Integrated Performance Report

December 2024

Published 20 January 2025

Icon Guide

Exceptions, Variation and Assurance

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

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

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

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

Table of Contents

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**

999 IPR Key Exceptions - December 24

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:03	(•)	
999 - Answer 95th Percentile		00:00:23	(•)	
999 - AHT		00:06:21	(H)	
999 - Calls Ans in 5 sec	95.0%	91.8%	(•)	(F)
999 - C1 Mean (T < 7 Mins)	00:07:00	00:08:14	(•)	(F)
999 - C1 90th (T < 15 Mins)	00:15:00	00:14:17	(•)	(P)
999 - C2 Mean (T < 18 Mins)	00:18:00	00:41:15	(H)	(F)
999 - C2 90th (T < 40 Mins)	00:40:00	01:32:52	(H)	(F)
999 - C3 Mean (T < 1 Hour)	01:00:00	02:05:48	(H)	(F)
999 - C3 90th (T < 2 Hour)	02:00:00	04:39:13	(H)	(F)
999 - C1 Responses > 15 Mins		1,020	(•)	
999 - C2 Responses > 80 Mins		5,915	(•)	
999 - Job Cycle Time		02:03:07	(H)	
999 - Avg Hospital Turnaround	00:30:00	01:01:57	(H)	(F)
999 - Avg Hospital Handover	00:15:00	00:37:15	(H)	(F)
999 - Avg Hospital Crew Clear	00:15:00	00:24:04	(H)	(F)
999 - Total lost handover time		11,473	(•)	
999 - Crew clear over 30 mins %		29.5%	(H)	
999 - C1%		17.8%	(H)	
999 - C2%		61.6%	(•)	

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The call answer figures are for Trust level only and do not change based on the area selection. The mean call answer was 3 seconds for December, an increase from November of 1 second. The median remained the same at zero seconds and the 90th, 95th and 99th percentiles all increased. The 90th increased from 0 seconds in November to 1 second in December, 95th increased from 15 seconds to 23 seconds, and 99th increased from 1 minute 11 seconds to 1 minute, 22 seconds.

Cat 1-4 Performance - The mean performance time for Cat1 worsened from November by 1 second and the 90th percentile improved by 11 seconds. The mean performance time for Cat2 worsened from November by 3 minutes 57 seconds and the 90th percentile worsened by 8 minutes 55 seconds. Compared to December of the previous year, the Cat1 mean improved by 33 seconds, the Cat1 90th percentile improved by 1 minute 2 seconds, the Cat2 mean improved by 4 minutes 41 seconds and the Cat2 90th percentile improved by 11 minutes 41 seconds.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 79.4% in December (17.8% Cat1, 61.6% Cat2) after a 1.0 percentage point (pp) increase compared to November (0.7 pp increase in Cat1 and 0.3 pp increase in Cat2). Comparing against December for the previous year, Cat1 proportion increased by 0.5 pp and Cat2 proportion decreased by 1.7 pp.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target increased in December, with 1,020 responses over this target. This is 44 (4.5%) more compared to November. The number for last month was 17.1% lower than December 2023. The number of Cat2 responses greater than 2x 90th percentile target increased from November by 1,487 responses (33.6%). This is a 17.2% decrease from December 2023.

Hospital & Job Cycle Time - Last month the average handover time increased by 6 minutes 19 seconds and overall turnaround time increased by 6 minutes 41 seconds. The number of conveyances to ED was 3.1% higher than in November. Overall, the average job cycle time increased by 6 minutes 16 seconds from November.

Demand - On scene response demand was 0.9% below forecasted figures for December. It was 5.9% higher compared to November and 2.0% higher compared to December 2023. All response demand (HT + STR + STC) was 7.1% higher than November.

Outcomes - Comparing incident outcome proportions within 999 for December against November, the proportion of hear & treat increased by 0.9 percentage points (pp), see treat & refer increased by 1.2 pp and see treat & convey decreased by 2.1 pp. The proportion of incidents with conveyance to ED decreased by 2.0 pp and the proportion of incidents conveyed to non-ED decreased by 0.2 pp.

IUC IPR Key Indicators - December 24

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		166,761	H	
IUC - Answered vs. Last Month %		15.7%		
IUC - Answered vs. Last Year %		9.1%		
IUC - Calls Triaged		163,652		
IUC - Calls Abandoned %	3.0%	2.2%		P
IUC - Answer Mean	00:00:20	00:00:37		F
IUC - Answered in 60 Secs %	90.0%	83.5%	H	F
IUC - Answered in 120 secs %	95.0%	89.2%	H	F
IUC - Callback in 1 Hour %	60.0%	46.4%		F
IUC - ED Validations %	50.0%	49.2%	H	F
IUC - 999 Validations %	75.0%	99.5%		P
IUC - ED %		15.1%		
IUC - ED Outcome to A&E %		80.9%	H	
IUC - ED Outcome to UTC %		7.4%	L	
IUC - Ambulance %		12.2%		

IUC Exceptions - Comments (Director Responsible - Nick Smith)

AS received 177,541 calls in December, 8.9% below the annual business plan baseline demand. 166,761 (93.9%) of these were answered, 15.7% above last month and 9.1% above the same month last year.

The reporting rules for telephony performance were updated in August 2024 to be in line with the decision paper approved in TEG on 24/07/24. These updated figures have been backdated to March 2023. 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 83.5% from 91.3% in December. The percentage of calls answered in 120 seconds decreased to 89.2% in December from 94.9%. Average speed to answer has increased by 18 seconds to 37 seconds compared with 19 seconds last month. Abandonment rate increased to 2.2% from 1.4% last month.

The proportion of clinician call backs made within 1 hour decreased to 46.4% from 47.6% last month. This is 13.6% below the national target of 60%. Core clinical advice decreased to 23.7% from 25.0% 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 93.6% in December, whilst performance for overall validations was 99.5%, with 18,664 cases validated overall.

ED validation performance decreased to 49.2% from 56.7% 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 22.1% from 20.1% last month and ED bookings remained level at 0.1%. Referrals to IUC Treatments Centres have stayed consistent, however an issue with the booking system is causing the bookings figure for this KPI to appear very low. Bookings into the Emergency Department have dropped to 0% due to the booking system being switched off at the end of June 2024. We will see ED bookings at 0% until a new booking system is implemented.

PTS IPR Key Indicators - December 24

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	84.2%		F
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	80.5%		F
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	88.9%		F
PTS - Arrive at Appointment Time	90.0%	87.6%		F
PTS - Journeys < 120Mins	90.0%	98.1%		P
PTS - Same Month Last Year		1.1%		
PTS - Increase - Previous Month		-7.7%		
PTS - Demand (Journeys)		74,630	H	

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Total Activity saw a 7.7% decrease in December when compared to November. This was expected due to the Festive Period. Demand was 1.1% higher than the same period in 2023, this followed trend from last month.   November 23 was where PTS saw the step change in demand and activity has been continuously high since then.

For the second month running, Delivered Journeys fell in line with the forecast from the Operational Plan.   Year to date journey activity is 5.6% higher than forecast.

Call Performance has been on an upward trend for the third month running.   84.2% of calls were answered in 180 seconds, the highest KPI achieved since August. 40,030 calls were received by Reservations, a 9.6% reduction to November. Decreases in journey activity continues to correlate to call demand.   Compared to December 2023, call activity was 11.9% higher.

Short Notice Outwards Performance was above 80.0% for the second month running.   80.5% of patients were picked up in 120 minutes.   Service level continues to be low compared to the previous year.   The number of Private Provider hours worked remains low compared to when Winter Funding was available, having an impact on performance.

All other KPI's fell in line with recent trends.

