Business Intelligence

Integrated Performance Report

March 2024

Published 23 April 2024

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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Strategy, Ambitions & Key Priorities

NHS
Yorkshire
Ambulance Service
NHS Trust

Our Purpose
To provide and co-ordinate safe, effective, responsive and patient-centred out-of-hospital emergency, urgent and non-emergency care, so all our patients can have the best possible experience and outcomes

Our Vision
What we want to achieve:
Great Care | Great People | Great Partner

Our Values
What do we want to be and what behaviours do we expect?
Kindness | Respect | Teamwork | Improvement

YAS Together
A way of working collaboratively to achieve our vision:
Care | Lead | Grow | Excel | Everyone

Our Enabling Plans
The drivers of success:
Clinical and Quality | People | Partnership | Sustainable Services

4 Bold Ambitions

Our Patients
Our ambition is to deliver **exceptional patient-centred out-of-hospital emergency, urgent and non-emergency care**, which is safe, kind and responsive, seamlessly integrating services and utilising technology to deliver a high-quality patient experience.

Our People
Our ambition is to be a **diverse and inclusive organisation** with a culture of continuous improvement, where everyone feels valued, included, proud to work and can thrive.

Our Partners
Our ambition is to be a **collaborative, integral and influential partner** across a joined-up health and social care network that works preventatively, reduces inequality and improves population health outcomes, supporting all our communities.

Our Planet and Pounds
Our ambition is to be a **responsible and sustainable** organisation in the use of our financial and physical resources, reducing our environmental impact and ensuring the most effective use of all our resources.

Today   **2029**
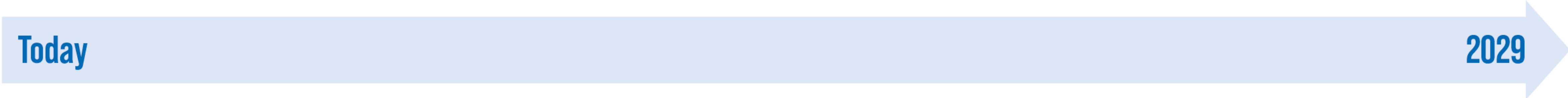
999 IPR Key Exceptions - March 24

NHS Yorkshire Ambulance Service NHS Trust

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:04		
999 - Answer 95th Percentile		00:00:31		
999 - AHT		00:06:28	H	
999 - Calls Ans in 5 sec	95.0%	91.0%		F
999 - C1 Mean (T < 7 Mins)	00:07:00	00:08:07	L	F
999 - C1 90th (T < 15 Mins)	00:15:00	00:14:01	L	P
999 - C2 Mean (T < 18 Mins)	00:18:00	00:29:28		F
999 - C2 90th (T < 40 Mins)	00:40:00	01:05:52		F
999 - C3 Mean (T < 1 Hour)	01:00:00	01:31:48		F
999 - C3 90th (T < 2 Hour)	02:00:00	03:22:46		F
999 - C1 Responses > 15 Mins		839		
999 - C2 Responses > 80 Mins		2,556		
999 - Job Cycle Time		01:53:48		
999 - Avg Hospital Turnaround	00:30:00	00:51:27		F
999 - Avg Hospital Handover	00:15:00	00:28:51		F
999 - Avg Hospital Crew Clear	00:15:00	00:22:38	H	F
999 - Total lost handover time		6,218		
999 - Crew clear over 30 mins %		25.8%	H	
999 - C1%		16.3%	H	
999 - C2%		62.0%		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer- The mean call answer was 4 seconds for March, the same as it was in February. The median remained the same at zero seconds while the 90th,95th and 99th percentiles decreased. The 90th decreased from 9 seconds in February to 1 second in March, 95th decreased from 38 seconds to 31 seconds and 99th decreased from 83 seconds to 79 seconds. This indicates that overall call answer times improved in March and there were fewer calls waiting for very long periods of time to be answered at the tail end.

Cat 1-4 Performance- Only the Cat1 90th percentile performance target was achieved for March and performance times either remained the same or improved from February. The mean and 90th performance times for Cat1 both worsened from February by 1 second. The mean performance time for Cat2 improved from February by 52 seconds and the 90th percentile improved by 2 minutes 8 seconds.

Abstractions were 1.5% lower than forecast for March, though rising 0.8% from February. Weekly Net staff hours have fallen compared to February by over 550 hours per week. Overall availability decreased by 0.4% from February. Compared to March 2023, abstractions are down by 2.5% and availability is up by 0.1%.

Call Acuity- The proportion of Cat1 and Cat2 incidents was 78.3% in March (16.3% Cat1, 62.0% Cat2) after a 0.2% decrease compared to February (0.2% increase in Cat1 and 0.4% decrease in Cat2). Comparing against March for the previous year, Cat1 proportion increased by 2.2% and Cat2 proportion decreased by 0.6%.

Responses Tail (C1 and C2)- The number of Cat1 responses greater than the 90th percentile target increased in March, with 839 responses over this target. This is 67 (8.7%) more compared to February. The number for last month was 8.9% less compared to March 2023.

The number of Cat2 responses greater than 2x 90th percentile target increased from February by 27 responses (1.1%). This is a 31.1% decrease from March 2023.

Job cycle time- Overall, the average job cycle time increased by 2 seconds from February and was 14 seconds less than March 2023.

Hospital- From October, the way handover times are reported changed and following the new national guidance the average handover time has increased across the Trust. Turnaround and crew clear times remain unchanged by the new guidance. Last month the average handover time decreased by 13 seconds and overall turnaround time decreased by 16 seconds. The number of conveyances to ED was 6.1% higher than in February and 8.4% higher than in March 2023.

Demand- On scene response demand was 0.9% above forecasted figures for March. All response demand (HT + STR + STC) was 16.4% higher than March 2023. This is in part due to changes made in December to the recording of Hear & Treat incidents, whereby more Cat5 incidents are transferred to IUC and closed as H&T when they would previously have been closed as no response and not be counted as an incident.

Outcomes - Comparing incident outcome proportions within 999 for March 2024 against March 2023, the proportion of hear & treat increased by 7.3%, see treat & refer decreased by 2.8% and see treat & convey decreased by 4.5%. The proportion of incidents with conveyance to ED decreased by 4.0% from March 2023 and the proportion of incidents conveyed to non-ED decreased by 0.5%. Please note that changes mentioned above around the recording of H&T incidents means that there has been a relative increase in the proportion of H&T incidents and a decrease in on scene responses because of this.

IUC IPR Key Indicators - March 24

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		146,542	⊙	
IUC - Answered vs. Last Month %		14.0%		
IUC - Answered vs. Last Year %		8.3%		
IUC - Calls Triaged		142,987		
IUC - Calls Abandoned %	3.0%	8.9%	⊙	Ⓕ
IUC - Answer Mean	00:00:20	00:01:40	⊙	Ⓕ
IUC - Answered in 60 Secs %	90.0%	68.1%	⊙	Ⓕ
IUC - Callback in 1 Hour %	60.0%	47.9%	⊙	Ⓕ
IUC - ED Validations %	50.0%	48.1%	⊙	Ⓕ
IUC - 999 Validations %	75.0%	99.8%	⊙	Ⓟ
IUC - ED %		14.7%	⊙	
IUC - ED Outcome to A&E %		74.3%	⊙	
IUC - ED Outcome to UTC %		8.7%	Ⓛ	
IUC - Ambulance %		12.2%	⊙	

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 160,822 calls in March, 1.9% below the annual business plan baseline demand. 146,542 (91.1%) of these were answered, 0.4% above last month and 5.2% above 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 increased to 68.1% from 67.5% in March. Average speed to answer has decreased by 5 seconds to 1 minute 40 seconds compared with 1 minute 45 seconds last month. Abandonment rate decreased to 8.9% from 9.3% last month.

The proportion of clinician call backs made within 1 hour increased to 47.9% from 47.5% last month. This is 12.1% below the national target of 60%. Core clinical advice increased to 21.9% 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 96.7% in March, whilst performance for overall validations was 99.8%, with 13,298 cases validated overall.

ED validation performance increased to 48.1% from 45.2% 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 46.9% from 50.2% last month and ED bookings decreased to 26.3% from 27.6%. 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 - March 24

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	88.7%	(variance icon)	F
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	88.2%	(variance icon)	F
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	92.2%	(variance icon)	P
PTS - Arrive at Appointment Time	90.0%	88.3%	(variance icon)	F
PTS - Journeys < 120Mins	90.0%	99.4%	(variance icon)	P
PTS - Same Month Last Year		1.1%		
PTS - Increase - Previous Month		-0.1%		
PTS - Demand (Journeys)		80,302	(variance icon)	?

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Total Activity continues to be high. 80,302 journeys were operated in March including aborts and escorts.   Demand from recent months fall in line with levels seen in 2019-20 before the Covid pandemic (note – now includes Hull and North Lincs activity).

