



# Integrated Performance Report









April 2024

Published 21 May 2024



## 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 <b>higher</b> pressure due to (H)igh or (L)ow values	Special cause of improving nature or <b>lower</b> 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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<h3>Our Purpose</h3>	<p>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</p>
<h3>Our Vision</h3>	<p>What we want to achieve:  <b>Great Care   Great People   Great Partner</b></p>
<h3>Our Values</h3>	<p>What do we want to be and what behaviours do we expect?  <b>Kindness   Respect   Teamwork   Improvement</b></p>
<h3>YAS Together</h3>	<p>A way of working collaboratively to achieve our vision:  <b>Care   Lead   Grow   Excel   Everyone</b></p>
<h3>Our Enabling Plans</h3>	<p>The drivers of success:  <b>Clinical and Quality   People   Partnership   Sustainable Services</b></p>

## 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.

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:04		
999 - Answer 95th Percentile		00:00:20		
999 - AHT		00:06:37		
999 - Calls Ans in 5 sec	95.0%	93.1%		
999 - C1 Mean (T < 7 Mins)	00:07:00	00:07:44		
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:24		
999 - C2 Mean (T < 18 Mins)	00:18:00	00:26:03		
999 - C2 90th (T < 40 Mins)	00:40:00	00:58:04		
999 - C3 Mean (T < 1 Hour)	01:00:00	01:14:13		
999 - C3 90th (T < 2 Hour)	02:00:00	02:47:59		
999 - C1 Responses > 15 Mins		641		
999 - C2 Responses > 80 Mins		1,735		
999 - Job Cycle Time		01:54:29		
999 - Avg Hospital Turnaround	00:30:00	00:52:43		
999 - Avg Hospital Handover	00:15:00	00:29:56		
999 - Avg Hospital Crew Clear	00:15:00	00:22:55		
999 - Total lost handover time		6,686		
999 - Crew clear over 30 mins %		26.9%		
999 - C1%		15.5%		
999 - C2%		60.1%		

## Exceptions - Comments (Director Responsible - Nick Smith)

**Call Answer** - The mean call answer was 4 seconds for April, the same as it was in March. The median remained the same at zero seconds and the 90th and 95th percentiles decreased. However, the 99th percentile saw an increase. The 90th decreased from 1 second in March to 0 seconds in April, 95th decreased from 31 seconds to 20 seconds and 99th increased from 83 seconds to 99 seconds. This indicates that generally call answer times improved in March, however, a small percentage of calls had to wait slightly longer at the tail.

**Cat 1-4 Performance** - The mean performance time for Cat1 improved from March by 23 seconds and the 90th percentile improved by 37 seconds. The mean performance time for Cat2 improved from March by 3 minutes 25 seconds and the 90th percentile improved by 7 minutes 48 seconds. Abstractions were 3.1% lower than forecast for April, also falling 2.7% from March. Weekly Net staff hours have risen compared to March by over 2500 hours per week. Overall availability increased by up to 2.2% from March. Compared to April 2023, abstractions are down by 2.2% and availability is down by 0.8%.

**Call Acuity** - The proportion of Cat1 and Cat2 incidents was 75.7% in April (15.5% Cat1, 60.1% Cat2) after a 2.6% decrease compared to March (0.7% decrease in Cat1 and 1.9% decrease in Cat2). Comparing against April for the previous year, Cat1 proportion increased by 2.1% and Cat2 proportion decreased by 1.1%.

**Responses Tail (C1 and C2)** - The number of Cat1 responses greater than the 90th percentile target decreased in April, with 641 responses over this target. This is 198 (23.6%) less compared to March. The number for last month was 4.9% more compared to April 2023. The number of Cat2 responses greater than 2x 90th percentile target decreased from March by 821 responses (32.1%). This is a 40.9% increase from April 2023.

**Job cycle time** - Overall, the average job cycle time increased by 41 seconds from March and was 6 minutes 51 seconds more than April 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 1 minute 5 seconds and overall turnaround time increased by 1 minute 16 seconds. The number of conveyances to ED was 4.6% lower than in March and 6.1% higher than in April 2023.

**Demand** - On scene response demand was 2.2% above forecasted figures for April and was 4.7% less than in March. All response demand (HT + STR + STC) was 4.7% lower than March and 15.3% higher than April 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 April 2024 against April 2023, the proportion of hear & treat increased by 8.3%, see treat & refer decreased by 3.2% and see treat & convey decreased by 5.1%. The proportion of incidents with conveyance to ED decreased by 4.6% from April 2023 and the proportion of incidents conveyed to non-ED decreased by 0.5%. 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 - April 24

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		142,841		
IUC - Answered vs. Last Month %		-2.5%		
IUC - Answered vs. Last Year %		1.0%		
IUC - Calls Triage		138,962		
IUC - Calls Abandoned %	3.0%	8.1%		
IUC - Answer Mean	00:00:20	00:01:18		
IUC - Answered in 60 Secs %	90.0%	74.9%		
IUC - Callback in 1 Hour %	60.0%	47.7%		
IUC - ED Validations %	50.0%	54.7%		
IUC - 999 Validations %	75.0%	99.5%		
IUC - ED %		15.0%		
IUC - ED Outcome to A&E %		75.4%		
IUC - ED Outcome to UTC %		8.6%		
IUC - Ambulance %		12.7%		

## IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 155,492 calls in April, 6.6% below the annual business plan baseline demand. 142,841 (91.9%) of these were answered, 0.7% above last month and 8.6% above the same month last year.

Due to continued high numbers of new starters going through the training process and experienced staff assisting with coaching, call performance metrics are being impacted and not at target levels as expected. Whilst it is no longer a national KPI, we are continuing to monitor the percentage of calls answered in 60 seconds, as it is well recognised within the IUC service and operations as a benchmark of overall performance. This measure increased to 74.9% from 68.1% last month. Average speed to answer has decreased by 22 seconds to 1 minute 18 seconds compared with 1 minute 40 seconds last month. Abandonment rate decreased to 8.1% from 8.9% last month.













The proportion of clinician call backs made within 1 hour decreased to 47.7% from 47.9% last month. This is 12.3% below the national target of 60%. Core clinical advice increased to 22.9% from 21.9% last month. These figures are calculated based on the new ADC specification, which removes 111 online cases from counting as part of clinical advice, and also locally we are removing cases which come from the DCABS clinical service as we do not receive the initial calls for these cases.

The national KPI for ambulance validations monitors performance against outcomes validated within 30 minutes, rather than just all outcomes validated, and the target for this is 75% of outcomes. However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the National KPI, performance was 97.8% in April, whilst performance for overall validations was 99.5%, with 13,344 cases validated overall.

ED validation performance increased to 54.7% from 48.1% 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 decreased to 42.5% from 46.9% last month and ED bookings decreased to 25.1% from 26.3%. 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 - April 24

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	87.4%		
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	83.4%		
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	90.7%		
PTS - Arrive at Appointment Time	90.0%	89.1%		
PTS - Journeys < 120Mins	90.0%	99.3%		
PTS - Same Month Last Year		22.7%		
PTS - Increase - Previous Month		3.4%		
PTS - Demand (Journeys)		83,019		

**PTS Exceptions - Comments (Director Responsible - Nick Smith)**

PTS Total Activity has been above 80,000 journeys for the fourth month running. 83,019 journeys were operated including aborts and escorts. April had the second highest demand levels from the past 12 months.

66,644 journeys were delivered, 11.9% higher than forecasted from the Annual Business Plan.

Call Performance has been above 80.0% since February 24. 87.4% of calls were answered in 180 seconds. Call demand remains high, 24.2% higher than the same period the previous year. Despite increased call demand, service level continues to be much improved due to higher staffing levels. 16.0 FTE more worked in April compared to 12 months ago.

The number of patients being dropped off within 120 minutes of their appointment has been on an upward trend since December 23, seeing a 3.2% increase.

