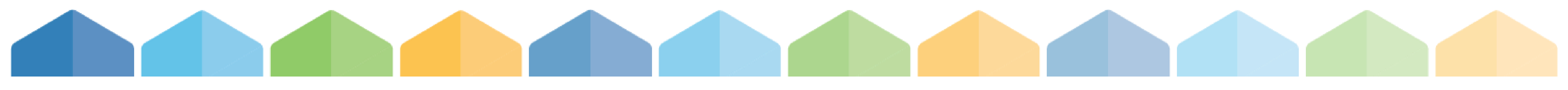# Integrated Performance Report

May 2023

Published 22 June 2023

Icon Guide

Exceptions, Variation and Assurance

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

Variation			Assurance		
Common cause

No significant change | Special cause of concerning nature or **higher** pressure due to (H)igh or (L)ow values | Special cause of improving nature or **lower** pressure due to (H)igh or (L)ow values | Variation indicates inconsistently passing or falling short of target | Variation indicates consistently (F)alling short of target | Variation indicates consistently (P)assing target |

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

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

Table of Contents

Strategy, Ambitions & Key Priorities

One Team, Best Care

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

with our core values embedded in all we do

One Team · Innovation · Resilience · Empowerment · Integrity · Compassion

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

Our Ambition for 2023 is that

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

Delivery is directly supported by a range of enabling strategies

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

Our Ambitions for 2023

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

Our Key Priorities

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

TEG+ Overview

NHS Yorkshire Ambulance Service NHS Trust

May 2023 - Assurance Updates @ TEG+ 2023/24

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

Overall YAS Portfolio Status - AMBER

Overall DELIVERY (TCQ) Status - AMBER				Overall BENEFITS Status - AMBER				
16 GREEN	15 AMBER	2 RED	1 PAUSED	11 GREEN	15 AMBER	0 RED	7 Not Known	1 PAUSED

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 | Delivery ↔ Benefits ↔ — PJ
- Occupational Health Model — OVERALL STATUS | Delivery ↔ Benefits ↑ — PJ

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

- Deliver and embed the year 1 priorities for 'YAS Together' supported by Moorhouse — OVERALL STATUS ↑ | Delivery ↑ Benefits ↑ — PJ
- Operating Model incorporating Accountability Framework — OVERALL STATUS ↔ | Delivery ↔ Benefits ↔ — PJ

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

- Bodyworn Camera Pilot — OVERALL STATUS | Delivery ↔ Benefits ↔

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 ↔ | Delivery ↔ Benefits NK
- Rotational Paramedics — Close to BAU 2023/24 — OVERALL STATUS ↔ | Delivery ↔ Benefits ↔
- Yorkshire Air Ambulance Review — OVERALL STATUS ↔ | Delivery ↔ Benefits NK — B
- Mass Communications Tool — OVERALL STATUS ↑ | Delivery ↑ Benefits ↔
- Enhancement to Career Pathway — Close Jun 2023 — OVERALL STATUS ↔ | Delivery ↔ Benefits NK
- Phase 2 – Post Registration Paramedic Career Pathway (SP/AP) Close Jun 2023 — OVERALL STATUS ↔ | Delivery ↔ Benefits NK
- EOC Bus Continuity Imps (Fairfields) Close Jul 2023 — OVERALL STATUS ↓ | Delivery ↓ Benefits ↔ — PJ

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

- Mental Health Programme — OVERALL STATUS ↔ | Delivery ↔ Benefits ↔ — PG

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

- NEPTS Programme — NEW pending Approval — OVERALL STATUS Pause | Delivery Pause ↔ Benefits Pause ↔ — PG

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

- IUC Improvements Programme — OVERALL STATUS ↔ | Delivery ↔ Benefits ↔ — PG
- 1. Operational Team Leaders (Apprenticeships) — Delivery ↔ Benefits ↔ — PJ
- 2. Rota Review (ORH) — Delivery ↔ Benefits ↔ — PJ
- 3. Clinical Career Pathway IUC — Delivery ↔ Benefits ↔ — PJ
- 4. Homeworking (transition to BAU) — Delivery ↔ Benefits ↔ — PJ

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

- NHS Charities Together-Vol. Schemes — OVERALL STATUS ↔ | Delivery ↔ Benefits ↔ — PJ

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

- Priority Patient Pathways & Safer Right Care — OVERALL STATUS ↔ | Delivery ↔ Benefits NK — PJ
- Stroke Video Triage Pilot — Close Jul 2023 — OVERALL STATUS ↔ | Delivery ↔ Benefits NK — PJ

Our places — Agile Operations

Overall Status (Green)	DELIVERY	BENEFITS
	7 GREEN	7 GREEN
	1 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 ↔ | Delivery ↔ Benefits ↔ — PJ
- Logistics Hub — OVERALL STATUS ↔ | Delivery ↔ Benefits ↔ — PG
- Asset Management System — OVERALL STATUS ↔ | Delivery ↔ Benefits ↔ — PJ
- Pre-Packed POM Pouches — OVERALL STATUS ↔ | Delivery ↔ Benefits ↔ — PJ
- Hub & Spoke and AVP — OVERALL STATUS ↔ | Delivery ↔ Benefits ↔ — PJ
- Scarborough Cluster AVP Station — OVERALL STATUS ↔ | Delivery ↔ Benefits ↔ — PJ
- Hull Hub & Spoke — OVERALL STATUS ↔ | Delivery ↔ Benefits ↔ — PJ
- Hybrid / Agile Working — OVERALL STATUS ↔ | Delivery ↔ Benefits ↔ — PJ

Digital Enablers

Overall Status (Green)	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 | Delivery ↔ Benefits ↔ — PG
- ESMCP-Mobile Data Vehicle Solution — OVERALL STATUS | Delivery ↔ Benefits ↔ — PJ

Northern Ambulance Alliance

Overall Status (Amber)	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 ↑ | Delivery ↑ Benefits ↔ — PJ
- Robotic Process Automation — OVERALL STATUS | Delivery ↔ Benefits ↔ — 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 Based Working	F
ESMCP Control Room Solution	F
Case Management	F
Green Strategy Programme	F

999 IPR Key Exceptions - May 23

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:12		
999 - Answer 95th Percentile		00:01:27		
999 - C1 Mean (T <7Mins)	00:07:00	00:08:21		F
999 - C1 90th (T <15Mins)	00:15:00	00:14:26	L	P
999 - C2 Mean (T <18mins)	00:18:00	00:28:30		F
999 - C2 90th (T <40Mins)	00:40:00	01:03:38		F
999 - C3 Mean (T - <1Hr)	01:00:00	01:23:01		F
999 - C3 90th (T -<2Hrs)	02:00:00	03:12:54		F
999 - C4 90th (T < 3Hrs)	03:00:00	04:20:16		F
999 - C1 Responses > 15 Mins		750		
999 - C2 Responses > 80 Mins		2,113	L	
999 - Job Cycle Time		01:46:29	L	
999 - Avg Hospital Turnaround	00:30:00	00:45:29	L	F
999 - Avg Hospital Handover	00:15:00	00:17:36		F
999 - Avg Hospital Crew Clear	00:15:00	00:22:01		F
999 - Average Hospital Notify Time		00:06:22		
999 - Total lost handover time		00:45:54	L	
999 - Crew clear over 30 mins %		23.8%		
999 - C1%		14.0%		
999 - C2%		59.9%		
999 - Calls Ans in 5 sec	95.0%	84.4%		P
999 - AHT		370		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 12 seconds for May, a slight increase from April which had a mean of 10 seconds. The median remained the same at zero seconds while the 90th, 95th and 99th percentile all increased. The 90th increased from 31 seconds in April to 37 seconds in May, 95th from 1 minutes 15 seconds to 1 minute 27 seconds and 99th from 2 minutes 42 seconds to 3 minutes 23 seconds. This indicates that there was an overall increase in the call answer times for May, particularly at the tail end with more longer waits.

