



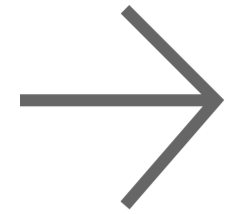
Integrated Performance Report

January 2023

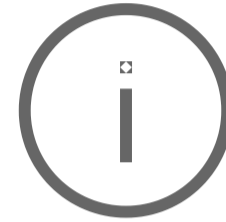
Published 24 February 2023



Key Buttons



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



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

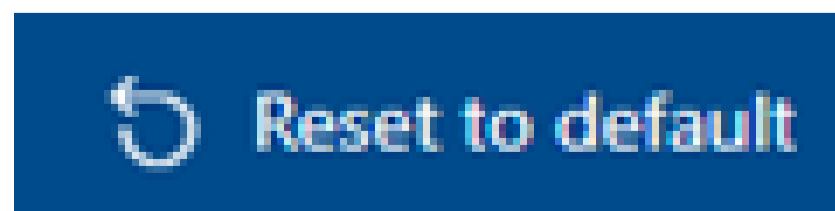
- Cover
- Contents
- Strategy and Priorities Overview
- Programme Dashboard
- Programme Dashboard
- 999 Performance Exceptions
- IUC and PTS Performance Ex...
- Support Services Exceptions
- YAS Workforce
- Patient Demand
- Patient Outcomes
- Patient Experience (Quality)
- Patient Safety (Quality)
-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

Menu

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

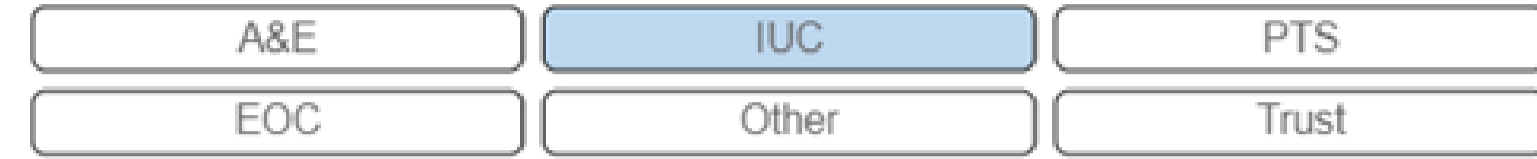
Reset Filters

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



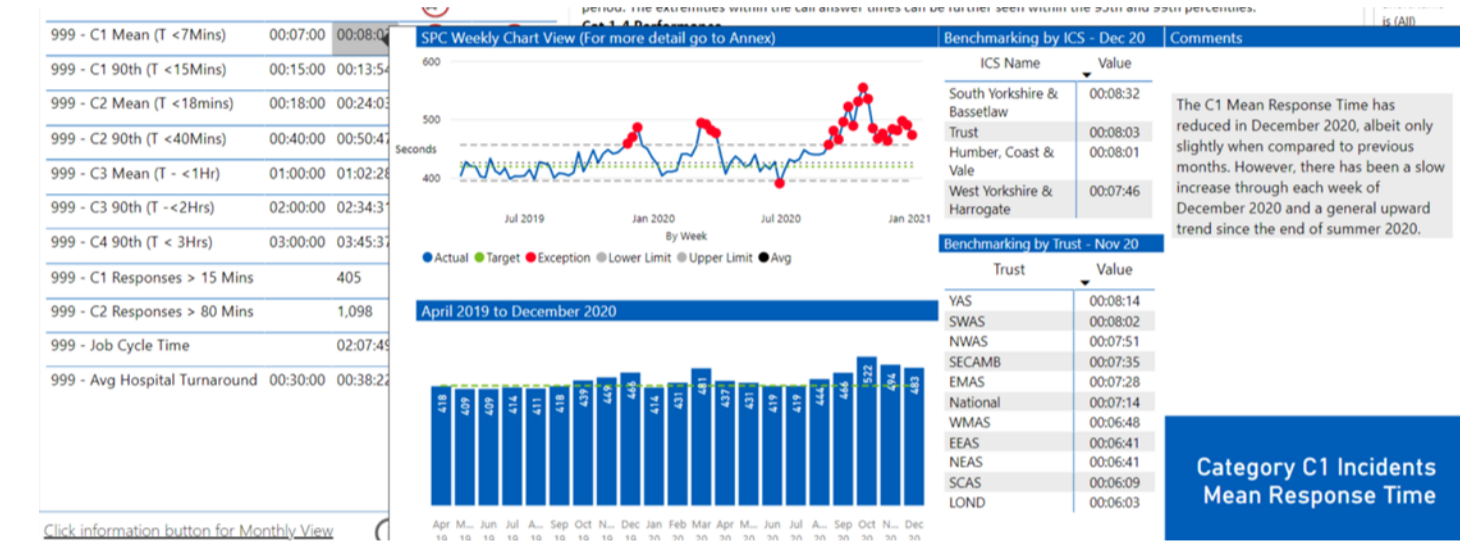
Key Buttons

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



Hover Over Visuals

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



Exceptions, Variation and Assurance

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







Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation icons: **orange** indicates concerning **special cause variation** requiring action; **blue** indicates where improvement appears to lie, and **grey** indicates no significant change (**common cause variation**).

Assurance icons: **Blue** indicates that you would consistently expect to achieve a target. **Orange** indicates that you would consistently expect to miss the target. A **grey** icon tells you that sometimes the target will be met and sometimes missed due to random variation – in a RAG report this indicator would flip between red and green.

Exceptions, Variation and Assurance

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- Patient Experience (Quality)
- Patient Clinical Effectiveness



- Patient Outcomes Summary
- Patient Safety (Quality)
- Fleet and Estates

One Team, Best Care



Our Key Priorities

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



...

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:08		
999 - Answer 95th Percentile		00:00:51		
999 - C1 Mean (T <7Mins)	00:07:00	00:08:26		
999 - C1 90th (T <15Mins)	00:15:00	00:14:44		
999 - C2 Mean (T <18mins)	00:18:00	00:25:12		
999 - C2 90th (T <40Mins)	00:40:00	00:53:56		
999 - C3 Mean (T - <1Hr)	01:00:00	01:05:59		
999 - C3 90th (T - <2Hrs)	02:00:00	02:25:46		
999 - C4 90th (T < 3Hrs)	03:00:00	03:00:28		
999 - C1 Responses > 15 Mins		754		
999 - C2 Responses > 80 Mins		1,723		
999 - Job Cycle Time		01:54:58		
999 - Avg Hospital Turnaround	00:30:00	00:52:40		
999 - Avg Hospital Handover		00:24:08		
999 - Avg Hospital Crew Clear		00:22:36		
999 - Average Hospital Notify Time		00:05:37		
999 - Total lost handover time		01:13:27		
999 - Crew clear over 30 mins %		24.2%		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 8 seconds for January, a decrease of 1 minute 49 seconds compared to December. The median and tails of performance shown by the call answer percentiles also decreased from December, indicating that there were fewer long waits overall at the tail end of the data for last month.

Cat 1-4 Performance - Significant improvements were seen in performance times across all categories in January. Category 1, 2 and 3 mean and 90th percentile times were exceptionally low, falling below the lower limit, however, only the Category 1 90th percentile national target was achieved.

Compared to December, the Category 1 mean and 90th percentile performance times decreased by 2 minutes 53 seconds and by 4 minutes 50 seconds, respectively. The Category 2 mean performance time decreased by 52 minutes 49 seconds and the 90th percentile decreased by 2 hours 8 minutes 24 seconds compared to December.

