NHS
Yorkshire Ambulance Service
NHS Trust

# Integrated Performance Report

## Mar 2021

Published 15th Apr

# Table of Contents

NHS Yorkshire Ambulance Service NHS Trust


- 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

# Strategy, Ambitions & Key Priorities

NHS
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## One Team, Best Care

**Our purpose is**

to save lives and ensure everyone in our communities receives the right care, whenever and wherever they need it

NHS
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Ambulance Service
NHS Trust

with our core values embedded in all we do

One Team | Innovation | Resilience | Empowerment | Integrity | Compassion

**Our Vision**

By 2023 we will be trusted as the best urgent and emergency care provider, with the best people and partnerships, delivering the best outcomes for patients

**Our Ambition for 2023 is that**

- Patients and communities experience fully joined-up care responsive to their needs
- Our people feel empowered, valued and engaged to perform at their best
- We achieve excellence in everything we do
- We use resources wisely to invest in and sustain services

Delivery is directly supported by a range of enabling strategies

COMMUNITY ENGAGEMENT | PEOPLE | QUALITY IMPROVEMENT | DIGITAL | FLEET | ESTATES | FINANCE

## Our Ambitions for 2023

- Patients and communities experience fully joined-up care responsive to their needs
- Our people feel empowered, valued and engaged to perform at their best
- We achieve excellence in everything we do
- We use resources wisely to invest in and sustain services

## 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.

# Service Transformation & System Pressures

NHS Yorkshire Ambulance Service NHS Trust

## Yorkshire Wide

Further developments continue responding to the NHS White Paper: Integration and Innovation Working Together to Improve Health – YAS remains engaged to ensure ongoing recognition as a key partner within the new governance and delivery structures.

· ICP development paper released focusing on the primacy of place. YAS is further invited to discuss these changes and the impacts at a place level.
· System focus on Testing capacity and vaccine deployment.
· Full national planning guidance released; YAS response being developed for approval by TEG.
· Formal YAS response to the Provider Selection Regime consultation submitted following approval by TEG.
· Formal consultation on System Oversight Framework released, in relation to the NHS White Paper on the development of ICSs; YAS response in development
· Ongoing YAS engagement with system level planning to support response to COVID and operational planning. YAS engagement in wider planned care forums to ensure YAS service offers remain appropriate and effective.

## Humber Coast and Vale ICS

· Focus on expanding ICS Local CAS Direct. Targeted communications based on 111 and local CAS data to specifically focus on people that continue to walk into the ED

· UEC planned workshop 19th May 11-2pm "save the date" agenda being developed but focus will be the 'art of the possible' – what can we do before winter 21.

· HCV UECN completed baseline assessment of services that meet the criteria outlined in the national guidance.

· CHCP conversations ongoing to develop further access to 0-2 hour response services.

## West Yorkshire ICS

ICS is further developing its operating model, retaining primacy of place, with ICP development proposals.

· A Future Design and Transition Group is now established to enable key engagement from across key providers and sectors, to support the development and introduction of any future ICS operating model.

· A Trust Chairs and Council Leaders group, led by Rob Webster, being established to ensure greater collaboration across system and place, taking place at the end of each month, to ensure a transparent and inclusive environment.

· Ongoing focus on addressing health inequalities – developing co-ordinated YAS response for the ICS regarding addressing health inequalities.

· Provider Selection regime paper, summary provided to SLT. Response provided to NHSE and shared with AAC to be included in formal response.

## South Yorkshire and Bassetlaw ICS

Work in progress to collate the YAS response to the ICS' 2021/22 UEC priorities.

· seeking to strengthen and further define how the ICS will collaborate with YAS and looking to ensure robust links into the outlined workstreams around hospital diverts and handovers

· **Place Based Updates:** Key focus at place remains as 21/22 plans and maintaining momentum around partnership working.

# Programme Dashboard - Mar 21

NHS Yorkshire Ambulance Service NHS Trust

## Infrastructure

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

Digital Enablers: Unified Comms has moved again and is now RAG rated RED - mitigations in place. Work ongoing to resolve the three identified showstoppers. EOC migration is proposed for 20.04.21. N365 is RAG rated AMBER. Ongoing delivery risk noted around reliance on NHSD.
ePR Phase 3 is RAG rated AMBER. A closure report for Phase 3 will be presented at Mays IPB alongside a PID for Phase 4.

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. Due to the dependency with Logistics Hub, Prepacked PMO Pouches have been included in this dashboard.

## IUEC Programme

| ProjectName | Overall | Budget/ Costs | Comms | Delivery | KPIs | Resources | Risks & Issues |
|---|---|---|---|---|---|---|---|
| IUEC PROGRAMME | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 01. Aligned Strategy | | N/A | | | | N/A | |
| 02. NHS 111 First Capacity | | | | | | | |
| 03. 111 First to ED | | | | | | | |
| 04. Aligning Patient Pathway | | | | | | | |
| 05. EOC Clinical Model | | | | | | | |
| 06. CAT 3/4 Validation Trail | | | | | | | |
| 07. EOC Clnical Toolkit | | | | | | | |
| 08. Mental Health Plan | | | | | | | |
| 09. Remote Clinical Assessment People Project | | | | | | | |
| 10. Comms & Engagement | | N/A | | | N/A | | |
| 11. Monitor & Control and Evaluation | | N/A | | | | N/A | |

## Service Delivery and Integrated Workforce

| ProjectName | Overall | Budget/ Costs | Comms | Delivery | KPIs | Resources | Risks & Issues |
|---|---|---|---|---|---|---|---|
| Integrated Transport Pilot | | | | | | | |
| Rotational Paramedics | | | | | | | |
| Team Based Working | | | | | | | |

Accountability Framework: RAG rated as AMBER with all workstreams now LIVE with the exception of the business partner workstream. Team Based Working has shifted from AMBER to RED. Risk to delivery timescales due to ongoing discussions with trade unions.

The Integrated Transport Pilot re-started 14.12.20. The project is RAG rated GREEN. A full evaluation and options appraisal is underway and will inform next steps. The evaluation will be submitted to SDIW and Gate Review in May. The Rotational Paramedic Project is RAG rated AMBER. A business case is in development to address funding gap between primary care and cost of rotational paramedics.

