Integrated Performance Report

January 2024

Published 22 February 2024

Icon Guide

Exceptions, Variation and Assurance

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

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

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

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

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Strategy, Ambitions & Key Priorities

NHS
Yorkshire
Ambulance Service
NHS Trust

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

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

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

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

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

4 Bold Ambitions

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

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

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

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

Today → 2029

NHS Yorkshire Ambulance Service NHS Trust

January 2024 TEG Portfolio Delivery Dashboard

Reporting Status Date: 05/02/24

Overall YAS Change Portfolio Status - AMBER

Key: PJ - Projec PG - Program B-BAU

Project RAG Status: | 3 (0) RED Projects | 11 (+1) AMBER Projects | 8 (+1) GREEN Projects | 2 (0) PAUSED/STOPPED | 0 (0) Completed Projects | Total Entries = 24

Workforce (Our people)

Our People (5) - Portfolio Status - AMBER

| 0 RED | 2 Amber | 3 Green | Pause/Stop | 0 Completed |

Exec Sponsor - Mandy Wilcock/Dave Green

SRO - Nick Smith
- International Recruitment — Extended to cover additional round of recruitment. Then Close-out as BAU — OVERALL STATUS: — Deliver: — Benefit: — PJ

SRO - Mandy Wilcock
- Occupational Health Model — OVERALL STATUS: — Deliver: — Benefit: — PJ

SRO - Mandy Wilcock
- YAS Together (Year 1) — OVERALL STATUS: — Deliver: — Benefit: — PJ

SRO - Mandy Wilcock
- Operating Model Programme (Incorporating Accountability Fwork) — OVERALL STATUS: — Deliver: — Benefit: — PG

SRO - Clare Ashby
- Bodyworn Camera Pilot — OVERALL STATUS: — Deliver: — Benefit: — PJ

Patient Centred (Our patients)

Our Patients (9) - Portfolio Status - AMBER

| 1 RED | 6 Amber | 2 Green | Pause/Stop | 0 Completed |

Exec Sponsor - Nick Smith

SRO - Jackie Cole
- A&E and EOC Programmes — OVERALL STATUS: — Deliver: — Benefit: — PG

SRO - Lesley Butterworth
- Mental Health Programme — OVERALL STATUS: — Deliver: — Benefit: — PJ

SRO - Chris Dexter
- NEPTS Eligibility Implementation — OVERALL STATUS: — Deliver: — Benefit: — PJ
- PTS Fleet Replacement — OVERALL STATUS: — Deliver: — Benefit: — PJ

SRO - David Beet
- IUC Improvement Programme Phs 1 — OVERALL STATUS: — Deliver: — Benefit: — PG
  1. Rota Review — Delivery — Benefits — PJ
  2. Clinical Career Pathway IUC — Delivery — Benefits — PJ
  3. Marketing & Recruitment Campaign — Delivery — Benefits — PJ
  4. IUC Leadership Apprenticeships — Delivery — Benefits — PJ
  5. IUC Uniforms — Delivery — Benefits — PJ

SRO - Liz Eastwood
- NHS Charities Together-Vo — OVERALL STATUS: — Deliver: — Benefit: — PJ
- Yorkshire Air Ambulance Review — OVERALL STATUS: — Deliver: — Benefit: — PJ
- Mass Communications Tool — To inform GATE 2 Business — OVERALL STATUS: — Deliver: — Benefit: — PJ

SRO - Dr Steven Dykes
- Priority Patient Pathways & Safer Right Care — OVERALL STATUS: — Deliver: — Benefit: — PJ

Agile Operations (Our places)

Our Places (6) - Portfolio Status - RED

| 2 RED | 2 Amber | 0 Green | Pause/Stop | 0 Completed |

Exec Sponsor - Kathryn Vause

SRO - Glen Adams
- Logistics Hub — OVERALL STATUS: ↑ Deliver: ↑ Benefit: ↑ PG
- Asset Management System — OVERALL STATUS: — Deliver: — Benefit: ↑ PJ
- Pre-Packed POM Pouches — OVERALL STATUS: — Deliver: — Benefit: ↑ PJ
- Hub & Spoke and AVP Programme (Planning & Business Case Only) — OVERALL STATUS: — Deliver: — Benefit: — PJ
- Scarborough Cluster AVP Station — PAUSE — Deliver: — Benefit: —
- Hull Hub & Spoke — Project Paused — PAUSE — PAUSE — PAUSE — PJ

Digital Enablers

Digital Enablers (3) - Portfolio Status - AMBER

| 0 RED | 1 Amber | 2 Green | Pause/Stop | 0 Completed |

TEG Sponsor - Simon Marsh

SRO - Simon Marsh
- Clinical Systems Developm — OVERALL STATUS: — Deliver: — Benefit: — PG
- ESMCP-Mobile Data Vehicle Solution — OVERALL STATUS: — Deliver: — Benefit: — PJ

SRO - Michelle Gough
- GRS Replacement — OVERALL STATUS: — Deliver: — Benefit: — PJ

Northern Ambulance Alliance

NAA (1) - Portfolio Status - GREEN

| 0 RED | 0 Amber | 1 Green | Pause/Stop | 0 Completed |

Exec Sponsor - NAA Board

SRO - Graham Norton
- Robotic Process Automation — OVERALL STATUS: — Deliver: — Benefit: — PG

New Projects Pending

EOC Improvement - Due to commence reporting in February 24
Pathways - Due to go to Board in February 24 for approval

Other Projects 'In Closure'

FY22/23 Project: Supporting Fallers Outside by CFRs (Closure)
FY22/23 Project: E-Expenses Software (Gate 4 TMG 21 June)
Rotational paramedics (Closure report in draft)
Enhancement to Career Pathway (Closure report in draft)
Phase 2 - Post Registration Paramedic Career Pathway (TMG Clo
EOC Business Continuity Improvements (Fairfields) (Closure report in draft)
Stroke video Triage Pilot (Awaiting closure sign off from TEG)
Hybrid/Agile Working (Phases 1 and 2) (Closure report drafted - awaiting SRO sign off)

999 IPR Key Exceptions - January 24

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:04		
999 - Answer 95th Percentile		00:00:24		
999 - AHT		377	H	
999 - Calls Ans in 5 sec	95.0%	92.4%		F
999 - C1 Mean (T < 7 Mins)	00:07:00	00:08:13	L	F
999 - C1 90th (T < 15 Mins)	00:15:00	00:14:20	L	P
999 - C2 Mean (T < 18 Mins)	00:18:00	00:34:31	L	F
999 - C2 90th (T < 40 Mins)	00:40:00	01:18:58	L	F
999 - C3 Mean (T < 1 Hour)	01:00:00	01:46:19		F
999 - C3 90th (T < 2 Hour)	02:00:00	04:07:06	L	F
999 - C1 Responses > 15 Mins		917		
999 - C2 Responses > 80 Mins		4,000		
999 - Job Cycle Time		01:58:33	H	
999 - Avg Hospital Turnaround	00:30:00	00:55:24		F
999 - Avg Hospital Handover	00:15:00	00:32:50		F
999 - Avg Hospital Crew Clear	00:15:00	00:22:24	H	F
999 - Total lost handover time		8,526		
999 - Crew clear over 30 mins %		25.0%		
999 - C1%		16.3%	H	
999 - C2%		62.4%		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 4 seconds for January, a decrease from December of 7 seconds. The median remained the same at zero seconds while the 90th and 95th and 99th percentiles all decreased. The 90th decreased from 31 seconds in December to 0 seconds in January, 95th decreased from 61 seconds to 24 seconds and 99th decreased from 96 seconds to 90 seconds. This indicates that there was an overall decrease in the call answer times for January as well as fewer calls waiting to be answered for very long periods of time at the tail end.

Cat 1-4 Performance - Only the Cat1 90th percentile performance target was achieved for January, however, performance times across all categories improved from December. The mean performance time for Cat1 improved from December by 33 seconds and the 90th percentile improved by 59 seconds. The mean performance time for Cat2 improved from December by 11 minutes 25 seconds and the 90th percentile improved by 25 minutes 35 seconds.

Abstractions were 0.5% lower than forecast for January, falling 2.0% from December. Weekly Net staff hours have risen compared to December by over 1,600 hours per week. Overall availability increased by 1.6% from December. Compared to January 2023, abstractions are down by 1.4% and availability is down by 3.3%.

Call Acuity-The proportion of Cat1 and Cat2 incidents was 78.7% in January (16.3% Cat1, 62.4% Cat2) after a 1.9% decrease compared to December (1.0% decrease in Cat1 and 0.9% decrease in Cat2). Comparing against January for the previous year, Cat1 proportion increased by 2.5% and Cat2 proportion increased by 0.6%.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target decreased in January, with 917 responses over this target. This is 314 (25.5%) less compared to December. The number for last month was 21.6% more compared to January 2023.

The number of Cat2 responses greater than 2x 90th percentile target decreased from December by 3,147 responses (44.0%). This is a 132.2% increase from January 2023.

Job cycle time - Overall, the average job cycle time increased by 36 seconds from December and was 3 minutes 35 seconds more than January 2023.

Hospital - From October, the way handover times are reported changed and following the new national guidance the average handover time has increased across the Trust. Turnaround and crew clear times remain unchanged by the new guidance. Last month the average handover time increased by 24 seconds and overall turnaround time increased by 48 seconds. The number of conveyances to ED was 0.6% lower than in December and 13.3% higher than in January 2023.

