



Business
Intelligence

Integrated Performance Report

January 2021

Published Feb 2021



Exceptions, Variation and Assurance

As seen in the above visual. 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.


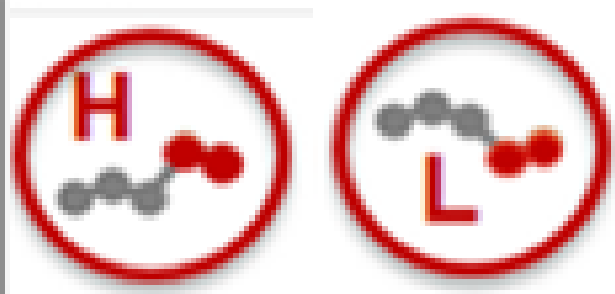
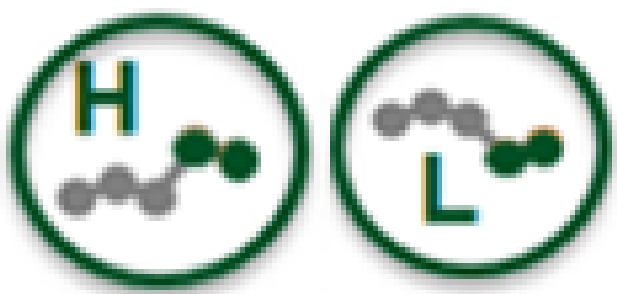



Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

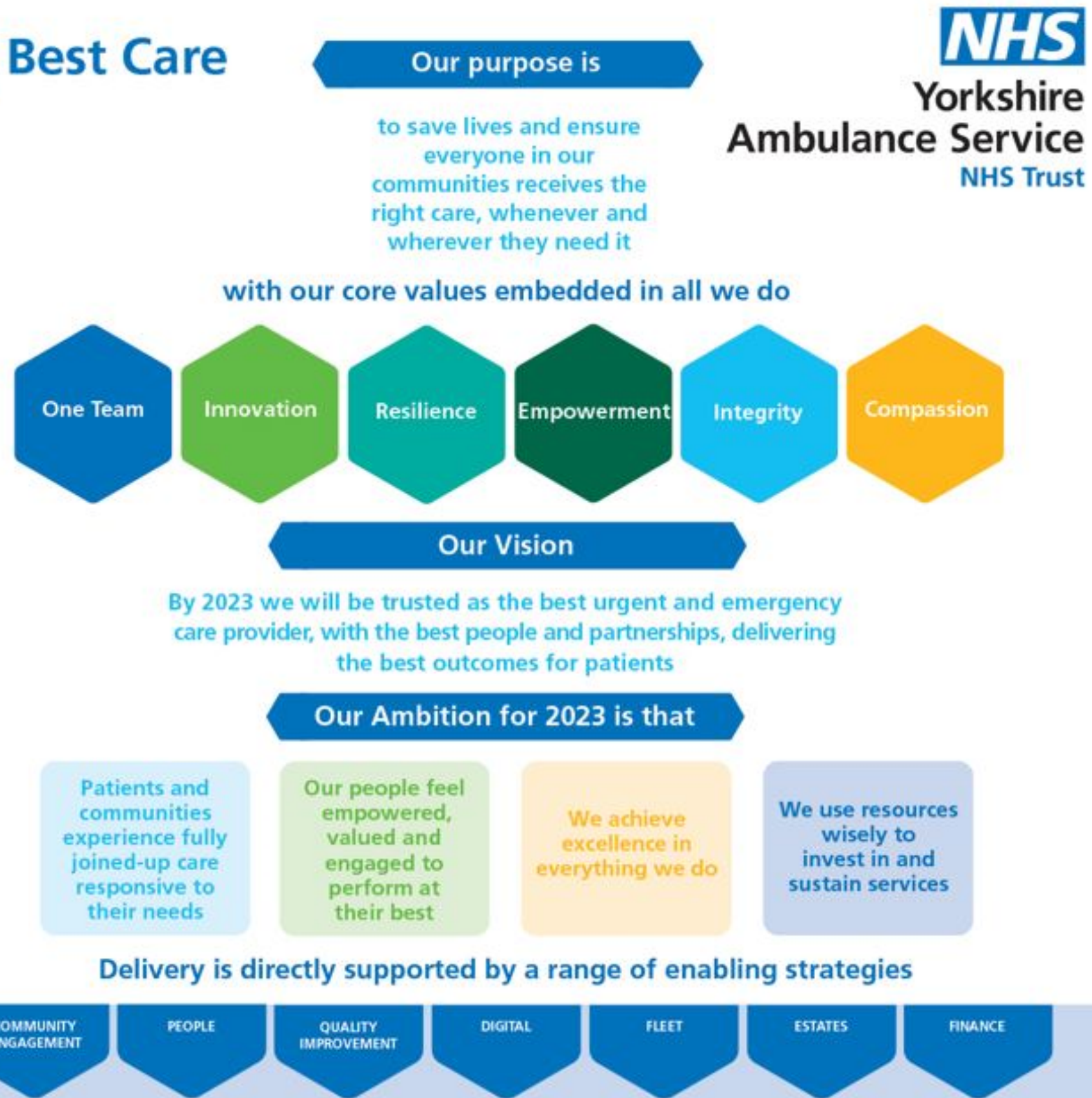
Table of Contents

- 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

One Team, Best Care



Our Key Priorities

- 1 Deliver the best possible response for each patient, first time.
- 2 Attract, develop and retain a highly skilled, engaged and diverse workforce.
- 3 Equip our people with the best tools, technology and environment to support excellent outcomes.
- 4 Embed an ethos of continuous improvement and innovation, that has the voice of patients, communities and our people at its heart.
- 5 Be a respected and influential system partner, nationally, regionally and at place.
- 6 Create a safe and high performing organisation based on openness, ownership and accountability.
- 7 Generate resources to support patient care and the delivery of our long-term plans, by being as efficient as we can be and maximising opportunities for new funding.
- 8 Develop public and community engagement to promote YAS as a community partner; supporting education, employment and community safety.

Yorkshire Wide

- National consultation proposing new Urgent and Emergency Care (UEC) Standards and Measures – YAS submitted formal response (deadline 12 February 2021) – YAS Response shared with each Y&H ICS
- System focus on Testing capacity and vaccine deployment. • Winter and flu vaccination – monitoring the system position.
- COVID related capital plans: ongoing confirmation of agreed funding alongside new potential capital funds. Further confirmation required on remaining YAS proposals.
- Full national planning guidance anticipated during Q1 2021/22. • Ongoing YAS engagement with system planning to support response to COVID and winter planning.
- YAS engagement in wider planned care forums to ensure YAS service offers remain appropriate and effective.
- NHS 111 First EDDI tool live within each ICS across Yorkshire

Humber Coast and Vale

- ICS priorities and future workstreams over next 6 months: • Expanding ICS Local CAS • Direct Booking – funding secured to commission an “any-to-any” booking system • 7 Day SDEC expansion – focus on frailty and paediatrics as well as surgical and medical • UTC provision – improving consistent provision against national criteria – UTC YAS audit underway to inform future stakeholder engagement and improve consistent access to YAS clinicians (currently paused due to capacity issues) • Delivery of end to end pathways – aligned to the DOS (including conveyance)
- ICS draft response to the proposed new UEC Standards and Measures includes suggestion that ambulance handover response KPI moved to pre-hospital bundle, but broadly supportive of the proposals.
- Vocare continuing to provide additional clinical support (local CAS for HCV) for NHS 111 First
- Planned reconfiguration of acute Paediatric services in Scarborough – YAS continuing to be engaged and involved in planning
- Humber Acute Service Review is ongoing – YAS engaged in planning.
- Humber Children’s Community Care (Ill Child) project – at initial scoping stage, review of provider and commissioner data
- Friarage future plans – expansion of theatre capacity (planned Autumn 2023), decrease patient selection for elective surgery (planned March 21) – YAS linked in and working to understand impact as more information is provided
- Initial conversations with HUTH re YAS access to the Acute Care Navigation Hub – to reduce ED attendances
- Frailty response line in Hull/ER – pilot continues to be successful and popular with YAS crews, extended to receive 111 referrals. Work ongoing to develop service further to explore opportunities for access to Frailty Score.
- Hull Royal Same Day Care Unit (SDCU) – a new pathway has been implemented for all YAS clinicians to directly access the same day medical care unit for patients. The 3 month pilot went live on Mon 8 Feb and aims to ease some of the congestion at ED and ensure patients access the right place, first time.

West Yorkshire & Harrogate ICS

- ICS undertaking a review of their operating model in response to the ICS Next Steps Consultation.
- WY&H SLE Group meeting on 12 January 2021, a paper was presented outlining the WY&H response to the Next Steps for Integrated Care Systems paper published by NHSE and NHSI. The main proposals are detailed as:
 - The creation of an Integrated Care Partnership (ICP) development framework.
 - A new financial framework for the ICS.
 - Proposals for system clinical leadership arrangements at place and ICS level.
 - Development of a common HR framework.
 - The further development of the commissioning futures programme.
- Key reconfigurations across WY&H: 1. Calderdale & Huddersfield FT emergency department changes, 2. Mid Yorkshire frailty SDECs – Demand and safety changes made to pathways due to covid-19. Set to return to BAU from March 2021, 3. LTHT Children’s & Maternity hospital changes – centralisation of services to LGI site 4. Leeds CYP mental Health in-patient unit changes – Change of provider from LCH to LYPFT from March 2021; change of site and increase in bed numbers from Dec 2021
- NHS 111 First EDDI live across all acute sites for West Yorkshire
- Local Care Direct continues to support ED validation from NHS 111 for under 11s and 1 & 2 hour primary care dispositions.
- Community Resilience NHS Together funding distributed – allocated to 6 CR vehicles in 2021 and education of volunteers in Care Homes to reduce pressure from Care Homes
- Focus on BAME community take up of vaccines across our region and at an ICS level and how this can be better promoted – linked into YAS Staff Vaccination Programme.

