<table>
<tr><td colspan="3">MEETING TITLE
Trust Board Meeting held in Public</td><td colspan="2">MEETING DATE
26/10/2021</td></tr>
<tr><td>TITLE of PAPER</td><td colspan="2">Trust Executive Report & Integrated Performance Report (IPR)</td><td>PAPER REF</td><td>TB21.054</td></tr>
<tr><td>KEY PRIORITIES</td><td colspan="4">All</td></tr>
<tr><td>PURPOSE OF THE PAPER</td><td colspan="4">The purpose of the report is to provide an updated on the activities of the Trust Executive Group (TEG) and present the Integrated Performance Report.</td></tr>
<tr><td>For Approval</td><td>☐</td><td>For Assurance</td><td colspan="2">☒</td></tr>
<tr><td>For Decision</td><td>☐</td><td>Discussion/Information</td><td colspan="2">☒</td></tr>
<tr><td>AUTHOR / LEAD</td><td>Chief Executive</td><td>ACCOUNTABLE DIRECTOR</td><td colspan="2">Chief Executive</td></tr>
<tr><td colspan="5">DISCUSSED AT / INFORMED BY:
Key performance indicators discussed at Trust Executive Group (TEG), Trust Management Group (TMG) and the Operational Delivery team meetings.</td></tr>
<tr><td>PREVIOUSLY AGREED AT:</td><td colspan="2">Committee/Group:
N/A</td><td colspan="2">Date:</td></tr>
<tr><td>RECOMMENDATION(S)</td><td colspan="4">The Board is asked to:
• Receive assurance on the activities of the Executive Team.
• Receive the Integrated Performance Report for September 2021</td></tr>
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<tr><td>RISK ASSESSMENT</td><td>Yes</td><td>No</td></tr>
<tr><td>Corporate Risk Register and/or Board Assurance Framework amended
If ‘Yes’ – expand in Section 4. / attached paper</td><td>☐</td><td>☒</td></tr>
<tr><td>Equality Impact Assessment
If ‘Yes’ – expand in Section 2. / attached paper</td><td>☐</td><td>☒</td></tr>
<tr><td>Resource Implications (Financial, Workforce, other - specify)
If ‘Yes’ – expand in Section 2. / attached paper</td><td>☐</td><td>☒</td></tr>
<tr><td>Legal implications/Regulatory requirements
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ASSURANCE/COMPLIANCE	
Care Quality Commission **Choose a DOMAIN(s)**	All
NHSI Single Oversight Framework **Choose a THEME(s)**	1. All

Chief Executive Report

1. PURPOSE/AIM

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

2. CHIEF EXECUTIVE'S SUMMARY / EXTERNAL UPDATE

2.1 Incidents of COVID-19 cases continue to remain high across Yorkshire with rates between 400–600 per 100,000 population in many parts of the County. The case rates are particularly high among children and young people under 17 years old, following the return of in class teaching in schools and colleges and these are now starting to have an effect on infection rates amongst older populations. High rates of community infection continue to place demand and capacity pressures on NHS services with NHS111 and 999 call volumes, ambulance turnaround times at hospital and staff sickness levels significantly higher than would normally be expected.

The Trust is progressing a programme of work to recruit, train and deploy additional capacity in A&E Operations and NHS111/IUC as well as making improvements to working environments and health and wellbeing support. Additional training centre capacity has been acquired at the West Yorkshire Joint Services Centre in Morley, Leeds which will be ready for use during the last week of October 2021. Work is also underway to offer Covid vaccine boosters to our staff and volunteers in line with national guidance and considerable progress is being made to recruit and train additional staff into front line operations ahead of the peak winter period.

2.2 Build Back Better: Our Plan for Health and Social Care

In March 2021, the government set out its 'Build Back Better: our plan for growth' which provides details of plans to support growth through significant investment in infrastructure, skills and innovation, and to pursue growth that levels up every part of the UK, enables the transition to net zero, and supports their vision for 'Global Britain'.

On 7 September 2021, the government published its 'Build Back Better: our plan for health and social care' which includes plans for tackling the backlog in elective care, putting the NHS on a sustainable footing and levelling health outcomes and focussing on prevention. The plan sets out ambitions to develop and publish a White Paper reforming adult social care to improve quality and access and improve integration with health. The plan also sets out details of the care levy, its impact and how it will be raised.

2.3 NHS England 2021/22 Priorities and Operational Planning Guidance

In March NHS England and Improvement published the 2021/22 priorities and operational guidance, setting out the priorities for the year. Updated financial and planning guidance was published on 30th September, reiterating the six national priority areas:

A. Supporting the health and wellbeing of staff and taking action on recruitment and retention.
B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.
D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay.
F. Working collaboratively across systems to deliver on these priorities.

The government has agreed an overall financial settlement for the NHS for the second half of the year which provides an additional £5.4bn funding above the original baseline. This reflects the challenges over the next six months of continuing to manage COVID pressures, addressing the backlog of elective and planned care, and addressing the significant pressures Urgent and Emergency Care being experienced ahead of the usual seasonal peaks over winter. Nationally a further £75m has been identified to support NHS111/IUC recovery. We are working closely with ICS partners to develop Trust and system plans that support operational and ICS goals and align to the six national priorities.

Trust and system plans are due for submission during the second half of November.

2.4 NHS England issues a 10-point plan to relieve A&E pressures

NHS England has issued a '10-point' action plan aimed at relieving the immediate pressure on urgent and emergency services. This includes more focused support for ambulance services and NHS111, a review of walk-in centres and minor injury units that have closed during the pandemic. https://www.england.nhs.uk/wp-content/uploads/2021/09/Urgent-and-emergency-care-recovery-10-point-action-plan.pdf

2.5 Northern Health Science Alliance (NHSA) Report – COVID 19 and the Northern Powerhouse: Tackling inequalities for UK health and productivity

A report commissioned by the Northern Health Science Alliance, has confirmed that the COVID-19 pandemic has been uneven across the country with a disproportionate effect on the North of England – increasing regional health and economic divisions. The report was commissioned to understand the impact of the first year of the COVID-19 pandemic on health and productivity in the North and identify the opportunities for levelling up regional health and productivity.

The report found people living in the north were more likely to die from COVID-19, spent nearly a month and-a-half more in lockdown, suffered worse mental health and were made poorer than the rest of England during the first year of the pandemic. Around half of the increased COVID-19 mortality and two-thirds of the increased all-cause mortality were explained by preventable higher deprivation and worse pre-pandemic health in the North.
The report authors make a series of recommendations to the government including making health a key part of an integrated levelling up strategy.

2.6 Association of Ambulance Chief Executives (AACE) Rapid Response Report

The joint report, published by NHS Providers and AACE in August 2021, sets out how services are responding innovatively to extraordinary pressures, with growing demand outpacing funding increases and the knock-on impact of very stretched primary and social care. The work of Yorkshire Ambulance Service is featured in case studies for Patient Transport Service coordination and frailty response.

2.7 NHS England and NHS Improvement National Review.

The national review into Non-Emergency Patient Transport Service (NEPTS) has been published and makes recommends around 5 key areas:

1. more consistent application of eligibility criteria
2. improved wider transport support for patients
3. greater transparency on performance of transport providers
4. a path to net zero carbon emissions
5. improved procurement and contracting arrangements

YAS has been successful in being appointed as a national Pathfinder site with West Yorkshire Integrated Care System (ICS) and as such will be leading on some elements of the work. National resources will be available for the second half of 2021/22 and next year to support the projects.

2.8 Integrated Care System governance and appointments

The Health and Care Bill was put before Parliament on 6 July 2021 and further guidance on the governance arrangements of ICSs have been published during August and September. This includes guidance on the functions and governance of the Integrated Care Board and model constitution for the ICB, together with several documents providing further clarity on effective leadership, clinical accountability and public engagement ahead of April 2022 when ICS' become NHS statutory bodies.

Aligned to the ongoing emergence of ICS, ICB and place structures the appointment process is underway for key roles. Cathy Elliott has recently been appointed new chair designate for the new NHS West Yorkshire Integrated Care Board. Cathy is currently the Chair of Bradford District Care NHS Foundation Trust. Humber, Coast and Vale Health and Care Partnership has announced that Sue Symington has also been appointed as designate Chair of its ICB and Integrated Care Partnership (ICP). Sue is currently Chair of York and Scarborough Teaching Hospitals NHS Foundation Trust. They will join Pearse Butler who was announced as the South Yorkshire and Bassetlaw ICS Independent Chair and Chair Designate of the future South Yorkshire Integrated Care Board (SY ICB) in August.

2.8 Black History Month

October marks the start of Black History Month in the UK, an annual celebration which started in 1987. The aim of Black History Month is to promote knowledge of black history, culture and heritage. It's a time where we can come together and share positive contributions from past and present. It's a fantastic opportunity for us to recognise and celebrate the outstanding contributions from

people of African and Caribbean descent, both across the UK and right here in Yorkshire.

This year's theme is 'Proud to Be' and our BME Staff Network is leading the celebrations and will be organising a number of activities including sharing videos, cultural and traditional recipes, inspirational stories and blogs, book and film recommendations and workshops for colleagues.

A number of events are occurring nationally and regionally throughout October to promote discussion of race and inclusion including NHSE/I's Race Ahead - NHS Big Conversation on Race and WY&H Partnerships first Connected on Inclusion Awards.

3. DIRECTORATE UPDATES

3.1 Operations Directorate

The Accident & Emergency (A&E) Service has continued to experience significant challenges since the last report in July 2021. The biggest challenge facing the Trust during the last quarter has been delays in answering 999 calls due to increased call volumes and continued high levels of staff absence. The Trust also continues to experience high numbers of Category 1 calls (life threatening) despite overall response demand being in line with previous years.

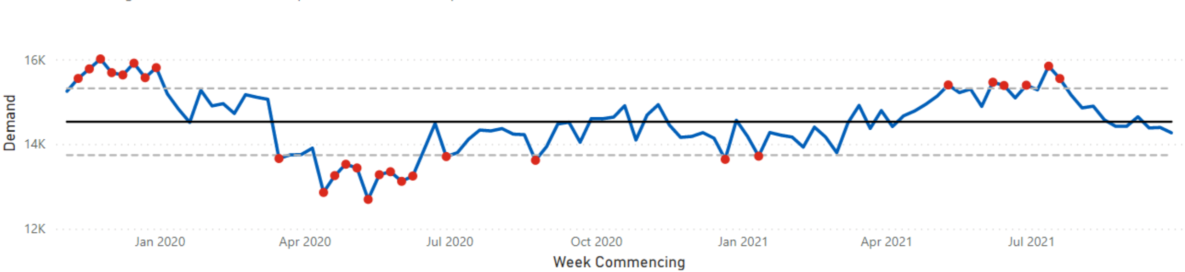
We continue to see our operational capacity stretched for several reasons; COVID-19 related absence including isolation, general staff sickness, workforce tiredness reducing uptake on overtime and significant lost operational hours due to hospital handover delays. This is resulting in deterioration of response times to calls.

