Yorkshire Ambulance Service NHS Trust

MEETING TITLE Trust Board Meeting (held in Public)		**MEETING DATE** 01/11/2022	
TITLE of PAPER	Chief Executive Report & Integrated Performance Report (IPR)	**PAPER REF**	4.1
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	Rod Barnes Chief Executive	**ACCOUNTABLE DIRECTOR**	Rod Barnes Chief Executive

DISCUSSED AT / INFORMED BY:
Key performance indicators discussed at Trust Executive Group (TEG), Trust Management Group (TMG) and the Operational Delivery team meetings.

PREVIOUSLY AGREED AT:	**Committee/Group:** N/A	**Date:**
RECOMMENDATION(S)	The Board is asked to: • **Receive assurance** on the activities of the Executive Team. • **Receive and discuss** the Integrated Performance Report for September 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

Board of Director Meeting
(held in Public)

1 November 2022

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 September 2022 Integrated Performance Report.

2 CHIEF EXECUTIVE'S SUMMARY / EXTERNAL UPDATE

2.1 COVID Pandemic

The NHS continues to operate at a Level 3 incident with services under significant pressure. Challenges with timely discharge of patients from acute hospital beds are impacting on patient flow, including ambulance patient handover at Emergency Departments and over the past few weeks this has been exacerbated by an increase in the number of COVID-19 inpatients and related staff absences as community infect rates rise.

2.2 Risks of Industrial Action

The Communication Workers Union (CWU) which represents workers at BT Group and its networking arm Openreach announced that members would hold a national strike over pay in October. Workers, including BT Group's central 999 emergency call handlers, held strikes on October 6, 10, 20 and 24. The Trust laid on additional EOC staff on these days to mitigate the effects of any action.

A number of unions representing NHS staff have notified NHS Trusts of their intention to ballot members on whether to take strike action following the below-inflation pay award in England and Wales. Locally staff side bodies UNISON, Unite the union, the Royal College of Nursing and GMB have each written to the Trust during October outlining plans to ballot members.

2.3 Death of Her Majesty the Queen

Following the new of the Death of Her Majesty the Queen essential-only issue of information across the NHS, public sector, and commercial organisations. We continued to provide services to our communities and supported our staff in confirming arrangements for the day of national mourning, the one-minute silence on the evening of Sunday 18 September 2022, and the wearing of black armbands by patient-facing staff on Monday 19 September 2022 as a mark of respect. In line with national guidance, we postponed our staff recognition events.

2.4 UK Covid-19 Inquiry

The UK Covid-19 Inquiry held a preliminary hearing on 4 October 2022 to look at the scope and procedures for the forthcoming public hearing for module 1. Module 1 will investigate government planning and preparedness, including resourcing, risk management, pandemic readiness and lessons learned from previous pandemics, and simulations and modelling.

The Inquiry chair, Baroness Hallett, in her opening remarks acknowledged that the pandemic has had an immense impact on the NHS and today's care. She also announced the 28 bodies that have been granted core participant (CP) status1 and a number made submissions suggesting changes to her outline plans. Baroness Hallett will now consider all submissions and continue to gather evidence. A full transcript of the hearing can be found here UK Covid-19 Inquiry (covid19.public-inquiry.uk) along with details of Module 2, the second preliminary hearing dates, which are planned to take place over 3 days from 31 October 2022. It will be split into parts, to focus on each of the devolved nations separately.

Monday 31 October, the Inquiry will hold a preliminary hearing for Module 2, which will examine the UK's core political and administrative decision-making in relation to the Covid-19 pandemic. This will be followed by hearings for Module 2A (looking at decision-making in Scotland) and Module 2B (decision-making in Wales) on Tuesday, 1 November. The hearing for Module 2C (Northern Ireland) will take place on Wednesday, 2 November.

Preliminary hearings are open to the public and agree on procedural matters and help the Inquiry and Core Participants prepare for the public hearings where evidence is heard.

2.5 **Healthcare Safety Investigation Branch Independent Report: NHS 111's response to callers with Covid-19-related symptoms during the pandemic**
The HSIB report on NHS 111's response to callers with COVID-19-related symptoms during the pandemic was published on Thursday 29 September 2022.

The investigation was undertaken to support improvements in delivery of NHS111 and other telephone triage services during the healthcare emergency, with two safety recommendations, three safety observations. NHS England provided a national media response as follows: An NHS spokesperson said: *"111 played a vital role in managing the response to the pandemic and despite unprecedented demand, answering over two million calls in March 2020 alone, both 111 and the coronavirus response service referred more than half a million patients for further clinical assessments - including in face-to-face settings."*

"Call handlers followed guidance set out by Public Health England which was regularly updated as the understanding of Covid-19 improved, and the NHS has captured learning throughout the last two years to contribute to the response to any future pandemics."

2.6 NHS England's transactions guidance – Assuring and supporting complex **change: statutory transactions, including mergers and acquisitions**
On 11 October NHS England (NHSE) published its updated transactions guidance, alongside ten appendices and its response to the consultation on the guidance. To review the full document : B1464_ii_Statutory-transactions-including-mergers-and-acquisitions.pdf (england.nhs.uk)

This document supersedes the previous transactions guidance issued by NHS Improvement in November 2017 and reflects recent changes to the NHS landscape, particularly the impact of the 2022 Health and Care Act including the introduction of statutory integrated care systems (ICSs), and transfers of legal powers from Monitor and the NHS Trust Development Authority to NHSE.

Under the new guidance, all transaction proposals require a patient and population benefits at their core and be underpinned by detailed plans for delivering those benefits. It introduces an expectation that NHS Trusts and system partners will work together constructively in the development of transaction proposals. The guidance states that all statutory transactions are reportable to NHSE, regardless of their size. As per legislation (National Health Service Act 2006), these are:

- mergers (section 56)
- acquisitions (section 56A)
- dissolutions (NHS trusts – schedule 4; foundation trusts – section 57A)
- separations (section 56B)
- transfer schemes (section 69A)

2.7 NHS England Operating Framework

On 12 October 2022, NHS England (NHSE) published its new operating framework.

NHSE's new operating framework sets out how the NHS will operate in the new statutory framework created by the Health and Care Act 2022. It reflects the formal establishment of integrated care systems (ICSs) in July this year and the need to change the way NHS England works and behaves in this new system architecture. It also reflects the needs of an expanding organisation, which will bring NHSE together with Health Education England (HEE) and NHS Digital. This new operating framework (previously referred to as the 'operating model') has four core foundations, which define NHSE's:

- Purpose
- Areas of value
- Leadership behaviours and accountabilities
- Medium-term priorities and long-term aims

NHSE's purpose is defined as "To lead the NHS in England to deliver high-quality services for all." NHSE will focus its activities around eight key areas where it is uniquely placed to add value:

- Setting direction
- Allocating resources
- Ensuring accountability
- Supporting and developing people (including role modelling culture and behaviours, establishing a "leadership culture", and creating the conditions for an inclusive and diverse NHS)
- Mobilising expert networks
- Enabling improvement
- Delivering services (meaning driving the digital agenda, running centralised procurement, and commissioning some services) 8) Driving transformation.

Changes in the way NHSE works

Many of the formal powers and accountabilities that NHSE has held historically will remain the same, and they have committed to changing how it will deliver these, which will be via a cultural reset and behavioural shift.

Accountabilities and responsibilities

The operating framework sets out the accountabilities and responsibilities of providers, ICBs and NHSE in light of the changes in legislation and the shift to system working. Some of the key elements of these are included below.

NHS providers will:
• retain their statutory responsibilities for the delivery of safe, effective, efficient, high-quality services
• continue to comply with the provider licence, Care Quality Commission (CQC) standards and NHS planning guidance requirements
• contribute to effective system working via ICS strategies and plans
• remain accountable to people, communities, services users, board of governors and ICS partners
• be accountable to ICBs for 'business as usual' delivery of services and performance, and for their agreed contribution to the system strategy and plan
• be accountable to NHSE as regulator by escalation/ exception or agreement with ICB • deliver some of these accountabilities and responsibilities with the support of provider collaboratives

Integrated Care Boards will:
• provide effective system leadership and oversee delivery of system strategies, plans and Long-Term Plan priorities
• commission and manage contracts, delegation and partnership agreements • ensure delivery of the ICB core statutory functions
• oversee the budget for NHS services in their system
• be accountable to NHS England, via Regional Directors and to NHSE as a regulator, directly
• be accountable to CQC for leadership, quality, safety and integration of services, as part of ICS (not as individual organisations)
• provide first line oversight of health providers across the ICS to oversee performance and contribution to overarching plans; coordinate/help tailor any support for providers

NHS England will:
• agree the mandate for the NHS with government and secure required resources
• contribute to effective system working and delivery on a national and regional level
• foster relationship and alignment with government and be "stewards of the NHS"
• shape and set national policy, strategy and priorities, and support systems and providers to achieve these – including via statutory intervention
• remain accountable to Parliament, via the Secretary of State
• oversee ICBs' delivery of plans and performance
• directly oversee providers' delivery by exception and "generally in agreement" with ICBs
• lead on support for organisations in SOF segmentation three and four
• work jointly with other regulators including CQC

NHSE's transformational priorities
NHSE has set out to deliver on five transformational priorities for the next 3-5 years. This focus on interim objectives is intended to help NHSE frame and achieve its long-term goals and include the following:
1. STOP avoidable illness & intervene early
2. SHIFT to digital and community
3. SHARE the best
4. STRENGTHEN the hands of the people we serve
5. SUPPORT our local partners

Next steps
NHSE will now work to embed all its activities and interactions, and has identified the following objectives for its change programme:

1. Doing what only we can do and focusing on how we deliver value
2. Adding value at the right place
3. Providing a single voice and clearer interactions with the system
4. Adapting ourselves to support the development of ICSs
5. A simpler and better coordinated organisation
6. Integrating the wisdom of frontline services in everything we do

NHSE will formally merge with HEE and NHS Digital on 1 April 2023, with work on organisational design continuing into 2023/24.

2.8 **NHSE Next Steps for Urgent and Emergency Care Letter and Framework**

On 12 August 2022 NHS England (NHSE) published a letter outlining the next steps to increase capacity and operational resilience in urgent and emergency care (UEC) ahead of winter, setting out the objectives and key actions underpinning its winter plan.

The collective core objectives and key actions for operational resilience as set out in the letter are as follow:

1) **Prepare for variants of COVID-19 and respiratory challenges,** including an integrated COVID-19 and flu vaccination programme.
2) **Increase capacity outside acute trusts,** including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
3) **Increase resilience in NHS 111 and 999 services,** through increasing the number of call handlers to 4.8k in 111 and 2.5k in 999.
4) **Target Category 2 response times and ambulance handover delays,** including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
5) **Reduce crowding in A&E departments and target the longest waits in ED,** through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.
6) **Reduce hospital occupancy,** through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.
7) **Ensure timely discharge,** across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100-day challenge'.
8) **Provide better support for people at home,** including the scaling up of virtual wards and additional support for High Intensity Users with complex needs

The Trust has worked with system partners and Integrated Care Boards to develop plans which will be monitored though a system level board assurance framework. Six key metrics have been identified. These are:

- 111 call abandonment.
- Mean 999 call answering times.
- Category 2 ambulance response times.
- Average hours lost to ambulance handover delays per day.
- Adult general and acute type 1 bed occupancy (adjusted for void beds).

- Percentage of beds occupied by patients who no longer meet the criteria to reside.

In October following further engagement with systems NHSE wrote out to ICB and Trust leadership teams setting out a necessary expansion of these plans. The document Going Further on our Winter Resilience Plans identifies those areas evidence suggests will have the biggest impact on capacity and patient outcomes:

1) **Better support for people in the community** – reducing pressures on general practice and social care, and reducing admissions to hospital by:
   - Putting in place a community-based falls response service in all systems
   - Maximising the use of virtual wards, and Acute Respiratory Infection (ARI) hubs to support same day assessment
   - Providing additional support for care homes through reducing unwarranted variation in ambulance conveyance rates
2) **Maximise bed capacity and support ambulance services** by:
   - Establishing a 24/7 System Control Centre to support system oversight and decision making based on demand and capacity across sites and settings
   - Ensuring all ambulance services deploy 24/7 mental health professionals in
   - emergency operation centres and on-scene
3) **Ensuring timely discharge and support people to leave hospital when clinically appropriate**

2.9 **CQC Inspection of Urgent and Emergency Care Across West Yorkshire**
As you know, the Care Quality Commission (CQC) carried out a series of coordinated inspections of West Yorkshire Urgent and Emergency Care Services between March to May 2022, across our integrated care system (West Yorkshire Health and Care Partnership). The CQC issued its media release about the inspection outcome on Wednesday this week: https://www.cqc.org.uk/press-release/improvements-are-needed-reduce-pressure-urgent-and-emergency-care-across-west

2.10 **National Memorial Service for Ambulance Staff**
Ambulance staff from across the country attended a national memorial service, organised by The Ambulance Service Charity (TASC) in September to honour colleagues who have sadly passed away during the past 12 months. Amongst attendees were representatives from YAS who made the journey to the service at the National Memorial Arboretum in Staffordshire. In addition, the Trust has also created a memorial garden at headquarters in Wakefield, which incorporates a seating area and includes a plaque to those staff who died during the COVID-19, providing a quiet and contemplative space for staff to reflect and remember.

2.11 **System Partnership Directors Appointed**
As part of the Trust's aim to work more closely with partners across health and social care, we have introduced three key roles: one within each of the three Integrated Care Systems (ICSs) covering the Yorkshire area -Humber and North Yorkshire, West Yorkshire and South Yorkshire.

The changes to our area leadership arrangements will ensure we work together internally and with partners across health and care, to take the lead on system engagement, planning and service development. We have made appointments to all three posts and each post-holder will work within the footprint of one of our region's ICSs, enabling the Trust to contribute more effectively to local planning and

development and ensuring that YAS plans are effectively informed by ICS and place priorities.

They will provide strategic leadership to other YAS personnel in each area, to support clearer and more joined-up partnership working with other organisations. The three individuals are:

Jeevan Gill, who was the interim deputy director of A&E Operations for the Yorkshire Ambulance Service and has been with the Trust in various roles over the last four-and-a-half years.

Rachel Gillott is the former Programme Director for Mental Health, Learning Disability Autism and Urgent and Emergency Care within the South Yorkshire ICS, and brings She brings 30 years of NHS experience in South and West Yorkshire.

Professor Adam Layland, who is joining YAS from Health Education England where he was currently the National Head of Commissioning. Adam first joined the NHS in 2005 as a Community First Responder, before becoming a Paramedic in 2008. His career has taken him through various senior roles in operational management, transformation, academia, research, commercial, and strategic leadership.

3 DIRECTORATE UPDATES

3.1 Operations Directorate

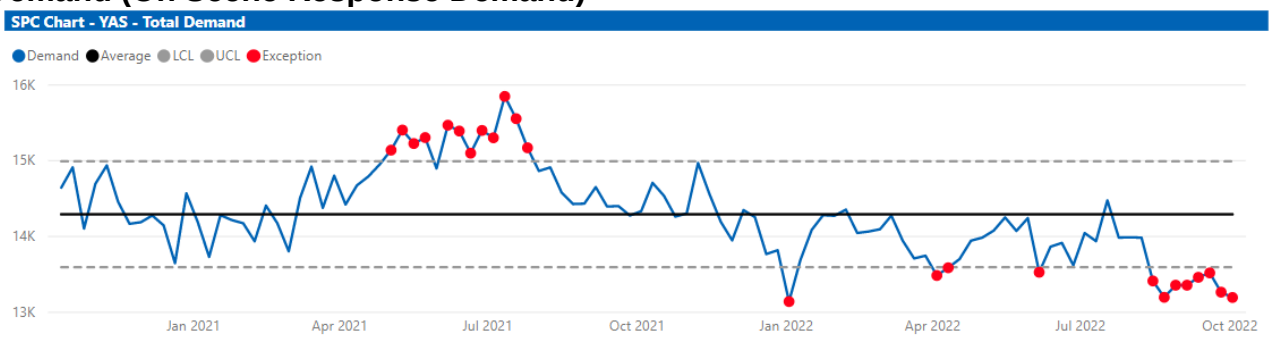
3.1.1 Overview

The significant challenges experienced by A&E have continued. Increased delays in hospital handovers at Acute Trusts continues to be an area of major concern and the most significant contributor to the excessive response times some of our patients are experiencing.

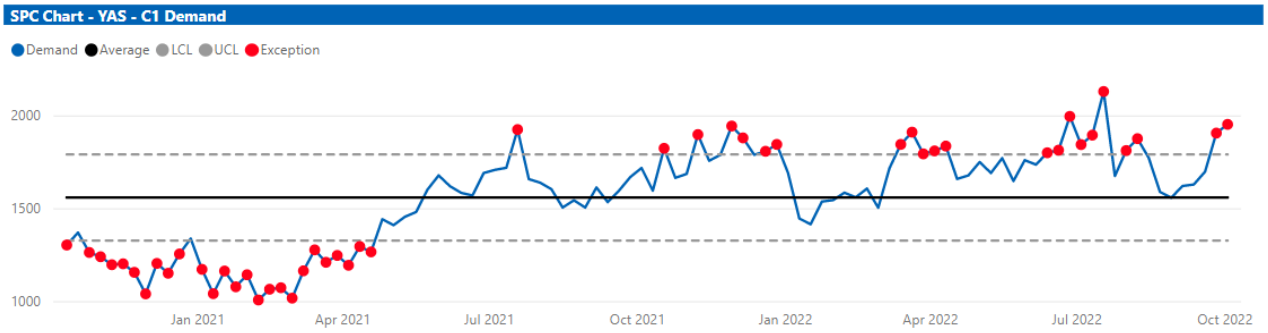
Excessive response times also continue to impact the ability of the Emergency Operations Centre (EOC) to respond to increasing call volumes in a timely way.

The directorate has reviewed its priorities for quarters 3 and 4 and has re-focussed its continuous improvement activities on managing winter pressures whilst continuing to deliver the projects which will deliver the most improvements to patient outcomes and experience, and front-line staff.

