

Integrated Performance Report

January 2025

Published 27 February 2025



Exceptions, Variation and Assurance

Statistical Control Charts (SPC) are used to define variation and targets to provide assurance. Variation that is deemed outside the defined lower and upper limit will be shown as a red dot. Where available variation is defined using weekly data and if its not available monthly charts have been used. Icons are used following best practice from NHS Digital and adapted to YAS. The definitions for these can be found below.

Variation			Assurance		
Common cause No significant change	Special cause of concerning nature or higher pressure due to (H)igh or (L)ow values	Special cause of improving nature or lower pressure due to (H)igh or (L)ow values	Variation indicates inconsistently passing or falling short of target	Variation indicates consistently (F)alling short of target	Variation indicates consistently (P)assing target

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

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

Table of Contents































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



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



999 IPR Key Exceptions - January 25

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:03		
999 - Answer 95th Percentile		00:00:19		
999 - AHT		00:06:19		
999 - Calls Ans in 5 sec	95.0%	92.7%		
999 - C1 Mean (T < 7 Mins)	00:07:00	00:07:47		
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:27		
999 - C2 Mean (T < 18 Mins)	00:18:00	00:28:28		
999 - C2 90th (T < 40 Mins)	00:40:00	01:03:08		
999 - C3 Mean (T < 1 Hour)	01:00:00	01:21:05		
999 - C3 90th (T < 2 Hour)	02:00:00	03:06:07		
999 - C1 Responses > 15 Mins		660		
999 - C2 Responses > 80 Mins		2,110		
999 - Job Cycle Time		01:57:20		
999 - Avg Hospital Turnaround	00:30:00	00:55:46		
999 - Avg Hospital Handover	00:15:00	00:31:21		
999 - Avg Hospital Crew Clear	00:15:00	00:24:17		
999 - Total lost handover time		7,489		
999 - Crew clear over 30 mins %		30.3%		
999 - C1%		15.6%		
999 - C2%		58.9%		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The call answer figures are for Trust level only and do not change based on the area selection. The mean call answer remained at 3 seconds for January, no change from the previous month. The median remained the same at zero seconds and the 90th, 95th and 99th percentiles all decreased. The 90th decreased from 1 second in December to 0 seconds in January, 95th decreased from 23 seconds to 19 seconds, and 99th decreased from 1 minute 22 seconds to 1 minute, 16 seconds.

Cat 1-4 Performance - The mean performance time for Cat1 improved from December by 26 seconds and the 90th percentile improved by 50 seconds. The mean performance time for Cat2 improved from December by 12 minutes 47 seconds and the 90th percentile improved by 29 minutes 44 seconds. Compared to January of the previous year, the Cat1 mean improved by 26 seconds, the Cat1 90th percentile improved by 53 seconds, the Cat2 mean improved by 6 minutes 3 seconds and the Cat2 90th percentile improved by 15 minutes 50 seconds.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 74.5% in January (15.6% Cat1, 58.9% Cat2) after a 4.9 percentage point (pp) decrease compared to December (2.2 pp decrease in Cat1 and 2.6 pp decrease in Cat2). Comparing against January for the previous year, Cat1 proportion decreased by 0.7 pp and Cat2 proportion decreased by 3.5 pp.




















Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target decreased in January, with 660 responses over this target. This is 360 (35.3%) less compared to December. The number for last month was 28.0% lower than January 2024. The number of Cat2 responses greater than 2x 90th percentile target decreased from December by 3,805 responses (64.3%). This is a 47.3% decrease from January 2024.

Hospital & Job Cycle Time - Last month the average handover time decreased by 5 minutes 53 seconds and overall turnaround time decreased by 6 minutes 11 seconds. The number of conveyances to ED was 4.6% lower than in December. Overall, the average job cycle time decreased by 3 minutes 7 seconds from December.

Demand - On scene response demand was 3.1% below forecasted figures for January. It was 3.8% lower compared to December and 0.5% lower compared to January 2024. All response demand (HT + STR + STC) was 5.3% lower than December.

Outcomes - Comparing incident outcome proportions within 999 for January against December, the proportion of hear & treat decreased by 1.3 percentage points (pp), see treat & refer increased by 0.5 pp and see treat & convey increased by 0.8 pp. The proportion of incidents with conveyance to ED increased by 0.4 pp and the proportion of incidents conveyed to non-ED increased by 0.4 pp.

IUC IPR Key Indicators - January 25

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		136,800		
IUC - Answered vs. Last Month %		-18.0%		
IUC - Answered vs. Last Year %		-2.3%		
IUC - Calls Triage		134,806		
IUC - Calls Abandoned %	3.0%	2.0%		
IUC - Answer Mean	00:00:20	00:00:33		
IUC - Answered in 60 Secs %	90.0%	90.8%		
IUC - Answered in 120 secs %	95.0%	93.2%		
IUC - Callback in 1 Hour %	60.0%	49.2%		
IUC - ED Validations %	50.0%	56.4%		
IUC - 999 Validations %	75.0%	99.7%		
IUC - ED %		15.9%		
IUC - ED Outcome to A&E %		79.4%		
IUC - ED Outcome to UTC %		7.9%		
IUC - Ambulance %		13.5%		

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 145,788 calls in January, 19.0% below the annual business plan baseline demand. 136,800 (93.8%) of these were answered, 18.0% below last month and 2.3% below 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 90.8% from 83.5% in January. Average speed to answer has decreased by 4 seconds to 33 seconds compared with 37 seconds last month. Abandonment rate decreased to 2.0% from 2.2% last month.












The proportion of clinician call backs made within 1 hour increased to 49.2% from 46.4% last month. This is 10.8% below the national target of 60%. Core clinical advice increased to 25.8% from 23.7% 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 97.9% in January, whilst performance for overall validations was 99.7%, with 14,069 cases validated overall.

ED validation performance increased to 56.4% from 49.2% 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 25.9% from 22.1% last month and ED bookings remained level at 0.1%. Referrals to IUC Treatments Centres have stayed consistent, however an issue with the booking system is causing the bookings figure for this KPI to appear very low. 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 - January 25

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	71.7%		
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	82.1%		
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	88.9%		
PTS - Arrive at Appointment Time	90.0%	86.5%		
PTS - Journeys < 120Mins	90.0%	98.6%		
PTS - Same Month Last Year		-2.3%		
PTS - Increase - Previous Month		10.3%		
PTS - Demand (Journeys)		82,334		

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Total Activity increased back up to normal levels after the festive period. 82,334 journeys were operated including abortions and escorts. For the third month running demand has reflected those of 2023-24, with January seeing a -2.3% variance.

Delivered Journeys were 10.6% above the Business Plan forecast, leaving the year to date position 6.1% over expected.

Reservations saw a 28.4% increase in Call Activity with circa 52,000 calls offered. Demand was 16.5% higher than the average from 2024-25. High call levels had an impact on service level, with Calls Answered in 180 seeing a -12.5% decrease to December (71.7%). Despite increased activity and lower performance, year to date KPI remains above 80%.

Short Notice Outwards Performance was above 80.0% for the third month running. 82.1% of patients were picked up in 120 minutes. Private Provider support remains low compared to the previous year, continuing to impact service level from reaching those of 2023-24.

All other KPI's fell in line with recent trends.

