



Integrated Performance Report









September 2023

Published 23 October 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.

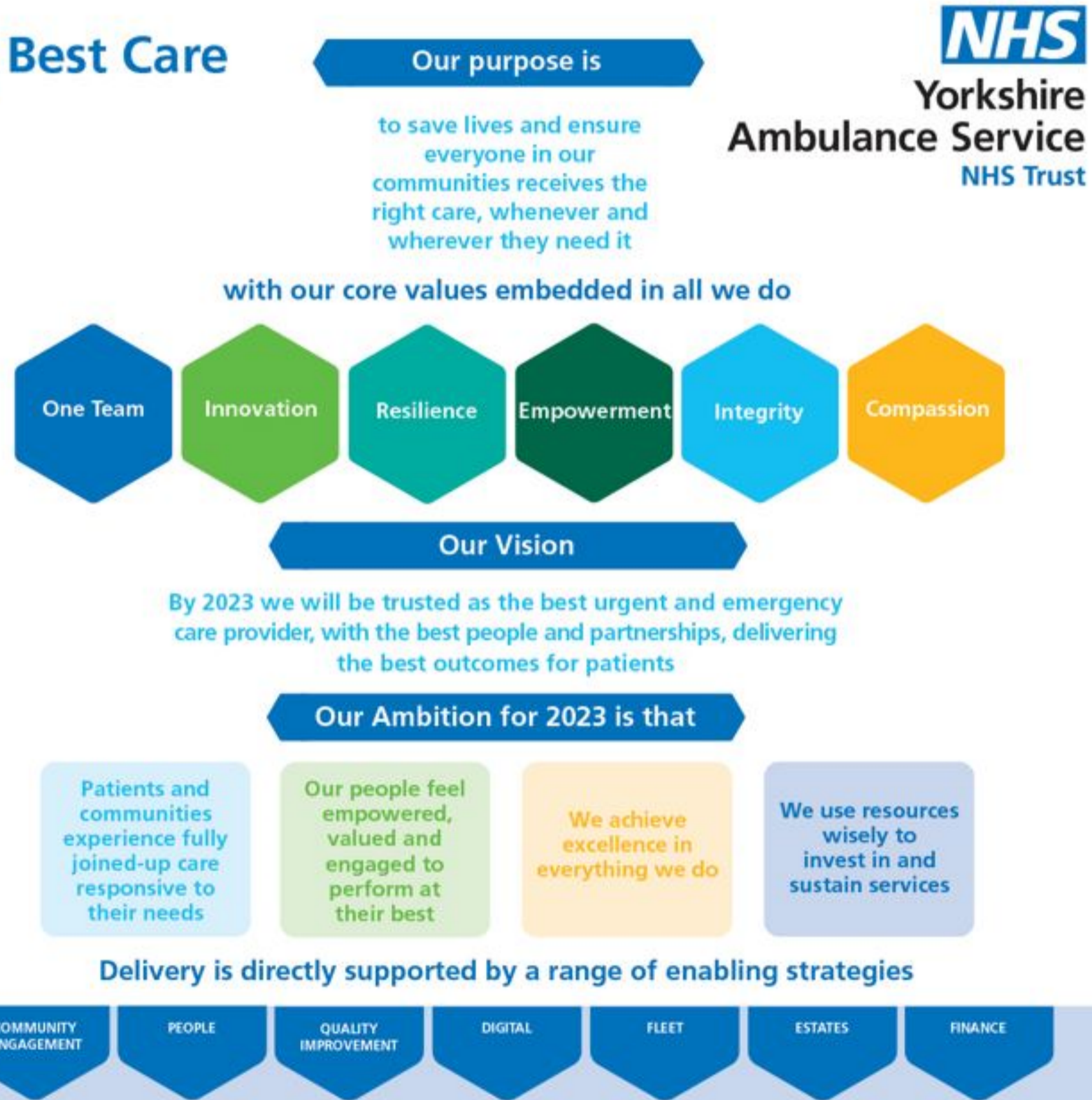
Table of Contents

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



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

One Team, Best Care



NHS
Yorkshire
Ambulance Service
NHS Trust



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.

September 2023 TEG+ Portfolio Delivery Dashboard

Reporting Status Date: 29/09/23

Overall YAS Change Portfolio Status - AMBER

Key: PJ - Project PG - Program B-BAU

Project RAG Status: **7 (+5) RED Projects** **7 (-4) AMBER Projects** **10 (-2) GREEN Projects** **2 (0) PAUSED/STOPPED** **4 (+1) Completed Projects** Total Entries = 30

Our people Workforce

Our People (5) - Portfolio Status - AMBER
0 RED 2 Amber 3 Green Pause/Stop Completed

SRO - Suzanne Hartshorne
international recruitment
Extended to cover additional round of recruitment. Then Planned to RAH
Occupational Health Mode
VERALL STATUS --
Deliver -- benefit -- PJ

SRO - Mandy Wilcock

YAS Together (Year 1)
VERALL STATUS --
Deliver -- benefit -- PJ

Operating Model Programme
VERALL STATUS --
Deliver -- benefit -- PG

SRO - David O'Brien

Bodyworn Camera Pilot
VERALL STATUS --
Deliver -- benefit --

Our patients Patient Centred

Our Patients (13) - Portfolio Status - AMBER
2 RED 4 Amber 4 Green Pause/Stop Completed

SRO - Jackie Cole

A&E and EOC Programmes
VERALL STATUS --
Deliver -- benefit -- PG

Rotational Paramedics in Handover - Close in
VERALL STATUS --
Deliver -- benefit -- PJ

Yorkshire Air Ambulance Review
VERALL STATUS --
Deliver -- benefit -- PG

Mass Communications 1001 To inform GATE 2 Business Case Go/No Go
VERALL STATUS --
Deliver -- benefit -- PJ

Enhancement to Career Pathway
VERALL STATUS --
Deliver -- benefit -- PJ

Phase 2 - Post Registration Paramedic
G Closed *Subject
PJ

EOC Bus Continuity Imps (Fairfields)
Issue Report Draft
PJ

SRO - Lesley Butterworth

Mental Health Programme
VERALL STATUS --
Deliver -- benefit -- PG

SRO - Chris Dester

MEPTS Eligibility Implementation
VERALL STATUS --
Deliver -- benefit -- PG

SRO - David Beet

IUC Improvement Programme Phs 1
VERALL STATUS --
Deliver -- benefit -- PG

1. Rota Review (ORH) Delivery -- Benefit -- PJ
2. Clinical Career Pathway IUC Delivery -- Benefit -- PJ
3. IUC Leadership Apprenticeships Delivery -- Benefit -- PJ
4. Recruitment & Marketing Strategy Delivery -- Benefit -- PJ
5. IUC Uniforms Delivery -- Benefit -- PJ