Abstractions were 3.7% higher than forecast for January, falling 3.3% from December. Weekly Net staff hours have risen compared to December by over 5,000 hours per week. Overall availability increased by 15.3% from December. Compared to January 2022, abstractions are down by 2.7% and availability is up by 3.1%.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 75.6% in January (13.8% Cat1, 61.8% Cat2) after a 6.7% decrease compared to December (5.3% decrease in Cat1 and 1.5% decrease in Cat2). Comparing against January for the previous year, Cat1 proportion has increased by 2.4% and Cat2 proportion has increased by 1.5%.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than 90th percentile target decreased significantly in January, with approx. 750 responses over this target, decreasing by almost 1,800 (70%) compared to December. The number for last month was 7.5% less than January 2022.

The number of Cat2 responses greater than 2x 90th percentile target also decreased from December by approximately 10,750 responses (86%) and this is equivalent to a 45% decrease compared to January 2022.

Job cycle time - Overall, job cycle time is over 16 minutes shorter than in December and 11 minutes longer than in January 2022.

Hospital - The average handover and turnaround times improved significantly in January, with handover times falling by 17 minutes and turnaround times falling by 20 minutes compared to December. Compared to January 2022, turnaround times are 4 minutes 15 seconds longer.



IUC IPR Key Indicators - January 23



Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		120,661		
IUC - Increase - Previous Month		-16.5%		
IUC - Increase Same Month Last Year		-10.2%		
IUC - Calls Triage		119,856		
IUC - Calls Abandoned	3.0%	6.4%		
IUC - Answer Mean	00:00:20	00:03:09		
IUC - Answered in 60 Secs	90.0%	69.9%		
IUC - Call back in 1 Hour	60.0%	44.5%		
IUC - ED Validations %	50.0%	30.7%		
IUC - ED %		15.1%		
IUC - ED outcome to A&E		78.1%		
IUC - ED outcome to UTC		10.4%		
IUC - Ambulance %		10.7%		

IUC Exceptions - Comments (Director Responsible - Karen Owens)

YAS received 128,913 calls in January, -30.1% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in January, 120,661 calls (93.6%) were answered, -16.5% lower than were answered in December and -10.2% lower than the number of calls answered in January 2022.

Demand has decreased, and due to continued 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 increased in January to 69.9%, compared to 19.4%, in December. Average speed to answer in January was 189 seconds (3 minutes and 9 seconds), down 914 seconds from December, but still higher than the national target of <20 seconds. Similarly, abandoned calls were 6.4% this month, above the 3% target, but a decrease of -22.1% on December's performance. YAS are not alone in these challenges, with other providers experiencing similar challenges.

The proportion of Clinician Call Backs made within 1 hour was 44.5%, below the 60% target but higher than the 43.2%, in December. Core clinical advice was 23.3%, up from 19.1% in December. These figures are calculated based on the new ADC specification, which removes 111 online cases from counting as part of clinical advice, and also locally we are removing cases which come from the DCABS clinical service as we do not receive the initial calls for these cases.

The national KPI for ambulance validations monitors performance against outcomes validated within 30 minutes, rather than just all outcomes validated, and the target for this is 50% of outcomes. However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the National KPI, performance was 91.5% in January whilst performance for overall validations was 99.6%, with around 10,500 cases validated overall. This figure is being checked for accuracy due to an increase since we started receiving Adastra data again.

ED validation performance was 30.7% in January, 3.2% higher than December. This figure being lower than the target is due in part to ED validation services being closed on DoS (in the out of hours periods) for several periods of time during the month as a result of clinical demand and capacity pressures to the service. ED validation also continues to be driven down since the implementation of 111 First and the prioritisation of UTCs over validation services for cases with an initial ED outcome. Previous analysis showed that if cases now going to UTCs that would have gone to validation previously were no longer included in the denominator for the validation calculation, YAS would have met and exceeded the 50% target every month this year.

Amongst booking KPIs, bookings to UTCs increased to 48.4% from 46.5% in December. Bookings to IUC Treatment Centres has dropped considerably since we have started receiving Adastra data again. Looking into the figures the referrals to IUC treatments centres has stayed consistent, however, there seems to be issues with the booking system causing a lot less bookings and impacting this KPI.

ED bookings are still being monitored, with performance continuing to remain below 40%. Finally, performance against the SDEC booking KPI remains at 0% as very few cases are being referred to SDEC and no booking is enabled.



PTS IPR Key Indicators - January 23



Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	59.2%		
PTS - % Short notice - Pickup < 120 mins	90.8%	83.0%		
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	88.0%		
PTS - Arrive at Appointment Time	90.0%	83.7%		
PTS - Journeys < 120Mins	90.0%	99.5%		
PTS - Same Month Last Year		24.1%		
PTS - Increase - Previous Month		4.6%		
PTS - Demand (Journeys)		71,469		

PTS Exceptions - Comments (Director Responsible - Karen Owens)

PTS Total Activity for January was 71,469: a 4.6% increase on the previous month. Demand was lower than usual during w.c 02/01/2023 due to the New Year bank holiday and during w.c 09/01/2023 and w.c 23/01/2023 due to the planned strike dates, during which demand was c 50% lower. Total demand was 24.1% higher compared to the previous January, however demand was significantly reduced due to the ITP at the time.

Focus continues on the 120 Min Discharge KPI and patient care, however KPIs 2, 3 and 4 all saw improvements last month. The lower demand on strike dates (11/01/2023 and 23/01/2023) had a positive effect as all KPIs were achieved on these days.

The average Patients Per Vehicle was 1.29 during January. This is 0.01 higher than 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. Short Notice Outwards performance had been on average 78% between August and November, however the KPI has since increased in consecutive months: 83.0% in January. Private Provider hours have also increased during this time: January saw the highest number of Private Provider hours since June. This increased provision has been to support system wide patient flow; with unprecedented handover delays and patient waiting times for discharge; additional discharge provision has been provided to minimise any delay whatsoever waiting for transport to discharge.

Call levels also increased during January. Actual calls were 7.1% above forecast following a 21.9% increase in calls compared to December. Performance saw a slight reduction (-0.6%), meaning telephony performance was 59.2% for the month of January: 30.8% under target. Current modelling demonstrates that Reservations required an extra 2.9 FTE online to be able to meet the call demand and achieve service level.

Respiratory infection demand continues to fluctuate at 831 for the month of January. This is 64.2% below last January.





Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		848		
Serious		19		
Moderate and Above Harm		44		
Service to Service		52		
Adult Safeguarding Referrals		2,028		
Child Safeguarding Referrals		883		

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

Patient Relations – There has been an increase in service to service and a slight decrease in concerns compared with last month, with a decrease in the number of complaints and a large decrease against the same month last year. The backlog in processing compliments has now been partially addressed, the January figures reflect some compliments that were received during August and September that have now been processed.

Safeguarding adult and child referrals – There has been a slight decrease in adult safeguarding referrals compared with last month, with child referrals showing an increase. Overall, compared to the same month last year, adult and child referrals are both up.

Safeguarding training – Training levels have increased for Safeguarding for Children L1 & L2 and Safeguarding for Adults. All are well above 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.

Indicator	Target	Actual	Variance	Assurance
Turnover (FTE) %		9.2%		
Sickness - Total % (T-5%)	5.0%	7.3%		
Special Leave		0.2%		
PDR / Staff Appraisals % (T-90%)	90.0%	70.8%		
Stat & Mand Training (Fire & IG) 1Y	90.0%	88.7%		
Stat & Mand Training (Core) 3Y	90.0%	93.3%		
Stat & Mand Training (Face to Face)	90.0%	81.3%		

Workforce Exceptions - Comments (Director Responsible - Mandy Wilcock)

Sickness - Sickness has decreased to 7.3%. 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 – Overall compliance rate has increased to 70.8%, with increases in most areas apart from IUC. PTS remains the highest performing area within the Trust at 87.8%. EOC has shown an increase of almost 6 percentage points, but remains the worst performing area. 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 and to monitor the perceived quality of appraisals.