Workforce Summary

A&E

EOC

IUC

Other

PTS

Trust



Key KPIs

Name	Jan-24	Dec-24	Jan-25
Turnover (FTE) %	10.4%	9.7%	9.7%
Vacancy Rate %	12.2%	7.4%	6.7%
Apprentice %	10.0%	9.8%	10.3%
BME %	6.8%	8.2%	8.3%
Disabled %	7.3%	9.2%	9.4%
Sickness - Total % (T-5%)	7.5%	9.2%	8.3%
PDR / Staff Appraisals % (T-90%)	71.1%	82.0%	79.2%
Essential Learning		90.0%	88.0%

YAS Commentary

FTE, Turnover, Vacancies and BME – Compared to December 2024, turnover has remained the same, and vacancy rate has decreased. In comparison to the same month last year (January 2024) the vacancy rate has reduced by 5.5 percentage points.Turnover for IUC has slightly decreased, remaining high for IUC at 28.3%, and Vacancies for IUC have decreased to 20.2% (from 35.7% in January 2024) (Note: IUC figures are for those employed staff leaving the Trust only). The work to implement the IUC case for change remains ongoing. The numbers of BME and staff living with disabilities is steadily improving i.e. BME has increased by 1.5 percentage points since January 2024. 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.

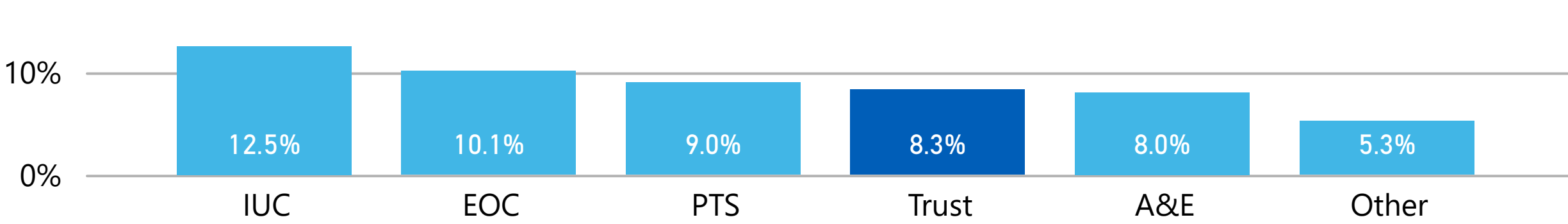
Sickness – Sickness has improved, decreasing from 9.2% to 8.3%, from the previous month. Health surveillance tells us that this is reflective of what’s happening in communities nationally. A sub-group of the Organisational Efficiency Group is working to actively reduce absence through monitoring and 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 decreased from last month to 79.2% (82.0% Dec). Following a notable upturn in 24/25 compared to the static position across 23/24, rates have remained relatively constant since Aug. IUC is the highest performing area (85.5%) with EOC as the lowest (63.3%). 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 will be live from April 2025.

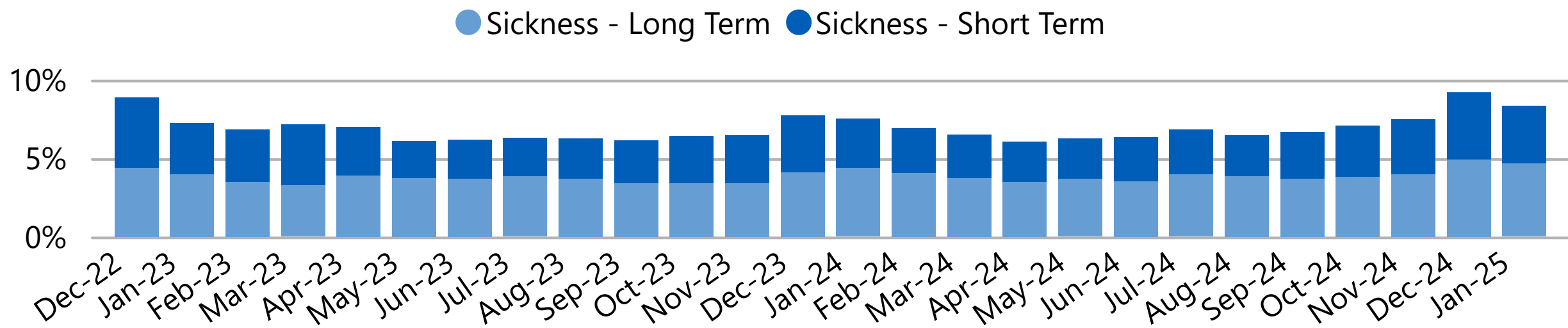
Essential Learning – Trust-wide compliance has dropped below the 90% target for the first time since Jan 2023 at 88.0%. A&E (87.2%), IUC (88.2%) and EOC (82.5%) are all below the target. This is in part due to the implementation of the new eLearning replacing existing learning that previously had high compliance, although there is a general downward trend across a number of topics. 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

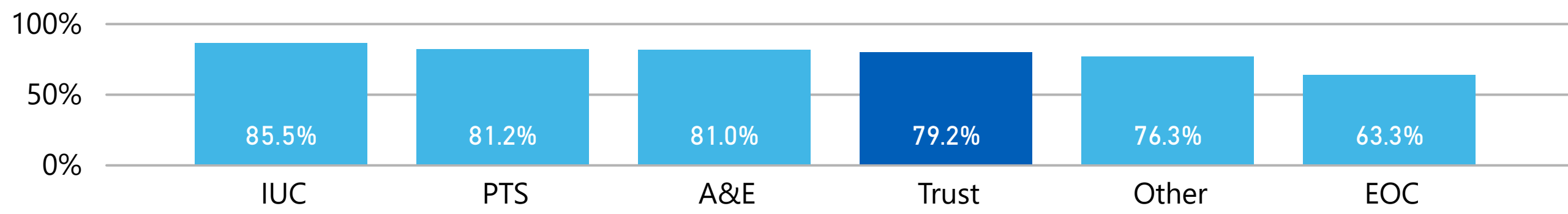
Sickness Benchmark for Last Month (Trust)



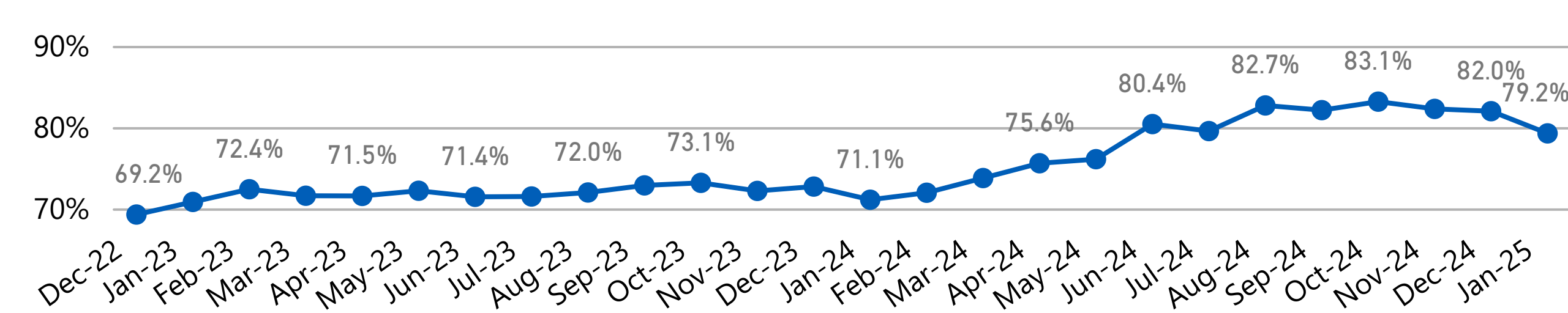
Sickness



PDR Benchmark for Last Month (Trust)



PDR - Target 90%



YAS Finance Summary (Director Responsible Kathryn Vause) - January 25



Overview - Unaudited Position

Overall -

The Trust has a YTD surplus position at month 10 of £630k 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 exceeds annual plan but in line with addition funding being provided.

