



# Integrated Performance Report

Nov 2021

Published 14 Dec



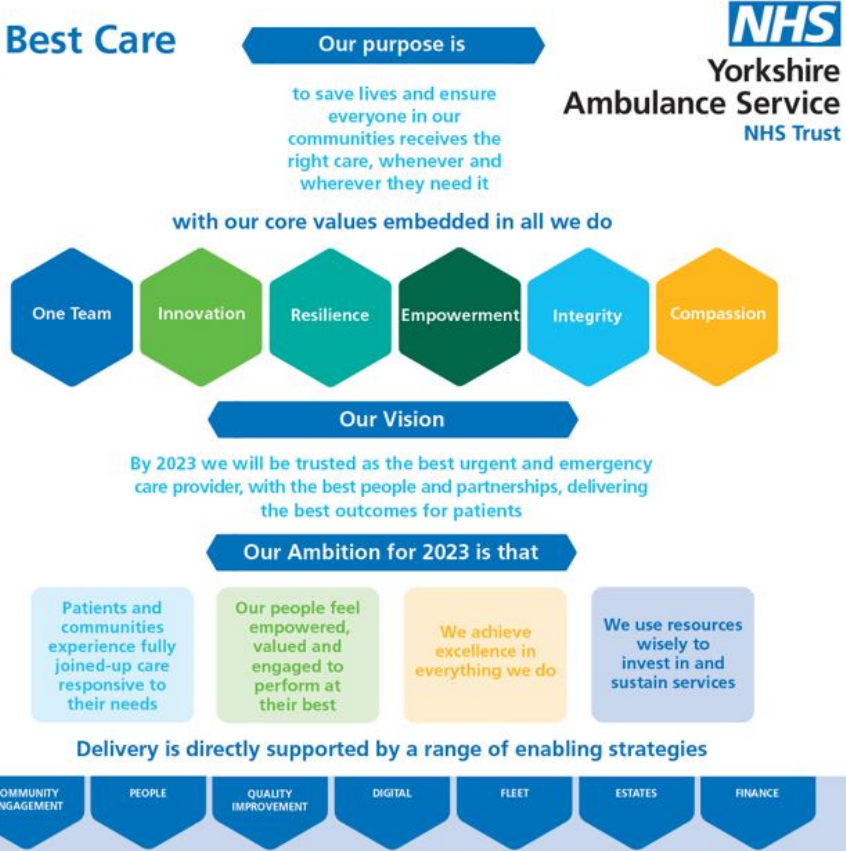
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## One Team, Best Care



## 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

- 📄 H2 Business Plans. UEC 10-point plan and Winter Plans submitted to the NHSE/I and the ICSs.
- 📄 Operational Pressures in all areas and this has impacted ambulance wait times and handovers. Handover action plan and support has been initiated with the EDs to support patients and reduce handovers.
- 📄 Pathways - Working closely in enabling standardisation of the pathways and improving patient access. Focus on all three areas is to trial and test 2-hr UCR model and SDEC provision. Alternative pathways to avoid conveyance to ED continue to be discussed and developed across the system
- 📄 ED Streaming tool is being trialled to direct patients to alternative services. This is similar to 111 online.
- 📄 Discussions on going with the development of the Integrated Commissioning Boards and YAS representation. This is being managed through the Integrated Commissioning Framework.
- 📄 Digital – Extended the EDDI license.
- 📄 Communication – Development of the communication campaigns to support patient behaviour – stay healthy, Choose Wisely and health and wellbeing
- 📄 Rotational Paramedic Phase 1 went live and Phase 2 to go live on the 13 Dec 2021.
- 📄 Regional critical care team (NHSe/I National team programme) – Intensive care to intensive care transfers, tender has been put out. This is being reviewed with the Business planning and Contract Manager on suitable partnership options.

## Humber Coast and Vale ICS

- 📄 The local CAS in HCV is now fully operational with expanded service. 24/7 review of ED validations in place including online dispositions. GP 1&2 hour speak to dispositions also being reviewed.
- 📄 Digital development: Clinician to clinician pilot between the local CAS and Scarborough Frailty SDEC – work delayed in relation to the testing and training.
- 📄 Any to Any Booking function is being tested. The NEL SPA to commence booking into Primary Care where appropriate. CHCP direct booking into UTCs and their Care Connect booking process has been in place for 9 weeks, with the services have seen a high number of successful bookings into each site.
- 📄 The MH Response Vehicle 9-week pilot extension went live with a rotating fixed crew on 11 October. Work ongoing to understand utilisation, impact, and benefit realisation with Humber FT
- 📄 Access to MH Pathway – developing pathway to enable YAS crews to access MH crisis team for advice and guidance and onward referral in order to avoid ED. Planned go live 13.12.21
- 📄 Refreshed pathway to widen criteria for crews to refer to the Friarage launched – to ensure frail, elderly patients living in Hambleton, Richmond and Whitby pathway can access care closer to home unless in need of acute services at James Cook – work develop will also ensure better integration with the FAST service (UCR service in that area)

## West Yorkshire ICS

- Urgent community response – increasing 999 referrals (national push) and aim to pilot direct transfer of cat 3&4 call into UCR service in Kirklees via WY Clinical advice Service (provided through Local Care Direct WY).
- Leeds Children's & Young people's new inpatient facility (Leeds) – Go live of transfer from old 8 bed unit in central Leeds to new 22 bed unit at St/Mary's hospital on outskirts of Leeds was due for 1st Dec. This has now been delayed until the New Year to allow time for construction finalisations.
- Interfacility Transfers – There has been several separate reports and escalation to both the SSDM for West and Operational colleagues about delays to IFTs and the booking process. Meetings with individual partners have been set up to resolve issues and work through challenges, whilst also communicating the extreme pressures we are facing and how handover delays may also impact on IFT journeys.

## South Yorkshire and Bassetlaw ICS

- Hospital pressures continue with a significant impact on handovers and an increase in internal diverts to Bassetlaw. Several issues have occurred as a result of the internal diverts and these have been escalated via the appropriate channels.
- TRFT remains pressured with an increase in long lengths of stay. Some elective procedures have been stepped down, and some urgent treatment have had to be cancelled due to lack of critical care capacity.

## Agile Operations

ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
Asset Management							
Hub & Spoke and AVP							
Hybrid / Agile working		N/A			N/A		
Logistics Hub							
Prepacked POM Pouches							
Training Capacity (Morley)							
Trust Demand Workforce & Accommodation Plan							

Trust Demand Workforce & Accommodation Plan - YAS and ORH co-production of a 5-year workforce planning modelling to support understanding of all YAS service lines. Project is rated Green.

Logistics Hub is now rated Amber due to floor loading information required for detailed design work.

Asset Management - Separate capability for stock control and medicine management proposed, rated Amber reflecting delivery in 2022/23. Prepacked POM Pouches is rated Amber reflecting the dependency with Logistics Hub.

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

Hybrid / Agile working – work being undertaken to understand current working patterns and future preference of staff working from home, whilst establishing desk requirements for operational call centres.

Training Capacity (Morley) – works largely complete to provide additional training capacity to support additional recruitment.

## Digital Enablers

ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
A&E Smartphone (Personal Issue)							
ePR Phase 4							
N365 Implementation							
Unified Communications					N/A		

Unified Communications - final phase of the roll out went live on 7 September. N365 Implementation is now delivered with some around policy and procedure to be completed.

ePR Phase 4 is now rated amber, reflecting pressure on Clinical, ICT & Operational project resource and limited capacity support working practice change during the current high levels of operational demand.

A&E Smartphone (Personal Issue)-whilst good progress is being made remains Amber as deployment of devices remains behind trajectory.

Body worn cameras – phase 1 & 2 on track but the project is rated Amber as low levels of camera usage present risks to benefits realisation. Phase 3 planning paused to focus on benefits realisation.

