



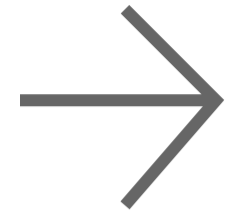
Integrated Performance Report

June 2022

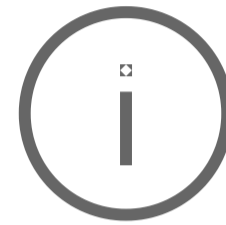
Published 21st July 2022



Key Buttons



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



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

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

Menu

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

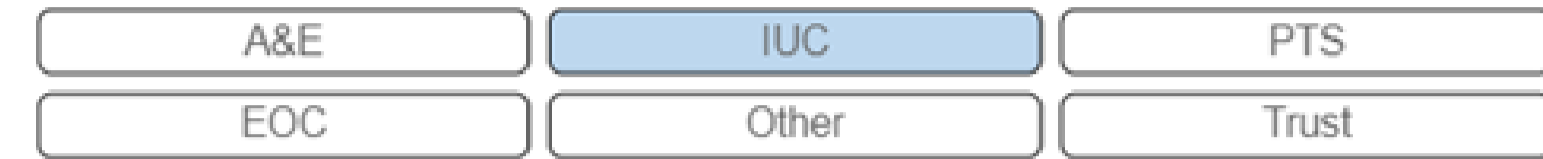
Reset Filters

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



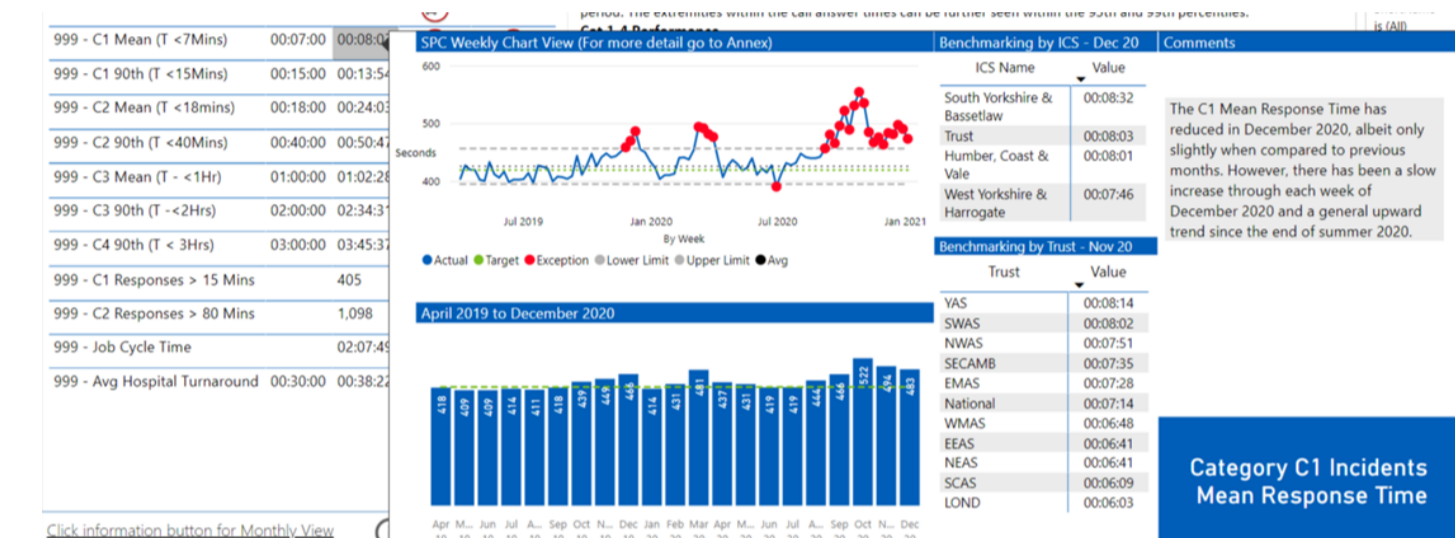
Key Buttons

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



Hover Over Visuals

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



Exceptions, Variation and Assurance

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

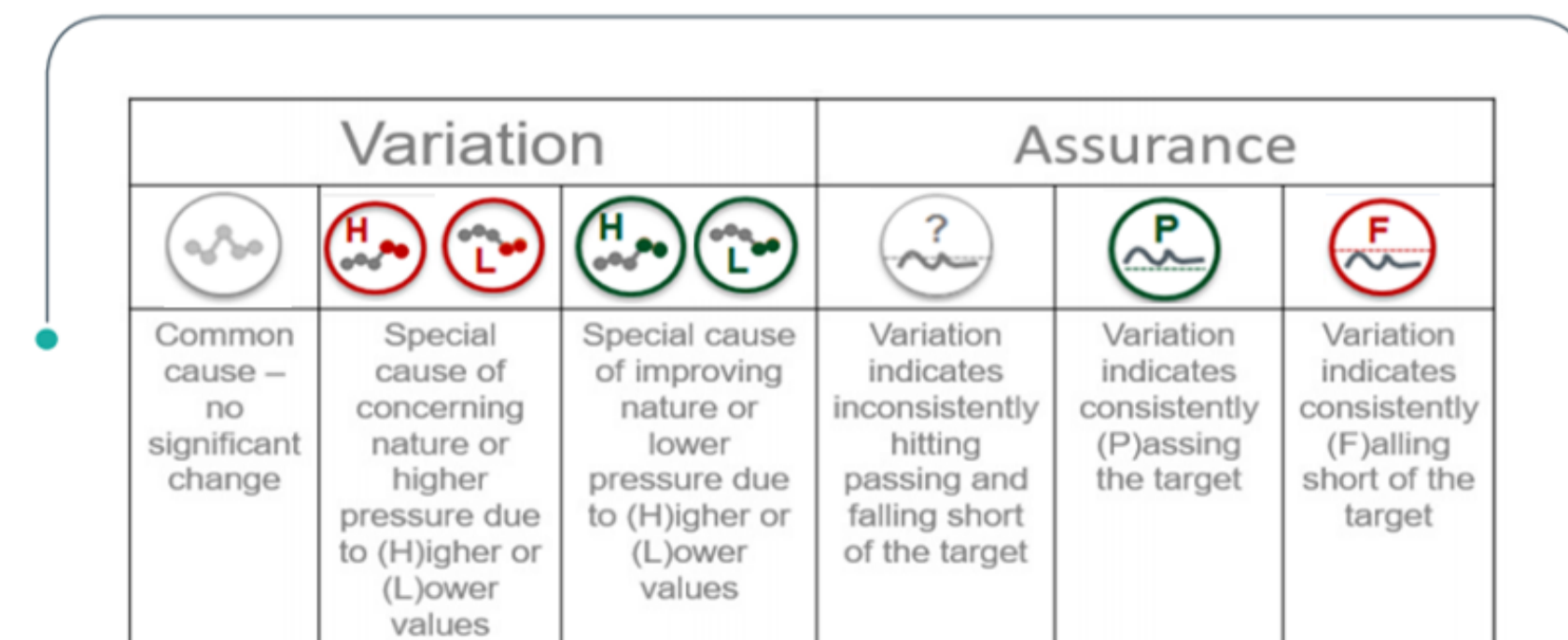


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- Patient Experience (Quality)
- Patient Clinical Effectiveness



- Patient Outcomes Summary
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One Team, Best Care



Our Key Priorities

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



...

