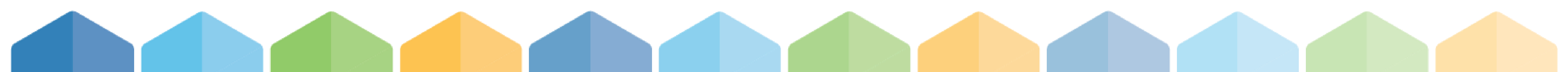




# Integrated Performance Report

Sep 2021

Published 18th October



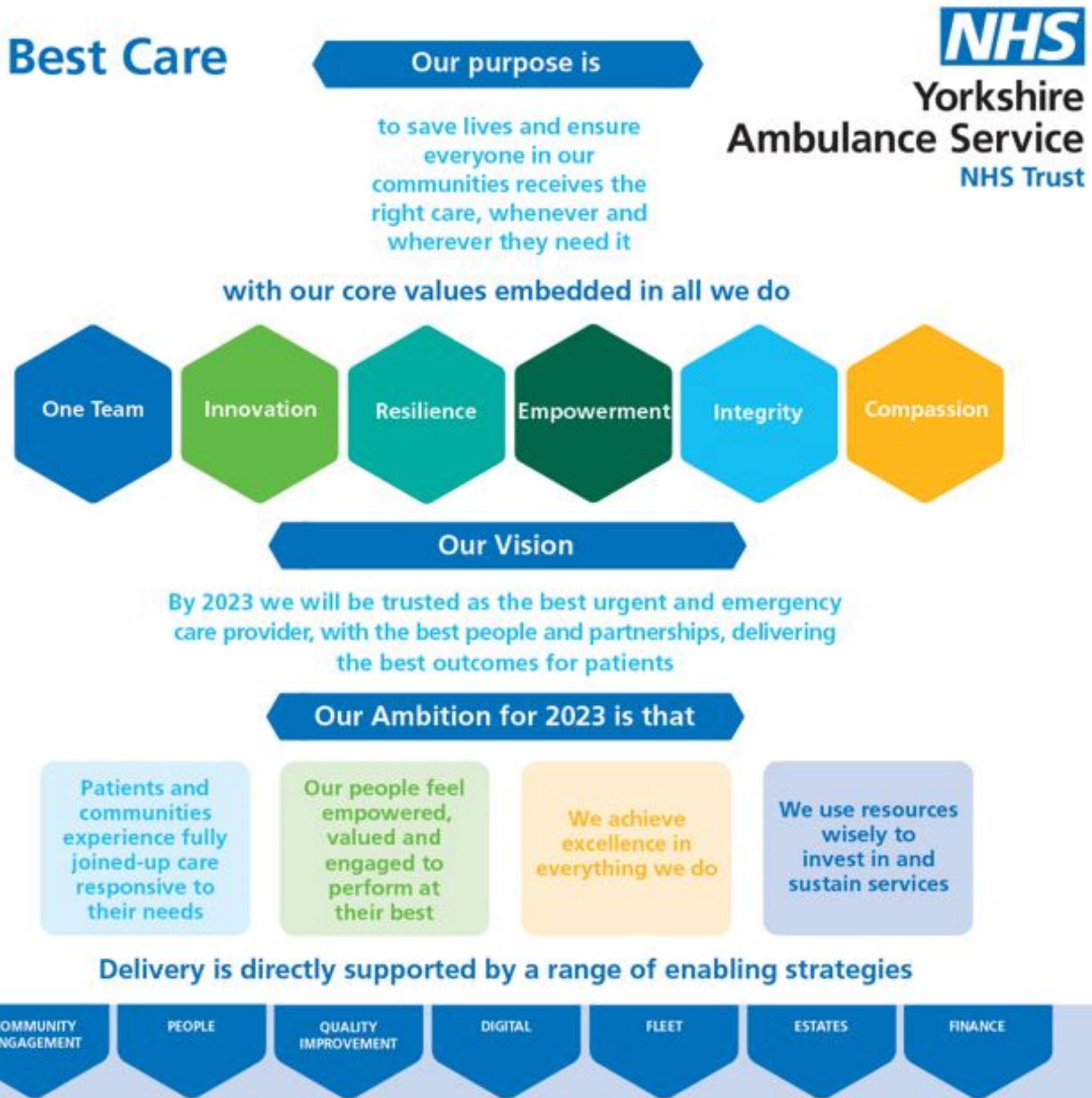
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## One Team, Best Care



### 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

- 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 within in each of our three ICSs.
- .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 – requires providers 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

Please note: Data contained is from August

## 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
	Yellow	Green	Yellow	Red	Green	Green	Yellow
	Green	Green	Green	Green	N/A	Green	Red
	Yellow	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


















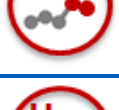




ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
IUEC PROGRAMME	Yellow	Green	Green	Yellow	Green	Green	Yellow
01. Aligned Strategy	Green	N/A	Green	Green	Green	N/A	Green
02. NHS 111 First Capacity	Green	Green	Green	Green	Green	Green	Green
03. 111 First to ED	Green	Green	Green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

## 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	Yellow	Green	Green	Green	Green	Yellow
	Green	Yellow	Green	Green	Green	Green	Yellow
	Green	Yellow	Green	Green	Green	Green	Yellow

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 - Sept 21

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:01:46		
999 - Answer 95th Percentile		00:06:46		
999 - Answer 99th Percentile		00:10:50		
999 - C1 Mean (T <7Mins)	00:07:00	00:09:44		
999 - C1 90th (T <15Mins)	00:15:00	00:16:47		
999 - C2 Mean (T <18mins)	00:18:00	00:37:56		
999 - C2 90th (T <40Mins)	00:40:00	01:21:03		
999 - C3 Mean (T - <1Hr)	01:00:00	01:58:54		
999 - C3 90th (T - <2Hrs)	02:00:00	04:50:53		
999 - C4 90th (T < 3Hrs)	03:00:00	06:41:07		
999 - C1 Responses > 15 Mins		978		
999 - C2 Responses > 80 Mins		4,099		
999 - Job Cycle Time		01:45:27		
999 - Avg Hospital Turnaround	00:30:00	00:47:10		
999 - Total Hospital Lost Time		322:32:52		

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

**Call Answer** The Call Answer Mean increased in September to 1 minute 46 seconds which is over a minute more than August. The call answer mean for September last year was 11 seconds. Call demand was above forecast for the month by 31.5% with the majority of the increase due to duplicate calls. The tail end of call answer times shown in the percentiles have remain high. YAS is a national outlier on call answer times.

