

# Integrated Performance Report

March 2025

Published 22 April 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 <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 - March 25

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:04		
999 - Answer 95th Percentile		00:00:27		
999 - AHT		00:06:11		
999 - Calls Ans in 5 sec	95.0%	91.4%		
999 - C1 Mean (T < 7 Mins)	00:07:00	00:08:03		
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:54		
999 - C2 Mean (T < 18 Mins)	00:18:00	00:28:33		
999 - C2 90th (T < 40 Mins)	00:40:00	01:01:30		
999 - C3 Mean (T < 1 Hour)	01:00:00	01:22:49		
999 - C3 90th (T < 2 Hour)	02:00:00	03:12:54		
999 - C1 Responses > 15 Mins		772		
999 - C2 Responses > 80 Mins		1,799		
999 - Job Cycle Time		01:47:22		
999 - Avg Hospital Turnaround	00:30:00	00:46:38		
999 - Avg Hospital Handover	00:15:00	00:22:58		
999 - Avg Hospital Crew Clear	00:15:00	00:23:44		
999 - Total lost handover time		3,058		
999 - Crew clear over 30 mins %		28.5%		
999 - C1%		15.9%		
999 - C2%		58.7%		

### 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 March, no change from February. The median and 90th remained the same at zero seconds, and 1 second respectively. The 95th decreased from 28 seconds in February to 27 seconds in March, and the 99th increased from 1 minute 35 seconds to 1 minute 37 seconds.

**Cat 1-4 Performance** - The mean performance time for Cat1 worsened from February by 3 seconds and the 90th percentile worsened by 2 seconds. The mean performance time for Cat2 improved from February by 1 minute 17 seconds and the 90th percentile improved by 3 minutes 58 seconds. Compared to March of the previous year, the Cat1 mean improved by 5 seconds, the Cat1 90th percentile improved by 7 seconds, the Cat2 mean improved by 55 seconds and the Cat2 90th percentile improved by 4 minutes 22 seconds.

**Call Acuity** - The proportion of Cat1 and Cat2 incidents was 74.6% in March (15.9% Cat1, 58.7% Cat2) after a 0.4 percentage point (pp) increase compared to February (0.2 pp increase in Cat1 and 0.2 pp increase in Cat2). Comparing against March for the previous year, Cat1 proportion decreased by 0.4 pp and Cat2 proportion decreased by 3.4 pp.

**Responses Tail (C1 and C2)** - The number of Cat1 responses greater than the 90th percentile target increased in March, with 772 responses over this target. This is 3.2% more on average per day compared to February. The number for last month was 8.0% lower than March 2024. The number of Cat2 responses greater than 2x 90th percentile target decreased from February by 218 responses (10.8%). This is a 29.6% decrease from March 2024.

**Hospital & Job Cycle Time** - Last month the average handover time decreased by 2 minutes 32 seconds and overall turnaround time decreased by 2 minutes 59 seconds. The number of conveyances to ED was approximately 0.3% less than February per day. Overall, the average job cycle time decreased by 2 minutes 55 seconds from February.

**Demand** - On scene response demand was 4.0% below forecasted figures for March. It was 8.6% higher compared to February and 2.4% lower compared to March 2024. All response demand (HT + STR + STC) was 8.0% higher than February.

**Outcomes** - Comparing incident outcome proportions within 999 for March against February, the proportion of hear & treat decreased by 0.5 percentage points (pp), see treat & refer decreased by 0.8 pp and see treat & convey increased by 1.3 pp. The proportion of incidents with conveyance to ED increased by 1.1 pp and the proportion of incidents conveyed to non-ED increased by 0.2 pp.



# IUC IPR Key Indicators - March 25

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		144,606		
IUC - Answered vs. Last Month %		11.6%		
IUC - Answered vs. Last Year %		-1.3%		
IUC - Calls Triage		141,514		
IUC - Calls Abandoned %	3.0%	3.0%		
IUC - Answer Mean	00:00:20	00:00:47		
IUC - Answered in 60 Secs %	90.0%	82.0%		
IUC - Answered in 120 secs %	95.0%	86.9%		
IUC - Callback in 1 Hour %	60.0%	45.5%		
IUC - ED Validations %	50.0%	50.9%		
IUC - 999 Validations %	75.0%	99.7%		
IUC - ED %		16.6%		
IUC - ED Outcome to A&E %		77.8%		
IUC - ED Outcome to UTC %		10.3%		
IUC - Ambulance %		11.9%		

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

YAS received 158,255 calls in March, 4.7% below the annual business plan baseline demand. 144,606 (91.4%) of these were answered, 1.3% 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 decreased to 82.0% from 86.3% in March. Average speed to answer has increased by 15 seconds to 47 seconds compared with 32 seconds last month. Abandonment rate increased to 3.0% from 2.2% last month.












The proportion of clinician call backs made within 1 hour decreased to 45.5% from 48.5% last month. This is 14.5% below the national target of 60%. Core clinical advice decreased to 24.4% from 25.0% 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 96.3% in March, whilst performance for overall validations was 99.7%, with 14,293 cases validated overall.

ED validation performance decreased to 50.9% from 54.6% 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 23.2% 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 - March 25

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	72.7%		
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	81.5%		
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	90.1%		
PTS - Arrive at Appointment Time	90.0%	89.8%		
PTS - Journeys < 120Mins	90.0%	98.9%		
PTS - Same Month Last Year		0.2%		
PTS - Increase - Previous Month		4.0%		
PTS - Demand (Journeys)		80,465		

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

PTS Total Activity saw a 4.0% increase compared to February, as expected due to February being a shorter month. 80,465 journeys were operated in March, which was a 0.2% increase on last March. The 2024-25 year-end position was 978,407 journeys in total, including abortions and escorts. This is 5.6% higher than last financial year, equivalent to an increase of c 52,000 journeys:

YTD Delivered journeys were 5.5% above forecast from the PTS Operational Plan; 792,975 delivered in total.

Call Performance saw a 7.6% decrease compared to February, with 72.7% of calls being answered in 180 Seconds. The number of calls received by Reservations saw a 0.4% decrease, however AHT increased by 10 seconds (327 seconds) which had a negative impact on the number of staff needed to be able to meet the call demand. Overall, Telephony Performance during 2024-25 was 79.8%.

Short Notice Outwards Performance has been above 80.0% for 5 consecutive months (\* note this is a combined figure taken across PTS contracts with varying KPI and resource/funding levels). During March, 81.5% of patients were picked up within 120 minutes. The KPI was 80.9% at the end of 2024-25.

# Workforce Summary

A&E

EOC

IUC

Other

PTS

Trust



## Key KPIs

Name	Mar-24	Feb-25	Mar-25
Turnover (FTE) %	10.4%	9.5%	9.3%
Vacancy Rate %	12.0%	6.7%	6.6%
Apprentice %	9.3%	9.4%	10.1%
BME %	7.1%	8.6%	8.7%
Disabled %	7.6%	9.6%	9.7%
Sickness - Total % (T-5%)	6.5%	7.8%	7.3%
PDR / Staff Appraisals % (T-90%)	73.7%	78.4%	74.5%
Essential Learning		87.7%	87.7%

## YAS Commentary

**FTE, Turnover, Vacancies and BME** – Compared to February 2025, turnover and vacancy rate have improved. In comparison to the same month last year (March 2024) the vacancy rate has improved by 5.4 percentage points. Turnover for IUC has improved, although still remains high for IUC at 25.7%, and vacancies for IUC have improved to 20.3% The work to implement the IUC case for change is progressing. (Note: IUC figures are for those employed staff leaving the Trust only). A similar picture for EOC with vacancies improving from 23.5% to 21.7% and turnover improving from 19.3% to 18.1%. The numbers of BME and staff living with disabilities is steadily improving i.e. BME has increased by 1.6 percentage points since March 2024 and staff living with disabilities is now 9.7% compared with 7.6% in 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.

