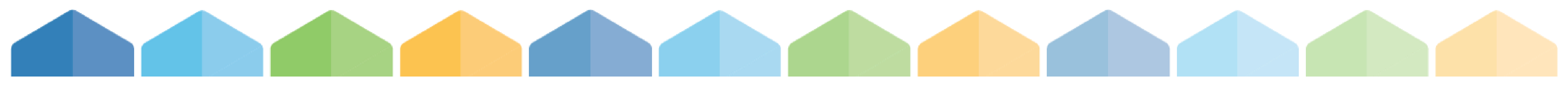




# Integrated Performance Report

October 2022

Published 23 November 2022



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## One Team, Best Care



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

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

### Our Ambitions for 2023

We achieve excellence in everything we do
























We use resources wisely to invest in and sustain services

### Our Key Priorities

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



# 999 IPR Key Exceptions - October 22

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:01:27		
999 - Answer 95th Percentile		00:06:06		
999 - C1 Mean (T <7Mins)	00:07:00	00:10:35		
999 - C1 90th (T <15Mins)	00:15:00	00:18:12		
999 - C2 Mean (T <18mins)	00:18:00	00:51:32		
999 - C2 90th (T <40Mins)	00:40:00	01:57:30		
999 - C3 Mean (T - <1Hr)	01:00:00	02:28:09		
999 - C3 90th (T - <2Hrs)	02:00:00	05:57:55		
999 - C4 90th (T < 3Hrs)	03:00:00	04:49:54		
999 - C1 Responses > 15 Mins		1,597		
999 - C2 Responses > 80 Mins		7,397		
999 - Job Cycle Time		01:59:47		
999 - Avg Hospital Turnaround	00:30:00	01:00:06		
999 - Avg Hospital Handover		00:36:25		
999 - Avg Hospital Crew Clear		00:18:11		
999 - Average Hospital Notify Time		00:05:53		
Total lost handover time		01:48:59		
Crew clear over 30 mins %		14.5%		

## Exceptions - Comments (Director Responsible - Nick Smith)

**Call Answer** - The mean call answer was 87 seconds for October, an increase of 32 seconds when compared to September; now the highest figure YTD, which was also the case last October. The tails of performance shown by the call answer percentiles also increased from September, indicating that there were more long waits at the tail end of the data for last month.

**Cat 1-4 Performance** - No national performance targets were met in October. Performance times for all categories remain exceptionally high. Compared to September, the Category 1 mean and 90th percentile performance times increased by 35 seconds and by 41 seconds, respectively. The Category 2 mean performance time increased by 10 minutes 35 seconds and the 90th percentile increased by 24 minutes 7 seconds compared to September.

Abstractions were 7.3% higher than forecast for October, though falling 0.6% from September. Weekly staff hours have increased compared to September by over 37 hours per week. Overall availability increased by 0.6% from September and was reflected in improved performance in all categories except C4 90th. Compared to October 2021, abstractions are down by 0.8% and availability is up by 3.0%.

**Call Acuity** - The proportion of Cat1 and Cat2 incidents was 76.6% in October (14.6% Cat1, 62.0% Cat2) after a 3.0% increase compared to September (2.0% increase in Cat1 and 1.0% decrease in Cat2). Comparing against October for the previous year, Cat1 proportion has increased by 2.8% and Cat2 proportion has decreased by 2.6%.








**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, reduced in August/September before increasing once again in October. In October there were 1,597 responses over this target, increasing by 424 (36.1%) compared to September. The number for last month was 6.1% above October 2021.

The number of Cat2 responses greater than 2x 90th percentile target also increased from September by approximately 2,700 responses (56.5%) and this is equivalent to a 26.3% increase compared to October 2021.

**Job cycle time** - Overall, job cycle time is approximately 3.5 minutes longer than in September and nearly 11 minutes longer than in October 2021.

**Hospital** - The average handover time in October remains high at approximately 36 minutes and 30 seconds. This is an increase of around 50 seconds compared to September. Turnaround times have also remained high with the average turnaround for October at 1 hour and 6 seconds. This means that average turnarounds are more than 30 minutes above target, and they are also more than 10 minutes longer than they were at the same time last year.

# IUC IPR Key Indicators - October 22

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		124,963		
IUC - Increase - Previous Month		5.7%		
IUC - Increase Same Month Last Year		-6.1%		
IUC - Calls Abandoned	3.0%	14.4%		
IUC - Answer Mean	00:00:20	00:07:20		
IUC - Answered in 60 Secs	90.0%	32.2%		
IUC - Call back in 1 Hour	60.0%			
IUC - ED Validations %	50.0%			

## IUC Exceptions - Comments (Director Responsible - Karen Owens)

YAS received 146,014 calls in October, -14.4% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in October, 124,963 calls (85.6%) were answered, 5.7% more than were answered in September and -6.1% fewer than the number of calls answered in October 2021.

Demand has increased, and due to continued limited staff availability, this 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 October to 32.2%, compared to September 57.8%. Average speed to answer in October was 440 seconds (7 minutes and 20 seconds), up 265 seconds from September and higher than the national target of <20 seconds. Similarly, abandoned calls were 14.4% this month, above the 3% target and an increase of 7.6% on September'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 August 2022 onwards.

# PTS IPR Key Indicators - October 22

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	34.3%		
PTS - % Short notice - Pickup < 120 mins	90.8%	78.0%		
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	87.0%		
PTS - Arrive at Appointment Time	90.0%	85.4%		
PTS - Journeys < 120Mins	90.0%	99.3%		
PTS - Same Month Last Year		2.2%		
PTS - Increase - Previous Month		-2.3%		
PTS - Demand (Journeys)		73,440		

**PTS Exceptions - Comments (Director Responsible - Karen Owens)**

PTS Total Activity for October was 73,440. This is the lowest monthly figure since April, however demand since May has been relatively steady, fluctuating between 73,440 and 76,937. There was a reduction in pre-planned journeys during the final week of October: the October half-term. Overall demand was 2.2% above the same month last year: an increase of c1,500 total journeys.

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

The average Patients Per Vehicle was 1.40 during October using the new model. This is an improvement of 0.11 compared to the previous month. 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 third month running Short Notice Outwards performance has been c 78%, 7% lower than the average performance results over the past 24 months.

High call levels continue to impact performance in PTS Reservations, despite an 8.9% decrease in calls on September (the highest monthly figure this financial year). Performance saw a 16.9% increase, however still 55.7% under target at 34.3%. Actual calls were 6.7% above forecast. Current modelling demonstrates that Reservations required an extra 7 FTE (above budget) online to be able to meet the call demand and achieve service level.

