



Business  
Intelligence

# Integrated Performance Report

Aug 2021

Published 20th Sept



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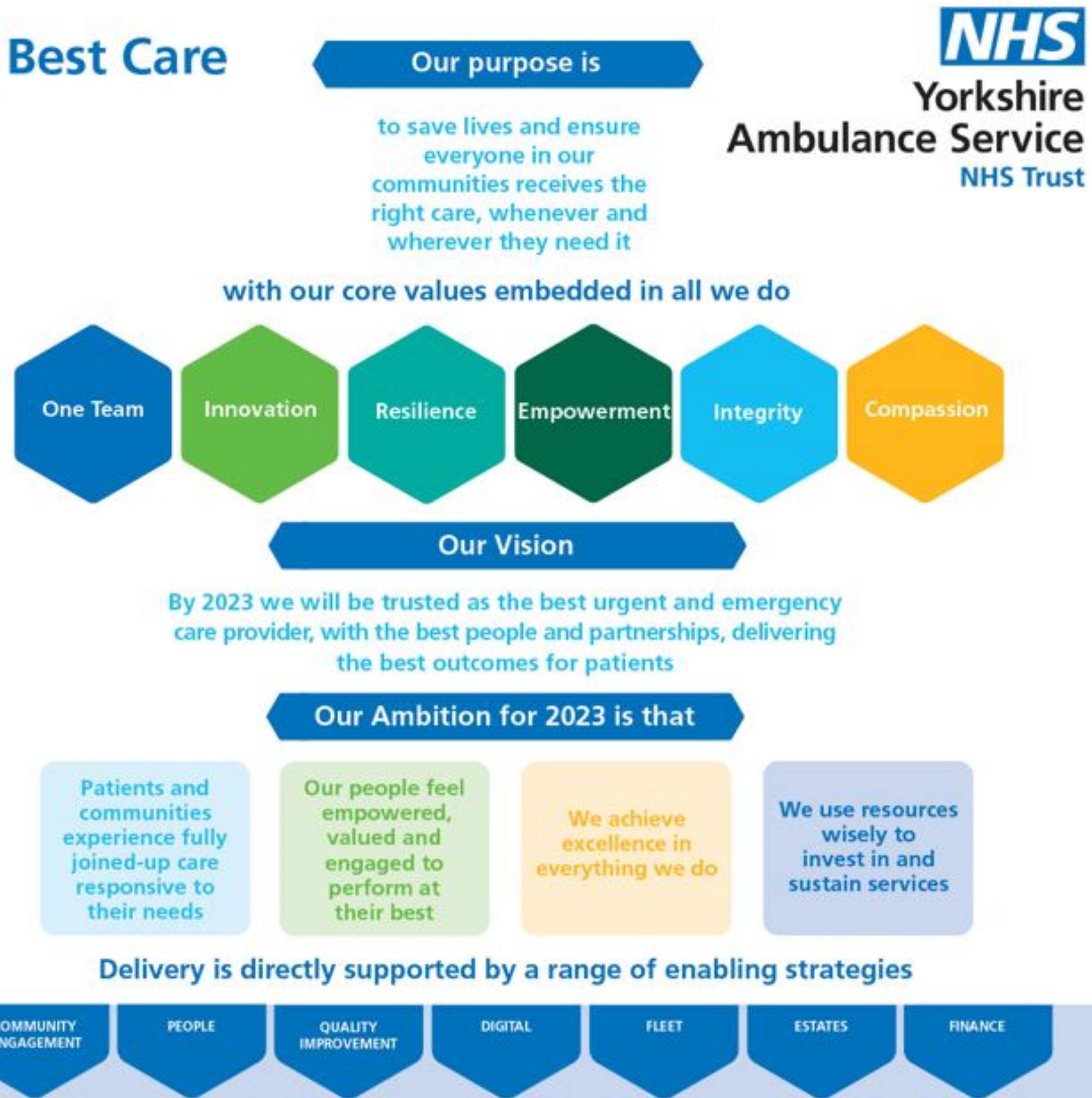
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## One Team, Best Care



Patients and communities experience fully joined-up care responsive to their needs

Our people feel empowered, valued and engaged to perform at their best

### Our Ambitions for 2023

We achieve excellence in everything we do

We use resources wisely to invest in and sustain services

### 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

- H2 planning is on the Horizon and due to land W/C 20th of Sept.
- NHS 111 and EOC call demands to continue to be just under 30% of expected forecast.
- Significant system pressures throughout the system. It has been communicated that YAS is taking steps currently at REAP 4.
- ICS operating model continues to evolve – with the NHSE thriving places paper released. Emphasis continues on the primacy of place.
- ICS comms being developed regarding YAS and its place with in each of our three ICS's.
- .GOV winter plan released advising of plan A and plan b dependant on covid.
- Neighbourhood model for WY&H and place plans continue to be developed. Workshop to take place to gain feedback and create shared learning.

## Humber Coast and Vale ICS

### ICS Updates:

- Winter/surge planning – require provider winter plans by 9 September to be submitted to NHSE/I for ICS. YAS to submit Con Ops report following internal sign off on 7/09.
- The business case for the HCV Local Cas has now been approved for the full bundle -providing 24/7 support to YAS, clinical assessment of ED online dispositions, primary care picking up the speak to 1&2hr GP calls and the clinical messaging early adopter pilot running in Scarborough frailty unit (to be rolled out across all frailty units by the end of the financial year). Local CAS will go live on 1st September 2021.
- Unprecedented demand and system pressures continue to affect all partners across HCV. HUTH reporting OPEL 4 regularly throughout August.

### Developments at place

- 2hr crisis response – awaiting clarity of funding however still scoping service provision and scope in the meantime.
- Whitby UTC now fully implemented roll out of the enhanced UTC profile - completed end of August (also UTC site moved 23 August)

### Humber

- Advice and Guidance Paediatrics Meeting continues– YAS engaged through SSDM/Clinical Pathways Team to feed in the requirements for 999 to access paediatric advice and guidance model
- CHCP RSV Pathway – rapidly developing HOT clinics for children over 5 accessing 111/999 requiring GP led intervention as an alternative to ED. CHCP developing the final model – YAS engaged from a 999 and 111 perspective.
- Work being initiated between YAS, HUTH and HCP to look at opportunities to further strengthen and develop alternative/diversionary pathways. Follows the Missed.
- MH Response Vehicle pilot extended in Hull to end of November. Looking to roll out to 7 shifts a week.

## West Yorkshire ICS

- WYH UEC Programme Board – Programme board did not meet but will meet again, TBC.

### Urgent Community Response:

1. Leeds is spending time mapping out their existing UCR-type services and how they can bring these together as a more integrated and enhanced model system pressure.
2. Kirklees is well established and is now both accessible from 999 & 111 via their 'Urgent Care Hub'.
3. Bradford, Airedale & Craven has a UCR work programme underway and currently scoping the services that could combine to become a single UCR with a single point of contact.
4. Setting-up Kirklees UCR, Wakefield Care homes and YAS pathways & care homes frequent caller teams.