Workforce Summary

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

Name	Dec-23	Nov-24	Dec-24
Turnover (FTE) %	10.4%	10.0%	9.7%
Vacancy Rate %	13.1%	7.9%	7.4%
Apprentice %	9.8%	10.1%	9.8%
BME %	6.8%	8.2%	8.2%
Disabled %	7.2%	9.1%	9.2%
Sickness - Total % (T-5%)	7.7%	7.5%	9.2%
PDR / Staff Appraisals % (T-90%)	72.7%	82.2%	82.0%
Essential Learning		91.2%	90.0%

Assurance: All data displayed has been checked and verified

YAS Commentary

FTE, Turnover, Vacancies and BME – Compared to November 2024, the turnover and vacancy rate have both decreased. In comparison to the same month last year (December 2023) the vacancy rate has reduced by 5.7 percentage points. Turnover for IUC has decreased, remaining high for IUC at 29.1%, whereas Vacancies for IUC have increased to 24.3% (Note: IUC figures are for those employed staff leaving the Trust only). The work to implement the IUC case for change is progressing. The numbers of BME and staff living with disabilities is steadily improving i.e. BME has increased by 1.4 percentage points since December 2023. 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 worsened, increasing from 7.5% to 9.2%, from the previous month. Health surveillance tells us that this is reflective of what's happening in communities nationally. A sub-group of the Organisational Efficiency Group is working to actively reduce absence through monitoring and addressing compliance with day one and return to work absence management processes and MSK/injuries at work. The People & Culture Group receives updates on this work. Each service line has a service specific absence reduction plan.

PDR / Appraisals – The overall compliance rate has decreased slightly from last month to now stand at 82.0% (82.2% in Nov) but continues to show a notable upturn in 24/25 compared to the relatively static position across 23/24 (72%). IUC is the highest performing area (86.3%) with EOC as the lowest (67.6%). Targeted support is being provided to areas with lower compliance by the Leadership & OD Business Partners including assistance to ensure completed appraisals are recorded on ESR. The Compliance Dashboard is accessible to all managers and a new Online Appraisal system is in development.

Essential Learning – The trust target of 90% is met at 90% but is showing a decreasing trend since the Aug 2024 with 3 service lines now below the target: EOC 85.3%, IUC 88.2% and A&E 89.4%. The compliance dashboard is available to all managers and refreshed twice weekly. Targeted work is ongoing with Subject Matter Experts to raise compliance rates and monitored through the education Portfolio Governance Boards. YAS is an active participant in the national review of Statutory and Mandatory Training.

Sickness Benchmark for Last Month (Trust)

IUC	EOC	PTS	Trust	A&E	Other
14.6%	12.0%	11.2%	9.2%	8.5%	5.3%

PDR Benchmark for Last Month (Trust)

IUC	A&E	PTS	Trust	Other	EOC
86.3%	84.4%	82.4%	82.0%	78.1%	67.6%

Sickness

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

(Monthly bar chart Nov-22 to Dec-24)
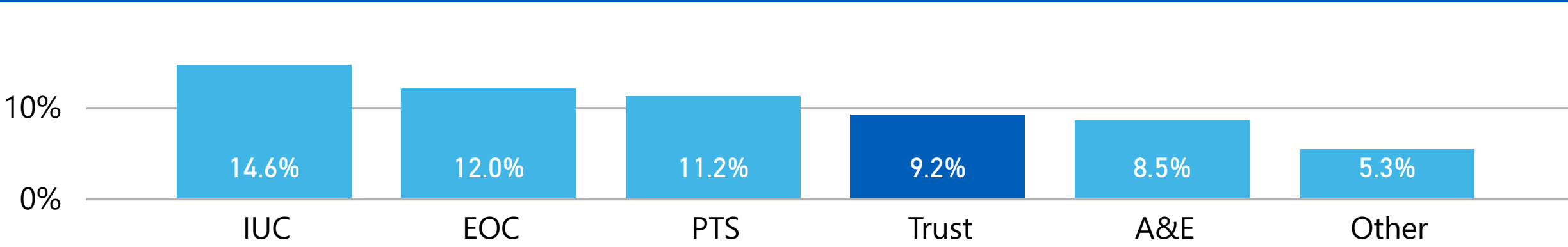
PDR - Target 90%
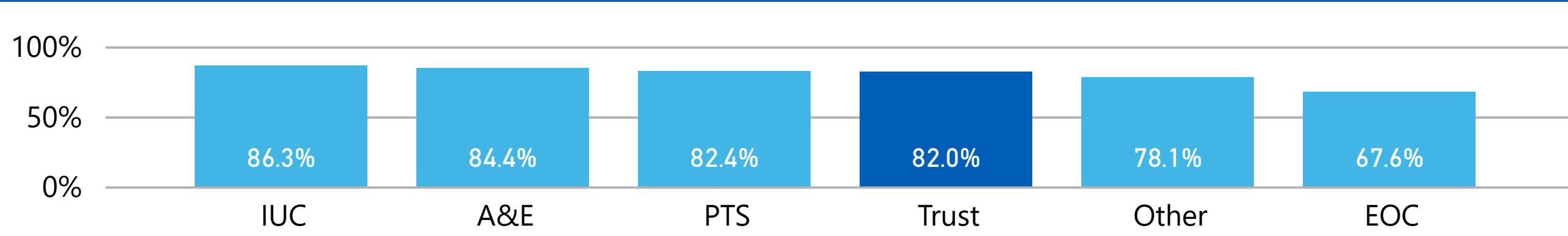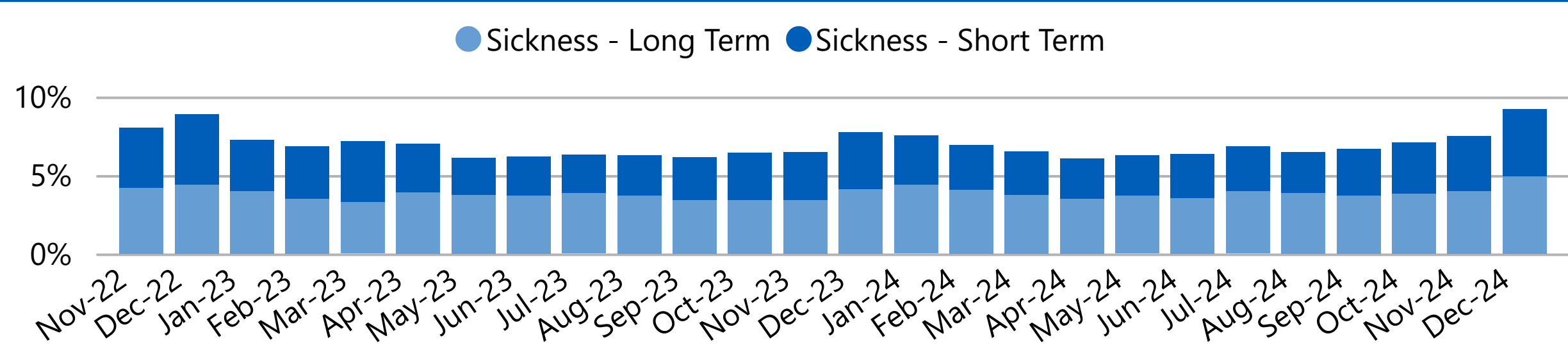
(Line chart)
- 69.4%
- 72.4%
- 71.5%
- 71.4%
- 72.0%
- 73.1%
- 71.1%
- 75.6%
- 80.4%
- 82.7%
- 83.1%
- 82.0%
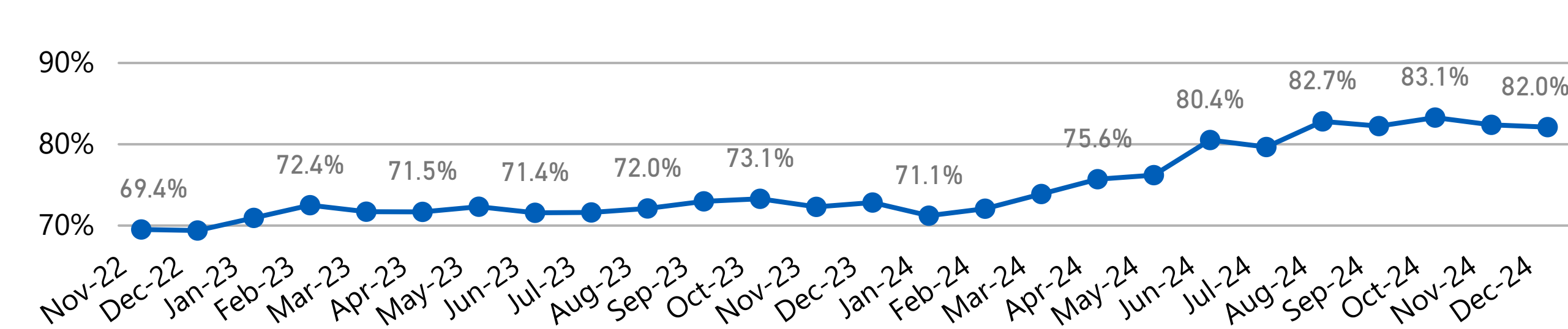
YAS Finance Summary (Director Responsible Kathryn Vause) - December 24

Overview - Unaudited Position

Overall -

The Trust has a YTD deficit position at month 9 of £501k as shown above. The forecast position is for the Trust to achieve breakeven and assumes achievement of identifying all efficiency requirements and vacancy factor allocation.