## Capacity and Capability

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

# 999 IPR Key Exceptions - Mar 21

NHS Yorkshire Ambulance Service NHS Trust

| Indicator | Target | Actual | Variance | Assurance |
|---|---|---|---|---|
| 999 - Answer Mean | | 00:00:05 | H | |
| 999 - Answer 95th Percentile | | 00:00:38 | H | |
| 999 - Answer 99th Percentile | | 00:01:40 | H | |
| 999 - C1 Mean (T <7Mins) | 00:07:00 | 00:07:20 | H | F |
| 999 - C1 90th (T <15Mins) | 00:15:00 | 00:12:34 | | P |
| 999 - C2 Mean (T <18mins) | 00:18:00 | 00:21:19 | H | F |
| 999 - C2 90th (T <40Mins) | 00:40:00 | 00:44:26 | H | F |
| 999 - C3 Mean (T - <1Hr) | 01:00:00 | 00:58:54 | H | P |
| 999 - C3 90th (T -<2Hrs) | 02:00:00 | 02:24:57 | H | F |
| 999 - C4 90th (T < 3Hrs) | 03:00:00 | 04:09:13 | H | F |
| 999 - C1 Responses > 15 Mins | | 271 | | |
| 999 - C2 Responses > 80 Mins | | 665 | H | |
| 999 - Job Cycle Time | | 01:37:36 | H | |
| 999 - Avg Hospital Turnaround | 00:30:00 | 00:37:59 | H | F |

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

### Call Answer

The Call Answer Mean increased slightly in March 2021 to 5 seconds. The main reason for the increase is due to 3 specific days were call answer times were high which are 16 March (14 Seconds), 30th March (32 seconds) and 31st March (23 seconds). These dates are when call demand was higher than forecast by 15.3%, 35.5% and 35.4% respectively. The differing extremities within the call answer times can be seen within the 95th and 99th percentiles.

### Cat 1-4 Performance

All response performance remained similar to the times experienced in the previous month with two categories meeting national target (C1 90th and C3 Mean). High job cycle times continue to impact on resource availability which influence response performance and as these have also remained at similar levels to the previous months it has enabled a similar level of response times to those experienced in February 2021. Resource availability has reduced across the month by just under 5 percentage points as more time was spent on responding to demand. Only North Yorkshire was over the required resource hours with South, CKW, ABL and HER being under the required resource hours by 13.8%, 9.2%, 5.5% and 0.5% respectively.

### Responses Tail (C1 and C2)

Aligned with the increases in demand levels seen in March 2021, the number of C1 & C2 incidents with responses times greater than 15 & 80 minutes respectively have also increased. However, as March has 31 days this is to be expected and the average per day is only marginally higher than those experienced in February 2021. However, the number of C2 incidents greater than 80 minutes show exceptionally high results for the last two weeks of March 2021.

### Job cycle time

Average Job Cycle time remains higher than last year and has seen increases since the initial COVID-19 lockdown in 2020 ended. Throughout March 2021 there continued to be exceptionally high results due to growths in the time spent on scene time and increased hospital times. However, there appears to be a very gradual downward trend since the start of 2021.

### Hospital

Average hospital turnaround times in March 2021 were similar to the previous month and only marginally higher than March 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 turnaround times still remain at a similar level. 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. Conveyance to ED has increased by 2% in March 2021 and has been on an upward trend since the start of the year.

# IUC and PTS IPR Key Indicators - Mar 21

NHS Yorkshire Ambulance Service NHS Trust

| Indicator | Target | Actual | Variance | Assurance |
|---|---|---|---|---|
| IUC - Answered in 60 Secs | 90.0% | 68.8% | L | F |
| IUC - Core Clinical Advice | 30.0% | 28.4% | | F |
| IUC - Direct Bookings | 30.0% | 40.7% | H | P |
| IUC - Call back in 1 Hour | 60.0% | 47.7% | | F |
| IUC - ED validations % | 50.0% | 50.7% | | P |
| IUC - Ambulance validations % | 95.0% | 95.6% | | P |

## IUC Exceptions - Comments (Director Responsible - Karen Owens)

IUC demand in March rose 15% on demand in February, returning to a similar level to that of previous months. Calls answered were 10.1% below the contract ceiling (and 5.1% above the contract floor). Demand for the 2020-21 year was 0.3% below the contract ceiling with 1,701,699 patient calls answered.

Issues relating to the roll out of the new Unified Comms telephone system hit several of the performance metrics for the month. In particular, calls answered performance was 68.8% against a 90% target, whilst abandoned calls were 7.3%, the first time the 5% target was breached since September, and only the third month of the 2020-21 year to miss the target. Call answer performance for the full year was below target at 84.1%, whilst abandoned calls did hit the target for the year with performance at 3.1%.

The proportion of Clinician Call Backs made within 1 hour was 47.7%, below the 60% target and down from 53.0% in February. Clinical advice remained below target at 28.4%, the lowest performance since April 2020.
Both ambulance and ED validations were above target. Ambulance validations saw it's worst performance since April 2020, however the target was still hit with performance at 95.6%. Meanwhile, ED validation performance hit the 50% target for the first time since November.

| Indicator | Target | Actual | Variance | Assurance |
|---|---|---|---|---|
| PTS - Journeys < 120Mins | 90.0% | 99.5% | L | P |
| PTS - Arrive at Appointment Time | 90.0% | 88.1% | | F |
| PTS - % Pre Planned - Pickup < 90 Mins | 90.4% | 90.7% | | P |
| PTS - % Short notice - Pickup < 120 mins | 90.8% | 82.9% | | F |
| PTS - Answered < 180 Secs | 90.0% | 86.6% | L | F |

## PTS Exceptions - Comments (Director Responsible - Karen Owens)

The contractual KPI's remain suspended in line with NHS England Guidance. Focus continues on the 120 Min Discharge KPI and patient care March total demand saw an 18% increase compared to February, and was 4.8% higher than levels seen in March 2020, at the start of the pandemic. PTS are now delivering around 80% of journeys seen pre Covid.

Covid demand continued the downward trend throughout March, and by the end of the month was at the same levels as September, before the start of the second wave. Covid journeys are now -81% lower than the second peak of the pandemic. Short Notice Patients picked up within 120 Mins % has been on a downward trend for the fourth month running, but remains higher than performance seen before Covid.

Performance saw a 6% increase in calls being answered in 180 seconds and is still below target due to the additional call time related to Covid. The increase is unrelated to the introduction of the new telephony system.

