



Business
Intelligence

Integrated Performance Report

Apr 2021

Published 25th May



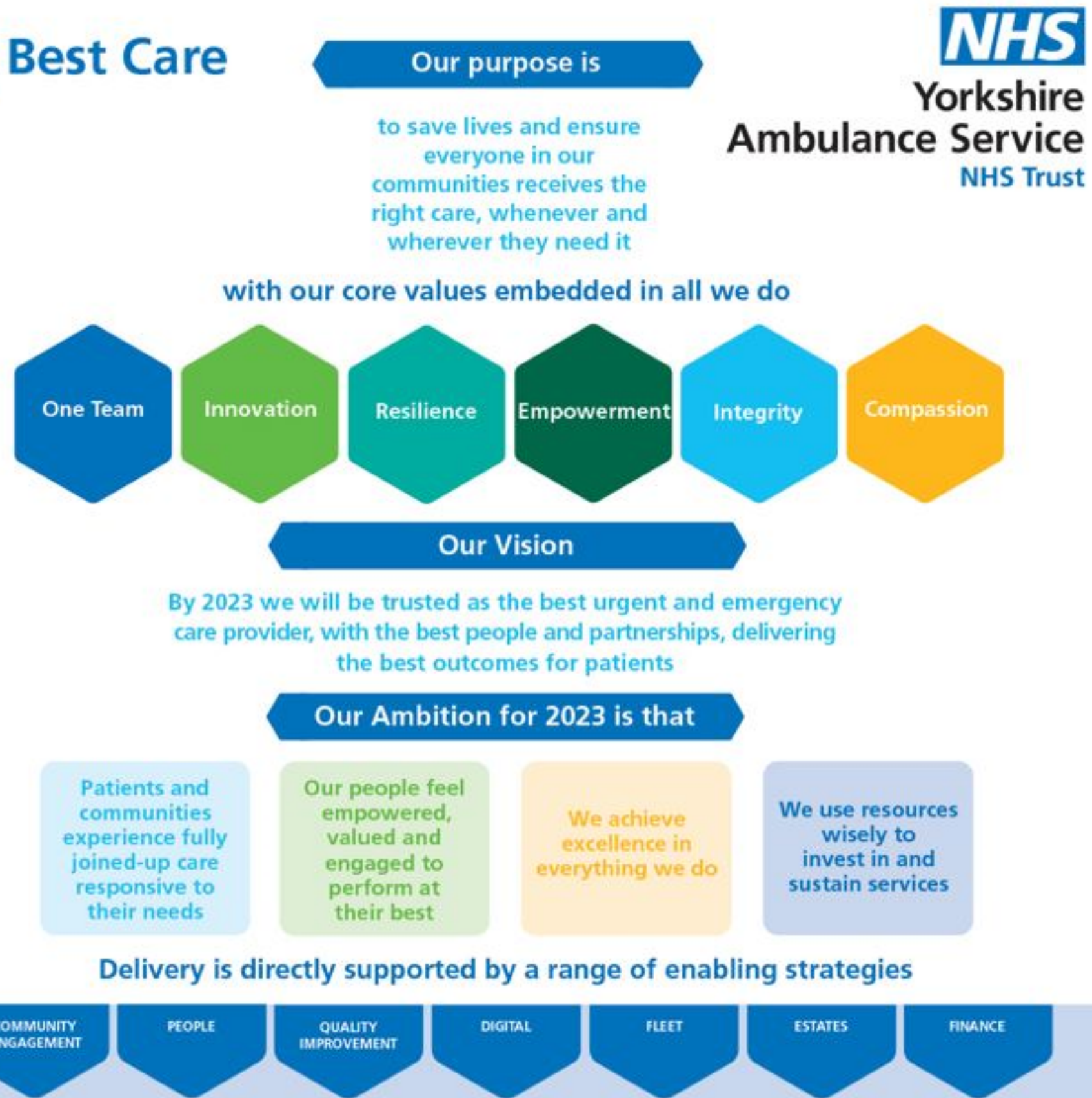
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One Team, Best Care



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

- ICP Mutual Support Group – First meeting to discuss developments at place and how best to operate for YAS across three ICS's.
- First ICS Governance workshop met and discussed the formulation of an ICS constitution.
- Planning Submission has been completed for the draft response.
- All three ICSs provided their draft planning guidance response on the 6th of May.
- YAS continues to engage across all three ICSs to ensure we remain aligned to the developments in the white paper.
- WY&H Keen to link YAS with other partners that work across a large footprint and places to share learnings and challenges – discussions with Jo Farn being held.
- YAS to engage in World Café discussions and involve key subject matter experts.

Humber Coast and Vale ICS

- Further work is underway to consolidate and develop the Local Clinical Assessment Service (CAS) model Direct Booking – demo of “any-to-any” booking system with clinicians – YAS engaged.
 - 7 Day SDEC expansion continues.
 - Targeted communications based on 111 and local CAS data to specifically focus on people that continue to walk into the ED.
 - Clinical Messaging – initial pilot paused; a further pilot has been agreed with York/Scarborough through their same day emergency care service.
 - HCV NHS111 targeted communication continues - all ED and UTCs.
- CHCP conversations ongoing to develop further access to 0-2hour response services.
- 7-day acute SDEC delivery is a planning priority for the UECN in Frailty, Paediatrics, Medicine and Surgery
- The UEC transformation dashboard is being finalised and future highlight reports will contain specific information for each A&E delivery board area to demonstrate the impact of the transformation changes taking place.

Developments at place

- NHSE/I proposing a pilot exploring hospital handover principles/standards within East Riding UTC. YAS A&E Ops/pathways colleagues engaged.
- Update presentation being taken to TMG 26/05 on all Scarborough Reconfigurations (both implemented and potential).
- Ambition is to develop a clinically led, responsive service by March 2022.
- MH Response Vehicle pilot went live on 26th April. Operational for 4 shifts in the first week – attended 9 jobs, ongoing evaluation underway.

West Yorkshire ICS

Local CAS: Auto-send of under-11s activity from YAS to LCD will stop. GP 1 & 2hr cases via DoS will continue, Online ED validation pilot to start in Leeds (date TBC).

- WYH UEC Programme Board, met 20th April, updates continue for new 2021/22 priorities (pre, in – hospital and safer transfer of care).
- WYH UEC 111 first dashboard were presented and also data from Leeds, Bradford, Mid York's on A&E re-direction into UTCs presented. Leeds having success with changes to DoS ranking and criteria to increase UTC utilisation over ED. Mid York's has had difficulties with increased out of area activity in UTC and small drop in ED attendances for same patient cohort.

Reconfigurations:

- **Calderdale & Huddersfield** – Final modelling and mitigation complete.
- **Mid Yorkshire frailty SDEC** Formal response to commissioner questions has been provided and well received. YAS due to present impacts, modelling and finances to Partnership & Transformation Board in May 21.
- **Leeds Children's Hospital and Leeds CYP MH in patient unit** – SSDM/Head of Clinical Effectiveness met with programme lead for building the Leeds way. Currently refining stage of procurement and award of architects/ design team for build. Advised that there will be no impact to access/ egress in Ed for ambulances, further update to be provided in June.

