



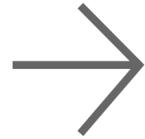
Integrated Performance Report

August 2022

Published 21st Sept 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
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- 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.

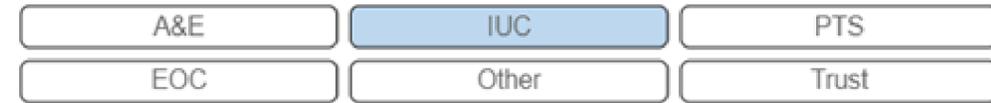
Reset Filters

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



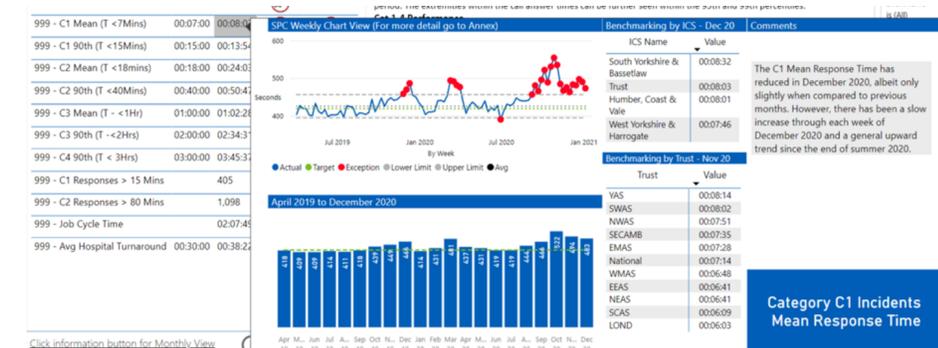
Key Buttons

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.

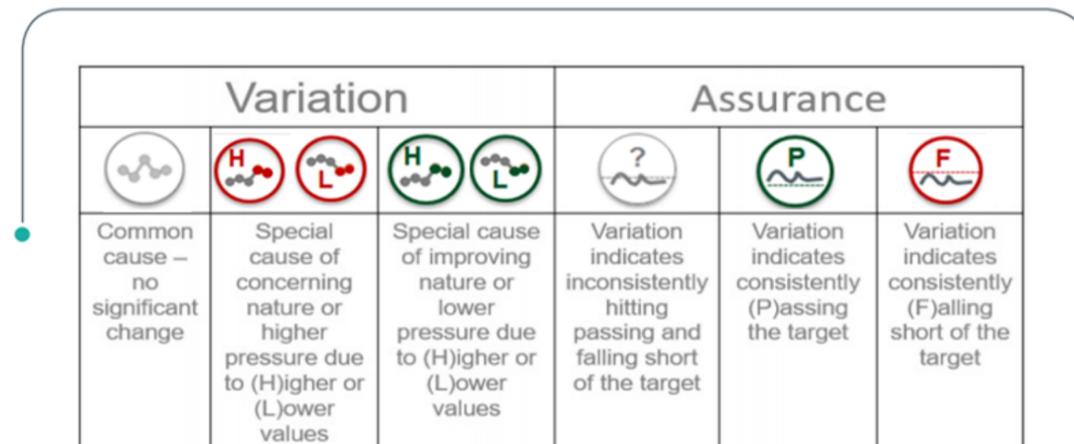


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One Team, Best Care



NHS
Yorkshire
Ambulance Service
NHS Trust



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

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

Our Ambitions for 2023

We achieve excellence in everything we do

We use resources wisely to invest in and sustain services

Our Key Priorities

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

999 IPR Key Exceptions - August 22

| Indicator | Target | Actual | Variance | Assurance |
|------------------------------------|----------|----------|---|---|
| 999 - Answer Mean | | 00:00:57 |  | |
| 999 - Answer 95th Percentile | | 00:04:37 |  | |
| 999 - C1 Mean (T <7Mins) | 00:07:00 | 00:09:42 |  |  |
| 999 - C1 90th (T <15Mins) | 00:15:00 | 00:17:08 |  |  |
| 999 - C2 Mean (T <18mins) | 00:18:00 | 00:32:38 |  |  |
| 999 - C2 90th (T <40Mins) | 00:40:00 | 01:11:47 |  |  |
| 999 - C3 Mean (T - <1Hr) | 01:00:00 | 01:25:40 |  |  |
| 999 - C3 90th (T - <2Hrs) | 02:00:00 | 03:21:32 |  |  |
| 999 - C4 90th (T < 3Hrs) | 03:00:00 | 03:24:15 |  |  |
| 999 - C1 Responses > 15 Mins | | 1,126 |  | |
| 999 - C2 Responses > 80 Mins | | 2,821 |  | |
| 999 - Job Cycle Time | | 01:51:10 |  | |
| 999 - Avg Hospital Turnaround | 00:30:00 | 00:53:25 |  |  |
| 999 - Avg Hospital Handover | | 00:31:03 | | |
| 999 - Avg Hospital Crew Clear | | 00:17:59 | | |
| 999 - Average Hospital Notify Time | | 00:05:43 | | |

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 57 seconds for August, an increase of 22 seconds when compared to July. While the mean, 90th percentile and 95th percentile of call answer times increased consecutively over the previous three months, with August showing an improvement in these times, the 99th percentile continues to increase in August, indicating that there are an increased number of very long waits at the tail end of the data for last month.

Cat 1-4 Performance - No national performance targets were met in August. Performance times for all categories remain exceptionally high. Compared to July, the Category 1 mean and 90th percentile performance times decreased by 39 seconds and by 49 seconds, respectively. Abstractions were 8.3% higher than forecast for August, rising 0.7% from July. Weekly staff hours have risen compared to July by over 800 hours per week. Overall availability increased by 4.6% from July and was reflected in improved performance in all categories. Compared to August 2021, abstractions are up by 0.5% and availability is up by 4.4%.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 72.0% in August (12.7% Cat1, 59.3% Cat2) after a 3.5% decrease compared to July (0.9% decrease in Cat1 and 2.6% decrease in Cat2). Comparing against August for the previous year, Cat1 proportion has increased by 2.0% and Cat2 proportion has decreased by 3.7%.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than 90th percentile target has been fluctuating in recent months. The figure increased significantly in July, however, this has since reduced in August, falling by 427 (27.5%) compared to July. The number for last month was 45.9% above August 2021. The number of Cat2 responses greater than 2x 90th percentile target also decreased from July by approximately 3,000 responses (51.6%) and this is equivalent to a 33.9% decrease compared to August 2021.

Job cycle time - Overall, job cycle time is over 1 minute longer than in July and over 7 minutes longer than in August 2021.

Hospital - The average handover time in August remains high at just over 31 minutes. This is a slight improvement of 28 seconds compared to July. Turnaround times have also remained high with the average turnaround for August at 53 minutes 25 seconds. This means that average turnarounds are more than 23 minutes above target and they are also almost 8 minutes longer than they were at the same time last year. The number of incidents with conveyance to ED is 2.0% lower than July and 6.6% lower than August last year.

IUC IPR Key Indicators - August 22



| Indicator | Target | Actual | Variance | Assurance |
|-------------------------------------|----------|----------|----------|-----------|
| IUC - Call Answered | | 110,860 | | |
| IUC - Increase - Previous Month | | -16.6% | | |
| IUC - Increase Same Month Last Year | | -21.4% | | |
| IUC - Calls Abandoned | 3.0% | 8.9% | | |
| IUC - Answer Mean | 00:00:20 | 00:02:59 | | |
| IUC - Answered in 60 Secs | 90.0% | 60.4% | | |
| IUC - Call back in 1 Hour | 60.0% | | | |
| IUC - ED Validations % | 50.0% | | | |

IUC Exceptions - Comments (Director Responsible - Karen Owens)

YAS received 121,646 calls in August, -22.8% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in August, 110,860 calls (91.1%) were answered, -16.6% less than were answered in July and -21.4% fewer than the number of calls answered in August 2021.

