Integrated Performance Report

March 2022

Published 19th April 2022
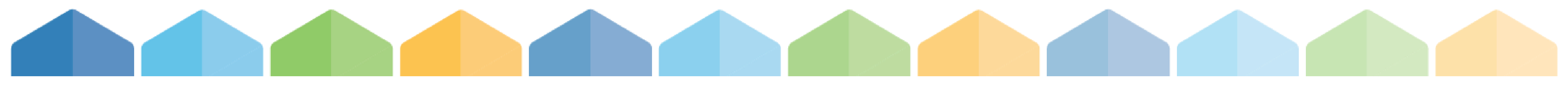
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Strategy, Ambitions & Key Priorities

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.

999 IPR Key Exceptions - March 22

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:28	H	
999 - Answer 95th Percentile		00:02:45	H	
999 - C1 Mean (T <7Mins)	00:07:00	00:09:42	H	F
999 - C1 90th (T <15Mins)	00:15:00	00:16:52	H	F
999 - C2 Mean (T <18mins)	00:18:00	00:46:41	H	F
999 - C2 90th (T <40Mins)	00:40:00	01:41:56	H	F
999 - C3 Mean (T - <1Hr)	01:00:00	02:33:59	H	F
999 - C3 90th (T -<2Hrs)	02:00:00	06:15:59	H	F
999 - C4 90th (T < 3Hrs)	03:00:00	07:11:15	H	F
999 - C1 Responses > 15 Mins		1,150	H	
999 - C2 Responses > 80 Mins		6,495	H	
999 - Job Cycle Time		01:52:04	H	
999 - Avg Hospital Turnaround	00:30:00	00:53:03	H	F
999 - Avg Hospital Handover		00:31:43		
999 - Avg Hospital Crew Clear		00:16:56		
999 - Average Hospital Notify Time		00:05:45		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer: The mean call answer increased by 23 seconds when compared to February and is also 23 seconds longer than March 2021. The variance to forecast from offered calls was 12.1% above forecast. The tail end of call answer times shown in the percentiles increased sharply in March following a steadily decreasing trend since October 2021.

Cat 1-4 Performance: No national performance targets were met in March. Performance times for all categories remain exceptionally high. Compared to February, the Category 1 mean and 90th percentile performance times were increased by 58 seconds and 1 minute 39 seconds, respectively. Abstractions were 1.5% lower than forecast for March, though increasing 2.4% from February. Weekly staff hours have fallen compared to February by almost 4,150 hours per week. DCA Jobs times have lengthened by 42 seconds compared to February. This has contributed to overall availability reducing by 1.4% from January and was reflected in worsened performance. Compared to March 2021, abstractions are up by 3.7% and availability is down by 3.5%.

Responses Tail (C1 and C2): The number of Cat1 responses greater than 90th percentile target increased sharply in March by 76.4% when compared to February. This is an increase of 324.4% when compared to March 2021. The number of Cat2 responses greater than 2x 90th percentile target also increased in March, with a 231.2% increase compared to February and 876.7% increase when compared to March 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 approximately 2 minutes longer than in February and 13 minutes longer than in March 2021.

Hospital: Average hospital turnaround times for March remain high, increasing by over 3 and a half minutes from February to the highest they have been in March. Average turnarounds are now 23 minutes above target and just over 15 minutes longer than they were in March 2021. Average Crew Clear has increased recently, with some weeks in March increasing to just above the upper limit of expected values. However, recent increases in turnaround times have been primarily driven by long handover times. The average handover time in March was almost 4 minutes longer than in February at almost 32 minutes. The number of incidents with conveyance to ED is 8.7% higher than February (although it should be noted the February is a shorter month) but 2.7% below March last year.

IUC and PTS IPR Key Indicators - Mar 22

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		130,037	H	
IUC - Calls Abandoned	3.0%	13.5%	H	F
IUC - Answered in 60 Secs	90.0%	33.0%	L	F
IUC - Call back in 1 Hour	60.0%	45.6%		F
IUC - Core Clinical Advice	30.0%	22.7%	L	F
IUC - Booking ED	70.0%	34.0%	H	F
IUC - ED Validations %	50.0%	40.7%		F
IUC - 999 Validations 30 mins %	50.0%	90.4%		P

Indicator	Target	Actual	Variance	Assurance
PTS - Arrive at Appointment Time	90.0%	89.1%		F
PTS - Answered < 180 Secs	90.0%	44.4%	L	F
PTS - Journeys < 120Mins	90.0%	99.5%		P
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	91.4%		P
PTS - % Short notice - Pickup < 120 mins	90.8%	87.0%		F

IUC Exceptions - Comments (Director Responsible - Karen Owens)

YAS received 150,417 calls in March, -4.3% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in March, 130,037 calls (86.5%) were answered, 7.2% less than were answered in February, and -8.5% lower than the number of calls answered in March 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 dropped in March to 33.0%, compared to February's 50.7%. Average speed to answer in March was 376 seconds, up 209 seconds from February and still significantly higher than the national target of <20 seconds. Similarly, abandoned calls were 13.5% this month, above the 3% target and 6.0% higher from February'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 45.6%, below the 60% target and slightly lower than 46.7% in February. Core clinical advice was 22.7%, down from 23.2% in February. 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 90.4% in March, whilst performance for overall validations was 99.7%, with around 11,100 cases validated overall.