Statutory and Mandatory Training – The Trust continues achieving the compliance target for the 3y core Stat & Mand and Safeguarding and achieved a small increase in face-to-face training, albeit not yet compliant (81.3%). There was a slight increase in compliance for Fire & IG, which is now at 88.7%. PTS is still the only area fully compliant (green) for all categories, however IUC and EOC are close to full compliance with only Fire & IG below 90%. 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

A&E

IUC

PTS

EOC

Other

Trust



Key KPIs

Name	Dec 21	Dec 22	Jan 23
Turnover (FTE) %	10.5%	12.0%	9.2%
Vacancy Rate %	9.4%	13.2%	13.4%
Apprentice %	7.0%	9.5%	8.8%
BME %	6.3%	6.0%	6.0%
Disabled %	3.9%	5.1%	5.2%
Sickness - Total % (T-5%)	12.1%	8.9%	7.3%
Special Leave	2.7%	0.1%	0.2%
PDR / Staff Appraisals % (T-90%)	52.1%	69.2%	70.8%
Stat & Mand Training (Fire & IG) 1Y	87.0%	88.0%	88.7%
Stat & Mand Training (Core) 3Y	75.2%	91.3%	93.3%
Stat & Mand Training (Face to Face)	72.6%	80.7%	81.3%
Stat & Mand Training (Safeguarding L2 +)	86.8%	94.6%	95.6%

Assurance: All data displayed has been checked and verified

YAS Commentary

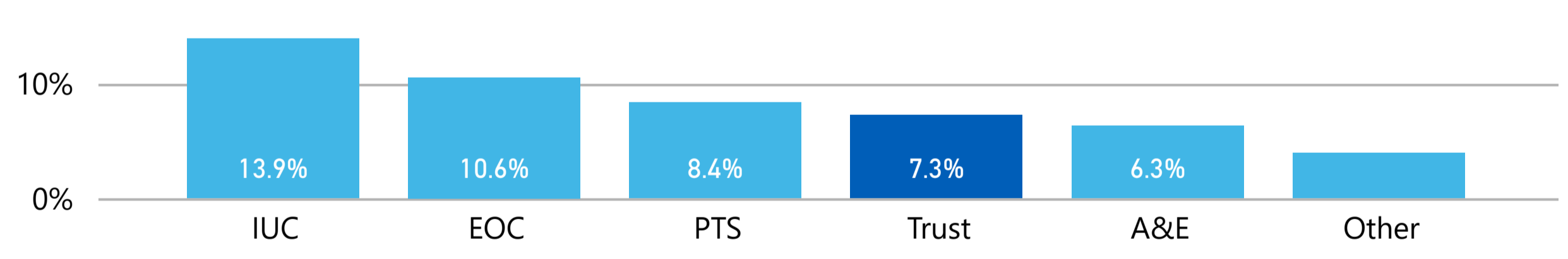
FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 13.4% and Turnover at 9.2%. Vacancy rate is similar to last month, with Turnover showing a decrease. However, the main area of concern remains in our call centres. 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 7.3%. 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.

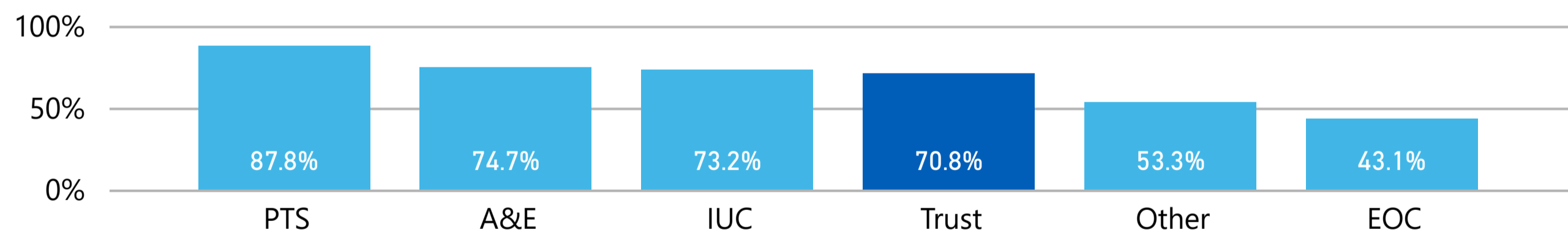
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Statutory and Mandatory Training - The Trust continues achieving the compliance target for the 3y core Stat & Mand and Safeguarding and achieved a small increase in face-to-face training, albeit not yet compliant (81.3%). There was a slight increase in compliance for Fire & IG, which is now at 88.7%. PTS is still the only area fully compliant (green) for all categories, however IUC and EOC are close to full compliance with only Fire & IG below 90%. 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.

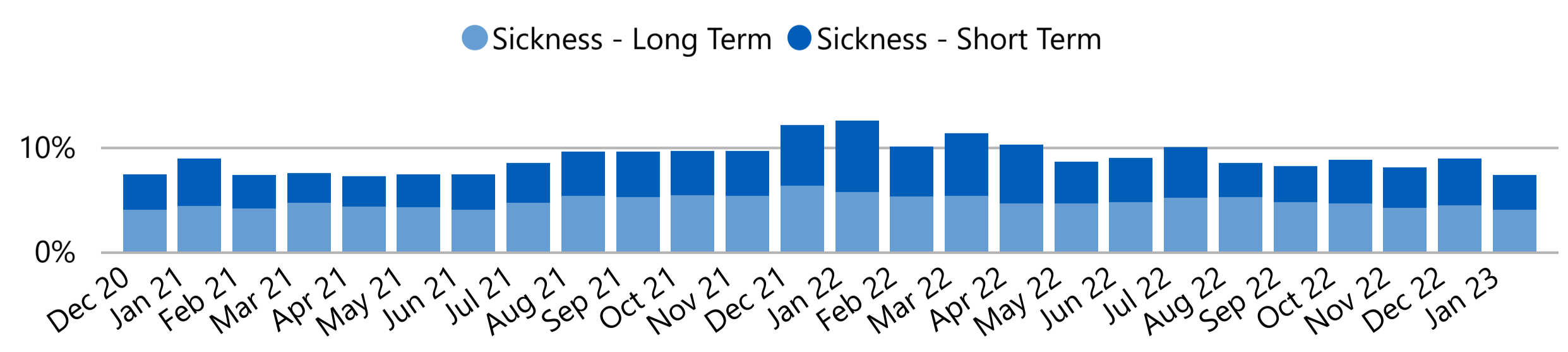
Sickness Benchmark for Last Month



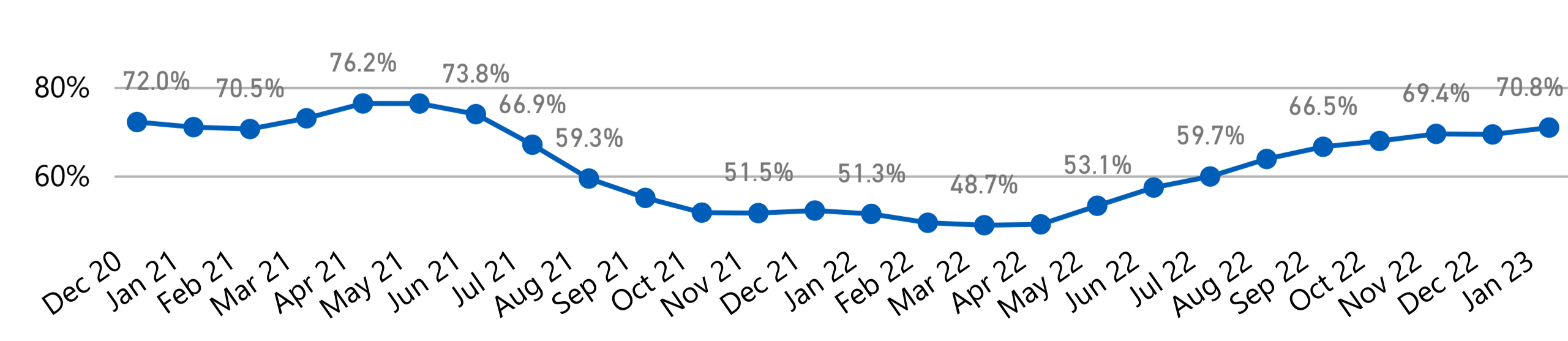
PDR Benchmark for Last Month



Sickness



PDR - Target 90%



[Click information button for key KPIs by Month](#)