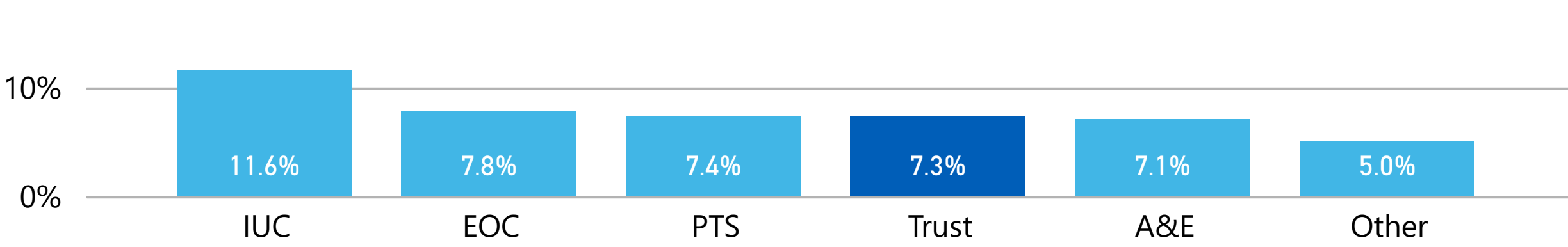
**Sickness** – Sickness has improved, decreasing from 7.8% to 7.3%, from the previous month. A sub-group of the Organisational Efficiency Group is working to actively reduce absence through monitoring and the implementation of the 2025-26 Health and Wellbeing plan that includes a specific mental health plan, given this is the highest reason for absence. 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 shows a continued decreasing trend since the high in Oct at 83.1%. There is a notable drop from last month to 74.5% from 78.4%. IUC and PTS are the highest performing areas (78.2%) with EOC as the lowest (60.6%). All areas have decreased where the biggest decreases since Oct 24 are seen in A&E at 11% and EOC at 9%. 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 appraisal completion window.

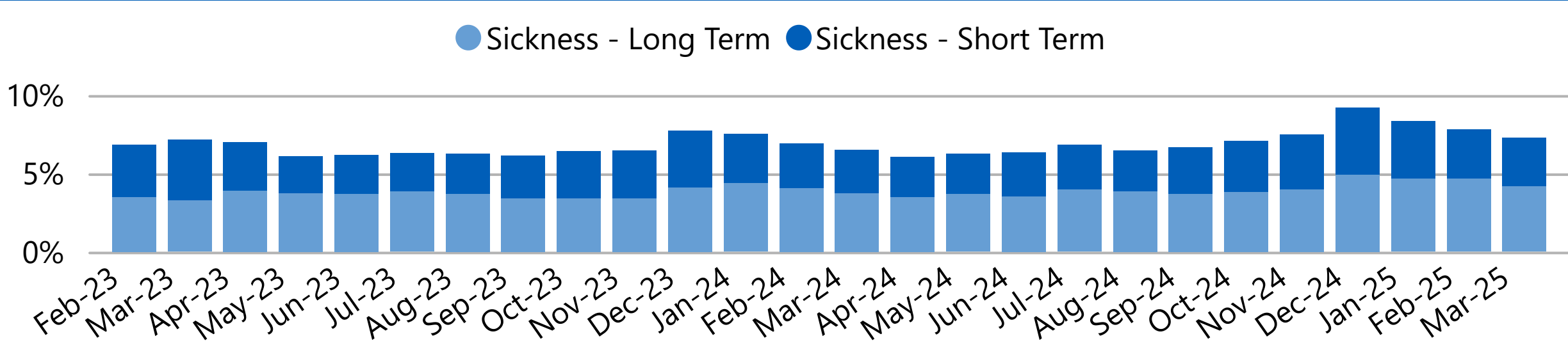
**Essential Learning** – the overall compliance rate shows a downward trend below the 90% target (previously maintained since Jan 2023) and is the same as last month at 87.7% with 3 areas showing marginal improvements. PTS and ‘Other’ are achieving the target at 90.2% and 91.8% respectively. All other areas are below target with EOC at the lowest at 83.8%. 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

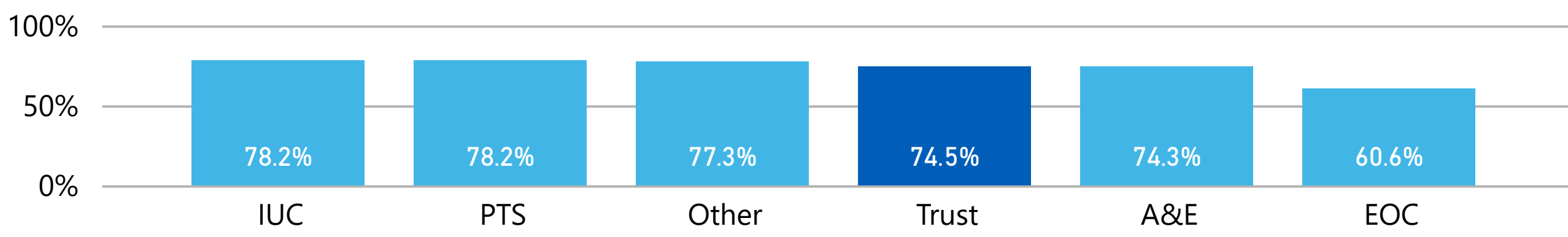
## Sickness Benchmark for Last Month (Trust)



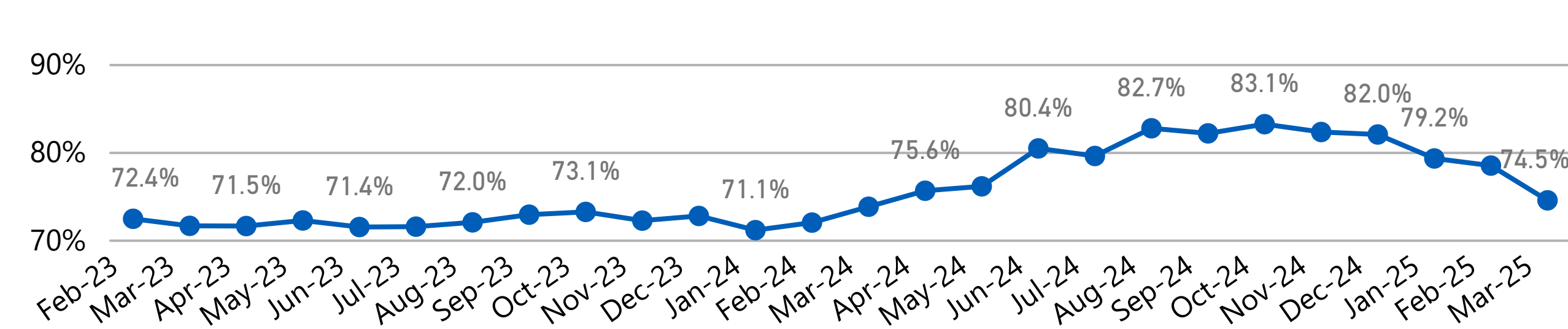
## Sickness



## PDR Benchmark for Last Month (Trust)



## PDR - Target 90%





# YAS Finance Summary (Director Responsible Kathryn Vause) - March 25



## Overview - Unaudited Position

**Overall -**  
The Trust has a year end Surplus position of £92k as shown. The Trust plan was to achieve breakeven for 2024/25.

**Capital -**  
The outturn expenditure was above plan by the end of the year but within the revised allocation provided.

