

Ambulance Response Times

Ad Hoc Scrutiny Panel

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CHAIR'S FOREWORD

This report presents the findings of the Ambulance Response Times Ad Hoc Scrutiny Panel that has been examining the Yorkshire Ambulance Service NHS Trust's (YAS) response times within the Kirklees area with particular focus on Category A response times (immediately life threatening).

The members of the Ad Hoc Scrutiny Panel have undertaken a thorough, evidence based review to understand the many factors that affect ambulance response times and the actions that have been taken by YAS to meet the Care Quality Commission's deadline of achieving the Category A response times national target.

I would like to thank the individuals who have given their valuable time to input into the evidence gathering process. The Panel were especially grateful for the visit to the Wakefield Communications Centre and the ability to see YAS ambulance staff in action.

I would also like to thank the Panel members: Councillor Carole Pattison, Councillor David Woodhead, Voluntary Co-optee Lisa Jones and Voluntary Co-optee Peter Mackle.

Finally, thank you to the scrutiny support team, Richard Dunne and Beth Hewitt.

Councillor Elizabeth Smaje
Chair, Ambulance Response Times Ad Hoc Scrutiny Panel

1. BACKGROUND AND CONTEXT

- 1.1 In December 2009, the Chair of NHS Kirklees, supported by the Chairs of other NHS Trusts within Kirklees, proposed that Scrutiny look at ambulance response times within the Kirklees area, with a particular focus on the category A¹ response times.
- 1.2 There had been considerable local concern about poor performance of the Yorkshire Ambulance Service (YAS) in respect of response times, and this had received significant press coverage. The Overview and Scrutiny Management Committee therefore agreed to establish a Scrutiny Panel to investigate the issue.
- 1.3 YAS works with all the Primary Care Trusts (PCTs) located in the Yorkshire and Humber region and each individual Primary Care Trust has an input into the commissioning of its local services. However, as YAS covers the whole of the Yorkshire and Humber region the PCTs have elected NHS Bradford and Airedale as the lead negotiator to undertake the contractual discussions and negotiations on behalf of all the PCTs.
- 1.4 The Accident and Emergency (A&E) service run by YAS is operated across 5 areas that are referred to as 'Clinical Business Units'. Each Business Unit is responsible for providing a service for a number of Primary Care Trusts. The district of Kirklees is served by the Bradford, Calderdale and Kirklees Clinical Business Unit within YAS, with NHS Kirklees as the local commissioning organisation.
- 1.5 In April 2010 the Care Quality Commission, independent Regulator of all health and adult social care in England, set YAS a deadline of 31 October 2010 to meet the national target for responding to category A emergency calls within 8 minutes.
- 1.6 In September 2010 the Care Quality Commission was satisfied with the progress made by YAS and lifted the condition it had imposed on their licence. However it stressed that the real challenge was that YAS must continue to maintain the improvement in respect of responding to category A calls within the national target.
- 1.7 Ambulance services are one of the most important gateways into the health and social care system and, like the rest of the NHS, face a number of challenges including an increasing level of demand that has been continually rising over the last decade.

¹ **Category A responses are those where the patient's condition is deemed to be immediately life threatening presenting conditions which require a fully equipped Emergency Ambulance to attend the incident.**

2. TERMS OF REFERENCE

1. To examine the Yorkshire Ambulance Service NHS Trust's response times within the Kirklees area, with particular focus on Category A response times.
2. To understand the factors that affect ambulance response times within Kirklees, including the dependency on other organisations; how these are managed; and identify any scope for improvement.
3. To determine the actions taken by the Trust to meet the Care Quality Commission's deadline to achieve the Category A response times national target and to challenge the impact and sustainability of improvement measures.
4. To assess the Yorkshire Ambulance Service NHS Trust's progress in developing outcomes measures in light of the recent Health White Paper.
5. To make recommendations, as appropriate.

3. THE PANEL AND WORKING ARRANGEMENTS

- 3.1 In accordance with the Council's Constitution, the Overview and Scrutiny Management Committee appointed the membership of the Panel as:
 - Cllr Elizabeth Smaje (Chair)
 - Cllr David Woodhead
 - Cllr Carole Pattison
 - Lisa Jones (Co-optee)
 - Peter Mackle (Co-optee)
- 3.2 The Panel was supported by Scrutiny Officers Richard Dunne and Beth Hewitt.
- 3.3 The Panel held a series of meetings between 13 September 2010 and 28 January 2011 in order to receive information and evidence from a range of individuals and organisations. This included visiting the Yorkshire Ambulance Communication Centre in Wakefield and meeting support, operational and front line employees of the Ambulance Service.
- 3.4 The Panel also approached all Kirklees councillors, inviting them to comment on their experience of ambulance response times in Kirklees. A full list of attendees, witnesses and details of the responses from councillors are shown on page 42.

4. SUMMARY OF EVIDENCE RECEIVED

- 4.1 The following sections of the report will set out for each term of reference a summary of the key evidence that has been received, followed by an outline of the Panel's views.

5. TERM OF REFERENCE 1

To examine the Yorkshire Ambulance Service NHS Trust's response times within the Kirklees area, with particular focus on Category A response times.

- 5.1 The national response times standards for emergency and urgent ambulance services have been set since 1974. Over the years there have been a number of revisions to standards and targets and in 2008 an amendment was introduced in order to ensure that critically ill and injured patients could be reached more quickly.
- 5.2 Each call that is received by the ambulance service is given a prioritisation category based on the information given by the caller (see also section 6.6.3 below). These are:
- Category A: immediately life threatening – presenting conditions which require a fully equipped Emergency Ambulance² to attend the incident.
 - Category B: serious but not immediately life threatening.
 - Category C: other emergency calls which are not immediately life threatening.
- 5.3 All calls that are received by the Ambulance Communications Centre and are determined as being a category A call are measured against the following national standard:
- An emergency response should reach the patient within 8 minutes irrespective of location in 75% of cases and a fully equipped ambulance vehicle should attend the incident within 19 minutes of the request for transport being made in 95% of cases.
- 5.4 Before the 2008 change the target response time was measured from the point at which the ambulance service had obtained a caller's location, telephone number and chief complaint. Since 2008 the measurement starts immediately a call is connected to the Ambulance Service Communication Centre which now means that the clock starts measuring the response time approximately 90 seconds earlier than before.
- 5.5 During the period of this review the Department of Health has announced forthcoming changes to the way that the Ambulance Service will be held to

² Defined as a fully equipped emergency Ambulance Service vehicle (car or traditional Ambulance) and fully trained crew, able to treat and transport the patient in a clinically safe manner.

account by the introduction of more evidence based outcome measures. From April 2011 the category B response time will be removed and replaced by clinical quality indicators designed to give a better indication of patient care and experience.

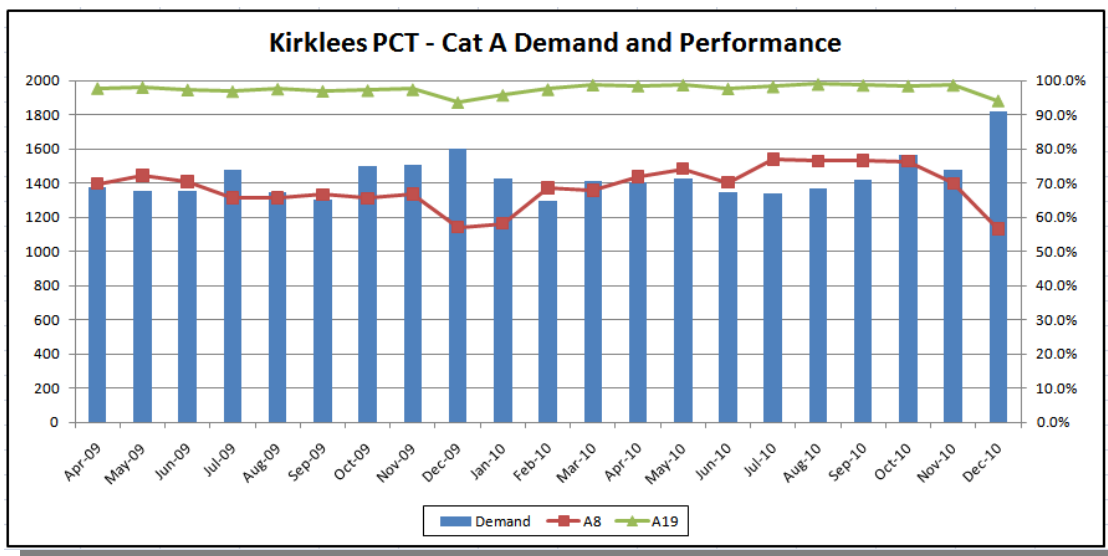
- 5.6 The Ambulance Service will however still be required to respond to category A patients in 8 minutes and provide transport (where needed) to these calls within 19 minutes.
- 5.7 YAS has two communication centres that serve Yorkshire - one based in York and the other in Wakefield. The Wakefield Communication Centre serves most of West and South Yorkshire and in the event that either of the communication centres reaches capacity, calls are directed to the alternative centre.
- 5.8 YAS has a fleet of over 500 specially equipped emergency vehicles that operate from around 62 ambulance stations located across the Yorkshire and Humber region and provide 24 hour emergency and urgent care services.
- 5.9 There are 24 emergency vehicles available to operate across Kirklees although the actual number of vehicles is higher to allow for vehicle servicing and maintenance. YAS has vehicles that are covered by either an A&E Support Crew or a Double-man Ambulance. YAS also has rapid response vehicles that operate from 6 am to 2 am.
- 5.10 Crews are not fixed to a base station and can be deployed as required in order to provide the best possible level of cover across the region. YAS provide a combination of different qualified staff to work on an Accident and Emergency vehicle. The staff that are qualified and registered to attend to emergency calls will be placed either in a rapid response vehicle or included as a member of a 'Double Man' crew in a fully equipped ambulance.
- 5.11 The ambulances that are operated by an A&E Support Crew do not have the clinical training or qualifications to attend as the first responders to an emergency call. However they can be used to help convey patients to hospital if a qualified member of staff responding to an emergency call decides that the patient is well enough to be conveyed to hospital without the need for any immediate medical treatment.
- 5.12 YAS has advised that it is committed to ensuring that front line ambulance staff are trained to new skill levels in order to offer greater flexibility of resource and to increase the availability of emergency ambulances with staff with higher clinical skill levels to attend those patients suffering with serious conditions. The table below details the types and the primary locations of vehicles that operate across Kirklees.

Number of vehicles	Type of vehicle	Location
3	Primary Care Assistant Crew	Huddersfield
4	Double Man Ambulance	Huddersfield
3	Double Man Ambulance	Honley
4	Double Man Ambulance	Dewsbury
4	Rapid Response Vehicle	Huddersfield
4	Rapid Response Vehicle	Dewsbury
2	Rapid Response Vehicle	Honley

5.13 YAS has advised that although it is focused on achieving the required performance against the response time target it also places a high priority on providing the best possible patient experience and clinical outcome. This can mean that the ambulance crew spends more time at the scene treating the patient and exploring alternative sources of care.

5.14 The Yorkshire and Humber 2010/11 contractual agreement between the Primary Care Trust (PCT) Ambulance Services Commissioning Board and YAS included an expectation that the Ambulance Service would achieve a minimum response rate of 75% against the category A 8 minute response time target. However for four PCTs, including NHS Kirklees, there was an agreement to a phased improvement in performance with an expectation from NHS Kirklees that YAS would initially achieve a minimum 70% response rate rising to 75% by September 2010.

5.15 Kirklees demand and performance figures³ show that between April 2009 and June 2010 the target (based on the 75% threshold) for the 8 minute response time was not achieved. From July 2010 performance improved and the target was achieved for July 2010 to October 2010, however because of adverse weather conditions performance was not achieved in November and December 2010.



³ See Appendix 1 for Kirklees Category A Demand and Performance monthly figures (A4 Version)

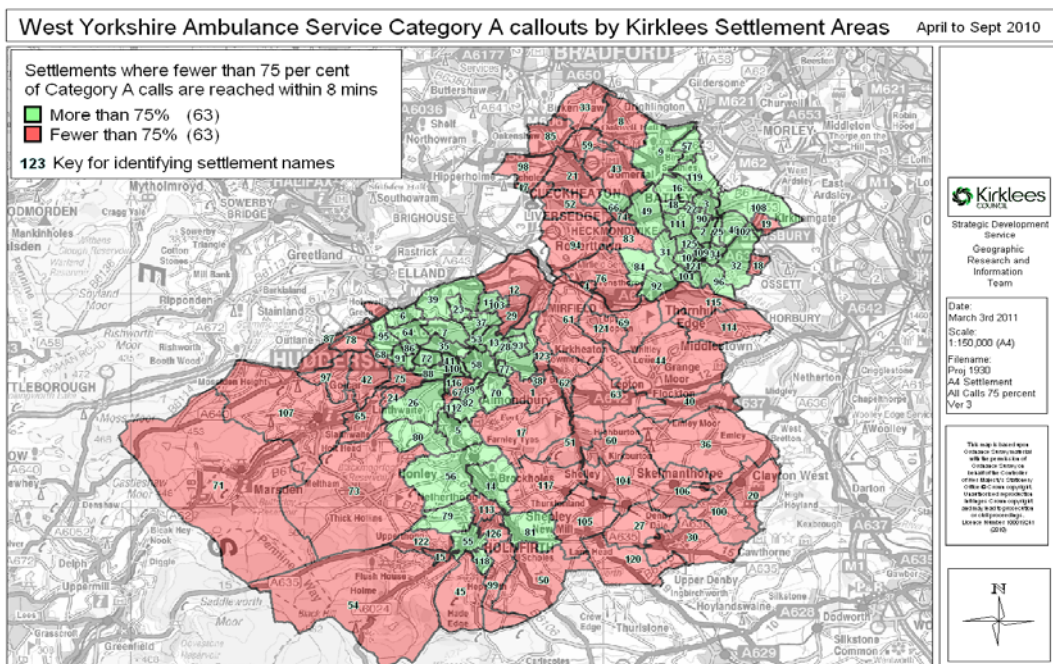
- 5.16 YAS performance in Kirklees for the category A target response time of a vehicle attendance within 19 minutes shows a good consistency in achievement. With the exception of December 2009 and 2010 the target was met for every month during the period April 2009 to December 2010.
- 5.17 In April 2010 the YAS Trust Board introduced an Integrated Performance Report in order to monitor progress of the Trust's business plan objectives and performance against key targets such as response times. Data used in the report shows that the year to date (April – December 2010) performance of the category A 8 minute response time in Kirklees was 71.6% compared to an overall average for Yorkshire and Humber of 73.7%. Over the same period performance of the category A 19 minute vehicle response time in Kirklees was 97.9% compared to an overall average for Yorkshire and Humber of 97.3%.
- 5.18 Detailed demand and performance figures in Kirklees⁴ for the period April to September 2010 show that demand for category A calls was 8212. The majority of calls were concentrated in areas close to the district's major towns such as Huddersfield and Dewsbury⁵. Over this period the overall Kirklees performance for the category A 8 minute response time was 74.34%.
- 5.19 By dividing Kirklees into smaller recognised areas of settlement⁶ a more detailed analysis of the data by the Council's Geographic Research Team highlighted 63 areas across the district where the category A 8 minute response time was not achieved. The total numbers of calls to these areas was 3297 which accounted for approximately 40% of the total demand.
- 5.20 The data showed wide variances in performance across the district with the worst performing areas being located around the rural areas close to Skelmanthorpe, Scholes and Holme and the best performing areas located in the urban areas near to Huddersfield and Dewsbury town centres.
- 5.21 Further analysis undertaken by the Geographic Research Team show that the population⁷ of those settlement areas where the category A response time was achieved was 208,880 (51.4% of Kirklees population) against 197,830 (48.6%) for those areas where the response time was missed.

