



Integrated Performance Report

Feb 2022

Published 21st March 2022

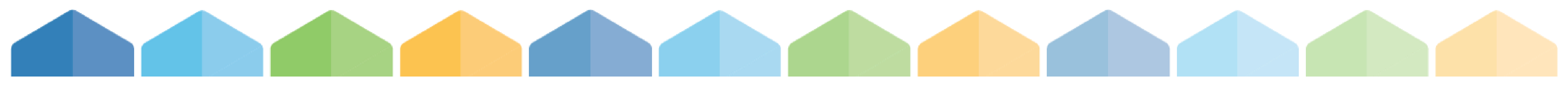


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One Team, Best Care



Patients and communities experience fully joined-up care responsive to their needs

Our people feel empowered, valued and engaged to perform at their best

Our Ambitions for 2023







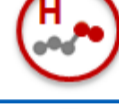









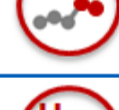




We achieve excellence in everything we do

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.

999 IPR Key Exceptions - Feb 21

| Indicator | Target | Actual | Variance | Assurance |
|------------------------------------|----------|----------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 999 - Answer Mean | | 00:00:05 |  | |
| 999 - Answer 95th Percentile | | 00:00:42 |  | |
| 999 - C1 Mean (T <7Mins) | 00:07:00 | 00:08:45 |  |  |
| 999 - C1 90th (T <15Mins) | 00:15:00 | 00:15:13 |  |  |
| 999 - C2 Mean (T <18mins) | 00:18:00 | 00:29:45 |  |  |
| 999 - C2 90th (T <40Mins) | 00:40:00 | 01:03:41 |  |  |
| 999 - C3 Mean (T - <1Hr) | 01:00:00 | 01:21:33 |  |  |
| 999 - C3 90th (T - <2Hrs) | 02:00:00 | 03:15:59 |  |  |
| 999 - C4 90th (T < 3Hrs) | 03:00:00 | 04:11:47 |  |  |
| 999 - C1 Responses > 15 Mins | | 652 |  | |
| 999 - C2 Responses > 80 Mins | | 1,961 |  | |
| 999 - Job Cycle Time | | 01:50:05 |  | |
| 999 - Avg Hospital Turnaround | 00:30:00 | 00:49:16 |  |  |
| 999 - Avg Hospital Handover | | 00:27:50 | | |
| 999 - Avg Hospital Crew Clear | | 00:17:04 | | |
| 999 - Average Hospital Notify Time | | 00:05:40 | | |

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer: The mean Call Answer reduced by 12 seconds when compared to January and is 2 seconds longer than February 2021. The variance to forecast from offered calls was 1.5% above forecast. The tail end of call answer times shown in the percentiles continue to decrease following a peak in October.
















Cat 1-4 Performance: No national performance targets were met in February. Performance times for all categories remain exceptionally high. The Category 1 mean and 90th percentile performance times were reduced by 10 seconds and 32 seconds, respectively. Abstractions were 4.8% higher than forecast for February, though decreasing 1.5% from January. Weekly staff hours have risen compared to January by almost 2,700 hours per week. DCA Jobs times have shortened by 34 seconds compared to January. This has contributed to overall availability increasing by 2.7% from January and was reflected in improved performance. Compared to February 2021, abstractions are up by 0.8% and availability is down by 0.8%.











Responses Tail (C1 and C2): The number of Cat1 responses greater than 90th percentile target continues to decrease and reduced by 20% when compared to January although this is a 295% increase when compared to February 2021. The number of Cat2 responses greater than 2x 90th percentile target also continues to decrease with a reduction of 37% when compared to January and a 226% increase when compared to February 2021.

Job cycle time: Average Job Cycle time remains higher than last year and has been consistently increasing month on month except for January. Overall, job cycle time is over 6 minutes longer than in January, and 12 minutes longer than in February 2021.

Hospital: Average hospital turnaround times for February remain high and similar to January with average turnaround increasing by 1 minute. Compared to February 2021 this is over 11 minutes longer. 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 relatively consistent since March 2020. More recently, the increase in turnaround times have been attributed to long handover times, with the average Handover in February showing around 28 minutes. The number of incidents with conveyance to ED is 6% lower than January and increased by 4.1% when compared to the same month last year.

IUC and PTS IPR Key Indicators - Feb 21

| Indicator | Target | Actual | Variance | Assurance |
|---------------------------------|--------|---------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| IUC - Call Answered | | 121,251 |  | |
| IUC - Calls Abandoned | 3.0% | 7.5% |  |  |
| IUC - Answered in 60 Secs | 90.0% | 50.7% |  |  |
| IUC - Call back in 1 Hour | 60.0% | 46.7% |  |  |
| IUC - Core Clinical Advice | 30.0% | 23.2% |  |  |
| IUC - Booking ED | 70.0% | 36.0% |  |  |
| IUC - ED Validations % | 50.0% | 45.4% |  |  |
| IUC - 999 Validations 30 mins % | 50.0% | 90.9% |  |  |

| Indicator | Target | Actual | Variance | Assurance |
|------------------------------------------|--------|--------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| PTS - Arrive at Appointment Time | 90.0% | 88.7% |  |  |
| PTS - Answered < 180 Secs | 90.0% | 59.2% |  |  |
| PTS - Journeys < 120Mins | 90.0% | 99.5% |  |  |
| PTS - % Pre Planned - Pickup < 90 Mins | 90.4% | 92.0% |  |  |
| PTS - % Short notice - Pickup < 120 mins | 90.8% | 87.2% |  |  |

IUC Exceptions - Comments (Director Responsible - Karen Owens)

YAS received 131,123 calls in February, -8.8% below the Annual Business Plan baseline demand as of the end of the month, year to date offered calls were 8.4% above the baseline. Of calls offered in February, 121,251 calls (92.5%) were answered, -9.8% less than were answered in January, and -2.0% lower than the number of calls answered in February 2021.

Although demand has dropped recently, continued limited staff availability has heavily impacted on call performance metrics. Whilst it is no longer a national KPI, we are continuing to monitor the percentage of calls answered in 60 seconds as it is well recognised within the IUC service and operations as a benchmark of overall performance. This measure is similar to last month, at 50.7%. Average speed to answer in February was 168 seconds, down 211 seconds from January but still significantly higher than the national target of <20 seconds. Similarly, abandoned calls were 7.5% this month, above the 3% target but 4.8% better than January's performance. YAS are not alone in these challenges, with other providers experiencing similar challenges.

