

Integrated Performance Report

February 2025

Published 18 March 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 - February 25

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:04		
999 - Answer 95th Percentile		00:00:28		
999 - AHT		00:06:13		
999 - Calls Ans in 5 sec	95.0%	91.4%		
999 - C1 Mean (T < 7 Mins)	00:07:00	00:08:00		
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:52		
999 - C2 Mean (T < 18 Mins)	00:18:00	00:29:50		
999 - C2 90th (T < 40 Mins)	00:40:00	01:05:28		
999 - C3 Mean (T < 1 Hour)	01:00:00	01:24:52		
999 - C3 90th (T < 2 Hour)	02:00:00	03:12:47		
999 - C1 Responses > 15 Mins		676		
999 - C2 Responses > 80 Mins		2,017		
999 - Job Cycle Time		01:50:17		
999 - Avg Hospital Turnaround	00:30:00	00:49:37		
999 - Avg Hospital Handover	00:15:00	00:25:29		
999 - Avg Hospital Crew Clear	00:15:00	00:24:08		
999 - Total lost handover time		3,841		
999 - Crew clear over 30 mins %		29.6%		
999 - C1%		15.7%		
999 - C2%		58.5%		

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 was 4 seconds for February, an increase from January of 1 second. The median remained the same at zero seconds and the 90th, 95th and 99th percentiles all increased. The 90th increased from 0 seconds in January to 1 second in February, 95th increased from 19 seconds to 28 seconds, and 99th increased from 1 minute 16 seconds to 1 minute, 35 seconds.

Cat 1-4 Performance - The mean performance time for Cat1 worsened from January by 12 seconds and the 90th percentile worsened by 25 seconds. The mean performance time for Cat2 worsened from January by 1 minute 22 seconds and the 90th percentile worsened by 2 minutes 20 seconds. Compared to February of the previous year, the Cat1 mean improved by 7 seconds, the Cat1 90th percentile improved by 8 seconds, the Cat2 mean improved by 30 seconds and the Cat2 90th percentile improved by 2 minutes 32 seconds.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 74.2% in February (15.7% Cat1, 58.5% Cat2) after a 0.3 percentage point (pp) decrease compared to January (0.1 pp increase in Cat1 and 0.4 pp decrease in Cat2). Comparing against February for the previous year, Cat1 proportion decreased by 0.3 pp and Cat2 proportion decreased by 4.0 pp.




















Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target increased in February, with 676 responses over this target. This is 16 (2.4%) more compared to January. The number for last month was 12.4% lower than February 2024. The number of Cat2 responses greater than 2x 90th percentile target decreased from January by 93 responses (4.4%). This is a 20.2% decrease from February 2024.

Hospital & Job Cycle Time - Last month the average handover time decreased by 5 minutes 52 seconds and overall turnaround time decreased by 6 minutes 9 seconds. The number of conveyances to ED was 10.3% lower than in January. Overall, the average job cycle time decreased by 7 minutes 3 seconds from January.

Demand - On scene response demand was 3.9% below forecasted figures for February. It was 10.5% lower compared to January and 4.8% lower compared to February 2024. All response demand (HT + STR + STC) was 10.1% lower than January.

Outcomes - Comparing incident outcome proportions within 999 for February against January, the proportion of hear & treat increased by 0.3 percentage points (pp), see treat & refer decreased by 0.3 pp and see treat & convey decreased by 0.1 pp. The proportion of incidents with conveyance to ED decreased by 0.1 pp and the proportion of incidents conveyed to non-ED increased by 0.0 pp.

IUC IPR Key Indicators - February 25

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		129,594		
IUC - Answered vs. Last Month %		-5.3%		
IUC - Answered vs. Last Year %		0.8%		
IUC - Calls Triage		127,327		
IUC - Calls Abandoned %	3.0%	2.2%		
IUC - Answer Mean	00:00:20	00:00:32		
IUC - Answered in 60 Secs %	90.0%	86.3%		
IUC - Answered in 120 secs %	95.0%	91.2%		
IUC - Callback in 1 Hour %	60.0%	48.5%		
IUC - ED Validations %	50.0%	54.6%		
IUC - 999 Validations %	75.0%	99.8%		
IUC - ED %		16.1%		
IUC - ED Outcome to A&E %		78.2%		
IUC - ED Outcome to UTC %		9.7%		
IUC - Ambulance %		12.5%		

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 140,292 calls in February, 7.5% below the annual business plan baseline demand. 129,594 (92.4%) of these were answered, 5.3% below last month and 0.8% 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 86.3% from 90.8% in February. Average speed to answer has decreased by 1 seconds to 32 seconds compared with 33 seconds last month. Abandonment rate increased to 2.2% from 2.0% last month.












The proportion of clinician call backs made within 1 hour decreased to 48.5% from 49.2% last month. This is 11.5% below the national target of 60%. Core clinical advice decreased to 25.0% from 25.8% last month. These figures are calculated based on the new ADC specification, which removes 111 online cases from counting as part of clinical advice, and also locally we are removing cases which come from the DCABS clinical service as we do not receive the initial calls for these cases.

The national KPI for ambulance validations monitors performance against outcomes validated within 30 minutes, rather than just all outcomes validated, and the target for this is 75% of outcomes. However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the National KPI, performance was 97.6% in February, whilst performance for overall validations was 99.8%, with 12,947 cases validated overall.

ED validation performance decreased to 54.6% from 56.4% last month. The target for this KPI is 50%. ED validation continues to be driven down since the implementation of 111 First and the prioritisation of UTCs over validation services for cases with an initial ED outcome. Previous analysis showed that if cases now going to UTCs that would have gone to validation previously were no longer included in the denominator for the validation calculation, YAS would have met and exceeded the 50% target every month this year.

Amongst booking KPIs, bookings to UTCs decreased to 23.2% from 25.9% 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 - February 25

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	80.4%		
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	81.8%		
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	90.0%		
PTS - Arrive at Appointment Time	90.0%	89.0%		
PTS - Journeys < 120Mins	90.0%	99.1%		
PTS - Same Month Last Year		0.9%		
PTS - Increase - Previous Month		-6.1%		
PTS - Demand (Journeys)		77,346		

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Total Activity saw a 6.1% decrease to January, as expected due to February being a shorter month. 77,346 journeys were operated, this was a 3.8% reduction to the previous year.

Year to date 727,326 delivered journeys have been undertaken, 6.1% over forecast from the PTS Operational Plan.

Call Performance saw an 8.6% increase to January, with 80.4% of calls being answered in 180 Seconds. The number of calls received by Reservations saw an 18% decrease – this along with low AHT (318 seconds) had a positive impact on the number of staff needed to be able to meet the call demand.

Short Notice Outwards Performance continues to be over 80.0% for the fourth month running (* note this is an average taken across PTS contracts with varying KPI and resource/funding levels). 81.8% of patients were picked up within 120 minutes. All ICB’s achieved similar results, within a 2% variance of each other.

All other KPI’s saw improvements on January’s results.

Workforce Summary

A&E	IUC	PTS
EOC	Other	Trust



Key KPIs

Name	Feb-24	Jan-25	Feb-25
Turnover (FTE) %	10.4%	9.7%	9.5%
Vacancy Rate %	11.9%	6.7%	6.7%
Apprentice %	9.1%	10.3%	9.4%
BME %	6.8%	8.3%	8.6%
Disabled %	7.4%	9.4%	9.6%
Sickness - Total % (T-5%)	6.9%	8.3%	7.8%
PDR / Staff Appraisals % (T-90%)	71.9%	79.2%	78.4%
Essential Learning		88.0%	87.7%

YAS Commentary

FTE, Turnover, Vacancies and BME – Compared to January 2025, turnover has decreased, and vacancy rate has remained the same. Pleasingly, in comparison to the same month last year (February 2024) the vacancy rate has reduced by 5.2 percentage points. Turnover for IUC has decreased, although remaining high at 26.0%, but an improvement from 33.2% in February 2024. Vacancies for IUC have increased to 21.8% from last month but are an improvement from 37.3% in February 2024 (Note: IUC figures are for those employed staff leaving the Trust only). The work to implement the IUC case for change is almost complete. The numbers of BME and staff living with disabilities is steadily improving i.e. BME has increased by 1.8 percentage points since February 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.