# Support Services IPR Key Indicators - Mar 21

NHS Yorkshire Ambulance Service NHS Trust

| Indicator | Target | Actual | Variance | Assurance |
|---|---|---|---|---|
| All Incidents Reported | | 827 | H | |
| Serious | | 9 | | |
| Moderate and Above Harm | | 19 | | |
| Complaint | | 106 | H | |
| Adult Safeguarding Referrals | | 1,454 | H | |
| Child Safeguarding Referrals | | 723 | H | |

| Indicator | Target | Actual | Variance | Assurance |
|---|---|---|---|---|
| Turnover (FTE) % | | 8.3% | L | |
| Sickness - Total % (T-5%) | 5.0% | 7.5% | | F |
| Special Leave | | 3.8% | H | |
| PDR / Staff Appraisals % (T-90%) | 90.0% | 72.9% | | F |
| Stat & Mand Training (Fire & IG) 1Y | 90.0% | 86.1% | | F |
| Stat & Mand Training (Core) 3Y | 90.0% | 96.6% | | P |
| Stat & Mand Training (Face to Face) | 90.0% | 66.6% | L | F |

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

Incidents reported have increased to 827 last month back in line with normal variation although still higher than last Mar (687). Moderate & above harm incidents have reduced to 19.

Patient Safety - Complaints are at the highest seen in the last 12 months, sitting outside the normal expected variation. There has been a significant increase in the number of complaints, concerns, and concerns raised by other NHS organisations across all service areas. The highest category of complaint across all services is “Clinical/Patient Care”. Further analysis is ongoing to identify specific trends within this subject area.

Safeguarding Referrals - Adult referrals have increased slightly from the previous month and remain outside the expected variation and Child referrals are significantly up exceeding the upper control limit for the first time since the beginning of the data set in October 2019.

## Workforce Exceptions - Comments (Director Responsible - Suzanne Hartshorne)

**Sickness -** Sickness has increased slightly and remains high compared to the 5% target. Main impact is seen in our call centres as well as front line services. Although Covid related sickness has reduced in the past 3 months, the sickness related to Non-Covid is increasing. Short term is seeing a decrease while long term is increasing.
**Special Leave** - Special Leave remained stable. The Trust saw high numbers during the last year up to 5.8% in November 2020 due to the number of people isolating/shielding. Shielding staff are returning to work on 1st April so this figure will reduce in the next IPR.

**PDR -** rates increased to 72.9%. Support Services (Other) PDR rates are significantly lower than the target currently at 45.6% compared to 58% the same period last year. Much of the decline can be attributed to demand, however issues with recording had also been identified. Since further targeted communication began we have seen completion rates slowly increasing.
**Statutory and Mandatory Training -** Good progress has been made against the 3 year core training. Compliance for the 1 year face-to-face training is still far below target due to the approved break in delivery during the peak of the pandemic. The phased approach approved at TMG in January 2021 to improve compliance for the 1 year face-to-face training has commenced. HRBPs are reaching out to managers to share detailed data, discuss areas of concern and provide additional support.

# Workforce Summary - Mar 21

NHS Yorkshire Ambulance Service NHS Trust

## Key KPIs

| Name | Mar 20 | Feb 21 | Mar 21 |
|---|---|---|---|
| FTE in Post % | | 99.2% | 99.2% |
| Turnover (FTE) % | 9.2% | 8.4% | 8.3% |
| Vacancy Rate % | | 0.8% | 0.8% |
| Apprentice % | 5.8% | 4.8% | 6.2% |
| BME % | 5.3% | 6.0% | 6.0% |
| Disabled % | 2.9% | 3.1% | 3.2% |
| Sickness - Total % (T-5%) | 8.4% | 7.3% | 7.5% |
| Special Leave | 3.0% | 3.8% | 3.8% |
| PDR / Staff Appraisals % (T-90%) | 71.6% | 70.5% | 72.9% |
| Stat & Mand Training (Fire & IG) 1Y | 72.6% | 83.7% | 86.1% |
| Stat & Mand Training (Core) 3Y | 97.1% | 96.5% | 96.6% |
| Stat & Mand Training (Face to Face) | 83.5% | 67.1% | 66.6% |
| Stat & Mand Training (Safeguarding L2 +) | 91.4% | 86.5% | 86.0% |

## YAS Commentary

**FTE, Turnover, Vacancies and BME -** The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 0.8%. however due to how the Trust collects this information, the rate is likely to be higher as some vacancies are being covered by overtime.

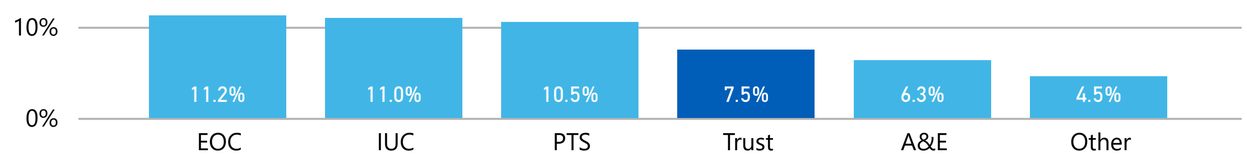
**Sickness -** Sickness has increased slightly and remains high compared to the 5% target. Main impact is seen in our call centres as well as front line services. Although Covid related sickness has reduced in the past 3 months, the sickness related to Non-Covid is increasing. Short term is seeing a decrease while long term is increasing.

**Special Leave** - Special Leave remained stable. The Trust saw high numbers during the last year up to 5.8% in November 2020 due to the number of people isolating/shielding. Shielding staff are returning to work on 1st April so this figure will reduce in the next IPR.

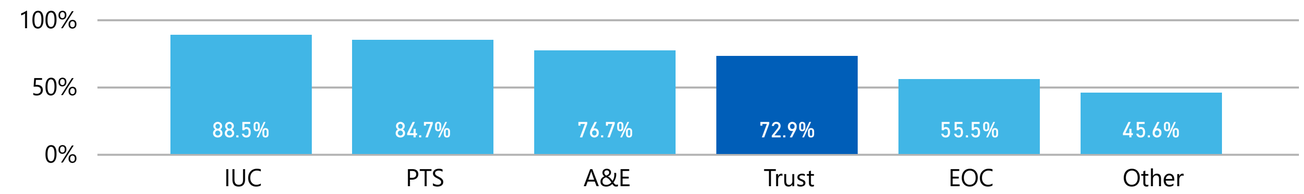
**PDR -** rates increased to 72.9%. Support Services (Other) PDR rates are significantly lower than the target currently at 45.6% compared to 58% the same period last year. Much of the decline can be attributed to demand, however issues with recording had also been identified. Since further targeted communication began we have seen completion rates slowly increasing.

**Statutory and Mandatory Training -** Good progress has been made against the 3 year core training. Compliance for the 1 year face-to-face training is still far below target due to the approved break in delivery during the peak of the pandemic. The phased approach approved at TMG in January 2021 to improve compliance for the 1 year face-to-face training has commenced. HRBPs are reaching out to managers to share detailed data, discuss areas of concern and provide additional support.