Short Notice Outwards Performance saw a decrease for the second month running. 83.4% of patients were picked up with 120 minutes. Winter Funding ceased mid-March, having an impact on KPI. The number of hours worked by Private Providers saw a 16.1% decrease in April when compared to the average from January to March.

# Workforce Summary

A&E	IUC	PTS
EOC	Other	Trust



## Key KPIs

Name	Apr-23	Mar-24	Apr-24
Turnover (FTE) %	10.8%	10.4%	10.6%
Vacancy Rate %	14.2%	12.0%	10.3%
Apprentice %	10.0%	9.3%	10.3%
BME %	6.0%	7.1%	7.2%
Disabled %	5.8%	7.6%	7.9%
Sickness - Total % (T-5%)	7.0%	6.5%	6.1%
PDR / Staff Appraisals % (T-90%)	71.5%	73.7%	75.6%
Essential Learning			92.6%

## YAS Commentary

**FTE, Turnover, Vacancies and BME** – Compared to March 2024, the Turnover and Vacancy rate have remained consistent. In comparison to the same month last year (April 2023) the Turnover & Vacancy rate have both slightly improved. Both vacancies and turnover remain high for IUC at 35.4% for both (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 approaching completion. The numbers of BME and staff living with disabilities is steadily improving i.e. BME has increased by 1.2% since last April. 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.

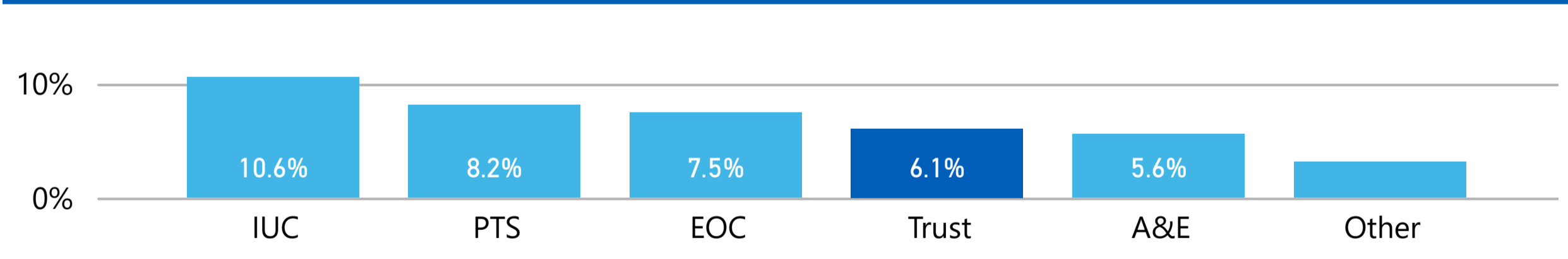
**Sickness** – Sickness has improved from the previous month by 0.4% from 6.5% to 6.1%. A sub-group of the Organisational Efficiency Group is working to actively reduce absence through a review of absence management processes, workplace adjustments, MSK/injuries at work. The People & Culture Group receives updates on this work. The new Supporting Attendance policy has been approved with an implementation process being reviewed by the Absence Group. Each service line will be devising a service specific absence reduction plan.

**PDR / Appraisals** – The overall compliance rate has improved compared to March 2024. Except for ‘Other’ all areas have seen improvements. IUC is the highest performing area (88%). 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 2024 has been implemented. The Compliance Dashboard continues to be promoted and is accessible to all managers.

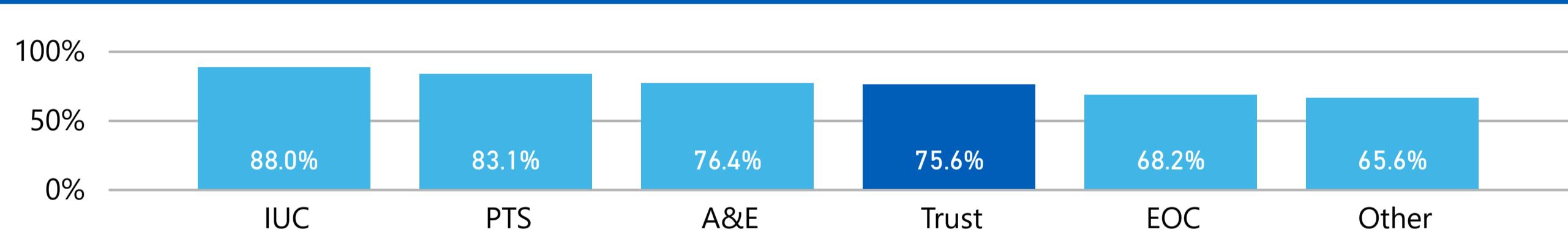
**Essential Learning** – From this financial year 23/24, we now report on Essential Learning as our core Statutory and Mandatory training measure replacing the bundles previously reported taking into account essential compliance within the Trust. As a Trust we are meeting the target of 90%, at 92.6%. The compliance dashboard is promoted to all team leaders and managers across the Trust to continually improve this area.

**Assurance: All data displayed has been checked and verified**

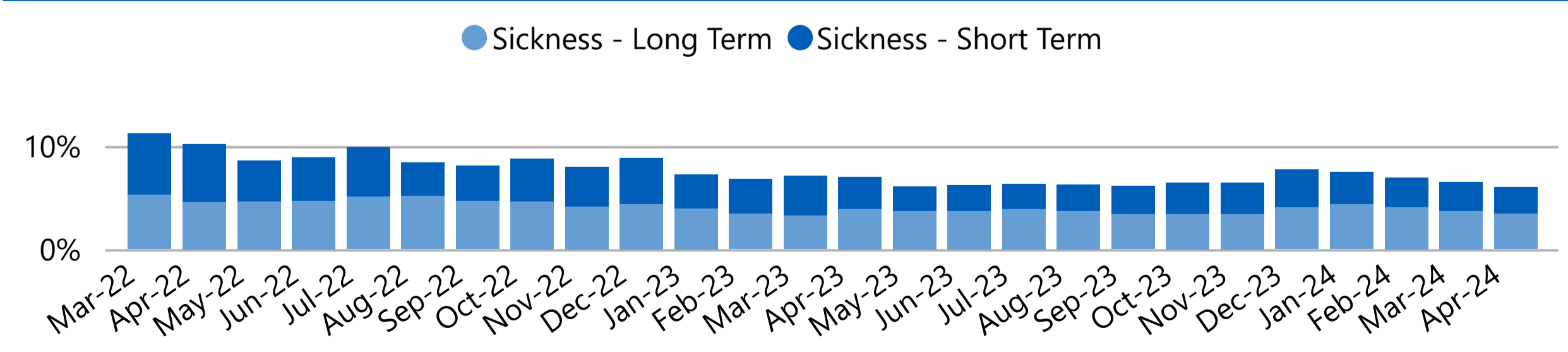
## Sickness Benchmark for Last Month (Trust)



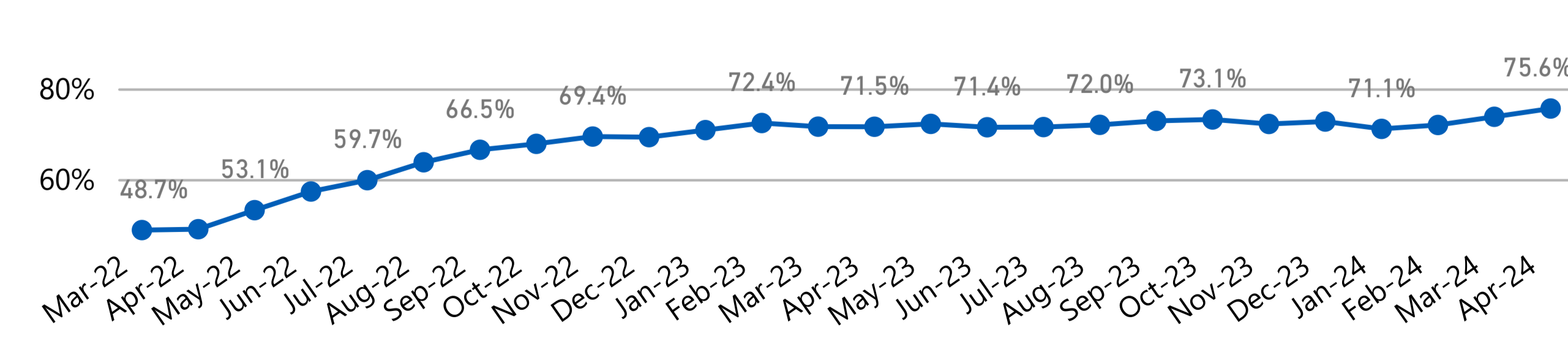
## PDR Benchmark for Last Month (Trust)