Capital -

The outturn expenditure forecast remains in line with annual plan.

Cash -

As at the end of December, the Trust had £48.6m cash at bank. (£60.2m at the end of 23/24).

Risk Rating -

There is currently no risk rating measure reporting for 2024/25.

Full Year Position (£000s)

Name ▼	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)	£408	-£501	-£909
Cash	£62,086	£48,648	-£13,438
Capital	£9,671	£4,052	-£5,619

Monthly View (£000s)

Indicator Name ▼	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12
Surplus/ (Deficit)	£0	-£870	-£105	£769	£678	£94	-£177	-£890
Cash	£53,894	£50,599	£55,100	£56,600	£55,355	£55,360	£53,888	£48,648
Capital	£180	£240	£904	£391	£177	£394	£2,100	-£143

Patient Demand Summary

NHS
Yorkshire
Ambulance Service
NHS Trust

Demand Summary

Indicator	Dec-23	Nov-24	Dec-24
999 - Incidents (HT+STR+STC)	77,326	76,950	82,417
999 - Calls Answered	97,819	93,015	101,447
IUC - Calls Answered	152,785	144,110	166,761
IUC - Calls Answered vs. Ceiling %	-24.0%	-11.8%	-16.1%
PTS - Demand (Journeys)	73,822	80,898	74,630
PTS - Increase - Previous Month	-8.5%	-6.1%	-7.7%
PTS - Same Month Last Year	8.0%	0.2%	1.1%
PTS - Calls Answered	31,958	41,441	37,862

Commentary

999 - On scene response demand was 0.9% below forecasted figures for December. It was 5.9% higher compared to November and 2.0% higher compared to December 2023. All response demand (HT + STR + STC) was 7.1% higher than November.

IUC - YAS received 177,541 calls in December, 8.9% below the annual business plan baseline demand. 166,761 (93.9%) of these were answered, 15.7% above last month and 9.1% above the same month last year.

PTS - PTS Total Activity saw a 7.7% decrease in December when compared to November. This was expected due to the Festive Period. Demand was 1.1% higher than the same period in 2023, this followed trend from last month. November 23 was where PTS saw the step change in demand and activity has been continuously high since then.

Overall Calls and Demand

Figure ● 999 - Total Calls via Telephony (AQI) ● 999 - Calls Answered ● IUC - Calls Answered ● PTS - Calls Answered
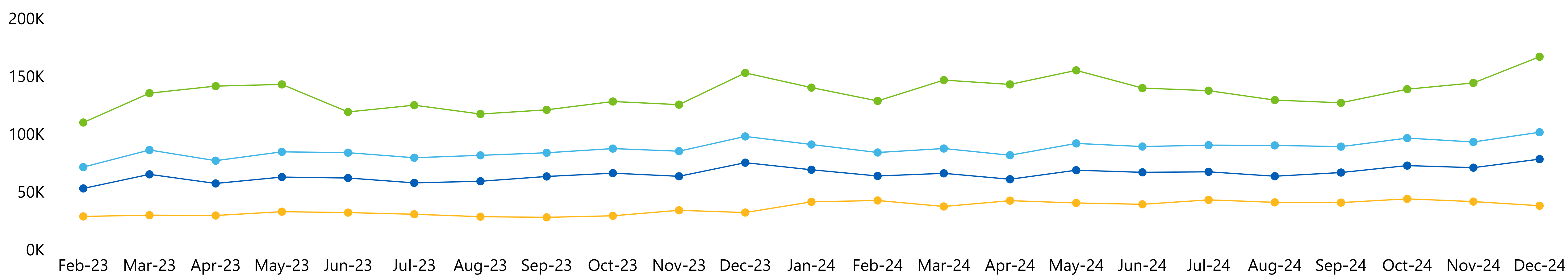
999 and IUC Historic Demand

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

999 Historic Call Demand

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

999

999 data on this page includes calls on both the emergency and non-emergency applications within EOC. 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 December 2024, there were 102,000 calls offered which was 0.2% above forecast, with 101,447 calls answered and 553 calls abandoned (0.5%). There were 9.3% more calls offered compa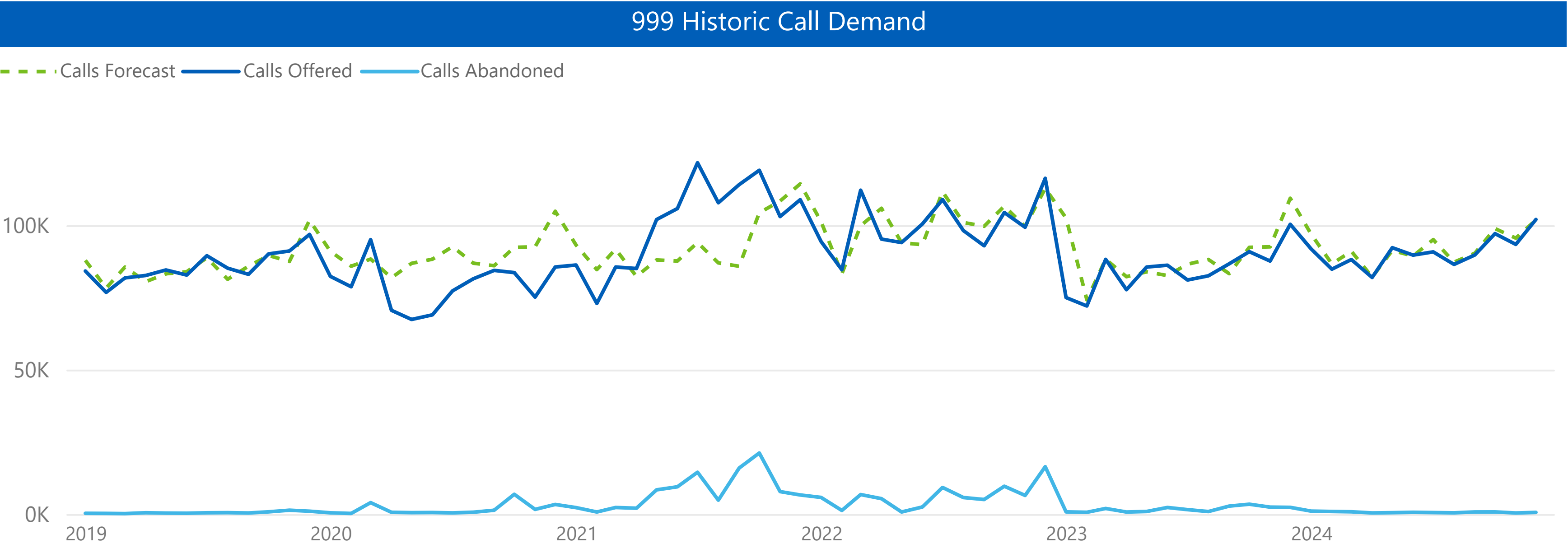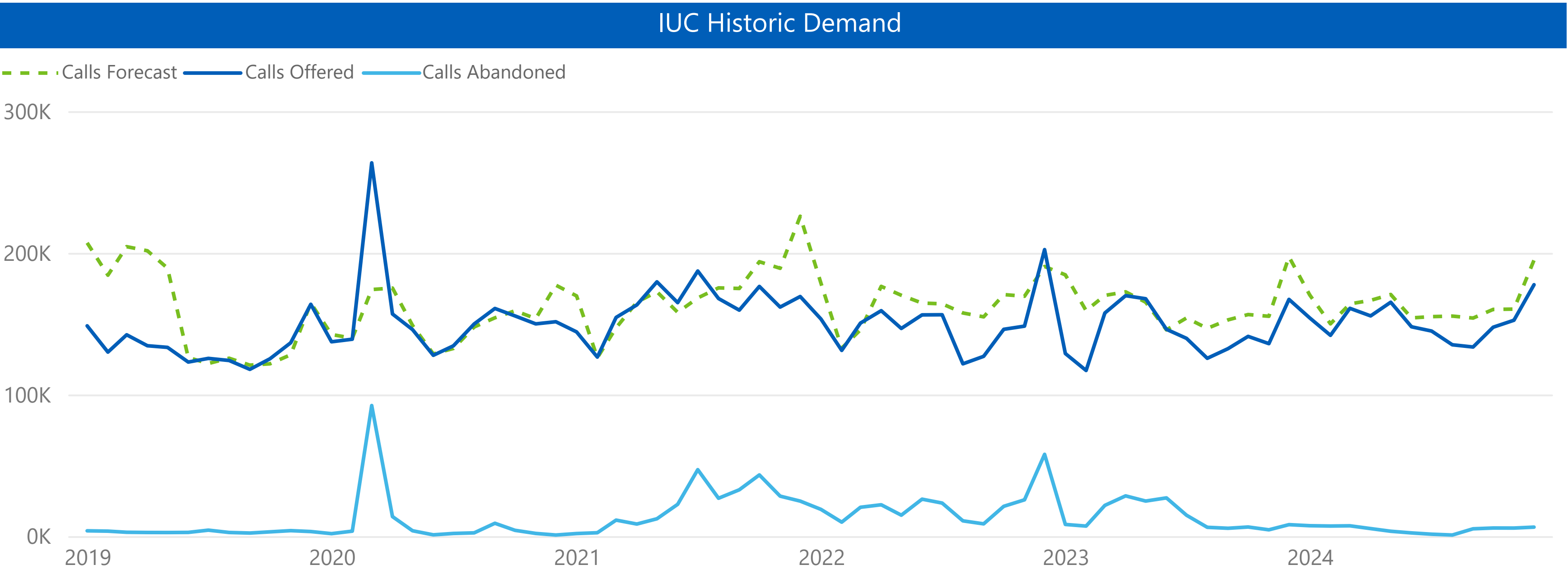red with the previous month and 1.7% more calls offered compared with the same month the previous year. Historically, the number of abandoned calls has been very low, however, this has increased since April 2021 and remains relatively high, fluctuating each month. There was a 56.7% increase in abandoned calls compared with the previous month.

