

Integrated Performance Report

July 2024

Published 20 August 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 - July 24

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:06		
999 - Answer 95th Percentile		00:00:42		
999 - AHT		00:06:35		
999 - Calls Ans in 5 sec	95.0%	89.6%		
999 - C1 Mean (T < 7 Mins)	00:07:00	00:07:52		
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:50		
999 - C2 Mean (T < 18 Mins)	00:18:00	00:27:58		
999 - C2 90th (T < 40 Mins)	00:40:00	01:01:58		
999 - C3 Mean (T < 1 Hour)	01:00:00	01:19:15		
999 - C3 90th (T < 2 Hour)	02:00:00	03:04:45		
999 - C1 Responses > 15 Mins		793		
999 - C2 Responses > 80 Mins		1,977		
999 - Job Cycle Time		01:51:21		
999 - Avg Hospital Turnaround	00:30:00	00:51:05		
999 - Avg Hospital Handover	00:15:00	00:27:59		
999 - Avg Hospital Crew Clear	00:15:00	00:23:27		
999 - Total lost handover time		5,612		
999 - Crew clear over 30 mins %		28.3%		
999 - C1%		15.9%		
999 - C2%		59.4%		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer-The mean call answer was 6 seconds for July, a decrease from June of 1 second. The median remained the same at zero seconds and the 90th, 95th and 99th percentiles decreased. The 90th decreased from 15 seconds in June to 7 seconds in July, 95th decreased from 50 seconds to 42 seconds and 99th decreased from 2 minutes 5 seconds to 1 minute 59 seconds.

Cat 1-4 Performance-The mean performance time for Cat1 improved from June by 6 seconds and the 90th percentile improved by 3 seconds. The mean performance time for Cat2 improved from June by 2 minutes 45 seconds and the 90th percentile improved by 6 minutes 43 seconds. Compared to July of the previous year, the Cat1 mean improved by 42 seconds, the Cat1 90th percentile improved by 1 minute, the Cat2 mean improved by 1 minute 17 seconds and the Cat2 90th percentile improved by 3 minutes 37 seconds.

Call Acuity-The proportion of Cat1 and Cat2 incidents was 75.3% in July (15.9% Cat1, 59.4% Cat2) after a 0.9 percentage point (pp) decrease compared to June (0.6 pp decrease in Cat1 and 0.3 pp decrease in Cat2). Comparing against July for the previous year, Cat1 proportion increased by 1.9 pp and Cat2 proportion decreased by 0.7 pp.

Responses Tail (C1 and C2)-The number of Cat1 responses greater than the 90th percentile target increased in July, with 793 responses over this target. This is 18 (2.3%) more compared to June. The number for last month was 5.6% lower than July 2023.The number of Cat2 responses greater than 2x 90th percentile target decreased from June by 531 responses (21.2%). This is a 15.5% decrease from July 2023.

Hospital & Job Cycle Time-From October 2023, the way handover times are reported changed and following the new national guidance the average handover time has increased across the Trust. Last month the average handover time decreased by 3 seconds and overall turnaround time increased by 1 second. The number of conveyances to ED was 2.6% higher than in June. Overall, the average job cycle time decreased by 36 seconds from June.

Demand-On scene response demand was 0.3% below forecasted figures for July. It was 3.0% higher compared to June and 4.5% higher compared to July 2023. All response demand (HT + STR + STC) was 2.9% higher than June.

Outcomes-Comparing incident outcome proportions within 999 for July against June, the proportion of hear & treat decreased by 0.1 percentage points (pp), see treat & refer decreased by 0.2 pp and see treat & convey increased by 0.3 pp. The proportion of incidents with conveyance to ED decreased by 0.1 pp and the proportion of incidents conveyed to non-ED increased by 0.4 pp.

IUC IPR Key Indicators - July 24

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		137,384		
IUC - Answered vs. Last Month %		-1.6%		
IUC - Answered vs. Last Year %		9.5%		
IUC - Calls Triage		134,357		
IUC - Calls Abandoned %	3.0%	1.0%		
IUC - Answer Mean	00:00:20	00:00:11		
IUC - Answered in 60 Secs %	90.0%	94.0%		
IUC - Answered in 120 secs %	95.0%	96.5%		
IUC - Callback in 1 Hour %	60.0%	48.6%		
IUC - ED Validations %	50.0%	60.9%		
IUC - 999 Validations %	75.0%	99.7%		
IUC - ED %		15.6%		
IUC - ED Outcome to A&E %		76.9%		
IUC - ED Outcome to UTC %		9.5%		
IUC - Ambulance %		13.3%		

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 144,795 calls in July, 6.6% below the annual business plan baseline demand. 137,384 (94.9%) of these were answered, 1.6% below last month and 10.0% 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 94.0% from 91.4% in July. Average speed to answer has decreased by 9 seconds to 11 seconds compared with 20 seconds last month. Abandonment rate decreased to 1.0% from 1.6% last month.

The proportion of clinician call backs made within 1 hour increased to 48.6% from 42.9% last month. This is 11.4% below the national target of 60%. Core clinical advice increased to 25.7% 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 98.4% in July, whilst performance for overall validations was 99.7%, with 12,858 cases validated overall.

ED validation performance decreased to 60.9% from 61.1% last month. The target for this KPI is 50%. ED validation continues to be driven down since the implementation of 111 First and the prioritisation of UTCs over validation services for cases with an initial ED outcome. Previous analysis showed that if cases now going to UTCs that would have gone to validation previously were no longer included in the denominator for the validation calculation, YAS would have met and exceeded the 50% target every month this year.

Amongst booking KPIs, bookings to UTCs decreased to 22.4% from 41.3% last month and ED bookings decreased to 0.0% from 22.2%. 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.

Please note: the reporting rules for telephony performance measures have been updated in line with the decision paper approved in TEG on 24/07/24. The changes have been backdated to March 2023.

PTS IPR Key Indicators - July 24

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	88.9%		
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	84.0%		
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	89.9%		
PTS - Arrive at Appointment Time	90.0%	88.1%		
PTS - Journeys < 120Mins	90.0%	99.3%		
PTS - Same Month Last Year		16.8%		
PTS - Increase - Previous Month		10.2%		
PTS - Demand (Journeys)		87,368		

PTS Exceptions - Comments (Director Responsible - Nick Smith)

July saw the highest PTS Activity since July 2019. 87,368 journeys were operated including abortions and escorts. Demand was 10.2% higher than June, and 16.8% more than the same period the previous year (Note: July had three additional working days to June, having an impact on activity).

70,356 journeys were delivered in July, 10.7% higher than the forecast from the Annual Business Plan. This leaves the year-to-date position 8.2% over expected.

Reservations saw the largest volume of calls since February. Over 45,000 calls were received, 12.1% higher than July 2023. Despite increased call volumes, performance continues to be over 80.0%, with the Calls Answered in 180 Seconds KPI missing target by 0.1% (89.9%). Improved staffing levels had a positive impact on service level. 41 FTE were schedule to work in July, 15 FTE higher than the same period the previous year.

3.3% of Total Delivered journeys were ‘Must Travel Alone’. This has been static since November 2023. July saw a shift in the split of MTA journeys. The percentage of Renal patients increased from 37.7% to 44.2% - a 6.6% increase. This was the largest split of Renal Journeys over the past 12 months.

Short Notice Outwards Performance increased for the second month running. 84.0% of patients were picked up in 120 minutes. The number of hours worked by Private Crews saw a 18.0% increase to June. However, it is important to note that due to the additional three working days in July, this will account for a proportion of the extra Private Provider activity.

There were no significant changes to all other Core KPI’s in July.

Workforce Summary

A&E

EOC

IUC

Other

PTS

Trust



Key KPIs

Name	Jul-23	Jun-24	Jul-24
Turnover (FTE) %	10.0%	10.4%	10.6%
Vacancy Rate %	13.7%	9.9%	10.4%
Apprentice %	9.2%	10.0%	9.8%
BME %	6.2%	7.4%	7.6%
Disabled %	6.2%	8.4%	8.7%
Sickness - Total % (T-5%)	6.3%	6.3%	6.8%
PDR / Staff Appraisals % (T-90%)	71.5%	80.4%	79.5%
Essential Learning		92.7%	92.4%

YAS Commentary

PDR / Appraisals – The overall compliance rate has decreased from last month (Jun) but generally shows a notable upturn in 24/25 compared to the relatively static position across 23/24. PTS is the highest performing area (87.3%) with EOC as the lowest (64.5%). Targeted support is being provided to areas with lower compliance by the Leadership & OD Business Partners including assistance to ensure completed appraisals are recorded on ESR. The Compliance Dashboard is accessible to all managers and a new eAppraisal is in development.

