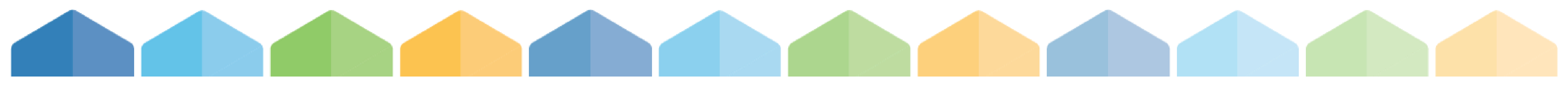




# Integrated Performance Report









April 2023

Published 22 May 2023



## Exceptions, Variation and Assurance

Statistical Control Charts (SPC) are used to define variation and targets to provide assurance. Variation that is deemed outside the defined lower and upper limit will be shown as a red dot. Where available variation is defined using weekly data and if its not available monthly charts have been used. Icons are used following best practice from NHS Digital and adapted to YAS. The definitions for these can be found below.

Variation			Assurance		
	 	 			
Common cause No significant change	Special cause of concerning nature or <b>higher</b> pressure due to (H)igh or (L)ow values	Special cause of improving nature or <b>lower</b> pressure due to (H)igh or (L)ow values	Variation indicates inconsistently passing or falling short of target	Variation indicates consistently (F)alling short of target	Variation indicates consistently (P)assing target

**Variation icons:**

- Orange** indicates concerning **special cause variation** requiring action.
- Blue** indicates where improvement appears to lie.
- Grey** indicates no significant change (**common cause variation**).

**Assurance icons:**

- Orange** indicates that you would consistently expect to **miss** a target.
- Blue** indicates that you would consistently expect to **achieve** a target.
- Grey** indicates that sometimes the target will be achieved and sometimes it will not, due to random variation. In a RAG report, this indicator would flip between red and green.

# Table of Contents



- Strategy and Priorities Overview
- Service Transformation & System Pressures
- Transformation Programme Dashboards
- KPI Exceptions (999, IUC, PTS, Quality and Workforce)
- Workforce Summary
- Finance Summary
- Patient Demand Summary
- Patient Experience (Quality)
- Patient Clinical Effectiveness



- Patient Outcomes Summary
- Patient Safety (Quality)
- Fleet and Estates



## One Team, Best Care



Patients and communities experience fully joined-up care responsive to their needs

Our people feel empowered, valued and engaged to perform at their best

### Our Ambitions for 2023

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.



April 2023 - PROPOSED Assurance Updates @ TEG+ 2023/24								
Overall DELIVERY (TCQ) Status - AMBER			Overall YAS Portfolio Status - AMBER					
18 GREEN	15 AMBER	1 RED	1 PAUSED	12 GREEN	14 AMBER	0 RED	8 Not Known	1 PAUSED

### Our people Workforce

Overall Status	DELIVERY	BENEFITS
(Green)	4 GREEN	2 GREEN
	1 AMBER	2 AMBER
	0 RED	0 RED
	0 Not Known	1 Not Known

TEG+ 1st Line of Assurance : SRO - Suzanne Hartshorne

- International Recruitment **VERALL STATL** **Deliver** **Benefit** **PJ**
- Occupational Health Model **VERALL STATL** **Deliver** **Benefit** **NK**

TEG+ 1st Line of Assurance : SRO - Steve Page

- Future Ways of Working (Moorhouse) **VERALL STATL** **Deliver** **Benefit** **PJ**
- Operating Model incorporating Accountability Framework **VERALL STATL** **Deliver** **Benefit** **PJ**

TEG+ 1st Line of Assurance : SRO - David O'Brien

- Bodyworn Camera Pilot **VERALL STATL** **Deliver** **Benefit** **NK**

### Our patients Patient Centred

Overall Status	DELIVERY	BENEFITS
(Amber)	6 GREEN	0 GREEN
	10 AMBER	10 AMBER
	1 RED	0 RED
	1 Not Known/Pause	8 Not Known/Pause

TEG+ 1st Line of Assurance : SRO - Jackie Cole

- A&E and EOC Programmes **NEW** **VERALL STATL** **Deliver** **Benefit** **NK** **PG**
- Rotational Paramedics Close to BAU 2023/24 **VERALL STATL** **Deliver** **Benefit** **PJ**
- Yorkshire Air Ambulance Review **VERALL STATL** **Deliver** **Benefit** **NK** **B**
- Mass Communications Tool **NEW** **VERALL STATL** **Deliver** **Benefit** **NK** **PJ**
- Enhancement to Career Pathway **VERALL STATL** **Deliver** **Benefit** **NK** **PJ**
- Phase 2 - First registration Paramedic Career Pathway (BAU) Close May 2023 **VERALL STATL** **Deliver** **Benefit** **NK** **PJ**
- EOC Bus Continuity Imps (Fairfields) **VERALL STATL** **Deliver** **Benefit** **NK** **PJ**

TEG+ 1st Line of Assurance : SRO - Lesley Butterworth

- Mental Health Programme **VERALL STATL** **Deliver** **Benefit** **NK** **PG**

TEG+ 1st Line of Assurance : SRO - Chris Dexter

- NEPTS Programme **NEW pending Approval** **VERALL STATL** **Pause** **Benefit** **NK** **PG**

TEG+ 1st Line of Assurance : SRO - David Beet

- IUC Improvements Programme **VERALL STATL** **Deliver** **Benefit** **NK** **PG**
- 1. Operational Team Leaders (A) **Deliver** **Benefit** **NK** **PJ**
- 2. Rota Review (DRH) **Deliver** **Benefit** **NK** **PJ**
- 3. Clinical Career Pathway IUC **Deliver** **Benefit** **NK** **PJ**
- 4. Homeworking (transition to ED) **Deliver** **Benefit** **NK** **PJ**
- 5. SVCC **Deliver** **Benefit** **NK** **PJ**

TEG+ 1st Line of Assurance : SRO - Jackie Cole

- NHS Charities Together-Vol. Sc **VERALL STATL** **Deliver** **Benefit** **NK** **PJ**

TEG+ 1st Line of Assurance : SRO - Dr Steven Dykes

- Priority Patient Pathways & Safer Flight Care **VERALL STATL** **Deliver** **Benefit** **NK** **PJ**
- Stroke Video Triage Pilot Close May 2023 **VERALL STATL** **Deliver** **Benefit** **NK** **PJ**

### Our places Agile Operations

Overall Status	DELIVERY	BENEFITS
(Green)	7 GREEN	7 GREEN
	1 AMBER	1 AMBER
	0 RED	0 RED
	0 Not Known	0 Not Known

TEG+ 1st Line of Assurance : SRO - Carol Weir

- Trust Demand Wforce & Accom (DRH) **VERALL STATL** **Deliver** **Benefit** **NK** **PJ**
- Hub & Spoke and AVP **VERALL STATL** **Deliver** **Benefit** **NK** **PG**
- Asset Management System **VERALL STATL** **Deliver** **Benefit** **NK** **PJ**
- Pre-Packed PDM Pouches **VERALL STATL** **Deliver** **Benefit** **NK** **PJ**
- Logistics Hub **VERALL STATL** **Deliver** **Benefit** **NK** **PJ**
- Scarborough Cluster AVP Station **OVERALL STATUS** **Deliver** **Benefit** **NK** **PJ**
- Hull Hub & Spoke **VERALL STATL** **Deliver** **Benefit** **NK** **PJ**
- Hybrid / Agile Working **VERALL STATL** **Deliver** **Benefit** **NK** **PJ**

### Digital Enablers

Overall Status	DELIVERY	BENEFITS
(Green)	1 GREEN	1 GREEN
	1 AMBER	1 AMBER
	0 RED	0 RED
	0 Not Known	0 Not Known

TEG+ 1st Line of Assurance : SRO - Simon Marsh

- Clinical Systems Development **VERALL STATL** **Deliver** **Benefit** **NK** **PG**
- ESMCP-Mobile Data Vehicle Sol **VERALL STATL** **Deliver** **Benefit** **NK** **PJ**

### Northern Ambulance Alliance

Overall Status	DELIVERY	BENEFITS
(Amber)	0 GREEN	2 GREEN
	2 AMBER	0 AMBER
	0 RED	0 RED
	0 Not Known	0 Not Known

TEG+ 1st Line of Assurance : SRO - Carol Weir

- Integrated CAD **VERALL STATL** **Deliver** **Benefit** **NK** **PG**
- Robotic Process Automation **VERALL STATL** **Deliver** **Benefit** **NK** **PG**

### Projects Awaiting Approval to Close

- Hybrid Working Phases 1 & 2 (Springhill) **PJ**
- E-Expenses Software (Gate 4 13 June 2023) **PJ**
- Supporting Fallers Outside by CFRs (Closure) **PJ**

### Projects Pending

- GRS Replacement
- EOC Management re-structure and implementation of Team Based
- ESMCP Control Room Solution
- Case Management
- Green Strategy