The proportion of Clinician Call Backs made within 1 hour was 46.7%, still below the 60% target. Core clinical advice was 23.2%, 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 90.9% in February, whilst performance for overall validations was 98.4%, with around 10,000 cases validated overall. ED validation performance was 45.4% for February, 1.9% higher than January. This was due in part to ED validation services being closed on DoS (in the out of hours periods) for several periods of time during the month as a result of clinical demand and capacity pressures to the service.

Amongst booking KPIs, bookings to UTCs increased in February. Bookings to IUC Treatment Centres has decreased to 51.0%. ED bookings are still being monitored, with performance continuing to remain below 40%.

PTS Exceptions - Comments (Director Responsible - Karen Owens)

Total Demand was 67,476 in February; a 17.2% increase on the previous month (see more on Demand Page).

The contractual KPI's remain suspended in line with NHS England Guidance. Focus continues on the 120 Min Discharge KPI and patient care. Short Notice Patients picked up within 120 Mins was 87.2% in February; back below target after achieving the target in January for the first time since Jul-20. YTD figure is below target at 84.8%.

Covid Demand started to surge during the festive period in December, peaking during w.c 10/01/2022. Covid demand saw a 46.1% decrease in February, with 1,519 journeys delivered.

Calls Answered in 180 seconds saw significant decrease in February (-31.5%). Telephony Performance is back to levels seen in recent months after a spike in performance during January. Total calls offered was above forecast (+4.9%) after a 5.1% increase in call volume: 24.6% higher than the same month last year.

| Indicator | Target | Actual | Variance | Assurance |
|------------------------------|--------|--------|----------|-----------|
| All Incidents Reported | | 709 | | |
| Serious | | 4 | | |
| Moderate and Above Harm | | 23 | | |
| Service to Service | | 56 | | |
| Adult Safeguarding Referrals | | 1,546 | | |
| Child Safeguarding Referrals | | 823 | | |

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.

| Indicator | Target | Actual | Variance | Assurance |
|-------------------------------------|--------|--------|----------|-----------|
| Turnover (FTE) % | | 11.1% | | |
| Sickness - Total % (T-5%) | 5.0% | 10.0% | | |
| Special Leave | | 1.2% | | |
| PDR / Staff Appraisals % (T-90%) | 90.0% | 49.3% | | |
| Stat & Mand Training (Fire & IG) 1Y | 90.0% | 86.4% | | |
| Stat & Mand Training (Core) 3Y | 90.0% | 78.9% | | |
| Stat & Mand Training (Face to Face) | 90.0% | 72.5% | | |

Workforce Exceptions - Comments (Director Responsible - Mandy Wilcock)

Sickness - Sickness has reduced significantly to 10.0% although still causing performance concerns across the Trust. Covid absence is starting to slowly increase again, although special leave/self-isolation has reduced by 50% from 2.5% to 1.2%. The EOC/111 transformation teams have specific work streams regarding health and wellbeing.

PDR -rates at 49.3%. Given continued pressures this has dropped slightly from Jan to Feb in all areas apart from PTS who achieved a small increase. Support continues to be 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.

Statutory and Mandatory Training - Compliance figures have improved slightly for the 3y eLearning, albeit most categories in most areas are still below the compliance targets. Staff are being encouraged to get all eLearning completed and work is underway to determine how the Trust might be able to achieve compliance within the next six months.

Workforce Summary

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



Key KPIs

| Name | Feb 21 | Jan 22 | Feb 22 |
|------------------------------------------|--------|--------|--------|
| FTE in Post % | 99.2% | 89.4% | 89.6% |
| Turnover (FTE) % | 8.4% | 10.7% | 11.1% |
| Vacancy Rate % | 0.8% | 10.6% | 10.5% |
| Apprentice % | 4.8% | 7.8% | 7.8% |
| BME % | 6.0% | 6.2% | 6.3% |
| Disabled % | 3.1% | 4.0% | 4.1% |
| Sickness - Total % (T-5%) | 7.3% | 12.5% | 10.0% |
| Special Leave | 3.8% | 2.5% | 1.2% |
| PDR / Staff Appraisals % (T-90%) | 70.5% | 51.3% | 49.3% |
| Stat & Mand Training (Fire & IG) 1Y | 83.7% | 87.5% | 86.4% |
| Stat & Mand Training (Core) 3Y | 96.5% | 77.2% | 78.9% |
| Stat & Mand Training (Face to Face) | 67.1% | 72.8% | 72.5% |
| Stat & Mand Training (Safeguarding L2 +) | 86.5% | 87.9% | 89.2% |

YAS Commentary

FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 10.5%, a slight decrease from 10.6% in January 2022. Turnover remains at around 11%, although a more significant concern in our call centres (IUC remains at 37.5%). Dedicated recruitment and retention work within our call centres continues and is progressing well.

Sickness - Sickness has reduced significantly to 10.0%, although still causing performance concerns across the Trust. Covid absence is starting to slowly increase again, although special leave/self-isolation has reduced by 50% from 2.5% to 1.2%. The EOC/111 transformation teams have specific work streams regarding health and wellbeing.