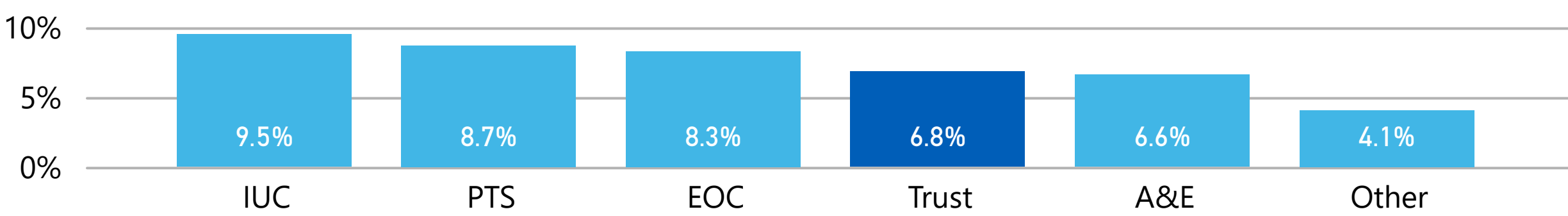
Essential Learning – From financial year 23/24, we now report on Essential Learning as our core Statutory and Mandatory training measure replacing the bundles previously reported taking into account essential compliance within the Trust. As a Trust we are meeting the target of 90%, at 92.4%. EOC has now dropped below the target at 86.6%. 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 June 2024, the Turnover rate has remained consistent, with the Vacancy Rate deteriorated by 0.5 percentage points (pp) . Whereas, in comparison to the same month last year (July 2023) the Turnover rate has slightly deteriorated, the Vacancy Rate has seen an improvement of c.3.3 percentage points. Both vacancies and turnover remain high for IUC at 21.7% and 34.6% 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 stay interviews being in place to understand if staff are considering leaving. The numbers of BME and staff living with disabilities is steadily improving i.e. BME has increased by 1.4 percentage points since July 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.

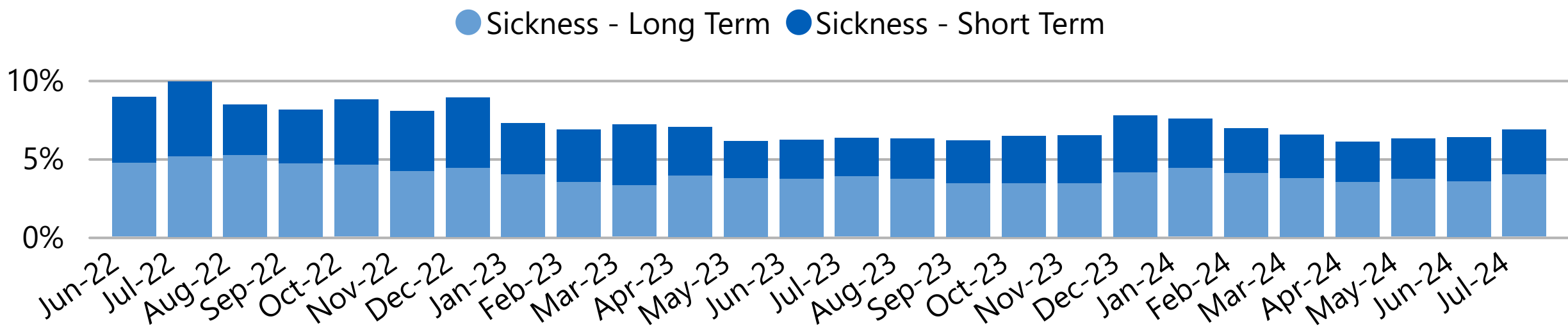
Sickness – Sickness has increased from the previous month by 0.5pp and is now much higher than is usually seen at this time of year. A sub-group of the Organisational Efficiency Group is working to actively reduce absence through monitoring and addressing compliance with day one and return to work absence management processes and MSK/injuries at work. The People & Culture Group receives updates on this work. Each service line will be devising a service specific absence reduction plan.

Assurance: All data displayed has been checked and verified

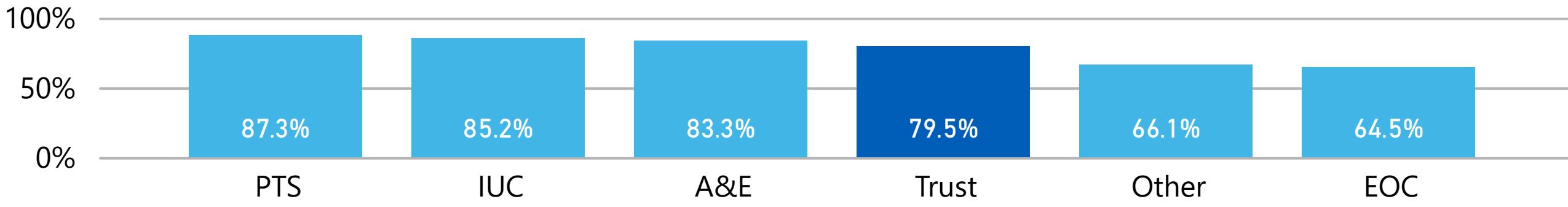
Sickness Benchmark for Last Month (Trust)



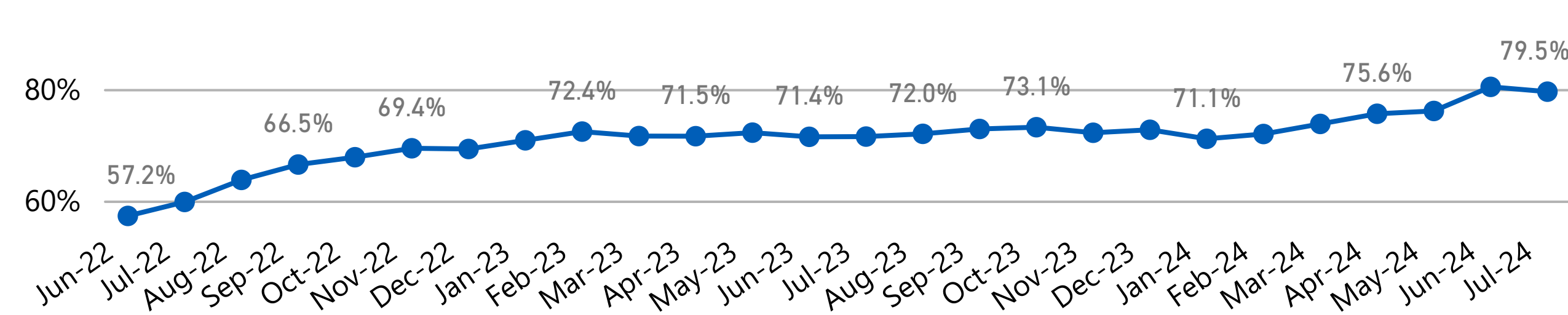
Sickness



PDR Benchmark for Last Month (Trust)



PDR - Target 90%



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



Overview - Unaudited Position

Overall

The Trust has a YTD deficit position at month 4 of £1.174k 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 remains in line with annual plan.