We continue to remain vigilant and proactive in maintaining our COVID-19 safe working environments, ensuring our staff are furnished with the appropriate PPE equipment to respond safely to our patients and keep our staff safe.

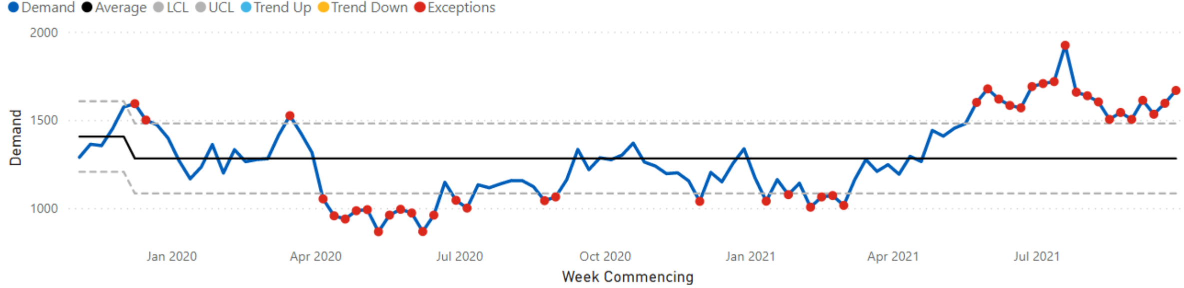
Our immediate priority is to increase our frontline operational and 999 call taking capacity through recruitment, cancellation of non-critical training and increased welfare support for staff.

Demand

Following an increase in demand from late April to early August 2021, demand is at similar levels to this time last year. Hidden within this is the increase of Category 1 calls and reduction in Category 3. This is a challenge as Category 1 calls require multiple resource allocation and immediate dispatch, whereas Category 3 calls have a significant amount of flexibility for response.

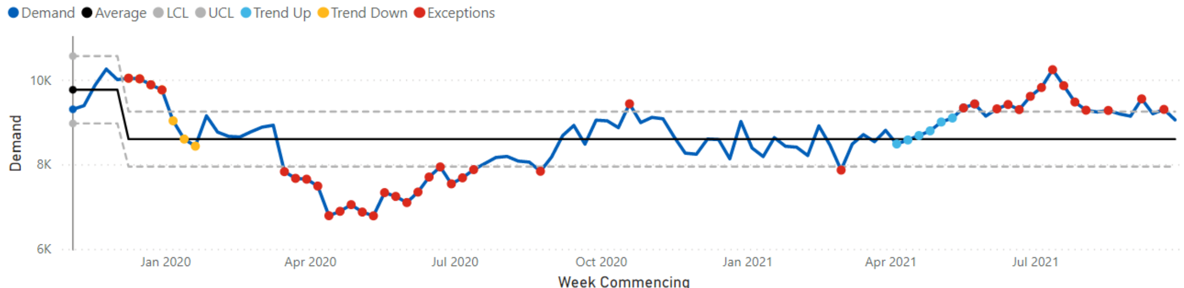


Above: All 999 incidents

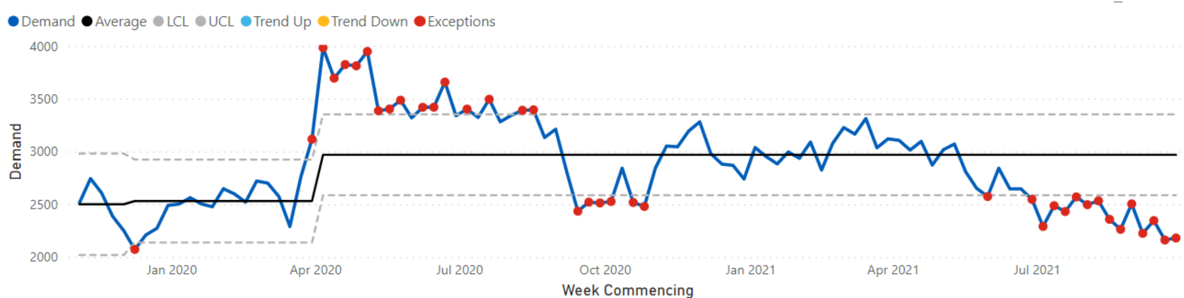


Above: All Cat1 incidents

As noted above since April 2021 we have seen an increase in Category 1 & Category 2 incidents while seeing a reduction in Category 3 incidents. We are still experiencing higher demand in Category 2 incidents than the previous year. However, over recent weeks we have seen a small fall in this demand.



Above: All Cat2 incidents



Above: All Cat3 incidents

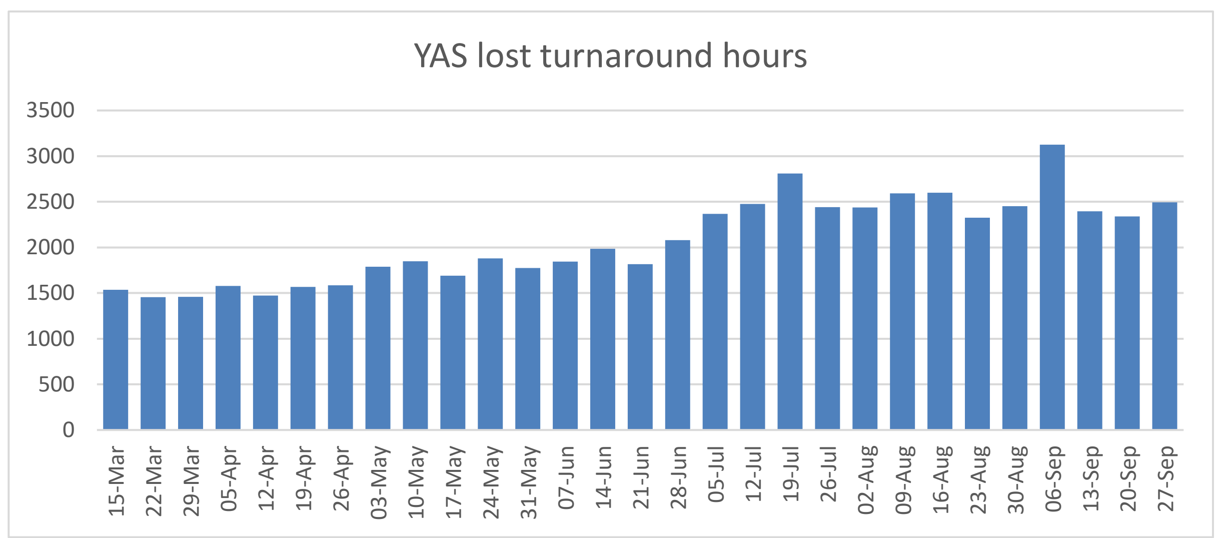
Capacity

<u>A&E Operations</u>
Staff sickness within Operations is a mix of COVID and non-COVID absence. There was a spike in COVID sickness in July followed by a gradual decline. More recently we have started to see another increase towards the end of September.

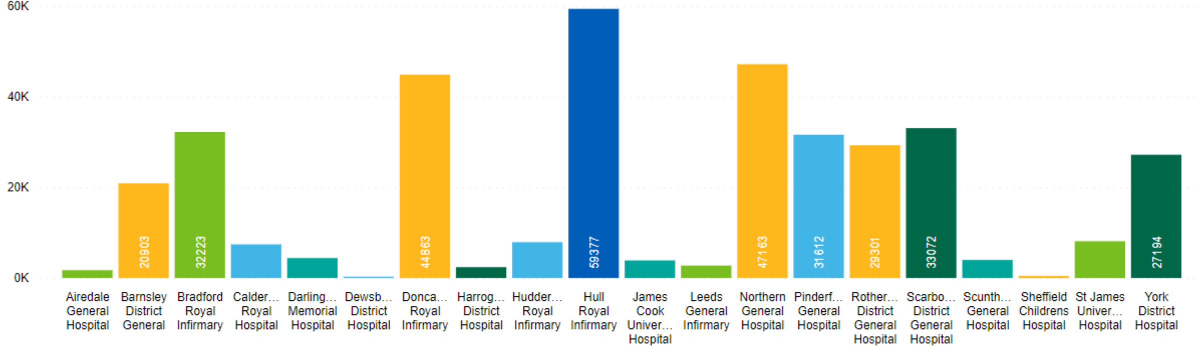
In addition to COVID related absence, we have experienced an increase of non-covid related absence. These figures can be found within the Integrated Performance Report. The main cause of non-COVID absence has been stress and mental health related.

Hospital Turnaround

Turnaround delays across Yorkshire significantly increased early July 2021 remaining high with a spike in early September, despite a significant focus from the National Urgent and Emergency Care Team. These delays have a direct impact on our response times as they reduce ambulance availability at key times.



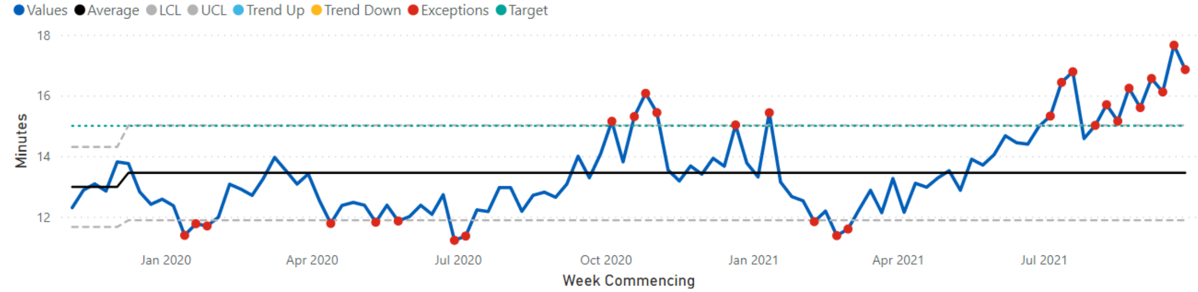
The chart below higlights significant lost time (in minutes) in September 2021 at Bradford Royal Infirmary, Doncaster Royal Infirmary, Hull Royal Infirmary, Northern General Hospital and Pinderfields General Hospital, Rotherham, Scarborough and York.



