Integrated Performance Report

November 2022

Published 22 December 2022

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Strategy, Ambitions & Key Priorities

NHS Yorkshire Ambulance Service NHS Trust

One Team, Best Care

NHS Yorkshire Ambulance Service NHS Trust

Our purpose is to save lives and ensure everyone in our communities receives the right care, whenever and wherever they need it

with our core values embedded in all we do

- One Team
- Innovation
- Resilience
- Empowerment
- Integrity
- Compassion

Our Vision

By 2023 we will be trusted as the best urgent and emergency care provider, with the best people and partnerships, delivering the best outcomes for patients

Our Ambition for 2023 is that

- Patients and communities experience fully joined-up care responsive to their needs
- Our people feel empowered, valued and engaged to perform at their best
- We achieve excellence in everything we do
- We use resources wisely to invest in and sustain services

Delivery is directly supported by a range of enabling strategies

- COMMUNITY ENGAGEMENT
- PEOPLE
- QUALITY IMPROVEMENT
- DIGITAL
- FLEET
- ESTATES
- FINANCE

Our Ambitions for 2023

- Patients and communities experience fully joined-up care responsive to their needs
- Our people feel empowered, valued and engaged to perform at their best
- We achieve excellence in everything we do
- We use resources wisely to invest in and sustain services

Our Key Priorities

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

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:57	(~)	
999 - Answer 95th Percentile		00:04:12	(~)	
999 - C1 Mean (T <7Mins)	00:07:00	00:10:10	(~)	(F)
999 - C1 90th (T <15Mins)	00:15:00	00:17:35	(~)	(F)
999 - C2 Mean (T <18mins)	00:18:00	00:48:55	(H)	(F)
999 - C2 90th (T <40Mins)	00:40:00	01:52:17	(H)	(F)
999 - C3 Mean (T - <1Hr)	01:00:00	02:19:48	(H)	(F)
999 - C3 90th (T -<2Hrs)	02:00:00	05:23:28	(H)	(F)
999 - C4 90th (T < 3Hrs)	03:00:00	08:13:10	(~)	(F)
999 - C1 Responses > 15 Mins		1,479	(H)	
999 - C2 Responses > 80 Mins		6,981	(H)	
999 - Job Cycle Time		02:01:18	(H)	
999 - Avg Hospital Turnaround	00:30:00	00:58:33	(H)	(F)
999 - Avg Hospital Handover		00:34:38		
999 - Avg Hospital Crew Clear		00:18:27		
999 - Average Hospital Notify Time		00:05:45		
999 - Total lost handover time		01:43:57	(~)	
999 - Crew clear over 30 mins %		15.7%	(~)	

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 57 seconds for November, a decrease of 30 seconds when compared to October. The median and tails of performance shown by the call answer percentiles also decreased from October, indicating that there were fewer long waits overall at the tail end of the data for last month.

Cat 1-4 Performance - No national performance targets were met in November. The limits for performance times have been re-evaluated to reflect current pressures and times remain either near the upper limit or exceptionally high above the upper limit. Compared to October, the Category 1 mean and 90th percentile performance times decreased by 25 seconds and by 37 seconds, respectively. The Category 2 mean performance time decreased by 2 minutes 37 seconds and the 90th percentile decreased by 5 minutes 13 seconds compared to October.

Abstractions were 2.5% higher than forecast for November, though falling 0.7% from October. Weekly Net staff hours have increased compared to October by over 2,200 hours per week. Overall availability decreased by 1.0% from October. Compared to November 2021, abstractions are up by 0.1% and availability is down by 2.6%.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 77.8% in November (14.9% Cat1, 62.9% Cat2) after a 1.2% increase compared to October (0.3% increase in Cat1 and 0.9% increase in Cat2). Comparing against November for the previous year, Cat1 proportion has increased by 2.5% and Cat2 proportion has decreased by 1.5%.

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. November shows a decrease from October with 1,479 responses over this target, decreasing by 118 (7.4%) compared to October. The number for last month was 16.3% above November 2021.

The number of Cat2 responses greater than 2x 90th percentile target also decreased from October by approximately 400 responses (5.6%) and this is equivalent to a 28.1% increase compared to November 2021.

Job cycle time - Overall, job cycle time is approximately 1.5 minutes longer than in October and over 10 minutes longer than in November 2021.

Hospital - The average handover time in November remains high at approximately 34.5 minutes. This is an increase of over 1.5 mins compared to October. Turnaround times have also remained high with the average turnaround for November at around 58.5 minutes. This means that average turnarounds are almost 30 minutes above target, and they are also 8.5 minutes longer than they were at the same time last year.

IUC IPR Key Indicators - November 22

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		122,615	H	
IUC - Increase - Previous Month		-1.9%		
IUC - Increase Same Month Last Year		-8.1%		
IUC - Calls Abandoned	3.0%	17.3%	H	F
IUC - Answer Mean	00:00:20	00:09:12	H	F
IUC - Answered in 60 Secs	90.0%	28.7%	L	F
IUC - Call back in 1 Hour	60.0%			
IUC - ED Validations %	50.0%			

IUC Exceptions - Comments (Director Responsible - Karen Owens)

YAS received 148,253 calls in November, 12.5% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in November, 122,615 calls (82.7%) were answered, -1.9% lower than were answered in October and -8.1% fewer than the number of calls answered in November 2021.

Demand has increased, and due to high numbers of new starters going through the training process and experienced staff assisting with coaching, call performance metrics have been heavily impacted. 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 November to 28.7%, compared to 32.2% in October. Average speed to answer in November was 552 seconds (9 minutes and 12 seconds), up 112 seconds from October and higher than the national target of <20 seconds. Similarly, abandoned calls were 17.3% this month, above the 3% target and an increase of 3.5% on October's performance. YAS are not alone in these challenges, with other providers experiencing similar challenges.

Due to the National Adastra Outage we are currently without data for November. Therefore, no triage or outcome data is available between August and November 2022.

PTS IPR Key Indicators - November 22

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	28.0%	(L)	(F)
PTS - % Short notice - Pickup < 120 mins	90.8%	78.0%	(~)	(F)
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	85.6%	(L)	(F)
PTS - Arrive at Appointment Time	90.0%	83.1%	(L)	(F)
PTS - Journeys < 120Mins	90.0%	99.2%	(~)	(P)
PTS - Same Month Last Year		4.3%		
PTS - Increase - Previous Month		7.4%		
PTS - Demand (Journeys)		78,905	(~)	(?)

PTS Exceptions - Comments (Director Responsible - Karen Owens)

PTS Total Activity for November was 78,905. This is the highest monthly figure since March. Demand had been relatively steady from May to October, fluctuating between 73,440 and 76,937, however November saw a 7.4% increase on October which was affected by a reduction in pre-planned journeys during the half-term week. Overall demand was also 4.3% above the same month last year: an increase of c3,300 total journeys.

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

The average Patients Per Vehicle was 1.32 during November. This is an improvement of 0.09 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 fourth 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. Actual calls were 7.9% above forecast following a 4.8% increase in calls compared to October. Performance saw a 6.3% decrease, meaning telephony performance was 28.0% for the month of November: 62.0% under target. Current modelling demonstrates that Reservations required an extra 6.1 FTE (above budget) online to be able to meet the call demand and achieve service level.

Respiratory infection demand continues to fluctuate at 609 for the month of November: in line with figures seen in August and September, following an increase to 1011 in October. This is also 33.7% below last November.

