



Business
Intelligence

Integrated Performance Report









August 2023

Published 21 September 2023



Exceptions, Variation and Assurance

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

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

Variation icons:

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

Assurance icons:

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

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One Team, Best Care



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

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

Our Ambitions for 2023

We achieve excellence in everything we do

We use resources wisely to invest in and sustain services

Our Key Priorities

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

Our people Workforce

Overall Status (Amber)	DELIVERY	BENEFITS
	2 GREEN	2 GREEN
	3 AMBER	3 AMBER
	0 RED	0 RED
	0 Pause/Stop	0 Pause/Stop

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

- International Recruitment **VERALL STATUS** **Deliver** **Benefit** PJ
- Occupational Health Model **VERALL STATUS** **Deliver** **Benefit** PJ

TEG+ 1st Line of Assurance : SRO - Mandy Wilcock

- Year 1 Priorities for 'YAS Together' **VERALL STATUS** **Deliver** **Benefit** PJ
- Operating Model (Incorporating Accountability Fwork) **VERALL STATUS** **Deliver** **Benefit** PJ

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

- Bodyworn Camera Pilot **VERALL STATUS** **Deliver** **Benefit** PJ

Our patients Patient Centred

Overall Status (Amber)	DELIVERY	BENEFITS
	5 GREEN	1 GREEN
	11 AMBER	14 AMBER
	1 RED	0 RED
	0 Pause/Stop	2 Pause/Stop/NK

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

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

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

- Mental Health Programme **VERALL STATUS** **Deliver** **Benefit** PG

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

- NEPTS Programme **VERALL STATUS** **Deliver** **Benefit** PG

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

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

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

- NHS Charities Together-Vol. S **VERALL STATUS** **Deliver** **Benefit** PJ

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

- Priority Patient Pathways & Safer Right Care **VERALL STATUS** **Deliver** **Benefits** PJ
- Stroke Video Triage Pilot Close Sep 2023 **VERALL STATUS** **Deliver** **Benefits** PJ

Our places Agile Operations

Overall Status (Amber)	DELIVERY	BENEFITS
	3 GREEN	6 GREEN
	3 AMBER	1 AMBER
	1 RED	0 RED
	1 Pause/Stop	1 Pause/Stop

TEG+ 1st Line of Assurance : SRO - Glea Adams

- Trust Demand Wfrcse & Accom (ORH) **VERALL STATUS** **Deliver** **Benefit** PJ
- Logistics Hub **VERALL STATUS** **Deliver** **Benefit** PG
- Asset Management System **VERALL STATUS** **Deliver** **Benefit** PJ
- Pre-Packed POM Pouches **VERALL STATUS** **Deliver** **Benefit** PJ
- Hub & Spoke and AYP **VERALL STATUS** **Deliver** **Benefit** PJ
- Scarborough Cluster AYP Status **VERALL STATUS** **Deliver** **Benefit** PJ
- Hull Hub & Spoke **PAUSE** **PAUSE** PJ
- Hybrid / Agile Working **VERALL STATUS** **Deliver** **Benefit** PJ

Digital Enablers

Overall Status (Amber)	DELIVERY	BENEFITS
	1 GREEN	1 GREEN
	1 AMBER	1 AMBER
	0 RED	0 RED
	0 Pause/Stop	0 Pause/Stop

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

- Clinical Systems Development **VERALL STATUS** **Deliver** **Benefit** PG
- ESMCP-Mobile Data Vehicle S **VERALL STATUS** **Deliver** **Benefit** PJ

Northern Ambulance Alliance

Overall Status (Green)	DELIVERY	BENEFITS
	0 GREEN	1 GREEN
	1 AMBER	0 AMBER
	0 RED	0 RED
	1 STOP	1 STOP

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

- Integrated CAD **PROJECT STOP** **VERALL STATUS** **STOP** **STOP** PJ
- Robotic Process Automation **VERALL STATUS** **Deliver** **Benefit** PG

Projects 'In Closure'

- Phase 2 - Post Registration Paramedic Career Pathway (SP/AP) PJ
- Hybrid Working Phases 1 & 2 (Springhill) PJ
- E-Expenses Software (Gate 4 13 June 2023, full TMG 2 PJ
- Supporting Fallers Outside by CFRs (Closure) PJ
- Stroke Video Triage Pilot PJ
- Integrated CAD STOPPED PJ

New Projects Pending

- GRS Replacement F
- EOC Management re-structure and implementation of T. F
- ESMCP Control Room Solution F
- Case Management F
- Integrated CAS F

999 IPR Key Exceptions - August 23

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:13		
999 - Answer 95th Percentile		00:01:31		
999 - C1 Mean (T <7Mins)	00:07:00	00:08:25		
999 - C1 90th (T <15Mins)	00:15:00	00:14:36		
999 - C2 Mean (T <18mins)	00:18:00	00:26:49		
999 - C2 90th (T <40Mins)	00:40:00	00:59:23		
999 - C3 Mean (T - <1Hr)	01:00:00	01:20:02		
999 - C3 90th (T - <2Hrs)	02:00:00	03:03:55		
999 - C4 90th (T < 3Hrs)	03:00:00	04:18:53		
999 - C1 Responses > 15 Mins		758		
999 - C2 Responses > 80 Mins		1,819		
999 - Job Cycle Time		01:46:28		
999 - Avg Hospital Turnaround	00:30:00	00:45:23		
999 - Avg Hospital Handover	00:15:00	00:18:51		
999 - Avg Hospital Crew Clear	00:15:00	00:21:00		
999 - Average Hospital Notify Time		00:06:34		
999 - Total lost handover time		00:51:47		
999 - Crew clear over 30 mins %		22.2%		
999 - C1%		13.6%		
999 - C2%		59.6%		
999 - Calls Ans in 5 sec	95.0%	84.0%		
999 - AHT		359		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 00:00:13 for August, a decrease from July of 00:00:05. The median remained the same at zero seconds while the 90th, 95th and 99th percentile all decreased. The 90th decreased from 00:01:01 in July to 00:00:41 in August, 95th from 00:02:06 to 00:01:31 and 99th from 00:04:25 to 00:03:32. This indicates that there was an overall decrease in the call answer times for August, particularly at the tail end with fewer longer waits.

Cat 1-4 Performance - Performance times improved in August and the Cat1 90th percentile national target was achieved. Performance times for Cat1 were exceptionally low in August. The mean performance time for Cat1 improved from July by 00:00:08 and the 90th percentile improved by 00:00:14. The mean performance time for Cat2 improved from July by 00:02:25 and the 90th percentile improved by 00:06:12.

Abstractions were 0.4% lower than forecast for August, rising 0.2% from July. Weekly Net staff hours have risen compared to July by almost 600 hours per week. Overall availability increased by 0.7% from July. Compared to August 2022, abstractions are down by 1.5% and availability is up by 3.5%.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 73.3% in August (13.6% Cat1, 59.6% Cat2) after a 0.9% decrease compared to July (0.4% decrease in Cat1 and 0.5% decrease in Cat2). Comparing against August for the previous year, Cat1 proportion increased by 0.9% and Cat2 proportion increased by 0.3%.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target decreased in August, with 758 responses over this target. This is 82 (9.8%) less compared to July. The number for last month was 32.7% less compared to August 2022.

The number of Cat2 responses greater than 2x 90th percentile target decreased from July by 520 responses (22.2%). This is a 35.5% decrease from August 2022.














Job cycle time - Overall, the average job cycle time increased by 1 minute and 36 seconds from July but was 4 minutes and 42 seconds less than August 2022.

Hospital - Last month the average handover time increased by 00:02:45 and overall turnaround time increased by 00:02:53. The number of conveyances to ED was 2.4% lower than in July but 2.7% higher than in August 2022.

Demand Page - On scene response demand was 0.1% below forecasted figures for August and was 1.5% less than in July. All response demand (HT + STR + STC) was 1.4% lower than July but 3.0% higher than August 2022.

