

Integrated Performance Report

August 2024

Published 18 September 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 - August 24

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:04		
999 - Answer 95th Percentile		00:00:27		
999 - AHT		00:06:39		
999 - Calls Ans in 5 sec	95.0%	91.9%		
999 - C1 Mean (T < 7 Mins)	00:07:00	00:07:44		
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:30		
999 - C2 Mean (T < 18 Mins)	00:18:00	00:26:11		
999 - C2 90th (T < 40 Mins)	00:40:00	00:58:02		
999 - C3 Mean (T < 1 Hour)	01:00:00	01:16:23		
999 - C3 90th (T < 2 Hour)	02:00:00	02:56:26		
999 - C1 Responses > 15 Mins		646		
999 - C2 Responses > 80 Mins		1,530		
999 - Job Cycle Time		01:50:52		
999 - Avg Hospital Turnaround	00:30:00	00:49:33		
999 - Avg Hospital Handover	00:15:00	00:25:34		
999 - Avg Hospital Crew Clear	00:15:00	00:24:15		
999 - Total lost handover time		4,203		
999 - Crew clear over 30 mins %		29.8%		
999 - C1%		15.2%		
999 - C2%		59.3%		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 4 seconds for August, an improvement of 2 seconds from July. The median remained the same at zero seconds and the 90th, 95th and 99th percentiles also decreased. The 90th decreased from 7 seconds in July to 0 seconds in August, 95th decreased from 42 seconds to 27 and 99th decreased from 1 minute 59 seconds to 1 minute 45 seconds.

Cat 1-4 Performance - The mean performance time for Cat1 improved from July by 8 seconds and the 90th percentile improved by 20 seconds. The mean performance time for Cat2 improved from July by 1 minute 47 seconds and the 90th percentile improved by 3 minutes 56 seconds. Compared to August of the previous year, the Cat1 mean improved by 41 seconds, the Cat1 90th percentile improved by 1 minute 6 seconds, the Cat2 mean improved by 38 seconds and the Cat2 90th percentile improved by 1 minute 21 seconds.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 74.5% in August (15.2% Cat1, 59.3% Cat2) after a 0.8 percentage point (pp) decrease compared to July (0.7 pp decrease in Cat1 and 0.1 pp decrease in Cat2). Comparing against August for the previous year, Cat1 proportion increased by 1.5 pp and Cat2 proportion decreased by 0.3 pp.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target decreased in August, with 646 responses over this target. This is 147 (18.5%) less compared to July. The number for last month was 14.8% lower than August 2023. The number of Cat2 responses greater than 2x 90th percentile target decreased from July by 447 responses (22.6%). This is a 15.9% decrease from August 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 2 minutes 25 seconds and overall turnaround time decreased by 1 minute 32 seconds. The number of conveyances to ED was 4.3% lower than in July.

Demand - On scene response demand was 0.5% above forecasted figures for August. It was 4.9% lower compared to July and 0.9% higher compared to August 2023. All response demand (HT + STR + STC) was 4.9% lower than July.

Outcomes - Comparing incident outcome proportions within 999 for August against July, the proportion of hear & treat was the same, 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 increased by 0.4 pp and the proportion of incidents conveyed to non-ED decreased by 0.1 pp.

IUC IPR Key Indicators - August 24

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		129,249		
IUC - Answered vs. Last Month %		-5.9%		
IUC - Answered vs. Last Year %		10.3%		
IUC - Calls Triage		127,578		
IUC - Calls Abandoned %	3.0%	0.6%		
IUC - Answer Mean	00:00:20	00:00:07		
IUC - Answered in 60 Secs %	90.0%	97.0%		
IUC - Answered in 120 secs %	95.0%	98.2%		
IUC - Callback in 1 Hour %	60.0%	48.0%		
IUC - ED Validations %	50.0%	58.7%		
IUC - 999 Validations %	75.0%	99.7%		
IUC - ED %		16.3%		
IUC - ED Outcome to A&E %		68.6%		
IUC - ED Outcome to UTC %		8.8%		
IUC - Ambulance %		13.2%		

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 135,089 calls in August, 13.0% below the annual business plan baseline demand. 129,249 (95.7%) of these were answered, 5.9% below last month and 10.3% above the same month last year.

The reporting rules for telephony performance were updated in August 2024 to be in line with the decision paper approved in TEG on 24/07/24. These updated figures have been backdated to March 2023. Whilst it is no longer a national KPI, we are continuing to monitor the percentage of calls answered in 60 seconds, as it is well recognised within the IUC service and operations as a benchmark of overall performance. This measure increased to 97.0% from 94.0% in August. Average speed to answer has decreased by 4 seconds to 7 seconds compared with 11 seconds last month. Abandonment rate decreased to 0.6% from 1.0% last month.

The proportion of clinician call backs made within 1 hour decreased to 48.0% from 48.6% last month. This is 12.0% below the national target of 60%. Core clinical advice decreased to 21.6% from 25.7% last month. These figures are calculated based on the new ADC specification, which removes 111 online cases from counting as part of clinical advice, and also locally we are removing cases which come from the DCABS clinical service as we do not receive the initial calls for these cases.












The national KPI for ambulance validations monitors performance against outcomes validated within 30 minutes, rather than just all outcomes validated, and the target for this is 75% of outcomes. However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the National KPI, performance was 98.3% in August, whilst performance for overall validations was 99.7%, with 11,675 cases validated overall.

ED validation performance decreased to 58.7% from 60.9% 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 increased to 24.4% from 22.4% last month and ED bookings increased to 0.2% from 0.0%. 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 - August 24

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	88.5%		
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	79.3%		
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	88.4%		
PTS - Arrive at Appointment Time	90.0%	87.9%		
PTS - Journeys < 120Mins	90.0%	99.1%		
PTS - Same Month Last Year		5.2%		
PTS - Increase - Previous Month		-7.0%		
PTS - Demand (Journeys)		81,236		

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Total Activity saw a 7.0% decrease in August compared to July. The Bank Holiday period and the previous month having more working days, contributed to lower demand. Activity levels compared to 2023 remain high, with August being 5.3% higher than August 2023. 81,236 journeys were operated, including abortions and escorts.

Delivered Journeys were 3.0% above the Operational Plan, falling more in line with forecast compared to previous months. Year to date, Delivered Journeys are 7.1% above expected, and 10.8% higher than the previous year.

Multi Handed and OOH demand continues to be high. August saw 14.2% more patients travel with a higher mobility, and 7.3% more journeys operated out of hours than in August 2023.

Call Performance narrowly missed service level by 1.5 percentage points. 88.5% of calls were answered in 180 seconds. The number of Call Handlers working saw a slight reduction of 3.8 FTE, however Call Demand also saw a small reduction (5.2%), meaning there was no significant impact on performance.

The number of 999 patient journeys operated through the Integrated Transport Pilot saw a significant decrease of 58.6%, with 675 journeys delivered in August. This was the lowest number over the past 12 months.

Short Notice Outwards Performance was under 80.0% for the first time since June 2023. 79.3% of patients were dropped off in 120 minutes. The number of hours worked by Private Providers saw a 24.2% reduction when compared to July, having an impact on service level.

There were no significant changes to all other Core KPI's.