⁴ Information supplied by the Yorkshire Ambulance Service NHS Trust for the period 1st April 2010 to 30th September 2010 showing data by post code area of all district incidents where calls that have been allocated as category A have been less than or equal to 8 minutes and calls where performance has exceeded 8 minutes.

⁵ Demand in these areas will also include hospital emergency transfer requests see section 6.1

⁶ Settlements are areas that do not have official or legal boundaries but are based on people's perceptions about where an area begins and ends. There are 126 settlement areas in Kirklees which have been identified by the Council's Planning Service using local knowledge and perception of settlement.

⁷ Population of Kirklees settlements are produced using the council's tax database and the Super Output Area office of National Statistics 2009 mid-year estimates.



5.22 The map⁸ above identifies those settlement areas in Kirklees where less than 75% of category 'A' calls, during the period April to September 2010, had been reached within the 8 minute target.

5.23 The Panel has requested additional data in order to try and assess the time differences between the achieved and missed calls and to gain a better understanding of the extent to which the 8 minute target is only just being missed. However at the time of writing this report, YAS has been unable to provide this information.

TOP 5 PERFORMING AREAS		
Settlement Area	Category A Calls	Percentage of missed calls
Taylor Hill	8	0%
Lindley	298	4%
Gledholt	24	4%
Staincliffe	221	6%
Springfield, Eightlands & the Flatts	103	6%
BOTTOM 5 PERFORMING AREAS		
Settlement Area	Category A Calls	Percentage of missed calls
Cumberworth(Upper and Lower)	6	100%
Hade Edge, Cartworth	7	100%
Scissett	33	94%
Emley	24	92%
Flockton	13	92%

5.24 The tables above illustrate the demand levels and performance of the top 5 and bottom 5 areas in Kirklees (Period April – September 2010). Details of performance of each settlement area can be seen in Appendix 3.

⁸ See Appendix 2 for A4 version of the Kirklees performance map.

PANEL VIEW

- The Panel recognise that YAS is contracted by the PCT Commissioning Board to achieve a minimum of 75% against the category A 8 minute response target and that this is based on an aggregated percentage of calls across an entire commissioned area such as Kirklees. However the Panel has concerns that the nature of this reporting method means that variations in local performance are not being sufficiently highlighted.
- The Panel would like to see YAS and NHS Kirklees, the local commissioning body, work together to create a more equitable service across the district of Kirklees with the aim of providing greater consistency in performance.
- The Panel welcomes the focus by YAS on trying to provide the best possible outcome for patients and supports the emphasis on delivering an excellent standard of clinical care.
- The Panel is disappointed that the data showing the time differences between the achieved and missed calls has not been made available. The Panel feels that this information would have helped to gain a better understanding of the extent of the variations in performance across Kirklees.

6. TERM OF REFERENCE 2

To understand the factors that affect ambulance response times within Kirklees, including the dependency on the other organisations; how these are managed; and identify any scope for improvement.

TERM OF REFERENCE 3

To determine the actions taken by the Trust to meet the Care Quality Commission's deadline to achieve the Category A response times national target and to challenge the impact and sustainability of improvement measures.

The Panel has identified a number of factors that it feels have an impact on ambulance response times. These are explored in more detail below, together with details of the actions that are being taken to address these issues, and the views of the Panel.

6.1 FACTORS – Operational Procedures and Demand

6.2 Demand

6.2.1 Resources in Kirklees are managed from the Wakefield Communication Centre, which aims to ensure that ambulance vehicles are positioned at certain standby points located across the district in line with expected demand.

6.2.2 Matching resource to demand is a critical issue and YAS use a system tool called System Status Management to allocate resources across Kirklees. System Status Management locates ambulance vehicles based on historic

demand and operates different plans to take account of the varying demand experienced at different times of the day and day of the week.

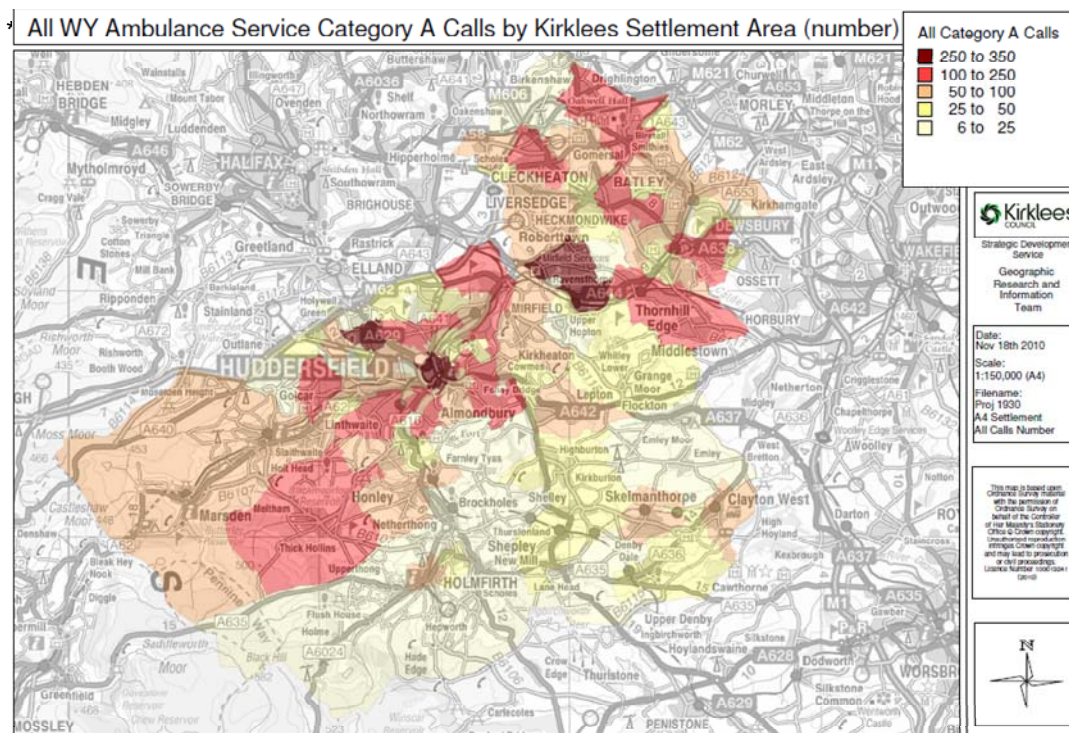
- 6.2.3 The demand for ambulance services is rising and over the last decade the number of people calling 999 has increased between 5 and 7 per cent each year⁹. This increase in demand is reflected in the number of incidents being reported across Yorkshire and Humber with total incidents during the period April – December 2010 of 499,219 which includes 180,400 category A incidents. During this period Kirklees recorded total incidents numbering 37,997, which was 4.6% higher than YAS had anticipated and the number of category A calls was 13,159 which was 2.4% higher than the anticipated demand.
- 6.2.4 The increasing number of emergency calls places considerable pressure on resources. Although every Category A call is treated with the same priority by YAS, not every call requesting an emergency vehicle is a genuine category A incident. YAS has also advised that demand for emergency response vehicles is increased by frequent callers, many of whom suffer with long term underlying health issues.
- 6.2.5 The definition of Categories A,B and C is a standard one determined by the Department of Health, which also sets the response required and target response times.
- 6.2.6 Despite the sophistication of the system tools used to predict demand, YAS has advised that demand can at times be difficult to assess as it can be influenced by one off events or factors. For example, sporting events such as the Football World Cup tournament held during June and July 2010 created additional demand due to an increase in alcohol related incidents.
- 6.2.7 Demand for ambulances can also be increased in the event of an emergency situation that requires the immediate involvement of the ambulance service such as dealing with casualties involved in a major road traffic accident or being put on standby during a major incident.
- 6.2.8 YAS has advised that it does not differentiate between demand in urban and rural areas as it aims to provide an equitable service across the district. Analysis of the demand data for Kirklees during the period April to September 2010 shows that higher demand tends to be in those areas that are generally considered as urban and the lower demand in areas considered as rural.
- 6.2.9 Demand recorded in the areas of settlement where the main hospitals in Kirklees are located, such as Lindley (Huddersfield Royal Infirmary) and Staincliffe (Dewsbury and District Hospital) include emergency hospital transfer requests and this inflates demand.
- 6.2.10 The table below illustrates the areas in Kirklees of the highest and lowest demand (Period April – September 2010). The map¹⁰ following this shows a more detailed picture of the varying demand across the district of Kirklees:

⁹ NHS information Centre, 2008.

¹⁰ See Appendix 4 for A4 version of map showing vary demand across Kirklees.

TOP 5 AREAS OF DEMAND		
Settlement Area	Category A Calls	Percentage of overall demand
Huddersfield Town Centre	345	4.2%
Mirfield and Eastthorpe	305	3.7%
Lindley*	298	3.6%
Heckmondwike	229	2.8%
Staincliffe*	221	2.7%
Total	1398	17.0%
BOTTOM 5 AREAS OF DEMAND		
Settlement Area	Category A Calls	Percentage of overall demand
Cumberworth	6	0.1%
Hade Edge, Cartworth	7	0.1%
Outlane	7	0.1%
Scapegoat Hill & Bolster Moor	7	0.1%
Upper Hopton	7	0.1%
Total	34	0.4%

*Figures include emergency hospital transfer requests



6.3 Standby Points

6.3.1 The sourcing of suitable standby points is an ongoing issue for YAS as the safety and well being of the ambulance crew is an important consideration. Many factors have to be taken into account when reviewing a new standby point, such as the need for 24 hour access; no parking restrictions; access to

basic facilities; well lit area etc. For those standby points that offer very little in the way of facilities crews will only be kept at these locations for a limited time period.

6.3.2 YAS currently has 8 standby points located across Kirklees and ambulance vehicles will be deployed to these points depending on the priority within the plan and the time of the day. Only facilitated¹¹ standby points can be used between midnight and 6.00 am. The standby points in Kirklees are:

- Huddersfield Ambulance Station (Facilitated)
- Honley Ambulance Station (Facilitated)
- Dewsbury Ambulance Station (Facilitated)
- Holme Valley Memorial Hospital (Facilitated)
- Asda Long Hill Road – Huddersfield (Non Facilitated)
- Colne Vale Road – Milnsbridge (Non Facilitated)
- Waterloo Road – Almondbury (Non Facilitated)
- Eastgate – Honley (Non Facilitated)

6.3.3 YAS do not operate vehicle resources within local authority or Primary Care Trust boundaries and the Communication Centre will always aim to deploy the nearest available vehicle to the location of the emergency call.

6.3.4 A category A patient will generally be conveyed to the nearest emergency department or to an appropriate hospital should the patient require specialist care. The 'no boundary' policy means that an ambulance that starts off in Kirklees could convey a patient to a hospital outside of the district and then continually be deployed outside of Kirklees.

6.3.5 Between April 2010 and August 2010 a total of 5428 category A patients were conveyed to Dewsbury and District Hospital and Huddersfield Royal Infirmary. During the same period a further 853 category A patients were conveyed to emergency departments outside of Kirklees. The main destinations were Calderdale Royal Infirmary (462), Leeds General (140), Barnsley District General (81) and Pinderfields General Hospital (72).

¹¹ **Facilitated standby points provide safe sheltered accommodation and offer basic provision such as a rest area, toilet and facilities to make a hot drink. Non Facilitated points are roadside locations that have been identified as a safe place for ambulance crew to sit in a parked vehicle.**

PANEL VIEW

- The Panel acknowledge the increased levels of demand for ambulance services and the pressures and challenges that this imposes.
- The Panel accept that despite the sophisticated systems used by YAS to predict demand, that from time to time factors such as one off major sporting events create additional difficulties in terms of increased and unpredictable demand.
- The Panel note that the higher demand is located around the more urbanised areas of Kirklees and that demand in those areas where the main hospitals are located is further inflated due to the inclusion of emergency hospital transfers.
- The Panel understand the need for ambulance vehicles to be located near to the predicted areas of high demand.
- Although the Panel recognise that the locations of standby points are influenced by the analysis of demand and suitability of the sites, the Panel would encourage YAS to continue to review the standby points, test their effectiveness, and take account of the performance of those areas in Kirklees that are not consistently achieving the response time target.
- The Panel endorse the work that is done by YAS in ensuring that patients are taken to the most appropriate place of care including conveying patients to those hospitals that offer specialist care.

6.4 ACTIONS – Operational Procedures and Demand

6.5 Operational Performance

6.5.1 The Yorkshire Ambulance Service has improved operational performance across Yorkshire with Kirklees being one of the most improved areas. Despite this improvement the sustainable achievement of response times remains a key priority for YAS and they have taken opportunities to learn from good practice and continuously review their processes.

6.5.2 A detailed A&E Operational Improvement Plan with over 200 Action Points has been developed to ensure YAS continue to reach and maintain the required standards. The action plan covers areas such as:

- Hospital Turnarounds
- Stand-by locations
- Time at Scene
- Alternative Response and Community Responders
- Review of A&E Rotas
- Category A and B Response Activation Times
- Abstraction Management
- Resource Improvement
- Staff Engagement

6.5.3 Each of the key improvement areas also have a number of performance indicators associated with them which allows YAS to assess how well they are progressing and whether they are achieving the expected benefits for patients.

6.5.4 The A&E Operational Improvement Board has responsibility for the overall plan and is made up of those managers and directors with responsibility for delivering the work within the Plan. The Board is led by the Directors of A&E

Operations and of ICT and reports to the Trust Executive Team and Business Delivery Committee.

- 6.5.5 The Business Delivery Committee is a sub-committee of the Trust Board and has responsibility for making sure the Trust is working effectively to achieve performance and financial targets. The overall responsibility for achieving the Plan is with the Trust Board and progress is reviewed in public at the Trust Board meetings.
- 6.5.6 Regular updates on achievement of the Plan are available as part of the Integrated Performance Report which is completed every 2 months.
- 6.5.7 As well as the A&E Operational Improvement Plan there are a number of joint plans between YAS and NHS Kirklees including the NHS Kirklees/YAS Turnaround Plan which is specific to improving the handover and turnaround times of ambulance arriving at health venues and A&E.
- 6.5.8 The Bradford, Calderdale and Kirklees Clinical Business Unit also includes objectives relating to achieving a response time standard, improving alternative care pathways and increasing the numbers of Community First Responders.

6.6 Control Room and Call Management

- 6.6.1 YAS has carried out a number of actions to ensure that ambulance response times for category A Calls have been improved. This includes the introduction of new rotas for staff in the communications centre; new working practices; utilisation of new computer, radio and telephone systems; and increasing the number of alternate pathways of care for patients and other initiatives.
- 6.6.2 The Control Room within the Communications Centre has large visible wall screens that are able to show 'real time' data relating to the availability of staff to take calls, the availability of ambulances and the current hospital turnaround times.
- 6.6.3 The Wakefield Centre upgraded the Computer Aided Despatch (CAD) system in March 2010. The Centre also uses the Advanced Medical Priority Dispatch system (AMPDS) which is able to categorise an appropriate response to a call based on the information that is received. The response will be categorised as either category A (red), category B (amber) or category C (green).
- 6.6.4 All calls that are received are automatically registered on the system as a category A call until the information that has been entered onto the AMPDS reclassifies the call. An ambulance response vehicle is despatched immediately the call is picked up by the system and will continue to the destination unless the system recategorises the call as non urgent. In these cases the ambulance is instructed to stand down and will continue to the nearest 'stand-by point' or 'ambulance station' to await further instructions.
- 6.6.5 The AMPDS used in the Communication Centre to categorise the appropriateness of the calls, includes categories covering 33 different types of

incidents and the ability to refine the diagnosis with up to 2000 different incident codes, determined by the responses provided by the caller.