ED validation performance was 40.7% for March, -4.7% lower than February. 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. 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. Previous analysis showed that if cases now going to UTCs that would have gone to validation previously were no longer included in the denominator for the validation calculation, YAS would have met and exceeded the 50% target every month this year.

PTS Exceptions - Comments (Director Responsible - Karen Owens)

Total Demand was 78,867 in March; a 16.9% increase on the previous month. (see more on Demand 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. PTS Short Notice outwards KPI was 87.0% in March, which is under target. Performance ended the year strongly, with the final 3 months of the year performing above the levels seen in the preceding 9 months. Final YTD figure was below target at 85.0%.

Covid Demand was 2,170 in March, which is a 42.9% increase on February. This follows 6 consecutive weekly increases in covid demand. Calls Answered in 180 % saw a further decrease in March (-14.8%). Telephony Performance over the past couple of months has returned to levels seen in 2021 after a spike in performance during January. Final YTD figure was below target at 58.8%. Online staffing was on average 6 FTE under requirement. Total calls offered was above forecast (+6.6%) after a 1.6% increase in call volume: 20.7% higher than the same month last year
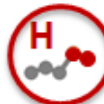
Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		755		
Serious		3		
Moderate and Above Harm		26		
Service to Service		76		
Adult Safeguarding Referrals		1,626	(H)	
Child Safeguarding Referrals		880	(H)	

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) %		11.9%	(H)	
Sickness - Total % (T-5%)	5.0%	11.2%	(H)	(F)
Special Leave		1.5%	(H)	
PDR / Staff Appraisals % (T-90%)	90.0%	48.7%	(L)	(F)
Stat & Mand Training (Fire & IG) 1Y	90.0%	87.6%		(F)
Stat & Mand Training (Core) 3Y	90.0%	79.7%	(L)	(F)
Stat & Mand Training (Face to Face)	90.0%	71.4%		(F)

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

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

Name	Mar 21	Feb 22	Mar 22
FTE in Post %	99.2%	89.6%	89.0%
Turnover (FTE) %	8.3%	11.1%	11.9%
Vacancy Rate %	0.8%	10.5%	11.0%
Apprentice %	6.2%	7.8%	7.8%
BME %	6.0%	6.3%	6.4%
Disabled %	3.2%	4.1%	4.2%
Sickness - Total % (T-5%)	7.5%	10.0%	11.2%
Special Leave	3.8%	1.2%	1.5%
PDR / Staff Appraisals % (T-90%)	72.9%	49.3%	48.7%
Stat & Mand Training (Fire & IG) 1Y	86.1%	86.4%	87.6%
Stat & Mand Training (Core) 3Y	96.6%	78.9%	79.7%
Stat & Mand Training (Face to Face)	66.6%	72.5%	71.4%
Stat & Mand Training (Safeguarding L2 +)	86.0%	89.2%	90.5%

YAS Commentary

FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 11%. Turnover is at 11.9%. Both these are gradually increasing with the main area of concern remaining in our call centres (IUC has increased by 2% to 39.3%). Dedicated recruitment and retention work within our call centres continues to progress well.

Sickness - Sickness has increased significantly to 11.2%, causing performance concerns across the Trust. This can mainly be attributed to the rise in covid cases amongst our communities. The EOC/111 transformation teams have specific work streams regarding health and wellbeing.

PDR - Rates at 48.7%. Given continued pressures this has dropped slightly from Feb to Mar at Trust level. However, PTS and IUC have 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 in all categories, apart from face-to-face training. Staff are being encouraged to get all eLearning completed and the Trust has agreed an approach to achieve compliance within the next six months for all eLearning.

Sickness Benchmark for Last Month

IUC	EOC	PTS	Trust	A&E	Other
15.3%	15.0%	11.6%	11.2%	11.2%	5.8%

PDR Benchmark for Last Month

PTS	IUC	Trust	A&E	Other	EOC
81.1%	72.2%	48.7%	44.4%	33.1%	30.9%

Sickness

Legend: Sickness - Long Term | Sickness - Short Term

	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Short Term	4.6%	3.8%						3.0%		4.1%		4.5%			3.1%			3.8%	4.3%	4.2%		6.8%		4.8%		
Long Term	3.6%	3.9%		4.2%		3.5%		4.0%		4.1%		4.3%	4.0%			5.3%	5.4%		6.3%			5.3%				

PDR - Target 90%

Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
74.6%	71.6%		64.6%			69.5%		70.8%		72.0%		70.5%			76.2%		73.8%	66.9%		59.3%		51.5%		51.3%	48.7%	

YAS Finance Summary (Director Responsible Kathryn Vause- Mar 22)

Overview - Unaudited Position

Overall: The Trust has a year to date surplus at month 12 of £8.5m (£7.8m for ICS reporting after the gains on disposals and impairements are removed).

Capital: YTD expenditure was lower than plan due to unavoidable production and delivery delays in 2021/22.

