



Integrated Performance Report

September 2022

Published 18 October 2022

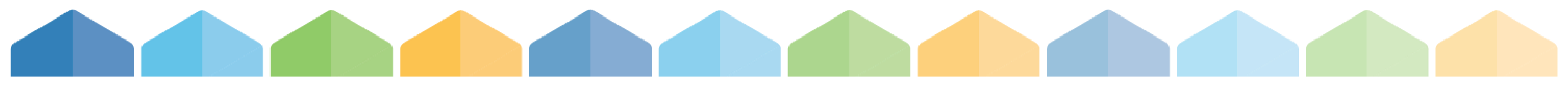


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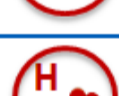


One Team, Best Care



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.

999 IPR Key Exceptions - September 22

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:55		
999 - Answer 95th Percentile		00:04:16		
999 - C1 Mean (T <7Mins)	00:07:00	00:10:00		
999 - C1 90th (T <15Mins)	00:15:00	00:17:31		
999 - C2 Mean (T <18mins)	00:18:00	00:40:57		
999 - C2 90th (T <40Mins)	00:40:00	01:33:23		
999 - C3 Mean (T - <1Hr)	01:00:00	01:48:13		
999 - C3 90th (T - <2Hrs)	02:00:00	04:22:07		
999 - C4 90th (T < 3Hrs)	03:00:00	03:45:30		
999 - C1 Responses > 15 Mins		1,173		
999 - C2 Responses > 80 Mins		4,728		
999 - Job Cycle Time		01:56:09		
999 - Avg Hospital Turnaround	00:30:00	00:57:45		
999 - Avg Hospital Handover		00:35:36		
999 - Avg Hospital Crew Clear		00:17:56		
999 - Average Hospital Notify Time		00:05:46		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 55 seconds for September, a decrease of 2 seconds when compared to August. The tails of performance shown by the call answer percentiles also decreased from August, indicating that there were fewer very long waits at the tail end of the data for last month.

Cat 1-4 Performance - No national performance targets were met in September. Performance times for all categories remain exceptionally high. Compared to August, the Category 1 mean and 90th percentile performance times increased by 18 seconds and by 23 seconds, respectively. The Category 2 mean performance time increased by 8 minutes 19 seconds and the 90th percentile increased by 21 minutes 36 seconds compared to August.

Abstractions were 7.9% higher than forecast for September, though falling 0.4% from August. Weekly staff hours have fallen compared to August by over 400 hours per week. Overall availability decreased by 2.0% from August and was reflected in worsened performance in all categories. Compared to September 2021, abstractions are up by 1.2% and availability is up by 2.2%.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 73.6% in August (12.6% Cat1, 61.0% Cat2) after a 1.6% increase compared to August (0.1% decrease in Cat1 and 1.7% increase in Cat2). Comparing against September for the previous year, Cat1 proportion has increased by 1.7% and Cat2 proportion has decreased by 3.2%.

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/September. In September there were 1,173 responses over this target, increasing slightly by 47 (4.2%) compared to August. The number for last month was 19.9% above September 2021.

The number of Cat2 responses greater than 2x 90th percentile target also increased from August by approximately 1,900 responses (67.6%) and this is equivalent to a 15.3% increase compared to September 2021.

Job cycle time - Overall, job cycle time is approximately 5 minutes longer than in August and over 10.5 minutes longer than in September 2021.

Hospital - The average handover time in September remains high at just over 35 minutes. This is an increase of around 4.5 minutes compared to August. Turnaround times have also remained high with the average turnaround for September at 57 minutes 45 seconds. This means that average turnarounds are more than 27 minutes above target and they are also more than 10.5 minutes longer than they were at the same time last year.

IUC IPR Key Indicators - September 22

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		118,271		
IUC - Increase - Previous Month		6.7%		
IUC - Increase Same Month Last Year		-6.7%		
IUC - Calls Abandoned	3.0%	6.8%		
IUC - Answer Mean	00:00:20	00:02:55		
IUC - Answered in 60 Secs	90.0%	57.8%		
IUC - Call back in 1 Hour	60.0%			
IUC - ED Validations %	50.0%			

IUC Exceptions - Comments (Director Responsible - Karen Owens)

YAS received 126,935 calls in September, -18.0% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in September, 118,271 calls (93.2%) were answered, 6.7% more than were answered in August and -6.7% fewer than the number of calls answered in September 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 decreased in September to 57.8%, compared to August 60.4%.

Average speed to answer in September was 175 seconds (2 minutes and 55 seconds), down 4 seconds from August but still higher than the national target of <20 seconds. Similarly, abandoned calls were 6.8% this month, above the 3% target and a decrease of -2.1% on August's performance. YAS are not alone in these challenges, with other providers experiencing similar challenges.

Due to the National Aadastra Outage we are currently not yet receiving Aadastra data. Therefore, no triage or outcome data is available for September 2022.

PTS IPR Key Indicators - September 22

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	17.3%		
PTS - % Short notice - Pickup < 120 mins	90.8%	78.5%		
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	87.5%		
PTS - Arrive at Appointment Time	90.0%	86.5%		
PTS - Journeys < 120Mins	90.0%	99.2%		
PTS - Same Month Last Year		0.5%		
PTS - Increase - Previous Month		-0.6%		
PTS - Demand (Journeys)		75,177		

PTS Exceptions - Comments (Director Responsible - Karen Owens)

PTS Total Activity for September was 75,117 which falls in line with the latest 5 month run rate. QTR2 saw a 3.4% increase in demand compared to the same period in 2021/22.

Focus continues on the 120 Min Discharge KPI and patient care.

For the second month running the average Patients Per Vehicle was 1.16, 0.08 over the forecast target. From October this is expected to increase further as more patients will be cohorted. The phased approach to increasing efficiencies and cohorting is on plan aligned to a reduced use of Private Providers; this has had an impact on performance levels. For the second month running Short Notice Outwards performance has been on average 78%, 7% lower than the average performance results over the past 24 months.

High call levels continue to impact performance in PTS Reservations. Demand in September was the highest it's been this financial year. In correlation, performance was the lowest. 17.3% of calls were answered in 180 seconds, 72.7% under target. Actual calls were 15.4% above forecast. Current modelling demonstrates that Reservations required an extra 8FTE (above budget) online to be able to meet the call demand and achieve service level.

Respiratory infection demand decreased for the third month running. For QTR 2 of 2022/23, respiratory related demand was 5.0% lower than the same period in 2021/22.

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

Patient Relations – Decrease in service to service, concerns, from August to September, with a slight increase in the number of complaints. There are still a number of compliments to process due to capacity within the patient relations team, this will be reflected in October's figures.

Safeguarding adult and child – There has been a slight increase in adult safeguarding referrals compared with last month, with child referrals unchanged. Overall, compared to September 2021 there has been a significant increase in both.