Although demand has dropped, 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 increased in August to 60.4%, compared to July's 32.5%. Average speed to answer in August was 179 seconds (2 minutes and 59 seconds), down 274 seconds from July but still higher than the national target of <20 seconds. Similarly, abandoned calls were 8.9% this month, above the 3% target and a decrease of 6.1% on July's performance. YAS are not alone in these challenges, with other providers experiencing similar challenges.

Due to the National Adastra Outage no triage or outcome data is available for August 2022.

PTS IPR Key Indicators - August 22

| Indicator | Target | Actual | Variance | Assurance |
|--|--------|--------|----------|-----------|
| PTS - Answered < 180 Secs | 90.0% | 28.2% | | |
| PTS - % Short notice - Pickup < 120 mins | 90.8% | 77.3% | | |
| PTS - % Pre Planned - Pickup < 90 Mins | 90.4% | 88.1% | | |
| PTS - Arrive at Appointment Time | 90.0% | 87.8% | | |
| PTS - Journeys < 120Mins | 90.0% | 99.5% | | |
| PTS - Same Month Last Year | | 8.7% | | |
| PTS - Increase - Previous Month | | 2.8% | | |
| PTS - Demand (Journeys) | | 75,651 | | |

PTS Exceptions - Comments (Director Responsible - Karen Owens)

Total PTS demand decreased for the second month running, with 1.4% less journeys undertaken than June. Delivered Journeys were 14.7% below the PTS Business Plan Forecast. Although demand has seen a reduction, there has been a 1.2% increase compared to levels seen in July 2021.

PTS continue working towards restoring service efficiency by reintroducing cohorting. In July the average patients per vehicle was 1.14, a 0.04 increase to June. Since the beginning of April the average patients per vehicle has been higher than the operational forecast.

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 2.5% decrease in performance, ending the upward trend that has been seen from April 22 onwards. Although performance dropped, it remains within the normal control limits for this KPI.

Call demand in July saw a 14.3% reduction compared to June. This had a positive impact on service level, with the Answered in 180 Seconds % KPI seeing a 14.0% improvement. Despite the improvement, performance still remains well below target. On average in July, the Comms Department needed an extra 4.2 FTE to hit the calls answered KPI.

Covid demand has been on an upward trend since May, with July seeing 99.7% more journeys with patients travelling with 'Infectious Respiratory' than June.

Support Services IPR Key Indicators - August 22

| Indicator | Target | Actual | Variance | Assurance |
|------------------------------|--------|--------|---|-----------|
| All Incidents Reported | | 780 |  | |
| Serious | | 13 |  | |
| Moderate and Above Harm | | 44 |  | |
| Service to Service | | 104 |  | |
| Adult Safeguarding Referrals | | 1,886 |  | |
| Child Safeguarding Referrals | | 792 |  | |

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) % | | 12.4% |  | |
| Sickness - Total % (T-5%) | 5.0% | 8.4% |  |  |
| Special Leave | | 0.2% |  | |
| PDR / Staff Appraisals % (T-90%) | 90.0% | 63.7% |  |  |
| Stat & Mand Training (Fire & IG) 1Y | 90.0% | 91.7% |  |  |
| Stat & Mand Training (Core) 3Y | 90.0% | 88.9% |  |  |
| Stat & Mand Training (Face to Face) | 90.0% | 77.5% |  |  |

Workforce Exceptions - Comments (Director Responsible - Mandy Wilcock)

Sickness - Sickness has decreased to 8.4%, impacting on performance concerns across the Trust. The EOC/111 transformation teams have specific work streams regarding health and wellbeing.

PDR / Appraisals - Rates have increased to 63.7%, a small increase at Trust level. 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 in the near future.

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 (90%+ for eLearning) by end of September. A specific project on bank staff compliance remains on track.

Workforce Summary

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



Key KPIs

| Name | Aug 21 | Jul 22 | Aug 22 |
|--|--------|--------|--------|
| Turnover (FTE) % | 9.3% | 12.6% | 12.4% |
| Vacancy Rate % | 5.9% | 13.7% | 13.5% |
| Apprentice % | 6.2% | 9.0% | 8.6% |
| BME % | 6.4% | 6.1% | 6.2% |
| Disabled % | 3.5% | 4.5% | 4.7% |
| Sickness - Total % (T-5%) | 9.5% | 9.9% | 8.4% |
| Special Leave | 2.1% | 0.2% | 0.2% |
| PDR / Staff Appraisals % (T-90%) | 59.3% | 59.7% | 63.7% |
| Stat & Mand Training (Fire & IG) 1Y | 81.5% | 90.6% | 91.7% |
| Stat & Mand Training (Core) 3Y | 97.1% | 87.2% | 88.9% |
| Stat & Mand Training (Face to Face) | 72.0% | 75.7% | 77.5% |
| Stat & Mand Training (Safeguarding L2 +) | 83.9% | 93.7% | 94.2% |

YAS Commentary

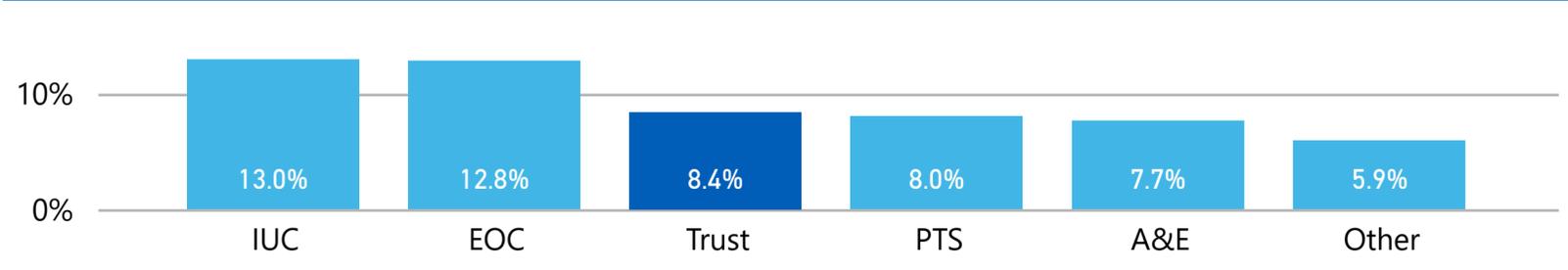
FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 13.5%. Turnover is at 12.4%. Both these are gradually increasing with the main area of concern remaining in our call centres. Dedicated recruitment and retention work within our call centres continues to progress well. Cultural reviews are also taking place to understand issues.

Sickness - Sickness has decreased to 8.4%, impacting on performance concerns across the Trust. The EOC/111 transformation teams have specific work streams regarding health and wellbeing.

