Integrated Performance Report

Dec 2021

Published 18th Jan

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.

Menu

| 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 |

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.
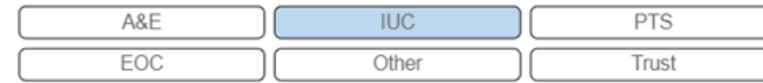
Reset Filters

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

↺ Reset to 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

| A&E | IUC | PTS |
| EOC | Other | Trust |

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.
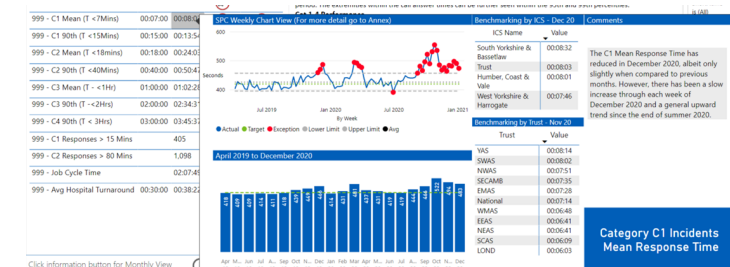
Exceptions, Variation and Assurance

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.

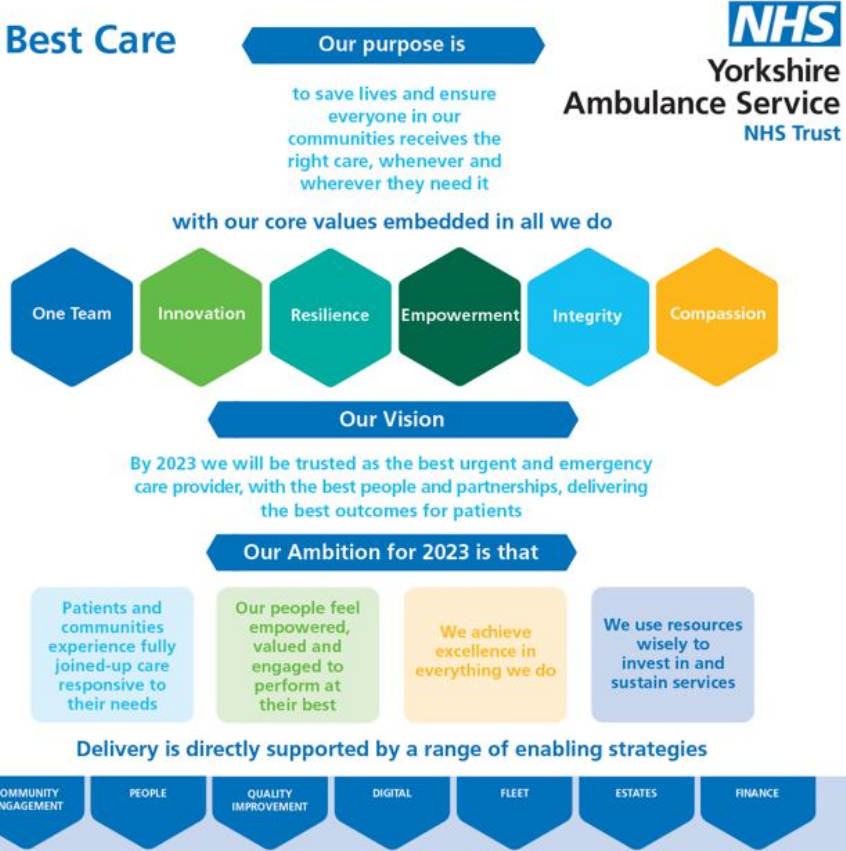| Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short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

Table of Contents

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

- 22/23 NHSE Priorities and Operational Planning guidance issued on the 24 December 2022. This is being discussed at a Y&H system level.
- Operational Pressures and increased sickness has impacted provision of service. Each system is working on operational priorities to provide effective care.

- Pathways - 2 hour UCR being trialled in WY and HC&V and learning will be shared across the Y&H system.

- ED Streaming tool is being tested and proposed to be rolled further.

- Digital discussions are ongoing with the Yorkshire and Humber care record.

- Rotational Paramedic Phase 1 went live and Phase 2 has gone live in mid December.

- Workshops held with the system on improving patient care
  o Ambulance handover improvements
  o ED streaming and alternative options
  o Attendance avoidance pathways e.g., SDEC
  o Urgent community response workstream set up and access for YAS 999 & 111
  o Local clinical support

West Yorkshire ICS

- Urgent community response (2 hr response) – increasing 999 referrals (national push) and aim to pilot direct transfer of cat 3&4 call into UCR service in Kirklees and Calderdale via WY Clinical advice Service (provided through Local Care Direct WY).

- Leeds Children's & Young people's new inpatient facility (Leeds) – Go live of transfer from old 8 bed unit in central Leeds to new 22 bed unit at St/Mary's hospital on outskirts of Leeds was due for 1st Dec. This has now been delayed until the New Year to allow time for construction finalisations.

South Yorkshire and Bassetlaw ICS

- Hospital pressures continue with a significant impact on handovers and an increase in internal diverts to Bassetlaw. Several issues have occurred as a result of the internal diverts and these have been escalated via the appropriate channels.

- TRFT remains pressured with an increase in long lengths of stay. Some elective procedures have been stepped down, and some urgent treatment have had to be cancelled due to lack of critical care capacity.

Humber Coast and Vale ICS

- 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.
- Digital development: Clinician to clinician pilot between the local CAS and Scarborough Frailty SDEC – work delayed in relation to the testing and training.
- Any to Any Booking function is being tested. The NEL SPA to commence booking into Primary Care where appropriate. CHCP direct booking into UTCs and their Care Connect booking process has been in place for 9 weeks, with the services have seen a high number of successful bookings into each site.
- The MH Response Vehicle 9-week pilot extension went live with a rotating fixed crew on 11 October. Work ongoing to understand utilisation, impact, and benefit realisation with Humber FT
- Access to MH Pathway – developing pathway to enable YAS crews to access MH crisis team for advice and guidance and onward referral in order to avoid ED. Went live live 13.12.21.
- Refreshed pathway to widen criteria for crews to refer to the Friarage launched – to ensure frail, elderly patients living in Hambleton, Richmond and Whitby pathway can access care closer to home unless in need of acute services at James Cook – work develop will also ensure better integration with the FAST service (UCR service in that area)
- UCR 2-hour crisis response service – now launched and operates Mon-Fri 0800-1800 (provided by CHCP). Delivers see and treat video consultations, electronic prescriptions, step up to community beds and hear and treat consultations to avoid ED/admissions.

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

Agile Operations

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

Digital Enablers

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

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 now Red reflecting delay to fit-out and capital expenditure slippage to 2022/23

Asset Management - Separate capability for stock control and medicine management proposed, rated Green reflecting delivery in 2022/23, with procurement of approved selected system expected Jan 2022
Prepacked POM Pouches is rated Amber reflecting the dependency with Logistics Hub, delivery in 2022/23

Hub & Spoke and AVP continues to be RAG rated Green with no areas of concern. Purchase of Scarborough site approved by Board, Planning Approval submission expected Q4 2021/22.

Hybrid / Agile working – work completed to understand future preference of staff working from home and desk requirements for operational call centres. Approval for spatial planning granted. Green

Training Capacity (Morley)– works complete to provide additional 4 x training room capacity to support additional recruitment. Rated Green

Unified Communications is Green, Project Live, Avaya Upgrade scheduled for Q4 2021/22 under BAU

N365 Implementation is Green as fully delivered, handing over responsibility of the shared area's to data asset owners (over 50% complete, with remainder in Q4 2021/22)

ePR Phase 4 moves to Green, progress in all areas including the MYHT pilot expected Jan '22.