**Cash -**  
As at the end of March, the Trust had £44.2m 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	£92	£92
Cash	£61,606	£48,648	-£12,958
Capital	£15,317	£21,435	£6,118

### 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	2025-03
Surplus/ (Deficit)	£0	-£870	-£105	£769	£678	£94	-£177	-£890	£1,131	£1,099	-£1,637
Cash	£53,894	£50,599	£55,100	£56,600	£55,355	£55,360	£53,888	£48,648	£47,637	£46,806	£44,177
Capital	£180	£240	£904	£391	£177	£394	£2,100	-£143	£2,932	£2,151	£12,300

# Patient Demand Summary

## Demand Summary

Indicator	Mar-24	Feb-25	Mar-25
999 - Incidents (HT+STR+STC)	76,469	70,125	75,758
999 - Calls Answered	87,357	80,525	88,831
IUC - Calls Answered	146,567	129,594	144,606
IUC - Calls Answered vs. Ceiling %	-12.4%	-16.2%	-14.7%
PTS - Demand (Journeys)	80,302	77,346	80,465
PTS - Increase - Previous Month	-0.1%	-6.1%	4.0%
PTS - Same Month Last Year	1.1%	0.9%	0.2%
PTS - Calls Answered	37,211	38,786	37,983

## Commentary

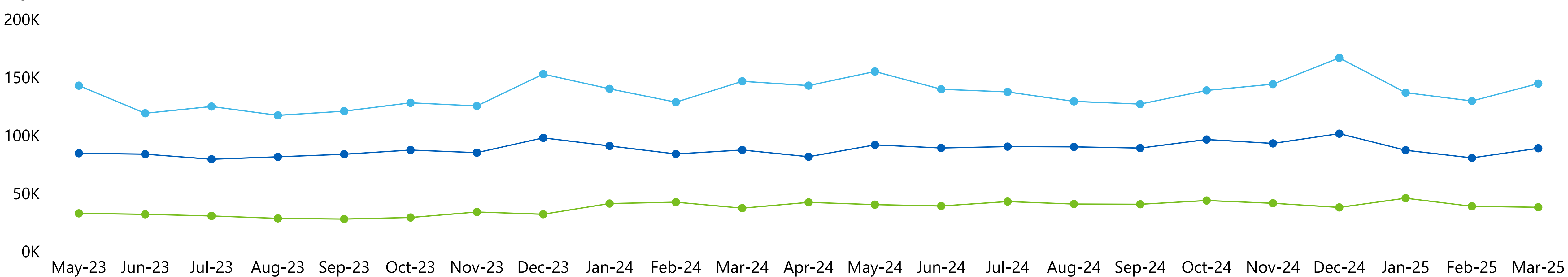
**999** - On scene response demand was 4.0% below forecasted figures for March. It was 8.6% higher compared to February and 2.4% lower compared to March 2024. All response demand (HT + STR + STC) was 8.0% higher than February.

**IUC** - YAS received 158,255 calls in March, 4.7% below the annual business plan baseline demand. 144,606 (91.4%) of these were answered, 11.6% above last month and 1.3% below the same month last year.

**PTS** - PTS Total Activity saw a 4.0% increase compared to February, as expected due to February being a shorter month. 80,465 journeys were operated in March, which was a 0.2% increase on last March.

## Overall Calls and Demand

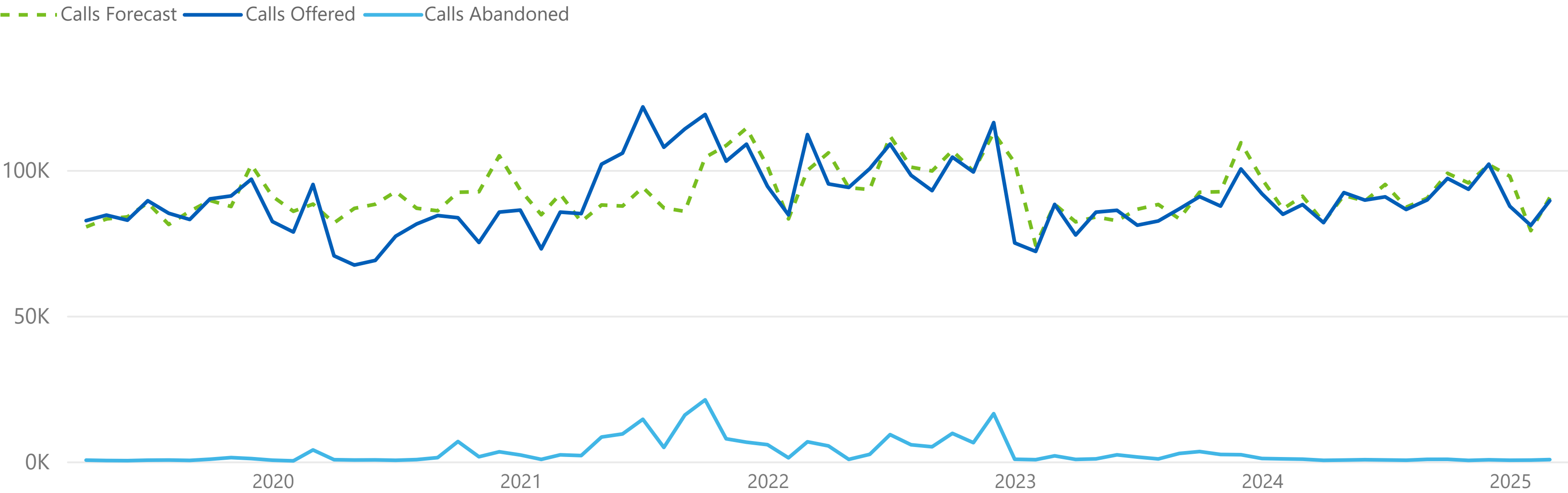
Figure ● 999 - Calls Answered ● IUC - Calls Answered ● PTS - Calls Answered



# 999 and IUC Historic Demand

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

999 Historic Call Demand



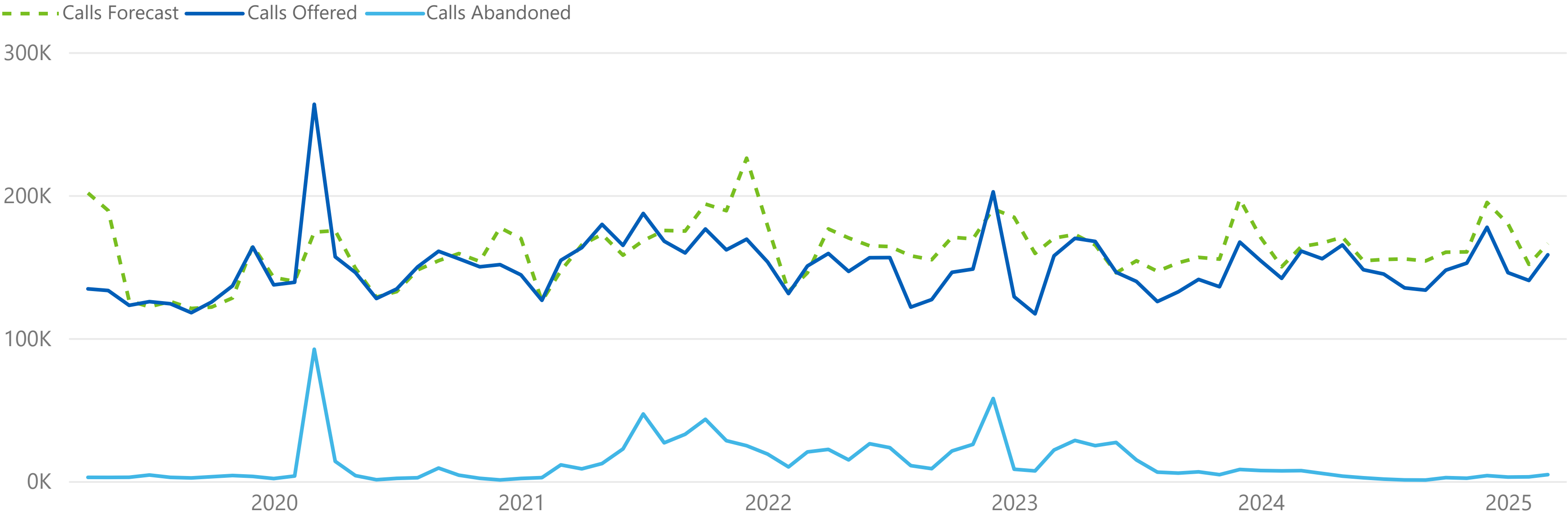
999

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 March 2025, there were 89,452 calls offered which was 1.2% below forecast, with 88,831 calls answered and 621 calls abandoned (0.7%). There were 10.5% more calls offered compared with the previous month and 1.5% more calls offered compared with the same month the previous year.