Respiratory infection demand saw an increase in October: above 1000 for the first time since July. This is also 4.0% above last October.



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

**Patient Relations** – Increase in service to service, concerns, from September to October, with a slight decrease in the number of complaints. The back log in processing compliments has now been partially addressed, the October figures reflect some compliments that were received during August and September.

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







**Safeguarding training** – Training levels have increased for Safeguarding for Children L1 & L2. Safeguarding for Adults has dropped slightly month on month but remains over 90%. 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 increased to 8.8%, impacting on performance concerns across the Trust. The EOC/111 transformation teams have specific work streams regarding health and wellbeing and a task and finish group is working through a new sickness absence policy as well as its practical implementation in supporting staff to remain well and be supported during absence.

**PDR / Appraisals** - Rates have increased to 67.8%, maintaining a steady increase since April 2022. Only PTS saw a small decrease, however this is the highest performing area with an 81% 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, with PTS still fully compliant (green) for all categories. 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 as a whole is at full compliance (90%+) for eLearning.

Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		731		
Serious		17		
Moderate and Above Harm		61		
Service to Service		79		
Adult Safeguarding Referrals		2,013		
Child Safeguarding Referrals		776		

Indicator	Target	Actual	Variance	Assurance
Turnover (FTE) %		12.4%		
Sickness - Total % (T-5%)	5.0%	8.8%		
Special Leave		0.1%		
PDR / Staff Appraisals % (T-90%)	90.0%	67.8%		
Stat & Mand Training (Fire & IG) 1Y	90.0%	90.7%		
Stat & Mand Training (Core) 3Y	90.0%	91.0%		
Stat & Mand Training (Face to Face)	90.0%	79.9%		

# Workforce Summary

A&E	IUC	PTS
EOC	Other	Trust



## Key KPIs

Name	Oct 21	Sep 22	Oct 22
Turnover (FTE) %	10.1%	12.3%	12.4%
Vacancy Rate %	6.1%	13.2%	13.5%
Apprentice %	6.6%	9.7%	9.2%
BME %	6.2%	6.1%	6.0%
Disabled %	3.9%	4.8%	4.9%
Sickness - Total % (T-5%)	9.6%	8.1%	8.8%
Special Leave	2.4%	0.1%	0.1%
PDR / Staff Appraisals % (T-90%)	51.6%	66.5%	67.8%
Stat & Mand Training (Fire & IG) 1Y	82.7%	91.7%	90.7%
Stat & Mand Training (Core) 3Y	97.1%	89.9%	91.0%
Stat & Mand Training (Face to Face)	70.8%	78.9%	79.9%
Stat & Mand Training (Safeguarding L2 +)	83.8%	94.8%	94.8%

## YAS Commentary

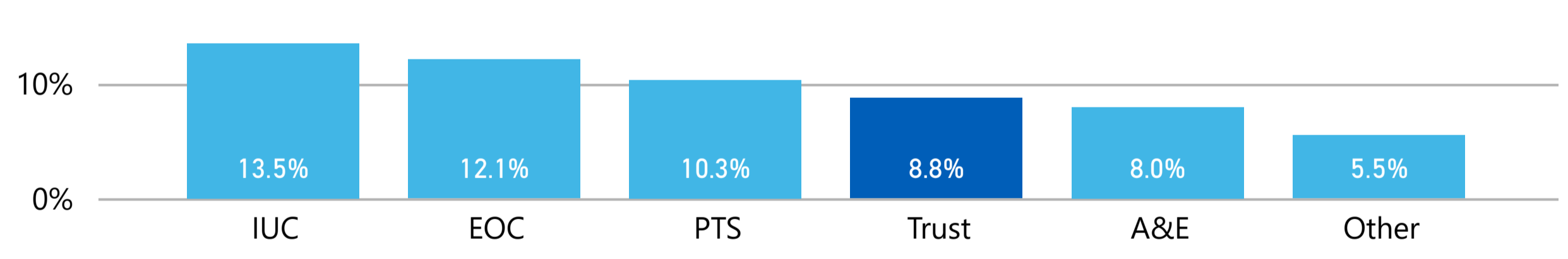
**FTE, Turnover, Vacancies and BME** - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 13.5%. Turnover is at 12.4%. Both of these figures have slightly increased since last month, however the main area of concern remains in our call centres. 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 increased to 8.8%, impacting on performance concerns across the Trust. The EOC/111 transformation teams have specific work streams regarding health and wellbeing and a task and finish group is working through a new sickness absence policy as well as its practical implementation in supporting staff to remain well and be supported during absence.

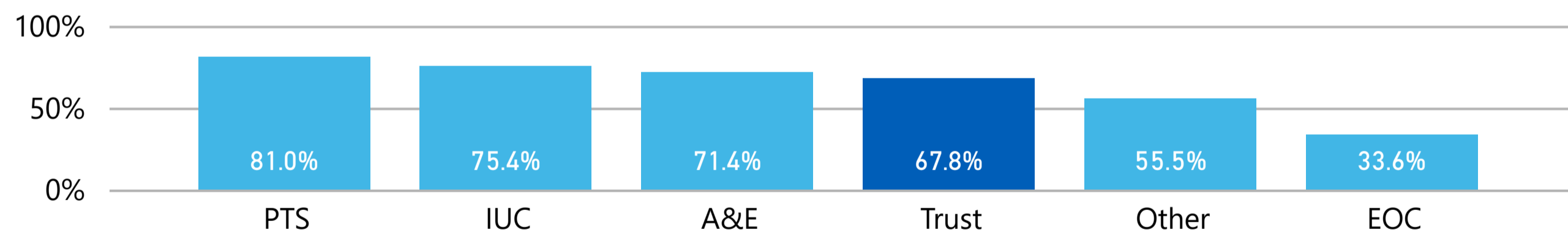
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**Statutory and Mandatory Training** - Compliance figures continue to improve, with PTS still fully compliant (green) for all categories. Staff are being encouraged to get all eLearning completed and managers can monitor progress via the fortnightly Compliance Dashboard. Essential Learning Champions in all areas of the Trust are supporting the progress, and the Trust as a whole is at full compliance (90%+) for eLearning.