**Cat 1-4 Performance** No national performance targets were met in September. Performance times for all categories remain exceptionally high, with longer times seen in C1 and C2 compared to last month and shorter times or similar times seen in C3 and C4. A greater demand in more urgent categories coupled with high job cycle times and an increase in overall demand on the service continues to impact on resource availability and impact performance. Abstractions were 1.4% lower than forecast for September, reducing 1.6% from August. Weekly staff hours have increased compared to August by approximately 1,190 hours per week, though DCA Jobs times have also lengthened by almost 2 minutes compared to August. Despite this availability improved by 1.2% from August. Compared to September 2020, abstractions are up by 6.3% and availability is down by 4.3%.

**Responses Tail (C1 and C2)** The number of C1 incidents with a response time greater than 15 minutes in September increased by 206 to 978 which is 185.1% greater than September 2020.

Conversely, the number of C2 incidents greater than 80 minutes last month decreased from August by 166 to 4,099. In September 2020 there were only 814 C2 incidents over this threshold.

The number of C1 incidents over 15 minutes and the number of C2 incidents over 80 minutes was exceptionally high for every week in September.














**Job cycle time** Average Job Cycle time remains higher than last year and has been consistently increasing month on month. Throughout September there continued to be exceptionally high figures due to increased hospital turnaround times. Compared to the same month last year, job cycle time is up by 11.5% which equates to an increase of 10 minutes and 53 seconds. This is a significant impact on operational availability.











**Hospital** Average hospital turnaround times for September increased from the previous month by 1 minute 38 seconds, this was 30% 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 September showing just over 26 minutes. The proportion of responses resulting in a conveyance to ED remains in line with August and only 2.3% lower than September 2020.

# IUC and PTS IPR Key Indicators - Sept 21

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		126,820		
IUC - Calls Abandoned	3.0%	20.5%		
IUC - Answered in 60 Secs	90.0%	22.4%		
IUC - Call back in 1 Hour	60.0%	45.9%		
IUC - Core Clinical Advice	30.0%	24.3%		
IUC - Booking ED	70.0%	35.3%		
IUC - ED Validations %	50.0%	45.1%		
IUC - 999 Validations 30 mins %	50.0%	90.4%		

Indicator	Target	Actual	Variance	Assurance
PTS - Arrive at Appointment Time	90.0%	88.1%		
PTS - Answered < 180 Secs	90.0%	44.5%		
PTS - Journeys < 120Mins	90.0%	99.5%		
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	91.3%		
PTS - % Short notice - Pickup < 120 mins	90.8%	84.6%		

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

YAS received 159,540 calls in September, 16.7% above the Annual Business Plan baseline demand - as of the end of the month, year to date offered calls were 16.3% above the baseline. Of calls offered in September, 126,820 calls (79.5%) were answered, 10.1% fewer than were answered in August, and 16.3% lower than the number of calls answered in September 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 down slightly on last month, at 22.4% compared with 25.7% in August. Similarly average speed to answer, which in September was 663 seconds, up 178 seconds from August and against a national target of <20 seconds, and abandoned calls were 20.5% this month, well above the 3% target and 4.6% worse than August'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 45.9%, below the 60% target and lower than 48.6% in August. Core clinical advice was 24.3%, up from 23.6% in August. 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, 90.4% in September, whilst performance for overall validations was 99.6%, with just under 9.5k cases validated overall. ED validation performance was 45.1% for September, an improvement on 43.4% in August. 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)

Total Demand in September was at its highest level since February 2020 after an increase of 7.5% when compared with the previous month. The largest increase in demand is for planned care activity, Acute and system plans inform us that planned care is set to increase throughout H2 as part of the regions system recovery. Therefore PTS demand will continue to increase. Social Distancing guidance of 1m plus remains in place, limiting PTS ability to cohort patients; this is also minimising the potential efficiency benefit to resource and waiting times

The contractual KPI's remain suspended in line with NHS England Guidance. Focus continues on the 120 Min Discharge KPI and patient care. Covid demand saw a 10% decrease, with 1,333 journeys delivered in September. This is now the third consecutive month with over 1,000 covid journeys.

Short Notice Patients picked up within 120 Mins % has since February 2021 fluctuated around 83.5%. As the 90.8% target is outside the control limits, it would take exceptional levels for the target to be achieved.

Telephony performance has been outside the control limits during 5 of the past 6 months. After promising improvement during July and August, September saw a significant drop in performance (-29.5%) at 44.5%. Mitigating measures for call handling are being actioned; but it should be notes at end of September PTS Call handling was enacting Business Continuity measures.





Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		669		
Serious		8		
Moderate and Above Harm		43		
Service to Service		113		
Adult Safeguarding Referrals		1,500		
Child Safeguarding Referrals		600		

## 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 increased to 43 in line with expected variation. Serious incidents have increased to 8 last month.

The number of **RIDDORS** submitted is higher than average and sits outside expected limits. One of the reasons for the increase is that there were several outstanding incidents to be investigated and processed from previous reporting. 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 increased this month compared to August.

**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.

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

**Sickness** - Sickness remains high compared to the 5% target but is stable from last month. Main impact is seen in our call centres. Short term absence has seen a slight increase with long term a slight decrease. A Trust-wide sickness taskforce continues to investigate issues and implement interventions with the intention of sustainably reducing absence. The EOC/111 transformation teams have specific work streams regarding health and wellbeing.