### Reconfigurations:

- **\*NEW\*** North Leeds Paediatric Divert (Winter Tactic) – SSDM for west has been coordinating a response to an action from the West Yorkshire Association of acute trusts (WYAAT) gold group re a divert policy for North Leeds paediatric patients to be conveyed to Harrogate District Hospital.

### Messaging:

- The data shows that for those north Leeds postcodes that are equidistant (LTHT and HDFT), specifically LS21 & 22 that there were:
  - 16 conveyances to LGI (~1 per week)
  - 28 conveyances to HDH (~2 per week)
- The view from the WY PBWG last week is that from a 999 perspective this is very difficult to manage, and a lot of the conveyances from those areas are already going to HDFT. It becomes confusing for crews and extending a divert across the whole Leeds area is not clinically safe due to nearer EDs in Wakefield and Bradford – Harrogate can also only support an additional 3-4 patients per week. It would require some form of senior paediatric support from HDFT to help manage and navigate patients (e.g., an SDEC, or phone line to a senior paediatrician).
- The view is that this should be used to guide discussions at an ICS/ regional level to push for a local CAS model to support Paediatrics. Head of planning & development is update at Programme Oversight Group in September.

### Issues/ concerns/ Risks:

- Urgent Community Response workforce – As all places start to develop their offer of an Urgent Community response service, the need for a skilled workforce to staff the services increases. National guidance details the need for advanced care practitioners and therefore there may be a risk that UCR service look at highly skilled paramedics to fill these roles. This has been flagged before with the Head of Performance.

## South Yorkshire and Bassetlaw ICS

THE SYB UEC Delivery & Oversight group met on 26th August – This followed on from the SYB UEC Programme Board meeting on the 7th of July which was undertaken as a workshop with a view to agreeing the key programme priorities for 2021/22 and identifying what value would be added from looking at these at an ICS level.

- The primary UEC programme objectives were identified as:
  - o Reduction of crowding within the UEC system
  - o Implementation of the clinical review of standards to drive improvement
  - o Reduction of unwarranted variation within the UEC system
  - o Support for the recovery of UEC services
- NHSE/I have joined the ICS to support with delivery of these objectives through three key priority areas for urgent and emergency care during 2021/22. Specifically, these are:
  - o Hospital handover and patient streaming
  - o Alternative dispositions
  - o Clinical review of standards
- SSDM also updated on the EOC access to DoS through PaCCs and made links with Alistair Mews after the meeting who is happy to disseminate info/comms through UEC and primary care channels. A concern was flagged as to whether EOC team have considered public behavior in this workstream i.e., will patients/public see 999 as an access point into primary care & GP – SSDM to feed this into EOC project group



# Programme Dashboard - Aug 21

## Infrastructure

ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
Hub & Spoke and AVP Logistics Hub P109 N365 Implementation P111 A&E Smartphone (Personal Issue) P113 ePR Phase 4 P91 Unified Communications Prepacked POM Pouches	Green	Green	Green	Green	Green	Green	Green
	Amber	Green	Amber	Red	Green	Green	Amber
	Green	Green	Green	Green	N/A	Green	Red
	Amber	Green	Green	Green	Green	Green	Green

Digital Enablers: Unified Comms is now RAG rated AMBER. Date for UC Migration phase 3 (EOC) confirmed as, 07.09.21. N365 is now RAG rated GREEN, no issues to report. ePR Phase 4 is also RAG rated GREEN. A&E Personal Issue Smartphones now RAG rated AMBER, deployment of devices planned through September. Hub & Spoke and AVP continues to be RAG rated GREEN with no areas of concern. Logistics Hub 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 AMBER, awaiting decision on funding.

## IUEC Programme























ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
IUEC PROGRAMME	Amber	Green	Green	Amber	Green	Green	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	Green	Green	Green	Green	Green	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	Amber	Green	Green	Amber	Green	Green	Amber
08. Mental Health Plan	Green	Amber	Green	Green	Green	Green	Green
09. Remote Clinical Assessment People Project	Green	Green	Green	Green	Green	Amber	Green
10. Comms & Engagement	Amber	N/A	Green	Green	N/A	Green	Green
11. Monitor & Control and Evaluation	Amber	N/A	Green	Green	Green	N/A	Amber

## Service Delivery and Integrated Workforce

ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
EOC Business Continuity Improvements Rotational Paramedics Team Based Working	Green	Amber	Green	Amber	Green	Green	Amber
	Green	Amber	Green	Green	Green	Green	Amber

Accountability Framework now PAUSED due to operational pressures. Team Based Working remains RAG rated GREEN. Potential cost pressure still noted due to lack of funding for career pathway, Phase 2. Rotational Paramedics remains RAG rated AMBER. Paramedics now selected for each of the 23 PCNS taking part in first group (20x Sept + 3x Dec / Jan). EOC Business Continuity Improvements RAG rated AMBER. Further developmental work required to refine options. Gate 0 approved. Gate 2 Business Case in development.

# 999 IPR Key Exceptions - Aug 21

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:38		
999 - Answer 95th Percentile		00:03:03		
999 - Answer 99th Percentile		00:04:54		
999 - C1 Mean (T <7Mins)	00:07:00	00:08:55		
999 - C1 90th (T <15Mins)	00:15:00	00:15:23		
999 - C2 Mean (T <18mins)	00:18:00	00:37:18		
999 - C2 90th (T <40Mins)	00:40:00	01:21:16		
999 - C3 Mean (T - <1Hr)	01:00:00	02:04:35		
999 - C3 90th (T - <2Hrs)	02:00:00	04:52:55		
999 - C4 90th (T < 3Hrs)	03:00:00	08:15:44		
999 - C1 Responses > 15 Mins		772		
999 - C2 Responses > 80 Mins		4,265		
999 - Job Cycle Time		01:44:00		
999 - Avg Hospital Turnaround	00:30:00	00:45:32		

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

**Call Answer** - The Call Answer Mean decreased in August to 38 seconds which over a minute less than July. The call answer mean for August last year was 5 seconds. Call answer times were highest in the last two weeks of August and call demand was above forecast for the month by 23.9%. Similarly, the tail end of call answer times shown in the percentiles have decreased from July but remain high overall compared to historical data.

**Cat 1-4 Performance** - No national performance targets were met last month. Although performance times for all categories remain exceptionally high, C1 performance saw a slight improvement last month and C2 and C3 performance remained much the same as July following a sharply increasing trend since April. 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 were in line with forecast for August but increased by 3.2% from July. Weekly staff hours have decreased compared to July by approximately 2,800 hours per week, exacerbated with longer DCA job times, meaning availability worsened by 0.5% from July. Compared to August 2020, abstractions are up by 9.1% and availability is down by 9.3%.














**Responses Tail (C1 and C2)** - The number of C1 incidents with a response time greater than 15 minutes in August decreased by 198 in July to 772 which is 197% greater than August 2020. Similarly, the number of C2 incidents greater than 80 minutes last month also decreased from July by 234 to 4,265. Compared to August 2020 there were only 315 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 August.











**Job cycle time** - Average Job Cycle time remains higher than last year and has been consistently increasing month on month. Throughout August there continued to be exceptionally high results due to increased hospital turnaround times. Compared to the same month last year, job cycle time is up by 12.2% which equates to an increase of 11 minutes and 18 seconds.