Demand - On scene response demand was 0.1% below forecasted figures for January and was 1.4% less than in December. All response demand (HT + STR + STC) was 0.5% lower than December and 23.1% higher than January 2023. This is in part due to changes made in January to the recording of Hear & Treat incidents, whereby more Cat5 incidents are transferred to IUC and closed as H&T when they would previously have been closed as no response and not be counted as an incident.

Outcomes - Comparing incident outcomes proportions within 999 for January 2024 against January 2023, the proportion of hear & treat increased by 7.1%, see treat & refer decreased by 1.9% and see treat & convey decreased by 5.2%. The proportion of incidents with conveyance to ED decreased by 4.6% from January 2023 and the proportion of incidents conveyed to non-ED decreased by 0.6%. Please note that changes mentioned above around the recording of H&T incidents means that there has been a relative increase in the proportion of H&T incidents and a decrease in on scene responses because of this.

IUC IPR Key Indicators - January 24

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		140,118	〰️	
IUC - Answered vs. Last Month %		-8.3%		
IUC - Answered vs. Last Year %		16.1%		
IUC - Calls Triaged		136,299		
IUC - Calls Abandoned %	3.0%	9.1%	〰️	F
IUC - Answer Mean	00:00:20	00:01:46	〰️	F
IUC - Answered in 60 Secs %	90.0%	68.4%	〰️	F
IUC - Callback in 1 Hour %	60.0%	46.2%	〰️	F
IUC - ED Validations %	50.0%	51.1%	H	P
IUC - 999 Validations %	75.0%	99.6%	〰️	P
IUC - ED %		15.3%	〰️	
IUC - ED Outcome to A&E %		73.6%		
IUC - ED Outcome to UTC %		8.3%		
IUC - Ambulance %		13.1%	H	

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 154,102 calls in January, 9.5% below the annual business plan baseline demand. 140,118 (90.9%) of these were answered, 0.5% below last month and 2.7% below the same month last year.

Due to continued high numbers of new starters going through the training process and experienced staff assisting with coaching, call performance metrics are being impacted and not at target levels as expected. Whilst it is no longer a national KPI, we are continuing to monitor the percentage of calls answered in 60 seconds, as it is well recognised within the IUC service and operations as a benchmark of overall performance. This measure increased to 68.4% from 66.2% in January. Average speed to answer has decreased by 4 seconds to 1 minute 46 seconds compared with 1 minute 50 seconds last month. Abandonment rate increased to 9.1% from 8.6% last month.

The proportion of clinician call backs made within 1 hour increased to 46.2% from 44.3% last month. This is 13.8% below the national target of 60%. Core clinical advice increased to 20.9% from 18.5% last month. These figures are calculated based on the new ADC specification, which removes 111 online cases from counting as part of clinical advice, and also locally we are removing cases which come from the DCABS clinical service as we do not receive the initial calls for these cases.

The national KPI for ambulance validations monitors performance against outcomes validated within 30 minutes, rather than just all outcomes validated, and the target for this is 75% of outcomes. However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the National KPI, performance was 95.1% in January, whilst performance for overall validations was 99.6%, with 13,451 cases validated overall.

ED validation performance increased to 51.1% from 41.4% last month. The target for this KPI is 50%. 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 increased to 49.9% from 43.1% last month and ED bookings increased to 26.6% from 25.6%. 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 - January 24

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	72.1%	(H)	(F)
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	88.5%		(F)
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	91.8%		(P)
PTS - Arrive at Appointment Time	90.0%	87.0%		(F)
PTS - Journeys < 120Mins	90.0%	99.3%		(P)
PTS - Same Month Last Year		17.9%		
PTS - Increase - Previous Month		14.1%		
PTS - Demand (Journeys)		84,241	(H)	(?)

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Total Activity has been on an upward trend since the start of the financial year. In January PTS operated 84,241 journeys including aborts and escorts - the highest it's been in 2023/24 and 17.9% higher than January 2023. Delivered journeys were 9.9% over forecast from the Annual Business Plan.

PTS are continuing to support the Integrated Transport Pilot by providing resource to 999. In January 1431 journeys were operated by PTS for 999, a 6.7% increase to December. Alongside this, the number of Private Provider Hours worked increased by 4.8%.

Call performance was above 70.0% for the second month running. Reservations have seen a positive impact on service level since the increase of extra call handlers at the end of 2023. An extra 11 FTE are now working in comparison to the start of the financial year. Call demand on a Monday continues to be significantly higher than the remainder of the week (on average 35% higher) which is impacting Reservations from being able to achieve the overall service level of 90.0%.

Both KPI 3 & 4 (Outwards Performance) continue to be on upwards trends since the introduction of the new dedicated discharge planning desks. Pre Planned discharges achieved 91.8%, hitting the operational target. Short Notice journeys fell narrowly under target by 2.3% - however was the highest it's been over the past 24 months.

The average patients per vehicle increased by 0.01 to 1.28 in January. This falls in line with the last 6 month run rate.

As the number of total journeys increased in January, so did the number of patients travelling as 'infectious' (8.2% increase) and the number patients who 'must travel alone' (10.3% increase). However, in relation to overall total journeys delivered the percentage of these journeys remain low (2.2% infectious and 3.4% MTA).

Workforce Summary

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

Name	Jan 23	Dec 23	Jan 24
Turnover (FTE) %	9.2%	10.4%	10.4%
Vacancy Rate %	13.4%	13.1%	12.2%
Apprentice %	8.8%	9.8%	10.0%
BME %	6.0%	6.8%	6.8%
Disabled %	5.2%	7.2%	7.3%
Sickness - Total % (T-5%)	7.3%	7.7%	7.5%
PDR / Staff Appraisals % (T-90%)	70.8%	72.7%	71.1%
Stat & Mand Training (Fire & IG) 1Y	88.7%	95.1%	91.9%
Stat & Mand Training (Core) 3Y	93.3%	96.5%	96.3%
Stat & Mand Training (Face to Face)	81.3%	88.2%	88.6%
Stat & Mand Training (Safeguarding L2 +)	95.6%	95.5%	94.3%

Assurance: All data displayed has been checked and verified

YAS Commentary

FTE, Turnover, Vacancies and BME – Compared to December 2023, the Turnover rate has remained consistent whereas the vacancy rate has improved by 1 percentage point. In comparison to the same month last year (January 2023) the Turnover Rate has deteriorated whereas the Vacancy Rate has improved marginally. Both vacancies and turnover remain high for IUC with 35.7% and 32.1% respectively (Note: IUC figures are for those employed staff leaving the Trust only). The work to implement the IUC case for change is progressing with staff consultation pending. The numbers of BME and staff living with disabilities is steadily improving. Note: The vacancy rate shown is based on the budget position against current FTE establishment with some vacancies being covered by planned overtime or bank.
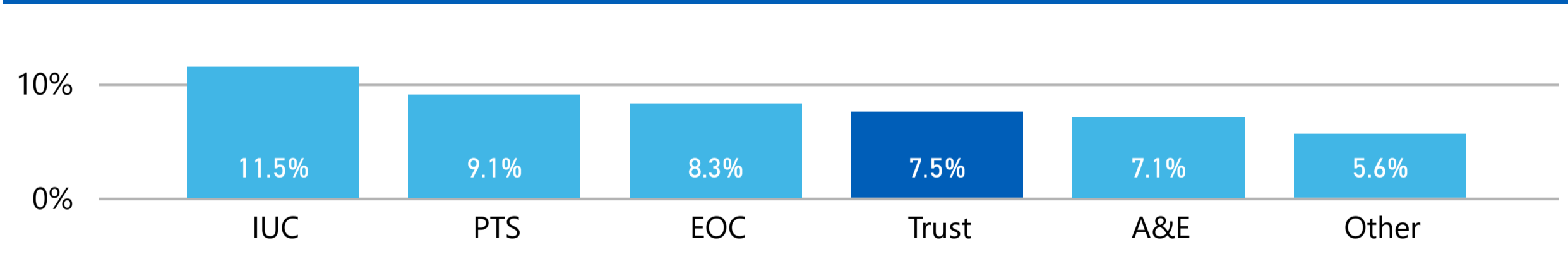
Sickness – Sickness has improved from the previous month by 0.2 percentage points from 7.7% to 7.5%. A sub-group of the Operational Efficiency Group is working to actively reduce absence through a review of absence management processes, reasonable workplace adjustments, MSK/injuries at work. The People & Culture Group receives updates on this work. The new Supporting Attendance policy has been approved and is to be implemented in the new year.

PDR / Appraisals – The overall compliance rate has decreased compared to December 2023. Operational areas have all seen decreases with 'Other' increasing by 1pp. PTS remains the highest performing area (77.3%) albeit is a decreasing trend. Targeted support is being provided to areas with lower compliance in addition to the Trust-wide update workshops on how to conduct quality appraisals and career conversations. A monthly email to all Managers highlights use of the Compliance Dashboard, encouraging data cleanse and setting clear 90% compliance targets for appraisal completion and training.
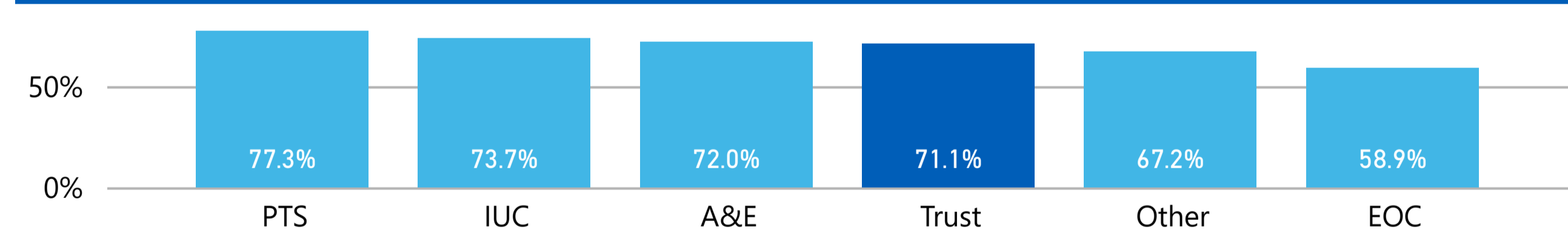
Statutory and Mandatory Training – At Trust level, 3 out of 4 training measures are compliant (90%+). IUC, PTS and Other are all compliant (green) for all categories. The year 2 target (80%) on the 3-year recovery plan for face-to-face training has been exceeded (88.6%). Information Governance compliance rates have declined but remain over 90% overall as coupled with Fire Safety now on a 2-year refresh. IG one of the targeted monthly messages to Managers when promoting the Compliance Dashboard.

