

Integrated Performance Report

June 2024

Published 16 July 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.

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999 IPR Key Exceptions - June 24

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:07		
999 - Answer 95th Percentile		00:00:50		
999 - AHT		00:06:31		
999 - Calls Ans in 5 sec	95.0%	87.9%		
999 - C1 Mean (T < 7 Mins)	00:07:00	00:07:58		
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:53		
999 - C2 Mean (T < 18 Mins)	00:18:00	00:30:43		
999 - C2 90th (T < 40 Mins)	00:40:00	01:08:41		
999 - C3 Mean (T < 1 Hour)	01:00:00	01:28:24		
999 - C3 90th (T < 2 Hour)	02:00:00	03:25:10		
999 - C1 Responses > 15 Mins		775		
999 - C2 Responses > 80 Mins		2,508		
999 - Job Cycle Time		01:51:57		
999 - Avg Hospital Turnaround	00:30:00	00:51:04		
999 - Avg Hospital Handover	00:15:00	00:28:02		
999 - Avg Hospital Crew Clear	00:15:00	00:23:23		
999 - Total lost handover time		5,429		
999 - Crew clear over 30 mins %		28.4%		
999 - C1%		16.5%		
999 - C2%		59.6%		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 7 seconds for June, an increase from May of 2 seconds. The median remained the same at zero seconds and the 90th, 95th and 99th percentiles increased. The 90th increased from 7 seconds in May to 15 seconds in June, 95th increased from 41 seconds to 50 seconds and 99th increased from 1 minute 50 seconds to 2 minutes 5 seconds.

Cat 1-4 Performance - The mean performance time for Cat1 worsened from May by 1 second and the 90th percentile worsened by 3 seconds. The mean performance time for Cat2 improved from May by 38 seconds and the 90th percentile improved by 1 minute 43 seconds. Abstractions were 0.8 percentage points (pp) lower than forecast for June, though rising 1.5 pp from May. Weekly Net staff hours have fallen compared to May by almost 1,500 hours per week. Overall availability decreased by up to 0.8 pp from May. Compared to June 2023, abstractions are down by 1.1 pp and availability is down by 0.8 pp.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 76.2% in June (16.5% Cat1, 59.6% Cat2) after a 0.6 percentage point (pp) decrease compared to May (0.1 pp decrease in Cat1 and 0.5 pp decrease in Cat2). Comparing against June for the previous year, Cat1 proportion increased by 2.4 pp and Cat2 proportion decreased by 0.9 pp.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target decreased in June, with 775 responses over this target. This is 39 (4.8%) less compared to May. The number for last month was 13.4% less compared to June 2023. The number of Cat2 responses greater than 2x 90th percentile target decreased from May by 326 responses (11.5%). This is a 7.2% decrease from June 2023.




















Job cycle time - Overall, the average job cycle time decreased by 1 minute 44 seconds from May and was 6 minutes 45 seconds more than June 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 1 minute 46 seconds and overall turnaround time decreased by 2 minutes 8 seconds. The number of conveyances to ED was 3.5% lower than in May and 6.5% higher than in June 2023.

Demand - On scene response demand was 2.9% above forecasted figures for June and was 3.7% less than in May. All response demand (HT + STR + STC) was 3.5% lower than May and 13.9% higher than June 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 June 2024 against June 2023, the proportion of hear & treat increased by 7.0 percentage points (pp), see treat & refer decreased by 1.9 pp and see treat & convey decreased by 5.1 pp. The proportion of incidents with conveyance to ED decreased by 3.6 pp from June 2023 and the proportion of incidents conveyed to non-ED decreased by 1.5 pp. 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 - June 24

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		139,656		
IUC - Answered vs. Last Month %		-9.9%		
IUC - Answered vs. Last Year %		17.3%		
IUC - Calls Triage		136,313		
IUC - Calls Abandoned %	3.0%	5.5%		
IUC - Answer Mean	00:00:20	00:00:51		
IUC - Answered in 60 Secs %	90.0%	86.0%		
IUC - Answered in 120 secs %	95.0%	93.1%		
IUC - Callback in 1 Hour %	60.0%	42.9%		
IUC - ED Validations %	50.0%	61.1%		
IUC - 999 Validations %	75.0%	99.8%		
IUC - ED %		15.1%		
IUC - ED Outcome to A&E %		77.3%		
IUC - ED Outcome to UTC %		9.3%		
IUC - Ambulance %		12.3%		

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 147,784 calls in June, 13.4% below the annual business plan baseline demand. 139,656 (94.5%) of these were answered, 9.9% below last month and 17.3% 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 86.0% from 82.7% in June. We are also assessing calls answered in 120 seconds, in June this figure was 93.1%, up from 90.0% in May. Average speed to answer has decreased by 6 seconds to 51 seconds compared with 57 seconds last month. Abandonment rate decreased to 5.5% from 6.2% last month.













The proportion of clinician call backs made within 1 hour decreased to 42.9% from 47.2% last month. This is 17.1% below the national target of 60%. Core clinical advice increased to 22.9% from 21.8% 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 98.3% in June, whilst performance for overall validations was 99.8%, with 12,907 cases validated overall.

ED validation performance increased to 61.1% from 55.9% 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 41.3% from 42.7% last month and ED bookings decreased to 22.2% from 24.8%. ED booking services will take a fall in July due to the booking technology being turned off on the 28th June and a replacement technology is yet to be developed and deployed. 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 - June 24

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	84.7%		
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	80.9%		
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	89.0%		
PTS - Arrive at Appointment Time	90.0%	88.0%		
PTS - Journeys < 120Mins	90.0%	99.0%		
PTS - Same Month Last Year		1.5%		
PTS - Increase - Previous Month		-6.6%		
PTS - Demand (Journeys)		79,252		

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Total Activity fell under 80,000 journeys for the first time since November. Despite a 6.6% decrease, levels remain above average for this measure. 79,252 journeys were operated including abortions and escorts.

Delivered journeys fell 1.3% below forecast from the Annual Business Plan, taking the YTD position to 7.3% over expected levels.

In June 2,175 ‘Must Travel Alone’ journeys were operated. This accounts for 3.4% of total delivered journeys, which fell in line with the last seven month run rate. Of the ‘Must Travel Alone’ journeys, 37.7% of these were renal patients, a 1.1% reduction to May.

Reservations saw c 42,000 calls, a 3.9% reduction to the previous month. 84.7% of calls were answered in 180 seconds, taking the YTD position to 84.4%. Staffing reduced for the second month running, however KPI continues to be high and has been over 80.0% since February.

There were no significant changes to the main core KPI’s. Short Notice Outwards performance saw a 0.7% increase to May, but remains low since Winter Funding ended.