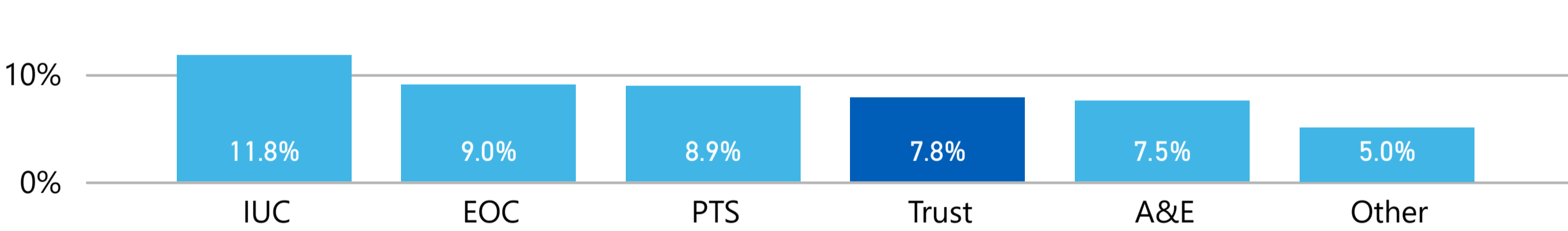
Sickness – Sickness has improved, decreasing from 8.3% to 7.8%, from the previous month. Health surveillance tells us that this is reflective of what’s happening in communities nationally. A sub-group of the Organisational Efficiency Group is working to actively reduce absence through monitoring and 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. The Health and Wellbeing plan for 2025/26 has been approved with a specific plan for mental health.

PDR / Appraisals – The overall compliance rate is showing a decreasing trend over the winter period at 78.4% since the high in Oct at 83.1%. IUC is the highest performing area (85.0%) with EOC as the lowest (63.6%). The biggest decreases in compliance rates since Oct 24 are seen in A&E at 7% and EOC at 6%, with IUC being the only area to increase rates over this time period (0.6% increase). Targeted support is being provided to areas with lower compliance by the Leadership & OD Business Partners. The Compliance Dashboard is accessible to all managers and a new Online Appraisal system has been launched for the Senior Leadership Community for the Apr-Jun SLC appraisal completion window.

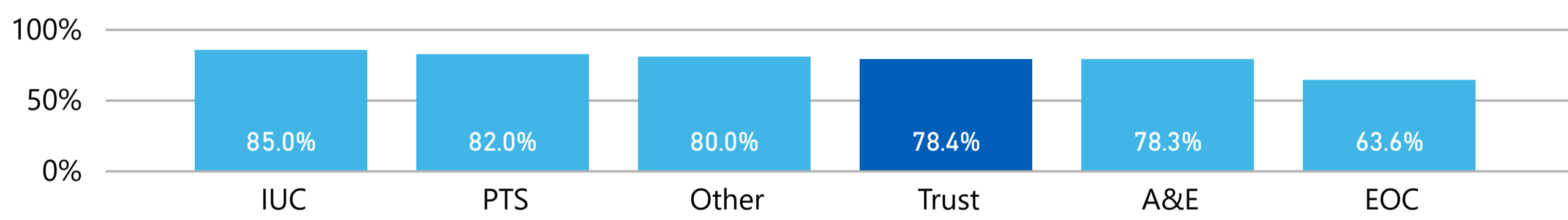
Essential Learning – the overall compliance rate is showing a downward trend and has now dropped below the 90% target (previously maintained since Jan 2023). All areas are now below the 90% target with the exception of 'Other' at 92.5%. The biggest decreases, since Aug 24, are A&E at 86.8% down 5.7%, EOC at 82.9% down 5.5%, and PTS at 89.8% down 4.9%. 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. YAS is an active participant in the national review of Statutory and Mandatory Training.

Assurance: All data displayed has been checked and verified

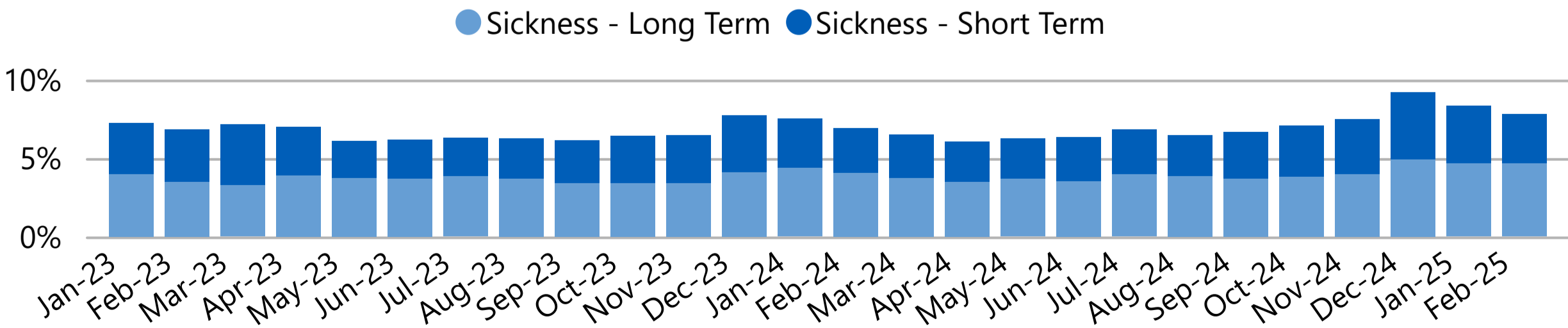
Sickness Benchmark for Last Month (Trust)



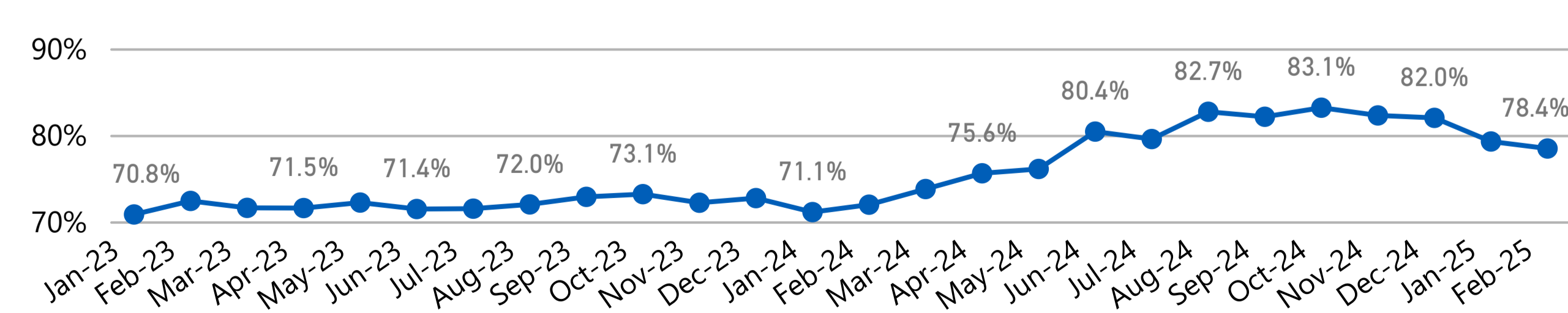
PDR Benchmark for Last Month (Trust)



Sickness



PDR - Target 90%



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



Overview - Unaudited Position

Overall -

The Trust has a YTD Surplus position at month 11 of £1,534k 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 February, the Trust had £46.8m 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)	£195	£1,729	£1,534
Cash	£60,141	£48,648	-£11,493
Capital	£14,409	£9,135	-£5,274

Monthly View (£000s)

Indicator Name	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2025-01	2025-02
▼										
Surplus/ (Deficit)	£0	-£870	-£105	£769	£678	£94	-£177	-£890	£1,131	£1,099
Cash	£53,894	£50,599	£55,100	£56,600	£55,355	£55,360	£53,888	£48,648	£47,637	£46,806
Capital	£180	£240	£904	£391	£177	£394	£2,100	-£143	£2,932	£2,151