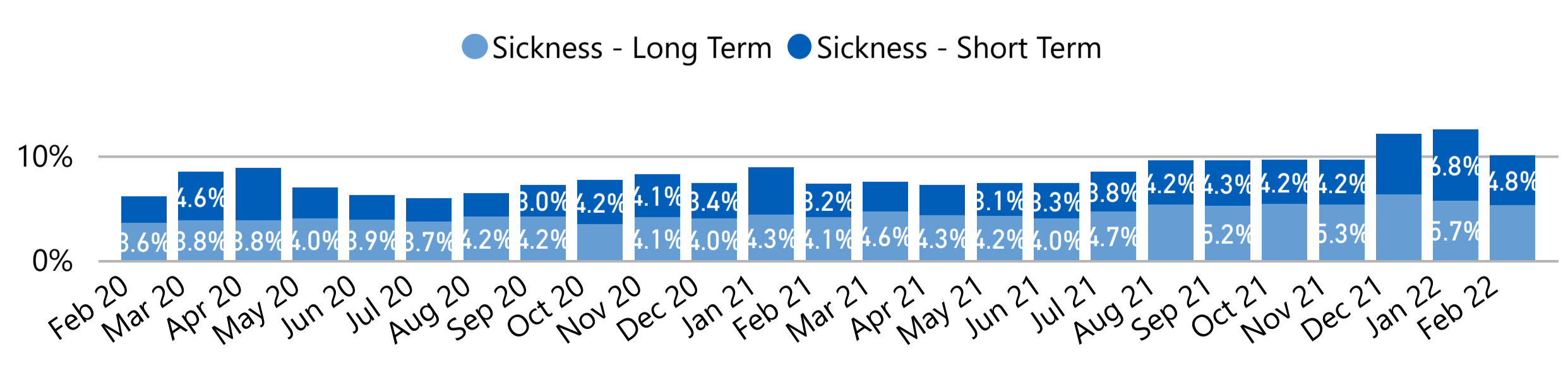
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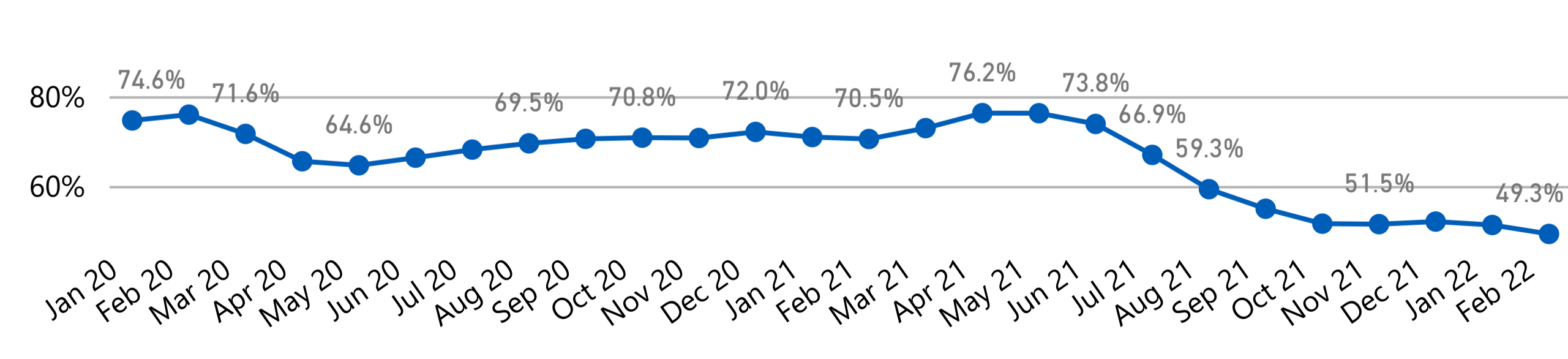
Sickness Benchmark for Last Month

PDR Benchmark for Last Month

Sickness



PDR - Target 90%



[Click information button for key KPIs by Month](#)



[Click information button PDR by Team](#)



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

Overview - Unaudited Position

Overall The Trust has a year to date surplus at month 11 of £8.7m (£8.3m for ICS reporting after the gains on disposals are removed), reflecting the revised full year forecast.

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 February the Trust had £85.3m 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) | £575 | £8,692 | £8,117 |
| Cash | £0 | £85,290 | £85,290 |
| Capital | £11,144 | £3,851 | -£7,293 |

Monthly View (£000s)

| Indicator Name | 2021-05 | 2021-06 | 2021-07 | 2021-08 | 2021-09 | 2021-10 | 2021-11 | 2021-12 | 2022-01 | 2022-02 |
|--------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Surplus/ (Deficit) | £637 | £7 | -£392 | -£7 | -£104 | £75 | £1,208 | £118 | £6,647 | £503 |
| Cash | £66,696 | £67,971 | £69,166 | £72,812 | £72,787 | £74,752 | £75,312 | £78,557 | £78,963 | £85,290 |
| Capital | £107 | £140 | £267 | £266 | £205 | £63 | £296 | £1,195 | £851 | £461 |

Patient Demand Summary

Demand Summary Commentary

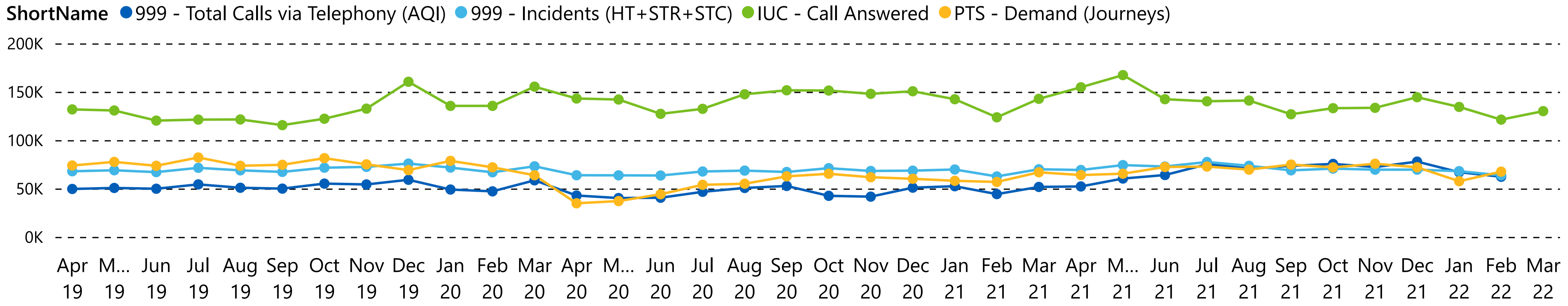
| ShortName | Feb 21 | Jan 22 | Feb 22 |
|---------------------------------------|---------|---------|---------|
| 999 - Incidents (HT+STR+STC) | 62,524 | 67,986 | 63,628 |
| 999 - Increase - Previous Month | -10.3% | | |
| 999 - Increase - Same Month Last Year | -6.4% | | |
| IUC - Call Answered | 123,669 | 134,396 | 121,251 |
| IUC - Increase - Previous Month | -13.1% | -6.9% | -9.8% |
| IUC - Increase Same Month Last Year | -8.7% | -5.6% | -2.0% |
| IUC - Calls Answered Above Ceiling | -13.7% | -19.3% | |
| PTS - Demand (Journeys) | 56,819 | 57,587 | 67,476 |
| PTS - Increase - Previous Month | -2.1% | -20.0% | 17.2% |
| PTS - Same Month Last Year | -21.1% | -0.7% | 18.8% |

999 - At Scene Response demand is 12.6% lower than forecasted levels for February. All Response Demand (STR + STC +HT) is 6.4% down on last month and 1.8% up on February 2021.

