

# Integrated Performance Report

September 2024

Published 28 October 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 <b>higher</b> pressure due to (H)igh or (L)ow values	Special cause of improving nature or <b>lower</b> pressure due to (H)igh or (L)ow values	Variation indicates inconsistently passing or falling short of target	Variation indicates consistently (F)alling short of target	Variation indicates consistently (P)assing target

**Variation icons:**      **Orange** indicates concerning **special cause variation** requiring action.  
                                 **Blue** indicates where improvement appears to lie.  
                                 **Grey** indicates no significant change (**common cause variation**).

**Assurance icons:**      **Orange** indicates that you would consistently expect to **miss** a target.  
                                 **Blue** indicates that you would consistently expect to **achieve** a target.  
                                 **Grey** indicates that sometimes the target will be achieved and sometimes it will not, due to random variation. In a RAG report, this indicator would flip between red and green.

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- Patient Experience (Quality)
- Patient Clinical Effectiveness

































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





# 999 IPR Key Exceptions - September 24

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:08		
999 - Answer 95th Percentile		00:01:02		
999 - AHT		00:06:38		
999 - Calls Ans in 5 sec	95.0%	86.0%		
999 - C1 Mean (T < 7 Mins)	00:07:00	00:08:11		
999 - C1 90th (T < 15 Mins)	00:15:00	00:14:13		
999 - C2 Mean (T < 18 Mins)	00:18:00	00:35:18		
999 - C2 90th (T < 40 Mins)	00:40:00	01:18:46		
999 - C3 Mean (T < 1 Hour)	01:00:00	01:45:33		
999 - C3 90th (T < 2 Hour)	02:00:00	03:59:59		
999 - C1 Responses > 15 Mins		831		
999 - C2 Responses > 80 Mins		3,551		
999 - Job Cycle Time		01:53:33		
999 - Avg Hospital Turnaround	00:30:00	00:52:43		
999 - Avg Hospital Handover	00:15:00	00:28:29		
999 - Avg Hospital Crew Clear	00:15:00	00:24:13		
999 - Total lost handover time		5,701		
999 - Crew clear over 30 mins %		30.0%		
999 - C1%		16.8%		
999 - C2%		60.2%		

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

**Call Answer** - The mean call answer was 8 seconds for September, an increase from August of 4 seconds. The median remained the same at zero seconds and the 90th, 95th and 99th percentiles all increased. The 90th increased from 0 seconds in August to 23 seconds in September, 95th increased from 27 seconds to 1 minute and 2 seconds, and 99th increased from 1 minute 45 seconds to 2 minutes 19 seconds.

**Cat 1-4 Performance** - The mean performance time for Cat1 worsened from August by 27 seconds and the 90th percentile worsened by 43 seconds. The mean performance time for Cat2 worsened from August by 9 minutes 7 seconds and the 90th percentile worsened by 20 minutes 44 seconds. Compared to September of the previous year, the Cat1 mean improved by 17 seconds, the Cat1 90th percentile improved by 29 seconds, the Cat2 mean worsened by 2 minutes 40 seconds and the Cat2 90th percentile worsened by 5 minutes 20 seconds.

**Call Acuity** - The proportion of Cat1 and Cat2 incidents was 77.0% in September (16.8% Cat1, 60.2% Cat2) after a 2.5 percentage point (pp) increase compared to August (1.6 pp increase in Cat1 and 0.9 pp increase in Cat2). Comparing against September for the previous year, Cat1 proportion increased by 2.2 pp and Cat2 proportion decreased by 0.5 pp.

**Responses Tail (C1 and C2)** - The number of Cat1 responses greater than the 90th percentile target increased in September, with 831 responses over this target. This is 185 (28.6%) more compared to August. The number for last month was 0.5% higher than September 2023. The number of Cat2 responses greater than 2x 90th percentile target increased from August by 2,021 responses (132.1%). This is a 15.5% increase from September 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 increased by 2 minutes 55 seconds and overall turnaround time increased by 3 minutes 10 seconds. The number of conveyances to ED was 1.8% lower than in August. Overall, the average job cycle time increased by 2 minutes 41 seconds from August.

**Demand** - On scene response demand was 0.6% above forecasted figures for September. It was 1.1% lower compared to August and 0.1% lower compared to September 2023. All response demand (HT + STR + STC) was 0.7% lower than August.

**Outcomes** - Comparing incident outcome proportions within 999 for September against August, the proportion of hear & treat increased by 0.4 percentage points (pp), see treat & refer increased by 0.1 pp and see treat & convey decreased by 0.4 pp. The proportion of incidents with conveyance to ED decreased by 0.6 pp and the proportion of incidents conveyed to non-ED increased by 0.2 pp.



# IUC IPR Key Indicators - September 24

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		126,928		
IUC - Answered vs. Last Month %		-1.8%		
IUC - Answered vs. Last Year %		5.0%		
IUC - Calls Triage		124,786		
IUC - Calls Abandoned %	3.0%	0.6%		
IUC - Answer Mean	00:00:20	00:00:08		
IUC - Answered in 60 Secs %	90.0%	96.2%		
IUC - Answered in 120 secs %	95.0%	97.8%		
IUC - Callback in 1 Hour %	60.0%	47.9%		
IUC - ED Validations %	50.0%	61.2%		
IUC - 999 Validations %	75.0%	99.7%		
IUC - ED %		16.7%		
IUC - ED Outcome to A&E %		68.8%		
IUC - ED Outcome to UTC %		8.0%		
IUC - Ambulance %		13.7%		

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

YAS received 133,547 calls in September, 13.3% below the annual business plan baseline demand. 126,928 (95.0%) of these were answered, 1.8% below last month and 5.0% 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 decreased to 96.2% from 97.0% in September. Calls answered in 120 seconds decreased to 97.8% from 98.2% in September. Average speed to answer has increased by 1 seconds to 8 seconds compared with 7 seconds last month. Abandonment rate remained level at 0.6%.












The proportion of clinician call backs made within 1 hour decreased to 47.9% from 48.0% last month. This is 12.1% below the national target of 60%. Core clinical advice decreased to 24.1% from 25.6% 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 97.4% in September, whilst performance for overall validations was 99.7%, with 12,267 cases validated overall.

ED validation performance increased to 61.2% from 58.7% last month. The target for this KPI is 50%. ED validation continues to be driven down since the implementation of 111 First and the prioritisation of UTCs over validation services for cases with an initial ED outcome. Previous analysis showed that if cases now going to UTCs that would have gone to validation previously were no longer included in the denominator for the validation calculation, YAS would have met and exceeded the 50% target every month this year.

Amongst booking KPIs, bookings to UTCs increased to 23.5% from 24.4% last month. 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. Bookings into the Emergency Department have dropped to 0% due to the booking system being switched off at the end of June 2024. We will see ED bookings at 0% until a new booking system is implemented.

# PTS IPR Key Indicators - September 24

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	56.9%		
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	76.5%		
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	86.6%		
PTS - Arrive at Appointment Time	90.0%	86.5%		
PTS - Journeys < 120Mins	90.0%	98.3%		
PTS - Same Month Last Year		7.6%		
PTS - Increase - Previous Month		-0.4%		
PTS - Demand (Journeys)		80,885		

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

PTS Total Activity has been high in recent months, culminating in extremely high demand levels in July. Demand has seen a decrease since then, however total activity remains high compared to previous years. Demand in September saw similar levels to the previous month: a 0.4% decrease – both months had the same number of working days, however August had an extra bank holiday. Activity levels compared to 2023 remain high, with September being 7.6% higher than September 2023. 80,885 journeys were operated, including abortions and escorts.