Historically, the number of abandoned calls has been very low, however, this has increased since April 2021 and remains relatively high, fluctuating each month. There was a 38.9% increase in abandoned calls compared with the previous month.

IUC Historic Demand



IUC

YAS received 158,255 calls in March, 4.7% below the annual business plan baseline demand. 144,606 (91.4%) of these were answered, 11.6% above last month and 1.3% below the same month last year.

Calls abandoned increased to 3.0% from 2.2% last month and was 1.7% 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](mailto:yas.businessintelligence@nhs.net).

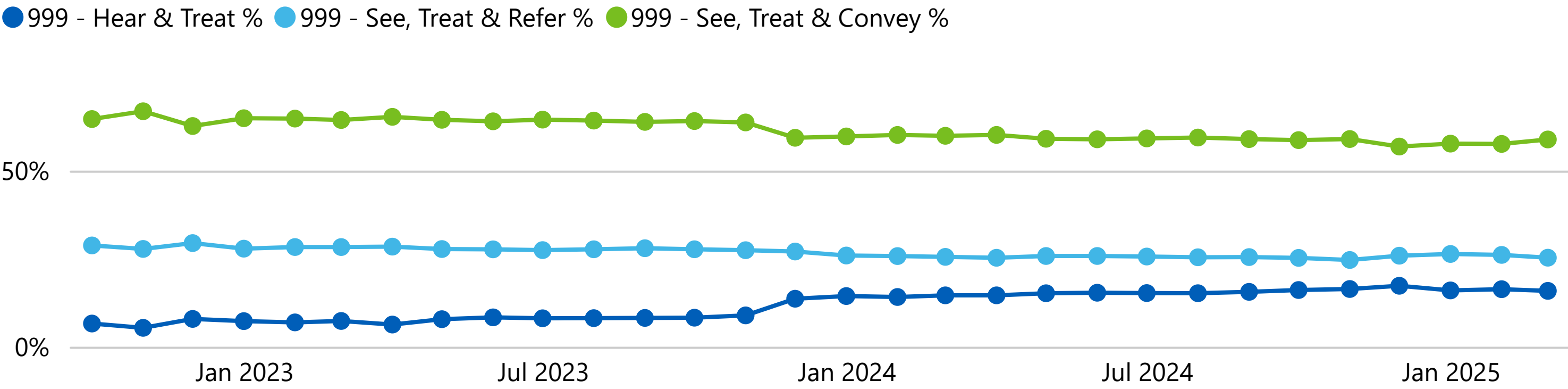


# Patient Outcomes Summary

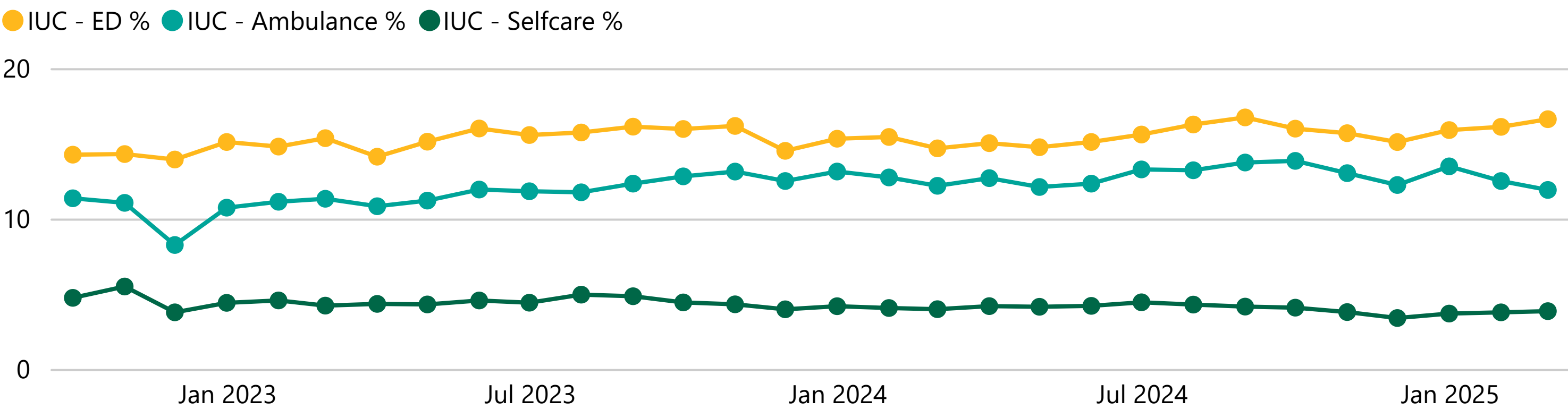
## Outcomes Summary

ShortName	Mar-24	Feb-25	Mar-25
999 - Incidents (HT+STR+STC)	76,469	70,125	75,758
999 - Hear & Treat %	14.6%	16.3%	15.9%
999 - See, Treat & Refer %	25.5%	26.1%	25.3%
999 - See, Treat & Convey %	59.9%	57.6%	58.9%
999 - Conveyance to ED %	53.5%	51.1%	52.2%
999 - Conveyance to Non ED %	6.3%	6.5%	6.7%
IUC - Calls Triaged	142,987	127,327	141,514
IUC - ED %	14.7%	16.1%	16.6%
IUC - Ambulance %	12.2%	12.5%	11.9%
IUC - Selfcare %	4.0%	3.8%	3.8%
IUC - Other Outcome %	14.9%	13.7%	13.4%
IUC - Primary Care %	53.2%	52.4%	52.7%
PTS - Demand (Journeys)	80,302	77,346	80,465

