



Business
Intelligence

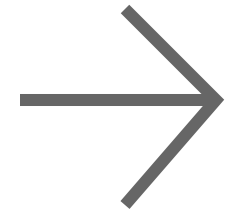
Integrated Performance Report

Oct 2021

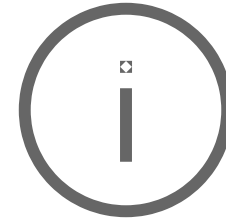
Published 17th November



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.

- Cover
- Contents
- Strategy and Priorities Overvi...
- Programme Dashboard
- Programme Dashboard
- 999 Performance Exceptions
- IUC and PTS Performance Ex...
- Support Services Exceptions
- YAS Workforce
- Patient Demand
- Patient Outcomes
- Patient Experience (Quality)
- Patient Safety (Quality)
- Patient Clinical Effectiveness
- Fleet and Estates
- Glossary

Menu

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.

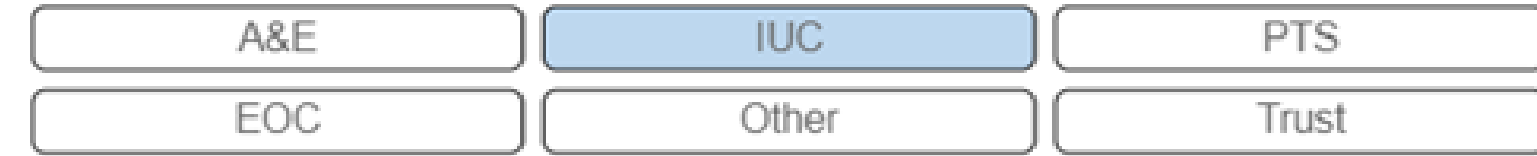
Reset Filters

This button found top right of the app will reset all filters to the default.



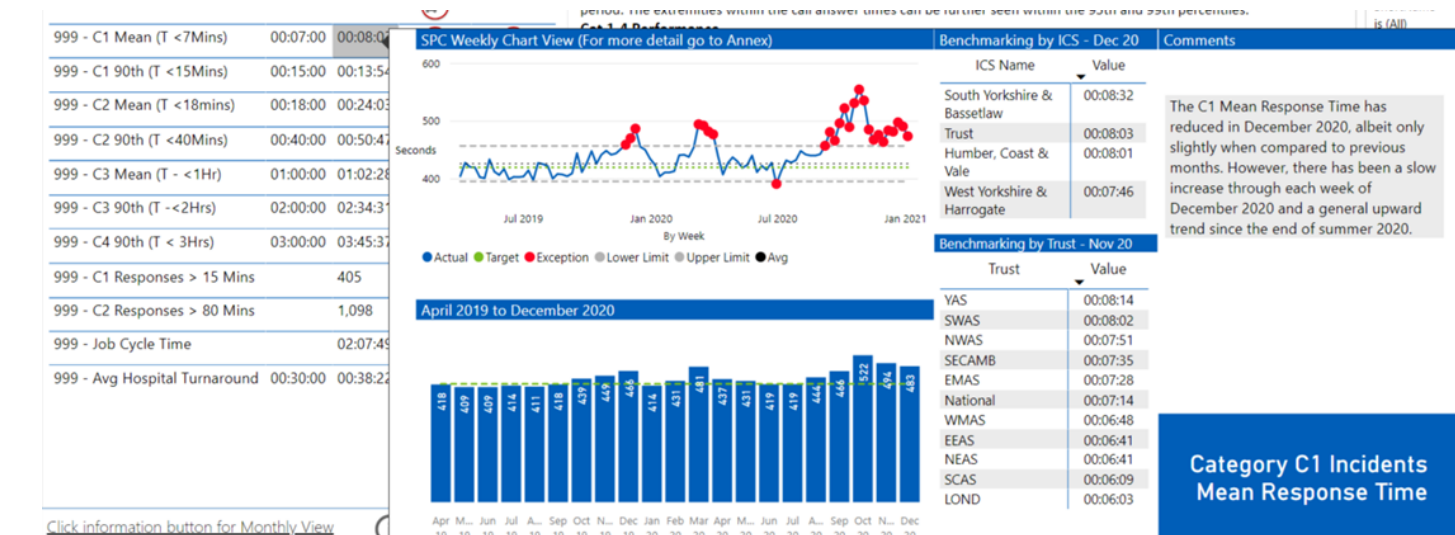
Key Buttons

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



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 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

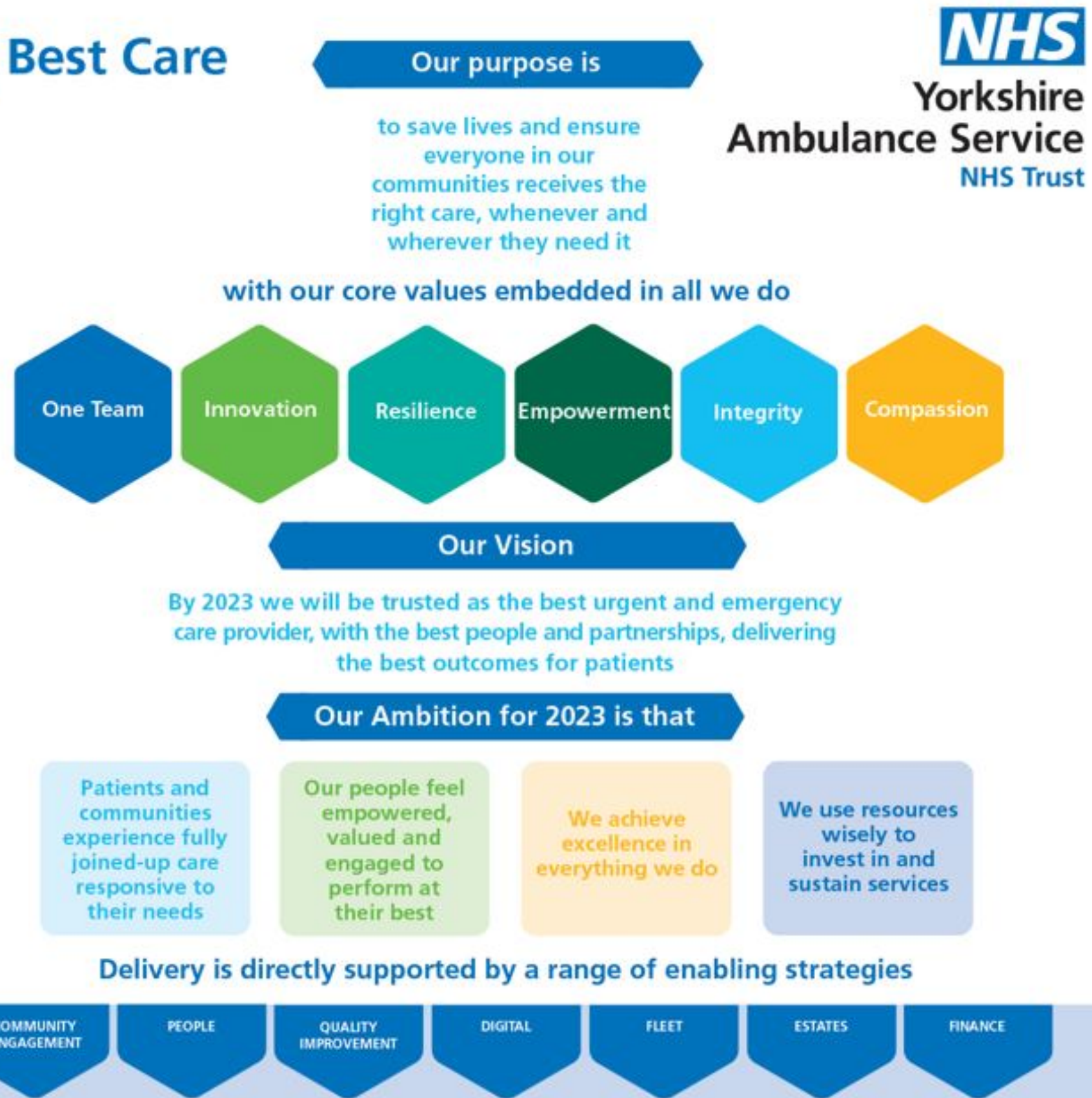
Table of Contents

- Strategy and Priorities Overview
- Service Transformation & System Pressures
- Transformation Programme Dashboards
- KPI Exceptions (999, IUC, PTS, Quality and Workforce)
- Workforce Summary
- Finance Summary
- Patient Demand Summary
- Patient Experience (Quality)
- Patient Clinical Effectiveness



- Patient Outcomes Summary
- Patient Safety (Quality)
- Fleet and Estates

One Team, Best Care



Our Key Priorities

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

Yorkshire Wide

- Major pressures evident in all areas. Especially seen in ambulance wait times and ED handovers.
- Pathway's developments evident in all areas, appropriate to area and vary greatly. Progress in developments seen in some areas and linked to operational pressures.
- Specific issues for areas: Patient handovers in HCV and SYB and IFT issues for WYH one of the biggest concerns.
- Conversations taking place between NHSE, ICS & YAS to discuss challenges and mitigate ongoing system pressures.
- WY&H ICS Neighbourhood work continues at pace to develop local place plans around population management.
- ICS constitution has been agreed.