Safeguarding training – Training levels have increased for both Safeguarding for Adults and Safeguarding for Children. 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.













Workforce Exceptions - Comments (Director Responsible - Mandy Wilcock)

Sickness - Sickness has decreased slightly to 8.2%, 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 66.5%, maintaining a steady increase since April 2022. Only PTS saw a small decrease, however this is the highest performing area with an 83.9% compliance rate. 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. The Compliance Dashboard makes 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 in all areas, with PTS still fully compliant (green) for all categories and EOC and 'Other' approaching full compliance. Staff are being encouraged to get all eLearning completed and managers can monitor progress via the fortnightly Compliance Dashboard. Essential Learning Champions in all areas of the Trust are supporting the progress, and the Trust is 0.1 percentage points away from achieving full compliance (90%+ for eLearning).

Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		638		
Serious		8		
Moderate and Above Harm		31		
Service to Service		60		
Adult Safeguarding Referrals		1,910		
Child Safeguarding Referrals		792		

Indicator	Target	Actual	Variance	Assurance
Turnover (FTE) %		12.3%		
Sickness - Total % (T-5%)	5.0%	8.1%		
Special Leave		0.1%		
PDR / Staff Appraisals % (T-90%)	90.0%	66.5%		
Stat & Mand Training (Fire & IG) 1Y	90.0%	91.7%		
Stat & Mand Training (Core) 3Y	90.0%	89.9%		
Stat & Mand Training (Face to Face)	90.0%	78.9%		

Workforce Summary

A&E	IUC	PTS
EOC	Other	Trust



Key KPIs

Name	Sep 21	Aug 22	Sep 22
Turnover (FTE) %	9.9%	12.4%	12.3%
Vacancy Rate %	5.9%	13.5%	13.2%
Apprentice %	6.4%	8.6%	9.7%
BME %	6.3%	6.2%	6.1%
Disabled %	3.7%	4.7%	4.8%
Sickness - Total % (T-5%)	9.5%	8.4%	8.1%
Special Leave	1.8%	0.2%	0.1%
PDR / Staff Appraisals % (T-90%)	54.9%	63.7%	66.5%
Stat & Mand Training (Fire & IG) 1Y	80.8%	91.7%	91.7%
Stat & Mand Training (Core) 3Y	97.1%	88.9%	89.9%
Stat & Mand Training (Face to Face)	71.1%	77.5%	78.9%
Stat & Mand Training (Safeguarding L2 +)	83.2%	94.2%	94.8%

YAS Commentary

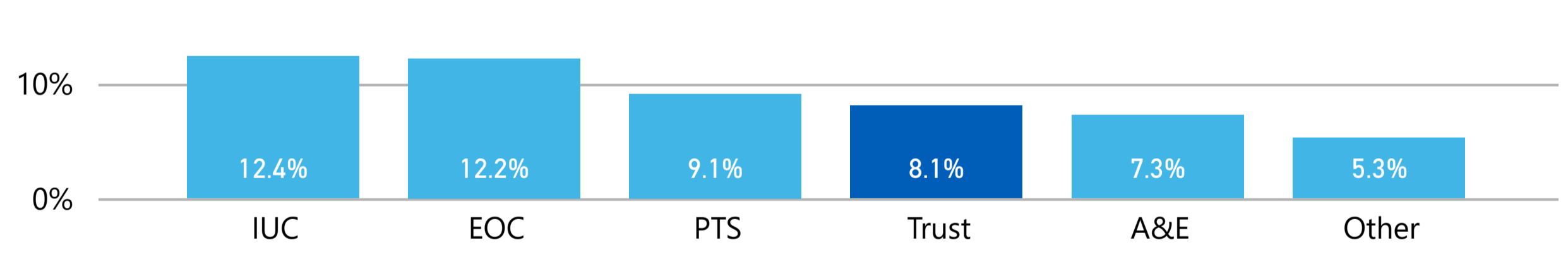
FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 13.2%. Turnover is at 12.3%. Both of these figures have slightly decreased since last month, however the main area of concern remains in our call centres. Dedicated 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 slightly to 8.2%, impacting on performance concerns across the Trust. The EOC/111 transformation teams have specific work streams regarding health and wellbeing.

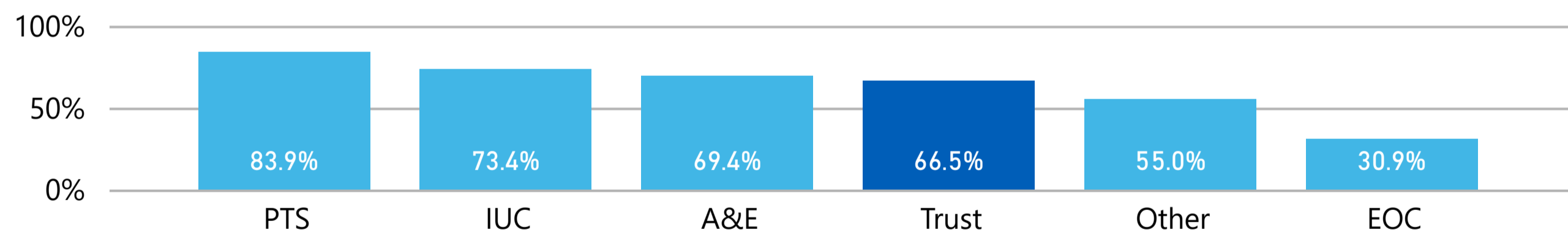
PDR / Appraisals - Rates have increased to 66.5%, maintaining a steady increase since April 2022. Only PTS saw a small decrease, however this is the highest performing area with an 83.9% compliance rate. Support continues to be provided to all areas, and managers are receiving update briefings and workshops (for new managers) on how to conduct the appraisals achieving a quality conversation. The Compliance Dashboard makes 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 in all areas, with PTS still fully compliant (green) for all categories and EOC and 'Other' approaching full compliance. Staff are being encouraged to get all eLearning completed and managers can monitor progress via the fortnightly Compliance Dashboard. Essential Learning Champions in all areas of the Trust are supporting the progress, and the Trust is 0.1 percentage points away from achieving full compliance (90%+ for eLearning).

