pathway. The Safer Right Care framework has been published and is now being embedded into clinical training and education, clinical supervision frameworks and the YAS electronic Patient Record (ePR). The framework sets out the standards for history taking, patient assessment, decision making and documentation. The aim of the framework is to support clinical decision making, reduce avoidable conveyance to the Emergency Department and reduce harm from inappropriate non-conveyance decisions. In addition, the Safer Right Care project includes improvements to the emergency and urgent care pathways:

3.3.2 **Emergency Care Pathways**

YAS is working with the regional cardiac network to improve the Heart Attack pathway, and testing is currently underway to send pictures of the ECG direct to the Heart Attack Centre. This will enable senior decision support from a cardiac specialist to divert the right patients to the nearest heart attack centre. This will improve the speed at which patients are accepted on the heart attack pathway and include more patients who can benefit from direct transfer to the specialist.

An NHSE/I funded pilot has been launched in South Yorkshire to enable video assisted triage of patients presenting to the on-scene paramedic with a stroke. The remote assessment will be undertaken by a stroke specialist and will allow quicker identification of stroke and reduce the number of stroke mimics taken to an Acute Stroke Centre.

Work continues to develop our critical/enhanced care response bringing together our critical care paramedics, HART, BASICS and HEMS teams into an integrated response for our critically unwell and injured patients. A Critical Care Paramedic is now based in the EOC to coordinate and support the response to these patients. Further work is ongoing to develop our partnership with the YAA and build our enhanced care abilities.

3.3.3 **Urgent Care Pathways**

Urgent Community Response teams are being launched across the region to provide a 0 -2-hour response to patients in the community referred from GP, IUC, 999 and hospital discharge teams. There is currently huge variation in availability and access across the region with only 5 out of 15 teams providing the full specification. YAS are piloting direct referrals to one provider in Kirklees and Calderdale via the clinical navigator in EOC with small but positive increases in accepted patient referrals. Same Day Emergency Care is another NHSE/I requirement from the ICBs and provides an alternative to ED where they exist. The Pathways team are working across all areas to open access for ambulance clinicians.

Work continues with Sheffield Teaching Hospital NHS Trust on developing a Community Emergency Medicine response with a senior ED register supporting frontline clinicians and responding to complex patients in the community.

3.3.4 **Mental Health Care Pathways**

YAS has worked with mental health crisis providers across Yorkshire and now have almost complete region wide coverage of mental health crisis pathways for adults. The next phase will be to improve the use of these pathways and develop children and young people mental health crisis pathways.

In the Yorkshire and Humber region, nearly 1 in 5 residents live in what is classified as the tenth most deprived areas of England. Area level deprivation is positively correlated with health inequalities, adverse health outcomes and the risk of disease, including the risk of hospitalisation. YAS is working across the region, and nationally, to identify opportunities to support the wider system in reducing health inequalities and understanding our role as an anchor institution. Mapping is underway to link with the three Integrate Care Boards to identify priorities, share data and develop an action plan for improvement.

2021-22 has been a challenging year for research in YAS as the National Institute of Health Research aimed for research to move into a 'recovery, resilience and growth' phase after studies were broadly suspended to support 'urgent public health research'. This has left YAS research team with several opportunities and difficulties. In recognition of our efforts to support regional partners and our status as a Clinical Research Network 'footprint' organisation were awarded strategic funding to support several posts to open new studies and deliver on our portfolio of projects. We have been able to continue to engage with regional NHS partnerships built during vaccine research and see this as an opportunity for future growth.

3.3.5 **Research Delivery**

- The NIHR Clinical Research Network for Yorkshire and Humber monitor our performance in research delivery, ie recruitment into high quality research studies.

- So far in 2022-23 financial year we have recruited 127 participants into studies. This is 98% of our year-to-date target (779)

- 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. Interviews with YAS staff and observations in EDs to understand the impact of pre-alerts on patient care have also begun. This study aims to produce 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 (29/06/2022) 11 patients have been enrolled with over 100 paramedics trained to deliver the trial intervention. We have very few of the treatment packs still in circulation and are awaiting a delivery of the second portion of the trial medication so this can be distributed across the region. We are also planning on providing retraining to all recruiting paramedics during July and August to ensure that knowledge of the trial procedures is maintained.

- 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.

- YAS is also recruiting staff into the second round of the "should I stay or should I go" study to understand staff intentions to leave NHS employment

3.3.6 **Research Impact**

- The research team, together with the YAS Charity have hosted the second in person workshop day of the EMS999 Research Forum. This was a day of sharing knowledge and learning about research funding, patient

involvement, use of data, effective networking and using mixed methods in research studies

- The pre-hospital PRIEST studies have all been completed, peer-reviewed and published, and show how a different triage mechanism for COVID patients may have been able to identify patients at risk of adverse outcome during the first wave in 111, EOC and in face-to-face – the PRIEST COVID triage tool is now validated and approved for use in American Emergency Departments.

- The project to implement Lateral Flow Testing and divert positive patients away from ED in Hull has now been published in the Journal of Infection, proving the principle that ambulance staff can diagnose and stream patients effectively.

3.3.7 **Research Development**

- The University of Sheffield have signed a Memorandum of Understanding with YAS which commits both parties to co-development of research projects and investment in training and supporting research staff

- The NIHR CRN 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 have now interviewed for a new Senior Research Fellow 1 day per week fixed until the end of March 2023.
- A bid to the Aortic Dissection Charitable Trust has been invited to the second round of funding.

- A bid has been submitted to NHS Digital to support the evaluation of leaving non-conveyed patients with ‘safety netting ‘ advice via text message rather than paper forms.

3.4 Quality, Governance and Performance Assurance Directorate

3.4.1 Infection Prevention and Control

The Infection Prevention and Control (IPC) continue to provide support for the Trust response as we transition from COVID-19 being a pandemic becomes an endemic respiratory disease. However staffing vacancies are presenting a considerable risk to ongoing delivery and the recruitment pool for qualified IPC practitioners is limited. NHS England have published a new NHS National Infection Control Manual. Work is underway to determine how best to educate and train staff in the consistent use of this manual in their working day. Call centre and Ambulance Station risk assessments have been reviewed and step down/transition of IPC practices towards the new manual are underway. All decisions will be supported by best evidence and approved via Trust Executives, and where necessary recorded on the risk register. Whilst COVID-19 case rates had been subsiding, it is worth noting that case rates are on the rise nationally again at present. Monkey Pox is being managed in line with guidance.

3.4.2 **Violence Reduction Standard / Body worn camera project.**

The Violence reduction team have completed self-assessment tool in Q4 2021-22 with an initial report coming to TMG/TEG to agree business plan approach to undertake actions to increase compliance with the standards. The new standards set a high level of attainment and careful review of resource allocated to reduce violence and maintain standards will be required.

The Body Worn Camera Pilot has now completed Phase 1, 2 and 3 across the Trust which equates to 27 live sites in total. Also, the pilot has extended its reach to a further 8 sites, due to requests from individual stations/managers. These sites have been brought into the pilot following a proportion of equipment being redistributed, which were not being utilised at current live sites. Therefore, it is expected that the extra sites will be live by the end of July 2022, equating to 35 stations having the capability for use of this equipment, by the end of the roll out.

The Trust is currently receiving approximately 130 reported violent and aggressive incidents per month; the highest reported figure since reporting began. Phase 1 and 2 sites were implemented prior to December 2022 and therefore, they have had the ability to carry and use the equipment for numerous months. The Trust has requested that staff wear the cameras at their discretion and sadly there has been a decrease in cameras being undocked for use. The current percentage of staff at Phase 1 and 2 sites using the cameras is at an average of 6%, with no consistency in usage across the months.

The #WorkWithoutFear campaign is now in it's fourth month of roll out nationally. The Internal Communications department is maintaining traction on delivering the resources to the Trust via electronic communications.

In order to mirror the national campaign, the Violence Reduction Lead has established a communications strategy and is working alongside the Communications Department to deliver on this. This has been successful in highlighting narrative and resources such as eLearning, data related posters, education-led leaflets and Pulse page content for staff to use, to develop their knowledge of progress, across the Trust, in this area.

3.4.3 **Information Governance and Cyber Security**

The Data Security and Protection Toolkit (DSPT) is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. The DSPT is an annual self-assessment and the deadline for the 2021-22 publication is 30 June 2022. It is anticipated that 108 out of 109 mandatory evidence items will be met; the exception being the need to meet the 95% target for annual Data Security and Protection training. We are currently at just over 90% compliance, with a clear plan in place to take us to the required 95% compliance by September 2022.

We all also required to be independently audited on our Toolkit submission. The scope of the audit is determined by NHS Digital, who identified 13 assertions for review, across the 10 National Data Guardian (NDG) Standards in the Toolkit. Eight assertions achieved a 'substantial' assurance rating and two assertions

achieved a ‘moderate’ assurance rating. Our overall risk assessment across all 10 Standards was ‘moderate’, with the confidence level in the veracity of the self-assessment rated as ‘high’.

3.4.4 **Service Transformation**

The service transformation programme and associated projects are being reviewed in line with the business priorities, planning guidance and strategic direction to ensure Trust resources are focused on the key programmes of work that will support our staff to provide safe patient care in an environment where we are continually improving.

3.4.5 **Patient Safety**

The local CQUINs have been developed to ensure we are ready for the new patient safety reporting process has commenced and is progressing into phase 2 of 4. The CQUIN will allow us to fully understand and implement all elements of the national Patient Safety Strategy; including patient safety partners and how to work with our public on safety, patient safety training for all staff including Board level training, including preparation for our DATIX system to work with PSRIF system to ensure fully automated reporting going forward. 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 Trust Learning Group, which includes learning and actions from serious incidents and coroners’ cases. NEAS case and learning from it has been considered at Quality Committee meeting and will be a focus on the next Board Development Meeting.

3.4.6 **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 have met proactively with HR team to review the process to manage staff allegations, to ensure they are being processed by HR, with the support of SG team, in a seamless and consistent manner across the organisation and appropriately managed and referred externally as appropriate. Contracting elements are being reviewed with 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, as reported in the last paper for 2022-23, it has been agreed for the directorate to prioritise three areas with the aim of supporting staff: health and wellbeing, targeted culture work and appraisals and compassionate and inclusive conversations. Progress against these three areas will be reported through Quality Committee.