IUC - YAS received 131,123 calls in February, -8.8% below the Annual Business Plan baseline demand as of the end of the month, year to date offered calls were 8.4% above the baseline. Of calls offered in February, 121,251 calls (92.5%) were answered, -9.8% less than were answered in January, and -2.0% lower than the number of calls answered in February 2021.

PTS - Total Demand was 67,476 in February; a 17.2% increase on the previous month. As per January's commentary and as a result of Trust REAP actions, routine journeys to planned care clinics were suspended from Wednesday 12 January 2022 until 23rd January 2022 which saw reduced demand levels for the month of January as a whole. February saw demand return closer to the previous 6 month average (Jul - Dec 2021) however still 7.3% below, despite an increase of c10,000 journeys on January. Total Demand in February was 18.8% above the same month last year, which equates to an increase of c10,500, continuing the trajectory of growth on the previous year. As a result, routine journeys to planned care clinics were suspended from Wednesday 12 January 2022 until 23rd January 2022 which saw reduced demand levels for the month of January as a whole. February saw demand return closer to levels seen in recent months. Total Demand in February was 18.8% above the same month last year, which equates to an increase of c10,500.

Overall Calls and Demand

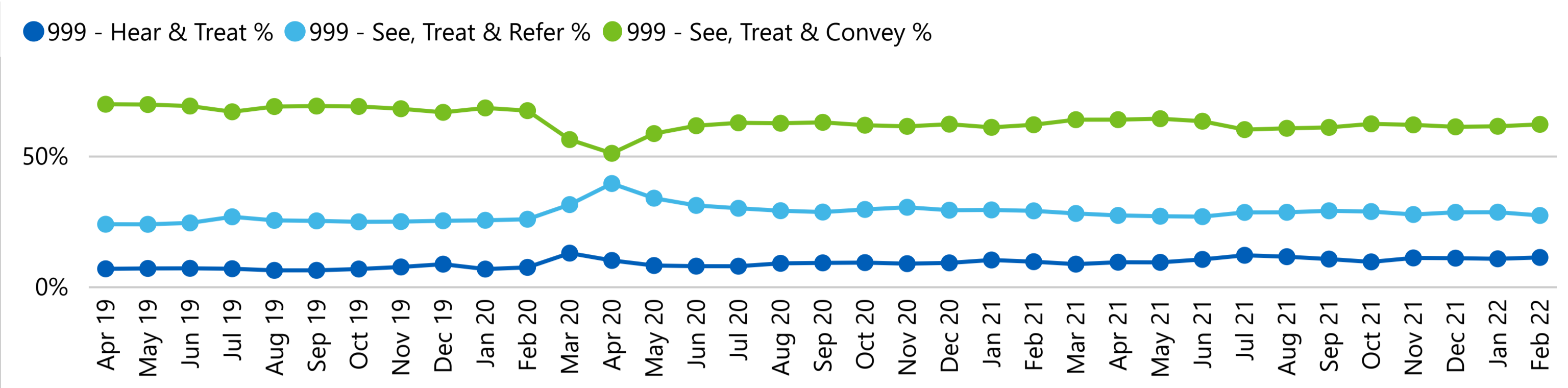


Patient Outcomes Summary

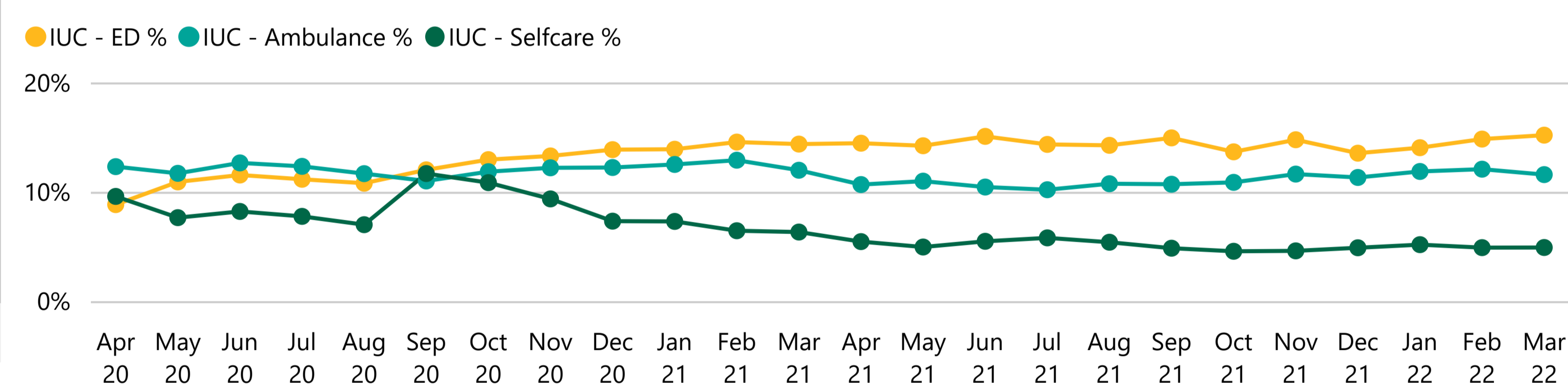
Outcomes Summary

| ShortName | Feb 21 | Jan 22 | Feb 22 |
|------------------------------|---------|--------|--------|
| 999 - Incidents (HT+STR+STC) | 62,524 | 67,986 | 63,628 |
| 999 - Hear & Treat % | 9.4% | 10.5% | 11.0% |
| 999 - See, Treat & Refer % | 28.8% | 28.3% | 27.1% |
| 999 - See, Treat & Convey % | 61.8% | 61.2% | 61.9% |
| 999 - Conveyance to ED % | 53.4% | 54.4% | 54.7% |
| 999 - Conveyance to Non ED % | 8.4% | 6.8% | 7.3% |
| IUC - Calls Triaged | 118,088 | | |
| IUC - ED % | 14.5% | 14.0% | 14.8% |
| IUC - ED outcome to A&E | 81.2% | 79.6% | 77.7% |
| IUC - ED outcome to UTC | 7.1% | 11.0% | 11.9% |
| IUC - Ambulance % | 12.9% | 11.9% | 12.1% |
| IUC - Selfcare % | 6.4% | 5.2% | 4.9% |
| IUC - Other Outcome % | 11.4% | 11.5% | 11.7% |
| IUC - Primary Care % | 53.7% | 55.9% | 54.9% |
| PTS - Demand (Journeys) | 56,819 | 57,587 | 67,476 |

999 Outcomes



IUC Outcomes



Commentary

999 -When comparing February 2022 against February 2021 in terms of incident outcome proportions within 999, the proportion of See, Treat & Refer has decreased by 2%, Hear & Treat has increased by 2% and See, Treat & Convey has increased by 0.1%. The proportion of incidents with conveyance to ED has increased by 1.2% from February 2021. In contrast, the proportion of incidents conveyed to non-ED has decreased by 1.1%.