Figures over the past 2 months have been more in line with forecast compared to previous months; delivered Journeys were 4.0% above the Operational Plan in September. Year to date, Delivered Journeys are 6.6% above expected, and 10.3% higher than the previous year.

Multi Handed and OOH demand continues to be high. September saw 15.9% more patients travel with a higher mobility than September 2023, however only 0.6% more journeys operated out of hours than in September 2023.

Call Performance had been above 80% for 7 consecutive months, with July and August close to the 90% target. In September, 56.9% of calls were answered in 180 seconds, which is a significant decrease. The number of Call Handlers working saw a slight reduction of 0.3 FTE, however Call Demand increased by 12.0% which had an impact on performance.

There were no ITP journeys in September.

Short Notice Outwards Performance (KPI 4) was under 80.0% for the second consecutive month. Previously the KPI had remained above 80% since June 2023. 76.5% of short notice outwards patients were dropped off in 120 minutes. The number of hours worked by Private Providers decreased by 14.1% in September when compared to August, having an impact on service level.

Pre Planned Outwards Performance (KPI 3) was also an exception in September following a 1.7% decrease.

# Workforce Summary

A&E	IUC	PTS
EOC	Other	Trust



## Key KPIs

Name	Sep-23	Aug-24	Sep-24
Turnover (FTE) %	9.8%	10.4%	10.5%
Vacancy Rate %	15.1%	10.3%	10.2%
Apprentice %	10.0%	9.6%	9.2%
BME %	6.5%	7.7%	8.0%
Disabled %	6.9%	8.8%	8.9%
Sickness - Total % (T-5%)	6.1%	6.5%	6.6%
PDR / Staff Appraisals % (T-90%)	72.8%	82.7%	82.1%
Essential Learning		92.8%	92.5%

## YAS Commentary

**FTE, Turnover, Vacancies and BME** – Compared to August 2024, the turnover and vacancy rate have remained consistent, with only slight deterioration. In comparison to the same month last year (September 2023) the vacancy rate has seen an improvement of 4.9 percentage points. Both vacancies and turnover for IUC have increased, remaining high for IUC at 24.0% and 34.0% 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 1.5 percentage points since September 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.

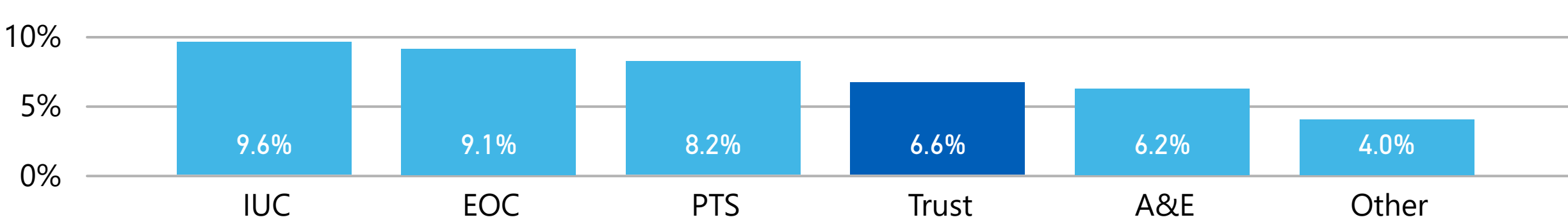
**Sickness** – Sickness has deteriorated slightly, increasing from 6.5% to 6.6%, from the previous month. A sub-group of the Organisational Efficiency Group is working to actively reduce absence through monitoring and addressing compliance with day one and return to work absence management processes and MSK/injuries at work. The People & Culture Group receives updates on this work. Each service line has a service specific absence reduction plan and further work, particularly on sector benchmarking and learning is being undertaken.

**PDR / Appraisals** – The overall compliance rate has decreased slightly (82.1% Sep from 82.7% Aug) however remains a notable upturn in 24/25 compared to the relatively static position across 23/24. PTS is the highest performing area (85.8%) with EOC as the lowest (68.7%) showing an increasing trend. Targeted support is 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 the new Online Appraisal system is in the pilot phase from mid-October.

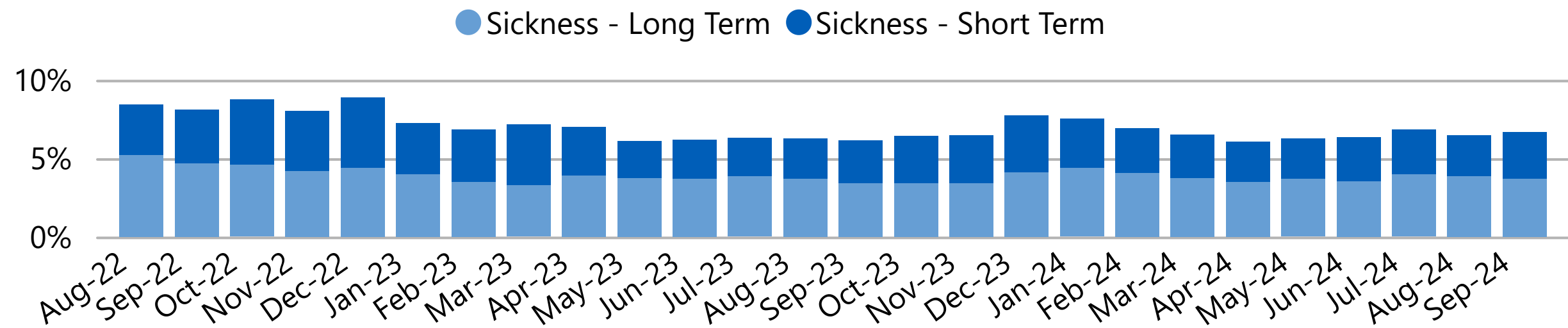
**Essential Learning** – From financial year 24/25, we now report on Essential Learning as our core Statutory and Mandatory training measure replacing the bundles previously used. The Trust target of 90% continues to be met at 92.5%. All service lines remain above 90% with the exception of EOC (88.8%) and Chief Executive directorate (74.19%). 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

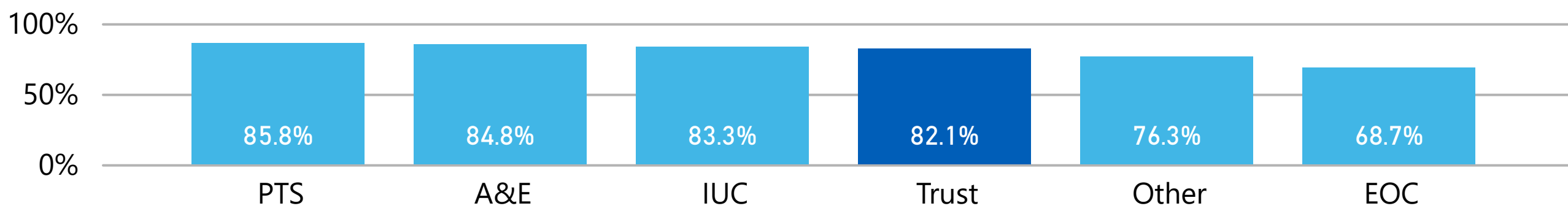
## Sickness Benchmark for Last Month (Trust)