# 999 IPR Key Exceptions - April 23

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:10		
999 - Answer 95th Percentile		00:01:15		
999 - C1 Mean (T <7Mins)	00:07:00	00:08:07		
999 - C1 90th (T <15Mins)	00:15:00	00:14:07		
999 - C2 Mean (T <18mins)	00:18:00	00:24:26		
999 - C2 90th (T <40Mins)	00:40:00	00:52:47		
999 - C3 Mean (T - <1Hr)	01:00:00	01:16:01		
999 - C3 90th (T - <2Hrs)	02:00:00	02:51:00		
999 - C4 90th (T < 3Hrs)	03:00:00	03:40:46		
999 - C1 Responses > 15 Mins		611		
999 - C2 Responses > 80 Mins		1,231		
999 - Job Cycle Time		01:47:38		
999 - Avg Hospital Turnaround	00:30:00	00:45:52		
999 - Avg Hospital Handover	00:15:00	00:17:57		
999 - Avg Hospital Crew Clear	00:15:00	00:21:34		
999 - Average Hospital Notify Time		00:06:25		
999 - Total lost handover time		00:41:54		
999 - Crew clear over 30 mins %		22.3%		
999 - C1%		13.4%		
999 - C2%		61.2%		
999 - Calls Ans in 5 sec	95.0%	85.0%		
999 - AHT		366		

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

**Call Answer** - The mean call answer was 10 seconds for April, a decrease from March which had a mean of 23 seconds. The median remained the same at zero seconds while the 90th, 95th and 99th percentile all decreased. The 90th decreased from 1 minute 32 seconds in March to 31 seconds in April, 95th from 2 minutes 29 seconds to 1 minute 15 seconds and 99th from 4 minutes 10 seconds to 2 minutes 42 seconds. This indicates that there was an overall decrease in the call answer times for April, particularly on the tail end.

**Cat 1-4 Performance** - Performance times for Category 1 and 2 were exceptionally low in April and were better than they were in March. The mean performance time for Category 1 decreased from March by 54 seconds and the 90th decreased by 1 minute 12 seconds, falling below the 15 minute national target. The mean performance time for Category 2 decreased by 10 minutes 10 seconds and the 90th decreased by 26 minutes 11 seconds. Performance times for other categories were also shorter in April.

Abstractions were 1.6% lower than forecast for April, falling 1.7% from March. Weekly Net staff hours have risen compared to March by over 2,200 hours per week. Overall availability increased by 3.9% from March. Compared to April 2022, abstractions are down by 1.6% and availability is up by 8.2%.

**Call Acuity** - The proportion of Cat1 and Cat2 incidents was 74.7% in April (13.4% Cat1, 61.2% Cat2) after a 2.0% decrease compared to March (0.6% decrease in Cat1 and 1.4% decrease in Cat2). Comparing against April for the previous year, Cat1 proportion has increased by 0.6% and Cat2 proportion has decreased by 0.6%.

**Responses Tail (C1 and C2)** - The number of Cat1 responses greater than the 90th percentile target decreased in April, with 611 responses over this target, decreasing by 310 (34%) compared to March. The number for last month was 46% less than April 2022.

The number of Cat2 responses greater than 2x 90th percentile target decreased from March by almost 2,500 responses (67%). This is a 76% decrease from April 2022.

**Job cycle time** - Overall, job cycle time is almost 6.5 minutes shorter than in March and 4 minutes shorter than in April 2022.

**Hospital** - The average handover and turnaround times improved significantly in January and again last month. Compared to March, turnaround times are almost 7 minutes shorter. The number of incidents with conveyance to ED is slightly less than in March, decreased by 2.5%, but more than April 2022 by 3.2%.



# IUC IPR Key Indicators - April 23



Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		141,367		
IUC - Increase - Previous Month		4.5%		
IUC - Increase Same Month Last Year		3.2%		
IUC - Calls Triaged		132,109		
IUC - Calls Abandoned	3.0%	16.7%		
IUC - Answer Mean	00:00:20	00:03:25		
IUC - Answered in 60 Secs	90.0%	49.2%		
IUC - Call back in 1 Hour	60.0%	51.3%		
IUC - ED Validations %	50.0%	32.8%		
IUC - Ambulance validations %	95.0%	99.5%		
IUC - ED %		14.1%		
IUC - ED outcome to A&E		73.5%		
IUC - ED outcome to UTC		13.5%		
IUC - Ambulance %		10.8%		

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

YAS received 169,793 calls in April, -1.6% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in April, 141,367 calls (83.3%) were answered, 4.5% lower than were answered in March and 3.2% lower than the number of calls answered in April 2022. Demand has further decreased, however, due to continued high numbers of new starters going through the training process and experienced staff assisting with coaching, call performance metrics are still being impacted and not at target levels as expected. Whilst it is no longer a national KPI, we are continuing to monitor the percentage of calls answered in 60 seconds, as it is well recognised within the IUC service and operations as a benchmark of overall performance. This measure increased in April to 49.2%, compared to 34.7%, in March. Average speed to answer in February was 205 seconds (3 minutes and 25 seconds), down 106 seconds from March, but still higher than the national target of <20 seconds. Similarly, abandoned calls were 16.7% this month, above the 3% target, and an increase of 2.6% on January's performance. YAS are not alone in these challenges, with other providers experiencing similar challenges.

The proportion of Clinician Call Backs made within 1 hour was 51.3%, below the 60% target but an increase from March. Core clinical advice was 20.9%, down from 21.5% in March. 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 96.0% in April whilst performance for overall validations was 99.7%, with around 9,850 cases validated overall.

ED validation performance was 32.8% in April, 2.3% lower than March. This figure being lower than the target is due in part to ED validation services being closed on DoS (in the out of hours periods) for several periods of time during the month as a result of clinical demand and capacity 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. Previous analysis showed that if cases now going to UTCs that would have gone to validation previously were no longer included in the denominator for the validation calculation, YAS would have met and exceeded the 50% target every month this year.

Amongst booking KPIs, bookings to UTCs increased to 54.3% from 51.6% in March. Bookings to IUC Treatment Centres has dropped considerably since we have started receiving Adastra data again. Looking into the figures the referrals to IUC treatments centres has stayed consistent, however, there seems to be issues with the booking system causing a lot less bookings and impacting this KPI.

ED bookings are still being monitored, with performance continuing to remain below 40%. Finally performance against the SDEC booking KPI remains at 0% as very few cases are being referred to SDEC and no booking is enabled.

# PTS IPR Key Indicators - April 23



Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	40.9%		
PTS - % Short notice - Pickup < 120 mins	90.8%	74.3%		
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	86.4%		
PTS - Arrive at Appointment Time	90.0%	85.6%		
PTS - Journeys < 120Mins	90.0%	99.1%		
PTS - Same Month Last Year		-2.7%		
PTS - Increase - Previous Month		-14.8%		
PTS - Demand (Journeys)		67,648		

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

PTS Total Activity for April was 67,648. This is the lowest monthly figure since February 2022 following a 14.8% decrease on the previous month: March being the highest monthly figure since October 2019. Due to the timings of the weekends and 2 bank holidays, there were only 18 regular weekdays during April, which is 5 fewer than in March. Total Demand was down 2.7% on the same month the previous year, equivalent to c 1,900 fewer journeys.

Focus continues on the 120 Min Discharge KPI and patient flow.

The average Patients Per Vehicle was 1.30 during April. This is 0.02 lower than the previous month. The phased approach to increasing efficiencies and cohorting is on plan aligned to a reduced use of Private Providers; this has had an impact on performance levels. In January, additional discharge provision was provided to minimise delay in Acute settings waiting for transport to discharge, with unprecedented handover delays and patient waiting times. As a result, January saw the highest number of Private Provider hours since June, however Private Provider hours have since decreased: April being the lowest monthly figure since July 2020. Short Notice Outwards Performance was 74.3% in April (-3.3% on March).

Call levels also saw a significant decrease in April: -15.9% on March which is the lowest monthly call demand in over 2 years. Performance saw a 9.9% increase, meaning telephony performance was 40.9% for the month of April: 49.1% under target. Current modelling demonstrates that Reservations required an extra 6.1 FTE online to be able to meet the call demand and achieve service level.

Respiratory infection demand continues to fluctuate at 572 for the month of April. This is 66.1% below last April.



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

**Patient Relations** – There has been a decrease in the number of Service to Service cases received against last month. Complaints have decreased, while concerns and compliments have both increased slightly.

**Safeguarding adult and child referrals** – There has been a slight increase in both adult and child safeguarding referrals compared with last month. Overall, compared to the same month last year, adult and child referrals are both significantly higher.







**Safeguarding training** – Safeguarding for Children and Safeguarding for Adults L2 have both seen a very small increase and are now above 95%. Level 2 training has remained stable and been part of the essential learning work undertaken by the Trust, which includes a dashboard that leaders can access to see their teams compliance levels.