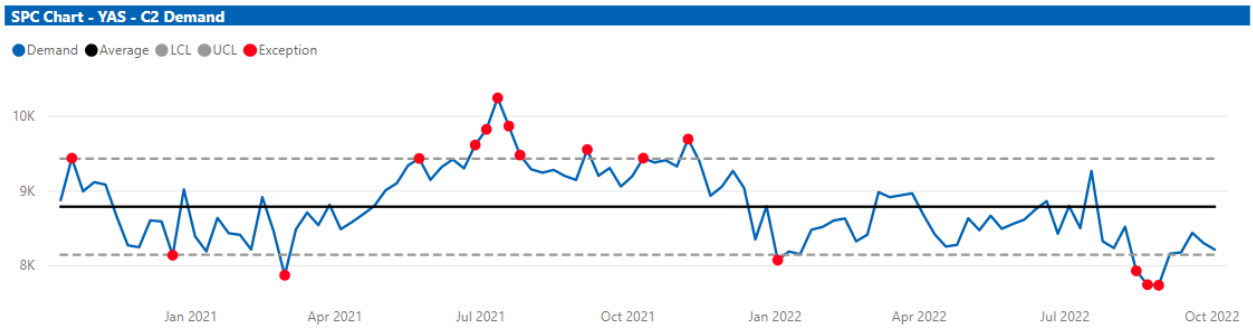
3.1.2 Demand (On Scene Response Demand)



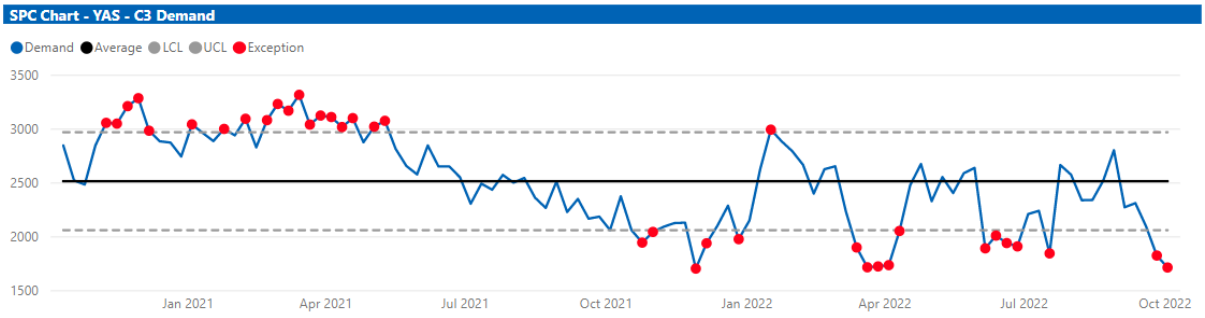
Above: All 999 responses on scene 12/10/2020 – 09/10/2022



Above: All Cat1 responses on scene 12/10/2020 – 09/10/2022



Above: All Cat2 responses on scene 12/10/2020 – 09/10/2022



Above: All Cat3 responses on scene 12/10/2020 – 09/10/2022

3.1.3 A&E Operations

A&E Operations Capacity

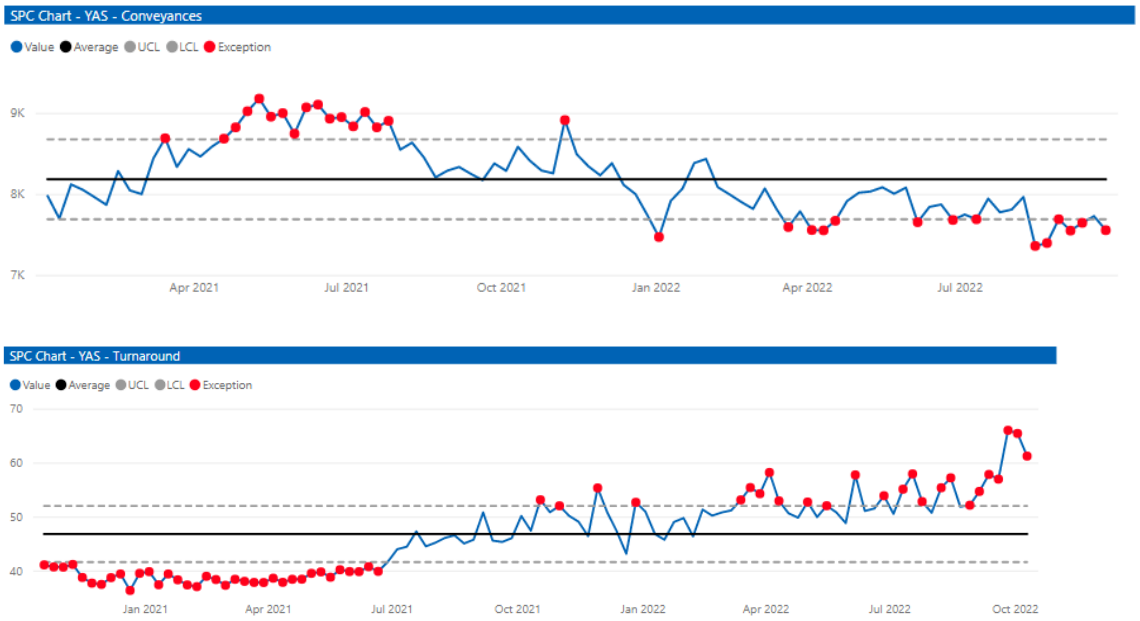
Sickness absence within operations has reverted to all sickness being reported, rather than itemising covid or non-covid. Levels of sickness continue to fluctuate with occasional Covid outbreaks, though the overall abstraction rate within A&E operations has remained fairly constant over this period at c.40%.

Recruitment is on track for Paramedic recruitment and upskilling however slightly behind plan for ECA recruitment. Progress, risks, and issues are monitored and discussed within the Capacity Planning Group.

Hospital Turnaround

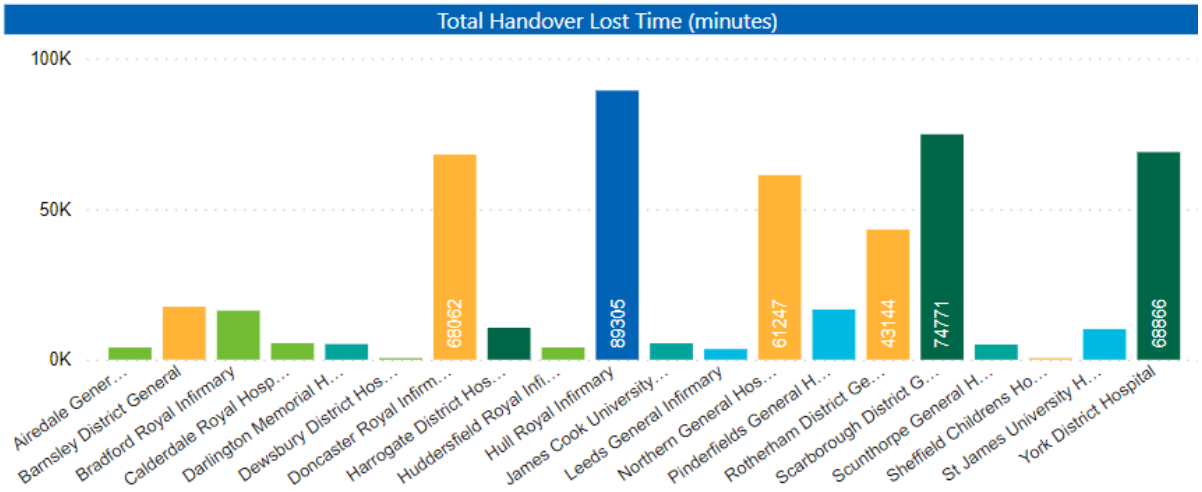
Handovers at Emergency Departments are a serious concern. They continue to increase, especially within the Humber and North Yorkshire ICB area. The position in October has deteriorated further in comparison to September.

This remains the highest risk to YAS, scored as 25 on the Corporate Risk Register and Board Assurance Framework.



Above: YAS – Turnaround w/c 4th January 2021 – w/c 26th September 2022 (Conveyances and Turnaround)

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



Total Handover Lost Time (minutes) September 22

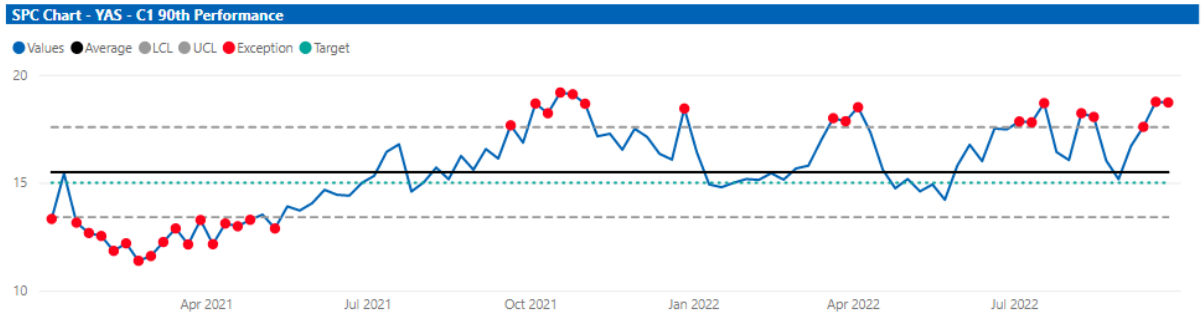
Performance – YAS

The following chart summarises performance across all categories in September 2022: -

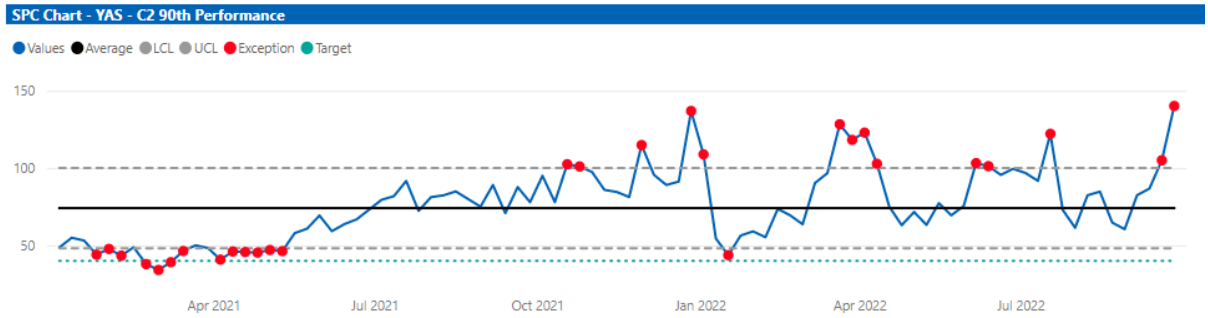
Category	Target	Performance
999 - C1 Mean	00:07:00	00:09:59
999 - C1 90th	00:15:00	00:17:31
999 - C2 Mean	00:18:00	00:40:57
999 - C2 90th	00:40:00	01:33:23
999 - C3 Mean	01:00:00	01:48:13

999 - C3 90th	02:00:00	04:22:07
999 - C4 90th	03:00:00	03:42:22

C1 to C4 Performance September 2022



Cat1 performance 90th percentile w/c 4th January 2021 – w/c 26th September 2022



Cat2 performance 90th percentile w/c 4th January 2021 – w/c 26th September 2022

Performance – Integrated Care Board (ICB) Level

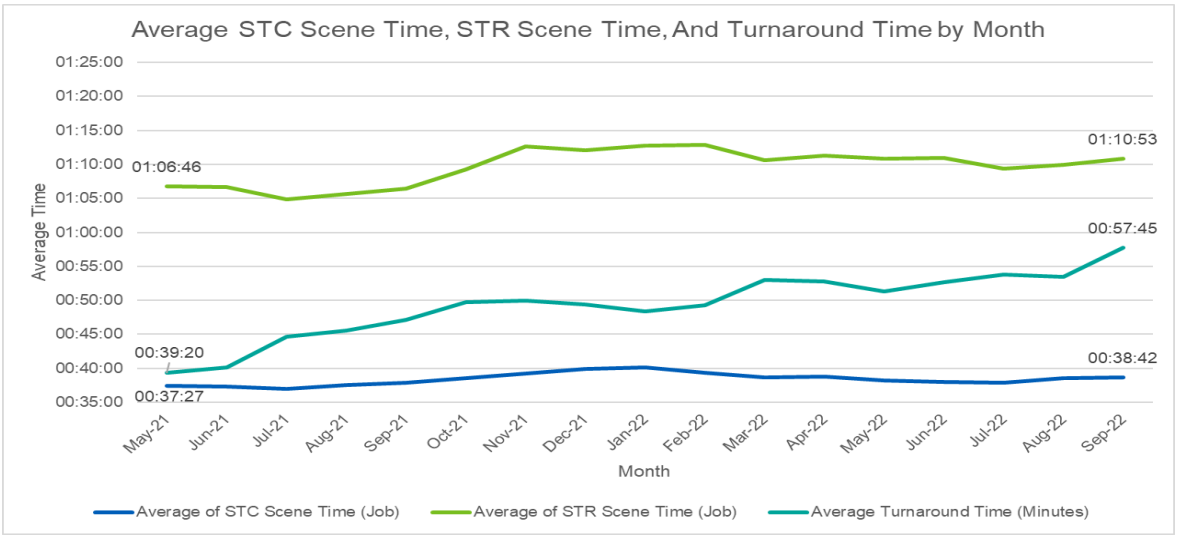
The YAS performance figures are a consolidate position across all three ICB's._What is concerning is that when performance is broken down by ICB there are some significant variations. For example, the relatively good performance within the West Yorkshire (WY) ICB area offsets the really poor performance in Humber and North Yorkshire (HNY) ICB. This is significant when comparing Category 2 response times.

Category	Target	WY ICB	SY ICB	HNY ICB
999 - C1 Mean	00:07:00	00:09:04	00:10:15	00:11:15
999 - C1 90th	00:15:00	00:15:38	00:16:58	00:21:04
999 - C2 Mean	00:18:00	00:31:17	00:43:36	00:54:12
999 - C2 90th	0:40:00	01:08:46	01:38:35	02:03:38

This variation is directly related to the significant handover delays at York, Scarborough, and Hull hospitals.

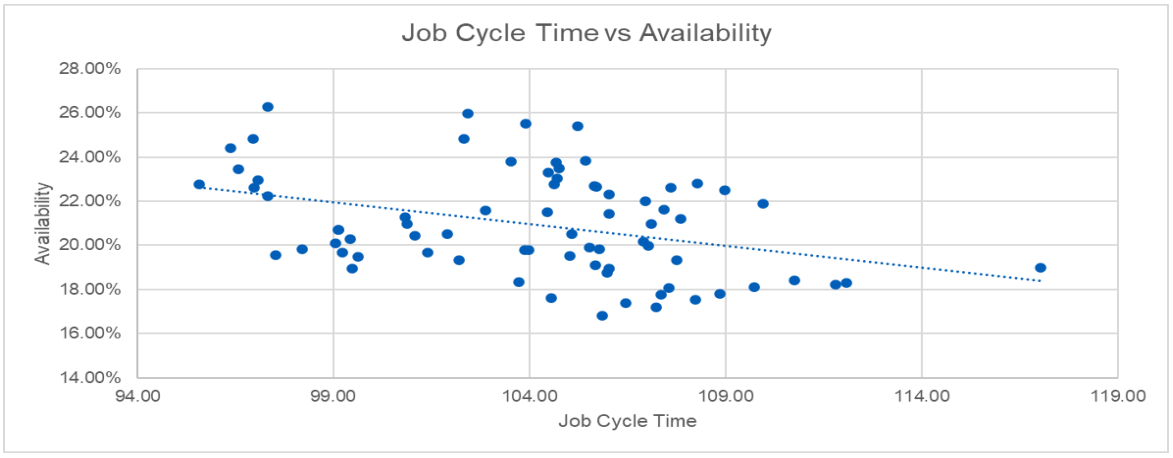
Job Cycle Times

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



Job Cycle Time September 22

There is a 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.

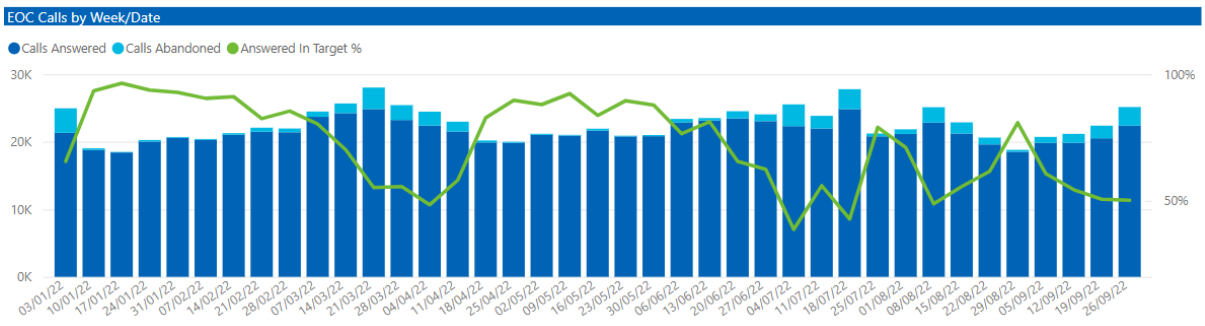


Above: Job Cycle Time vs Available Resource Proportion w/c 03/05/2022 – w/c 26/09/2022

3.1.4 Emergency Operations Centre (EOC)

<u>EOC Demand and Performance</u>

Call demand is greatly influenced by response time performance. Longer responses result in more calls from the public wanting an estimated time of arrival. These are classed as duplicate calls. The more calls our EOC receive the more challenging it is to meet our call answer target.



EOC Calls by Week with calls answered in target w/c 03/01/2022 – w/c 02/10/2022

EOC Capacity

The EOC continues to experience fluctuating high levels of sickness, particularly with elevated levels of Short-Term Sickness proving most disruptive. Exact sickness levels can be seen in the Integrated Performance Report (IPR).

Overall abstractions have reduced from the July high of c.42% to a more normalised c.36% by the end of September. Staffing continues to be a challenge as attrition for call takers was higher than forecast during Q2, despite continued high pace recruitment and training, particularly in the call taking roles. EOC SMT are currently exploring opportunities with recruitment to increase call taker recruitment before the winter period. This remains the focus of capacity planning meetings both within the EOC and as part of the wider A&E Operations. 24 additional call takers will be operational before Christmas and 40 extra during quarter 4 of 2022/23. By March we are expecting to have 202 call takers in place based upon recruitment and forecasted attrition.