TEG+ 1st Line of Assurance : SRO - Liz Eastwood

NHS Charities Together-V1
VERALL STATUS --
Deliver -- benefit -- PJ

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

Priority Patient Pathways & Safer Right Care
VERALL STATUS --
Deliver -- benefit -- PJ

Stroke Video Triage Pilot
Completing Closure Sign From TEG/TEG+
Completed Sept 23

Our places Agile Operations

Our Places (8) - Portfolio Status - AMBER
4 RED 1 Amber 1 Green Pause/Stop Completed

SRO - Glen Adams

Trust Demand Wforce & 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 Programme
VERALL STATUS --
Deliver -- benefit -- PJ

Scarborough Cluster AYP
VERALL STATUS --
Deliver -- benefit -- PJ

Hull Hub & Spoke Project Paused
PAUSE --
PAUSE -- PAUSE -- PJ

Hybrid / Agile Working (Phases 1 & 2)
Issue Report Draft waiting SRO Sign
PJ

Digital Enablers

Digital Enablers (2) - Portfolio Status - AMBER
1 RED 0 Amber 1 Green Pause/Stop Completed

SRO - Simon Marsh

Clinical Systems Developn
VERALL STATUS --
Deliver -- benefit -- PG

ICP-Mobile Data Vehicle Soln
VERALL STATUS --
Deliver -- benefit -- PJ

Northern Ambulance Alliance

NAA (2) - Portfolio Status - AMBER
0 RED 0 Amber 1 Green Pause/Stop Completed

SRO - Carol Weir

Integrated CAD
PROJECT STOPPED
Issue Report Recd
PJ

Robotic Process Automat
VERALL STATUS --
Deliver -- benefit -- PG

Other Projects 'In Closure'
FY22/23 Project: Supporting Fallers Outside by CFRs (Closure)
FY22/23 Project: E-Expenses Software (Gate 4 Th

New Projects Pending
GRS Replacement (GR165) - Due to commence (Initiate and Delivery) in October 23
EOC improvement - Due to commence (Initiate and Delivery) in October 23
ESMCP Control Room Solution
Integrated CAS

999 IPR Key Exceptions - September 23

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:10		
999 - Answer 95th Percentile		00:01:12		
999 - AHT		364		
999 - Calls Ans in 5 sec	95.0%	80.9%		
999 - C1 90th (T <15Mins)	00:15:00	00:14:42		
999 - C2 Mean (T <18mins)	00:18:00	00:32:39		
999 - C2 90th (T <40Mins)	00:40:00	01:13:26		
999 - C3 Mean (T - <1Hr)	01:00:00	01:36:42		
999 - C3 90th (T - <2Hrs)	02:00:00	03:35:16		
999 - C4 90th (T < 3Hrs)	03:00:00	05:23:29		
999 - C1 Responses > 15 Mins		827		
999 - C2 Responses > 80 Mins		3,075		
999 - Job Cycle Time		01:48:24		
999 - Avg Hospital Turnaround	00:30:00	00:47:19		
999 - Avg Hospital Handover	00:15:00	00:19:55		
999 - Avg Hospital Crew Clear	00:15:00	00:20:53		
999 - C1 Mean (T <7Mins)	00:07:00	00:08:28		
999 - Average Hospital Notify Time		00:07:10		
999 - Total lost handover time		00:59:33		
999 - Crew clear over 30 mins %		23.0%		
999 - C1%		14.6%		
999 - C2%		60.8%		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 00:00:10 for September, a decrease from August of 00:00:02. The median remained the same at zero seconds while the 90th increased and the 95th and 99th percentile decreased. The 90th increased from 00:00:41 in August to 00:00:43 in September, 95th decreased from 00:01:31 to 00:01:12 and 99th decreased from 00:03:32 to 00:01:44. This indicates that there was an overall decrease in the call answer times for September, particularly at the tail end with fewer longer waits.

Cat 1-4 Performance - Performance times worsened in September and the only measure to achieve the national target was the Cat1 90th percentile, with times being exceptionally low in the month. The mean performance time for Cat1 worsened from August by 00:00:03 and the 90th percentile worsened by 00:00:06. The mean performance time for Cat2 worsened from August by 00:05:50 and the 90th percentile worsened by 00:14:03.

Abstractions were 0.1% higher than forecast for September, though falling 0.1% from August. Weekly Net staff hours have risen compared to August by almost 1800 hours per week. Overall availability decreased by 1.9% from August. Compared to September 2022, abstractions are down by 0.9% and availability is up by 3.9%.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 75.3% in September (14.6% Cat1, 60.8% Cat2) after a 2.0% increase compared to August (0.9% increase in Cat1 and 1.1% increase in Cat2). Comparing against September for the previous year, Cat1 proportion increased by 2.0% and Cat2 proportion decreased by 0.2%.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target increased in September, with 827 responses over this target. This is 69 (9.1%) more compared to August. The number for last month was 29.5% less compared to September 2022. The number of Cat2 responses greater than 2x 90th percentile target increased from August by 1,256 responses (69.0%). This is a 35.0% decrease from September 2022.














Job cycle time - Overall, the average job cycle time increased by 00:01:56 from August and was 00:07:45 less than September 2022.

Hospital - Last month the average handover time increased by 00:01:04 and overall turnaround time increased by 00:01:56. The number of conveyances to ED was 0.1% higher than in August and 5.7% higher than in September 2022.

Demand Page - On scene response demand was 1.0% above forecasted figures for September and was 0.1% less than in August. All response demand (HT + STR + STC) was 0.0% higher than August and 6.8% higher than September 2022.

Outcomes Page - Comparing incident outcomes proportions within 999 for September 2023 against September 2022, the proportion of hear & treat increased by 0.7%, see treat & refer decreased by 0.3% and see treat & convey decreased by 0.4%. The proportion of incidents with conveyance to ED decreased by 0.6% from September 2022 and the proportion of incidents conveyed to non-ED increased by 0.1%.

IUC IPR Key Indicators - September 23

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		120,817		
IUC - Increase - Previous Month		0.4%		
IUC - Increase Same Month Last Year		2.2%		
IUC - Calls Triaged		113,347		
IUC - Calls Abandoned	3.0%	8.7%		
IUC - Answer Mean	00:00:20	00:01:31		
IUC - Answered in 60 Secs	90.0%	68.1%		
IUC - Call back in 1 Hour	60.0%	44.0%		
IUC - ED Validations %	50.0%	45.4%		
IUC - Ambulance validations %	75.0%	99.6%		
IUC - ED %		16.1%		
IUC - ED outcome to A&E		69.4%		
IUC - ED outcome to UTC		13.8%		
IUC - Ambulance %		12.3%		

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.

Due to continued high numbers of new starters going through the training process and experienced staff assisting with coaching, call performance metrics are being impacted and not at target levels as expected. Whilst it is no longer a national KPI, we are continuing to monitor the percentage of calls answered in 60 seconds, as it is well recognised within the IUC service and operations as a benchmark of overall performance. This measure decreased to 68.1% from 73.9% in September. Average speed to answer has increased by 12 seconds to 1 minute 31 seconds compared with 1 minute 19 seconds last month. Abandonment rate increased to 8.7% from 6.8% last month.