Workforce Summary

A&E

EOC

IUC

Other

PTS

Trust

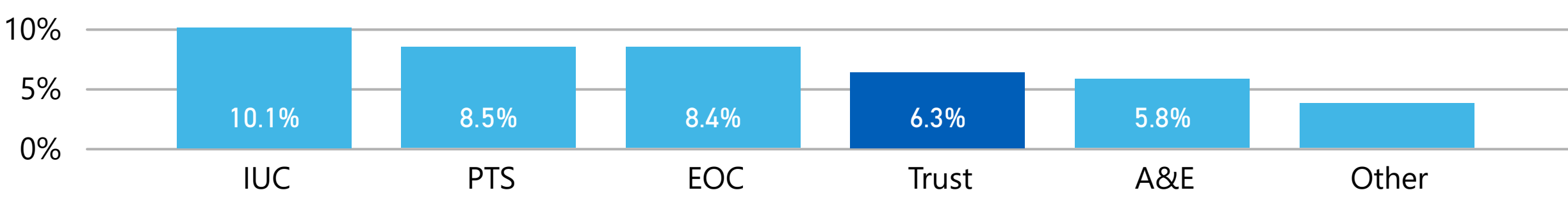


Key KPIs

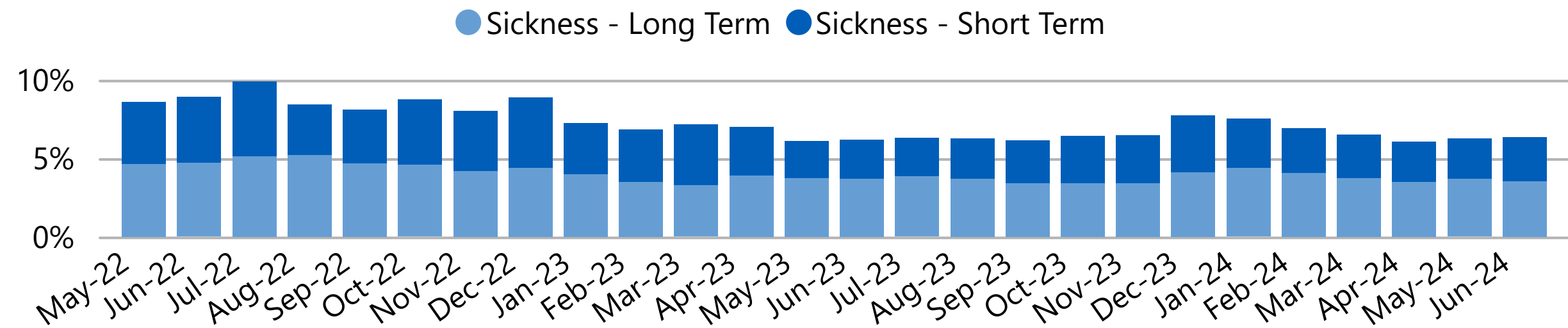
Name	Jun-23	May-24	Jun-24
Turnover (FTE) %	10.6%	10.5%	10.4%
Vacancy Rate %	14.3%	10.6%	9.9%
Apprentice %	9.5%	9.8%	10.0%
BME %	6.1%	7.3%	7.4%
Disabled %	6.2%	8.1%	8.4%
Sickness - Total % (T-5%)	6.2%	6.3%	6.3%
PDR / Staff Appraisals % (T-90%)	71.4%	76.1%	80.4%
Essential Learning		92.5%	92.7%

Assurance: All data displayed has been checked and verified

Sickness Benchmark for Last Month (Trust)



Sickness



YAS Commentary

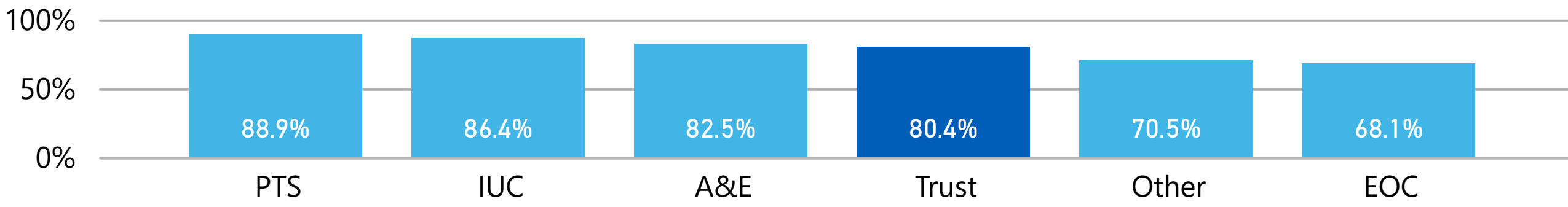
PDR / Appraisals – The overall compliance rate continues to improve across all areas with a notable upturn in Q1 compared to the relatively static position across 23/24. PTS is the highest performing area (88.9%). Targeted support is being provided to areas with lower compliance in addition to the Trust-wide update workshops on how to conduct quality appraisals and career conversations. The new appraisal window for all senior leaders (Band 8a and above) ran April-Jun 2024 with 60% compliance. Support is being provided to ensure completed appraisals are recorded on ESR. The Compliance Dashboard 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 92.7%. Overall compliance rates remain strong however starting to see some topics drop below 90% including Newborn Life Support, Mental Capacity Act and Information Governance. 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.

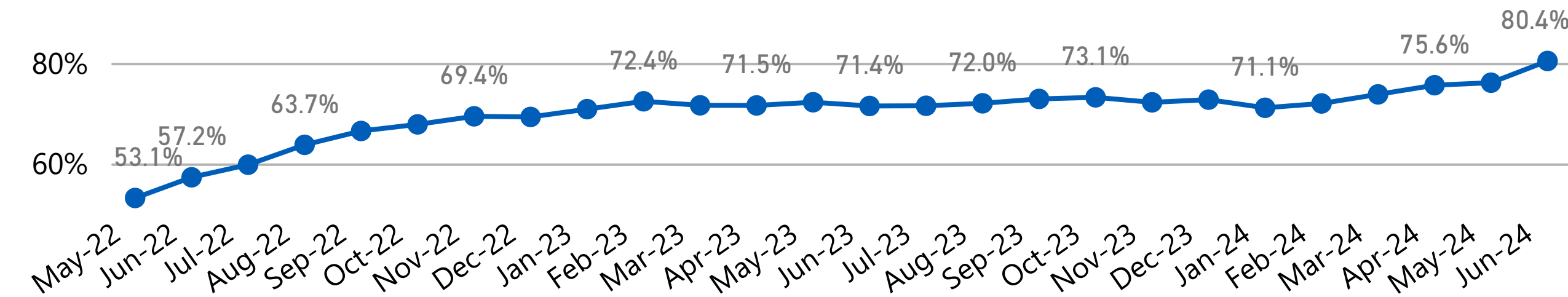
FTE, Turnover, Vacancies and BME – Compared to May 2024, the Turnover Vacancy rate has remained consistent, with the Vacancy Rate improving by 0.7 percentage points (pp) . Whereas, in comparison to the same month last year (June 2023) the Turnover rate has remained consistent, the Vacancy Rate has seen an improvement of c.4.5 percentage points. Both vacancies and turnover remain high for IUC at 22.3% (improvement of 11.6pp from previous month) and 34.7% 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 1.3 percentage points since June 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 remained the same from the previous month. A sub-group of the Organisational Efficiency Group is working to actively reduce absence through monitoring and addressing compliance with absence management processes, workplace adjustments, MSK/injuries at work. The People & Culture Group receives updates on this work. Each service line will be devising a service specific absence reduction plan.

PDR Benchmark for Last Month (Trust)



PDR - Target 90%



YAS Finance Summary (Director Responsible Kathryn Vause) - June 24

Overview - Unaudited Position

Overall

The Trust has a YTD deficit position at month 3 of £0.9m as shown below. 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 is in line with annual plan.

Cash

As at the end of June, the Trust had £50.6m 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)	-£192	-£870	-£678
Cash	£63,089	£60,141	-£2,948
Capital	£403	£420	£17

Monthly View (£000s)

Indicator Name	2024-05	2024-06
▼		
Surplus/ (Deficit)	£0	-£870
Cash	£53,894	£50,599
Capital	£180	£240

Patient Demand Summary

Demand Summary

Indicator	Jun-23	May-24	Jun-24
999 - Incidents (HT+STR+STC)	65,407	77,189	74,467
999 - Calls Answered	83,765	91,766	89,065
IUC - Calls Answered	119,083	154,991	139,656
IUC - Calls Answered vs. Ceiling %	-19.8%	-10.9%	-11.1%
PTS - Demand (Journeys)	78,119	84,846	79,252
PTS - Increase - Previous Month	2.4%	2.2%	-6.6%
PTS - Same Month Last Year	4.6%	11.2%	1.5%
PTS - Calls Answered	31,909	40,254	39,082