Cash: As at the end of March the Trust had £75.9m 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	£8,527	£7,952
Cash	£0	£75,927	£75,927
Capital	£14,124	£11,908	-£2,216

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	2022-03
Surplus/ (Deficit)	£637	£7	-£392	-£7	-£104	£75	£1,208	£118	£6,647	£503	-£165
Cash	£66,696	£67,971	£69,166	£72,812	£72,787	£74,752	£75,312	£78,557	£78,963	£85,290	£75,927
Capital	£107	£140	£267	£266	£205	£63	£296	£1,195	£851	£461	£8,057

Patient Demand Summary

Demand Summary

ShortName	Mar 21	Feb 22	Mar 22
999 - Incidents (HT+STR+STC)	69,951	63,628	71,785
999 - Increase - Previous Month	11.9%		
999 - Increase - Same Month Last Year	-4.2%		
IUC - Call Answered	142,753	121,251	130,037
IUC - Increase - Previous Month	15.4%	-9.8%	7.2%
IUC - Increase Same Month Last Year	-8.1%	-2.0%	-8.9%
IUC - Calls Answered Above Ceiling	-10.1%		-18.9%
PTS - Demand (Journeys)	66,815	67,476	78,867
PTS - Increase - Previous Month	17.6%	17.2%	16.9%
PTS - Same Month Last Year	4.8%	18.8%	18.0%

Click information button for Monthly Table View ⓘ

Commentary

999 - At Scene Response demand is 12.5% lower than forecasted levels for March. All Response Demand (STR + STC +HT) is 12.8% up on February (although February was a short month) and this was the highest response demand since August 2021, higher than that seen over winter. Compared to March 2021 this was 2.6% higher this year.

IUC - YAS received 150,417 calls in March, -4.3% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in March, 130,037 calls (86.5%) were answered, 7.2% less than were answered in February, and -8.5% lower than the number of calls answered in March 2021. Throughout 2021/22 YAS received 1,964,057 calls, this was 7.3% above baseline. Of the calls offered, calls answered for 2021/22 were 1,669,087, -8.8% below baseline.

PTS - Total Demand was 78,867 in March; a 16.9% increase on the previous month. Demand numbers were lower during January and February, however March's demand compares with pre-covid levels, being the highest demand since Oct-19. The general trend of increased demand has continued, with demand in March 18.0% above the same month last year, which equates to an increase of c12,000 journeys. We have seen demand increase significantly over the course of the financial year; the final figure for total demand in 2021-22 was 842,147 which is a 28.3% increase on 2020-21.

Overall Calls and Demand

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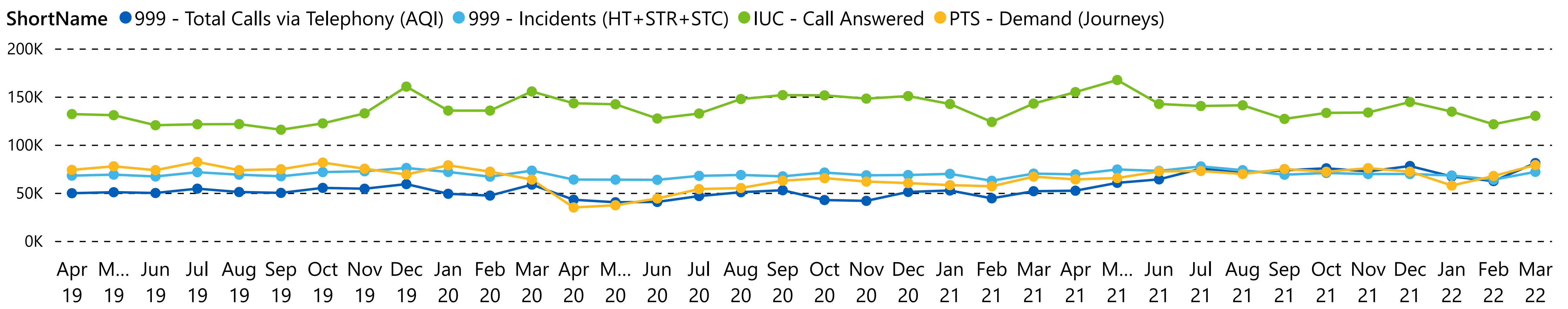
Patient Outcomes Summary

Outcomes Summary

ShortName	Mar 21	Feb 22	Mar 22
999 - Incidents (HT+STR+STC)	69,951	63,628	71,785
999 - Hear & Treat %	8.4%	11.0%	13.7%
999 - See, Treat & Refer %	27.8%	27.1%	27.0%
999 - See, Treat & Convey %	63.7%	61.9%	59.4%
999 - Conveyance to ED %	55.5%	54.7%	52.6%
999 - Conveyance to Non ED %	8.2%	7.3%	6.7%
IUC - Calls Triaged	135,180		
IUC - ED %	14.4%	14.8%	15.2%
IUC - ED outcome to A&E	82.5%	77.7%	78.4%
IUC - ED outcome to UTC	7.1%	11.9%	11.7%
IUC - Ambulance %	12.0%	12.1%	11.6%
IUC - Selfcare %	6.3%	4.9%	4.9%
IUC - Other Outcome %	11.4%	11.7%	11.5%
IUC - Primary Care %	54.9%	54.9%	55.4%
PTS - Demand (Journeys)	66,815	67,476	78,867

999 Outcomes

Legend: 999 - Hear & Treat %, 999 - See, Treat & Refer %, 999 - See, Treat & Convey %