Place Based Updates























- Across West Yorkshire it is fair to say that each place is at varying stages of UCR formation and delivery.
- Harrogate, there are currently no services that meet the UCR criteria, and no current pathways from YAS into community rapid response type services.
- Wakefield: Unplanned Care Strategy Group: New programmes of work for UEC – Integrated Urgent Care (including UCR); Same day emergency care (including PCAL type access); safer transfer of care - Mirrors ICS programme workstreams, concern escalated with clinical team.
- Leeds SDEC pathways: SSDM and clinical pathways manager involved in SDEC development group across Leeds. Two ongoing projects, 1. Rotational Paramedics and 2. UTC utilisation – Aiming to increase YAS utilisation of Leeds UTCs (both 111 and 999).

South Yorkshire and Bassetlaw ICS

- UEC programme board held 4th May (no April meeting). Feedback provided on the UEC priorities was shared at the meeting. There will be a workshop held on the 1st of June to work through these priorities and agree how the programme board can practically and effectively push this forward.
- Innovation funding bidding process still being developed. The Academic Health Science Network will be heavily involved to underpin robust evaluation of schemes.
- Update was given on the proposed changes to the governance framework – i.e., the Integrated Commissioning Forum and the associated clinical and oversight boards.
- ICS UEC Programme Lead is working with NECS to look at ways of standing down the DoS on call elements currently provided 24/7. This would result in places being able to switch off DoS services that were out of capacity. Clinical and governance concerns regarding how these decisions were made were raised at the meeting, so further work is needed to understand and assure the governance that sits behind such decisions.

Place Based Updates:

- Key Focus at place is switching to maximising use of community services in light of the current demand showing up within E.Ds.
- **Bassetlaw** operational meeting is starting to establish itself. No specific YAS issues or comments to note, but a good update was given by the Social Prescriber currently working within Bassetlaw's ED.
- **Barnsley** are pushing to enable YAS referrals into their SDEC services along with increasing the use of RightCare from both 999 and 111. A meeting has been set up (12th of May) with all parties present in order to agree an action plan to take forward.
- **Doncaster** are continuing with their development of a local CAS with the SSDM and IUC Service Development Officer being linked into these conversations. Timelines for full local CAS implementation by March 2022 have been drafted. Focus is currently to the switch off of the local out of hours number for Doncaster which has been given a target date of the 1st of July.

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:07		
999 - Answer 95th Percentile		00:00:51		
999 - Answer 99th Percentile		00:01:46		
999 - C1 Mean (T <7Mins)	00:07:00	00:07:32		
999 - C1 90th (T <15Mins)	00:15:00	00:12:51		
999 - C2 Mean (T <18mins)	00:18:00	00:21:13		
999 - C2 90th (T <40Mins)	00:40:00	00:44:09		
999 - C3 Mean (T - <1Hr)	01:00:00	00:54:59		
999 - C3 90th (T - <2Hrs)	02:00:00	02:12:41		
999 - C4 90th (T < 3Hrs)	03:00:00	04:23:13		
999 - C1 Responses > 15 Mins		284		
999 - C2 Responses > 80 Mins		617		
999 - Job Cycle Time		01:38:06		
999 - Avg Hospital Turnaround	00:30:00	00:38:11		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The Call Answer Mean increased slightly in April 2021 to 7 seconds which is in line with the same period last year where the mean answer time was 6 seconds. Call answer times were high on 12th April (28 seconds) as well as 19th and 20th April (16 seconds). Call demand was above forecast for all these dates by 13.6%, 8.6% and 14.4% respectively. The differing extremities within the call answer times can be seen within the 95th and 99th percentiles.














Cat 1-4 Performance - All response performance remained similar to the times experienced in the previous month with two categories meeting national target (C1 90th and C3 Mean). High job cycle times continue to impact on resource availability which influence response performance and as these have also remained at similar levels to the previous months it has enabled a similar level of response times to those experienced in March 2021. Abstractions are in line with forecast for April with a decrease of 3.8% from last month. Weekly staff hours have increased compared to March by approximately 1,800 hours per week, which has led to a 0.5% increase in availability across the Trust. Compared to April 2020, abstractions are down by 1.3% and availability is down by 8.7%.











Responses Tail (C1 and C2) - The number of C1 incidents greater than 15 minutes in April is only slightly increased compared to March but 34% up from April 2020. Although the number of C2 incidents greater than 80 minutes in April 2021 has decreased overall from the number seen in March, week commencing 19th April saw exceptionally high number of C2 responses over this threshold. Compared to April 2020, the number of C2 incidents greater than 80 minutes is increased by 136% from 261 to 617.

Job cycle time - Average Job Cycle time remains higher than last year and has seen increases since the initial COVID-19 lockdown in 2020 ended. Throughout April 2021 there continued to be exceptionally high results due to growths in the time spent on scene time and increased hospital times. Compared to the same month last year, job cycle time is up by 8.3% which equates to an increase of 7 minutes and 32 seconds.

Hospital - Average hospital turnaround times in April 2021 were similar to the previous month and only marginally higher than the same period last year (+2.7%). 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. Conveyance to ED remains similar to levels seen in March and 11.7% higher than that seen in April 2020.

IUC and PTS IPR Key Indicators - Apr 21

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		154,708		
IUC - Calls Abandoned	3.0%	5.2%		
IUC - Answered in 60 Secs	90.0%	69.5%		
IUC - Call back in 1 Hour	60.0%	47.0%		
IUC - Core Clinical Advice	30.0%	25.9%		
IUC - Booking ED	70.0%	40.9%		
IUC - ED Validations %	50.0%	46.2%		
IUC - 999 Validations 30 mins %	50.0%	91.6%		

Indicator	Target	Actual	Variance	Assurance
PTS - Arrive at Appointment Time	90.0%	88.4%		
PTS - Answered < 180 Secs	90.0%	60.4%		
PTS - Journeys < 120Mins	90.0%	99.6%		
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	92.0%		
PTS - % Short notice - Pickup < 120 mins	90.8%	81.7%		

IUC Exceptions - Comments (Director Responsible - Karen Owens)

IUC demand in April rose 8.4% on demand in March, and in terms of calls answered it was the busiest month of any over the last 12 months. Issues relating to the roll out of the new Unified Comms telephone system continue to hit several of the performance metrics. The percentage of calls answered in 60 seconds was up only slightly this month, at 69.5% compared with 68.8% in March. The average speed to answer was 68.1 seconds in April against a national target of 20 seconds; an improvement on 80.8 seconds in March. Abandoned calls were 5.2% this month, which while well above the new target of 3%, is nevertheless also a good improvement on 7.3% in March.

The proportion of Clinician Call Backs made within 1 hour was 47.0%, below the 60% target and down from 47.7% in March. Core clinical advice was 25.9%, however this is calculated based on the new IUC specification for 2021-22 which aims to remove and count separately any demand which has not come from a NHS 111 call. This has reduced the amount of clinical work we are able to count under this measure and has reduced performance accordingly.









The KPI for ambulance validations has been altered slightly, to monitor performance against outcomes validated within 30 minutes, rather than just all outcomes validated. Performance for April was 91.6% of validations completed within 30 minutes against a 95% target and 10,237 cases validated overall. ED validation performance was 46.2% for April, below the 50% target. This was largely due to Easter bank holidays and instances where our subcontractor were in national contingency and unable to perform validations.

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. Total demand in April saw a -4% decrease, this was due to the Easter period and less journeys being delivered over the Bank Holidays. At the end of April, delivered journey volume was 85% of volumes seen before the pandemic.