Commentary

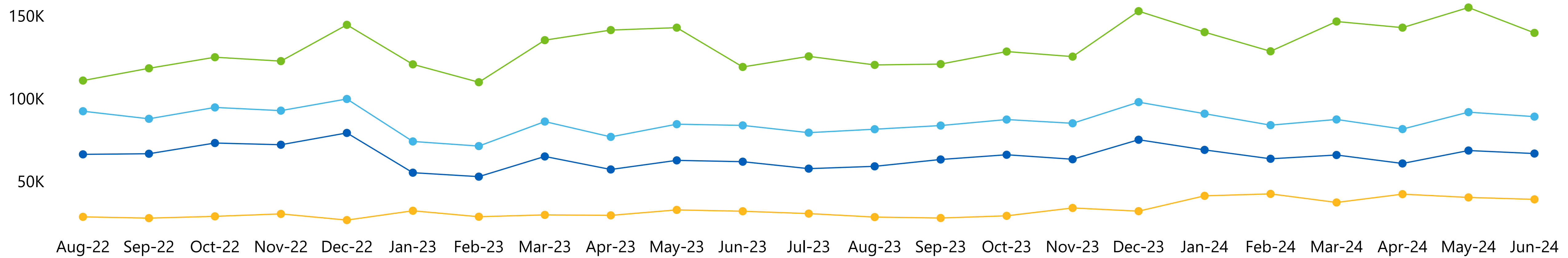
999 - On scene response demand was 2.9% above forecasted figures for June and was 3.7% less than in May. All response demand (HT + STR + STC) was 3.5% lower than May and 13.9% higher than June 2023. This is in part due to changes made in December to the recording of Hear & Treat incidents, whereby more 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 147,784 calls in June, 13.4% below the annual business plan baseline demand. 139,656 (94.5%) of these were answered, 9.9% below last month and 17.3% above the same month last year.

PTS - PTS Total Activity fell under 80,000 journeys for the first time since November. Despite a 6.6% decrease, levels remain above average for this measure. 79,252 journeys were operated including abortions and escorts.

Overall Calls and Demand

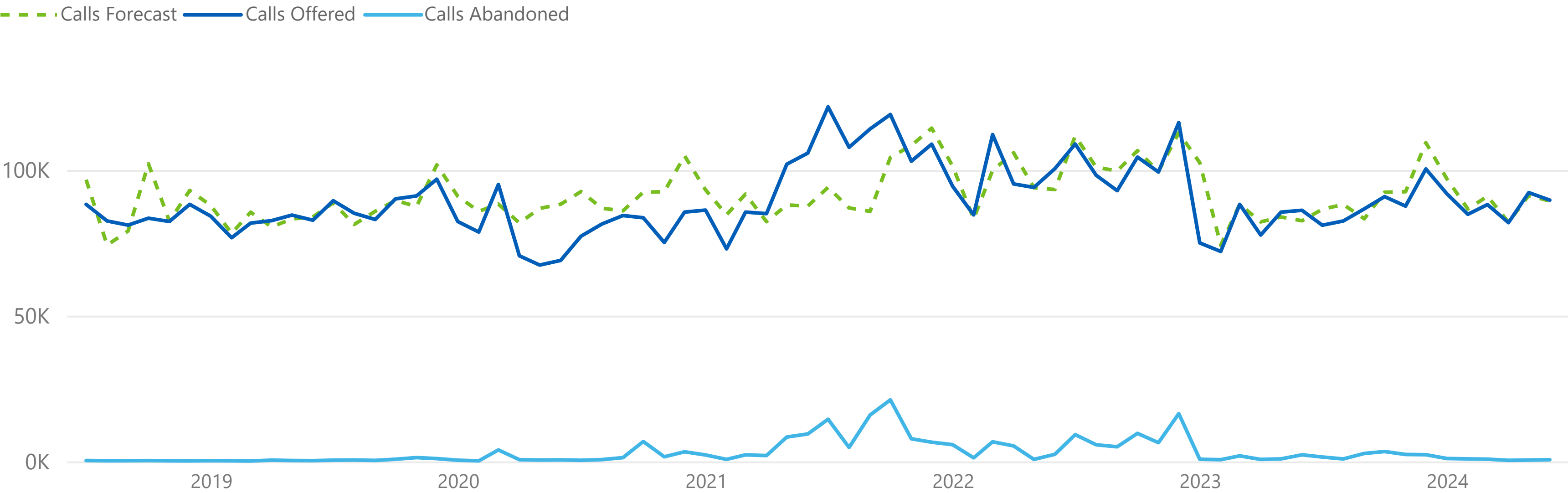
Figure ● 999 - Total Calls via Telephony (AQI) ● 999 - Calls Answered ● IUC - Calls Answered ● PTS - Calls Answered



999 and IUC Historic Demand

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

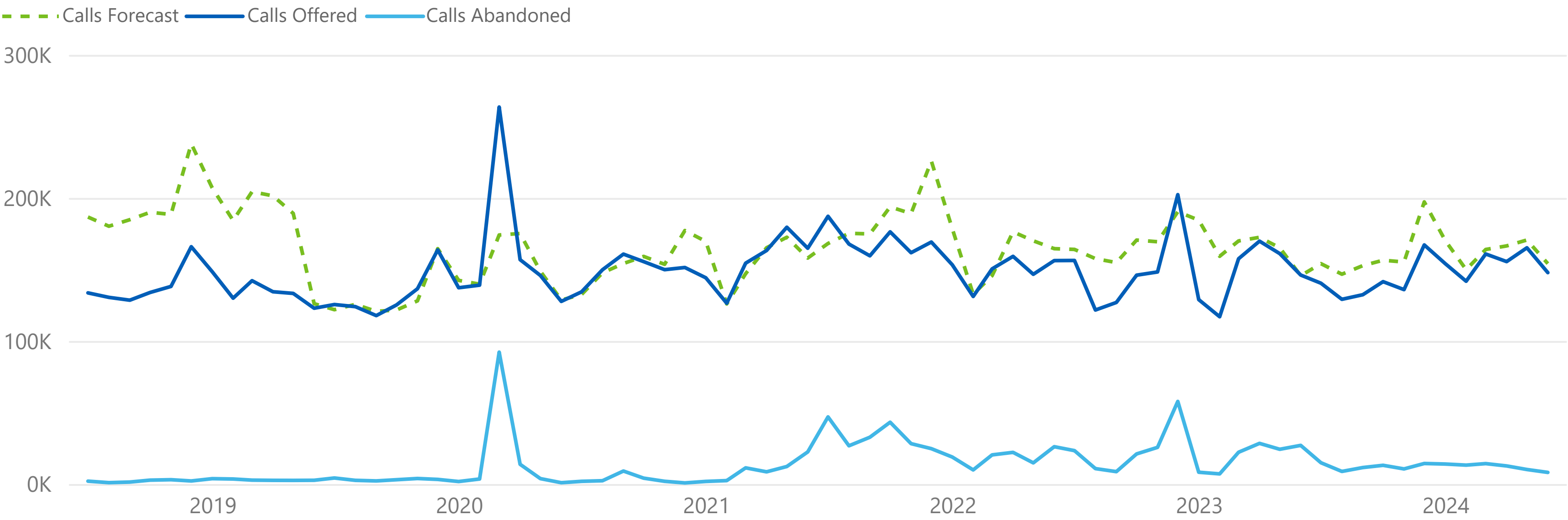
999 Historic Call Demand



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 June 2024, there were 89,650 calls offered which was 0.4% above forecast, with 89,065 calls answered and 585 calls abandoned (0.7%). There were 2.8% fewer calls offered compared with the previous month and 4.1% 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 26.3% increase in abandoned calls compared with the previous month.