Cat 1-4 Performance - Performance times worsened in May but were largely within expected limits with the exception of the category 1 90th percentile, which was below the lower limit. Only the category 1 90th percentile national target was achieved. The mean performance time for category 1 increased from April by 15 seconds and the 90th increased by 19 seconds. The mean performance time for category 2 increased by approximately 4 minutes and the 90th increased by almost 11 minutes.

Abstractions were 1.9% higher than forecast for May, rising 1.6% from April. Weekly Net staff hours have fallen compared to April by over 2,400 hours per week. Overall availability decreased by 0.2% from April. Compared to May 2022, abstractions are up by 2.3% and availability is up by 7.8%.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 73.9% in May (14.0% Cat1, 59.9% Cat2) after a 0.8% decrease compared to April (0.6% increase in Cat1 and 1.3% decrease in Cat2). Comparing against May for the previous year, Cat1 proportion increased by 1.8% and Cat2 proportion decreased by 0.7%.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target increased in May, with 750 responses over this target, decreasing by 140 (23%) compared to April. The number for last month was 0.8% more than May 2022.

The number of Cat2 responses greater than 2x 90th percentile target increased from April by almost 900 responses (72%). This is a 24% decrease from May 2022.

Job cycle time - Overall, job cycle time is just over a minute shorter than in April and almost 3.5 minutes shorter than in May 2022.

Hospital - The average handover and turnaround times improved significantly in January and again in April. Last month they remained much the same with handover times improving by 21 seconds and turnaround times improving by 23 seconds. The number of incidents with conveyance to ED is 2.6% more than in April but 1.8% less than May 2022.

IUC IPR Key Indicators - May 23

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		142,827	(variance icon)	
IUC - Increase - Previous Month		1.0%		
IUC - Increase Same Month Last Year		8.3%		
IUC - Calls Triaged		133,630		
IUC - Calls Abandoned	3.0%	14.8%	(H icon)	(F icon)
IUC - Answer Mean	00:00:20	00:02:45	(H icon)	(F icon)
IUC - Answered in 60 Secs	90.0%	55.0%	(L icon)	(F icon)
IUC - Call back in 1 Hour	60.0%	50.9%	(variance icon)	(F icon)
IUC - ED Validations %	50.0%	35.5%	(L icon)	(F icon)
IUC - Ambulance validations %	75.0%	99.4%		
IUC - ED %		15.1%	(H icon)	
IUC - ED outcome to A&E		73.1%		
IUC - ED outcome to UTC		13.3%		
IUC - Ambulance %		11.2%	(variance icon)	

IUC Exceptions - Comments (Director Responsible - Karen Owens)

YAS received 167,588 calls in May, 1.5% above the Annual Business Plan baseline demand as of the end of the month. Of calls offered, 142,827 calls (85.2%) were answered, 1.0% higher than were answered the previous month and 8.3% higher than the number of calls answered in 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 in May to 55.0%, compared to 49.2% in April. Average speed to answer in May was 164 seconds (2 minutes and 44 seconds), down 40 seconds from April, but still higher than the national target of <20 seconds. Similarly, abandoned calls were 14.8% this month, above the 3% target, but a decrease on April's performance. YAS are not alone in these challenges, with other providers experiencing similar challenges.

The proportion of Clinician Call Backs made within 1 hour was 50.9%, below the 60% target and a slight decrease from April. Core clinical advice was 21.5%, up from 20.9% in April. These figures are calculated based on the new ADC specification, which removes 111 online cases from counting as part of clinical advice, and also locally we are removing cases which come from the DCABS clinical service as we do not receive the initial calls for these cases.

The national KPI for ambulance validations monitors performance against outcomes validated within 30 minutes, rather than just all outcomes validated, and the target for this is 50% of outcomes. However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the National KPI, performance was 99.1% in May whilst performance for overall validations was 99.4%, with around 10,900 cases validated overall.

ED validation performance was 35.5% in May, 2.7% higher than April. This figure being lower than the target is due in part to ED validation services being closed on DoS (in the out of hours periods) for several periods of time during the month as a result of clinical demand and capacity pressures to the service. ED validation also continues to be driven down since the implementation of 111 First and the prioritisation of UTCs over validation services for cases with an initial ED outcome. Previous analysis showed that if cases now going to UTCs that would have gone to validation previously were no longer included in the denominator for the validation calculation, YAS would have met and exceeded the 50% target every month this year.

Amongst booking KPIs, bookings to UTCs decreased to 53.9% from 54.3% last month. Bookings to IUC Treatment Centres has dropped considerably since we have started receiving Adastra data again. Looking into the figures the referrals to IUC treatments centres has stayed consistent, however, there seems to be issues with the booking system causing a lot less bookings and impacting this KPI.

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

PTS IPR Key Indicators - May 23

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	36.9%		
PTS - % Short notice - Pickup < 120 mins	90.8%	80.6%		
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	88.9%		
PTS - Arrive at Appointment Time	90.0%	85.9%		
PTS - Journeys < 120Mins	90.0%	99.4%		
PTS - Same Month Last Year		-0.8%		
PTS - Increase - Previous Month		12.8%		
PTS - Demand (Journeys)		76,317		

PTS Exceptions - Comments (Director Responsible - Karen Owens)

PTS Total Activity for May was 76,317. Total Demand was down 0.8% on the same month the previous year, equivalent to c 600 fewer journeys.

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

The average Patients Per Vehicle was 1.31 during April. 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, April had the lowest private provider hours since July 2020. May saw a 4.0% increase in private provider hours, however well below previous levels. KPI 3 and KPI 4 have been changed to align with the South Yorkshire contract from May 2023 meaning that they are 2.6% and 5.7% higher using these calculations, respectively. Short Notice Outwards Performance (KPI 4) was 80.6% in May (+6.3% on April).

Call levels also saw an increase in May: +16.9% on April, however 11.9% lower than last May. Performance saw a 4.0% decrease, meaning telephony performance was 36.9% for the month of May: 53.1% under target. Current modelling demonstrates that Reservations required an extra 7.6 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 385 for the month of May. This is 34.3% below last May.

Workforce Summary

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

Name	May 22	Apr 23	May 23
Turnover (FTE) %	6.6%	6.7%	6.5%
Vacancy Rate %	11.6%	5.8%	9.8%
Apprentice %	13.8%	16.4%	16.7%
BME %	3.8%	3.8%	3.8%
Disabled %	3.5%	4.5%	4.9%
Sickness - Total % (T-5%)	8.0%	6.2%	5.4%
PDR / Staff Appraisals % (T-90%)	51.6%	75.7%	75.2%
Stat & Mand Training (Fire & IG) 1Y	90.1%	93.4%	96.4%
Stat & Mand Training (Core) 3Y	83.6%	94.6%	95.1%
Stat & Mand Training (Face to Face)	73.0%	83.0%	84.4%
Stat & Mand Training (Safeguarding L2 +)	93.5%	97.4%	97.5%