Covid journeys continued on a downward trend, and were -87% lower than the peak of the second wave. Short Notice Patients picked up within 120 Mins % has been on a downward trend for the sixth month running, but remains higher than performance seen before Covid.

Telephony performance was 60%, 40% below target. Since the new PTS telephony application was introduced in March, call volumes have significantly increased. April call demand was 33% higher than volumes seen between Sept - Feb, having a negative impact on performance.













Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		794		
Serious		4		
Moderate and Above Harm		22		
Complaint		76		
Adult Safeguarding Referrals		1,622		
Child Safeguarding Referrals		820		
% FOI Request Compliance	90.0%	95.8%		

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

Incidents reported have decreased to 794 last month back in line within normal variation. Moderate & above harm incidents have remained stable at 22 in line with the average.

Patient Safety - Complaints have reduced since March inside normal limits. The highest category of complaint across all services is "Clinical/Patient Care". Further analysis is ongoing to identify specific trends within this subject area.

Safeguarding Referrals - Adult referrals have increased from the previous month and remain outside the expected variation. The trend for adult referrals continues to move upwards. Child referrals are significantly up exceeding the upper control limit for the second month running.

Indicator	Target	Actual	Variance	Assurance
Turnover (FTE) %		8.5%		
Sickness - Total % (T-5%)	5.0%	7.2%		
Special Leave		1.6%		
PDR / Staff Appraisals % (T-90%)	90.0%	76.2%		
Stat & Mand Training (Fire & IG) 1Y	90.0%	88.1%		
Stat & Mand Training (Core) 3Y	90.0%	96.6%		
Stat & Mand Training (Face to Face)	90.0%	66.4%		

Workforce Exceptions - Comments (Director Responsible - Suzanne Hartshorne)

Sickness - Sickness has decreased slightly but remains high compared to the 5% target. Main impact is seen in our call centres. Short term absence is seeing a decrease while long term is increasing. A Trust-wide sickness taskforce has been set up to investigate issues and implement interventions with the intention of sustainably reducing absence.

Special Leave - Special Leave dropped significantly last month to 1.6% from 3.8% in March, due to shielding staff returning to work, some leave continues due to self-isolation.

PDR - rates increased to 76.2% which is the highest it has been since December 2019. Support Services (Other) PDR rates are significantly lower than the target currently at 47.3% compared to 58% the same period last year. However, this is up from 45.6% last month and represents a steady increase recovering from the lowest compliance rates in September 2020 of 30.9%.

Statutory and Mandatory Training - Good progress continues to be made against the 3 year core training and compliance for the 1 year face-to-face training is steadily increasing as forecasted and in accordance with the phased approach approved at TMG in January 2021. HRBPs are reaching out to managers to share detailed data, discuss areas of concern and provide additional support.

Workforce Summary

A&E	IUC	PTS
EOC	Other	Trust



Key KPIs

Name	Apr 20	Mar 21	Apr 21
FTE in Post %		99.2%	99.8%
Turnover (FTE) %	9.2%	8.3%	8.5%
Vacancy Rate %		0.8%	0.2%
Apprentice %	5.4%	6.2%	5.7%
BME %	5.2%	6.0%	6.0%
Disabled %	2.8%	3.2%	3.2%
Sickness - Total % (T-5%)	8.8%	7.5%	7.2%
Special Leave	6.5%	3.8%	1.6%
PDR / Staff Appraisals % (T-90%)	65.5%	72.9%	76.2%
Stat & Mand Training (Fire & IG) 1Y	72.8%	86.1%	88.1%
Stat & Mand Training (Core) 3Y	96.4%	96.6%	96.6%
Stat & Mand Training (Face to Face)	80.1%	66.6%	66.4%
Stat & Mand Training (Safeguarding L2 +)	90.8%	86.0%	85.8%

YAS Commentary

FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 0.2%. However due to how the Trust collects this information, the rate is likely to be higher as some vacancies are being covered by overtime.

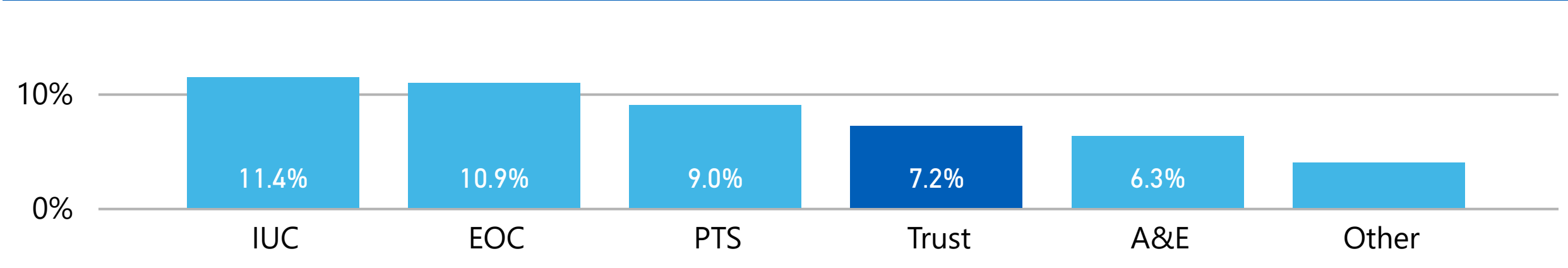
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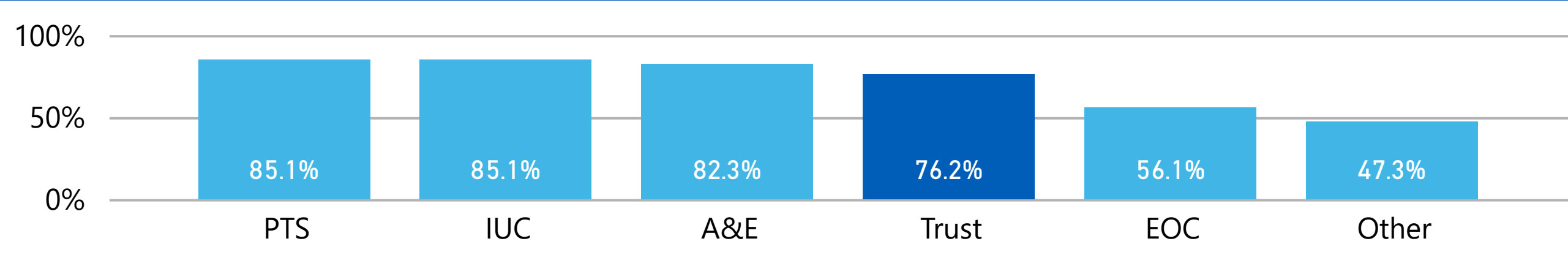
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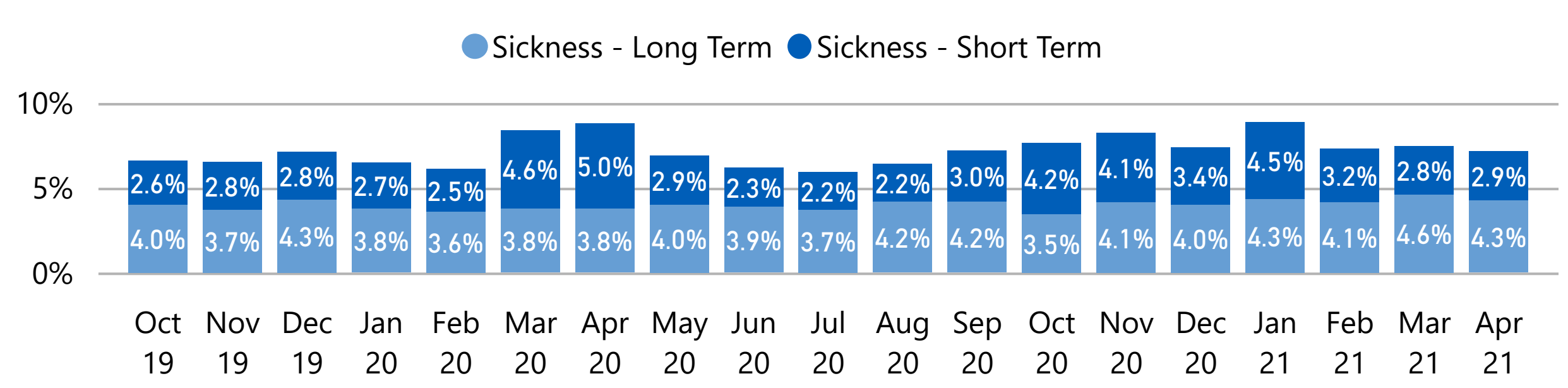
Sickness Benchmark for Last Month