## 999 Outcomes



## IUC Outcomes



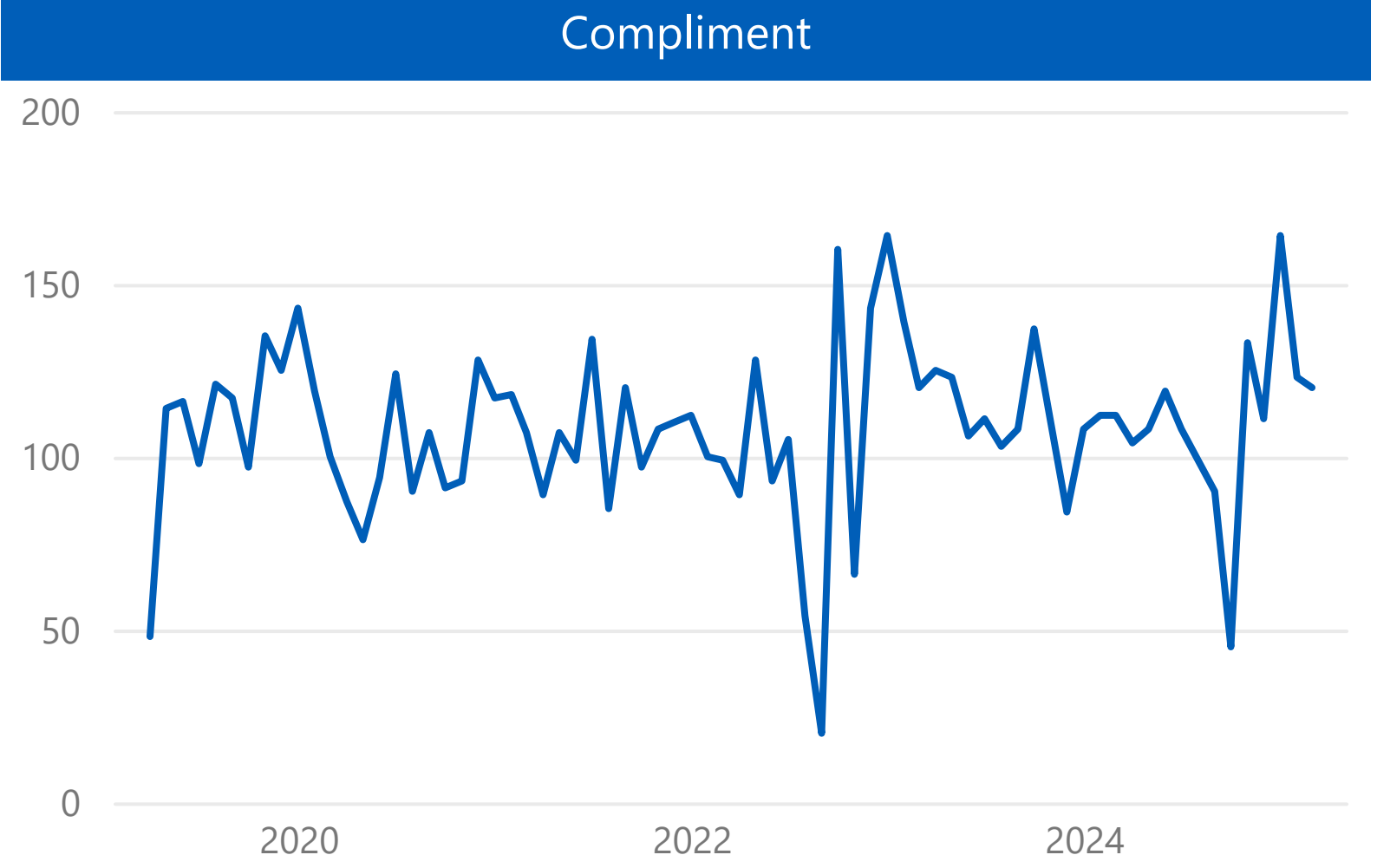
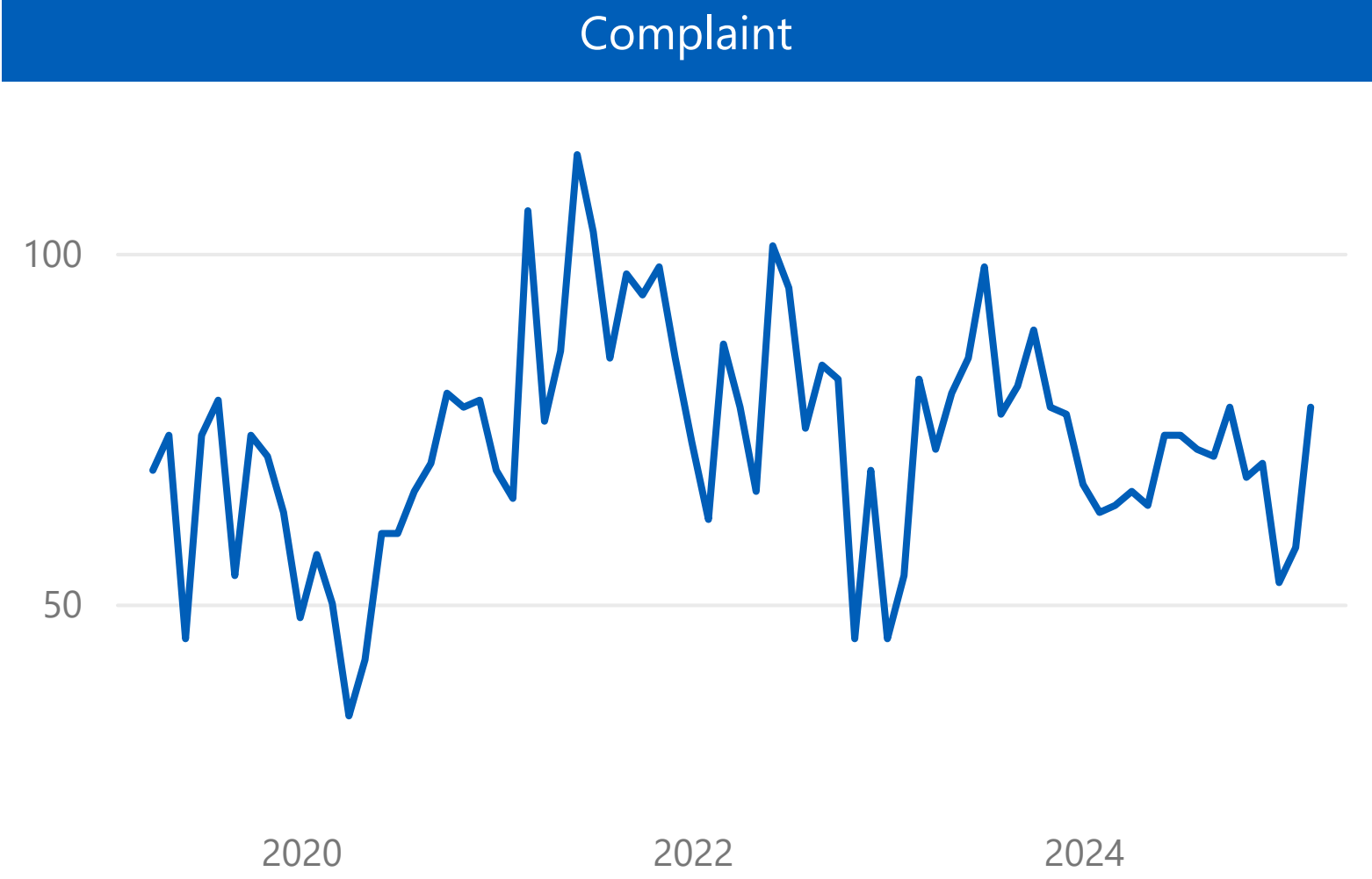
## Commentary

**999** - Comparing incident outcome proportions within 999 for March against February, the proportion of hear & treat decreased by 0.5 percentage points (pp), see treat & refer decreased by 0.8 pp and see treat & convey increased by 1.3 pp. The proportion of incidents with conveyance to ED increased by 1.1 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 11.9%, with Primary Care outcomes at 52.7%. The proportion of callers given an ED outcome was 16.6%. The percentage of ED outcomes where a patient was referred to a UTC was 10.3%, a figure that historically has been as low as 2-3%. A key goal of the 111 first programme was to reduce the burden on emergency departments by directing patient to more appropriate care settings.