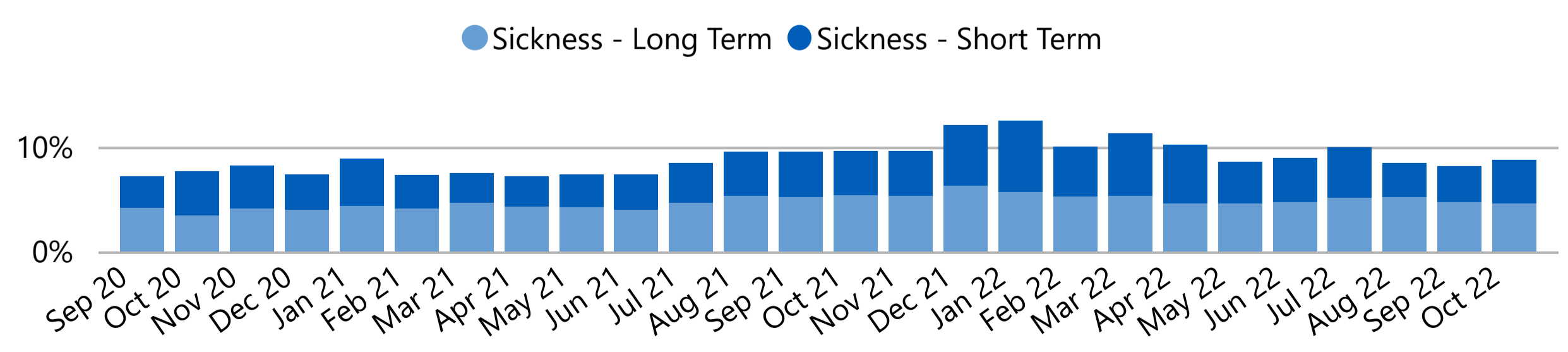
## Sickness Benchmark for Last Month



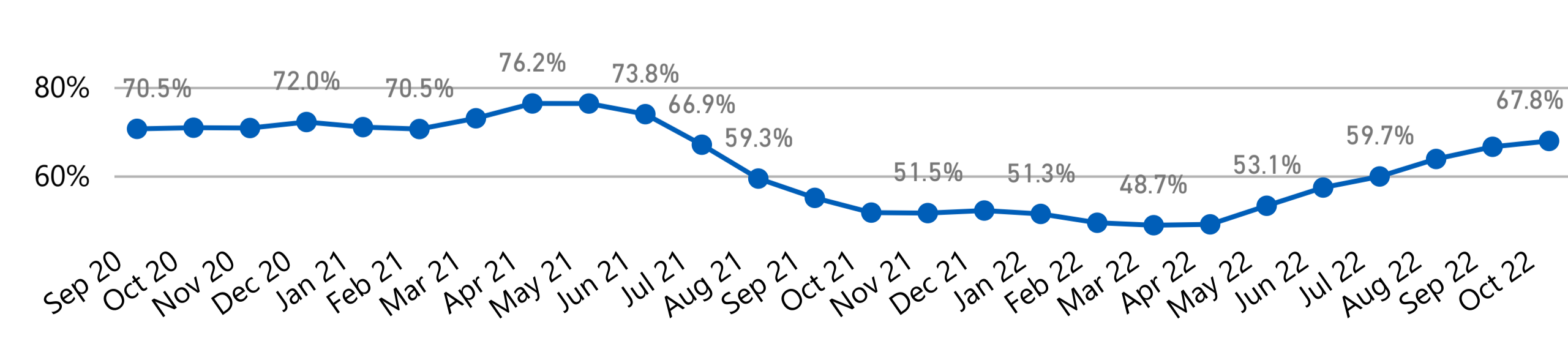
## PDR Benchmark for Last Month



## Sickness



## PDR - Target 90%





# YAS Finance Summary (Director Responsible Kathryn Vause - October 22)

## Overview - Unaudited Position

**Overall** - The Trust has a year to date surplus at month 7 of £331k as shown. £84k surplus 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 October the Trust had £77.6m cash at bank. (£75.9m at the end of 21/22).

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

### Full Year Position (£000s)

Name	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)		£331	£331
Cash	£77,000	£77,559	£559
Capital	£9,276	£3,817	-£5,459

### Monthly View (£000s)

Indicator Name	2022-05	2022-06	2022-07	2022-08	2022-09	2022-10
Surplus/ (Deficit)	-£4,610	£4,730	£459	-£88	£73	
Cash	£78,525	£79,865	£79,098	£85,132	£78,788	£77,559
Capital	£193	£273	£323	£414	£1,697	£917

# Patient Demand Summary

## Demand Summary

ShortName	Oct 21	Sep 22	Oct 22
999 - Incidents (HT+STR+STC)	70,618	62,337	63,473
999 - Increase - Previous Month	2.6%		
999 - Increase - Same Month Last Year	-0.6%		
IUC - Call Answered	133,084	118,271	124,963
IUC - Increase - Previous Month	4.9%	6.7%	5.7%
IUC - Increase Same Month Last Year	-12.1%	-6.7%	-6.1%
IUC - Calls Answered Above Ceiling	-13.9%	-25.1%	-28.2%
PTS - Demand (Journeys)	71,893	75,177	73,440
PTS - Increase - Previous Month	-3.9%	-0.6%	-2.3%
PTS - Same Month Last Year	10.1%	0.5%	2.2%

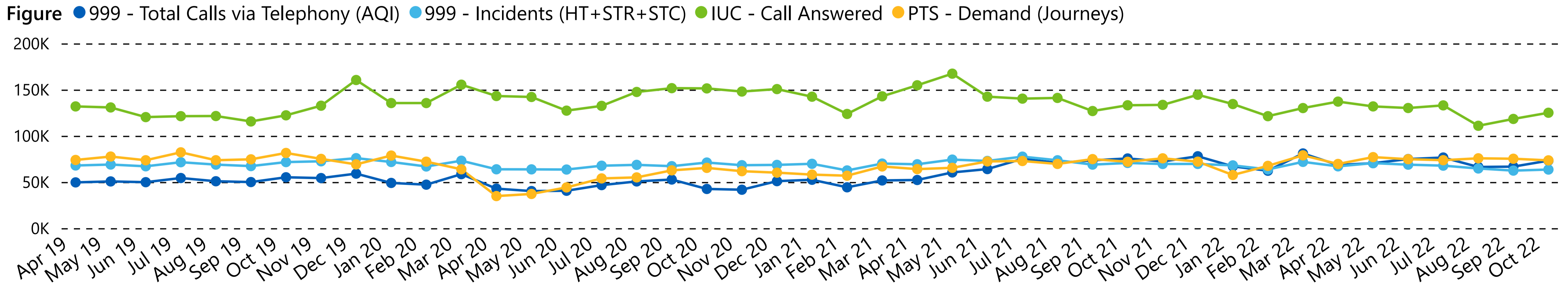
## Commentary

**999** - At Scene Response demand was 6.8% lower than forecasted levels for October. All Response Demand (STR + STC +HT) was 1.8% up from September and 10.1% lower than October 2021.

**IUC** - YAS received 146,014 calls in October, -14.4% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in October, 124,963 calls (85.6%) were answered, 5.7% more than were answered in September and -6.1% fewer than in October 2021.