3.5.1 **Leadership and Organisational Development**

In April 2022 the Leadership Development Training Needs Analysis (TNA) was conducted with the Area Operational Managers (AOMs) to determine their

leadership and management development needs. The outcome will define the leadership skills needs across operational services.

Specific targeted culture development work is being completed in several areas across the organisation including Finance, IUC, Digital, Hull and East Ridings and EOC. This is also supported by the Diversity and Inclusion team.

YAS ran its second National Quarterly Pulse Survey (NQPS) from Monday 4 April until Friday 29 April 2022 with a response rate of 3% which is a decrease of 9% since the first NQPS. The Staff Engagement Score was 5.61 which shows a decrease of 0.91 since the NQPS in January 2022. Work is now focusing on how to increase response rates.

3.5.2 **Health and Wellbeing**

The 2022-23 Health and Wellbeing Plan has been approved and is now supported by a robust campaigns' planner and evaluation metrics. A 'Plan on a Page' outlining health and wellbeing priorities will be shared across all sites and teams over the coming weeks.

The Team has also commenced development of the Health & Wellbeing Pulse site, and a supporting app, with the intention of going live in Autumn 2022. The Health Needs Assessment Survey has been completed with findings and next steps to be communicated to all staff shortly.

3.5.3 **International Recruitment**

The nationally funded pilot to recruit Paramedics from Australia and New Zealand, led by Health Education England's (HEE's) Global Recruitment Directorate, has resulted in 29 appointments for overseas Paramedics. The first cohort joined the Trust on 2 July 2022 with the second cohort during August 2022. A project group has put in place pastoral care, following collection from airport, with buddy support from day one to support integration and settlement.

3.5.4 **Diversity and Inclusion**

The Annual Workforce Equality Report will be presented to the Board. The report provides a breakdown of our workforce by protected characteristic with information on what the Trust is doing to increase diversity and inclusion against each of these.

The Diversity and Inclusion Action Plan 2021-22 has been reviewed and closed and a new Diversity and Inclusion Action Plan developed for 2022-23 with some actions being carried forward to the new plan. The new Plan for 2022-23 has been developed with stakeholders and retains a strong focus on increasing the diversity of our workforce and on a positive employee experience. The Plan will be presented to Board.

The Trust launched the Diversity Census which encourages staff to share their equality information on Electronic Staff Record. This will provide the Trust with more accurate data to be able to identify themes and aid with prioritising actions in regard to the diversity and inclusion agenda.

3.5.6 **Education and Learning**

The Essential Learning project aims to enable staff to complete essential learning (statutory and mandatory) relevant to their role, achieving a minimum Trust compliance rate of 90% by the end of September 2022. The launch of this project includes the identification and engagement of service-line Essential Learning Champions, the release of a new, intuitive Compliance Dashboard and the publication of a Managers' Briefing Note. Strong progress has been made with seven competence requirements now above 90%.

The rollout of the mandatory high-speed driving assessments (at least every five years) is progressing well, with 184 assessments conducted. Blue light theory eLearning was also released in April 2022 and to date compliance is at 51.07%.

Clinical Refreshers restarted in April with 35 refresher days delivered to date. Work with the Scheduling Team and A&E Operations is ongoing to improve the attendance rate to maximise the places available.

3.6 **Finance Directorate**

3.6.1 **Finance**

The Trust has submitted a final financial plan for 2022-23

<u>Revenue</u>

We are pleased to report that the Trust has moved from the original £30.6m deficit plan to a breakeven plan. This has been achieved through the identification of non-recurrent reductions in expenditure, alongside some welcome recurrent resource from national allocations; this is specifically to cover ambulance sector specific pressures and inflation. Latterly some additional (c.£9m) non-recurrent income has been made available to us by region /all 3 ICSs to bridge the remaining gap.

Whilst it is pleasing to report this for 2022-23, it needs to be acknowledged that this position has been achieved in part through non recurrent means. The Trust has a significant underlying deficit and must focus on the delivery of efficiencies, savings and reductions in waste in order that we can resource sustainable services in the future.

<u>Capital</u>

The Trust had developed a multi-year capital plan, this reflected an assumed level of resource in 22/23, which in part has not materialised. In addition, we are still experiencing supply chain issues (particularly in terms of vehicles), which will impact on delivery of that plan. The Trust is therefore urgently reconsidering elements of the plan. A risk remains in relation to IFRS16, and the required capital departmental expenditure limit (CDEL) to cover this; the Trust has submitted its requirements to NHSE/I but has not yet been notified of the actual limit.

3.6.2 **Procurement & Logistics**

Personal Protective Equipment (PPE)

There are no immediate challenges in relation to Personal Protective Equipment (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 has demonstrated its agility when the Trust has seen spikes or reductions in usage rates and with the relaxation of rules surrounding the wearing of PPE, we have good resilience to effectively support any future challenges.

On-going Key Procurements

There continues to be a significant portfolio of activity led by the Procurement team (132 live projects) across the Fleet, ICT and Professional Services categories. We also have a lot of activity within Estates as the Scarborough Hub, York Fairfield's refurbishment and the new Logistics Hub projects are underway. Alongside our many own requirements, we continue to identify opportunities to work collaboratively with other Trusts e.g., Vehicle Recovery and C1 Driver Training. Work continues with the Common CAD Project with the intention to set up a single supplier framework to be accessed by all Ambulance Service Trusts. This will enable, if required, an immediate call-off by YAS, NWAS and EMAS when the framework goes live later this year.

3.6.3 **Estates, Fleet & Facilities**

Environmental & Sustainability

The department has applied for Salix funding to cover the cost of a Heat Decarbonisation Plan to help identify the decarbonisation opportunities available through:

- Changes in operation and system/building upgrades
- Replacement of conventional building heating systems with low carbon alternatives

Additionally, we would like the Heat Decarbonisation plan to support future grant schemes applications, such as the Public Sector Decarbonisation Scheme (PSDS). The next phase of the PSDS is planned to open in September 2022, with further windows expected to be available up until 2025. In the latest Net Zero Strategy released by the government department for the Department for Business, Energy & Industrial Strategy (BEIS), they highlighted that £1.425 billion of additional funding will be available via the PSDS between 2022-23 and 2024-25.

Estates

Work has started on Fairfields EOC with a strip out of the existing first and second floor installations. Design is in the final stages and work commenced during quarter one on the preparation for the steelwork installation. The refurbishment includes remodelling operational areas as well as staff facilities.

The site conditional survey report is expected imminently and will inform the Trust of the current position with regards to backlog maintenance across all sites.

Electric Vehicle (EV) Charging

Assessments and monitoring of vehicle movement and demand is underway and will be shared with NHSE/I. This information will be used to develop and deliver a strategic plan to decarbonise the NHS fleet as cost-effectively, efficiently, and rapidly as possible.

Working in partnership with NHSE/I the Trust will undertake a series of projects to determine:

1. A date by which we could reasonably expect Ambulance trusts to transition to 100% zero emission vehicles – including all emergency ambulances and other specialist vehicles.
2. A costed and timebound plan for installing and running the refuelling infrastructure required by the NHS to support a zero emission fleets (over and above other funding in this area by the UK Government, Private Sector, or others).
3. A detailed roadmap and toolkit for Ambulance Trusts to use in preparing operationally for the transition to net zero vehicles.
4. A trajectory for increasing rates of active travel amongst NHS staff, in terms of proportion of journeys made or proportion of miles travelled.

Fleet

The Trust continues to experience pressure on the supply chain with a worldwide shortage of electrical components affecting the motor industry; in turn causing delays within the vehicle replacement programme for base vehicles. As a result, the age profile remains static. However, build slots are now available with orders for 64 DCA and 109 RRV in progress and due to arrive in Q2 through to Q3 2022/23.

Vehicle availability has continued to improve in both A&E and PTS during the first quarter with fewer major vehicle failures and improved turnaround times for repairs. Routine Maintenance compliance remains high with the variance to target being for those vehicles that are currently VOR and undergoing repair.

Medical Devices/AVP and Ancillary Services

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

3.7 ICT and Business Intelligence

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. The project completed at the end of May 2022 with all phones deployed to front line staff, via CBU representatives, and the Vodafone contract terminated. Over 7,000 connections are now live on O2. The Voice Comms team are establishing active usage monitoring for all devices and will be working to maximise the use of hospital based GOVROAM wifi to avoid mobile data charges. In accordance with original board paper, the next phase will include the establishment of a Technical Innovation Group to oversee development and installation of functionality to derive maximum benefit from this investment.

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. In July YAS are expecting functional changes to the MIS CAD system to enable more detailed text-to-speech information flow that allows for updated on-scene and redeployment messages being relayed to crews in accordance with the current Road Traffic Act (RTA) legislation. Once this has been tested by YAS, full deployment of the new MDT's will commence, most likely in September. The deployment will take approximately 9 months to complete.

The ARP programme are also testing the new Control Room Solution (CRS) across a number of Ambulance Trusts. Initial pilot in SAS and SWAS have indicated performance issues with this new technology that is being analysed and resolved by the suppliers. YAS is in tranche two for CRS installation. Current indications are that CRS will now not be deployed to YAS until Q1 2023-24.

The MDT and CRS programmes of work are driven by the national ARP team and YAS need to adjust schedules accordingly.

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, screens and communications equipment are improving but are still in excess of 3 months. The orders for the replacement of the Trust wifi network has been awarded but the lead times for this equipment mean the project will not start until Q1 2023-24.

The ERP programme has been subsumed into the new, for 2022-23 and beyond, Clinical Systems Development (CSD) programme of work. The CSD incorporates delivery of a number of individual projects including EPR, the YAS care record, national Ambulance Data Set (ADS) reporting, further integration into the Yorkshire and Humber care record and the medicines management software. All of this functionality is being delivered by the YAS development team.

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. 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, now starting in Q2 2022-23.

The department lost the long-held contract to support development for Health Education England when HEE decided to bring this functionality in house. This resulted in two staff leaving YAS. The staff loss has enabled a slight restructure within the development team to recruit capability to support the future demand in Office 365 development, especially in Power Apps. This will support the anticipated functional requirements related to the mobile phone deployment

Operational system availability KPI's have been exceeded in the last quarter.