IUC Historic Demand



IUC

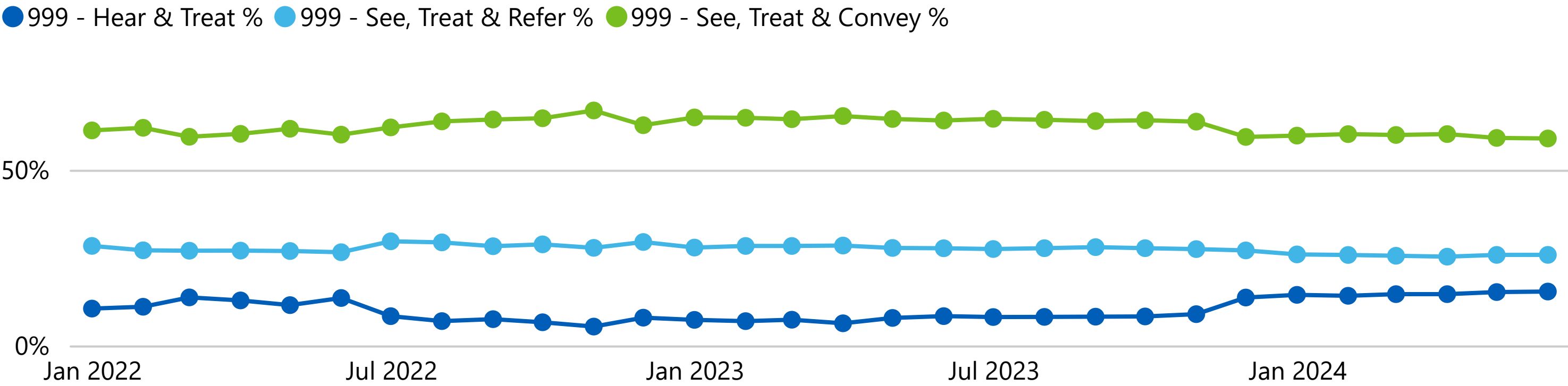
YAS received 147,784 calls in June, 13.4% below the annual business plan baseline demand. 139,656 (94.5%) of these were answered, 9.9% below last month and 17.3% above the same month last year. Calls abandoned decreased to 5.5% from 6.2% last month and was 13.0% below last year.

Patient Outcomes Summary

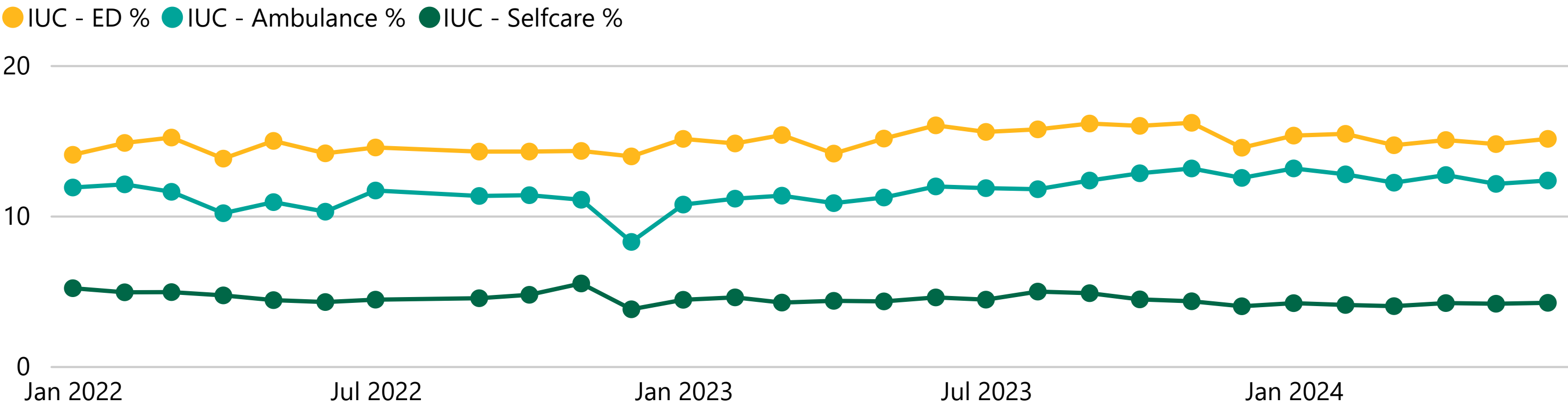
Outcomes Summary

ShortName	Jun-23	May-24	Jun-24
999 - Incidents (HT+STR+STC)	65,407	77,189	74,467
999 - Hear & Treat %	8.3%	15.2%	15.3%
999 - See, Treat & Refer %	27.7%	25.8%	25.8%
999 - See, Treat & Convey %	64.0%	59.0%	58.9%
999 - Conveyance to ED %	56.3%	52.6%	52.6%
999 - Conveyance to Non ED %	7.7%	6.4%	6.3%
IUC - Calls Triaged	111,977	150,688	136,313
IUC - ED %	16.0%	14.7%	15.1%
IUC - Ambulance %	11.9%	12.1%	12.3%
IUC - Selfcare %	4.6%	4.1%	4.2%
IUC - Other Outcome %	13.8%	15.0%	15.4%
IUC - Primary Care %	51.8%	53.2%	52.3%
PTS - Demand (Journeys)	78,119	84,846	79,252

999 Outcomes



IUC Outcomes



Commentary

999 - Comparing incident outcome proportions within 999 for June 2024 against June 2023, the proportion of hear & treat increased by 7.0 percentage points (pp), see treat & refer decreased by 1.9 pp and see treat & convey decreased by 5.1 pp. The proportion of incidents with conveyance to ED decreased by 3.6 pp from June 2023 and the proportion of incidents conveyed to non-ED decreased by 1.5 pp. 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 12.3%, with Primary Care outcomes at 52.3%. 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 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)