There will also be an additional 15 dispatches trained in quarter 4. That will result in a total of 130 by the end of March.

3.1.5 999 Career Pathway

A number of projects continue to support the implementation of a career pathway for entry-level front-line Emergency Care Assistant (ECA) staff through to Specialist and Advanced Paramedics. These include:

Enhancements to the ECA to Paramedic career pathway

- In July 2022, TEG approved the proposal to develop a new and enhanced career development framework for A&E Operations which will give greater opportunities for current clinical support staff and improve the pipeline of future internally developed paramedics. This will be implemented under the organisational change process and therefore no changes to terms and conditions for staff.
- 30-day consultation commenced early October
- Job descriptions and scope of practice for each role signed off
- Go live date expected end of November 2022

Development of a Specialist Paramedic Education Framework

- YAS commenced the funding of aspirant Specialist Paramedics to complete the PGDip starting in September 2022
- Enhanced Clinical Practitioner (ECP) Apprenticeship was available from September 2023.

Recruitment of Specialist and Advanced Paramedics in Critical Care (APCC) and Urgent Care (APUC).

- 36 SPCC recruited and working on RRVs
- 6 APUC working across the Trust (3 vacant posts)
- 2 APCC (1 currently seconded to the role)

Realignment of roles to Specialist Paramedic / Specialist Nurse Urgent Care

- Implementation completed. The majority of staff have moved to the new roles of Paramedic Urgent Care and Specialist Paramedic/Nurse Urgent Care (SPUC/NPUC). This has successfully consolidated a large number of historic titles in a standard aligned to the College of Paramedics career framework.

3.1.6 Emergency Planning Resilience and Response (EPRR)

EPRR self-assessment concludes this reporting period following an immense amount of hard work from the whole EPRR & Special Operations team having achieved 88% compliance against the 2022 EPRR Core Standards. This is 1% below the target of 89%, the level necessary to achieve Substantially Compliant, but is a marked increase from September 2021.

The Trust has now recruited a new role of Senior EPRR Manager who will lead on delivering continuous improvement across the EPRR agenda, and so the Trust's opening position for the 2022/2023 EPRR Core Standards Self-Assessment will be much stronger than last year. The Trust is finalising its 2022 report for peer review prior to submission to Board for approval.

The delivery of 290 Special Operations Response Team (SORT) operatives is almost realised but will take until mid-October for the overall target to be met.

Volume 2 of the Manchester Arena Inquiry is now expected on the 2nd November 2022, which will shape much of the work and subsequent changes for the department throughout 2023 and beyond.

3.1.7 Community Resilience

The Community Resilience Team (CRT) continues to recruit, train and support volunteer Community First Responders (CFR's) who provide around 14,000 hours of availability every month across Yorkshire responding to a wide variety of category incidents. We currently have 772 volunteers.

Our Category 1 contribution has increased to 5 seconds, and with the implementation of new technical software (NMA Lite) we can 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 Fall's responder project. We have 5 falls cars across Yorkshire available 7 days per week for up to 8 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.

3.1.8 Key Operational Risks

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

- Hospital handover delays continue to increase, especially within the Humber and North Yorkshire ICB area impacting on ambulance availability and response times.
- Continued increase in higher acuity (Category 1) calls to the service
- Early arrival of winter pressures. REAP 4 triggered in early October, earlier than anticipated.
- Delivery of actions contained in the 2022 Winter Plan.

3.2 Urgent Care and Integration Directorate

3.2.1 Overview

The successful recruitment of the System Partnership Directors will require some changes to the line management of the System Support and Delivery Managers, it is anticipated this will occur in November/December 2022. In the meantime, the UCI

team continue to work closely with system partners to ensure robust stakeholder engagement and YAS presence at ICB and Place. The team are also prioritising work with the Clinical Pathways team to support external engagement with Urgent Community Response teams with the aim of increasing referrals appropriate patients from YAS via 111, EOC and ambulance clinicians ahead of winter.

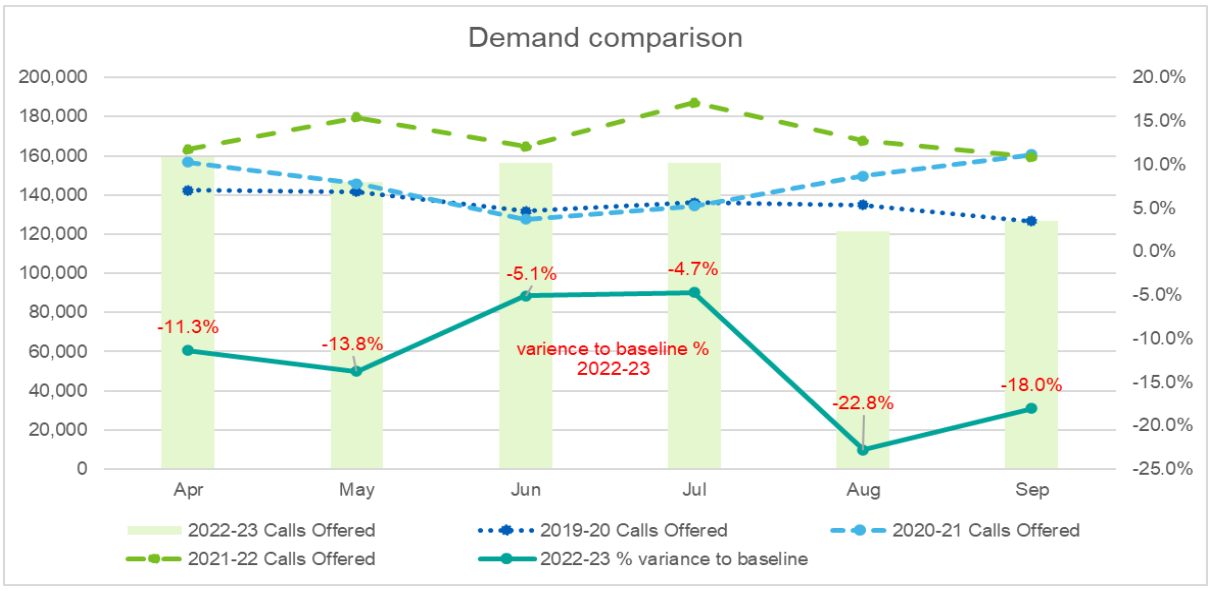
The mental health (MH) programme continues to work with system partners at a regional level, with progression of the embedding of the Mental Health Response Vehicles (MHRVs). This includes engagement with the national procurement exercise for MH vehicles. The Yorkshire & Humber Mental Health Ambulance Response Steering Group is now a formal sub-group of the Integrated Commissioning Framework and will oversee the system wide transformation plans. Key priorities are:

- The long-term plan ambition for NHS 111 to be the single point of access for people in MH crisis.
- Agreement of the workforce model and revenue funding for the additional MHRV's.

3.2.2 Integrated Urgent Care

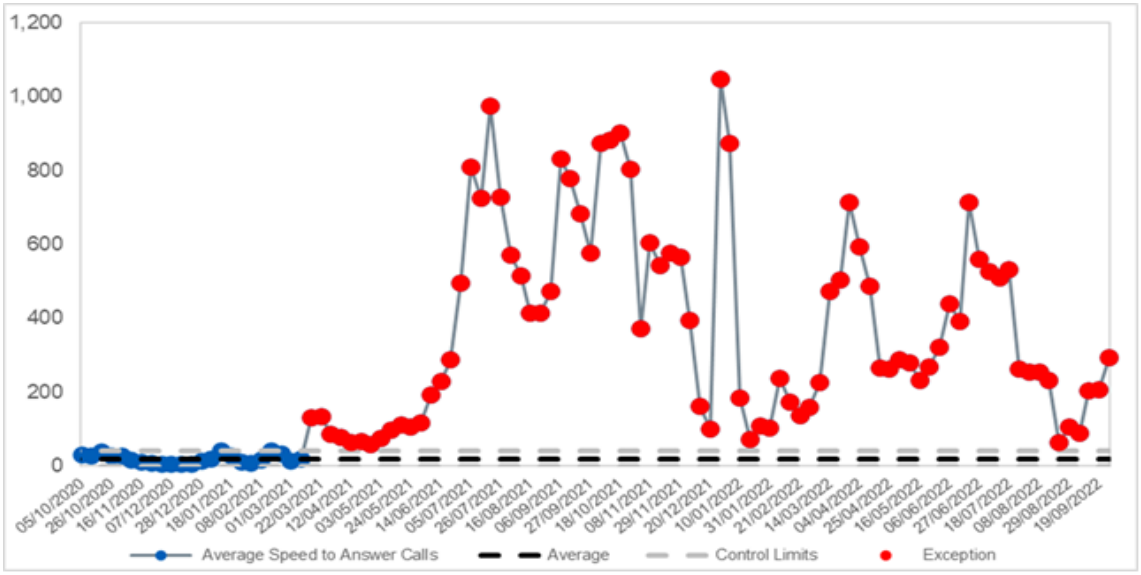
Demand and Performance

Overall demand for 2022/23 (April to September) saw the 111 service receive 866,869 calls, this is 12.5% below the contract baseline. Calls answered were 761,021, this is -23.2% below baseline.



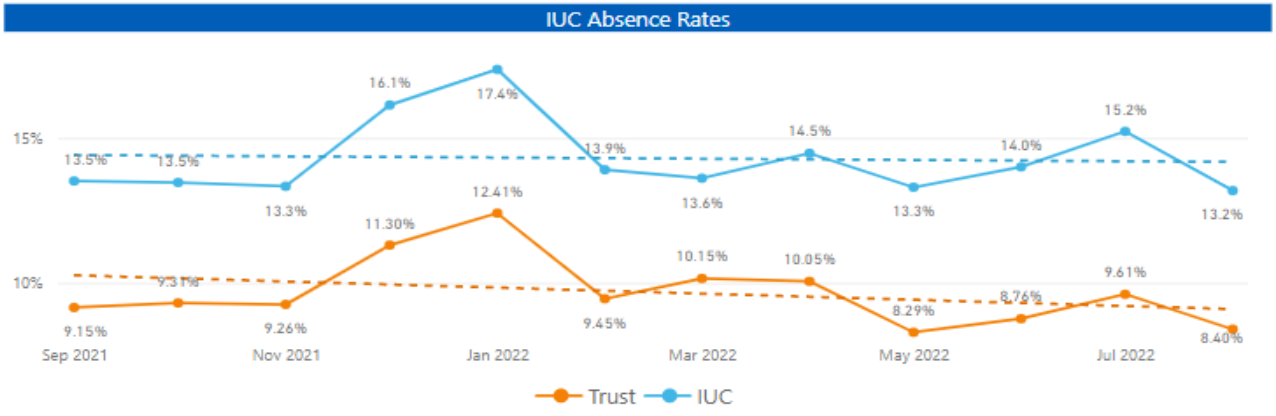
Performance for 2022/23 has seen calls answered in 60 seconds at 40.3%, with 12.2% of calls abandoned and average speed to answer of 349 seconds. Clinical demand from 1st April 22 to 2nd August 2022 saw 513,570 patients triaged, 18.4% of these were assessed by a clinician or a clinical advisor, and 45.4% of these received a clinical call back within one hour. Due to ongoing issues associated with the national's outage of the Adastra system data from 03/08/2022 is not available.

Performance for patient access continued to be a challenge across Quarter 2 with average speed of answer (ASA) fluctuating significantly. ASA for July and August has improved but increased in September (see chart below).

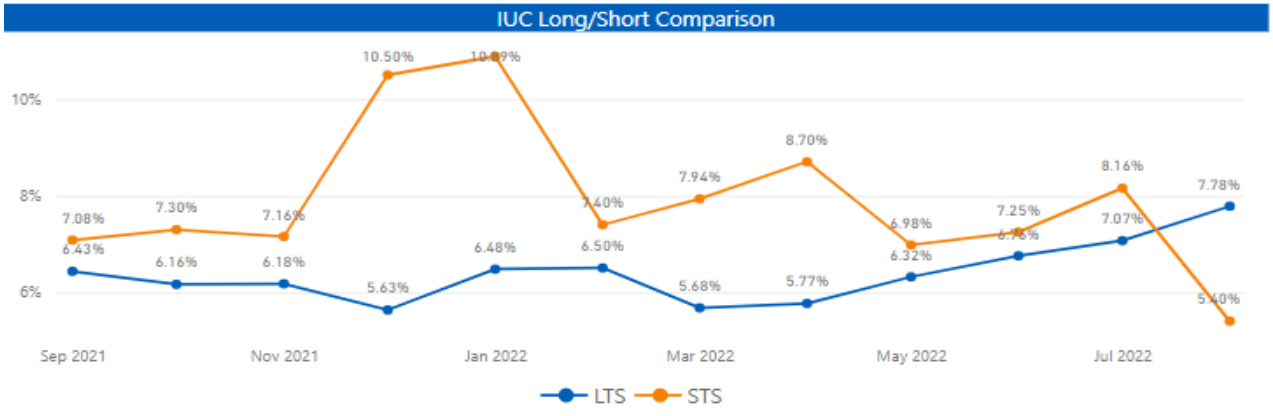


Sickness Absence Rates

Absence remains variable, though generally improving. August saw absence fall to the lowest it has been since 2021. Trust-wide absence has also followed a similar pattern. A monthly overview is contained within the chart below.



Long-term absence has been on an upward trajectory since March 2022, reaching



7.78% for August. Short term absence fluctuates more, August 2022 saw the lowest short-term sick since mid-2021 and has dipped below long-term absence for the first time since August 2021 at 5.4%.

Sickness Absence Reasons

Anxiety/stress/depression/psychological-related absence remains the highest reason for sickness absence.

As part of the 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 (desk dividers and cleaning workstations) given the 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 training an additional cohort of mental health first aiders. The service also continues to utilise therapy dogs. Staff have welcomed the relaxation of the requirement to wear masks as they felt this was a barrier to communication and a sense of team working.

Improvement Plan key developments.

1) Culture and Leadership

Change Champions have been recruited and introduced into the service line, with allocated Quality Improvement objectives.

The leadership requirements have been reviewed and is being progressed to recruitment for critical posts.

2) Health and wellbeing

Several interventions are being introduced/maintained:

a. Therapy dogs
b. Occupational Health support sessions
c. Review of absence management
d. Increased staff trained in Mental Health First Aid
e. Paid wellbeing breaks
f. Focus on ‘Civility Saves Lives’, as part of our initiative to ensure that we work as one team and treat each other with civility and respect for the good of our people and our patients.
g. In conjunction with EOC, we are scoping the possibility of utilising a product called Virgin Pulse Go (VP Go), a fun, personalised wellbeing program that harnesses the power of friendly, team-based competition to build healthy habits.

3) Workforce

Recruitment and retention continue to be a key focus for the service. The weekly IUC Attraction & Recruitment Task Group has worked tirelessly to drive marketing and recruitment. This is paying dividends with just over 200 applicants now in the pipeline.

August and September combined saw 31 FTE (40 people) additional recruits and the October course has commenced with 36 FTE (50 people) new recruits.

The Task Group are also contacting local universities to scope the possibility of recruiting students to IUC on a part time basis. In conjunction with this, the Training Team are working to develop a part time NHS Pathways Course to align with the needs of students.

To increase our clinical staffing capacity, IUC asked for expressions of interest from YAS Paramedics to undertake personal development through PaCCS Training, in return for at least 10 hours per month of Clinical Advisor cover. There was an excellent response, and training courses are now in place for 30 Paramedics through prior to Christmas (with more courses planned for Q4 to bring through an additional 10-15 Paramedics).

A temporary Recruitment and Retention Premia for key IUC roles, is also being introduced.

4) Employee voice
The staff engagement programme continues with bi-monthly engagement meetings since July. Further sessions are planned for October specifically to provide an update on progress.
The Rota Review work also continues and an external organisation, Select Planning, have been appointed to validate our work. There is now a Rota Review Group consisting of staff representatives and Change Champions, as well as IUC managers. This work is crucial to delivering other key improvements such as, Preceptorship, Restorative Supervision and Team Based Working (TBW).

In addition, there is a Leadership Development Programme for Team Leaders being designed to enable Team Based Working. This is likely to be through the apprenticeship model. These initiatives are likely to require investment, so a business case will be developed as the rota review and associated work progresses.

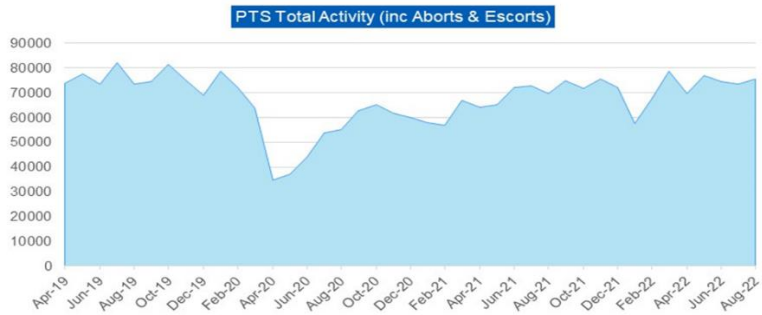
5) Careers, Education and Learning
The senior leadership and management structure has been reviewed and progressing to recruitment for senior roles. This includes ensuring that senior clinical expertise is in place to lead the development of career pathways, underpinned by education and CPD frameworks. The aim is to increase attraction and retention as a result of an improved career offer.

3.2.3 Patient Transport Service (PTS)

<u>Demand & Resource</u>
PTS demand has fluctuated significantly since the Covid Pandemic. 2020-21 saw a 26.7% decrease in journeys. Gradually since then, demand has begun to rise to reflect pre Covid levels. Since April 22, PTS total activity was -2.1% below 2019-20 activity. The demand activity is 8.8% behind plan for 22/23.

