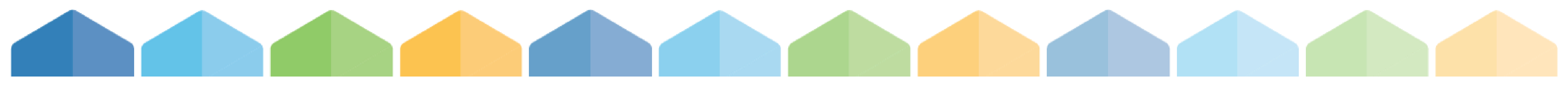# Integrated Performance Report

October 2023

Published 21 November 2023

Icon Guide

Exceptions, Variation and Assurance

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

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

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

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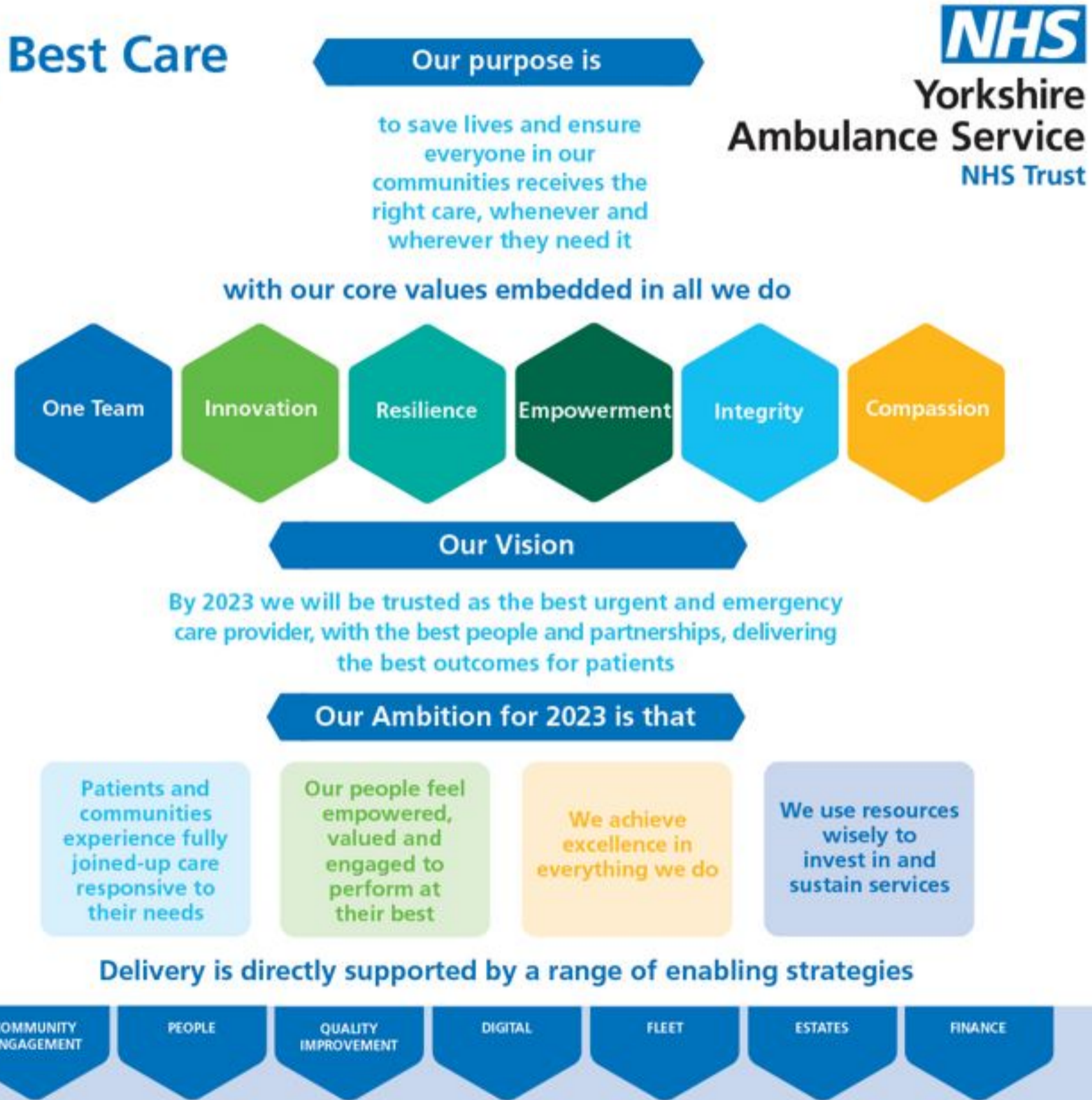
Table of Contents

One Team, Best Care

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

with our core values embedded in all we do

One Team | Innovation | Resilience | Empowerment | Integrity | Compassion

Our Vision

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

Our Ambition for 2023 is that

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

Delivery is directly supported by a range of enabling strategies

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

Our Ambitions for 2023

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

Our Key Priorities

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

NHS
Yorkshire Ambulance Service
NHS Trust

October 2023 TEG+ Portfolio Delivery Dashboard

porting Status Date: 27/10/23

Overall YAS Change Portfolio Status - AMBER

Keg: PJ - Projec PG - Program B-BAU

Project RAG Status: | 7 (0) RED Projects | 7 (0) AMBER Projects | 9 (-1) GREEN Projects | 2 (0) PAUSED/STOPPED | 5 (+1) Completed Projects | Total Entries = 30

Workforce — Our people
Our People (5) - Portfolio Status - AMBER
| 0 RED | 2 Amber | 3 Green | Pause/Stop | Complete |

Exec Sponsor - Mandy Wilcock/Clare Ashby

SRO - Nick Smith

International Recruitment
Extended to cover additional round of recruitment. Then Close-out as BAU
OVERALL STATU → Deliver → Benefit → PJ

SRO - Dawn Adams

Occupational Health Mode
OVERALL STATU → Deliver → Benefit ↑ PJ

SRO - Mandy Wilcock

YAS Together (Year 1)
OVERALL STATU → Deliver → Benefit → PJ

SRO - Mandy Wilcock

Operating Model Programme
OVERALL STATU → Deliver → Benefit → PG

SRO - Clare Ashby

Bodyworn Camera Pilot
OVERALL STATU → Deliver → Benefit →

Patient Centred — Our patients
Our Patients (13) - Portfolio Status - AMBER
| 2 RED | 4 Amber | 3 Green | Pause/Stop | Complete |

Exec Sponsor - Nick Smith

SRO - Jackie Cole

A&E and EOC Programmes
OVERALL STATU → Deliver → Benefit → PG

Rotational Paramedics
Closure Report Being
osure Report Draft PJ

Yorkshire Air Ambulance Review
OVERALL STATU → Deliver → Benefit ↓ PJ

Mass Communications Tool
To inform GATE 2 Business Case Go/No Go
OVERALL STATU → Deliver → Benefit → PJ

Enhancement to Career Pathway
OVERALL STATU → Deliver → Benefit → PJ

Phase 2 – Post Registration Paramedic
G Closed *Subject PJ

EOC Bus Continuity Imps (Fairfields)
osure Report Draft PJ

SRO - Lesley Butterworth

Mental Health Programme
OVERALL STATU → Deliver → Benefit → PG

SRO - Chris Dexter

NEPTS Eligibility Implementation
OVERALL STATU → Deliver → Benefit → PG

SRO - David Beet

IUC Improvement Programme Phs 1
OVERALL STATU → Deliver → Benefit → PJ

1. Rota Review | Delivery → Benefit → PJ
2. Clinical Career Pathway IUC | Delivery → Benefit → PJ
3. Marketing & Recruitment Campaign | Delivery → Benefit → PJ
4. IUC Leadership Apprenticeships | Delivery → Benefit → PJ
5. IUC Uniforms | Delivery → Benefit → PJ
6. Reward Systems & JD for Health Advisors | Delivery → Benefit → PJ

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

NHS Charities Together-V
OVERALL STATU → Deliver → Benefit → PJ

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

Priority Patient Pathways & Safer Right Care
OVERALL STATU → Deliver → Benefit → PJ

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

Agile Operations — Our places
Our Places (8) - Portfolio Status - AMBER
| 4 RED | 1 Amber | 1 Green | Pause/Stop | Complete |

