NHS
Yorkshire
Ambulance Service
NHS Trust

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| **MEETING TITLE**<br>Trust Board (held in Public) | | **MEETING DATE**<br>02/02/2023 | |
| **TITLE of PAPER** | Chief Executive's Report including Integrated Performance Report; and Use of Trust Seal. | **PAPER REF** | 3 |
| **KEY PRIORITIES** | All | | |
| **PURPOSE OF THE PAPER** | The purpose of the report is to provide an updated on the activities of the Trust Executive Group (TEG) and present the Integrated Performance Report. | | |
| **For Approval** | ☐ | **For Assurance** | ☒ |
| **For Decision** | ☐ | **Discussion/Information** | ☒ |
| **AUTHOR / LEAD** | Chief Executive | **ACCOUNTABLE DIRECTOR** | Chief Executive |

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

| | | |
|---|---|---|
| **PREVIOUSLY AGREED AT:** | **Committee/Group:**<br>N/A | **Date:** |
| **RECOMMENDATION(S)** | The Board is asked to:<br>• **Receive assurance** on the activities of the Executive Team.<br>• **Receive** the Integrated Performance Report for December 2022 | |

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

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

# Trust Board
# (held in Public)

# 2 February 2023
# Chief Executive's Report including Integrated Performance Report; and Use of Trust Seal.

# Report of the Chief Executive

## 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 December 2022 Integrated Performance Report.

## 2 CHIEF EXECUTIVE'S SUMMARY / EXTERNAL UPDATE

### 2.1 National Picture

I would like to begin my report by expressing my thanks to all our staff and volunteers for their hard work during the extreme service pressures experienced from November through to early January and my thanks to our patients and the public for their continued patients and understanding.

Over the period we saw a sharp growth in demand in our NHS111/IUC service and in 999 high acuity calls and as a result we escalated to REAP (Resource Escalation Action Plan) level 4 between 22 November 2022 to 23 January 2023.

We have continued to do everything we can to improve the quality and timeliness of our response to patients. We are continuing to recruit more staff into A&E Operations and IUC and working with system partners to gain access to more alternative care pathways to give our staff and volunteers further options to ensure patients receive the care they need. We are also continuing to work with our partners in integrated care systems and acute hospital trusts to address delays in patient handovers at emergency departments.

### 2.1.1 Autumn Budget Statement

The Autumn Budget Statement, published on the 17 November 2022, highlighted that the government recognises that the NHS is under significant pressure, including from the ongoing recovery from the impact of the pandemic. The Autumn Statement therefore makes up to £8 billion of funding available for the NHS and adult social care in England in 2024-25. As part of this, the government is investing an additional £3.3 billion in each of 2023-24 and 2024-25 to support the NHS in England, enabling rapid action to improve emergency, elective and primary care performance towards pre-pandemic levels.

The full Autumn Statement can be found here:
https://www.gov.uk/government/publications/autumn-statement-2022-documents/autumn-statement-2022-html

### 2.1.2 Industrial Action

There have been three days of industrial action involving the majority of ambulance services in England (21 December 2022 and 11 and 23 January 2023). A debrief on which will be the subject of a separate paper for the Trust Board in Private.

The first day of industrial action by GMB and Unison staff, was on 21 December 2022. The derogations agreed meant that only seriously ill patients would be attended to by striking crews. There was comprehensive clinical cover in the Emergency Operations Centre enabling triage/review of calls to mitigate clinical risk on the day. This was managed well internally and attracted significant media attention on day. The demand on day was noticeably reduced due to the public responding to the media messages.

Forty eight military personnel were trained to provide additional cover working alongside YAS staff. A three day skills development package was delivered at short notice including moving and handling patients safely, basic life support skills, infection prevention control measures and vehicle familiarisation. As C1 qualified drivers, an individual driving assessment was conducted on day 4 (1 fail). The commanding officer of the Northeast region visited our Magna facility during the training and provided extremely positive feedback about the training programme.

We are grateful for the support of staff and volunteers from across the Trust and the wider system who supported the organisation to maintain services over winter and industrial action days. Key actions included increasing the availability of alternative pathways including Falls and Urgent Community Response, maximising the impact of Safer Right Care to empower clinicians to manage the patient without the need to convey to ED.

### 2.1.3 Launch of the NHS 111 Online Campaign

At the end of November 2022, the NHS launched its annual NHS 111 Online campaign, encouraging people to get the help they need from the convenience of their own homes ahead of winter. It is estimated that up to two-fifths of A&E attendances are avoidable or could be better treated elsewhere and the new campaign highlights different care options, reminding the public they can use the NHS 111 online service for urgent help on a wide range of health problems.

The national campaign, which is part of the health service's wider "Help us help you" campaign, has been rolled out across television and social media and directs the public to 111.nhs.uk. Further information can be found here: NHS England » NHS launches NHS 111 online campaign ahead of winter

### 2.1.4 NHS Operational Planning Guidance 2023/24

NHS England published its Priorities and Operational Planning guidance for 2023/24 on 23 December 2022. The guidance sets out three core priorities for next year:

1. recovery of core services and productivity;
2. progress in delivering the ambitions in the NHS Long Term Plan (LTP)
3. continue transforming the NHS for the future.

As part of service recovery there is a specific ask to improve ambulance response times for category 2 calls to an average of 30 minutes across 2023/24. The Trust is working with our three Integrated Care System partners to agree specific plans and priorities which are likely in include a continued focus on increased utilisation of community response and falls pathways, actions to reduce handover times and continued implementation of new workforce models. In addition, we continue take

forward local priorities such as the new NAA common CAD and Hull and Scarborough stations.

### 2.1.5 NHS Confederation: Re-envisioning urgent and emergency care

In December the NHS Confederation published its report re-envisioning urgent and emergency care. The report brings together views across acute, community, ambulance and social care to explore steps required to better manage risks across systems, improve patient flow across settings of care and support admission avoidance. Recommendations include developing better navigation of local services for patients and investing further in social care.

### 2.1.6 Hewitt Review

On 1 July 2022, Integrated Care Systems (ICSs) were placed on a statutory footing, through the creation of integrated care boards (ICBs), which are statutory NHS bodies and integrated care partnerships (ICPs), which are joint committees formed by each ICB and the relevant local authorities in the ICS area. ICSs bring together the NHS, local government, the voluntary, community and social enterprise (VCSE) sector and other partners to better integrate services and take a more collaborative approach to agreeing and delivering ambitions for the health and wellbeing of their local population.

To help inform this new way of working, the Secretary of State for Health and Social Care has appointed the Rt Hon Patricia Hewitt to consider how the oversight and governance of Integrated Care Systems (ICSs) can best enable them to succeed, balancing greater autonomy with robust accountability. The review has launched this call for evidence to gather views from across the health and social care system, as well as from patients, the public, and the wider voluntary sector. Ambulance sector responses are being coordinated through AACE.

## 2.2 Organisational Update

### 2.2.1 Future Ways of Working

The Trust is working in partnership with the consultancy firm Moorhouse to develop Future Ways of Working, in particular to looking at how we better embed culture, values and behaviours across all parts of the organisation.

The first phase ‘Define’ which included the mobilisation of the project across YAS, setting up the required groups and agreeing key activities has been completed, as has a detailed ‘Desktop Review’ of staff surveys, key policies, OD documents and other supporting materials. In this phase a detailed activity plan to July 2023 was also agreed, along with the deliverables that will be provided at key points.

Work is currently underway on the second phase ‘Design’, which includes a major listening exercise with staff across the organisation to gather insights and perspectives on key cultural themes including strategic vision, talent management, leadership and decision making, employee experience and voice, communication, behaviours and routines and quality of care. This engagement activity is using a range of different methods including:

- One to one interviews
- Workshops and focus groups
- Drop-in sessions
- Feedback post boxes / walls / inboxes
- Surveys

The information received from the engagement exercise will be collated and analysed to feed into the design of a range of outputs such as leadership development and training programmes, communication tools and our approach to Team Based Working to support and encourage the adoption of the new ways of working into business as usual.

### 2.3 YAS Freedom to Speak Up Guardian

Sam Bentley, Integrated Urgent Care (IUC) Health Advisor has been appointed as the Trust's new Freedom to Speak up Guardian. Sam commenced her National Guardian's Office training during November and is looking forward to building on the work already started by her predecessor.

The Freedom to speak up process has been in place at YAS since 2017 and shows our commitment to embedding an open and transparent culture, where staff and volunteers feel empowered to raise concerns with the confidence that they will be acted upon without fear of detriment for speaking up.

### 2.4 System Partnership Directors

Our three new System Partnership Directors have been in post since the end of November 2022. Jeevan Gill is working within the Humber and North Yorkshire ICS; Rachel Gillott within West Yorkshire ICS and Adam Layland within the South Yorkshire ICS.

The primary focus of these roles is to strengthen relationships with health, care and the wider system partners; for example, ICBs, hospitals and blue light partners. This way of working will enhance joint planning to improve patient outcomes and service delivery. To date activities have included the YAS response with systems on the industrial action, enabling the national directive on 'Going Further for Winter,' and the continued focus to reduce hospital handover delays.

During the next quarter, the System Partnership Directors will assist with 2023/24 planning and identify joint areas of transformation.

## 3 DIRECTORATE UPDATES

### 3.1 Operations Directorate

#### 3.1.1 Overview

The significant challenges experienced by A&E continue. Excessive delays in hospital handovers at Acute Trusts continues to be the most significant contributor to the excessive response times some of our patients are experiencing. This also impacts the ability of the Emergency Operations Centre (EOC) to respond to increasing call volumes in a timely way.

Operations has prioritised winter pressures and managing industrial action. A winter planning group was set up as a cross functional Trust wide group to oversee, manage and mitigate actions and risks. Key actions focussed on supporting these pressures have included: -

- Establishing Remote Clinical Triage bases across each CBU, and expanded this initial plan to include the delivery of the Crew Advice Line within CBU's
- Defining and onboarding a revised Clinical Navigator role to support through this period

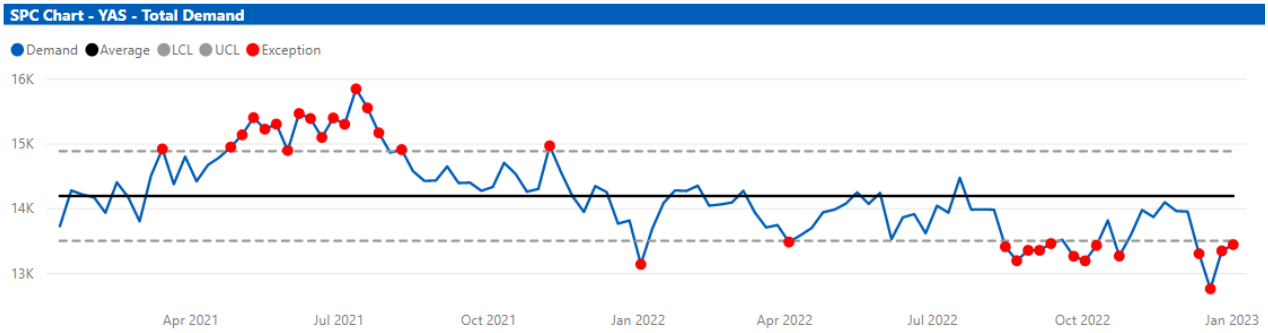
- Maximising support to patients from CFR's / Falls Teams
- Maximising the use of Private Provision
- Maximising the utilisation of PTS crews in Operations during this period
- Maximum utilisation of Clinical Advisors within EOC

Other key activities which have also been required to continue during this period include: -

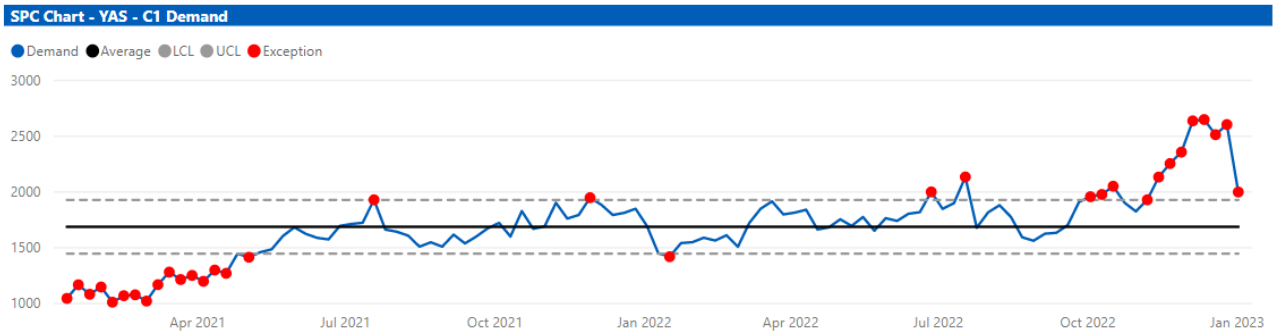
- Planning for Mobile Data Vehicle Solution (MDVS) implementation and training,
- Completion of York Business Continuity project (re-design and build at Fairfields, York),
- Career Development Framework implementation, and
- Maximising the use of Smartphones across A&E Operations.

### 3.1.2 Demand (On Scene Response Demand)

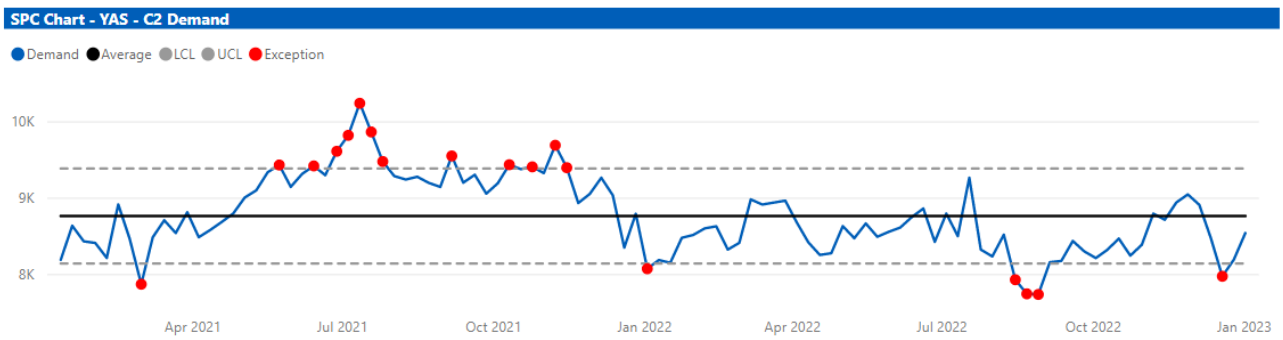
Although overall demand has reduced slightly since January 2021. It has fluctuated significantly in response to the pandemic. The breakdown of demand into categories of call expose the significant increase in category 1 calls which require more resources to respond to patients.



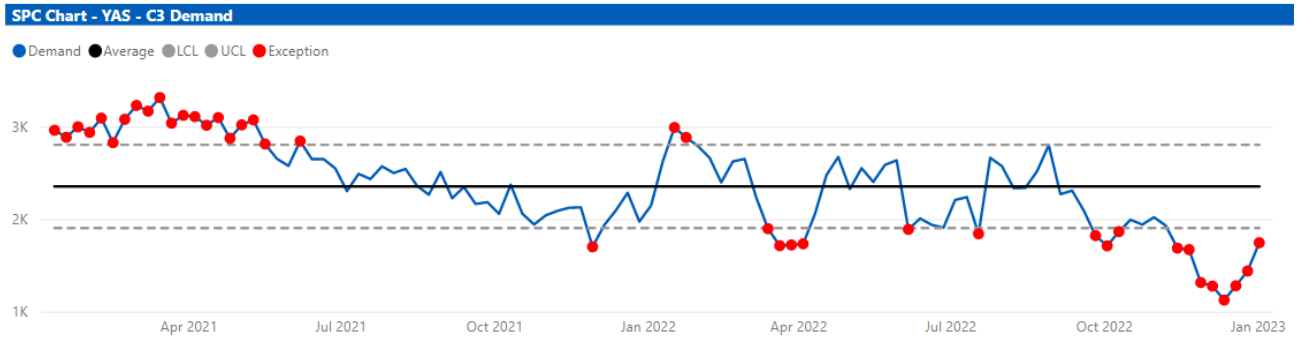

Above: All 999 responses on scene 11/01/2021 – 08/01/2023




Above: All Cat1 responses on scene 11/01/2021 – 08/01/2023



Above: All Cat2 responses on scene 11/01/2021 – 08/01/2023




Above: All Cat3 responses on scene 11/01/2021 – 08/01/2023

### 3.1.3 A&E Operations

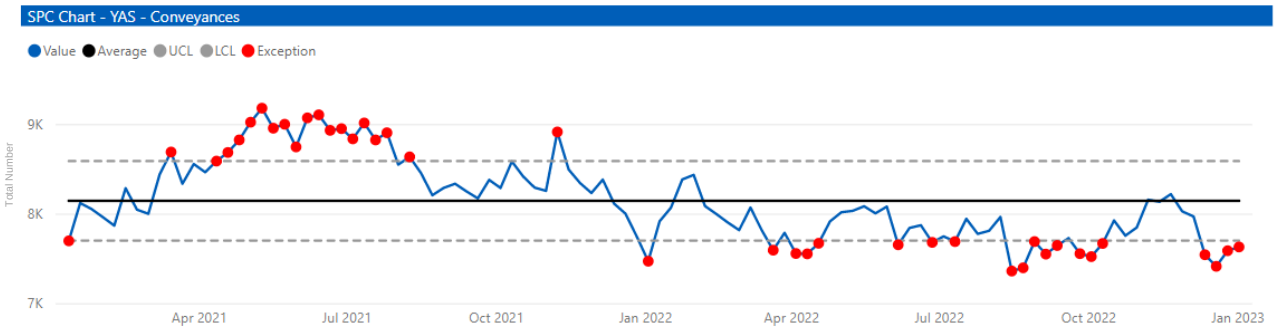
A&E Operations Capacity

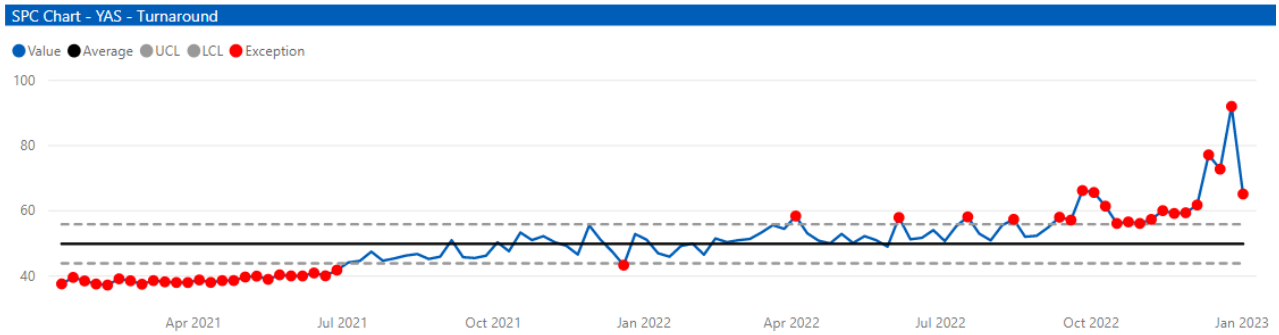
Sickness absence within A&E Operations includes all sickness reported, rather than itemising covid or non-covid. Levels of sickness continue to fluctuate with occasional Covid outbreaks, though the overall abstraction rate within A&E operations (which includes sickness a well as training) has remained 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 continue to be monitored and discussed within the Capacity Planning Group.

