



Business
Intelligence

Integrated Performance Report

Feb 2021

Published 15th March



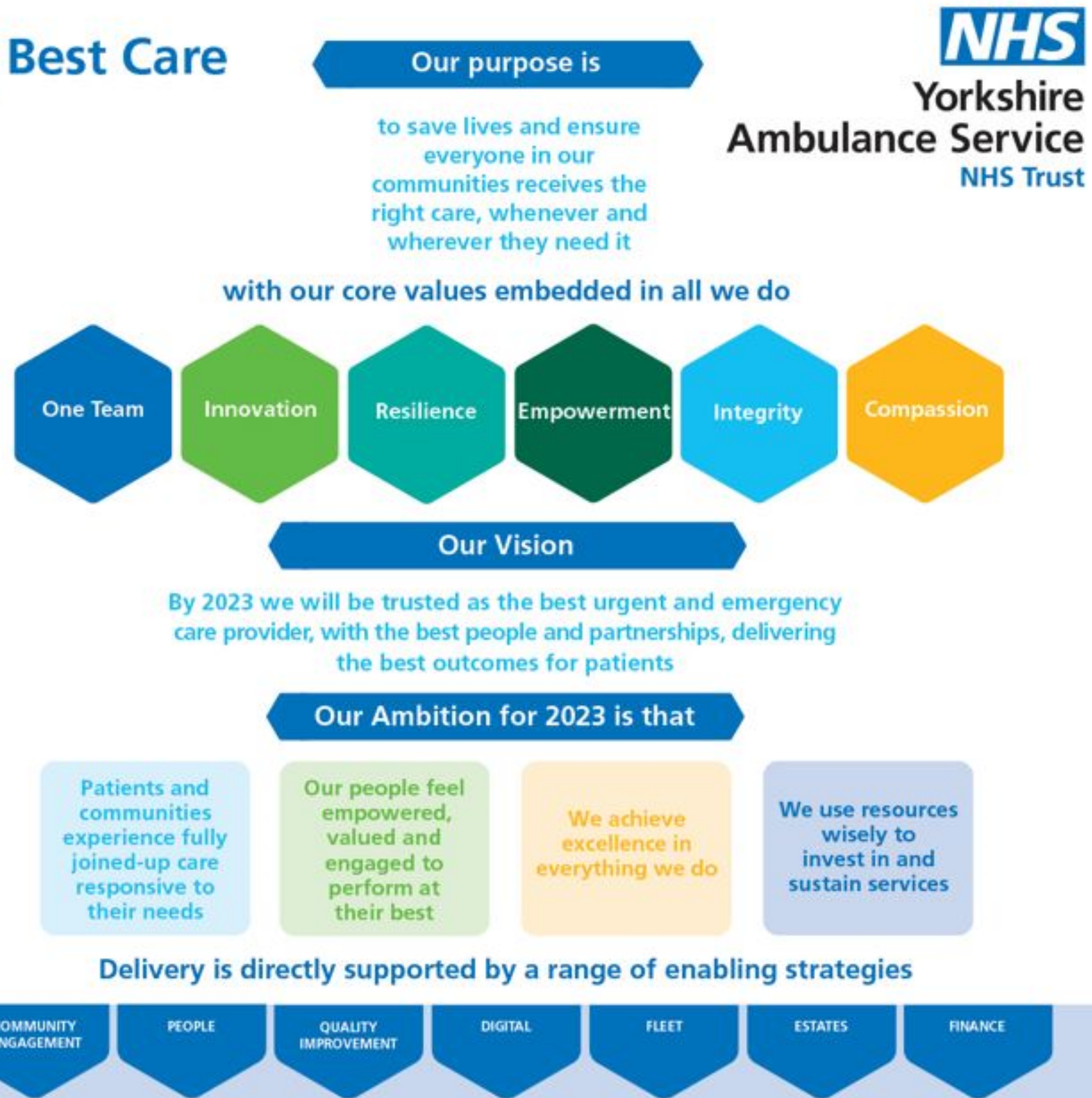
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One Team, Best Care



- ### Our Key Priorities
- 1 Deliver the best possible response for each patient, first time.
 - 2 Attract, develop and retain a highly skilled, engaged and diverse workforce.
 - 3 Equip our people with the best tools, technology and environment to support excellent outcomes.
 - 4 Embed an ethos of continuous improvement and innovation, that has the voice of patients, communities and our people at its heart.
 - 5 Be a respected and influential system partner, nationally, regionally and at place.
 - 6 Create a safe and high performing organisation based on openness, ownership and accountability.
 - 7 Generate resources to support patient care and the delivery of our long-term plans, by being as efficient as we can be and maximising opportunities for new funding.
 - 8 Develop public and community engagement to promote YAS as a community partner; supporting education, employment and community safety.

Yorkshire Wide

- ICSs responding to the NHS White Paper: Integration and Innovation Working Together to Improve Health – YAS well engaged to ensure ongoing recognition as a key partner within the new governance and delivery structures
- System focus on Testing capacity and vaccine deployment.
- Winter and flu vaccination – monitoring the system position.
- Full national planning guidance anticipated during Q1 2021/22.
- Ongoing YAS engagement with system level planning to support response to COVID and winter planning.
- YAS engagement in wider planned care forums to ensure YAS service offers remain appropriate and effective.
- NHS 111 First EDDI tool live within each ICS across Yorkshire

Humber Coast and Vale ICS

- ICS priorities and future workstreams over next 6 months:
 - Expanding ICS Local CAS
 - Direct Booking – funding secured to commission an “any-to-any” booking system
 - 7 Day SDEC expansion – focus on frailty and paediatrics as well as surgical and medical
 - UTC provision – improving consistent provision against national criteria
 - Delivery of end to end pathways – aligned to the DOS (including conveyance)
- HCV UECN currently undertaking baseline assessment of services offering 2hr response for 111/999
- Vocare continuing to provide additional clinical support (local CAS for HCV) for NHS 111 First
- Key planned reconfigurations across HCV – YAS engaged in planning:
 - Acute Paediatric services in Scarborough
 - Humber Acute Service Review is ongoing
 - Friarage future plans – theatre capacity, elective surgery
- Humber Children’s Community Care (Ill Child) project – at initial scoping stage, review of provider and commissioner data
- Initial conversations with HUTH re YAS access to the Acute Care Navigation Hub – to reduce ED attendances
- Frailty response line in Hull/ER – pilot continues to be successful and popular with YAS crews, extended to receive 111 referrals.
- Hull Royal Same Day Care Unit (SDCU) – pathway implemented for YAS clinician direct access.
- Ongoing development of the operating model including the arrangements for NY&Y and Humber ICPs and provider collaboratives.
- Proposal for a York Health and Care System Alliance, to be discussed at LA Executive.

West Yorkshire & Harrogate ICS

- ICS undertaking a review of their operating model in response to the ICS Next Steps Consultation – taking place via a new Design and Transformation Group.
- A Trust Chairs and Council Leaders group, led by Rob Webster, being established to ensure greater collaboration across system and place, this will take place at the end of each month, to ensure a transparent and inclusive environment.

South Yorkshire and Bassetlaw ICS

- SYB awarded non-recurrent 20/21 UEC funding – work ongoing to use funding in 21/22 to avoid rushed spend. Likely link with AHSN Innovation Dept to support evaluation of funded schemes. Process for bids is in development.
- Hosted Network restarted SDEC meetings in Feb, Task & Finish group convened to standardise Hospital Ambulance Divert policies and focus on hospital handover across SYB.
- UCR – focus for place and ICS. Ongoing mapping exercise for DoS services, then development will begin.
- HASU review seen increase in handover times for stroke patients, work commenced to understand this
- Ongoing discussion to gain further info regarding Scunthorpe Reconfiguration
- Barnsley CCG working with YAS to support community response to falls with Occupational Therapist involvement
- High frequency of internal Trust diverts to Bassetlaw from Doncaster over recent weeks. Ongoing work to understand impact and prepare briefing for discussion with Trust and CCG

Programme Dashboard - Feb 21

Infrastructure

ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
Hub & Spoke and AVP Logistics Hub	Green	Green	Green	Green	Green	Green	Green
P106 ePR Phase 3 (Development)	Amber	Green	Green	Amber	Green	Green	Amber
P109 N365 Implementation	Amber	Amber	Green	Red	Amber	Green	Amber
P91 Unified Communications	Green	Green	Amber	Green	N/A	Green	Amber

Digital Enablers: Unified Comms has moved and is now RAG rated GREEN. Testing by suppliers and end users is now complete. Focus shifts to migration of services through March '21. Soft launch ICT Service desk planned 02.03.21

N365 is RAG rated AMBER. TMG and TEG w/c 04.01.21 approved extension to the original timelines. Delivery risk noted around reliance on NHSD. ePR Phase 3 is RAG rated AMBER with the project on track and no issues to report.

Hub & Spoke and AVP continues to be RAG rated GREEN with no areas of concern. Logistics Hub is also rated Green with no areas of concern.