## Sickness



## PDR - Target 90%





# YAS Finance Summary (Director Responsible Kathryn Vause) - April 24

## Overview - Unaudited Position

### Overall

The Trust has a year end surplus position at month 12 of £0.05m as shown above. The position has moved over the year as a result of slippage and Phasing of expenditure into the later part of the year. Technical adjustments around provisions, stock takes, revaluation of assets and capital charges are all factored into the year end position along with the Clinical supervisor back pay which has been transacted over Qtr 4 of the financial year.

### Capital

The outturn expenditure is in line with forecasts provided in the last quarter of the year.

### Cash

As at the end of March, the Trust had £60.1m 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	£50	£50
Cash	£65,750	£60,141	-£5,609
Capital	£15,194	£16,678	£1,484

## Monthly View (£000s)

Indicator Name	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03
Surplus/ (Deficit)	£0	£485	£6,015	£800	£1,200	-£1,605	-£513	-£1,195	-£2,370	-£2,767
Cash	£76,347	£75,413	£77,377	£78,100	£80,280	£79,769	£68,668	£67,934	£68,061	£60,141
Capital	£258	£0	£175	£76	£574	£2,873	£368	£214	£644	£11,287

# Patient Demand Summary

## Demand Summary Commentary

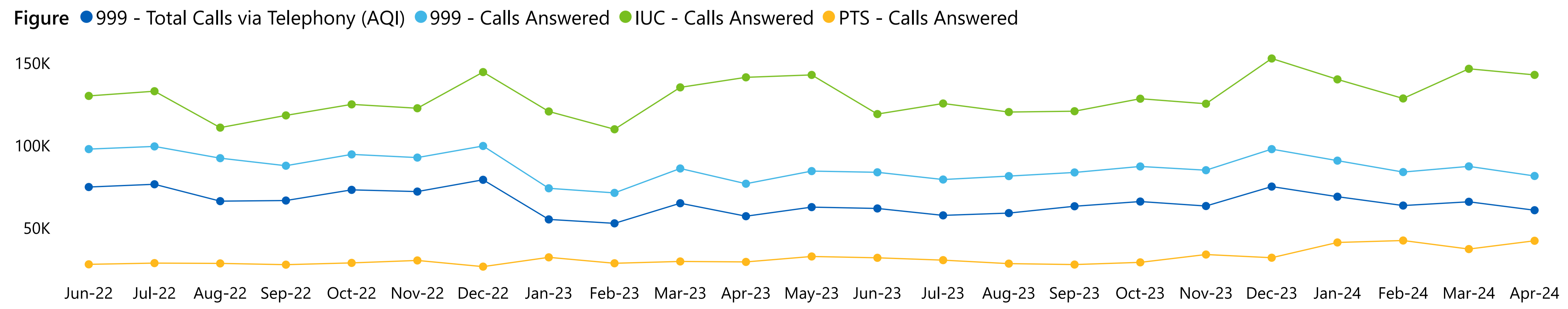
Indicator	Apr-23	Mar-24	Apr-24
999 - Incidents (HT+STR+STC)	63,212	76,469	72,855
999 - Calls Answered	76,837	87,357	81,543
IUC - Calls Answered	141,367	146,542	142,841
IUC - Calls Answered vs. Ceiling %	-19.6%	-12.4%	-15.9%
PTS - Demand (Journeys)	67,648	80,302	83,019
PTS - Increase - Previous Month	-12.8%	1.1%	5.2%
PTS - Same Month Last Year	-0.2%	1.8%	23.9%
PTS - Calls Answered	29,414	37,211	42,236

**999** - On scene response demand was 2.2% above forecasted figures for April and was 4.7% less than in March. All response demand (HT + STR + STC) was 4.7% lower than March and 15.3% higher than April 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 155,492 calls in April, 6.6% below the annual business plan baseline demand. 142,841 (91.9%) of these were answered, 0.7% above last month and 8.6% above the same month last year.

**PTS** - PTS Total Activity has been above 80,000 journeys for the fourth month running. 83,019 journeys were operated including abortions and escorts. April had the second highest demand levels from the past 12 months.