IUC Historic Demand

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

IUC

YAS received 177,541 calls in December, 8.9% below the annual business plan baseline demand. 166,761 (93.9%) of these were answered, 15.7% above last month and 9.1% above the same month last year.

Calls abandoned increased to 2.2% from 1.4% last month and was 2.8% below last year.

Please note: the reporting rules for telephony performance were updated in August 2024 to be in line with the decision paper approved in TEG on 24/07/24. These updated figures have been backdated to March 2023. Any queries please contact us at yas.businessintelligence@nhs.net.

Patient Outcomes Summary

Outcomes Summary

ShortName	Dec-23	Nov-24	Dec-24
999 - Incidents (HT+STR+STC)	77,326	76,950	82,417
999 - Hear & Treat %	13.6%	16.4%	17.3%
999 - See, Treat & Refer %	27.0%	24.6%	25.9%
999 - See, Treat & Convey %	59.3%	59.0%	56.8%
999 - Conveyance to ED %	53.4%	52.8%	50.8%
999 - Conveyance to Non ED %	5.9%	6.2%	6.1%
IUC - Calls Triaged	146,665	141,599	163,652
IUC - ED %	14.5%	15.7%	15.1%
IUC - Ambulance %	12.5%	13.0%	12.2%
IUC - Selfcare %	4.0%	3.8%	3.4%
IUC - Other Outcome %	16.2%	14.2%	13.7%
IUC - Primary Care %	51.8%	51.7%	53.7%
PTS - Demand (Journeys)	73,822	80,898	74,630

999 Outcomes
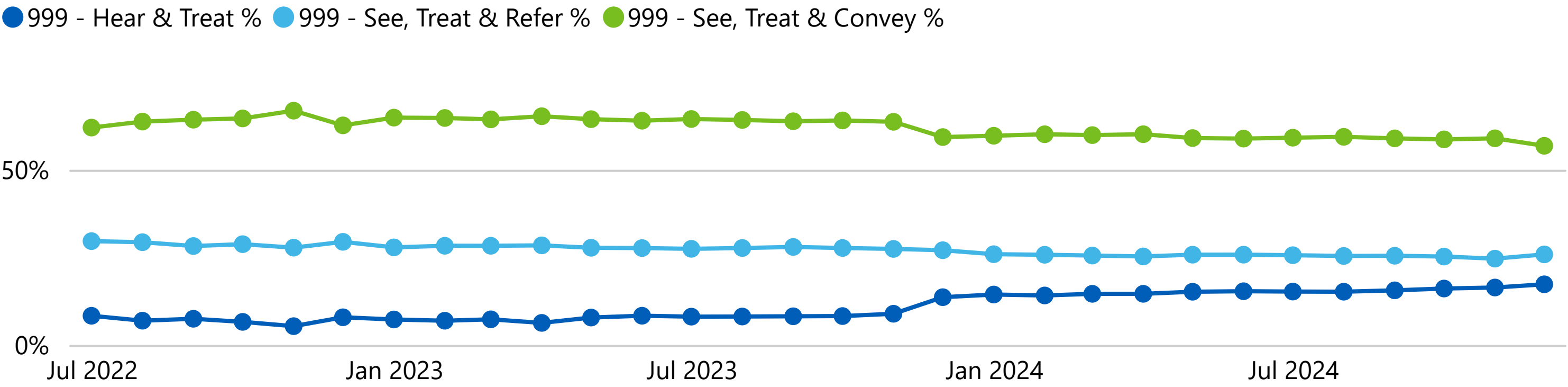
IUC Outcomes
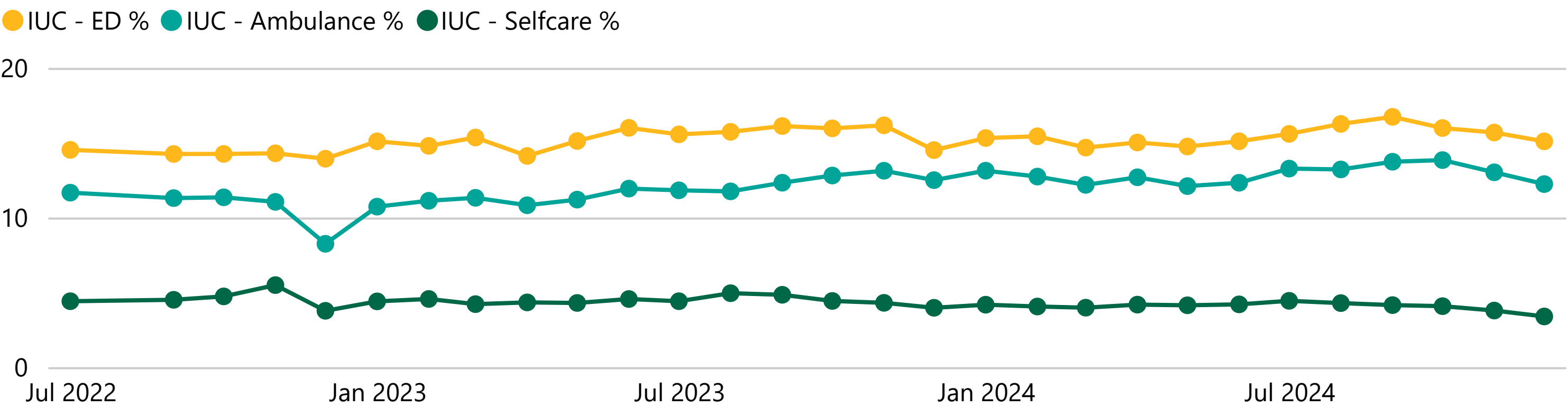
Commentary

999 - Comparing incident outcome proportions within 999 for December against November, the proportion of hear & treat increased by 0.9 percentage points (pp), see treat & refer increased by 1.3 pp and see treat & convey decreased by 2.2 pp. The proportion of incidents with conveyance to ED decreased by 2.0 pp and the proportion of incidents conveyed to non-ED decreased by 0.1 pp.