Service Delivery and Integrated Workforce

ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
Integrated Transport Pilot	Green	Green	Green	Green	Green	Amber	Green
Rotational Paramedics	Amber	N/A	N/A	N/A	N/A	N/A	N/A
Team Based Working	Amber	Green	Amber	Green	Green	Amber	Amber

Accountability Framework: RAG rated as AMBER with all workstreams now LIVE. Key project milestones reprofiled.

Team Based Working is RAG rated AMBER. Project Management and HR resource and capacity identified as project risks. The Integrated Transport Pilot re-started 14.12.20. The project is RAG rated GREEN. Application to extend the pilot by one-month (to 30.04.21) is being considered by TEG. A full evaluation and options appraisal to inform next steps is underway.

The Rotational Paramedic Project is RAG rated AMBER. A Year 1 delivery plan is being developed for discussion with Commissioners through the ICF.

IUEC Programme























ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
IUEC PROGRAMME	Amber	Amber	Green	Amber	Amber	Amber	Amber
01. Aligned Strategy	Green	N/A	Green	Green	Green	N/A	Green
02. NHS 111 First Capacity	Amber	Amber	Green	Green	Green	Green	Amber
03. 111 First to ED	Amber	Amber	Green	Green	Green	Green	Amber
04. Aligning Patient Pathway	Amber	Amber	Amber	Amber	Amber	Amber	Amber
05. EOC Clinical Model	Amber	Green	Amber	Green	Green	Green	Amber
06. CAT 3/4 Validation Trail	Green	Green	Amber	Green	Green	Green	Amber
07. EOC Clinical Toolkit	Amber	Amber	Green	Green	Green	Amber	Amber
08. Mental Health Plan	Amber	Amber	Green	Green	Green	Green	Amber
09. Remote Clinical Assessment People Project	Amber	Amber	Green	Green	Green	Amber	Amber
10. Comms & Engagement	Amber	N/A	Green	Amber	N/A	Green	Amber
11. Monitor & Control and Evaluation	Red	N/A	Amber	Amber	Amber	N/A	Amber

Capacity and Capability

ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
Accountability Framework	Amber	Amber	Amber	Amber	Amber	Amber	Amber

Place Board last met on 28 September 2020 and is currently paused pending Transformation Board review. Mental Health and Ageing Well projects and key workstreams that previously reported to Place Board will transfer to the IUEC Delivery Programme.

Patient Advocacy project is progressing through Gate review with a Gate 0 document submitted to TEG w/c 04.01.21. A Gate 1 document is requested w/c 08.02.21.

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:03		
999 - Answer 95th Percentile		00:00:19		
999 - Answer 99th Percentile		00:01:19		
999 - C1 Mean (T <7Mins)	00:07:00	00:07:07		
999 - C1 90th (T <15Mins)	00:15:00	00:12:10		
999 - C2 Mean (T <18mins)	00:18:00	00:21:20		
999 - C2 90th (T <40Mins)	00:40:00	00:44:40		
999 - C3 Mean (T - <1Hr)	01:00:00	00:56:33		
999 - C3 90th (T - <2Hrs)	02:00:00	02:19:17		
999 - C4 90th (T < 3Hrs)	03:00:00	04:02:22		
999 - C1 Responses > 15 Mins		165		
999 - C2 Responses > 80 Mins		602		
999 - Job Cycle Time		01:38:09		
999 - Avg Hospital Turnaround	00:30:00	00:37:55		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The Call Answer Mean reduced in February 2021 to 3 seconds with the reduction being mainly attributed to the seasonal movement out of the height of winter pressures along with February not experiencing the adverse weather seen in previous months which caused peaks in demand. The differing extremities within the call answer times can be seen within the 95th and 99th percentiles, which also reduced compared to previous months.

Cat 1-4 Performance - All response performance improved from the previous month, however, only two categories met national target (C1 90th and C3 Mean). Continuing high job cycle times and the levels of sickness and absences have an impact on resource availability which influence response performance, however, these have also improved slightly which has aided the trust to perform better in terms of response times in February 2021.

Resource availability has improved across the month with the exception of the week commencing 22nd February which saw reductions that impacted on the ability to respond to incidents and subsequently causing higher performance times across C2 and the lower acuity categories. South and CKW (Calderdale, Kirklees and Wakefield) were under the required resource hours by 17% and 10% respectively.

Responses Tail (C1 and C2) - Aligned with the reduction in demand pressures seen in February 2021, the number of C1 & C2 incidents with responses times greater than 15 & 80 minutes respectively have reduced.

Job cycle time - Average Job Cycle time is higher than last year and has seen increases since the initial COVID-19 lockdown in 2020 ended. Throughout February there continues to be exceptionally high results due to growths in the time spent on scene time and increased hospital times.

Hospital - Average hospital turnaround times in February 2021 were similar to the previous month, however, higher than those experienced in February 2020. There have been slight reductions in the average patient handover time and increases in the crew clear element of the process ensuring the average turnaround times still remain at a similar level.

Average Crew Clear has increased since COVID-19 as more processes are undertaken post patient handover such as further cleaning of resources and making resources and crews ready for their next incident. ED conveyance has reduced 4.6 percentage points from February 2020 to February 2021 which is a vital National KPI.

IUC and PTS IPR Key Indicators - Feb 21

IUC Exceptions - Comments (Director Responsible - Karen Owens)

IUC Demand was lower than forecast again in February as it had been in January, at 13.7% below the contract ceiling (and 0.9% above the contract floor. February demand was 8.7% lower than the same month last year.

Whilst overall demand was lower than expected this month during the February half term there was significant 'in hours' (assume lack of access to primary care) demand increase across IUC providers nationally, which resulted in significant national contingency support over a 2 week period, with 3,009 calls offered in the 2 weeks around half term to YAS from other services. This coincided with additional shielding guidance for some IUC staff, reducing capacity in the call centres further and unexpectedly. (Shielders total 42 with 21% able to fulfil their role from home).

Calls answered performance was 86.7%, below the 90% target for the first time in three months. The proportion of Clinician Call Backs made within 1 hour was 53.0%, below the 60% target no change from the 52.8% in January. Clinical advice has been more consistently closer to the 30% target so far in 2021, in particular due to changes we have made to ED validations profiles which have improved performance against this metric. However we were still 1.1% below the target for February.













Ambulance validations were above target, and ED validation performance hit the 50% target in February for the first time in three months. Changes have been made through the month to ED validations profiles which have improved performance against this metric.











PTS Exceptions - Comments (Director Responsible - Karen Owens)








The contractual KPI's remain suspended in line with NHS England Guidance. Focus continues on the 120 Min Discharge KPI and patient care. February saw a -2.1% decrease in Total Demand compared to January, however this is down to February being a shorter month. The average weekly delivered journeys actually saw a 2.6% increase and is on an upwards trend.

The average delivered journeys in February accounted for 77.4% of levels seen the previous year, before the pandemic. Covid journeys have been on a downwards trend since mid-January. Levels in February were -25% lower than January, and are now -48% lower than the second peak

Both the Short Notice Outwards KPI and Call Answer KPI have remained at the same levels as January, with little variance.

Indicator	Target	Actual	Variance	Assurance
IUC - Answered in 60 Secs	90.0%	86.7%		
IUC - Core Clinical Advice	30.0%	28.9%		
IUC - Direct Bookings	30.0%	39.3%		
IUC - Call back in 1 Hour	60.0%	53.0%		
IUC - ED validations %	50.0%	50.0%		
IUC - Ambulance validations %	95.0%	99.2%		

Indicator	Target	Actual	Variance	Assurance
PTS - Journeys < 120Mins	90.0%	99.6%		
PTS - Arrive at Appointment Time	90.0%	89.3%		
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	92.9%		
PTS - % Short notice - Pickup < 120 mins	90.8%	85.5%		
PTS - Answered < 180 Secs	90.0%	80.6%		

Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		812		
Serious		5		
Moderate and Above Harm		33		
Concern		23		
Adult Safeguarding Referrals		1,353		
% FOI Request Compliance	90.0%	100.0%		

Quality and Safety Exceptions - Comments (Director Responsible - Steve Page)

Incidents

Incidents reported have dropped to 812 last month back in line with normal variation although still higher than last Feb (739). Moderate & above harm decreased to 33, again back in line with normal variation with 7 from Staff, 21 incidents from Patients and 5 others related to the Trust.

Patient Safety

Concerns are lower than last Feb (23 compared to 50) and similar with Service to Service contacts (30 compared with 102), falling below the lower limit. Complaints are higher than last year but have remained stable for 3 months.

Safeguarding Referrals

Adult referrals have decreased in Feb but still remain an exception. Last month there were 1,353 while last Feb there were 947.













Workforce Exceptions - Comments (Director Responsible - Suzanne Hartshorne)

Turnover across the Trust has remained stable albeit increased slightly from 8.3% in January to 8.4%

Sickness absence has reduced in February but still remains an area of concern. Short term absence has reduced from 4.5% in Jan to 3.2% in February. Although Covid related sickness has reduced in the past 2 months, the sickness related to Non-Covid is increasing. The Trust is starting to see a number of staff with long COVID and hence long term absence, for this reason, it is likely to increase over the coming months. Special leave continues to be high due to isolation and shielding. Shielding absences are likely to continue until the end of the national lock down.

