

Integrated Performance Report

May 2024

Published 25 June 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 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 and Priorities Overview
- Service Transformation & System Pressures
- Transformation Programme Dashboards
- KPI Exceptions (999, IUC, PTS, Quality and Workforce)
- Workforce Summary
- Finance Summary
- Patient Demand Summary
- Patient Experience (Quality)
- Patient Clinical Effectiveness



- Patient Outcomes Summary
- Patient Safety (Quality)
- Fleet and Estates



999 IPR Key Exceptions - May 24

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:05		
999 - Answer 95th Percentile		00:00:41		
999 - AHT		00:06:34		
999 - Calls Ans in 5 sec	95.0%	89.7%		
999 - C1 Mean (T < 7 Mins)	00:07:00	00:07:57		
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:50		
999 - C2 Mean (T < 18 Mins)	00:18:00	00:31:21		
999 - C2 90th (T < 40 Mins)	00:40:00	01:10:24		
999 - C3 Mean (T < 1 Hour)	01:00:00	01:29:48		
999 - C3 90th (T < 2 Hour)	02:00:00	03:31:13		
999 - C1 Responses > 15 Mins		814		
999 - C2 Responses > 80 Mins		2,834		
999 - Job Cycle Time		01:53:41		
999 - Avg Hospital Turnaround	00:30:00	00:53:12		
999 - Avg Hospital Handover	00:15:00	00:29:48		
999 - Avg Hospital Crew Clear	00:15:00	00:23:24		
999 - Total lost handover time		6,764		
999 - Crew clear over 30 mins %		28.0%		
999 - C1%		16.6%		
999 - C2%		60.1%		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 5 seconds for May, an increase from April of 1 second. The median remained the same at zero seconds and the 90th, 95th and 99th percentiles increased. The 90th increased from 0 seconds in April to 7 seconds in May, 95th increased from 20 seconds to 41 seconds and 99th increased from 1 minute 39 seconds to 1 minute 50 seconds. This indicates that call answer times worsened in May.

Cat 1-4 Performance - The mean performance time for Cat1 worsened from April by 13 seconds and the 90th percentile worsened by 26 seconds. The mean performance time for Cat2 worsened from April by 5 minutes 18 seconds and the 90th percentile worsened by 12 minutes 20 seconds. Abstractions were 2.5% lower than forecast for May, though rising 1.3% from April. Weekly Net staff hours have fallen compared to April by almost 2,000 hours per week. Overall availability increased by up to 0.3% from April. Compared to May 2023, abstractions are down by 2.8% and availability is down by 0.7%.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 76.7% in May (16.6% Cat1, 60.1% Cat2) after a 1.1% increase compared to April (1.1% increase in Cat1 and 0.0% decrease in Cat2). Comparing against May for the previous year, Cat1 proportion increased by 2.6% and Cat2 proportion increased by 0.2%.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target increased in May, with 814 responses over this target. This is 173 (27.0%) more compared to April. The number for last month was 8.5% more compared to May 2023. The number of Cat2 responses greater than 2x 90th percentile target increased from April by 1,099 responses (63.3%). This is a 34.1% increase from May 2023.


















Job Cycle Time - Overall, the average job cycle time decreased by 48 seconds from April and was 7 minutes 12 seconds more than May 2023.

Hospital - From October, the way handover times are reported changed and following the new national guidance the average handover time has increased across the Trust. Turnaround and crew clear times remain unchanged by the new guidance. Last month the average handover time decreased by 8 seconds and overall turnaround time increased by 29 seconds. The number of conveyances to ED was 4.0% higher than in April and 7.5% higher than in May 2023.

Demand - On scene response demand was 2.6% above forecasted figures for May and was 5.2% more than in April. All response demand (HT + STR + STC) was 5.9% higher than April and 16.2% higher than May 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 May 2024 against May 2023, the proportion of hear & treat increased by 7.4pp, see treat & refer decreased by 2.0pp and see treat & convey decreased by 5.4pp. The proportion of incidents with conveyance to ED decreased by 4.3pp from May 2023 and the proportion of incidents conveyed to non-ED decreased by 1.1pp. 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 - May 24

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		154,991		
IUC - Answered vs. Last Month %		2.0%		
IUC - Answered vs. Last Year %		8.6%		
IUC - Calls Triage		150,688		
IUC - Calls Abandoned %	3.0%	6.2%		
IUC - Answer Mean	00:00:20	00:00:57		
IUC - Answered in 60 Secs %	90.0%	82.7%		
IUC - Answered in 120 secs %		90.9%		
IUC - Callback in 1 Hour %	60.0%	47.2%		
IUC - ED Validations %	50.0%	55.9%		
IUC - 999 Validations %	75.0%	99.6%		
IUC - ED %		14.7%		
IUC - ED Outcome to A&E %		76.8%		
IUC - ED Outcome to UTC %		9.3%		
IUC - Ambulance %		12.1%		

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 165,149 calls in May, 3.2% below the annual business plan baseline demand. 154,991 (93.8%) of these were answered, 2.0% 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 82.7% from 74.9% last month. New measure for calls answered in 120 seconds increased in May to 90.9% from 84.8% in April. Average speed to answer has decreased by 21 seconds to 57 seconds compared with 1 minute 18 seconds last month. Abandonment rate decreased to 6.2% from 8.1% last month.













The proportion of clinician call backs made within 1 hour decreased to 47.2% from 47.7% last month. This is 12.8% below the national target of 60%. Core clinical advice decreased to 21.8% from 22.9% 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 98.1% in May, whilst performance for overall validations was 99.6%, with 14,057 cases validated overall.

ED validation performance increased to 55.9% from 54.7% last month. The target for this KPI is 50%. ED validation continues to be driven down since the implementation of 111 First and the prioritisation of UTCs over validation services for cases with an initial ED outcome. Previous analysis showed that if cases now going to UTCs that would have gone to validation previously were no longer included in the denominator for the validation calculation, YAS would have met and exceeded the 50% target every month this year.

Amongst booking KPIs, bookings to UTCs increased to 42.7% from 42.5% last month and ED bookings decreased to 24.8% from 25.1%. 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.

PTS IPR Key Indicators - May 24

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	81.0%		
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	80.1%		
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	89.4%		
PTS - Arrive at Appointment Time	90.0%	87.6%		
PTS - Journeys < 120Mins	90.0%	99.3%		
PTS - Same Month Last Year		11.2%		
PTS - Increase - Previous Month		2.2%		
PTS - Demand (Journeys)		84,846		

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Total Activity continues to be high. 84,846 journeys were operated in May, including Aborts and Escorts. Demand was 11.2% higher than the same period the previous year. Activity Levels have been above 80,000 journeys since November.

68,747 journeys were delivered, 12.0% higher than forecasted from the Annual Business Plan.

Call Performance saw a 6.3% reduction compared to April. Call profiles over the Bank Holiday weeks and reduced Call Handlers working (-3.2 FTE) affected service level. Although performance decreased, its been above 80.0% for the fourth month running, the most improved period since Winter 2020.

Short Notice Outwards Performance decreased for the third month running. 80.1% of patients were dropped off within 120 minutes, the lowest service level achieved since June 2023. The number of hours worked by Private Providers was 21.9% lower in May, than over the Winter Performance Improvement Period (Oct – Mar). With reduced Private Provider support, performance was expected to decrease.