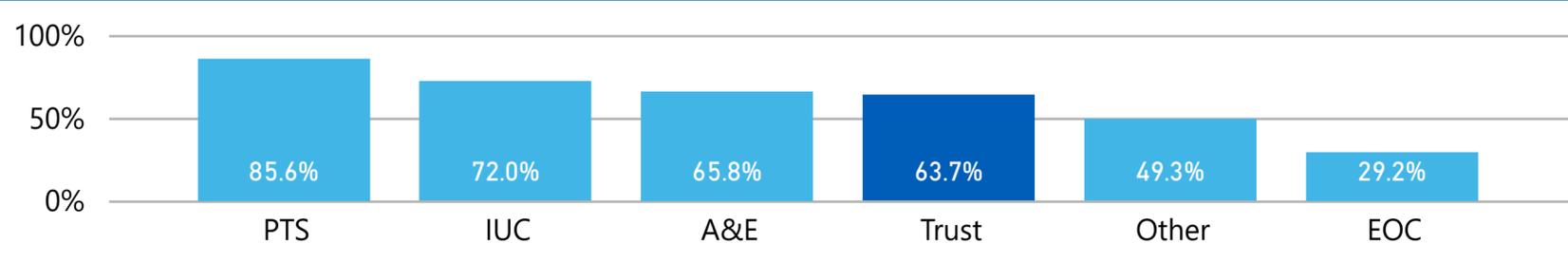
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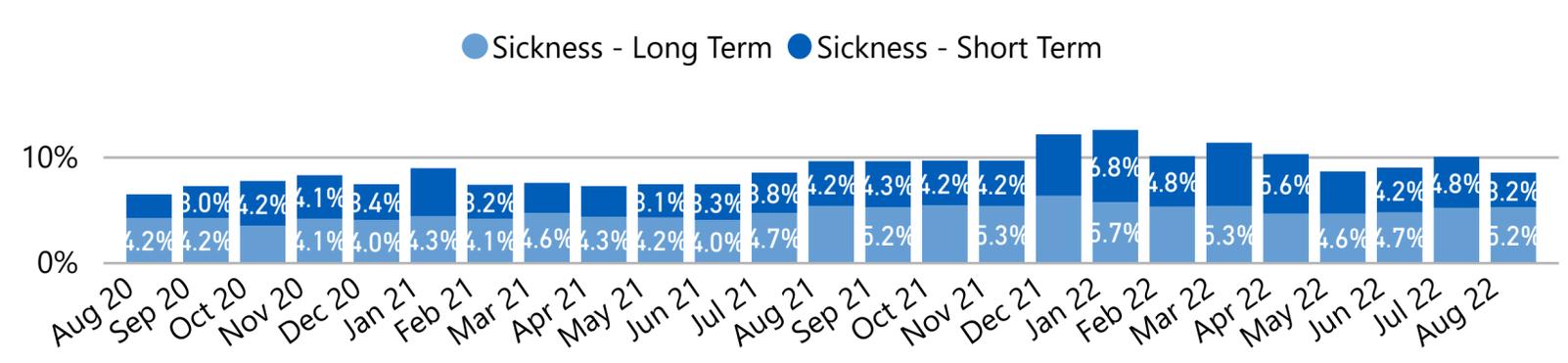
Sickness Benchmark for Last Month



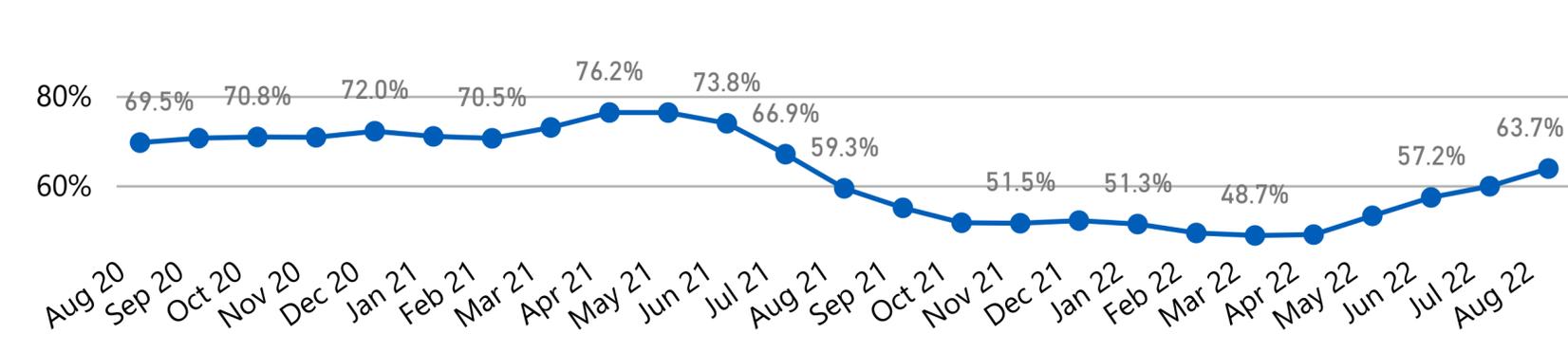
PDR Benchmark for Last Month



Sickness



PDR - Target 90%



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

Overview - Unaudited Position

Overall - The Trust has a year to date surplus at month 5 of £491k 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, Fleet and Transformation.

Cash - As at the end of July the Trust had £85.1m 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) | | £491 | £579 |
| Cash | £77,000 | £77,000 | £0 |
| Capital | £5,522 | £1,203 | -£4,319 |

Monthly View (£000s)

| Indicator Name | 2022-05 | 2022-06 | 2022-07 | 2022-08 |
|--------------------|---------|---------|---------|---------|
| Surplus/ (Deficit) | -£4,610 | £4,730 | £459 | -£88 |
| Cash | £78,525 | £79,865 | £79,098 | £85,132 |
| Capital | £193 | £273 | £323 | £414 |

Patient Demand Summary

Demand Summary

| ShortName | Aug 21 | Jul 22 | Aug 22 |
|---------------------------------------|---------|---------|---------|
| 999 - Incidents (HT+STR+STC) | 73,534 | 67,691 | 64,634 |
| 999 - Increase - Previous Month | -5.1% | | |
| 999 - Increase - Same Month Last Year | 7.3% | | |
| IUC - Call Answered | 141,004 | 132,942 | 110,860 |
| IUC - Increase - Previous Month | 0.5% | 2.2% | -16.6% |
| IUC - Increase Same Month Last Year | -4.4% | -5.2% | -21.4% |
| IUC - Calls Answered Above Ceiling | -3.6% | -20.5% | -31.0% |
| PTS - Demand (Journeys) | 69,567 | 73,608 | 75,651 |
| PTS - Increase - Previous Month | -4.3% | -1.4% | 2.8% |
| PTS - Same Month Last Year | 26.5% | 1.2% | 8.7% |

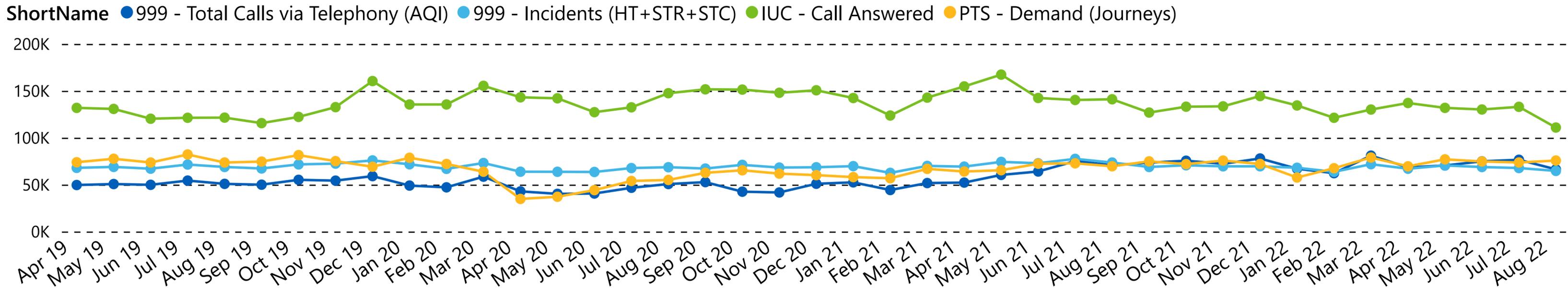
Commentary

999 - At Scene Response demand was 2.0% lower than forecasted levels for August. All Response Demand (STR + STC +HT) was 4.5% down from July and 12.1% lower than August 2021.