Sickness Benchmark for Last Month

IUC	PTS	EOC	Trust	A&E	Other
11.5%	9.1%	8.3%	7.5%	7.1%	5.6%

PDR Benchmark for Last Month

PTS	IUC	A&E	Trust	Other	EOC
77.3%	73.7%	72.0%	71.1%	67.2%	58.9%

Sickness

Legend: ● Sickness - Long Term ● Sickness - Short Term

(Bar chart showing sickness from Dec 21 to Jan 24, values around 10%)

PDR - Target 90%

(Line chart from Dec 21 to Jan 24)
52.1% … 48.7% … 53.1% … 59.7% … 66.5% … 69.4% … 72.4% … 71.5% … 71.4% … 72.0% … 73.1% … 71.1%
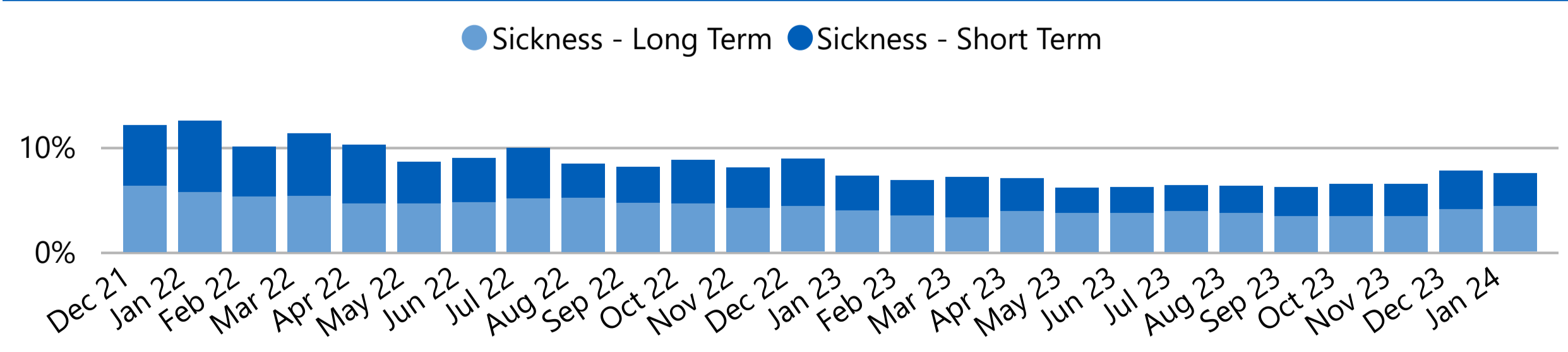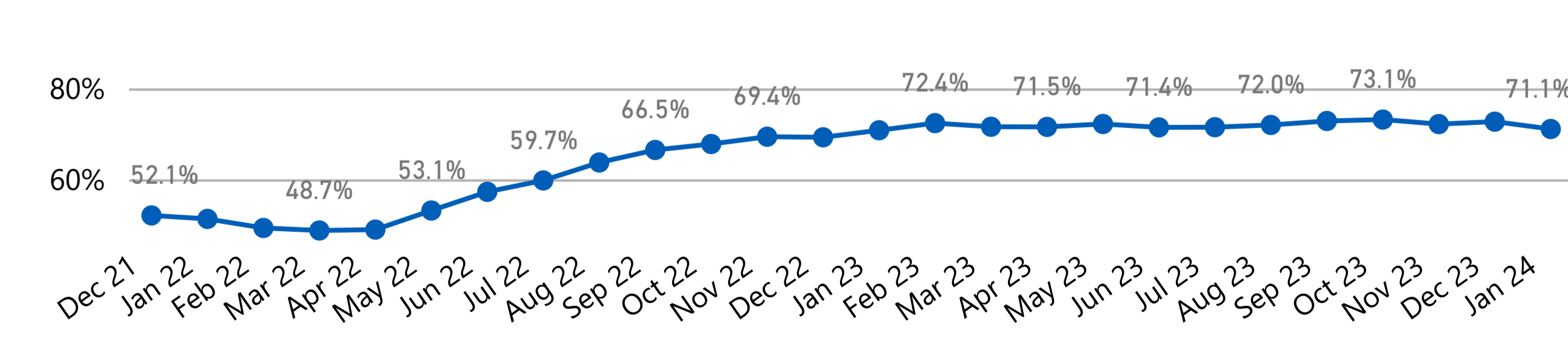
YAS Finance Summary (Director Responsible Kathryn Vause) - January 24

Overview - Unaudited Position

Overall
The Trust has a year end surplus position at month 10 of £5.2m as shown above. This position is as a result of slippage in pay vacancies and phasing into the later part of the year.

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 January, the Trust had £67.9m 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)		£5,187	£5,187
Cash	£66,750	£67,934	£1,184
Capital	£9,511	£4,747	-£4,764

Monthly View (£000s)

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

Patient Demand Summary

Demand Summary

| Indicator	Jan 23	Dec 23	Jan 24
999 - Incidents (HT+STR+STC)	62,514	77,326	76,936
999 - Calls Answered	74,064	97,819	90,837
IUC - Calls Answered	120,661	152,783	140,118
IUC - Calls Answered vs. Ceiling %	-34.1%	-24.0%	-19.3%
PTS - Demand (Journeys)	71,469	73,822	84,241
PTS - Increase - Previous Month	8.5%	-6.5%	24.1%
PTS - Same Month Last Year	43.8%	8.9%	22.3%
PTS - Calls Answered	32,190	31,958	41,212

Commentary

999 - On scene response demand was 0.1% below forecasted figures for January and was 1.4% less than in December. All response demand (HT + STR + STC) was 0.5% lower than December and 23.1% higher than January 2023. This is in part due to changes made in January to the recording of Hear & Treat incidents, whereby more Cat5 incidents are transferred to IUC and closed as H&T when they would previously have been closed as no response and not be counted as an incident.

IUC - YAS received 154,102 calls in January, 9.5% below the annual business plan baseline demand. 140,118 (90.9%) of these were answered, 0.5% below last month and 2.7% below the same month last year.

PTS - PTS Total Activity has been on an upward trend since the start of the financial year. In January PTS operated 84,241 journeys including aborts and escorts - the highest it's been in 2023/24 and 17.9% higher than January 2023. Delivered journeys were 9.9% over forecast from the Annual Business Plan.
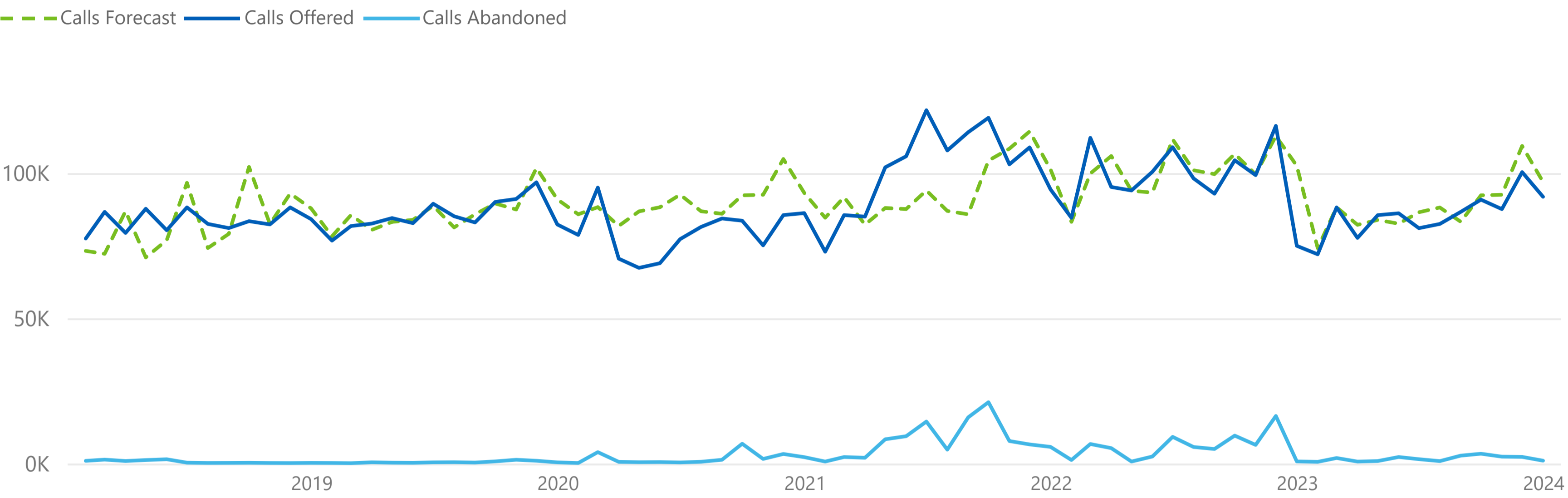
Overall Calls and Demand
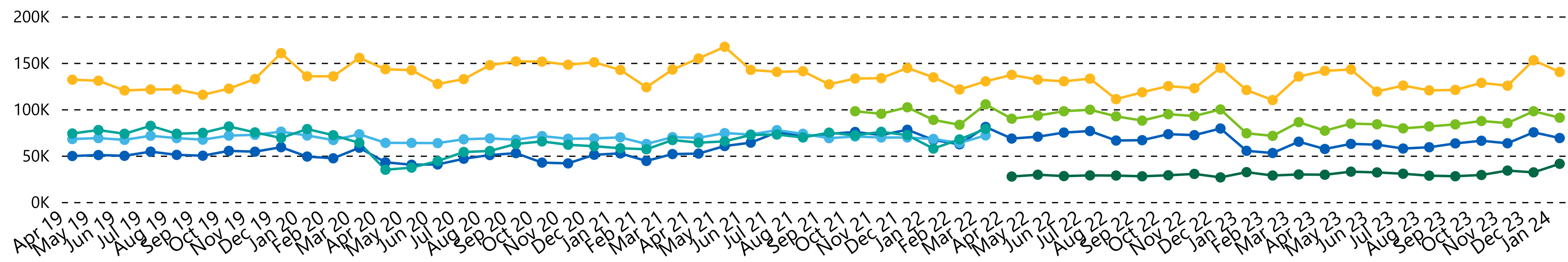
999 and IUC Historic Demand