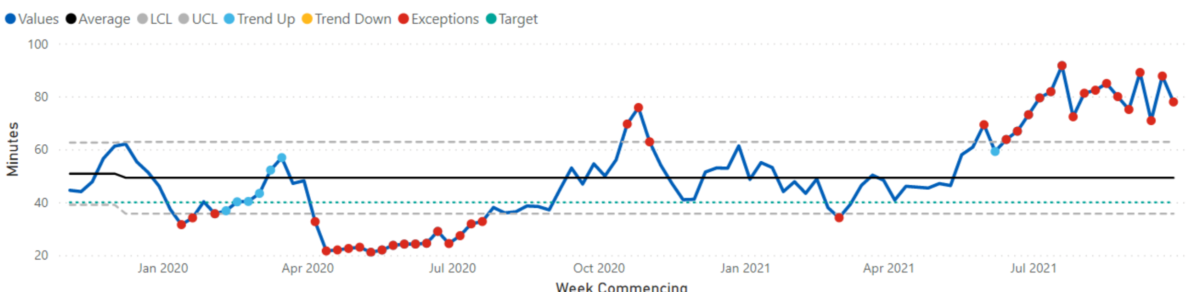
Performance

A consequence of higher sickness levels, turnaround delays and higher acuity calls, performance against the Ambulance Response Programme (ARP) standards has been adversely impacted. Financial year to date figures show that only the Category 1 90th percentile target has been achieved (by 1 second under target).

Recent performance for the month of September shows that no national targets have been met. Our Category 1 90th percentile is currently 00:16:47 and Category 2 90th Percentile is 01:21:03. This pressure is also being experienced across all UK ambulance services.



Above: Cat1 performance 90th percentile

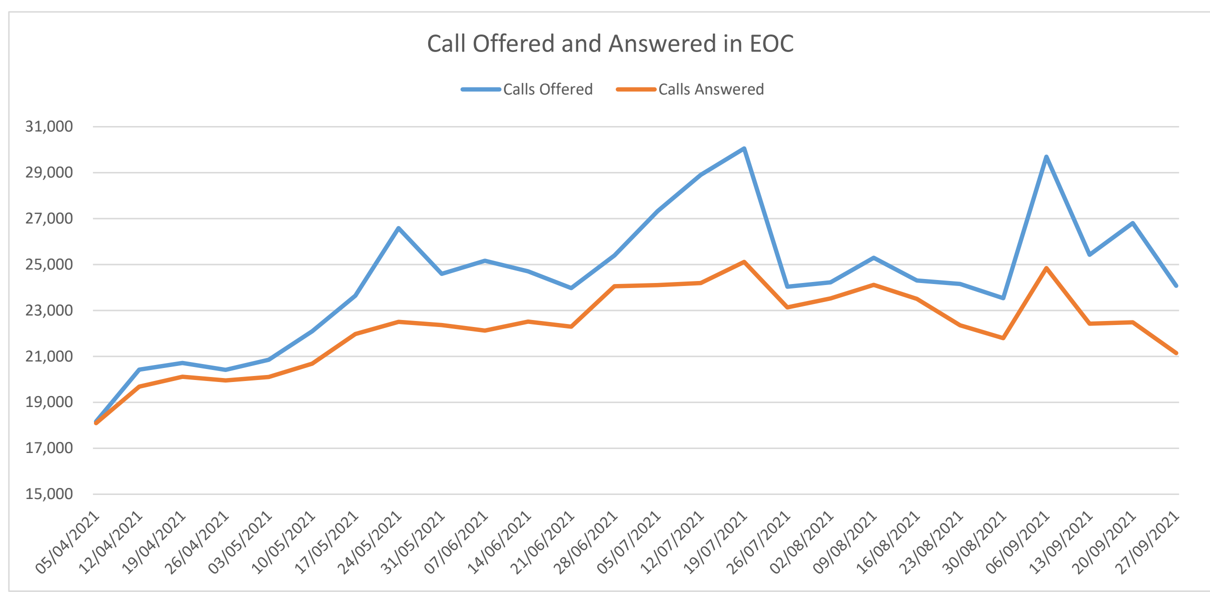


Above: Cat2 performance 90th percentile

3.1.1 Emergency Operations Centre (EOC)

Demand

Our EOC is under significant pressure due to high levels of demand in 999 calls to YAS, month-on-month. The chart below shows the number of calls received (offered) and those that were answered. The aim is for no abandoned calls. However, as can be seen, there is a visible gap over recent weeks indicating high numbers of abandoned calls due to extended delays in 999 calls being answered. This results in a second call being made from a single patient increasing call demand significantly whilst incident demand is stable.



Above: 999 calls offered and answered on all applications in EOC

Capacity
We have experienced significant levels of sickness within our EOC leading to reduced capacity. In preparation for winter, we are significantly increasing our call handler numbers that will peak at 205 in December. This will be significantly higher than previous years. This is a major project for the EOC to recruit, train and mentor these new staff.

Performance
YAS has been a significant outlier over recent weeks for call answer performance. This has been caused by reduced capacity and increased call demand.

3.1.2 Team Based Working

Team Based Working is now reaching the end of the implementation stage, with the new Area Operations Manager (AOM) and Operational Support Services Manager (OSSM) roles going 'live' on the 13 September. Team Leader (TL) roles went 'live' on the 11 October.

3.1.3 Yorkshire Air Ambulance (YAA) Clinical Model Review

As reported at the last meeting, the YAA review has been completed and shared with both YAA charity and YAS. We are in the process of finalising between both organisations the future operating model. Once complete we will engage with our staff in setting up an operational group to look at the most appropriate way to move the model forward

3.1.4 Key Operational Risks

Some of the immediate risks in the next few months are:

- Further increase in sickness and COVID isolation amongst our staff, further reducing our capacity in EOC and Operations.
- Welfare of all our colleagues working under relentless pressures.
- Increased demand due to Winter pressures.
- Increased external challenges that impact of our capacity (hospital handover delays).

3.2 Urgent Care and Integration (UC&I) Directorate

3.2.1 Mental Health Programme

The YAS Mental Health programme has continued to progress with the development of plans for the next phase of the Mental Health Response Vehicle (MHRV) pilot which includes a sustainable staffing mode in Hull. This will see the vehicle operating seven days a week from the middle of October. Plans are also progressing with system partners for the progression of the pilot to West Yorkshire, subject to success of the Hull pilot. Initial data collected as part of the MHRV pilot gives early indication that the vehicle prevents unnecessary conveyance to emergency department (ED) for patients with no physical health need. More data is needed, including qualitative data.

System engagement in all three ICS's is also focussing on plans for rotational mental health professionals which will see mental health professionals rotating in EOC and working on the response vehicle as well as in local crisis services.

An update has recently been given to both Programme Oversight Group and the Integrated Commissioning Forum (ICF) with positive response to all recommendations and a commitment to consider funding allocations for the next two years. Risks have been identified around workforce and the impact of increased YAS and system wide demand which continue to impact the MH programme.

3.2.2 Ageing Well Programme

The YAS ageing well programme steering group has not met formally due to REAP 4 actions. However, there continues to be significant progress in a number of workstreams. The YAS care home liaison project has linked with the national programme and is supporting the introduction of a tool for assessing deteriorating patients. This helps care home staff understand how best to ensure their residents get the most appropriate care. The care home liaison workers in EOC also continue to work with care homes, Local Authority's and Clinical Commissioning Group quality teams to support the homes who are high users of our services.

3.2.3 Dementia Friendly Programme

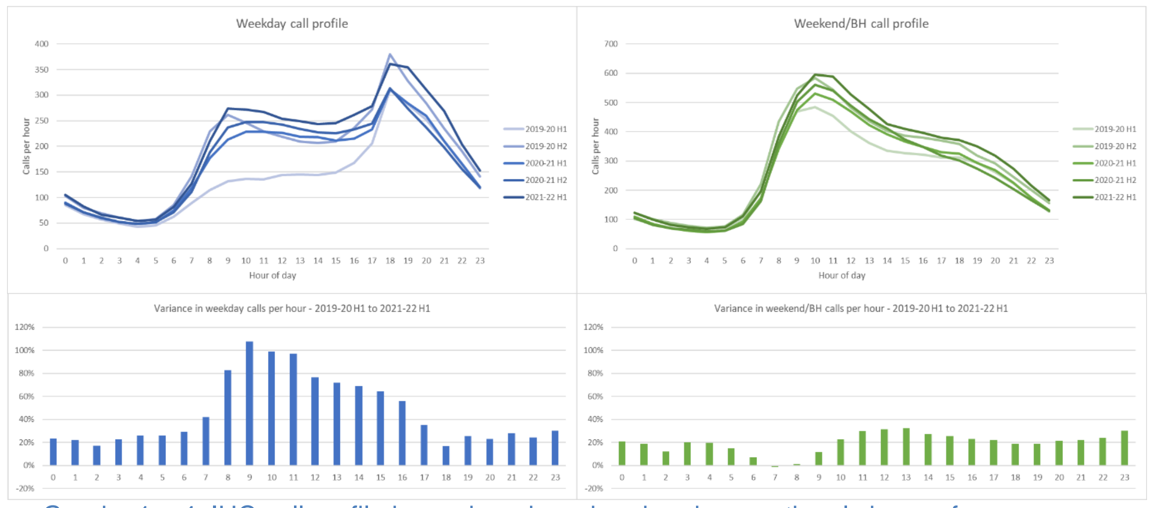
Our dementia friendly journey also continues to progress at pace with the establishment of a YAS lead Yorkshire & Humber blue light dementia working group which brings together police, fire and YAS to explore potential collaborations and share best practice. The YAS staff Carers Forum has also had its inaugural meeting to bring together staff who are unpaid carers for peer support and learning. Whilst REAP 4 means face to face training cannot yet go ahead the dementia project coordinator is continuing to deliver dementia friends training to staff and volunteers. A significant project with the PTS service line is being developed to support getting more appropriate information at the time of booking to ensure that people living with dementia who use PTS get the right transportation for their needs. This work will involve a Rapid Process Improvement Workshop which will take place in the Spring of 2022.

3.2.4 NHS111/Integrated Urgent Care (IUC)

The second quarter for 2021 in IUC has been very challenging, not only locally but for all national providers too. Demand has risen and capacity has reduced meaning that the delivery of performance has been compromised significantly, which across quarter 2 saw the proportion of calls answered fall below the contact baseline level across the period.

A programme of work has been initiated which will focus on recovery and sustainability of IUC. Work is planned to address some key areas including health and wellbeing, workforce requirements, working patterns/rota's and integration.

Graphs 1 – 4 below demonstrate the change in patient behaviour and contact with large increases in patient demand 'in hours'; reflective of primary care challenges linked to the wider system. It is now considered unlikely that the service will ever fully return to the pre-pandemic pattern. Therefore, the service will require a review of rotas and potential options, given the increase of in hours demand. Benchmarking of other IUC providers has demonstrated similar expectations.