Humber Coast and Vale ICS

ICS Update

- Reviewing how the ICS can make steps to ensure everything is covered over winter, specific focus on End-of-Life Care and how to support patients and families over winter.
- The local CAS in HCV is now fully operational with expanded service. 24/7 review of ED validations in place including online dispositions. GP 1&2 hour speak to dispositions also being reviewed.
- ED Streaming tool - developed by NHS digital, like 111 pathways tool but tailored to local system.
- Alternative pathways to avoid conveyance to ED continue to be discussed and developed across the system.
- HCV Comms to go out in relation to accessing dental care.
- Digital development: Clinician to clinician pilot between the local CAS and Scarborough Frailty SDEC – work delayed in relation to the testing and training.

Developments at Place

North Yorkshire and York

- NHSE/I allocated additional monies for winter – £2.9m 'capacity funding' allocated for NY and York. Prioritisation for schemes and ideas to be worked up rapidly in line with the winter plan.
- Ambulance handover matrix and plan submitted to NHSE/I for Scarborough and York. Four priorities: [1] Wider crew access to senior clinicians to support decisions to convey. [2] Direct access to SDEC, MH, EPAU, under 5s and frailty services. [3] Review of alternative pathways to ED. [4] Review into availability and access to designated community-based COVID-19 assessment centres to YAS crews.
- YAS referral pathway to Ripon Minor injuries Unit went live in October.

Humber

- Two-hour crisis response service launched in October. Work ongoing to continue to develop this to 0800-2000, 7 days a week from April 2022 in line with national policy and guidance.
- Advice and Guidance Paediatrics Meeting continues. YAS engaged through SSDM/Clinical Pathways Team.
- Ambulance handover matrix and action plan submitted to NHSE/I. Plan covers escalation and process, pre-hospital, ED, HUTH flow and post-hospital.
- Clinical pathways team developing the pathway into the district nursing service.
- Direct paramedic referral into the Local CAS being discussed week commencing in November.
- The MH Response Vehicle 9-week pilot extension went live with a rotating fixed crew from October.

West Yorkshire ICS

- Limited cross-directorate attendance (due to REAP 4).
 - Key risks identified: [1] IFT delays and partner organisation questions about process and IFT types – 3 x ED sites have now contacted different people about similar issue. [2] IFT delays for step up transport in Leeds – this action had been closed previously however, re-emphasis of IFT process and guidelines is needed again.
 - Key Actions: [1] Meetings to be arranged and held with LTHT, Bradford & Airedale and Calderdale re IFTs and YAS standards and guidance. [2] SSDM to re-emphasise IFT process, standards, and guidance for booking with Leeds community healthcare re step-up transport. [3] SSDM to arrange meets with both LTHT and SWYPFT about service. [4] Mid-way review for rotations in urgent care.
- Reconfigurations (key updates)
- Calderdale & Huddersfield Foundation Trust (Hospital Services Reconfiguration)
- Narrative has now been supplied for the next stages of their business plan. This supersedes previous narrative supplied for strategic outline case, as data was incorrect and outdated. SSDM for West and Deputy Head of Ops for CKW have been explicit in giving a picture of the work completed so far, impacts and the work that remains to be done in the future with CHFT.
- North Leeds Paediatric Divert (Winter Tactic)
- SSDM for west has coordinated an internal intelligence gathering exercise and communicated the feedback to Harrogate District Foundation Trust colleagues and WYAAT partners. The message is that we are unable to support this divert, but the intelligence could be used to guide paediatric type service that need commissioning e.g., local CAS and senior clinical support for crews.
- 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.
 - Interfacility Transfers – There has been several separate reports and escalation to both the SSDM for West and Operational colleagues about delays to IFTs and the booking process. Meetings with individual partners have been set up to resolve issues and work through challenges, whilst also communicating the extreme pressures we are facing and how handover delays may also impact on IFT journeys.

South Yorkshire and Bassetlaw ICS

- The SYB UEC Delivery and Oversight group met on 26 August – This followed on from the SYB UEC Programme Board meeting on the 7 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: [1] Reduction of crowding within the UEC system. [2] Implementation of the clinical review of standards to drive improvement. [3] Reduction of unwarranted variation within the UEC system. [4] 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: [1] Hospital handover and patient streaming. [2] Alternative dispositions. [3] Clinical review of standards.
- SSDM also updated on the EOC access to DoS through PaCCs.
- Concerns were raised about the NHS 111 safeguarding process for ED bookings. A detailed summary of the process and national work that had been signed off was sent to partners illustrating that no gaps in safeguarding should be present and where the key responsibilities lie: [1] If a patient does not turn up in ED. ED need to risk assess, take appropriate action if urgent. If not deemed urgent inform the GP. [2] 111 can assist if details required e.g., demographics. [3] If 111 identify safeguarding concerns prior to referral to ED these follow our internal safeguarding process. [4] This has been agreed nationally. and should feature in each EDs SOP.

Programme Dashboard - Oct 21 (Hover over projects for more details)

Agile Operations

ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
Asset Management 2022/23 delivery							
Hub & Spoke and AVP							
Hybrid / Agile working		N/A			N/A		
Logistics Hub							
Prepacked POM Pouches 2022/23 delivery							
Training Capacity (Morley)							
Trust Demand Workforce & Accommodation Plan							

Trust Demand Workforce & Accommodation Plan - YAS and ORH co-production of a 5-year workforce planning modelling to support understanding of all YAS service lines. Project is rated Green.

Logistics Hub is now rated Amber due to floor loading information required for detailed design work.

Asset Management - Separate capability for stock control and medicine management proposed, rated Amber reflecting delivery in 2022/23. Prepacked POM Pouches is rated Amber reflecting the dependency with Logistics Hub.

Hub & Spoke and AVP continues to be RAG rated GREEN with no areas of concern

Hybrid / Agile working – work being undertaken to understand current working patterns and future preference of staff working from home, whilst establishing desk requirements for operational call centres.

Training Capacity (Morley) – works largely complete to provide additional training capacity to support additional recruitment.

Digital Enablers

ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
A&E Smartphone (Personal Issue)							
Body worn cameras					N/A		
ePR Phase 4							
N365 Implementation							
Unified Communications					N/A		

Unified Communications - final phase of the roll out went live on 7 September. N365 Implementation is now delivered with some around policy and procedure to be completed.

ePR Phase 4 is now rated amber, reflecting pressure on Clinical, ICT & Operational project resource and limited capacity support working practice change during the current high levels of operational demand.

A&E Smartphone (Personal Issue)-whilst good progress is being made remains Amber as deployment of devices remains behind trajectory.

Body worn cameras – phase 1 & 2 on track but the project is rated Amber as low levels of camera usage present risks to benefits realisation. Phase 3 planning paused to focus on benefits realisation.

Programme Dashboard - Oct 21 (Hover over projects for more details)

Our Patients

ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
EOC Business Continuity Improvements	Amber	Green	Green	Amber	Green	Green	Green
EOC Clinical (Patient Process)	Amber	Green	Green	Amber	Amber	Green	Amber
EOC Performance Improvement Programme	Green	Green	Green	Green	Green	Green	Green
International Recruitment	Amber	Green	Green	Amber	Green	Green	Amber
IUC Sustainability & Improvements	Green	Green	Green	Green	Green	Green	Green
Mental Health Project	Green	Amber	Green	Green	Green	Amber	Amber
Phase 2 – Post Registration Paramedic Career Pathway (SP/AP)	Green	Amber	Green	Green	Green	Green	Amber
Remote Clinical Assessment (RCA) People Plan	Green	Green	Green	Green	Green	Amber	Green
Rotational Paramedics	Amber	Green	Green	Green	Amber	Amber	Amber
Supporting Ambulance Performance	Amber	Green	White	Green	Amber	Green	White
Team Based Working	Green	Amber	Green	Green	Green	Green	Amber

Supporting Ambulance Performance – rated amber with good progress recruiting to EMD, ECA and Paramedic posts. Winter Coordination centres live in three of four areas. New vehicles expected mid-November.

EOC Performance Improvement Programme - the programme has analysed past performance, developed a vision for EOC and established six workstreams to improve the performance.

EOC Business Continuity Improvements – options agreed pending Trust Board sign-off but rated Amber due to lead-in times.

EOC Clinical (Patient Process) Rated amber, milestones slipped due to CAD upgrade & unified comms, end date revised to Dec 2021.

IUC Sustainability & Improvements. PDG established and workstreams defined. Funding has been agreed/allocated for additional HA and CA roles above plan, recruitment to the additional roles against budget remain on-track

Team Based Working remains Green as implementation expected to be completed by end of November 2021. Evaluation planning underway.

Mental Health Project – MHRV pilot extended, though awaiting confirmation of 2nd vehicle availability.

Rotational Paramedics- first rotational working group started 20 September, feedback from Paramedics and PCN's is positive, though remains Amber.

Post Registration Paramedic Career Pathway (SP/AP) remains on track with all three work streams.

Remote Clinical Assessment (RCA) People Plan- Current TNA placements will continue as planned. Career pathway, RCA pods (agile working) and Rotational Roles work streams continue to progress International Recruitment – YAS were selected to take part in HEE pilot to recruit NQP's from Australia but rated Amber as in early stages.



...