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

**Sickness** - Sickness is now steadily decreasing to nearer pre-covid levels and is now at 7.0%, although IUC has increased to 11.9% from last month's 11.3%. The EOC/111 transformation teams have specific work streams regarding health and wellbeing. A new sub-group under the Operational Efficiency Group is commencing in June which will support and monitor the work to reach our 1% reduction target for sickness, which includes a new case management system and overhauled Attendance Management policy.

**PDR / Appraisals** - Overall compliance rate has decreased marginally to 71.5%, with the largest decrease in PTS (-1.0%). PTS remains the highest performing area within the Trust at 86.6%. EOC is the worst performing area but has increased by 1.5% against last month; targeted support ongoing. Support continues to be provided to all areas with manager briefings and workshops on how to conduct the appraisals achieving a quality conversation. This is enabled by the Compliance Dashboard (refreshed bi-weekly) tracking completion, quality/feedback and appraisal training rates by Trust, Directorate and team.

**Statutory and Mandatory Training** - At Trust level, 3 out of 4 training measures are compliant (90%+). Face-to-face training has seen increases for both A&E and Other and is on track to achieve the 3-year recovery plan (83%). Fire Safety eLearning now has a 2-year refresh (previously annually) resulting in increased compliance for Fire & IG, now over the compliance threshold at 93.5%. Targeted work continues to improve the annual IG and Data Security compliance rate. EOC is now fully compliant (green) for all categories along with PTS, however IUC is close to full compliance with only Fire & IG below 90%. Managers receive the link to Compliance Dashboard fortnightly with key messages regarding priorities for action. Essential Learning Champions in all areas of the Trust are supporting the progress.

Indicator	Target	Actual	Variance	Assurance
All Incidents Reported		684		
Serious		14		
Moderate and Above Harm		45		
Service to Service		66		
Adult Safeguarding Referrals		2,174		
Child Safeguarding Referrals		1,085		

Indicator	Target	Actual	Variance	Assurance
Turnover (FTE) %		10.8%		
Sickness - Total % (T-5%)	5.0%	7.0%		
Special Leave		0.1%		
PDR / Staff Appraisals % (T-90%)	90.0%	71.5%		
Stat & Mand Training (Fire & IG) 1Y	90.0%	93.5%		
Stat & Mand Training (Core) 3Y	90.0%	95.1%		
Stat & Mand Training (Face to Face)	90.0%	85.3%		

# Workforce Summary

A&E

IUC

PTS

EOC

Other

Trust



## Key KPIs

Name	Apr 22	Mar 23	Apr 23
Turnover (FTE) %	12.0%	11.0%	10.8%
Vacancy Rate %		14.2%	14.2%
Apprentice %	8.5%	8.7%	10.0%
BME %	6.5%	6.1%	6.0%
Disabled %	4.2%	5.7%	5.8%
Sickness - Total % (T-5%)	10.2%	7.2%	7.0%
Special Leave	0.5%	0.2%	0.1%
PDR / Staff Appraisals % (T-90%)	48.9%	71.6%	71.5%
Stat & Mand Training (Fire & IG) 1Y	88.8%	92.3%	93.5%
Stat & Mand Training (Core) 3Y	82.0%	94.6%	95.1%
Stat & Mand Training (Face to Face)	75.2%	82.3%	85.3%
Stat & Mand Training (Safeguarding L2 +)	90.5%	96.7%	96.9%

**Assurance: All data displayed has been checked and verified**

## YAS Commentary

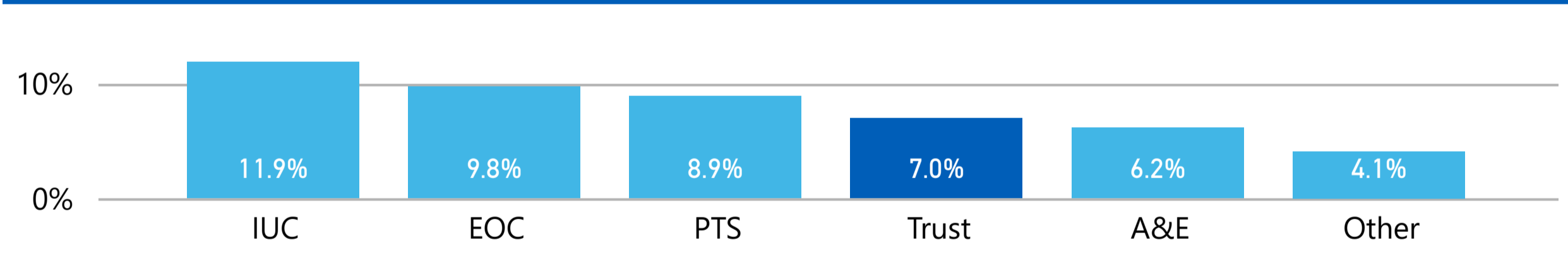
**FTE, Turnover, Vacancies and BME** - The vacancy rate shown is based on the budget position against current FTE establishment with vacancies at 14.2% and Turnover at 10.8%. Vacancy rate has remained the same with turnover is steadily decreasing month on month. The main area of concern remains in our call centres. Dedicated recruitment and retention work within our call centres continues to progress well. Cultural reviews are also taking place to understand issues.

**Sickness** - Sickness is now steadily decreasing to nearer pre-covid levels and is now at 7.0%, although IUC has increased to 11.9% from last month's 11.3%. The EOC/111 transformation teams have specific work streams regarding health and wellbeing. A new sub-group under the Operational Efficiency Group is commencing in June which will support and monitor the work to reach our 1% reduction target for sickness, which includes a new case management system and overhauled Attendance Management policy.

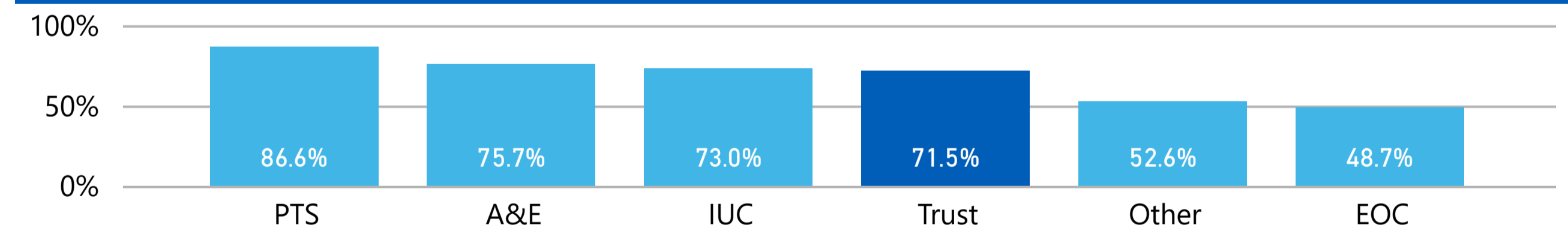
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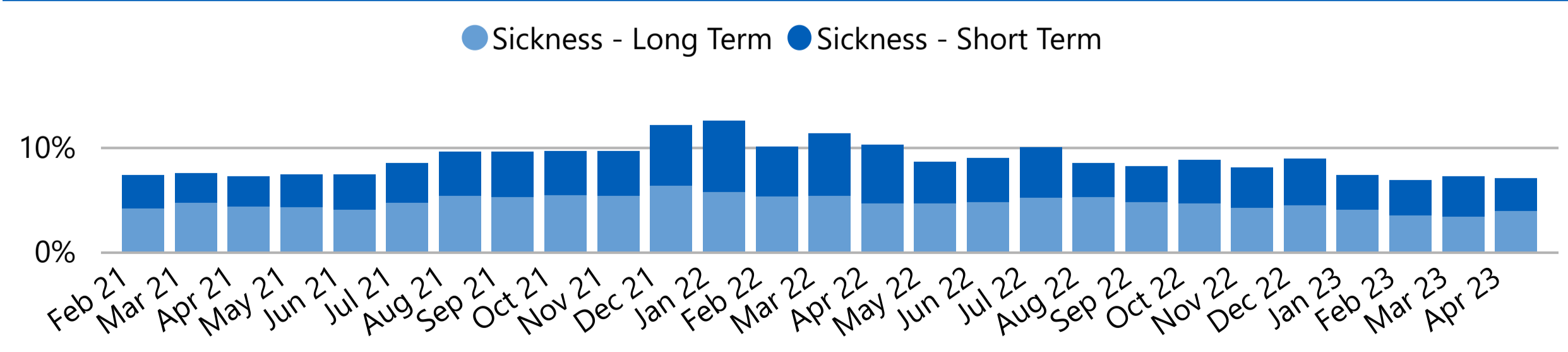
### Sickness Benchmark for Last Month



