Integrated Performance Report

March 2023

Published 20 April 2023

Icon Guide

Exceptions, Variation and Assurance

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)igh or (L)ow values	Special cause of improving nature or **lower** pressure due to (H)igh or (L)ow values	Variation indicates inconsistently passing or falling short of target	Variation indicates consistently (F)alling short of target	Variation indicates consistently (P)assing target

Variation icons: Orange indicates concerning **special cause variation** requiring action.
Blue indicates where improvement appears to lie.
Grey indicates no significant change (**common cause variation**).

Assurance icons: Orange indicates that you would consistently expect to **miss** a target.
Blue indicates that you would consistently expect to **achieve** a target.
Grey indicates that sometimes the target will be achieved and sometimes it will not, due to random variation. In a RAG report, this indicator would flip between red and green.

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TEG+ Overview

NHS Yorkshire Ambulance Service NHS Trust

March 2023 Month End - Assurance Updates @ TEG+

PJ - Project PG - Programme B-BAU NK - Not Known

Overall YAS Portfolio Status - AMBER

Overall DELIVERY (TCQ) Status - AMBER				Overall BENEFITS Status - AMBER				
21 GREEN	12 AMBER	1 RED	2 PAUSED	15 GREEN	12 AMBER	0 RED	7 Not Known	2 PAUSED

Our people — Workforce

Overall Status (Green)	DELIVERY	BENEFITS
	5 GREEN	5 GREEN
	3 AMBER	3 AMBER
	0 RED	0 RED
	0 Not Known	0 Not Known

TEG+ 1st Line of Assurance : SRO - Claus Madsen

1. Appraisal Process — OVERALL STATUS — Delivery ↔ Benefits ↔ B
2. International Recruitment — OVERALL STATUS — Delivery ↔ Benefits ↔ PJ
3. E-Expenses Software (In Closure) — OVERALL STATUS — Delivery ↔ Benefits ↔ PJ
4. Occupational Health Review — OVERALL STATUS — Delivery ↔ Benefits ↔ PJ
5. Targeted culture work — OVERALL STATUS — Delivery ↔ Benefits ↔ B

TEG+ 1st Line of Assurance : SRO - Steve Page

6. Operating Model — OVERALL STATUS — Delivery ↔ Benefits ↔ PJ
7. Strategic OD & Culture (Moorhouse) — OVERALL STATUS — Delivery ↔ Benefits ↔ B

TEG+ 1st Line of Assurance : SRO - David O'Brien

8. Body Worn Video — OVERALL STATUS — Delivery ↔ Benefits ↔

Our patients — Patient Centred

Overall Status (Amber)	DELIVERY	BENEFITS
	6 GREEN	0 GREEN
	7 AMBER	7 AMBER
	1 RED	0 RED
	0 Not Known	7 Not Known
	1 PAUSED	1 PAUSED

TEG+ 1st Line of Assurance : SRO - Jackie Cole

9. EOC Performance Imp Prog. Ph — OVERALL STATUS — Delivery ↔ Benefits NK PG
10. Rotational Paramedics — OVERALL STATUS — Delivery ↔ Benefits ↔ PJ
11. Post Reg Paramedic Career Path (In Closure) — OVERALL STATUS — Delivery ↔ Benefits NK PJ
12. Enhancement to Career Pathway — OVERALL STATUS — Delivery ↔ Benefits NK PJ
13. Yorkshire Air Ambulance Review — OVERALL STATUS — Delivery ↔ Benefits NK PJ
14. EOC Bus Continuity Imps (Fair) — OVERALL STATUS — Delivery ↔ Benefits ↔ PJ

TEG+ 1st Line of Assurance : SRO - Lesley Butterworth

15. Mental Health Programme — OVERALL STATUS — Delivery ↔ Benefits ↔ PJ

TEG+ 1st Line of Assurance : SRO - Chris Dexter

16. NEPT Pathfinder Review (PTS) — OVERALL STATUS — Delivery ↔ Benefits ↔ PJ

TEG+ 1st Line of Assurance : SRO - David Beet

17. IUC Improvements Programme — OVERALL STATUS — Delivery ↔ Benefits ↔ PG
18. Single Virtual Contact Centre — OVERALL STATUS — Delivery ↑ Benefits ↑
19. Remote Clinical Assessment / People Plan — OVERALL STATUS — Delivery ↓ Benefits ↓ PJ

TEG+ 1st Line of Assurance : SRO - Jackie Cole

20. Supporting Fallers Outside by CFRs — OVERALL STATUS — Delivery ↔ Benefits NK PJ
21. NHS Charities Together-Vol. S — OVERALL STATUS — Delivery ↔ Benefits ↔

TEG+ 1st Line of Assurance : SRO - Dr Steven Dykes

22. Priority Patient Pathways & Safer Right Care — OVERALL STATUS — Delivery ↔ Benefits NK
23. Video Triage for Suspected Stroke Patients — OVERALL STATUS — Delivery ↔ Benefits NK PJ

Our places — Agile Operation

Overall Status (Green)	DELIVERY	BENEFITS
	7 GREEN	6 GREEN
	1 AMBER	2 AMBER
	0 RED	0 RED
	0 Not Known	0 Not Known

TEG+ 1st Line of Assurance : SRO - Carol Weir

24. Trust Demand Wrkfrc & Accom (QRH) — OVERALL STATUS — Delivery ↔ Benefits ↔ PJ
25. Logistics Hub — OVERALL STATUS — Delivery ↔ Benefits ↔ PJ
26. Asset Management System — OVERALL STATUS — Delivery ↔ Benefits ↔ PJ
27. Pre-Packed POM Pouches — OVERALL STATUS — Delivery ↔ Benefits ↔ PJ
28. Hub & Spoke and AVP — OVERALL STATUS — Delivery ↑ Benefits ↑ PJ
29. Scarborough Cluster AVP Stat — OVERALL STATUS — Delivery ↔ Benefits ↔ PJ
30. Hull Hub & Spoke — OVERALL STATUS — Delivery ↔ Benefits ↔
31. Hybrid / Agile Working — OVERALL STATUS — Delivery ↔ Benefits ↔ PJ

Digital Enablers

Overall Status (Amber)	DELIVERY	BENEFITS
	1 GREEN	1 GREEN
	1 AMBER	1 AMBER
	0 RED	0 RED
	0 Not Known	0 Not Known
	1 PAUSED	1 PAUSED

TEG+ 1st Line of Assurance : SRO - Simon Marsh

32. Clinical Systems Development — OVERALL STATUS — Delivery ↑ Benefits ↑ PG
33. ESMCP-Mobile Data Vehicle S — OVERALL STATUS — Delivery ↔ Benefits ↔ PJ
34. ESMCP - Control Room Solutio — OVERALL STATUS PAUSED — Delivery Benefits PJ

Northern Ambulance Alliance

Overall Status	DELIVERY	BENEFITS
	1 GREEN	2 GREEN
	1 AMBER	0 AMBER
	0 RED	0 RED

TEG+ 1st Line of Assurance : SRO - Carol Weir

35. Integrated CAD — OVERALL STATUS — Delivery ↔ Benefits ↔
36. Robotic Process Automation — OVERALL STATUS — Delivery ↔ Benefits ↔ PG

FY22/23 Projects Awaiting Closure

- E-Expenses Software (Gate 4 on 13 June 2023) — PJ
- Phase 2 – Post Registration Paramedic Career Pathway (SP/AP) — PJ
- Supporting Fallers Outside by CFRs (Closure) — PJ
- Hybrid Working Phases 1 & 2 (Springhill) — PJ