**PTS** - Total PTS demand decreased for the fourth month running, with 2.3% less journeys undertaken than September. Although demand has seen a reduction, there has been a 2.2% increase compared to levels seen in October 2021.

## Overall Calls and Demand

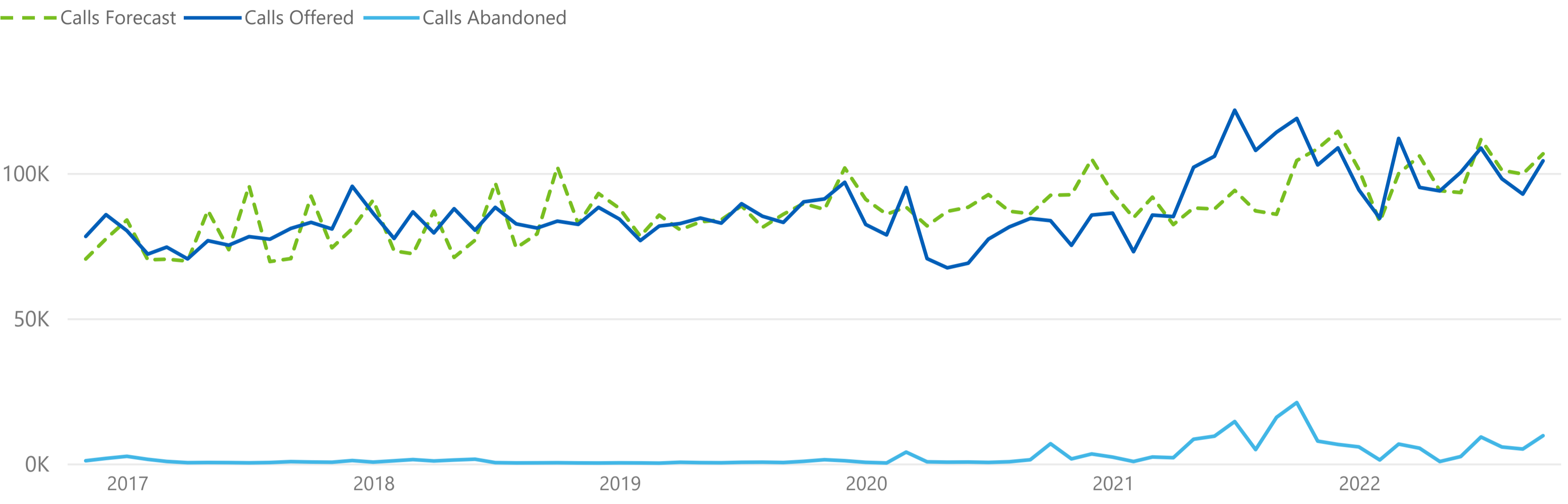




# 999 and IUC Historic Demand

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

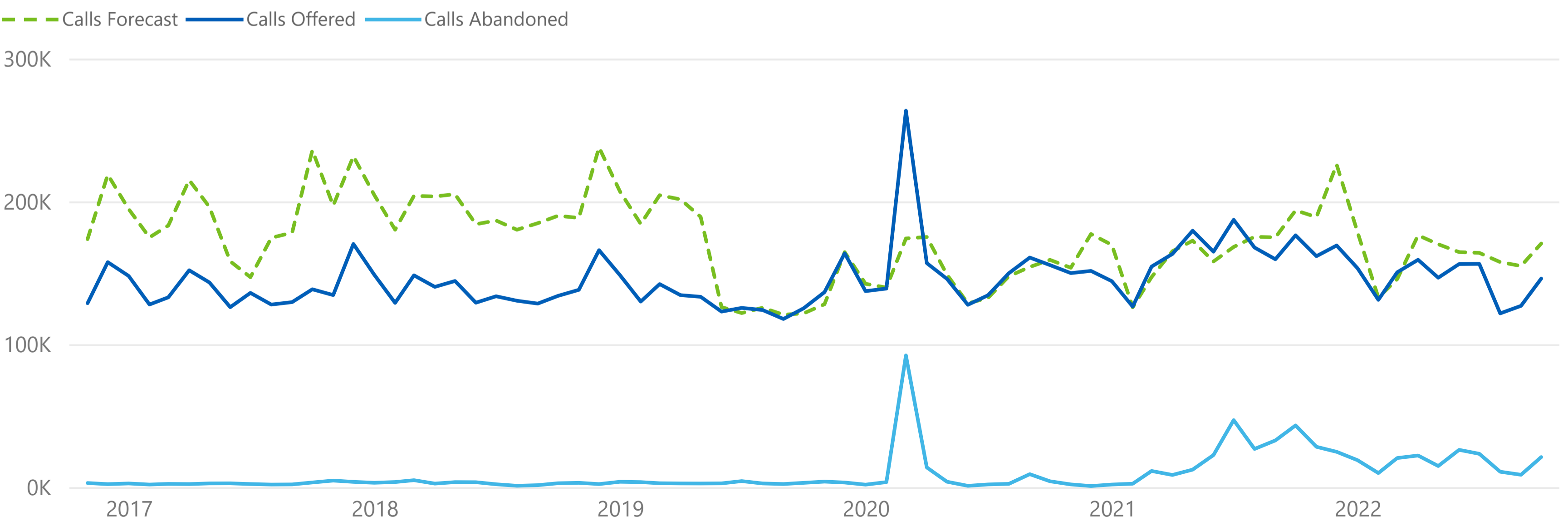
## 999 Historic Call Demand



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 October 2022 there were 104,211 calls offered which was 2.3% below forecast, with 94,623 calls answered and 9,588 calls abandoned (9.2%). There were 12.4% more calls offered compared with September 2022 and 12.3% fewer calls offered compared with October 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 3.8 percentage point increase in abandoned calls between September and October 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 146,014 calls in October, -14.4% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in October, 124,963 calls (85.6%) were answered, 5.7% more than were answered in September and -6.1% fewer than in October 2021.