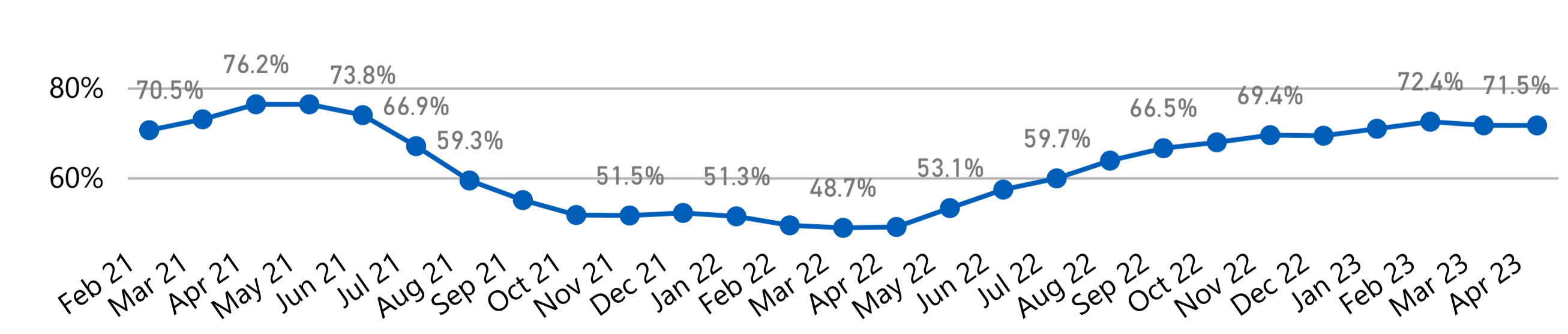
### PDR Benchmark for Last Month



### Sickness



### PDR - Target 90%





# YAS Finance Summary (Director Responsible Kathryn Vause) - April 23

## Overview - Unaudited Position

Finance data for FY23 is not yet available and will begin from month 2. FY22 data is shown below.

### Full Year Position (£000s)

Name	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)	£0	£237	£237
Cash	£77,000	£61,887	-£15,113
Capital	£18,509	£17,249	-£1,260

### Monthly View (£000s)

Indicator Name	2022-05	2022-06	2022-07	2022-08	2022-09	2022-10	2022-11	2022-12	2023-01	2023-02	2023-03
Surplus/ (Deficit)	-£4,610	£4,730	£459	-£88	£73	-£233	-£35	-£36	£8	-£268	£237
Cash	£78,525	£79,865	£79,098	£85,132	£78,788	£77,559	£79,166	£79,065	£82,650	£85,412	£61,887
Capital	£193	£273	£323	£414	£1,697	£917	£996	£753	£1,398	£913	£9,372

# Patient Demand Summary

## Demand Summary

Indicator	Apr 22	Mar 23	Apr 23
999 - Incidents (HT+STR+STC)	66,950	65,668	63,212
999 - Increase - Previous Month	-6.7%		
999 - Increase - Same Month Last Year	-3.3%		
IUC - Call Answered	137,025	135,271	141,367
IUC - Increase - Previous Month	5.4%	23.1%	4.5%
IUC - Increase Same Month Last Year	-11.4%	4.0%	3.2%
IUC - Calls Answered Above Ceiling	-25.2%	-22.0%	-19.6%
PTS - Demand (Journeys)	69,529	79,408	67,648
PTS - Increase - Previous Month	-11.8%	13.2%	-14.8%
PTS - Same Month Last Year	8.7%	0.7%	-2.7%

## Commentary

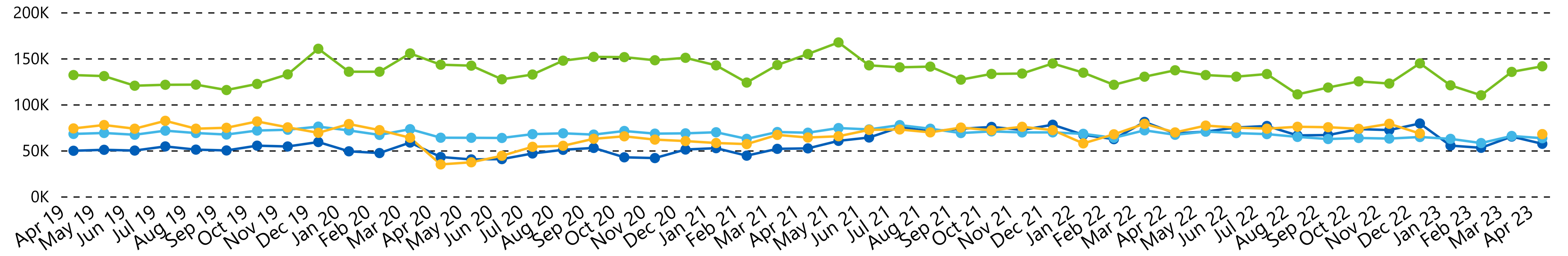
**999** - At Scene Response demand was 2.4% lower than forecasted levels for April. All Response Demand (STR + STC + HT) was 3.7% lower than March and 5.6% lower than April 2022.

**IUC** - YAS received 169,793 calls in April, -1.6% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in April, 141,367 calls (83.3%) were answered, 4.5% lower than were answered in March and 3.2% lower than the number of calls answered in April 2022.

**PTS** - Total PTS demand increased, with 15% more journeys undertaken than the previous month. Demand decreased by 2.7% compared with the same month last year.