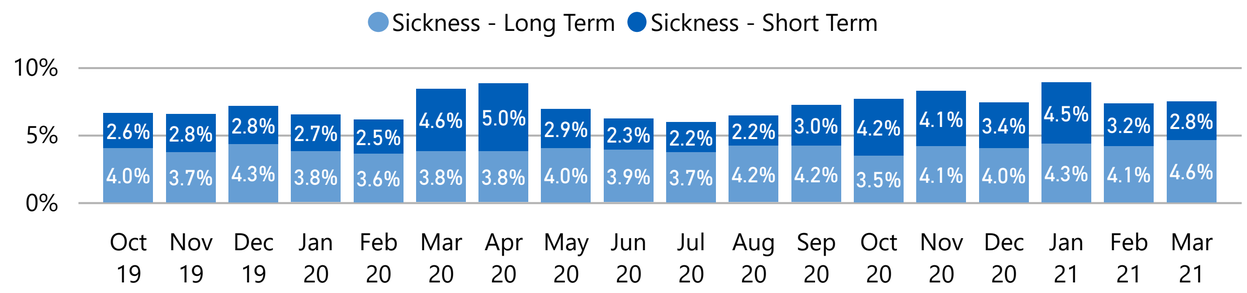
## Sickness Benchmark for Last Month



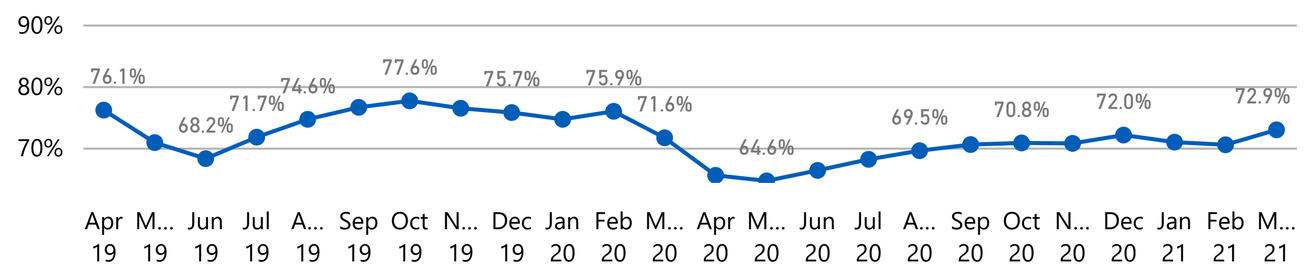

## PDR Benchmark for Last Month




## Sickness




## PDR - Target 90%



# YAS Finance Summary (Director Responsible Kathryn Vause)- Feb 21 ,2020/21 figures will be available once audited and finalised)

NHS Yorkshire Ambulance Service NHS Trust

## 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 assesed 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 surplus at the end of February (Month 11) of £0.8m against the plan of (£1m). 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). This is due to receipt of £1m centrally funded income for part of the Covid financial regime.

**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 February the Trust had £98m 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) | -£72 | £1,752 | £1,824 | -£1,038 | £786 | £1,824 |
| Cash | £85,911 | £98,352 | £12,441 | £85,911 | £98,352 | £12,441 |
| Capital | £692 | £1,279 | £587 | £7,906 | £6,854 | -£1,052 |

## 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 | 2021-02 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Surplus/ (Deficit) | | | | | | | -£219 | -£243 | -£416 | -£88 | £1,752 |
| Cash | £76,062 | £81,510 | £76,988 | £79,694 | £82,331 | £83,579 | £86,976 | £89,615 | £90,086 | £92,149 | £98,352 |
| Capital | £0 | £874 | £562 | £68 | £189 | £332 | £501 | £511 | £588 | £1,951 | £1,279 |

# Patient Demand Summary

NHS Yorkshire Ambulance Service NHS Trust

## Demand Summary

| ShortName | Mar 20 | Feb 21 | Mar 21 |
|---|---|---|---|
| 999 - Incidents (HT+STR+STC) | 73,038 | 62,524 | 69,951 |
| 999 - Increase - Previous Month | 9.3% | -10.3% | 11.9% |
| 999 - Increase - Same Month Last Year | 5.8% | -6.4% | -4.2% |
| IUC - Call Answered | 155,346 | 123,669 | 142,753 |
| IUC - Increase - Previous Month | 14.7% | -13.1% | 15.4% |
| IUC - Increase Same Month Last Year | | -8.7% | -8.1% |
| IUC - Calls Answered Above Ceiling | 14.1% | -13.7% | -10.1% |
| PTS - Demand (Journeys) | 63,751 | 56,819 | 66,815 |
| PTS - Increase - Previous Month | -11.5% | -2.1% | 17.6% |
| PTS - Same Month Last Year | | -21.1% | 4.8% |

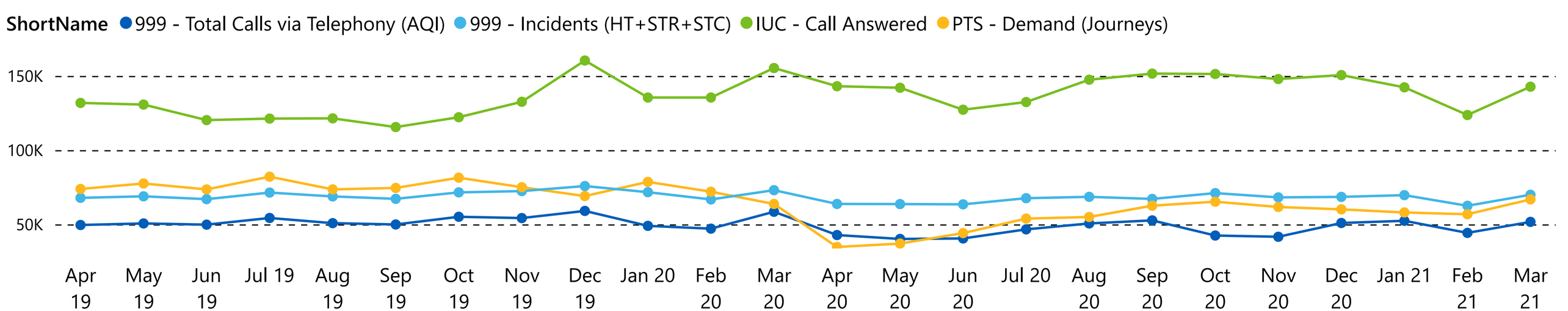
## Commentary

**999 -** At Scene Response demand is 7.9% lower than forecasted levels whereas all Response Demand (STR + STC +HT) is 4.2% lower than March 2020.