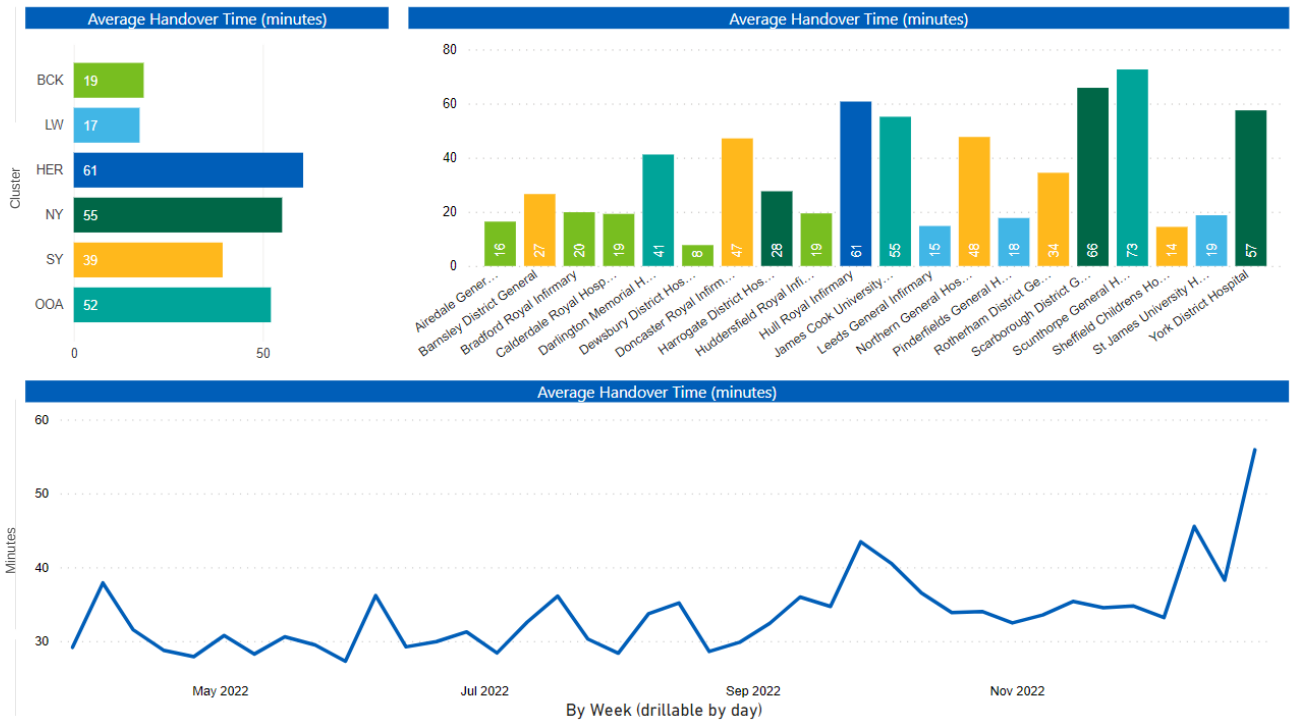
Hospital Turnaround

Handovers at Emergency Departments remain a serious concern. They continue to increase, especially within the Humber and North Yorkshire ICB area.



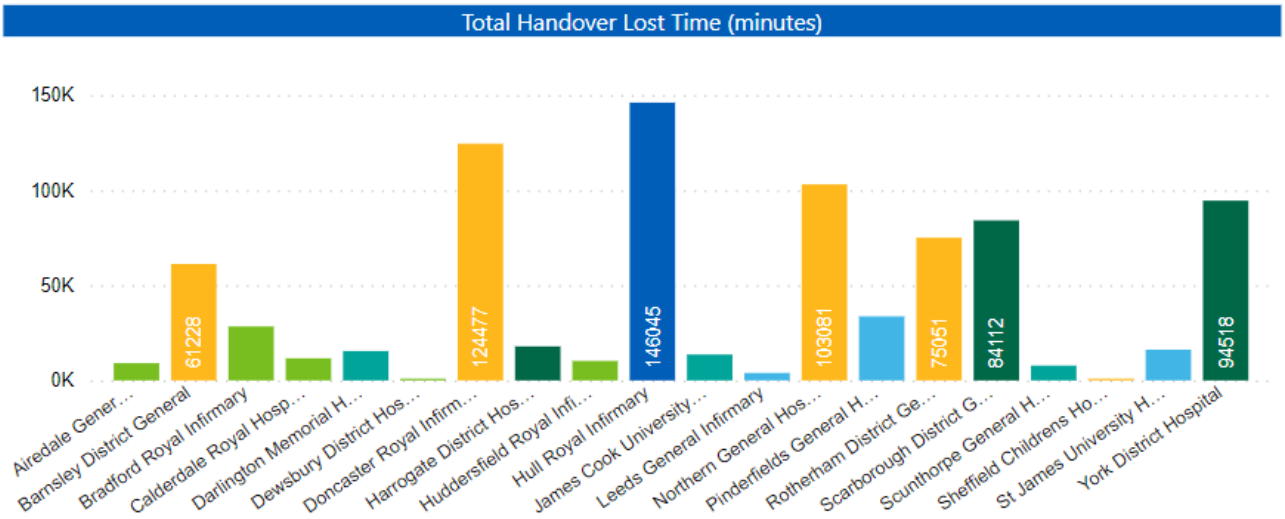




Above: YAS – Turnaround w/c 11th January 2021 – w/c 2nd January 2023 (Conveyances and Turnaround)




Above: YAS – Average Handover w/c 4th April 2022 – w/c 26th December 2022

The Target for hospital handover is 15 mintues. The chart below highlights significant lost time (in minutes) during December 2022 at a number of hospitals, most notably Hull Royal Infirmary, Northern General, York, Scarborough, Rotherham, Barnsley, and Doncaster Royal Infirmary.




Total Handover Lost Time (minutes) December 22

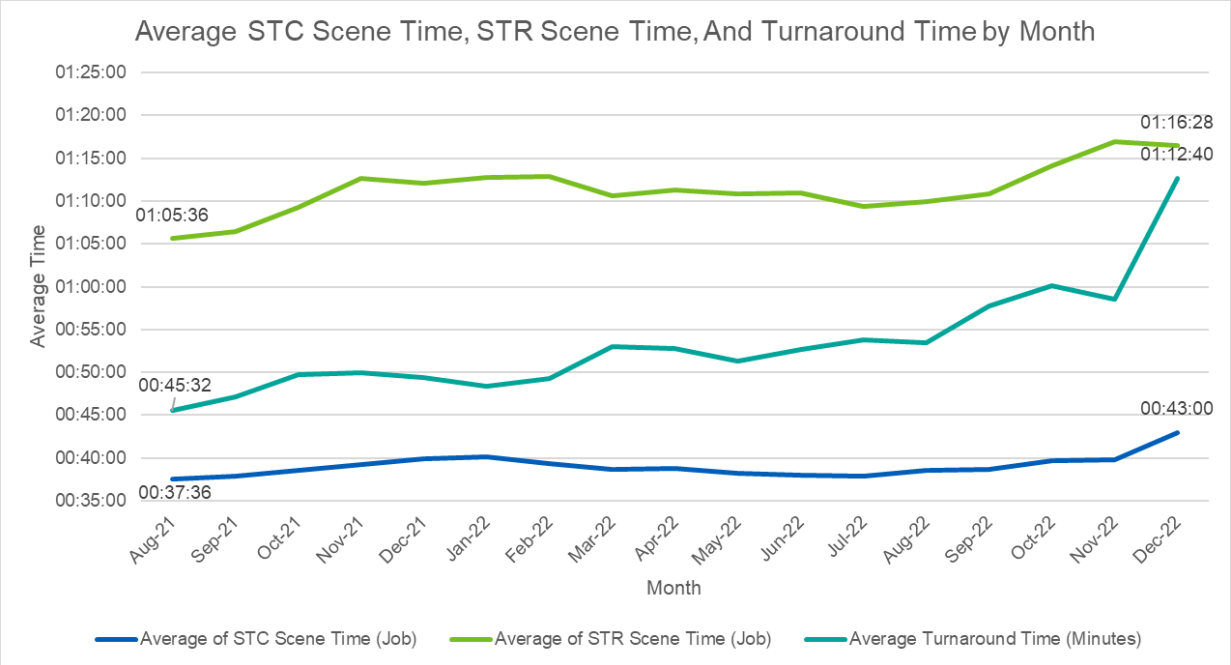
<u>Performance – YAS</u>

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

| Category | Target | Performance |
|---|---|---|
| **999 - C1 Mean** | 00:07:00 | 00:11:19 |
| **999 - C1 90th** | 00:15:00 | 00:19:34 |
| **999 - C2 Mean** | 00:18:00 | 01:18:01 |
| **999 - C2 90th** | 00:40:00 | 03:02:20 |
| **999 - C3 Mean** | 01:00:00 | 03:35:00 |
| **999 - C3 90th** | 02:00:00 | 08:40:37 |
| **999 - C4 90th** | 03:00:00 | 08:31:26 |

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 comes from time spent at hospital rather than the time a crew spend on scene.



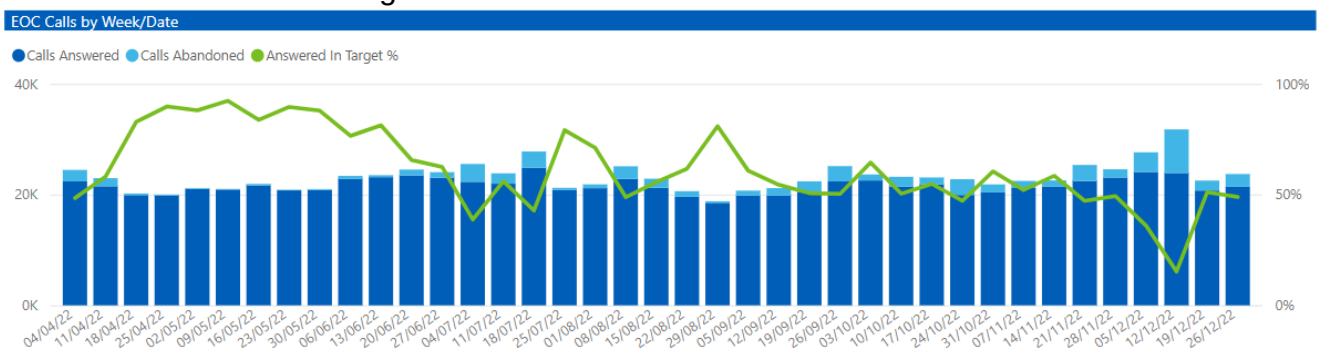

Job Cycle Time August 2021 – December 2022

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.

### 3.1.4 Emergency Operations Centre (EOC)

EOC Demand and Performance

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 04/04/2022 – 01/01/2023

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 run at normal rates of c.36% until mid-December which saw a sharp peak of up to c.45%; though showing signs of falling over the festive period. Staffing continues to be a challenge as attrition for call takers was higher than forecast during Q3, despite continued high pace recruitment and training, particularly in the call taking roles. EOC is currently exploring opportunities with recruitment to improve retention in the run up to financial year 2023/24. This remains the focus of capacity planning meetings both within the EOC and as part of the wider A&E Operations.

### 3.1.5 999 Career Pathway

A&E Operations Career Pathway Phase 2 – post graduate career framework
The new roles of Band 7 Specialist Paramedic Urgent Care or Specialist Nurse Urgent Care went 'live' on the 5 September 2022. To work to the new band 7 role and scope of practice staff will be given the opportunity to undertake a post-graduate diploma in advanced clinical practice (PG Dip ACP) or complete a portfolio only route. This will ensure staff meet the requirements of the College of Paramedics Career framework and Health Education England framework for advanced clinical practice.

A&E Operations Career Pathway Phase 1 - Enhancement to the pre-paramedic career framework
A formal consultation was held from the 10 October 2022 to 10 November 2022 with staff in the roles of Emergency Care Assistant, Urgent Care Support Worker, Assistant Practitioner and Emergency Medical Technician 1. The key proposal was to harmonise these operational roles at Band 3 and Band 4 to create a single non-clinical support role along with a clear progression route and associated academic qualification through an apprenticeship.

The new pre-Paramedic career structure now consists of the following A&E job roles: Ambulance Care Assistant (ACA), Ambulance Support Worker (ASW), Associate Ambulance Practitioner (AAP), and Ambulance Practitioner (AP).

The new career framework recognises the group of Emergency Care Assistant (ECA) staff that have undertaken and completed the Ambulance Support Worker (ASW) apprenticeship programme and those that have evidenced, over a prolonged period, that they are able to work competently to their current job description, enabling progression to Paramedic. There are now greater opportunities for current clinical support staff that will improve the pipeline of future, internally developed, Paramedics.

Recruitment of Specialist and Advanced Paramedics in Critical Care (APCC) and Urgent Care (APUC)
There are currently 36 Specialist Paramedics Critical Care (SPCC) in total working across the Trust all working on an RRV and rotating into EOC.

There are currently 2 APCC working across the Trust (1 currently seconded to the role), 5 APUC working across the Trust, and 4 vacant APUC posts. Options are currently being considered around developing an internal APUC trainee development role.

### 3.1.6 EOC Business Continuity Improvement project

Additional capital costs identified since the original Board approval in 2021 was approved by Trust Board in November 2023 in order to complete essential work and commence the car park redevelopment at Fairfield in York.

The first floor new EOC is now complete and was handed over to EOC SMT on the 6 January. Following testing, this is due to go 'live' on the 8 February 2023.

Work to the ground floor is almost finished with the overall project end date on track to complete March 2023.

### 3.1.7 Emergency Planning Resilience and Response (EPRR)

The Trust has welcomed a new Head of EPRR and Special Operations and a new Senior EPRR Manager, both commenced in post in November 2022.

Work has commenced on the recommendations from the Manchester Arena Inquiry Volume 2 report. An internal working group consisting of all key stakeholders has been established which will report to TEG. External working groups have also been set up within the Local Resilience Forum footprint, attended by EPRR Managers.

Special Operations Response Team recruitment and training continues to be delivered, with 275 staff fully compliant against the standard. It is expected that each Ambulance Trust has a minimum establishment of 290 enhanced SORT staff.

NHS England have released the revised set of Interoperable Capabilities as part of the EPRR Core Standards. The requirement for compliance against the revised interoperable capabilities standards come into effect on 1 April 2023 in advance of the NARU interoperable capability audits.

### 3.1.8 Community Resilience

Community Resilience volunteers have continued to play a major role in delivering patient care across the region and offered a seven second Cat 1 performance contribution to the trust's overall performance.

In 2022/23 to date, our 650 Community First Responders provided 171,554 hours of operational availability and responded to 15,453 patients. They attended 2,240 CAT 1 patients and were first on scene at 1,189 of those and were able to give high quality and lifesaving care until an ambulance arrived. During the same period volunteers were trained and equipped to attend to uninjured patients who had fallen. 3,042 fallen patients were attended to by volunteers and with the assistance of remote clinicians were able to safely stay at home with appropriate care plans in place and no need for additional resources to attend scene.

The Community Public Access Defibrillator (CPAD) familiarisation sessions have been very successful in 2022/23; 97 sessions have been delivered with 1,361 attending in total to date.

As of 6 January, there are 4,388 defibrillators now registered on The Circuit. There is a social media campaign starting on the 25 January asking for everyone that looks after/owns a defibrillator to register with The Circuit if they haven't done so already. This will increase the number of CPADS able to be dispatched across Yorkshire.

This has been the busiest year so far. Between 1 January and 31 December 2022. There were 5,022 CPAD activations through The Circuit and 353 activations through our legacy data defibrillators.

### 3.1.9 Key Operational Risks

Key operational risks which the Operations team are working to mitigate are as follows:

*Handover delays* - Operations has continued to experience significant hospital handover delays, especially within the Humber and North Yorkshire ICB area impacting on ambulance availability and response times. YAS has implemented cohorting where possible to free up crew availability and identified dedicated managerial hospital liaison support across key hospitals. A SOP is being developed to enable enactment of several options to manage handover delays, these include rapid handover and emergency clear. This was initially utilised on the 28 December 2022 in Doncaster and York hospitals and learning from this incorporated into the reviewed documentation.

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 and the pressures have not subsided in this reporting period. There has been a consolidation of actions contained in the 2022 Winter Plan. Once again this has been a Trust wide response to managing this and has been led by a dedicated Senior Responsible Officer.

## 3.2 Urgent Care and Integration Directorate

### 3.2.1 Mental Health Programme

The mental health (MH) programme continues to work with system partners at a regional, ICB and Place level with progression of the embedding of the Mental Health Response Vehicles (MHRV). The third MHRV is due to go live in Hull in January 2023 following the successful pilot in this area in 2022. Engagement with the national procurement exercise for MH vehicles continues and YAS hosted a well-attended national showcasing event for MHRV's in December. We continue to have discussions about the recurrent funding for the vehicles and other workstreams in the YAS MH programme.

YAS have recently been out to tender for a third-party provider to support delivery of mental health tier two training for all patient facing staff and it is planned that this contract and training will commence in Q1 2023/24. This training will be half day sessions on topics such as:

- Dealing with patients in MH crisis,
- The effects of stigma,
- Communication with someone in emotional distress,
- Suicide prevention and postvention, and
- Case based discussion.

### 3.2.2 Learning Disabilities and Neurodiversity Project

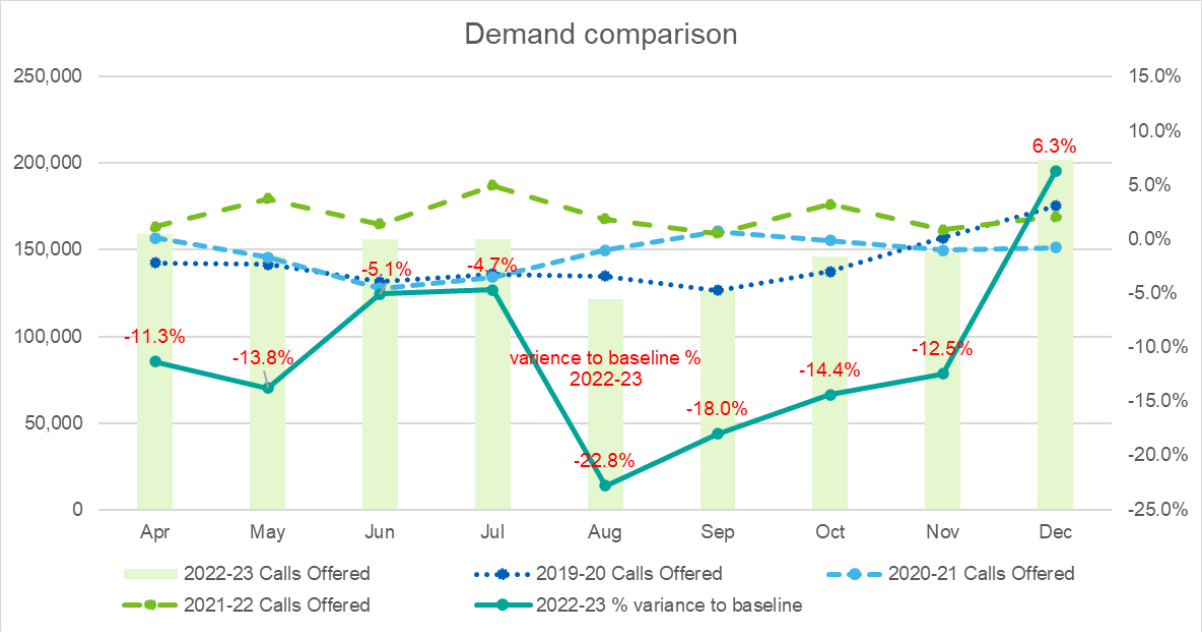
The Learning Disabilities and Neurodiversity project is in scoping phase and will be developing workstreams and a plan for delivery by March 2023 to support improvements for people who are neurodiverse or have a learning disability. This work will involve internal and external stakeholders, and we have already had a number of neurodiverse staff come forward who want to support the work. This

project will also be responsible for the roll out of Oliver McGowen Mandatory Training for all staff in YAS.

