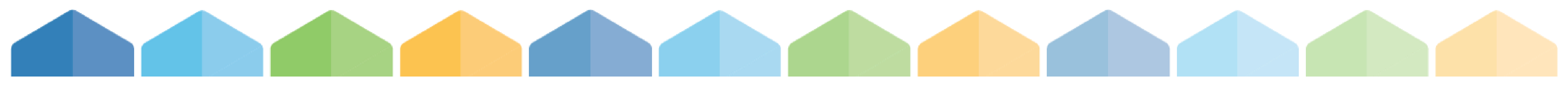




Integrated Performance Report









June 2023

Published 20 July 2023



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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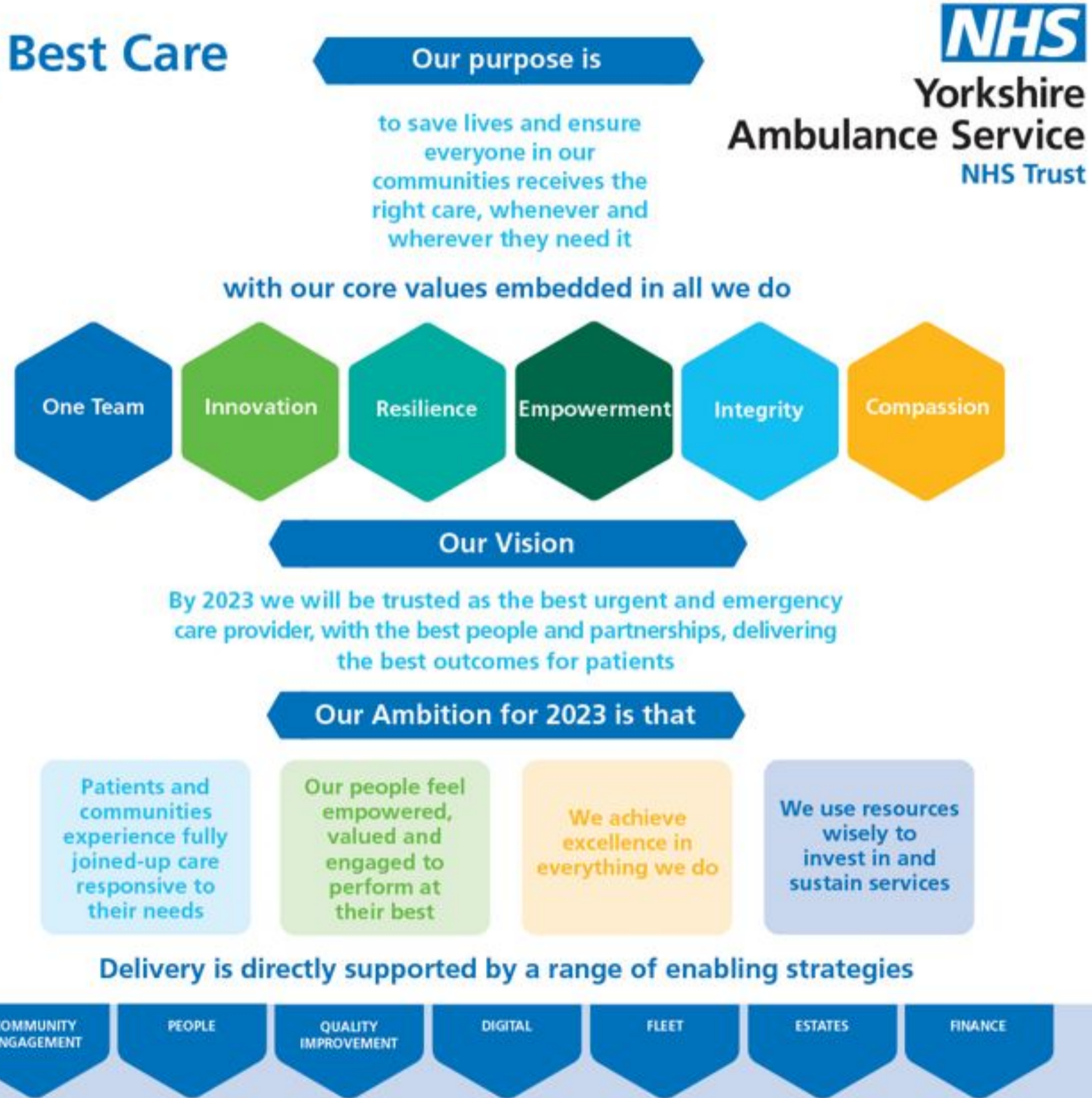


- Strategy and Priorities Overview
- Service Transformation & System Pressures
- Transformation Programme Dashboards
- KPI Exceptions (999, IUC, PTS, Quality and Workforce)
- Workforce Summary
- Finance Summary
- Patient Demand Summary
- Patient Experience (Quality)
- Patient Clinical Effectiveness



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

One Team, Best Care



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

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

Our Ambitions for 2023

We achieve excellence in everything we do

We use resources wisely to invest in and sustain services

Our Key Priorities

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

Our people Workforce

| Overall Status (Amber) | DELIVERY | BENEFITS |
|------------------------|-------------|-------------|
| | 2 GREEN | 2 GREEN |
| | 3 AMBER | 3 AMBER |
| | 0 RED | 0 RED |
| | 0 Not Known | 0 Not Known |

TEG+ 1st Line of Assurance : SRO - Suzanne Hartshorne

- International Recruitment **OVERALL STATUS: →** Deliver: → Benefit: → PJ
- Occupational Health Model **OVERALL STATUS: →** Deliver: → Benefit: → PJ

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

- Year 1 Priorities for 'YAS Together' **OVERALL STATUS: →** Deliver: → Benefit: → PJ
- Operating Model (Incorporating Accountability Framework) **OVERALL STATUS: →** Deliver: → Benefit: → PJ

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

- Bodyworn Camera Pilot **OVERALL STATUS: →** Deliver: → Benefit: →

Our patients Patient Centred

| Overall Status (Amber) | DELIVERY | BENEFITS |
|------------------------|-------------------|-------------------|
| | 6 GREEN | 0 GREEN |
| | 9 AMBER | 9 AMBER |
| | 1 RED | 0 RED |
| | 1 Not Known/Pause | 8 Not Known/Pause |

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

- A&E and EOC Programmes **OVERALL STATUS: →** Deliver: → Benefit: → NK PG
- Rotational Paramedics Close to BAU 2023/24 **OVERALL STATUS: →** Deliver: → Benefit: → PJ
- Yorkshire Air Ambulance Review **OVERALL STATUS: →** Deliver: → Benefit: → NK B
- Mass Communications Tool **OVERALL STATUS: →** Deliver: → Benefit: → NK PJ
- Enhancement to Career Pathway Close Jun 2023 **OVERALL STATUS: →** Deliver: → Benefit: → NK PJ
- Phase 2 - Post registration Paramedic Career Pathway (CPAD) Close Jun 2023 **OVERALL STATUS: →** Deliver: → Benefit: → NK PJ
- EOC Bus Continuity Imps (Fairfields) **OVERALL STATUS: →** Deliver: → Benefit: → PJ

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

- Mental Health Programme **OVERALL STATUS: →** Deliver: → Benefit: → PG

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

- NEPTS Programme **OVERALL STATUS: →** Pause: → Pause: → PG

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

- IUC Improvements Programme **OVERALL STATUS: →** Deliver: → Benefit: → PG
- 1. Operational Team Leaders (App) **OVERALL STATUS: →** Deliver: → Benefit: → PJ
- 2. Rota Review (ORH) **OVERALL STATUS: →** Deliver: → Benefit: → PJ
- 3. Clinical Career Pathway IUC **OVERALL STATUS: →** Deliver: → Benefit: → PJ
- 4. Homeworking (transition to BAU) **OVERALL STATUS: →** Deliver: → Benefit: → PJ

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

- NHS Charities Together-Vol. Schem **OVERALL STATUS: →** Deliver: → Benefit: → PJ

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

- Priority Patient Pathways & Safer Fight Care **OVERALL STATUS: →** Deliver: → Benefit: → NK PJ
- Stroke Video Triage Pilot Close Jul 2023 **OVERALL STATUS: →** Deliver: → Benefit: → NK PJ

Our places Agile Operations

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

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

- Trust Demand Wforce & Accom (ORH) **OVERALL STATUS: →** Deliver: → Benefit: → PJ
- Logistics Hub **OVERALL STATUS: →** Deliver: → Benefit: → PG
- Asset Management System **OVERALL STATUS: →** Deliver: → Benefit: → PJ
- Pre-Packed POM Pouches **OVERALL STATUS: →** Deliver: → Benefit: → PJ
- Hub & Spoke and AVP **OVERALL STATUS: →** Deliver: → Benefit: → PJ
- Scarborough Cluster AVP Station **OVERALL STATUS: →** Deliver: → Benefit: → PJ
- Hull Hub & Spoke **OVERALL STATUS: →** Deliver: → Benefit: → PJ
- Hybrid / Agile Working **OVERALL STATUS: →** Deliver: → Benefit: → 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 |