Support Services IPR Key Indicators - November 22

Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		836		
Serious		5	H	
Moderate and Above Harm		64	H	
Service to Service		58	L	
Adult Safeguarding Referrals		2,033	H	
Child Safeguarding Referrals		858	H	

Indicator	Target	Actual	Variance	Assurance
Turnover (FTE) %		12.0%	H	
Sickness - Total % (T-5%)	5.0%	8.0%	L	F
Special Leave		0.1%	L	
PDR / Staff Appraisals % (T-90%)	90.0%	69.4%	H	F
Stat & Mand Training (Fire & IG) 1Y	90.0%	89.5%		F
Stat & Mand Training (Core) 3Y	90.0%	91.8%		P
Stat & Mand Training (Face to Face)	90.0%	79.3%		F

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

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

Safeguarding adult and child referrals – There has been a very slight increase in adult safeguarding referrals compared with last month, with child referrals showing a 10.5% increase. Overall, compared to November 2021 there has been a significant increase in both.

Safeguarding training – Training levels have slightly decreased for Safeguarding for Children L1 & L2. Safeguarding for Adults has increased month on month and remains well 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 decreased to 8%. 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 69.4%, maintaining a steady increase overall since April 2022, with small decreases in IUC and Other. PTS remains the highest performing area with an 86.9% 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 live Compliance Dashboard (shared fortnightly) 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 at Trust level have improved for the 3y core Stat & Mand, but have decreased slightly for Fire & IG and face-to-face training. PTS is still the only area 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.

Workforce Summary

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

Name	Nov 21	Oct 22	Nov 22
Turnover (FTE) %	10.3%	12.4%	12.0%
Vacancy Rate %	7.2%	13.5%	13.4%
Apprentice %	6.6%	9.2%	9.4%
BME %	6.2%	6.0%	6.0%
Disabled %	3.9%	4.9%	5.0%
Sickness - Total % (T-5%)	9.5%	8.8%	8.0%
Special Leave	2.2%	0.1%	0.1%
PDR / Staff Appraisals % (T-90%)	51.5%	67.8%	69.4%
Stat & Mand Training (Fire & IG) 1Y	85.3%	90.7%	89.5%
Stat & Mand Training (Core) 3Y	81.6%	91.0%	91.8%
Stat & Mand Training (Face to Face)	71.2%	79.9%	79.3%
Stat & Mand Training (Safeguarding L2 +)	85.4%	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 remaining at 13.5% and Turnover at 12.4%. Both of these figures are unchanged 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 to 8%. 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 69.4%, maintaining a steady increase overall since April 2022, with small decreases in IUC and Other. PTS remains the highest performing area with an 86.9% 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 live Compliance Dashboard (shared fortnightly) 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 at Trust level have improved for the 3y core Stat & Mand, but have decreased slightly for Fire & IG and face-to-face training. PTS is still the only area 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.

Sickness Benchmark for Last Month

IUC	EOC	PTS	Trust	A&E	Other
13.5%	12.2%	9.6%	8.0%	7.1%	4.3%

PDR Benchmark for Last Month

PTS	IUC	A&E	Trust	Other	EOC
86.9%	74.4%	73.1%	69.4%	54.3%	35.8%

Sickness

Legend: Sickness - Long Term, Sickness - Short Term

PDR - Target 90%

Values: 72.0%, 70.5%, 76.2%, 73.8%, 66.9%, 59.3%, 51.5%, 51.3%, 48.7%, 53.1%, 59.7%, 66.5%, 69.4%
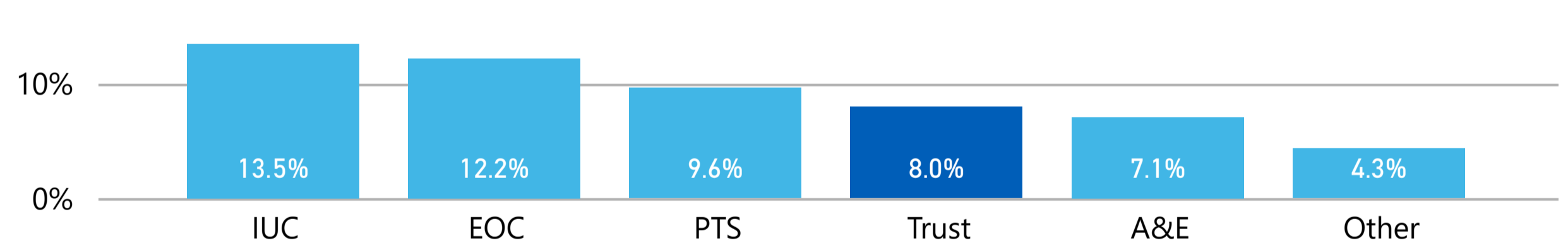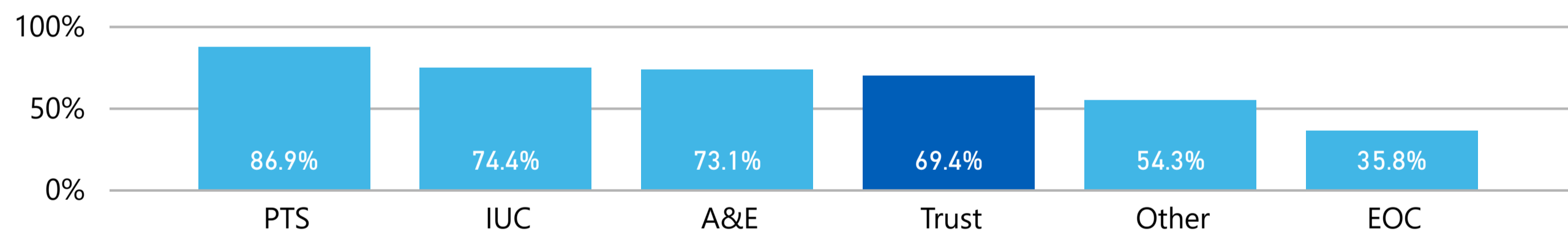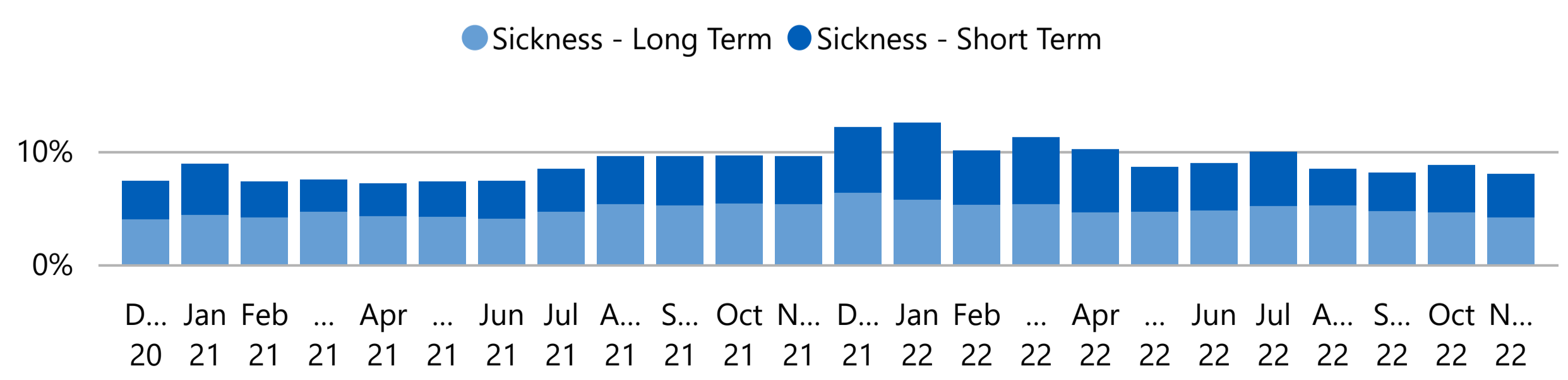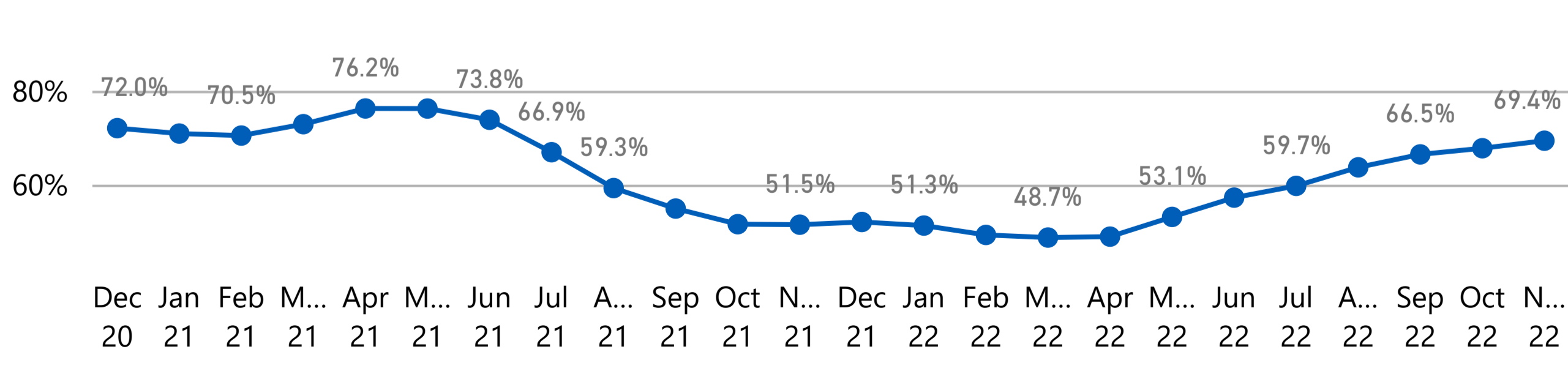
YAS Finance Summary (Director Responsible Kathryn Vause - November 22)