IUC Outcomes

Legend: IUC - ED %, IUC - Ambulance %, IUC - Selfcare %
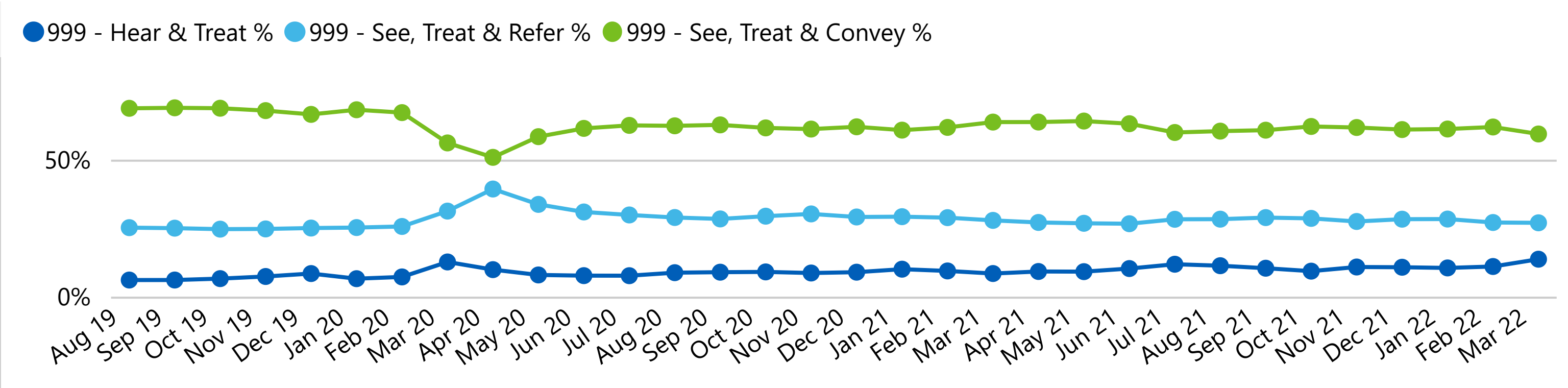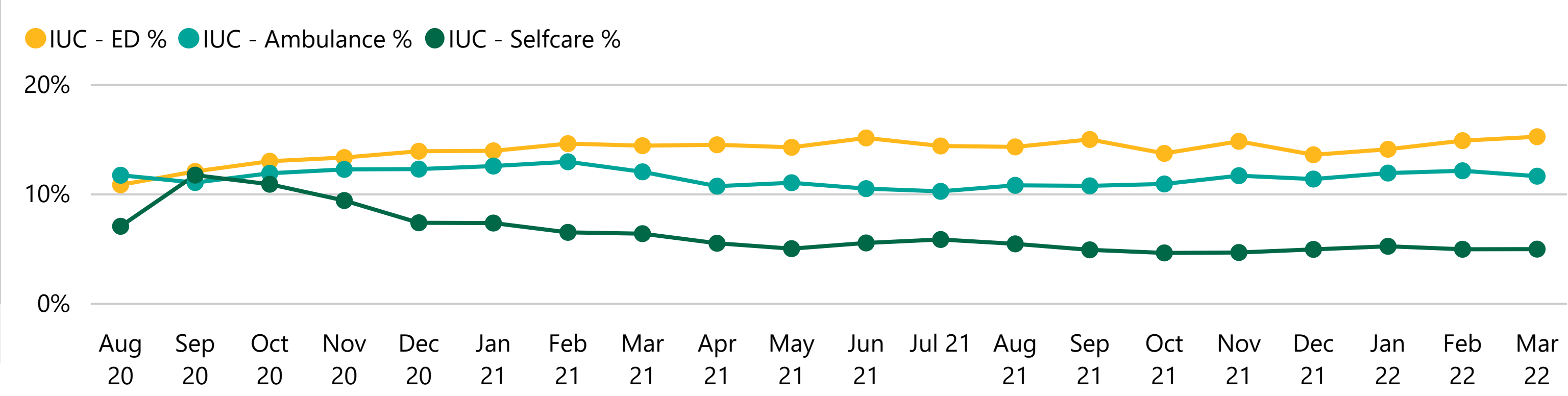
Commentary

999 - When comparing March 2022 against March 2021 in terms of incident outcome proportions within 999, the proportion of See, Treat & Refer has decreased by 0.9%, Hear & Treat has increased by 5.2% and See, Treat & Convey has decreased by 4.3%. The proportion of incidents with conveyance to ED has decreased by 2.9% from March 2021 and the proportion of incidents conveyed to non-ED has decreased by 1.4%.

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	Mar 21	Feb 22	Mar 22
Complaint	106	62	87
Compliment	107	100	99
Concern	40	32	26
Service to Service	75	56	76