South Yorkshire and Bassetlaw ICS

- Early discussions are being had around a reconfiguration at Scunthorpe Hospital with the potential impact on waiting times and journeys to DRI – YAS involved.
- HASU review seen increase in handover times for stroke patients, work ongoing to understand this.
- Successful Community Resilience volunteer recruitment in Sheffield – aiming to replicate Hull model
- Mental Health info requests and collaborative working with South Yorks police ongoing.
- MH conveyance pressures being reviewed by YAS MH Development Nurse.
- Delays to SY&B U&EC Hosted Network work on system wide SDEC and ED diversion approaches.
- NHS 111 First EDDI live across SY&B; a number of issues still to be resolved.
- Pathway changes (due to COVID) monitored - including all emergency paediatric surgery to Sheffield Children’s Hospital.

Programme Dashboard - Jan 21

Infrastructure

ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
Hub & Spoke and AVP Logistics Hub	Green	Green	Green	Green	Green	Green	Green
P106 ePR Phase 3 (Development)	Yellow	Green	Green	Yellow	Green	Yellow	Yellow
P109 N365 Implementation	Green	Green	Yellow	Red	Yellow	Green	Yellow
P91 Unified Communications	Green	Green	Green	Green	N/A	Green	Yellow

Unified Comms is RAG rated AMBER. TEG agreed to re-profile phased migrations to Feb / Mar '21.

N365 is RAG rated AMBER. The paper presented to TMG and TEG w/c 04.01.21 approved an extension to the original timelines.

ePR Phase 3 continues to be RAG rated AMBER with the project on track and no issues to report.

Hub & Spoke and AVP continues to be RAG rated GREEN with no areas of concern.

Logistics Hub is also rated Green with no areas of concern.

IUEC Programme

ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
IUEC PROGRAMME	Green	Yellow	Green	Green	Green	Yellow	Yellow
01. Aligned Strategy	Green	N/A	Green	Green	Green	N/A	Green
02. NHS 111 First Capacity	Green	Yellow	Green	Green	Green	Green	Green
03. 111 First to ED	Green	Green	Green	Green	Green	Green	Green
04. Aligning Patient Pathway	Yellow	Yellow	Green	Green	Yellow	Green	Yellow
05. EOC Clinical Model	Green	Green	Green	Green	Green	Red	Yellow
06. CAT 3/4 Validation Trail	Green	Green	Green	Green	Green	Green	Green
07. EOC Clinical Toolkit	Yellow	N/A	Yellow	Yellow	Yellow	N/A	Yellow
08. Mental Health Plan	Green	Green	Green	Green	Green	Green	Green
09. Remote Clinical Assessment People Project	Yellow	N/A	Yellow	Yellow	N/A	Yellow	Yellow
10. Comms & Engagement	Green	N/A	Green	Green	N/A	Green	Green
11. Monitor & Control and Evaluation	Red	N/A	Yellow	Yellow	Yellow	N/A	Yellow

Capacity and Capability

ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
Accountability Framework	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow























Capacity and Capability performance is rated AMBER. In response to Covid19, the Accountability Framework plan has been recast and agreed with the working group.

Service Delivery and Integrated Workforce

ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
Integrated Transport Pilot	Green	Green	Green	Green	Green	Green	Green
Rotational Paramedics	Yellow	N/A	N/A	N/A	N/A	N/A	N/A
Team Based Working	Green	Green	Green	Green	Green	Green	Green

Team Based Working is RAG rated AMBER. A Gate 1 Business Opportunity document relating to the Paramedic career pathway, a key strand of TBW, was reviewed at TMG Gate sub group, 03.11.20, followed by Gate 2 Business Case, 01.12.20. A final version of the Business Case (Gate 2) is expected to be presented at TMG, 27.01.21. **The Integrated Transport Pilot** re-started 14.12.20. The project team report a significant increase in journeys since the pilot re-started, alongside positive feedback from staff. A risk has been identified relating to capacity to undertake the project evaluation, expected Feb / Mar '21.

The Rotational Paramedic Project is RAG rated AMBER. The project, currently on PAUSE will re-start once Covid-19 pressures pass.

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:11		
999 - Answer 95th Percentile		00:01:13		
999 - Answer 99th Percentile		00:02:48		
999 - C1 Mean (T <7Mins)	00:07:00	00:08:00		
999 - C1 90th (T <15Mins)	00:15:00	00:13:43		
999 - C2 Mean (T <18mins)	00:18:00	00:24:30		
999 - C2 90th (T <40Mins)	00:40:00	00:52:00		
999 - C3 Mean (T - <1Hr)	01:00:00	01:03:08		
999 - C3 90th (T - <2Hrs)	02:00:00	02:34:58		
999 - C4 90th (T < 3Hrs)	03:00:00	04:08:48		
999 - C1 Responses > 15 Mins		354		
999 - C2 Responses > 80 Mins		1,202		
999 - Job Cycle Time		02:08:19		
999 - Avg Hospital Turnaround	00:30:00	00:38:39		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The Call Answer Mean increased in January 2021 by 3 seconds compared to December 2020 and is mainly attributed to the adverse weather conditions experienced on 14th January 2021 when the Call Answer Mean for that day was 52 seconds. The extremities within the call answer times can be further seen within the 95th and 99th percentiles.

Cat 1-4 Performance - All response performance remained at similar levels to those experienced in the previous month with all national targets missed except for the C1 90th percentile. The increases in Call Answer Mean along with the adverse weather conditions across the region which caused the declaration of a major incidents caused detrimental impacts on the performance times. Increased job cycle and the current levels of sickness and abstractions reduce resource availability and subsequently cause impacts on response performance. Resource availability has continued to be a particular issue across January, however, there have been slight increases in the proportion of time available to deal with new incidents when compared to previous months, albeit with South being below the required resource hours by 20%.

Responses Tail (C1 and C2) - Aligned with the pressure on response performance the number of incidents with response times greater than the 90th percentile targets have increased in C2, however, there has been a slight reduction in C1. As with other measures, these have been impacted on by the adverse weather conditions experienced across the region on 14th January when a major incident was declared.

Job cycle time - Average Job Cycle time (Call time to last resource clear) is higher than last year and has seen increases since the initial COVID-19 lockdown in 2020 ended. Throughout January there have been increases due to growths in the time spent on scene time and increased hospital times.

Hospital - Average hospital turnaround times in January 2021 were similar to the previous month and also similar to those experienced in January 2020. There have been slight reductions in the average patient handover time and increases in the crew clear element of the process ensuring the average times still remain at a similar level to previous months. Average Crew Clear has increased since COVID-19 as more processes are undertaken post patient handover such as further cleaning of resources and making resources and crews ready for their next incident. ED conveyance has reduced 6.1 percentage points from January 2020 to January 2021 which is a vital National KPI.

IUC and PTS IPR Key Indicators - Jan 21

Indicator	Target	Actual	Variance	Assurance
IUC - Answered in 60 Secs	90.0%	90.4%		
IUC - Core Clinical Advice	30.0%	28.7%		
IUC - Direct Bookings	30.0%	38.9%		
IUC - Call back in 1 Hour	60.0%	52.8%		
IUC - ED validations %	50.0%	43.4%		
IUC - Ambulance validations %	95.0%	99.3%		

Indicator	Target	Actual	Variance	Assurance
PTS - Journeys < 120Mins	90.0%	99.0%		
PTS - Arrive at Appointment Time	90.0%	88.7%		
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	92.8%		
PTS - % Short notice - Pickup < 120 mins	90.8%	87.1%		
PTS - Answered < 180 Secs	90.0%	85.3%		

IUC Exceptions - Comments (Director Responsible - Karen Owens)

Demand was lower than forecast again in January as it had been in December, at 0.5% below the contract floor and 14.9% below the ceiling. Nevertheless January saw a return to demand being higher than the same month last year - calls answered were 5.1% higher than January 2020.

Calls answered performance was lower than the good performance in December, at 90.4% compared with 96.3%. However this was still above the 90% target and was the second consecutive month that this KPI was achieved after several months below target before that.

The proportion of Clinician Call Backs made within 1 hour was 52.8%, below the 60% target and lower than the 56.1% in December. Clinical advice has been much closer to the 30% target in recent weeks through positive changes that have been made, especially to ED validations. Work continues to be done to understand clinical advice more generally.