- 6.6.6 Call takers are trained to use the AMPDS and will follow strict guidelines and procedures. As part of the YAS commitment to train staff, YAS requires that call takers are re-assessed every 2 years in the use of the AMPDS.
- 6.6.7 When a caller is unresponsive or unable to answer the questions put by the operator, the system automatically categorises the call as a category A emergency call. The call taker will remain on the line until an ambulance vehicle has confirmed its arrival at the scene. If the caller is a non English speaker the call taker can use a service called 'Language Line' to assist in interpretation, which is carried out via a three way call.
- 6.6.8 A system will shortly be introduced that will allow (with the patient's permission) the notes taken by the clinical hub team to be electronically entered onto patient records. This is aimed at improving the overall history and picture of patient care and will be accessed by the patient's GP and other health care professionals.
- 6.6.9 YAS is working with NHS Kirklees to identify frequent callers and to develop care plans that can be improved to reduce the need for repeated 999 calls. The communication system is able to identify frequent callers, with measures in place to refer these callers to their GPs so that the underlying reasons for the calls can be identified and appropriate action can be taken to remedy the problem.

6.7 **Alternative Pathways of Care**

- 6.7.1 Historically the single role of the A&E ambulance service was to stabilise a patient's condition in order that they could be transported rapidly to an emergency department for further treatment.
- 6.7.2 However, as more people live longer and suffer from long-term and chronic lifestyle related conditions, such as heart disease and diabetes it has been identified that the best outcome for patients is not always in the rapid transferring of patients to hospital but by supporting patients and making referrals to the appropriate pathway of care and specialist teams.
- 6.7.3 YAS has developed a number of initiatives to deliver patients to alternative pathways, these include:
- Increasing the percentage of patients referred to hypoglycaemic care.
 - Increasing the percentage of patients over 65 being referred to the falls care pathway.
 - Allowing crews to refer patients suffering STEMI heart attacks directly to specialist centres providing gold-standard primary angioplasty treatment.
 - Working with NHS Kirklees to develop pathways for patients with chronic obstructive pulmonary disease and hip fractures.
 - NHS Kirklees has allocated a community matron to people with long term conditions to prevent unnecessary calls for emergency assistance.

- 6.7.4 NHS Kirklees provide a 'falls team' who are targeted to respond to referrals within 4 hours. The aim of this initiative is to treat the patient and establish if any action is required to prevent further calls occurring.
- 6.7.5 Calls that are linked to issues relating to diabetes will be visited by a diabetic team within 5 working days. The team will review that patient's lifestyle and offer advice and support on managing the condition.
- 6.7.6 YAS has also developed a 'clinical hub' that is able to provide support to patients that have non life threatening conditions (category C). Within the hub, clinical advisors are able to assess the needs of patients through a clinical triage system.
- 6.7.7 This can include assessment by an NHS Direct nurse or a YAS clinical advisor. It can also include a home visit by a healthcare professional, a GP and Emergency Care Practitioner or through the provision of self-care advice and referral to an appropriate care pathway. There are in the region of 289 different pathways that a patient can be referred to.

6.8 Demand Analysis

- 6.8.1 As well as ensuring that there is sufficient resource available to meet demand through effective staff management, recruitment and implementation of new rotas, YAS also carries out continuous demand analysis in order to predict future demand.
- 6.8.2 The systems that YAS uses are able to quickly identify peaks and troughs in performance and to understand where corrective action should be made to improve overall performance.
- 6.8.3 The Yorkshire Ambulance Trust Board Integrated Performance Report includes operational and statistical analysis relating to:
- A & E Performance (Category A 8 and 19 Minutes, total demand, resource hours, abstractions, call and job cycles)
 - Quality analysis (safety, safeguarding, clinical effectiveness, patient experience and involvement)
 - Workforce (Recruitment, Leavers, Absence Management)
 - Finance
- 6.8.4 This is a fairly new document and it is acknowledged that the report will evolve and develop over time. However, the report does provide analysis to assist YAS to make corrective action and to improve performance over all.
- 6.8.5 The Regional Operation Centre (ROC) was launched in August 2009 to provide and co-ordinate real-time service delivery across the Trust and to assist YAS to meet performance targets and to provide the highest levels of patient care.
- 6.8.6 The ROC team work closely with all departments which have responsibility to impact upon performance, including: Access and Response, A&E Operations,

Fleet and Resource. They hold regular conference calls to discuss performance and to make improvements to service delivery.

6.9 Dynamic Deployment

6.9.1 Dynamic deployment is a common term used by the ambulance services to describe the practice of moving resources closer to the predicted source of the next call, by using a variety of standby locations, including ambulance stations.

6.9.2 YAS have taken a number of actions including:

- Reviewing the location of their standby points and identifying if they are in the most effective locations.
- Reviewing whether more locations are required and identifying where these should be.
- Introducing new safeguards for members of staff who work on their own.
- Working with staff and unions to agree increases in the amount of time that can be spent at standby points.

6.9.3 YAS analyse historical data and predict areas of high demand in order to effectively evaluate the best locations for vehicles. Resource mobilisation is quicker from standby positions and this, together with identification of the correct locations, does help response times.

6.9.4 The YAS plan is integrated into the CAD system and resources are deployed to various standby positions, in accordance with this plan.

6.9.5 Within the YAS Operational Improvement Plan a number of objectives have been identified to improve the work around reviewing and increasing standby locations. This has included reviewing data relating to missed calls to identify the best standby location.

6.9.6 YAS frequently analyses those calls that do not achieve the target response time with the aim of understanding and responding to the underlying cause. The reason attributed to the majority of missed response times is distance.

6.9.7 Following analysis of missed calls, YAS has identified the need for new deployment points and will be looking to introduce standby points at the following locations:

- Slaithwaite (Varley Road)
- Dewsbury Bus Station

6.9.8 A number of other potential sites have also been explored.

6.9.9 As discussed above, staff are only able to stay for a limited amount of time when a standby point is not facilitated. YAS has therefore been looking at the current Lone Worker Policy with a view to changing it and, subject to agreement the new policy will be implemented across YAS.

6.9.10 The YAS Locality Manager is informed of trends and where necessary discussions can take place regarding the need to change the standby locations.

6.9.11 The review of demand is an ongoing process and YAS plan to undertake another full review of resources and locations of standby/deployment points in two years time.

6.10 Front-loaded Model

6.10.1 YAS has introduced the Front-Loaded Model in the deployment of ambulance response vehicles - this increases the number of single-crewed rapid response vehicles (RRVs), whilst reducing the number of traditional double-manned ambulances.

6.10.2 By using this model, YAS send RRVs to most incidents and then determine after assessment the next level of care that is required; this could include the deployment of a traditional ambulance if necessary.

6.10.3 The Front-Loaded Model increases the number of patients with less serious conditions being transported to hospital by an A&E Support Crew rather than an emergency ambulance. A clinician in a RRV vehicle is able to assess the needs of a patient and advise dispatchers whether an ambulance is required to take them to hospital and what skill level the crew should have. This increases the availability of emergency ambulances with staff with higher clinical skill levels being available to attend the patients with the most serious conditions and level of need.

6.10.4 RRVs are manned by either a paramedic or an Emergency Medical Technician. Ambulances will always include at least one paramedic as they are the front line response to emergency calls. This is the Department of Health minimum standard. In addition to this YAS are working towards a 'gold standard' objective to have a paramedic in both an RRV and an ambulance but this is not always achievable at present. The nearest emergency vehicle to the location of call will be despatched by YAS.

6.10.5 The Kirklees and Calderdale PCT/YAS action plan 2010/2011 included plans to introduce the Front-Loaded Model in the Bradford, Calderdale and Kirklees Clinical Business Units by September 2010. There is also scope to review the conveyance rates, which identify why patients were or were not conveyed.

6.10.6 As part of the ongoing professional medical training all medical professionals undertake continuous professional development and attend regular in-house and external training.

6.11 Community First Responder Schemes

6.11.1 As well as deploying RRVs, YAS operates a number of Community First Responder (CFR) Schemes across Kirklees. YAS reviews the type of calls that Community First Responders are sent to and where an emergency call is deemed appropriate, the call is put through to a specialist desk and the alternate response desk will then contact the CFR via a mobile text message.

6.11.2 CFRs are considered best used in areas where an 8 minute response rate is challenging due to the isolation of the area. However they are not a substitute for a traditional ambulance.

6.11.3 The actual numbers of CFRs who attend category A calls is low, and averaged less than 1% of calls from April 2010 – July 2010.

6.11.4 YAS and NHS Kirklees are working together to review the Community Responder Scheme, with a view to increasing the numbers and coverage. At the time of writing the report this objective had been delayed due to the lack of trainers available to deliver this objective.

6.11.5 In March 2010 at a Community First Responder Award Ceremony, some of the CFRs in Kirklees received individual rewards for recognition of the work they do.

PANEL VIEW

- **Operational Performance**

- The Panel welcomes the work by YAS to improve performance, especially the introduction of the A&E Operational Improvement Plan and the introduction of an Integrated Performance Report to show regular updates on achievement.
- The Panel is aware that there are a number of joint plans between YAS, NHS Kirklees and the hospital trusts; however the Panel feel it would be beneficial to have an overarching improvement plan that would cover all agreements and initiatives aimed at achieving the required performance outcomes.

- **Control Room and Call Management**

- The Panel were extremely impressed by the professional running of the YAS Communication Centre. This includes the efficiency of staff working under extreme pressures and the visual wallboards that displayed real-time data to assist staff in the day to day functioning of YAS.

- **Alternative Pathways of Care**

- The Panel welcomes the range of initiatives in place to deliver patients to alternative pathways and the development of a 'clinical hub' to provide support to patients with non life threatening conditions.

- **Demand Analysis**

- The Panel were extremely impressed by the work of the ROC team and would like to thank YAS for allowing access to the Regional Operations Centre as part of the visit to the Communications Centre.

PANEL VIEW (Continued)

- **Dynamic Deployment**

- The Panel welcomes the ongoing work by YAS to identify and consider the most appropriate and effective standby points to improve response times.
- The Panel appreciates the difficulties in sourcing adequate stand-by points due to the locations requiring 24 hour access and the need to provide basic facilities for staff, but would welcome further exploration of suitable locations owned by health, emergency and public services as potential stand-by points.

- **Front-Loaded Model**

- The Panel welcomes the introduction of the Front-Loaded Model in the attempt to improve response times and to increase the availability of those emergency ambulances with staff with higher clinical skill levels being able to attend patients with the highest clinical need.
- The Panel would like to review the impact the Front-Loaded Model has on the performance in Kirklees in 12 months time.

- **Community First Responder Scheme**

- The Panel feels the Community First Responder Scheme is an extremely valuable service and it is therefore necessary that YAS work to resolve the lack of trainers available to increase the coverage of CFRs in those areas where ambulance response times are struggling to meet the 8 minute target.

6.12 FACTORS – Handover and Turnaround Times

6.13 Handover and Turnaround Times

6.13.1 The timely handover of patient care between the ambulance service and the hospital is an important factor in helping to reduce delays and improve the service offered to patients.

6.13.2 Reducing the overall hospital turnaround time is a key objective for YAS and in an effort to tackle this issue it has put in place improvement plans with the acute trusts, with support from NHS Kirklees.

6.13.3 The patient handover and ambulance turnaround times are the two elements of the handover process that YAS, the hospital trusts¹² and NHS Kirklees focus on.

6.13.4 Patient handover is where the professional responsibility and accountability for the care of the patient is transferred from the ambulance crew to the medical staff at the hospital.

6.13.5 The turnaround time is the overall time that is taken for the ambulance to be clear to resume duty and includes the time taken to handover the patient,

¹² Refers to Mid Yorkshire Hospitals NHS Trust and Calderdale and Huddersfield NHS Trust

completion of medical documents, vehicle cleaning and replenishing medical supplies.

6.13.6 Call cycle data for Kirklees between April 2010 and August 2010 shows that the average length of time it took for an ambulance to arrive at hospital and be clear to leave was just over 27 minutes.

6.13.7 YAS has agreed with the emergency departments of Dewsbury and District Hospital and Huddersfield Royal Infirmary a performance standard indicator that '80% of turnarounds will be less than 25 minutes in duration'. This standard is judged across the following thresholds:

- Handover time of 10 minutes for patients diagnosed with a minor condition and 15 minutes for those diagnosed with a major condition.
- Turnaround times of 15 minutes for patients diagnosed with a minor condition and 25 minutes for those diagnosed with a major condition.

6.13.8 Handover for those patients that are admitted direct to the Emergency and Accident department (A&E) is done via one of the three following pathways:

- Immediate transfer to a resuscitation room.
- Placed in a majors cubicle ready for transfer to a hospital trolley.
- Directed to the hospital waiting room to be examined through triage.

6.13.9 Handover for patients going into the resuscitation room is done immediately and those patients going to triage is completed as soon as the patient has been booked in. The key pathway affecting handover times are those patients taken to the majors cubicle that cannot be handed over until a trolley¹³ becomes available.

6.13.10 Ambulance crew will always aim to take the patient to the most appropriate place of care, for example, directly to the coronary care unit. The issue of hospital turnaround is therefore quite broad as delays are not always linked to the A&E department. The turnaround data produced by YAS currently includes transfers to all areas of the hospital, which makes it difficult for the hospital trusts to audit the information and focus on managing those issues that relate to the core A&E activity.

6.13.11 Verbal evidence received from ambulance staff indicates that although turnaround times have improved there are still issues that need to be resolved such as addressing the parking issues at the Huddersfield Royal Infirmary which is creating delays in getting the ambulances back on the road to resume duty.

6.13.12 To help support the right outcomes for the patient, ambulance staff are required to complete a Patient Report Form (PRF). This is a comprehensive

¹³ Hospital definition of a trolley includes having an available cubicle to place the patient. There is however no requirement to have a member of the medical staff immediately available as patients placed in the majors cubicle are deemed not to require immediate attention.

an important document and has the same legal status as hospital or General Practitioner records.

6.13.13 Depending on the complexity of the case a PRF can take up to 20 minutes to complete and the ambulance vehicle will not report as clear from an incident until the form has been fully completed.

6.13.14 Evidence received from the hospital trusts indicates that the ambulance crew do not fully complete the PRF until after the patient handover. The hospital trusts therefore do not deem the PRF to be a factor in the handover time but do believe that it is a factor in the overall turnaround time.

6.13.15 When ambulance staff have been involved in traumatic and stressful incidents, YAS will take action to ensure the well being of staff. This includes standing down staff for a period of time, providing support and where appropriate offering referral to occupational health or counselling services.

6.13.16 Evidence from the hospital trusts indicates that ambulance crew often want to stay with the patient, particularly those taken into the resuscitation room, until the clinical outcome is confirmed. The hospital trusts believe that the extra time spent with the patient and hospitals' medical teams provides invaluable knowledge and experience for the ambulance crew and can help the clinical outcome of the patient.

PANEL VIEW

- The Panel welcome the policy implemented by YAS to support ambulance staff who have been involved in stressful and traumatic incidents.
- Despite the additional delay to hospital turnaround times created by ambulance staff who want to stay with a patient, the Panel accept that it does provide an opportunity for ambulance staff to improve their medical knowledge and helps to contribute to a positive clinical outcome for the patient.

6.14 ACTIONS – Handover and Turnaround Times

6.15 There are a number of actions that have been taken by YAS to improve the turnaround and handover time.

6.16 The YAS A&E Operational Improvement Plan seeks to tackle a number of objectives relating to improved turnaround and handover times including:

- Identification of bottle necks
- Agreeing best practice in terms of cleaning and obtaining consumables
- Benchmarking other services and best practice
- The rolling out of wallboards¹⁴ across acute hospitals

¹⁴ Wallboards are screens that will act as a visual aid to allow Ambulance and Hospital Crews to see real time data on current handover and turnover times and to help improve performance.