It is evident at this stage that planning assumptions have not been realised in all areas of PTS and the service line has a significant overspend. This has been reviewed at TEG and agreement has been reached to engage proactively with the wider system to explore the possibility of increasing cohorting and also a more consistent approach to the application of eligibility criteria. This will be done with full consideration to the

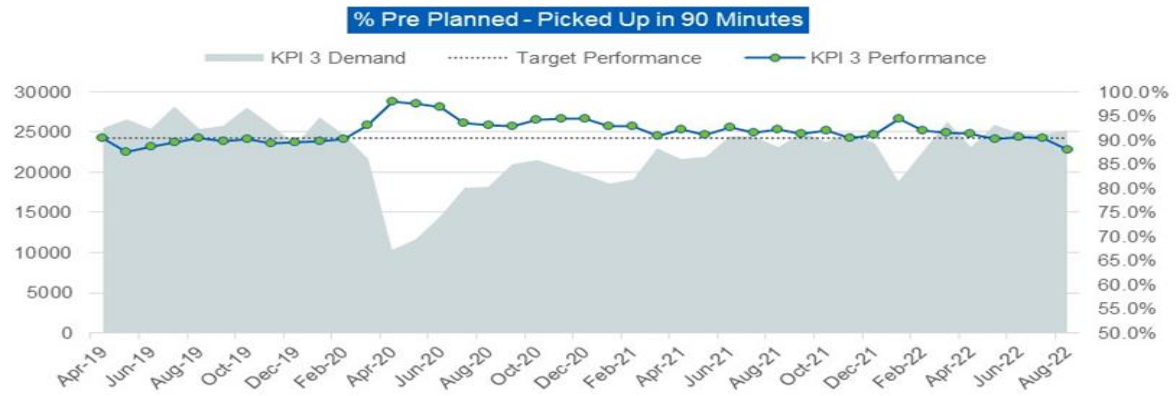
quality of the service, health inequalities and safety for patients.



PTS Operations, B.I. and Finance have established a collaborative working group to understand the overspend on Flexible Resource compared to the forecast from the Original PTS Scenario Model that was used to plan budgets for 2022/23.

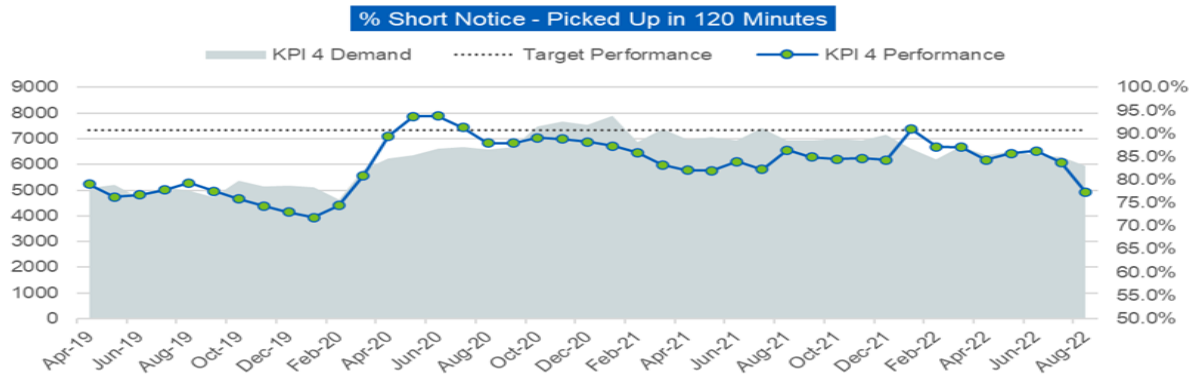
PTS Performance YTD/Q2

Performance Year to Date for pre-planned inward and outward KPI's and length of patient journey has been good. Patient Journey performance levels have been well supported by all commissioners from across the Yorkshire and Humber region



The contractual KPI's remain suspended in line with NHS England Guidance. Focus continues on the 120 Min Discharge KPI and patient care; especially when considering the high pressure being experienced in Acute's and A&E handover relating to patient flow.

Despite being below target, performance for short notice discharge has consistently improved over the past 2 years. During Q2, the KPI was 79.9% .



The PTS model and level of service provision has, during the most uncertain of times; continued to provide resilient and robust “good” levels of patient care and service supporting the wider healthcare system during those uncertain periods as well as with its current recovery period; which has been incredibly difficult to forecast and plan for with regard to uncertain and varying levels of demand, distancing, and capacity as well as increased staff absence.

PTS Infection Prevention & Control (IPC) Guidance

The current IPC guidance (*Infection prevention and control for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021 to 2022 - Appendix for UK ambulance services 30 November 2021*) states patients on a non-respiratory pathway can be transported together if a minimum 1 metre distance can be achieved between the patients, the patients are able to wear a surgical face mask (Type IIR), and vehicle-based ventilation systems are utilised. They must not be transported with patients with suspected or confirmed respiratory infection.

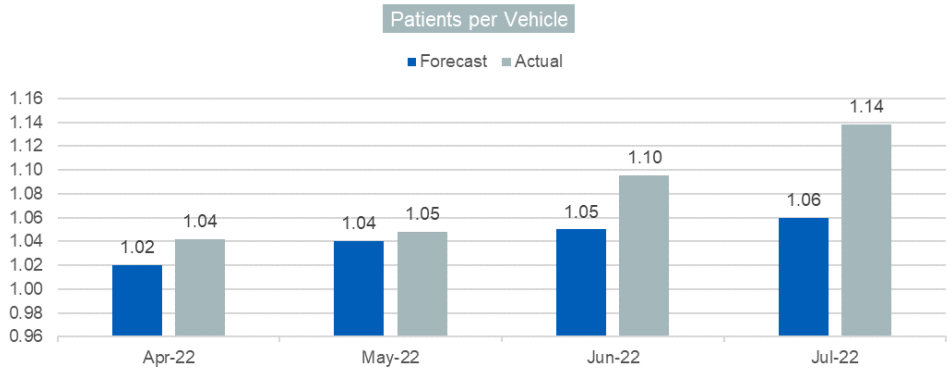
Due to the relatively low numbers of patients with suspected or confirmed respiratory infections travelling with PTS, the exact nature of their infection, and the varying locations of the patient, only patients with no respiratory symptoms are considered for multiple occupancy journeys, or by exception. Any patient that has a suspected or confirmed respiratory infection is transported by ambulance or bulkhead taxi regardless of their mobility.

PTS leads have continued engagement with the Regional Renal Network leads and experts, as well as leads from each area of the regions Oncology Centres. The possibility of increasing cohorting is being explored with partners.

A communications plan is in place to inform all renal patients of the next phase of safely cohorting and patient transport. This will be accelerated during Q3 of this year.

There have been very few patient complaints or service to service issues in relation to re-introduction of patient cohorting from August.

Restoring service efficiency continues for PTS. In August, the average number of patients per vehicle was 1.16, 0.08 above the operational forecast. Since April, PTS have seen a month on month increase in PPV.



		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Forecast	Patients per Vehicle	1.02	1.04	1.05	1.06	1.08	1.10	1.15	1.20	1.25	1.30	1.35	1.40
Actual	Patients per Vehicle	1.04	1.05	1.10	1.14								
Variance	Patients per Vehicle	0.02	0.01	0.05	0.08								

Progress is being made against the approved improvements for phasing in increased patients per vehicle. However, the significant variance in the financial position is concerning and as already highlighted some of the assumptions made in the planning phase have not been realised in actual activity and performance and therefore require revision.

A&E/PTS Integrated Transport Pilot

In July 2022, the Integrated Transport Pilot recommenced, with PTS providing support to 999 for low acuity responses. On average, since the pilot restarted, PTS have attended 62 responses per day. 46% of the daily 999 responses classed as suitable for PTS, were undertaken by PTS crews. The pilot has been extended until the end of March 2023.

PTS Pathfinder Pilot update

This is an NHS E funded pilot as part of the National review of Non-Emergency Patient Transport Services. West Yorkshire ICS are the project lead with YAS leading on 3 of the 5 workstreams.

The objectives are:

- To explore ways to better signpost people to alternative transport options if they are not eligible for NHS funded transport
- To strengthen the role of Community/Social and Social Enterprise transport
- Undertake a pilot and analysis on the impact of the new eligibility criteria

Promotional material for the Signposting service, now within PTS is now available and should support increased utilization. Community engagement continues to enable Community/Voluntary/Social Enterprise Transport providers (CVSE) join the pilot.

Further extensive engagement is required with ICB's to ensure a more system wide consistent application of the guidance and question set for eligibility. The risk associated with the reduction in volunteers is being seen, likely associated with cost-of-living and fuel increases. This also needs consideration with ICSs

3.3 **Clinical Directorate**

The Clinical Directorate continues to embed and promote the Clinical Strategy aims of person-centred, evidence-based care into the organisation, providing internal clinical leadership and working with external partners to ensure whole patient pathways of care are considered that improve patient outcomes. The Clinical Strategy supports the delivery of an integrated urgent and emergency care service through three core areas: continuous improvement and innovation of clinical care, enabling our multidisciplinary teams to deliver high quality, person-centred, evidence-based care, and ensuring that patients experience a consistently safe, compassionate, high standards of care.

Key developments over the last quarter include the strengthening of clinical leadership at an operational level with the introduction of the Area Clinical Lead providing clinical leadership, empowering and equipping Team Leaders with the capability and confidence to lead their clinical teams., and supporting Newly Qualified Paramedics with mentorship and development.

Public Health and Reducing Health Inequalities

Public health approaches prioritise prevention as key to helping the population to live more years in good health, and to lessen the burden on health and social care resources. It is for precisely this reason that the NHS Long Term Plan places a focus on the need for wider action on prevention to moderate demand on the NHS by

helping people stay healthy and reducing inequalities in health. In partnership with the Community Engagement team, we continue to work towards the 5 key priorities: restoring NHS services inclusively, mitigating against digital exclusion, ensuring datasets are complete and timely, accelerating preventative programmes and strengthening leadership. Key relationships and networks have been developed nationally and regionally and helping to support a Trust wide plan for reducing health inequalities. A workshop has been held to bring together internal and external leads to help YAS identify the key priorities in the Core 20 plus 5, and Anchor organisation vision.

Research and Development

The Research Team continues to grow and continues to deliver the 2021-24 YAS Research Strategy which outlines the YAS research vision: YAS will continue to offer more opportunities for our staff and patients to participate in high quality research that meets the needs of the communities we serve.

Investing in the research function is predicted to bring benefits to our patients and service delivery as it is known that in NHS organisations with good research engagement, patients tend to have better outcomes. In the ambulance setting, research is not as well established as in other NHS organisations, this means that there is some way to go to realise the benefits of being an organisation that embeds research in its delivery of care. Through supporting the permanent research delivery and leadership posts in the research function the Trust is signalling its commitment to being an organisation that values and encourages high quality healthcare research.

Research Delivery

The NIHR Clinical Research Network for Yorkshire and Humber monitor our performance in research delivery, i.e., recruitment into high quality research studies. So far in 2022-23 financial year we have recruited 167 participants into studies. This is 51% of our year-to-date target (annual target 779)

YAS continue to deliver the PACKMaN study – Paramedic Administration of Ketamine or Morphine for Trauma in adults. To date (23/09/2022) 136 patients have been enrolled with retraining for all recruiting paramedics currently being delivered to ensure that knowledge of the trial procedures is maintained.

We also continue to support studies investigating the impact of pre-alerts, prehospital feedback, major trauma triage, traumatic brain injury, experiences of patients who have experienced hypoglycaemia and the treatment of patients who have self-harmed.

We are in the process of opening a number of new research projects which include:

- IGLOO - Sustainable return to work: A pilot cluster randomised controlled trial of a multicomponent workplace ‘IGLOO’ intervention compared with usual return-to-work support
- SNAP – Supporting New Ambulance Paramedics (NQPs)
- BESURE - Building an understanding of Ethnic minority people’s Service Use Relating to Emergency care for injuries
- CATNAPS - Co-producing an Ambulance Trust national fatigue risk management system for improved Staff And Patient Safety
- POCTpara – point of care testing by paramedics

Research Impact

The results of the BREATHE study which YAS delivered with the University of Hull have been published in a peer reviewed journal, and a short video created to share the findings : Research Support | Yorkshire Ambulance Service (yas.nhs.uk)

Research Development

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 been able to recruit Caitlin Wilson, a paramedic who is completing her PhD, as a Senior Research Fellow 1 day per week fixed until the end of March 2023.

YAS research continues to work with the University of Sheffield and the Bradford City of Research under agreements to increase research activity, undertake joint governance and develop research training and skills.

Safer Right Care

Safer Right Care is a key programme of work to empower clinicians to ensure that patients receive safe personalised care. The Safer Right care principles are now embedded in education and supervision as part of the Clinical Refresher programme and the electronic Patient Record will be updated this month. The focus for the programme is to now work with the wider system to strengthen the patient pathways, identify weaknesses and promote good practice.

Alternative pathways - reducing avoidable conveyance

- Urgent Community Response (UCR) and Same Day Emergency Care (SDEC)
  - Ongoing engagement with system partners/ICSs to develop and improve our use of UCR teams and SDEC services at acute trusts
  - Promoting the development of local Clinical Assessment Services (CAS) across the region with system partners
  - Promotion of UCR/SDEC pathways with YAS crews incl. roadshows and comms
- GP services
  - Improving the guidance for staff to ensure we are making appropriate referrals to GPs
- Pathways training
  - To improve staff confidence in making referrals and awareness of key alternative pathways
  - Early phases - plan to develop and test training package over next 3-4 months
- Data collection
  - Improvements to ePR system to allow us to have better visibility of pathways usage/issues
  - New ePR tool launching end Sept/early Oct

Acute pathways - improving care for time-critical conditions

Heart attack pathways

- NSTEMI pathway - working with Castle Hill Hospital in Hull to develop a pathway
- for high-risk NSTEMI patients
- ECG sharing - setting up a pilot of using Microsoft Teams to share images of ECGs with specialists

- Cardiac Network - engagement at Network board with clinical leads from cardiology services to refine/improve heart attack and cardiac arrest care incl. winter resilience

Stroke pathway improvements

- Stroke video triage pilot in South Yorkshire - testing whether video teleconferencing with stroke specialists improves stroke triage (funded by NHSE)
- North Yorkshire changes - working to agree access to North Tees and Durham hospitals to reduce travel times for acute stroke patients
- Thrombectomy - ongoing discussions with system partners about opening further access to thrombectomy and improving the pathway to ensure more patients benefit

3.4 **Quality, Governance and Performance Assurance Directorate**

Infection Prevention and Control

The IPC team continue to provide support for the Trust response as we transition from COVID-19 being a pandemic becomes an endemic respiratory disease. New appointments are underway, and the incoming Head of Safety is taking a clear lead with Infection Prevention and Control measures within the Trust.

NHS England have published a new NHS National Infection Control Manual in July 2022 and work is has been completed to take this manual and make it digestible for our frontline staff groups to ensure they are trained and compliant with the new manual as we head into winter pressures, with the potential for waves of both COVID-19 and *influenza*. Being double vaccinated and using the IPC manual measures will contribute to both patient and staff safety over winter. An awareness campaign is planned for October and November in order to fully brief staff in the new IPC guidance.

Violence Reduction Standard / Body worn camera project.

The Violence reduction team have completed self-assessment tool in Q4 2022 and have used the outturn position to complete a gateway bid for future development and this is being processed with support of the Business and Planning team. We will repeat the exercise in Q4 to obtain a year-end position.

The Body Worn Camera Pilot has now completed phase 4 across the Trust, which equates to 35 live sites in total. These sites have been brought into the pilot following a proportion of equipment being redistributed, which were not being utilised at current live sites. Usage of the cameras is improving over time, with consistent support and promotion taking place via BWC champions in patch.

The Trust saw a slight decrease overall in the number of violent and aggressive incidents reported per month, following a peak last year. The implementation of the e-learning and conflict resolution training has been underway for 6 months. We need to observe the trend overtime and build further analysis on the triggers for violence and aggression against our staff.

The #WorkWithoutFear campaign is now in its sixth month of roll out nationally. The internal Communications department are maintaining traction on delivering the resources to the Trust via electronic communications.

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.

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.

An independent audit of our Toolkit submission; the scope of which is determined by NHS Digital, identified 13 assertions for review across the 10 National Data Guardian (NDG) Standards in the Toolkit. 8 assertions achieved a 'substantial' assurance rating, and 2 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'.

Service Transformation

The transformation programme for 22/23 was approved at September TEG+. The transformation programme is structured into four overarching portfolios: Our People, Our Places, Our Patients and Digital. Senior Responsible Owners (SROs) are accountable for delivery of project and programme objectives, meeting required outcomes and realising benefits.

The reporting framework for the transformation programme is clearly defined and established. Project/Programme Managers submit monthly highlight reports stating progress against plan, risks / issues and escalations for decision or direction. The PMO assures and reports this information (in dashboard form) to TEG+ each month.

To improve project assurance, a project 'health check' process is in development. The health check process, undertaken by the PMO Assurance Manager will provide an independent assessment of the status of a project or programme, to identify what is going well and any areas for improvement. Once fully tested, the health check process will be rolled out across the full transformation programme, prioritising high risk / profile projects.

Patient Safety

Incident review of moderate and above cases continues via the Incident Review Group, with low harm and no harm incidents being reviewed by the local patient safety team for themes and trends. Serious incidents and moderate harm, largely from delayed response, continue to be reported and investigations are underway using serious incident reports or after-action reviews. Several themes have been identified

and some serious incidents investigated using a cluster process for learning, which is in line with the new Patient Safety Strategy and PSIRF approach.

Learning is captured at the new Trust Learning Group, which includes learning and actions from serious incidents and coroners' cases. Learning from the Board Development session have been fed into the scope for Internal Audit team to review the serious incident reporting processes.

The local CQUINs have been developed to ensure we are ready for the new patient safety reporting process was completed for Q1 with all relevant milestones achieved and we continue to work on this transition of processes to the new system for reporting.

The remit and function of 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.

Safeguarding

The Safeguarding team continues to focus on responses to statutory enquiries and reports with team capacity limiting the extended improvement work required. The named professionals are aligning to ICS areas, aiming to link effectively with external partners at ICS level which is more sustainable than the demands and duplication of working with multiple place teams. Work with HR to facilitate consistent management of allegations is ongoing and this will be the subject of an internal audit to provide more understanding of the process and challenges throughout the organisation. Level 3 safeguarding training has been launched for staff members with a key role in safeguarding decision making and the initial uptake has been good which is encouraging and demonstrates how the profile of safeguarding is rising in all service lines.