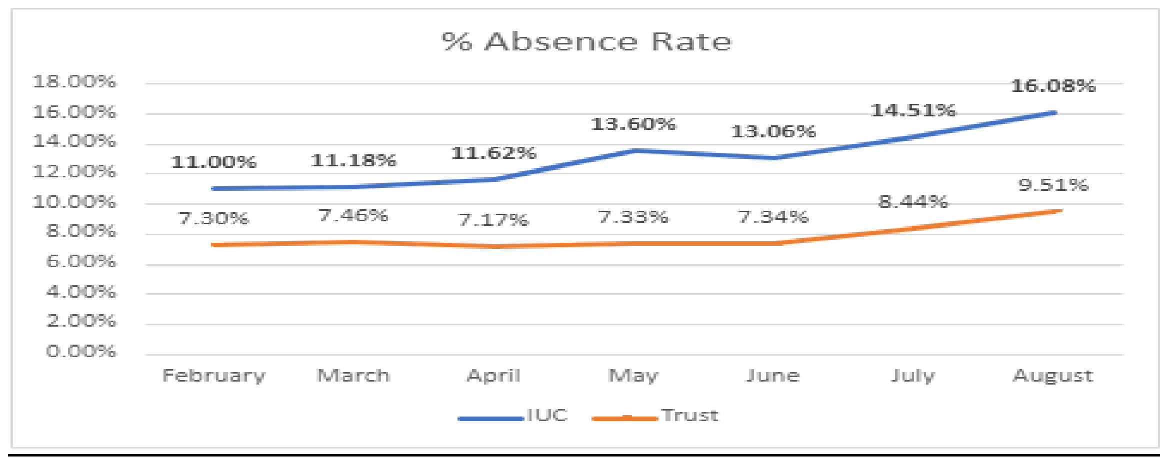


Graphs 1 – 4: IUC call profile in week and weekend and proportional change from pre-pandemic

Staff Health and Wellbeing

The IUC service continues to see high absence rates across the service, with an increase in long term sickness rates from May 2021. Whilst long term sickness has started to reduce during September, overall sickness does remain high with associated action and support in place for staff via the dedicated IUC Welfare Advice team. Overall COVID absence continues to account for around a third of all staff absence.

Additional health and wellbeing support across the quarter has included on site emotional and psychological sessions for YAS call centre staff and managers.



Graph 5: IUC Absence Rates 2021 – 22

Staff health and wellbeing forms a key and central theme of the IUC improvement plan work that is being supported through additional management capacity working closely with the management team.

Increasing Capacity

As part of normal annual capacity plans IUC have been undertaking the winter recruitment with 112 Health Advisors entering training across August – October 2021.

In addition to this, and subject to board approval, agreement has been reached by Trust Executive Group (TEG) for additional staff for the IUC service across

the remainder of Quarter 3 and into Quarter 4. This staffing, and increase, represents a significant investment by the Trust to boost IUC capacity.

To support this recruitment programme an additional seven training courses are scheduled across November through to March 2022.

From a clinical perspective, recruitment continues. Work is also underway to seek for support from NHS England for meeting the dental demand and further integration with local Clinical Advisory Services.

System challenge
There is a recognition that the current challenges are being seen across IUC, YAS and the wider system. IUC and YAS continue to engage and escalate at local commissioner level, at regional level - through the Integrated Commissioning Forum, and nationally to NHSE.

Key Risks
The risks remain similar as noted in previous updates around ensuring there are sufficient staff in place to meet the patient demand. It is recognised that forecasting patient demand is extremely difficult at the moment given the impact of the pandemic and to this end, the IUC leadership team continue to work closely with NHS England as part of their national planning team to ensure best intelligence is in place within YAS IUC forecasting

Key risks remains staff health and wellbeing, absence rates impacting on those staff in work and on patient access.

3.2.5 Patient Transport Service (PTS)

Demand
July-September 2021 showed a consistent increase in journeys for outpatients from 84% to 90% of business as usual activity. On-day discharges fell from 121% to 112% above pre-COVID levels. PTS has undertaken over 25,936 patient journeys for people either COVID positive or with suspected COVID since March 2020.

At the end of September 2021, the core staff in PTS delivered 39% of journeys, VCS 8% and our alternative framework of providers 53% of journeys.

The forecast is that activity levels will continue to increase with planned care recovery and waiting lists. Refreshed H2 system and acute plans are imminent, which will support funding requirements to meet elective and outpatient activity to support the elective recovery plans. However, with the current challenges in YAS across all service lines, YAS will need to collaborate as a system partner to influence system discussions regarding prioritisation and resource capacity. A number of scenarios/options are being modelled to inform the system conversation including:

1. H2 funded to continue delivery as H1
2. Operate to contract rules: i.e. no out of area, no extra contractual journeys, no pre op swabbing.

3. Review eligibility
4. Reduce activity to resource essential journeys only (renal, oncology, urgent diagnostics, discharges)
5. Support to 999, modelled with backfill and without as well as modelled costs for support on overtime.

Performance
Telephone booking performance has deteriorated over recent months having been impacted by changes which have been required during the pandemic. Performance level has been below target for over 12 months due to a combination of reduced capacity due to shielding, isolation and sickness, together with increased handling time as a result of additional questions around COVID status and masks. Additional capacity was approved by the Trust Executive Group with a subsequent improvement in performance by the beginning of July. However, turnover and abstraction have remained high and an unpredicted surge caused by callers concerned about the fuel shortage/crisis and patients concerned or wanting PTS as a result, have further negatively impacted performance and morale. Mitigating actions are in place.

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

Infection Prevention and Control
The National Specialist Advisor for IP&C Ambulance on behalf of AACE has indicated a high likelihood of there being no relaxation to distancing measures over the next six months. Respiratory condition concerns were highlighted. This clearly has significant resource implications for PTS and restricts cohorting patients in any beneficial way until at least March/April 2022.

A small cohorting project has been in place since August 2021. This allows patients of a suitable mobility and meeting IP&C criteria to travel with another patient on a vehicle large enough to maintain 1 meter distancing. The efficiency improvement has moved from 1 patient per journey to 1.04 patients per journey.

A high number of PTS patients are also now reporting they are exempt from mask wearing which has an impact on resources. Patients exempt from wearing masks must be allocated an ambulance for travel as they cannot currently be conveyed in a car (taxi or volunteer), regardless of their mobility needs. This cohort of patients has been steadily increasing, accounting for around 5% of all journeys.

Additional activity continues in relation to taking patients for pre-operative COVID screening; PTS local managers are engaging within the system to encourage other pre-operative swabbing methods such as mail or within the community rather than using PTS. Whilst the numbers are relatively small (approximately 250 per month), these are time consuming wait and return journeys, averaging 67 minutes.

NHS E/I Consultation on proposed eligibility criteria has commenced:
Revised eligibility criteria will be used in new contracts from April 2022 and existing services by April 2023

Regional Developments (ICS & Trust-level)
Regional engagement at ICS level is continuing to consider and agree funding requirements for PTS for H2 and 2022/23. Modelling and assumptions have been presented to the regional finance, planning and commissioning leads, clearly describing the forecast demand requirements of the healthcare systems as recovery and activity increases. H2 funding for additional or ongoing PTS resource is yet to be confirmed by the ICS, it is understood that there is no national funding specifically for PTS as there is with A&E and IUC.

3.3 Clinical Directorate

Due to the unprecedented pressure on the operational teams across urgent and emergency care, the Clinical Directorate has been supporting direct patient care and as a result, key developments have been put on hold. Vital governance work has continued with a focus on clinical review of excessive response times, investigating when moderate to severe patient harm has occurred and interfacing with medical examiners and Coroners officers. Clinical Development Managers have continued with NQP support and Clinical Case Reviews, but have been redeployed to support safer care in hospital handovers and in the last quarter have attended 43 times when extreme handover delays are seen. They support improved clinical care and decision making whilst patients are queuing outside the hospital. The input of a senior clinician has seen positive benefits for 677 patients, with 54 upgraded to resus immediately, 60 patients assessed as fit to sit and 16 discharged. This role is no longer funded but learning will be used to develop a checklist for use by clinicians fulfilling the HALO/Clinical Lead role.

Clinical Pathways development has focused on reducing demand on the urgent and emergency system, specifically reducing demand on 999 and providing alternatives to the Emergency Department. Work is coordinated regionally but key relationships are at place. Key areas of development include:

- Alternative Falls Responders
  Work ongoing to increase the numbers of partnership agreements we have, mainly local authority telecare responder services, and increasing the use of community first responders and other existing agreements. This will reduce the number of ambulance dispatches and the patient will receive definitive care directly. Following a revision of the SOP we are moving to a dispatch on code system to improve the effectiveness and efficiency of the system.

- Same Day Emergency Care
  Work to introduce SDEC pathways across the region has accelerated with place-based working with most Acute Trusts to simplify and improve the access through single points of access. Leeds Teaching hospitals PCAL service is being used as an example of excellence in supporting crews to avoid ED but when the patients still require secondary care input.

- Urgent Community Response
  YAS are working closely with the Kirkless Urgent Care Hub as an accelerator site with positive signs that referrals are now increasing. Joint training and development is currently on hold due to REAP 4 actions

- Frailty
  The Leeds Virtual Frailty Ward has seen a 4 fold increase in referrals since the introduction of a shadowing project which saw YAS clinicians spending the day with the community team. Further CPD opportunities are being scoped but shows the value of educating ambulance clinicians in the wider system. Frailty specific pathways are now being set up across Yorkshire using learning from this and previous success with the Hull frailty line. The ePR is being updated to specifically document frailty and support decision making.

- Maternity
  The West Yorkshire Local Maternity System have funded a fixed term practice developer midwife to work across YAS Academy, A&E, and EOC to improve the competence and confidence of frontline clinicians in maternity care. She is working with Community and Delivery Suites to improve patient pathways and scope out joint training opportunities. She will feed any learning into the Trust Maternity review project being supported by a senior midwife from NHSE/I

- Cardiac and Stroke pathways
  Following development of the regional cardiac clinical network it has been agreed to review the YAS STeMI pathway and review against the latest evidence. Immediate agreements have been to improved communication between on scene clinicians and the cardiologist through the use of the Pando app to send ECGs for review. This is dependent on the roll out of the personal smartphone project. The regional network have also supported closer working between the 3 ICS to develop a single stroke pathway and review the use of telemedicine and pre-alert. Work is also ongoing with developments in mechanical thrombectomy and secondary transfers.

3.3.1 Research and Development

Funding from the NIHR Clinical Research Network for Yorkshire and Humber has been secured to secure several part-time strategic and delivery posts to support our portfolio and grow research that benefits our patients and service. The team has been able to recruit staff into most of these positions and leaves us well placed to support the set-up of our portfolio of research during this year.