A&E Smartphone (Personal Issue) project remains Amber but good progress (58% of devices deployed), completion anticipated in Q4

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

Our Patients

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

999 Sustainability & Culture -Supporting Ambulance Performance – Status updated to Green reflecting continued good progress recruiting to EMD, ECA and Paramedic posts. Clinical Navigator recruitment interviews completed. Winter Coordination centres live in all four areas. New vehicles deliveries (41) expected to complete by end Feb 2022.

999 Sustainability & Culture - EOC Improvement Programme - the programme has analysed performance, developed a vision for EOC and established 6 workstreams to improve performance, progressing and achieving set milestones, engagement and assurance being given through bi-weekly Oversight group. Rated Green

Team Based Working remains Green as implementation completed by end of November 2021, cost pressure issues resolved. Evaluation to be completed Jan 2021

Rotational Paramedics first rotational second group begins their 12-week induction, 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, Academy funding career pathway phase 2 academic courses until other funding can be sourced. Rated Green

999 Sustainability & Culture - EOC Business Continuity Improvements – Status remains Green as approvals received from TEG, TMG and Trust Board to proceed. Project plan being developed for approval Jan 2022

999 Sustainability & Culture - EOC Clinical (Patient Process) Remains Amber, milestones slipped due to CAD upgrade & unified comms, end date remains March 2022.

Mental Health Project—- HER MHRV pilot extended to 12 December. Second vehicle fully operational working with West and South Yorks Ops for crews for Q4. Phase 2 MH Education & Training content under review due to operational pressure, Overall status remains Amber.

Remote Clinical Assessment (RCA) People Plan Current TNA placements will continue as planned and discussions will be held regarding continuity. RCA career pathway, RCA pods (agile working) and Rotational Roles work streams also continue to progress.

NEPT review (PTS) - National Pathfinder programme. ; Project Plan and Risks & Issues agreed, Project meetings established. Project Manager recruited. Funding confirmed. Status remains Amber.

Supporting UEC Performance - The pressure within UEC remains as highlighted in the H2 plan in terms of call volumes, sickness and turnover. Additional funds have been received via the General Capacity Funding & IUC Investment to help with additional recruitment & retention.

The recruitment / retention trajectory has been developed for the additional Health Advisors / Clinical Advisors and is being monitored via NHSE/I and TEG. Recruitment / training takes 8-12 weeks and the trajectory extends into March 2022 hence RAG rating of Amber.

IUC Sustainability & Improvements Workstream plans developed, key priorities agreed, workstream leads identified. Project Initiation Document signed off. Key actions being progressed by workstream leads on track. Rota review set up. Project Amber rated to reflect pressures on recruitment.

Priority Patient Pathways & Safer Right Care programme Key milestones achieved in order to progress the project and on track to deliver the project aims. Rated Green. Measures/benefits dashboard being finalised and baselines being identified.

Our People

ProjectName

Education and Training - Enabling an effective induction and appraisal programme within YAS. This remains rated Green as planned milestones have been met. However current operational pressures will lead to future milestone slippages - induction policy sign off has been delayed and although appraisal training has been rolled out some frontline training has had to be paused.

Recruitment and Retention In addition to supporting the EOC / 111 Recruitment programme (see Our Patients), work ongoing to develop career pathways. Current operational pressures will result in some workstreams being paused. This remains rated Amber.

YAS Culture Work including Health & Wellbeing YAS Culture work remains rated Amber. Despite overall workstream Amber RAG rating – sickness absence KPIs remain high. Work underway to progress HCV programme. Charities Together bid funding scheduled to commence 1/4/22 for 2 years. Redeploying internal resources to assist with recruitment and well being support. The health and wellbeing plan will be aligned with the H&W NHS guidance, AACE guidance and our internal work is due to be signed off in Feb.

Vaccination Programme – The campaigns for Flu and Covid Booster jabs are ongoing and pop up clinics are available across the region until 14th January. The uptake is being monitored and remains rated Amber.

International Recruitment – Working collaboratively with HEE to recruit paramedics from Australia. Project status remains rated Amber. Interviews scheduled to take place Feb 22. An additional international recruitment project to recruit nurses is currently subject to Gate review. Partnership with Trade Unions – Workshops scheduled to support the development of partnership with the trade unions. This remains rated Amber and will be monitored through Q4.

Equality, Diversity & Inclusion – This remains rated Amber. Targeted recruitment, staff and community engagement have begun and a more detailed delivery plan has been developed to make the recruitment process more inclusive. A dashboard is being developed to monitor recruitment outcomes. Reverse BAME mentoring project is being evaluated and will be broadened to align with other protected characteristics in association with the LGBT and Disability Support networks.

e-Expenses software – This remains rated Green and Phase 1 is scheduled to go live 10th January. Technical configuration work is complete and organisational readiness activity has been initiated.

Operating Model – This remains rated Amber. Planning work is progressing in relation to the future operating model, including alignment to the wider health and social care system. Actions are being re-prioritised to reflect current operational pressures' impact on executive time.

Integrated Commissioning Framework - This remains rated Amber. Phase 2 of the ICF was initiated in Dec 21. Development of the key functions and proposals discussed with TEG. Timeline being developed through January and aligns with the ICB development and the operating model design.

Body worn video - Phase 1 and 2 complete, project remains rated Green. Proposed list of Phase 3 sites developed and scheduled to implement March/April 2022. Low levels of camera usage may present risks to future benefits realisation.

NHS Charities Programme - Volunteer Programme - This is rated as Amber and work ongoing to align current Charities volunteer programme and the additional bids to improve provision and training on our Community First Responders and our PTS volunteers. PIDs for CFR Outside Fallers Support and PTS Volunteer Car Drivers Support to be presented to January Gate Sub Review Group and TMG for approval. If approved these workstreams will transfer to 'Our Patients' for assurance purposes.

Yorkshire Ambulance Service NHS Trust

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:36	H	
999 - Answer 95th Percentile		00:03:41	H	
999 - C1 Mean (T <7Mins)	00:07:00	00:09:49	H	F
999 - C1 90th (T <15Mins)	00:15:00	00:17:10	H	F
999 - C2 Mean (T <18mins)	00:18:00	00:46:56	H	F
999 - C2 90th (T <40Mins)	00:40:00	01:42:23	H	F
999 - C3 Mean (T - <1Hr)	01:00:00	02:28:22	H	F
999 - C3 90th (T -<2Hrs)	02:00:00	06:00:47	H	F
999 - C4 90th (T < 3Hrs)	03:00:00	09:00:21	H	F
999 - C1 Responses > 15 Mins		1,240	H	
999 - C2 Responses > 80 Mins		6,644	H	
999 - Job Cycle Time		01:50:19	H	
999 - Avg Hospital Turnaround	00:30:00	00:49:25	H	F
999 - Avg Hospital Handover		00:28:26		
999 - Avg Hospital Crew Clear		00:16:37		
999 - Average Hospital Notify Time		00:05:56		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer: The mean Call Answer time decreased in December to 36 seconds which is 32 seconds less than November. The call answer mean for December last year was 8 seconds. Call demand was below forecast for the month by 5.0% but there was still a high proportion of duplicate calls. The tail end of call answer times shown in the percentiles have remained high.

Cat 1-4 Performance: No national performance targets were met in December. Performance times for all categories remain exceptionally high and increased on last month except for Cat1, which shows a slight decrease of 20 seconds in the mean and 17 seconds in the 90th percentile. The proportion of responses in more urgent categories has increased and coupled with high job cycle times and hospital turnaround times this impacts on resource availability and performance. Abstractions were 2.5% higher than forecast for December, increasing 0.5% from November. Weekly staff hours have reduced compared to November by approximately 2,900 hours per week. DCA Jobs times have also shortened by 59 seconds compared to November. However, overall availability decreased by 3.6% from November and was reflected in worsening performance. Compared to December 2020, abstractions are up by 3.7% and availability is down by 8.9%.