## Our Patients

ProjectName	Overall	Budget/ Costs	Comms	Delivery	KPIs	Resources	Risks & Issues
EOC Business Continuity Improvements	Amber	Green	Green	Amber	Green	Green	Green
EOC Clinical (Patient Process)	Amber	Green	Green	Amber	Amber	Green	Amber
EOC Performance Improvement Programme	Green	Green	Green	Green	Amber	Green	Green
IUC Sustainability & Improvements	Green	Green	Green	Green	Green	Amber	Green
Mental Health Project	Green	Amber	Green	Green	Green	Amber	Amber
Phase 2 – Post Registration Paramedic Career Pathway (SP/AP)	Green	Amber	Green	Green	Green	Amber	Green
Remote Clinical Assessment (RCA) People Plan	Green	Green	Green	Green	Green	Amber	Green
Rotational Paramedics	Amber	Green	Green	Green	Amber	Green	Amber
Supporting Ambulance Performance	Amber	Green	White	Green	Amber	Green	White
Team Based Working	Green	Amber	Green	Green	Green	Green	Amber

Supporting Ambulance Performance – rated amber with good progress recruiting to EMD, ECA and Paramedic posts. Winter Coordination centres live in three of four areas. New vehicles expected mid-November.

EOC Performance Improvement Programme - the programme has analysed past performance, developed a vision for EOC and established six workstreams to improve the performance.

EOC Business Continuity Improvements – options agreed pending Trust Board sign-off but rated Amber due to lead-in times.

EOC Clinical (Patient Process) Rated amber, milestones slipped due to CAD upgrade & unified comms, end date revised to Dec 2021.

IUC Sustainability & Improvements. PDG established and workstreams defined. Funding has been agreed/allocated for additional HA and CA roles above plan, recruitment to the additional roles against budget remain on-track

Team Based Working remains Green as implementation expected to be completed by end of November 2021. Evaluation planning underway.

Mental Health Project – MHRV pilot extended, though awaiting confirmation of 2nd vehicle availability.

Rotational Paramedics- first rotational working group started 20 September, feedback from Paramedics and PCN's is positive, though remains Amber.






















Post Registration Paramedic Career Pathway (SP/AP) remains on track with all three work streams.

Remote Clinical Assessment (RCA) People Plan- Current TNA placements will continue as planned. Career pathway, RCA pods (agile working) and Rotational Roles work streams continue to progress International Recruitment – YAS were selected to take part in HEE pilot to recruit NQP's from Australia but rated Amber as in early stages.



# 999 IPR Key Exceptions - Nov 21

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

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:01:08		
999 - Answer 95th Percentile		00:05:17		
999 - C1 Mean (T <7Mins)	00:07:00	00:10:09		
999 - C1 90th (T <15Mins)	00:15:00	00:17:27		
999 - C2 Mean (T <18mins)	00:18:00	00:42:00		
999 - C2 90th (T <40Mins)	00:40:00	01:30:54		
999 - C3 Mean (T - <1Hr)	01:00:00	02:12:27		
999 - C3 90th (T - <2Hrs)	02:00:00	05:18:58		
999 - C4 90th (T < 3Hrs)	03:00:00	07:12:36		
999 - C1 Responses > 15 Mins		1,272		
999 - C2 Responses > 80 Mins		5,448		
999 - Job Cycle Time		01:50:59		
999 - Avg Hospital Turnaround	00:30:00	00:50:00		
999 - Avg Hospital Handover		00:29:18		
999 - Avg Hospital Crew Clear		00:16:40		
999 - Average Hospital Notify Time		00:06:12		

**Call Answer:** The Call Answer Mean decreased in November to 1 minutes 8 seconds which is 1 minute 38 seconds less than October. The call answer mean for November last year was 12 seconds. Call demand was below forecast for the month by 5.2% but there was still a high proportion of abandoned and duplicate calls. The tail end of call answer times shown in the percentiles have remained high. Benchmarking data for the second week of November shows that YAS is no longer an outlier for call answer performance, ranking 4th and 5th for mean and 95th percentile, respectively.

**Cat 1-4 Performance:** No national performance targets were met in November. Performance times for all categories remain exceptionally high, although response times seen for most measures have improved compared to last month. The proportion of responses in more urgent categories has increased and coupled with high job cycle times and hospital turnaround times this impacts on resource availability and performance. Abstractions were 3.1% higher than forecast for November, reducing 0.7% from October. Weekly staff hours have increased compared to October by approximately 3,400 hours per week, though DCA Jobs times have also lengthened by 39 seconds compared to October. Availability increased by 2.3% from October and was reflected in improvements to performance. Compared to November 2020, abstractions are up by 2.3% and availability is down by 1.1%.

**Responses Tail (C1 and C2):** The number of C1 incidents with a response time greater than 15 minutes in November decreased by 233 to 1,272 which is 221.2% greater than November 2020.

The number of C2 incidents greater than 80 minutes last month decreased from October by 408 to 5,448. In November 2020 there were 1,143 C2 incidents over this threshold. The number of C1 incidents over 15 minutes and the number of C2 incidents over 80 minutes was exceptionally high for every week in November, although both have decreased from last month.

**Job cycle time:** Average Job Cycle time remains higher than last year and has been consistently increasing month on month. Throughout November there continued to be exceptionally high figures due to increased hospital turnaround times and more recently, increased in time spent on scene. Compared to the same month last year, job cycle time is up by 12.4% which equates to an increase of 12 minutes and 16 seconds. This is a significant impact on operational availability.

**Hospital:** Average hospital turnaround times for November remain high and similar to figures for October. Compared to November 2020 this is increased by 10 minutes and 34 seconds. 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, however, this increase appears to remain consistent since March 2020. More recently, the increase in turnaround times have been attributed to long handover times, with November showing over 29 minutes. The number of incidents with conveyance to ED decreased by 2.3% from October but increased from November last year by 3.8%.



# IUC and PTS IPR Key Indicators - Nov 21

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		133,465		
IUC - Calls Abandoned	3.0%	17.5%		
IUC - Answered in 60 Secs	90.0%	24.7%		
IUC - Call back in 1 Hour	60.0%	42.1%		
IUC - Core Clinical Advice	30.0%	22.6%		
IUC - Booking ED	70.0%	35.0%		
IUC - ED Validations %	50.0%	41.2%		
IUC - 999 Validations 30 mins %	50.0%	89.6%		

Indicator	Target	Actual	Variance	Assurance
PTS - Arrive at Appointment Time	90.0%	86.8%		
PTS - Answered < 180 Secs	90.0%	69.7%		
PTS - Journeys < 120Mins	90.0%	99.2%		
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	90.5%		
PTS - % Short notice - Pickup < 120 mins	90.8%	84.7%		







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

YAS received 161,701 calls in November, 7.1% above the Annual Business Plan baseline demand - as of the end of the month, year to date offered calls were 15.1% above the baseline. Of calls offered in November, 133,465 calls (82.5%) were answered, 7% more than were answered in Oct, and 10.8% lower than the number of calls answered in November 2020. Recent exceptional demand and staff availability challenges have heavily impacted on call performance metrics. The percentage of calls answered in 60 seconds improved last month, at 24.7% compared with 15.1% in October. Similarly average speed to answer was 513 seconds in November, down 343 seconds from October and against a national target of <20 seconds, and abandoned calls were 17.5% this month, well above the 3% target but 7% better than October's performance. YAS are not alone in these challenges, and most national providers are struggling with performance at the moment. The proportion of Clinician Call Backs made within 1 hour was 44.2%, below the 60% target but higher than 42.3% in October. Core clinical advice was 22.6%, up from 22.0% in October. These figures are calculated based on the new ADC specification, which removes 111 online cases from counting as part of clinical advice, and also locally we are removing cases which come from the DCABS clinical service as we do not receive the initial calls for these cases. The national KPI for ambulance validations monitors performance against outcomes validated within 30 minutes, rather than just all outcomes validated, and the target for this is 50% of outcomes, However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the national KPI, performance was 89.6% in October, whilst performance for overall validations was 99.9%, with around 11,000 cases validated overall. ED validation performance was 41.1% for November, the same figure as October. This was due in part to ED validation services being turned off for several periods of time during the month as a result of demand pressures to the service. ED validation also continues to be driven down since the implementation of 111 First and the prioritisation of UTCs over validation services for cases with an initial ED outcome. In the absence of this, YAS would have met and exceeded the 50% target every month this year.