**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 54.9%. 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.

Indicator	Target	Actual	Variance	Assurance
Turnover (FTE) %		9.9%		
Sickness - Total % (T-5%)	5.0%	9.5%		
Special Leave		1.8%		
PDR / Staff Appraisals % (T-90%)	90.0%	54.9%		
Stat & Mand Training (Fire & IG) 1Y	90.0%	80.8%		
Stat & Mand Training (Core) 3Y	90.0%	97.1%		
Stat & Mand Training (Face to Face)	90.0%	71.1%		

# Workforce Summary

A&E	IUC	PTS
EOC	Other	Trust



## Key KPIs

Name	Sep 20	Aug 21	Sep 21
FTE in Post %		94.1%	94.1%
Turnover (FTE) %	8.3%	9.3%	9.9%
Vacancy Rate %		5.9%	5.9%
Apprentice %	4.5%	6.2%	6.4%
BME %	5.6%	6.4%	6.3%
Disabled %	3.0%	3.5%	3.7%
Sickness - Total % (T-5%)	7.2%	9.5%	9.5%
Special Leave	1.5%	2.1%	1.8%
PDR / Staff Appraisals % (T-90%)	70.5%	59.3%	54.9%
Stat & Mand Training (Fire & IG) 1Y	91.4%	81.5%	80.8%
Stat & Mand Training (Core) 3Y	96.6%	97.1%	97.1%
Stat & Mand Training (Face to Face)	72.0%	72.0%	71.1%
Stat & Mand Training (Safeguarding L2 +)	92.7%	83.9%	83.2%

## 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.

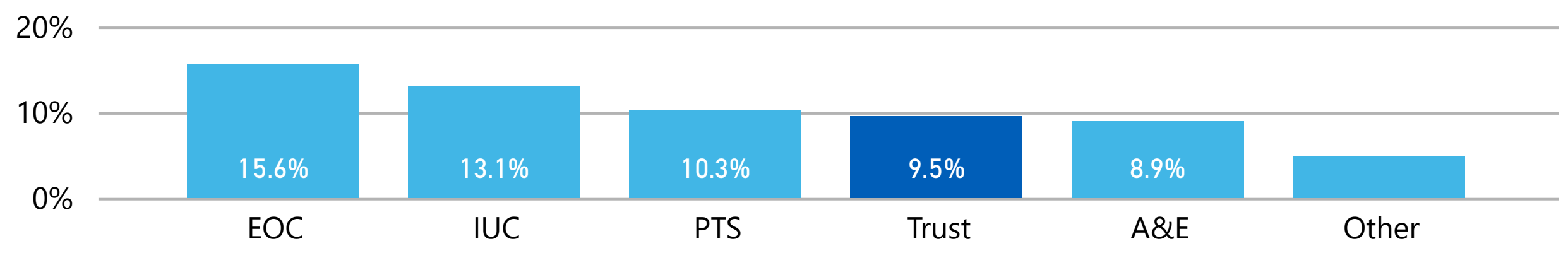
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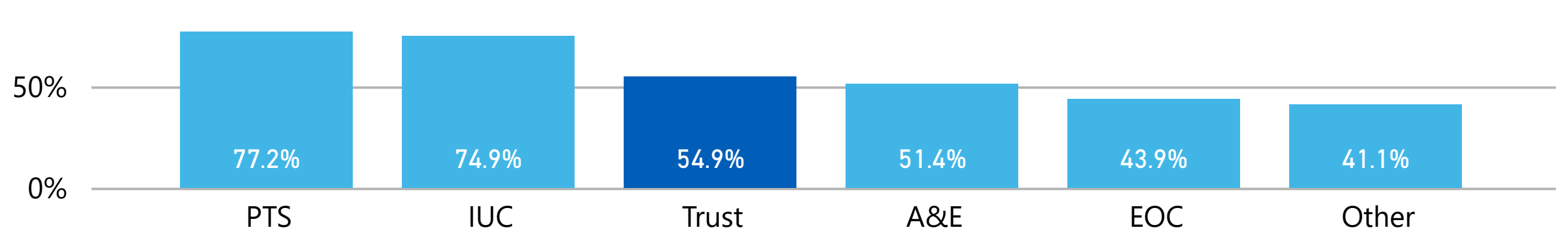
**PDR** -rates reduced to 54.9%. Given current operational pressures, all areas have seen some decrease in recent months. Support Services (Other) and EOC are the two areas with lowest compliance. Support is being provided to areas with very low compliance. In November the Trust's refreshed Appraisal process will be launched – and staff and managers will be reminded of the importance of these appraisal conversations and the support available.

**Statutory and Mandatory Training** - Good compliance figures against the 3 year core training, whilst compliance for the 1 year face-to-face is still lower due to operational pressure.