Responses Tail (C1 and C2): The number of C1 incidents with a response time greater than 15 minutes in December decreased by 32 to 1,240 which is 206.2% greater than December 2020. The number of C2 incidents greater than 80 minutes last month increased from November by 1,196 to 6,644. In December 2020 there were 1,098 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 December.

Job cycle time: Average Job Cycle time remains higher than last year and has been consistently increasing month on month. Throughout December there continued to be exceptionally high figures due to increased hospital turnaround times. Compared to the same month last year, job cycle time is up by 11.2% which equates to an increase of just over 11 minutes. This has a significant impact on operational availability.

Hospital: Average hospital turnaround times for December remain high and similar to November. Compared to December 2020 this is increased by just over 11 minutes. 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 relative consistent since March 2020. More recently, the increase in turnaround times have been attributed to long handover times, with December showing around 28 minutes and 30 seconds. The number of incidents with conveyance to ED remains similar to last month and the same month last year, down by 1.3% from November but up from December last year by 0.7%.

IUC and PTS IPR Key Indicators - Dec 21 ⊘···

NHS Yorkshire Ambulance Service NHS Trust

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		144,432	H	F
IUC - Calls Abandoned	3.0%	14.6%	H	F
IUC - Answered in 60 Secs	90.0%	44.0%	L	F
IUC - Call back in 1 Hour	60.0%	43.7%		F
IUC - Core Clinical Advice	30.0%	22.2%	L	F
IUC - Booking ED	70.0%	33.9%		F
IUC - ED Validations %	50.0%	40.3%		F
IUC - 999 Validations 30 mins %	50.0%	88.6%		P

Indicator	Target	Actual	Variance	Assurance
PTS - Arrive at Appointment Time	90.0%	87.0%		F
PTS - Answered < 180 Secs	90.0%	77.9%		F
PTS - Journeys < 120Mins	90.0%	99.2%		P
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	91.0%		P
PTS - % Short notice - Pickup < 120 mins	90.8%	84.3%		F

Click information button for Monthly View ⓘ

IUC Exceptions - Comments (Director Responsible - Karen Owens)

YAS received 169,168 calls in December, 8.2% below the Annual Business Plan baseline demand - as of the end of the month, year to date offered calls were 15.3% above the baseline. Of calls offered in December, 144,432 calls (85.4%) were answered, 8% more than were answered in November, and 4.1% lower than December 2020.

Recent exceptional demand and staff availability challenges have heavily impacted on call performance metrics. The % of calls answered in 60 seconds improved last month, at 44.0% compared with 24.7% in November. Similarly average speed to answer was 403 seconds In December, down 109 seconds from November and against a national target of <20 seconds, and abandoned calls were 14.6% this month, well above the 3% target but 2.9% better than November's performance. YAS are not alone in these challenges, and most national providers are struggling with performance at the moment.

The % of Clinician Call Backs made within 1 hour was 43.7%, below the 60% target and lower than 44.2% in Nov. Core clinical advice was 22.2%, down from 22.6% in November. 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 88.6% in December, whilst performance for overall validations was 99.6%, with around 10,700 cases validated overall.

ED validation performance was 40.3% for December, 0.7% lower than November. 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%

PTS Exceptions - Comments (Director Responsible - Karen Owens)

Total Demand saw a 4.8% decrease in December (see more detail on YAS demand summary page). Social Distancing guidance of 1m plus remains in place, limiting PTS ability to cohort patients; this is also minimising the potential efficiency benefit to resource and waiting times. The contractual KPI's remain suspended in line with NHS England Guidance. Focus continues on the 120 Min Discharge KPI and patient care.

Covid demand saw a 8.6% decrease in December, with 1,072 journeys delivered. This is the 4th consecutive monthly decrease, meaning Covid demand levels are now 66% lower the peak of the second wave. Short Notice Patients picked up within 120 Mins % was 84.3% in December which 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 Dec-21 was 38.4% higher than Dec-20. Calls Answered in 180 % continues to improve since the addition of new staff in Nov. Telephony Perf was 77.9% in Dec which is the highest figure since February. Despite this, Telephony Performance is still 12% under target. Mitigating measures for call handling are being actioned; but it should be noted at end of September PTS Call handling was enacting Business Continuity *measures.'*

Click information button for further drill down including Benchmarking and SPC ⓘ

Support Services IPR Key Indicators - Dec 21

Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		724		
Serious		7		
Moderate and Above Harm		34		
Service to Service		58		
Adult Safeguarding Referrals		1,712		
Child Safeguarding Referrals		670		
Safeguarding Adults Level 2 - 3 Years		84.0%		

Indicator	Target	Actual	Variance	Assurance
Turnover (FTE) %		10.5%		
Sickness - Total % (T-5%)	5.0%	12.1%		
Special Leave		2.7%		
PDR / Staff Appraisals % (T-90%)	90.0%	52.1%		
Stat & Mand Training (Fire & IG) 1Y	90.0%	87.0%		
Stat & Mand Training (Core) 3Y	90.0%	75.2%		
Stat & Mand Training (Face to Face)	90.0%	72.6%		

Click information button for Monthly View

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

Patient Relations – further decrease in service to service from the high levels reported in July/August. Complaints remain stable, but are increasing in complexity. Compliments remain the highest reported element of 4Cs – which is very positive given the operational pressures the trust has been under for a consistent amount of time.

Safeguarding adult and child – adult safeguarding referrals continue to climb, while child referrals remain static and within normal variation.

Safeguarding training – level 2 training is below the expected range of 85%. Increasing operational demands are affecting time for training and eLearning time provision has not been replaced since face to face training has been suspended. Trust managers, supported by the communications team, are working to ensure all staff are up to date with their eLearning.

Workforce Exceptions - Comments (Director Responsible - Mandy Wilcock)

Sickness - Sickness has increased significantly to 12.1% causing performance concerns across the Trust. Covid is having a significant impact but 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 decreased slightly and stands at 2.4% as the number of staff self-isolating increases due to infection rates increasing.

PDR -rates at 52.1% up from 51.5%. A small and slow increase since the launch of the refreshed Appraisal form/process (in November) as the Trust is still experiencing extreme operational pressures. Support is being provided to all areas and managers are receiving update briefings and workshops (for new managers) on how to conduct the appraisals achieving a quality conversation – when possible.

Statutory and Mandatory Training - Compliance figures have dropped further against the 3 year core training as many staff are now needing to refresh. Compliance for the 1 year face-to-face has increased slightly in spite of operational pressures. Staff are being encouraged to get all eLearning completed and to prioritise Fire and IG which has resulted in a small increase for those as well. The TMG approved 3-year phased approach to achieve full compliance is built into the Training Plan for 2022/23 which was approved at TMG 15 December 2021.

Click information button for further drill down including Benchmarking and SPC

Workforce Summary

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

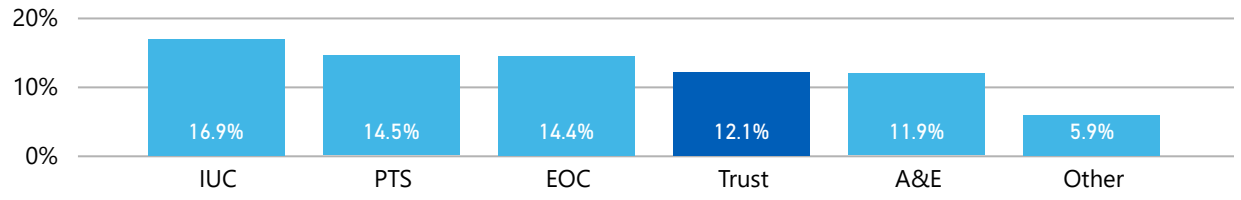| Name	Dec 20	Nov 21	Dec 21
FTE in Post %	98.1%	92.8%	90.6%
Turnover (FTE) %	8.3%	10.3%	10.5%
Vacancy Rate %	1.9%	7.2%	9.4%
Apprentice %	4.0%	6.6%	7.0%
BME %	5.9%	6.2%	6.3%
Disabled %	3.0%	3.9%	3.9%
Sickness - Total % (T-5%)	7.4%	9.5%	12.1%
Special Leave	3.5%	2.2%	2.7%
PDR / Staff Appraisals % (T-90%)	72.0%	51.5%	52.1%
Stat & Mand Training (Fire & IG) 1Y	88.3%	85.3%	87.0%
Stat & Mand Training (Core) 3Y	96.7%	81.6%	75.2%
Stat & Mand Training (Face to Face)	69.4%	71.2%	72.6%
Stat & Mand Training (Safeguarding L2 +)	88.6%	85.4%	86.8%

