



Yorkshire Ambulance Service (YAS)

Performance Data

January 2014



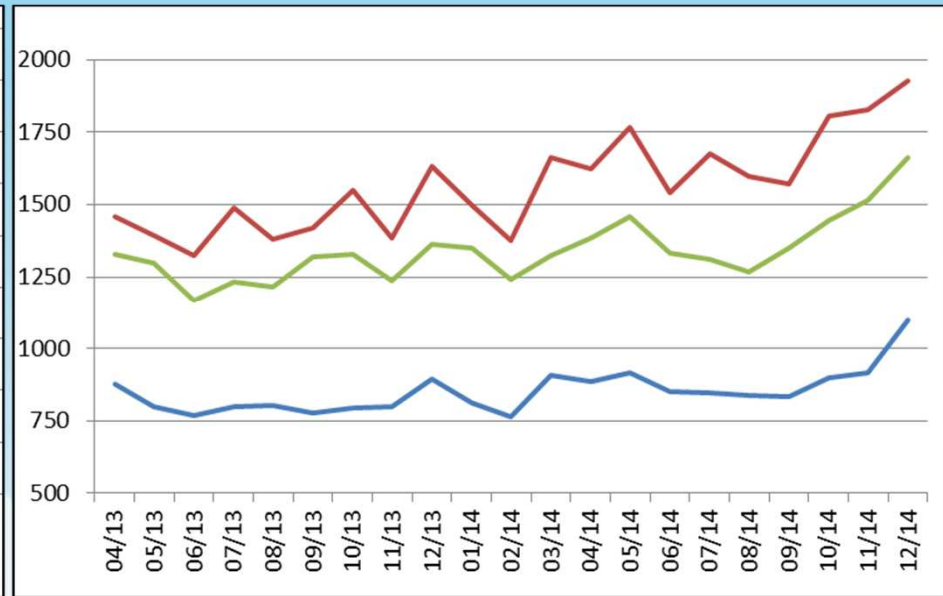
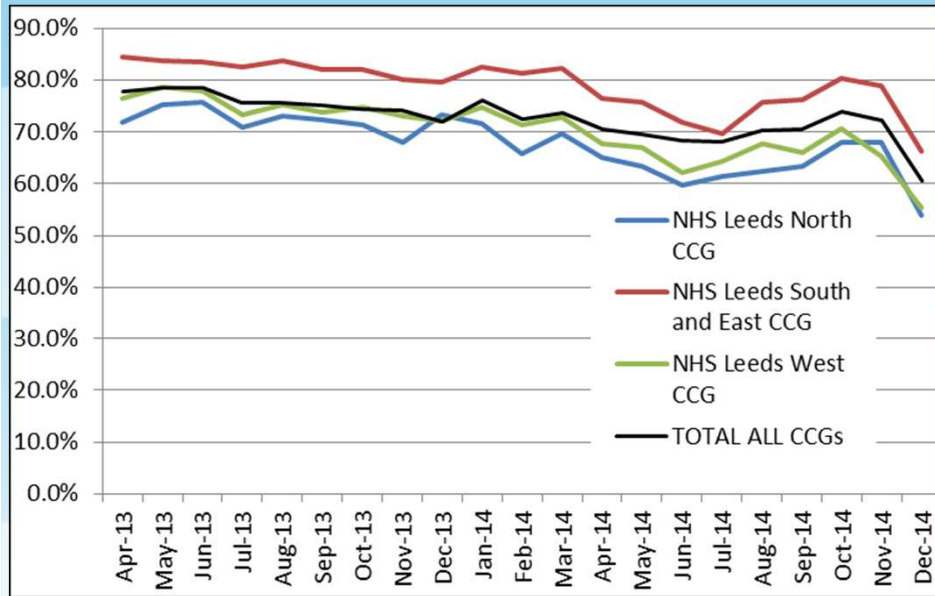
Our Communities

YAS is the only NHS provider serving the whole Yorkshire region

- Provides: A&E ambulance service; non-emergency Patient Transport Service; NHS 111 service; resilience and special services
- Covers the whole of Yorkshire and the Humber (over 6,000 square miles)
- Commissioned by 23 clinical commissioning groups
- Ideally placed to support joined-up care for patients and provide the gateway into urgent and emergency services.