Current and new research – recovery, resilience, and growth

- The BREATHE (BReathlessness RElief AT Home) study closed to new patients being included on 30th June after a pause due to COVID during 2020. A total of 13 patients have been recruited and 29 paramedics were trained to recruit during the course of the study.
- The "Exploring the use of pre-hospital pre-alerts and their impact on patients, Ambulance Service and Emergency Department staff" study, which was developed between researchers at the University of Sheffield and YAS clinicians

- YAS continues to participate in a new study into staff retention, “'Should I stay or should I go: NHS staff retention in a post Covid-19 world, challenges and prospects” YAS staff have been invited to participate in interviews provide their views. The associated survey has now closed and 216 staff have taken part.
- The Major Trauma Triage Tool Study (MATTS) is ready to launch the new evidence-informed trauma triage tool, and on 28th September this will launch across the Yorkshire Trauma Network. Work to evaluate the impact and effectiveness of the new tool commences at the launch, and data will be collected by the YAS research team.
- We continue to support the Community First Responder impact on rural health inequalities study with the University of Lincoln.
- YAS, together with WMAS, are setting up to open the PACKMaN study – Paramedic Administration of Ketamine or Morphine for Trauma in adults. This is a large interventional randomised controlled trial which will run in collaboration with a number of acute Trusts in the region.

Research impact

Two papers are available as pre-prints related to YAS data analysed within the Pandemic Respiratory Infection in Emergency Systems Trial (PRIEST) project:

- Accuracy of telephone triage for predicting adverse outcome in suspected COVID-19: An observational cohort study.
- Prognostic accuracy of triage tools for adults with suspected COVID-19 in a pre-hospital setting: an observational cohort study

Work is ongoing to understand how the PRIEST tool and the study findings can be used to support ambulance service (111, 999 and face to face assessment) triage during respiratory pandemics. Further papers are being developed and peer reviewed versions of this work should be available shortly.

3.4 Quality, Governance and Performance Assurance Directorate

3.4.1 Infection Prevention and Control

The Infection Prevention and Control (IPC) team continue to provide support for the Trust response as pandemic becomes an endemic respiratory disease, this includes; review and implementation of the updated national guidance, ensuring sustained compliance with guidance in particular PPE for all patients, supported review of cleaning options for H2, increased uptake of lateral flow testing, commencement of flu and COVID booster vaccination programme and ongoing management of outbreaks. COVID-19 outbreaks have been limited to localised clusters of infection in Trust services for the last month. Work is underway to review new ambulance healthcare guidance with the national IPC group.

The risk assessments of COVID-19 safe working environments in Trust sites are reviewed again locally. EOC and IUC are being supported to review their seating plans in line with new starters and increase in overall staffing to ensure safe ways of working are maintained. This will enable us to consider whether other contact areas are required to use fill in to support their staff with mentorship and during times of high staff occupancy in a safe way. IPC audit and review of impact on staff case rate is on-going in these areas.

3.4.2 Body Worn Video

The Body Worn Camera Pilot is now in the final stages of implementation of equipment at Phase 2 sites across the Trust. The current live sites with installed equipment are Middlewood, Sutton Fields, Bradford, York, Wakefield, Halifax, Brighouse, Todmorden with seven remaining sites rolling out in the next couple of weeks. The remaining sites include Leeds, Hull West, Harrogate, Pateley Bridge, Skipton, Haxby and Rotherham.

The pilot has now accepted the third tranche of funding from NHSE&I of £365,000 and the MOU has been amended to capture this (Executive level sign-off of the amended MOU is pending). The funding intends to be used to consolidate usage in the phase 1 and 2 sites, and to support a potential phase 3 roll out of cameras and related equipment at sites across the Trust where violence and aggression is being recorded. There have been five recordings captured in the last month, where either the camera has acted as a deterrent or offers factual visual and auditory evidence of offences being committed against staff.

Issues with staffing for administration processes remain, with unfilled posts despite recruitment attempts. Light Duties staff are being used to support the project at present. The changes operationally regarding Team-based working has inevitably caused changes to the champions at stations for the pilot. This has then led to some engagement delays in the project timescale. However, the new team and management structures put in place as part of Team-Based working also provide a potential route for more direct engagement and cascade from managers to staff, which could help to promote usage of the cameras. The main priority for phase 1 and phase 2 is to develop and encourage staff engagement and it is key that the champions for this pilot are supportive of the project and encouraging the staff to utilise these cameras for staff safety. The pilot has now increased from a one year pilot to two years, but most Trusts are piloting the cameras for three years with the same funding and the LSMS will continue to attend NHSE&I meetings to share learning and develop this pilot. The LSMS is working with PMO to complete a benefit realisation plan.

3.4.3 Service Transformation

Service transformation programme and associated projects have been reviewed in line with the business priorities for H2 2021/22, in order to ensure Trust resources are focused on the key programmes of work that will support our staff to provide safe patient care over what is expected to be a difficult winter. The PMO and transformation team have worked with Planning and Development Directorate to produce clear programmes of work, utilising the gate methodology and programme assurance measures. Some projects, whilst still important have been paused for the remainder of 21/22 in order to ensure we achieve delivery in the more critical projects. A programme board has been established to monitor delivery against milestones and ensure benefits are fully realised.

3.5.4 Health and Safety

The Trust had received communications from the Health and Safety Executive (HSE) around exhaust fumes in garages and deep cleaning of vehicles which led to a review of the Trusts management of vehicles in garages. New actions taken include communications to staff to minimise the running of engines inside the garage plus an Estates air quality survey. Further actions with regards to

ventilation will be identified following the results of the survey. The HSE followed up on the actions taken with regards to the vehicle cleaning on 10th August 21 and assurance e was provided. No further action has been taken with regards to either issue.

3.5.5 Safeguarding

The Paediatric Liaison / Child Frequent Caller work is now embedded as a substantive role within the Safeguarding Team and started in post 10 August 2021. This new practitioner will focus on specific vulnerabilities and risky presentations in children and young people, rather than a system just based on multiple calls to an address. This proactive, early intervention approach is the first of its kind in a UK Ambulance Service. They are linking in with NHS England regional team who focus on reducing health inequalities in urgent and emergency care provision, using behavioural insight to support children and young people, with risky presentations or specific vulnerabilities, who call our services. Prompt multi-agency liaison and information sharing will support better outcomes for these children and young people, directing care back into planned primary and secondary services where possible and reducing demand on unplanned care in both 999 and 111.

3.5.6 Patient Safety

Incident review of moderate and above cases continues via the Incident Review Group, with low harm and no harm incidents being reviewed by the local patient safety team for themes and trends. Learning is captured at the new Learning Review Group, which includes learning and actions from serious incidents and coroners cases. An increased focus on thematic learning will be reviewed going forward, with learning from falls being reviewed at the next meeting. Themes from serious incidents include conveyance/non-conveyance decisions, with work to improve this being captured by the Safer Right Care Right Place programme. Recognition of ventricular fibrillation (VF) remains a theme, particularly for novice clinicians; this is a risk that is increased during the training suspension that we use as part of REAP 4 measures. Patient safety indictors for call handling, response times and handover delays are being built into the patient safety section of the IPR, in order to give clear sight of patient safety risks over winter. The coming impact of the National Patient Safety Strategy is being reviewed, with changes to all incident reporting being implemented for Trusts during 22/23.

3.5 Workforce & Organisational Development Directorate

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

3.5.1 Leadership and Organisational Development

The National NHS Staff Survey has undergone changes to content (questions), reporting (themes) and eligibility criteria and is aligned to the People Promise of the NHS People Plan. The new Staff Survey was launched on 4th October and will run for a period of eight weeks. It will be promoted to staff at regular intervals and response rates will be monitored throughout the period.
The new policy for the Trust's refreshed Appraisal process 'Performance & Career Development Review' was approved in August. The new template and

approach are being launched across the Trust from October alongside guidance and training available to reviewers and reviewees.

Team-Based Working Team Leader induction programme commenced 1st September for different tiers of management in A&E Operations and continues throughout October for over 100 Team Leaders. The inductions focus on new and key elements of the roles, including compassionate leadership, coaching, empowering change, and accountability, all underpinned by our YAS values and behaviours.

3.5.2 Health and Wellbeing

The Trust's absence rates remain at a high level (August IPR 9.5%). The main impact continues to be seen in call centres as well as front line services. The sickness absence taskforce approach is scoping a range of actions required to help address the current absence rates.

Delivery of the autumn flu vaccination programme and COVID booster vaccination has begun and will offer all staff both vaccinations over the coming months.

NHS England and Improvement have provided the Trust with £170K to improve staff wellbeing. Following engagement with staff the Trust will provide a range of initiatives in the coming months, including greater access to psychological support, welfare vehicles at main emergency departments and relaxation rooms for contact centres.

Ongoing work with the ICS Health and Wellbeing teams has secured resources to carry out staff wellbeing and engagement sessions in Humber Coast and Vale as well as access to resilience hubs for all our staff across all 3 ICS areas.

The Trust have been successful in receiving money from NHS Charities together to develop the mental health offer we provide to staff, this will see a range of initiatives developed over the next 2 years.

3.5.3 Recruitment

Significant recruitment is ongoing for Emergency Care Assistants, Paramedics and Emergency Medical Dispatchers, including additional staff funded from NSHE/I. Planning is in place for 160 ECA's, 200 Paramedic's and 90 EMD's to start this financial year. 64 ECA's, 124 Paramedics and 80 EMD's have so far started, with a further 321 (213 ECA's, 77 Paramedics, 31 EMD's) due to start or proceeding through pre-employment checks.

In our IUC call centres, recruitment campaigns are also ongoing for additional Health Advisors to support the COVID-19 and winter pressures. 188 Health Advisors have so far started in this financial year with a further 83 due to start or proceeding through pre-employment checks.

Implementation of the recruitment overhaul action plan, which aim is to ensure recruitment and selection processes are inclusive, is progressing well with some actions and initiatives already completed. However, due to current pressures, working groups have been placed on hold but will recommence in November when the new Head of HR Operations joins the Trust.

Yorkshire Ambulance Service is now a Veteran Aware NHS Organisation after receiving accreditation by the Veterans Covenant Healthcare Alliance (VHCA) on Monday 12th September. This formal accreditation recognises the work in identifying and sharing best practice across the NHS as an exemplar of the best standards of care for the Armed Forces community.

Following the signing of the Armed Forces Covenant on 25th March 2021, the Trust has also received the Bronze award from the Defence Employer Recognition Scheme (ERS) on 9th August 2021. The ERS recognises commitment and support from UK employers for defence personnel.

3.5.4 Diversity and Inclusion

In August 2021 the Trust published its Workforce Diversity Profile and Workforce Race Equality Standard reports.

October is Black History Month and staff are encouraged to make use of resources available through our ICS partnership in the West Yorkshire and Harrogate 'Root out Racism' campaign which launched on 23 August.

The Trust is a member of the Employer's Network for Equality and Inclusion (ENEI) and has received the Bronze award in their Talent, Inclusion, Diversity and Evaluation (Tide) benchmarking tool.

