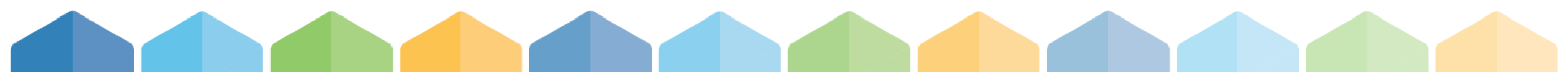




# Integrated Performance Report

June 2021

Published 26th July



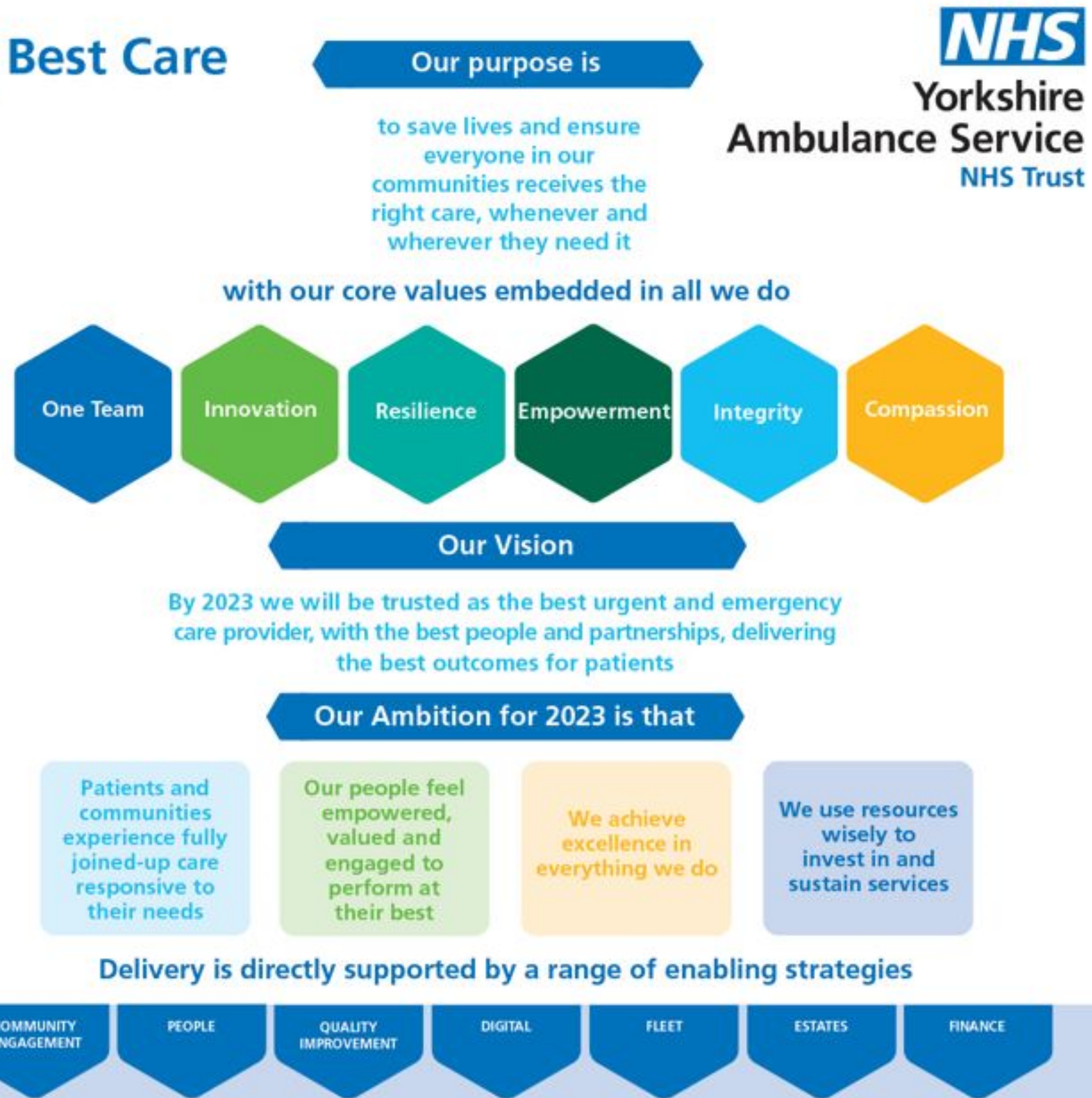
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## One Team, Best Care



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

## Yorkshire Wide

- 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

## Infrastructure

ProjectName	Overall	Budget/ 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)	Amber	Amber	Green	Amber	Green	Amber	Amber
P109 N365 Implementation	Amber	Amber	Green	Red	Amber	Green	Amber
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.










