Integrated Performance Report

February 2024

Published 22 March 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

TEG Transformation Dashboard

February 2024 TEG Transformation Delivery Performance Dashboard

Reporting Status Date: 29/02/24

Overall Status - AMBER

Key: PJ - Projec PG - Program PI-Pilot

RAG Status Breakdown:

4 (+1) RED Projects	8 (-2) AMBER Projects	7 (-1) GREEN Projects	0 (0) PAUSED/STOPPED	2 (+2) In-Closure Projects

Total Entries = 21

Workforce — Our people

Exec Sponsor - Mandy Wilcock/Dave Green

Our People (5) - Portfolio Status - GREEN

| 0 RED | 1 Amber | 3 Green | Pause/Stop | 1 In-Closure |

SRO - Nick Smith

- **International Recruitment** — Extended to cover additional — ERALL STAT ↔ / Delivery ↔ Benefits ↔ — PJ

SRO - Mandy Wilcock

- **Occupational Health Model** — ERALL STAT ↔ / Delivery ↔ Benefits ↔ — PJ
- **YAS Together (Year 1)** — ERALL STAT ↔ / Delivery ↔ Benefits ↔ — PJ
- **Operating Model Programme** — Gavin Austin to draft — In-Closure — PG

SRO - Clare Ashby

- **Bodyworn Camera Pilot** — ERALL STAT ↔ / Delivery ↔ Benefits ↔ — PI

Patient Centred — Our patients

Exec Sponsor - Nick Smith

Our Patients (9) - Portfolio Status - AMBER

| 2 RED | 6 Amber | 1 Green | Pause/Stop | 0 In-Closure |

SRO - Jackie Cole

- **A&E and EOC Programmes** — ERALL STAT ↔ / Delivery ↔ Benefits ↔ — PG

SRO - Lesley Butterworth

- **Mental Health Programme** — ERALL STAT ↔ / Delivery ↔ Benefits ↔ — PG

SRO - Chris Dexter

- **NEPTS Eligibility Implementation** — In planning phase. — ERALL STAT ↔ / Delivery ↔ Benefits ↔ — PG
- **NEPTS Electric Vehicles** — ERALL STAT ↓ / Delivery ↓ Benefits ↓ — PJ

SRO - David Beet

- **IUC Improvement Prog. Phs 1** — Case for Change approved Dec — ERALL STAT ↔ / Delivery ↔ Benefits ↔ — PG
  - 1. Rota Implementation — VERALL STATU ↔ — PJ
  - 2. IUC Structure — VERALL STATU ↔ — PJ
  - 3. Attraction & Recruitment — VERALL STATU ↔ — PJ
  - 4. IUC Leadership Apprenticeships — VERALL STATU ↔ — PJ
  - 5. IUC Uniform — VERALL STATU ↔ — PJ

SRO - Liz Eastwood

- **NHS Charities Together-Vol. Schemes (Pilot)** — ERALL STAT ↔ / Delivery ↔ Benefits ↔ — PI
- **Yorkshire Air Ambulance Review** — ERALL STAT ↔ / Delivery ↔ Benefits ↔ — PG
- **Mass Comms Tool - Phs 1** — (Procurement of Supplier & Award Contract) — ERALL STAT ↔ / Delivery ↔ Benefits ↔ — PJ

SRO - Dr Steven Dykes

- **Priority Patient Pathways & Safer Right Care** — - Dec 23 status shown, — ERALL STAT ↔ / Delivery ↔ Benefits ↔ — PJ

Agile Operations — Our places

Exec Sponsor - Kathryn Vause

Our Places (3) - Portfolio Status - RED

| 2 RED | 0 Amber | 0 Green | Pause/Stop | 1 In-Closure |

SRO - Glen Adams

- **Logistics Hub** — In-Closure — PG
- **Asset Management System** — ERALL STAT ↔ / Delivery ↓ Benefits ↔ — PJ
- **Pre-Packed POM Pouches** — ERALL STAT ↔ / Delivery ↔ Benefits ↔ — PJ

Digital Enablers

TEG Sponsor - Simon Marsh

Digital Enablers (3) - Portfolio Status - AMBER

| 0 RED | 1 Amber | 2 Green | Pause/Stop | 0 In-Closure |

SRO - Simon Marsh

- **Clinical Systems Development** — ERALL STATI ↔ / Delivery ↔ Benefits ↔ — PG
- **ESMCP-Mobile Data Vehicle Solution** — ERALL STATI ↔ / Delivery ↑ Benefits ↔ — PJ

SRO - Michelle Gough

- **GRS Replacement** — ERALL STATI ↔ / Delivery ↔ Benefits ↔ — PJ

Northern Ambulance Alliance

NAA (1) - Portfolio Status - GREEN

| 0 RED | 0 Amber | 1 Green | Pause/Stop | 0 In-Closure |

Exec Sponsor - NAA Board

SRO - Graham Norton

- **Robotic Process Automation** — ERALL STATI ↔ / Delivery ↔ Benefits ↔ — PG

New Projects Pending:
EOC Improvement
Pathways

Full Projects Closure List:
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 Closed 'Subject To')
EOC Business Continuity Improvements (Fairfields) (Draft Report)
Stroke video Triage Pilot (Awaiting closure sign off from TEG)
Hybrid/Agile Working (Phases 1 and 2) (Closure report drafted - awaiting SRO sign off)
Operating Model Programme
Logistics Hub

999 IPR Key Exceptions - February 24

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:04	(variance icon)	
999 - Answer 95th Percentile		00:00:38	(variance icon)	
999 - AHT		00:06:19	(H icon)	
999 - Calls Ans in 5 sec	95.0%	89.3%	(variance icon)	(F icon)
999 - C1 Mean (T < 7 Mins)	00:07:00	00:08:06	(L icon)	(F icon)
999 - C1 90th (T < 15 Mins)	00:15:00	00:14:00	(L icon)	(P icon)
999 - C2 Mean (T < 18 Mins)	00:18:00	00:30:20	(L icon)	(F icon)
999 - C2 90th (T < 40 Mins)	00:40:00	01:08:00	(L icon)	(F icon)
999 - C3 Mean (T < 1 Hour)	01:00:00	01:38:49	(variance icon)	(F icon)
999 - C3 90th (T < 2 Hour)	02:00:00	03:41:22	(L icon)	(F icon)
999 - C1 Responses > 15 Mins		772	(variance icon)	
999 - C2 Responses > 80 Mins		2,529	(variance icon)	
999 - Job Cycle Time		01:53:46	(variance icon)	
999 - Avg Hospital Turnaround	00:30:00	00:51:43	(variance icon)	(F icon)
999 - Avg Hospital Handover	00:15:00	00:29:04	(variance icon)	(F icon)
999 - Avg Hospital Crew Clear	00:15:00	00:22:53	(H icon)	(F icon)
999 - Total lost handover time		5,964	(variance icon)	
999 - Crew clear over 30 mins %		26.2%	(H icon)	
999 - C1%		16.0%	(H icon)	
999 - C2%		62.5%	(variance icon)	

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 4 seconds for February, the same as it was in January. The median remained the same at zero seconds while the 90th and 95th percentiles increased and the 99th percentile decreased. The 90th increased from 0 seconds in January to 9 seconds in February, 95th increased from 24 seconds to 38 seconds and 99th decreased from 90 seconds to 83 seconds. This indicates that there was little change to most call answer times for February, but calls which were not answered straight away waited slightly longer than in January and there were fewer calls waiting for very long periods of time to be answered at the tail end.

Cat 1-4 Performance - Only the Cat1 90th percentile performance target was achieved for February, however, performance times across all categories improved from January. The mean performance time for Cat1 improved from January by 7 seconds and the 90th percentile improved by 20 seconds. The mean performance time for Cat2 improved from January by 4 minutes 11 seconds and the 90th percentile improved by 10 minutes 58 seconds. Abstractions were 1.5% lower than forecast for February, though rising 1.5% from January. Weekly Net staff hours have fallen compared to January by over 1,700 hours per week. Overall availability increased by 0.9% from January. Compared to February 2023, abstractions are down by 2.1% and availability is up by 0.1%.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 78.5% in February (16.0% Cat1, 62.5% Cat2) after a 0.2% decrease compared to January (0.3% decrease in Cat1 and 0.1% increase in Cat2). Comparing against February for the previous year, Cat1 proportion increased by 2.6% and Cat2 proportion increased by 0.7%.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target decreased in February, with 772 responses over this target. This is 145 (15.8%) less compared to January. The number for last month was 14.9% more compared to February 2023. The number of Cat2 responses greater than 2x 90th percentile target decreased from January by 1,471 responses (36.8%). This is a 28.7% increase from February 2023.

