

# Integrated Performance Report

November 2023

Published 20 December 2023



## 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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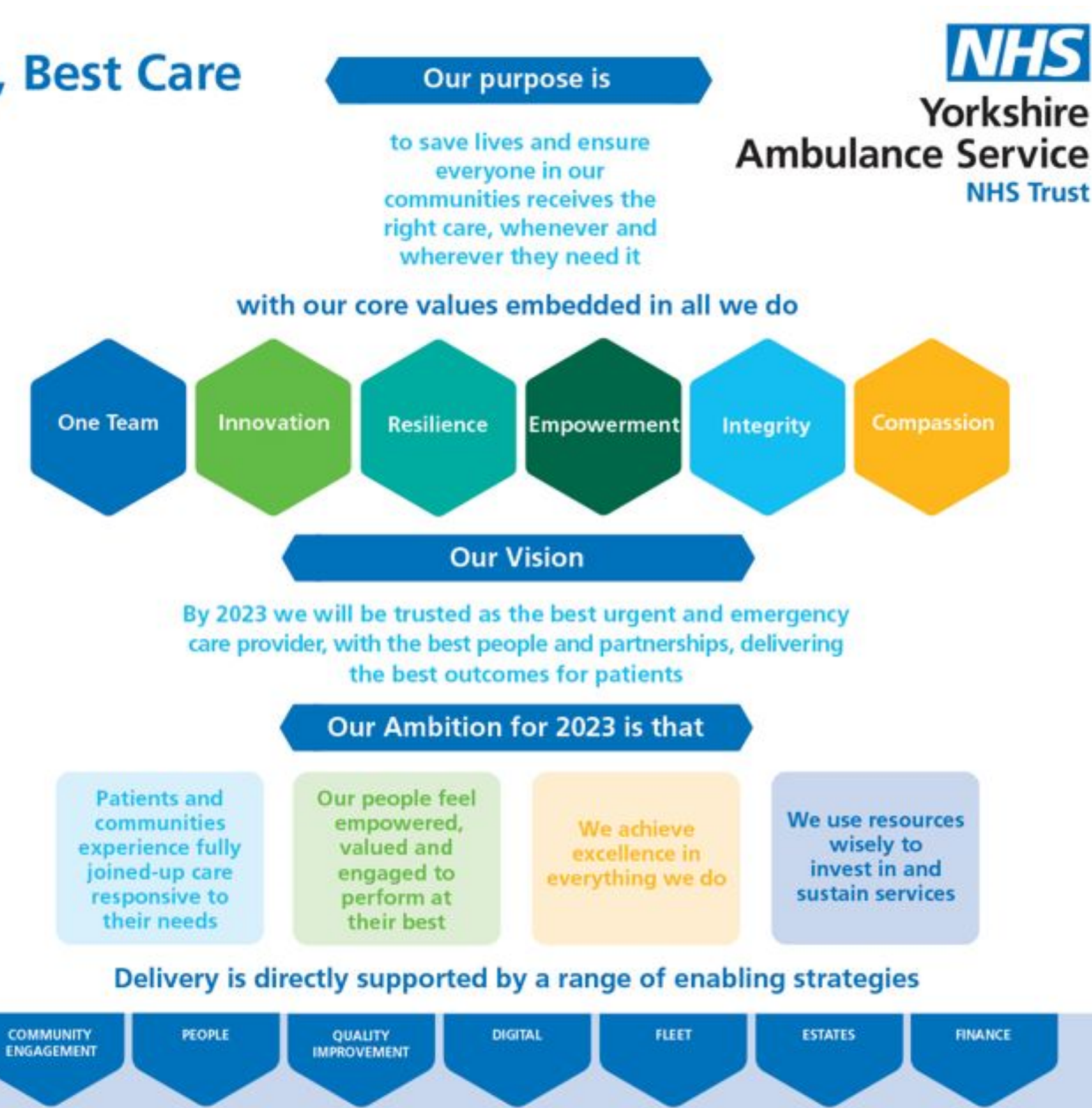


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# Strategy, Ambitions & Key Priorities

## One Team, Best Care



Patients and communities experience fully joined-up care responsive to their needs

Our people feel empowered, valued and engaged to perform at their best

### Our Ambitions for 2023

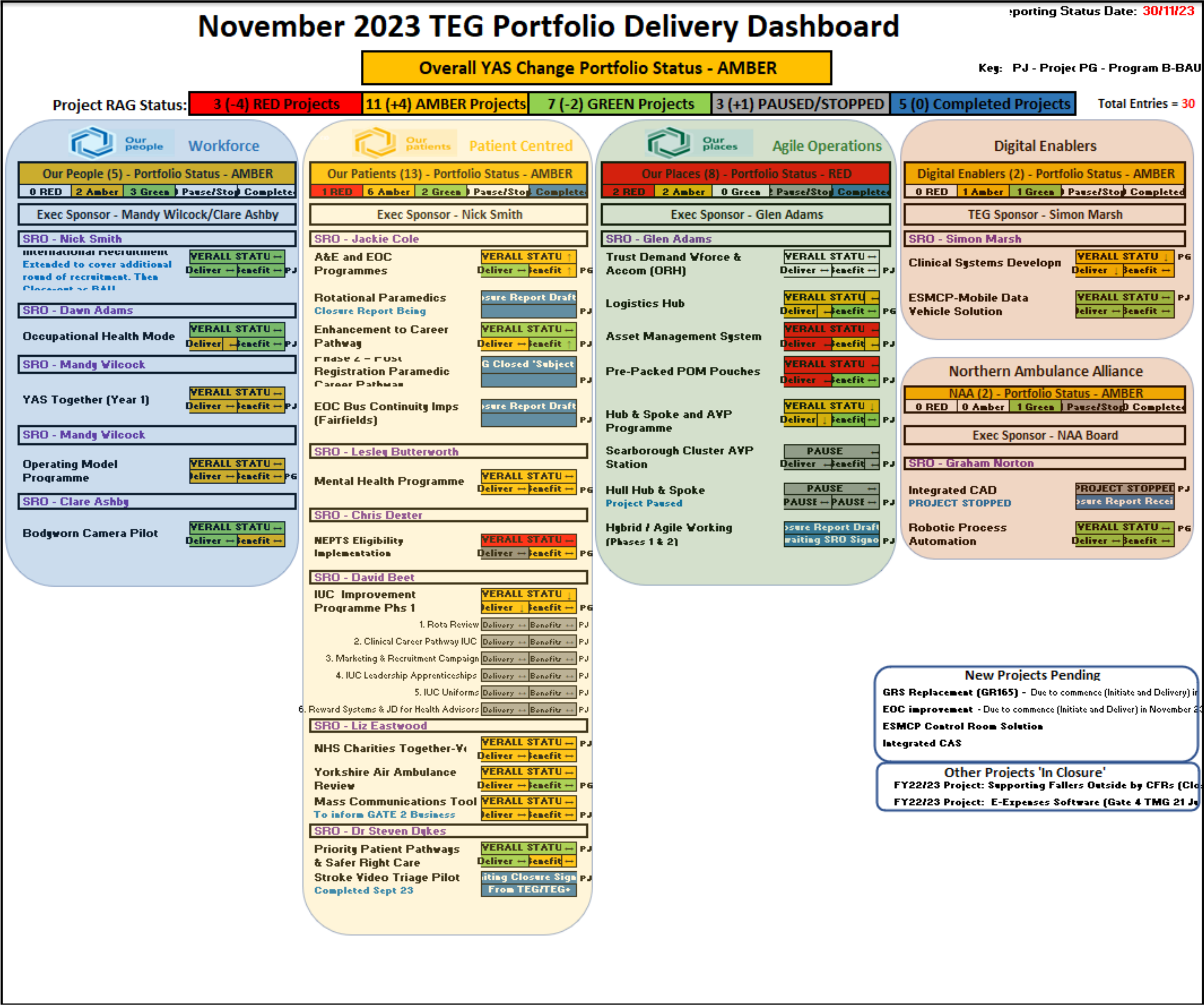
We achieve excellence in everything we do

We use resources wisely to invest in and sustain services

































### Our Key Priorities

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





# 999 IPR Key Exceptions - November 23

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:09		
999 - Answer 95th Percentile		00:01:07		
999 - AHT		379		
999 - Calls Ans in 5 sec	95.0%	82.3%		
999 - C1 90th (T <15Mins)	00:15:00	00:15:01		
999 - C2 Mean (T <18mins)	00:18:00	00:37:14		
999 - C2 90th (T <40Mins)	00:40:00	01:23:19		
999 - C3 Mean (T - <1Hr)	01:00:00	01:49:54		
999 - C3 90th (T - <2Hrs)	02:00:00	04:08:22		
999 - C4 90th (T < 3Hrs)	03:00:00	05:27:35		
999 - C1 Responses > 15 Mins		994		
999 - C2 Responses > 80 Mins		4,304		
999 - Job Cycle Time		01:52:18		
999 - Avg Hospital Turnaround	00:30:00	00:47:26		
999 - Avg Hospital Handover	00:15:00	00:28:45		
999 - Avg Hospital Crew Clear	00:15:00	00:18:29		
999 - C1 Mean (T <7Mins)	00:07:00	00:08:44		
999 - Total lost handover time		01:41:01		
999 - Crew clear over 30 mins %		17.5%		
999 - C1%		15.8%		
999 - C2%		62.5%		

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

**Call Answer** - The mean call answer was 9 seconds for November, a decrease from October of 3 seconds. The median remained the same at zero seconds while the 90<sup>th</sup> and 95<sup>th</sup> and 99<sup>th</sup> percentiles decreased. The 90<sup>th</sup> decreased from 54 seconds in October to 38 seconds in November, 95<sup>th</sup> decreased from 76 seconds to 67 seconds and 99<sup>th</sup> decreased from 100 seconds to 98 seconds This indicates that there was an overall decrease in the call answer times for November as well as fewer calls waiting to be answered for very long periods of time at the tail end.