Patient Demand Summary

Demand Summary

Indicator	Feb-24	Jan-25	Feb-25
999 - Incidents (HT+STR+STC)	71,739	78,045	70,125
999 - Calls Answered	83,914	87,150	80,525
IUC - Calls Answered	128,538	136,800	129,594
IUC - Calls Answered vs. Ceiling %	-15.9%	-25.5%	-16.2%
PTS - Demand (Journeys)	80,375	82,334	77,346
PTS - Increase - Previous Month	-4.6%	10.3%	-6.1%
PTS - Same Month Last Year	14.6%	-2.3%	0.9%
PTS - Calls Answered	42,393	45,833	38,786

Commentary

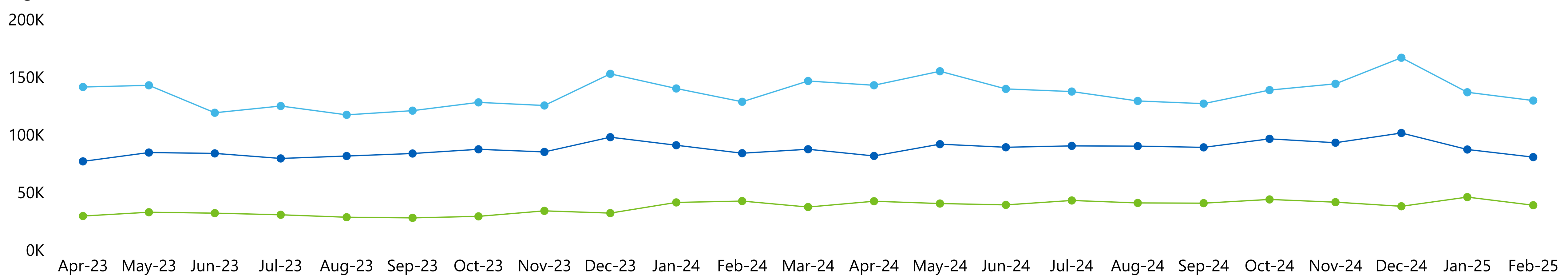
999 - On scene response demand was 3.9% below forecasted figures for February. It was 10.5% lower compared to January and 4.8% lower compared to February 2024. All response demand (HT + STR + STC) was 10.1% lower than January.

IUC - YAS received 140,292 calls in February, 7.5% below the annual business plan baseline demand. 129,594 (92.4%) of these were answered, 5.3% below last month and 0.8% above the same month last year.

PTS - PTS Total Activity saw a 6.1% decrease to January, as expected due to February being a shorter month. 77,346 journeys were operated, this was a 3.8% reduction to the previous year.

Overall Calls and Demand

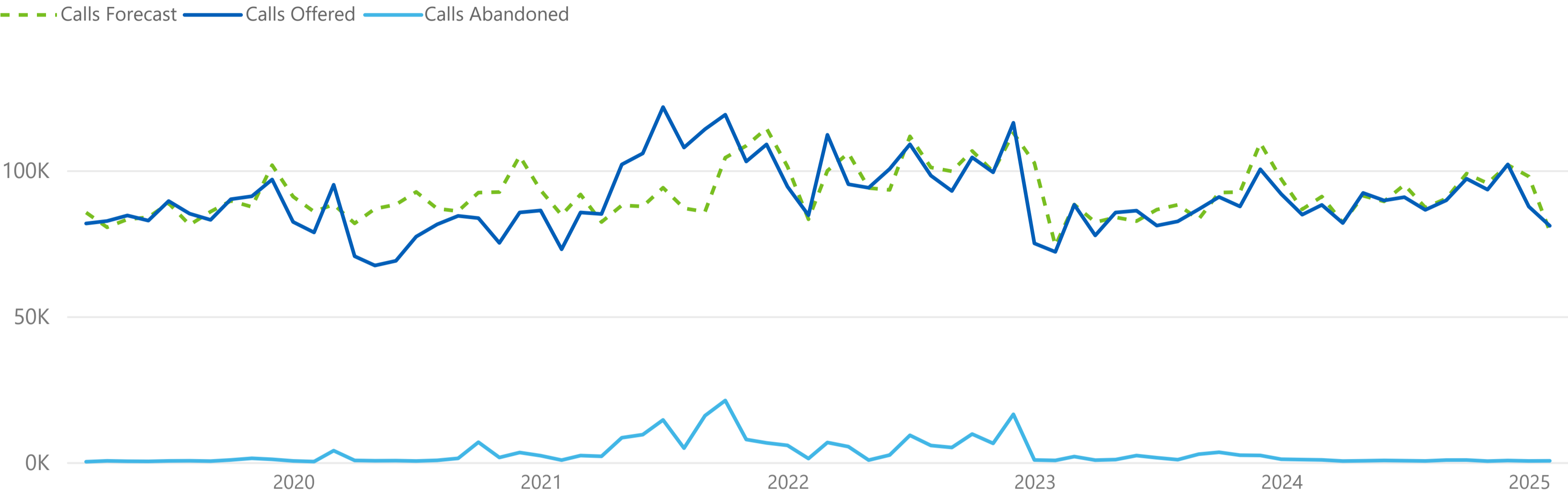
Figure ● 999 - Calls Answered ● IUC - Calls Answered ● PTS - Calls Answered



999 and IUC Historic Demand

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

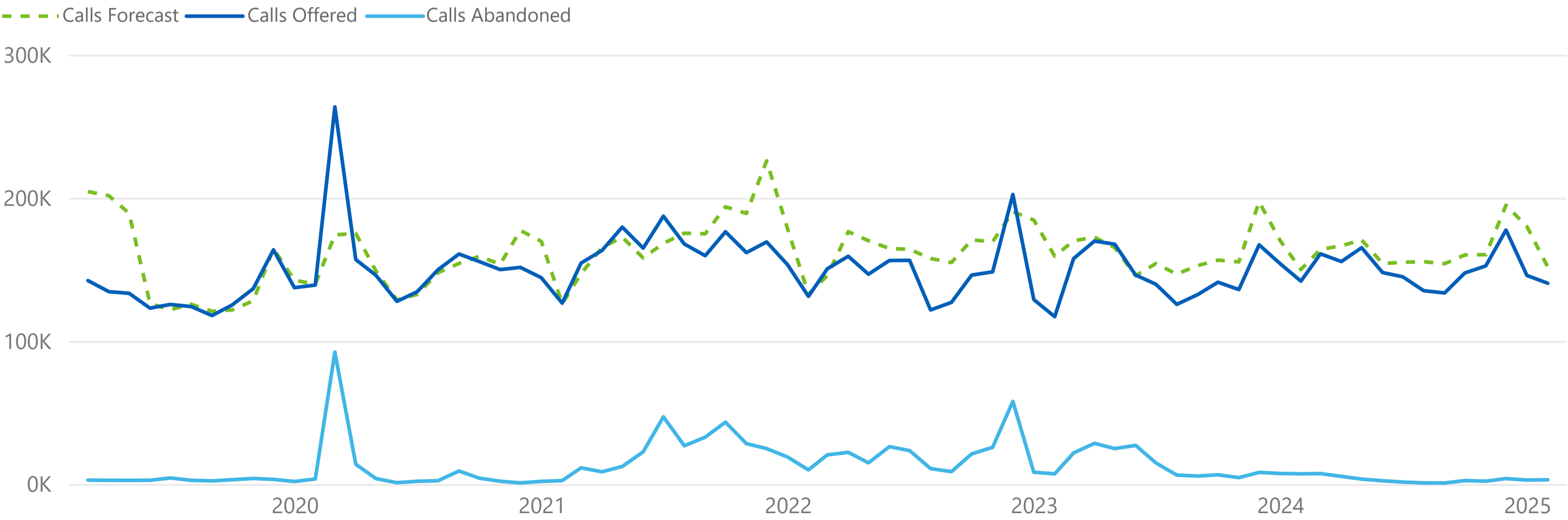
999 Historic Call Demand



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 February 2025, there were 80,972 calls offered which was 2.3% above forecast, with 80,525 calls answered and 447 calls abandoned (0.6%). There were 7.5% fewer calls offered compared with the previous month and 4.5% 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 10.4% increase in abandoned calls compared with the previous month.