Workforce Summary

A&E

IUC

PTS

EOC

Other

Trust



Key KPIs

Name	May-23	Apr-24	May-24
Turnover (FTE) %	10.6%	10.6%	10.5%
Vacancy Rate %	15.0%	10.3%	10.6%
Apprentice %	9.9%	10.3%	9.8%
BME %	6.1%	7.2%	7.3%
Disabled %	6.1%	7.9%	8.1%
Sickness - Total % (T-5%)	6.1%	6.1%	6.3%
PDR / Staff Appraisals % (T-90%)	72.2%	75.6%	76.1%
Essential Learning		92.6%	92.5%

YAS Commentary

FTE, Turnover, Vacancies and BME – Compared to April 2024, the Turnover and Vacancy rate have remained consistent. Whereas, in comparison to the same month last year (May 2023) the Turnover rate has remained consistent, the Vacancy Rate has seen an improvement of c.4.4 percentage points. Both vacancies and turnover remain high for IUC at 33.9% and 35.2% respectively (Note: IUC figures are for those employed staff leaving the Trust only). The work to implement the IUC case for change is progressing with staff consultation approaching completion. The numbers of BME and staff living with disabilities is steadily improving i.e. BME has increased by 1.2 percentage points since May-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.

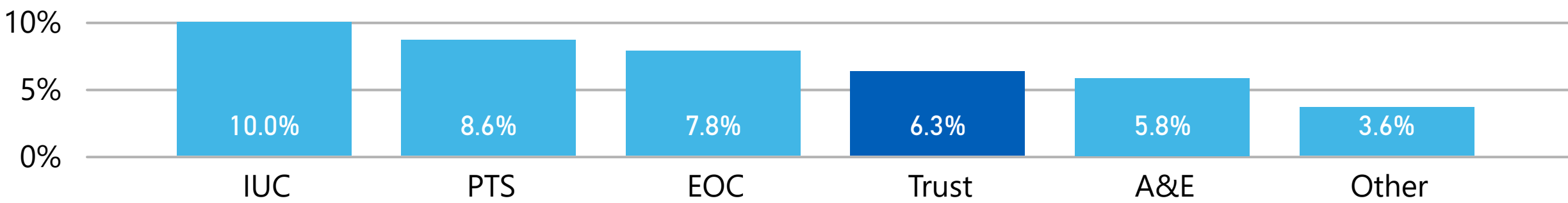
Sickness – Sickness has improved from the previous month by 0.2 percentage points from 6.1% to 6.3%. A sub-group of the Organisational Efficiency Group is working to actively reduce absence through a review of absence management processes, workplace adjustments, MSK/injuries at work. The People & Culture 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 April 2024. Except for ‘IUC’, ‘EOC’ and ‘Other’ all areas have seen improvements compared to last month. PTS is the highest performing area (85.3%). 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.

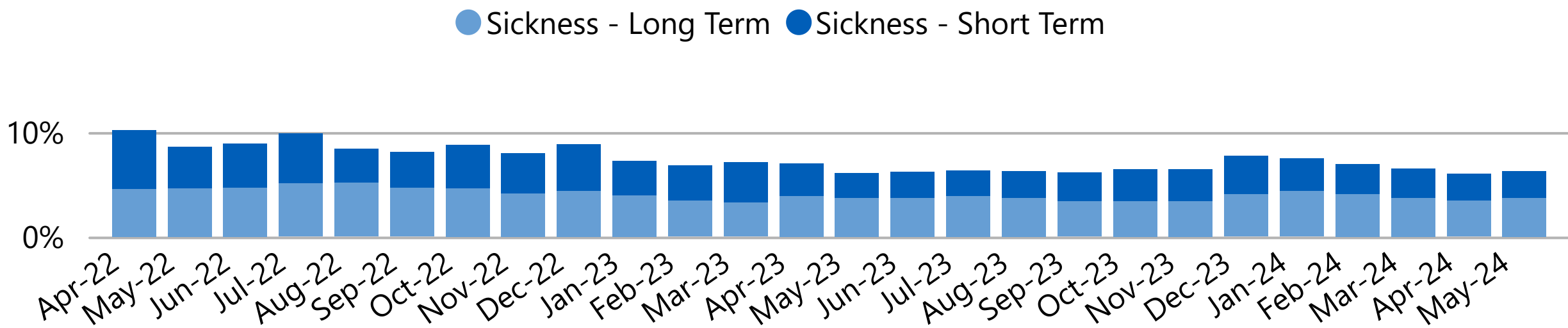
Essential Learning – From this financial year 23/24, we now report on Essential Learning as our core Statutory and Mandatory training measure replacing the bundles previously reported taking into account essential compliance within the Trust. As a Trust we are meeting the target of 90%, at 92.5%. The 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

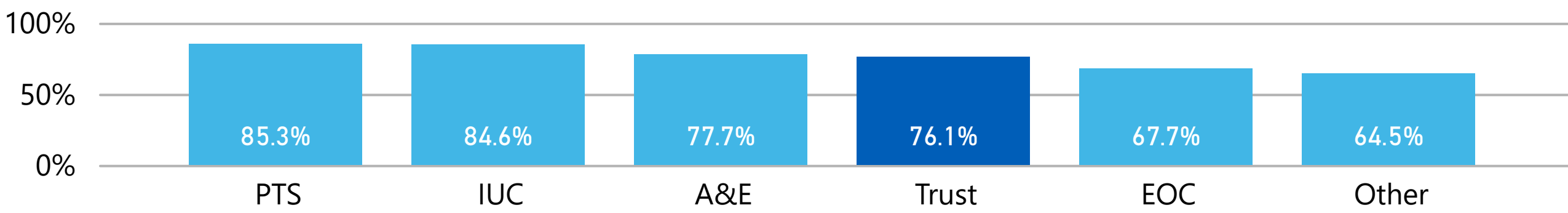
Sickness Benchmark for Last Month (Trust)



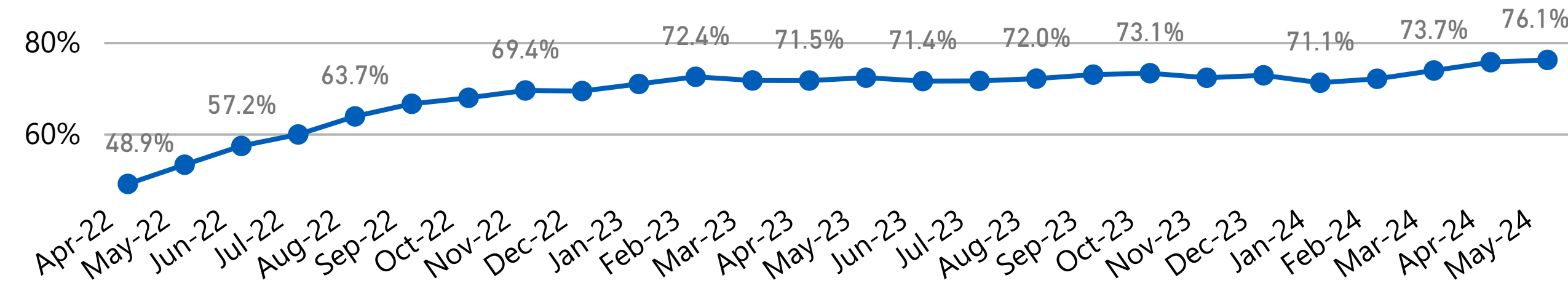
Sickness



PDR Benchmark for Last Month (Trust)