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

Total Demand has been gradually increasing in recent months; The largest increase in demand is for planned care activity, Acute and system plans inform us that planned care is set to increase throughout H2 as part of the regions system recovery. Therefore PTS demand will continue to increase. Social Distancing guidance of 1m plus remains in place, limiting PTS ability to cohort patients; this is also minimising the potential efficiency benefit to resource and waiting times. Focus continues on the 120 Min Discharge KPI and patient care. Covid demand has been steadily decreasing since August and saw a 9.2% decrease in November, with 1,128 journeys delivered. Covid demand levels are now 65% lower the peak of the second wave. Short Notice Patients picked up within 120 Mins % was 84.7% in November which is in line with figures seen in recent months. As the 90.8% target is outside the control limits, it would take exceptional levels for the target to be achieved. Recent exceptional telephony demand continues as calls offered in Nov-21 was 53.9% higher than Nov-20. Despite this, the addition of new staff has had a positive impact on Call performance metrics, with Calls Answered in 180 seconds at 69.7% for November; a 26.7% increase on October. Mitigating measures for call handling are being actioned; but it should be noted at end of September PTS Call handling was enacting Business Continuity measures.

# Support Services IPR Key Indicators - Nov 21

Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		817		
Serious		4		
Moderate and Above Harm		44		
Service to Service		89		
Adult Safeguarding Referrals		1,666		
Child Safeguarding Referrals		712		

## Quality and Safety Exceptions - Comments (Director Responsible - Clare Ashby)

Incidents have increased this month but remain below the 12 monthly average.

The number of RIDDORS are lower than previous month due to outstanding investigations being completed last month.

Service to service incidents have seen an increase since last month and are lower than same period last year. These remain within the expected limits.













Long Responses Daily analysis of C1 2 x 90th and a sample of highest C2 2 x 90th is underway in order to review patient safety, any potential adverse incidents are brought to the Incident Review Group for assessment. A Patient Safety Harm page has now been created to measure further potential harms with a focus on Call Answering, Response and Hospital handovers.

## Workforce Exceptions - Comments (Director Responsible - Mandy Wilcock)

**Sickness** - Sickness remains high compared to the 5% target and has remained at 9.5%. Main impact is seen in our call centres with EOC and IUC absence at 11.8% and 13.3% respectively. Both short- and long-term absence have seen an increase. The EOC/111 transformation teams have specific work streams regarding health and wellbeing. Special Leave - **Special Leave** has decreased slightly and stands at 2.2%

**PDR** -rates at 51.5%. Given current operational pressures, all areas have seen some decrease in recent months. EOC is the area with lowest compliance which dropped a further 2 percentage-points. Support services (Other) is the second-lowest, but has improved by 2.6 percentage-points since previous month. IUC has also improved. Support is being provided to all areas and managers are receiving update briefings and workshops (for new managers) on how to conduct the appraisals achieving a quality conversation – aligned to the Trust’s refreshed Appraisal process which was launched earlier in November.

**Statutory and Mandatory Training** - Compliance figures have dropped against the 3 year core training as many staff are now due to refresh. Compliance for the 1 year face-to-face is still lower due to operational pressure. Staff are being encouraged to get all eLearning completed, and the TMG approved 3-year phased approach to achieve full compliance is built into next year’s Training Plan.

Indicator	Target	Actual	Variance	Assurance
Turnover (FTE) %		10.3%		
Sickness - Total % (T-5%)	5.0%	9.5%		
Special Leave		2.2%		
PDR / Staff Appraisals % (T-90%)	90.0%	51.5%		
Stat & Mand Training (Fire & IG) 1Y	90.0%	85.3%		
Stat & Mand Training (Core) 3Y	90.0%	81.6%		
Stat & Mand Training (Face to Face)	90.0%	71.2%		

# Workforce Summary

A&E	IUC	PTS
EOC	Other	Trust



## Key KPIs

Name	Nov 20	Oct 21	Nov 21
FTE in Post %		93.9%	92.8%
Turnover (FTE) %	8.3%	10.1%	10.3%
Vacancy Rate %		6.1%	7.2%
Apprentice %	4.3%	6.6%	6.6%
BME %	5.9%	6.2%	6.2%
Disabled %	3.0%	3.9%	3.9%
Sickness - Total % (T-5%)	8.2%	9.6%	9.5%
Special Leave	5.8%	2.4%	2.2%
PDR / Staff Appraisals % (T-90%)	70.7%	51.6%	51.5%
Stat & Mand Training (Fire & IG) 1Y	89.8%	82.7%	85.3%
Stat & Mand Training (Core) 3Y	97.0%	97.1%	81.6%
Stat & Mand Training (Face to Face)	69.0%	70.8%	71.2%
Stat & Mand Training (Safeguarding L2 +)	91.3%	83.8%	85.4%

## YAS Commentary

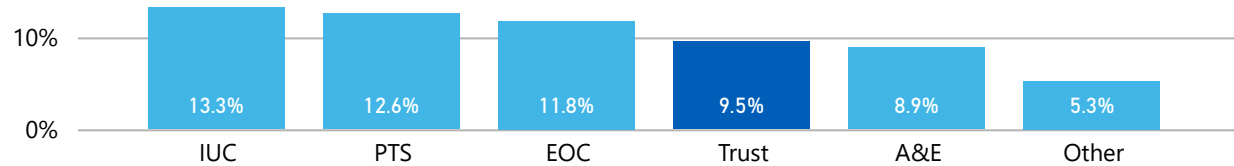
**FTE, Turnover, Vacancies and BME** - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 7.2% a significant increase from 6.1% in October 2021. Many of our vacancies are covered by overtime, hence the increase in vacancies is likely to be due to not all vacancies being covered and an increase in turnover, particularly in our call centres; IUC stands at 36.8%. Turnover has increased to pre-covid levels now at 10.3%.

**Sickness** - Sickness remains high compared to the 5% target and has remained at 9.5%. Main impact is seen in our call centres with EOC and IUC absence at 11.8% and 13.3% respectively. Both short- and long-term absence have seen an increase. The EOC/111 transformation teams have specific work streams regarding health and wellbeing. Special Leave - Special Leave has decreased slightly and stands at 2.2%

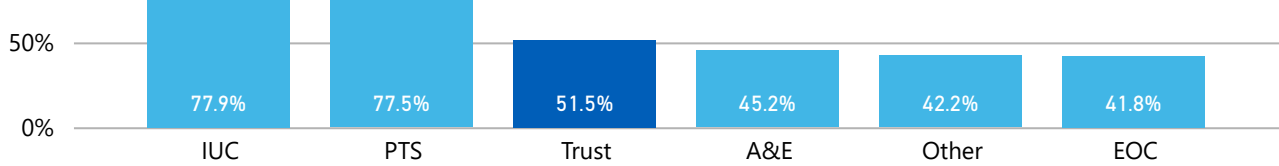
**PDR** - rates at 51.5%. Given current operational pressures, all areas have seen some decrease in recent months. EOC is the area with lowest compliance which dropped a further 2 percentage-points. Support services (Other) is the second-lowest, but has improved by 2.6 percentage-points since previous month. IUC has also improved. Support is being provided to all areas and managers are receiving update briefings and workshops (for new managers) on how to conduct the appraisals achieving a quality conversation – aligned to the Trust’s refreshed Appraisal process which was launched earlier in November.