The PDR KPI improvement in recent months has stalled in 2021 across all service lines. The availability of staff and pressure on services has contributed to the low rate. The PDR rate for Corporate Services is still much lower than expected. This is believed to continue to be due to failures in recording correctly on ESR rather than non-completion. Managers have been reminded of the methodology on how to do this and this has led to some increase in recorded completion.

New Statutory and Mandatory Training figures are available and demonstrate a performance on IG and Fire Training compliance with a much improved Trust average since last year, however there is a decline over recent months. The 3-Year Statutory and Mandatory Training is well within compliance Target. HRBPs will be reaching out to managers to share detailed data, discuss areas of concern and provide additional support

Indicator	Target	Actual	Variance	Assurance
Turnover (FTE) %		8.4%		
Sickness - Total % (T-5%)	5.0%	7.3%		
Special Leave		3.8%		
PDR / Staff Appraisals % (T-90%)	90.0%	70.5%		
Stat & Mand Training (Fire & IG) 1Y	90.0%	83.7%		
Stat & Mand Training (Core) 3Y	90.0%	96.5%		
Stat & Mand Training (Face to Face)	90.0%	67.1%		

Workforce Summary - Feb 21

Key KPIs

Name	Feb 20	Jan 21	Feb 21
FTE in Post %		98.8%	99.2%
Turnover (FTE) %	9.7%	8.3%	8.4%
Vacancy Rate %		1.2%	0.8%
Apprentice %	6.2%	4.8%	4.8%
BME %	5.3%	6.0%	6.0%
Disabled %	2.8%	3.1%	3.1%
Sickness - Total % (T-5%)	6.1%	8.9%	7.3%
Special Leave	0.1%	4.8%	3.8%
PDR / Staff Appraisals % (T-90%)	75.9%	70.9%	70.5%
Stat & Mand Training (Fire & IG) 1Y	72.6%	85.3%	83.7%
Stat & Mand Training (Core) 3Y	97.1%	96.6%	96.5%
Stat & Mand Training (Face to Face)	83.5%	67.4%	67.1%
Stat & Mand Training (Safeguarding L2 +)	91.4%	86.3%	86.5%

YAS Commentary

FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 1.2%. however due to how the Trust collects this information, the rate is likely to be higher as vacancies are being covered by overtime. The turnover rate remains stable at 8.4% and is at its lowest for a number of years. The BME rate is maintained at its highest level at 6% achieved in January 2021 up from 5.2% in April 2020.

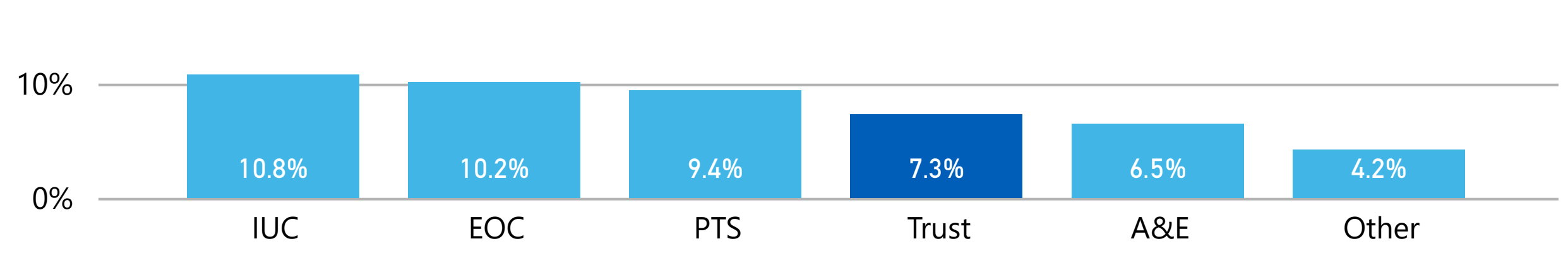
Sickness - Sickness has reduced since last month but remains high compared to last February and the 5% target. Main impact is seen in front line services with small decreases across all areas since January 2021. Although Covid related sickness has reduced in the past 2 months, the sickness related to Non-Covid is increasing

Special Leave - February Special Leave % reduced to 3.8% from 4.8% in January. The Trust saw high numbers during the last year up to 5.8% in November 2020 due to the number of people isolating/shielding.

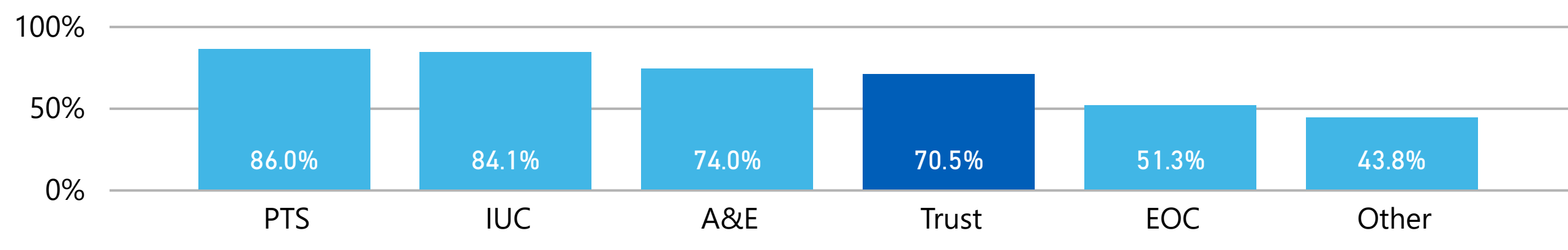
PDR - rates declined to 70.5%. Support Services (Other) PDR rates are significantly lower than the target currently at 43.8% compared to 63.3% the same period last year. Much of the decline can be attributed to demand, however it is likely that PDRs have taken place but not recorded. Communication regarding the process to do this is taking place and completion rates are increasing.

Statutory and Mandatory Training - Good progress has been made against the 3 year core training with work to do on the 1 year face-to-face compliance which is below target due to an approved break in delivery during the peak of the pandemic. A phased approach to improve compliance was agreed at TMG in January 2021. HRBPs will be reaching out to managers to share detailed data, discuss areas of concern and provide additional support.