Outcomes Page - Comparing incident outcomes proportions within 999 for August 2023 against August 2022, the proportion of hear & treat increased by 1.2%, see treat & refer decreased by 1.7% and see treat & convey increased by 0.5%. The proportion of incidents with conveyance to ED decreased by 0.2% from August 2022 and the proportion of incidents conveyed to non-ED increased by 0.7%.

IUC IPR Key Indicators - August 23

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		120,314		
IUC - Increase - Previous Month		-4.1%		
IUC - Increase Same Month Last Year		8.5%		
IUC - Calls Triaged		112,624		
IUC - Calls Abandoned	3.0%	6.8%		
IUC - Answer Mean	00:00:20	00:01:19		
IUC - Answered in 60 Secs	90.0%	73.9%		
IUC - Call back in 1 Hour	60.0%	44.5%		
IUC - ED Validations %	50.0%	35.8%		
IUC - Ambulance validations %	75.0%	99.5%		
IUC - ED %		15.7%		
IUC - ED outcome to A&E		69.8%		
IUC - ED outcome to UTC		14.7%		
IUC - Ambulance %		11.7%		

IUC Exceptions - Comments (Director Responsible - Nick Smith)

Starting in July, an external provider took some call demand from YAS in order to try to improve performance. This started the week commencing 10th July with 10% being sent out for the first week, dropping to 5% for the remaining weeks of the months. The calls taken by the external provider will not show in our figures at any stage and everything that can be seen in the numbers for July is what remained after that percentage was sent elsewhere. There has been a noticeable improvement in telephony performance which shows in the headlines below.

YAS received 129,126 calls in August, 12.0% below the annual business plan baseline demand. 120,314 (93.2%) of these were answered, 3.8% above last month and 2.0% 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 73.9% from 63.4% in August. Average speed to answer has decreased by 45 seconds to 1 minute 19 seconds compared with 2 minutes 4 seconds last month. Abandonment rate decreased to 6.8% from 10.6% last month.

The proportion of clinician call backs made within 1 hour decreased to 44.5% from 47.7% last month. This is 15.5% below the national target of 60%. Core clinical advice decreased to 21.9% from 22.2% 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 96.3% in August, whilst performance for overall validations was 99.5%, with 9,752 cases validated overall.

ED validation performance decreased to 35.8% from 41.9% 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 52.6% from 53.8% last month and ED bookings increased to 29.1% from 28.1%. Referrals to IUC Treatments Centres have stayed consistent, however an issue with the booking system is causing the bookings figure for this KPI to appear very low.

PTS IPR Key Indicators - August 23

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	16.7%		
PTS - Arrive at Appointment Time	90.0%	88.8%		
PTS - Journeys < 120Mins	90.0%	99.1%		
PTS - Same Month Last Year		2.0%		
PTS - Increase - Previous Month		3.2%		
PTS - Demand (Journeys)		77,189		

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Total Activity for August was 77,189. Total Demand was 2.0% higher than the same month the previous year, equivalent to c 1,500 extra journeys.

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

The average Patients Per Vehicle was 1.27 during August. This is 0.02 lower than the previous month. August saw another increase in private provider hours compared to the previous month (+6.0%). KPI 3 and KPI 4 have been changed to align with the South Yorkshire contract from May and performance has increased since then. In August, short Notice Outwards Performance (KPI 4) was an exception, as the KPI increased to 86.0% (+1.5% on July). Note that performance outside of contractual KPI does provide context and assurance around discharge and arrival for appointment time.

Call levels saw an decrease in August: 1.4% on July however 13.6% lower than last August. Telephony performance continues to struggle: 16.7% for the month of August, following a 9.3% decrease (73.3% under target). Current modelling demonstrates that Reservations required an extra 11.2 FTE online to be able to meet the call demand and achieve service level; recruitment is well underway with additional Trust supported non recurrent funding and the impact of theis will take 2-3 months so long as successful and attrition restores to forecast levels. This is above the contractually funded resource level in PTS reservations; as well as some abstraction level challenges.

Workforce Summary

A&E

IUC

PTS

EOC

Other

Trust



Key KPIs

Name	Aug 22	Jul 23	Aug 23
Turnover (FTE) %	12.4%	10.0%	10.4%
Vacancy Rate %	13.5%	13.7%	13.8%
Apprentice %	8.6%	9.2%	9.6%
BME %	6.2%	6.2%	6.4%
Disabled %	4.7%	6.2%	6.5%
Sickness - Total % (T-5%)	8.4%	6.3%	6.2%
PDR / Staff Appraisals % (T-90%)	63.7%	71.5%	72.0%
Stat & Mand Training (Fire & IG) 1Y	91.7%	97.4%	96.7%
Stat & Mand Training (Core) 3Y	88.9%	96.1%	96.0%
Stat & Mand Training (Face to Face)	77.5%	88.3%	87.7%
Stat & Mand Training (Safeguarding L2 +)	94.2%	96.6%	96.5%

YAS Commentary

FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment, although Turnover has increased slightly, our vacancy rate has slightly increased from July 23. Both vacancies and turnover remain high for IUC with 37.4% and 28.1% respectively. Action planning with the Directorate and the Trust Executive Group are taking place to determine long and short-term solutions for both our call centres. All other Service Lines except for EOC (17.2% (vacancies) and 19.3% (Turnover) are below 15%. The YAS Together programme continues to be able to address some cultural concerns.

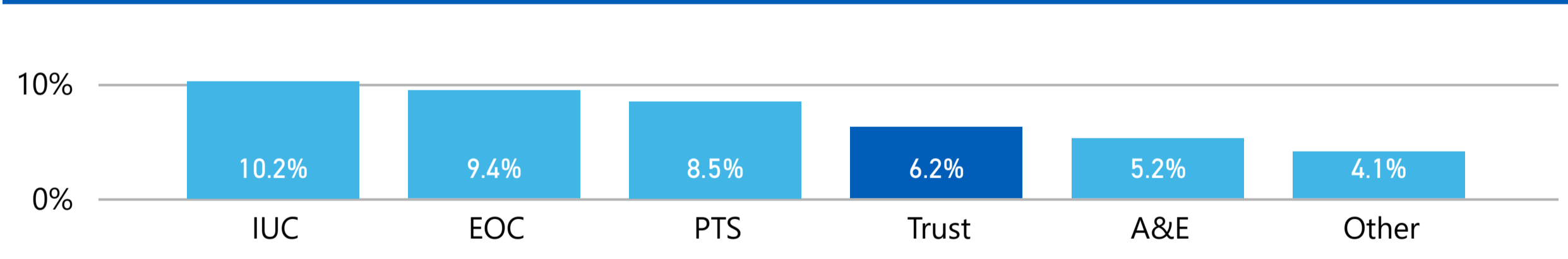
Sickness – Sickness has decreased by one percentage point from the previous month, from 6.3% to 6.2% but the overall trend continues to be downward Trust wide. A sub-group of the Operational Efficiency Group is working to actively reduce absence through a review of absence management processes, reasonable workplace adjustments, MSK/injuries at work. This work is reported through the People Committee.

PDR / Appraisals – Overall compliance rate has stayed the same with a 0.5 percentage point increase from the previous month. PTS remains the highest performing area within the Trust at 82% whereas Other continues to be the worst performing area at 51%, which is a percentage point lower than performance 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 quality appraisals and career conversations. New and regular communications to all Trust managers highlighting use of the Compliance Dashboard have started, encouraging data cleanse and setting clear 90% compliance targets for appraisal completion and training.