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:02:46		
999 - Answer 95th Percentile		00:08:54		
999 - C1 Mean (T <7Mins)	00:07:00	00:11:04		
999 - C1 90th (T <15Mins)	00:15:00	00:18:44		
999 - C2 Mean (T <18mins)	00:18:00	00:43:40		
999 - C2 90th (T <40Mins)	00:40:00	01:32:33		
999 - C3 Mean (T - <1Hr)	01:00:00	02:22:25		
999 - C3 90th (T - <2Hrs)	02:00:00	05:33:17		
999 - C4 90th (T < 3Hrs)	03:00:00	07:52:54		
999 - C1 Responses > 15 Mins		1,505		
999 - C2 Responses > 80 Mins		5,856		
999 - Job Cycle Time		01:48:49		
999 - Avg Hospital Turnaround	00:30:00	00:49:44		
999 - Avg Hospital Handover		00:29:16		
999 - Avg Hospital Crew Clear		00:16:19		
999 - Average Hospital Notify Time		00:06:12		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The Call Answer Mean increased in October to 2 minutes 46 seconds which is 1 minute more than September. The call answer mean for October last year was 37 seconds. Call demand was above forecast for the month by 13.9% with a high proportion of abandoned and duplicate calls. The tail end of call answer times shown in the percentiles have remained high. YAS is a national outlier on call answer times.

Cat 1-4 Performance - No national performance targets were met in October. Performance times for all categories remain exceptionally high, with longer response times seen for most measures compared to last month. A greater demand in more urgent categories coupled with high job cycle times and an increase in overall demand on the service continue to impact on resource availability and impact performance. Abstractions were 0.1% lower than forecast for October, increasing 0.5% from September. Weekly staff hours have increased compared to September by approximately 1,600 hours per week, though DCA Jobs times have also lengthened by 2 minutes 25 seconds compared to September. These effectively cancelled each other out with availability reduced by 0.01% from September. Compared to October 2020, abstractions are up by 3.6% and availability is down by 3.1%.

Responses Tail (C1 and C2) - The number of C1 incidents with a response time greater than 15 minutes in October increased by 527 to 1,505 which is 160.8% greater than October 2020. The number of C2 incidents greater than 80 minutes last month increased from September by 1,757 to 5,856. In October 2020 there were 2,062 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 October and show an increasing trend over recent weeks.

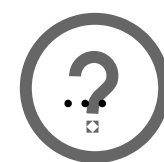
Job cycle time - Average Job Cycle time remains higher than last year and has been consistently increasing month on month. Throughout October there continued to be exceptionally high figures due to increased hospital turnaround times and more recently, increased in time spent on scene. Compared to the same month last year, job cycle time is up by 11.6% which equates to an increase of 11 minutes and 19 seconds. This is a significant impact on operational availability.

Hospital - Average hospital turnaround times for October increased from the previous month by 2 minutes 34 seconds, which was 27.0% 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 October showing over 29 minutes. The proportion of responses resulting in a conveyance to ED remains similar to September and October last year,



IUC and PTS IPR Key Indicators - Oct 21



IUC Exceptions - Comments (Director Responsible - Karen Owens)

YAS received 176,300 calls in Oct, 16.3% above the Annual Business Plan baseline demand, year to date offered calls were also 16.3% above the baseline. Of calls offered in October, 133,084 calls (75.5%) were answered, 4.9% more than were answered in September, and 12.1% lower than the number of calls answered in October 2020. Recent exceptional demand and staff availability challenges have heavily impacted on call performance metrics. The percentage of calls answered in 60 seconds was down on last month, at 15.1% compared with 22.4% in September. Similarly average speed to answer, which in October was 856 seconds, up 193 seconds from September and against a national target of <20 seconds, and abandoned calls were 24.5% this month, well above the 3% target and 4.0% worse than September'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 42.3%, below the 60% target and lower than 45.9% in September. Core clinical advice was 22.0%, down from 24.3% in September. These figures are calculated based on the new ADC specification, which removes 111 online cases from counting as part of clinical advice, and also locally we are removing cases which come from the DCABS clinical service as we do not receive the initial calls for these cases.

The national KPI for ambulance validations monitors performance against outcomes validated within 30 minutes, rather than just all outcomes validated, and the target for this is 50% of outcomes. However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the national KPI, performance was 89.5% in October, whilst performance for overall validations was 99.2%, with around 9,700 cases validated overall. ED validation performance was 41.1% for Oct worse than the 45.1% in Sept. This was due in part to ED validation services being turned off for several periods of time during the month as a result of demand pressures to the service. ED validation also 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 saw a 3.9% decrease during October (school half term being the likely factor for this exception to trend), however the 6 month rolling average has been steadily increasing in recent months. Demand is 10.1% above the same month last year. 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

Focus continues on the 120 Min Discharge KPI and patient care. Covid demand saw a 9% decrease once again.. Short Notice Patients picked up within 120 Mins is in line with figures seen in recent months. As the 90.8% target is outside the control limits, it would take exceptional levels for the target to be achieved. Recent exceptional telephony demand continues as calls offered in Oct-21 was 28.6% higher than Oct-20 and 39.1% higher than Oct-19. Call performance metrics affected in recent months, with Calls Answered in 180 secs at 43.0% for October; a 1.5% decrease on September. Mitigating measures for call handling are being actioned; but note at end of September PTS Call handling was enacting Business Continuity measures.

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		133,084		
IUC - Calls Abandoned	3.0%	24.5%		
IUC - Answered in 60 Secs	90.0%	15.1%		
IUC - Call back in 1 Hour	60.0%	42.3%		
IUC - Core Clinical Advice	30.0%	22.0%		
IUC - Booking ED	70.0%	34.6%		
IUC - ED Validations %	50.0%	41.1%		
IUC - 999 Validations 30 mins %	50.0%	89.5%		

Indicator	Target	Actual	Variance	Assurance
PTS - Arrive at Appointment Time	90.0%	88.4%		
PTS - Answered < 180 Secs	90.0%	43.0%		
PTS - Journeys < 120Mins	90.0%	99.2%		
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	91.9%		
PTS - % Short notice - Pickup < 120 mins	90.8%	84.1%		





Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		755		
Serious		6		
Moderate and Above Harm		59		
Service to Service		63		
Adult Safeguarding Referrals		1,558		
Child Safeguarding Referrals		701		

Quality and Safety Exceptions - Comments (Director Responsible - Clare Ashby)

Incidents have increased this month but remain below the 12 monthly average.

The number of RIDDORS are lower than previous month due to outstanding investigations being completed last month.

Service to service incidents have seen a significant decrease since last month and are lower than same period last year. These remain within the expected limits.

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. A Patient Safety Harm page has now been created to measure further potential harms with a focus on Call Answering, Response and Hospital handovers.

Indicator	Target	Actual	Variance	Assurance
Turnover (FTE) %		10.1%		
Sickness - Total % (T-5%)	5.0%	9.6%		
Special Leave		2.4%		
PDR / Staff Appraisals % (T-90%)	90.0%	51.6%		
Stat & Mand Training (Fire & IG) 1Y	90.0%	82.7%		
Stat & Mand Training (Core) 3Y	90.0%	97.1%		
Stat & Mand Training (Face to Face)	90.0%	70.8%		

Workforce Exceptions - Comments (Director Responsible - Mandy Wilcock)

Sickness - Sickness remains high compared to the 5% target and has increased by 0.5% to 10% from last month. Main impact is seen in our call centres with EOC and IUC absence at 14.4% and 13.4% respectively. Both short- and long-term absence have seen an increase. 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.

PDR -rates reduced to 51.6%. 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



Workforce Summary

A&E	IUC	PTS
EOC	Other	Trust



Key KPIs

Name	Sep 20	Sep 21	Oct 21
FTE in Post %		94.1%	93.9%
Turnover (FTE) %	8.3%	9.9%	10.1%
Vacancy Rate %		5.9%	6.1%
Apprentice %	4.5%	6.4%	6.6%
BME %	5.6%	6.3%	6.2%
Disabled %	3.0%	3.7%	3.9%
Sickness - Total % (T-5%)	7.2%	9.5%	9.6%
Special Leave	1.5%	1.8%	2.4%
PDR / Staff Appraisals % (T-90%)	70.5%	54.9%	51.6%
Stat & Mand Training (Fire & IG) 1Y	91.4%	80.8%	82.7%
Stat & Mand Training (Core) 3Y	96.6%	97.1%	97.1%
Stat & Mand Training (Face to Face)	72.0%	71.1%	70.8%
Stat & Mand Training (Safeguarding L2 +)	92.7%	83.2%	83.8%

YAS Commentary

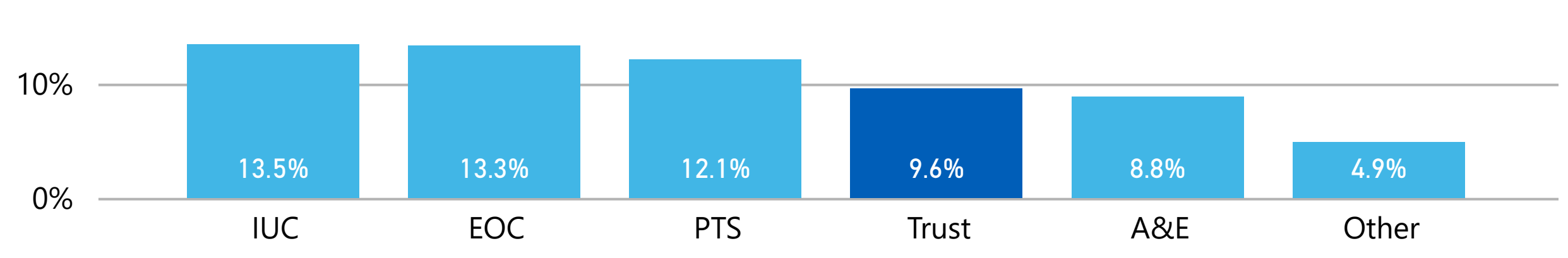
FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 6.1%. However due to how the Trust collects this information, the rate is likely to be higher as some vacancies are being covered by overtime.