Assurance: All data displayed has been checked and verified

YAS Commentary

FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 15.0% and Turnover at 10.6%. Vacancy rate has increased with turnover decreasing against last month. Turnover has started to stabilise and is at the lowest since February 2022. However, turnover in our call centres remains high. The improvement work within our call centres continues to progress well. The cultural change programme supported by Moorhouse aims to improve these metrics.
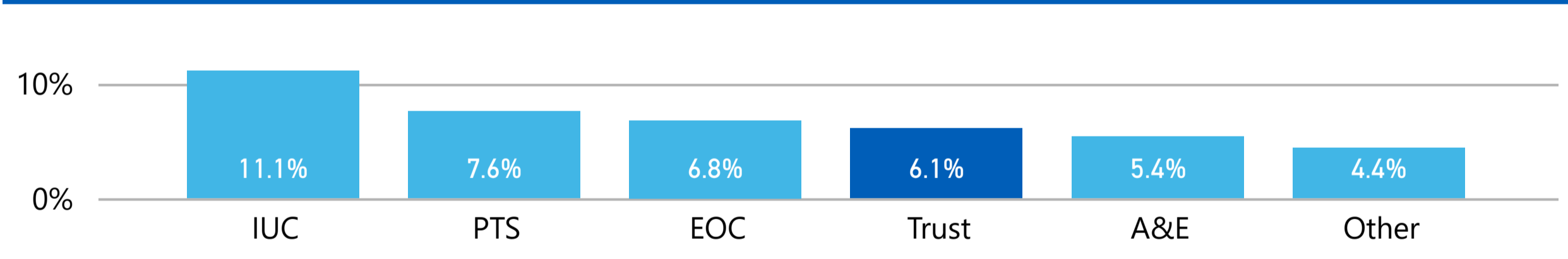
Sickness - Sickness has decreased to 6.1% and has been decreasing month on month since January 2023. A sub-group of the Operational Efficiency Group is working to actively reduce absence through a review of absence management processes, reasonable workplace adjustments, MSK/injuries at work. This work will be reported through the People Committee.

PDR / Appraisals – Overall compliance rate has increased to 72.2%, with the largest increase in EOC (4.3%). PTS remains the highest performing area within the Trust at 88.0%. EOC is the worst performing area and has increased by 4.3% 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. The live Compliance Dashboard (shared fortnightly) makes it easier for managers to see who needs an Appraisal and who has one in the near future and to monitor the perceived quality of appraisals.
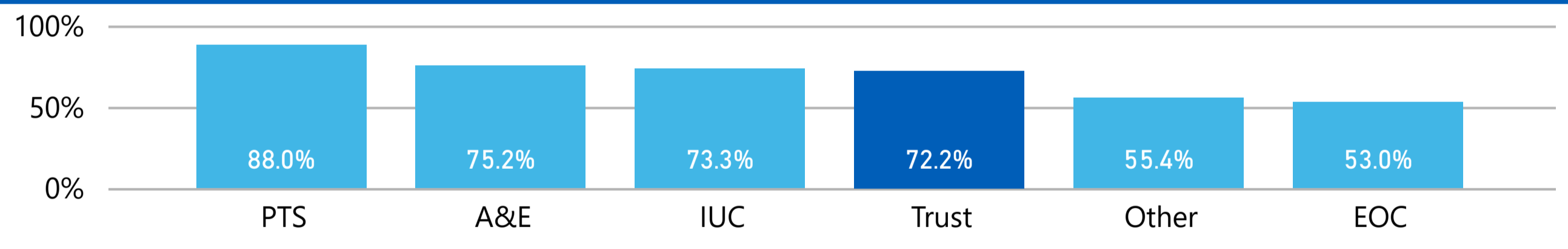
Statutory and Mandatory Training – At Trust level, 3 out of 4 training courses are compliant (90%+). EOC, PTS, IUC and other are all compliant, with only A&E left to achieve compliance on Face to Face stat & mand training (84.4%) All types of training saw increases month-on-month at a trust level. Staff are being encouraged to get all eLearning completed and managers can monitor progress via the fortnightly Compliance Dashboard. Essential Learning Champions in all areas of the Trust are supporting the progress.

Sickness Benchmark for Last Month

IUC	PTS	EOC	Trust	A&E	Other
11.1%	7.6%	6.8%	6.1%	5.4%	4.4%

PDR Benchmark for Last Month

PTS	A&E	IUC	Trust	Other	EOC
88.0%	75.2%	73.3%	72.2%	55.4%	53.0%

Sickness

Legend: Sickness - Long Term, Sickness - Short Term

PDR - Target 90%

74.0%, 83.9%, 69.6%, 58.1%, 51.4%, 45.2%, 48.6%, 44.4%, 51.6%, 61.1%, 69.4%, 73.1%, 76.7%, 75.2%
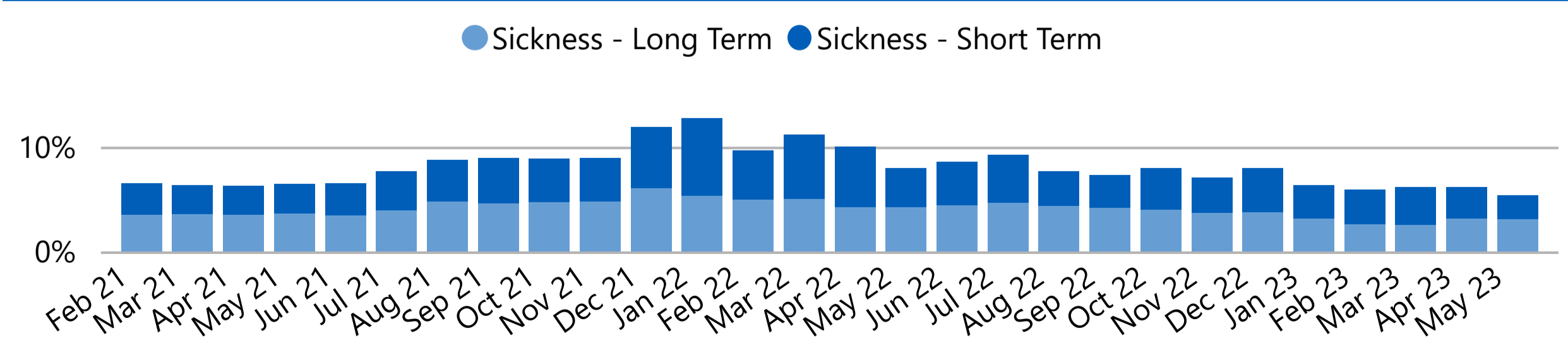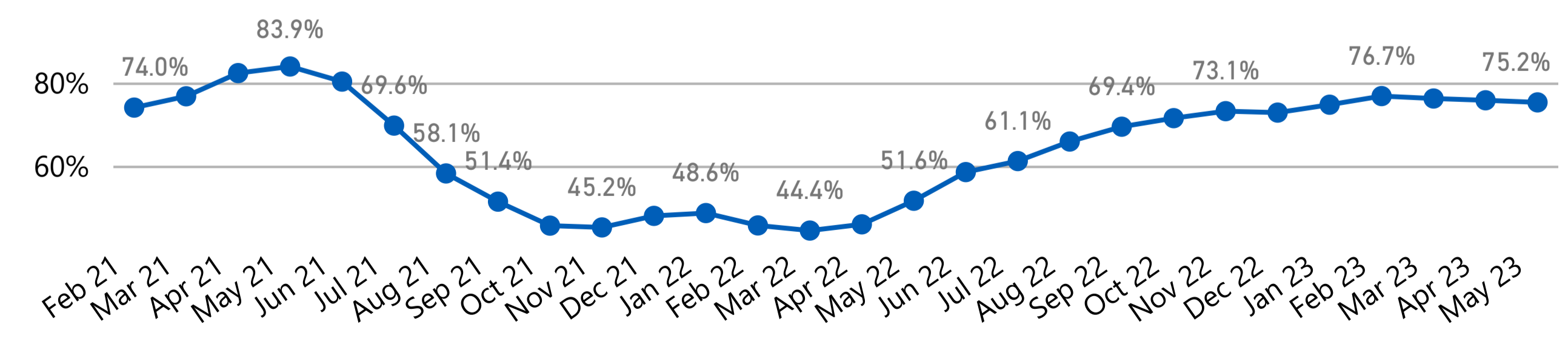
YAS Finance Summary (Director Responsible Kathryn Vause) - May 23

Overview - Unaudited Position

Overall

The Trust has a year end breakeven position at month 2 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.