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:24		
999 - Answer 95th Percentile		00:02:34		
999 - C1 Mean (T <7Mins)	00:07:00	00:09:30		
999 - C1 90th (T <15Mins)	00:15:00	00:16:28		
999 - C2 Mean (T <18mins)	00:18:00	00:43:18		
999 - C2 90th (T <40Mins)	00:40:00	01:35:57		
999 - C3 Mean (T - <1Hr)	01:00:00	02:17:01		
999 - C3 90th (T - <2Hrs)	02:00:00	05:24:57		
999 - C4 90th (T < 3Hrs)	03:00:00	06:44:07		
999 - C1 Responses > 15 Mins		1,085		
999 - C2 Responses > 80 Mins		5,469		
999 - Job Cycle Time		01:51:04		
999 - Avg Hospital Turnaround	00:30:00	00:52:42		
999 - Avg Hospital Handover		00:30:53		
999 - Avg Hospital Crew Clear		00:17:29		
999 - Average Hospital Notify Time		00:05:27		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 24 seconds for June, an increase of 17 seconds when compared to May. The tail end of call answer times shown in the percentiles saw a steadily decreasing trend between October 2021 and February 2022 in line with the mean, however the figure has started to fluctuate since: June saw the figure increase once again after a decrease in May.

Cat 1-4 Performance - No national performance targets were met in June. Performance times for all categories remain exceptionally high. Compared to May, the Category 1 mean and 90th percentile performance times were increased by 56 seconds and 93 seconds, respectively.

Abstractions were 1.3% higher than forecast for June, increasing 3.5% from May. Weekly staff hours have fallen compared to May by over 3,900 hours per week. DCA Jobs times have lengthened by 27 seconds compared to May. This has contributed to overall availability decreasing by 2.3% from May and was reflected in worsened performance. Compared to June 2021, abstractions are up by 5.0% and availability is down by 4.4%.

Call Acuity and Availability - The proportion of Cat1 and Cat2 incidents was 65.9% in June (11.3% Cat1, 54.6% Cat2) after a 1.1% increase on May (0.5% increase in Cat1 and 0.6% increase in Cat2). Comparing against the previous year, Cat1 proportion has increased by 1.9% and Cat2 proportion has decreased by 0.5%. DCA Availability was 14.3% in June; the lowest monthly figure in 2022-23 so far following a 2.1% decrease on May's figure. There was also a 2.6% decrease on the previous year.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than 90th percentile target has been fluctuating in recent months. The figure decreased in May, however June saw the figure rise once again; a 45.8% increase on May. It remains 84.2% higher than June 2021. The number of Cat2 responses greater than 2x 90th percentile target increased from May by 96.8%. It remains 144.8% higher than June 2021.

Job cycle time - Overall, job cycle time is approximately 1 minute longer than in May and 10 minutes longer than in June 2021.

Hospital - Average Crew Clear saw a 1 second decrease in June. The average handover time in June increased by approximately 1 minute compared to May at 00:30:53 which caused hospital turnaround time to increase by approximately 1 minute and a half. Turnaround times continues to show exceptionally long times. Average turnarounds are now almost 23 minutes above target and over 12 minutes longer than they were at the same time last year. The number of incidents with conveyance to ED is 4.9% lower than May and 8.8% lower than June last year.



IUC IPR Key Indicators - June 22



IUC Exceptions - Comments (Director Responsible - Karen Owens)

YAS received 156,200 calls in June, -5.1% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in June, 130,095 calls (83.3%) were answered, -1.3% fewer calls were answered than in May and -8.6% fewer than the number of calls answered in June 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 decreased in June to 25.2%, compared to May's 39.2%. Average speed to answer in June was 517 seconds (8 minutes and 37 seconds), up 231 seconds from May and still significantly higher than the national target of <20 seconds. Similarly, abandoned calls were 16.7% this month, above the 3% target and an increase of 6.6% on May'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 44.4%, below the 60% target and lower than 49.1% in May. Core clinical advice was 20.0%, down 2.0% on May. 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 92.8% in June, whilst performance for overall validations was 97.2%, with around 9,500 cases validated overall.

ED validation performance was 33.3% for June, -7.4% lower than May. This figure being lower than the target is 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. In June we saw an increase in the time the ED validation services had been turned off. 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.

Amongst booking KPIs, bookings to UTCs stayed consistent in June at 50.9% after the increase in February 2022. Bookings to IUC Treatment Centre's has stayed consistent at 52.3% for June. ED bookings are still being monitored, with performance continuing to remain below 40%. Finally performance against the SDEC booking KPI remains at 0% as very few cases are being referred to SDEC and no booking is enabled.

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		130,095		
IUC - Increase - Previous Month		-1.3%		
IUC - Increase Same Month Last Year		-8.6%		
IUC - Calls Triage		124,203		
IUC - Calls Abandoned	3.0%	16.7%		
IUC - Answer Mean	00:00:20	00:08:37		
IUC - Answered in 60 Secs	90.0%	25.2%		
IUC - Call back in 1 Hour	60.0%	44.4%		
IUC - ED Validations %	50.0%	33.6%		
IUC - ED %		14.1%		
IUC - ED outcome to A&E		77.6%		
IUC - ED outcome to UTC		12.7%		
IUC - Ambulance %		10.3%		



PTS IPR Key Indicators - June 22



Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	21.1%		
PTS - % Short notice - Pickup < 120 mins	90.8%	86.3%		
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	90.6%		
PTS - Arrive at Appointment Time	90.0%	87.6%		
PTS - Journeys < 120Mins	90.0%	99.3%		
PTS - Same Month Last Year		3.3%		
PTS - Increase - Previous Month		-2.9%		
PTS - Demand (Journeys)		74,687		

PTS Exceptions - Comments (Director Responsible - Karen Owens)

Total Demand in June 22 was 74,687, a 2.9% decrease to May. There were less operational weekdays in June due to the Jubilee Bank Holiday, which contributed to lower activity levels. Compared to June 21, demand saw a 3.3% increase. At the end of QTR 1 of 2022, total activity was 8.4% higher than January - March 22.

Following the updated IP&C guidance, PTS have been working towards restoring service efficiency by reintroducing cohorting. In June the average patients per vehicle was 1.04. This will be ramped up from QTR2 of 2022/23.

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 saw a 0.5% increase and was the highest it's been since March 22. Although the KPI remains under target, it falls within the normal control limits.

Covid demand (patients now categorised as 'Infectious Respiratory') saw a 27.6% increase to May. Despite the increase, levels remain well below Covid demand seen over the Winter period.

PTS Call Performance for June was 21.1%, significantly under the 90.0% target. High call demand continues to impact service level, with June seeing 20.8% more calls than expected. Higher call demand drove up staffing requirements, on average for the month net staffing was -10.6 FTE under the requirement needed to achieve the 180 Second KPI.





Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		708		
Serious		8		
Moderate and Above Harm		38		
Service to Service		73		
Adult Safeguarding Referrals		1,656		
Child Safeguarding Referrals		850		

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

Patient Relations – There has been an increase in service to service and complaints from May to June, with many of the complaints relating to delayed responses due to increase in demand on all service lines. Compliments for the services remain at a good level despite the operational pressures.

Safeguarding adult and child – have seen a slight decrease compared to May figures but remain higher than June '21 figures.

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) %		12.3%		
Sickness - Total % (T-5%)	5.0%	8.9%		
Special Leave		0.2%		
PDR / Staff Appraisals % (T-90%)	90.0%	57.2%		
Stat & Mand Training (Fire & IG) 1Y	90.0%	91.0%		
Stat & Mand Training (Core) 3Y	90.0%	86.3%		
Stat & Mand Training (Face to Face)	90.0%	76.9%		

Workforce Exceptions - Comments (Director Responsible - Mandy Wilcock)

Sickness - Sickness has increased to 8.9%, impacting on performance concerns across the Trust. The EOC/111 transformation teams have specific work streams regarding health and wellbeing. The sickness taskforce approach is also being refreshed to progress this work further.