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)

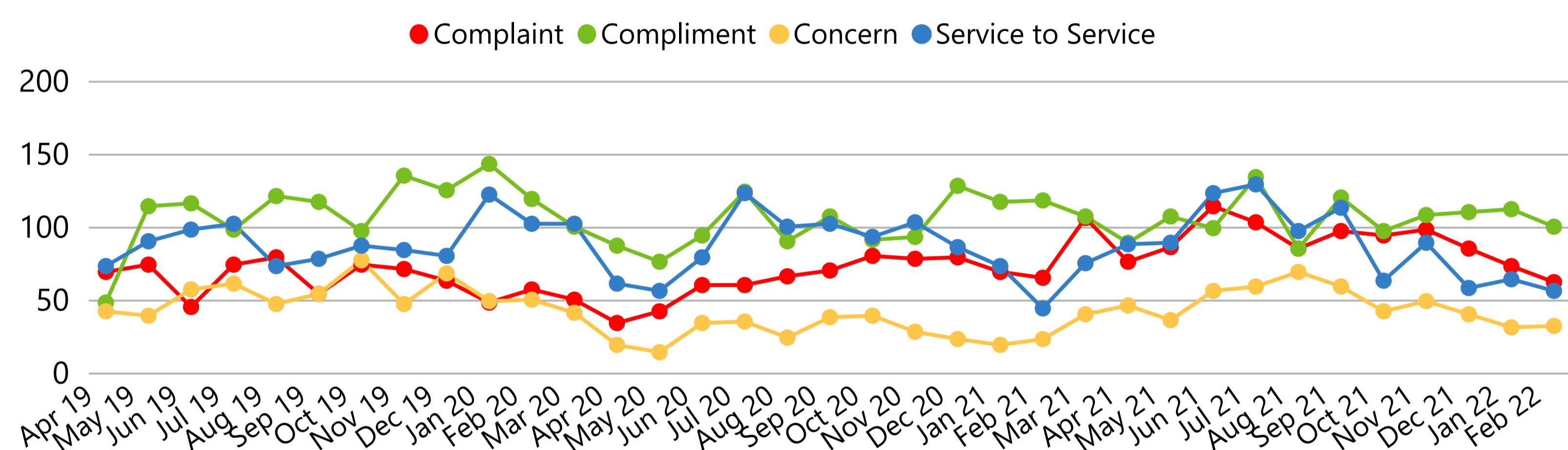
- A&E
- EOC
- IUC
- PTS
- YAS



Patient Relations

| Indicator | Feb 21 | Jan 22 | Feb 22 |
|--------------------|--------|--------|--------|
| Service to Service | 44 | 64 | 56 |
| Concern | 23 | 31 | 32 |
| Compliment | 118 | 112 | 100 |
| Complaint | 65 | 73 | 62 |

Complaints, Compliments, Concerns and Service to Service



YAS Compliance

| Indicator | Feb 21 | Jan 22 | Feb 22 |
|--------------------------|--------|--------|--------|
| % FOI Request Compliance | 100.0% | 94.7% | 93.9% |

YAS Comments

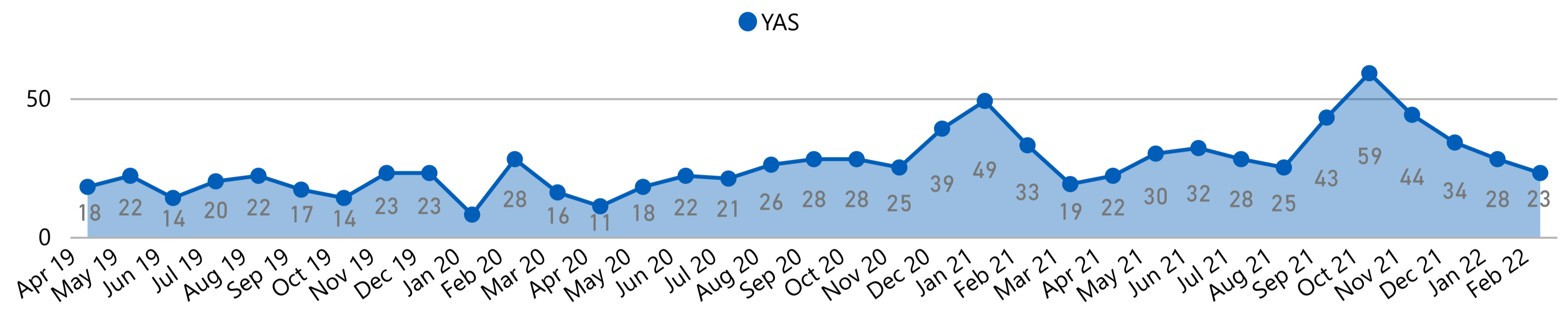
Patient Relations – further decrease in service to service from the high levels reported in July/August. Complaints remain stable, but are increasing in complexity. Compliments remain the highest reported element of 4Cs – which is very positive given the operational pressures the trust has been under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

FOI Compliance is consistently remaining above the target of 90%

Incidents

| Indicator | Feb 21 | Jan 22 | Feb 22 |
|------------------------------------|--------|--------|--------|
| All Incidents Reported | 812 | 702 | 709 |
| Medication Related | | | 99 |
| Moderate & Above Harm - Total | 33 | 28 | 23 |
| Number of duty of candour contacts | 4 | 10 | 5 |
| Number of RIDDORs Submitted | 1 | 1 | 1 |
| Serious | 5 | 11 | 4 |