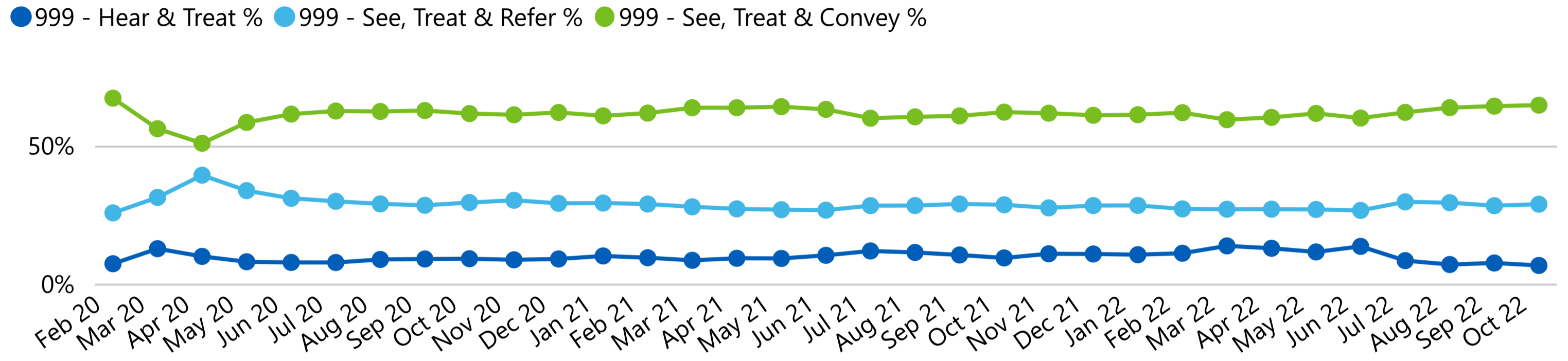
14.4% of calls were abandoned in October 2022. This is 7.6 percentage points higher than September 2022 and 10.1 percentage points lower when compared to October 2021.

# Patient Outcomes Summary

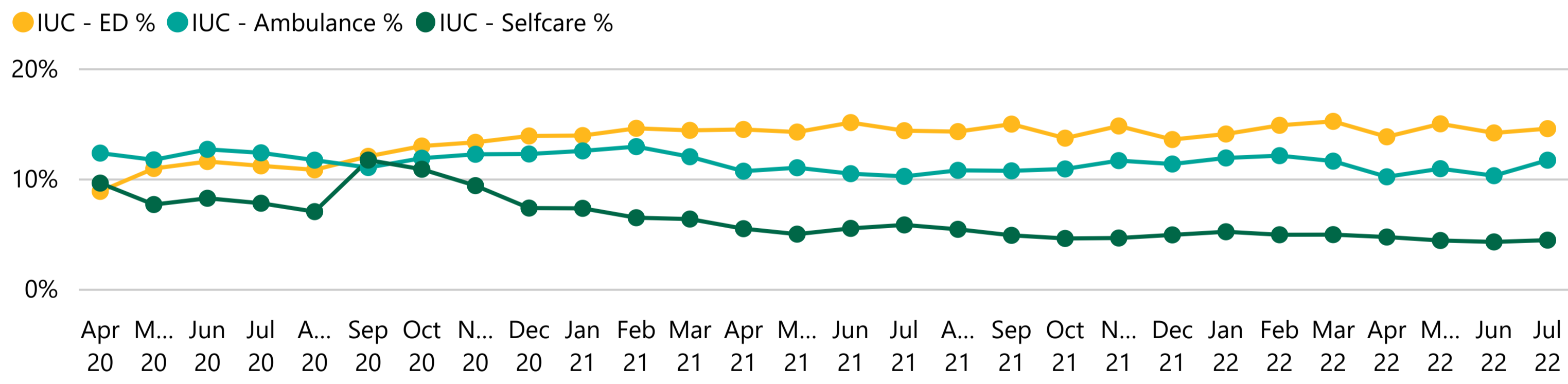
## Outcomes Summary

ShortName	Oct 21	Sep 22	Oct 22
999 - Incidents (HT+STR+STC)	70,618	62,337	63,473
999 - Hear & Treat %	9.3%	7.5%	6.6%
999 - See, Treat & Refer %	28.6%	28.2%	28.8%
999 - See, Treat & Convey %	62.1%	64.3%	64.6%
999 - Conveyance to ED %	55.1%	57.2%	57.8%
999 - Conveyance to Non ED %	7.0%	7.1%	6.9%
IUC - ED %	13.7%		
IUC - ED outcome to A&E	80.3%		
IUC - ED outcome to UTC	9.7%		
IUC - Ambulance %	10.9%		
IUC - Selfcare %	4.6%		
IUC - Other Outcome %	10.9%		
IUC - Primary Care %	57.8%		
PTS - Demand (Journeys)	71,893	75,177	73,440

## 999 Outcomes



## IUC Outcomes



## Commentary

**999** - When comparing October 2022 against October 2021 in terms of incident outcome proportions within 999, the proportion of Hear & Treat has decreased by 2.7%, See, Treat & Refer has increased by 0.2% and See, Treat & Convey has increased by 2.5%. The proportion of incidents with conveyance to ED has increased by 2.7% from October 2021 and the proportion of incidents conveyed to non-ED remains similar with a decrease of 0.2%.

**IUC** - Due to the National Aadastra Outage we are currently not yet receiving Aadastra data. Therefore, no triage or outcome data has been available from August 2022.



# Patient Experience (Director Responsible - Clare Ashby)

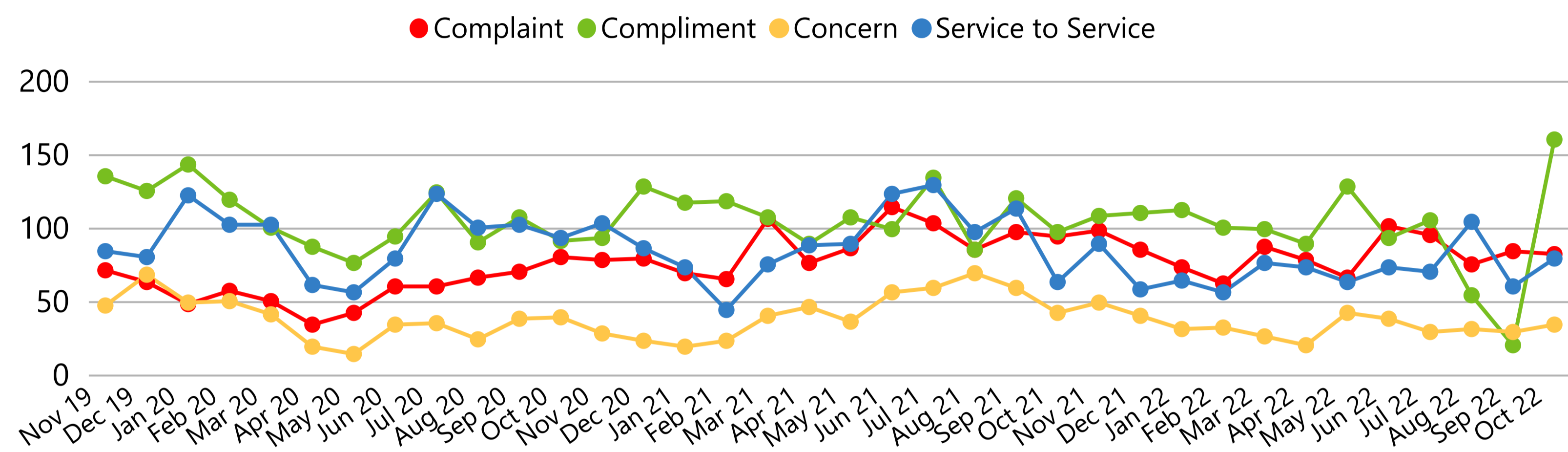
A&E     EOC     IUC  
 PTS     YAS



## Patient Relations

Indicator	Oct 21	Sep 22	Oct 22
Service to Service	63	60	79
Concern	42	29	34
Compliment	97	20	160
Complaint	94	84	82