PDR - Target 90%



YAS Finance Summary (Director Responsible Kathryn Vause) - May 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	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03
Surplus/ (Deficit)	£0	£0	£485	£6,015	£800	£1,200	-£1,605	-£513	-£1,195	-£2,370	-£2,767
Cash	£72,220	£76,347	£75,413	£77,377	£78,100	£80,280	£79,769	£68,668	£67,934	£68,061	£60,141
Capital	£209	£258	£0	£175	£76	£574	£2,873	£368	£214	£644	£11,287

Patient Demand Summary

Demand Summary

Indicator	May-23	Apr-24	May-24
999 - Incidents (HT+STR+STC)	66,404	72,855	77,189
999 - Calls Answered	84,497	81,543	91,766
IUC - Calls Answered	142,827	142,841	154,991
IUC - Calls Answered vs. Ceiling %	-15.2%	-15.9%	-10.9%
PTS - Demand (Journeys)	76,317	83,019	84,846
PTS - Increase - Previous Month	12.8%	3.4%	2.2%
PTS - Same Month Last Year	-0.8%	22.7%	11.2%
PTS - Calls Answered	32,712	42,236	40,254

Commentary

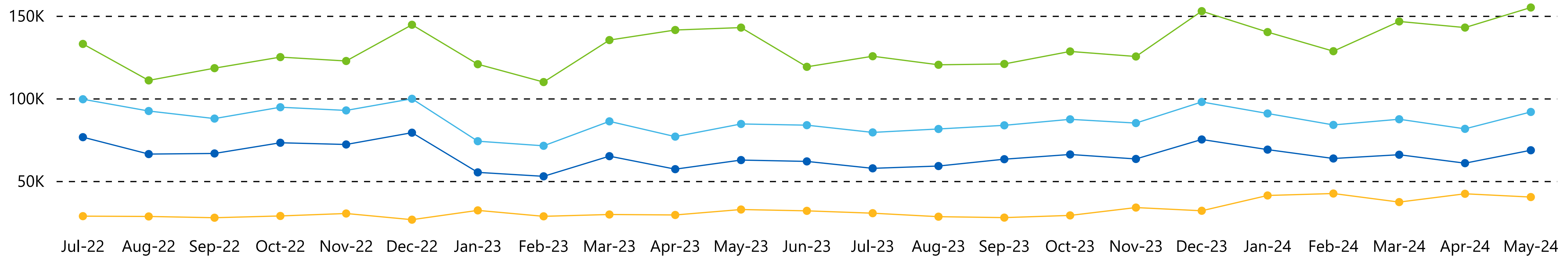
999 - On scene response demand was 2.6% above forecasted figures for May and was 5.2% more than in April. All response demand (HT + STR + STC) was 5.9% higher than April and 16.2% higher than May 2023. This is in part due to changes made in December to the recording of Hear & Treat incidents, whereby 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 165,149 calls in May, 3.2% below the annual business plan baseline demand. 154,991 (93.8%) of these were answered, 2.0% above last month and 8.6% above the same month last year.

PTS - PTS Total Activity continues to be high. 84,846 journeys were operated in May, including Aborts and Escorts. Demand was 11.2% higher than the same period the previous year. Activity Levels have been above 80,000 journeys since November.

Overall Calls and Demand

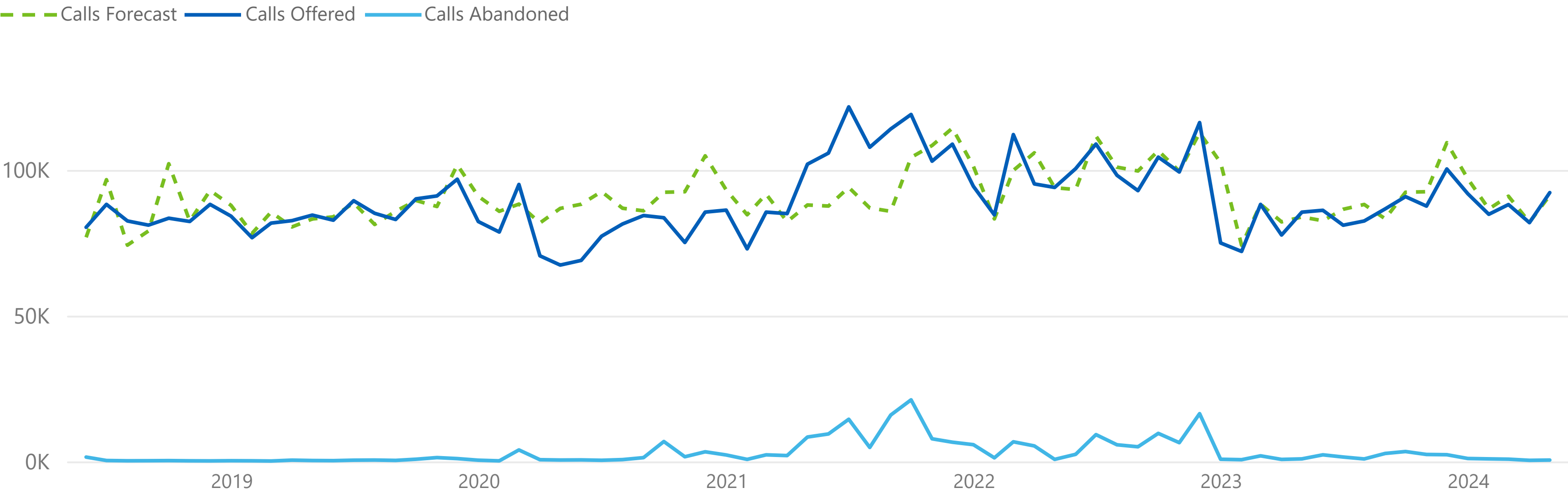
Figure ● 999 - Total Calls via Telephony (AQI) ● 999 - Calls Answered ● IUC - Calls Answered ● PTS - Calls Answered