Cash -

As at the end of January, the Trust had £48.6m 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)	-£336	-£630	-£294
Cash	£61,944	£48,648	-£13,296
Capital	£12,556	£6,984	-£5,572

Monthly View (£000s)

Indicator Name	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2025-01
▼									
Surplus/ (Deficit)	£0	-£870	-£105	£769	£678	£94	-£177	-£890	-£129
Cash	£53,894	£50,599	£55,100	£56,600	£55,355	£55,360	£53,888	£48,648	£48,637
Capital	£180	£240	£904	£391	£177	£394	£2,100	-£143	£2,932

Patient Demand Summary

Demand Summary

Indicator	Jan-24	Dec-24	Jan-25
999 - Incidents (HT+STR+STC)	76,936	82,417	78,045
999 - Calls Answered	90,837	101,447	87,150
IUC - Calls Answered	140,077	166,761	136,800
IUC - Calls Answered vs. Ceiling %	-19.3%	-16.1%	-25.5%
PTS - Demand (Journeys)	84,241	74,630	82,334
PTS - Increase - Previous Month	14.1%	-7.7%	10.3%
PTS - Same Month Last Year	17.9%	1.1%	-2.3%
PTS - Calls Answered	41,212	37,862	45,833

Commentary

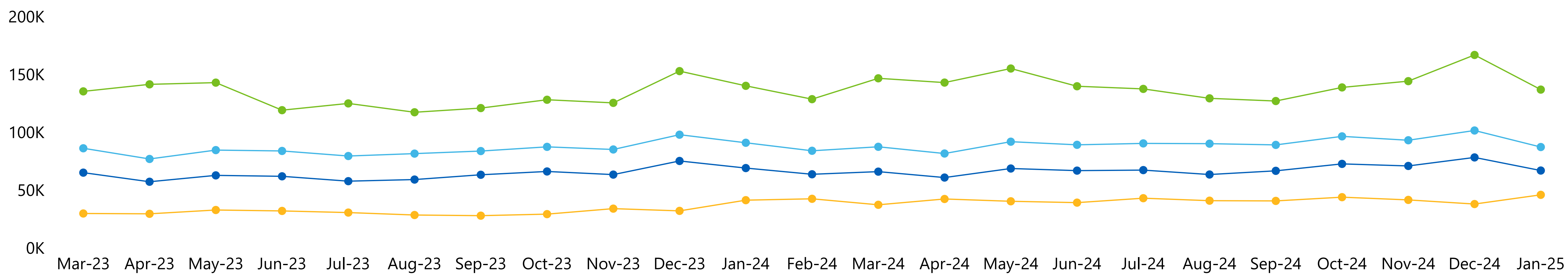
999 - On scene response demand was 3.1% below forecasted figures for January. It was 3.8% lower compared to December and 0.5% lower compared to January 2024. All response demand (HT + STR + STC) was 5.3% lower than December.

IUC - YAS received 145,788 calls in January, 19.0% below the annual business plan baseline demand. 136,800 (93.8%) of these were answered, 18.0% below last month and 2.3% below the same month last year.

PTS - PTS Total Activity increased back up to normal levels after the festive period. 82,334 journeys were operated including abortions and escorts. For the third month running demand has reflected those of 2023-24, with January seeing a -2.3% variance.

Overall Calls and Demand

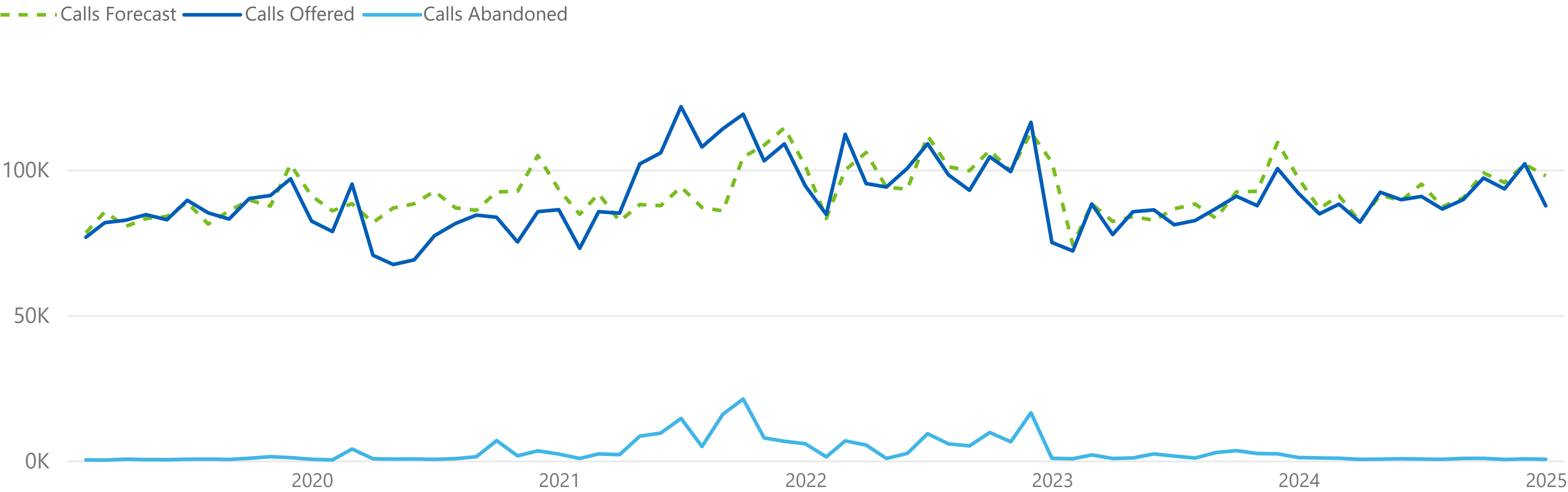
Figure ● 999 - Total Calls via Telephony (AQI) ● 999 - Calls Answered ● IUC - Calls Answered ● PTS - Calls Answered