## Overall Calls and Demand

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

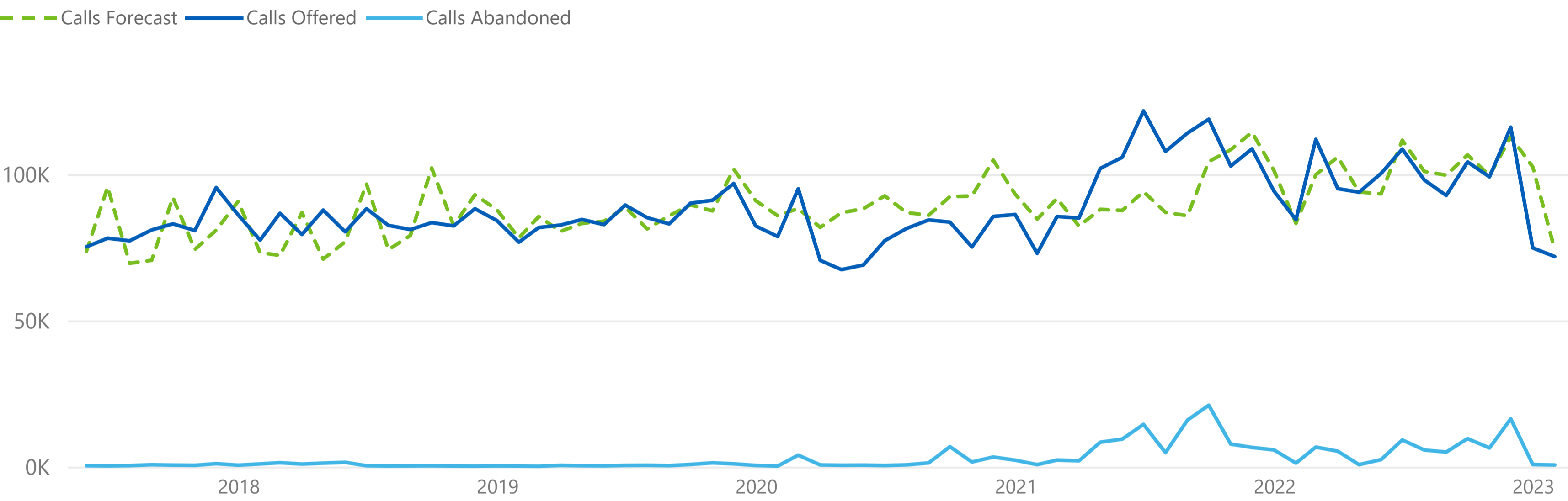




# 999 and IUC Historic Demand

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

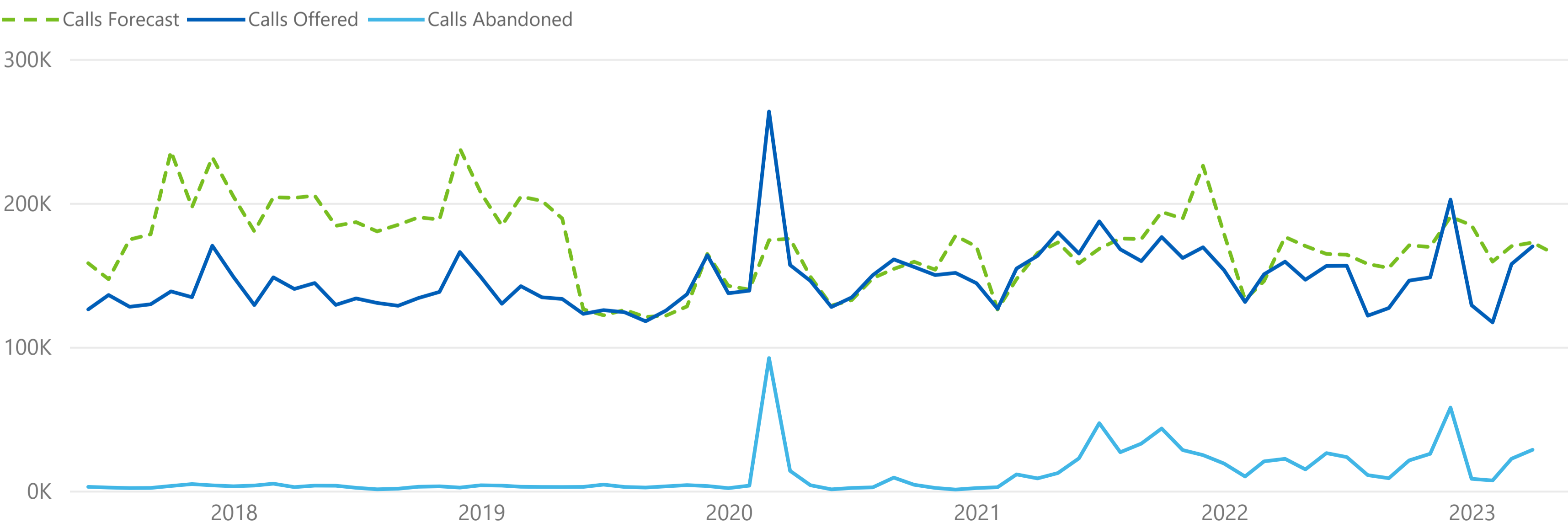
## 999 Historic Call Demand



999 data on this page differs from elsewhere within the IPR because this includes calls on both the emergency and non-emergency applications within EOC, whereas the main IPR includes emergency only. The forecast relates to the expected volume of calls offered in EOC, which is the total volume of calls answered and abandoned. The difference between calls offered and abandoned is calls answered.

In April 2023, there were 77,499 calls offered which was 5.7% below forecast, with 76,837 calls answered and 662 calls abandoned (0.9%). There were 11.9% fewer calls offered compared with the previous month and 18.5% fewer calls offered compared with the same month the previous year. Historically, the number of abandoned calls has been very low, however, this has increased since April 2021 and remains relatively high, fluctuating each month. There was a 65.2% reduction in abandoned calls compared with the previous month.

## IUC Historic Demand



YAS received 169,793 calls in April, -1.6% below the Annual Business Plan baseline demand as of the end of the month. Of calls offered in April, 141,367 calls (83.3%) were answered, 4.5% lower than were answered in March and 3.2% lower than the number of calls answered in April 2022.

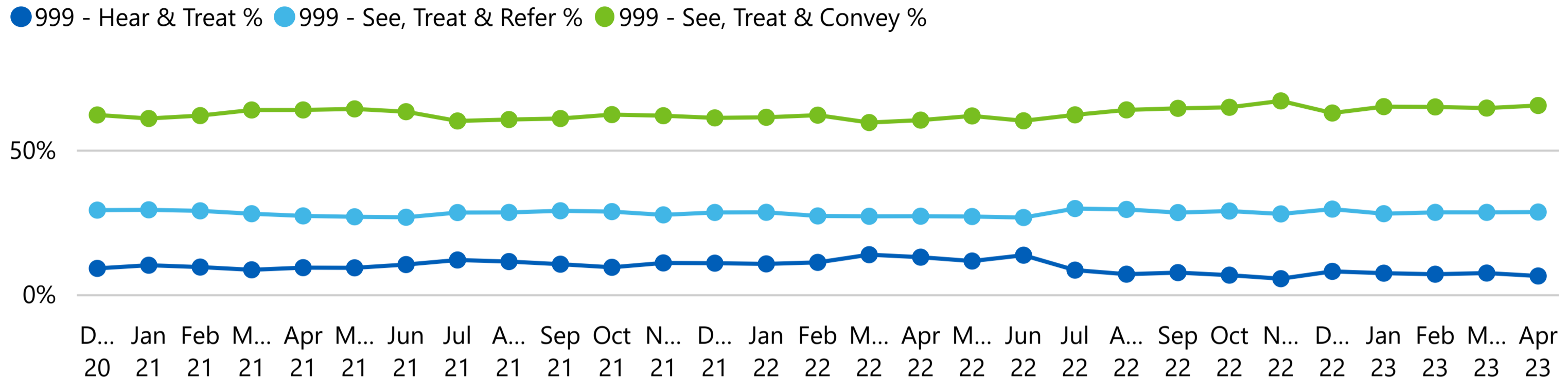
Calls abandoned for March were 16.7%, 2.6% higher than March and 2.8% higher when compared to April 2022.

# Patient Outcomes Summary

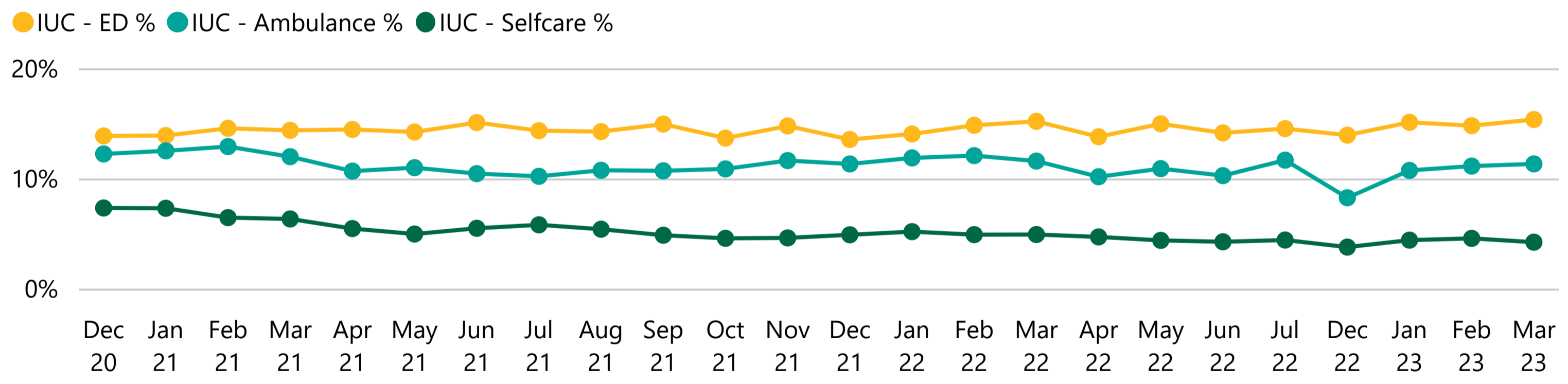
## Outcomes Summary

ShortName	Apr 22	Mar 23	Apr 23
999 - Incidents (HT+STR+STC)	66,950	65,668	63,212
999 - Hear & Treat %	12.8%	7.3%	6.3%
999 - See, Treat & Refer %	27.0%	28.3%	28.4%
999 - See, Treat & Convey %	60.2%	64.4%	65.3%
999 - Conveyance to ED %	53.3%	57.5%	58.3%
999 - Conveyance to Non ED %	6.9%	6.9%	7.0%
IUC - Calls Triaged		126,603	132,109
IUC - ED %	13.8%	15.3%	14.1%
IUC - Ambulance %	10.2%	11.3%	10.8%
IUC - Selfcare %	4.7%	4.2%	4.3%
IUC - Other Outcome %	11.2%	12.6%	13.7%
IUC - Primary Care %	58.5%	53.0%	54.4%
PTS - Demand (Journeys)	69,529	79,408	67,648

### 999 Outcomes



### IUC Outcomes



### Commentary

**999** - Comparing incident outcomes proportions within 999 for April 2023 against April 2022, the proportion of Hear & Treat has decreased by 6.5%, See, Treat & Refer has increased by 1.4% and See, Treat & Convey has increased by 5.1%. The proportion of incidents with conveyance to ED has increased by 4.9% from April 2022 and the proportion of incidents conveyed to non-ED has remained roughly the same.

**IUC** - The proportion of callers given an ambulance outcome continues to be over 10%, while primary Care outcomes are consistently between 52-58% monthly. The proportion of callers given an ED outcome is still around 14-16% since the increase at the end of 2020. The proportion of ED outcomes where a patient is referred to a UTC is now over 10% compared to 2-3% historically. Correspondingly, the proportion of ED outcome where the patient was referred to A&E has fallen to below 80% after historically being around 90%. A Key goal of the 111 first programme was to reduce the burden on emergency departments by directing patient to more appropriate care settings.