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

- Clinical Systems Development **OVERALL STATUS: →** Deliver: → Benefit: → PG
- ESMCP-Mobile Data Vehicle Solution **OVERALL STATUS: →** Deliver: → Benefit: → PJ

Northern Ambulance Alliance

| Overall Status (Red) | DELIVERY | BENEFITS |
|----------------------|-------------|-------------|
| | 0 GREEN | 1 GREEN |
| | 1 AMBER | 1 AMBER |
| | 1 RED | 0 RED |
| | 0 Not Known | 0 Not Known |

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

- Integrated CAD **OVERALL STATUS: →** Deliver: → Benefit: → PJ
- Robotic Process Automation **OVERALL STATUS: →** Deliver: → Benefit: → PG

Projects Awaiting Approval to Close

- Hybrid Working Phases 1 & 2 (Springhill) PJ
- E-Expenses Software (Gate 4 13 June 2023) PJ
- Supporting Fallers Outside by CFRs (Closure) PJ

Projects Pending

- GRS Replacement F
- EOC Management re-structure and implementation of Team B: F
- ESMCP Control Room Solution F
- Case Management F
- Integrated CAS F

999 IPR Key Exceptions - June 23

| Indicator | Target | Actual | Variance | Assurance |
|------------------------------------|----------|----------|----------|-----------|
| 999 - Answer Mean | | 00:00:28 | | |
| 999 - Answer 95th Percentile | | 00:02:53 | | |
| 999 - C1 Mean (T <7Mins) | 00:07:00 | 00:08:49 | | |
| 999 - C1 90th (T <15Mins) | 00:15:00 | 00:15:15 | | |
| 999 - C2 Mean (T <18mins) | 00:18:00 | 00:31:14 | | |
| 999 - C2 90th (T <40Mins) | 00:40:00 | 01:10:43 | | |
| 999 - C3 Mean (T - <1Hr) | 01:00:00 | 01:35:23 | | |
| 999 - C3 90th (T - <2Hrs) | 02:00:00 | 03:35:20 | | |
| 999 - C4 90th (T < 3Hrs) | 03:00:00 | 04:55:30 | | |
| 999 - C1 Responses > 15 Mins | | 895 | | |
| 999 - C2 Responses > 80 Mins | | 2,704 | | |
| 999 - Job Cycle Time | | 01:45:12 | | |
| 999 - Avg Hospital Turnaround | 00:30:00 | 00:44:26 | | |
| 999 - Avg Hospital Handover | 00:15:00 | 00:17:00 | | |
| 999 - Avg Hospital Crew Clear | 00:15:00 | 00:23:41 | | |
| 999 - Average Hospital Notify Time | | 00:06:32 | | |
| 999 - Total lost handover time | | 00:39:01 | | |
| 999 - Crew clear over 30 mins % | | 23.9% | | |
| 999 - C1% | | 14.1% | | |
| 999 - C2% | | 60.5% | | |
| 999 - Calls Ans in 5 sec | 95.0% | 72.6% | | |
| 999 - AHT | | 361 | | |

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 28 seconds for June, an increase from May which had a mean of 12 seconds. The median remained the same at zero seconds while the 90th, 95th and 99th percentile all increased. The 90th increased from 37 seconds in May to 1 minute 46 seconds in June, 95th from 1 minutes 27 seconds to 2 minutes 53 seconds and 99th from 3 minutes 23 seconds to 4 minutes 42 seconds. This indicates that there was an overall increase in the call answer times for June, particularly at the tail end with more longer waits.

Cat 1-4 Performance - Performance times worsened in June and no national targets were achieved. However, the Cat2 mean and Cat1,2 & 3 90th percentiles were exceptionally low. The mean performance time for category 1 increased from May by 28 seconds and the 90th increased by 49 seconds. The mean performance time for category 2 increased by 2 minutes 44 seconds and the 90th increased by just over 7 minutes.

Abstractions were 1.7% lower than forecast for June, falling 0.4% from May. Weekly Net staff hours have fallen compared to May by over 800 hours per week. Overall availability decreased by 0.8% from May. Compared to June 2022, abstractions are down by 1.7% and availability is up by 8.4%.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 74.7% in June (14.1% Cat1, 60.5% Cat2) after a 0.8% increase compared to May (0.1% increase in Cat1 and 0.6% increase in Cat2). Comparing against June for the previous year, Cat1 proportion increased by 1.1% and Cat2 proportion decreased by 2.2%.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target increased in June, with almost 900 responses over this target. This is 145 (19%) more compared to May. The number for last month was 17.5% fewer compared to June 2022.

The number of Cat2 responses greater than 2x 90th percentile target increased from May by almost 600 responses (28%). This is a 50.6% decrease from June 2022.

Job cycle time - Overall, job cycle time is just over a minute shorter than in May and almost 6 minutes shorter than in June 2022.

Hospital - The average handover and turnaround times improved significantly in January and again in April. Last month they improved slightly with handover times reduced by 36 seconds and turnaround times reduced by just over 1 minute. The number of incidents with conveyance to ED is 2.6% fewer than in May and 0.5% higher than June 2022.














999 IPR Key Exceptions - June 23

| Indicator | Target | Actual | Variance | Assurance |
|------------------------------------|----------|----------|----------|-----------|
| 999 - Answer Mean | | 00:00:28 | | |
| 999 - Answer 95th Percentile | | 00:02:53 | | |
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| 999 - C2 Mean (T <18mins) | 00:18:00 | 00:31:14 | | |
| 999 - C2 90th (T <40Mins) | 00:40:00 | 01:10:43 | | |
| 999 - C3 Mean (T - <1Hr) | 01:00:00 | 01:35:23 | | |
| 999 - C3 90th (T - <2Hrs) | 02:00:00 | 03:35:20 | | |
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| 999 - C2% | | 60.5% | | |
| 999 - Calls Ans in 5 sec | 95.0% | 72.6% | | |
| 999 - AHT | | 361 | | |

Exceptions - Comments (Director Responsible - Nick Smith)

| | |
|--------------------------|--|
| Call Acuity | The proportion of Cat1 and Cat2 incidents was 74.7% in June (14.1% Cat1, 60.5% Cat2) after a 0.8% increase compared to May (0.1% increase in Cat1 and 0.6% increase in Cat2). Comparing against June for the previous year, Cat1 proportion increased by 1.1% and Cat2 proportion decreased by 2.2%. |
| Call Answer | The mean call answer was 28 seconds for June, an increase from May which had a mean of 12 seconds. The median remained the same at zero seconds while the 90th, 95th and 99th percentile all increased. The 90th increased from 37 seconds in May to 1 minute 46 seconds in June, 95th from 1 minutes 27 seconds to 2 minutes 53 seconds and 99th from 3 minutes 23 seconds to 4 minutes 42 seconds. This indicates that there was an overall increase in the call answer times for June, particularly at the tail end with more longer waits. |
| Cat 1-4 Performance | Performance times worsened in June and no national targets were achieved. However, the Cat2 mean and Cat1,2 & 3 90th percentiles were exceptionally low. The mean performance time for category 1 increased from May by 28 seconds and the 90th increased by 49 seconds. The mean performance time for category 2 increased by 2 minutes 44 seconds and the 90th increased by just over 7 minutes. Abstractions were 1.7% lower than forecast for June, falling 0.4% from May. Weekly Net staff hours have fallen compared to May by over 800 hours per week. Overall availability decreased by 0.8% from May. Compared to June 2022, abstractions are down by 1.7% and availability is up by 8.4%. |
| Hospital | The average handover and turnaround times improved significantly in January and again in April. Last month they improved slightly with handover times reduced by 36 seconds and turnaround times reduced by just over 1 minute. The number of incidents with conveyance to ED is 2.6% fewer than in May and 0.5% higher than June 2022. |
| Job Cycle Time | Overall, job cycle time is just over a minute shorter than in May and almost 6 minutes shorter than in June 2022. |
| Responses Tail (C1 & C2) | The number of Cat1 responses greater than the 90th percentile target increased in June, with almost 900 responses over this target. This is 145 (19%) more compared to May. The number for last month was 17.5% fewer compared to June 2022. The number of Cat2 responses greater than 2x 90th percentile target increased from May by almost 600 responses (28%). This is a 50.6% decrease from June 2022. |

IUC IPR Key Indicators - June 23

| Indicator | Target | Actual | Variance | Assurance |
|-------------------------------------|----------|----------|--|---|
| IUC - Call Answered | | 119,083 |  | |
| IUC - Increase - Previous Month | | -16.6% | | |
| IUC - Increase Same Month Last Year | | -8.5% | | |
| IUC - Calls Triaged | | 111,977 | | |
| IUC - Calls Abandoned | 3.0% | 18.5% |  |  |
| IUC - Answer Mean | 00:00:20 | 00:03:42 |  |  |
| IUC - Answered in 60 Secs | 90.0% | 42.0% |  |  |
| IUC - Call back in 1 Hour | 60.0% | 49.5% |  |  |
| IUC - ED Validations % | 50.0% | 37.0% |  |  |
| IUC - Ambulance validations % | 75.0% | 98.8% | | |
| IUC - ED % | | 16.0% |  | |
| IUC - ED outcome to A&E | | 73.6% | | |
| IUC - ED outcome to UTC | | 13.3% | | |
| IUC - Ambulance % | | 11.9% |  | |

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 146,109 calls in June, 0.3% above the annual business plan baseline demand. 119,083 (81.5%) of these were answered, 3.7% below last month and 1.8% below the same month last year.