PDR / Appraisals - Rates at 57.2%, a small increase at Trust level, however reduced completion rates in EOC and IUC. New reporting has allowed greater visibility of the data. 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. A new Compliance Dashboard is now available to make it easier for managers to see who needs an Appraisal and who has one coming up (contact BI for access and training).

Statutory and Mandatory Training - Compliance figures continue to improve at Trust level and in most areas, with PTS still fully compliant (green) for all categories. Staff are being encouraged to get all eLearning completed, managers receive the fortnightly Compliance Dashboard, Essential Learning Champions are in place for all areas of the Trust, and the Trust is on track to achieve full compliance (for eLearning) by end of September.



Workforce Summary

A&E	IUC	PTS
EOC	Other	Trust



Key KPIs

Name	Jun 21	May 22	Jun 22
Turnover (FTE) %	9.1%	12.2%	12.3%
Vacancy Rate %	6.8%	15.1%	13.7%
Apprentice %	5.9%	8.3%	8.6%
BME %	6.2%	6.3%	6.2%
Disabled %	3.3%	4.4%	4.5%
Sickness - Total % (T-5%)	7.3%	8.6%	8.9%
Special Leave	1.4%	0.3%	0.2%
PDR / Staff Appraisals % (T-90%)	73.8%	53.1%	57.2%
Stat & Mand Training (Fire & IG) 1Y	87.2%	91.0%	91.0%
Stat & Mand Training (Core) 3Y	97.0%	85.3%	86.3%
Stat & Mand Training (Face to Face)	69.1%	77.0%	76.9%
Stat & Mand Training (Safeguarding L2 +)	84.9%	92.9%	93.1%

YAS Commentary

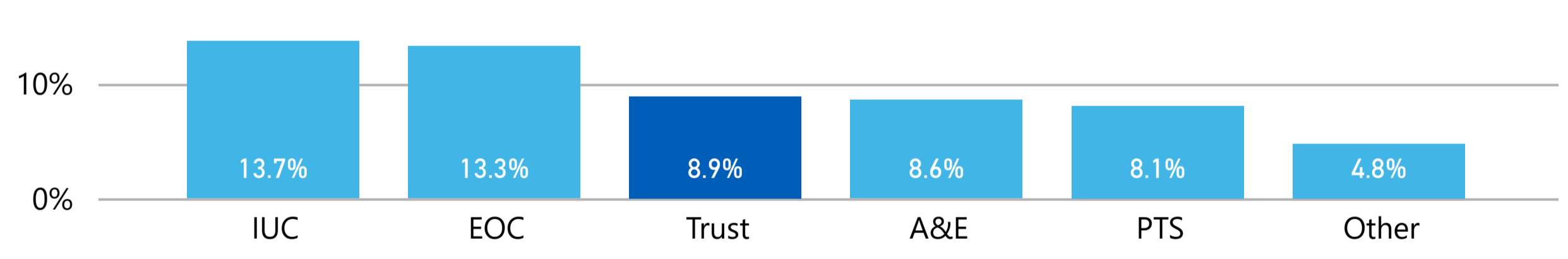
FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 13.7%. Turnover is at 12.3%. Both these are gradually increasing with the main area of concern remaining in our call centres. Dedicated recruitment and retention work within our call centres continues to progress well. Cultural reviews are also taking place to understand issues.

Sickness - Sickness has increased to 8.9%, impacting on performance concerns across the Trust. The EOC/111 transformation teams have specific work streams regarding health and wellbeing. The sickness taskforce approach is also being refreshed to progress this work further.

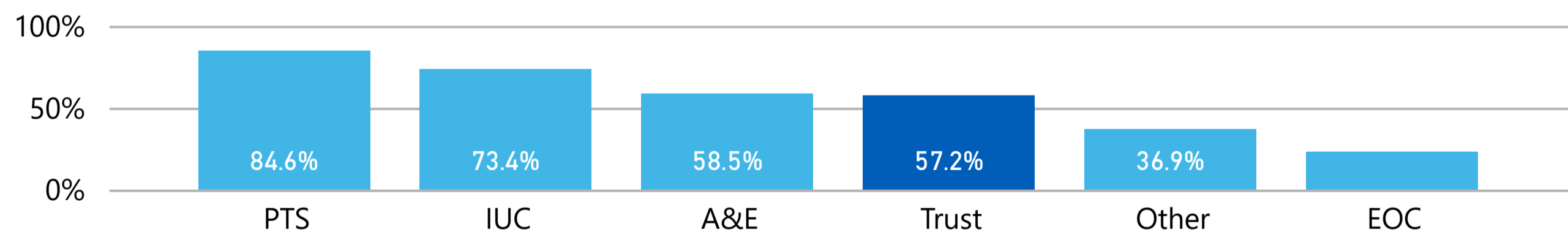
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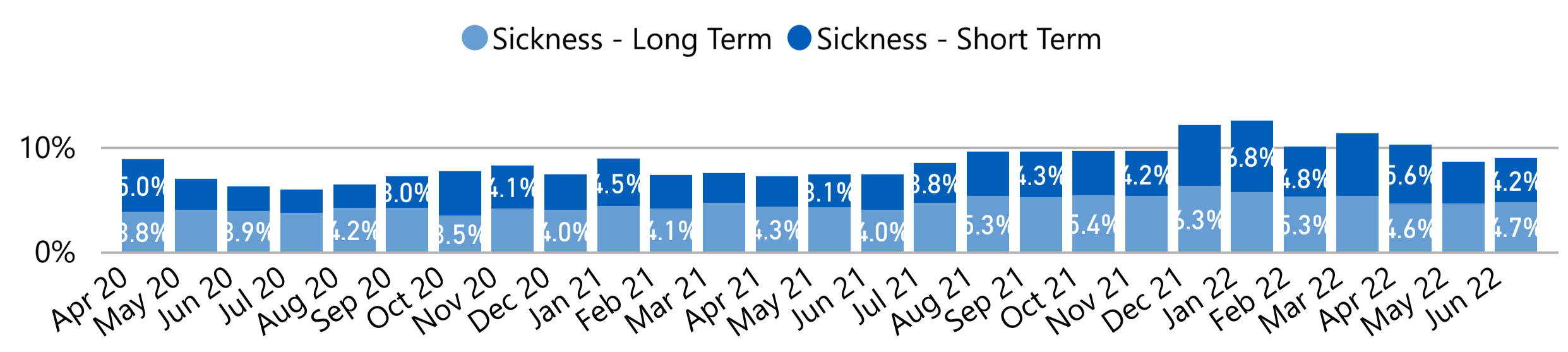
Sickness Benchmark for Last Month



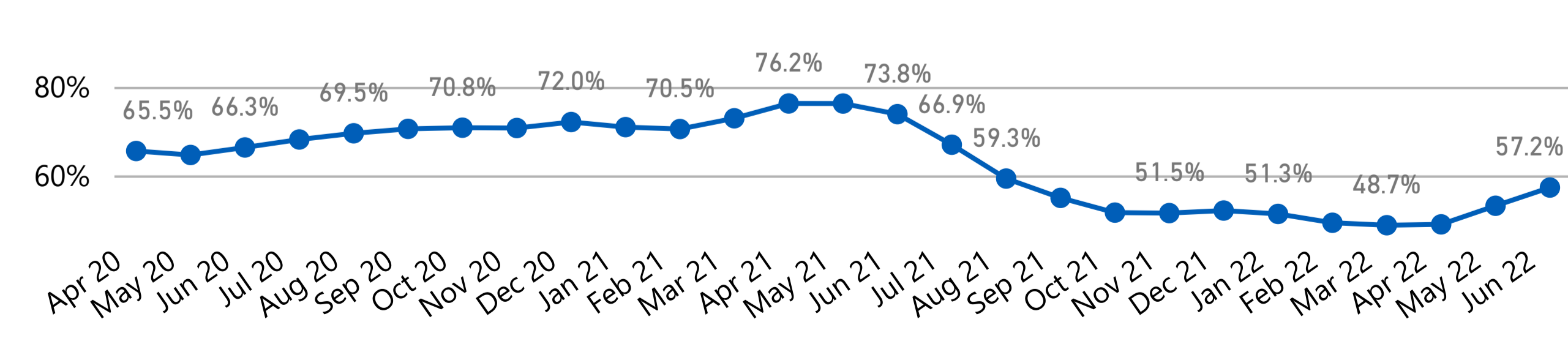
PDR Benchmark for Last Month



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- May 22)

Overview - Unaudited Position

Overall - The Trust has a year to date surplus at month 3 of £120k as shown above. £0k or breakeven for ICB reporting after the gains on disposals and impairments are removed, this is the measure by which the Trust's financial position is assessed.