IUC - YAS received 121,646 calls in August, -22.8% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in August, 110,860 calls (91.1%) were answered, -16.6% less than were answered in July and -21.4% fewer than the number of calls answered in August 2021.

PTS - Total PTS demand decreased for the second month running, with 1.4% less journeys undertaken than June. Delivered Journeys were 14.7% below the PTS Business Plan Forecast. Although demand has seen a reduction, there has been a 1.2% increase compared to levels seen in July 2021.

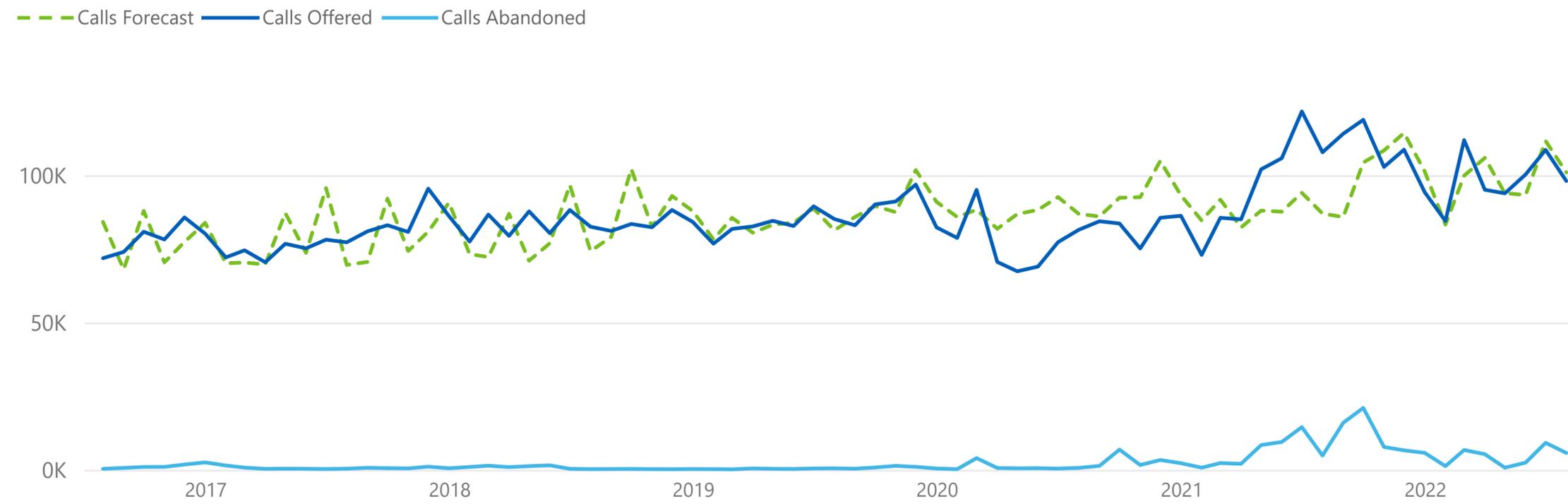
Overall Calls and Demand



999 and IUC Historic Demand

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

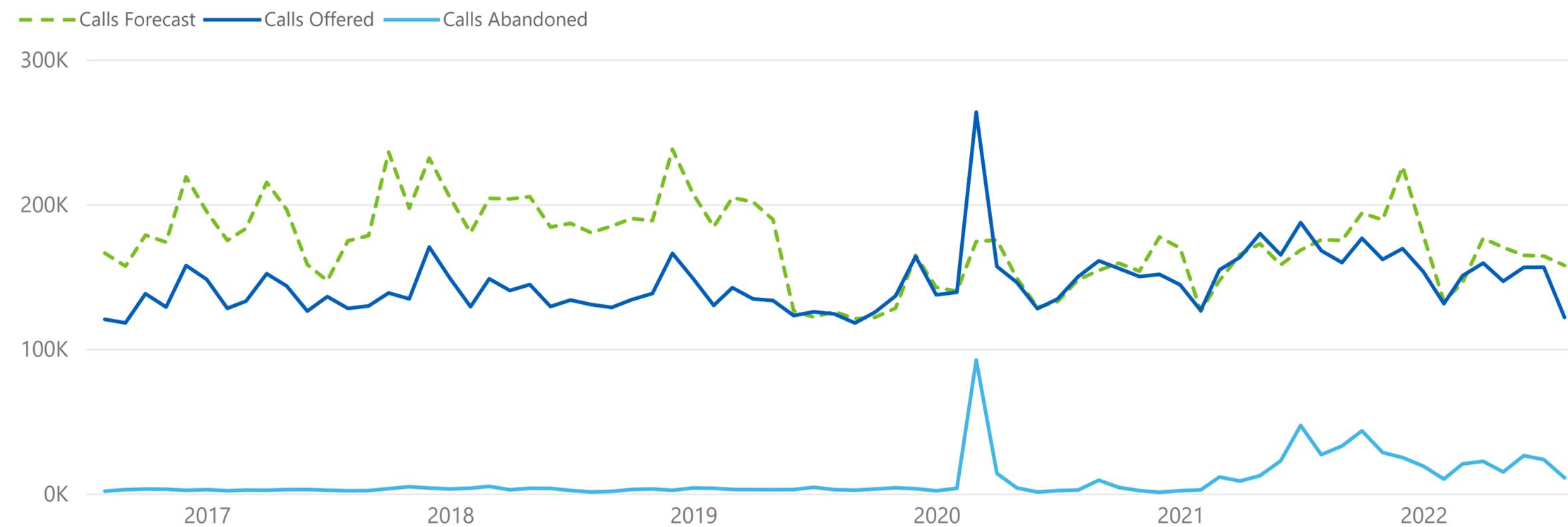
999 Historic Call Demand



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 August 2022 there were 98,028 calls offered which was 2.7% below forecast, with 92,334 calls answered and 5,694 calls abandoned (5.8%). There were 9.7% fewer calls offered compared to July 2022 and 9.1% fewer calls offered compared to August 2021. Historically, the number of abandoned calls has been very low, however, this has increased since April 2021 and remains relatively high. There was a 37.7% reduction in abandoned calls between July and August 2022.

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 121,646 calls in August, -22.8% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in August, 110,860 calls (91.1%) were answered, -16.6% less than were answered in July and -21.4% fewer than the number of calls answered in August 2021.

Calls abandoned for August were 8.9%, 6.0% lower than July 2022 and 7.0% lower when compared to August 2021.

Patient Outcomes Summary

Outcomes Summary

| ShortName | Aug 21 | Jul 22 | Aug 22 |
|------------------------------|---------|---------|--------|
| 999 - Incidents (HT+STR+STC) | 73,534 | 67,691 | 64,634 |
| 999 - Hear & Treat % | 11.3% | 8.3% | 6.9% |
| 999 - See, Treat & Refer % | 28.3% | 29.6% | 29.3% |
| 999 - See, Treat & Convey % | 60.4% | 62.0% | 63.8% |
| 999 - Conveyance to ED % | 53.4% | 55.3% | 56.7% |
| 999 - Conveyance to Non ED % | 7.1% | 6.7% | 7.0% |
| IUC - Calls Triaged | 137,193 | 125,770 | |
| IUC - ED % | 14.2% | 14.5% | |
| IUC - ED outcome to A&E | 80.3% | 77.9% | |
| IUC - ED outcome to UTC | 10.6% | 12.4% | |
| IUC - Ambulance % | 10.7% | 11.7% | |
| IUC - Selfcare % | 5.4% | 4.4% | |
| IUC - Other Outcome % | 11.9% | 11.6% | |
| IUC - Primary Care % | 55.7% | 56.0% | |
| PTS - Demand (Journeys) | 69,567 | 73,608 | 75,651 |