Overview - Unaudited Position

Overall - The Trust has a year to date surplus at month 8 of £296k as shown above. £49k 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 November the Trust had £79.2m 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)	£0	£296	£296
Cash	£77,000	£79,166	£2,166
Capital	£9,276	£4,813	-£4,463

Monthly View (£000s)

Indicator Name ▼	2022-05	2022-06	2022-07	2022-08	2022-09	2022-10	2022-11
Surplus/ (Deficit)	-£4,610	£4,730	£459	-£88	£73		
Cash	£78,525	£79,865	£79,098	£85,132	£78,788	£77,559	£79,166
Capital	£193	£273	£323	£414	£1,697	£917	£996

Patient Demand Summary

NHS
Yorkshire
Ambulance Service
NHS Trust

Demand Summary

ShortName	Nov 21	Oct 22	Nov 22
999 - Incidents (HT+STR+STC)	69,515	63,473	62,812
999 - Increase - Previous Month	-1.6%		
999 - Increase - Same Month Last Year	1.9%		
IUC - Call Answered	133,465	124,963	122,615
IUC - Increase - Previous Month	0.3%	5.7%	-1.9%
IUC - Increase Same Month Last Year	-9.8%	-6.1%	-8.1%
IUC - Calls Answered Above Ceiling	-13.3%	-28.2%	-29.0%
PTS - Demand (Journeys)	75,639	73,440	78,905
PTS - Increase - Previous Month	5.2%	-2.3%	7.4%
PTS - Same Month Last Year	22.6%	2.2%	4.3%

Commentary

999 - At Scene Response demand was 4.9% lower than forecasted levels for November. All Response Demand (STR + STC +HT) was 1.0% down from October and 9.6% lower than November 2021.

IUC - YAS received 148,253 calls in November, 12.5% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in November, 122,615 calls (82.7%) were answered, -1.9% lower than were answered in October and -8.1% fewer than the number of calls answered in November 2021.

PTS - Total PTS demand increased, with 7.4% more journeys undertaken than the previous month. Demand has also risen by 4.3% compared with the same month last year.

Overall Calls and Demand

Figure ● 999 - Total Calls via Telephony (AQI) ● 999 - Incidents (HT+STR+STC) ● IUC - Call Answered ● PTS - Demand (Journeys)
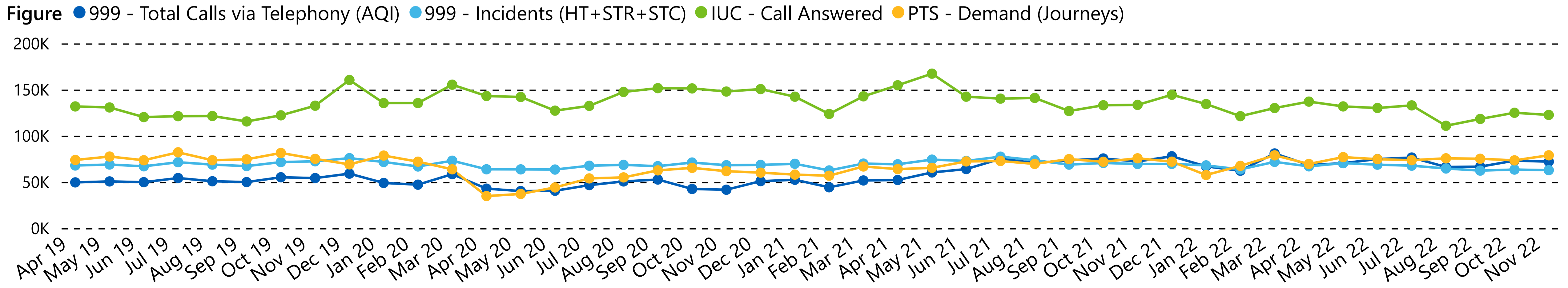
999 and IUC Historic Demand