A&E

EOC

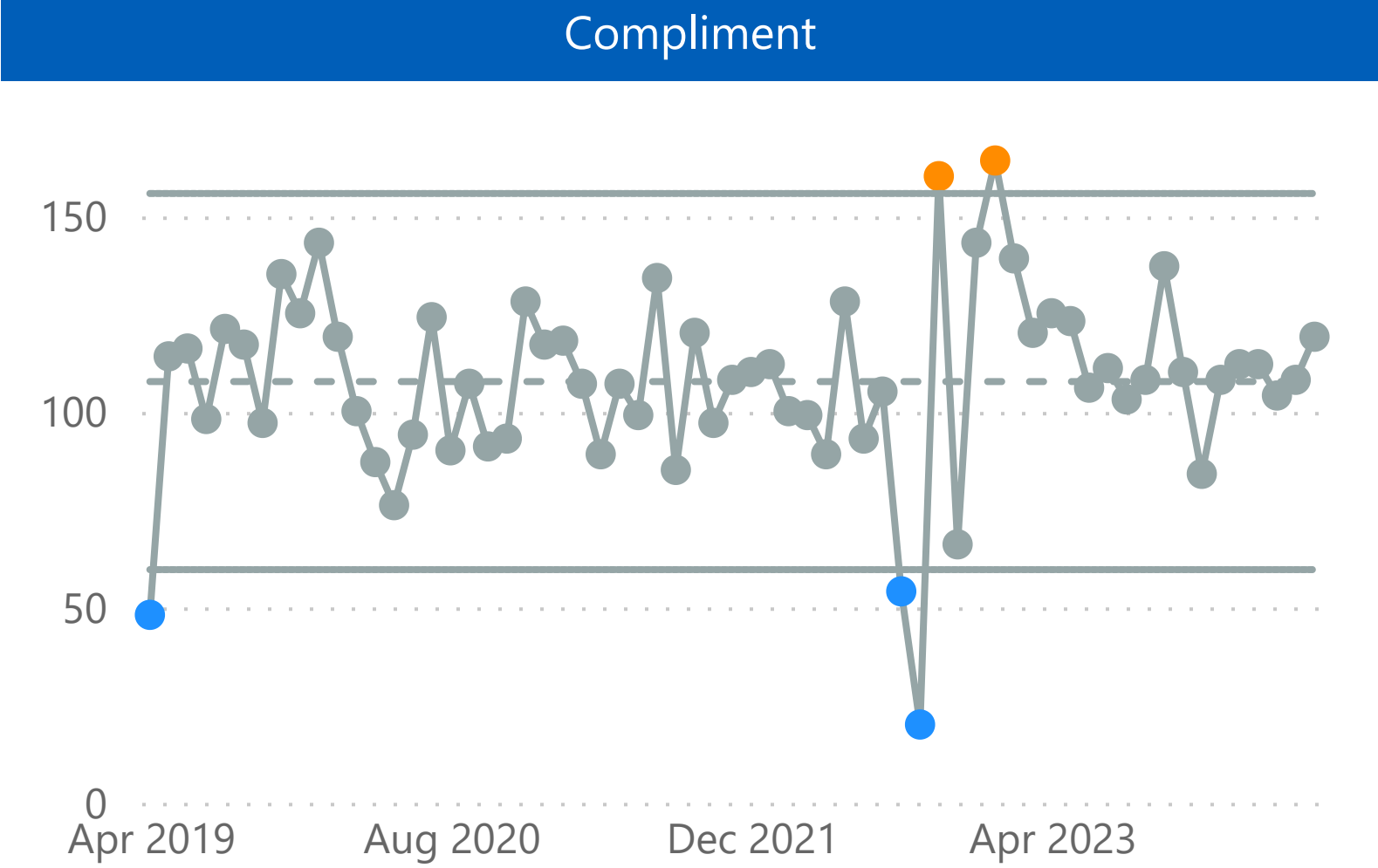
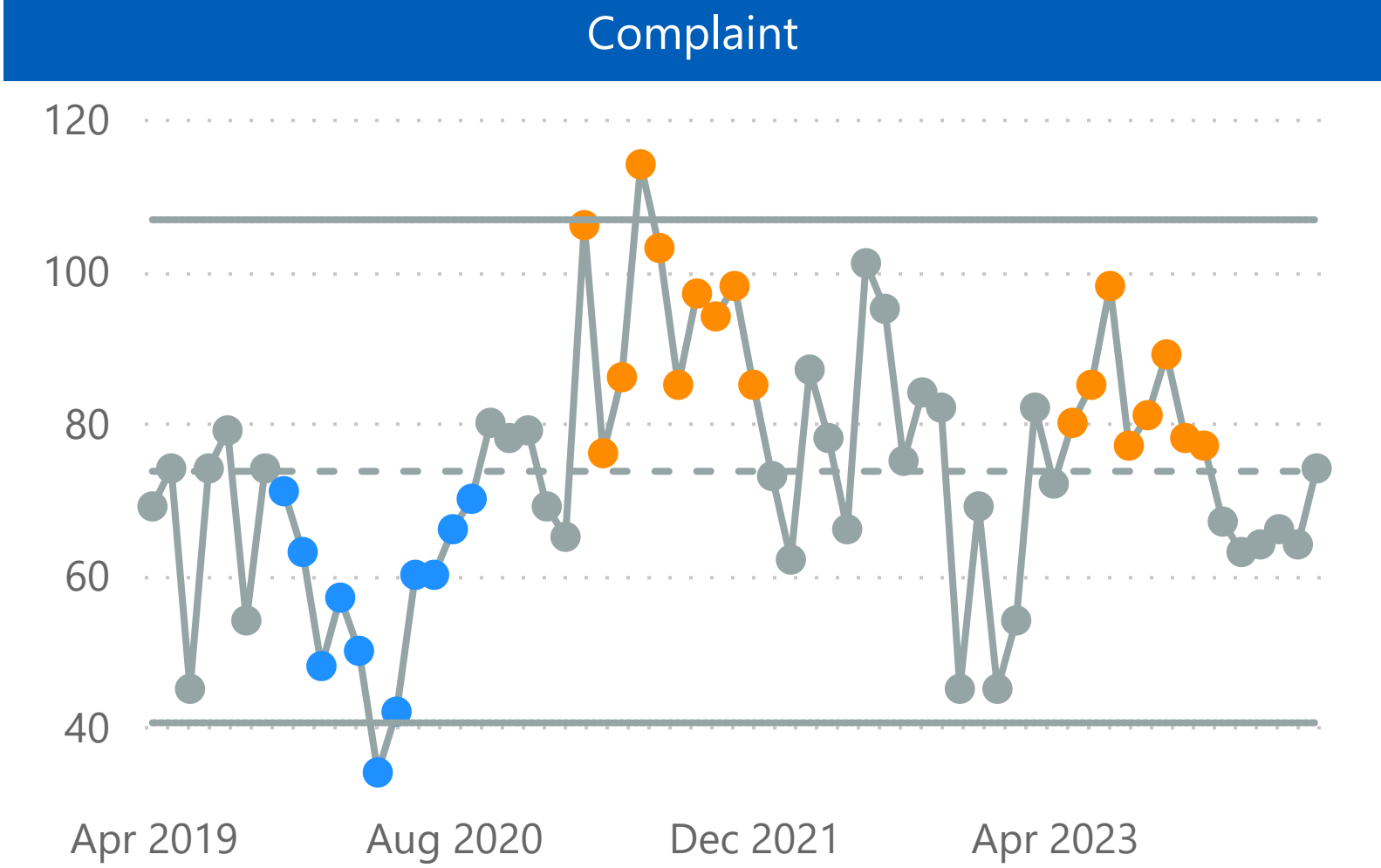
IUC