Job cycle time - Overall, the average job cycle time decreased by 4 minutes 47 seconds from January and was 44 seconds more than February 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 decreased by 3 minutes 46 seconds and overall turnaround time decreased by 3 minutes 41 seconds. The number of conveyances to ED was 6.0% lower than in January and 14.6% higher than in February 2023.

Demand - On scene response demand was 0.1% above forecasted figures for February and was 6.5% less than in January. All response demand (HT + STR + STC) was 6.8% lower than January and 23.8% higher than February 2023. This is in part due to changes made in December 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 outcome proportions within 999 for February 2024 against February 2023, the proportion of hear & treat increased by 7.2%, see treat & refer decreased by 2.6% and see treat & convey decreased by 4.6%. The proportion of incidents with conveyance to ED decreased by 4.3% from February 2023 and the proportion of incidents conveyed to non-ED decreased by 0.3%. 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 - February 24

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		128,544	⊙	
IUC - Answered vs. Last Month %		-8.3%		
IUC - Answered vs. Last Year %		17.0%		
IUC - Calls Triaged		125,324		
IUC - Calls Abandoned %	3.0%	9.3%	⊙	F
IUC - Answer Mean	00:00:20	00:01:45	⊙	F
IUC - Answered in 60 Secs %	90.0%	67.5%	⊙	F
IUC - Callback in 1 Hour %	60.0%	47.5%	⊙	F
IUC - ED Validations %	50.0%	45.2%	⊙	F
IUC - 999 Validations %	75.0%	99.8%	⊙	P
IUC - ED %		15.4%	⊙	
IUC - ED Outcome to A&E %		73.6%	L	
IUC - ED Outcome to UTC %		8.3%	L	
IUC - Ambulance %		12.7%	⊙	

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 141,767 calls in February, 5.4% below the annual business plan baseline demand. 128,544 (90.7%) of these were answered, 0.3% below last month and 3.3% 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 decreased to 67.5% from 68.4% in February. Average speed to answer has decreased by 1 seconds to 1 minute 45 seconds compared with 1 minute 46 seconds last month. Abandonment rate increased to 9.3% from 9.1% last month.

The proportion of clinician call backs made within 1 hour increased to 47.5% from 46.2% last month. This is 12.5% below the national target of 60%. Core clinical advice increased to 21.5% from 20.9% last month. These figures are calculated based on the new ADC specification, which removes 111 online cases from counting as part of clinical advice, and also locally we are removing cases which come from the DCABS clinical service as we do not receive the initial calls for these cases.

The national KPI for ambulance validations monitors performance against outcomes validated within 30 minutes, rather than just all outcomes validated, and the target for this is 75% of outcomes. However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the National KPI, performance was 92.1% in February, whilst performance for overall validations was 99.8%, with 12,540 cases validated overall.

ED validation performance decreased to 45.2% from 51.1% 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 increased to 50.2% from 49.9% last month and ED bookings increased to 27.6% from 26.6%. 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 - February 24

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	84.1%	(H)	(F)
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	90.2%		(F)
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	91.6%		(P)
PTS - Arrive at Appointment Time	90.0%	87.8%		(F)
PTS - Journeys < 120Mins	90.0%	99.2%		(P)
PTS - Same Month Last Year		14.6%		
PTS - Increase - Previous Month		-4.6%		
PTS - Demand (Journeys)		80,375	(H)	(?)

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Total Activity was above 80,000 for the second month running.   80,375 journeys were operated including aborts and escorts. Demand levels from recent months are comparable to pre covid demand in 2019-20.   February activity was 14.6% higher than February 2023.

Delivered journeys were 8.8% above the Annual Business Plan. Year to date the variance to plan is now -0.5%.

PTS are continuing to support the Integrated Transport Pilot by providing resource to 999. In January 1,441 journeys were operated by PTS for 999, staying relatively flat compared to January. There was an increase in the percentage of journeys delivered that were suitable for LAT (59.8%), a 6.0% increase to January.

Call Performance has been on an upward trend since September 2023. In February 84.1% of calls were answered in 180 seconds, the highest service level has been since January 2022. Increased staffing levels are having a positive impact on performance.   Call demand continues to be high on Mondays, preventing Reservations from being able to achieve the 90.0% target.

Both KPI 3 and 4 have been on upward trends since the beginning of the financial year.   Short Notice Outwards Performance narrowly missed target by 0.6%. February saw KPI 4 performance be above 90.0% (90.2%) for the first time since January 2022. The new Dedicated Discharge Desks continue to contribute towards higher performance and efficiencies.

The Average Patients Per Vehicle for February was 1.28.   PPV dropped below 1.30 back in July 2023, and has been averaging at 1.28 since then.

Workforce Summary

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

Name	Feb 23	Jan 24	Feb 24
Turnover (FTE) %	11.5%	10.4%	10.4%
Vacancy Rate %	14.3%	12.2%	11.9%
Apprentice %	9.5%	10.0%	9.1%
BME %	6.1%	6.8%	6.8%
Disabled %	5.4%	7.3%	7.4%
Sickness - Total % (T-5%)	6.8%	7.5%	6.9%
PDR / Staff Appraisals % (T-90%)	72.4%	71.1%	71.9%
Stat & Mand Training (Fire & IG) 1Y	88.6%	91.9%	91.0%
Stat & Mand Training (Core) 3Y	93.9%	96.3%	97.1%
Stat & Mand Training (Face to Face)	81.4%	88.6%	87.4%
Stat & Mand Training (Safeguarding L2 +)	96.5%	94.3%	92.4%

Assurance: All data displayed has been checked and verified

YAS Commentary

FTE, Turnover, Vacancies and BME – Compared to January 2024, the Turnover and Vacancy rate have remained consistent. In comparison to the same month last year (February 2023) the Turnover & Vacancy rate have both deteriorated. Both vacancies and turnover remain high for IUC with 33.2% and 37.3% 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 0.6 percentage points from 7.5% to 6.9%. A sub-group of the Operational Efficiency Group is working to actively reduce absence through a review of absence management processes, workplace adjustments, MSK/injuries at work. The People & Culture Group receives updates on this work. The new Supporting Attendance policy has been approved and will be embedded in the next few months. Each service line will be devising a service specific absence reduction plan.

PDR / Appraisals – The overall compliance rate has improved compared to January 2024. Except for EOC and Other all areas have seen improvements. PTS remains the highest performing area (79.7%). 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. The requirement for all senior leaders (Band 8a and above) to have an appraisal in April-Jun was launched with the Senior Leadership Community. The Compliance Dashboard continues to be promoted and is accessible to all managers.