Complaints, Compliments, Concerns and Service to Service
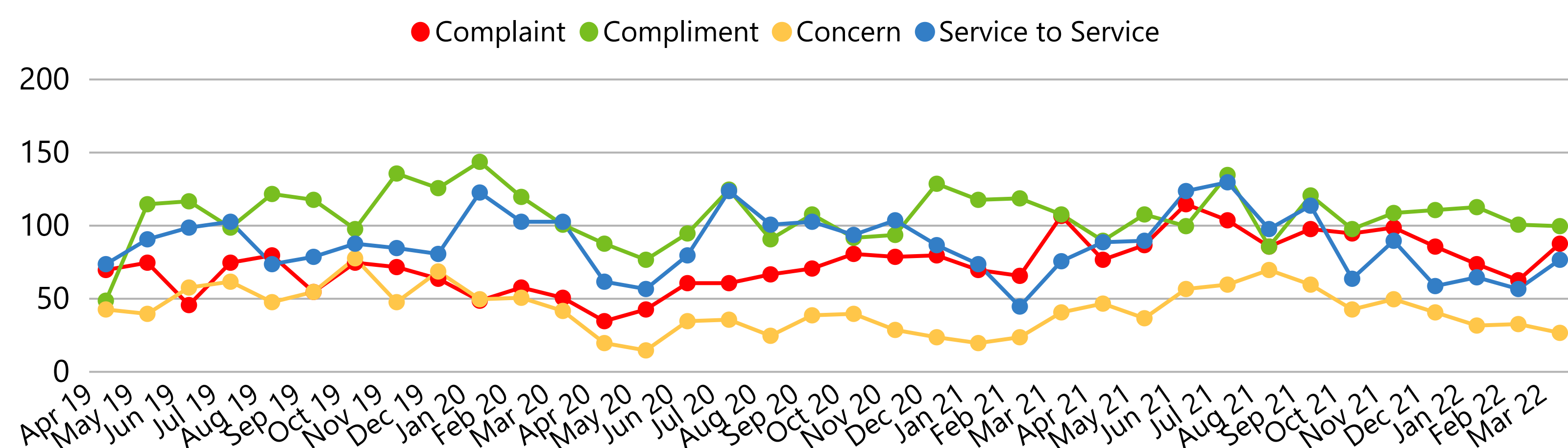
YAS Compliance

Indicator	Mar 21	Feb 22	Mar 22
% FOI Request Compliance	100.0%	93.9%	95.0%

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%

Patient Safety - Quality (Director Responsible - Clare Ashby)

NHS
Yorkshire Ambulance Service
NHS Trust

Incidents

Indicator	Mar 21	Feb 22	Mar 22
All Incidents Reported	827	709	755
Medication Related	42	99	
Moderate & Above Harm - Total	19	23	26
Number of duty of candour contacts	9	5	4
Number of RIDDORs Submitted	6	1	5
Serious	9	4	3

Incidents - Moderate and Above Harm

● YAS

Values (Apr 19 – Mar 22): 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, 28, 23, 26
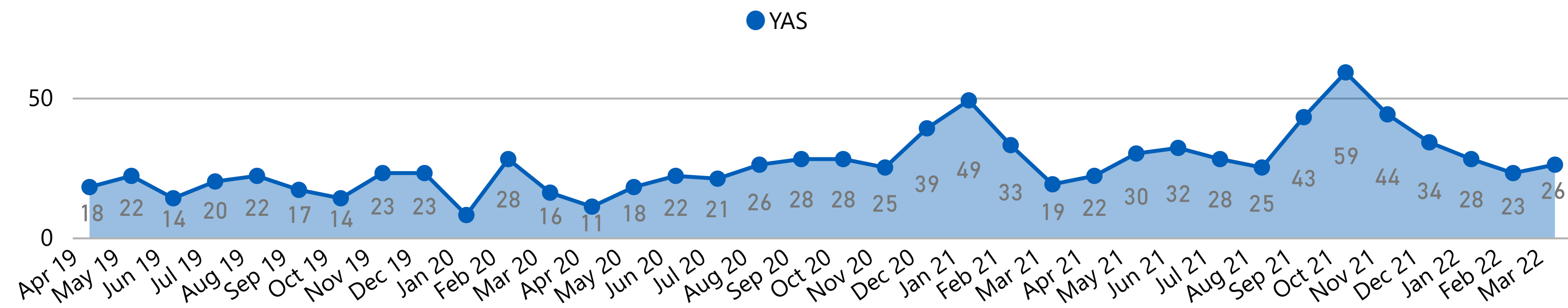
YAS Child and Adult Safeguarding

Indicator	Mar 21	Feb 22	Mar 22
Adult Safeguarding Referrals	1,454	1,546	1,626
Child Safeguarding Referrals	723	823	880
% Trained Safeguarding for Children (L1)	96.8%	74.5%	73.6%
% Trained Safeguarding for Children (L2)	84.7%	86.7%	88.4%
% Trained Safeguarding for Adults (L1)	95.8%	73.1%	72.2%

Safeguarding Training

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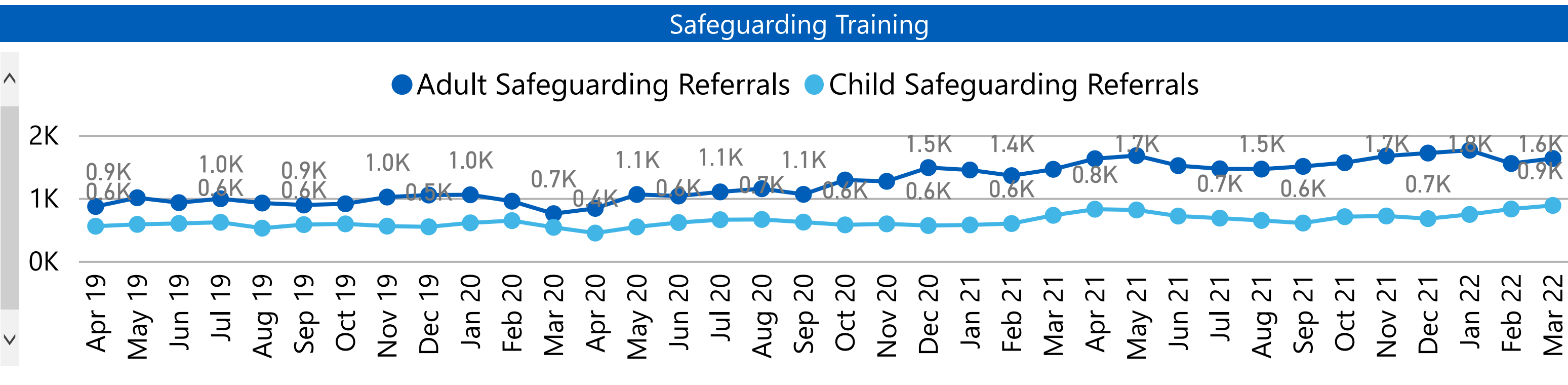
A&E Long Responses