Workforce Summary

A&E	IUC	PTS
EOC	Other	Trust



Key KPIs

Name	Aug-23	Jul-24	Aug-24
Turnover (FTE) %	10.4%	10.6%	10.4%
Vacancy Rate %	13.8%	10.4%	10.3%
Apprentice %	9.6%	9.8%	9.6%
BME %	6.4%	7.6%	7.7%
Disabled %	6.5%	8.7%	8.8%
Sickness - Total % (T-5%)	6.2%	6.8%	6.5%
PDR / Staff Appraisals % (T-90%)	72.0%	79.5%	82.7%
Essential Learning		92.4%	92.8%

YAS Commentary

FTE, Turnover, Vacancies and BME – Compared to July 2024, the turnover and vacancy rate have remained consistent but both with a slight improvement. In comparison to the same month last year (August 2023) the vacancy rate has seen an improvement of c.3.5 percentage points. Both vacancies and turnover for IUC have seen a slight improvement but remain high for IUC at 22.1% and 33.9% respectively (Note: IUC figures are for those employed staff leaving the Trust only). The work to implement the IUC case for change is progressing. The numbers of BME and staff living with disabilities is steadily improving i.e. BME has increased by 6.1 percentage points since August 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.

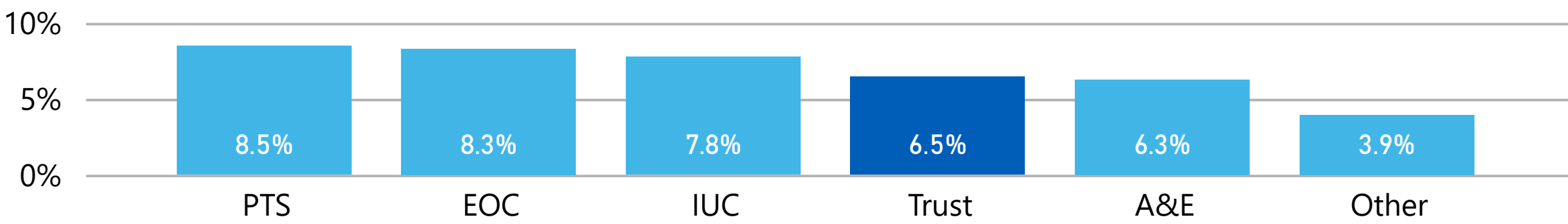
Sickness – Sickness has improved, reducing from 6.8% to 6.5%, from the previous month. Notably, IUC absence has improved greatly down to 7.8% from 9.5% in July. A sub-group of the Organisational Efficiency Group is working to actively reduce absence through monitoring and addressing compliance with day one and return to work absence management processes and MSK/injuries at work. The People & Culture Group receives updates on this work. Each service line has a service specific absence reduction plan.

PDR / Appraisals – The overall compliance rate has increased from last month (July) to now stand at 82.7% from 79.5% last month and continues to show a notable upturn in 24/25 compared to the relatively static position across 23/24. PTS is the highest performing area (88.4%) with EOC as the lowest (68%). Targeted support is being provided to areas with lower compliance by the Leadership & OD Business Partners including assistance to ensure completed appraisals are recorded on ESR. The Compliance Dashboard is accessible to all managers and a new Online Appraisal system is in development.

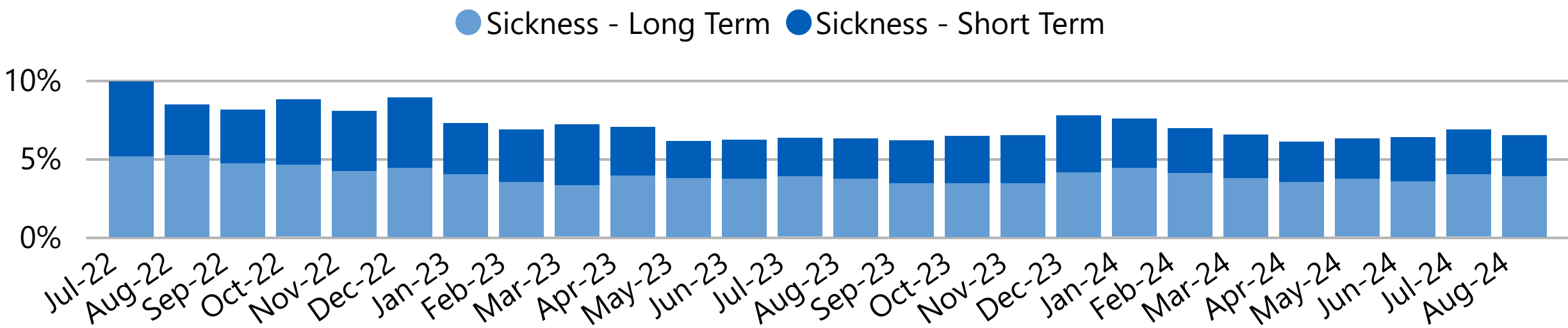
Essential Learning – From financial year 23/24, we now report on Essential Learning as our core Statutory and Mandatory training measure replacing the bundles previously reported taking into account essential compliance within the Trust. As a Trust we are meeting the target of 90%, at 92.8%. EOC has now dropped below the target at 88.4%. The compliance dashboard is available to all managers and refreshed twice weekly. Targeted work is ongoing with Subject Matter Experts to raise compliance rates and monitored through the education Portfolio Governance Boards.

Assurance: All data displayed has been checked and verified

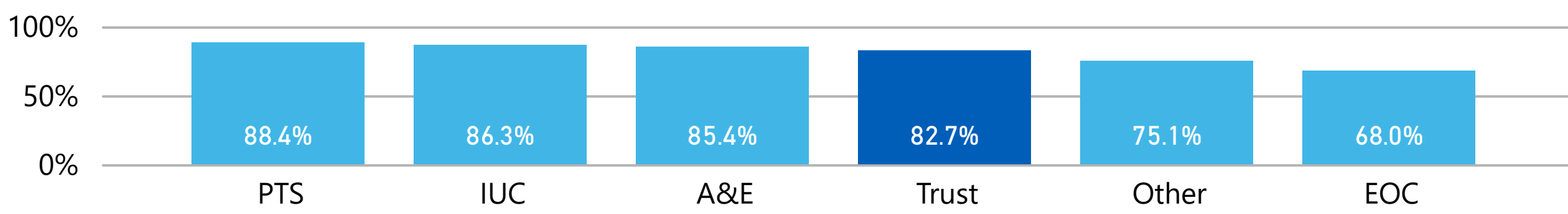
Sickness Benchmark for Last Month (Trust)



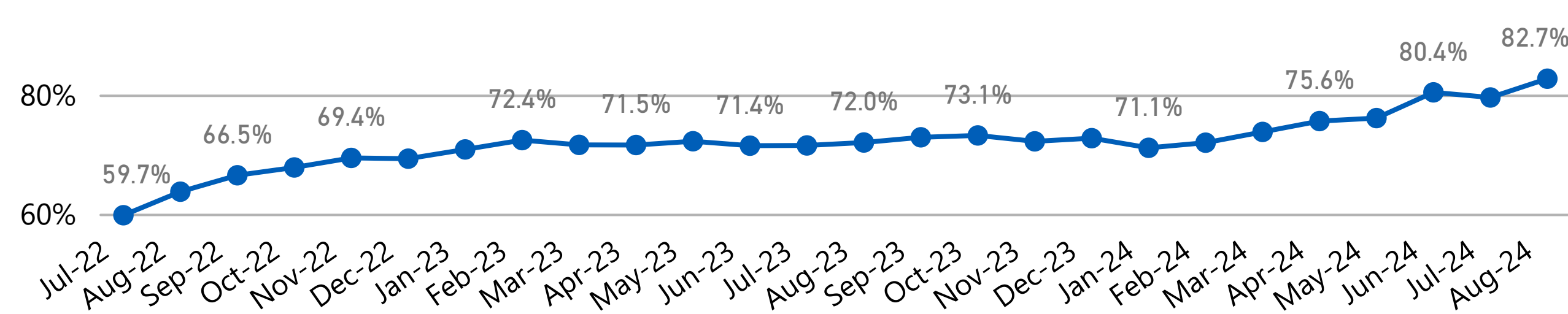
Sickness



PDR Benchmark for Last Month (Trust)