A&E Demand & Performance



Performance vs Red 8 minute target

- To reach 75% of patients with life-threatening conditions within 8 minutes

Demand

Numbers of calls requiring a Red response



Clinical Performance & Safety

Outcome from Cardiac Arrest – Survival to Discharge (UTSTEIN)	
Leeds, Bradford & Airedale	33.0%
YAS	45.5%
National Average	26.8%
Outcome from Cardiac Arrest – Survival to Discharge (Overall)	
Leeds, Bradford & Airedale	13.3%
YAS	13.3%
National Average	9.0%

Outcome from Stroke – arriving at hyper-acute stroke centre within 60 minutes	
Leeds, Bradford & Airedale	59.8%
YAS	59.7%
National Average	60.9%
Outcome from Stroke – received an appropriate care bundle	
Leeds, Bradford & Airedale	98.8%
YAS	98.0%
National Average	96.9%
Outcome from STEMI – received an appropriate care bundle	
Leeds, Bradford & Airedale	65.0%
YAS	85.0%
National Average	78.8%

Key:

ROSC: Return of Spontaneous Circulation

Utstein: a set of guidelines for uniform reporting of cardiac arrest

STEMI: ST-elevation myocardial infarction – a type of heart attack suitable for primary angioplasty treatment

Care bundle: between three and five specific interventions or processes of care that have a greater effect on patient outcomes if done together in given time period, rather than separately.



Frequent Caller Management

- Leeds have funded dedicated frequent caller manager since October 2014
- Identifies issues experienced by these patients and works in partnership with other agencies to ensure access to the appropriate services and/or care package
- Improves quality of care for these patients and reduces pressure on the 999, NHS 111 and A&E services
- 76% reduction in call volume from seven frequent callers following intervention in November and December 2014



Patient Transport Service (PTS)

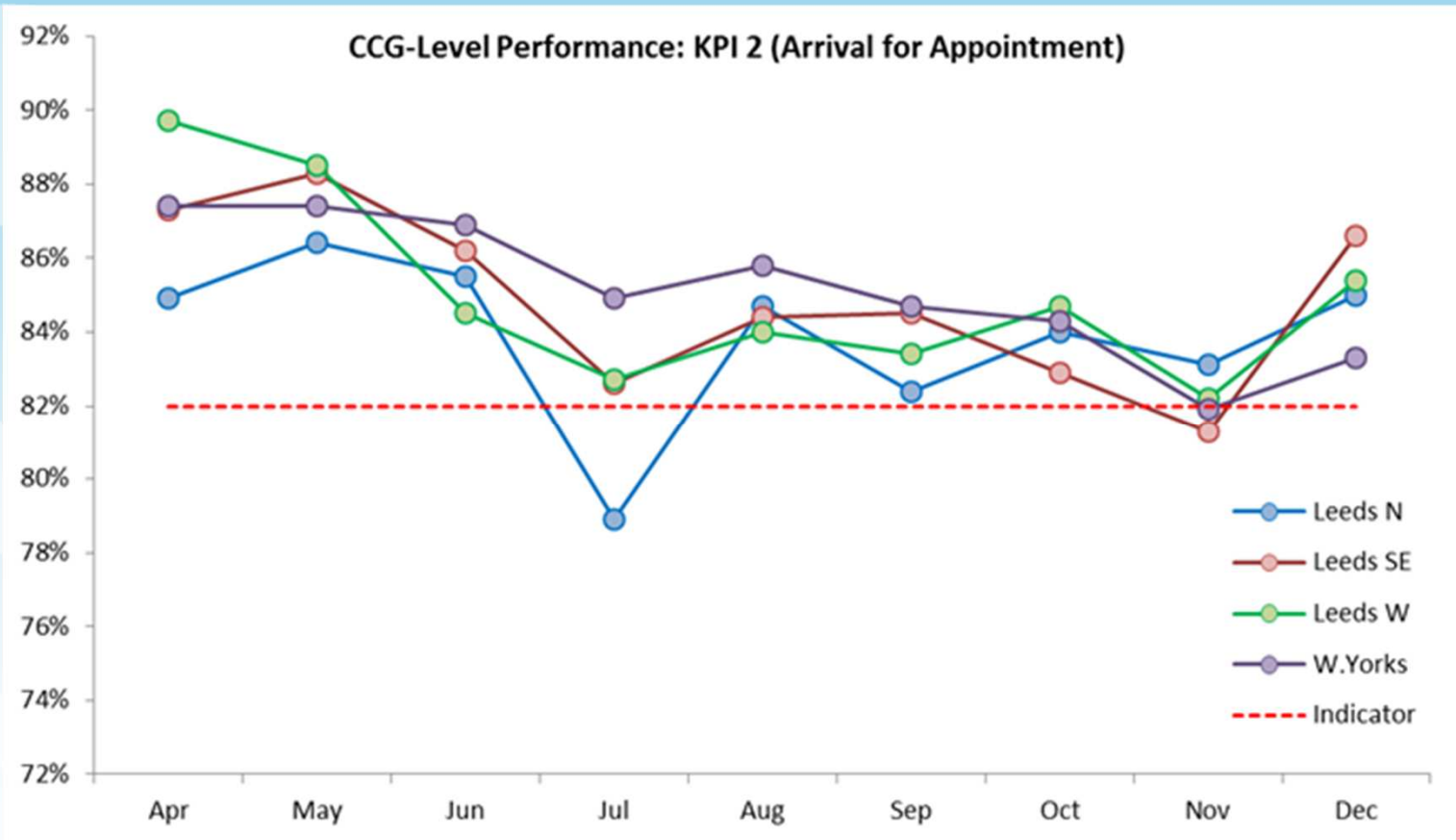
West Yorkshire Consortium performance: December 2014