YAS Commentary

FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 9.4% a significant increase from 6.1% in October 2021; this reflects the increase in turnover to now 10.5%. Turnover remains a concern in our call centres with IUC at 37.8% and EOC at 14.2%. Dedicated recruitment and retention work within our call centres continues and is progressing well.
Sickness - Sickness has increased significantly to 12.1% causing performance concerns across the Trust. Covid is having a significant impact but 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 decreased slightly and stands at 2.4% as the number of staff self-isolating increases due to infection rates increasing.

PDR -rates at 52.1% up from 51.5%. A small and slow increase since the launch of the refreshed Appraisal form/process (in November) as the Trust is still experiencing extreme operational pressures. Support is being provided to all areas and managers are receiving update briefings and workshops (for new managers) on how to conduct the appraisals achieving a quality conversation – when possible.
Statutory and Mandatory Training - Compliance figures have dropped further against the 3 year core training as many staff are now needing to refresh. Compliance for the 1 year face-to-face has increased slightly in spite of operational pressures. Staff are being encouraged to get all eLearning completed and to prioritise Fire and IG which has resulted in a small increase for those as well. The TMG approved 3-year phased approach to achieve full compliance is built into the Training Plan for 2022/23 which was approved at TMG 15 December 2021.

Sickness Benchmark for Last Month

IUC	PTS	EOC	Trust	A&E	Other
16.9%	14.5%	14.4%	12.1%	11.9%	5.9%

PDR Benchmark for Last Month

PTS	IUC	Trust	A&E	EOC	Other
78.2%	74.9%	52.1%	47.9%	38.7%	38.0%

Sickness

Legend: Sickness - Long Term, Sickness - Short Term

PDR - Target 90%

70.8%, 74.6%, 77.6%, 75.7%, 75.9%, 64.6%, 69.5%, 70.8%, 72.0%, 70.5%, 76.2%, 73.8%, 66.9%, 54.9%

(May 19 – Sep 21)
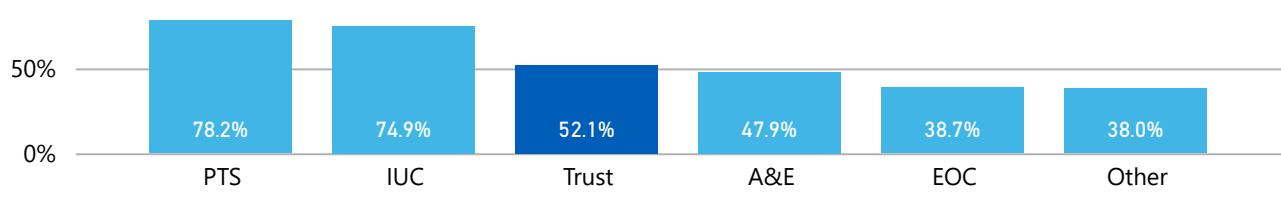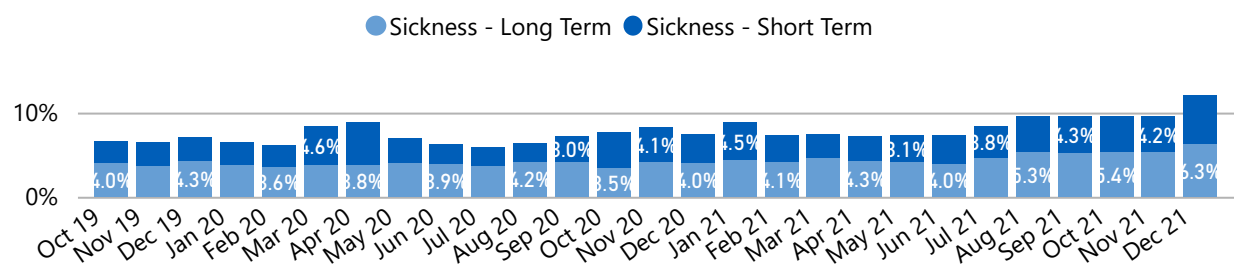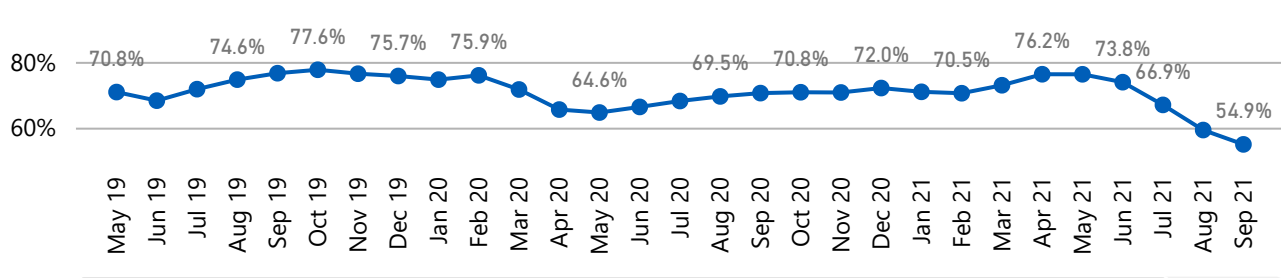
Click information button for key KPIs by Month

Click information button PDR by Team

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

NHS
Yorkshire
Ambulance Service
NHS Trust

Overview - Unaudited Position

Overall The Trust has a year to date surplus at month 9 of £1.5m and £1.2m for ICS reporting after the gains on disposals are removed, which is in line with the Plan.

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 spend is as close to plan as possible.

Cash As at the end of December the Trust had £78.6m 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)	£1,213	£1,543	£330
Cash		£78,557	£78,557
Capital	£9,159	£2,539	-£6,620

Monthly View (£000s)

Indicator Name ▼	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12
Surplus/ (Deficit)	£637	£7	-£392	-£7	-£104	£75	£1,208	£118
Cash	£66,696	£67,971	£69,166	£72,812	£72,787	£74,752	£75,312	£78,557
Capital	£107	£140	£267	£266	£205	£63	£296	£1,195

Click information button for Summary by Main Service Lines

Patient Demand Summary

Demand Summary

ShortName	Dec 20	Nov 21	Dec 21
999 - Incidents (HT+STR+STC)	68,515	69,515	69,557
999 - Increase - Previous Month	0.5%	-1.6%	
999 - Increase - Same Month Last Year	-9.6%	1.9%	
IUC - Call Answered	150,578	133,465	144,432
IUC - Increase - Previous Month	1.8%	0.3%	8.2%
IUC - Increase Same Month Last Year	-6.1%	-9.8%	-4.1%
IUC - Calls Answered Above Ceiling	-14.6%	-13.3%	-23.2%
PTS - Demand (Journeys)	60,112	75,639	72,028
PTS - Increase - Previous Month	-2.6%	5.2%	-4.8%
PTS - Same Month Last Year	-13.0%	22.6%	19.8%

Click information button for Monthly Table View ⓘ

Commentary

999 - At Scene Response demand is 16.4% lower than forecasted levels for December. All Response Demand (STR + STC +HT) is in line with last month and 1.5% higher than December 2020.