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

999 Historic Call Demand

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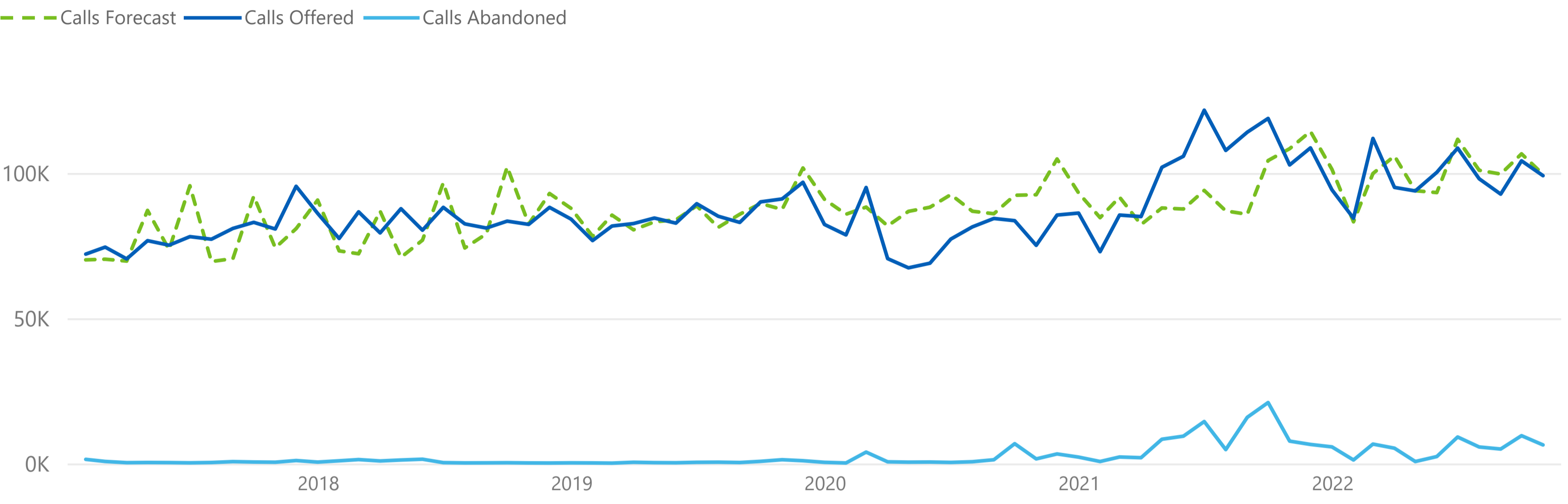
999 data on this page differs from elsewhere within the IPR because this includes calls on both the emergency and non-emergency applications within EOC, whereas the main IPR includes emergency only. The forecast relates to the expected volume of calls offered in EOC, which is the total volume of calls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

In November 2022 there were 99,092 calls offered which was 0.5% below forecast, with 92,691 calls answered and 6,401 calls abandoned (6.5%). There were 4.9% fewer calls offered compared with October 2022 and 3.6% fewer calls offered compared with November 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 33.2% reduction in abandoned calls between October and November 2022.

IUC Historic Demand

Legend: Calls Forecast — Calls Offered — Calls Abandoned
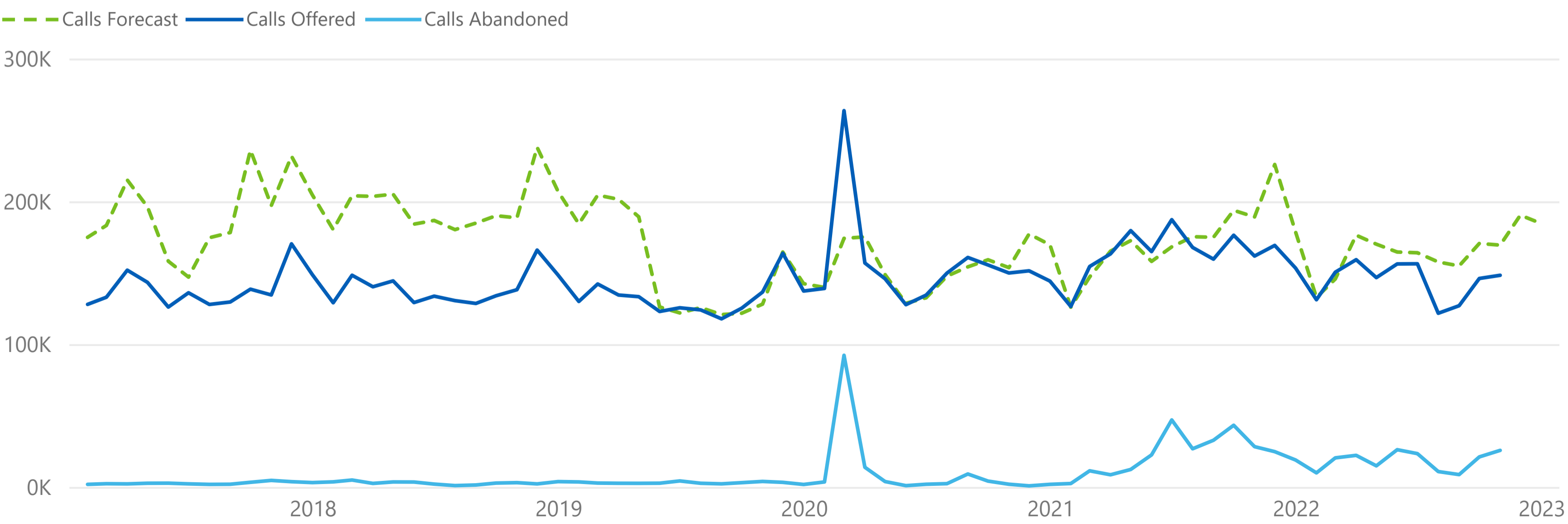
The chart shows IUC call demand broken down by calls forecast, calls offered and calls abandoned.

Calls offered is the total volume of calls answered and calls abandoned. The difference between calls offered and abandoned is calls answered.

YAS received 148,253 calls in November, 12.5% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in November, 122,615 calls (82.7%) were answered, -1.9% lower than were answered in October and -8.1% fewer than the number of calls answered in November 2021.

Calls abandoned for November were 17.3%, 2.9% higher than October 2022 and -0.2% lower when compared to November 2021.

Patient Outcomes Summary

Outcomes Summary

ShortName	Nov 21	Oct 22	Nov 22
999 - Incidents (HT+STR+STC)	69,515	63,473	62,812
999 - Hear & Treat %	10.8%	6.6%	5.4%
999 - See, Treat & Refer %	27.4%	28.8%	27.8%
999 - See, Treat & Convey %	61.7%	64.6%	66.9%
999 - Conveyance to ED %	54.7%	57.8%	59.5%
999 - Conveyance to Non ED %	7.1%	6.9%	7.4%
IUC - ED %	14.8%		
IUC - ED outcome to A&E	79.9%		
IUC - ED outcome to UTC	10.8%		
IUC - Ambulance %	11.6%		
IUC - Selfcare %	4.6%		
IUC - Other Outcome %	11.1%		
IUC - Primary Care %	55.8%		
PTS - Demand (Journeys)	75,639	73,440	78,905

