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| <b>MEETING TITLE</b><br>Trust Board Meeting held in Public                                                                                                                          |                                                                                                                                                                                                                        | <b>MEETING DATE</b><br>27/07/2021 |                                     |
| <b>TITLE of PAPER</b>                                                                                                                                                               | Trust Executive Report & Integrated Performance Report (IPR)                                                                                                                                                           | <b>PAPER REF</b>                  | TB21.039                            |
| <b>KEY PRIORITIES</b>                                                                                                                                                               | All                                                                                                                                                                                                                    |                                   |                                     |
| <b>PURPOSE OF THE PAPER</b>                                                                                                                                                         | The purpose of the report is to provide an updated on the activities of the Trust Executive Group (TEG) and present the <a href="#">Integrated Performance Report</a> .                                                |                                   |                                     |
| <b>For Approval</b>                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                               | <b>For Assurance</b>              | <input checked="" type="checkbox"/> |
| <b>For Decision</b>                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                               | <b>Discussion/Information</b>     | <input checked="" type="checkbox"/> |
| <b>AUTHOR / LEAD</b>                                                                                                                                                                | Chief Executive                                                                                                                                                                                                        | <b>ACCOUNTABLE DIRECTOR</b>       | Chief Executive                     |
| <b>DISCUSSED AT / INFORMED BY:</b><br>Key performance indicators discussed at Trust Executive Group (TEG), Trust Management Group (TMG) and the Operational Delivery team meetings. |                                                                                                                                                                                                                        |                                   |                                     |
| <b>PREVIOUSLY AGREED AT:</b>                                                                                                                                                        | <b>Committee/Group:</b><br>N/A                                                                                                                                                                                         | <b>Date:</b>                      |                                     |
| <b>RECOMMENDATION(S)</b>                                                                                                                                                            | The Board is asked to: <ul style="list-style-type: none"> <li>• <b>Receive assurance</b> on the activities of the Executive Team.</li> <li>• <b>Receive</b> the Integrated Performance Report for June 2021</li> </ul> |                                   |                                     |
| <b>RISK ASSESSMENT</b>                                                                                                                                                              |                                                                                                                                                                                                                        | <b>Yes</b>                        | <b>No</b>                           |
| <b>Corporate Risk Register and/or Board Assurance Framework amended</b><br><i>If 'Yes' – expand in Section 4. / attached paper</i>                                                  |                                                                                                                                                                                                                        | <input type="checkbox"/>          | <input checked="" type="checkbox"/> |
| <b>Equality Impact Assessment</b><br><i>If 'Yes' – expand in Section 2. / attached paper</i>                                                                                        |                                                                                                                                                                                                                        | <input type="checkbox"/>          | <input checked="" type="checkbox"/> |
| <b>Resource Implications (Financial, Workforce, other - specify)</b><br><i>If 'Yes' – expand in Section 2. / attached paper</i>                                                     |                                                                                                                                                                                                                        | <input type="checkbox"/>          | <input checked="" type="checkbox"/> |
| <b>Legal implications/Regulatory requirements</b><br><i>If 'Yes' – expand in Section 2. / attached paper</i>                                                                        |                                                                                                                                                                                                                        | <input type="checkbox"/>          | <input checked="" type="checkbox"/> |
| <b>ASSURANCE/COMPLIANCE</b>                                                                                                                                                         |                                                                                                                                                                                                                        |                                   |                                     |
| <b>Care Quality Commission</b><br>Choose a DOMAIN(s)                                                                                                                                |                                                                                                                                                                                                                        | All                               |                                     |
| <b>NHSI Single Oversight Framework</b><br>Choose a THEME(s)                                                                                                                         |                                                                                                                                                                                                                        | 1. All                            |                                     |

## Chief Executive Report

### 1. PURPOSE/AIM

The purpose of the report is to provide an updated on the activities of the Trust Executive Group (TEG) and present the June 2021 Integrated Performance Report.

### 2. CHIEF EXECUTIVE'S SUMMARY / EXTERNAL UPDATE

#### 2.1 Pandemic and Service Pressures

At the time of writing this report, Official figures<sup>1</sup> show that daily coronavirus cases in the UK had risen above 30,000 for first time since January driven by the Delta variant and increases in social mobility (back to pre-pandemic levels). As at 19 July 2021 there had been a further 39,950 confirmed COVID-19 cases. Infection rates are particularly high across the North East, North West and Yorkshire, with the reproduction rate for the North East and Yorkshire of 1.2 to 1.6 (compared to an England average of 1.2 to 1.4).

Rate of hospitalisation are significantly below winter levels. Additionally, approximately 88% of all UK adults had received a first dose of a vaccine and nearly 36 million people, or 68% of all adults, had received a second.

Despite lower levels of hospitalisation due to COVID-19, during April, May and June 2021 the Trust experienced significantly increased demand for its accident and emergency service and NHS 111, with the easing of lockdown measures, infections amongst younger people and capacity pressures in other parts of the health and care system having a particular impact on services. In common with ambulance services nationally, the Trust is currently facing the same levels of patient demand that it would expect to see at the height of winter.

Higher patient demand is coinciding with an increase in staff sickness and isolation due to increasing rates of COVID-19 infection across the region, placing additional pressures on A&E and service delivery.

In response the Trust has launched a sickness absence taskforce better support the health & wellbeing of staff. Initial focus has been on the Trust's Emergency Operations Centres (EOC) and Integrated Urgent Care/NHS111 Contact Centres and increasing capacity with the Health and Wellbeing Team.

Due to current operational and staffing pressures the planned go-live for the Trust's new Unified Communications system in EOC has been postponed until September.

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<sup>1</sup> Gov Dashboards -

## 2.2 Additional Funding to Support Ambulance Performance

It was announced on 14 July that the ten ambulance trusts in England would each receive a share of £55 million to increase capacity to support service delivery and performance ahead of expected winter demand. The funding is specifically provided to fund areas such as recruitment of call handlers, front line crews and liaison officers to support the handover of patients between ambulances and hospitals.

Further details are available via NHS England's website: [NHS England » NHS investment boost to ambulance staff numbers ahead of winter](#)

## 2.2 Integrated Care Systems (ICS): Design Framework

The [design framework](#) was published in June 2021. The document establishes guidance, ambitions and next steps for transition to the new statutory ICS arrangement from April 2022. This follows on from a number of previous publications: *integrating care: next steps to building strong and effective integrated care system* and *Integration and innovation: working together to improve health and social care for all NHS Operational Planning and Contracting Guidance*.

The design framework sets out the proposed ICS structure (subject to legislation), with the principles of collaboration and flexibility. YAS is engaged with system partners and in a positive position to respond to the system need.

We continue to progress planning for the second half of 2021/22 with all three Yorkshire and Humber ICS's. This includes working with our system partners and Attain to develop a new integrated commissioning structure across the three Yorkshire and Humber ICS's aligned to the ICS guidance.

## 2.3 Trust Transformation Programme

A strategic review of the Trust's transformation programme is close to completion reflecting the emerging governance arrangements at ICS and place and capturing learning from the pandemic. The new approach is organised into a single Trust wide transformation programme with three inter-dependent work streams. The three workstreams are centred around (1) Patient Centred Services, (2) Agile Operations, and (3) Trust Operating Model, and will address stronger integration between the Trust's core three service lines internally and with the wider health and care system, progressing the Trust's Hub and Spoke operational estate model and opportunities for more remote working and realigning our operational and clinical leadership to the new system and place level partnership arrangements.

## 2.4 NHSX Visit

On the 8 and 9 July Matthew Gould, Chief Executive of NHSX, and Dave Turner, Chief Technology Officer for NHSX visited the Trust to review technology used within the ambulance service. During their visit they shadowed a paramedic crew from Leeds Ambulance Station and visited our Wakefield 999, IUC and PTS contact centres and saw a demonstration our electronic patient record (ePR) system and how it integrates with the Yorkshire and Humber Care Record.

## **2.5 Health Education England / Morrisons Transfer Apprenticeship Levy**

Bradford-based Morrisons has committed to transferring £2.1M of their unused levy monies to YAS. This will fund a large proportion of our workforce development apprenticeship programmes. This means the Trust will save the 5% co-investment contribution which is part of the Government scheme. In 2021/22 this is estimated at around £85K. The first Level 3 Ambulance Support Worker cohort funded by levy transfer started on 28 June 2021.

## **2.6 New Appointments to the Yorkshire Ambulance Service Board**

In June 2021, the Trust has welcomed a new Non-Executive Director (NED) and Associate Non-Executive Director (Development) to its Trust Board. Amanda Moat was appointed as Non-Executive Director. Amanda is an experienced senior manager in risk, compliance and quality, with particular expertise in the financial services and legal sectors. Amanda has advised on strategic matters including resourcing, diversification, product innovation, mergers and acquisitions, and change management.

Amanda joins us as our financially qualified Non-Executive Director, following John Nutton, who stood down in June 2021. We would like to formally thank John for his support and wish him the best of luck with future endeavours.

As part of the Trust Board's succession plans to improve diversity at senior level, a NExT programme development placement has been created for someone to learn first-hand about the challenges and opportunities associated with being a non-executive director in the NHS. Following a successful recruitment process Zafir Ali was successfully recruited in June 2021 to this post in a process aligned to that used by NHS Improvement to appoint non-executive directors.

Steve Page, our Executive Director of Quality, Governance and Performance Assurance and Deputy Chief Executive retired on 30 June 2021. Steve had been with the NHS for 37 years, 12 of those with YAS. In July Steve will be returning to YAS on a fixed term part-time basis to support elements of the Trust's transformation programme and freedom to speak up process. Clare Ashby, Deputy Director of Quality and Nursing, will be stepping in to cover his portfolio of quality, governance and performance assurance in the interim. We would like to thank Steve for his many years of service to YAS and the NHS and we wish him all the best in his retirement.

## **3. DIRECTORATE UPDATES (including key service risks)**

### **3.1 Operations Directorate**

#### **3.1.1 Overview**

The Accident & Emergency (A&E) Service has experienced a significantly challenging period since the last report.

As expected, since the easing of Covid-19 restrictions on Monday 17 May 2020 and the increasing community infection rates, the Trust has experienced significant increases in high acuity Category 1 and Category 2 calls.

We have also seen a reducing operational capacity due to increasing levels of absence (i.e., sickness and isolation), lower uptake of overtime and increased handover delays.

We continue to maintain a Covid-19 safe environment within our contact centres and stations. Staff continue to respond to all cases in Personal Protective Equipment (PPE).

Overall, we are currently seeing significant increasing high acuity demand, lower levels of capacity to deal with this and, as mentioned in other sections of this report, a very tired workforce.

### 3.1.2 Capacity

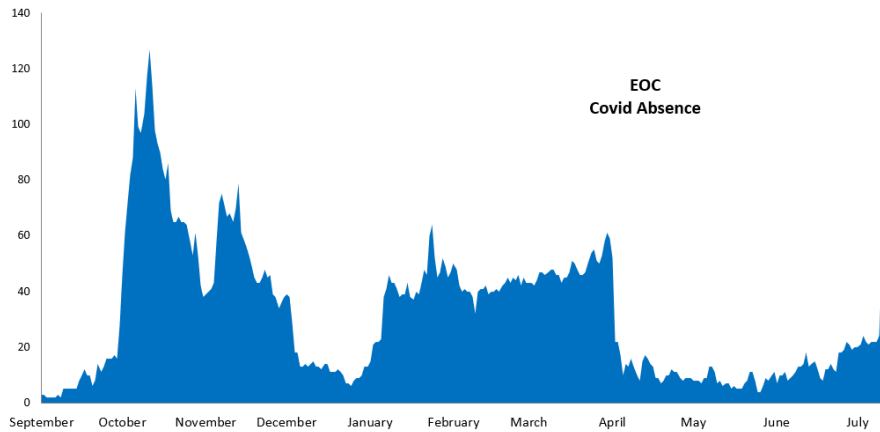
After a period of reducing Covid absence for front line 999 staff we have now seen another spike commencing from late June, this is in line with the increased community infection rates.

The number of operation A&E staff absent due to Covid (sickness and isolation) can be seen below:



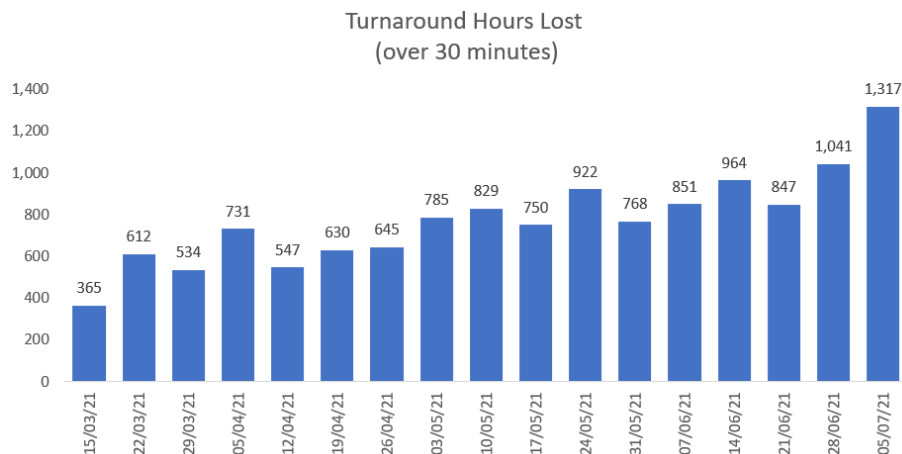
The same information for the Emergency Operations Centre (EOC) can be seen below.

As can be seen on the chart there has been a significant increase in absence towards the middle of July. A key driver of this has been the impact of the Test and Trace application on staff isolation. There is the similar picture in the 111 contact centre.



### 3.1.3 Handover

Turnaround delays across Yorkshire significantly increased during July. Issues have continued to be seen in South Yorkshire and Bassetlaw (SYB) where over half of the total hours lost have been. Doncaster Royal Infirmary and Northern General have been significantly challenging.



YAS continues to work closely with all challenged hospitals and is undertaking a Quality Improvement project alongside Mid Yorkshire and Wakefield CCG.

### 3.1.4 Demand

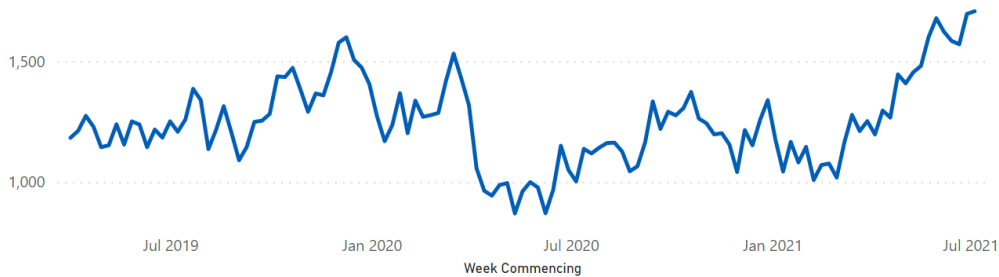
After a period of demand being lower than last year, as expected this has now significantly changed. For 2021/22 incident demand is currently 12% higher than the same period last year.