3.5 **People and Organisational Development Directorate**

The People and OD Directorate key updates and activities undertaken in the recent period are set out below.

Appraisals

Appraisal compliance for the Trust was 63.7% at end of August 2022. The Compliance Dashboard in Power-BI was launched in June 2022 and provides an overview for managers to assist with planning the appraisals.

The Appraisal Training which was mandated for managers early 2022 is at a 59.9% compliance rate as of end of September 2022.

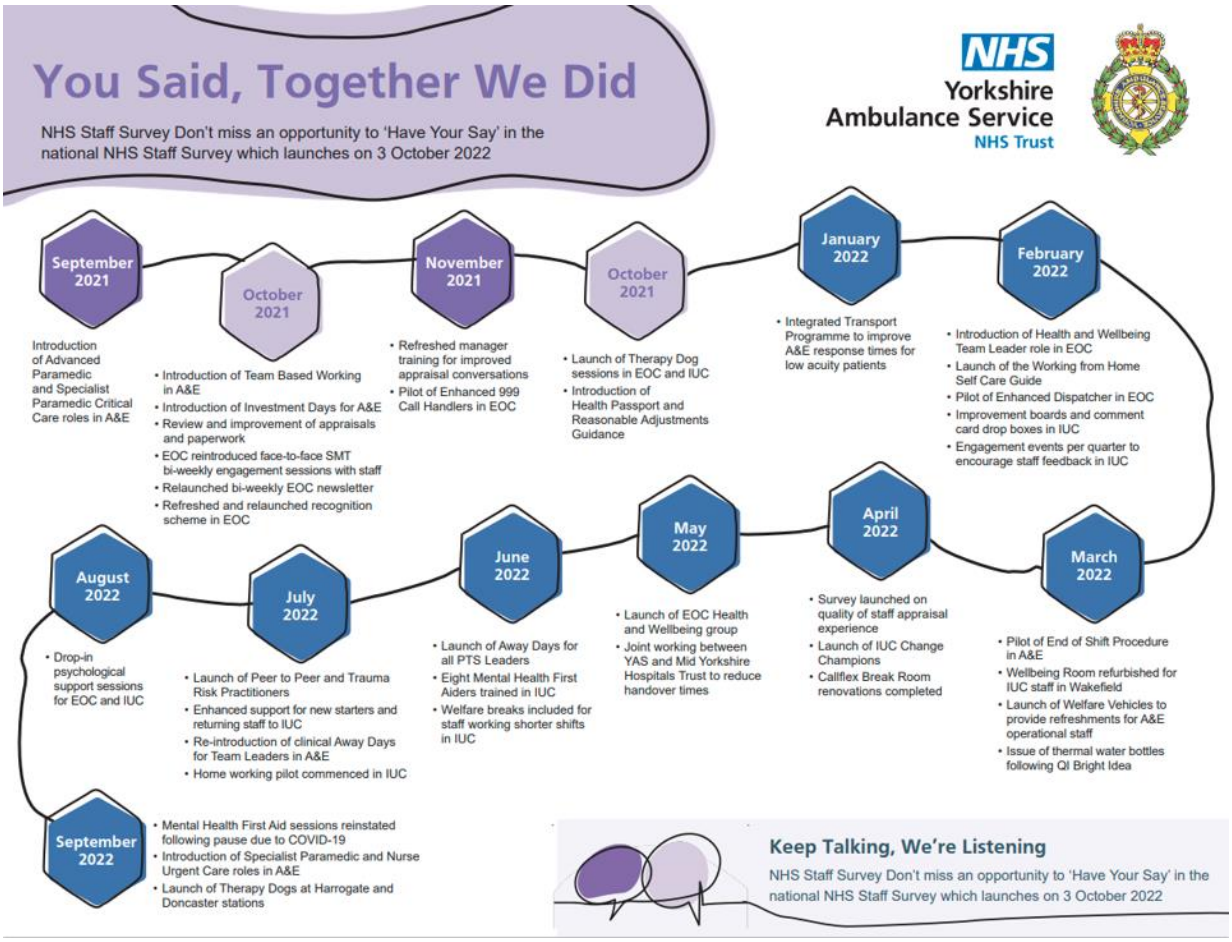
To support the approved holistic approach to the evaluation of the quality of appraisals, monitoring via the compliance dashboard is available to ensure that appraisals are not only completed, but demonstrate 'Compassionate and Inclusive' conversations. A

triangulation of qualitative and quantitative data including information from the National Staff Survey will inform further developments for the quality of appraisals in YAS.

National NHS Staff Survey (NSS)

The NSS 2022 will be live from 3rd October to 25th November with ongoing communication and engagement across the organisation and 15 minutes stand-down time for operational frontline colleagues to complete the survey.

A roadmap of 'You Said, Together We Did' has been developed to compliment the engagement and communication campaign of the NSS22 with examples from every month, since the previous survey, of initiatives put in place based on staff feedback.



Health and Wellbeing

A 'Plan on a Page' for the Health and Wellbeing priorities has been developed and communicated across all sites with posters in all stations.

Sickness absence remains a significant issue, with August 2022 sickness levels across the Trust at 8.4%. Absence in our Call Centres is of particular concern with this reported at 13% in IUC and 12.8% in EOC. The main reason for absence remains stress/anxiety and work on mental health support is a main focus of this year's wellbeing plan. To support this, 'Mental Health First Aid' training has recommenced following a pause due to COVID pressures and 15 Trauma Risk Practitioners and six Peer Supporters have been trained to date with further dates planned in. Workstreams to support absence reduction are ongoing with work being undertaken nationally, given Trusts across the Sector are experiencing similar absence rates. We are also

working closely with our occupational health service provider, Optima Health, to scrutinise the data and pilot relevant interventions.

Work on the Future of Occupational Health and specialist services is progressing well exploring a number of options to develop the Business Case. Staff have had opportunities to feedback their views on the current provision and to shape the future provision via engagement sessions and surveys.

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 31 appointments for overseas Paramedics. The first cohorts joined the Trust on 7th July 2022 and 8th August 2022, with further cohorts joining in November 2022 and February 2023. A project group has put in place pastoral care, following collection from airport, with buddy support from day one to support integration and settlement. A further business case for an additional 60 international paramedics for next year is being developed as well as a project to recruit nurses from Karali, India.

3.5.1 Diversity and Inclusion

WRES & WDES Standards

The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data has been published in line with our statutory responsibilities. The data assists the Trust in understanding if our staff have parity of experience in the workplace, regardless of protected characteristic (specifically race and disability) and demonstrates our progress against the national metrics. This year our progress against the WRES standard has improved in 7 out of 9 metrics but deteriorated in 8 out of 10 standards for WDES. The action plans for both WDES/WRES have been agreed at TMG and published on our website as per our statutory duties, these contain specific actions to address gaps in parity. The data and action plans will be presented to Board separately.

Women's & Allies Network Launch

To coincide with World Menopause Day on Tuesday 18 October, the Women and Allies' Network formally launched with a week of planned activities designed to raise awareness of the network, connect with colleagues, and better understand the issues that are important to our colleagues. The three emerging network priorities are Enabling women to progress in YAS, promoting women's safety and championing women's health including, but not exclusively, the menopause.

Learning disabilities Employment Placement

Working with the Community Engagement Team, Disability Action Yorkshire and Mencap, a 6-week placement has been secured in the Ambulance Vehicle Preparation (AVP) team for a 22-year-old client from Disability Action Yorkshire (DAY). Support will be provided by a job coach from DAY for the duration and a training session on disability awareness is underway for the AVP team as an additional resource for colleagues to support the trainee whilst on placement.

3.5.2 Education and Learning

The Essential Learning project aims to enable staff to complete statutory and mandatory knowledge and skills relevant to their role; 88.52% of staff are compliant as of end of September 2022 against the stretched target of 90% and compared to the baseline of 79.53% in April. The project is supported by Essential Learning Champions.

The Academy has worked closely with Health Education England to secure apprenticeship levy transfers worth £2.8M since June 2021 from NHS (Barnsley Hospital, Bradford District Care, Leeds and York Partnership, Leeds Teaching Hospitals, Rotherham Doncaster and South Humber, and The Rotherham NHS Foundation Trust) and public sector (2 local councils) organisations. The largest levy transfer continues to be from Morrisons at £2.6M supporting Ambulance Support Worker (ASW, level 3) and Associate Ambulance Practitioner (AAP, level 4) apprentices, as well as 27 Degree Apprentice Paramedics from April 2022. This levy transfer offsets £140K co-investment funding from the Trust. The Trust now has 8.6% of the workforce as apprentices.

Overall distinction rates since the introduction of the clinical apprenticeships are 35.98% for ASW and 38.18% for AAP. 46 Ambulance Practitioners started the Paramedic Degree Apprenticeship this September at one of two partner Higher Education Institutions. The first cohort (12) of Degree Apprenticeship Paramedics graduated in July from the University of Huddersfield and have been inducted as Newly Qualified Paramedics to the Trust.

3.6 **Finance Directorate**

3.6.1 Finance

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

Revenue

The Trust continues to report a breakeven forecast against plan. There are significant over and underspends within this position. The Trust is in the process of a detailed review to inform the requirement to draw down from the £9m non recurrent system support available in 2022/23. Given the potential for “new” benefits / improvements to the position alongside challenges with recruitment, the Trust may not need to draw down the full £9m.

This position has been achieved in part through non recurrent means and the Trust continues to have a significant underlying deficit against recurrent funding and must therefore focus on the delivery of efficiencies, savings, and reductions in waste in order that it can resource sustainable services in the future.

Capital

The Trust had developed a multi-year capital plan, which reflected an assumed level of resource in 2022/23, which in part has not materialised. In addition, supply chain issues continue to be experienced (particularly in terms of vehicles), which will impact on delivery of that plan. The Trust is therefore reconsidering elements of the plan and reviewing on an ongoing basis. The previously reported risk in relation to IFRS16 has now been mitigated for 2022/23; it has been announced that the NHS Capital Departmental Expenditure Limit (CDEL) will not be notified to individual providers, but that the position will be dealt with at a national level in this financial year. This will be monitored via the monthly provider finance returns to NHSI; it is likely that if the forecast outturn changes, it will reduce.

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 (116 live projects) across the Fleet, ICT and Professional Services (PS) categories. We also have a lot of activity within Estates as the Scarborough Hub tender will be live shortly, and the new Logistics Hub project is well underway.

Alongside our many own requirements, including the Occupational Health Service provision, which is taking priority in the PS category, we continue to identify opportunities to work collaboratively with other Trusts e.g., Vehicle Recovery and Bags, Pouches and Manual Handling Slide sheets and Uniform. 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

Trees have been purchased and planted at Fairfields, York along with a further 700 for other locations across the YAS estate.

Estates

- *Bradford Ambulance Station* – work commenced early October on Phase 3 of the five phases of the refurbishment of Bradford ambulance station. Phase 3 includes the Fleet area and is scheduled for completion mid-January with the remaining two phases on the station completing by the financial year-end.

- *Fairfields, York* – The extensive alterations and refurbishment of Fairfield continues to progress well. All supporting structural steelwork is in place with works continuing on programme to provide the increased Call Centre capacity, at First Floor level, by mid-December. Works will continue to complete the full scheme by the financial year-end. This is later than originally anticipated due to lead in times for some key building materials. There are risks and issues relating to costs of materials due to inflation and the requirement identified for an upgraded Transformer (power supply) and Substation that are being addressed through the project team.

- *Goole Ambulance Station* – Design and tender packages are currently being developed for the proposed refurbishment of Goole ambulance station. Subject to relevant approvals, this scheme will be at site within the new year and completed within the financial year.

The indicative cost of the backlog maintenance survey on the Estate has been received. These indicate that the cost to attend the backlog maintenance items through the Estate equates to £4.4m with the High and Significant risk elements totalling £2.2m. These figures are excluding any preliminary cost, contingencies, fees, enabling works or VAT.

Fleet

The Trust's replacement programme has begun in quarter 2 with the design sign-off of 106 Rapid Response Vehicles (RRVs) and 64 Double Crewed Ambulances (DCAs) which are currently in conversion, with deliveries expected to commence in October for RRVs and November for DCAs. Delivery has also commenced of 59 Commander cars based on the BMW X3 Hybrid, which expands the trusts response capability and 4x4 resilience. The trust will see delivery of 6 per week.

Vehicle availability has continued to improve in PTS with A&E maintaining a good level of availability from quarter 1. RRV availability has been affected during quarter 2 with some larger engine and gearbox faults attributing to higher levels of downtime, this will be rectified with the introduction of 106 new Skoda Kodiaq's in quarter 3. Routine Maintenance compliance remains high with the variance to target being for those vehicles that are currently VOR and undergoing repair.

3.7 ICT and Business Intelligence

Clinical Systems Development

The focus for Clinical systems development this year is to provide YAS clinicians, and partner health and social care organisations, with rich patient information to improve care decision making and patient experience. We are also providing digital tools to support key processes such as recording patient observations, at hospital, and medicines management.

We are nearing completion of the testing phase to share patient information data from the 999 Emergency Operations call centre and the YAS frontline electronic patient record across the region. We are also working with colleagues at Bradford and Calderdale & Huddersfield acute trusts to support their implementation of the automatic transfer of patient care information from YAS.

National Ambulance Data Set (ADS)

The national Ambulance Data Set (ADS) has been published, following the pilot in which YAS took part, in April 2022. The shared ADS data will provide an evidence-base for planning healthcare services and giving a better understanding of how and why people use the ambulance service. This will provide NHSE and the wider health care sector with more detailed ambulance service information to support improvement to services. We continue to work with the national team to complete development of a data submission application for use by other ambulance trusts across the country.

ePR Development

In August 2022, we enhanced our frontline electronic patient record application to enable the automatic download of patient observations from Corpuls defibrillators such as blood pressure, pulse rate and oxygen saturation. This saves time for our crews and ensures accurate recording. As a result, we have seen an increase in the number of observations sets recorded which is particularly beneficial for patients in a critical condition.

Medicines Management

The first phase of a new digital Medicines Management solution has been delivered for the management of Prescription Only Medicine pouches used on ambulances. This reduces time spent setting up pouches and improves data quality to monitor medicines by fully digitising the process and provides auditing and reporting information. As a result, there is an improvement in clinical safety, alerting and reporting functionality including proactive management of out-of-date medication or

medication requiring a recall. Development is now in progress to extend the application for front line staff to manage Controlled Drugs as well as the functionality to record the usage of all medication.

IUC Call Audit Solution

A Call Audit solution was delivered based on the IUC Call Taker Audit tool for the Audit team, and users for self-audit, providing automated audit results. The result is an electronic Audit process, providing intelligence on performance and quality to improve support for staff, staff professional development and clinical outcomes by identifying gaps in call taker knowledge. The positive feedback from this has resulted in this now being implemented for EOC aligned to their business processes and auditing.

New CAD Infrastructure

New CAD hardware infrastructure was fully tested and successfully went live in early October.

Mobile Data Vehicle Solution (MDVS)

The national Mobile Data Vehicle Solution project pilot to replace the existing Mobile Data Terminal (MDT) used in frontline A&E vehicles was paused earlier this year due to a change on functionality to ensure they are fully compliant with the Road Traffic Act. Under the Act terminals are unable to display any information on screen where the driver could be distracted if the vehicle is traveling is excess of 7mph.

Therefore, YAS has paused the pilot to allow our CAD supplier to work alongside the National ARP team to develop a text-to-voice solution for critical messages between dispatchers and crews. It is expected that the solution will be available for testing mid-October and go live will start gradually from the end of November, subject to operational pressures.

National Mobilisation Application (NMA Community Responders

The roll out of (370) NMA for Community Responders is now complete. All schemes have been issued with new smartphones complete with the new software. NMA is a tailored version of the software that will be used on the MDVS's in A&E vehicles. Feedback on the software have been positive, specifically around its tracking capability and improved mapping, whilst maintaining responder safety on route to, and at incident scene.

Cyber Security

Two key security systems have been purchased and partially implemented during this reporting period. These provide enhanced protection for administrative accounts which have additional levels of access and therefore increased impact if compromised.

A second solution focusses on segmentation of the network and in the event of one of our systems is compromised, the solution will prevent further impact to the rest of the network.

Intelligent Routing Protocol

YAS have been working with the NHSE/National Ambulance trusts on delivery of the Intelligent routing protocol (IRP) for incoming 999 calls. The IRP uses call routing technology to automate the transfer of calls between services. IRP will enhance ambulance service infrastructure and interoperability at a national level, as well as building further 999 call handling resilience for extraordinary events such as major incidents, extreme weather events and sudden localised technology failures.

A real time IRP dashboard will display call answering information at local and national level, using data from ambulance service telephony systems.

The key benefits of IRP are to:

- optimise the current BT call distribution process through automation of the current manual BT methodology. This includes intelligent routing from live data feeds to manage the deflection of calls effectively and efficiently to other ambulance services when required.
- assist in reducing 999 call answering delays across all English ambulance services.
- positively impact upon overall call answer performance and patient safety issues by distributing unanswered calls to other Ambulance trusts that meet mutual support triggers.
- provide short duration mutual support.
- create a real time dashboard for call answer performance and monitoring.

YAS ICT led on the technical development of the project in behalf of all the ambulance trusts. YAS is expecting to go live first week in November.

Single Virtual Contact Centre

We are working with NHS England and the YAS IUC team to deliver the new virtual 111 regional call centre with NEAS. YAS/NEAS have been working with the regional and the national teams, with a view to go live in November with a phase one technical system. This will deliver “pass through” calling – i.e., no change from today’s individual trust arrangements and will prove that our calls are going through the new SVCC system. Phase one will also provide an enhanced Interactive Voice Response (IVR) at a national level, replacing the current individual trust messaging with the message played at the National and local level. Further phases of SVCC will seek to combine both NEAS and YAS calls such that patients within NE and Yorkshire/Humberside can be answered by either organisation.

Hybrid Working Desks and booking Application

The partial removal of social distancing has created space for hybrid working desks to be set up in Springhill 1.

Phase 1 includes 52 desks and 2 meeting rooms completed in September.
Phase 2 will create a further 22-25 desks and will be completed in November.

To facilitate online booking of the desks and meeting rooms, we have delivered a new booking application for the Estates Team with business reporting to support research and analysis on usage and better ways of working.