Exec Sponsor - Glen Adams

SRO - Glen Adams

Trust Demand Wforce & Accom (ORH)
OVERALL STATU → Deliver → Benefit → PJ

Logistics Hub
OVERALL STATU → Deliver → Benefit → PG

Asset Management System
OVERALL STATU → Deliver → Benefit → PJ

Pre-Packed POM Pouches
OVERALL STATU → Deliver → Benefit → PJ

Hub & Spoke and AVP Programme
OVERALL STATU → Deliver → Benefit → PJ

Scarborough Cluster AVP Station
OVERALL STATU → Deliver → Benefit → PJ

Hull Hub & Spoke
Project Paused
PAUSE → PAUSE → PAUSE →

Hybrid / Agile Working (Phases 1 & 2)
osure Report Draft waiting SRO Signo

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

TEG Sponsor - Simon Marsh

SRO - Simon Marsh

Clinical Systems Developn
OVERALL STATU → Deliver → Benefit → PG

ESMCP-Mobile Data Vehicle Solution
OVERALL STATU → Deliver → Benefit → PJ

Northern Ambulance Alliance
NAA (2) - Portfolio Status - AMBER
| 0 RED | 0 Amber | 1 Green | Pause/Stop | Complete |

Exec Sponsor - NAA Board

SRO - Graham Norton

Integrated CAD
PROJECT STOPPED
PROJECT STOPPED osure Report Recei PJ

Robotic Process Automation
OVERALL STATU → Deliver → Benefit → PG

Other Projects 'In Closure'
FY22/23 Project: Supporting Fallers Outside by CFRs (Close
FY22/23 Project: E-Expenses Software (Gate 4 TMG 21 June

New Projects Pending
Replacement (GR165) – Due to commence (Initiate and Delivery) in Novem

EOC improvement - Due to commence (Initiate and Deliver) in November

ESMCP Control Room Solution

Integrated CAS

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:12		
999 - Answer 95th Percentile		00:01:16		
999 - AHT		370	H	
999 - Calls Ans in 5 sec	95.0%	75.6%		F
999 - C1 90th (T <15Mins)	00:15:00	00:15:15		F
999 - C2 Mean (T <18mins)	00:18:00	00:36:11		F
999 - C2 90th (T <40Mins)	00:40:00	01:21:05		F
999 - C3 Mean (T - <1Hr)	01:00:00	01:51:41		F
999 - C3 90th (T -<2Hrs)	02:00:00	04:09:08		F
999 - C4 90th (T < 3Hrs)	03:00:00	04:58:10		F
999 - C1 Responses > 15 Mins		1,031		
999 - C2 Responses > 80 Mins		4,101		
999 - Job Cycle Time		01:48:54	L	
999 - Avg Hospital Turnaround	00:30:00	00:49:37		F
999 - Avg Hospital Handover	00:15:00	00:29:46		F
999 - Avg Hospital Crew Clear	00:15:00	00:19:41	L	F
999 - C1 Mean (T <7Mins)	00:07:00	00:08:44		F
999 - Total lost handover time		01:55:53	H	
999 - Crew clear over 30 mins %		20.0%	L	
999 - C1%		15.2%	H	
999 - C2%		62.0%		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer-The mean call answer was 00:00:12 for October, an increase from September of 2 seconds. The median remained the same at zero seconds while the 90th and 95th percentiles increased and 99th percentile decreased. The 90th increased from 43 seconds in September to 54 seconds in October, 95th increased from 72 seconds to 76 seconds and 99th decreased from 104 seconds to 100 seconds This indicates that although there was an overall increase in the call answer times for October, there were fewer calls waiting to be answered for very long periods of time at the tail end.

Cat 1-4 Performance-Performance times worsened in October and no measures achieved the national target. The mean performance time for Cat1 worsened from September by 16 seconds and the 90th percentile worsened by 33 seconds. The mean performance time for Cat2 worsened from September by 3 minutes 32 seconds and the 90th percentile worsened by 7 minutes and 39 seconds.

Abstractions were 0.2% lower than forecast for October, falling 0.9% from September. Weekly Net staff hours have risen compared to September by over 1500 hours per week. Overall availability decreased by 0.2% from September. Compared to October 2022, abstractions are down by 1.1% and availability is up by 3.5%.

Call Acuity- The proportion of Cat1 and Cat2 incidents was 77.2% in October (15.2% Cat1, 62.0% Cat2) after a 1.9% increase compared to September (0.7% increase in Cat1 and 1.2% increase in Cat2). Comparing against October for the previous year, Cat1 proportion increased by 0.6% and Cat2 proportion remained the same.

Responses Tail (C1 and C2)- The number of Cat1 responses greater than the 90th percentile target increased in October, with 1,031 responses over this target. This is 204 (24.7%) more compared to September. The number for last month was 35.4% less compared to October 2022. The number of Cat2 responses greater than 2x 90th percentile target increased from September by 1,026 responses (33.4%). However, this is a 44.6% decrease from October 2022.

Job cycle time- Overall, the average job cycle time increased by 30 seconds from September but was 10 minutes 53 seconds less than October 2022.

Hospital- From October, the way handover times are reported changed and following the new national guidance has increased the average handover time across the Trust. Turnaround and crew clear times remain unchanged by the new guidance. Last month the average handover time increased by 9 minutes and 51 seconds and overall turnaround time increased by 2 minutes 18 seconds. The number of conveyances to ED was 6.9% higher than in September and 9.9% higher than in October 2022.

Demand- On scene response demand was 1.6% above forecasted figures for October and was 5.4% more than in September. All response demand (HT + STR + STC) was 5.4% higher than September and 10.7% higher than October 2022.

Outcomes- Comparing incident outcomes proportions within 999 for October 2023 against October 2022, the proportion of hear & treat increased by 1.7%, see treat & refer decreased by 1.1% and see treat & convey decreased by 0.6%. The proportion of incidents with conveyance to ED decreased by 0.4% from October 2022 and the proportion of incidents conveyed to non-ED decreased by 0.2%.

IUC IPR Key Indicators - October 23

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		128,393	~	
IUC - Increase - Previous Month		6.3%		
IUC - Increase Same Month Last Year		2.7%		
IUC - Calls Triaged		120,055		
IUC - Calls Abandoned	3.0%	9.3%	~	F
IUC - Answer Mean	00:00:20	00:01:37	~	F
IUC - Answered in 60 Secs	90.0%	66.6%	~	F
IUC - Call back in 1 Hour	60.0%	42.4%	~	F
IUC - ED Validations %	50.0%	47.4%	~	F
IUC - Ambulance validations %	75.0%	99.3%	~	P
IUC - ED %		16.0%		
IUC - ED outcome to A&E		71.8%		
IUC - ED outcome to UTC		8.4%		
IUC - Ambulance %		12.8%		

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 141,485 calls in October, 9.6% below the annual business plan baseline demand. 128,393 (90.7%) of these were answered, 0.5% below last month and 5.2% above the same month last year.

Due to continued high numbers of new starters going through the training process and experienced staff assisting with coaching, call performance metrics are being impacted and not at target levels as expected. Whilst it is no longer a national KPI, we are continuing to monitor the percentage of calls answered in 60 seconds, as it is well recognised within the IUC service and operations as a benchmark of overall performance. This measure decreased to 66.6% from 68.1% in October. Average speed to answer has increased by 6 seconds to 1 minute 37 seconds compared with 1 minute 31 seconds last month. Abandonment rate increased to 9.3% from 8.7% last month.

The proportion of clinician call backs made within 1 hour decreased to 42.4% from 44.0% last month. This is 17.6% below the national target of 60%. Core clinical advice decreased to 21.7% from 22.1% 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 94.4% in October, whilst performance for overall validations was 99.3%, with 11,337 cases validated overall.

ED validation performance increased to 47.4% from 45.4% 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 39.5% from 47.8% last month and ED bookings decreased to 26.3% from 27.6%. Referrals to IUC Treatments Centres have stayed consistent, however an issue with the booking system is causing the bookings figure for this KPI to appear very low.

PTS IPR Key Indicators - October 23

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	18.4%	(variance icon)	F
PTS - Arrive at Appointment Time	90.0%	86.2%	(variance icon)	F
PTS - Journeys < 120Mins	90.0%	99.1%	(variance icon)	P
PTS - Same Month Last Year		5.8%		
PTS - Increase - Previous Month		3.4%		
PTS - Demand (Journeys)		77,728	(variance icon)	?

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Total Activity for October was 77,728. This is 5.8% above the same month last year, equivalent to c4,300 extra journeys.

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

The average Patients Per Vehicle was 1.28 during October; +0.01 on the previous month. Private provider hours have seen an increase in recent months, with another increase in October (+31.8% on September). KPI 3 and KPI 4 target measure(s) have been aligned with the South Yorkshire contract from May and performance has increased since then. In October, both KPI 3 and KPI 4 were positive exceptions following increases of 1.5% and 6.1%, respectively. KPI 3 achieved target (91.4%), and KPI 4 was the highest monthly figure since January 2022 at 87.3%, below target. Note that performance outside of contractual KPI does provide context and assurance around discharge and arrival for appointment time.

Call volume was very close to the previous month (-0.2%), however 5.4% below last October, equivalent to c2,000 fewer calls offered. Telephony performance continues to struggle: 18.4% for the month of October. Current modelling demonstrates that Reservations required an extra 14.2 FTE online to be able to achieve service level; recruitment is underway with Trust supported non recurrent funding; 9.43 FTE New Reservations staff join the team during November with the impact of this set to improve telephone performance so long as attrition restores to forecast levels.