Performance	KPI 1 % of patients picked up within 120 minutes before appointment	KPI 2 % of patients arriving between 0 and 120 mins before their appointment	KPI 3 % of pre-planned patients picked up within 90 minutes of being declared ready	KPI 4 % of on-day/short-notice patients collected within 120 minutes of being declared ready		
Indicator	93.0%	82.0%	91.0%	96.0%	Activity v Plan	
2013-14 YTD	93.7%	82.7%	92.4%	96.7%	YTD 14-15	437,755
YTD	95.1%	85.2%	92.6%	96.5%	YTD 13-14	430,135
Dec	94.7%	83.3%	91.8%	95.4%		
Dec Breaches	904	2890	1270	78	Dec% Var.	14.8%
Quality	Complaints	Concerns	Comments	Compliments		
Dec 4Cs	19	15	0	7		
	Dec friends and family test results		64.2%			

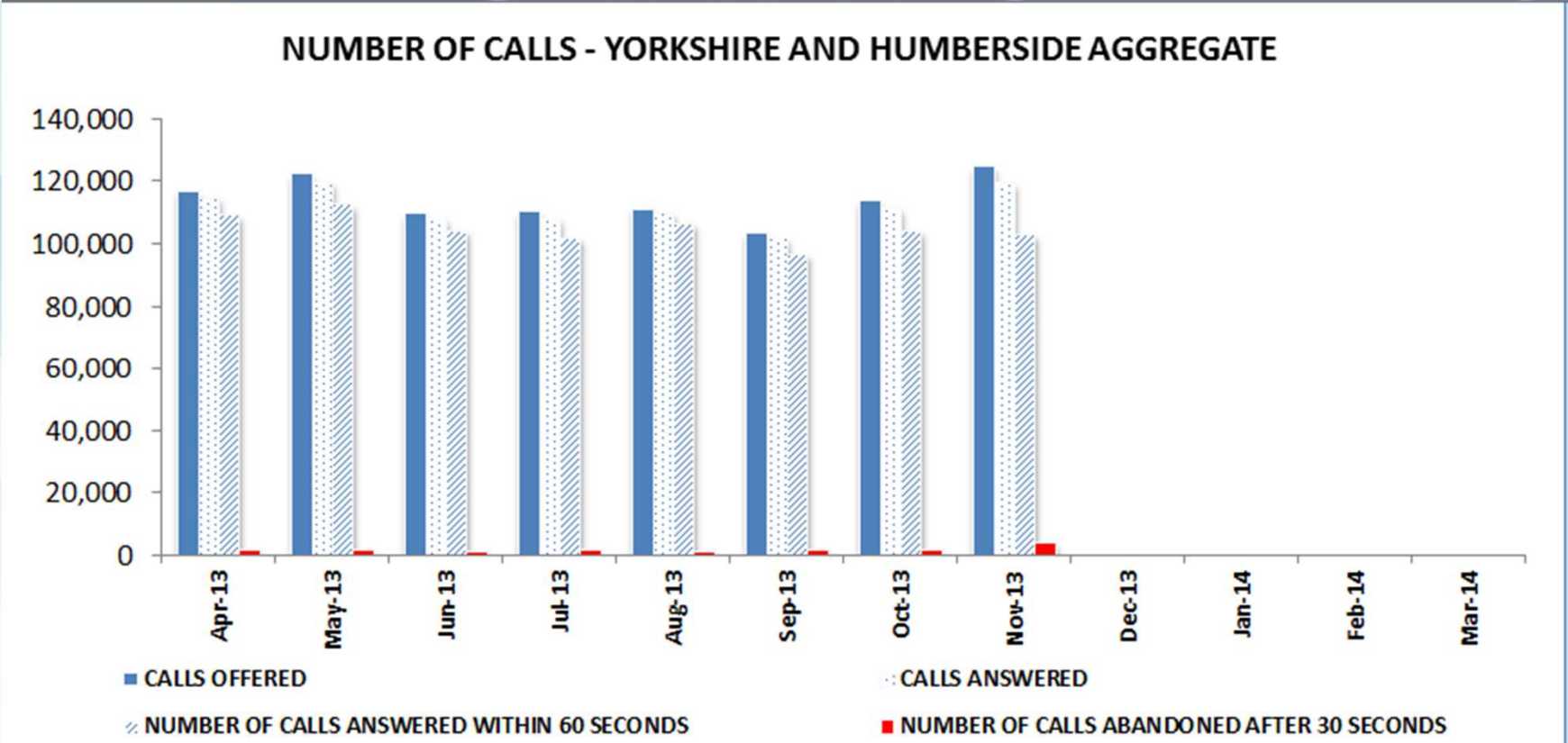
- 37% increase in demand over festive period
- Snow on 29 December had an impact on KPI delivery, but the majority of patients were still transported and attended their appointments
- 23% increase in stretcher demand compared to November in line with overall increase in demand from patients with more complex conditions