[Click information button PDR by Team](#)



YAS Finance Summary (Director Responsible Kathryn Vause - January 23)

Overview - Unaudited Position

Overall

The Trust has a year to date surplus at month 10 of £268k as shown above. Breakeven 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 January the Trust had £82.6m 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)	£0	£268	£268
Cash	£77,000	£82,650	£5,650
Capital	£12,787	£6,964	-£5,823

Monthly View (£000s)

Indicator Name	2022-05	2022-06	2022-07	2022-08	2022-09	2022-10	2022-11	2022-12	2023-01
Surplus/ (Deficit)	-£4,610	£4,730	£459	-£88	£73	-£233	-£35	-£36	£8
Cash	£78,525	£79,865	£79,098	£85,132	£78,788	£77,559	£79,166	£79,065	£82,650
Capital	£193	£273	£323	£414	£1,697	£917	£996	£753	£1,398

Patient Demand Summary

Demand Summary

ShortName	Dec 21	Dec 22	Jan 23
999 - Incidents (HT+STR+STC)	69,557	64,527	62,514
IUC - Call Answered	144,432	144,537	120,661
IUC - Increase - Previous Month	8.2%	17.9%	-16.5%
IUC - Increase Same Month Last Year	-4.1%	0.1%	-10.2%
IUC - Calls Answered Above Ceiling	-23.2%	-25.6%	-35.9%
PTS - Demand (Journeys)	72,028	68,336	71,469
PTS - Increase - Previous Month	-4.8%	-13.4%	4.6%
PTS - Same Month Last Year	19.8%	-5.1%	24.1%

Commentary

999 - At Scene Response demand was 9.8% lower than forecasted levels for January. All Response Demand (STR + STC +HT) was 3.1% lower than December and 8.0% lower than January 2022.

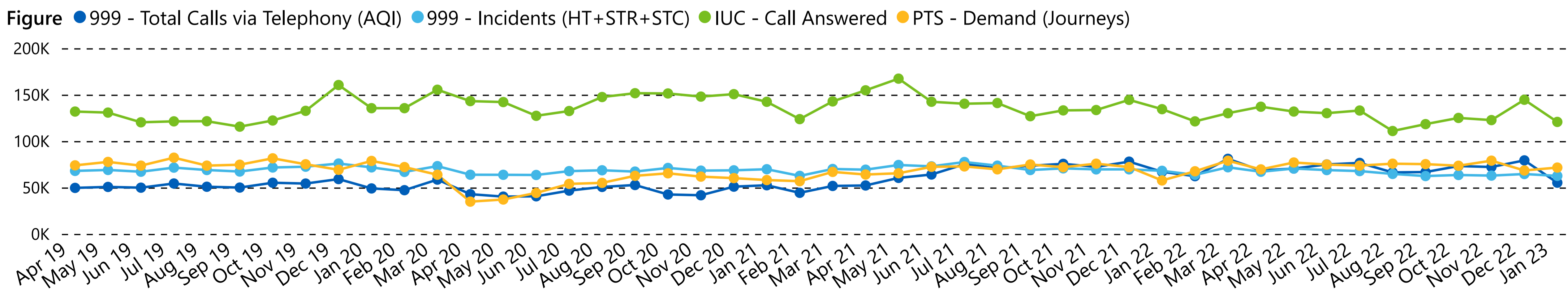
IUC - YAS received 128,913 calls in January, -30.1% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in January, 120,661 calls (93.6%) were answered, -16.5% lower than were answered in December and -10.2% lower than the number of calls answered in January 2022.

PTS - Total PTS demand increased, with 4.6% more journeys undertaken than the previous month. Demand has also increased by 24.1% compared with the same month last year.