IUC - The proportion of callers given an Ambulance outcome was 12.2%, with Primary Care outcomes at 53.7%. The proportion of callers given an ED outcome was 15.1%. The percentage of ED outcomes where a patient was referred to a UTC was 7.4%, a figure that historically has been as low as 2-3%. A key goal of the 111 first programme was to reduce the burden on emergency departments by directing patient to more appropriate care settings.

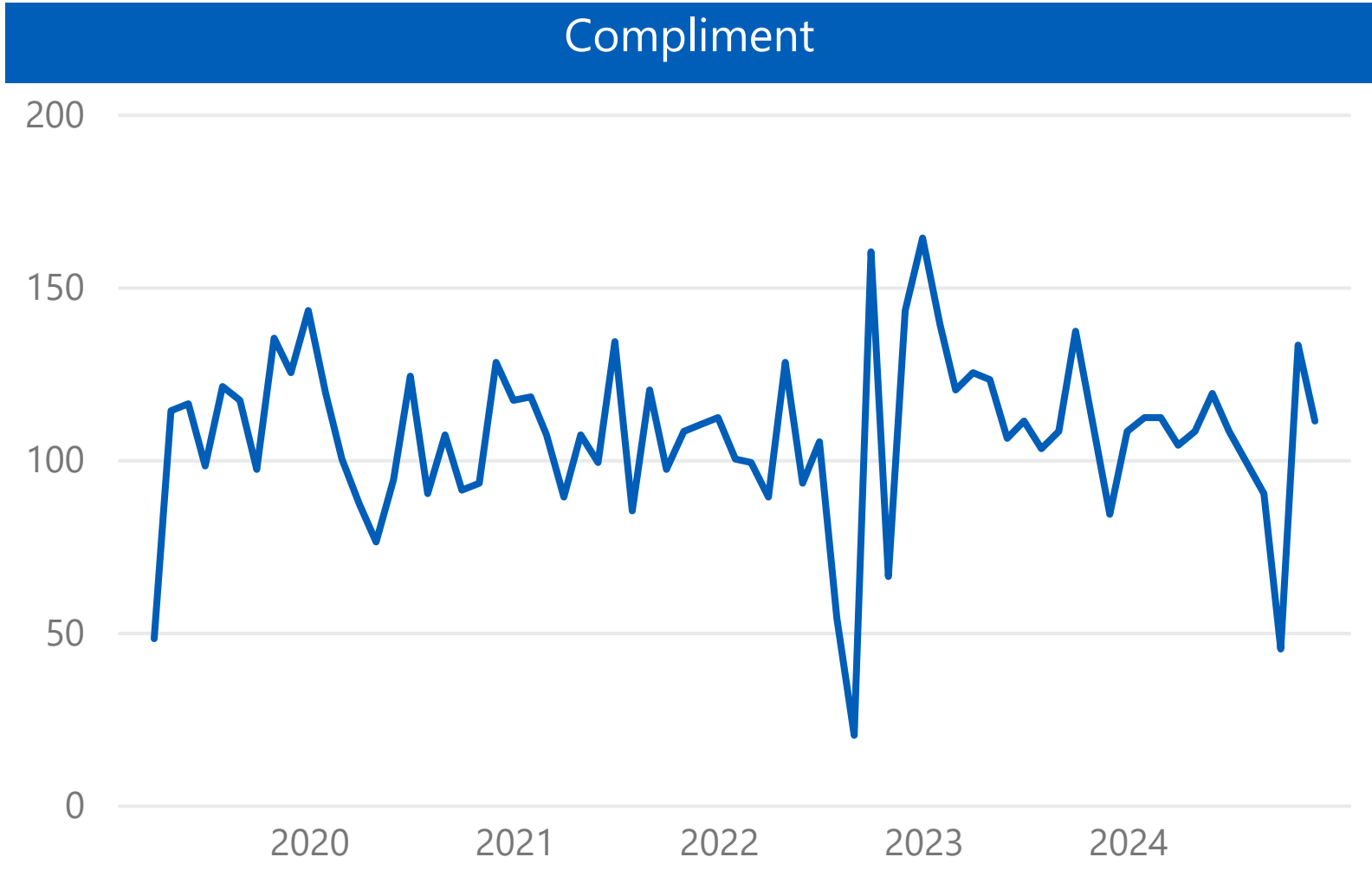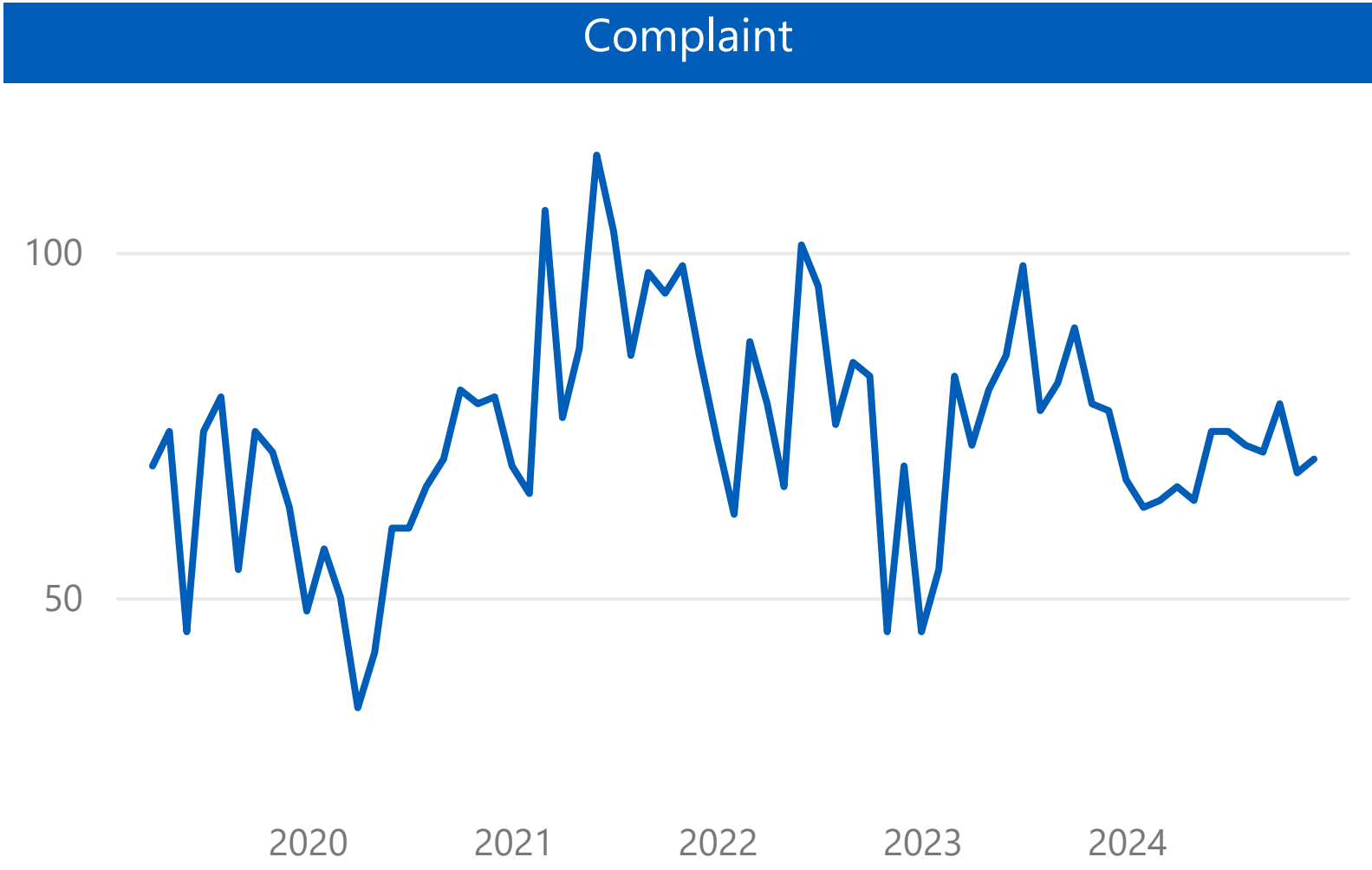# Patient Experience (Director Responsible - Dave Green)