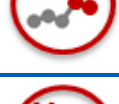












## IUEC Programme

ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
IUEC PROGRAMME	Amber	Amber	Green	Amber	Green	Amber	Amber
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	Amber	Amber	Green	Amber	Green	Amber	Amber
05. EOC Clinical Model	Green	Green	Green	Green	Green	Green	Green
06. CAT 3/4 Validation Trial	Green	Green	Amber	Green	Green	Green	Green
07. EOC Clinical Toolkit	Green	Green	Green	Green	Green	Amber	Green
08. Mental Health Plan	Amber	Amber	Green	Amber	Green	Amber	Amber
09. Remote Clinical Assessment	Green	Green	Green	Green	Green	Green	Green
People Project	Green	Green	Green	Green	Green	Green	Green
10. Comms & Engagement	Amber	N/A	Green	Amber	N/A	Green	Amber
11. Monitor & Control and Evaluation	Red	N/A	Amber	Red	N/A	N/A	Amber

## Service Delivery and Integrated Workforce

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

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.



# Support Services IPR Key Indicators - June 21

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

## 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.

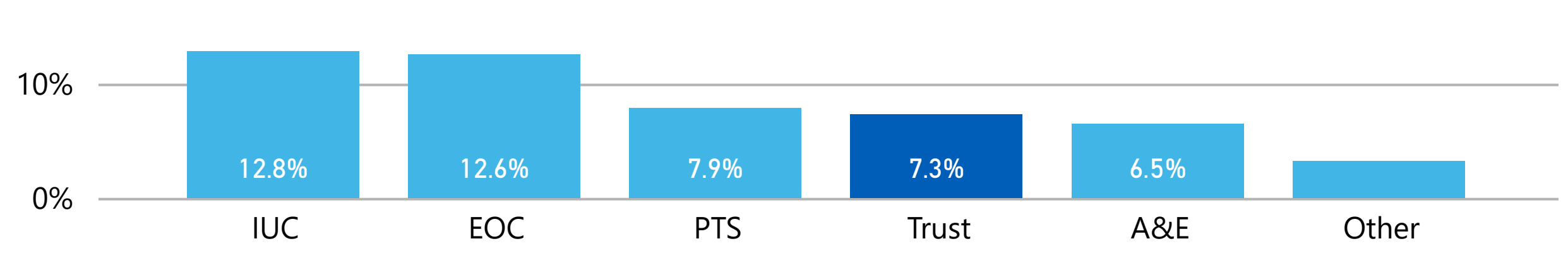
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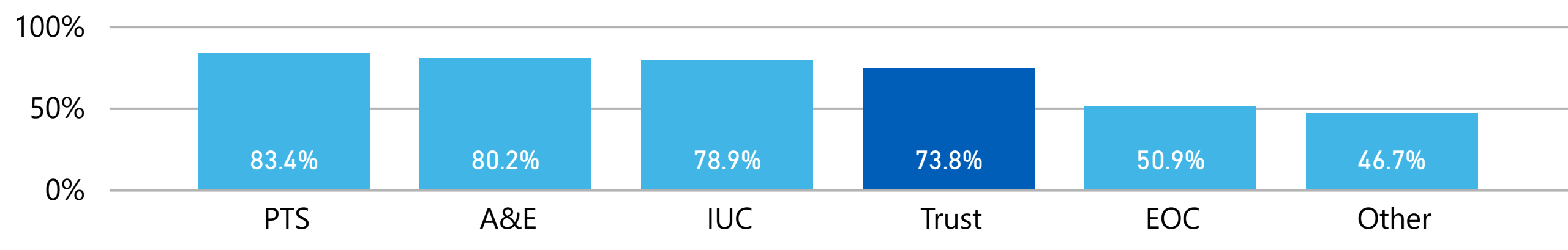
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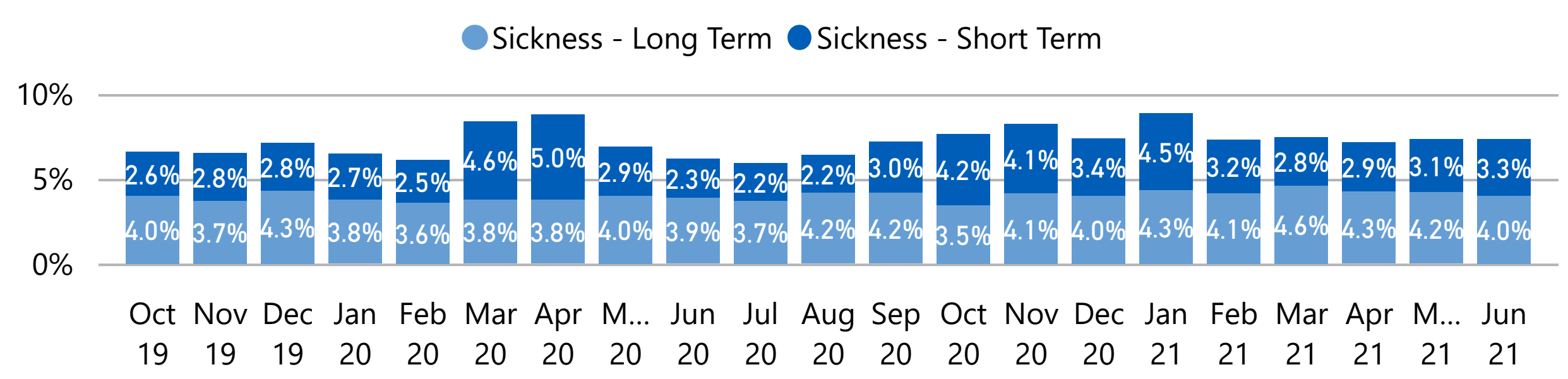
## Sickness Benchmark for Last Month