Capital - YTD expenditure is lower than plan due to incorrect profile for ICT and delays on Estates and Transformation.

Cash - As at the end of May the Trust had £79.6m cash at bank. (£75.9m at the end of 21/22).

Risk Rating - There is currently no risk rating measure reporting for 2022/23.

Full Year Position (£000s)

Name	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)		£120	£120
Cash	£77,000	£77,000	£0
Capital	£1,551	£466	-£1,085

Monthly View (£000s)

Indicator Name	2022-05	2022-06
Surplus/ (Deficit)	-£4,610	£4,730
Cash	£78,525	£79,865
Capital	£193	£273

Patient Demand Summary

Demand Summary

ShortName	Jun 21	May 22	Jun 22
999 - Incidents (HT+STR+STC)	72,793	70,445	68,762
999 - Increase - Previous Month	-2.0%	5.2%	
999 - Increase - Same Month Last Year	14.6%	-5.1%	
IUC - Call Answered	142,369	131,828	130,095
IUC - Increase - Previous Month	-14.9%	-3.8%	-1.3%
IUC - Increase Same Month Last Year	12.4%	-21.2%	-8.6%
IUC - Calls Answered Above Ceiling	2.1%	-24.0%	-22.5%
PTS - Demand (Journeys)	72,272	76,937	74,687
PTS - Increase - Previous Month	10.6%	10.7%	-2.9%
PTS - Same Month Last Year	63.7%	17.7%	3.3%

Commentary

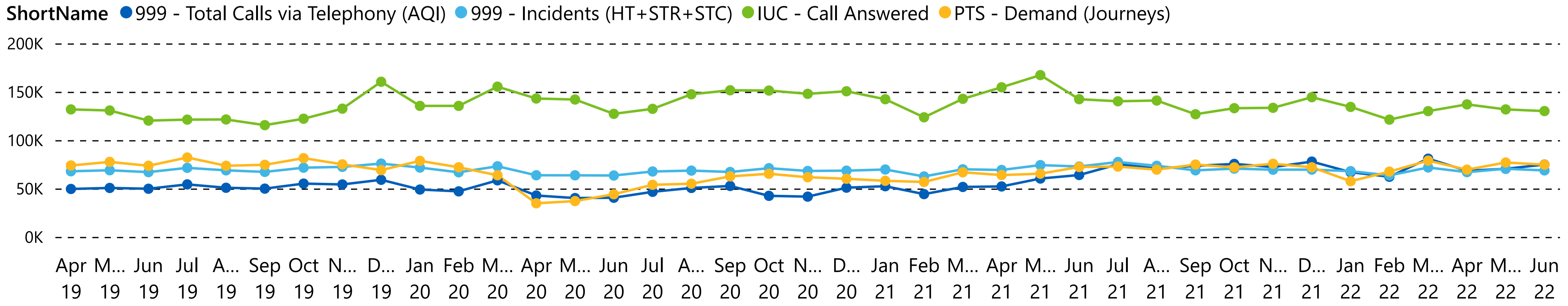
999 - At Scene Response demand was 3.4% lower than forecasted levels for June. All Response Demand (STR + STC +HT) was 2.4% down from May and 5.5% lower than June 2021.

IUC - YAS received 156,200 calls in June, -5.1% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in June, 130,095 calls (83.3%) were answered, -1.3% fewer calls were answered than in May and -8.6% fewer than the number of calls answered in June 2021.

PTS - Total Demand in June 22 was 74,687, a 2.9% decrease to May. There were less operational weekdays in June due to the Jubilee Bank Holiday, which contributed to lower activity levels. Compared to June 21, demand saw a 3.3% increase. At the end of QTR 1 of 2022, total activity was 8.4% higher than January - March 22.

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

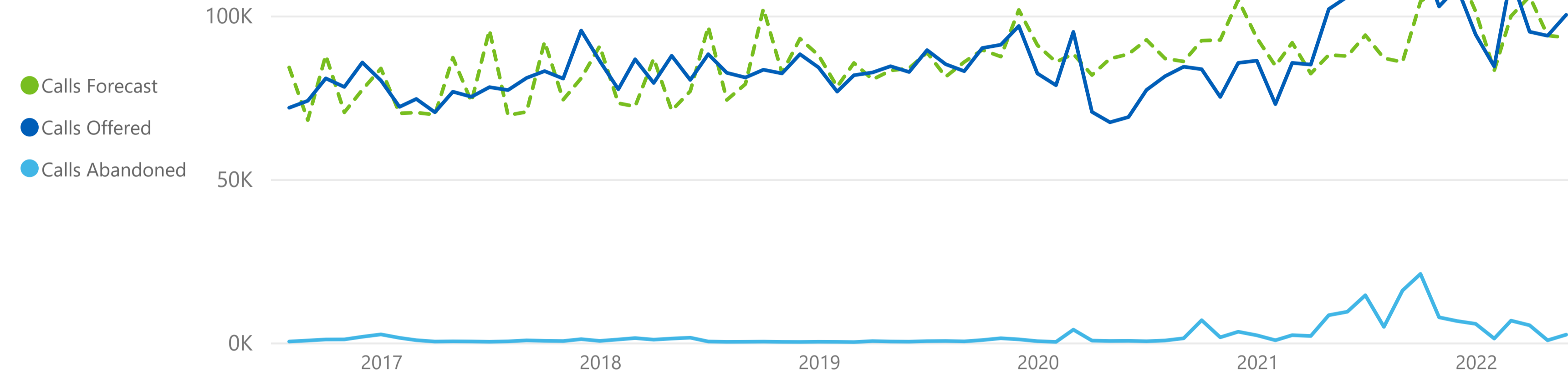
Overall Calls and Demand



999 and IUC Historic Demand

999 and IUC call demand broken down by calls forecast, calls offered and calls abandoned.