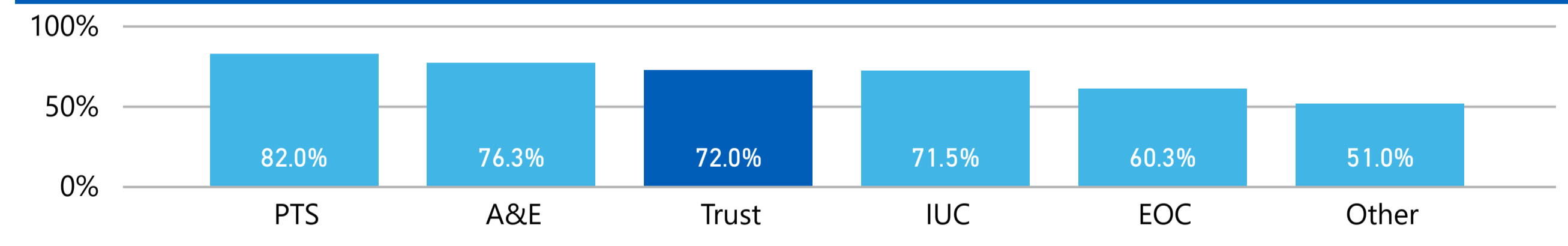
Statutory and Mandatory Training – At Trust level, 3 out of 4 training measures are compliant (90%+). EOC, PTS and Other are all compliant (green) for all categories. Since the targeted work to improve the annual IG and Data Security compliance rate concluded at the end of June, the Fire & IG compliance has dropped slightly but is holding well at 96.7%. A&E is the only area that is non-compliant for Face to Face but remains on track to achieve the agreed 3-year recovery plan. IUC saw >70 Safeguarding Level 2 competences expire in July/Aug resulting in a drop in compliance to 85.7%, this has been highlighted with support, to regain the previous >90% position. Managers receive regular Compliance Dashboard updates with key messages regarding priorities for action, supported by local Essential Learning Champions.

Assurance: All data displayed has been checked and verified

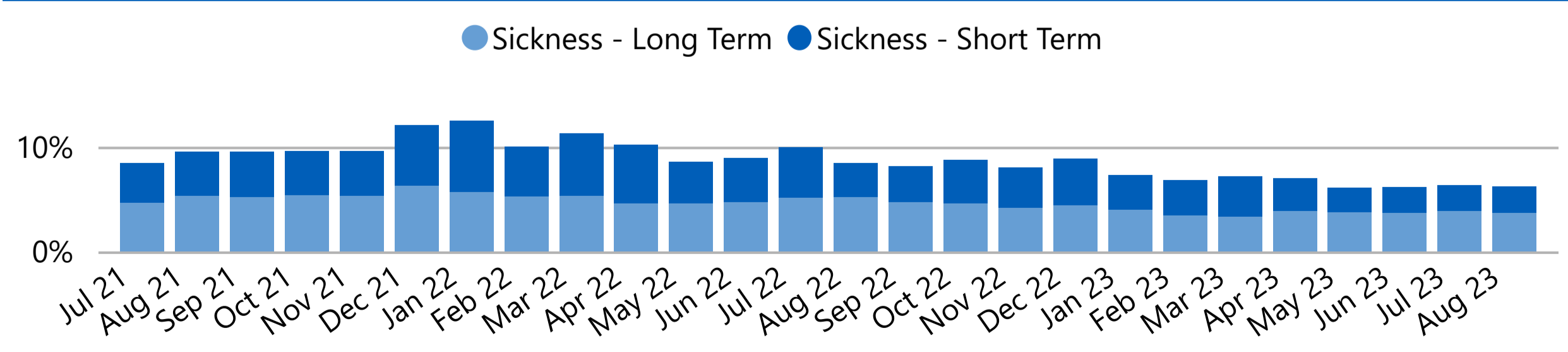
Sickness Benchmark for Last Month



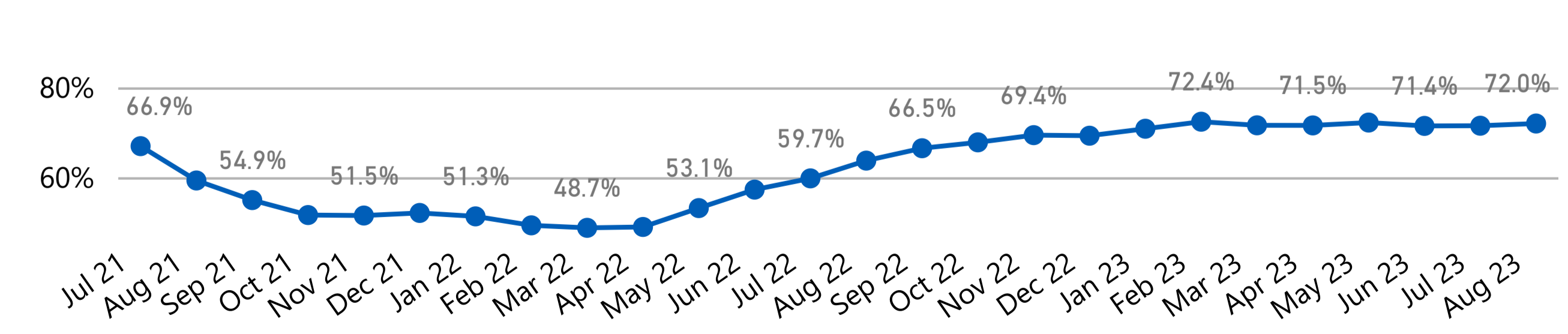
PDR Benchmark for Last Month



Sickness



PDR - Target 90%



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

Overview - Unaudited Position

Overall

The Trust has a year end surplus position at month 5 of £6.5m as shown below. This position is as a result of pay vacancies.

Capital

The expenditure is lower than plan due in the main to delays on Fleet DCA deliveries and the recovery of VAT re 22//23 Major refurb of EOC & Bradford AS together with some dropped 22/23 accruals no longer required.

Cash

As at the end of August the Trust had £77.4m 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	£6,500	£6,500
Cash	£71,917	£77,377	£5,460
Capital	£2,189	£642	-£1,547

Monthly View (£000s)

Indicator Name	2023-05	2023-06	2023-07	2023-08
Surplus/ (Deficit)	£0	£0	£485	£6,015
Cash	£72,220	£76,347	£75,413	£77,377
Capital	£209	£258	£0	£175

Patient Demand Summary

Demand Summary

Indicator	Aug 22	Jul 23	Aug 23
999 - Incidents (HT+STR+STC)	64,634	67,575	66,597
IUC - Call Answered	110,860	125,494	120,314
IUC - Increase - Previous Month	-16.6%	5.4%	-4.1%
IUC - Increase Same Month Last Year	-21.4%	-5.6%	8.5%
IUC - Calls Answered Above Ceiling	-31.0%	-20.1%	-19.6%
PTS - Demand (Journeys)	75,651	74,785	77,189
PTS - Increase - Previous Month	2.8%	-4.3%	3.2%
PTS - Same Month Last Year	8.7%	1.6%	2.0%
PTS - Calls Answered	28,514	25,599	24,316

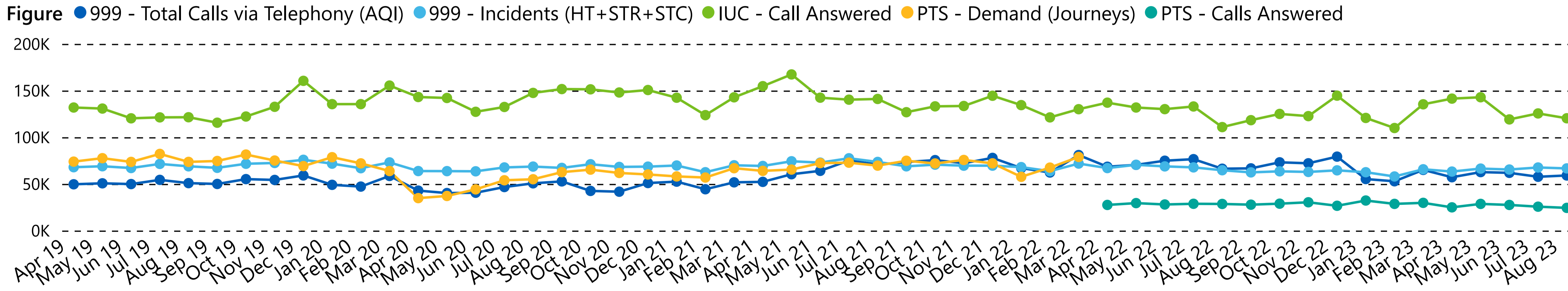
Commentary

999 - On scene response demand was 0.1% below forecasted figures for August and was 1.5% less than in July. All response demand (HT + STR + STC) was 1.4% lower than July but 3.0% higher than August 2022.