### 3.2.3 Integrated Urgent Care

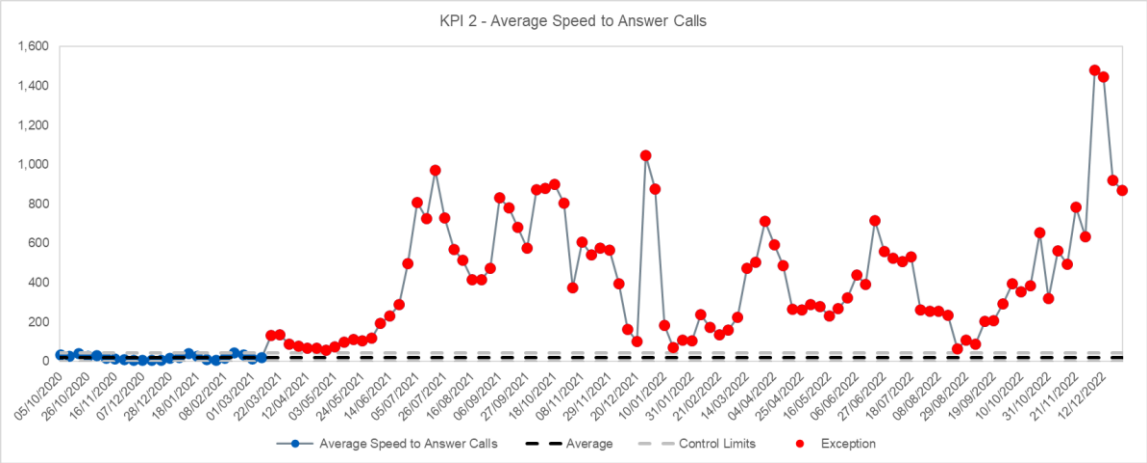
Demand and Performance

Overall demand for 2022/23 (April to December) saw the 111 service receive 1,363,427 calls, this is -10.3% below baseline. Calls answered were 1,153,136, this is -24.2% below baseline.




Performance for 2022/23 saw calls answered in 60 seconds at 35.6%, calls abandoned 15.4% and average speed to answer (ASA) was 475 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 the Adastra outage we are currently missing data from 03/08/2022 – 30/11/2022.

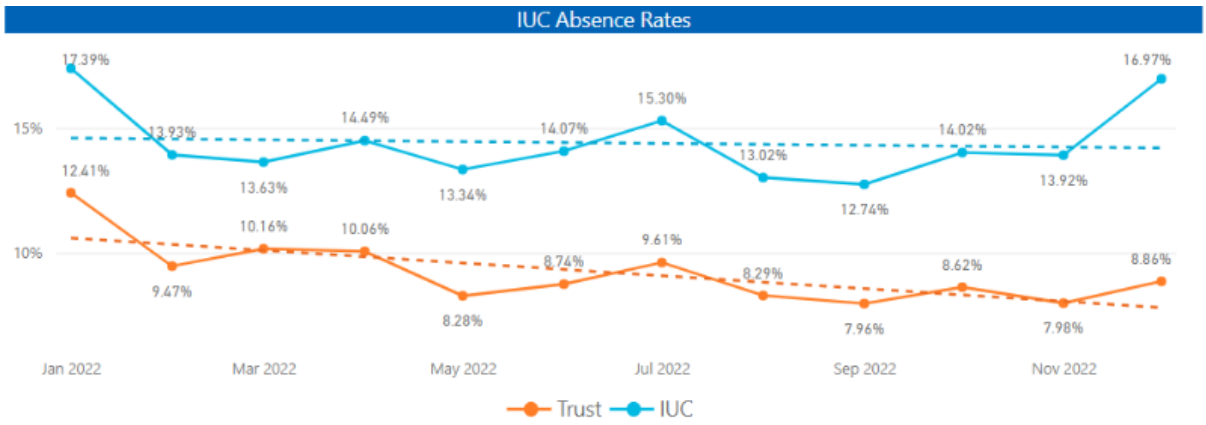
December 2022 saw Clinical demand at 146,348 (this may be higher than calls answered due to DHU taking a proportion of calls daily since the 1st December). 16.7% of these were assessed by a clinician or a clinical advisor and 43.2% received a clinical call back within 1 hour.



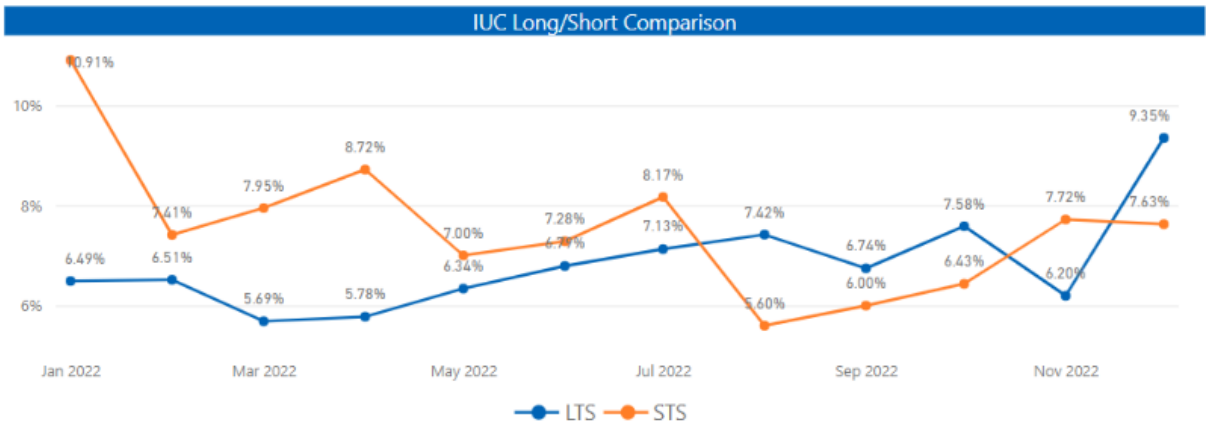
Performance continued to be a challenge across Quarter 3 for patient access as average speed of answer fluctuated. We saw a spike in ASA in June and July but a drop in August, since then ASA has been increasing since the start of September. Extremely high ASA was seen in the beginning of December but figures towards the end of the month were decreasing.

Sickness Absence Rates

IUC sickness follows a similar trend to Trust sickness. IUC sickness steadily fell throughout 2022. In December there was a spike in absence, which is consistent with the time of year, compared to last year, and in this case is largely attributable to a sharp increase in long-term absence (see below).




Long-term absence has fluctuated over the last few months of 2022 after a steady increase earlier in the year. We saw a slight decrease in November but then a significant increase in December to the highest rate for some time at 9.35%.
Short term absence fluctuates more than long term absence. August 2022 was the lowest we have seen short term sick since mid-2021 but since then rates have been increasing monthly, before a slight decrease occurred in December.




Sickness Absence Reasons

Anxiety/stress/depression/psychological-related absence remains the highest reason for sickness absence, although it has decreased slightly overall during the latter part of 2022. Other rates remain broadly comparable to previous months with no significant changes or concerns.

Covid-related sickness absence is no longer being recorded separately and is included in the chart above at 11.9% in total for Q3; much lower rate than previously.

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

Capacity

Staff capacity remains below the 2022/23 funded position with a shortfall of 73.3 FTE (full time equivalent) Health Advisors following a combination of high attrition (annualised at 47%) and more limited uptake in recruitment. We are currently engaging with 13 health advisor agencies, and we have manged to securer closer to the 35 FTE required for November 2022 and January 2023. We are now monitoring our best-case trajectory plan.

Improvement plan

The Improvement Plan was developed into the 2022/23 IUC Delivery Plan and will be taken forward into the 2023/24 IUC Plan to ensure continuity. The Plan has allocated workstream leads and owners for all actions. Each action within the Plan links directly with CQC Key Lines of Enquiry (KLOEs) and the NHS People Promise. The Plan has SMART Objectives and key success criteria to enable the measurement of success as we progress.

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

- *Culture and Leadership* – delivered through a set of projects, with actions monitored and working groups set up to provide forums for collaborative development of key areas of work such as the rota review and leadership development.

  A defined role for staff to act as Change Champions is in place, with an Operational Lead in place until 31 March 2023, to lead the operational delivery of the Plan and provide supervision and support to the Change Champions. To support the delivery of the clinical elements of the Plan, a temporary Deputy Head of Nursing and Quality has been appointed to lead innovations around key areas such as Preceptorship and Restorative Supervision.

  Two Freedom to Speak Up Ambassadors have been recruited, one for each IUC contact centre location.

- *Health and wellbeing* – Continuation of initiatives in the call centre including therapy dogs (recognised as supporting staff wellbeing across healthcare), occupational health support sessions, review of staff absence management (including covid absence) with eight mental health first aiders in place. Also, an additional two wellbeing officers and a wellbeing operational service manager (OSM) have been appointed until 31 March 2023 to support sickness absence management and new wellbeing initiatives.

  A significant step earlier in the year was the introduction of paid wellbeing breaks for all front facing IUC staff. Indicators continue to suggest that these breaks have been well received.

- *Workforce* – recruitment and retention continue to be a key focus for the service. The weekly IUC Attraction & Recruitment Task Group has worked to drive marketing and recruitment. This is paying dividends with just over 150 applicants

currently in the pipeline. October and November/December courses saw an additional 104.3 FTE recruits.

The IUC and EOC teams are also working together with a marketing organisation to develop and deliver a marketing plan, aimed at increasing our recruitment pipeline.

Working with a local university is being explored along with work to increase our clinical staffing capacity, through opportunities for YAS Paramedics to undertake personal development via Clinical Advisor cover.

The Trust Board has agreed a temporary Recruitment and Retention Premia for key IUC roles, to continue to attract new recruits and to encourage our current people to stay with us and help deliver our Plan.

- *Employee voice* – an extensive staff engagement programme commenced in March with the Improvement Plan and areas of key focus shared with staff. This marked the start of bi-monthly sessions with the sessions in September focussed on the progress of our Improvement Plan and requesting seeking input and ideas.

  The Rota Review work is underway. We have the tools to undertake the work and we have also appointed an external organisation to validate our work. This work is crucial to delivering other key improvements such as, Preceptorship, Restorative Supervision and Team Based Working (TBW)

  In addition, there is a working group which is developing a proposal for a Leadership Development Programme for our Team Leaders.

  These initiatives are likely to require investment, so a business case will be developed as the rota review and associated work progresses.

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

  Our IUC/EOC Consultant Practitioner is now in post and this will be a key role for the development and delivery of this workstream.

- *Service Development* – A review of ‘Average Handle Time’ and ‘Not Ready Reason Code Usage’ has been completed to understand potential issues and to enable more focused action on any barriers.

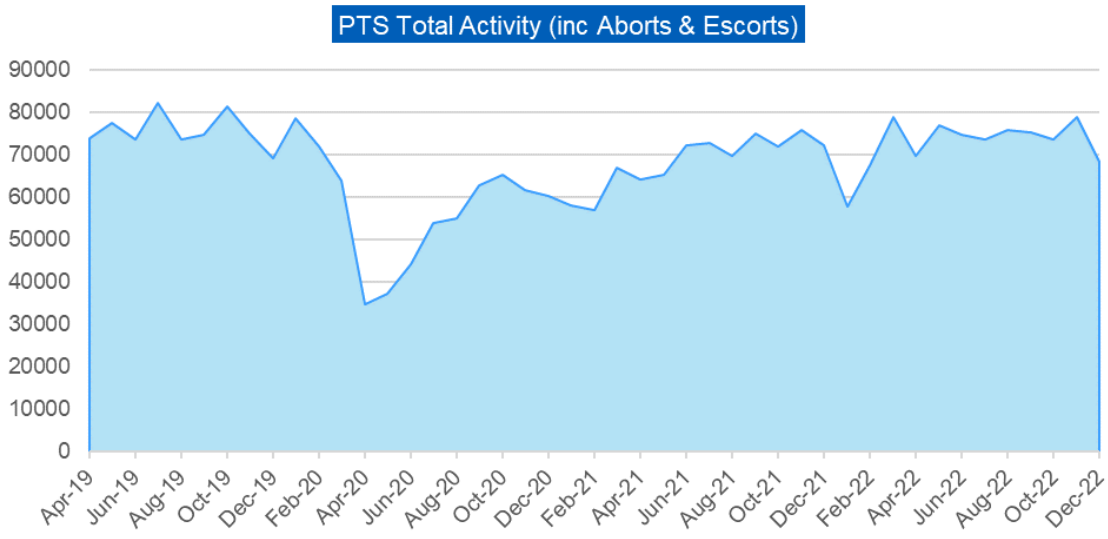
  The Health Advisor homeworking pilot commenced in June, with 13 staff on an overtime basis. This worked well and the pilot has now been extended to a total of 30 staff working from home on a hybrid basis (regular shifts as well as overtime) for a trial period.

  The Clinical Change Champions have also undertaken a survey of clinical staff and we have received feedback that clinicians would like more opportunities to work from home. We now have expressions of interest from seven clinicians and home working equipment is on order to facilitate this.

### 3.2.4 Patient Transport Service (PTS)

Demand & Resource

Q3 of 2022/23 actual demand was 0.5% above 2021/22. Comparing YTD figures, total demand is 4.4% above last year.

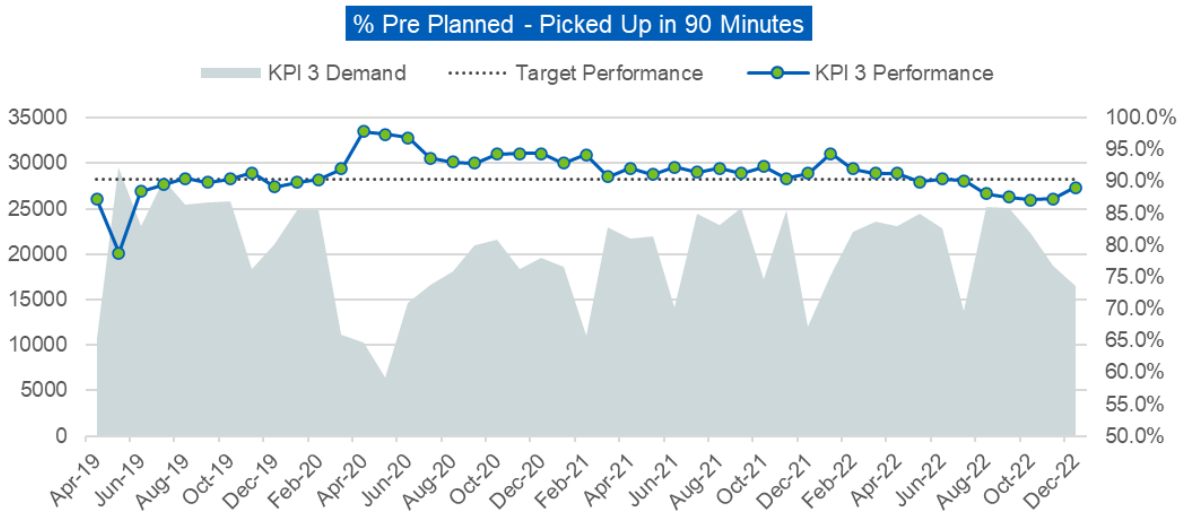



PTS Operations, Business intelligence and Finance are continuing the analysis of overspend in PTS and learning is being utilised to inform the planning for 2023/4.

Due to the ongoing operational changes over the Covid period, a number of the assumptions that were used in 2021 to forecast spend have changed

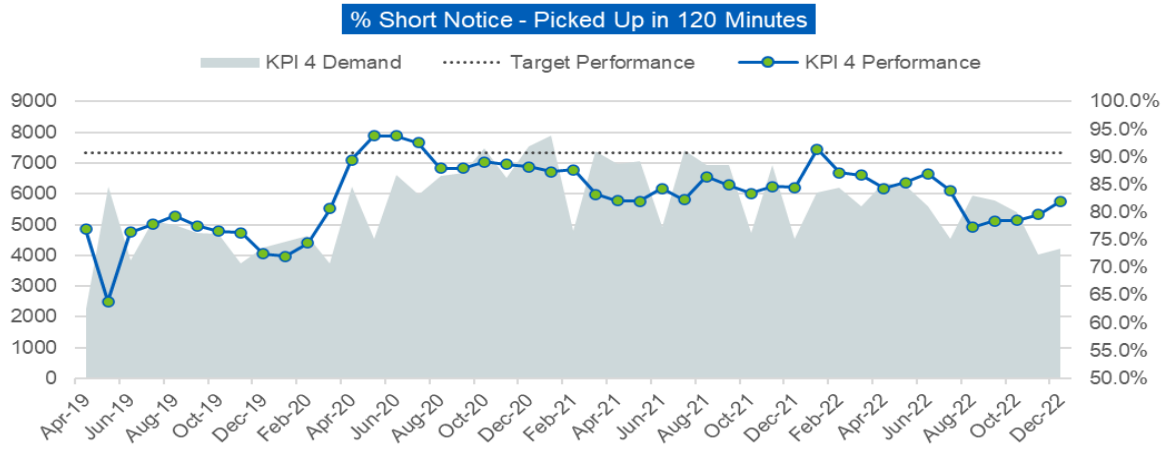
PTS Performance YTD/Q3

Performance Year-to-date (YTD) for length of patient journey has been good throughout the year. Pre-planned inward and outward KPIs have decreased over Q3, with YTD position at 86.4% and 88.6% respectively. 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 over the past two years outperformed historic discharge performance levels. However, performance during Q2 and Q3 has not been as strong as the previous year. The KPI was 79.1% in Q3, which is 5.4% below the figure for the same quarter last year, meaning the YTD figure after 9 months is 81.6%, which is 2.3% below the same period last year.




PTS Infection Prevention and Control (IP&C) 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 one 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.

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. We have shared our cohorting progress to date and the continued need for us to review our capacity and phased roll out. Likewise, they have been open as to how their healthcare settings and distancing requirements are set.