The proportion of clinician call backs made within 1 hour decreased to 44.0% from 44.5% last month. This is 16.0% below the national target of 60%. Core clinical advice increased to 22.1% from 21.9% last month. These figures are calculated based on the new ADC specification, which removes 111 online cases from counting as part of clinical advice, and also locally we are removing cases which come from the DCABS clinical service as we do not receive the initial calls for these cases.

The national KPI for ambulance validations monitors performance against outcomes validated within 30 minutes, rather than just all outcomes validated, and the target for this is 75% of outcomes. However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the National KPI, performance was 96.7% in September, whilst performance for overall validations was 99.6%, with 9,890 cases validated overall.

ED validation performance increased to 45.4% from 35.8% 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 47.8% from 52.6% last month and ED bookings decreased to 27.6% from 29.1%. 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 - September 23

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	13.0%		
PTS - Arrive at Appointment Time	90.0%	85.7%		
PTS - Journeys < 120Mins	90.0%	99.1%		
PTS - Same Month Last Year		0.0%		
PTS - Increase - Previous Month		-2.6%		
PTS - Demand (Journeys)		75,146		

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Total Activity for September was 75,146. Total Demand was in line with the same month the previous year, 31 fewer journeys.

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

The average Patients Per Vehicle was 1.27 during September; in line with the previous month. Private provider hours have seen an increase over the past 3 months compared to the preceding 3 months. There was a slight decrease in private provider hours in September (-3.6%), however this is still 32.4% above the average between April and June. KPI 3 and KPI 4 have been changed to align with the South Yorkshire contract from May and performance has generally increased since then, with performance in August a positive exception. In September, short Notice Outwards Performance (KPI 4) decreased to 80.7% (-5.2% on August) which is slightly above the average over the past 12 months. Note that performance outside of contractual KPI does provide context and assurance around discharge and arrival for appointment time.

Call levels saw an increase in September: +3.2% on August however 13.7% lower than last September. Telephony performance continues to struggle: 13.0% for the month of September. This is the lowest monthly performance to-date. Current modelling demonstrates that Reservations required an extra 14.7 FTE online to be able to achieve service level; recruitment is underway with Trust supported non recurrent funding; the impact of this will take 2-3 months so long as attrition restores to forecast levels.

Workforce Summary

A&E	IUC	PTS
EOC	Other	Trust



Key KPIs

Name	Sep 22	Aug 23	Sep 23
Turnover (FTE) %	12.3%	10.4%	9.8%
Vacancy Rate %	13.2%	13.8%	15.1%
Apprentice %	9.7%	9.6%	10.0%
BME %	6.1%	6.4%	6.5%
Disabled %	4.8%	6.5%	6.9%
Sickness - Total % (T-5%)	8.1%	6.2%	6.1%
PDR / Staff Appraisals % (T-90%)	66.5%	72.0%	72.8%
Stat & Mand Training (Fire & IG) 1Y	91.7%	96.7%	95.7%
Stat & Mand Training (Core) 3Y	89.9%	96.0%	95.9%
Stat & Mand Training (Face to Face)	78.9%	87.7%	88.6%
Stat & Mand Training (Safeguarding L2 +)	94.8%	96.5%	96.0%

YAS Commentary

FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment, although Turnover has decreased slightly, our vacancy rate has slightly increased from Aug 23. Both vacancies and turnover remain high for IUC with 37.3% and 27.5% 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. The YAS Together programme continues to be able to address some cultural concerns.

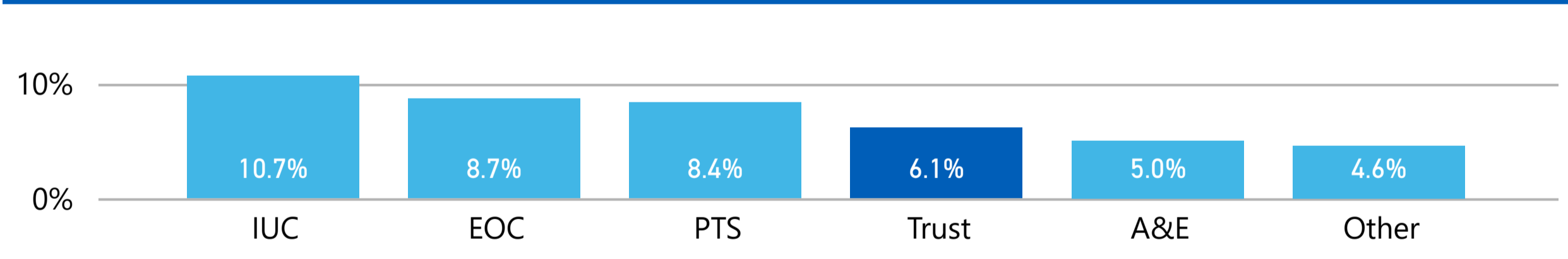
Sickness - Sickness has decreased slightly from the previous month, from 6.2% to 6.1% but the overall trend continues to be downward Trust wide (although this seems to have plateaued in recent months). A sub-group of the Operational Efficiency Group is working to actively reduce absence through a review 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 0.8 percentage point increase from the previous month. PTS remains the highest performing area within the Trust at 81% whereas Other continues to be the worst performing area at 50%. 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.

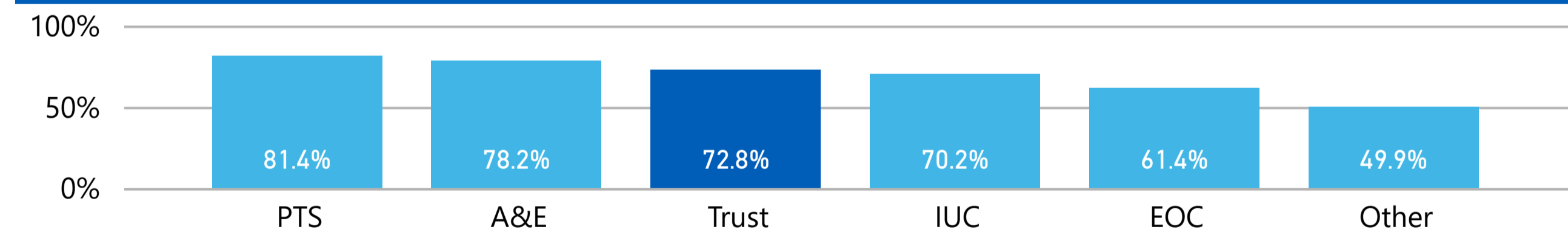
Statutory and Mandatory Training - At Trust level, 3 out of 4 training measures are compliant (90%+). EOC, PTS and Other are all compliant (green) for all categories. Since the targeted work to improve the annual IG and Data Security compliance rate concluded at the end of June, the Fire & IG compliance has dropped slightly but is holding well at 95.7%. 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 87.2%, 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