999 and IUC Historic Demand

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

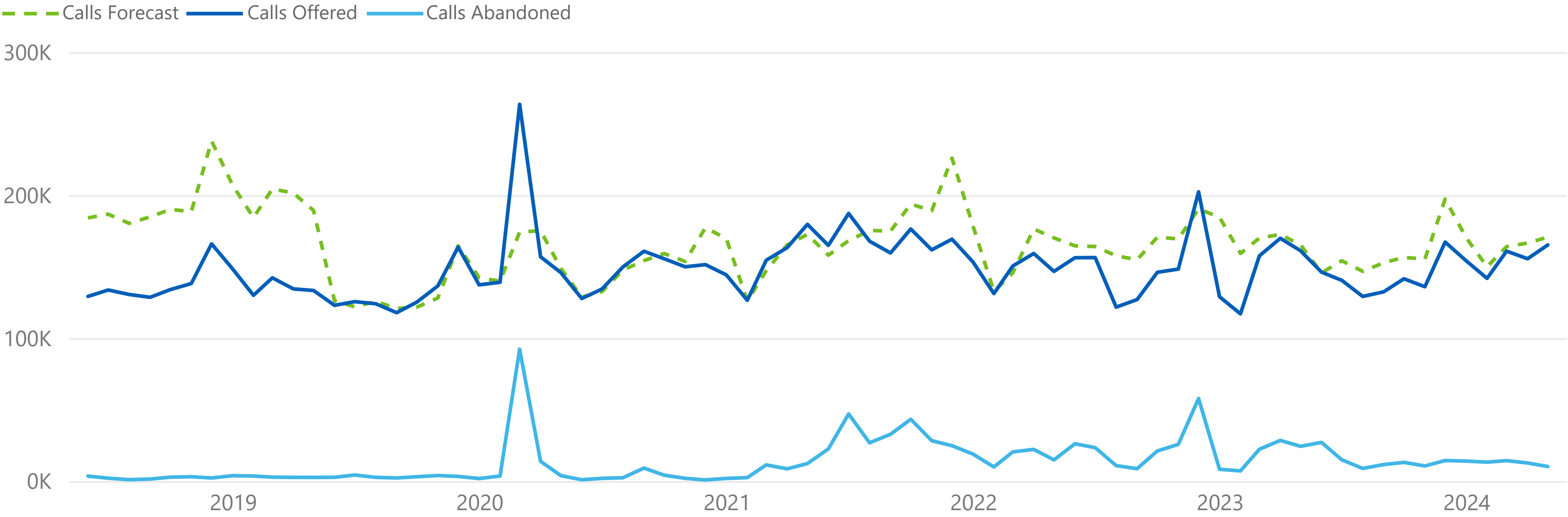
999 Historic Call Demand



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 May 2024, there were 92,229 calls offered which was 1.1% above forecast, with 91,766 calls answered and 463 calls abandoned (0.5%). There were 12.6% more calls offered compared with the previous month and 7.8% more calls offered compared with the same month the previous year. There was a 24.1% increase in abandoned calls compared with the previous month.

IUC Historic Demand



IUC

YAS received 165,149 calls in May, 3.2% below the annual business plan baseline demand. 154,991 (93.8%) of these were answered, 2.0% above last month and 8.6% above the same month last year.

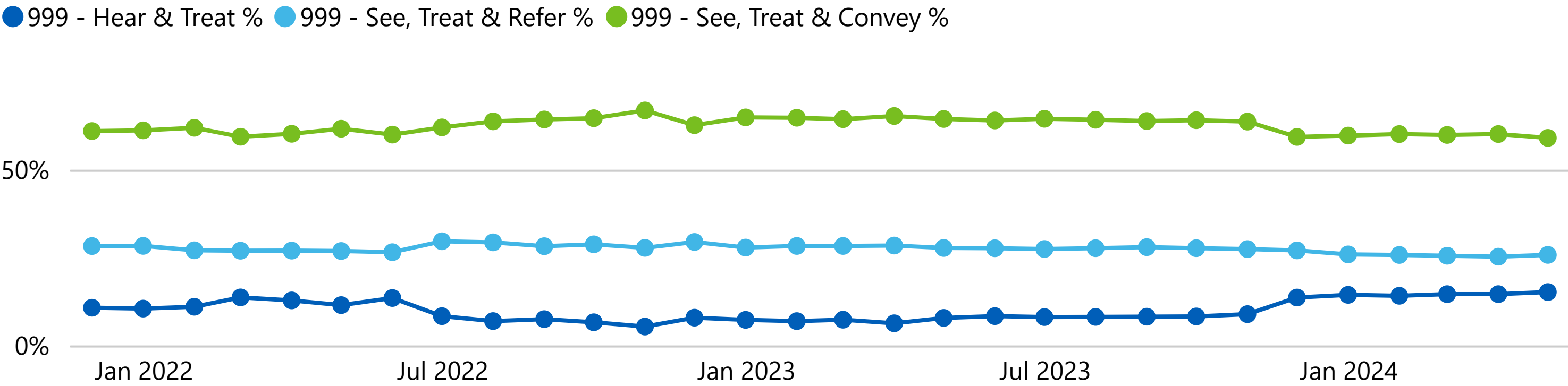
Calls abandoned decreased to 6.2% from 8.1% last month and was 8.6% below last year.

Patient Outcomes Summary

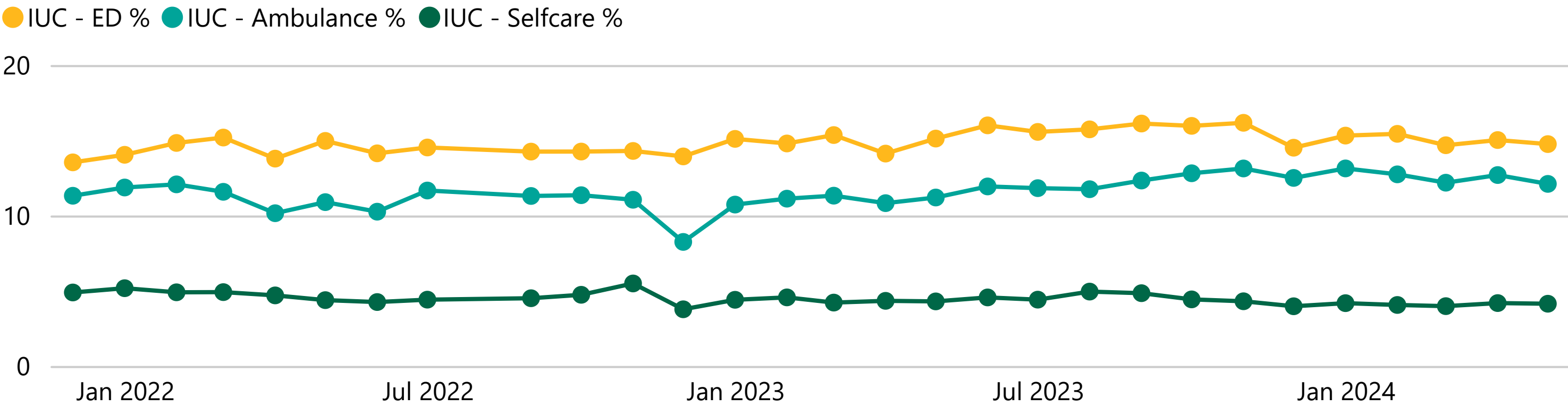
Outcomes Summary

ShortName	May-23	Apr-24	May-24
999 - Incidents (HT+STR+STC)	66,404	72,855	77,189
999 - Hear & Treat %	7.8%	14.6%	15.2%
999 - See, Treat & Refer %	27.7%	25.3%	25.8%
999 - See, Treat & Convey %	64.4%	60.1%	59.0%
999 - Conveyance to ED %	56.9%	53.6%	52.6%
999 - Conveyance to Non ED %	7.5%	6.5%	6.4%
IUC - Calls Triaged	133,630	138,962	150,688
IUC - ED %	15.1%	15.0%	14.7%
IUC - Ambulance %	11.2%	12.7%	12.1%
IUC - Selfcare %	4.3%	4.2%	4.1%
IUC - Other Outcome %	13.8%	14.6%	15.0%
IUC - Primary Care %	53.8%	52.7%	53.2%
PTS - Demand (Journeys)	76,317	83,019	84,846