**Cat 1-4 Performance** - Performance times in November were similar to October and no national targets were achieved. The mean performance time for Cat1 was the same as October and the 90th percentile was exceptionally low and improved by 14 seconds. The mean performance time for Cat2 worsened from October by 1 minute 3 seconds and the 90th percentile worsened by 2 minutes 14 seconds.

Abstractions were 0.2% lower than forecast for November, falling 0.7% from October. Weekly Net staff hours have risen compared to October by over 500 hours per week. Overall availability increased by 0.8% from October. Compared to November 2022, abstractions are down by 1.5% and availability is up by 5.2%.

**Call Acuity** - The proportion of Cat1 and Cat2 incidents was 78.3% in November (15.8% Cat1, 62.5% Cat2) after a 1.1% increase compared to October (0.6% increase in Cat1 and 0.5% increase in Cat2). Comparing against November for the previous year, Cat1 proportion increased by 0.9% and Cat2 proportion decreased by 0.4%.

**Responses Tail (C1 and C2)** - The number of Cat1 responses greater than the 90th percentile target decreased in November, with 994 responses over this target. This is 37 (3.6%) less compared to October. The number for last month was 32.8% less compared to November 2022.

The number of Cat2 responses greater than 2x 90th percentile target increased from October by 203 responses (5.0%). However, this is a 38.3% decrease from November 2022.

**Job cycle time** - Overall, the average job cycle time increased by 3 minutes 24 seconds from October but was 9 minutes less than November 2022.














**Hospital** - From October, the way handover times are reported changed and following the new national guidance has increased the average handover time across the Trust. Turnaround and crew clear times remain unchanged by the new guidance. Last month the average handover time decreased by 1 minute 1 second and overall turnaround time decreased by 2 minutes 11 seconds. The number of conveyances to ED was 2.9% lower than in October and 4.7% higher than in November 2022.

**Demand** - On scene response demand was 0.5% below forecasted figures for November and was 3.1% less than in October. All response demand (HT + STR + STC) was 2.4% lower than October and 9.1% higher than November 2022.

**Outcomes** - Comparing incident outcomes proportions within 999 for November 2023 against November 2022, the proportion of hear & treat increased by 3.5%, see treat & refer decreased by 0.4% and see treat & convey decreased by 3.2%. The proportion of incidents with conveyance to ED decreased by 2.4% from November 2022 and the proportion of incidents conveyed to non-ED decreased by 0.8%.



# IUC IPR Key Indicators - November 23

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		125,338		
IUC - Increase - Previous Month		-2.4%		
IUC - Increase Same Month Last Year		2.2%		
IUC - Calls Triaged		117,582		
IUC - Calls Abandoned	3.0%	7.8%		
IUC - Answer Mean	00:00:20	00:01:17		
IUC - Answered in 60 Secs	90.0%	72.1%		
IUC - Call back in 1 Hour	60.0%	49.5%		
IUC - ED Validations %	50.0%	53.4%		
IUC - Ambulance validations %	75.0%	99.7%		
IUC - ED %		16.2%		
IUC - ED outcome to A&E		72.9%		
IUC - ED outcome to UTC		8.4%		
IUC - Ambulance %		13.1%		

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

YAS received 135,903 calls in November, 12.4% below the annual business plan baseline demand. 125,338 (92.2%) of these were answered, 1.5% above last month and 9.5% 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 72.1% from 66.6% in November. Average speed to answer has decreased by 20 seconds to 1 minute 17 seconds compared with 1 minute 37 seconds last month. Abandonment rate decreased to 7.8% from 9.3% last month.









The proportion of clinician call backs made within 1 hour increased to 49.5% from 42.4% last month. This is 10.5% below the national target of 60%. Core clinical advice increased to 22.6% from 21.7% last month. These figures are calculated based on the new ADC specification, which removes 111 online cases from counting as part of clinical advice, and also locally we are removing cases which come from the DCABS clinical service as we do not receive the initial calls for these cases.

The national KPI for ambulance validations monitors performance against outcomes validated within 30 minutes, rather than just all outcomes validated, and the target for this is 75% of outcomes. However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the National KPI, performance was 95.8% in November, whilst performance for overall validations was 99.7%, with 11,047 cases validated overall.

ED validation performance increased to 53.4% from 47.4% last month. The target for this KPI is 50%. ED validation continues to be driven down since the implementation of 111 First and the prioritisation of UTCs over validation services for cases with an initial ED outcome. Previous analysis showed that if cases now going to UTCs that would have gone to validation previously were no longer included in the denominator for the validation calculation, YAS would have met and exceeded the 50% target every month this year.

Amongst booking KPIs, bookings to UTCs decreased to 38.5% from 39.5% last month and ED bookings increased to 26.9% 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 - November 23

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	53.6%		
PTS - Arrive at Appointment Time	90.0%	86.7%		
PTS - Journeys < 120Mins	90.0%	98.8%		
PTS - Same Month Last Year		2.3%		
PTS - Increase - Previous Month		3.8%		
PTS - Demand (Journeys)		80,702		

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

PTS Total Activity for November was 80,702 which is the highest monthly figure since October 2019. This is 2.3% above the same month last year, equivalent to c1,800 extra journeys. Delivered journeys were 1.4% above the annual business plan.

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

The average Patients Per Vehicle was 1.28 during November; -0.01 on the previous month. Private provider hours have seen an increase in recent months, with another increase in November (+13.3% on October). KPI 3 and KPI 4 target measure(s) have been aligned with the South Yorkshire contract from May and performance has increased since then. In October, KPI 4 was a positive exception for the second consecutive month following a 0.3% increase and was the highest monthly figure since January 2022 at 87.6%, below target. Note that performance outside of contractual KPI does provide context and assurance around discharge and arrival for appointment time.

Call volume saw an increase of 2.3% on the previous month, and was also 3.2% above last November, equivalent to c1,300 additional calls offered. Despite this, Telephony performance saw a significant increase (+28.7%): 53.6% for the month of November. Current modelling demonstrates that Reservations required an extra 7.9 FTE online to be able to achieve service level. Although under requirement, this is an improvement on recent months, as recruitment is underway with Trust supported non recurrent funding; 9.43 FTE New Reservations staff joined the team during November which had a positive impact on Telephony Performance.’ Improvements in Call Handler Wrap time also saw gains in performance.



# Workforce Summary

A&E

EOC

IUC

Other

PTS

Trust

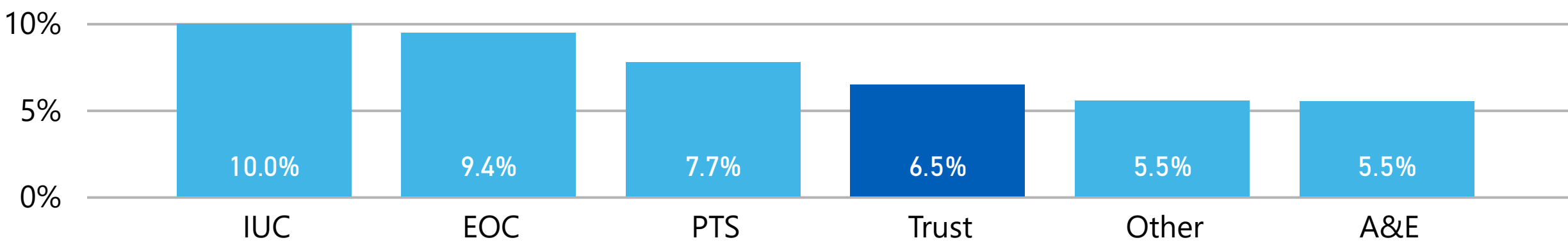


## Key KPIs

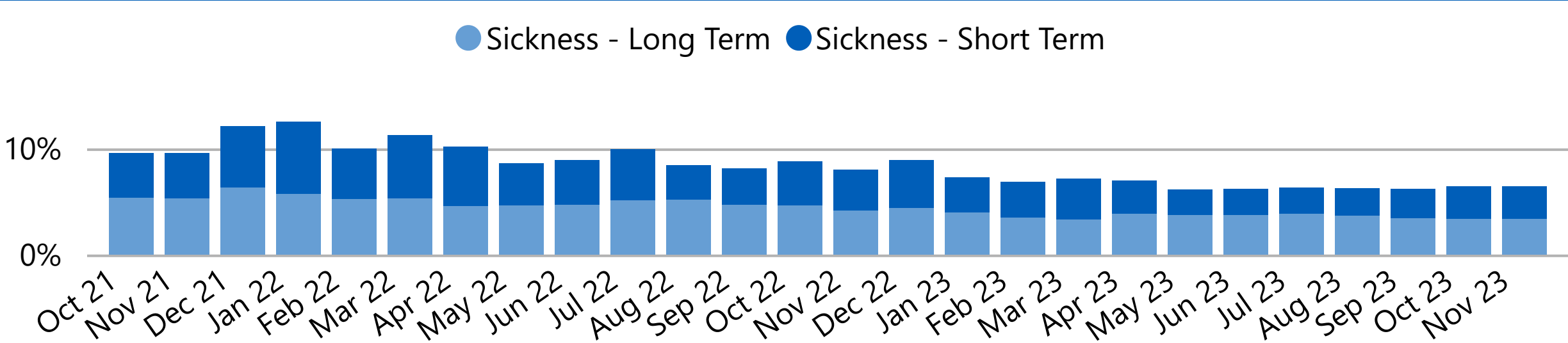
Name	Nov 22	Oct 23	Nov 23
Turnover (FTE) %	12.0%	10.3%	10.3%
Vacancy Rate %	13.4%	13.0%	13.3%
Apprentice %	9.4%	9.7%	9.9%
BME %	6.0%	6.6%	6.8%
Disabled %	5.0%	7.0%	7.2%
Sickness - Total % (T-5%)	8.0%	6.4%	6.5%
PDR / Staff Appraisals % (T-90%)	69.4%	73.1%	72.1%
Stat & Mand Training (Fire & IG) 1Y	89.5%	95.5%	95.2%
Stat & Mand Training (Core) 3Y	91.8%	96.1%	96.1%
Stat & Mand Training (Face to Face)	79.3%	87.9%	88.2%
Stat & Mand Training (Safeguarding L2 +)	94.8%	95.8%	95.4%