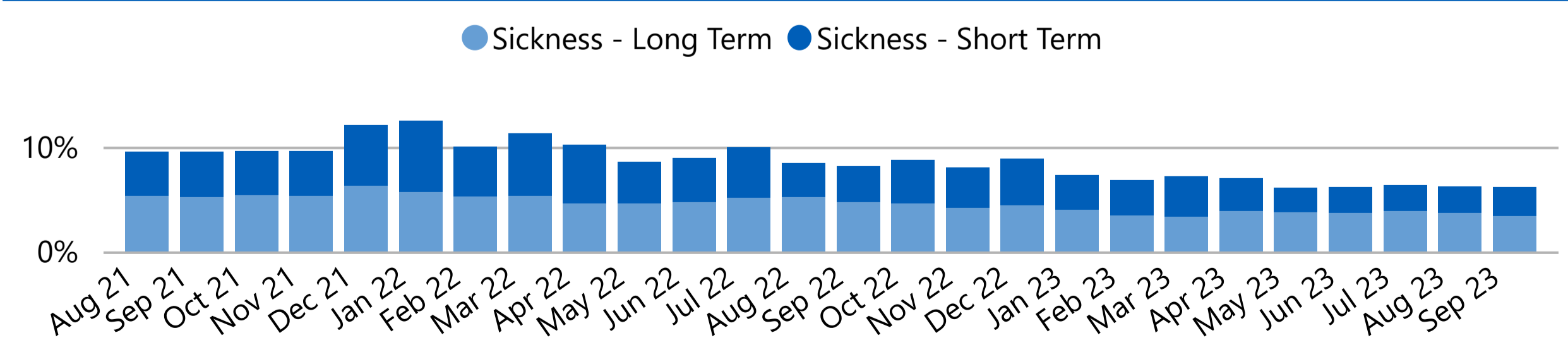
Sickness Benchmark for Last Month



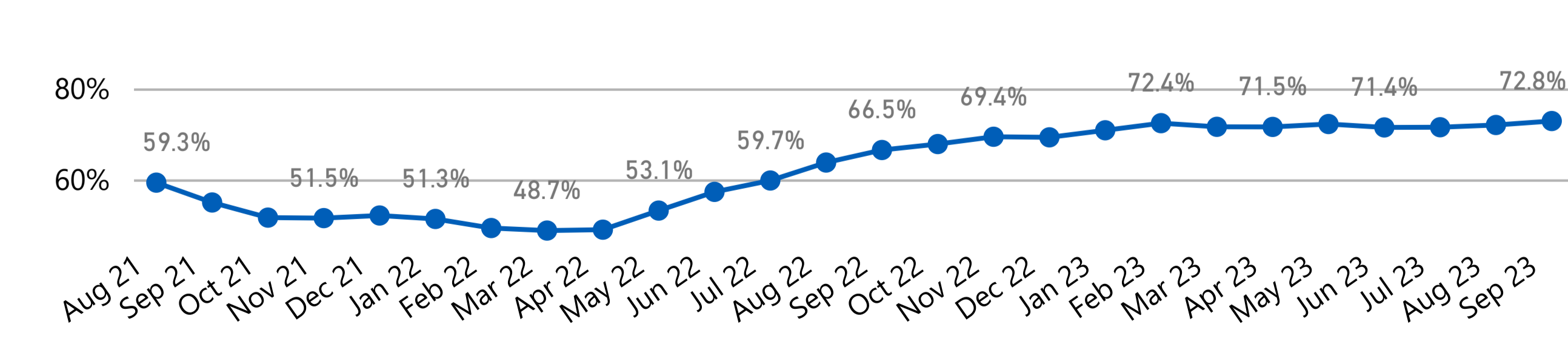
PDR Benchmark for Last Month



Sickness



PDR - Target 90%



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

Overview - Unaudited Position

Overall

The Trust has a year end surplus position at month 6 of £7.3m as shown above. This position is as a result of slippage in 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 September, the Trust had £78.1m cash at bank. (£61.9m at the end of 22/23).

Risk Rating

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

Full Year Position (£000s)

Name	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)	£0	£7,300	£7,300
Cash	£70,833	£78,100	£7,267
Capital	£4,753	£718	-£4,035

Monthly View (£000s)

Indicator Name	2023-06	2023-07	2023-08	2023-09
Surplus/ (Deficit)	£0	£485	£6,015	£800
Cash	£76,347	£75,413	£77,377	£78,100
Capital	£258	£0	£175	£76

Patient Demand Summary

Demand Summary

Indicator	Sep 22	Aug 23	Sep 23
999 - Incidents (HT+STR+STC)	62,337	66,597	66,606
IUC - Call Answered	118,271	120,314	120,817
IUC - Increase - Previous Month	6.7%	-4.1%	0.4%
IUC - Increase Same Month Last Year		8.5%	2.2%
IUC - Calls Answered Above Ceiling	-23.0%	-19.6%	-22.4%
PTS - Demand (Journeys)	75,177	77,189	75,146
PTS - Increase - Previous Month	-0.6%	3.2%	-2.6%
PTS - Same Month Last Year	0.5%	2.0%	0.0%
PTS - Calls Answered	27,745	24,316	23,611

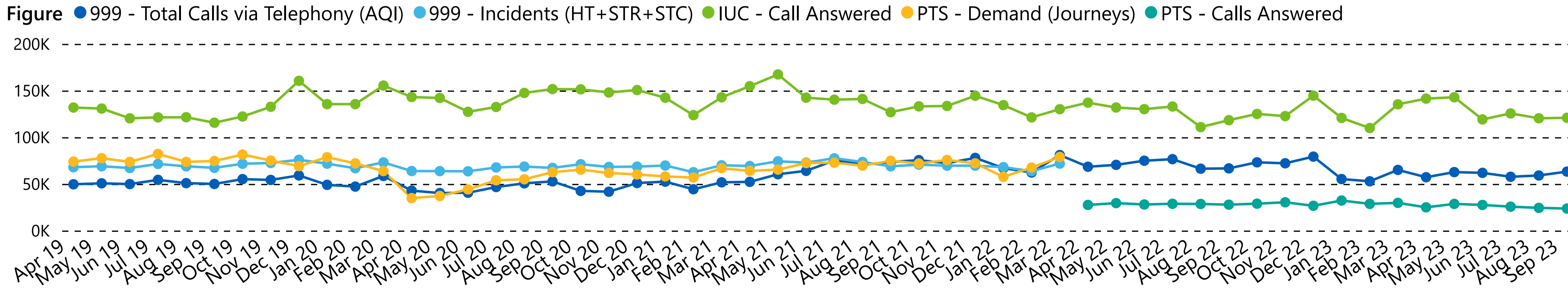
Commentary

999 - On scene response demand was 1.0% above forecasted figures for September and was 0.1% less than in August. All response demand (HT + STR + STC) was 0.0% higher than August and 6.8% higher than September 2022.

