Integrated Performance Report

December 2020

Published 25th Jan 2020

Report Guide

Key Buttons

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

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

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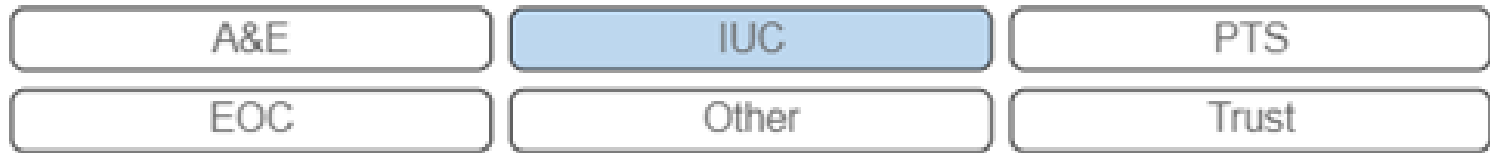
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Key Buttons

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

| A&E | IUC | PTS |
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Hover Over Visuals

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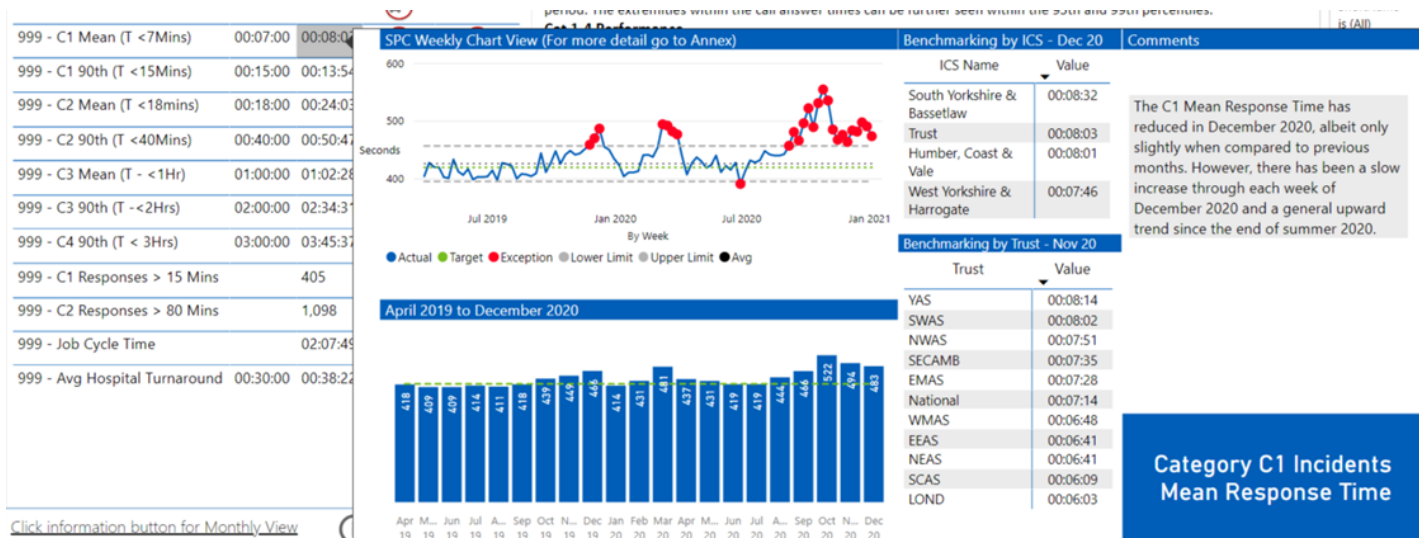
Exceptions, Variation and Assurance

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

	Variation			Assurance		
	Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

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One Team, Best Care

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

One Team | Innovation | Resilience | Empowerment | Integrity | Compassion

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
• System focus on Testing capacity and vaccine deployment.

• Winter and flu vaccination – monitoring the system position.

• COVID related capital plans: ongoing confirmation of agreed funding alongside new potential capital funds.

• ICS Next Steps Consultation concluded (8/1/21) and system responses submitted to NHSE/I: YAS response submitted

• Full national planning guidance anticipated mid-January

• Ongoing challenges associated with Hospital Handover delays across the region.

• Ongoing YAS engagement with system level planning to support response to COVID and winter planning.

• YAS engagement in wider planned care forums to ensure YAS service offers remain appropriate and effective.

• NHS 111 First EDDI tool in process of being implemented into EDs which will improve referral handover etc.

Humber Coast and Vale
• Vocare providing additional clinical support (local CAS for HCV) for NHS 111 First currently weekends only, interim measure
• UTC YAS audit underway to inform future stakeholder engagement and improve consistent access to YAS clinicians
• Planned reconfiguration of acute Paediatric services in Scarborough, currently paused
• Humber Acute Service Review is ongoing – focus on Humber - Currently initiating the Humber Children's Community Care (Ill Child) project to include Paediatric secondary care health advice and guidance service – YAS engaged
• Working with HRI to support possible contingency planning for YAS support for emergency patients at the Women and Children's centre
• CHPD District Nursing Partner in Hull & ER developing early pregnancy same day emergency care – ongoing work for pathway
• British Red Cross Pilot – aiming to reduce unnecessary conveyance to hospitals (funding secured till March 2021)
• ICS working with UTCs to meet national criteria.

South Yorkshire and Bassettlaw ICS
• Early discussions are being had around a reconfiguration at Scunthorpe Hospital with the potential impact on waiting times and journeys to DRI – YAS involved
• HASU review seen increase in handover times for stroke patients, work ongoing to understand this
• Successful Community Resilience volunteer recruitment in Sheffield – aiming to replicate Hull model
• Mental Health info requests and collaborative working with South Yorks police ongoing.
• MH conveyance pressures being reviewed by YAS MH Development Nurse.
• Delays to SY&B U&EC Hosted Network work on system wide SDEC and ED diversion approaches.
• NHS 111 First EDDI live across SY&B; a number of issues still to be resolved.
• Pathway changes (due to COVID) being monitored - including all emergency paediatric surgery going to Sheffield Children's Hospital.

West Yorkshire & Harrogate ICS
• Ongoing Hospital Reconfigurations underway CHFT– positive YAS engagement to support – aim to present impact externally Feb 2021.
• NHS 111 FIRST EDDI live across all acute sites for West Yorkshire (limited appointments available in Mid Yorks & LTHT).

Other external pressures:
• Mid Yorkshire hospital sites have shown significant delays to handover times over December and into Jan.
• Local Care Direct supporting ED validation from 111 under 11s
• Wakefield Safe Zone launching virtual Crisis Café
• Community Resilience NHS Together funding distributed, setting up of 6 CR vehicles in 2021 (as per successful Hull pilot model), education of volunteers in Care Homes – aiming to reduce call/visit/conveyance pressure from CHs

Programme Dashboard - Dec 20

Exception	PROGRAMME/PROJECT	Lead	Start	End	STATUS	GATE	TREND	OVERALL RAG S O N D	BUDGET/COSTS S O N D	RESOURCES S O N D	DELIVERY S O N D	KPIS S O N D	RISKS & ISSUES S O N D	COMMS S O N D
IUEC DELIVERY PROGRAMME		**DAVE BEET**												

1) Patient Pathways Project developed and on track. Project team and Clinical Advisory Group in place. 2) NHS 111 First Project established recruitment/training complete, clinical capacity developed and in place, estates and facilities incorporated into wider Trust IPC plan, IT and ED notification. 3) EOC Clinical Project established. 4) Remote Clinical Assessment People Project under development and scope presented to Programme Board 2 December 2020. Will now determine capacity/support which will be required to progress key areas at pace. 5) Mental Health Project first stage agreed, project plan drafted and recruitment of Project Manager underway. Business Case developed further and presented to Programme Board 9 December 2020, with some further areas for development agreed ahead of Board on 17 December 2020 and Commissioners presentations in January 2021. 6) Safer Right Care Project into this programme and this has been scoped. Next steps are preparation for rollout and associated communications plan. 7) Multi-disciplinary teams are engaged to support the programme and alignment on expectation.

