



## **Kirklees Health and Adult Social Care Scrutiny Panel**

**Nick Smith – Director of Operations,  
Yorkshire Ambulance Service**

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West Yorkshire Division**



# Background information for HOSC members



# Our Purpose, Vision and Values



## Our Purpose

To save lives and ensure everyone in our communities receives the right care, whenever and wherever they need it.

## Our Vision

To be trusted as the best urgent and emergency care provider, with the best people and partnerships, delivering the best outcomes for patients.



# About Us



- Serve a population of over five million people across Yorkshire and the Humber
- A&E and NHS 111
- Non-emergency Patient Transport Service (PTS)
- Provide a vital 24-hour, seven-days-a-week emergency and healthcare service
- We have a Resilience and Special Services Team (including our Hazardous Area Response Team)
- Provide clinicians to work on the Yorkshire Air Ambulance



# 2018-19 YAS Overview



**998,731** calls  
- up 5.5%



Over **2,700**  
emergency calls a  
day

**798,968**  
responses  
to incidents



**1,632,514**  
NHS 111 calls



**934,492 PTS**  
journeys



**105,633** by  
Volunteers

**5,853** staff

**138** new  
ambulances





# Contribution from Community First Responders (CFRs)



## North Kirklees and Gt Huddersfield

- 26 active schemes with 99 volunteers
- 132 community public access defibrillators

## Developments in 2020

- GoodSAM
  - An application that professionals can volunteer to attend cardiac arrests
- Tracking capability for CFRs
  - Meaning more accurate use of CFRs



# Clinical Quality Indicators



All ambulance services in England are measured by, and report against, the clinical quality indicators. This allows a comparison of data with other ambulance services across the country.

Briefly, the new CQIs are:

- **ST-elevation myocardial infarction (STEMI)**  
ST-elevation myocardial infarction is a type of heart attack resulting from a blockage in a coronary artery. This monitors the number of patients who receive best practice care in the management of a heart attack.
- **Return of Spontaneous Circulation (ROSC)**  
This indicator monitors the number of patients who suffer a cardiac arrest (heart stopped), and who are subsequently resuscitated and the heart restarts prior to their arrival at hospital.
- **Cardiac arrest - Survival to discharge (StD)**  
Following on from the second indicator, this monitors the number of patients who leave hospital alive after they have had an out-of-hospital cardiac arrest.
- **Management of Stroke**  
This requires ambulance services to measure the time it takes from the 999 call, to the time it takes to convey FAST positive patients to a specialist stroke centre.
- **Proportion of calls closed with telephone advice or managed without transport to A&E (where clinically appropriate)**  
This reflects how the whole urgent care system is working, rather than simply the ambulance service or A&E, as it will reflect the availability of alternative urgent care destinations (for example, walk-in centres) and providing treatment to patients in their home
- **Re-contact rate following discharge of care (i.e. closure with telephone advice or following treatment at the scene)**  
If patients have to call 999 a second time, it is usually because they are anxious about receiving an ambulance response or have not got better as expected. Occasionally it may be due to an unexpected or a new problem. To ensure ambulance services are providing safe and effective care the first time, every time, this measures how many callers or patients call us back within 24 hours of the initial call being made



# Clinical Quality Indicators



- **Call abandonment rate**  
This indicator will ensure that we and other ambulance services are not having problems with people phoning 999 and not being able to get through
- **Time taken to answer calls**  
It equally important that if people/patients dial 999 that they get call answered quickly. This indicator will therefore measure how quickly all 999 calls that we receive get answered
- **Service experience**  
All ambulance services will need to demonstrate how they find out what people think of the service they offer (including the results of focus groups and interviews) and how we are acting on that information to continuously improve patient care
- **Ambulance response time**  
This measures the speed of all ambulance responses to a patient and is recorded as a mean target.