# Patient Experience (Director Responsible - Clare Ashby)

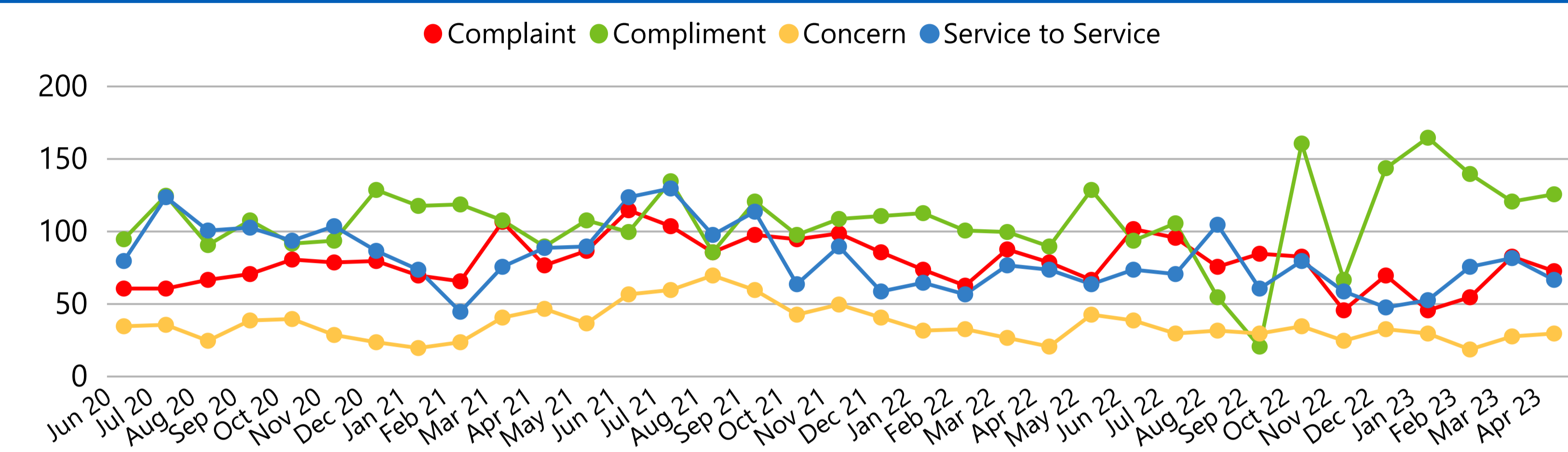
A&E     EOC     IUC  
 PTS     YAS



## Patient Relations

Indicator	Apr 22	Mar 23	Apr 23
Service to Service	73	81	66
Concern	20	27	29
Compliment	89	120	125
Complaint	78	82	72

## Complaints, Compliments, Concerns and Service to Service



## YAS Compliance

Indicator	Apr 22	Mar 23	Apr 23
% FOI Request Compliance	92.3%	90.9%	92.3%

## YAS Comments

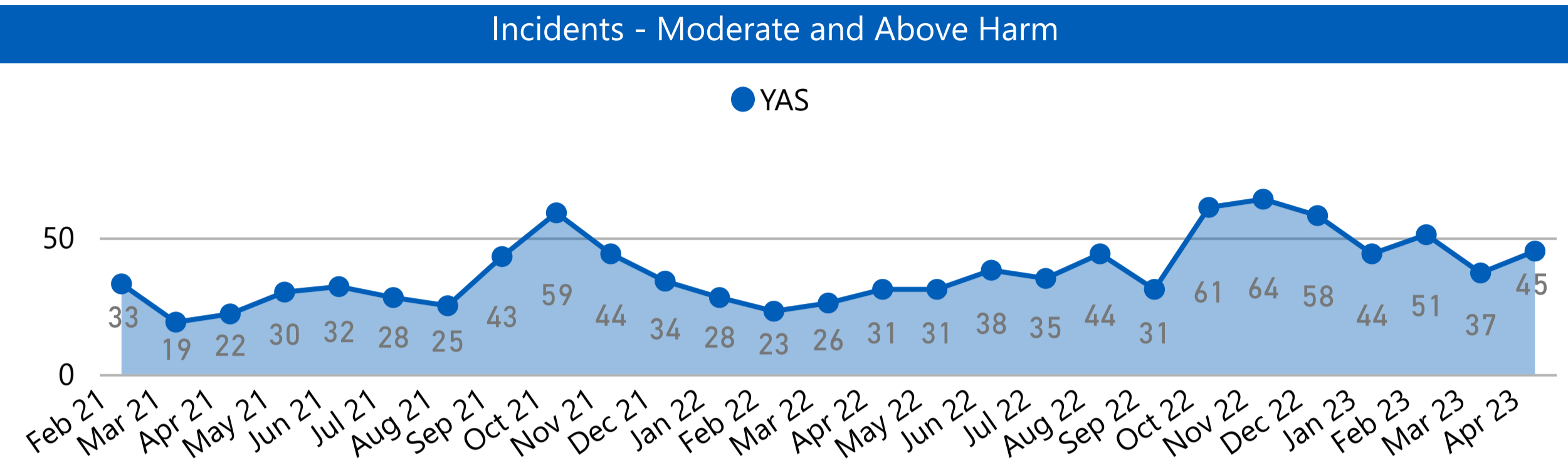
**Patient Relations** – There has been a decrease in the number of Service to Service cases received against last month. Complaints have decreased, while concerns and compliments have both increased slightly.

**FOI Compliance** has increased to 92.3% from 90.2% last month. This is level against the same month last year.

## Incidents

Indicator	Apr 22	Mar 23	Apr 23
All Incidents Reported	712	819	684
Medication Related	117	114	104
Moderate & Above Harm - Total	31	37	45
Number of duty of candour contacts	3	42	22
Number of RIDDORs Submitted	1	10	2
Serious	5	12	14

Indicator	Feb 22	Jan 23	Feb 23
Moderate & Above Harm (verified)	18	34	40
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	4	8	8
Serious incidents (verified)	6	19	5



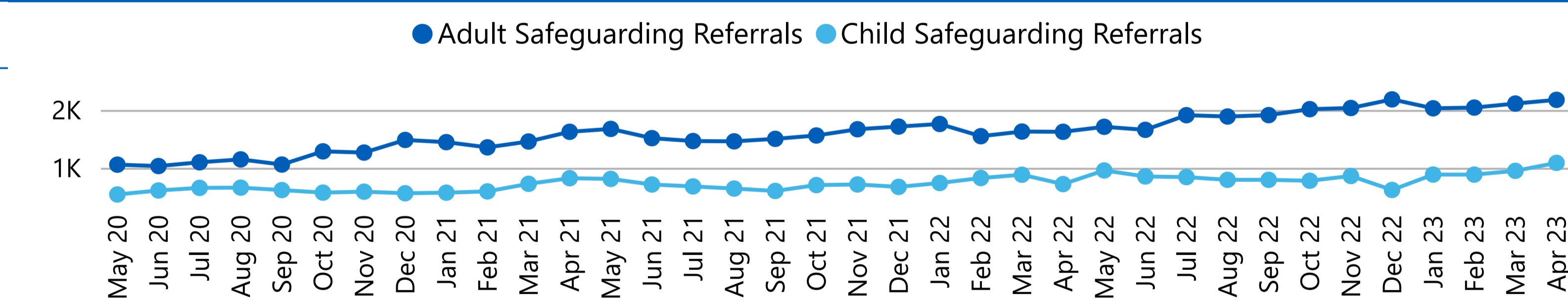
## A&E Long Responses

Indicator	Apr 22	Mar 23	Apr 23
999 - C1 Responses > 15 Mins	1,139	921	611
999 - C2 Responses > 80 Mins	5,119	3,712	1,231

## YAS Child and Adult Safeguarding

Indicator	Apr 22	Mar 23	Apr 23
Adult Safeguarding Referrals	1,622	2,110	2,174
Child Safeguarding Referrals	718	947	1,085
% Trained Safeguarding for Children (L1)	72.0%	93.8%	
% Trained Safeguarding for Children (L2)	53.1%	94.7%	95.0%

## Safeguarding Training



## YAS IPC Compliance

Indicator	Apr 22	Mar 23	Apr 23
% Compliance with Hand Hygiene	99.7%	88.0%	99.0%
% Compliance with Premise	98.6%	87.0%	97.0%
% Compliance with Vehicle	92.3%	85.0%	99.0%

## YAS Comments

**Safeguarding adult and child referrals** – There has been a slight increase in both adult and child safeguarding referrals compared with last month. Overall, compared to the same month last year, adult and child referrals are both significantly higher.

**Safeguarding training** – Safeguarding for Children and Safeguarding for Adults L2 have both seen a very small increase and are now above 95%. Level 2 training has remained stable and been part of the essential learning work undertaken by the Trust, which includes a dashboard that leaders can access to see their teams compliance levels.