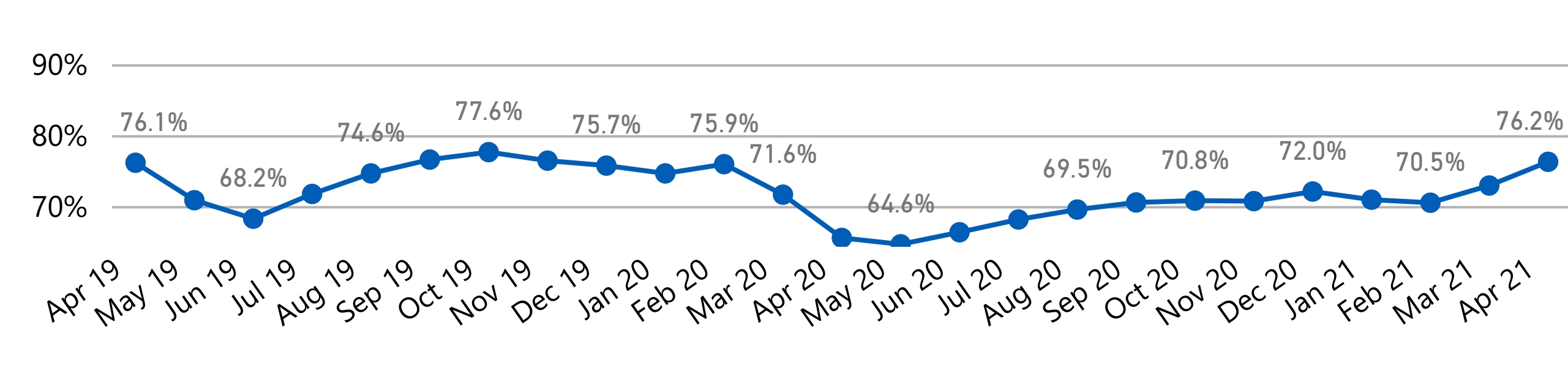
PDR Benchmark for Last Month



Sickness



PDR - Target 90%



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

Overview - Unaudited Position

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 deficit for the year £1.0m against the plan of (£1.75m). The Trust's accounts are currently being audited, they may still be subject to change and are therefore draft until final submission at the end of June.

The Trust was in a breakeven position for months 1 to 6 due to the Covid-19 Business Rules for that period.

Capital - YTD expenditure was slightly behind plan due to unavoidable production and delivery delays in March 2021.

Cash - At the end of March the Trust had £64m cash at bank.

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.

Full Year Position (£000s)

Name	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)	-£1,754	-£1,011	£743
Cash	£13,791	£13,476	-£315
Capital	£76,509	£64,180	-£12,329

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	2021-03
Surplus/ (Deficit)							-£219	-£243	-£416	-£88	£1,752	-£1,797
Cash	£76,062	£81,510	£76,988	£79,694	£82,331	£83,579	£86,976	£89,615	£90,086	£92,149	£98,352	£64,180
Capital	£0	£874	£562	£68	£189	£332	£501	£511	£588	£1,951	£1,279	£6,622

Patient Demand Summary

Demand Summary Commentary

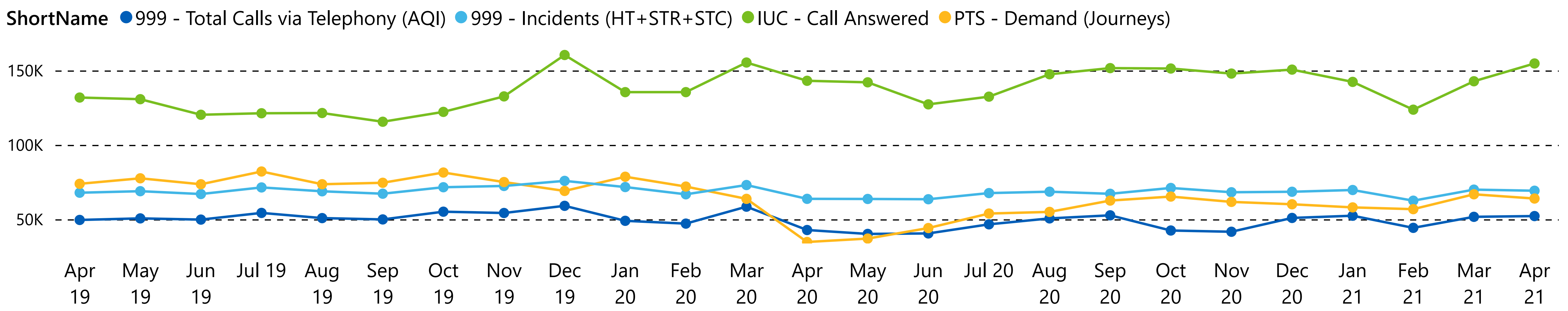
ShortName	Apr 20	Mar 21	Apr 21
999 - Incidents (HT+STR+STC)	63,758	69,951	69,209
999 - Increase - Previous Month	-12.7%	11.9%	-1.1%
999 - Increase - Same Month Last Year	-6.1%	-4.2%	8.5%
IUC - Call Answered	143,075	142,753	154,708
IUC - Increase - Previous Month	-7.9%	15.4%	8.4%
IUC - Increase Same Month Last Year	8.5%	-8.1%	8.1%
IUC - Calls Answered Above Ceiling	11.5%	-10.1%	-1.6%
PTS - Demand (Journeys)	34,769	66,815	63,962
PTS - Increase - Previous Month	-45.5%	17.6%	-4.3%
PTS - Same Month Last Year	-52.9%	4.8%	84.0%

999 - At Scene Response demand is 3.1% lower than forecasted levels for April. All Response Demand (STR + STC +HT) is 1.1% lower than last month and 8.5% higher than April 2020.

IUC - IUC demand in April rose 8.4% on demand in March, and in terms of calls answered it was the busiest month of any over the last 12 months, 2% higher even than September 2020 which was the highest demand month of the 2020-21 year. Demand was 0.3% above the contract baseline demand, which has been calculated as last year's outturn plus the full year effect for NHS 111 First.