# Presentation



# Ambulance Response Programme (ARP)



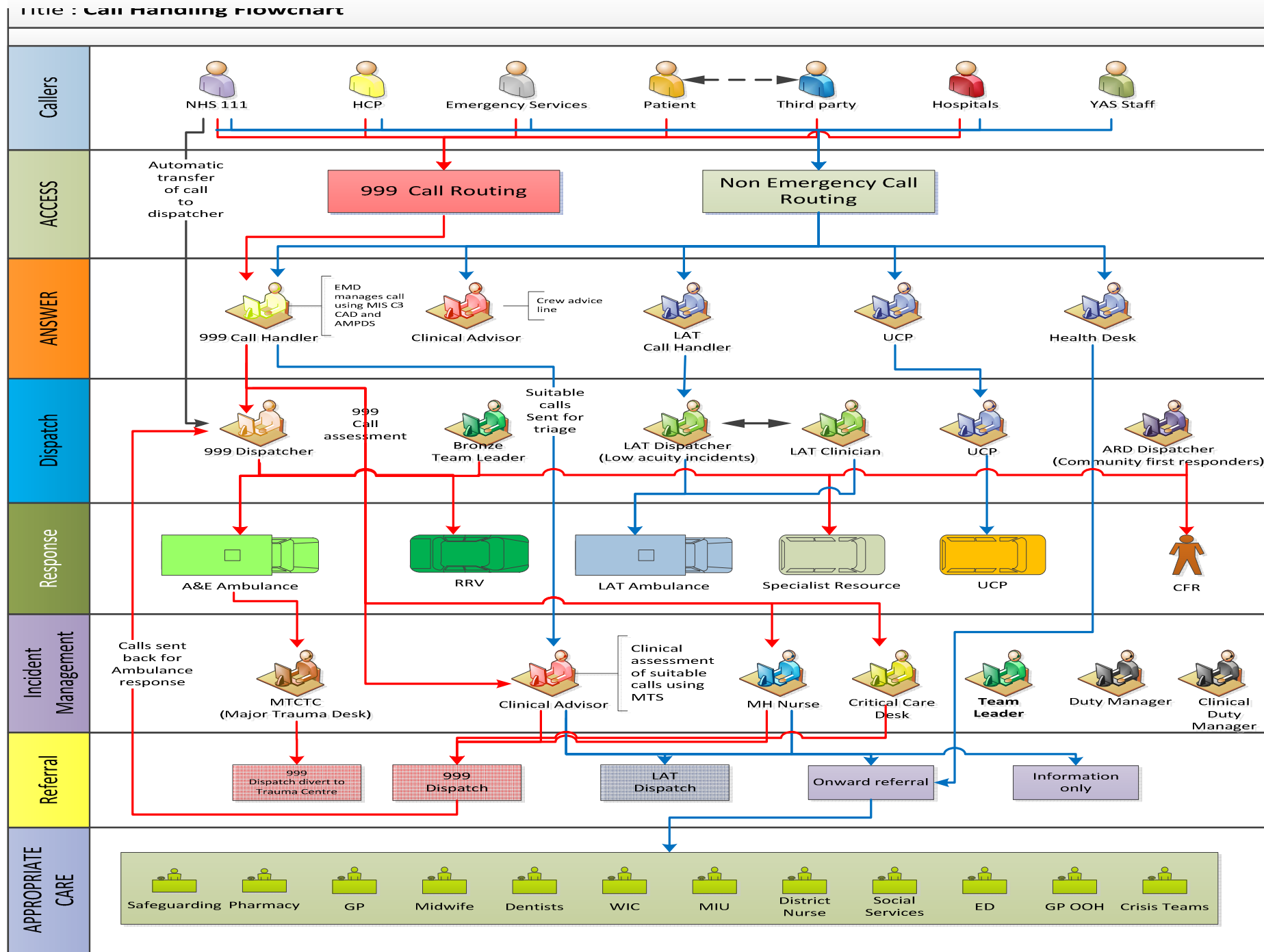
YAS NHS Trust commenced with the newly announced ARP standards from September 2017.