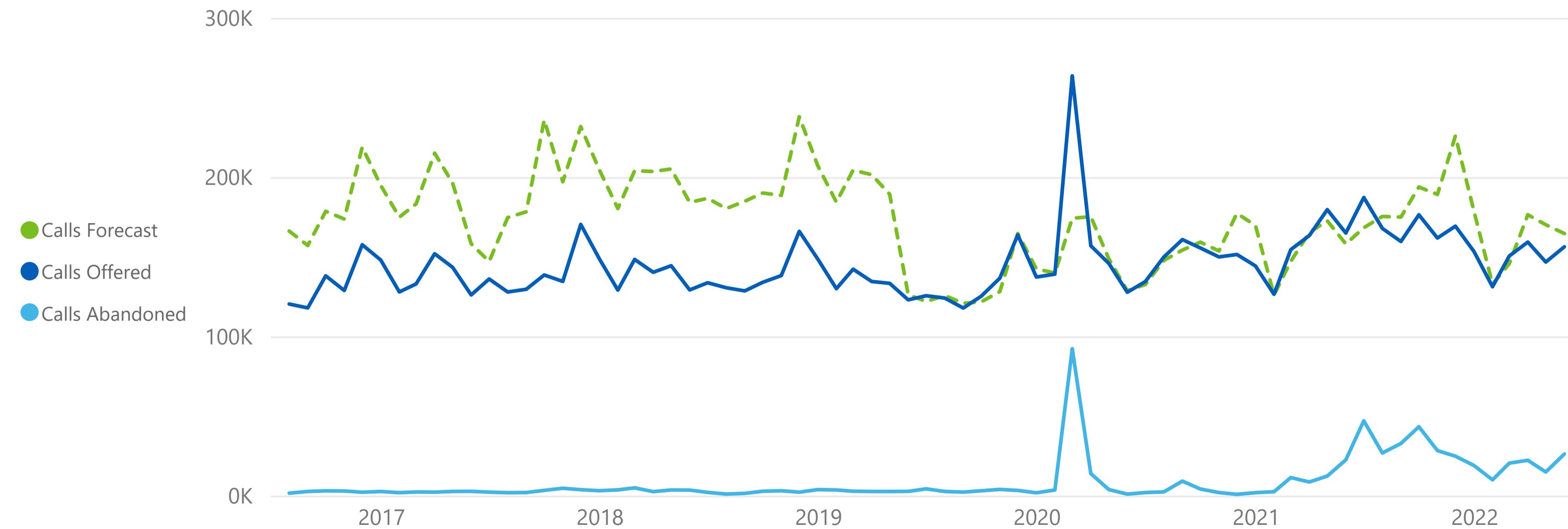
999 Historic Call Demand



999 data on this page differs from elsewhere within the IPR because this includes calls on both the emergency and non emergency applications within EOC, whereas the main IPR includes emergency only. The forecast relates to the expected volume of calls offered in EOC, which is the total volume of calls answered and abandoned. The difference between calls offered and abandoned is calls answered.

In June 2022 there were 100,241 calls offered which was 7.5% above forecast, with 97,838 calls answered and 2,403 calls abandoned (2.4%). There were 6.8% more calls offered compared to May 2022 and 5.2% fewer calls offered compared to June 2021. Historically, the number of abandoned calls has been very low, however, in late 2021 and early 2022 this has increased. In June there were almost 3.5 times as many abandoned calls as there were in May.

IUC Historic Demand



The chart shows IUC call demand broken down by calls forecast, calls offered and calls abandoned. Calls offered is the total volume of calls answered and calls abandoned. The difference between calls offered and abandoned is calls answered.

YAS received 156,200 calls in June, -5.1% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in June, 130,095 calls (83.3%) were answered, -1.3% fewer calls were answered than in May and -8.6% fewer than the number of calls answered in June 2021.

Calls abandoned for June were 16.7%, 6.6% higher than May 2022 but -8.4% lower when compared to June 2021.

Patient Outcomes Summary

Outcomes Summary

ShortName	Jun 21	May 22	Jun 22
999 - Incidents (HT+STR+STC)	72,793	70,445	68,762
999 - Hear & Treat %	10.3%	11.5%	13.5%
999 - See, Treat & Refer %	26.6%	26.9%	26.5%
999 - See, Treat & Convey %	63.1%	61.7%	60.0%
999 - Conveyance to ED %	55.2%	54.6%	53.2%
999 - Conveyance to Non ED %	8.0%	7.0%	6.7%
IUC - Calls Triaged	136,238	124,989	124,203
IUC - ED %	15.1%	15.0%	14.1%
IUC - ED outcome to A&E	79.2%	77.2%	77.6%
IUC - ED outcome to UTC	10.9%	12.8%	12.7%
IUC - Ambulance %	10.4%	10.9%	10.3%
IUC - Selfcare %	5.5%	4.4%	4.2%
IUC - Other Outcome %	11.4%	11.0%	11.1%
IUC - Primary Care %	55.9%	57.1%	58.4%
PTS - Demand (Journeys)	72,272	76,937	74,687

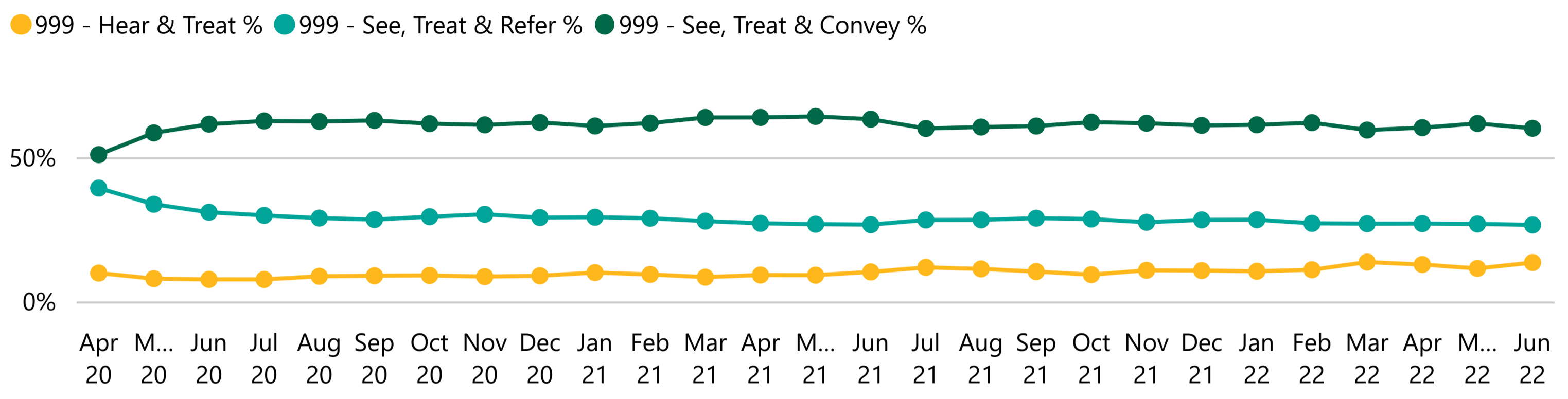
[Click information button for Monthly Table View](#)

Commentary

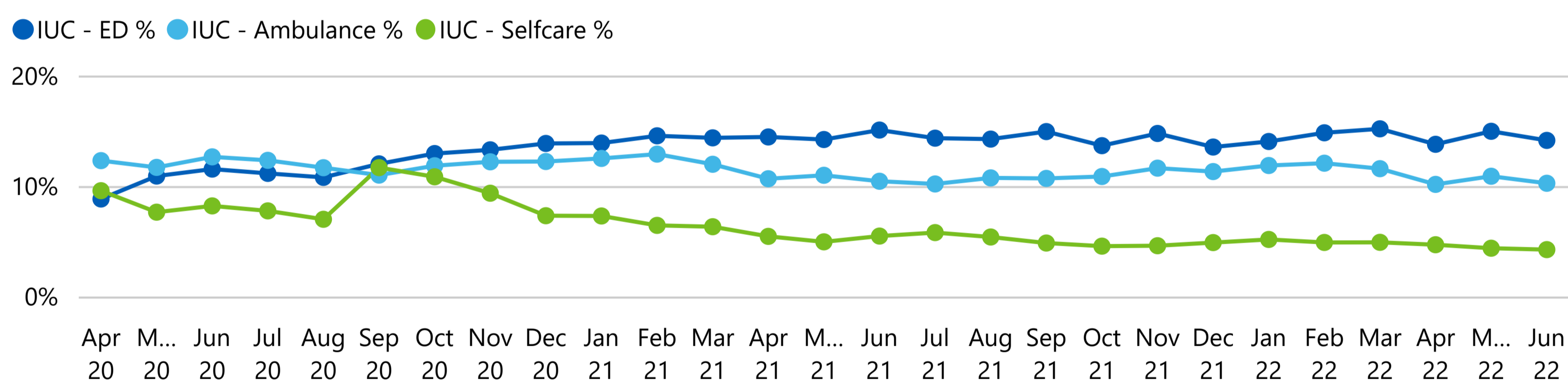
999 - When comparing June 2022 against June 2021 in terms of incident outcome proportions within 999, the proportion of Hear & Treat has increased by 3.2%, See, Treat & Refer has decreased by 0.1% and See, Treat & Convey has decreased by 3.1%. The proportion of incidents with conveyance to ED has decreased by 1.9% from June 2021 and the proportion of incidents conveyed to non-ED has decreased by 1.2%.