**Hospital** - Average hospital turnaround times for August increased slightly from the previous month by 52 seconds and were 29.5% 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, however, this increase appears to remain consistent since March 2020. More recently, the increase in turnaround times have been attributed to long handover times, with August showing 23 minutes and 43 seconds. The proportion of responses resulting in a conveyance to ED remains in line with July and only 1.2% lower than August 2020.



# IUC and PTS IPR Key Indicators - Aug 21

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		141,004		
IUC - Calls Abandoned	3.0%	15.9%		
IUC - Answered in 60 Secs	90.0%	25.7%		
IUC - Call back in 1 Hour	60.0%	48.6%		
IUC - Core Clinical Advice	30.0%	23.6%		
IUC - Booking ED	70.0%	36.8%		
IUC - ED Validations %	50.0%	43.4%		
IUC - 999 Validations 30 mins %	50.0%	90.8%		

Indicator	Target	Actual	Variance	Assurance
PTS - Arrive at Appointment Time	90.0%	88.8%		
PTS - Answered < 180 Secs	90.0%	74.0%		
PTS - Journeys < 120Mins	90.0%	99.4%		
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	92.1%		
PTS - % Short notice - Pickup < 120 mins	90.8%	86.0%		

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







YAS received 167,745 calls in August, 17.0% above the Annual Business Plan baseline demand - as of the end of the month, year to date offered calls were 16.2% above the baseline. Of calls offered in August, 141,004 calls (84.1%) were answered, 0.5% more than were answered in July, but 4.4% lower than the number of calls answered in August 2020. Recent exceptional demand and staff availability challenges have heavily impacted on call performance metrics. However, the percentage of calls answered in 60 seconds was up considerably on last month, at 25.7% compared with 13.3% in July. Similarly average speed to answer, which in August was 485.3 seconds, was down 296 seconds from July and against a national target of <20 seconds, and abandoned calls were 15.9% this month, well above the 3% target but 9.1% better than July's performance. YAS are not alone in these challenges, and most national providers are struggling. The proportion of Clinician Call Backs made within 1 hour was 48.6%, below the 60% target but higher than 44.9% in July. Core clinical advice was 23.6%, down from 25.4% in June. These figures are calculated based on the new ADC specification, which removes 111 online cases from counting as part of clinical advice, and also locally we are removing cases which come from the DCABS clinical service as we do not receive the initial calls for these cases. 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 90.8% in August, a slight increase from July, whilst performance for overall validations was 99.5%, with 10,001 cases validated overall. ED validation performance was 43.4% for August; worse than July's 45.0% in part due to the bank holiday at the end of the month. ED validation continues to be driven down since the implementation of 111 First and the prioritisation of UTCs over validation services for cases with an initial ED outcome. In the absence of this, YAS would have met and exceeded the 50% target every month this year.

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

Focus continues on the 120 Min Discharge KPI and patient care. Total Demand saw a decrease of 4.3% when compared with July, due to the August Bank Holiday and also 1 fewer weekday during August. Covid demand saw another 33% increase, with 1,473 journeys delivered in August. This is the second consecutive month with over 1000 covid journeys after the previous 3 months averaged below 500. Social distancing requirements, transmission levels regionally, Covid positive or suspect patients and facemask exempt patients are ensuring cohorting is being rolled out cautiously; this is also minimising the potential efficiency benefit to resource and waiting times. Covid demand levels are higher than previous month but -51% lower than the peak of the second wave. Short Notice Patients picked up within 120 Mins % had been on a downward trend since June 2020 however during August this figure increased to the highest it has been since Jan 2021 at 86%. This is 3% above the average over the past 6 months, however still 5% below target.



# Support Services IPR Key Indicators - Aug 21

Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		741		
Serious		5		
Moderate and Above Harm		25		
Service to Service		97		
Adult Safeguarding Referrals		1,457		
Child Safeguarding Referrals		641		













## 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 reduced to 25 in line with expected variation.

The number of **RIDDORS** submitted is higher than average and sits outside expected limits. The number of serious incidents remains high with a number of delayed responses due to increased demand and operational capacity.

**Service to Service** - referrals have reduced this month compared with July levels.

**Long Responses** - Daily analysis of C1 2 x 90th and a sample of highest C2 2 x 90th is underway in order to review patient safety, any potential adverse incidents are brought to the Incident Review Group for assessment.

Indicator	Target	Actual	Variance	Assurance
Turnover (FTE) %		9.3%		
Sickness - Total % (T-5%)	5.0%	9.5%		
Special Leave		2.1%		
PDR / Staff Appraisals % (T-90%)	90.0%	59.3%		
Stat & Mand Training (Fire & IG) 1Y	90.0%	81.5%		
Stat & Mand Training (Core) 3Y	90.0%	97.1%		
Stat & Mand Training (Face to Face)	90.0%	72.0%		

## 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 is working to investigate issues and implement interventions with the intention of sustainably reducing absence. A number of actions are now being progressed, particularly focusing on supporting staff in the workplace.

**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 59.3%. Given current operational pressures, most areas have seen some decrease in recent months. However, IUC has had a small increase since previous month. Support Services (Other) is still the area with lowest compliance but also the only area that have increased compliance compared with same period last year. Support is being provided to areas with very low compliance.

**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 is still lower due to operational pressure.

# Workforce Summary

## Key KPIs

Name	Aug 20	Jul 21	Aug 21
FTE in Post %		92.6%	94.1%
Turnover (FTE) %	8.3%	9.0%	9.3%
Vacancy Rate %		7.4%	5.9%
Apprentice %	4.2%	5.7%	6.2%
BME %	5.5%	6.4%	6.4%
Disabled %	2.8%	3.4%	3.5%
Sickness - Total % (T-5%)	6.4%	8.4%	9.5%
Special Leave	1.5%	3.5%	2.1%
PDR / Staff Appraisals % (T-90%)	69.5%	66.9%	59.3%
Stat & Mand Training (Fire & IG) 1Y	88.9%	84.3%	81.5%
Stat & Mand Training (Core) 3Y	96.2%	97.1%	97.1%
Stat & Mand Training (Face to Face)	74.0%	71.1%	72.0%
Stat & Mand Training (Safeguarding L2 +)	91.2%	85.6%	83.9%

## YAS Commentary

**FTE, Turnover, Vacancies and BME** - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 5.9%. However due to how the Trust collects this information, the rate is likely to be higher as some vacancies are being covered by overtime.