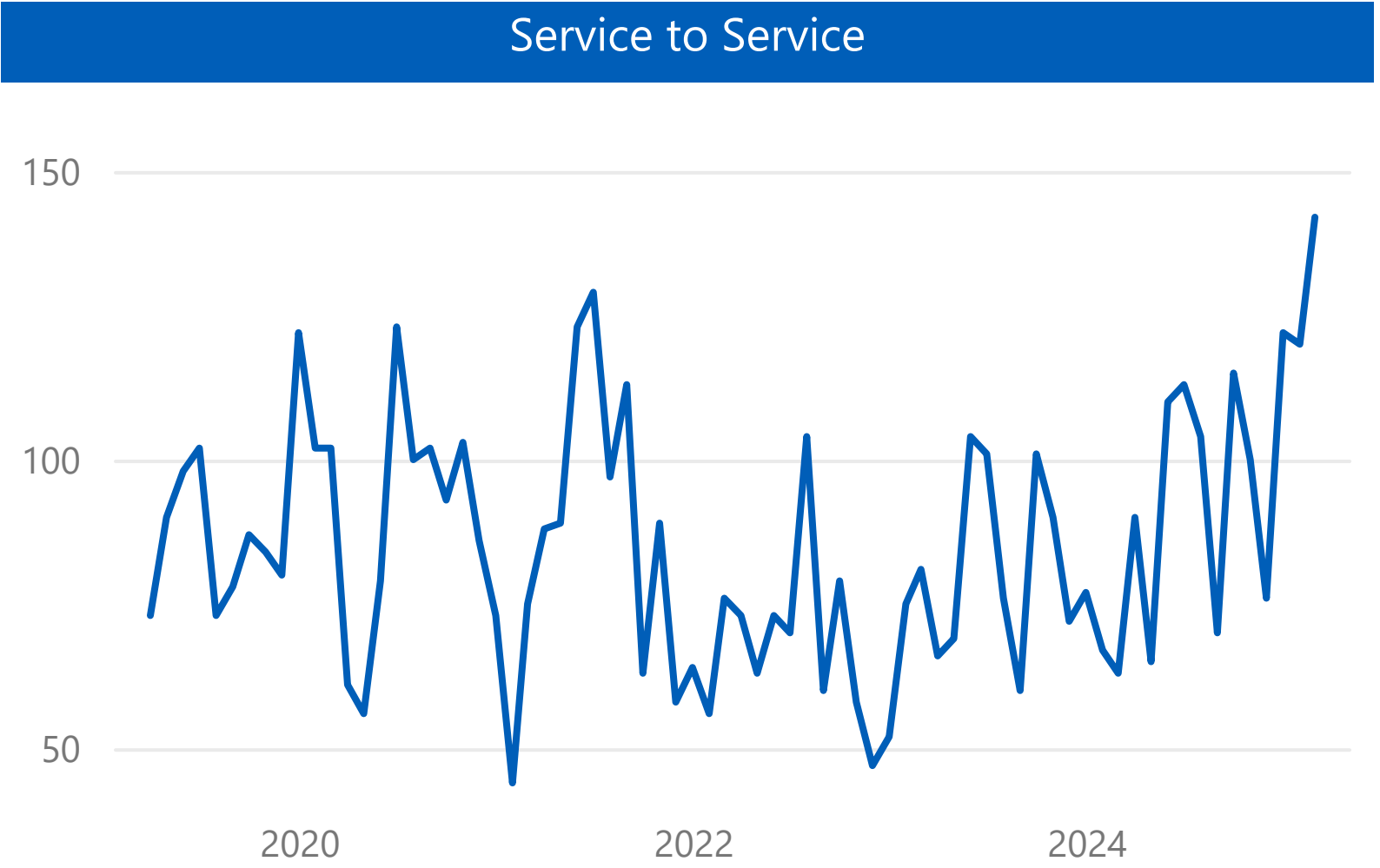
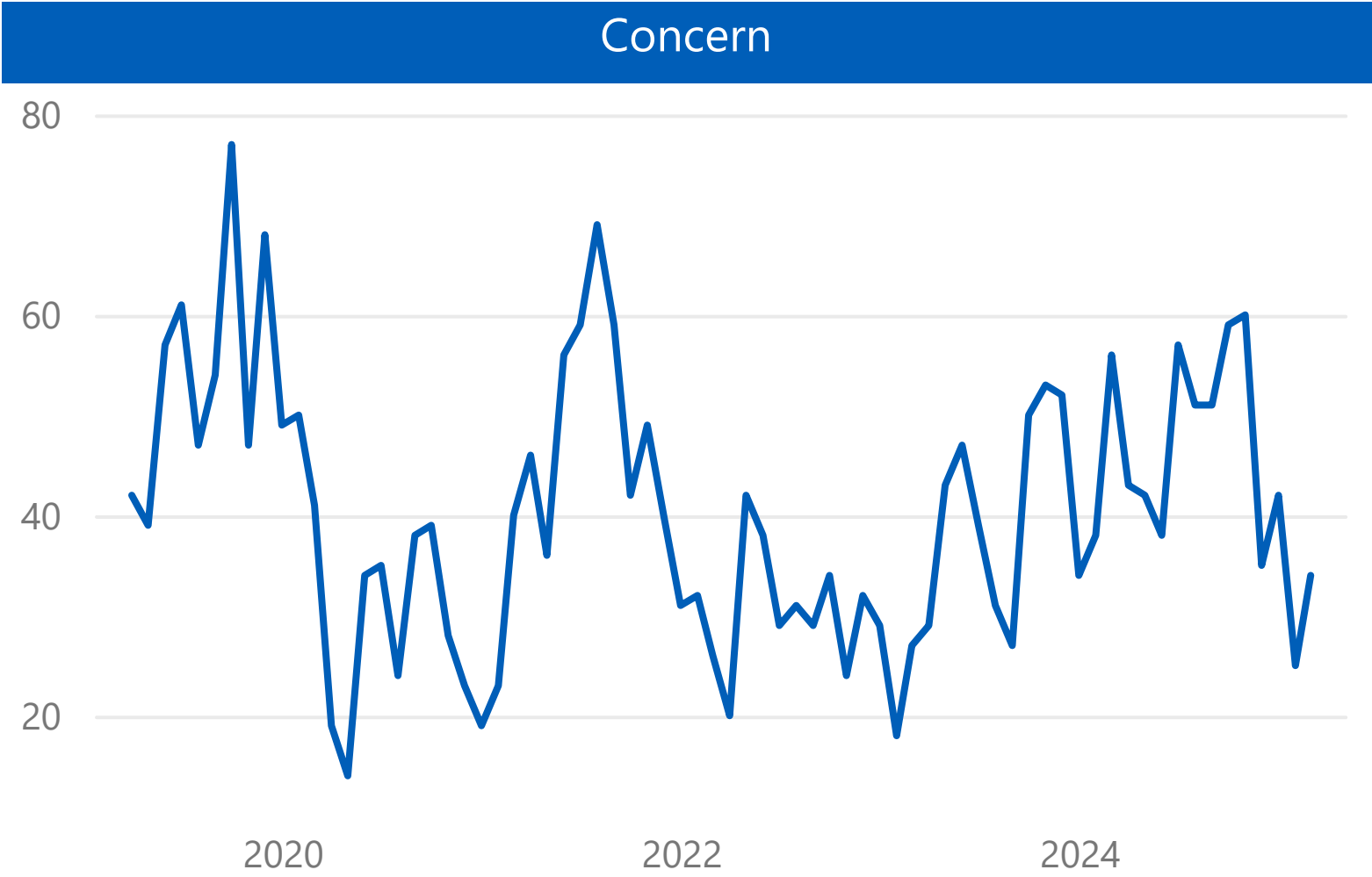
Patient Experience (Director Responsible - Dave Green)

Patient Relations			
Indicator	Mar-24	Feb-25	Mar-25
Service to Service	63	120	142
Concern	56	25	34
Compliment	112	123	120
Complaint	64	58	78
Total	112	123	142



YAS Comments

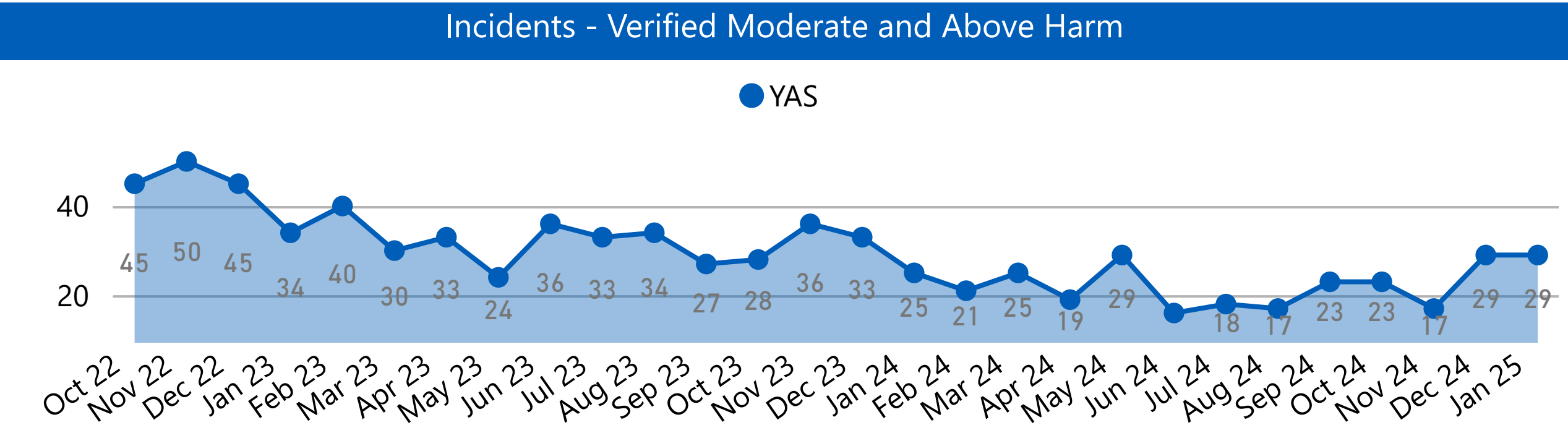
There has been a significant increase in service-to-service contacts this month, rising from 120 to 142, which represents an 18.3% increase compared to last month, and a 125.4% increase compared to the same period last year. Concerns have also increased by 34%, while complaints have risen from 58 to 78, an increase of 34.5%. Compliments remain high at 120, maintaining consistently positive feedback levels. In A&E, complaints have doubled compared to last year, and concerns have risen by 150%. To address this, we are introducing local resolution measures aimed at improving the patient experience. Service-to-service complaints in A&E continue to rise steadily month-on-month and show an upward trend since last year. In contrast, complaints in EOC remain low, and concerns have decreased compared to last month, reflecting some positive developments in service delivery. In IUC, there has been an increase in total cases from 25 in February to 34 in March, a 36% month-on-month rise. However, this remains comparable to last year’s figure. Complaint numbers remain steady at around 19, consistent with the usual monthly average. Finally, PTS has seen a noticeable 69.7% reduction in concerns, falling from 33 to 10 compared to last year, largely attributed to the successful implementation of local resolution strategies. Formal complaint numbers have remained stable over the same period.