The chart below shows the overall increase in demand for incidents (not calls) and includes those calls that were dealt with through hear and treat, referred on scene to an alternative to travel and those conveyed to hospital.



Above: All 999 incidents

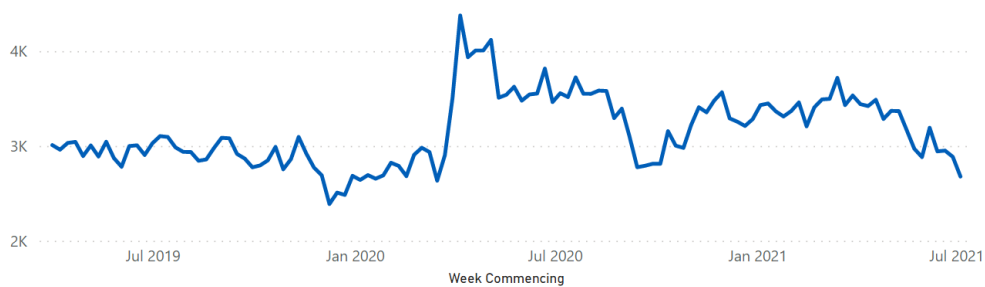
Within the 12% increase there has been a significant shift from lower acuity incidents (Category 3) to higher acuity (Category 1 and 2). The graphs below show the changes in Category 1 and Category 2 over the last 2 years. This shift creates less flexibility in how we respond and therefore impacts directly on speed of response creating longer waits.



Above: Category 1 calls per week



Above: Category 2 calls per week



Above: Category 3 calls per week

There is a significant concern around the impact of 'return to normality' from the 19 July based upon the experience of previous relaxations. We expect increased demand, increased absence due to Covid-19, increased turnaround delays and more difficulty for crews accessing primary care support.

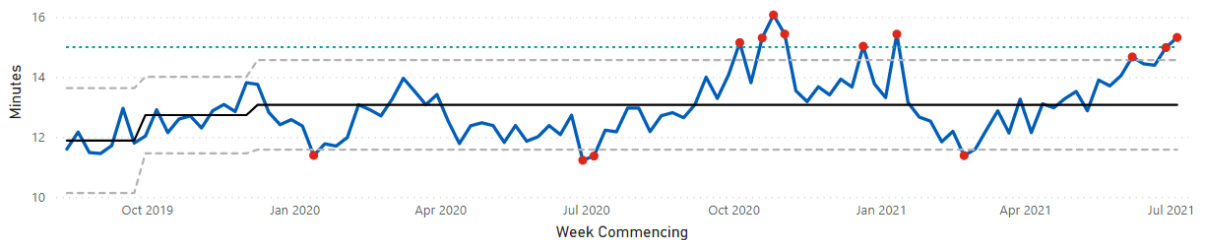
### 3.1.5 Performance

The impact of the Covid-19 absence (especially for EOC) together with increasing levels of non-Covid-19 sickness (due to increased stress and mental health challenges) has significantly reduced our capacity to deal effectively with demand.

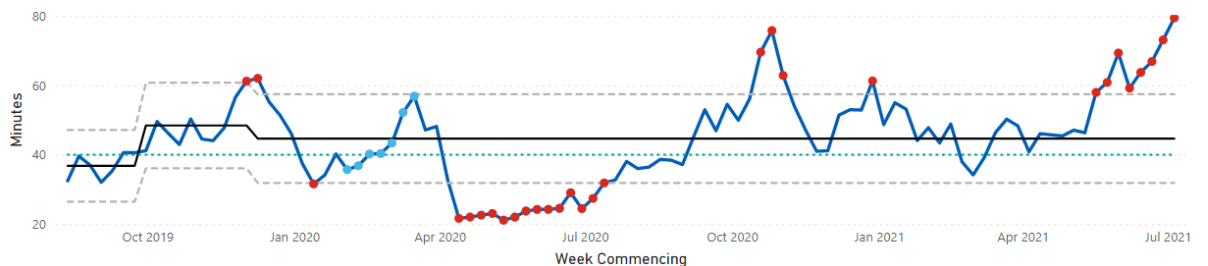
As a consequence, performance against the Ambulance Response Programme (ARP) standards has been poor. Currently YAS is not achieving any of the standards for 2021/22.

Of concern is the Category 1 and Category 2 90<sup>th</sup> percentile. These are a good measure of safety and excess of 2 x the standard is a concern. YAS performance against this is usually very good indicating a safe service provision.

However, we are currently experiencing a Category 2 90<sup>th</sup> percentile of 81 minutes for the month of July to date. This pressure is also being experienced across all UK ambulance services.



Above: Category 1 '90th percentile'

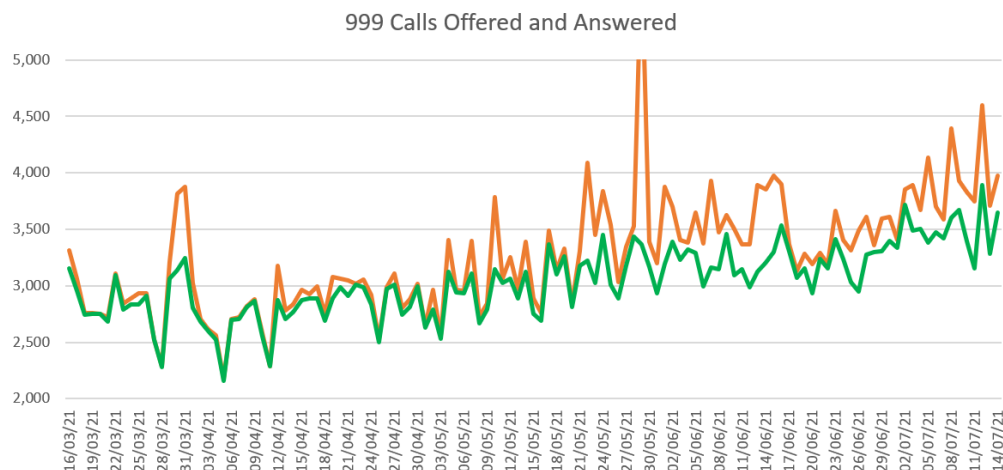


Above: Category 2 '90th percentile'



### 3.1.6 Emergency Operations Centre (EOC)

The EOC is under significant pressure after a month on month increase in 999 calls to YAS. The chart below shows the number of calls offered and those that were answered. The aim is for no abandoned calls. However, as can be seen there is a visible gap over recent weeks. This is caused by delays in answering the call resulting in a second call being made.



Even though the capacity of call taking has been reducing due to sickness and isolation the number of calls actually answered has increased. This is putting tremendous pressure on our call takers resulting in higher sickness. Our objective is to quickly get into a situation where our capacity meets the demand. We have a training plan to help us achieve this.

### 3.1.7 Team Based Working

Team Based Working is now progressing well. Expressions of interest into the new roles is currently underway with interviews for the Area Operations Managers role commencing in mid-July.

We are expecting the new Team Leader induction training to commence in October.

### 3.1.8 Yorkshire Air Ambulance Clinical Model Review

In late 2020 we discussed with the Yorkshire Air Ambulance (YAA) Charity the opportunity to undertake a full review of the clinical operating model of the YAA. The service has been in operation for over 20 years so it was felt this would be a good time to undertake the review.

As reported previously we were able to secure the services of Mr Alastair Wilson OBE who is a retired A&E Consultant who has vast experience of Helicopter Emergency Medical Services (HEMS).

Alastair has completed his report which was shared at the YAS/YAA Partnership Board on the 13 July 2021. Both organisations are now considering its recommendations for the future.

### 3.1.9 Key Operational Risks

Some of the key risks A&E operations face during the next few months include:

- The inability to increase our operational and EOC capacity at pace.

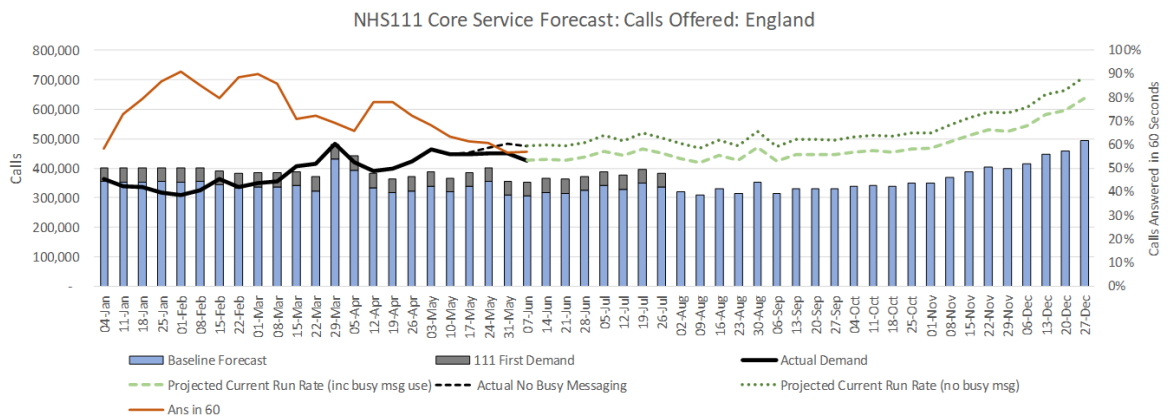
- The potential impact of the easing of lockdown measures on demand and infection rates.
- Welfare of our tired workforce who are under significant pressures.

### 3.2 Urgent Care and Integration Directorate

#### 3.2.1 Integrated Urgent Care (IUC)

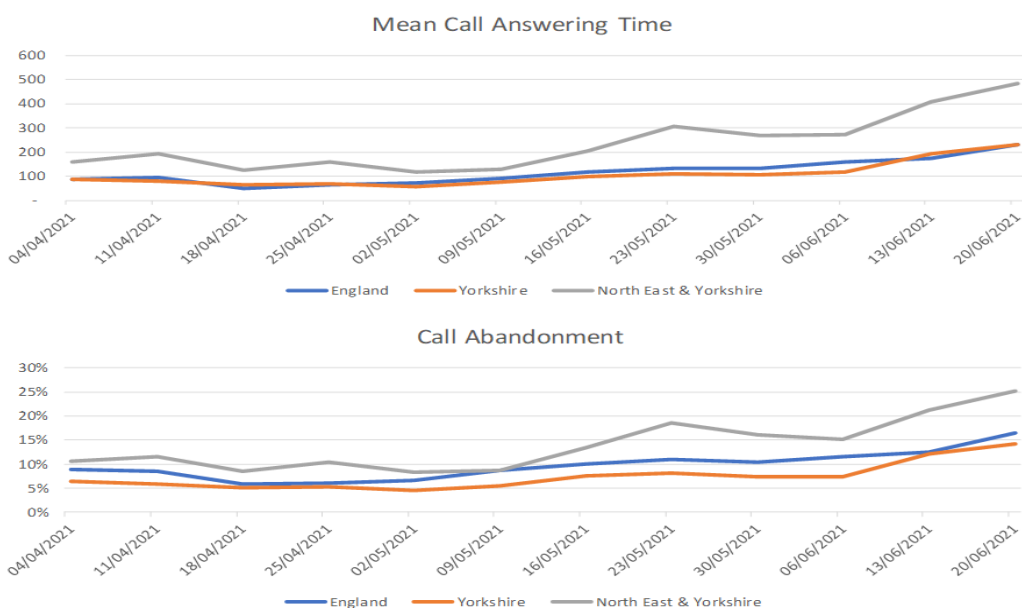
The first quarter for 2021 in IUC has been very challenging, not only locally but for all national providers too. Demand has risen and capacity has reduced meaning that the delivery of performance has been compromised significantly.

Graph one below shows the position nationally by NHSE where the actual demand delivered to providers is currently 25% above baseline, plus 111 first. If 111 first funding is removed from August, then NHSE at this point is projecting that demand is likely to be between 40% and 50% above baseline levels.



Graph one: NHS England slide June 2021

Whilst this is a challenging time Graphs two and three (below) identify that YAS is still managing to perform generally above the national average; although this is becoming more challenging in July. Demand in July is running at 18% above planned offered in business plan.



Graph two and graph three: NHS England benchmarking on call answer and abandonment

### Increasing Capacity

The main focus for the IUC team is to increase capacity following the approval by the Trust Board in Private to increase to 366fte Health Advisors.

In order to boost the capacity in the short term, 20 service advisors are being sought from agency for courses on 26 July and 2 August 2021.

Health advisor recruitment has been expanded to increase the number of intakes and training courses to accommodate the requirement for more staff.

Key aspects of this are:

- 68 health advisors commenced training between 7 June – 5 July 2021
- circa 30 health advisors being sought for training between 19 July – 23 August 2021
- circa 80 health advisors being sought for training in Autumn.
- 190 applications passed assessment and interviews are being held in July to support for the autumn pipeline.

From a clinical perspective, recruitment continues. Work is also underway to seek for support from NHS England for meeting the dental demand, local CAS services online clinical demand and additional subcontract support for ED validations.

Financial incentives were agreed by the Trust in July 2021 for a five-week period. Additionally, existing part time staff and team leaders have been offered full time rota options for a fixed period.

### System challenge

There is a recognition that the current challenges are being seen across IUC, YAS and the wider system. IUC and YAS have and will continue to engage and escalate at local commissioner level, at regional level - through the Integrated Commissioning Forum, and nationally to NHSE. A number of issues have been escalated for support to NHSE specifically in relation to the agenda for change Band 4 Senior Health Advisor role and GP's Protected Learning time.

### Key Risks

With the ongoing pressures within IUC and all YAS frontline services the main risks are associated with staff health & wellbeing. The pace and success of recruitment and interventions for staff wellbeing are critical. In addition, the change to social distancing due to take place from 19 July 2021, will likely further impact the demand on IUC, as well as capacity should staff absence rates increase again.

We will continue to work closely with NHSE to understand these changes and how they will impact on the forecast for the remainder of the year, in particular winter.

### 3.2.2 Patient Transport Service (PTS)

#### Demand

PTS demand continues to be closely monitored. April-June 2021 showed a consistent increase on PTS Business as Usual (BAU) in journeys for outpatients from 76% to 84%, discharges 114% to 116% and an overall total of 81% to 87%. Increased on-day discharges from acute providers are 48% higher on weekdays than pre-Covid and 88% higher at weekends than pre Covid in 2019/20.

PTS has undertaken over 21,825 patient journeys for people either Covid positive or with suspected Covid since March 2020. 1,000 care home patients per week require PTS staff evidence of Covid status.

The numbers of Covid positive and suspect journeys were at 147 per week at the start of April, they steadily decreased to 59 journeys per week mid-May and are now steadily increasing with 147 in the first week of July.

#### Performance

Performance and quality standards for patient journeys remained at higher levels than prior to the pandemic for people requiring renal dialysis, there has been a small improvement this quarter in on-day performance.

Telephone booking performance has deteriorated over recent months having been impacted by changes required during the pandemic. Performance levels have been below target since June 2020 due to a combination of reduced capacity due to; shielding, isolation and sickness, together with increased handling time as a result of additional questions around Covid status and masks. Demand increased significantly from March onwards resulting in a steep decline in performance, especially during June where calls were above forecast. Additional capacity was approved by the Trust Executive Group with a subsequent improvement in performance by the beginning of July.