Assurance: All data displayed has been checked and verified

## Sickness Benchmark for Last Month



## Sickness



## YAS Commentary

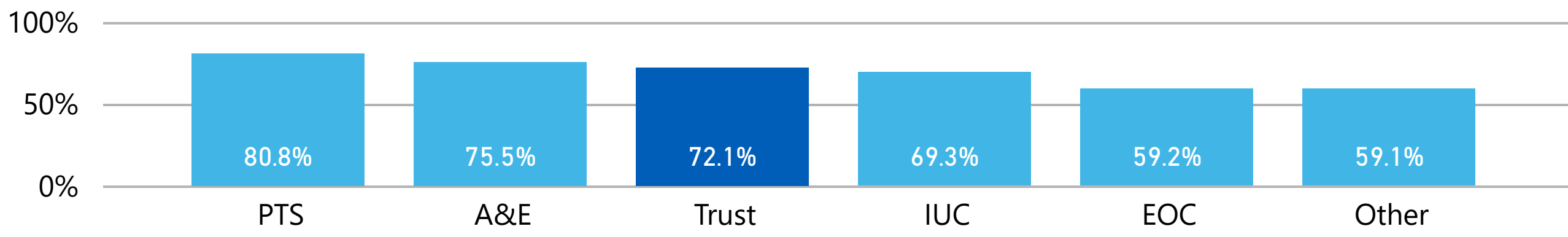
**FTE, Turnover, Vacancies and BME** - The Turnover and Vacancy Rate have remained stable compared to October 2023; whilst the turnover has reduced by 2 percentage points compared with 12 months ago, vacancy rates have remained stable. Both vacancies and turnover remain high for IUC with 37% and 28.4% respectively. A business case for change in IUC has been approved with staff consultation pending. The YAS Together programme continues to progress with the aim of addressing some cultural concerns. The numbers of BME and staff living with disabilities is steadily increasing. 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 increased slightly from the previous month by 0.1 percentage points from 6.4% to 6.5% but the overall trend continues to be downward Trust wide (although this seems to have plateaued in recent months). A sub-group of the Operational Efficiency Group is working to actively reduce absence through a review of absence management processes, reasonable workplace adjustments, MSK/injuries at work. The People & Culture Group receives updates on this work. The new absence management policy has been approved and is to be implemented in the new year.

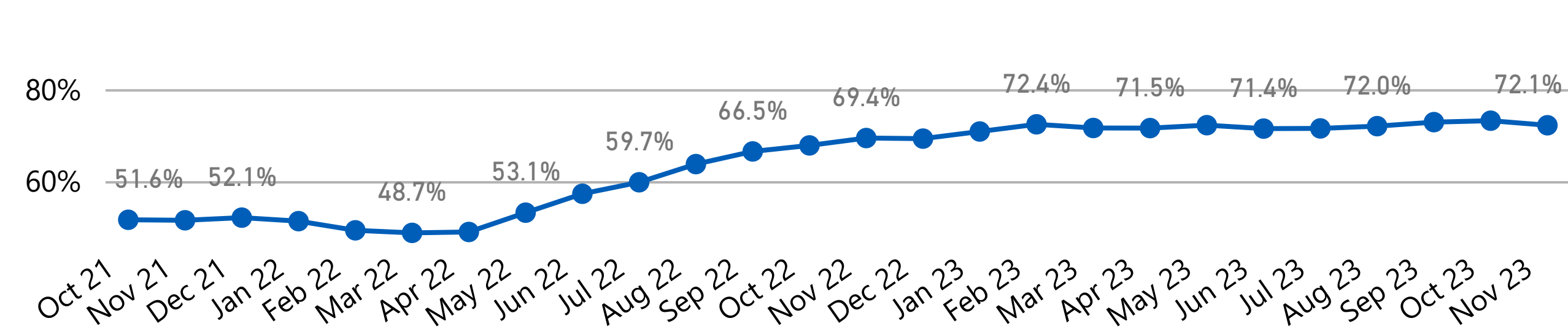
**PDR / Appraisals** – The overall compliance rate has reduced compared to October 2023 by 1 percentage point although is 2.7 percentage points higher than November 2022. PTS remains the highest performing area within the Trust at 80.8%. Support continues to be provided to all areas, and managers are receiving update briefings and workshops (for new managers) on how to conduct quality appraisals and career conversations. New and regular communications to all Trust managers highlighting use of the Compliance Dashboard have started, encouraging data cleanse and setting clear 90% compliance targets for appraisal completion and training.

**Statutory and Mandatory Training** – At Trust level, 3 out of 4 training measures are compliant (90%+). PTS and Other are all compliant (green) for all categories. Since the targeted work to improve the annual IG and Data Security compliance rate concluded at the end of June, the Fire & IG compliance has dropped slightly but is holding well at 95.2% bolstered by the high Fire Safety compliance rates. Managers receive regular Compliance Dashboard updates with key messages regarding priorities for action, supported by local Essential Learning Champions.

## PDR Benchmark for Last Month



## PDR - Target 90%



# YAS Finance Summary (Director Responsible Kathryn Vause) - November 23

## Overview - Unaudited Position

### Overall

The Trust has a year end surplus position at month 8 of £6.9m as shown below. 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 November, the Trust had £79.8m 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	£6,895	£6,895
Cash	£68,833	£79,769	£10,936
Capital	£7,432	£4,165	-£3,267

Monthly View (£000s)						
Indicator Name	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11
▼						
Surplus/ (Deficit)	£0	£485	£6,015	£800	£1,200	-£1,605
Cash	£76,347	£75,413	£77,377	£78,100	£80,280	£79,769
Capital	£258	£0	£175	£76	£574	£2,873



# Patient Demand Summary

Demand Summary

Commentary

Indicator	Nov 22	Oct 23	Nov 23
999 - Incidents (HT+STR+STC)	62,812	70,234	68,538
IUC - Call Answered	122,615	128,393	125,338
IUC - Increase - Previous Month	-1.9%	6.3%	-2.4%
IUC - Increase Same Month Last Year		2.7%	2.2%
IUC - Calls Answered Above Ceiling	-27.1%	-19.5%	-20.8%
PTS - Demand (Journeys)	78,905	77,728	80,702
PTS - Increase - Previous Month	7.4%	3.4%	3.8%
PTS - Same Month Last Year	4.3%	5.8%	2.3%
PTS - Calls Answered	30,305	25,342	33,893

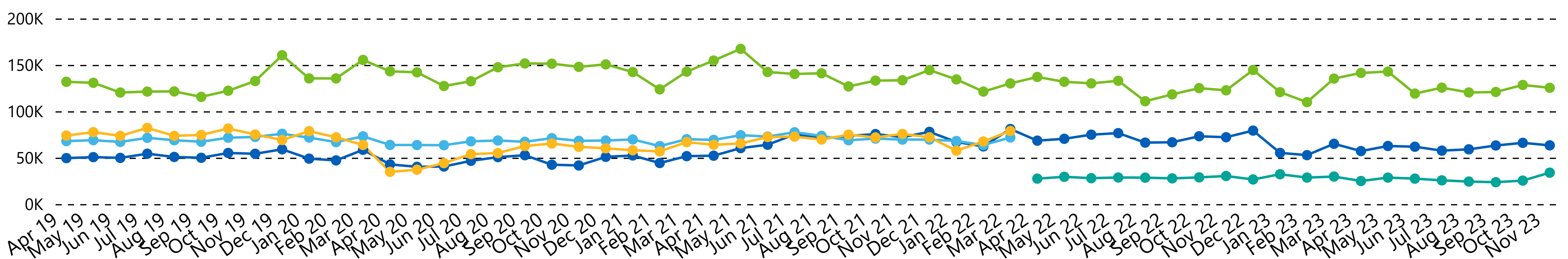
**999** - On scene response demand was 0.5% below forecasted figures for November and was 3.1% less than in October. All response demand (HT + STR + STC) was 2.4% lower than October and 9.1% higher than November 2022.

**IUC** - YAS received 135,903 calls in November, 12.4% below the annual business plan baseline demand. 125,338 (92.2%) of these were answered, 1.5% above last month and 9.5% above the same month last year.

**PTS** - Total Activity for November was 80,702 which is the highest monthly figure since October 2019. This is 2.3% above the same month last year, equivalent to c1,800 extra journeys. Delivered journeys were 1.4% above the annual business plan.