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.

999 Outcomes



IUC Outcomes



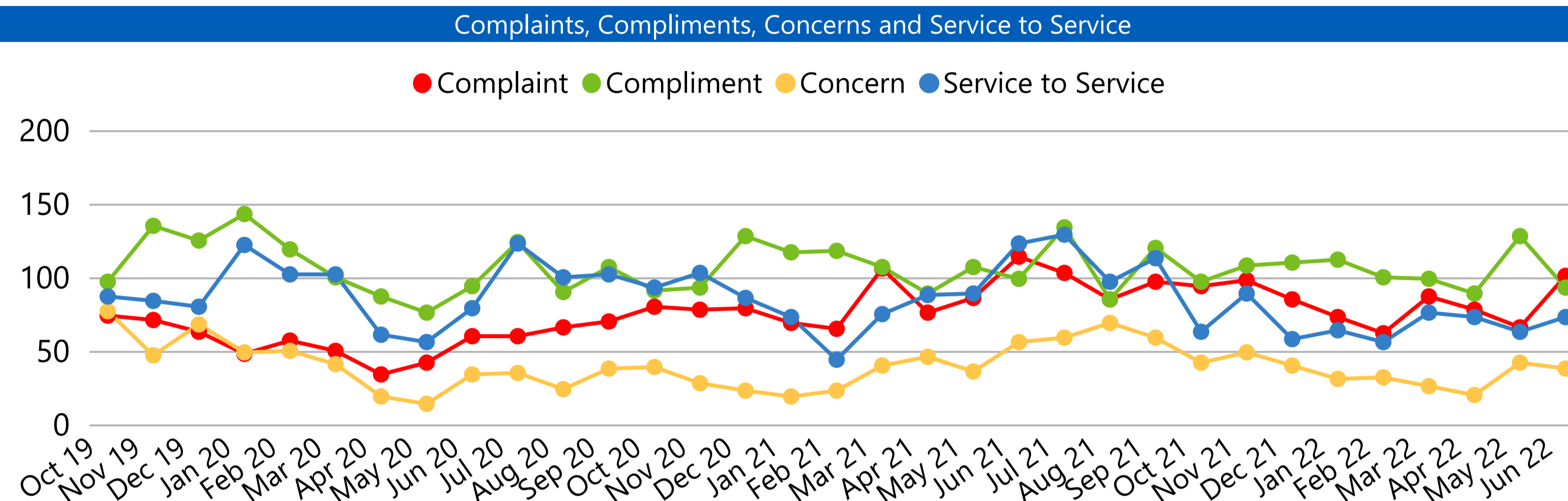
Patient Experience

(Director Responsible - Clare Ashby)

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



Patient Relations			
Indicator	Jun 21	May 22	Jun 22
Service to Service	123	63	73
Concern	56	42	38
Compliment	99	128	93
Complaint	114	66	101



YAS Compliance			
Indicator	Jun 21	May 22	Jun 22
% FOI Request Compliance	96.9%	83.3%	92.0%

YAS Comments

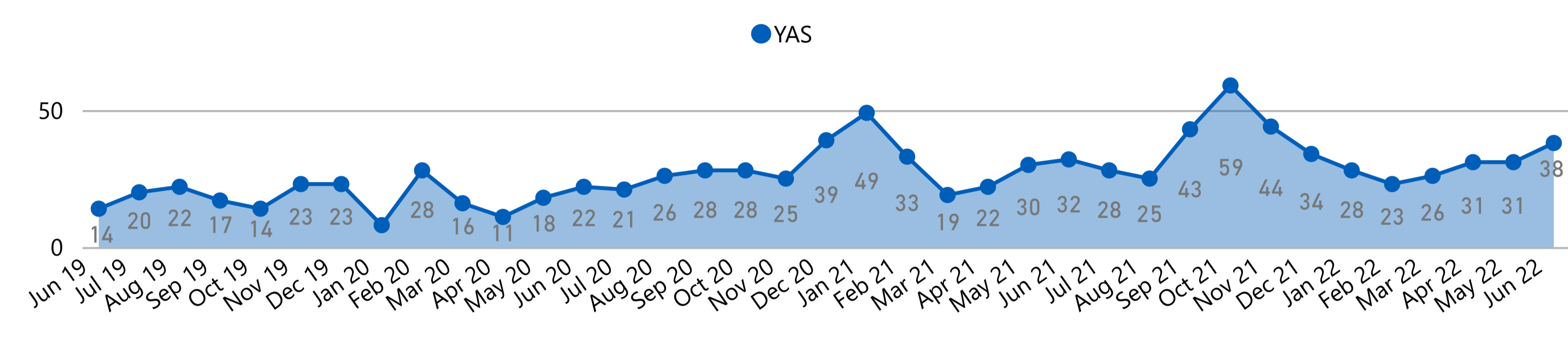
Patient Relations – There has been an increase in service to service and complaints from May to June, with many of the complaints relating to delayed responses due to increase in demand on all service lines. Compliments for the services remain at a good level despite the operational pressures.

FOI Compliance is consistently remaining above the target of 90%



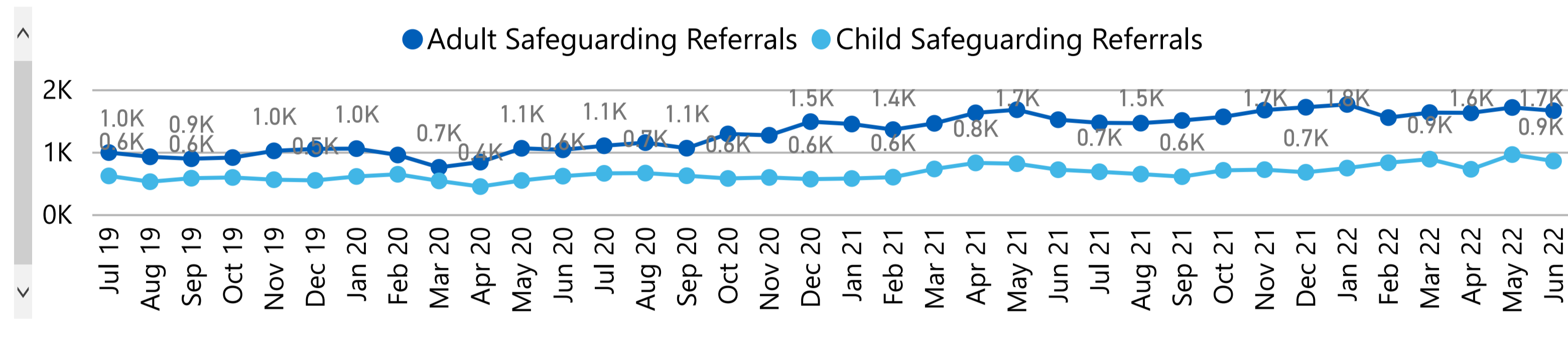
Incidents - Moderate and Above Harm

Indicator	Jun 21	May 22	Jun 22
All Incidents Reported	760	724	708
Medication Related	59	111	
Moderate & Above Harm - Total	32	31	38
Number of duty of candour contacts	9	6	10
Number of RIDDORs Submitted	7	4	3
Serious	8	2	8