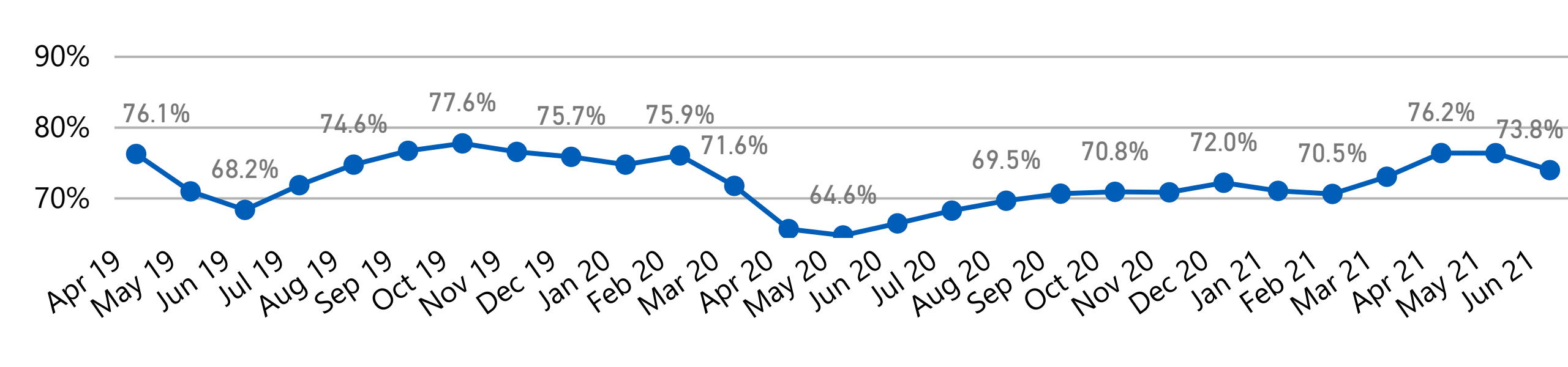
## PDR Benchmark for Last Month



## Sickness



## PDR - Target 90%



# YAS Finance Summary (Director Responsible Kathryn Vause- 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

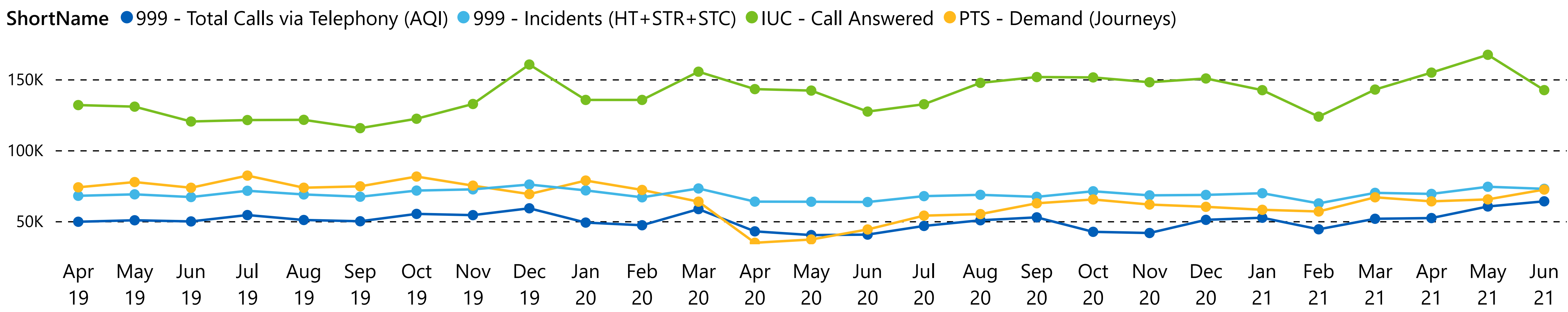
ShortName	Jun 20	May 21	Jun 21
999 - Incidents (HT+STR+STC)	63,492	74,250	72,793
999 - Increase - Previous Month	-0.3%	7.3%	-2.0%
999 - Increase - Same Month Last Year	-5.2%	16.6%	14.6%
IUC - Call Answered	127,239	167,275	142,369
IUC - Increase - Previous Month	-10.4%	8.1%	-14.9%
IUC - Increase Same 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.