Due to continued high numbers of new starters going through the training process and experienced staff assisting with coaching, call performance metrics are 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 within the IUC service and operations as a benchmark of overall performance. This measure decreased to 42.0% from 55.0% in June. Average speed to answer has increased by 57 seconds to 3 minutes 42 seconds compared with 2 minutes 45 seconds last month. Abandonment rate increased to 18.5% from 14.8% last month.

The proportion of clinician call backs made within 1 hour decreased to 49.5% from 50.9% last month. This is 10.5% below the national target of 60%. Core clinical advice increased to 23.6% from 21.5% last month. 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 75% of outcomes. However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the National KPI, performance was 98.4% in June, whilst performance for overall validations was 98.8%, with 9,713 cases validated overall.

ED validation performance increased to 37.0% from 35.5% last month. The target for this KPI is 50%. 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 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 decreased to 53.4% from 53.9% last month and ED bookings decreased to 29.6% from 30.1%. Referrals to IUC Treatments Centres have stayed consistent, however an issue with the booking system is causing the bookings figure for this KPI to appear very low.

PTS IPR Key Indicators - June 23

| Indicator | Target | Actual | Variance | Assurance |
|--|--------|--------|----------|-----------|
| PTS - Answered < 180 Secs | 90.0% | 14.9% | | |
| PTS - % Short notice - Pickup < 120 mins | 90.8% | 78.8% | | |
| PTS - % Pre Planned - Pickup < 90 Mins | 90.4% | 88.4% | | |
| PTS - Arrive at Appointment Time | 90.0% | 84.6% | | |
| PTS - Journeys < 120Mins | 90.0% | 98.9% | | |
| PTS - Same Month Last Year | | 4.6% | | |
| PTS - Increase - Previous Month | | 2.4% | | |
| PTS - Demand (Journeys) | | 78,119 | | |

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Total Activity for June was 78,119. Total Demand was 4.6% higher than the same month the previous year, equivalent to c 3,400 extra journeys.

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

The average Patients Per Vehicle was 1.33 during June. This is 0.01 higher than the previous month. The phased approach to increasing efficiencies, managing resource to funded budgets and cohorting patients 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. June had the lowest private provider hours since July 2020 following a 8.0% decrease on the previous month. KPI 3 and KPI 4 have been changed to align with the South Yorkshire contract from May. In June, short Notice Outwards Performance (KPI 4) was 78.8% (-1.9% on May).

Call levels also saw an increase in June: +10.6% on May, however 5.5% lower than last June. Performance saw a 22.1% decrease, meaning telephony performance was 14.9% for the month of June: 75.1% under target. Current modelling demonstrates that Reservations required an extra 12.8 FTE online to be able to meet the call demand and achieve service level; this is above the contractually funded resource level in PTS reservations; as well as some abstraction level challenges.

Respiratory infection demand continues to fluctuate at 207 for the month of June. This is 72.3% below last June.

Workforce Summary

| | | |
|-----|-------|-------|
| A&E | IUC | PTS |
| EOC | Other | Trust |



Key KPIs

| Name | Jun 22 | May 23 | Jun 23 |
|--|--------|--------|--------|
| Turnover (FTE) % | 12.3% | 10.6% | 10.6% |
| Vacancy Rate % | 13.7% | 15.0% | 14.3% |
| Apprentice % | 8.6% | 9.9% | 9.5% |
| BME % | 6.2% | 6.1% | 6.1% |
| Disabled % | 4.5% | 6.1% | 6.2% |
| Sickness - Total % (T-5%) | 8.9% | 6.1% | 6.2% |
| PDR / Staff Appraisals % (T-90%) | 57.2% | 72.2% | 71.4% |
| Stat & Mand Training (Fire & IG) 1Y | 91.0% | 96.4% | 97.8% |
| Stat & Mand Training (Core) 3Y | 86.3% | 95.7% | 96.0% |
| Stat & Mand Training (Face to Face) | 76.9% | 86.5% | 87.3% |
| Stat & Mand Training (Safeguarding L2 +) | 93.1% | 97.0% | 97.3% |

YAS Commentary

FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 14.3% and Turnover at 10.6%. Vacancy rate has decreased, and turnover has remained the same as last month with this stabilising in all areas except in IUC, which remains high at 30.6%. The improvement work within our call centres continues to progress well. The cultural change programme supported by Moorhouse aims to improve these metrics.

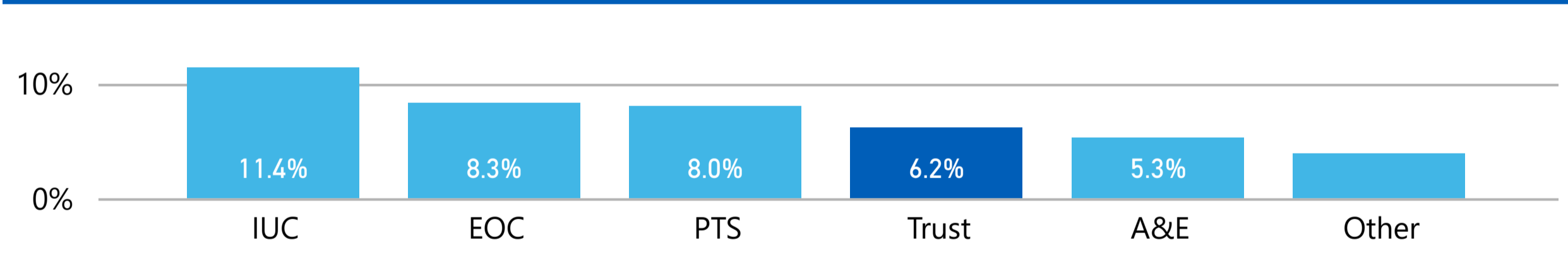
Sickness - Sickness has slightly increased to 6.2% from 6.1% last month but shows a trend of decreasing throughout the Trust. A sub-group of the Operational Efficiency Group is working to actively reduce absence through a review of absence management processes, reasonable workplace adjustments, MSK/injuries at work. This work will be reported through the People Committee.

PDR / Appraisals - Overall compliance rate has decreased marginally to 71.4%, with the largest decrease in IUC (-6.1%). PTS remains the highest performing area within the Trust at 86%. Other is the worst performing area and has increased by 4.2% against last month. 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. This is enabled by the Compliance Dashboard (refreshed bi-weekly) tracking completion, quality/feedback and appraisal training rates by Trust, Directorate and team.

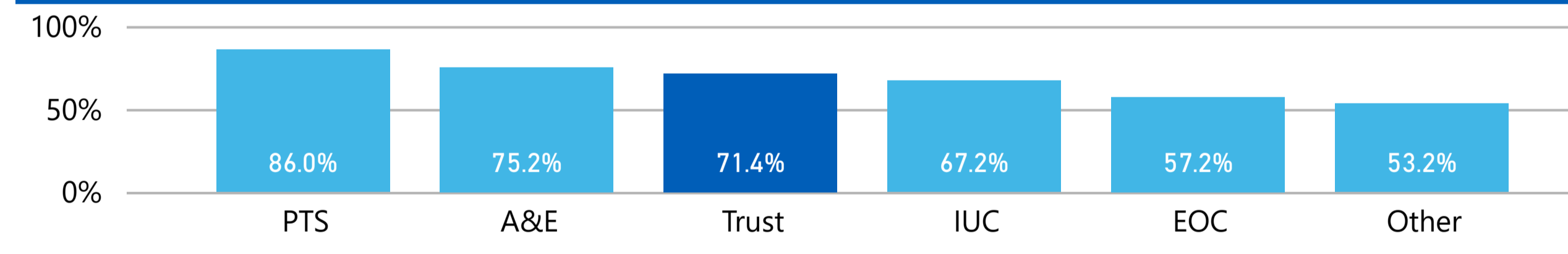
Statutory and Mandatory Training - At Trust level, 3 out of 4 training measures are compliant (90%+). Face-to-face training has seen increases for all areas except IUC and is on track to achieve the 3-year recovery plan (87.3%). Fire Safety eLearning now has a 2-year refresh (previously annually) resulting in increased compliance for Fire & IG, now over the compliance threshold at 97.8%. Targeted work continues to improve the annual IG and Data Security compliance rate. EOC, PTS, IUC and Other are all compliant (green) for all categories, however A&E is close to full compliance with only Face to Face below 90%. Managers receive the Compliance Dashboard fortnightly with key messages regarding priorities for action. Essential Learning Champions in all areas of the Trust are supporting progress.