PTS Performance – Leeds CCGs

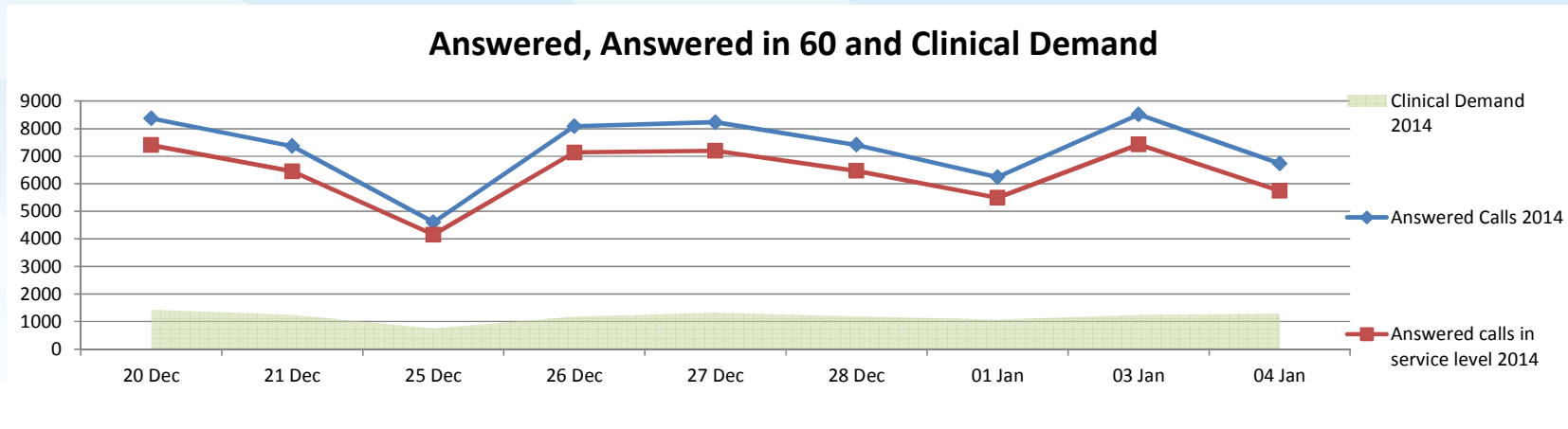
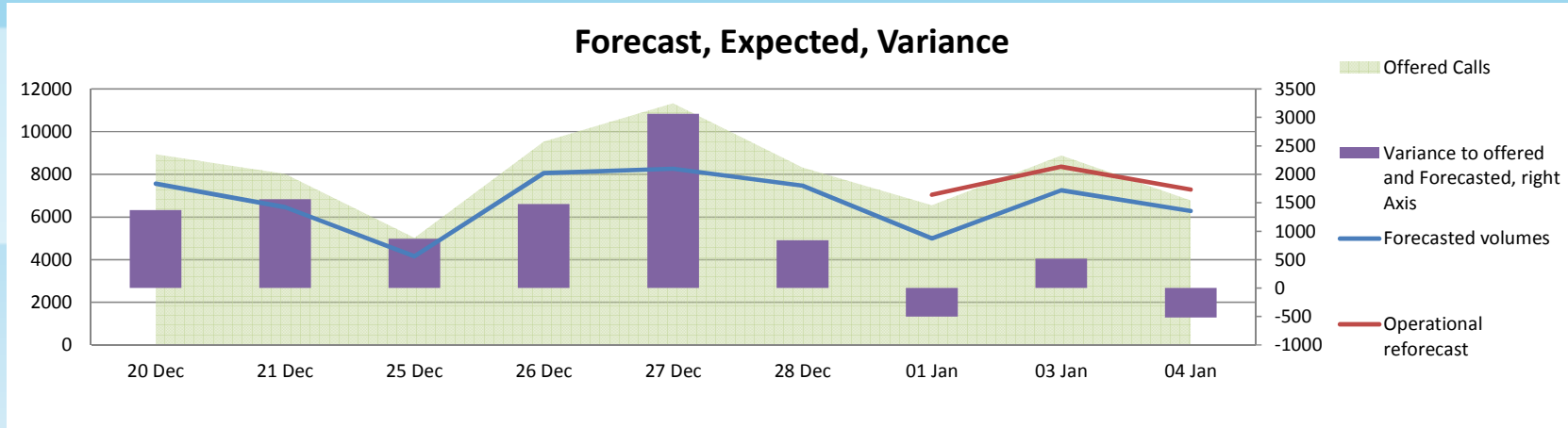