Workforce Summary

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

Name	Oct 22	Sep 23	Oct 23
Turnover (FTE) %	12.4%	9.8%	10.3%
Vacancy Rate %	13.5%	15.1%	13.0%
Apprentice %	9.2%	10.0%	9.7%
BME %	6.0%	6.5%	6.6%
Disabled %	4.9%	6.9%	7.0%
Sickness - Total % (T-5%)	8.8%	6.1%	6.4%
PDR / Staff Appraisals % (T-90%)	67.8%	72.8%	73.1%
Stat & Mand Training (Fire & IG) 1Y	90.7%	95.7%	95.5%
Stat & Mand Training (Core) 3Y	91.0%	95.9%	96.1%
Stat & Mand Training (Face to Face)	79.9%	88.6%	87.9%
Stat & Mand Training (Safeguarding L2 +)	94.8%	96.0%	95.8%

Assurance: All data displayed has been checked and verified

YAS Commentary

FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment with some vacancies being covered by planned overtime or bank. The Turnover has slightly increased by 0.5 percentage points, but positively Vacancy Rate has reduced by 2.1 percentage points since September 2023. Both vacancies and turnover remain high for IUC with 37.5% and 27.5% respectively. A case for change in IUC has been submitted to TEG with business cases being submitted into business planning. The YAS Together programme continues to be able to address some cultural concerns. **Sickness** – Sickness has increased from the previous month by 0.3 percentage points from 6.1% to 6.4% 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. A new People & Culture Group will receive updates on this work. **PDR / Appraisals** – Overall compliance rate has slightly increased from September 2023 by 0.3 percentage points. PTS remains the highest performing area within the Trust at 82.4%. 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%+). 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 97.5%. A&E & EOC are the only two areas that are not currently compliant with 86.6% and 87.4% respectively. Managers receive regular Compliance Dashboard updates with key messages regarding priorities for action, supported by local Essential Learning Champions.

Sickness Benchmark for Last Month

IUC	PTS	EOC	Trust	Other	A&E
11.3%	8.5%	8.4%	6.4%	5.4%	5.3%

PDR Benchmark for Last Month

PTS	A&E	Trust	IUC	EOC	Other
82.4%	78.1%	73.1%	70.5%	59.6%	52.3%

Sickness

Legend: Sickness - Long Term, Sickness - Short Term

PDR - Target 90%

54.9%, 52.1%, 48.7%, 53.1%, 59.7%, 66.5%, 69.4%, 72.4%, 71.5%, 71.4%, 72.0%, 73.1%
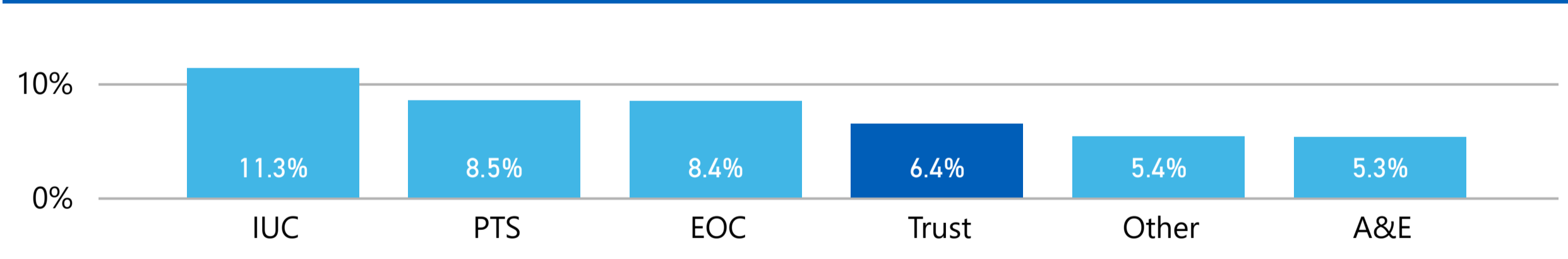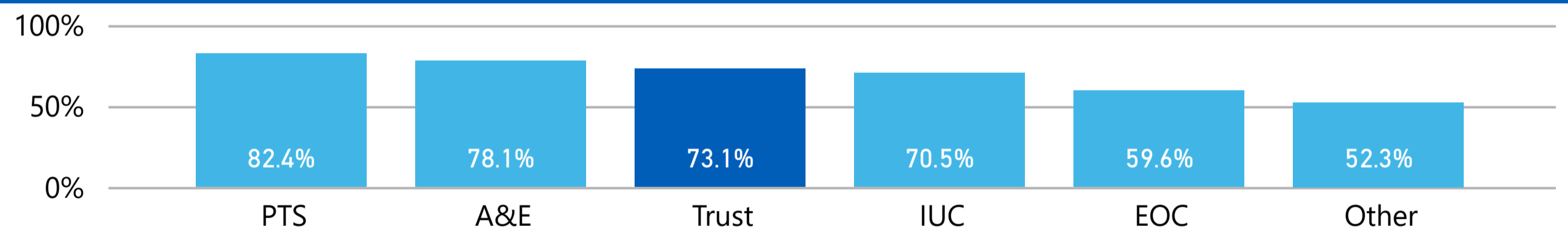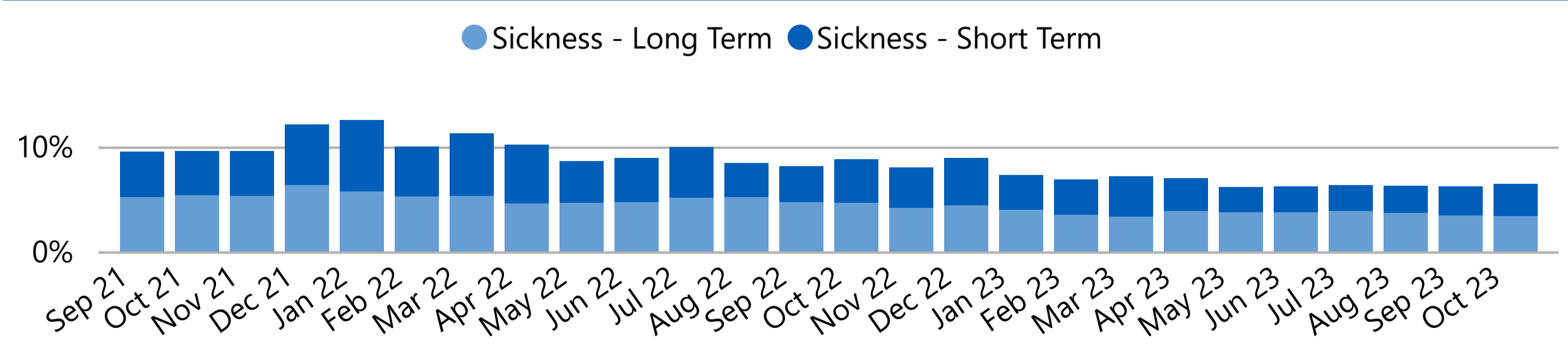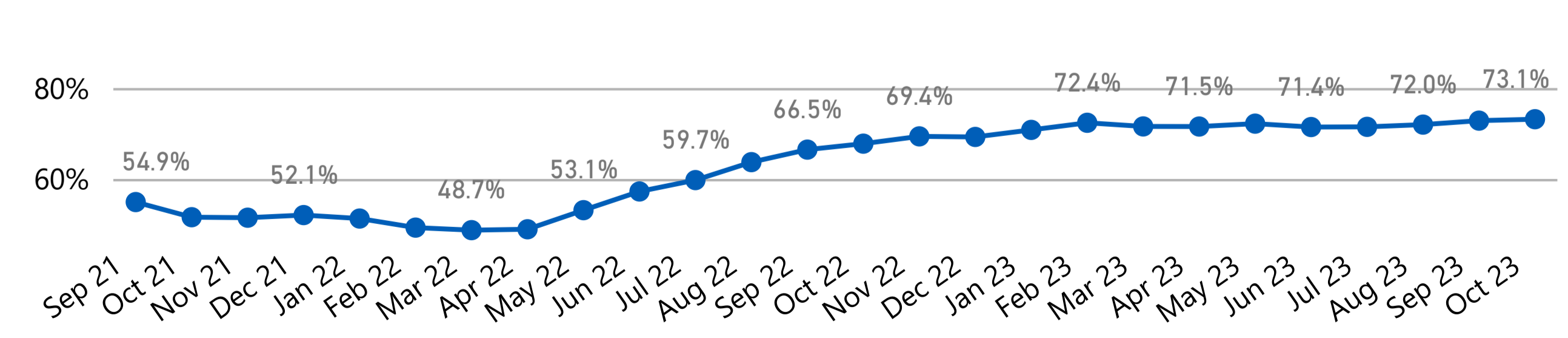
YAS Finance Summary (Director Responsible Kathryn Vause) - October 23

Overview - Unaudited Position

Overall
The Trust has a year end surplus position at month 7 of £8.5m 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 refurbs of EOC & Bradford AS together with some dropped 22/23 accruals no longer required.