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

999 Historic Call Demand

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

IUC Historic Demand

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

999

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

In January 2024, there were 91,835 calls offered which was 5.3% below forecast, with 90,837 calls answered and 998 calls abandoned (1.1%). There were 8.5% fewer calls offered compared with the previous month and 22.5% more 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 56.6% reduction in abandoned calls compared with the previous month.

IUC
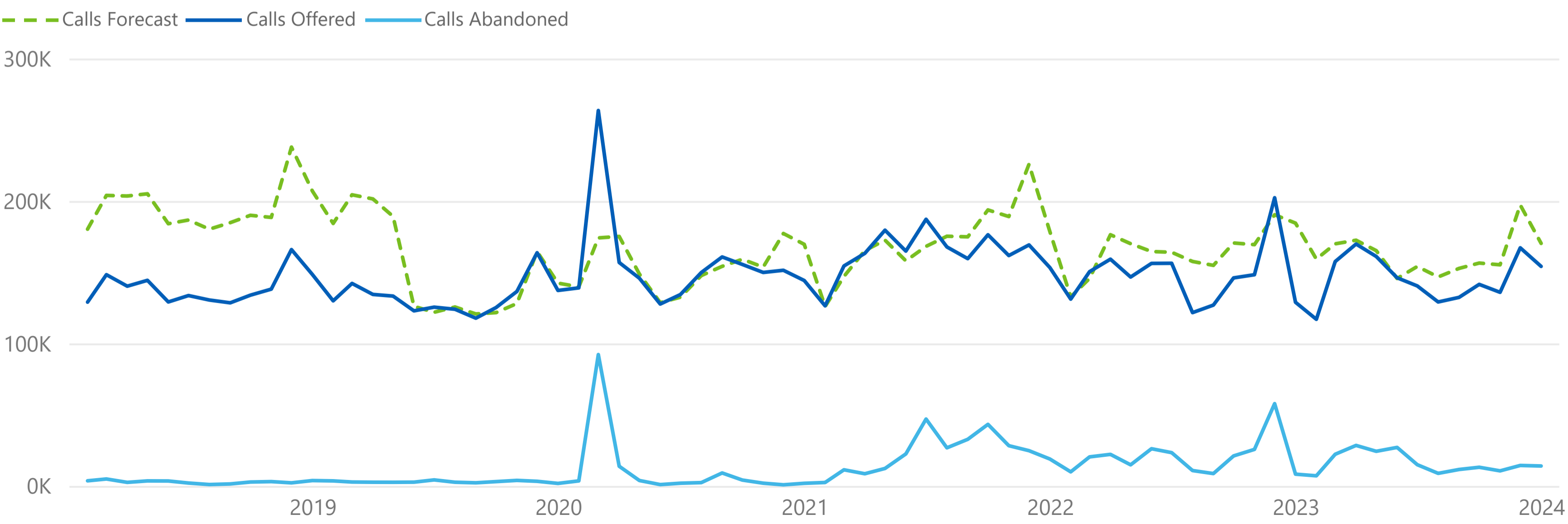
YAS received 154,102 calls in January, 9.5% below the annual business plan baseline demand. 140,118 (90.9%) of these were answered, 0.5% below last month and 2.7% below the same month last year.

Calls abandoned increased to 9.1% from 8.6% last month and was 2.7% above last year.

Patient Outcomes Summary

Outcomes Summary

ShortName	Jan 23	Dec 23	Jan 24
999 - Incidents (HT+STR+STC)	62,514	77,326	76,936
999 - Hear & Treat %	7.3%	13.6%	14.4%
999 - See, Treat & Refer %	27.8%	27.0%	25.9%
999 - See, Treat & Convey %	64.9%	59.3%	59.7%
999 - Conveyance to ED %	58.0%	53.4%	53.4%
999 - Conveyance to Non ED %	6.9%	5.9%	6.3%
IUC - Calls Triaged	119,856	146,665	136,299
IUC - ED %	15.1%	14.5%	15.3%
IUC - Ambulance %	10.7%	12.5%	13.1%
IUC - Selfcare %	4.4%	4.0%	4.2%
IUC - Other Outcome %	13.5%	16.2%	16.4%
IUC - Primary Care %	53.0%	51.8%	50.2%
PTS - Demand (Journeys)	71,469	73,822	84,241

999 Outcomes
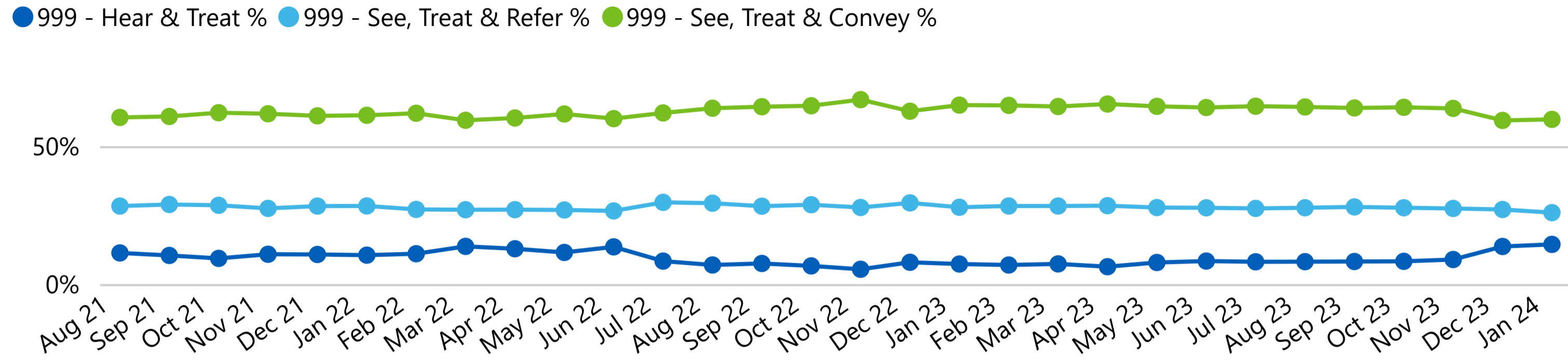
IUC Outcomes
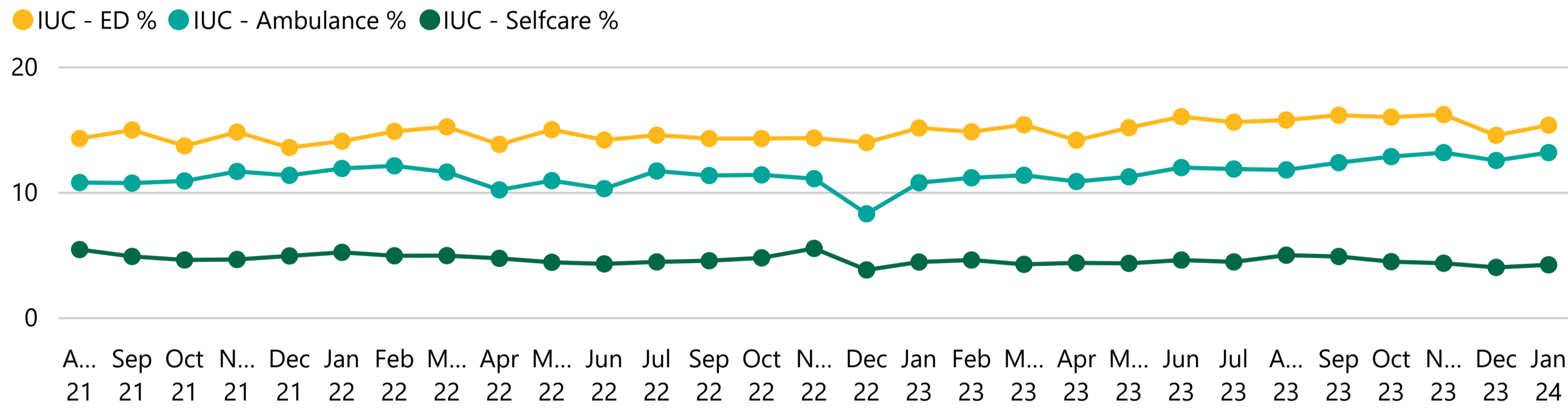
Commentary

999 - Comparing incident outcomes proportions within 999 for January 2024 against January 2023, the proportion of hear & treat increased by 7.1%, see treat & refer decreased by 1.9% and see treat & convey decreased by 5.2%. The proportion of incidents with conveyance to ED decreased by 4.6% from January 2023 and the proportion of incidents conveyed to non-ED decreased by 0.6%. Please note that changes mentioned above around the recording of H&T incidents means that there has been a relative increase in the proportion of H&T incidents and a decrease in on scene responses because of this.