## Overall Calls and Demand

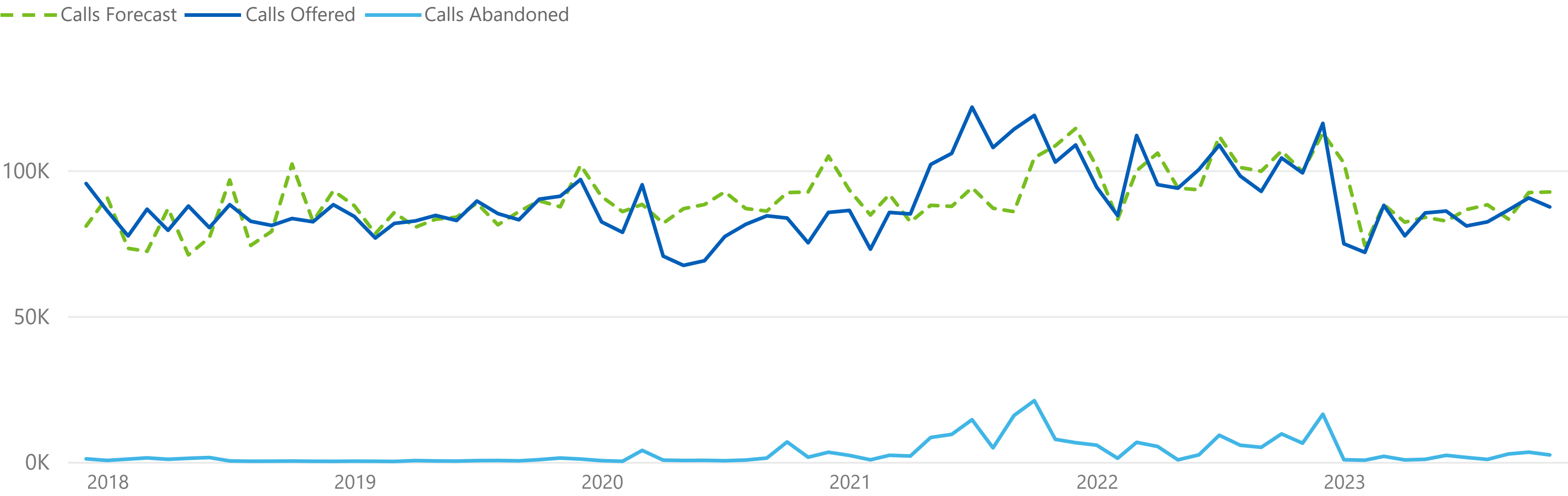
Figure ● 999 - Total Calls via Telephony (AQI) ● 999 - Incidents (HT+STR+STC) ● IUC - Call Answered ● PTS - Demand (Journeys) ● PTS - Calls Answered



# 999 and IUC Historic Demand

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

## 999 Historic Call Demand



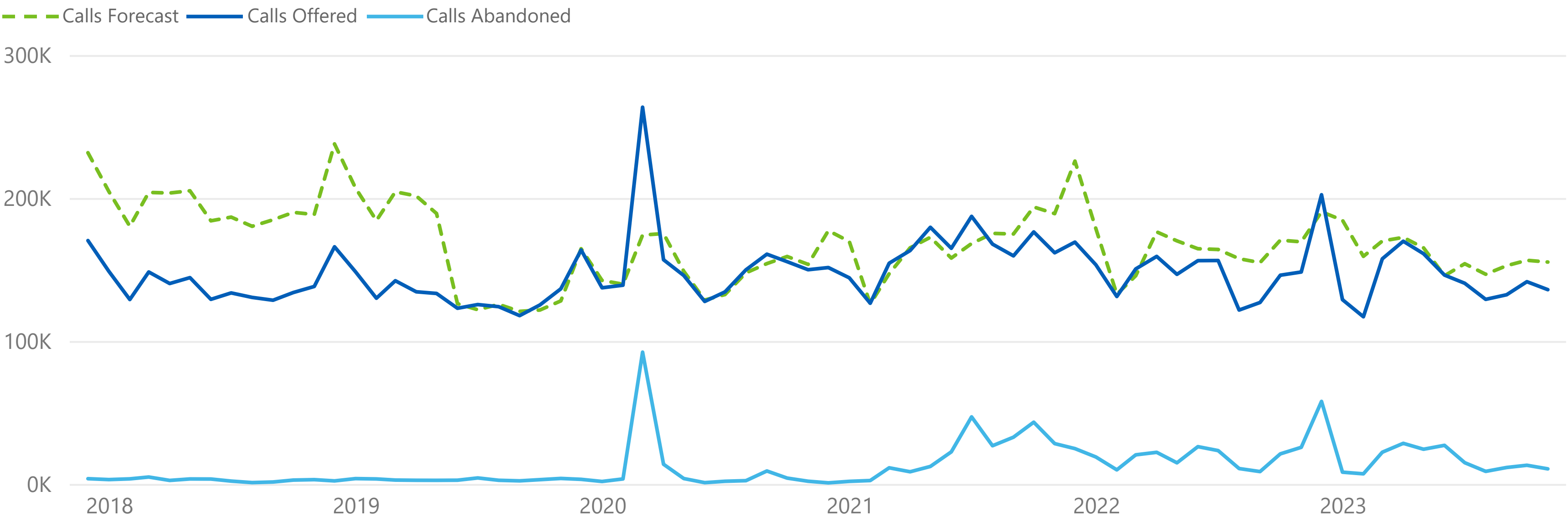
### 999

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 November 2023, there were 87,412 calls offered which was 5.5% below forecast, with 85,039 calls answered and 2,373 calls abandoned (2.7%). There were 3.4% fewer calls offered compared with the previous month and 11.8% fewer calls offered compared with the same month the previous year.

Historically, the number of abandoned calls has been very low, however, this has increased since April 2021 and remains relatively high, fluctuating each month. There was a 28.4% reduction in abandoned calls compared with the previous month.

## IUC Historic Demand



### IUC

YAS received 135,903 calls in November, 12.4% below the annual business plan baseline demand. 125,338 (92.2%) of these were answered, 1.5% above last month and 9.5% above the same month last year. Calls abandoned decreased to 7.8% from 9.3% last month and was 9.5% below last year.

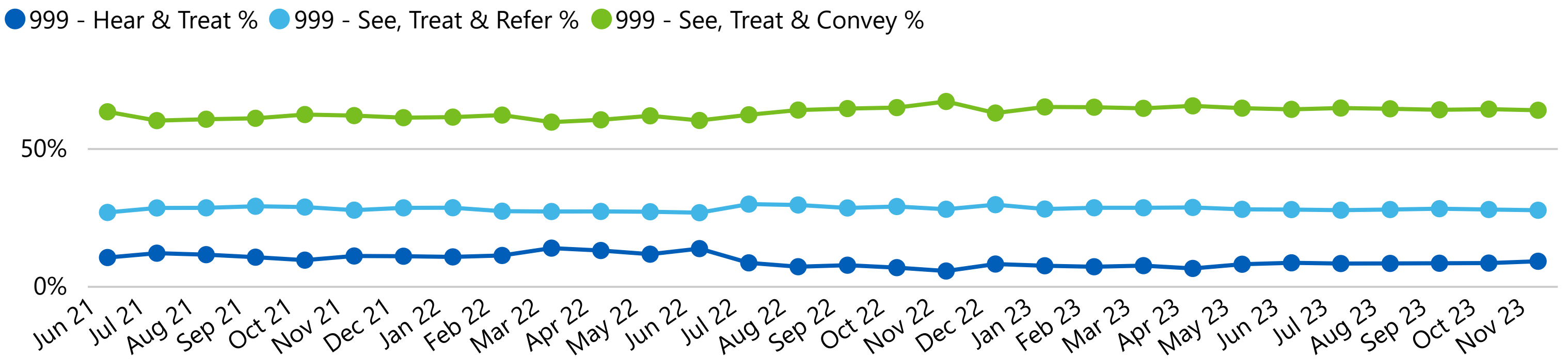


# Patient Outcomes Summary

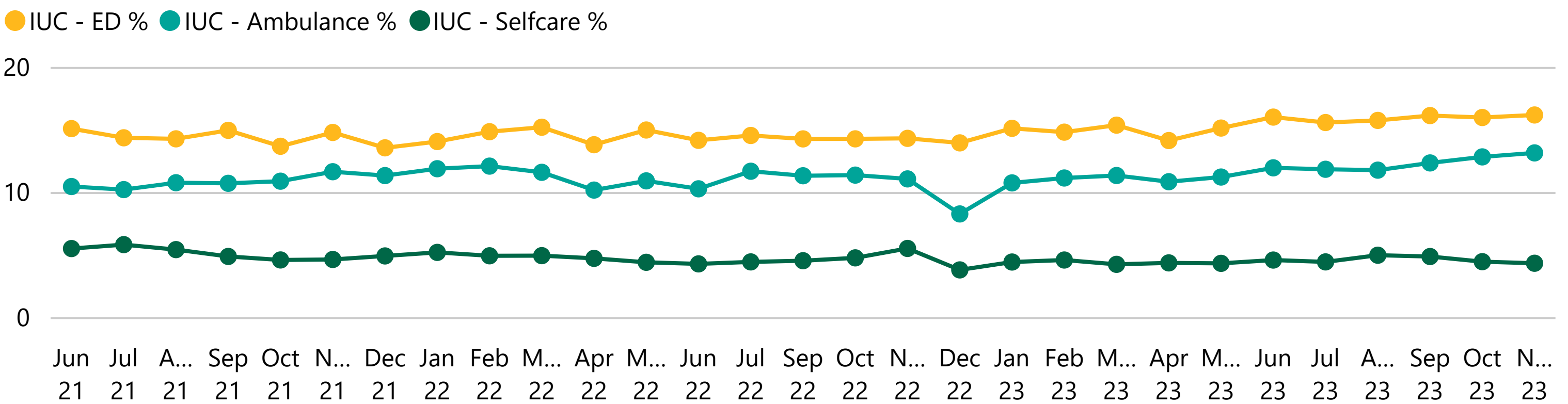
## Outcomes Summary

ShortName	Nov 22	Oct 23	Nov 23
999 - Incidents (HT+STR+STC)	62,812	70,234	68,538
999 - Hear & Treat %	5.4%	8.2%	8.9%
999 - See, Treat & Refer %	27.8%	27.7%	27.4%
999 - See, Treat & Convey %	66.9%	64.1%	63.7%
999 - Conveyance to ED %	59.5%	57.4%	57.1%
999 - Conveyance to Non ED %	7.4%	6.7%	6.6%
IUC - Calls Triaged	119,047	120,055	117,582
IUC - ED %	14.3%	16.0%	16.2%
IUC - Ambulance %	11.0%	12.8%	13.1%
IUC - Selfcare %	5.5%	4.4%	4.3%
IUC - Other Outcome %	11.9%	15.5%	15.6%
IUC - Primary Care %	54.3%	50.2%	49.8%
PTS - Demand (Journeys)	78,905	77,728	80,702

## 999 Outcomes



## IUC Outcomes



## Commentary

**999** - Comparing incident outcomes proportions within 999 for November 2023 against November 2022, the proportion of hear & treat increased by 3.5%, see treat & refer decreased by 0.4% and see treat & convey decreased by 3.2%. The proportion of incidents with conveyance to ED decreased by 2.4% from November 2022 and the proportion of incidents conveyed to non-ED decreased by 0.8%.