The current proportion of PTS resource type for journeys is 42% transported by YAS resource, and 58% by alternate resources (VCS/Private/Taxi). This demonstrates the flexibility of the service model to ensure the service is resilient. Since October 2020 a total of 125 new volunteer car drivers have been recruited, assessed and trained.

PTS control room and reservations staff remain very agile during the pandemic and 61 control room and booking staff continue to work from home. This further minimises the “on-site” staffing requirement, and transmission risks within YAS headquarters and footprint. It also provides an excellent PTS business continuity position, whilst also providing additional footprint for PTS staff who must be on site and other service lines to improve distancing between HQ based employees.

#### Infection Prevention and Control

YAS continues to move people in single patient journeys only.

Patients exempt from wearing masks (or refusing to wear one) are having a continued impact on performance. Patients not wearing masks must be

allocated to a PTS ambulance as they cannot currently be conveyed in a car (taxi or volunteer), regardless of their mobility needs. This cohort of patients has been steadily increasing, accounting for around 5% of all journeys.

Additional new activity continues in relation to taking patients for pre-operative Covid screening and will continue to do so until guidance changes. Whilst the numbers are relatively small (approximately 250 per month), these are time consuming wait and return journeys, averaging 67 minutes.

The Trust Executive Group has approved a pilot to safely cohort patients in line with National infection prevention and control guidance, PTS guidance and with additional mitigating measures in mid-July. The assumptions are to improve efficiency and move from 1 (single patient journeys) to 1.2 by October 2021 and 1.4 by February 2022.

#### NHSE/I PTS Guidance

Updated national guidance was published in September 2020 and is in place to ensure patients are moved safely. A stronger national PTS providers network is emerging under the leadership of YAS to enable regular updates and sharing of practice.

It has been proposed to the NHSE Ambulance Improvement Lead that the guidance 'COVID-19 patient transport services: requirements and funding' is withdrawn as it is now out of date. The YAS leadership team continue to liaise with NHSE in seeking that commissioning authorities work with PTS providers to ensure demand is managed within the funding envelopes and that PTS services be prioritised to support system flow and those most vulnerable.

The National PTS Review held in 2020/21 is expected to publish a final report in quarter two. It is anticipated a national implementation team will then support delivery of recommendations.

#### Regional Developments (ICS & Trust-level).

Escalation and system engagement continue. Modelling of future activity and resource requirements for outpatient and discharge demand continues with system collaboration. YAS continue to use the eligibility criteria to assess those most in need and is also engaging with commissioners regarding funding for new activity.

ICS Level PTS reviews are underway in West and South Yorkshire, and Humber Coast and Vale. The Integrated Commissioning Forum is seeking and supporting opportunities for regional alignment and consistency.

Regional engagement continues to consider increased PTS funding to maintain additional alternative resource capacity in the second half of the year and 2022/23. Modelling and assumptions have been presented to the regional planning forum.

### **3.3 Clinical Directorate**

- 3.3.1 Clinicians within the Clinical Directorate are now supporting both IUC and 999 operations due to the worsening demand pressures seen across the whole health system. This will have an impact on their ability to undertake clinical incident investigation and support clinician development and is associated with a decrease in assurance regarding patient safety, including the capacity to assist with the review of the increasing numbers of long waits for ambulance attendance.
- 3.3.2 The Clinical Pathways Team have been concentrating on finalising a comprehensive Alternative Falls Response across the region. Between January and May 2021, a total of 97 fallers were attended to utilising these pathways following remote clinical assessment by clinicians in EOC. Of these only five subsequently required conveyance to hospital following a face-to-face attendance by an Alternative Falls Response. Discussions are ongoing with Barnsley, Rotherham, and the East Riding to complete this alternative response capability across the whole of the YAS footprint.
- 3.3.3 Despite the constraints of the pandemic Continuing Professional Development sessions have continued to be hosted remotely. These have included acute stroke (reinforcing the "10-10-10" principle for time-sensitive presentations), effective use of Same Day Emergency Care referrals, and accessing resources to assist with the management of patients in mental health crisis. In addition, overtime shifts in the Leeds Virtual Frailty Ward have continued to be offered, and 60 staff have taken up the offer to date. The offer is to be extended to EOC and IUC clinicians to promote further joint working.
- 3.3.4 A system-wide working group, involving representatives from the ICSs and multiple directorates in YAS, has been established to develop and embed the NHSE-sponsored Urgent Care Response. This development aims to provide a consistent community-based response to patient with urgent care needs within two hours of referral.
- 3.3.5 Jacqui Crossley, Head of Clinical Effectiveness and Governance, retires from YAS this month having been with the Trust since its inception in 2006, formally working for Tees, East and North Yorkshire Ambulance Service (TENYAS). Jacqui has been instrumental in the development of the clinical audit and health records function in YAS, most recently being central to the development of the in-house electronic patient record (ePR) and the Trust's involvement in the development of the Ambulance Data Set (ADS) to permit meaningful clinical data linkage across systems. She has been the Trust's ambassador at the regional clinical networks, ensuring that the development of cardiac and stroke pathways for immediately life-threatening conditions are safe and effective. Jacqui is returning part-time for a short period to complete the Trust's involvement in some of the developmental activities.
- 3.3.6 The YAS Research Strategy 2021-2024 has been approved, by the Trust Management Group, which sets out the next phase of the development of the Academic Research Unit (ARU). In recognition of the exceptional contribution to research in the last year, the Clinical Research Network has awarded YAS funding to further develop strategic and delivery posts in the ARU in-

year. Demonstration of research activity and portfolio growth will ensure these posts are funded into future years.

- 3.3.7 Whilst continuing to support the Urgent Public Health Research agenda by contributing to the delivery of two Covid-19 vaccine studies in the region, a new study has been opened exploring staff retention "Should I stay or should I go: NHS staff retention in a post Covid-19 world", and a second round of the UpLiFT study has been opened to recruitment of staff exploring interventions to reduce occupational burnout levels. YAS continues to be involved in studies exploring the effectiveness of pre-alerts, and major trauma triage tools.
- 3.3.8 The research team worked with the University of Sheffield to complete an evidence review titled: Role of the ambulance sector in the delivery of public health / preventative interventions and the impact of this activity on population health outcomes and ambulance sector outcomes. The report was presented at the Ambulance Leadership Forum which has supported the Public Health England Lead AHP to have helpful conversations about public health approaches in the ambulance sector.

### **3.4 Quality, Governance and Performance Assurance Directorate**

#### **3.4.1 Infection Prevention and Control**

The Infection Prevention and Control (IPC) team have continued to provide support for the Trust response as the next wave of the pandemic develops; including; review and implementation of updated national guidance, the management of internal test and trace processes and refresh of the of lateral flow testing, to cover the national provision. There have been no COVID-19 outbreaks or localised clusters of infection in Trust services for the last month. Work is underway to review healthcare guidance in line with changes in national guidance to ensure they are clear for our staff.

The risk assessments of COVID-19 safe working environments in Trust contact centres have been reviewed again locally, with EOC testing in fill in their Wakefield site to support mentorship of new staff. This will enable us to consider whether other contact areas are able to adopt fill in to support their staff with mentorship. IPC audit and review of impact on staff case rate is on-going.

#### **3.4.2 Body Worn Video**

The Trust has procured body worn video camera equipment to support the pilot project and evaluation which is being taken forward under the umbrella of the national ambulance service project led by NHSE. Implementation is planned over two phases, with a short pause in between to review and apply learning and good practice from phase one.

Phase one sites are Middlewood, Sutton Fields, Bradford, Wakefield and York. Equipment has been installed at all five sites, implementation sessions have been held and staff training has commenced. Cameras have gone live at Middelwood and Sutton Fields, and provisional go-live dates during July have been agreed at the other three sites (subject to operational pressures). To

date, recording of incidents has been activated on a very small number of occasions.

Phase two is scheduled to commence during September. However, two of the identified phase two stations (Leeds and Harrogate) have indicated an appetite to go-live sooner, and the project team is minded to accommodate this (subject to operational pressures).

NHSE has offered the Trust an additional one-off sum of £365k in 2021/22 for the body worn camera project. The working proposal is to use this funding to extend the timescale, capacity and coverage of the pilot, with three main areas of investment as follows:

- (1) extend the licensing of existing cameras and software by 12 months, to March 2023,
- (2) recruit to a fixed-term role to give the project dedicated delivery capacity (freeing-up programme management office (PMO) resource to focus on Transformation projects), and
- (3) purchase additional cameras, equipment and licensing to extend the pilot to further cohort of stations (a phase three).

#### 3.4.3 Service Transformation

An updated model for programme/project delivery and assurance has also been agreed and a strengthened PMO role, which will support an increased focus on benefits realisation in line with strategic outcomes. Terms of Reference for governance and delivery oversight bodies within the new transformation structure have been drafted and are supported by the Trust Executive Group.

New leadership and delivery roles have been established to support the transformation programme. These include SROs for each of the three workstreams, and a number of programme and project management roles aligned to key work and managed via the PMO.

Existing transformation boards have continued to operate, and the transition from that structure to the new transformation arrangements is expected to take place during the next few months.

#### 3.5.4 Health and Safety

The new SME for Moving and Handling took up their role on the 1 July 2021 and has begun to orientate themselves around the moving and handling requirements of the Trust. This has involved to date a review of the SME Moving and Handling recommendations, gaining visibility of key internal stakeholders, and attending relevant meetings to contextualise the requirements of the Trust.

Recent communication from HSE around exhaust fumes in garages and deep cleaning of vehicles has resulted in a review of the Trusts management of vehicles in garages. The HSE made contact in June regarding two issues raised with them. Meetings were held with relevant managers and action plans put in place. Both action plans have been communicated to the HSE.



### 3.5.5 Safeguarding

The Paediatric Liaison / Child Frequent Caller work is now embedded as a substantive role within the Safeguarding Team. A Specialist Community Public Health Nurse has been appointed and starts work 10 August 2021. Once the new practitioner is settled in role the work will be reviewed to focus on specific vulnerabilities and risky presentations, rather than a system just based on multiple calls to an address. This proactive, early intervention approach is the first of its kind in a UK Ambulance Service.

Prompt multi-agency liaison and information sharing will support better outcomes for children and young people, directing care back into planned primary and secondary services where possible and reducing demand on unplanned care in both 999 and 111.

## 3.5 **People & Organisational Development Directorate**

The People and OD Directorate are progressing activities aligned to the strategic aims of the Trust's People Strategy and key activities undertaken in the recent period are set out below:

### 3.5.1 Organisational Development

The programme refresh, and pilot for Leadership in Action is complete. Cohorts commence early July to enable the remaining leaders to complete this leadership training.

The Accelerated Development Programme for Future Leaders, (those with no previous experience of leading others) commenced early July with the first cohort, and the Accelerated Development Programme for Developing Leaders (those who have had some experience of leading others), commences October 2021.

The pilot Reverse Mentoring programme for BAME colleagues is live with four BAME colleagues mentoring four executive/non-executive colleagues. Following a full evaluation in December, the intention is to widen participation across the Diversity and Inclusion agenda.

### 3.5.2 Health and Wellbeing

The Trust's absence rates remain at a high level (May IPR 7.3%). The main impact being seen in call centres as well as front line services. Although Covid absence has reduced, non-Covid absence is steadily increasing. The number of staff with long-covid continues to increase and rehabilitation arrangements are being sought to support these staff.

A sickness absence taskforce approach has been launched to sustainably reduce absence. Initial work in partnership with our trade unions has commenced to investigate the 'why' through quantitative and qualitative intelligence, before determining actions required.

A successful staff COVID vaccination program ran January - May 2021, offering both covid vaccinations across the region. Although, some staff chose to have a vaccination with their GP or other vaccination centres, 84% of staff were

vaccinated. Specific engagement took place with BAME staff to increase uptake in vaccinations for this group.

Planning for the autumn flu vaccination programme and a covid booster vaccination has begun with a Vaccination Task Force.

A new mental health support service was launched in April 2021 which will see the development of a Peer Support Network and a Trauma Risk Management approach. Recruitment of volunteers amongst staff for these initiatives is ongoing and will be followed by training and ongoing supervision.

### 3.5.3 Recruitment

Significant recruitment is ongoing for Emergency Care Assistants (110 new starters) and 95 Health Advisors have either commenced or proceeding through pre-employment checks.

The Trust has completed seven workshops with the desired outcome from the NHS People Plan priority of overhauling our recruitment and selection processes to ensure they are inclusive. The action plan has significant engagement from stakeholders and implementation is progressing well.

### 3.5.4 Diversity and Inclusion

Our work with Stonewall to work towards their Diversity Champions programme as part of the Trust's ambition to become an LGBT+ Friendly workplace is progressing well.

Staff Networks launched their joint model for Allyship across the Trust at the Chief Executive's team brief in June 2021. The launch included an animation as well as personal accounts from Staff Networks members about what it means to be an Ally and how colleagues can support with this initiative.

A new Terms of Reference for Staff Network members, supporting time for abstraction, was approved at Trust Management Group in May 2021.

Further staff engagement sessions with the EDI Board Lead are being held in July 2021 with members of our staff networks.

### 3.5.5 Employee Relations

The Employee Relations team has issued an absence management guide, specifically to support managers with staff experiencing the increased range of Health, Wellbeing and absence issues highlighted through the COVID pandemic i.e., staff with 'long COVID'.

### 3.5.6 Education and Learning

The Trust's first cohort of the Level 4 Associate Ambulance Practitioner apprentices (19) successfully passed their End Point Assessment, with 21% achieving a distinction. They are eligible to immediately progress to the Paramedic Apprenticeship starting in September.

A series of monthly bite-sized live online learning CPD sessions to support Commanders in their roles has been successfully implemented, attracting good attendance rates and strong positive feedback.

Clinical Refreshers recommenced in May with 16 courses delivered to date across 3 sites with 88% occupancy.

### **3.7 Finance Directorate**

#### **3.7.1 Estates, Fleet & Facilities**

##### Environmental & Sustainability

There is a focus on Electrical Vehicle Infrastructure particularly in relation to Ambulance fleet. Electric vehicles that may be suitable for our long term needs are being brought to market; we are working with NHSE/I and with Association of Ambulance Chief Executives to develop a standardised approach for the future, and to align capital funding to support this approach.

##### Medical Devices

The Trusts programme of Lifepak15 to Corpuls conversions is 99% complete. This provides the Trust with a single device across all the ambulance fleet. This, together with the continued roll out of Stryker stretcher, will also see us with an across-the-board solution by the end of the year, reducing variation and operational issues.

##### Fleet

Although supply chain issues due to the EU exit have led to delays we are now pleased to report that following significant investment 29 Double Crew Ambulances and 126 PTS vehicles have been delivered, most are now in use with a number undergoing final checks before implementation.

#### **3.7.2 Estates**

The Final elements of the Bradford roof replacement and solar panel installation will be complete by the end of July, following this we will continue the internal refurbishment in line with the Trust's Hub specification.

##### Electric Vehicle (EV) Charging

The first two trial sites for EV charging at Bradford and Northallerton are nearing completion and will come into operation in August following agreement of the operating policy and mechanisms to facilitate payment by staff and suppliers for charging their own vehicles.