Cash

As at the end of May the Trust had £72.2m 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	£75,000	£72,220	-£2,780
Capital	£1,607	£209	-£1,398

Monthly View (£000s)

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

Patient Demand Summary

Demand Summary

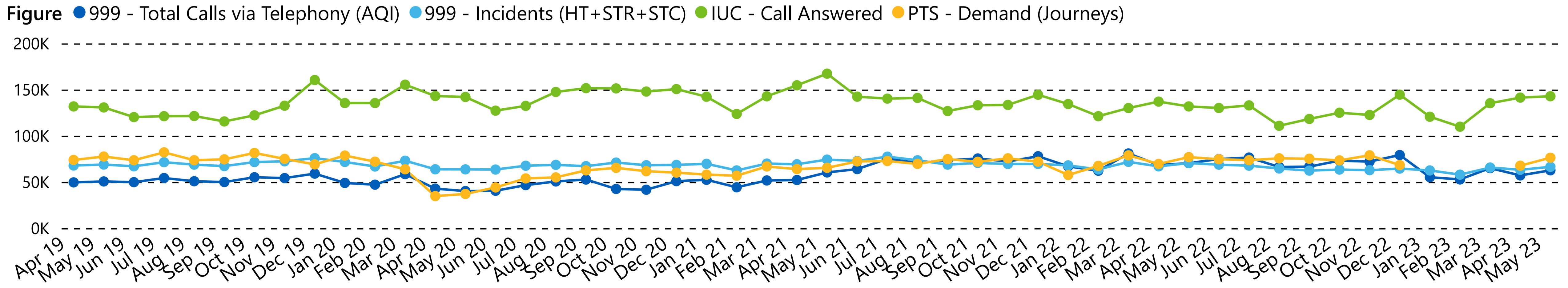| Indicator	May 22	Apr 23	May 23
999 - Incidents (HT+STR+STC)	70,445	63,212	66,404
999 - Increase - Previous Month	5.2%		
999 - Increase - Same Month Last Year	-5.1%		
IUC - Call Answered	131,828	141,367	142,827
IUC - Increase - Previous Month	-3.8%	4.5%	1.0%
IUC - Increase Same Month Last Year	-21.2%	3.2%	8.3%
IUC - Calls Answered Above Ceiling	-24.0%	-19.6%	-15.2%
PTS - Demand (Journeys)	76,937	67,648	76,317
PTS - Increase - Previous Month	10.7%	-14.8%	12.8%
PTS - Same Month Last Year	17.7%	-2.7%	-0.8%

Commentary

999 - At Scene Response demand was 4% lower than forecasted levels for May. All Response Demand (STR + STC + HT) was 5.0% higher than April and 5.7% lower than May 2022.

IUC - YAS received 167,588 calls in May, 1.5% above the Annual Business Plan baseline demand as of the end of the month. Of calls offered, 142,827 calls (85.2%) were answered, 1.0% higher than were answered the previous month and 8.3% higher than the number of calls answered in the same month last year.

PTS - PTS Total Activity for May was 76,317. Total Demand was down 0.8% on the same month the previous year, equivalent to c 600 fewer journeys.
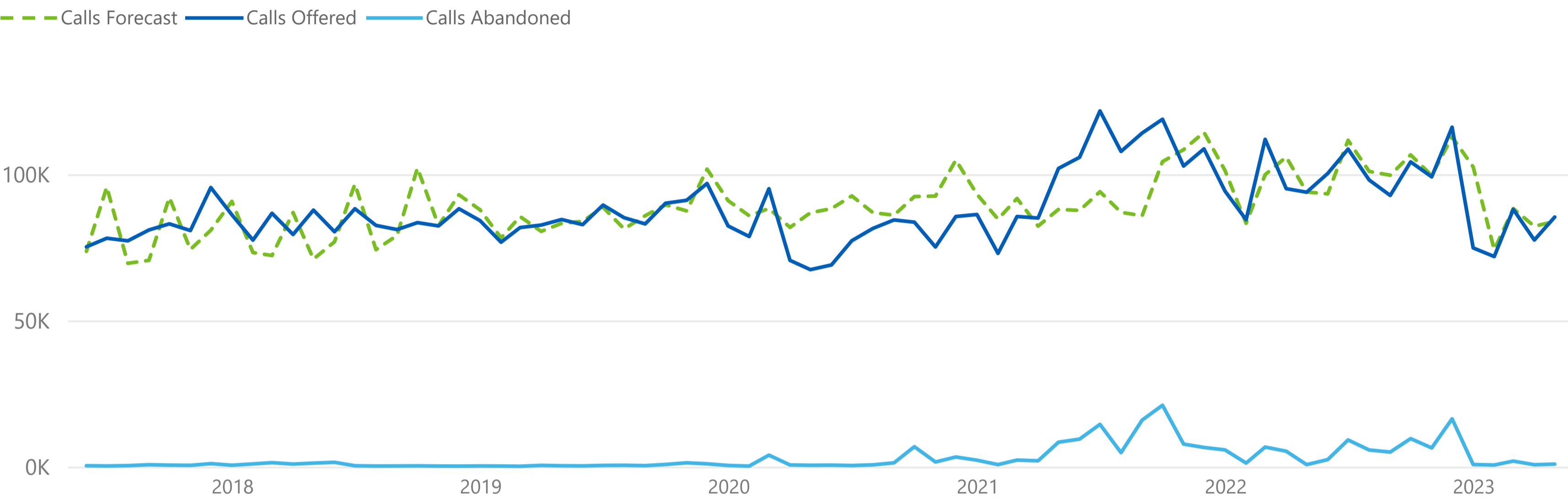
Overall Calls and Demand

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

999 and IUC Historic Demand

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

999 Historic Call Demand

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

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

In May 2023, there were 85,359 calls offered which was 1.8% above forecast, with 84,497 calls answered and 862 calls abandoned (1.0%). There were 10.1% more calls offered compared with the previous month and 9.0% 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 30.2% increase in abandoned calls compared with the previous month.