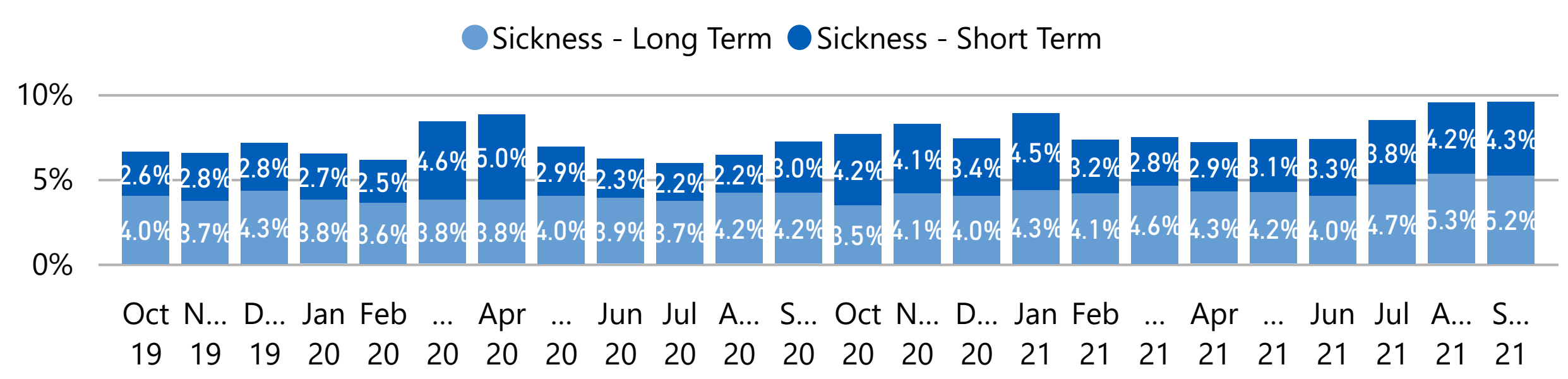
### Sickness Benchmark for Last Month



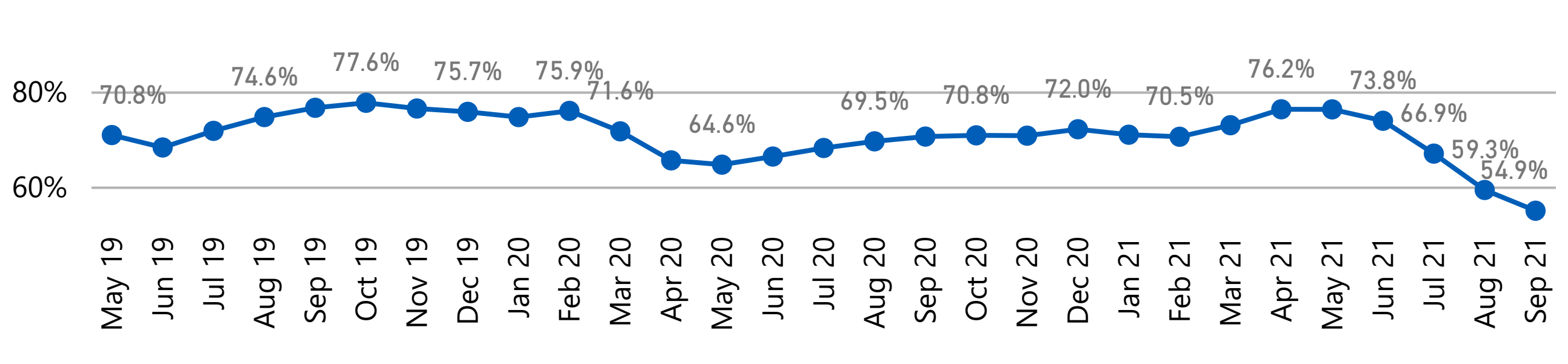
### PDR Benchmark for Last Month



### Sickness



### PDR - Target 90%



# YAS Finance Summary (Director Responsible Kathryn Vause- Sep 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 surplus at month 6 of £0.1m and breakeven for ICS reporting after the gains on disposals are removed.

**Capital** - YTD expenditure continues behind plan, some expenditure has been rephased in Estates, Fleet and IT together with unavoidable production and delivery delays in 2021/22.

**Cash** - As at the end of September the Trust had £72.8m cash at bank. (£64m at the end of 20-21).

### Full Year Position (£000s)

Name	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)		£141	£141
Cash		£72,787	£72,787
Capital	£4,762	£985	-£3,777

### Monthly View (£000s)

Indicator Name	2021-05	2021-06	2021-07	2021-08	2021-09
Surplus/ (Deficit)	£637	£7	-£392	-£7	-£104
Cash	£66,696	£67,971	£69,166	£72,812	£72,787
Capital	£107	£140	£267	£266	£205

# Patient Demand Summary

## Demand Summary Commentary

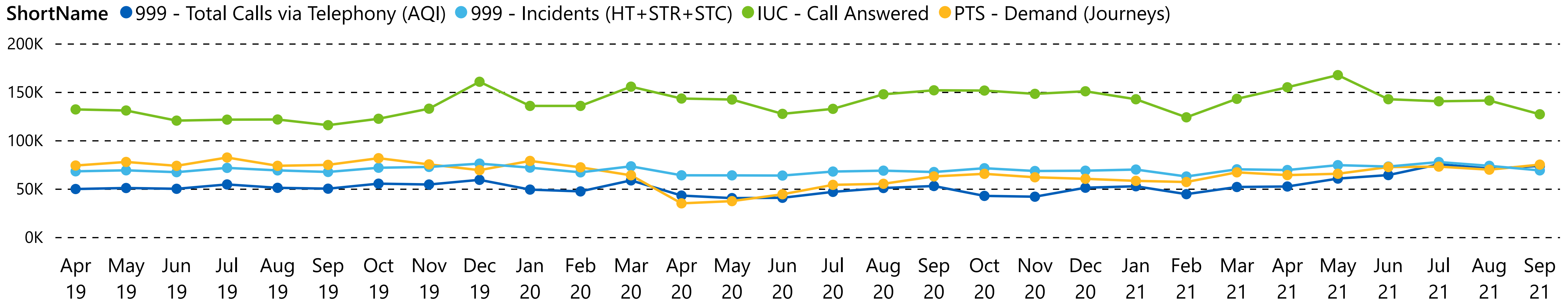
ShortName	Sep 20	Aug 21	Sep 21
999 - Incidents (HT+STR+STC)	67,148	73,534	68,821
999 - Increase - Previous Month	-2.1%	-5.1%	
999 - Increase - Same Month Last Year	-0.1%	7.3%	
IUC - Call Answered	151,588	141,004	126,820
IUC - Increase - Previous Month	2.8%	0.5%	-10.1%
IUC - Increase Same Month Last Year	31.2%	-4.4%	-16.3%
IUC - Calls Answered Above Ceiling	25.0%	-3.6%	-9.1%
PTS - Demand (Journeys)	62,594	69,567	74,790
PTS - Increase - Previous Month	13.8%	-4.3%	7.5%
PTS - Same Month Last Year	-16.0%	26.5%	19.5%

**999** - At Scene Response demand is 4.3% lower than forecasted levels for September. All Response Demand (STR + STC +HT) is 5.4% lower than last month and 0.9% higher than September 2020.

**IUC** - YAS received 159,540 calls in September, 16.7% above the Annual Business Plan baseline demand - as of the end of the month, year to date offered calls were 16.3% above the baseline. Of calls offered in September, 126,820 calls (79.5%) were answered, 10.1% fewer than were answered in August, and 16.3% lower than the number of calls answered in September 2020.