## Complaints, Compliments, Concerns and Service to Service



## YAS Compliance

Indicator	Oct 21	Sep 22	Oct 22
% FOI Request Compliance	94.3%	94.9%	96.9%

## YAS Comments

**Patient Relations** – Increase in service to service, concerns, from September to October, with a slight decrease in the number of complaints. The back log in processing compliments has now been partially addressed, the October figures reflect some compliments that were received during August and September.

**FOI Compliance** has improved and consistently remains above the target of 90%.

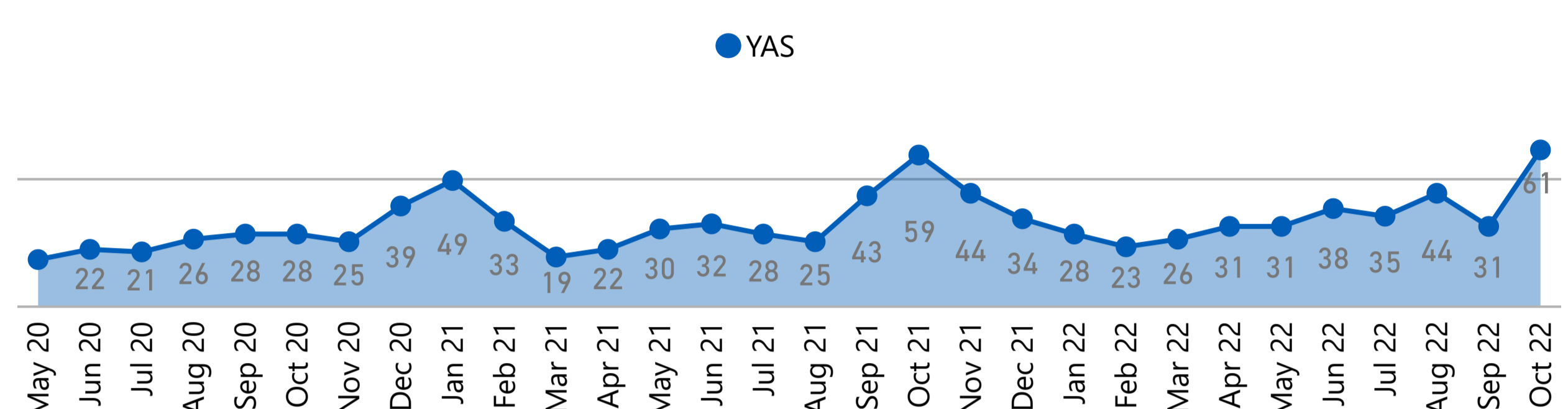
# Patient Safety - Quality (Director Responsible - Clare Ashby)

A&E	EOC	IUC
PTS	YAS	



## Incidents Incidents - Moderate and Above Harm

Indicator	Oct 21	Sep 22	Oct 22
All Incidents Reported	755	638	731
Medication Related	79	92	100
Moderate & Above Harm - Total	59	31	61
Number of duty of candour contacts	7	22	23
Number of RIDDORs Submitted	2	3	
Serious	6	8	17



Indicator	Oct 21	Sep 22	Oct 22
Moderate & Above Harm (verified)	30	24	44
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	13	6	4
Serious incidents (verified)	5	11	13

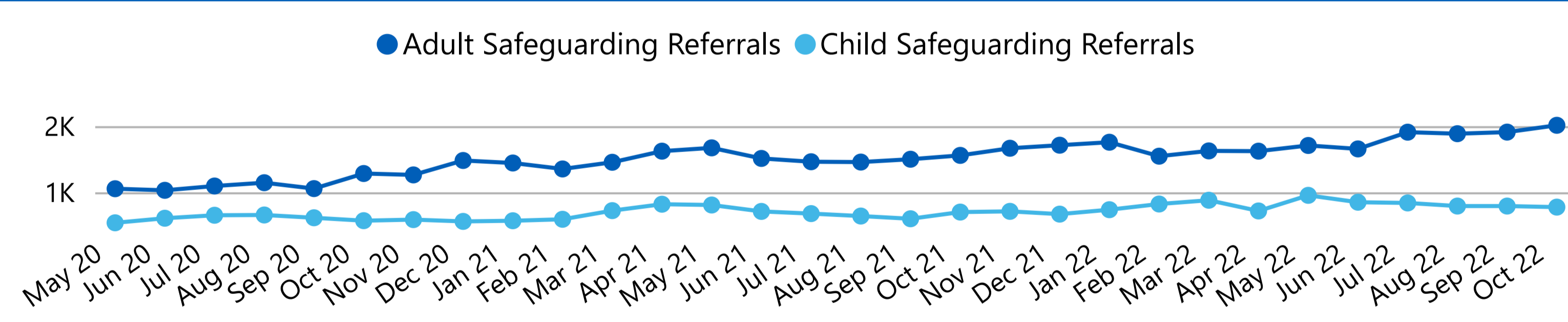
### A&E Long Responses

Indicator	Oct 21	Sep 22	Oct 22
999 - C1 Responses > 15 Mins	1,505	1,173	1,597
999 - C2 Responses > 80 Mins	5,856	4,728	7,397

## YAS Child and Adult Safeguarding

Indicator	Oct 21	Sep 22	Oct 22
Adult Safeguarding Referrals	1,558	1,910	2,013
Child Safeguarding Referrals	701	792	776
% Trained Safeguarding for Children (L1)	93.8%	90.0%	94.2%
% Trained Safeguarding for Children (L2)	79.4%	93.5%	94.0%
% Trained Safeguarding for Adults (L1)	93.4%	93.7%	90.8%

## Safeguarding Training



## YAS IPC Compliance

Indicator	Oct 21	Sep 22	Oct 22
% Compliance with Hand Hygiene	99.0%	99.3%	99.3%
% Compliance with Premise	99.0%	97.9%	98.6%
% Compliance with Vehicle	100.0%	97.9%	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 slightly lower. Overall, compared to October 2021 there has been a significant increase in both.