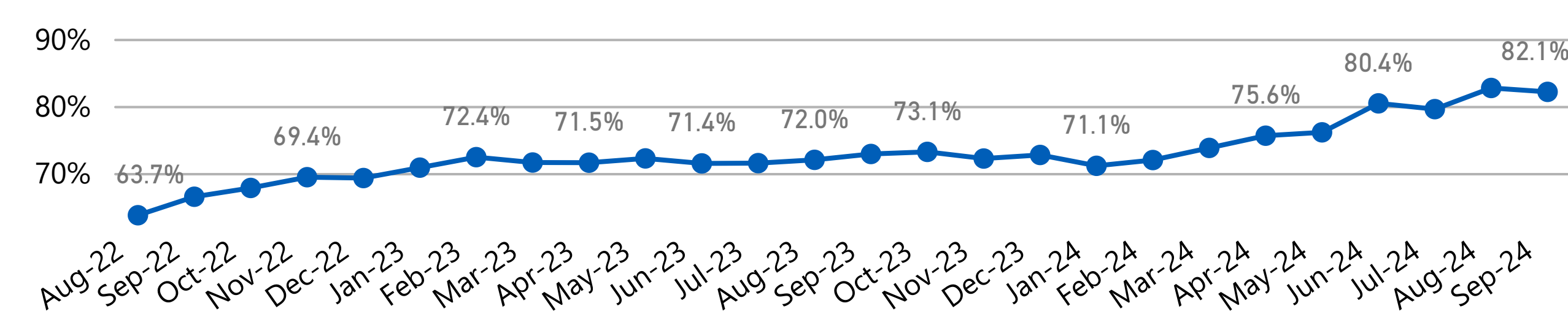
## Sickness



## PDR Benchmark for Last Month (Trust)



## PDR - Target 90%





# YAS Finance Summary (Director Responsible Kathryn Vause) - September 24



## Overview - Unaudited Position

### Overall

The Trust has a YTD surplus position at month 6 of £472k as shown above. 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 September, the Trust had £55.4m 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	£472	£204
Cash	£62,346	£55,355	-£6,991
Capital	£4,129	£1,701	-£2,428

## Monthly View (£000s)

Indicator Name	2024-05	2024-06	2024-07	2024-08	2024-09
▼					
Surplus/ (Deficit)	£0	-£870	-£105	£769	£678
Cash	£53,894	£50,599	£55,100	£56,600	£55,355
Capital	£180	£240	£904	£391	£177

# Patient Demand Summary

## Demand Summary

Indicator	Sep-23	Aug-24	Sep-24
999 - Incidents (HT+STR+STC)	66,606	72,840	72,357
999 - Calls Answered	83,674	90,059	88,997
IUC - Calls Answered	120,836	129,249	126,928
IUC - Calls Answered vs. Ceiling %	-22.4%	-18.4%	-19.2%
PTS - Demand (Journeys)	75,146	81,236	80,885
PTS - Increase - Previous Month	-2.6%	-7.0%	-0.4%
PTS - Same Month Last Year	0.0%	5.2%	7.6%
PTS - Calls Answered	27,813	40,769	40,573

## Commentary

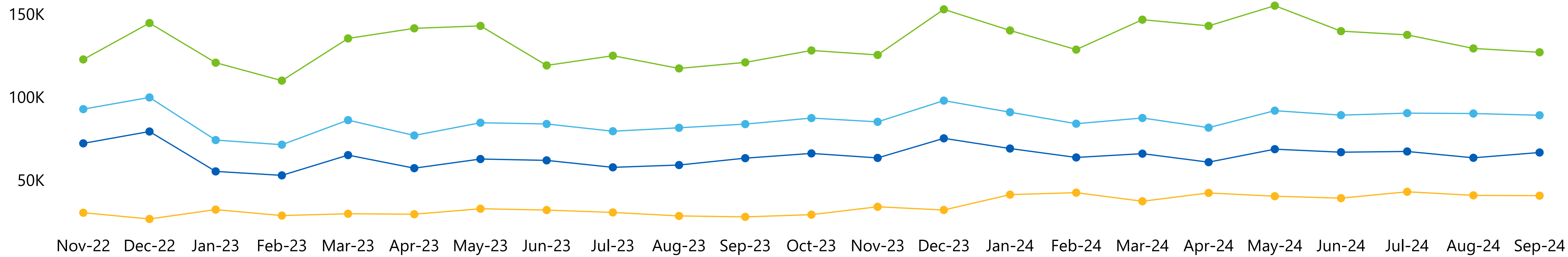
**999** - On scene response demand was 0.5% above forecasted figures for August. It was 4.9% lower compared to July and 0.9% higher compared to August 2023. All response demand (HT + STR + STC) was 4.9% lower than July.

**IUC** - YAS received 133,547 calls in September, 13.3% below the annual business plan baseline demand. 126,928 (95.0%) of these were answered, 1.8% below last month and 5.0% above the same month last year.

**PTS** - Demand in September saw similar levels to the previous month: a 0.4% decrease – both months had the same number of working days, however August had an extra bank holiday. Activity levels compared to 2023 remain high, with September being 7.6% higher than September 2023. 80,885 journeys were operated, including abortions and escorts.