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



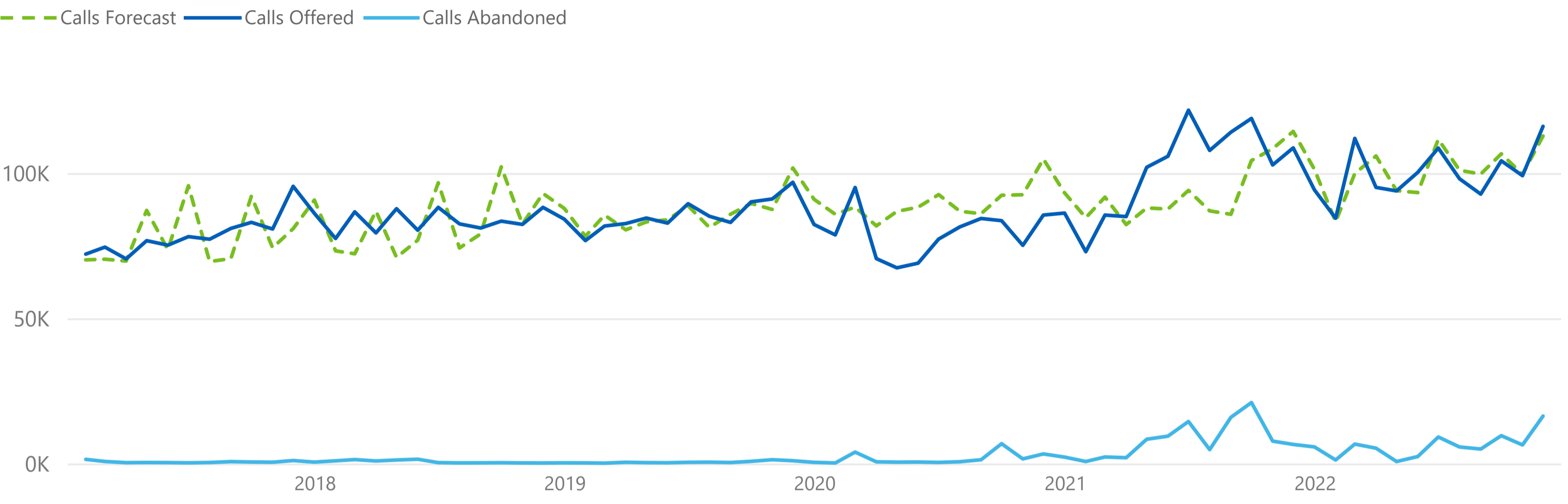
Overall Calls and Demand



999 and IUC Historic Demand

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

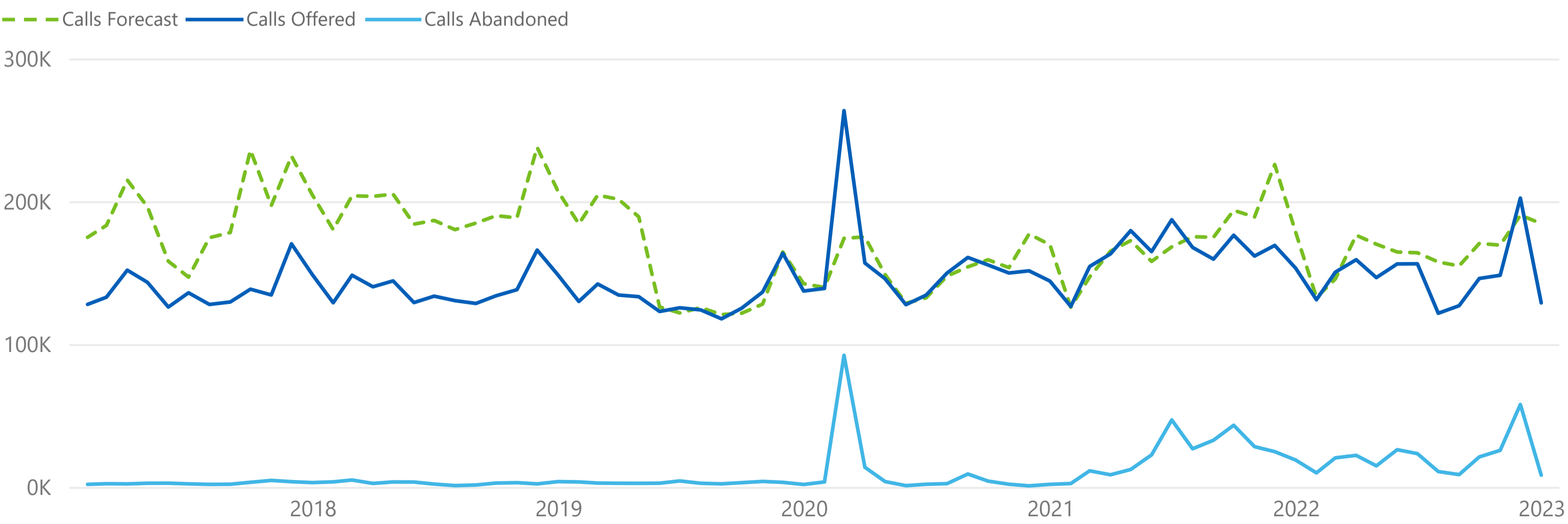
999 Historic Call Demand



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

In January 2023, there were 74,795 calls offered which was 27.0% below forecast, with 74,064 calls answered and 731 calls abandoned (1.0%). There were 35.6% fewer calls offered compared with the previous month and 20.6% fewer calls offered compared with the same month the previous year. 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 95.5% reduction in abandoned calls compared with the previous month.

IUC Historic Demand



YAS received 128,913 calls in January, -30.1% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in January, 120,661 calls (93.6%) were answered, -16.5% lower than were answered in December and -10.2% lower than the number of calls answered in January 2022.

Calls abandoned for January were 6.4%, 22.1% lower than December 2022 and 5.9% lower when compared to January 2022.

Patient Outcomes Summary

Outcomes Summary

ShortName	Dec 21	Dec 22	Jan 23
999 - Incidents (HT+STR+STC)	69,557	64,527	62,514
999 - Hear & Treat %	10.7%	7.9%	7.3%
999 - See, Treat & Refer %	28.3%	29.4%	27.8%
999 - See, Treat & Convey %	61.0%	62.7%	64.9%
999 - Conveyance to ED %	53.9%	56.4%	58.0%
999 - Conveyance to Non ED %	7.1%	6.3%	6.9%
IUC - Calls Triaged	146,348	119,856	
IUC - ED %	13.5%	13.9%	15.1%
IUC - ED outcome to A&E	77.5%	81.9%	78.1%
IUC - ED outcome to UTC	10.3%	7.3%	10.4%
IUC - Ambulance %	11.3%	8.2%	10.7%
IUC - Selfcare %	4.9%	3.8%	4.4%
IUC - Other Outcome %	11.8%	13.6%	13.5%
IUC - Primary Care %	57.1%	57.3%	53.0%
PTS - Demand (Journeys)	72,028	68,336	71,469

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

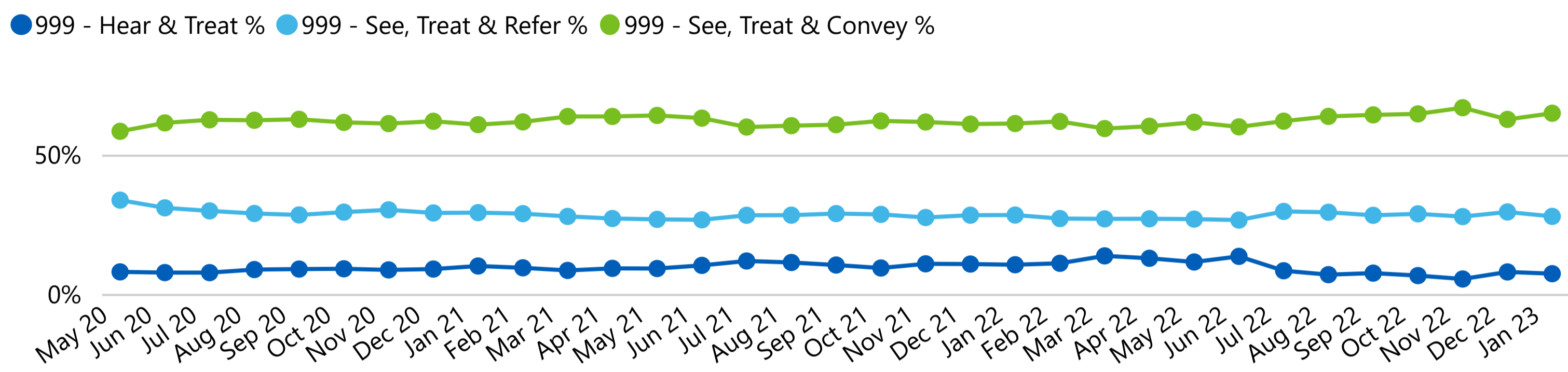


Commentary

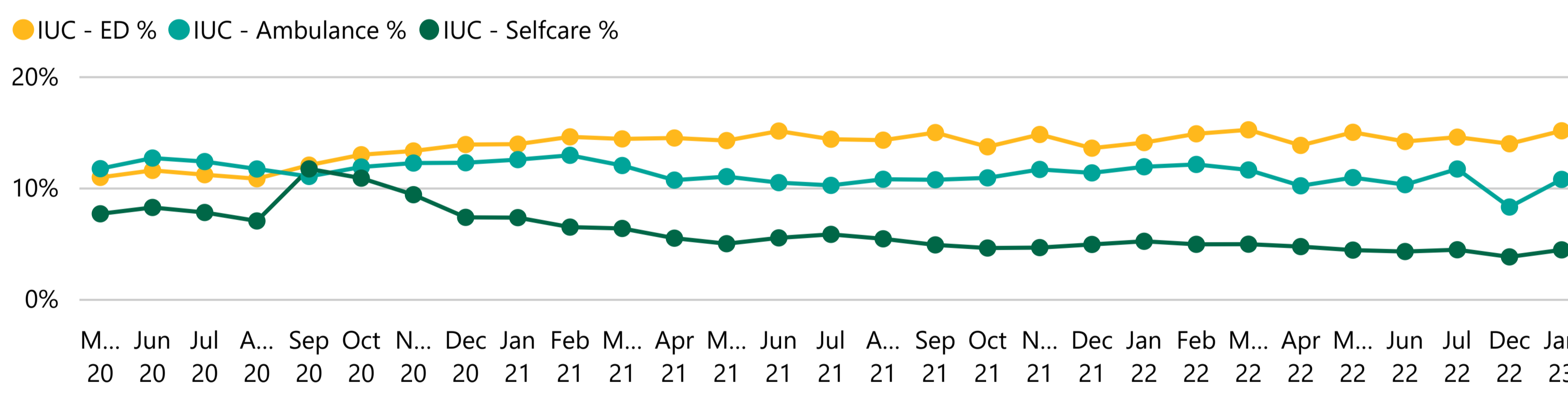
999 - When comparing January 2023 against January 2022 in terms of incident outcome proportions within 999, the proportion of Hear & Treat has decreased by 3.2%, See, Treat & Refer has decreased by 0.5% and See, Treat & Convey has increased by 3.7%. The proportion of incidents with conveyance to ED has increased by 3.6% from January 2022 and the proportion of incidents conveyed to non-ED increased by 0.1%.