IUC -YAS received 169,168 calls in December, 8.2% below the Annual Business Plan baseline demand - as of the end of the month, year to date offered calls were 15.3% above the baseline. Of calls offered in December, 144,432 calls (85.4%) were answered, 8% more than were answered in November, and 4.1% lower than the number of calls answered in December 2020.

PTS -Total Demand saw a 4.8% decrease in December. The general trend of increased demand continued into the beginning of December, however numbers were expectedly lower during the last 2 weeks of December due to the festive period and associated bank holidays. Demand in December 2021 was 19.8% above the same month last year, which equates to c12,000 extra journeys.

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, unless a rise in infection rates, and associated staff and patients isolating has a temporary impact upon the plans to deliver increased volumes of planned care and journeys.

Overall Calls and Demand

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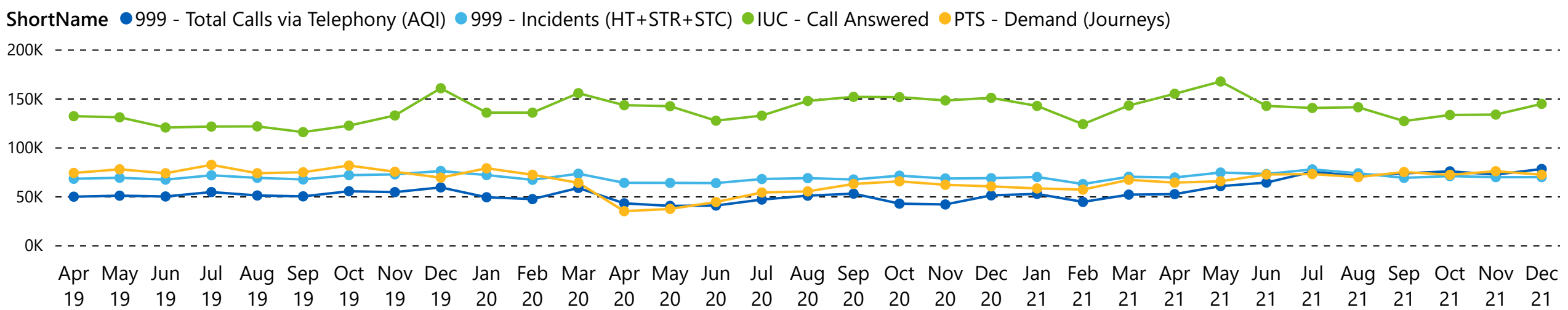
Patient Outcomes Summary

Outcomes Summary

ShortName	Dec 20	Nov 21	Dec 21
999 - Incidents (HT+STR+STC)	68,515	69,515	69,557
999 - Hear & Treat %	8.9%	10.8%	10.7%
999 - See, Treat & Refer %	29.1%	27.4%	28.3%
999 - See, Treat & Convey %	62.0%	61.7%	61.0%
999 - Conveyance to ED %	54.4%	54.7%	53.9%
999 - Conveyance to Non ED %	7.7%	7.1%	7.1%
IUC - Calls Triaged	141,011		
IUC - ED %	13.9%	14.8%	13.5%
IUC - ED outcome to A&E	79.8%	79.9%	77.5%
IUC - ED outcome to UTC	6.0%	10.8%	10.3%
IUC - Ambulance %	12.2%	11.6%	11.3%
IUC - Selfcare %	7.3%	4.6%	4.9%
IUC - Other Outcome %	11.8%	11.1%	11.8%
IUC - Primary Care %	54.2%	55.8%	57.1%
PTS - Demand (Journeys)	60,112	75,639	72,028

Click information button for Monthly Table View ⓘ

999 Outcomes

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

IUC Outcomes

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

Commentary

999 -When comparing December 2021 against December 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 1.8% and See, Treat & Convey has decreased by 1.0%. The proportion of incidents with conveyance to ED has decreased slightly by 0.4% from last year although the number of incidents conveyed to ED is slightly greater (+0.7%). In contrast, the number of incidents conveyed to non ED has decreased by 6.1%.

IUC - The proportion of callers given an ambulance outcome continues to be slightly lower than historical levels. Meanwhile, primary care outcomes remain at a higher level than in the early stages of the Covid-19 pandemic. The proportion of callers given an ED outcome is now consistently around 14-15%, several percentage points higher than historic levels, however within that there has been a shift. The proportion of ED outcomes where the patient was referred to a UTC is now consistently over 10%, compared with only around 2-3% historically. Correspondingly, the proportion of ED outcomes where the patient was referred to an A&E has fallen from nearly 90% historically to 80% now. This was a key goal of the 111 First programme aiming to reduce the burden on Emergency Departments by directing patients to more appropriate care settings..
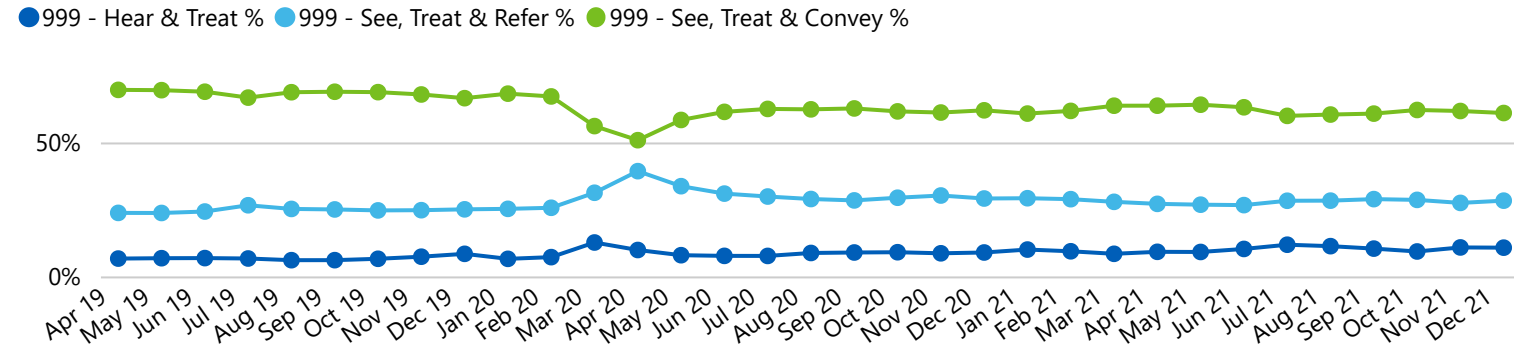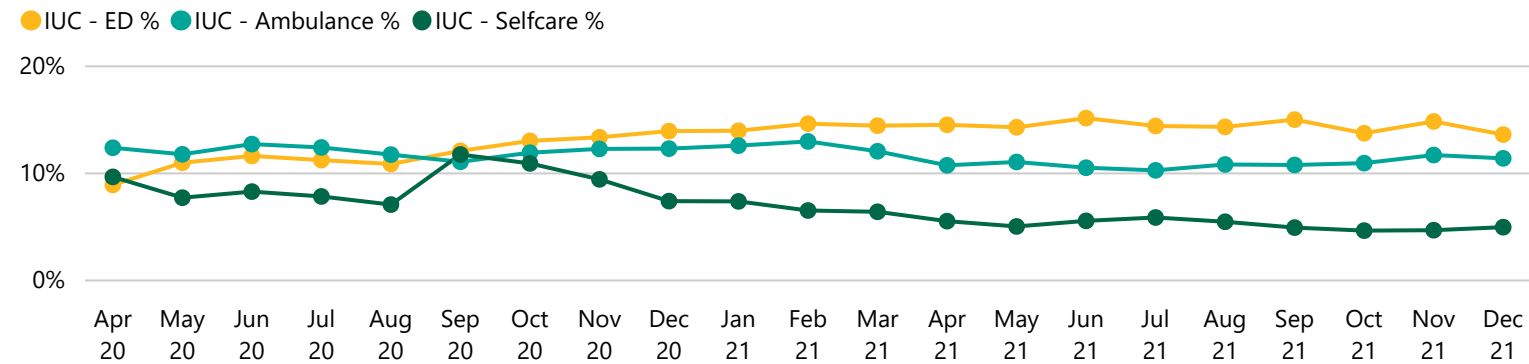
Patient Experience
(Director Responsible - Clare Ashby)