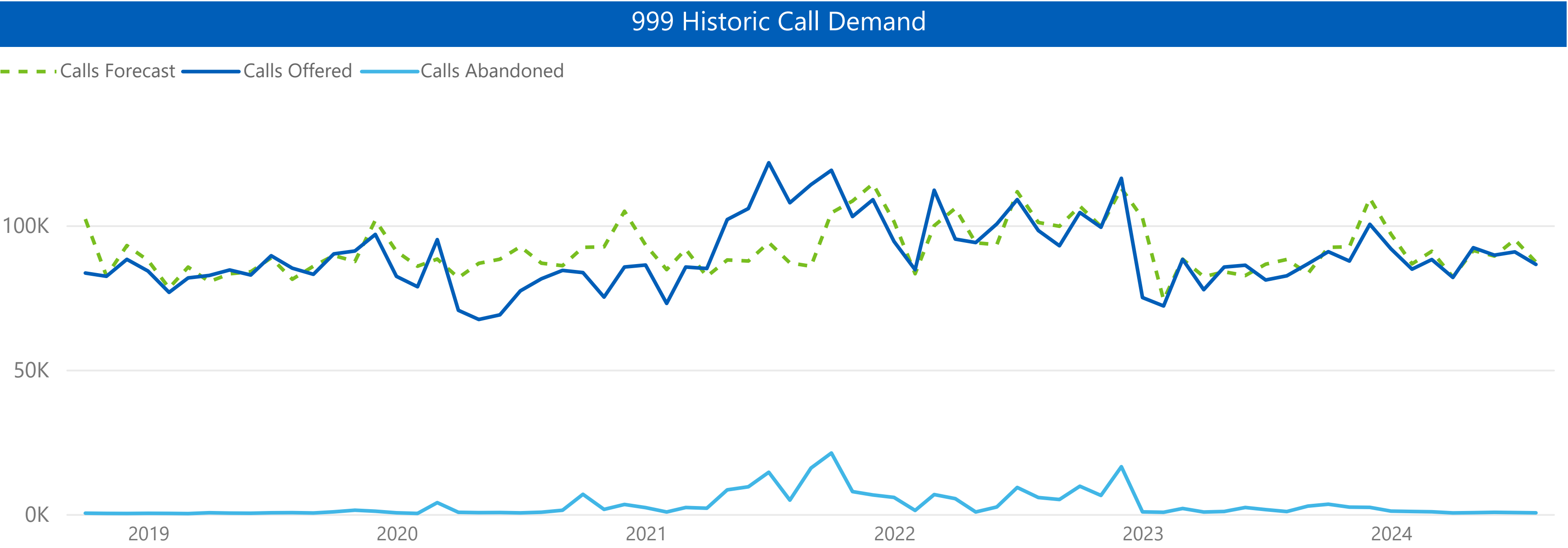
## Overall Calls and Demand

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



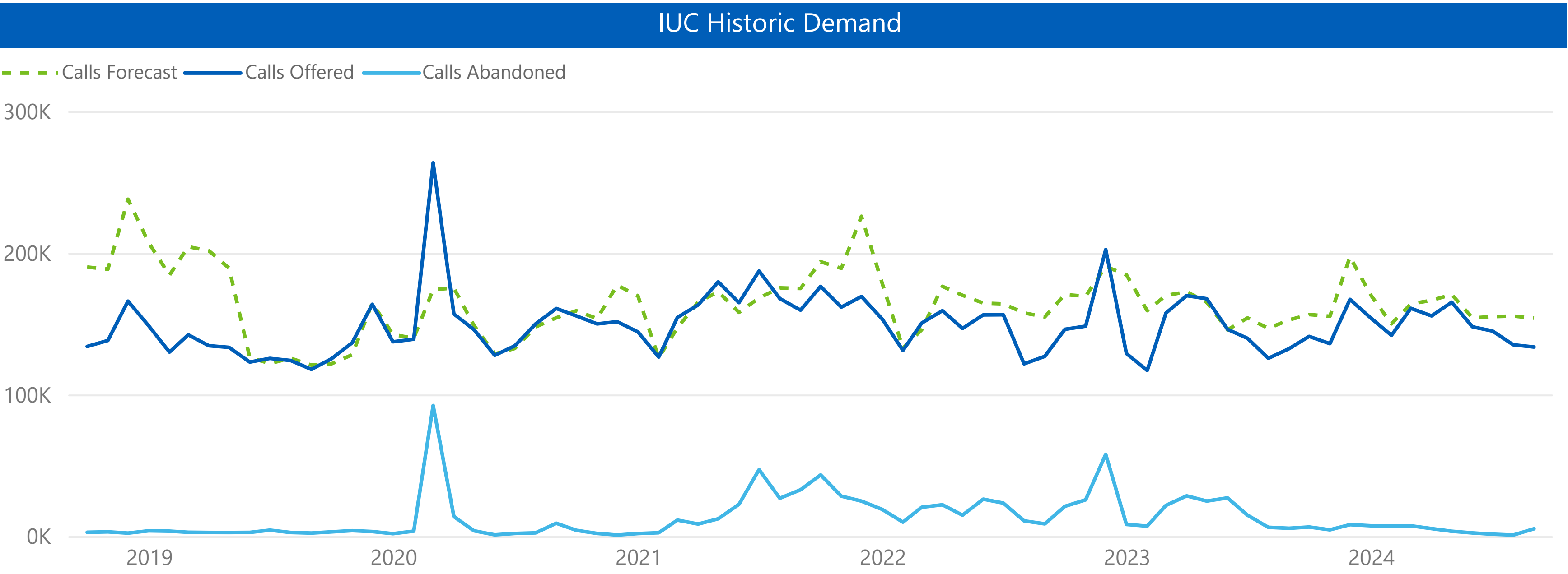
# 999 and IUC Historic Demand

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



999

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 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 133,547 calls in September, 13.3% below the annual business plan baseline demand. 126,928 (95.0%) of these were answered, 1.8% below last month and 5.0% above the same month last year.

Calls abandoned remained level at 0.6% and was 3.8% 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