NHS
Yorkshire
Ambulance Service
NHS Trust

Patient Relations

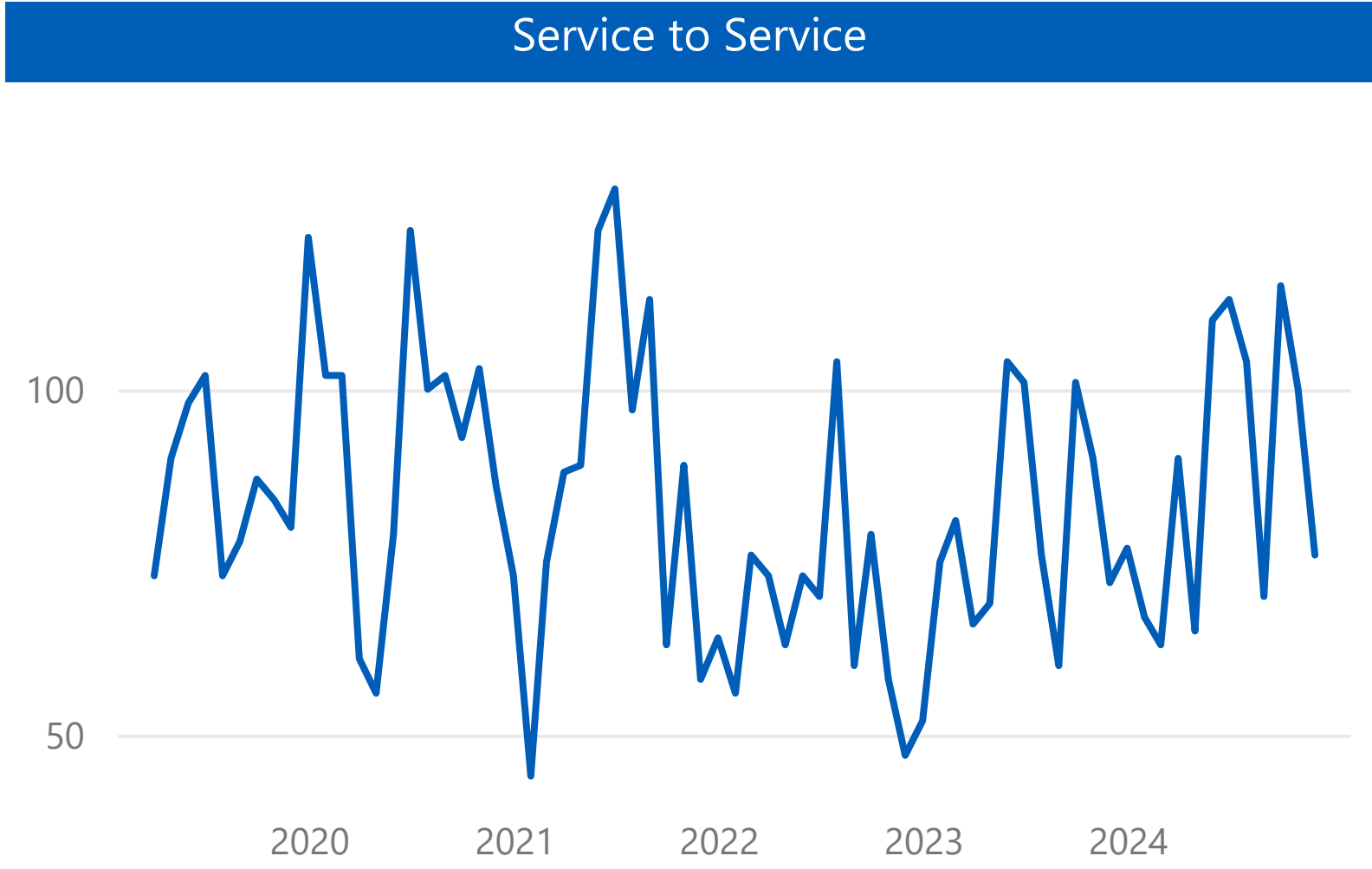| Indicator	Dec-23	Nov-24	Dec-24
Service to Service	72	100	76
Concern	52	60	35
Compliment	84	133	111
Complaint	77	68	70
Total	**84**	**133**	**111**

Complaint

Compliment

YAS Comments

Compared to November, YAS has experienced a decrease in Service-to-Service complaints, and concerns have dropped by 41% from the previous month. There is also a 32% decrease in concerns compared to December of last year. Compliments have increased by 32% year-on-year, with the compliment figures this month being accurate and timely due to the clearance of a backlog. Complaints have slightly decreased since last month.

In A&E, Service-to-Service complaints have decreased slightly this month, but there has been a significant 121% increase compared to the previous year. Concerns and compliments have also risen since last month, likely due to winter pressures.

In EOC, complaints have decreased since last month, with a 55% reduction compared to the previous year. Service-to-Service complaints have dropped significantly by 86% compared to the previous year. Concerns have also decreased.

PTS has seen decreases in both Service-to-Service complaints and overall complaints compared to the previous month. Local resolution within PTS has supported early resolution of concerns, reflecting a 23% decrease in concerns and a 44% reduction in complaints.