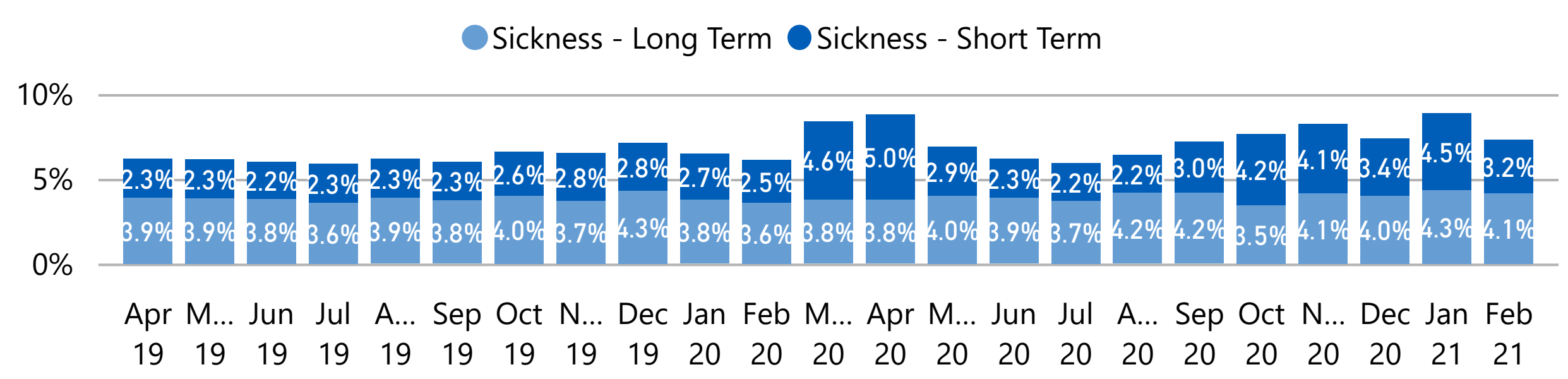
Sickness Benchmark for Last Month



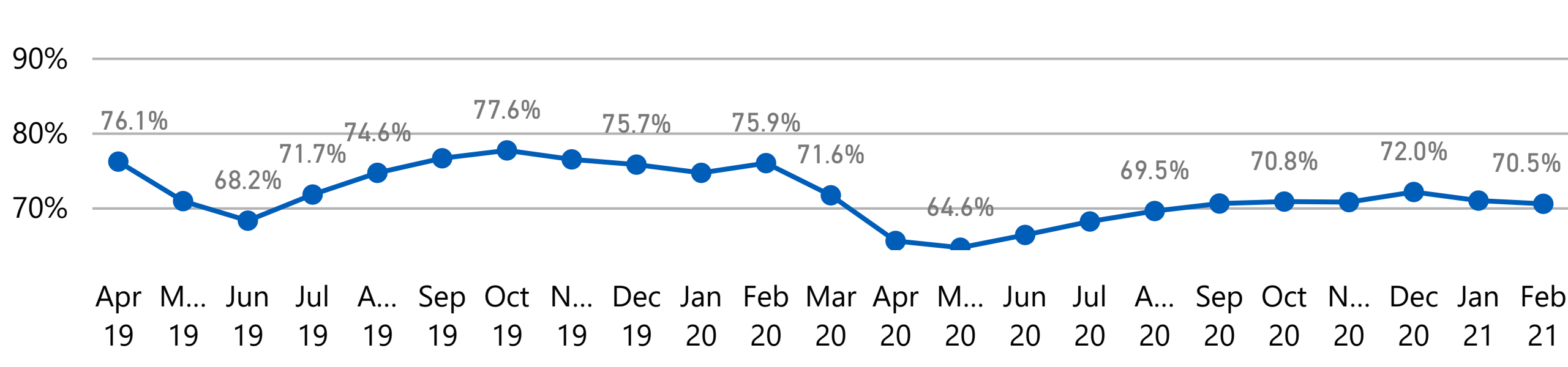
PDR Benchmark for Last Month



Sickness



PDR - Target 90%



YAS Finance Summary (Director Responsible Kathryn Vause)- Feb 21

Overview

Risk Rating - Under the "Single Oversight Framework" the overall Trust's rating for the year to date remains at 1 (1 being lowest risk, 4 being highest risk). As advised by NHSE/I organisations remain within previously assessed rating and will only move segments under exceptional circumstances during 20/21. If the risk rating was reassessed the Trust rating would be at 2 as a result of having a planned deficit for the second half of the year.

Trust Surplus/(Deficit) - The Trust has a year to date accounting surplus at the end of February (Month 11) of £0.8m against the plan of (£1m). The Trust was in a breakeven position for month 1 to 6 due to the Covid-19 Business Rules for that period. The planned deficit for the remainder of the year is (£1.754m). This is due to receipt of £1m centrally funded income for part of the Covid financial regime.

Capital - YTD expenditure is currently running behind plan due to the issues experienced during the Covid pandemic. Mitigating actions have been agreed and are progressing, the Trust continues to forecast achieving the full level of planned spend.

Cash - At the end of February the Trust had £98m cash at bank, higher than plan and the average monthly balance in 2019/20. The increase in cash balances reflects the revised financial regime with the monthly income block payments now made in advance in addition to the reduced level capital expenditure year to date.

CIP - Due to the temporary finance regime only those schemes that can be achieved without detriment to the Trust's response to Covid remain, other schemes suspended.

Month and YTD Position (£000s)

Name	Month Plan	Month Actual	Month Plan v Actual	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)	-£72	£1,752	£1,824	-£1,038	£786	£1,824
Cash	£85,911	£98,352	£12,441	£85,911	£98,352	£12,441
Capital	£692	£1,279	£587	£7,906	£6,854	-£1,052

Monthly View (£000s)

Indicator Name	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02
Surplus/ (Deficit)							-£219	-£243	-£416	-£88	£1,752
Cash	£76,062	£81,510	£76,988	£79,694	£82,331	£83,579	£86,976	£89,615	£90,086	£92,149	£98,352
Capital	£0	£874	£562	£68	£189	£332	£501	£511	£588	£1,951	£1,279

Patient Demand Summary - Feb 21

Demand Summary Commentary

ShortName	Feb 20	Jan 21	Feb 21
999 - Incidents (HT+STR+STC)	66,805	69,696	62,524
999 - Increase - Previous Month	-6.8%	1.7%	
999 - Increase - Same Month Last Year	5.1%	-2.8%	
IUC - Call Answered	135,463	142,334	123,669
IUC - Increase - Previous Month	0.0%	-5.5%	-13.1%
IUC - Increase Same Month Last Year		5.1%	-8.7%
IUC - Calls Answered Above Ceiling	6.6%	-14.9%	-13.7%
PTS - Demand (Journeys)	72,004	58,012	56,819
PTS - Increase - Previous Month	-8.4%	-3.5%	-2.1%
PTS - Same Month Last Year		-26.2%	-21.1%

(Please Note: February 2020 contained 29 days, February 2021 contained 28)

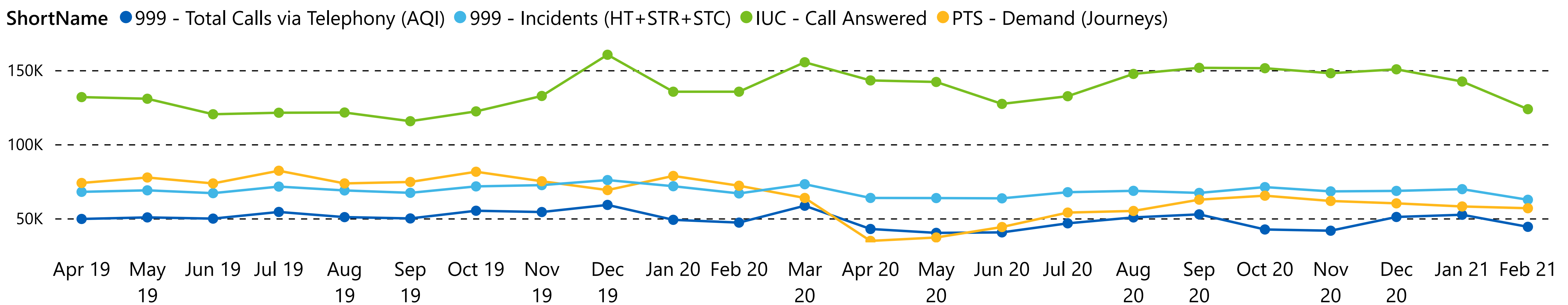
999 - At Scene Response demand is 11.3% lower than forecasted levels whereas All Response Demand (STR + STC +HT) is 6.3% lower than February 2020. The profile of demand has changed due to COVID and the usual winter pressures have not been as high in terms of volume.

IUC - Demand (Calls Answered) was lower than forecast again in February as it had been in January, at 13.7% below the contract ceiling (and 0.9% above the contract floor. February demand was 8.7% lower than the same month last year.

Whilst overall demand was lower than expected this month during the February half term there was significant 'in hours' (assume lack of access to primary care) demand increase across IUC providers nationally, which resulted in significant national contingency support over a 2 week period, with 3,009 calls offered in the 2 weeks around half term to YAS from other services. This coincided with additional shielding guidance for some IUC staff, reducing capacity in the call centres further and unexpectedly. (Shielders total 42 with 21% able to fulfil their role from home).

PTS - February saw a -2.1% decrease in Total Demand compared to January, however this is down to February being a shorter month. The average weekly delivered journeys actually saw a 2.6% increase and is on an upwards trend.