IUC - YAS received 129,126 calls in August, 12.0% below the annual business plan baseline demand. 120,314 (93.2%) of these were answered, 3.8% above last month and 2.0% above the same month last year.

PTS - PTS Total Activity for August was 77,189. Total Demand was 2.0% higher than the same month the previous year, equivalent to c 1,500 extra journeys.

Overall Calls and Demand

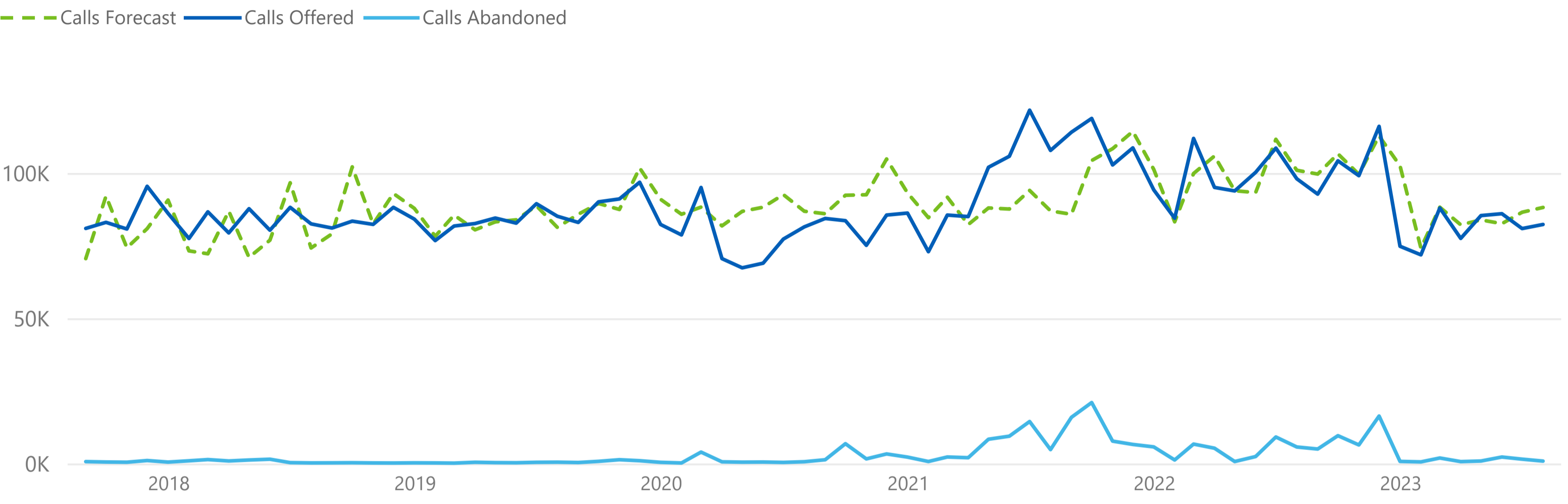


999 and IUC Historic Demand

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



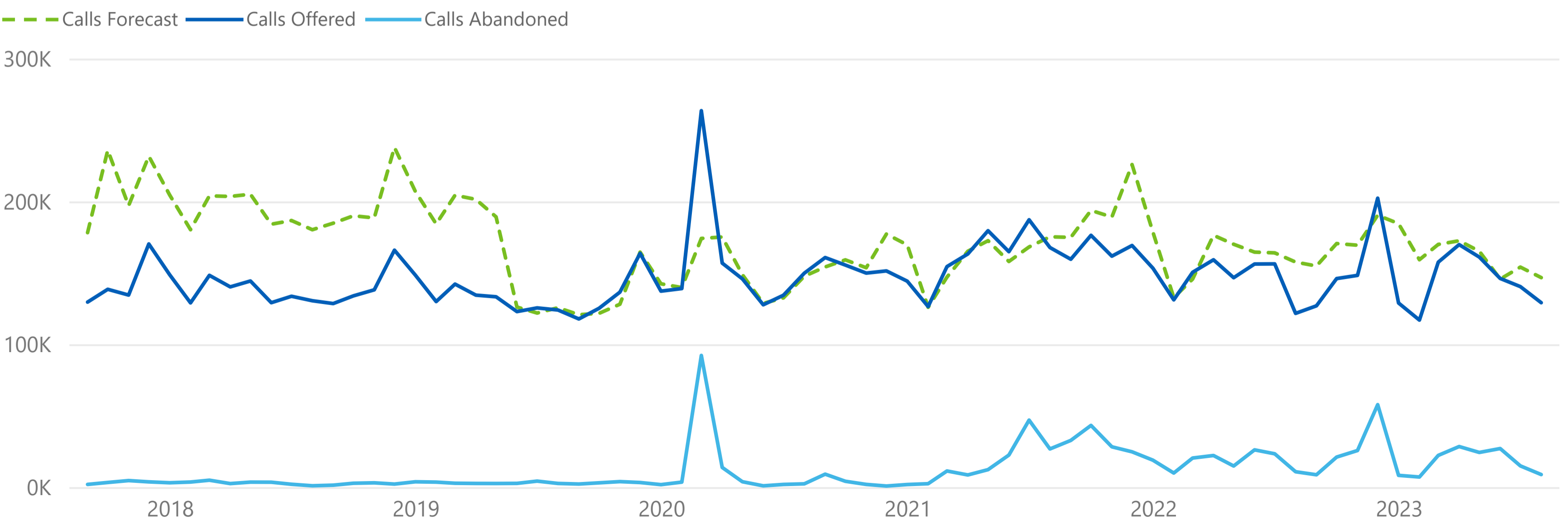
999 Historic Call Demand



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

In August 2023, there were 82,300 calls offered which was 6.6% below forecast, with 81,464 calls answered and 836 calls abandoned (1.0%). There were 1.8% more calls offered compared with the previous month and 16.0% 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 44.3% reduction in abandoned calls compared with the previous month.

IUC Historic Demand



YAS received 129,126 calls in August, 12.0% below the annual business plan baseline demand. 120,314 (93.2%) of these were answered, 3.8% above last month and 2.0% above the same month last year.

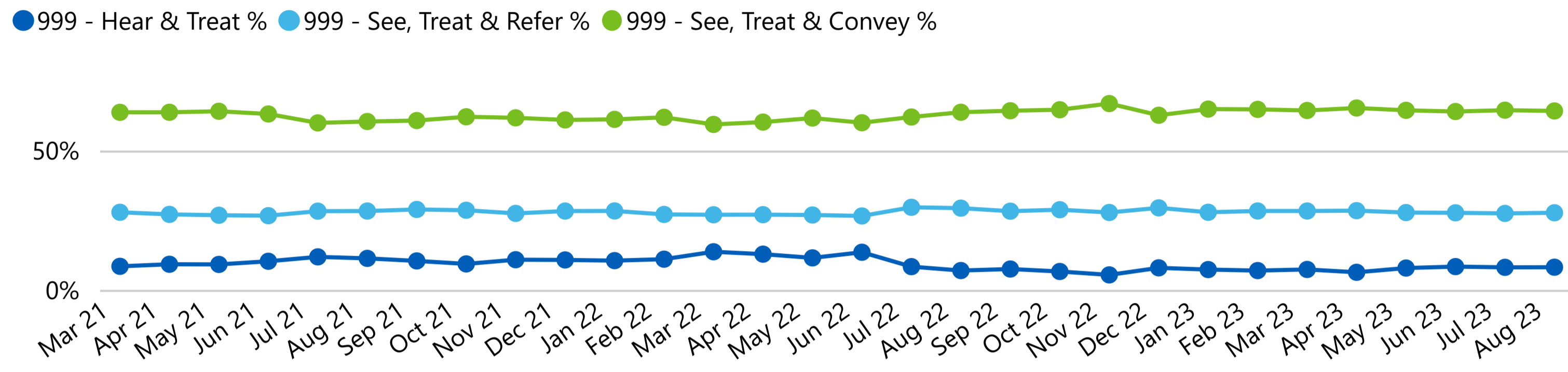
Calls abandoned decreased to 6.8% from 10.6% last month and was 2.0% below last year.