Exception	PROGRAMME/PROJECT	Lead	Start	End	STATUS	GATE	TREND	OVERALL RAG	BUDGET/COSTS	RESOURCES	DELIVERY	KPIS	RISKS & ISSUES	COMMS
1	IEUC Programme	AC/DB	Sep-20	TBC	DELIVERY	3	↔	G G G G	A A A A	A A A A	G G G G	G G G G	A A A A	G G G G
INFRASTRUCTURE		**STEVE PAGE**												

Digital Enablers: Unified Comms is RAG rated AMBER. TEG agreed to re-profile phased migrations to Feb / Mar '21. N365 is RAG rated AMBER. A paper will be presented to TMG and TEG w/c 04.01.21 recommending an extension to the original timelines. ePR Phase 3 continues to be RAG rated AMBER with the project on track and no issues to report. Digital Enablers: Unified Comms is RAG rated AMBER. TEG agreed to re-profile phased migrations to Feb / Mar '21. N365 is RAG rated AMBER. A paper will be presented to TMG and TEG w/c 04.01.21 recommending an extension to the original timelines. ePR Phase 3 continues to be RAG rated AMBER with the project on track and no issues to report. Hub and Spoke and AVP continues to be RAG rated GREEN with no areas of concern. continues to be RAG rated GREEN with no areas of concern.

Exception	PROGRAMME/PROJECT	Lead	Start	End	STATUS	GATE	TREND	OVERALL RAG	BUDGET/COSTS	RESOURCES	DELIVERY	KPIS	RISKS & ISSUES	COMMS
1	Digital Enablers	SM												
1.1	P91 Unified Comms	TM	Jan-19	Nov 20	DELIVERY	3	↔	R A A A	G G G G	A G G G	R G G A	NA NA NA NA	A A A A	G G G A
1.2	P109 N365 Implementation	LR	Jul-20	31/12/20	DELIVERY		↔	A R A A	A R R A	G G G G	R R R R	NA R R R	R A A A	G A A p
1.3	P106 ePR Phase 3 (Development)	SR	Apr-21	31/03/21	DELIVERY	3	↔	A A A A	G G G G	A A A A	A R A A	G G G G	A A A A	G G G G
2	Hub & Spoke / AVP	CW												
2.1	Hub & Spoke and AVP	CW			DELIVERY		↔	G G G G	G G G G	G G G G	G G G G	G G G G	G G G G	G G G G
2.2	Logistics Hub	CW	Mar 20	TBC	SCOPING	2	↔	G G G G	G G G G	G G G G	G G G G	G G G G	G G G G	G G G G

Programme Dashboards - Dec 20

Exception	PROGRAMME/PROJECT	Lead	Start	End	STATUS	GATE	OVERALL RAG TREND	OVERALL RAG				BUDGET/ COSTS				RESOURCES				DELIVERY				KPIS				RISKS & ISSUES				COMMS			
								S	O	N	D	S	O	N	D	S	O	N	D	S	O	N	D	S	O	N	D	S	O	N	D	S	O	N	D
SERVICE DELIVERY & INTEGRATED WORKFORCE STEVE PAGE																																	
	Team Based Working is RAG rated AMBER. A Gate 1 Business Opportunity document relating to the Paramedic career pathway, a key strand of TBW, was reviewed at TMG Gate sub group, 03.11.20, followed by Gate 2 Business Case, 01.12.20. A final version of the Business Case (Gate 2) is expected to be presented at TMG, 27.01.21. Due to operational pressures facing EOC and A&E, the Integrated Transport Pilot has been paused. The project is scheduled to restart 14.12.20. The Rotational Paramedic Project is RAG rated AMBER. National developments will impact on the Trusts approach to delivery. The Trust awaits further details and confirmation of changes before developing a refreshed delivery plan.																																	
1	Team Based Working	AB/EL	STARTED	21/22	DELIVERY	NA	↔	G	A	A	A	G	A	A	A	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
2	Integrated Transport Pilot	AB	Sep-20	31/03/21	PAUSED	3	P	G	P	P	P	G	P	P	P	A	P	P	P	G	P	P	P	G	P	P	P	G	P	P	A	G	P	P	P
3	Rotational Paramedics	GA	TBC	TBC	DELIVERY		↔	NA	A	A	A	NA	NA	P	P	NA	NA	P	P	NA	NA	P	P	NA	NA	P	P	NA	NA	P	P	NA	NA	P	P
CAPACITY AND CAPABILITY CHRISTINE BRERETON																																	
	Capacity and Capability performance is rated AMBER. In response to Covid19, the Accountability Framework plan has been recast and agreed with the working group.																																	
1	Accountability Framework	GA	Jul 20		SCOPING	NA	↔	A	A	A	A	A	A	A	A	A	A	A	A	G	G	A	A	A	A	A	A	A	A	A	A	A	A	A	A
PIPELINE AND PROJECTS/WORKSTREAMS NOT REPORTING THIS MONTH																																	
P1	YAS Academy Future Training Delivery Model	DA	TBC	TBC	SCOPING																														
P2	International Recruitment	NB	TBC	TBC	SCOPING	1																														
PLACE BASED CARE ROD BARNES PAUSED																																	
	Place Board last met on 28 September 2020 and is currently paused pending Transformation Board review. Mental Health and Ageing Well projects and key workstreams that previously reported to Place Board will transfer to the IUEC Delivery Programme. Patient Advocacy project is progressing through Gate review with a Gate 0 document submitted to TEG w/c 04.01.21.																																	

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:08	H	
999 - Answer 95th Percentile		00:00:52	H	
999 - Answer 99th Percentile		00:01:47	H	
999 - C1 Mean (T <7Mins)	00:07:00	00:08:03	H	F
999 - C1 90th (T <15Mins)	00:15:00	00:13:54	H	P
999 - C2 Mean (T <18mins)	00:18:00	00:24:03	H	F
999 - C2 90th (T <40Mins)	00:40:00	00:50:47	H	F
999 - C3 Mean (T - <1Hr)	01:00:00	01:02:28	H	F
999 - C3 90th (T -<2Hrs)	02:00:00	02:34:31	H	F
999 - C4 90th (T < 3Hrs)	03:00:00	03:45:37	H	F
999 - C1 Responses > 15 Mins		405	H	
999 - C2 Responses > 80 Mins		1,098	H	
999 - Job Cycle Time		02:07:49	H	
999 - Avg Hospital Turnaround	00:30:00	00:38:22	(grey)	F

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer

After the Call Answer Mean started to reduce to expected levels in late November following the increases seen in October due to the COVID-19 outbreak in EOC, December saw increases occur each week resulting in a Call Answer Mean of 8 seconds for the month. When comparing nationally, the most recent bench marking data shows YAS to be higher than most other trusts in recent months. Performance can partly be attributed to rising call volumes with specific peaks around the festive & New Year period. The extremities within the call answer times can be further seen within the 95th and 99th percentiles.

Cat 1-4 Performance

All response performance measures have been impacted on in December with increases across both mean and 90th percentiles through the month (with the exception of C1 90th). Increases in demand across the festive & New Year period caused specific peaks which adversely affected the response performance whilst increases in job cycle times and increases levels of sickness and abstractions reduced resource availability and increased job cycle time. Resource availability has been a particular issue across December with most areas experiencing a reduction in the proportion of time available to deal with new incidents and this was particularly apparent within the South which was below the required resource hours by 21%.

Responses Tail (C1 and C2)

Aligned with the significant pressure on response performance the number of incidents with response times greater than the 90th percentile targets have increased. However, these increases are in line with the seasonal patterns expected due to winter pressures and increasing demands placed on the service.

Job cycle time

Average Job Cycle time is higher than last year and has seen increases since the initial COVID-19 lockdown in 2020 ended. Throughout December there have been increases due to growths in the time spent on scene time and increased hospital times. However, these increases are in line with the expected seasonality impacts of winter pressures.