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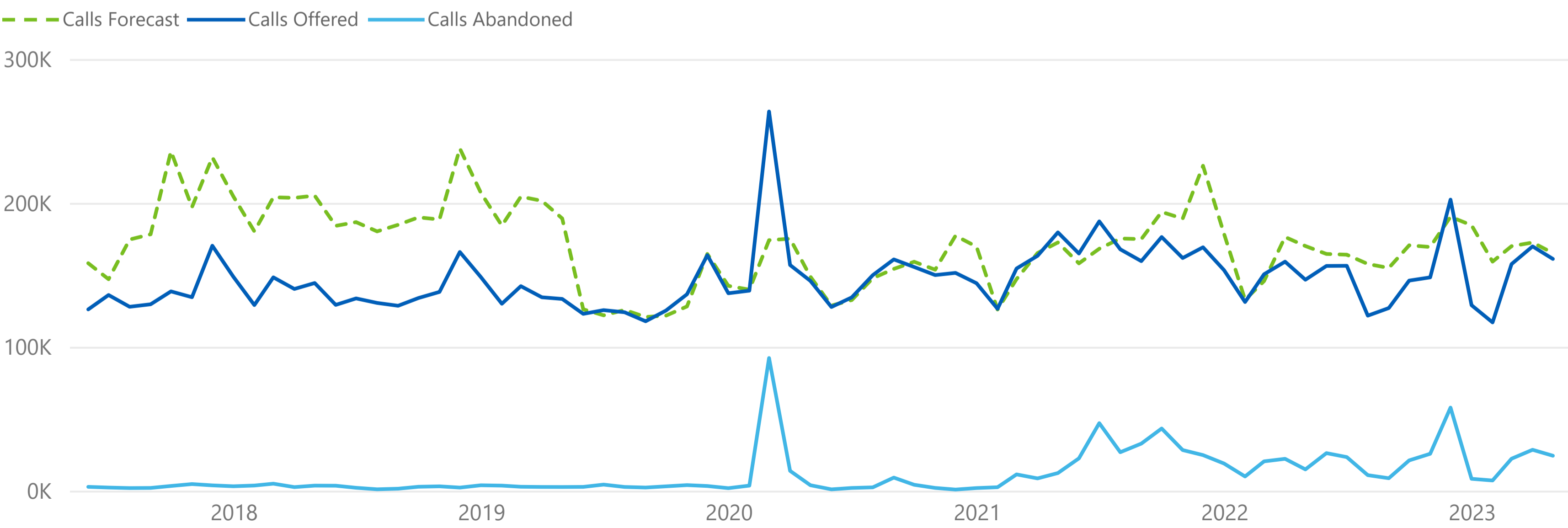
- - - Calls Forecast ——— Calls Offered ——— Calls Abandoned

YAS received 167,588 calls in May, 1.5% above the Annual Business Plan baseline demand as of the end of the month. Of calls offered, 142,827 calls (85.2%) were answered, 1.0% higher than were answered the previous month and 8.3% higher than the number of calls answered in the same month last year.
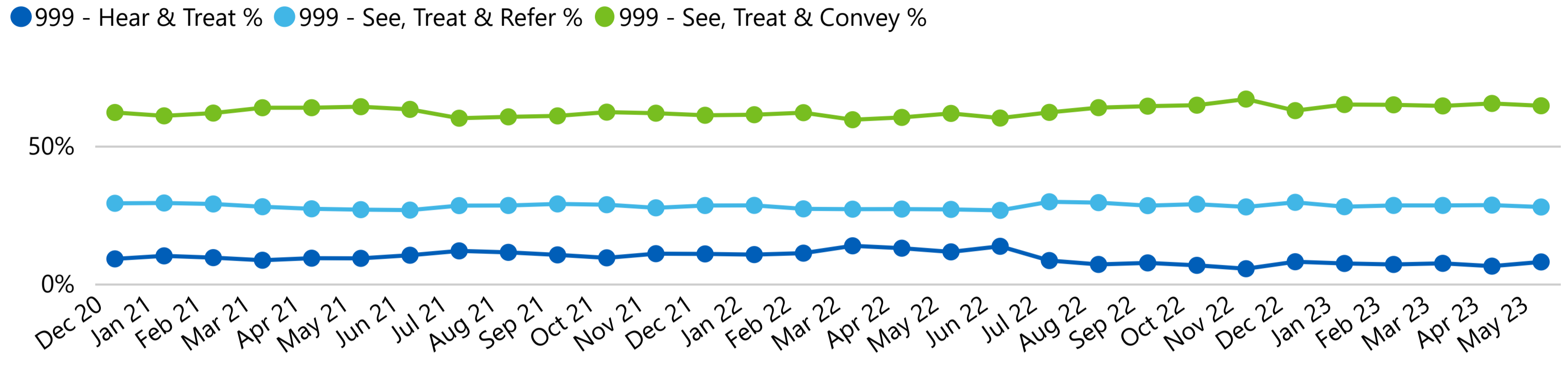
Calls abandoned were 14.8%, 2% lower than the previous month and 4.7% higher than the same month last year.

Patient Outcomes Summary

NHS Yorkshire Ambulance Service NHS Trust

Outcomes Summary

ShortName	May 22	Apr 23	May 23
999 - Incidents (HT+STR+STC)	70,445	63,212	66,404
999 - Hear & Treat %	11.5%	6.3%	7.8%
999 - See, Treat & Refer %	26.9%	28.4%	27.7%
999 - See, Treat & Convey %	61.7%	65.3%	64.4%
999 - Conveyance to ED %	54.6%	58.3%	56.9%
999 - Conveyance to Non ED %	7.0%	7.0%	7.5%
IUC - Calls Triaged	124,989	132,109	133,630
IUC - ED %	15.0%	14.1%	15.1%
IUC - Ambulance %	10.9%	10.8%	11.2%
IUC - Selfcare %	4.4%	4.3%	4.3%
IUC - Other Outcome %	11.0%	13.7%	13.8%
IUC - Primary Care %	57.1%	54.4%	53.8%
PTS - Demand (Journeys)	76,937	67,648	76,317

999 Outcomes

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

IUC Outcomes

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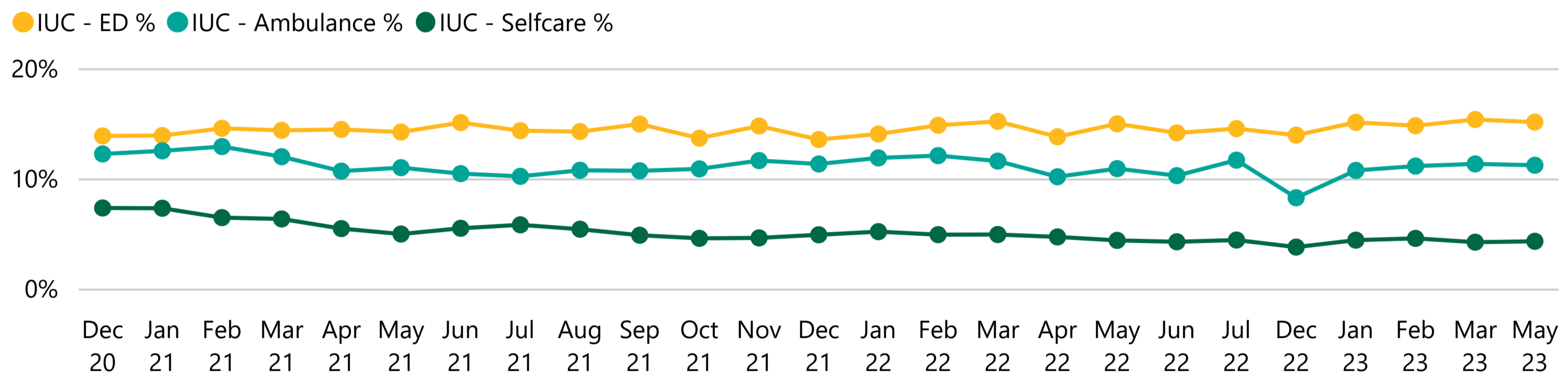
Commentary

999 - Comparing incident outcomes proportions within 999 for May 2023 against May 2022, the proportion of Hear & Treat decreased by 3.6%, See, Treat & Refer increased by 0.9% and See, Treat & Convey increased by 2.8%. The proportion of incidents with conveyance to ED increased by 2.3% from May 2022 and the proportion of incidents conveyed to non-ED increased by 0.5%.

IUC - The proportion of callers given an ambulance outcome was 11.2%, while primary Care outcomes were 52.8%. The proportion of callers given an ED outcome was 15.1%. The proportion of ED outcomes where a patient is referred to a UTC is now over 10% compared to 2-3% historically. Correspondingly, the proportion of ED outcome where the patient was referred to A&E has fallen to below 80% after historically being around 90%. A Key goal of the 111 first programme was to reduce the burden on emergency departments by directing patient to more appropriate care settings.