IUC Historic Demand



IUC

YAS received 140,292 calls in February, 7.5% below the annual business plan baseline demand. 129,594 (92.4%) of these were answered, 5.3% below last month and 0.8% above the same month last year. Calls abandoned increased to 2.2% from 2.0% last month and was 3.0% below last year.

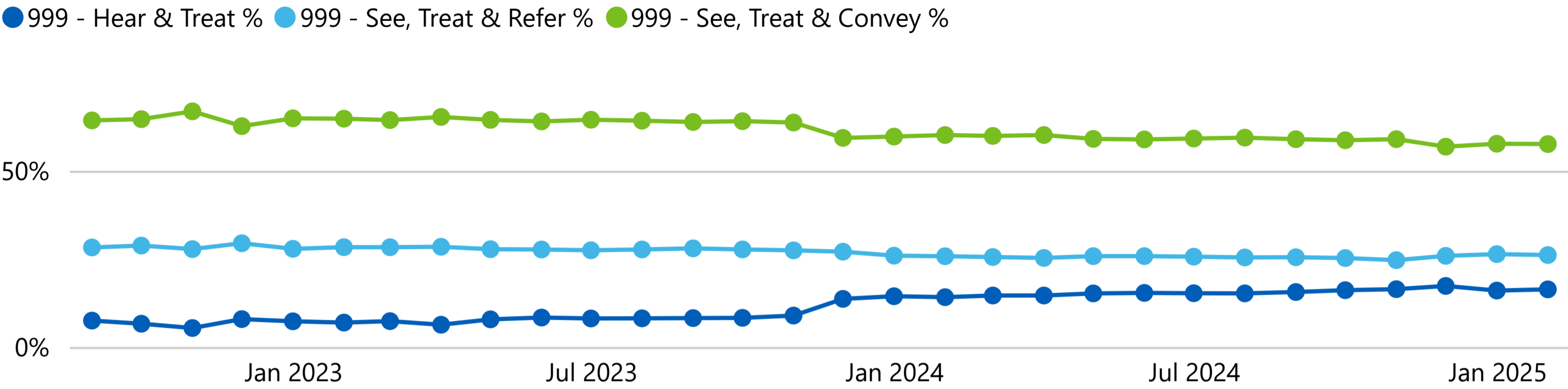
Please note: the reporting rules for telephony performance were updated in August 2024 to be in line with the decision paper approved in TEG on 24/07/24. These updated figures have been backdated to March 2023. Any queries please contact us at yas.businessintelligence@nhs.net.

Patient Outcomes Summary

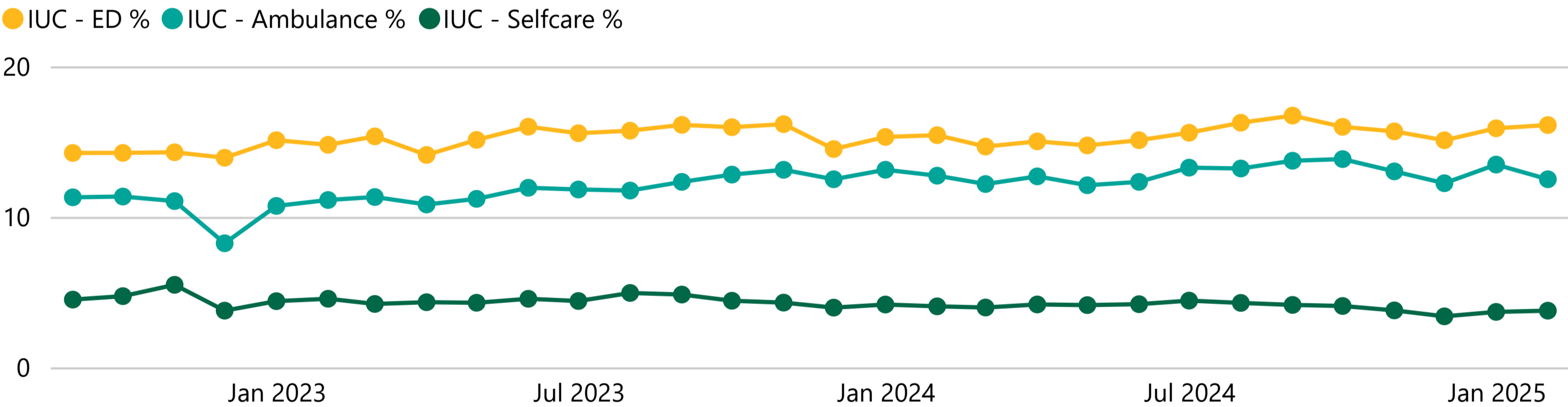
Outcomes Summary

ShortName	Feb-24	Jan-25	Feb-25
999 - Incidents (HT+STR+STC)	71,739	78,045	70,125
999 - Hear & Treat %	14.1%	16.0%	16.3%
999 - See, Treat & Refer %	25.7%	26.3%	26.1%
999 - See, Treat & Convey %	60.1%	57.7%	57.6%
999 - Conveyance to ED %	53.8%	51.2%	51.1%
999 - Conveyance to Non ED %	6.3%	6.5%	6.5%
IUC - Calls Triaged	125,324	134,806	127,327
IUC - ED %	15.4%	15.9%	16.1%
IUC - Ambulance %	12.7%	13.5%	12.5%
IUC - Selfcare %	4.1%	3.7%	3.8%
IUC - Other Outcome %	16.3%	13.7%	13.7%
IUC - Primary Care %	50.5%	51.4%	52.4%
PTS - Demand (Journeys)	80,375	82,334	77,346

999 Outcomes



IUC Outcomes



Commentary

999 - Comparing incident outcome proportions within 999 for February against January, the proportion of hear & treat increased by 0.3 percentage points (pp), see treat & refer decreased by 0.3 pp and see treat & convey decreased by 0.1 pp. The proportion of incidents with conveyance to ED decreased by 0.1 pp and the proportion of incidents conveyed to non-ED increased by 0.0 pp.

IUC - The proportion of callers given an Ambulance outcome was 12.5%, with Primary Care outcomes at 52.4%. The proportion of callers given an ED outcome was 16.1%. The percentage of ED outcomes where a patient was referred to a UTC was 9.7%, 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