Assurance: All data displayed has been checked and verified

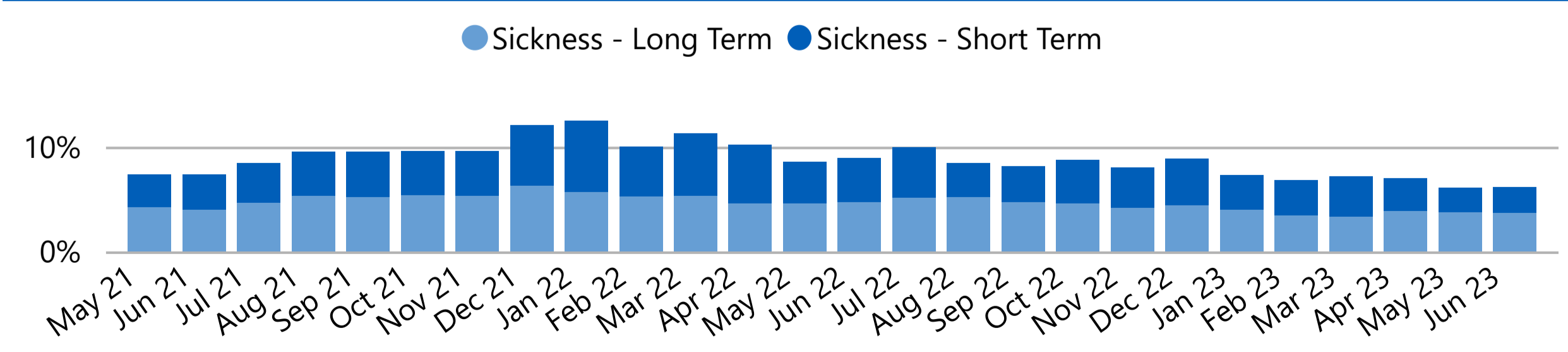
Sickness Benchmark for Last Month



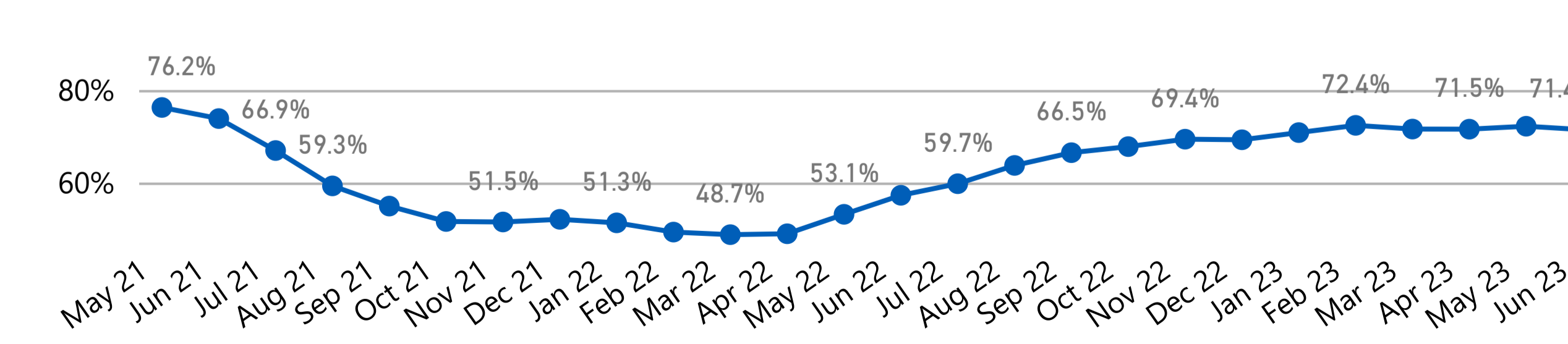
PDR Benchmark for Last Month



Sickness



PDR - Target 90%



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

Overview - Unaudited Position

Overall

The Trust has a year end breakeven position at month 3 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 in the main to delays on Fleet DCA deliveries and the delay in signing the lease for Goole AS.

Cash

As at the end of June the Trust had £76.3m cash at bank. (£61.9m at the end of 22/23).

Risk Rating

There is currently no risk rating measure reporting for 2023/24.

Full Year Position (£000s)

| Name | YTD Plan | YTD Actual | YTD Plan v Actual |
|--------------------|----------|------------|-------------------|
| Surplus/ (Deficit) | £0 | £0 | £0 |
| Cash | £73,917 | £76,347 | £2,430 |
| Capital | £1,944 | £467 | -£1,477 |

Monthly View (£000s)

| Indicator Name | 2023-05 |
|--------------------|---------|
| Surplus/ (Deficit) | £0 |
| Cash | £72,220 |
| Capital | £209 |

Patient Demand Summary

Demand Summary

| Indicator | Jun 22 | May 23 | Jun 23 |
|-------------------------------------|---------|---------|---------|
| 999 - Incidents (HT+STR+STC) | 68,762 | 66,404 | 65,407 |
| IUC - Call Answered | 130,095 | 142,827 | 119,083 |
| IUC - Increase - Previous Month | -1.3% | 1.0% | -16.6% |
| IUC - Increase Same Month Last Year | -8.6% | 8.3% | -8.5% |
| IUC - Calls Answered Above Ceiling | -22.5% | -15.2% | -19.8% |
| PTS - Demand (Journeys) | 74,687 | 76,317 | 78,119 |
| PTS - Increase - Previous Month | -2.9% | 12.8% | 2.4% |
| PTS - Same Month Last Year | 3.3% | -0.8% | 4.6% |
| PTS - Calls Answered | 27,951 | 28,572 | 27,458 |

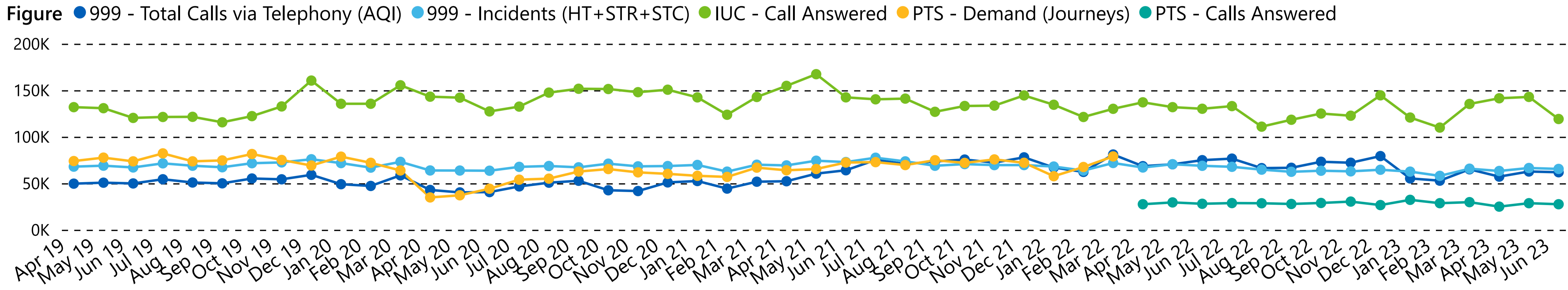
Commentary

999 - At Scene Response demand was 2.9% lower than forecasted levels for June. All Response Demand (STR + STC + HT) was 1.5% lower than May and 4.9% lower than June 2022.

IUC - YAS received 146,109 calls in June, 0.3% above the annual business plan baseline demand. 119,083 (81.5%) of these were answered, 3.7% below last month and 1.8% below the same month last year.

PTS - PTS Total Activity for June was 78,119. Total Demand was 4.6% higher than the same month the previous year, equivalent to c 3,400 extra journeys.