**Statutory and Mandatory Training** - Compliance figures have dropped against the 3 year core training as many staff are now due to refresh. Compliance for the 1 year face-to-face is still lower due to operational pressure. Staff are being encouraged to get all eLearning completed, and the TMG approved 3-year phased approach to achieve full compliance is built into next year’s Training Plan.

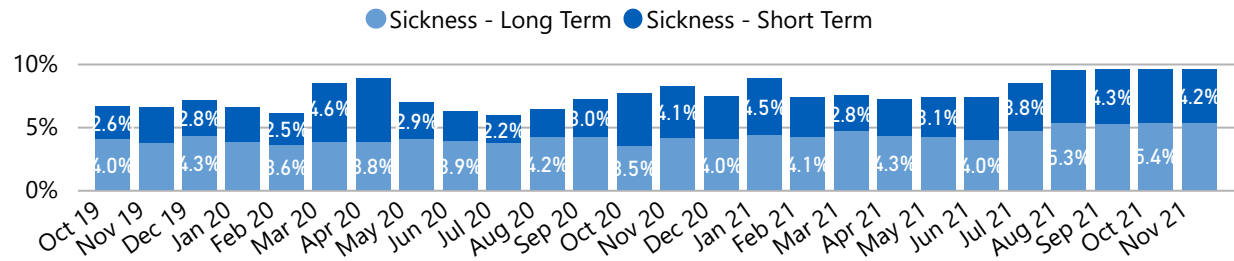
## Sickness Benchmark for Last Month



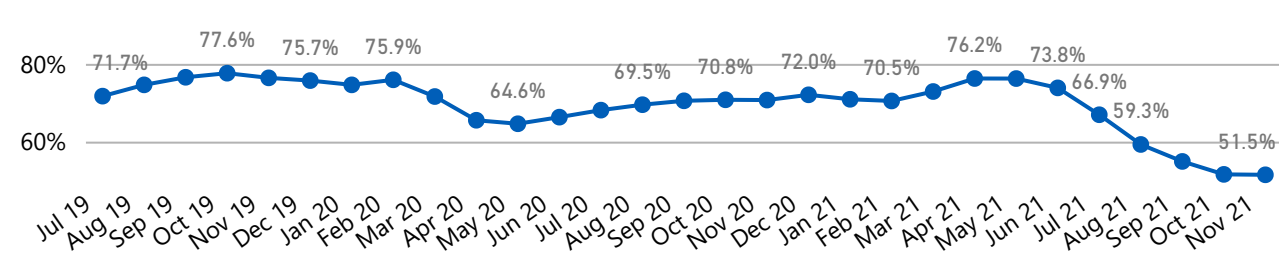
## PDR Benchmark for Last Month



## Sickness



## PDR - Target 90%



# YAS Finance Summary (Director Responsible Kathryn Vause- Nov 21)

## Overview - Unaudited Position

**Overall** - The Trust has a year to date surplus at month 8 of £1.4m in line with plan, and £1.2m for ICS reporting after the gains on disposals are removed.

**Capital** - YTD expenditure continues behind plan, some expenditure has been rephased in Estates, Fleet and IT together with unavoidable production and delivery delays in 2021/22. Work is ongoing to ensure the full year capital allocation is utilised.

**Cash** - As at the end of November the Trust had £75.3m cash at bank. (£64m at the end of 20-21).

**Risk Rating** - There is currently no risk rating measure reporting for 2021/22

## Full Year Position (£000s)

Name	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)	£1,172	£1,424	£252
Cash	£0	£75,312	£75,312
Capital	£7,185	£1,344	-£5,841

## Monthly View (£000s)

Indicator Name	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11
Surplus/ (Deficit)	£637	£7	-£392	-£7	-£104	£75	£1,208
Cash	£66,696	£67,971	£69,166	£72,812	£72,787	£74,752	£75,312
Capital	£107	£140	£267	£266	£205	£63	£296

# Patient Demand Summary

## Demand Summary

ShortName	Nov 20	Oct 21	Nov 21
999 - Incidents (HT+STR+STC)	68,192	70,618	69,515
999 - Increase - Previous Month	-4.1%	2.6%	-1.6%
999 - Increase - Same Month Last Year	-5.8%	-0.6%	1.9%
IUC - Call Answered	147,925	133,084	133,465
IUC - Increase - Previous Month	-2.2%	4.9%	0.3%
IUC - Increase Same Month Last Year	11.6%	-12.1%	-9.8%
IUC - Calls Answered Above Ceiling	7.0%	-13.9%	-13.3%
PTS - Demand (Journeys)	61,711	71,893	75,639
PTS - Increase - Previous Month	-5.5%	-3.9%	5.2%
PTS - Same Month Last Year	-17.8%	10.1%	22.6%

## Commentary

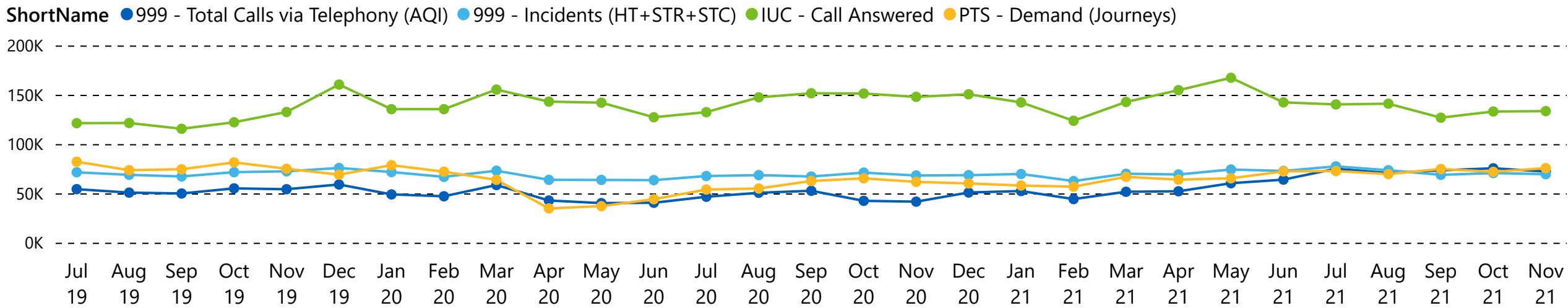
**999** - At Scene Response demand is 8.8% lower than forecasted levels for November. All Response Demand (STR + STC +HT) is 1.6% lower than last month and 1.9% higher than November 2020.

**IUC** -YAS received 161,701 calls in November, 7.1% above the Annual Business Plan baseline demand - as of the end of the month, year to date offered calls were 15.1% above the baseline. Of calls offered in November, 133,465 calls (82.5%) were answered, 7% more than were answered in October, and 10.8% lower than the number of calls answered in November 2020.