999 Outcomes



IUC Outcomes



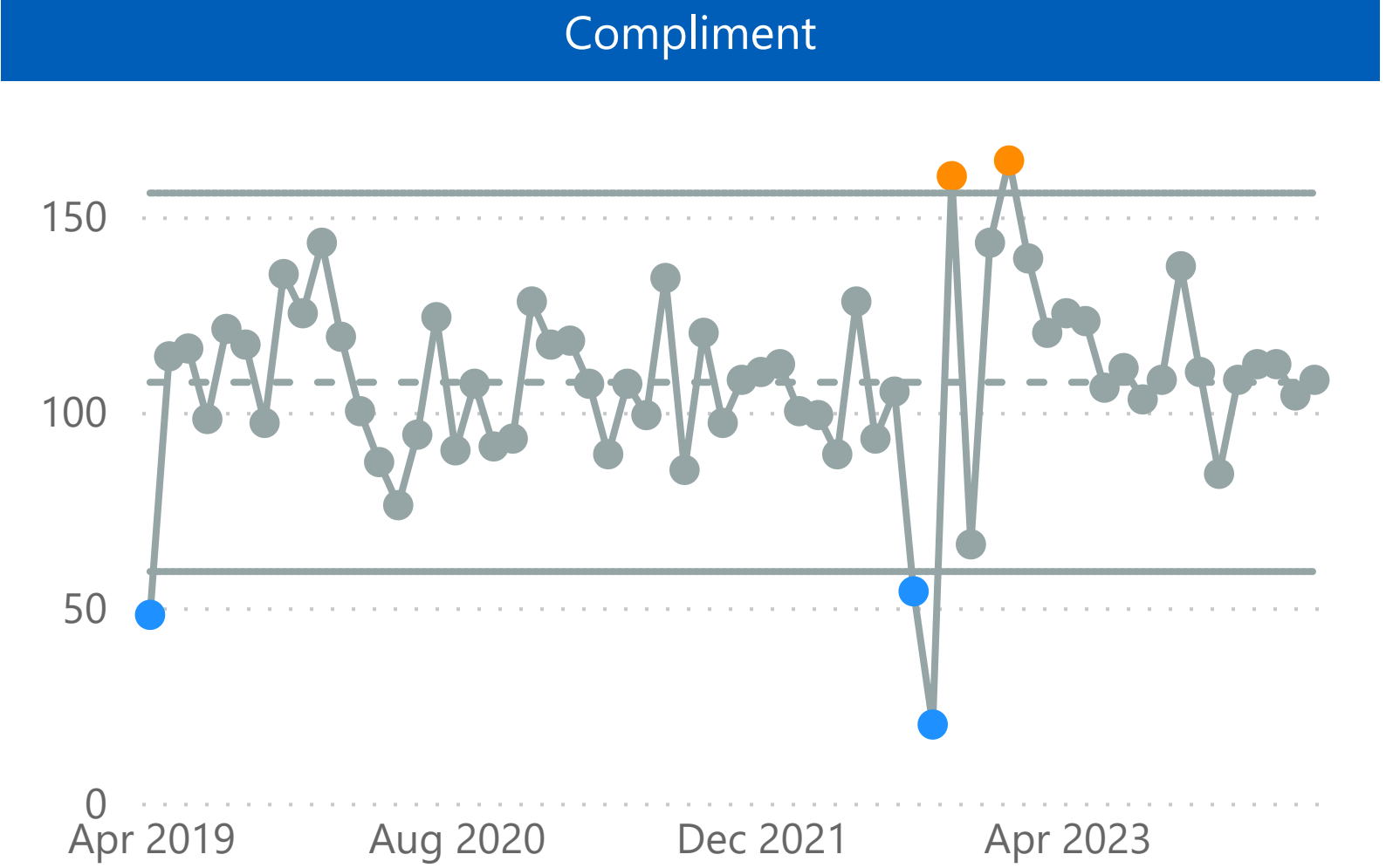
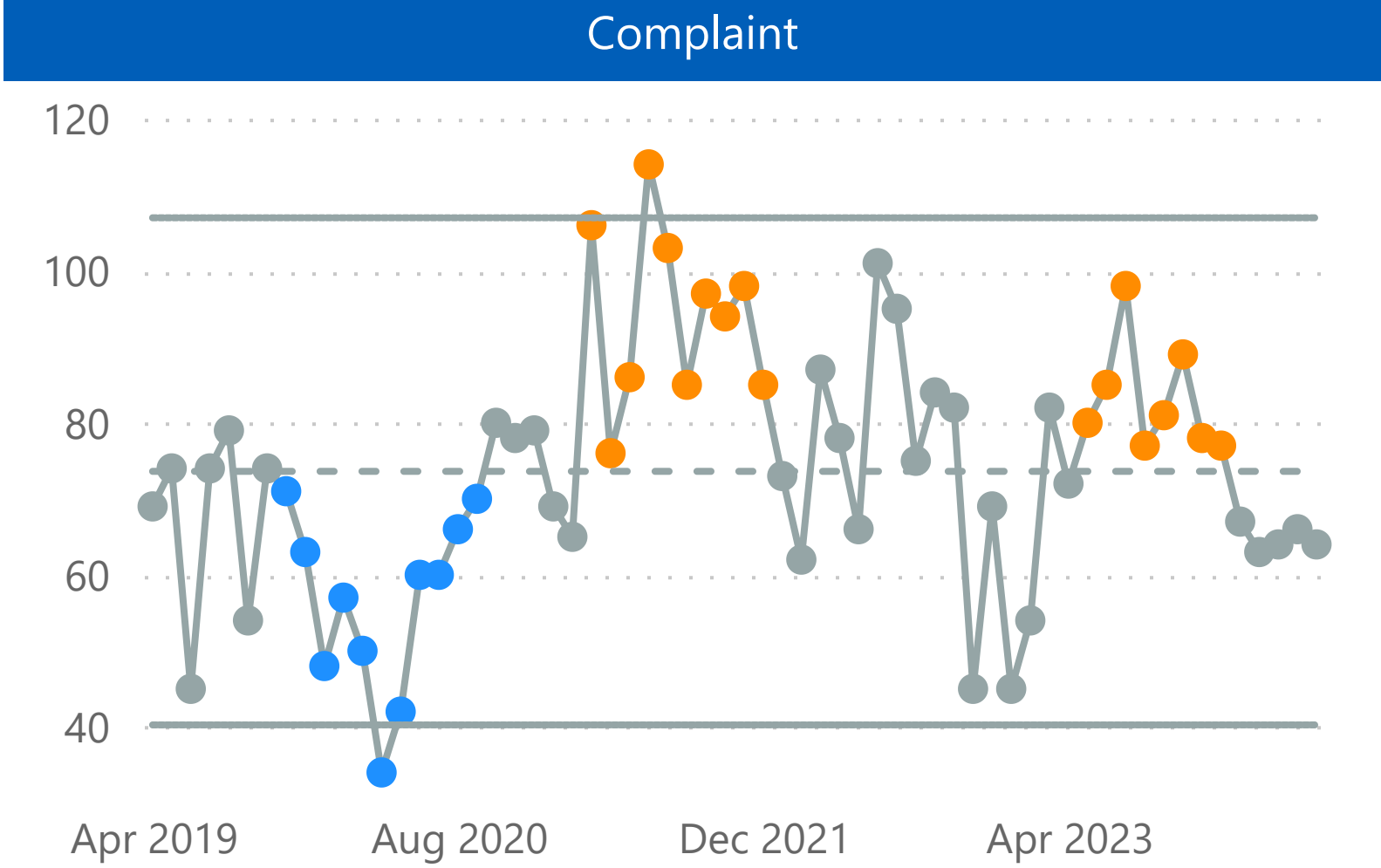
Commentary

999 - Comparing incident outcome proportions within 999 for May 2024 against May 2023, the proportion of hear & treat increased by 7.4pp, see treat & refer decreased by 2.0pp and see treat & convey decreased by 5.4pp. The proportion of incidents with conveyance to ED decreased by 4.3pp from May 2023 and the proportion of incidents conveyed to non-ED decreased by 1.1pp. 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 12.1%, with Primary Care outcomes at 53.2%. The proportion of callers given an ED outcome was 14.7%. The percentage of ED outcomes where a patient was referred to a UTC was 9.3%, a figure that historically has been as low as 2-3%. A key goal of the 111 first programme was to reduce the burden on emergency departments by directing patient to more appropriate care settings.