YAS Child and Adult Safeguarding

Indicator	Jun 21	May 22	Jun 22
Adult Safeguarding Referrals	1,512	1,708	1,656
Child Safeguarding Referrals	711	954	850
% Trained Safeguarding for Children (L1)	96.9%	79.4%	82.5%
% Trained Safeguarding for Children (L2)	82.4%	92.5%	92.5%
% Trained Safeguarding for Adults (L1)	96.1%	92.5%	92.3%



A&E Long Responses

Indicator	Jun 21	May 22	Jun 22
999 - C1 Responses > 15 Mins	589	744	1,085
999 - C2 Responses > 80 Mins	2,234	2,779	5,469

YAS Comments

Safeguarding adult and child referrals– Have seen a slight decrease compared to May figures but remain higher than June '21 figures.

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	Jun 21	May 22	Jun 22
% Compliance with Hand Hygiene	99.0%	99.4%	99.1%
% Compliance with Premise	99.0%	99.2%	98.3%
% Compliance with Vehicle	99.0%	95.9%	98.5%



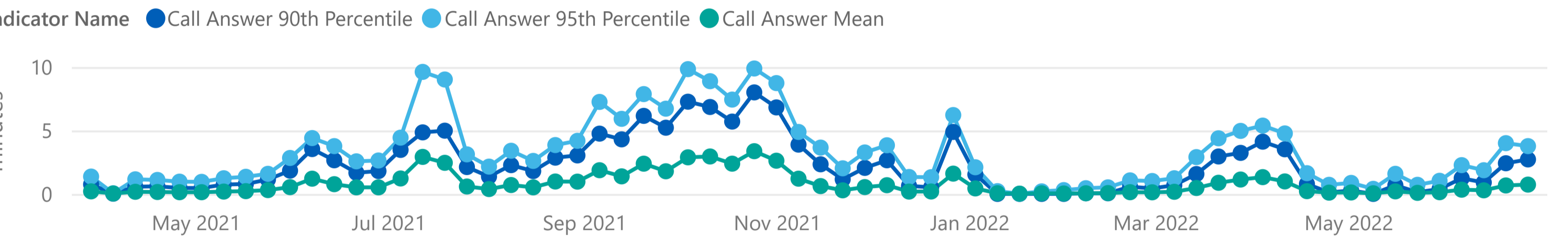
Patient Safety (Harm)

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
Tuesday, February 01, 2022			
Thursday, November 18, 2021			

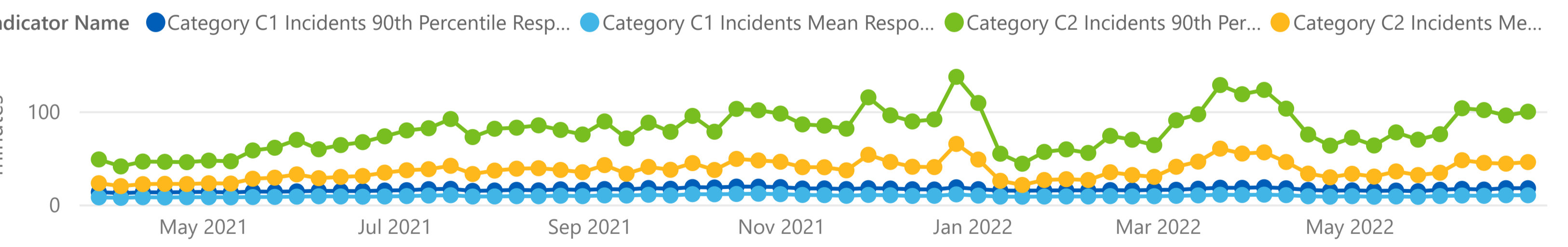
Call Answer Metrics (call data available from 7th September onwards)



Call Answer Metrics

Indicator Name	Jun 21	May 22	Jun 22
Call Answer 90th Percentile	00:02:27	00:00:12	00:01:25
Call Answer 95th Percentile	00:03:34	00:00:50	00:02:34
Call Answer Mean	00:00:45	00:00:07	00:00:24

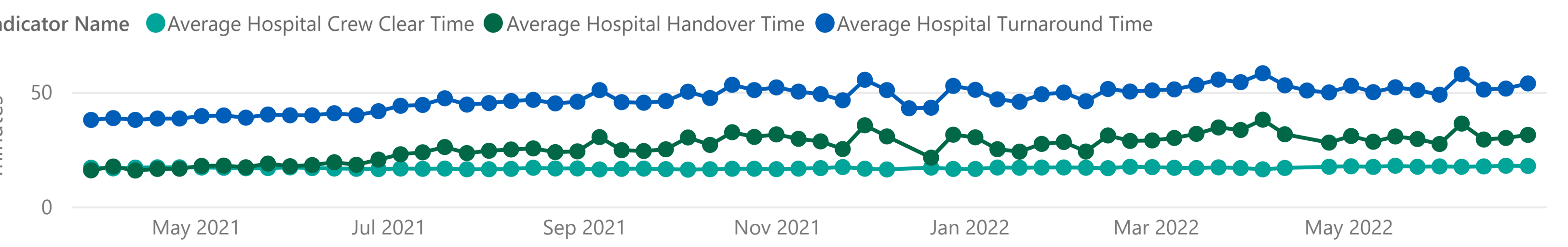
Response Metrics



Response Metrics

Indicator Name	Jun 21	May 22	Jun 22
Category C1 Incidents 90th Percentile Response Time	00:14:24	00:14:55	00:16:28
Category C1 Incidents Mean Response Time	00:08:31	00:08:34	00:09:30
Category C2 Incidents 90th Percentile Response Time	01:04:34	01:10:35	01:35:57
Category C2 Incidents Mean Response Time	00:30:04	00:32:42	00:43:18

Hospital Turnaround Metrics



Hospital Turnaround Metrics

Indicator Name	Jun 21	May 22	Jun 22
Average Hospital Crew Clear Time	00:16:39	00:17:30	00:17:29
Average Hospital Handover Time	00:18:31	00:29:38	00:30:53
Average Hospital Turnaround Time	00:40:11	00:51:18	00:52:42

Patient Clinical Effectiveness (Director Responsible Julian Mark)

Care Bundles (Last 3 Results)

Indicator	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22
Sepsis %			85.0%			87.0%			86.0%		
STEMI %	68.0%			66.0%			73.0%			72.0%	
Stroke %		96.0%			97.0%			93.0%			95.0%

Myocardial Ischaemia National Audit Project (MINAP)