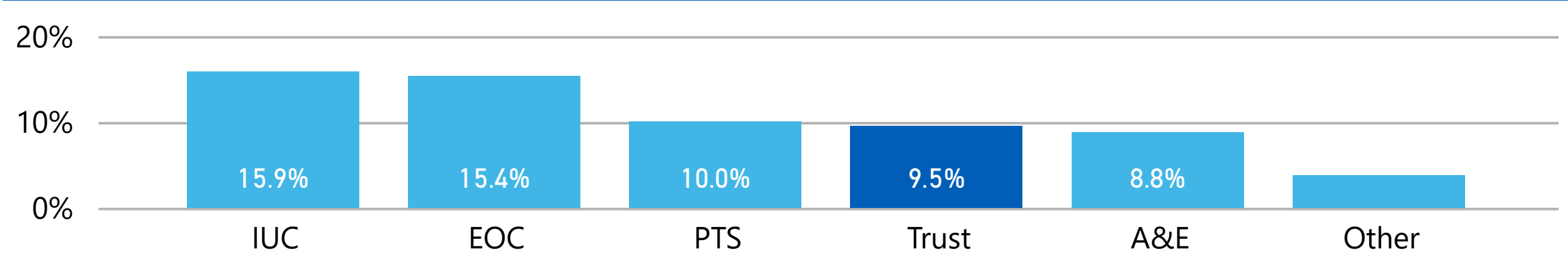
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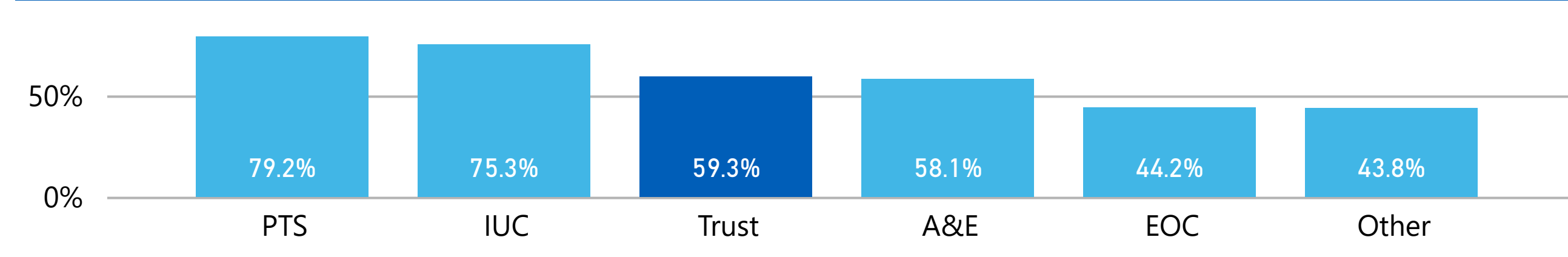
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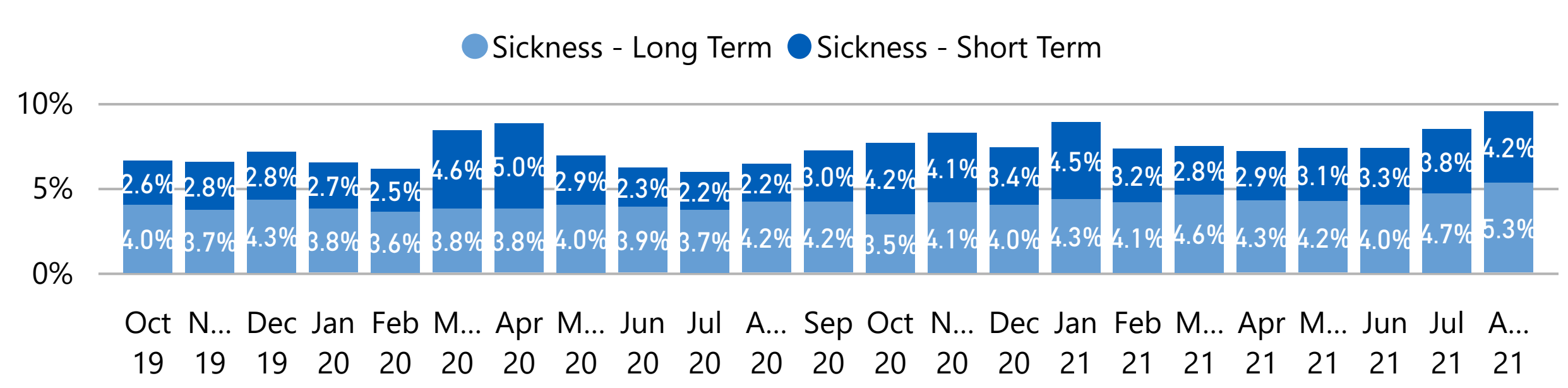
## Sickness Benchmark for Last Month



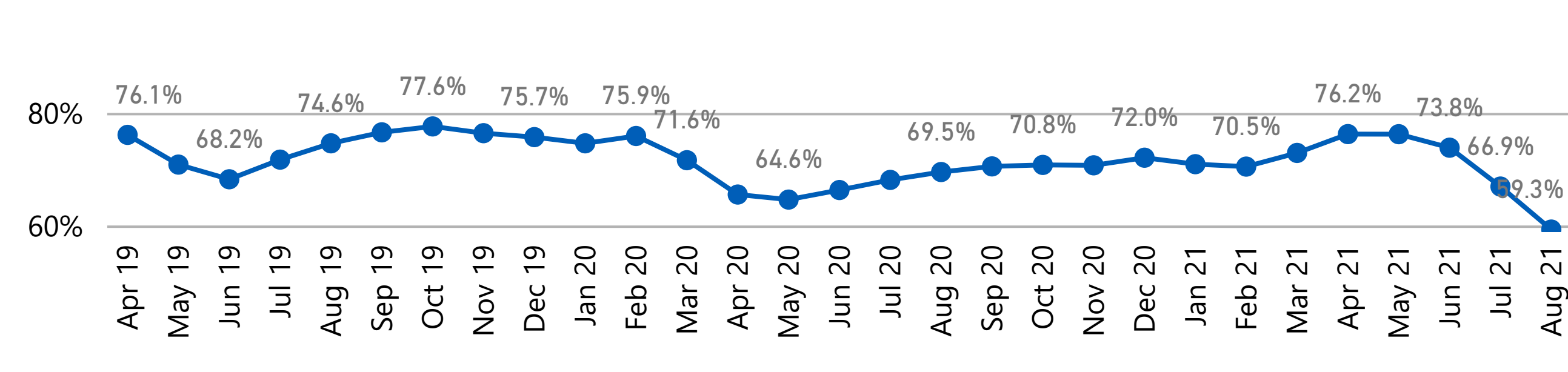
## PDR Benchmark for Last Month



## Sickness



## PDR - Target 90%





# YAS Finance Summary (Director Responsible Kathryn Vause- Aug 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 5 of £0.2m 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 July this is £72.8m.