The data warehouse system has been replaced in Q1 2022-23 and there have been issues with the performance of the new infrastructure resulting in periodic failure to report to national and regional bodies and impacted both clinical investigation and research These problems are still under analysis and a data warehouse specialist has been employed on a temporary basis to streamline and improve performance from the system.

Recruitment and retention of staff remain a critical organisational risk for both the ICT and BI functions. Staff are still being lost to NHSE bodies and through normal attrition. The national and regional market for specialist technical skills, both within the private and public sector, is exceptionally buoyant. We are working with YAS HR on a recruitment and retention strategy for critical roles. Regionally, all 3 ICS's have identified capability and capacity of IT and BI staff as a major constraint and risk to enabling the NHS transformation agenda.

4 Updates on Key Activities

4.1 Ordinary People who do something Extraordinary

To mark volunteer's week (1 – 7 June 2022) a book was created by Community First Responder dispatcher Rick Corbishley, who is also a keen amateur photographer who wanted to leave a legacy to the hundreds of CFRs and Patient Transport Service (PTS) Volunteer Drivers in recognition of 'their love for mankind that transcends the selfishness we see far too often in this world'.

The book is available for a suggested donation of £10 to cover the cost of printing. Any additional monies raised will be donated to the YAS Charity. To request a copy, visit https://www.justgiving.com/fundraising/something-extraordinary.

4.2 Learning Disability Week: 20-26 June 2022

To mark Learning Disability Week the Trust brought together several experts, including Dr Liz Herrieven Consultant in Paediatric Emergency Medicine, Sheffield Children's NHS Foundation Trust and Graham North with lived experience, to record a fascinating podcast about how to improve communication between our staff and patients with learning disabilities. The discussion was captured for an Audio Bite which has been released to mark Learning Disability Week (20-26 June).

4.3 York Pride (18 June 2022)

YAS staff attended the York pride event on 18 June 2022. After two years away due to the pandemic. Colleagues joined other blue light partners and the public to take part in the city-wide parade, which stretched from York Minster to the Knavesmire.

4.4 Prince's Trust & YAS Get Started

The Trust hosted its second Get Started programme in partnership with The Prince's Trust in Leeds earlier this month. The programme aims to support younger adults to build confidence and gain essential skills for work. Around

20 younger adults from 15 to 27 took part in sessions on recruitment and interview skills, understanding different roles within the service as well as receiving training in CPR skills.

5 Other Items

5.1 Provision of Waste Services Contract Proposal: Record of Urgent Decision.
The Board is asked to formally note the record of decision taken in accordance with Standing Order 5.2 (Emergency Powers, Urgent Decisions and Flexible Decision Making) regarding the approval of a three-year contract.

The record of decision is provided at Annex 1.

6 RECOMMENDATIONS

6.1 The Board is asked to:

- **Receive assurance** on the activities of the Executive Team.
- **Formally note** the Record of Urgent Decision taken 9 May 2022.
- **Receive** the Integrated Performance Report for June 2022.

6. APPENDICES / ANNEXES

Annex 1 Record of Urgent Decision Provision of Waste Services Contract Proposal

Annex 2 Integrated Performance Report for June 2022

Record of Urgent Decision

Monday 9 May 2022

Paper Circulated to

Kathryn Lavery	(KL)	Chairman
Rod Barnes	(RB)	Chief Executive
Anne Cooper	(AC)	Non-Executive Director
Andrew Chang	(ACC)	Non-Executive Director
Jeremy Pease	(JP)	Non-Executive Director
Tim Gilpin	(TG)	Non-Executive Director
Amanda Moat	(AM)	Non-Executive Director
Clare Ashby	(CA)	Interim Director of Quality, Governance & Performance Assurance
Dr Steven Dykes	(SD)	Acting Executive Medical Director
Kathryn Vause	(KV)	Executive Director of Finance
Nick Smith	(NS)	Executive Director of Operations
Phil Storr	(PS)	Associate Non-Executive Director
Zafir Ali	(ZA)	Associate Non-Executive Director Development
Mandy Wilcock	(MW)	Director of People and Organisational Development
Karen Owens	(KO)	Interim Director of Urgent Care and Integration
Simon Marsh	(SM)	Chief Information Officer

Decision recorded by:

Helen Greer-Waring (HGW) Executive Coordinator (interim)

Provision of Waste Services Contract Proposal (Paper UA21.002)

In accordance with Standing Order 5.2.2* the following decision was taken on 9 May 2022.

The Trust Board approved:

- The award of a 3-year contract to Mitie Waste & Environmental through the NOE CPC Framework, and
- The award with the option to rationalise bin sizes and deliver a replacement bin programme across the estate

Prior to the decision being taken, paper UA22.002 was circulated to individuals listed above on 5 May 2022 via email. The paper provided assurance of the procurement process followed and guidance provided by NHSE/I around the national framework for clinical waste services provider.

A quorate response was received with responses from KL, KV, AC, ACC, AM, JP, CA, SD, CA, NS, and TG all of whom supported the proposal. KO, PS, MW, and SM were also supportive.

CERTIFIED AS A TRUE RECORD

_____**Chairman (Kath Lavery)**

Standing Orders referenced:

3.11 Quorum

No business will be transacted at a meeting unless at least one-third of the whole number of the Chairman and Members (including at least one member who is also an Officer Member of the Trust and one member who is not) is present

5.2 Emergency Powers, Urgent Decisions and Flexible Decision Making

5.2.2 In order to facilitate a more flexible decision-making process intra-meetings and to enable quicker decisions to be made, the Board may, where deemed appropriate by the Chairman, and as long as there is quorum, consider a matter on paper circulated via email and record their decision by email correspondence. A record of the decision will be created and reported to the next formal meeting of the Board in Public session for formal noting.

NHS
Yorkshire
Ambulance Service
NHS Trust

Integrated Performance Report

June 2022

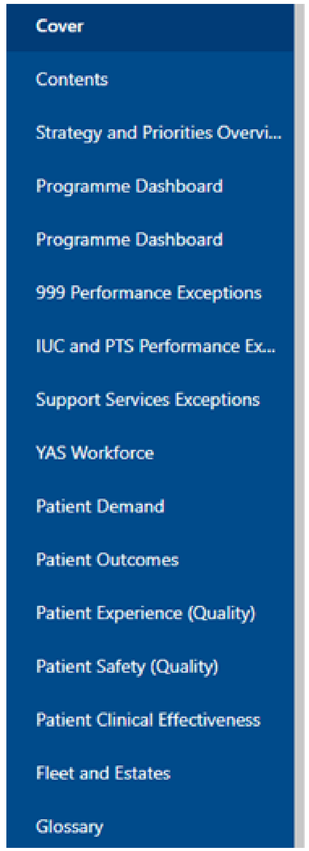
Published 21st July 2022

Report Guide

Key Buttons

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

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



Menu

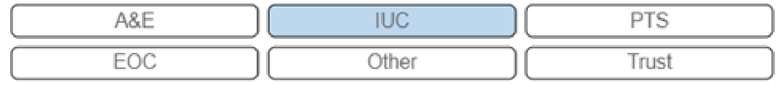
The menu of the left hand side of the screen directs you to the relevant pages for all reports within the app. The IPR has a main report and an Annex.

Reset Filters

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

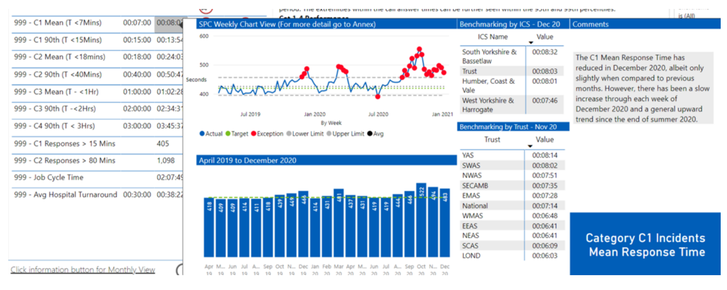
Key Buttons

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



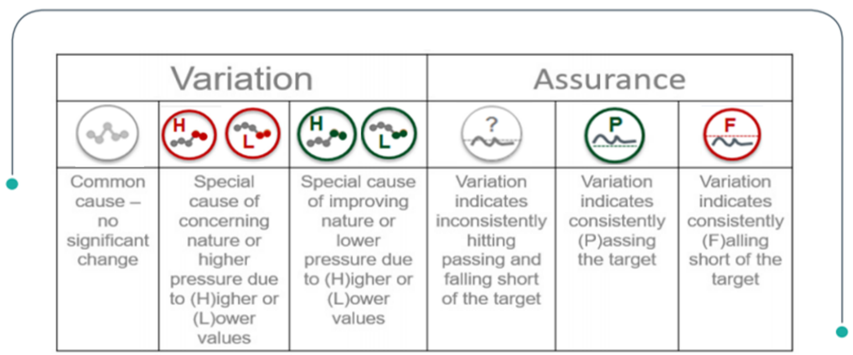
Hover Over Visuals

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



Exceptions, Variation and Assurance

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



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

Table of Contents

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

with our core values embedded in all we do

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

Our Vision

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

Our Ambition for 2023 is that

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

Delivery is directly supported by a range of enabling strategies

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

Our Ambitions for 2023

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

Our Key Priorities

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

999 IPR Key Exceptions - June 22

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:24		
999 - Answer 95th Percentile		00:02:34		
999 - C1 Mean (T <7Mins)	00:07:00	00:09:30		
999 - C1 90th (T <15Mins)	00:15:00	00:16:28		
999 - C2 Mean (T <18mins)	00:18:00	00:43:18		
999 - C2 90th (T <40Mins)	00:40:00	01:35:57		
999 - C3 Mean (T - <1Hr)	01:00:00	02:17:01		
999 - C3 90th (T -<2Hrs)	02:00:00	05:24:57		
999 - C4 90th (T < 3Hrs)	03:00:00	06:44:07		
999 - C1 Responses > 15 Mins		1,085		
999 - C2 Responses > 80 Mins		5,469		
999 - Job Cycle Time		01:51:04		
999 - Avg Hospital Turnaround	00:30:00	00:52:42		
999 - Avg Hospital Handover		00:30:53		
999 - Avg Hospital Crew Clear		00:17:29		
999 - Average Hospital Notify Time		00:05:27		

Click information button for Monthly View

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 24 seconds for June, an increase of 17 seconds when compared to May. The tail end of call answer times shown in the percentiles saw a steadily decreasing trend between October 2021 and February 2022 in line with the mean, however the figure has started to fluctuate since: June saw the figure increase once again after a decrease in May.