2023-24 saw 926,374 journeys undertaken, a 4.4% increase from 2022-23. Delivered Journeys for the year fell in line with expected demand from the Annual Business Plan, being -0.4% below forecast.

Call Performance continues to see improvements each month. In March 88.7% of calls were answered in 180 seconds, the highest service level achieved since January 2022. Higher staffing levels are having a positive impact on performance.   An extra 13.1 FTE was scheduled in March compared to the beginning of the financial year.

The YTD Calls Answered in 180 Seconds KPI ended 2023-24 at 51.6%, a 14.6% increase to 2022-23. Performance will continue to see results similar to recent months, only if funding can be identified in the business planning rounds to sustain these levels into 2024-25.

Pre-Planned Outwards Performance has been on an upward trend since the beginning of the financial year. March saw the highest service level achieved since January 2022 with 92.2% of patients being picked up within 90 minutes.   Short Notice Outwards Performance saw a 2.0% decrease in March, however, remains high compared to levels seen in previous months.   The dedicated discharge desks continue to help improve performance and efficiencies. Additional discharge capacity introduced in November 2023 will cease at the end of March 2024; anticipation performance reduction impact is being managed in across all areas.

Workforce Summary

Key KPIs

Name	Mar-23	Feb-24	Mar-24
Turnover (FTE) %	11.0%	10.4%	10.4%
Vacancy Rate %	14.2%	11.9%	12.0%
Apprentice %	8.7%	9.1%	9.3%
BME %	6.1%	6.8%	7.1%
Disabled %	5.7%	7.4%	7.6%
Sickness - Total % (T-5%)	7.2%	6.9%	6.5%
PDR / Staff Appraisals % (T-90%)	71.6%	71.9%	73.7%
Stat & Mand Training (Fire & IG) 1Y	92.3%	91.0%	90.4%
Stat & Mand Training (Core) 3Y	94.6%	97.1%	97.2%
Stat & Mand Training (Face to Face)	82.3%	87.4%	88.1%
Stat & Mand Training (Safeguarding L2 +)	96.7%	92.4%	92.1%

YAS Commentary

FTE, Turnover, Vacancies and BME – Compared to February 2024, the Turnover and Vacancy rate have remained consistent. In comparison to the same month last year (March 2023) the Turnover & Vacancy rate have both improved. Both vacancies and turnover remain high for IUC with 38.8% and 33.5% respectively (Note: IUC figures are for those employed staff leaving the Trust only). The work to implement the IUC case for change is progressing with staff consultation approaching completion. The numbers of BME and staff living with disabilities is steadily improving i.e. BME has increased by 1% since last March. Note: The vacancy rate shown is based on the budget position against current FTE establishment with some vacancies being covered by planned overtime or bank.
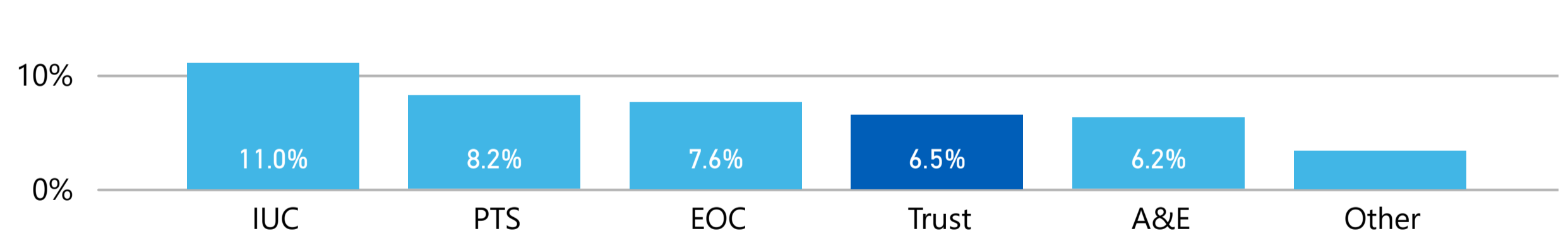
Sickness – Sickness has improved from the previous month by 0.4 percentage points from 6.9% to 6.5%. A sub-group of the Organisational Efficiency Group is working to actively reduce absence through a review of absence management processes, workplace adjustments, MSK/injuries at work. The People & Culture Group receives updates on this work. The new Supporting Attendance policy has been approved with an implementation process being reviewed by the Absence Group. Each service line will be devising a service specific absence reduction plan.

PDR / Appraisals – The overall compliance rate has improved compared to February 2024. Except for 'Other' all areas have seen improvements. IUC is the highest performing area (84.7%). Targeted support is being provided to areas with lower compliance in addition to the Trust-wide update workshops on how to conduct quality appraisals and career conversations. The requirement for all senior leaders (Band 8a and above) to have an appraisal in April-Jun 2024 has been implemented. The Compliance Dashboard continues to be promoted and is accessible to all managers.
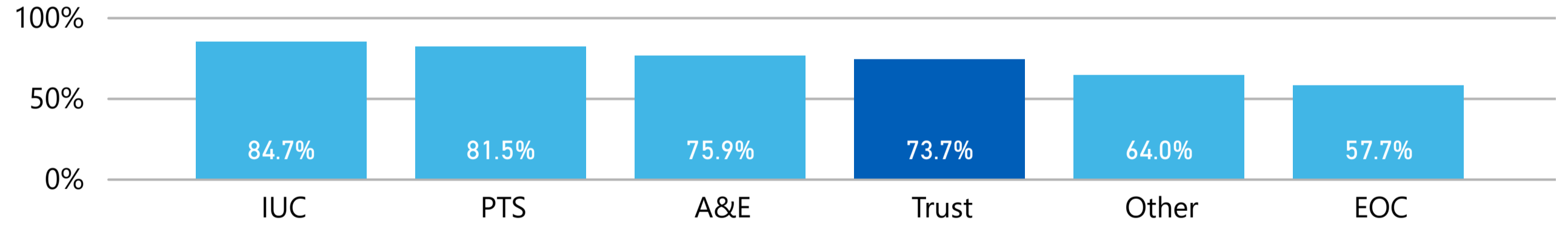
Statutory and Mandatory Training – At Trust level, 3 out of 4 training measures are compliant (90%+). Information Governance compliance rates continue to decline with A&E and EOC both dropping below 90%. Overall, the Trust remains over 90% overall as this is coupled with Fire Safety on a 2-year refresh. IG is an area of focus in the targeted monthly messages to Managers when promoting the Compliance Dashboard. The face-to-face training compliance continues to increase, exceeding the year 2 recovery plan target of 80%.

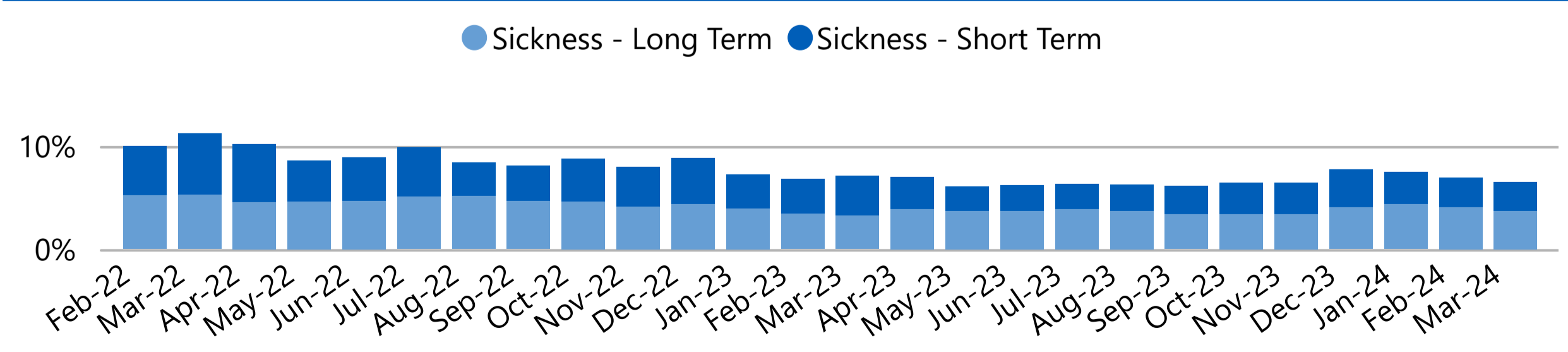**Assurance: All data displayed has been checked and verified**

Sickness Benchmark for Last Month (Trust)

IUC	PTS	EOC	Trust	A&E	Other
11.0%	8.2%	7.6%	6.5%	6.2%	

PDR Benchmark for Last Month (Trust)

IUC	PTS	A&E	Trust	Other	EOC
84.7%	81.5%	75.9%	73.7%	64.0%	57.7%

Sickness

Legend: Sickness - Long Term, Sickness - Short Term

(Monthly bar chart Feb-22 through Mar-24)