PDR - Target 90%



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



Overview - Unaudited Position

Overall

The Trust has a YTD deficit position at month 5 of £474k 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 August, the Trust had £56.6m 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)	£268	-£206	-£474
Cash	£62,660	£55,100	-£7,560
Capital	£2,277	£1,715	-£562

Monthly View (£000s)

Indicator Name	2024-05	2024-06	2024-07	2024-08
▼				
Surplus/ (Deficit)	£0	-£870	-£105	£769
Cash	£53,894	£50,599	£55,100	£56,600
Capital	£180	£240	£904	£391

Patient Demand Summary

Demand Summary

Indicator	Aug-23	Jul-24	Aug-24
999 - Incidents (HT+STR+STC)	66,597	76,617	72,840
999 - Calls Answered	81,464	90,283	90,059
IUC - Calls Answered	117,211	137,413	129,249
IUC - Calls Answered vs. Ceiling %	-19.6%	-13.1%	-18.4%
PTS - Demand (Journeys)	77,189	87,368	81,236
PTS - Increase - Previous Month	3.2%	10.2%	-7.0%
PTS - Same Month Last Year	2.0%	16.8%	5.2%
PTS - Calls Answered	28,378	42,918	40,769

Click information button for Monthly Table View



Commentary

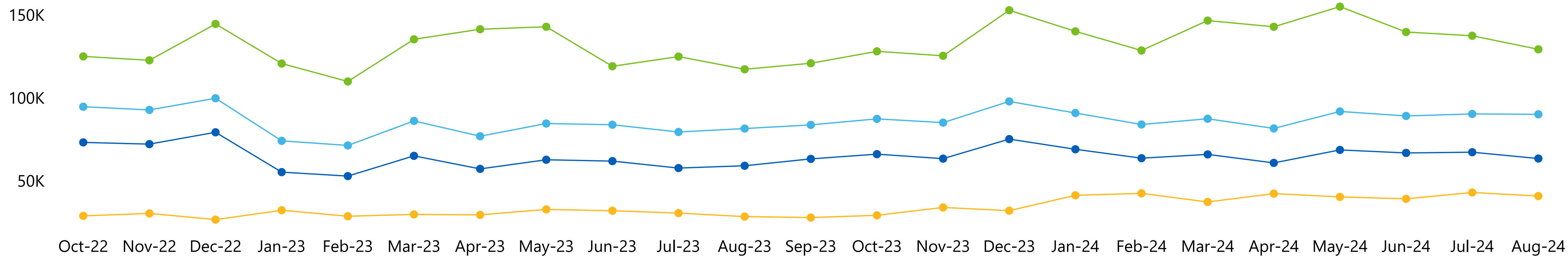
999 - On scene response demand was 0.5% above forecasted figures for August. It was 4.9% lower compared to July and 0.9% higher compared to August 2023. All response demand (HT + STR + STC) was 4.9% lower than July.

IUC - YAS received 135,089 calls in August, 13.0% below the annual business plan baseline demand. 129,249 (95.7%) of these were answered, 5.9% below last month and 10.3% above the same month last year.

PTS - PTS Total Activity saw a 7.0% decrease in August compared to July. The Bank Holiday period and the previous month having more working days, contributed to lower demand. Activity levels compared to 2023 remain high, with August being 5.3% higher than August 2023. 81,236 journeys were operated, including abortions and escorts.