Ambulance validations were above target, however ED validations have missed the target for two consecutive months as a result of UTCs being identified as a priority above ED validation service by commissioners. The implication of the change reduces the cases going to ED validation and this issue is being discussed with commissioners and NHS England to understand the best patient pathway and impact on target delivery. Short term recognising this issue during January we have made changes to our ED validation profiles and as a result performance has been better in recent weeks, hitting the 50% target in the last two weeks of January

PTS Exceptions - Comments (Director Responsible - Karen Owens)








The contractual KPI performance measures have been suspended in line with NHS England Guidance due to COVID 19. PTS is maintaining a good level of service for our renal patients.

January saw an 11% increase in Discharge activity, despite this performance remained at the same levels as previous months, with 'Short Notice – Pick Up in 120 Mins' only seeing a -1.2% variance to December. Short Notice outwards performance continues to fall just below the target, and is much improved in comparison to performance, pre Covid.

Call answer performance continues to increase in comparison to the summer and autumn months and now falls -4.7% below the 90% target. Demand saw a -3.5% drop in activity compared to December, and was -26.2% lower than January the previous year. Covid continues to affect demand, with extreme weather conditions in January also had an impact.

Support Services IPR Key Indicators - Jan 21

...

Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		995		
Serious		5		
Moderate and Above Harm		49		
Concern		19		
Service to Service		49		
% FOI Request Compliance	90.0%	96.3%		

Quality and Safety Exceptions - Comments (Director Responsible - Steve Page)

Incidents

Incidents reported has risen to 995 last month, significantly higher than last January. Moderate & above harm increased to 49 in January with 18 from Staff, 21 incidents from Patients and others related to the Trust.

Patient Safety

Concerns are lower than last January (19 compared to 49) and similar with Service to Service contacts (49 compared with 122), falling below the lower limit. Complaints are higher than last year but have remained stable for 3 months.

Workforce Exceptions - Comments (Associate Director Responsible - Suzanne Hartshorne













/ Claus Madsen)

Turnover across the Trust has remained stable at 8.3% and continues at its lowest level being 1.4 percentage points lower than last January.

Sickness absence, particularly short-term absence, remains of particular concern. Short term absences following the receipt of the COVID vaccine is also contributing to this. In addition, the Trust is starting to see a number of staff (41 staff absent for more than 12 weeks) with long COVID and hence long term absence, for this reason, it is likely to increase over the coming months. Special leave continues to be high due to isolation and shielding. Shielding absences are likely to continue until the end of the national lockdown.

The PDR KPI improvement in recent months has stalled in January, with the exception of IUC where the target is met. For other frontline services, the availability of staff and pressure on services has contributed to the low rate. The PDR rate for Corporate Services is still much lower than expected. This is believed to be due to failures in recording correctly on ESR rather than non-completion. Managers have been reminded of the methodology on how to do this and this has led to increase in recorded completion.

New Statutory and Mandatory Training figures are available and demonstrate a performance on IG and Fire Training compliance with a Trust average almost at the 90% target. The 3-Year Training is well within Target.

Indicator	Target	Actual	Variance	Assurance
Turnover (FTE) %		8.3%		
Sickness - Total % (T-5%)	5.0%	8.9%		
Special Leave		4.8%		
PDR / Staff Appraisals % (T-90%)	90.0%	70.9%		
Stat & Mand Training (Fire & IG) 1Y	90.0%	85.3%		
Stat & Mand Training (Core) 3Y	90.0%	96.6%		
Stat & Mand Training (Face to Face)	90.0%	67.4%		

Workforce Summary - Jan 21

Key KPIs

Name	Jan 20	Dec 20	Jan 21
FTE in Post %		98.1%	98.8%
Turnover (FTE) %	9.7%	8.3%	8.3%
Vacancy Rate %		1.9%	1.2%
Apprentice %	6.2%	4.0%	4.8%
BME %	5.1%	5.9%	6.0%
Disabled %	2.8%	3.0%	3.1%
Sickness - Total % (T-5%)	6.5%	7.4%	8.9%
Special Leave	0.2%	3.5%	4.8%
PDR / Staff Appraisals % (T-90%)	74.6%	72.0%	70.9%
Stat & Mand Training (Fire & IG) 1Y	65.4%	88.3%	85.3%
Stat & Mand Training (Core) 3Y	96.3%	96.7%	96.6%
Stat & Mand Training (Face to Face)	83.9%	69.4%	67.4%
Stat & Mand Training (Safeguarding L2 +)	90.7%	88.6%	86.3%

YAS Commentary

FTE, Turnover, Vacancies and BME - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 1.2%. The turnover rate remains stable at 8.3% and is at its lowest for a number of years. The BME rate has increased to its highest level at 6%, increased from 5.3% in April 2020.

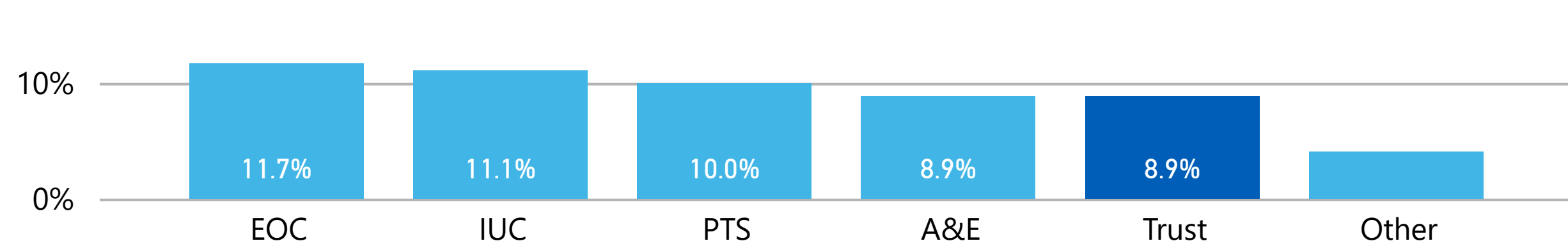
Sickness - Sickness has increased since last month and remains high compared to last January and the 5% target. This has impacted the Trusts ability to meet key KPIs. All front line services are seeing an impact with EOC significantly higher than January 2020.

Special Leave - December Special Leave % reduced from November after increasing to 5.8% due to the number of people isolating/shielding. This has increased slightly again in January

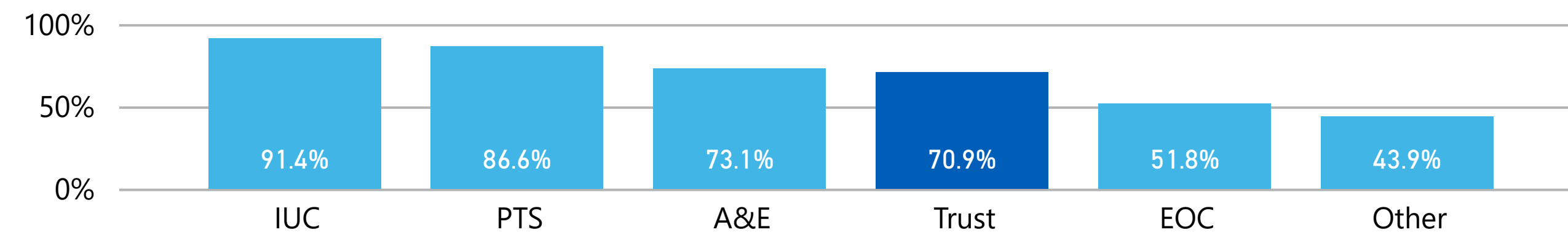
PDR - rates declined to 70.9% with only IUC achieving the 90% target at 91.4%. Support Services (Other) PDR rates are significantly lower than the target dropping to 43.9% from 61.2% compared to the same period last year. Much of the decline can be attributed to demand, however it is likely that PDRs have taken place but not recorded. Communication regarding the process to do this is taking place and completion rates are increasing.

Statutory and Mandatory Training - Good progress has been made against the 3 year core training with work to do on the 1 year face-to-face compliance which is below target due to an approved break in delivery during the peak of the pandemic. A phased approach to improve compliance was agreed at TMG in January 2021. There might also be issues with the set up in ESR for some areas, which is being investigated.