6.17 It should be noted that Dewsbury and District Hospital and Huddersfield Royal Infirmary have distinct differences, which have an impact on the overall handover and turnaround including: the parking of ambulances, cleaning crews, and the specialist services available at each of the hospitals that patients will attend.

6.18 Handover

6.18.1 As part of the NHS Kirklees and Calderdale Yorkshire Ambulance Service Turnaround Plan a number of key themes have been identified, including the development of handover guidelines in Accident and Emergency departments, for Inter-Hospital Transfers and Wards.

6.18.2 These systematic approaches to handover with established protocols and links to an escalation policy will ensure that there are clear processes for staff to follow and utilise. This will in turn result in both a reduction in handover times and ensure that patients assessed are receiving the most appropriate transfer of care.

6.18.3 All hospitals in Kirklees have a designated individual whose role it is to deal with ambulance paramedics and the handover of patients. This single point of contact has improved the handover process.

6.18.4 Typically, ambulance crews will pass on a verbal communication and a completed Patient Report Form (PRF) will be received, which verifies the verbal communication. In the vast majority of cases the PRF is completed after the handover has been completed.

6.18.5 To overcome the current paper-based handover process, YAS is introducing an electronic version of the PRF. This is currently being used in Wakefield and a second trial is to start shortly in Hull. A business case for the full YAS roll-out is currently being prepared. Once approved a full roll out across YAS will be completed. It is anticipated that the whole YAS roll out of the electronic system will be in place by the end of March 2012.

6.18.6 Medical readings taken by paramedics in the ambulance are recorded but are not currently sent electronically. The new electronic version of the PRF will have the facility to allow patient information to be transferred to hospitals in advance of the patient's arrival at the hospital.

6.18.7 To minimise the delay of crews having to wait to book in a patient, crews are now able to leave the PRF form in a tray on the reception, which in theory should allow the crew to return back to their vehicles.

6.18.8 YAS and the hospitals log patients under two separate numbers, which creates two separate identifiers. Whilst there is no risk to the clinical management of patients from the different identifiers, from an auditing of performance and turnaround point of view, it can be problematic. For example: YAS provides information about the complete figure for conveyed patients and turnaround time performance, however there is a cohort of information contained in this figure which relates to non accident and emergency departments and other non patient transport services arriving at

intensive care, high dependency and neo-natal units. Therefore, the pathway for these cases and subsequent handover and handling of these patients is very different.

6.18.9 In order to obtain more sophisticated data relating to patient handover times a new version of software measuring handover and turnaround data will be rolled out during 2011. This new software will show data covering patient transfer to all areas of the hospital and should enable the hospital's to focus on the factors affecting the patient handover times through A&E. The YAS Service Quality Improvement Manager is currently looking at what is required and what procedures will need to be in place to allow this to happen.

6.18.10 NHS Kirklees and YAS have also developed a protocol enabling patients that are fit and able, to book themselves into hospital. The patient 'self-handover' initiative is being supported by wider work to provide and offer different pathways of care to those patients whose conditions do not warrant an emergency response. It is anticipated that the roll out of self handover in Emergency Departments in Calderdale and Huddersfield will be in place by November 2011.

6.18.11 The YAS Turnaround plan identifies ways to develop an escalation policy with the Acute Trust. This includes the proposed use of a handover 'breach questionnaire' to identify trends, risks and clinical exceptions. A breach questionnaire would be completed whenever there was a delay in excess of 25 minutes with an audit and review of each exception based on clinical audit. Where there are recurring problems, there would be an evaluation and escalation of problems through a process for resolution and weekly reporting to outline performance management.

6.18.12 When there are operational pressures, for example adverse weather, there is an impact on performance and therefore early notification of these pressures is essential, as is the ownership and management of an escalation policy by an identified operational and clinical leader.

6.19 Turnaround

6.19.1 Whilst overall turnaround times have improved, delays remain problematic throughout the winter months.

6.19.2 YAS has been reviewing a number of other issues, with a view to achieving the turnaround indicator of 25 minutes, including:

- Decontamination and infection prevention
- Ambulance access and egress
- The drug replenishment process
- The data systems that record times
- Patient satisfaction

6.20 Cleaning and Restocking

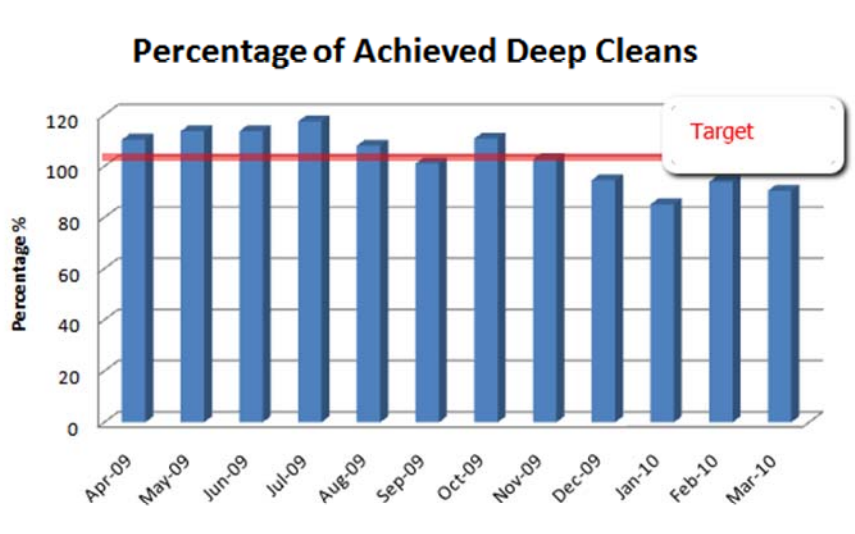
6.20.1 An important aspect of turnaround includes the time it takes to clean, restock, and prepare, as well as take staff breaks. The Care Quality Commission (CQC) outlines goals that have been agreed with commissioners relating to

the cleaning and restocking of ambulances as well as improvement to ambulance turnaround times overall. These include:

To improve ambulance turnaround times	Achieved
This is the time taken for crews to complete their handover of care to hospital staff. Clean and re-stock their vehicle and makes themselves available to respond to another call. This is important as it increases the number of patients that can be responded to in a timely manner	
To achieve registration with the Care Quality Commission for management of Healthcare associated Infections.	Achieved
Infection prevention and control is an essential element of patient safety. It includes having effective systems for cleaning vehicle, equipment and premises; staff observing good hygiene techniques and clinicians working to best practice guidelines	

6.20.2 In addition to the national response times target YAS has selected additional indicators to show the quality of their service. This includes identifying achievement against a target of achieving one deep clean per vehicle every 28 days as is recommended best practice by the Department of Health.

6.20.3 During 2009/2010 the follow achievement was met:



The slightly lower number of vehicle cleaned between December 2009 and March 2010 is a reflection of the operational pressures. In particular the increased demand during the period of the adverse winter weather

6.20.4 It should be highlighted that during July 2009, the CQC carried out a comprehensive and unannounced inspection of YAS work on the prevention of health care associated infections (HCAIs) and noted that YAS had complied with all requirements of the hygiene code and were the only ambulance service in England not to have been given recommendations for improvement.

6.20.5 Whilst this is encouraging, the cleaning of ambulances in between the recommended deep cleaning of vehicles and after each incident should remain an utmost priority.

6.20.6 Although it is dependent on the nature of individual cases, where a vehicle has a two man crew, there is the potential for one member of staff to stay behind and clean the ambulance.

6.20.7 The individual circumstances and complexity of each case determines how long it will take to clean vehicles. Therefore the Service Quality Improvement Manager at the relevant clinical hub has specific responsibility for looking at how to improve hospital turnaround and liaises with NHS Kirklees and the Acute Trusts.

6.20.8 An initiative to have 'cleaning teams' available to assist ambulance crews to clean, restock and make ready ambulances for dispatch was identified following a recent audit. There are vehicle cleaning staff at the Dewsbury Ambulance Station and NHS Kirklees assist YAS in ensuring that they have adequate cleaning materials and restock materials to enable quicker turnaround.

6.21 **Parking Issues**

6.21.1 The issue with parking at Huddersfield Royal Infirmary (HRI) relates to the amount of space available to ambulances on site and the potential for ambulances to become stuck when an ambulance crew become busy with other activities.

6.21.2 YAS has carried out work with NHS Kirklees to identify the 'ideal' parking environment outside the HRI. Changes to parking bays, including the remarking of bays, would allow ambulances to park at angles and allow more ambulances to have easier access to move in and out of spaces and to move quickly on to the next job.

6.21.3 YAS have suggested that there have been difficulties influencing NHS Kirklees to make alterations to parking, due to the impact to hospital grounds in the creation of parking bays. At the time of writing this report, the introduction of parking bays had been slow to progress.

6.22 **Data Collection**

6.22.1 The YAS turnaround plan identifies a number of key areas where data collection and audit practices could be improved. These include:

- Establishing time differences based on clinical assessment.
- Establishing an accurate recording system between YAS and the hospitals' A & E departments allowing timings to be captured and shared.
- Agreeing a process for exceptions based on clinical need.
- Development of an IT system that will time stamp patient handover.

PANEL VIEWS

- The Panel are concerned about the slow progress to introduce ambulance parking bays at the Huddersfield Royal Infirmary and feel that fast-tracking of this would alleviate some of the problems experienced by YAS in achieving ambulance response times.
- The Panel welcome the introduction of an electronic Patient Report Form and the introduction of a designated individual to deal with the handover in A&E. The Panel also welcomes the protocol to allow patients that are fit and able to book themselves in to hospital.
- The Panel feel the initiative to have 'cleaning teams' available to assist ambulance crews to clean, restock and make ready ambulances as identified in a recent audit, should be seriously considered to help improve handover and turnaround times.
- The Panel believe the new software to measure data based on specific clinics and wards, separate from A&E data, will improve the Hospital Trusts' ability to carry out detailed work and to better understand those areas needed to be improvement.

6.23 FACTORS – Staff

- 6.24 The Yorkshire Ambulance Service was formed in 2006 following the merger of the Tees, East and North Yorkshire Ambulance Service, South Yorkshire Ambulance Service and The West Yorkshire Metropolitan Service.
- 6.25 During the main period of this scrutiny investigation, YAS was led by Simon Worthington as Acting Chief Executive and was supported by a senior management team which included a number of acting and interim positions. David Whiting joined YAS as the new Chief Executive on 1st February 2011.
- 6.26 Evidence from NHS Kirklees indicates that the new organisation, when formed in 2006, faced many challenges particularly in relation to working practices which in some areas had become strict and inflexible.
- 6.27 YAS has recognised the need to develop a more flexible approach to staff resource in order to ensure there is sufficient cover to meet demand. YAS has developed a comprehensive action plan which includes proposed changes to working patterns and rotas designed to meet the changing pattern of demand and help sustain an improvement in performance.
- 6.28 Another key area of focus for YAS is managing resource hours to meet demand, which is currently being tackled by trying to reduce abstraction rates¹⁵, increasing staff numbers and the use of overtime.
- 6.29 YAS has completed a comprehensive review of staff rotas aimed at re-designing the rota system in order to meet the changes in the demand patterns and is looking to introduce new working arrangements during 2011.

¹⁵ **Abstraction rate in the Yorkshire Ambulance Service means the number of staff each day that have been stood down or are absent from their primary employment role due to authorised absence which reduces cover.**

- 6.30 Until the new rotas are agreed and implemented, YAS is providing the resource that is required to meet demand, particularly during weekends, by utilising overtime. During the period April – December 2010 YAS staff overtime stood at 178,564 hours against a planned overtime target of 89,593.

PANEL VIEWS

- The Panel acknowledge the difficulties the current working arrangements have created in the face of the changing pattern of demand.
- The Panel look forward to seeing the implementation of the new rotas and working arrangements, which should provide the platform to enable a sustainable improvement in future performance.

6.31 ACTIONS – Staff Management and Performance

- 6.32 The Department of Health states that effective management of staff resources will optimise the capacity to achieve real and sustained improvements in performance.

- 6.33 The YAS A&E Operational Improvement Plan sets out a range of activities to create improved staff management practices, which will in turn work towards improving ambulance response times. This includes areas such as agreement of new rotas, review of the meal break policy, improving sickness and abstraction rates, recruiting new staff, training and creating greater staff engagement.

- 6.34 NHS Kirklees has advised that they have seen evidence that YAS is taking a firm line on changing the staff culture and working practices, however, it is acknowledged that it will take a number of years before the new culture is embedded.

6.35 Staff Recruitment and Training

- 6.35.1 NHS Kirklees believe that a significant factor in the improvement in YAS performance can be attributed to the increase in staff numbers. During 2009/10 YAS recruited 275 additional frontline and communications staff. New staff recruits will be integral to the introduction of a new working culture and provision of a more flexible workforce will be used to replace the need for overtime.

- 6.35.2 Nationally there is a paramedic shortage and it is therefore necessary that YAS is able to effectively recruit and train staff to ensure the service is not impacted by this national shortage. YAS do this in a number of ways including:

- Advertising for and employing student paramedics.
- Recruiting existing paramedics wishing to relocate in Yorkshire.
- Training and recruiting existing internal resources i.e. advanced emergency technicians training to become paramedics.

6.35.3 YAS continue to train their staff to new skill levels enhancing the care provided to patients. YAS are also working to increase the proportion of staff providing direct patient care. All medical professionals undertake continuous professional development and attend regular in-house and external training.

6.36 Staff Rotas and Overtime

6.36.1 From 2009, YAS started to address the issue of overtime. This led to difficult industrial relations, an increase in sickness levels and an initial dip in performance. The use of overtime has been a temporary measure following recognition that the existing staff rotas were not sufficiently meeting the demand. YAS has therefore been carrying out work to ensure that the use of overtime will no longer be required. This includes the re-profiling of rotas to ensure that rotas meet the shifts in demand.

6.36.2 By working out the number of ambulances and rapid response vehicles required at different times, YAS will be able to create rotas that meet these demands. It has been indicated that more resource is required during the weekends than was previously planned for. The introduction of new staff rotas will ensure that more staff work at the busiest times, both on the front line staff and within the communication centre.

6.36.3 The proposed changes to the staff rotas have required consultation with staff and unions. YAS are required to issue staff with a 90 day notice relating to the new rotas. These new rotas are planned to come online in April 2011.

6.36.4 Managing resource hours to meet demand is being tackled by ensuring managers are correctly applying Trust policies for annual leave and sickness absence, reviewing systems for allocating annual leave, improving the ways in which staff are allocated training, reviewing the policy for taking meal breaks and reducing abstraction rates. New rotas will be in place across YAS from April 2011.

6.37 Managing Performance

6.37.1 The ownership of performance by key managers within YAS is extremely important. Ongoing management of performance allows both rapid corrective action (where required) and ensures that managers are held to account for the non-delivery of agreed targets.

6.37.2 The ownership of performance by managers is evident in the daily and weekly briefings and the routine telephone conference calls that are used to discuss both the previous day's performance and the actions required to meet the current day's performance targets.

6.37.3 Within the YAS Communications Centre, live performance is available to managers throughout their working shift. As well as reviewing performance from an organisational level, YAS also keeps performance under constant review at team and individual level. The screens within the Communication Centre act as a visual aid to assist team leaders to monitor individual call takers and to offer support to those who are experiencing difficulties. Calls are also audited to ensure that procedures followed are compliant.

6.37.4 YAS are working towards introducing Key Performance Indicators (KPIs) for each member of staff, in order to support individuals to work to the best of their ability. Assessment of performance information at this level will identify areas where staff are working well and this information can be shared with other members of staff to help improve standards across teams.