IUC - YAS received 132,345 calls in September, 13.3% below the annual business plan baseline demand. 120,817 (91.3%) of these were answered, 1.9% below last month and 1.9% below the same month last year.

PTS - PTS Total Activity for September was 75,146. Total Demand was in line with the same month the previous year, 31 fewer journeys.

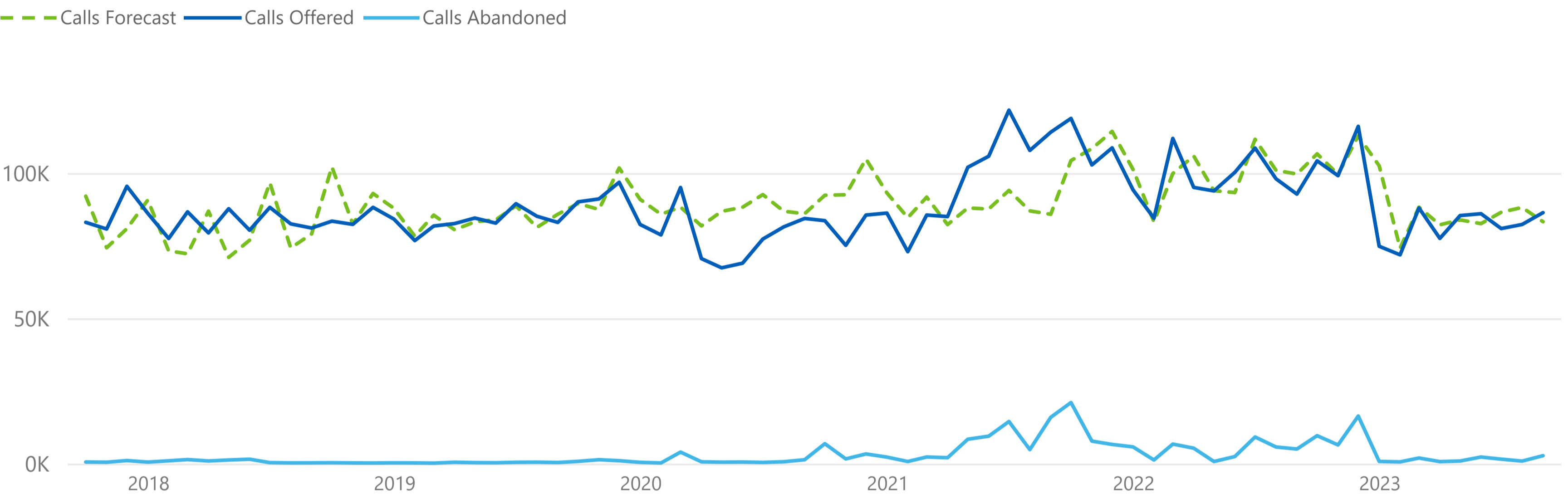
Overall Calls and Demand



999 and IUC Historic Demand

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

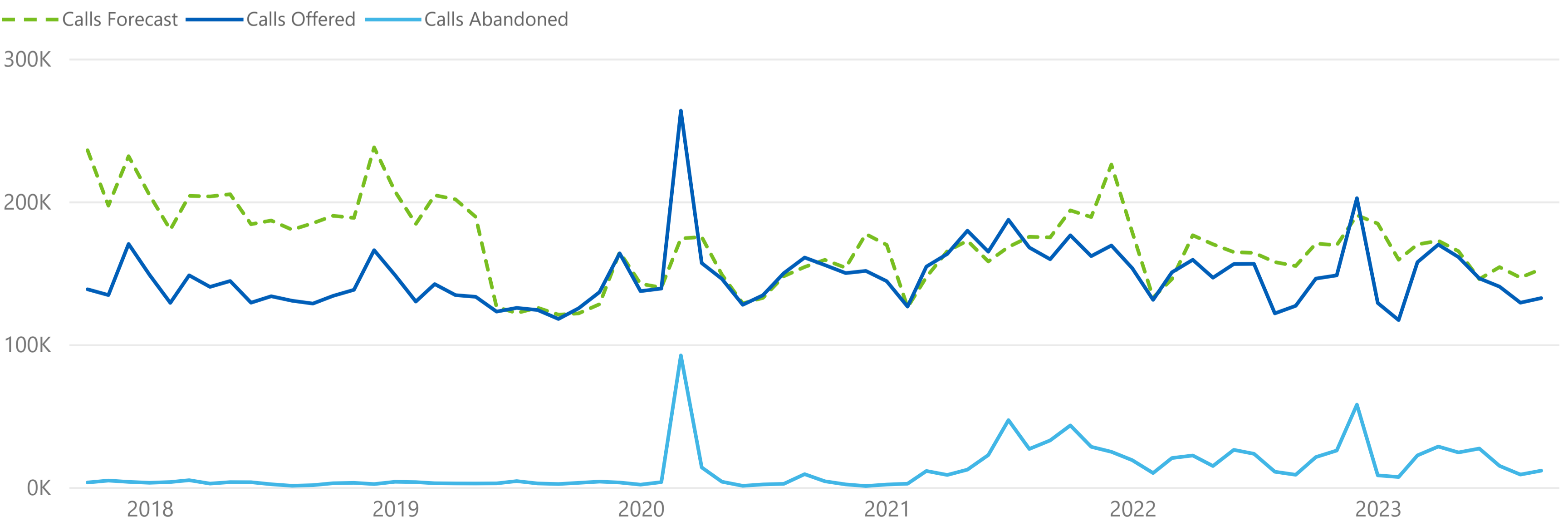
999 Historic Call Demand



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 September 2023, there were 86,378 calls offered which was 3.8% above forecast, with 83,674 calls answered and 2,704 calls abandoned (3.1%). There were 5.0% more calls offered compared with the previous month and 6.9% 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 223.4% increase in abandoned calls compared with the previous month.

IUC Historic Demand



YAS received 132,345 calls in September, 13.3% below the annual business plan baseline demand. 120,817 (91.3%) of these were answered, 1.9% below last month and 1.9% below the same month last year.

Calls abandoned increased to 8.7% from 6.8% last month and was 1.9% above last year.