999 IPR Key Exceptions - March 23

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:23	⊙	
999 - Answer 95th Percentile		00:02:29	⊙	
999 - C1 Mean (T <7Mins)	00:07:00	00:09:01	⊙	Ⓕ
999 - C1 90th (T <15Mins)	00:15:00	00:15:19	⊙	Ⓕ
999 - C2 Mean (T <18mins)	00:18:00	00:34:35	⊙	Ⓕ
999 - C2 90th (T <40Mins)	00:40:00	01:18:58	⊙	Ⓕ
999 - C3 Mean (T - <1Hr)	01:00:00	01:45:35	⊙	Ⓕ
999 - C3 90th (T -<2Hrs)	02:00:00	04:04:56	⊙	Ⓕ
999 - C4 90th (T < 3Hrs)	03:00:00	04:29:32	⊙	Ⓕ
999 - C1 Responses > 15 Mins		921	⊙	
999 - C2 Responses > 80 Mins		3,712	⊙	
999 - Job Cycle Time		01:54:02	⊙	
999 - Avg Hospital Turnaround	00:30:00	00:52:40	⊙	Ⓕ
999 - Avg Hospital Handover		00:22:48		
999 - Avg Hospital Crew Clear		00:22:45		
999 - Average Hospital Notify Time		00:06:44		
999 - Total lost handover time		01:18:43	⊙	
999 - Crew clear over 30 mins %		24.8%	⊙	
999 - C1%		14.0%	⊙	
999 - C2%		62.6%	⊙	

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 23 seconds for March an increase from February which had a mean of 7 seconds. The median remained the same at zero seconds while the 90th, 95th and 99th percentile all increased. The 90th increased from 11 seconds in February to 92 seconds in March, 95th from 51 seconds to 149 seconds and 99th from 164 seconds to 250 seconds. This indicates that there was a overall increase in the call answer times for March, particularly on the tail end.

Cat 1-4 Performance - Performance times for Category 1 increased from February by 36 seconds and the Category 1 90th also increased by a similar amount of 35 seconds. Performance times for other categories were longer in March but within expected limits. Compared to March, the Category 2 mean and 90th percentile performance times increased by 6 minutes 50 seconds and by 16 minutes 43 seconds, respectively.

Abstractions were 6.9% higher than forecast for March, rising 1.2% from February. Weekly Net staff hours have fallen compared to February by over 500 hours per week. Overall availability decreased by 0.3% from February. Compared to March 2022, abstractions are down by 2.6% and availability is up by 4.9%.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 76.7% in March (14.0% Cat1, 62.6% Cat2) after a 1.4% increase compared to February (0.6% increase in Cat1 and 0.8% increase in Cat2). Comparing against March for the previous year, Cat1 proportion has increased by 1.2% and Cat2 proportion has increased by 0.8%.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than 90th percentile target increased in March, with 921 responses over this target, decreasing by 249 (37%) compared to March. The number for last month was 20% less than March 2022.

The number of Cat2 responses greater than 2x 90th percentile target increased from February by approximately 1747 responses (89%). This is a 43% decrease from March 2022.

Job cycle time - Overall, job cycle time is a minute longer than in February and 2 minutes longer than in March 2022.

Hospital - The average handover and turnaround times improved significantly in January and remained around the same since. The number of incidents with conveyance to ED is 12.1% higher than February 2023 and approximately the same as March 2022.

IUC IPR Key Indicators - March 23

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		135,271	(icon)	
IUC - Increase - Previous Month		23.1%		
IUC - Increase Same Month Last Year		4.0%		
IUC - Calls Triaged		126,603		
IUC - Calls Abandoned	3.0%	14.1%	(H icon)	(F icon)
IUC - Answer Mean	00:00:20	00:05:11	(H icon)	(F icon)
IUC - Answered in 60 Secs	90.0%	36.7%	(L icon)	(F icon)
IUC - Call back in 1 Hour	60.0%	48.7%	(icon)	(F icon)
IUC - ED Validations %	50.0%	35.1%	(L icon)	(F icon)
IUC - ED %		15.3%	(H icon)	
IUC - ED outcome to A&E		73.1%		
IUC - ED outcome to UTC		11.8%		
IUC - Ambulance %		11.3%	(icon)	

IUC Exceptions - Comments (Director Responsible - Karen Owens)

YAS received 157,507 calls in March, -7.3% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in March, 135,271 calls (85.9%) were answered, 23.1% higher than were answered in February and 4.0% higher than the number of calls answered in March 2022.

Demand has increased slightly in March. In addition, due to continued high numbers of new starters going through the training process and experienced staff assisting with coaching, call performance metrics are still being impacted and not at target levels as expected. 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 as a benchmark of overall performance. This measure decreased in March to 36.7%, compared to 61.1%, in February. Average speed to answer in March was 311 seconds (5 minutes and 11 seconds) up 181 seconds on February and still higher than the national target of <20 seconds. Similarly, abandoned calls were 14.0% this month, above the 3% target, and an increase of 8.0% on February's performance. YAS are not alone in these challenges, with other providers experiencing similar challenges.

Due to the Adastra outage we are still missing data for August, September, October and November.

The proportion of Clinician Call Backs made within 1 hour was 48.7%, below the 60% target but an increase from 39.6% in February. Core clinical advice was 21.5%, down from 23.9% in February. 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 93.1% in March whilst performance for overall validations was 99.5%, with around 13,000 cases validated overall.

ED validation performance was 35.1% in March, 1.8% higher than February. 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 has stayed consistent to the previous month at 51.5%. 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. 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 - March 23

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	31.0%	(L)	(F)
PTS - % Short notice - Pickup < 120 mins	90.8%	77.6%	(L)	(F)
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	87.4%	(L)	(F)
PTS - Arrive at Appointment Time	90.0%	84.8%	(L)	(F)
PTS - Journeys < 120Mins	90.0%	99.5%		(P)
PTS - Same Month Last Year		0.7%		
PTS - Increase - Previous Month		13.2%		
PTS - Demand (Journeys)		79,408		(?)

PTS Exceptions - Comments (Director Responsible - Karen Owens)

PTS Total Activity for March was 79,408. This is the highest monthly figure since October 2019, and a 13.2% increase on the previous month. Demand was fairly consistent throughout the month, however on 10/03/2023 we switched to essential journeys only in South and West due to the adverse weather conditions; as a result, pre-planned journeys were c 36% lower than usual on the day. 13th march saw a 72 hr Junior Doctor's strike which saw a slight increase in cancellations as more senior Doctor's & Consultants from planned care moved across to support emergency care, however overall demand was largely unaffected on these dates. Total demand was up 0.7% on the same month the previous year.

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

The average Patients Per Vehicle was 1.32 during March. This is 0.03 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. In January, additional discharge provision was provided to minimise delay in Acute settings waiting for transport to discharge, with unprecedented handover delays and patient waiting times. As a result January saw the highest number of Private Provider hours since June, however Private Provider hours have since decreased: March being the lowest monthly figure since October. This, coupled with the high monthly demand had an effect on KPI 4: Short Notice Outwards Performance was 77.6% in March (-2.9% on February).

Call levels also saw a significant increase in March: +20.2% on February and 7.5% above forecast. This is the highest monthly figure since August. Performance saw a 24.8% reduction, meaning telephony performance was 31.0% for the month of March: 59.0% under target. Current modelling demonstrates that Reservations required an extra 8.5 FTE online to be able to meet the call demand and achieve service level.

Respiratory infection demand continues to fluctuate at 892 for the month of March. This is 49.5% below last March.

Support Services IPR Key Indicators - March 23

Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		819		
Serious		12	H	
Moderate and Above Harm		37	H	
Service to Service		81		
Adult Safeguarding Referrals		2,110	H	
Child Safeguarding Referrals		947	H	

Indicator	Target	Actual	Variance	Assurance
Turnover (FTE) %		11.0%	H	
Sickness - Total % (T-5%)	5.0%	7.2%	L	F
Special Leave		0.2%	L	
PDR / Staff Appraisals % (T-90%)	90.0%	71.6%	H	F
Stat & Mand Training (Fire & IG) 1Y	90.0%	92.3%		F
Stat & Mand Training (Core) 3Y	90.0%	94.6%		P
Stat & Mand Training (Face to Face)	90.0%	82.3%		F

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

Patient Relations – There has been an increase in the number of Service to Service cases received against last month. Complaints and concerns have both increased and compliments have dropped slightly.