6.37.5 In the future, YAS will have the option of tracking ambulance crew members as well as ambulance vehicles. NHS Kirklees feel that the performance of ambulance crews improved when they were more actively managed by YAS.

6.37.6 NHS Kirklees has regular dialogue with YAS and, when required, challenges and questions aspects of the service that are underperforming. YAS performance is monitored on a monthly basis and NHS Kirklees have issued performance notices to formally register a concern over the contractual agreements.

6.37.7 In discussions with the Panel, NHS Kirklees stated that identification of those rural areas where there is consistent underperformance should be part of a targeted action plan and if possible part of the annual contract negotiations for 2011/2012.

PANEL VIEW

- The Panel welcomes the range of activities being undertaken to improve staff management practices, which will hopefully improve ambulance response times. This includes the introduction of new working rotas, recruitment of new staff, training of existing staff and the work to improve sickness and abstraction rates.
- The Panel particularly recognises the work carried out to ensure that the regular use of overtime is no longer required.
- The Panel was encouraged by evidence of YAS working hard to change the staff culture and working practices that were inherited when YAS formed in 2006.
- The Panel welcomes NHS Kirklees' view that identification of rural areas where there is consistent underperformance should be part of a targeted action plan.

6.38 FACTORS – Other Issues

6.39 Adverse Weather Conditions

6.39.1 Adverse weather conditions create enormous challenges for YAS and can have a significant impact on performance. The last two winters have been particularly challenging with some of the coldest conditions experienced across the UK in decades resulting in hazardous driving conditions.

6.39.2 YAS has advised that up to December 2010 the average speed of ambulance vehicles responding to an emergency call had been near to 30 miles per hour. However the adverse weather conditions experienced during December 2010 resulted in the average speed dropping to as low as 11 miles per hour.

6.39.3 YAS do rely on the Highways Service in Kirklees Council to assist during adverse weather conditions. The Council's Winter Maintenance Policy

includes the provision for a 'Blue light emergency response service' which provides the ambulance service with a facility to request the clearing of routes or access points that will delay or prevent the ambulances in responding to an emergency call.

6.39.4 YAS has taken the lessons learned during the exceptional conditions in the winter period 2009/10 to produce a winter plan. The plan is designed to help sustain performance during extreme weather conditions and has enabled YAS to respond to every emergency call that was made during November and December 2010.

6.40 Congestion

6.40.1 YAS has advised that the increasing numbers of vehicles on the roads is creating greater and longer periods of congestion. Despite being able to use the blue siren as a means of getting priority access, ambulance vehicles still get delayed particularly in built up areas where traffic movement is significantly restricted.

6.41 Other Dependencies

6.41.1 A number of organisations were contacted to establish if there were any areas of responsibility that could have an impact on ambulance response times. The Panel were not advised of any significant dependencies between emergency services partners such as the Police and Fire Service that would have a direct impact on ambulance response times.

PANEL VIEW

- The Panel acknowledge the commitment and hard work of the ambulance staff who managed to maintain an emergency response service for the community of Kirklees during the months of November and December 2010 despite some of the worst weather conditions experienced for many years.

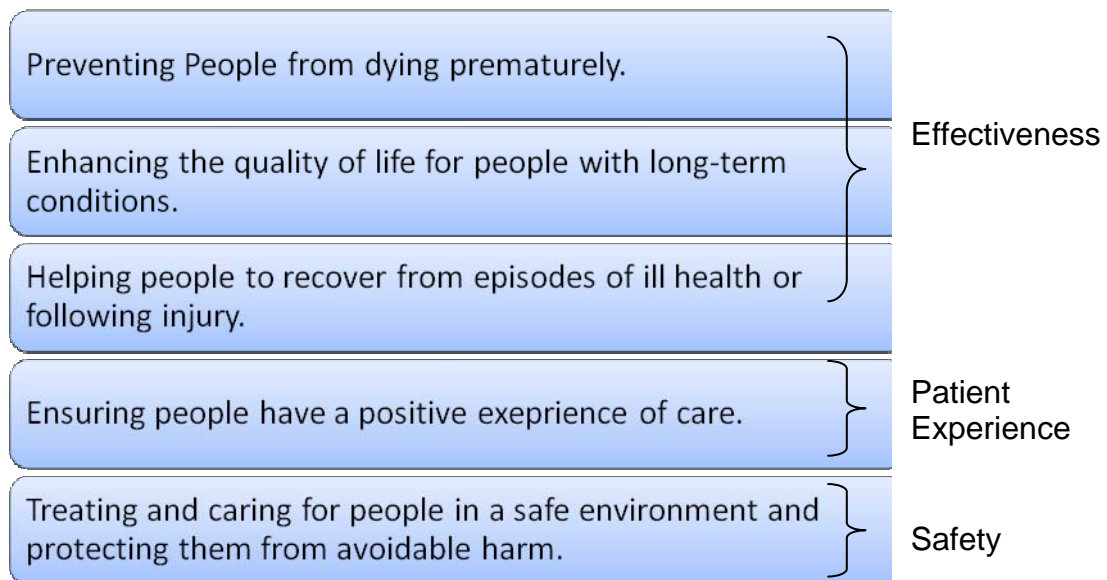
7. TERM OF REFERENCE 4

To assess the Yorkshire Ambulance Service NHS Trust's progress in developing outcomes measures in light of the recent Health White Paper.

7.1 The White Paper '*Equity and Excellence: Liberating the NHS*' sets out the Government's strategy for the NHS. The aim is to free the NHS from being forced to meet Governments targets and move toward providing an NHS that is more responsive and focused on achieving better outcomes for patients.

7.2 The NHS Framework will allow patients and the public to better understand how well the NHS is doing in achieving health outcomes for the patients it treats and cares for. It will also help drive improvements in what actually happens to patients as a result of the treatment and care they receive.

- 7.3 The Outcomes Framework will also allow the Secretary of State to hold the new NHS Commissioning Board to account for securing improved health outcomes for patients through the commissioning process.
- 7.4 The NHS outcomes framework will include a balanced set of outcome goals that span the definition of 'quality' as set out by Lord Darzi in 2008. These include:
- Effectiveness
 - Patient experience
 - Safety
- 7.5 The NHS Outcomes Framework will be set out around five high level outcome domains that attempt to capture everything that the NHS should be delivering to patients.
- 7.6 The five outcome domains are:



- 7.7 In December 2010 the Ambulance Response Ad Hoc Scrutiny Panel received a briefing paper on the progress YAS has been making in the development of outcome measures in light of the Health White Paper.
- 7.8 At the time of writing this report the YAS Trust Executive Team and Board had considered the implications of the White Health Paper in a number of discussions.
- 7.9 The Trust Quality Strategy is focusing on the main issues highlighted above including: clinical effectiveness, improvements relating to patient safety, and the quality of patient experience of the service provided by YAS.
- 7.10 YAS has advised that a set of key patient quality indicators is monitored regularly by the Board and Executive Team. A YAS Patient Experience Group will be increasing the capture and use of patient feedback as well as leading on a programme of development relating to increased patient involvement.

- 7.11 YAS sets out the patient care quality improvement priority in its Quality Accounts and it has recently sought the views of internal and external stakeholders for the potential priorities for quality improvement in 2011/12.
- 7.12 As part of this consultation, the Kirklees' Wellbeing and Communities Scrutiny Panel and the members of the Ambulance Response Ad Hoc Panel considered the potential quality indicators at a meeting in January 2011. The Scrutiny Councillors considered potential quality indicators relating to A&E Operations, Patient Safety, Clinical Effectiveness, Patient Experience and rated each indicator on whether it should be contained in the future quality accounts.¹⁶
- 7.13 Throughout the course of the Ambulance Ad Hoc review, additional work has been progressing to develop outcome indicators to be included in the NHS operating framework for 2011/12, which will be implemented by all English ambulance services. YAS has had active involvement in the development of these indicators and YAS anticipate that they will significantly inform further developments within the Trust over the coming year.
- 7.14 Work is also being carried out to align the YAS quality and workforce developments to the requirements of the White Paper. The CQuIN indicators for 2011/2012, which YAS is developing in discussion with commissioners, are a key part of this work.
- 7.15 The full unabridged briefing from Steve Page, Standards & Compliance Director for YAS, on the progress in developing outcome measures is available in the appendix 6.

PANEL VIEW

- The Panel welcome the move to working towards focused patient outcomes rather than Government targets.
- The increased focus on patient outcomes could potentially lead to a greater incentive to address performance issues in rural issues.
- The Panel feels substantial progress has been made by YAS in developing outcome measures in light of the Health White Paper.

¹⁶ The complete consultation exercise carried out by the Well-Being and Communities Scrutiny Panel and the Ad Hoc Scrutiny Panel Members is available in the appendix.

8. RECOMMENDATIONS

1. That the Yorkshire Ambulance Service (YAS) presents to Scrutiny, as soon as the data becomes available, the performance of the category A 8 minute response time target in Kirklees for the period April 2011- September 2011, which will mirror the Kirklees demand and performance data for the period April 2010 – September 2010 detailed in this report.

The Panel feels that this will provide an opportunity to review performance in Kirklees and assess the impact of initiatives such as the introduction of the new staff rotas and additional standby points.

2. That YAS should undertake an annual analysis of demand in Kirklees, rather than just every two years, until there has been a period of sustained improvement in performance across all areas of Kirklees.
3. That YAS, in conjunction with NHS Kirklees, should introduce a plan in order to deliver a more equitable service across Kirklees and to improve consistency of performance.
4. That Scrutiny review, in 12 months time, the impact on performance in Kirklees following the introduction of the 'front- loaded model'.
5. That the emergency transfer requests received from the Huddersfield Royal Infirmary and Dewsbury and District Hospital are separated out from the Kirklees category A demand and performance data, in order to provide a more accurate reflection of demand from residents who live in these areas and enable YAS to focus on the approach it takes to handling emergency patient transfers.
6. That YAS routinely publish the category A performance data of the time differences between the achieved and missed calls in order to show the extent of variations in performance and to highlight the level of work that is required to reduce the number of calls that fall outside of the 8 minute target.
7. That the main stakeholders (YAS/NHS Kirklees/Hospital Trusts) responsible for improving ambulance response times should create a framework that will strengthen their working relationships and improve communication. This should include:
 - Creating an overarching improvement plan to cover all agreements and initiatives aimed at achieving the required performance outcomes.
 - Holding regular meetings to monitor progress against initiatives and discuss best practice.
8. That YAS further explore the feasibility of using locations and premises owned by the hospital trusts, NHS Kirklees, emergency service partners and the local authority with the aim of assessing their suitability to be used as standby points.
9. That YAS introduce ambulance cleaners, based at Dewsbury and District Hospital and the Huddersfield Royal Infirmary, to assist the ambulance crews in cleaning and preparing ambulances to resume duty.

10. That YAS, in conjunction with NHS Kirklees, address the shortage of Community First Responder (CFRs) trainers and look to increase the numbers of CFRs, with priority being given to those areas of Kirklees that are consistently underperforming against the ambulance response time 8 minute target.
11. That Calderdale and Huddersfield NHS Foundation Trust 'fast track' the work required to make the alterations to the ambulance parking bays at the Huddersfield Royal Infirmary, in order to help alleviate the parking problems and delays being experienced by YAS.

GLOSSARY

A&E Support Crew	They can attend urgent but not emergencies on a first responder basis but predominantly deal with non-emergency admissions, discharges and inter-hospital transfers.
Abstraction Rate	The number of staff each day that have stood down or are absent for the primary employment role due to authorised absence.
Advanced Medical Priority Dispatch system (AMPDS)	A system used by YAS to dispatch appropriate aid in medical emergencies. The system includes caller response information and pre-arrival instructions for staff.
Angioplasty	A surgical technique for restoring normal blood flow through an artery that is narrowed or blocked.
Breach Questionnaire	A questionnaire that is completed when a handover time is in excess of 25 minutes.
Care Quality Commission (CQC)	The CQC are an independent regulator of health and social care in England and regulate the care provided by YAS.
Clinical Business Unit (CBU)	YAS is split into 5 operational areas across the County. These separate areas are known as CBUs. The CBU for Kirklees also includes Bradford and Calderdale. Each CBU is managed by an Assistant Director of Operations.
Clinical Hub	The clinical hub provides support for patients with non life-threatening conditions by Clinical Advisors assessing their needs through a clinical triage system.
Computer Aided Dispatch (CAD)	A method of dispatching emergency vehicles with computer assisted software.
Community First Responder	Community First Responders are volunteers who provide immediate life-saving care to members of their local communities in an emergency medical situation in the vital minutes before an ambulance arrives on scene.

Dynamic Deployment	The practice of moving ambulance vehicles closer to the areas where there is predicted demand.
Hypoglycaemia	Hypoglycemia is a condition that occurs when blood sugar levels are too low
Falls Team	Provided by the PCT. The team is targeted to respond to referrals within 4 hours, with the aim of treating the patient and establishing if any action is required to prevent further calls occurring.
Front-loaded Model	Increasing the number of single-crewed Rapid Response Vehicles and reducing the number of traditional ambulances.
Handover Time	The time it takes for the professional responsibility and accountability for care of the patient to be transferred from ambulance crew to medical staff.
Integrated Performance Plan	A plan that is completed every two months by YAS and includes information relating to achievement of the A&E Operational Improvement Plan.
Language Line	Language Line works with YAS to provide a 24hr telephone interpreting service connecting to a qualified interpreter in under a minute.
Operational Improvement Plan	A plan containing over 200 action points covering a wide range of issues that YAS continue to tackle and use to review their progress.
Patient Report Form	A comprehensive record of clinical and non clinical information that is completed by the ambulance crew.
Rapid Response Vehicle (RRV)	Used by a paramedic, emergency medical technician (EMT) or an emergency care practitioner to get to a patient quickly. RRVs can be backed up by a traditional ambulance.
Regional Operations Centre (ROC)	The ROC team works to provide real-time data on performance to assist YAS to meet performance targets.
Standby Point	A location where an emergency vehicle is placed depending on predicted demand. This location can change throughout the day/week/month.

Turnaround Time	The overall time it takes for the ambulance to be clear to resume duty.
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ATTENDEES AND WITNESSES

The review was carried out during September 2010 and January 2011 and included reviewing relevant documentation and interviews with:

- Tasnim Ali - Assistant Director of Operations A&E - Yorkshire Ambulance Service.
- Pat Andrewartha – Programme Manager Urgent Care NHS Kirklees
- David Curtis – Deputy Chief Operating Officer - Mid Yorkshire NHS Trust
- Dr Mark Davies – Clinical Director Accident & Emergency - Calderdale and Huddersfield NHS Foundation Trust
- Robert Eastwood – Locality Manager Kirklees – Yorkshire Ambulance Service
- Julie Frampton – Service & Quality Improvement Manager - Yorkshire Ambulance Service
- Shaun Garside – Group Manager for Medicine Mid Yorkshire NHS Trust
- Pauline Lund – Head of Service Delivery (Communications Centre) – Yorkshire Ambulance Service
- Carol McKenna – Executive Director of Commissioning & Strategic Development, NHS Kirklees.
- Mark Partington – Director of Operations - Calderdale and Huddersfield NHS Foundation Trust.
- Mike Potts – Chief Executive - NHS Kirklees
- Keith Prior – Yorkshire Ambulance Operations Director A&E – Yorkshire Ambulance Service.
- Staff from the Yorkshire Ambulance Service Wakefield Communication Centre including an Ambulance Paramedic and Clinical Team Leader
- Bev Walker – Calderdale and Huddersfield NHS Foundation Trust
- Steve Page – Standards and Compliance Director – Yorkshire Ambulance Service.