## Full Year Position (£000s)

Name	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)		£245	245
Cash		£72,812	72812
Capital	£3,220	£780	

## Monthly View (£000s)

Indicator Name	2021-05	2021-06	2021-07	2021-08
Surplus/ (Deficit)	£637	£7	-£392	-£7
Cash	£66,696	£67,971	£69,166	£72,812
Capital	£107	£140	£267	£266

# Patient Demand Summary

## Demand Summary Commentary

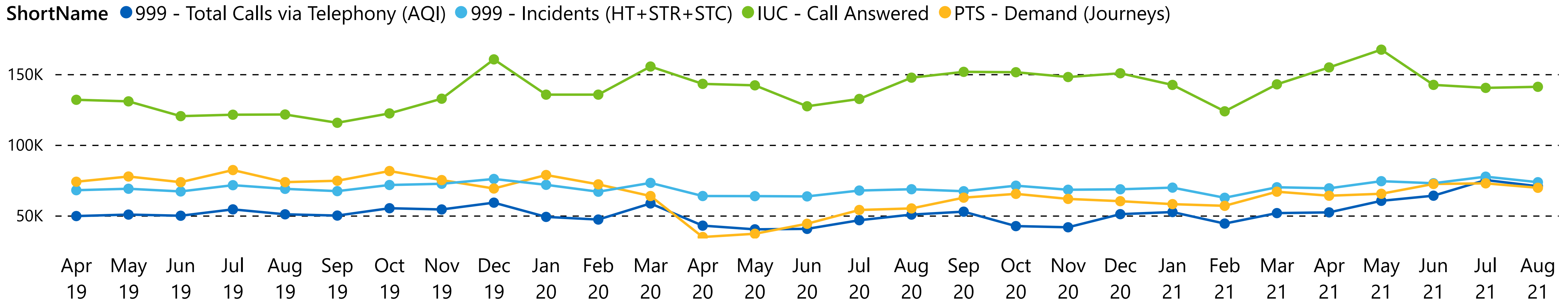
ShortName	Aug 20	Jul 21	Aug 21
999 - Incidents (HT+STR+STC)	68,558	77,454	73,534
999 - Increase - Previous Month	1.4%		-5.1%
999 - Increase - Same Month Last Year	-0.4%		7.3%
IUC - Call Answered	147,469	140,246	141,004
IUC - Increase - Previous Month	11.4%	-1.5%	0.5%
IUC - Increase Same Month Last Year	21.5%	5.9%	-4.4%
IUC - Calls Answered Above Ceiling	11.7%	-5.8%	-3.6%
PTS - Demand (Journeys)	54,984	72,719	69,567
PTS - Increase - Previous Month	2.0%	0.6%	-4.3%
PTS - Same Month Last Year	-25.3%	34.9%	26.5%

**999** - At Scene Response demand is 0.7% lower than forecasted levels for August. All Response Demand (STR + STC +HT) is 5.1% lower than last month and 7.3% higher than August 2020.

**IUC** - YAS received 167,745 calls in August, 17.0% above the Annual Business Plan baseline demand - as of the end of the month, year to date offered calls were 16.2% above the baseline. Of calls offered in August, 141,004 calls (84.1%) were answered, 0.5% more than were answered in July, but 4.4% lower than the number of calls answered in August 2020..

**PTS** - Total Demand saw a decrease of 4.3% when compared with July, due to the August Bank Holiday and also 1 fewer weekday during August. Covid demand saw another 33% increase, with 1,473 journeys delivered in August. This is the second consecutive month with over 1000 covid journeys after the previous 3 months averaged below 500.

## Overall Calls and Demand



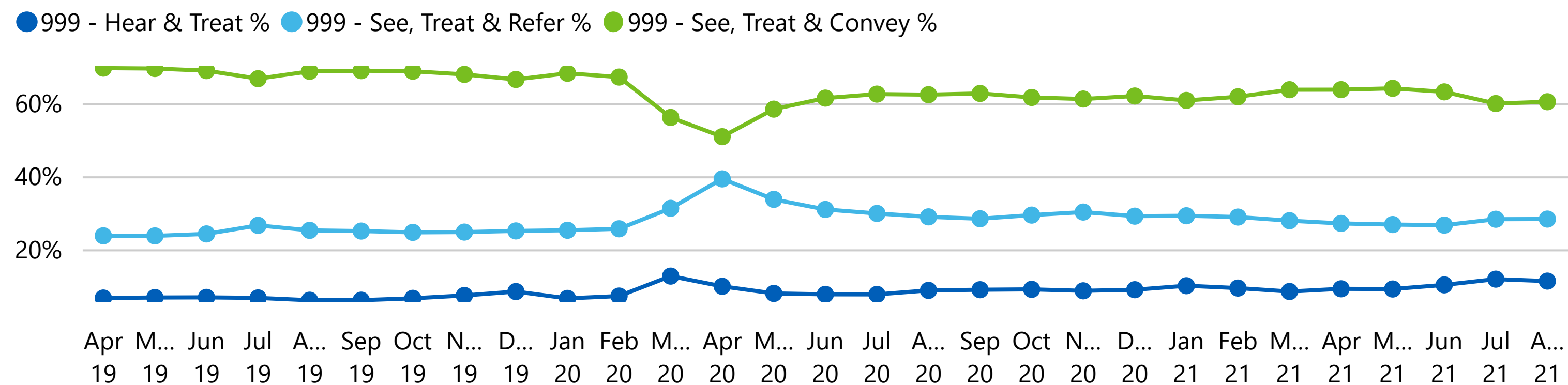


# Patient Outcomes Summary

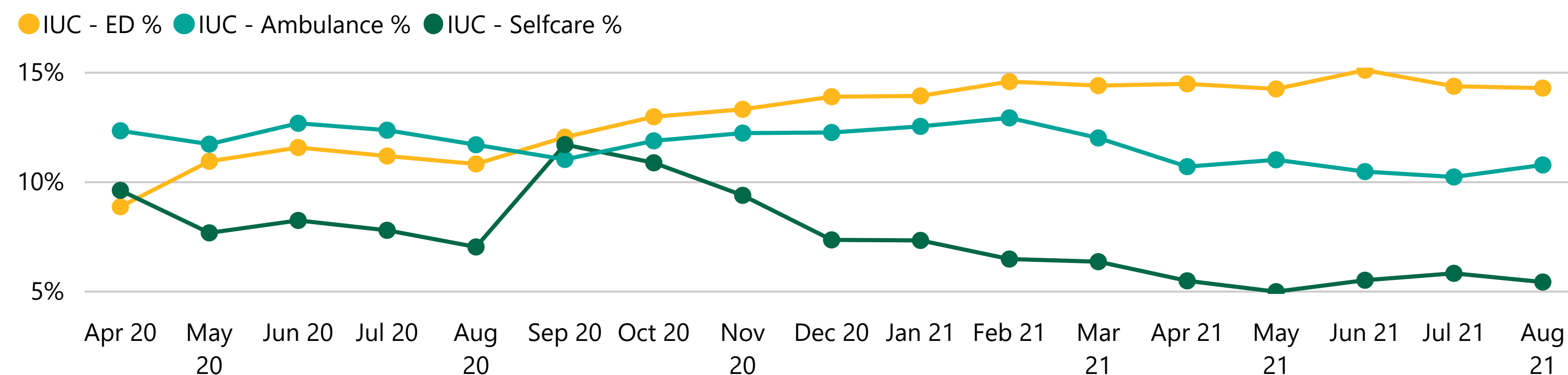
## Outcomes Summary

ShortName	Aug 20	Jul 21	Aug 21
999 - Incidents (HT+STR+STC)	68,558	77,454	73,534
999 - Hear & Treat %	8.8%	11.8%	11.3%
999 - See, Treat & Refer %	28.9%	28.2%	28.3%
999 - See, Treat & Convey %	62.4%	59.9%	60.4%
999 - Conveyance to ED %	54.6%	53.1%	53.4%
999 - Conveyance to Non ED %	7.8%	6.9%	7.1%
IUC - Calls Triaged	136,312	136,112	137,193
IUC - ED %	10.8%	14.3%	14.2%
IUC - ED outcome to A&E	87.9%	79.7%	80.3%
IUC - ED outcome to UTC	2.3%	10.3%	10.6%
IUC - Ambulance %	11.7%	10.2%	10.7%
IUC - Selfcare %	7.0%	5.8%	5.4%
IUC - Other Outcome %	11.8%	11.3%	11.9%
IUC - Primary Care %	55.8%	56.3%	55.7%
PTS - Demand (Journeys)	54,984	72,719	69,567