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

Safeguarding training – Safeguarding for Children and Safeguarding for Adults L2 have both seen a very small increase and remain 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 teams compliance levels.

Workforce Exceptions - Comments (Director Responsible - Mandy Wilcock)

Sickness - Sickness has increased to 7.2%. 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 dropped slightly to 71.6%, with the sharpest decrease in IUC. PTS remains the highest performing area within the Trust at 87.6%. EOC has shown an increase of 1.6 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 with some further increases for the 3y core Stat & Mand and Safeguarding and achieved another increase in face-to-face training, albeit not yet compliant (82.3%). There was an increase in compliance for Fire & IG, which has now been taken over the compliance threshold to 92.3%. EOC has joined PTS as an area fully compliant (green) for all categories, and IUC is close to full compliance with only Fire & IG below 90%. Other is fully compliant with all apart from face-to-face training. 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 progress.

Workforce Summary

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

Name	Mar 22	Feb 23	Mar 23
Turnover (FTE) %	11.9%	11.5%	11.0%
Vacancy Rate %	11.0%	14.3%	14.2%
Apprentice %	7.8%	9.5%	8.7%
BME %	6.4%	6.1%	6.1%
Disabled %	4.2%	5.4%	5.7%
Sickness - Total % (T-5%)	11.2%	6.8%	7.2%
Special Leave	1.5%	0.2%	0.2%
PDR / Staff Appraisals % (T-90%)	48.7%	72.4%	71.6%
Stat & Mand Training (Fire & IG) 1Y	87.6%	88.6%	92.3%
Stat & Mand Training (Core) 3Y	79.7%	93.9%	94.6%
Stat & Mand Training (Face to Face)	71.4%	81.4%	82.3%
Stat & Mand Training (Safeguarding L2 +)	90.5%	96.5%	96.7%

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 14.2% and Turnover at 11%. Vacancy rate and Turnover have both shown a slight decrease against last month. The main area of concern remains in our call centres. Dedicated recruitment and retention work within our call centres continues to progress well. Cultural reviews are also taking place to understand issues.

Sickness - Sickness has increased to 7.2%. 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 dropped slightly to 71.6%, with the sharpest decrease in IUC. PTS remains the highest performing area within the Trust at 87.6%. EOC has shown an increase of 1.6 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 to achieve the compliance target with some further increases for the 3y core Stat & Mand and Safeguarding. Face-to-face training is overachieving on the 3-year recovery plan at 82.3% (end of year 1). Fire Safety eLearning now has a 2-year refresh (previously annually) resulting in increased compliance for Fire & IG, now over the compliance threshold at 92.3%. Targeted work continues to improve the annual IG and Data Security compliance rate. EOC has joined PTS as an area fully compliant (green) for all categories, and IUC is close to full compliance with only Fire & IG below 90%. 'Other' is fully compliant with all apart from face-to-face training. Staff continue to be encouraged and enabled to complete essential learning with Managers using the compliance dashboard and fortnightly emails prompts, and through a network of directorate Essential Learning Champions.

Sickness Benchmark for Last Month

IUC	EOC	PTS	Trust	A&E	Other
11.3%	10.7%	9.6%	7.2%	6.2%	4.5%

PDR Benchmark for Last Month

PTS	A&E	Trust	IUC	Other	EOC
87.6%	76.2%	71.6%	71.0%	52.3%	47.2%

Sickness

● Sickness - Long Term ● Sickness - Short Term

(Chart: monthly sickness Dec 20 – Mar 23)

PDR - Target 90%

(Chart: Dec 20 – Mar 23)
72.0%, 76.2%, 73.8%, 66.9%, 59.3%, 51.5%, 51.3%, 48.7%, 53.1%, 59.7%, 66.5%, 69.4%, 70.8%, 71.6%
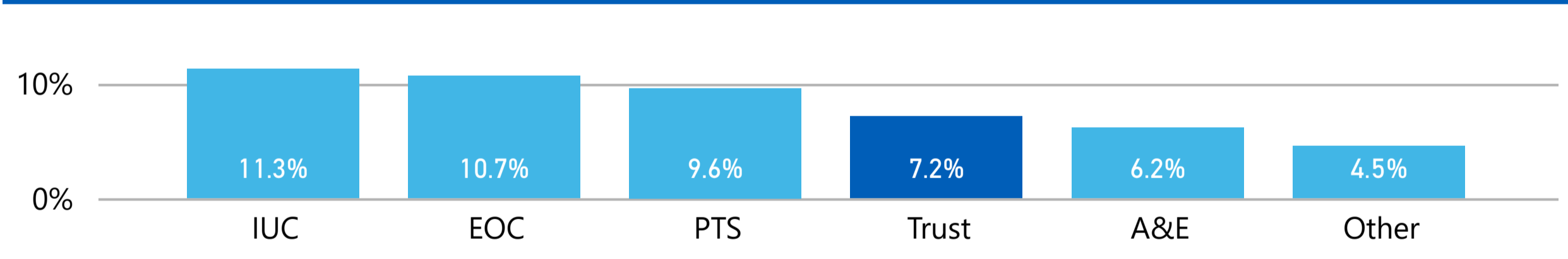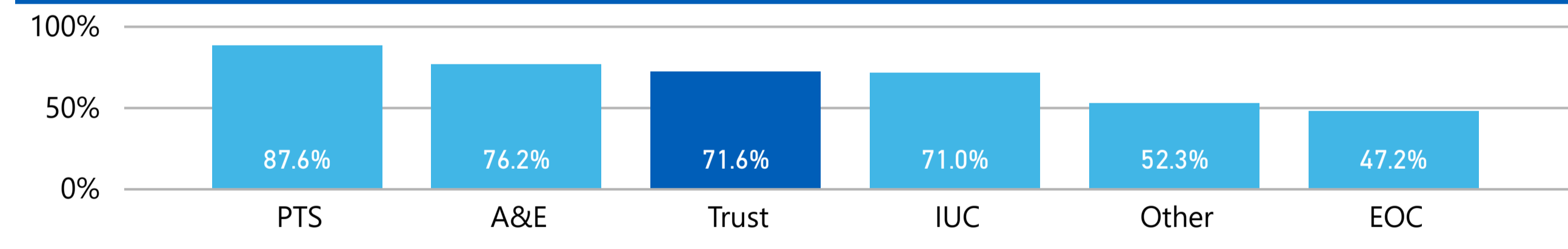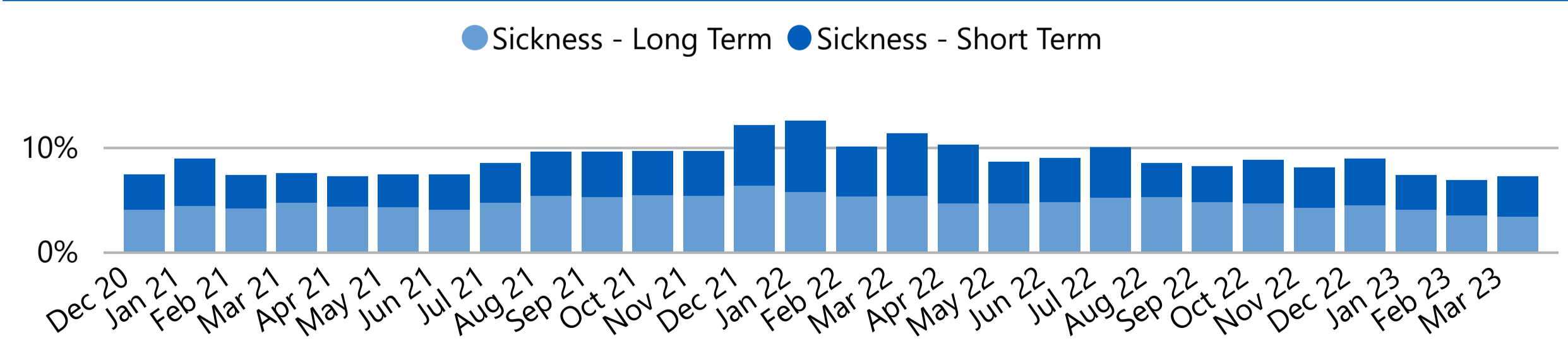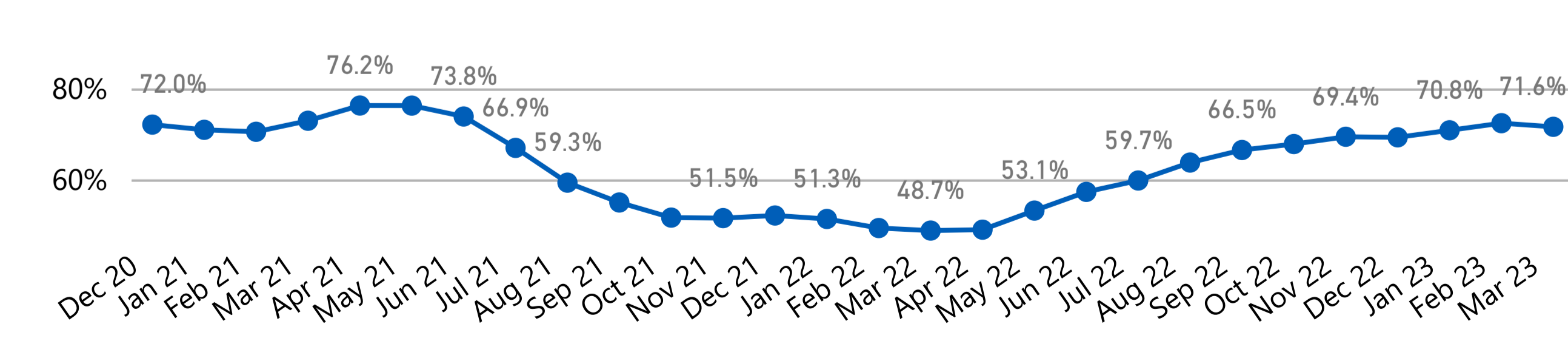
YAS Finance Summary (Director Responsible Kathryn Vause) - March 23