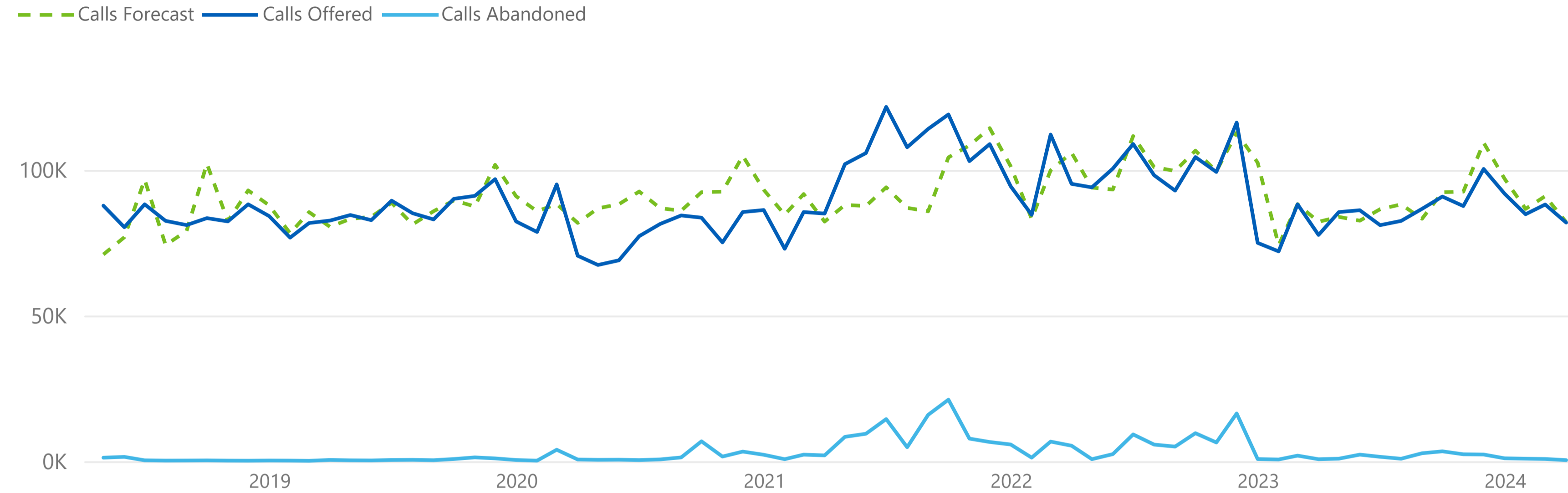
## Overall Calls and Demand



# 999 and IUC Historic Demand

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

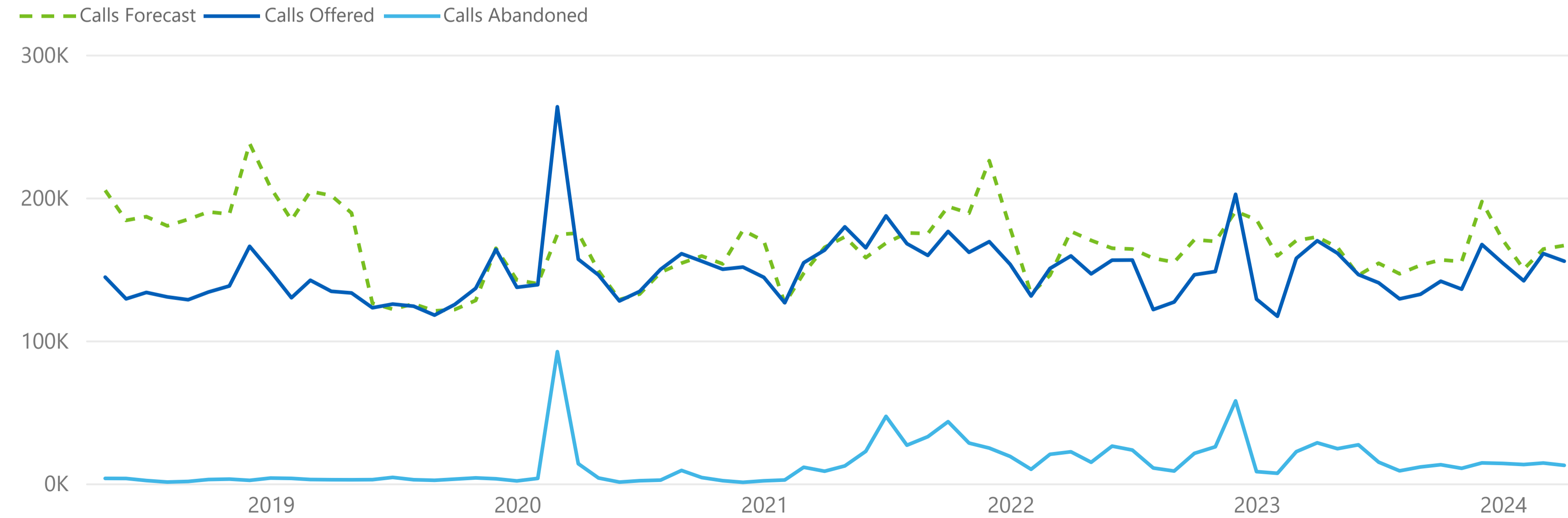
## 999 Historic Call Demand



### 999

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 April 2024, there were 81,916 calls offered which was 0.2% below forecast, with 81,543 calls answered and 373 calls abandoned (0.5%). There were 7.0% fewer calls offered compared with the previous month and 5.5% 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 51.4% reduction in abandoned calls compared with the previous month.

## IUC Historic Demand



### IUC

YAS received 155,492 calls in April, 6.6% below the annual business plan baseline demand. 142,841 (91.9%) of these were answered, 0.7% above last month and 8.6% above the same month last year.

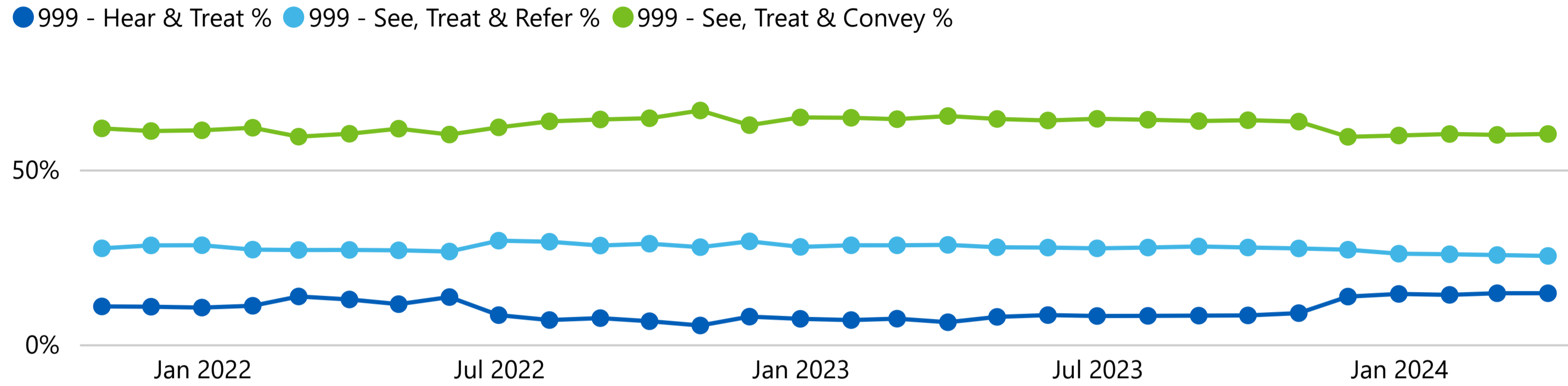
Calls abandoned decreased to 8.1% from 8.9% last month and was 8.6% below last year.

# Patient Outcomes Summary

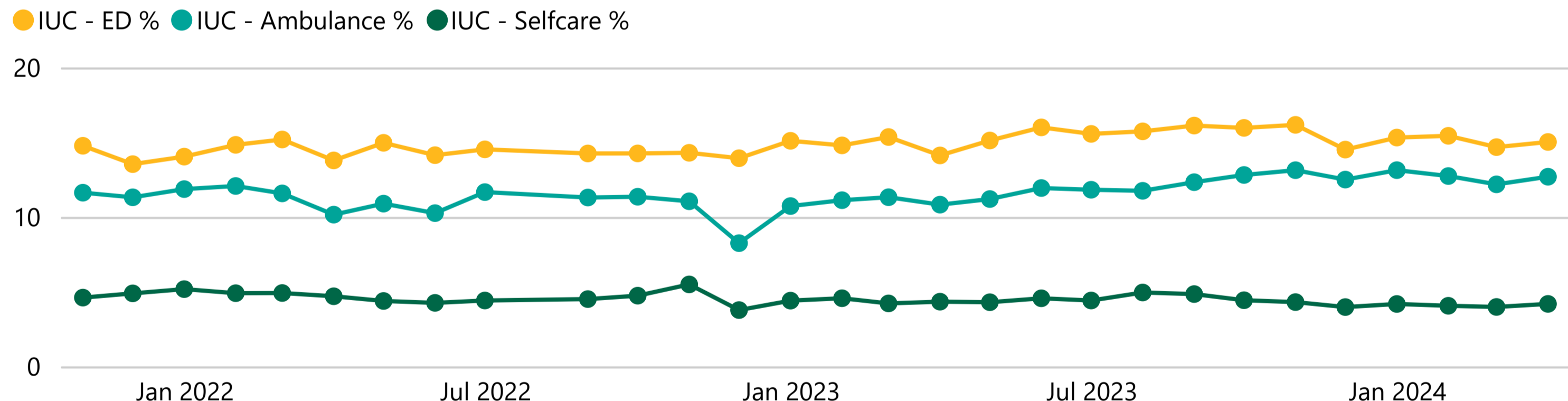
## Outcomes Summary

ShortName	Apr-23	Mar-24	Apr-24
999 - Incidents (HT+STR+STC)	63,212	76,469	72,855
999 - Hear & Treat %	6.3%	14.6%	14.6%
999 - See, Treat & Refer %	28.4%	25.5%	25.3%
999 - See, Treat & Convey %	65.3%	59.9%	60.1%
999 - Conveyance to ED %	58.3%	53.5%	53.6%
999 - Conveyance to Non ED %	7.0%	6.3%	6.5%
IUC - Calls Triaged	132,109	142,987	138,962
IUC - ED %	14.1%	14.7%	15.0%
IUC - Ambulance %	10.8%	12.2%	12.7%
IUC - Selfcare %	4.3%	4.0%	4.2%
IUC - Other Outcome %	13.7%	14.9%	14.6%
IUC - Primary Care %	54.4%	53.2%	52.7%
PTS - Demand (Journeys)	67,648	80,302	83,019