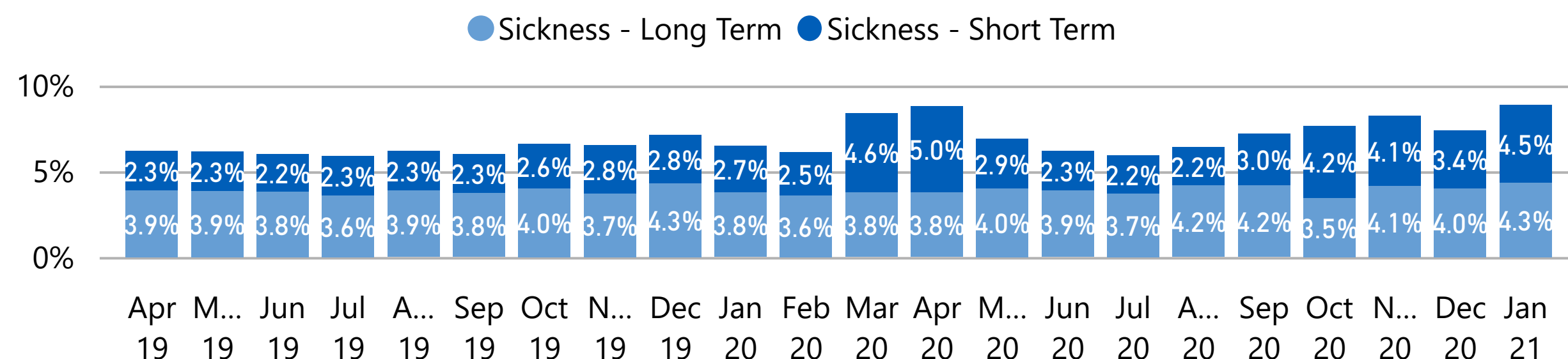
Sickness Benchmark for Last Month



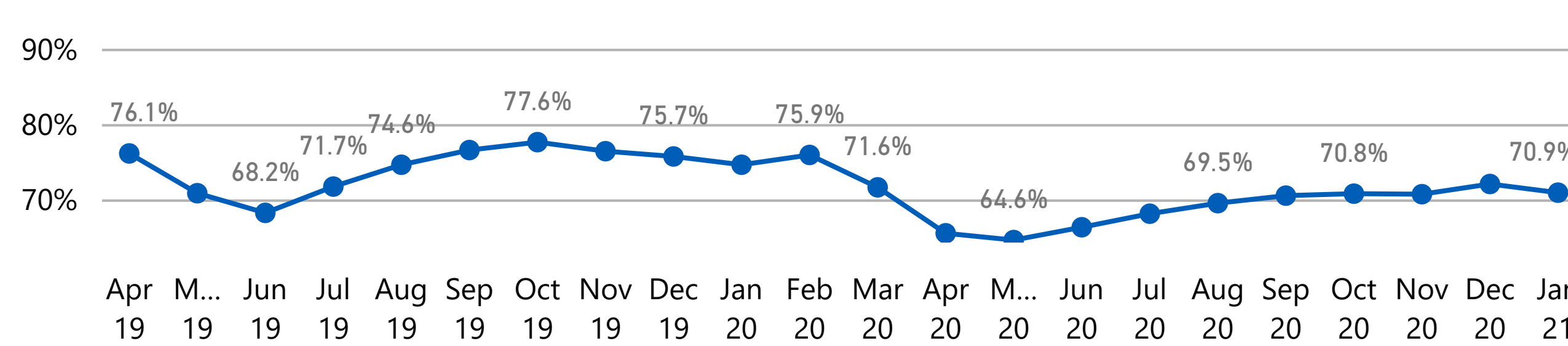
PDR Benchmark for Last Month



Sickness



PDR - Target 90%



YAS Finance Summary (Director Responsible Kathryn Vause)- Jan 21

Overview

Risk Rating - Under the "Single Oversight Framework" the overall Trust's rating for the year to date remains at 1 (1 being lowest risk, 4 being highest risk). As advised by NHSE/I organisations remain within previously assessed rating and will only move segments under exceptional circumstances during 20/21. If the risk rating was reassessed the Trust rating would be at 2 as a result of having a planned deficit for the second half of the year.

Trust Surplus/(Deficit) - The Trust has a year to date accounting deficit at the end of January (Month 10) of (£0.97m) against the plan of (£0.97m). The Trust was in a breakeven position for month 1 to 6 due to the Covid-19 Business Rules for that period. The planned deficit for the remainder of the year is (£1.754m).

Capital - YTD expenditure is currently running behind plan due to the issues experienced during the Covid pandemic. Mitigating actions have been agreed and are progressing, the Trust continues to forecast achieving the full level of planned spend.

Cash - At the end of January the Trust had £92m cash at bank, higher than plan and the average monthly balance in 2019/20. The increase in cash balances reflects the revised financial regime with the monthly income block payments now made in advance in addition to the reduced level capital expenditure year to date.

CIP - Due to the temporary finance regime only those schemes that can be achieved without detriment to the Trust's response to Covid remain, other schemes suspended.

Month and YTD Position (£000s)

Name	Month Plan	Month Actual	Month Plan v Actual	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)	-£88	-£88	£0	-£966	-£966	£0
Cash	£85,911	£92,149	£6,238	£85,911	£92,149	£6,238
Capital	£1,073	£1,951	£878	£7,211	£5,575	-£1,636

Monthly View (£000s)

Indicator Name	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01
Surplus/ (Deficit)							-£219	-£243	-£416	-£88
Cash	£76,062	£81,510	£76,988	£79,694	£82,331	£83,579	£86,976	£89,615	£90,086	£92,149
Capital	£0	£874	£562	£68	£189	£332	£501	£511	£588	£1,951

Patient Demand Summary - Jan 21

Demand Summary

ShortName	Jan 20	Dec 20	Jan 21
999 - Incidents (HT+STR+STC)	71,680	68,515	69,696
999 - Increase - Previous Month	-5.5%	0.5%	1.7%
999 - Increase - Same Month Last Year	1.1%	-9.6%	-2.8%
IUC - Call Answered	135,455	150,578	142,334
IUC - Increase - Previous Month	-15.6%	1.8%	-5.5%
IUC - Increase Same Month Last Year		-6.1%	5.1%
IUC - Calls Answered Above Ceiling	-2.3%	-14.6%	-14.9%
PTS - Demand (Journeys)	78,620	60,112	58,012
PTS - Increase - Previous Month	13.8%	-2.6%	-3.5%
PTS - Same Month Last Year		-13.0%	-26.2%

Commentary

999

At Scene Response demand is 11.3% lower than forecasted levels whereas All Response Demand (STR + STC + HT) is 2.8% lower than January 2020. The profile of demand has changed due to COVID and normal winter pressure have not been as high in terms of volume.

IUC

Demand was lower than forecast again in January as it had been in December, at 0.5% below the contract floor and 14.9% below the ceiling. Nevertheless January saw a return to demand being higher than the same month last year - calls answered were 5.1% higher than January 2020. To note that from December onwards the forecast ceiling demand now includes the assumed level of patient calls expected for NHS 111 First.

PTS

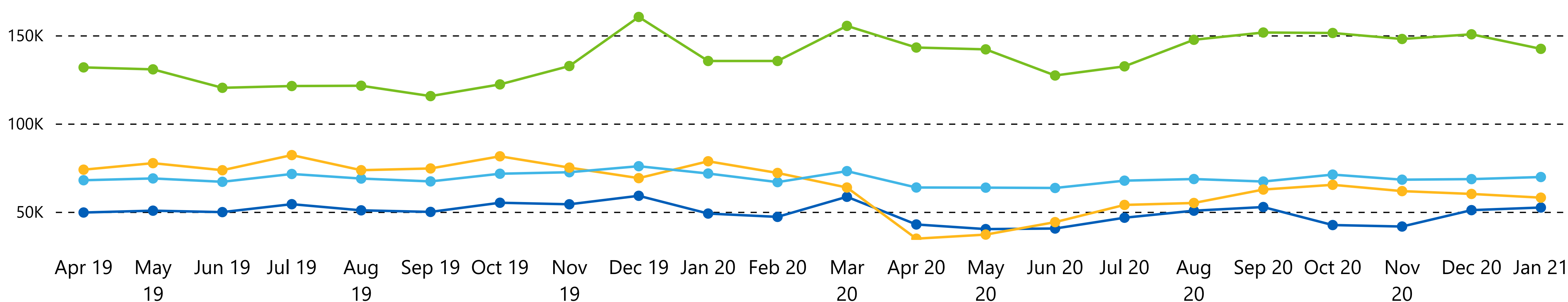
Actual demand compared to normal BAU, dropped to 74% in January, as oppose to 80% plus seen in previous months. Demand was -15% below forecast. Covid and extreme weather conditions contributed to lower activity levels.

[Click information button for Monthly Table View](#)



Overall Calls and Demand

ShortName ● 999 - Total Calls via Telephony (AQI) ● 999 - Incidents (HT+STR+STC) ● IUC - Call Answered ● PTS - Demand (Journeys)