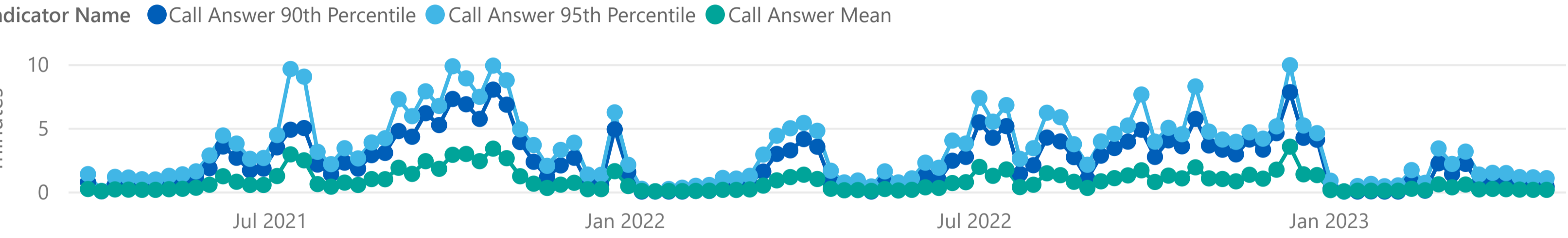


# Patient Safety (Harm)

**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.

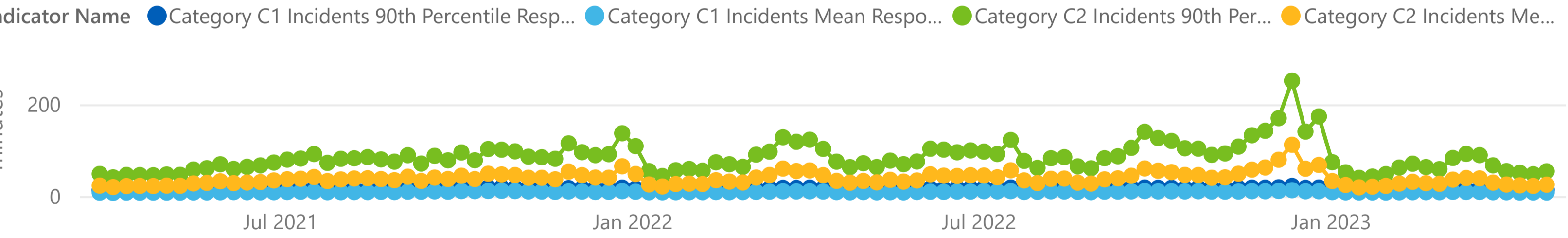
**Call Answer Metrics (call data available from 7th September onwards)**



**Call Answer Metrics**

Indicator Name	Apr 22	Mar 23	Apr 23
Call Answer 90th Percentile	00:02:54	00:01:32	00:00:31
Call Answer 95th Percentile	00:04:29	00:02:29	00:01:15
Call Answer Mean	00:00:50	00:00:23	00:00:10

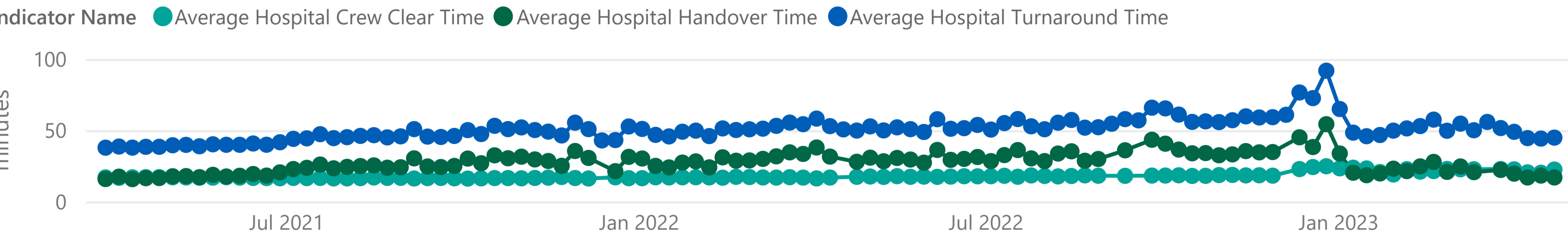
**Response Metrics**



**Response Metrics**

Indicator Name	Apr 22	Mar 23	Apr 23
Category C1 Incidents 90th Percentile Response Time	00:16:50	00:15:19	00:14:07
Category C1 Incidents Mean Response Time	00:09:35	00:09:01	00:08:07
Category C2 Incidents 90th Percentile Response Time	01:36:13	01:18:58	00:52:47
Category C2 Incidents Mean Response Time	00:42:03	00:34:35	00:24:26

**Hospital Turnaround Metrics**



**Hospital Turnaround Metrics**

Indicator Name	Apr 22	Mar 23	Apr 23
Average Hospital Crew Clear Time	00:16:50	00:22:45	00:21:34
Average Hospital Handover Time	00:31:26	00:22:48	00:17:57
Average Hospital Turnaround Time	00:52:47	00:52:40	00:45:52

# Patient Clinical Effectiveness (Director Responsible - Dr. Steven Dykes)

## Care Bundles (Last 3 Results)

Indicator*	Apr 22	May 22	Jul 22	Aug 22	Oct 22	Nov 22
STEMI %	57.0%		57.2%		60.0%	
Stroke %		92.0%		93.0%		95.0%

**STEMI Care Bundle** – currently demonstrates an upward trend . April saw a drop in performance which could partly be contributed to extreme pressures that the trust was facing due to long handover times in hospitals and staff sickness due to COVID-19. Analgesia administration has been identified as the main cause of this variability with GTN lowering patient pain score on scene, negating analgesia requirement.

**Stroke Care Bundle** – Compliance could be improved with better documentation of patient blood sugar. 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.

## Myocardial Ischaemia National Audit Project (MINAP)

Indicator

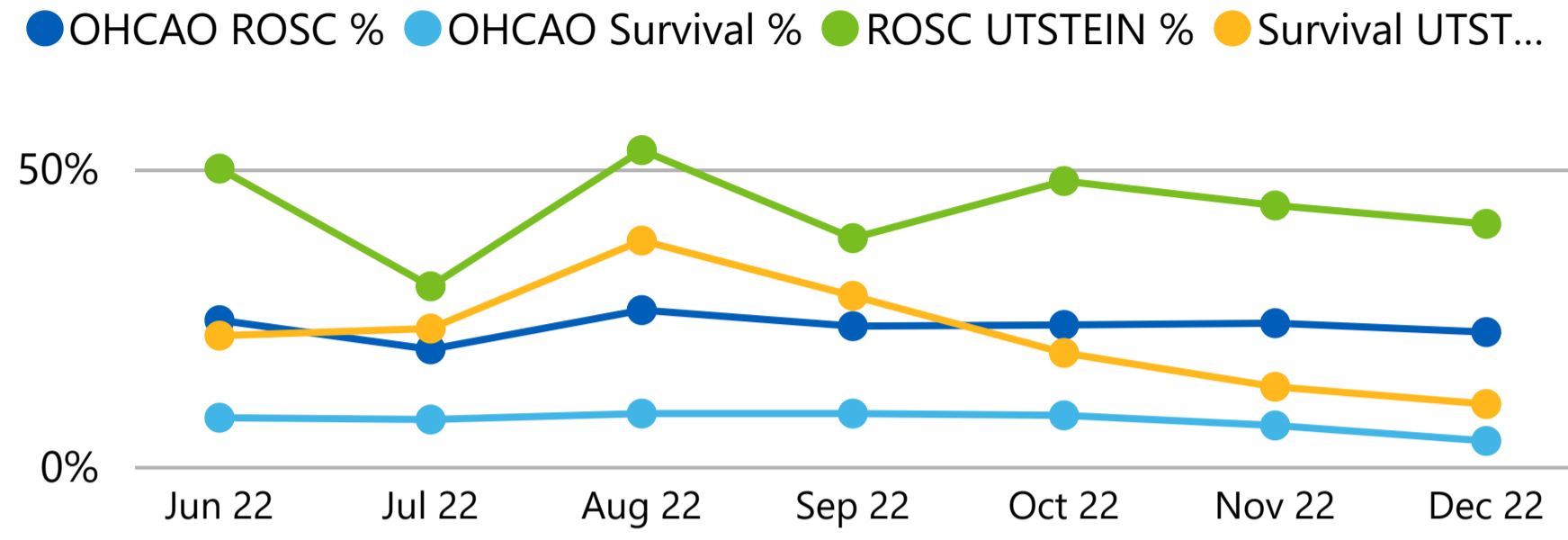
New data on Stemi Analgensia and ROSC numbers to come

## Sentinal Stroke National Audit Programme (SSNAP)

Indicator	Oct 22	Nov 22	Dec 22
Avg Time from call to hospital	98	109	125
Total Patients	437	443	398

Audit commentary to come

## ROSC and Survival



This new style will be followed going forward, with ROSC commentary in this space and all chart headings populated. Data is expected for the new style as of the May 2023 IPR.