Cash
As at the end of October, the Trust had £80.3m cash at bank. (£61.9m at the end of 22/23).

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

Full Year Position (£000s)

Name ▼	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)	£0	£8,500	£8,500
Cash	£69,833	£80,280	£10,447
Capital	£4,753	£1,292	-£3,461

Monthly View (£000s)

Indicator Name ▼	2023-06	2023-07	2023-08	2023-09	2023-10
Surplus/ (Deficit)	£0	£485	£6,015	£800	£1,200
Cash	£76,347	£75,413	£77,377	£78,100	£80,280
Capital	£258	£0	£175	£76	£574

Patient Demand Summary

NHS
Yorkshire
Ambulance Service
NHS Trust

Demand Summary

Indicator	Oct 22	Sep 23	Oct 23
999 - Incidents (HT+STR+STC)	63,473	66,606	70,234
IUC - Call Answered	124,963	120,817	128,393
IUC - Increase - Previous Month	5.7%	0.4%	6.3%
IUC - Increase Same Month Last Year		2.2%	2.7%
IUC - Calls Answered Above Ceiling	-26.2%	-22.4%	-19.5%
PTS - Demand (Journeys)	73,440	75,146	77,728
PTS - Increase - Previous Month	-2.3%	-2.6%	3.4%
PTS - Same Month Last Year	2.2%	0.0%	5.8%
PTS - Calls Answered	28,818	23,611	25,342

Commentary

999 - On scene response demand was 1.6% above forecasted figures for October and was 5.4% more than in September. All response demand (HT + STR + STC) was 5.4% higher than September and 10.7% higher than October 2022.

IUC - YAS received 141,485 calls in October, 9.6% below the annual business plan baseline demand. 128,393 (90.7%) of these were answered, 0.5% below last month and 5.2% above the same month last year.

PTS - PTS Total Activity for October was 77,728. This is 5.8% above the same month last year, equivalent to c4,300 extra journeys.

Overall Calls and Demand

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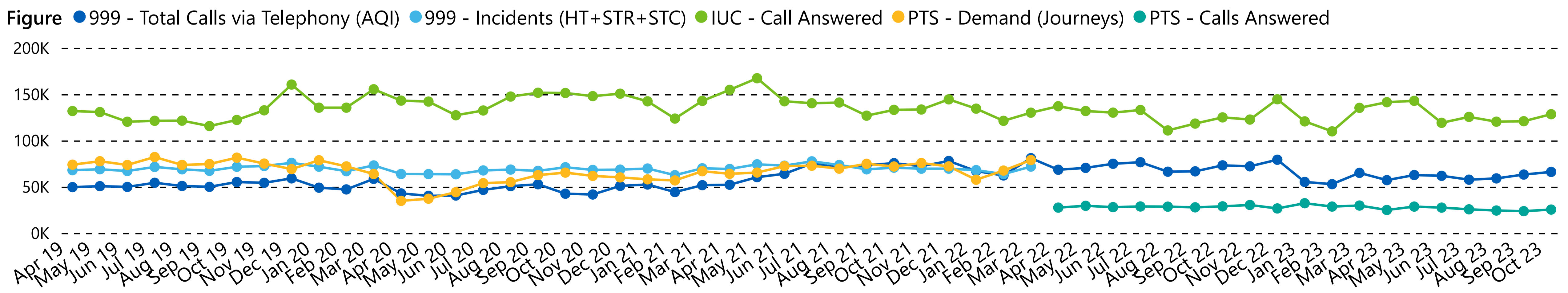
999 and IUC Historic Demand

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

NHS
Yorkshire
Ambulance Service
NHS Trust

999 Historic Call Demand

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

IUC Historic Demand

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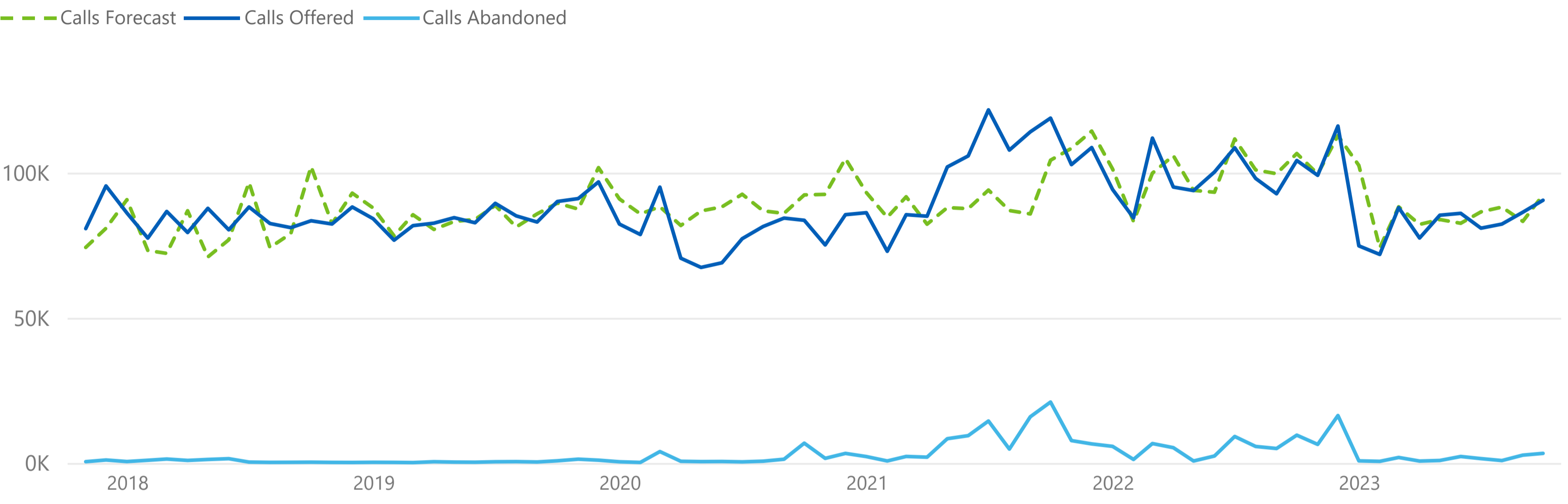
999 data on this page differs from elsewhere within the IPR because this includes calls on both the emergency and non-emergency applications within EOC, whereas the main IPR includes emergency only. The forecast relates to the expected volume of calls offered in EOC, which is the total volume of calls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

In October 2023, there were 90,511 calls offered which was 2.0% below forecast, with 87,198 calls answered and 3,313 calls abandoned (3.7%). There were 4.8% more calls offered compared with the previous month and 13.0% 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 22.5% increase in abandoned calls compared with the previous month.
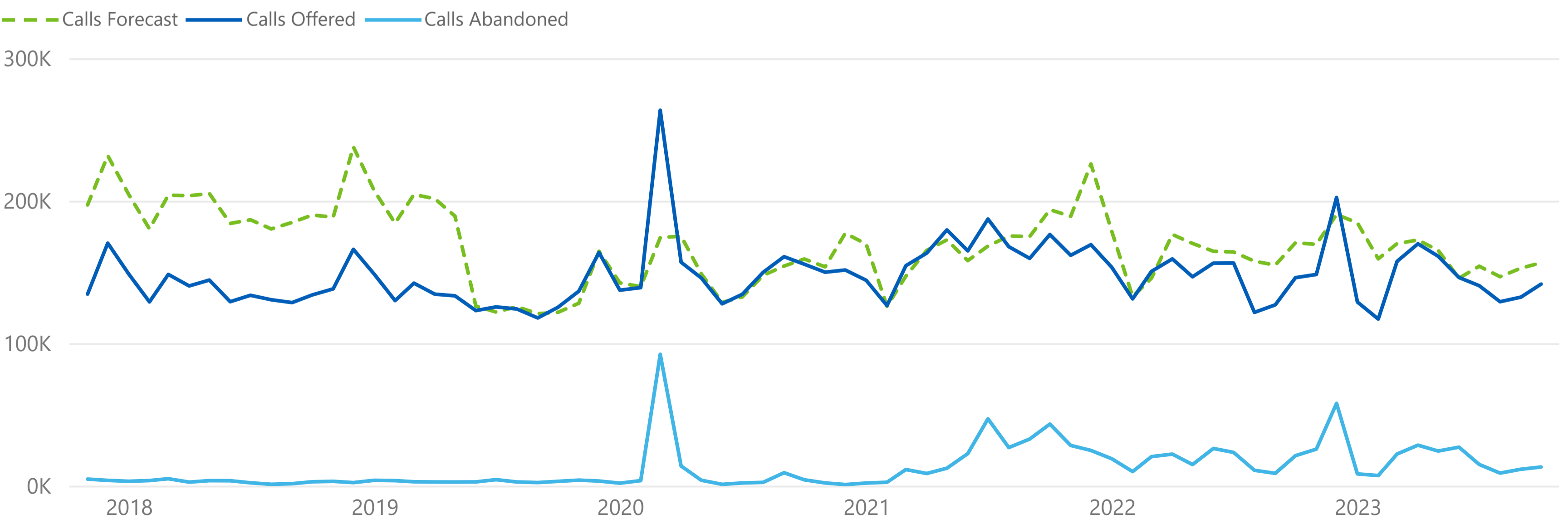
YAS received 141,485 calls in October, 9.6% below the annual business plan baseline demand. 128,393 (90.7%) of these were answered, 0.5% below last month and 5.2% above the same month last year.