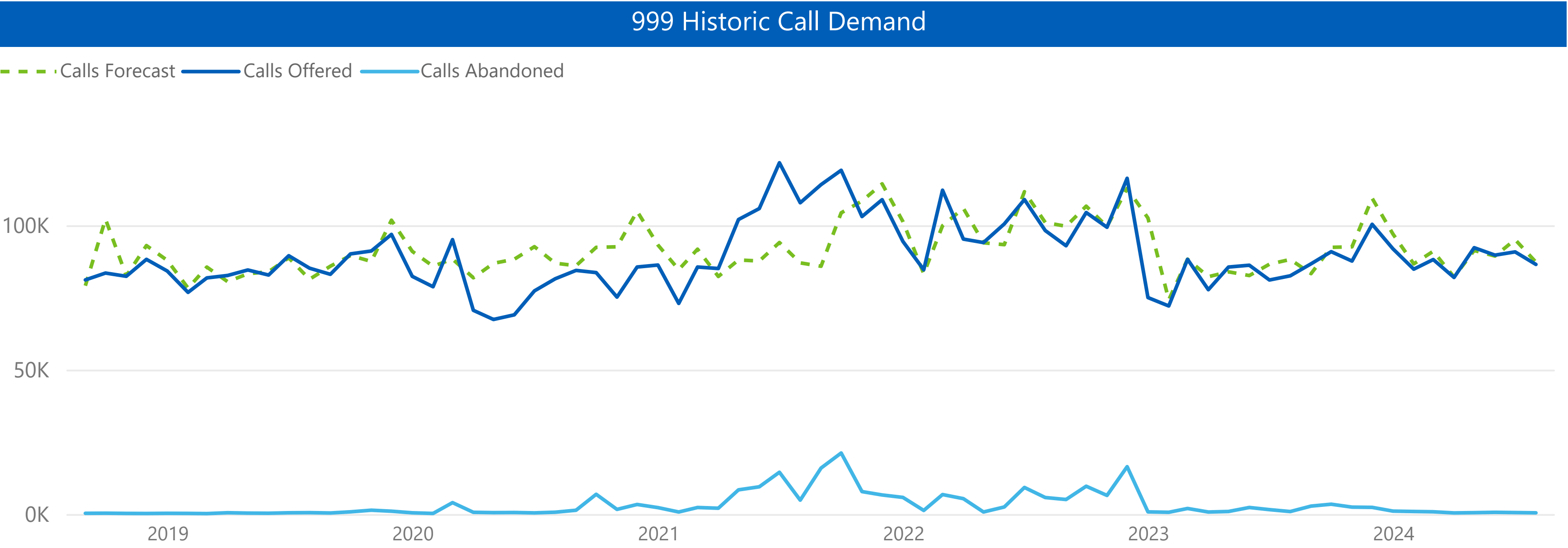
Overall Calls and Demand

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



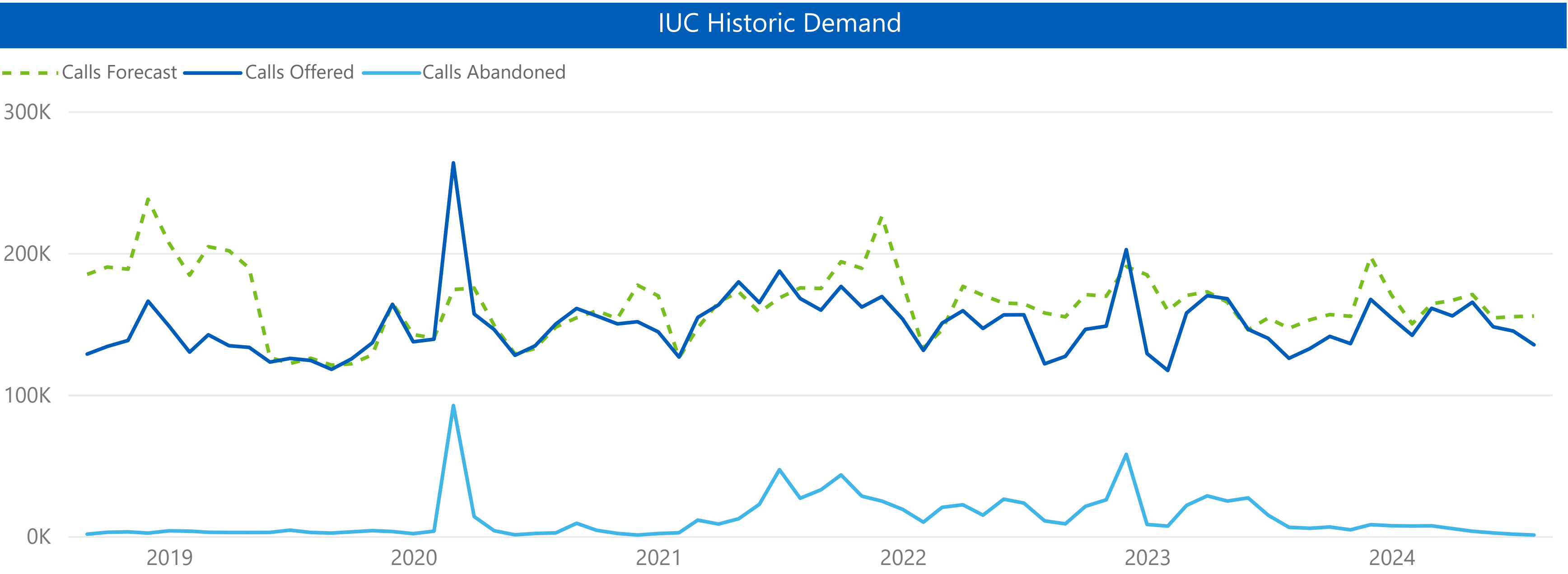
999 and IUC Historic Demand

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



999

In August 2024, there were 86,430 calls offered which was 0.9% below forecast, with 86,024 calls answered and 406 calls abandoned (0.5%). There were 4.8% fewer calls offered compared with the previous month and 4.8% more calls offered compared with the same month the previous year. There was a 18.2% reduction in abandoned calls compared with the previous month.



IUC

YAS received 135,089 calls in August, 13.0% below the annual business plan baseline demand. 129,249 (95.7%) of these were answered, 5.9% below last month and 10.3% above the same month last year.

Calls abandoned decreased to 0.6% from 1.0% last month and was 4.4% below last year.

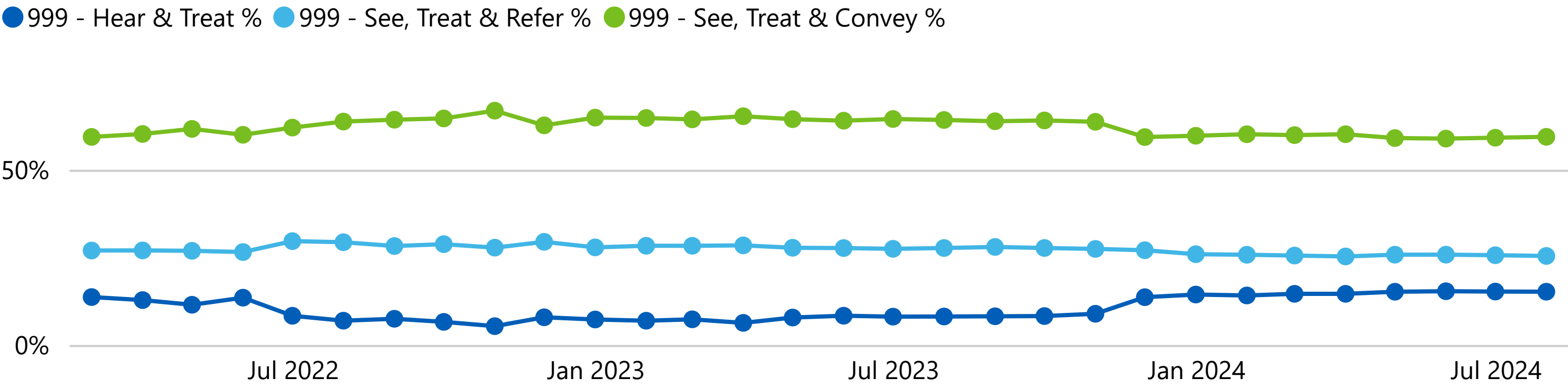
Please note: the reporting rules for telephony performance were updated in August 2024 to be in line with the decision paper approved in TEG on 24/07/24. These updated figures have been backdated to March 2023.

Patient Outcomes Summary

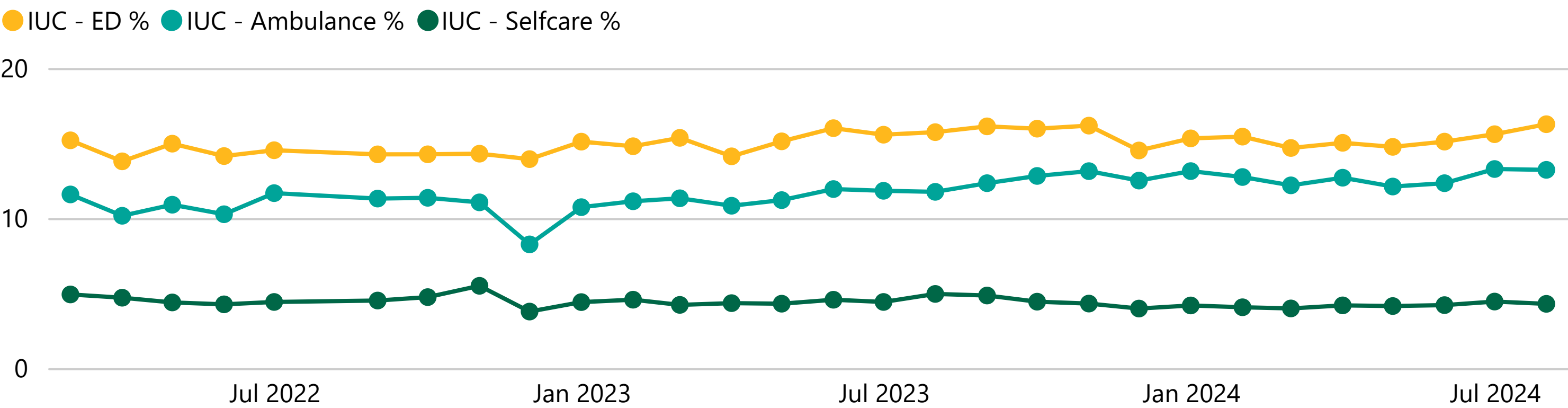
Outcomes Summary

ShortName	Aug-23	Jul-24	Aug-24
999 - Incidents (HT+STR+STC)	66,597	76,617	72,840
999 - Hear & Treat %	8.1%	15.2%	15.2%
999 - See, Treat & Refer %	27.7%	25.6%	25.4%
999 - See, Treat & Convey %	64.2%	59.2%	59.4%
999 - Conveyance to ED %	56.5%	52.5%	52.9%
999 - Conveyance to Non ED %	7.7%	6.7%	6.5%
IUC - Calls Triaged	112,624	134,357	127,578
IUC - ED %	15.7%	15.6%	16.3%
IUC - Ambulance %	11.7%	13.3%	13.2%
IUC - Selfcare %	4.9%	4.4%	4.3%
IUC - Other Outcome %	15.1%	15.0%	14.8%
IUC - Primary Care %	51.1%	51.1%	50.7%
PTS - Demand (Journeys)	77,189	87,368	81,236