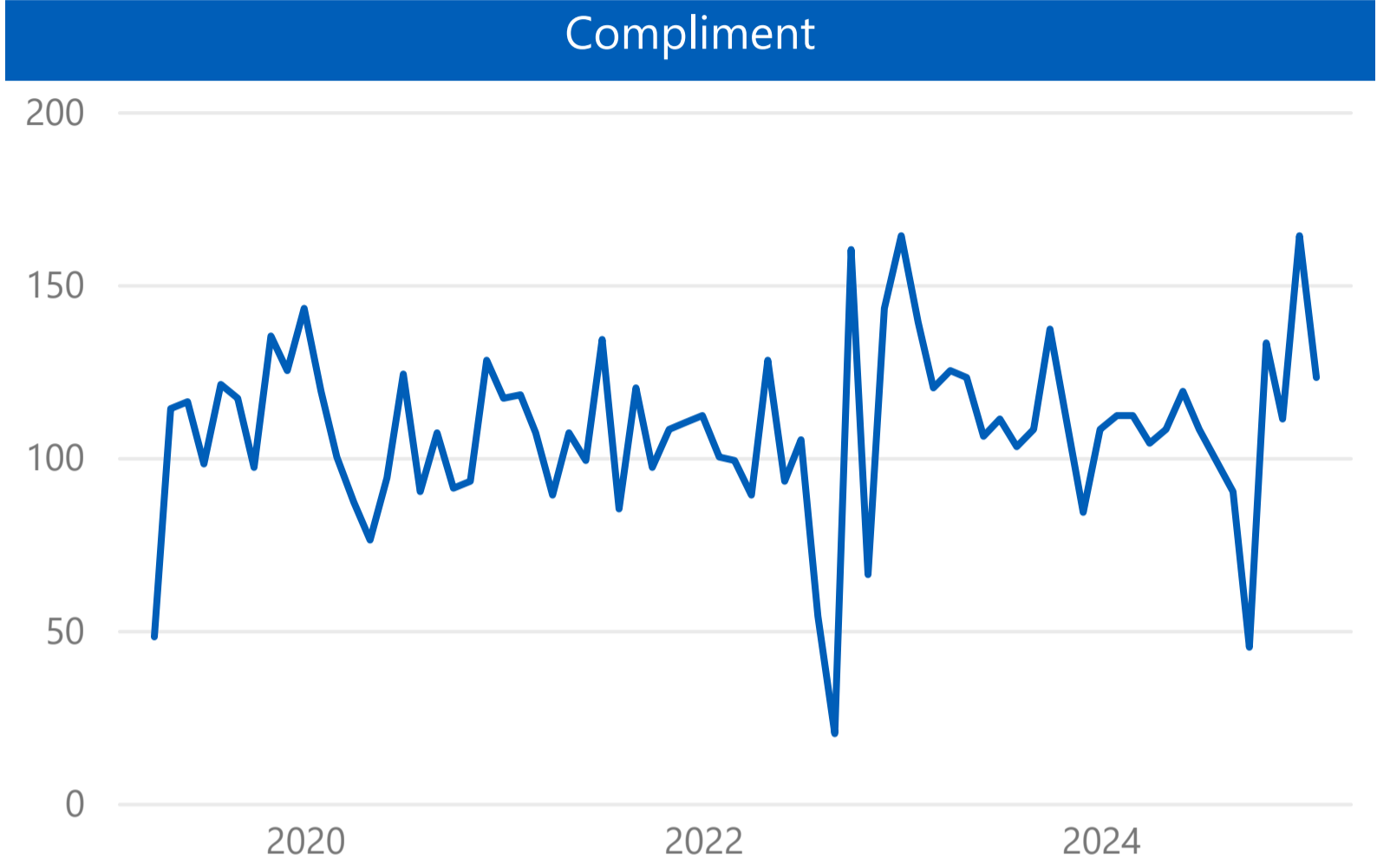
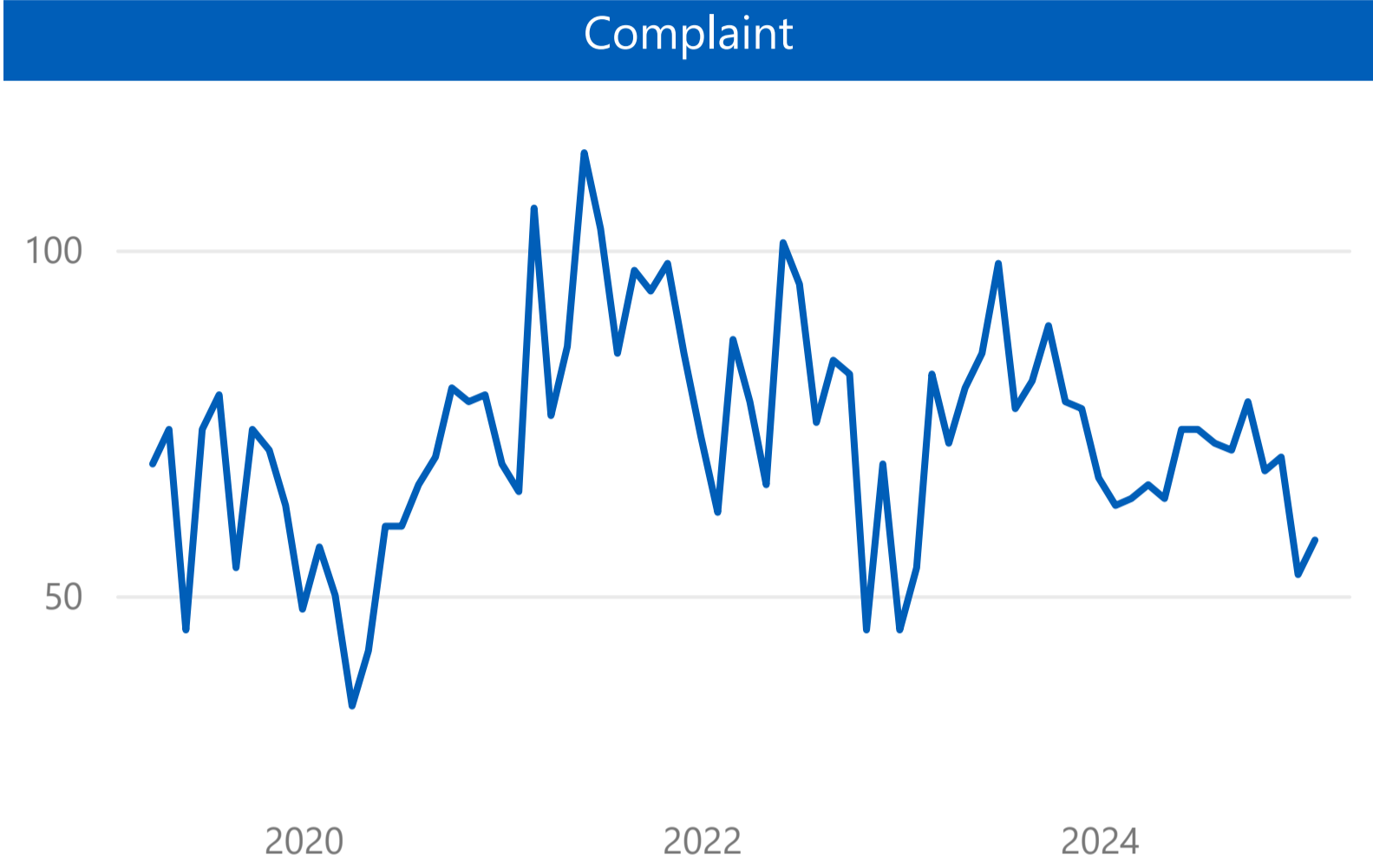
EOC

YAS

IUC



Patient Relations			
Indicator	Feb-24	Jan-25	Feb-25
Service to Service	67	122	120
Concern	38	42	25
Compliment	112	164	123
Complaint	63	53	58
Total	112	164	123



YAS Comments

Service-to-service complaints remained high in February. While there have been fluctuations since this time last year, the February figures show a 79% increase compared to the same period last year.