Cat 1-4 Performance - No national performance targets were met in June. Performance times for all categories remain exceptionally high. Compared to May, the Category 1 mean and 90th percentile performance times were increased by 56 seconds and 93 seconds, respectively.

Abstractions were 1.3% higher than forecast for June, increasing 3.5% from May. Weekly staff hours have fallen compared to May by over 3,900 hours per week. DCA Jobs times have lengthened by 27 seconds compared to May. This has contributed to overall availability decreasing by 2.3% from May and was reflected in worsened performance. Compared to June 2021, abstractions are up by 5.0% and availability is down by 4.4%.

Call Acuity and Availability - The proportion of Cat1 and Cat2 incidents was 65.9% in June (11.3% Cat1, 54.6% Cat2) after a 1.1% increase on May (0.5% increase in Cat1 and 0.6% increase in Cat2). Comparing against the previous year, Cat1 proportion has increased by 1.9% and Cat2 proportion has decreased by 0.5%. DCA Availability was 14.3% in June; the lowest monthly figure in 2022-23 so far following a 2.1% decrease on May's figure. There was also a 2.6% decrease on the previous year.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than 90th percentile target has been fluctuating in recent months. The figure decreased in May, however June saw the figure rise once again; a 45.8% increase on May. It remains 84.2% higher than June 2021. The number of Cat2 responses greater than 2x 90th percentile target increased from May by 96.8%. It remains 144.8% higher than June 2021.

Job cycle time - Overall, job cycle time is approximately 1 minute longer than in May and 10 minutes longer than in June 2021.

Hospital - Average Crew Clear saw a 1 second decrease in June. The average handover time in June increased by approximately 1 minute compared to May at 00:30:53 which caused hospital turnaround time to increase by approximately 1 minute and a half. Turnaround times continues to show exceptionally long times. Average turnarounds are now almost 23 minutes above target and over 12 minutes longer than they were at the same time last year. The number of incidents with conveyance to ED is 4.9% lower than May and 8.8% lower than June last year.

Click information button for further drill down including benchmarking and SPC

IUC IPR Key Indicators - June 22

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		130,095	H	
IUC - Increase - Previous Month		-1.3%		
IUC - Increase Same Month Last Year		-8.6%		
IUC - Calls Triaged		124,203		
IUC - Calls Abandoned	3.0%	16.7%	H	F
IUC - Answer Mean	00:00:20	00:08:37	H	F
IUC - Answered in 60 Secs	90.0%	25.2%	L	F
IUC - Call back in 1 Hour	60.0%	44.4%		F
IUC - ED Validations %	50.0%	33.6%	L	F
IUC - ED %		14.1%		
IUC - ED outcome to A&E		77.6%		
IUC - ED outcome to UTC		12.7%		
IUC - Ambulance %		10.3%	L	

Click information button for Monthly View

IUC Exceptions - Comments (Director Responsible - Karen Owens)

YAS received 156,200 calls in June, -5.1% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in June, 130,095 calls (83.3%) were answered, -1.3% fewer calls were answered than in May and -8.6% fewer than the number of calls answered in June 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 decreased in June to 25.2%, compared to May's 39.2%. Average speed to answer in June was 517 seconds (8 minutes and 37 seconds), up 231 seconds from May and still significantly higher than the national target of <20 seconds. Similarly, abandoned calls were 16.7% this month, above the 3% target and an increase of 6.6% on May'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 44.4%, below the 60% target and lower than 49.1% in May. Core clinical advice was 20.0%, down 2.0% on May. 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 92.8% in June, whilst performance for overall validations was 97.2%, with around 9,500 cases validated overall.

ED validation performance was 33.3% for June, -7.4% lower than May. This figure being lower than the target is 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. In June we saw an increase in the time the ED validation services had been turned off. 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.

Amongst booking KPIs, bookings to UTCs stayed consistent in June at 50.9% after the increase in February 2022. Bookings to IUC Treatment Centre's has stayed consistent at 52.3% for June. ED bookings are still being monitored, with performance continuing to remain below 40%. Finally performance against the SDEC booking KPI remains at 0% as very few cases are being referred to SDEC and no booking is enabled.

Click information button for further drill down including Benchmarking and SPC

PTS IPR Key Indicators - June 22

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	21.1%	L	F
PTS - % Short notice - Pickup < 120 mins	90.8%	86.3%		F
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	90.6%		F
PTS - Arrive at Appointment Time	90.0%	87.6%		F
PTS - Journeys < 120Mins	90.0%	99.3%		P
PTS - Same Month Last Year		3.3%		
PTS - Increase - Previous Month		-2.9%		
PTS - Demand (Journeys)		74,687		?

PTS Exceptions - Comments (Director Responsible - Karen Owens)

Total Demand in June 22 was 74,687, a 2.9% decrease to May. There were less operational weekdays in June due to the Jubilee Bank Holiday, which contributed to lower activity levels. Compared to June 21, demand saw a 3.3% increase. At the end of QTR 1 of 2022, total activity was 8.4% higher than January - March 22.

Following the updated IP&C guidance, PTS have been working towards restoring service efficiency by reintroducing cohorting. In June the average patients per vehicle was 1.04. This will be ramped up from QTR2 of 2022/23.

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 saw a 0.5% increase and was the highest it's been since March 22. Although the KPI remains under target, it falls within the normal control limits.

Covid demand (patients now categorised as 'Infectious Respiratory') saw a 27.6% increase to May. Despite the increase, levels remain well below Covid demand seen over the Winter period.

PTS Call Performance for June was 21.1%, significantly under the 90.0% target. High call demand continues to impact service level, with June seeing 20.8% more calls than expected. Higher call demand drove up staffing requirements, on average for the month net staffing was -10.6 FTE under the requirement needed to achieve the 180 Second KPI.

Click information button for Monthly View

Click information button for further drill down including Benchmarking and SPC

Support Services IPR Key Indicators - June 22

Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		708		
Serious		8	H	
Moderate and Above Harm		38	H	
Service to Service		73		
Adult Safeguarding Referrals		1,656	H	
Child Safeguarding Referrals		850	H	

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

Patient Relations – There has been an increase in service to service and complaints from May to June, with many of the complaints relating to delayed responses due to increase in demand on all service lines. Compliments for the services remain at a good level despite the operational pressures.

Safeguarding adult and child – have seen a slight decrease compared to May figures but remain higher than June ’21 figures.

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) %		12.3%	H	
Sickness - Total % (T-5%)	5.0%	8.9%	H	F
Special Leave		0.2%	H	
PDR / Staff Appraisals % (T-90%)	90.0%	57.2%	L	F
Stat & Mand Training (Fire & IG) 1Y	90.0%	91.0%		F
Stat & Mand Training (Core) 3Y	90.0%	86.3%	L	F
Stat & Mand Training (Face to Face)	90.0%	76.9%		F

Workforce Exceptions - Comments (Director Responsible - Mandy Wilcock)

Sickness - Sickness has increased to 8.9%, impacting on performance concerns across the Trust. The EOC/111 transformation teams have specific work streams regarding health and wellbeing. The sickness taskforce approach is also being refreshed to progress this work further.

PDR / Appraisals - Rates at 57.2%, a small increase at Trust level, however reduced completion rates in EOC and IUC. New reporting has allowed greater visibility of the data. 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. A new Compliance Dashboard is now available to make it easier for managers to see who needs an Appraisal and who has one coming up (contact BI for access and training).

Statutory and Mandatory Training - Compliance figures continue to improve at Trust level and in most areas, with PTS still fully compliant (green) for all categories. Staff are being encouraged to get all eLearning completed, managers receive the fortnightly Compliance Dashboard, Essential Learning Champions are in place for all areas of the Trust, and the Trust is on track to achieve full compliance (for eLearning) by end of September.

Click information button for Monthly View

Click information button for further drill down including Benchmarking and SPC

Workforce Summary

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

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

Name	Jun 21	May 22	Jun 22
Turnover (FTE) %	9.1%	12.2%	12.3%
Vacancy Rate %	6.8%	15.1%	13.7%
Apprentice %	5.9%	8.3%	8.6%
BME %	6.2%	6.3%	6.2%
Disabled %	3.3%	4.4%	4.5%
Sickness - Total % (T-5%)	7.3%	8.6%	8.9%
Special Leave	1.4%	0.3%	0.2%
PDR / Staff Appraisals % (T-90%)	73.8%	53.1%	57.2%
Stat & Mand Training (Fire & IG) 1Y	87.2%	91.0%	91.0%
Stat & Mand Training (Core) 3Y	97.0%	85.3%	86.3%
Stat & Mand Training (Face to Face)	69.1%	77.0%	76.9%
Stat & Mand Training (Safeguarding L2 +)	84.9%	92.9%	93.1%

YAS Commentary

FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 13.7%. Turnover is at 12.3%. Both these are gradually increasing with the main area of concern remaining in our call centres. Dedicated recruitment and retention work within our call centres continues to progress well. Cultural reviews are also taking place to understand issues.

Sickness - Sickness has increased to 8.9%, impacting on performance concerns across the Trust. The EOC/111 transformation teams have specific work streams regarding health and wellbeing. The sickness taskforce approach is also being refreshed to progress this work further.

PDR / Appraisals - Rates at 57.2%, a small increase at Trust level, however reduced completion rates in EOC and IUC. New reporting has allowed greater visibility of the data. 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. A new Compliance Dashboard is now available to make it easier for managers to see who needs an Appraisal and who has one coming up (contact BI for access and training).