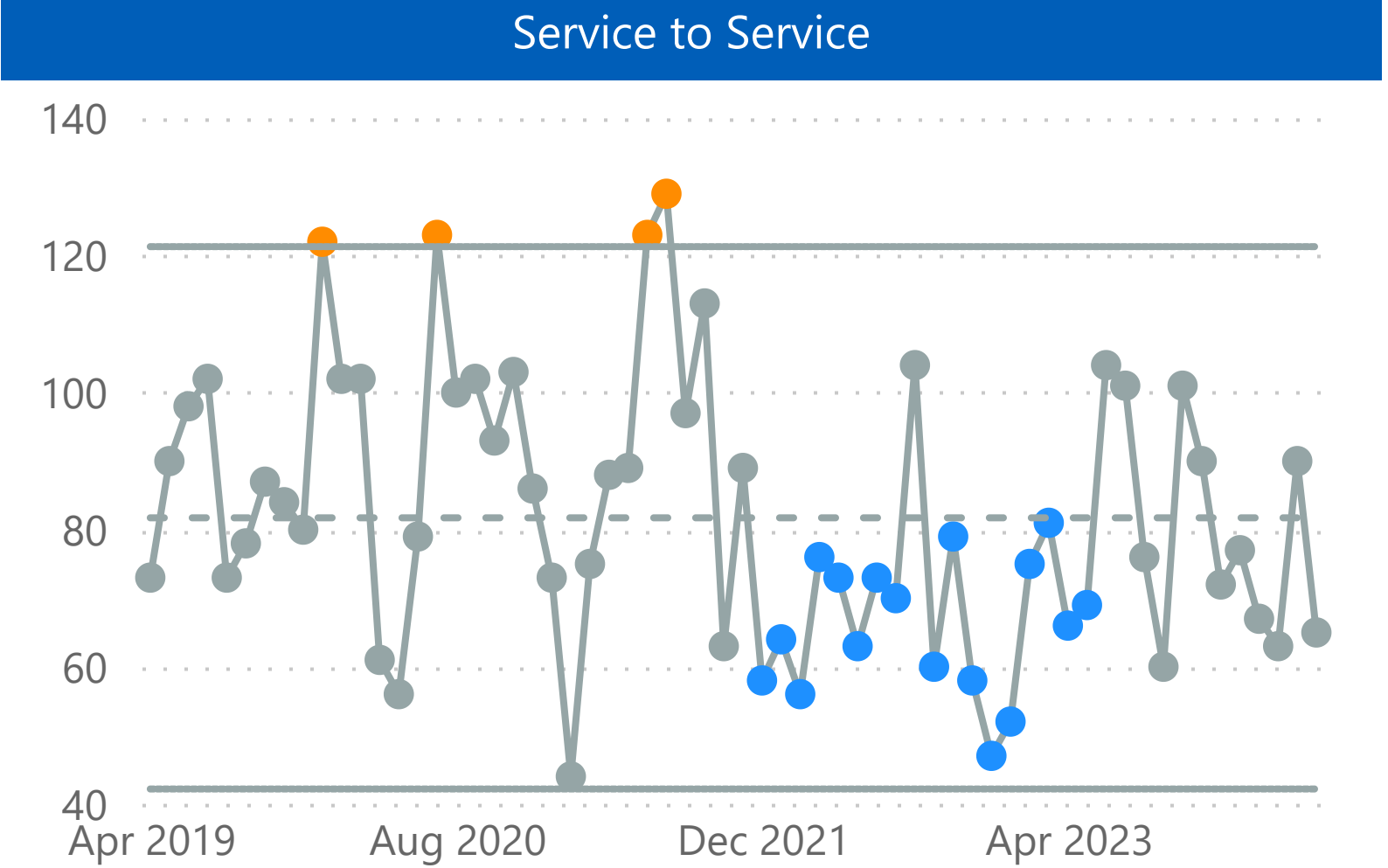
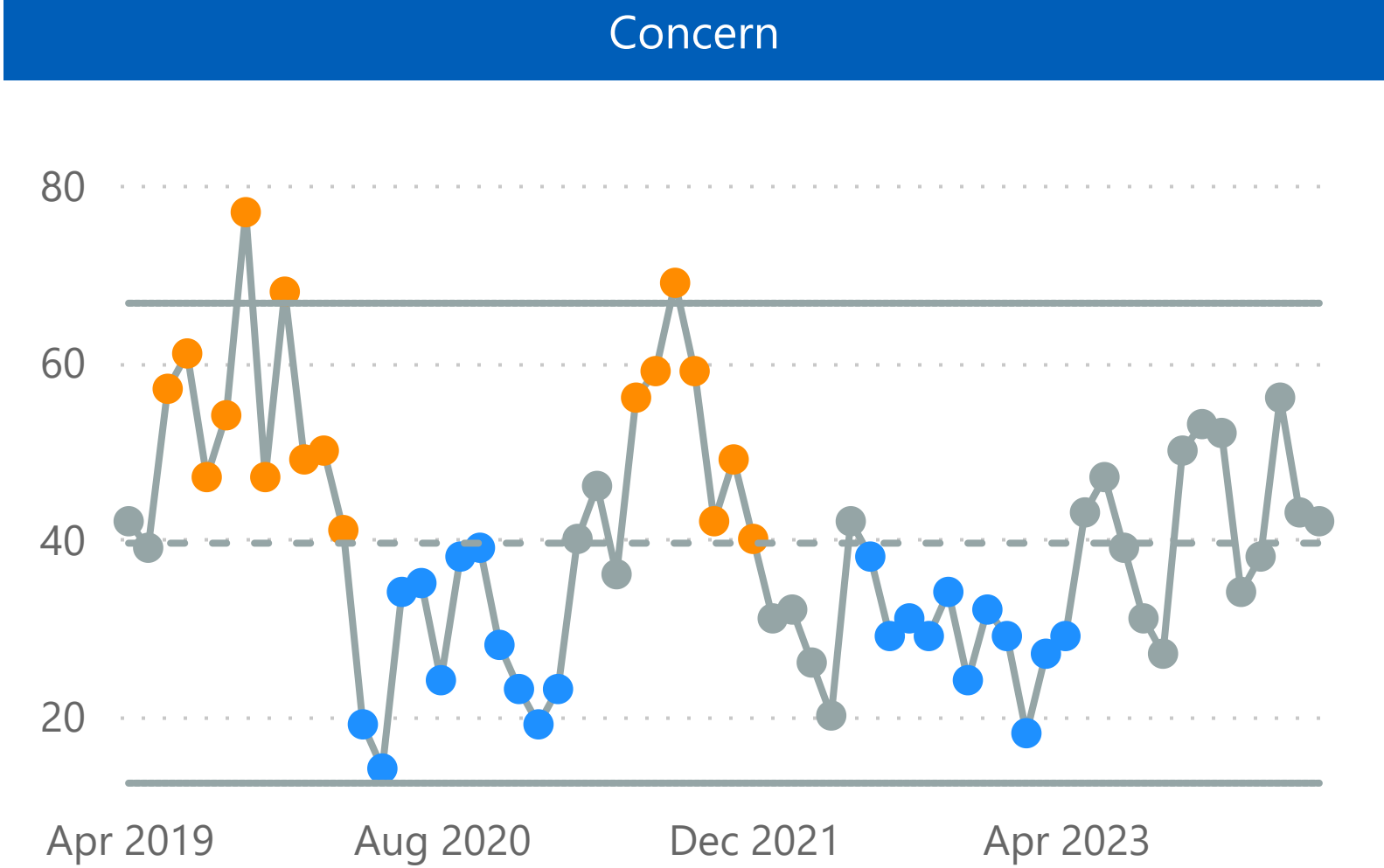
Patient Experience (Director Responsible - Dave Green)