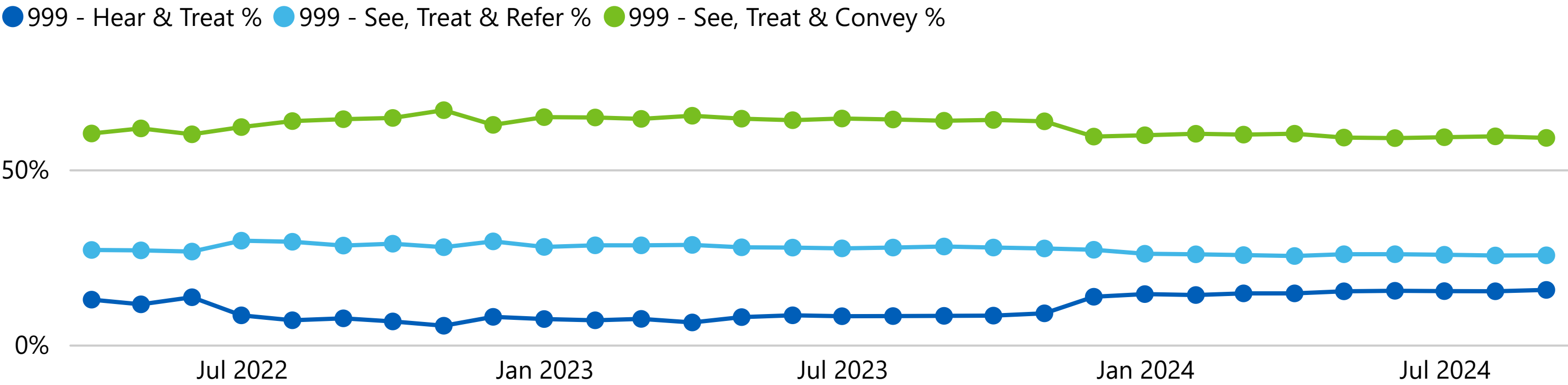


# Patient Outcomes Summary

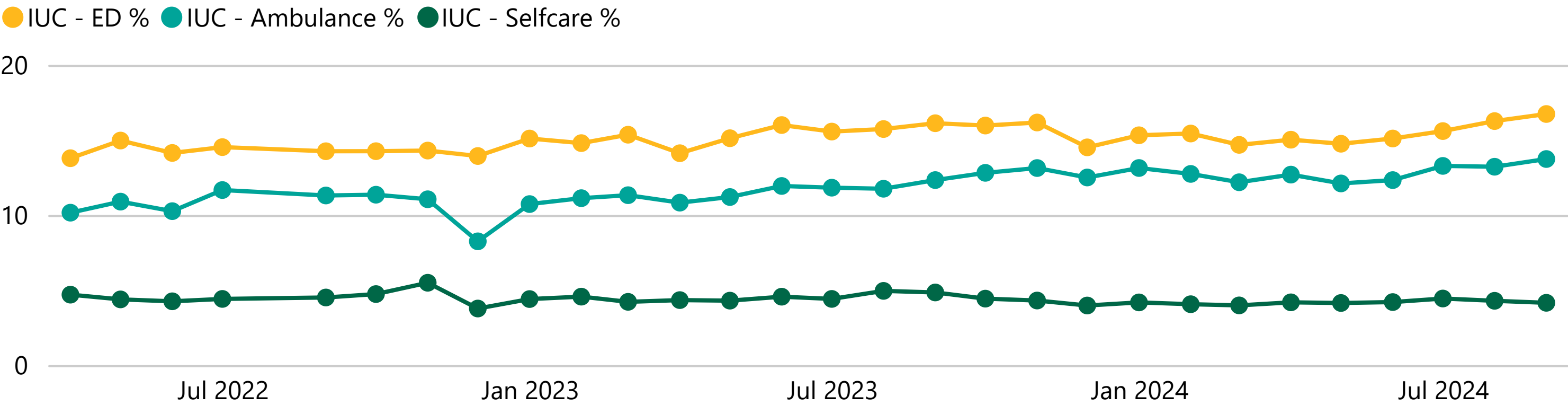
## Outcomes Summary

ShortName	Sep-23	Aug-24	Sep-24
999 - Incidents (HT+STR+STC)	66,606	72,840	72,357
999 - Hear & Treat %	8.2%	15.2%	15.6%
999 - See, Treat & Refer %	28.0%	25.4%	25.5%
999 - See, Treat & Convey %	63.8%	59.4%	59.0%
999 - Conveyance to ED %	56.6%	52.9%	52.2%
999 - Conveyance to Non ED %	7.2%	6.5%	6.7%
IUC - Calls Triaged	113,347	127,578	124,786
IUC - ED %	16.1%	16.3%	16.7%
IUC - Ambulance %	12.3%	13.2%	13.7%
IUC - Selfcare %	4.8%	4.3%	4.1%
IUC - Other Outcome %	15.3%	14.8%	14.7%
IUC - Primary Care %	50.1%	50.7%	49.8%
PTS - Demand (Journeys)	75,146	81,236	80,885

## 999 Outcomes



## IUC Outcomes



## Commentary

**999** - Comparing incident outcome proportions within 999 for September against August, the proportion of hear & treat was the increased by 0.4pp, see treat & refer increased by 0.1 pp and see treat & convey decreased by 0.4 pp. The proportion of incidents with conveyance to ED decreased by 0.7 pp and the proportion of incidents conveyed to non-ED increased by 0.2 pp.

**IUC** - The proportion of callers given an Ambulance outcome was 13.7%, with Primary Care outcomes at 49.8%. The proportion of callers given an ED outcome was 16.7%. The percentage of ED outcomes where a patient was referred to a UTC was 8.0%, 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

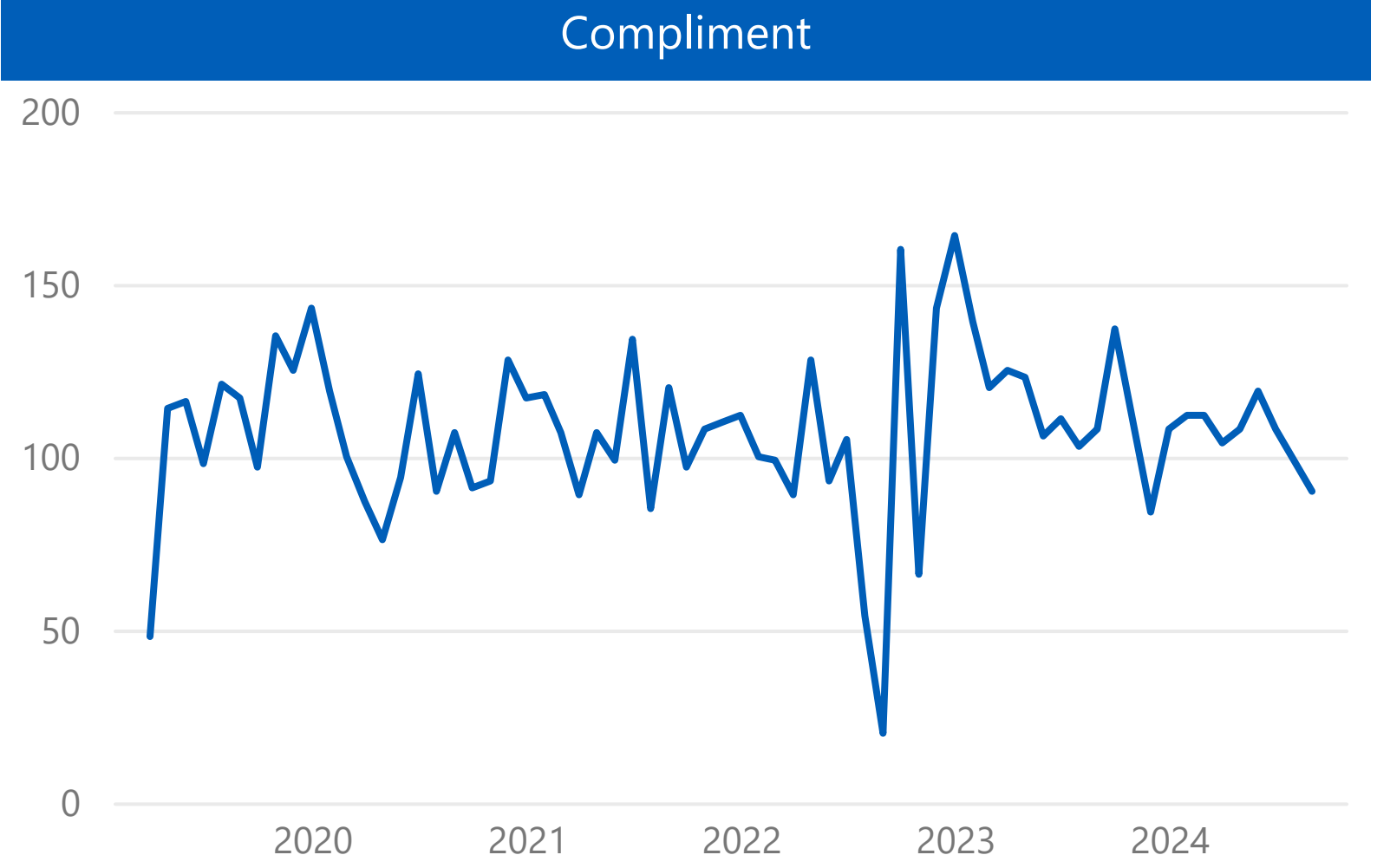
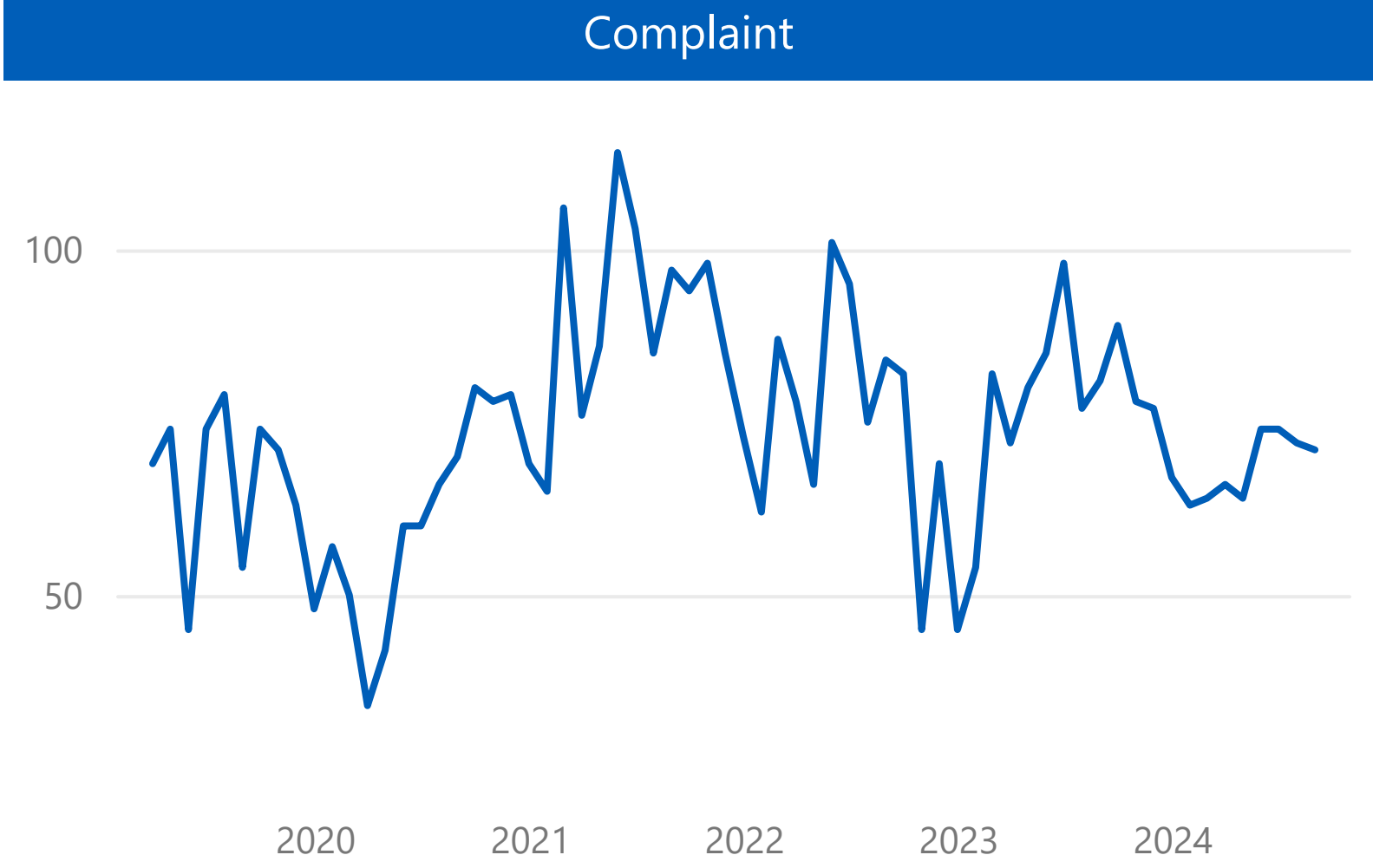
EOC