999 Outcomes



IUC Outcomes



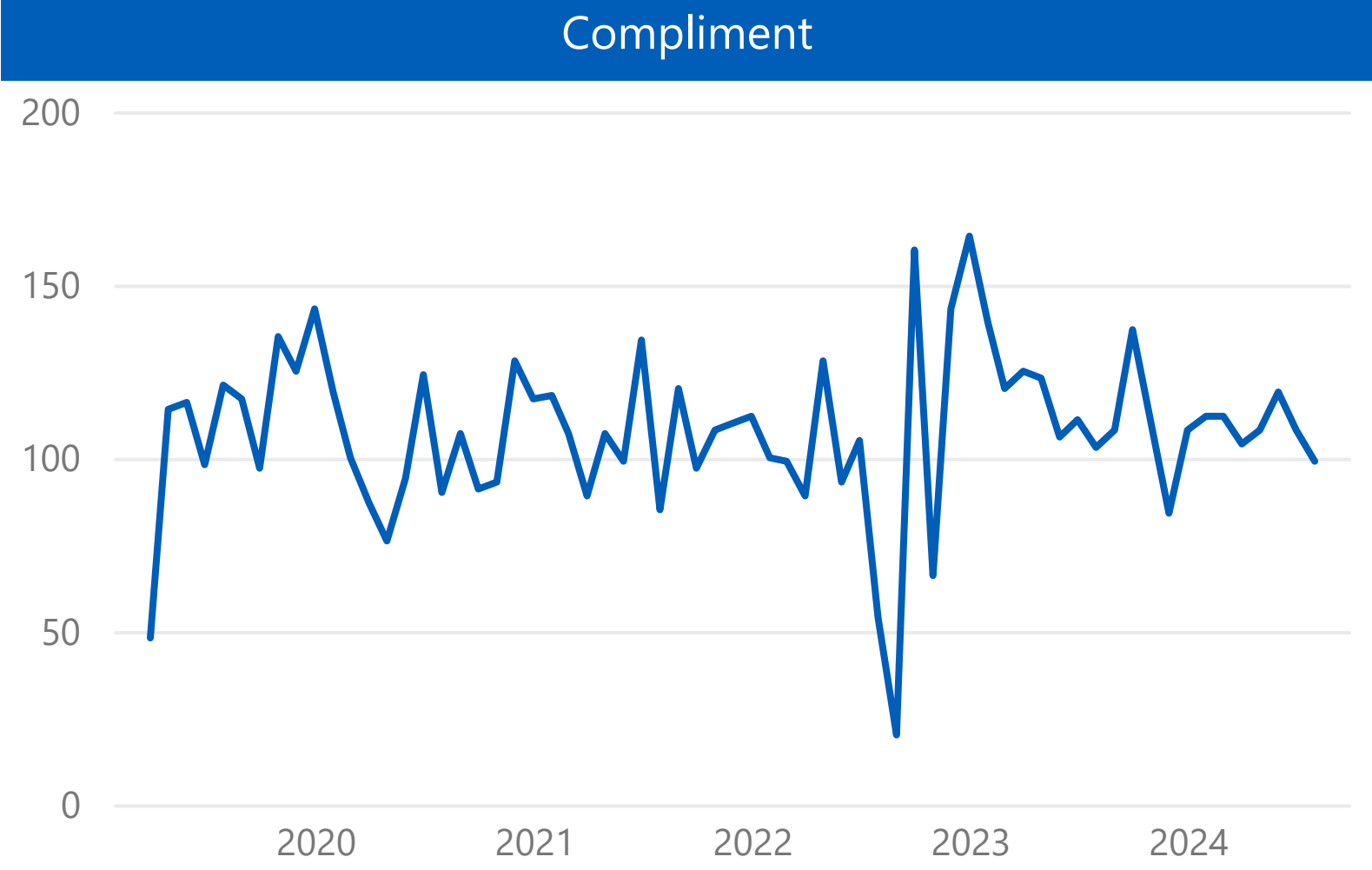
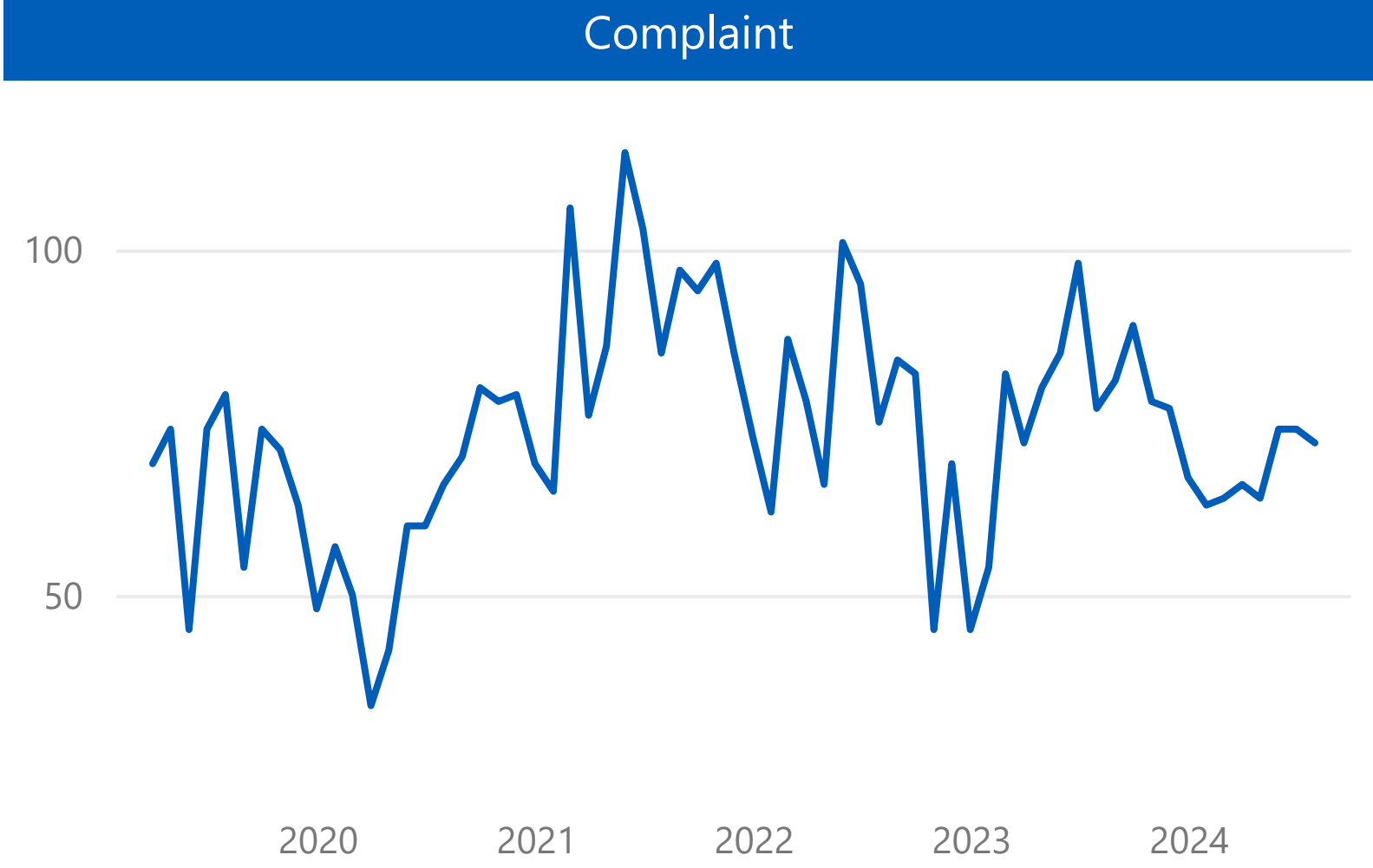
Commentary

999 - Comparing incident outcome proportions within 999 for August against July, the proportion of hear & treat was the same, 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 increased by 0.4 pp and the proportion of incidents conveyed to non-ED decreased by 0.1 pp.

IUC - The proportion of callers given an Ambulance outcome was 13.2%, with Primary Care outcomes at 50.7%. The proportion of callers given an ED outcome was 16.3%. The percentage of ED outcomes where a patient was referred to a UTC was 8.8%, 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.