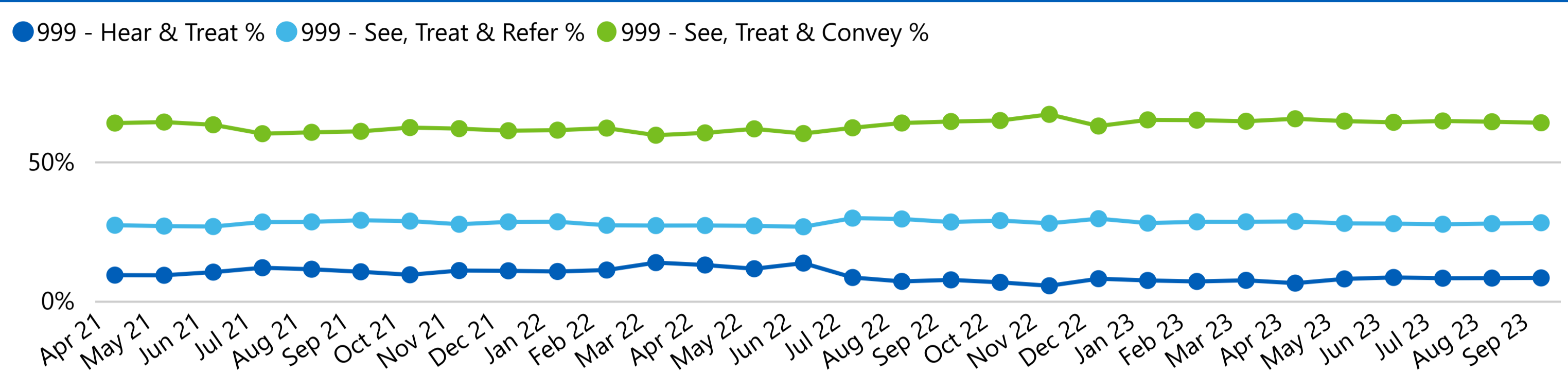
Patient Outcomes Summary



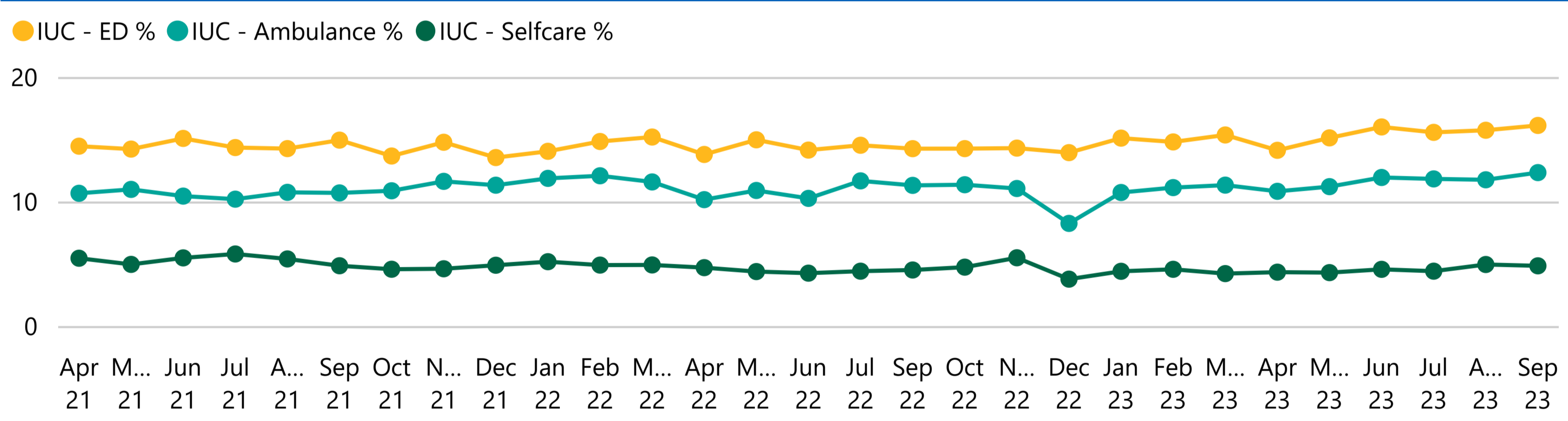
Outcomes Summary

ShortName	Sep 22	Aug 23	Sep 23
999 - Incidents (HT+STR+STC)	62,337	66,597	66,606
999 - Hear & Treat %	7.5%	8.1%	8.2%
999 - See, Treat & Refer %	28.2%	27.7%	28.0%
999 - See, Treat & Convey %	64.3%	64.2%	63.8%
999 - Conveyance to ED %	57.2%	56.5%	56.6%
999 - Conveyance to Non ED %	7.1%	7.7%	7.2%
IUC - Calls Triaged	111,369	112,624	113,347
IUC - ED %	14.2%	15.7%	16.1%
IUC - Ambulance %	11.3%	11.7%	12.3%
IUC - Selfcare %	4.5%	4.9%	4.8%
IUC - Other Outcome %	11.9%	15.1%	15.3%
IUC - Primary Care %	56.1%	51.1%	50.1%
PTS - Demand (Journeys)	75,177	77,189	75,146

999 Outcomes



IUC Outcomes



Commentary

999 - Comparing incident outcomes proportions within 999 for September 2023 against September 2022, the proportion of hear & treat increased by 0.7%, see treat & refer decreased by 0.3% and see treat & convey decreased by 0.4%. The proportion of incidents with conveyance to ED decreased by 0.6% from September 2022 and the proportion of incidents conveyed to non-ED increased by 0.1%.

IUC - The proportion of callers given an Ambulance outcome was 12.3%, with Primary Care outcomes at 50.1%. The proportion of callers given an ED outcome was 16.1%. The percentage of ED outcomes where a patient was referred to a UTC was 13.8%, 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