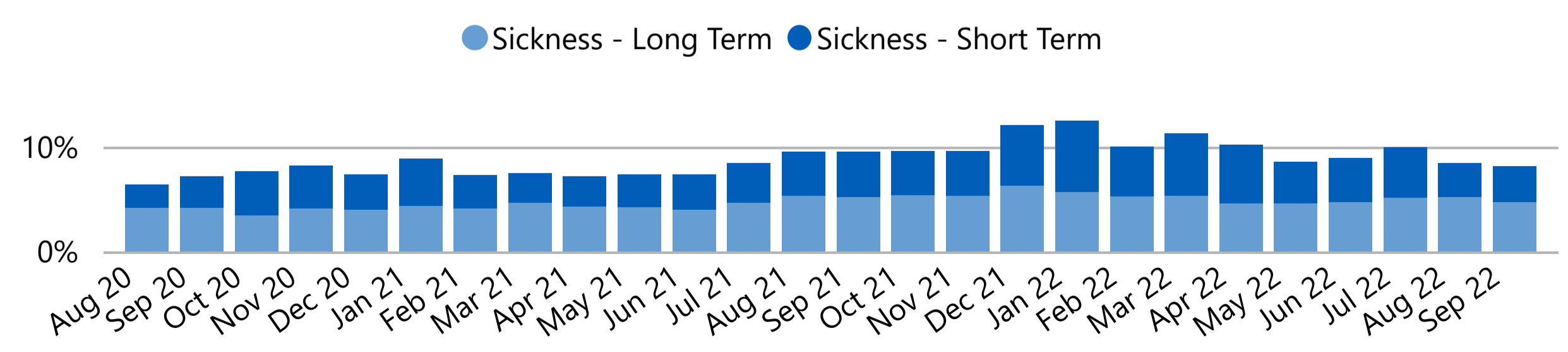
Sickness Benchmark for Last Month



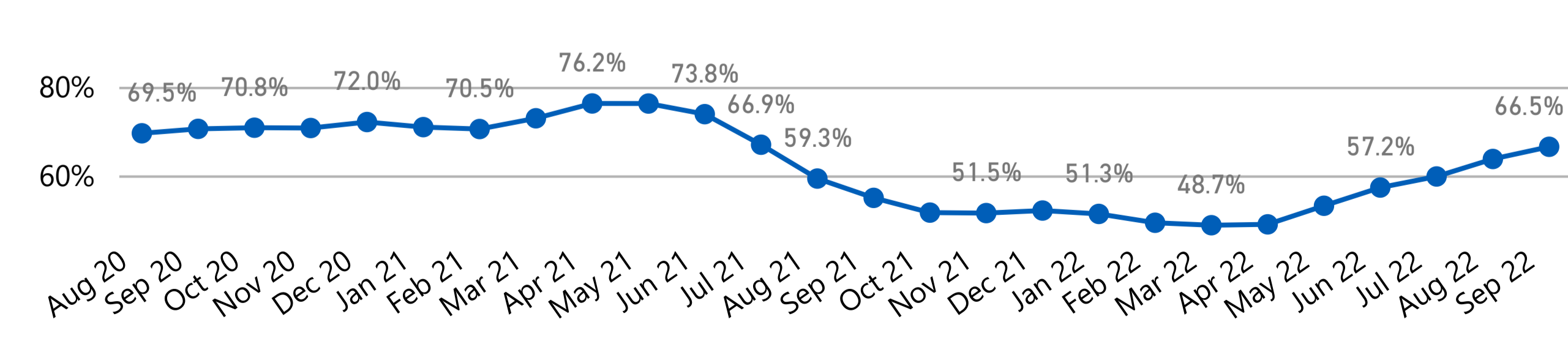
PDR Benchmark for Last Month



Sickness



PDR - Target 90%



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

Overview - Unaudited Position

Overall - The Trust has a year to date surplus at month 6 of £564k as shown above. £339k surplus 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 September the Trust had £78.8m 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)		£564	£564
Cash	£77,000	£77,000	£0
Capital	£7,423	£2,900	-£4,523

Monthly View (£000s)

Indicator Name	2022-05	2022-06	2022-07	2022-08	2022-09
Surplus/ (Deficit)	-£4,610	£4,730	£459	-£88	£73
Cash	£78,525	£79,865	£79,098	£85,132	£78,788
Capital	£193	£273	£323	£414	£1,697

Patient Demand Summary

Demand Summary

ShortName	Sep 21	Aug 22	Sep 22
999 - Incidents (HT+STR+STC)	68,821	64,634	62,337
IUC - Call Answered	126,820	110,860	118,271
IUC - Increase - Previous Month	-10.1%	-16.6%	6.7%
IUC - Increase Same Month Last Year	-16.3%	-21.4%	-6.7%
IUC - Calls Answered Above Ceiling	-9.1%	-31.0%	-25.1%
PTS - Demand (Journeys)	74,790	75,651	75,177
PTS - Increase - Previous Month	7.5%	2.8%	-0.6%
PTS - Same Month Last Year	19.5%	8.7%	0.5%

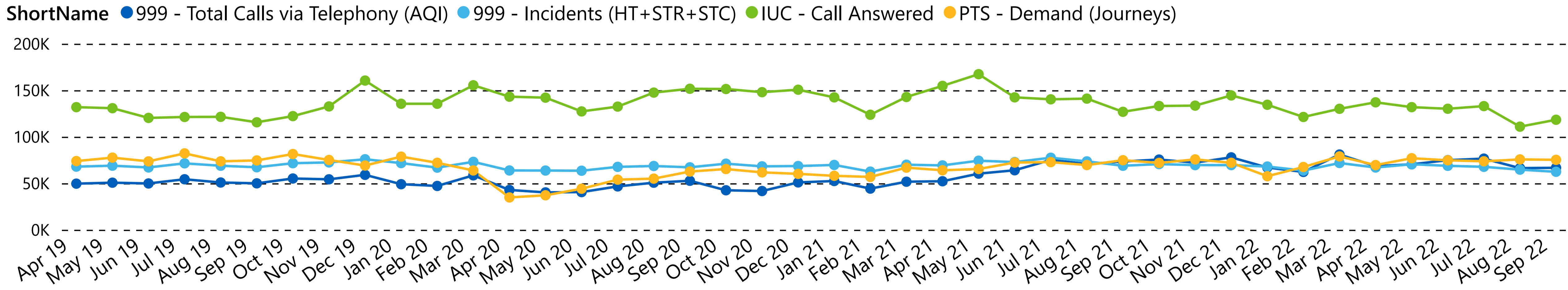
Commentary

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 126,935 calls in September, -18.0% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in August, 118,271 calls (93.2%) were answered, 6.7% more than were answered in August and -6.7% fewer than the number of calls answered in September 2021.

PTS - Total PTS demand decreased for the third month running, with 0.6% less journeys undertaken than August. 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.