Statutory and Mandatory Training – At Trust level, 3 out of 4 training measures are compliant (90%+). IUC is the only area that is compliant (green) for all categories. The year 2 target (80%) on the 3-year recovery plan for face-to-face training has been exceeded (87.4%). 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 (Trust)

IUC	PTS	EOC	Trust	A&E	Other
11.8%	8.3%	7.7%	6.9%	6.5%	4.4%

PDR Benchmark for Last Month (Trust)

PTS	IUC	A&E	Trust	Other	EOC
79.7%	78.7%	73.7%	71.9%	65.0%	56.0%

Sickness

Sickness - Long Term ● Sickness - Short Term

PDR - Target 90%

51.3%, 48.7%, 53.1%, 59.7%, 66.5%, 69.4%, 72.4%, 71.5%, 71.4%, 72.0%, 73.1%, 72.7%, 71.9%
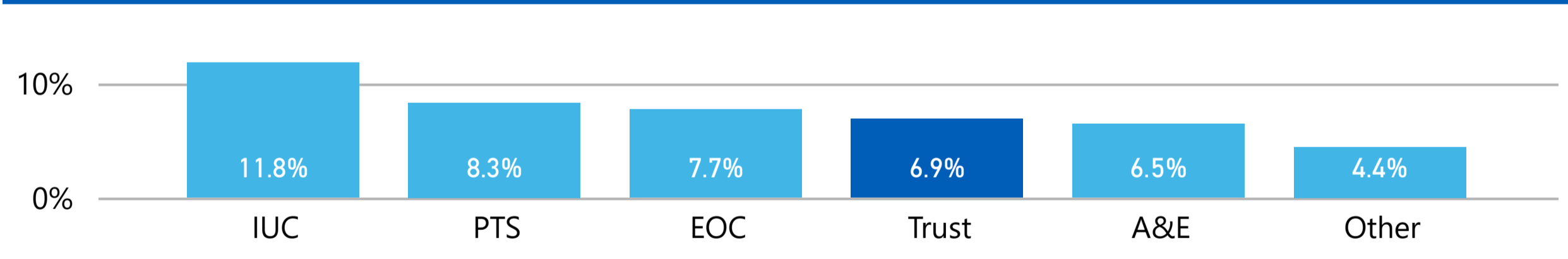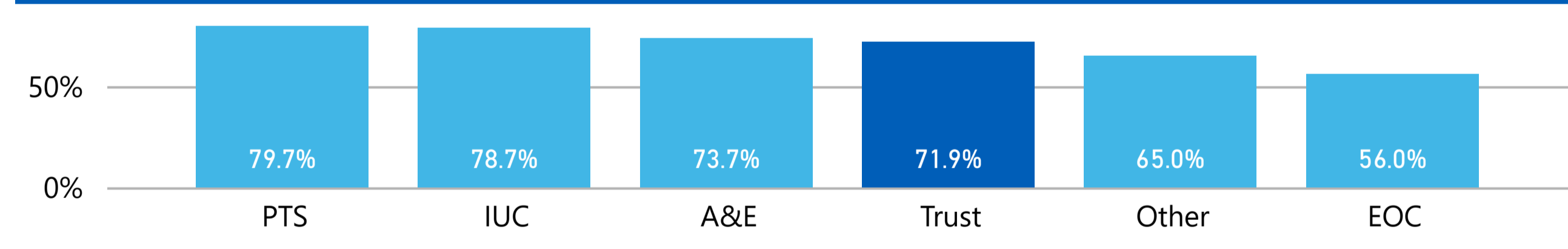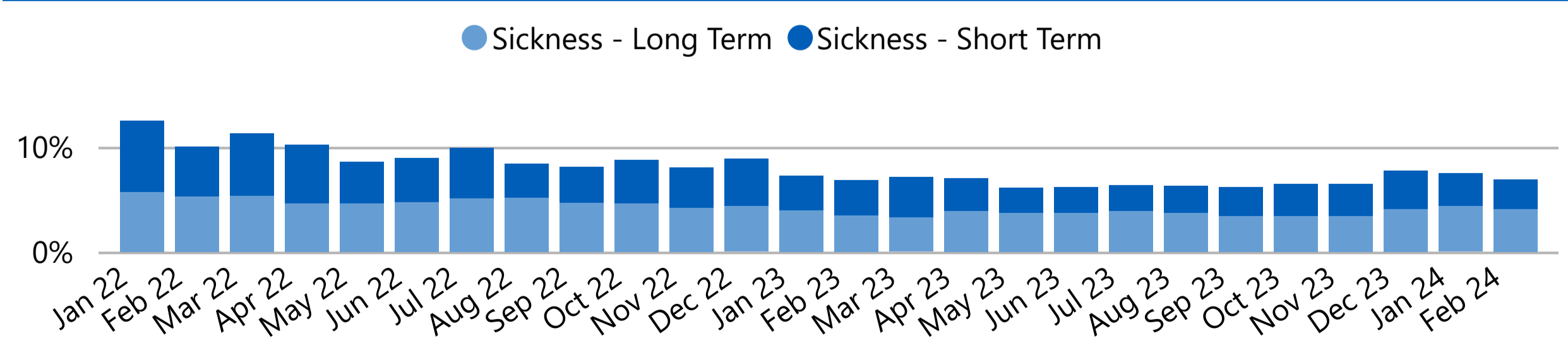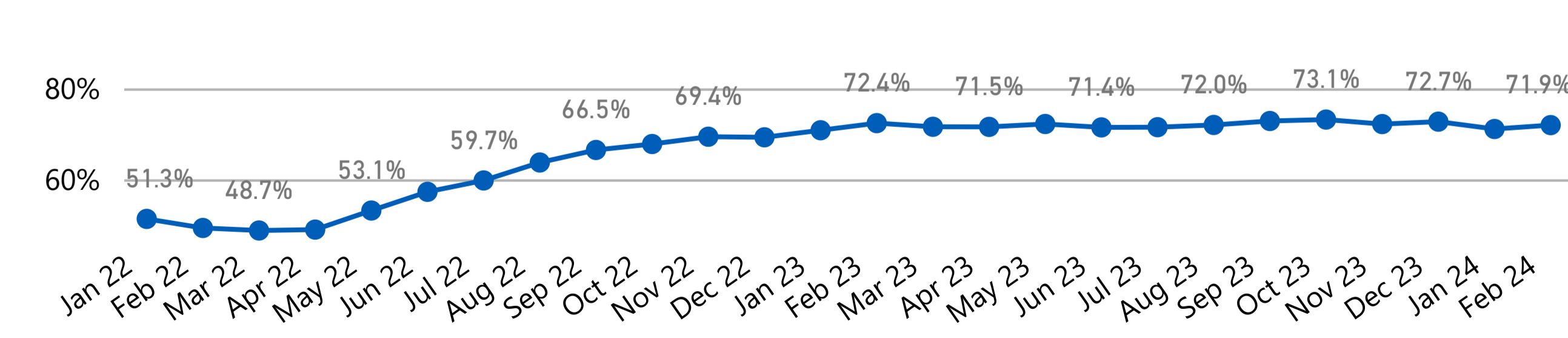
YAS Finance Summary (Director Responsible Kathryn Vause) - February 24

Overview - Unaudited Position

Overall
The Trust has a year end surplus position at month 11 of £2.8m 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 February, the Trust had £68.1m cash at bank. (£61.9m at the end of 22/23).

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

Full Year Position (£000s)

Name ▼	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)	£0	£2,817	£2,817
Cash	£65,750	£68,061	£2,311
Capital	£15,194	£5,391	-£9,803

Monthly View (£000s)

Indicator Name ▼	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02
Surplus/ (Deficit)	£0	£485	£6,015	£800	£1,200	-£1,605	-£513	-£1,195	-£2,370
Cash	£76,347	£75,413	£77,377	£78,100	£80,280	£79,769	£68,668	£67,934	£68,061
Capital	£258	£0	£175	£76	£574	£2,873	£368	£214	£644

Patient Demand Summary

Demand Summary

Indicator	Feb 23	Jan 24	Feb 24
999 - Incidents (HT+STR+STC)	57,956	76,936	71,739
999 - Calls Answered	71,275	90,837	83,914
IUC - Calls Answered	109,858	140,118	128,544
IUC - Calls Answered vs. Ceiling %	-30.5%	-19.3%	-15.9%
PTS - Demand (Journeys)	70,143	84,241	80,375
PTS - Increase - Previous Month	1.2%	24.1%	-2.9%
PTS - Same Month Last Year	10.5%	22.3%	15.9%
PTS - Calls Answered	28,593	41,212	42,393

Commentary

999 - On scene response demand was 0.1% above forecasted figures for February and was 6.5% less than in January. All response demand (HT + STR + STC) was 6.8% lower than January and 23.8% higher than February 2023. This is in part due to changes made in December 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 141,767 calls in February, 5.4% below the annual business plan baseline demand. 128,544 (90.7%) of these were answered, 0.3% below last month and 3.3% below the same month last year.

PTS - PTS Total Activity was above 80,000 for the second month running. 80,375 journeys were operated including aborts and escorts. Demand levels from recent months are comparable to pre covid demand in 2019-20. February activity was 14.6% higher than February 2023.