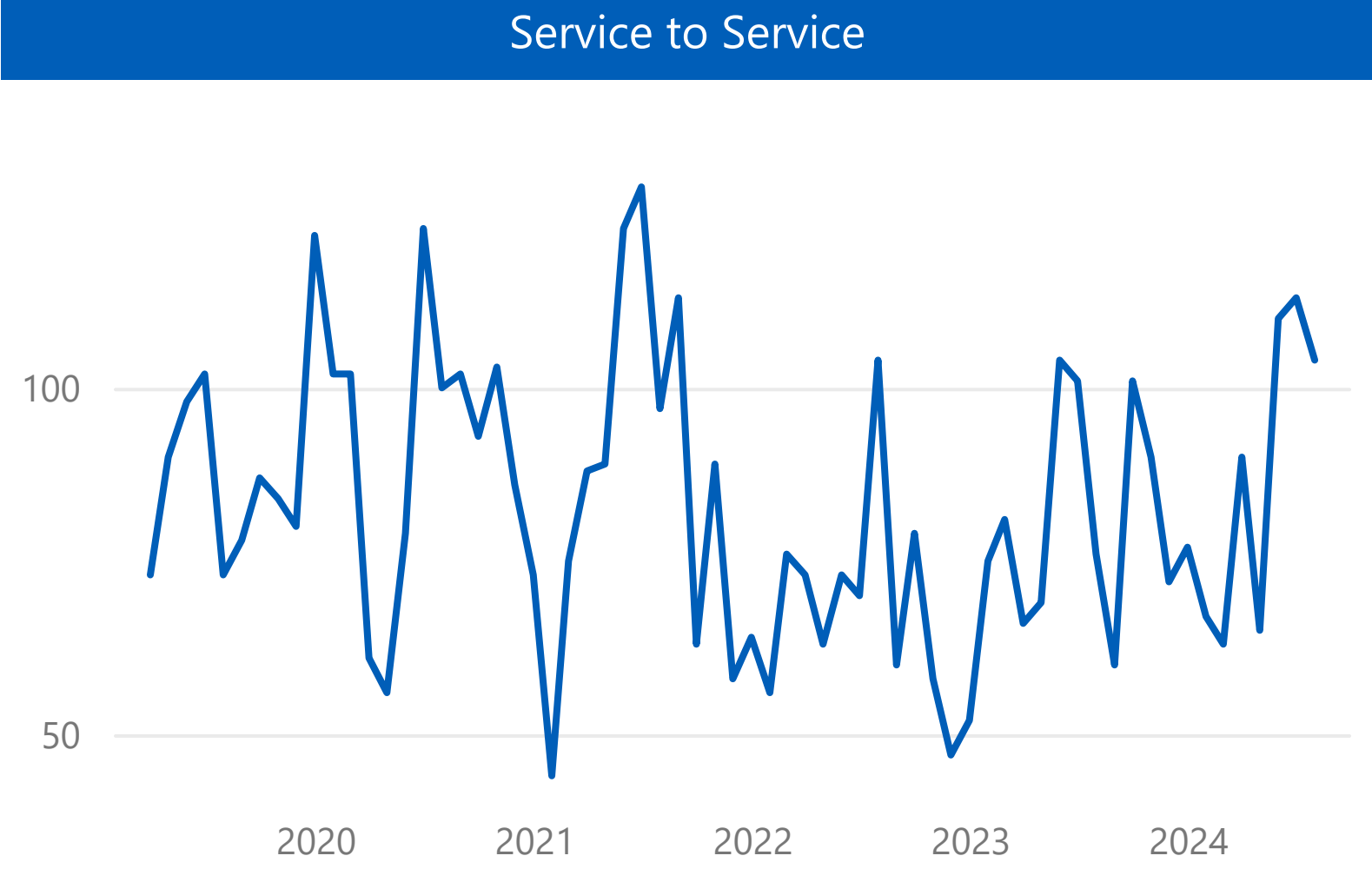
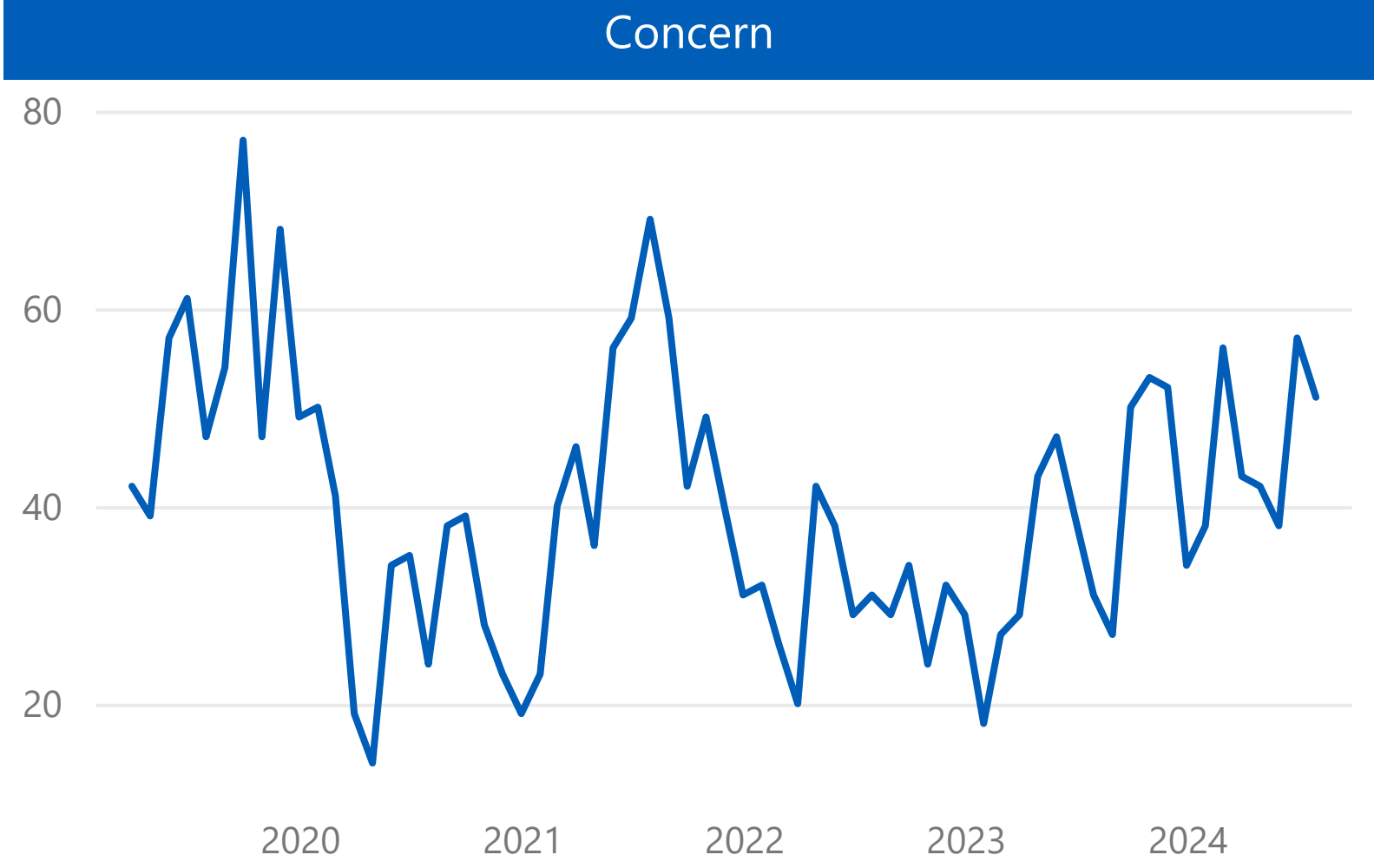
Patient Experience (Director Responsible - Dave Green)

Patient Relations			
Indicator	Aug-23	Jul-24	Aug-24
Service to Service	76	113	104
Concern	31	57	51
Compliment	103	108	99
Complaint	77	74	72
Total	103	113	104