YAS

IUC

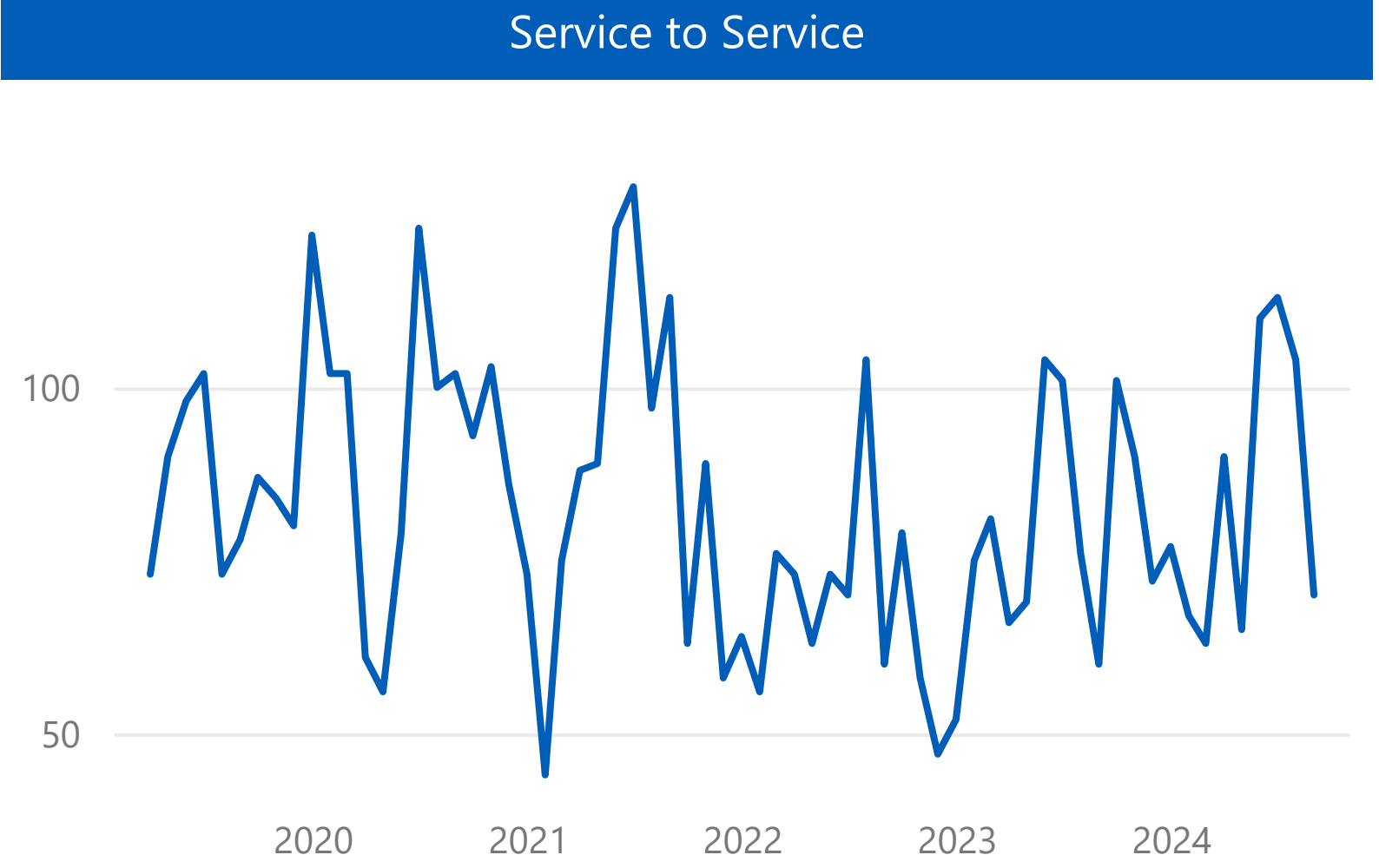
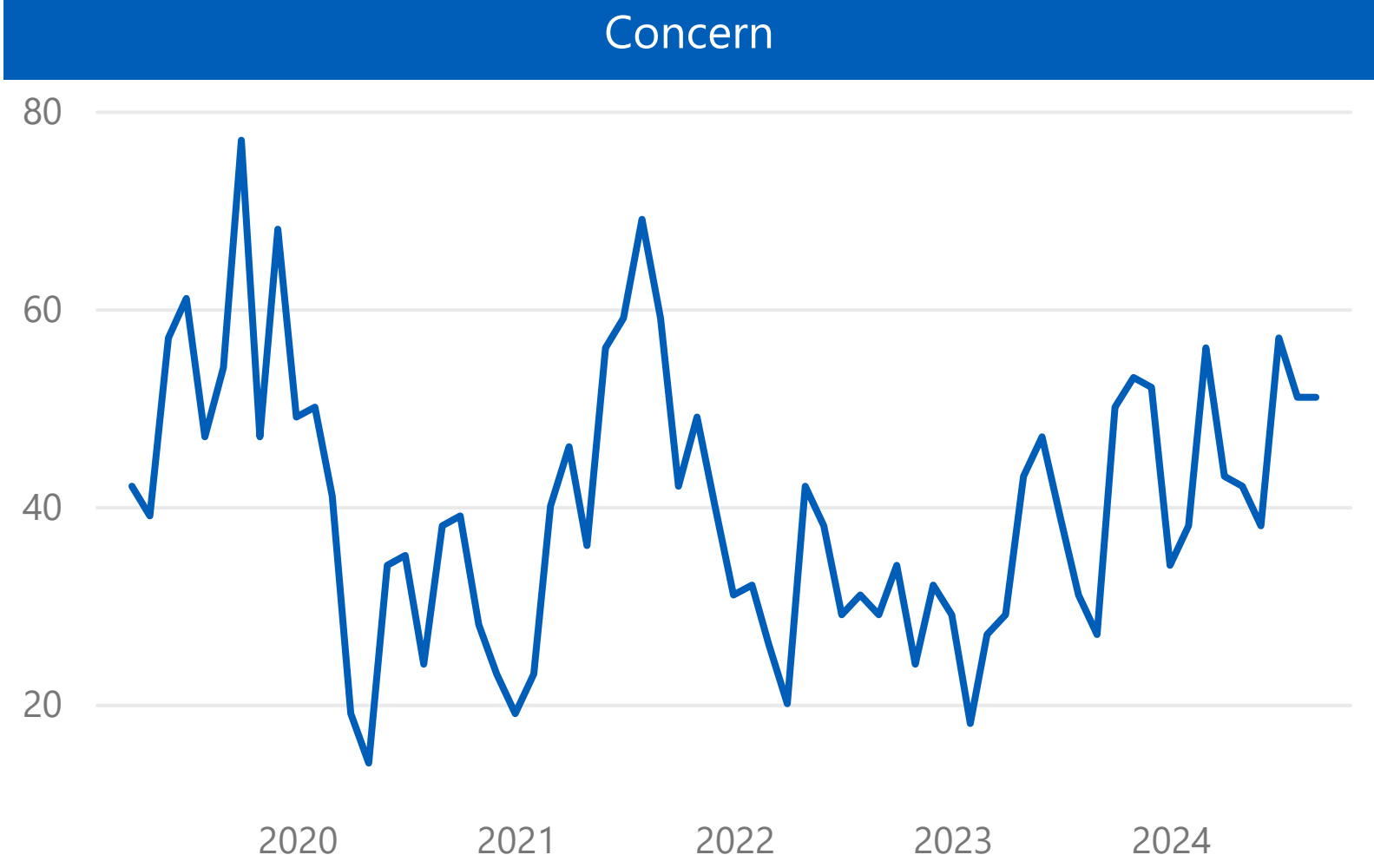