999 and IUC Historic Demand

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

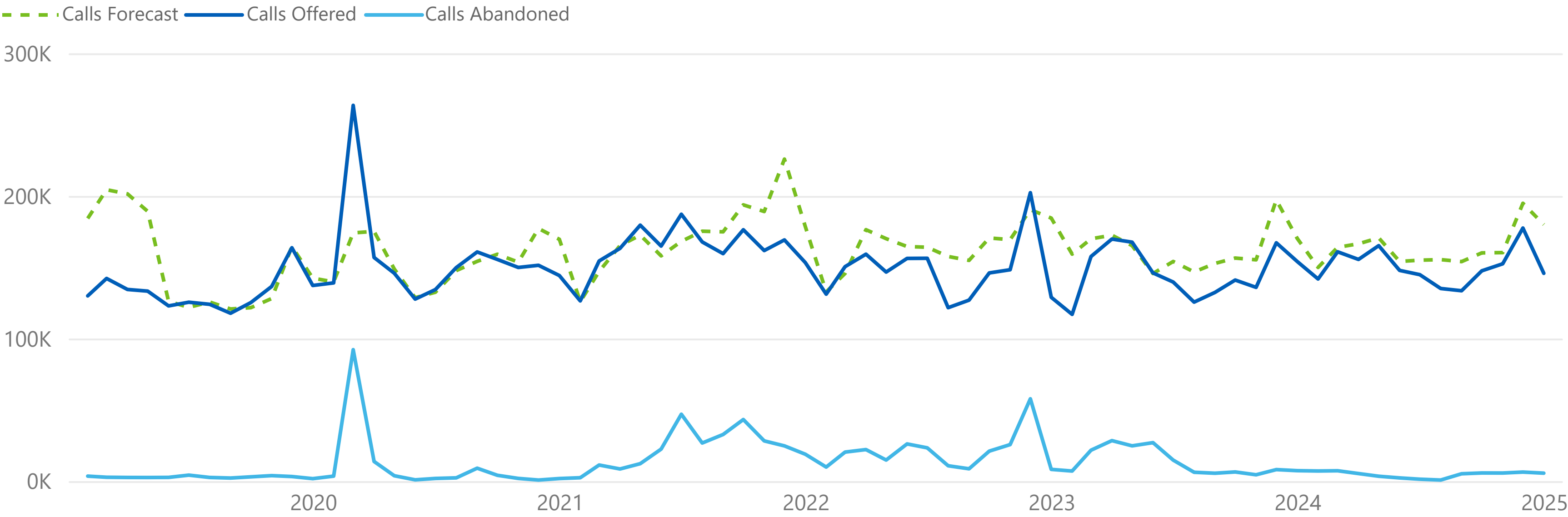
999 Historic Call Demand



999

999 data on this page includes calls on both the emergency and non-emergency applications within EOC. 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 January 2025, there were 87,555 calls offered which was 10.5% below forecast, with 87,150 calls answered and 405 calls abandoned (0.5%). There were 14.2% fewer calls offered compared with the previous month and 4.7% fewer calls offered compared with the same month the previous year. Historically, the number of abandoned calls has been very low, however, this has increased since April 2021 and remains relatively high, fluctuating each month. There was a 26.8% reduction in abandoned calls compared with the previous month.

IUC Historic Demand



IUC

YAS received 145,788 calls in January, 19.0% below the annual business plan baseline demand. 136,800 (93.8%) of these were answered, 18.0% below last month and 2.3% below the same month last year. Calls abandoned decreased to 2.0% from 2.2% last month and was 3.0% below last year.

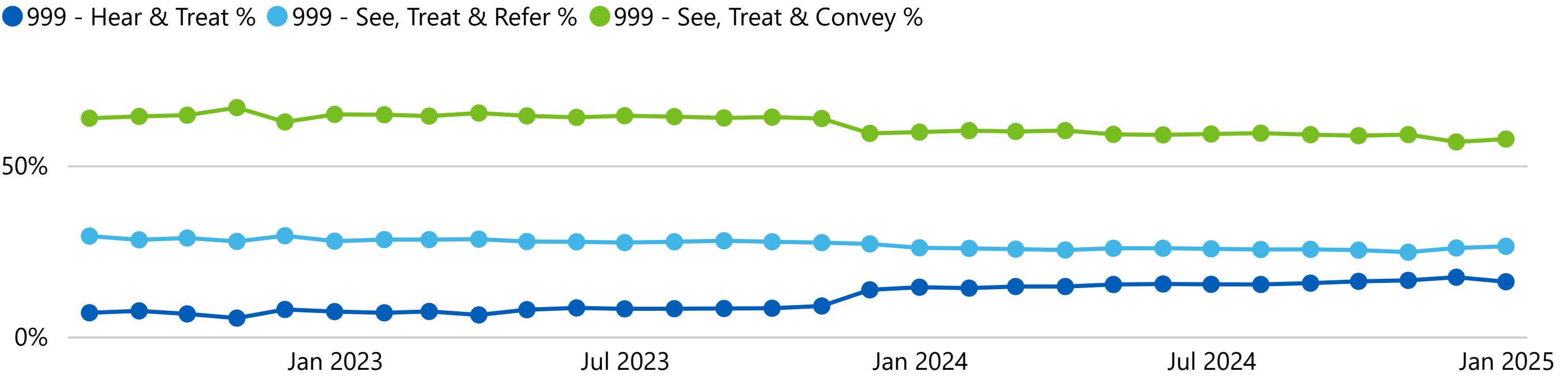
Please note: the reporting rules for telephony performance were updated in August 2024 to be in line with the decision paper approved in TEG on 24/07/24. These updated figures have been backdated to March 2023. Any queries please contact us at yas.businessintelligence@nhs.net.

Patient Outcomes Summary

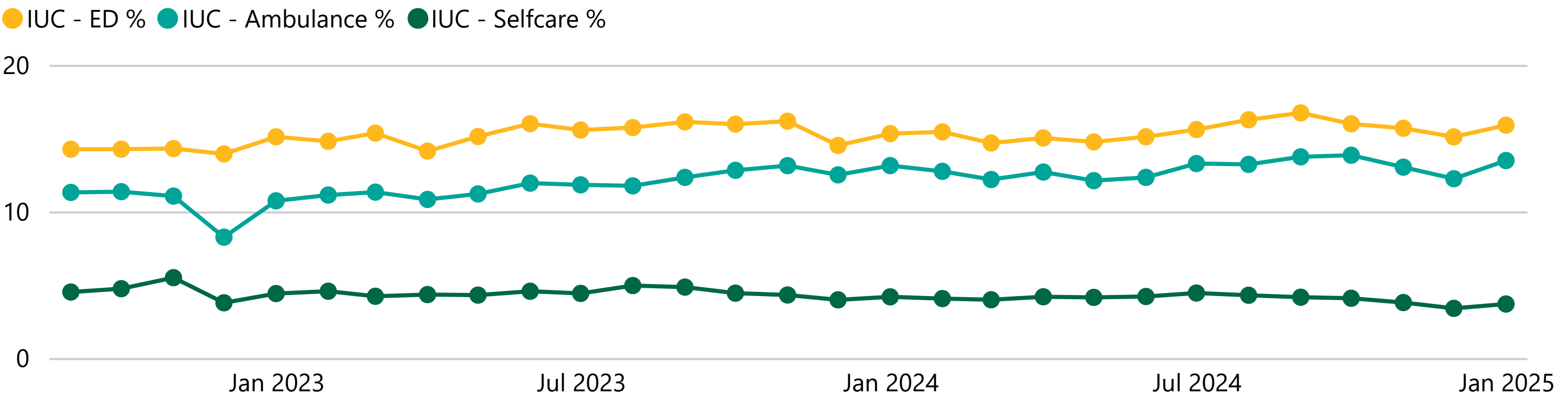
Outcomes Summary

ShortName	Jan-24	Dec-24	Jan-25
999 - Incidents (HT+STR+STC)	76,936	82,417	78,045
999 - Hear & Treat %	14.4%	17.3%	16.0%
999 - See, Treat & Refer %	25.9%	25.9%	26.3%
999 - See, Treat & Convey %	59.7%	56.8%	57.7%
999 - Conveyance to ED %	53.4%	50.8%	51.2%
999 - Conveyance to Non ED %	6.3%	6.1%	6.5%
IUC - Calls Triaged	136,299	163,652	134,806
IUC - ED %	15.3%	15.1%	15.9%
IUC - Ambulance %	13.1%	12.2%	13.5%
IUC - Selfcare %	4.2%	3.4%	3.7%
IUC - Other Outcome %	16.4%	13.7%	13.7%
IUC - Primary Care %	50.2%	53.7%	51.4%
PTS - Demand (Journeys)	84,241	74,630	82,334

999 Outcomes



IUC Outcomes



Commentary

999 - Comparing incident outcome proportions within 999 for January against December, the proportion of hear & treat decreased by 1.3 percentage points (pp), see treat & refer increased by 0.4 pp and see treat & convey increased by 0.9 pp. The proportion of incidents with conveyance to ED increased by 0.4 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 13.5%, with Primary Care outcomes at 51.4%. The proportion of callers given an ED outcome was 15.9%. The percentage of ED outcomes where a patient was referred to a UTC was 7.9%, a figure that historically has been as low as 2-3%. A key goal of the 111 first programme was to reduce the burden on emergency departments by directing patient to more appropriate care settings.