Overall Calls and Demand

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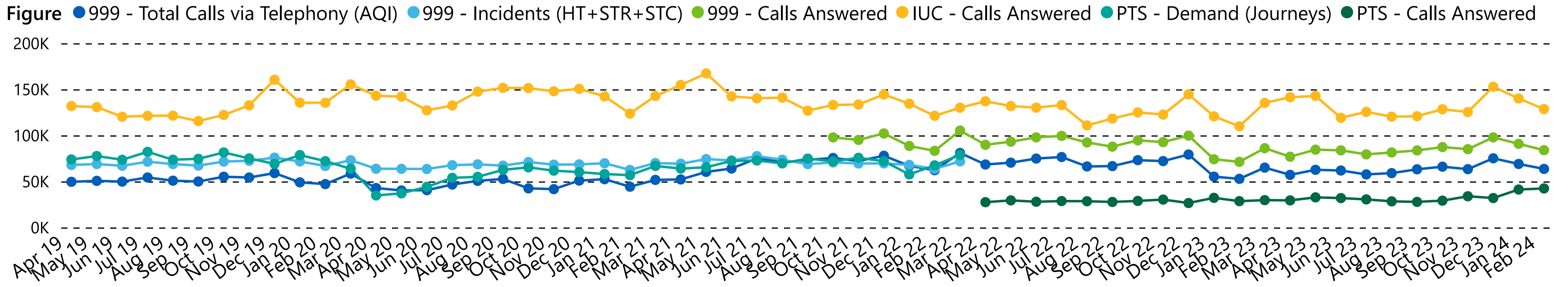
999 and IUC Historic Demand

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
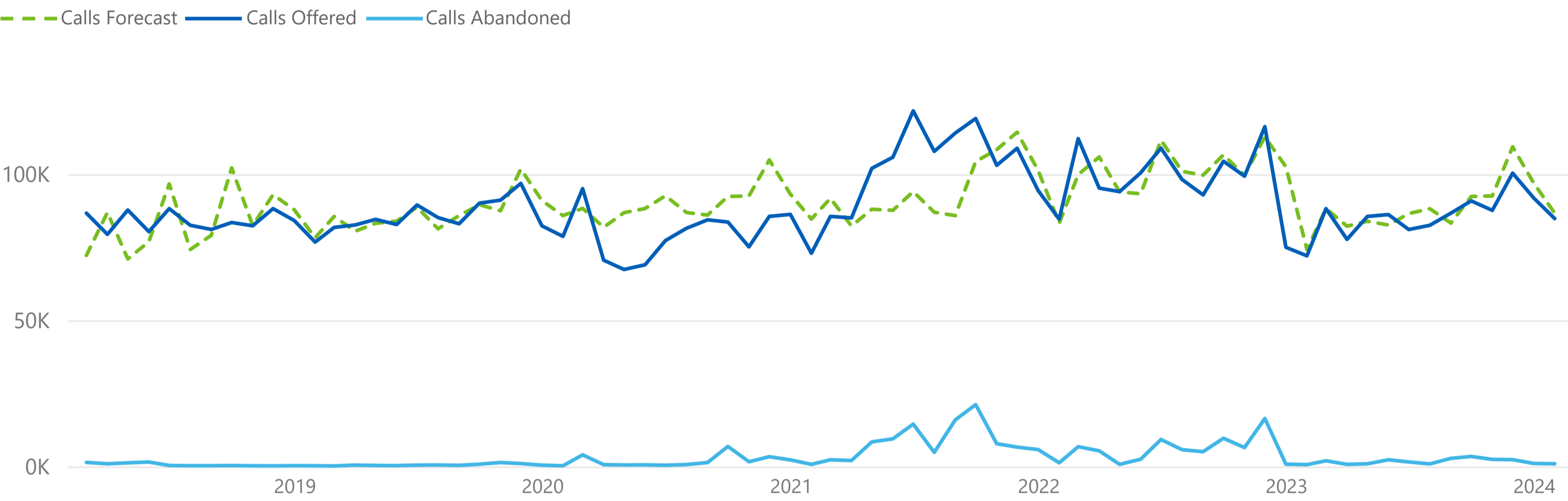
999

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 February 2024, there were 84,784 calls offered which was 2.1% below forecast, with 83,914 calls answered and 870 calls abandoned (1.0%). There were 7.7% fewer calls offered compared with the previous month and 17.7% 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 12.8% reduction in abandoned calls compared with the previous month.

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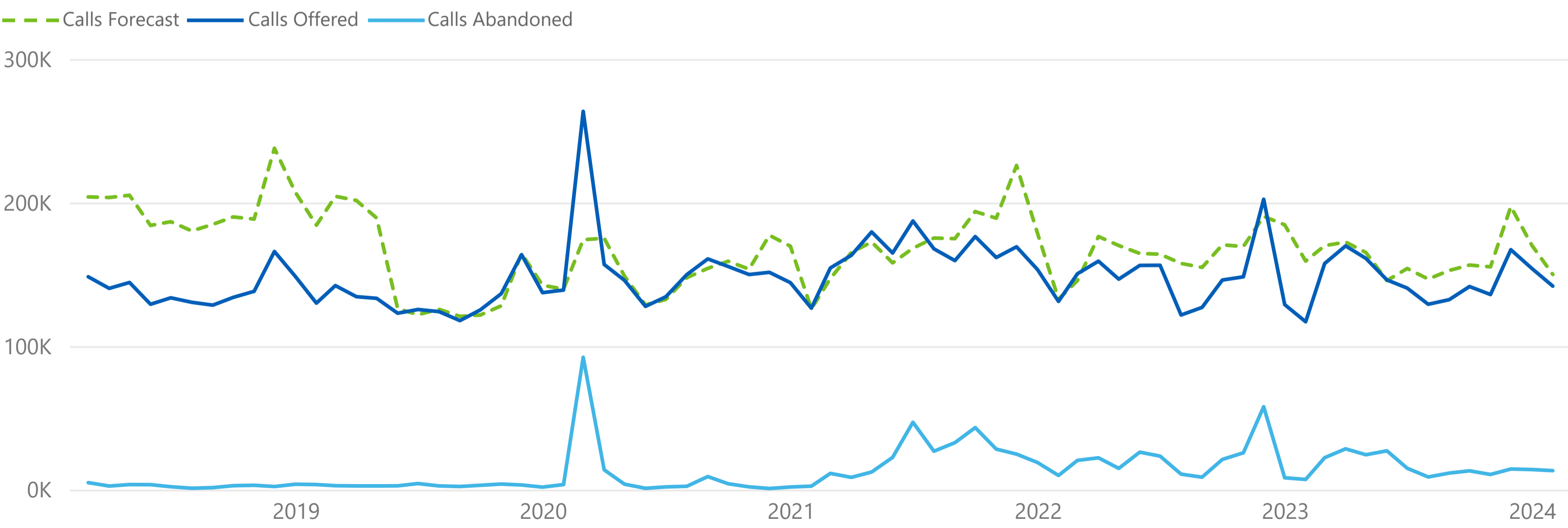
- - - Calls Forecast ——— Calls Offered ——— Calls Abandoned

IUC

YAS received 141,767 calls in February, 5.4% below the annual business plan baseline demand. 128,544 (90.7%) of these were answered, 0.3% below last month and 3.3% below the same month last year.

Calls abandoned increased to 9.3% from 9.1% last month and was 3.3% above last year.