Patient Relations			
Indicator	May-23	Apr-24	May-24
Service to Service	69	90	65
Concern	43	43	42
Compliment	123	104	108
Complaint	80	66	64



YAS Comments

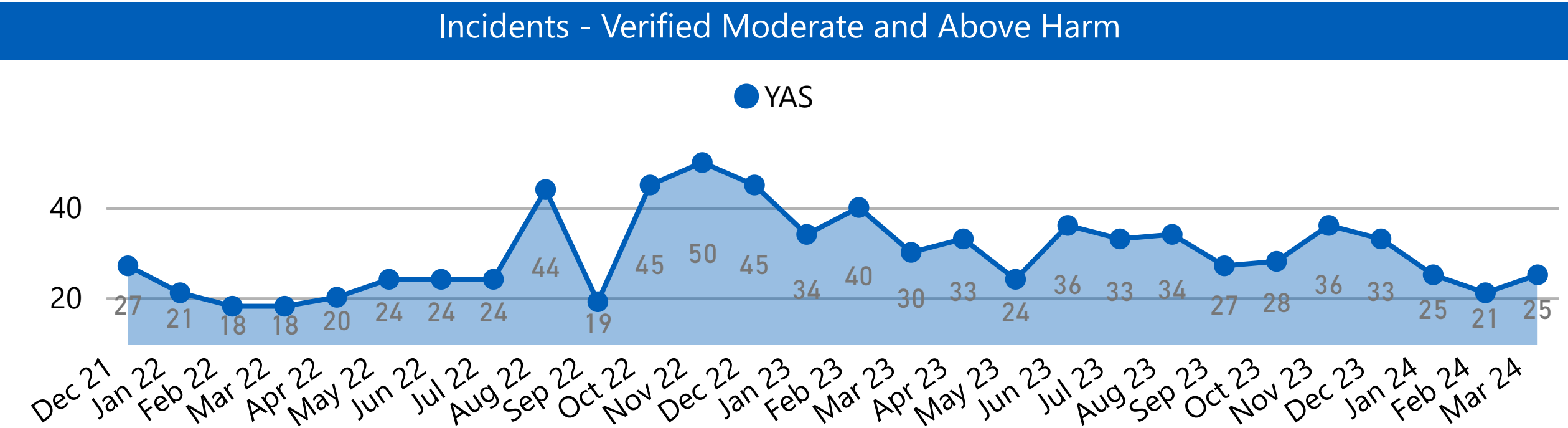
YAS has seen a reduction in all elements of the 4C’s except for ‘Compliment’ which has increased by 4 when compared to April-2024. Across all the areas, in May 2024, PTS saw the highest volume of complaints (21) which is an increase of 7 from the previous month. YAS are currently reviewing and updating our complaints handling processes and will be developing new reports to supplement this.



Incidents			
Indicator	May-23	Apr-24	May-24
All Incidents Reported	733	875	983
Number of duty of candour contacts	15	8	11
Number of RIDDORs Submitted			4
Patient Safety Indicator Incident Investigation		1	1

	Mar 23	Feb 24	Mar 24
Moderate & Above Harm (verified)	30	21	25
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	7	4	9

Hygiene			
Indicator	May-23	Apr-24	May-24
% Compliance with Hand Hygiene	99.9%	99.0%	96.8%
% Compliance with Premise	99.1%	99.1%	98.7%
% Compliance with Vehicle	97.4%	98.1%	97.4%



Safeguarding			
Indicator	May-23	Apr-24	May-24
Domestic Homicide Review (DHR)	5		1
Safeguarding Adult Review (SAR)	2	4	5
Child Safeguarding Practice Review/Rapid Review (CSPR/RR)	1	3	2
Child Death	22	29	15

YAS Comments

Domestic Homicide Reviews (DHR) – 1 requests for information in relation to a DHR were received in May.



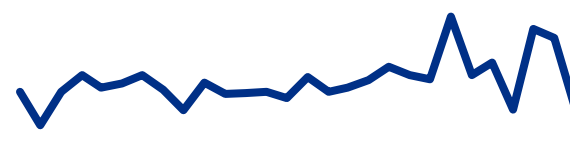
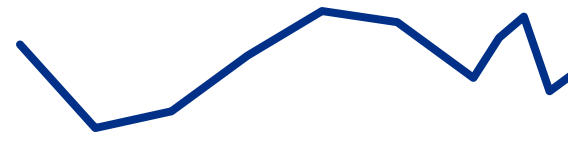








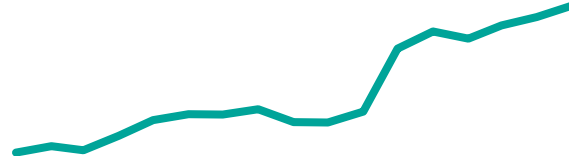
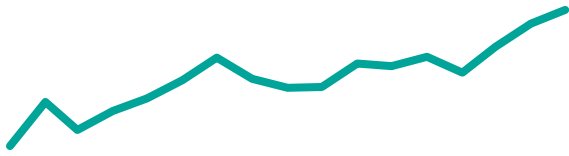

Safeguarding Adult Review (SAR) – 5 requests for information in relation to SAR’s were received in May.

Child Safeguarding Practice Review / Rapid Review (CSPR/RR) – the team contributed information in relation to 2 Rapid Reviews in May. 0 requests for information to support a CSPR were received in May.

Child Death - The Safeguarding team contributed information in relation to 15 children who died in May. This is a decrease of 14 in comparison to April. Prominent themes included sudden infant death, extreme prematurity and life limiting conditions.