Patient Experience (Director Responsible - Clare Ashby)

NHS
Yorkshire
Ambulance Service
NHS Trust

Patient Relations

Indicator	May 22	Apr 23	May 23
Service to Service	63	66	69
Concern	42	29	43
Compliment	128	125	123
Complaint	66	72	80

Complaints, Compliments, Concerns and Service to Service

● Complaint   ● Compliment   ● Concern   ● Service to Service
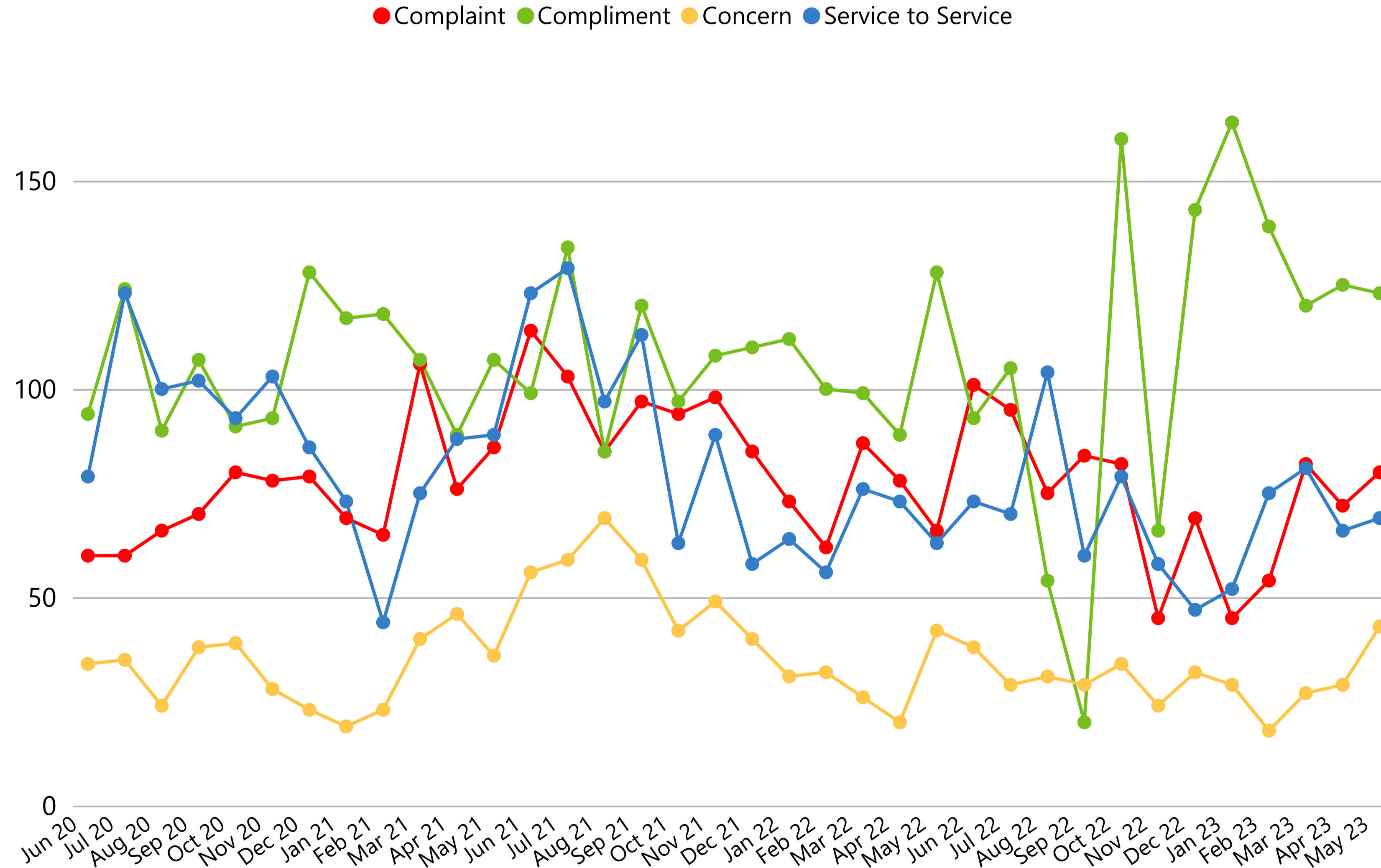
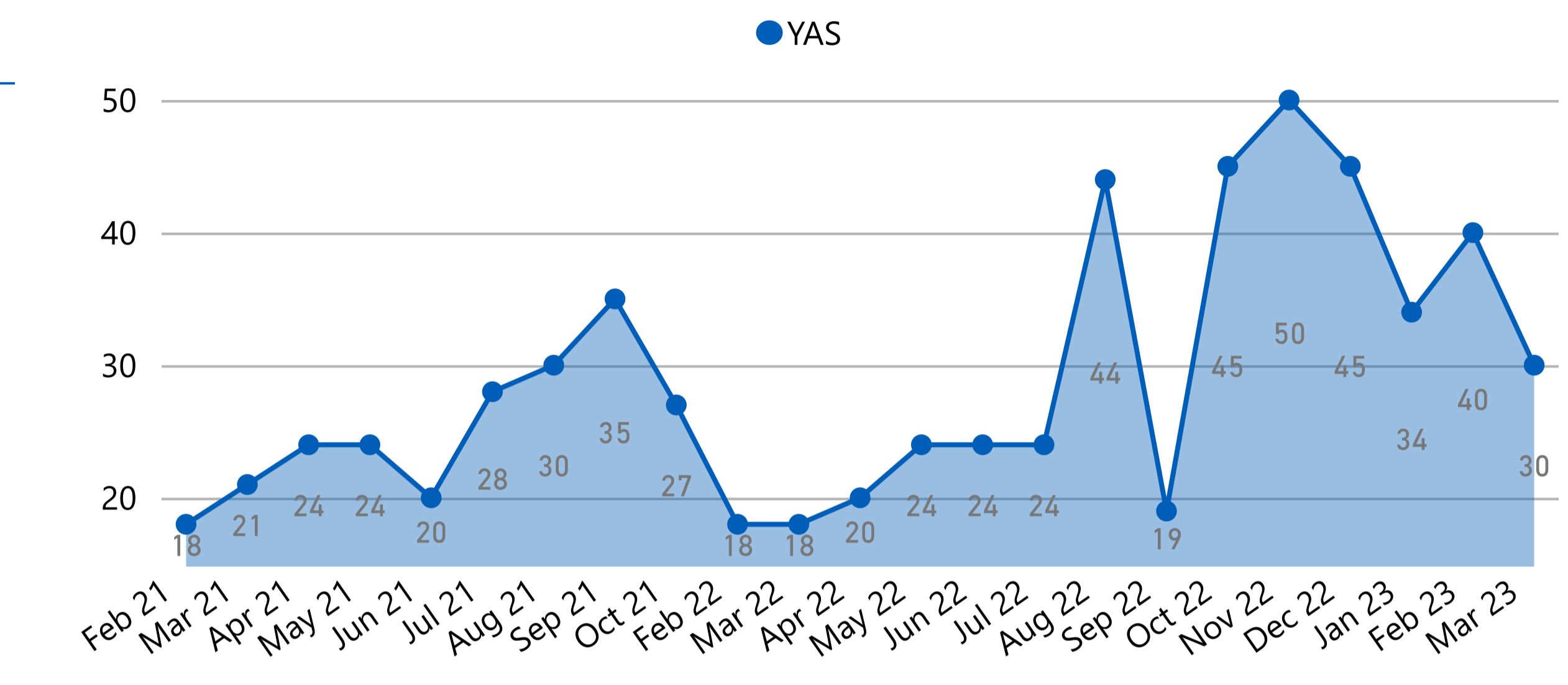## YAS Comments