PDR - Target 90%

49.3%, 53.1%, 59.7%, 66.5%, 69.4%, 72.4%, 71.5%, 71.4%, 72.0%, 73.1%, 71.1%, 73.7%

(Line chart Feb-22 through Mar-24)
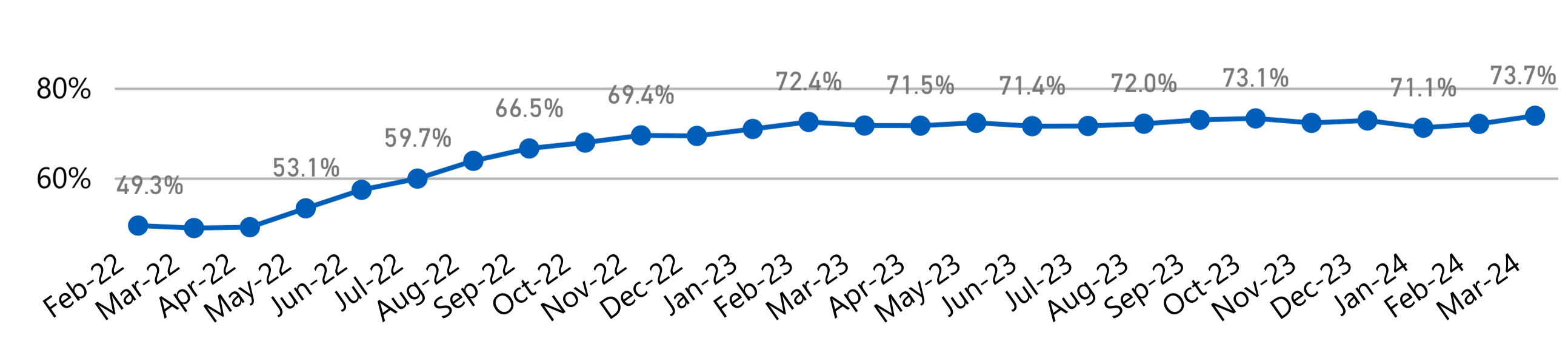
YAS Finance Summary (Director Responsible Kathryn Vause) - March 24

Overview - Unaudited Position

Overall

The Trust has a year end surplus position at month 12 of £0.05m as shown above. The position has moved over the year as a result of slippage and Phasing of expenditure into the later part of the year. Technical adjustments around provisions, stock takes, revaluation of assets and capital charges are all factored into the year end position along with the Clinical supervisor back pay which has been transacted over Qtr 4 of the financial year.

Capital

The outturn expenditure is in line with forecasts provided in the last quarter of the year.

Cash

As at the end of March, the Trust had £60.1m 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	£50	£50
Cash	£65,750	£60,141	-£5,609
Capital	£15,194	£16,678	£1,484

Monthly View (£000s)

Indicator Name ▼	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03
Surplus/ (Deficit)	£0	£485	£6,015	£800	£1,200	-£1,605	-£513	-£1,195	-£2,370	-£2,767
Cash	£76,347	£75,413	£77,377	£78,100	£80,280	£79,769	£68,668	£67,934	£68,061	£60,141
Capital	£258	£0	£175	£76	£574	£2,873	£368	£214	£644	£11,287

Patient Demand Summary

NHS
Yorkshire
Ambulance Service
NHS Trust

Demand Summary

| Indicator	Mar-23	Feb-24	Mar-24
999 - Incidents (HT+STR+STC)	65,668	71,739	76,469
999 - Calls Answered	86,077	83,914	87,357
IUC - Calls Answered	135,271	128,544	146,542
IUC - Calls Answered vs. Ceiling %	-19.8%	-15.9%	-12.4%
PTS - Demand (Journeys)	79,408	80,375	80,302
PTS - Increase - Previous Month	15.1%	-2.9%	1.1%
PTS - Same Month Last Year	1.6%	15.9%	1.8%
PTS - Calls Answered	29,697	42,393	37,211

Commentary

999 - On scene response demand was 0.9% above forecasted figures for March. All response demand (HT + STR + STC) was 16.4% higher than March 2023. This is in part due to changes made in December to the recording of Hear & Treat incidents, whereby more Cat5 incidents are transferred to IUC and closed as H&T when they would previously have been closed as no response and not be counted as an incident.

IUC - YAS received 160,822 calls in March, 1.9% below the annual business plan baseline demand. 146,542 (91.1%) of these were answered, 0.4% above last month and 5.2% above the same month last year.

PTS - PTS Total Activity continues to be high. 80,302 journeys were operated in March including aborts and escorts.   Demand from recent months fall in line with levels seen in 2019-20 before the Covid pandemic (note – now includes Hull and North Lincs activity).

Overall Calls and Demand

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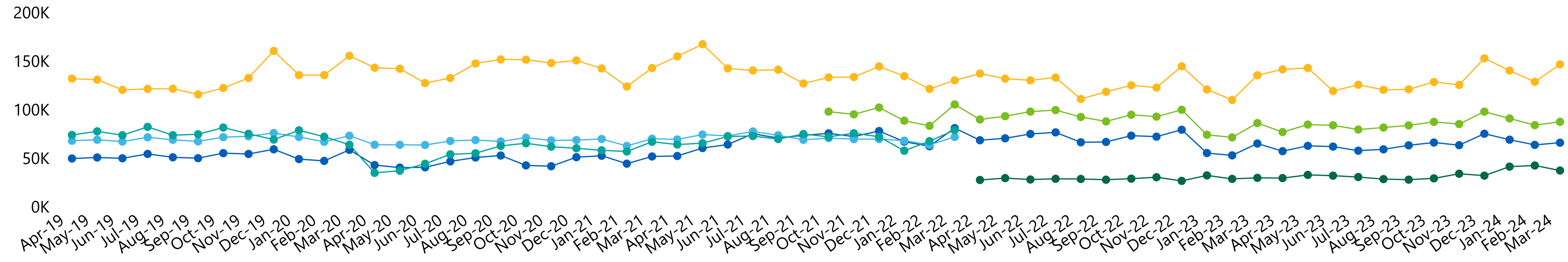
999 and IUC Historic Demand

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

NHS
Yorkshire Ambulance Service
NHS Trust

999 Historic Call Demand

- - - Calls Forecast — Calls Offered — Calls Abandoned
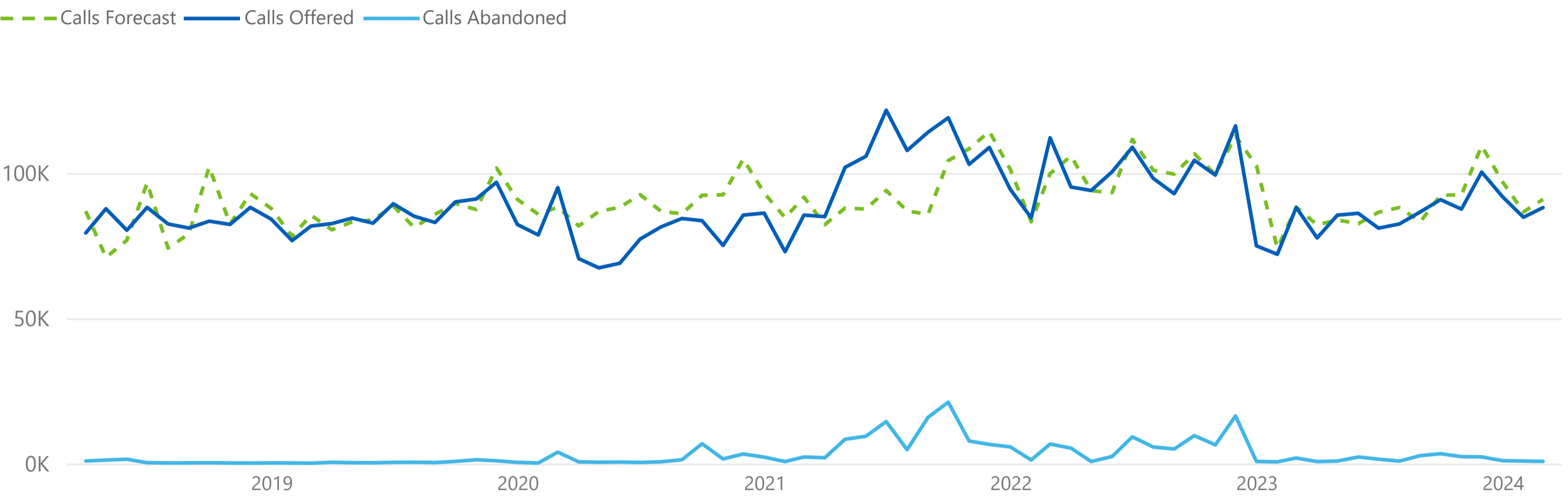
999

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 2024, there were 88,124 calls offered which was 3.2% below forecast, with 87,357 calls answered and 767 calls abandoned (0.9%). There were 3.9% more calls offered compared with the previous month and 0.1% 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 11.8% reduction in abandoned calls compared with the previous month.