A&E Long Responses			
Indicator	May-23	Apr-24	May-24
999 - C1 Responses > 15 Mins	750	641	814
999 - C2 Responses > 80 Mins	2,113	1,735	2,834

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

<u>Cardiac Arrest</u>	<div>No. Cardiac Arrests Feb-24</div> <div>300</div> <div></div>	<div>Bystander CPR Feb-24</div> <div>54.3%</div> <div></div>	<div>ROSC Feb-24</div> <div>20.0%</div> <div></div>	<div>ROSC Care Bundle Feb-24</div> <div>64.0%</div> <div></div>	<div>Survival to Discharge Feb-24</div> <div>8.1%</div> <div></div>	<div>Cardiac Survivors Feb-24</div> <div>24</div> <div></div>
<u>Stroke</u>	<div>No. of Patients Feb-24</div> <div>439</div> <div></div>	<div>Avg Call to Door Minutes Feb-24</div> <div>86</div> <div></div>	<div>Care Bundle Compliance Feb-24</div> <div>92.8%</div> <div></div>	<p>Cardiac Arrest - The number of cardiac arrests appears to be reducing following the winter peak and survival to discharge k was 8.1% in February with 24 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.</p> <p>Recontact metrics have recently been developed by YAS who will monitor the data to ensure best practice is followed.</p> <p>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.</p> <p>‘Frequent Callers’ have been removed from Recontacts metrics.</p>		
<u>Heart Attack</u>	<div>No. of Patients Jan-24</div> <div>191</div> <div></div>	<div>Avg Call to Door Minutes Jan-24</div> <div>96</div> <div></div>	<div>Care Bundle Compliance Jan-24</div> <div>69.6%</div> <div></div>			
<u>Recontacts</u>	<div>Total Calls % May-24</div> <div>11.3%</div> <div></div>	<div>STR % May-24</div> <div>12.4%</div> <div></div>	<div>STC % May-24</div> <div>5.3%</div> <div></div>			

Estates

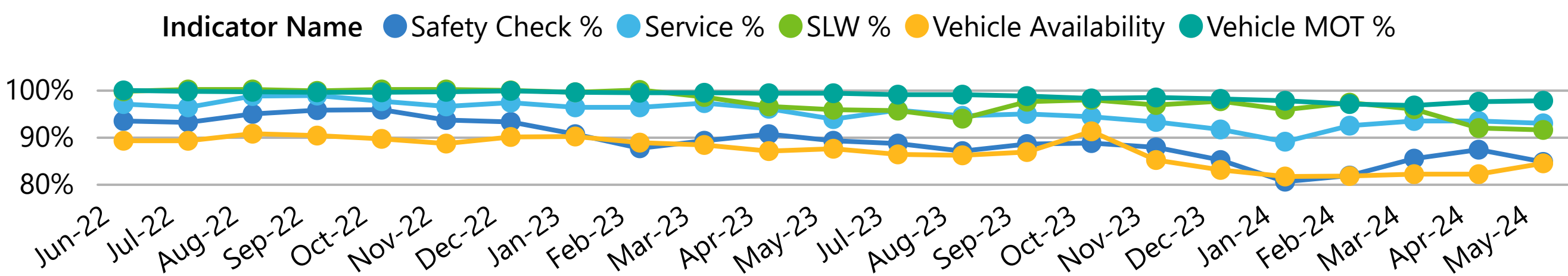
Indicator	May-23	Apr-24	May-24
P1 Emergency (<2Hrs) – Attendance	100.0%	66.7%	
P1 Emergency (<24 Hrs) - Completed		66.7%	
P2 Emergency (<4 Hrs) - Attendance	87.0%	90.2%	88.4%
P2 Emergency (<24 Hrs) – Completed	63.0%	56.9%	74.4%
P3 Non Emergency (<24Hrs) - Attendance	91.7%	87.0%	81.4%
P3 Non Emergency (<72 Hrs) – Completed	87.5%	67.5%	67.1%
P4 Non Emergency (<2 Working Days) - Attendance	92.8%	86.5%	89.0%
P4 Non Emergency (<14 Days) – Completed	82.4%	72.1%	76.8%
P6 Non Emergency (<2 Weeks) - Attendance	94.7%	75.0%	73.3%
P6 Non Emergency (4 Weeks) - Completed	75.4%	58.8%	52.0%
P5 Non Emergency - Logged to Wrong Category	100.0%		100.0%
Planned Maintenance Complete	94.4%	94.0%	97.8%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 271 jobs for the month of May. This is lower than the average of 300 repairs requests within month. As usual though, Springhill remains the largest requester for service at 25 requests followed by HART at 11 and Doncaster at 8 requests for reactive works. SLA figures are relatively low with at an overall attendance KPI at 83%, completion KPI is lower than usual at 67%.

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 approximately a quarter of request with attendance KPI at 81% against a target of 98%. P4 category account for just over a quarter of requests with attendance KPI at 89% against a target of 90%. Planned Maintenance activity on the Estate carried out by our service provider to attended to Statutory, mandatory and routine maintenance is recorded at 99% for May with a completion of 98%.”

999 Fleet



999 Fleet Age

Indicator	May-23	Apr-24	May-24
Vehicle age +7	18.5%	16.2%	17.7%
Vehicle age +10	1.2%	1.3%	1.3%

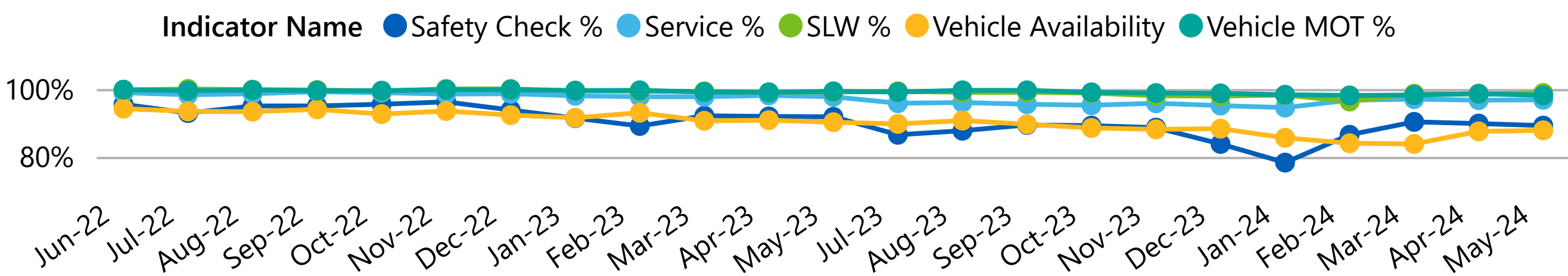
PTS Age

Indicator	May-23	Apr-24	May-24
Vehicle age +7	26.6%	28.5%	26.8%
Vehicle age +10	4.5%	4.8%	6.2%

Fleet Comments

A&E availability has increased by 2.3pp at 84.3% in May, the engine faults of the 2.3 litre Fiat Ducato continue but with the introduction of additional oil changes have continued to slow allowing repairs to be undertaken. Repair turnaround times are reducing with the introduction of agency staff and additional overtime. Routine maintenance compliance has decreased by 0.8pp to 91.6% overall. PTS routine maintenance compliance has also decreased by 0.2pp to 95.7%, although availability has increased by 0.3pp to 87.8%. 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 over 7 years has increase by 1.5pp with the retention of vehicles to increase DCA vehicle numbers. The trust has 61 DCA vehicles currently in conversion which will start arriving in July. PTS vehicles over 10 years has increased in May, with vehicle replacements currently being commissioned and will be in service through June and July.

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
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
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)

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