**PTS** - Total Demand in September was at its highest level since February 2020 after an increase of 7.5% when compared with the previous month. The largest increase in demand is for planned care activity, Acute and system plans inform us that planned care is set to increase throughout H2 as part of the regions system recovery. Therefore PTS demand will continue to increase.

## Overall Calls and Demand

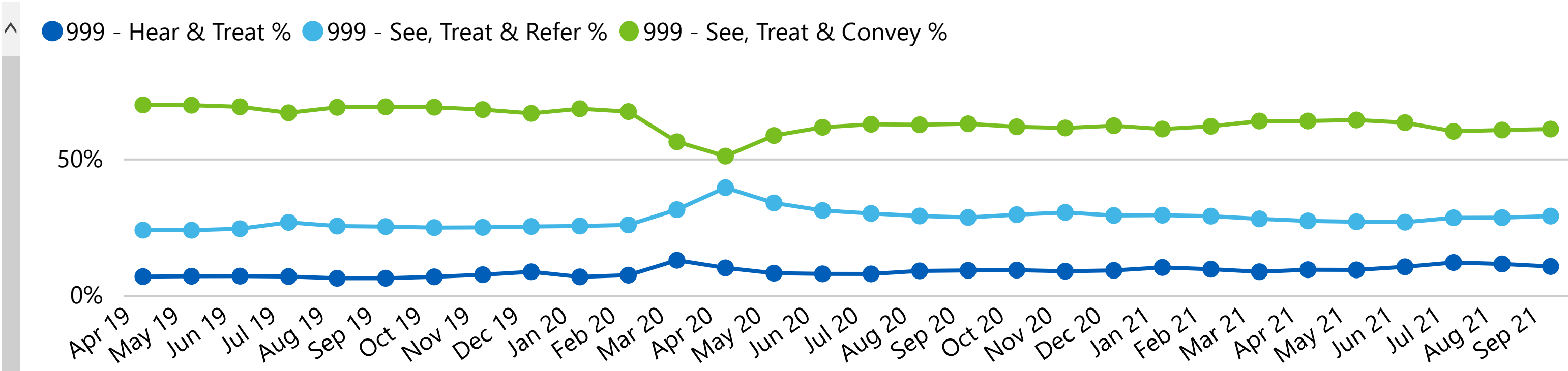


# Patient Outcomes Summary

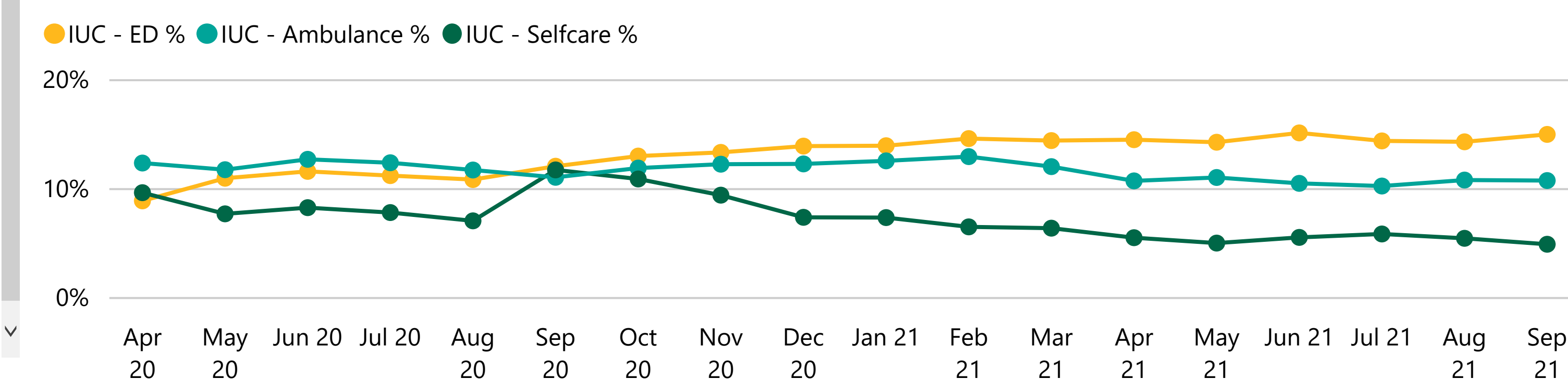
## Outcomes Summary

ShortName	Sep 20	Aug 21	Sep 21
999 - Incidents (HT+STR+STC)	67,148	73,534	68,821
999 - Hear & Treat %	8.9%	11.3%	10.4%
999 - See, Treat & Refer %	28.4%	28.3%	28.9%
999 - See, Treat & Convey %	62.7%	60.4%	60.8%
999 - Conveyance to ED %	54.9%	53.4%	53.6%
999 - Conveyance to Non ED %	7.8%	7.1%	7.2%
IUC - Calls Triaged	140,501	137,193	
IUC - ED %	12.0%	14.2%	14.9%
IUC - ED outcome to A&E	90.0%	80.3%	79.0%
IUC - ED outcome to UTC	1.6%	10.6%	10.5%
IUC - Ambulance %	11.0%	10.7%	10.7%
IUC - Selfcare %	11.7%	5.4%	4.8%
IUC - Other Outcome %	10.7%	11.9%	11.0%
IUC - Primary Care %	52.6%	55.7%	56.4%
PTS - Demand (Journeys)	62,594	69,567	74,790

## 999 Outcomes



## IUC Outcomes



## Commentary

**999** - When comparing September 2021 against September 2020 in terms of incident outcome proportions within 999, the proportion of See, Treat & Refer has increased by 0.5%, Hear & Treat has increased by 1.4% and See, Treat & Convey has decreased by 1.9%. Although the proportion of incidents with conveyance to ED has decreased slightly by 1.3% from last year, the number of incidents conveyed to ED has not changed (+0.1%). In contrast, the number of incidents conveyed to non-ED has decreased by 6.0%.