Calls abandoned increased to 9.3% from 8.7% last month and was 5.2% below last year.

Patient Outcomes Summary

Outcomes Summary

ShortName	Oct 22	Sep 23	Oct 23
999 - Incidents (HT+STR+STC)	63,473	66,606	70,234
999 - Hear & Treat %	6.6%	8.2%	8.2%
999 - See, Treat & Refer %	28.8%	28.0%	27.7%
999 - See, Treat & Convey %	64.6%	63.8%	64.1%
999 - Conveyance to ED %	57.8%	56.6%	57.4%
999 - Conveyance to Non ED %	6.9%	7.2%	6.7%
IUC - Calls Triaged	115,152	113,347	120,055
IUC - ED %	14.2%	16.1%	16.0%
IUC - Ambulance %	11.3%	12.3%	12.8%
IUC - Selfcare %	4.7%	4.8%	4.4%
IUC - Other Outcome %	11.9%	15.3%	15.5%
IUC - Primary Care %	54.9%	50.1%	50.2%
PTS - Demand (Journeys)	73,440	75,146	77,728

999 Outcomes

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

IUC Outcomes

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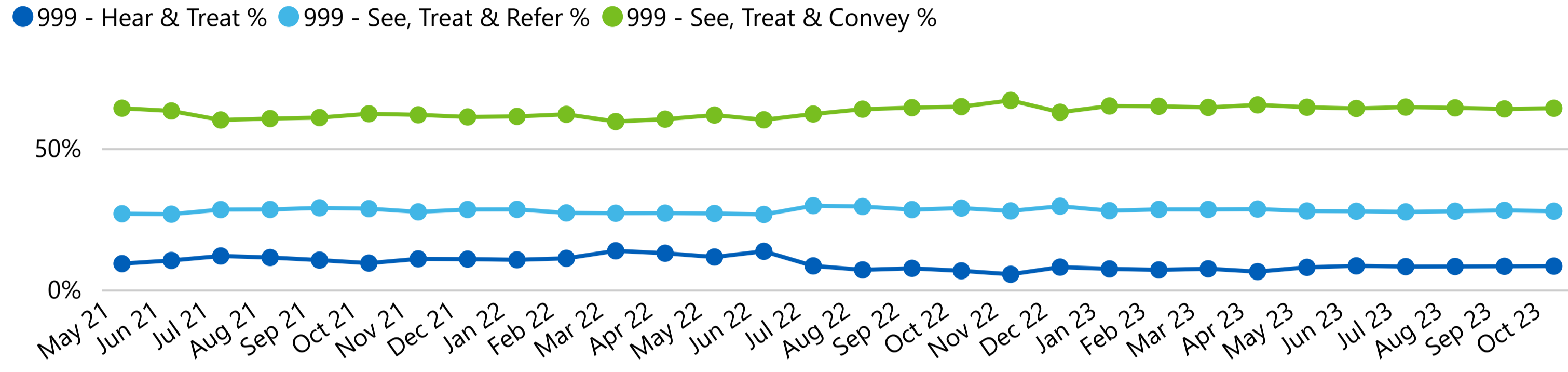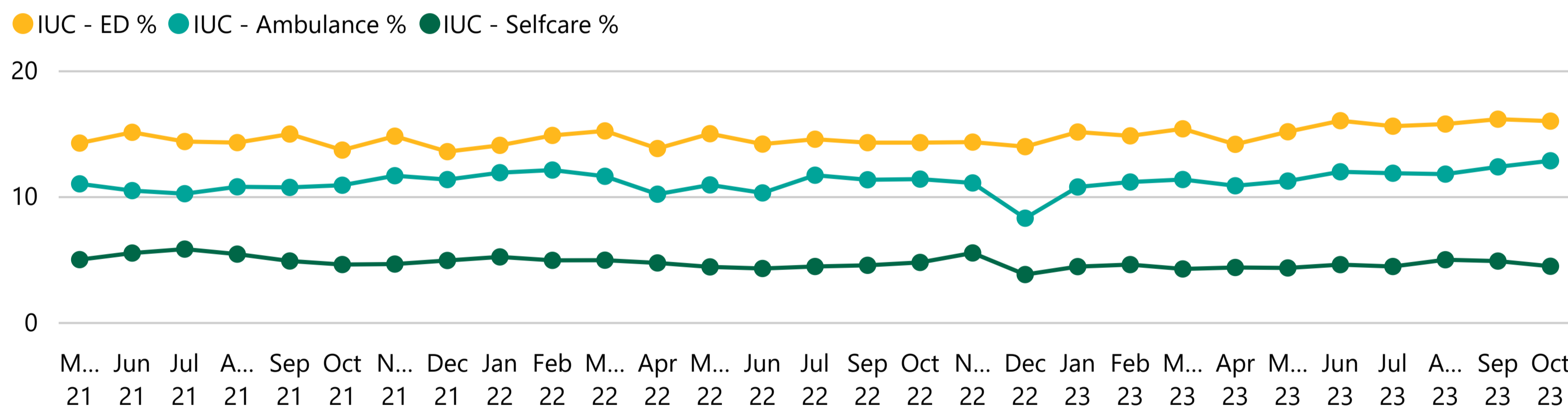
Commentary

999 - Comparing incident outcomes proportions within 999 for October 2023 against October 2022, the proportion of hear & treat increased by 1.7%, see treat & refer decreased by 1.1% and see treat & convey decreased by 0.6%. The proportion of incidents with conveyance to ED decreased by 0.4% from October 2022 and the proportion of incidents conveyed to non-ED decreased by 0.2%.

IUC - The proportion of callers given an Ambulance outcome was 12.8%, with Primary Care outcomes at 50.2%. The proportion of callers given an ED outcome was 16.0%. The percentage of ED outcomes where a patient was referred to a UTC was 8.4%, a figure that historically has been as low as 2-3%. A key goal of the 111 first programme was to reduce the burden on emergency departments by directing patient to more appropriate care settings.

Patient Experience (Director Responsible - Dave Green)

NHS
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Ambulance Service
NHS Trust

Patient Relations

Indicator	Oct 22	Sep 23	Oct 23
Service to Service	79	60	101
Concern	34	27	50
Compliment	160	108	137
Complaint	82	81	89