PTS - Total demand in April saw a -4% decrease, this was due to the Easter period and less journeys being delivered over the Bank Holidays. At the end of April, delivered journey volume was 85% of volumes seen before the pandemic. Covid journeys continued on a downward trend, and were -87% lower than the peak of the second wave. Short Notice Patients picked up within 120 Mins % has been on a downward trend for the sixth month running, but remains higher than performance seen before Covid.

Overall Calls and Demand

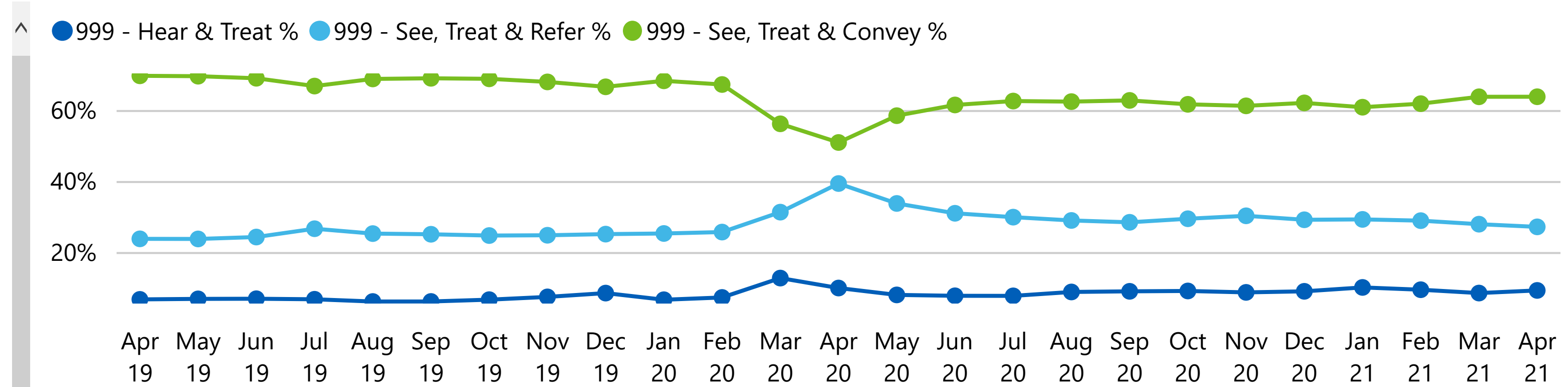


Patient Outcomes Summary

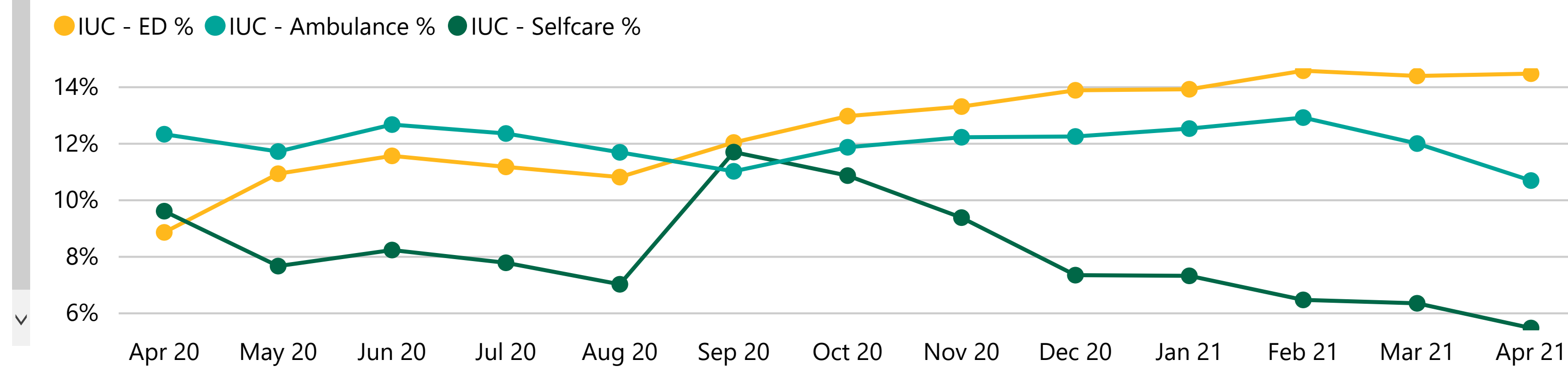
Outcomes Summary

ShortName	Apr 20	Mar 21	Apr 21
999 - Incidents (HT+STR+STC)	63,758	69,951	69,209
999 - Hear & Treat %	9.9%	8.4%	9.2%
999 - See, Treat & Refer %	39.3%	27.8%	27.1%
999 - See, Treat & Convey %	50.9%	63.7%	63.7%
999 - Conveyance to ED %	43.8%	55.5%	55.6%
999 - Conveyance to Non ED %	7.0%	8.2%	8.2%
IUC - Calls Triaged	134,403	135,180	146,565
IUC - ED %	8.8%	14.4%	14.4%
IUC - ED outcome to A&E	87.4%	82.5%	80.8%
IUC - ED outcome to UTC	2.6%	7.1%	9.1%
IUC - Ambulance %	12.3%	12.0%	10.7%
IUC - Selfcare %	9.6%	6.3%	5.4%
IUC - Other Outcome %	12.6%	11.4%	11.2%
IUC - Primary Care %	54.7%	54.9%	57.3%
PTS - Demand (Journeys)	34,769	66,815	63,962

999 Outcomes



IUC Outcomes



Commentary

999 - When comparing April 2021 against April 2020 in terms of incident outcomes within 999, the level of See, Treat & Refer has reduced by 12.2% and Hear & Treat has reduced by 0.7%. These reductions have subsequently led to increases of 12.9% in See, Treat & Convey and 11.7% in the proportion of responses transported to ED. These changes are due to different profiles from last year and are heavily influenced by the COVID-19 national lockdown period.

IUC - The proportion of callers given an ambulance outcome was low during April; this effect was seen most noticeably during the Easter period and likely reflects the patient mix at that time. The proportion of callers given an ED outcome continues to be higher than historic levels. This is likely in part due to the continuing impact of the 111 First programme which has shifted the patient mix towards more acute patients, however this has positive impacts across the system where patients call 111 instead of walking into an A&E.