IUC - The proportion of callers given an Ambulance outcome was 13.1%, with Primary Care outcomes at 50.2%. The proportion of callers given an ED outcome was 15.3%. The percentage of ED outcomes where a patient was referred to a UTC was 8.3%, a figure that historically has been as low as 2-3%. A key goal of the 111 first programme was to reduce the burden on emergency departments by directing patient to more appropriate care settings.

Patient Experience (Director Responsible - Dave Green)

NHS
Yorkshire Ambulance Service
NHS Trust

Patient Relations

Indicator	Jan 23	Dec 23	Jan 24
Service to Service	52	72	77
Concern	29	52	34
Compliment	164	84	108
Complaint	45	77	67

Complaint
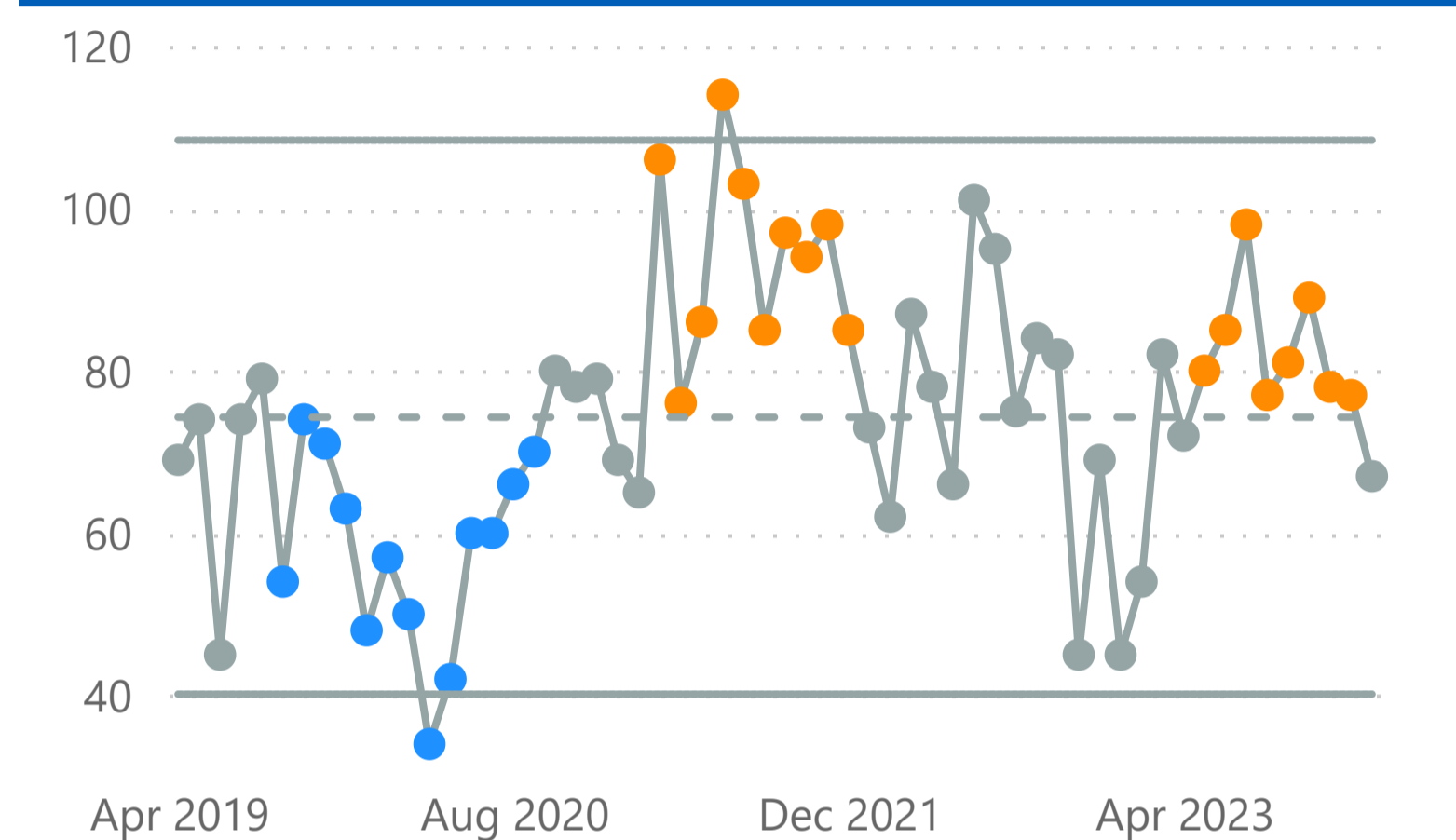
Compliment
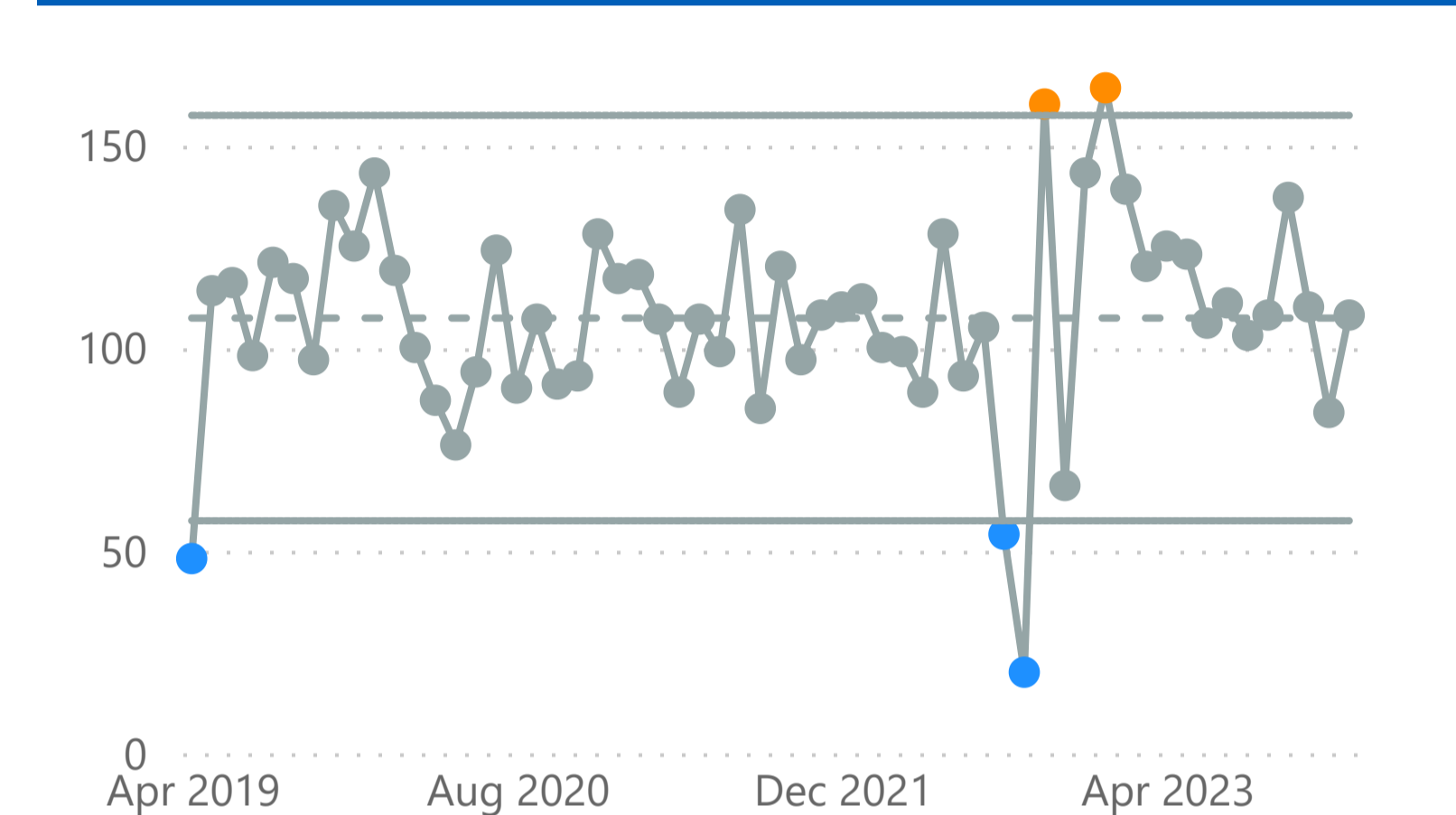
YAS Comments

EOC and IUC service areas have both seen an increase in Service to Service cases in January whilst complaints and concerns have decreased. The A&E frontline Service has had a slight increase in complaints throughout the month whilst Service to Service cases have remained at a comparable level to December's volume. The Patient Transport Service has seen a comparable number of complaints and concerns whilst Service to Service cases are less than the previous month.