**IUC -** IUC demand in March rose 15% on demand in February, returning to a similar level to that of previous months. Calls answered were 10.1% below the contract ceiling (and 5.1% above the contract floor). Demand for the 2020-21 year was 0.3% below the contract ceiling with 1,701,699 patient calls answered.

**PTS -** March total demand saw an 18% increase compared to February, and was 4.8% higher than levels seen in March 2020, at the start of the pandemic. PTS are now delivering around 80% of journeys seen pre Covid.

## Overall Calls and Demand



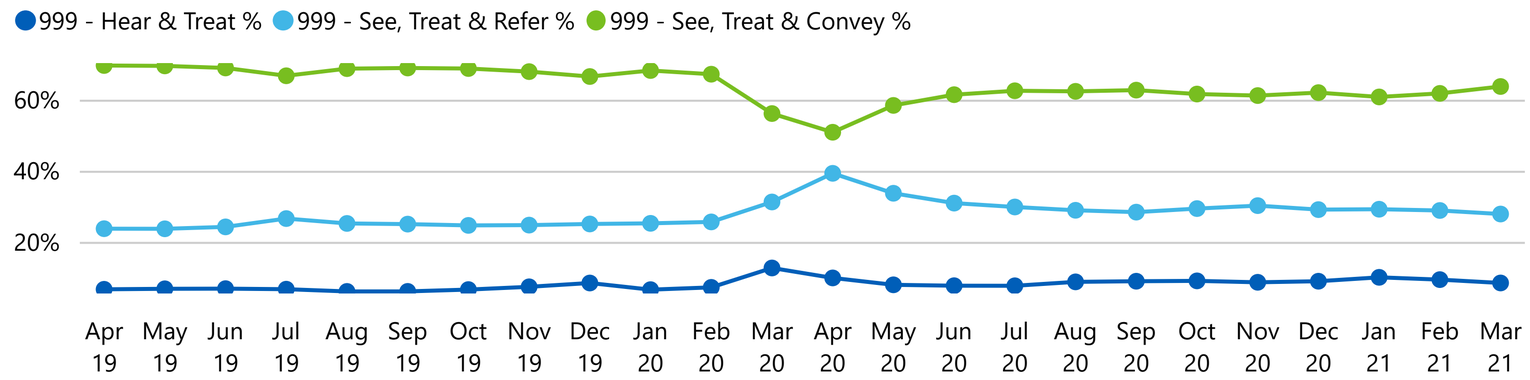
# Patient Outcomes Summary

NHS Yorkshire Ambulance Service NHS Trust

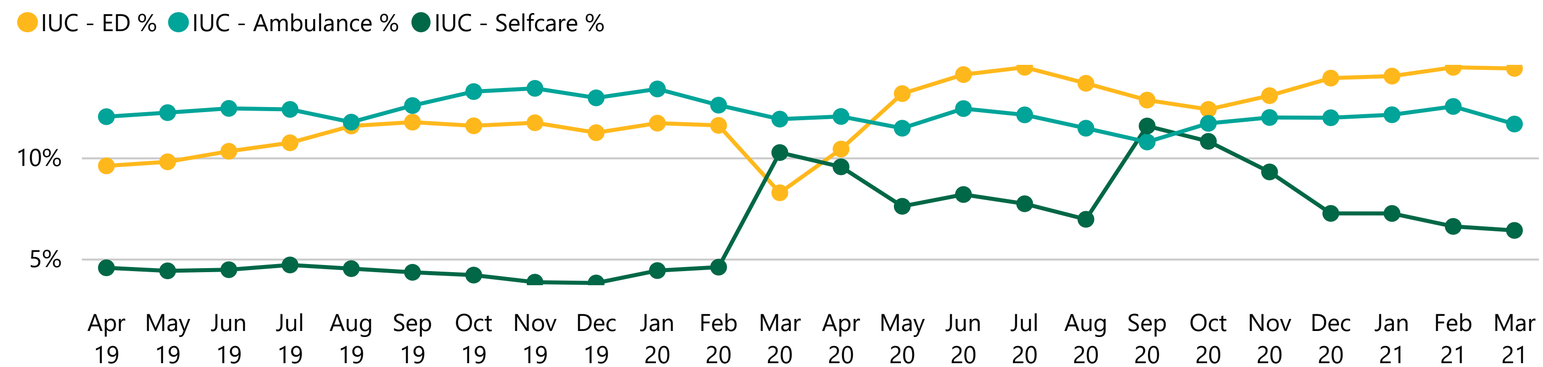
## Outcomes Summary

| ShortName | Mar 20 | Feb 21 | Mar 21 |
|---|---|---|---|
| 999 - Incidents (HT+STR+STC) | 73,038 | 62,524 | 69,951 |
| 999 - Hear & Treat % | 12.7% | 9.4% | 8.4% |
| 999 - See, Treat & Refer % | 31.2% | 28.8% | 27.8% |
| 999 - See, Treat & Convey % | 56.1% | 61.8% | 63.7% |
| 999 - Conveyance to ED % | 48.4% | 53.4% | 55.5% |
| 999 - Conveyance to Non ED % | 7.8% | 8.4% | 8.2% |
| IUC - Calls Triaged | 147,493 | 118,088 | 135,180 |
| IUC - ED % | 8.3% | 14.4% | 14.4% |
| IUC - Ambulance % | 11.9% | 12.5% | 11.6% |
| IUC - Selfcare % | 10.2% | 6.6% | 6.4% |
| IUC - Other Outcome % | 14.1% | 12.3% | 12.1% |
| IUC - Primary Care % | 45.5% | 51.1% | 52.4% |
| IUC - Other Referrals % | 10.0% | 3.1% | 3.1% |
| PTS - Demand (Journeys) | 63,751 | 56,819 | 66,815 |

## 999 Outcomes




## IUC Outcomes




## Commentary

**999** - When comparing March 2021 against March 2020 in terms of incident outcomes within 999, the level of See, Treat & Refer has reduced by 3.4 percentage points and Hear & Treat has reduced by 4.3 percentage points. The reductions have subsequently meant increases of 7.6 percentage points in See, Treat & Convey and also more incidents being transported to ED (+7.1 percentage points) which is a key national target. These changes are due to different profiles from last year which were heavily influenced by the COVID-19 national lockdown period.

**IUC -** Outcomes for IUC 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 14.4% in March). This is potentially related to a more acute patient mix from the 111 First campaign and receiving more calls from patients who would have walked into A&E and the reduction in general winter illness calls. 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.