Cash

As at the end of July, the Trust had £55.1m 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)	£200	-£975	-£1,174
Cash	£62,935	£55,100	-£7,835
Capital	£646	£1,324	£678

Monthly View (£000s)

Indicator Name	2024-05	2024-06	2024-07
▼			
Surplus/ (Deficit)	£0	-£870	-£105
Cash	£53,894	£50,599	£55,100
Capital	£180	£240	£904

Patient Demand Summary

Demand Summary

Indicator	Jul-23	Jun-24	Jul-24
999 - Incidents (HT+STR+STC)	67,575	74,467	76,617
999 - Calls Answered	79,384	89,065	90,283
IUC - Calls Answered	124,858	139,664	137,384
IUC - Calls Answered vs. Ceiling %	-20.1%	-11.1%	-13.1%
PTS - Demand (Journeys)	74,785	79,252	87,368
PTS - Increase - Previous Month	-4.3%	-6.6%	10.2%
PTS - Same Month Last Year	1.6%	1.5%	16.8%
PTS - Calls Answered	30,489	39,082	42,918

Commentary

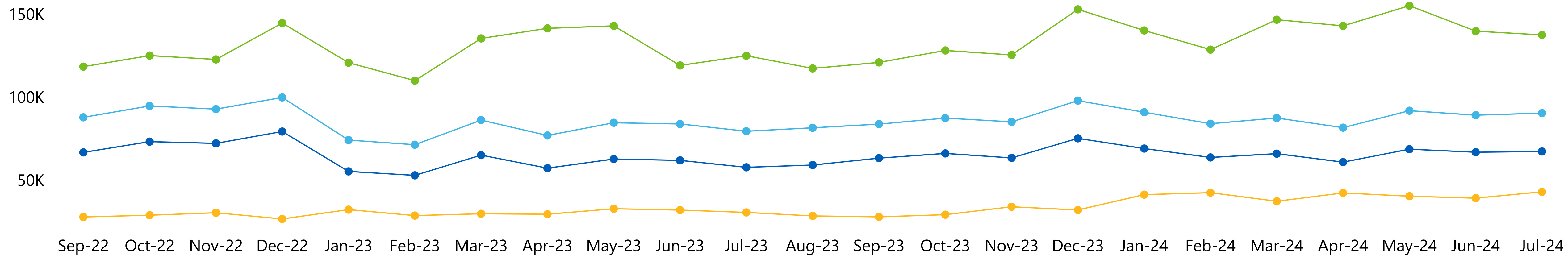
999 - On scene response demand was 0.3% below forecasted figures for July. It was 3.0% higher compared to June and 4.5% higher compared to July 2023. All response demand (HT + STR + STC) was 2.9% higher than June.

IUC - YAS received 144,795 calls in July, 6.6% below the annual business plan baseline demand. 137,384 (94.9%) of these were answered, 1.6% below last month and 10.0% above the same month last year.

PTS - July saw the highest PTS Activity since July 2019. 87,368 journeys were operated including abortions and escorts. Demand was 10.2% higher than June, and 16.8% more than the same period the previous year (Note: July had three additional working days to June, having an impact on activity).

Overall Calls and Demand

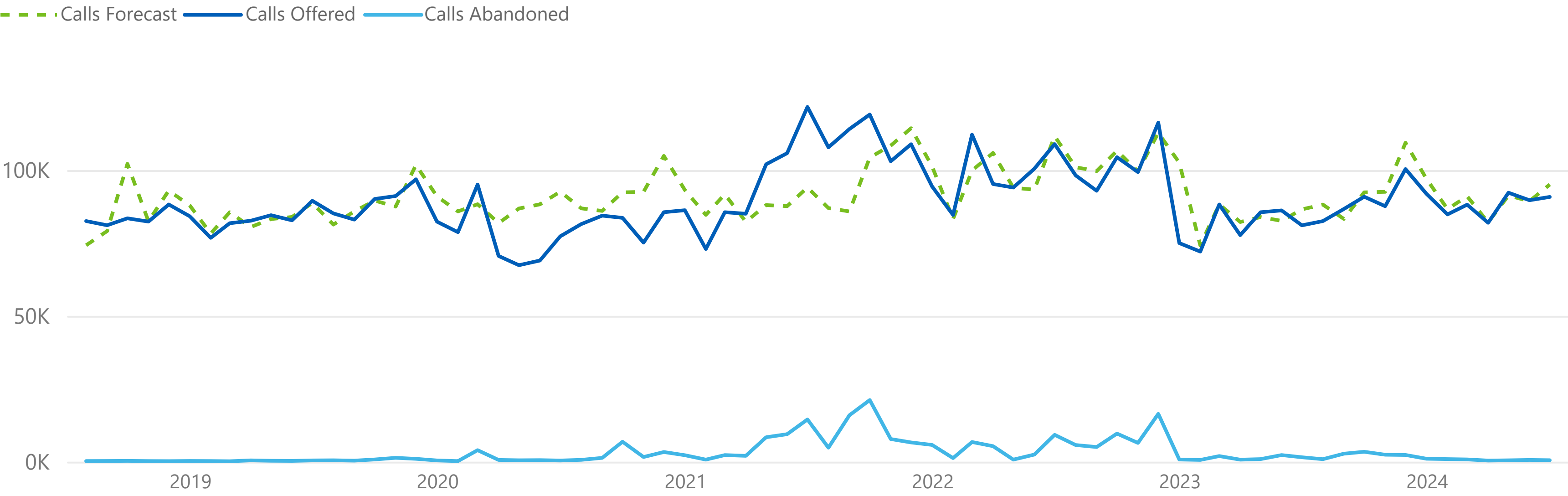
Figure ● 999 - Total Calls via Telephony (AQI) ● 999 - Calls Answered ● IUC - Calls Answered ● PTS - Calls Answered



999 and IUC Historic Demand

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

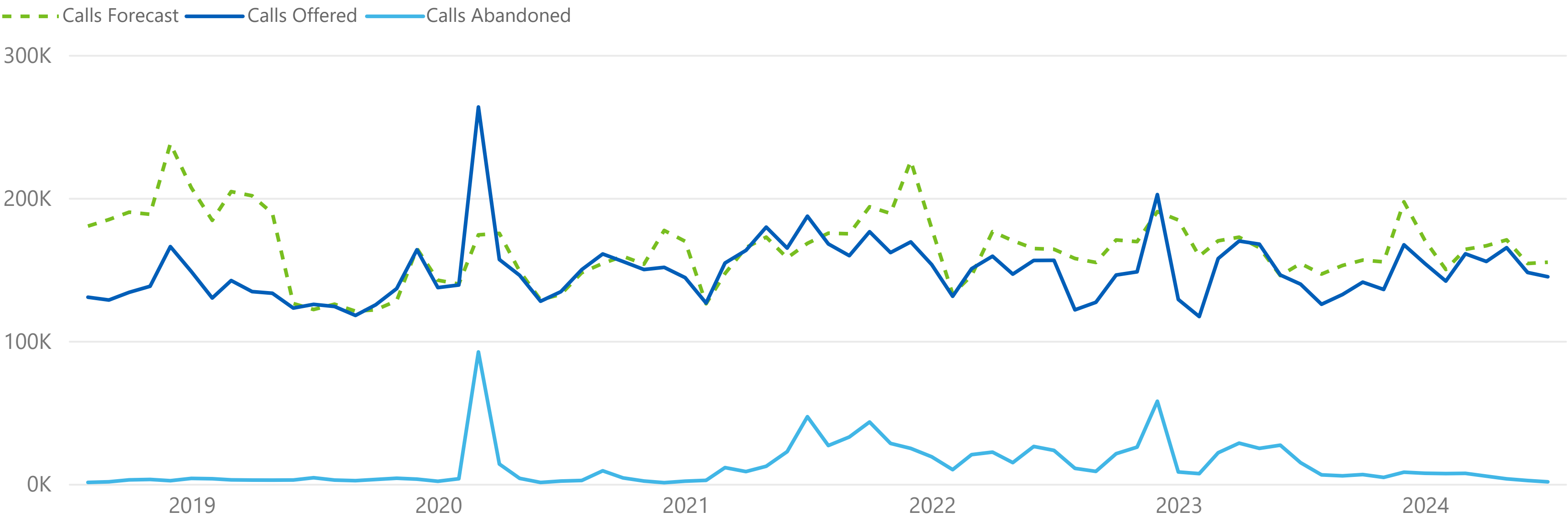
999 Historic Call Demand



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 July 2024, there were 90,779 calls offered which was 4.5% below forecast, with 90,283 calls answered and 496 calls abandoned (0.6%). There were 1.3% more calls offered compared with the previous month and 12.0% 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 15.2% reduction in abandoned calls compared with the previous month.

IUC Historic Demand



IUC

YAS received 144,795 calls in July, 6.6% below the annual business plan baseline demand. 137,384 (94.9%) of these were answered, 1.6% below last month and 10.0% above the same month last year.