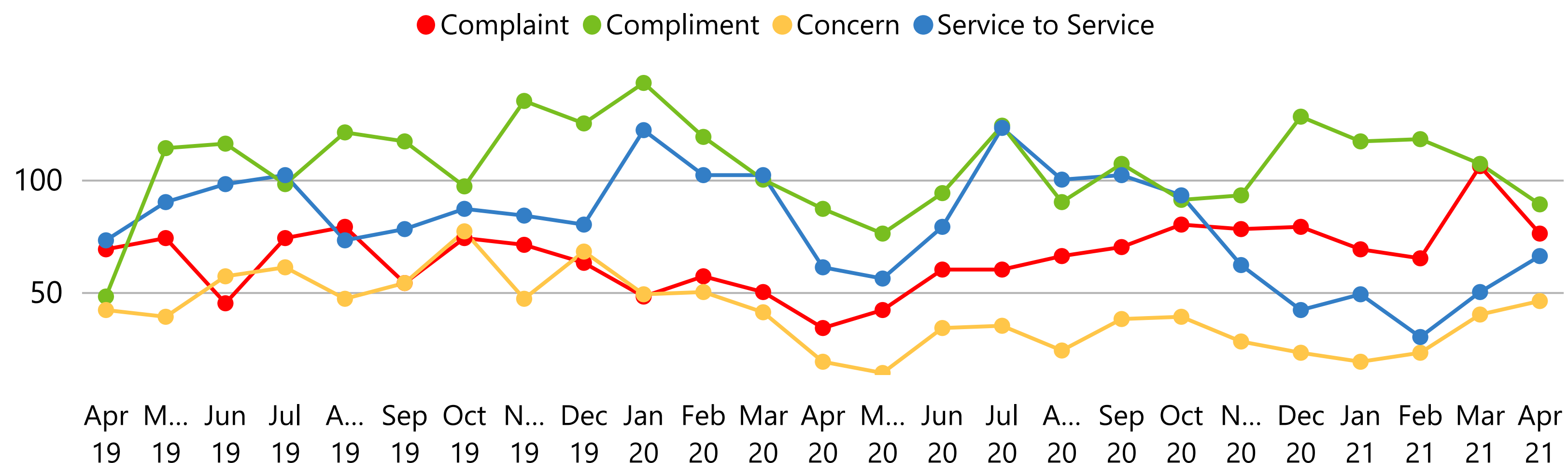
Patient Experience

(Director Responsible - Steve Page)

Patient Relations

Indicator	Apr 20	Mar 21	Apr 21
Service to Service	61	50	66
Concern	19	40	46
Compliment	87	107	89
Complaint	34	106	76

Complaints, Compliments, Concerns and Service to Service



YAS Compliance

Indicator	Apr 20	Mar 21	Apr 21
% FOI Request Compliance	56.0%	100.0%	95.8%

YAS Comments

Patient Relations

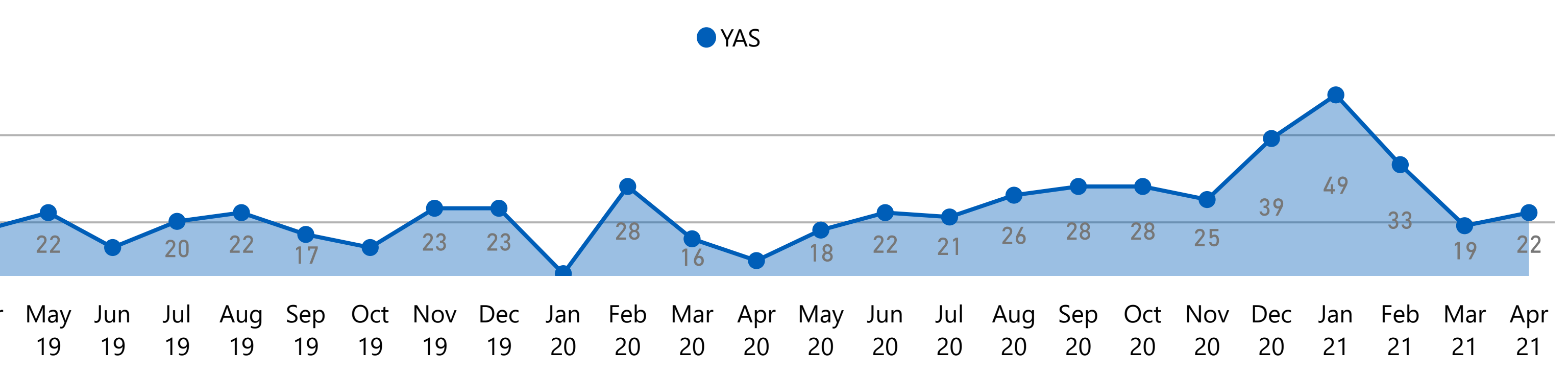
Complaints have reduced since March inside normal limits. The highest category of complaint across all services is "Clinical/Patient Care". Further analysis is ongoing to identify specific trends within this subject area.

FOI Compliance is consistently remaining above the target of 90%

Incidents

Indicator	Apr 20	Mar 21	Apr 21
All Incidents Reported	524	827	794
Medication Related	43	42	60
Moderate & Above Harm - Total	11	19	22
Number of duty of candour contacts	3	9	4
Number of RIDDORs Submitted		6	1
Serious	1	9	4

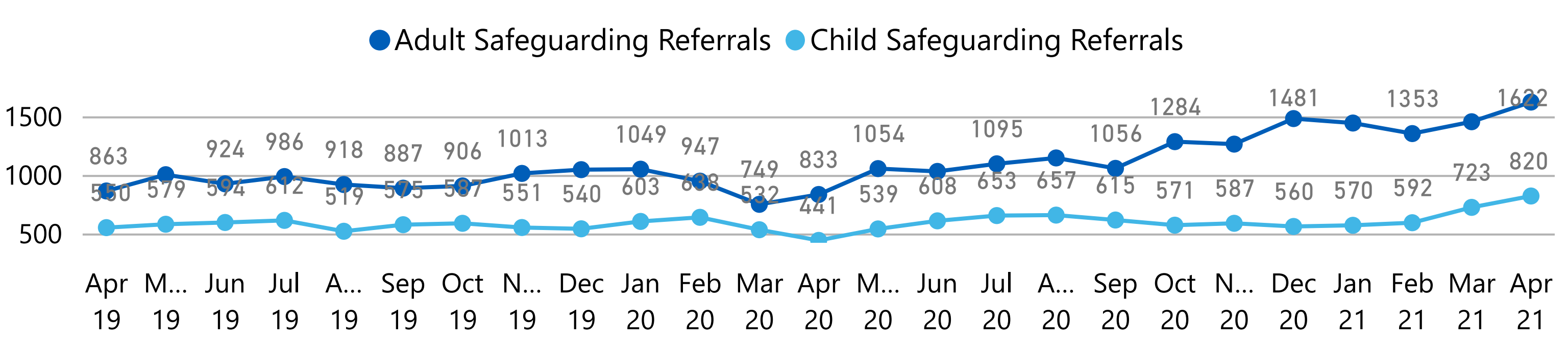
Incidents - Moderate and Above Harm



YAS Child and Adult Safeguarding

Indicator	Apr 20	Mar 21	Apr 21
Adult Safeguarding Referrals	833	1,454	1,622
Child Safeguarding Referrals	441	723	820
% Trained Safeguarding for Children (L1)	97.8%	96.8%	96.5%
% Trained Safeguarding for Children (L2)	92.7%	84.7%	84.1%
% Trained Safeguarding for Adults (L1)	97.8%	95.8%	95.8%

Safeguarding Training



A&E Long Responses

Indicator	Apr 20	Mar 21	Apr 21
999 - C1 Responses > 15 Mins	212	271	284
999 - C2 Responses > 80 Mins	261	665	617

YAS Comments

Incidents: Incidents reported have decreased to 794 last month back in line within normal variation. Moderate & above harm incidents have remained stable at 22 in line with the average.

Safeguarding Referrals: Adult referrals have increased from the previous month and remain outside the expected variation. The trend for adult referrals continues to move upwards. Child referrals are significantly up exceeding the upper control limit for the second month running.