## Objectives

The main objectives of ARP are:

- Prioritise the sickest patients, to ensure they receive the fastest response to improve patient experience and outcome
  - Measured and benchmarked through Ambulance Quality Clinical Indicators
- Drive clinically and operational efficient behaviours, so the patient gets the response they need first time and in a clinically appropriate timeframe
- To ensure the correct level of resource is dispatched
  - Specialist resource
    - HART
    - Yorkshire Air Ambulance
    - Critical & Specialist/Advanced Paramedic
- Ensure patients suitable for telephone assessment are identified for the Clinical Hub





# New ARP Performance Standards

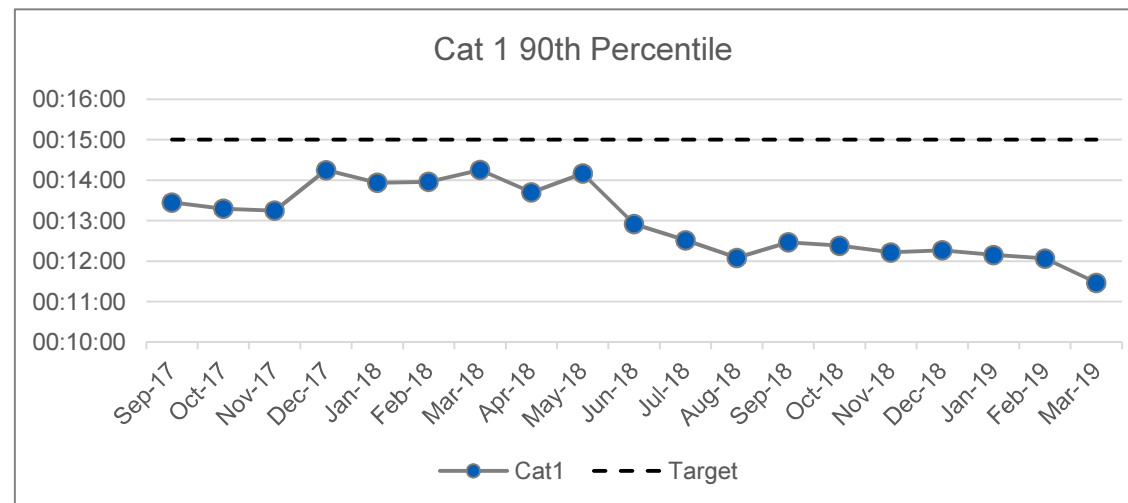
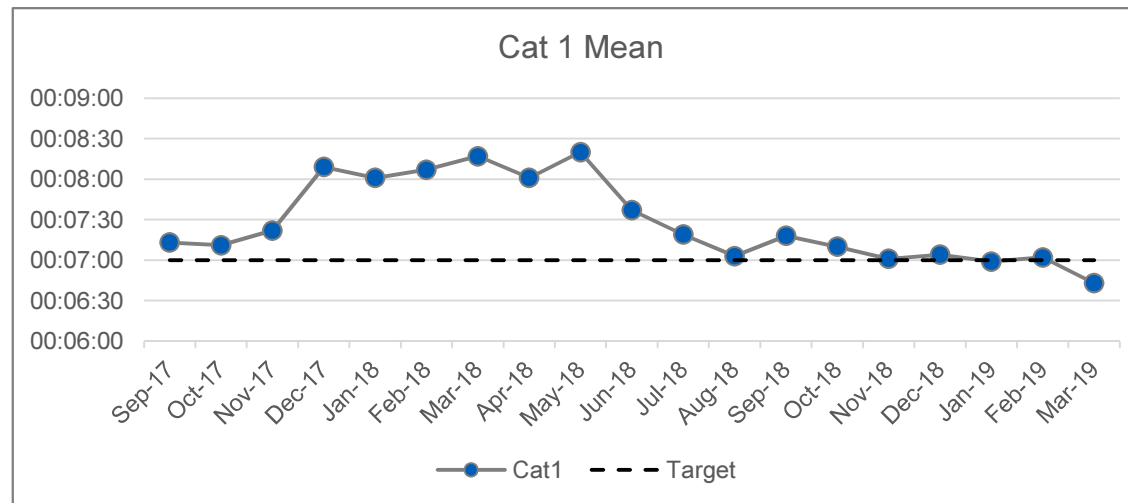


To deliver the new ARP standards, YAS commenced a journey of staff recruitment and development as well as fleet and roster changes.