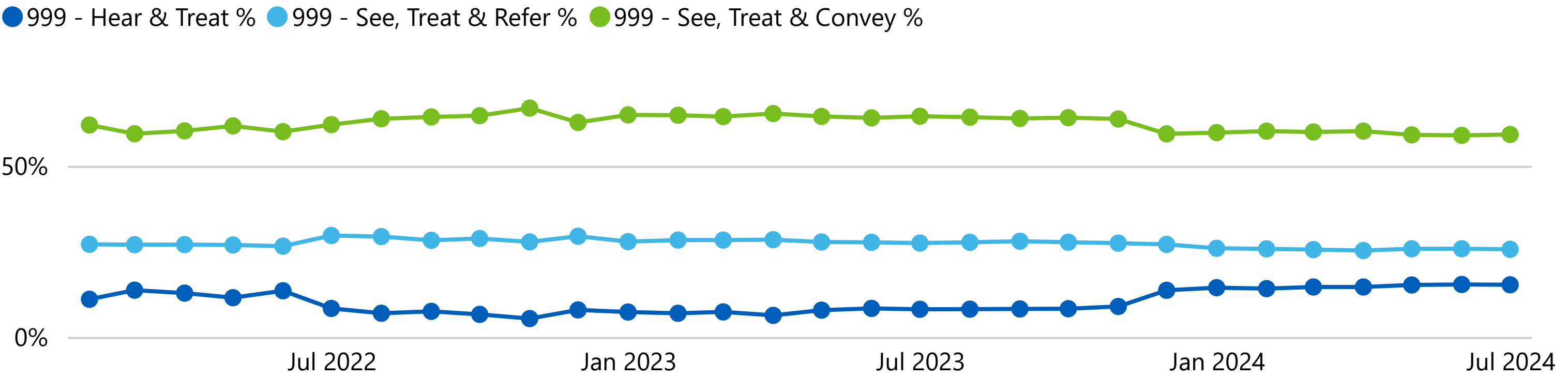
Calls abandoned decreased to 1.0% from 1.6% last month.

Patient Outcomes Summary

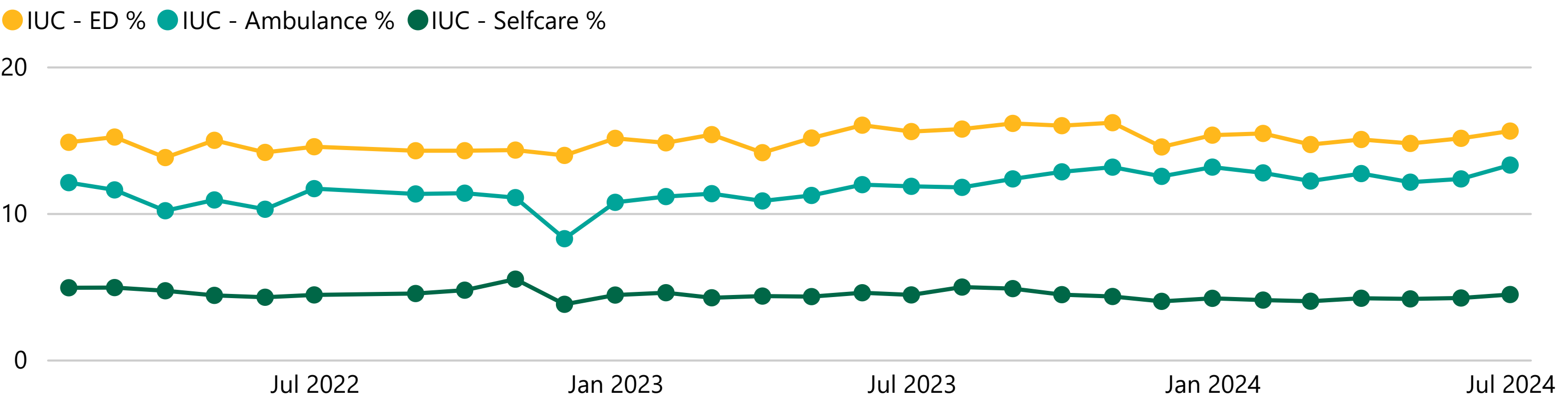
Outcomes Summary

ShortName	Jul-23	Jun-24	Jul-24
999 - Incidents (HT+STR+STC)	67,575	74,467	76,617
999 - Hear & Treat %	8.1%	15.3%	15.2%
999 - See, Treat & Refer %	27.4%	25.8%	25.6%
999 - See, Treat & Convey %	64.5%	58.9%	59.2%
999 - Conveyance to ED %	57.1%	52.6%	52.5%
999 - Conveyance to Non ED %	7.4%	6.3%	6.7%
IUC - Calls Triaged	117,370	136,313	134,357
IUC - ED %	15.6%	15.1%	15.6%
IUC - Ambulance %	11.8%	12.3%	13.3%
IUC - Selfcare %	4.4%	4.2%	4.4%
IUC - Other Outcome %	15.2%	15.4%	15.0%
IUC - Primary Care %	51.6%	52.3%	51.1%
PTS - Demand (Journeys)	74,785	79,252	87,368

999 Outcomes



IUC Outcomes



Commentary

999 - Comparing incident outcome proportions within 999 for July against June, the proportion of hear & treat decreased by 0.1 percentage points (pp), see treat & refer decreased by 0.2 pp and see treat & convey increased by 0.3 pp. The proportion of incidents with conveyance to ED decreased by 0.1 pp and the proportion of incidents conveyed to non-ED increased by 0.4 pp.

IUC - The proportion of callers given an Ambulance outcome was 13.3%, with Primary Care outcomes at 51.1%. The proportion of callers given an ED outcome was 15.6%. The percentage of ED outcomes where a patient was referred to a UTC was 9.5%, 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