**Safeguarding training** – Training levels have increased for Safeguarding for Children L1 & L2. Safeguarding for Adults has dropped slightly month on month but remains over 90%. 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)

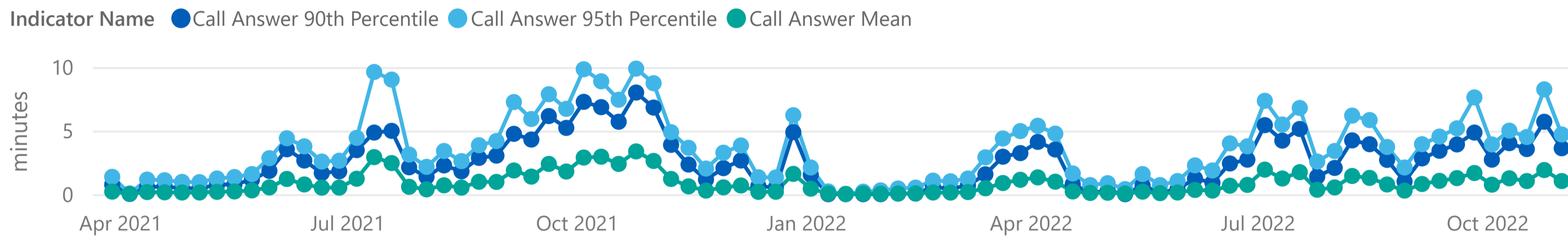
## Commentary:

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			

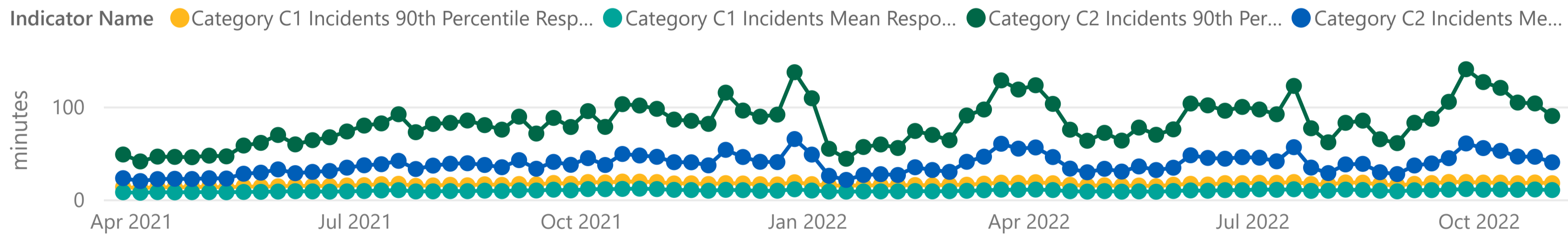
## Call Answer Metrics (call data available from 7th September onwards)



## Call Answer Metrics

Indicator Name	Oct 21	Sep 22	Oct 22
Call Answer 90th Percentile	00:06:45	00:03:07	00:04:26
Call Answer 95th Percentile	00:08:54	00:04:16	00:06:06
Call Answer Mean	00:02:46	00:00:55	00:01:27

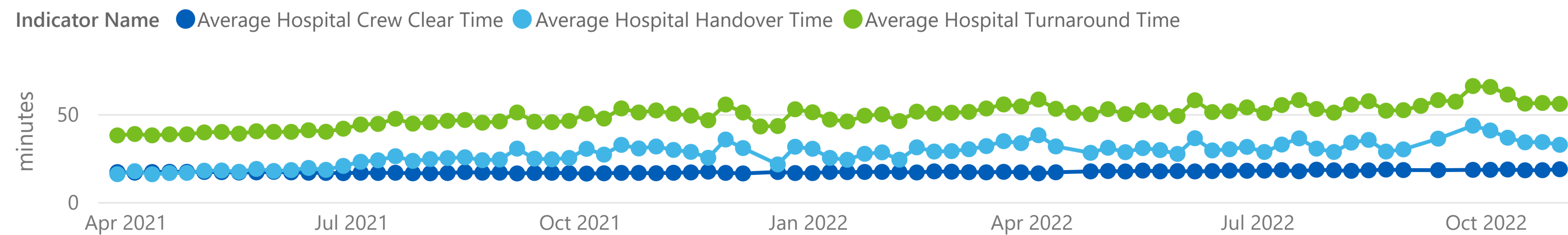
## Response Metrics



## Response Metrics

Indicator Name	Oct 21	Sep 22	Oct 22
Category C1 Incidents 90th Percentile Response Time	00:18:44	00:17:31	00:18:12
Category C1 Incidents Mean Response Time	00:11:04	00:10:00	00:10:35
Category C2 Incidents 90th Percentile Response Time	01:32:33	01:33:23	01:57:30
Category C2 Incidents Mean Response Time	00:43:40	00:40:57	00:51:32

## Hospital Turnaround Metrics



## Hospital Turnaround Metrics

Indicator Name	Oct 21	Sep 22	Oct 22
Average Hospital Crew Clear Time	00:16:19	00:17:56	00:18:11
Average Hospital Handover Time	00:29:16	00:35:36	00:36:25
Average Hospital Turnaround Time	00:49:44	00:57:45	01:00:06

# Patient Clinical Effectiveness (Director Responsible Julian Mark)

## Care Bundles (Last 3 Results)

Indicator	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22
Sepsis % *			86.0%			81.0%			80.6%
STEMI %	73.0%			72.0%			57.0%		
Stroke %		93.0%			95.0%			92.0%	

## Myocardial Ischaemia National Audit Project (MINAP)

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

\*Please note that Sepsis audit has halted at a national level so no new values will be added past Jun 2022

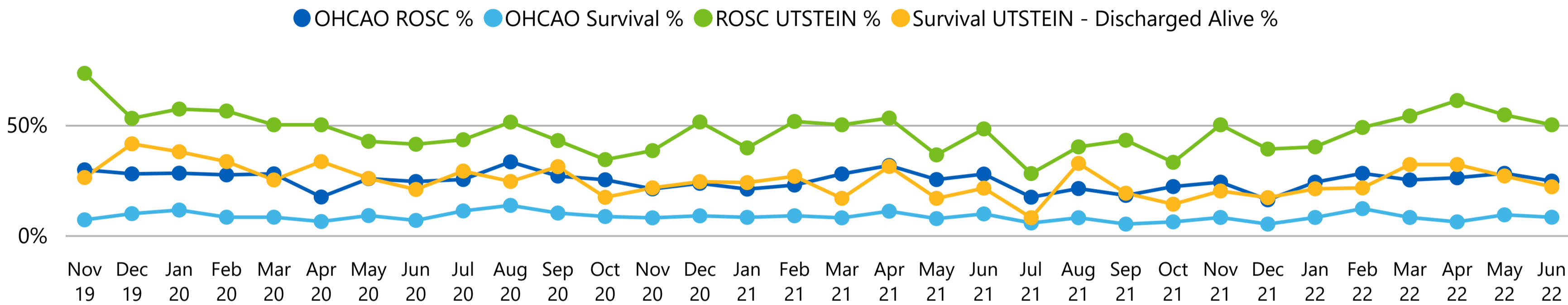
## Sentinal Stroke National Audit Programme (SSNAP)