Hospital

Although the average hospital turnaround times aren't at the levels experienced last year we have seen the expected increases over recent months as a result of seasonality and winter pressures. The general reduction in average turnaround compared to December 2019 is attributed to reductions in patient handover with increases in the crew clear element of the process ensuring the average times still remain high. 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. ED conveyance has reduced by 3.5 percentage points from Dec 19 to Dec 20 which is a vital National KPI.

Indicator	Target	Actual	Variance	Assurance
IUC - Answered in 60 Secs	90.0%	96.3%		P
IUC - Core Clinical Advice	30.0%	29.1%	L	F
IUC - Direct Bookings	30.0%	37.5%	H	P
IUC - Call back in 1 Hour	60.0%	56.1%		F
IUC - Ambulance validations %	95.0%	95.7%		P

Indicator	Target	Actual	Variance	Assurance
PTS - Journeys < 120Mins	90.0%	99.6%		P
PTS - Arrive at Appointment Time	90.0%	89.2%		F
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	94.4%	H	P
PTS - % Short notice - Pickup < 120 mins	90.8%	88.3%	H	F
PTS - Answered < 180 Secs	90.0%	83.9%		F

IUC Exceptions - Comments (Director Responsible - Karen Owens)

Despite both winter pressures and the ongoing challenges relating to the Covid pandemic performance in December was in many cases an improvement on recent months. Demand (calls answered) was much lower than forecast and were 0.1% below the contract floor, in contrast to recent months with demand much higher than ceiling demand. Furthermore demand was 6% lower than December 2019, most likely due to restrictions which meant less general mixing between people leading to fewer winter illnesses (coughs, colds, flu etc) and also other factors such as less travel around the festive period. Call Performance was excellent and well above target at 96.3%, a significant improvement even on November's figure of 89.8%.

The proportion of Clinician Call Backs made within 1 hour was 56.1%, still below the 60% target but a substantial improvement on recent months (46.7% in November). Core clinical advice continues to track just below the 30% target, despite clinical demand being much higher than forecast (YTD 9.6% above contract).

Ambulance Validations achieved target while the ED Validation result is unavailable due to further data checks required.

PTS Exceptions - Comments (Director Responsible - Karen Owens)

The contractual KPI performance measures have been suspended in line with NHS England Guidance due to COVID 19. PTS is maintaining a good level of service for our renal patients. On Day discharge performance for the whole region is broadly 88% within 120 minute target. Although missing the 90% target, demand for On Day has risen dramatically and over a 7 day week, we have seen performance has been improved since April creating a positive exception.

Call answer performance is starting to perform closer to target levels since a a drop in Performance in the summer; additional scripting necessary for screening for Covid and demand management has been introduced.

Demand has been steady at 80% pre-Covid Levels; which requires 25% additional PTS capacity with single patient occupancy and other Covid response requirements.

Support Services IPR Key Indicators - Dec 20

Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		816	H	
Serious		5	H	
Moderate and Above Harm		39	H	
Complaint		79		
Concern		23	L	
% FOI Request Compliance	90.0%	100.0%	H	P

Indicator	Target	Actual	Variance	Assurance
Turnover (FTE) %		8.3%	L	
Sickness - Total % (T-5%)	5.0%	7.4%		F
Special Leave		3.5%	H	
PDR / Staff Appraisals % (T-90%)	90.0%	72.0%		F
Stat & Mand Training (Fire & IG) 1Y	90.0%	88.3%		F
Stat & Mand Training (Core) 3Y	90.0%	96.7%		P
Stat & Mand Training (Face to Face)	90.0%	69.4%	L	F

Quality and Safety Exceptions - Comments (Director Responsible - Steve Page)

Incidents
Incidents reported has risen to 816 last month, the highest level in 2020. Moderate & above harm increased to 39 in December with 17 from Staff and 16 incidents from Patients. Serious incidents remain higher than normal at 5.

Patient Safety
In terms of patient relations the number of overall contacts has risen with compliments rising significantly to 128 compared with 93 last month. Concerns are lower than last December (23 compared to 68) and similar with Service to Service contacts (42 compared with 80), falling below the lower limit. Complaints are higher than last year but have remained stable for 3 months.

Workforce Exceptions - Comments (Associate Director Responsible - Suzanne Hartshorne / Claus Madsen)

Turnover across the Trust has reduced to its lowest level this year with December being at 8.3% which is 1.4 percentage points lower than last December.

Sickness absence, particularly short-term absence, remains of particular concern due to Covid. However, the Trust is starting to see a number of staff with long COVID and hence long term absence, for this reason, is likely to increase over the coming months.

The PDR KPI shows encouraging signs of improvement, in particular with IUC meeting the KPIs. For other frontline services, the availability of staff and pressure on services has contributed to the low rate. However the PDR rate for Corporate Services is much lower than expected, which may be due to recording on ESR rather than non-completion; managers have been reminded of the methodology on how to do this.

New Statutory and Mandatory Training figures are available and demonstrate the significant improvement on IG and Fire Training compliance, although just under the 90% target. The 3-Year Training is well within Target

A&E	IUC	PTS
EOC	Other	Trust

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

ShortName	Dec 19	Nov 20	Dec 20
FTE in Post %			98.1%
Apprentice %		4.3%	4.0%
BME %	5.1%	5.9%	5.9%
Sickness - Total % (T-5%)	7.1%	8.2%	7.4%
Special Leave	0.1%	5.8%	3.5%
PDR / Staff Appraisals % (T-90%)	75.7%	70.7%	72.0%
Stat & Mand Training (Fire & IG) 1Y		89.8%	88.3%
Stat & Mand Training (Core) 3Y		97.0%	96.7%
Stat & Mand Training (Face to Face)		69.0%	69.4%
Stat & Mand Training (Safeguarding L2 +)		91.3%	88.6%
Information Governance Training %	70.3%	89.3%	89.3%

YAS Commentary

FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 1.9% overall with PTS showing a rate of 10.2%. The turnover rate remains stable at 8.3% and is at its lowest for a number of years. The BME rate has increased to its highest level at 5.9%, increased from 5.3% in April 2020.

Sickness - Sickness has reduced since last month but remains high compared to last December and the 5% target. This has impacted the Trusts ability to meet key KPIs. EOC absence has reduced significantly since the high in November due to the Covid outbreak. PTS absence has risen since September until a drop last month and is lower than the same period last year. IUC has reduced since a peak in November and levels within IUC are lower than the same period last year.

Special Leave - Dec Special Leave % reduced from November after increasing to 5.8% due to the number of people isolating/shielding.

PDR - rates improved to 72.0% with IUC achieving the 90% target at 91.4%. Support Services (Other) PDR rates are significantly lower than the target dropping to 40.4% from 63.9% during the same period last year. Much of the decline can be attributed to demand, however it is likely that PDRs have taken place but not recorded. Communication regarding the process to do this is taking place.