PTS

YAS

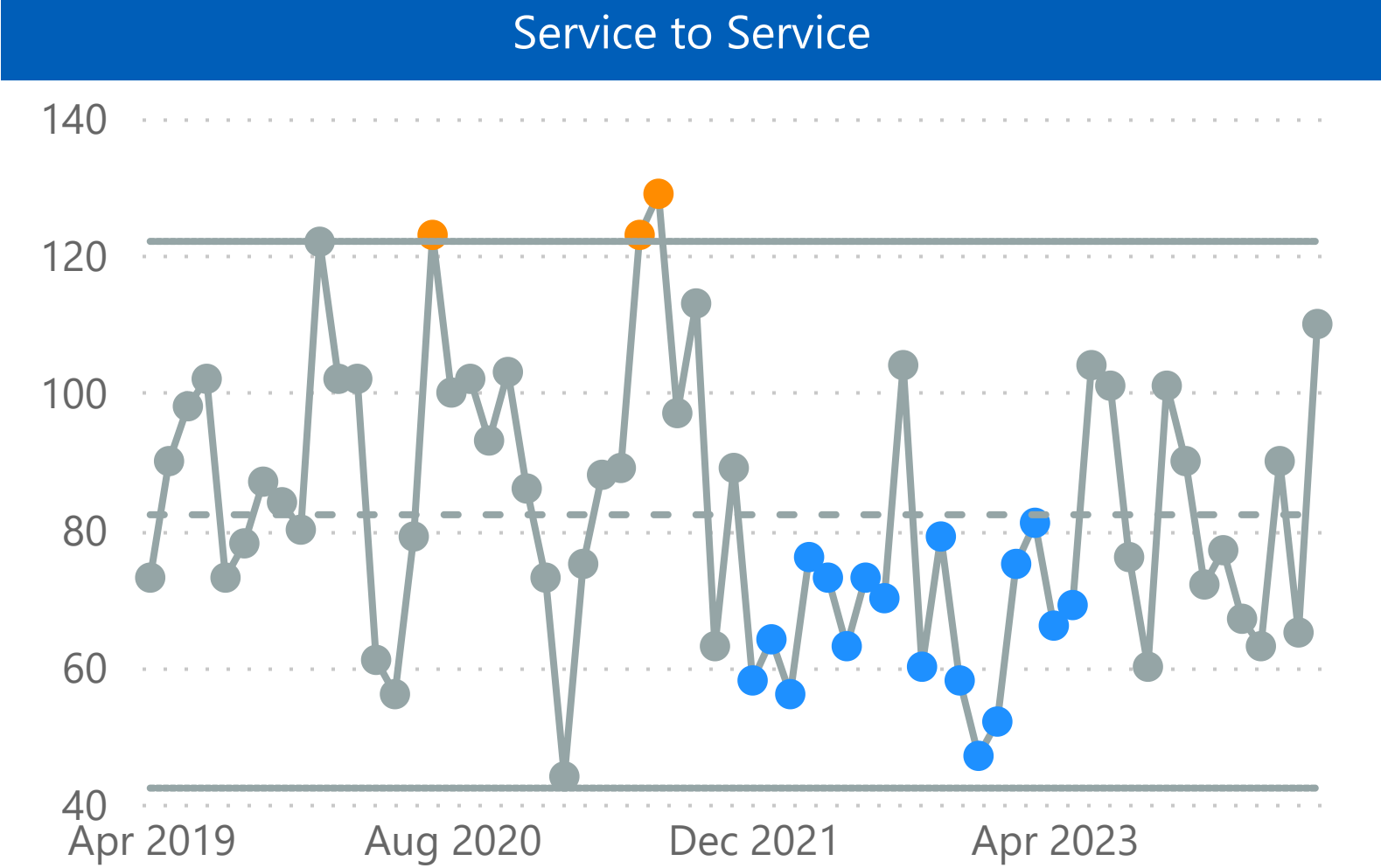
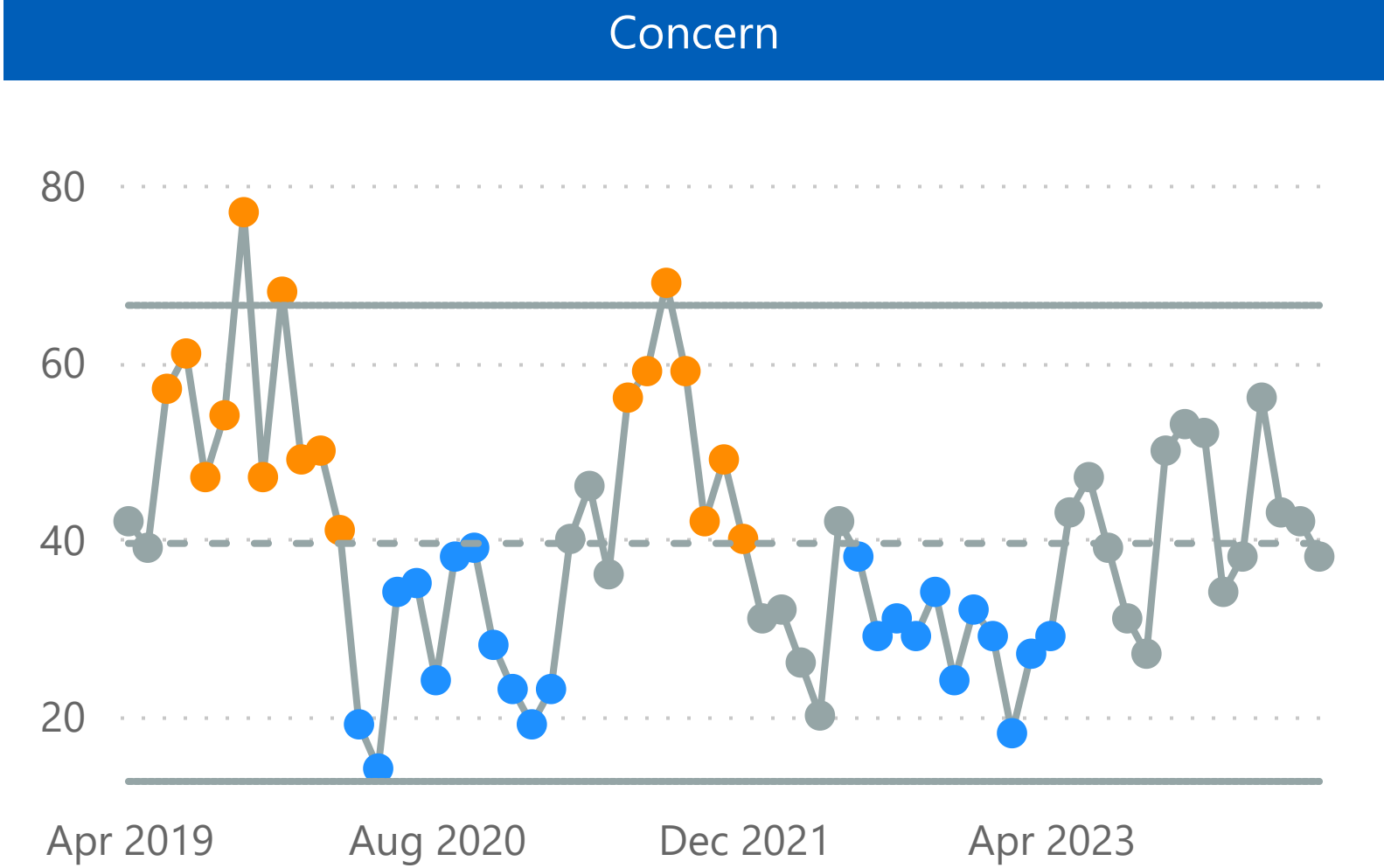


Patient Relations			
Indicator	Jun-23	May-24	Jun-24
Service to Service	104	65	110
Concern	47	42	38
Compliment	106	108	119
Complaint	85	64	74



YAS Comments

YAS has seen an increase in all elements of the 4C’s except for ‘Concern’ which has decreased by 4 when compared to May-2024. Whereas the overall number of ‘Concerns’ reduced, A&E (+2) and EOC (+3) saw increases. Average response times have increased and the number of complaints closed within the agreed time frame has decreased. This is due to a back log in patient relations cases. A recovery plan is in place and being monitored on a weekly basis by the Head of Nursing and Patient Experience to ensure that complaints are dealt with efficiently and to a high quality. Process changes are also planned in Q3 which will see improvements in these metrics





Incidents

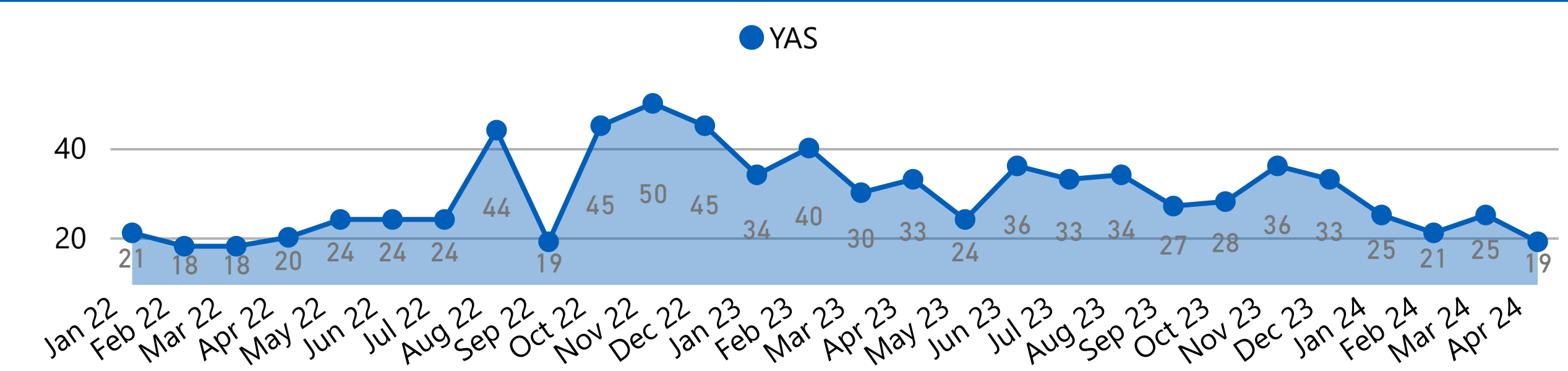
Indicator	Jun-23	May-24	Jun-24
All Incidents Reported	689	983	876
Number of duty of candour contacts	15	11	3
Number of RIDDORs Submitted		4	3
Patient Safety Indicator Incident Investigation		1	1

Indicator	Apr 23	Mar 24	Apr 24
Moderate & Above Harm (verified)	33	25	19
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	5	9	9

Hygeine

Indicator	Jun-23	May-24	Jun-24
% Compliance with Hand Hygiene	89.4%	96.8%	98.6%
% Compliance with Premise	93.3%	98.7%	98.1%
% Compliance with Vehicle	84.2%	97.4%	99.4%

Incidents - Verified Moderate and Above Harm



Safeguarding

Indicator	Jun-23	May-24	Jun-24
Domestic Homicide Review (DHR)	1	1	4
Safeguarding Adult Review (SAR)	2	5	4
Child Safeguarding Practice Review/Rapid Review (CSPR/RR)	4	2	1
Child Death	13	15	11

YAS Comments

Domestic Homicide Reviews (DHR) – 4 requests for information in relation to a DHR were received in June.