Categories	National Standard	How long does the ambulance service have to make a decision?
<b>Category 1</b>	7 minutes mean response time 15 minutes 90 <sup>th</sup> centile response time	The earliest of: •The problem is identified •An ambulance response is dispatched •30 seconds from the call being connected
<b>Category 2</b>	18 minutes mean response time 40 minutes 90 <sup>th</sup> centile response time	The earliest of: •The problem is identified •An ambulance response is dispatched •240 seconds from the call being connected
<b>Category 3</b>	120 minutes 90 <sup>th</sup> centile response time	The earliest of: •The problem is identified •An ambulance response is dispatched •240 seconds from the call being connected
<b>Category 4</b>	180 minutes 90 <sup>th</sup> centile response time	The earliest of: •The problem is identified •An ambulance response is dispatched •240 seconds from the call being connected

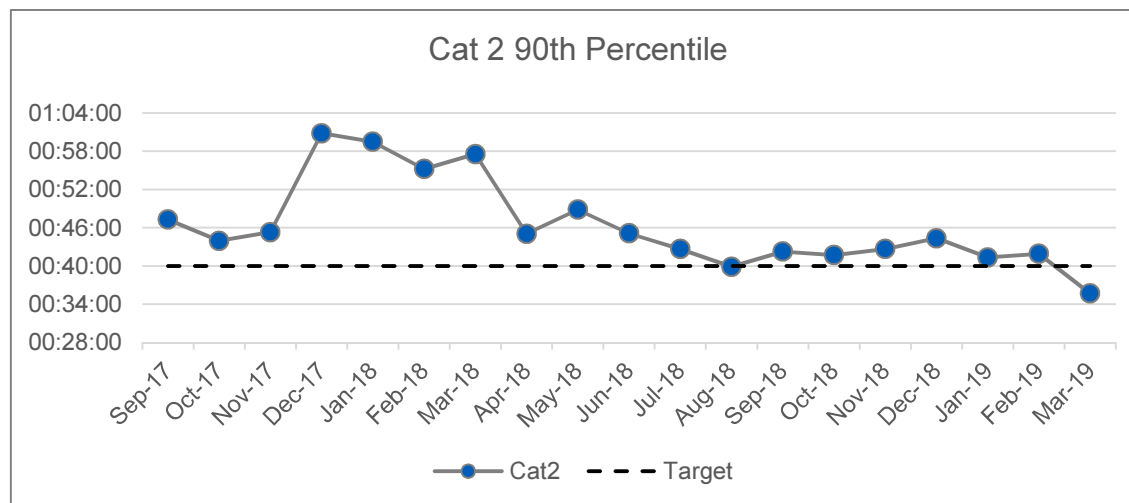
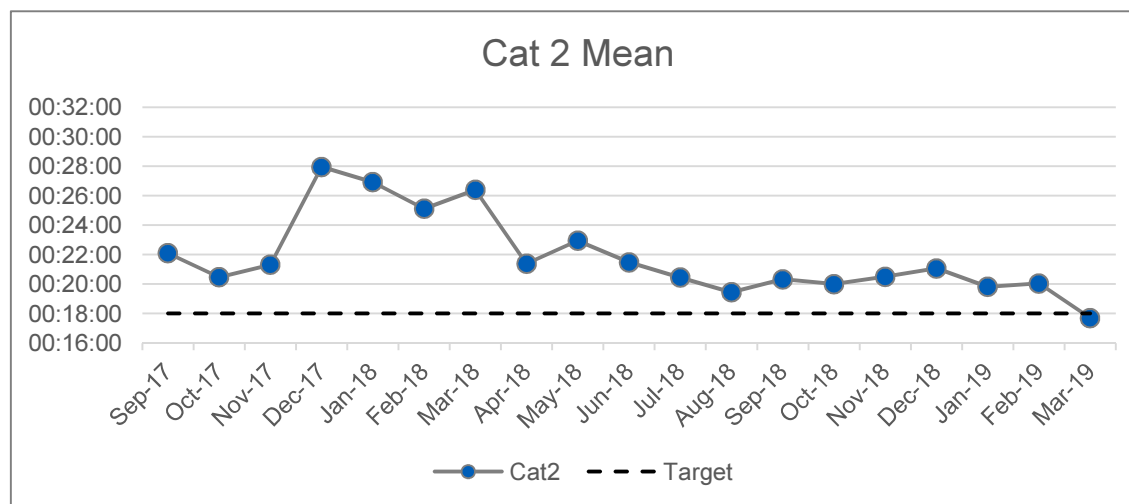