Patient Outcomes Summary

Outcomes Summary

ShortName	Feb 23	Jan 24	Feb 24
999 - Incidents (HT+STR+STC)	57,956	76,936	71,739
999 - Hear & Treat %	6.9%	14.4%	14.1%
999 - See, Treat & Refer %	28.3%	25.9%	25.7%
999 - See, Treat & Convey %	64.8%	59.7%	60.1%
999 - Conveyance to ED %	58.1%	53.4%	53.8%
999 - Conveyance to Non ED %	6.7%	6.3%	6.3%
IUC - Calls Triaged	108,837	136,299	125,324
IUC - ED %	14.8%	15.3%	15.4%
IUC - Ambulance %	11.1%	13.1%	12.7%
IUC - Selfcare %	4.6%	4.2%	4.1%
IUC - Other Outcome %	13.8%	16.4%	16.3%
IUC - Primary Care %	52.1%	50.2%	50.5%
PTS - Demand (Journeys)	70,143	84,241	80,375

999 Outcomes

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

IUC Outcomes

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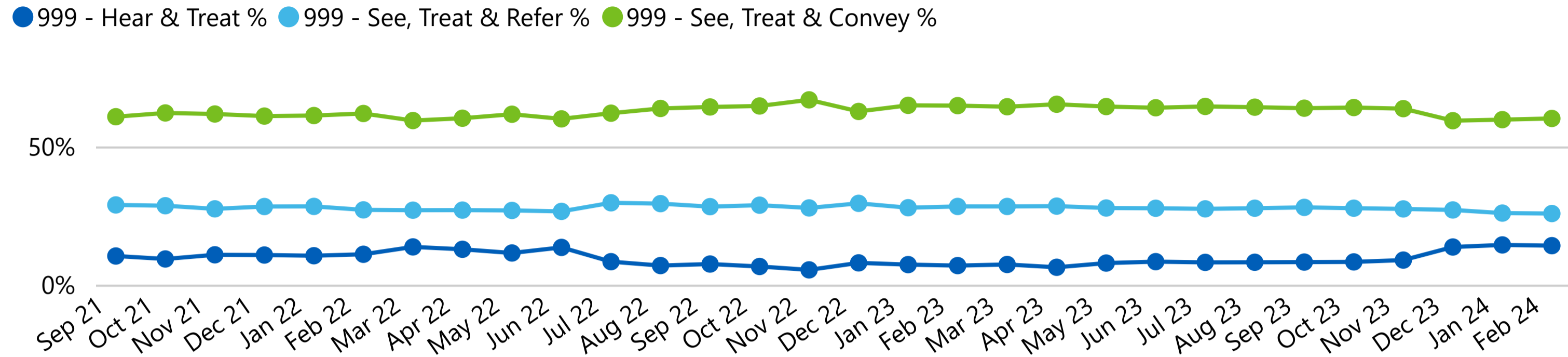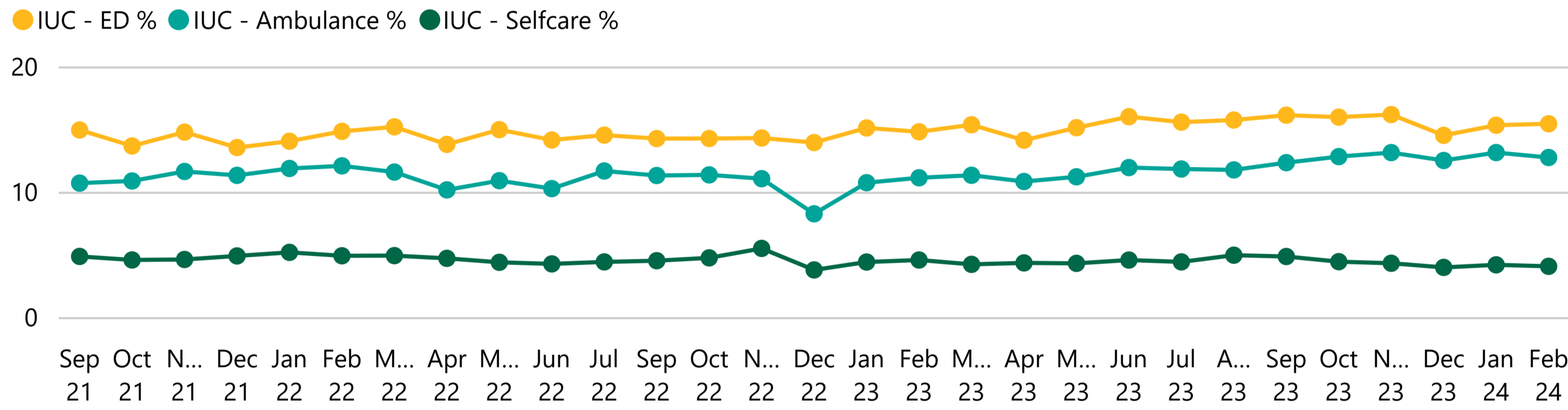
Commentary

999 - Comparing incident outcome proportions within 999 for February 2024 against February 2023, the proportion of hear & treat increased by 7.2%, see treat & refer decreased by 2.6% and see treat & convey decreased by 4.6%. The proportion of incidents with conveyance to ED decreased by 4.3% from February 2023 and the proportion of incidents conveyed to non-ED decreased by 0.3%. 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 12.7%, with Primary Care outcomes at 50.5%. The proportion of callers given an ED outcome was 15.4%. 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	Feb 23	Jan 24	Feb 24
Service to Service	75	77	67
Concern	18	34	38
Compliment	139	108	112
Complaint	54	67	63