##### Repairs & Maintenance

Statutory compliance remains at high levels across the Trust. In June we undertook the planned power outage test at Springhill to test all backup systems. This was successful and provided a number of key learning points in the case of an unplanned power outage. Similar tests at the contact centre sites at Callflex (Rotherham) and Fairfields (York) will now be planned to provide assurance regarding our infrastructure resilience.

### 3.7.3 Procurement

#### Personal Protective Equipment (PPE)

There are no immediate challenges in relation to critical PPE supplies within the Trust. In all cases the Trust holds a minimum of 14 days stock in line with national requirements. The national Inventory Management System - 'Foundry' continues to work effectively and is demonstrating its agility when the Trust sees spikes or reductions in usage rates. NHSEI has also confirmed the extension of centrally funded COVID related PPE from June 2021 to March 2022.

As of 5th July, the Trust will no longer provide Lateral Flow Devices (LFDs) to staff, NHS staff will instead request them individually.

#### On-going Key Procurements

The Airtime Mobile tender has been awarded, we have entered into a 3-year contract which will require robust management and intend to continue working closely with ICT.

The A&E Provision framework is fully operational and 9 of the 11 suppliers on the framework are being utilised in providing additional support to Ops.

Works for Bradford Ambulance Station have been approved and we are formulating the framework call off documents. Work is also ongoing with the Common CAD Project and discussions are taking place with other ambulance services interested in the procurement.

#### Warehouse Facility

We are now fully operational in the interim warehouse in Wakefield. We have been able to relocate stock from all our other temporary sites (Bentley Ambulance Station, Thirsk, Castleford and Sherburn). NHS Supply Chain continue to deliver direct to us at the warehouse and to Bridlington Station which we utilise as a base for the East region. The warehouse continues to enable the effective storage and distribution of additional pandemic PPE, Brexit contingency stock of critical supply and additional winter pressure stock. This facility has allowed us to work in a leaner more agile way and has resulted in a reduction of stock held and travel.

### 3.7.4 Finance

The Trust continues to face a challenging and uncertain year both operationally and financially. Overall, the Trust is planning to meet the ICS requirement to break even in H1 (months 1-6). Risks to this position are being monitored and reported internally and externally.

The ongoing COVID pandemic delayed the national guidance and timetable for business planning across the NHS, this will now be split into an H1 and H2 planning cycle. The Trust will continue to work with West Yorkshire and Harrogate ICS to produce organisational and ICS level plans for H2 2021/22. There is an expectation that there will be significant waste reduction in H2 2021/22, and this will be reflected in resource envelopes.

Work is also ongoing to understand the recurrent and underlying financial position to deliver longer term sustainable and robust financial plans.

## **4. UPDATES ON KEY ACTIVITIES**

### **4.1 Chief Nursing Officer Silver Award**

Clare Ashby, Deputy Director of Quality and Nursing (now Interim Executive Director of Governance, Risk and Performance Assurance), and Iffa Settle, Head of Safety and Infection Prevention and Control (IP&C) Lead, were both recognised with a Chief Nursing Officer Silver Award. The award, presented virtually by Ruth May (Chief Nursing Officer for England), recognises major contributions to patients and the profession for nurses and midwives.

Clare and Iffa were nominated by Steve Page as the key leaders in quality and safety and the Trust's two qualified IP&C nurses. In 2018-19 they made the case and led work to champion a £500k development for replacement of FFP3 masks with respiratory protective hoods for frontline staff which, as you know, was great foresight and has fundamentally improved our ability to protect staff against respiratory infection risks including COVID-19.

Beyond the impressive delivery of their day jobs, they have provided excellent support during the challenges of the COVID-19 pandemic.

### **4.2 Yorkshire Choice Awards**

At the beginning of July, our Restart a Heart campaign won the Special Recognition Award at the prestigious Yorkshire Choice Awards, recognising the work our staff, volunteers and partners do to provide thousands of secondary school students across Yorkshire with training in CPR each year.

### **4.3 NHS Service of Commemoration**

YAS staff joined other NHS staff who were on the frontline in the battle against COVID-19 at a special service of commemoration and thanksgiving held at St Paul's Cathedral on Monday 5 July, the anniversary of the health service's foundation.

### **4.4 Armed Forces Day – Saturday 26 June**

To mark this year's Armed Forces Day we publicised our recent signing of the [Armed Forces Covenant](#) to show the Trust's support and commitment to working with and actively recruiting armed forces personnel, both regular and reservist personnel as well as veterans and members of military families.

The Defence Employer Recognition Scheme (ERS) encompasses bronze, silver and gold awards for employer organisations that pledge, demonstrate or advocate support to defence and the armed forces community, and align their values with the Armed Forces Covenant - we have started work towards achieving the Bronze accreditation.

## 5. RECOMMENDATIONS

5.1 The Board is asked to:

- **Receive assurance** on the activities of the Executive Team.
- **Receive** the Integrated Performance Report for March 2021.

## 6. APPENDICES

Integrated Performance Report for June 2021 - [LINK](#)





Business  
Intelligence

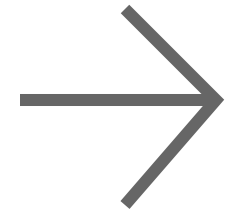
# Integrated Performance Report

June 2021

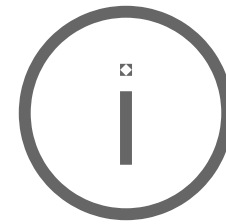
Published 25th July



## Key Buttons



This button will direct you to the relevant page when clicked.



This button will take you to a further drill down page or report. for example, monthly data or the indicator annex. They are usually found at the bottom of the page.

- Cover
- Contents
- Strategy and Priorities Overvi...
- Programme Dashboard
- Programme Dashboard
- 999 Performance Exceptions
- IUC and PTS Performance Ex...
- Support Services Exceptions
- YAS Workforce
- Patient Demand
- Patient Outcomes
- Patient Experience (Quality)
- Patient Safety (Quality)
- Patient Clinical Effectiveness
- Fleet and Estates
- Glossary

## Menu

The menu of the left hand side of the screen directs you to the relevant pages for all reports within the app. The IPR has a main report and an Annex.

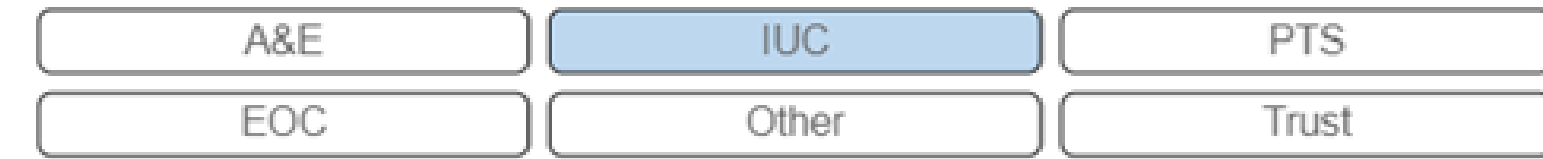
## Reset Filters

This button found top right of the app will reset all filters to the default.



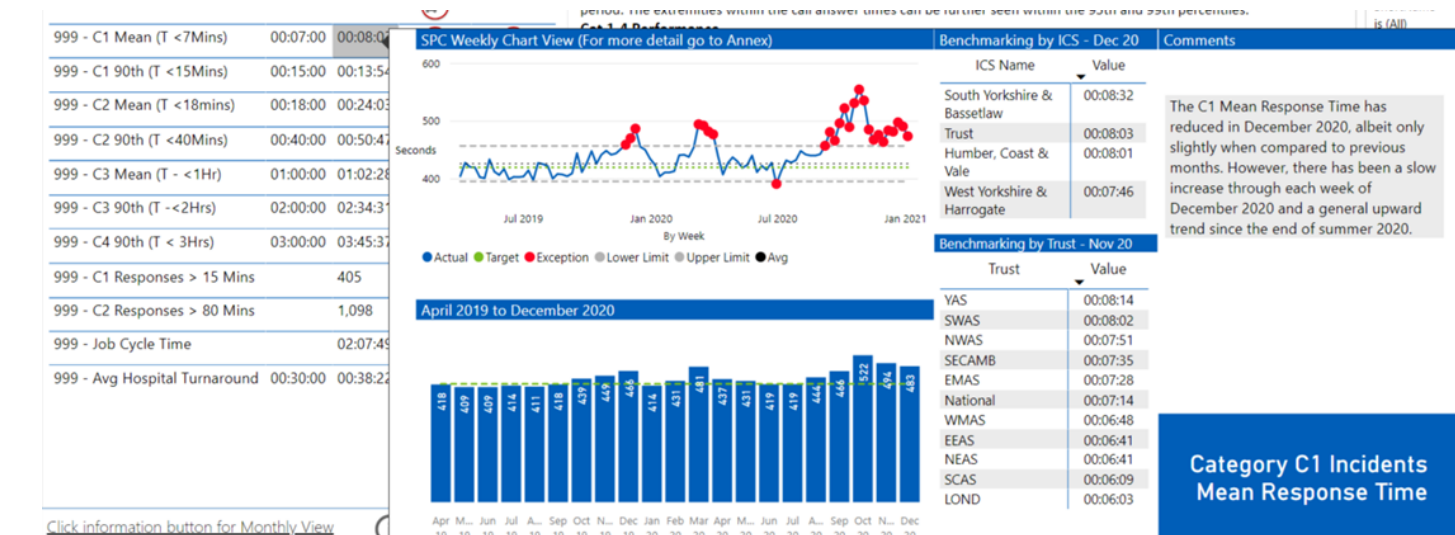
## Key Buttons

Some of the summary pages allow for further drill down against areas defined within the IPR. These are found at the top of the page



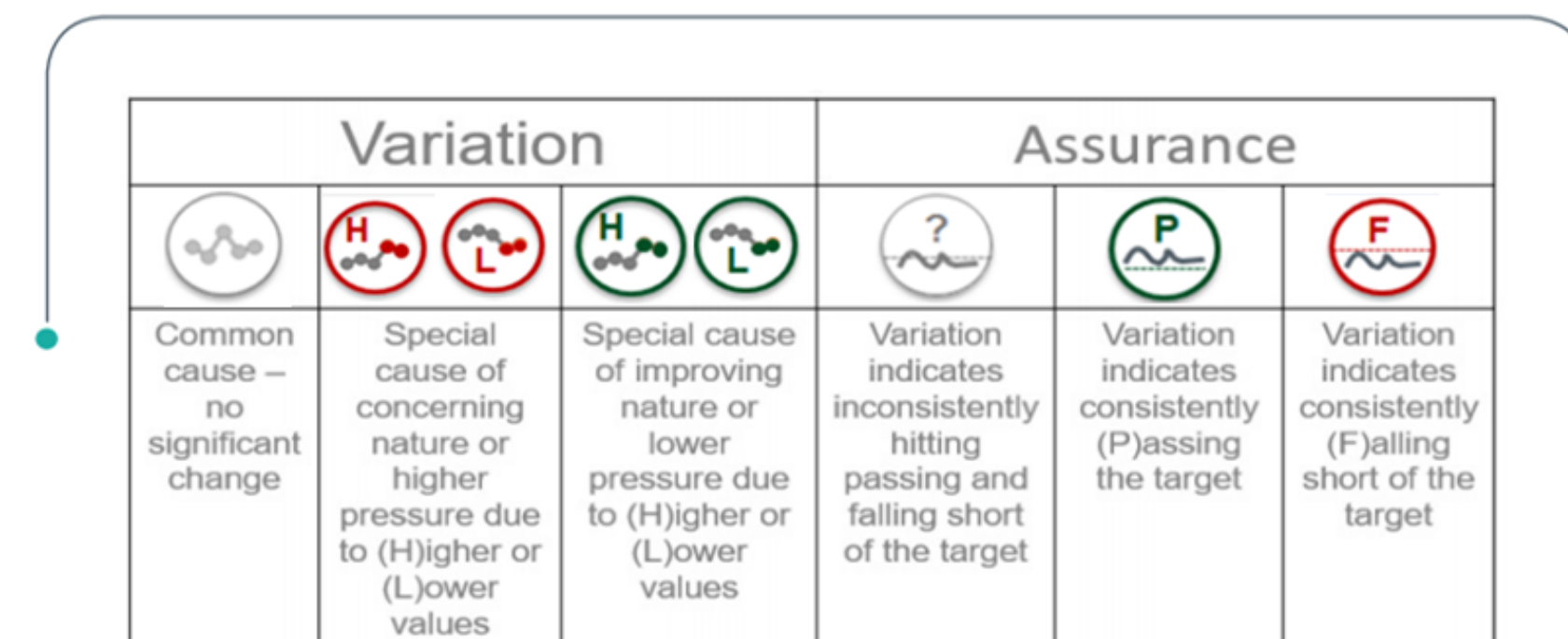
## Hover Over Visuals

All of the indicators in the Main IPR allow you to hover over them and see the potential drill down at a glance without having to go to the Annex. The IPR annex has a page for each report covering the main indicators. Just hover over an indicator without clicking to see the data.



## Exceptions, Variation and Assurance

As seen in the above visual. Statistical Control Charts (SPC) are used to define variation and targets to provide assurance. Variation that is deemed outside the defined lower and upper limit will be shown as a red dot. Where available variation is defined using weekly data and if its not available monthly charts have been used. Icons are used following best practice from NHS Digital and adapted to YAS. The definitions for these can be found below.