Incidents			
Indicator	Mar-24	Feb-25	Mar-25
All Incidents Reported	865	892	915
Number of duty of candour contacts	11	10	11
Number of RIDDORs Submitted	3	5	9
Patient Safety Indicator Incident Investigation			1

Indicator	Jan 24	Dec 24	Jan 25
Moderate & Above Harm (verified)	25	29	29
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	4	5	3

Hygeine			
Indicator	Mar-24	Feb-25	Mar-25
% Compliance with Hand Hygiene	99.4%	98.6%	99.0%
% Compliance with Premise	94.3%	99.9%	99.0%
% Compliance with Vehicle	95.6%	97.1%	99.0%



Safeguarding			
Indicator	Mar-24	Feb-25	Mar-25
Rapid Review		2	
Child Safeguarding Practice Review		1	
Domestic Homicide Review (DHR)	2	1	2
Safeguarding Adult Review (SAR)	8	9	9
Child Death	16	19	16

A&E Long Responses			
Indicator	Mar-24	Feb-25	Mar-25
999 - C1 Responses > 15 Mins	839	676	772
999 - C2 Responses > 80 Mins	2,556	2,017	1,799

YAS Comments

**Domestic Homicide Reviews (DHR)** – 2 requests for information in relation to a DHR was received in March.

**Safeguarding Adult Review (SAR)** – 9 requests for information in relation to SAR’s were received in March.

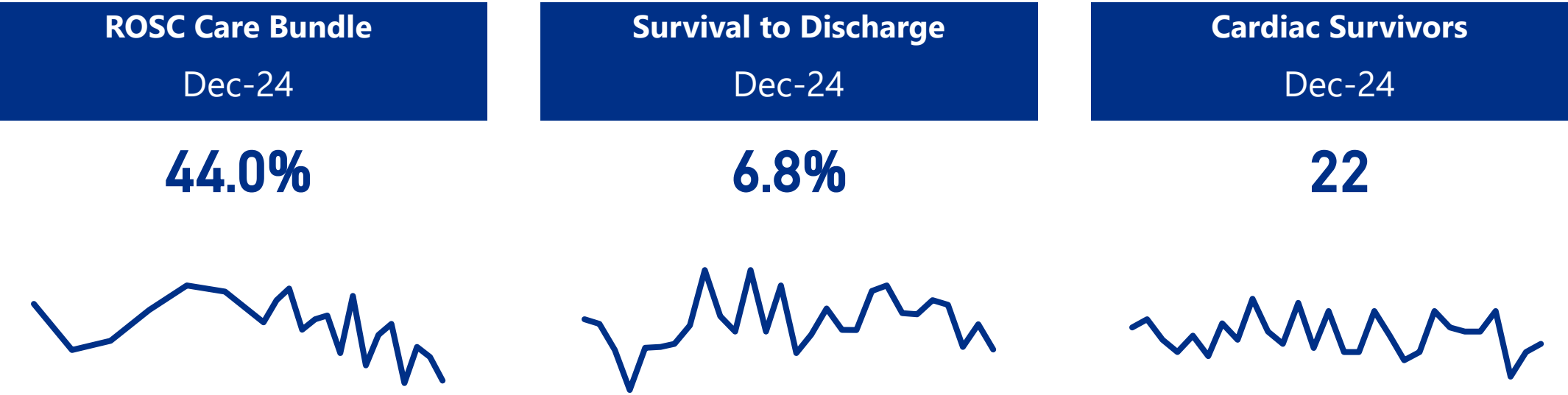
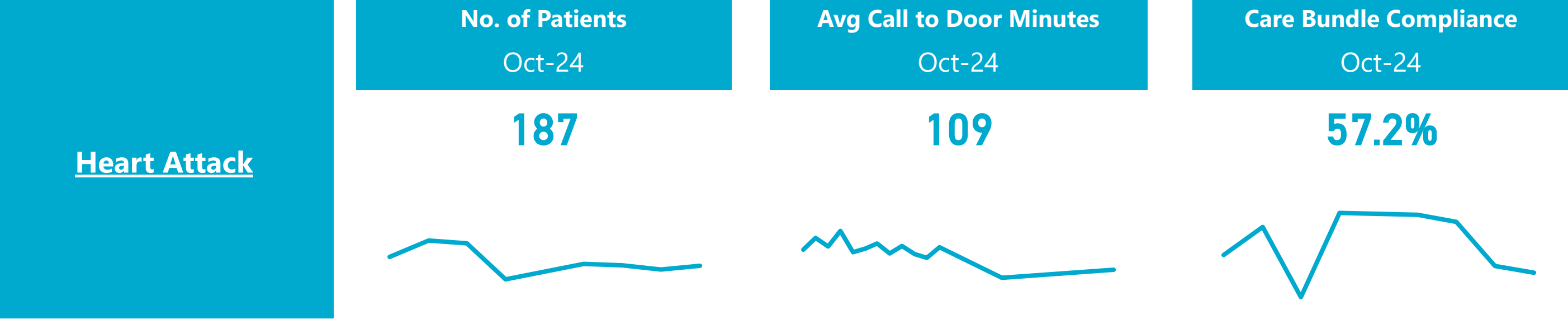
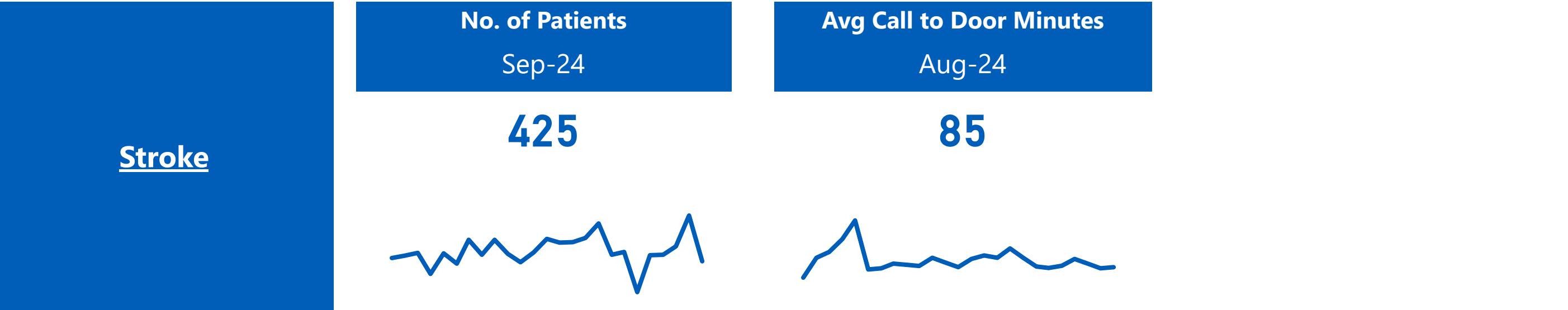
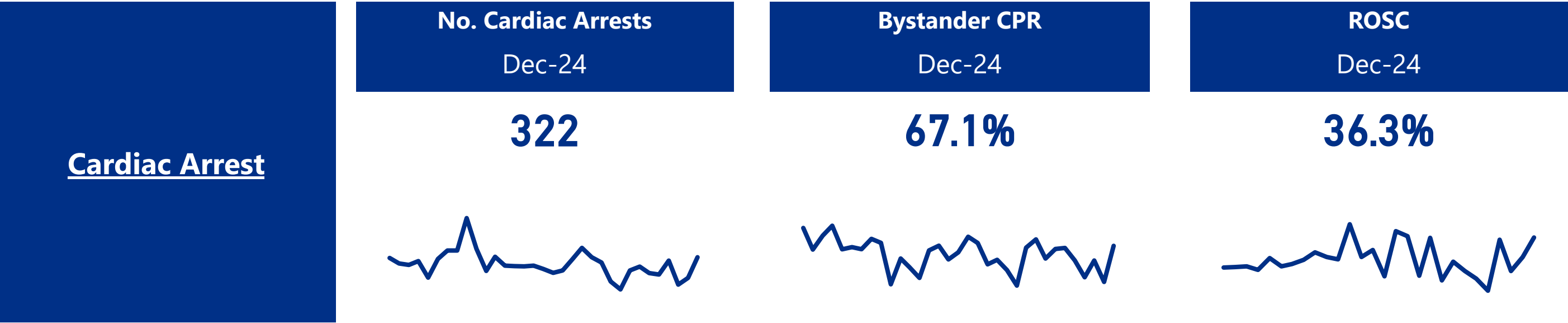
**Child Safeguarding Practice Review (CSPR)** - 0 requests were received to support a CSPR in March.