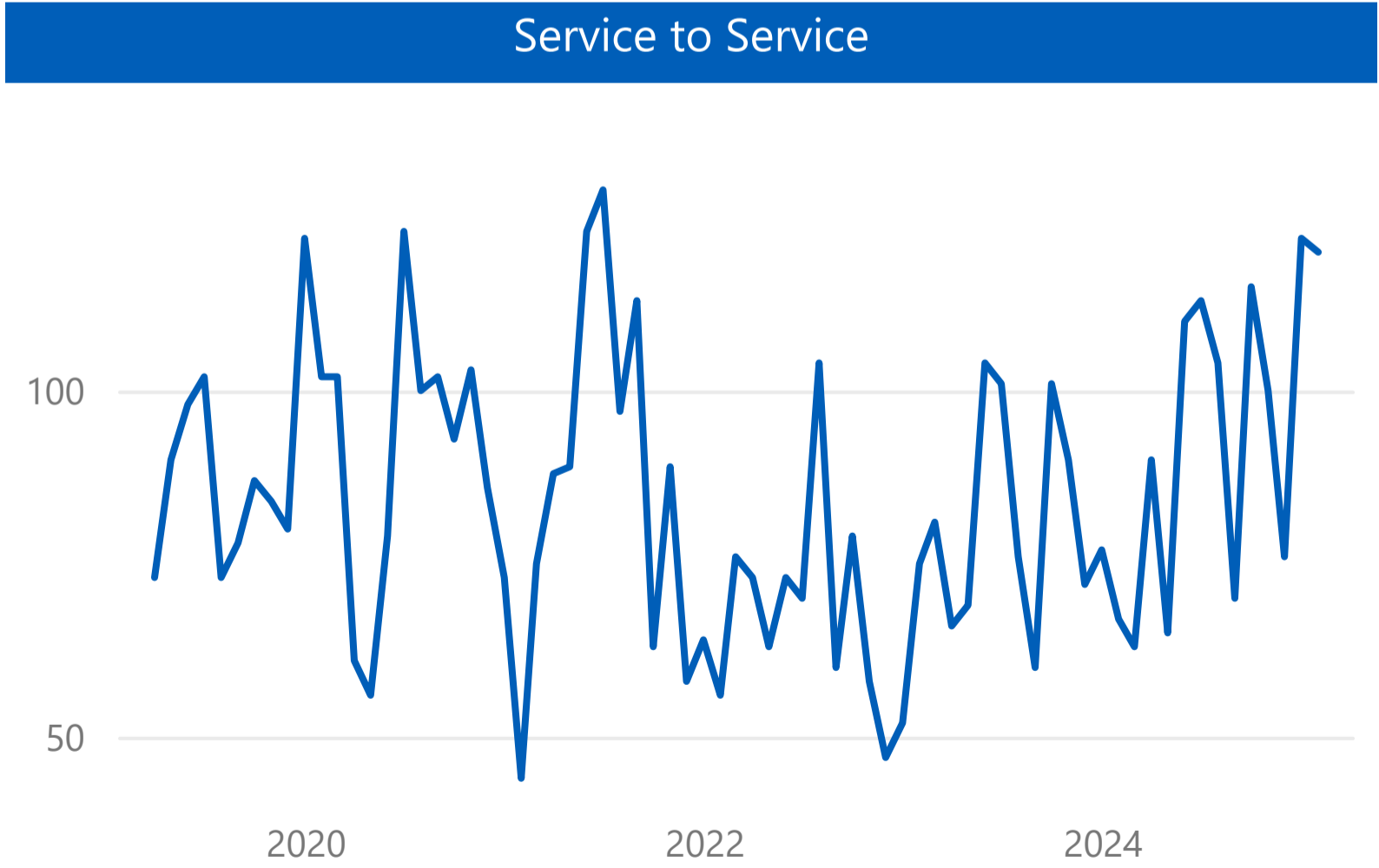
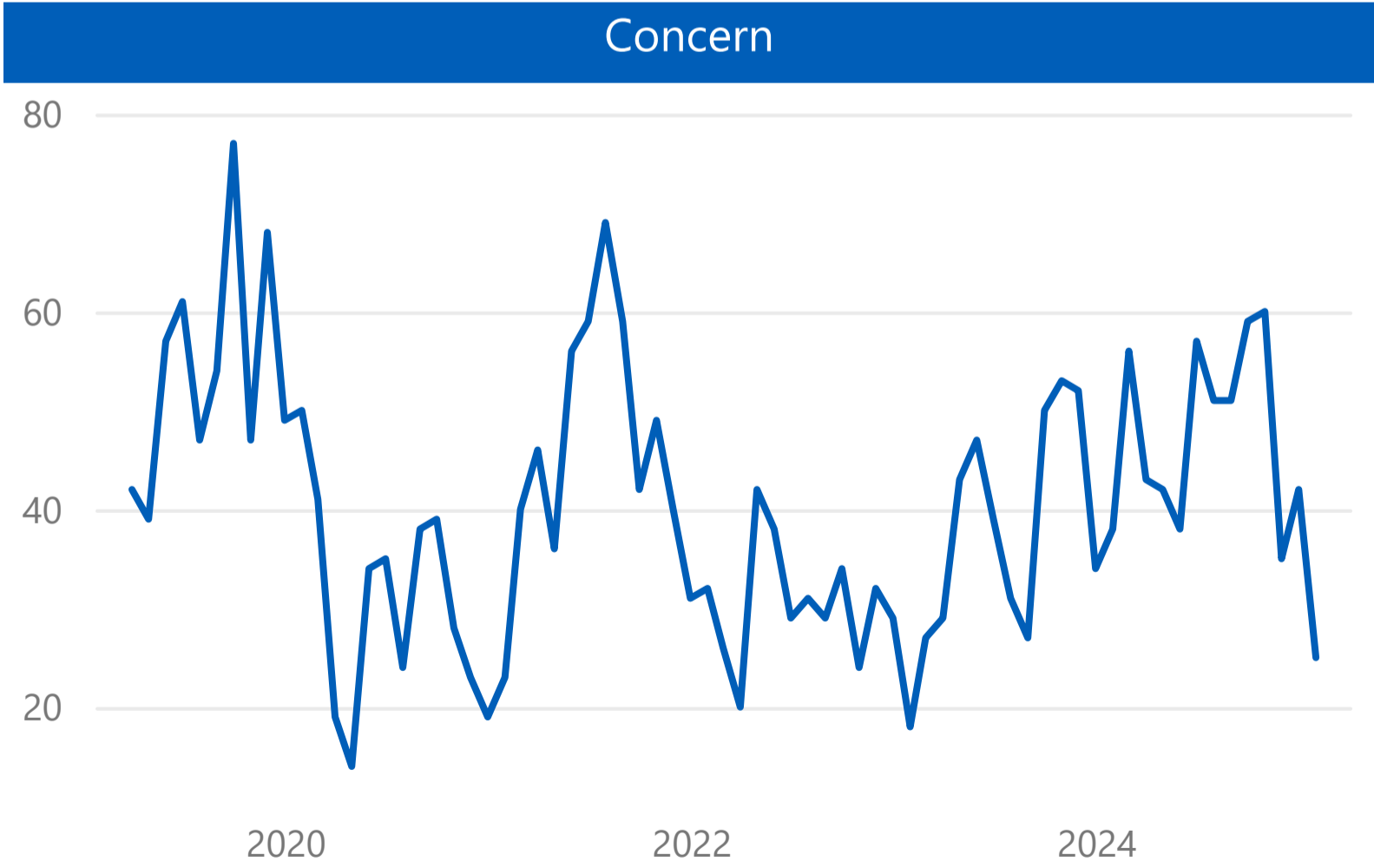
Service-to-service complaints in IUC have risen by 78% since December, while A&E complaints have had a 76% increase since December. However, PTS S2S complaints have decreased by 53% since January.

Concerns across YAS saw a notable decline, dropping by 40% in February, with a particularly sharp decrease in A&E concerns, where there was a 64% reduction.

Compliments across YAS in February were slightly lower compared to January, but showed a small increase compared to the previous year, rising by 9%.

Concerns in PTS have continued to decline, dropping by 57% from November to February. This trend is expected to continue with the introduction of local resolution.

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 offer local resolution as a timely response for patients



Incidents

Indicator	Feb-24	Jan-25	Feb-25
All Incidents Reported	880	1,014	892
Number of duty of candour contacts	7	11	10
Number of RIDDORs Submitted	1	6	5
Patient Safety Indicator Incident Investigation		1	

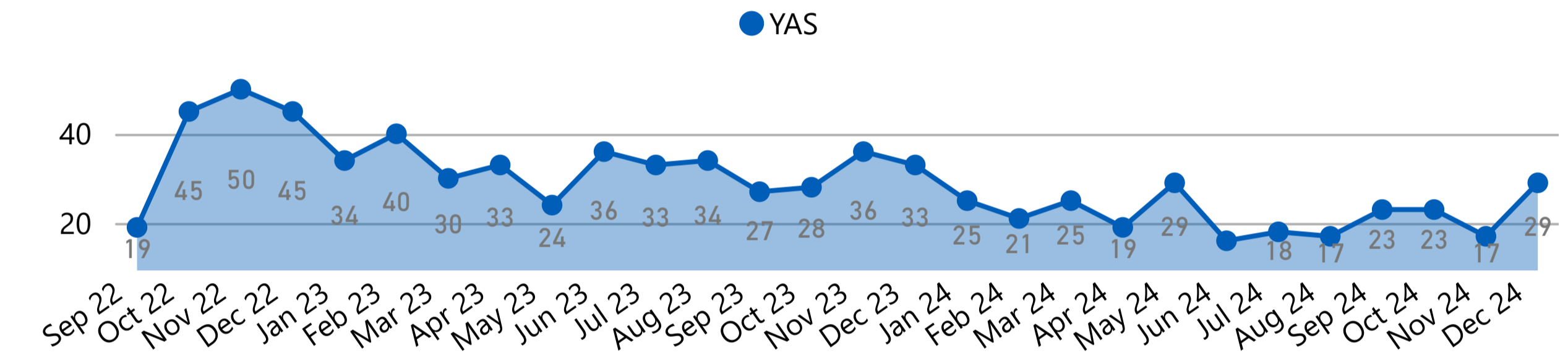
▲

Indicator	Dec 23	Nov 24	Dec 24
Moderate & Above Harm (verified)	33	17	29
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	10	5	5