Concern

Service to Service

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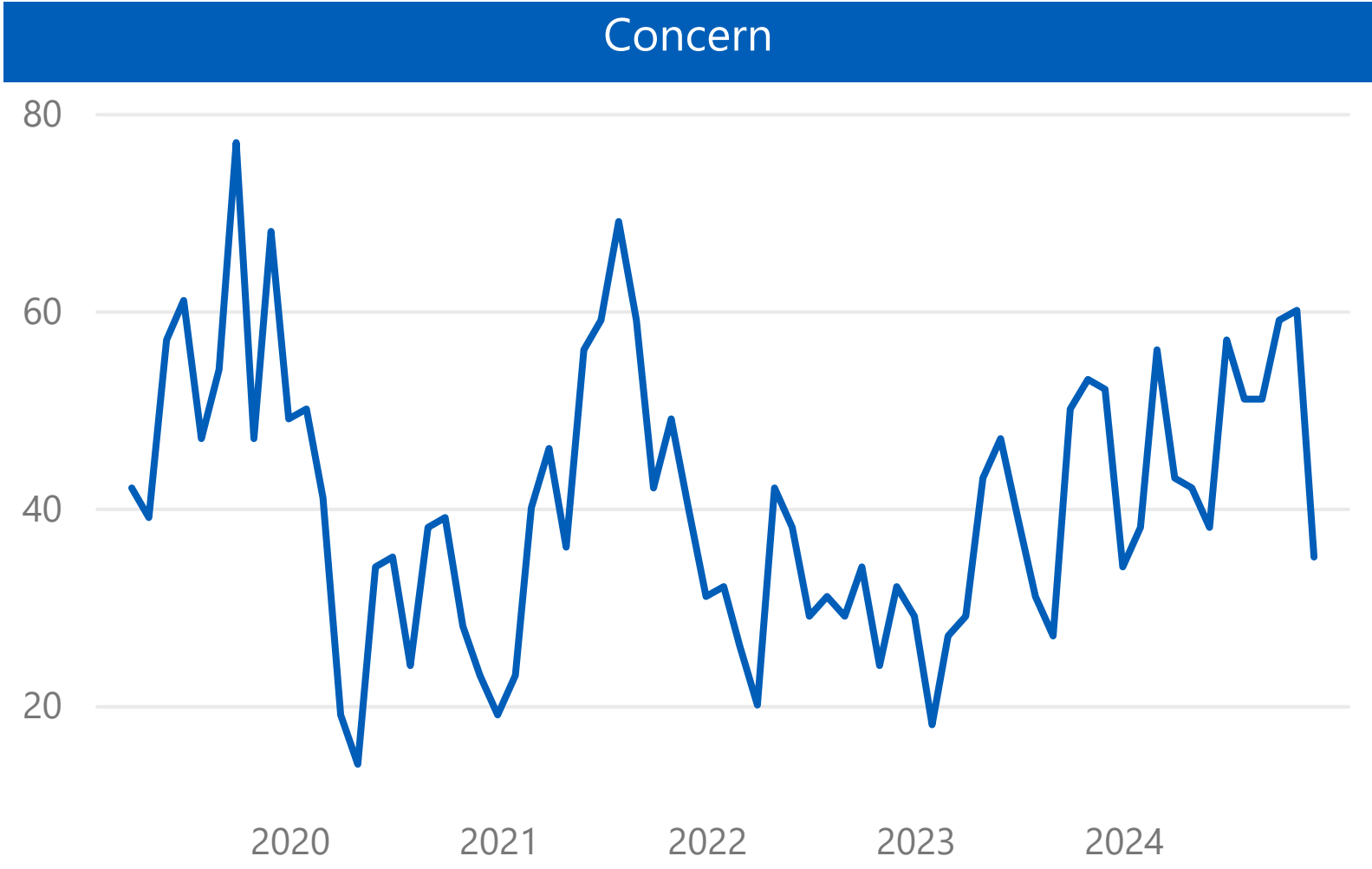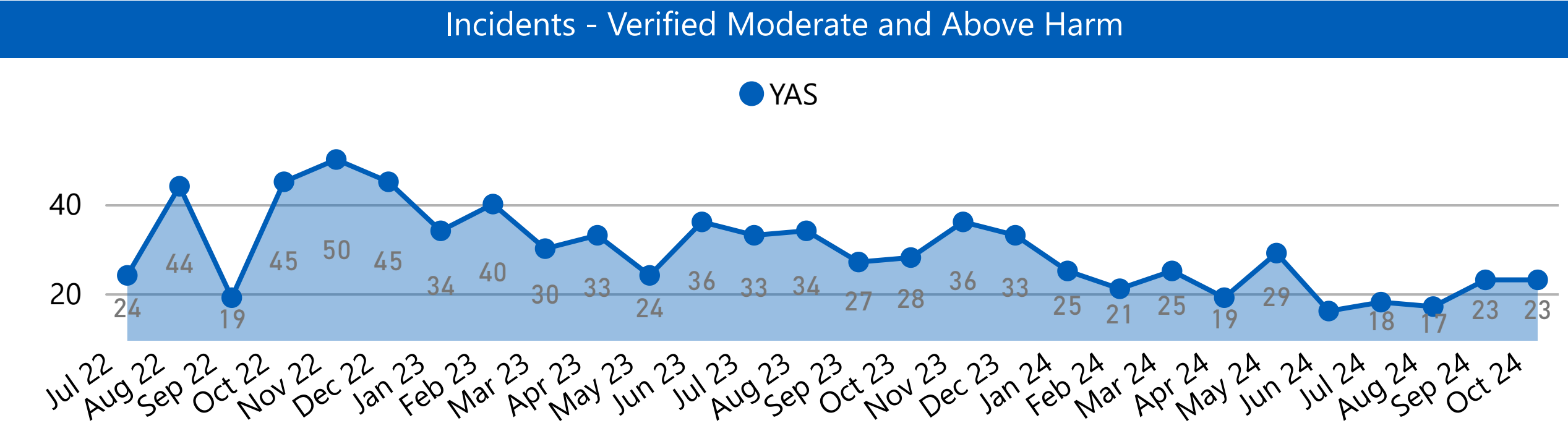
Incidents

Indicator	Dec-23	Nov-24	Dec-24
All Incidents Reported	925	937	932
Number of duty of candour contacts	7	8	4
Number of RIDDORs Submitted	5	3	5

▲	Oct 23	Sep 24	Oct 24
Moderate & Above Harm (verified)	28	23	23
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	5	6	3

Hygeine

Indicator	Dec-23	Nov-24	Dec-24
% Compliance with Hand Hygiene	83.7%	99.1%	98.7%
% Compliance with Premise	90.5%	92.4%	99.3%
% Compliance with Vehicle	92.4%	93.1%	98.9%

Incidents - Verified Moderate and Above Harm

● YAS

Data points: 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, Jan 24: 25, Feb 24: 21, Mar 24: 25, Apr 24: 19, May 24: 29, Jun 24: 18, Jul 24: 17, Aug 24: 23, Sep 24: 23

Safeguarding

Indicator	Dec-23	Nov-24	Dec-24
Rapid Review		1	
Child Safeguarding Practice Review			
Domestic Homicide Review (DHR)	4	3	3
Safeguarding Adult Review (SAR)	2	5	10
Child Death	21	14	16

A&E Long Responses

Indicator	Dec-23	Nov-24	Dec-24
999 - C1 Responses > 15 Mins	1,231	976	1,020
999 - C2 Responses > 80 Mins	7,147	4,428	5,915

YAS Comments

Domestic Homicide Reviews (DHR) – 3 requests for information in relation to a DHR was received in November.

Safeguarding Adult Review (SAR) – 5 requests for information in relation to SAR's were received in November.
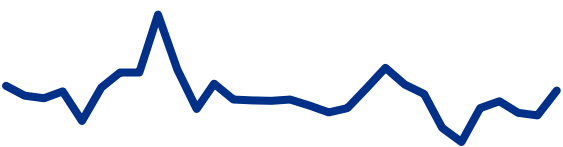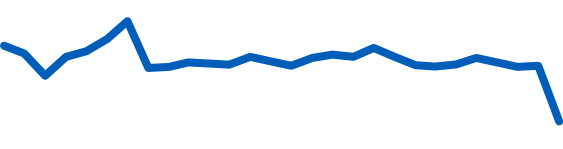
Child Safeguarding Practice Review (CSPR) - 0 requests were received to support a CSPR in November.

Rapid Review (RR) – the team contributed information in relation to 1 Rapid Review in November.

Child death - The Safeguarding team contributed information in relation to 14 children who died in November.

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

NHS Yorkshire Ambulance Service NHS Trust

Cardiac Arrest

No. Cardiac Arrests Sep-24	Bystander CPR Sep-24	ROSC Sep-24	ROSC Care Bundle Sep-24	Survival to Discharge Sep-24	Cardiac Survivors Sep-24
308	57.0%	35.4%	43.2%	9.7%	30

Stroke

No. of Patients Sep-24	Avg Call to Door Minutes Sep-24
425	35

Heart Attack

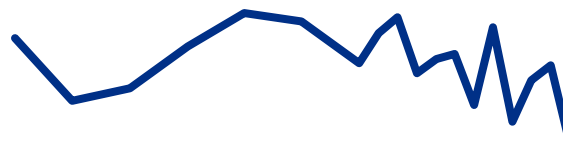| No. of Patients Jul-24	Avg Call to Door Minutes Jan-24	Care Bundle Compliance Jul-24
179	96	58.7%

Recontacts

Total Calls % Dec-24	STR % Dec-24	STC % Dec-24
10.9%	12.3%	5.0%

Cardiac Arrest - The number of cardiac arrests remains as expected with survival to discharge remaining high at 9.7% with 30 survivors in September. Bystander CPR dropped, at 57.0% with the GoodSAM app deployment still pending.

Stroke - Average call to door time decreased to 35 minutes due to long response times to category 2 patients. The NHSE stroke video pilot in South Yorkshire will be extended to Humber and North Yorkshire later this year. A review of the stroke pathway and outcomes has been commenced and will report later this year.

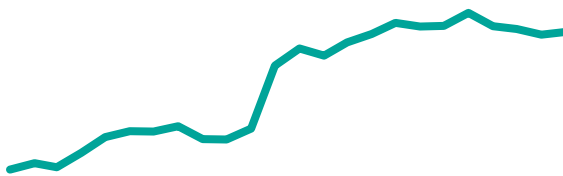**Heart Attack -** Some improvement in average call to door time and a sustained improvement in care bundle compliance, analgesia remains the key factor in not achieving compliance. The new pathway with the ability to send the ECG to the PPCI centre is still embedding and the declined rate remains high.

Recontacts - In December 2024, overall Recontact Rates were consistent across all ICS'. Both STR and STC rates continue to climb with further work to be undertaken to understand potential causes.