Indicator	Mar 21	Feb 22	Mar 22
999 - C1 Responses > 15 Mins	271	652	1,150
999 - C2 Responses > 80 Mins	665	1,961	6,495

YAS IPC Compliance

Indicator	Mar 21	Feb 22	Mar 22
% Compliance with Hand Hygiene	99.0%	97.0%	99.0%
% Compliance with Premise	98.3%	99.0%	97.0%
% Compliance with Vehicle	99.1%	99.0%	99.0%

YAS Comments

Safeguarding adult and child – child and adult safeguarding referrals have risen in March 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.

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
18 November 2021			
01 February 2022			

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

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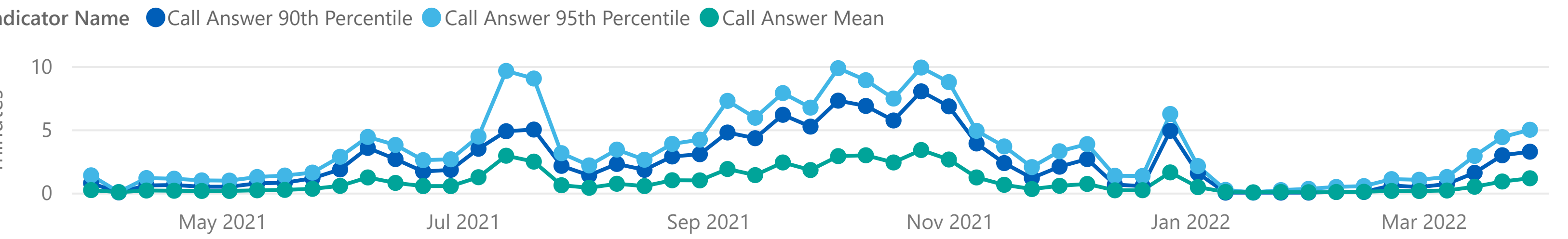
Call Answer Metrics

Indicator Name	Mar 21	Feb 22	Mar 22
Call Answer 90th Percentile	00:00:07	00:00:12	00:01:35
Call Answer 95th Percentile	00:00:38	00:00:42	00:02:45
Call Answer Mean	00:00:05	00:00:05	00:00:28

Response Metrics

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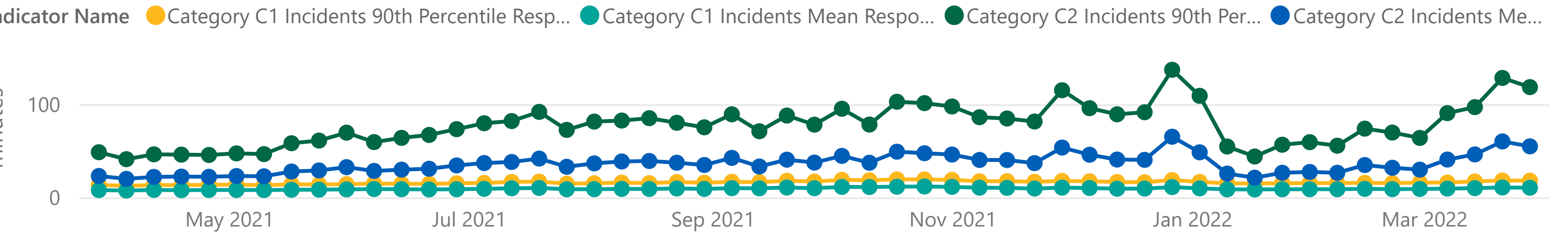
Response Metrics

Indicator Name	Mar 21	Feb 22	Mar 22
Category C1 Incidents 90th Percentile Response Time	00:12:34	00:15:13	00:16:52
Category C1 Incidents Mean Response Time	00:07:20	00:08:45	00:09:42
Category C2 Incidents 90th Percentile Response Time	00:44:26	01:03:41	01:41:56
Category C2 Incidents Mean Response Time	00:21:19	00:29:45	00:46:41