**IUC** - The proportion of callers given an Ambulance outcome was 13.1%, with Primary Care outcomes at 49.8%. The proportion of callers given an ED outcome was 16.2%. The percentage of ED outcomes where a patient was referred to a UTC was 8.4%, a figure that historically has been as low as 2-3%. A key goal of the 111 first programme was to reduce the burden on emergency departments by directing patient to more appropriate care settings.

# Patient Experience (Director Responsible - Dave Green)

A&E

PTS

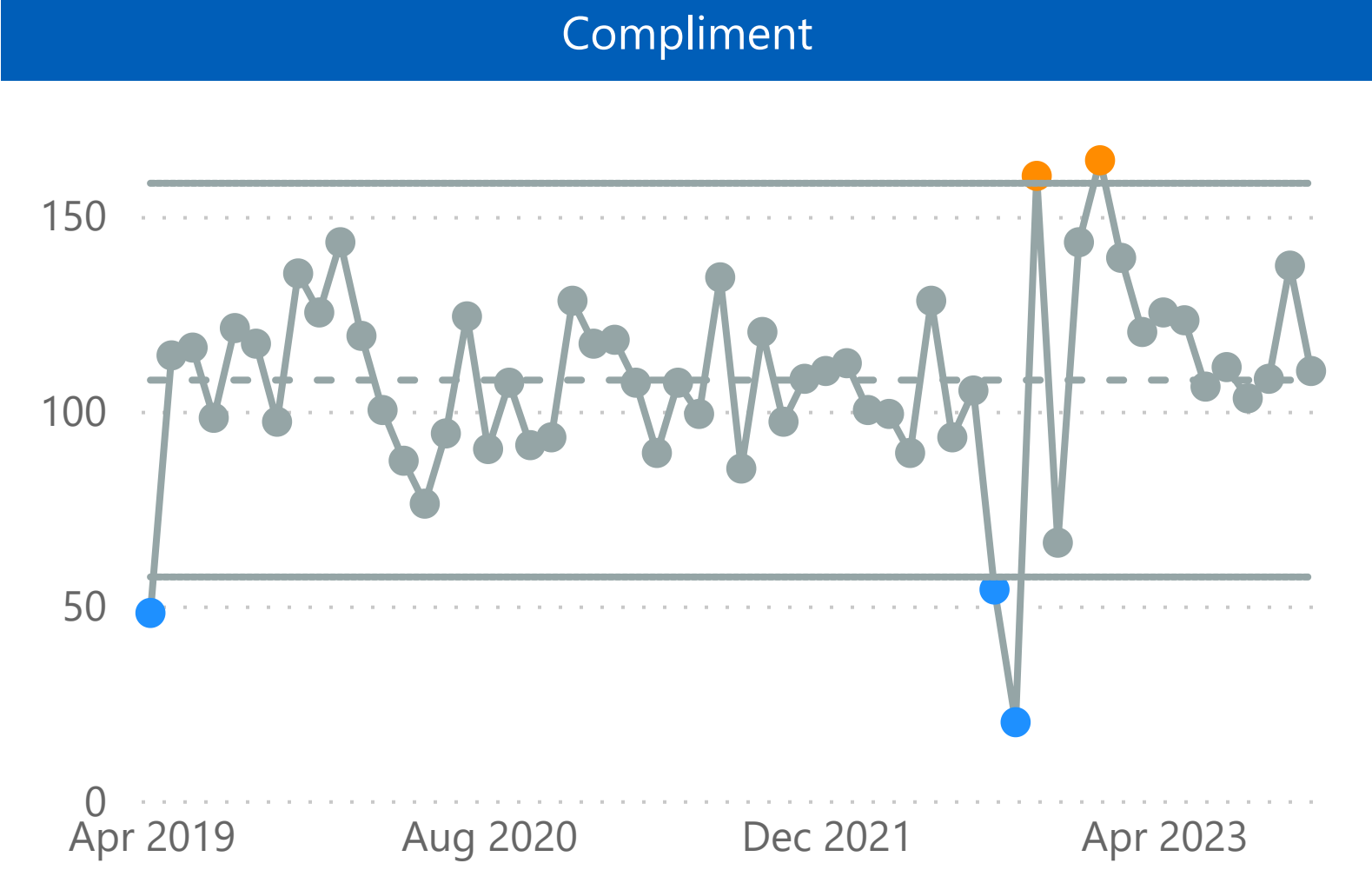
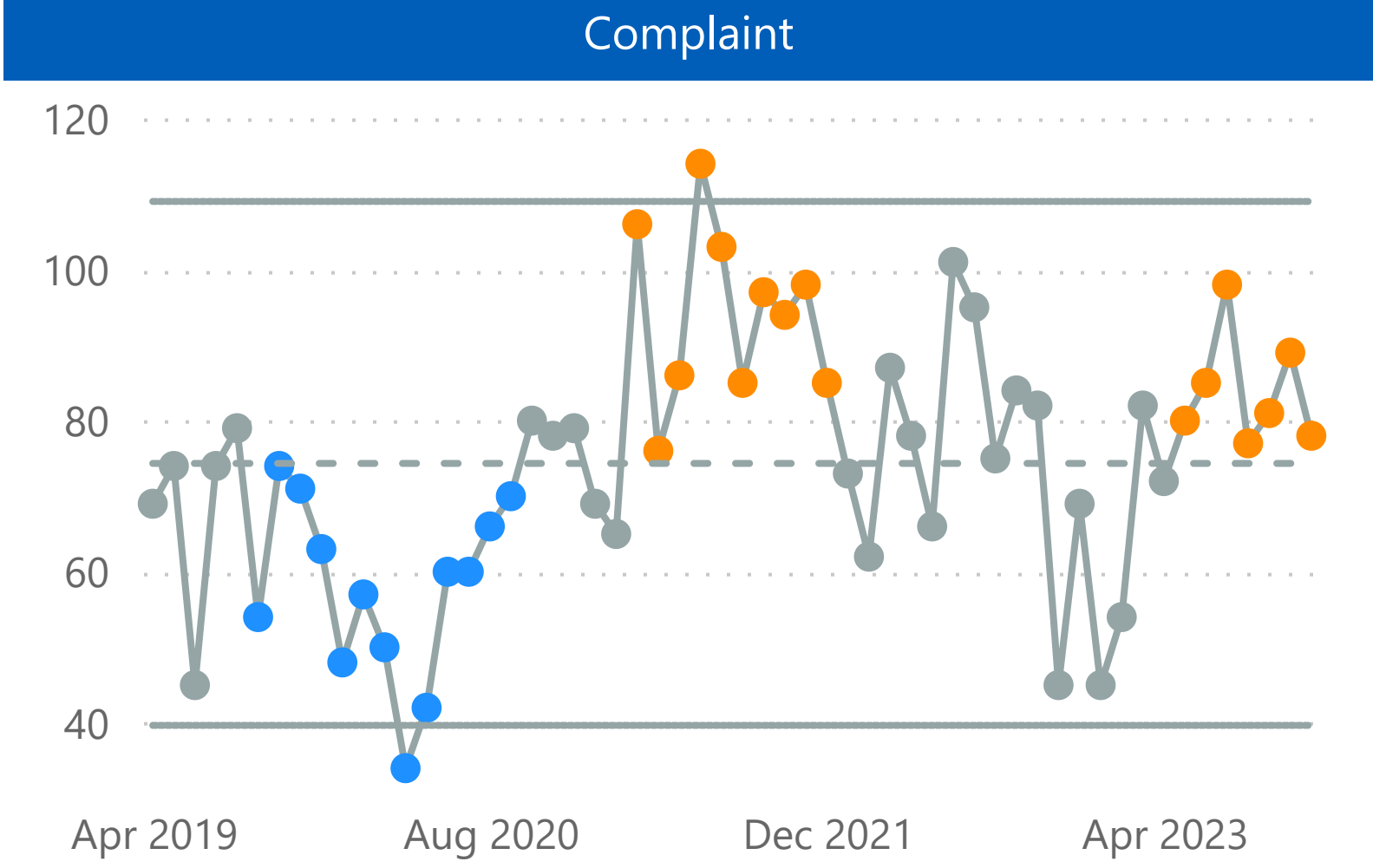
EOC