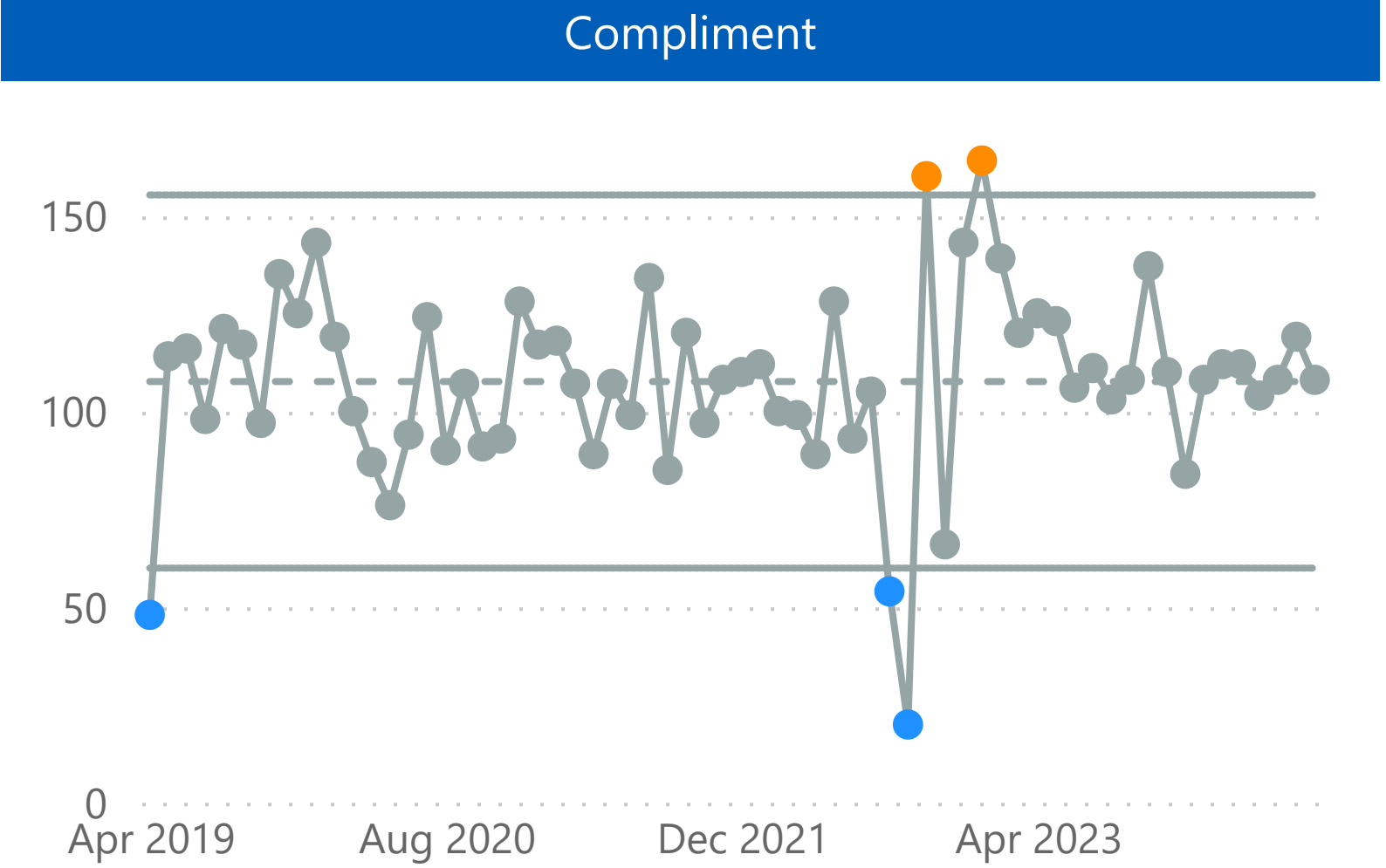
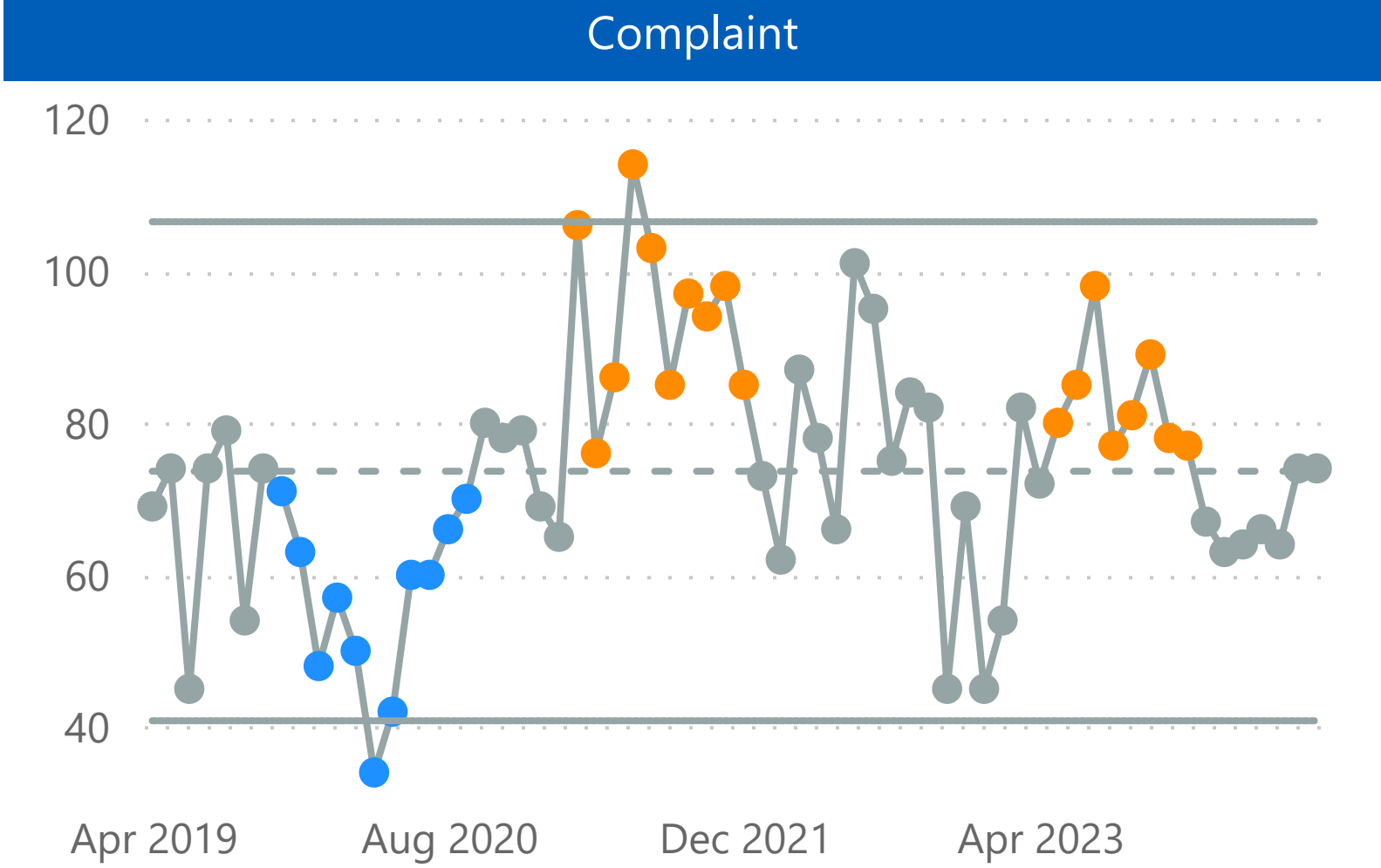
EOC