NHS 111 Performance

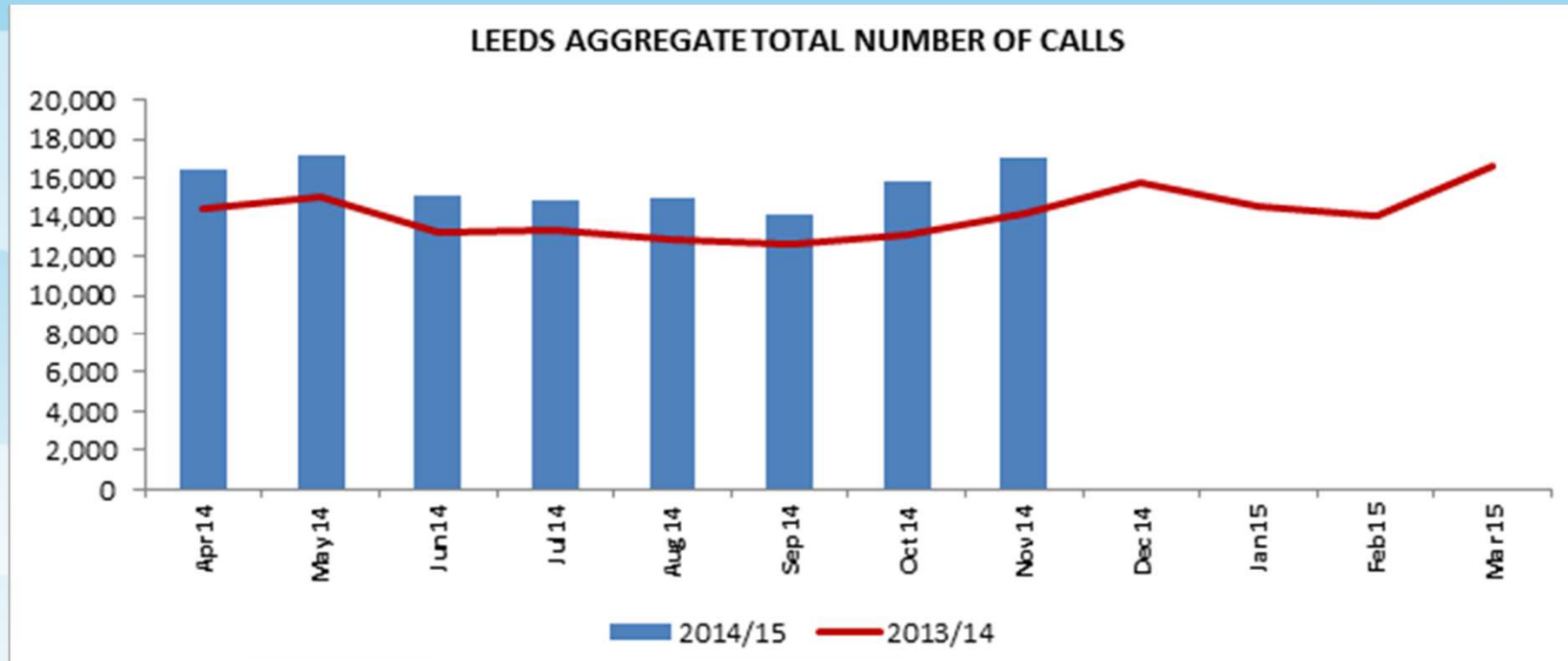


NHS 111 Performance

2014-15 Festive Period



NHS 111 Demand: Leeds CCGs



Partnership with Staff

Partnership working is critical to the development and progression of our organisation

Following extensive and on-going staff consultation in 2014 we:

- implemented new rotas and rest break arrangements
- revised some of our operational policies
- are increasing access to clinical education and training
- opportunities for staff to enhance paramedic skills
- planning to introduce a new Band 4 role.

Recruitment to paramedic vacancies is a priority in common with other ambulance services across the country against the backdrop of a national shortfall.



Response to Unite Claims

All YAS decisions are focused on continuing to deliver a high quality, safe and responsive service for patients.

The allegation that YAS is manipulating call-out data to meet targets is wholly false.

- CQC unannounced inspection July 2013. They observed our triage and re-grading system in practice and concluded that it was safe and fit for purpose
- Supported by a peer review by the Association of Ambulance Chief Executives (AACE) in 2014 and
- an NHS West Yorkshire Audit Consortium review on behalf of the Trust's commissioners in 2014.

We are:

- Continuing to [increase our number of frontline paramedics](#) year-on-year
- Maintaining our fleet numbers to match staff rotas
- Ensuring clinicians have the vehicles, equipment and training they need to care for patients

The [Emergency Care Assistant](#) role is well-established and used by the majority of other ambulance trusts. They have all the required training to provide clinical support to their paramedic colleagues. Currently ECAs do not work on their own or paired with another ECA even if they are the only staff free to respond to an incident.

The recent correspondence and negative campaign is against a background of industrial action commenced by Unite following YAS's decision to derecognise them in February 2013. We have sought constructive ACAS conciliation which has been rejected by Unite.