Statutory and Mandatory Training - Good progress has been made against the 3 year core training with work to do on the 1 year face-to-face compliance which is below target due to an approved break in delivery during the peak of the pandemic. A phased approach to improve compliance was agreed at TMG in January 2021. There might also be issues with the set up in ESR for some areas, which is being investigated.
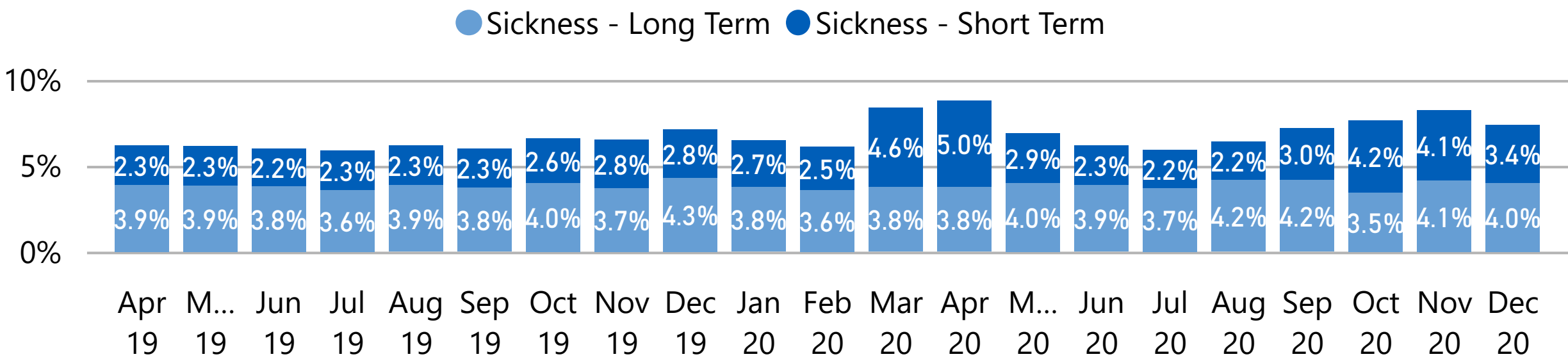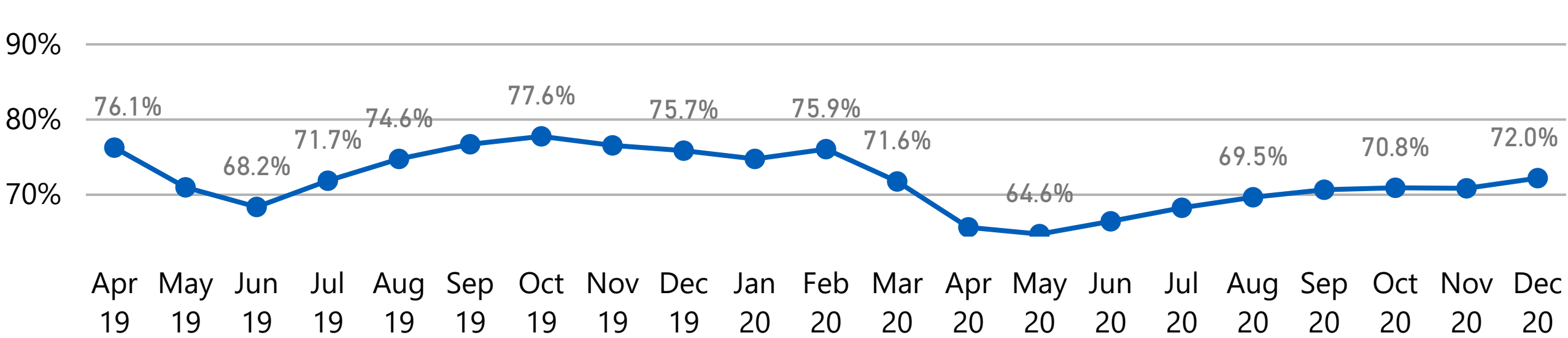
Sickness Benchmark for Last Month

IUC	PTS	EOC	A&E	Trust	Other
9.3%	8.8%	8.1%	7.4%	7.4%	3.9%

PDR Benchmark for Last Month

IUC	PTS	A&E	Trust	EOC	Other
91.4%	86.0%	76.1%	72.0%	54.0%	40.4%

Sickness

Legend: ● Sickness - Long Term ● Sickness - Short Term

	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
Short Term	2.3%	2.3%	2.2%	2.3%	2.3%	2.3%	2.6%	2.8%	2.8%	2.7%	2.5%	4.6%	5.0%	2.9%	2.3%	2.2%	2.2%	3.0%	4.2%	4.1%	3.4%
Long Term	3.9%	3.9%	3.8%	3.6%	3.9%	3.8%	4.0%	3.7%	4.3%	3.8%	3.6%	3.8%	3.8%	4.0%	3.9%	3.7%	4.2%	4.2%	3.5%	4.1%	4.0%

PDR - Target 90%

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
76.1%		68.2%	71.7%	74.6%		77.6%		75.7%		75.9%	71.6%	64.6%					69.5%	70.8%		72.0%

YAS Finance Summary (Director Responsible Kathryn Vause)- Dec 20

Overview

Risk Rating - Under the "Single Oversight Framework" the overall Trust's rating for the year to date remains at 1 (1 being lowest risk, 4 being highest risk). As advised by NHSE/I organisations remain within previously assesed rating and will only move segments under exceptional circumstances during 20/21. If the risk rating was reassessed the Trust rating would be at 2 as a result of having a planned deficit for the second half of the year.

EBITDA - The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at the 31st December (Month 9) is £8.3m against a plan of £8.6m, an adverse variance of £0.3m. This measure was reinstated as a key financial measure from M7 and reflects the reduced depreciation costs from the delayed capital spend in during 2020/21.

Surplus/(Deficit) - The Trust has an accounting deficit at the end of December (Month 9) of (£0.4m) against the plan of (£0.4m). The Trust was in a break even position for month 1 to 6 due to the Covid-19 Business Rules for that period . The planned deficit for the remainder of the year is (£1.754m).

Capital - YTD expenditure is behind plan due to the issues experienced during the Covid pandemic. The Trust is forecasting to achieve the full level of planned spend.

Cash - At the end of December the Trust had £90m cash at bank, £44m higher than the year-end (Mar-20). The increase in cash balances reflects the revised financial regime with the monthly income block payments now made in advance in addition to the reduced level capital expenditure year to date.

Month and YTD Position (£000s)

Indicator Name	Month Plan ▼	Month Actual	Month Plan v Actual	YTD Plan	YTD Actual	YTD Plan v Actual
Cash	£85,594	£90,086	£4,492	£85,594	£90,086	£4,492
Capital	£1,073	£588	-£485	£6,400	£3,624	-£2,776
EBITDA	£672	£615	-£57	£8,565	£8,251	-£314
Surplus	-£419	-£416	£3	-£878	-£878	£0

Monthly View (£000s)

Indicator Name ▲	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12
Capital	£0	£874	£562	£68	£189	£332	£501	£511	£588
Cash	£76,062	£81,510	£76,988	£79,694	£82,331	£83,579	£86,976	£89,615	£90,086
EBITDA	£1,181	£1,103	£890	£1,119	£1,143	£743	£884	£573	£615
Surplus							-£219	-£243	-£416

Patient Demand Summary - Dec 20

NHS
Yorkshire
Ambulance Service
NHS Trust

Demand Summary

ShortName	Dec 19	Nov 20	Dec 20
999 - Incidents (HT+STR+STC)	75,823	68,192	68,515
999 - Increase - Previous Month	4.7%	-4.1%	0.5%
999 - Increase - Same Month Last Year	5.4%	-5.8%	-9.6%
IUC - Call Answered	160,403	147,925	150,578
IUC - Increase - Previous Month	21.0%	-2.2%	1.8%
IUC - Increase Same Month Last Year		11.6%	-6.1%
IUC - Calls Answered Above Ceiling	8.2%	7.0%	-14.6%
PTS - Demand (Journeys)	69,065	61,711	60,112
PTS - Increase - Previous Month	-8.0%	-5.5%	-2.6%
PTS - Same Month Last Year		-17.8%	-13.0%

Commentary

Demand which generates an incident in 999 has fallen below expected levels (14.5% below forecast) and is 9.6% lower than December last year. The profile of demand has changed due to Covid and normal winter pressure has not been as high in terms of volume.

Demand (calls answered via IUC) was much lower than forecast and were 0.1% below the contract floor, in contrast to recent months with demand much higher than ceiling demand. Furthermore demand was 6.1% lower than December 2019, most likely due to restrictions which meant less general mixing between people leading to fewer winter illnesses (coughs, colds, flu etc) and also other factors such as less travel around the festive period. To note that from December the forecast ceiling demand now includes the assumed level of patient calls expected for NHS 111 First.