### 999 Outcomes



### IUC Outcomes



## Commentary

**999** - Comparing incident outcome proportions within 999 for April 2024 against April 2023, the proportion of hear & treat increased by 8.3%, see treat & refer decreased by 3.2% and see treat & convey decreased by 5.1%. The proportion of incidents with conveyance to ED decreased by 4.6% from April 2023 and the proportion of incidents conveyed to non-ED decreased by 0.5%. 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 52.7%. The proportion of callers given an ED outcome was 15.0%. The percentage of ED outcomes where a patient was referred to a UTC was 8.6%, 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)

A&E

EOC

IUC

PTS

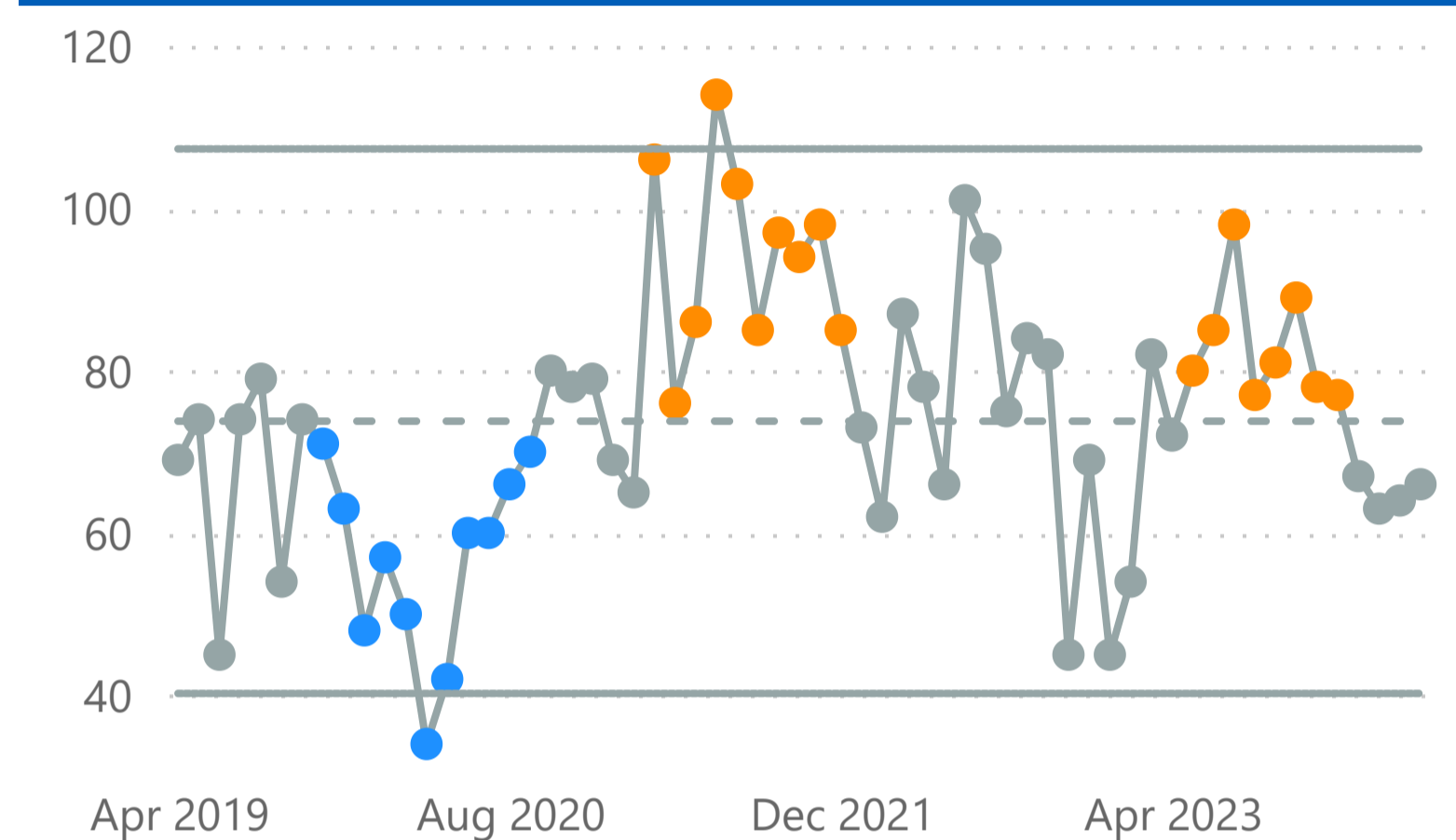
YAS



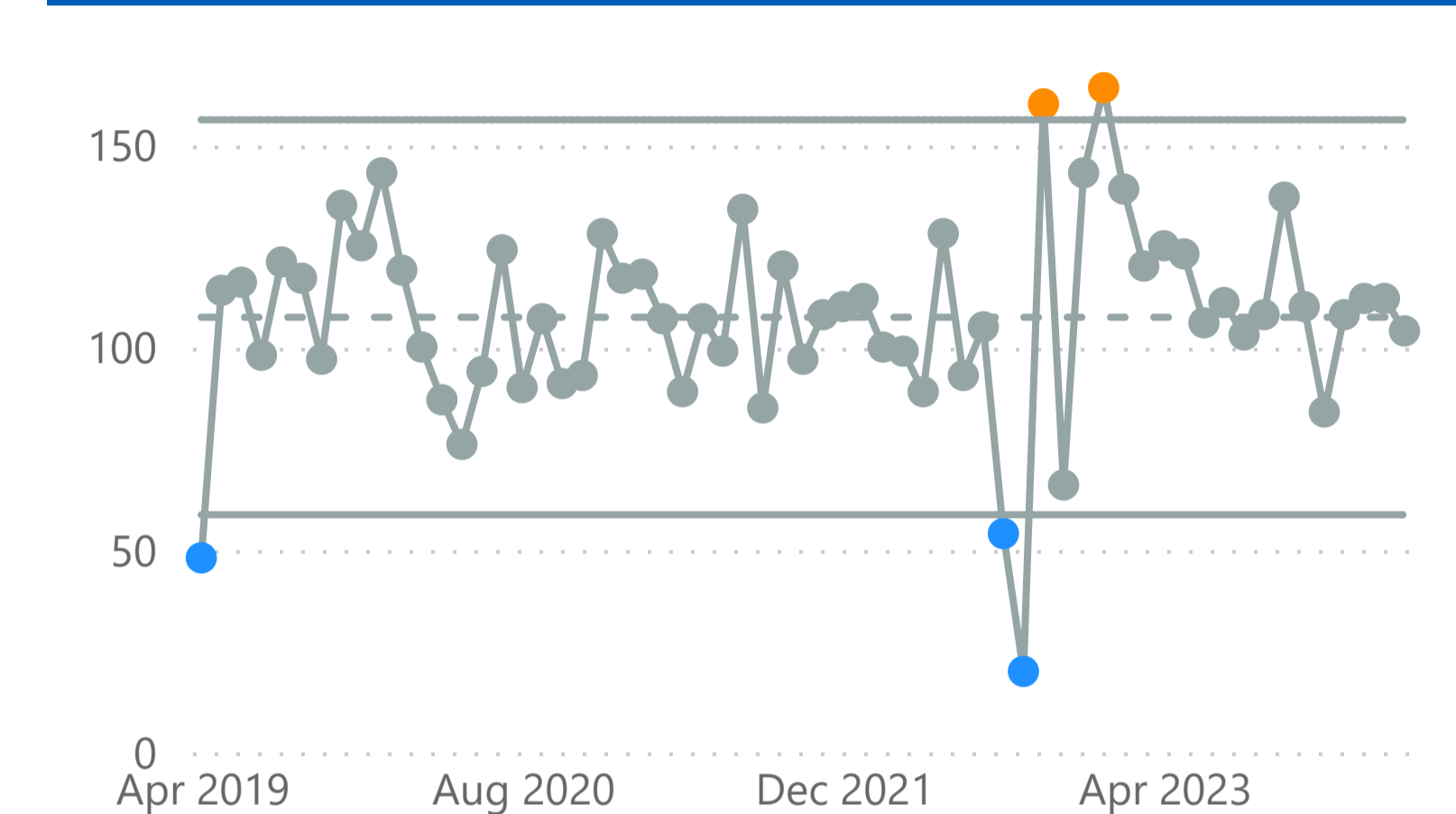
## Patient Relations

Indicator	Apr-23	Mar-24	Apr-24
Service to Service	66	63	90
Concern	29	56	43
Compliment	125	112	104
Complaint	72	64	66