3.5.5 Employee Relations

The Employee Relations team continue to work closely with local management teams to support managers with staff experiencing the increased range of Health, Wellbeing and absence issues highlighted through the COVID pandemic i.e., staff with 'long COVID'.

3.5.6 Education and Learning

Training for new starters is progressing well. Numbers increased due to the additional funding from NHSE/I with 57 Ambulance Support Workers apprenticeship places (153 places in 21/22) and 93 Newly Qualified Paramedics or External Paramedic Inductions (228 in total). 120 Associate Ambulance Practitioner apprenticeship places are enabling Emergency Care Assistants to progress on the career development pipeline.

Whilst all recruitment-based education has continued, and statutory and mandatory eLearning been available, during the extreme Trust pressures of REAP Level 4, all other training delivery was paused from 12 July. A risk-based approach to bringing certain elements of face-to-face training back into delivery has been undertaken and recovery delivery plans are being developed.

37 Paramedic Apprentices enrolled in September 2021 with University of Huddersfield and Teesside University. A further intake in March 2022 is planned with an estimated 60 places.

The Trust is working closely with university partners to manage a steady increase of undergraduates and the provision of placement within the Trust. Across the region a total of 217 students enrolled in September 2021 (Teesside 30; Hull 55; Sheffield Hallam 60; Huddersfield 20; Bradford 52). This is up from 140 new starters two years ago: an increase of 55%.

3.7 Finance Directorate

3.7.1 Finance

The Trust continues to face a challenging and uncertain year both operationally and financially.

Financial targets have been met in H1; work is ongoing to agree the Trust's financial envelope for H2. It has been confirmed that it is a requirement to breakeven over the full 2021/22 financial year. Guidance was published later than planned; work is ongoing to agree Trust income whilst expenditure plans are refined. Waste reduction targets are lower than anticipated, and there is additional non recurrent funding available for 999, IUC and potentially 111 First. However, pay award funding does not meet associated costs. H2 plans are due to be finalised in November.

Work is also ongoing to understand the recurrent and underlying financial position to deliver longer term sustainable and robust financial plans. Indications are that there is a significant underlying recurrent financial challenge.

3.7.2 Estates, Fleet & Facilities

Environmental & Sustainability

There is a need to consider Electrical Vehicle Infrastructure particularly in relation to Ambulance fleet. Electric vehicles that may be suitable for our long-term needs are being brought to market; we are working with NHSE/I and with Association of Ambulance Chief Executives to develop a standardised approach for the future, and to align capital funding to support this. This will also align with the requirements of the Patient Transport Service and the Fleet Strategy to reduce emissions for all vehicles below 3.5t by 2028.

In addition, we have had agreement to scope a planting scheme to support a YAS Forest across the estate in conjunction with the YAS Charitable Funds. This could result in over 2400 trees being planted on our estate during the winter.

3.7.3 Medical Devices

The Trust's programme of Lifepak15 to Corpuls conversions is 100% complete. This provides the Trust with a single device across all the ambulance fleet. This, together with the continued roll out of Stryker stretcher, will also see us with an across-the-board solution by the end of the year, reducing variation and operational issues. Replacement mechanical CPR devices are currently being commissioned which will also contribute to a fully integrated IT solution including the automatic upload of data and EPR integration.

3.7.4 Fleet

Continued supply chain issues within the motor industry are impacting on vehicle delivery schedules, however the last quarter has seen the completion into service of 29 new DCA and 100 PTS vehicles with a further 24 PTS vehicles to be delivered shortly. Further investment in 41 replacement DCA vehicles with conversion due to commence later in October.

3.7.5 Estates

Work on the Bradford ambulance station roof replacement and Solar Array was completed in August. In late October internal remodelling and refurbishment will commence. At Brighouse, work commences in November to replace the aged concertina door arrangement with new garage doors. Designs to remodel and extend the car parking at Barnsley and Bramley Ambulance Stations are currently being developed.

Electric Vehicle (EV) Charging
The first three trial sites for EV charging Bradford, Skipton and Northallerton came into operation in August.

Repairs & Maintenance
Day to day requests for remedial repairs on the Estates remains constant at around 300 requests per month with SLA targets being maintained. Scheduled Planned and Preventative Maintenance (PPM) activities on Estate are at near 100% completion.

3.7.5 Procurement

Personal Protective Equipment (PPE)
There are no immediate challenges in relation to critical PPE supplies within the Trust. In all cases the Trust holds a minimum of 14 days stock in line with national requirements. We recently purchased a quantity of additional RPE Units, Head tops and Battery packs including over 1000 filters to maintain the existing number of units in operation.

On-going Key Procurements
There are competitions in progress for fleet lease vehicles (RRV's and Command Resilience) using an existing compliant framework. We are leading a national procurement for 'Vehicle Recovery' as part of the new procurement collaboration directive for ambulance trusts.

The A&E Provision framework is fully operational; 9 of the 11 suppliers on the framework are being utilised with compliant contracts in place to provide additional support to Operations.

3.8 Digital Directorate

3.8.1 The Digital Target Operating Model (TOM)

Work around this has completed. External and Internal recruitment is underway to fill open roles and should be completed by the end of November 2021.

3.8.2 Unified Communications

The system has gone live across the Trust with Emergency Operations Centre (EOC) final implementation on 7 September 2021. Work continues with vendors to resolve outstanding snagging issues.

Further analysis work being undertaken to identify call abandonment and calling patterns and demand profiles using the combined Trust UC data that is available for the first time.

3.8.3 Mobile phone and O2 SIM Card
Rollout commenced in September 2021 and is due to complete by the end of the financial year. Focus is on Team leader phones for the new Team Based Working and for Community First Responders

3.8.4 Electronic Patient Record (EPR)
EPR Quasar release is due to go live in October 2021 to include requirements for the new Ambulance Data Set (ADS), access to the End-of-Life care plan for Humberside contained within the Yorkshire and Humber Care Record.

At the time of writing this report the functionality within the Pulsar release related to Humberside Mental Health Crisis Plan was due to go live on 5 October 2021.

The Transfer of Care functionality is now live in York (joins Leeds and Rotherham) with Hull due to go live in October/November subject to testing. Bradford is in the engagement stage and should go live this year.

Over 1,88m EPR records have now been completed with a monthly average > 94%.

3.8.5 Yorkshire Ambulance Service (YAS) Care Record
Initial discussions concerning the creation of the YAS care record, to identify relevant interactions with patients across all internal service lines together with data from the Summary Care Record and the Yorkshire and Humber Care record are underway.

3.8.6 National Ambulance Radio Programme
The full rollout of the National Ambulance Radio Programme continues to be delayed by the core delivery team. An initial pilot of the Ambulance equipment has been installed in 1*DCA and 1*RRV to test the system. Full rollout now expected to commence in 2022 – date to be determined.

3.8.7 Bilsdale transmitter for Ambulance radios
Following a major fire, which resulted in occasional outages for radio in North Yorkshire, the team have developed workarounds to support the system, however there remains an issue with resilience.

3.8.8 N365 Migration
The migration is now 95% complete with a few file shares left to move to Sharepoint.

4. UPDATES ON KEY ACTIVITIES

4.1 Restart a Heart Day 15 October 2021
Professional footballers and rugby league players from across Yorkshire have teamed up to teach thousands of fans how to perform cardiopulmonary resuscitation (CPR) to mark Restart a Heart Day.

Yorkshire Ambulance Service has recruited the support of the county's top 10 football league clubs to help promote the importance of the technique that played a vital role in saving Christian Eriksen when he had a cardiac arrest on the pitch at the Euro 2020 tournament.

Players from Leeds United, Hull City, Sheffield Wednesday, Sheffield United, Rotherham United, Doncaster Rovers, Barnsley FC, Huddersfield Town, Bradford City and Harrogate Town, as well as Leeds Rhinos, star in a video which provides simple instructions on how to perform hands-only CPR.

Paramedics and volunteers will also be on hand to provide CPR training to fans before league matches throughout October (details provided below) in the hope that 29-year-old Erikson's resuscitation has been the wake-up call that many need to learn the skill.

A total of 98 schools took part in this year's event.

In recognition of the value of teaching CPR to young people, Yorkshire Ambulance Service is presenting a bravery award to Henry Collett, who used CPR to save his dad Jules earlier this year. The presentation took place on Friday 15 October at the Yorkshire Air Ambulance base when Jules and Henry will be reunited with some of the ambulance staff involved his life-saving attempt.

4.2 Long Service Awards

After a delay of 12 months, due to the COVID-19 pandemic, the Long Service Awards were held on Tuesday 14 September 2021 to honour a total of 279 colleagues, who have clocked up a combined 5,353 years' service between them.

The awards ceremony took place at the Pavilions of Harrogate, North Yorkshire and recognised staff who had reached their long service milestones in 2020.

91 members of staff attended the event with their guests to collect their awards from Chairman Kath Lavery, Chief Executive Rod Barnes and special guest Mrs Johanna Ropner, Her Majesty's Lord-Lieutenant of North Yorkshire.

The Long Service and Retirement Awards honoured service achieved up to 2019. In total, 46 individuals were congratulated for achieving 20 years' service and seven individuals for reaching the 30 years' service milestone.

4.3 Staff Check-In Campaign Supporting Mental Health and Suicide Prevention

The Yorkshire and Humber region had the highest suicide rate in England with 12 suicides per 100,000 people over a three-year period between 2017 and 2019. Suicide is the biggest killer of people under the age of 35 and the biggest killer of men under the age of 50. Belonging to a group with any protected characteristics is identified as a risk factor for suicide. People in the LGBT community for example, are up to 46% more likely to experience suicidal thoughts. The emotional, psychological and societal impact that suicide can have is immeasurable.

Earlier this year we launched our Check-In campaign to reduce the mental health stigma, eliminate judgment and make suicide prevention and mental health part of everyday workplace conversations. Promoting a wellbeing culture by normalising the conversation around mental health and suicide.

To mark the third phase of the campaign, a number of YAS staff have shared their personal and deeply moving stories about their mental health. These can be accessed in written and audio format on Pulse. More stories will be shared in coming weeks.
Following a presentation to the Emergency Services Leader Board, chaired by Prince William, we have been approached by Mind, The Royal Foundation and the wider blue light community to use our roll-out of the mental health Check-In campaign as an example of best practice. This is part of a programme of work to bring the Mental Health at Work Commitment to blue light services.