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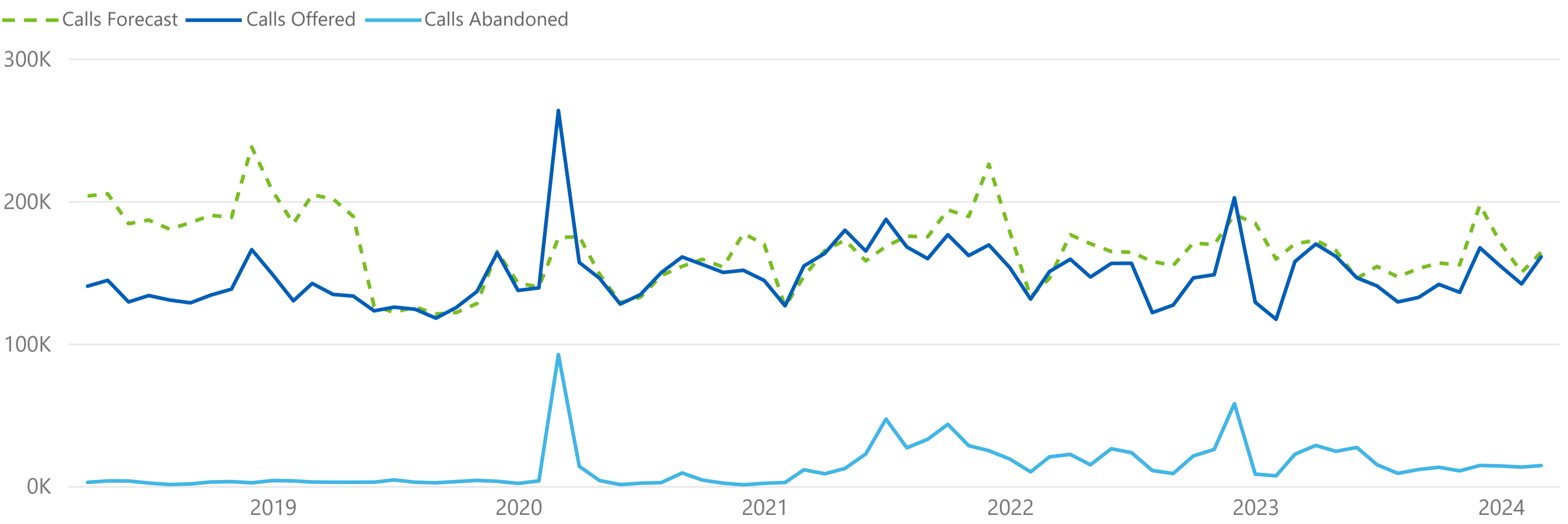
- - - Calls Forecast — Calls Offered — Calls Abandoned

IUC

YAS received 160,822 calls in March, 1.9% below the annual business plan baseline demand. 146,542 (91.1%) of these were answered, 0.4% above last month and 5.2% above the same month last year.
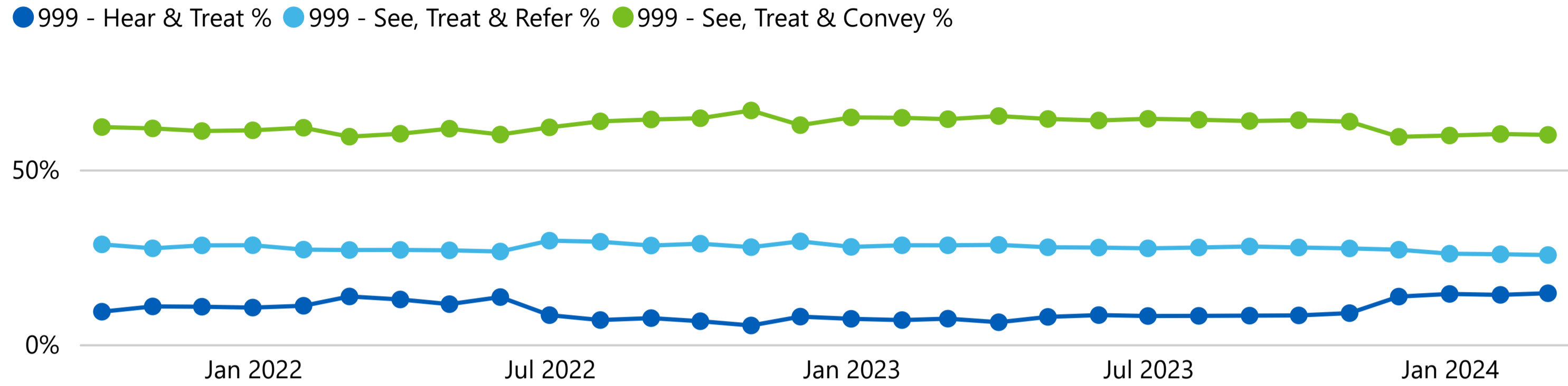
Calls abandoned decreased to 8.9% from 9.3% last month and was 5.2% below last year.

Patient Outcomes Summary

Outcomes Summary

ShortName	Mar-23	Feb-24	Mar-24
999 - Incidents (HT+STR+STC)	65,668	71,739	76,469
999 - Hear & Treat %	7.3%	14.1%	14.6%
999 - See, Treat & Refer %	28.3%	25.7%	25.5%
999 - See, Treat & Convey %	64.4%	60.1%	59.9%
999 - Conveyance to ED %	57.5%	53.8%	53.5%
999 - Conveyance to Non ED %	6.9%	6.3%	6.3%
IUC - Calls Triaged	126,603	125,324	142,987
IUC - ED %	15.3%	15.4%	14.7%
IUC - Ambulance %	11.3%	12.7%	12.2%
IUC - Selfcare %	4.2%	4.1%	4.0%
IUC - Other Outcome %	12.6%	16.3%	14.9%
IUC - Primary Care %	53.0%	50.5%	53.2%
PTS - Demand (Journeys)	79,408	80,375	80,302

999 Outcomes

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

IUC Outcomes

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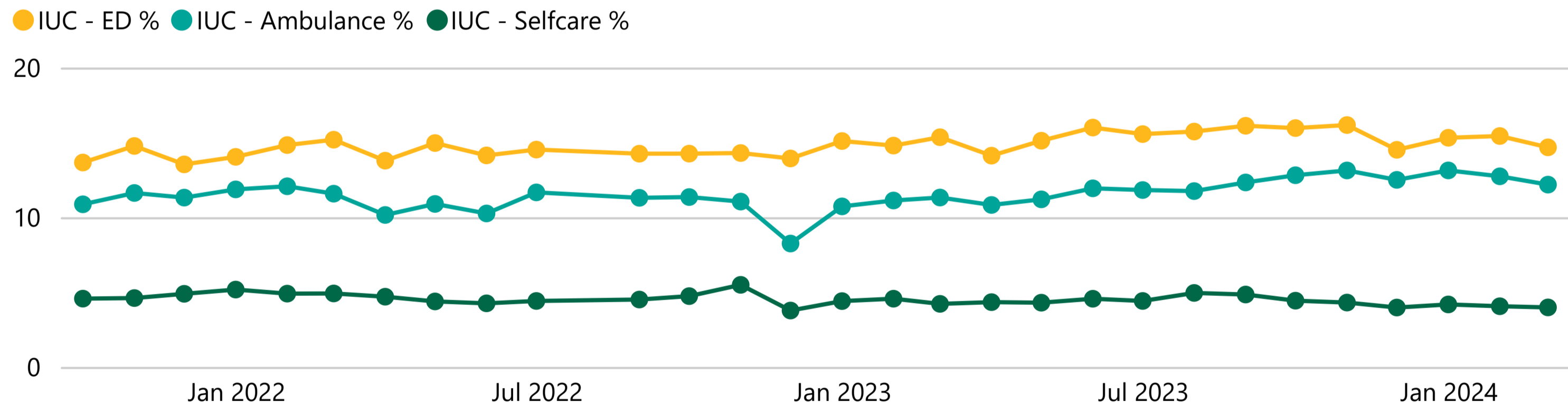
Commentary

999 - Comparing incident outcome proportions within 999 for March 2024 against March 2023, the proportion of hear & treat increased by 7.3%, see treat & refer decreased by 2.8% and see treat & convey decreased by 4.5%. The proportion of incidents with conveyance to ED decreased by 4.0% from March 2023 and the proportion of incidents conveyed to non-ED decreased by 0.5%. Please note that changes mentioned above around the recording of H&T incidents means that there has been a relative increase in the proportion of H&T incidents and a decrease in on scene responses because of this.

IUC - The proportion of callers given an Ambulance outcome was 12.2%, with Primary Care outcomes at 53.2%. The proportion of callers given an ED outcome was 14.7%. The percentage of ED outcomes where a patient was referred to a UTC was 8.7%, 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.