Overview - Unaudited Position

Overall - The Trust has a draft year end surplus position at month 12 of £237k as shown above. This position is including the gains on disposals and impairments, this is the measure by which the Trust's financial position is assessed.

Capital - The expenditure is lower than plan due to incorrect profile delays on Transformation (Scarborough Hub) and Fleet DCA deliveries.

Cash - As at the end of March the Trust had £61.8m cash at bank. (£75.9m at the end of 21/22).

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

Full Year Position (£000s)

Name ▼	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)	£0	£237	£237
Cash	£77,000	£61,887	-£15,113
Capital	£18,509	£17,249	-£1,260

Monthly View (£000s)

Indicator Name ▼	2022-05	2022-06	2022-07	2022-08	2022-09	2022-10	2022-11	2022-12	2023-01	2023-02	2023-03
Surplus/ (Deficit)	-£4,610	£4,730	£459	-£88	£73	-£233	-£35	-£36	£8	-£268	£237
Cash	£78,525	£79,865	£79,098	£85,132	£78,788	£77,559	£79,166	£79,065	£82,650	£85,412	£61,887
Capital	£193	£273	£323	£414	£1,697	£917	£996	£753	£1,398	£913	£9,372

Patient Demand Summary

Demand Summary

Indicator	Mar 22	Feb 23	Mar 23
999 - Incidents (HT+STR+STC)	71,785	57,956	65,668
999 - Increase - Previous Month	12.8%		
999 - Increase - Same Month Last Year	2.6%		
IUC - Call Answered	130,037	109,858	135,271
IUC - Increase - Previous Month	7.2%	-9.0%	23.1%
IUC - Increase Same Month Last Year	-8.9%	-9.4%	4.0%
IUC - Calls Answered Above Ceiling	-18.9%	-32.4%	-22.0%
PTS - Demand (Journeys)	78,867	70,143	79,408
PTS - Increase - Previous Month	16.9%	1.2%	13.2%
PTS - Same Month Last Year	18.0%	10.5%	0.7%

Commentary

999 - At Scene Response demand was 4.5% lower than forecasted levels for March. All Response Demand (STR + STC + HT) was 13.3% higher than February and 8.5% lower than March 2022.

IUC - YAS received 157,507 calls in March, -7.3% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in March, 135,271 calls (85.9%) were answered, 23.1% higher than were answered in February and 4.0% higher than the number of calls answered in March 2022.

PTS - Total PTS demand increased, with 13.2% more journeys undertaken than the previous month. Demand increased by 0.7% 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)
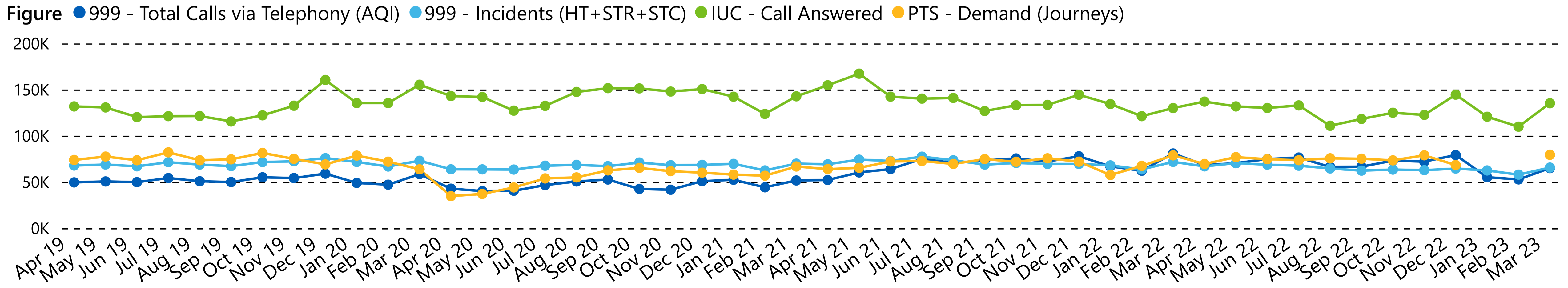
999 and IUC Historic Demand

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

999 Historic Call Demand

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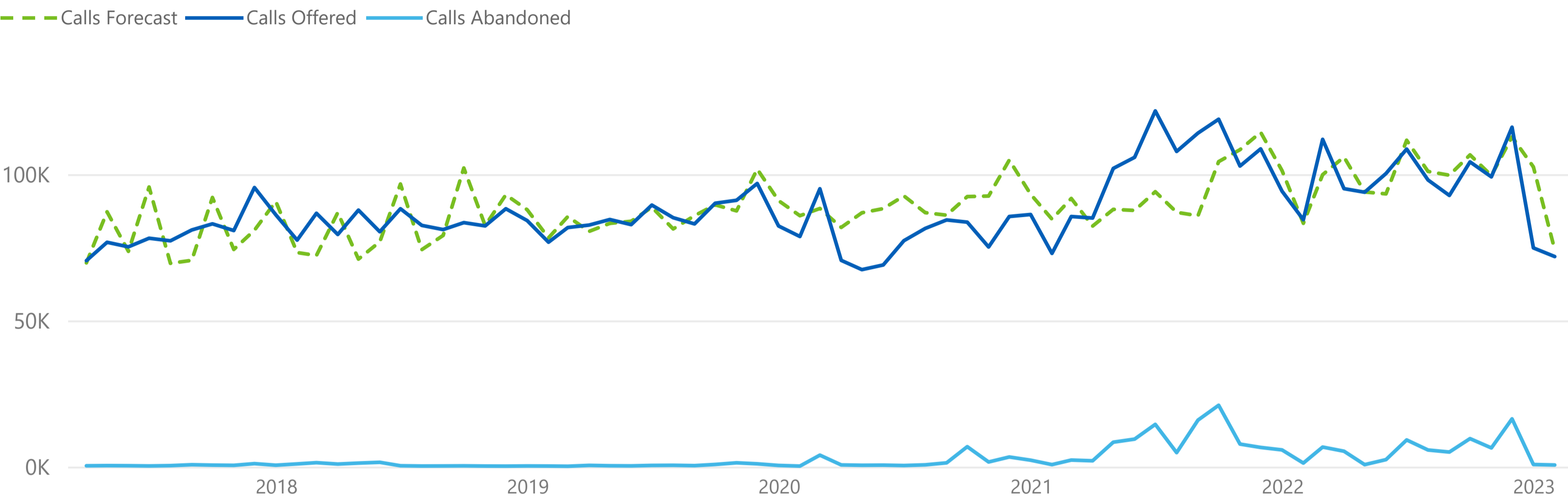
999 data on this page differs from elsewhere within the IPR because this includes calls on both the emergency and non-emergency applications within EOC, whereas the main IPR includes emergency only. The forecast relates to the expected volume of calls offered in EOC, which is the total volume of calls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