Sickness - Sickness remains high compared to the 5% target and has increased by 0.5% to 10% from last month. Main impact is seen in our call centres with EOC and IUC absence at 14.4% and 13.4% respectively. Both short- and long-term absence have seen an increase. 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.

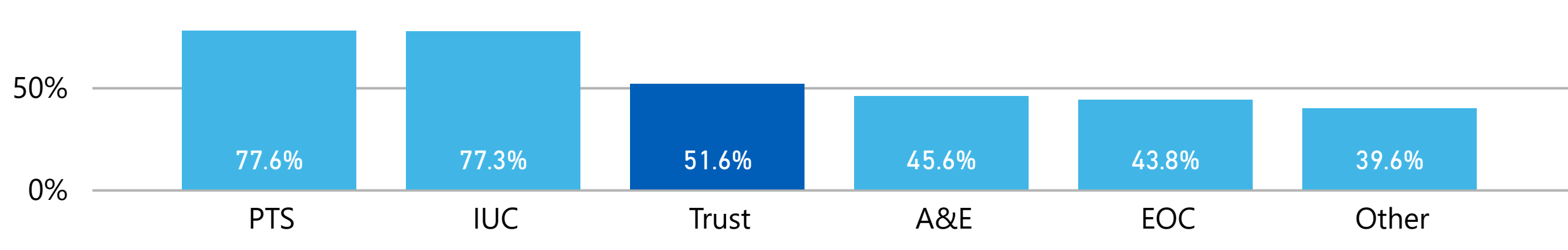
PDR -rates reduced to 51.6%. Given current operational pressures, all areas have seen some decrease in recent months. Support Services (Other) and EOC are the two areas with lowest compliance. Support is being provided to areas with very low compliance. In November the Trust's refreshed Appraisal process 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

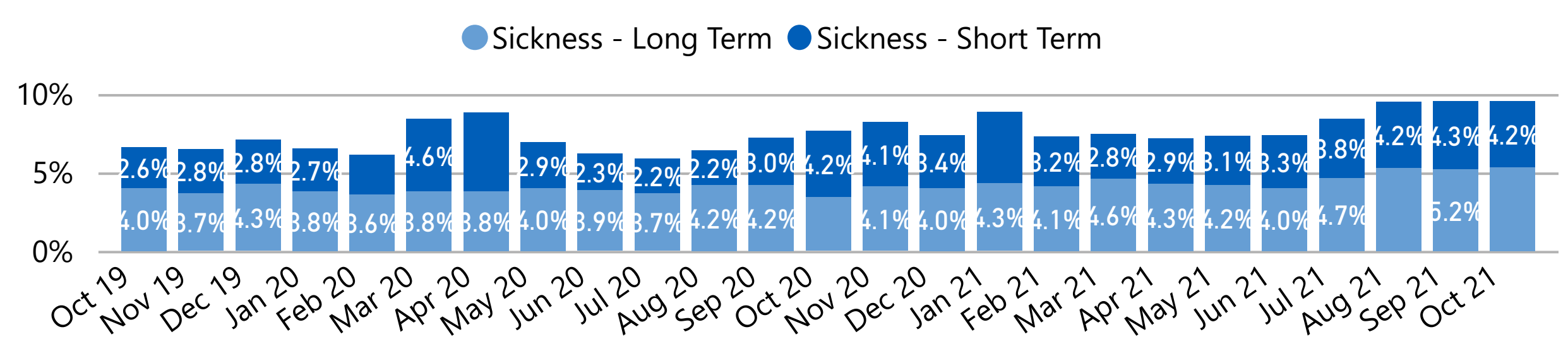
Sickness Benchmark for Last Month



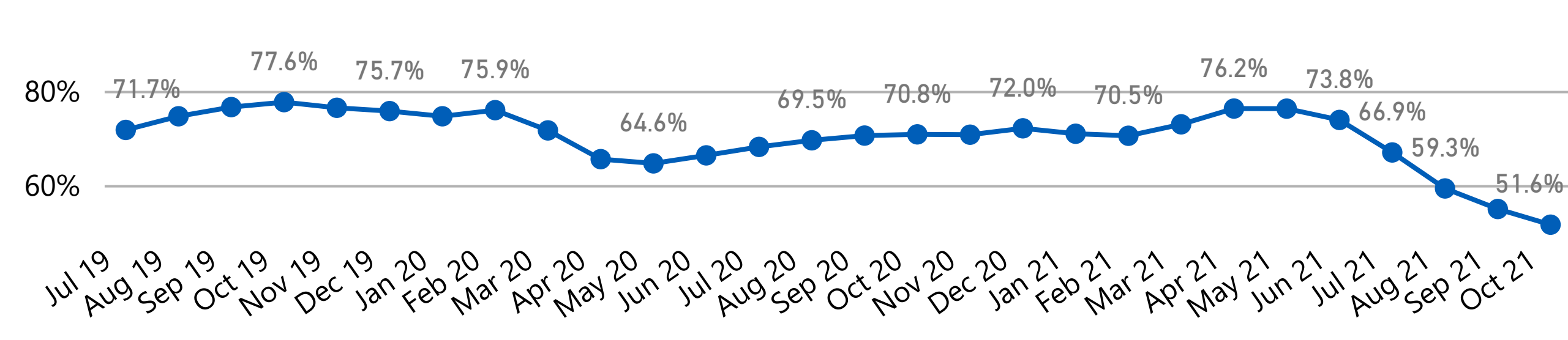
PDR Benchmark for Last Month



Sickness



PDR - Target 90%



YAS Finance Summary (Director Responsible Kathryn Vause- Oct 21)

Overview - Unaudited Position

Overall - The Trust has a year to date surplus at month 7 of £0.2m 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. Work is ongoing to ensure the full year capital allocation is utilised.

Cash - As at the end of September the Trust had £74.8m cash at bank. (£64m at the end of 20-21).

Risk Rating - There is currently no risk rating measure reporting for 2021/22.

Full Year Position (£000s)

Name	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)		£216	£216
Cash	£0	£74,752	£74,752
Capital	£5,748	£1,048	-£4,700

Monthly View (£000s)

Indicator Name	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10
Surplus/ (Deficit)	£637	£7	-£392	-£7	-£104	£75
Cash	£66,696	£67,971	£69,166	£72,812	£72,787	£74,752
Capital	£107	£140	£267	£266	£205	£63



Patient Demand Summary

Demand Summary

Commentary

ShortName	Sep 20	Sep 21	Oct 21
999 - Incidents (HT+STR+STC)	67,148	68,821	70,618
999 - Increase - Previous Month	-2.1%		2.6%
999 - Increase - Same Month Last Year	-0.1%		-0.6%
IUC - Call Answered	151,588	126,820	133,084
IUC - Increase - Previous Month	2.8%	-10.1%	4.9%
IUC - Increase Same Month Last Year	31.2%	-16.3%	-12.1%
IUC - Calls Answered Above Ceiling	25.0%	-9.1%	-13.9%
PTS - Demand (Journeys)	62,594	74,790	71,893
PTS - Increase - Previous Month	13.8%	7.5%	-3.9%
PTS - Same Month Last Year	-16.0%	19.5%	10.1%

999 - At Scene Response demand is 7.4% lower than forecasted levels for October. All Response Demand (STR + STC +HT) is 3.8% lower than last month and 0.9% lower than October 2020.

IUC -YAS received 176,300 calls in October, 16.3% above the Annual Business Plan baseline demand - as of the end of the month, year to date offered calls were also 16.3% above the baseline. Of calls offered in October, 133,084 calls (75.5%) were answered, 4.9% more than were answered in September, and 12.1% lower than the number of calls answered in October 2020.

PTS -Total Demand saw a 3.9% decrease during October (school half term being the likely factor for this exception to trend), however the 6 month rolling average has been steadily increasing in recent months. Demand is 10.1% above the same month last year. 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.

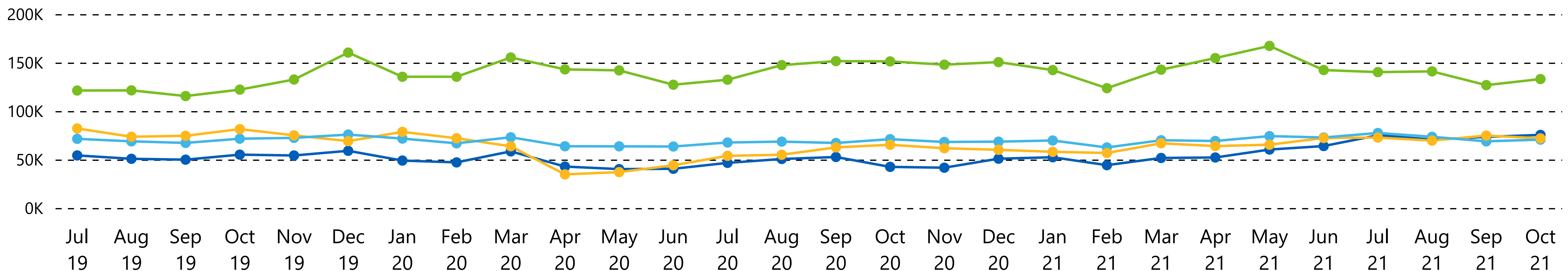
Recent exceptional telephony demand continues as calls offered in Oct-21 was 28.6% higher than Oct-20 and 39.1% higher than Oct-19.