Complaint
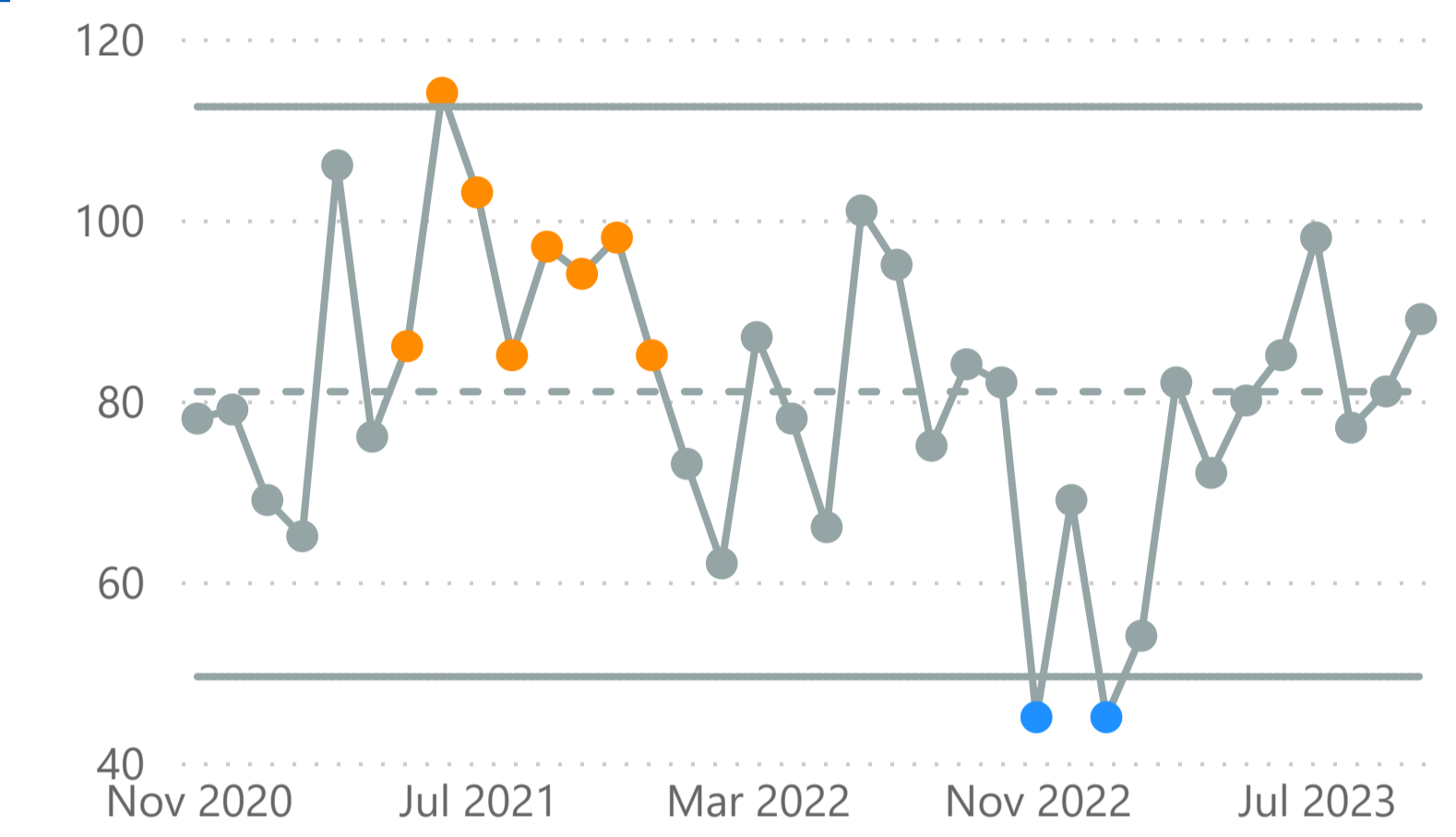
Compliment
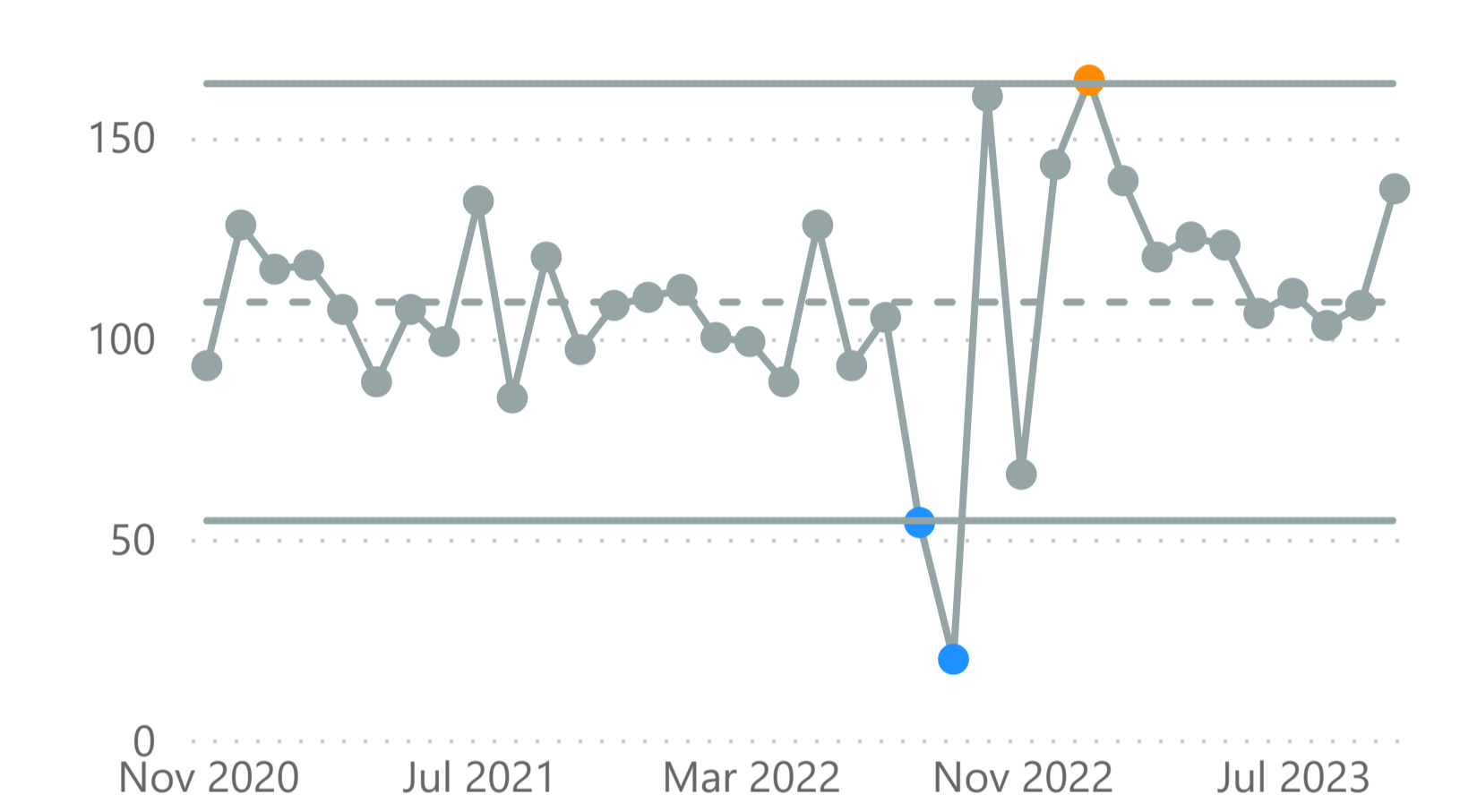
YAS Comments

Patient relations - There has been an increase in all types of feedback for all service lines during the month of October. The most significant increase has been for the A&E Frontline service. The number of concerns, complaints and service to service cases received in October for the Trust are all operating above the mean.