YAS Comments

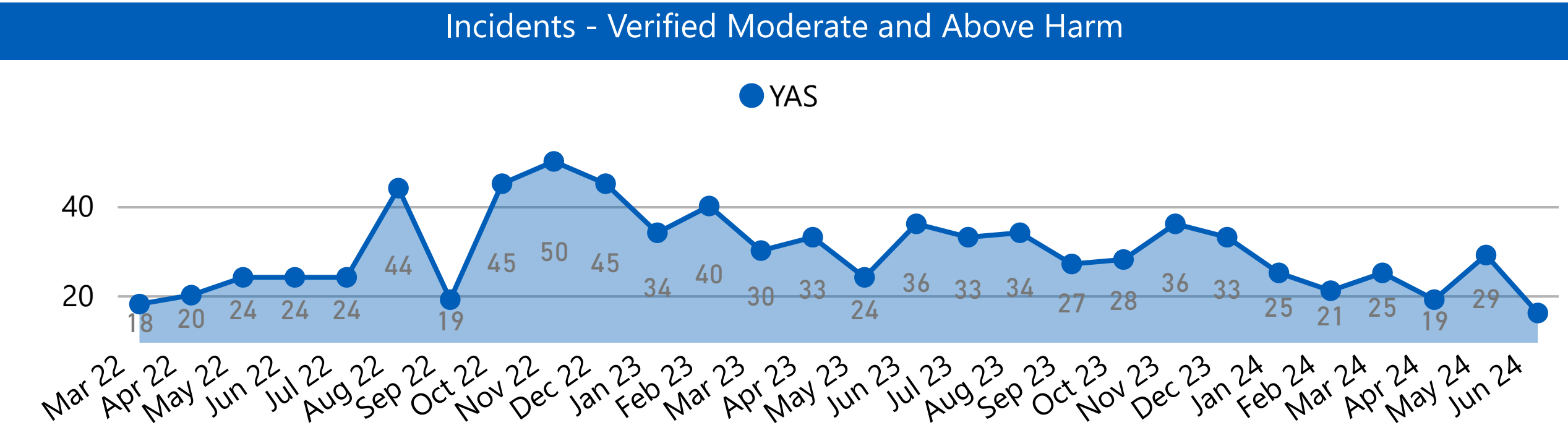
When compared to July 2024, YAS has seen a reduction across Service to Service, Concerns, Compliments and Complaints. However, both EOC and IUC have seen an increase in the number of Complaints and Concerns from last month. A recovery plan is in place and being monitored on a weekly basis by the Head 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	Aug-23	Jul-24	Aug-24
All Incidents Reported	824	895	870
Number of duty of candour contacts	26	5	7
Number of RIDDORs Submitted	5	6	8
Patient Safety Indicator Incident Investigation		1	1

	Jun 23	May 24	Jun 24
Moderate & Above Harm (verified)	36	29	16
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	7	6	3

Hygeine			
Indicator	Aug-23	Jul-24	Aug-24
% Compliance with Hand Hygiene	94.7%	98.5%	99.6%
% Compliance with Premise	86.4%	99.3%	96.1%
% Compliance with Vehicle	88.1%	97.8%	96.3%



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

YAS Comments

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

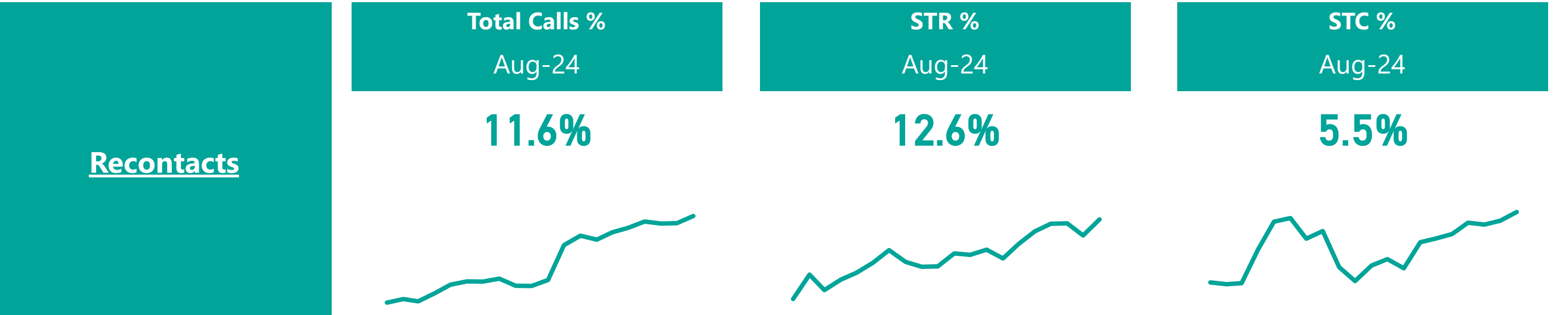
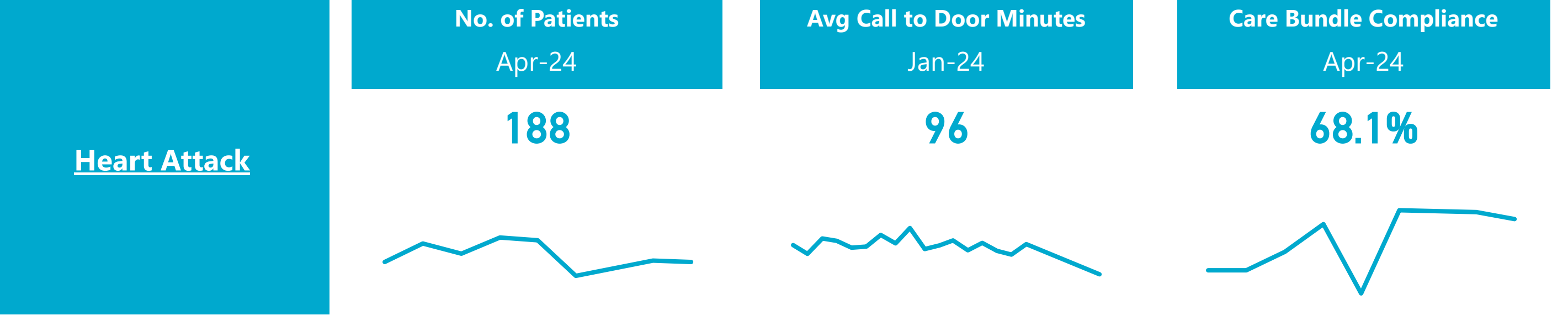
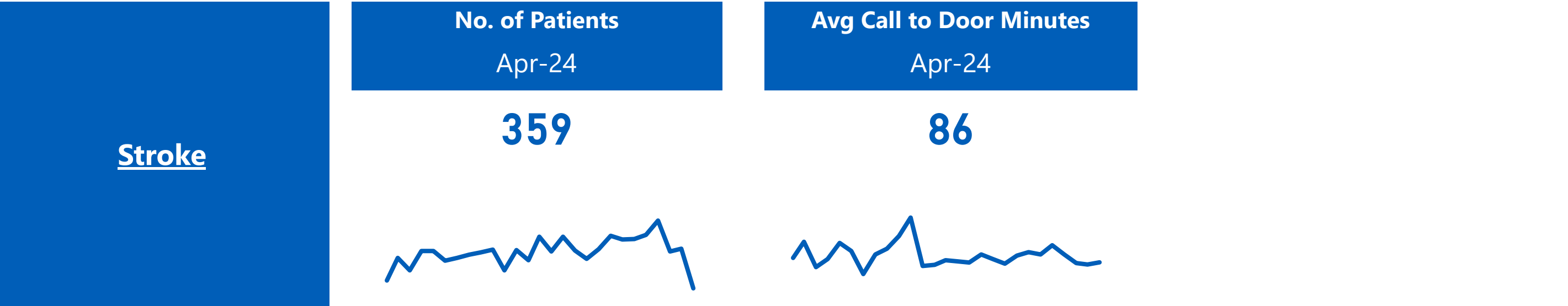
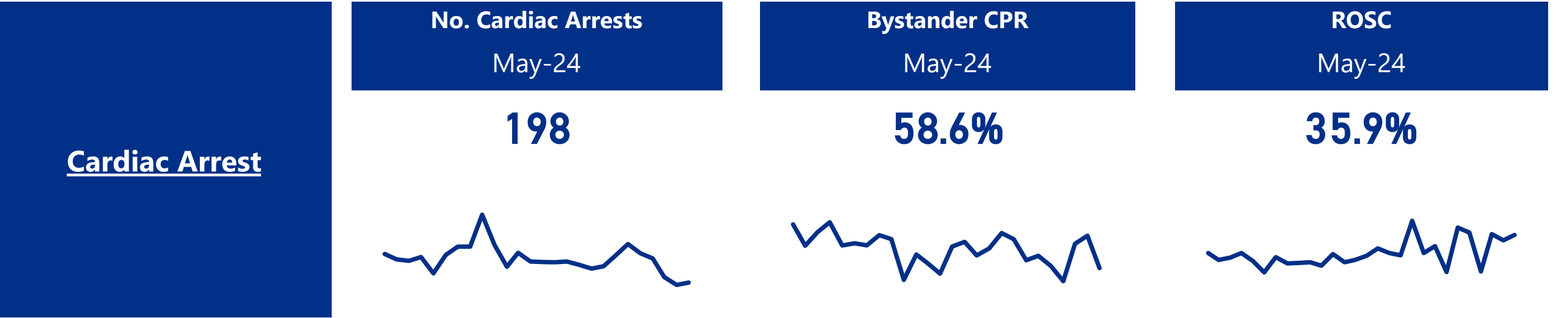
Safeguarding Adult Review (SAR) – 11 requests for information in relation to SAR’s were received in August. This number continues to increase month on month.