Patient Experience (Director Responsible - Dave Green)

A&E

EOC

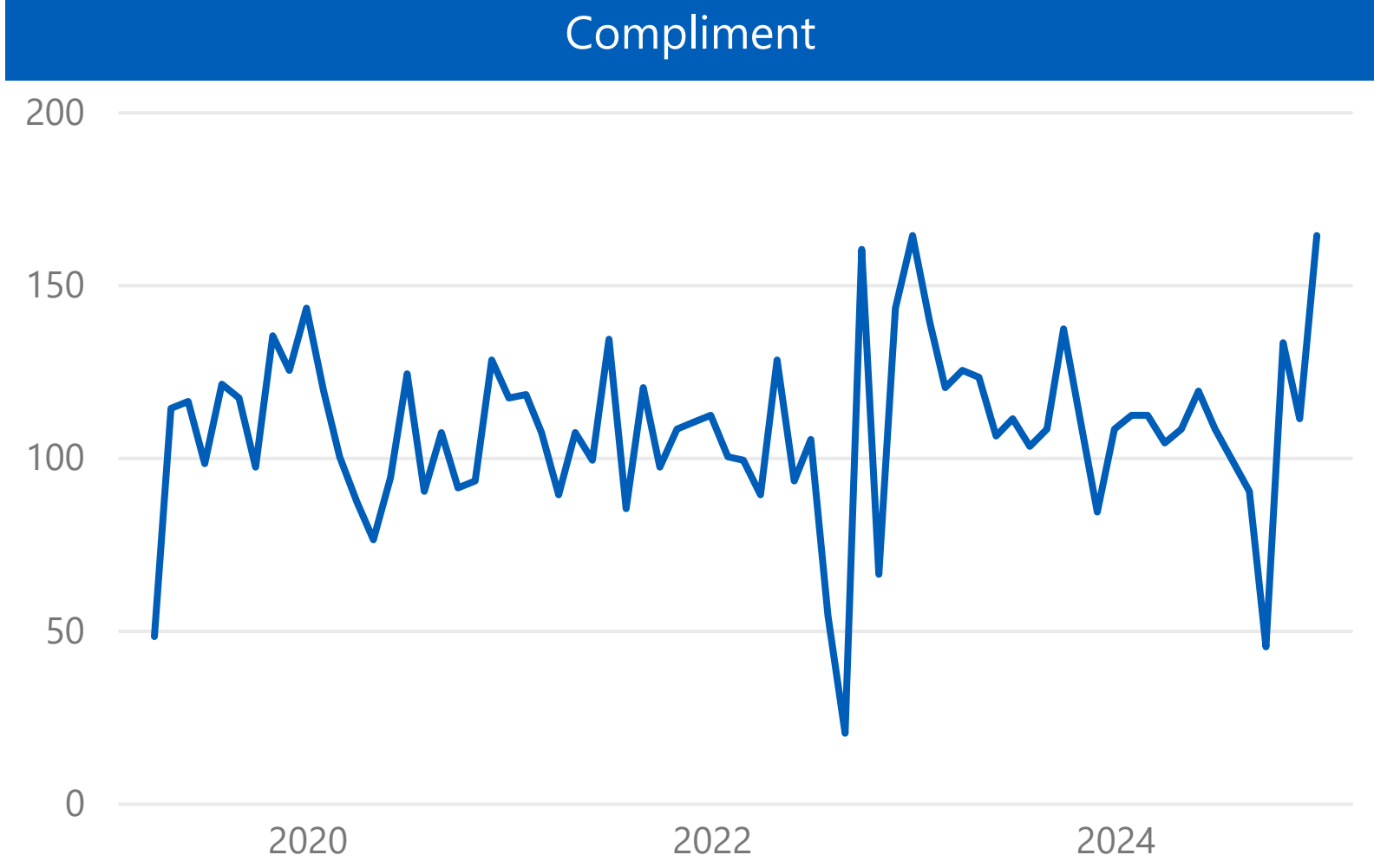
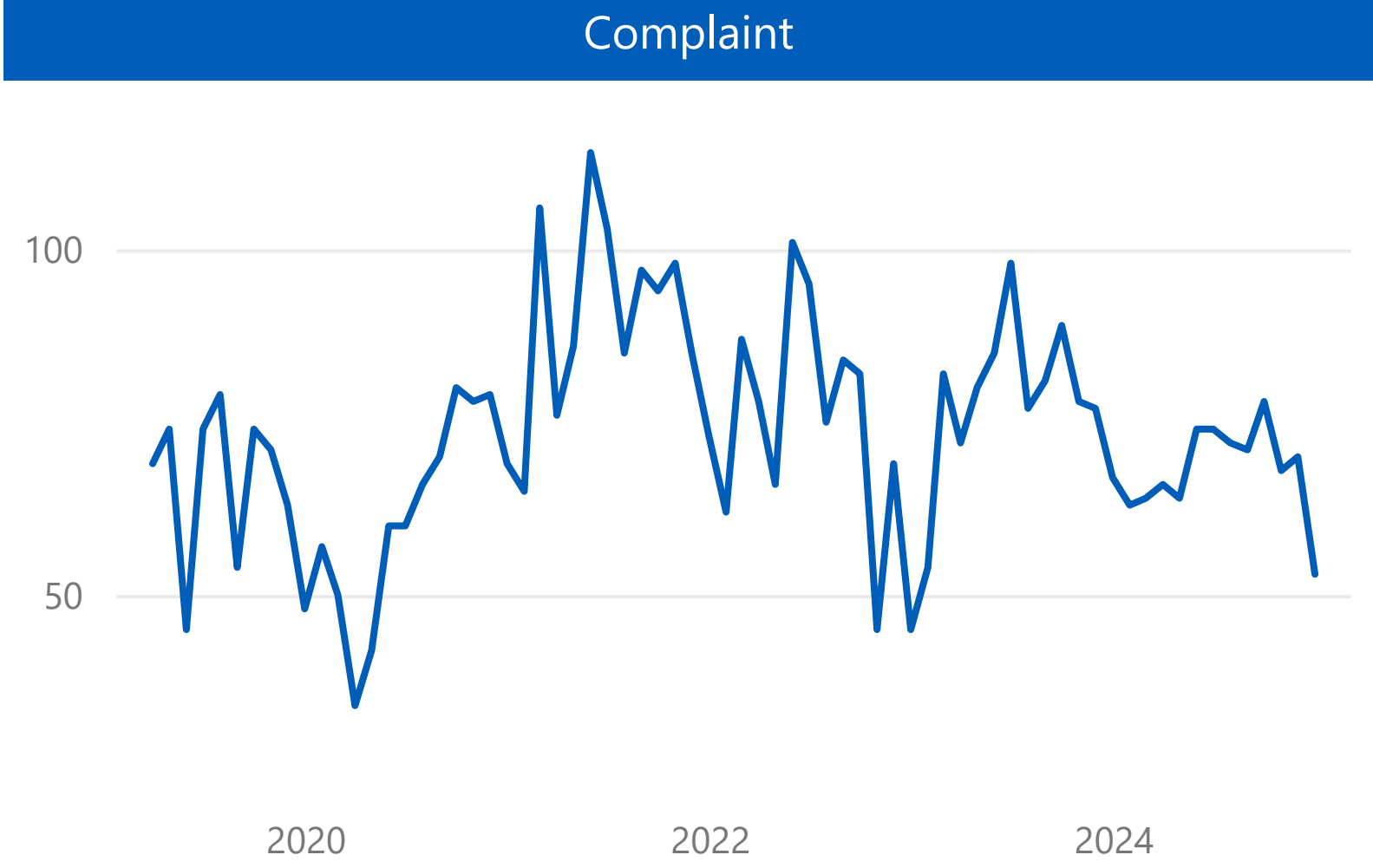
IUC