[Click information button for Monthly Table View](#)



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

Outcomes Summary

ShortName	Sep 20	Sep 21	Oct 21
999 - Incidents (HT+STR+STC)	67,148	68,821	70,618
999 - Hear & Treat %	8.9%	10.4%	9.3%
999 - See, Treat & Refer %	28.4%	28.9%	28.6%
999 - See, Treat & Convey %	62.7%	60.8%	62.1%
999 - Conveyance to ED %	54.9%	53.6%	55.1%
999 - Conveyance to Non ED %	7.8%	7.2%	7.0%
IUC - Calls Triaged	140,501		
IUC - ED %	12.0%	14.9%	13.7%
IUC - ED outcome to A&E	90.0%	79.0%	80.3%
IUC - ED outcome to UTC	1.6%	10.5%	9.7%
IUC - Ambulance %	11.0%	10.7%	10.9%
IUC - Selfcare %	11.7%	4.8%	4.6%
IUC - Other Outcome %	10.7%	11.0%	10.9%
IUC - Primary Care %	52.6%	56.4%	57.8%
PTS - Demand (Journeys)	62,594	74,790	71,893

[Click information button for Monthly Table View](#)

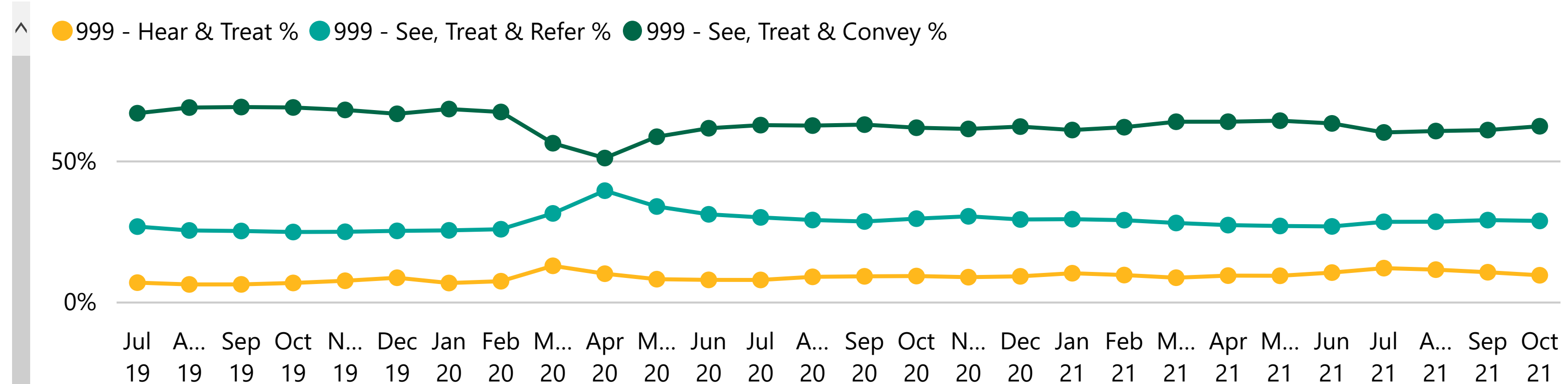


Commentary

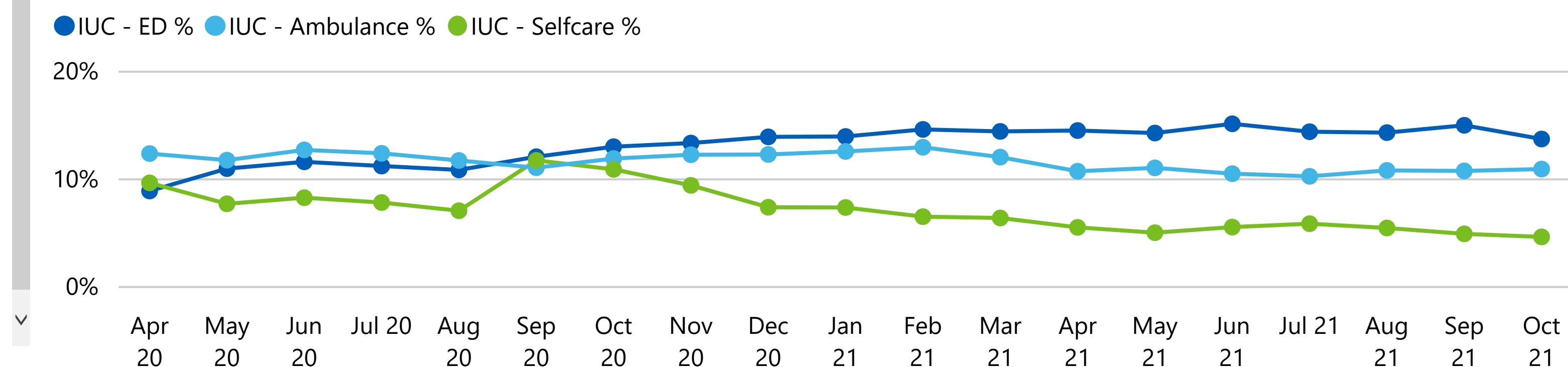
999 - When comparing October 2021 against October 2020 in terms of incident outcome proportions within 999, the proportion of See, Treat & Refer has decreased by 0.8%, Hear & Treat has increased by 0.3% and See, Treat & Convey has increased by 0.5%. The proportion of incidents with conveyance to ED has increased slightly by 1.2% from last year, as had the number of incidents conveyed to ED (+1.6%). In contrast, the number of incidents conveyed to non ED has decreased by 9.2%.

IUC - The proportion of callers given an ambulance outcome continued to be lower in October, 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.

999 Outcomes



IUC Outcomes



Patient Experience

(Director Responsible - Clare Ashby)

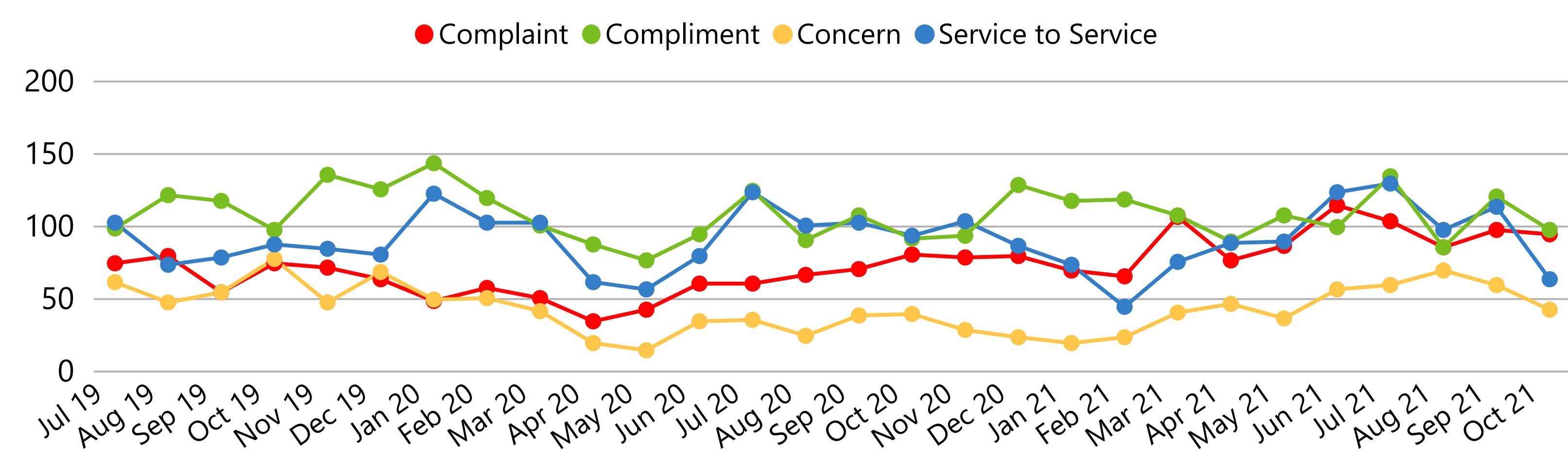
- A&E
- EOC
- IUC
- PTS
- YAS



Patient Relations

Indicator	Sep 20	Sep 21	Oct 21
Service to Service	102	113	63
Concern	38	59	42
Compliment	107	120	97
Complaint	70	97	94