**PTS** -Total Demand has been gradually increasing in recent months; November's Total Demand saw a 5.2% increase on the previous month at 75,639 for the month. This is now 22.6% above the same month last year, which equates to c14,000 extra journeys. The largest increase in demand is for planned care activity, Acute and system plans inform us that planned care is set to increase throughout H2 as part of the regions system recovery. Therefore PTS demand will continue to increase. Social Distancing guidance of 1m plus remains in place, limiting PTS ability to cohort patients; this is also minimising the potential efficiency benefit to resource and waiting times

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

## Overall Calls and Demand

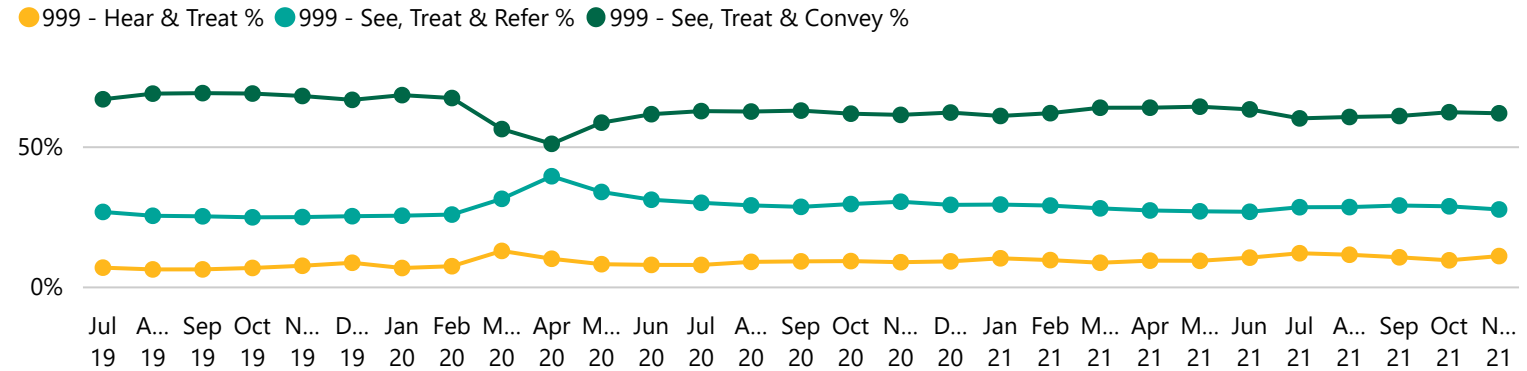


# Patient Outcomes Summary

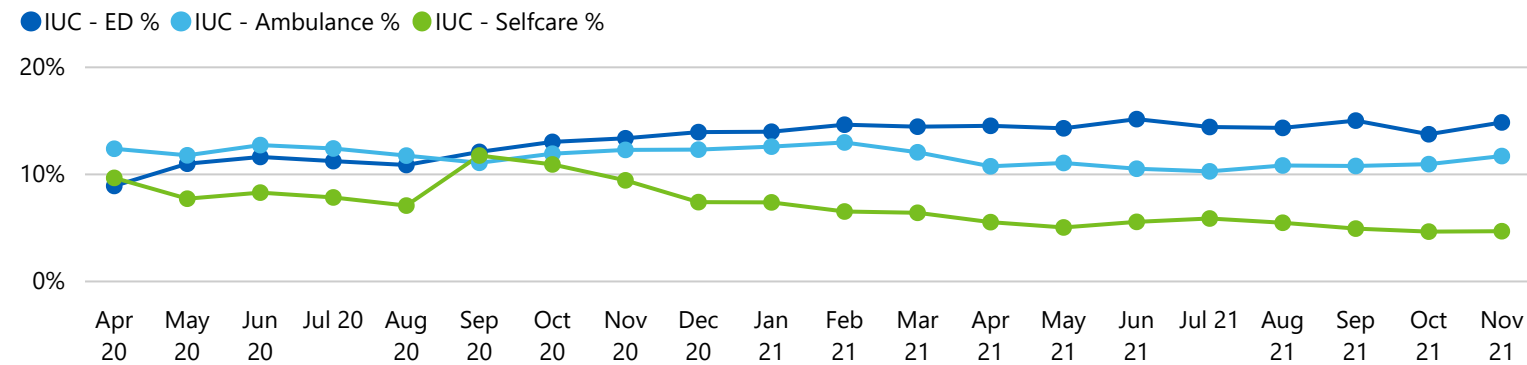
## Outcomes Summary

ShortName	Nov 20	Oct 21	Nov 21
999 - Incidents (HT+STR+STC)	68,192	70,618	69,515
999 - Hear & Treat %	8.6%	9.3%	10.8%
999 - See, Treat & Refer %	30.2%	28.6%	27.4%
999 - See, Treat & Convey %	61.2%	62.1%	61.7%
999 - Conveyance to ED %	53.7%	55.1%	54.7%
999 - Conveyance to Non ED %	7.5%	7.0%	7.1%
IUC - Calls Triaged	138,349		
IUC - ED %	13.3%	13.7%	14.8%
IUC - ED outcome to A&E	87.2%	80.3%	79.9%
IUC - ED outcome to UTC	2.3%	9.7%	10.8%
IUC - Ambulance %	12.2%	10.9%	11.6%
IUC - Selfcare %	9.4%	4.6%	4.6%
IUC - Other Outcome %	11.4%	10.9%	11.1%
IUC - Primary Care %	52.7%	57.8%	55.8%
PTS - Demand (Journeys)	61,711	71,893	75,639

## 999 Outcomes



## IUC Outcomes



## Commentary

**999** - When comparing November 2021 against November 2020 in terms of incident outcome proportions within 999, the proportion of See, Treat & Refer has decreased by 2.8%, Hear & Treat has increased by 2.2% and See, Treat & Convey has increased by 0.6%. The proportion of incidents with conveyance to ED has increased slightly by 1.0% from last year, as has the number of incidents conveyed to ED (+3.8%). In contrast, the number of incidents conveyed to non ED has decreased by 3.7%.

**IUC** - The proportion of callers given an ambulance outcome continues to be slightly lower than historical levels. Meanwhile, primary care outcomes remain at a higher level than in the early stages of the Covid-19 pandemic. The proportion of callers given an ED outcome is now consistently around 14-15%, several percentage points higher than historic levels, however within that there has been a shift. The proportion of ED outcomes where the patient was referred to a UTC is now consistently over 10%, compared with only around 2-3% historically. Correspondingly, the proportion of ED outcomes where the patient was referred to an A&E has fallen from nearly 90% historically to 80% now. This was a key goal of the 111 First programme aiming to reduce the burden on Emergency Departments by directing patients to more appropriate care settings.



# Patient Experience

## (Director Responsible - Clare Ashby)

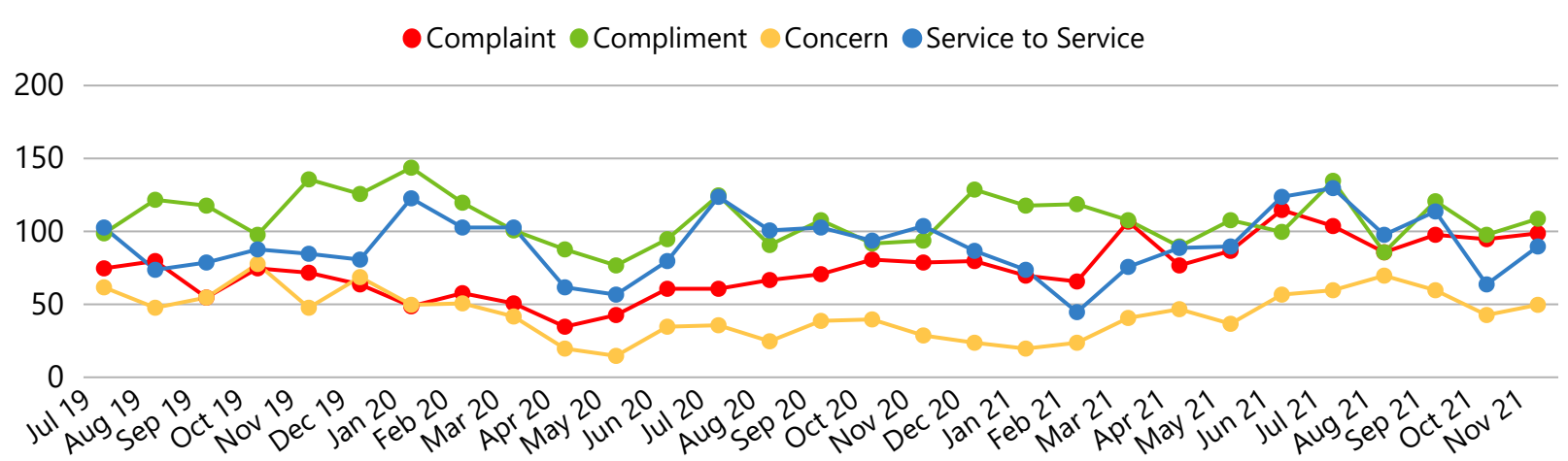
A&E   EOC   IUC  
PTS   **YAS**



### Patient Relations

Indicator	Nov 20	Oct 21	Nov 21
Service to Service	103	63	89
Concern	28	42	49
Compliment	93	97	108
Complaint	78	94	98