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

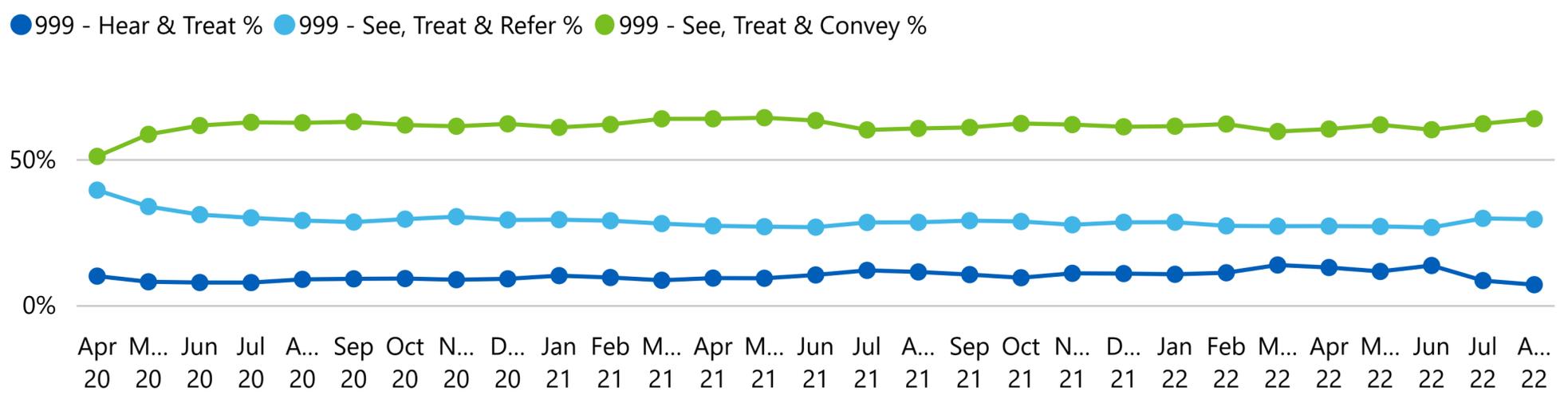


Commentary

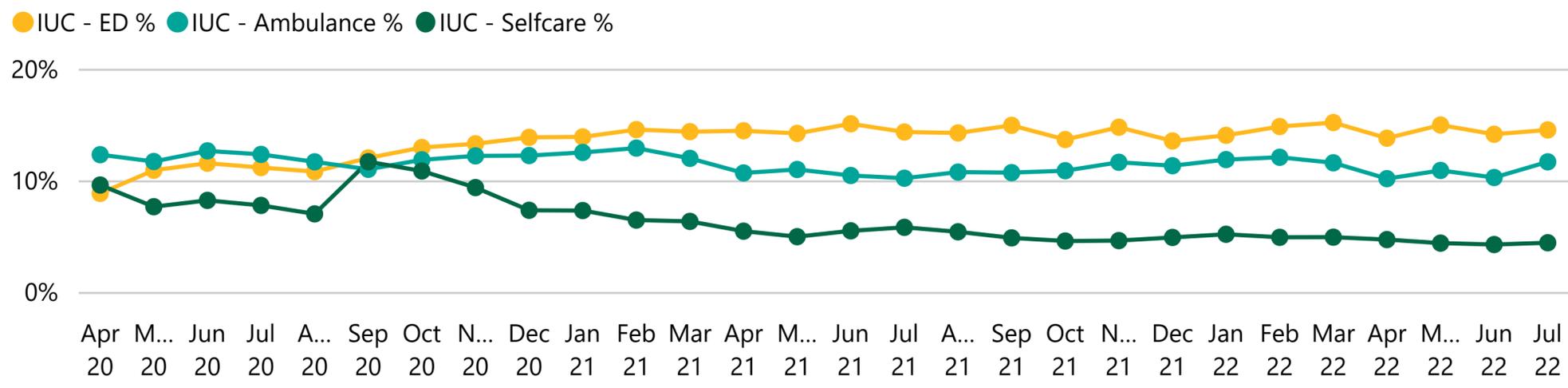
999 - When comparing August 2022 against August 2021 in terms of incident outcome proportions within 999, the proportion of Hear & Treat has decreased by 4.4%, See, Treat & Refer has increased by 1.0% and See, Treat & Convey has increased by 3.3%. The proportion of incidents with conveyance to ED has increased by 3.4% from August 2021 and the proportion of incidents conveyed to non-ED remains unchanged.

IUC - Due to the National Aadastra Outage no outcome data is available for August 2022.

999 Outcomes



IUC Outcomes



Patient Experience

(Director Responsible - Clare Ashby)

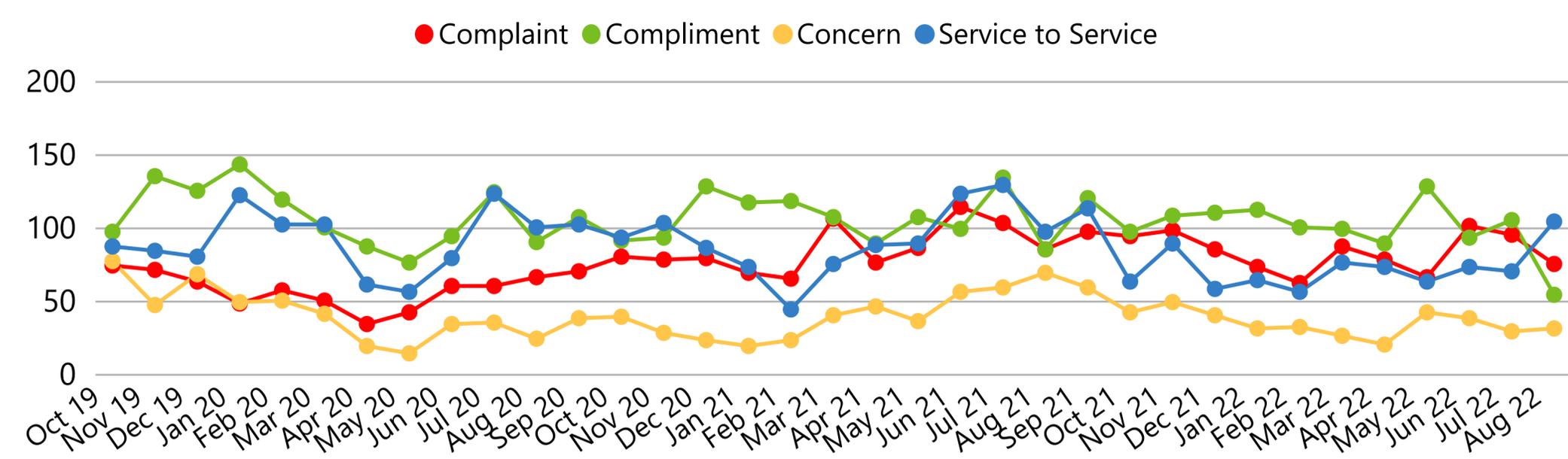
A&E EOC IUC
 PTS YAS



Patient Relations

| Indicator | Aug 21 | Jul 22 | Aug 22 |
|--------------------|--------|--------|--------|
| Service to Service | 97 | 70 | 104 |
| Concern | 69 | 29 | 31 |
| Compliment | 85 | 105 | 54 |
| Complaint | 85 | 95 | 75 |

Complaints, Compliments, Concerns and Service to Service



YAS Compliance

| Indicator | Aug 21 | Jul 22 | Aug 22 |
|--------------------------|--------|--------|--------|
| % FOI Request Compliance | 96.9% | 100.0% | 95.9% |

YAS Comments

Patient Relations – Increase in service to service, concerns, and complaints from July to August, with the majority relating to delayed responses. The number of compliments has remained the same having received an additional 44 compliments for August which are still to be processed. The delay in processing is due to capacity challenges within the patient relations team and the compliments should be added for September data collection.