Hospital Turnaround Metrics

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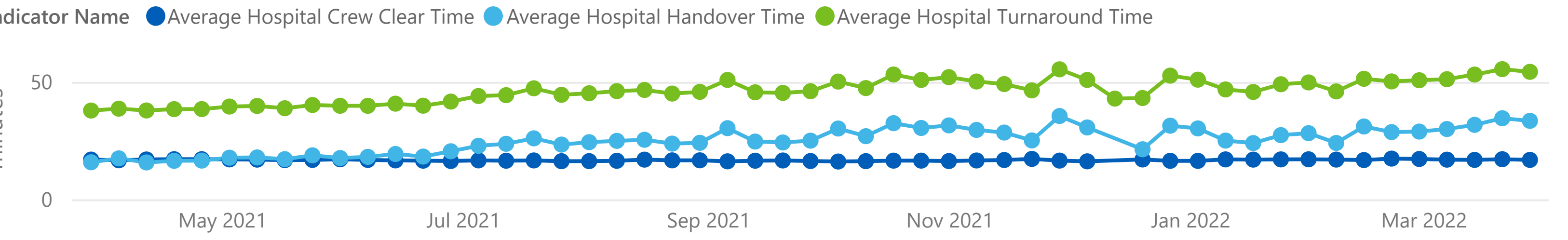
Hospital Turnaround Metrics

Indicator Name	Mar 21	Feb 22	Mar 22
Average Hospital Crew Clear Time	00:16:31	00:17:04	00:16:56
Average Hospital Handover Time	00:16:26	00:27:50	00:31:43
Average Hospital Turnaround Time	00:37:59	00:49:16	00:53:03

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
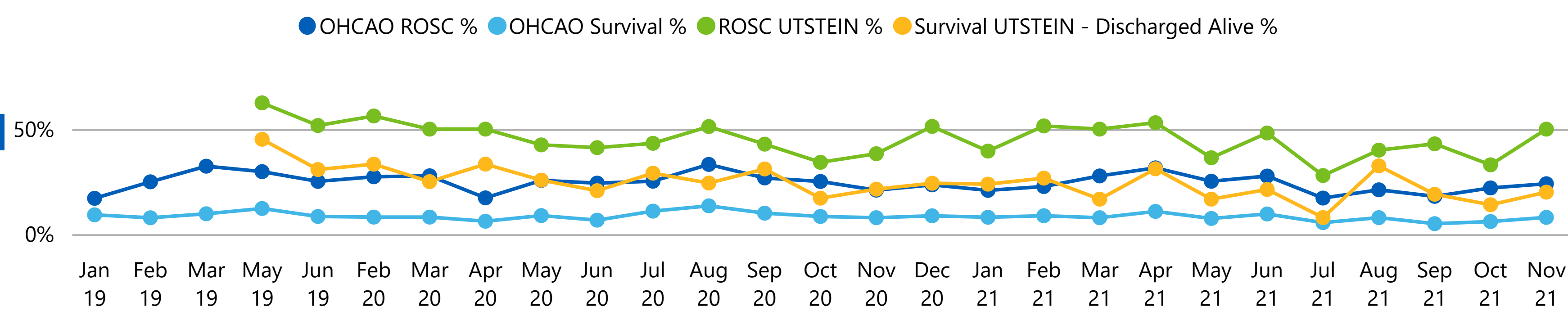
Sepsis Care Bundle – Data evidences increase in care bundle compliance from 78% in December 2020 to 86% in December 2021. Hospital pre- alert remains largely responsible for the majority of failures. It has been widely agreed that pre- alert is not appropriate for all sepsis patients & a national decision 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 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. 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.

Fleet and Estates

Estates

Indicator	Mar 21	Feb 22	Mar 22
P1 Emergency (2 HRS)	100.0%	100.0%	100.0%
P1 Emergency – Complete (<24Hrs)	75.0%	100.0%	88.9%
P2 Emergency (4 HRS)	83.3%	87.8%	94.6%
P2 Emergency – Complete (<24Hrs)	64.6%	75.5%	83.6%
Planned Maintenance Complete	99.6%	98.6%	99.4%
P6 Non Emergency - Attend within 2 weeks	90.8%	80.0%	91.7%
P6 Non Emergency - Complete within 4 weeks	78.2%	57.5%	75.0%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 317 jobs for the month of March which is increase against the previous month where 280 request were received. SLA figures continue to be good with, delay on parts prevents the completion.. 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 83% & 90% 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 100% completion for March.