Patient Outcomes Summary

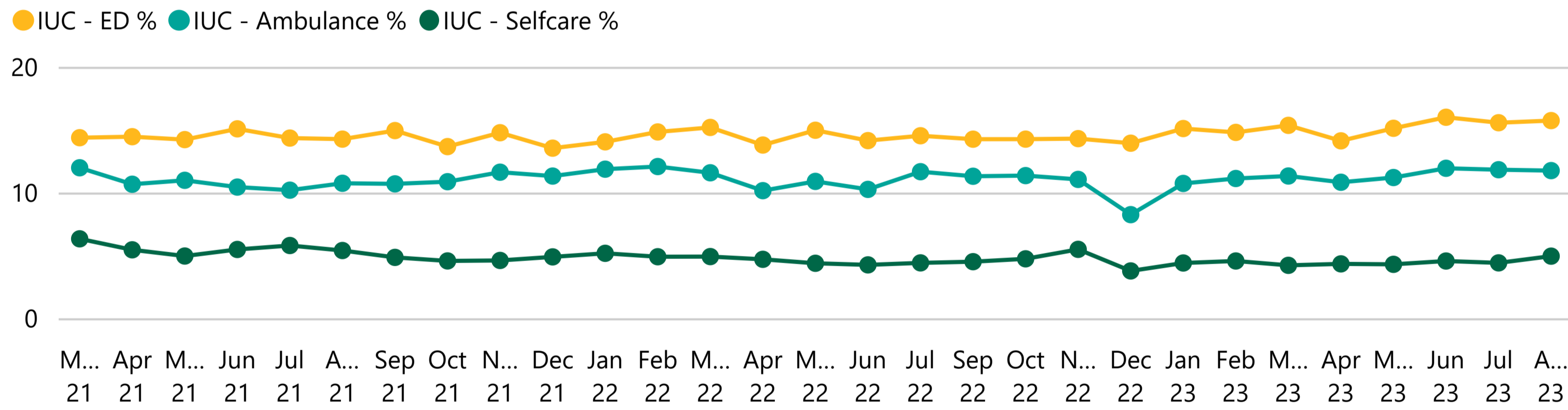
Outcomes Summary

ShortName	Aug 22	Jul 23	Aug 23
999 - Incidents (HT+STR+STC)	64,634	67,575	66,597
999 - Hear & Treat %	6.9%	8.1%	8.1%
999 - See, Treat & Refer %	29.3%	27.4%	27.7%
999 - See, Treat & Convey %	63.8%	64.5%	64.2%
999 - Conveyance to ED %	56.7%	57.1%	56.5%
999 - Conveyance to Non ED %	7.0%	7.4%	7.7%
IUC - Calls Triaged		117,370	112,624
IUC - ED %		15.6%	15.7%
IUC - Ambulance %		11.8%	11.7%
IUC - Selfcare %		4.4%	4.9%
IUC - Other Outcome %		15.2%	15.1%
IUC - Primary Care %		51.6%	51.1%
PTS - Demand (Journeys)	75,651	74,785	77,189

999 Outcomes



IUC Outcomes



Commentary

999 - Comparing incident outcomes proportions within 999 for August 2023 against August 2022, the proportion of hear & treat increased by 1.2%, see treat & refer decreased by 1.7% and see treat & convey increased by 0.5%. The proportion of incidents with conveyance to ED decreased by 0.2% from August 2022 and the proportion of incidents conveyed to non-ED increased by 0.7%.

IUC - The proportion of callers given an Ambulance outcome was 11.7%, with Primary Care outcomes at 51.1%. The proportion of callers given an ED outcome was 15.7%. The percentage of ED outcomes where a patient was referred to a UTC was 14.7%, 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 - Clare Ashby)

A&E

EOC

IUC

PTS

YAS



Patient Relations

Complaints, Compliments, Concerns and Service to Service

Indicator

Aug 22

Jul 23

Aug 23

Service to Service

104

101

76

Concern

31

39

31

Compliment

54

111

103

Complaint

75

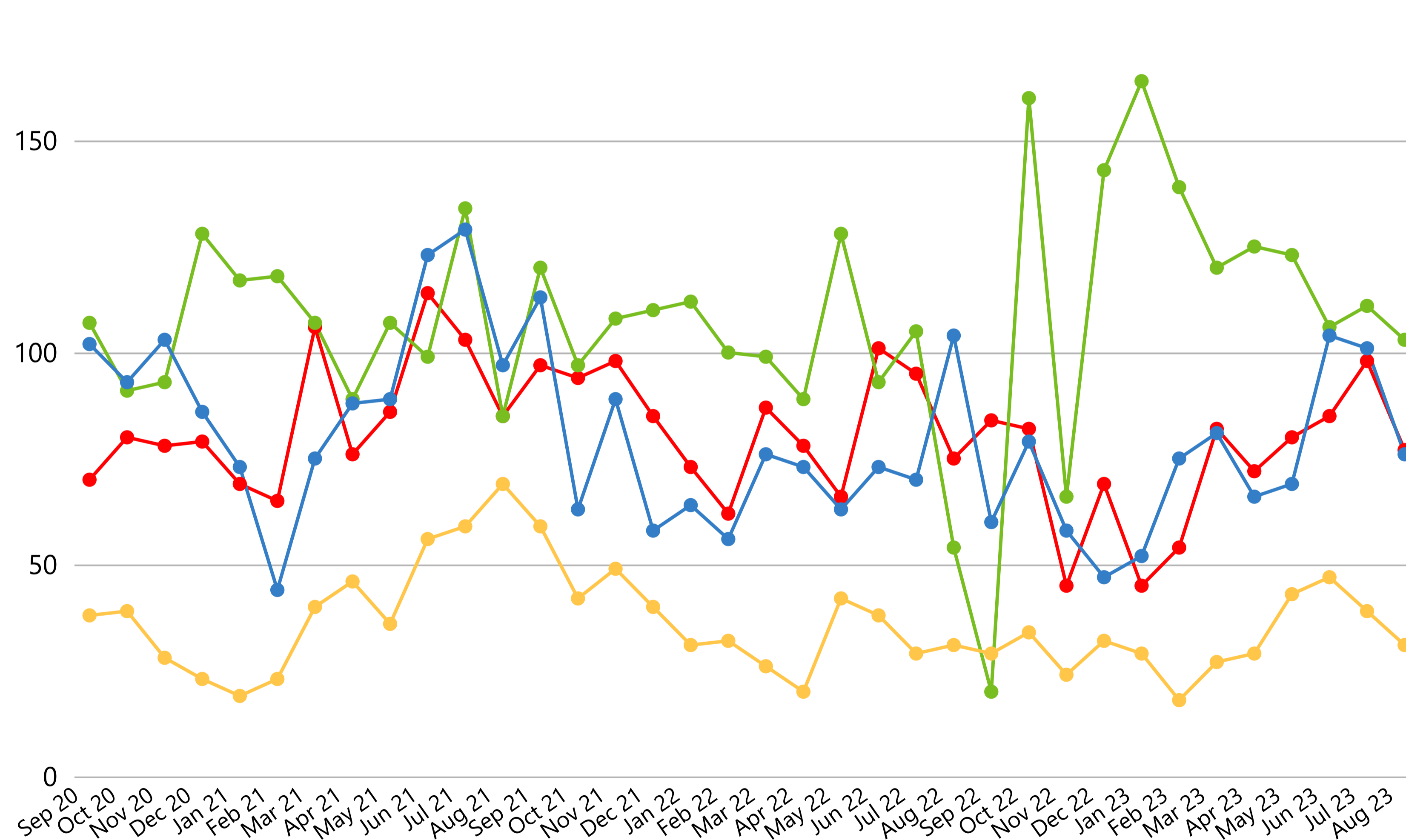
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77

YAS Comments

Patient relations - The overall number of Complaints and Concerns have decreased against the previous month. Compliments have also dropped slightly. Service to Service cases saw a drop of 24%. Formal complaints have decreased for A&E and PTS but increased for both EOC and IUC this month.