**IUC** - The proportion of callers given an ambulance outcome continued to be lower in September, 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)

A&E

EOC

IUC

PTS

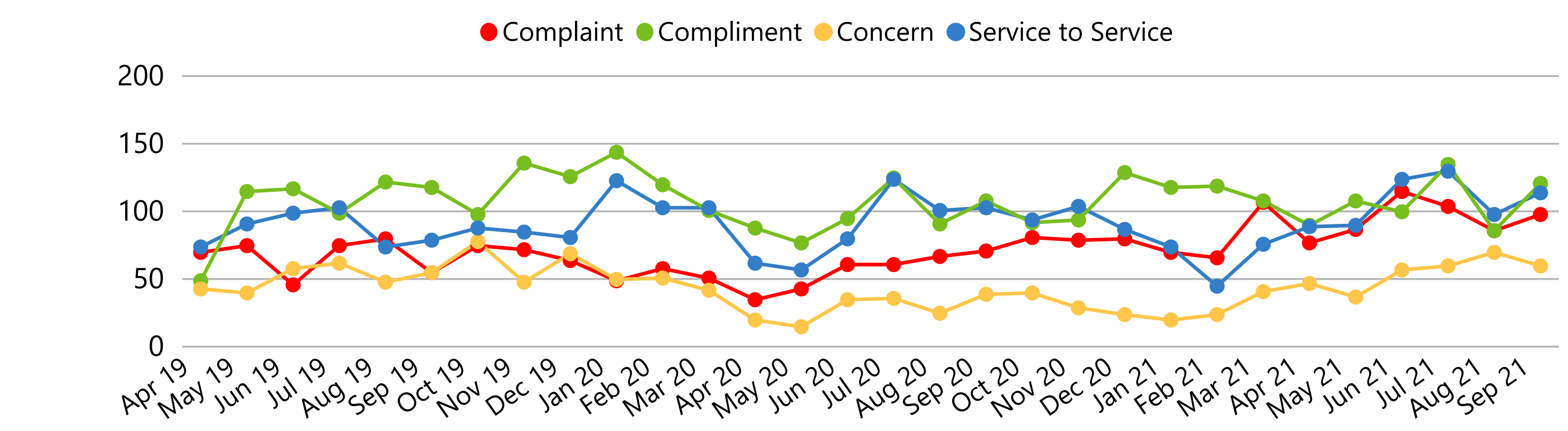
YAS



### Patient Relations

Indicator	Sep 20	Aug 21	Sep 21
Service to Service	102	97	113
Concern	38	69	59
Compliment	107	85	120
Complaint	70	85	97

### Complaints, Compliments, Concerns and Service to Service



### YAS Compliance

Indicator	Sep 20	Aug 21	Sep 21
% FOI Request Compliance	82.6%	96.9%	97.6%

### YAS Comments

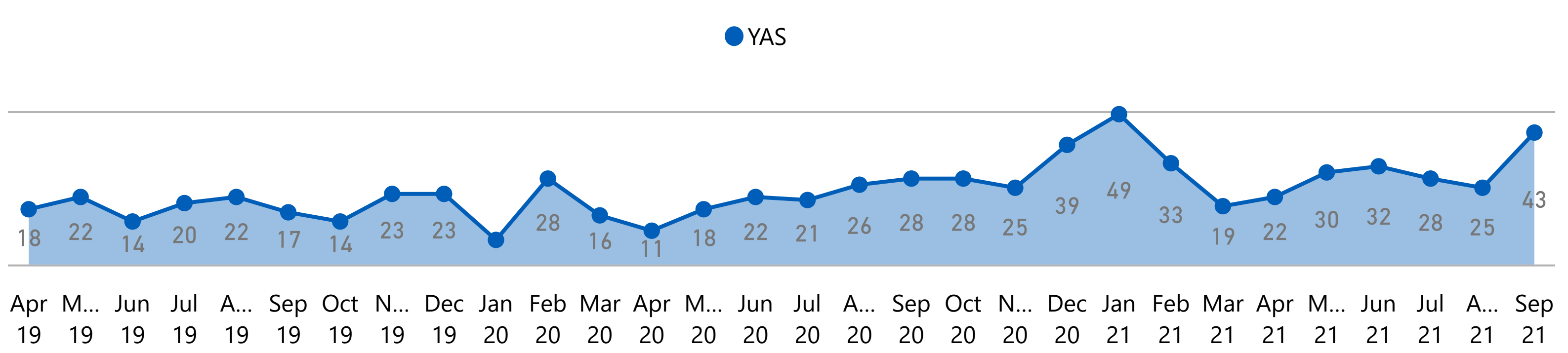
**Patient Relations** There has been an increase in service to service incidents from August to September. There was a decline in concerns from August to September. September has also seen a slight increase in complaints compared to August, however September has shown a greater increase in compliments

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

## Incidents

Indicator	Sep 20	Aug 21	Sep 21
All Incidents Reported	703	741	669
Medication Related	47	73	
Moderate & Above Harm - Total	28	25	43
Number of duty of candour contacts	5	6	7
Number of RIDDORs Submitted		2	9
Serious	5	5	8