Concern
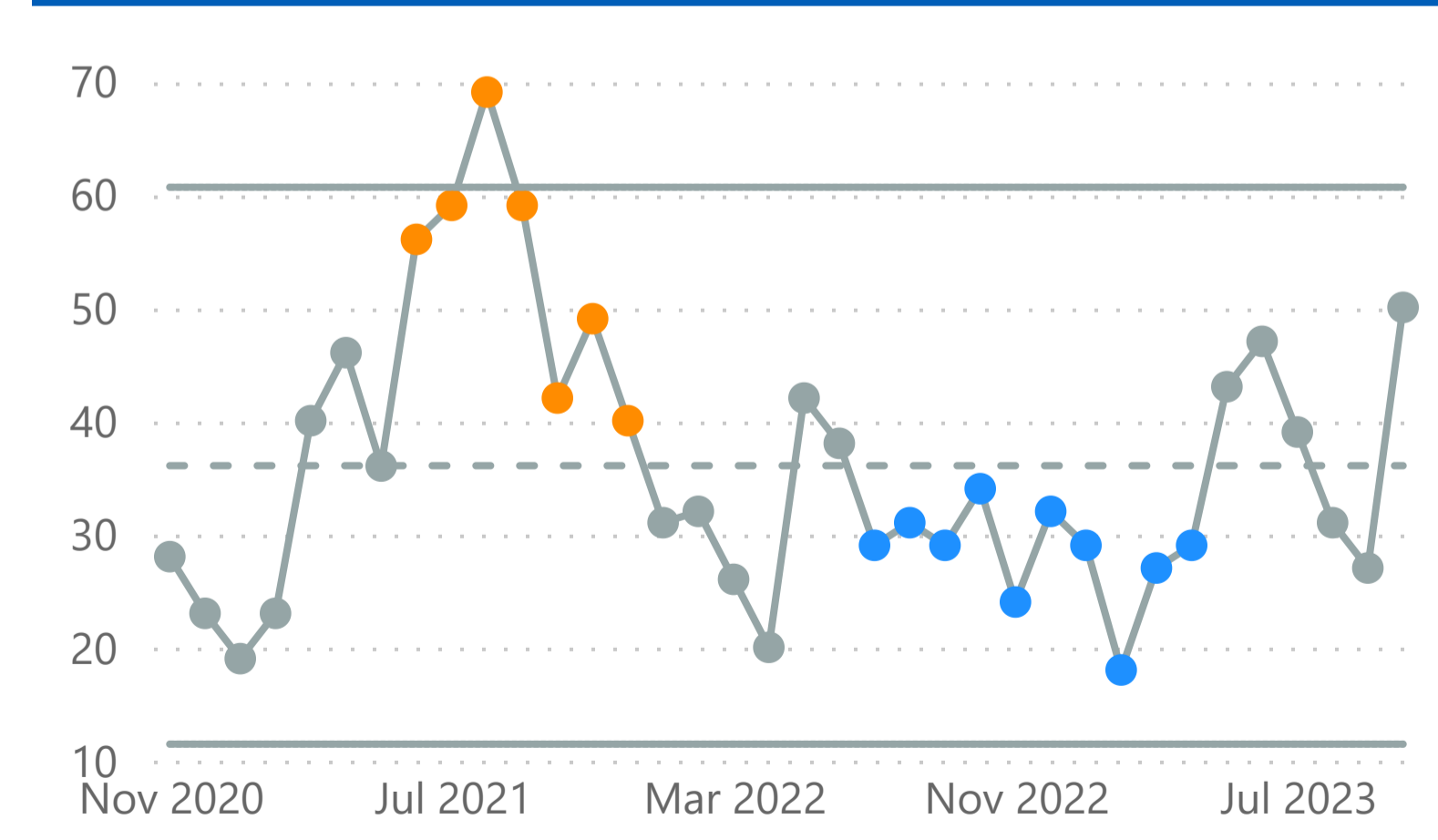
Service to Service
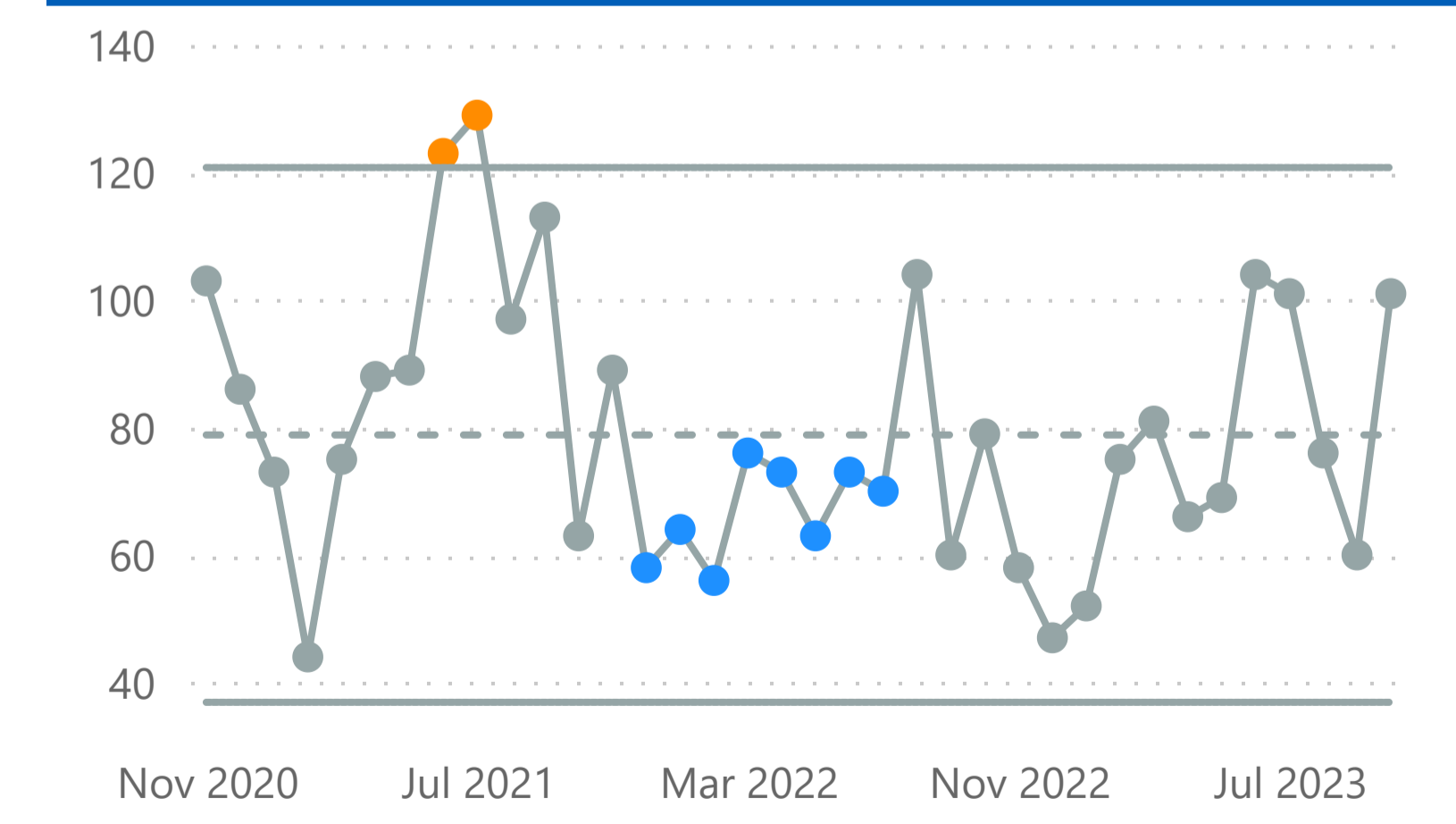
Patient Safety - Quality (Director Responsible - Dave Green)

NHS
Yorkshire
Ambulance Service
NHS Trust

Incidents

Indicator	Oct 22	Sep 23	Oct 23
All Incidents Reported	731	775	885
Number of duty of candour contacts	23	13	1
Number of RIDDORs Submitted		4	4
Patient Safety Indicator Incident Investigation			2

▲	Aug 22	Jul 23	Aug 23
Moderate & Above Harm (verified)	44	33	34
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	4	16	7
Serious incidents (verified)	13	16	8

Incidents - Verified Moderate and Above Harm

● YAS

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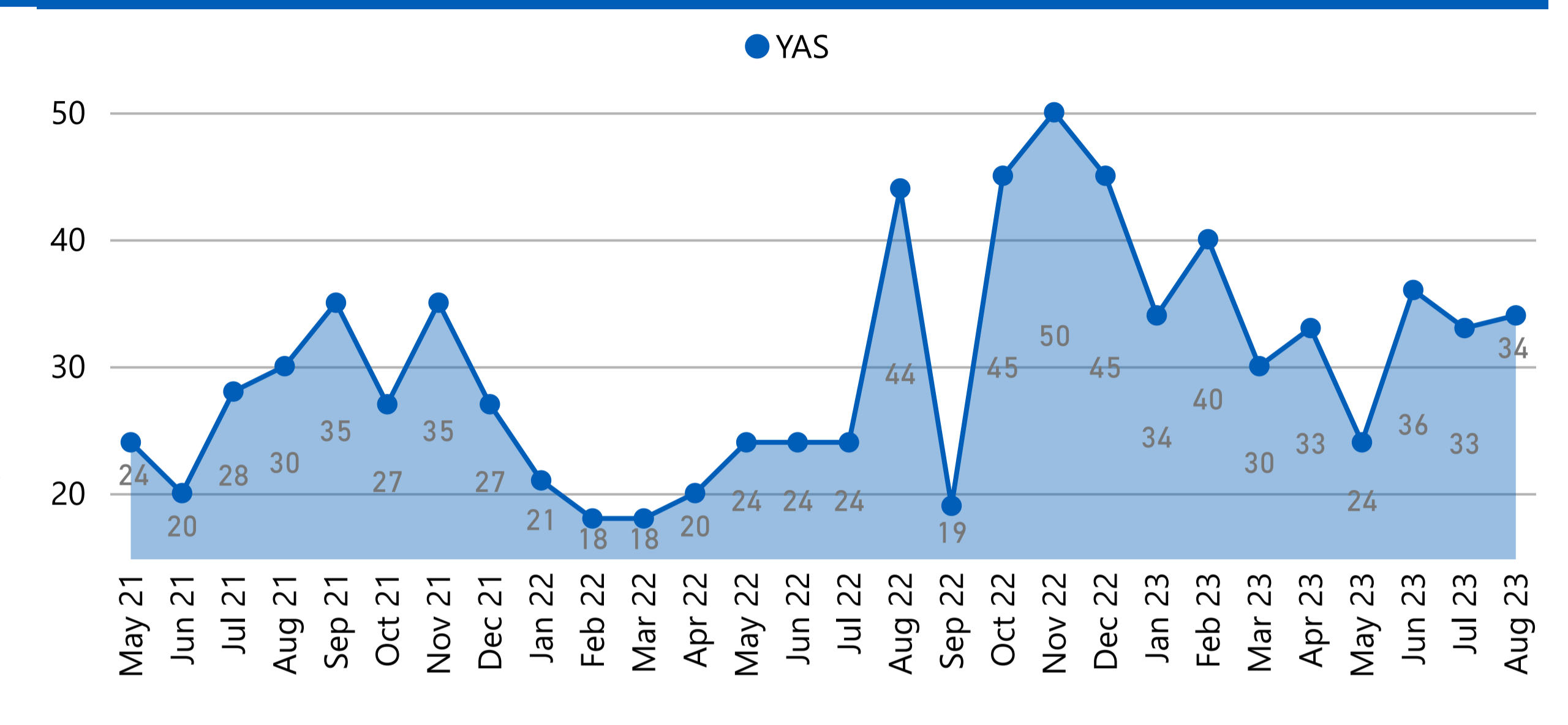
Safeguarding