YAS IPC Compliance

Indicator	Apr 20	Mar 21	Apr 21
% Compliance with Hand Hygiene	99.8%	99.0%	99.0%
% Compliance with Premise	98.8%	98.3%	99.0%
% Compliance with Vehicle	99.3%	99.1%	99.0%

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)



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	Aug 20	Sep 20	Oct 20	Nov 20
Number of STEMI Patients	84	80	98	95
Call to Balloon Mins for STEMI Patients (Mean)	125	122	142	150
Call to Balloon Mins for STEMI Patients (90th Percentile)	194	171	177	214

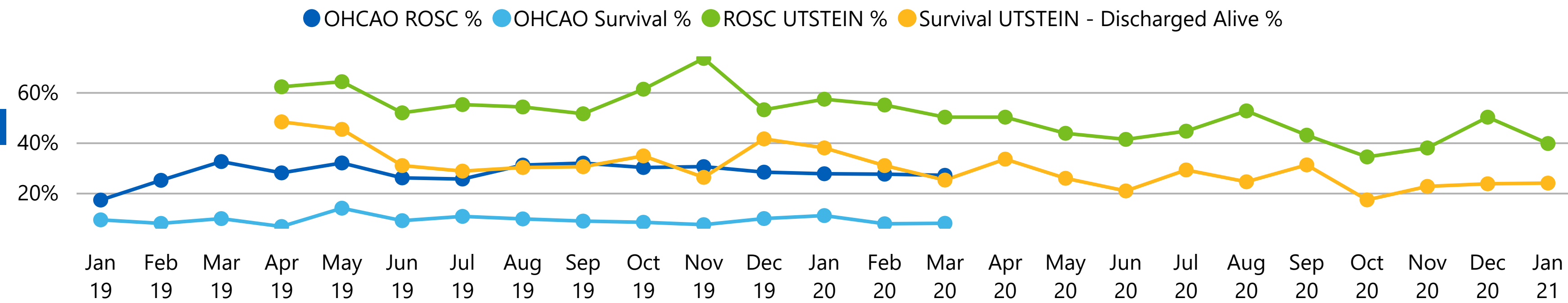
Sentinal Stroke National Audit Programme (SSNAP)

Indicator	Nov 20	Dec 20	Jan 21
Avg Time from call to hospital	85	81	87
Total Patients	340	385	336

Re-contacts as Proportion of Incident Category

Indicator	Feb 21	Mar 21	Apr 21
Re-contacts - H&T (%)	8.1%	6.3%	6.8%
Re-contacts - S&T (%)	6.5%	6.2%	5.9%
Re-contacts - Conveyed (%)	6.9%	6.4%	6.3%

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 – STeMI care bundle performance is lower than the national average, and analgesia administration is identified as the main cause. The regional network approach to analgesia in STeMI does not correlate with the national care bundle and a full review of the care bundle audit is underway. A review of the STeMI emergency care pathway is also underway to include all ACS Patients.

Stroke Care Bundle – Consistently performing in 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) - Apr 21

Estates

ShortName	Apr 20	Mar 21	Apr 21
P1 Emergency (2 HRS)	88.2%	100.0%	100.0%
P1 Emergency – Complete (<24Hrs)	88.2%	75.0%	100.0%
P2 Emergency (4 HRS)	97.9%	83.3%	98.0%
P2 Emergency – Complete (<24Hrs)	80.9%	64.6%	90.2%
Planned Maintenance Complete	100.0%	99.6%	97.5%
P6 Non Emergency - Attend within 2 weeks		90.8%	100.0%
P6 Non Emergency - Complete within 4 weeks		78.2%	86.8%

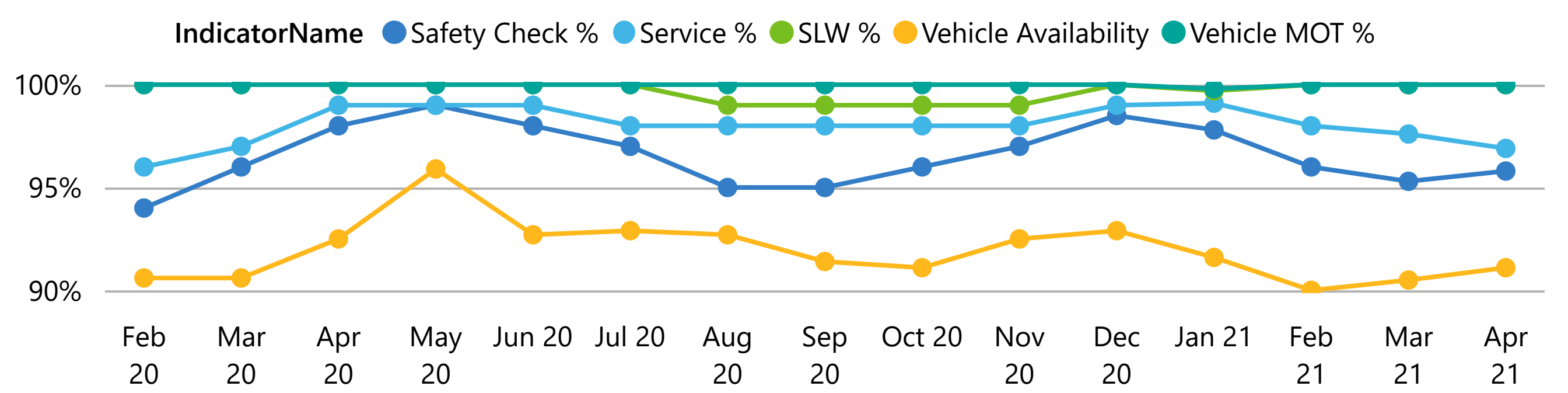
Estates Commentary

Requests for reactive work/repairs on the Estate totaled 332 for the month of April maintaining the consistency of previous months of February (321) and March (317). The 3 highest originators of work were from Springhill (23), Callflex (17) and HART (14). Work is currently ongoing to understand the trends at Office accommodation sites and options to reduce repairs and their associated costs.

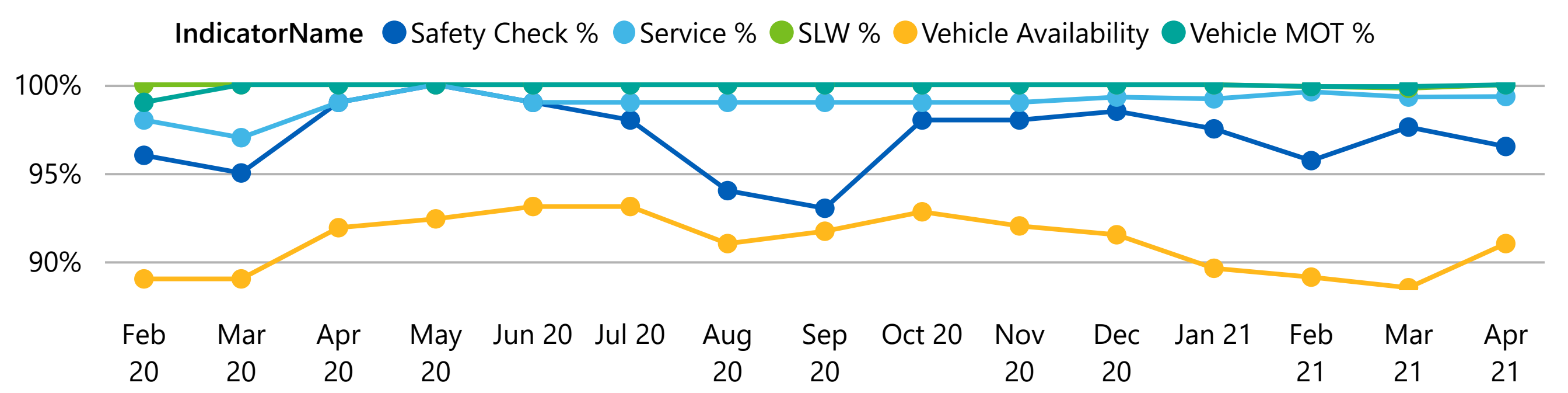
Combined first time rates remain as the previous at 76%. The overall attendance and work completion rates have improved of Marchs performance with attendance rates for April at near 100% from Marchs figure of 92% and a completion rate for April at 97% against the March return of 83%