PTS

YAS



Patient Relations			
Indicator	Jan-24	Dec-24	Jan-25
Service to Service	77	76	122
Concern	34	35	42
Compliment	108	111	164
Complaint	67	70	53
Total	108	111	164

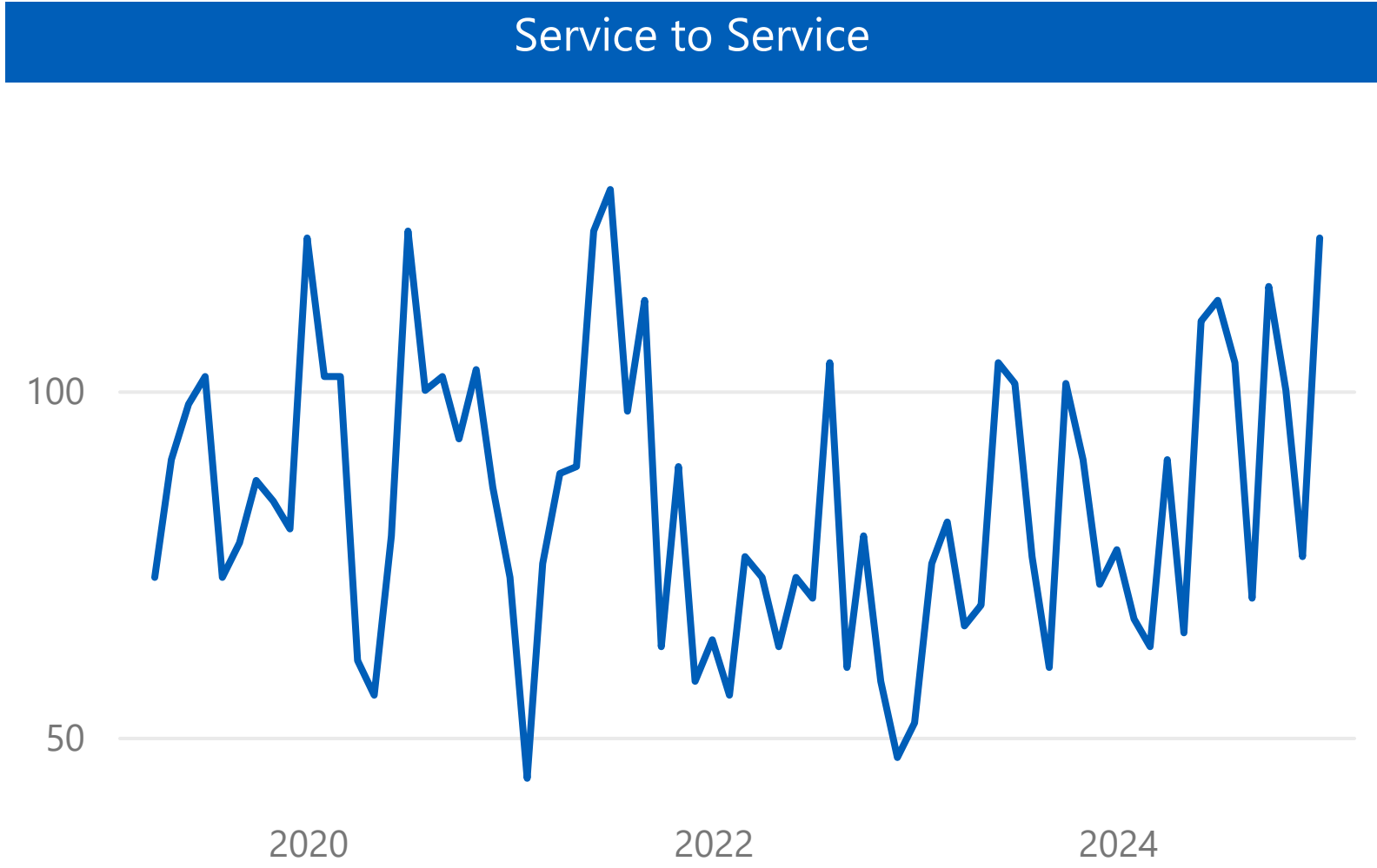
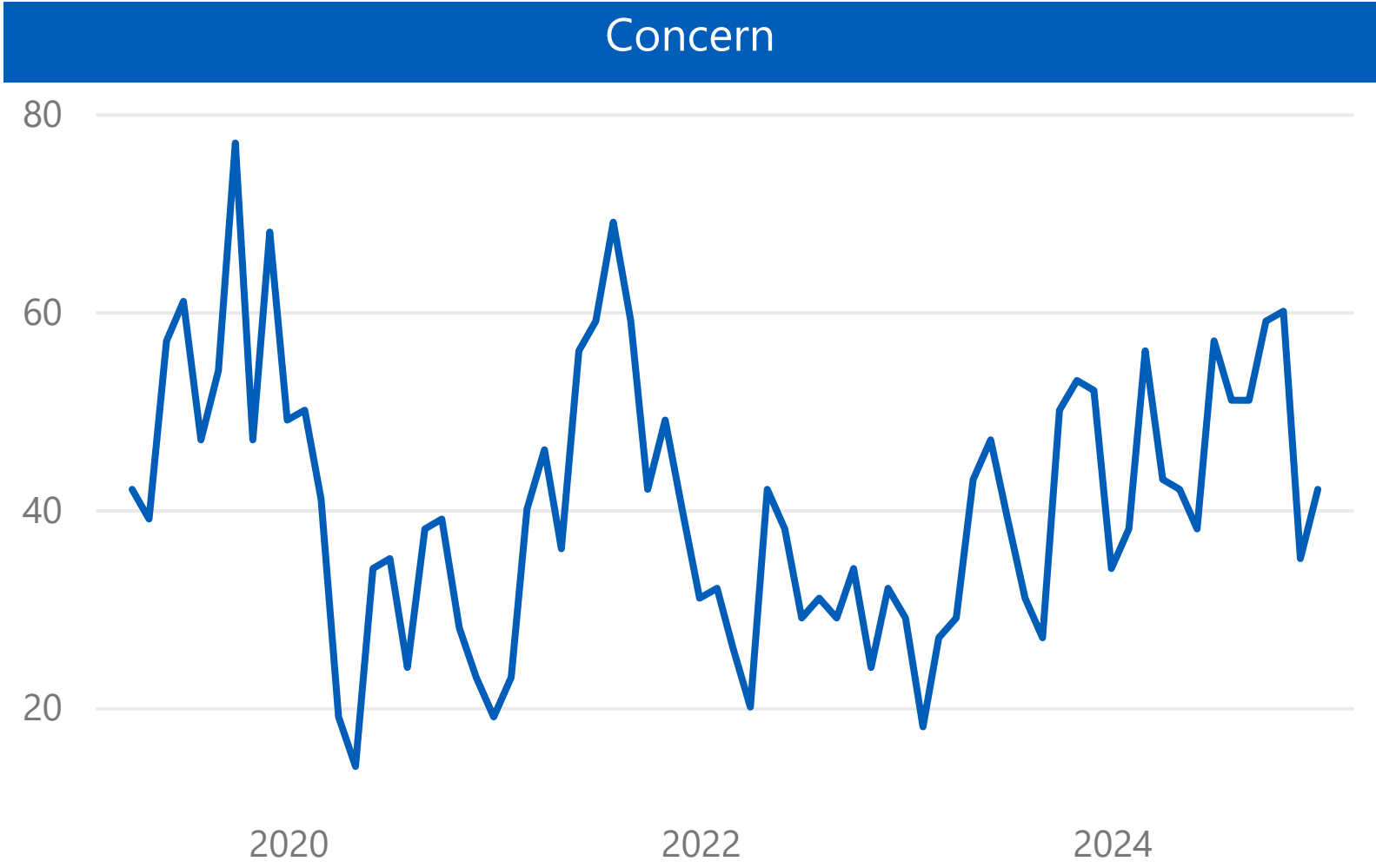


YAS Comments

In January, there was a significant 60% increase in service-to-service (S2S) complaints, compared to the previous month. This rise was seen across three key areas: A&E, IUC, and PTS. However, S2S complaints in the EOC remain low. In contrast, complaints in the same three areas (A&E, IUC, and PTS) decreased, EOC did see a slight increase in complaints, though. Concerns also saw a slight increase, particularly in A&E.