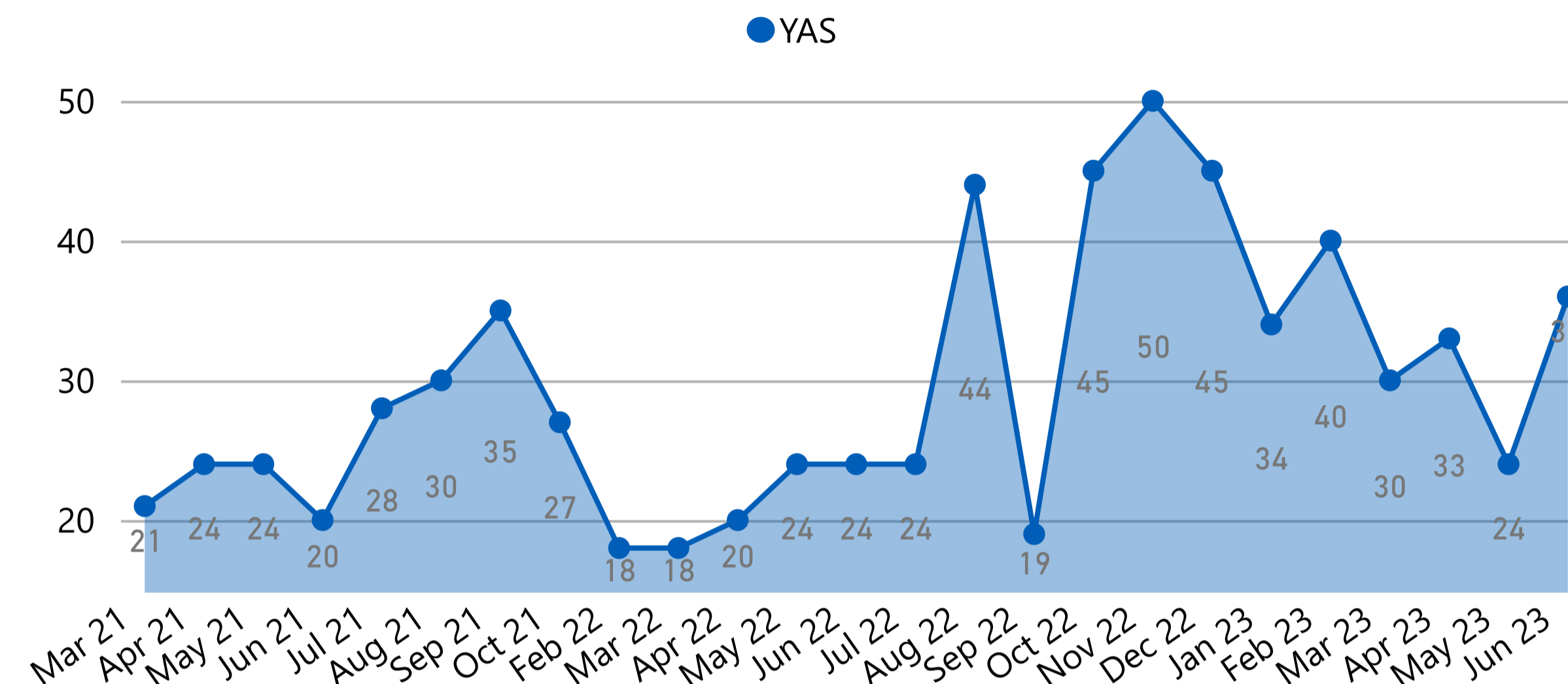
● Complaint ● Compliment ● Concern ● Service to Service



Incidents

Indicator	Aug 22	Jul 23	Aug 23
All Incidents Reported	780	827	824
Number of duty of candour contacts	14	32	26
Number of RIDDORs Submitted	3	5	5
	Jun 22	May 23	Jun 23
Moderate & Above Harm (verified)	24	24	36
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	5	8	7
Serious incidents (verified)	8	8	8

Incidents - Verified Moderate and Above Harm



Safeguarding

Indicator	Aug 22	Jul 23	Aug 23
Domestic Homicide Review (DHR)	2	2	2
Safeguarding Adult Review (SAR)	1	2	3
Child Safeguarding Practice Review/Rapid Review (CSPR/RR)		2	
Child Death	16	13	11

YAS Comments

Domestic Homicide Reviews (DHR) – Two requests for information in relation to DHR’s were received in August. Domestic abuse in a relationship was a prominent theme prior to the death of each adult.

Safeguarding Adult Review (SAR) - Three requests for information in relation to SAR’s were received in August. Death by suicide and lack of engagement with services were identified as themes in these cases.

Child Safeguarding Practice Review / Rapid Review (CSPR/RR) – Nil requests were received in August.

Child death - The Safeguarding team contributed information in regard to 11 children who died in July. Ages of the children ranged from 0-17. Prominent themes included death of a child on the road (RTC) and premature birth.

A&E Long Responses

Indicator	Aug 22	Jul 23	Aug 23
999 - C1 Responses > 15 Mins	1,126	840	758
999 - C2 Responses > 80 Mins	2,821	2,339	1,819

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



Care Bundles (Last 3 Results)

Indicator	Aug 22	Oct 22	Nov 22	Jan 23	Feb 23	Apr 23
STEMI %		60.0%		67.0%		52.0%
Stroke %	93.0%		95.0%		94.0%	

STEMI Clinical Care Bundle – This clinical care bundle consists of four elements: administration of Aspirin, administration of GTN, administration of analgesia and recording of pre and post analgesia pain scores. Compliance with the overall STEMI clinical care bundle continues to be below 70%. When looking at compliance for the individual elements of the clinical care bundle, administration of analgesia and pre and post analgesia pain score recording are the two elements with bring down the average compliance for the total clinical care bundle. April 2023 saw a drop to 52% overall compliance; this has been largely attributed to failure to administer analgesia. These incidents are to be clinically reviewed & investigations as to crew qualification on scene are also being carried out. Themes & trends from these actions will be discussed at trust meetings including CQDF & disseminated appropriately.