YAS

IUC

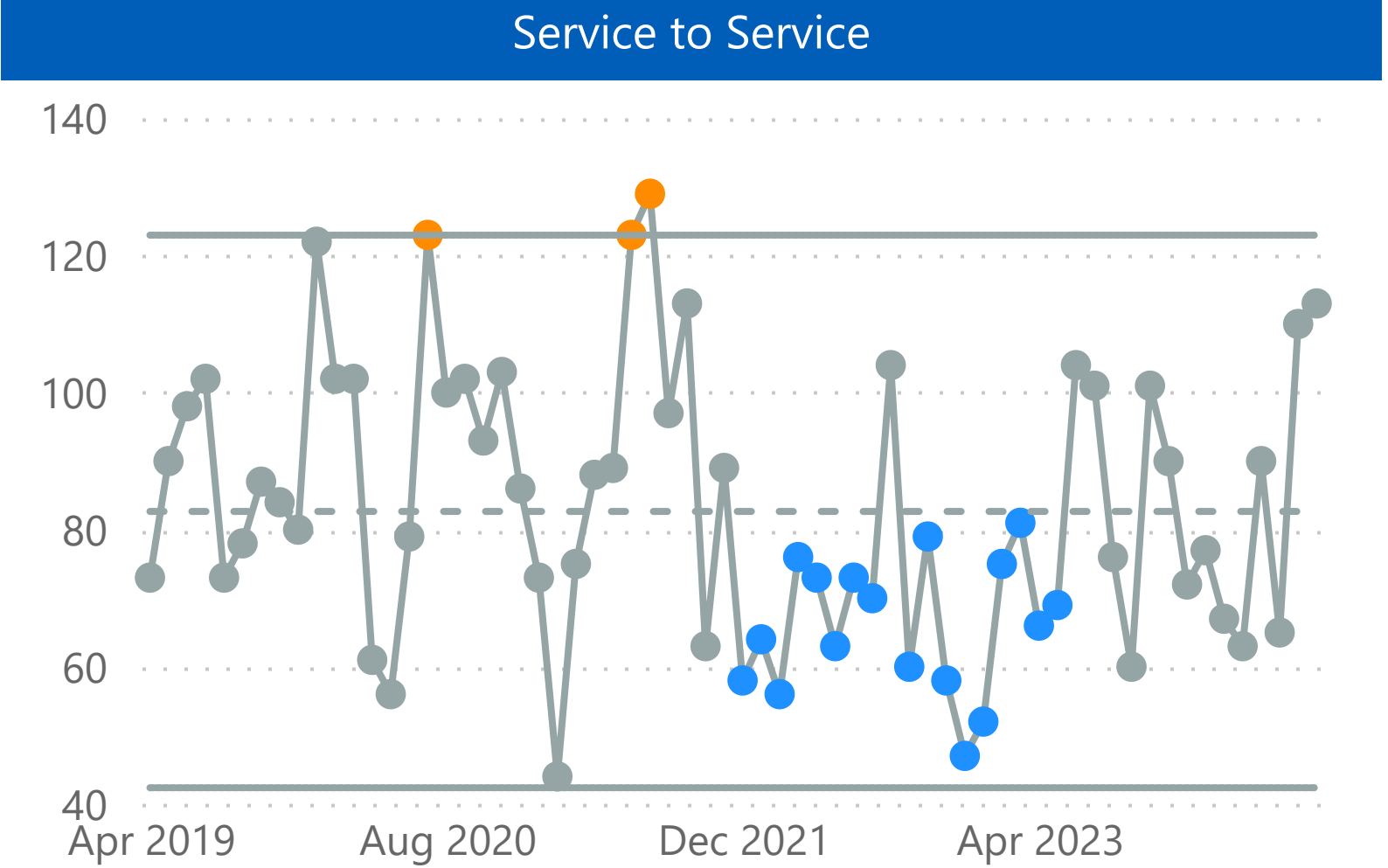
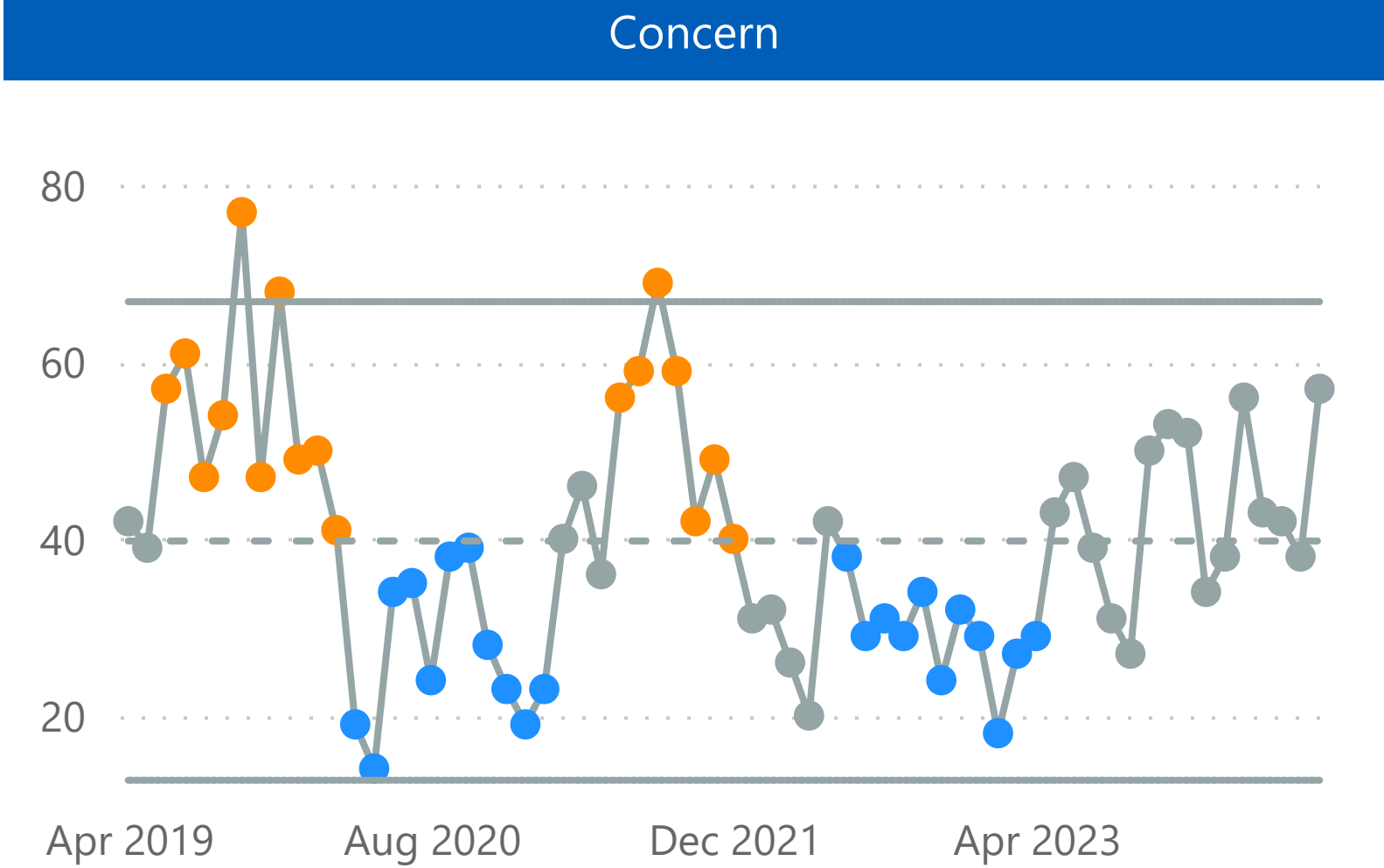


Patient Relations			
Indicator	Jul-23	Jun-24	Jul-24
Service to Service	101	110	113
Concern	39	38	57
Compliment	111	119	108
Complaint	98	74	74
Total	111	119	113



YAS Comments

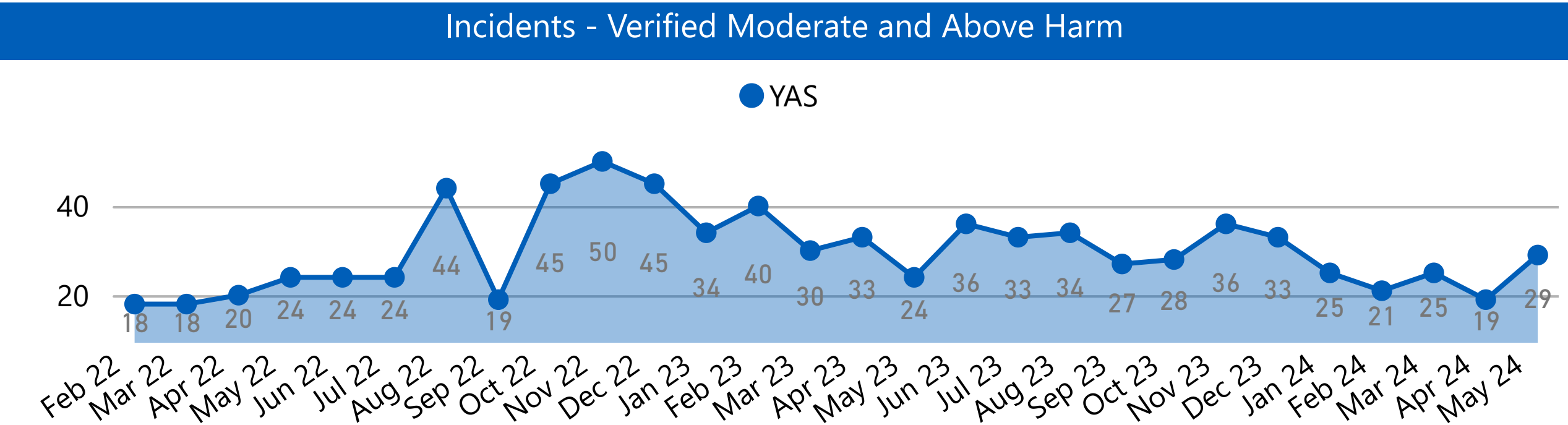
When compared to June 2024, YAS has seen increases in Service to Service (+3) and Concern (+19) with Compliment and Complaint reducing and staying the same respectively. At service line level, Compliments have reduced across all with Complaints increasing for both IUC and PTS only. A recovery plan is 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	Jul-23	Jun-24	Jul-24
All Incidents Reported	827	876	895
Number of duty of candour contacts	32	3	5
Number of RIDDORs Submitted	5	3	6
Patient Safety Indicator Incident Investigation		1	1

Indicator	May 23	Apr 24	May 24
Moderate & Above Harm (verified)	24	19	29
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	8	9	6

Hygiene			
Indicator	Jul-23	Jun-24	Jul-24
% Compliance with Hand Hygiene	94.1%	98.6%	98.5%
% Compliance with Premise	86.5%	98.1%	99.3%
% Compliance with Vehicle	87.4%	99.4%	97.8%