### Complaints, Compliments, Concerns and Service to Service



### YAS Compliance

Indicator	Nov 20	Oct 21	Nov 21
% FOI Request Compliance	89.3%	94.3%	100.0%

### YAS Comments

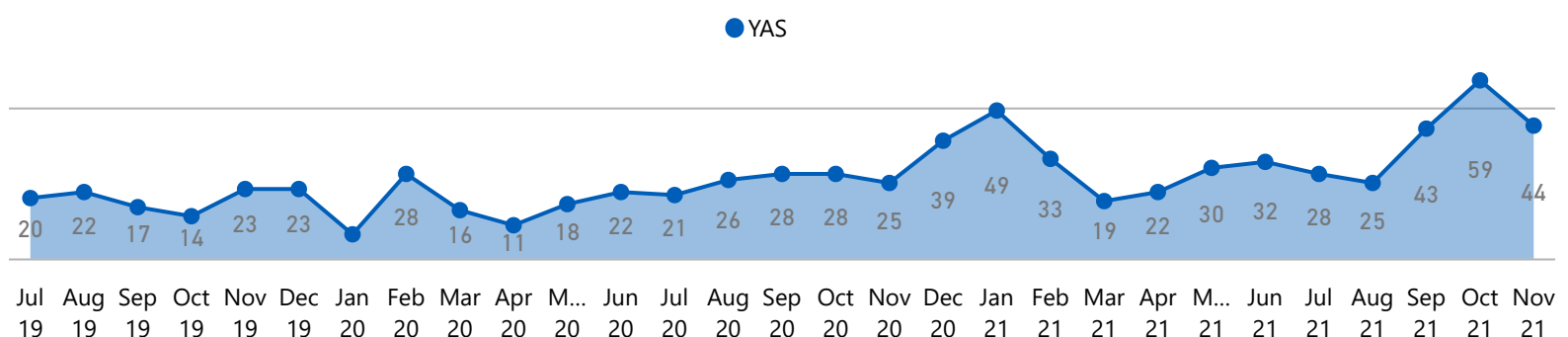
**Patient Relations** Patient relations seen decrease in in bound service to service incidents, concerns and complaints compared to last month.

**FOI Compliance** is consistently remaining above the target of 90%

## Incidents

Indicator	Nov 20	Oct 21	Nov 21
All Incidents Reported	683	755	817
Medication Related	47	79	138
Moderate & Above Harm - Total	25	59	44
Number of duty of candour contacts	7	7	4
Number of RIDDORs Submitted	3	2	5
Serious	6	6	4

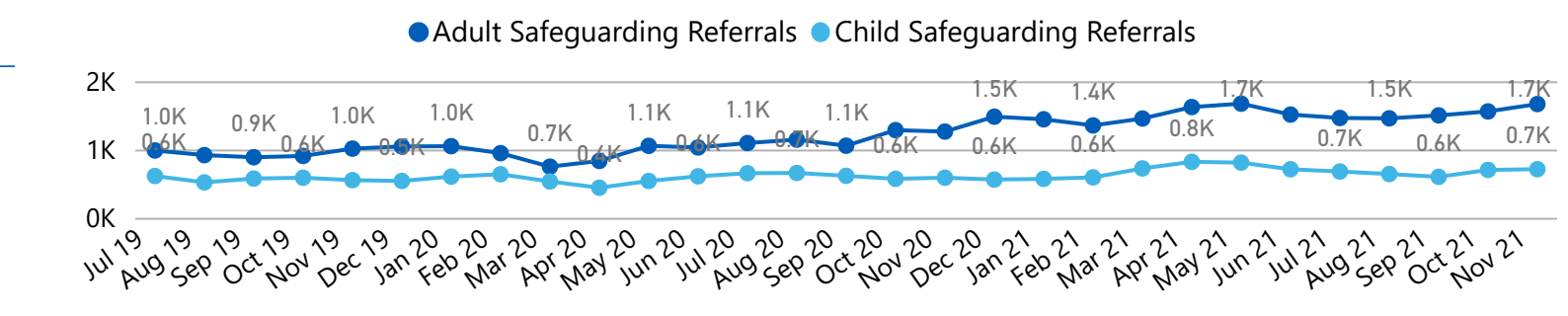
## Incidents - Moderate and Above Harm



## YAS Child and Adult Safeguarding

Indicator	Nov 20	Oct 21	Nov 21
Adult Safeguarding Referrals	1,263	1,558	1,666
Child Safeguarding Referrals	587	701	712
% Trained Safeguarding for Children (L1)	97.3%	93.8%	83.0%
% Trained Safeguarding for Children (L2)	90.8%	79.4%	81.4%
% Trained Safeguarding for Adults (L1)	96.9%	93.4%	82.4%

## Safeguarding Training



## A&E Long Responses

Indicator	Nov 20	Oct 21	Nov 21
999 - C1 Responses > 15 Mins	396	1,505	1,272
999 - C2 Responses > 80 Mins	1,143	5,856	5,448

## YAS Comments

**Safeguarding (child and adult)** – outside expected range - Safeguarding Referrals - Adult referrals have shown consistency over the past three months but remain outside of the previously expected variation. The trend for adult referrals continues to move upwards, indicating more need and vulnerability generally within the population. Child referrals have plateaued over July and August following the spike seen in Quarter 1 (2021-2022) bringing them inline with normal variation.

## YAS IPC Compliance

Indicator	Nov 20	Oct 21	Nov 21
% Compliance with Hand Hygiene	99.3%	99.0%	98.6%
% Compliance with Premise	98.0%	99.0%	98.9%
% Compliance with Vehicle	99.0%	100.0%	98.5%

**Safeguarding training** – below expected range – Level 2 training for both adult and child is currently below the target range of 85%. Increased operational demand is the likely explanation for why many staff have been unable to complete the training. There are a percentage of staff who are long term non-compliant (out of compliance since 2014-2020), with a further percentage showing with no date, indicating that they have never completed the level 2 training. These groups are being addressed as a priority due to the additional risk posed.

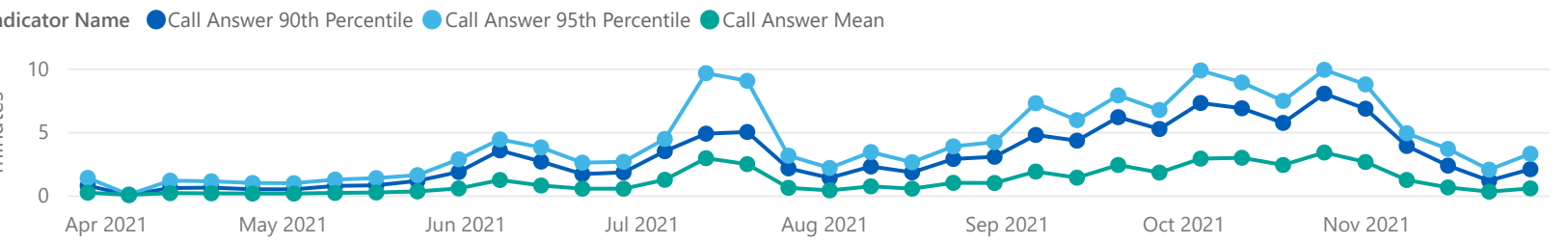
# Patient Safety (Harm)

**Commentary:**  
 Yorkshire Ambulance Service NHS Trust are looking into three areas of the patient’s journey which could cause harm. These have been highlighted as call to answer, delayed responses and hospital turnaround. Looking at these three areas can help the Trust triangulate data to identify areas of potential harm and improvement. These areas highlighted are monitored through the Trust Management Group. If a patient experiences more than one of the areas of potential harm this then generates a flag seen in the “instances where a call appears in more than 1 top 10 list”. A clinical review is then undertaken. 1 exceptions was highlighted for this IPR period of time but with no clinical harm.