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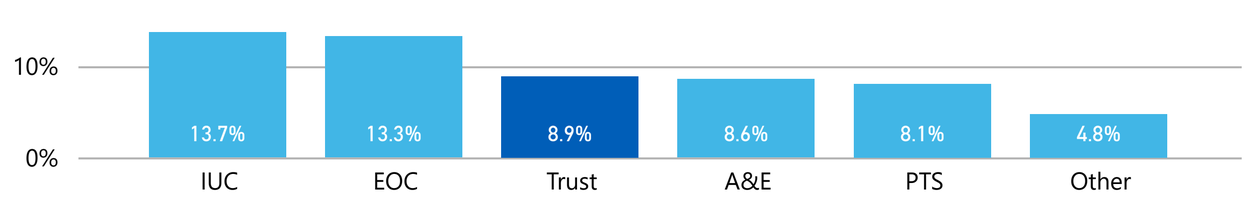
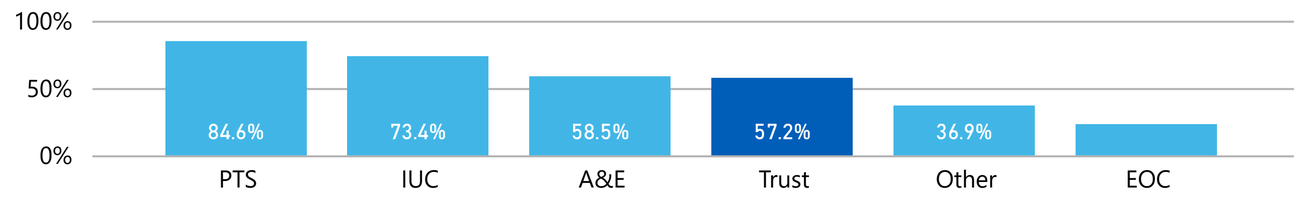
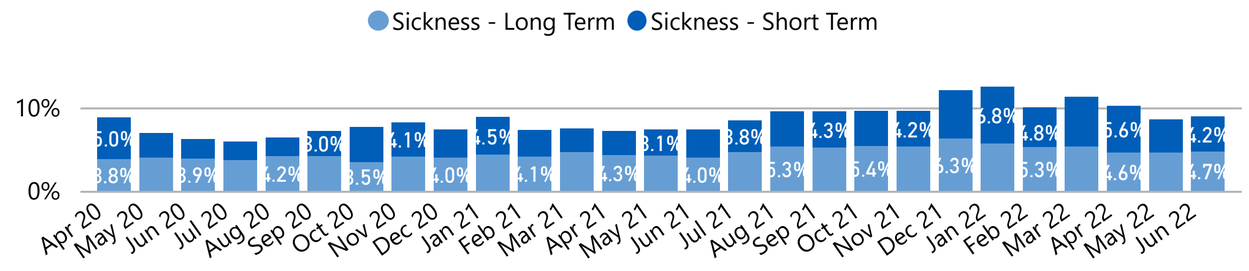
Sickness Benchmark for Last Month



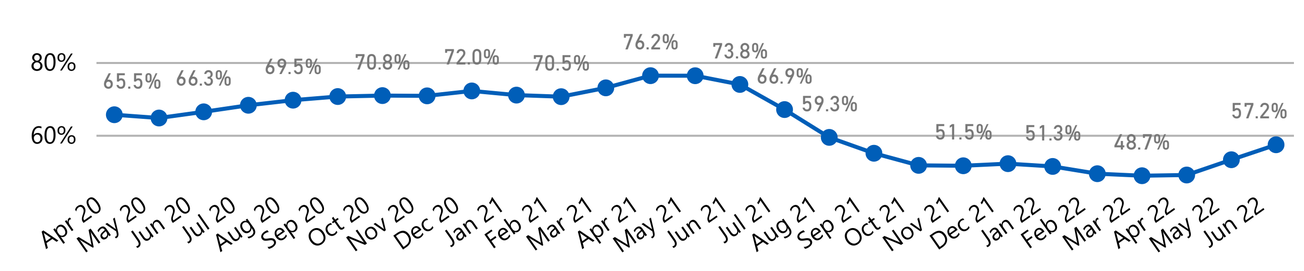
PDR Benchmark for Last Month



Sickness



PDR - Target 90%



Click information button for key KPIs by Month

Click information button PDR by Team

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

Overview - Unaudited Position

Overall - The Trust has a year to date surplus at month 3 of £120k as shown above. £0k or breakeven for ICB reporting after the gains on disposals and impairements are removed, this is the measure by which the Trust's financial position is assessed.

Capital - YTD expenditure is lower than plan due to incorrect profile for ICT and delays on Estates and Transformation.

Cash - As at the end of May the Trust had £79.6m cash at bank. (£75.9m at the end of 21/22).

Risk Rating - There is currently no risk rating measure reporting for 2022/23.

Full Year Position (£000s)

Name	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)		£120	£120
Cash	£77,000	£77,000	£0
Capital	£1,551	£466	-£1,085

Monthly View (£000s)

Indicator Name	2022-05	2022-06
Surplus/ (Deficit)	-£4,610	£4,730
Cash	£78,525	£79,865
Capital	£193	£273

Patient Demand Summary

Demand Summary

ShortName	Jun 21	May 22	Jun 22
999 - Incidents (HT+STR+STC)	72,793	70,445	68,762
999 - Increase - Previous Month	-2.0%	5.2%	
999 - Increase - Same Month Last Year	14.6%	-5.1%	
IUC - Call Answered	142,369	131,828	130,095
IUC - Increase - Previous Month	-14.9%	-3.8%	-1.3%
IUC - Increase Same Month Last Year	12.4%	-21.2%	-8.6%
IUC - Calls Answered Above Ceiling	2.1%	-24.0%	-22.5%
PTS - Demand (Journeys)	72,272	76,937	74,687
PTS - Increase - Previous Month	10.6%	10.7%	-2.9%
PTS - Same Month Last Year	63.7%	17.7%	3.3%

Commentary

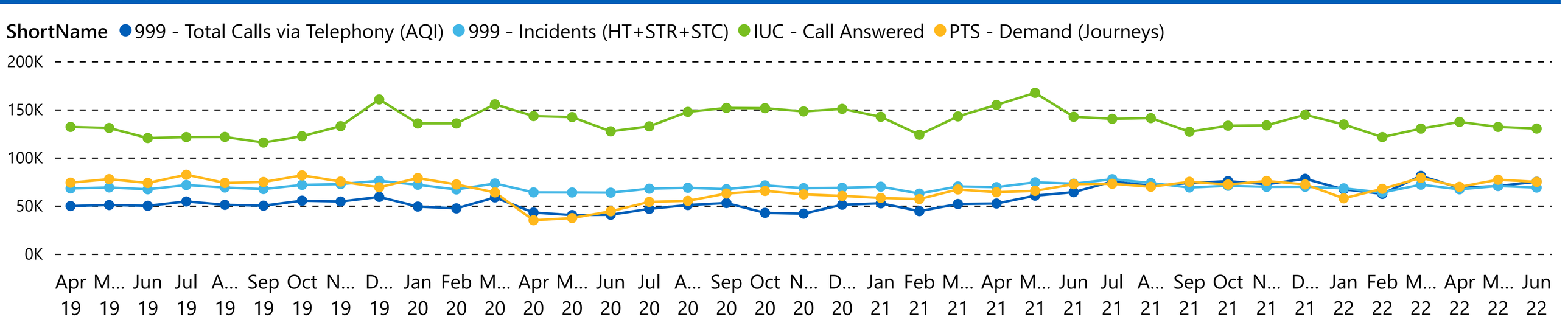
999 - At Scene Response demand was 3.4% lower than forecasted levels for June. All Response Demand (STR + STC +HT) was 2.4% down from May and 5.5% lower than June 2021.

IUC - YAS received 156,200 calls in June, -5.1% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in June, 130,095 calls (83.3%) were answered, -1.3% fewer calls were answered than in May and -8.6% fewer than the number of calls answered in June 2021.

PTS - Total Demand in June 22 was 74,687, a 2.9% decrease to May. There were less operational weekdays in June due to the Jubilee Bank Holiday, which contributed to lower activity levels. Compared to June 21, demand saw a 3.3% increase. At the end of QTR 1 of 2022, total activity was 8.4% higher than January - March 22.

Click information button for Monthly Table View

Overall Calls and Demand

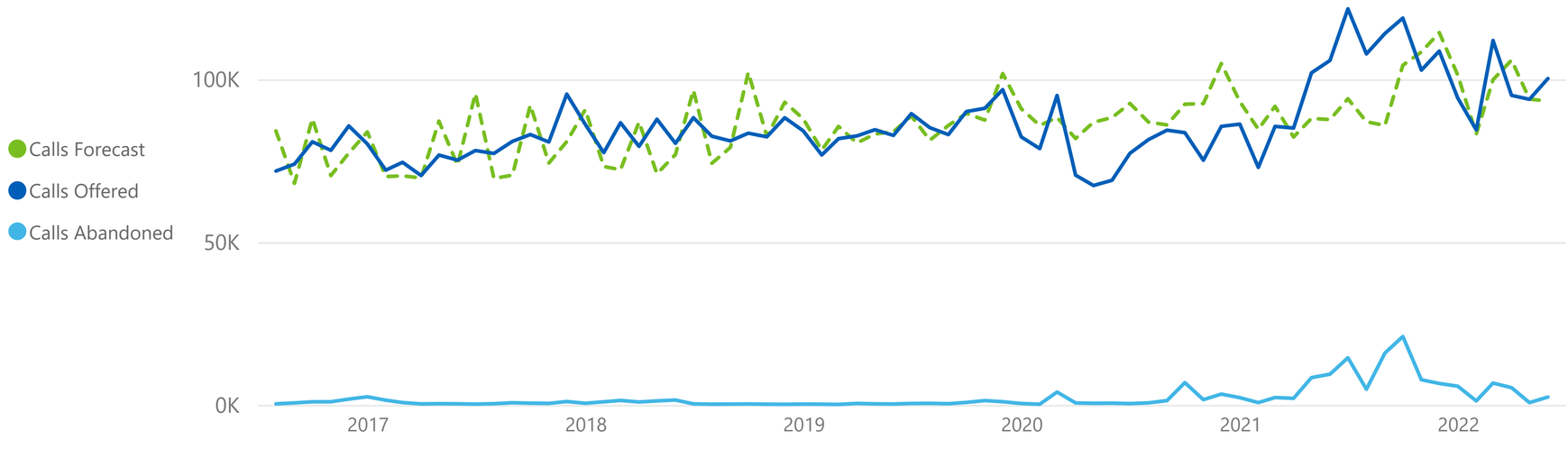


999 and IUC Historic Demand

999 and IUC call demand broken down by calls forecast, calls offered and calls abandoned.