Patient Outcomes Summary - Jan 21

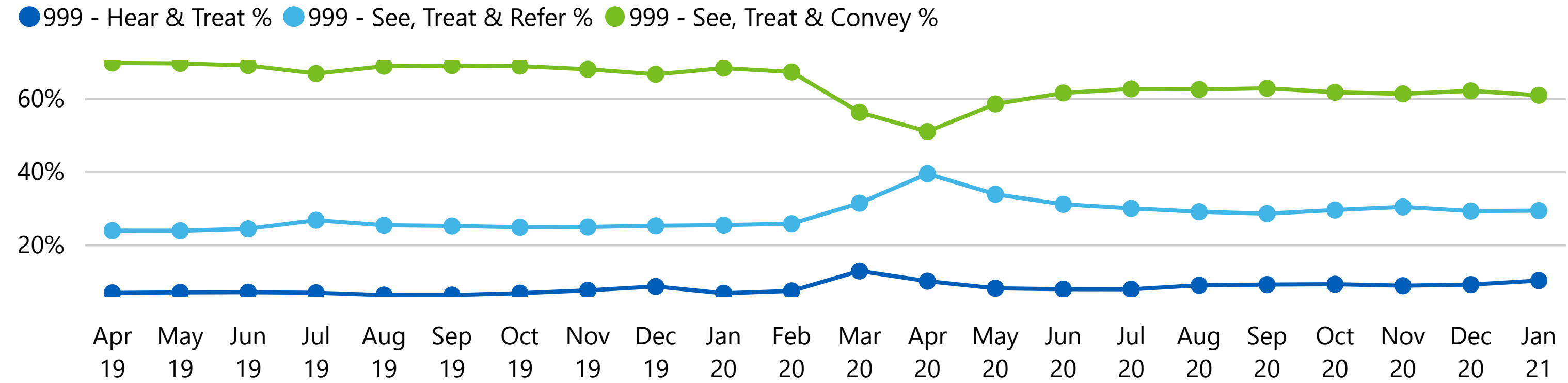
Outcomes Summary

ShortName	Jan 20	Dec 20	Jan 21
999 - Incidents (HT+STR+STC)	71,680	68,515	69,696
999 - Hear & Treat %	6.6%	8.9%	10.0%
999 - See, Treat & Refer %	25.2%	29.1%	29.2%
999 - See, Treat & Convey %	68.2%	62.0%	60.8%
999 - Conveyance to ED %	59.0%	54.4%	52.9%
999 - Conveyance to Non ED %	9.3%	7.7%	7.9%
IUC - Calls Triaged	123,182	141,011	135,719
IUC - ED %	11.7%	13.9%	14.0%
IUC - Ambulance %	13.4%	12.0%	12.1%
IUC - Selfcare %	4.4%	7.2%	7.2%
IUC - Other Outcome %	8.9%	12.7%	13.1%
IUC - Primary Care %	57.8%	51.5%	50.4%
IUC - Other Referrals %	3.8%	2.7%	3.1%
PTS - Demand (Journeys)	78,620	60,112	58,012

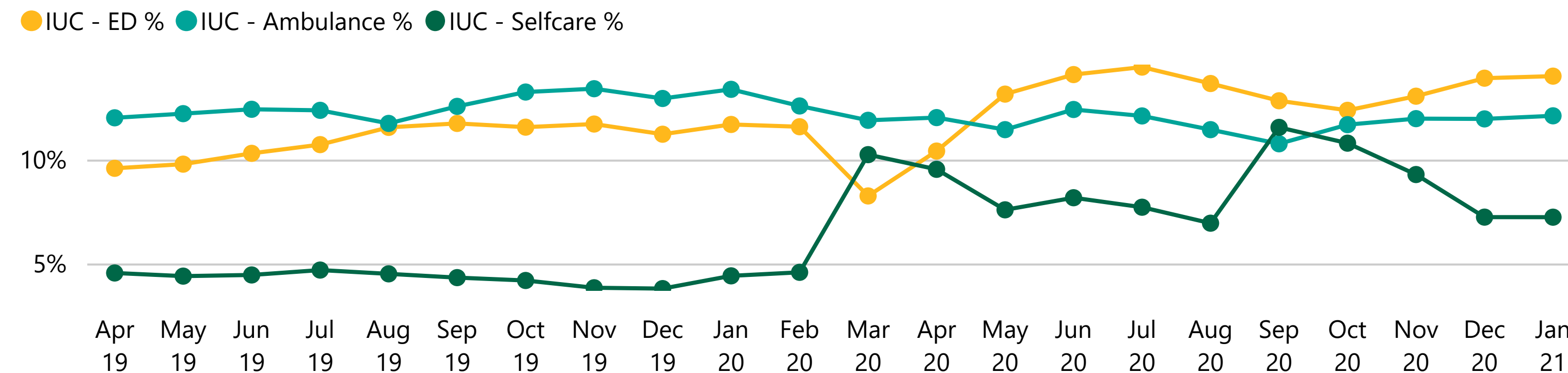
[Click information button for Monthly Table View](#)



999 Outcomes



IUC Outcomes



Commentary

When comparing January 2021 against January 2020 in terms of incident outcomes within 999, the level of See, Treat & Refer has increased by 4 percentage points and Hear & Treat has increased by 3.4 percentage points. The increases have subsequently meant a reduction of 7.4 percentage points in See, Treat & Convey and also fewer incidents being transported to ED which is a key national target.

IUC Outcomes have been impacted by changing types of calls due to Covid and 111 First. Referrals to ED continue to be higher than previously (12.6% in October, rising to 14.0% in January) and also compared with 2019/20 when the ED referral rate went down over the winter. This is potentially related to changing patient mix from the 111 First campaign and receiving more calls from patients who would have walked into A&E. In addition there has been a reduction in self-care outcomes, in contrast to at other points during the Covid pandemic - this might indicate a shift in Covid-related calls towards higher acuity patients who require an ED attendance rather than self-management.

Patient Experience

(Director Responsible - Steve Page) - Jan 21

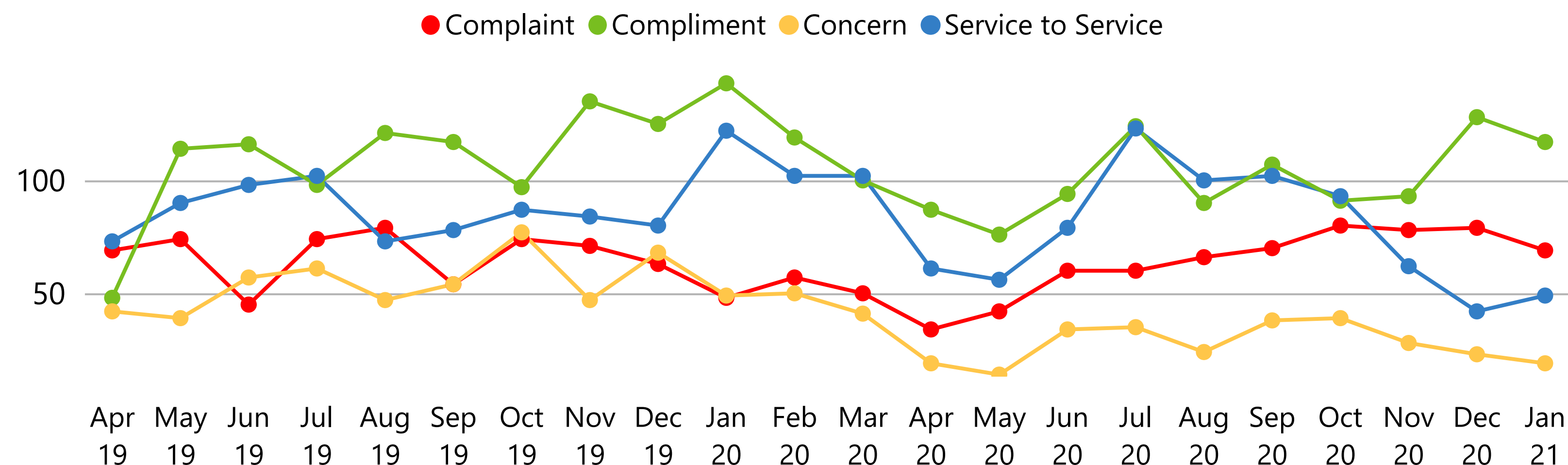
A&E EOC IUC
 PTS YAS



Patient Relations

Indicator	Jan 20	Dec 20	Jan 21
Service to Service	122	42	49
Concern	49	23	19
Compliment	143	128	117
Complaint	48	79	69

Complaints, Compliments, Concerns and Service to Service



YAS Compliance

Indicator	Jan 20	Dec 20	Jan 21
% FOI Request Compliance	69.7%	100.0%	96.3%

YAS Comments

Patient Relations

The number of complaints and concerns received overall has decreased slightly from previous months but this is made up of an increase in A&E frontline and IUC services and a decrease in EOC and PTS. The number of Service to Service cases overall are slightly up on last month but there has been a decreasing trend over the last quarter. This is predominantly due to a reduction in the number of EOC Service to Service cases received (delayed ambulance responses).

Compliance

FOI Compliance is currently well above the 90% target.

Patient Safety - Quality (Director Responsible - Steve Page)