### Instances where a call appears in more than 1 top 10 list

Date	Handover	Response	Telephony
31 July 2020			
18 November 2021			

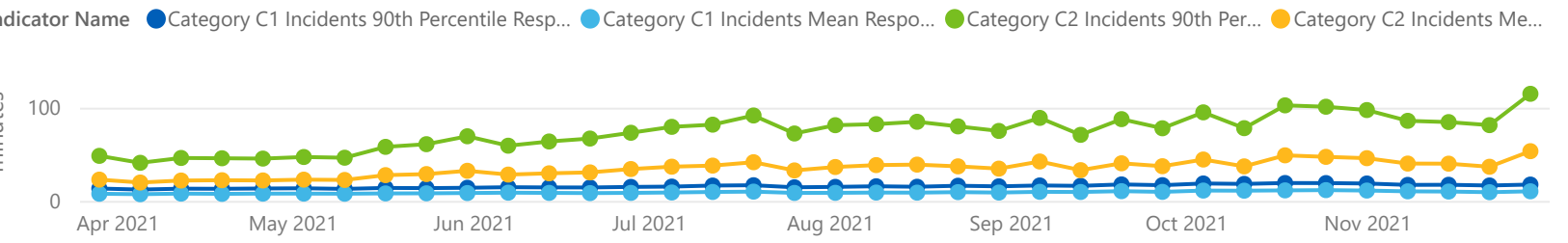
### Call Answer Metrics (call data available from 7th September onwards)



### Call Answer Metrics

Indicator Name	Nov 20	Oct 21	Nov 21
Call Answer 90th Percentile	00:00:35	00:06:45	00:03:53
Call Answer 95th Percentile	00:01:19	00:08:54	00:05:17
Call Answer Mean	00:00:12	00:02:46	00:01:08

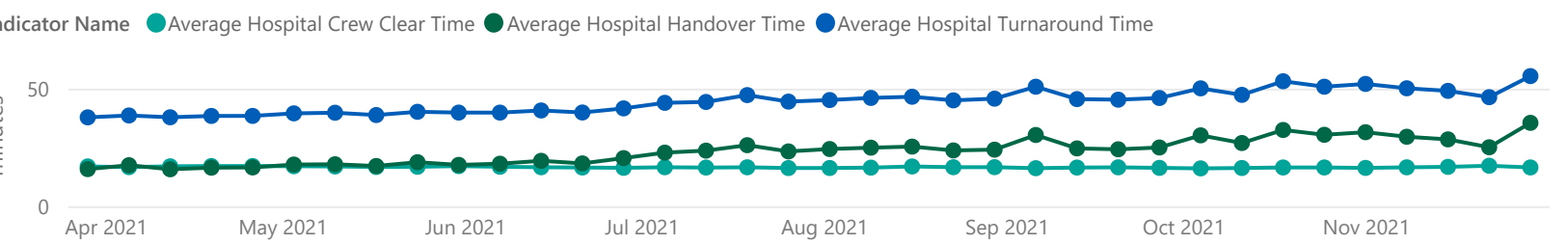
### Response Metrics



### Response Metrics

Indicator Name	Nov 20	Oct 21	Nov 21
Category C1 Incidents 90th Percentile Response Time	00:14:08	00:18:44	00:17:27
Category C1 Incidents Mean Response Time	00:08:14	00:11:04	00:10:09
Category C2 Incidents 90th Percentile Response Time	00:52:07	01:32:33	01:30:54
Category C2 Incidents Mean Response Time	00:24:36	00:43:40	00:42:00

### Hospital Turnaround Metrics



### Hospital Turnaround Metrics

Indicator Name	Nov 20	Oct 21	Nov 21
Average Hospital Crew Clear Time	00:15:44	00:16:19	00:16:40
Average Hospital Handover Time	00:18:21	00:29:16	00:29:18
Average Hospital Turnaround Time	00:39:26	00:49:44	00:50:00

# Patient Clinical Effectiveness (Director Responsible Julian Mark)



## Care Bundles (Last 3 Results)

Indicator	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21
Sepsis %			78.0%			84.0%			85.0%		
STEMI %	68.0%			61.0%			68.0%			66.0%	
Stroke %		92.0%			96.0%			96.0%			97.0%

## Myocardial Ischaemia National Audit Project (MINAP)

Indicator	Mar 21	Apr 21	May 21	Jun 21
Number of STEMI Patients	103	84	102	101
Call to Balloon Mins for STEMI Patients (Mean)	141	124	137	136
Call to Balloon Mins for STEMI Patients (90th Percentile)	180	166	178	194

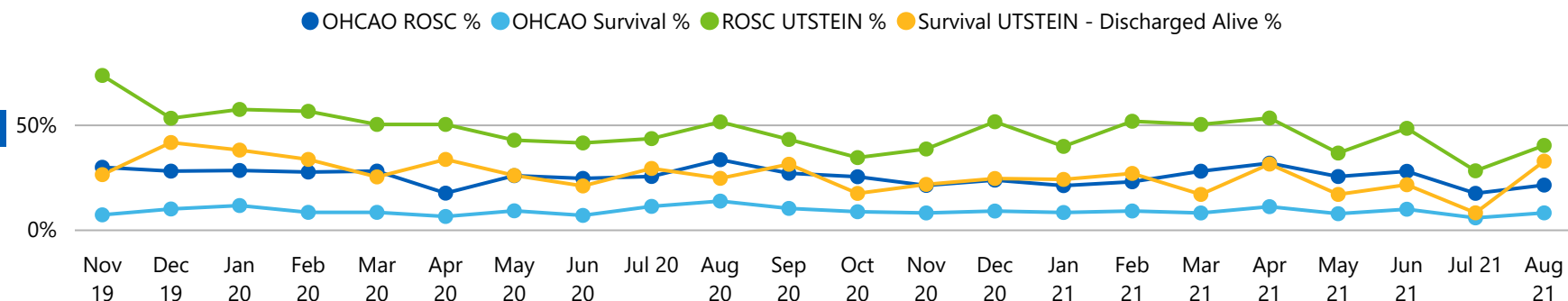
## Sentinal Stroke National Audit Programme (SSNAP)

Indicator	Jun 21	Jul 21	Aug 21
Avg Time from call to hospital	86	104	91
Total Patients	470	407	398

### Re-contacts as Proportion of Incident Category

Indicator	Jun 21	Jul 21	Aug 21
Re-contacts - H&T (%)	5.9%	4.9%	5.2%
Re-contacts - S&T (%)	5.2%	4.6%	4.6%
Re-contacts - Conveyed (%)	6.1%	5.6%	5.8%

## ROSC and Survival



**Sepsis Care Bundle** – Data evidences increase in care bundle compliance from 78% in December 2019 to 85% in June 2021. Hospital pre-alert remains largely responsible for the majority of failures. 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 aims to increase awareness of the care bundle and reduce on scene time with Red Flag Sepsis.