999 Outcomes
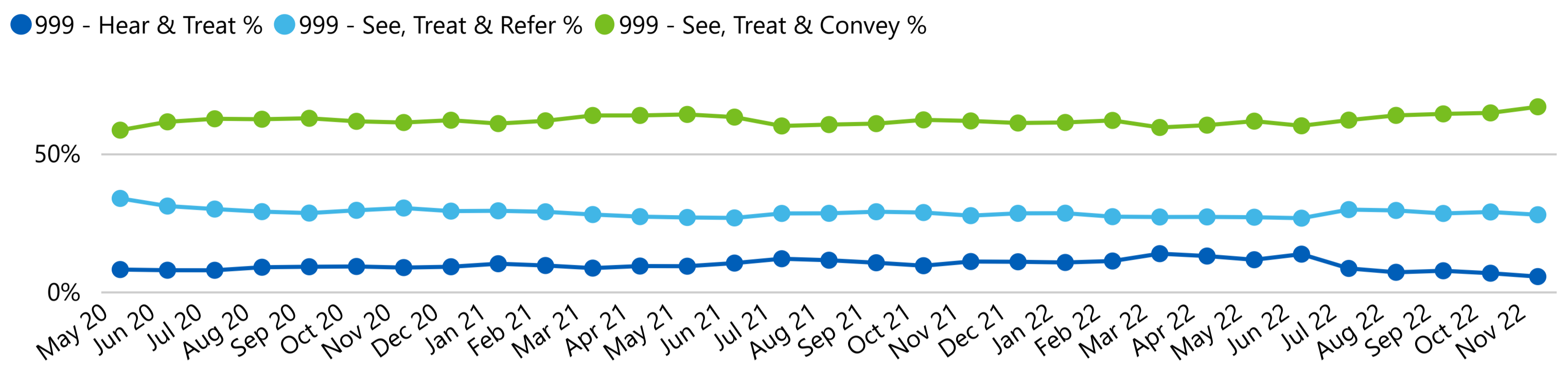
IUC Outcomes
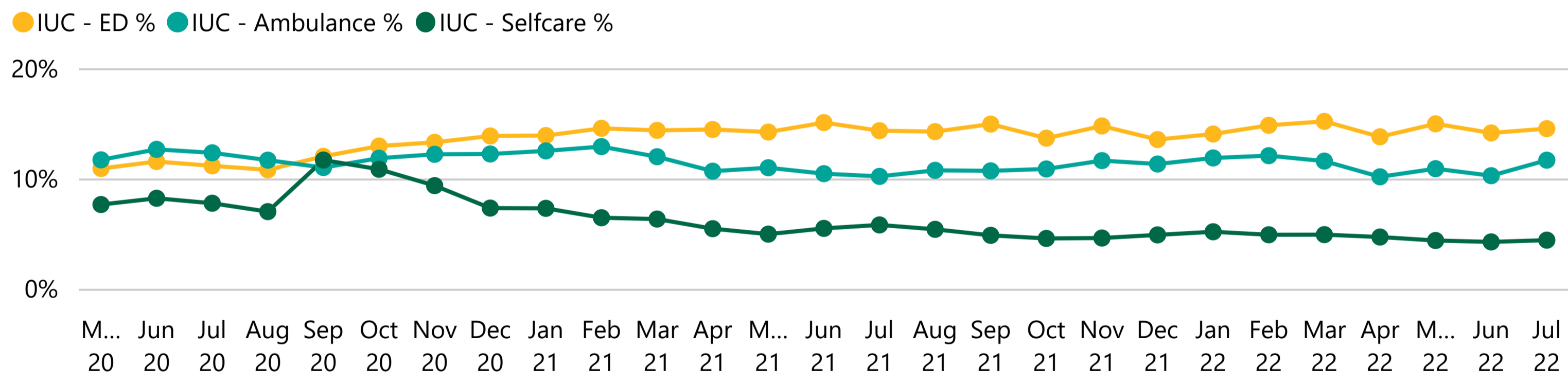
Commentary

999 - When comparing November 2022 against November 2021 in terms of incident outcome proportions within 999, the proportion of Hear & Treat has decreased by 5.5%, See, Treat & Refer has increased by 0.3% and See, Treat & Convey has increased by 5.1%. The proportion of incidents with conveyance to ED has increased by 4.8% from November 2021 and the proportion of incidents conveyed to non-ED remains similar with an increase of 0.3%.

IUC - Due to the National Adastra Outage we are currently without data for November. Therefore, no triage or outcome data is available between August and November 2022.

Patient Experience (Director Responsible - Clare Ashby)

NHS
Yorkshire
Ambulance Service
NHS Trust

Patient Relations

Indicator	Nov 21	Oct 22	Nov 22
Service to Service	89	79	58
Concern	49	34	24
Compliment	108	160	66
Complaint	98	82	45

Complaints, Compliments, Concerns and Service to Service

Legend: ● Complaint ● Compliment ● Concern ● Service to Service
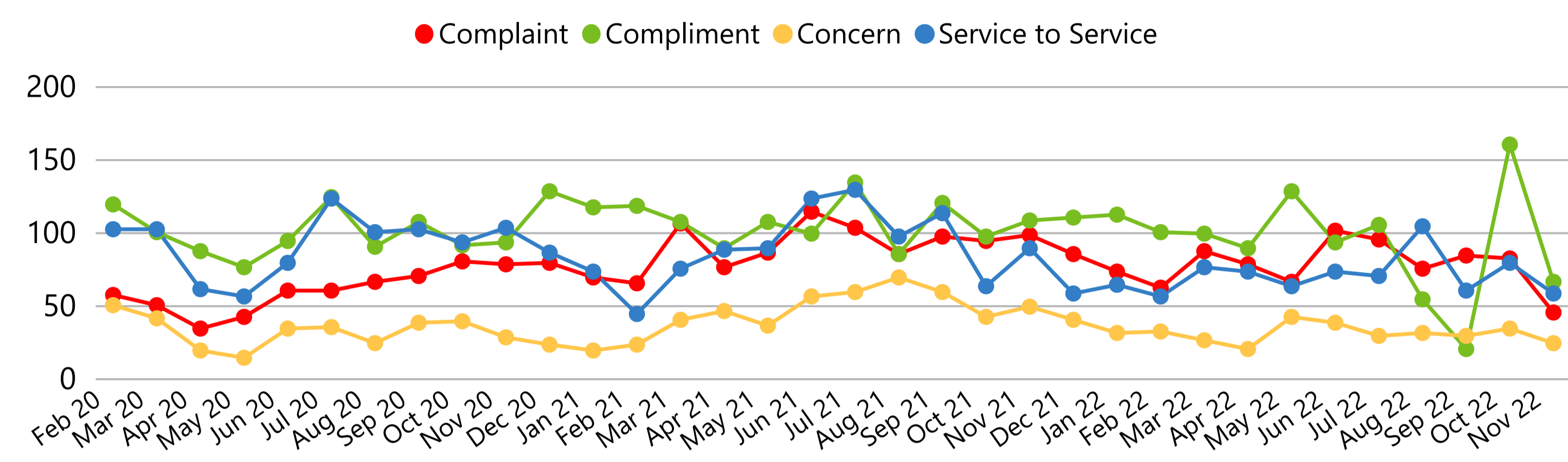
YAS Compliance

Indicator	Nov 21	Oct 22	Nov 22
% FOI Request Compliance	100.0%	96.9%	100.0%

YAS Comments

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

FOI Compliance is at 100%, equal to the same month last year.

Patient Safety - Quality (Director Responsible - Clare Ashby)

NHS Yorkshire Ambulance Service NHS Trust

Incidents

Indicator	Nov 21	Oct 22	Nov 22
All Incidents Reported	817	731	836
Medication Related	138	100	112
Moderate & Above Harm - Total	44	61	64
Number of duty of candour contacts	4	23	22
Number of RIDDORs Submitted	5		7
Serious	4	17	5
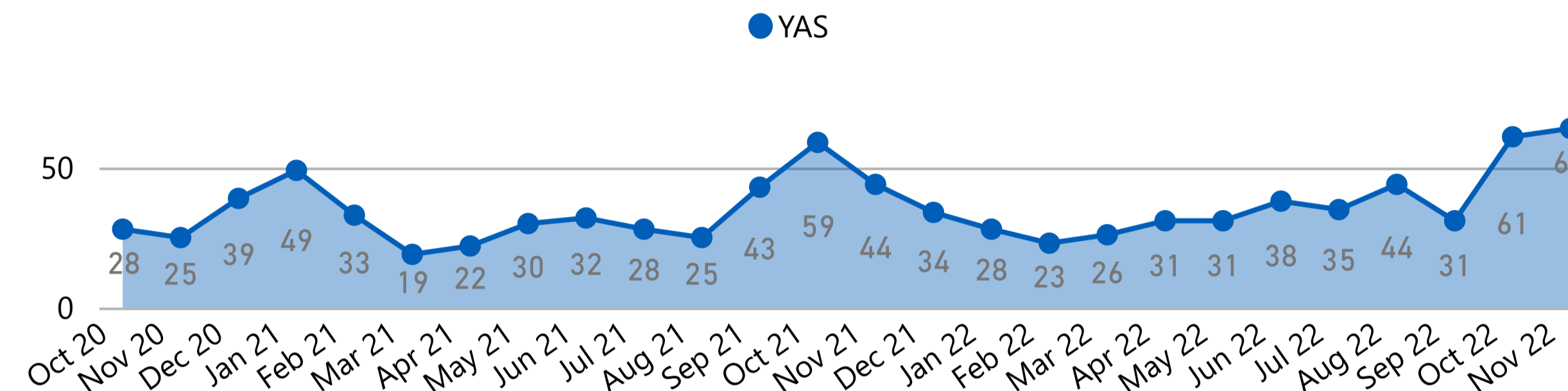
Indicator	Nov 21	Oct 22	Nov 22
Moderate & Above Harm (verified)	35	44	19
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	9	4	4
Serious incidents (verified)	4	13	8