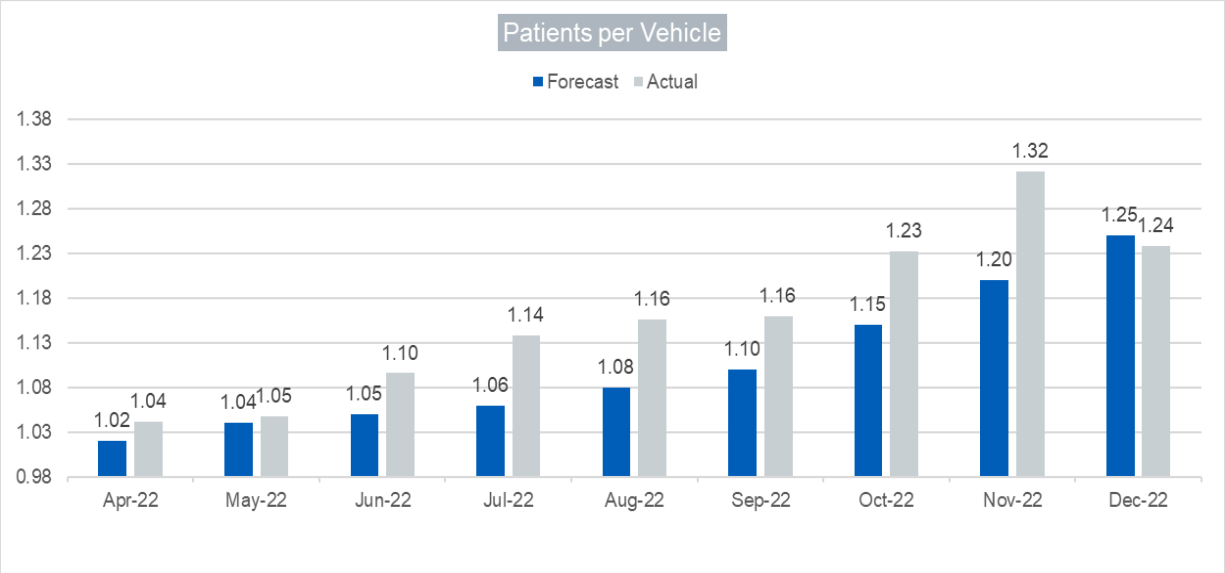
YAS PTS engaged with system partners and implemented changes to guidelines relating to transporting Renal and Oncology patients, this was implemented mid-October. As these patients were previously marked as MTA (Must Travel Alone), we've seen an 80% reduction in patients within this category.

In addition, further changes have been made to Taxi and VCS guidelines, now allowing up to three patients per vehicle from the previous two.

There have been very few patient complaints or service to service issues in relation to re-introduction of patient cohorting from August continuing into end of Q3.

Restoring service efficiency continues for PTS. In August the average patients per vehicle was 1.16, 0.08 above the operational forecast. Since April, PTS have seen a month on month increase in PPV and above forecast target until December; December has a drop off in PTS demand due to planned care demand/clinic

closures over the Christmas period – this results in less opportunity for PPV efficiency.




| | | 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 | 1.16 | 1.16 | 1.23 | 1.32 | 1.24 | | | |
| Variance | Patients per Vehicle | 0.02 | 0.01 | 0.05 | 0.08 | 0.08 | 0.06 | 0.08 | 0.12 | -0.01 | | | |

The above highlights that PTS has made steady, small improvements in efficiency since phasing in cohorting for patients safely.

Alternative Resource:

Voluntary Car Service (VCS) journeys are 4.5% under plan, we had forecast an increase in VCS utilisation and associated cost improvement increasing throughout this financial year; this was before the invasion of Ukraine, escalation in oil prices, cost of living crisis was known; and now potentially a result of reduced uptake due to industrial action (anecdotal feedback suggest this is likely to be the case).

- Taxi's are now undertaking this demand. VCS journeys were forecast to be 4424 which is an 8% reduction from November, as per last year, actual VCS journeys were 3844.

Increased taxi journeys have an impact of PTS spend; with taxi rates and new framework prices reflecting market cost increases. Year-to-date, alternative resource demand was 3.5% higher than activity seen in the same period in 2021/22. This reflects YAS actual headcount being below YAS forecast headcount.

The expected year end position is for YAS PTS to be delivering 55.0% of delivered journeys, and for alternative resource to be delivering 45.0%. Our high level planning assumption proposals into 2023/24 will look to increase YAS PTS provision to wards 60% of delivered journeys.

PTS Patient Safety

Due to the infection risk posed by Covid, PTS discontinued the use of pocket face masks to provide ventilations whilst undertaking CPR. Pocket face masks will not be reintroduced to PTS and CPR guidance within PTS will continue to focus on; early recognition of cardiac arrest, call for help, attach AED and deliver shock as instructed, and high quality chest compressions only. This decision is supported by the clinical directorate.

A working group consisting of patients, wheelchair services, YAS Academy, and PTS staff has been established to identify areas where PTS can support patients in ensuring that their wheelchairs are in a safe condition and suitable for transport.

There has been an increase in 4Cs for Quarter 3, there is an increase in complaints and decrease in compliments, with concerns and comments remaining at similar levels to Quarter 1 and 2.

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 is the project lead with YAS leading on three of the five workstreams.

This update will only focus on the programme workstreams led by YAS
These 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, and
- Undertake a pilot and analysis on the impact of the new eligibility criteria.

December was the final testing month for the Pathfinder project, the focus has been spent ensuring that the workstreams had completed any outstanding actions in preparation for moving into the evaluation stage in January 2023.

The overall “Executive Project Status” is Green, with “Delivery Status” also being Green and “Benefits Status” as Amber.

*Community/Voluntary/Social Enterprise Transport providers (CVSE):* Despite a slight improvement in the VCS KPIs the project is not achieving the KPIS originally suggested for both CVSE and Signposting, it should be noted these were aspirational, and were based on estimates of what might be possible. Insufficient Community Transport providers identified and or available to participate in the Signposting Workstream. Signposting can continue to provide information on Bus, Taxis or HTCS scheme, the number of affordable alternatives to taxis may impact on the success of the desk as patients may not feel that they are being provided suitable alternative solutions; however, a possible finding after evaluation maybe that “signposting” ineligible patients is not the “catch-all” that is intimated form the nee guidance.

It should be highlighted there is a risk that there is an adverse impact (on the pilot, but also the delivery model plan for YAS PTS) as a result of increasing fuel prices on Volunteer availability. As fuel prices continue to increase, linked with cost-of-living increases, it is possible that there will be a reduction in the availability of volunteers, and thus an inability to achieve the KPIs. TEG approved the 5p additional mileage rate to move from 5p when carrying any patients. carrying mile, to 5p for every patient. This is aimed to incentivise the volunteers covering their costs and to support safe cohorting of patients

YAS presented the Eligibility workstream at the National Community of Interest Event, the presentation and information shared was very well received by NHSE and the attendees at the event

The Eligibility testing has become more iterative as there are some challenges with the interpretation of the national criteria. Clear recommendations are now required to

the ICBs which will in turn, enable the team to develop a regional question set which delivers an acceptable level of eligibility. An implementation paper is being prepared to present to each of the 3 ICB Boards for consideration, once it has been approved internally.

## 3.3 Clinical Directorate

### 3.3.1 Overview

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.

### 3.3.2 Pathways

<u>Alternative pathways - reducing avoidable conveyance</u>

- 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,
  - Promotion of UCR/SDEC pathways with YAS crews including roadshows and communication,
  - Working with YAS colleagues and system partners to improve the efficiency of the referral process from EOC to UCR teams, reducing clinical touchpoints and getting patients the right care sooner,
  - Successful in securing HEE funding for West Yorkshire to enable YAS staff to undertake placement shifts in UCR teams, building collaborative working and improving referrals to UCR - first placements expected to be offered Jan-Feb 2023.

- NHSE Winter Letter on falls and reducing avoidable conveyance
  - Mapping access to alternative responders and cross-checking this with provider, ICB and NHSE colleagues to identify and address gaps,
  - Working with system partners to ensure maximum availability of clinical and non-clinical falls responders, including UCR services.

- GP services
  - Improving the guidance for staff to ensure we are making appropriate referrals to GPs - new GP referral pathway launching this month,
  - Working with system partners to open access to alternative GP services and support for YAS clinicians (e.g. GP Care Wakefield, FCMS CAS Doncaster).

- Pathways training
  - To improve staff confidence in making referrals and awareness of key alternative pathways,
  - Early phases - will develop and test training package Spring 2023.

- Data collection
  - New electronic Patient Care Record tool launched October 2022 to improve data about urgent care referrals and reason for rejection. Dashboard expected to be live Spring 2023.

Improving the outcome from time critical emergencies remains a key focus for the Trust with improvements in STeMI and stroke care pathways, and development and launch of the resuscitation plan.

Acute pathways - improving care for time-critical conditions

- Heart attack pathways
  - NSTEMI pathway - continuing to work with Castle Hill Hospital in Hull to develop a pathway for high-risk NSTEMI patients.
  - ECG sharing - launched a pilot of using NHS.net secure email to share images of ECGs with specialists at Castle Hill, Hull in November 2022 - will run through February 2023 to assess impact and learning before rollout across YAS.
  - 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 - continuing to work on 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 from this treatment.
  - Reviewing stroke service reconfigurations in Harrogate and Scarborough with network colleagues to identify areas for improvement.

### 3.3.3 Resuscitation Plan

A cardiac arrest is the most time critical emergency the ambulance service responds to, and the chances of the patient surviving are dependent on each link in the chain of survival being present. The Resuscitation Plan has been approved at the Trust Management Group and provides an improvement plan from community response to 999 call-taking to operational response, including the role of specialist paramedics in critical care. The plan will be monitored through the Clinical Governance Group.

The COVID-19 pandemic highlighted, and exacerbated, existing inequalities both in health and wider society and identified the need for urgent action at every level. Every day the ambulance services takes thousands of calls from the public, and at the point of contact the priority is undoubtedly the provision of high-quality clinical care. However, there is an opportunity to take a step back and work with system partners to consider the role that the ambulance sector can play in reducing inequalities by supporting health and wellbeing improvements across communities and identifying collective opportunities for targeted intervention and service provision for specific population groups. YAS is developing a framework to support the improvement tackling health inequalities and identify partnerships to strengthen our role as an anchor organisation

### 3.3.4 Health Inequalities

Cross-organisational workshop held to define where YAS can add most value in reducing health inequalities and the enablers needed to support.

A framework is currently in development working across the organisation to identify current work to reduce health inequalities and where we would like to take further action in the short, medium and longer term.

A TEG strategy session is planned to agree framework and tangible next steps for 2023/24

### 3.3.5 Improving outcomes – Evidence-based

Evidence-based medicine is the integration of individual clinical expertise with the best available research evidence from systematic research and the patient's values and expectations. Evidence shows that research-active organisations can deliver better outcomes for patients, with quicker access to the latest treatments than those who are not research-active. Optimal clinical care requires that clinicians apply the best available evidence to clinical decision making. This strategy will demonstrate not only how our clinicians use available evidence, but are also actively engaged in generating our own, and describes the road to becoming a research-driven organisation and the desire to be an Academic Research Unit (ARU), the out-of-hospital equivalent of a teaching hospital.

### 3.3.6 Research

Research Delivery

- The NIHR Clinical Research Network for Yorkshire and Humber monitor our performance in research delivery, ie recruitment into high quality research studies.
    - So far in 2022-23 financial year we have recruited 279 participants into studies. This is 54% of our year-to-date target (annual target 779)

- YAS continue to deliver the PACKMaN clinical trial – Paramedic Administration of Ketamine or Morphine for Trauma in adults. To date (08/12/2022) 157 patients have been enrolled.

- We also continue to support studies investigating the impact of pre-alerts, return to work after long term absence, cardiac arrest decision making, fatigue risk management in staff, and point of care testing by urgent care practitioners.

- We are in the process of opening a number of new research projects which include:
    - SNAP – Supporting New Ambulance Paramedics (NQPs),
    - BESURE - Building an understanding of Ethnic minority people's Service Use Relating to Emergency care for injuries, and
    - RADOSS - Risk of Adverse Outcomes after a Suspected Seizure.

Research Impact

- *YAS sponsored paramedic Jamie Miles to complete his PhD Safety INdEx of Prehospital On Scene Triage "SINEPOST". The main publication from his thesis used a large linked dataset (YAS with hospital including ED data) which showed that that, only 7% of ambulance patients were classed as being an inappropriate conveyance. The study also showed that it is possible to use the information that ambulance clinicians have to predict if the attendance at ED would be classed as avoidable.*

  Miles J, Jacques R, Campbell R, Turner J, Mason S (2022) The Safety INdEx of Prehospital On Scene Triage (SINEPOST) study: The development and validation

of a risk prediction model to support ambulance clinical transport decisions on-scene. PLoS ONE 17(11): e0276515. https://doi.org/10.1371/journal.pone.0276515

- *Bottom line: The intervention to reduce acute breathlessness in patients with chronic conditions is acceptable to patients and ambulance paramedics, recruitment to the study was limited by COVID*.

  Hutchinson, A., Allgar, V., Cohen, J., Currow, D. C., Griffin, S., Hart, S., Hird, K., Hodge, A., Mason, S., Northgraves, M., Reeve, J., Swan, F., & Johnson, M. J. (2022). Mixed-methods feasibility cluster randomised controlled trial of a paramedic-administered breathlessness management intervention for acute-on-chronic breathlessness (BREATHE): Study findings. *ERJ Open Research*. https://doi.org/10.1183/23120541.00257-2022

- *Bottom line: 999 call handlers reported burnout, they identified three approaches to reducing stress– those at a societal level, the employer level and individual level. Interviewees stated that the media reporting of their role was unrealistic, and this influenced the public's perception of the job they did. Ambulance Trusts should support staff to access help and work with the public to better inform their understanding and expectations of their role.*

  Powell, C., Fylan, B., Lord, K., Bell, F., Breen, L. A qualitative analysis of stressors affecting 999 ambulance call handlers' mental health and wellbeing. Emerald Insight, September 2022, 27(1) https://www.emerald.com/insight/2047-0894.htm

- *Bottom line: YAS are sponsoring and participating in the RADOSS project which aims to calculate risks and benefits of conveying patients to hospital after a suspected seizure. It will create a risk predication tool that predicts the likelihood of death, recontacting emergency services, and avoidable hospital attendances. The tool will be used to establish a pathway to clinical implementation to prevent safe avoidable attendances to hospital following a seizure.*

  Noble, A. J., Mason, S. M., Bonnett, L. J., Reuber, M., Wright, J., Pilbery, R., Jacques, R. M., Simpson, R. M., Campbell, R., Fuller, A., Marson, A. G., & Dickson, J. M. (2022). Supporting the ambulance service to safely convey fewer patients to hospital by developing a risk prediction tool: Risk of Adverse Outcomes after a Suspected Seizure (RADOSS)—protocol for the mixed-methods observational RADOSS project. BMJ Open, 12(11), e069156. https://doi.org/10.1136/bmjopen-2022-069156

- *Bottom line: SWAP was a multi-method qualitative study that assessed 57 wellbeing policy documents eg absenteeism management, substance misuse, meal breaks and post incident care. Interviews with staff from patient facing roles, control room and health and wellbeing leads the staff experience of support was variable, and mainly linked to experience with line managers although influenced by organisational culture. Increasing awareness and training about the variety of support services available to line managers could improve staff engagement.*

  Phung, V. H., Sanderson, K., Pritchard, G., Bell, F., Hird, K., Wankhade, P., Asghar, Z., & Siriwardena, N. (2022). The experiences and perceptions of wellbeing provision among English ambulance services staff: a multi-method

qualitative study. BMC Health Services Research, 22(1). https://doi.org/10.1186/s12913-022-08729-1

Research Development

- YAS have secured ongoing in increased levels of funding from NIHR CRN Yorkshire and Humber for 2023-24 to YAS to support research delivery and research leadership roles which form the basis of the ARU.

- The Research Steering Group have agreed that milestones associated with the establishment of the ARU have been met and a launch event is planned for 2023.

- Two funding bids have been submitted to the College of Paramedics
- YAS staff are co-applicants on an NIHR Health and Social Care Delivery Research bid related to staff training for coping with adverse events.

- YAS research continues to work with the University of Sheffield, Wakefield Research Hub and the Bradford City of Research under formal agreements to increase research activity, undertake joint research governance and develop research training and skills across the workforce. We continue to engage with the new ICB and place-based research structures as they are becoming established.

### 3.3.7 Medicines Optimisation

Medicines optimisation looks at the value which medicines deliver, making sure they are clinically effective and cost-effective. It is about ensuring people get the right choice of medicines, at the right time, and are engaged in the process by their clinical team. The key focus of this year has been improving the safety of medicines using technology. E-learning packages have been developed, along with digitisation of the medicines procurement and delivery systems which are being tested this month, and improvements to ePR will support the safer and more effective use of medicines. The medicines team are reviewing the use of medicines with an environmental lens and reviewing the use of alternatives to nitrous oxide.

## 3.4 Quality, Governance and Performance Assurance Directorate

### 3.4.1 Infection Prevention and Control

The Infection Prevention and Control (IPC) team continue to provide support for the Trust response as we transition from COVID-19 being a pandemic and becomes an endemic respiratory disease. Appointment of a specialised IPC practitioner is complete, resulting in a full IPC team now in place.

Work on the NHS England manual has been completed, and includes a number of posters, leaflets and a Z-card to summarise the key IPC precautions prior to winter. Requirements on the IPC team remain high, given the extent of pathogens circulating at present, including M-Pox, *Influenza,* COVID-19, IGAS and MERS following the world cup in the Middle East. Clinical alerts to staff are being updated. Flu and COVID-19 vaccines are still being promoted for staff.

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

The Violence Reduction Team have worked sporadically on the VPR Standard over the last 12 months and EEAST Ambulance Service conducted a peer review of the compliance level attained across the Trust, at the request of AACE. YAS is now compliant with over half of the indicators, with the remaining being actioned accordingly. The Gateway paper which proposed additional staffing within the team,

has been supported in principle at TMG, pending financial coordination. It is anticipated that this will be agreed prior to the beginning of the next financial year.

The Body Worn Camera Pilot is now fully established and live across all proposed 36 stations within the Trust. Usage of the cameras is stalling at present due to operational pressures and the availability for Champions/internal stakeholders to dedicate their time to this. The pilot has only recently received the new BWC co-ordinator into post, following the previous post holder leaving the service in July 2022. Due to the complexity of the pilot, there is significant understanding and learning required, along with corporate advocacy and promotion of the equipment. TEG have agreed to fund the pilot for a third year, to coincide with all other ambulance trusts nationally. This will have a reduced number of camera availability; however the numbers should still provide adequate availability for staff use.

The Trust continues to see a levelling of overall reports of violence and aggression reported per month, following a peak in 2021. The variety of measures implemented since the peak including the Conflict Resolution e-learning, various communications, accurate data flagging and security alerts, as well as monitoring identified themes and trends may be the cause of this, however further analysis is required.

The Violence Prevention and Reduction Strategic Group (VPRSG) are working to introduce the VPR Strategy and Policy, enhancing the deliverance of Trust objectives to all staff, building confidence that staff safety whilst at work is of the utmost concern.

The suite of policies applicable to this area of work were introduced in 2021 and they have since undergone an in-depth post-implementation review. Communications of the enhancement to these policies are required, to embed the agreed processes into everyday work practices. This will include the deliverance of a variety of internal resources and tools, as well as designing new approaches to communication across a diverse mobile work-environment.

### 3.4.3 Information Governance and Cyber Security

The Data Security and Protection Toolkit (DSPT) is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. The DSPT is an annual self-assessment and the deadline for the 2022-23 publication is 30 June 2023. 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 under 90% compliance, with a clear plan in place to take us to the required 95% compliance.