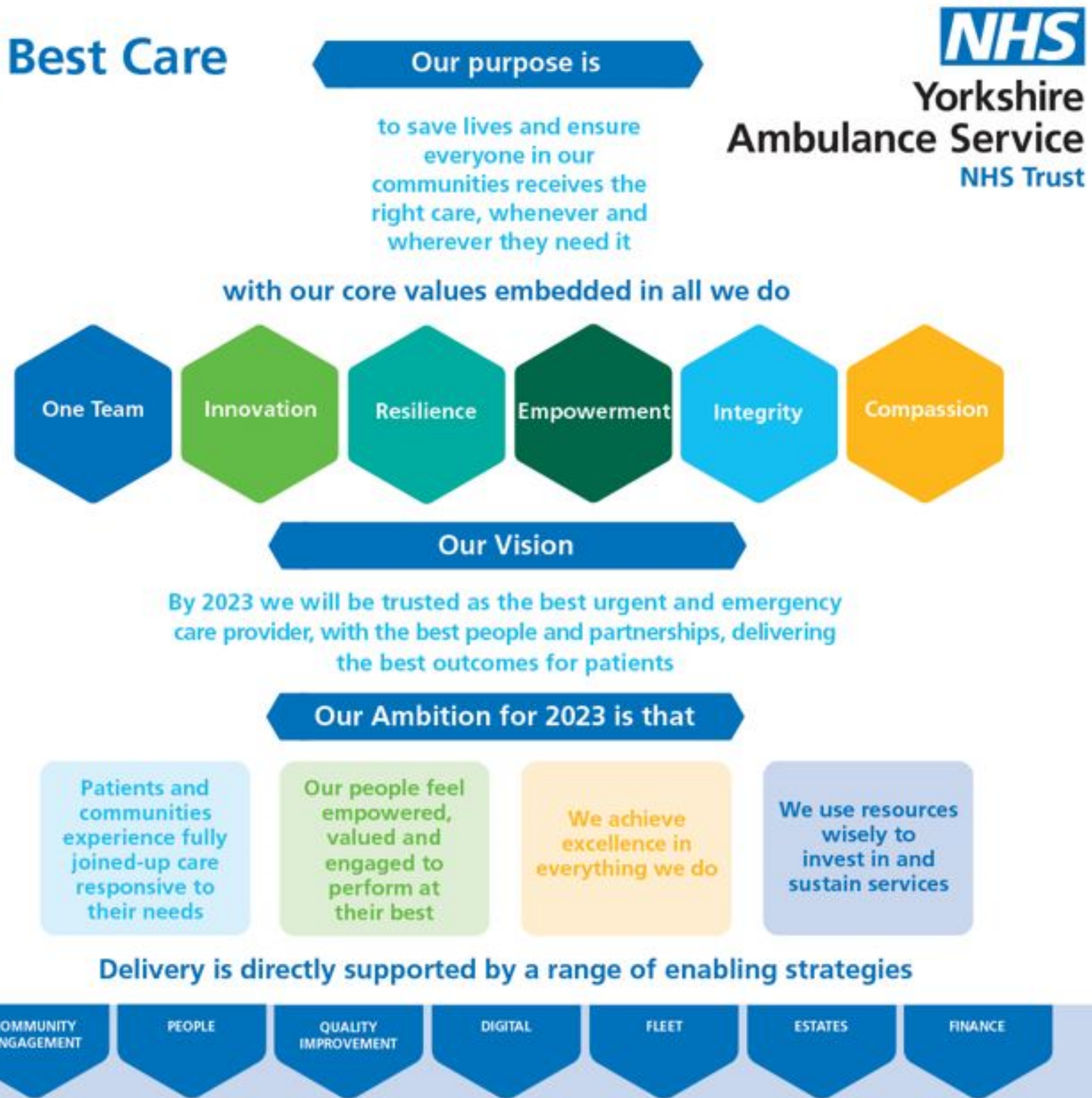
# Table of Contents

- Strategy and Priorities Overview
- Service Transformation & System Pressures
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- KPI Exceptions (999, IUC, PTS, Quality and Workforce)
- Workforce Summary
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- Patient Demand Summary
- Patient Experience (Quality)
- Patient Clinical Effectiveness



- Patient Outcomes Summary
- Patient Safety (Quality)
- Fleet and Estates

## 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

- 4th ICP Mutual Support Group – has taken place to discuss ongoing challenges with the ICS development framework.
- ICS has asked for place system-based scenarios about or challenges as a system partner.
- YAS held a meeting with NHSE to discuss some of the system pressures.
- Agreed NHS 111 not to support PLT for gp practices due to demand.
- ICS Governance meeting taken place to talk about some of the principles and behaviours around ways of working.
- Covid cases continue to raise, but deaths remain low.
- Significant system pressures throughout the system. It has been communicated that YAS is taking steps currently at REAP 4.
- Design and transition paper, slides presented to TEG to provide clarity.
- Ashley Moore presented a model at the ICS place-based working group, on neighbourhoods and the frameworks they need to benchmark themselves against.

## Humber Coast and Vale ICS

### ICS Updates:

- A surge in children's respiratory problems (RSV), especially under 5's is expected by August and may last till March 22. EDs already beginning to see rise in paediatric demand. 7 Day SDEC expansion continues.
- Clinical messaging tool – work is continuing to develop the pilot of the clinical messaging tool between the HCV local CAS and Scarborough Frailty SDEC. First meeting 30th June HCV NHS111 targeted communication continues - all EDs and UTCs.

### Developments at place:

- 2hr crisis response - the pathways for Pocklington and Whitby SPAs now live. Further developments being coordinated within 2 sub-systems to further develop future UCR services. Hull/ER holding stakeholder workshop 1 July to progress.
- Review and development of Frailty services across York and Scarborough taking place.
- Whitby UTC undergoing further development in order to comply with NHSE/I enhanced UTC profile.
- Critical path has been agreed between now and August. Planned go live for 111 bookings is 18 July.

### Humber:

- MH Response Vehicle pilot continues in Hull. Limited number of completed shifts in June due to increased pressure within A&E Ops, lack of overtime uptake from appropriately skilled staff. Ambition to develop a clinically led, responsive service by March 2022.
- SDUC at HRI and Frailty Response Line pathways continue to be successful with high numbers of referrals. SDUC extended its opening hours from Monday 14 June

## West Yorkshire ICS

- PBWG held 22 June 2021.
- WYH UEC Programme Board – Steven D attended for YAS. Two key topics for discussion:
  1. Rep required for in-hospital working group (which has key workstreams relating to Ambulance initiatives). Group agreed that SSDM for Wets will attend on behalf of Yas and all directorates and pull in subject matter experts where necessary to progress the work.
  2. System -wide demand and pressures – All partners inputted narrative on current status/ demand levels with a view to create solutions.

### Main updates:

- WYH UEC Programme Board, met on 15th June 2021. In-hospital working group gave an update with an outlined PID and requested reps from each organisation to be involved in workstream. SSDM for West will be rep for YAS. This workstream includes several key initiatives relevant to Ambulance service:
  - Ambulance handover delays and root causes affecting this. o SDEC pathways that support direct access without the need to use ED as an access point.
  - Integration between primary and SDEC pathways o Integration of 111 and 999 and SDEC pathways
  - Frailty Services o Sharing good practice that could support other services and avoid admission e.g., IV services etc. o Development of workforce models

### 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 Step up beds (concern over timeliness of response to meet patient needs and HCP or PTS booking line) Place Based Updates
- Calderdale & Huddersfield rapid workstreams: Due to an increase in urgent and emergency care presentations at ED, the Calderdale & Huddersfield Urgent and Emergency Care Board (formerly A&E delivery Board) developed a rapid action for two key priorities. Develop an urgent treatment centre/ hub offer at each ED. Accelerate Urgent Community response models (like that in Kirklees)
- A proposal for 2x co-located urgent care hubs has been agreed through the place based UEC board. Yas to remain a key partner throughout workstream and develop 999/111 pathways into urgent care hubs once initial pilot has been implemented/ workforce in place.
- Bradford, Airedale & Craven – Similar to above offer the Bradford & Craven teams are looking to develop an increased urgent care offer at their ED site.

## South Yorkshire and Bassetlaw ICS

### ICS Updates:

- Next UEC Programme Board, to be held on 7th of July, will take the form of a workshop which aims to:
  - Identify which of the 12 SYB UEC priorities need collaborative work at ICS level, and which should be delivered individually at place.
- Place Based Updates:
  - Bassetlaw have developed a list of UEC initiatives to support both the current demand as well as improve services longer term.
  - Barnsley's June Urgent & Emergency Care Delivery Board outlined the current pressures across the system with ED attendances of over 400 a day.
  - Doncaster A&E Delivery Board focussed on maximising uptake of alternative services as well as improving referrals from our crews to or timely call backs from GP.
  - Rotherham's A&E DB highlighted an increase in paediatric respiratory demand as well as adult mental health crisis.



# Programme Dashboard - June 21 (Hover over projects for more details)

## Infrastructure

| ProjectName                    | Overall | Budget/<br>Costs | Comms | Delivery | KPIs   | Resources | Risks & Issues |
|--------------------------------|---------|------------------|-------|----------|--------|-----------|----------------|
| Hub & Spoke and AVP            | Green   | Green            | Green | Green    | Green  | Green     | Green          |
| Logistics Hub                  | Green   | Green            | Green | Green    | Green  | Green     | Green          |
| P106 Epr Phase 3 (Development) | Yellow  | Yellow           | Green | Yellow   | Green  | Yellow    | Yellow         |
| P109 N365 Implementation       | Yellow  | Yellow           | Green | Red      | Yellow | Green     | Yellow         |
| P91 Unified Communications     | Red     | Green            | Green | Red      | N/A    | Green     | Red            |
| Prepacked POM Pouches          | Green   | Green            | Green | Green    | Green  | Green     | Green          |

Digital Enablers: Unified Comms remains RAG rated RED. Date for UC Migration phase 3 (EOC) now expected, September '21. N365 remains RAG rated AMBER. Proposed migration dates to be agreed at TMG (07.07.21): PULSE, 21.07.21 & I and H drive: 17.08.21. ePR Phase 4 is RAG rated AMBER due to delays against scheduled June delivery dates in a number of areas.

A&E Personal Issue SmartPhones RAG rated RED due to a delay in deploying devices across South Yorkshire. 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. Due to the dependency with Logistics Hub, Prepacked POM Pouches is included in this dashboard, rated as GREEN with no areas of concern.

## IUEC Programme

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

## Service Delivery and Integrated Workforce

| ProjectName                | Overall | Budget/<br>Costs | Comms | Delivery | KPIs  | Resources | Risks & Issues |
|----------------------------|---------|------------------|-------|----------|-------|-----------|----------------|
| Integrated Transport Pilot | Green   | Green            | Green | Green    | Green | Green     | Green          |
| Rotational Paramedics      | Yellow  | Yellow           | Green | Yellow   | Green | Yellow    | Yellow         |
| Team Based Working         | Red     | Yellow           | Green | Red      | Green | Yellow    | Red            |

Accountability Framework RAG rated as AMBER with all workstreams now LIVE apart from the business partner strand. Team Based Working is RAG RED to GREEN. Previous issues with Staff Side now resolved. Potential cost pressure remains due to funding for career pathway, Phase 2. Rotational Paramedics is RAG rated AMBER. Update paper outlining relationship between RP and SP/AP career pathway and risks to delivery will go to TEG on July 7th. EOC Business Continuity Improvements RAG rated GREEN. Scoping underway. PID to be developed.

# 999 IPR Key Exceptions - June 21



...

| Indicator                     | Target   | Actual   | Variance | Assurance |
|-------------------------------|----------|----------|----------|-----------|
| 999 - Answer Mean             |          | 00:00:45 |          |           |
| 999 - Answer 95th Percentile  |          | 00:03:34 |          |           |
| 999 - Answer 99th Percentile  |          | 00:06:07 |          |           |
| 999 - C1 Mean (T <7Mins)      | 00:07:00 | 00:08:31 |          |           |
| 999 - C1 90th (T <15Mins)     | 00:15:00 | 00:14:24 |          |           |
| 999 - C2 Mean (T <18mins)     | 00:18:00 | 00:30:04 |          |           |
| 999 - C2 90th (T <40Mins)     | 00:40:00 | 01:04:34 |          |           |
| 999 - C3 Mean (T - <1Hr)      | 01:00:00 | 01:31:31 |          |           |
| 999 - C3 90th (T - <2Hrs)     | 02:00:00 | 03:37:30 |          |           |
| 999 - C4 90th (T < 3Hrs)      | 03:00:00 | 05:36:12 |          |           |
| 999 - C1 Responses > 15 Mins  |          | 589      |          |           |
| 999 - C2 Responses > 80 Mins  |          | 2,234    |          |           |
| 999 - Job Cycle Time          |          | 01:38:39 |          |           |
| 999 - Avg Hospital Turnaround | 00:30:00 | 00:40:11 |          |           |

### Exceptions - Comments (Director Responsible - Nick Smith)

**Call Answer:** The Call Answer Mean increased in June to 45 seconds which is 31 seconds more than May and much higher than the same period last year where the mean answer time was 4 seconds. Call answer times peaked in week commencing 7th June where the mean call answer time was 1 minute and 12 seconds, the highest call answer time seen since the report began in April 2020. Call demand was above forecast for the month of June by 20.7%. The differing extremities within the call answer times can also be seen within the 95th and 99th percentiles.

**Cat 1-4 Performance:** All response performance times increased from those seen in the previous month with only C1 90th Percentile meeting the national target. A greater demand in more urgent categories coupled with high job cycle times and an increase in overall demand on the service continue to impact on resource availability and impact performance. Abstractions are higher than forecast for June with an increase of 2.8% from last month. Weekly staff hours have decreased compared to May by approximately 2720 hours per week, although this was offset with reduced conveyance rate and thus faster DCA job times, meaning availability improved by 0.2% from May. Compared to June 2020, abstractions are up by 6.1% and availability is down by 8.2%.

**Responses Tail (C1 and C2):** The number of C1 incidents with a response time greater than 15 minutes in June increased by 161 from May to 589 and has increased by 233% compared to June 2020. Similarly, the number of C2 incidents greater than 80 minutes last month also increased from May by 921 to 2,234. Compared to June 2020 there were only 48 C2 incidents over this threshold. Weekly data shows that the number of C1 incidents over 15 minutes and the number of C2 incidents over 80 minutes was exceptionally high for every week in June.

**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 June 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 7.2% which equates to an increase of 6 minutes and 35 seconds.

**Hospital :** Average hospital turnaround times for June were increased slightly from the previous month (+2.2%) and were 12.9% higher than the same period last year. 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. The proportion of responses resulting in a conveyance to ED remains similar to levels seen in May and 2.0% higher than that seen in June 2020.





# IUC and PTS IPR Key Indicators - June 21



...

| Indicator                       | Target | Actual  | Variance | Assurance |
|---------------------------------|--------|---------|----------|-----------|
| IUC - Call Answered             |        | 142,369 |          |           |
| IUC - Calls Abandoned           | 3.0%   | 13.6%   |          |           |
| IUC - Answered in 60 Secs       | 90.0%  | 38.0%   |          |           |
| IUC - Call back in 1 Hour       | 60.0%  | 44.4%   |          |           |
| IUC - Core Clinical Advice      | 30.0%  | 26.2%   |          |           |
| IUC - Booking ED                | 70.0%  | 39.3%   |          |           |
| IUC - ED Validations %          | 50.0%  | 48.3%   |          |           |
| IUC - 999 Validations 30 mins % | 50.0%  | 91.3%   |          |           |

| Indicator                                | Target | Actual | Variance | Assurance |
|------------------------------------------|--------|--------|----------|-----------|
| PTS - Arrive at Appointment Time         | 90.0%  | 88.9%  |          |           |
| PTS - Answered < 180 Secs                | 90.0%  | 25.7%  |          |           |
| PTS - Journeys < 120Mins                 | 90.0%  | 99.7%  |          |           |
| PTS - % Pre Planned - Pickup < 90 Mins   | 90.4%  | 92.5%  |          |           |
| PTS - % Short notice - Pickup < 120 mins | 90.8%  | 83.6%  |          |           |

## IUC Exceptions - Comments (Director Responsible - Karen Owens)

**YAS answered** 142,369 calls in June, this volume was 4.1% above the contract baseline demand, which has been calculated as last year's outturn plus the full year effect for NHS 111 First. The number of calls answered was 12.4% higher than June 2020.

Recent **exceptional demand and capacity challenges** have heavily impacted on call performance metrics. Whilst it is no longer a national KPI, we are continuing to monitor the percentage of calls answered in 60 seconds as it is well understood within the IUC service and operations as a benchmark of overall performance. This measure was down considerably on last month, at 38.0% compared with 61.2% in May. The new call answer KPI is average speed to answer, which in June was 220 seconds, up 127 seconds from May and against a national target of <20 seconds; Similarly, abandoned calls were 13.6% this month, well above the 3% target and 6.8% higher than May's performance.