5. RECOMMENDATIONS

5.1 The Board is asked to:

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

6. APPENDICES

Integrated Performance Report for September 2021 - LINK

Integrated Performance Report

Sep 2021

Published 18th October

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Strategy, Ambitions & Key Priorities

One Team, Best Care

NHS
Yorkshire
Ambulance Service
NHS Trust

Our purpose is

to save lives and ensure everyone in our communities receives the right care, whenever and wherever they need it

with our core values embedded in all we do

Our Vision

By 2023 we will be trusted as the best urgent and emergency care provider, with the best people and partnerships, delivering the best outcomes for patients

Our Ambition for 2023 is that

- Patients and communities experience fully joined-up care responsive to their needs
- Our people feel empowered, valued and engaged to perform at their best
- We achieve excellence in everything we do
- We use resources wisely to invest in and sustain services

Delivery is directly supported by a range of enabling strategies

COMMUNITY ENGAGEMENT | PEOPLE | QUALITY IMPROVEMENT | DIGITAL | FLEET | ESTATES | FINANCE

Our Ambitions for 2023

- Patients and communities experience fully joined-up care responsive to their needs
- Our people feel empowered, valued and engaged to perform at their best
- 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.

Service Transformation & System Pressures

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.

Service Transformation & System Pressures

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 form 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

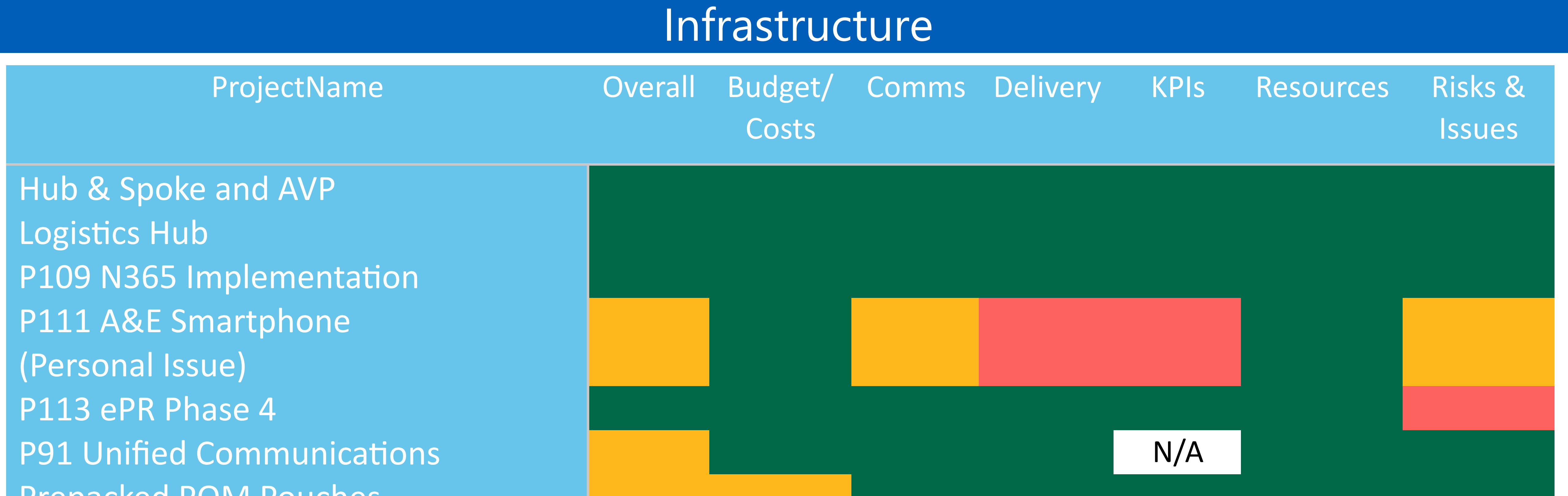
- NHSE/I have joined the ICS to support with delivery of these objectives through three key priority areas for urgent and emergency care during 2021/22. Specifically, these are:

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

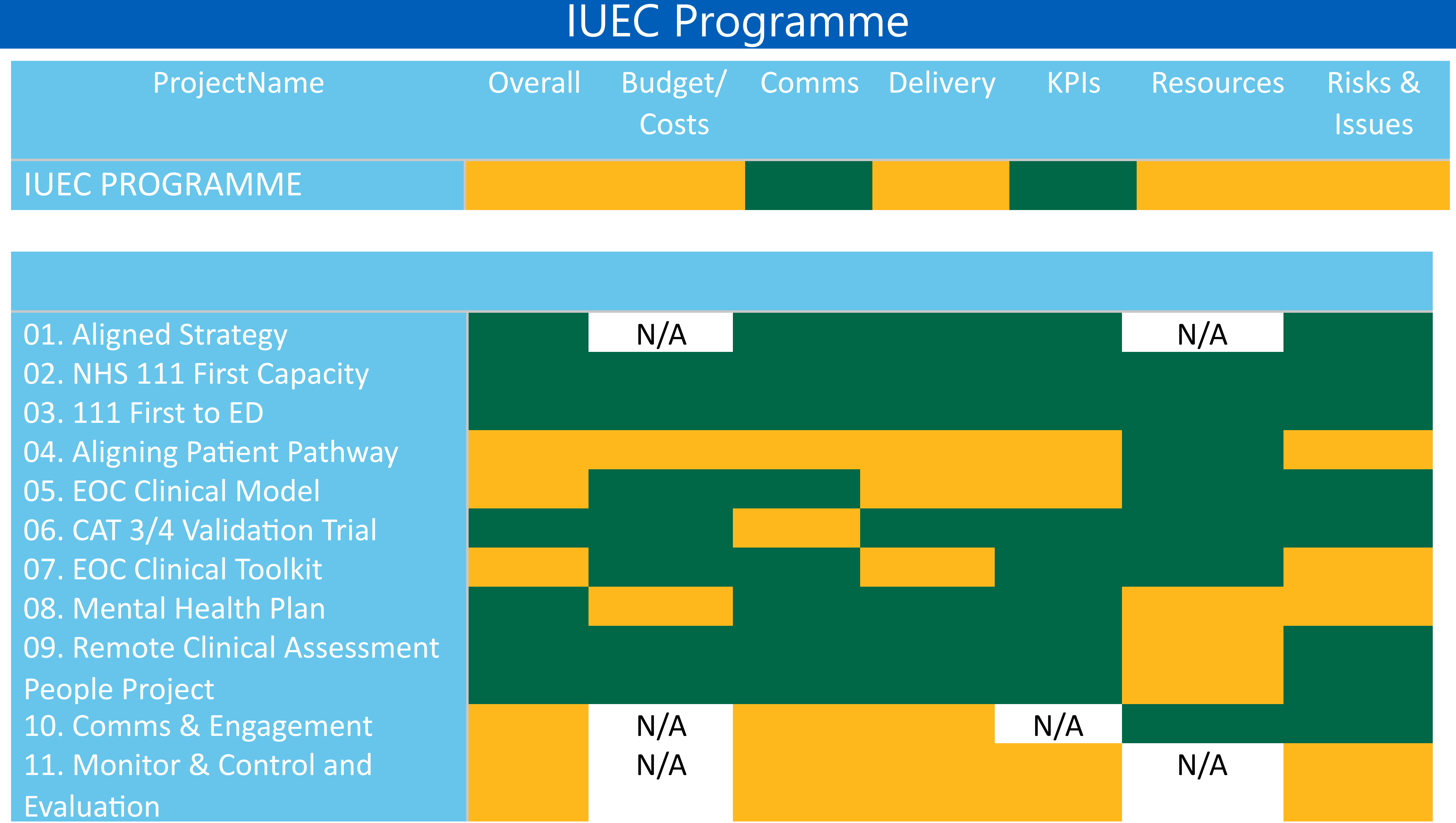
ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
Hub & Spoke and AVP							
Logistics Hub							
P109 N365 Implementation							
P111 A&E Smartphone (Personal Issue)							
P113 ePR Phase 4							
P91 Unified Communications					N/A		
Prepacked POM Pouches							

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.

Service Delivery and Integrated Workforce

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

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.



IUEC Programme

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

999 IPR Key Exceptions - Sept 21

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:01:46	H	
999 - Answer 95th Percentile		00:06:46	H	
999 - Answer 99th Percentile		00:10:50	H	
999 - C1 Mean (T <7Mins)	00:07:00	00:09:44	H	F
999 - C1 90th (T <15Mins)	00:15:00	00:16:47	H	F
999 - C2 Mean (T <18mins)	00:18:00	00:37:56	H	F
999 - C2 90th (T <40Mins)	00:40:00	01:21:03	H	F
999 - C3 Mean (T - <1Hr)	01:00:00	01:58:54	H	F
999 - C3 90th (T -<2Hrs)	02:00:00	04:50:53	H	F
999 - C4 90th (T < 3Hrs)	03:00:00	06:41:07	H	F
999 - C1 Responses > 15 Mins		978	H	
999 - C2 Responses > 80 Mins		4,099	H	
999 - Job Cycle Time		01:45:27	H	
999 - Avg Hospital Turnaround	00:30:00	00:47:10	H	F
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 onresource 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%	H	F
IUC - Answered in 60 Secs	90.0%	22.4%	L	F
IUC - Call back in 1 Hour	60.0%	45.9%		F
IUC - Core Clinical Advice	30.0%	24.3%	L	F
IUC - Booking ED	70.0%	35.3%		F
IUC - ED Validations %	50.0%	45.1%		F
IUC - 999 Validations 30 mins %	50.0%	90.4%		P

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

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.

Support Services IPR Key Indicators - Sept 21

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	H	
Child Safeguarding Referrals		600		

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

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.

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.

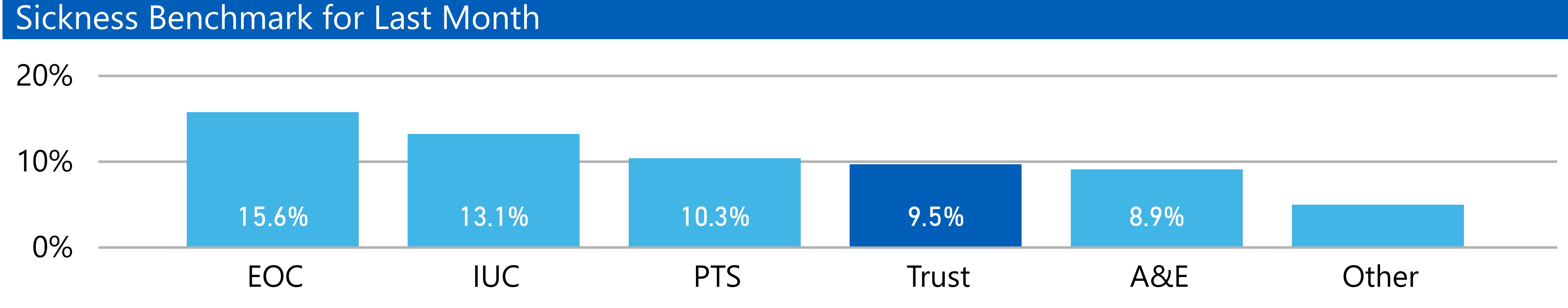
Sickness - Sickness remains high compared to the 5% target but is stable from last month. Main impact is seen in our call centres. Short term absence has seen a slight increase with long term a slight decrease. A Trust-wide sickness taskforce continues to investigate issues and implement interventions 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.