Patient relations - The number of concerns received in May is back to normal levels following a decrease in the previous months – this is a combination of a slight rise in PTS Concerns in May and a slightly fewer number of Attitude cases in A&E Ops in April this year

Patient Safety - Quality (Director Responsible - Clare Ashby)

NHS
Yorkshire
Ambulance Service
NHS Trust

Incidents

Indicator	May 22	Apr 23	May 23
All Incidents Reported	724	684	733
Number of duty of candour contacts	6	22	15
Number of RIDDORs Submitted	4	2	

▲	Mar 22	Feb 23	Mar 23
Moderate & Above Harm (verified)	18	40	30
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	4	8	7
Serious incidents (verified)	3	5	12

Incidents - Verified Moderate and Above Harm

● YAS

Data points (Feb 21 – Mar 23): 18, 21, 24, 24, 20, 28, 30, 35, 27, 18, 18, 20, 24, 24, 24, 44, 19, 45, 50, 45, 34, 40, 30

Safeguarding

Indicator	May 22	Apr 23	May 23
Domestic Homicide Review (DHR)	5	1	5
Safeguarding Adult Review (SAR)	4	1	2
Child Safeguarding Practice Review/Rapid Review (CSPR/RR)	1	1	1
Child Death	24	20	22

A&E Long Responses

Indicator	May 22	Apr 23	May 23
999 - C1 Responses > 15 Mins	744	611	750
999 - C2 Responses > 80 Mins	2,779	1,231	2,113

YAS Comments

Safeguarding:

Domestic Homicide Reviews (DHR) – The number of reports requested was higher than average. Prominent safeguarding themes were suicide with social media influences.

Safeguarding Adult Review (SAR) – The number of reports requested was lower than average. Prominent safeguarding concerns were self-neglect.

Child Safeguarding Practice Review / Rapid Review (CSPR/RR) – The rapid review was commissioned following a child death from stabbing.

Child Death – The number of child death reports requested were comparative to other months. Prominent safeguarding concerns were adolescent mental health, water safety, knife crime and road safety.

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

Care Bundles (Last 3 Results)

Indicator*	May 22	Jul 22	Aug 22	Oct 22	Nov 22	Jan 23
STEMI %		57.2%		60.0%		67.0%
Stroke %	92.0%		93.0%		95.0%	

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 indivvdial elements of the clinical care bundle, administraion 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 speciifc 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.
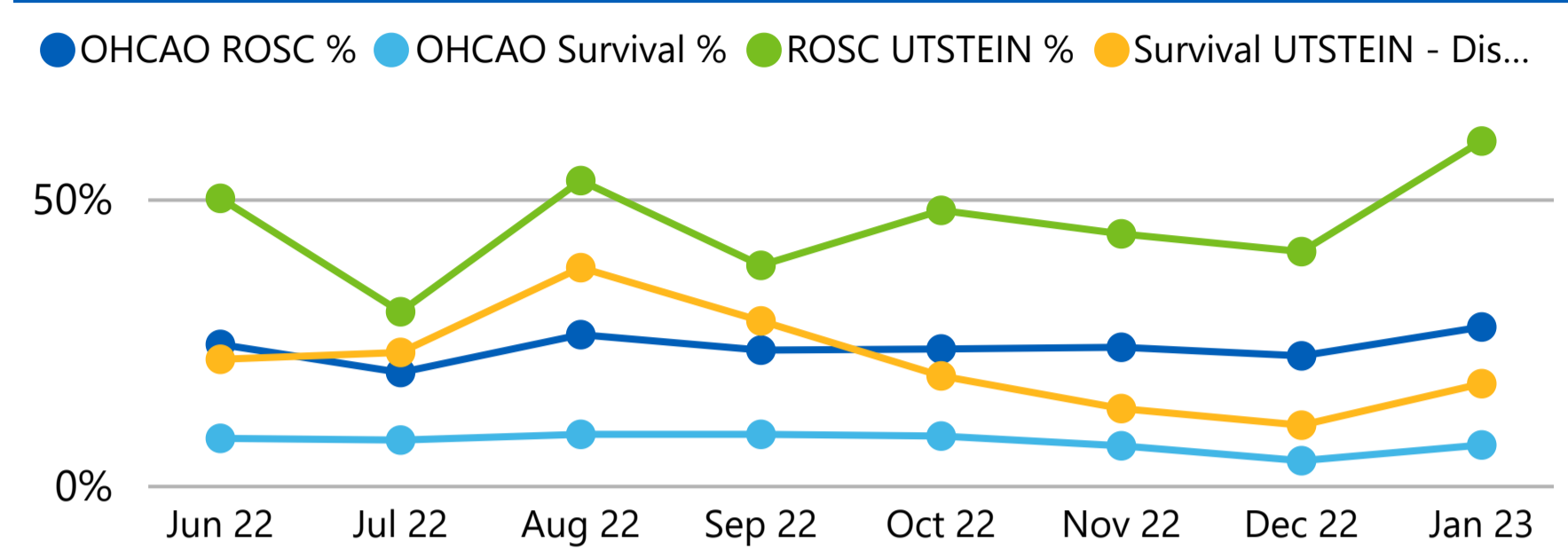
STEMI Analgesia

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	Nov 22	Dec 22	Jan 23
Avg time (mins) from call to hospital	109	125	83
Total Patients	443	398	442

ROSC and Survival

OHCAO ROSC % ● OHCAO Survival % ● ROSC UTSTEIN % ● Survival UTSTEIN - Dis...

ROSC & Survival

Indicator	Feb 20	Mar 20	Jan 23
Number of Patients with ROSC at Hospital Arrival	58	60	103
Number of Patients YAS continued / commenced CPR (ROSC)	212	223	374
Number of Patients who survived to discharge	15	16	25

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.

Clinical Final Working Impressions (ePR)- Top 5

	Mar 23	Apr 23	May 23
1	No abnormality detected (6.4%)	No abnormality detected (6.5%)	No abnormality detected (6.6%)
2	Lower respiratory tract infection (4.3%)	Lower respiratory tract infection (3.7%)	Lower respiratory tract infection (4.1%)
3	Acute coronary syndrome (ACS) (4%)	Acute COVID-19 [ND] (3.6%)	Acute coronary syndrome (ACS) (3.5%)
4	Acute COVID-19 [ND] (3.8%)	Acute coronary syndrome (ACS) (3.3%)	Acute COVID-19 [ND] (3.2%)
5	Chronic obstructive pulmonary disease (2.7%)	Head injury : no LOC (2.4%)	Chronic obstructive pulmonary disease (2.7%)

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	Mar 23	Apr 23	May 23
ePR Referrals (%)	9.1%	9.1%	9.0%
ePR Referrals	4,631	4,502	4,465
ePR Records	50,838	49,566	49,819

Fleet and Estates

Estates

Indicator	May 22	Apr 23	May 23
P1 Emergency (2 HRS)	66.7%		100.0%
P1 Emergency – Complete (<24Hrs)	83.3%		
P2 Emergency (4 HRS)	92.9%	73.0%	87.0%
P2 Emergency – Complete (<24Hrs)	81.0%	62.2%	63.0%
Planned Maintenance Complete	99.8%	97.2%	94.4%
P6 Non Emergency - Attend within 2 weeks	94.4%	91.8%	94.7%
P6 Non Emergency - Complete within 4 weeks	72.2%	70.5%	75.4%
P5 Non Emergency - Logged to Wrong Category		50.0%	100.0%

Estates Comments

No commentary has been provided for Estates for May 2023.