## 999 Outcomes



## IUC Outcomes



## Commentary

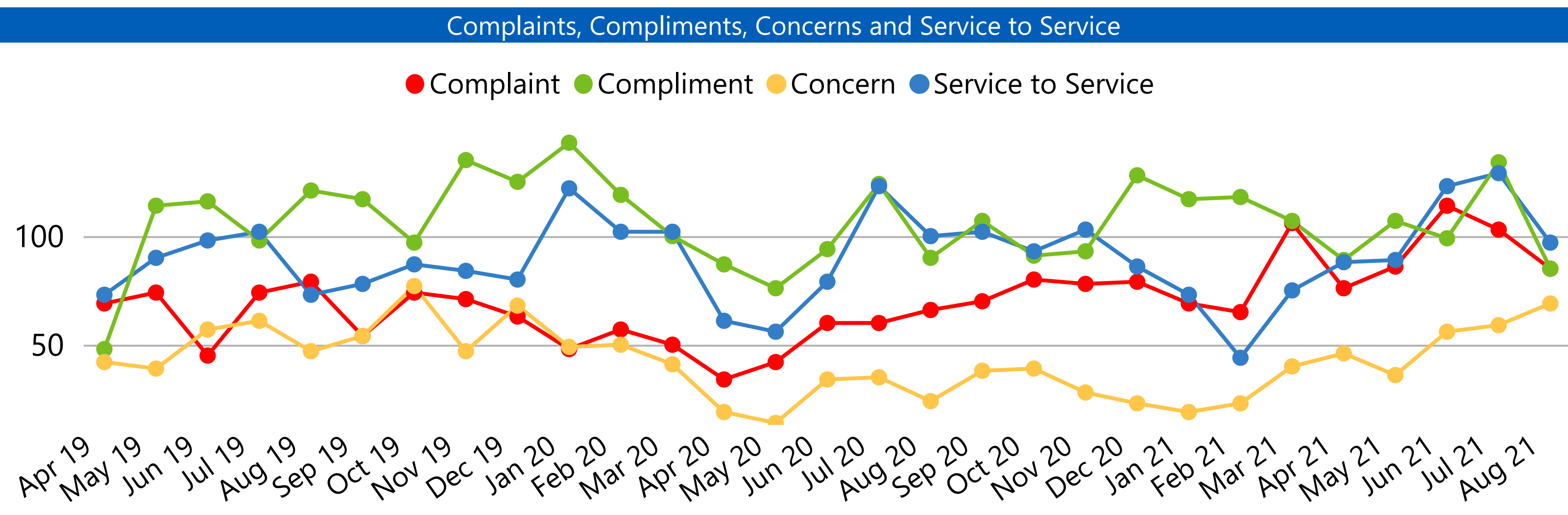
**999** - When comparing August 2021 against August 2020 in terms of incident outcome proportions within 999, the proportion of See, Treat & Refer has reduced by 0.6%, Hear & Treat has increased by 2.5% and See, Treat & Convey has decreased by 1.9%. Although the proportion on incidents with conveyance to ED has decreased slightly by 1.2% from last year, the number of incidents conveyed to ED has increased by 4.9%. In contrast, the number of incidents conveyed to non ED has decreased by 2.9%.

**IUC** - The proportion of callers given an ambulance outcome continued to be lower in August, at about 10% compared with over 12% at the end of the 2020/21 financial year. Meanwhile, primary care outcomes remain at a higher level than in the early stages of the Covid-19 pandemic. The proportion of callers given an ED outcome is now consistently around 14-15%, several percentage points 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	Aug 20	Jul 21	Aug 21
Service to Service	100	129	97
Concern	24	59	69
Compliment	90	134	85
Complaint	66	103	85



YAS Compliance			
Indicator	Aug 20	Jul 21	Aug 21
% FOI Request Compliance	90.9%	100.0%	96.9%

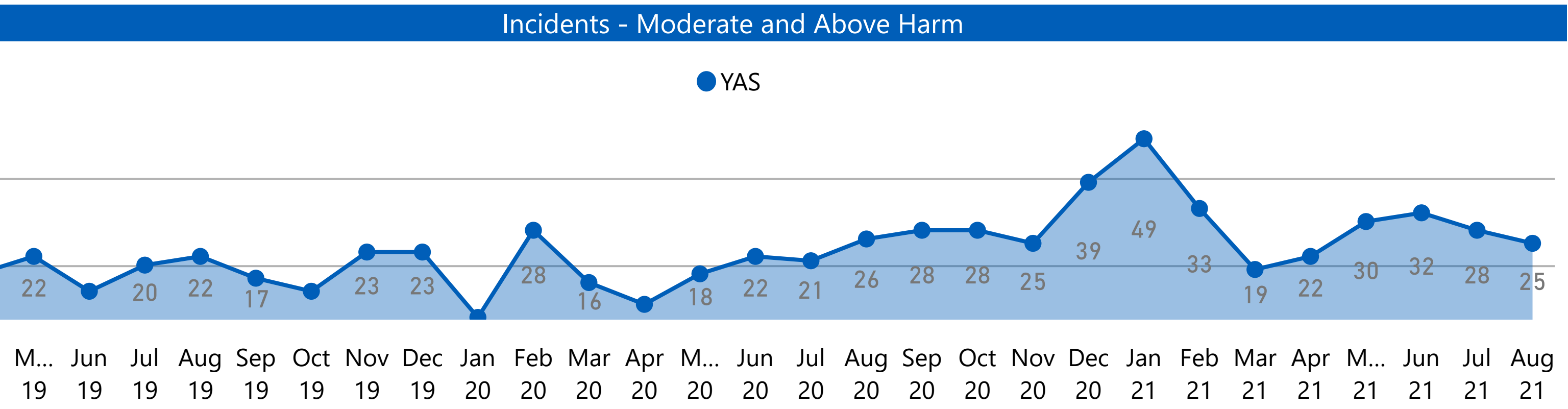
**YAS Comments**

**Patient Relations**  
 A reduction in service to service issues was seen in August. A slight increase in concerns for August compared to July, however there has also been a reduction in complaints during August compared to July.