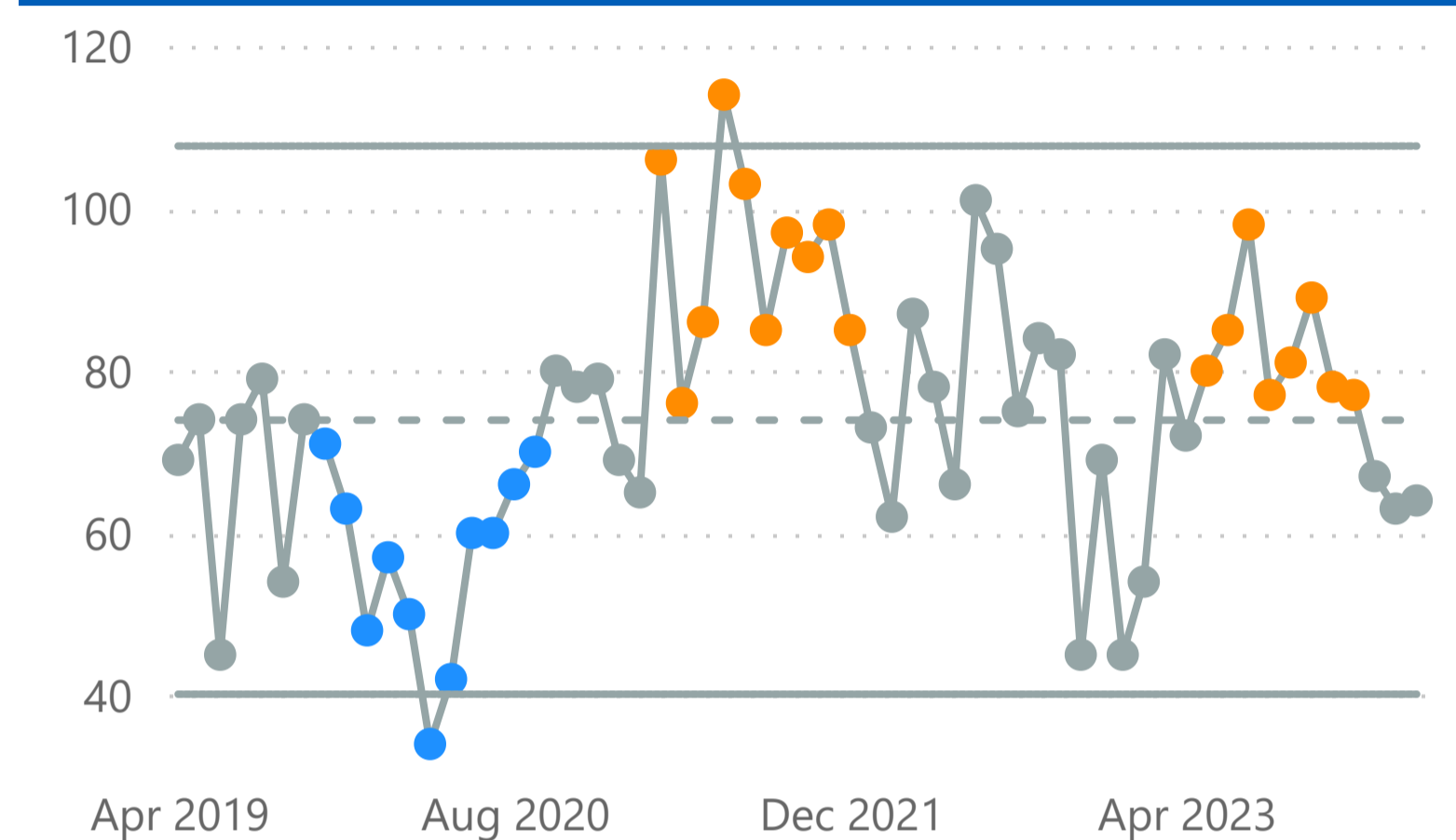# Patient Experience (Director Responsible - Dave Green)

NHS Yorkshire Ambulance Service NHS Trust

Patient Relations

Indicator	Mar-23	Feb-24	Mar-24
Service to Service	81	67	63
Concern	27	38	56
Compliment	120	112	112
Complaint	82	63	64

Complaint

Compliment
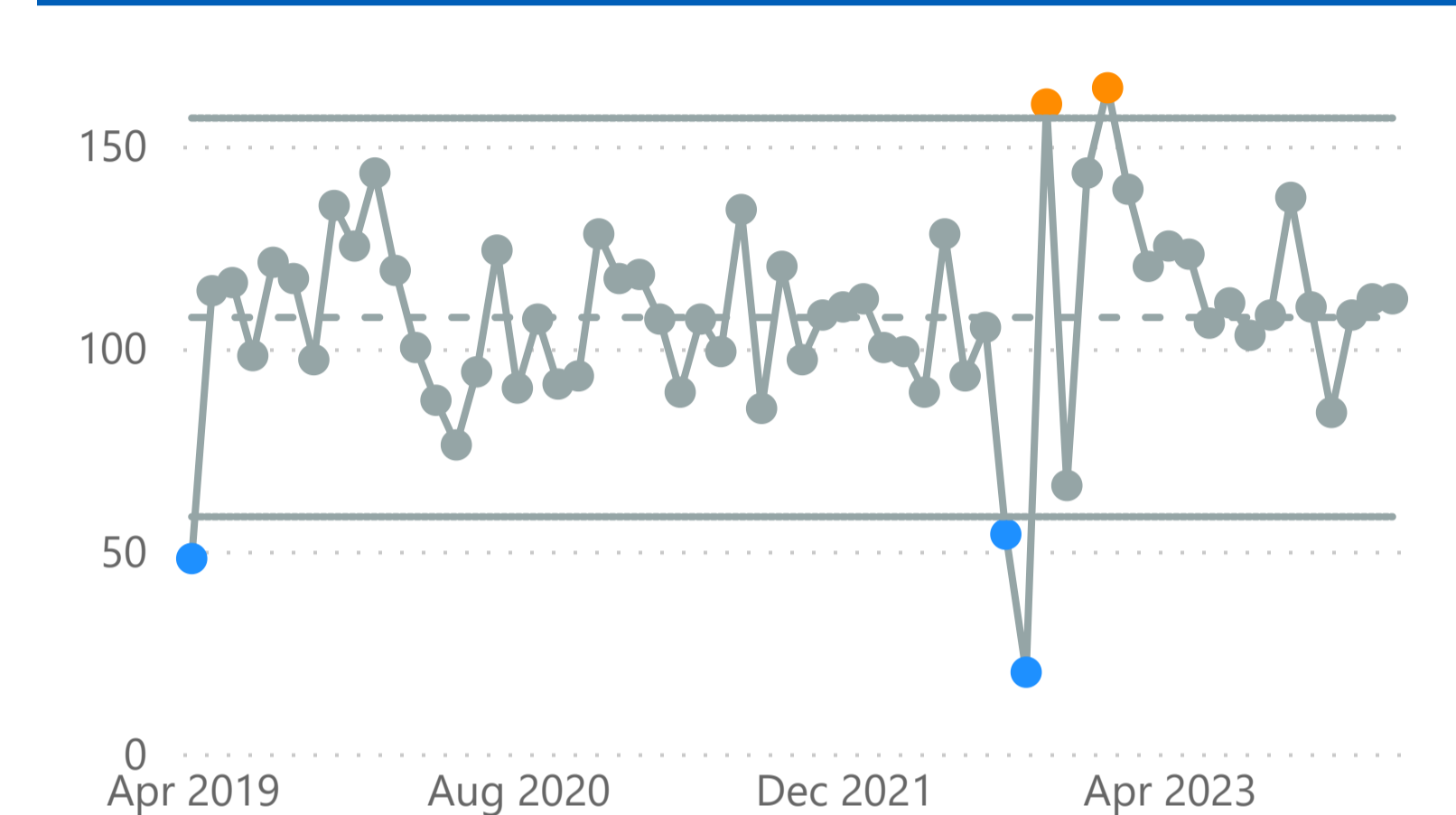
YAS Comments

Although YAS as a whole has seen very little change in the volume of 4Cs received in the month, there have been variations amongst the services. IUC has seen increases across all case types with Service to Service increasing by 24 compared to last month. YAS are currently reviewing and updating our complaints handling processes and will be developing new reports to supplement this.