## Overall Calls and Demand

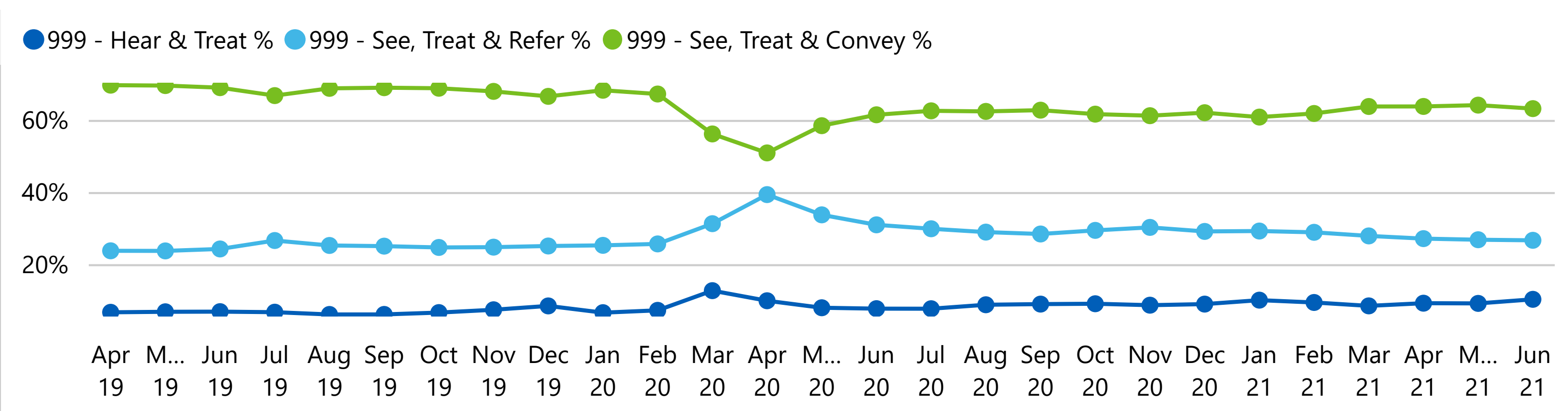


# Patient Outcomes Summary

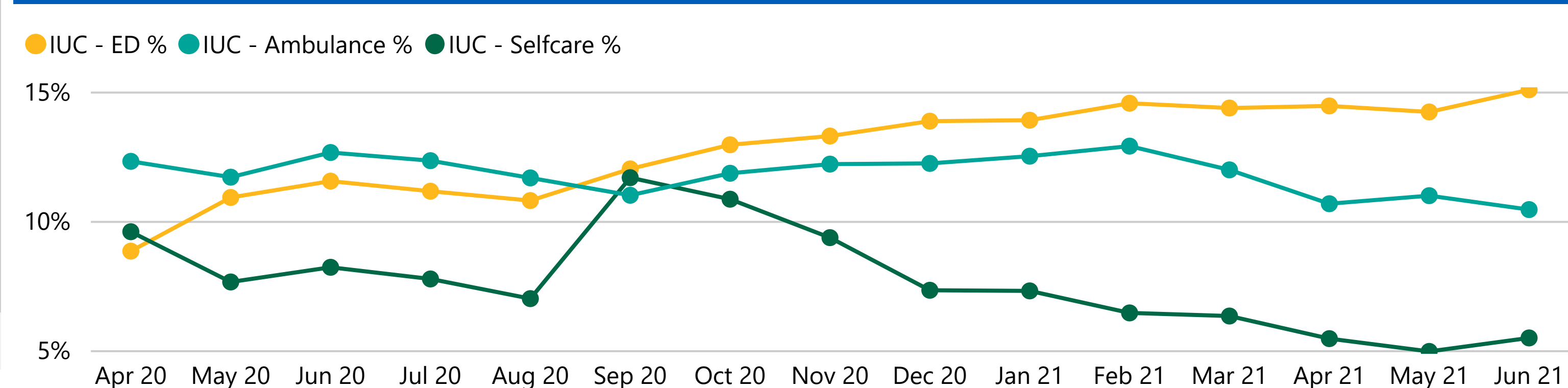
## Outcomes Summary

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

## 999 Outcomes



## IUC Outcomes



## Commentary

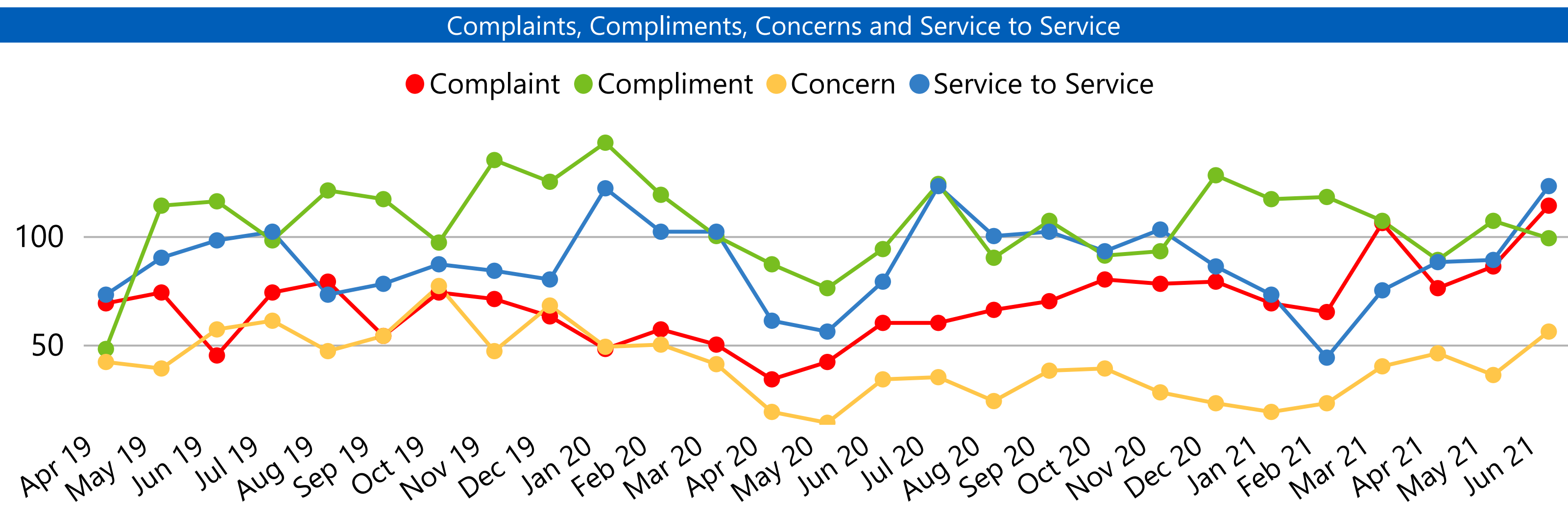
**999** - When comparing June 2021 against June 2020 in terms of incident outcome proportions within 999, the proportion of See, Treat & Refer has reduced by 4.3%, Hear & Treat has increased by 2.6% and See, Treat & Convey has increased by 1.7%. Following this increase in conveyance, the number of incidents 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.