Complaints, Compliments, Concerns and Service to Service



YAS Compliance

Indicator	Sep 20	Sep 21	Oct 21
% FOI Request Compliance	82.6%	97.6%	94.3%

YAS Comments

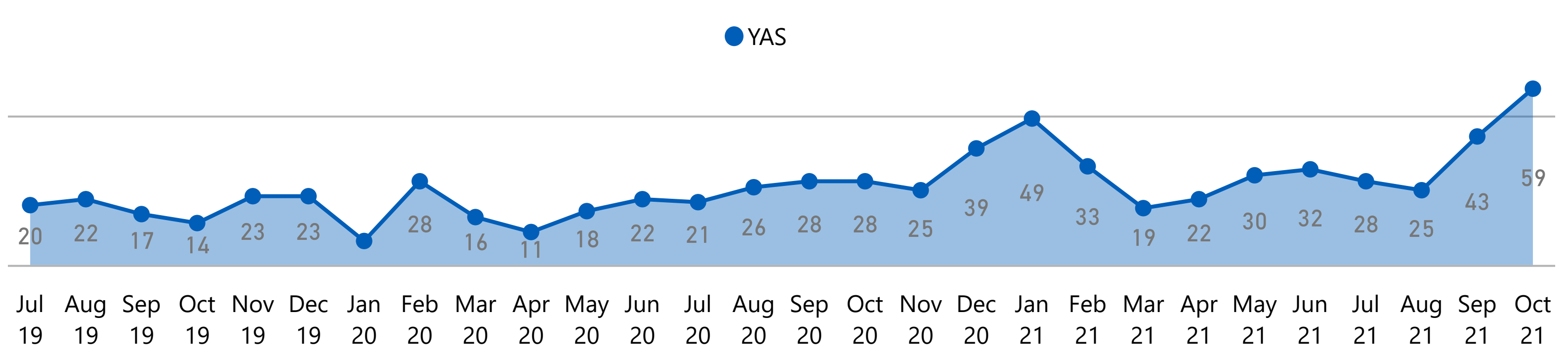
Patient Relations Patient relations seen decrease in in bound service to service incidents, concerns and complaints compared to last month.

FOI Compliance is consistently remaining above the target of 90%

Incidents

Indicator	Sep 20	Sep 21	Oct 21
All Incidents Reported	703	669	755
Medication Related	47		79
Moderate & Above Harm - Total	28	43	59
Number of duty of candour contacts	5	7	7
Number of RIDDORs Submitted		9	2
Serious	5	8	6

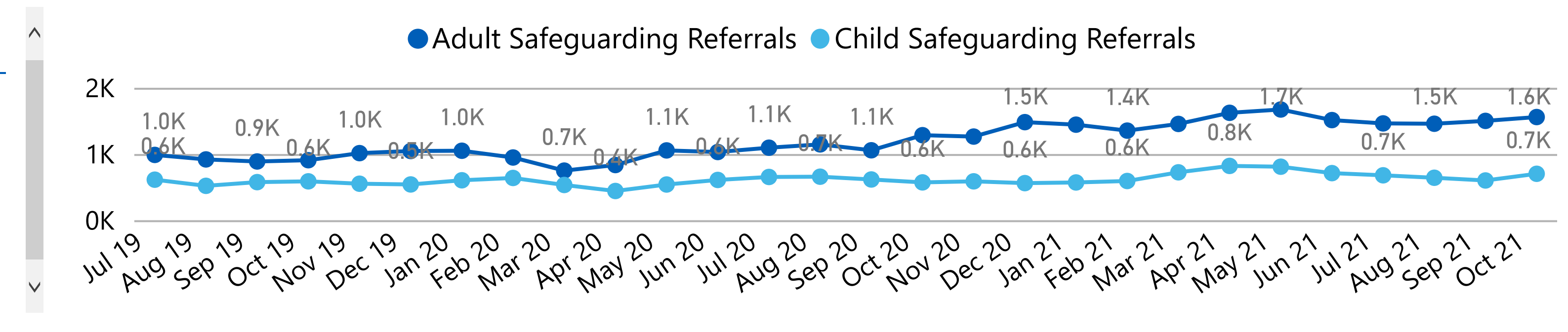
Incidents - Moderate and Above Harm



YAS Child and Adult Safeguarding

Indicator	Sep 20	Sep 21	Oct 21
Adult Safeguarding Referrals	1,056	1,500	1,558
Child Safeguarding Referrals	615	600	701
% Trained Safeguarding for Children (L1)	98.4%	96.9%	93.8%
% Trained Safeguarding for Children (L2)	94.1%	78.6%	79.4%
% Trained Safeguarding for Adults (L1)	98.0%	96.4%	93.4%

Safeguarding Training



A&E Long Responses

Indicator	Sep 20	Sep 21	Oct 21
999 - C1 Responses > 15 Mins	343	978	1,505
999 - C2 Responses > 80 Mins	814	4,099	5,856

YAS Comments

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

YAS IPC Compliance

Indicator	Sep 20	Sep 21	Oct 21
% Compliance with Hand Hygiene	99.0%	99.0%	99.0%
% Compliance with Premise	99.0%	99.0%	99.0%
% Compliance with Vehicle	99.0%	99.0%	100.0%

Safeguarding training – below expected range – Level 2 training for both adult and child is currently below the target range of 85%. Increased operational demand is the likely explanation for why many staff have been unable to complete the training. There are a percentage of staff who are long term non-compliant (out of compliance since 2014-2020), with a further percentage showing with no date, indicating that they have never completed the level 2 training. These groups are being addressed as a priority due to the additional risk posed.



Patient Safety (Harm)

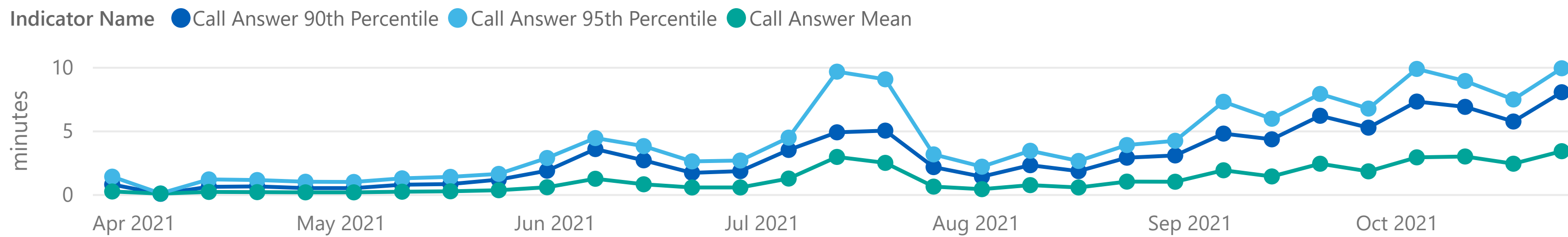
Commentary:

Yorkshire Ambulance Service NHS Trust are looking into three areas of the patient’s journey which could cause harm. These have been highlighted as call to answer, delayed responses and hospital turnaround. Looking at these three areas can help the Trust triangulate data to identify areas of potential harm and improvement. These areas highlighted are monitored through the Trust Management Group. If a patient experiences more than one of the areas of potential harm this then generates a flag seen in the “instances where a call appears in more than 1 top 10 list”. A clinical review is then undertaken. No exceptions were highlighted for this IPR period of time.

Instances where a call appears in more than 1 top 10 list

Date	Handover	Response
31 July 2020		

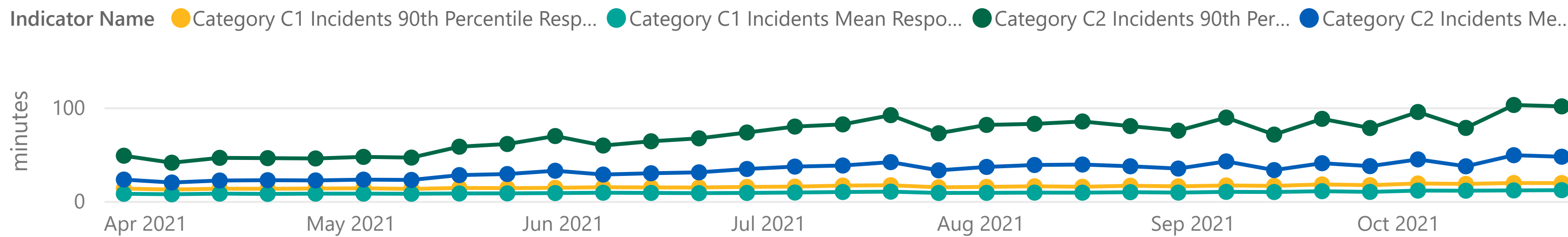
Call Answer Metrics (call data available from 7th September onwards)



Call Answer Metrics

Indicator Name	Oct 20	Sep 21	Oct 21
Call Answer 90th Percentile	00:01:55	00:04:56	00:06:45
Call Answer 95th Percentile	00:02:36	00:06:46	00:08:54
Call Answer Mean	00:00:37	00:01:46	00:02:46