Child Safeguarding Practice Review / Rapid Review (CSPR/RR) – the team contributed information in relation to 1 Rapid Review in August.

A&E Long Responses			
Indicator	Aug-23	Jul-24	Aug-24
999 - C1 Responses > 15 Mins	758	793	646
999 - C2 Responses > 80 Mins	1,819	1,977	1,530

Child death - The Safeguarding team contributed information in relation to 23 children who died in August. This number has risen again from 19 deaths in July.

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 11.7%, 11.6 and 11.3% 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

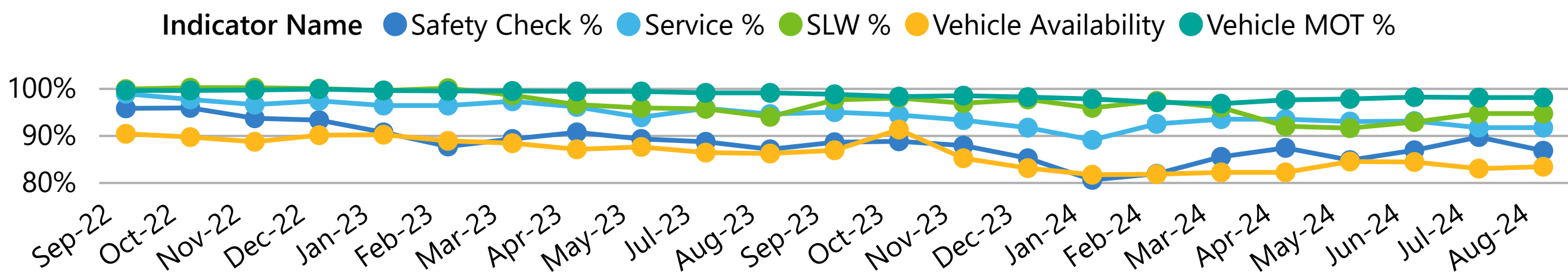
Indicator	Aug-23	Jul-24	Aug-24
P1 Emergency (<2Hrs) – Attendance	100.0%	80.0%	
P1 Emergency (<24 Hrs) - Completed	100.0%	60.0%	
P2 Emergency (<4 Hrs) - Attendance	79.4%	82.5%	74.6%
P2 Emergency (<24 Hrs) – Completed	79.4%	50.9%	68.3%
P3 Non Emergency (<24Hrs) - Attendance	92.5%	87.8%	71.1%
P3 Non Emergency (<72 Hrs) – Completed	79.1%	57.1%	65.8%
P4 Non Emergency (<2 Working Days) - Attendance	88.6%	88.2%	80.0%
P4 Non Emergency (<14 Days) – Completed	93.2%	75.3%	75.7%
P6 Non Emergency (<2 Weeks) - Attendance	85.9%	77.7%	75.0%
P6 Non Emergency (4 Weeks) - Completed	59.2%	51.8%	57.1%
Planned Maintenance Complete	99.8%	85.0%	90.0%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 265 jobs for the month of August. This is slightly lower than the representative of an average 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 25 requests followed by Callflex at 19 and HART at 12 requests for reactive works. SLA figures are relatively low with at an overall attendance KPI at 75%, completion KPI is also 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 just under a third of request with attendance KPI at 71% against a target of 98%. P4 category accounts for just over a quarter of requests with attendance KPI at 80% 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 97% for August with a completion of 90%.

999 Fleet



999 Fleet Age

Indicator	Aug-23	Jul-24	Aug-24
Vehicle age +7	12.0%	19.6%	21.0%
Vehicle age +10	1.0%	1.1%	0.9%

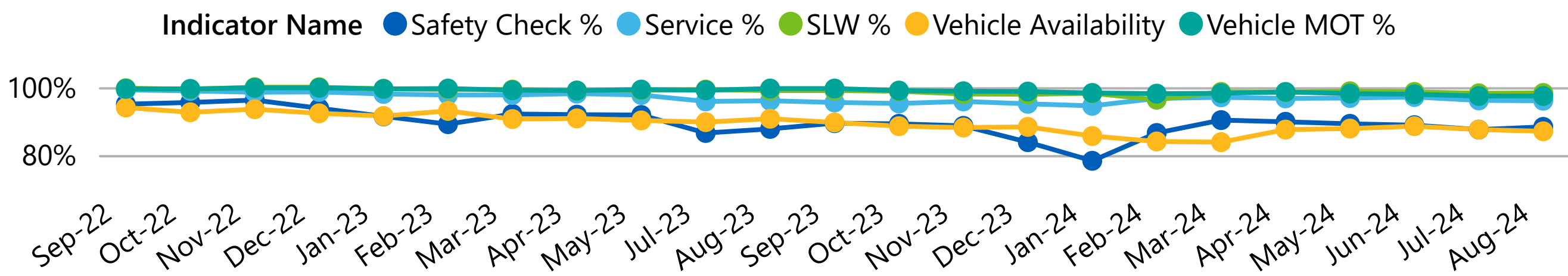
PTS Age

Indicator	Aug-23	Jul-24	Aug-24
Vehicle age +7	28.0%	26.3%	26.1%
Vehicle age +10	4.5%	5.3%	5.3%

Fleet Comments

A&E availability has improved by 0.4pp to 83.2% in August with the DCA fleet increasing in number to 450 vehicles. 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 0.8% to 92.6% 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 improved by 0.2% to 95%, vehicle availability has also decreased by 0.pp to 87.0%, 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 is improving 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



Glossary - Indicator Descriptions (A&E)

A&E

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

Glossary - Indicator Descriptions (IUC and PTS)

IUC and PTS

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

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