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

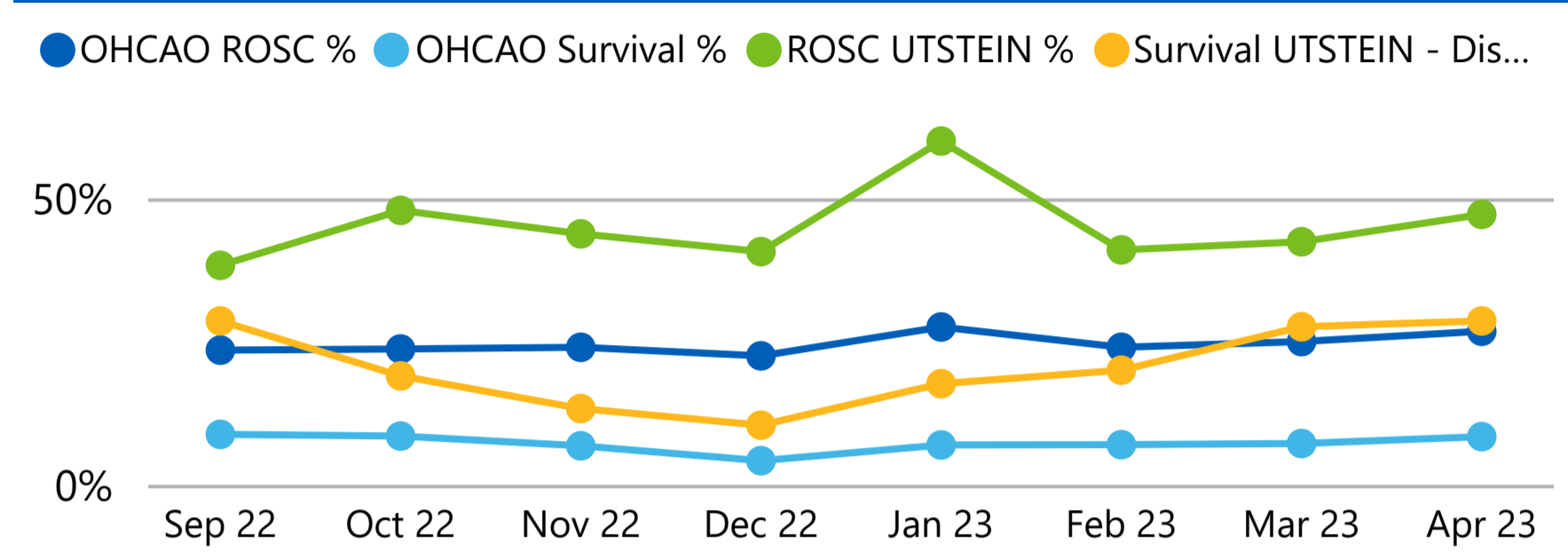
STEMI Analgesia

Indicator	Oct 22	Jan 23	Apr 23
Number of YAS STEMI patients	206	241	235
STEMI Pre & Post Pain Score	183	221	198
STEMI Pre & Post Pain Score %	88.8%	91.7%	84.3%

Sentinal Stroke National Audit Programme (SSNAP)

Indicator	Feb 23	Mar 23	Apr 23
Avg time (mins) from call to hospital	84	88	87
Total Patients	420	471	439

ROSC and Survival



Cardiac Arrest Clinical Patient Outcomes – During 2022, YAS attempted resuscitation on an average of 332 patients per month, with a significant increase in December 2022 (502). 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.

ROSC & Survival

Indicator	Feb 23	Mar 23	Apr 23
Number of Patients with ROSC at Hospital Arrival	67	81	77
Number of Patients YAS continued / commenced CPR (ROSC)	277	324	287
Number of Patients who survived to discharge	19	27	23

Clinical Final Working Impressions (ePR)- Top 5

	Jul 23	Aug 23
1	No abnormality detected (no new injury or illness found) (6.6%)	No abnormality detected (no new injury or illness found) (6.7%)
2	Acute coronary syndrome (ACS) (4.3%)	Acute coronary syndrome (ACS) (4.7%)
3	Lower respiratory tract infection (3.8%)	Lower respiratory tract infection (3.6%)
4	Sepsis (2.6%)	Sepsis (2.7%)
5	Vasovagal syncope (2.6%)	Vasovagal syncope (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	Jun 23	Jul 23	Aug 23
ePR Referrals (%)	8.9%	9.1%	8.9%
ePR Referrals	4,462	4,703	4,525
ePR Records	50,349	51,858	51,110

Estates

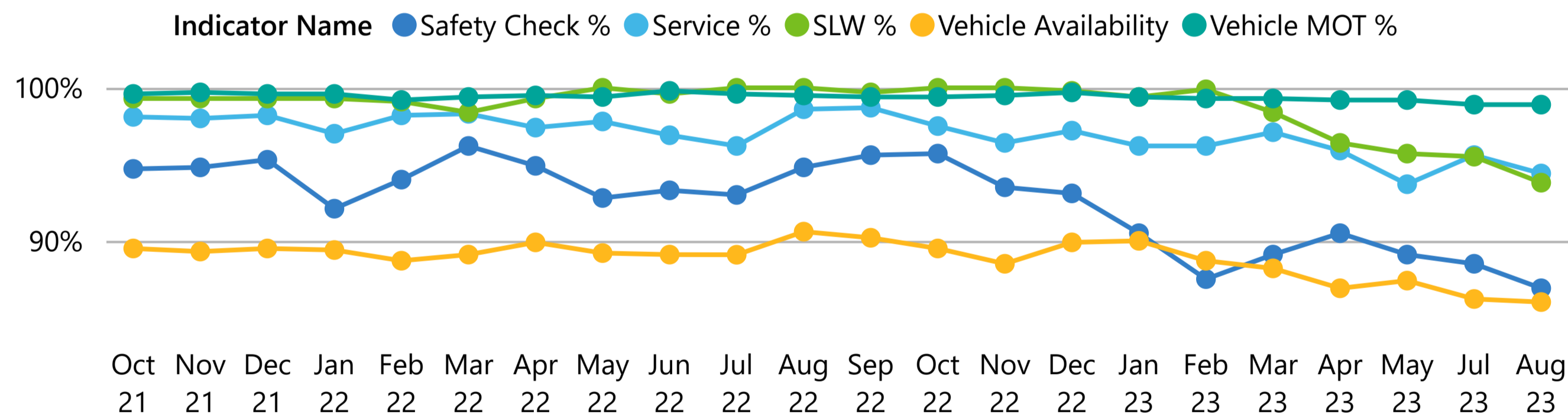
Indicator	Jul 23	Aug 23
P1 Emergency (2 HRS)	100.0%	100.0%
P1 Emergency – Complete (<24Hrs)		100.0%
P2 Emergency (4 HRS)	96.2%	79.4%
P2 Emergency – Complete (<24Hrs)	88.5%	79.4%
Planned Maintenance Complete	99.8%	99.8%
P6 Non Emergency - Attend within 2 weeks	95.5%	85.9%
P6 Non Emergency - Complete within 4 weeks	84.9%	59.2%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 262 jobs for the month of August. This is slightly lower than the representative theme of an average 300 repairs requests within month, Springhill remains the largest requester for service at 21 requests followed by HART at 19 and Callflex at 15 requests for reactive works. SLA figures are lower than usual with an overall response KPI at 87% and completion KPI at 78%.

The other categories aside the P1 & P2 emergency works are - P3 attend within 24 hours and P4 which is attend within 2 days. The P4 category accounts for just over a third of request with attendance KPI at 88% 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 near 100% for August.

999 Fleet



999 Fleet Age

IndicatorName	Aug 22	Jul 23	Aug 23
Vehicle age +7	14.6%	12.0%	12.0%
Vehicle age +10	1.8%	1.0%	1.0%

PTS Age

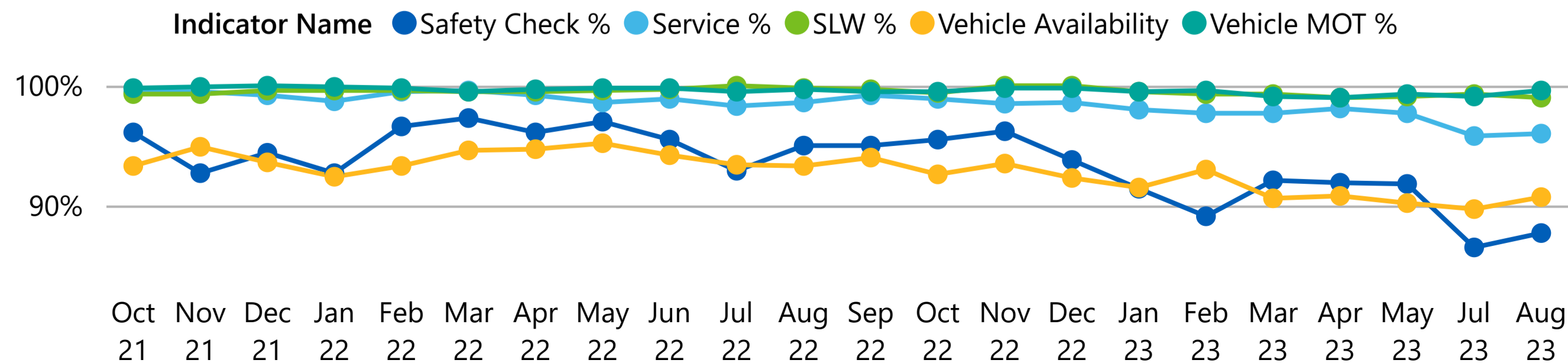
IndicatorName	Aug 22	Jul 23	Aug 23
Vehicle age +7	8.9%	28.5%	28.0%
Vehicle age +10	1.0%	4.5%	4.5%

Fleet Comments

A&E availability stabilised at 86% in August with the high level of vehicle off the road being attributed to the number of vehicles requiring engines which are back ordered with Fiat, a secondary supplier has been sourced and engines ordered.