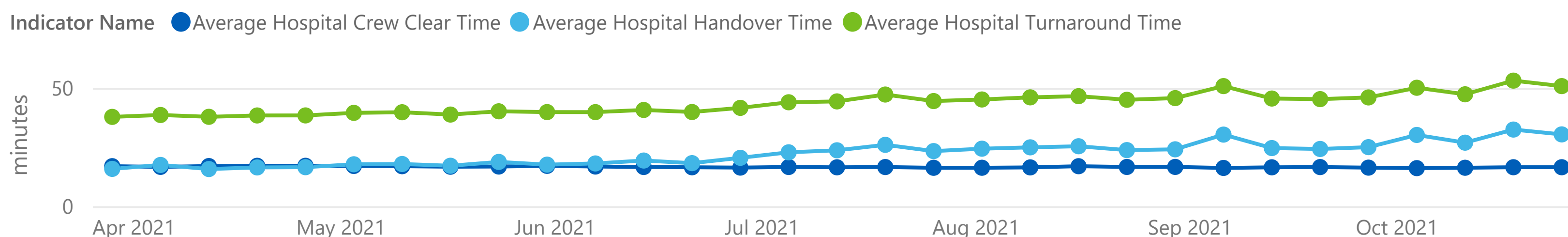
Response Metrics



Response Metrics

Indicator Name	Oct 20	Sep 21	Oct 21
Category C1 Incidents 90th Percentile Response Time	00:15:00	00:16:47	00:18:44
Category C1 Incidents Mean Response Time	00:08:42	00:09:44	00:11:04
Category C2 Incidents 90th Percentile Response Time	01:01:55	01:21:03	01:32:33
Category C2 Incidents Mean Response Time	00:29:13	00:37:56	00:43:40

Hospital Turnaround Metrics



Hospital Turnaround Metrics

Indicator Name	Oct 20	Sep 21	Oct 21
Average Hospital Crew Clear Time	00:15:42	00:16:26	00:16:19
Average Hospital Handover Time	00:17:39	00:26:06	00:29:16
Average Hospital Turnaround Time	00:39:10	00:47:10	00:49:44

Patient Clinical Effectiveness (Director Responsible Julian Mark)

Care Bundles (Last 3 Results)

Indicator	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Sepsis %			72.7%			76.8%			76.5%
STEMI %	40.0%			58.7%			44.0%		
Stroke %		95.9%			83.6%			94.6%	

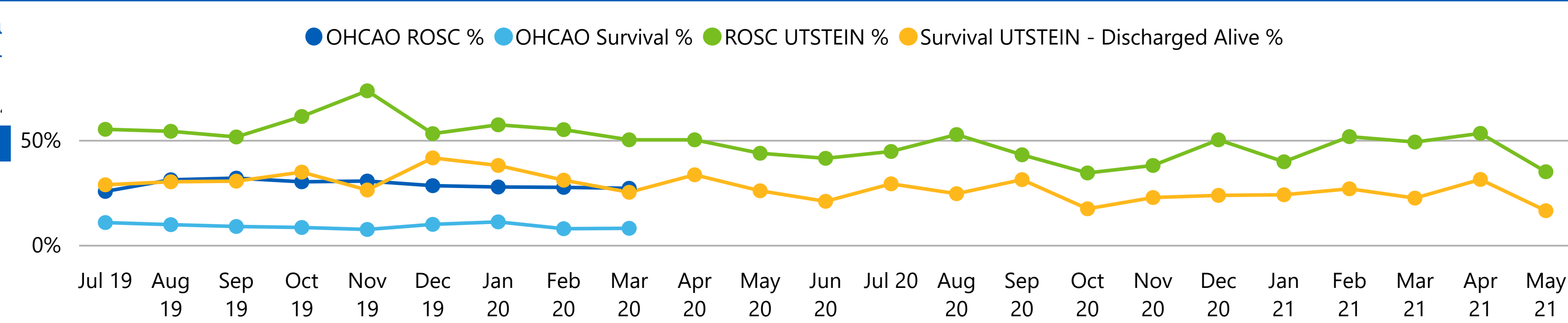
Myocardial Ischaemia National Audit Project (MINAP)

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	Jun 21
Avg Time from call to hospital	82	77	80	
Total Patients	558	484	514	
Re-contacts as Proportion of Incident Category				
Indicator	Jun 21	Jul 21	Aug 21	
Re-contacts - H&T (%)	5.9%	4.9%	5.2%	
Re-contacts - S&T (%)	5.2%	4.6%	4.6%	
Re-contacts - Conveyed (%)	6.1%	5.6%	5.8%	

ROSC and Survival



Sepsis Care Bundle – Data evidences increase in care bundle compliance from 78% in December 2019 to 84% in March 2021. Hospital pre- alert remains largely responsible for the majority of failures, however this element of the care bundle will likely be removed within the next 12 months. The ePR has updated to trigger sepsis warning flags when the observations are inputted and pre-alert will become a mandatory field in the next release of the ePR. An updated sepsis decision tool and 10/10/10 campaign which will be launched early February and aims to increase awareness of the care bundle and reduce on scene time for patients with Red Flag Sepsis. Full compliance is not possible due to the number of technicians working on the clinical side of the rota.

STEMI Care Bundle – April 2021 YAS achieved 68% compliance up from 61% in Jan 2021. Analgesia administration has been identified as the main cause of this variability with GTN lowering patient pain score on scene, negating analgesia requirement. A review of the Acute Coronary Syndrome pathway is underway as well as the technical guidance under which this measure is audited. Recording of two pain scores (pre & post analgesia) is also a contributing factor to care bundle failures. Further work is currently being undertaken by YAS clinical informatics & audit team to circulate these findings to front- line clinicians. Further review of the ACQIs by the national audit group also suggests that this element of the care bundle may be amended in the near future.

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

Cardiac Arrest Outcomes – YAS perform well in both Survival to discharge and ROSC against the national average. The highest number of patients to survive for one month was 38 out of 270 during Nov 16. Analysis from Apr 16 to Mar 20 depicts normal variation with proportion of YAS patients who survive to discharge following OHCA, therefore no special causes need to be investigated at this point of analysis. Analysis for ROSC demonstrates special cause variation in April 2020; further investigation demonstrates worsened patient acuity during this month due to the first wave of the current pandemic as being the main contributor to lower proportion of patients with ROSC at hospital handover.

MINAP - This data shows the mean and 90th percentile time from call to cardiac catheter lab for intervention. Early access to reperfusion (the restoration of blood flow) and other assessment and care interventions are associated with reductions in STEMI mortality and morbidity. The time to angiography reflects the speed and effectiveness of both the ambulance service, and the team which provides emergency primary percutaneous angiography in the hospital.

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

Re-contacts with 72 hours - there has been a small but steady increase in the number of patients being referred to alternative providers following the increase in non-conveyance pathways and with the exception of the peak of the pandemic, there has been no change in re-contact. The Safer Right Care, Right Place project aims to improve the safety of decision making and reduce avoidable conveyances.

Fleet and Estates

Estates

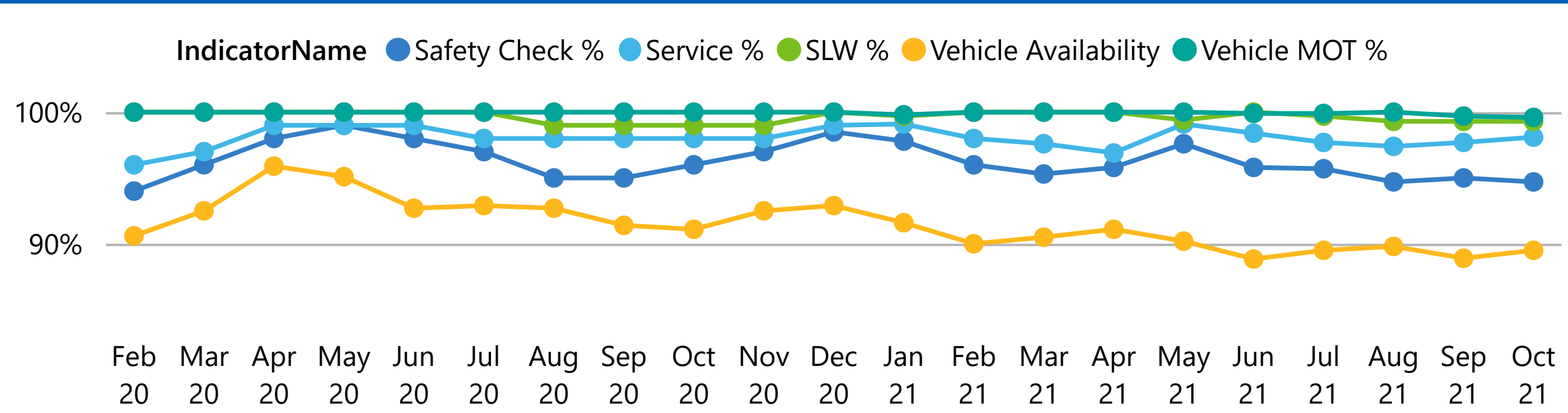
ShortName	Sep 20	Sep 21	Oct 21
P1 Emergency (2 HRS)	97.7%	100.0%	100.0%
P1 Emergency – Complete (<24Hrs)	92.1%	100.0%	100.0%
P2 Emergency (4 HRS)	100.0%	100.0%	90.6%
P2 Emergency – Complete (<24Hrs)	80.0%	84.1%	81.1%
Planned Maintenance Complete	100.0%	99.7%	99.1%
P6 Non Emergency - Attend within 2 weeks		92.9%	100.0%
P6 Non Emergency - Complete within 4 weeks		85.7%	76.5%

Estates Commentary

Requests for reactive work/repairs on the Estate totalled 302 jobs for the month of October which is a return to the circa 300 jobs which are reported each month from the previous month total of 339. SLA figures continue to be good against target, delay on parts prevents the completion in all cases.