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

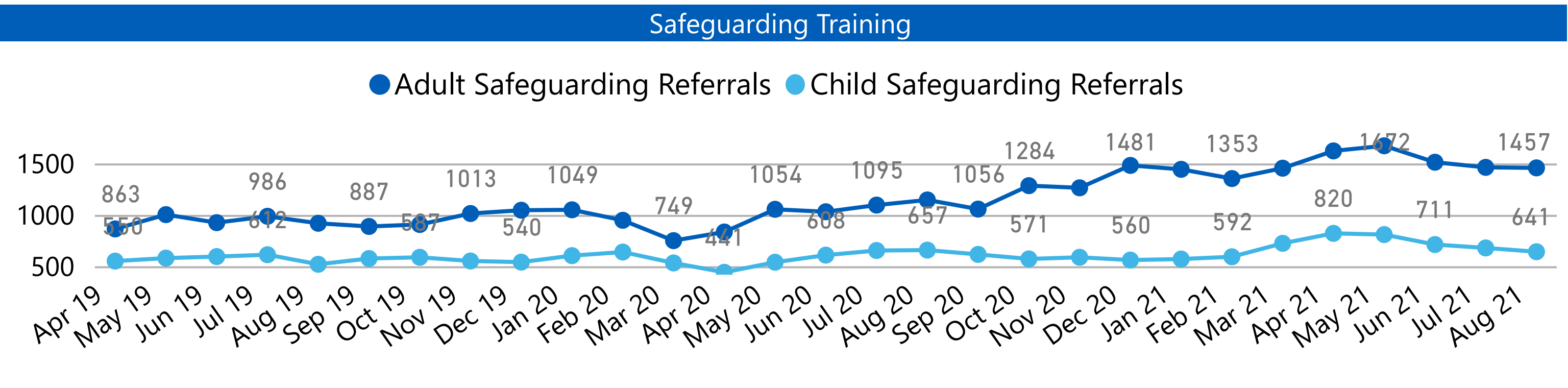


Incidents			
Indicator	Aug 20	Jul 21	Aug 21
All Incidents Reported	721	750	741
Medication Related	52	65	73
Moderate & Above Harm - Total	26	28	25
Number of duty of candour contacts	6	4	6
Number of RIDDORs Submitted			2
Serious	5	4	5



### YAS Child and Adult Safeguarding

Indicator	Aug 20	Jul 21	Aug 21
Adult Safeguarding Referrals	1,145	1,462	1,457
Child Safeguarding Referrals	657	678	641
% Trained Safeguarding for Children (L1)	97.6%	97.0%	96.9%
% Trained Safeguarding for Children (L2)		82.3%	79.9%
% Trained Safeguarding for Adults (L1)	97.4%	96.3%	96.3%



### A&E Long Responses

Indicator	Aug 20	Jul 21	Aug 21
999 - C1 Responses > 15 Mins	260	970	772
999 - C2 Responses > 80 Mins	315	4,499	4,265

### YAS Comments

**Safeguarding (child and adult)** – outside expected range - Safeguarding Referrals - Adult referrals have shown consistency over the past three months but remain outside of the previously expected variation. The trend for adult referrals continues to move upwards, indicating more need and vulnerability generally within the population. Child referrals have plateaued over July and August following the spike seen in Quarter 1 (2021-2022) bringing them inline with normal variation.

### YAS IPC Compliance

Indicator	Aug 20	Jul 21	Aug 21
% Compliance with Hand Hygiene	100.0%	100.0%	94.0%
% Compliance with Premise	99.0%	100.0%	98.0%
% Compliance with Vehicle	99.0%	99.0%	98.0%

**Safeguarding training** – below expected range – 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 (out of compliance since 2014-2020), 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

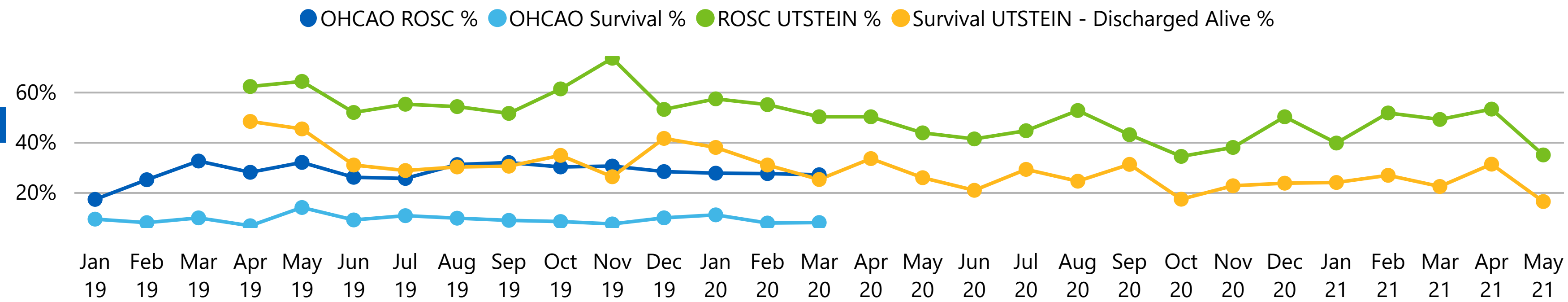
## Sentinal Stroke National Audit Programme (SSNAP)

Indicator	Mar 21	Apr 21	May 21
Avg Time from call to hospital	82	77	80
Total Patients	558	484	514

### Re-contacts as Proportion of Incident Category

Indicator	Jun 21	Jul 21	Aug 21
Re-contacts - H&T (%)	5.9%	4.9%	5.2%
Re-contacts - S&T (%)	5.2%	4.6%	4.6%
Re-contacts - Conveyed (%)	6.1%	5.6%	5.8%

## ROSC and Survival



**Sepsis Care Bundle** – Data evidences increase in care bundle compliance from 78% in December 2019 to 84% in March 2021. 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** – April 2021 YAS achieved 68% compliance up from 61% in Jan 2021. 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. Recording of two pain scores (pre & post analgesia) is also a contributing factor to care bundle failures. Further work is currently being undertaken by YAS clinical informatics & audit team to circulate these findings to front- line clinicians. Further review of the ACQIs by the national audit group also suggests that this element of the care bundle may be amended in the near future.

**Stroke Care Bundle** – Consistently in 90% range, compliance could be improved with better documentation of patient blood sugar. February & May 2021 both demonstrated 96% compliance. Blood pressure & FAST test recording compliance sits at above 99%, whilst the recording of blood sugar is currently at 93% across the trust. Communication of this trend to front- line clinicians has taken place.

**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 cardiac catheter lab for intervention. Early access to reperfusion (the restoration of blood flow) and other assessment and care interventions are associated with reductions in STEMI mortality and morbidity. The time to angiography reflects the speed and effectiveness of both the ambulance service, and the team which provides emergency primary percutaneous angiography in the hospital.

**SSNAP** – This data shows the call to hospital arrival time for patients with a stroke. Measures will be developed of the overall times from call to CT scan and from call to thrombolysis, which will reflect the speed and effectiveness of both the ambulance service and the team which provides emergency and specialist stroke treatment in the hospital. The health outcomes of patients who suffer an acute stroke can be improved by recognising the symptoms of a stroke or transient ischaemic attack (TIA), making a diagnosis quickly, and by early transport of a patient to a stroke centre capable of providing further tests, treatment and care, including an early CT scan of the brain and "clot-busting" drugs (thrombolysis) for those who are eligible.