- Jan 21

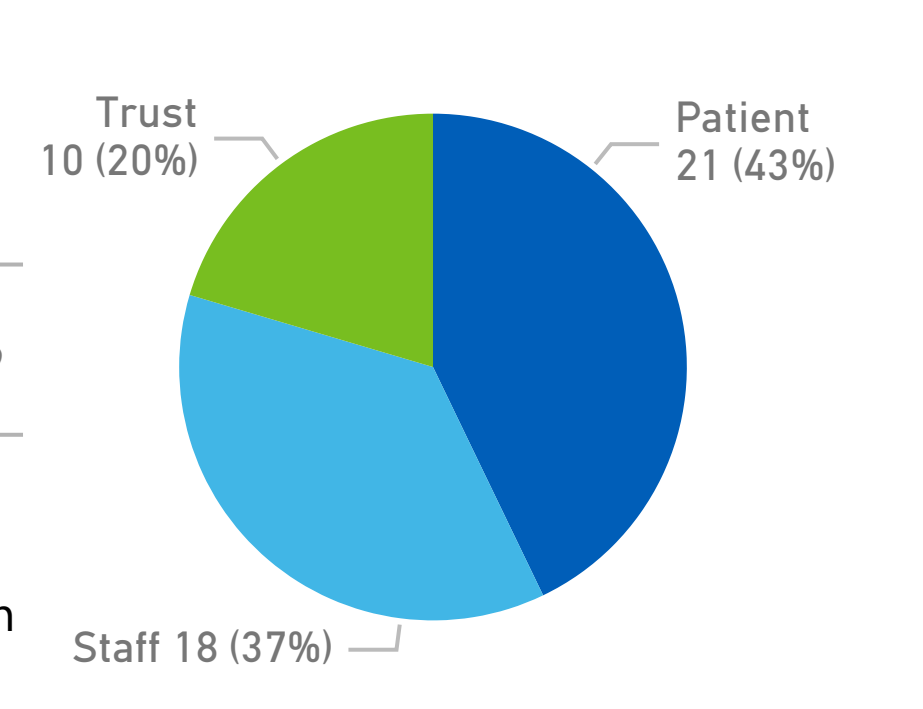
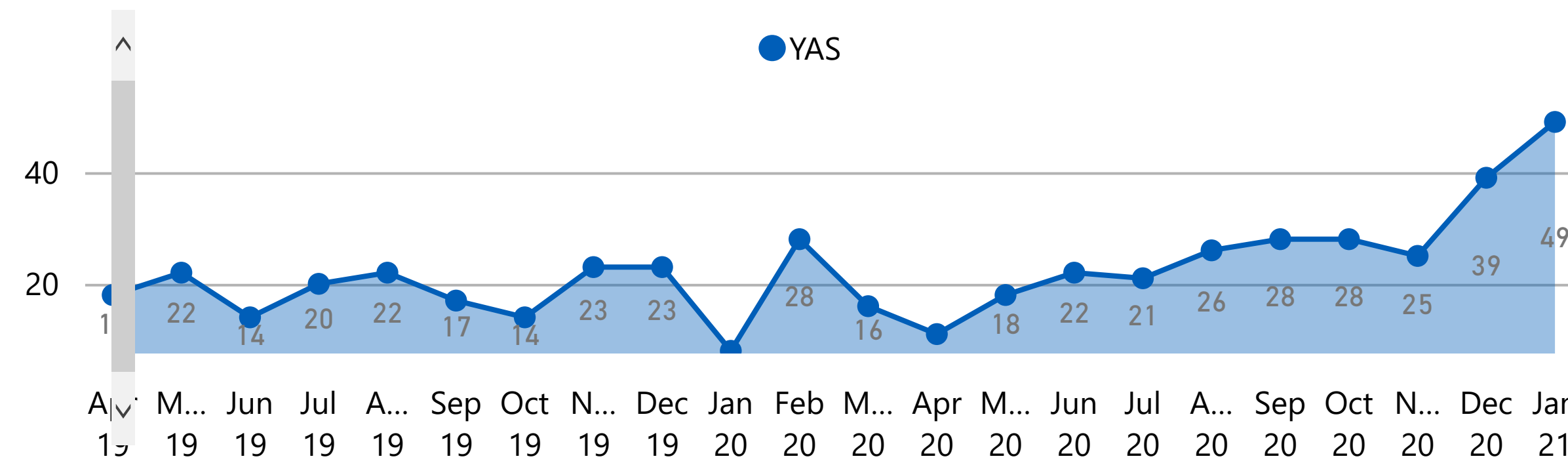
A&E
EOC
IUC

PTS
YAS



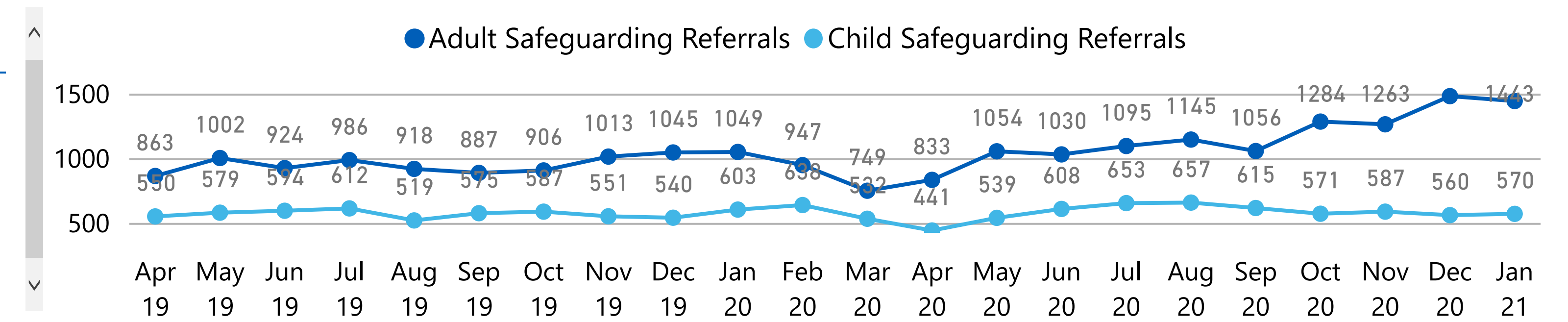
Incidents - Moderate and Above Harm

Indicator	Jan 20	Dec 20	Jan 21
All Incidents Reported	801	816	995
Medication Related	60	59	63
Moderate & Above Harm - Total	8	39	49
Number of duty of candour contacts	1	5	6
Number of RIDDORs Submitted		3	
Serious	2	5	5



YAS Child and Adult Safeguarding

Indicator	Jan 20	Dec 20	Jan 21
Adult Safeguarding Referrals	1,049	1,481	1,443
Child Safeguarding Referrals	603	560	570
% Trained Safeguarding for Children (L1)	97.8%	96.9%	96.8%
% Trained Safeguarding for Children (L2)	93.0%	87.3%	86.3%
% Trained Safeguarding for Adults (L1)	97.7%	96.3%	95.9%



A&E Long Responses

Indicator	Jan 20	Dec 20	Jan 21
999 - C1 Responses > 15 Mins	238	405	354
999 - C2 Responses > 80 Mins	377	1,098	1,202

YAS IPC Compliance

Indicator	Jan 20	Dec 20	Jan 21
% Compliance with Hand Hygiene	99.3%	99.8%	99.1%
% Compliance with Premise	98.4%	98.6%	95.4%
% Compliance with Vehicle	98.7%	96.5%	97.3%

YAS Comments

Investigation and Learning - Incidents reported has risen to 995 last month. Moderate & above harm increased to 49 in January with 18 from Staff, 21 incidents from Patients and 10 from the Trust.

Child and Adult Safeguarding - Referrals to children's social care dropped through early Q1, and rose sharply in Q2 the picture levelled in Q3. Q1 figures coincided with the beginning of COVID-19, the first lock down and school closures, making children less visible. It's worthy of note that a significant number of worrying cases were evident in Q3 in particular non accidental injuries (NAI) in young children and mental health related trauma in the 13-18 year old group, this can also be linked to ongoing effects of the pandemic. Social care assessment referrals have continued to rise in Q3, showing an increase of 287 from 2020 Q1, and 402 from the same period last year, indicating that staff continue to recognise the increase in vulnerability and support need that isolation during COVID-19 has brought.

Long Responses - the quality team investigate long responses to understand the impact on the patient. Cat 1 and Cat 2 long responses have remained high due to the pressure on performance and the availability of resources.

Patient Clinical Effectiveness (Director Responsible Julian Mark) - Jan 21

Care Bundles (Last 3 Results)

Indicator	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Sepsis %	60.9%			72.7%			76.8%			76.5%
STEMI %		40.0%			58.7%			44.0%		
Stroke %			95.9%			83.6%			94.6%	

Myocardial Ischaemia National Audit Project (MINAP)

Indicator	May 20	Jun 20	Jul 20	Aug 20
Number of Stemi Patients	61	57	95	84
Call to Balloon Mins for Stemi Patients (Mean)	143	125	133	125
Call to Balloon Mins for Stemi Patients (90th Percentile)	206	163	180	194

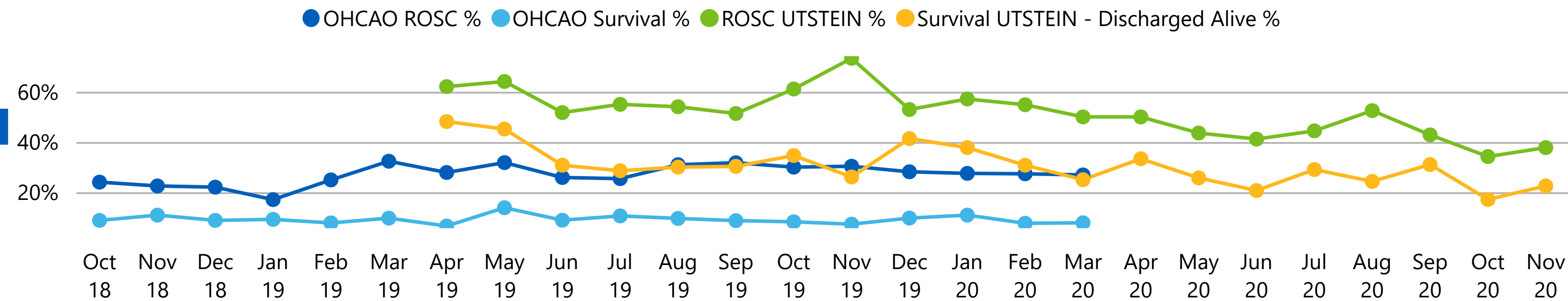
Sentinal Stroke National Audit Programme (SSNAP)

Indicator	Aug 20	Sep 20	Oct 20
Avg Time from call to hospital	77	88	87
Total Patients	427	370	360

Re-contacts as Proportion of Incident Category

Indicator	Nov 20	Dec 20	Jan 21
Re-contacts - H&T (%)	7.0%	7.9%	7.4%
Re-contacts - S&T (%)	5.4%	6.0%	5.9%
Re-contacts - Conveyed (%)	6.7%	6.7%	7.2%

ROSC and Survival



Sepsis Care Bundle – Data evidences increase in care bundle compliance from 61% in June 2019 to 79% in September 2020. Hospital pre- alert remains largely responsible for the majority of failures, however this element of the care bundle will likely be removed within the next 12 months. The ePR has updated to trigger sepsis warning flags when the observations are inputted and pre-alert will become a mandatory field in the next release of the ePR. An updated sepsis decision tool and 10/10/10 campaign which will be launched early February and aims to increase awareness of the care bundle and reduce on scene time for patients with Red Flag Sepsis. Full compliance is not possible due to the number of technicians working on the clinical side of the rota.