Incidents - Moderate and Above Harm

● YAS

Values: 28, 25, 39, 49, 33, 19, 22, 30, 32, 28, 25, 43, 59, 44, 34, 28, 23, 26, 31, 31, 38, 35, 44, 31, 61, 64

Months: Oct 20, Nov 20, Dec 20, Jan 21, Feb 21, Mar 21, Apr 21, May 21, Jun 21, Jul 21, Aug 21, Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22, Sep 22, Oct 22, Nov 22

A&E Long Responses

Indicator	Nov 21	Oct 22	Nov 22
999 - C1 Responses > 15 Mins	1,272	1,597	1,479
999 - C2 Responses > 80 Mins	5,448	7,397	6,981

YAS Child and Adult Safeguarding

Indicator	Nov 21	Oct 22	Nov 22
Adult Safeguarding Referrals	1,666	2,013	2,033
Child Safeguarding Referrals	712	776	858
% Trained Safeguarding for Children (L1)	83.0%	94.2%	91.8%
% Trained Safeguarding for Children (L2)	81.4%	94.0%	93.8%
% Trained Safeguarding for Adults (L1)	82.4%	90.8%	93.8%

Safeguarding Training

● Adult Safeguarding Referrals   ● Child Safeguarding Referrals

Months: Oct 20, Nov 20, Dec 20, Jan 21, Feb 21, Mar 21, Apr 21, May 21, Jun 21, Jul 21, Aug 21, Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22, Sep 22, Oct 22, Nov 22
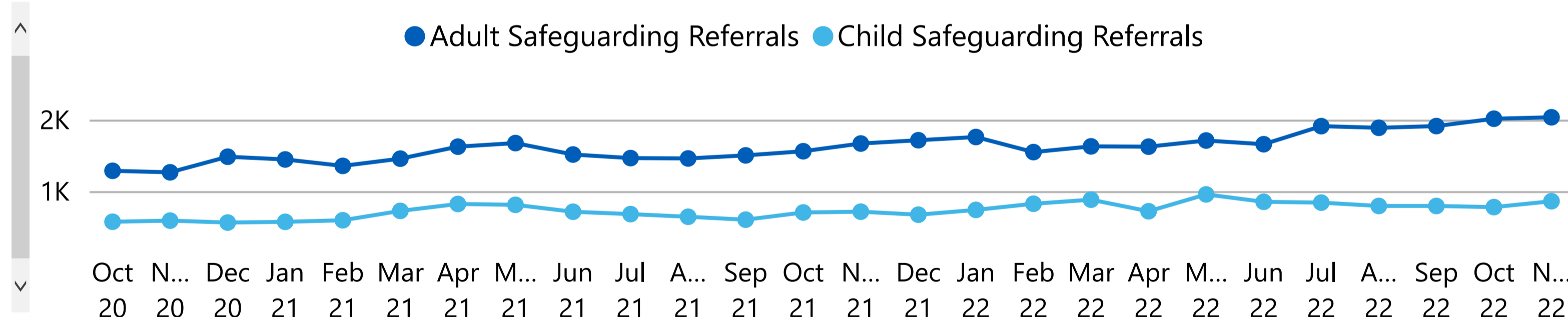
YAS IPC Compliance

Indicator	Nov 21	Oct 22	Nov 22
% Compliance with Hand Hygiene	98.6%	99.3%	99.4%
% Compliance with Premise	98.9%	98.6%	98.6%
% Compliance with Vehicle	98.5%	97.9%	97.5%

YAS Comments

Safeguarding adult and child referrals – There has been a very slight increase in adult safeguarding referrals compared with last month, with child referrals showing a 10.5% increase. Overall, compared to November 2021 there has been a significant increase in both.

Safeguarding training – Training levels have slightly decreased for Safeguarding for Children L1 & L2. Safeguarding for Adults has increased month on month and remains well 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
01 February 2022			
18 November 2021			

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

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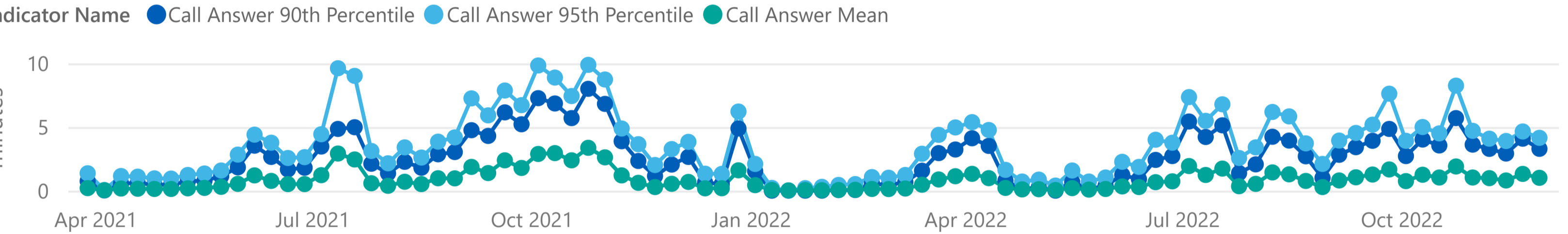
Call Answer Metrics

Indicator Name	Nov 21	Oct 22	Nov 22
Call Answer 90th Percentile	00:03:53	00:04:26	00:03:20
Call Answer 95th Percentile	00:05:17	00:06:06	00:04:12
Call Answer Mean	00:01:08	00:01:27	00:00:57

Response Metrics

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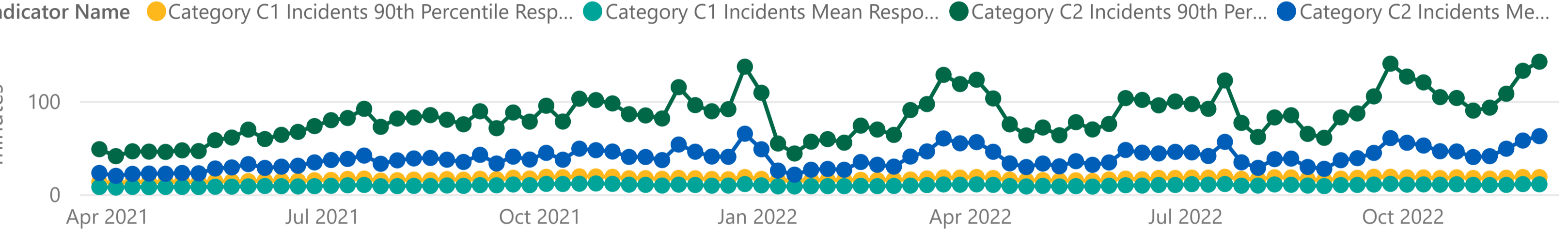
Response Metrics