Concern
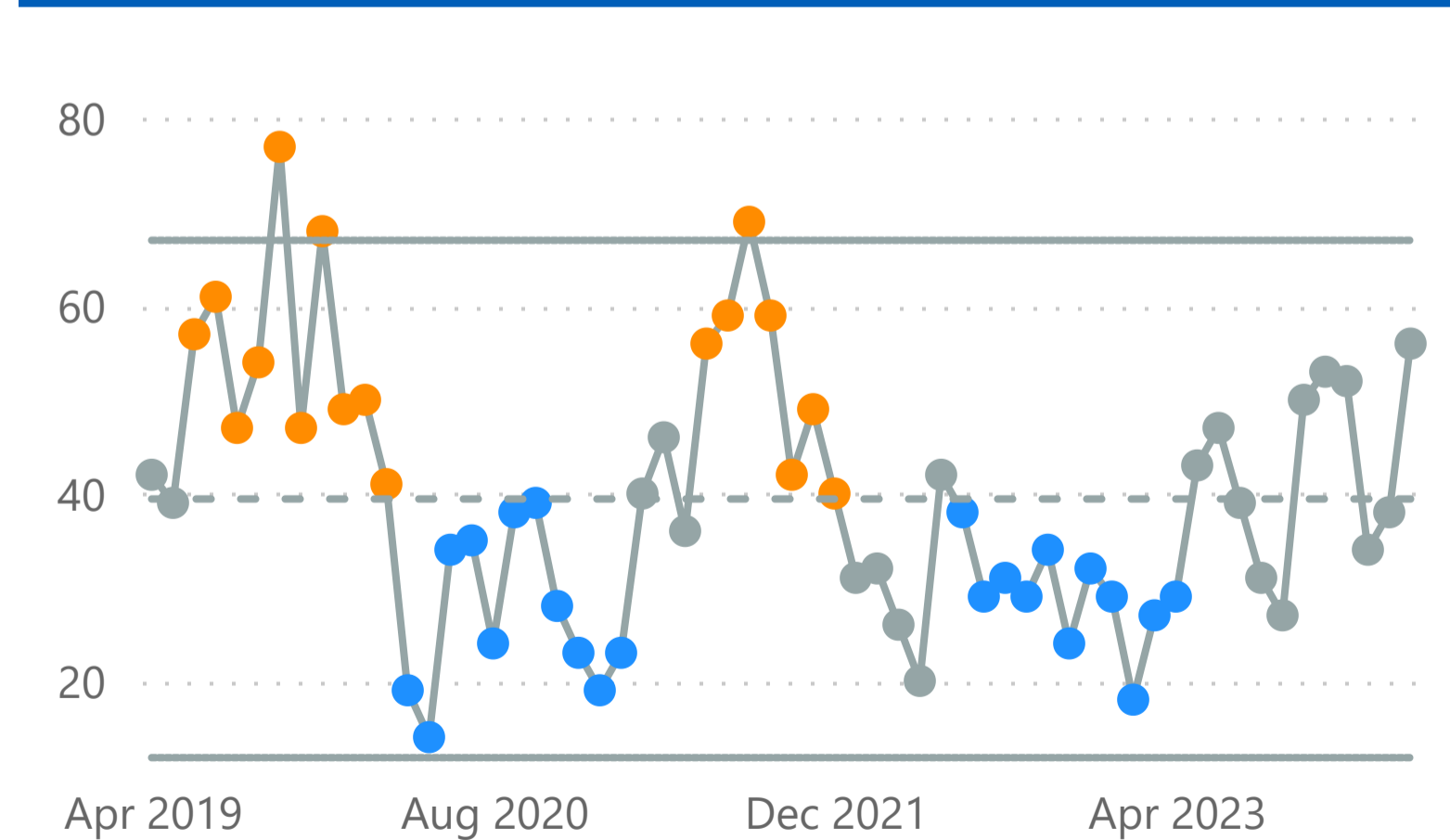
Service to Service

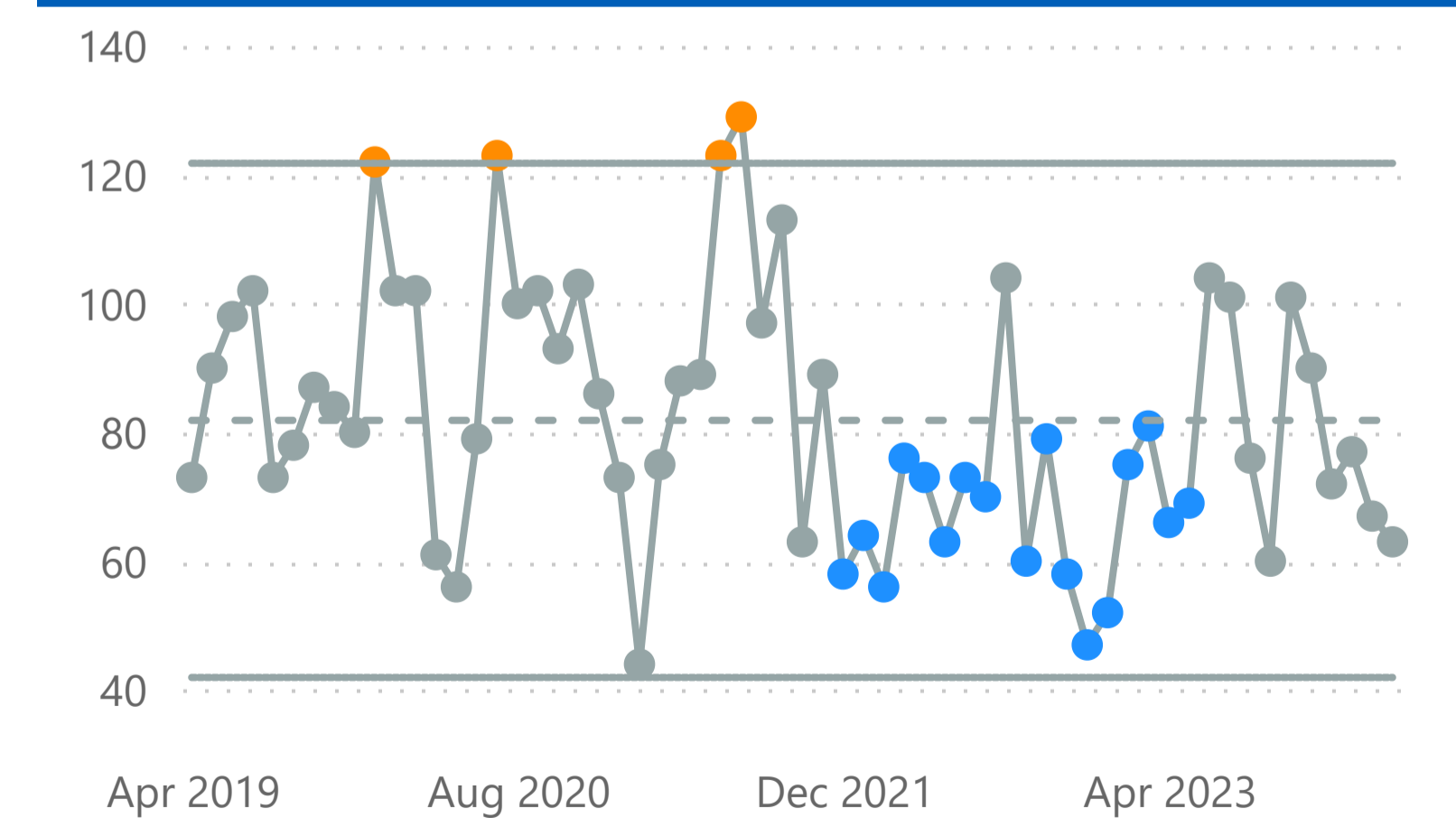# Patient Safety - Quality (Director Responsible - Dave Green)

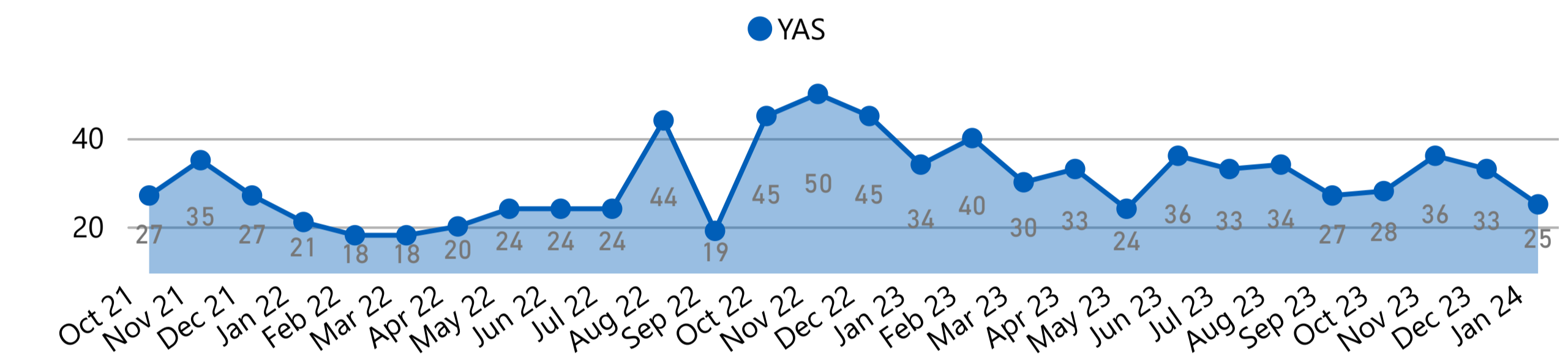**NHS Yorkshire Ambulance Service NHS Trust**