YAS

IUC

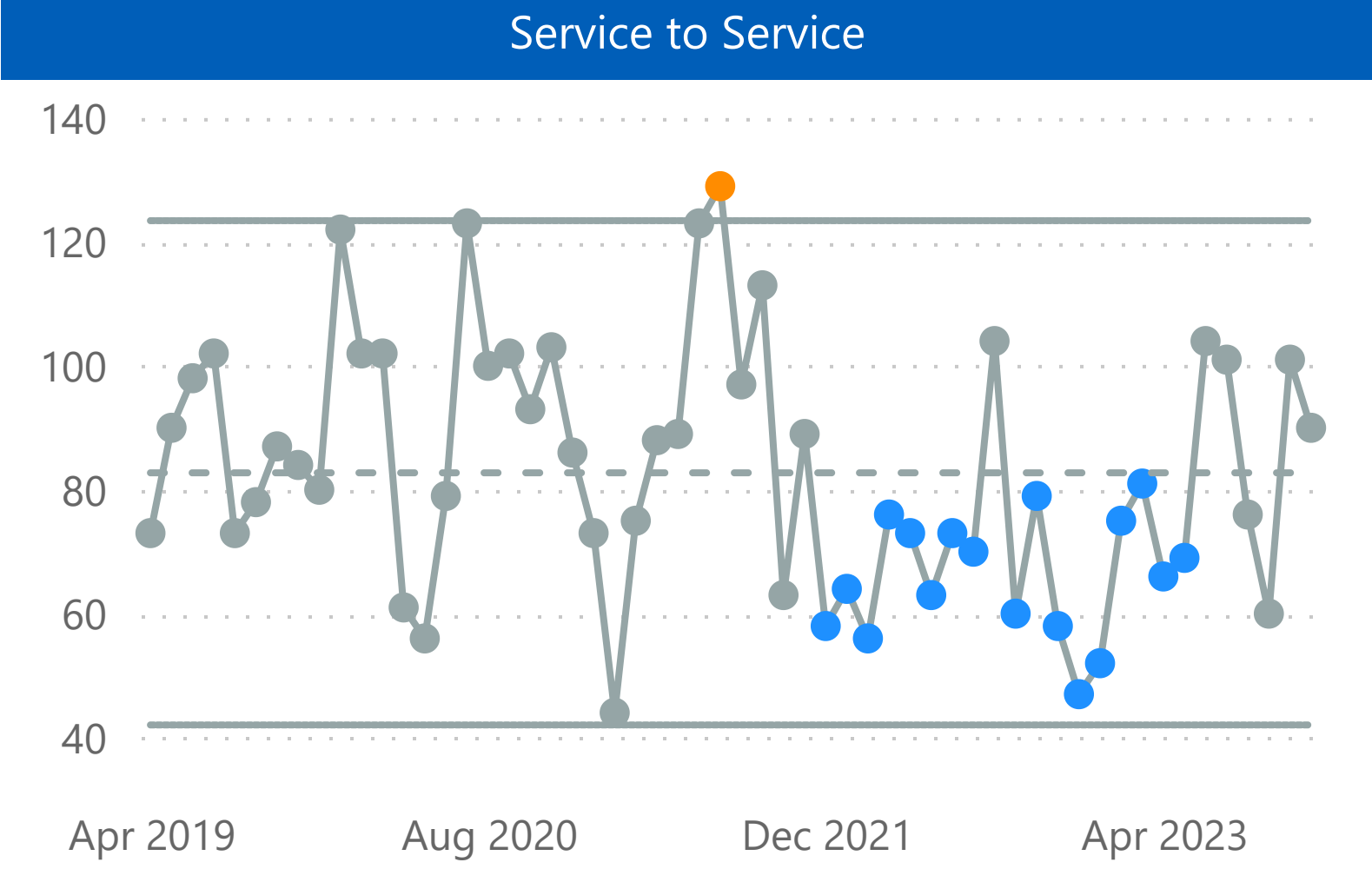
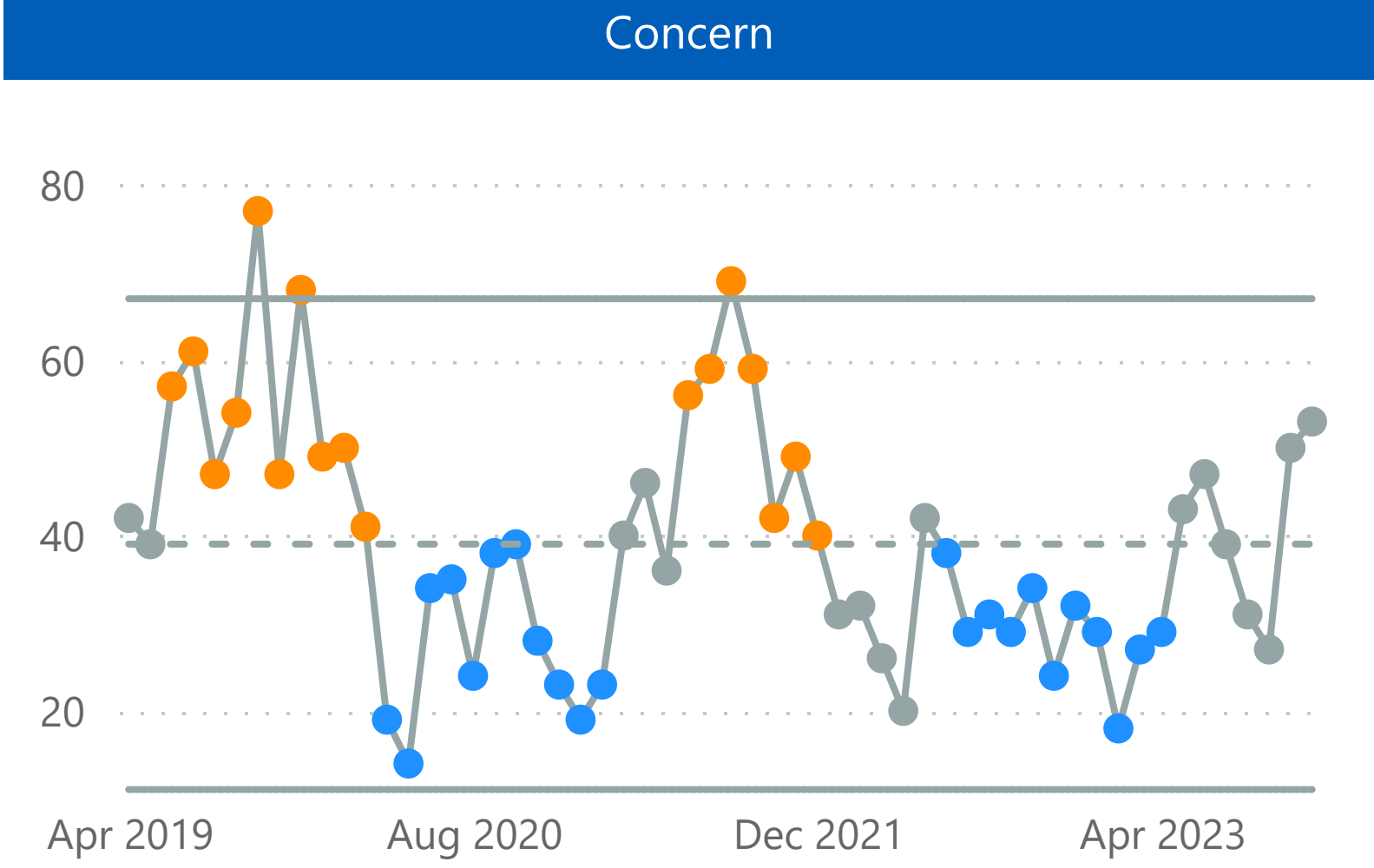


Patient Relations			
Indicator	Nov 22	Oct 23	Nov 23
Service to Service	58	101	90
Concern	24	50	53
Compliment	66	137	110
Complaint	45	89	78



**YAS Comments**

**Patient relations** - The number of incoming cases remains high across all service lines although there has been a slight decrease in EOC and IUC cases received. There has been a high number of Service to Service cases received for A&E whilst for PTS there has been a high level of all case types received.