An independent audit of our 2021-22 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'.

### 3.4.4 Service Transformation

PMO has reviewed all programmes and projects as part of REAP 4 measures and those with a direct time impact on operations have been halted during these weeks

of highest pressure to support release of staff for strike days and also to ensure ongoing support of the Corporate Cell.

The transformation programme for 22/23 continues to be monitored virtually via TEG+ using project highlight reports and the PMO dashboard. 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. Programmes that have been paused or slowed during this busiest period will be reviewed as soon as possible and re-commenced when appropriate.

### 3.4.5 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.

Staff reporting of incidents during operational pressures is paramount and a number of alerts have been sent to staff to remind them what and when to report patient safety incidents. A shortened process for reporting patient safety concerns is underway. Thematic learning from monthly data is presented to ICS at Quality Group meetings.

Serious incidents reported per ICB YTD 2022/23.

| SI 2022/23 by ICB | | | | | |
|---|---|---|---|---|---|
| | 22/23 Q1 | 22/23 Q2 | 22/23 Q3 | 22/23 Q4 | Total |
| Corporate | 0 | 0 | 1 | 0 | 1 |
| Humber and North Yorkshire | 4 | 15 | 20 | 0 | 39 |
| Lincolnshire | 2 | 0 | 0 | 0 | 2 |
| North East and Cumbria | 0 | 0 | 0 | 1 | 1 |
| South Yorkshire | 4 | 8 | 13 | 2 | 27 |
| West Yorkshire | 5 | 6 | 19 | 0 | 30 |
| Total | 15 | 29 | 53 | 3 | 100 |

Learning is captured at 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.

In Q3 Internal Audit completed an audit of moderate and serious incident reporting and gave the Trust an outcome of significant assurance against the process as undertaken currently. There were a few actions to improve visibility of learning, but overall, the process is clear, open and effective. This completes a section of work commenced during Board Development Meeting in July 2022.

A local CQUINs have been developed to ensure we are ready for the new patient safety reporting process was completed for Q3 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.

### 3.4.6 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 intend to align 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. One more named Safeguarding post is required in order to work in this manner and recruitment for this is underway. Work with HR to facilitate consistent management of allegations is undergoing an internal audit process currently with associated actions from improvement expected soon. 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.

### 3.5.1 Appraisals

Appraisal compliance for the Trust is gradually improving and was 69.4% at end of November 2022. The Power-BI Compliance Dashboard provides an overview for managers to assist with planning the appraisals.

The Appraisal Training which was mandated for managers early 2022 is progressing well considering the continued operational pressure the Trust has experienced and is now at a 56% compliance as of end of November 2022. Managers are supported to complete this on an ongoing basis and both open workshops and sessions for management teams are being offered.

The holistic approach to the evaluation of the quality of appraisals is now underway with the implementation of an appraisal feedback survey developed in collaboration with Business Intelligence. This collates data for several key areas of the process and experience with a cumulative quality score providing us with early indicators of the staff experience, a current score is 7.4 out of 10.

### 3.5.2 Accelerated Development Programme

Our Accelerated Development Programme (ADP) Future Leaders cohort 2 completed in December 2022 with positive evaluation and experience from the participants and their mentors. The ADP was developed to provide an opportunity for our people leaders to engage with leadership development as both an aspiring (Future Leaders) and established leader (Developing Leader). as part of our approach to talent management across the organisation. It is expected that some variation of the ADP will become an integral offer within our portfolio for leadership and management development.

### 3.5.3 National NHS Staff Survey (NSS) 2022

The national staff survey has now been completed with a final response rate of 34% which is the same as in 2021. Although we haven’t seen an increase as hoped it is

reported that many Trusts have experienced significantly lower response rates this year. Results are expected in February 2023.

### 3.5.4 Health and Wellbeing

To support winter pressures the wellbeing vehicle has been to various Emergency Departments throughout Yorkshire and will continue on a weekly basis throughout January 2023.

Sickness absence remains a significant issue for the Trust and stress/anxiety remains one of the top three reasons for this absence. The Health and Wellbeing team and the HR team are working closely on the absence management project and providing more dates for the manager's mental health first aid training. To date we have had five individuals complete the training to deliver this course. We have also made significant progress in the number of trained Trauma Risk Practitioners and Peer Supporters within the Trust. To date we have 20 Peer Supporters and 39 Trauma Risk Practitioners trained, with further training to commence February 2023.

The business case for the future of Occupational Health and specialist services is due for final approval early in 2023. Work on the specification development is well underway. Four engagement sessions were delivered in December where staff had the opportunity to contribute.

### 3.5.5 Diversity and Inclusion

*Privilege and Allyship Training* - Training is in development to build on the existing work undertaken mainly in EOC on privilege and allyship. The training is expected to build on wider leadership training and the Say Yes to Respect Programme equipping managers with practical tools, resources, and support to drive inclusive practice at YAS.

*Staff Networks* – Following the successful launch of the Women's & Allies Network, the launch of a Veterans Network is underway for 2023. The Veterans Covenant Healthcare Alliance (VCHA) is a group of NHS providers – including acute, mental health, community, and ambulance trusts – who have agreed to be exemplars of the best care for, and support to, the armed forces community (be they Regular, Reserves, Veterans, spouses or dependants). YAS is currently working towards the bronze Veteran Aware reaccreditation.

*Equality Impact Assessments* – The existing process has been reviewed and developed further to give clearer guidance and tips to support colleagues responsible for completing EIA's. The updated guidance will be implemented by the Diversity and Inclusion team during January 2023.

### 3.5.6 Education and Learning

*Essential Learning Compliance* - The Trust's Essential Learning compliance as of 01 December 2022 was **89.74%** from an original baseline of 79.53% as of 01 April 2022. This project was set-up to enable staff to complete essential learning (predominately eLearning) relevant to their role. Only two directorates have an overall compliance rate of below 90%. Bank staff compliance has increased to 79.12% over the same time period. The Essential Learning Champions have agreed to continue throughout 2023.

*Learning Awards 2023* - The Level 4 Associate Ambulance Practitioner apprenticeship has been shortlisted for the prestigious Learning and Performance Institute (LPI) Learning Awards 2023 as Apprenticeship Programme of the Year

2023. YAS won gold for the same award in 2021 with the Level 3 Ambulance Support Worker apprenticeship. Winners are announced on 16 February 2023.

*Specialist Operations Response Team* - The National Ambulance Resilience Unit (NARU) target of 290 trained Specialist Operations Response Team operatives has been met (292). This has been a challenging target to achieve given the prolonged period of extreme operational pressures and provides YAS with a strong capability to respond to challenging and untoward incidents.

## 3.6 Finance Directorate

### 3.6.1 Finance

Revenue

The Trust has submitted a final financial plan for 2022-23, this included £8.9 additional non recurrent support from the three ICBs.

The Trust continues to report a breakeven forecast against plan. There are significant over and underspends within this position. Having undertaken a detailed review the Trust has indicated to the system that it will achieve break even without drawing down this additional support. This was formally reported in the M8 finance submissions. There is further upside risk to this position as we continue to see unplanned benefits / improvements, alongside challenges with recruitment. This potential improvement has been reflected in the “best” case scenario submitted at M9.

This position has been achieved largely through non recurrent means and the Trust continues to have a significant underlying deficit 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.

2023/34 planning guidance has been published. This indicates additional resource for the ambulance sector. The resulting financial plans are in development.

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. Mitigations are in development in order that the Trust makes full use of the capital available. Appropriate approval for mitigating action will be sought.

### 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 we have good resilience to effectively support any future challenges. The Foundry System has been extended

to March 2024 or until stocks held are exhausted; Procurement and Logistics are working on potential cost implications for the Trust based on a range of scenarios.

On-going Key Procurements

There continues to be a significant portfolio of activity led by the Procurement team across the Fleet, ICT and Professional Services (PS) categories. We also have a lot of activity within Estates as the Scarborough Hub tender is now live, and the new Logistics Hub project is well underway, with a view to being completed in late March. 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. The invitation to tender was issued in December and supported by a Supplier Briefing Event to discuss requirements and answer questions on the tender documentation by potential bidders. This will enable, if required, an immediate call-off by YAS, NWAS and EMAS when the framework goes live later this year.

### 3.6.3 Estates, Fleet & Facilities

Environmental & Sustainability

The Trust has been successful in a bid for match funding for the replacement of oil-fired heating systems at Bainbridge and Preston Ambulance Stations. The new systems will provide the same thermal output as the existing systems but will reduce the carbon produced by 84%. The replacement schemes will start in early February and be completed by the end of March 2023.

Estates

- *Bradford Ambulance Station*
  Work is currently completing on phase 3, the fleet workshop area, of the 5-phase programme to refurbish Bradford Ambulance Station. Phase 4 and 5, which are principally the garage area are currently being priced with work completion of this by the financial year end.

- *Fairfields, York*
  Work to the First-Floor area of Fairfields has been completed and the EOC team are currently testing the systems with a ‘go live’ date of early February in the expanded Call Centre provision. The Ground Floor adaptions and refurbishment are planned to be complete for end of January which will then enable minor works to be undertaken in the superseded EOC area to complete the internal fit out. Externally, works for the new substation and power supply are planned to start at the end of January and will be worked in conjunction to extend the existing car parking arrangements with all work completing for the financial year end.

- *Goole Ambulance Station*
  The package of work to refurbish Goole Ambulance Station is currently out to tender with award and start of work at site planned for early February.

Fleet

The Trust’s Rapid Response Vehicles (RRVs) replacement programme is going well with 28 of the 106 vehicles commissioned and in service, the programme will continue at 6 per week until completion. The Skoda Kodiaq has been very well received by staff. The Trust has also received into service 59 BMW X3 Commander cars this gives the Trust additional 4x4 capacity within the Operational On-Call

provision. Driver Training have also received a vehicle refresh with the delivery of 8 new purpose-built vehicles to ensure staff receive training in line with Section 19. Unfortunately, the 64 Double Crewed Ambulances (DCAs) have been delayed due to supply chain issues and availability of test dates to ensure vehicles meet BS EN 1789:2020 (Formally CEN).
These issues have now been resolved with delivery scheduled to start in February.

Vehicle availability has continued to improve in PTS with A&E maintaining a good level of availability from quarter 3. RRV availability has been affected during Q3 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. 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

### 3.7.1 ICT

Mobile Data Vehicle Solution (MDVS)

The national Mobile Data Vehicle Solution project pilot to replace the existing Mobile Data Terminal (MDT) was paused earlier this year due to a change on functionality of the existing (MDT).

To ensure that the MDVS solution is fully compliant with the Road Traffic Act, YAS is working with our CAD supplier and the National ARP team to develop bespoke changes needed for A&E operations. It is expected that the solution will be available for testing mid-January with a planned live pilot to commence on 4 vehicles end of February. Following a successful pilot, go live will start gradually from the end of March, subject to operational pressures.

Clinical Systems Development update Q3 2022/23

*IUC business continuity*

In response to severe issues experienced with the Adastra 111 system in August 2022, the Systems team prioritised a new piece of work to develop a business continuity digital solution for IUC. Over the last quarter, the business continuity app development has been completed and it is ready for user acceptance sign-off. The app provides as alternative to "going to paper" in the case of Adastra down-time, preserving digital records and saving time in updating systems once normal service is resumed.

*Electronic patient record application*

The YAS ePR application has been enhanced in a number of areas to reflect and promote the latest clinical and operational processes.

*Clinical outcome screens*

The ePR clinical outcome screens have been redesigned and went live in early November 2022. The new approach provides the following benefits:

- Alignment with the Trust "Safer Right Care" framework for clinical assessment (history taking, patient assessment, decision making and documentation) to help ensure patients receive the safest care in the right place at the right time.

- Alignment with the latest UK Ambulance Services Clinical Practice Guidelines (JRCALC) on undertaking and recording verification of death.
- Collection of additional data on alternative pathways, on-scene discharge follow-up, and conveying destination type. These new fields have improved the provision of information on available alternative pathways for crews.

*Ambulance data set*
The changes to the clinical outcome screens have enabled collection of further data items which form part of the national ambulance data set (ADS), contributing to a better understanding of how ambulance services deliver urgent and emergency care across the country.

In early December 2022 new fields were added into ePR to collect patient preferred spoken language and accommodation status. These items are also part of the ADS and help inform individual patient-centred care.
YAS have worked closely with the national programme, developing an updated messaging app to submit the data collected by ambulance services to NHS England. The latest version of the app, which submits data collected by frontline crews (ePR) as well as by the Emergency Operations Centre (EOC), is currently being piloted. The app will be available for other ambulance trusts to use going forward.

*Hand-over data collection*
In support of a process improvement initiative on hand-over processes, we went live in early December 2022 with the facility for crews to record hand-over times and delay reasons from the ePR application as well as from the MDTs and hospital hand-over screens.

Introduction of this feature immediately led to an increase in compliance in recording hand-over information, providing richer information for planning.

*CEMBook*
Provided ambulance performance data for arrival, waiting and handover to St James' University Hospital and Leeds General Infirmary management team which has entered user acceptance testing (UAT) in December.

This provides real time information on notification of ambulance arrival times, length of time to do the handovers and how many ambulances are in the handover queue and the length of their waiting times as well as performance information such as average waiting times to support and improve decision making and clinical safety.

*Medicines management application*
Following-on from the release of the Prescription-only Medicines module, we have now developed a new Controlled Drugs module and medicine management auditing solution which is being piloted by frontline operational staff, clinical team, and the logistics team at South Kirkby Ambulance Station throughout January 2023.

This module enables timely and accurate tracking of the delivery, movement and usage of controlled drugs and full auditing of stored areas to improve the management of medicines in YAS providing a fully digitalised process to make the process paperless.

<u>Data sharing with other health & social care organisations</u>
Additional work has been carried out this quarter to comply with new data standards for sharing information on patient encounters via the Yorkshire & Humber Care Record.

In January 2023, YAS expect to enter the final stage of testing with the Yorkshire and Humber Care Record portal for the provision of 999 and frontline crew (ePR) patient data to be consumed and available for viewing by health care clinicians throughout Yorkshire.

We continue to engage with and support acute trusts across the region who are working to implement the electronic Transfer of Care, via the Yorkshire & Humber Care system. Calderdale & Huddersfield and Bradford are working in partnership and have recently initiated their development and implementation project. Sheffield Teaching Hospitals are also currently scoping their project.

We provided near real time data feeds to South Yorkshire Integrated Care Board to allow them to create dashboards to improve monitoring of system pressure for their region.

Migration from Analogue / ISDN telephony lines

Nationally, Ofcom have mandated a cessation of all legacy telephony lines in favour of the new technology, Session Initiation Protocol (SIP) by the end of 2025. The new BT SIP service will provide a greater number of voice channels (with the flexibility to dynamically increase and decrease on demand) as well as video streaming and conferencing, and improved resilience.

ICT are currently working to migrate all telephony lines (ISDN) to SIP over the next 9 months. In phase 1 we have migrated PTS, Service Desk and Reception. They have been using the new voice service since November 2022 with over 100,000 calls successfully placed via SIP.

Kingston Communications have brought forward the date for cessation of their ISDN services to 6th March 2023. ICT are developing plans to migrate these to SIP in support of 111 and 999 services in line with this date.

Wireless (Wi-fi) Network

A replacement programme for the Trusts wireless network is underway which will bring additional benefits in terms of site coverage and capacity as well as helping identify low coverage areas. Core sites including Springhill, Manor Mill, Callflex and Doncaster Ambulance Station have already been upgraded. The remaining 80 sites including ambulance stations, admin and fleet etc will be upgraded over the coming months.

Hybrid Working Desks

Phase 2 of the hybrid working desks (23 desks) has been created in the former Finance area, plus part of PTS area.
To facilitate this the PTS desk layout was reconfigured to create more desk room, but also improve the PTS desk layout

York EOC Activity

As part of the major refurbishment of the York, Fairfield site 50 desks were set up on the 1st floor, including 12 radio kits that were relocated from the Callflex site in Rotherham.
A new wallboard system has been installed on the 1st floor, with 10 screens situated around the walls. These will provide enhanced visibility of essential information (calls queuing etc) to the staff in EOC.

Removal of Social Distancing Activity

A smaller number of desk moves have taken place across EOC and IUC in order to put teams back together again (as they were pre Covid). An example of this is the desk moves in the EOC management suite.

Decommissioning of Part of West Yorkshire Joint Services (WYJS)
Two training rooms at WYJS were decommissioned, with the equipment moved to a SH2 and also short term to a training facility (12 desks) in an NHS building near York railway station, to assist with the training of the new starters for York, Fairfields.

### 3.7.2 Business Intelligence

To make reporting more efficient and reliable a new data warehouse is being developed by IT and BI which will support future reporting for the next few years, this is due to start to become live in Q4.

BI are working with Public Health Analysts to be public health ambassadors and support the provision and analysis of Public Health data across the region.

Robotics is now business as usual within the team. BI are the first team across the Northern Ambulance Alliance (NAA) to make use of Robotic Process Automation (RPA) which aims to automate processes and reduce waste on inefficient manual processes. ESR reporting is now supported by RPA daily. BI are part of the NAA project board and support the work across the NAA.

ICS specific performance dashboards have been created to support the System Partnership Directors in their meetings with each ICS.

## 4 UPDATES ON KEY ACTIVITIES

### 4.1 STARS Awards

The Trust held its annual STARS awards on 28 October 2023. The awards provide an opportunity to look back on the last 12 months and highlight the exceptional work of teams and individuals across the service. Around 170 staff and guests attended the event at the Queens Hotel in Leeds to celebrate colleagues who have inspired others, delivered beyond expectations, and are shining examples of all that is excellent about YAS. Names of winners are:

**One Team Award:** Integrated Transport Team

**Compassion Award:** Rachel Kozlowski

**Integrity Award:** Laura Williams

**Innovation Award:** Kevin Learoyd

**Resilience Award:** Regional Operations Centre (ROC)

**Empowerment Award:** Joseph Newlands

**Volunteer of the Year Award**: Robert Higgie

**Commitment to Diversity and Inclusion Award**: Chairs of Staff Networks

**Chief Executive's Commendations**

- Boe Fay and Daniel Holmes (jointly)
- Lee Carter
- Catherine Whiteley

### 4.2 Long Service Awards

The 2022 Long Service and Retirement Awards event took place on Tuesday 22 November 2022 at the Pavilions of Harrogate and was, once again, a special and emotional day of celebration with colleagues. Thanks to Kath Lavery and Amanda Moat for their support at the event where we were also joined by Reverend Brian Hunt, Deputy Lieutenant for North Yorkshire, to present Queen's Medals and 20-year NHS service certificates.

### 4.3 CATNAPS: Fighting fatigue in the NHS ambulance workforce

As part of our on-going Wellbeing work we are participating in the national CATNAPs study (https://arc-eoe.nihr.ac.uk/research-implementation/research-themes/mental-health-over-life-course/catnaps-fighting-fatigue-nhs). The study is looking at the impact of shift duration and working practices on staff fatigue and clinical risk.
It is hoped that this study will build consensus in the sector and NHSE on safe working patterns, the use of technology such a 'wearables' to protect staff (and patients) suffering from fatigue whilst on duty.