In March 2023, there were 87,977 calls offered which was 0.3% below forecast, with 86,077 calls answered and 1,900 calls abandoned (2.2%). There were 22.5% more calls offered compared with the previous month and 21.4% 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 236.3% increase in abandoned calls compared with the previous month.

IUC Historic Demand
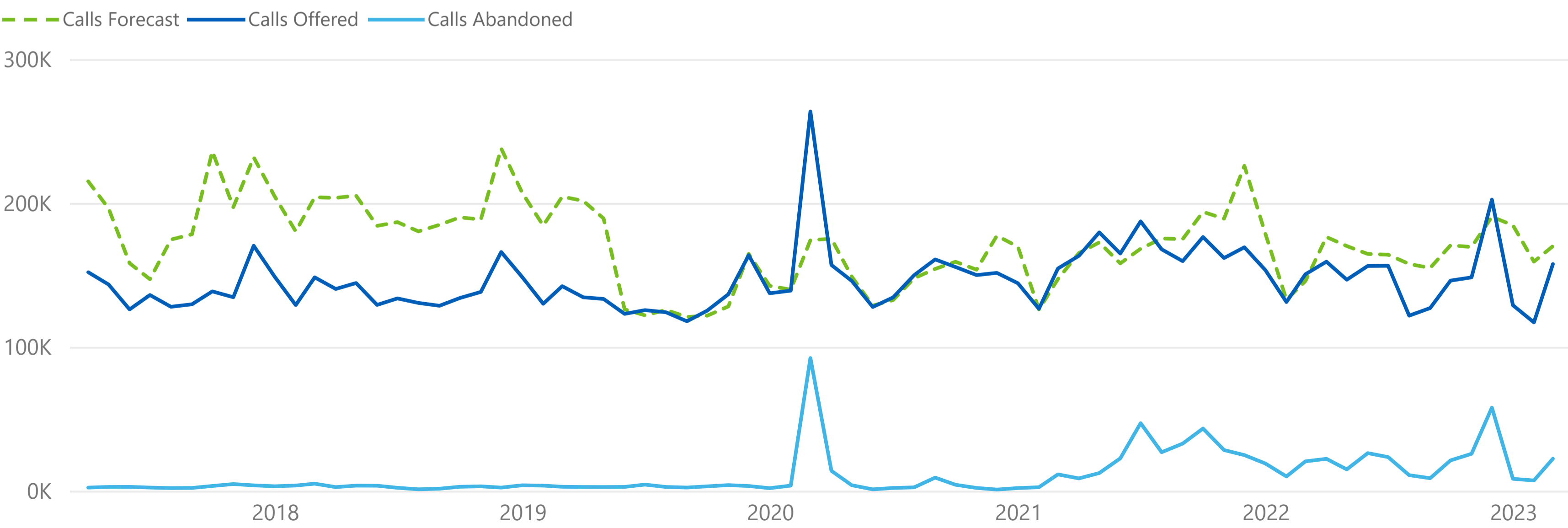
- - - Calls Forecast   —— Calls Offered   —— Calls Abandoned

YAS received 157,507 calls in March, -7.3% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in March, 135,271 calls (85.9%) were answered, 23.1% higher than were answered in February and 4.0% higher than the number of calls answered in March 2022.

Calls abandoned for March were 14.1%, 8.0% higher than February and 0.6% higher when compared to March 2022.

Patient Outcomes Summary

NHS Yorkshire Ambulance Service NHS Trust

Outcomes Summary

ShortName	Mar 22	Feb 23	Mar 23
999 - Incidents (HT+STR+STC)	71,785	57,956	65,668
999 - Hear & Treat %	13.7%	6.9%	7.3%
999 - See, Treat & Refer %	27.0%	28.3%	28.3%
999 - See, Treat & Convey %	59.4%	64.8%	64.4%
999 - Conveyance to ED %	52.6%	58.1%	57.5%
999 - Conveyance to Non ED %	6.7%	6.7%	6.9%
IUC - Calls Triaged		108,837	126,603
IUC - ED %	15.2%	14.8%	15.3%
IUC - Ambulance %	11.6%	11.1%	11.3%
IUC - Selfcare %	4.9%	4.6%	4.2%
IUC - Other Outcome %	11.5%	13.8%	12.6%
IUC - Primary Care %	55.4%	52.1%	53.0%
PTS - Demand (Journeys)	78,867	70,143	79,408

999 Outcomes

● 999 - Hear & Treat %   ● 999 - See, Treat & Refer %   ● 999 - See, Treat & Convey %

IUC Outcomes

● IUC - ED %   ● IUC - Ambulance %   ● IUC - Selfcare %
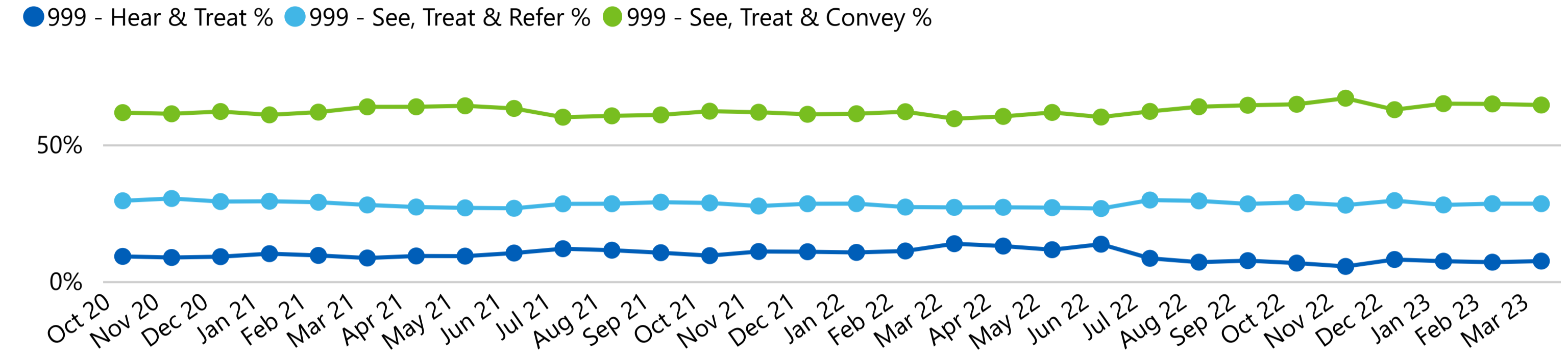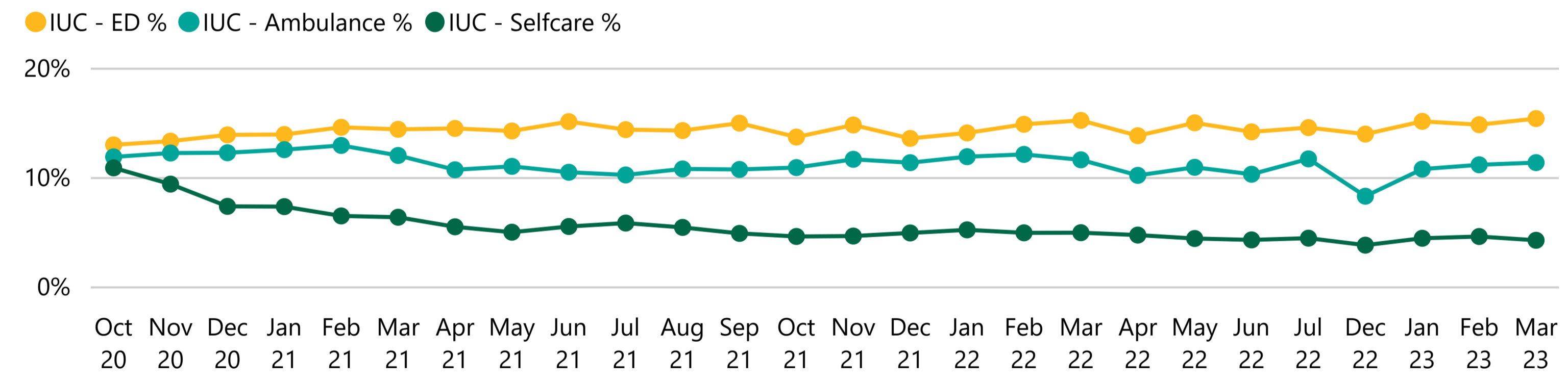
Commentary