## Complaint



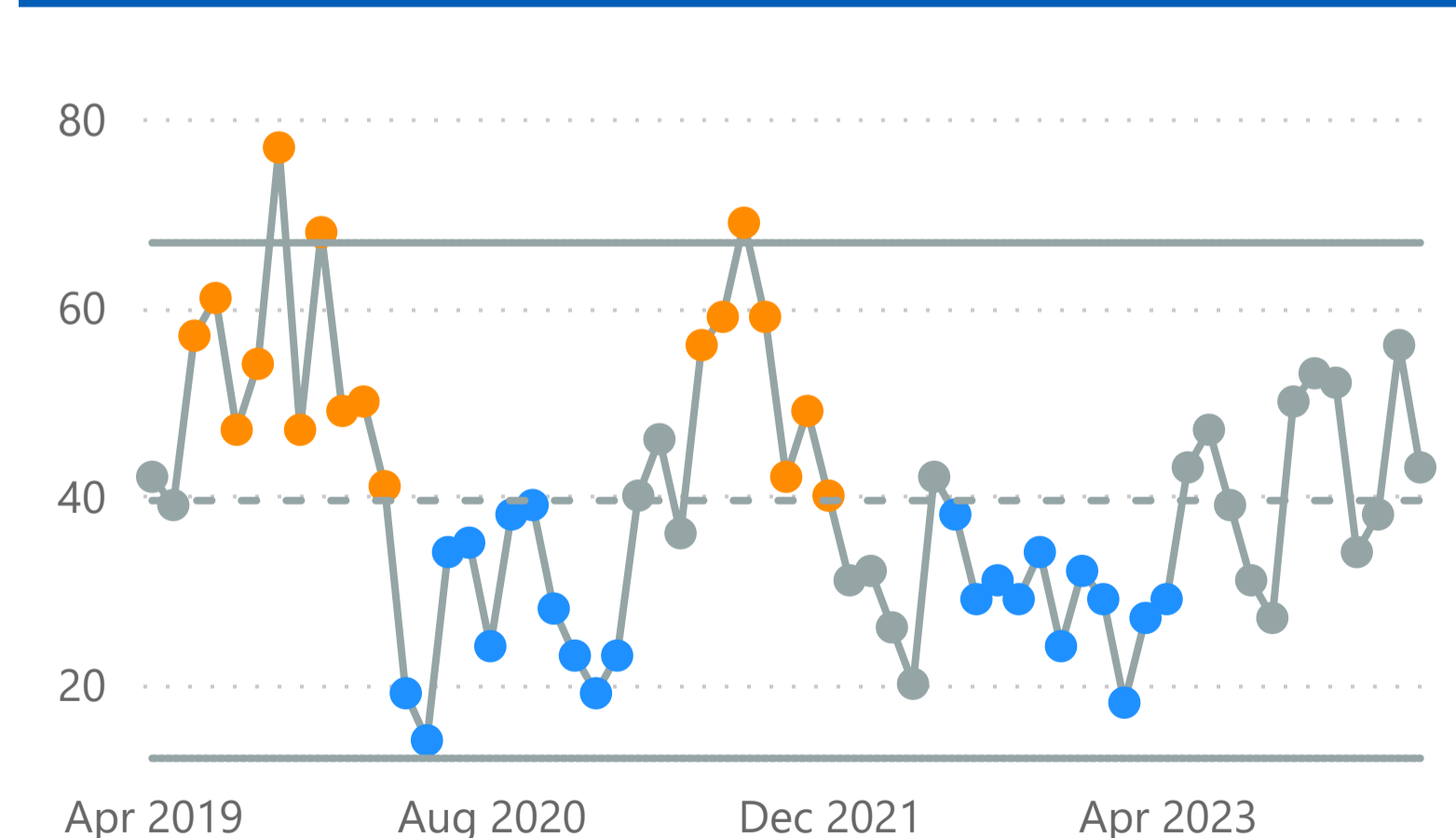
## Compliment



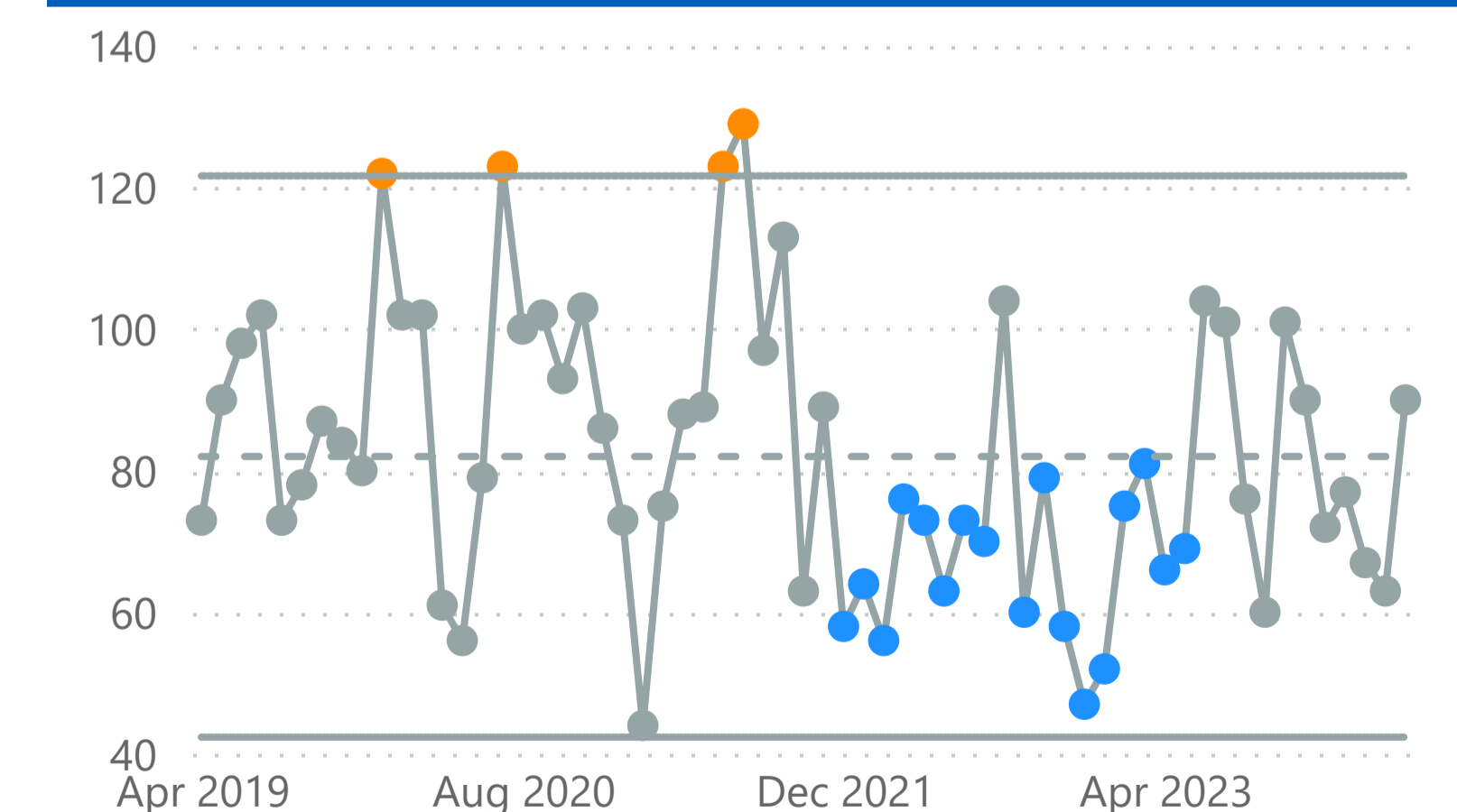
## YAS Comments

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. IUC has seen decreases across all case types with the exception of concerns which has remained at 1. YAS are currently reviewing and updating our complaints handling processes and will be developing new reports to supplement this.