PTS demand had the expected dip in December due to the number of bank holidays. Last December demand dropped 8% and this year the drop was much less, 2.6%. This shows demand whilst actually down month on month due to the nature of planned care and Christmas period, demand is notably up compared to same month last year
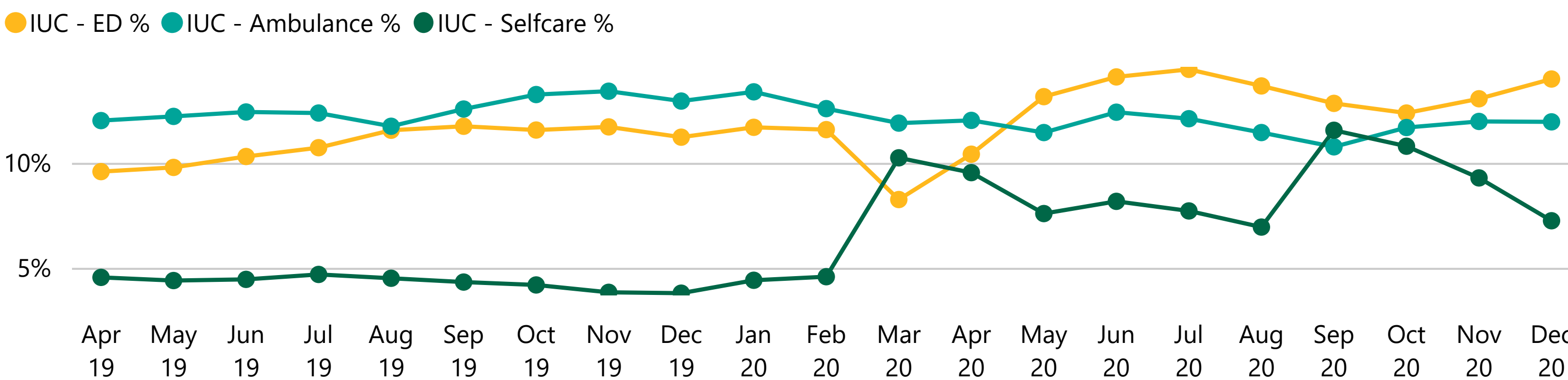
Overall Calls and Demand

ShortName ● 999 - Total Calls via Telephony (AQI) ● 999 - Incidents (HT+STR+STC) ● IUC - Call Answered ● PTS - Demand (Journeys)
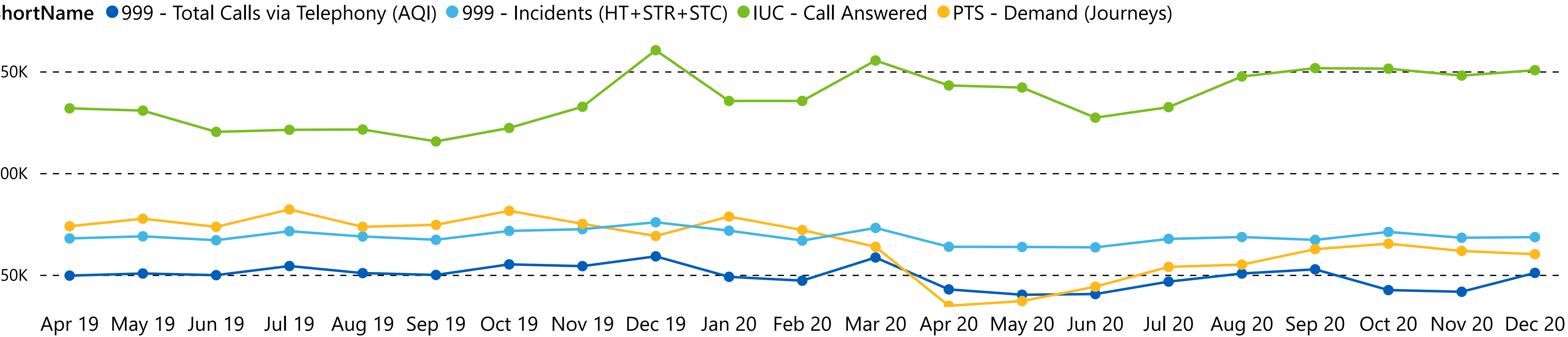
Patient Outcomes Summary - Dec 20

NHS
Yorkshire
Ambulance Service
NHS Trust

Outcomes Summary

ShortName	Dec 19	Nov 20	Dec 20
999 - Incidents (HT+STR+STC)	75,823	68,192	68,515
999 - Hear & Treat %	8.4%	8.6%	8.9%
999 - See, Treat & Refer %	25.0%	30.2%	29.1%
999 - See, Treat & Convey %	66.5%	61.2%	62.0%
999 - Conveyance to ED %	58.0%	53.7%	54.4%
999 - Conveyance to Non ED %	8.5%	7.5%	7.7%
IUC - Calls Triaged	145,590	138,349	141,004
IUC - ED %	11.2%	13.1%	14.0%
IUC - Ambulance %	12.9%	12.0%	12.0%
IUC - Selfcare %	3.8%	9.3%	7.2%
IUC - Other Outcome %	8.7%	13.6%	12.7%
IUC - Primary Care %	59.4%	49.5%	51.4%
IUC - Other Referrals %	4.0%	2.6%	2.7%
PTS - Demand (Journeys)	69,065	61,711	60,112

999 Outcomes

● 999 - Hear & Treat % ● 999 - See, Treat & Refer % ● 999 - See, Treat & Convey %

IUC Outcomes

● IUC - ED % ● IUC - Ambulance % ● IUC - Selfcare %
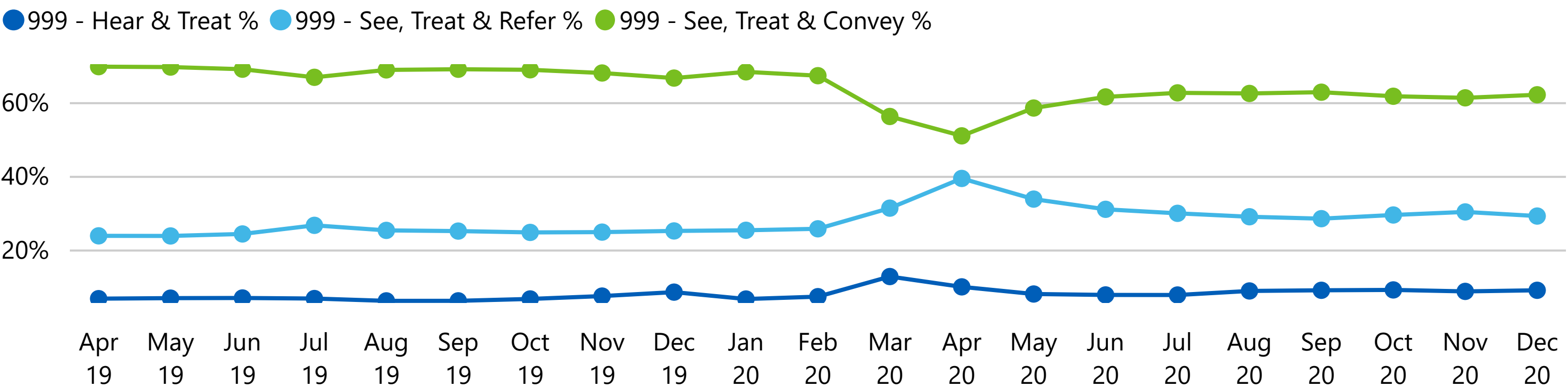
Commentary

Within 999 the level of STR has increased by 4.1 percentage points since last December, however there was a slight fall in December from November with a slightly increase conveyance rate. Fewer jobs are being transported to ED than December last year which is a key national target. More patients have been treated via telephone triage due to significant pressure on available resource.

Outcomes for IUC appear to have been impacted by changing types of calls due to Covid and 111 First. Referrals to ED have been slightly higher in November and December compared with previous months (12.6% in October, rising to 13.1% in November and 14.0% in December) and also compared with 2019/20 when the ED referral rate went down between November and December. This is potentially related to changing patient mix from the 111 First campaign and receiving more calls from patients who would have walked into A&E *E and less general winter illness calls, down 64.9% from last year.* . In addition there has been a reduction in self-care outcomes, in contrast to at other points during the Covid pandemic - this might indicate a shift in Covid-related calls towards higher acuity patients who require an ED attendance rather than self-management.