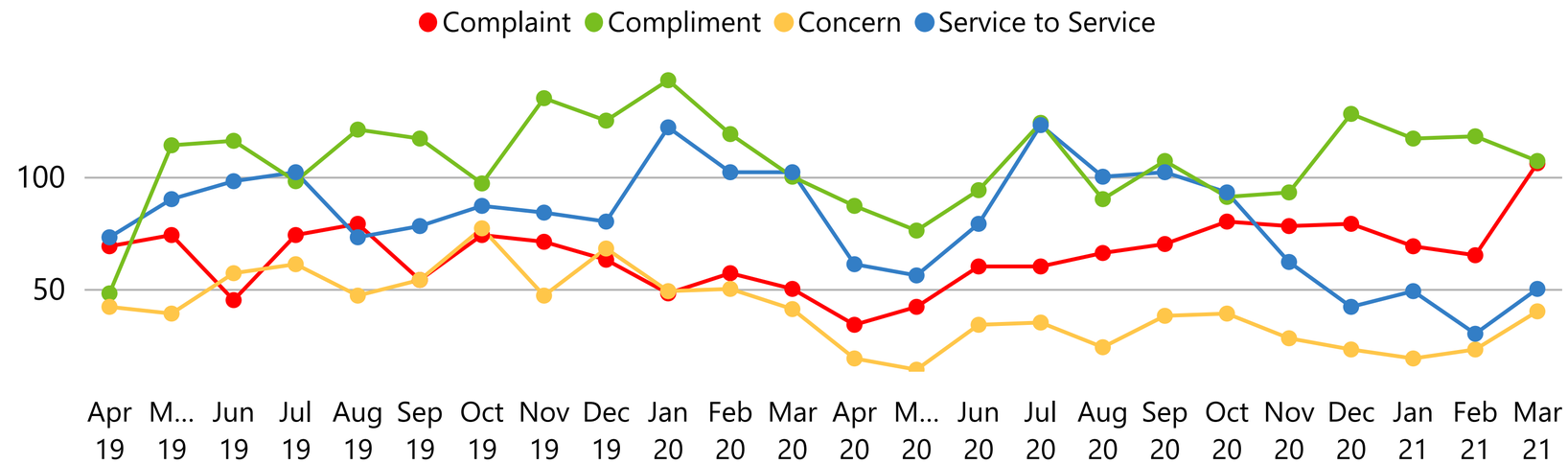
# Patient Experience
# (Director Responsible - Steve Page)

NHS Yorkshire Ambulance Service NHS Trust

## Patient Relations

| Indicator | Mar 20 | Feb 21 | Mar 21 |
|---|---|---|---|
| Service to Service | 102 | 30 | 50 |
| Concern | 41 | 23 | 40 |
| Compliment | 100 | 118 | 107 |
| Complaint | 50 | 65 | 106 |

## Complaints, Compliments, Concerns and Service to Service




## YAS Compliance

| Indicator | Mar 20 | Feb 21 | Mar 21 |
|---|---|---|---|
| % FOI Request Compliance | 57.1% | 100.0% | 100.0% |

## YAS Comments

**Patient Safety**

Numbers of complaints are at the highest seen in the last 12 months, sitting outside the normal expected variation. There has been a significant increase in the number of complaints, concerns, and concerns raised by other NHS organisations across all service areas. The highest category of complaint across all services is “Clinical/Patient Care”. Further analysis is ongoing to identify specific trends within this subject area.

**FOI Compliance** has remained at 100%

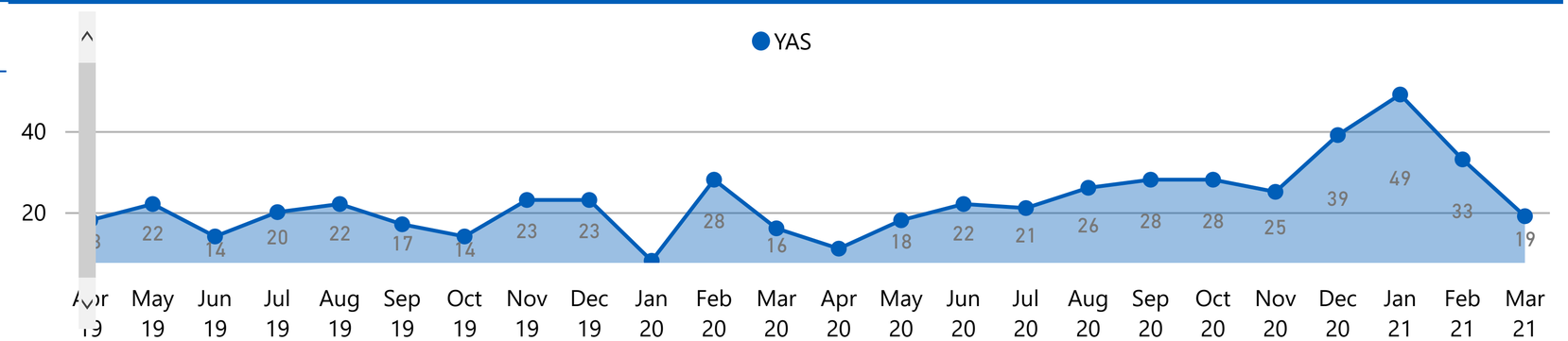
# Patient Safety - Quality (Director Responsible - Steve Page)

NHS Yorkshire Ambulance Service NHS Trust

## Incidents

| Indicator | Mar 20 | Feb 21 | Mar 21 |
|---|---|---|---|
| All Incidents Reported | 687 | 812 | 827 |
| Medication Related | 50 | | 42 |
| Moderate & Above Harm - Total | 16 | 33 | 19 |
| Number of duty of candour contacts | 4 | 4 | 9 |
| Number of RIDDORs Submitted | 1 | 1 | 6 |
| Serious | 4 | 5 | 9 |