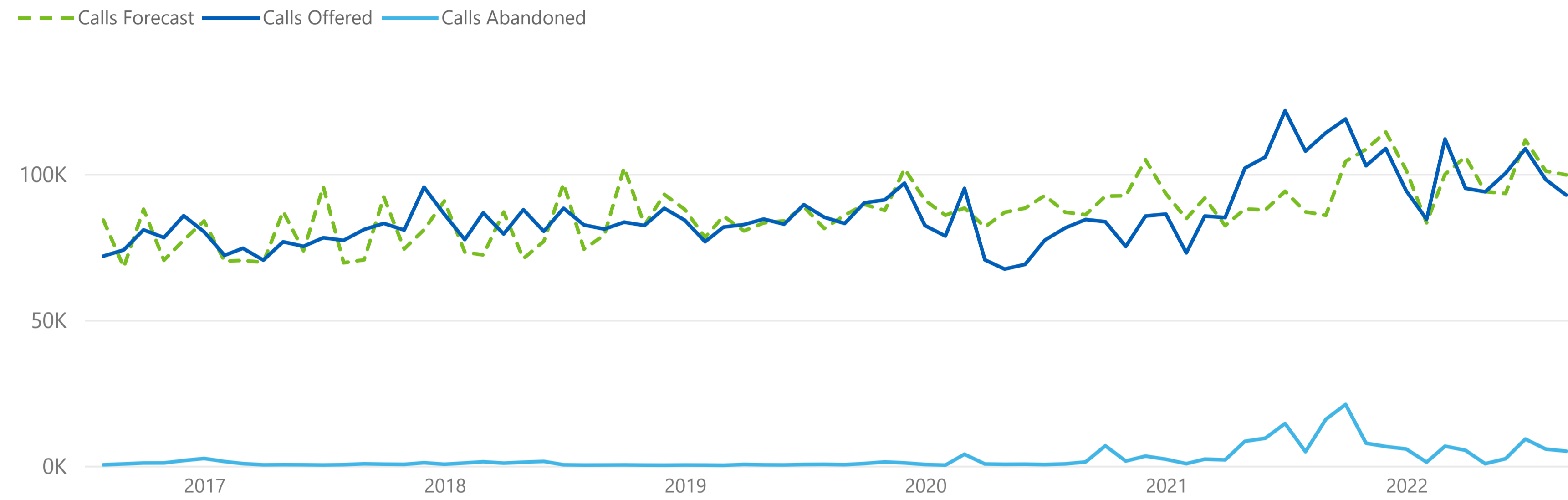
Overall Calls and Demand



999 and IUC Historic Demand

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

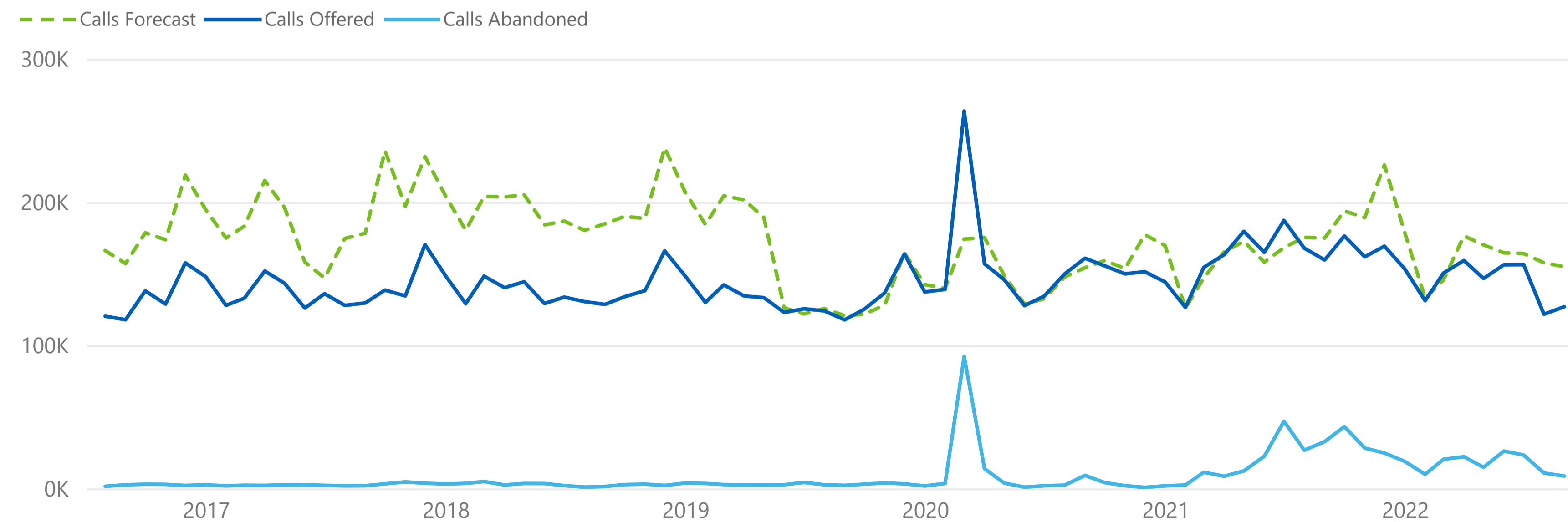
999 Historic Call Demand



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 September 2022 there were 92,742 calls offered which was 6.9% below forecast, with 87,752 calls answered and 4,990 calls abandoned (5.4%). There were 5.4% fewer calls offered compared to August 2022 and 18.7% fewer calls offered compared to September 2021. Historically, the number of abandoned calls has been very low, however, this has increased since April 2021 and remains relatively high, fluctuating each month. There was a 12.4% reduction in abandoned calls between August and September 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 126,935 calls in September, -18% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in September, 118,271 calls (93.2%) were answered, 6.7% more than were answered in August and -6.7% fewer than in September 2021.

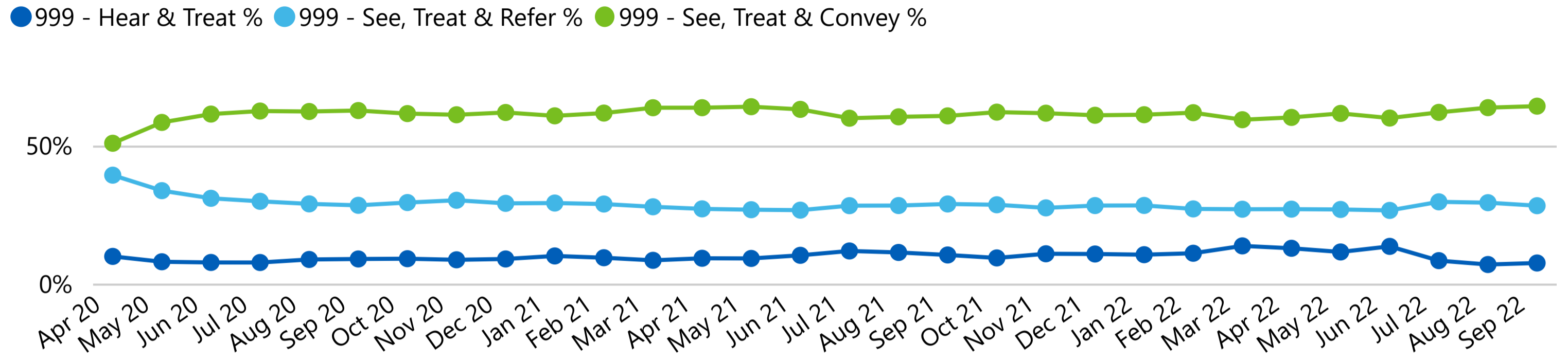
Calls abandoned for September were 6.8%, 2% lower than August 2022 and 13.7% lower when compared to September 2021.