FOI Compliance is consistently remaining above the target of 90%

Patient Safety - Quality (Director Responsible - Clare Ashby)

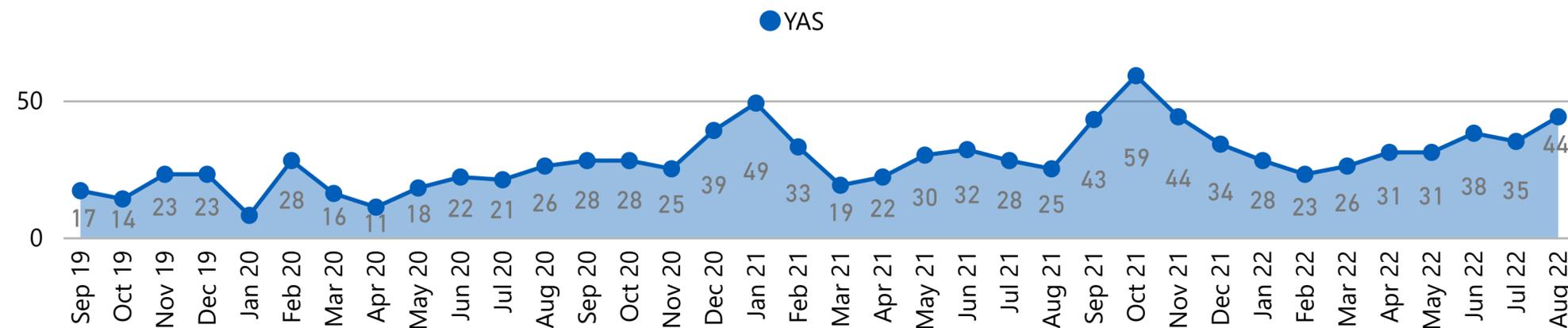
A&E
EOC
IUC

PTS
YAS



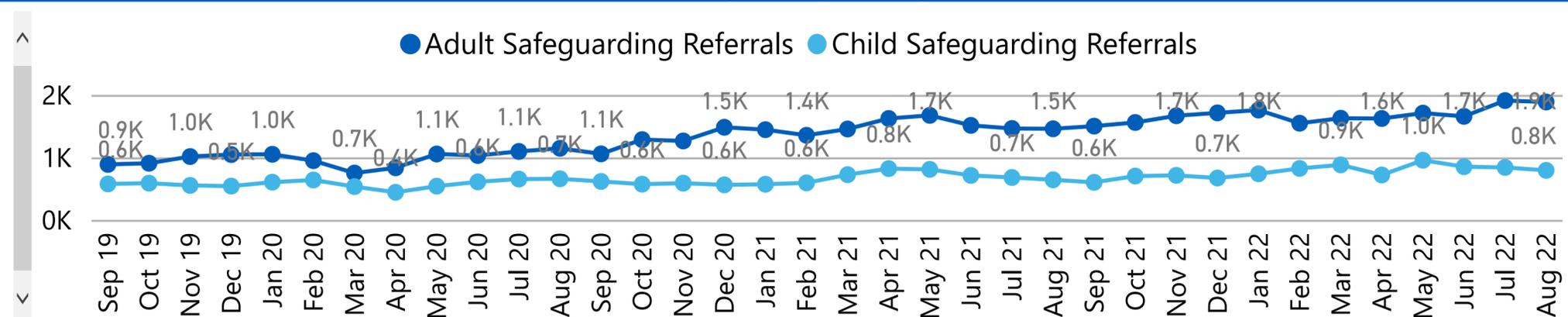
Incidents - Moderate and Above Harm

| Indicator | Aug 21 | Jul 22 | Aug 22 |
|------------------------------------|--------|--------|--------|
| Serious | 5 | 11 | 13 |
| Number of RIDDORs Submitted | 2 | 4 | 3 |
| Number of duty of candour contacts | 6 | 12 | 14 |
| Moderate & Above Harm - Total | 25 | 35 | 44 |
| Medication Related | 73 | 116 | 91 |
| All Incidents Reported | 741 | 766 | 780 |



YAS Child and Adult Safeguarding

| Indicator | Aug 21 | Jul 22 | Aug 22 |
|--|--------|--------|--------|
| Adult Safeguarding Referrals | 1,457 | 1,909 | 1,886 |
| Child Safeguarding Referrals | 641 | 839 | 792 |
| % Trained Safeguarding for Children (L1) | 96.9% | 85.8% | 87.4% |
| % Trained Safeguarding for Children (L2) | 79.9% | 93.7% | 93.3% |
| % Trained Safeguarding for Adults (L1) | 96.3% | 93.6% | 93.4% |



A&E Long Responses

| Indicator | Aug 21 | Jul 22 | Aug 22 |
|------------------------------|--------|--------|--------|
| 999 - C1 Responses > 15 Mins | 772 | 1,553 | 1,126 |
| 999 - C2 Responses > 80 Mins | 4,265 | 5,826 | 2,821 |

YAS IPC Compliance

| Indicator | Aug 21 | Jul 22 | Aug 22 |
|--------------------------------|--------|--------|--------|
| % Compliance with Hand Hygiene | 94.0% | 98.6% | 99.0% |
| % Compliance with Premise | 98.0% | 98.8% | 97.0% |
| % Compliance with Vehicle | 98.0% | 96.7% | 98.0% |

YAS Comments

Safeguarding adult and child referrals – There has been a slight decrease in both adult and child safeguarding referrals compared with last month, however compared to August 2021 there is a significant increase overall.

Safeguarding training – Level 2 training has remained stable and been part of the essential learning work undertaken by the Trust, which includes a dashboard that leaders can access to see their team’s compliance levels.

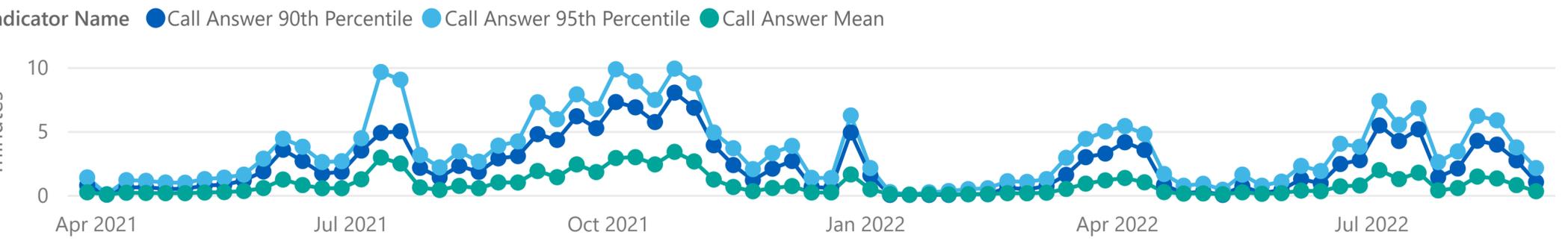
Patient Safety (Harm)