Concern

Service to Service

Patient Safety - Quality (Director Responsible - Dave Green)

NHS Yorkshire Ambulance Service NHS Trust
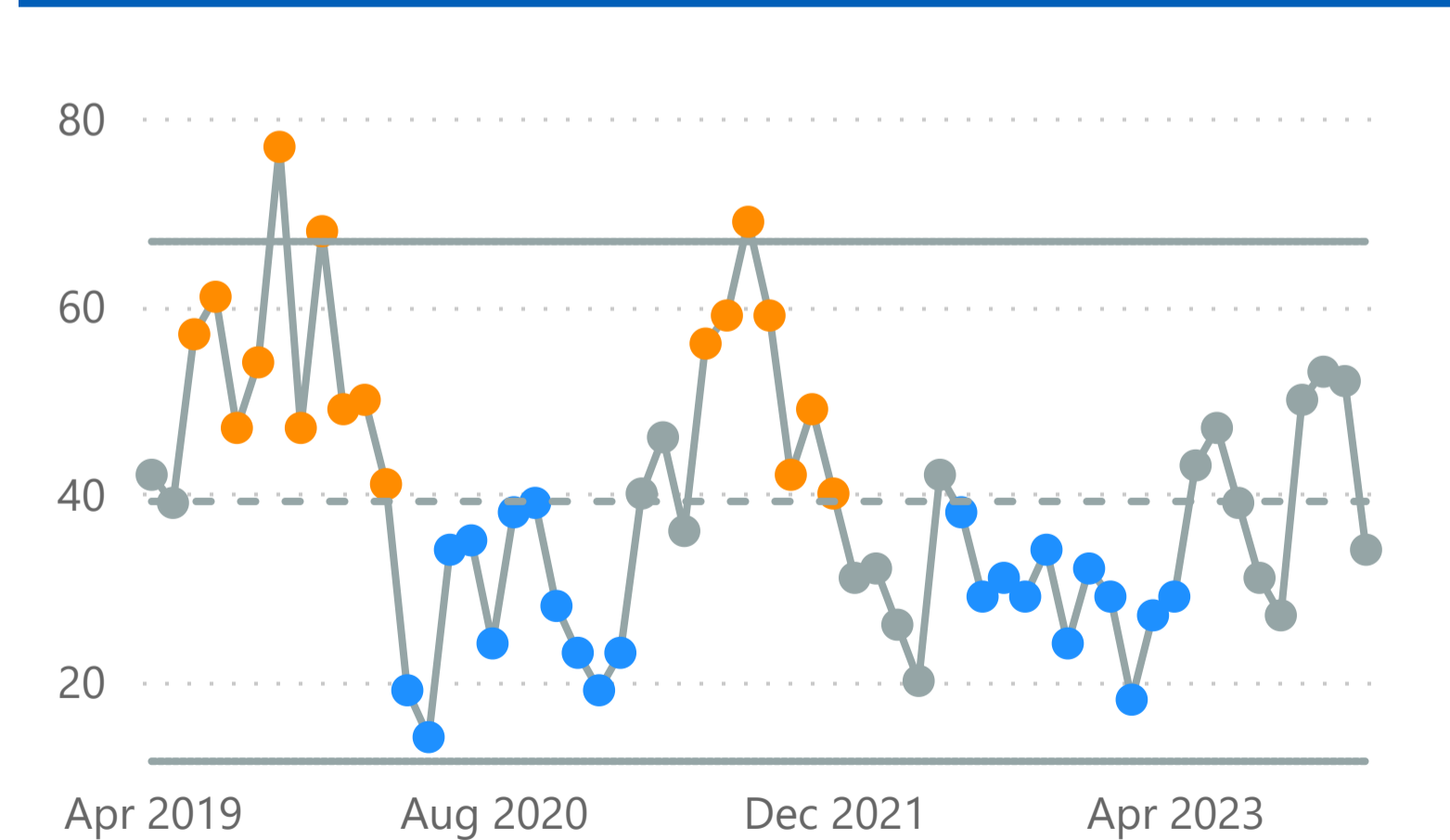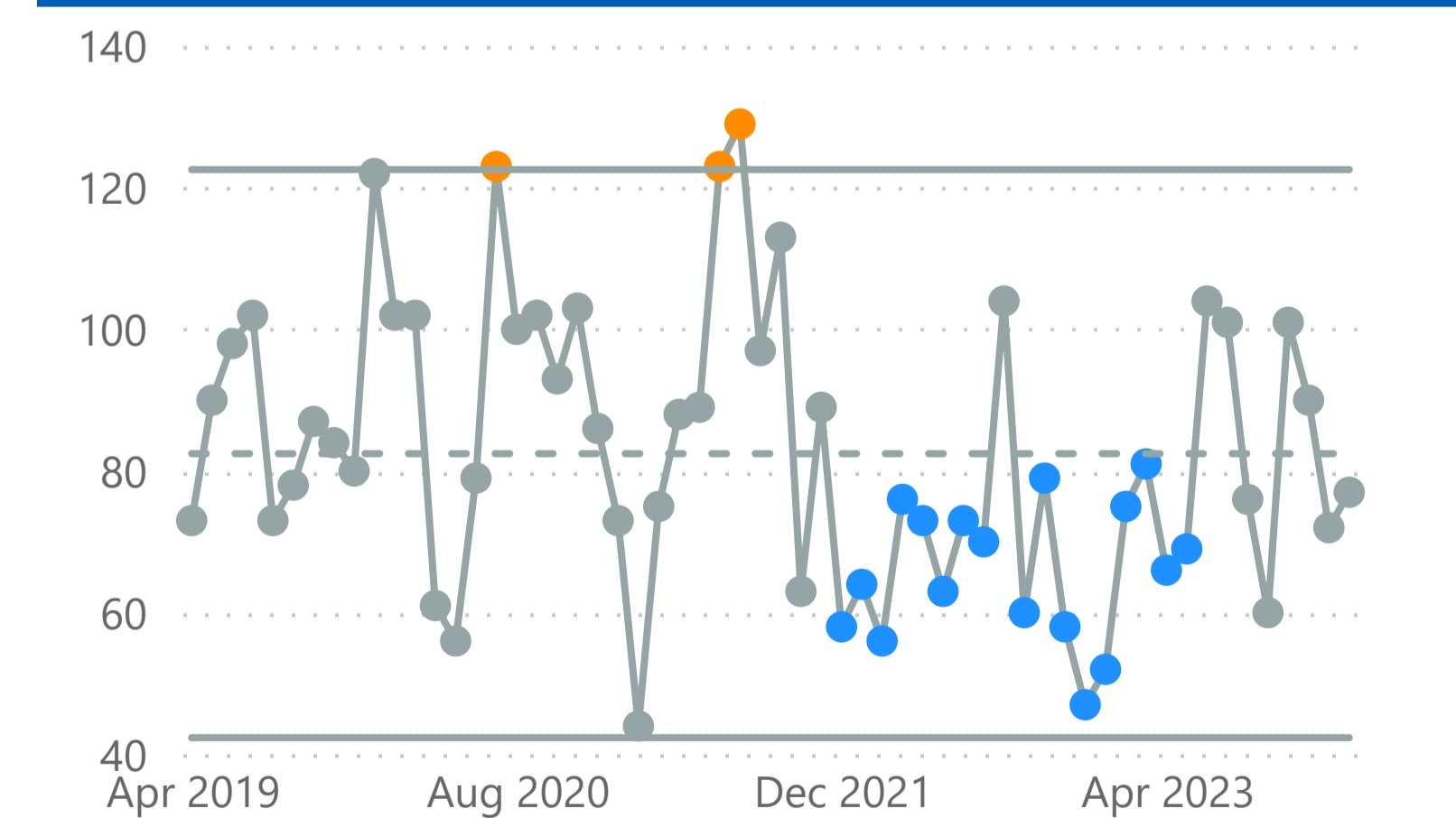
Incidents

Indicator	Jan 23	Dec 23	Jan 24
All Incidents Reported	848	925	890
Number of duty of candour contacts	30	7	7
Number of RIDDORs Submitted	2	5	5

▲	Nov 22	Oct 23	Nov 23
Moderate & Above Harm (verified)	50	28	36
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	11	5	8
Serious incidents (verified)	15	2	1

Hygeine

Indicator	Jan 23	Dec 23	Jan 24
% Compliance with Hand Hygiene	84.9%	83.7%	99.1%
% Compliance with Premise	99.1%	90.5%	95.2%
% Compliance with Vehicle	91.6%	92.4%	95.8%

Incidents - Verified Moderate and Above Harm

YAS

Chart (YAS) monthly values Aug 21 – Nov 23:
30, 35, 27, 35, 27, 21, 18, 18, 20, 24, 24, 24, 44, 19, 45, 50, 45, 34, 40, 30, 33, 24, 36, 33, 34, 27, 28, 36