**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

## Estates

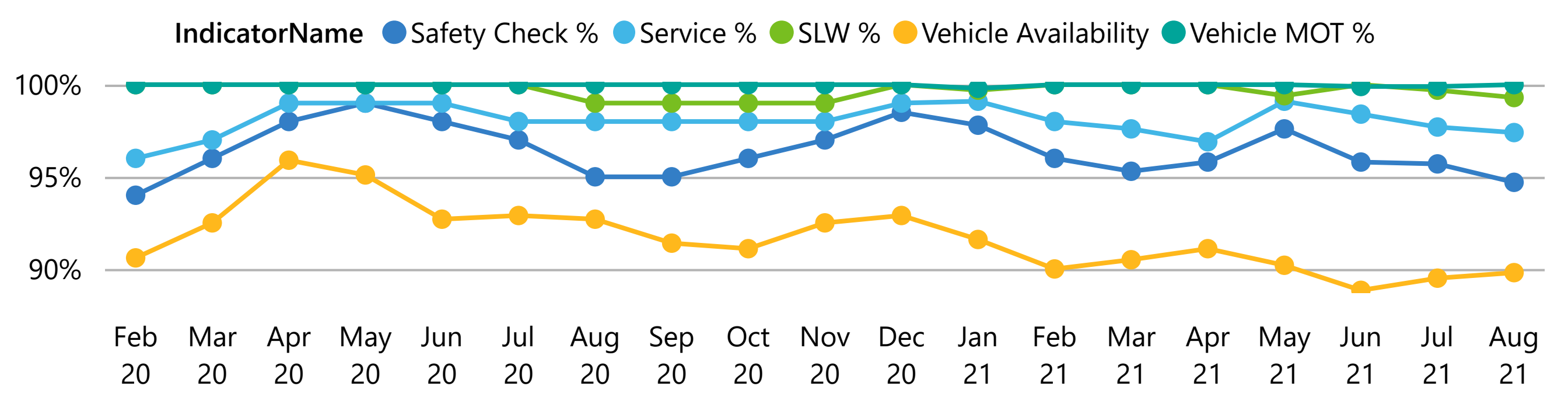
ShortName	Aug 20	Jul 21	Aug 21
P1 Emergency (2 HRS)	100.0%	100.0%	100.0%
P1 Emergency – Complete (<24Hrs)	100.0%	100.0%	100.0%
P2 Emergency (4 HRS)	95.8%	100.0%	100.0%
P2 Emergency – Complete (<24Hrs)	79.2%	83.3%	86.1%
Planned Maintenance Complete	100.0%	99.4%	99.6%
P6 Non Emergency - Attend within 2 weeks		100.0%	87.5%
P6 Non Emergency - Complete within 4 weeks		73.3%	62.5%

## Estates Commentary

Requests for reactive work/repairs on the Estate totaled 281 jobs for the month of August. This is continuing the theme of reducing calls for repairs on the Estate, Springhill remains the largest requester for service with all other sites in August down into single figures for repair. SLA figures continue to be good with near 100% against target, delay on parts prevents the completion in all cases.

The other categories aside the P1 & P2 emergency works are - P3 attend within 24 hours and P4 which is attend within 2 days. The performance on these are both at 100% Planned Maintenance activity on the Estate carried out by our service provider to attended to Statutory, mandatory and routine maintenance is recorded at 99.7% completion for August.

## 999 Fleet



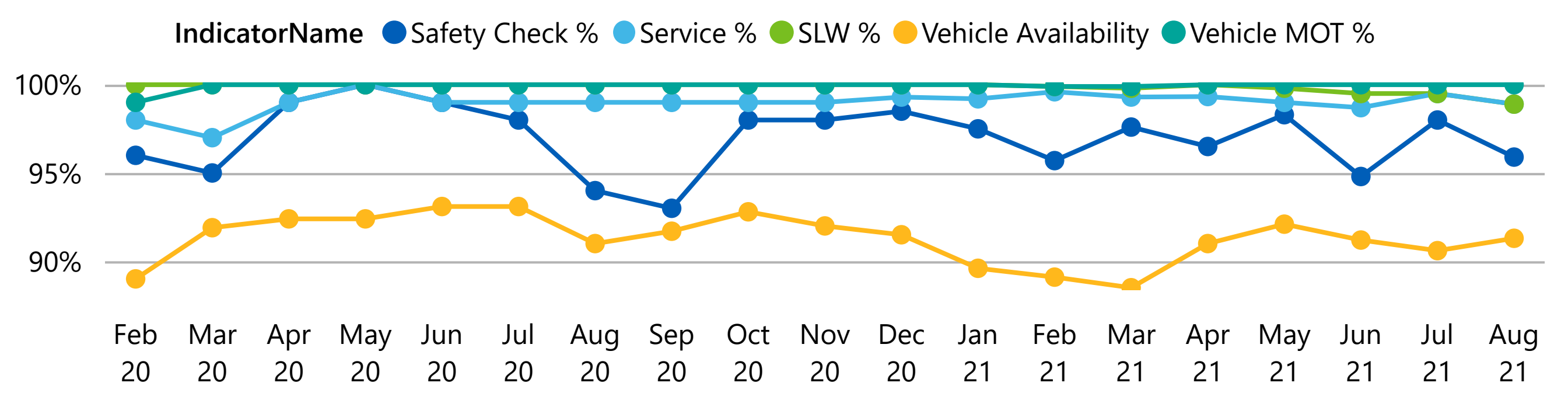
## 999 Fleet Age

IndicatorName	Aug 20	Aug 21
Vehicle age +7	8.4%	5.9%
Vehicle age +10	0.2%	0.4%

## PTS Age

IndicatorName	Aug 20	Aug 21
Vehicle age +7	16.5%	17.0%
Vehicle age +10	17.7%	9.1%

## PTS Fleet



## Fleet Commentary

A&E availability has improved through August this is partly due to additional weekend cover to ensure faster turnaround of vehicle defects. The final new DCA have been commissioned and are in service, meaning that age profile has improved.

PTS availability has also improved in August which as above has benefited from the additional weekend support. The trust has also taken further delivery of new vehicles which have been commissioned and are in service improving our vehicle availability and age profile.

# 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.
AMB78	999 - C1 90th (Trajectory)	time	C1 Incidents 90th Percentile Response Time (Trajectory)
AMB77	999 - C1 Mean (Trajectory)	time	C1 Incidents Mean Response Time (Trajectory)
AMB80	999 - C2 90th (Trajectory)	time	C2 Incidents 90th Percentile Response Time (Trajectory)
AMB79	999 - C2 Mean (Trajectory)	time	C2 Incidents Mean Response Time (Trajectory)
AMB82	999 - C3 90th (Trajectory)	time	C3 Incidents 90th Percentile Response Time (Trajectory)
AMB81	999 - C3 Mean (Trajectory)	time	C3 Incidents Mean Response Time (Trajectory)
AMB83	999 - C4 90th (Trajectory)	time	C4 Incidents 90th Percentile Response Time (Trajectory)
AMB84	999 - Call Answer Mean (Trajectory)	time	Call Answer Mean (Trajectory)
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



# 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