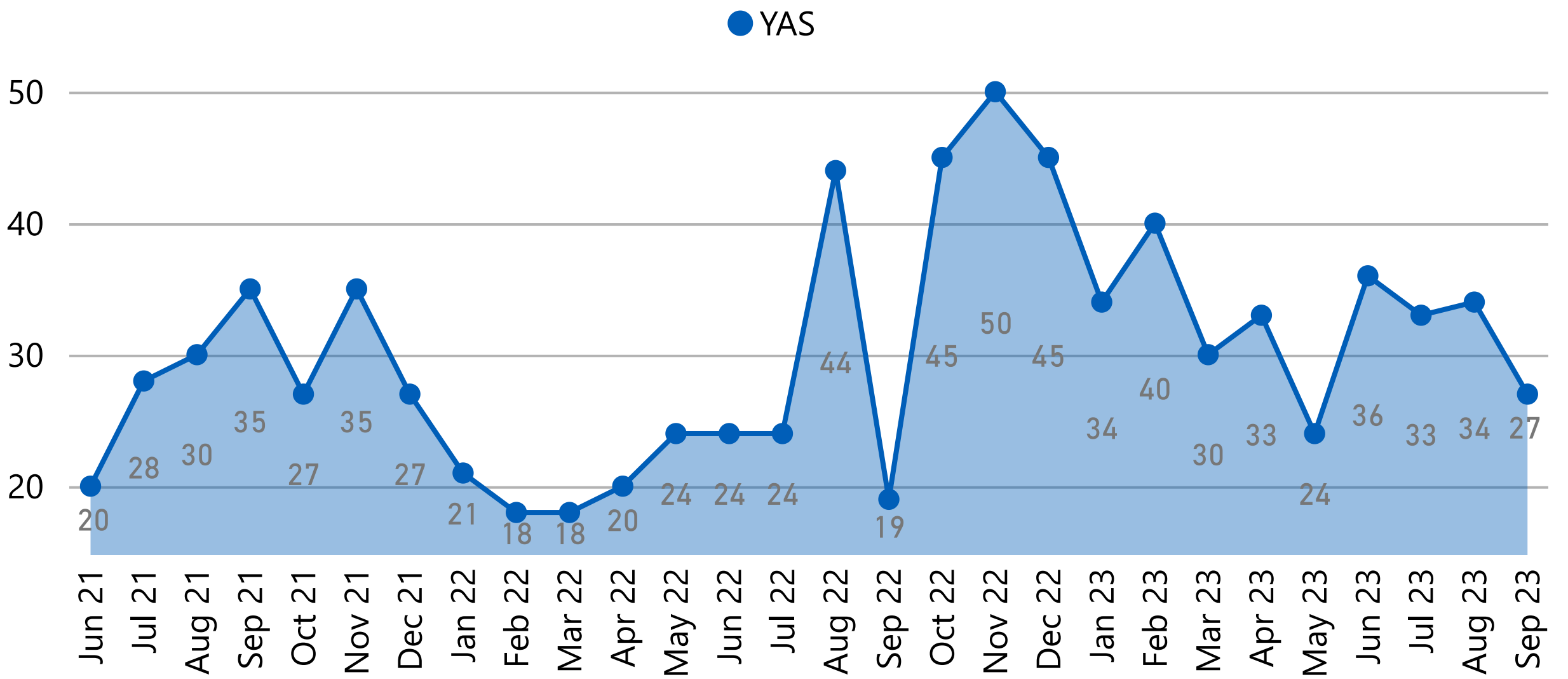
Incidents

Incidents - Verified Moderate and Above Harm

Indicator	Nov 22	Oct 23	Nov 23
All Incidents Reported	836	885	937
Number of duty of candour contacts	22	1	1
Number of RIDDORs Submitted	7	4	3
Patient Safety Indicator Incident Investigation		2	3

▲

	Sep 22	Aug 23	Sep 23
Moderate & Above Harm (verified)	19	34	27
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	4	7	4
Serious incidents (verified)	5	8	5



YAS Comments

**Domestic Homicide Reviews (DHR)** – Two requests for information in relation to DHR’s were received in November. Death following assault by a family member/partner was a prominent theme.

**Safeguarding Adult Review (SAR)** – Six requests for information in relation to SAR’s were received in November. Self-neglect featured in all of the SAR requests received.

**Child Safeguarding Practice Review / Rapid Review (CSPR/RR)** – Zero requests in relation to CSPR’s were received in November. One request for information in relation to a rapid review was received in November. This was in relation to a 15yr old who was the victim of abuse.

**Child death** - The Safeguarding team contributed information in relation to 18 children who died in November. This is a decrease in comparison to October. Ages of the children ranged from 0-17. Prominent themes included traumatic birth, prematurity, suicide, asthma and planned palliative care.

Safeguarding

Indicator	Nov 22	Oct 23	Nov 23
Domestic Homicide Review (DHR)	1	3	2
Safeguarding Adult Review (SAR)	2	5	6
Child Safeguarding Practice Review/Rapid Review (CSPR/RR)	2	4	1
Child Death	31	29	18

A&E Long Responses

Indicator	Nov 22	Oct 23	Nov 23
999 - C1 Responses > 15 Mins	1,479	1,031	994
999 - C2 Responses > 80 Mins	6,981	4,101	4,304

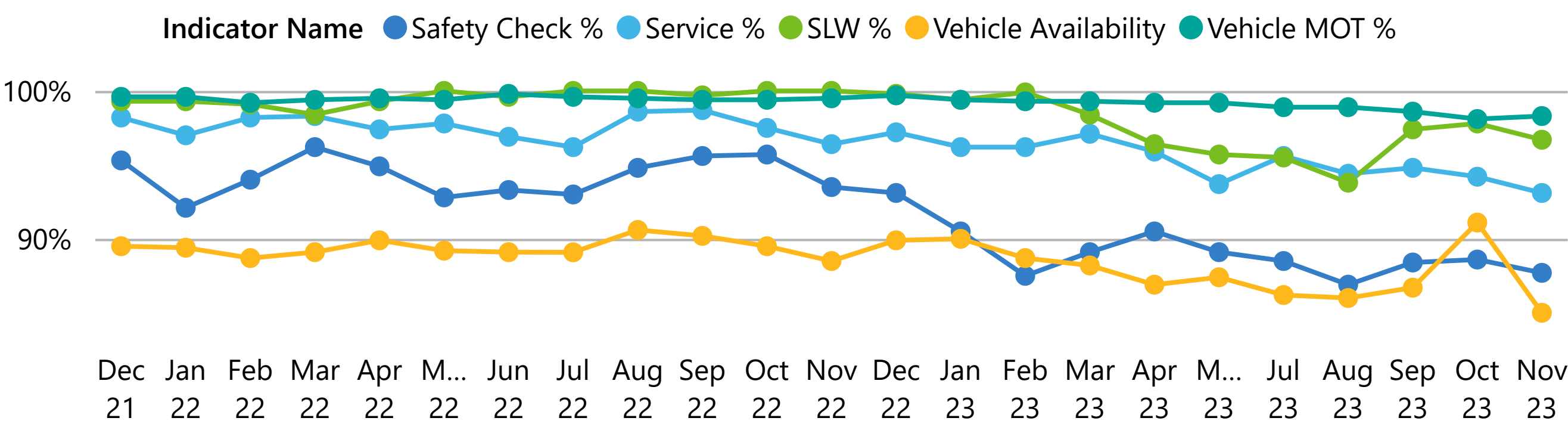
Estates

Indicator	Oct 23	Nov 23
P1 Emergency (2 HRS)	80.0%	50.0%
P1 Emergency – Complete (<24Hrs)	40.0%	
P2 Emergency (4 HRS)	94.6%	91.9%
P2 Emergency – Complete (<24Hrs)	65.5%	67.7%
Planned Maintenance Complete	97.8%	96.7%
P6 Non Emergency - Attend within 2 weeks	79.4%	77.6%
P6 Non Emergency - Complete within 4 weeks	66.2%	69.0%
P5 Non Emergency - Logged to Wrong Category	100.0%	50.0%

Estates Comments

Requests for reactive work/repairs on the Estate totaled 322 jobs for the month of October. This is slightly higher than the representative theme of an average 300 repairs requests within month, As usual, Springhill remains the largest requester for service at 35 requests followed by HART at 19 and Beverley AS at 12 requests for reactive works. SLA figures are relatively high with an overall attendance KPI at 92% and however, completion KPI is slightly lower than usual at 76%. The other categories aside the P1 & P2 emergency works are - P3 attend within 24 hours and P4 which is attend within 2 days. The P4 category accounts for just over a third of request with attendance KPI at 97% against a target of 90%. Planned Maintenance activity on the Estate carried out by our service provider to attended to Statutory, mandatory and routine maintenance is recorded at 100% for October with a completion of 98%.

999 Fleet



999 Fleet Age

IndicatorName	Nov 22	Oct 23	Nov 23
Vehicle age +7	13.4%	12.0%	12.0%
Vehicle age +10	1.6%	1.0%	1.0%

PTS Age

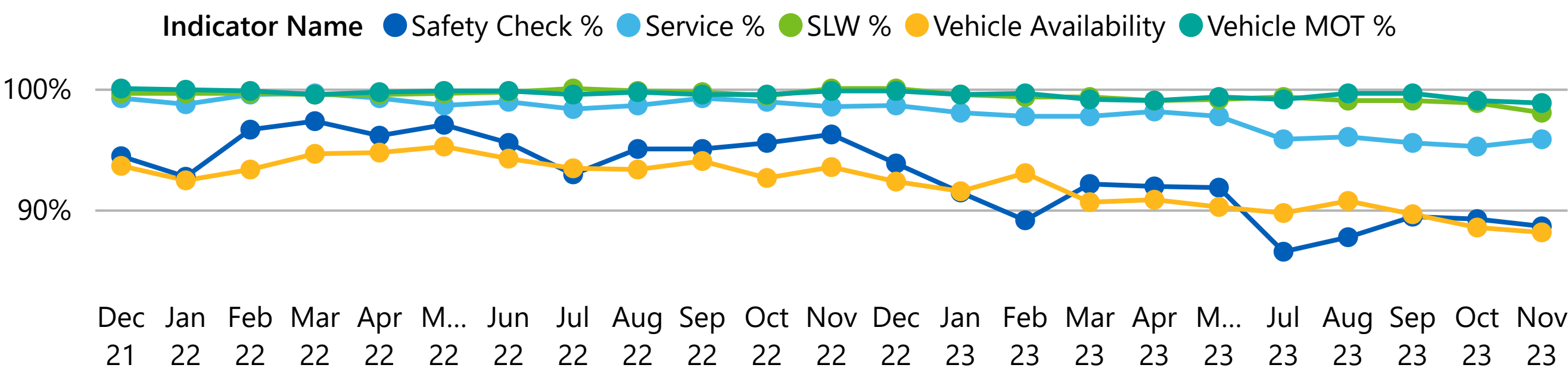
IndicatorName	Nov 22	Oct 23	Nov 23
Vehicle age +7	15.8%	28.0%	28.2%
Vehicle age +10	0.2%	4.8%	4.8%

Fleet Comments

A&E availability has dropped by 6.1 percentage points to 85% in November this is due to a number of engine faults on the 2.3 litre Fiat Ducato which are lengthy repairs. Due to the impact of vehicle availability November has seen a small drop in Routine maintenance with overall compliance dropping by 0.7% to 94%. PTS compliance remains high but has dropped by 0.3% to 95.3% overall, this is due to resource allocated to the improved A&E availability. Fleet are working with operational colleagues to ensure rotas have the required vehicle availability.