Patient Relations			
Indicator	Sep-23	Aug-24	Sep-24
Service to Service	60	104	70
Concern	27	51	51
Compliment	108	99	90
Complaint	81	72	71
Total	108	104	90



YAS Comments

When compared to August 2024, YAS has seen a reduction across Service to Service, Compliments and Complaints. However, A&E, EOC and PTS have seen an increase in the number of Complaints 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.



Patient Safety - Quality (Director Responsible - Dave Green)

A&E

EOC

IUC

PTS

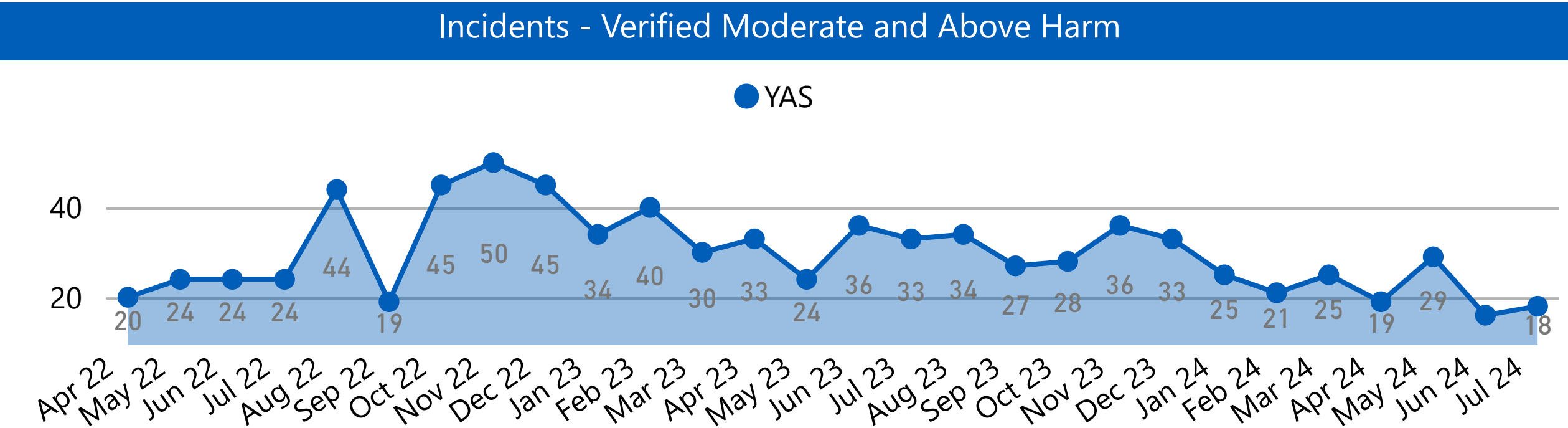
YAS



Incidents			
Indicator	Sep-23	Aug-24	Sep-24
All Incidents Reported	775	870	942
Number of duty of candour contacts	13	7	3
Number of RIDDORs Submitted	4	8	4
Patient Safety Indicator Incident Investigation		1	

	Jul 23	Jun 24	Jul 24
Moderate & Above Harm (verified)	33	16	18
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	16	3	4

Hygeine			
Indicator	Sep-23	Aug-24	Sep-24
% Compliance with Hand Hygiene	91.1%	99.6%	98.4%
% Compliance with Premise	87.8%	96.1%	99.3%
% Compliance with Vehicle	86.4%	96.3%	97.9%



Safeguarding			
Indicator	Sep-23	Aug-24	Sep-24
Rapid Review			3
Child Safeguarding Practice Review			
Domestic Homicide Review (DHR)	2	3	1
Safeguarding Adult Review (SAR)	5	11	2
Child Death	21	23	9

A&E Long Responses			
Indicator	Sep-23	Aug-24	Sep-24
999 - C1 Responses > 15 Mins	827	646	831
999 - C2 Responses > 80 Mins	3,075	1,530	3,551

YAS Comments

**Domestic Homicide Reviews (DHR)** – 1 requests for information in relation to a DHR was received in September.

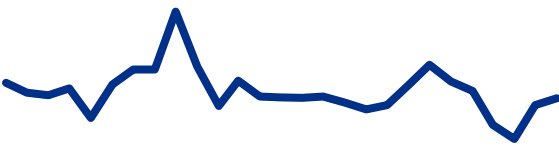







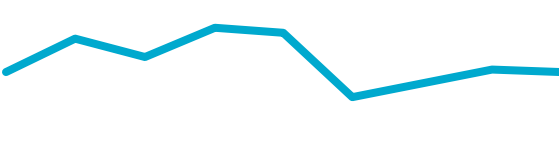
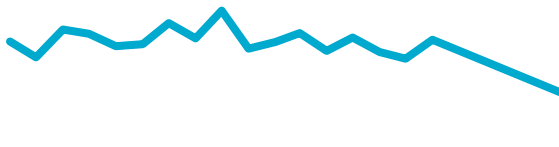