Patient Relations Experience
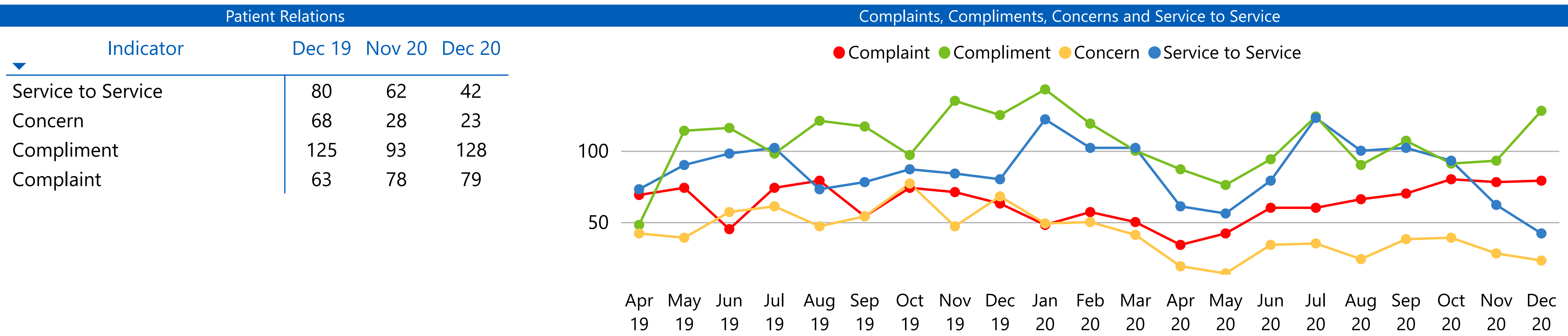# (Director Responsible - Steve Page) - Dec 20

NHS
Yorkshire
Ambulance Service
NHS Trust

Patient Relations

Indicator	Dec 19	Nov 20	Dec 20
Service to Service	80	62	42
Concern	68	28	23
Compliment	125	93	128
Complaint	63	78	79

Complaints, Compliments, Concerns and Service to Service

YAS Compliance and Bright Ideas

Indicator	Dec 19	Nov 20	Dec 20
% FOI Request Compliance	61.9%	89.3%	100.0%

YAS Comments

Patient Relations
Service to Service and Compliment feedback decreased in December with compliments rising to 128. Concerns significantly reduced from the same period last year.

Compliance
FOI Compliance is currently at 100% well above the 90% target.

Patient Safety - Quality (Director Responsible - Steve Page) - Dec 20

NHS Yorkshire Ambulance Service NHS Trust

Incidents

Indicator	Dec 19	Nov 20	Dec 20
All Incidents Reported	735	683	816
Serious	7	6	5
Moderate & Above Harm - Total	23	25	39
Medication Related	69	47	59
Number of duty of candour contacts	10	7	5
Number of RIDDORs Submitted	4	3	3

Incidents - Moderate and Above Harm

YAS

Values: 1, 22, 14, 20, 22, 17, 14, 23, 23, (Jan low), 28, 16, 18, 22, 21, 26, 28, 28, 25, 39

Months: 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

M&A Monthly Mix

Patient 47%
Staff 53%

YAS Child and Adult Safeguarding

Indicator	Dec 19	Nov 20	Dec 20
Adult Safeguarding Referrals	1,045	1,263	1,481
Child Safeguarding Referrals	540	587	560
% Trained Safeguarding for Children (L1)	97.7%	97.3%	96.9%
% Trained Safeguarding for Children (L2)	93.1%	90.8%	87.3%
% Trained Safeguarding for Adults (L1)	97.6%	96.9%	96.3%

Safeguarding Training

Adult Safeguarding Referrals | Child Safeguarding Referrals

Adult: 863, 1002, 924, 986, 918, 887, 906, 1013, 1045, 1049, 947, 749, 833, 1054, 1030, 1095, 1145, 1056, 1284, 1263, 1481

Child: 560, 579, 594, 612, 519, 505, 507, 551, 540, 603, 608, 532, 441, 539, 608, 653, 657, 615, 571, 587, 560

Months: 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

A&E Long Responses

Indicator	Dec 19	Nov 20	Dec 20
999 - C1 Responses > 15 Mins	412	396	405
999 - C2 Responses > 80 Mins	1,880	1,143	1,098

YAS IPC Compliance

Indicator	Dec 19	Nov 20	Dec 20
% Compliance with Hand Hygiene	98.4%	99.3%	99.8%
% Compliance with Premise	96.7%	98.0%	98.6%
% Compliance with Vehicle	98.0%	99.0%	96.5%

YAS Comments

Child and Adult Safeguarding - Child referrals have decreased in December, while adults have continued to increase, with both indicators still above levels seen in December last year. There has been a significant downward trend in Child referrals since August.

Long Responses - the quality team investigate long responses to understand the impact on the patient. Cat 1 and Cat 2 long responses have remained high due to the pressure on performance and the availability of resources.

Investigation and Learning - Incidents reported has risen to 816 last month, the highest level in 2020. Moderate & above harm increased to 39 in December with 17 from Staff and 16 incidents from Patients.

Patient Safety Compliance - Compliance with Hand Hygiene, Premise and Vehicle remains high.

Patient Clinical Effectiveness (Director Responsible (Julian Mark) - Dec 20

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	Nov 19	Dec 19	Jan 20	Feb 20
Number of Stemi Patients	63	66	74	51
Call to Balloon Mins for Stemi Patients (Mean)	141	132	129	131
Call to Balloon Mins for Stemi Patients (90th Percentile)	203	170	163	176

Sentinal Stroke National Audit Programme (SSNAP)
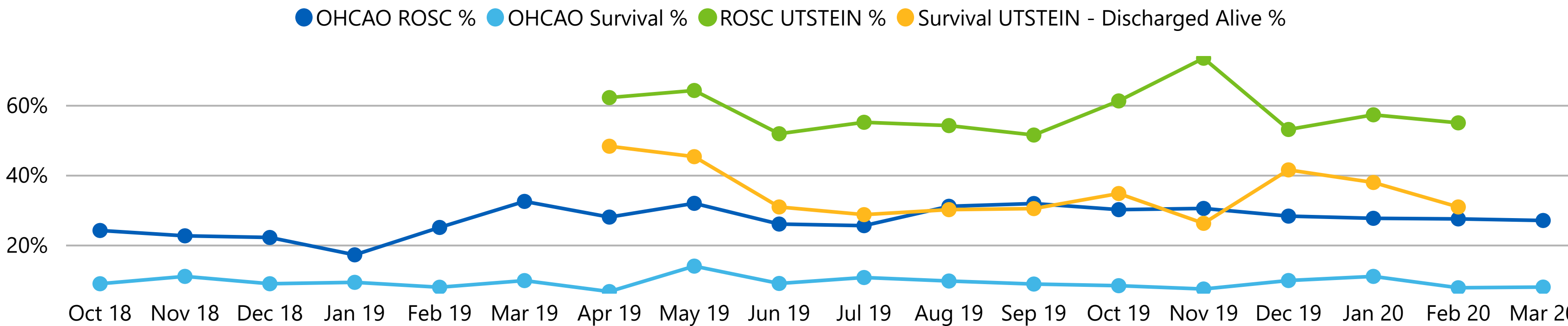
Indicator	Aug 20	Sep 20	Oct 20
Total Patients	427	370	360
Avg Time from call to hospital	77	88	87

ePR Referrals and Re-contacts

Indicator	Dec 19	Nov 20	Dec 20
Re-contacts (%)	6.7%	7.9%	8.0%
ePR Referrals (%)	5.9%	6.1%	5.6%

ROSC and Survival

- ● OHCAO ROSC %
- ● OHCAO Survival %
- ● ROSC UTSTEIN %
- ● Survival UTSTEIN - Discharged Alive %

Comments

Sepsis Care Bundle – Good increase in compliance since last year with the main gap in recording a pre-alert to the hospital. The ePR has been 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** – Worse performing care bundle with issues regarding administration of analgesia due to regional network guidance and number of technicians. A review of the Acute Coronary Syndrome pathway is underway. **Stroke Care Bundle** – High performing care bundle – improvement seen from November when there was a drop in blood sugar measurements. The revised 10/10/10 and FASTO campaign was launched in Quarter 3 2019/20.