Incidents

Indicator	Mar-23	Feb-24	Mar-24
All Incidents Reported	819	880	865
Number of duty of candour contacts	42	7	11
Number of RIDDORs Submitted	10	1	3

	Jan 23	Dec 23	Jan 24
Moderate & Above Harm (verified)	34	33	25
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	8	10	4

Hygiene

Indicator	Mar-23	Feb-24	Mar-24
% Compliance with Hand Hygiene	88.0%	91.9%	99.4%
% Compliance with Premise	87.0%	95.0%	94.3%
% Compliance with Vehicle	85.0%	98.2%	95.6%

Incidents - Verified Moderate and Above Harm

YAS

Oct 21: 27, Nov 21: 35, Dec 21: 27, Jan 22: 21, Feb 22: 18, Mar 22: 18, Apr 22: 20, May 22: 24, Jun 22: 24, Jul 22: 24, Aug 22: 44, Sep 22: 19, Oct 22: 45, Nov 22: 50, Dec 22: 45, Jan 23: 34, Feb 23: 40, Mar 23: 30, Apr 23: 33, May 23: 24, Jun 23: 36, Jul 23: 33, Aug 23: 34, Sep 23: 27, Oct 23: 28, Nov 23: 36, Dec 23: 33, Jan 24: 25

Safeguarding

Indicator	Mar-23	Feb-24	Mar-24
Domestic Homicide Review (DHR)	3	2	2
Safeguarding Adult Review (SAR)	5	5	8
Child Safeguarding Practice Review/Rapid Review (CSPR/RR)	8	3	1
Child Death	19	12	16

A&E Long Responses

Indicator	Mar-23	Feb-24	Mar-24
999 - C1 Responses > 15 Mins	921	772	839
999 - C2 Responses > 80 Mins	3,712	2,529	2,556

YAS Comments

Domestic Homicide Reviews (DHR) – Two requests for information in relation to a DHR were received in March. Both cases were in relation to a death by suicide following a period of domestic abuse.

Safeguarding Adult Review (SAR) – Eight requests for information in relation to SAR's were received in March. This is a significant increase on the previous month. Self-neglect, hoarding and concerns in the level of care provided by family/external care providers were themes seen in these cases.

Child Safeguarding Practice Review / Rapid Review (CSPR/RR) – the team contributed information in relation to 1 Rapid Reviews in March. This was in relation to a child found to have sustained a suspected non-accidental injury whilst in the care of an adult.

Child death - The Safeguarding team contributed information in relation to 16 children who died in March. Prominent themes included sudden infant death, complex medical conditions, road traffic collisions and premature birth.

Patient Clinical Effectiveness (Director Responsible - Dr. Julian Mark)

Cardiac Arrest

No. Cardiac Arrests Dec-23	Bystander CPR Dec-23	ROSC Dec-23	ROSC Care Bundle Dec-23	Survival to Discharge Dec-23	Cardiac Survivors Dec-23
361	62.6%	39.1%	74.0%	7.8%	20

Stroke

No. of Patients Dec-23	Avg Call to Door Minutes Dec-23	Care Bundle Compliance Nov-23
475	47	91.8%

Heart Attack

No. of Patients Jul-23	Avg Call to Door Minutes Aug-23	Care Bundle Compliance Jul-23
158	145	70.0%

Cardiac Arrest - The number of cardiac arrests is showing seasonal variation with peaks in winter - clinical analysis demonstrates this is predominately due to a rise in respiratory conditions leading to cardiac arrest. Further work needs to be undertaken to understand the impact of health inequalities on the epidemiology of cardiac arrest and outcomes. In December the survival to discharge rate was 7.8% resulting in 20 people surviving to discharge. Improvement is still required to meet the national average and a resuscitation improvement plan has been approved at Clinical Governance Group. The community response to cardiac arrest remains critical to saving lives - Bystander CPR and use of an AED increase the chances of survival by two to four-fold and a critical part of improving survival from cardiac arrest. Alongside the continuous improvement work of the community resilience team, the YAS Resuscitation Plan is prioritising the deployment of GoodSAM responder to improve the quantity and quality of bystander CPR, along with campaigns such as 'Restart a Heart' in schools to raise awareness. The plan also includes improvements to training in resuscitation for our clinical teams including the achievement of YAS as Resuscitation Council UK Advanced Life Support provider centre.

Stroke Care - Stroke care is good but call to door time and call to door time has reduced to 47 Minutes - category 2 improvement plans have been submitted by the 3 ICBs with internal work on workforce and fleet, supported by category 2 segmentation. Engagement work has commenced with the integrated stroke delivery networks on improving access to thrombectomy including the further rollout of stroke video assisted triage in South Yorkshire and Humber and North Yorkshire ICB footprints.

Heart Attack Care - Care bundle compliance is showing some improvement but gaps still exist around analgesia administration - further developments in the AmbCO measures will align with standard practice and work in ongoing to develop an individual performance dashboard to support continuing professional development.
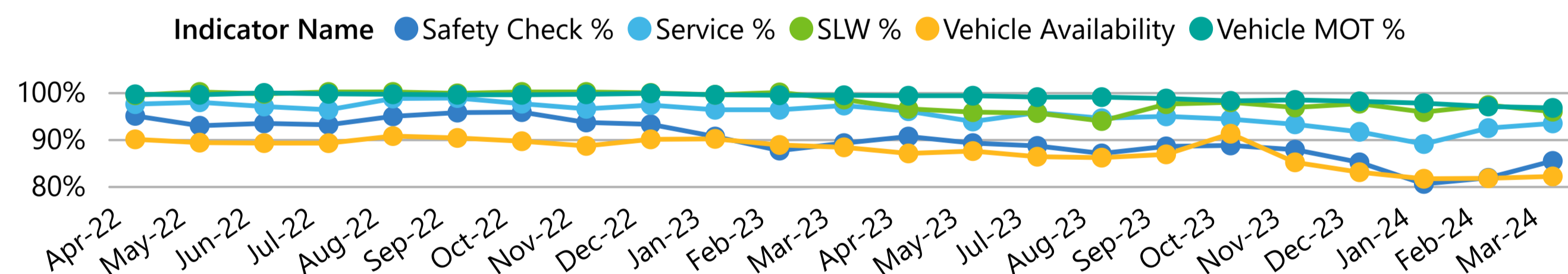
Fleet and Estates

Estates

Indicator	Mar-23	Feb-24	Mar-24
P1 Emergency (<2Hrs) – Attendance		100.0%	100.0%
P1 Emergency (<24 Hrs) - Completed			100.0%
P2 Emergency (<4 Hrs) - Attendance	83.0%	93.0%	91.2%
P2 Emergency (<24 Hrs) – Completed	81.1%	73.7%	70.6%
P3 Non Emergency (<24Hrs) - Attendance	76.5%	85.5%	85.5%
P3 Non Emergency (<72 Hrs) – Completed	70.6%	71.8%	73.9%
P4 Non Emergency (<2 Working Days) - Attendance	84.9%	88.8%	86.7%
P4 Non Emergency (<14 Days) – Completed	81.1%	75.7%	73.3%
P6 Non Emergency (<2 Weeks) - Attendance	67.4%	76.2%	81.6%
P6 Non Emergency (4 Weeks) - Completed	58.7%	69.8%	67.4%
P5 Non Emergency - Logged to Wrong Category		75.0%	
Planned Maintenance Complete	95.3%	92.0%	94.0%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 278 jobs for the month of March. This is slightly lower than the representative average of 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 21 requests followed by HART at 14 and Elm Bank at 11 requests for reactive works. SLA figures are average with an overall attendance KPI at 87% however, completion KPI is significantly lower than usual at 71%.