Indicator Name	Nov 21	Oct 22	Nov 22
Category C1 Incidents 90th Percentile Response Time	00:17:27	00:18:12	00:17:35
Category C1 Incidents Mean Response Time	00:10:09	00:10:35	00:10:10
Category C2 Incidents 90th Percentile Response Time	01:30:54	01:57:30	01:52:17
Category C2 Incidents Mean Response Time	00:42:00	00:51:32	00:48:55

Hospital Turnaround Metrics

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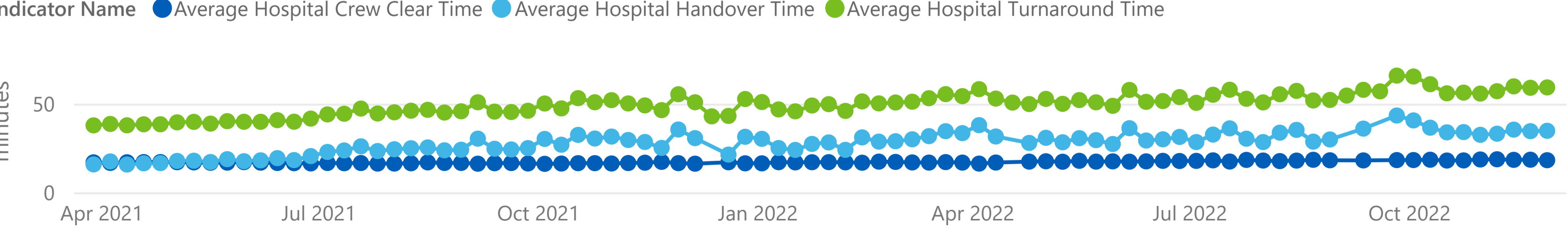
Hospital Turnaround Metrics

Indicator Name	Nov 21	Oct 22	Nov 22
Average Hospital Crew Clear Time	00:16:40	00:18:11	00:18:27
Average Hospital Handover Time	00:29:18	00:36:25	00:34:38
Average Hospital Turnaround Time	00:50:00	01:00:06	00:58:33

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	Jul 22
Sepsis % *		86.0%			81.0%			80.6%		
STEMI %	73.0%			72.0%			57.0%			57.2%
Stroke %		93.0%			95.0%			92.0%		

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

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

Sentinal Stroke National Audit Programme (SSNAP)

Indicator	May 22	Jun 22	Jul 22
Avg Time from call to hospital	89	103	96
Total Patients	440	440	419

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

Legend: OHCAO ROSC %, OHCAO Survival %, ROSC UTSTEIN %, Survival UTSTEIN - Discharged Alive %

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. SEPSIS ACQI HAS NOW BEEN STOPPED AND THERE WILL BE NO FURTHER ADMISSIONS

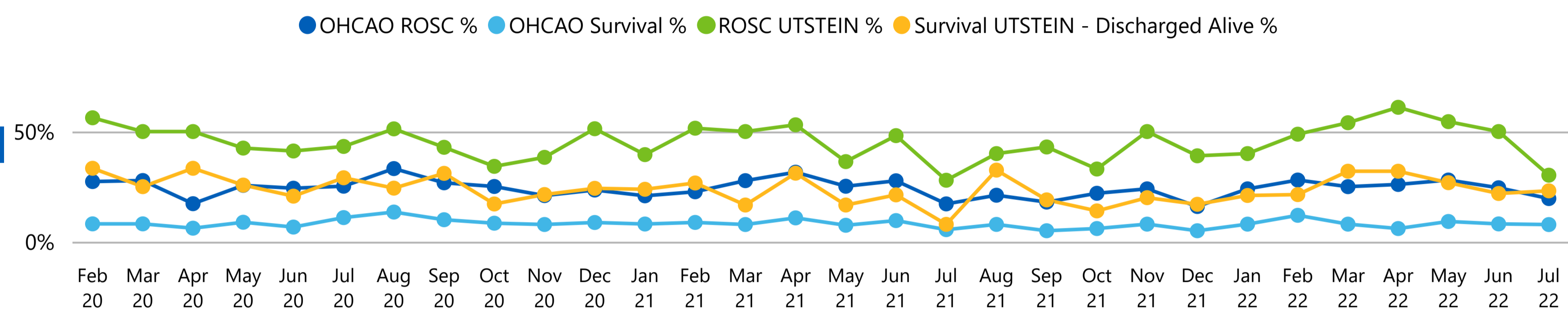**STEMI Care Bundle** – Care bundle compliance currently demonstrates an upward trend in 2021 when compared with previous years. In April 2021 YAS achieved 68% compliance up from 61% in January 2021, July 2021 demonstrated 66%. A further increase to 73% in October 2021 confirms this trend, we have carried 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. Performance has stayed in the 57% mark for July 2022, the reasons for this are not sully understood, however there was adverse hot weather in July which could affect performance. 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 clinicial informatics & audit team to circulate these findings to front- line clinicians. Further review of the ACQIs by the national audit group also suggests that this element of the care bunlde may be amended in the near future.

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

Patient Pathways – referrals and re-contact – 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

Fleet and Estates

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
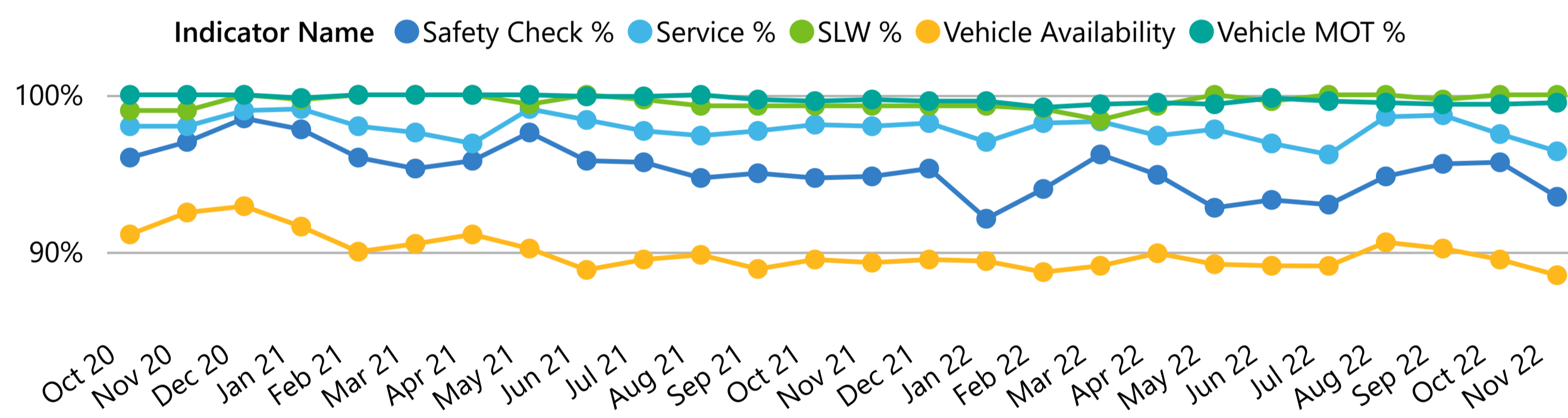
PTS Fleet