999 - Comparing incident outcomes proportions within 999 for March 2023 against March gives, the proportion of Hear & Treat has decreased by 6.4%, See, Treat & Refer has increased by 1.4% and See, Treat & Convey has increased by 4%. The proportion of incidents with conveyance to ED has increased by 4.9% from March 2022 and the proportion of incidents conveyed to non-ED has remained roughly the same.

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.

Patient Experience (Director Responsible - Clare Ashby)

NHS
Yorkshire
Ambulance Service
NHS Trust

Patient Relations

Indicator	Mar 22	Feb 23	Mar 23
Service to Service	76	75	81
Concern	26	18	27
Compliment	99	139	120
Complaint	87	54	82

Complaints, Compliments, Concerns and Service to Service

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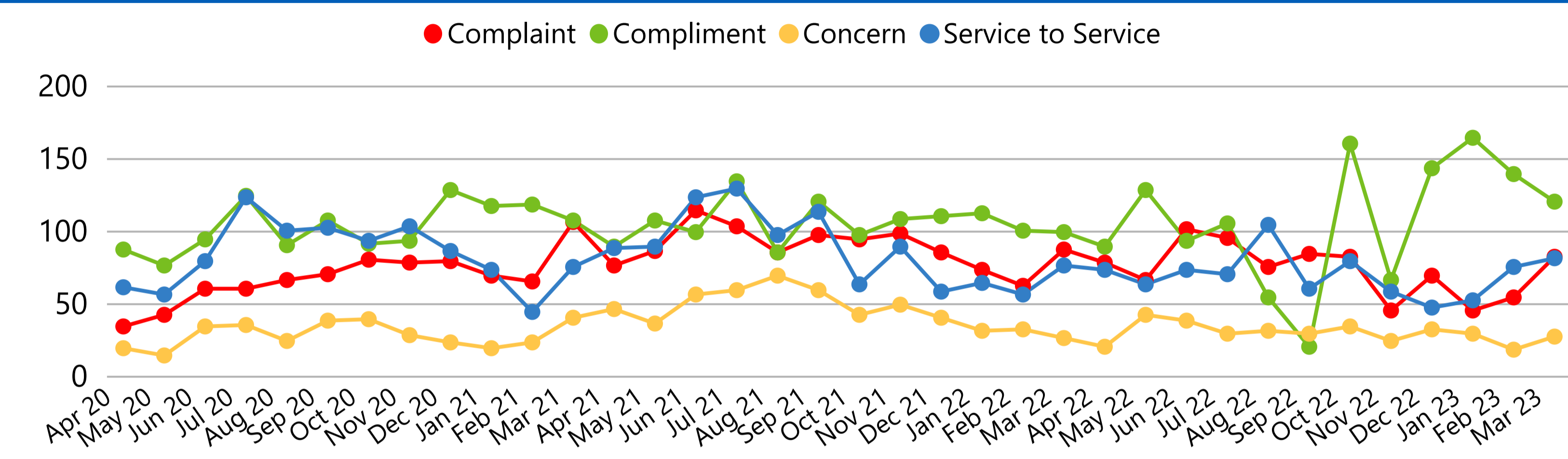
YAS Compliance

Indicator	Mar 22	Feb 23	Mar 23
% FOI Request Compliance	95.0%	88.0%	90.9%

YAS Comments

Patient Relations – There has been an increase in the number of Service to Service cases received against last month. Complaints and concerns have both increased and compliments have dropped slightly.

FOI Compliance has increased to 90.9% from 88% last month. This is 4.1 percentage points down on the same month last year.

Patient Safety - Quality (Director Responsible - Clare Ashby)

NHS Yorkshire Ambulance Service NHS Trust

Incidents

Indicator	Mar 22	Feb 23	Mar 23
All Incidents Reported	755	840	819
Medication Related	135	102	114
Moderate & Above Harm - Total	26	51	37
Number of duty of candour contacts	4	18	42
Number of RIDDORs Submitted	5	3	10
Serious	3	5	12

Indicator	Jan 22	Dec 22	Jan 23
Moderate & Above Harm (verified)	21	45	34
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	4	21	8
Serious incidents (verified)	11	20	19

Incidents - Moderate and Above Harm

● YAS

Values: 39, 49, 33, 19, 22, 30, 32, 28, 25, 43, 59, 44, 34, 28, 23, 26, 31, 31, 38, 35, 44, 31, 61, 64, 58, 44, 51, 37

(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, Dec 22, Jan 23, Feb 23, Mar 23)
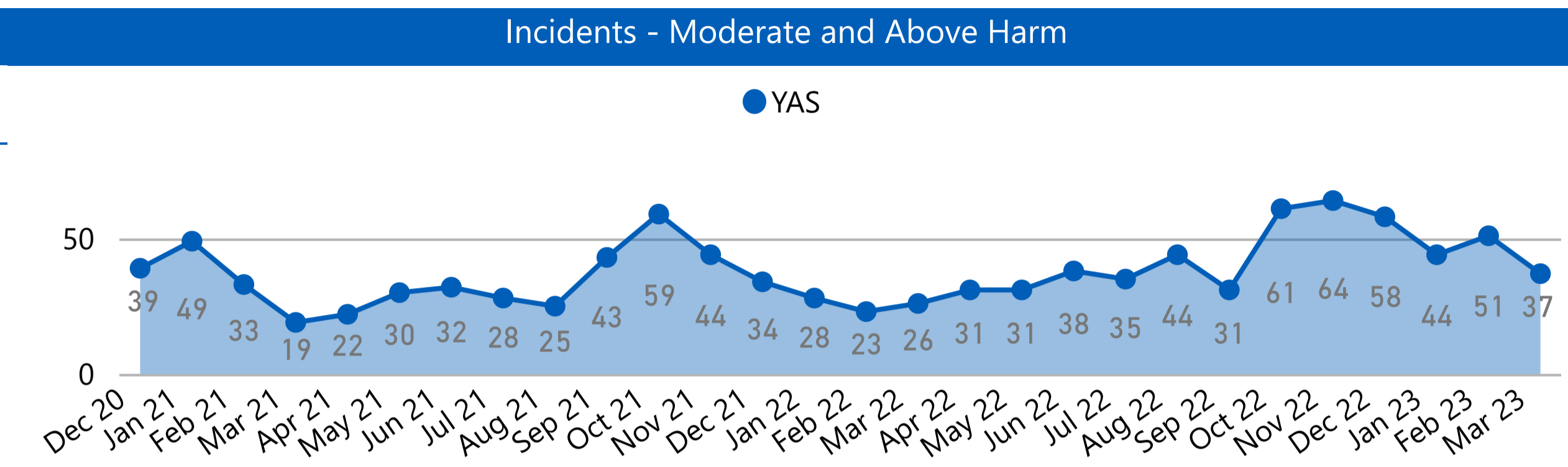
A&E Long Responses