Complaint
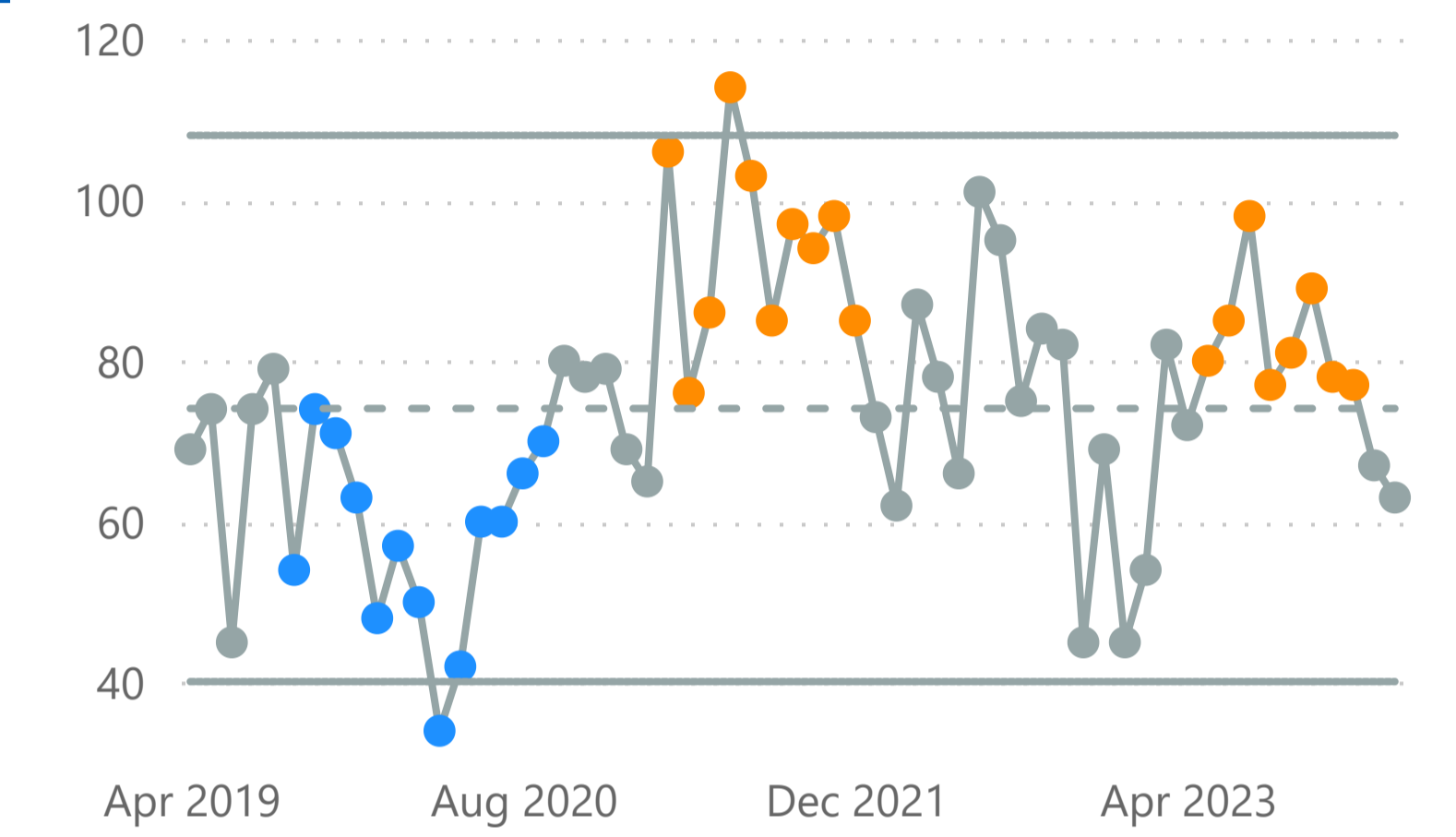
Compliment
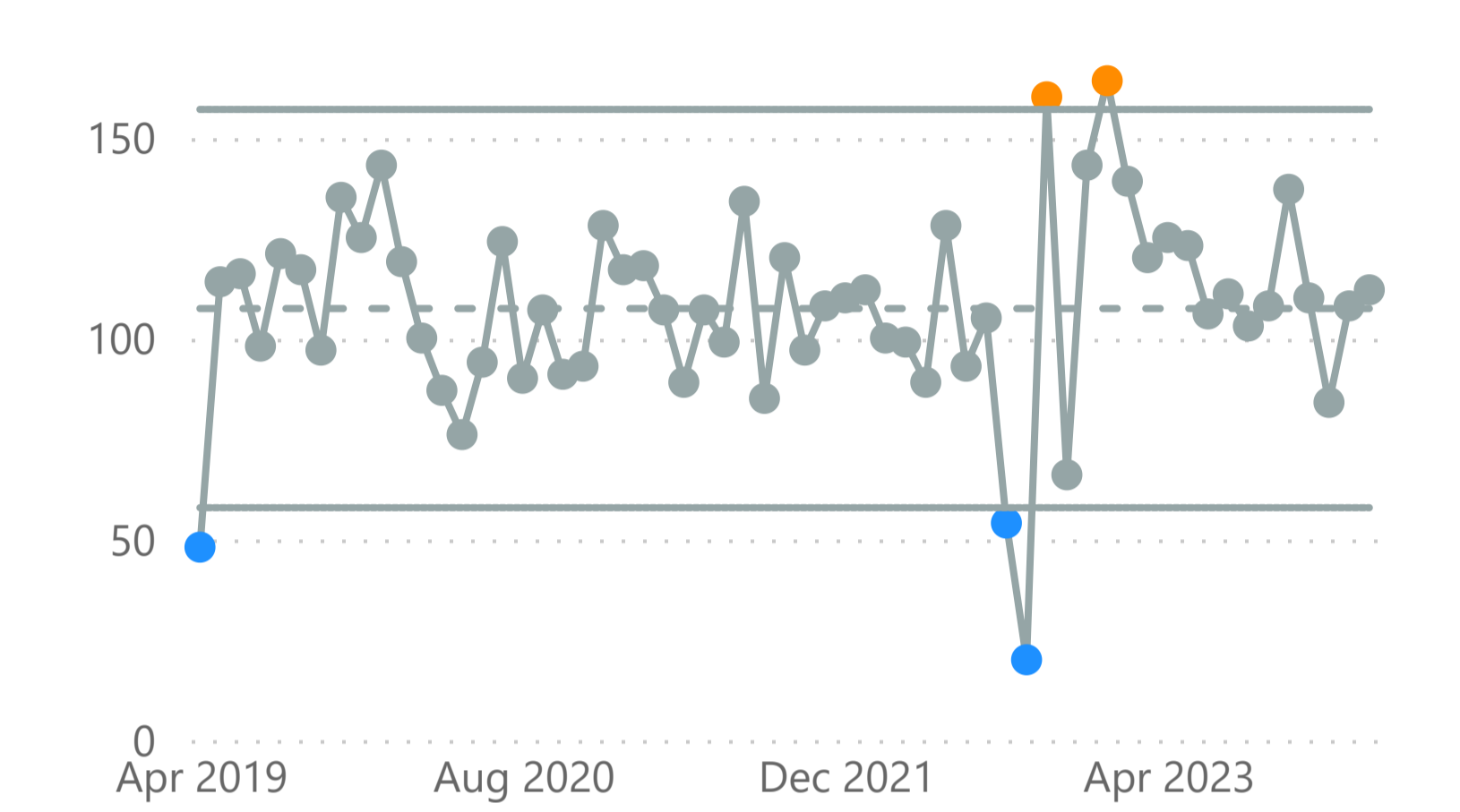
YAS Comments

Although YAS as a whole has seen very little change in the volume of 4Cs received in the month, there have been variations amongst the services. A&E Ops & PTS have seen increases in all case types. EOC has received slightly less complaints and concerns whilst Service to Service cases for EOC have halved. IUC have seen reduced numbers across all cases types.

Concern

Service to Service

Patient Safety - Quality (Director Responsible - Dave Green)

NHS
Yorkshire
Ambulance Service
NHS Trust

Incidents

Indicator	Feb 23	Jan 24	Feb 24
All Incidents Reported	840	890	880
Number of duty of candour contacts	18	7	7
Number of RIDDORs Submitted	3	5	1

	Dec 22	Nov 23	Dec 23
▲			
Moderate & Above Harm (verified)	45	36	33
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	21	8	10

Hygeine

Indicator	Feb 23	Jan 24	Feb 24
% Compliance with Hand Hygiene	96.6%	99.1%	91.9%
% Compliance with Premise	96.3%	95.2%	95.0%
% Compliance with Vehicle	96.3%	95.8%	98.2%

Incidents - Verified Moderate and Above Harm

● YAS

Values by month: 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, Sep 23: 27, Oct 23: 28, Nov 23: 36, Dec 23: 33
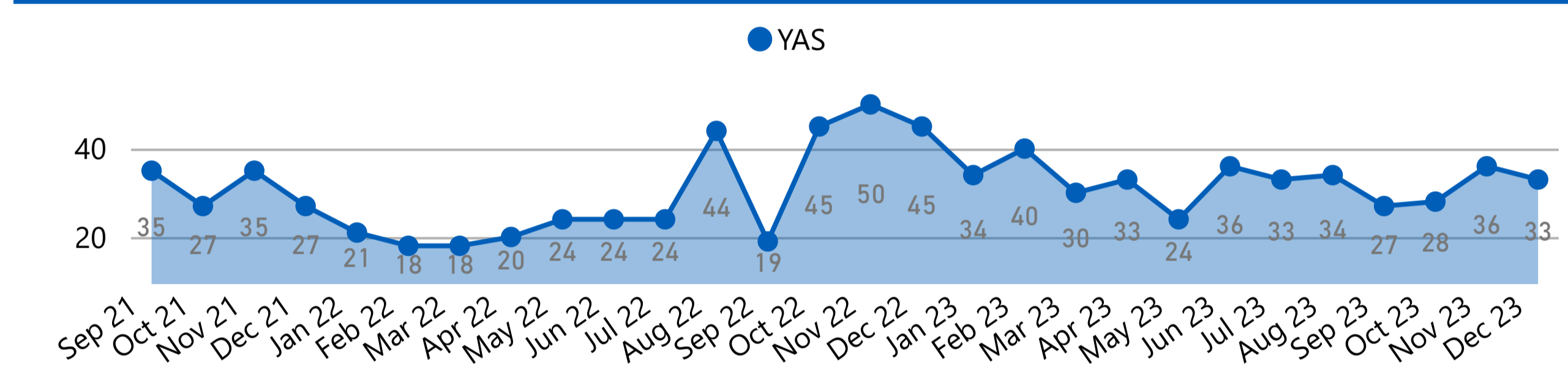
Safeguarding

Indicator	Feb 23	Jan 24	Feb 24
Domestic Homicide Review (DHR)	2	2	2
Safeguarding Adult Review (SAR)	6	5	5
Child Safeguarding Practice Review/Rapid Review (CSPR/RR)	5		3
Child Death	24	22	12