999 Fleet Age

IndicatorName	Oct 22	Nov 22
Vehicle age +7	14.6%	13.4%
Vehicle age +10	1.4%	1.6%

PTS Age

IndicatorName	Oct 22	Nov 22
Vehicle age +7	13.2%	15.8%
Vehicle age +10	0.2%	0.2%
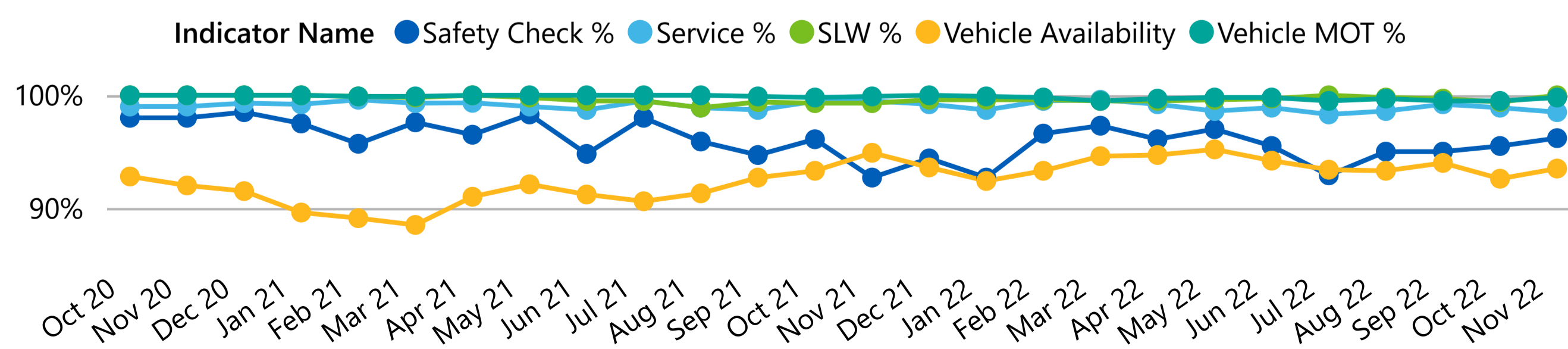
Fleet Comments

A&E availability decreased by 1% in November which is attributed to the RRV replacement programme. The 106 RRV's are being replaced at 5 per week thorough to the end of February. PTS has risen to 93.5% from October, 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 caried out in a timely manner.

Age profile of the A&E DCA remains stable in November awaiting the arrival of the vehicles currently being converted, these deliveries have slipped to February due to changes in seat certification. 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.

Glossary - Indicator Descriptions (A&E)

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

Glossary - Indicator Descriptions (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 verfied Serious Incidents reported on DATIX

Glossary - Indicator Descriptions (Workforce)

mID	ShortName	IndicatorType	AQIDescription
WF36	Headcount in Post	int	Headcount of primary assignments
WF35	Special Leave	percent	Special Leave (eg: Carers leave, compassionate leave) as a percentage of FTE days in the period.
WF34	Fire Safety & Awareness - 1 Year	percent	Percentage of staff with an in date competency in Fire Safety & Awareness - 1 Year
WF33	Information Governance - 1 Year	percent	Percentage of staff with an in date competency in Information Governance - 1 Year
WF28	Safeguarding Adults Level 2 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Adults Level 2 - 3 Years
WF24	Safeguarding Adults Level 1 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Adults Level 1 - 3 Years
WF19	Vacancy Rate %	percent	Full Time Equivalent Staff required to fill the budgeted amount as a percentage
WF18	FTE in Post %	percent	Full Time Equivalent Staff in post, calculated as a percentage of the budgeted amount
WF17	Apprentice %	percent	The percentage of staff who are on an apprenticeship
WF16	Disabled %	percent	The percentage of staff who identify as being disabled
WF14	Stat & Mand Training (Face to Face)	percent	Percentage of staff with an in date competency for "Basic Life Support" , "Moving and Handling Patients" and "Conflict Resolution" as required by the competency requirements set in ESR
WF13	Stat & Mand Training (Safeguarding L2 +)	percent	Percentage of staff with an in date competency for "Safeguarding Children Level 2" , "Safeguarding Adults Level 2" and "Prevent WRAP" as required by the competency requirements set in ESR
WF12	Stat & Mand Training (Core) 3Y	percent	Percentage of staff with an in date competency for "Health Risk & Safety Awareness" , "Moving and Handling Loads" , "Infection Control" , "Safeguarding Children Level 1" , "Safeguarding Adults Level 1" , "Prevent Awareness" and "Equality, Diversity and Human Rights" as required by the competency requirements set in ESR
WF11	Stat & Mand Training (Fire & IG) 1Y	percent	Percentage of staff with an in date competency for both "Information Governance" and "Fire Safety & Awareness"
WF07	Sickness - Total % (T-5%)	percent	All Sickness as a percentage of FTE days in the period
WF05	PDR / Staff Appraisals % (T-90%)	percent	Percentage of staff with an in date Personal Development Review, also known as an Appraisal
WF04	Turnover (FTE) %	percent	The number of staff leaving (FTE) in the period relative to the average FTE in post for the period
WF02	BME %	percent	The percentage of staff who identify as belonging to a Black or Minority Ethnic background

Glossary - Indicator Descriptions (Clinical)

mID	ShortName	IndicatorType	Description
CLN39	Re-contacts - Conveyed (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN37	Re-contacts - S&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN35	Re-contacts - H&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN32	Survival UTSTEIN - Patients Discharged Alive	int	Survival UTSTEIN - Of R4n, patients discharged from hospital alive.
CLN30	ROSC UTSTEIN %	percent	ROSC UTSTEIN - Proportion who had ROSC on arrival at hospital.
CLN28	ROSC UTSTEIN Patients	int	ROSC UTSTEIN - Patients with resuscitation commenced / continued by Ambulance Service.
CLN27	ePR Referrals (%)	percent	Proportion of ePR referrals made by YAS crews at scene.
CLN24	Re-contacts (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN21	Call to Balloon Mins for STEMI Patients (90th Percentile)	int	MINAP - For M3n, 90th centile time from call to catheter insertion for angiography.
CLN20	Call to Balloon Mins for STEMI Patients (Mean)	int	MINAP - For M3n, mean average time from call to catheter insertion for angiography.
CLN18	Number of STEMI Patients	int	Number of patients in the MINAP dataset an initial diagnosis of myocardial infarction.
CLN17	Avg Time from call to hospital	int	SSNAP - Avg Time from call to hospital.
CLN15	Stroke %	percent	Proportion of adult patients with a pre-hospital impression of suspected stroke who received the appropriate best practice care bundle.
CLN12	Sepsis %	percent	Proportion of adult patients with a pre- hospital impression of suspected sepsis with a NEWs2 score of 7 and above who received the appropriate best practice care bundle
CLN09	STEMI %	percent	Proportion of patients with a pre-hospital clinical working impression of STEMI who received the appropriate best practice care bundle
CLN06	OHCAO Survival %	percent	Proportion of patients who survived to discharge or were alive in hospital after 30 days following an out of hospital cardiac arrest during which YAS continued or commenced resuscitation
CLN03	OHCAO ROSC %	percent	Proportion of patients who had return of spontaneous circulation upon hospital arrival following an out of hospital cardiac arrest during which YAS continued or commenced BLS/ALS

Glossary - Indicator Descriptions (Fleet and Estates)

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