The other categories aside the P1 & P2 emergency works are - P3 attend within 24 hours and P4 which is attend within 2 days. The P3 category accounts for just a quarter of request with attendance KPI at 86% against a target of 98%. P4 category also account for a quarter of requests with attendance KPI at 87% against a target of 90%. Planned Maintenance activity on the Estate carried out by our service provider to attended to Statutory, mandatory and routine maintenance is recorded at 97% for March with a completion of 94%.
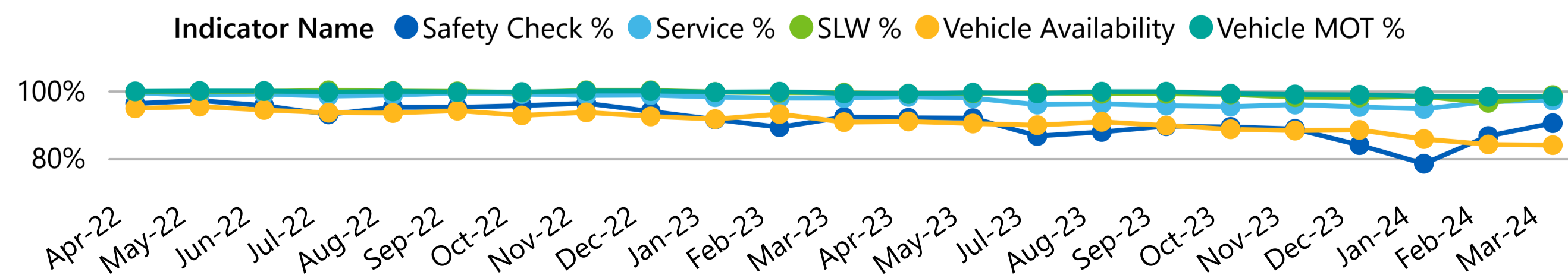
999 Fleet

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

PTS Fleet

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

999 Fleet Age

IndicatorName	Mar-23	Feb-24	Mar-24
Vehicle age +7	16.0%	17.8%	19.3%
Vehicle age +10	1.4%	2.0%	2.0%

PTS Age

IndicatorName	Mar-23	Feb-24	Mar-24
Vehicle age +7	19.6%	28.0%	28.5%
Vehicle age +10	4.5%	4.8%	4.8%

Fleet Comments

A&E availability has stabilised with a small increase by 0.4pp to 82% in March this is due to the continued engine faults of the 2.3 litre Fiat Ducato. Although repair turnaround times are reducing the backlog is taking time to get through. Routine maintenance compliance has increased by 0.8pp to 92.8% overall. PTS routine maintenance compliance has also increased by 1.6pp to 96%, although availability has dropped by 0.2pp while this work is underway at 83.8%. Fleet continue to use all available resource to maximise vehicle availability and are working with operational colleagues to ensure rotas have the required vehicle availability. A&E age profile has increased as planned to accommodate for additional vehicles. The delivery of the 64 DCA is now complete with vehicle commissioning underway and 51 vehicles in service. PTS vehicles over 7 years and 10 years has remained stable in February, with vehicle replacements currently in production with the convertor with deliveries due to start in April.

Glossary - Indicator Descriptions (A&E)

A&E

mID	ShortName	IndicatorType	AQIDescription
AMB01	999 - Total Calls via Telephony (AQI)	int	Count of all calls answered.
AMB07	999 - Incidents (HT+STR+STC)	int	Count of all incidents.
AMB59	999 - C1 Responses > 15 Mins	int	Count of Cat 1 incidents with a response time greater than the 90th percentile target.
AMB60	999 - C2 Responses > 80 Mins	int	Count of Cat 2 incidents with a response time greater than 2 x the 90th percentile target.
AMB56	999 - Face to Face Incidents (STR + STC)	int	Count of incidents dealt with face to face.
AMB17	999 - Hear and Treat (HT)	int	Count of incidents not receiving a face-to-face response.
AMB53	999 - Conveyance to ED	int	Count of incidents with any patients transported to an Emergency Department (ED), including incidents where the department transported to is not specified.
AMB54	999 - Conveyance to Non ED	int	Count of incidents with any patients transported to any facility other than an Emergency Department.
AMB55	999 - See, Treat and Refer (STR)	int	Count of incidents with face-to-face response, but no patients transported.
AMB75	999 - Calls Abandoned	int	Number of calls abandoned
AMB74	999 - Calls Answered	int	Number of calls answered
AMB72	999 - Calls Expected	int	Number of calls expected
AMB76	999 - Duplicate Calls	int	Number of calls for the same issue
AMB73	999 - Calls Offered	int	Number of calls offered
AMB00	999 - Total Number of Calls	int	The count of all ambulance control room contacts.
AMB94	999 - Total lost handover time	int	The total lost handover time over 30 minutes
AMB90	999 - Total Hospital Lost Time (TA)	int	The total lost time for hospital turnarounds (time over 30 minutes)

Glossary - Indicator Descriptions (IUC and PTS)

mID	ShortName	IndicatorType	AQIDescription
IUC12	IUC - ED Validations %	percent	Proportion of calls initially given an ED disposition that are 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
PTS06	PTS - Answered < 180 Secs	percent	The percentage of calls answered within 180 seconds via the telephony system

Glossary - Indicator Descriptions (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	
QS50	Total Incidents	int	
QS51	Moderate or Above Harm	int	
QS52	IPC Incidents	int	
QS53	Medication Incidents	int	
QS54	A&E Delayed Response Incidents	int	
QS55	Patient Incidents	int	
QS56	Patient Incidents: Major or Catastrophic	int	
QS57	A&E Incidents	int	
QS58	EOC Incidents	int	
QS59	IUC Incidents	int	

Glossary - Indicator Descriptions (Workforce)

mID	ShortName	IndicatorType	AQIDescription
WF40	Essential Learning	percent	Essential Learning to Replace Bundles
WF39	Preventing Radicalisation - Basic Prevent Awareness - 3 Years	percent	Basic Prevent Awareness, formerly Prevent Awareness
WF38	Prevent Awareness | 3 Years	percent	Full Prevent Awareness, formerly Prevent WRAP
WF37	Fire Safety - 2 Years	percent	Percentage of staff with an in date competency in Fire Safety - 2 Years
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
WF13	Stat & Mand Training (Safeguarding L2 +)	percent	Percentage of staff with an in date competency for "Safeguarding Children Level 2" , "Safegua Adults Level 2" and "Prevent WRAP" as required by the competency requirements set in ESR
WF14	Stat & Mand Training (Face to Face)	percent	Percentage of staff with an in date competency for "Basic Life Support" , "Moving and Handlir Patients" and "Conflict Resolution" 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" , "Movin Handling Loads" , "Infection Control" , "Safeguarding Children Level 1" , "Safeguarding Adults 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 S & Awareness"
WF05	PDR / Staff Appraisals % (T-90%)	percent	Percentage of staff with an in date Personal Development Review, also known as an Appraisal
WF35	Special Leave	percent	Special Leave (eg: Carers leave, compassionate leave) as a percentage of FTE days in the perio
WF07	Sickness - Total % (T-5%)	percent	All Sickness as a percentage of FTE days in the period
WF16	Disabled %	percent	The percentage of staff who identify as being disabled
WF02	BME %	percent	The percentage of staff who identify as belonging to a Black or Minority Ethnic background
WF17	Apprentice %	percent	The percentage of staff who are on an apprenticeship

Glossary - Indicator Descriptions (Clinical)

mID	ShortName	IndicatorType	Description
CLN52	Falls Conveyance Rate	percent	Falls Conveyance Rate
CLN51	Falls Care Bundle Compliance	percent	Falls Care Bundle Compliance
CLN50	Number of Fall Patients	int	Number of Fall Patients
CLN49	STEMI Care Bundle Compliance	percent	Heart Attack Care Bundle Compliance
CLN48	Average Time From Call to Catheter Insertion For Angiography (STEMI)	int	Average Heart Attack Call to Door Minutes
CLN47	Average Stroke On Scene Time Minutes	int	Average Stroke On Scene Time Minutes
CLN46	Cardiac ROSC Care Bundle	percent	Cardiac ROSC Care Bundle
CLN45	Bystander CPR	percent	Bystander CPR
CLN44	Number of Cardiac Arrests	int	Number of Cardiac Arrests
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
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.
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.

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
EST10	Planned Maintenance Complete	percent	Planned maintenance completion compliance
EST15	P5 Non Emergency - Logged to Wrong Category	percent	P5 Non Emergency - Logged to Wrong Category
EST14	P6 Non Emergency (4 Weeks) - Completed	percent	P6 Non Emergency - Complete within 4 weeks
EST13	P6 Non Emergency (<2 Weeks) - Attendance	percent	P6 Non Emergency - Attend within 2 weeks
EST05	Planned Maintenance Attendance	percent	Average attendance compliance across all calls
EST09	All calls (Completion) - average	percent	Average completion compliance across all calls
EST04	All calls (Attendance) - average	percent	All calls (Attendance) - average
EST08	P4 Non Emergency (<14 Days) – Completed	percent	P4 Non Emergency completed within 14 working days compliance
EST03	P4 Non Emergency (<2 Working Days) - Attendance	percent	P4 Non Emergency attended within 2 working days compliance
EST07	P3 Non Emergency (<72 Hrs) – Completed	percent	P3 Non Emergency completed within 72 hours compliance
EST02	P3 Non Emergency (<24Hrs) - Attendance	percent	P3 Non Emergency attended within 24 hours compliance
EST12	P2 Emergency (<24 Hrs) – Completed	percent	P2 Emergency – Complete within 24 hrs compliance
EST11	P2 Emergency (<4 Hrs) - Attendance	percent	P2 Emergency – attend within 4 hrs compliance
EST06	P1 Emergency (<24 Hrs) - Completed	percent	P1 Emergency completed within 24 hours compliance
EST01	P1 Emergency (<2Hrs) – Attendance	percent	P1 Emergency attended within 2 hours compliance