Overall Calls and Demand

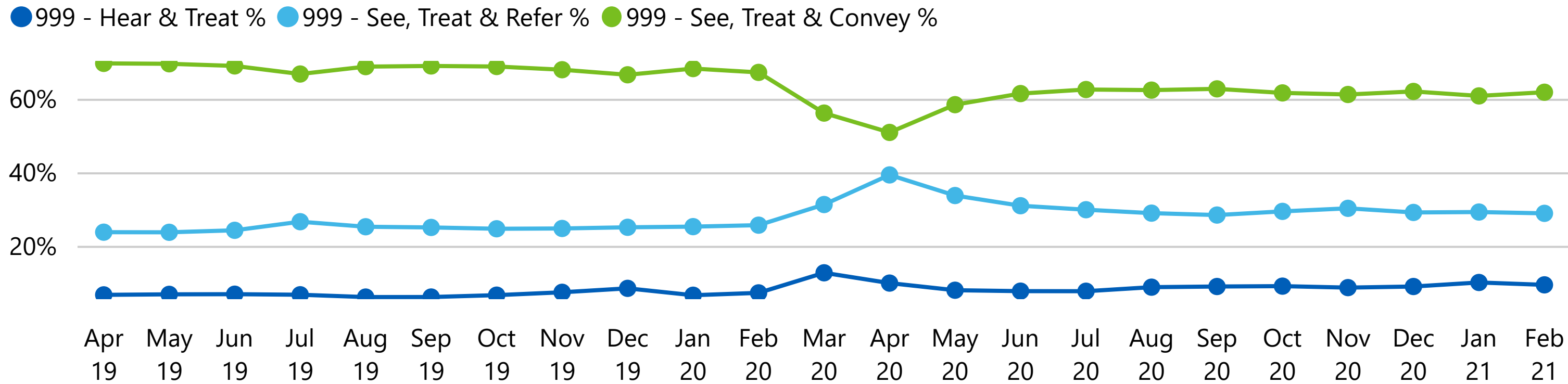


Patient Outcomes Summary - Feb 21

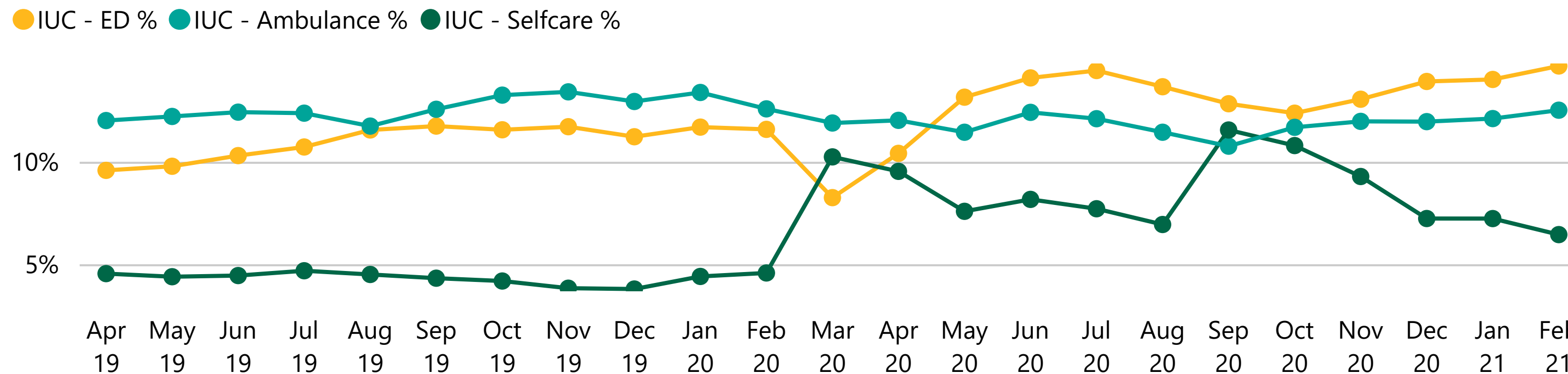
Outcomes Summary

ShortName	Feb 20	Jan 21	Feb 21
999 - Incidents (HT+STR+STC)	66,805	69,696	62,524
999 - Hear & Treat %	7.2%	10.0%	9.4%
999 - See, Treat & Refer %	25.6%	29.2%	28.8%
999 - See, Treat & Convey %	67.2%	60.8%	61.8%
999 - Conveyance to ED %	58.0%	52.9%	53.4%
999 - Conveyance to Non ED %	9.2%	7.9%	8.4%
IUC - Calls Triaged	123,462	135,719	118,088
IUC - ED %	11.6%	14.0%	14.7%
IUC - Ambulance %	12.6%	12.1%	12.5%
IUC - Selfcare %	4.6%	7.2%	6.4%
IUC - Other Outcome %	10.0%	13.1%	12.3%
IUC - Primary Care %	56.9%	50.4%	51.0%
IUC - Other Referrals %	4.3%	3.1%	3.1%
PTS - Demand (Journeys)	72,004	58,012	56,819

999 Outcomes



IUC Outcomes



Commentary

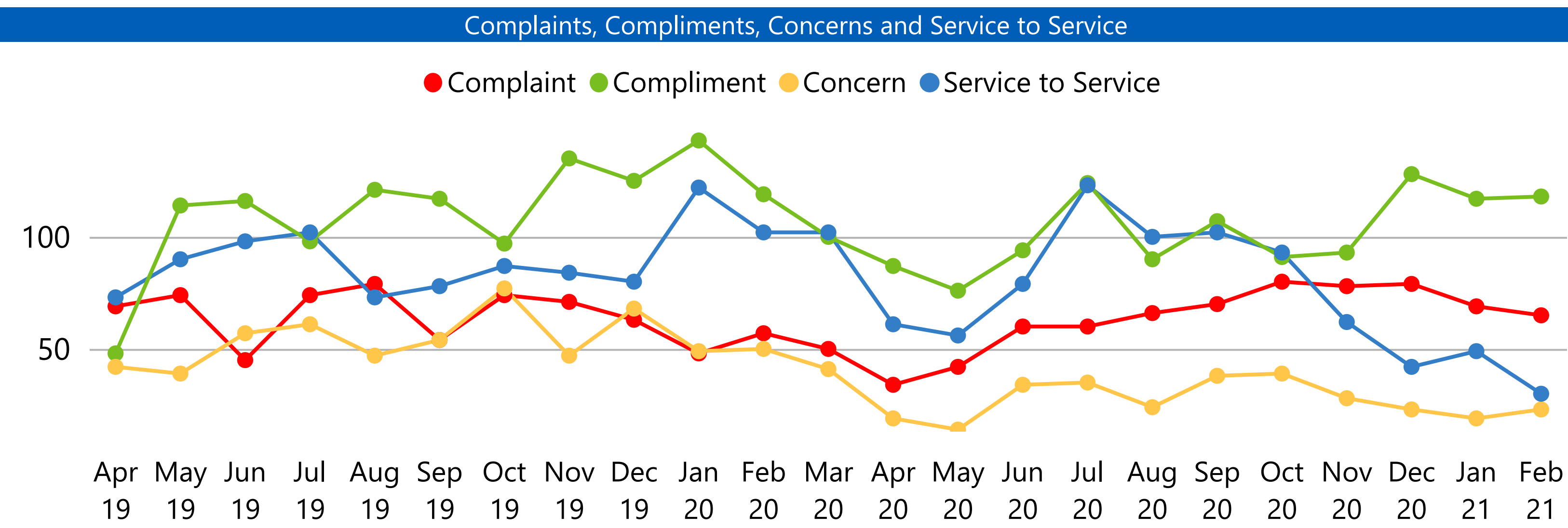
999 - When comparing February 2021 against February 2020 in terms of incident outcomes within 999, the level of See, Treat & Refer has increased by 3.2 percentage points and Hear & Treat has increased by 2.2 percentage points. The increases have subsequently meant a reduction of 5.4 percentage points in See, Treat & Convey and also fewer incidents being transported to ED which is a key national target.

IUC - Outcomes for IUC have been impacted by changing types of calls due to Covid and 111 First. Referrals to ED continue to be higher than previously (12.6% in October, rising to 14.7% in February). This is potentially related to a more acute patient mix from the 111 First campaign and receiving more calls from patients who would have walked into A&E and the reduction in general winter illness calls. In addition there has been a reduction in self-care outcomes, in contrast to at other points during the Covid pandemic - this might indicate a shift in Covid-related calls towards higher acuity patients who require an ED attendance rather than self-management.

Patient Experience

(Director Responsible - Steve Page) - Feb 21

Patient Relations			
Indicator	Feb 20	Jan 21	Feb 21
Service to Service	102	49	30
Concern	50	19	23
Compliment	119	117	118
Complaint	57	69	65



YAS Compliance			
Indicator	Feb 20	Jan 21	Feb 21
% FOI Request Compliance	70.3%	96.3%	100.0%

YAS Comments

Patient Relations
 The number of complaints and concerns received overall has remained stable. The number of Service to Service cases overall are slightly up on last month but there has been a decreasing trend over the last quarter. This is predominantly due to a reduction in the number of EOC Service to Service cases received (delayed ambulance responses).

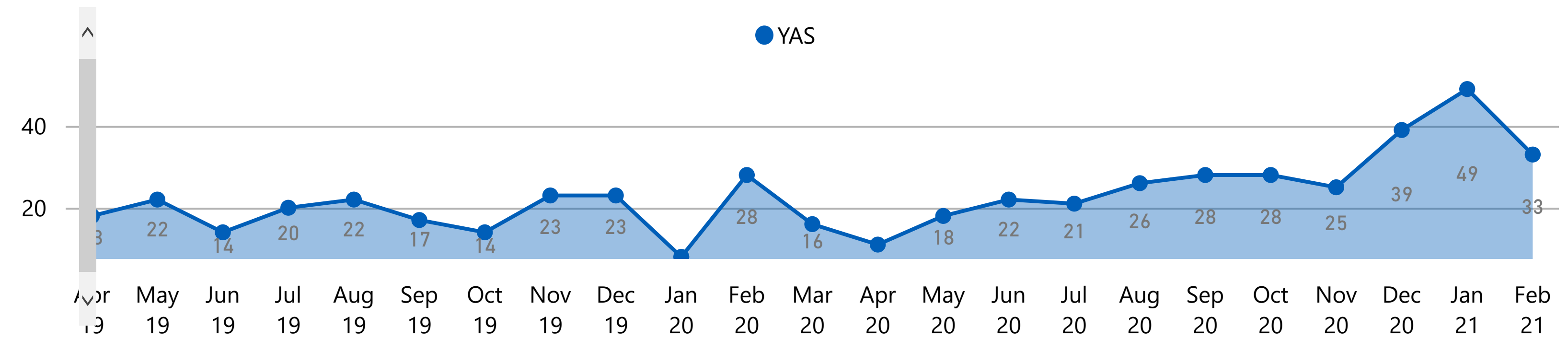
Compliance
 FOI Compliance is currently well above the 90% target.