Sep 22

Aug 23

Sep 23

Service to Service

60

76

60

Concern

29

31

27

Compliment

20

103

108

Complaint

84

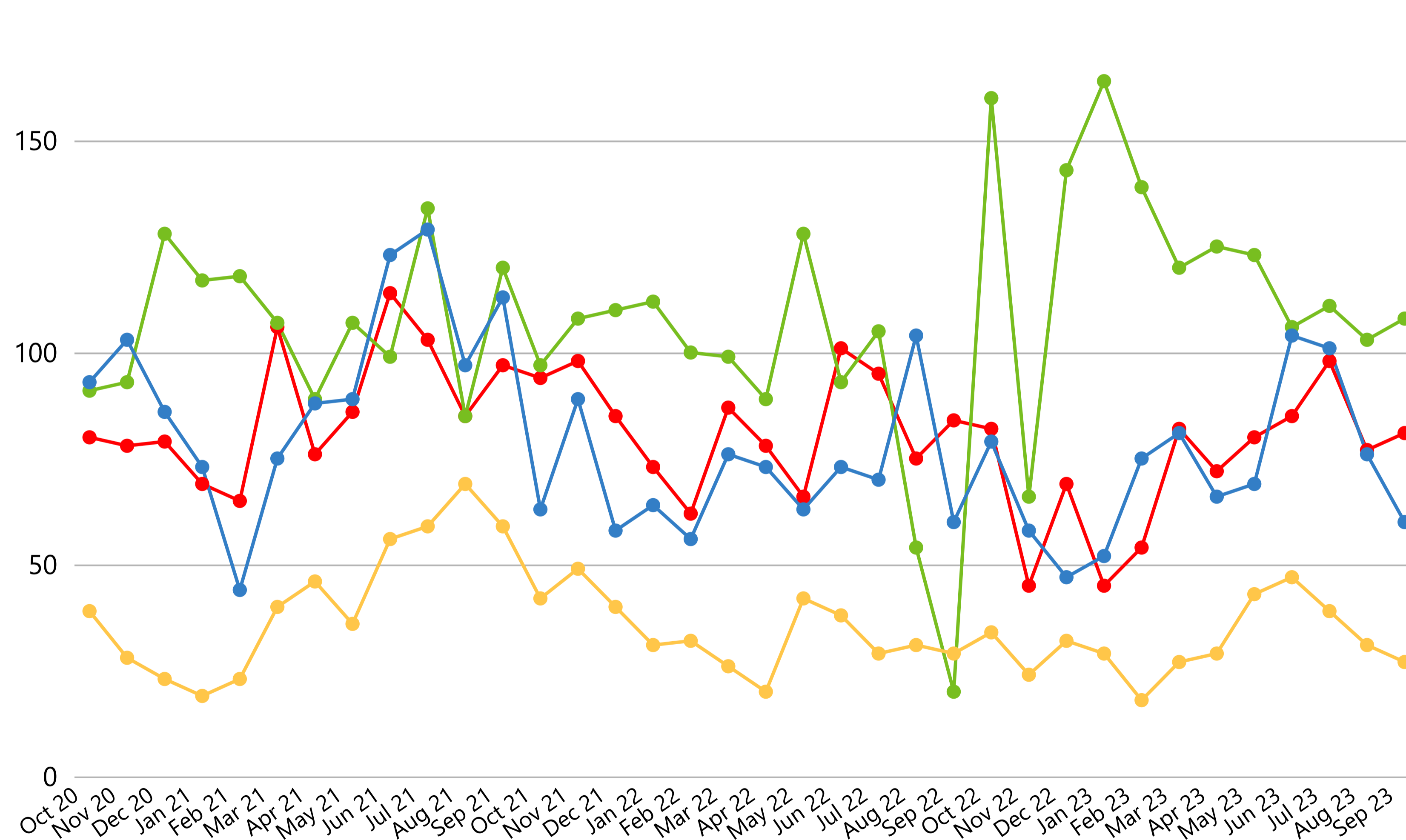
77

81

YAS Comments

Patient relations - The overall number of Formal Complaints and Concerns remain the same as the previous month with a decrease in Service to Service cases received. Formal Complaints and concerns have increased for Patient Transport Services whilst all other areas of the service have decreased. Compliments have increased slightly due to an increase received in both A&E Frontline and IUC services this month. Service to service cases saw an overall drop of 22% but this included a slight increase in EOC.

● Complaint ● Compliment ● Concern ● Service to Service

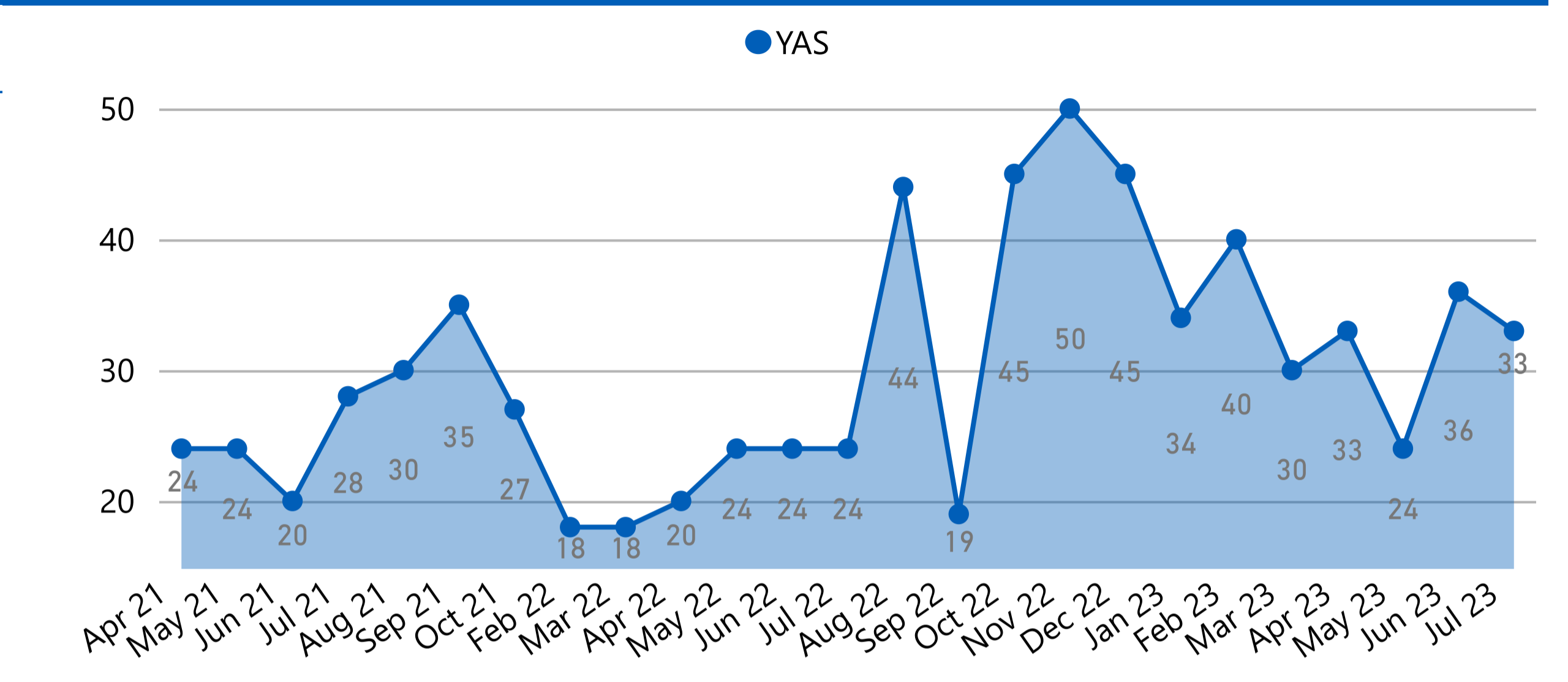


Incidents

Indicator	Sep 22	Aug 23	Sep 23
All Incidents Reported	638	824	775
Number of duty of candour contacts	22	26	13
Number of RIDDORs Submitted	3	5	4

Indicator	Jul 22	Jun 23	Jul 23
Moderate & Above Harm (verified)	24	36	33
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	6	7	16
Serious incidents (verified)	11	8	16

Incidents - Verified Moderate and Above Harm



Safeguarding

Indicator	Sep 22	Aug 23	Sep 23
Domestic Homicide Review (DHR)		2	2
Safeguarding Adult Review (SAR)	1	3	5
Child Safeguarding Practice Review/Rapid Review (CSPR/RR)	5		3
Child Death	20	11	21

YAS Comments

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

Safeguarding Adult Review (SAR) - Five requests for information in relation to SAR’s were received in September. Lack of engagement with services, self-neglect, deterioration of mental health and substance misuse were identified as key themes in these cases.