NHS
Yorkshire
Ambulance Service
NHS Trust

Patient Relations

Indicator	Dec 20	Nov 21	Dec 21
Service to Service	86	89	58
Concern	23	49	40
Compliment	128	108	110
Complaint	79	98	85

Complaints, Compliments, Concerns and Service to Service

Legend: ● Complaint ● Compliment ● Concern ● Service to Service
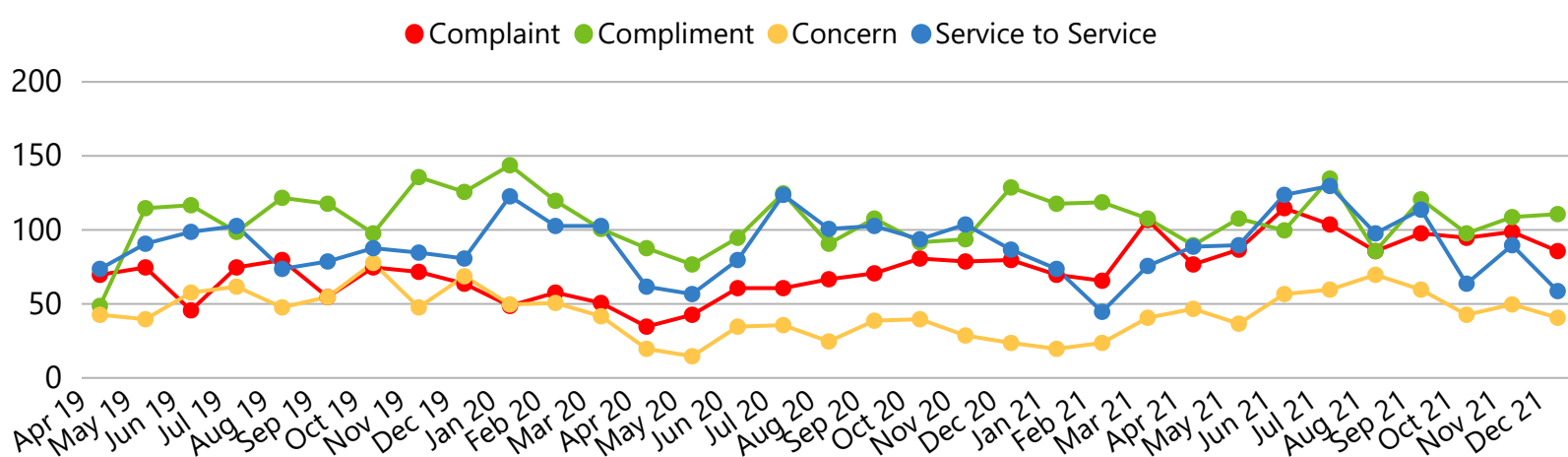
YAS Compliance

Indicator	Dec 20	Nov 21	Dec 21
% FOI Request Compliance	100.0%	100.0%	100.0%

YAS Comments

Patient Relations – further decrease in service to service from the high levels reported in July/August. Complaints remain stable, but are increasing in complexity. Compliments remain the highest reported element of 4Cs – which is very positive given the operational pressures the trust has been under for a consistent amount of time.

FOI Compliance is consistently remaining above the target of 90%

Click information button for Monthly Table View

Patient Safety - Quality (Director Responsible - Clare Ashby)

NHS Yorkshire Ambulance Service NHS Trust

Incidents

Indicator	Dec 20	Nov 21	Dec 21
All Incidents Reported	816	817	724
Medication Related	59	138	95
Moderate & Above Harm - Total	39	44	34
Number of duty of candour contacts	5	4	6
Number of RIDDORs Submitted	3	5	2
Serious	5	4	7

Incidents - Moderate and Above Harm

● YAS

Data points: 18, 22, 14, 20, 22, 17, 14, 23, 23, 28, 16, 11, 18, 22, 21, 26, 28, 28, 25, 39, 49, 33, 19, 22, 30, 32, 28, 25, 43, 59, 44, 34 (Apr 19 – Dec 21)
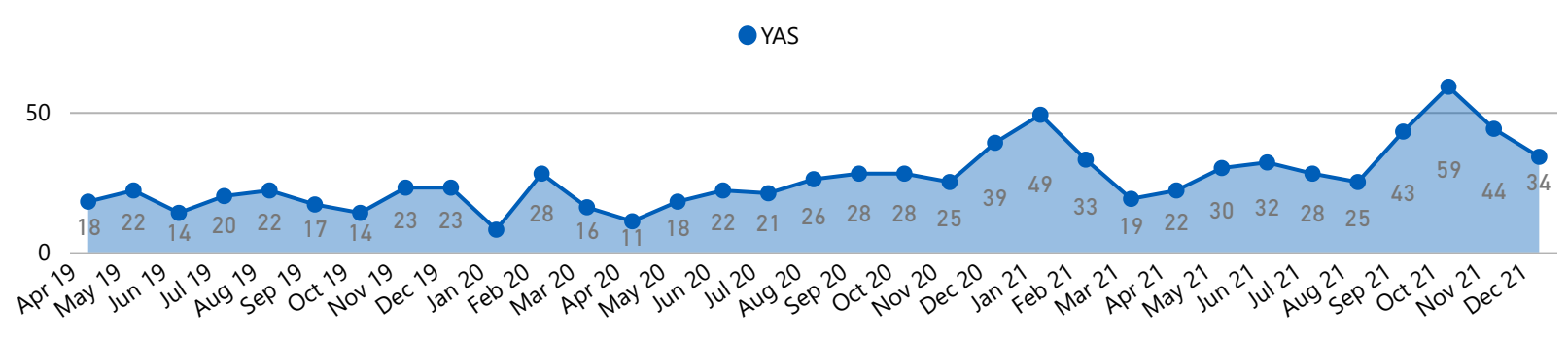
YAS Child and Adult Safeguarding

Indicator	Dec 20	Nov 21	Dec 21
Adult Safeguarding Referrals	1,481	1,666	1,712
Child Safeguarding Referrals	560	712	670
% Trained Safeguarding for Children (L1)	96.9%	83.0%	73.4%
% Trained Safeguarding for Children (L2)	87.3%	81.4%	79.9%
% Trained Safeguarding for Adults (L1)	96.3%	82.4%	71.9%

Safeguarding Training

● Adult Safeguarding Referrals ● Child Safeguarding Referrals
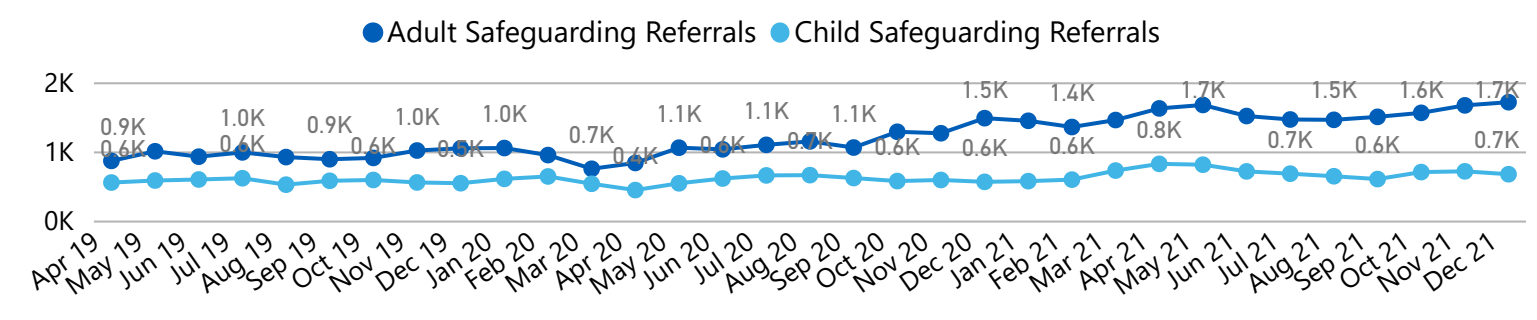
A&E Long Responses

Indicator	Dec 20	Nov 21	Dec 21
999 - C1 Responses > 15 Mins	405	1,272	1,240
999 - C2 Responses > 80 Mins	1,098	5,448	6,644

YAS IPC Compliance

Indicator	Dec 20	Nov 21	Dec 21
% Compliance with Hand Hygiene	99.8%	98.6%	98.8%
% Compliance with Premise	98.6%	98.9%	99.0%
% Compliance with Vehicle	96.5%	98.5%	99.3%

YAS Comments

Safeguarding adult and child – adult safeguarding referrals continue to climb, while child referrals remain static and within normal variation.