Patient Safety - Quality (Director Responsible - Steve Page)

- Feb 21

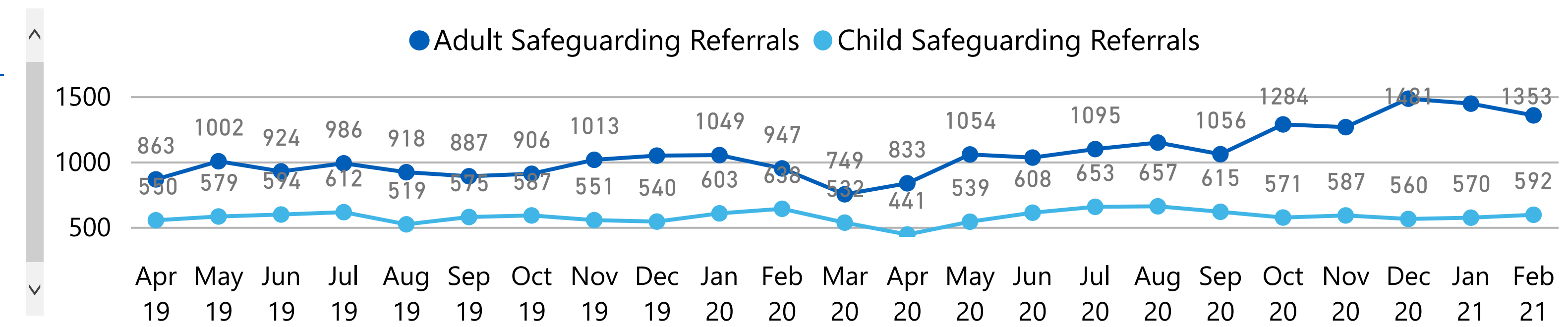
Incidents - Moderate and Above Harm

Indicator	Feb 20	Jan 21	Feb 21
All Incidents Reported	739	995	812
Medication Related	64	63	
Moderate & Above Harm - Total	28	49	33
Number of duty of candour contacts	6	6	4
Number of RIDDORs Submitted			1
Serious	2	5	5



YAS Child and Adult Safeguarding

Indicator	Feb 20	Jan 21	Feb 21
Adult Safeguarding Referrals	947	1,443	1,353
Child Safeguarding Referrals	638	570	592
% Trained Safeguarding for Children (L1)	97.9%	96.8%	96.7%
% Trained Safeguarding for Children (L2)	91.9%	86.3%	85.8%
% Trained Safeguarding for Adults (L1)	97.8%	95.9%	95.9%



A&E Long Responses

Indicator	Feb 20	Jan 21	Feb 21
999 - C1 Responses > 15 Mins	248	354	165
999 - C2 Responses > 80 Mins	291	1,202	602

YAS IPC Compliance

Indicator	Feb 20	Jan 21	Feb 21
% Compliance with Hand Hygiene	98.8%	99.1%	98.9%
% Compliance with Premise	98.3%	95.4%	98.7%
% Compliance with Vehicle	99.1%	97.3%	98.8%

YAS Comments

Investigation and Learning - Incidents reported have dropped to 812 last month back in line with normal variation although still higher than last Feb (739). Moderate & above harm decreased to 33, again back in line with normal variation with 7 from Staff, 21 incidents from Patients and 5 others related to the Trust.

Child and Adult Safeguarding – The number of child safeguarding referrals has remained stable although a significant number of worrying cases were evident in Q3 in particular non accidental injuries (NAI) in young children and mental health related trauma in the 13-18 year old group, this can also be linked to ongoing effects of the pandemic. The number of adult safeguarding referrals remains high.

Long Responses - the quality team investigate long responses to understand the impact on the patient. Cat 1 and Cat 2 long responses have been high due to the pressure on performance and the availability of resources although reduced significantly last month.

Patient Clinical Effectiveness (Director Responsible Julian Mark) - Feb 21

Care Bundles (Last 3 Results)

Indicator	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Sepsis %	60.9%			72.7%			76.8%			76.5%
STEMI %		40.0%			58.7%			44.0%		
Stroke %			95.9%			83.6%			94.6%	

Myocardial Ischaemia National Audit Project (MINAP)

Indicator	Jul 20	Aug 20	Sep 20	Oct 20
Number of STEMI Patients	95	84	80	98
Call to Balloon Mins for STEMI Patients (Mean)	133	125	122	142
Call to Balloon Mins for STEMI Patients (90th Percentile)	180	194	171	177

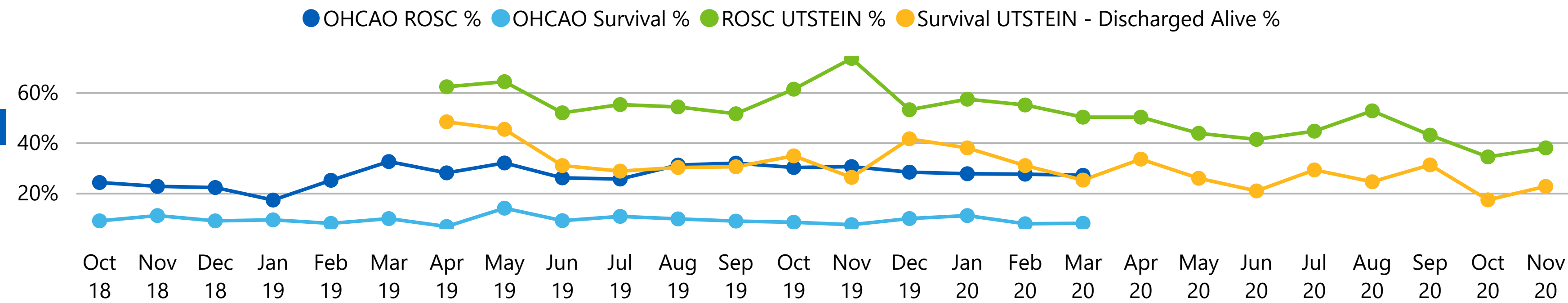
Sentinal Stroke National Audit Programme (SSNAP)

Indicator	Oct 20	Nov 20	Dec 20
Avg Time from call to hospital	87	85	81
Total Patients	360	340	385

Re-contacts as Proportion of Incident Category

Indicator	Dec 20	Jan 21	Feb 21
Re-contacts - H&T (%)	7.9%	7.4%	8.1%
Re-contacts - S&T (%)	6.0%	5.9%	6.5%
Re-contacts - Conveyed (%)	6.7%	7.2%	6.9%

ROSC and Survival



Sepsis Care Bundle – Data evidences increase in care bundle compliance from 61% in June 2019 to 79% in September 2020, dipping slightly to 76% in December 2020. Hospital pre- alert remains largely responsible for the majority of failures, however this element of the care bundle will likely be removed within the next 12 months. The ePR has updated to trigger sepsis warning flags when the observations are inputted and pre-alert will become a mandatory field in the next release of the ePR. An updated sepsis decision tool and 10/10/10 campaign which will be launched early February and aims to increase awareness of the care bundle and reduce on scene time for patients with Red Flag Sepsis. Full compliance is not possible due to the number of technicians working on the clinical side of the rota.

STEMI Care Bundle – Care bundle compliance currently varies between 40% and 49, significantly lower than national average. Analgesia administration has been identified as the main cause of this variability with GTN lowering patient pain score on scene, negating analgesia requirement. A review of the Acute Coronary Syndrome pathway is underway.

Stroke Care Bundle – Consistently performing in the 90% range, compliance could be improved with better documentation of patient blood sugar. The revised 10/10/10 and FASTO campaign was launched in Q3 19/20.

Cardiac Arrest Outcomes – YAS perform well in both Survival to discharge and ROSC against the national average. The highest number of patients to survive for one month was 38 out of 270 during Nov 16. Analysis from Apr 16 to Mar 20 depicts normal variation with proportion of YAS patients who survive to discharge following OHCA, therefore no special causes need to be investigated at this point of analysis. Analysis for ROSC demonstrates special cause variation in April 2020; further investigation demonstrates worsened patient acuity during this month due to the first wave of the current pandemic as being the main contributor to lower proportion of patients with ROSC at hospital handover.

MINAP – This data shows the mean and 90th percentile time from call to catheter insertion for angiography. Clinical evidence shows it is most effective to do this procedure within 120 minutes.

SSNAP – shows the call to hospital arrival time for patients with a stroke. The Ambulance Response Programme is responsible for the call to scene time, and further work is ongoing to improve performance. The ACS and Stroke improvement work streams will support more effective and efficient decision making and lead to a reduction in on-scene time.

Re-contacts with 72 hours - there has been a small but steady increase in the number of patients being referred to alternative providers following the increase in non-conveyance pathways and with the exception of the peak of the pandemic, there has been no change in re-contact. The Safer Right Care, Right Place project aims to improve the safety of decision making and reduce avoidable conveyances.