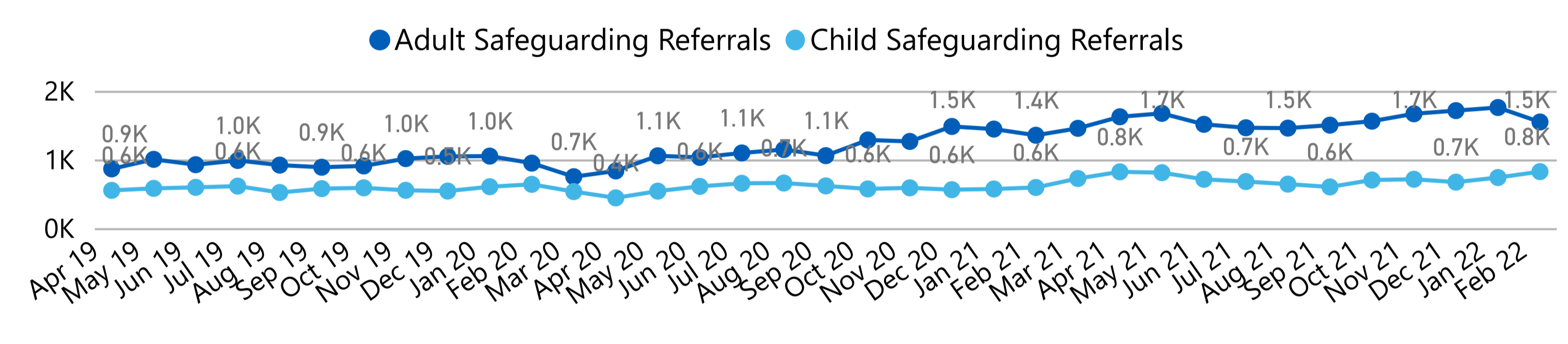
Incidents - Moderate and Above Harm



YAS Child and Adult Safeguarding

| Indicator | Feb 21 | Jan 22 | Feb 22 |
|------------------------------------------|--------|--------|--------|
| Adult Safeguarding Referrals | 1,353 | 1,757 | 1,546 |
| Child Safeguarding Referrals | 592 | 737 | 823 |
| % Trained Safeguarding for Children (L1) | 96.7% | 73.6% | 74.5% |
| % Trained Safeguarding for Children (L2) | 85.8% | 85.2% | 86.7% |
| % Trained Safeguarding for Adults (L1) | 95.9% | 72.1% | 73.1% |

Safeguarding Training



A&E Long Responses

| Indicator | Feb 21 | Jan 22 | Feb 22 |
|------------------------------|--------|--------|--------|
| 999 - C1 Responses > 15 Mins | 165 | 815 | 652 |
| 999 - C2 Responses > 80 Mins | 602 | 3,120 | 1,961 |

YAS Comments

Safeguarding adult and child – child and adult safeguarding referrals have risen in Jan 22.

Safeguarding training – level 2 training is above 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.

YAS IPC Compliance

| Indicator | Feb 21 | Jan 22 | Feb 22 |
|--------------------------------|--------|--------|--------|
| % Compliance with Hand Hygiene | 98.9% | 98.0% | 97.0% |
| % Compliance with Premise | 98.7% | 99.0% | 99.0% |
| % Compliance with Vehicle | 98.8% | 99.0% | 99.0% |

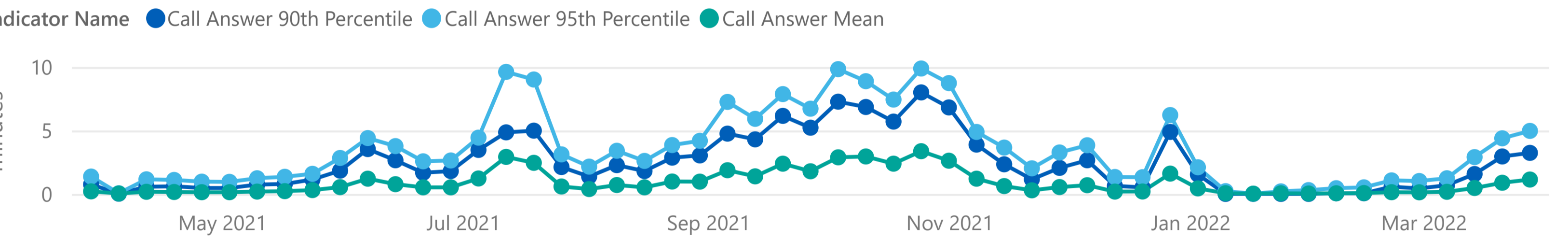
Patient Safety (Harm)

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. 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 | | | |
| 01 February 2022 | | | |

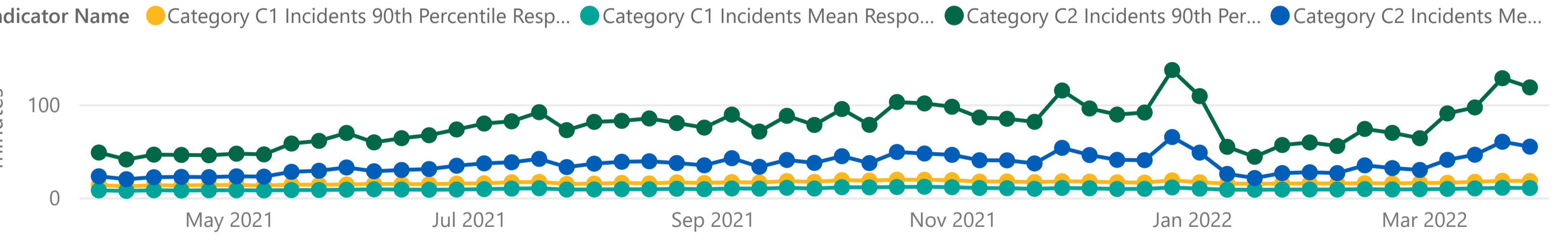
Call Answer Metrics (call data available from 7th September onwards)



Call Answer Metrics

| Indicator Name | Feb 21 | Jan 22 | Feb 22 |
|-----------------------------|----------|----------|----------|
| Call Answer 90th Percentile | 00:00:01 | 00:00:44 | 00:00:12 |
| Call Answer 95th Percentile | 00:00:19 | 00:01:48 | 00:00:42 |
| Call Answer Mean | 00:00:03 | 00:00:17 | 00:00:05 |