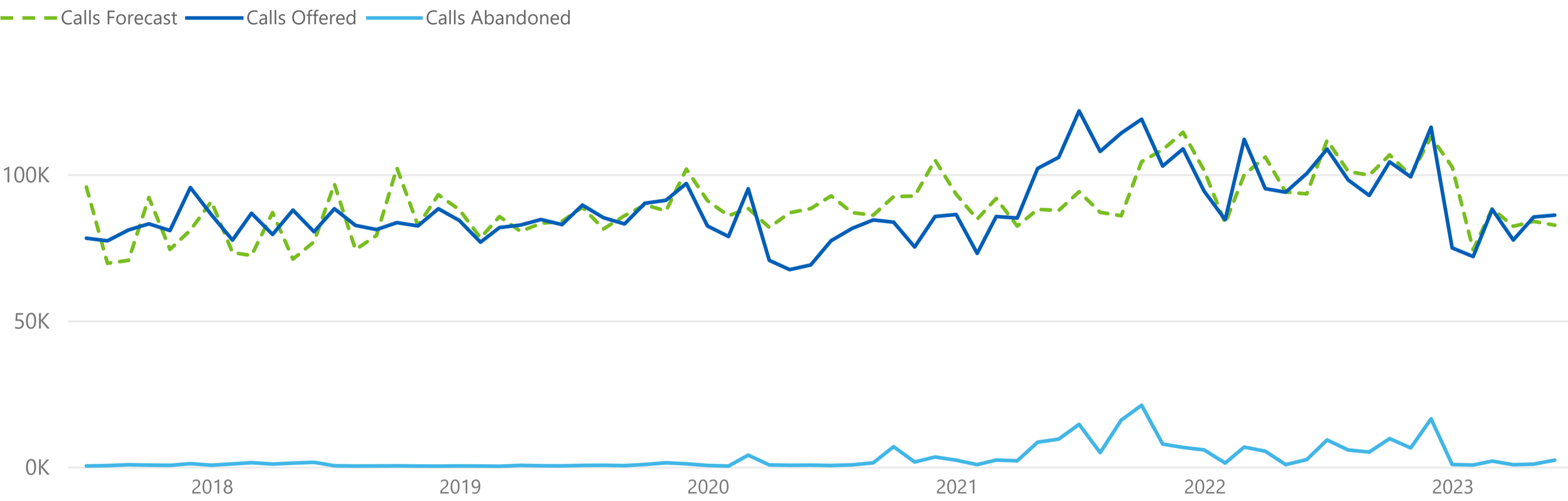
Overall Calls and Demand



999 and IUC Historic Demand

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

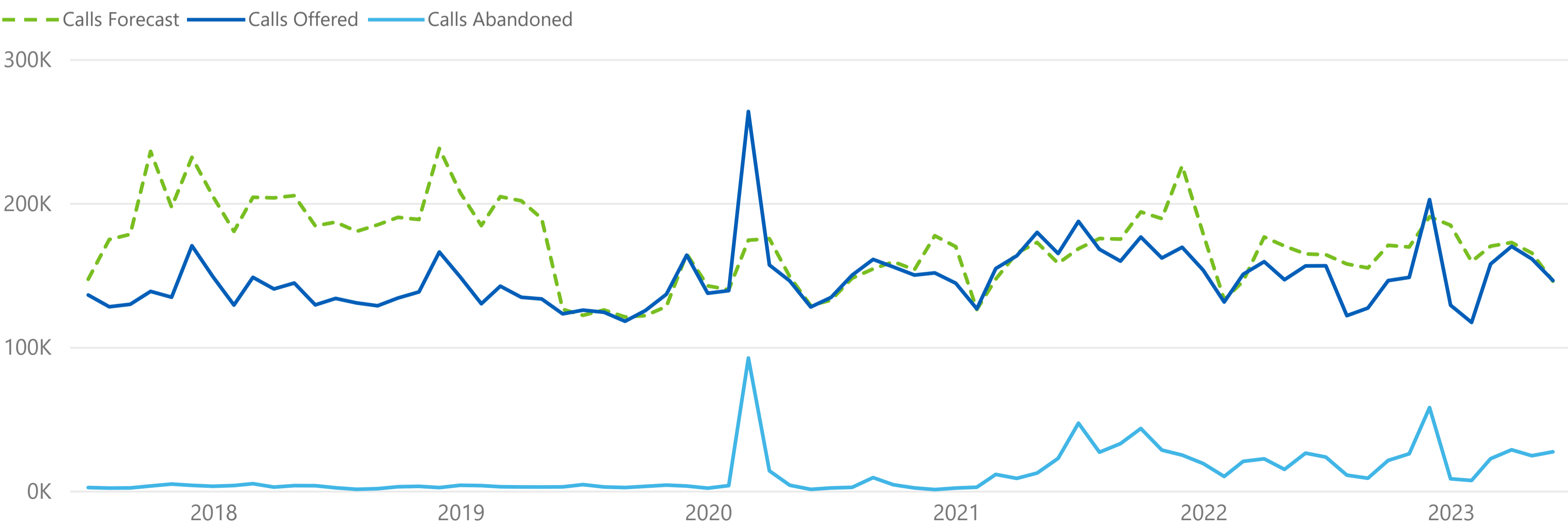
999 Historic Call Demand



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 June 2023, there were 86,003 calls offered which was 4.2% above forecast, with 83,765 calls answered and 2,238 calls abandoned (2.6%). There were 0.8% more calls offered compared with the previous month and 14.2% 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 159.6% increase in abandoned calls compared with the previous month.

IUC Historic Demand



YAS received 146,109 calls in June, 0.3% above the annual business plan baseline demand. 119,083 (81.5%) of these were answered, 3.7% below last month and 1.8% below the same month last year.

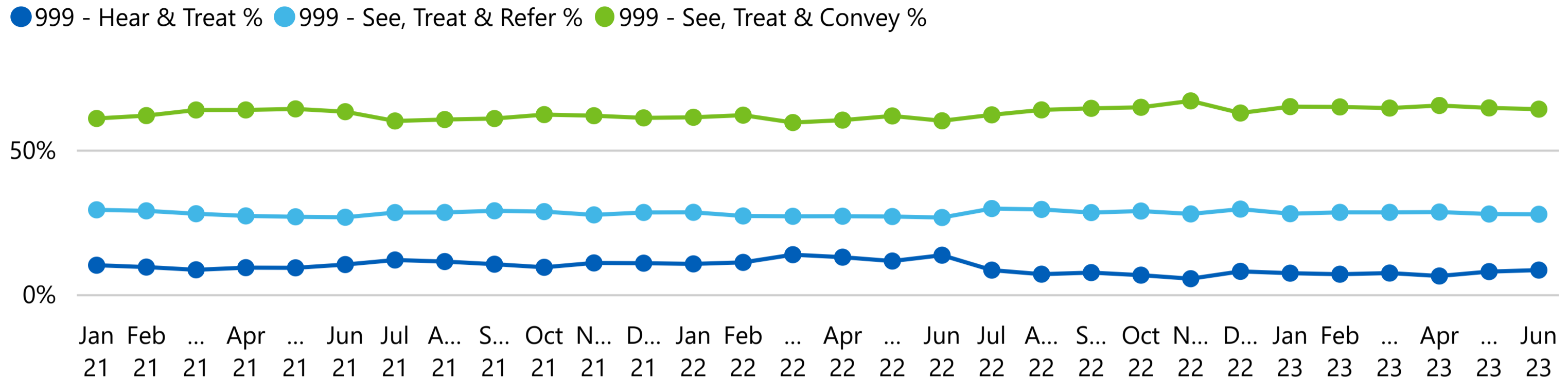
Calls abandoned increased to 18.5% from 14.8% last month and was 1.8% above last year.