## ROSC and Survival Numbers

## Re-contacts as Proportion of Incident Category

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

## Final Working Impression - Top 5

**Patient Pathways – referrals and re-contact** – Following face to face assessment, ambulance clinicians have a number of options to consider: transport to hospital or manage the patient closer to home. The ePR provides data for patients who have been managed at home and referred to community and primary care providers. From November 2022 there is an increase in the number of referrals which is due to a change in ePR that allows crews to record this information in a more accurate manner and this has resulted in a significant increase in the referral numbers. Re-contacts with 72 hours has traditionally been difficult to monitor but as the number of patients matched to NHS numbers increases, this valuable data is now more readily available. 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 Comments

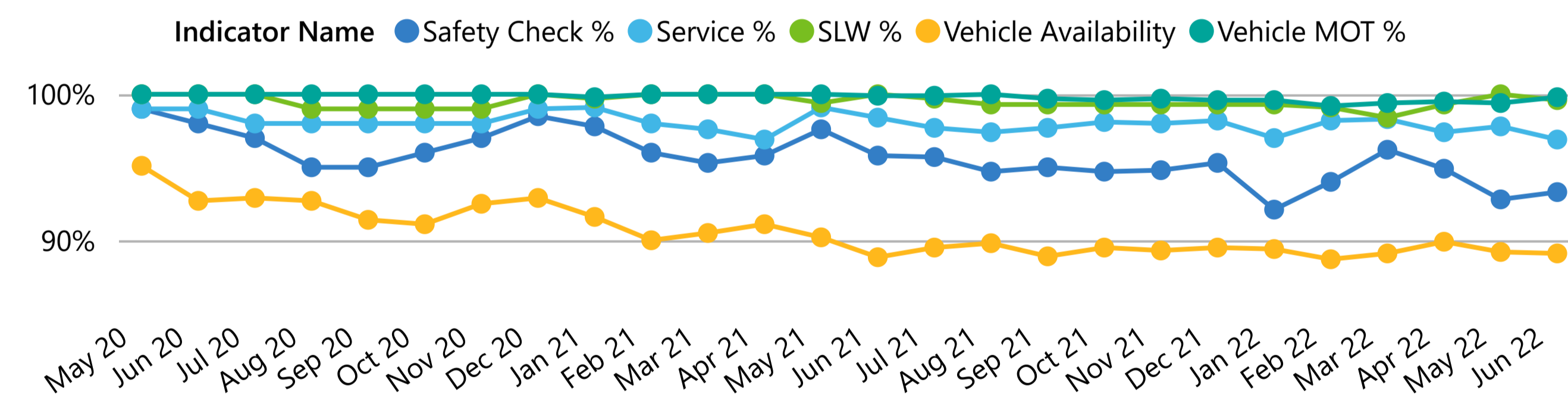
Indicator	Apr 22	Mar 23	Apr 23
P1 Emergency (2 HRS)	100.0%		
P1 Emergency – Complete (<24Hrs)	100.0%		
P2 Emergency (4 HRS)	91.2%	83.0%	73.0%
P2 Emergency – Complete (<24Hrs)	88.2%	81.1%	62.2%
Planned Maintenance Complete	97.8%	95.3%	97.2%
P6 Non Emergency - Attend within 2 weeks	95.5%	67.4%	91.8%
P6 Non Emergency - Complete within 4 weeks	54.6%	58.7%	70.5%
P5 Non Emergency - Logged to Wrong Category			50.0%

No commentary has been provided for Estates.

## 999 Fleet

## 999 Fleet Age

## PTS Age

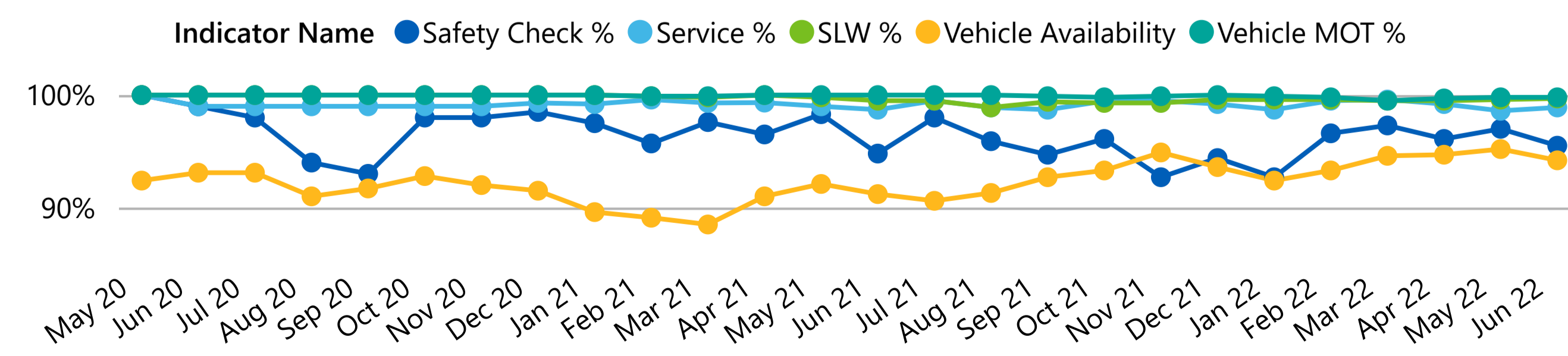


IndicatorName	Mar 23	Apr 23
Vehicle age +7	16.0%	17.8%
Vehicle age +10	1.4%	1.2%

IndicatorName	Mar 23	Apr 23
Vehicle age +7	19.6%	22.5%
Vehicle age +10	4.5%	4.5%

## PTS Fleet

## Fleet Comments



A&E availability dropped by 1.3% in April, this is partially attributed to the ongoing RRV replacement and the MDVS replacement programmes. The drop in Safety Check compliance recorded in February has been rectified due to additional staff being recruited in key pressured areas, with the figure increasing by 1.4% to 90.5%. PTS Availability has increased by 0.2% and focus remains on routine maintenance to ensure this is brought back into compliance.

A&E age profile remains stable this month, the 64 DCA have been delayed until the end of May due to the requirement of additional testing to attain whole vehicle type approval. PTS vehicles over 7 years has increased and 10 years has remained the same since last month. Business plans have been approved and work has started on reviewing specifications to go out to procurement.

## A&E

mID	ShortName	IndicatorType	AQIDescription
AMB01	999 - Total Calls via Telephony (AQI)	int	Count of all calls answered.
AMB07	999 - Incidents (HT+STR+STC)	int	Count of all incidents.
AMB59	999 - C1 Responses > 15 Mins	int	Count of Cat 1 incidents with a response time greater than the 90th percentile target.
AMB60	999 - C2 Responses > 80 Mins	int	Count of Cat 2 incidents with a response time greater than 2 x the 90th percentile target.
AMB56	999 - Face to Face Incidents (STR + STC)	int	Count of incidents dealt with face to face.
AMB17	999 - Hear and Treat (HT)	int	Count of incidents not receiving a face-to-face response.
AMB53	999 - Conveyance to ED	int	Count of incidents with any patients transported to an Emergency Department (ED), including incidents where the department transported to is not specified.
AMB54	999 - Conveyance to Non ED	int	Count of incidents with any patients transported to any facility other than an Emergency Department.
AMB55	999 - See, Treat and Refer (STR)	int	Count of incidents with face-to-face response, but no patients transported.
AMB75	999 - Calls Abandoned	int	Number of calls abandoned
AMB74	999 - Calls Answered	int	Number of calls answered
AMB72	999 - Calls Expected	int	Number of calls expected
AMB76	999 - Duplicate Calls	int	Number of calls for the same issue
AMB73	999 - Calls Offered	int	Number of calls offered
AMB99	999 - AHT	int	The average handling time, in seconds, for 999 EMDs in EOC
AMB00	999 - Total Number of Calls	int	The count of all ambulance control room contacts.



# Glossary - Indicator Descriptions (IUC and PTS)

## IUC and PTS

mID	ShortName	IndicatorType	AQIDescription
IUC01	IUC - Call Answered	int	Number of calls answered
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 an self care outcome
IUC17	IUC - Other Outcome %	percent	Percentage of triaged calls that reached any other outcome
IUC18	IUC - Primary Care %	percent	Percentage of triaged calls that reached a Primary Care outcome
PTS01	PTS - Demand (Journeys)	int	Count of delivered journeys, aborted journeys and escorts on journeys
PTS02	PTS - Journeys < 120Mins	percent	Patients picked up and dropped off within 120 minutes
PTS03	PTS - Arrive at Appointment Time	percent	Patients dropped off at hospital before Appointment Time
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	
QS26	Moderate and Above Harm (Per 1K Incidents)	int	
QS28	Moderate & Above Harm (Verified)	int	
QS29	Patient Incidents - Major, Catastrophic, Catastrophic (death)	int	
QS30	Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	int	
QS24	Staff survey improvement question	int	(TBC, yearly)
QS21	Number of RIDDORs Submitted	int	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
QS27	Serious incidents (verified)	int	The number of verified Serious Incidents reported on DATIX

# Glossary - Indicator Descriptions (Workforce)

## Workforce

mID	ShortName	IndicatorType	AQIDescription
WF37	Fire Safety - 2 Years	percent	Percentage of staff with an in date competency in Fire Safety - 2 Years
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 Fixed Term/ Permanent Employees leaving FTE (all reasons) relative to the average FTE in post in a 12 Months rolling period



# 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
EST15	P5 Non Emergency - Logged to Wrong Category	percent	P5 Non Emergency - Logged to Wrong Category
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