Safeguarding

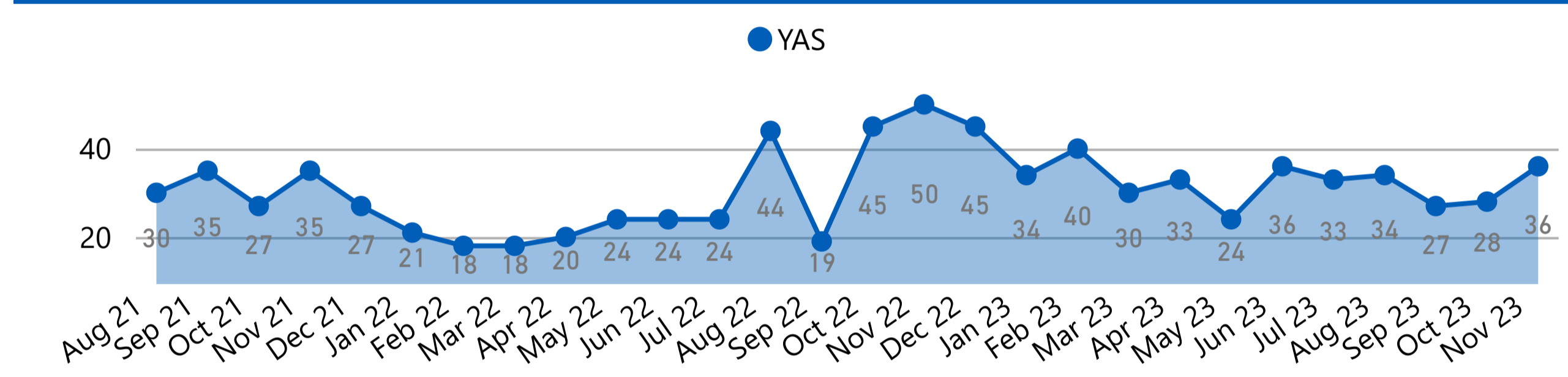| Indicator	Jan 23	Dec 23	Jan 24
Domestic Homicide Review (DHR)	4	4	2
Safeguarding Adult Review (SAR)	2	2	5
Child Safeguarding Practice Review/Rapid Review (CSPR/RR)	5	1	
Child Death	20	21	22

A&E Long Responses

Indicator	Jan 23	Dec 23	Jan 24
999 - C1 Responses > 15 Mins	754	1,231	917
999 - C2 Responses > 80 Mins	1,723	7,147	4,000

YAS Comments

Domestic Homicide Reviews (DHR)

One request for information in relation to a DHR was received in January. YAS continue to contribute to a number of DHR's where suicide was a prominent theme following Domestic Abuse.

Safeguarding Adult Review (SAR)

Five requests for information in relation to SAR's were received in January. Self-neglect and isolation/cuckooing were the associated themes seen.

Child Safeguarding Practice Review / Rapid Review (CSPR/RR)

Zero requests in relation to Rapid Reviews or Child Safeguarding Practice Reviews were received in January.

Child death

The Safeguarding team contributed information in relation to twenty two children who died in January with an equal spilt between those which were expected and unexpected. Prominent themes included mental health, prematurity, sudden infant death, planned palliative care.

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

Cardiac Arrest

	No. Cardiac Arrests Oct-23	Bystander CPR Oct-23	ROSC Oct-23	ROSC Care Bundle Oct-23	Survival to Discharge Oct-23	Cardiac Survivors Oct-23
	267	68.0%	31.0%	63.0%	11.0%	30

Stroke

	No. of Patients Sep-23	Avg Call to Door Minutes Sep-23	Care Bundle Compliance Aug-23
	473	92	94.0%

Heart Attack

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

Cardiac Arrest - The number of cardiac arrests is showing seasonal variation with peaks in winter - clinical analysis demonstrates this is predominately due to a rise in respiratory conditions leading to cardiac arrest. Further work needs to be undertaken to understand the impact of health inequalities on the epidemiology of cardiac arrest and outcomes. The YAS return of spontaneous circulation (ROSC) rate is improving in October with a survival to discharge rate of 11% resulting in 30 people surviving an out of hospital cardiac arrest in Yorkshire. Improvement is still required to meet the national average and a resuscitation improvement plan has been approved at Clinical Governance Group. The community response to cardiac arrest remains critical to saving lives - Bystander CPR and use of an AED increase the chances of survival by two to four fold and a critical part of improving survival from cardiac arrest. Alongside the continuous improvement work of the community resilience team, the YAS Resuscitation Plan is prioritising the deployment of GoodSAM responder to improve the quantity and quality of bystander CPR, along with campaigns such as 'Restart a Heart' in schools to raise awareness. The plan also includes improvements to training in resuscitation for our clinical teams including the achievement of YAS as Resuscitation Council UK Advanced Life Support provider centre.

Stroke Care - Stroke care is good but call to door time remains high at 92 minutes - category 2 improvement plans have been submitted by the 3 ICBs with internal work on workforce and fleet, supported by category 2 segmentation. Engagement work has commenced with the integrated stroke delivery networks on improving access to thrombectomy including the further rollout of stroke video assisted triage in South Yorkshire and Humber and North Yorkshire ICB footprints.

Heart Attack Care - Care bundle compliance is showing some improvement but gaps still exist around analgesia administration - further developments in the AmbCO measures will align with standard practice and work in ongoing to develop an individual performance dashboard to support continuing professional development. YAS continue to work with the cardiac networks on improving the heart attack pathway, including the digital transfer of 12 lead ECGs and post cardiac arrest direct admissions.

Fleet and Estates

Estates

Indicator	Dec 23	Jan 24
P1 Emergency (2 HRS)	100.0%	50.0%
P1 Emergency – Complete (<24Hrs)	100.0%	50.0%
P2 Emergency (4 HRS)	96.4%	80.0%
P2 Emergency – Complete (<24Hrs)	78.2%	52.5%
Planned Maintenance Complete	62.3%	97.5%
P6 Non Emergency - Attend within 2 weeks	95.0%	63.2%
P6 Non Emergency - Complete within 4 weeks	81.3%	45.6%
P5 Non Emergency - Logged to Wrong Category	100.0%	100.0%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 342 jobs for the month of January. This is slightly higher than the representative average of 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 30 requests followed by Bramley and HART both at 12 requests for reactive works. SLA figures are low with at an overall attendance KPI at 78%, and completion KPI is lower than usual at 61%. The other categories aside the P1 & P2 emergency works are - P3 attend within 24 hours and P4 which is attend within 2 days. The P3 category accounts for just under a third of request with attendance KPI at 73% against a target of 98%. P4 category also account for just under a third of requests with attendance KPI at 89% against a target of 90%. Planned Maintenance activity on the Estate carried out by our service provider to attended to Statutory, mandatory and routine maintenance is recorded at 97% for January with a completion of 98%."
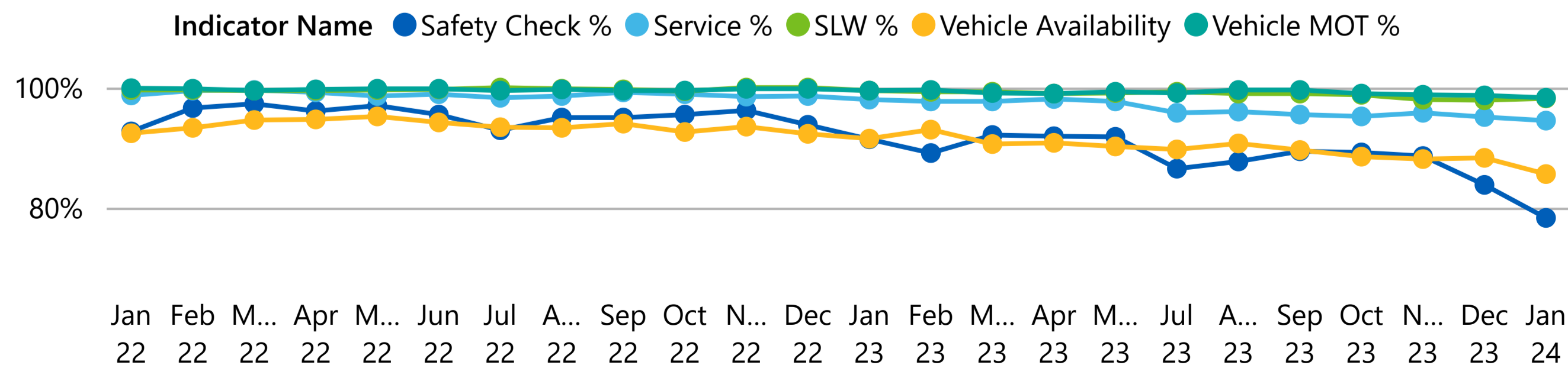
999 Fleet
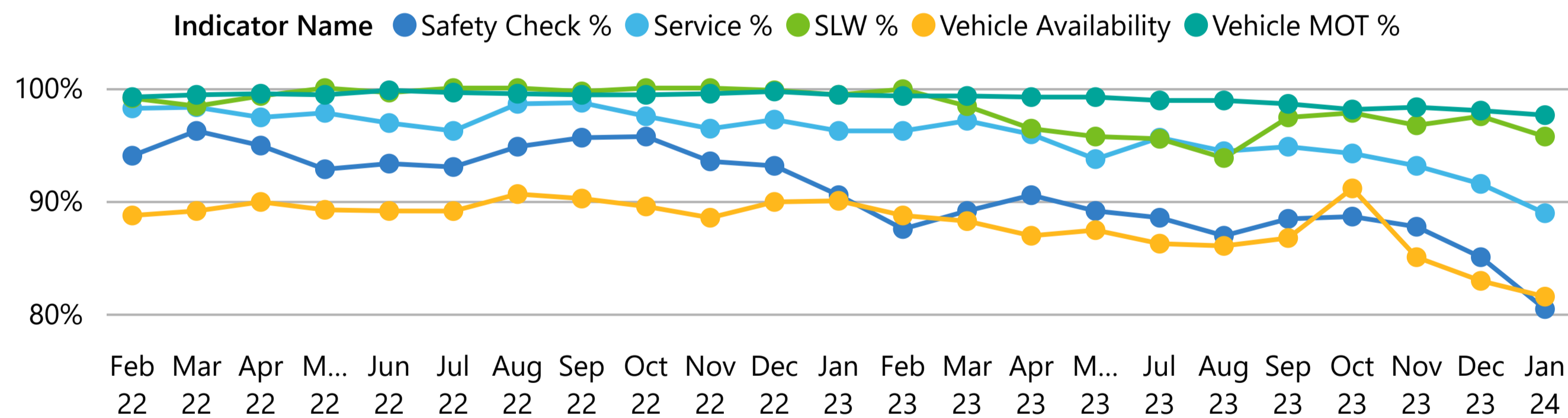
PTS Fleet