Indicator	Oct 22	Sep 23	Oct 23
Domestic Homicide Review (DHR)	2	2	3
Safeguarding Adult Review (SAR)	6	5	5
Child Safeguarding Practice Review/Rapid Review (CSPR/RR)	5	3	4
Child Death	21	21	29

A&E Long Responses

Indicator	Oct 22	Sep 23	Oct 23
999 - C1 Responses > 15 Mins	1,597	827	1,031
999 - C2 Responses > 80 Mins	7,397	3,075	4,101

YAS Comments

Domestic Homicide Reviews (DHR) – 3 requests for information in relation to DHR's were received in October. Death by suicide following domestic abuse in a relationship was a prominent theme.

Safeguarding Adult Review (SAR) – 5 requests for information in relation to SAR's were received in October Self-neglect and deterioration of mental health were identified as key themes.

Child Safeguarding Practice Review / Rapid Review (CSPR/RR) – 4 request were received relating to children at risk were received in October. 3 of the 4 cases were related to teenage children, with the 4th pertaining to a child under 1.

Child death - The Safeguarding team contributed information in relation to 29 children who died in October. Ages of the children ranged from 0-17. Prominent themes included prematurity, asphyxiation, SIDs, and planned palliative care.

Fleet and Estates

Estates

Indicator	Sep 23	Oct 23
P1 Emergency (2 HRS)	50.0%	80.0%
P1 Emergency – Complete (<24Hrs)	100.0%	40.0%
P2 Emergency (4 HRS)	93.8%	94.6%
P2 Emergency – Complete (<24Hrs)	85.4%	65.5%
Planned Maintenance Complete	94.9%	97.8%
P6 Non Emergency - Attend within 2 weeks	86.9%	79.4%
P6 Non Emergency - Complete within 4 weeks	68.9%	66.2%
P5 Non Emergency - Logged to Wrong Category	50.0%	100.0%

Estates Comments

Requests for reactive work/repairs on the Estate totaled 322 jobs for the month of October. This is slightly higher than the representative theme of an average 300 repairs requests within month, As usual, Springhill remains the largest requester for service at 35 requests followed by HART at 19 and Beverley AS at 12 requests for reactive works. SLA figures are relatively high with at an overall attendance KPI at 92% and however, completion KPI is slightly lower than usual at 76%. 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 97% 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 October with a completion of 98%.

999 Fleet

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

PTS Fleet

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

999 Fleet Age
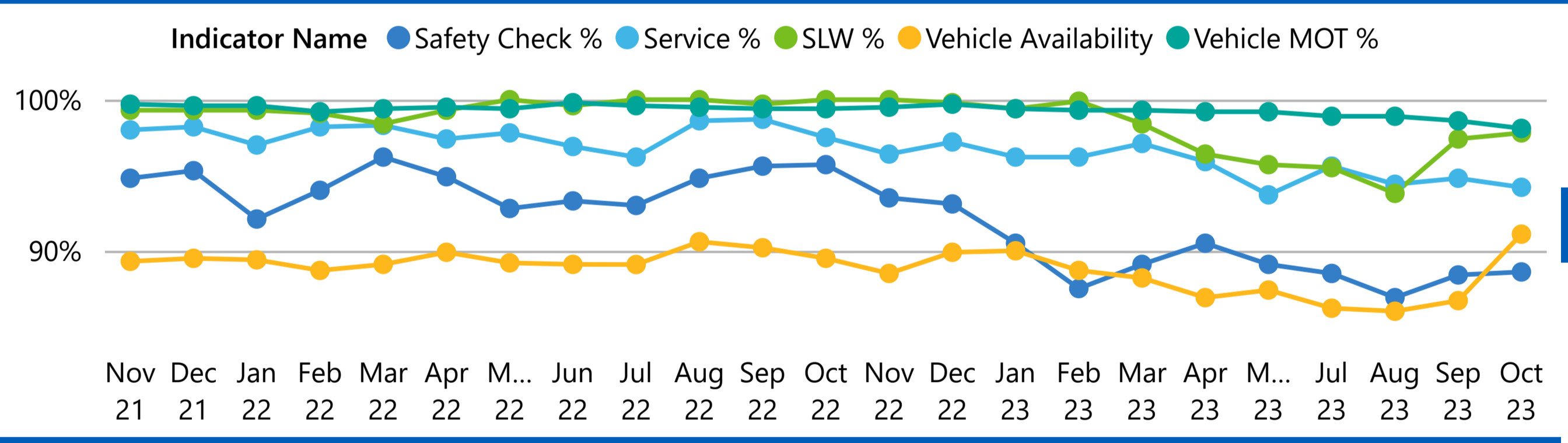
IndicatorName	Oct 22	Sep 23	Oct 23
Vehicle age +7	14.6%	12.0%	12.0%
Vehicle age +10	1.4%	1.0%	1.0%

PTS Age

IndicatorName	Oct 22	Sep 23	Oct 23
Vehicle age +7	13.2%	28.0%	28.0%
Vehicle age +10	0.2%	4.8%	4.8%

Fleet Comments
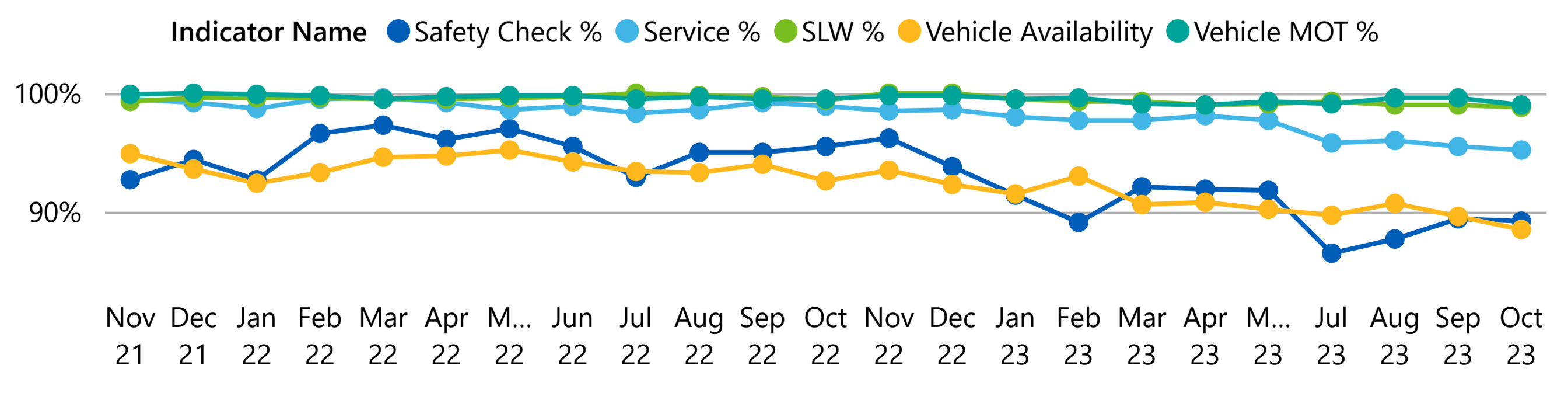
A&E availability has increased by 4.4% to 91.1% in October this is due to clearing some of the backlog in previous month due to back ordered parts, these issues are slowly being resolved by our providers with their improved supply chain. October has seen a small drop in Routine maintenance with overall compliance dropping by 0.1% to 94.7%. PTS compliance remains high but has dropped by 0.3% to 95.6% overall, this is due to resource allocated to the improved A&E availability. Fleet are working with operational colleagues to ensure rotas have the required vehicle availability.

A&E age profile remains stable this month, The vehicle convertor has now gained Whole Vehicle Type Approval so delivery of the 64 DCA order will commence in November. PTS vehicles over 7 years and 10 years has remained stable in October, with vehicle orders proceeding.

Glossary - Indicator Descriptions (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)

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	
QS35	Patient Safety Indicator Incident Investigation	int	
QS24	Staff survey improvement question	int	(TBC, yearly)
QS21	Number of RIDDORs Submitted	int	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

Glossary - Indicator Descriptions (Workforce)

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

Glossary - Indicator Descriptions (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