A&E age profile remains stable this month, DCA deliver has now started with vehicle commissioning underway. PTS vehicles over 7 years and 10 years has remained stable in November, with vehicle orders proceeding.

PTS Fleet





# Glossary - Indicator Descriptions (A&E)

A&E

mID	ShortName	IndicatorType	AQIDescription
AMB01	999 - Total Calls via Telephony (AQI)	int	Count of all calls answered.
AMB07	999 - Incidents (HT+STR+STC)	int	Count of all incidents.
AMB59	999 - C1 Responses > 15 Mins	int	Count of Cat 1 incidents with a response time greater than the 90th percentile target.
AMB60	999 - C2 Responses > 80 Mins	int	Count of Cat 2 incidents with a response time greater than 2 x the 90th percentile target.
AMB56	999 - Face to Face Incidents (STR + STC)	int	Count of incidents dealt with face to face.
AMB17	999 - Hear and Treat (HT)	int	Count of incidents not receiving a face-to-face response.
AMB53	999 - Conveyance to ED	int	Count of incidents with any patients transported to an Emergency Department (ED), including incidents where the department transported to is not specified.
AMB54	999 - Conveyance to Non ED	int	Count of incidents with any patients transported to any facility other than an Emergency Department.
AMB55	999 - See, Treat and Refer (STR)	int	Count of incidents with face-to-face response, but no patients transported.
AMB75	999 - Calls Abandoned	int	Number of calls abandoned
AMB74	999 - Calls Answered	int	Number of calls answered
AMB72	999 - Calls Expected	int	Number of calls expected
AMB76	999 - Duplicate Calls	int	Number of calls for the same issue
AMB73	999 - Calls Offered	int	Number of calls offered
AMB99	999 - AHT	int	The average handling time, in seconds, for 999 EMDs in EOC
AMB00	999 - Total Number of Calls	int	The count of all ambulance control room contacts.

# Glossary - Indicator Descriptions (IUC and PTS)

## IUC and PTS

mID	ShortName	IndicatorType	AQIDescription
IUC01	IUC - Call Answered	int	Number of calls answered
IUC03	IUC - Calls Answered Above Ceiling	percent	Percentage difference between actual number of calls answered and the contract ceiling level
IUC02	IUC - Calls Abandoned	percent	Percentage of calls offered that were abandoned
IUC07	IUC - Call back in 1 Hour	percent	Percentage of patients that were offered a call back by a clinician that were called within 1 hour
IUC08	IUC - Direct Bookings	percent	Percentage of calls where the patient was recommended to contact a primary care service that had an appointment directly booked. This indicator includes system bookings made by external providers
IUC12	IUC - ED Validations %	percent	Proportion of calls initially given an ED disposition that are validated
IUC13	IUC - Ambulance validations %	percent	Percentage of initial Category 3 or 4 ambulance outcomes that were clinically validated
IUC14	IUC - ED %	percent	Percentage of triaged calls that reached an Emergency Department outcome
IUC15	IUC - Ambulance %	percent	Percentage of triaged calls that reached an ambulance dispatch outcome
IUC16	IUC - Selfcare %	percent	Percentage of triaged calls that reached an self care outcome
IUC17	IUC - Other Outcome %	percent	Percentage of triaged calls that reached any other outcome
IUC18	IUC - Primary Care %	percent	Percentage of triaged calls that reached a Primary Care outcome
PTS01	PTS - Demand (Journeys)	int	Count of delivered journeys, aborted journeys and escorts on journeys
PTS02	PTS - Journeys < 120Mins	percent	Patients picked up and dropped off within 120 minutes
PTS03	PTS - Arrive at Appointment Time	percent	Patients dropped off at hospital before Appointment Time
PTS06	PTS - Answered < 180 Secs	percent	The percentage of calls answered within 180 seconds via the telephony system



# Glossary - Indicator Descriptions (Quality and Safety)

## Quality and Safety

mID	ShortName	IndicatorType	AQIDescription
QS01	All Incidents Reported	int	
QS02	Serious	int	
QS03	Moderate & Above Harm	int	
QS04	Medication Related	int	
QS05	Number of duty of candour contacts	int	
QS06	Duty of candour contacts exceptions	int	
QS07	Complaint	int	
QS08	Compliment	int	
QS09	Concern	int	
QS10	Service to Service	int	
QS11	Adult Safeguarding Referrals	int	
QS12	Child Safeguarding Referrals	int	
QS26	Moderate and Above Harm (Per 1K Incidents)	int	
QS28	Moderate & Above Harm (Verified)	int	
QS29	Patient Incidents - Major, Catastrophic, Catastrophic (death)	int	
QS30	Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	int	
QS31	Domestic Homicide Review (DHR)	int	
QS32	Safeguarding Adult Review (SAR)	int	
QS33	Child Safeguarding Practice Review/Rapid Review (CSPR/RR)	int	
QS34	Child Death	int	
QS35	Patient Safety Indicator Incident Investigation	int	
QS24	Staff survey improvement question	int	(TBC, yearly)
QS21	Number of RIDDORs Submitted	int	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

# Glossary - Indicator Descriptions (Workforce)

Workforce

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



# Glossary - Indicator Descriptions (Clinical)

Clinical

mID	ShortName	IndicatorType	Description
CLN43	STEMI Pre & Post Pain Score %	percent	Proportion of patients with a pre-hospital clinical working impression of STEMI who had a pre & post analgesia pain score recorded as part of their patient record
CLN42	STEMI Pre & Post Pain Score	int	Number of patients with a pre-hospital clinical working impression of STEMI who had a pre & post analgesia pain score recorded as part of their patient record
CLN41	STEMI Analgesia %	percent	Proportion of patients with a pre-hospital clinical working impression of STEMI who received the appropriate analgesia
CLN40	Number of patients who received appropriate analgesia (STEMI)	int	Number of patients with a pre- hospital clinical working impression of STEMI who received the appropriate analgesia
CLN39	Re-contacts - Conveyed (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN37	Re-contacts - S&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN35	Re-contacts - H&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN32	Survival UTSTEIN - Patients Discharged Alive	int	Survival UTSTEIN - Of R4n, patients discharged from hospital alive.
CLN30	ROSC UTSTEIN %	percent	ROSC UTSTEIN - Proportion who had ROSC on arrival at hospital.
CLN28	ROSC UTSTEIN Patients	int	ROSC UTSTEIN - Patients with resuscitation commenced / continued by Ambulance Service.
CLN27	ePR Referrals (%)	percent	Proportion of ePR referrals made by YAS crews at scene.
CLN24	Re-contacts (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN21	Call to Balloon Mins for STEMI Patients (90th Percentile)	int	MINAP - For M3n, 90th centile time from call to catheter insertion for angiography.
CLN20	Call to Balloon Mins for STEMI Patients (Mean)	int	MINAP - For M3n, mean average time from call to catheter insertion for angiography.
CLN18	Number of STEMI Patients	int	Number of patients in the MINAP dataset an initial diagnosis of myocardial infarction.
CLN17	Avg time (mins) from call to hospital	int	SSNAP - Avg Time from call to hospital.
CLN15	Stroke %	percent	Proportion of adult patients with a pre-hospital impression of suspected stroke who received the appropriate best practice care bundle.
CLN12	Sepsis %	percent	Proportion of adult patients with a pre- hospital impression of suspected sepsis with a NEWS2 score of 7 and above who received the appropriate best practice care bundle
CLN09	STEMI %	percent	Proportion of patients with a pre-hospital clinical working impression of STEMI who received

# Glossary - Indicator Descriptions (Fleet and Estates)

## Fleet and Estates

mID	ShortName	IndicatorType	Description
FLE07	Service %	percent	Service level compliance
FLE06	Safety Check %	percent	Safety check compliance
FLE05	SLW %	percent	Service LOLER (Lifting Operations and Lifting Equipment Regulations) and weight test compliance
FLE04	Vehicle MOT %	percent	MOT compliance
FLE03	Vehicle Availability	percent	Availability of fleet across the trust
FLE02	Vehicle age +10	percent	Vehicles across the fleet of 10 years or more
FLE01	Vehicle age 7-10	percent	Vehicles across the fleet of 7 years or more
EST15	P5 Non Emergency - Logged to Wrong Category	percent	P5 Non Emergency - Logged to Wrong Category
EST14	P6 Non Emergency - Complete within 4 weeks	percent	P6 Non Emergency - Complete within 4 weeks
EST13	P6 Non Emergency - Attend within 2 weeks	percent	P6 Non Emergency - Attend within 2 weeks
EST12	P2 Emergency – Complete (<24Hrs)	percent	P2 Emergency – Complete within 24 hrs compliance
EST11	P2 Emergency (4 HRS)	percent	P2 Emergency – attend within 4 hrs compliance
EST10	Planned Maintenance Complete	percent	Planned maintenance completion compliance
EST09	All calls (Completion) - average	percent	Average completion compliance across all calls
EST08	P4 Non Emergency – Complete (<14 Days)	percent	P4 Non Emergency completed within 14 working days compliance
EST07	P3 Non Emergency – Complete (<72rs)	percent	P3 Non Emergency completed within 72 hours compliance
EST06	P1 Emergency – Complete (<24Hrs)	percent	P1 Emergency completed within 24 hours compliance
EST05	Planned Maintenance Attendance	percent	Average attendance compliance across all calls
EST04	All calls (Attendance) - average	percent	All calls (Attendance) - average
EST03	P4 Non Emergency (<24Hrs)	percent	P4 Non Emergency attended within 2 working days compliance
EST02	P3 Non Emergency (<24Hrs)	percent	P3 Non Emergency attended within 24 hours compliance
EST01	P1 Emergency (2 HRS)	percent	P1 Emergency attended within 2 hours compliance