YAS are not alone in these challenges, and most national providers are struggling with performance at the moment. The proportion of **Clinician Call Backs** made within 1 hour was 44.4%, below the 60% target and down from 46.7% in May. Core clinical advice was 26.2% for the second month running. These figures are calculated based on the new ADC specification, which removes any cases for which YAS do not receive the initial phone call. The national KPI for **ambulance validations** monitors performance against outcomes validated within 30 minutes, rather than just all outcomes validated, and the target for this is 50% of outcomes, However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the national KPI, performance was 91.3% in June, a slight decrease from 91.6% in May, whilst performance for overall validations was 99.7%, with 9,618 cases validated overall. **ED validation** performance was 48.3% for June; an improvement on May's 44.8%, however below the 50% target.

## PTS Exceptions - Comments (Director Responsible - Karen Owens)

**Total demand** continues on an upward trend, and was the highest it's been since January 20, before the start of the pandemic. Covid journeys saw a 29% increase in June compared to May, but levels still remain low, being -84% below the peak of the second wave.

The downward trend of **Short Notice Patients** picked up within 120 Mins % ended in June, with performance increasing by 2%. Telephony performance dropped significantly for the third month running. On average staffing was -10 FTE under requirement, 60% fulfilment of what was needed. **Sickness** was above 10% impacting staffing levels and call demand was 9% above forecast. At the end of June a new telephony line was put in place to help call routing and call handling times, performance has since seen an increase and the effects should be seen in July's performance results.





| Indicator                    | Target | Actual | Variance | Assurance |
|------------------------------|--------|--------|----------|-----------|
| All Incidents Reported       |        | 760    |          |           |
| Serious                      |        | 8      |          |           |
| Moderate and Above Harm      |        | 32     |          |           |
| Complaint                    |        | 114    |          |           |
| Service to Service           |        | 123    |          |           |
| Adult Safeguarding Referrals |        | 1,512  |          |           |
| Child Safeguarding Referrals |        | 711    |          |           |

## Quality and Safety Exceptions - Comments (Director Responsible - Clare Ashby)

**Incidents** reported have remained stable last month back in line within normal variation. Moderate & above harm incidents have remained stable at 32 in line with expected variation. The number of RIDDORS submitted is significantly higher than average and sits outside expected limits. The number of serious incidents remains high.

**Service to Service** - referrals have increased significantly this month and now sit out normal variation.

**Safeguarding Referrals** - Adult referrals have decreased from the previous month but remain outside the expected variation. The trend for adult referrals continues to be outside upper limits. Child referrals have decreased this month but remain exceeding the upper control limit for the 4th month running, however numbers did reduce in June. **Safeguarding training** – Level 2 training for both adult and child is currently below the target range of 85%.

**Long Responses** - The demand figures over the last month have been exponentially higher than previous, particularly going into the period of looser lockdown measures. Daily analysis of C1 2 x 90th and a sample of highest C2 2 x 90th is underway in order to review patient safety.

| Indicator                           | Target | Actual | Variance | Assurance |
|-------------------------------------|--------|--------|----------|-----------|
| Turnover (FTE) %                    |        | 9.1%   |          |           |
| Sickness - Total % (T-5%)           | 5.0%   | 7.3%   |          |           |
| Special Leave                       |        | 1.4%   |          |           |
| PDR / Staff Appraisals % (T-90%)    | 90.0%  | 73.8%  |          |           |
| Stat & Mand Training (Fire & IG) 1Y | 90.0%  | 87.2%  |          |           |
| Stat & Mand Training (Core) 3Y      | 90.0%  | 97.0%  |          |           |
| Stat & Mand Training (Face to Face) | 90.0%  | 69.1%  |          |           |

## Workforce Exceptions - Comments (Director Responsible - Mandy Wilcock)

**Sickness** - Sickness has remained stable 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 has increased slightly due to an increase in staff self-isolating due to covid. Evidence is now required for special leave to be applicable.

**PDR** - rates reduced to 73.8% with lowest area still Support Services (Other).

**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 has dipped slightly due to operational pressure.





# Workforce Summary

|     |       |       |
|-----|-------|-------|
| A&E | IUC   | PTS   |
| EOC | Other | Trust |



## Key KPIs

| Name                                     | Jun 20 | May 21 | Jun 21 |
|------------------------------------------|--------|--------|--------|
| FTE in Post %                            |        | 93.7%  | 93.2%  |
| Turnover (FTE) %                         | 8.4%   | 8.9%   | 9.1%   |
| Vacancy Rate %                           |        | 6.3%   | 6.8%   |
| Apprentice %                             | 5.1%   | 6.0%   | 5.9%   |
| BME %                                    | 5.4%   | 6.0%   | 6.2%   |
| Disabled %                               | 2.8%   | 3.3%   | 3.3%   |
| Sickness - Total % (T-5%)                | 6.2%   | 7.3%   | 7.3%   |
| Special Leave                            | 4.2%   | 1.2%   | 1.4%   |
| PDR / Staff Appraisals % (T-90%)         | 66.3%  | 76.2%  | 73.8%  |
| Stat & Mand Training (Fire & IG) 1Y      | 79.1%  | 89.1%  | 87.2%  |
| Stat & Mand Training (Core) 3Y           | 95.8%  | 96.9%  | 97.0%  |
| Stat & Mand Training (Face to Face)      | 77.1%  | 69.5%  | 69.1%  |
| Stat & Mand Training (Safeguarding L2 +) | 89.1%  | 85.4%  | 84.9%  |

## YAS Commentary

**FTE, Turnover, Vacancies and BME** - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 6.3%. However due to how the Trust collects this information, the rate is likely to be higher as some vacancies are being covered by overtime.

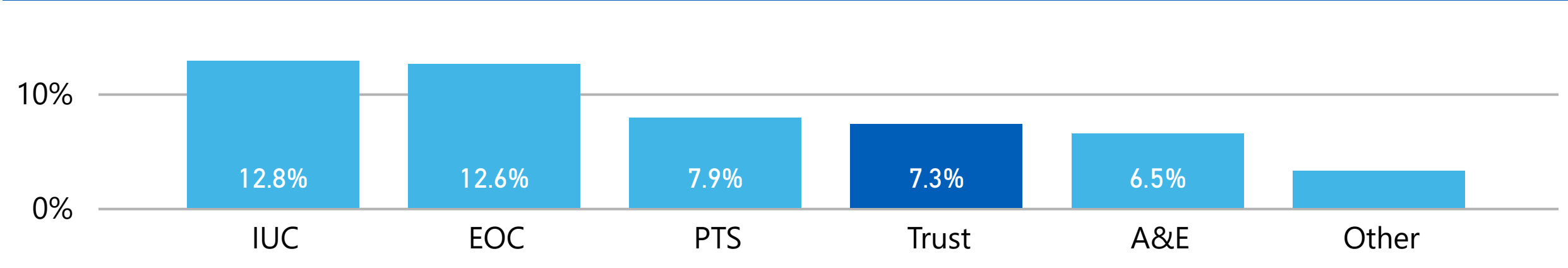
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**Special Leave** - Special Leave has increased slightly due to an increase in staff self-isolating due to covid. Evidence is now required for special leave to be applicable.

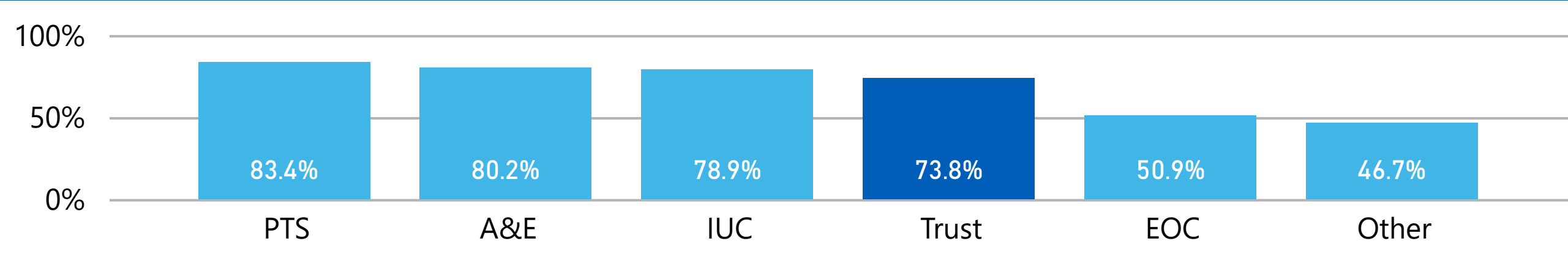
**PDR** - rates reduced to 73.8% with lowest area still Support Services (Other).

**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 has dipped slightly due to operational pressure.

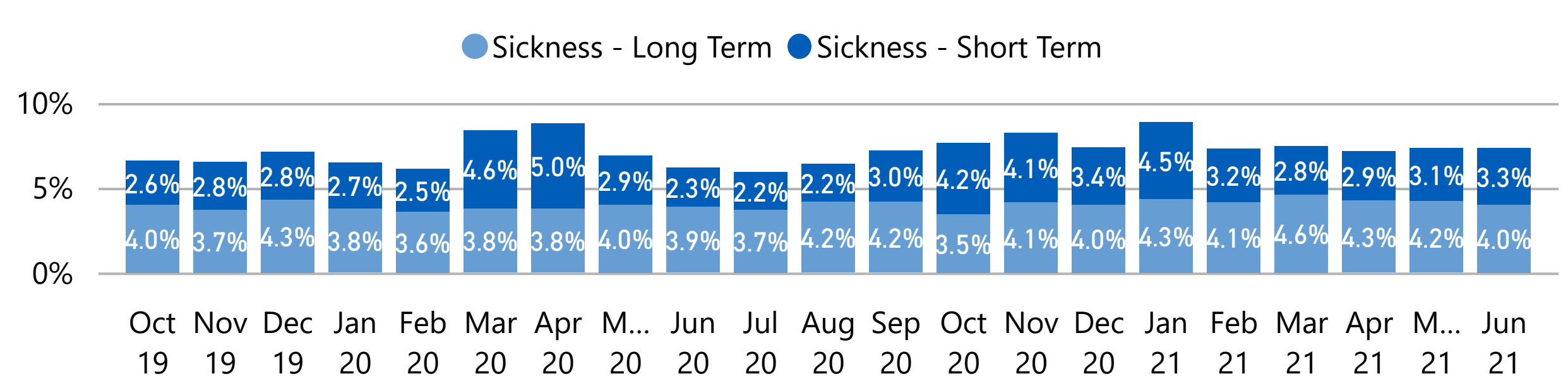
## Sickness Benchmark for Last Month



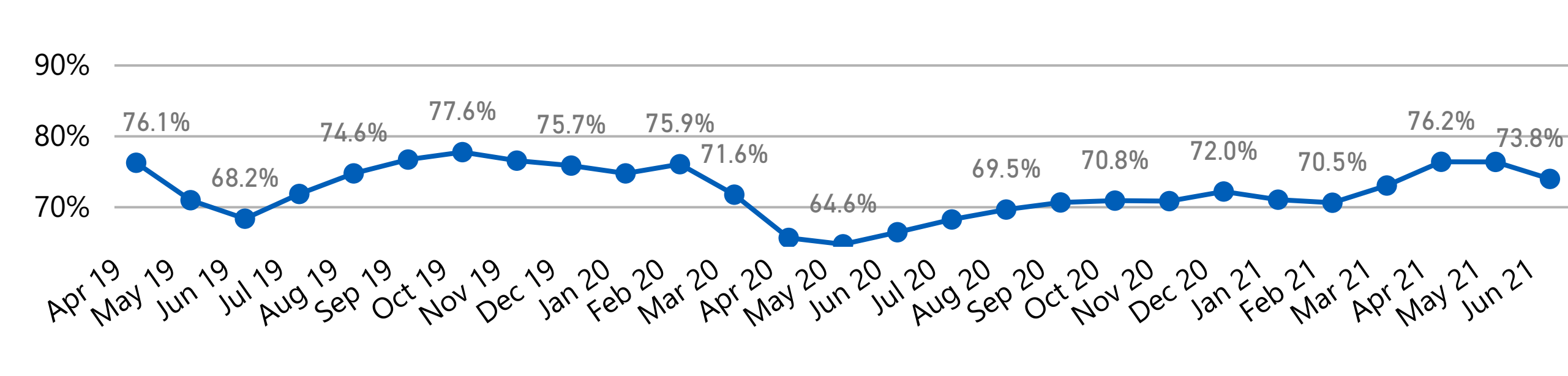
## PDR Benchmark for Last Month



## Sickness



## PDR - Target 90%



[Click information button for key KPIs by Month](#)



[Click information button PDR by Team](#)



# YAS Finance Summary (Director Responsible Kathryn Vause- June 21)

## Overview - Unaudited Position

**Risk Rating** - There is currently no risk rating measure reporting for 2021/22.

**Trust Surplus/(Deficit)** - The Trust has a year to date accounting surplus at month 2 of £0.6m against a breakeven plan.

**Capital** - YTD expenditure is behind plan due as unavoidable production and delivery delays continue in 2021/22.

**Cash** - At the end of 20-21 the Trust had £64m cash at bank, as at the end of June this is £68m.

### Full Year Position (£000s)

| Name               | YTD Plan | YTD Actual | YTD Plan v Actual |
|--------------------|----------|------------|-------------------|
| Surplus/ (Deficit) |          | £644       | £644              |
| Cash               |          | £67,971    | £67,971           |
| Capital            | £2,067   | £247       | -£1,820           |

### Monthly View (£000s)

| Indicator Name     | 2021-05 |
|--------------------|---------|
| Surplus/ (Deficit) | £637    |
| Cash               | £66,696 |
| Capital            | £107    |



# Patient Demand Summary

## Demand Summary Commentary

| ShortName                             | Jun 20  | May 21  | Jun 21  |
|---------------------------------------|---------|---------|---------|
| 999 - Incidents (HT+STR+STC)          | 63,492  | 74,250  | 72,793  |
| 999 - Increase - Previous Month       | -0.3%   | 7.3%    | -2.0%   |
| 999 - Increase - Same Month Last Year | -5.2%   | 16.6%   | 14.6%   |
| IUC - Call Answered                   | 127,239 | 167,275 | 142,369 |
| IUC - Increase - Previous Month       | -10.4%  | 8.1%    | -14.9%  |
| IUC - Increase Same Month Last Year   | 5.8%    | 17.9%   | 12.4%   |
| IUC - Calls Answered Above Ceiling    | 4.0%    | 1.1%    | 2.1%    |
| PTS - Demand (Journeys)               | 44,138  | 65,347  | 72,272  |
| PTS - Increase - Previous Month       | 19.1%   | 2.2%    | 10.6%   |
| PTS - Same Month Last Year            | -40.0%  | 76.3%   | 63.7%   |

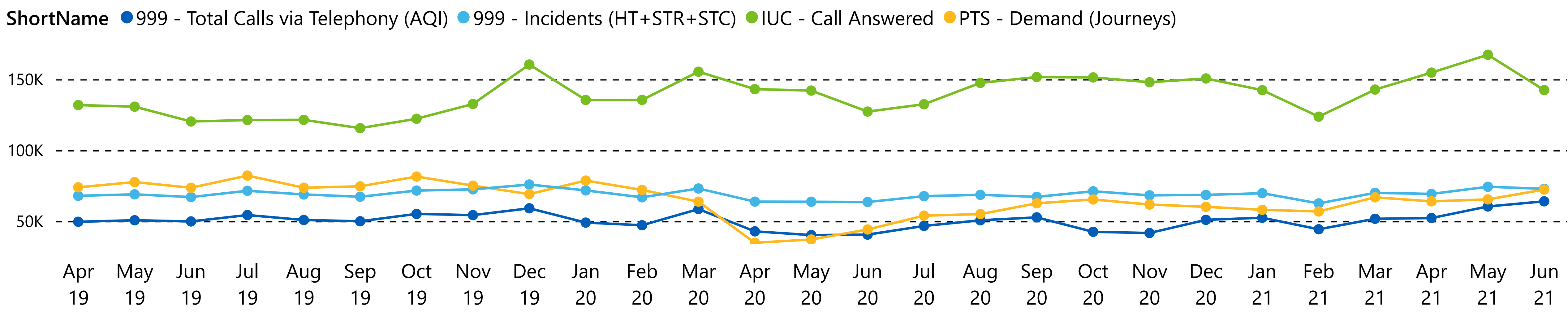
**999** - At Scene Response demand is 0.5% lower than forecasted levels for June. All Response Demand (STR + STC +HT) is 2.0% lower than last month and 14.6% higher than June 2020.