999 Fleet Age

IndicatorName	Jan 23	Dec 23	Jan 24
Vehicle age +7	14.2%	13.0%	15.8%
Vehicle age +10	1.6%	2.0%	2.0%

PTS Age

IndicatorName	Jan 23	Dec 23	Jan 24
Vehicle age +7	19.6%	28.2%	28.0%
Vehicle age +10	2.4%	4.8%	4.8%

Fleet Comments

A&E availability has dropped by 1.4% to 81.5% in January this is due to the continued engine faults on the 2.3 litre Fiat Ducato which are lengthy repairs, following recent oil sampling tests which identified oil is being diluted with diesel fuel causing premature wear of engine components fleet are increasing the number of oil changes as preventative measures to improve engine reliability. Fleet have also recruited agency Mechanics to assist in vehicle repair turnaround to improve vehicle availability. Due to the impact of vehicle availability January has seen a drop in Routine maintenance with overall compliance dropping by 2.3% to 90.7% although this includes vehicle VOR for major unit faults which will be serviced before returning to service. PTS compliance remains high but has dropped by 1.6% to 92.3% overall, this is due to resource allocated to the improved A&E availability, Fleet are using external providers to assist with routine maintenance whilst internal resources are allocated to larger repairs. Fleet are working with operational colleagues to ensure rotas have the required vehicle availability.

A&E age profile has increased as planned to accommodate for additional vehicles. DCA deliver has now started with vehicle commissioning underway with 32 vehicles in service. PTS vehicles over 7 years and 10 years has remained stable in January, with vehicle replacements currently in production with the convertor.

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.
AMB94	999 - Total lost handover time	int	The total lost handover time over 30 minutes

Glossary - Indicator Descriptions (IUC and PTS)

mID	ShortName	IndicatorType	AQIDescription
IUC12	IUC - ED Validations %	percent	Proportion of calls initially given an ED disposition that are validated
IUC14	IUC - ED %	percent	Percentage of triaged calls that reached an Emergency Department outcome
IUC15	IUC - Ambulance %	percent	Percentage of triaged calls that reached an ambulance dispatch outcome
IUC16	IUC - Selfcare %	percent	Percentage of triaged calls that reached an self care outcome
IUC17	IUC - Other Outcome %	percent	Percentage of triaged calls that reached any other outcome
IUC18	IUC - Primary Care %	percent	Percentage of triaged calls that reached a Primary Care outcome
PTS01	PTS - Demand (Journeys)	int	Count of delivered journeys, aborted journeys and escorts on journeys
PTS02	PTS - Journeys < 120Mins	percent	Patients picked up and dropped off within 120 minutes
PTS03	PTS - Arrive at Appointment Time	percent	Patients dropped off at hospital before Appointment Time
PTS06	PTS - Answered < 180 Secs	percent	The percentage of calls answered within 180 seconds via the telephony system

Glossary - Indicator Descriptions (Quality and Safety)

mID	ShortName	IndicatorType	AQIDescription
QS01	All Incidents Reported	int	
QS02	Serious	int	
QS03	Moderate & Above Harm	int	
QS04	Medication Related	int	
QS05	Number of duty of candour contacts	int	
QS06	Duty of candour contacts exceptions	int	
QS07	Complaint	int	
QS08	Compliment	int	
QS09	Concern	int	
QS10	Service to Service	int	
QS11	Adult Safeguarding Referrals	int	
QS12	Child Safeguarding Referrals	int	
QS26	Moderate and Above Harm (Per 1K Incidents)	int	
QS50	Total Incidents	int	
QS51	Moderate or Above Harm	int	
QS52	IPC Incidents	int	
QS53	Medication Incidents	int	
QS54	A&E Delayed Response Incidents	int	
QS55	Patient Incidents	int	
QS56	Patient Incidents: Major or Catastrophic	int	
QS57	A&E Incidents	int	
QS58	EOC Incidents	int	
QS59	IUC Incidents	int	

Glossary - Indicator Descriptions (Workforce)

mID	ShortName	IndicatorType	AQIDescription
WF37	Fire Safety - 2 Years	percent	Percentage of staff with an in date competency in Fire Safety - 2 Years
WF34	Fire Safety & Awareness - 1 Year	percent	Percentage of staff with an in date competency in Fire Safety & Awareness - 1 Year
WF33	Information Governance - 1 Year	percent	Percentage of staff with an in date competency in Information Governance - 1 Year
WF28	Safeguarding Adults Level 2 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Adults Level 2 - 3 Years
WF24	Safeguarding Adults Level 1 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Adults Level 1 - 3 Years
WF13	Stat & Mand Training (Safeguarding L2 +)	percent	Percentage of staff with an in date competency for "Safeguarding Children Level 2" , "Safeguarding Adults Level 2" and "Prevent WRAP" as required by the competency requirements set in ESR
WF14	Stat & Mand Training (Face to Face)	percent	Percentage of staff with an in date competency for "Basic Life Support" , "Moving and Handling Patients" and "Conflict Resolution" as required by the competency requirements set in ESR
WF12	Stat & Mand Training (Core) 3Y	percent	Percentage of staff with an in date competency for "Health Risk & Safety Awareness" , "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"
WF05	PDR / Staff Appraisals % (T-90%)	percent	Percentage of staff with an in date Personal Development Review, also known as an Appraisal
WF35	Special Leave	percent	Special Leave (eg: Carers leave, compassionate leave) as a percentage of FTE days in the period.
WF07	Sickness - Total % (T-5%)	percent	All Sickness as a percentage of FTE days in the period
WF16	Disabled %	percent	The percentage of staff who identify as being disabled
WF02	BME %	percent	The percentage of staff who identify as belonging to a Black or Minority Ethnic background
WF17	Apprentice %	percent	The percentage of staff who are on an apprenticeship
WF19	Vacancy Rate %	percent	Full Time Equivalent Staff required to fill the budgeted amount as a percentage
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
WF36	Headcount in Post	int	Headcount of primary assignments

Glossary - Indicator Descriptions (Clinical)

mID	ShortName	IndicatorType	Description
CLN52	Falls Conveyance Rate	percent	Falls Conveyance Rate
CLN51	Falls Care Bundle Compliance	percent	Falls Care Bundle Compliance
CLN50	Number of Fall Patients	int	Number of Fall Patients
CLN49	STEMI Care Bundle Compliance	percent	Heart Attack Care Bundle Compliance
CLN48	Average Time From Call to Catheter Insertion For Angiography (STEMI)	int	Average Heart Attack Call to Door Minutes
CLN47	Average Stroke On Scene Time Minutes	int	Average Stroke On Scene Time Minutes
CLN46	Cardiac ROSC Care Bundle	percent	Cardiac ROSC Care Bundle
CLN45	Bystander CPR	percent	Bystander CPR
CLN44	Number of Cardiac Arrests	int	Number of Cardiac Arrests
CLN43	STEMI Pre & Post Pain Score %	percent	Proportion of patients with a pre-hospital clinical working impression of STEMI who had a pre & post analgesia pain score recorded as part of their patient record
CLN42	STEMI Pre & Post Pain Score	int	Number of patients with a pre-hospital clinical working impression of STEMI who had a pre & post analgesia pain score recorded as part of their patient record
CLN41	STEMI Analgesia %	percent	Proportion of patients with a pre-hospital clinical working impression of STEMI who received the appropriate analgesia
CLN40	Number of patients who received appropriate analgesia (STEMI)	int	Number of patients with a pre- hospital clinical working impression of STEMI who received the appropriate analgesia
CLN32	Survival UTSTEIN - Patients Discharged Alive	int	Survival UTSTEIN - Of R4n, patients discharged from hospital alive.
CLN30	ROSC UTSTEIN %	percent	ROSC UTSTEIN - Proportion who had ROSC on arrival at hospital.
CLN28	ROSC UTSTEIN Patients	int	ROSC UTSTEIN - Patients with resuscitation commenced / continued by Ambulance Service.
CLN27	ePR Referrals (%)	percent	Proportion of ePR referrals made by YAS crews at scene.
CLN39	Re-contacts - Conveyed (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN37	Re-contacts - S&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN35	Re-contacts - H&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.

Glossary - Indicator Descriptions (Fleet and Estates)

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
EST10	Planned Maintenance Complete	percent	Planned maintenance completion compliance
EST05	Planned Maintenance Attendance	percent	Average attendance compliance across all calls
EST09	All calls (Completion) - average	percent	Average completion compliance across all calls
EST04	All calls (Attendance) - average	percent	All calls (Attendance) - average
EST08	P4 Non Emergency – Complete (<14 Days)	percent	P4 Non Emergency completed within 14 working days compliance
EST03	P4 Non Emergency (<24Hrs)	percent	P4 Non Emergency attended within 2 working days compliance
EST07	P3 Non Emergency – Complete (<72rs)	percent	P3 Non Emergency completed within 72 hours compliance
EST02	P3 Non Emergency (<24Hrs)	percent	P3 Non Emergency attended within 24 hours compliance
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
EST06	P1 Emergency – Complete (<24Hrs)	percent	P1 Emergency completed within 24 hours compliance
EST01	P1 Emergency (2 HRS)	percent	P1 Emergency attended within 2 hours compliance