IUC Health Advisors Home Working

A pilot of 13 homeworking kits for IUC Health Advisors have been sent out for trial. The initial feedback from this has been very positive, and the pilot has now been extended to up to 30 users for 6 months.

A revised support model is being put in place to support this trial and further homeworking across related to EOC clinical validators.

Printer Rollout

We have completed a roll out of managed Konica printers across our estate. The benefits of a managed service include:

- Proactively managed printers to identify when toner is running low and fresh toner sent before it runs out
- Monitoring what the printer is used for
- Any issues logged directly to Konica, reducing calls to service desk
- Unutilised printers can be identified and removed

3.7.1 Business Intelligence (BI)

System and server availability KPI's have been exceeded in the last quarter. The data warehouse infrastructure is currently undergoing a re-platform to increase stability, performance and backup. BI reporting has been intermittently impacted by the data warehouse issues. BI are currently working with operational teams to understand performance and produce intelligence to support key decisions to tackle performance pressures.

NHS111 reporting is still impacted by the Adastra cyber security incident. While production systems are back in operation, the reporting databases provided by Adastra are still not available. This issue impacts all national 111 providers using Adastra.

The BI team are engaged with Transformation leads, work is ongoing with the ePR development team and MIS (CAD supplier) to identify a more automated method, using ePR, to upload relevant timing points within CAD to support Ambulance handover reporting. The BI team are also continuing to work with the capacity teams to provide improved forecasting and historical reporting of demand and performance.

3.8 Corporate Affairs

Community Engagement programme and activities

As part of the delivery of our community engagement strategy, the community engagement team delivered a programme of summer roadshows, attending events where visitors were able to look around an emergency ambulance, learn first aid, including how to perform CPR, and find out about our YAS Charity. Events took place across the region.

In addition, we have been involved in a pioneering new scheme with people getting help at Bradford New Directions drug and alcohol treatment service run by Change Grow Live, where we have delivered a programme for people in treatment that would make a meaningful difference for those attending the service. The seven-week Achieve programme has been extremely successful, with all participants on track to complete training and obtain certification. It is the first of its kind for Change Grow Live, which is considering taking the programme national based on its success.

Our 2022 Restart a Heart campaign saw our staff and volunteers teach CPR to over 30,000 students at 132 secondary schools across the region on Friday 14 October, reaching the milestone of more than 200,000 young people being taught the life-saving skill since our campaign was launched in 2014. There were many media interviews with YAS staff and cardiac arrest survivors have across the region, emphasising the importance of learning CPR. For the second year running, football clubs across the region have also invited us to their grounds to teach the life-saving skill to football fans and spread the message about the importance of CPR at a number of football matches.

We supported the Public Services Pathfinders launch event at CATCH Leeds in October on Thursday evening encouraging young people from a range of backgrounds to learn more about public services, as part of a collaboration project between CATCH/Leeds Learning Alliance and a number of other services including police, fire, RAF, navy and army.

New ambulance station in Scarborough given the go-ahead
We have been given approval from Scarborough Borough Council's Planning Committee for the new £6.8m ambulance station in Scarborough. The plans set out the creation of a state-of-the-art, environmentally friendly station on the site next to Scarborough Hospital on Woodlands Drive and will replace the two sites currently located elsewhere in Scarborough for A&E Operations and Patient Transport Service. Work will now begin on the next stages and subject to capital financing, the new station will also offer 24/7 Ambulance Vehicle Preparation (AVP) and will serve a "cluster" including Filey, Bridlington, Kirkbymoorside and Whitby.

Award winners
Two of our staff were recognised with national awards at the Association of Ambulance Chief Executive annual leadership forum. Tasnim Ali, Business Manager in A&E Operations received an award for Excellence in the field of Diversity. This was in recognition of her work chairing the national ambulance BME forum for a number of years, contributing to improvements across the sector in relation to ethnicity and race. Rob Connell, Interim Sector Commander in our Emergency Operations Centre, Service Delivery was also recognised as 'Exceptional Paramedic Manager' recognising how he had gone above and beyond to support the Emergency Operations Centre (EOC) through a very challenging period, having stepped up to provide cover, with the utmost professionalism and a desire to lead and learn.

4 UPDATES ON KEY ACTIVITIES

4.1 YAS EOC is Re-accredited as a Centre of Excellence

We have heard this week that our Emergency Operations Centre (EOC) has been recognised by the International Academies of Emergency Dispatch® (IAED™) as an Accredited Centre of Excellence (ACE) for emergency medical dispatching. This is YAS's fourth accreditation.

IAED is the standard-setting organisation for emergency dispatch services worldwide. Accreditation (and subsequent re-accreditation) from the IAED is the highest distinction given to emergency communication centres, certifying that the centre is performing at or above the established standards for the industry.
We will be receiving an official certificate and are working with the IAED on publicising this achievement.

4.2 Black History Month

October marked Black History Month in the UK, an annual celebration which started in 1987. The aim of Black History Month is to promote knowledge of Black history, culture, and heritage. This year's theme was 'Action Not Words' and our BME Staff Network led the celebrations, ranging from sharing useful resources, cultural and traditional recipes, to inspirational stories, book and film recommendations and workshops and events for colleagues.

4.3 **YAS Fitness Week**

Trust's Health and Wellbeing Team ran a Fitness Week roadshow which visited various locations across Yorkshire. This gave staff the opportunity to go along and talk to the team about fitness and for the Trust to raise awareness of its importance in leading healthier lifestyles through being physically active. The week ended with tag rugby and football taster sessions on Friday 30 September 2022 at Pontefract Rugby Union Club.

4.4 National and regional visits

The Trust has welcomed a number of national and regional visitors (in person and in virtual meetings), including the chair of NHS Providers and separately the chief executive of NHS Confederation, to discuss the development of local ICB structures and plans, operational pressures and concerns regarding the impact of the cost of living on staff wellbeing and recruitment and retention, as well as innovation taking place. The Trust welcomed Dr Naveena Evans, CEO of Health Education England and newly appointed Chief Workforce Officer at NHSE and discussed our paramedic rotation scheme and opportunities for more rotation or multi professional teams across urgent and community settings of care including ambulance and 111 clinical advisory services and Community Urgent Response teams, along with the challenges on recruitment and retention.

5 RECOMMENDATIONS

5.1 The Board is asked to:

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

6. APPENDICES

Integrated Performance Report for September 2022

NHS
Yorkshire
Ambulance Service
NHS Trust

Integrated Performance Report

September 2022

Published 18 October 2022

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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 - September 22

Yorkshire Ambulance Service NHS Trust

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:55	H	
999 - Answer 95th Percentile		00:04:16	H	
999 - C1 Mean (T <7Mins)	00:07:00	00:10:00	H	F
999 - C1 90th (T <15Mins)	00:15:00	00:17:31	H	F
999 - C2 Mean (T <18mins)	00:18:00	00:40:57	H	F
999 - C2 90th (T <40Mins)	00:40:00	01:33:23	H	F
999 - C3 Mean (T - <1Hr)	01:00:00	01:48:13	H	F
999 - C3 90th (T -<2Hrs)	02:00:00	04:22:07	H	F
999 - C4 90th (T < 3Hrs)	03:00:00	03:45:30	H	F
999 - C1 Responses > 15 Mins		1,173	H	
999 - C2 Responses > 80 Mins		4,728	H	
999 - Job Cycle Time		01:56:09	H	
999 - Avg Hospital Turnaround	00:30:00	00:57:45	H	F
999 - Avg Hospital Handover		00:35:36		
999 - Avg Hospital Crew Clear		00:17:56		
999 - Average Hospital Notify Time		00:05:46		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 55 seconds for September, a decrease of 2 seconds when compared to August. The tails of performance shown by the call answer percentiles also decreased from August, indicating that there were fewer very long waits at the tail end of the data for last month.

Cat 1-4 Performance - No national performance targets were met in September. Performance times for all categories remain exceptionally high. Compared to August, the Category 1 mean and 90th percentile performance times increased by 18 seconds and by 23 seconds, respectively. The Category 2 mean performance time increased by 8 minutes 19 seconds and the 90th percentile increased by 21 minutes 36 seconds compared to August.

Abstractions were 7.9% higher than forecast for September, though falling 0.4% from August. Weekly staff hours have fallen compared to August by over 400 hours per week. Overall availability decreased by 2.0% from August and was reflected in worsened performance in all categories. Compared to September 2021, abstractions are up by 1.2% and availability is up by 2.2%.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 73.6% in August (12.6% Cat1, 61.0% Cat2) after a 1.6% increase compared to August (0.1% decrease in Cat1 and 1.7% increase in Cat2). Comparing against September for the previous year, Cat1 proportion has increased by 1.7% and Cat2 proportion has decreased by 3.2%.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than 90th percentile target has been fluctuating in recent months. The figure increased significantly in July, however, this has since reduced in August/September. In September there were 1,173 responses over this target, increasing slightly by 47 (4.2%) compared to August. The number for last month was 19.9% above September 2021.

The number of Cat2 responses greater than 2x 90th percentile target also increased from August by approximately 1,900 responses (67.6%) and this is equivalent to a 15.3% increase compared to September 2021.

Job cycle time - Overall, job cycle time is approximately 5 minutes longer than in August and over 10.5 minutes longer than in September 2021.

Hospital - The average handover time in September remains high at just over 35 minutes. This is an increase of around 4.5 minutes compared to August. Turnaround times have also remained high with the average turnaround for September at 57 minutes 45 seconds. This means that average turnarounds are more than 27 minutes above target and they are also more than 10.5 minutes longer than they were at the same time last year.

IUC IPR Key Indicators - September 22

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		118,271	L	
IUC - Increase - Previous Month		6.7%		
IUC - Increase Same Month Last Year		-6.7%		
IUC - Calls Abandoned	3.0%	6.8%	H	F
IUC - Answer Mean	00:00:20	00:02:55	H	F
IUC - Answered in 60 Secs	90.0%	57.8%	L	F
IUC - Call back in 1 Hour	60.0%			
IUC - ED Validations %	50.0%			

IUC Exceptions - Comments (Director Responsible - Karen Owens)

YAS received 126,935 calls in September, -18.0% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in September, 118,271 calls (93.2%) were answered, 6.7% more than were answered in August and -6.7% fewer than the number of calls answered in September 2021.

Although demand has dropped, 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 September to 57.8%, compared to August 60.4%.

Average speed to answer in September was 175 seconds (2 minutes and 55 seconds), down 4 seconds from August but still higher than the national target of <20 seconds. Similarly, abandoned calls were 6.8% this month, above the 3% target and a decrease of -2.1% on August's performance. YAS are not alone in these challenges, with other providers experiencing similar challenges.

Due to the National Adastra Outage we are currently not yet receiving Adastra data. Therefore, no triage or outcome data is available for September 2022.

PTS IPR Key Indicators - September 22

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	17.3%	L	F
PTS - % Short notice - Pickup < 120 mins	90.8%	78.5%		F
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	87.5%	L	F
PTS - Arrive at Appointment Time	90.0%	86.5%	L	F
PTS - Journeys < 120Mins	90.0%	99.2%		P
PTS - Same Month Last Year		0.5%		
PTS - Increase - Previous Month		-0.6%		
PTS - Demand (Journeys)		75,177		?

PTS Exceptions - Comments (Director Responsible - Karen Owens)

PTS Total Activity for September was 75,117 which falls in line with the latest 5 month run rate. QTR2 saw a 3.4% increase in demand compared to the same period in 2021/22.

Focus continues on the 120 Min Discharge KPI and patient care.

For the second month running the average Patients Per Vehicle was 1.16, 0.08 over the forecast target. From October this is expected to increase further as more patients will be cohorted. The phased approach to increasing efficiencies and cohorting is on plan aligned to a reduced use of Private Providers; this has had an impact on performance levels. For the second month running Short Notice Outwards performance has been on average 78%, 7% lower than the average performance results over the past 24 months.

High call levels continue to impact performance in PTS Reservations. Demand in September was the highest it's been this financial year. In correlation, performance was the lowest. 17.3% of calls were answered in 180 seconds, 72.7% under target. Actual calls were 15.4% above forecast. Current modelling demonstrates that Reservations required an extra 8FTE (above budget) online to be able to meet the call demand and achieve service level.

Respiratory infection demand decreased for the third month running. For QTR 2 of 2022/23, respiratory related demand was 5.0% lower than the same period in 2021/22.

Support Services IPR Key Indicators - September 22

Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		638		
Serious		8	H	
Moderate and Above Harm		31		
Service to Service		60	L	
Adult Safeguarding Referrals		1,910	H	
Child Safeguarding Referrals		792	H	

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

Patient Relations – Decrease in service to service, concerns, from August to September, with a slight increase in the number of complaints. There are still a number of compliments to process due to capacity within the patient relations team, this will be reflected in October's figures.

Safeguarding adult and child – There has been a slight increase in adult safeguarding referrals compared with last month, with child referrals unchanged. Overall, compared to September 2021 there has been a significant increase in both.

Safeguarding training – Training levels have increased for both Safeguarding for Adults and Safeguarding for Children. Level 2 training has remained stable and been part of the essential learning work undertaken by the Trust, which includes a dashboard that leaders can access to see their team's compliance levels.

Indicator	Target	Actual	Variance	Assurance
Turnover (FTE) %		12.3%	H	
Sickness - Total % (T-5%)	5.0%	8.1%	L	F
Special Leave		0.1%	L	
PDR / Staff Appraisals % (T-90%)	90.0%	66.5%	H	F
Stat & Mand Training (Fire & IG) 1Y	90.0%	91.7%		F
Stat & Mand Training (Core) 3Y	90.0%	89.9%		P
Stat & Mand Training (Face to Face)	90.0%	78.9%		F

Workforce Exceptions - Comments (Director Responsible - Mandy Wilcock)

Sickness - Sickness has decreased slightly to 8.2%, impacting on performance concerns across the Trust. The EOC/111 transformation teams have specific work streams regarding health and wellbeing.

PDR / Appraisals - Rates have increased to 66.5%, maintaining a steady increase since April 2022. Only PTS saw a small decrease, however this is the highest performing area with an 83.9% compliance rate. 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. The Compliance Dashboard makes it easier for managers to see who needs an Appraisal and who has one in the near future.

Statutory and Mandatory Training - Compliance figures continue to improve in all areas, with PTS still fully compliant (green) for all categories and EOC and 'Other' approaching full compliance. Staff are being encouraged to get all eLearning completed and managers can monitor progress via the fortnightly Compliance Dashboard. Essential Learning Champions in all areas of the Trust are supporting the progress, and the Trust is 0.1 percentage points away from achieving full compliance (90%+ for eLearning).

Workforce Summary

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

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

Name	Sep 21	Aug 22	Sep 22
Turnover (FTE) %	9.9%	12.4%	12.3%
Vacancy Rate %	5.9%	13.5%	13.2%
Apprentice %	6.4%	8.6%	9.7%
BME %	6.3%	6.2%	6.1%
Disabled %	3.7%	4.7%	4.8%
Sickness - Total % (T-5%)	9.5%	8.4%	8.1%
Special Leave	1.8%	0.2%	0.1%
PDR / Staff Appraisals % (T-90%)	54.9%	63.7%	66.5%
Stat & Mand Training (Fire & IG) 1Y	80.8%	91.7%	91.7%
Stat & Mand Training (Core) 3Y	97.1%	88.9%	89.9%
Stat & Mand Training (Face to Face)	71.1%	77.5%	78.9%
Stat & Mand Training (Safeguarding L2 +)	83.2%	94.2%	94.8%

YAS Commentary

FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 13.2%. Turnover is at 12.3%. Both of these figures have slightly decreased since last month, however the main area of concern remains 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 decreased slightly to 8.2%, impacting on performance concerns across the Trust. The EOC/111 transformation teams have specific work streams regarding health and wellbeing.

PDR / Appraisals - Rates have increased to 66.5%, maintaining a steady increase since April 2022. Only PTS saw a small decrease, however this is the highest performing area with an 83.9% compliance rate. 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. The Compliance Dashboard makes it easier for managers to see who needs an Appraisal and who has one in the near future.

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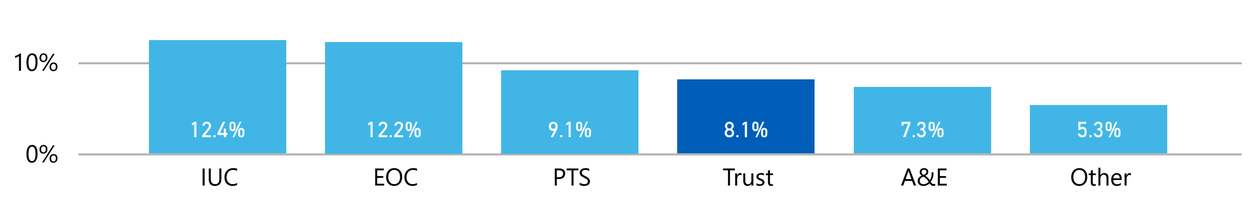
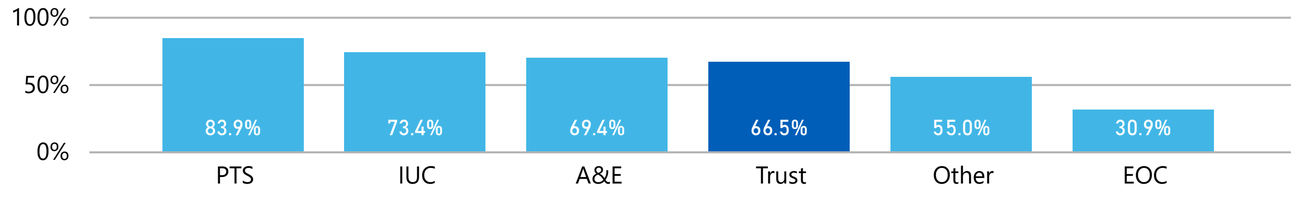
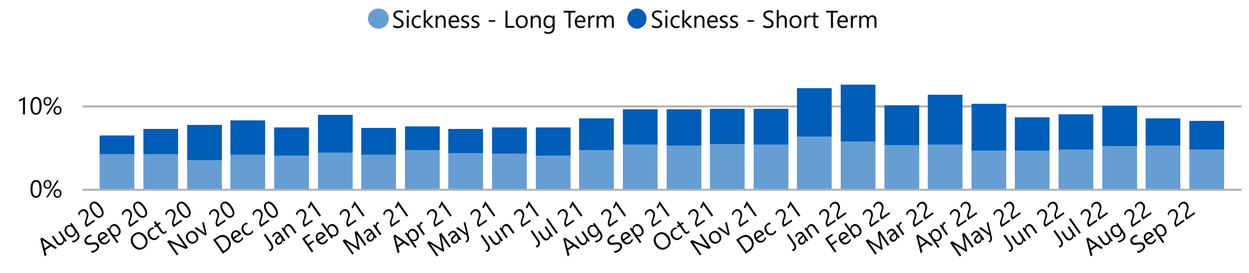
Sickness Benchmark for Last Month



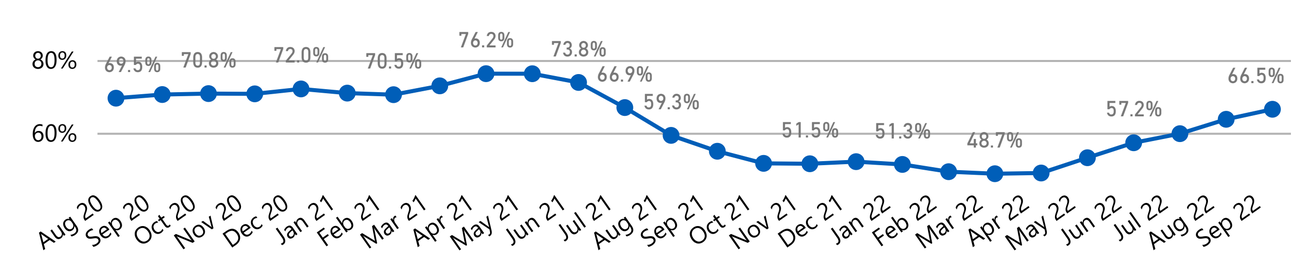
PDR Benchmark for Last Month



Sickness



PDR - Target 90%



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

Overview - Unaudited Position

Overall - The Trust has a year to date surplus at month 6 of £564k as shown above. £339k surplus for ICB reporting after the gains on disposals and impairments 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, Fleet and Transformation.