**STEMI Care Bundle** – Care bundle compliance currently demonstrates an upward trend in 2021 when compared with previous years. In April 2021 YAS achieved 68% compliance up from 61% in January 2021, July 2021 demonstrated 66%. 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 as well as the technical guidance under which this measure is audited. Recording of two pain scores (pre & post analgesia) is also a contributing factor to care bundle failures. Further work is currently being undertaken by YAS clinical informatics & audit team to circulate these findings to front-line clinicians. Further review of the ACQIs by the national audit group also suggests that this element of the care bundle may be amended in the near future.

**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. February & May 2021 both demonstrated 96% compliance. Blood pressure & FAST test recording compliance sits at above 99%, whilst the recording of blood sugar is currently at 93% across the trust. Communication of this trend to front-line clinicians has taken place.

**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 & July 2021; further investigation demonstrates worsened patient acuity during these months due to the current pandemic.

**MINAP** - This data shows the mean and 90th percentile time from call to cardiac catheter lab for intervention. Early access to reperfusion (the restoration of blood flow) and other assessment and care interventions are associated with reductions in STEMI mortality and morbidity. The time to angiography reflects the speed and effectiveness of both the ambulance service, and the team which provides emergency primary percutaneous angiography in the hospital.

**SSNAP** – This data shows the call to hospital arrival time for patients with a stroke. Measures will be developed of the overall times from call to CT scan and from call to thrombolysis, which will reflect the speed and effectiveness of both the ambulance service and the team which provides emergency and specialist stroke treatment in the hospital. The health outcomes of patients who suffer an acute stroke can be improved by recognising the symptoms of a stroke or transient ischaemic attack (TIA), making a diagnosis quickly, and by early transport of a patient to a stroke centre capable of providing further tests, treatment and care, including an early CT scan of the brain and "clot-busting" drugs (thrombolysis) for those who are eligible.

**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.

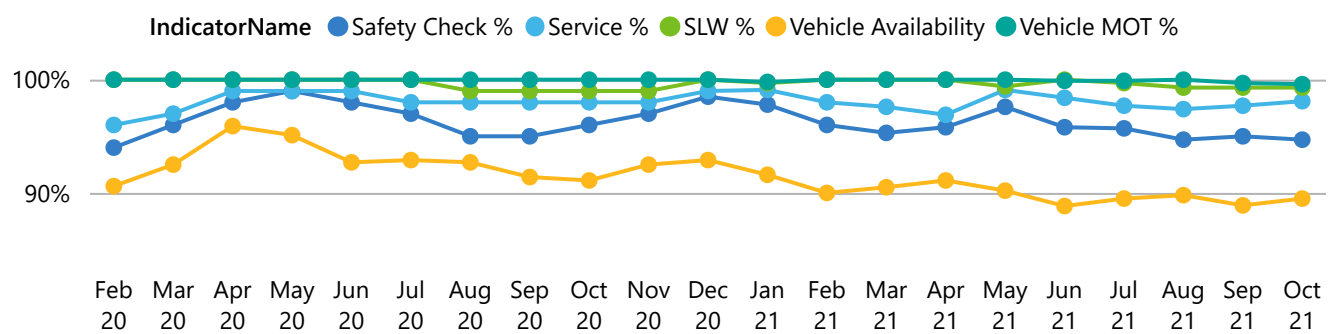
# Fleet and Estates

## Estates

### Estates Commentary

ShortName	Nov 20	Oct 21	Nov 21
P1 Emergency (2 HRS)	100.0%	100.0%	50.0%
P1 Emergency – Complete (<24Hrs)	100.0%	100.0%	75.0%
P2 Emergency (4 HRS)	94.3%	90.6%	87.9%
P2 Emergency – Complete (<24Hrs)	82.6%	81.1%	84.5%
Planned Maintenance Complete	100.0%	99.1%	92.3%
P6 Non Emergency - Attend within 2 weeks		100.0%	63.8%
P6 Non Emergency - Complete within 4 weeks		76.5%	53.2%

## 999 Fleet



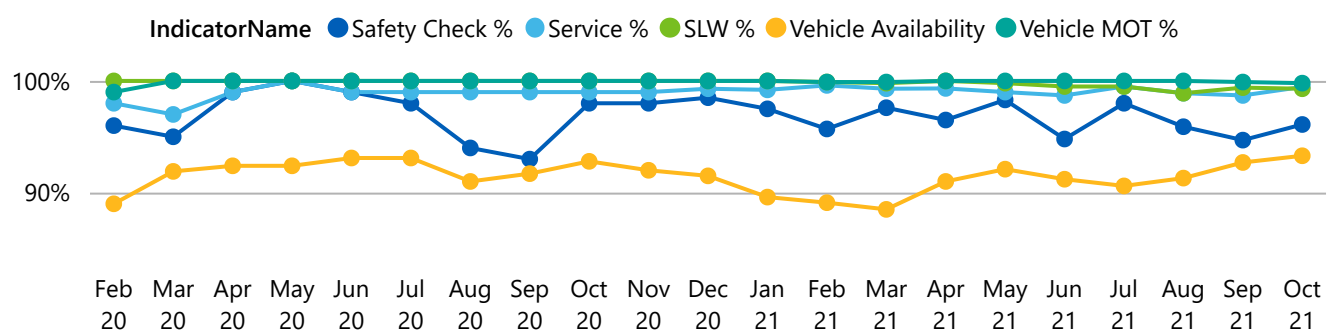
## 999 Fleet Age

IndicatorName	Oct 21
Vehicle age +7	11.4%
Vehicle age +10	0.4%

## PTS Fleet

IndicatorName	Oct 21
Vehicle age +7	9.8%
Vehicle age +10	2.2%

## PTS Fleet



# 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.
AMB78	999 - C1 90th (Trajectory)	time	C1 Incidents 90th Percentile Response Time (Trajectory)
AMB77	999 - C1 Mean (Trajectory)	time	C1 Incidents Mean Response Time (Trajectory)
AMB80	999 - C2 90th (Trajectory)	time	C2 Incidents 90th Percentile Response Time (Trajectory)
AMB79	999 - C2 Mean (Trajectory)	time	C2 Incidents Mean Response Time (Trajectory)
AMB82	999 - C3 90th (Trajectory)	time	C3 Incidents 90th Percentile Response Time (Trajectory)
AMB81	999 - C3 Mean (Trajectory)	time	C3 Incidents Mean Response Time (Trajectory)
AMB83	999 - C4 90th (Trajectory)	time	C4 Incidents 90th Percentile Response Time (Trajectory)
AMB84	999 - Call Answer Mean (Trajectory)	time	Call Answer Mean (Trajectory)
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.



# Glossary - Indicator Descriptions (IUC and PTS)

## IUC and PTS

mID	ShortName	IndicatorType	AQIDescription
IUC01	IUC - Call Answered	int	Number of calls answered
IUC03	IUC - Calls Answered Above Ceiling	percent	Percentage difference between actual number of calls answered and the contract ceiling level
IUC02	IUC - Calls Abandoned	percent	Percentage of calls offered that were abandoned
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
IUC31	IUC - Core Clinical Advice	percent	Proportion of calls assessed by a clinician or Clinical Advisor
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
IUC12	IUC - ED Validations %	percent	Proportion of calls initially given an ED disposition that are 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
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
WF28	Safeguarding Adults Level 2 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Adults Level 2 - 3 Years
WF24	Safeguarding Adults Level 1 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Adults Level 1 - 3 Years
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"
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
WF02	BME %	percent	The percentage of staff who identify as belonging to a Black or Minority Ethnic background

# 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.
CLN37	Re-contacts - S&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN35	Re-contacts - H&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN32	Survival UTSTEIN - Patients Discharged Alive	int	Survival UTSTEIN - Of R4n, patients discharged from hospital alive.
CLN30	ROSC UTSTEIN %	percent	ROSC UTSTEIN - Proportion 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.
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
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)

## 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