Safeguarding Adult Review (SAR) – 4 requests for information in relation to SAR’s were received in June.

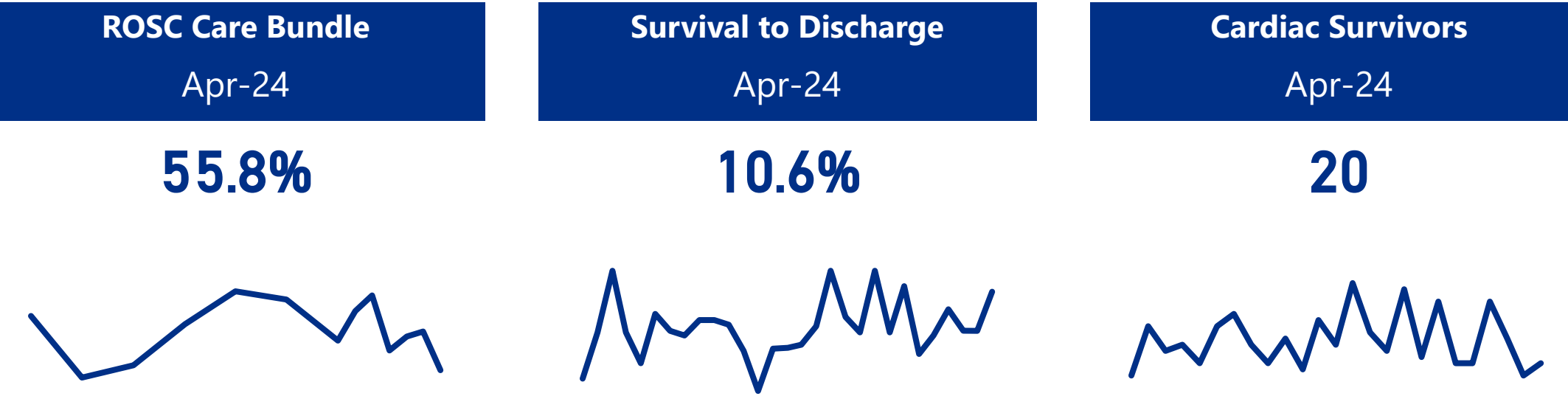
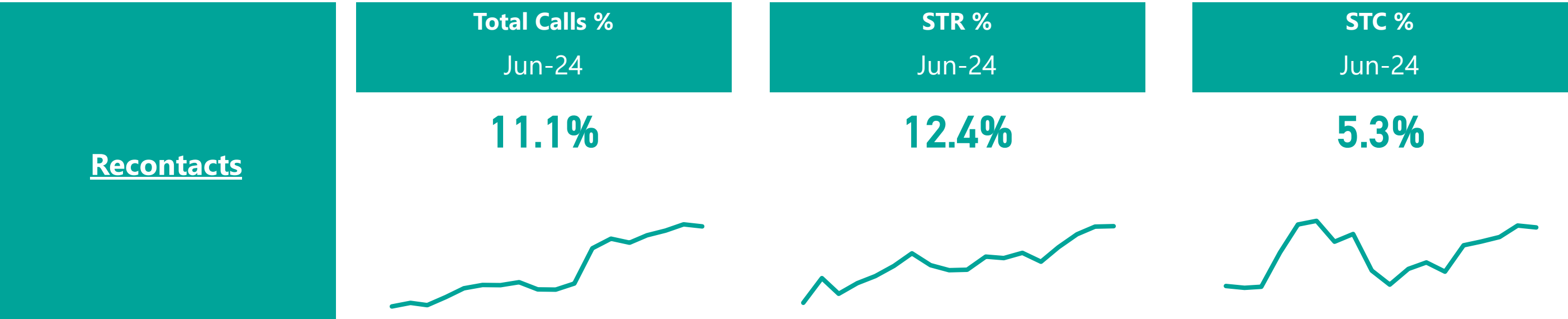
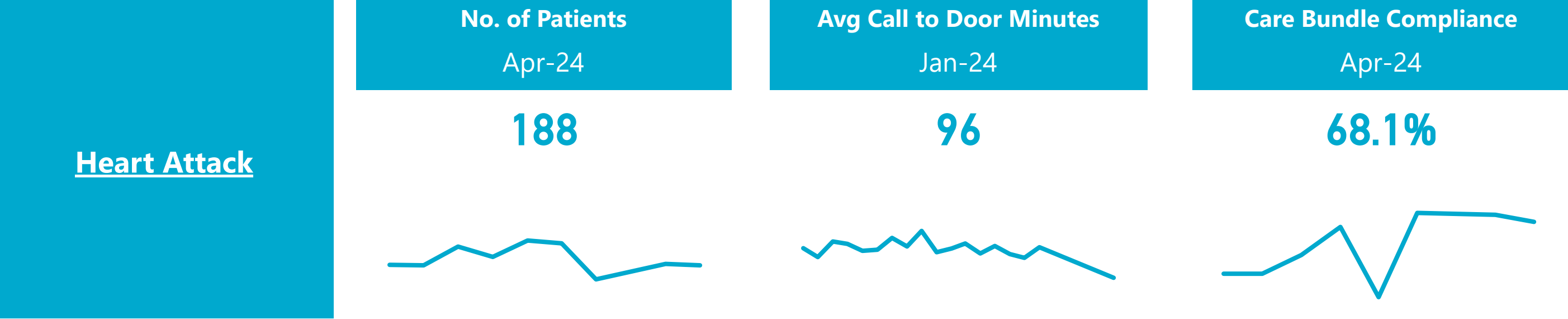
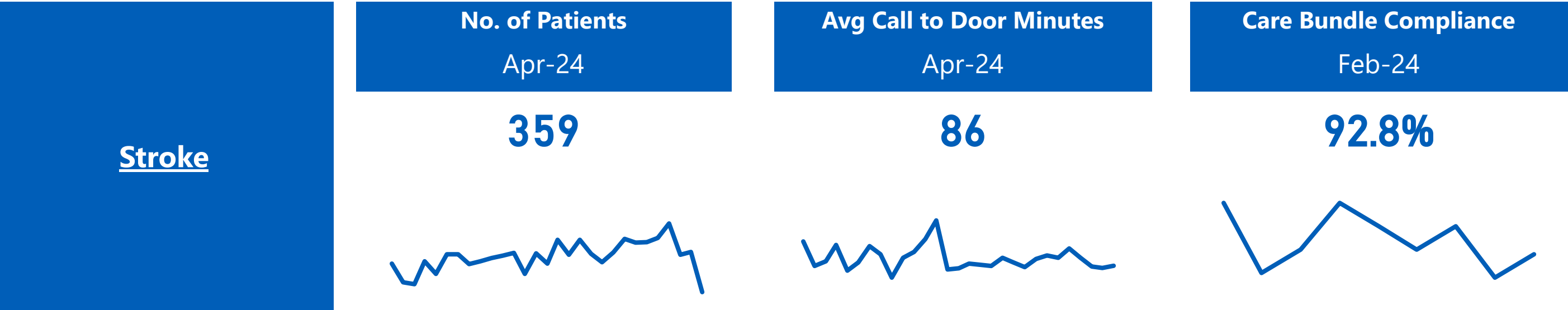
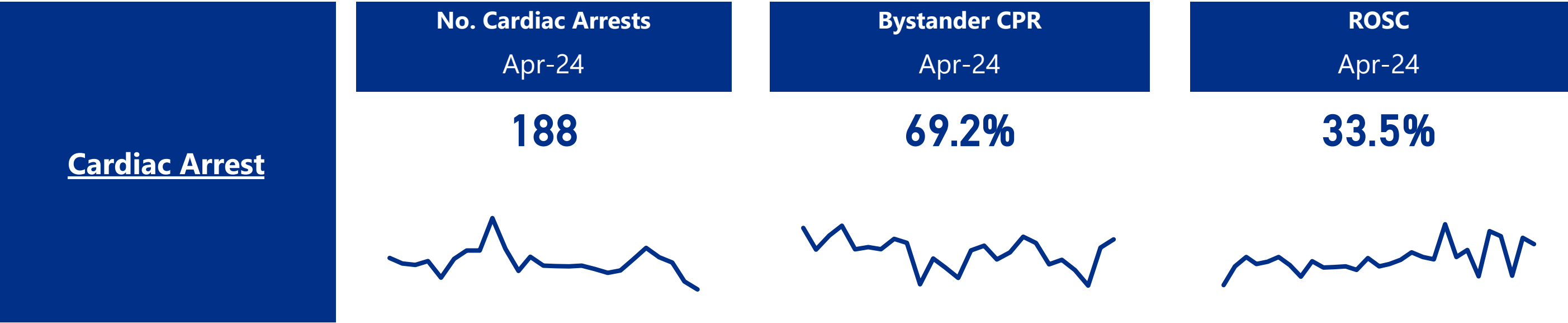
Child Safeguarding Practice Review / Rapid Review (CSPR/RR) – the team contributed information in relation to 1 Rapid Review in June. 0 requests for information to support a CSPR were received.