Cash - As at the end of September the Trust had £78.8m 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)		£564	£564
Cash	£77,000	£77,000	£0
Capital	£7,423	£2,900	-£4,523

Monthly View (£000s)

Indicator Name	2022-05	2022-06	2022-07	2022-08	2022-09
Surplus/ (Deficit)	-£4,610	£4,730	£459	-£88	£73
Cash	£78,525	£79,865	£79,098	£85,132	£78,788
Capital	£193	£273	£323	£414	£1,697

Patient Demand Summary

Demand Summary

ShortName	Sep 21	Aug 22	Sep 22
999 - Incidents (HT+STR+STC)	68,821	64,634	62,337
IUC - Call Answered	126,820	110,860	118,271
IUC - Increase - Previous Month	-10.1%	-16.6%	6.7%
IUC - Increase Same Month Last Year	-16.3%	-21.4%	-6.7%
IUC - Calls Answered Above Ceiling	-9.1%	-31.0%	-25.1%
PTS - Demand (Journeys)	74,790	75,651	75,177
PTS - Increase - Previous Month	7.5%	2.8%	-0.6%
PTS - Same Month Last Year	19.5%	8.7%	0.5%

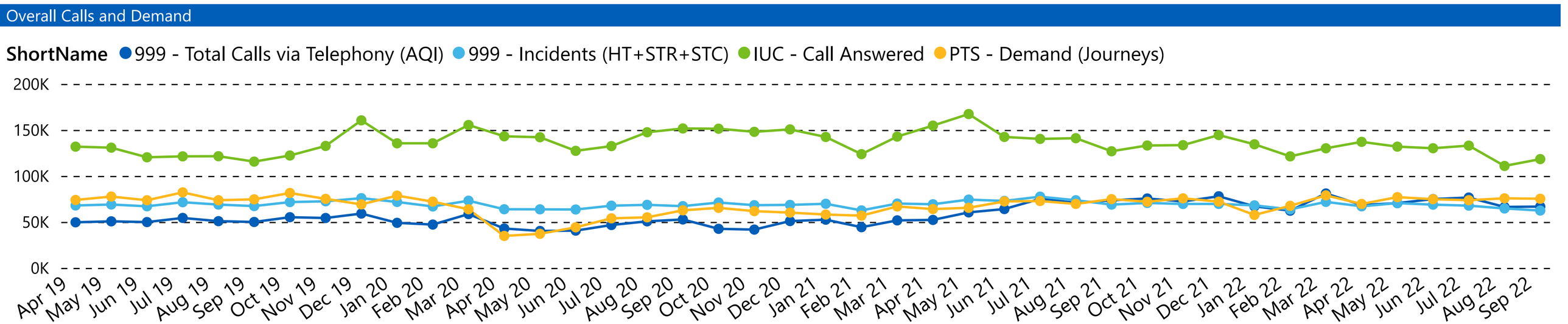
Commentary

999 - At Scene Response demand was 2.0% lower than forecasted levels for August. All Response Demand (STR + STC +HT) was 4.5% down from July and 12.1% lower than August 2021.

IUC - YAS received 126,935 calls in September, -18.0% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in August, 118,271 calls (93.2%) were answered, 6.7% more than were answered in August and -6.7% fewer than the number of calls answered in September 2021.

PTS - Total PTS demand decreased for the third month running, with 0.6% less journeys undertaken than August. Delivered Journeys were 14.7% below the PTS Business Plan Forecast. Although demand has seen a reduction, there has been a 1.2% increase compared to levels seen in July 2021.

Overall Calls and Demand



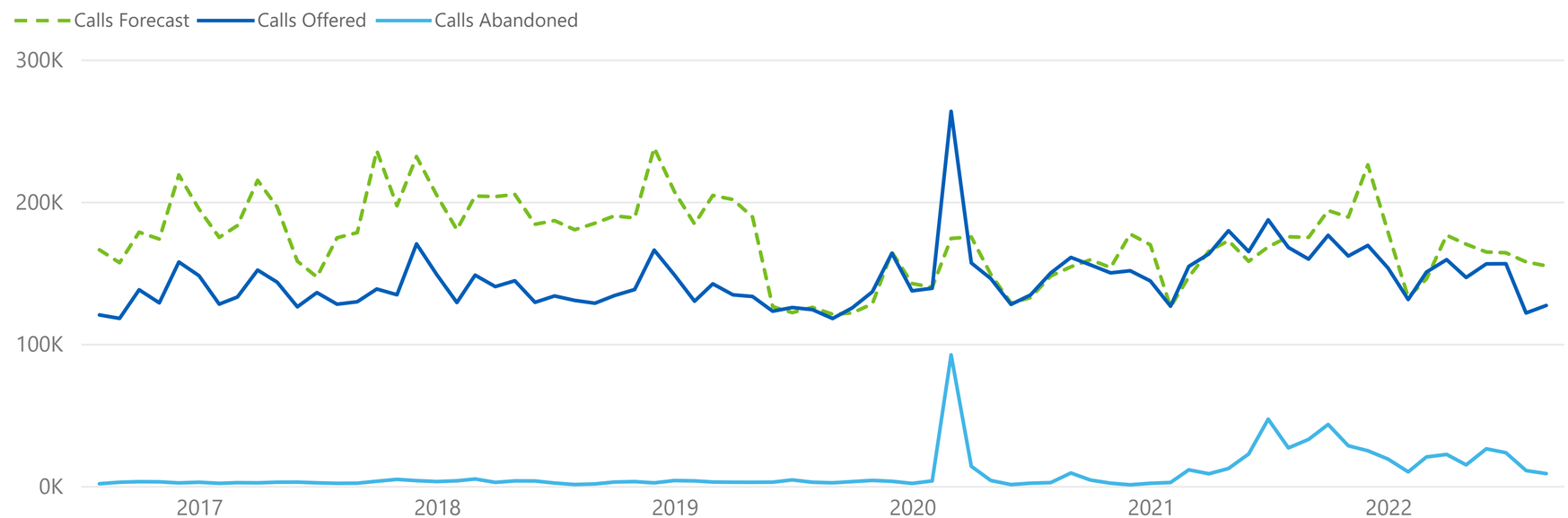
999 and IUC Historic Demand

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

IUC Historic 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 September 2022 there were 92,742 calls offered which was 6.9% below forecast, with 87,752 calls answered and 4,990 calls abandoned (5.4%). There were 5.4% fewer calls offered compared to August 2022 and 18.7% fewer calls offered compared to September 2021. Historically, the number of abandoned calls has been very low, however, this has increased since April 2021 and remains relatively high, fluctuating each month. There was a 12.4% reduction in abandoned calls between August and September 2022.

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 126,935 calls in September, -18% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in September, 118,271 calls (93.2%) were answered, 6.7% more than were answered in August and -6.7% fewer than in September 2021.

Calls abandoned for September were 6.8%, 2% lower than August 2022 and 13.7% lower when compared to September 2021.

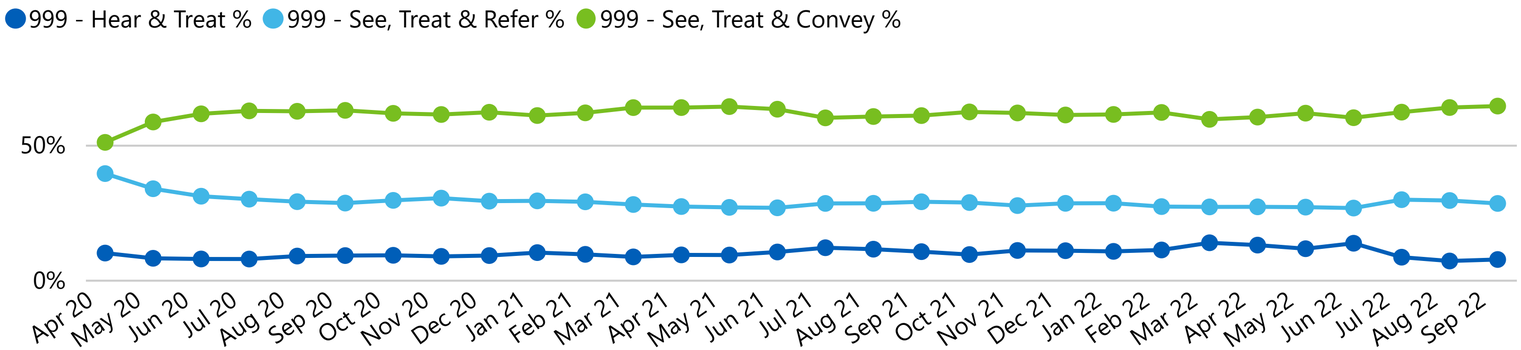
Patient Outcomes Summary

NHS Yorkshire Ambulance Service NHS Trust

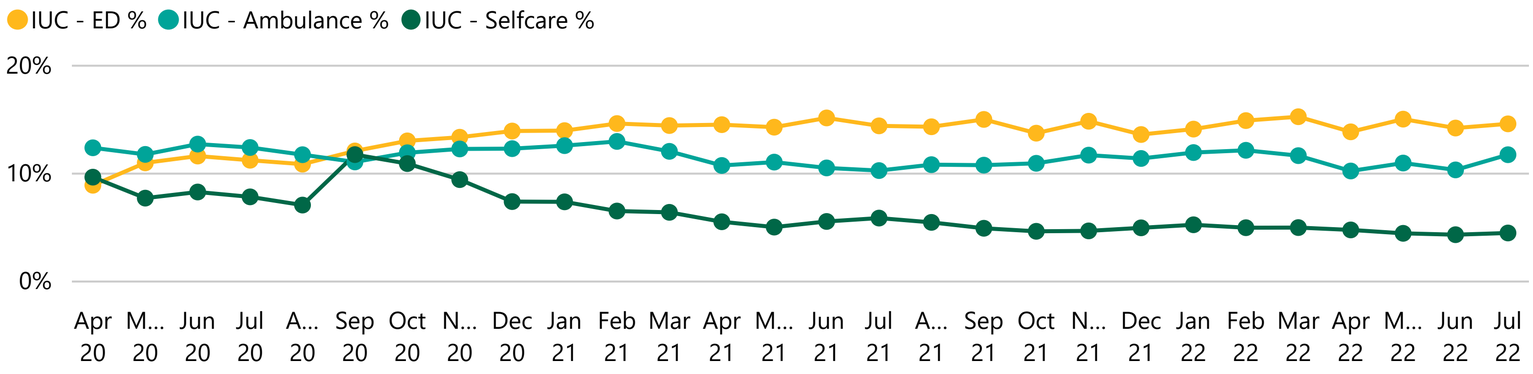
Outcomes Summary

ShortName	Sep 21	Aug 22	Sep 22
999 - Incidents (HT+STR+STC)	68,821	64,634	62,337
999 - Hear & Treat %	10.4%	6.9%	7.5%
999 - See, Treat & Refer %	28.9%	29.3%	28.2%
999 - See, Treat & Convey %	60.8%	63.8%	64.3%
999 - Conveyance to ED %	53.6%	56.7%	57.2%
999 - Conveyance to Non ED %	7.2%	7.0%	7.1%
IUC - ED %	14.9%		
IUC - ED outcome to A&E	79.0%		
IUC - ED outcome to UTC	10.5%		
IUC - Ambulance %	10.7%		
IUC - Selfcare %	4.8%		
IUC - Other Outcome %	11.0%		
IUC - Primary Care %	56.4%		
PTS - Demand (Journeys)	74,790	75,651	75,177

999 Outcomes



IUC Outcomes



Commentary

999 - When comparing August 2022 against August 2021 in terms of incident outcome proportions within 999, the proportion of Hear & Treat has decreased by 4.4%, See, Treat & Refer has increased by 1.0% and See, Treat & Convey has increased by 3.3%. The proportion of incidents with conveyance to ED has increased by 3.4% from August 2021 and the proportion of incidents conveyed to non-ED remains unchanged.

IUC - Due to the National Adastra Outage we are currently not yet receiving Adastra data. Therefore, no triage or outcome data is available for September 2022.

Patient Experience (Director Responsible - Clare Ashby)

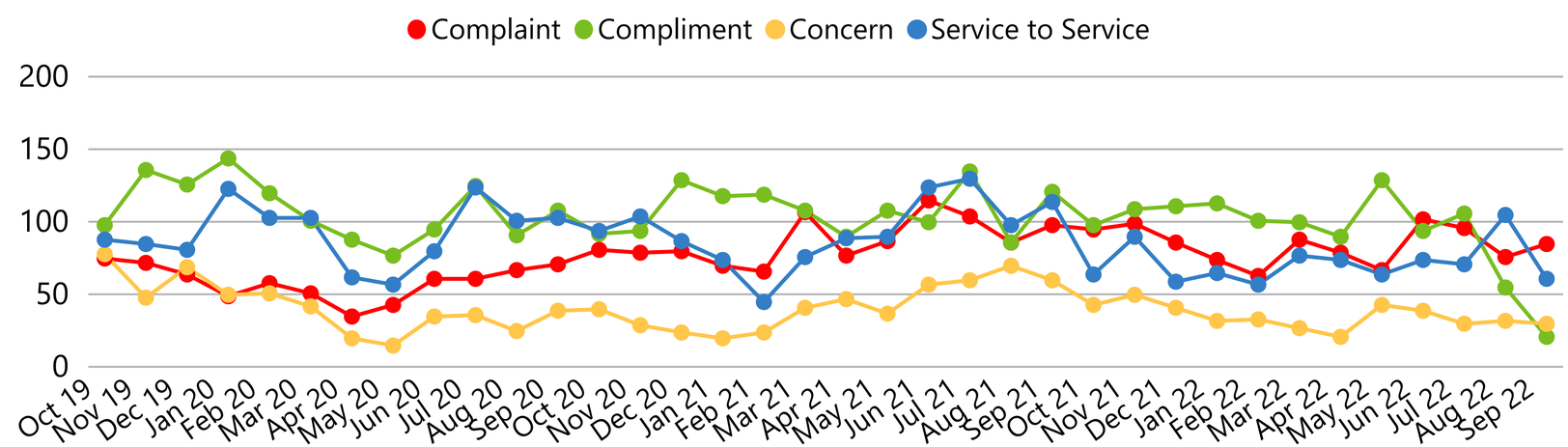
A&E | EOC | IUC | PTS | YAS

NHS Yorkshire Ambulance Service NHS Trust

Patient Relations

Indicator	Sep 21	Aug 22	Sep 22
Service to Service	113	104	60
Concern	59	31	29
Compliment	120	54	20
Complaint	97	75	84

Complaints, Compliments, Concerns and Service to Service



YAS Compliance

Indicator	Sep 21	Aug 22	Sep 22
% FOI Request Compliance	97.6%	95.9%	94.9%

YAS Comments

Patient Relations – Decrease in service to service, concerns, from August to September, with a slight increase in the number of complaints. There are still a number of compliments to process due to capacity within the patient relations team, this will be reflected in October's figures.

FOI Compliance is consistently remaining above the target of 90%.