Fleet and Estates (Associate Director Responsible David Sanderson) - Feb 21

Estates

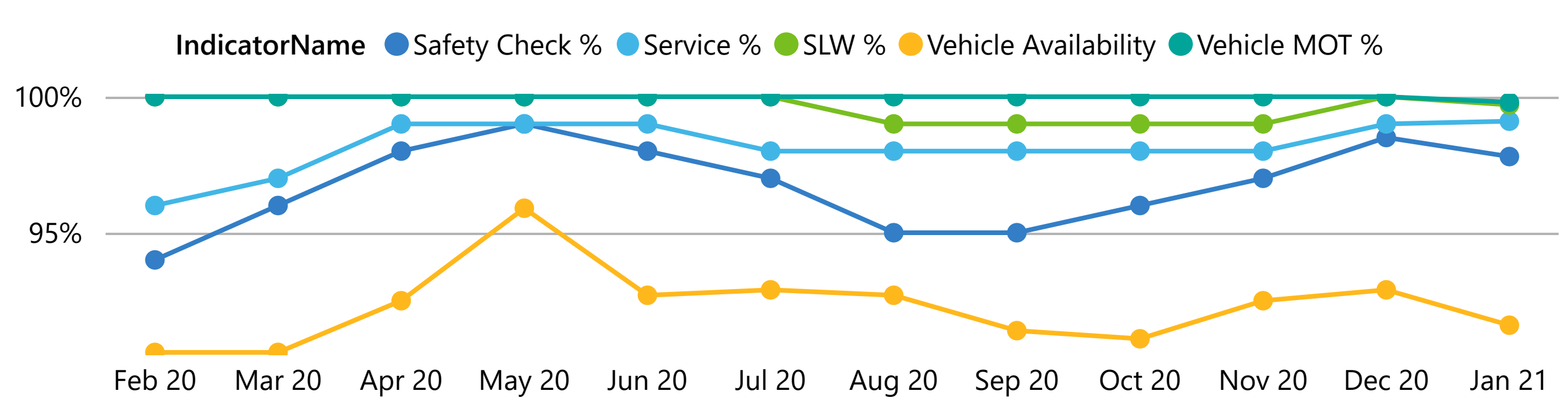
ShortName	Jan 21	Feb 21
P1 Emergency (2 HRS)	100.0%	100.0%
P1 Emergency – Complete (<24Hrs)	85.7%	100.0%
P2 Emergency (4 HRS)	100.0%	93.7%
P2 Emergency – Complete (<24Hrs)	72.6%	74.6%
Planned Maintenance Complete	99.0%	92.9%
P6 Non Emergency - Attend within 2 weeks	76.9%	83.0%
P6 Non Emergency - Complete within 4 weeks	68.0%	59.2%

Estates Commentary

Planned & Preventative maintenance fell below the SLA for February due to access issues (Medical Records Sheffield), this matter has now been resolved First Time fixes on all jobs continue to be good with 81.38% being reported

As you would expect Springhill, Callflex and Hart have produced the most reactive jobs through the month which is a regular occurrence, however surprisingly Doncaster continues to be the highest reporter for Ambulance Stations again with Leeds and Wakefield making up the top 3.

999 Fleet



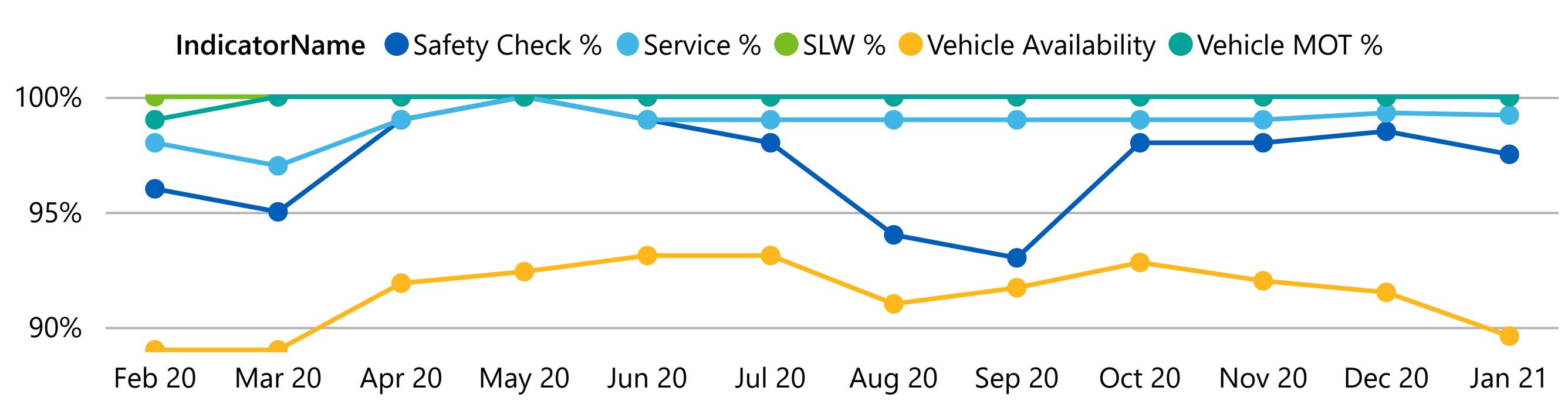
999 Fleet Age

IndicatorName	Feb 20	Feb 21
Vehicle age +7	3.5%	7.9%
Vehicle age +10		0.4%

PTS Age

IndicatorName	Feb 20	Feb 21
Vehicle age +7	16.7%	16.7%
Vehicle age +10	27.2%	11.0%

PTS Fleet



Fleet Commentary

The vehicle availability remained under target in February partly due to the number of larger mechanical and accident repairs being undertaken. Our body repair Sub-contractor unfortunately suffered a Covid-19 outbreak and had to shut for 10 days to allow self-isolation following advice from Public Health England this increased vehicle downtime for a short time.

Fleet worked with operational colleagues to ensure that rotas are covered in a timely manner. Vehicle availability remains under target, this is mainly due to the over age vehicles and the manufacturers no longer supplying parts for these vehicles. There are 124 vehicles are currently being converted with the first 23 to commissioned and in service during March.

Glossary - Indicator Descriptions (A&E)

A&E

mID	ShortName	IndicatorType	AQIDescription
AMB26	999 - C1 90th (T <15Mins)	time	Across all C1 incidents, the 90th percentile response time.
AMB25	999 - C1 Mean (T <7Mins)	time	Across all C1 incidents, the mean response time.
AMB32	999 - C2 90th (T <40Mins)	time	Across all C2 incidents, the 90th percentile response time.
AMB31	999 - C2 Mean (T <18mins)	time	Across all C2 incidents, the mean response time.
AMB35	999 - C3 90th (T -<2Hrs)	time	Across all C3 incidents, the 90th percentile response time.
AMB34	999 - C3 Mean (T - <1Hr)	time	Across all C3 incidents, the mean response time.
AMB38	999 - C4 90th (T < 3Hrs)	time	Across all C4 incidents, the 90th percentile response time.
AMB37	999 - C4 Mean	time	Across all C4 incidents, the mean response time.
AMB01	999 - Total Calls via Telephony (AQI)	int	Count of all calls answered.
AMB07	999 - Incidents (HT+STR+STC)	int	Count of all incidents.
AMB59	999 - C1 Responses > 15 Mins	int	Count of Cat 1 incidents with a response time greater than the 90th percentile target.
AMB60	999 - C2 Responses > 80 Mins	int	Count of Cat 2 incidents with a response time greater than 2 x the 90th percentile target.
AMB56	999 - Face to Face Incidents (STR + STC)	int	Count of incidents dealt with face to face.
AMB17	999 - Hear and Treat (HT)	int	Count of incidents not receiving a face-to-face response.
AMB53	999 - Conveyance to ED	int	Count of incidents with any patients transported to an Emergency Department (ED), including incidents where the department transported to is not specified.
AMB54	999 - Conveyance to Non ED	int	Count of incidents with any patients transported to any facility other than an Emergency Department.
AMB55	999 - See, Treat and Refer (STR)	int	Count of incidents with face-to-face response, but no patients transported.
AMB05	999 - Answer 95th Percentile	time	The 95th percentile time to answer each call.
AMB71	999 - Avg Hospital Turnaround	time	The average time taken from notifying at hospital arrival to the time the crew clear.
AMB70	999 - Job Cycle Time	time	The average time taken from the time call commenced to the time the crew clear.
AMB03	999 - Answer Mean	time	The average time to answer each call.
AMB00	999 - Total Number of Calls	int	The count of all ambulance control room contacts.

Glossary - Indicator Descriptions (IUC and PTS)

IUC and PTS

mID	ShortName	IndicatorType	AQIDescription
IUC01	IUC - Call Answered	int	Number of calls answered
IUC02	IUC - Calls abandoned	percent	Percentage of calls offered that were abandoned
IUC03	IUC - Calls Answered Above Ceiling	percent	Percentage difference between actual number of calls answered and the contract ceiling level
IUC06	IUC - Core Clinical Advice	percent	Number of patients that received core clinical advice
IUC08	IUC - Direct Bookings	percent	Percentage of calls where the patient was recommended to contact a primary care service that had an appointment directly booked. This indicator includes system bookings made by external providers
IUC07	IUC - Call back in 1 Hour	percent	Percentage of patients that were offered a call back by a clinician that were called within 1 hour
IUC12	IUC - ED validations %	percent	Percentage of initial Emergency Department outcomes that were clinically validated
IUC13	IUC - Ambulance validations %	percent	Percentage of initial Category 3 or 4 ambulance outcomes that were clinically validated
IUC14	IUC - ED %	percent	Percentage of triaged calls that reached an Emergency Department outcome
IUC15	IUC - Ambulance %	percent	Percentage of triaged calls that reached an ambulance dispatch outcome
IUC16	IUC - Selfcare %	percent	Percentage of triaged calls that reached a self care outcome
IUC17	IUC - Other Outcome %	percent	Percentage of triaged calls that reached any other outcome
IUC18	IUC - Primary Care %	percent	Percentage of triaged calls that reached a Primary Care outcome
IUC19	IUC - Other Referrals %	percent	Percentage of triaged calls that reached a referral to any other service
PTS01	PTS - Demand (Journeys)	int	Count of delivered journeys, aborted journeys and escorts on journeys
PTS02	PTS - Journeys < 120Mins	percent	Patients picked up and dropped off within 120 minutes
PTS03	PTS - Arrive at Appointment Time	percent	Patients dropped off at hospital before Appointment Time
PTS04	PTS - % Pre Planned - Pickup < 90 Mins	percent	Pre Planned patients to be picked up within 90 minutes of being marked 'Ready' by the hospital
PTS05	PTS - % Short notice - Pickup < 120 mins	percent	Short Notice patients to be picked up within 120 minutes of being marked 'Ready' by the hospital
PTS06	PTS - Answered < 180 Secs	percent	The percentage of calls answered within 180 seconds via the telephony system