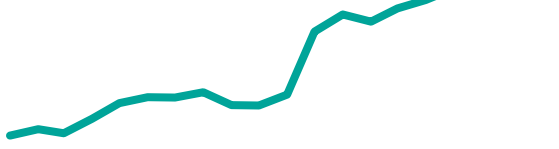
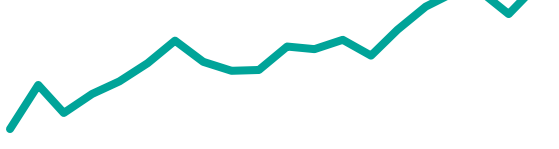

**Safeguarding Adult Review (SAR)** – 2 requests for information in relation to SAR’s were received in September.

**Child Safeguarding Practice Review / Rapid Review (CSPR/RR)** – the team contributed information in relation to 3 Rapid Reviews in September. 0 requests were received to support a CSPR in September.

**Child death** - The Safeguarding team contributed information in relation to 9 children who died in September.



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

<u>Cardiac Arrest</u>	No. Cardiac Arrests Jun-24	Bystander CPR Jun-24	ROSC Jun-24	ROSC Care Bundle Jun-24	Survival to Discharge Jun-24	Cardiac Survivors Jun-24
	283	66.1%	22.0%	49.0%	9.2%	26
						
<u>Stroke</u>	No. of Patients Jun-24	Avg Call to Door Minutes Jun-24				
	439	88				
						
<u>Heart Attack</u>	No. of Patients Apr-24	Avg Call to Door Minutes Jan-24	Care Bundle Compliance Apr-24			
	188	96	68.1%			
						
<u>Recontacts</u>	Total Calls % Sep-24	STR % Sep-24	STC % Sep-24			
	11.2%	12.3%	5.0%			
						

**Cardiac Arrest** - The number of cardiac arrests remains as expected with survival to discharge remaining high at 9.2% with 26 survivors in June. Bystander CPR remains consistent at 66.1% with the GoodSAM app deployment still pending.

**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 September 2024, overall Recontact Rates were consistent across all ICS’ with 11.7%, 10.8% and 10.7% for SY, HNY and WY respectively. Both STR and STC rates continue to climb with further work to be undertaken to understand potential causes.

*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’.*

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Estates

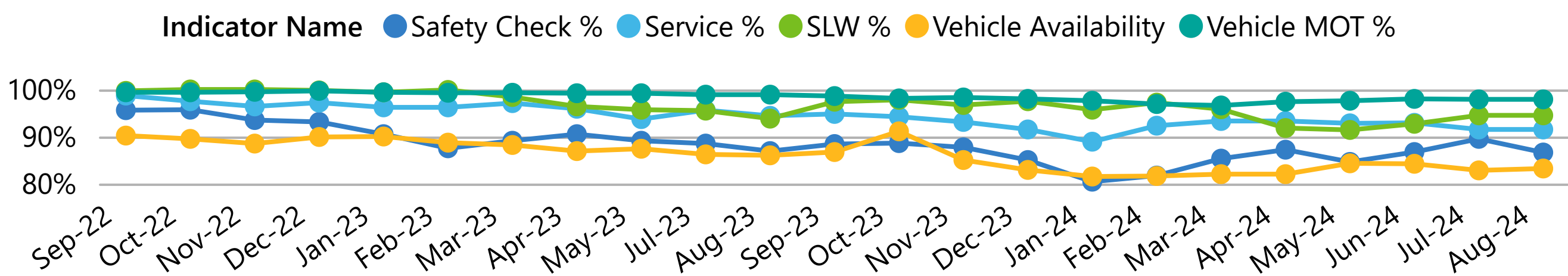
Indicator	Sep-23	Aug-24	Sep-24
P1 Emergency (<2Hrs) – Attendance	50.0%		
P1 Emergency (<24 Hrs) - Completed	100.0%		
P2 Emergency (<4 Hrs) - Attendance	93.8%	74.6%	76.9%
P2 Emergency (<24 Hrs) – Completed	85.4%	68.3%	53.9%
P3 Non Emergency (<24Hrs) - Attendance	86.8%	71.1%	72.0%
P3 Non Emergency (<72 Hrs) – Completed	82.4%	65.8%	64.0%
P4 Non Emergency (<2 Working Days) - Attendance	91.8%	80.0%	81.3%
P4 Non Emergency (<14 Days) – Completed	82.7%	75.7%	79.1%
P6 Non Emergency (<2 Weeks) - Attendance	86.9%	75.0%	78.0%
P6 Non Emergency (4 Weeks) - Completed	68.9%	57.1%	57.6%
P5 Non Emergency - Logged to Wrong Category	50.0%		
Planned Maintenance Complete	94.9%	90.0%	94.0%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 290 jobs for the month of September. This is representative of an average 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 26 requests followed by HART at 12 and Bramley at 10 requests for reactive works. SLA figures are relatively low with at an overall attendance KPI at 77%, and a completion KPI is also lower than usual at 65%.

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 over a quarter of request with attendance KPI at 72% against a target of 98%. P4 category account for just under a third a quarter of requests with attendance KPI at 81% 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 September with a completion of 94%.

999 Fleet



999 Fleet Age

Indicator	Sep-23	Aug-24
Vehicle age +7	12.0%	21.0%
Vehicle age +10	1.0%	0.9%

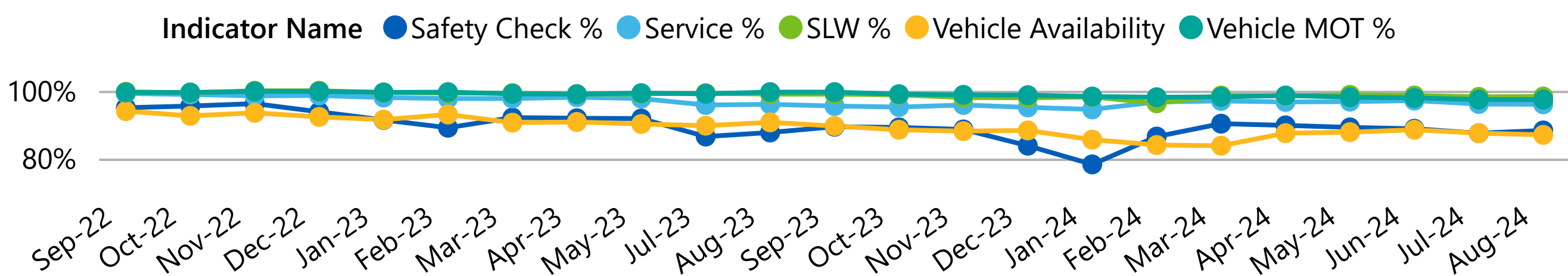
PTS Age

Indicator	Sep-23	Aug-24
Vehicle age +7	28.0%	26.1%
Vehicle age +10	4.8%	5.3%

Fleet Comments

Due to a new system being implemented, the Fleet data for September will be delayed

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