### 4.4 Financial Wellbeing Campaign

During December and January the Trust has launched a financial wellbeing campaign, looking at different themes each week to support staff and volunteers affected by the rising costs of living. The campaign is on Pulse and provides advice, guidance and tips on themes including travel and fuel costs, home energy, budgeting, shopping and discounts.

## 5 RECOMMENDATIONS

**5.1** The Board is asked to:

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

## 6. APPENDICES

**Appendix A:** Integrated Performance Report for December 2022
**Appendix B:** Summary: Application of the Trust Seal 2022-2023.


NHS
Yorkshire
Ambulance Service
NHS Trust

# Integrated Performance Report

## December 2022

Published 27 January 2023

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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 - December 22

NHS Yorkshire Ambulance Service NHS Trust

| Indicator | Target | Actual | Variance | Assurance |
|---|---|---|---|---|
| 999 - Answer Mean | | 00:01:57 | H | |
| 999 - Answer 95th Percentile | | 00:06:17 | H | |
| 999 - C1 Mean (T <7Mins) | 00:07:00 | 00:11:19 | H | F |
| 999 - C1 90th (T <15Mins) | 00:15:00 | 00:19:34 | H | F |
| 999 - C2 Mean (T <18mins) | 00:18:00 | 01:18:01 | H | F |
| 999 - C2 90th (T <40Mins) | 00:40:00 | 03:02:20 | H | F |
| 999 - C3 Mean (T - <1Hr) | 01:00:00 | 03:32:43 | H | F |
| 999 - C3 90th (T -<2Hrs) | 02:00:00 | 08:36:54 | H | F |
| 999 - C4 90th (T < 3Hrs) | 03:00:00 | 08:31:26 | | F |
| 999 - C1 Responses > 15 Mins | | 2,533 | H | |
| 999 - C2 Responses > 80 Mins | | 12,483 | H | |
| 999 - Job Cycle Time | | 02:11:10 | H | |
| 999 - Avg Hospital Turnaround | 00:30:00 | 01:12:40 | H | F |
| 999 - Avg Hospital Handover | | 00:41:09 | | |
| 999 - Avg Hospital Crew Clear | | 00:22:49 | | |
| 999 - Average Hospital Notify Time | | 00:06:13 | | |
| 999 - Total lost handover time | | 03:06:27 | | |
| 999 - Crew clear over 30 mins % | | 23.7% | | |

**Exceptions - Comments (Director Responsible - Nick Smith)**

**Call Answer** - The mean call answer was 1 minute 57 seconds for December, an increase of 1 minute compared to November. The median and tails of performance shown by the call answer percentiles also increased from November, indicating that there were more long waits overall at the tail end of the data for last month.

**Cat 1-4 Performance** - No national performance targets were met in December. The limits for performance times have been re-evaluated to reflect current pressures and times remain either near the upper limit or exceptionally high above the limit. Compared to November, the Category 1 mean and 90th percentile performance times increased by 1 minute 9 seconds and by 1 minute 59 seconds, respectively. The Category 2 mean performance time increased by 29 minutes 6 seconds and the 90th percentile increased by 1 hour 10 minutes 3 seconds compared to November.
Abstractions were 7.1% higher than forecast for December, rising 1.1% from November. Weekly Net staff hours have fallen compared to November by over 1,650 hours per week. Overall availability decreased by 7.6% from November. Compared to December 2021, abstractions are down by 2.3% and availability is down by 10.4%.

**Call Acuity** - The proportion of Cat1 and Cat2 incidents was 82.3% in December (19.1% Cat1, 63.3% Cat2) after a 4.5% increase compared to November (4.2% increase in Cat1 and 0.4% increase in Cat2). Comparing against December for the previous year, Cat1 proportion has increased by 6.1% and Cat2 proportion has decreased by 0.1%.

**Responses Tail (C1 and C2)** - The number of Cat1 responses greater than 90th percentile target increased significantly in December, with 2,533 responses over this target, increasing by 1,054 (71.3%) compared to November. The number for last month was 104.3% above December 2021.
The number of Cat2 responses greater than 2x 90th percentile target also increased from November by approximately 5,500 responses (78.8%) and this is equivalent to a 87.9% increase compared to December 2021.

**Job cycle time** - Overall, job cycle time is almost 10 minutes longer than in November and almost 21 minutes longer than in December 2021.

**Hospital** - The average handover time in December remains high at approximately 41 minutes. This is an increase of 6 mins compared to November. Turnaround times have also remained high with the average turnaround for December at around 1 hour 12 minutes. This means that average turnarounds are over 40 minutes above target, and they are also over 23 minutes longer than they were at the same time last year. The number of incidents with conveyance to ED is 2.6% lower than November and 2.9% lower than December last year.

# IUC IPR Key Indicators - December 22

| Indicator | Target | Actual | Variance | Assurance |
|---|---|---|---|---|
| IUC - Call Answered | | 144,537 | H | |
| IUC - Increase - Previous Month | | 17.9% | | |
| IUC - Increase Same Month Last Year | | 0.1% | | |
| IUC - Calls Triaged | | 146,348 | | |
| IUC - Calls Abandoned | 3.0% | 28.5% | H | F |
| IUC - Answer Mean | 00:00:20 | 00:18:24 | H | F |
| IUC - Answered in 60 Secs | 90.0% | 19.4% | L | F |
| IUC - Call back in 1 Hour | 60.0% | 43.2% | | F |
| IUC - ED Validations % | 50.0% | 27.6% | L | F |
| IUC - ED % | | 13.9% | | |
| IUC - ED outcome to A&E | | 81.9% | | |
| IUC - ED outcome to UTC | | 7.3% | | |
| IUC - Ambulance % | | 8.2% | L | |

## IUC Exceptions - Comments (Director Responsible - Karen Owens)

YAS received 202,291 calls in December, 6.3% above the Annual Business Plan baseline demand as of the end of the month. Of calls offered in December, 144,537 calls (71.5%) were answered, 17.9% higher than were answered in November and 0.1% more than the number of calls answered in December 2021.

Demand has increased, and due to high numbers of new starters going through the training process and experienced staff assisting with coaching, call performance metrics have been heavily impacted. 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 December to 19.4%, compared to 28.7% in November. Average speed to answer in December was 1,104 seconds (18 minutes and 24 seconds), up 552 seconds from November and significantly higher than the national target of <20 seconds. Similarly, abandoned calls were 28.5% this month, above the 3% target and an increase of 11.3% on November's performance. YAS are not alone in these challenges, with other providers experiencing similar challenges.

Due to the Adastra outage we are still missing data for August, September, October, and November but within the report you will see figures for December. We are, in some places, comparing the December figures to July as this was the last month, we had data before the outage.
The proportion of Clinician Call Backs made within 1 hour was 43.2%, below the 60% target but higher than the 42.0% in July. Core clinical advice was 19.1%, like July's figure of 19.3%. These figures are calculated based on the new ADC specification, which removes 111 online cases from counting as part of clinical advice, and also locally we are removing cases which come from the DCABS clinical service as we do not receive the initial calls for these cases.

The national KPI for ambulance validations monitors performance against outcomes validated within 30 minutes, rather than just all outcomes validated, and the target for this is 50% of outcomes. However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the National KPI, performance was 91.8% in December, whilst performance for overall validations was 99.8%, with around 13,450 cases validated overall. This figure is being checked for accuracy due an increase since we started receiving Adastra data again.
ED validation performance was 27.6% for December, -7.8% lower than July. This figure being lower than the target is due in part to ED validation services being closed on DoS (in the out of hours periods) for several periods of time during the month as a result of clinical demand and capacity pressures to the service. ED validation also continues to be driven down since the implementation of 111 First and the prioritisation of UTCs over validation services for cases with an initial ED outcome. Previous analysis showed that if cases now going to UTCs that would have gone to validation previously were no longer included in the denominator for the validation calculation, YAS would have met and exceeded the 50% target every month this year.

Amongst booking KPIs, bookings to UTCs decreased to 46.5% from 53.6%in July. Bookings to IUC Treatment Centres has dropped considerably since we have started receiving Adastra data again. We are investigating reasons why this could be. ED bookings are still being monitored, with performance continuing to remain below 40%. Finally, performance against the SDEC booking KPI remains at 0% as very few cases are being referred to SDEC and no booking is enabled.

# PTS IPR Key Indicators - December 22

| Indicator | Target | Actual | Variance | Assurance |
|---|---|---|---|---|
| PTS - Answered < 180 Secs | 90.0% | 59.8% | L | F |
| PTS - % Short notice - Pickup < 120 mins | 90.8% | 81.2% | | F |
| PTS - % Pre Planned - Pickup < 90 Mins | 90.4% | 87.2% | L | F |
| PTS - Arrive at Appointment Time | 90.0% | 84.2% | L | F |
| PTS - Journeys < 120Mins | 90.0% | 99.3% | | P |
| PTS - Same Month Last Year | | -5.1% | | |
| PTS - Increase - Previous Month | | -13.4% | | |
| PTS - Demand (Journeys) | 68,336 | | | ? |

**PTS Exceptions - Comments (Director Responsible - Karen Owens)**

PTS Total Activity for December was 68,336: a 13.4% decrease on the previous month. Demand saw an expected drop during the final 2 weeks of the month which included the festive period and associated bank holidays. There was also planned industrial action on 21st December, however this did not affect PTS demand or service levels; GMB called out PTS members, whereas Unison did not on this strike date. Total demand was 5.1% lower compared to the previous December, which is equivalent to c3,700 fewer journeys.

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

The average Patients Per Vehicle was 1.24 during December. This is 0.08 compared lower than the previous month, due in large part to reduced PPV efficiency during the final 2 weeks. 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. Short Notice Outwards performance had been on average 78% between August and November, however in December KPI 4 saw a slight increase at 81.2%. Looking by week, the KPI saw the benefit of reduced demand towards the end of the month, increasing to 86.8% during the final week.

Call levels also decreased during December. Actual calls were 11.4% below forecast following a 23.4% decrease in calls compared to November. Performance saw a 31.8% increase, meaning telephony performance was 59.8% for the month of December: 30.2% under target. Current modelling demonstrates that Reservations was staffed sufficiently for the month as a whole, however w.c 5th December was c 5 FTE under requirement and w.c 26th December was c 5 FTE above requirement.

Respiratory infection demand continues to fluctuate at 957 for the month of December. This is 9.4% above last December.

# Support Services IPR Key Indicators - December 22

| Indicator | Target | Actual | Variance | Assurance |
|---|---|---|---|---|
| All Incidents Reported | | 788 | | |
| Serious | | 8 | H | |
| Moderate and Above Harm | | 58 | H | |
| Service to Service | | 47 | L | |
| Adult Safeguarding Referrals | | 2,182 | H | |
| Child Safeguarding Referrals | | 617 | | |

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

**Patient Relations** – Decrease in service to service and increase in concerns from November to December, with a slight increase in the number of complaints compared to November but less than December 2021. The back log in processing compliments has now been partially addressed, the December figures reflect some compliments that were received during August and September that have now been processed.

**Safeguarding adult and child referrals** – There has been a slight increase in adult safeguarding referrals compared with last month, with child referrals showing a decrease. Overall, compared to December 2021 adult referrals are up and child referrals are down.

**Safeguarding training** – Training levels have slightly decreased for Safeguarding for Children L1 & L2. Safeguarding for Adults has stayed close to level month on month and remains well over 90%. 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) % | | 12.0% | H | |
| Sickness - Total % (T-5%) | 5.0% | 8.9% | L | F |
| Special Leave | | 0.1% | L | |
| PDR / Staff Appraisals % (T-90%) | 90.0% | 69.2% | H | F |
| Stat & Mand Training (Fire & IG) 1Y | 90.0% | 88.0% | | F |
| Stat & Mand Training (Core) 3Y | 90.0% | 91.3% | | P |
| Stat & Mand Training (Face to Face) | 90.0% | 80.7% | | F |

## Workforce Exceptions - Comments (Director Responsible - Mandy Wilcock)

**Sickness** - Sickness has increased slightly to 8.9%. The EOC/111 transformation teams have specific work streams regarding health and wellbeing and a task and finish group is working through a new sickness absence policy as well as its practical implementation in supporting staff to remain well and be supported during absence.

**PDR / Appraisals** – Overall compliance rate has declined very slightly to 69.2%, with small decreases in most areas apart from PTS, the highest performing area within the Trust, remaining at 86.9%, and an increase in EOC from 35.8% to 37.3%, however still the lowest performing area within the Trust. 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 live Compliance Dashboard (shared fortnightly) makes it easier for managers to see who needs an Appraisal and who has one in the near future and to monitor the perceived quality of appraisals.

**Statutory and Mandatory Training** – The Trust continues achieving the compliance target for the 3y core Stat & Mand and Safeguarding and achieved a small increase in face-to-face training, albeit not yet compliant. There was a slight decrease in compliance for Fire & IG. PTS is still the only area fully compliant (green) for all categories. 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.

# Workforce Summary

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

NHS Yorkshire Ambulance Service NHS Trust

## Key KPIs

| Name | Dec 21 | Nov 22 | Dec 22 |
|---|---|---|---|
| Turnover (FTE) % | 10.5% | 12.0% | 12.0% |
| Vacancy Rate % | 9.4% | 13.4% | 13.2% |
| Apprentice % | 7.0% | 9.4% | 9.5% |
| BME % | 6.3% | 6.0% | 6.0% |
| Disabled % | 3.9% | 5.0% | 5.1% |
| Sickness - Total % (T-5%) | 12.1% | 8.0% | 8.9% |
| Special Leave | 2.7% | 0.1% | 0.1% |
| PDR / Staff Appraisals % (T-90%) | 52.1% | 69.4% | 69.2% |
| Stat & Mand Training (Fire & IG) 1Y | 87.0% | 89.5% | 88.0% |
| Stat & Mand Training (Core) 3Y | 75.2% | 91.8% | 91.3% |
| Stat & Mand Training (Face to Face) | 72.6% | 79.3% | 80.7% |
| Stat & Mand Training (Safeguarding L2 +) | 86.8% | 94.8% | 94.6% |

**Assurance: All data displayed has been checked and verified**

## YAS Commentary

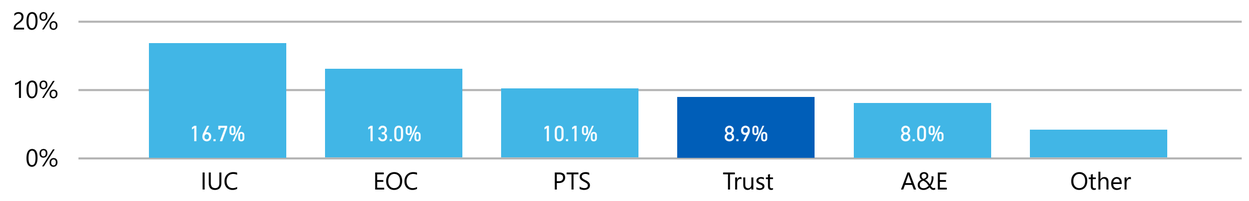
**FTE, Turnover, Vacancies and BME** - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 13.2% and Turnover at 12%. Both figures are similar to last month, however the main area of concern remains in our call centres. Dedicated recruitment and retention work within our call centres continues to progress well. Cultural reviews are also taking place to understand issues.

**Sickness** - Sickness has increased slightly to 8.9%. The EOC/111 transformation teams have specific work streams regarding health and wellbeing and a task and finish group is working through a new sickness absence policy as well as its practical implementation in supporting staff to remain well and be supported during absence.

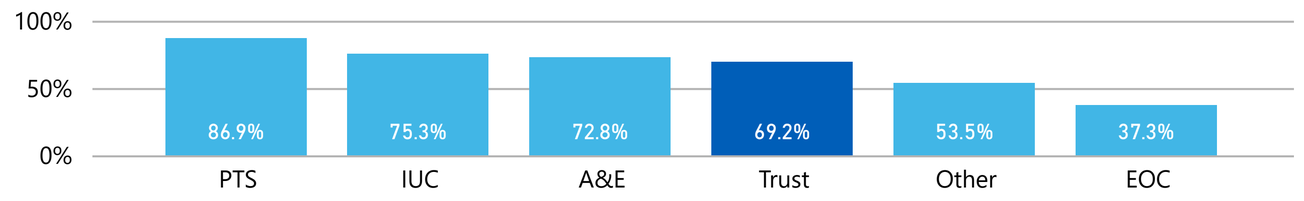
**PDR / Appraisals** – Overall compliance rate has declined very slightly to 69.2%, with small decreases in most areas apart from PTS, the highest performing area within the Trust, remaining at 86.9%, and an increase in EOC from 35.8% to 37.3%, however still the lowest performing area within the Trust. 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 live Compliance Dashboard (shared fortnightly) makes it easier for managers to see who needs an Appraisal and who has one in the near future and to monitor the perceived quality of appraisals.

**Statutory and Mandatory Training** – The Trust continues achieving the compliance target for the 3y core Stat & Mand and Safeguarding and achieved a small increase in face-to-face training, albeit not yet compliant. There was a slight decrease in compliance for Fire & IG. PTS is still the only area fully compliant (green) for all categories. 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.