A&E Long Responses

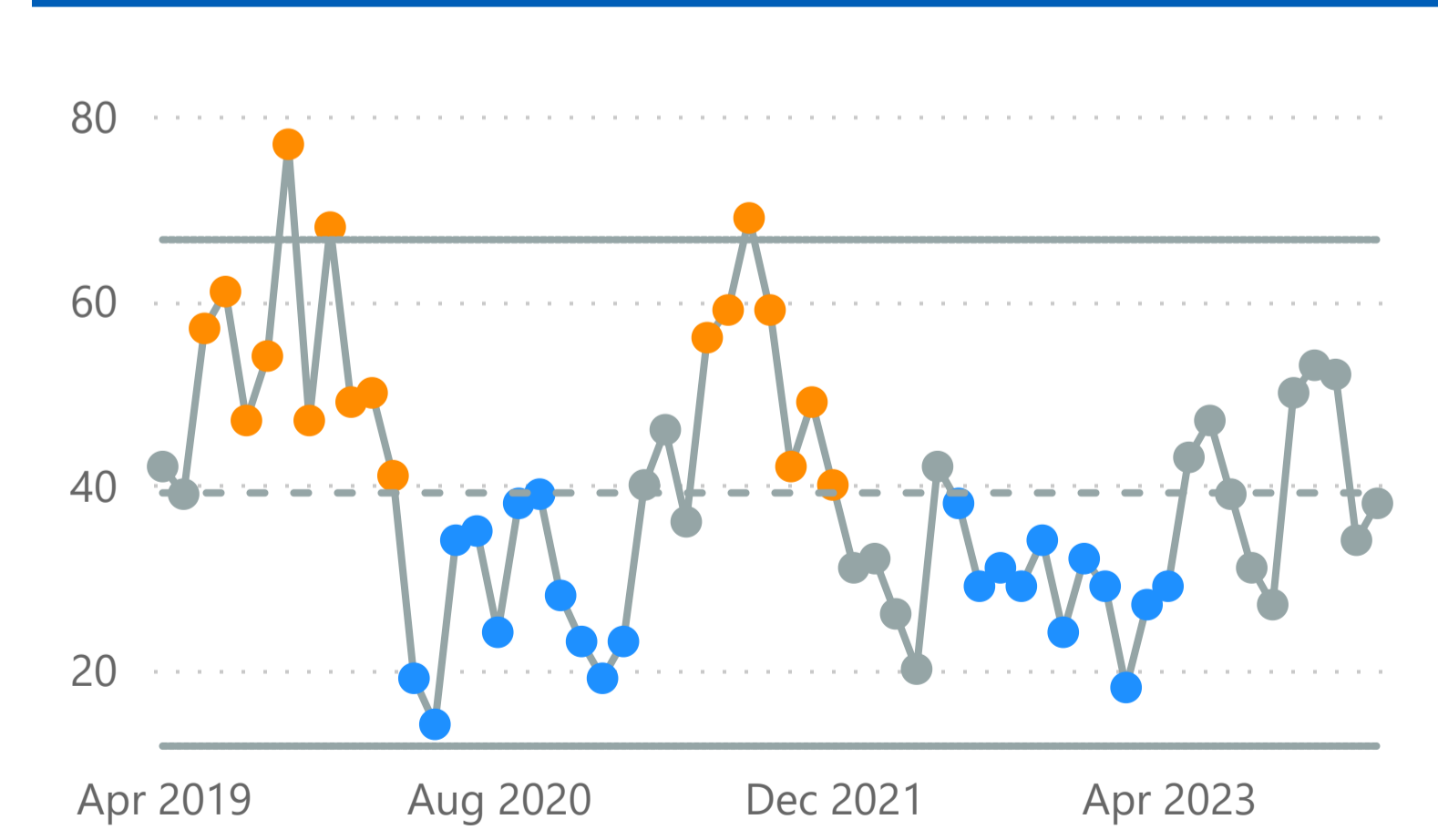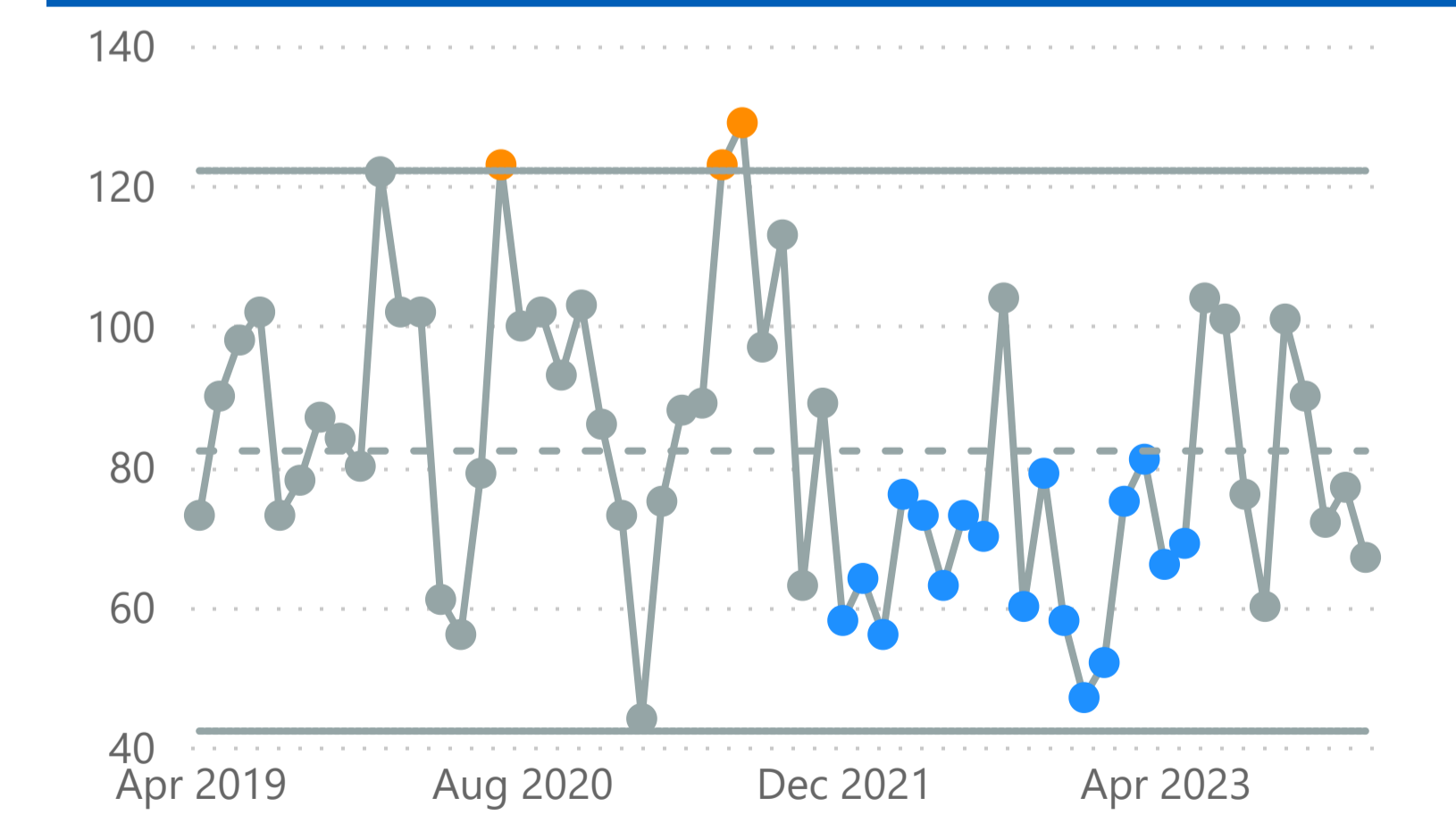| Indicator	Feb 23	Jan 24	Feb 24
999 - C1 Responses > 15 Mins	672	917	772
999 - C2 Responses > 80 Mins	1,965	4,000	2,529

YAS Comments

Domestic Homicide Reviews (DHR) – Two requests for information in relation to a DHR were received in February. One of these requests was a nil return with no YAS contact, whilst the other was in relation to a death by suicide.

Safeguarding Adult Review (SAR) – Five requests for information in relation to SAR's were received in February. Self-neglect, substance misuse and declining mental health were the associated themes seen.

Child Safeguarding Practice Review / Rapid Review (CSPR/RR) – the team contributed information in relation to 3 Rapid Reviews throughout February. These reviews were in relation to children sustaining suspected non-accidental injuries whilst they were in the care of an adult.