STEMI Care Bundle – Care bundle compliance currently varies between 40% and 49, significantly lower than national average. Analgesia administration has been identified as the main cause of this variability with GTN lowering patient pain score on scene, negating analgesia requirement. A review of the Acute Coronary Syndrome pathway is underway.

Stroke Care Bundle – Consistently performing in the 90% range, compliance could be improved with better documentation of patient blood sugar. The revised 10/10/10 and FASTO campaign was launched in Q3 2019/20.

Cardiac Arrest Outcomes – YAS perform well in both Survival to discharge and ROSC against the national average. The highest number of patients to survive for one month was 38 out of 270 during Nov 16. Analysis from Apr 16 to Mar 20 depicts normal variation with proportion of YAS patients who survive to discharge following OHCA, therefore no special causes need to be investigated at this point of analysis. Analysis for ROSC demonstrates special cause variation in April 2020; further investigation demonstrates worsened patient acuity during this month due to the first wave of the current pandemic as being the main contributor to lower proportion of patients with ROSC at hospital handover.

MINAP – This data shows the mean and 90th percentile time from call to catheter insertion for angiography. Clinical evidence shows it is most effective to do this procedure within 120 minutes.

SSNAP – shows the call to hospital arrival time for patients with a stroke. The Ambulance Response Programme is responsible for the call to scene time, and further work is ongoing to improve performance. The ACS and Stroke improvement work streams will support more effective and efficient decision making and lead to a reduction in on-scene time.

Patient Pathways – referrals and re-contact – Following face to face assessment, ambulance clinicians have a number of options to consider: transport to hospital or manage the patient closer to home. The ePR provides data for patients who have been managed at home and referred to community and primary care providers. Re-contacts with 72 hours has traditionally been difficult to monitor but as the number of patients matched to NHS numbers increases, this valuable data is now more possible. There has been a small but steady increase in the number of patients being referred to alternative providers following the increase in non-conveyance pathways and with the exception of the peak of the pandemic, there has been no change in re-contact. The Safer Right Care, Right Place project aims to improve the safety of decision making and reduce avoidable conveyances.

Fleet and Estates (Associate Director Responsible David Sanderson) - Jan 21

Estates

ShortName	Dec 20	Jan 21
P1 Emergency (2 HRS)	70.0%	100.0%
P1 Emergency – Complete (<24Hrs)	90.0%	85.7%
P2 Emergency (4 HRS)	91.9%	100.0%
P2 Emergency – Complete (<24Hrs)	70.3%	72.6%
Planned Maintenance Complete	100.0%	99.0%
P6 Non Emergency - Attend within 2 weeks	70.3%	76.9%
P6 Non Emergency - Complete within 4 weeks	59.5%	68.0%

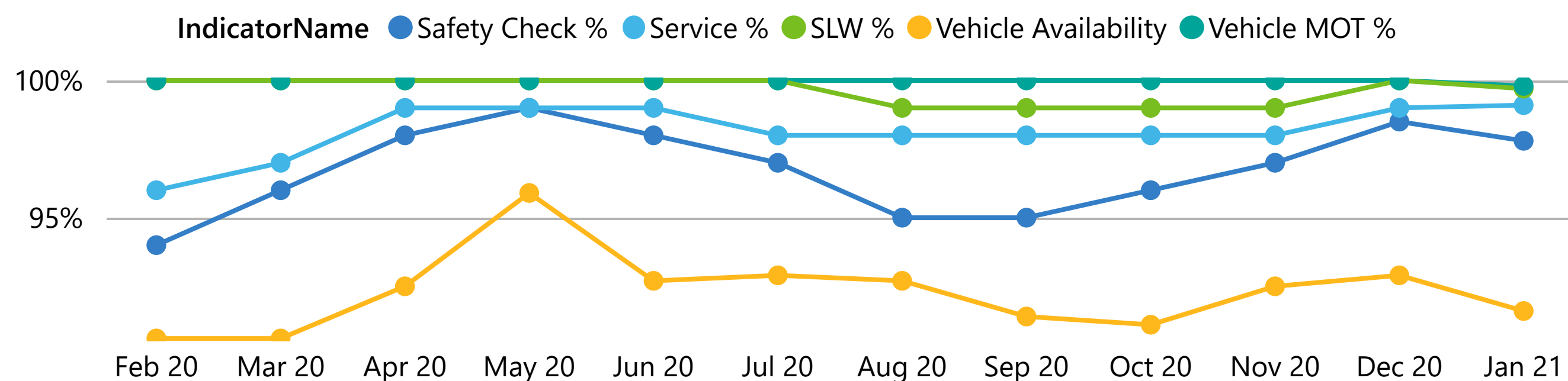
Estates Commentary

A total 327 reactive work requests were received for January, this is an increase of 62 additional work requests compared against the December figure of 265. Of the 327 requests 21% of these were classified as P1 and P2 which requires an attendance within 2 and 4 hours. Typically these classifications relate to leaks, no heating, garage door failure or drug safe failure.

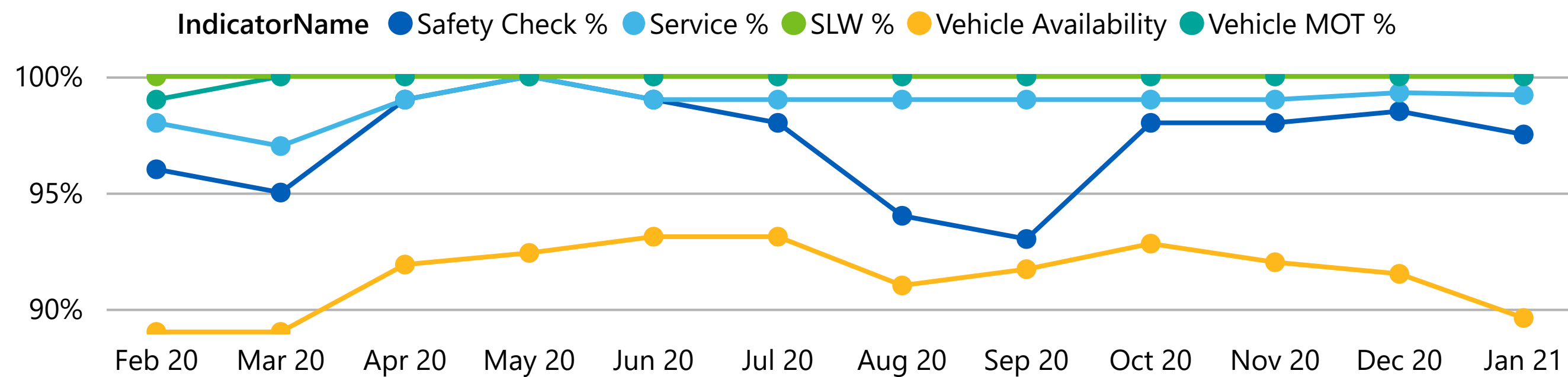
The attendance to these emergency classes were met 100% which is an increase in performance against the December return.

Planned maintenance activity accounted for 477 tasks within month. Planned maintenance is the schedule for statutory and mandatory inspection and service regimes which fall through the year dependent on their frequency ranging from weekly fire alarm tests to annual boiler service. These followed the near consistent completion rate of 100%.

999 Fleet



PTS Fleet



999 Fleet Age

IndicatorName	Jan 20	Jan 21
Vehicle age +7	6.6%	8.3%
Vehicle age +10		0.4%

PTS Age

IndicatorName	Jan 20	Jan 21
Vehicle age +7	10.7%	17.7%
Vehicle age +10	36.5%	16.7%

Fleet Commentary

Vehicle Availability has slipped for both 999 (91.6%) and PTS (89.6%) this has been slightly affected by the EU Exit with some vehicle parts been held up coming through customs. Fleet have worked with Operational Colleagues to ensure rota lines are covered.

Routine Maintenance delivers high compliance rates with variances being vehicles that are not in service or awaiting disposal.

8.7% of the A&E vehicles are over the 7 years target with will be rectified with the planned vehicles replacements due delivery in Q4, there will be still 7 4x4 vehicles which will need replacing in FY21/22. PTS have a high number of vehicles overage this will be corrected with 124 new vehicles which are due delivery February through to May.