Safeguarding			
Indicator	Jul-23	Jun-24	Jul-24
Domestic Homicide Review (DHR)	2	4	
Safeguarding Adult Review (SAR)	2	4	9
Child Safeguarding Practice Review/Rapid Review (CSPR/RR)	2	1	3
Child Death	13	11	19

YAS Comments

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

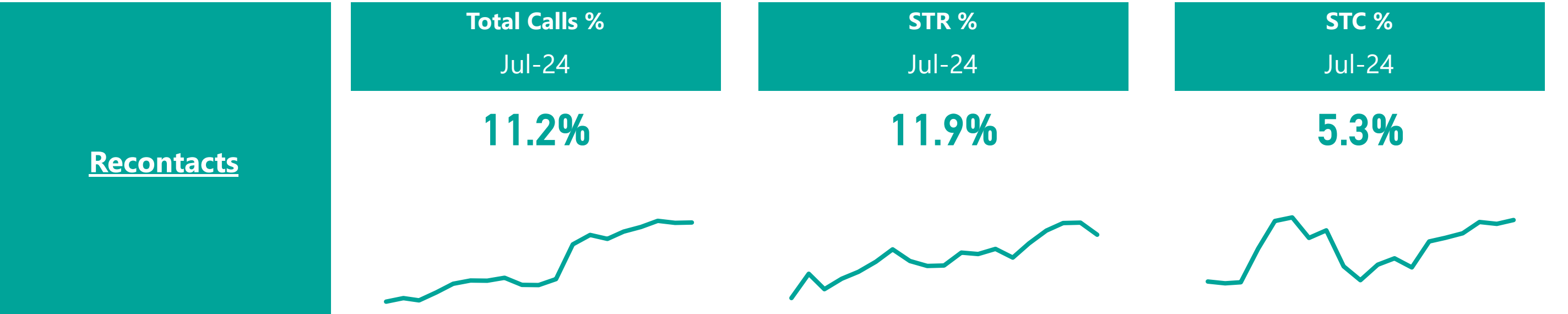
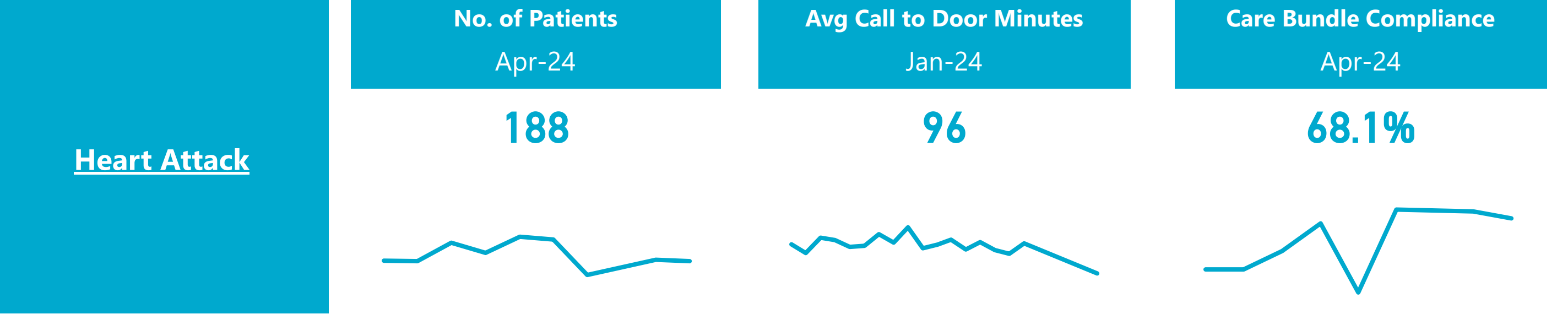
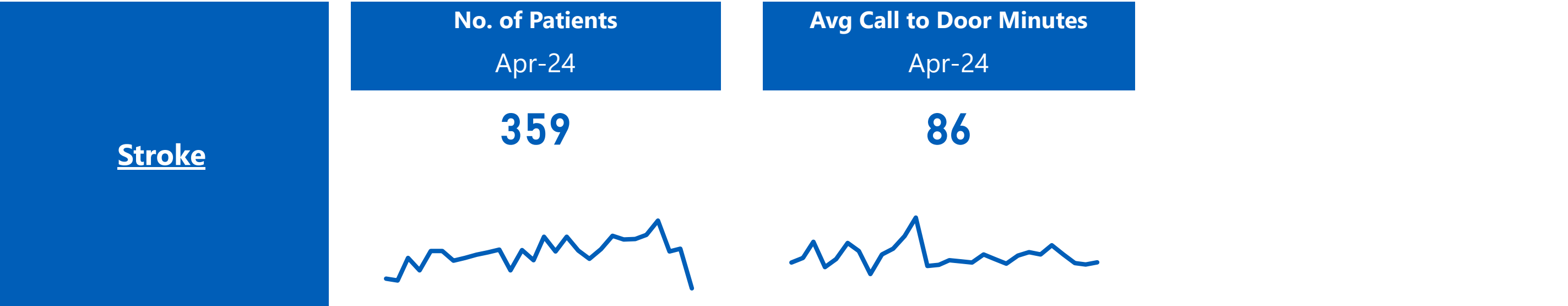
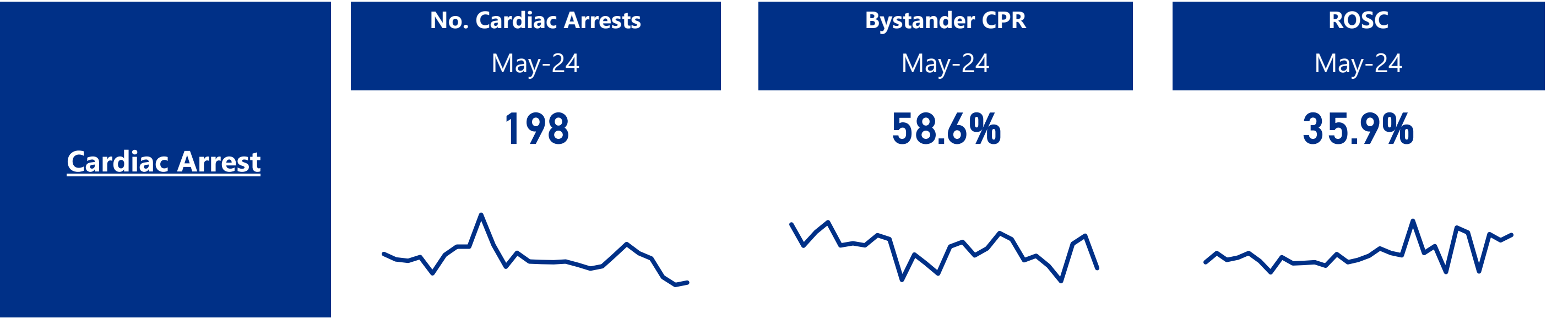
Safeguarding Adult Review (SAR) – 9 requests for information in relation to SAR’s were received in July. Disengagement from services and self-neglect were prominent themes seen in these cases. This is an increase of 5 in comparison to the 4 requests received in June.

Child Safeguarding Practice Review / Rapid Review (CSPR/RR) – the team contributed information in relation to 3 Rapid Review’s in July. 0 requests for information to support a CSPR were received.

A&E Long Responses			
Indicator	Jul-23	Jun-24	Jul-24
999 - C1 Responses > 15 Mins	840	775	793
999 - C2 Responses > 80 Mins	2,339	2,508	1,977

Child death - The Safeguarding team contributed information in relation to 19 children who died in July. This is an increase of 8 in comparison to June.