**IUC** - YAS answered 142,369 calls in June, this volume was 4.1% above the contract baseline demand, which has been calculated as last year's outturn plus the full year effect for NHS 111 First. The number of calls answered was 12.4% higher than June 2020.

**PTS** - Total demand continues on an upward trend, and was the highest it's been since January 20, before the start of the pandemic. Covid journeys saw a 29% increase in June compared to May, but levels still remain low, being -84% below the peak of the second wave.

[Click information button for Monthly Table View](#) 

## Overall Calls and Demand





# Patient Outcomes Summary

## Outcomes Summary

| ShortName                    | Jun 20  | May 21  | Jun 21  |
|------------------------------|---------|---------|---------|
| 999 - Incidents (HT+STR+STC) | 63,492  | 74,250  | 72,793  |
| 999 - Hear & Treat %         | 7.7%    | 9.1%    | 10.3%   |
| 999 - See, Treat & Refer %   | 30.9%   | 26.8%   | 26.6%   |
| 999 - See, Treat & Convey %  | 61.4%   | 64.1%   | 63.1%   |
| 999 - Conveyance to ED %     | 53.1%   | 56.3%   | 55.2%   |
| 999 - Conveyance to Non ED % | 8.3%    | 7.8%    | 8.0%    |
| IUC - Calls Triaged          | 118,919 | 158,090 | 136,238 |
| IUC - ED %                   | 11.5%   | 14.2%   | 15.1%   |
| IUC - ED outcome to A&E      | 86.8%   | 80.7%   | 79.2%   |
| IUC - ED outcome to UTC      | 2.1%    | 10.2%   | 10.9%   |
| IUC - Ambulance %            | 12.6%   | 11.0%   | 10.4%   |
| IUC - Selfcare %             | 8.2%    | 5.0%    | 5.5%    |
| IUC - Other Outcome %        | 12.2%   | 11.3%   | 11.4%   |
| IUC - Primary Care %         | 52.8%   | 57.3%   | 55.9%   |
| PTS - Demand (Journeys)      | 44,138  | 65,347  | 72,272  |

[Click information button for Monthly Table View](#)

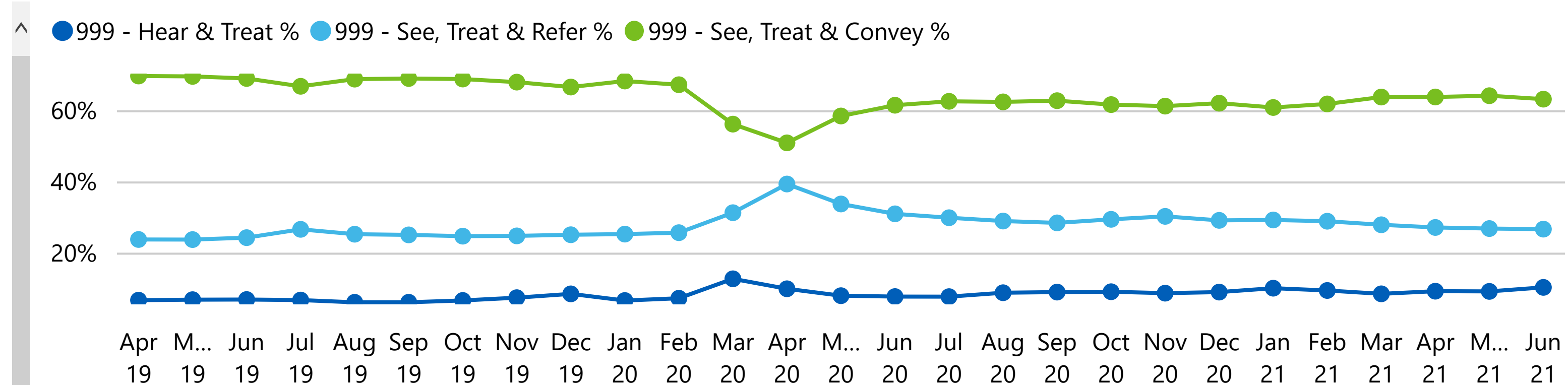


## Commentary

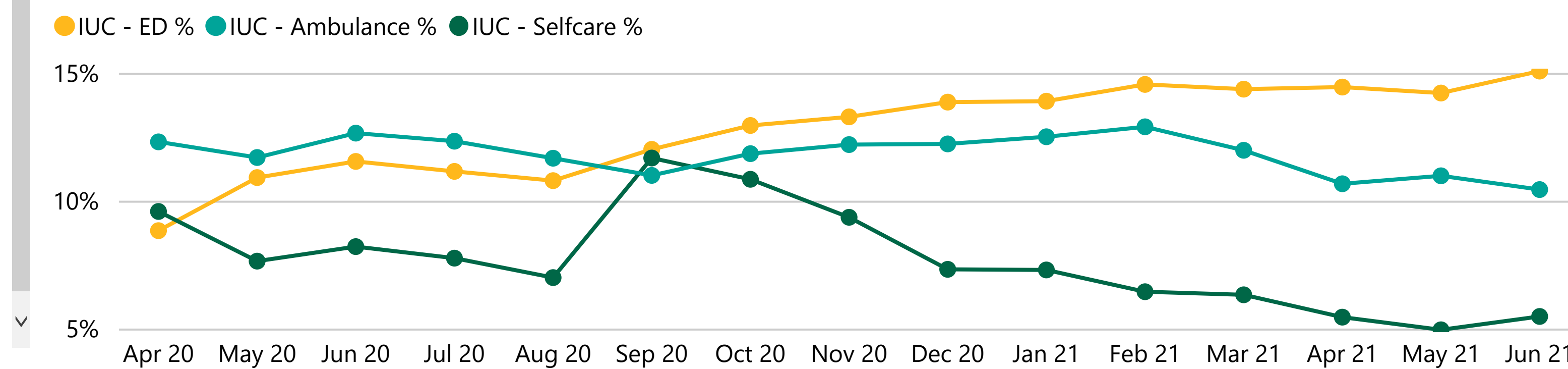
**999** - When comparing June 2021 against June 2020 in terms of incident outcome proportions within 999, the proportion of See, Treat & Refer has reduced by 4.3%, Hear & Treat has increased by 2.6% and See, Treat & Convey has increased by 1.7%. Following this increase in conveyance, the number of incidents conveyed to ED has increased by 19.0% and conveyances to non ED have increased by 10.0%. 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 continued to be lower in June as it had been in the last couple of months, and Primary Care outcomes remain at a slightly higher level than previous months. The proportion of callers given an ED outcome continues to be higher than historic levels, however within that there has been a shift. The proportion of ED outcomes where the patient was referred to a UTC is now consistently over 10%, compared with only around 2-3% historically. Correspondingly, the proportion of ED outcomes where the patient was referred to an A&E has fallen from nearly 90% historically to 80% now. This was a key goal of the 111 First programme aiming to reduce the burden on Emergency Departments by directing patients to more appropriate care settings.

## 999 Outcomes



## IUC Outcomes

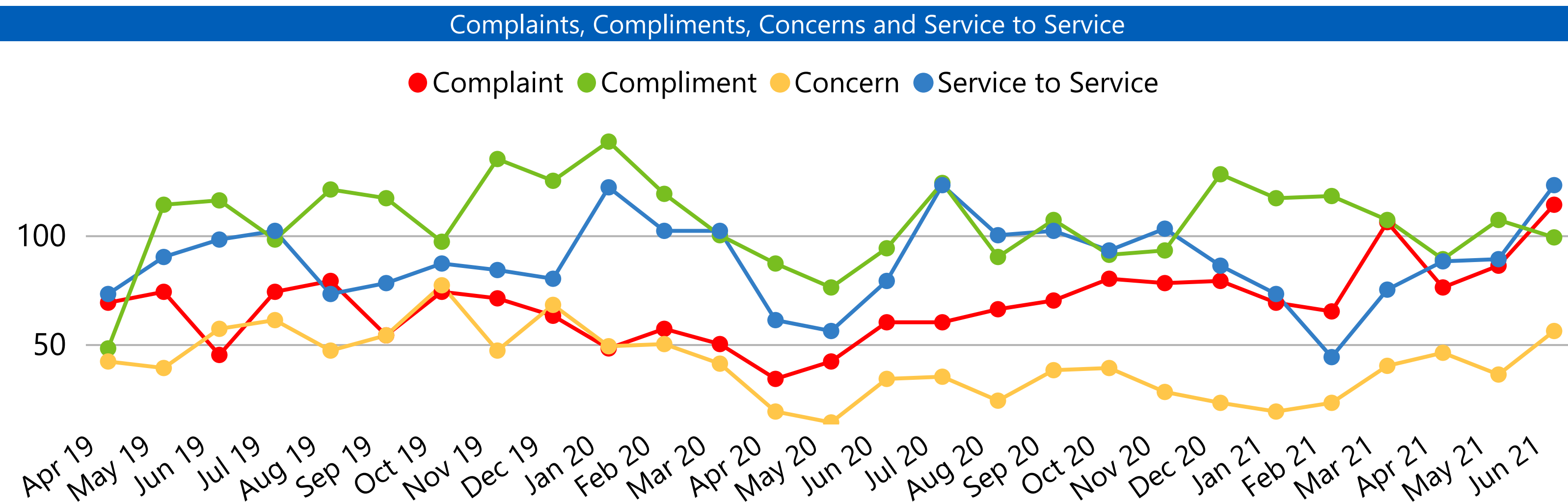


# Patient Experience (Director Responsible - Clare Ashby)

A&E     EOC     IUC  
 PTS     YAS



| Patient Relations  |        |        |        |
|--------------------|--------|--------|--------|
| Indicator          | Jun 20 | May 21 | Jun 21 |
| Service to Service | 79     | 89     | 123    |
| Concern            | 34     | 36     | 56     |
| Compliment         | 94     | 107    | 99     |
| Complaint          | 60     | 86     | 114    |



| YAS Compliance           |        |        |        |
|--------------------------|--------|--------|--------|
| Indicator                | Jun 20 | May 21 | Jun 21 |
| % FOI Request Compliance | 85.7%  | 100.0% | 96.9%  |

## YAS Comments

### Patient Relations

Complaints have continued to increase this month and sit outside 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. This will feed into the wider cultural review work.

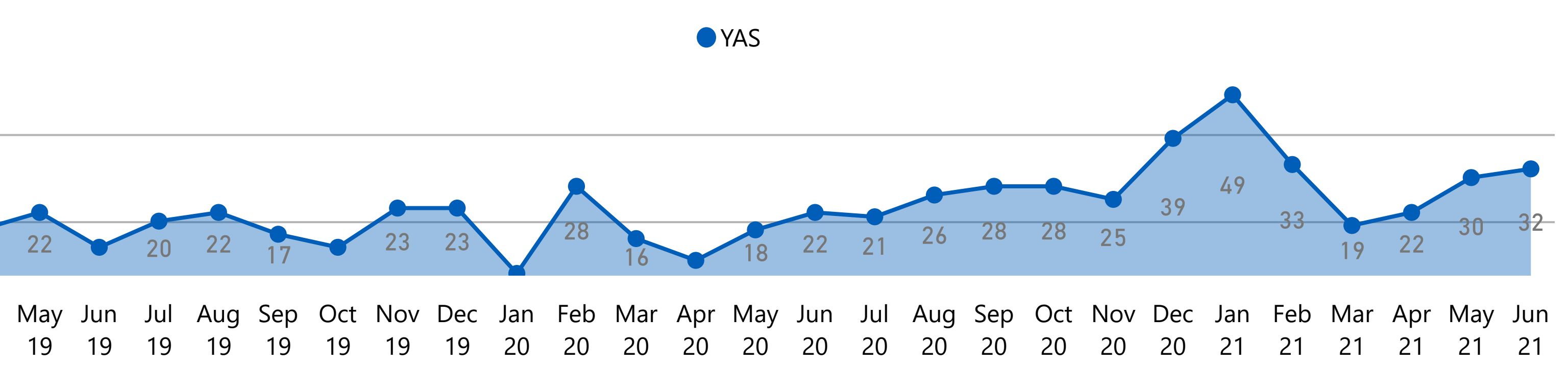
FOI Compliance is consistently remaining above the target of 90%



## Incidents

| Indicator                          | Jun 20 | May 21 | Jun 21 |
|------------------------------------|--------|--------|--------|
| All Incidents Reported             | 716    | 753    | 760    |
| Medication Related                 | 81     | 77     | 59     |
| Moderate & Above Harm - Total      | 22     | 30     | 32     |
| Number of duty of candour contacts | 4      | 8      | 9      |
| Number of RIDDORs Submitted        | 3      | 1      | 7      |
| Serious                            | 3      | 5      | 8      |