# Patient Experience

## (Director Responsible - Clare Ashby)

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



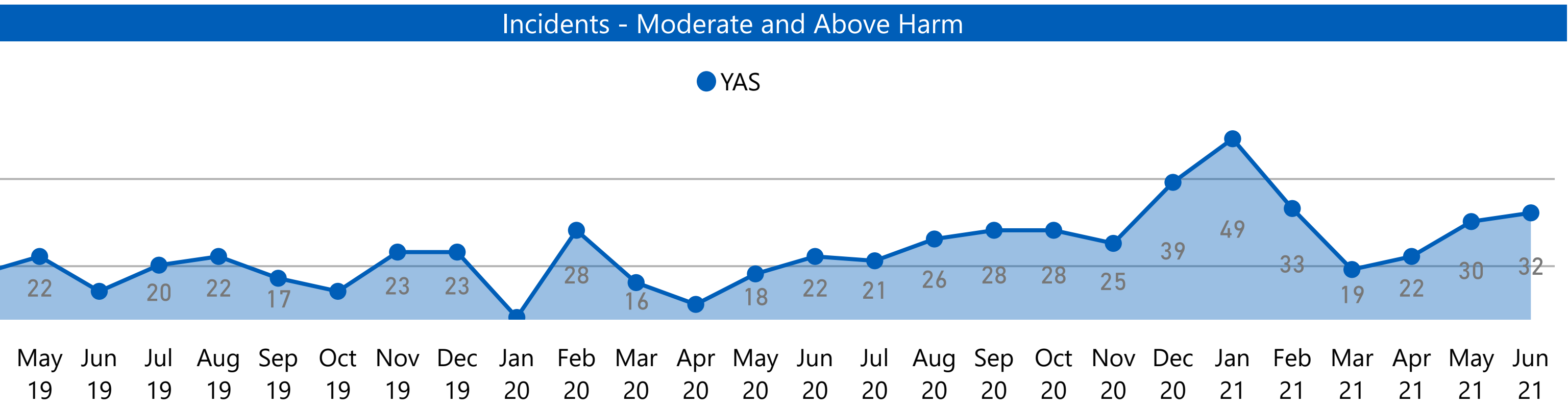
YAS Compliance			
Indicator	Jun 20	May 21	Jun 21
% FOI Request Compliance	85.7%	100.0%	96.9%

**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.

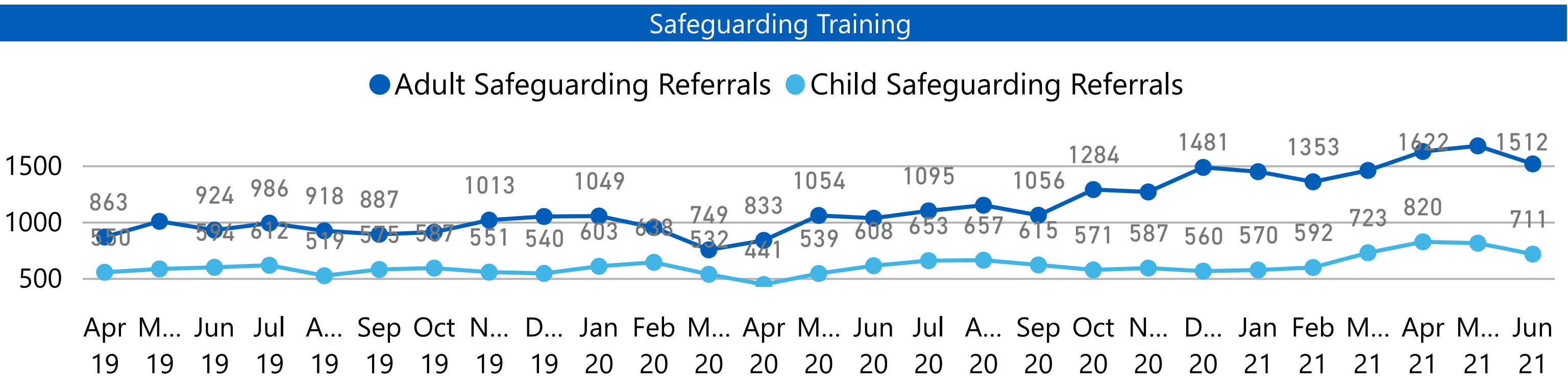
**FOI Compliance** is consistently remaining above the target of 90%