**Rapid Review (RR)** – The team contributed information in relation to 0 Rapid Reviews in March.

**Child death** - The Safeguarding team contributed information in relation to 16 children who died in March.



# Patient Clinical Effectiveness



**Cardiac Arrest** - The survival to discharge following an out of hospital cardiac arrest has fallen to 6.8% driven by poor outcomes in South and N&NY which reflects seasonal variation due to high demand and high levels of respiratory illness. 22 patients survived to discharge in December.

**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:** The survival to discharge following an out of hospital cardiac arrest has fallen to 6.8% driven by poor outcomes in South and N&NY which reflects seasonal variation due to high demand and high levels of respiratory illness. 22 patients survived to discharge in December.

Recontact metrics have recently been developed by YAS who will monitor the data to ensure best practice is followed. Recounts 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 Recounts metrics. Recounts data at ICS level excludes instances where a patient has called from two separate ICS’.

Estates

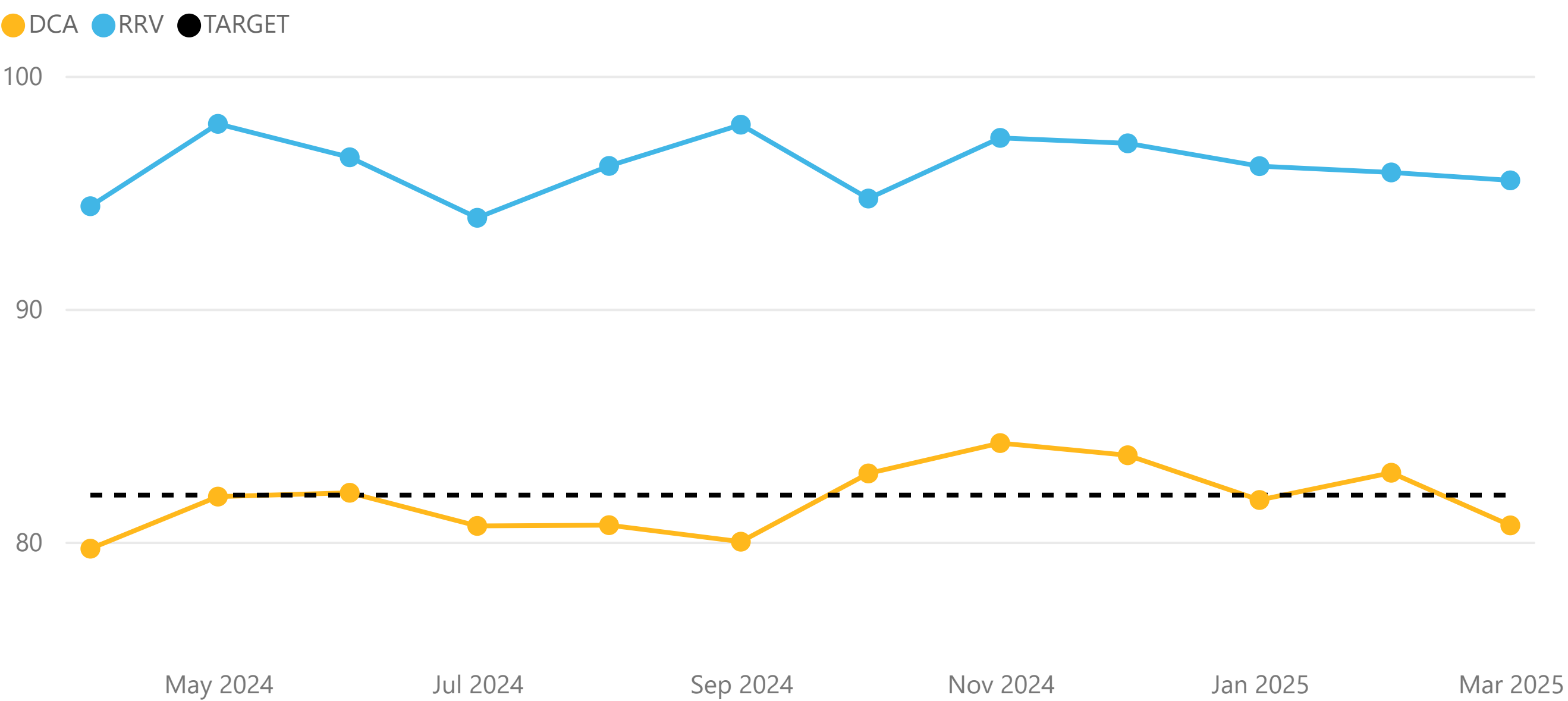
Indicator	Mar-24	Feb-25	Mar-25
P1 Emergency (<2Hrs) – Attendance	100.0%		
P1 Emergency (<24 Hrs) - Completed	100.0%		
P2 Emergency (<4 Hrs) - Attendance	91.2%	95.5%	81.0%
P2 Emergency (<24 Hrs) – Completed	70.6%	79.6%	64.3%
P3 Non Emergency (<24Hrs) - Attendance	85.5%	92.1%	80.3%
P3 Non Emergency (<72 Hrs) – Completed	73.9%	77.8%	83.6%
P4 Non Emergency (<2 Working Days) - Attendance	86.7%	95.3%	96.0%
P4 Non Emergency (<14 Days) – Completed	73.3%	79.7%	93.2%
P6 Non Emergency (<2 Weeks) - Attendance	81.6%	86.7%	94.3%
P6 Non Emergency (4 Weeks) - Completed	67.4%	62.2%	80.0%
Planned Maintenance Complete	94.0%	99.0%	96.0%

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 95.51%, a slight decrease from 95.85% in February. DCA availability decreased to below target, from 83% in February to 80.7%.

# 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
QS24	Staff survey improvement question	int	(TBC, yearly)
QS75	Child Safeguarding Practice Review	int	Child Safeguarding Practice Review
QS74	Rapid Review	int	Rapid Review
QS21	Number of RIDDORs Submitted	int	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
QS27	Serious incidents (verified)	int	The number of verified Serious Incidents reported on DATIX

# 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