Glossary - Indicator Descriptions (Quality and Safety)

Quality and Safety

mID	ShortName	IndicatorType	AQIDescription
QS01	All Incidents Reported	int	
QS02	Serious	int	
QS03	Moderate & Above Harm	int	
QS04	Medication Related	int	
QS05	Number of duty of candour contacts	int	
QS06	Duty of candour contacts exceptions	int	
QS07	Complaint	int	
QS08	Compliment	int	
QS09	Concern	int	
QS10	Service to Service	int	
QS11	Adult Safeguarding Referrals	int	
QS12	Child Safeguarding Referrals	int	
QS13	% Trained Safeguarding for Children (L1)	percent	
QS14	% Trained Safeguarding for Children (L2)	percent	
QS15	% Trained Safeguarding for Adults (L1)	percent	
QS17	% FOI Request Compliance	percent	
QS18	% Compliance with Hand Hygiene	percent	
QS19	% Compliance with Premise	percent	
QS20	% Compliance with Vehicle	percent	
QS26	Moderate and Above Harm (Per 1K Incidents)	int	
QS24	Staff survey improvement question	int	(TBC, yearly)
QS21	Number of RIDDORs Submitted	int	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Glossary - Indicator Descriptions (Workforce)

Workforce

mID	ShortName	IndicatorType	AQIDescription
WF36	Headcount in Post	int	Headcount of primary assignments
WF35	Special Leave	percent	Special Leave (eg: Carers leave, compassionate leave) as a percentage of FTE days in the period.
WF34	Fire Safety & Awareness - 1 Year	percent	Percentage of staff with an in date competency in Fire Safety & Awareness - 1 Year
WF33	Information Governance - 1 Year	percent	Percentage of staff with an in date competency in Information Governance - 1 Year
WF32	Conflict Resolution - 3 Years	percent	Percentage of staff with an in date competency in Conflict Resolution - 3 Years
WF19	Vacancy Rate %	percent	Full Time Equivalent Staff required to fill the budgeted amount as a percentage
WF18	FTE in Post %	percent	Full Time Equivalent Staff in post, calculated as a percentage of the budgeted amount
WF17	Apprentice %	percent	The percentage of staff who are on an apprenticeship
WF16	Disabled %	percent	The percentage of staff who identify as being disabled
WF14	Stat & Mand Training (Face to Face)	percent	Percentage of staff with an in date competency for "Basic Life Support" , "Moving and Handling Patients" and "Conflict Resolution" as required by the competency requirements set in ESR
WF13	Stat & Mand Training (Safeguarding L2 +)	percent	Percentage of staff with an in date competency for "Safeguarding Children Level 2" , "Safeguarding Adults Level 2" and "Prevent WRAP" as required by the competency requirements set in ESR
WF12	Stat & Mand Training (Core) 3Y	percent	Percentage of staff with an in date competency for "Health Risk & Safety Awareness" , "Moving and Handling Loads" , "Infection Control" , "Safeguarding Children Level 1" , "Safeguarding Adults Level 1" , "Prevent Awareness" and "Equality, Diversity and Human Rights" as required by the competency requirements set in ESR
WF11	Stat & Mand Training (Fire & IG) 1Y	percent	Percentage of staff with an in date competency for both "Information Governance" and "Fire Safety & Awareness"
WF07	Sickness - Total % (T-5%)	percent	All Sickness as a percentage of FTE days in the period
WF05	PDR / Staff Appraisals % (T-90%)	percent	Percentage of staff with an in date Personal Development Review, also known as an Appraisal
WF04	Turnover (FTE) %	percent	The number of staff leaving (FTE) in the period relative to the average FTE in post for the period
WF03	New Starters (FTE)	decimal	New starters in the month (FTE)
WF02	BME %	percent	The percentage of staff who identify as belonging to a Black or Minority Ethnic background

Glossary - Indicator Descriptions (Clinical)

Clinical

mID	ShortName	IndicatorType	Description
CLN35	Re-contacts - H&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN34	Re-Contacts within 72 Hours - H&T	int	Patients who have re-contacted YAS within 72 hours of initial contact.
CLN33	Survival UTSTEIN - Discharged Alive %	percent	Survival UTSTEIN - Proportion discharged alive.
CLN32	Survival UTSTEIN - Patients Discharged Alive	int	Survival UTSTEIN - Of R4n, patients discharged from hospital alive.
CLN30	ROSC UTSTEIN %	percent	ROSC UTSTEIN - Proportion who had ROSC on arrival at hospital.
CLN24	Re-contacts (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN20	Call to Balloon Mins for STEMI Patients (Mean)	int	MINAP - For M3n, mean average time from call to catheter insertion for angiography.
CLN18	Number of STEMI Patients	int	Number of patients in the MINAP dataset an initial diagnosis of myocardial infarction.
CLN17	Avg Time from call to hospital	int	SSNAP - Avg Time from call to hospital.
CLN15	Stroke %	percent	Proportion of adult patients with a pre-hospital impression of suspected stroke who received the appropriate best practice care bundle.
CLN13	Number of patients who received appropriate care bundle (Stroke)	int	Number of adult patients with a pre-hospital impression of suspected stroke who received the appropriate best practice care bundle.
CLN12	Sepsis %	percent	Proportion of adult patients with a pre- hospital impression of suspected sepsis with a NEWS2 score of 7 and above who received the appropriate best practice care bundle
CLN10	Number of patients who received appropriate care bundle (Sepsis)	int	Number of adult patients with a pre-hospital impression of suspected sepsis with a NEWS2 score of 7 and above who received the appropriate best practice care bundle
CLN09	STEMI %	percent	Proportion of patients with a pre-hospital clinical working impression of STEMI who received the appropriate best practice care bundle
CLN06	OHCAO Survival %	percent	Proportion of patients who survived to discharge or were alive in hospital after 30 days following an out of hospital cardiac arrest during which YAS continued or commenced resuscitation
CLN03	OHCAO ROSC %	percent	Proportion of patients who had return of spontaneous circulation upon hospital arrival following an out of hospital cardiac arrest during which YAS continued or commenced BLS/ALS

Glossary - Indicator Descriptions (Fleet and Estates)

Fleet and Estates

mID	ShortName	IndicatorType	Description
FLE07	Service %	percent	Service level compliance
FLE06	Safety Check %	percent	Safety check compliance
FLE05	SLW %	percent	Service LOLER (Lifting Operations and Lifting Equipment Regulations) and weight test compliance
FLE04	Vehicle MOT %	percent	MOT compliance
FLE03	Vehicle Availability	percent	Availability of fleet across the trust
FLE02	Vehicle age +10	percent	Vehicles across the fleet of 10 years or more
FLE01	Vehicle age 7-10	percent	Vehicles across the fleet of 7 years or more
EST14	P6 Non Emergency - Complete within 4 weeks	percent	P6 Non Emergency - Complete within 4 weeks
EST13	P6 Non Emergency - Attend within 2 weeks	percent	P6 Non Emergency - Attend within 2 weeks
EST12	P2 Emergency – Complete (<24Hrs)	percent	P2 Emergency – Complete within 24 hrs compliance
EST11	P2 Emergency (4 HRS)	percent	P2 Emergency – attend within 4 hrs compliance
EST10	Planned Maintenance Complete	percent	Planned maintenance completion compliance
EST09	All calls (Completion) - average	percent	Average completion compliance across all calls
EST08	P4 Non Emergency – Complete (<14 Days)	percent	P4 Non Emergency completed within 14 working days compliance
EST07	P3 Non Emergency – Complete (<72rs)	percent	P3 Non Emergency completed within 72 hours compliance
EST06	P1 Emergency – Complete (<24Hrs)	percent	P1 Emergency completed within 24 hours compliance
EST05	Planned Maintenance Attendance	percent	Average attendance compliance across all calls
EST04	All calls (Attendance) - average	percent	All calls (Attendance) - average
EST03	P4 Non Emergency (<24Hrs)	percent	P4 Non Emergency attended within 2 working days compliance
EST02	P3 Non Emergency (<24Hrs)	percent	P3 Non Emergency attended within 24 hours compliance
EST01	P1 Emergency (2 HRS)	percent	P1 Emergency attended within 2 hours compliance