NHS Yorkshire Ambulance Service NHS Trust

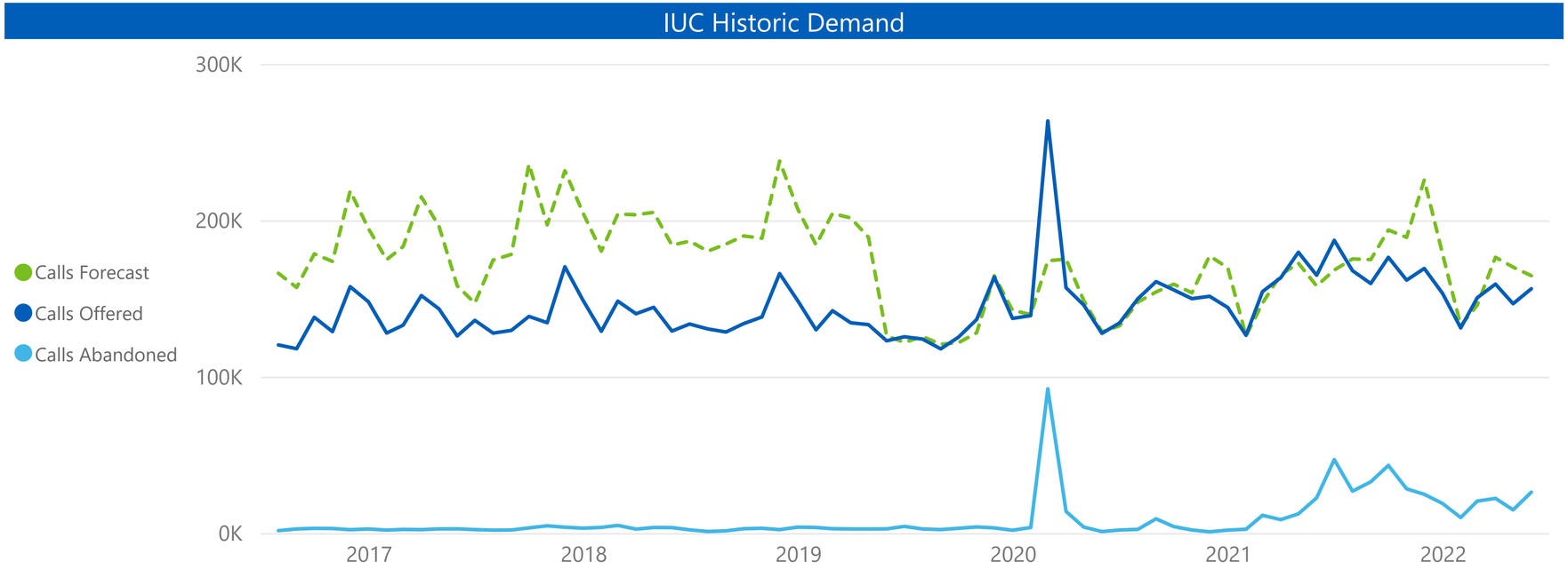
999 Historic Call Demand



999 data on this page differs from elsewhere within the IPR because this includes calls on both the emergency and non emergency applications within EOC, whereas the main IPR includes emergency only. The forecast relates to the expected volume of calls offered in EOC, which is the total volume of calls answered and abandoned. The difference between calls offered and abandoned is calls answered.

In June 2022 there were 100,241 calls offered which was 7.5% above forecast, with 97,838 calls answered and 2,403 calls abandoned (2.4%). There were 6.8% more calls offered compared to May 2022 and 5.2% fewer calls offered compared to June 2021. Historically, the number of abandoned calls has been very low, however, in late 2021 and early 2022 this has increased. In June there were almost 3.5 times as many abandoned calls as there were in May.

IUC Historic Demand



The chart shows IUC call demand broken down by calls forecast, calls offered and calls abandoned.
Calls offered is the total volume of calls answered and calls abandoned. The difference between calls offered and abandoned is calls answered.

YAS received 156,200 calls in June, -5.1% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in June, 130,095 calls (83.3%) were answered, -1.3% fewer calls were answered than in May and -8.6% fewer than the number of calls answered in June 2021.

Calls abandoned for June were 16.7%, 6.6% higher than May 2022 but -8.4% lower when compared to June 2021.

Patient Outcomes Summary

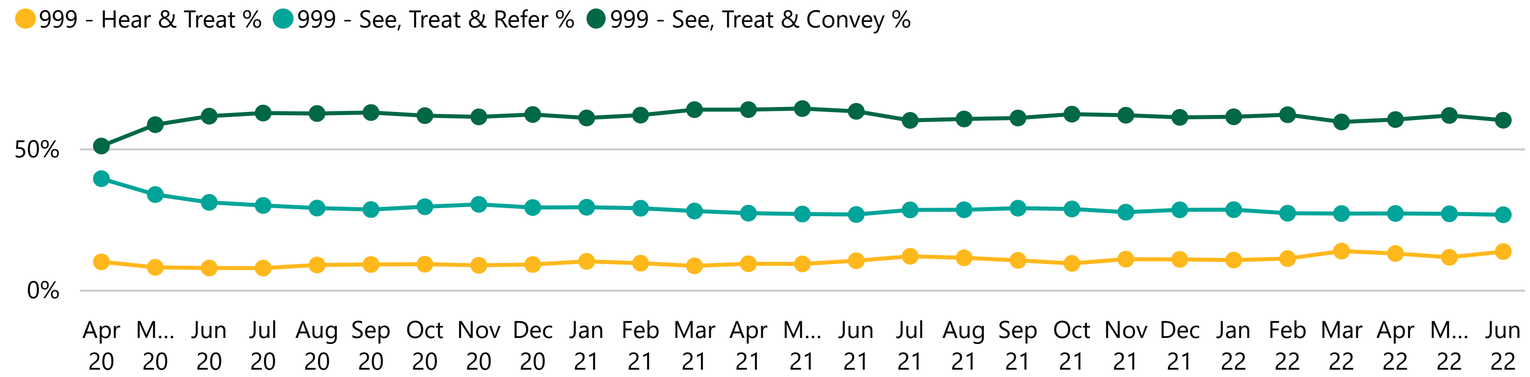
NHS Yorkshire Ambulance Service NHS Trust

Outcomes Summary

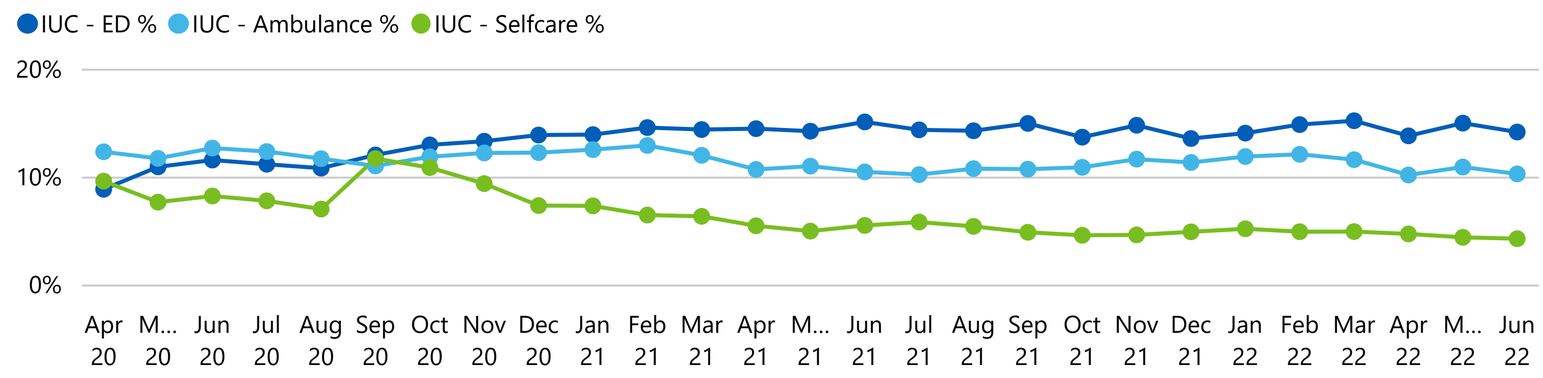
ShortName	Jun 21	May 22	Jun 22
999 - Incidents (HT+STR+STC)	72,793	70,445	68,762
999 - Hear & Treat %	10.3%	11.5%	13.5%
999 - See, Treat & Refer %	26.6%	26.9%	26.5%
999 - See, Treat & Convey %	63.1%	61.7%	60.0%
999 - Conveyance to ED %	55.2%	54.6%	53.2%
999 - Conveyance to Non ED %	8.0%	7.0%	6.7%
IUC - Calls Triaged	136,238	124,989	124,203
IUC - ED %	15.1%	15.0%	14.1%
IUC - ED outcome to A&E	79.2%	77.2%	77.6%
IUC - ED outcome to UTC	10.9%	12.8%	12.7%
IUC - Ambulance %	10.4%	10.9%	10.3%
IUC - Selfcare %	5.5%	4.4%	4.2%
IUC - Other Outcome %	11.4%	11.0%	11.1%
IUC - Primary Care %	55.9%	57.1%	58.4%
PTS - Demand (Journeys)	72,272	76,937	74,687

Click information button for Monthly Table View

999 Outcomes



IUC Outcomes



Commentary

999 - When comparing June 2022 against June 2021 in terms of incident outcome proportions within 999, the proportion of Hear & Treat has increased by 3.2%, See, Treat & Refer has decreased by 0.1% and See, Treat & Convey has decreased by 3.1%. The proportion of incidents with conveyance to ED has decreased by 1.9% from June 2021 and the proportion of incidents conveyed to non-ED has decreased by 1.2%.