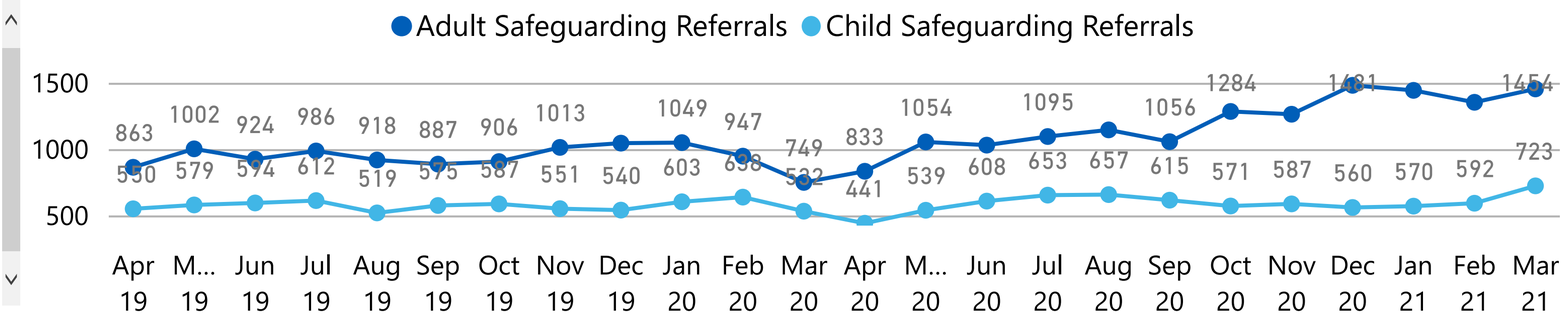
## Incidents - Moderate and Above Harm




## YAS Child and Adult Safeguarding

| Indicator | Mar 20 | Feb 21 | Mar 21 |
|---|---|---|---|
| Adult Safeguarding Referrals | 749 | 1,353 | 1,454 |
| Child Safeguarding Referrals | 532 | 592 | 723 |
| % Trained Safeguarding for Children (L1) | 97.9% | 96.7% | 96.8% |
| % Trained Safeguarding for Children (L2) | 91.9% | 85.8% | 84.7% |
| % Trained Safeguarding for Adults (L1) | 97.8% | 95.9% | 95.8% |

## Safeguarding Training




## A&E Long Responses

| Indicator | Mar 20 | Feb 21 | Mar 21 |
|---|---|---|---|
| 999 - C1 Responses > 15 Mins | 413 | 165 | 271 |
| 999 - C2 Responses > 80 Mins | 1,156 | 602 | 665 |

## YAS IPC Compliance

| Indicator | Mar 20 | Feb 21 | Mar 21 |
|---|---|---|---|
| % Compliance with Hand Hygiene | 98.9% | 98.9% | 99.0% |
| % Compliance with Premise | 98.7% | 98.7% | 98.3% |
| % Compliance with Vehicle | 98.4% | 98.8% | 99.1% |

## YAS Comments

**Incidents:** Incidents reported have increased to 827 last month back in line with normal variation although still higher than last Mar (687). Moderate & above harm incidents have reduced to 19.

**Safeguarding Referrals:** Adult referrals have increased slightly from the previous month and remain outside the expected variation and Child referrals are significantly up exceeding the upper control limit for the first time since the beginning of the data set in October 2019.

**Long Responses** - the quality team investigate long responses to understand the impact on the patient. Cat 1 and Cat 2 long responses have been high due to the pressure on performance and the availability of resources although reduced significantly last month.

# Patient Clinical Effectiveness (Director Responsible Julian Mark)

NHS Yorkshire Ambulance Service NHS Trust

## 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 | Aug 20 | Sep 20 | Oct 20 | Nov 20 |
|---|---|---|---|---|
| Number of STEMI Patients | 84 | 80 | 98 | 95 |
| Call to Balloon Mins for STEMI Patients (Mean) | 125 | 122 | 142 | 150 |
| Call to Balloon Mins for STEMI Patients (90th Percentile) | 194 | 171 | 177 | 214 |

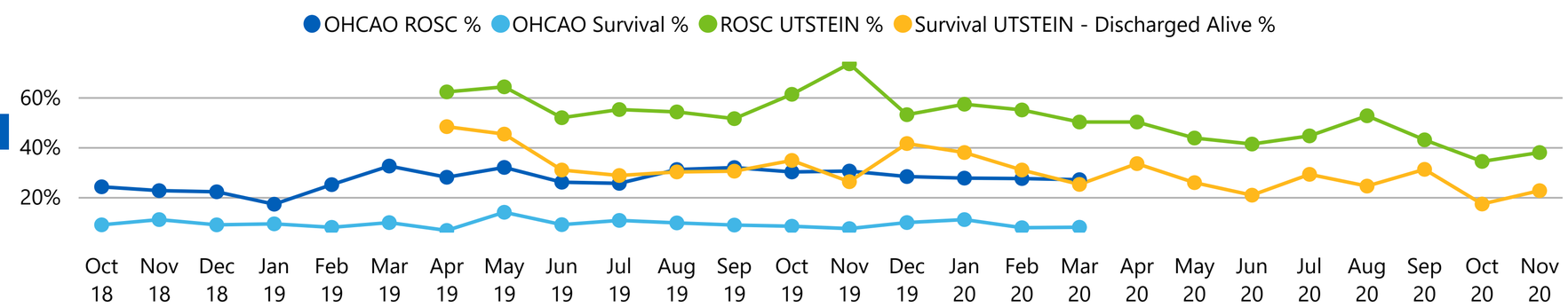
## Sentinal Stroke National Audit Programme (SSNAP)

| Indicator | Oct 20 | Nov 20 | Dec 20 |
|---|---|---|---|
| Avg Time from call to hospital | 87 | 85 | 81 |
| Total Patients | 360 | 340 | 385 |

## Re-contacts as Proportion of Incident Category

| Indicator | Jan 21 | Feb 21 | Mar 21 |
|---|---|---|---|
| Re-contacts - H&T (%) | 7.4% | 8.1% | 6.3% |
| Re-contacts - S&T (%) | 5.9% | 6.5% | 6.2% |
| Re-contacts - Conveyed (%) | 7.2% | 6.9% | 6.4% |

## ROSC and Survival




**Sepsis Care Bundle** – Data evidences increase in care bundle compliance from 61% in June 2019 to 79% in September 2020, dipping slightly to 76% in December 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** – STeMI care bundle performance is lower than the national average, and analgesia administration is identified as the main cause. The regional network approach to analgesia in STeMI does not correlate with the national care bundle and a full review of the care bundle audit is underway. A review of the STeMI emergency care pathway is also underway to include all ACS Patients.