Safeguarding training – level 2 training is below the expected range of 85%. Increasing operational demands are affecting time for training and eLearning time provision has not been replaced since face to face training has been suspended. Trust managers, supported by the communications team, are working to ensure all staff are up to date with their eLearning.

Click information button for Monthly View

Patient Safety (Harm)

NHS
Yorkshire Ambulance Service
NHS Trust

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. 1 exceptions was highlighted for this IPR period of time but with no clinical harm.

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

Date	Handover	Response	Telephony
31 July 2020			
18 November 2021			

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

Indicator Name ● Call Answer 90th Percentile ● Call Answer 95th Percentile ● Call Answer Mean
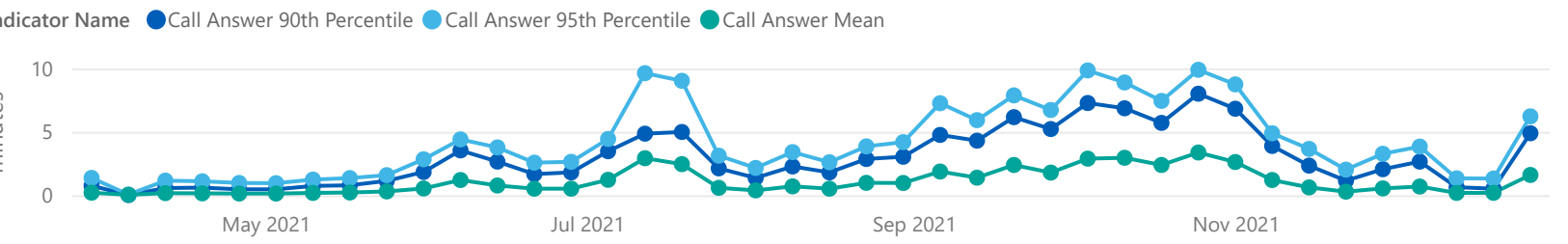
Call Answer Metrics

Indicator Name	Nov 20	Oct 21	Nov 21
Call Answer 90th Percentile	00:00:35	00:06:45	00:03:53
Call Answer 95th Percentile	00:01:19	00:08:54	00:05:17
Call Answer Mean	00:00:12	00:02:46	00:01:08

Response Metrics

Indicator Name ● Category C1 Incidents 90th Percentile Resp... ● Category C1 Incidents Mean Respo... ● Category C2 Incidents 90th Per... ● Category C2 Incidents Me...
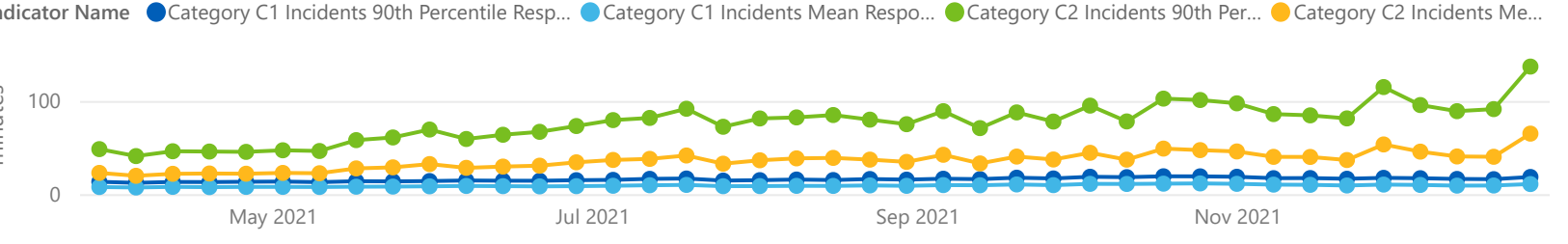
Response Metrics

Indicator Name	Nov 20	Oct 21	Nov 21
Category C1 Incidents 90th Percentile Response Time	00:14:08	00:18:44	00:17:27
Category C1 Incidents Mean Response Time	00:08:14	00:11:04	00:10:09
Category C2 Incidents 90th Percentile Response Time	00:52:07	01:32:33	01:30:54
Category C2 Incidents Mean Response Time	00:24:36	00:43:40	00:42:00

Hospital Turnaround Metrics

Indicator Name ● Average Hospital Crew Clear Time ● Average Hospital Handover Time ● Average Hospital Turnaround Time
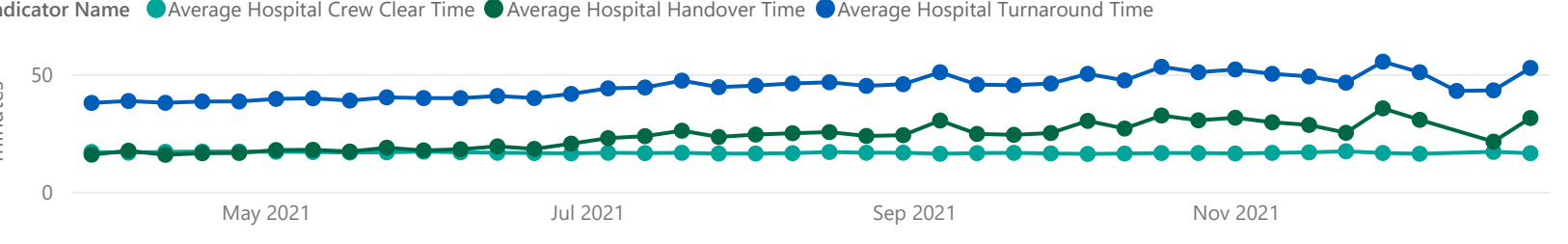
Hospital Turnaround Metrics

Indicator Name	Nov 20	Oct 21	Nov 21
Average Hospital Crew Clear Time	00:15:44	00:16:19	00:16:40
Average Hospital Handover Time	00:18:21	00:29:16	00:29:18
Average Hospital Turnaround Time	00:39:26	00:49:44	00:50:00

Patient Clinical Effectiveness (Director Responsible Julian Mark)

NHS
Yorkshire
Ambulance Service
NHS Trust

Care Bundles (Last 3 Results)

Indicator	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
Sepsis %		78.0%			84.0%			85.0%			87.0%
STEMI %			61.0%			68.0%			66.0%		
Stroke %	92.0%			96.0%			96.0%			97.0%	

Myocardial Ischaemia National Audit Project (MINAP)