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)

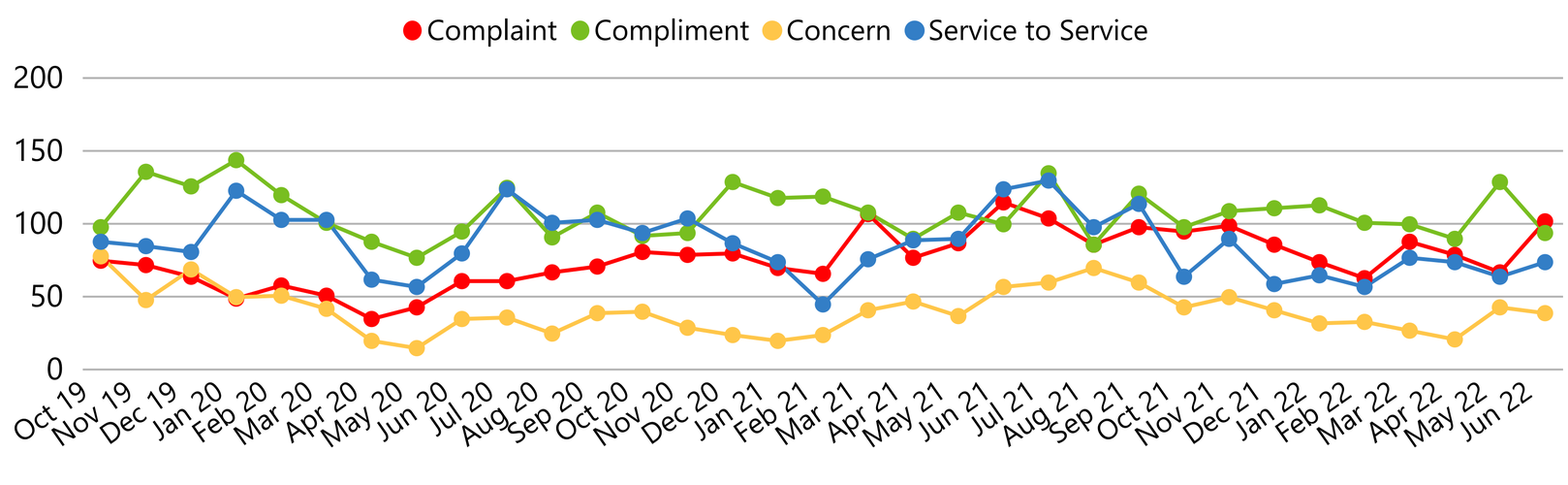
A&E | EOC | IUC | PTS | YAS

NHS Yorkshire Ambulance Service NHS Trust

Patient Relations

Indicator	Jun 21	May 22	Jun 22
Service to Service	123	63	73
Concern	56	42	38
Compliment	99	128	93
Complaint	114	66	101

Complaints, Compliments, Concerns and Service to Service



YAS Compliance

Indicator	Jun 21	May 22	Jun 22
% FOI Request Compliance	96.9%	83.3%	92.0%

YAS Comments

Patient Relations – There has been an increase in service to service and complaints from May to June, with many of the complaints relating to delayed responses due to increase in demand on all service lines. Compliments for the services remain at a good level despite the operational pressures.

FOI Compliance is consistently remaining above the target of 90%

Click information button for Monthly Table View

Patient Safety - Quality (Director Responsible - Clare Ashby)

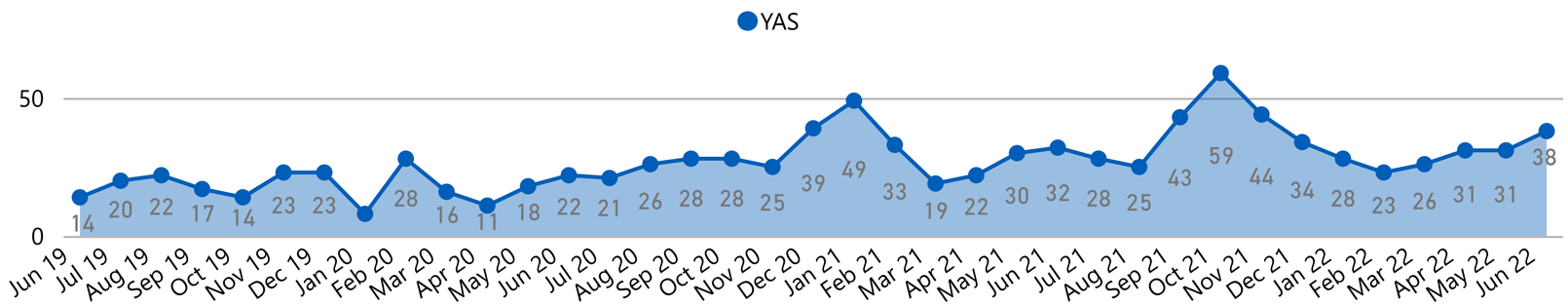
A&E | EOC | IUC | PTS | YAS

NHS Yorkshire Ambulance Service NHS Trust

Incidents

Indicator	Jun 21	May 22	Jun 22
All Incidents Reported	760	724	708
Medication Related	59	111	
Moderate & Above Harm - Total	32	31	38
Number of duty of candour contacts	9	6	10
Number of RIDDORs Submitted	7	4	3
Serious	8	2	8

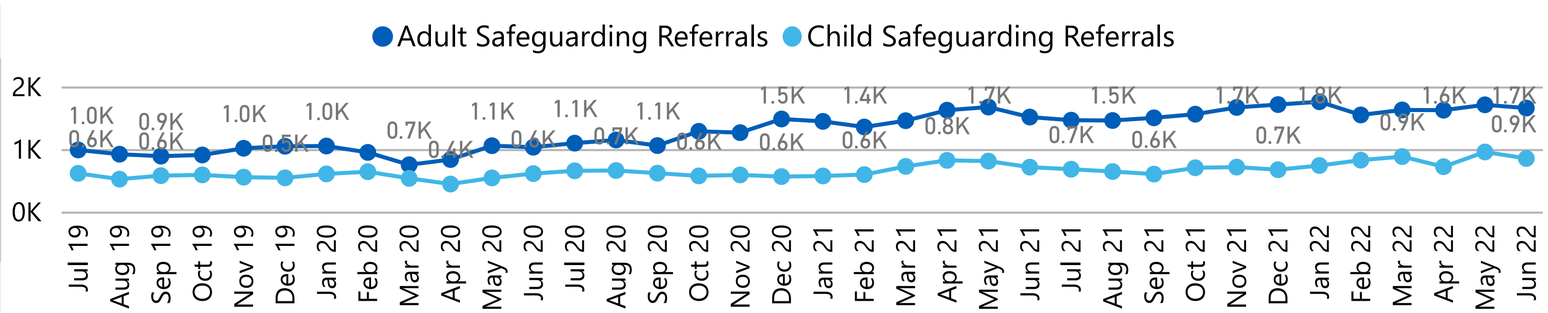
Incidents - Moderate and Above Harm



YAS Child and Adult Safeguarding

Indicator	Jun 21	May 22	Jun 22
Adult Safeguarding Referrals	1,512	1,708	1,656
Child Safeguarding Referrals	711	954	850
% Trained Safeguarding for Children (L1)	96.9%	79.4%	82.5%
% Trained Safeguarding for Children (L2)	82.4%	92.5%	92.5%
% Trained Safeguarding for Adults (L1)	96.1%	92.5%	92.3%

Safeguarding Training



A&E Long Responses

Indicator	Jun 21	May 22	Jun 22
999 - C1 Responses > 15 Mins	589	744	1,085
999 - C2 Responses > 80 Mins	2,234	2,779	5,469

YAS IPC Compliance

Indicator	Jun 21	May 22	Jun 22
% Compliance with Hand Hygiene	99.0%	99.4%	99.1%
% Compliance with Premise	99.0%	99.2%	98.3%
% Compliance with Vehicle	99.0%	95.9%	98.5%

YAS Comments

Safeguarding adult and child referrals– Have seen a slight decrease compared to May figures but remain higher than June ’21 figures.

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.

Click information button for Monthly View

Patient Safety (Harm)

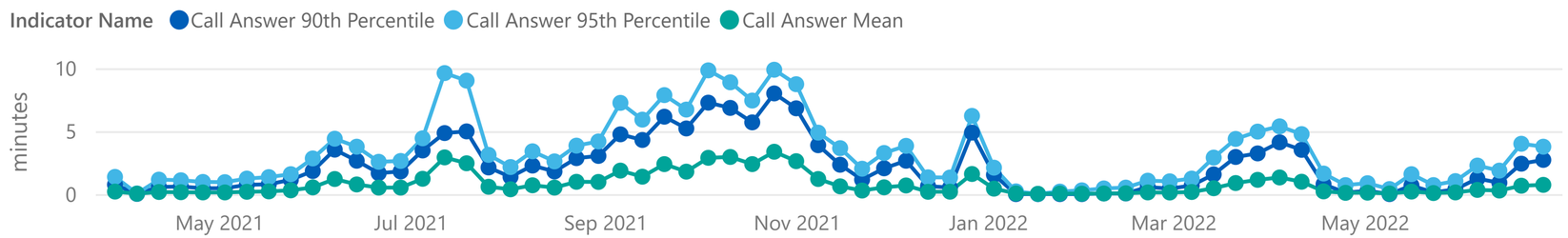
Yorkshire Ambulance Service NHS Trust

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

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

Date	Handover	Response	Telephony
Tuesday, February 01, 2022			
Thursday, November 18, 2021			

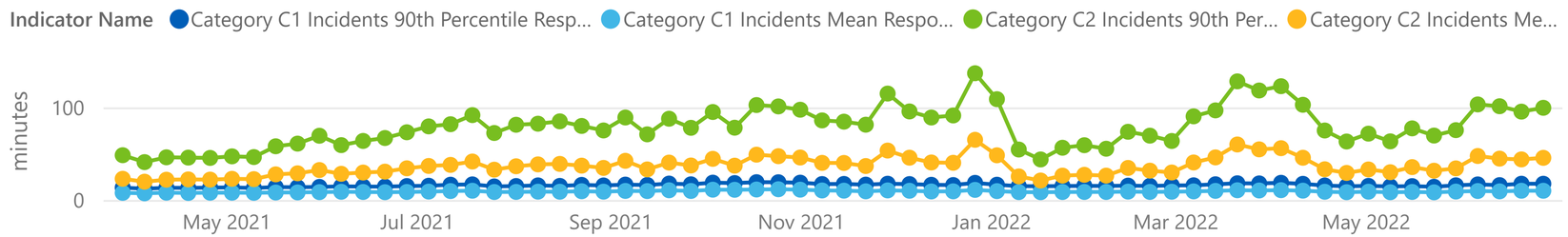
Call Answer Metrics (call data available from 7th September onwards)