Patient Safety - Quality (Director Responsible - Clare Ashby)

A&E | EOC | IUC | PTS | YAS

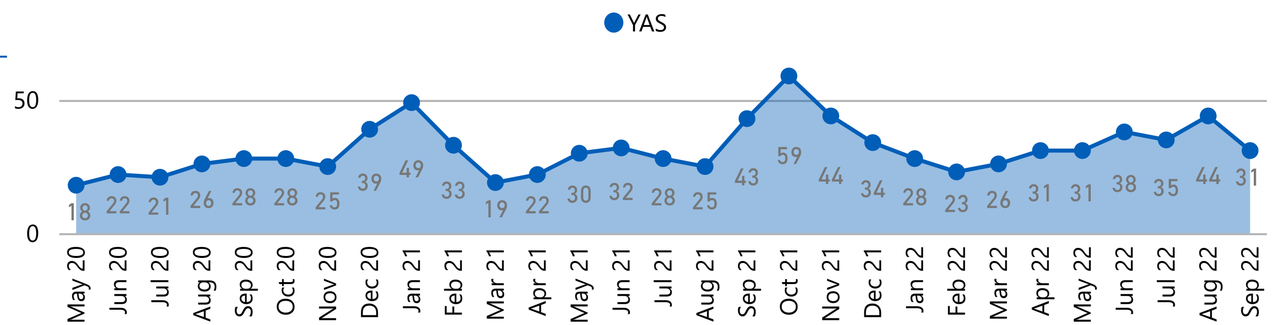
Yorkshire Ambulance Service NHS Trust

Incidents

Indicator	Sep 21	Aug 22	Sep 22
All Incidents Reported	669	780	638
Medication Related		91	92
Moderate & Above Harm - Total	43	44	31
Number of duty of candour contacts	7	14	22
Number of RIDDORs Submitted	9	3	3
Serious	8	13	8

Indicator	Sep 21	Aug 22	Sep 22
Moderate & Above Harm (verified)	28	24	24
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)		5	6
Serious incidents (verified)	8	8	11

Incidents - Moderate and Above Harm



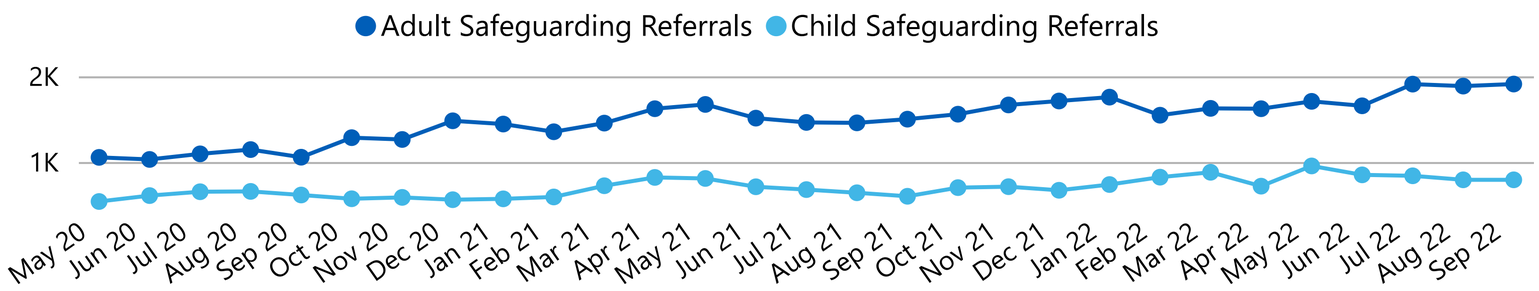
A&E Long Responses

Indicator	Sep 21	Aug 22	Sep 22
999 - C1 Responses > 15 Mins	978	1,126	1,173
999 - C2 Responses > 80 Mins	4,099	2,821	4,728

YAS Child and Adult Safeguarding

Indicator	Sep 21	Aug 22	Sep 22
Adult Safeguarding Referrals	1,500	1,886	1,910
Child Safeguarding Referrals	600	792	792
% Trained Safeguarding for Children (L1)	96.9%	87.4%	90.0%
% Trained Safeguarding for Children (L2)	78.6%	93.3%	93.5%
% Trained Safeguarding for Adults (L1)	96.4%	93.4%	93.7%

Safeguarding Training



YAS IPC Compliance

Indicator	Sep 21	Aug 22	Sep 22
% Compliance with Hand Hygiene	99.0%	99.0%	99.3%
% Compliance with Premise	99.0%	97.0%	97.9%
% Compliance with Vehicle	99.0%	98.0%	97.9%

YAS Comments

Safeguarding adult and child referrals – There has been a slight increase in adult safeguarding referrals compared with last month, with child referrals unchanged. Overall, compared to September 2021 there has been a significant increase in both.

Safeguarding training – Training levels have increased for both Safeguarding for Adults and Safeguarding for Children. Level 2 training has remained stable and been part of the essential learning work undertaken by the Trust, which includes a dashboard that leaders can access to see their team's compliance levels.

Patient Safety (Harm)

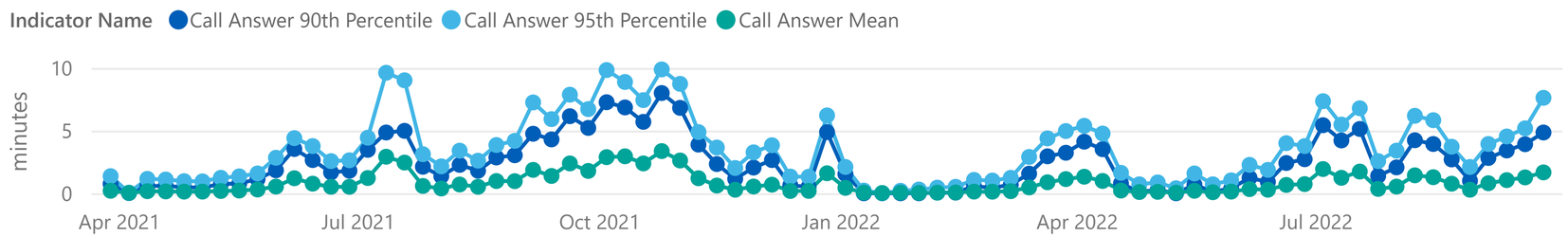
Yorkshire Ambulance Service NHS Trust

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
01 February 2022			
18 November 2021			

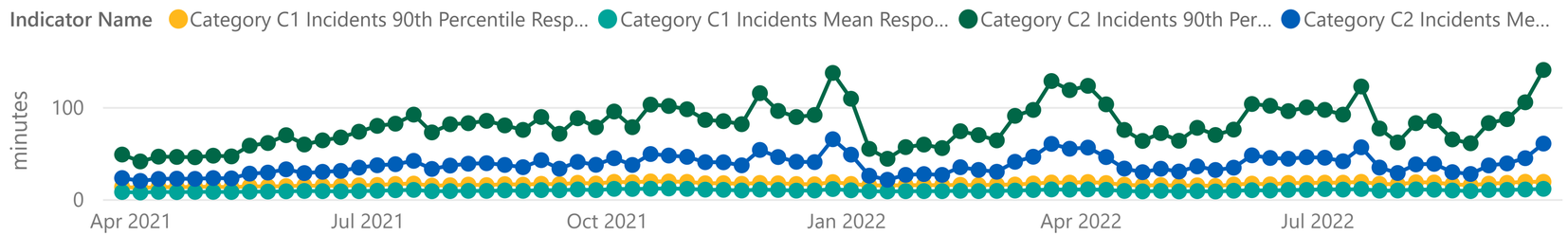
Call Answer Metrics (call data available from 7th September onwards)



Call Answer Metrics

Indicator Name	Sep 21	Aug 22	Sep 22
Call Answer 90th Percentile	00:04:56	00:03:11	00:03:07
Call Answer 95th Percentile	00:06:46	00:04:37	00:04:16
Call Answer Mean	00:01:46	00:00:57	00:00:55

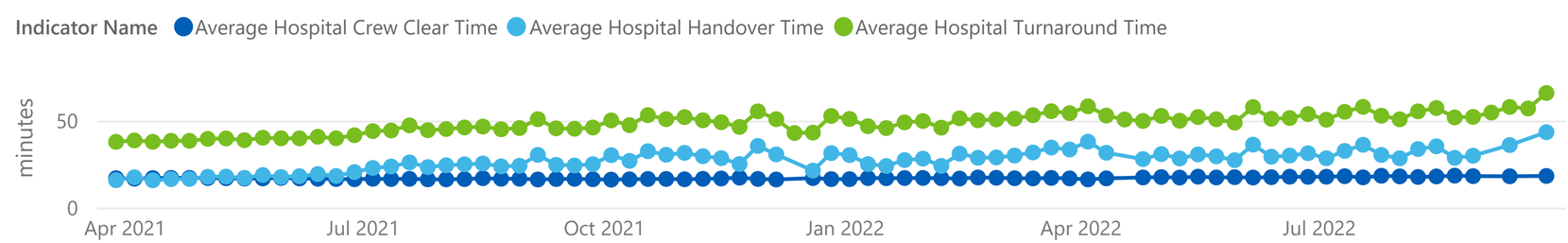
Response Metrics



Response Metrics

Indicator Name	Sep 21	Aug 22	Sep 22
Category C1 Incidents 90th Percentile Response Time	00:16:47	00:17:08	00:17:31
Category C1 Incidents Mean Response Time	00:09:44	00:09:42	00:10:00
Category C2 Incidents 90th Percentile Response Time	01:21:03	01:11:47	01:33:23
Category C2 Incidents Mean Response Time	00:37:56	00:32:38	00:40:57

Hospital Turnaround Metrics



Hospital Turnaround Metrics

Indicator Name	Sep 21	Aug 22	Sep 22
Average Hospital Crew Clear Time	00:16:26	00:17:59	00:17:56
Average Hospital Handover Time	00:26:06	00:31:03	00:35:36
Average Hospital Turnaround Time	00:47:10	00:53:25	00:57:45

Patient Clinical Effectiveness (Director Responsible Julian Mark)

Care Bundles (Last 3 Results)

Indicator	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22
Sepsis %			87.0%			86.0%			81.0%		
STEMI %	66.0%			73.0%			72.0%			57.0%	
Stroke %		97.0%			93.0%			95.0%			92.0%

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

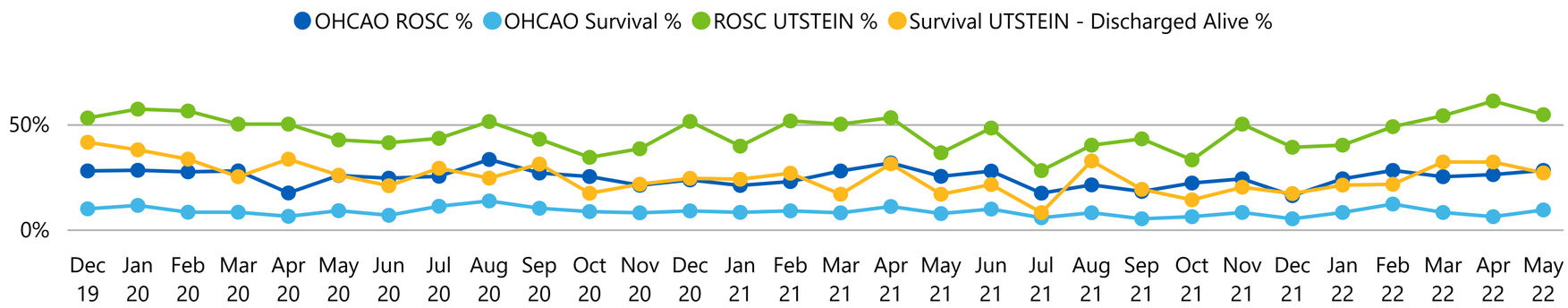
Sentinal Stroke National Audit Programme (SSNAP)

Indicator	Mar 22	Apr 22	May 22
Avg Time from call to hospital	104	82	89
Total Patients	425	398	440

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

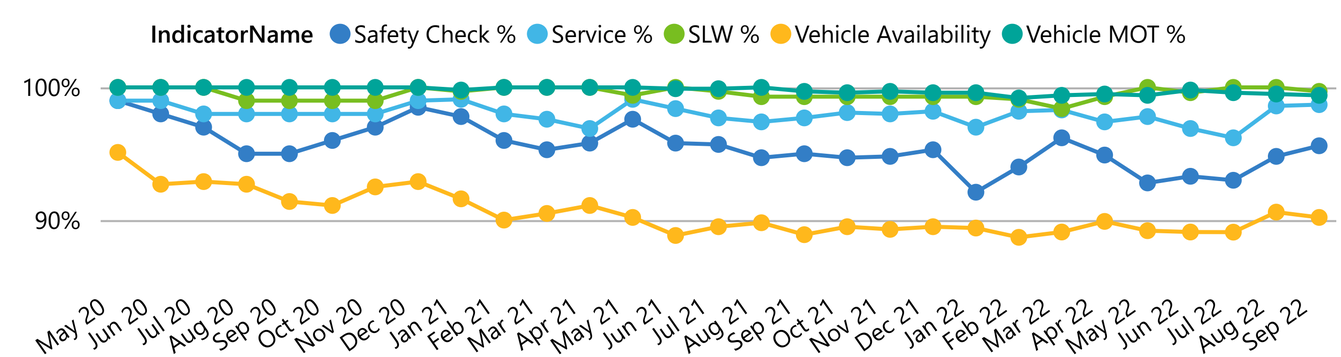
Estates

Indicator	Feb 22	Mar 22	Apr 22	May 22
P1 Emergency (2 HRS)	100.0%	100.0%	100.0%	66.7%
P1 Emergency – Complete (<24Hrs)	100.0%	88.9%	100.0%	83.3%
P2 Emergency (4 HRS)	87.8%	94.6%	91.2%	92.9%
P2 Emergency – Complete (<24Hrs)	75.5%	83.6%	88.2%	81.0%
Planned Maintenance Complete	98.6%	99.4%	97.8%	99.8%
P6 Non Emergency - Attend within 2 weeks	80.0%	91.7%	95.5%	94.4%
P6 Non Emergency - Complete within 4 weeks	57.5%	75.0%	54.6%	72.2%

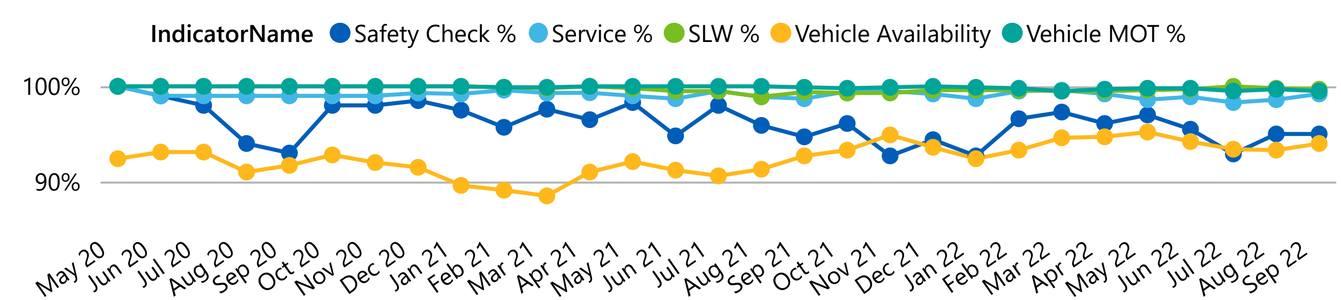
Estates Comments

Estates are currently developing a new system and updated reporting will come soon.

999 Fleet



PTS Fleet



999 Fleet Age

IndicatorName	Sep 21	Aug 22	Sep 22
Vehicle age +7	11.2%	14.6%	14.6%
Vehicle age +10	0.4%	1.8%	1.8%

PTS Age

IndicatorName	Sep 21	Aug 22	Sep 22
Vehicle age +7	6.0%	8.9%	8.9%
Vehicle age +10	1.7%	1.0%	1.0%

Fleet Comments

A&E availability has had a small decrease to 90.2% this month which is largely due to the number of Rapid Response Vehicle breakdowns experienced due to vehicle age. The RRV's are on order with expected delivery date starting WC 24th October with 5 per week being delivered. PTS has risen to 94%, focus remains on Routine maintenance to ensure the fleet is operated at its most efficient. Fleet are working with operational colleagues to ensure crews have enough vehicles to deliver services.

Routine maintenance compliance remains high with fleet managing resources to ensure effective routine maintenance is caried out in a timely manner.

Age profile of the A&E DCA has stabilised in September awaiting the arrival of the vehicles currently being converted, these deliveries are due to start WC 24th October for RRV and 28th November for DCA. The Trust's DCA age profile is also higher due to the retention of 20 vehicles to assist with demand from the last round of vehicle replacements and the slippage in delivery of the 64 new vehicles caused by global shortages of electronic parts

Glossary - Indicator Descriptions (A&E)

Yorkshire Ambulance Service NHS Trust

A&E

mID	ShortName	IndicatorType	AQIDescription
AMB01	999 - Total Calls via Telephony (AQI)	int	Count of all calls answered.
AMB07	999 - Incidents (HT+STR+STC)	int	Count of all incidents.
AMB59	999 - C1 Responses > 15 Mins	int	Count of Cat 1 incidents with a response time greater than the 90th percentile target.
AMB60	999 - C2 Responses > 80 Mins	int	Count of Cat 2 incidents with a response time greater than 2 x the 90th percentile target.
AMB56	999 - Face to Face Incidents (STR + STC)	int	Count of incidents dealt with face to face.
AMB17	999 - Hear and Treat (HT)	int	Count of incidents not receiving a face-to-face response.
AMB53	999 - Conveyance to ED	int	Count of incidents with any patients transported to an Emergency Department (ED), including incidents where the department transported to is not specified.
AMB54	999 - Conveyance to Non ED	int	Count of incidents with any patients transported to any facility other than an Emergency Department.
AMB55	999 - See, Treat and Refer (STR)	int	Count of incidents with face-to-face response, but no patients transported.
AMB75	999 - Calls Abandoned	int	Number of calls abandoned
AMB74	999 - Calls Answered	int	Number of calls answered
AMB72	999 - Calls Expected	int	Number of calls expected
AMB76	999 - Duplicate Calls	int	Number of calls for the same issue
AMB73	999 - Calls Offered	int	Number of calls offered
AMB00	999 - Total Number of Calls	int	The count of all ambulance control room contacts.

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)

Yorkshire Ambulance Service NHS Trust

Quality and Safety

mID	ShortName	IndicatorType	AQIDescription
QS01	All Incidents Reported	int	
QS02	Serious	int	
QS03	Moderate & Above Harm	int	
QS04	Medication Related	int	
QS05	Number of duty of candour contacts	int	
QS06	Duty of candour contacts exceptions	int	
QS07	Complaint	int	
QS08	Compliment	int	
QS09	Concern	int	
QS10	Service to Service	int	
QS11	Adult Safeguarding Referrals	int	
QS12	Child Safeguarding Referrals	int	
QS26	Moderate and Above Harm (Per 1K Incidents)	int	
QS28	Moderate & Above Harm (Verified)	int	
QS29	Patient Incidents - Major, Catastrophic, Catastrophic (death)	int	
QS30	Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	int	
QS24	Staff survey improvement question	int	(TBC, yearly)
QS21	Number of RIDDORs Submitted	int	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
QS27	Serious incidents (verified)	int	The number of verfied Serious Incidents reported on DATIX

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