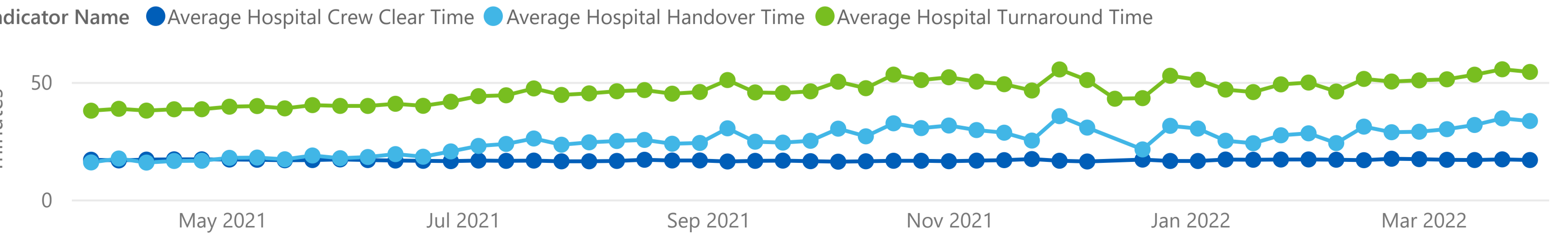
Response Metrics



Response Metrics

| Indicator Name | Feb 21 | Jan 22 | Feb 22 |
|-----------------------------------------------------|----------|----------|----------|
| Category C1 Incidents 90th Percentile Response Time | 00:12:10 | 00:15:45 | 00:15:13 |
| Category C1 Incidents Mean Response Time | 00:07:07 | 00:08:55 | 00:08:45 |
| Category C2 Incidents 90th Percentile Response Time | 00:44:40 | 01:13:03 | 01:03:41 |
| Category C2 Incidents Mean Response Time | 00:21:20 | 00:32:43 | 00:29:45 |

Hospital Turnaround Metrics



Hospital Turnaround Metrics

| Indicator Name | Feb 21 | Jan 22 | Feb 22 |
|----------------------------------|----------|----------|----------|
| Average Hospital Crew Clear Time | 00:16:24 | 00:16:48 | 00:17:04 |
| Average Hospital Handover Time | 00:16:29 | 00:26:54 | 00:27:50 |
| Average Hospital Turnaround Time | 00:37:55 | 00:48:25 | 00:49:16 |

Patient Clinical Effectiveness (Director Responsible Julian Mark)

Care Bundles (Last 3 Results)

| Indicator | Jan 21 | Feb 21 | Mar 21 | Apr 21 | May 21 | Jun 21 | Jul 21 | Aug 21 | Sep 21 | Oct 21 | Nov 21 |
|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Sepsis % | | | 84.0% | | | 85.0% | | | 87.0% | | |
| STEMI % | 61.0% | | | 68.0% | | | 66.0% | | | 73.0% | |
| Stroke % | | 96.0% | | | 96.0% | | | 97.0% | | | 93.0% |

Myocardial Ischaemia National Audit Project (MINAP)

| Indicator | Jun 21 | Jul 21 | Aug 21 | Sep 21 |
|-----------------------------------------------------------|--------|--------|--------|--------|
| Number of STEMI Patients | 101 | 132 | 128 | 118 |
| Call to Balloon Mins for STEMI Patients (Mean) | 136 | 144 | 150 | 151 |
| Call to Balloon Mins for STEMI Patients (90th Percentile) | 194 | 197 | 215 | 212 |

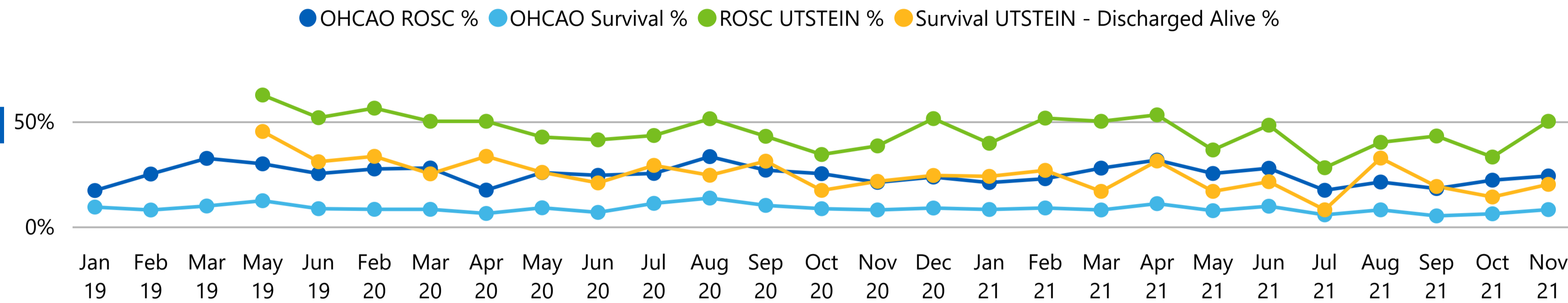
Sentinal Stroke National Audit Programme (SSNAP)

| Indicator | Aug 21 | Sep 21 | Oct 21 |
|--------------------------------|--------|--------|--------|
| Avg Time from call to hospital | 91 | 96 | 102 |
| Total Patients | 398 | 422 | 406 |

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 2020 to 86% in December 2021. Hospital pre- alert remains largely responsible for the majority of failures. It has been widely agreed that pre- alert is not appropriate for all sepsis patients & a national decision has been made to stop reporting this ACQI in summer 2022. 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.

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%. A further increase to 73% in October 2021 confirms this trend. Analgesia administration has been identified as the main cause of this variability with GTN lowering patient pain score on scene, negating analgesia requirement. A review of the Acute Coronary Syndrome pathway is underway as well as the technical guidance under which this measure is audited. Recording of two pain scores (pre & post analgesia) is also an contributing factor to care bundle failures. Further work is currently being undertaken by YAS clinical informatics & audit team to circulate these findings to front- line clinicians. Further review of the ACQIs by the national audit group also suggests that this element of the care bundle may be amended in the near future.

Stroke Care Bundle – Consistently 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. 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. National decision has been made to stop reporting of this ACQI measure in 2022.

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 is largely due to the current pandemic. Furthermore, survival rates for July, September, October & December 2021 (5%, 5%, 6% & 5% respectively) all sit below the previous rates for this time of year. This, again, has been attributed to the COVID- 19 pandemic.

Re-contacts with 72 hours has traditionally been difficult to monitor but as the number of patients matched to NHS numbers increases, this valuable data is now more readily available. There has been a small but steady increase in the number of patients being referred to alternative providers following the increase in non-conveyance pathways and with the exception of the peak of the pandemic, there has been no change in re-contact. The Safer Right Care, Right Place project aims to improve the safety of decision making and reduce avoidable conveyances.