Indicator	Mar 22	Feb 23	Mar 23
999 - C1 Responses > 15 Mins	1,150	672	921
999 - C2 Responses > 80 Mins	6,495	1,965	3,712

YAS Child and Adult Safeguarding

Indicator	Mar 22	Feb 23	Mar 23
Adult Safeguarding Referrals	1,626	2,040	2,110
Child Safeguarding Referrals	880	882	947
% Trained Safeguarding for Children (L2)	88.4%	94.6%	94.7%
% Trained Safeguarding for Adults (L2)	72.2%	94.8%	94.9%

Safeguarding Training

● Adult Safeguarding Referrals ● Child Safeguarding Referrals

(May 20 – Mar 23)
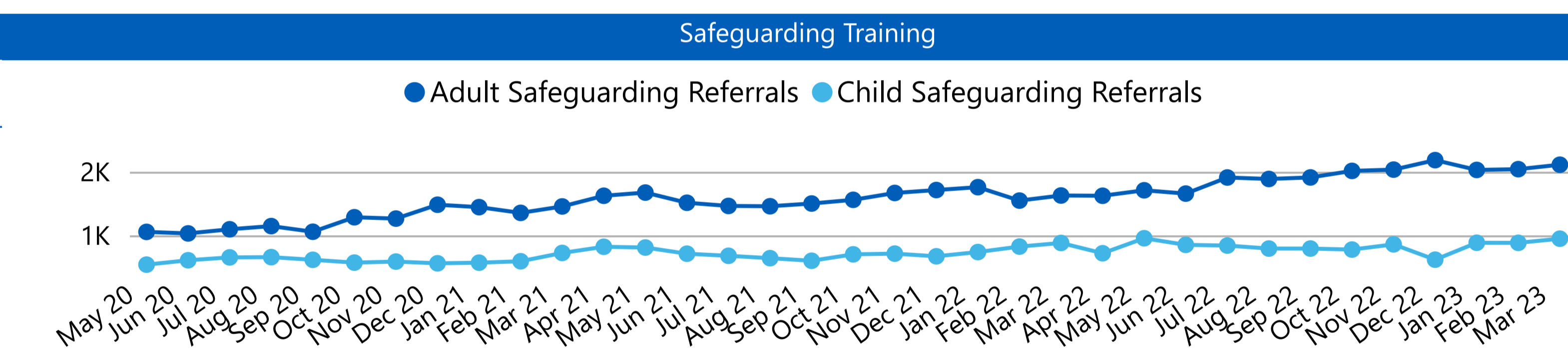
YAS IPC Compliance

Indicator	Mar 22	Feb 23	Mar 23
% Compliance with Hand Hygiene	99.0%	96.6%	88.0%
% Compliance with Premise	97.0%	96.3%	87.0%
% Compliance with Vehicle	99.0%	96.3%	85.0%

YAS Comments

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

Safeguarding training – Safeguarding for Children and Safeguarding for Adults L2 have both seen a very small increase and remain 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 teams compliance levels.

Patient Safety (Harm)

Commentary:

Yorkshire Ambulance Service NHS Trust are looking into three areas of the patient's journey which could cause harm. These have been highlighted as call to answer, delayed responses and hospital turnaround. Looking at these three areas can help the Trust triangulate data to identify areas of potential harm and improvement. These areas highlighted are monitored through the Trust Management Group. If a patient experiences more than one of the areas of potential harm this then generates a flag seen in the "instances where a call appears in more than 1 top 10 list". A clinical review is then undertaken. 1 exceptions was highlighted for this IPR period of time but with no clinical harm.

Instances where a call appears in more than 1 top 10 list

Date	Handover	Response	Telephony
Tuesday, February 01, 2022			
Thursday, November 18, 2021			

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

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

Call Answer Metrics

Indicator Name	Mar 22	Feb 23	Mar 23
Call Answer 90th Percentile	00:01:35	00:00:11	00:01:32
Call Answer 95th Percentile	00:02:45	00:00:51	00:02:29
Call Answer Mean	00:00:28	00:00:07	00:00:23

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	Mar 22	Feb 23	Mar 23
Category C1 Incidents 90th Percentile Response Time	00:16:52	00:14:44	00:15:19
Category C1 Incidents Mean Response Time	00:09:42	00:08:25	00:09:01
Category C2 Incidents 90th Percentile Response Time	01:41:56	01:02:15	01:18:58
Category C2 Incidents Mean Response Time	00:46:41	00:27:35	00:34:35

Hospital Turnaround Metrics

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

Hospital Turnaround Metrics

Indicator Name	Mar 22	Feb 23	Mar 23
Average Hospital Crew Clear Time	00:16:56	00:21:24	00:22:45
Average Hospital Handover Time	00:31:43	00:23:56	00:22:48
Average Hospital Turnaround Time	00:53:03	00:53:04	00:52:40

Patient Clinical Effectiveness (Director Responsible Julian Mark)

Care Bundles (Last 3 Results)

Indicator	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Oct 22	Nov 22
Sepsis % *	86.0%			81.0%			80.6%				
STEMI %		72.0%			57.0%			57.2%		60.0%	
Stroke %			95.0%			92.0%			93.0%		95.0%

*Please note that Sepsis ACQI 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	Sep 22	Oct 22	Nov 22
Avg Time from call to hospital	93	98	109
Total Patients	432	437	443

Re-contacts as Proportion of Incident Category

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

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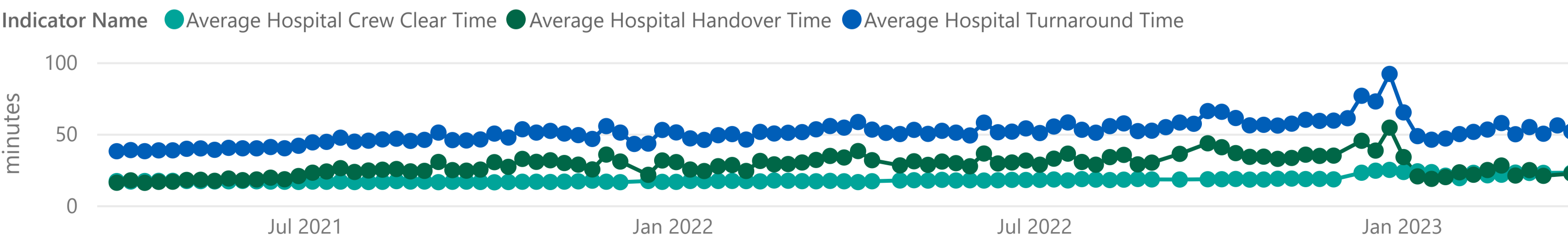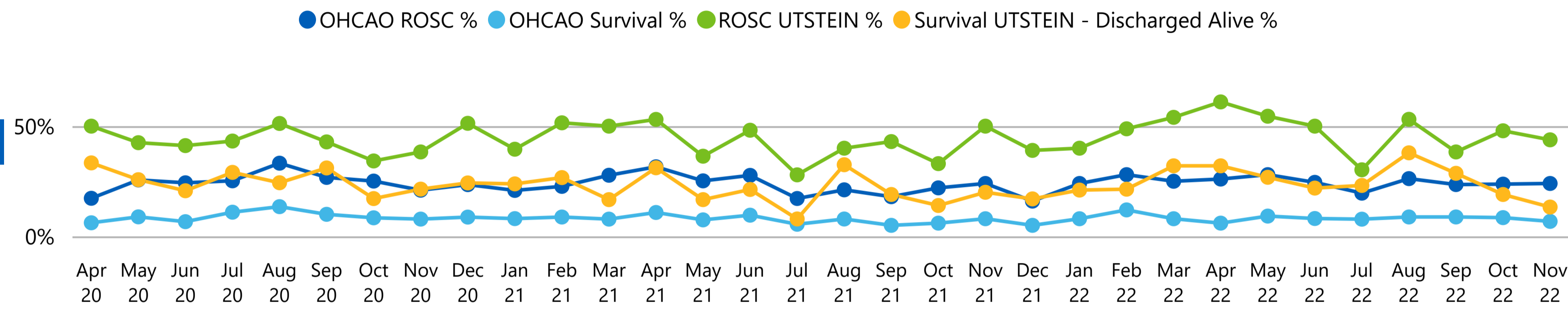 largely responsible for the majority of failures. It has been widely agreed that pre- alert is not appropriate for all sepsis patients & a national decision has been made to stop reporting this ACQI in summer 2022. The ePR has updated to trigger sepsis warning flags when the observations are inputted 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.