## Concern



## Service to Service



# Patient Safety - Quality (Director Responsible - Dave Green)

A&E	EOC	IUC
PTS	YAS	



## Incidents

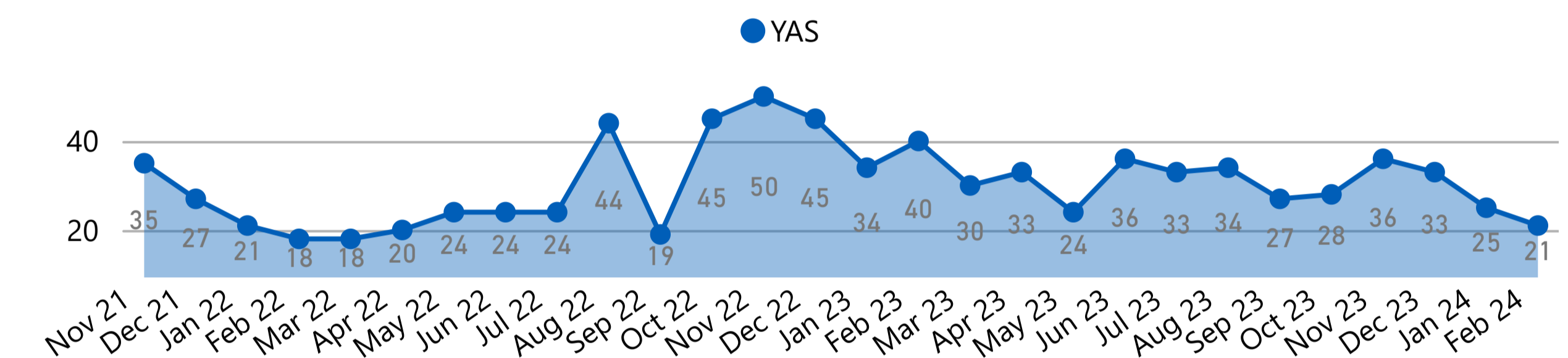
Indicator	Apr-23	Mar-24	Apr-24
All Incidents Reported	684	865	875
Number of duty of candour contacts	22	11	8
Number of RIDDORs Submitted	2	3	
Patient Safety Indicator Incident Investigation			1

Indicator	Feb 23	Jan 24	Feb 24
Moderate & Above Harm (verified)	40	25	21
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	8	4	4

## Hygiene

Indicator	Apr-23	Mar-24	Apr-24
% Compliance with Hand Hygiene	99.0%	99.4%	99.0%
% Compliance with Premise	97.0%	94.3%	99.1%
% Compliance with Vehicle	99.0%	95.6%	98.1%

## Incidents - Verified Moderate and Above Harm



## Safeguarding

Indicator	Apr-23	Mar-24	Apr-24
Domestic Homicide Review (DHR)	1	2	
Safeguarding Adult Review (SAR)	1	8	4
Child Safeguarding Practice Review/Rapid Review (CSPR/RR)	1	1	3
Child Death	20	16	29

## YAS Comments

Domestic Homicide Reviews (DHR) – 0 requests for information in relation to a DHR were received in April.

Safeguarding Adult Review (SAR) – 4 requests for information in relation to SAR's were received in April. This is a 50% decrease on the requests received in March. Self-neglect, suicide, hoarding, substance misuse, deteriorating mental health, learning disabilities and disengagement from services were prominent themes seen in these cases.

Child Safeguarding Practice Review / Rapid Review (CSPR/RR) – the team contributed information in relation to 3 Rapid Reviews/CSPR in April.

## A&E Long Responses

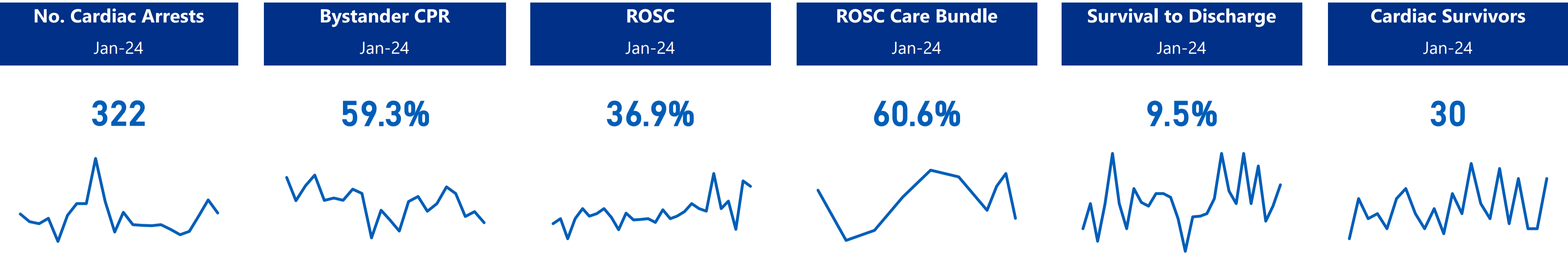
Indicator	Apr-23	Mar-24	Apr-24
999 - C1 Responses > 15 Mins	611	839	641
999 - C2 Responses > 80 Mins	1,231	2,556	1,735

Child death - The Safeguarding team contributed information in relation to 29 children who died in April. This is an increase of 13 in comparison to March. Prominent themes included sudden infant death, death by suicide, complex medical conditions, road traffic collisions and extreme prematurity.