Glossary - Indicator Descriptions (A&E)

A&E

mID	ShortName	IndicatorType	AQIDescription
AMB26	999 - C1 90th (T <15Mins)	time	Across all C1 incidents, the 90th percentile response time.
AMB25	999 - C1 Mean (T <7Mins)	time	Across all C1 incidents, the mean response time.
AMB32	999 - C2 90th (T <40Mins)	time	Across all C2 incidents, the 90th percentile response time.
AMB31	999 - C2 Mean (T <18mins)	time	Across all C2 incidents, the mean response time.
AMB35	999 - C3 90th (T -<2Hrs)	time	Across all C3 incidents, the 90th percentile response time.
AMB34	999 - C3 Mean (T - <1Hr)	time	Across all C3 incidents, the mean response time.
AMB38	999 - C4 90th (T < 3Hrs)	time	Across all C4 incidents, the 90th percentile response time.
AMB37	999 - C4 Mean	time	Across all C4 incidents, the mean response time.
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.
AMB05	999 - Answer 95th Percentile	time	The 95th percentile time to answer each call.
AMB71	999 - Avg Hospital Turnaround	time	The average time taken from notifying at hospital arrival to the time the crew clear.
AMB70	999 - Job Cycle Time	time	The average time taken from the time call commenced to the time the crew clear.
AMB03	999 - Answer Mean	time	The average time to answer each call.
AMB00	999 - Total Number of Calls	int	The count of all ambulance control room contacts.

Glossary - Indicator Descriptions (IUC and PTS)

IUC and PTS

mID	ShortName	IndicatorType	AQIDescription
IUC01	IUC - Call Answered	int	Number of calls answered
IUC02	IUC - Calls abandoned	percent	Percentage of calls offered that were abandoned
IUC03	IUC - Calls Answered Above Ceiling	percent	Percentage difference between actual number of calls answered and the contract ceiling level
IUC06	IUC - Core Clinical Advice	percent	Number of patients that received core clinical advice
IUC08	IUC - Direct Bookings	percent	Percentage of calls where the patient was recommended to contact a primary care service that had an appointment directly booked. This indicator includes system bookings made by external providers
IUC07	IUC - Call back in 1 Hour	percent	Percentage of patients that were offered a call back by a clinician that were called within 1 hour
IUC12	IUC - ED validations %	percent	Percentage of initial Emergency Department outcomes that were clinically validated
IUC13	IUC - Ambulance validations %	percent	Percentage of initial Category 3 or 4 ambulance outcomes that were clinically 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 a 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
IUC19	IUC - Other Referrals %	percent	Percentage of triaged calls that reached a referral to any other service
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
PTS04	PTS - % Pre Planned - Pickup < 90 Mins	percent	Pre Planned patients to be picked up within 90 minutes of being marked 'Ready' by the hospital
PTS05	PTS - % Short notice - Pickup < 120 mins	percent	Short Notice patients to be picked up within 120 minutes of being marked 'Ready' by the hospital
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	
QS13	% Trained Safeguarding for Children (L1)	percent	
QS14	% Trained Safeguarding for Children (L2)	percent	
QS15	% Trained Safeguarding for Adults (L1)	percent	
QS17	% FOI Request Compliance	percent	
QS18	% Compliance with Hand Hygiene	percent	
QS19	% Compliance with Premise	percent	
QS20	% Compliance with Vehicle	percent	
QS26	Moderate and Above Harm (Per 1K Incidents)	int	
QS24	Staff survey improvement question	int	(TBC, yearly)
QS21	Number of RIDDORs Submitted	int	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Glossary - Indicator Descriptions (Workforce)

Workforce

mID	ShortName	IndicatorType	AQIDescription
WF36	Headcount in Post	int	Headcount of primary assignments
WF35	Special Leave	percent	Special Leave (eg: Carers leave, compassionate leave) as a percentage of FTE days in the period.
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
WF32	Conflict Resolution - 3 Years	percent	Percentage of staff with an in date competency in Conflict Resolution - 3 Years
WF31	Moving and Handling - Patients - 3 Years	percent	Percentage of staff with an in date competency in Moving and Handling - Patients - 3 Years
WF30	Basic Life Support - 3 Years	percent	Percentage of staff with an in date competency in Basic Life Support - 3 Years
WF29	Prevent WRAP - No Renewal	percent	Percentage of staff with an in date competency in Prevent WRAP - No Renewal
WF28	Safeguarding Adults Level 2 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Adults Level 2 - 3 Years
WF27	Safeguarding Children Level 2 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Children Level 2 - 3 Years
WF26	Equality, Diversity and Human Rights - 3 Years	percent	Percentage of staff with an in date competency in Equality, Diversity and Human Rights - 3 Years
WF25	Prevent Awareness - 3 Years	percent	Percentage of staff with an in date competency in Prevent Awareness - 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
WF23	Safeguarding Children Level 1 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Children Level 1 - 3 Years
WF22	Infection Control - 3 Years	percent	Percentage of staff with an in date competency in Infection Control - 3 Years
WF21	Moving and Handling - Loads - 3 Years	percent	Percentage of staff with an in date competency in Moving and Handling - Loads - 3 Years
WF20	Health Risk & Safety Awareness - 3 Years	percent	Percentage of staff with an in date competency in Health Risk & Safety Awareness - 3 Years
WF19	Vacancy Rate %	percent	Full Time Equivalent Staff required to fill the budgeted amount as a percentage
WF18	FTE in Post %	percent	Full Time Equivalent Staff in post, calculated as a percentage of the budgeted amount
WF17	Apprentice %	percent	The percentage of staff who are on an apprenticeship
WF16	Disabled %	percent	The percentage of staff who identify as being disabled
WF15	Training - All Competancy %	percent	NOT USED
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

Glossary - Indicator Descriptions (Clinical)

Clinical

mID	ShortName	IndicatorType	Description
CLN39	Re-contacts - Conveyed (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN38	Re-Contacts within 72 Hours - Conveyed	int	Patients who have re-contacted YAS within 72 hours of initial contact.
CLN37	Re-contacts - S&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN36	Re-Contacts within 72 Hours - S&T	int	Patients who have re-contacted YAS within 72 hours of initial contact.
CLN35	Re-contacts - H&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN34	Re-Contacts within 72 Hours - H&T	int	Patients who have re-contacted YAS within 72 hours of initial contact.
CLN33	Survival UTSTEIN - Discharged Alive %	percent	Survival UTSTEIN - Proportion discharged alive.
CLN32	Survival UTSTEIN - Patients Discharged Alive	int	Survival UTSTEIN - Of R4n, patients discharged from hospital alive.
CLN31	Survival UTSTEIN - Patients	int	Survival UTSTEIN - Patients with resuscitation commenced / continued by Ambulance Service.
CLN30	ROSC UTSTEIN %	percent	ROSC UTSTEIN - Proportion who had ROSC on arrival at hospital.
CLN29	ROSC UTSTEIN Patients - ROSC on arrival at Hospital	int	ROSC UTSTEIN - Of R2n, patients who had ROSC on arrival at hospital.
CLN28	ROSC UTSTEIN Patients	int	ROSC UTSTEIN - Patients with resuscitation commenced / continued by Ambulance Service.
CLN27	ePR Referrals (%)	percent	Proportion of ePR referrals made by YAS crews at scene.
CLN24	Re-contacts (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
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	Avg Time from call to hospital	int	SSNAP - Avg Time from call to hospital.
CLN15	Stroke %	percent	Proportion of adult patients with a pre-hospital impression of suspected stroke who received the appropriate best practice care bundle.
CLN13	Number of patients who received appropriate care bundle (Stroke)	int	Number of adult patients with a pre-hospital impression of suspected stroke who received the appropriate best practice care bundle.
CLN12	Sepsis %	percent	Proportion of adult patients with a pre- hospital impression of suspected sepsis with a NEWS2 score of 7 and above who received the appropriate best practice care bundle

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	percent	Vehicles across the fleet of 7 years or more
EST14	P6 Non Emergency - Complete within 4 weeks	percent	P6 Non Emergency - Complete within 4 weeks
EST13	P6 Non Emergency - Attend within 2 weeks	percent	P6 Non Emergency - Attend within 2 weeks
EST12	P2 Emergency – Complete (<24Hrs)	percent	P2 Emergency – Complete within 24 hrs compliance
EST11	P2 Emergency (4 HRS)	percent	P2 Emergency – attend within 4 hrs compliance
EST10	Planned Maintenance Complete	percent	Planned maintenance completion compliance
EST09	All calls (Completion) - average	percent	Average completion compliance across all calls
EST08	P4 Non Emergency – Complete (<14 Days)	percent	P4 Non Emergency completed within 14 working days compliance
EST07	P3 Non Emergency – Complete (<72rs)	percent	P3 Non Emergency completed within 72 hours compliance
EST06	P1 Emergency – Complete (<24Hrs)	percent	P1 Emergency completed within 24 hours compliance
EST05	Planned Maintenance Attendance	percent	Average attendance compliance across all calls
EST04	All calls (Attendance) - average	percent	All calls (Attendance) - average
EST03	P4 Non Emergency (<24Hrs)	percent	P4 Non Emergency attended within 2 working days compliance
EST02	P3 Non Emergency (<24Hrs)	percent	P3 Non Emergency attended within 24 hours compliance
EST01	P1 Emergency (2 HRS)	percent	P1 Emergency attended within 2 hours compliance