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 | | | |

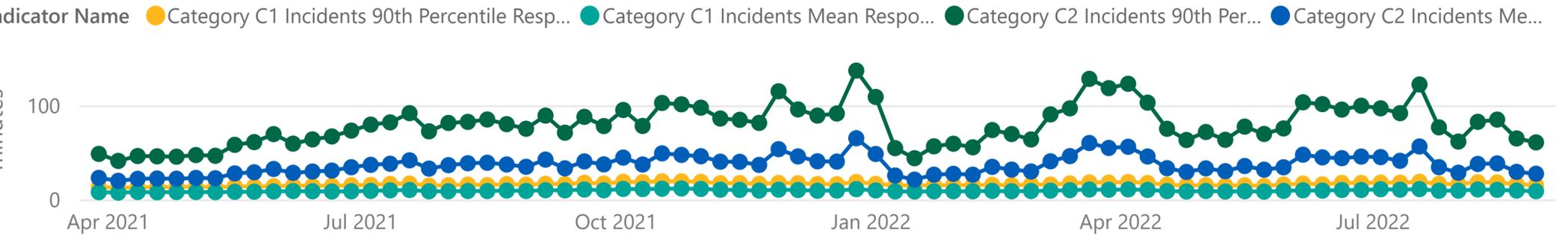
Call Answer Metrics (call data available from 7th September onwards)



Call Answer Metrics

| Indicator Name | Jul 21 | Jun 22 | Jul 22 |
|-----------------------------|----------|----------|----------|
| Call Answer 90th Percentile | 00:04:01 | 00:01:25 | 00:04:18 |
| Call Answer 95th Percentile | 00:05:22 | 00:02:34 | 00:05:48 |
| Call Answer Mean | 00:01:41 | 00:00:24 | 00:01:19 |

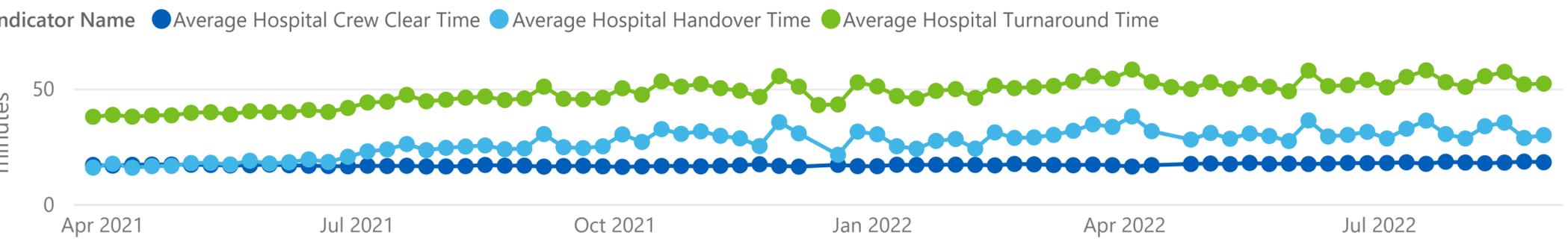
Response Metrics



Response Metrics

| Indicator Name | Jul 21 | Jun 22 | Jul 22 |
|---|----------|----------|----------|
| Category C1 Incidents 90th Percentile Response Time | 00:15:53 | 00:16:28 | 00:17:57 |
| Category C1 Incidents Mean Response Time | 00:09:16 | 00:09:30 | 00:10:21 |
| Category C2 Incidents 90th Percentile Response Time | 01:21:10 | 01:35:57 | 01:39:07 |
| Category C2 Incidents Mean Response Time | 00:37:21 | 00:43:18 | 00:44:44 |

Hospital Turnaround Metrics



Hospital Turnaround Metrics

| Indicator Name | Jul 21 | Jun 22 | Jul 22 |
|----------------------------------|----------|----------|----------|
| Average Hospital Crew Clear Time | 00:16:25 | 00:17:29 | 00:17:55 |
| Average Hospital Handover Time | 00:23:36 | 00:30:53 | 00:31:31 |
| Average Hospital Turnaround Time | 00:44:40 | 00:52:42 | 00:53:46 |

Patient Clinical Effectiveness (Director Responsible Julian Mark)



Care Bundles (Last 3 Results)

| Indicator | Jun 21 | Jul 21 | Aug 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 | Jan 22 | Feb 22 | Mar 22 | Apr 22 |
|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Sepsis % | 85.0% | | | 87.0% | | | 86.0% | | | 81.0% | |
| STEMI % | | 66.0% | | 73.0% | | | 72.0% | | | 57.0% | |
| Stroke % | | | 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 |

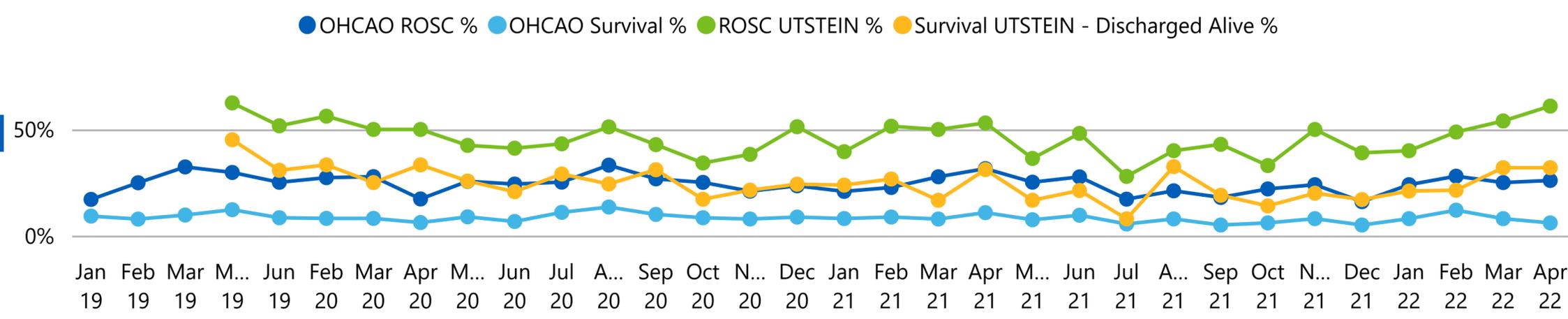
Sentinal Stroke National Audit Programme (SSNAP)

| Indicator | Feb 22 | Mar 22 | Apr 22 |
|--------------------------------|--------|--------|--------|
| Avg Time from call to hospital | 90 | 104 | 82 |
| Total Patients | 376 | 425 | 398 |

Re-contacts as Proportion of Incident Category

| Indicator | Jun 21 | Jul 21 | Aug 21 |
|----------------------------|--------|--------|--------|
| Re-contacts - H&T (%) | 5.9% | 4.9% | 5.2% |
| Re-contacts - S&T (%) | 5.2% | 4.6% | 4.6% |
| Re-contacts - Conveyed (%) | 6.1% | 5.6% | 5.8% |

ROSC and Survival



Sepsis Care Bundle –Data evidences increase in care bundle compliance from 78% in December 2020 to 86% in December 2021. Hospital pre- alert remains largely responsible for the majority of failures. It has been widely agreed that pre- alert is not appropriate for all sepsis patients & a national decision has been made to stop reporting this ACQI in summer 2022. The ePR has updated to trigger sepsis warning flags when the observations are inputted and pre-alert will become a mandatory field in the next release of the ePR. An updated sepsis decision tool and 10/10/10 campaign which will be launched early February and aims to increase awareness of the care bundle and reduce on scene time for patients with Red Flag Sepsis.

STEMI Care Bundle – Care bundle compliance currently demonstrates an upward trend in 2021 when compared with previous years. In April 2021 YAS achieved 68% compliance up from 61% in January 2021, July 2021 demonstrated 66%. A further increase to 73% in October 2021 confirms this trend. Analgesia administration has been identified as the main cause of this variability with GTN lowering patient pain score on scene, negating analgesia requirement. A review of the Acute Coronary Syndrome pathway is underway as well as the technical guidance under which this measure is audited. Recording of two pain scores (pre & post analgesia) is also an contributing factor to care bundle failures. Further work is currently being undertaken by YAS clinical informatics & audit team to circulate these findings to front- line clinicians. Further review of the ACQIs by the national audit group also suggests that this element of the care bundle may be amended in the near future.