Indicator	Apr 22	May 22	Jun 22
Avg Time from call to hospital	82	89	103
Total Patients	398	440	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 81% in June 2022. 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, we have carried on with the same performance level as seen from January 2022 with 72% compliance. April saw a drop in performance to 57% which could partly be contributed to extreme pressures that the trust was facing due to long handover times in hospitals and staff sickness due to COVID-19. 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.

**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 Apr 22 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 COVID-19 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. Survival rate in January 2022 has recovered to 8% which is closer to previous rate for the time of year pre-COVID19. All measures have improved in Feb 2022 with the highest survival rate since Aug 2020 with 12%. Survival rate took another fall in April 2022 to 6% but has since recovered to 8% in June which is more reflective of the average survival rate for YAS.

**Re-contacts with 72 hours** – Following face to face assessment, ambulance clinicians have a number of options to consider: transport to hospital or manage the patient closer to home. The ePR provides data for patients who have been managed at home and referred to community and primary care providers. Re-contacts with 72 hours has traditionally been difficult to monitor but as the number of patients matched to NHS numbers increases, this valuable data is now more readily available. There has been a small but steady increase in the number of patients being referred to alternative providers following the increase in non-conveyance pathways and with the exception of the peak of the pandemic, there has been no change in re-contact. The Safer Right Care, Right Place project aims to improve the safety of decision making and reduce avoidable conveyances.



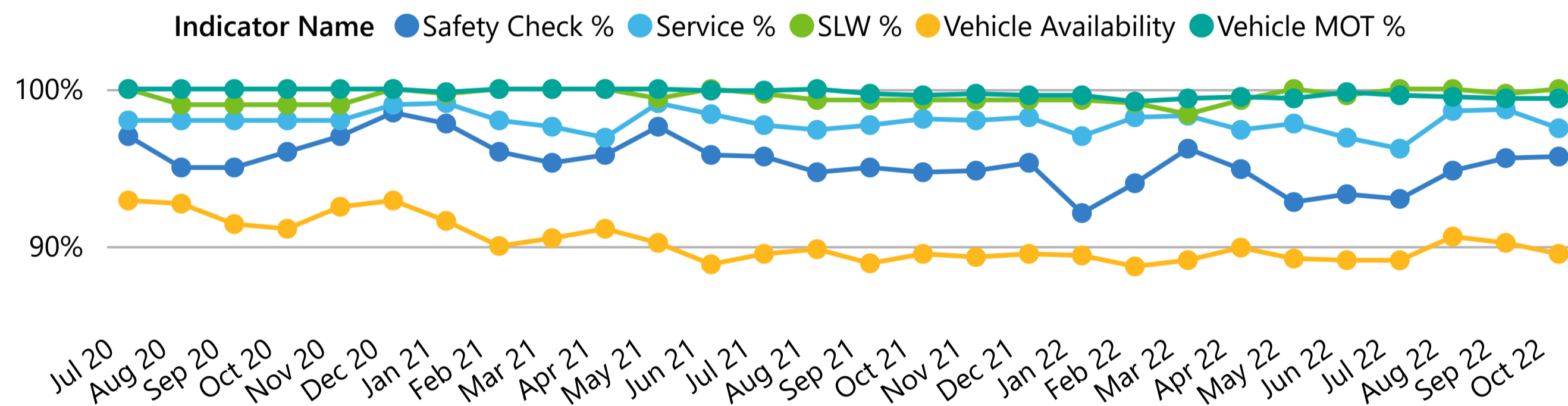
## Estates

Indicator	Feb 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 Comments

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

## 999 Fleet



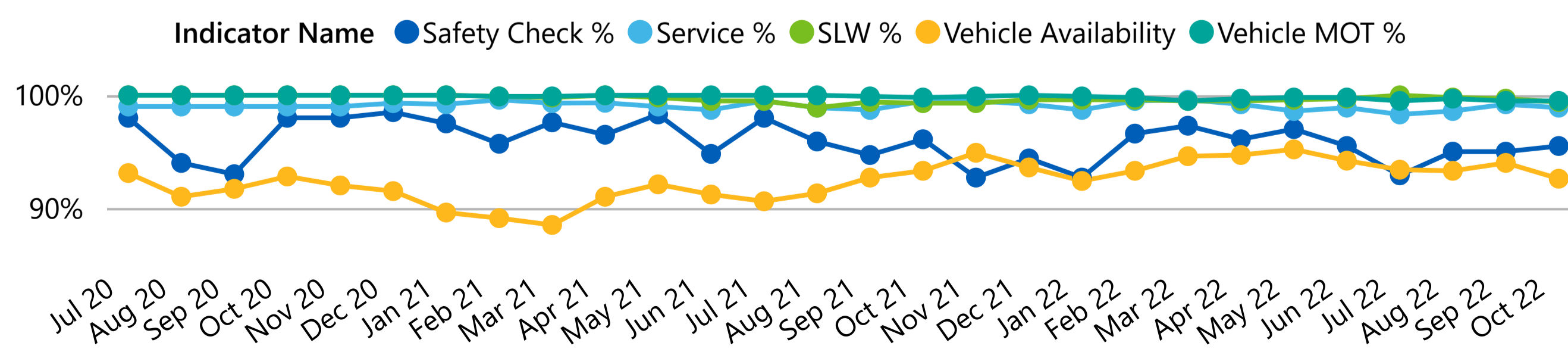
## 999 Fleet Age

IndicatorName	Oct 21	Sep 22	Oct 22
Vehicle age +7	11.4%	14.6%	14.6%
Vehicle age +10	0.4%	1.8%	1.4%

## PTS Age

IndicatorName	Oct 21	Sep 22	Oct 22
Vehicle age +7	9.8%	8.9%	13.2%
Vehicle age +10	2.2%	1.0%	0.2%

## PTS Fleet



## Fleet Comments

A&E availability had a small decrease to 89.5% last month which was 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 dropped slightly to 92.6%, 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