Child death - The Safeguarding team contributed information in relation to 12 children who died in February, this is a marked decrease in comparison with the 22 deaths seen the month prior. Prominent themes included sudden infant death, complex medical conditions, and a road traffic collision.

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

Cardiac Arrest

	No. Cardiac Arrests Nov-23	Bystander CPR Nov-23	ROSC Nov-23	ROSC Care Bundle Nov-23	Survival to Discharge Nov-23	Cardiac Survivors Nov-23
Cardiac Arrest	314	61.1%	19.7%	70.2%	6.6%	20

Stroke

	No. of Patients Nov-23	Avg Call to Door Minutes Nov-23	Care Bundle Compliance Nov-23
Stroke	466	93	91.8%

Heart Attack

	No. of Patients Jul-23	Avg Call to Door Minutes Aug-23	Care Bundle Compliance Jul-23
Heart Attack	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. In November the survival to discharge rate was 6.6% resulting in 20 people surviving to discharge. 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 99 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.

Fleet and Estates

Estates

Indicator	Feb 23	Jan 24	Feb 24
P1 Emergency (<2Hrs) – Attendance		50.0%	100.0%
P1 Emergency (<24 Hrs) - Completed		50.0%	
P2 Emergency (<4 Hrs) - Attendance	79.3%	80.0%	93.0%
P2 Emergency (<24 Hrs) – Completed	81.1%	52.5%	73.7%
P3 Non Emergency (<24Hrs) - Attendance	78.0%	73.3%	85.5%
P3 Non Emergency (<72 Hrs) – Completed	78.0%	55.2%	71.8%
P4 Non Emergency (<2 Working Days) - Attendance	91.4%	89.7%	88.8%
P4 Non Emergency (<14 Days) – Completed	84.4%	75.2%	75.7%
P6 Non Emergency (<2 Weeks) - Attendance	90.0%	63.2%	76.2%
P6 Non Emergency (4 Weeks) - Completed	83.6%	45.6%	69.8%
P5 Non Emergency - Logged to Wrong Category		100.0%	75.0%
Planned Maintenance Complete	96.1%	97.5%	92.0%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 343 jobs for the month of February. This is slightly higher than the representative of an average 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 21 requests followed by York AS at 18 and HART at 16 requests for reactive works. SLA figures are lower than normal with at an overall attendance KPI at 86%, and completion KPI is also lower than usual at 72%.

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 85% 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 98% for February with a completion of 92%.

999 Fleet

PTS Fleet
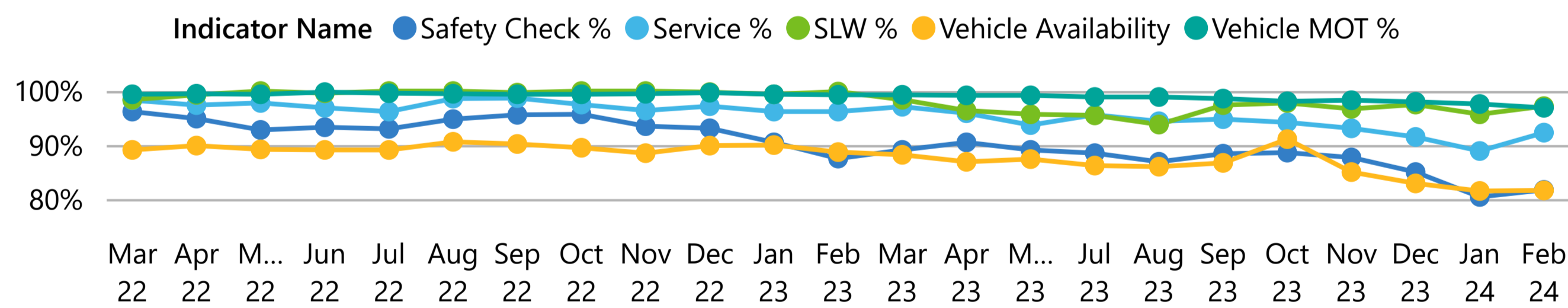
999 Fleet Age

IndicatorName	Feb 23	Jan 24	Feb 24
Vehicle age +7	14.4%	15.8%	17.8%
Vehicle age +10	1.4%	2.0%	2.0%

PTS Age

IndicatorName	Feb 23	Jan 24	Feb 24
Vehicle age +7	17.5%	28.0%	28.0%
Vehicle age +10	4.5%	4.8%	4.8%

Fleet Comments

A&E availability has stabilised with a small increase by 0.1% to 81.6% in February this is due to the continued engine faults on the 2.3 litre Fiat Ducato which are lengthy repairs. Although repair turnaround times are reducing the backlog is taking time to get through. Routine maintenance compliance has increased by 1.3% to 92% overall. PTS routine maintenance compliance has also increased by 2.1% to 94.4%, although availability has dropped by 1.6% while this work is underway. Fleet continue to use all available resource to maximise vehicle availability and 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. The delivery of the 64 DCA is now complete with vehicle commissioning underway and 40 vehicles in service. PTS vehicles over 7 years and 10 years has remained stable in February, with vehicle replacements currently in production with the convertor.

Glossary - Indicator Descriptions (A&E)
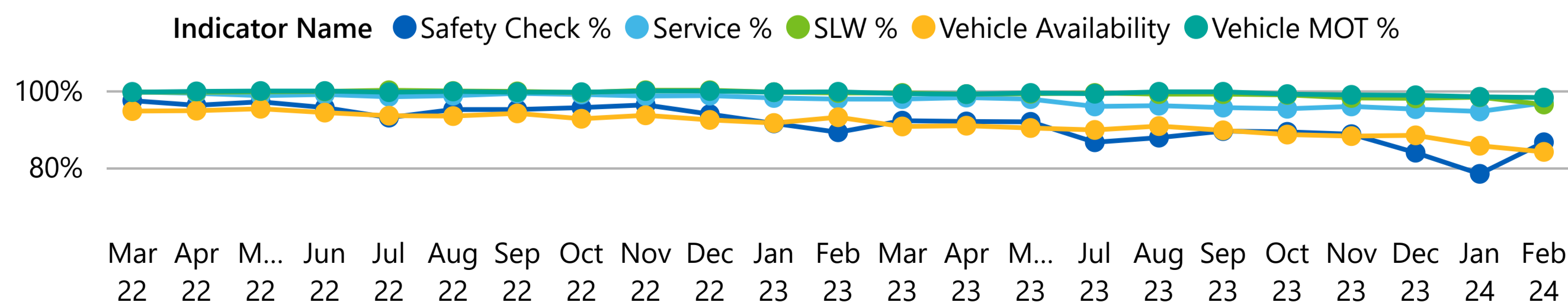
A&E

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
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)

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
EST10	Planned Maintenance Complete	percent	Planned maintenance completion compliance
EST15	P5 Non Emergency - Logged to Wrong Category	percent	P5 Non Emergency - Logged to Wrong Category
EST14	P6 Non Emergency (4 Weeks) - Completed	percent	P6 Non Emergency - Complete within 4 weeks
EST13	P6 Non Emergency (<2 Weeks) - Attendance	percent	P6 Non Emergency - Attend within 2 weeks
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 (<14 Days) – Completed	percent	P4 Non Emergency completed within 14 working days compliance
EST03	P4 Non Emergency (<2 Working Days) - Attendance	percent	P4 Non Emergency attended within 2 working days compliance
EST07	P3 Non Emergency (<72 Hrs) – Completed	percent	P3 Non Emergency completed within 72 hours compliance
EST02	P3 Non Emergency (<24Hrs) - Attendance	percent	P3 Non Emergency attended within 24 hours compliance
EST12	P2 Emergency (<24 Hrs) – Completed	percent	P2 Emergency – Complete within 24 hrs compliance
EST11	P2 Emergency (<4 Hrs) - Attendance	percent	P2 Emergency – attend within 4 hrs compliance
EST06	P1 Emergency (<24 Hrs) - Completed	percent	P1 Emergency completed within 24 hours compliance
EST01	P1 Emergency (<2Hrs) – Attendance	percent	P1 Emergency attended within 2 hours compliance