Patient Outcomes Summary

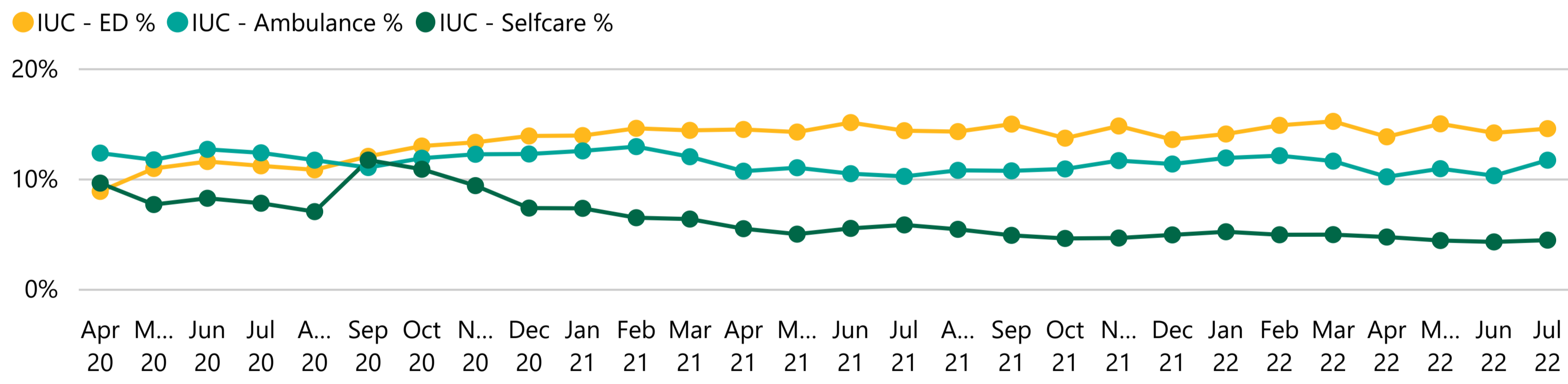
Outcomes Summary

ShortName	Sep 21	Aug 22	Sep 22
999 - Incidents (HT+STR+STC)	68,821	64,634	62,337
999 - Hear & Treat %	10.4%	6.9%	7.5%
999 - See, Treat & Refer %	28.9%	29.3%	28.2%
999 - See, Treat & Convey %	60.8%	63.8%	64.3%
999 - Conveyance to ED %	53.6%	56.7%	57.2%
999 - Conveyance to Non ED %	7.2%	7.0%	7.1%
IUC - ED %	14.9%		
IUC - ED outcome to A&E	79.0%		
IUC - ED outcome to UTC	10.5%		
IUC - Ambulance %	10.7%		
IUC - Selfcare %	4.8%		
IUC - Other Outcome %	11.0%		
IUC - Primary Care %	56.4%		
PTS - Demand (Journeys)	74,790	75,651	75,177

999 Outcomes



IUC Outcomes



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.

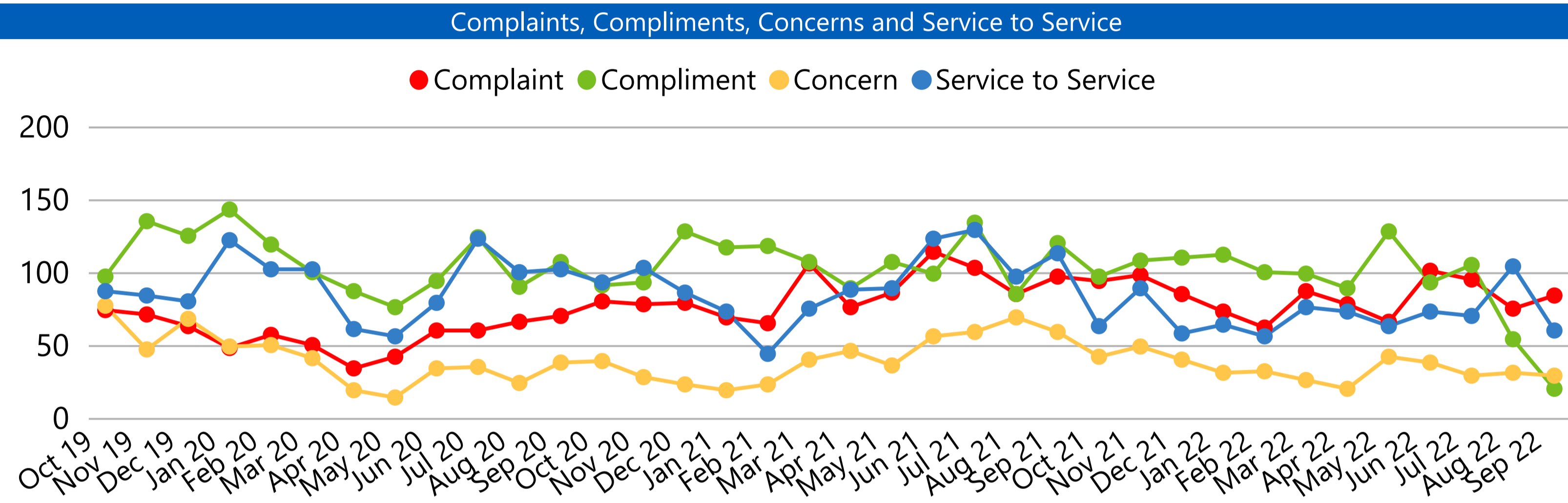
IUC - Due to the National Aadastra Outage we are currently not yet receiving Aadastra data. Therefore, no triage or outcome data is available for September 2022.