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	2	5	8



### 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%



### 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.

**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.

### 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%

# 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

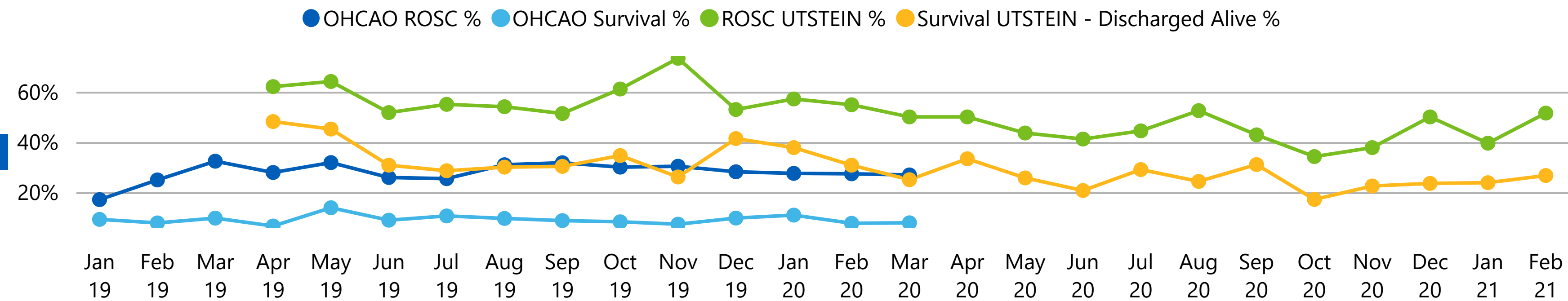
## Sentinal Stroke National Audit Programme (SSNAP)