# The ARP Journey - Delivery against Ambulance Response Programme (ARP) Standards





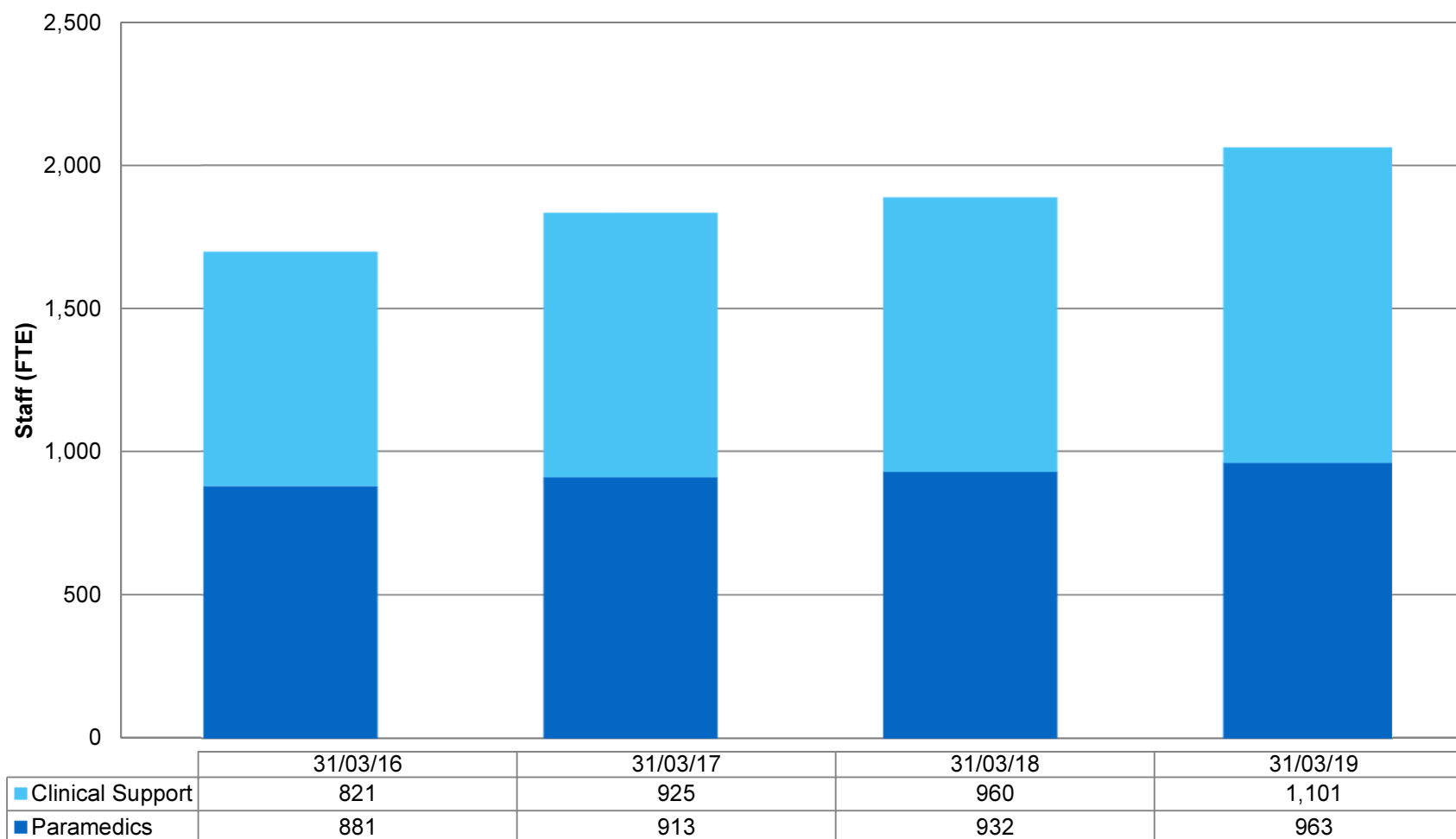
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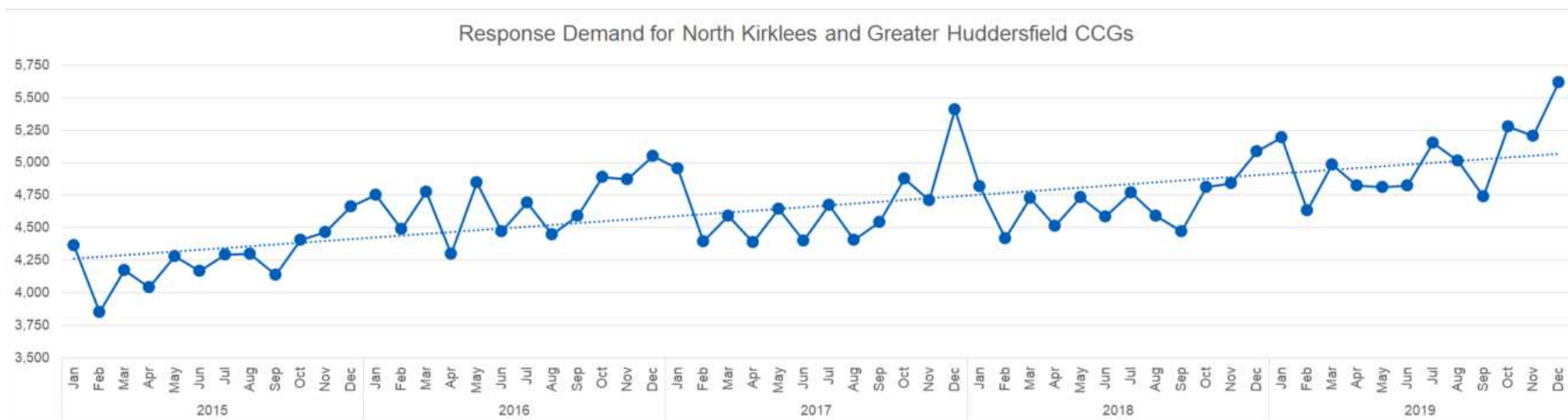
# The ARP Journey - A&E Operations - Staff Growth