On a more positive note, compliments rose significantly from 111 to 164, a 48% increase, with the majority of the compliments directed towards A&E staff.

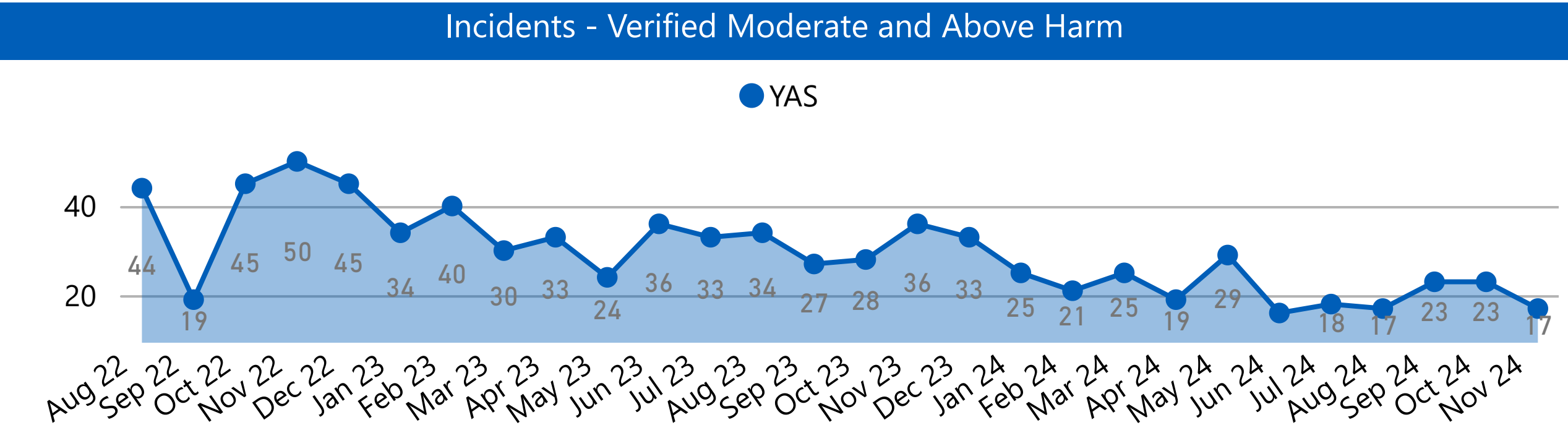
With the implementation of local resolution within PTS, we expect to see a steady reduction in complaints and concerns, alongside an increase in PALs cases as Patient Relations Advisors and offer local resolution as a timely response for patients.



Incidents			
Indicator	Jan-24	Dec-24	Jan-25
All Incidents Reported	890	932	1,014
Number of duty of candour contacts	7	4	11
Number of RIDDORs Submitted	5	5	6
Patient Safety Indicator Incident Investigation			1

▲	Nov 23	Oct 24	Nov 24
Moderate & Above Harm (verified)	36	23	17
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	8	3	5

Hygiene			
Indicator	Jan-24	Dec-24	Jan-25
% Compliance with Hand Hygiene	99.1%	98.7%	98.8%
% Compliance with Premise	95.2%	99.3%	99.7%
% Compliance with Vehicle	95.8%	98.9%	96.5%



Safeguarding			
Indicator	Jan-24	Dec-24	Jan-25
Rapid Review			4
Child Safeguarding Practice Review			
Domestic Homicide Review (DHR)	2	3	3
Safeguarding Adult Review (SAR)	5	10	17
Child Death	22	16	14

A&E Long Responses			
Indicator	Jan-24	Dec-24	Jan-25
999 - C1 Responses > 15 Mins	917	1,020	660
999 - C2 Responses > 80 Mins	4,000	5,915	2,110

YAS Comments

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

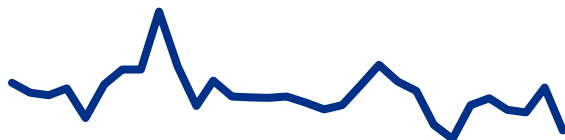


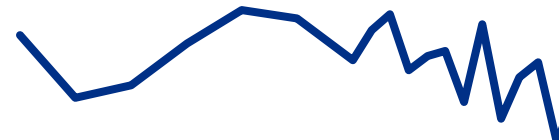






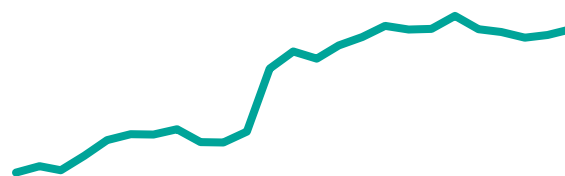


Safeguarding Adult Review (SAR) – 17 requests for information in relation to SAR’s were received in January.

Child Safeguarding Practice Review (CSPR) - 0 requests were received to support a CSPR in January.

Rapid Review (RR) – the team contributed information in relation to 4 Rapid Reviews in January.

Child death - The Safeguarding team contributed information in relation to 14 children who died in January.

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

<u>Cardiac Arrest</u>	No. Cardiac Arrests Oct-24	Bystander CPR Oct-24	ROSC Oct-24	ROSC Care Bundle Oct-24	Survival to Discharge Oct-24	Cardiac Survivors Oct-24
	208	62.4%	22.0%	55.0%	7.0%	14
						
<u>Stroke</u>	No. of Patients Sep-24					
	425					
						
<u>Heart Attack</u>	No. of Patients Oct-24	Avg Call to Door Minutes Oct-24	Care Bundle Compliance Oct-24			
	187	109	57.2%			
						
<u>Recontacts</u>	Total Calls % Jan-25	STR % Jan-25	STC % Jan-25			
	11.2%	12.5%	5.0%			
						

Cardiac Arrest- The number of cardiac arrests remains as expected for YAS with 210 patients having CPR continued or commenced during October 2024. Survival to discharge has dropped from 9.7% to 7.6%, equating to 14 survivors in October. This is the lowest survival seen since November 2023. This can be attributed to an isolated drop in survival in South Yorkshire, this will be monitored over the next month. Bystander CPR has increased from 57% to just over 62% for October. The GoodSAM app deployment is still pending.

Heart attack- Improvement can be seen in both the call to door time as well as the overall care bundle compliance, with number of patients remaining relatively steady.

Re- Contacts- Overall re- contact rates continue to increase, remaining, with a slight increase for those patients who were attended but not conveyed. There is currently a national re- contact clinical audit underway which will look at a more in-depth view of our patients who re- contact.