Child death - The Safeguarding team contributed information in relation to 11 children who died in June. This is a decrease of 4 in comparison to May.

A&E Long Responses

Indicator	Jun-23	May-24	Jun-24
999 - C1 Responses > 15 Mins	895	814	775
999 - C2 Responses > 80 Mins	2,704	2,834	2,508

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



Cardiac Arrest - The number of cardiac arrests continues to reduce following the winter peak and bystander CPR rates have recovered to baseline, meaning that survival to discharge has risen to 10.6% with 20 survivors in April. The GoodSAM responder capital has been approved and now awaiting installation and configuration - the app will support bystander CPR improvements and survival to discharge numbers. A cardiac arrest pilot has been approved for trial in the Emergency Operations Centre to help refine the identification of cardiac arrest and ensure the right number of resources are dispatched.

Stroke - Average call to door time remains high at 86 minutes due to long response times to category 2 patients and average on scene times are higher than ideal at 35 minutes. The stroke care bundle remains consistently high at 92.8%. 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 June 2022, overall Recontact Rates were consistent across all ICS' with 11.8%, 10.8% and 10.6% for SY, HNY and WY respectively.

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'.

Estates

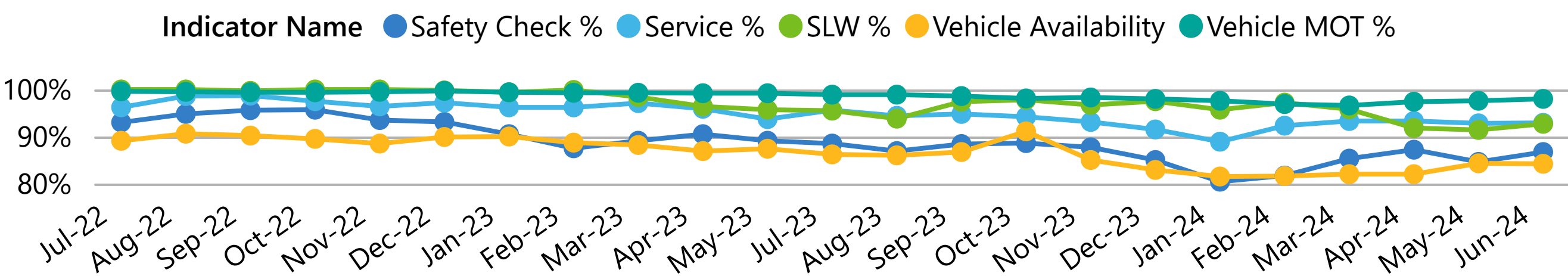
Indicator	Jun-23	May-24	Jun-24
P1 Emergency (<2Hrs) – Attendance			75.0%
P1 Emergency (<24 Hrs) - Completed			75.0%
P2 Emergency (<4 Hrs) - Attendance	92.5%	88.4%	90.0%
P2 Emergency (<24 Hrs) – Completed	69.8%	74.4%	72.5%
P3 Non Emergency (<24Hrs) - Attendance	89.6%	81.4%	92.5%
P3 Non Emergency (<72 Hrs) – Completed	75.0%	67.1%	71.6%
P4 Non Emergency (<2 Working Days) - Attendance	96.6%	89.0%	86.3%
P4 Non Emergency (<14 Days) – Completed	82.1%	76.8%	81.1%
P6 Non Emergency (<2 Weeks) - Attendance	98.3%	73.3%	91.4%
P6 Non Emergency (4 Weeks) - Completed	79.0%	52.0%	75.9%
P5 Non Emergency - Logged to Wrong Category	100.0%	100.0%	
Planned Maintenance Complete	98.5%	97.8%	95.6%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 264 jobs for the month of June. This is lower than a representative average of 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 23 requests followed by Callflex at 18 and Bramley at 14 requests for reactive works. SLA figures are relatively low with at an overall attendance KPI at 90% however, completion KPI is also 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 P3 category accounts for a quarter of request with attendance KPI at 93% against a target of 98%. P4 category account for just over a third of requests with attendance KPI at 86% 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 June with a completion of 96%.”

999 Fleet



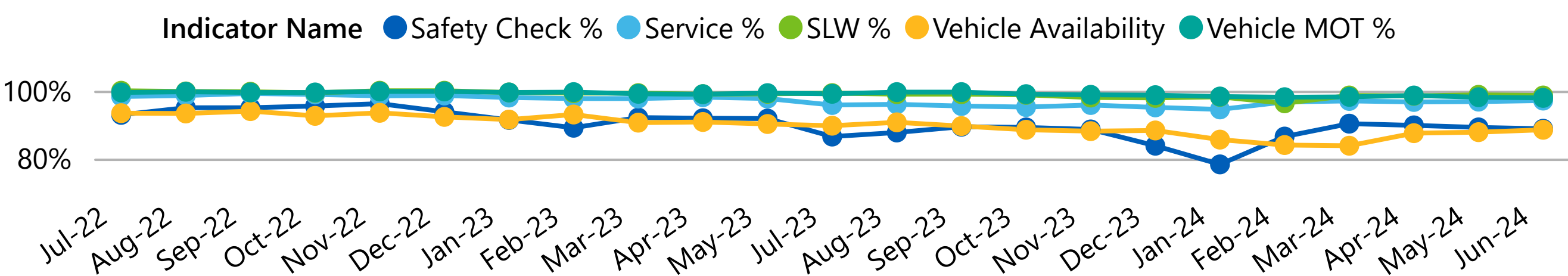
999 Fleet Age

Indicator	May-24	Jun-24
Vehicle age +7	17.7%	19.0%
Vehicle age +10	1.3%	1.1%

PTS Age

Indicator	May-24	Jun-24
Vehicle age +7	26.8%	26.6%
Vehicle age +10	6.2%	6.5%

PTS Fleet



Fleet Comments

A&E availability has dropped by 0.1pp to 84.2% in June, Fleet are repairing the engine faults of the 2.3 litre Fiat Ducato with issues slowing with the introduction of additional oil changes, but due to the initial number of failures there is still an affect on vehicle availability. Repair turnaround times are reducing the backlog. Routine maintenance compliance has increased by 1pp to 92.6% overall. PTS routine maintenance compliance has also decreased by 0.1pp to 95.6%, although availability has increased by 0.7pp to 88.5%. Fleet continue to use all available resource to maximise vehicle availability and are working with operational colleagues to ensure rotas have the required vehicle availability.PTS age profile is set to improve in the next 2 months with the introduction of 60 New PTS vehicles, while the A&E will increase slightly with the next 61 vehicles being used to increase the DCA fleet, the DCA age profile will improve with the next 73 new vehicles which are due in December.

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