Estates

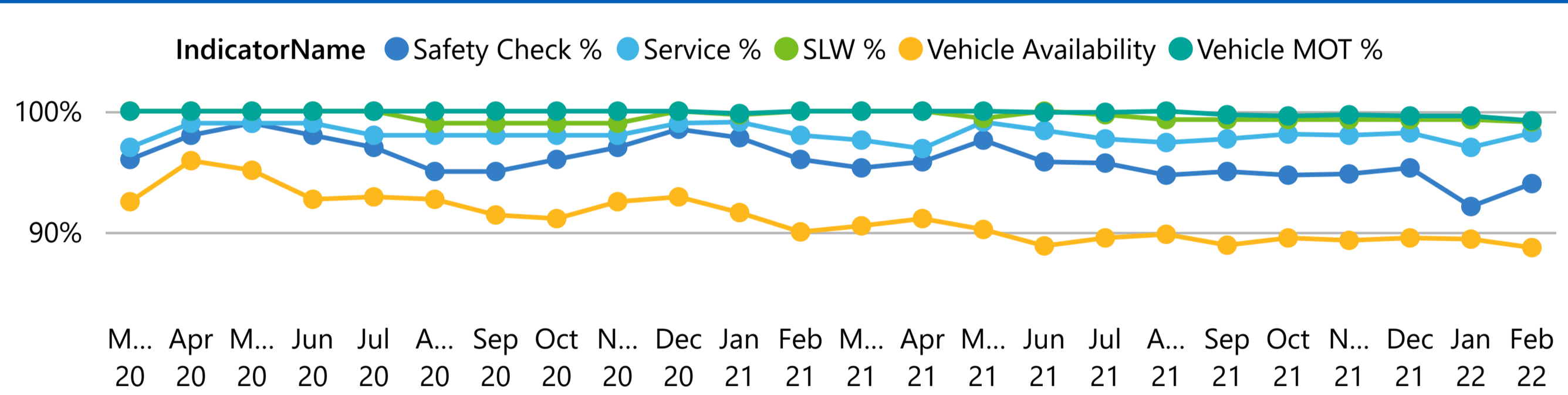
| Indicator | Feb 21 | Jan 22 | Feb 22 |
|--------------------------------------------|--------|--------|--------|
| P1 Emergency (2 HRS) | 100.0% | | 100.0% |
| P1 Emergency – Complete (<24Hrs) | 100.0% | 100.0% | 100.0% |
| P2 Emergency (4 HRS) | 93.7% | 91.1% | 87.8% |
| P2 Emergency – Complete (<24Hrs) | 74.6% | 84.4% | 75.5% |
| Planned Maintenance Complete | 92.9% | 99.1% | 98.6% |
| P6 Non Emergency - Attend within 2 weeks | 83.0% | 82.4% | 80.0% |
| P6 Non Emergency - Complete within 4 weeks | 59.2% | 79.4% | 57.5% |

Estates Comments

Requests for reactive work/repairs on the Estate totalled 280 jobs for the month of February which is a slight reduction against the previous month where 307 requests were received. SLA figures continue to be good with, delay on parts prevents the completion in all cases. The overall attendance and completion for all works against a variable SLA is 92% and 85% respectively.

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 98% and 97% respectively for attendance and 91% and 93% for completion. First Day First on all categories is 74%. Planned Maintenance activity on the Estate carried out by our service provider to attended to Statutory, mandatory and routine maintenance is recorded at 98% completion for February.

999 Fleet



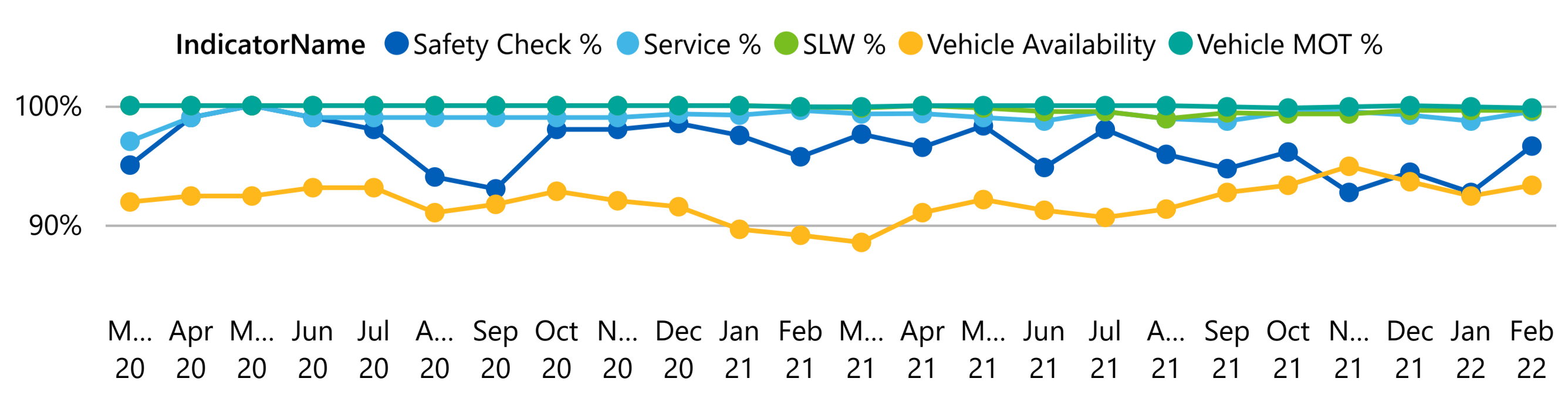
999 Fleet Age

| IndicatorName | Jan 22 | Feb 22 |
|-----------------|--------|--------|
| Vehicle age +7 | 9.9% | 10.1% |
| Vehicle age +10 | 0.4% | 0.4% |

PTS Age

| IndicatorName | Jan 22 | Feb 22 |
|-----------------|--------|--------|
| Vehicle age +7 | 8.6% | 8.6% |
| Vehicle age +10 | 2.2% | 2.9% |

PTS Fleet



Fleet Comments

Vehicle maintenance compliance has improved in both A&E and PTS fleets throughout February, the Fleet department continues the good work to ensure this is at a satisfactory level.

Age profile remains steady with new A&E Double Crew Ambulance vehicles currently being commissioned through to the end of March.

The rolling Vehicle availability remains at 91% for both A&E and PTS, although February has seen a slight drop on A&E to 88.7% with an increase in PTS to 93.3%. The Fleet department work continuously with Operational departments to ensure rotas are matched to vehicles.

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 a 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 | |
| QS27 | Serious (Verified) | int | |
| QS28 | Moderate & Above Harm (Verified) | int | |
| QS29 | Patient Incidents | int | |

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 |