Call Answer Metrics

Indicator Name	Jun 21	May 22	Jun 22
Call Answer 90th Percentile	00:02:27	00:00:12	00:01:25
Call Answer 95th Percentile	00:03:34	00:00:50	00:02:34
Call Answer Mean	00:00:45	00:00:07	00:00:24

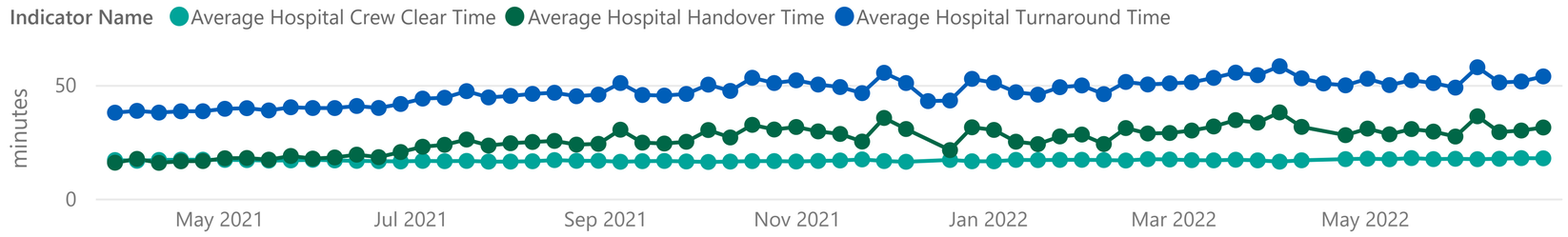
Response Metrics



Response Metrics

Indicator Name	Jun 21	May 22	Jun 22
Category C1 Incidents 90th Percentile Response Time	00:14:24	00:14:55	00:16:28
Category C1 Incidents Mean Response Time	00:08:31	00:08:34	00:09:30
Category C2 Incidents 90th Percentile Response Time	01:04:34	01:10:35	01:35:57
Category C2 Incidents Mean Response Time	00:30:04	00:32:42	00:43:18

Hospital Turnaround Metrics



Hospital Turnaround Metrics

Indicator Name	Jun 21	May 22	Jun 22
Average Hospital Crew Clear Time	00:16:39	00:17:30	00:17:29
Average Hospital Handover Time	00:18:31	00:29:38	00:30:53
Average Hospital Turnaround Time	00:40:11	00:51:18	00:52:42

Patient Clinical Effectiveness (Director Responsible Julian Mark)

Care Bundles (Last 3 Results)

Indicator	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22
Sepsis %			85.0%			87.0%			86.0%		
STEMI %	68.0%			66.0%			73.0%			72.0%	
Stroke %		96.0%			97.0%			93.0%			95.0%

Myocardial Ischaemia National Audit Project (MINAP)

Indicator	Jul 21	Aug 21	Sep 21	Oct 21
Number of STEMI Patients	132	128	118	95
Call to Balloon Mins for STEMI Patients (Mean)	144	150	151	140
Call to Balloon Mins for STEMI Patients (90th Percentile)	197	215	212	168

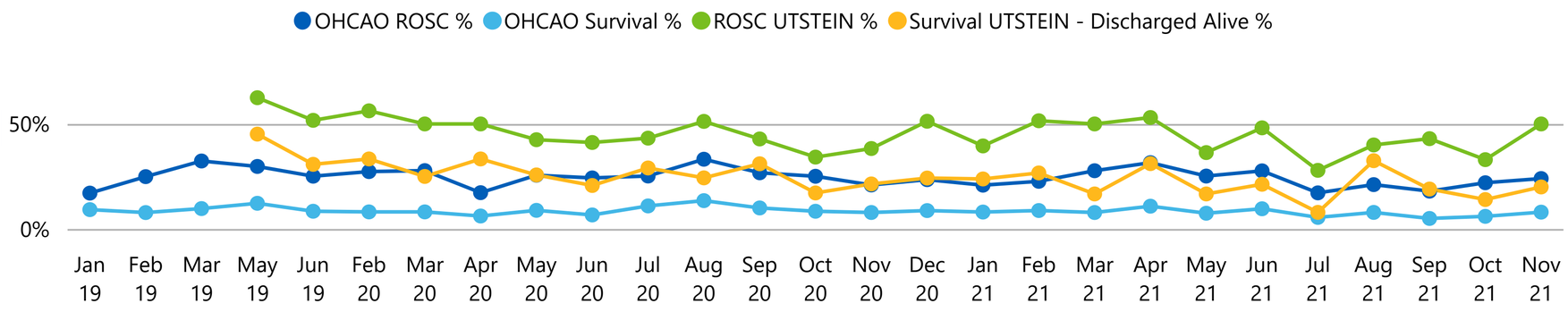
Sentinal Stroke National Audit Programme (SSNAP)

Indicator	Nov 21	Dec 21	Jan 22	Fe
Avg Time from call to hospital	103	107	86	9
Total Patients	429	420	380	3

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 bundle 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.

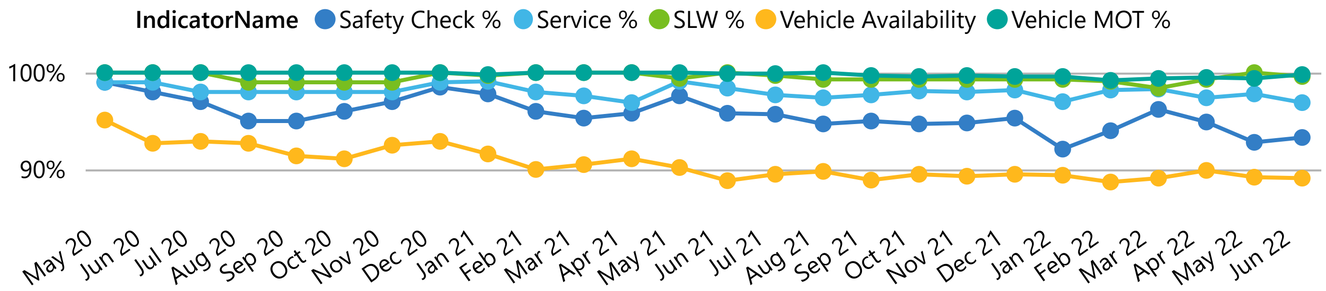
Fleet and Estates

Estates

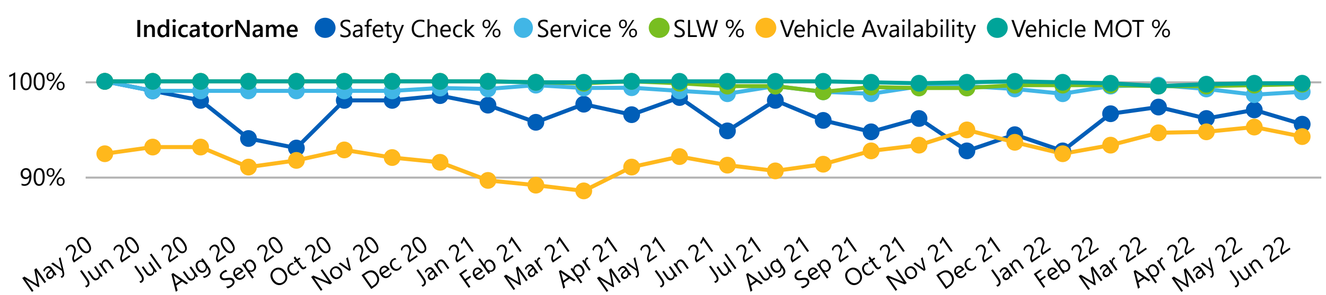
Indicator	Jun 21	May 22
P1 Emergency (2 HRS)	100.0%	66.7%
P1 Emergency – Complete (<24Hrs)	50.0%	83.3%
P2 Emergency (4 HRS)	93.0%	92.9%
P2 Emergency – Complete (<24Hrs)	84.2%	81.0%
Planned Maintenance Complete	99.0%	99.8%
P6 Non Emergency - Attend within 2 weeks	97.4%	94.4%
P6 Non Emergency - Complete within 4 weeks	79.5%	72.2%

Estates Comments

999 Fleet



PTS Fleet



999 Fleet Age

IndicatorName	Jun 21	Jun 22
Vehicle age +7	3.4%	8.1%
Vehicle age +10	0.4%	1.6%

PTS Age

IndicatorName	Jun 21	Jun 22
Vehicle age +7	19.4%	7.9%
Vehicle age +10	10.3%	1.0%

Fleet Comments

Glossary - Indicator Descriptions (A&E)

NHS Yorkshire Ambulance Service NHS Trust

A&E

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

Glossary - Indicator Descriptions (IUC and PTS)

NHS Yorkshire Ambulance Service NHS Trust

IUC and PTS

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

Glossary - Indicator Descriptions (Quality and Safety)

NHS Yorkshire Ambulance Service NHS Trust

Quality and Safety

mID	ShortName	IndicatorType	AQIDescription
QS01	All Incidents Reported	int	
QS02	Serious	int	
QS03	Moderate & Above Harm	int	
QS04	Medication Related	int	
QS05	Number of duty of candour contacts	int	
QS06	Duty of candour contacts exceptions	int	
QS07	Complaint	int	
QS08	Compliment	int	
QS09	Concern	int	
QS10	Service to Service	int	
QS11	Adult Safeguarding Referrals	int	
QS12	Child Safeguarding Referrals	int	
QS13	% Trained Safeguarding for Children (L1)	percent	
QS14	% Trained Safeguarding for Children (L2)	percent	
QS15	% Trained Safeguarding for Adults (L1)	percent	
QS17	% FOI Request Compliance	percent	
QS18	% Compliance with Hand Hygiene	percent	
QS19	% Compliance with Premise	percent	
QS20	% Compliance with Vehicle	percent	
QS26	Moderate and Above Harm (Per 1K Incidents)	int	
QS28	Moderate & Above Harm (Verified)	int	
QS29	Patient Incidents - Major, Catastrophic, Catastrophic (death)	int	
QS30	Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	int	

Glossary - Indicator Descriptions (Workforce)

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)

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