999 Fleet
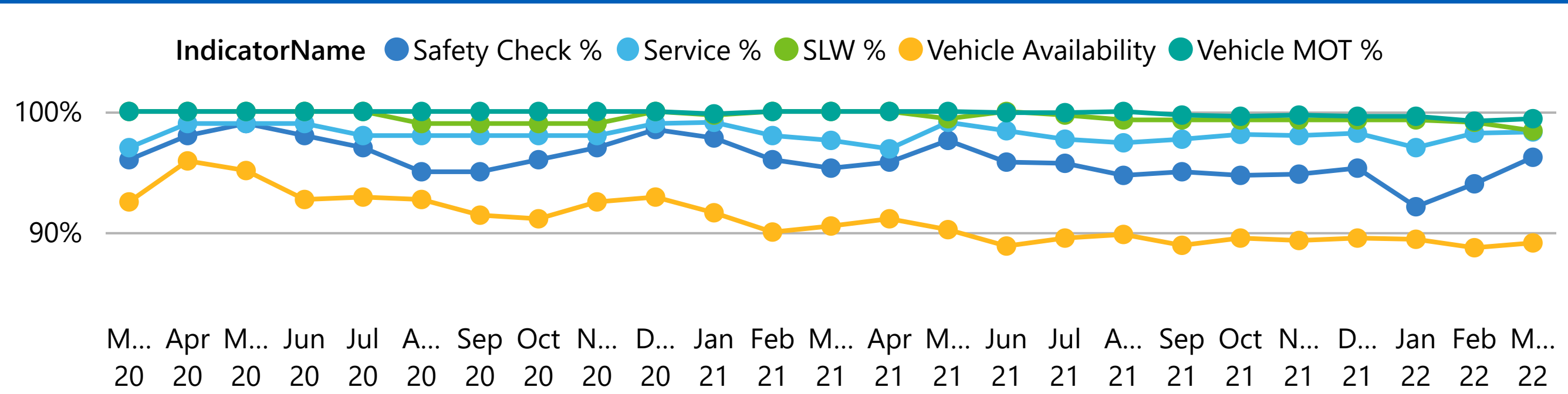
999 Fleet Age

IndicatorName	Feb 22	Mar 22
Vehicle age +7	10.1%	10.1%
Vehicle age +10	0.4%	0.4%

PTS Age

IndicatorName	Feb 22	Mar 22
Vehicle age +7	8.6%	8.6%
Vehicle age +10	2.9%	2.9%
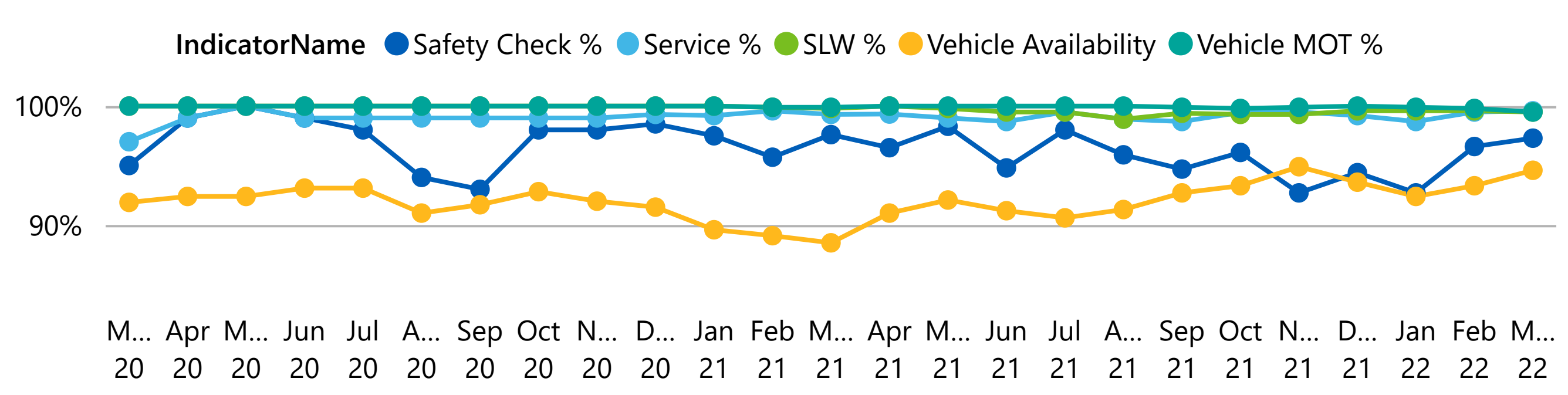
Fleet Comments

Vehicle availability has improved slightly in both A&E and PTS in March from the previous month. Routine Maintenance compliance remains high with the variance to target being vehicles that are currently VOR and undergoing repair. Age profile remains static with orders for 64 DCA and 109 RRV in progress and due to arrive in Q2 through Q3 this financial years.

PTS Fleet

Glossary - Indicator Descriptions (A&E)

A&E

mID	ShortName	IndicatorType	AQIDescription
AMB01	999 - Total Calls via Telephony (AQI)	int	Count of all calls answered.
AMB07	999 - Incidents (HT+STR+STC)	int	Count of all incidents.
AMB59	999 - C1 Responses > 15 Mins	int	Count of Cat 1 incidents with a response time greater than the 90th percentile target.
AMB60	999 - C2 Responses > 80 Mins	int	Count of Cat 2 incidents with a response time greater than 2 x the 90th percentile target.
AMB56	999 - Face to Face Incidents (STR + STC)	int	Count of incidents dealt with face to face.
AMB17	999 - Hear and Treat (HT)	int	Count of incidents not receiving a face-to-face response.
AMB53	999 - Conveyance to ED	int	Count of incidents with any patients transported to an Emergency Department (ED), including incidents where the department transported to is not specified.
AMB54	999 - Conveyance to Non ED	int	Count of incidents with any patients transported to any facility other than an Emergency Department.
AMB55	999 - See, Treat and Refer (STR)	int	Count of incidents with face-to-face response, but no patients transported.
AMB75	999 - Calls Abandoned	int	Number of calls abandoned
AMB74	999 - Calls Answered	int	Number of calls answered
AMB72	999 - Calls Expected	int	Number of calls expected
AMB76	999 - Duplicate Calls	int	Number of calls for the same issue
AMB73	999 - Calls Offered	int	Number of calls offered
AMB00	999 - Total Number of Calls	int	The count of all ambulance control room contacts.
AMB88	999 - Calls Answered Under 2 Minutes %	percent	The proportion of calls answered in 2 minutes

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	
QS26	Moderate and Above Harm (Per 1K Incidents)	int	
QS27	Serious (Verified)	int	
QS28	Moderate & Above Harm (Verified)	int	
QS29	Patient Incidents	int	
QS30	Patient Incidents (verified)	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