## Frontline A&E Staff (Exc CS)



# Demand Growth



## Summary Table

Calendar Year	Demand	Year on Year Change
2015	51,144	
2016	56,173	9.8%
2017	56,001	-0.3%
2018	56,374	0.7%
2019	60,283	6.9%



# Category 1 Response Times



Postcode District	Mean Performance Time								
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	YTD
HD1	00:05:23	00:04:58	00:05:07	00:05:01	00:05:26	00:05:12	00:04:51	00:05:31	00:05:10
HD2	00:06:11	00:06:15	00:06:05	00:06:27	00:06:19	00:05:44	00:06:24	00:07:26	00:06:25
HD3	00:05:43	00:05:27	00:06:59	00:05:13	00:06:10	00:04:30	00:07:37	00:06:26	00:06:14
HD4	00:07:13	00:08:07	00:05:32	00:06:45	00:06:27	00:07:59	00:07:03	00:07:35	00:07:03
HD5	00:06:27	00:07:44	00:08:46	00:07:21	00:07:27	00:08:16	00:08:31	00:07:23	00:07:45
HD6	00:05:50	00:05:50	00:05:35	00:06:15	00:05:18	00:05:49	00:07:19	00:07:10	00:06:12
HD7	00:10:35	00:10:21	00:09:07	00:09:11	00:08:20	00:11:18	00:08:15	00:10:37	00:09:34
HD8	00:11:46	00:09:53	00:09:44	00:12:36	00:09:41	00:10:06	00:12:51	00:10:39	00:10:55
HD9	00:06:13	00:08:57	00:09:11	00:09:35	00:08:15	00:07:36	00:08:19	00:09:05	00:08:28