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%

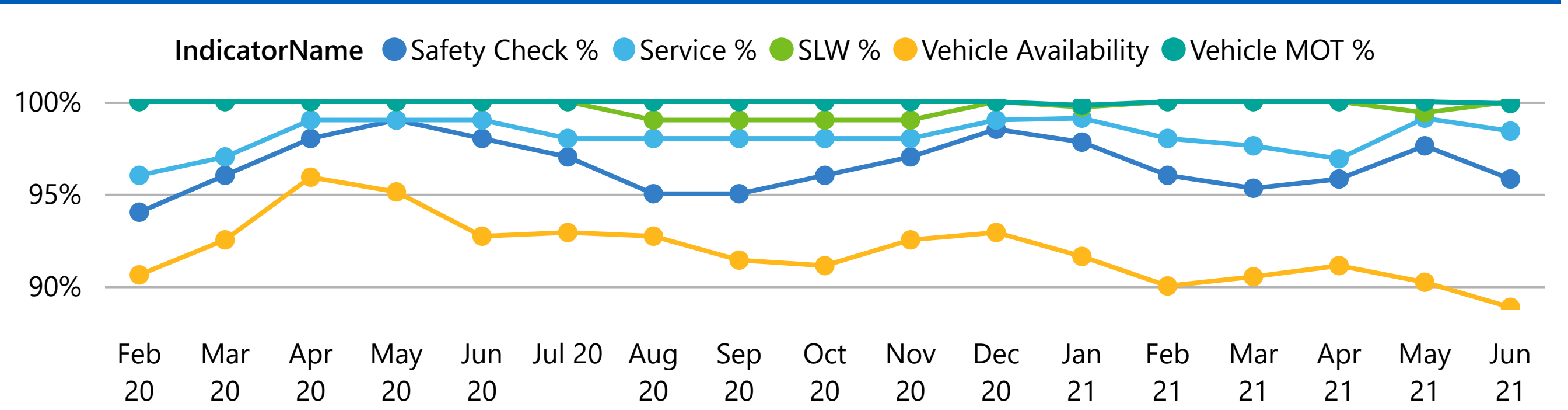
### Estates Commentary

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



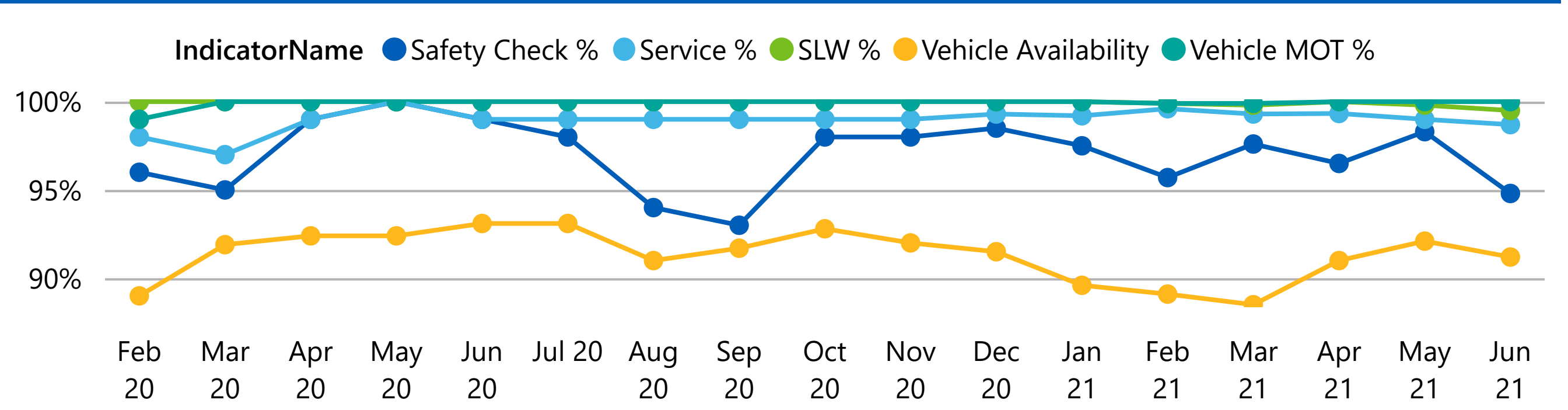
## 999 Fleet Age

IndicatorName	Jun 20	Jun 21
Vehicle age +7	8.9%	3.4%
Vehicle age +10	0.2%	0.4%

## PTS Age

IndicatorName	Jun 20	Jun 21
Vehicle age +7	17.7%	19.4%
Vehicle age +10	20.8%	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.
WF29	Prevent WRAP - No Renewal	percent	Percentage of staff with an in date competency in Prevent WRAP - No Renewal
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
WF13	Stat & Mand Training (Safeguarding L2 +)	percent	Percentage of staff with an in date competency for "Safeguarding Children Level 2" , "Safeguarding Adults Level 2" and "Prevent WRAP" as required by the competency requirements set in ESR
WF12	Stat & Mand Training (Core) 3Y	percent	Percentage of staff with an in date competency for "Health Risk & Safety Awareness" , "Moving and Handling Loads" , "Infection Control" , "Safeguarding Children Level 1" , "Safeguarding Adults Level 1" , "Prevent Awareness" and "Equality, Diversity and Human Rights" as required by the competency requirements set in ESR
WF11	Stat & Mand Training (Fire & IG) 1Y	percent	Percentage of staff with an in date competency for both "Information Governance" and "Fire Safety & Awareness"
WF10	Information Governance Training %	percent	Percentage of staff with an in date competency in Information Governance
WF09	Sickness - Short Term %	percent	Sickness lasting less than 28 days, as a percentage of FTE days in the period
WF08	Sickness - Long Term %	percent	Sickness lasting 28 days or over, as a percentage of FTE days in the period
WF07	Sickness - Total % (T-5%)	percent	All Sickness as a percentage of FTE days in the period
WF06	Training: Stat & Mand %	percent	The number of Substantive Staff who are up to date with all their Statutory and Mandatory training requirements
WF05	PDR / Staff Appraisals % (T-90%)	percent	Percentage of staff with an in date Personal Development Review, also known as an Appraisal