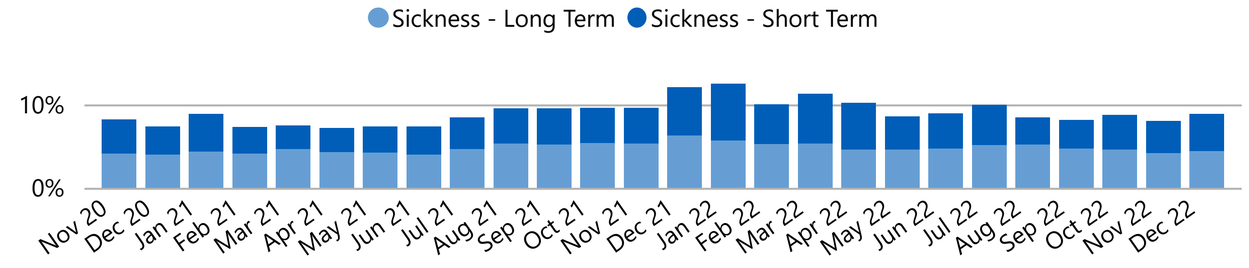
## Sickness Benchmark for Last Month



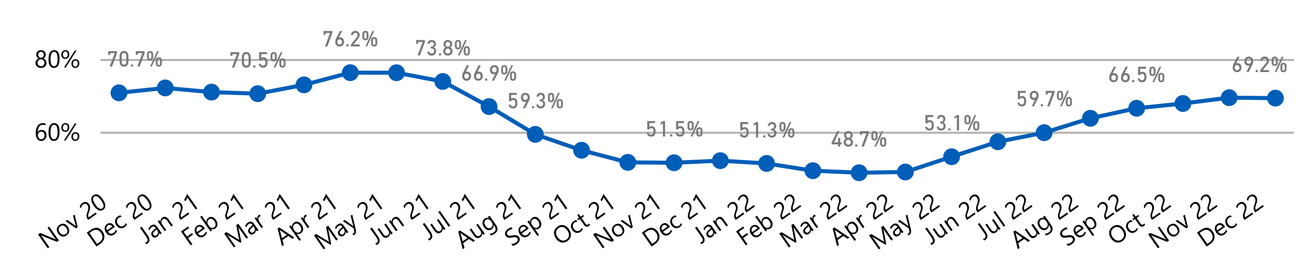

## PDR Benchmark for Last Month




## Sickness




## PDR - Target 90%



# YAS Finance Summary (Director Responsible Kathryn Vause - December 22)

## Overview - Unaudited Position

**Overall** - The Trust has a year to date surplus at month 9 of £260k as shown above. £12k surplus 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 November the Trust had £79.1m 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) | £0 | £260 | £260 |
| Cash | £77,000 | £79,065 | £2,065 |
| Capital | £12,787 | £5,566 | -£7,221 |

## Monthly View (£000s)

| Indicator Name | 2022-05 | 2022-06 | 2022-07 | 2022-08 | 2022-09 | 2022-10 | 2022-11 | 2022-12 |
|---|---|---|---|---|---|---|---|---|
| Surplus/ (Deficit) | -£4,610 | £4,730 | £459 | -£88 | £73 | | | |
| Cash | £78,525 | £79,865 | £79,098 | £85,132 | £78,788 | £77,559 | £79,166 | £79,065 |
| Capital | £193 | £273 | £323 | £414 | £1,697 | £917 | £996 | £753 |

# Patient Demand Summary

## Demand Summary

| ShortName | Dec 21 | Nov 22 | Dec 22 |
|---|---|---|---|
| 999 - Incidents (HT+STR+STC) | 69,557 | 62,812 | 64,527 |
| IUC - Call Answered | 144,432 | 122,615 | 144,537 |
| IUC - Increase - Previous Month | 8.2% | -1.9% | 17.9% |
| IUC - Increase Same Month Last Year | -4.1% | -8.1% | 0.1% |
| IUC - Calls Answered Above Ceiling | -23.2% | -29.0% | -25.6% |
| PTS - Demand (Journeys) | 72,028 | 78,905 | 68,336 |
| PTS - Increase - Previous Month | -4.8% | 7.4% | -13.4% |
| PTS - Same Month Last Year | 19.8% | 4.3% | -5.1% |

## Commentary

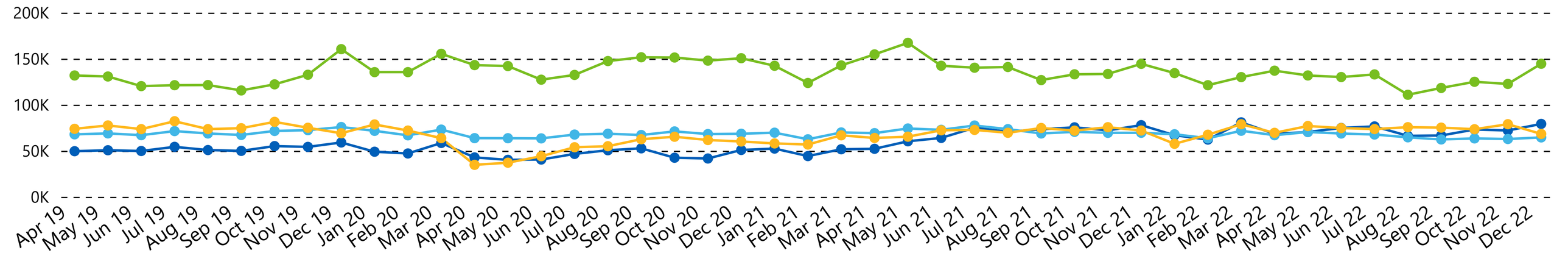
**999** - At Scene Response demand was 11.5% lower than forecasted levels for December. All Response Demand (STR + STC +HT) was 2.7% higher than November and 7.2% lower than December 2021.

**IUC** - YAS received 202,291 calls in December, 6.3% above the Annual Business Plan baseline demand as of the end of the month. Of calls offered in December, 144,537 calls (71.5%) were answered, 17.9% higher than were answered in November and 0.1% more than the number of calls answered in December 2021.

**PTS** - Total PTS demand decreased, with 13.4% less journeys undertaken than the previous month. Demand has also dropped by 5.1% compared with the same month last year.

## Overall Calls and Demand

**Figure** 999 - Total Calls via Telephony (AQI) 999 - Incidents (HT+STR+STC) IUC - Call Answered PTS - Demand (Journeys)

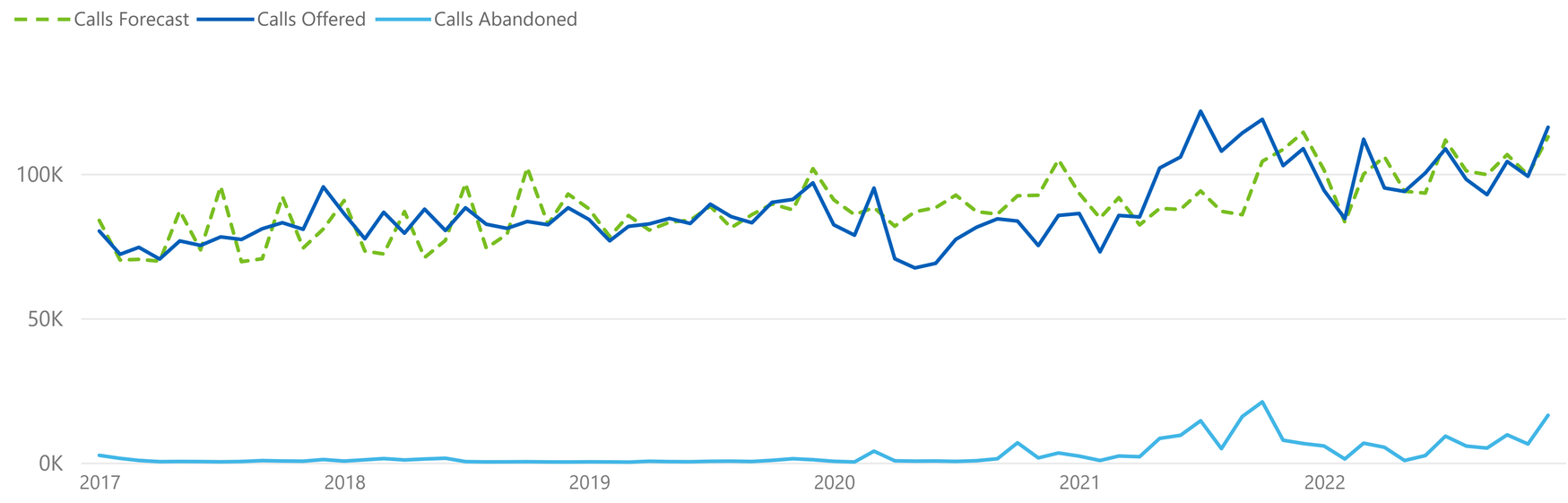


# 999 and IUC Historic Demand

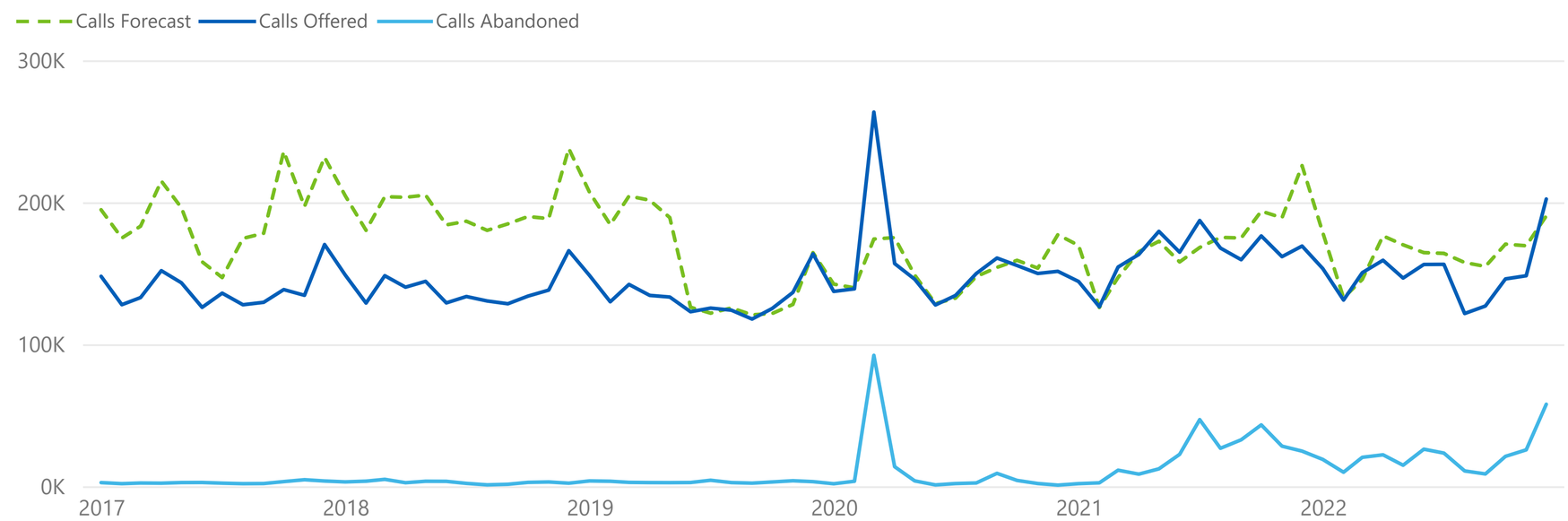
999 and IUC call demand broken down by calls forecast, calls offered and calls abandoned.

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 December 2022, there were 116,080 calls offered which was 2.9% above forecast, with 99,733 calls answered and 16,347 calls abandoned (14.1%). There were 17.1% more calls offered compared with the previous month and 6.8% more calls offered compared with the same month the previous year. 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 155.4% increase in abandoned calls compared with the previous month.

YAS received 202,291 calls in December, 6.3% above the Annual Business Plan baseline demand as of the end of the month. Of calls offered in December, 144,537 calls (71.5%) were answered, 17.9% higher than were answered in November and 0.1% more than the number of calls answered in December 2021.

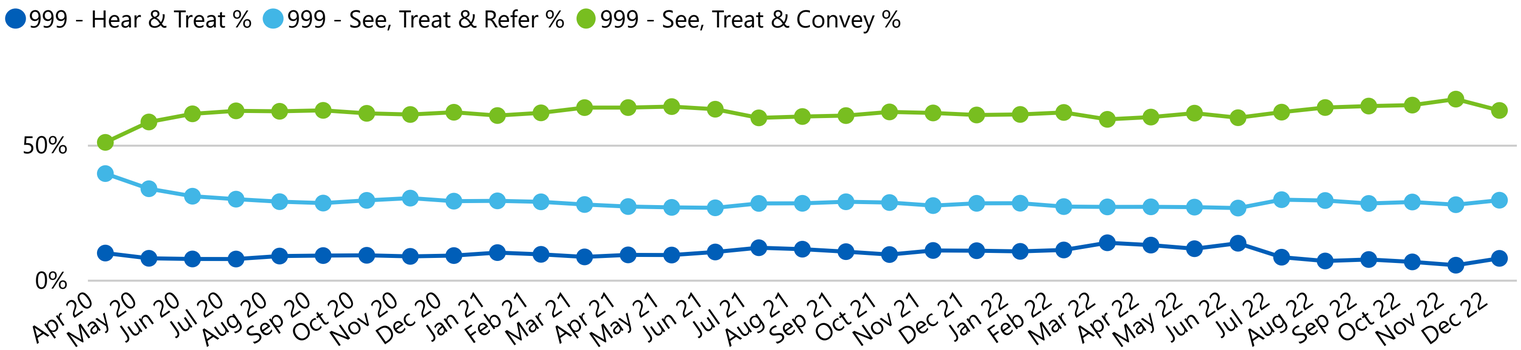
Calls abandoned for December were 28.5%, 11.3% higher than December 2022 and 13.9% higher when compared to December 2021.

# Patient Outcomes Summary

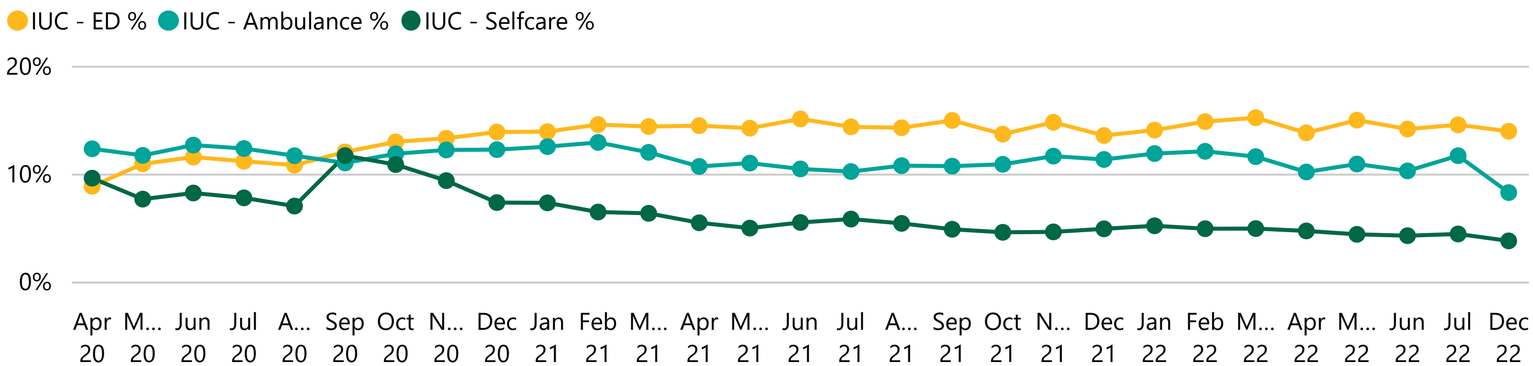
## Outcomes Summary

| ShortName | Dec 21 | Nov 22 | Dec 22 |
|---|---|---|---|
| 999 - Incidents (HT+STR+STC) | 69,557 | 62,812 | 64,527 |
| 999 - Hear & Treat % | 10.7% | 5.4% | 7.9% |
| 999 - See, Treat & Refer % | 28.3% | 27.8% | 29.4% |
| 999 - See, Treat & Convey % | 61.0% | 66.9% | 62.7% |
| 999 - Conveyance to ED % | 53.9% | 59.5% | 56.4% |
| 999 - Conveyance to Non ED % | 7.1% | 7.4% | 6.3% |
| IUC - Calls Triaged | | | 146,348 |
| IUC - ED % | 13.5% | | 13.9% |
| IUC - ED outcome to A&E | 77.5% | | 81.9% |
| IUC - ED outcome to UTC | 10.3% | | 7.3% |
| IUC - Ambulance % | 11.3% | | 8.2% |
| IUC - Selfcare % | 4.9% | | 3.8% |
| IUC - Other Outcome % | 11.8% | | 13.6% |
| IUC - Primary Care % | 57.1% | | 57.3% |
| PTS - Demand (Journeys) | 72,028 | 78,905 | 68,336 |

## 999 Outcomes




## IUC Outcomes




## Commentary

**999** - When comparing December 2022 against December 2021 in terms of incident outcome proportions within 999, the proportion of Hear & Treat has decreased by 2.8%, See, Treat & Refer has increased by 1.2% and See, Treat & Convey has increased by 1.7%. The proportion of incidents with conveyance to ED has increased by 2.5% from December 2021 and the proportion of incidents conveyed to non-ED decreased by 0.8%.

**IUC** - The proportion of callers given an ambulance outcome continues to over 10% while primary Care outcomes are consistently between 56-58% monthly. The proportion of callers given an ED outcome is still around 14-15% since the increase at the end of 2020. The proportion of ED outcomes where a patient is referred to a UTC is now over 12% compared to 2-3% historically. Correspondingly, the proportion of ED outcome where the patient was referred to A&E has fallen to below 80% after historically being around 90%. A Key goal of the 111 first programme was to reduce the burden on emergency departments by directing patient to more appropriate care settings.

# Patient Experience (Director Responsible - Clare Ashby)

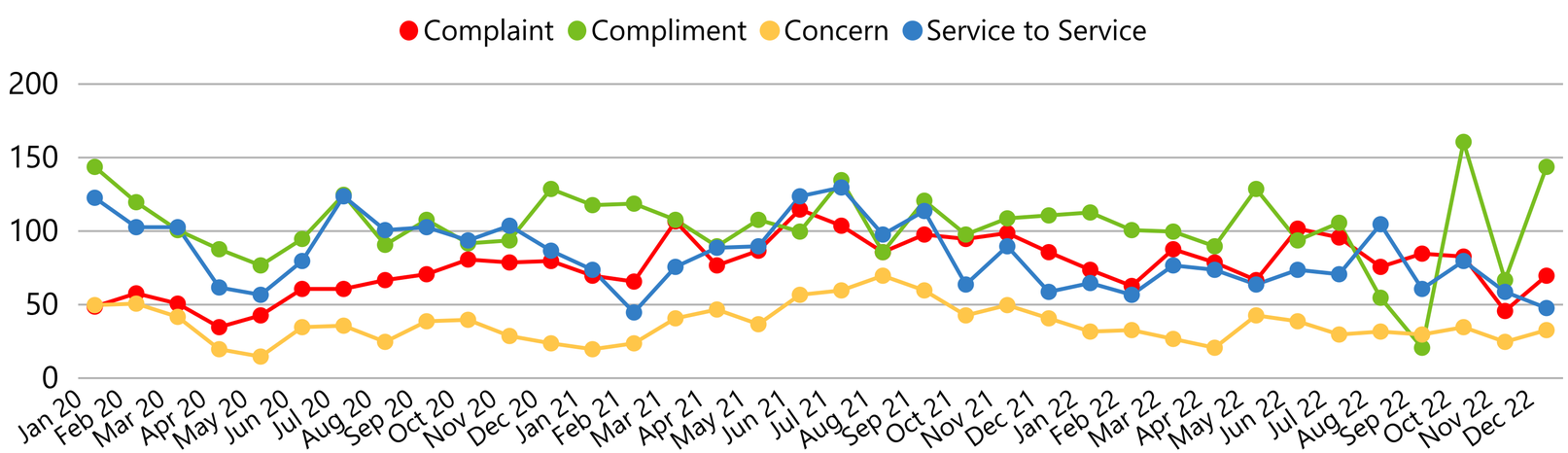
A&E | EOC | IUC | PTS | YAS

NHS Yorkshire Ambulance Service NHS Trust

## Patient Relations

| Indicator | Dec 21 | Nov 22 | Dec 22 |
|---|---|---|---|
| Service to Service | 58 | 58 | 47 |
| Concern | 40 | 24 | 32 |
| Compliment | 110 | 66 | 143 |
| Complaint | 85 | 45 | 69 |

## Complaints, Compliments, Concerns and Service to Service




## YAS Compliance

| Indicator | Dec 21 | Nov 22 | Dec 22 |
|---|---|---|---|
| % FOI Request Compliance | 100.0% | 100.0% | 94.9% |

## YAS Comments

**Patient Relations** – Decrease in service to service and increase in concerns from November to December, with a slight increase in the number of complaints compared to November but less than December 2021. The back log in processing compliments has now been partially addressed, the December figures reflect some compliments that were received during August and September that have now been processed.