Patient Experience (Director Responsible - Clare Ashby)

A&E EOC IUC
 PTS YAS



Patient Relations			
Indicator	Sep 21	Aug 22	Sep 22
Service to Service	113	104	60
Concern	59	31	29
Compliment	120	54	20
Complaint	97	75	84



YAS Compliance			
Indicator	Sep 21	Aug 22	Sep 22
% FOI Request Compliance	97.6%	95.9%	94.9%

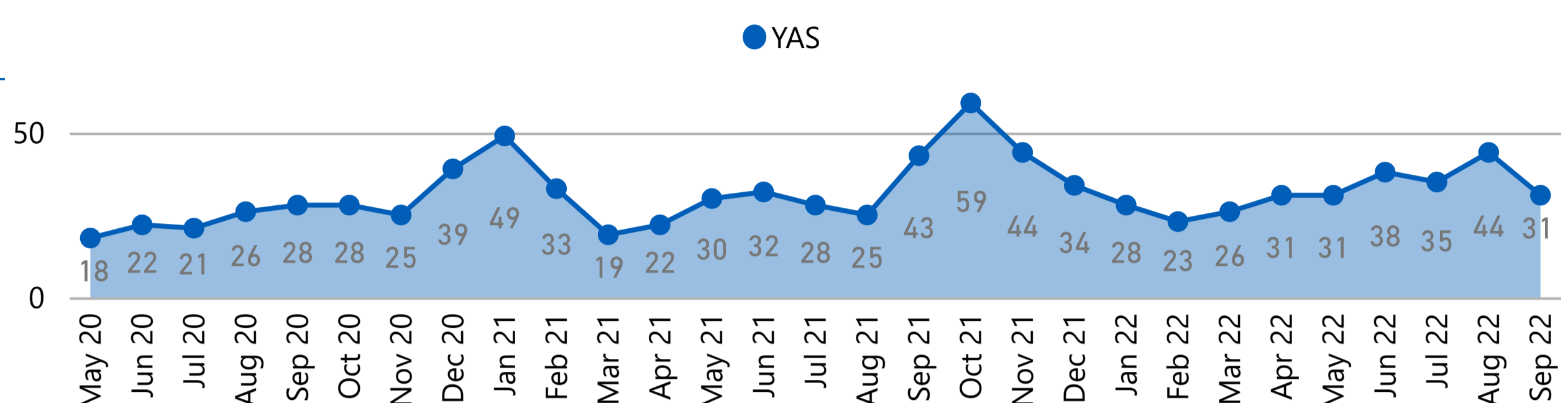
YAS Comments

Patient Relations – Decrease in service to service, concerns, from August to September, with a slight increase in the number of complaints. There are still a number of compliments to process due to capacity within the patient relations team, this will be reflected in October’s figures.

FOI Compliance is consistently remaining above the target of 90%.

Incidents Incidents - Moderate and Above Harm

Indicator	Sep 21	Aug 22	Sep 22
All Incidents Reported	669	780	638
Medication Related		91	92
Moderate & Above Harm - Total	43	44	31
Number of duty of candour contacts	7	14	22
Number of RIDDORs Submitted	9	3	3
Serious	8	13	8



Indicator	Sep 21	Aug 22	Sep 22
Moderate & Above Harm (verified)	28	24	24
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)		5	6
Serious incidents (verified)	8	8	11

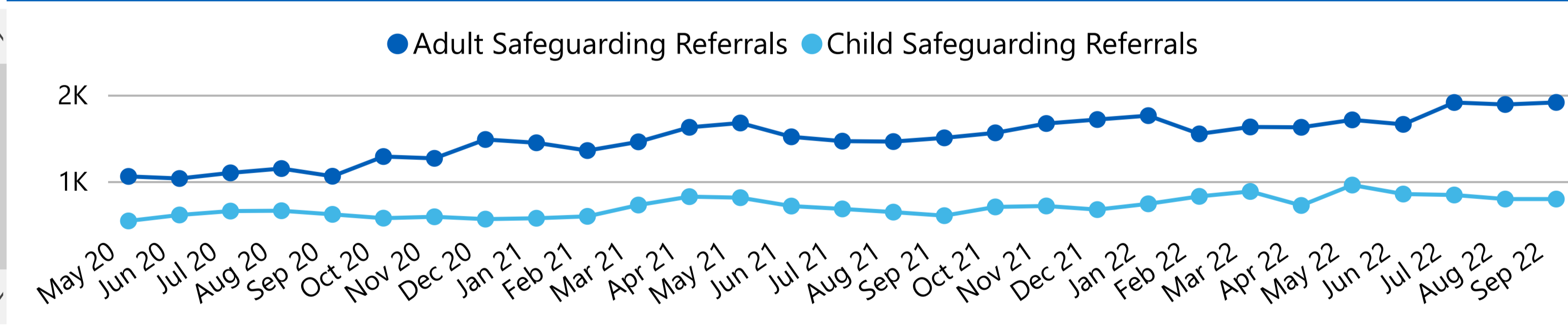
A&E Long Responses

Indicator	Sep 21	Aug 22	Sep 22
999 - C1 Responses > 15 Mins	978	1,126	1,173
999 - C2 Responses > 80 Mins	4,099	2,821	4,728

YAS Child and Adult Safeguarding

Indicator	Sep 21	Aug 22	Sep 22
Adult Safeguarding Referrals	1,500	1,886	1,910
Child Safeguarding Referrals	600	792	792
% Trained Safeguarding for Children (L1)	96.9%	87.4%	90.0%
% Trained Safeguarding for Children (L2)	78.6%	93.3%	93.5%
% Trained Safeguarding for Adults (L1)	96.4%	93.4%	93.7%

Safeguarding Training



YAS IPC Compliance

Indicator	Sep 21	Aug 22	Sep 22
% Compliance with Hand Hygiene	99.0%	99.0%	99.3%
% Compliance with Premise	99.0%	97.0%	97.9%
% Compliance with Vehicle	99.0%	98.0%	97.9%

YAS Comments

Safeguarding adult and child referrals – There has been a slight increase in adult safeguarding referrals compared with last month, with child referrals unchanged. Overall, compared to September 2021 there has been a significant increase in both.

Safeguarding training – Training levels have increased for both Safeguarding for Adults and Safeguarding for Children. 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)

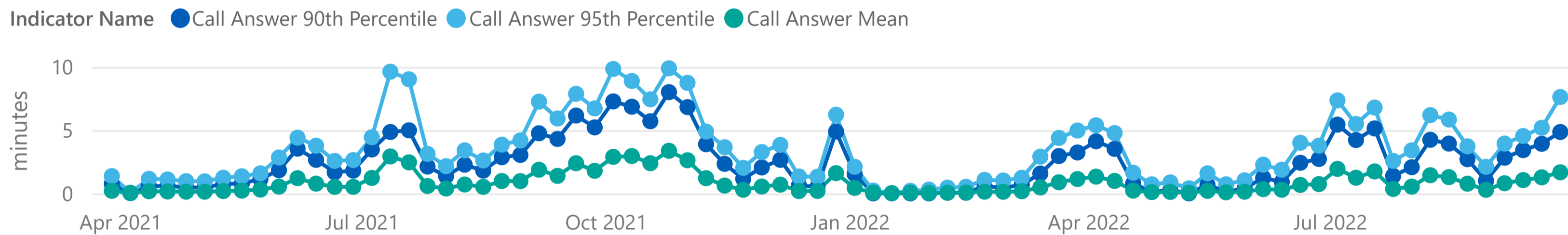
Commentary:

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
01 February 2022			
18 November 2021			

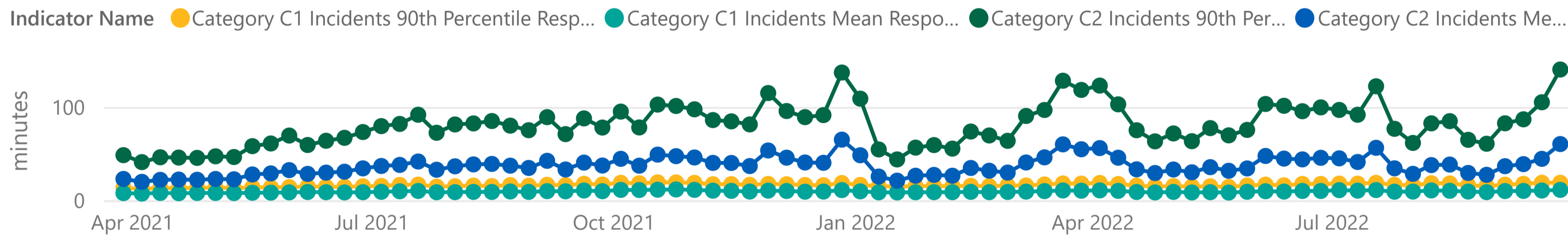
Call Answer Metrics (call data available from 7th September onwards)



Call Answer Metrics

Indicator Name	Sep 21	Aug 22	Sep 22
Call Answer 90th Percentile	00:04:56	00:03:11	00:03:07
Call Answer 95th Percentile	00:06:46	00:04:37	00:04:16
Call Answer Mean	00:01:46	00:00:57	00:00:55

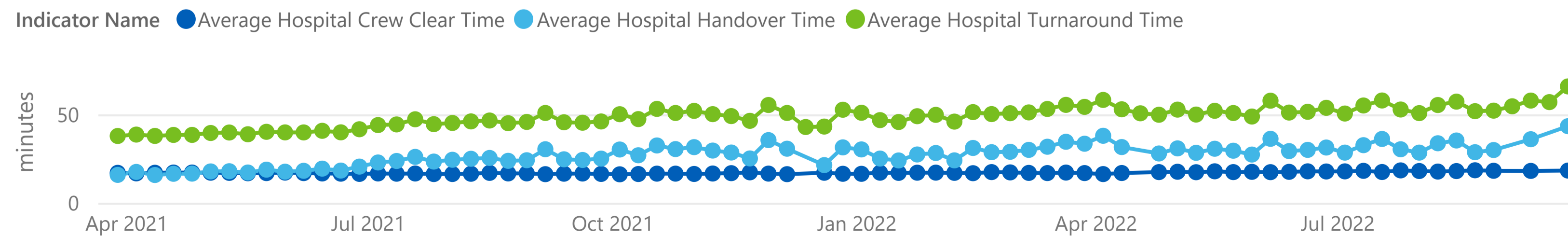
Response Metrics



Response Metrics

Indicator Name	Sep 21	Aug 22	Sep 22
Category C1 Incidents 90th Percentile Response Time	00:16:47	00:17:08	00:17:31
Category C1 Incidents Mean Response Time	00:09:44	00:09:42	00:10:00
Category C2 Incidents 90th Percentile Response Time	01:21:03	01:11:47	01:33:23
Category C2 Incidents Mean Response Time	00:37:56	00:32:38	00:40:57

Hospital Turnaround Metrics



Hospital Turnaround Metrics

Indicator Name	Sep 21	Aug 22	Sep 22
Average Hospital Crew Clear Time	00:16:26	00:17:59	00:17:56
Average Hospital Handover Time	00:26:06	00:31:03	00:35:36
Average Hospital Turnaround Time	00:47:10	00:53:25	00:57:45

Patient Clinical Effectiveness (Director Responsible Julian Mark)



Care Bundles (Last 3 Results)

Indicator	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22
Sepsis %			87.0%			86.0%			81.0%		
STEMI %	66.0%			73.0%			72.0%			57.0%	
Stroke %		97.0%			93.0%			95.0%			92.0%

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

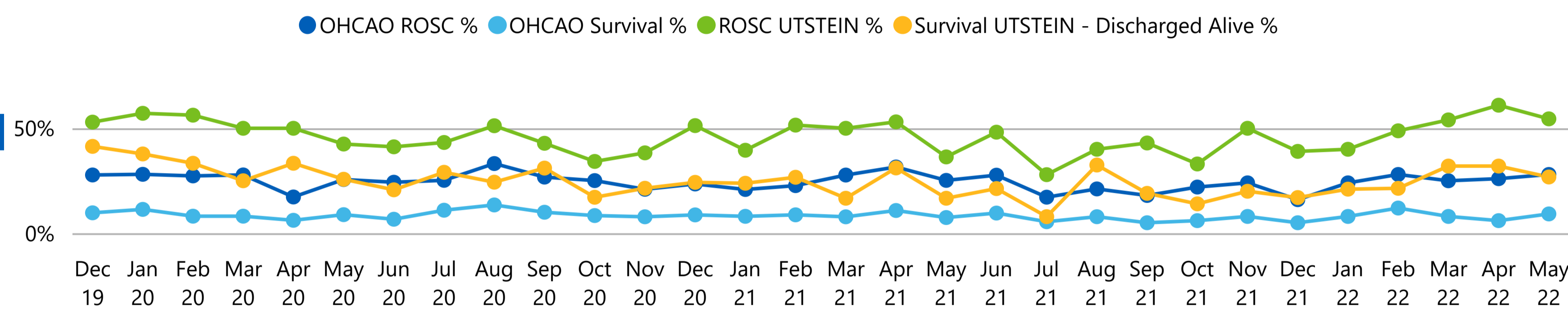
Sentinal Stroke National Audit Programme (SSNAP)

Indicator	Mar 22	Apr 22	May 22
Avg Time from call to hospital	104	82	89
Total Patients	425	398	440

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.