Patient Outcomes Summary

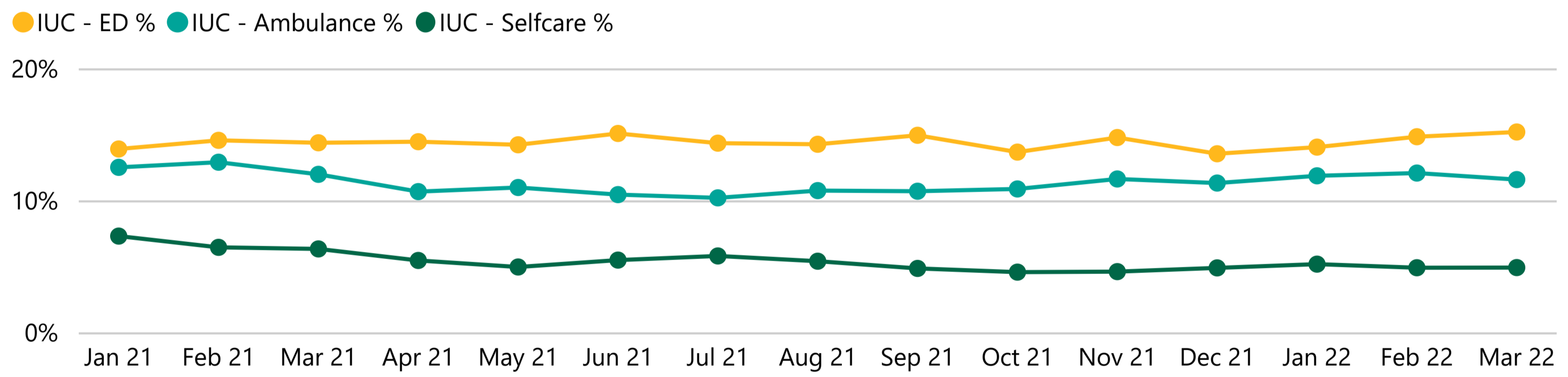
Outcomes Summary

| ShortName | Jun 22 | May 23 | Jun 23 |
|------------------------------|---------|---------|---------|
| 999 - Incidents (HT+STR+STC) | 68,762 | 66,404 | 65,407 |
| 999 - Hear & Treat % | 13.5% | 7.8% | 8.3% |
| 999 - See, Treat & Refer % | 26.5% | 27.7% | 27.7% |
| 999 - See, Treat & Convey % | 60.0% | 64.4% | 64.0% |
| 999 - Conveyance to ED % | 53.2% | 56.9% | 56.3% |
| 999 - Conveyance to Non ED % | 6.7% | 7.5% | 7.7% |
| IUC - Calls Triaged | 124,203 | 133,630 | 111,977 |
| IUC - ED % | 14.1% | 15.1% | 16.0% |
| IUC - Ambulance % | 10.3% | 11.2% | 11.9% |
| IUC - Selfcare % | 4.2% | 4.3% | 4.6% |
| IUC - Other Outcome % | 11.1% | 13.8% | 13.8% |
| IUC - Primary Care % | 58.4% | 53.8% | 51.8% |
| PTS - Demand (Journeys) | 74,687 | 76,317 | 78,119 |

999 Outcomes



IUC Outcomes



Commentary

999 - Comparing incident outcomes proportions within 999 for June 2023 against June 2022, the proportion of Hear & Treat decreased by 5.2%, See, Treat & Refer increased by 1.1% and See, Treat & Convey increased by 4.0%. The proportion of incidents with conveyance to ED increased by 3.0% from June 2022 and the proportion of incidents conveyed to non-ED increased by 1.0%.

IUC - The proportion of callers given an Ambulance outcome was 11.9%, with Primary Care outcomes at 51.8%. The proportion of callers given an ED outcome was 16.0%. The percentage of ED outcomes where a patient was referred to a UTC was 13.3%, a figure that historically has been as low as 2-3%. 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)

A&E

EOC

IUC

PTS

YAS



Patient Relations

Complaints, Compliments, Concerns and Service to Service

Indicator

Jun 22

May 23

Jun 23

Service to Service

73

69

104

Concern

38

43

47

Compliment

93

123

106

Complaint

101

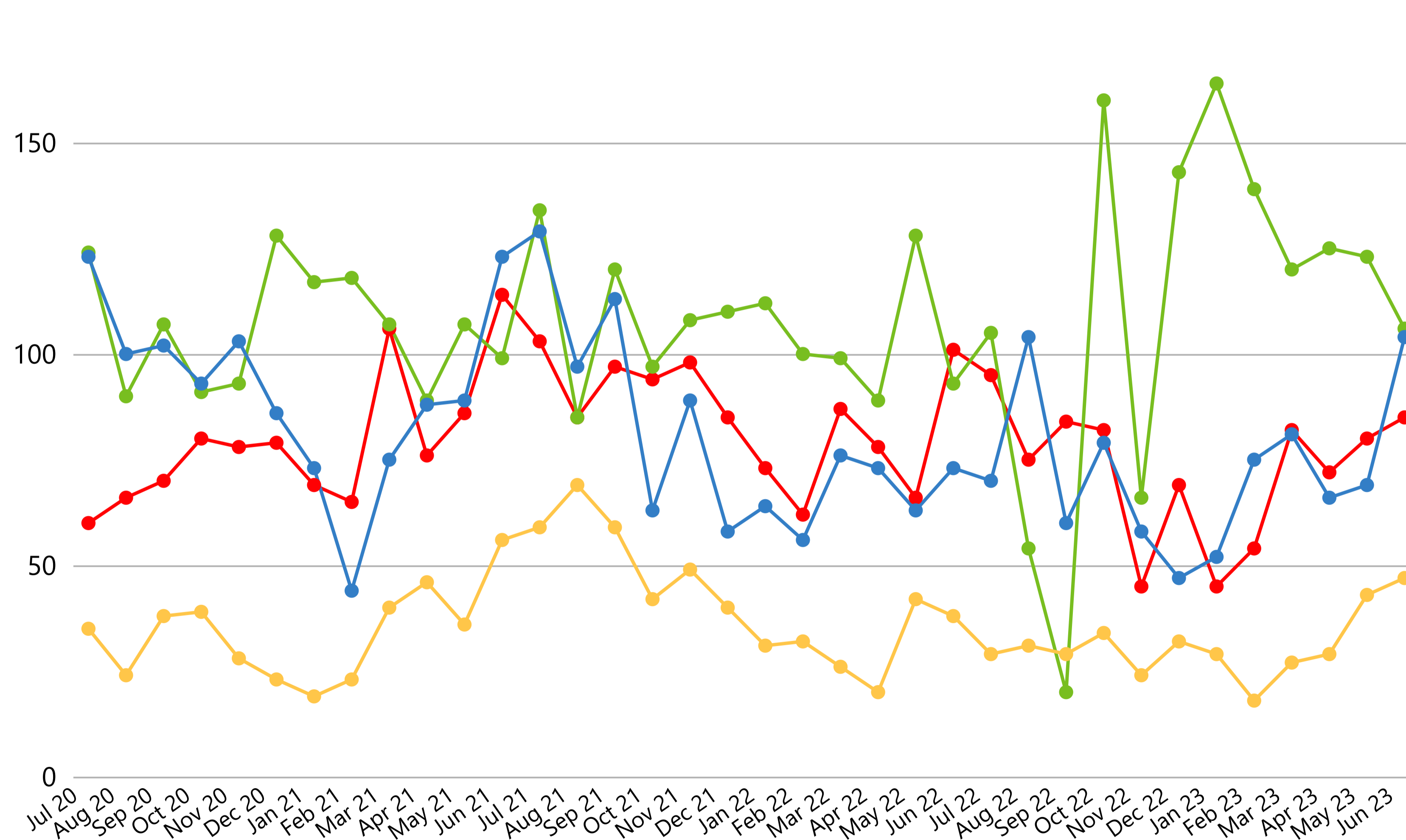
80

85

YAS Comments

Patient relations - The number of Complaints, Concerns and Service to Service cases received have all increased significantly for both the A&E Frontline and Patient Transport Services this month. IUC have also seen a significant increase in Service to Service cases received whilst all cases concerning 999 call handling and dispatch have reduced slightly.

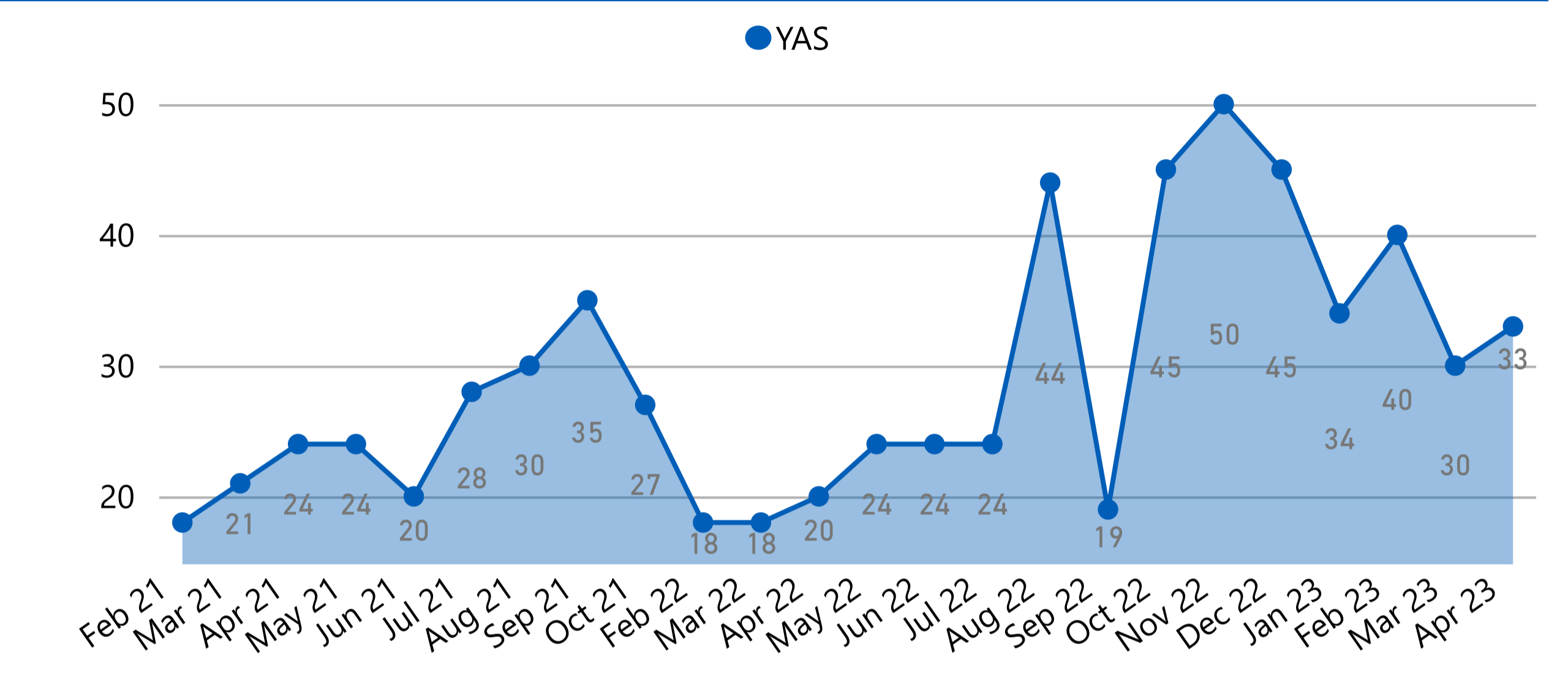
● Complaint ● Compliment ● Concern ● Service to Service