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

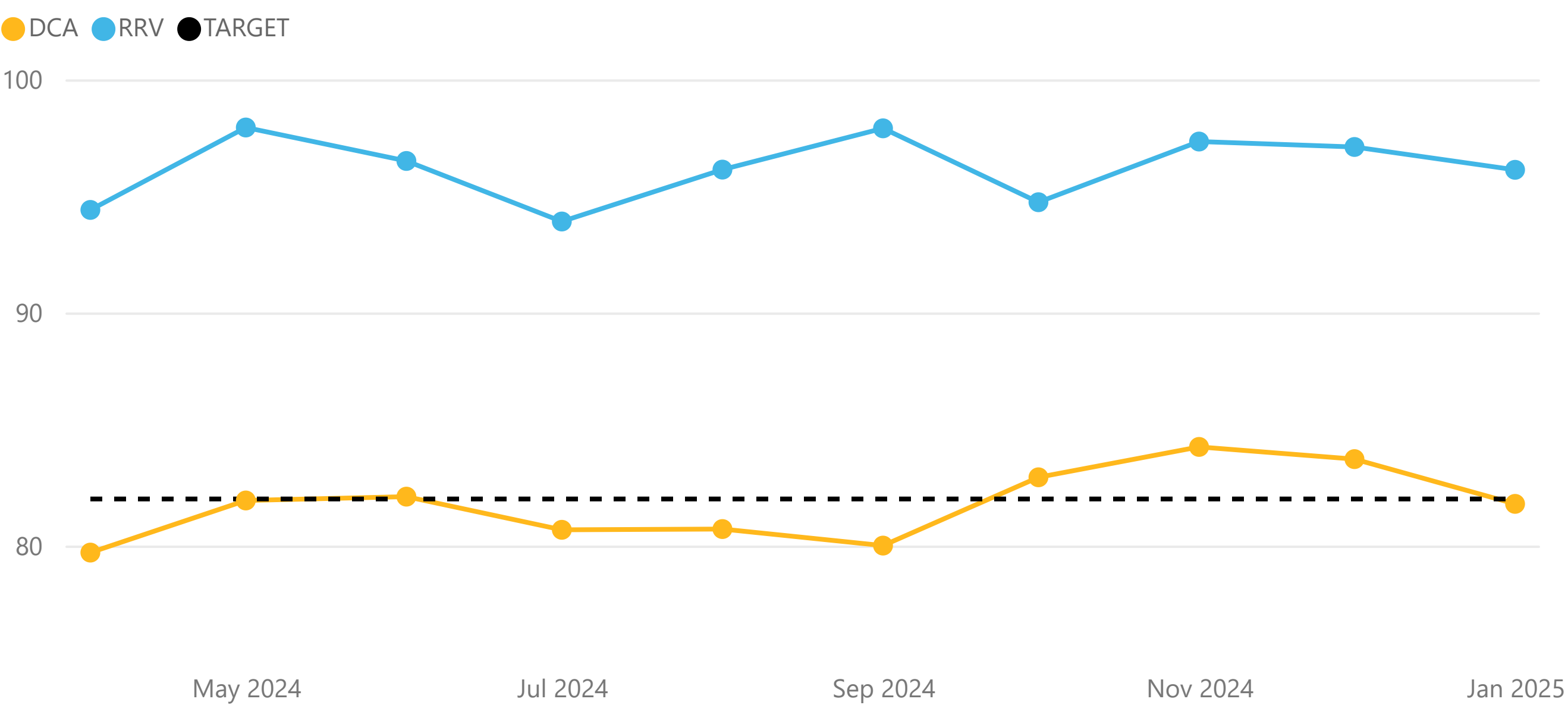
Indicator	Jan-24	Dec-24	Jan-25
P1 Emergency (<2Hrs) – Attendance	50.0%	50.0%	
P1 Emergency (<24 Hrs) - Completed	50.0%	50.0%	
P2 Emergency (<4 Hrs) - Attendance	80.0%	84.1%	87.1%
P2 Emergency (<24 Hrs) – Completed	52.5%	60.9%	67.1%
P3 Non Emergency (<24Hrs) - Attendance	73.3%	70.0%	69.7%
P3 Non Emergency (<72 Hrs) – Completed	55.2%	58.8%	68.4%
P4 Non Emergency (<2 Working Days) - Attendance	89.7%	61.8%	69.7%
P4 Non Emergency (<14 Days) – Completed	75.2%	77.5%	76.8%
P6 Non Emergency (<2 Weeks) - Attendance	63.2%	67.5%	79.8%
P6 Non Emergency (4 Weeks) - Completed	45.6%	50.0%	68.5%
P5 Non Emergency - Logged to Wrong Category	100.0%		
Planned Maintenance Complete	97.5%	97.5%	97.0%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 334 jobs for the month of January. This is slightly higher than the representative average of 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 30 requests followed by HART at 14 and Burn Hall at 13 requests for reactive works. SLA figures are relatively low with at an overall attendance KPI at 76%, and completion KPI is also lower than usual at 70%.

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 quarter of request with attendance KPI at 70% against a target of 98%. P4 category account for just over a quarter of requests with attendance KPI at 70% against a target of 90%. Planned Maintenance activity on the Estate carried out by our service provider to attended to Statutory, mandatory and routine maintenance is recorded at 99% for January with a completion of 97%.

Average Vehicle Availability %



Fleet Comments

Due to a new system being implemented, the usual Fleet data will be delayed.

Average Vehicle Availability has decreased since last month. RRV availability remains high at 96.1%, decreased from 97.1% in December DCA availability dipped slightly below target to 81.8%, decreased from 83.7%.

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	
QS60	PTS Incidents	int	
QS61	PSIIs	int	
QS62	RIDDOR Submissions	int	
QS63	STEIS Submissions	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
WF19	Vacancy Rate %	percent	Full Time Equivalent Staff required to fill the budgeted amount as a percentage
WF04	Turnover (FTE) %	percent	The number of Fixed Term/ Permanent Employees leaving FTE (all reasons) relative to the average FTE in post in a 12 Months rolling period
WF36	Headcount in Post	int	Headcount of primary assignments
WF18	FTE in Post %	percent	Full Time Equivalent Staff in post, calculated as a percentage of the budgeted amount

Glossary - Indicator Descriptions (Clinical)

Clinical

mID	ShortName	IndicatorType	Description
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.
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.
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.
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.
CLN50	Number of Fall Patients	int	Number of Fall Patients
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
CLN44	Number of Cardiac Arrests	int	Number of Cardiac Arrests
CLN42	STEMI Pre & Post Pain Score	int	Number of patients with a pre-hospital clinical working impression of STEMI who had a pre & post analgesia pain score recorded as part of their patient record
CLN40	Number of patients who received appropriate analgesia (STEMI)	int	Number of patients with a pre- hospital clinical working impression of STEMI who received the appropriate analgesia
CLN32	Survival UTSTEIN - Patients Discharged Alive	int	Survival UTSTEIN - Of R4n, patients discharged from hospital alive.
CLN28	ROSC UTSTEIN Patients	int	ROSC UTSTEIN - Patients with resuscitation commenced / continued by Ambulance Service.
CLN21	Call to Balloon Mins for STEMI Patients (90th Percentile)	int	MINAP - For M3n, 90th centile time from call to catheter insertion for angiography.
CLN20	Call to Balloon Mins for STEMI Patients (Mean)	int	MINAP - For M3n, mean average time from call to catheter insertion for angiography.
CLN18	Number of STEMI Patients	int	Number of patients in the MINAP dataset an initial diagnosis of myocardial infarction.
CLN17	Average Stroke Call to Door Minutes (SSNAP)	int	SSNAP - Avg Time from call to hospital.
CLN16	Number of Stroke Patients (SSNAP)	int	Total number of patients included in the SSNAP hospital data sample.
CLN08	Number of STEMI Patients	int	Number of patients with a pre-hospital clinical working impression of STEMI
CLN04	Number of Patients Surviving to Discharge	int	Number of patients who survived to discharge or were alive in hospital after 30 days following an out of hospital cardiac arrest during which YAS continued or commenced resuscitation

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