Fleet and Estates

Estates

Estates Comments

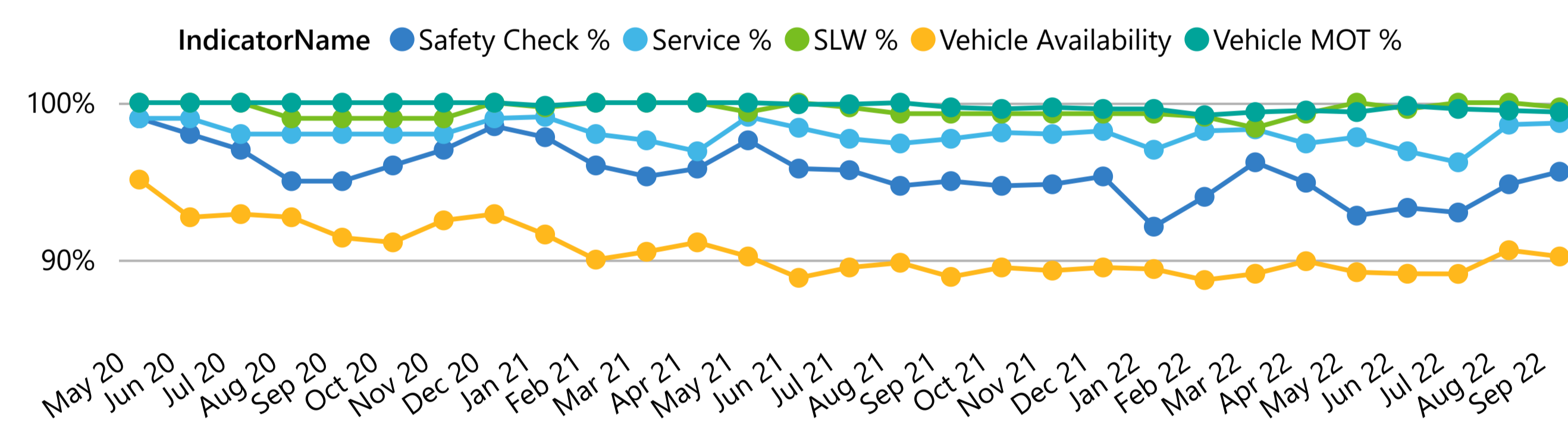
Indicator	Feb 22	Mar 22	Apr 22	May 22
P1 Emergency (2 HRS)	100.0%	100.0%	100.0%	66.7%
P1 Emergency – Complete (<24Hrs)	100.0%	88.9%	100.0%	83.3%
P2 Emergency (4 HRS)	87.8%	94.6%	91.2%	92.9%
P2 Emergency – Complete (<24Hrs)	75.5%	83.6%	88.2%	81.0%
Planned Maintenance Complete	98.6%	99.4%	97.8%	99.8%
P6 Non Emergency - Attend within 2 weeks	80.0%	91.7%	95.5%	94.4%
P6 Non Emergency - Complete within 4 weeks	57.5%	75.0%	54.6%	72.2%

Estates are currently developing a new system and updated reporting will come soon.

999 Fleet

999 Fleet Age

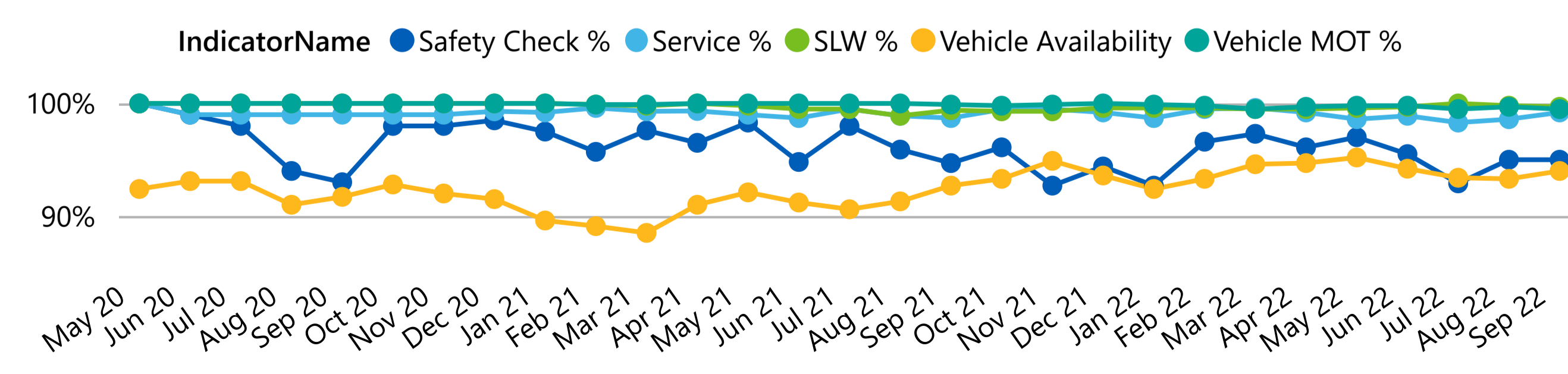
PTS Age



IndicatorName	Sep 21	Aug 22	Sep 22	IndicatorName	Sep 21	Aug 22	Sep 22
Vehicle age +7	11.2%	14.6%	14.6%	Vehicle age +7	6.0%	8.9%	8.9%
Vehicle age +10	0.4%	1.8%	1.8%	Vehicle age +10	1.7%	1.0%	1.0%

PTS Fleet

Fleet Comments



A&E availability has had a small decrease to 90.2% this month which is largely due to the number of Rapid Response Vehicle breakdowns experienced due to vehicle age. The RRV's are on order with expected delivery date starting WC 24th October with 5 per week being delivered. PTS has risen to 94%, focus remains on Routine maintenance to ensure the fleet is operated at its most efficient. Fleet are working with operational colleagues to ensure crews have enough vehicles to deliver services.

Routine maintenance compliance remains high with fleet managing resources to ensure effective routine maintenance is carried out in a timely manner.

Age profile of the A&E DCA has stabilised in September awaiting the arrival of the vehicles currently being converted, these deliveries are due to start WC 24th October for RRV and 28th November for DCA. 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

A&E

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

Glossary - Indicator Descriptions (IUC and PTS)

IUC and PTS

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

Glossary - Indicator Descriptions (Quality and Safety)

Quality and Safety

mID	ShortName	IndicatorType	AQIDescription
QS01	All Incidents Reported	int	
QS02	Serious	int	
QS03	Moderate & Above Harm	int	
QS04	Medication Related	int	
QS05	Number of duty of candour contacts	int	
QS06	Duty of candour contacts exceptions	int	
QS07	Complaint	int	
QS08	Compliment	int	
QS09	Concern	int	
QS10	Service to Service	int	
QS11	Adult Safeguarding Referrals	int	
QS12	Child Safeguarding Referrals	int	
QS26	Moderate and Above Harm (Per 1K Incidents)	int	
QS28	Moderate & Above Harm (Verified)	int	
QS29	Patient Incidents - Major, Catastrophic, Catastrophic (death)	int	
QS30	Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	int	
QS24	Staff survey improvement question	int	(TBC, yearly)
QS21	Number of RIDDORs Submitted	int	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
QS27	Serious incidents (verified)	int	The number of verified Serious Incidents reported on DATIX

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