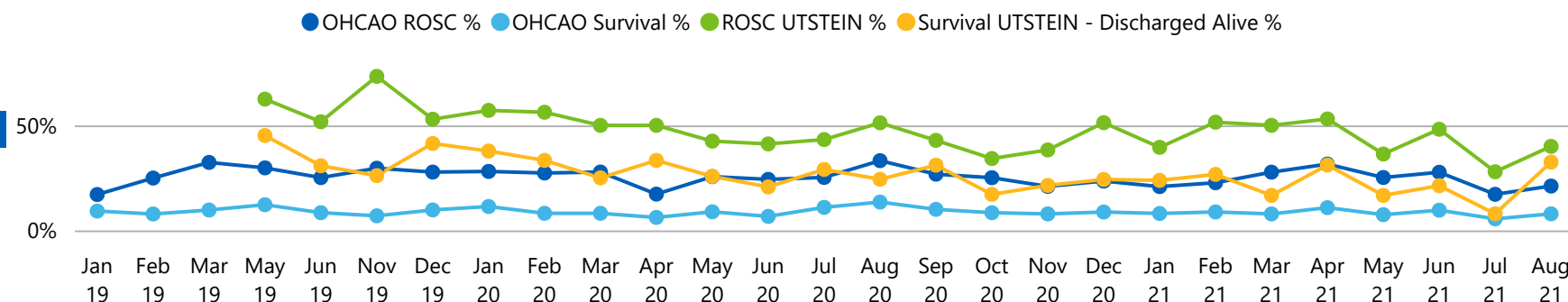| Indicator	May 21	Jun 21	Jul 21	Aug 21
Number of STEMI Patients	102	101	132	128
Call to Balloon Mins for STEMI Patients (Mean)	137	136	144	150
Call to Balloon Mins for STEMI Patients (90th Percentile)	178	194	197	215

Sentinal Stroke National Audit Programme (SSNAP)

Indicator	Jul 21	Aug 21	Sep 21
Avg Time from call to hospital	104	91	96
Total Patients	407	398	422

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

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

Sepsis Care Bundle –Data evidences increase in care bundle compliance from 78% in December 2019 to 85% in June 2021. Hospital pre- alert remains largely responsible for the majority of failures. 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 aims to increase awareness of the care bundle and reduce on scene time with Red Flag Sepsis.

STEMI Care Bundle – Care bundle compliance currently demonstrates an upward trend in 2021 when compared with previous years. In April 2021 YAS achieved 68% compliance up from 61% in January 2021, July 2021 demonstrated 66%. Analgesia administration has been identified as the main cause of this variability with GTN lowering patient pain score on scene, negating analgesia requirement. A review of the Acute Coronary Syndrome pathway is underway as well as the technical guidance under which this measure is audited. Recording of two pain scores (pre & post analgesia) is also an contributing factor to care bundle failures. Further work is currently being undertaken by YAS clinical informatics & audit team to circulate these findings to front- line clinicians. Further review of the ACQIs by the national audit group also suggests that this element of the care bunlde may be amended in the near future.

Stroke Care Bundle –Consistently performing in the 90% range, compliance could be improved with better documentation of patient blood sugar. The revised 10/10/10 and FASTO campaign was launched in Q3 2019/20. 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 & July 2021; further investigation demonstrates worsened patient acuity during these months due to the current pandemic.

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

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

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

Fleet and Estates

Estates

Indicator	Dec 20	Nov 21	Dec 21
P1 Emergency (2 HRS)	70.0%	50.0%	100.0%
P1 Emergency – Complete (<24Hrs)	90.0%	75.0%	100.0%
P2 Emergency (4 HRS)	91.9%	87.9%	88.6%
P2 Emergency – Complete (<24Hrs)	70.3%	84.5%	86.4%
Planned Maintenance Complete	100.0%	92.3%	97.4%
P6 Non Emergency - Attend within 2 weeks	70.3%	63.8%	90.0%
P6 Non Emergency - Complete within 4 weeks	59.5%	53.2%	76.1%

Estates Comments

Requests for reactive repairs on the estate totalled 300 jobs for the month (December 2021), with a completion rate of 100% for all priority one work. This compares to requests for repairs in June 2021 of 364 jobs with a completion rate of 50% within the <24 hour SLA window. Springhill remains highest originator of requests for reactive repair with 18 in total which has reduced from 27 in June 2021.

There were 536 planned maintenance tasks completed in month of which 394 were mandatory, 85 statutory and 57 routine with a completion rate of 97.4%. This completion rate has improved from November 2021.

999 Fleet

IndicatorName ● Safety Check % ● Service % ● SLW % ● Vehicle Availability ● Vehicle MOT %
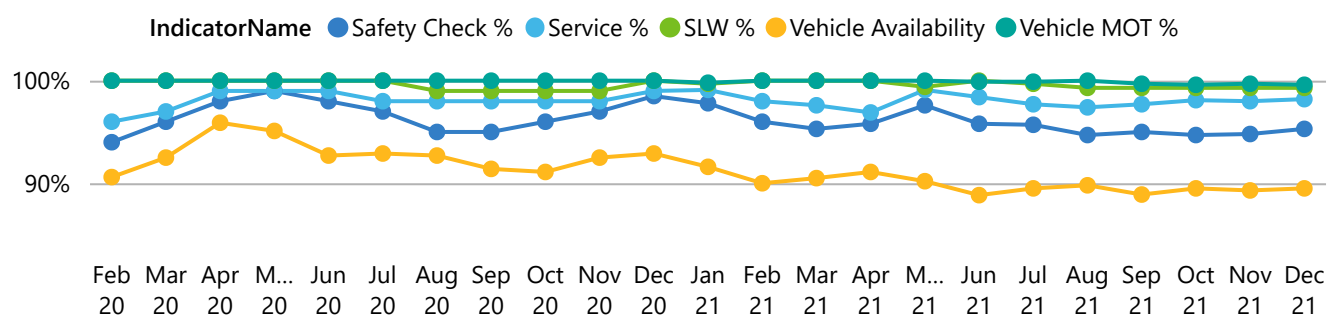
999 Fleet Age

IndicatorName	Dec 20	Dec 21
Vehicle age +7	8.9%	10.8%
Vehicle age +10	0.2%	0.4%

PTS Age

IndicatorName	Dec 20	Dec 21
Vehicle age +7	16.7%	8.6%
Vehicle age +10	17.5%	2.4%
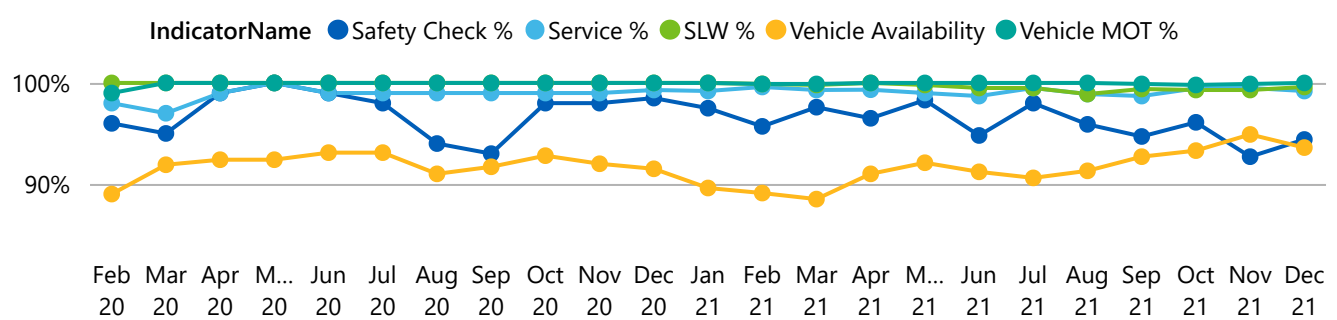
Fleet Comments

Focus has centred on the reduction in age profile of our PTS fleet with vehicle age +7 reducing from 16.7% in December 2020 to 8.6% in December 2021. During the same period vehicle age +10 has reduced significantly from 17.5% to just 2.4%.

Vehicle availability for both PTS and 999 fleet has remained consistent at around 90% during this challenging operational period.

PTS Fleet

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

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 the department transported to is not specified.

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)

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)

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