Councillor Responses

Although the focus of this review was on the ambulance response times the Panel was also keen to obtain feedback of patient experience and invited comments from Kirklees Councillors on their personal experiences or of their constituents.

The Panel received 4 written responses representing views of local residents and personal experience. The key messages from these submissions indicated that response times had been good and that the ambulance staff had conducted themselves in a professional and considerate manner. In all cases the Panel were able to conclude the service delivered by YAS had resulted in a positive experience for patients and their relatives.

SOURCES OF EVIDENCE

In addition to the information and data supplied by the Yorkshire Ambulance Service that is listed below, the Panel wish to thank the Yorkshire Ambulance Service for providing responses to the many Panel questions that were raised during the period of this review.

- An Introduction to our Services – Yorkshire Ambulance Service
- A Vision for Emergency and Urgent Care- The role of ambulance services – The NHS Confederation
- Background information to the Care Quality Commission
- Business Plan 2010-2011 – Yorkshire Ambulance Service
- Call-Cycle Data – April – August 2010 – Yorkshire Ambulance Service
- Call Management Cycle Algorithm – Department of Health
- Changing times – Sustaining Long-Term Performance Against ‘Call Connect’ for NHS Ambulance Services – Department of Health
- Data for Category A calls where a patient has been conveyed to a hospital outside of Kirklees – April – August 2010 – Yorkshire Ambulance Service
- Data on the numbers of incidents where a patient has been conveyed to hospital April – August 2010 - Yorkshire Ambulance Service
- Data for Category A missed and achieved calls for Kirklees April – September 2010 – Yorkshire Ambulance Service
- Definition of ambulance response categories and how response times are calculated
- Educational Governance and Utilisation of Ambulance staff in the workforce – Yorkshire Ambulance Service
- Ensuring Timely Handover of Patient Care – Ambulance to Hospital – NHS South West
- Five Year Business Plan 2010-2015 – Yorkshire Ambulance Service
- Graphical information on demand and performance covering the period April 2009 – December 2010 – Yorkshire Ambulance Service
- Improving Ambulance Response Times: High Impact Changes and Response Times Algorithms for NHS Ambulance Trusts – Department of Health
- KA34 – Ambulance Services Return – A Guide to Completing the Collection Using the Omnibus System – The Health and Social Care Information Centre
- Kirklees and Calderdale PCT/YAS Action Plan 2010/11

- Monthly Yorkshire Ambulance Trust Board Integrated Performance Report – various reports covering the period April – December 2010
- Network Response Schemes – Yorkshire Ambulance Service
- NHS Kirklees and Calderdale Hospital Turnaround plan – January 2010
- Presentation on Equity and Excellence: Liberating the NHS produced by the Department of Health
- Progress in Developing Outcome Measures - Response to Kirklees Council Scrutiny Review Panel – December 2010 – Yorkshire Ambulance Service
- South Central Ambulance Service :Review of Rural Performance
- Taking Healthcare to the Patient – Transforming NHS Ambulance Service – Department of Health
- Transparency in Outcomes – A Framework for the NHS – Department of Health
- Users’ Satisfaction and Non-Users’ Perceptions of Ambulance Services 2009 – Yorkshire and the Humber NHS
- What are we doing to improve response times to patients – Yorkshire Ambulance Service
- What happens when you call 999 for ambulance assistance – Yorkshire Ambulance Service
- YAS Quality Accounts 2009-10
- Yorkshire Ambulance Service Executive team and Assistant Directors Structure chart
- Yorkshire Ambulance Service 200 point action plan

CABINET PORTFOLIO HOLDER RESPONSE

I would like to take the opportunity to thank Members of the Ad Hoc Scrutiny Panel for the thorough review they have undertaken in examining the Yorkshire Ambulance Services NHS Trusts response times within the Kirklees Area. The review involved the Panel working with the NHS Trust to set out clear recommendations and to agree an action plan, to secure the delivery of the recommendations that aim to improve response times in Kirklees and, in particular, redress the imbalance in response times that were identified during the Scrutiny Review Process.

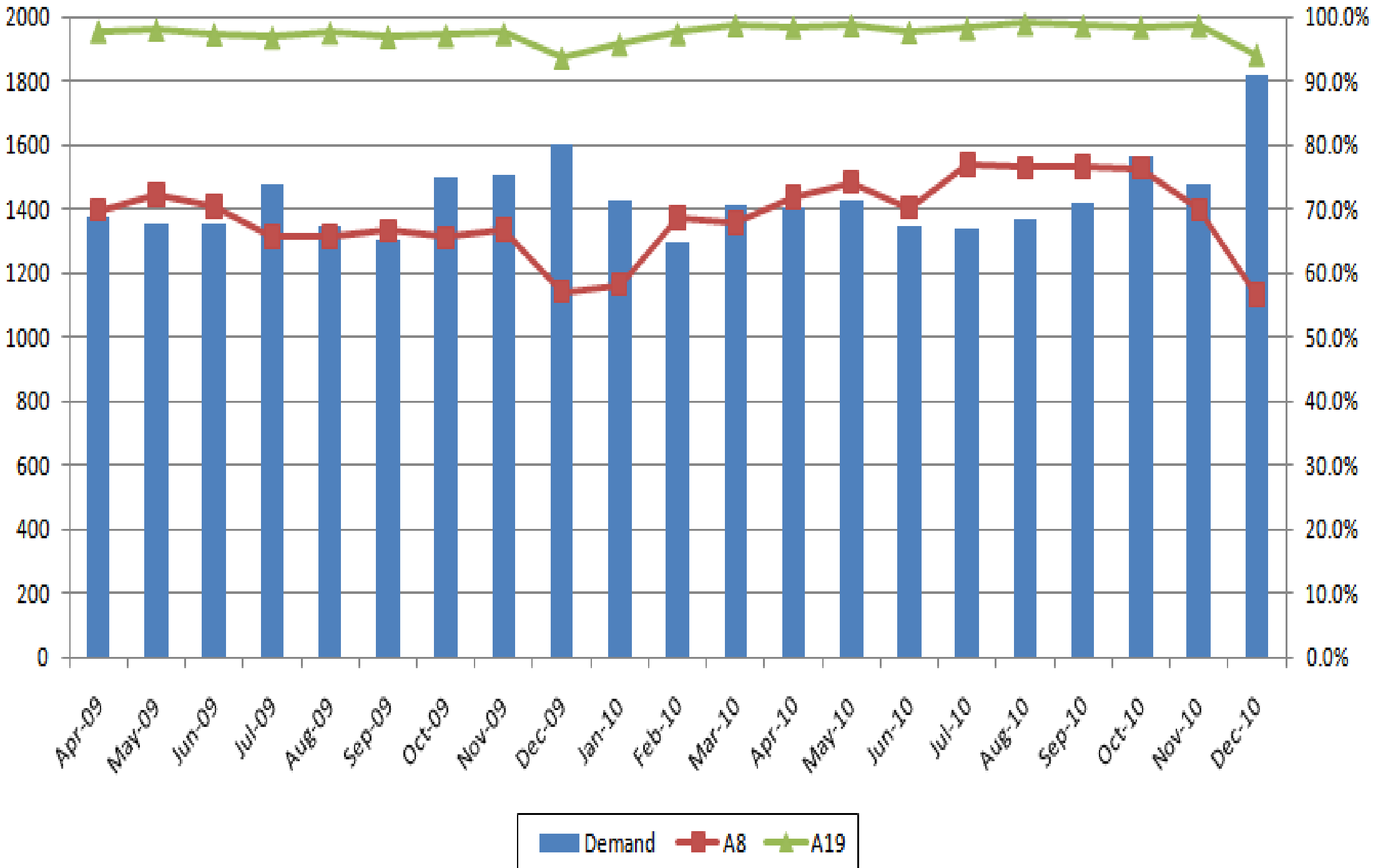
I endorse the recommendations and action plan and I would ask that the Overview and Scrutiny Panel who are charged with the responsibility of monitoring the implementation of the action plan provide updates to me on progress that has been made.

Molly Walton – Cabinet Lead Member for Adults and Communities.

APPENDICES

Kirklees PCT - Cat A Demand and Performance

Appendix 1



West Yorkshire Ambulance Service Category A callouts by Kirklees Settlement Areas

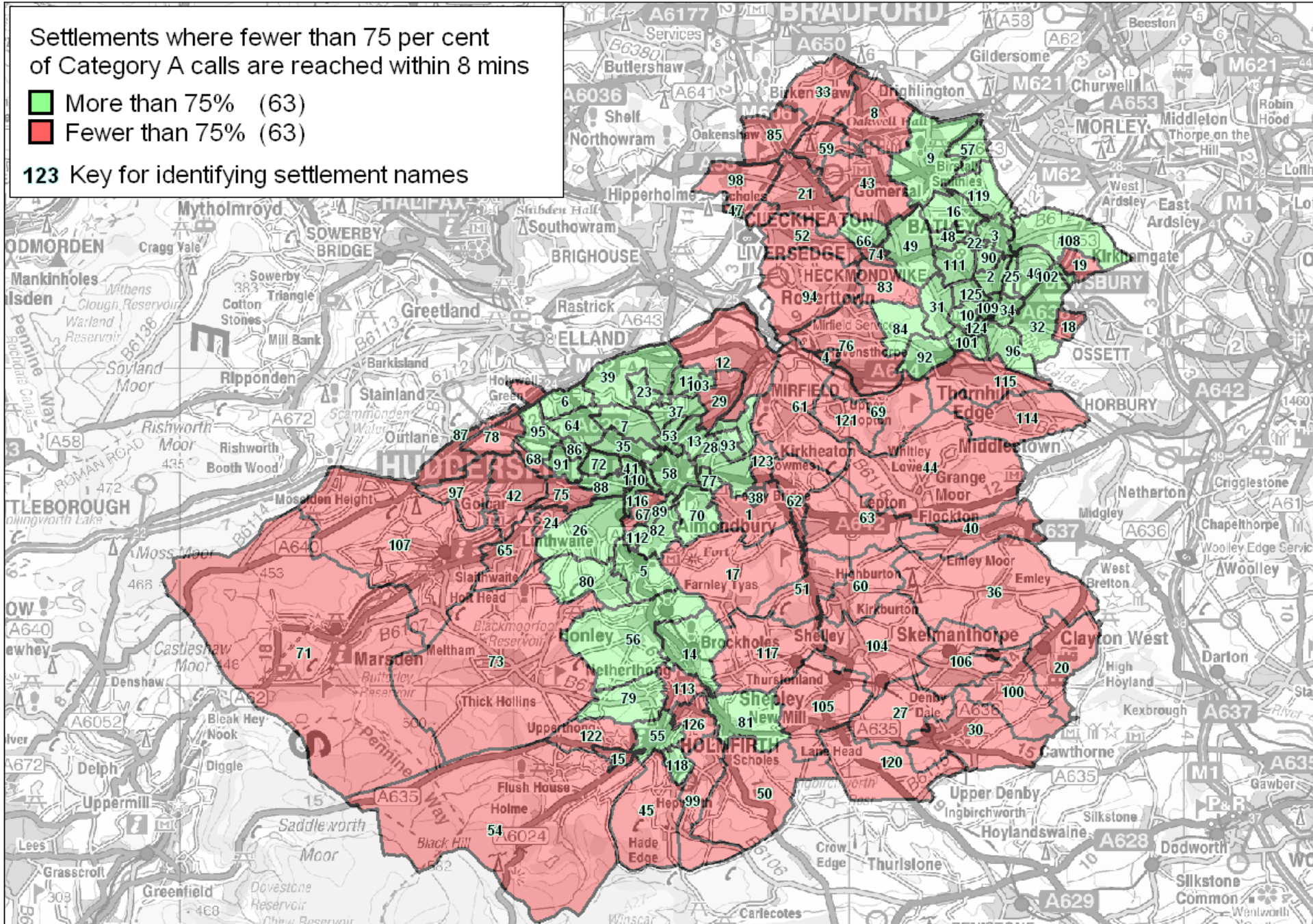
April to Sept 2010

Settlements where fewer than 75 per cent of Category A calls are reached within 8 mins

■ More than 75% (63)

■ Fewer than 75% (63)

123 Key for identifying settlement names



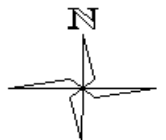
Appendix 2



Strategic Development Service
Geographic Research and Information Team

Date: March 3rd 2011
Scale: 1:150,000 (A4)
Filename: Proj 1930
A4 Settlement
All Calls 75 percent
Ver 3

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Id	Settlement Area	All Category A Calls	Missed Calls	Achieved Calls	Percent missed calls	Percent Hit Calls
1	Almondbury	159	51	108	32.1	67.9
2	Batley Carr	81	9	72	11.1	88.9
3	Batley Town Centre	94	15	79	16.0	84.0
4	Battysford	17	6	11	35.3	64.7
5	Berry Brow, Armitage Bridge	41	9	32	22.0	78.0
6	Birchencliffe	16	3	13	18.8	81.3
7	Birkby	112	15	97	13.4	86.6
8	Birkenshaw	112	32	80	28.6	71.4
9	Birstall	173	30	143	17.3	82.7
10	Boothroyd	33	5	28	15.2	84.8
11	Brackenhall	34	5	29	14.7	85.3
12	Bradley and Colne Bridge	127	37	90	29.1	70.9
13	Bradley Mills	29	5	24	17.2	82.8
14	Brockholes	24	4	20	16.7	83.3
15	Burnlee	18	8	10	44.4	55.6
16	Carlinghow and White Lee	91	16	75	17.6	82.4
17	Castle Hill, Hall Bower, Farnley Tyas	12	5	7	41.7	58.3
18	Chickenley	44	12	32	27.3	72.7
19	Chidswell	23	9	14	39.1	60.9
20	Clayton West	57	40	17	70.2	29.8
21	Cleckheaton (Centre)	195	61	134	31.3	68.7
22	Clerk Green	34	7	27	20.6	79.4
23	Cowcliffe	20	5	15	25.0	75.0
24	Cowlersley	42	15	27	35.7	64.3
25	Crackenedge and Commonsides	17	3	14	17.7	82.4
26	Crosland Moor	215	37	178	17.2	82.8
27	Cumberworth (Upper and Lower)	6	6	0	100.0	0.0
28	Dalton	181	42	139	23.2	76.8
29	Deighton	78	27	51	34.6	65.4
30	Denby Dale	31	28	3	90.3	9.7
31	Dewsbury Moor	99	9	90	9.1	90.9
32	Earlsheaton	104	19	85	18.3	81.7
33	East Bierley	11	8	3	72.7	27.3
34	Eastborough and Dewsbury Town Centre	115	16	99	13.9	86.1
35	Edgerton and Highfields	91	8	83	8.8	91.2
36	Emley	24	22	2	91.7	8.3
37	Fartown	174	21	153	12.1	87.9
38	Fernside	22	8	14	36.4	63.6
39	Fixby	27	6	21	22.2	77.8
40	Flockton	13	12	1	92.3	7.7
41	Gledholt	24	1	23	4.2	95.8
42	Golcar	176	64	112	36.4	63.6
43	Gomersal	72	24	48	33.3	66.7
44	Grange Moor, Briestfield, Whitley	26	17	9	65.4	34.6
45	Hade Edge, Cartworth	7	7	0	100.0	0.0
46	Hanging Heaton	33	3	30	9.1	90.9
47	Hartshead Moor and Moorside	25	11	14	44.0	56.0
48	Healey	43	7	36	16.3	83.7
49	Heckmondwike	229	37	192	16.2	83.8
50	Hepworth and Jackson Bridge	8	7	1	87.5	12.5
51	Highburton	30	19	11	63.3	36.7
52	Hightown	92	27	65	29.4	70.7
53	Hillhouse	85	10	75	11.8	88.2
54	Holmbridge and Holme	19	15	4	79.0	21.1
55	Holmfirth Town Centre	65	11	54	16.9	83.1
56	Honley and Oldfield	94	20	74	21.3	78.7
57	Howden Clough	47	11	36	23.4	76.6
58	Huddersfield Town Centre	345	42	303	12.2	87.8
59	Hunsworth and Drub	18	10	8	55.6	44.4
60	Kirkburton	48	21	27	43.8	56.3
61	Kirkheaton and Upper Heaton	55	24	31	43.6	56.4
62	Lascelles Hall, Fenay Bridge	36	14	22	38.9	61.1
63	Lepton	55	32	23	58.2	41.8