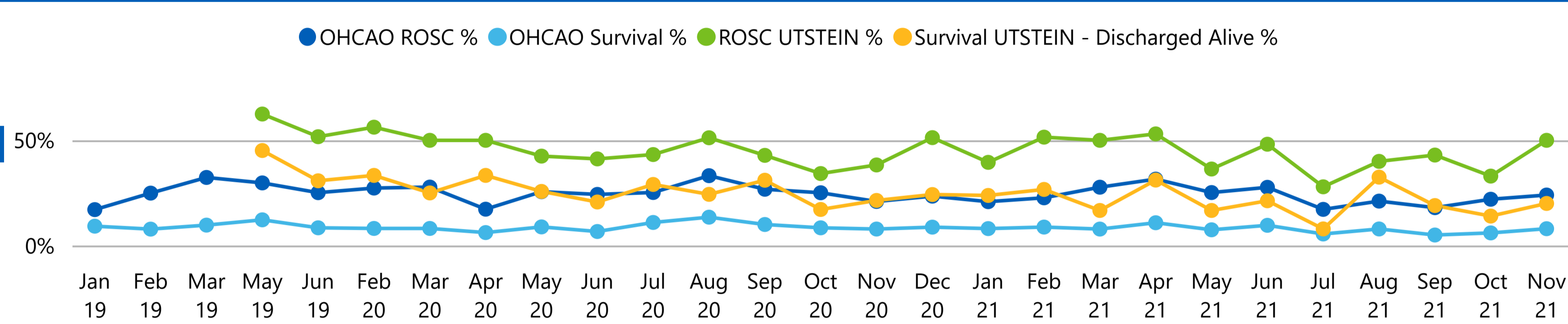
Indicator	Jul 21	Aug 21	Sep 21	Oct 21
Number of STEMI Patients	132	128	118	95
Call to Balloon Mins for STEMI Patients (Mean)	144	150	151	140
Call to Balloon Mins for STEMI Patients (90th Percentile)	197	215	212	168

Sentinal Stroke National Audit Programme (SSNAP)

Indicator	Nov 21	Dec 21	Jan 22	Feb 22
Avg Time from call to hospital	103	107	86	95
Total Patients	429	420	380	380

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.

Fleet and Estates

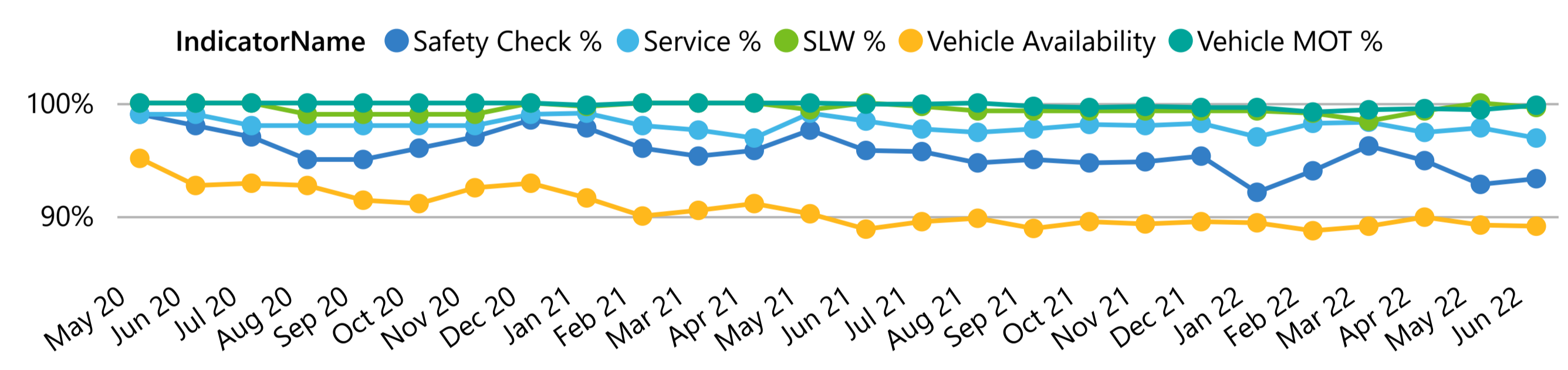
Estates

Estates Comments

Indicator	Jun 21	May 22
P1 Emergency (2 HRS)	100.0%	66.7%
P1 Emergency – Complete (<24Hrs)	50.0%	83.3%
P2 Emergency (4 HRS)	93.0%	92.9%
P2 Emergency – Complete (<24Hrs)	84.2%	81.0%
Planned Maintenance Complete	99.0%	99.8%
P6 Non Emergency - Attend within 2 weeks	97.4%	94.4%
P6 Non Emergency - Complete within 4 weeks	79.5%	72.2%

999 Fleet

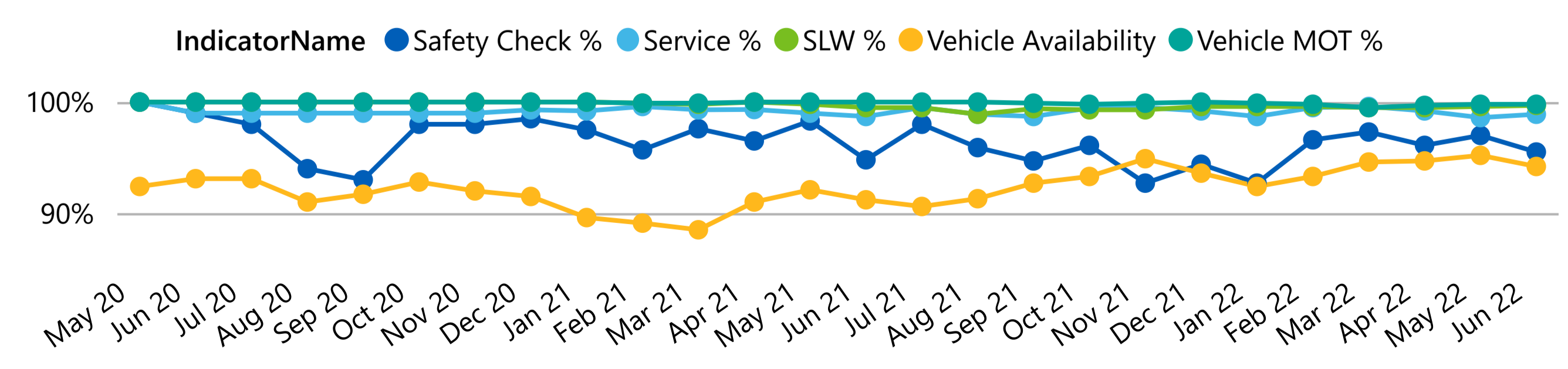
999 Fleet Age



IndicatorName	Jun 21	Jun 22	IndicatorName	Jun 21	Jun 22
Vehicle age +7	3.4%	8.1%	Vehicle age +7	19.4%	7.9%
Vehicle age +10	0.4%	1.6%	Vehicle age +10	10.3%	1.0%

PTS Fleet

Fleet Comments



Glossary - Indicator Descriptions (A&E)

A&E

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

Glossary - Indicator Descriptions (IUC and PTS)

IUC and PTS

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

Glossary - Indicator Descriptions (Quality and Safety)

Quality and Safety

mID	ShortName	IndicatorType	AQIDescription
QS01	All Incidents Reported	int	
QS02	Serious	int	
QS03	Moderate & Above Harm	int	
QS04	Medication Related	int	
QS05	Number of duty of candour contacts	int	
QS06	Duty of candour contacts exceptions	int	
QS07	Complaint	int	
QS08	Compliment	int	
QS09	Concern	int	
QS10	Service to Service	int	
QS11	Adult Safeguarding Referrals	int	
QS12	Child Safeguarding Referrals	int	
QS13	% Trained Safeguarding for Children (L1)	percent	
QS14	% Trained Safeguarding for Children (L2)	percent	
QS15	% Trained Safeguarding for Adults (L1)	percent	
QS17	% FOI Request Compliance	percent	
QS18	% Compliance with Hand Hygiene	percent	
QS19	% Compliance with Premise	percent	
QS20	% Compliance with Vehicle	percent	
QS26	Moderate and Above Harm (Per 1K Incidents)	int	
QS28	Moderate & Above Harm (Verified)	int	
QS29	Patient Incidents - Major, Catastrophic, Catastrophic (death)	int	
QS30	Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	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