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 fully understood, however there was adverse hot weather in July which could affect performance. October 2022 saw the performance improve slightly to 60%. 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 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. From November 2022 there is an increase in the number of referrals which is due to a change in ePR that allows crews to record this information in a more accurate manner and this has resulted in a significant increase in the referral numbers. 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

Fleet and Estates

Estates

Indicator	Mar 22	Feb 23	Mar 23
P1 Emergency (2 HRS)	100.0%		
P1 Emergency – Complete (<24Hrs)	88.9%		
P2 Emergency (4 HRS)	94.6%	79.3%	83.0%
P2 Emergency – Complete (<24Hrs)	83.6%	81.1%	81.1%
Planned Maintenance Complete	99.4%	96.1%	95.3%
P6 Non Emergency - Attend within 2 weeks	91.7%	90.0%	67.4%
P6 Non Emergency - Complete within 4 weeks	75.0%	83.6%	58.7%

Estates Comments

Estates data from the new system is starting to populate and there will be commentary starting from the new financial year.

999 Fleet

Indicator Name ● Safety Check % ● Service % ● SLW % ● Vehicle Availability ● Vehicle MOT %

999 Fleet Age
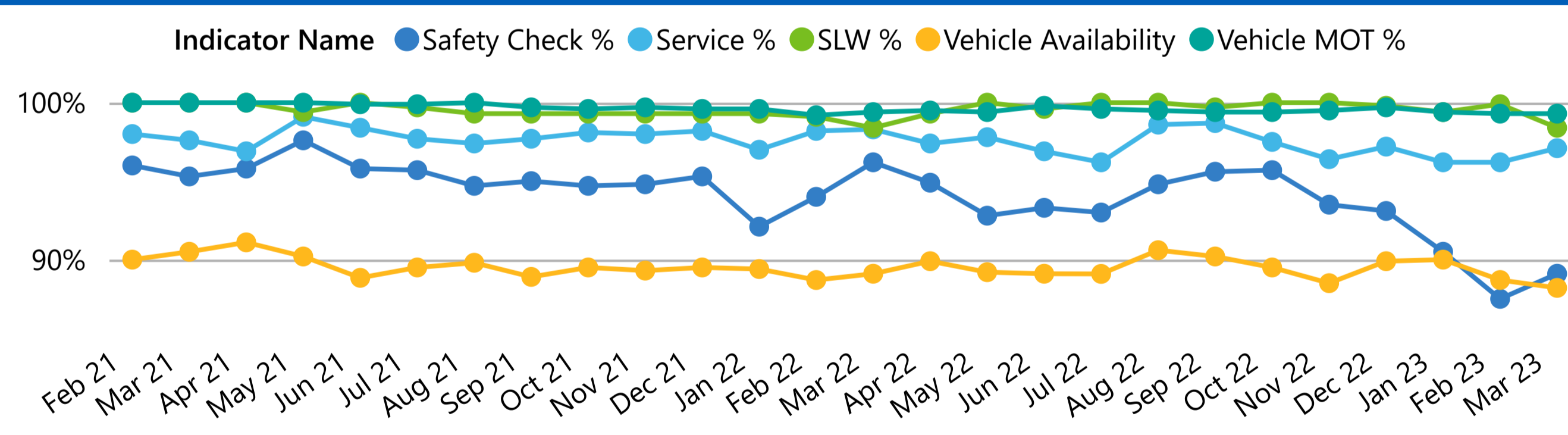
IndicatorName	Mar 22	Feb 23	Mar 23
Vehicle age +7	10.1%	14.4%	16.0%
Vehicle age +10	0.4%	1.4%	1.4%

PTS Age

IndicatorName	Mar 22	Feb 23	Mar 23
Vehicle age +7	8.6%	17.5%	19.6%
Vehicle age +10	2.9%	4.5%	4.5%

Fleet Comments
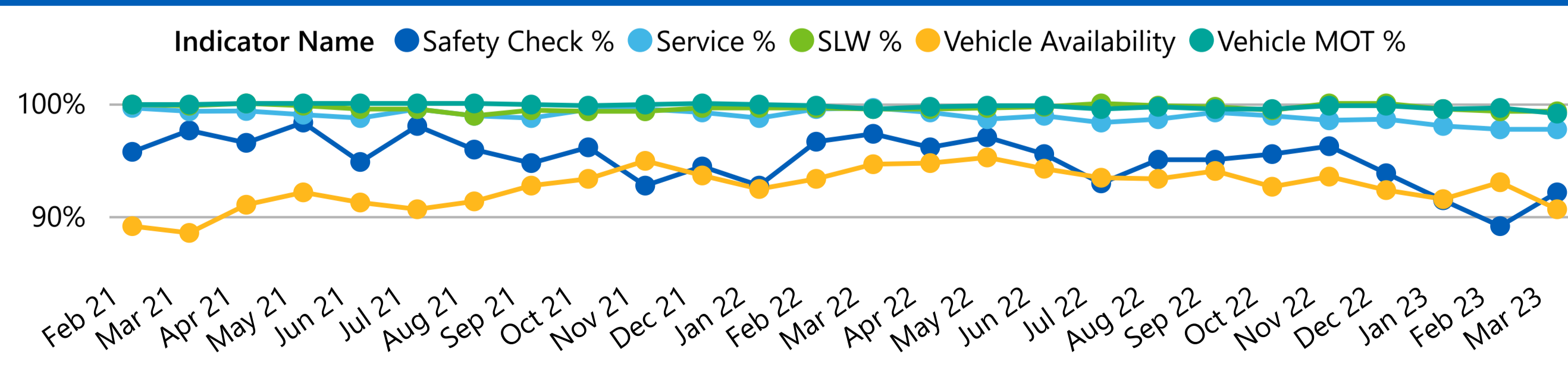
A&E availability dropped by 0.5% in March. The drop in Safety Check compliance recorded in February has been rectified due to additional staff being recruited in key pressured areas, with the figure increasing by 1.6% to 89.1%. PTS Availability has dropped by 2.4% and focus remains on routine maintenance to ensure this is brought back into compliance.

A&E age profile remains stable in March, the 64 DCA have been delayed until May due to the requirement of additional testing to attain whole vehicle type approval. PTS vehicles over 7 and 10 years old have remained the same as last month. Business plans are currently processing though the gate process to procure replacement vehicles to bring the fleet back within age profile.

PTS Fleet

Indicator Name ● Safety Check % ● Service % ● SLW % ● Vehicle Availability ● Vehicle MOT %

Glossary - Indicator Descriptions (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
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

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