Planned Maintenance activity on the Estate carried out by our service provider to attended to Statutory, mandatory and routine maintenance is recorded at 100% completion for April

999 Fleet



PTS Fleet



999 Fleet Age

IndicatorName	Apr 20	Apr 21
Vehicle age +7	6.7%	5.9%
Vehicle age +10		0.4%

PTS Age

IndicatorName	Apr 20	Apr 21
Vehicle age +7	8.6%	12.4%
Vehicle age +10	22.5%	9.8%

Fleet Commentary

A&E age profile has improved due to the ongoing A&E replacement programme has continued with a further 11 new DCA vehicles delivered to the Trust throughout April. The PTS replacement has slowed due to a new vehicle registration issue caused by an administration change by the vehicle manufacturer, this has been resolved mid-May.

The vehicle availability has improved in both A&E and PTS but remains under target this is due to several RTC and the ongoing replacement programme. The Routine maintenance compliance remains high which is having a positive impact on vehicle availability.

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
IUC03	IUC - Calls Answered Above Ceiling	percent	Percentage difference between actual number of calls answered and the contract ceiling level
IUC02	IUC - Calls Abandoned	percent	Percentage of calls offered that were abandoned
IUC07	IUC - Call back in 1 Hour	percent	Percentage of patients that were offered a call back by a clinician that were called within 1 hour
IUC31	IUC - Core Clinical Advice	percent	Proportion of calls assessed by a clinician or Clinical Advisor
IUC08	IUC - Direct Bookings	percent	Percentage of calls where the patient was recommended to contact a primary care service that had an appointment directly booked. This indicator includes system bookings made by external providers
IUC12	IUC - ED Validations %	percent	Proportion of calls initially given an ED disposition that are validated
IUC13	IUC - Ambulance validations %	percent	Percentage of initial Category 3 or 4 ambulance outcomes that were clinically validated
IUC14	IUC - ED %	percent	Percentage of triaged calls that reached an Emergency Department outcome
IUC15	IUC - Ambulance %	percent	Percentage of triaged calls that reached an ambulance dispatch outcome
IUC16	IUC - Selfcare %	percent	Percentage of triaged calls that reached an self care outcome
IUC17	IUC - Other Outcome %	percent	Percentage of triaged calls that reached any other outcome
IUC18	IUC - Primary Care %	percent	Percentage of triaged calls that reached a Primary Care outcome
PTS01	PTS - Demand (Journeys)	int	Count of delivered journeys, aborted journeys and escorts on journeys
PTS02	PTS - Journeys < 120Mins	percent	Patients picked up and dropped off within 120 minutes
PTS03	PTS - Arrive at Appointment Time	percent	Patients dropped off at hospital before Appointment Time
PTS04	PTS - % Pre Planned - Pickup < 90 Mins	percent	Pre Planned patients to be picked up within 90 minutes of being marked 'Ready' by the hospital
PTS05	PTS - % Short notice - Pickup < 120 mins	percent	Short Notice patients to be picked up within 120 minutes of being marked 'Ready' by the hospital
PTS06	PTS - Answered < 180 Secs	percent	The percentage of calls answered within 180 seconds via the telephony system

Glossary - Indicator Descriptions (Quality and Safety)

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.
WF27	Safeguarding Children Level 2 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Children Level 2 - 3 Years
WF23	Safeguarding Children Level 1 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Children Level 1 - 3 Years
WF19	Vacancy Rate %	percent	Full Time Equivalent Staff required to fill the budgeted amount as a percentage
WF18	FTE in Post %	percent	Full Time Equivalent Staff in post, calculated as a percentage of the budgeted amount
WF17	Apprentice %	percent	The percentage of staff who are on an apprenticeship
WF16	Disabled %	percent	The percentage of staff who identify as being disabled
WF15	Training - All Competancy %	percent	NOT USED
WF09	Sickness - Short Term %	percent	Sickness lasting less than 28 days, as a percentage of FTE days in the period
WF08	Sickness - Long Term %	percent	Sickness lasting 28 days or over, as a percentage of FTE days in the period
WF07	Sickness - Total % (T-5%)	percent	All Sickness as a percentage of FTE days in the period
WF06	Training: Stat & Mand %	percent	The number of Substantive Staff who are up to date with all their Statutory and Mandatory training requirements
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
WF01	FTE in Post	int	Full Time Equivalent Staff in post, calculated as of the last day of each month

Glossary - Indicator Descriptions (Clinical)

Clinical

mID	ShortName	IndicatorType	Description
CLN39	Re-contacts - Conveyed (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN37	Re-contacts - S&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN35	Re-contacts - H&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
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.
CLN31	Survival UTSTEIN - Patients	int	Survival UTSTEIN - Patients with resuscitation commenced / continued by Ambulance Service.
CLN30	ROSC UTSTEIN %	percent	ROSC UTSTEIN - Proportion who had ROSC on arrival at hospital.
CLN29	ROSC UTSTEIN Patients - ROSC on arrival at Hospital	int	ROSC UTSTEIN - Of R2n, patients who had ROSC on arrival at hospital.
CLN28	ROSC UTSTEIN Patients	int	ROSC UTSTEIN - Patients with resuscitation commenced / continued by Ambulance Service.
CLN27	ePR Referrals (%)	percent	Proportion of ePR referrals made by YAS crews at scene.
CLN24	Re-contacts (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN20	Call to Balloon Mins for STEMI Patients (Mean)	int	MINAP - For M3n, mean average time from call to catheter insertion for angiography.
CLN17	Avg Time from call to hospital	int	SSNAP - Avg Time from call to hospital.
CLN15	Stroke %	percent	Proportion of adult patients with a pre-hospital impression of suspected stroke who received the appropriate best practice care bundle.
CLN12	Sepsis %	percent	Proportion of adult patients with a pre- hospital impression of suspected sepsis with a NEWS2 score of 7 and above who received the appropriate best practice care bundle
CLN09	STEMI %	percent	Proportion of patients with a pre-hospital clinical working impression of STEMI who received the appropriate best practice care bundle
CLN06	OHCAO Survival %	percent	Proportion of patients who survived to discharge or were alive in hospital after 30 days following an out of hospital cardiac arrest during which YAS continued or commenced resuscitation
CLN03	OHCAO ROSC %	percent	Proportion of patients who had return of spontaneous circulation upon hospital arrival following an out of hospital cardiac arrest during which YAS continued or commenced BLS/ALS

Glossary - Indicator Descriptions (Fleet and Estates)

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