Stroke Care Bundle –Consistently performing in the 90% range, compliance could be improved with better documentation of patient blood sugar. The revised 10/10/10 and FASTO campaign was launched in Q3 2019/20. Blood pressure & FAST test recording compliance sits at above 99%, whilst the recording of blood sugar is currently at 93% across the trust. Communication of this trend to front- line clinicians has taken place. National decision has been made to stop reporting of this ACQI measure in 2022.

Cardiac Arrest Outcomes – YAS perform well in both Survival to discharge and ROSC against the national average. The highest number of patients to survive for one month was 38 out of 270 during Nov 16. Analysis from Apr 16 to Mar 20 depicts normal variation with proportion of YAS patients who survive to discharge following OHCA, therefore no special causes need to be investigated at this point of analysis. Analysis for ROSC demonstrates special cause variation in April 2020 & July 2021; further investigation demonstrates worsened patient acuity during these months is largely due to the current pandemic. Furthermore, survival rates for July, September, October & December 2021 (5%, 5%, 6% & 5% respectively) all sit below the previous rates for this time of year. This, again, has been attributed to the COVID- 19 pandemic.

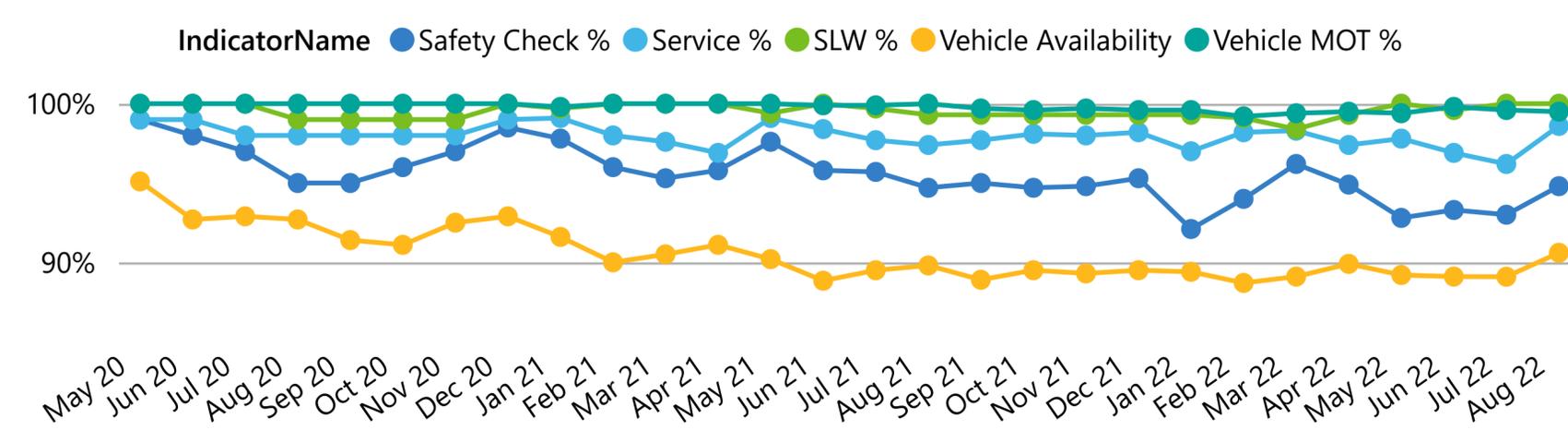
Re-contacts with 72 hours has traditionally been difficult to monitor but as the number of patients matched to NHS numbers increases, this valuable data is now more readily available. There has been a small but steady increase in the number of patients being referred to alternative providers following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

Estates

Estates Comments

| Indicator | Aug 21 |
|--|--------|
| P1 Emergency (2 HRS) | 100.0% |
| P1 Emergency – Complete (<24Hrs) | 100.0% |
| P2 Emergency (4 HRS) | 100.0% |
| P2 Emergency – Complete (<24Hrs) | 86.1% |
| Planned Maintenance Complete | 99.6% |
| P6 Non Emergency - Attend within 2 weeks | 87.5% |
| P6 Non Emergency - Complete within 4 weeks | 62.5% |

999 Fleet



999 Fleet Age

| IndicatorName | Jul 22 | Aug 22 |
|-----------------|--------|--------|
| Vehicle age +7 | 15.4% | 14.6% |
| Vehicle age +10 | 1.6% | 1.8% |

PTS Age

| IndicatorName | Jul 22 | Aug 22 |
|-----------------|--------|--------|
| Vehicle age +7 | 7.4% | 8.9% |
| Vehicle age +10 | 1.0% | 1.0% |

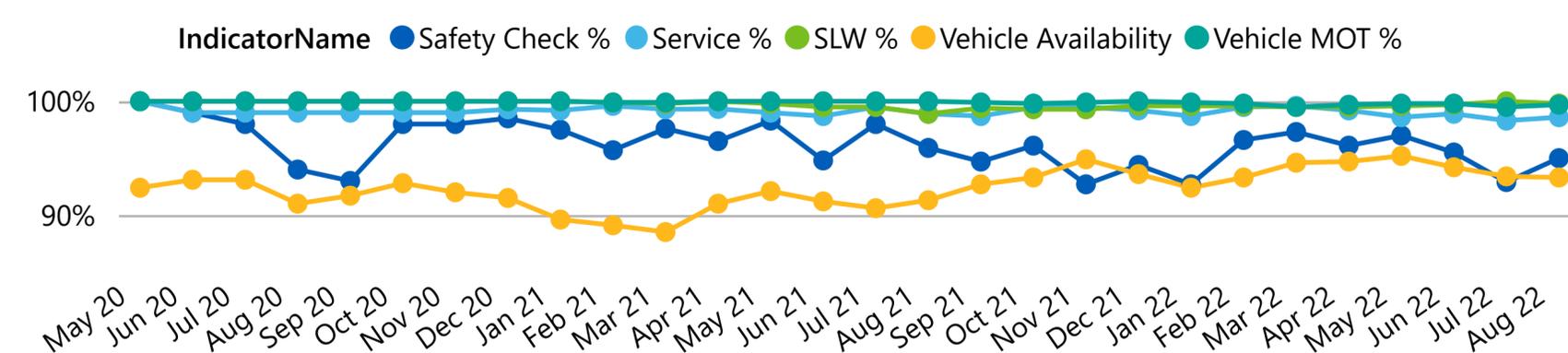
Fleet Comments

A&E availability has increase to 90.6% this month but is being affected by the number of Rapid Response Vehicle breakdowns due to vehicle age. The RRV's are on order with expected delivery date starting October. PTS has stabilised at 93%, with routine maintenance being carried out as priority. Fleet are working with operational colleagues to ensure crews have enough vehicles to deliver services.

Routine maintenance compliance remains high although the higher volume of maintenance events has affected availability in August, plans are in place to bring availability back in line by moving resource to the affected areas.

Age profile of the A&E DCA has continues to decrease in August this is due to the disposal of retained vehicles. The Trust's DCA age profile is also higher due to the retention of 20 vehicles to assist with demand from the last round of vehicle replacements and the slippage in delivery of the 64 new vehicles caused by global shortages of electronic parts.

PTS Fleet



Glossary - Indicator Descriptions (A&E)

A&E

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

Glossary - Indicator Descriptions (IUC and PTS)

IUC and PTS

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

Glossary - Indicator Descriptions (Quality and Safety)

Quality and Safety

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