**Stroke Care Bundle** – Consistently performing in 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 19/20.

**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.

**Re-contacts with 72 hours** - 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) - Mar 21

NHS Yorkshire Ambulance Service NHS Trust

## Estates

| ShortName | Feb 21 | Mar 21 |
|---|---|---|
| P1 Emergency (2 HRS) | 100.0% | 100.0% |
| P1 Emergency – Complete (<24Hrs) | 100.0% | 75.0% |
| P2 Emergency (4 HRS) | 93.7% | 83.3% |
| P2 Emergency – Complete (<24Hrs) | 74.6% | 64.6% |
| Planned Maintenance Complete | 92.9% | 99.6% |
| P6 Non Emergency - Attend within 2 weeks | 83.0% | 90.8% |
| P6 Non Emergency - Complete within 4 weeks | 59.2% | 78.2% |

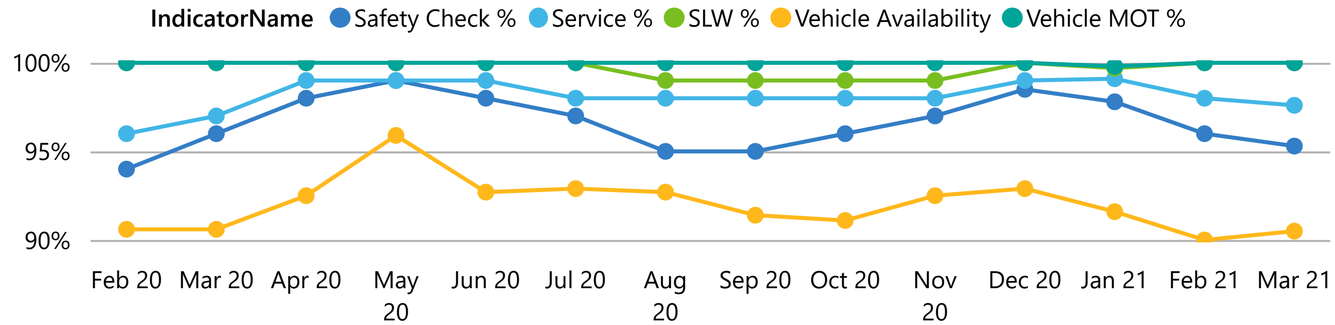
**Estates Commentary**

Reactive work requests totaled 317 for the month of March which is consistent for previous months of January (327) and February (321).

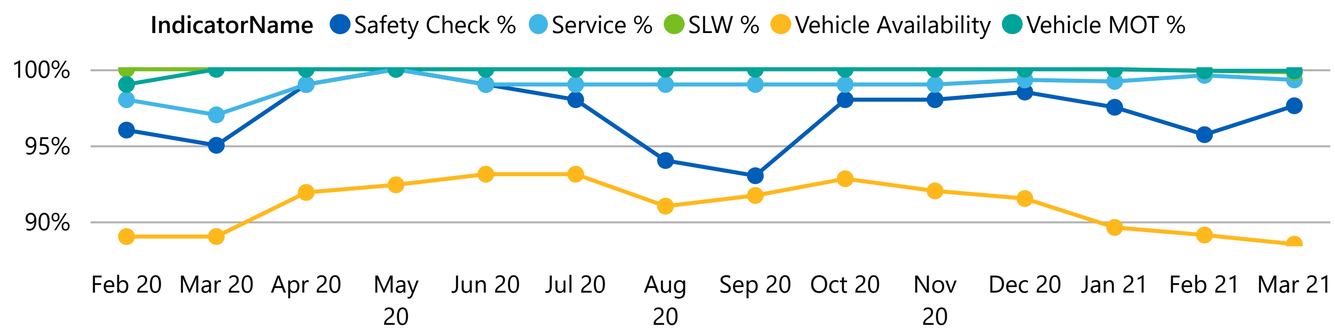
Springhill remains the largest user of reactive service requirement accounting for 12% of the demand on the Trust estate within March.

Combined first day fix for reactive work is at 76% within Month. The overall variable rate for attendance is 92% and completion of works is at 83% of the variable rate.

## 999 Fleet




## PTS Fleet




## 999 Fleet Age

| IndicatorName | Mar 20 | Mar 21 |
|---|---|---|
| Vehicle age +7 | 3.5% | 7.3% |
| Vehicle age +10 | | 0.4% |

## PTS Age

| IndicatorName | Mar 20 | Mar 21 |
|---|---|---|
| Vehicle age +7 | 16.7% | 13.6% |
| Vehicle age +10 | 27.2% | 9.8% |

**Fleet Commentary**

March has seen the start of the replacement programme on A&E and PTS this has affected the vehicle availability slightly due to the commissioning and decommissioning process, longer term the newer vehicles will improve the overall availability due to reliability.

To date the Trust has taken delivery of 12 new DCA vehicles and 23 PTS vehicles. Although vehicle availability has dipped slightly fleet have been working with Operational colleagues to ensure all rota lines are covered. the routine maintenance is down on the previous month which is being rectified with the reallocation of resource and overtime to bring this back in line.

# Glossary - Indicator Descriptions (A&E)

NHS Yorkshire Ambulance Service NHS Trust

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)

NHS Yorkshire Ambulance Service NHS Trust

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 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 |
| 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)

NHS Yorkshire Ambulance Service NHS Trust

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)

NHS Yorkshire Ambulance Service NHS Trust

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. |
| 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 |
| 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 |
| 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 |
| 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" |
| WF09 | Sickness - Short Term % | percent | Sickness lasting less than 28 days, as a percentage of FTE days in the period |
| WF08 | Sickness - Long Term % | percent | Sickness lasting 28 days or over, 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 |
| WF05 | PDR / Staff Appraisals % (T-90%) | percent | Percentage of staff with an in date Personal Development Review, also known as an Appraisal |
| WF04 | Turnover (FTE) % | percent | The number of staff leaving (FTE) in the period relative to the average FTE in post for the period |
| WF03 | New Starters (FTE) | decimal | New starters in the month (FTE) |
| WF02 | BME % | percent | The percentage of staff who identify as belonging to a Black or Minority Ethnic background |
| WF01 | FTE in Post | int | Full Time Equivalent Staff in post, calculated as of the last day of each month |

# Glossary - Indicator Descriptions (Clinical)

NHS Yorkshire Ambulance Service NHS Trust

Clinical

| mID | ShortName | IndicatorType | Description |
|---|---|---|---|
| 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. |
| 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. |
| 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 |
| CLN10 | Number of patients who received appropriate care bundle (Sepsis) | int | Number 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 |
| CLN09 | STEMI % | percent | Proportion of patients with a pre-hospital clinical working impression of STEMI who received the appropriate best practice care bundle |
| CLN06 | OHCAO Survival % | percent | Proportion 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 |
| CLN03 | OHCAO ROSC % | percent | Proportion of patients who had return of spontaneous circulation upon hospital arrival following an out of hospital cardiac arrest during which YAS continued or commenced BLS/ALS |

# Glossary - Indicator Descriptions (Fleet and Estates)

NHS Yorkshire Ambulance Service NHS Trust

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 |
| 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 |