IUC - The proportion of callers given an ambulance outcome continues to be over 10%, while primary Care outcomes are consistently between 52-58% monthly. The proportion of callers given an ED outcome is still around 14-16% since the increase at the end of 2020. The proportion of ED outcomes where a patient is referred to a UTC is now over 10% compared to 2-3% historically. Correspondingly, the proportion of ED outcome where the patient was referred to A&E has fallen to below 80% after historically being around 90%. A Key goal of the 111 first programme was to reduce the burden on emergency departments by directing patient to more appropriate care settings.

999 Outcomes



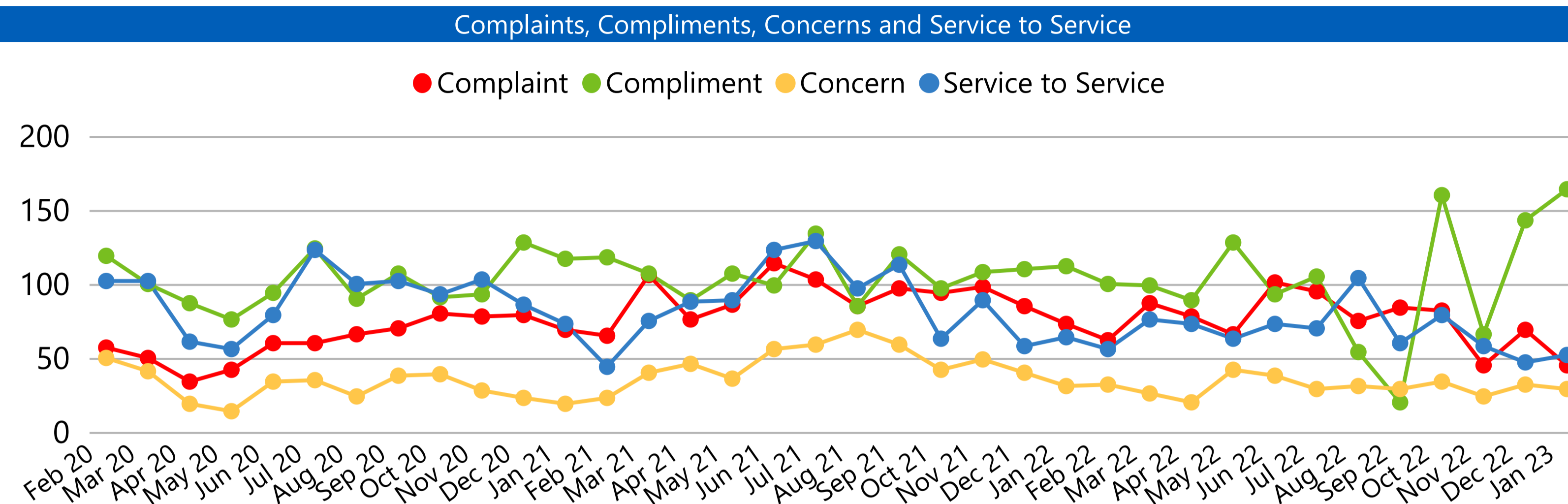
IUC Outcomes



Patient Experience (Director Responsible - Clare Ashby)



Patient Relations			
Indicator	Dec 21	Dec 22	Jan 23
Service to Service	58	47	52
Concern	40	32	29
Compliment	110	143	164
Complaint	85	69	45



YAS Compliance			
Indicator	Dec 21	Dec 22	Jan 23
% FOI Request Compliance	100.0%	94.9%	100.0%

YAS Comments

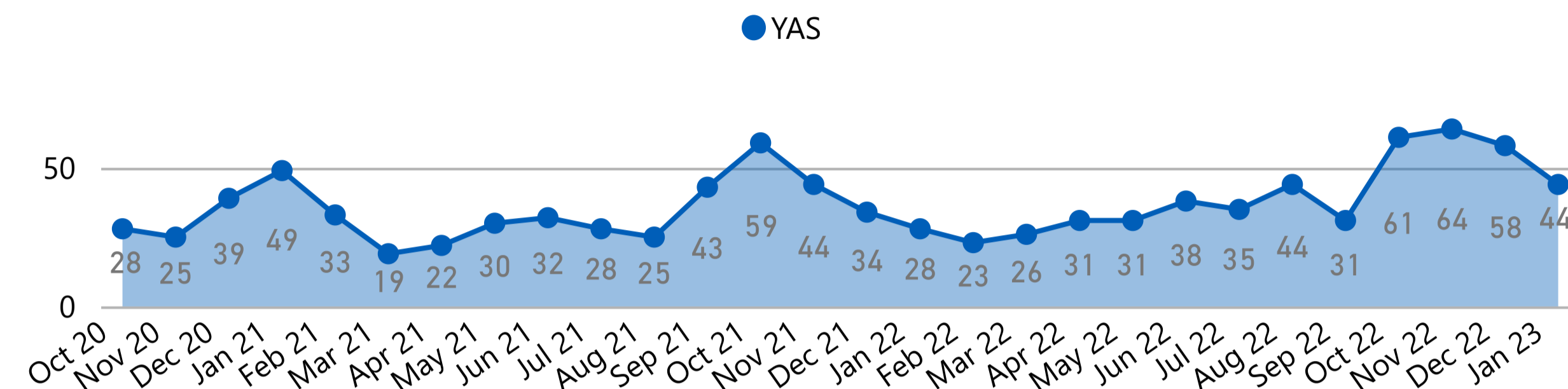
Patient Relations – There has been an increase in service to service and a slight decrease in concerns compared with last month, with a decrease in the number of complaints and a large decrease against the same month last year. The backlog in processing compliments has now been partially addressed, the January figures reflect some compliments that were received during August and September that have now been processed.

FOI Compliance has increased back to 100% from 94.9% last month.