Incidents

| Indicator | Jun 22 | May 23 | Jun 23 |
|--|--------|--------|--------|
| All Incidents Reported | 708 | 733 | 689 |
| Number of duty of candour contacts | 10 | 15 | 15 |
| Number of RIDDORs Submitted | 3 | | |
| | Apr 22 | Mar 23 | Apr 23 |
| Moderate & Above Harm (verified) | 20 | 30 | 33 |
| Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified) | 1 | 7 | 5 |
| Serious incidents (verified) | 5 | 12 | 12 |

Incidents - Verified Moderate and Above Harm



Safeguarding

| Indicator | Jun 22 | May 23 | Jun 23 |
|---|--------|--------|--------|
| Domestic Homicide Review (DHR) | 6 | 5 | 1 |
| Safeguarding Adult Review (SAR) | 5 | 2 | 2 |
| Child Safeguarding Practice Review/Rapid Review (CSPR/RR) | 3 | 1 | 4 |
| Child Death | 18 | 22 | 13 |

YAS Comments

Domestic Homicide Reviews (DHR) – One request for information in relation to a DHR was received in June. This was in relation to an adult male who died as a result of intentional hanging.

Safeguarding Adult Review (SAR) – Two requests for information in relation to a SAR were received in June. Prominent safeguarding concerns were self-neglect and death following overdose.

Child Safeguarding Practice Review / Rapid Review (CSPR/RR) – 4 rapid reviews were undertaken by YAS in June. This number demonstrates the highest number received per month in Q1. Prominent themes included non-accidental injuries in children under 2 years of age.

Child Death – The number of child death reports requested was slightly lower in comparison to previous months. Prominent safeguarding concerns were SID's, extreme prematurity and pre-existing complex medical conditions.

A&E Long Responses

| Indicator | Jun 22 | May 23 | Jun 23 |
|------------------------------|--------|--------|--------|
| 999 - C1 Responses > 15 Mins | 1,085 | 750 | 895 |
| 999 - C2 Responses > 80 Mins | 5,469 | 2,113 | 2,704 |

Patient Clinical Effectiveness (Director Responsible - Dr. Steven Dykes)



Care Bundles (Last 3 Results)

| Indicator | Jul 22 | Aug 22 | Oct 22 | Nov 22 | Jan 23 | Feb 23 |
|-----------|--------|--------|--------|--------|--------|--------|
| STEMI % | 57.2% | | 60.0% | | 67.0% | |
| Stroke % | | 93.0% | | 95.0% | | 94.0% |

STEMI Clinical Care Bundle – This clinical care bundle consists of four elements: administration of Aspirin, administration of GTN, administration of analgesia and recording of pre and post analgesia pain scores. Compliance with the overall STEMI clinical care bundle continues to be below 70%. When looking at compliance for the individual elements of the clinical care bundle, administration of analgesia and pre and post analgesia pain score recording are the two elements with bring down the average compliance for the total clinical care bundle. Due to a change in the audit specification, we expect to see an increase in the compliance to analgesia administration in coming months. However, lack of pre & post analgesia pain score recording continues to be a trend across the trust in other clinical quality audit. Following discussion of these trends at CQDF & Medicines optimisation group specific pain management audits are to be conducted as part of the 2023/24 audit programme which will address the specific root causes of this trend.

Stroke Clinical Care Bundle – Consistently performing in the 90% range, compliance could be improved with better documentation of patient blood sugar.

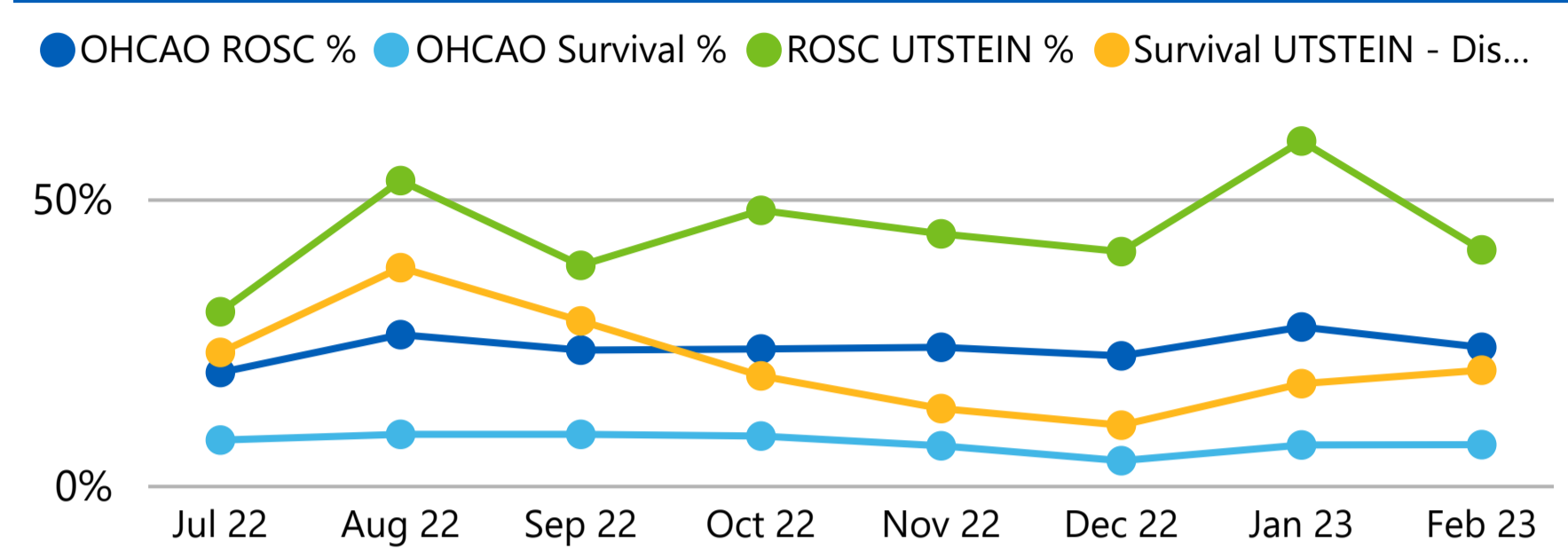
STEMI Analgesia

| Indicator | Jul 22 | Oct 22 | Jan 23 |
|-------------------------------|--------|--------|--------|
| Number of YAS STEMI patients | 228 | 206 | 241 |
| STEMI Pre & Post Pain Score | 202 | 183 | 221 |
| STEMI Pre & Post Pain Score % | 88.6% | 88.8% | 91.7% |

Sentinal Stroke National Audit Programme (SSNAP)

| Indicator | Dec 22 | Jan 23 | Feb 23 |
|---------------------------------------|--------|--------|--------|
| Avg time (mins) from call to hospital | 125 | 83 | 84 |
| Total Patients | 398 | 442 | 420 |

ROSC and Survival



Cardiac Arrest Clinical Patient Outcomes – During 2022, YAS attempted resuscitation on an average of 332 patients per month, with a significant increase in December 2022. This increase in patients resulted in the proportion of survival being the lowest recorded on record for YAS, however, the number of patients who survived (20) was normal for the trust. ROSC rates remained between 20% and 28% over the course of 2022 with no statistically significant events. OHCAO demand has not impacted the ROSC rate for the trust, with only survival being affected. This would suggest a consistency in the clinical care we are providing to this patient group pre- hospital. Further work is planned for 2023/24 to further analyse ALS best practice across the trust in order to determine what has the biggest impact upon patient outcome. **For more detail please use the clinical strategy dashboard.**