Hygiene

Indicator	Feb-24	Jan-25	Feb-25
% Compliance with Hand Hygiene	91.9%	98.8%	98.6%
% Compliance with Premise	95.0%	99.7%	99.9%
% Compliance with Vehicle	98.2%	96.5%	97.1%

Incidents - Verified Moderate and Above Harm



Safeguarding

Indicator	Feb-24	Jan-25	Feb-25
Rapid Review		4	2
Child Safeguarding Practice Review			1
Domestic Homicide Review (DHR)	2	3	1
Safeguarding Adult Review (SAR)	5	17	9
Child Death	12	14	19

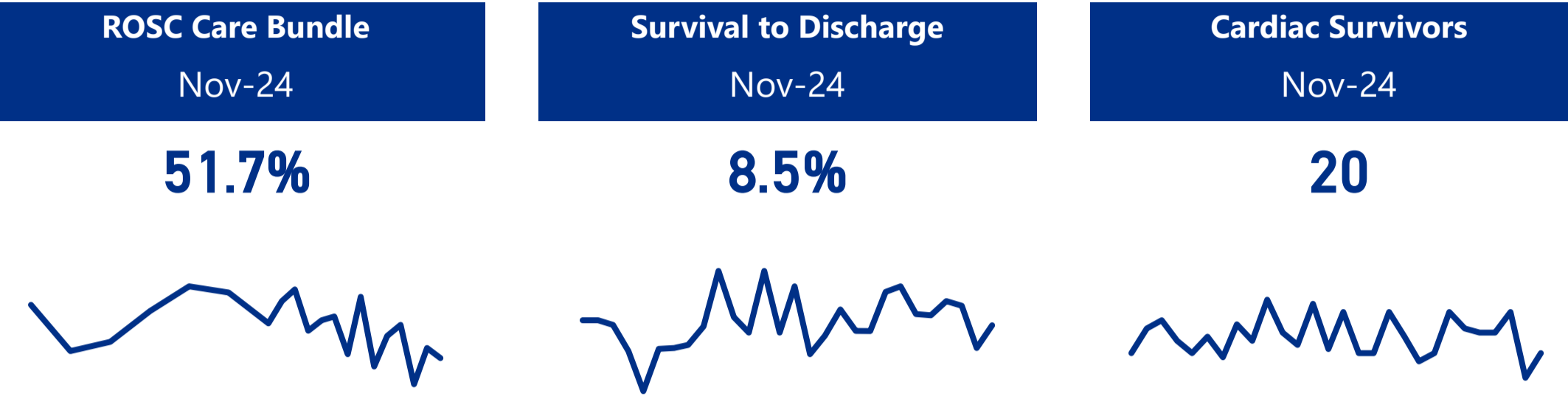
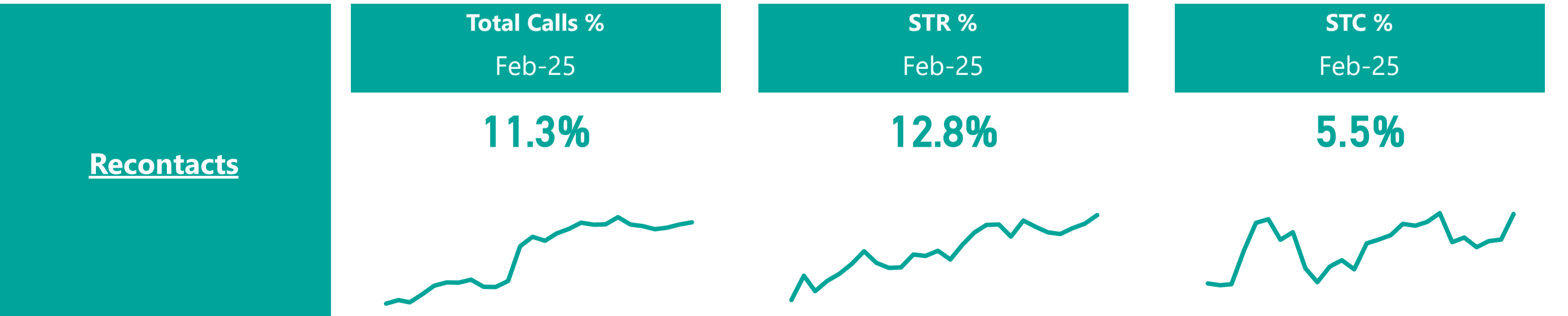
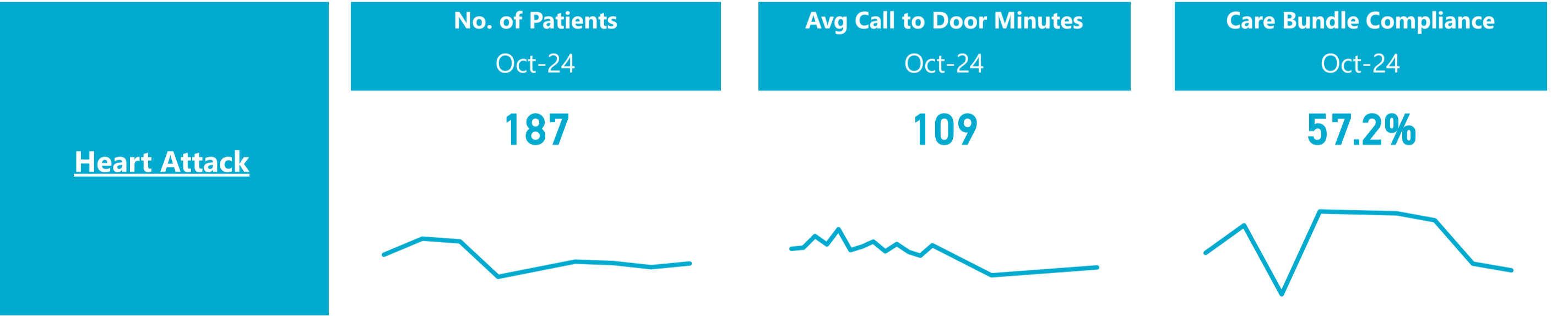
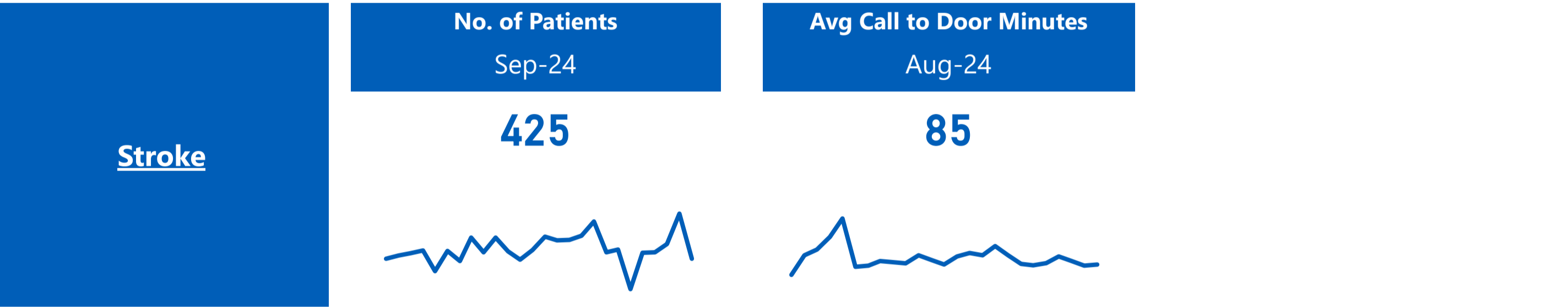
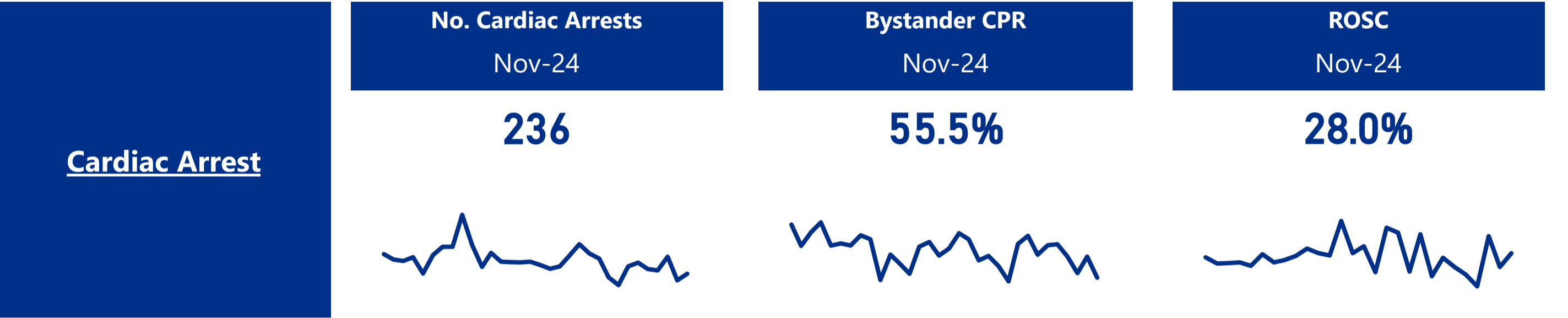
A&E Long Responses