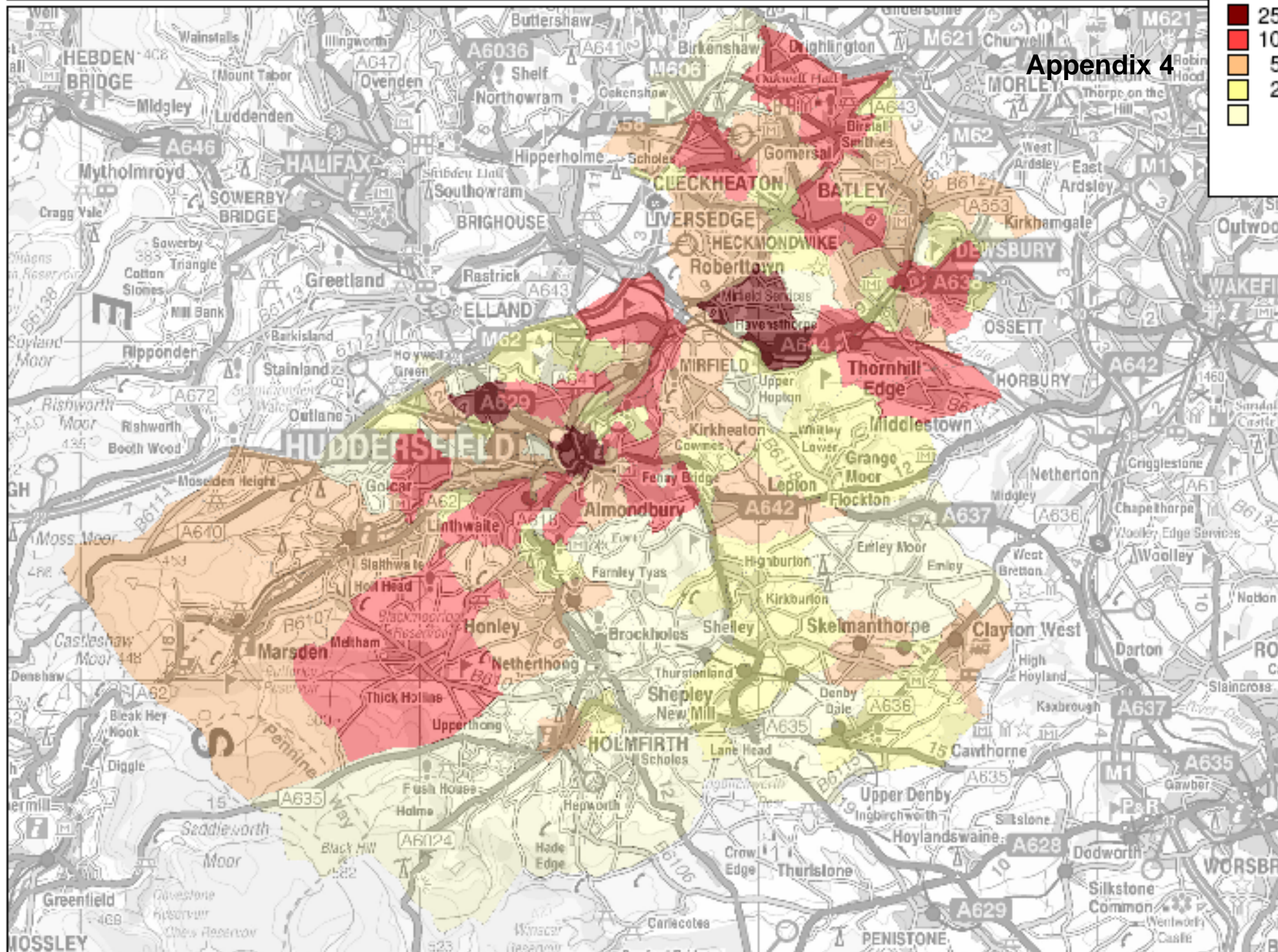
Id	Settlement Area	All Category A Calls	Missed Calls	Achieved Calls	Percent missed calls	Percent Hit Calls
64	Lindley	298	11	287	3.7	96.3
65	Linthwaite and Blackmoorfoot	52	28	24	53.9	46.2
66	Littletown and Knowler Hill	47	7	40	14.9	85.1
67	Lockwood	117	30	87	25.6	74.4
68	Longwood	13	5	8	38.5	61.5
69	Lower Hopton	27	12	15	44.4	55.6
70	Lowerhouses & Ashenhurst	56	14	42	25.0	75.0
71	Marsden	59	24	35	40.7	59.3
72	Marsh	91	8	83	8.8	91.2
73	Meltham (Civil Parish)	118	30	88	25.4	74.6
74	Mill Bridge and Flush	39	10	29	25.6	74.4
75	Milnsbridge	53	14	39	26.4	73.6
76	Mirfield and Eastthorpe	305	109	196	35.7	64.3
77	Moldgreen	53	8	45	15.1	84.9
78	Mount	26	8	18	30.8	69.2
79	Netherthong	24	6	18	25.0	75.0
80	Netherton and South Crosland	76	16	60	21.1	78.9
81	New Mill and Fulstone	11	1	10	9.1	90.9
82	Newsome	119	25	94	21.0	79.0
83	Norrithorpe	31	11	20	35.5	64.5
84	Northorpe	10	1	9	10.0	90.0
85	Oakenshaw	9	3	6	33.3	66.7
86	Oakes	41	6	35	14.6	85.4
87	Outlane	7	3	4	42.9	57.1
88	Paddock	65	7	58	10.8	89.2
89	Primrose Hill	52	10	42	19.2	80.8
90	Purlwell and Mount Pleasant	52	9	43	17.3	82.7
91	Quarmby	24	3	21	12.5	87.5
92	Ravensthorpe	172	43	129	25.0	75.0
93	Rawthorpe	42	10	32	23.8	76.2
94	Roberttown and Hartshead	53	21	32	39.6	60.4
95	Salendine Nook	57	14	43	24.6	75.4
96	Savile Town	74	17	57	23.0	77.0
97	Scapegoat Hill & Bolster Moor	7	6	1	85.7	14.3
98	Scholes (Spen)	56	17	39	30.4	69.6
99	Scholes, Totties	23	13	10	56.5	43.5
100	Scissett	33	31	2	93.9	6.1
101	Scout Hill	33	8	25	24.2	75.8
102	Shaw Cross	29	7	22	24.1	75.9
103	Sheepridge	40	8	32	20.0	80.0
104	Shelley	37	32	5	86.5	13.5
105	Shepley	32	21	11	65.6	34.4
106	Skelmanthorpe	61	48	13	78.7	21.3
107	Slaithwaite	85	55	30	64.7	35.3
108	Soothill	57	14	43	24.6	75.4
109	Springfield, Eightlands and The Flatts	103	6	97	5.8	94.2
110	Springwood	59	9	50	15.3	84.7
111	Staincliffe	221	14	207	6.3	93.7
112	Taylor Hill	8	0	8	0.0	100.0
113	Thongsbridge	23	11	12	47.8	52.2
114	Thornhill	124	57	67	46.0	54.0
115	Thornhill Lees	115	32	83	27.8	72.2
116	Thornton Lodge	74	10	64	13.5	86.5
117	Thurstonland, Stockmoor and Thunderbridge	12	5	7	41.7	58.3
118	Underbank, Gulley, Cinderhills	11	2	9	18.2	81.8
119	Upper Batley & Lamplands	53	10	43	18.9	81.1
120	Upper Denby, Birds Edge, High Flatts	9	6	3	66.7	33.3
121	Upper Hopton	7	2	5	28.6	71.4
122	Upperthong	7	3	4	42.9	57.1
123	Waterloo	70	20	50	28.6	71.4
124	West Town	30	3	27	10.0	90.0
125	Westborough	63	7	56	11.1	88.9
126	Wooldale	29	16	13	55.2	44.8

All WY Ambulance Service Category A Calls by Kirklees Settlement Area (number)

Appendix 4

All Category A Calls

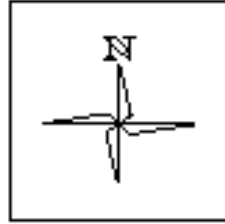
- 250 to 350
- 100 to 250
- 50 to 100
- 25 to 50
- 6 to 25



Strategic Development Service
Geographic Research and Information Team

Date:
Nov 18th 2010
Scale:
1:150,000 (A4)
Filename:
Proj 1930
A4 Settlement
All Calls Number

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Yorkshire Ambulance Service



NHS Trust

Please would you rate each of the following indicators using a scale of 1 to 5 depending on your particular preference as to whether or not, you would like to see these indicators in the next issue of the Quality Accounts:

1 =	2 =	3 =	4 =	5 =
Definitely do not include this	Do not include this	Maybe include this, no particular preference	Yes include this	Very much like this including

We have added a box at the end of this table for you to add anything else that you feel should be reported on, that you feel would give a clear representation of the service quality level being provided by YAS.

Potential Quality Indicators 2010-11:

Potential Indicator	Rating (1 to 5)	Comments?
A&E Operations:		
1. How fast 999 calls are answered.	5	We see this as an important indicator.
2. Response times to patients needing ambulance assistance.	5	Very important.
3. The proportion of patients who were attended by ambulance staff but who were referred to specialist care pathways (for example for diabetes or falls) instead of being transported to hospital.	4	We feel that there should be an additional indicator, further to this, that focuses on the appropriateness of referrals. In order to identify if referral pathways are correctly working, we would suggest an indicator that measures the number of patients suitable for referral that have been referred.

Potential Indicator	Rating (1 to 5)	Comments?
4. Number of calls identified as non-life-threatening which are passed to a YAS clinical adviser or to NHS Direct for clinical triage.	4	
Patient Safety:		
1. Total number of adverse incidents occurring in the Trust reported by type.	4	We feel that this is quite an ambiguous indicator and that clarification would be needed on the difference between 'adverse' and 'serious' – we were unsure.
2. Total number of serious untoward incidents occurring in the Trust (<i>these include road traffic collisions, incidents, near misses, violence against staff, equipment/premises failures or defects and patient safety events</i>).	4	
3. Number of adverse incidents relating to the standard of clinical care (<i>in particular these will be events that are linked to patient safety</i>).	4	
4. Number of adverse incidents relating to drug errors.	4	
5. The results of our NHS staff survey relating to reporting of errors, near misses and incidents.	3	Would this just reflect the statistics in the above indicators?
6. The numbers of referrals our staff made to specialist services responsible for protecting vulnerable adults and children.	4	
7. Completion of Independent Management Reports (IMRs) required as part of Serious Case Reviews on time, to the necessary standard and all relevant recommendations implemented.	4	
8. Achievement against the Trust target for cleaning of	4	

Potential Indicator	Rating (1 to 5)	Comments?
operational vehicles.		
9. The results of checks we make on how well staff are following our policies and procedures on infection prevention and control.	4	
10. The percentage of patient report forms which are fully completed.	4	Our current Ambulance Response Ad Hoc Scrutiny Panel has identified that the completion of handover forms is delaying ambulances leaving hospital.
11. Number of investigations following a Serious Untoward Incident that identify inadequate clinical assessment as a root cause.	4	
Clinical Effectiveness:		
1. The results of national audits into the management of patients with: <ul style="list-style-type: none"> a. Asthma b. Cardiac Arrest c. Hypoglycaemia d. Heart Attack e. Stroke. 	3	
2. The numbers of patients suffering certain types of heart attacks (STEMI) being transported to specialist centres to receive the 'gold standard' treatment (primary angioplasty).	5	We feel that there should be more emphasis on patient outcomes and therefore would expect more than 3 indicators in the category of 'clinical effectiveness'.
3. The numbers of patients suffering strokes being classified as Category A (highest priority) and transported to specialist stroke pathways for rapid assessment and treatment.	5	

Potential Indicator	Rating (1 to 5)	Comments?
Patient Experience:		
1. The number of complaints, concerns and compliments we receive from members of the public about our services.	4	
2. The results of public satisfaction surveys comparing our service to others in the Yorkshire region.	4 (if related to Kirklees)	We feel that this indicator would be most useful if it could provide more local results – we would welcome information at a Kirklees level.
3. The numbers of patients requiring palliative care that we refer to a district nursing service following assessment by our crews.	4	
PTS Operations:		
1. How fast calls to the patient booking line (for North and East Yorkshire patients) are answered.	2	As not relevant to Kirklees.
2. Proportion of patients arriving between 0 and 60 minutes ahead of their appointment times.	4	
3. Proportion of patients collected for transport home within 60 minutes of YAS being notified that they are ready to return home.	4	
4. Proportion of patients experiencing journey times less than 60 minutes.	4	

If there are any other indicators, not mentioned in the above list, that you would like to see please tell us below:

Please see above comments in relation to 'A & E Operations' indicator 3 and the indicators within 'Clinical Effectiveness'.

Is there anything else in particular that you feel we should be focussing on as an organisation in order to improve our service during 2001/12? Please provide as much detail as you can below:

We anticipate a number of findings resulting from our current Ambulance Response Ad Hoc Panel.

Your name:
(optional)

Well-Being & Communities Scrutiny Panel, Kirklees Council

Date: _____27/1/11_____

Your organisation:
(if applicable)

If YAS staff, is your role clinical?

Yes / No

Thank you for taking the time to send us your feedback. **Please return the completed form by Friday 28th January 2011.**

To return this form as an electronic attachment please email: corp-comms@yas.nhs.uk and enter a subject of "Quality Accounts".

To return a hard copy by post, please send to the address below:

Yorkshire Ambulance Service
FAO Hester Rowell
Trust Headquarters
Springhill 1
Brindley Way
Wakefield 41 Industrial Park
Wakefield
WF2 0XQ



Progress in developing outcome measures - Response to Kirklees Council Scrutiny Review Panel – December 2010

1. Introduction

- 1.1 The panel undertaking the review into ambulance response times has requested a briefing on the progress YAS is making in developing outcome measures in the light of the Health White Paper.
- 1.2 Key issues for the ambulance service relate to the need to continue to ensure a swift response to patients with time-critical conditions, whilst also developing a broader range of responses to meet individual needs and deliver the appropriate quality of clinical care. Key assumptions are that:
- A clear focus on patient safety, evidence based practice and the quality of patients' experience will lead to improved quality of care and patient outcomes.
 - Patient outcomes can be improved by providing more streamlined care across the patient pathway
 - In many cases, the best outcome for the patient will be treatment outside the hospital setting, either on scene by ambulance clinicians or through referral to alternative pathways of community based care.
- 1.3 This paper gives an outline of the current position and work under way.

2. Current position and action under way

- 2.1 The Trust Executive Team and Board have considered the implications of the White Paper in a number of discussions.
- 2.2 Many of the broad issues highlighted in the White Paper are being addressed through the existing Trust Quality Strategy, which focuses on improvements relating to patient safety, clinical effectiveness and the quality of patients' experience of the service. A set of key patient quality indicators is monitored regularly by the Board and Executive Team. A programme of developments relating to patient involvement and increasing the capture and use of patient

feedback is being taken forward under the leadership of the Patient Experience Group.