Child Safeguarding Practice Review / Rapid Review (CSPR/RR) – Three requests were received relating to children at risk were received in September. Nonaccidental injuries, deterioration of mental health and suicide were key themes.

Child death - The Safeguarding team contributed information in relation to **21** children who died in September. Ages of the children ranged from 0-17. Prominent themes included death following a road traffic incident, choking and SIDs.

A&E Long Responses

Indicator	Sep 22	Aug 23	Sep 23
999 - C1 Responses > 15 Mins	1,173	758	827
999 - C2 Responses > 80 Mins	4,728	1,819	3,075

Estates

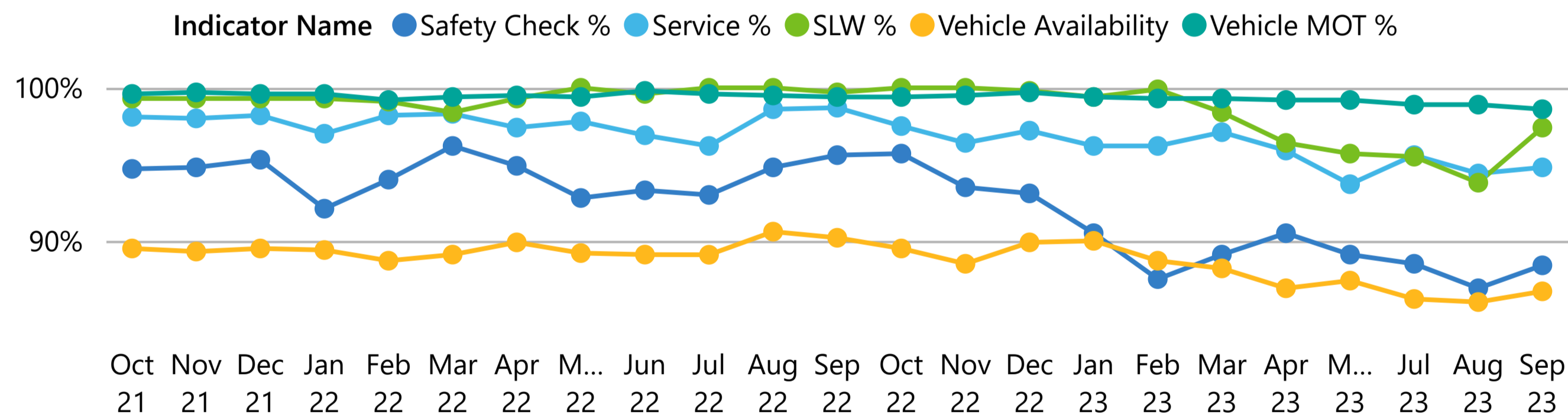
Indicator	Aug 23	Sep 23
P1 Emergency (2 HRS)	100.0%	50.0%
P1 Emergency – Complete (<24Hrs)	100.0%	100.0%
P2 Emergency (4 HRS)	79.4%	93.8%
P2 Emergency – Complete (<24Hrs)	79.4%	85.4%
Planned Maintenance Complete	99.8%	94.9%
P6 Non Emergency - Attend within 2 weeks	85.9%	86.9%
P6 Non Emergency - Complete within 4 weeks	59.2%	68.9%
P5 Non Emergency - Logged to Wrong Category		50.0%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 279 jobs for the month of September. This is slightly lower than the representative theme of an average 300 repairs requests within month, As usual, Springhill remains the largest requester for service at 22 requests followed by HART at 15 and Callflex at 11 requests for reactive works. SLA figures are relatively high with at an overall attendance KPI at 95% and completion KPI at 87%.

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 94% 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 100% for September with a completion of 95%.”

999 Fleet



999 Fleet Age

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

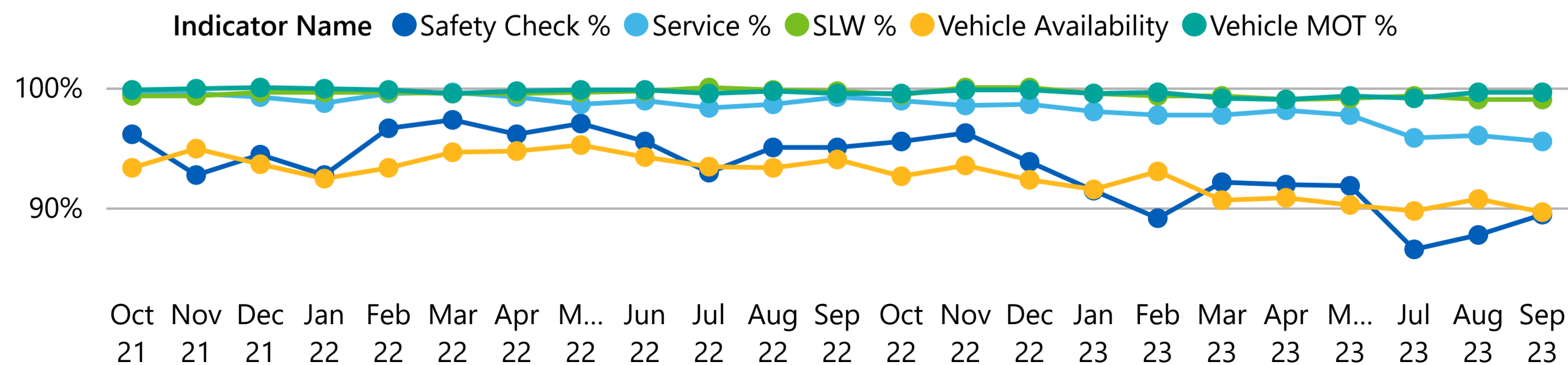
PTS Age

IndicatorName	Sep 22	Sep 23
Vehicle age +7	8.9%	28.0%
Vehicle age +10	1.0%	4.8%

Fleet Comments

A&E availability has increased by 0.7% to 86.7% in September this is partially due to the arrival of engine units from the secondary supplier, further work at a national level is ongoing with Stellantis (Fiat) to improve parts supply, with the supplier working on more local stocking rather than at the national distribution centre. September has also seen an improvement in Routine maintenance with overall compliance rising by 1.3% to 94.8%. PTS compliance remains high although, availability has decreased slightly to 89.6% 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 have given the NHSI a resolution date of 16th October. Compared to last month PTS vehicles over 7 years has stayed the same and 10 years has increased slightly, with vehicle orders proceeding.

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
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