Indicator	Feb-24	Jan-25	Feb-25
999 - C1 Responses > 15 Mins	772	660	676
999 - C2 Responses > 80 Mins	2,529	2,110	2,017

YAS Comments

- Domestic Homicide Reviews (DHR)** – 1 request for information in relation to a DHR was received in February.
- Safeguarding Adult Review (SAR)** – 9 requests for information in relation to SAR’s were received in February.
- Child Safeguarding Practice Review (CSPR)** - 1 request was received to support a CSPR in February.
- Rapid Review (RR)** – the team contributed information in relation to 2 Rapid Reviews in February.
- Child death** - The Safeguarding team contributed information in relation to 19 children who died in February.

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



Cardiac Arrest - The number of cardiac arrests remains as expected for YAS with 236 patients having CPR continued or commenced during November 2024. Survival to discharge has dropped from 9.7% to 8.5%, equating to 20 survivors in November. Bystander CPR has dropped from 57% to 55.5% for November. The GoodSAM app deployment is still pending.

Heart attack - The care bundle compliance has dropped 10pp, 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.

Stroke: Due to issues with the rollout of a new national webtool which facilitates stroke data collection (SSNAP). The national clinical audit for these patients has paused temporarily, aiming to recommence in April 2025. Data will be backdated when available.

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

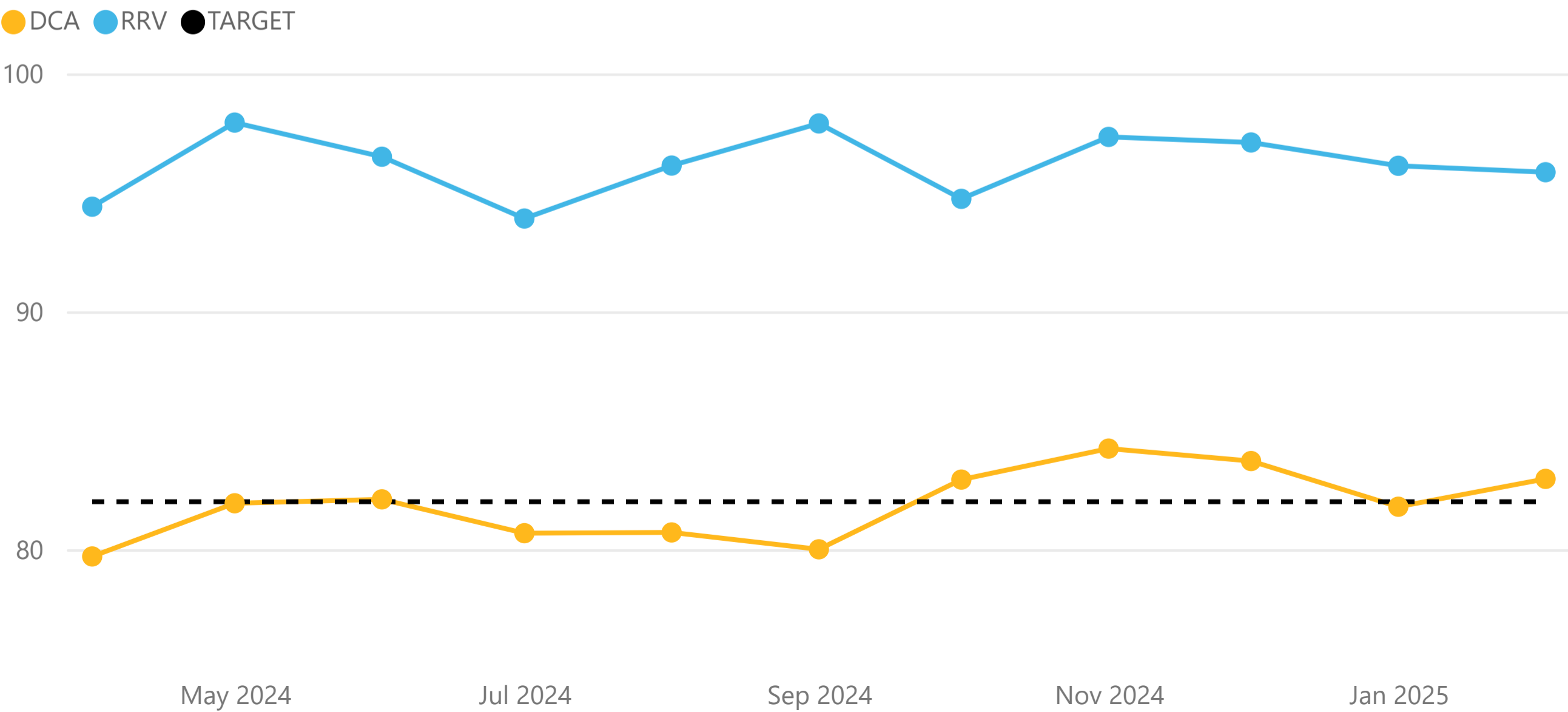
Indicator	Feb-24	Jan-25	Feb-25
P1 Emergency (<2Hrs) – Attendance	100.0%		
P2 Emergency (<4 Hrs) - Attendance	93.0%	87.1%	95.5%
P2 Emergency (<24 Hrs) – Completed	73.7%	67.1%	79.6%
P3 Non Emergency (<24Hrs) - Attendance	85.5%	69.7%	92.1%
P3 Non Emergency (<72 Hrs) – Completed	71.8%	68.4%	77.8%
P4 Non Emergency (<2 Working Days) - Attendance	88.8%	69.7%	95.3%
P4 Non Emergency (<14 Days) – Completed	75.7%	76.8%	79.7%
P6 Non Emergency (<2 Weeks) - Attendance	76.2%	79.8%	86.7%
P6 Non Emergency (4 Weeks) - Completed	69.8%	68.5%	62.2%
P5 Non Emergency - Logged to Wrong Category	75.0%		
Planned Maintenance Complete	92.0%	97.0%	99.0%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 217 jobs for the month of February. This is significantly lower than the representative of an average 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 17 requests followed by Callflex at 12 and Beverley at 9 requests for reactive works. SLA figures are relatively high with at an overall attendance KPI at 92% however, completion KPI is slightly lower than usual at 75%.

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 92% against a target of 98%. P4 category also account for just over a quarter of requests with attendance KPI at 95% 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 February with a completion of 99%.

Average Vehicle Availability %



Fleet Comments

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

Average Vehicle Availability has increased since last month. RRV availability remains high at 95.9%, a slight decrease from 96.1% in January. DCA availability increased back above target to 83%, increased from 81.8%.

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