Recontact metrics have recently been developed by YAS who will monitor the data to ensure best practice is followed. Recontacts data is exported monthly and includes initial calls and subsequent calls within the month + 72 Hours. As a result of this, calls that had previously been flagged as a subsequent calls in previous data sets may be classified as an initial call in future exports. 'Frequent Callers' have been removed from Recontacts metrics. Recontacts data at ICS level excludes instances where a patient has called from two separate ICS'.

Fleet and Estates

Estates

Indicator	Dec-23	Nov-24	Dec-24
P1 Emergency (<2Hrs) – Attendance	100.0%	100.0%	50.0%
P1 Emergency (<24 Hrs) - Completed	100.0%	100.0%	50.0%
P2 Emergency (<4 Hrs) - Attendance	96.4%	78.3%	84.1%
P2 Emergency (<24 Hrs) – Completed	78.2%	68.1%	60.9%
P3 Non Emergency (<24Hrs) - Attendance	94.2%	68.2%	70.0%
P3 Non Emergency (<72 Hrs) – Completed	75.0%	58.8%	58.8%
P4 Non Emergency (<2 Working Days) - Attendance	97.2%	83.6%	61.8%
P4 Non Emergency (<14 Days) – Completed	90.3%	83.6%	77.5%
P6 Non Emergency (<2 Weeks) - Attendance	95.0%	65.3%	67.5%
P6 Non Emergency (4 Weeks) - Completed	81.3%	46.9%	50.0%
P5 Non Emergency - Logged to Wrong Category	100.0%		
Planned Maintenance Complete	62.3%	98.5%	97.5%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 280 jobs for the month of December. This is slightly lower than the representative of an average 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 26 requests followed by Middlewood at 16 and HART at 12 requests for reactive works. SLA figures are significantly lower with at an overall attendance KPI at 70% and completion KPI is also lower at 64%. This could possibly be due to Mitie sub-contractors not submitting paperwork in a timely fashion due to the Christmas shut down.

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 70% against a target of 98%. P4 category account for just over a third of requests with attendance KPI at 62% 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 December with a completion of 97%

Average Vehicle Availability %

● DCA ● RRV ● TARGET
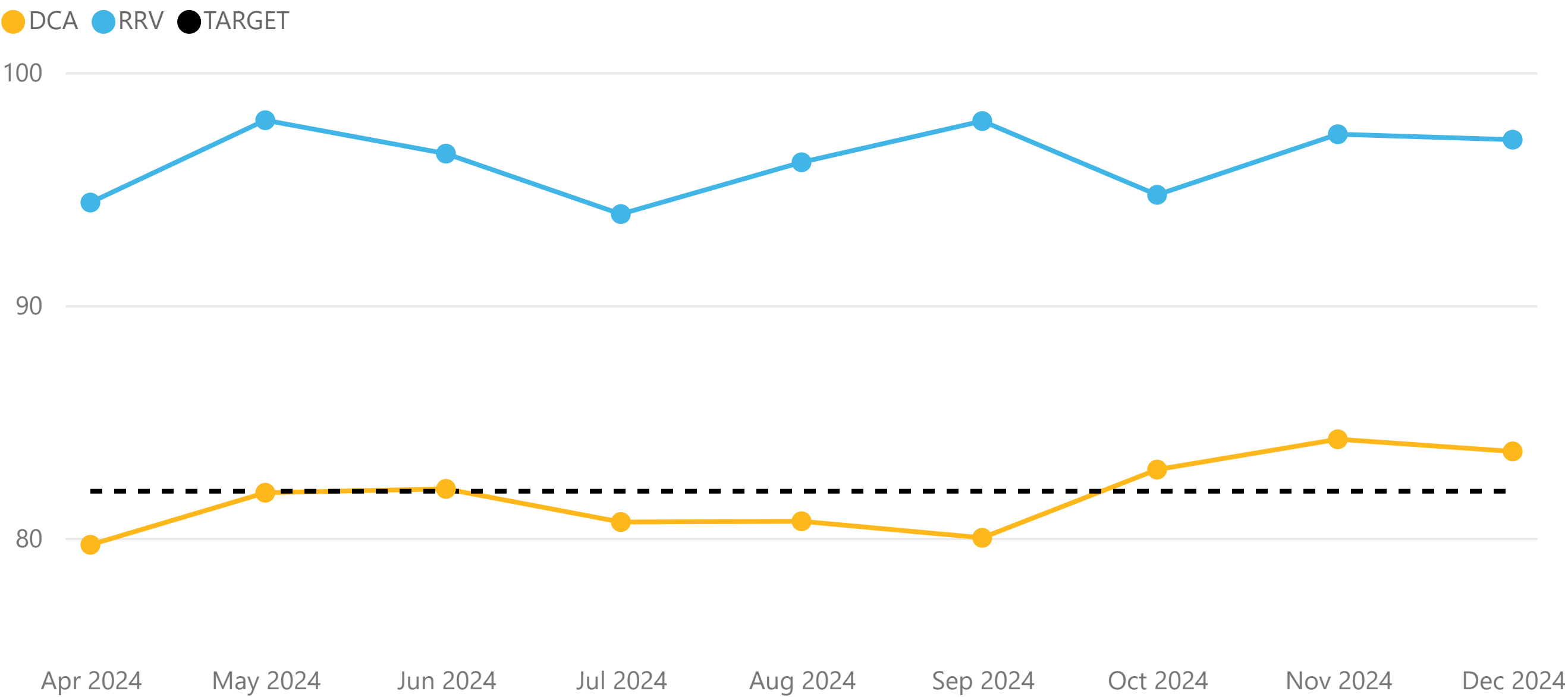
Fleet Comments

Due to a new system being implemented, the usual Fleet data will be delayed.

Average Vehicle Availability has decreased since last month. RRV availability remains high at 97.1%, decreased from 97.3% in November. DCA availability remains above target for a third month, at 83.7%, decreased from 84.2%.

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.
AMB88	999 - Calls Answered over 2 mins	int	The number of calls answered after more than 2 minutes
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

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
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" , "Safegua 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 Handlir 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" , "Movin Handling Loads" , "Infection Control" , "Safeguarding Children Level 1" , "Safeguarding Adults 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 S & 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 perio
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)

mID	ShortName	IndicatorType	Description
CLN60	Re-contacts - STC %	percent	Percentage of conveyed calls which resulted in a re-contact to YAS within 72 hours. Managed frequent callers removed. Additional call backs removed from denominator.
CLN59	Re-contacts - STC	int	Total number of conveyed calls which resulted in a re-contact to YAS within 72 hours. Managed frequent callers removed.
CLN58	Re-contacts - ST %	percent	Percentage of see and treat calls which resulted in a re-contact to YAS within 72 hours. Managed frequent callers removed. Additional call backs removed from denominator.
CLN57	Re-contacts - ST	int	Total number of see and treat calls which resulted in a re-contact to YAS within 72 hours. Managed frequent callers removed.
CLN56	Re-contacts - HT %	percent	Percentage of hear and treat calls which resulted in a re-contact to YAS within 72 hours. Managed frequent callers removed. Additional call backs removed from denominator.
CLN55	Re-contacts - HT	int	Total number of hear and treat calls which resulted in a re-contact to YAS within 72 hours. Managed frequent callers removed.
CLN54	Re-contacts - Total Calls %	percent	Percentage of calls which resulted in a re-contact to YAS within 72 hours. Managed frequent callers removed. Additional call backs removed from denominator.
CLN53	Re-contacts - Total Calls	int	Total number of calls which resulted in a re-contact to YAS within 72 hours. Managed frequent callers removed.
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

Glossary - Indicator Descriptions (Fleet and Estates)

mID	ShortName	IndicatorType	Description
FLE07	Service %	percent	Service level compliance
FLE06	Safety Check %	percent	Safety check compliance
FLE05	SLW %	percent	Service LOLER (Lifting Operations and Lifting Equipment Regulations) and weight test compliance
FLE04	Vehicle MOT %	percent	MOT compliance
FLE03	Vehicle Availability	percent	Availability of fleet across the trust
FLE02	Vehicle age +10	percent	Vehicles across the fleet of 10 years or more
FLE01	Vehicle age 7-10	percent	Vehicles across the fleet of 7 years or more
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