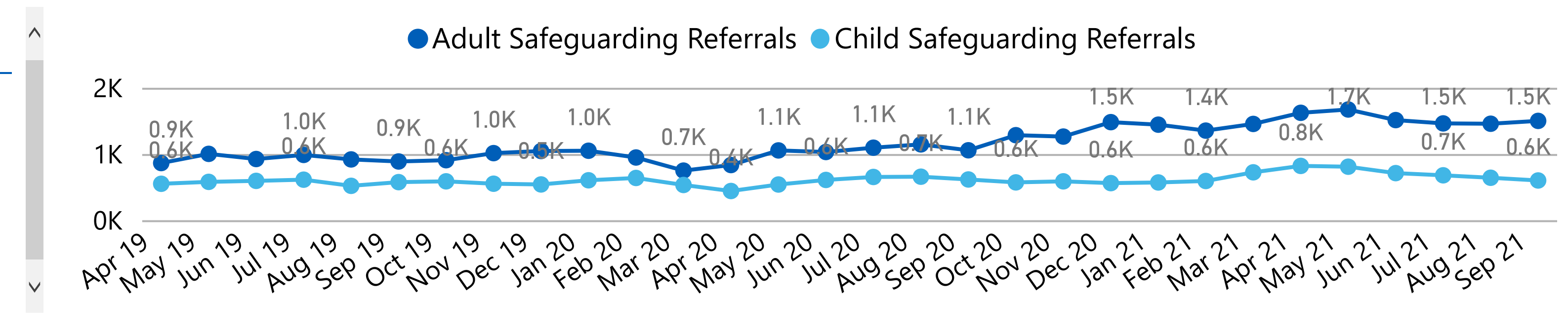
## Incidents - Moderate and Above Harm



## YAS Child and Adult Safeguarding

Indicator	Sep 20	Aug 21	Sep 21
Adult Safeguarding Referrals	1,056	1,457	1,500
Child Safeguarding Referrals	615	641	600
% Trained Safeguarding for Children (L1)	98.4%	96.9%	96.9%
% Trained Safeguarding for Children (L2)	94.1%	79.9%	78.6%
% Trained Safeguarding for Adults (L1)	98.0%	96.3%	96.4%

## Safeguarding Training



## A&E Long Responses

Indicator	Sep 20	Aug 21	Sep 21
999 - C1 Responses > 15 Mins	343	772	978
999 - C2 Responses > 80 Mins	814	4,265	4,099

## 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	Sep 20	Aug 21	Sep 21
% Compliance with Hand Hygiene	99.0%	94.0%	99.0%
% Compliance with Premise	99.0%	98.0%	99.0%
% Compliance with Vehicle	99.0%	98.0%	99.0%

**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

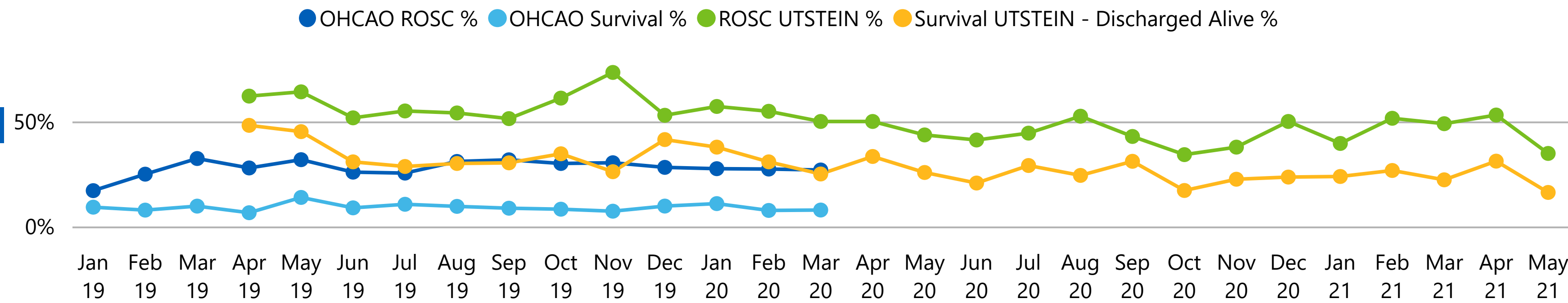
## Sentinal Stroke National Audit Programme (SSNAP)

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 an 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.



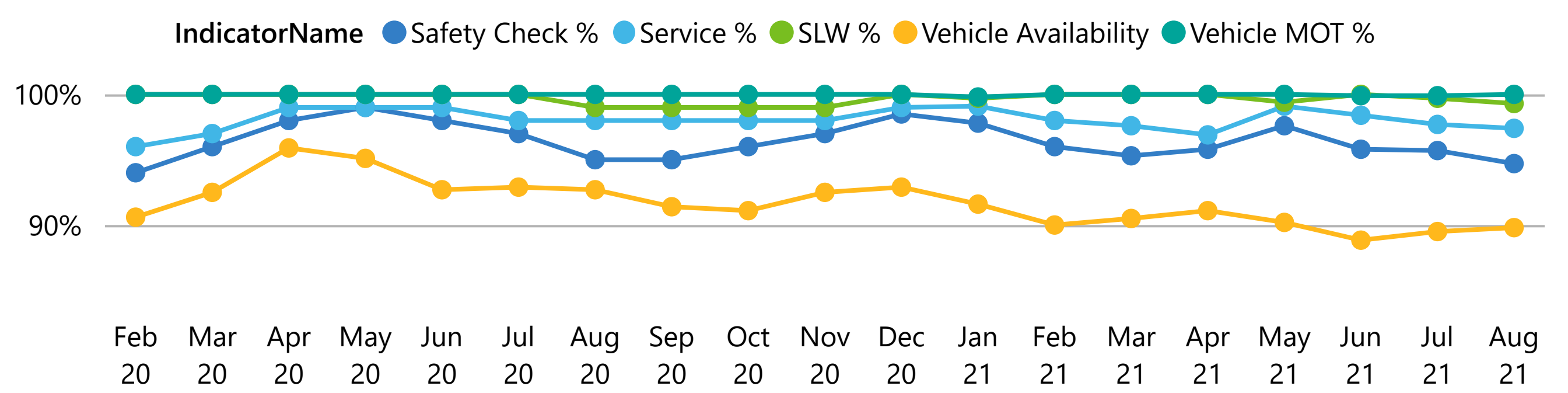
# Fleet and Estates

## Estates

### Estates Commentary

ShortName	Sep 20	Aug 21	Sep 21
P1 Emergency (2 HRS)	97.7%	100.0%	100.0%
P1 Emergency – Complete (<24Hrs)	92.1%	100.0%	100.0%
P2 Emergency (4 HRS)	100.0%	100.0%	100.0%
P2 Emergency – Complete (<24Hrs)	80.0%	86.1%	84.1%
Planned Maintenance Complete	100.0%	99.6%	99.7%
P6 Non Emergency - Attend within 2 weeks		87.5%	92.9%
P6 Non Emergency - Complete within 4 weeks		62.5%	85.7%