	Demand								
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	YTD
HD1	56	55	54	50	65	60	85	46	471
HD2	33	24	35	43	33	15	27	35	245
HD3	21	22	20	27	18	16	44	38	206
HD4	24	21	25	34	30	30	32	23	219
HD5	21	24	29	26	18	15	24	36	193
HD6	29	21	20	16	29	17	33	28	193
HD7	10	9	16	18	16	14	14	11	108
HD8	10	8	18	13	18	24	26	30	147
HD9	20	26	20	27	17	23	18	25	176



# Category 2 Response Times



Postcode District	Mean Performance Time								
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	YTD
HD1	00:16:13	00:16:13	00:16:45	00:13:54	00:15:04	00:19:06	00:21:10	00:18:58	00:17:12
HD2	00:18:58	00:18:30	00:18:56	00:16:03	00:18:37	00:21:52	00:24:25	00:22:47	00:20:08
HD3	00:19:33	00:16:45	00:17:32	00:16:26	00:15:23	00:19:33	00:24:37	00:22:43	00:19:16
HD4	00:20:37	00:19:50	00:20:32	00:19:32	00:20:55	00:19:43	00:26:45	00:25:18	00:21:51
HD5	00:21:00	00:21:19	00:20:53	00:18:46	00:19:05	00:21:48	00:25:59	00:22:39	00:21:26
HD6	00:21:20	00:16:26	00:17:22	00:18:22	00:18:05	00:20:08	00:20:27	00:24:29	00:19:46
HD7	00:26:15	00:20:42	00:24:45	00:22:59	00:22:47	00:27:56	00:31:55	00:23:14	00:25:12
HD8	00:26:42	00:23:53	00:24:59	00:22:41	00:24:08	00:27:09	00:29:33	00:32:25	00:26:27
HD9	00:27:16	00:22:53	00:24:09	00:21:34	00:22:20	00:25:20	00:28:29	00:27:59	00:25:14

	Demand								
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	YTD
HD1	233	245	248	332	299	298	305	299	2,259
HD2	204	190	173	199	203	178	222	235	1,604
HD3	270	253	268	264	274	285	307	319	2,240
HD4	216	192	195	223	217	186	254	229	1,712
HD5	205	202	199	202	198	201	200	201	1,608
HD6	172	145	173	177	168	179	180	208	1,402
HD7	117	112	124	103	95	108	122	113	894
HD8	183	184	148	159	167	152	176	163	1,332
HD9	140	158	163	151	152	174	211	202	1,351





# Managing Performance and Quality of Care



## Working as a Health System partner

- Coordination through the A&E delivery boards
  - Collaborative approach to acute reconfiguration
  - Ambulance handover at ED
  - System approach to quality of care

## Streaming demand

ARP has provided opportunities to manage demand more appropriately to the patients need

- ***Hear and treat*** -
  - 8% of calls managed by clinical hub
- ***See Treat and Refer***
  - Community pathways
  - Direct access (ED avoidance)
    - Frailty pathways
    - Medical admissions.



# Managing Performance and Quality of Care



## Forecasting Demand

- Historical data is used to accurately predict future demand to provide resourcing information on
  - Resources required by time of day
  - Seasonal adjustments
  - Special events (New Years Eve, Tour de Yorkshire)

## Clinical Quality of Care

- Developing a future workforce aligned to the health system and improving patient care and experience (Clinical Quality Indicators)
  - Specialist/Advanced paramedics in urgent and critical care
  - Creation of rotational posts to support NHS partners and staff development
  - Paramedic degree program with local universities
  - Apprentice career structure based around national qualifications



# Improving efficiency



## Electronic Patient Record (ePR)

- All ambulances and A&E departments are now equipped with the YAS ePR technology designed in house with direct input from ambulance clinicians
- YAS clinicians are able to accurately record and share real time patient information to help improve patient experience, clinical safety and quality
- The technology allows the potential of:
  - Access to summary care record
  - Direct referrals
  - Historical calls



## Ambulance Vehicle Preparation (AVP)

- The AVP service is operated 24/7 to ensure that ambulance crews are able to access fully equipped, re-fuelled, cleaned and re-stocked ambulances at the beginning of every shift.
- Previously, ambulance staff were required to carry out these duties at the start of their shift.