999 Fleet

999 Fleet Age

IndicatorName	Apr 23
Vehicle age +7	17.8%
Vehicle age +10	1.2%

PTS Age
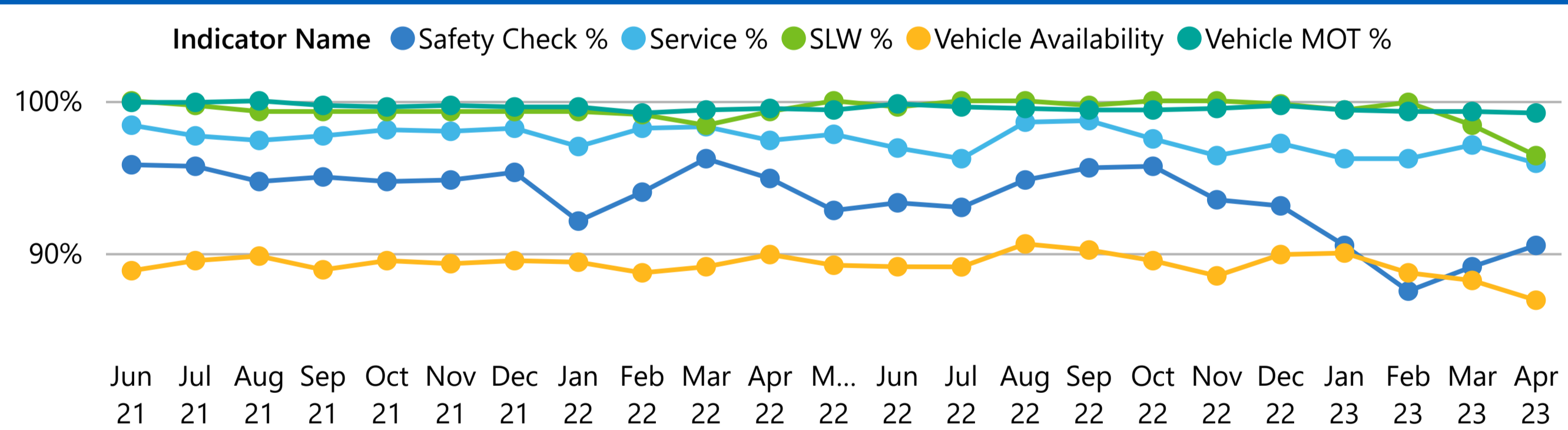
IndicatorName	Apr 23
Vehicle age +7	22.5%
Vehicle age +10	4.5%

Fleet Comments

No data has been provided from Fleet for May 2023.

PTS Fleet

Glossary - Indicator Descriptions (A&E)
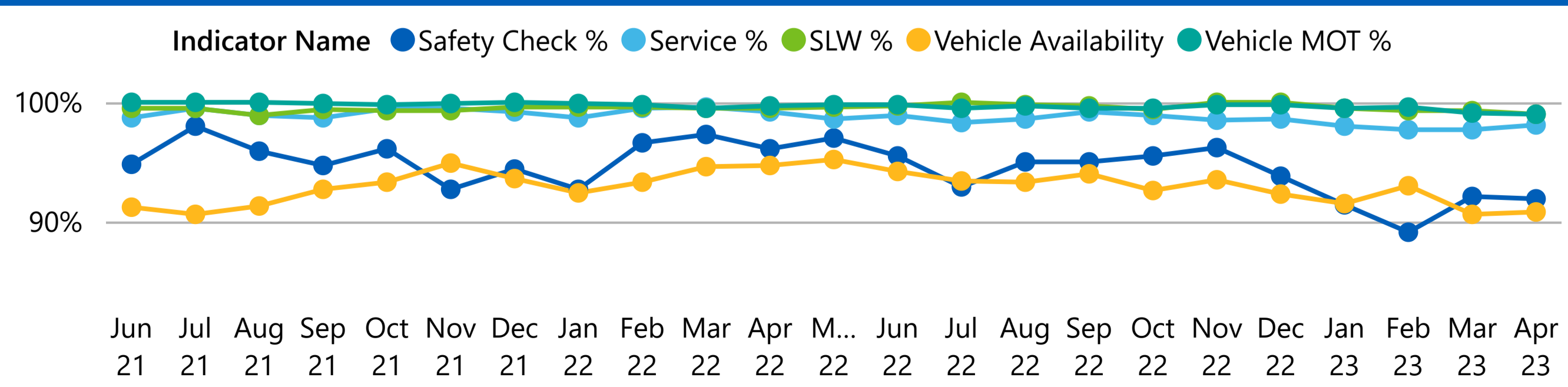
A&E			
mID	ShortName	IndicatorType	AQIDescription
AMB01	999 - Total Calls via Telephony (AQI)	int	Count of all calls answered.
AMB07	999 - Incidents (HT+STR+STC)	int	Count of all incidents.
AMB59	999 - C1 Responses > 15 Mins	int	Count of Cat 1 incidents with a response time greater than the 90th percentile 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
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)

mID	ShortName	IndicatorType	AQIDescription
WF37	Fire Safety - 2 Years	percent	Percentage of staff with an in date competency in Fire Safety - 2 Years
WF36	Headcount in Post	int	Headcount of primary assignments
WF35	Special Leave	percent	Special Leave (eg: Carers leave, compassionate leave) as a percentage of FTE days in the period.
WF34	Fire Safety & Awareness - 1 Year	percent	Percentage of staff with an in date competency in Fire Safety & Awareness - 1 Year
WF33	Information Governance - 1 Year	percent	Percentage of staff with an in date competency in Information Governance - 1 Year
WF28	Safeguarding Adults Level 2 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Adults Level 2 - 3 Years
WF24	Safeguarding Adults Level 1 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Adults Level 1 - 3 Years
WF19	Vacancy Rate %	percent	Full Time Equivalent Staff required to fill the budgeted amount as a percentage
WF18	FTE in Post %	percent	Full Time Equivalent Staff in post, calculated as a percentage of the budgeted amount
WF17	Apprentice %	percent	The percentage of staff who are on an apprenticeship
WF16	Disabled %	percent	The percentage of staff who identify as being disabled
WF14	Stat & Mand Training (Face to Face)	percent	Percentage of staff with an in date competency for "Basic Life Support" , "Moving and Handling Patients" and "Conflict Resolution" as required by the competency requirements set in ESR
WF13	Stat & Mand Training (Safeguarding L2 +)	percent	Percentage of staff with an in date competency for "Safeguarding Children Level 2" , "Safeguarding Adults Level 2" and "Prevent WRAP" as required by the competency requirements set in ESR
WF12	Stat & Mand Training (Core) 3Y	percent	Percentage of staff with an in date competency for "Health Risk & Safety Awareness" , "Moving and Handling Loads" , "Infection Control" , "Safeguarding Children Level 1" , "Safeguarding Adults Level 1" , "Prevent Awareness" and "Equality, Diversity and Human Rights" as required by the competency requirements set in ESR
WF11	Stat & Mand Training (Fire & IG) 1Y	percent	Percentage of staff with an in date competency for both "Information Governance" and "Fire Safety & Awareness"
WF07	Sickness - Total % (T-5%)	percent	All Sickness as a percentage of FTE days in the period
WF05	PDR / Staff Appraisals % (T-90%)	percent	Percentage of staff with an in date Personal Development Review, also known as an Appraisal
WF04	Turnover (FTE) %	percent	The number of Fixed Term/ Permanent Employees leaving FTE (all reasons) relative to the average FTE in post in a 12 Months rolling period

Clinical			
mID	**ShortName**	**IndicatorType**	**Description**
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)

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