- 2.3 YAS set out the patient care quality improvement priorities for the current year in its Quality Account for 2009/10 and a report on progress on these developments will be part of the next Quality Account. Work has also started to seek views from internal and external stakeholders on potential priorities for quality improvement in 2011/2012.
- 2.4 In addition, national work has been progressing over recent months on the development of outcome indicators which have now been included in the NHS Operating Framework for 2011/2012, for implementation by all English ambulance services. YAS has been actively involved in the development of these indicators and it is anticipated that they will significantly inform further developments within the Trust over the coming year.
- 2.5 The proposed national indicators are as follows:
- Outcome from acute ST-elevation myocardial infarction (STEMI)
 - Outcome from cardiac arrest – return of spontaneous circulation
 - Outcome from cardiac arrest - survival to discharge
 - Outcome following stroke for ambulance patients
 - Proportion of calls closed with telephone advice or managed without transport to A&E (where clinically appropriate)
 - Re-contact rate following discharge of care (i.e. closure with telephone advice or following treatment at the scene)
 - Call abandonment rate
 - Time to answer calls
 - Service Experience
 - Category A 8 minute response time
 - Time to treatment by an ambulance-dispatched health professional
- 2.6 For each of these indicators, the national ambulance Directors of Clinical Care Group has developed a detailed statement of the rationale, data source, and methodology. The intention is that the indicators will provide data that can be benchmarked across services, and that relates to the clinical outcomes for patients across the care pathway.
- 2.7 As part of its internal preparation, the YAS Director of Information, Communication and Technology has led a review of the systems in place for collection and reporting of outcome measures. A number of these will require changes to current systems and work has begun to address these issues. This work includes development of new modelling processes, changes

to performance management and clinical audit functions and a range of new internal and external performance monitoring reports.

- 2.8 To support the development of the YAS contribution to patient outcomes across the patient pathway, work is under way to align YAS quality and workforce developments to the requirements of the White Paper. The CQUIN indicators for 2011/2012 which YAS is developing in discussion with commissioners are a key part of this work. These are still in draft form and subject to change, but the current focus includes the development of:
- Structures and staff development processes to facilitate provision of a comprehensive clinical hub providing effective triage, referral and reporting and increasing staff usage of the clinical hub system to assist in clinical decision making and referral following face to face patient assessment.
 - Clinical leadership and staff development processes that facilitate and promote high quality clinical decision making by vehicle based staff.
 - A pathway development framework and criteria for use by other providers, to facilitate the development of alternative care pathways which will be accessible to YAS clinicians with routinely monitored clinical outcomes.
 - The roll out and use of the electronic care record across YAS, which will facilitate continuity of care and effective clinical audit processes.
 - Increasing the feedback obtained from service users across all areas of the service and demonstrating improvements to the service based on this feedback.
- 2.9 The majority of the proposed national outcome indicators outlined in paragraph 2.5 will be in the “gift” of the ambulance services to deliver. However a number will rely either on joined up clinical audit process with other providers or the availability of alternative care pathways for patients in the community, including minor injury units, primary care community services, GPs in hours and out of hours services, mental health pathways and many more. These pathways include both telephone advice systems and face to face assessment services.
- 2.10 To facilitate a joined up approach across ambulance services and the patient pathway, the YAS Medical Director has prepared a paper on the need for ‘linked CQUINs’ between ambulance and other Trusts. This has been circulated for consideration by the ambulance service Directors of Clinical Care, the Yorkshire and Humber SHA and YAS lead commissioners. This paper highlights those areas where support is required in other organisations to enable YAS to make the best contribution to patient outcomes, including:

- Development of adequate clinical audit systems to capture data about the outcomes of ambulance service care in acute hospital systems.
- Development of pathway referral options in community services, for access by YAS clinicians, as a clinically more appropriate alternative to conveyance to hospital.

3 Next Steps

3.1 Work is continuing on a number of key issues, including:

- Further input into development of the final national ambulance outcome indicators.
- Continuing to develop YAS quality and workforce plans, linked to CQuIN indicators, to support improved patient outcomes aligned to the White Paper.
- Continuing to pursue internal and external work to ensure outcome data can be recorded and reported accurately.
- Consultation with stakeholders on quality priorities as part of the Quality Account development.
- Maintaining the programme of developments as part of the YAS Quality Strategy 2010-2012, aligned to the White Paper priorities.

Steve Page
Director of Standards and Compliance
14 December 2010

SCRUTINY ACTION PLAN

Project: Ambulance Response Times
Lead Scrutiny Officer: Richard Dunne

			FOR COMPLETION			
No.	Recommendation	Directorate and Cabinet Member(s) or organisation asked to coordinate the response to the recommendation	Do you agree with the recommendation? If no, please explain why.	How will this be implemented?	Who will be responsible for implementation?	What is the estimated timescale for implementation?
1	<p>That Yorkshire Ambulance Service (YAS) presents to Scrutiny, as soon as the data becomes available, the performance of the category 'A' 8 minute response time target in Kirklees for the period April 2011-September 2011 that will mirror the Kirklees demand and performance data for the period April 2010 – September 2010 detailed in this report.</p> <p>The Panel feels that this will provide an opportunity to review performance in Kirklees and assess the impact of initiatives such as the introduction of the new staff rotas and additional standby points.</p>	Yorkshire Ambulance Service	Yes -The data will be provided when it becomes available after the completion of the monitoring period.	This has been added to the diary of the Business Intelligence Team as an ad hoc request, which will be generated in the schedule during the Autumn.	ICT Director (Keeley Townend) and Management Information Manager (Helen Hutchinson)	November 2011

2	<p>That YAS should undertake an annual analysis of demand in Kirklees, rather than just every two years, until there has been a period of sustained improvement in performance across all areas of Kirklees.</p>	<p>Yorkshire Ambulance Service</p>	<p>Analysis of demand is already conducted on a daily basis and resources deployed based on that forecast. This constant monitoring of demand allows YAS to respond rapidly and efficiently.</p> <p>We also review demand as part of the “Status Plan Management” more regularly and also consider it as part of the business planning process.</p> <p>The two year timescale is for the review of demand over a period and the time necessary to make permanent changes to:</p> <ul style="list-style-type: none"> • the size and mix of fleet • location of 	<p>This is part and parcel of the ongoing business management. We will monitor the impact of the new rotas, front loaded model and other changes to service delivery</p>	<p>ICT Director (Keeley Townend), Operations Director – A&E (Keith Prior) and Assistant Director – A&E, Bradford, Calderdale and Kirklees CBU (Tasnim Ali)</p>	<p>Ongoing following consultation with NHS Kirklees</p>
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			<p>ambulance stations and facilitated stand by points</p> <ul style="list-style-type: none"> • recruitment and training of staff • Permanent changes to the staffing rota. 			
3	That YAS, in conjunction with NHS Kirklees, should introduce a plan in order to deliver a more equitable service across Kirklees and to improve consistency of performance.	Yorkshire Ambulance Service in conjunction with NHS Kirklees	Such a plan will develop out of the work done under recommendation 7 below – YAS NHS Kirklees agree that a plan should be developed – NHS Kirklees	See rec. 7 – YAS/NHS Kirklees	See rec. 7 – YAS/NHS Kirklees	See rec.7- YAS/NHS Kirklees
4	That Scrutiny review, in 12 months time, the impact on performance in Kirklees following the introduction of the 'front- loaded model'.	Yorkshire Ambulance Service	Yes - YAS will work with the Kirklees Scrutiny team on any subsequent review.		Operations Director – A&E (Keith Prior)	Review in 12 months with actual date to be determined in conjunction with Kirklees Scrutiny. (Approximately Spring 2012)

5	<p>That the emergency transfer requests received from the Huddersfield Royal Infirmary and Dewsbury and District Hospital are separated out from the Kirklees category A demand and performance data, in order to provide a more accurate reflection of demand from residents who live in these areas and enable YAS to focus on the approach it takes to handling emergency patient transfers.</p>	<p>Yorkshire Ambulance Service</p>	<p>Our Service and Quality Improvement Manager is keen to work with NHS Kirklees to progress this aspect.</p> <p>The “minimum data set” (MDS) which YAS provides to NHS Kirklees allows for the separation of the data as required.</p>	<p>Category A encompasses emergency transfers, the definition of which is determined by the Department of Health for the whole of England and YAS responds to all Category A calls on the same basis. This places limits on the scope for YAS to differentiate the service provided.</p>	<p>Assistant Director –A&E, Bradford, Calderdale and Kirklees CBU (Tasnim Ali) and NHS Kirklees Data Analyst</p>	<p>To be reviewed over the next 6 months in consultation with NHS Kirklees. (Spring to Autumn 2011)</p>
6	<p>That YAS routinely publish the category A performance data of the time differences between the achieved and missed calls in order to show the extent of variations in performance and to highlight the level of work that is required to reduce the number of calls that fall outside of the 8 minute target.</p>	<p>Yorkshire Ambulance Service</p>	<p>YAS is committed to delivering services in an open and transparent way. We are committed to developing our consultation and engagement strategy as we move towards Foundation Trust status.</p> <p>We will continue to work with NHS Kirklees, Kirklees Council and other</p>	<p>Additional work will be undertaken in conjunction with NHS Kirklees to establish the best way to take forward this recommendation.</p>	<p>Assistant Director – A&E, Bradford, Calderdale and Kirklees CBU (Tasnim Ali) and Management Information Manager (Helen Hutchinson)</p>	<p>To be reviewed over the next 6 months in consultation with NHS Kirklees. (Spring to Autumn 2011)</p>

			bodies to take forward the monitoring of our performance in constructive ways.			
7	<p>That the main stakeholders (YAS/NHS Kirklees/Hospital Trusts) responsible for improving ambulance response times should create a framework that will strengthen their working relationships and improve communication. This should include:</p> <ul style="list-style-type: none"> • Creating an overarching improvement plan to cover all agreements and initiatives aimed at achieving the required performance outcomes. • Holding regular meetings to monitor progress against initiatives and discuss best practice etc. 	<p>Yorkshire Ambulance Service in conjunction with NHS Kirklees, Calderdale and Huddersfield NHS Trust, The Mid Yorkshire NHS Trust</p>	<p>YAS will continue to work with partners in delivering the turnaround plan – YAS</p> <p>NHS Kirklees agrees to developing an appropriate framework to meet this recommendation – NHS Kirklees</p> <p>Calderdale and Huddersfield NHS Foundation Trust support this recommendation and note that YAS would take overall responsibility for the co-ordination of this work – CHFT</p> <p>Mid Yorkshire NHS Trust agree to this</p>	<p>There are monthly turnaround meetings, at which this plan will form the basis for further actions. The meetings currently include NHS Kirklees and Calderdale and Huddersfield NHS Trust.</p> <p>The Service and Quality Improvement Manager and Assistant Director of Operations, A&E meet with NHS Kirklees and commissioners within West Yorkshire on a monthly basis. Mid Yorkshire Hospitals NHS Trust will be invited to this meeting in line with their intention to</p>	<p>Operations Director - A&E (Keith Prior) and Assistant Director –A&E, Bradford, Calderdale and Kirklees CBU (Tasnim Ali)</p> <p>Pat Andrewartha – NHS Kirklees</p> <p>Shaun Garside – Group Manager Medicine – Mid Yorkshire NHS Trust</p> <p>Mark Partington – Director of operations Calderdale &</p>	<p>Plan to be developed over the next 6 months (Spring to Autumn 2011) in consultation with NHS Kirklees and other stakeholders – YAS</p> <p>NHS proposes a period of 6 months to set up a plan and allow sufficient time to assess its effectiveness – NHS Kirklees</p>

			<p>recommendation - MYHT</p>	<p>meet regularly.</p> <p>In addition to this there is a separate monthly meeting between the Assistant Director of Operations, A&E and NHS Kirklees to look at the local action plan.</p> <p>We will ensure that recommendations from the Ad Hoc Panel are presented to these groups to be incorporated into their work plans – YAS</p> <p>Mid Yorkshire NHS Trust will re-establish regular meetings with YAS and NHS Kirklees to update & monitor actions against the YAS Hospital Turnaround Action Plan - MYHT</p>	<p>Huddersfield NHS Trust and Bev Walker General Manager Head & Neck Services/ Emergency Medicine (A&E) Calderdale & Huddersfield NHS Trust</p>	
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8	<p>That YAS further explore the feasibility of using locations and premises owned by the hospital trusts, NHS Kirklees, emergency service partners and the local authority with the aim of assessing their suitability to be used as Standby points.</p>	<p>Yorkshire Ambulance Service</p>	<p>YAS is already working with the Fire and Rescue Service on co-location. We intend to work closely with other partners including Kirklees Highways, the Geographic Research and Information Team (GRIT) and other council departments to explore suitable locations for facilitated standby points that reflect the areas where demand needs to be met.</p>	<p>New locations must follow the requirement of the service to meet demand, rather than the viability of the site.</p> <p>YAS looks forward to Kirklees Council facilitating the processing of any planning issues that arise from the establishment of new standby points.</p>	<p>Operations Director - A&E (Keith Prior)</p>	<p>Ongoing following consultation with NHS Kirklees</p>
9	<p>That YAS introduces ambulance cleaners, based at Dewsbury and District Hospital and the Huddersfield Royal Infirmary, to assist the ambulance crews in cleaning and preparing ambulances to resume duty.</p>	<p>Yorkshire Ambulance Service</p>	<p>We will explore this option. The Scrutiny report has already noted the congestion and lack of space at Huddersfield Royal Infirmary, a factor that will make this</p>	<p>That exploration will need to consider the efficiency of keeping cleaning staff on site at the hospitals rather than other locations. YAS is recognised as one of the leading ambulance services in England for its</p>	<p>Operations Director - A&E (Keith Prior) and Assistant Director – A&E – Bradford, Calderdale and Kirklees CBU (Tasnim)</p>	<p>To be reviewed over the next 6 months in consultation with NHS Kirklees. (Spring to Autumn 2011)</p>

			option problematic on that site.	vehicle cleaning systems and monitoring processes.	Ali)	
10	That YAS, in conjunction with NHS Kirklees, address the shortage of Community First Responder (CFRs) trainers and look to increase the numbers of CFRs, with priority being given to the those areas of Kirklees that are consistently underperforming against the ambulance response times 8 minute target.	Yorkshire Ambulance Service in conjunction with NHS Kirklees	We have recruited a new trainer for the West Yorkshire CBUs, who will help us to recruit and train additional volunteers from the Kirklees area – YAS NHS Kirklees accepts the need to increase the number of CFRs across Kirklees – NHS Kirklees	As these schemes rely on volunteers we welcome all available support to raise awareness and assist with recruitment – YAS NHS Kirklees will work with YAS to address this recommendation – NHS Kirklees	Assistant Director – A&E, Bradford, Calderdale and Kirklees CBU (Tasnim Ali) Pat Andrewartha – NHS Kirklees	To be reviewed over the next 6 months in consultation with NHS Kirklees – YAS. (Spring to Autumn 2011) NHS proposes a period of 6 months to develop actions to address this recommendation and review outcomes – NHS Kirklees

11	That Calderdale and Huddersfield NHS Foundation Trust 'fast track' the work required to make the alterations to the ambulance parking bays at the Huddersfield Royal Infirmary, in order to help alleviate the parking problems and delays being experienced by YAS.	Calderdale and Huddersfield NHS Trust	Calderdale and Huddersfield NHS Foundation Trust agree with this recommendation	Calderdale and Huddersfield NHS Foundation Trust is currently working with YAS to agree an acceptable design solution. Some of these options could prove quite expensive and we may therefore look to YAS for a financial contribution dependent on the final costs.	Frank Gibbons Director of estates – Calderdale and Huddersfield NHS Trust	Target date for agreement of a costed plan 31 May 2011
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