Incidents - Moderate and Above Harm

Indicator	Dec 21	Dec 22	Jan 23
All Incidents Reported	724	788	848
Medication Related	95	112	128
Moderate & Above Harm - Total	34	58	44
Number of duty of candour contacts	6	27	30
Number of RIDDORs Submitted	2	5	2
Serious	7	8	19



Indicator	Dec 21	Dec 22	Jan 23
Moderate & Above Harm (verified)	27	45	50
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	7	6	11
Serious incidents (verified)	7	18	5

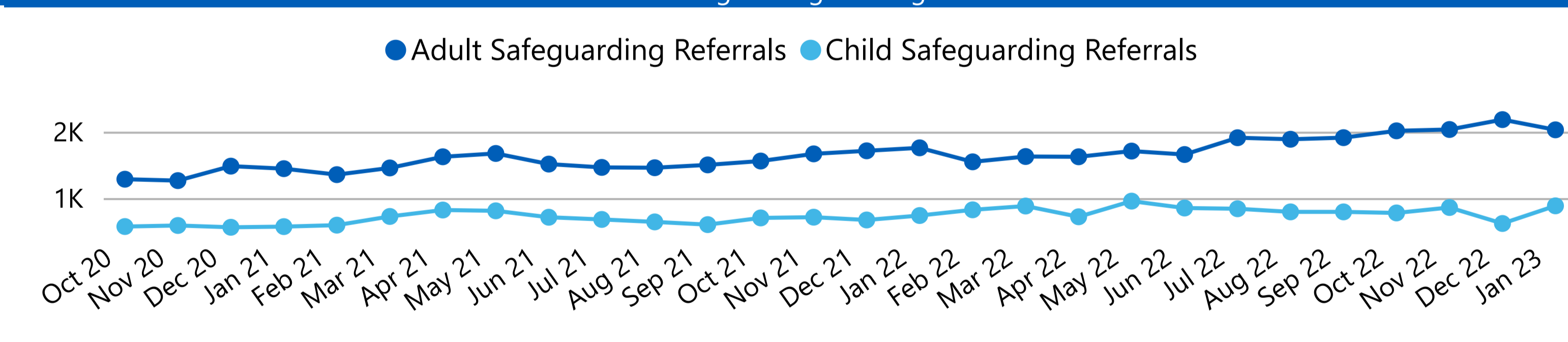
A&E Long Responses

Indicator	Dec 21	Dec 22	Jan 23
999 - C1 Responses > 15 Mins	1,240	2,533	754
999 - C2 Responses > 80 Mins	6,644	12,483	1,723

YAS Child and Adult Safeguarding

Indicator	Dec 21	Dec 22	Jan 23
Adult Safeguarding Referrals	1,712	2,182	2,028
Child Safeguarding Referrals	670	617	883
% Trained Safeguarding for Children (L1)	73.4%	90.4%	93.1%
% Trained Safeguarding for Children (L2)	79.9%	93.5%	95.3%
% Trained Safeguarding for Adults (L1)	71.9%	93.7%	95.1%

Safeguarding Training



YAS IPC Compliance

Indicator	Dec 21	Dec 22	Jan 23
% Compliance with Hand Hygiene	98.8%	99.4%	84.9%
% Compliance with Premise	99.0%	98.5%	99.1%
% Compliance with Vehicle	99.3%	97.5%	91.6%

YAS Comments

Safeguarding adult and child referrals – There has been a slight decrease in adult safeguarding referrals compared with last month, with child referrals showing an increase. Overall, compared to the same month last year, adult and child referrals are both up.

Safeguarding training – Training levels have increased for Safeguarding for Children L1 & L2 and Safeguarding for Adults. All are well above 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.

[Click information button for Monthly View](#)





Patient Safety (Harm)

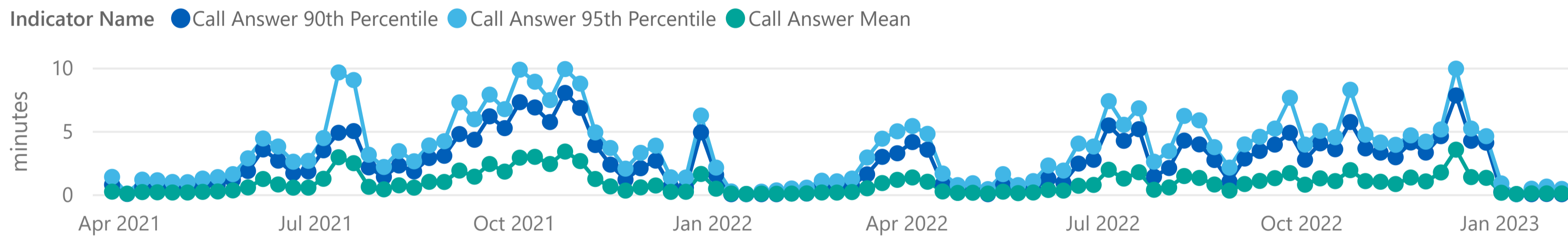
Commentary:

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			

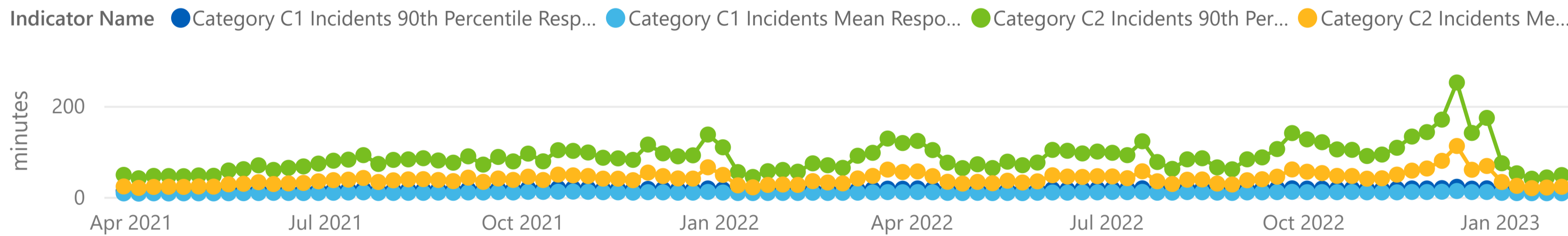
Call Answer Metrics (call data available from 7th September onwards)



Call Answer Metrics

Indicator Name	Jan 22	Dec 22	Jan 23
Call Answer 90th Percentile	00:00:44	00:04:51	00:00:04
Call Answer 95th Percentile	00:01:48	00:06:17	00:00:51
Call Answer Mean	00:00:17	00:01:57	00:00:08

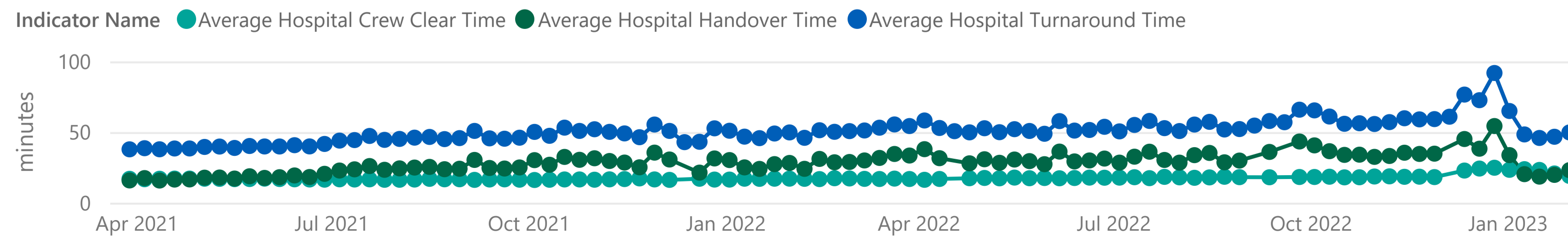
Response Metrics



Response Metrics

Indicator Name	Jan 22	Dec 22	Jan 23
Category C1 Incidents 90th Percentile Response Time	00:15:45	00:19:34	00:14:44
Category C1 Incidents Mean Response Time	00:08:55	00:11:19	00:08:26
Category C2 Incidents 90th Percentile Response Time	01:13:03	03:02:20	00:53:56
Category C2 Incidents Mean Response Time	00:32:43	01:18:01	00:25:12