**FOI Compliance** has dropped from 100% last month to 94.9%.

# Patient Safety - Quality (Director Responsible - Clare Ashby)

A&E | EOC | IUC | PTS | YAS

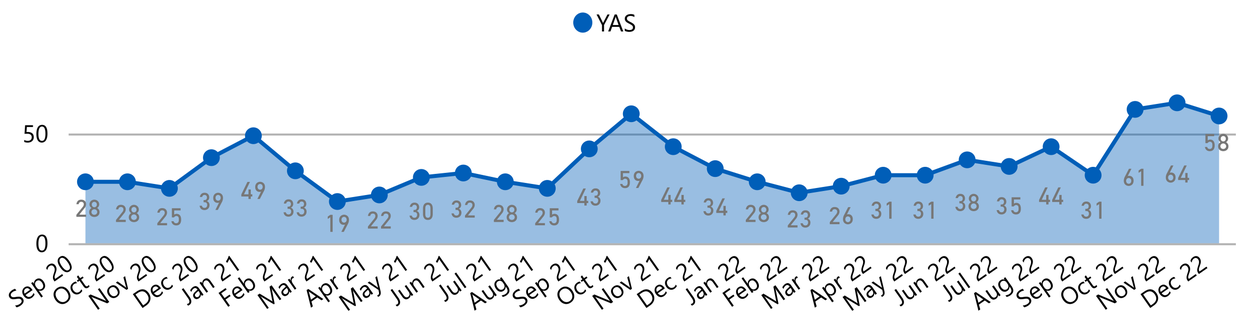
NHS Yorkshire Ambulance Service NHS Trust

## Incidents

| Indicator | Dec 21 | Nov 22 | Dec 22 |
|---|---|---|---|
| All Incidents Reported | 724 | 836 | 788 |
| Medication Related | 95 | 112 | 112 |
| Moderate & Above Harm - Total | 34 | 64 | 58 |
| Number of duty of candour contacts | 6 | 22 | 27 |
| Number of RIDDORs Submitted | 2 | 7 | 5 |
| Serious | 7 | 5 | 8 |

| Indicator | Dec 21 | Nov 22 | Dec 22 |
|---|---|---|---|
| Moderate & Above Harm (verified) | 27 | 19 | 45 |
| Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified) | 7 | 4 | 6 |
| Serious incidents (verified) | 7 | 8 | 18 |

## Incidents - Moderate and Above Harm



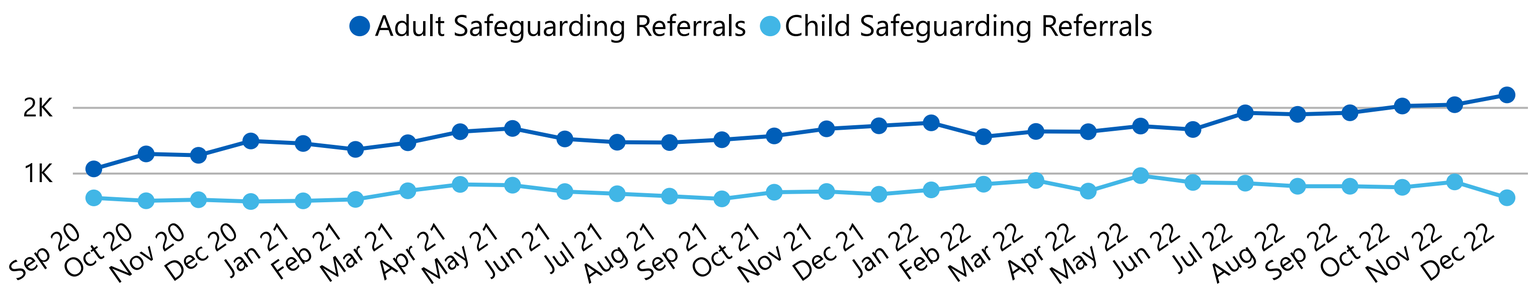

## A&E Long Responses

| Indicator | Dec 21 | Nov 22 | Dec 22 |
|---|---|---|---|
| 999 - C1 Responses > 15 Mins | 1,240 | 1,479 | 2,533 |
| 999 - C2 Responses > 80 Mins | 6,644 | 6,981 | 12,483 |

## YAS Child and Adult Safeguarding

| Indicator | Dec 21 | Nov 22 | Dec 22 |
|---|---|---|---|
| Adult Safeguarding Referrals | 1,712 | 2,033 | 2,182 |
| Child Safeguarding Referrals | 670 | 858 | 617 |
| % Trained Safeguarding for Children (L1) | 73.4% | 91.8% | 90.4% |
| % Trained Safeguarding for Children (L2) | 79.9% | 93.8% | 93.5% |
| % Trained Safeguarding for Adults (L1) | 71.9% | 93.8% | 93.7% |

## Safeguarding Training




## YAS IPC Compliance

| Indicator | Dec 21 | Nov 22 | Dec 22 |
|---|---|---|---|
| % Compliance with Hand Hygiene | 98.8% | 99.4% | 99.4% |
| % Compliance with Premise | 99.0% | 98.6% | 98.5% |
| % Compliance with Vehicle | 99.3% | 97.5% | 97.5% |

## YAS Comments

**Safeguarding adult and child referrals** – There has been a slight increase in adult safeguarding referrals compared with last month, with child referrals showing a decrease. Overall, compared to December 2021 adult referrals are up and child referrals are down.

**Safeguarding training** – Training levels have slightly decreased for Safeguarding for Children L1 & L2. Safeguarding for Adults has stayed close to level month on month and remains well over 90%. 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)

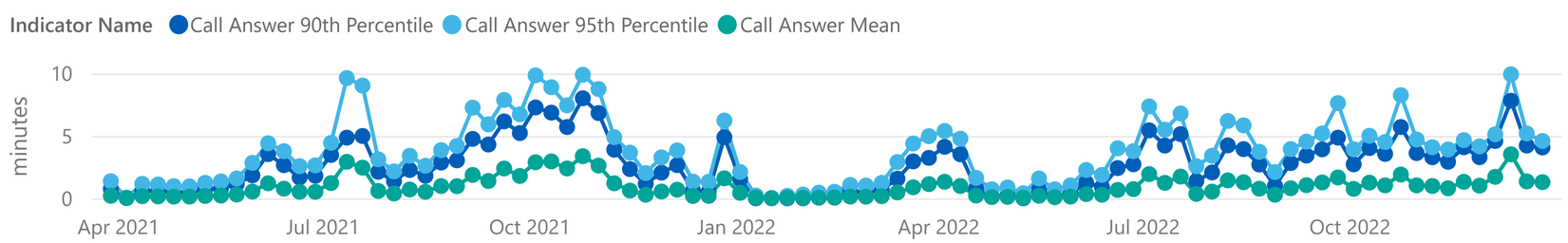
Yorkshire Ambulance Service NHS Trust

**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 |
|---|---|---|---|
| Tuesday, February 01, 2022 | | | |
| Thursday, November 18, 2021 | | | |

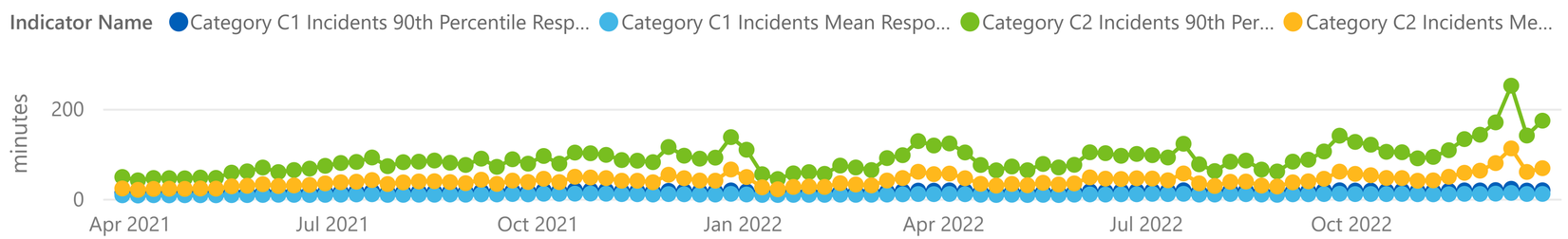
## Call Answer Metrics (call data available from 7th September onwards)




## Call Answer Metrics

| Indicator Name | Dec 21 | Nov 22 | Dec 22 |
|---|---|---|---|
| Call Answer 90th Percentile | 00:02:12 | 00:03:20 | 00:04:51 |
| Call Answer 95th Percentile | 00:03:41 | 00:04:12 | 00:06:17 |
| Call Answer Mean | 00:00:36 | 00:00:57 | 00:01:57 |

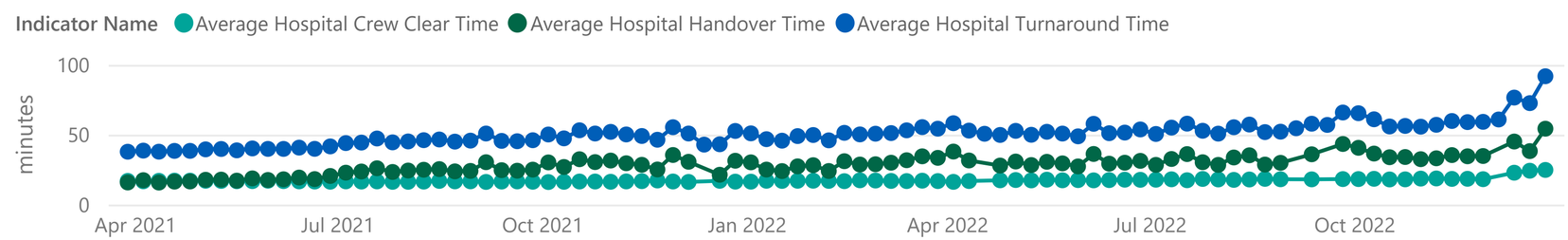
## Response Metrics




## Response Metrics

| Indicator Name | Dec 21 | Nov 22 | Dec 22 |
|---|---|---|---|
| Category C1 Incidents 90th Percentile Response Time | 00:17:10 | 00:17:35 | 00:19:34 |
| Category C1 Incidents Mean Response Time | 00:09:49 | 00:10:10 | 00:11:19 |
| Category C2 Incidents 90th Percentile Response Time | 01:42:23 | 01:52:17 | 03:02:20 |
| Category C2 Incidents Mean Response Time | 00:46:56 | 00:48:55 | 01:18:01 |

## Hospital Turnaround Metrics




## Hospital Turnaround Metrics

| Indicator Name | Dec 21 | Nov 22 | Dec 22 |
|---|---|---|---|
| Average Hospital Crew Clear Time | 00:16:37 | 00:18:27 | 00:22:49 |
| Average Hospital Handover Time | 00:28:26 | 00:34:38 | 00:41:09 |
| Average Hospital Turnaround Time | 00:49:25 | 00:58:33 | 01:12:40 |

# Patient Clinical Effectiveness (Director Responsible Julian Mark)

## Care Bundles (Last 3 Results)

| Indicator | Oct 21 | Nov 21 | Dec 21 | Jan 22 | Feb 22 | Mar 22 | Apr 22 | May 22 | Jun 22 | Jul 22 | Aug 22 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Sepsis % * | | | 86.0% | | | 81.0% | | | 80.6% | | |
| STEMI % | 73.0% | | | 72.0% | | | 57.0% | | | 57.2% | |
| Stroke % | | 93.0% | | | 95.0% | | | 92.0% | | | 93.0% |

***Please note that Sepsis audit has halted at a national level so no new values will be added past Jun 2022**

## Myocardial Ischaemia National Audit Project (MINAP)

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

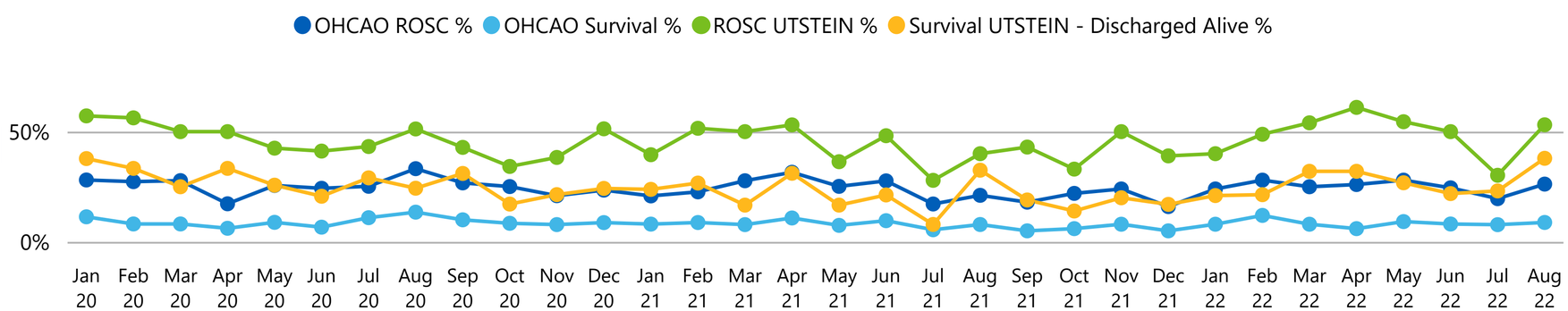
## Sentinal Stroke National Audit Programme (SSNAP)

| Indicator | Jun 22 | Jul 22 | Aug 22 |
|---|---|---|---|
| Avg Time from call to hospital | 103 | 96 | 76 |
| Total Patients | 440 | 419 | 425 |

## 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 81% in June 2022. 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, we have carried on with the same performance level as seen from January 2022 with 72% compliance. April saw a drop in performance to 57% which could partly be contributed to extreme pressures that the trust was facing due to long handover times in hospitals and staff sickness due to COVID-19. Performance has stayed in the 57% mark for July 2022, the reasons for this are not sully understood, however there was adverse hot weather in July which could affect performance. Analgesia administration has been identified as the main cause of this variability with GTN lowering patient pain score on scene, negating analgesia requirement. A review of the Acute Coronary Syndrome pathway is underway as well as the technical guidance under which this measure is audited. Recording of two pain scores (pre & post analgesia) is also an contributing factor to care bundle failures. Further work is currently being undertaken by YAS clinicial informatics & audit team to circulate these findings to front- line clinicians. Further review of the ACQIs by the national audit group also suggests that this element of the care bunlde may be amended in the near future.

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

**Patient Pathways – referrals and re-contact** – Following face to face assessment, ambulance clinicians have a number of options to consider: transport to hospital or manage the patient closer to home. The ePR provides data for patients who have been managed at home and referred to community and primary care providers. 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

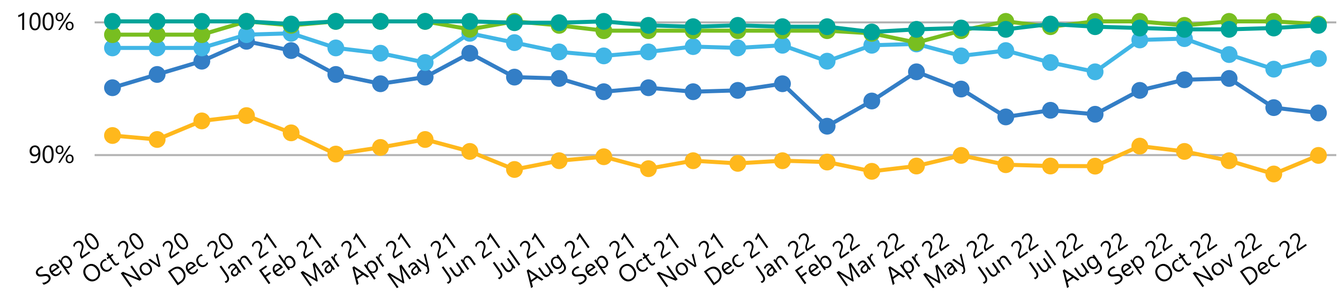
## Estates

| 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% |

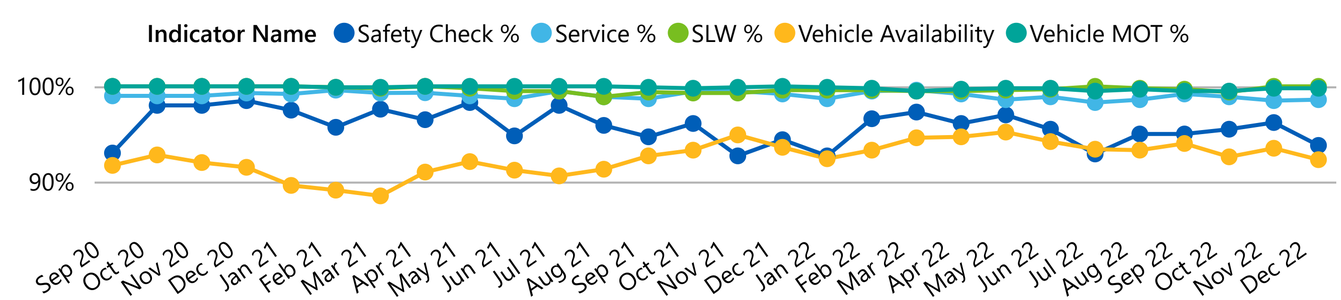
## Estates Comments

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

## 999 Fleet




## PTS Fleet




## 999 Fleet Age

| IndicatorName | Dec 21 | Nov 22 | Dec 22 |
|---|---|---|---|
| Vehicle age +7 | 10.8% | 13.4% | 10.7% |
| Vehicle age +10 | 0.4% | 1.6% | 1.6% |

## PTS Age

| IndicatorName | Dec 21 | Nov 22 | Dec 22 |
|---|---|---|---|
| Vehicle age +7 | 8.6% | 15.8% | 21.1% |
| Vehicle age +10 | 2.4% | 0.2% | 1.0% |

## Fleet Comments

A&E availability increased by 1.4% in December which is partly accredited to the new RRV roll out and long term RRV VOR being replaced. The 106 RRV's rollout will continue at 5 per week thorough to the end of February. PTS has dropped to 92.3% in December, 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 although higher vehicle requirement due to demand is causing issues in carrying out routine maintenance, fleet are managing resources to ensure effective routine maintenance is caried out in a timely manner.

Age profile of the A&E DCA remains stable in November awaiting the arrival of the vehicles currently being converted, these deliveries have slipped to February due to changes in seat certification. 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. PTS age profile has risen in December, the trust is developing plans for a multi-year replacement strategy to encompass migration to alternative fuelled vehicles aligned with the Trusts green plan.

# 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 |

**Appendix B**

## Summary application of the Trust Seal
## Yorkshire Ambulance Service
## 2022-2023

| Document Type | Signed by |
|---|---|
| April 2022 | |
| Lease - Doncaster Hub & Spoke - Rossington | Rod Barnes<br>Nick Smith |
| Lease - Logistics Hub Telford Way | Nick Smith<br>Kathryn Vause |
| Property Release - Bentley Ambulance Station (TR1) | Rod Barnes<br>Steven Dykes |
| July 2022 | |
| Lease – Ground floor offices, Nepshaw Lane South, Morley, Leeds | Steven Dykes<br>Rod Barnes |
| August 2022 | |
| New lease - Unit C1 Telford Way, Wakefield, SF2 OXE | Rod Barnes<br>Steven Dykes |
| September 2022 | |
| Lease - Unit 7 Enterprise House, 1/3 Bridge Street, Bedale DL8 2AD | Nick Smith<br>Rod Barnes |
| Lease - Short term car parking Lee Rumney, Queen Margarets Road, Scarborough YO11 2YH | Nick Smith<br>Rod Barnes |
| License – Alterations Unit 1, C1, Telford Way, Wakefield | Rod Barnes<br>Nick Smith |
| November 2022 | |
| Lease – Newsham Road ref: 903200 | Nick Smith<br>Rod Barnes |