Cardiac Arrest Outcomes - Survival to discharge YAS performed well against the national average, exceeding it during May, August, December and January. The highest number of patients to survive for one month was 30 out of 263 during Jan 20. SPC analysis from Apr 16 to Mar 20 depicts normal variation in the proportion of YAS patients who survive to discharge following an OHCA, therefore no special causes need to be investigated at this point of analysis.

MINAP – This data shows the mean and 90th percentile time from call to catheter insertion for angiography. Clinical evidence shows it is most effective to do this procedure within 120 minutes.

SSNAP – shows the call to hospital arrival time for patients with a stroke. Further work is needed externally to improve data quality but the current data shows that further work is needed to reduce the job cycle time for patients presenting with a STeMI and stroke symptoms. The Ambulance Response Programme is responsible for the call to scene time, and further work is ongoing to improve performance. The ACS and Stroke improvement work streams will support more effective and efficient decision making and lead to a reduction in on-scene time.

Patient Pathways – referrals and re-contact – Following face to face assessment, ambulance clinicians have a number of options to consider: transport to hospital or manage the patient closer to home. The ePR provides data on the patients who have been managed at home and referred to community and primary care providers as a measurement best practice. Re-contacts with 72 hours has traditionally been difficult to monitor but as the number of patients matched to NHS numbers increases, this valuable data is now possible. 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.

Estates

ShortName	Nov 20	Dec 20
P1 Emergency (2 HRS)	100.0%	70.0%
P1 Emergency – Complete (<24Hrs)	100.0%	90.0%
P2 Emergency (4 HRS)	94.3%	91.9%
P2 Emergency – Complete (<24Hrs)	82.6%	70.3%
Planned Maintenance Complete	100.0%	100.0%
P6 Non Emergency - Attend within 2 weeks		70.3%
P6 Non Emergency - Complete within 4 weeks		59.5%

Estates Commentary

This month we introduced a P6 category for non urgent works such as fitting a notice board to reduce costs on the contract, the P6 category allows attendance within 2 weeks/ completion within 4 weeks.

Planned Maintenance consisted of 98 jobs with 100% compliance.

A total of 265 reactive jobs were received with 47 being defined as P1/P2(18%) jobs during the month down from 325 jobs in November due to the holiday period.

999 Fleet

PTS Fleet
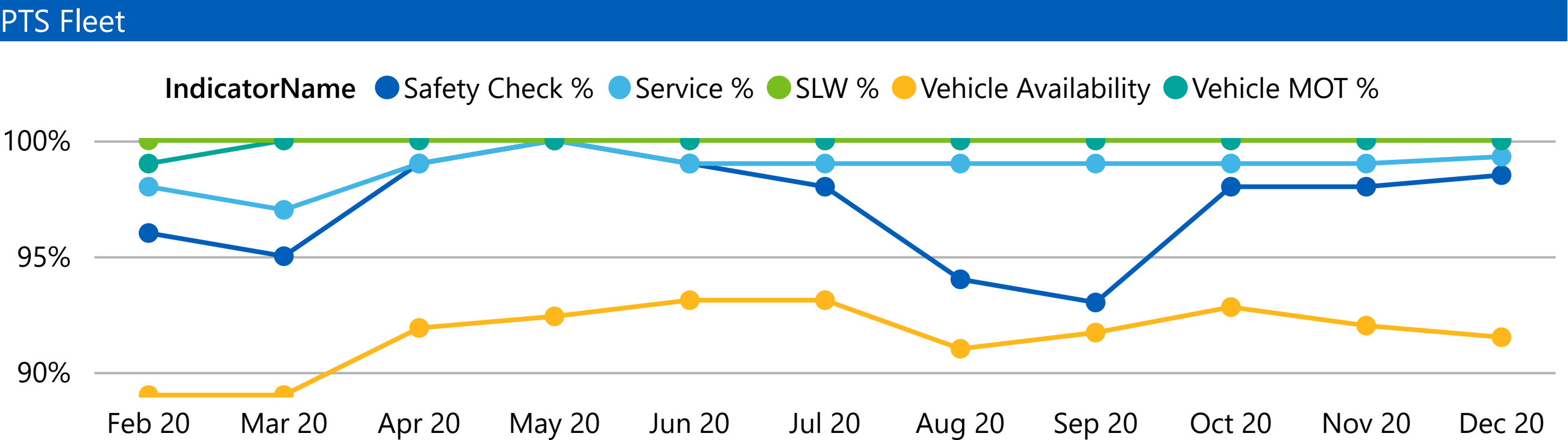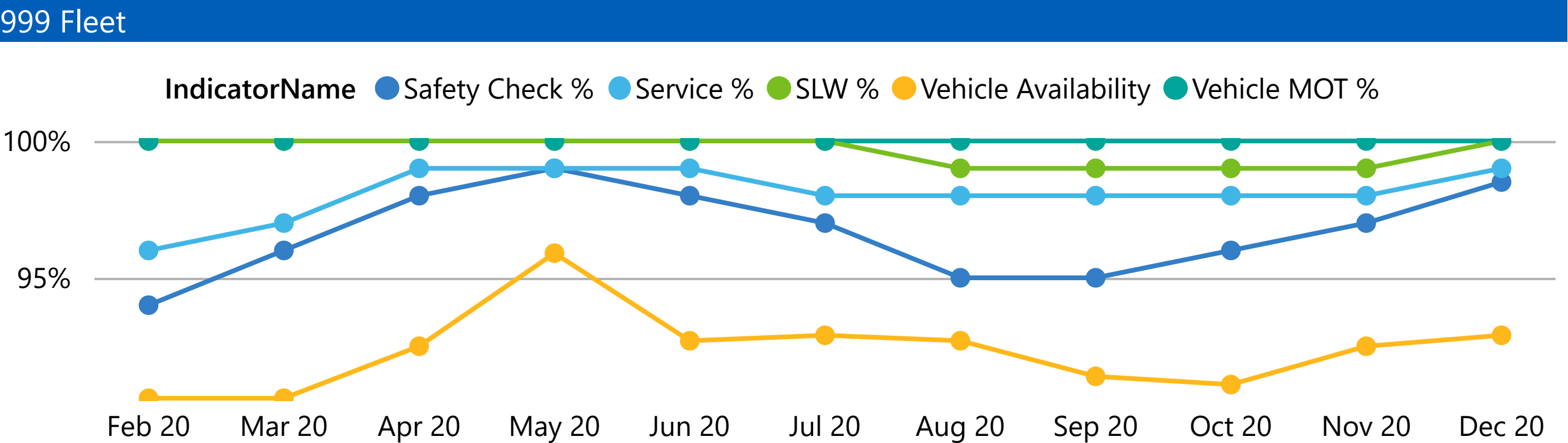
999 Fleet Age

IndicatorName	Dec 19	Dec 20
Vehicle age +7	3.5%	8.9%
Vehicle age +10		0.2%

PTS Age

IndicatorName	Dec 19	Dec 20
Vehicle age +7	15.3%	16.7%
Vehicle age +10	26.6%	17.5%

Fleet Commentary

Vehicle Availability has increased for 999 since October to 92.9% in December whereas PTS availability has slipped to 91.5%, all rota lines were covered throughout the period.

Routine Maintenance has all increased overall with the remaining vehicles either not in use or currently off the road.