Hospital Turnaround Metrics



Hospital Turnaround Metrics

Indicator Name	Jan 22	Dec 22	Jan 23
Average Hospital Crew Clear Time	00:16:48	00:22:49	00:22:36
Average Hospital Handover Time	00:26:54	00:41:09	00:24:08
Average Hospital Turnaround Time	00:48:25	01:12:40	00:52:40

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

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

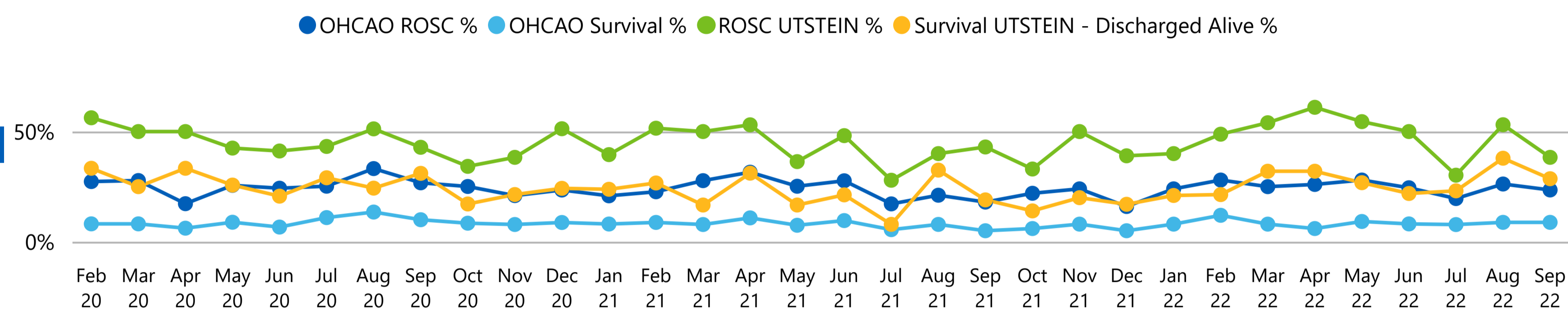
Myocardial Ischaemia National Audit Project (MINAP)

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	Jul 22	Aug 22	Sep 22
Avg Time from call to hospital	96	76	93
Total Patients	419	425	432

ROSC and Survival



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%

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. 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 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.

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 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.

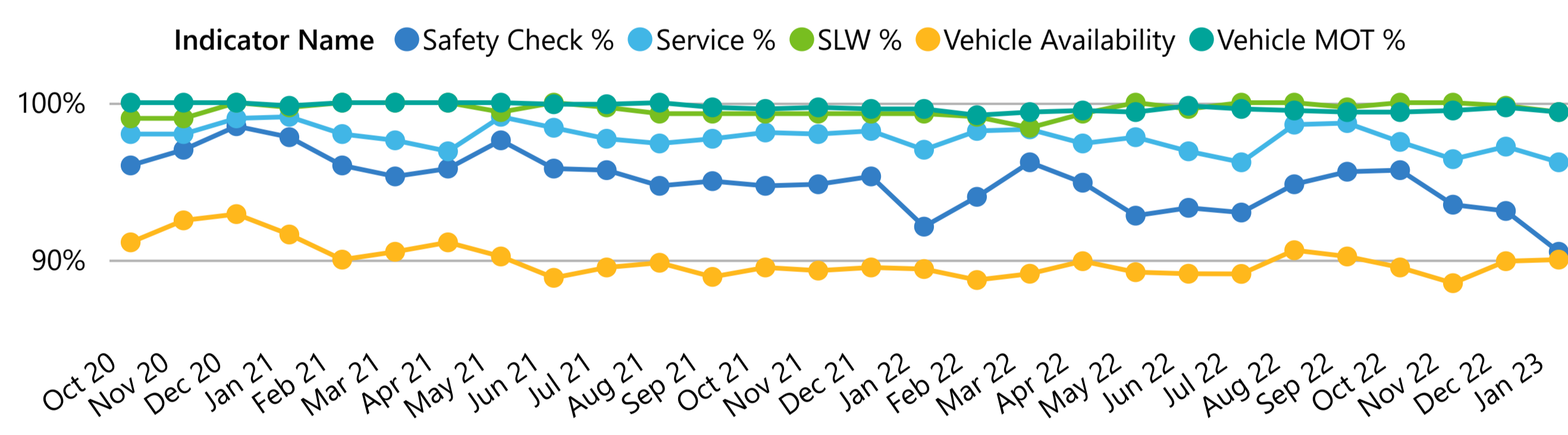
Estates

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



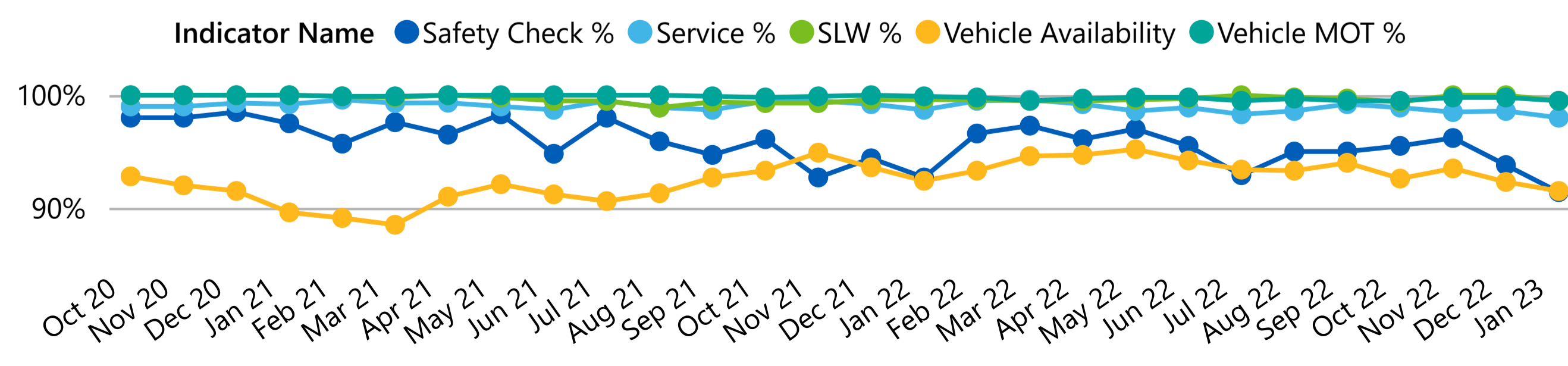
999 Fleet Age

IndicatorName	Dec 21	Dec 22	Jan 23
Vehicle age +7	10.8%	10.7%	14.2%
Vehicle age +10	0.4%	1.6%	1.6%

PTS Age

IndicatorName	Dec 21	Dec 22	Jan 23
Vehicle age +7	8.6%	21.1%	19.6%
Vehicle age +10	2.4%	1.0%	2.4%

PTS Fleet



Fleet Comments

A&E availability increased by 0.1% in December which is partly accredited to the new RRV roll out and long term RRV VOR being replaced. The 106 RRV's rollout will continue at 5 per week thorough to the end of February. PTS has dropped to 91.5% in December, 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 although higher vehicle requirement due to demand is causing issues in carrying out routine maintenance, fleet are managing resources to ensure effective routine maintenance is carried out in a timely manner.

Age profile of the A&E DCA remains stable in January 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. PTS age profile has risen in December, the trust is developing plans for a multi-year replacement strategy to encompass migration to alternative fuelled vehicles aligned with the Trusts green plan.

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
WF37	Fire Safety - 2 Years	percent	Percentage of staff with an in date competency in Fire Safety - 2 Years
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 Fixed Term/ Permanent Employees leaving FTE (all reasons) relative to the average FTE in post in a 12 Months rolling period

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