The engine shortage is a national problem with several trust being affected; this issue is being addressed by the National Ambulance Fleet Group. Due to the higher numbers of longer term VOR overall A&E routine maintenance compliance has seen a drop of 1.1% to 93.5% this will be addressed before vehicles go back on the road. PTS compliance remains high with availability increasing by 0.4% to 95.6% overall. Fleet are working with operational colleagues to ensure rotas have the required vehicle availability.

PTS Fleet



A&E age profile remains stable this month, the 64 DCA have suffered a further delay until October this is due to the ongoing issues with whole vehicle type approval, issues are attributed to the availability of staff within the Vehicle Certification Agency (VCA), the VCA are now 4 weeks into the 6 week SLA for the certification and we should see a resolution by 4th October. PTS vehicles over 7 years has decreased and 10 years has remained stable, with vehicle orders proceeding.

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
IUC06	IUC - Core Clinical Advice	percent	Proportion of patients that received core clinical advice
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
PTS06	PTS - Answered < 180 Secs	percent	The percentage of calls answered within 180 seconds via the telephony system

Glossary - Indicator Descriptions (Quality and Safety)

Quality and Safety

mID	ShortName	IndicatorType	AQIDescription
QS01	All Incidents Reported	int	
QS02	Serious	int	
QS03	Moderate & Above Harm	int	
QS04	Medication Related	int	
QS05	Number of duty of candour contacts	int	
QS06	Duty of candour contacts exceptions	int	
QS07	Complaint	int	
QS08	Compliment	int	
QS09	Concern	int	
QS10	Service to Service	int	
QS11	Adult Safeguarding Referrals	int	
QS12	Child Safeguarding Referrals	int	
QS26	Moderate and Above Harm (Per 1K Incidents)	int	
QS28	Moderate & Above Harm (Verified)	int	
QS29	Patient Incidents - Major, Catastrophic, Catastrophic (death)	int	
QS30	Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	int	
QS31	Domestic Homicide Review (DHR)	int	
QS32	Safeguarding Adult Review (SAR)	int	
QS33	Child Safeguarding Practice Review/Rapid Review (CSPR/RR)	int	
QS34	Child Death	int	
QS24	Staff survey improvement question	int	(TBC, yearly)
QS21	Number of RIDDORs Submitted	int	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Glossary - Indicator Descriptions (Workforce)

Workforce

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

Glossary - Indicator Descriptions (Clinical)

Clinical

mID	ShortName	IndicatorType	Description
CLN43	STEMI Pre & Post Pain Score %	percent	Proportion of patients with a pre-hospital clinical working impression of STEMI who had a pre & post analgesia pain score recorded as part of their patient record
CLN42	STEMI Pre & Post Pain Score	int	Number of patients with a pre-hospital clinical working impression of STEMI who had a pre & post analgesia pain score recorded as part of their patient record
CLN41	STEMI Analgesia %	percent	Proportion of patients with a pre-hospital clinical working impression of STEMI who received the appropriate analgesia
CLN40	Number of patients who received appropriate analgesia (STEMI)	int	Number of patients with a pre- hospital clinical working impression of STEMI who received the appropriate analgesia
CLN39	Re-contacts - Conveyed (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN37	Re-contacts - S&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN35	Re-contacts - H&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN32	Survival UTSTEIN - Patients Discharged Alive	int	Survival UTSTEIN - Of R4n, patients discharged from hospital alive.
CLN30	ROSC UTSTEIN %	percent	ROSC UTSTEIN - Proportion who had ROSC on arrival at hospital.
CLN28	ROSC UTSTEIN Patients	int	ROSC UTSTEIN - Patients with resuscitation commenced / continued by Ambulance Service.
CLN27	ePR Referrals (%)	percent	Proportion of ePR referrals made by YAS crews at scene.
CLN24	Re-contacts (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN21	Call to Balloon Mins for STEMI Patients (90th Percentile)	int	MINAP - For M3n, 90th centile time from call to catheter insertion for angiography.
CLN20	Call to Balloon Mins for STEMI Patients (Mean)	int	MINAP - For M3n, mean average time from call to catheter insertion for angiography.
CLN18	Number of STEMI Patients	int	Number of patients in the MINAP dataset an initial diagnosis of myocardial infarction.
CLN17	Avg time (mins) from call to hospital	int	SSNAP - Avg Time from call to hospital.
CLN15	Stroke %	percent	Proportion of adult patients with a pre-hospital impression of suspected stroke who received the appropriate best practice care bundle.
CLN12	Sepsis %	percent	Proportion of adult patients with a pre- hospital impression of suspected sepsis with a NEWS2 score of 7 and above who received the appropriate best practice care bundle
CLN09	STEMI %	percent	Proportion of patients with a pre-hospital clinical working impression of STEMI who received

Glossary - Indicator Descriptions (Fleet and Estates)

Fleet and Estates

mID	ShortName	IndicatorType	Description
FLE07	Service %	percent	Service level compliance
FLE06	Safety Check %	percent	Safety check compliance
FLE05	SLW %	percent	Service LOLER (Lifting Operations and Lifting Equipment Regulations) and weight test compliance
FLE04	Vehicle MOT %	percent	MOT compliance
FLE03	Vehicle Availability	percent	Availability of fleet across the trust
FLE02	Vehicle age +10	percent	Vehicles across the fleet of 10 years or more
FLE01	Vehicle age 7-10	percent	Vehicles across the fleet of 7 years or more
EST15	P5 Non Emergency - Logged to Wrong Category	percent	P5 Non Emergency - Logged to Wrong Category
EST14	P6 Non Emergency - Complete within 4 weeks	percent	P6 Non Emergency - Complete within 4 weeks
EST13	P6 Non Emergency - Attend within 2 weeks	percent	P6 Non Emergency - Attend within 2 weeks
EST12	P2 Emergency – Complete (<24Hrs)	percent	P2 Emergency – Complete within 24 hrs compliance
EST11	P2 Emergency (4 HRS)	percent	P2 Emergency – attend within 4 hrs compliance
EST10	Planned Maintenance Complete	percent	Planned maintenance completion compliance
EST09	All calls (Completion) - average	percent	Average completion compliance across all calls
EST08	P4 Non Emergency – Complete (<14 Days)	percent	P4 Non Emergency completed within 14 working days compliance
EST07	P3 Non Emergency – Complete (<72rs)	percent	P3 Non Emergency completed within 72 hours compliance
EST06	P1 Emergency – Complete (<24Hrs)	percent	P1 Emergency completed within 24 hours compliance
EST05	Planned Maintenance Attendance	percent	Average attendance compliance across all calls
EST04	All calls (Attendance) - average	percent	All calls (Attendance) - average
EST03	P4 Non Emergency (<24Hrs)	percent	P4 Non Emergency attended within 2 working days compliance
EST02	P3 Non Emergency (<24Hrs)	percent	P3 Non Emergency attended within 24 hours compliance
EST01	P1 Emergency (2 HRS)	percent	P1 Emergency attended within 2 hours compliance