## 999 Fleet



## 999 Fleet Age

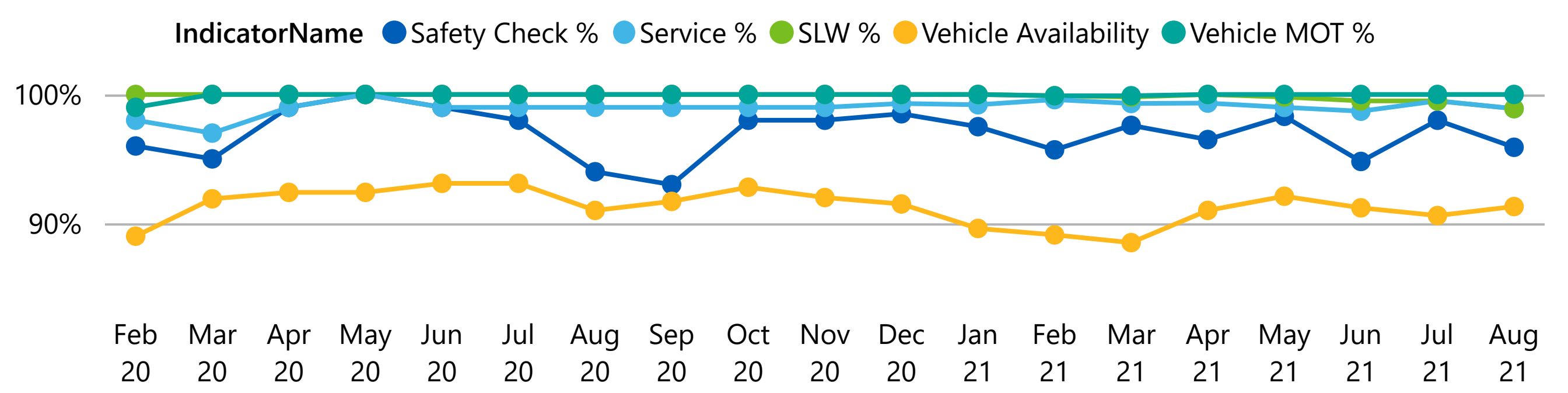
IndicatorName	Sep 20	Sep 21
Vehicle age +7	8.4%	11.2%
Vehicle age +10	0.2%	0.4%

## PTS Age

IndicatorName	Sep 20	Sep 21
Vehicle age +7	16.5%	6.0%
Vehicle age +10	17.7%	1.7%

### Fleet Commentary

## PTS Fleet



# 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)
AMB80	999 - C2 90th (Trajectory)	time	C2 Incidents 90th Percentile Response Time (Trajectory)
AMB82	999 - C3 90th (Trajectory)	time	C3 Incidents 90th Percentile Response Time (Trajectory)
AMB83	999 - C4 90th (Trajectory)	time	C4 Incidents 90th Percentile Response Time (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 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.
AMB74	999 - Calls Answered	int	Number of calls answered

# 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
WF28	Safeguarding Adults Level 2 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Adults Level 2 - 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
WF19	Vacancy Rate %	percent	Full Time Equivalent Staff required to fill the budgeted amount as a percentage
WF18	FTE in Post %	percent	Full Time Equivalent Staff in post, calculated as a percentage of the budgeted amount
WF17	Apprentice %	percent	The percentage of staff who are on an apprenticeship
WF16	Disabled %	percent	The percentage of staff who identify as being disabled
WF14	Stat & Mand Training (Face to Face)	percent	Percentage of staff with an in date competency for "Basic Life Support" , "Moving and Handling Patients" and "Conflict Resolution" as required by the competency requirements set in ESR
WF13	Stat & Mand Training (Safeguarding L2 +)	percent	Percentage of staff with an in date competency for "Safeguarding Children Level 2" , "Safeguarding Adults Level 2" and "Prevent WRAP" as required by the competency requirements set in ESR
WF12	Stat & Mand Training (Core) 3Y	percent	Percentage of staff with an in date competency for "Health Risk & Safety Awareness" , "Moving and Handling Loads" , "Infection Control" , "Safeguarding Children Level 1" , "Safeguarding Adults Level 1" , "Prevent Awareness" and "Equality, Diversity and Human Rights" as required by the competency requirements set in ESR
WF11	Stat & Mand Training (Fire & IG) 1Y	percent	Percentage of staff with an in date competency for both "Information Governance" and "Fire Safety & Awareness"
WF07	Sickness - Total % (T-5%)	percent	All Sickness as a percentage of FTE days in the period
WF05	PDR / Staff Appraisals % (T-90%)	percent	Percentage of staff with an in date Personal Development Review, also known as an Appraisal
WF04	Turnover (FTE) %	percent	The number of staff leaving (FTE) in the period relative to the average FTE in post for the period
WF02	BME %	percent	The percentage of staff who identify as belonging to a Black or Minority Ethnic background

# Glossary - Indicator Descriptions (Clinical)

## Clinical

mID	ShortName	IndicatorType	Description
CLN39	Re-contacts - Conveyed (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN37	Re-contacts - S&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN35	Re-contacts - H&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN32	Survival UTSTEIN - Patients Discharged Alive	int	Survival UTSTEIN - Of R4n, patients discharged from hospital alive.
CLN30	ROSC UTSTEIN %	percent	ROSC UTSTEIN - Proportion who had ROSC on arrival at hospital.
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.
CLN12	Sepsis %	percent	Proportion of adult patients with a pre- hospital impression of suspected sepsis with a NEWS2 score of 7 and above who received the appropriate best practice care bundle
CLN09	STEMI %	percent	Proportion of patients with a pre-hospital clinical working impression of STEMI who received the appropriate best practice care bundle
CLN06	OHCAO Survival %	percent	Proportion of patients who survived to discharge or were alive in hospital after 30 days following an out of hospital cardiac arrest during which YAS continued or commenced resuscitation
CLN03	OHCAO ROSC %	percent	Proportion of patients who had return of spontaneous circulation upon hospital arrival following an out of hospital cardiac arrest during which YAS continued or commenced BLS/ALS

# Glossary - Indicator Descriptions (Fleet and Estates)

## Fleet and Estates

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