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 11.6% with 23 survivors in May. 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. 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 July 2024, overall Recontact Rates were consistent across all ICS' with 11.6%, 10.9 and 10.8% 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

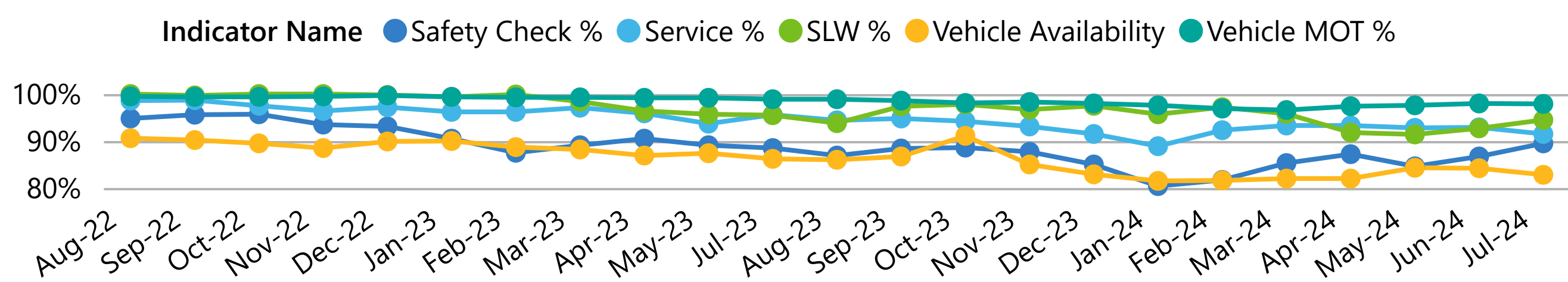
Indicator	Jul-23	Jun-24	Jul-24
P1 Emergency (<2Hrs) – Attendance	100.0%	75.0%	80.0%
P1 Emergency (<24 Hrs) - Completed		75.0%	60.0%
P2 Emergency (<4 Hrs) - Attendance	96.2%	90.0%	82.5%
P2 Emergency (<24 Hrs) – Completed	88.5%	72.5%	50.9%
P3 Non Emergency (<24Hrs) - Attendance	93.2%	92.5%	87.8%
P3 Non Emergency (<72 Hrs) – Completed	84.9%	71.6%	57.1%
P4 Non Emergency (<2 Working Days) - Attendance	93.3%	86.3%	88.2%
P4 Non Emergency (<14 Days) – Completed	82.7%	81.1%	75.3%
P6 Non Emergency (<2 Weeks) - Attendance	95.5%	91.4%	77.7%
P6 Non Emergency (4 Weeks) - Completed	84.9%	75.9%	51.8%
Planned Maintenance Complete	99.8%	95.6%	85.0%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 338 jobs for the month of July. This is slightly higher than the representative of an average 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 29 requests followed by York AS at 15 and Huddersfield AS at 14 requests for reactive works. SLA figures are relatively low with an overall attendance KPI at 84% and completion KPI is significantly lower than usual at 60%.

The other categories aside the P1 & P2 emergency works are - P3 attend within 24 hours and P4 which is attend within 2 days. The P3 category accounts for just under a third of request with attendance KPI at 88% against a target of 98%. P4 category account for just over a quarter of requests with attendance KPI at 88% 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 96% for July with a completion of 85%.

999 Fleet



999 Fleet Age

Indicator	Jul-23	Jun-24	Jul-24
Vehicle age +7	12.0%	19.0%	19.6%
Vehicle age +10	1.0%	1.1%	1.1%

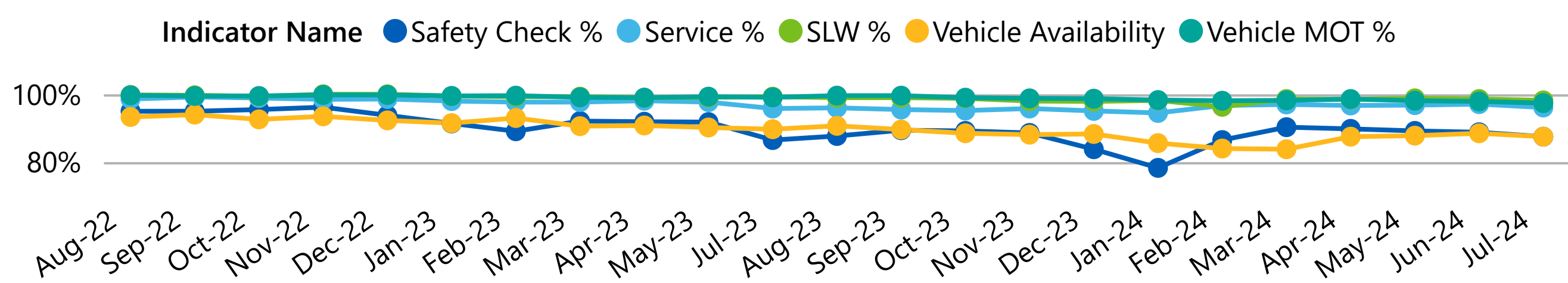
PTS Age

Indicator	Jul-23	Jun-24	Jul-24
Vehicle age +7	28.5%	26.6%	26.3%
Vehicle age +10	4.5%	6.5%	5.3%

Fleet Comments

A&E availability has dropped by 1.4pp to 82.8% in July. The vehicle availability is still being affected by the backlog caused by the 2.3 litre Fiat Ducato issues; this has slowed with the introduction of additional oil changes but is taking time to clear the outstanding engines. Routine maintenance compliance has decreased by 0.8pp to 93.4% overall this is down to the vehicles requiring engines moving into routine maintenance exception, all vehicles will be serviced before returning to service. PTS routine maintenance compliance has also decreased by 0.8pp to 94.8%, vehicle availability has also decreased by 1pp to 87.5%, this is due to the workshop activity to address the routine maintenance. 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 has increased with the introduction of 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.

PTS Fleet



A&E

mID	ShortName	IndicatorType	AQIDescription
AMB01	999 - Total Calls via Telephony (AQI)	int	Count of all calls answered.
AMB07	999 - Incidents (HT+STR+STC)	int	Count of all incidents.
AMB59	999 - C1 Responses > 15 Mins	int	Count of Cat 1 incidents with a response time greater than the 90th percentile target.
AMB60	999 - C2 Responses > 80 Mins	int	Count of Cat 2 incidents with a response time greater than 2 x the 90th percentile target.
AMB56	999 - Face to Face Incidents (STR + STC)	int	Count of incidents dealt with face to face.
AMB17	999 - Hear and Treat (HT)	int	Count of incidents not receiving a face-to-face response.
AMB53	999 - Conveyance to ED	int	Count of incidents with any patients transported to an Emergency Department (ED), including incidents where the department transported to is not specified.
AMB54	999 - Conveyance to Non ED	int	Count of incidents with any patients transported to any facility other than an Emergency Department.
AMB55	999 - See, Treat and Refer (STR)	int	Count of incidents with face-to-face response, but no patients transported.
AMB75	999 - Calls Abandoned	int	Number of calls abandoned
AMB74	999 - Calls Answered	int	Number of calls answered
AMB72	999 - Calls Expected	int	Number of calls expected
AMB76	999 - Duplicate Calls	int	Number of calls for the same issue
AMB73	999 - Calls Offered	int	Number of calls offered
AMB00	999 - Total Number of Calls	int	The count of all ambulance control room contacts.
AMB88	999 - Calls Answered over 2 mins	int	The number of calls answered after more than 2 minutes
AMB94	999 - Total lost handover time	int	The total lost handover time over 30 minutes
AMB90	999 - Total Hospital Lost Time (TA)	int	The total lost time for hospital turnarounds (time over 30 minutes)

Glossary - Indicator Descriptions (IUC and PTS)

IUC and PTS

mID	ShortName	IndicatorType	AQIDescription
IUC12	IUC - ED Validations %	percent	Proportion of calls initially given an ED disposition that are validated
IUC14	IUC - ED %	percent	Percentage of triaged calls that reached an Emergency Department outcome
IUC15	IUC - Ambulance %	percent	Percentage of triaged calls that reached an ambulance dispatch outcome
IUC16	IUC - Selfcare %	percent	Percentage of triaged calls that reached an self care outcome
IUC17	IUC - Other Outcome %	percent	Percentage of triaged calls that reached any other outcome
IUC18	IUC - Primary Care %	percent	Percentage of triaged calls that reached a Primary Care outcome
PTS01	PTS - Demand (Journeys)	int	Count of delivered journeys, aborted journeys and escorts on journeys
PTS02	PTS - Journeys < 120Mins	percent	Patients picked up and dropped off within 120 minutes
PTS03	PTS - Arrive at Appointment Time	percent	Patients dropped off at hospital before Appointment Time
PTS06	PTS - Answered < 180 Secs	percent	The percentage of calls answered within 180 seconds via the telephony system

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