WF04	Turnover (FTE) %	percent	The number of staff leaving (FTE) in the period relative to the average FTE in post for the period
WF03	New Starters (FTE)	decimal	New starters in the month (FTE)
WF02	BME %	percent	The percentage of staff who identify as belonging to a Black or Minority Ethnic background
WF01	FTE in Post	int	Full Time Equivalent Staff in post, calculated as of the last day of each month

# Glossary - Indicator Descriptions (Clinical)

## Clinical

mID	ShortName	IndicatorType	Description
CLN39	Re-contacts - Conveyed (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
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.
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.
CLN15	Stroke %	percent	Proportion of adult patients with a pre-hospital impression of suspected stroke who received the appropriate best practice care bundle.
CLN13	Number of patients who received appropriate care bundle (Stroke)	int	Number of adult patients with a pre-hospital impression of suspected stroke who received the appropriate best practice care bundle.
CLN12	Sepsis %	percent	Proportion of adult patients with a pre- hospital impression of suspected sepsis with a NEWS2 score of 7 and above who received the appropriate best practice care bundle
CLN10	Number of patients who received appropriate care bundle (Sepsis)	int	Number of adult patients with a pre-hospital impression of suspected sepsis with a NEWS2 score of 7 and above who received the appropriate best practice care bundle
CLN09	STEMI %	percent	Proportion of patients with a pre-hospital clinical working impression of STEMI who received the appropriate best practice care bundle
CLN06	OHCAO Survival %	percent	Proportion of patients who survived to discharge or were alive in hospital after 30 days following an out of hospital cardiac arrest during which YAS continued or commenced resuscitation
CLN03	OHCAO ROSC %	percent	Proportion of patients who had return of spontaneous circulation upon hospital arrival following an out of

# 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