ROSC & Survival

| Indicator | Mar 20 | Jan 23 | Feb 23 |
|---|--------|--------|--------|
| Number of Patients with ROSC at Hospital Arrival | 60 | 103 | 67 |
| Number of Patients YAS continued / commenced CPR (ROSC) | 223 | 374 | 277 |
| Number of Patients who survived to discharge | 16 | 25 | 19 |

Clinical Final Working Impressions (ePR)- Top 5

| | Apr 23 | May 23 | Jun 23 |
|---|--|--|---|
| 1 | No abnormality detected (6.5%) | No abnormality detected (6.6%) | No abnormality detected (no new injury or illness found) (7.9%) |
| 2 | Lower respiratory tract infection (3.7%) | Lower respiratory tract infection (4.1%) | Acute coronary syndrome (ACS) (3.7%) |
| 3 | Acute COVID-19 [ND] (3.6%) | Acute coronary syndrome (ACS) (3.5%) | Lower respiratory tract infection (3.2%) |
| 4 | Acute coronary syndrome (ACS) (3.3%) | Acute COVID-19 [ND] (3.2%) | Head injury : no LOC (2.4%) |
| 5 | Head injury : no LOC (2.4%) | Chronic obstructive pulmonary disease (2.7%) | Lower urinary tract infection (2.4%) |

Patient Pathways – referrals – 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. Please note, the increase in pathways usage is likely due to changes in data recording via ePR.

Referrals

| Indicator | Apr 23 | May 23 | Jun 23 |
|-------------------|--------|--------|--------|
| ePR Referrals (%) | 9.1% | 9.0% | 8.9% |
| ePR Referrals | 4,502 | 4,465 | 4,462 |
| ePR Records | 49,566 | 49,819 | 50,349 |

Fleet and Estates

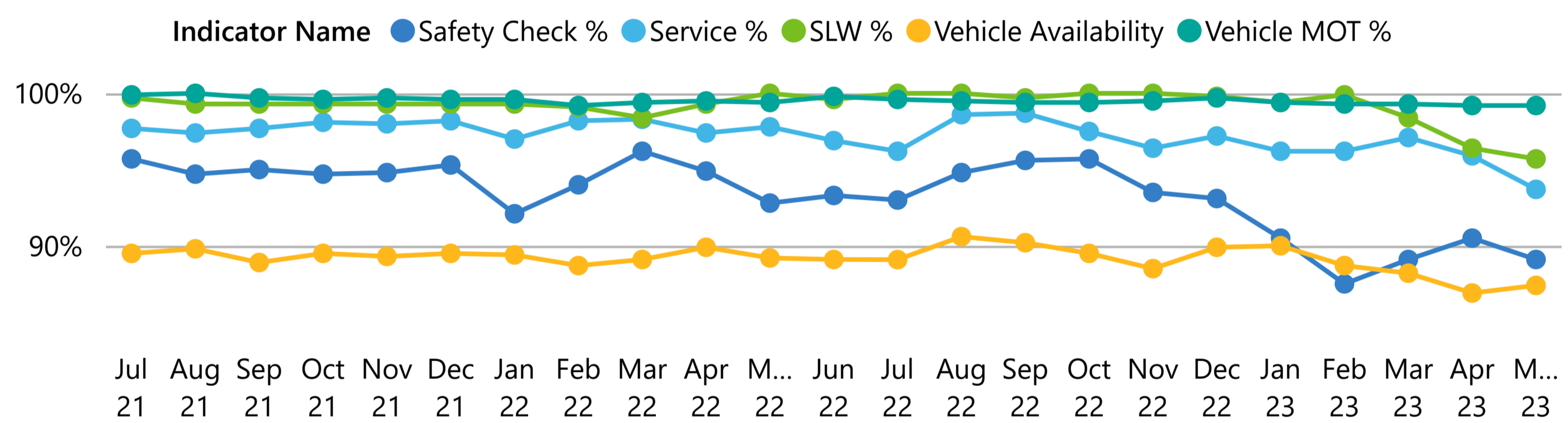
Estates

Estates Comments

| Indicator | May 23 | Jun 23 |
|---|--------|--------|
| P1 Emergency (2 HRS) | 100.0% | |
| P2 Emergency (4 HRS) | 87.0% | 92.5% |
| P2 Emergency – Complete (<24Hrs) | 63.0% | 69.8% |
| Planned Maintenance Complete | 94.4% | 98.5% |
| P6 Non Emergency - Attend within 2 weeks | 94.7% | 98.3% |
| P6 Non Emergency - Complete within 4 weeks | 75.4% | 79.0% |
| P5 Non Emergency - Logged to Wrong Category | 100.0% | 100.0% |

No commentary has been provided for Estates for June 2023.

999 Fleet



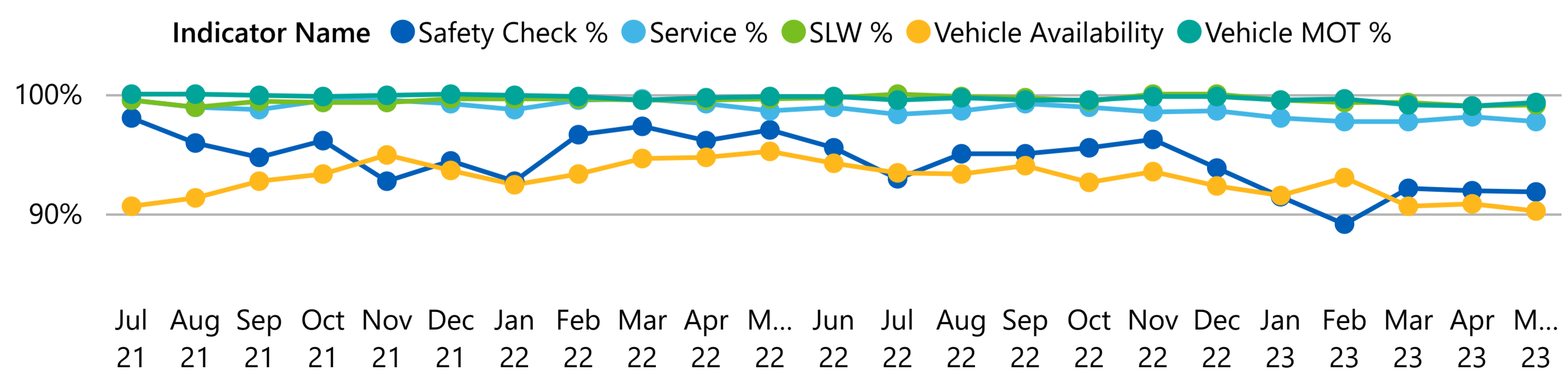
999 Fleet Age

| IndicatorName | Jun 22 | May 23 |
|-----------------|--------|--------|
| Vehicle age +7 | 8.1% | 18.5% |
| Vehicle age +10 | 1.6% | 1.2% |

PTS Age

| IndicatorName | Jun 22 | May 23 |
|-----------------|--------|--------|
| Vehicle age +7 | 7.9% | 26.6% |
| Vehicle age +10 | 1.0% | 4.5% |

PTS Fleet



Fleet Comments

No data has been provided for Fleet for June 2023.

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 |
| AMB99 | 999 - AHT | int | The average handling time, in seconds, for 999 EMDs in EOC |
| 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 | |
| QS31 | Domestic Homicide Review (DHR) | int | |
| QS32 | Safeguarding Adult Review (SAR) | int | |
| QS33 | Child Safeguarding Practice Review/Rapid Review (CSPR/RR) | int | |
| QS34 | Child Death | int | |
| QS24 | Staff survey improvement question | int | (TBC, yearly) |
| QS21 | Number of RIDDORs Submitted | int | Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 |

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 |
|-------|---|---------------|---|
| CLN43 | STEMI Pre & Post Pain Score % | percent | Proportion of patients with a pre-hospital clinical working impression of STEMI who had a pre & post analgesia pain score recorded as part of their patient record |
| CLN42 | STEMI Pre & Post Pain Score | int | Number of patients with a pre-hospital clinical working impression of STEMI who had a pre & post analgesia pain score recorded as part of their patient record |
| CLN41 | STEMI Analgesia % | percent | Proportion of patients with a pre-hospital clinical working impression of STEMI who received the appropriate analgesia |
| CLN40 | Number of patients who received appropriate analgesia (STEMI) | int | Number of patients with a pre- hospital clinical working impression of STEMI who received the appropriate analgesia |
| 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 (mins) 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 |

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 |
| EST15 | P5 Non Emergency - Logged to Wrong Category | percent | P5 Non Emergency - Logged to Wrong Category |
| 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 |