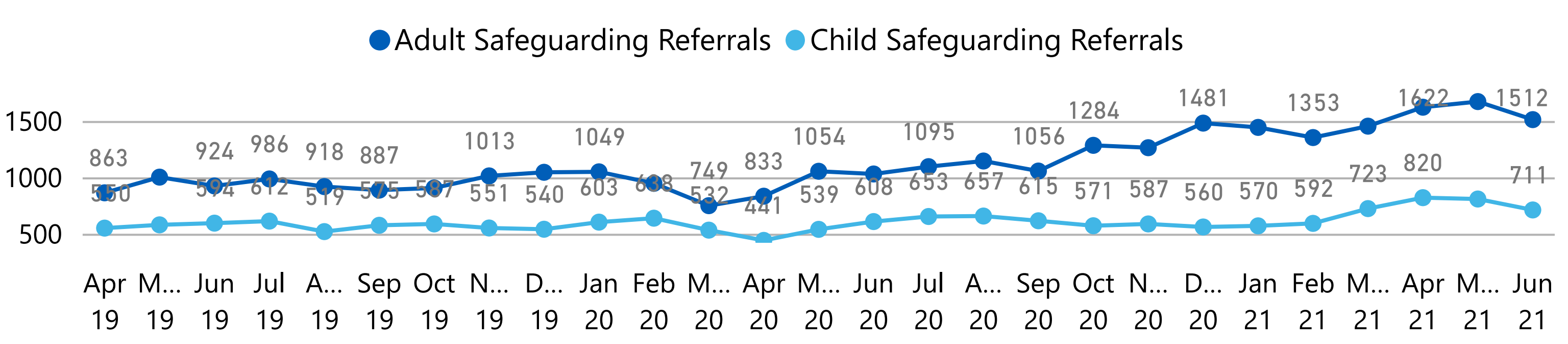
## Incidents - Moderate and Above Harm



## YAS Child and Adult Safeguarding

| Indicator                                | Jun 20 | May 21 | Jun 21 |
|------------------------------------------|--------|--------|--------|
| Adult Safeguarding Referrals             | 1,030  | 1,672  | 1,512  |
| Child Safeguarding Referrals             | 608    | 808    | 711    |
| % Trained Safeguarding for Children (L1) | 97.2%  | 96.8%  | 96.9%  |
| % Trained Safeguarding for Children (L2) | 91.9%  | 83.5%  | 82.4%  |
| % Trained Safeguarding for Adults (L1)   | 97.1%  | 96.1%  | 96.1%  |

## Safeguarding Training



## A&E Long Responses

| Indicator                    | Jun 20 | May 21 | Jun 21 |
|------------------------------|--------|--------|--------|
| 999 - C1 Responses > 15 Mins | 177    | 428    | 589    |
| 999 - C2 Responses > 80 Mins | 48     | 1,313  | 2,234  |

## YAS Comments

**Safeguarding Referrals:** Adult referrals have decreased from the previous month but remain outside the expected variation on recent upward trend. Child referrals have decreased this month but remain exceeding the upper control limit for the 4th month running. Processes for staff to submit referrals directly are now embedded making the system for referral easier and possibly resulting in increased referrals. Other likely explanations are that COVID-19 has resulted in an extended period of time where both individuals and families have received a significantly reduced amount of support both formally and informally with a likely result of increased vulnerability and unmet need. A further consideration is that the improvements made to YAS Level 1 & 2 safeguarding training and associated bulletin style briefings re safeguarding, have increased staff confidence and knowledge in identifying and escalating safeguarding.

## YAS IPC Compliance

| Indicator                      | Jun 20 | May 21 | Jun 21 |
|--------------------------------|--------|--------|--------|
| % Compliance with Hand Hygiene | 99.0%  | 99.0%  | 99.0%  |
| % Compliance with Premise      | 99.0%  | 98.0%  | 99.0%  |
| % Compliance with Vehicle      | 99.0%  | 99.0%  | 99.0%  |

**Safeguarding training** – Level 2 training for both adult and child is currently below the target range of 85%. Increased operational demand is the likely explanation for why many staff have been unable to complete the training. There are a percentage of staff who are long term non-compliant with a further percentage showing with no date, indicating that they have never completed the level 2 training. These groups are being addressed as a priority due to the additional risk posed.



# 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                                                 | Oct 20 | Nov 20 | Dec 20 | Jan 21 |
|-----------------------------------------------------------|--------|--------|--------|--------|
| Number of STEMI Patients                                  | 98     | 95     | 153    | 91     |
| Call to Balloon Mins for STEMI Patients (Mean)            | 142    | 150    | 143    | 136    |
| Call to Balloon Mins for STEMI Patients (90th Percentile) | 177    | 214    | 209    | 189    |

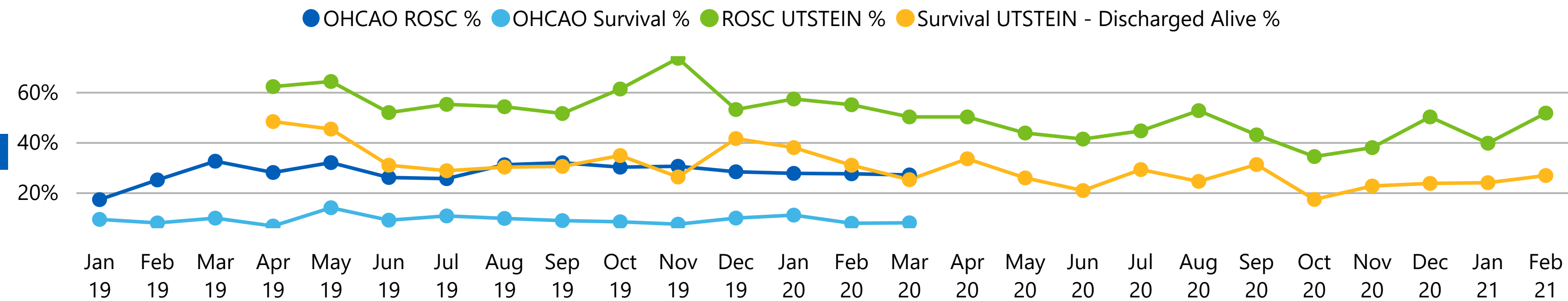
## Sentinal Stroke National Audit Programme (SSNAP)

| Indicator                      | Dec 20 | Jan 21 | Feb 21 |
|--------------------------------|--------|--------|--------|
| Avg Time from call to hospital | 81     | 87     | 79     |
| Total Patients                 | 385    | 336    | 380    |

## Re-contacts as Proportion of Incident Category

| Indicator                  | Apr 21 | May 21 | Jun 21 |
|----------------------------|--------|--------|--------|
| Re-contacts - H&T (%)      | 6.8%   | 6.9%   | 5.9%   |
| Re-contacts - S&T (%)      | 5.9%   | 5.9%   | 5.2%   |
| Re-contacts - Conveyed (%) | 6.3%   | 6.3%   | 6.1%   |

## 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 varies between 40% and 68%, which oftent sitting below 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 as well as the technical guidance under which this measure is Audited.

**Stroke Care Bundle** – Consistently 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)

## Estates

| ShortName                                  | Jun 20 | May 21 | Jun 21 |
|--------------------------------------------|--------|--------|--------|
| P1 Emergency (2 HRS)                       | 100.0% | 66.7%  | 100.0% |
| P1 Emergency – Complete (<24Hrs)           | 80.0%  | 83.3%  | 50.0%  |
| P2 Emergency (4 HRS)                       | 100.0% | 100.0% | 93.0%  |
| P2 Emergency – Complete (<24Hrs)           | 88.5%  | 87.0%  | 84.2%  |
| Planned Maintenance Complete               | 100.0% | 97.5%  | 99.0%  |
| P6 Non Emergency - Attend within 2 weeks   |        | 100.0% | 97.4%  |
| P6 Non Emergency - Complete within 4 weeks |        | 80.0%  | 79.5%  |

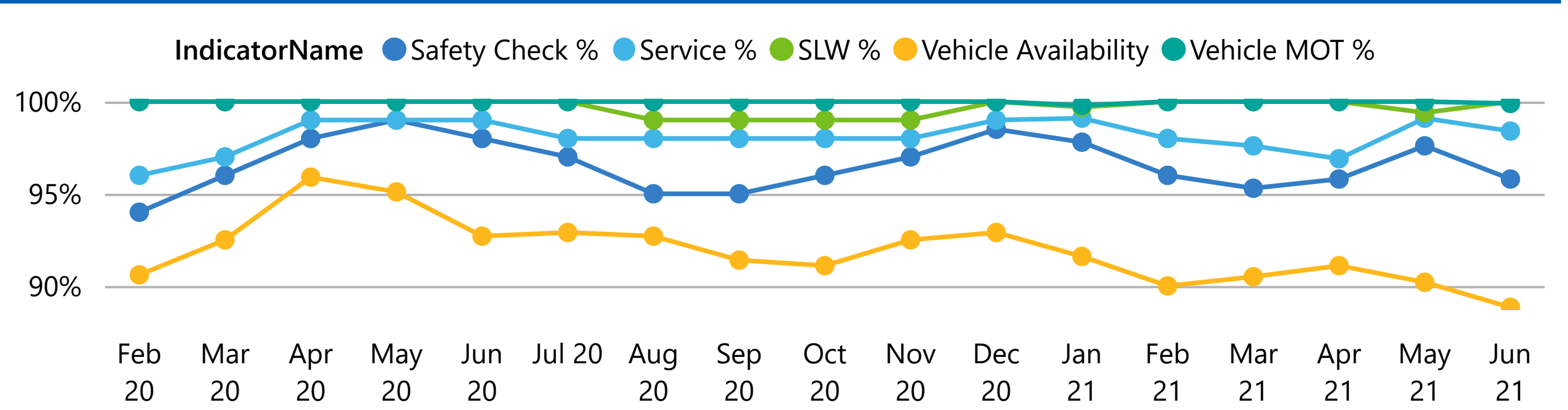
### Estates Commentary

Requests for reactive work/repairs on the Estate totalled 346 jobs for the month of June, maintaining the consistency of previous months. As a comparator on the previous year - June 20 produced 439 request for repairs on the Estate. The highest originator of work continues to be Springhill at 27 work requests in month, but is reduction of previous Month total of 41.

The fall in 'Completion' % within month is due to delay on specific parts to enable a repair within the 24 hr SLA window. The contractor does provide an explanation of reasons for both 'Attendance' and 'Completion' failures.

The overall attendance and work completion rates for June are 98.4% on attendance and 94.7% on work completion within SLA.

## 999 Fleet



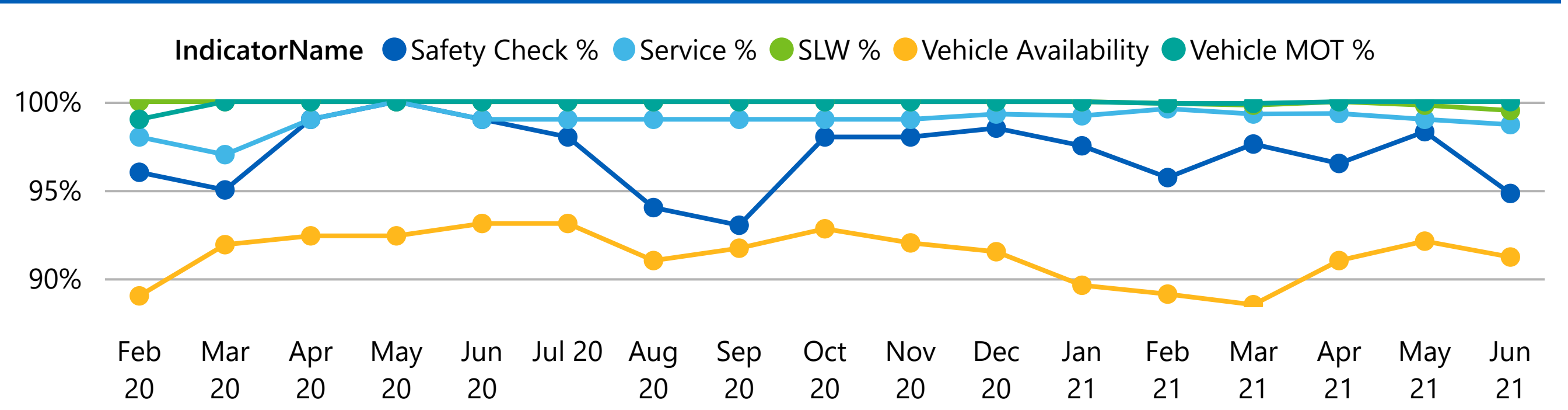
## 999 Fleet Age

| IndicatorName   | Jun 20 | May 21 |
|-----------------|--------|--------|
| Vehicle age +7  | 8.9%   | 5.9%   |
| Vehicle age +10 | 0.2%   | 0.4%   |

## PTS Age

| IndicatorName   | Jun 20 | May 21 | Jun 21 |
|-----------------|--------|--------|--------|
| Vehicle age +7  | 17.7%  | 18.4%  | 19.1%  |
| Vehicle age +10 | 20.8%  | 10.3%  | 10.3%  |

## PTS Fleet



### Fleet Commentary

A&E vehicle availability has dipped slightly due to several large road traffic collisions and parts supply chain slowing due to a worldwide electrical component shortage, Fleet are working with suppliers to ensure stocks are increased to improve lead times. Fleet are working with operational colleagues to ensure vehicles are matched with rota lines.

PTS vehicle availability has increased with the introduction of new vehicles, 69 of the 123 vehicles have now been delivered with the remaining 54 vehicles to be delivered through July and August.



# 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.                                                                                         |
| 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                                                                                                          |
| WF31 | Moving and Handling - Patients - 3 Years       | percent       | Percentage of staff with an in date competency in Moving and Handling - Patients - 3 Years                                                                                               |
| WF30 | Basic Life Support - 3 Years                   | percent       | Percentage of staff with an in date competency in Basic Life Support - 3 Years                                                                                                           |
| WF29 | Prevent WRAP - No Renewal                      | percent       | Percentage of staff with an in date competency in Prevent WRAP - No Renewal                                                                                                              |
| WF28 | Safeguarding Adults Level 2 - 3 Years          | percent       | Percentage of staff with an in date competency in Safeguarding Adults Level 2 - 3 Years                                                                                                  |
| WF27 | Safeguarding Children Level 2 - 3 Years        | percent       | Percentage of staff with an in date competency in Safeguarding Children Level 2 - 3 Years                                                                                                |
| WF26 | Equality, Diversity and Human Rights - 3 Years | percent       | Percentage of staff with an in date competency in Equality, Diversity and Human Rights - 3 Years                                                                                         |
| WF25 | Prevent Awareness - 3 Years                    | percent       | Percentage of staff with an in date competency in Prevent Awareness - 3 Years                                                                                                            |
| WF24 | Safeguarding Adults Level 1 - 3 Years          | percent       | Percentage of staff with an in date competency in Safeguarding Adults Level 1 - 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                                                                                                |
| WF22 | Infection Control - 3 Years                    | percent       | Percentage of staff with an in date competency in Infection Control - 3 Years                                                                                                            |
| WF21 | Moving and Handling - Loads - 3 Years          | percent       | Percentage of staff with an in date competency in Moving and Handling - Loads - 3 Years                                                                                                  |
| WF20 | Health Risk & Safety Awareness - 3 Years       | percent       | Percentage of staff with an in date competency in Health Risk & Safety Awareness - 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                                                                                                                                                                                 |
| 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 |

# 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.                                                                                                 |
| CLN38 | Re-Contacts within 72 Hours - Conveyed                           | int           | Patients who have re-contacted YAS within 72 hours of initial contact.                                                                                                    |
| CLN37 | Re-contacts - S&T (%)                                            | percent       | Proportion of patients contacting YAS within 72 hours of initial contact.                                                                                                 |
| CLN36 | Re-Contacts within 72 Hours - S&T                                | int           | Patients who have re-contacted YAS within 72 hours of initial contact.                                                                                                    |
| 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.                                                                                                       |
| 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.                                                                                                 |
| CLN21 | Call to Balloon Mins for STEMI Patients (90th Percentile)        | int           | MINAP - For M3n, 90th centile time from call to catheter insertion for angiography.                                                                                       |
| 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 |



# 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                                                 |