8.9% of the A&E vehicles are over the 7 years target this will be rectified with 29 new vehicles due for delivery in Q4, there will still be 7 4x4 vehicles which will be replaced in FY 21/22. PTS has a number of vehicles overage this will be corrected with 124 new vehicles scheduled for delivery in Q4 and Q1 (FY21/22).

Glossary - Indicator Descriptions (A&E)

A&E			
mID	ShortName	IndicatorType	AQIDescription ▲
AMB26	999 - C1 90th (T <15Mins)	time	Across all C1 incidents, the 90th percentile response time.
AMB25	999 - C1 Mean (T <7Mins)	time	Across all C1 incidents, the mean response time.
AMB32	999 - C2 90th (T <40Mins)	time	Across all C2 incidents, the 90th percentile response time.
AMB31	999 - C2 Mean (T <18mins)	time	Across all C2 incidents, the mean response time.
AMB35	999 - C3 90th (T -<2Hrs)	time	Across all C3 incidents, the 90th percentile response time.
AMB34	999 - C3 Mean (T - <1Hr)	time	Across all C3 incidents, the mean response time.
AMB38	999 - C4 90th (T < 3Hrs)	time	Across all C4 incidents, the 90th percentile response time.
AMB37	999 - C4 Mean	time	Across all C4 incidents, the mean response time.
AMB01	999 - Total Calls via Telephony (AQI)	int	Count of all calls answered.
AMB07	999 - Incidents (HT+STR+STC)	int	Count of all incidents.
AMB59	999 - C1 Responses > 15 Mins	int	Count of Cat 1 incidents with a response time greater than the 90th percentile target.
AMB60	999 - C2 Responses > 80 Mins	int	Count of Cat 2 incidents with a response time greater than 2 x the 90th percentile target.
AMB56	999 - Face to Face Incidents (STR + STC)	int	Count of incidents dealt with face to face.
AMB17	999 - Hear and Treat (HT)	int	Count of incidents not receiving a face-to-face response.
AMB53	999 - Conveyance to ED	int	Count of incidents with any patients transported to an Emergency Department (ED), including incidents where the department transported to is not specified.
AMB54	999 - Conveyance to Non ED	int	Count of incidents with any patients transported to any facility other than an Emergency Department.
AMB55	999 - See, Treat and Refer (STR)	int	Count of incidents with face-to-face response, but no patients transported.
AMB05	999 - Answer 95th Percentile	time	The 95th percentile time to answer each call.
AMB71	999 - Avg Hospital Turnaround	time	The average time taken from notifying at hospital arrival to the time the crew clear.
AMB70	999 - Job Cycle Time	time	The average time taken from the time call commenced to the time the crew clear.
AMB03	999 - Answer Mean	time	The average time to answer each call.
AMB00	999 - Total Number of Calls	int	The count of all ambulance control room contacts.

Glossary - Indicator Descriptions (IUC and PTS)

mID	ShortName	IndicatorType	AQIDescription
IUC01	IUC - Call Answered	int	Number of calls answered
IUC02	IUC - Calls abandoned	percent	Percentage of calls offered that were abandoned
IUC03	IUC - Calls Answered Above Ceiling	percent	Percentage difference between actual number of calls answered and the contract ceiling level
IUC06	IUC - Core Clinical Advice	percent	Number of patients that received core clinical advice
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
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
IUC12	IUC - ED validations %	percent	Percentage of initial Emergency Department outcomes that were clinically 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
IUC19	IUC - Other Referrals %	percent	Percentage of triaged calls that reached a referral to any other service
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)

mID	ShortName	IndicatorType	AQIDescription
WF10	Information Governance Training %	percent	Percentage of staff with an in date competency in Information Governance
WF06	Training: Stat & Mand %	percent	The number of Substantive Staff who are up to date with all their Statutory and Mandatory training requirements
WF15	Training - All Competency %	percent	NOT USED
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
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
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"
WF05	PDR / Staff Appraisals % (T-90%)	percent	Percentage of staff with an in date Personal Development Review, also known as an Appraisal
WF35	Special Leave	percent	Special Leave (eg: Carers leave, compassionate leave) as as a percentage of FTE days in the period.
WF09	Sickness - Short Term %	percent	Sickness lasting less than 28 days, as a percentage of FTE days in the period
WF08	Sickness - Long Term %	percent	Sickness lasting 28 days or over, as a percentage of FTE days in the period
WF07	Sickness - Total % (T-5%)	percent	All Sickness as a percentage of FTE days in the period
WF16	Disabled %	percent	The percentage of staff who identify as being disabled
WF02	BME %	percent	The percentage of staff who identify as belonging to a Black or Minority Ethnic background
WF17	Apprentice %	percent	The percentage of staff who are on an apprenticeship
WF19	Vacancy Rate %	percent	Full Time Equivalent Staff required to fill the budgeted amount as a percentage
WF04	Turnover (FTE) %	percent	The number of staff leaving (FTE) in the period relative to the average FTE in post for the period
WF03	New Starters (FTE)	decimal	New starters in the month (FTE)

Glossary - Indicator Descriptions (Clinical)

mID	ShortName	IndicatorType	Description
CLN33	Survival UTSTEIN - Discharged Alive %	percent	Survival UTSTEIN - Proportion discharged alive
CLN32	Survival UTSTEIN - Patients Discharged Alive	int	Survival UTSTEIN - Of R4n, patients discharged from hospital alive
CLN31	Survival UTSTEIN - Patients	int	Survival UTSTEIN - Patients with resuscitation commenced / continued by Ambulance Service2
CLN30	ROSC UTSTEIN %	percent	ROSC UTSTEIN - Proportion who had ROSC on arrival at hospital
CLN29	ROSC UTSTEIN Patients - ROSC on arrival at Hospital	int	ROSC UTSTEIN - Of R2n, patients who had ROSC on arrival at hospital
CLN28	ROSC UTSTEIN Patients	int	ROSC UTSTEIN - Patients with resuscitation commenced / continued by Ambulance Service3
CLN27	ePR Referrals (%)	percent	ePR referrals made by the crew at scene
CLN24	Re-contacts (%)	percent	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 in minutes from call to catheter insertion for angiography3, 4
CLN20	Call to Balloon Mins for Stemi Patients (Mean)	int	MINAP - For M3n, mean average time in minutes from call to catheter insertion for angiography3
CLN18	Number of Stemi Patients	int	MINAP - Patients directly admitted with an initial diagnosis of "definite Myocardial Infarction"3
CLN17	Avg Time from call to hospital	int	SSNAP - Avg Time from call to hospital
CLN15	Stroke %	percent	
CLN13	Number of patients who received appropriate care bundle (Stroke)	int	
CLN12	Sepsis %	percent	
CLN10	Number of patients who received appropriate care bundle (Sepsis)	int	
CLN09	STEMI %	percent	
CLN06	OHCAO Survival %	percent	
CLN03	OHCAO ROSC %	percent	

Glossary - Indicator Descriptions (Fleet and Estates)

mID	ShortName	IndicatorType	Description
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
EST10	Planned Maintenance Complete	percent	Planned maintenance completion compliance
EST05	Planned Maintenance Attendance	percent	Average attendance compliance across all calls
EST09	All calls (Completion) - average	percent	Average completion compliance across all calls
EST04	All calls (Attendance) - average	percent	All calls (Attendance) - average
EST08	P4 Non Emergency – Complete (<14 Days)	percent	P4 Non Emergency completed within 14 working days compliance
EST03	P4 Non Emergency (<24Hrs)	percent	P4 Non Emergency attended within 2 working days compliance
EST07	P3 Non Emergency – Complete (<72rs)	percent	P3 Non Emergency completed within 72 hours compliance
EST02	P3 Non Emergency (<24Hrs)	percent	P3 Non Emergency attended within 24 hours compliance
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
EST06	P1 Emergency – Complete (<24Hrs)	percent	P1 Emergency completed within 24 hours compliance
EST01	P1 Emergency (2 HRS)	percent	P1 Emergency attended within 2 hours compliance
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	percent	Vehicles across the fleet of 7 years or more