The other categories aside the P1 & P2 emergency works are - P3 attend within 24 hours and P4 which is attend within 2 days. The performance on these are 96% and 98% respectively for attendance and 91% & 97% for completion. First Day First on all categories continues as 75%. Planned Maintenance activity on the Estate carried out by our service provider to attended to Statutory, mandatory and routine maintenance is recorded at 99.1% completion for October

999 Fleet



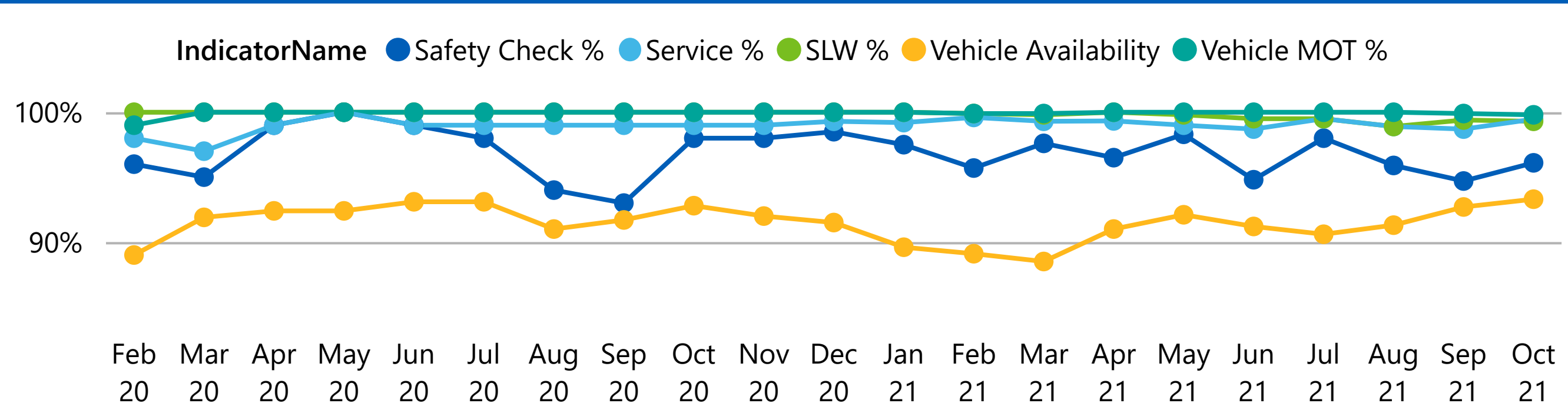
999 Fleet Age

IndicatorName	Sep 21	Oct 21
Vehicle age +7	11.2%	11.4%
Vehicle age +10	0.4%	0.4%

PTS Age

IndicatorName	Sep 21	Oct 21
Vehicle age +7	6.0%	9.8%
Vehicle age +10	1.7%	2.2%

PTS Fleet



Glossary - Indicator Descriptions (A&E)

A&E

mID	ShortName	IndicatorType	AQIDescription
AMB26	999 - C1 90th (T <15Mins)	time	Across all C1 incidents, the 90th percentile response time.
AMB25	999 - C1 Mean (T <7Mins)	time	Across all C1 incidents, the mean response time.
AMB32	999 - C2 90th (T <40Mins)	time	Across all C2 incidents, the 90th percentile response time.
AMB31	999 - C2 Mean (T <18mins)	time	Across all C2 incidents, the mean response time.
AMB35	999 - C3 90th (T -<2Hrs)	time	Across all C3 incidents, the 90th percentile response time.
AMB34	999 - C3 Mean (T - <1Hr)	time	Across all C3 incidents, the mean response time.
AMB38	999 - C4 90th (T < 3Hrs)	time	Across all C4 incidents, the 90th percentile response time.
AMB37	999 - C4 Mean	time	Across all C4 incidents, the mean response time.
AMB78	999 - C1 90th (Trajectory)	time	C1 Incidents 90th Percentile Response Time (Trajectory)
AMB77	999 - C1 Mean (Trajectory)	time	C1 Incidents Mean Response Time (Trajectory)
AMB80	999 - C2 90th (Trajectory)	time	C2 Incidents 90th Percentile Response Time (Trajectory)
AMB79	999 - C2 Mean (Trajectory)	time	C2 Incidents Mean Response Time (Trajectory)
AMB82	999 - C3 90th (Trajectory)	time	C3 Incidents 90th Percentile Response Time (Trajectory)
AMB81	999 - C3 Mean (Trajectory)	time	C3 Incidents Mean Response Time (Trajectory)
AMB83	999 - C4 90th (Trajectory)	time	C4 Incidents 90th Percentile Response Time (Trajectory)
AMB84	999 - Call Answer Mean (Trajectory)	time	Call Answer Mean (Trajectory)
AMB01	999 - Total Calls via Telephony (AQI)	int	Count of all calls answered.
AMB07	999 - Incidents (HT+STR+STC)	int	Count of all incidents.
AMB59	999 - C1 Responses > 15 Mins	int	Count of Cat 1 incidents with a response time greater than the 90th percentile target.
AMB60	999 - C2 Responses > 80 Mins	int	Count of Cat 2 incidents with a response time greater than 2 x the 90th percentile target.
AMB56	999 - Face to Face Incidents (STR + STC)	int	Count of incidents dealt with face to face.
AMB17	999 - Hear and Treat (HT)	int	Count of incidents not receiving a face-to-face response.
AMB53	999 - Conveyance to ED	int	Count of incidents with any patients transported to an Emergency Department (ED) including incidents where

Glossary - Indicator Descriptions (IUC and PTS)

IUC and PTS

mID	ShortName	IndicatorType	AQIDescription
IUC01	IUC - Call Answered	int	Number of calls answered
IUC03	IUC - Calls Answered Above Ceiling	percent	Percentage difference between actual number of calls answered and the contract ceiling level
IUC02	IUC - Calls Abandoned	percent	Percentage of calls offered that were abandoned
IUC07	IUC - Call back in 1 Hour	percent	Percentage of patients that were offered a call back by a clinician that were called within 1 hour
IUC31	IUC - Core Clinical Advice	percent	Proportion of calls assessed by a clinician or Clinical Advisor
IUC08	IUC - Direct Bookings	percent	Percentage of calls where the patient was recommended to contact a primary care service that had an appointment directly booked. This indicator includes system bookings made by external providers
IUC12	IUC - ED Validations %	percent	Proportion of calls initially given an ED disposition that are validated
IUC13	IUC - Ambulance validations %	percent	Percentage of initial Category 3 or 4 ambulance outcomes that were clinically validated
IUC14	IUC - ED %	percent	Percentage of triaged calls that reached an Emergency Department outcome
IUC15	IUC - Ambulance %	percent	Percentage of triaged calls that reached an ambulance dispatch outcome
IUC16	IUC - Selfcare %	percent	Percentage of triaged calls that reached an self care outcome
IUC17	IUC - Other Outcome %	percent	Percentage of triaged calls that reached any other outcome
IUC18	IUC - Primary Care %	percent	Percentage of triaged calls that reached a Primary Care outcome
PTS01	PTS - Demand (Journeys)	int	Count of delivered journeys, aborted journeys and escorts on journeys
PTS02	PTS - Journeys < 120Mins	percent	Patients picked up and dropped off within 120 minutes
PTS03	PTS - Arrive at Appointment Time	percent	Patients dropped off at hospital before Appointment Time
PTS04	PTS - % Pre Planned - Pickup < 90 Mins	percent	Pre Planned patients to be picked up within 90 minutes of being marked 'Ready' by the hospital
PTS05	PTS - % Short notice - Pickup < 120 mins	percent	Short Notice patients to be picked up within 120 minutes of being marked 'Ready' by the hospital
PTS06	PTS - Answered < 180 Secs	percent	The percentage of calls answered within 180 seconds via the telephony system

Glossary - Indicator Descriptions (Quality and Safety)

Quality and Safety

mID	ShortName	IndicatorType	AQIDescription
QS01	All Incidents Reported	int	
QS02	Serious	int	
QS03	Moderate & Above Harm	int	
QS04	Medication Related	int	
QS05	Number of duty of candour contacts	int	
QS06	Duty of candour contacts exceptions	int	
QS07	Complaint	int	
QS08	Compliment	int	
QS09	Concern	int	
QS10	Service to Service	int	
QS11	Adult Safeguarding Referrals	int	
QS12	Child Safeguarding Referrals	int	
QS13	% Trained Safeguarding for Children (L1)	percent	
QS14	% Trained Safeguarding for Children (L2)	percent	
QS15	% Trained Safeguarding for Adults (L1)	percent	
QS17	% FOI Request Compliance	percent	
QS18	% Compliance with Hand Hygiene	percent	
QS19	% Compliance with Premise	percent	
QS20	% Compliance with Vehicle	percent	
QS26	Moderate and Above Harm (Per 1K Incidents)	int	
QS24	Staff survey improvement question	int	(TBC, yearly)
QS21	Number of RIDDORs Submitted	int	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Glossary - Indicator Descriptions (Workforce)

Workforce

mID	ShortName	IndicatorType	AQIDescription
WF36	Headcount in Post	int	Headcount of primary assignments
WF35	Special Leave	percent	Special Leave (eg: Carers leave, compassionate leave) as a percentage of FTE days in the period.
WF34	Fire Safety & Awareness - 1 Year	percent	Percentage of staff with an in date competency in Fire Safety & Awareness - 1 Year
WF33	Information Governance - 1 Year	percent	Percentage of staff with an in date competency in Information Governance - 1 Year
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