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



## Cardiac Arrest



## Stroke

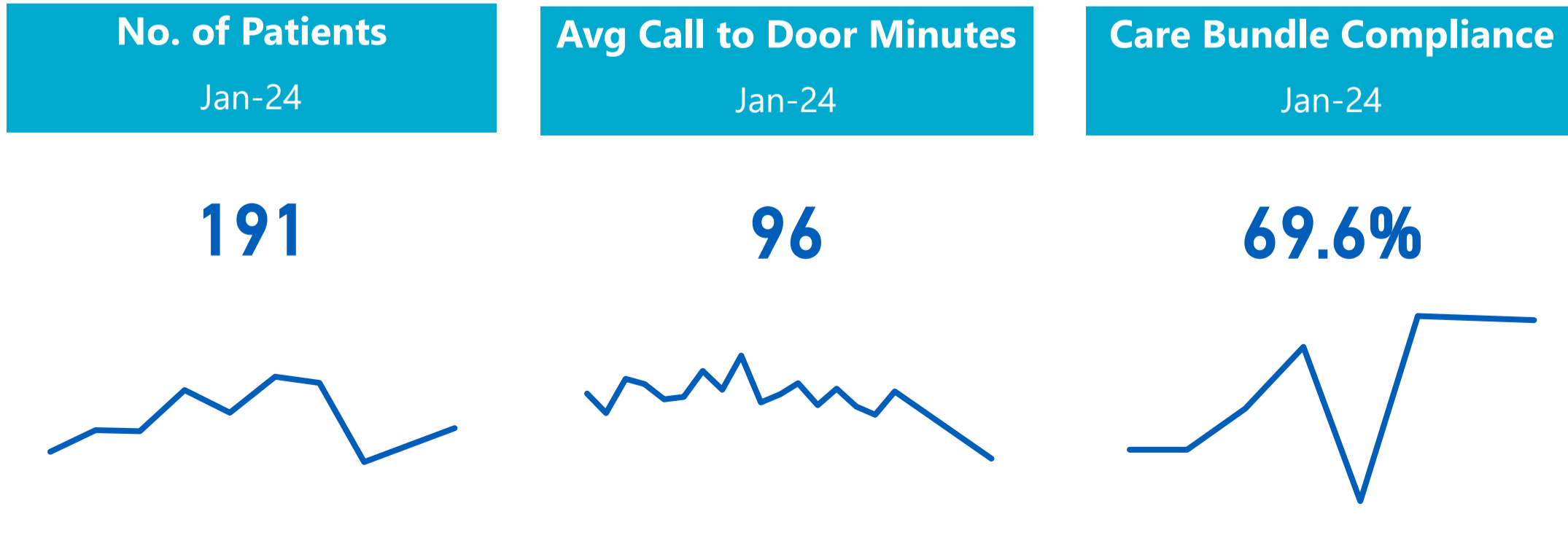


**Cardiac Arrest** -The number of cardiac arrests appears to be reducing following the winter peak and survival to discharge has improved back to 9.5% in January with 30 patients surviving to 30 days following an out of hospital cardiac arrest. The community response to cardiac arrest remains critical 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 and YAS is now delivered its first Advanced Life Support course accredited by the Resuscitation Council UK.

**Stroke Care -**

**Heart Attack Care -**

## Heart Attack



## Estates

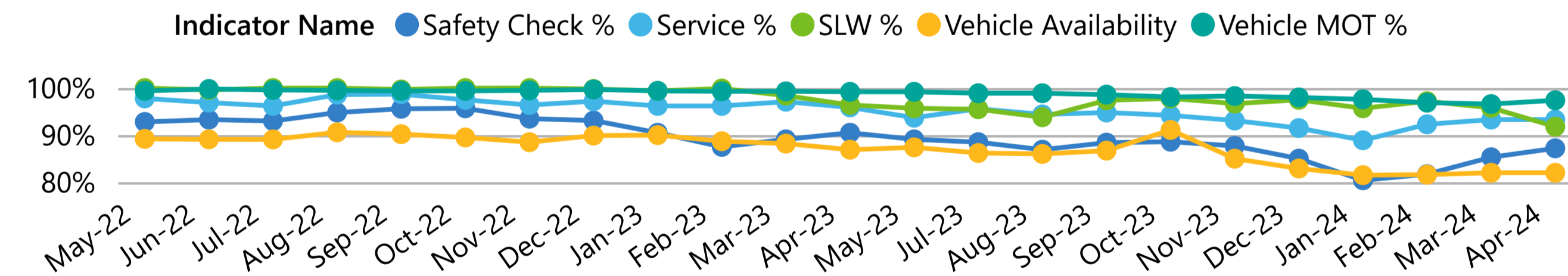
Indicator	Apr-23	Mar-24	Apr-24
P1 Emergency (<2Hrs) – Attendance	100.0%	100.0%	66.7%
P1 Emergency (<24 Hrs) - Completed	100.0%	100.0%	66.7%
P2 Emergency (<4 Hrs) - Attendance	73.0%	91.2%	90.2%
P2 Emergency (<24 Hrs) – Completed	62.2%	70.6%	56.9%
P3 Non Emergency (<24Hrs) - Attendance	81.0%	85.5%	87.0%
P3 Non Emergency (<72 Hrs) – Completed	73.8%	73.9%	67.5%
P4 Non Emergency (<2 Working Days) - Attendance	90.5%	86.7%	86.5%
P4 Non Emergency (<14 Days) – Completed	85.7%	73.3%	72.1%
P6 Non Emergency (<2 Weeks) - Attendance	91.8%	81.6%	75.0%
P6 Non Emergency (4 Weeks) - Completed	70.5%	67.4%	58.8%
P5 Non Emergency - Logged to Wrong Category	50.0%		
Planned Maintenance Complete	97.2%	94.0%	94.0%

## Estates Comments

Requests for reactive work/repairs on the Estate totalled 303 jobs for the month of April. This is representative of an average 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 26 requests followed by HART at 15 and Callflex at 13 requests for reactive works. SLA figures are relatively low with at an overall attendance KPI at 84%, and completion KPI is lower than usual at 65%.

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 quarter of request with attendance KPI at 87% against a target of 98%. P4 category account for just over a third of requests with attendance KPI at 87% 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 99% for April with a completion of 94%.

## 999 Fleet



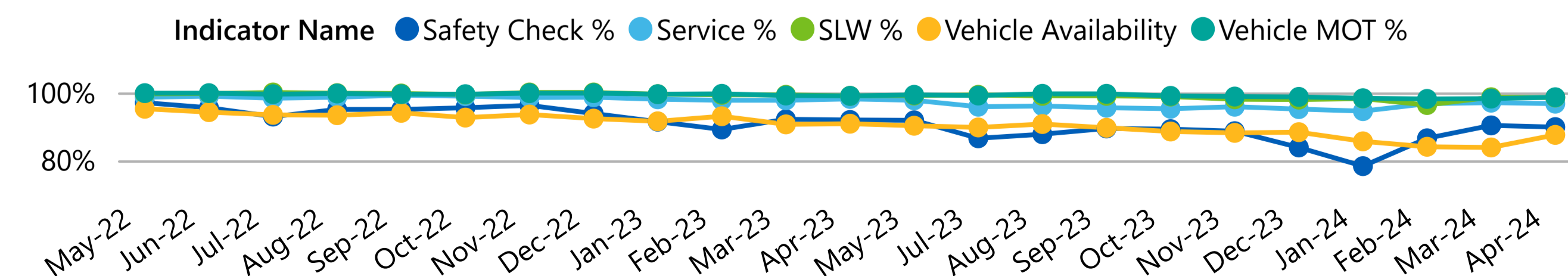
## 999 Fleet Age

IndicatorName	Apr-23	Mar-24	Apr-24
Vehicle age +7	17.8%	19.3%	16.2%
Vehicle age +10	1.2%	2.0%	1.3%

## PTS Age

IndicatorName	Apr-23	Mar-24	Apr-24
Vehicle age +7	22.5%	28.5%	28.5%
Vehicle age +10	4.5%	4.8%	4.8%

## PTS Fleet



## Fleet Comments

A&E availability has stabilised at 82% in April, the engine faults of the 2.3 litre Fiat Ducato continue but with the introduction of additional oil changes has seen a slowing of failures. Repair turnaround times are reducing the backlog is taking time to get through. Routine maintenance compliance has increased by 2.1pp to 94.9% overall. PTS routine maintenance compliance has also decreased by 0.1pp to 95.9%, although availability has increased by 3.7pp to 87.5%. 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 improved with the introduction of the 64 new vehicles. PTS vehicles over 7 years and 10 years has remained stable in April, with vehicle replacements currently in production with the convertor with deliveries due through May, June and July.



# 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
AMB90	999 - Total Hospital Lost Time (TA)	int	The total lost time for hospital turnarounds (time over 30 minutes)

# Glossary - Indicator Descriptions (IUC and PTS)

## 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)

## 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)

## Workforce

mID	ShortName	IndicatorType	AQIDescription
WF40	Essential Learning	percent	Essential Learning to Replace Bundles
WF39	Preventing Radicalisation - Basic Prevent Awareness - 3 Years	percent	Basic Prevent Awareness, formerly Prevent Awareness
WF38	Prevent Awareness   3 Years	percent	Full Prevent Awareness, formerly Prevent WRAP
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

# Glossary - Indicator Descriptions (Clinical)

## 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 - U&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