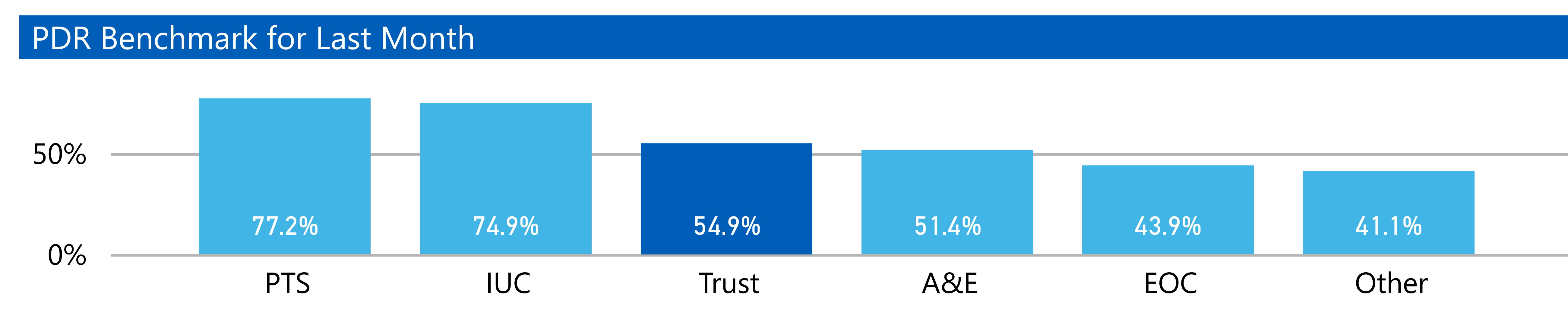
PDR -rates reduced to 54.9%. Given current operational pressures, all areas have seen some decrease in recent months. Support Services (Other) and EOC are the two areas with lowest compliance. Support is being provided to areas with very low compliance. In November the Trust's refreshed Appraisal process 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.

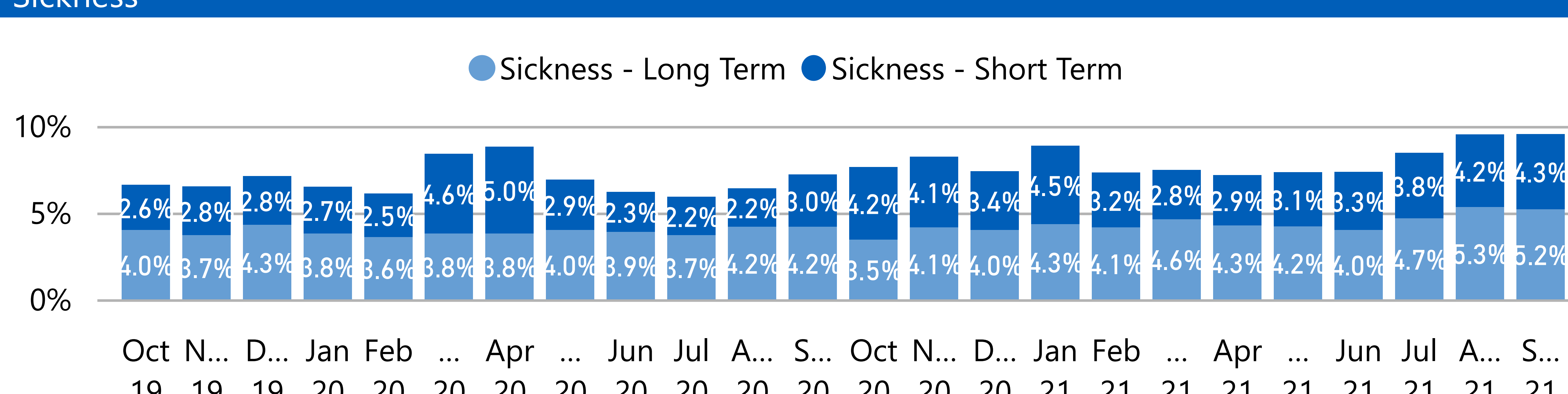
Sickness Benchmark for Last Month



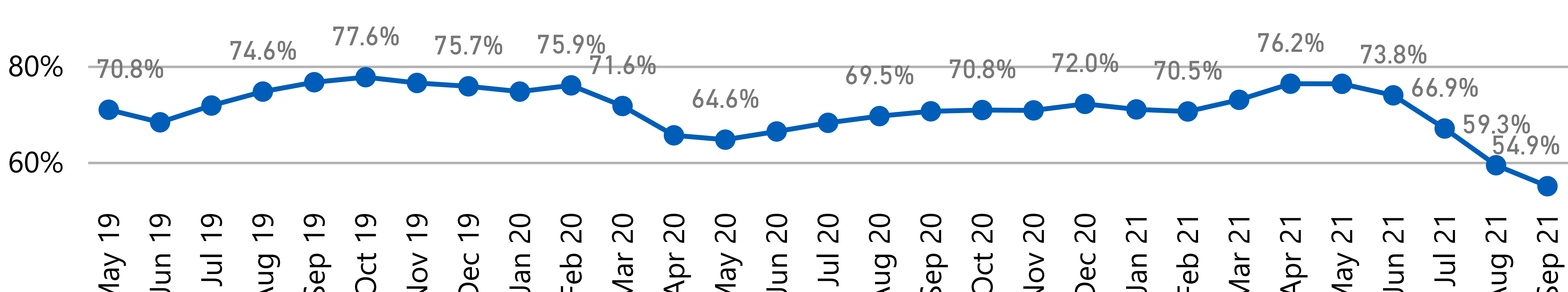
PDR Benchmark for Last Month



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

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%

Commentary

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

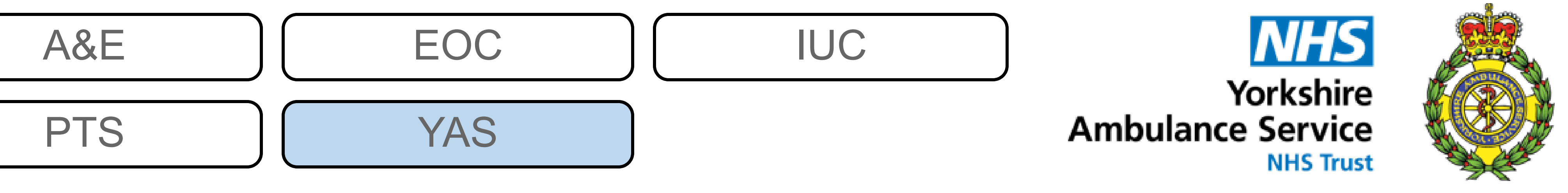
IUC Outcomes

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)



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

Complaint Compliment Concern 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%

Patient Safety - Quality (Director Responsible - Clare Ashby)

A&E | EOC | IUC | PTS | YAS

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

Month	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
YAS	18	22	14	20	22	17	14	23	23		28	16	11	18	22	21	26	28	28	25	39	49	33	19	22	30	32	28	25	43

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

Adult Safeguarding Referrals | Child Safeguarding Referrals

2K, 1K, 0K

Apr 19 – Sep 21

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 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%

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.

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 clinicial 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 bunlde 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 percutaenous 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.

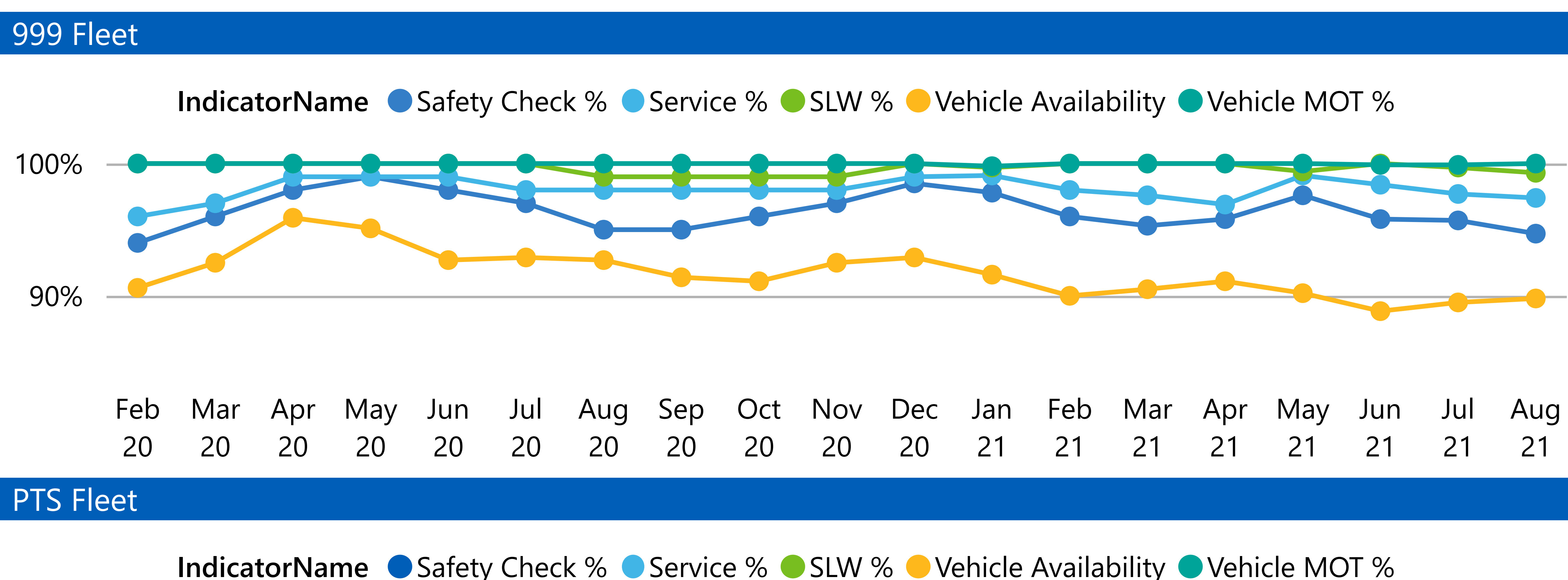
Fleet and Estates

Estates

ShortName	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%

Estates Commentary

999 Fleet



PTS Fleet

IndicatorName Safety Check % Service % SLW % Vehicle Availability Vehicle MOT %

100%

90%

Feb 20 Mar 20 Apr 20 May 20 Jun 20 Jul 20 Aug 20 Sep 20 Oct 20 Nov 20 Dec 20 Jan 21 Feb 21 Mar 21 Apr 21 May 21 Jun 21 Jul 21 Aug 21

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

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