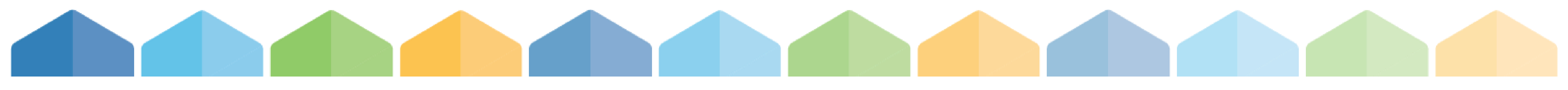Business Intelligence

Integrated Performance Report

July 2023

Published 17 August 2023

Icon Guide

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 **higher** pressure due to (H)igh or (L)ow values | Special cause of improving nature or **lower** 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, Ambitions & Key Priorities

NHS Yorkshire Ambulance Service NHS Trust

One Team, Best Care

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

with our core values embedded in all we do

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

Our Vision

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

Our Ambition for 2023 is that

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

Delivery is directly supported by a range of enabling strategies

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

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.

Our people — Workforce

Overall Status (Amber)	DELIVERY	BENEFITS
	2 GREEN	2 GREEN
	3 AMBER	3 AMBER
	0 RED	0 RED
	0 Not Known	0 Not Known

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

- International Recruitment — OVERALL STATUS — Delivery ↔ Benefits ↔
- Occupational Health Model — OVERALL STATUS — Delivery ↔ Benefits ↔

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

- Year 1 Priorities for 'YAS Together' (Supported by Moorhouse) — OVERALL STATUS — Delivery ↔ Benefits ↔ PJ
- Operating Model (Incorporating Accountability Fwork) — OVERALL STATUS — Delivery ↔ Benefits ↔ PJ

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

- Bodyworn Camera Pilot — OVERALL STATUS — Delivery ↔ Benefits ↔

Our patients — Patient Centred

Overall Status (Amber)	DELIVERY	BENEFITS
	6 GREEN	0 GREEN
	9 AMBER	9 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 — OVERALL STATUS — Delivery ↔ Benefits NK PG
- Rotational Paramedics — Close to BAU 2023/24 — OVERALL STATUS — Delivery ↔ Benefits ↔
- Yorkshire Air Ambulance Review — OVERALL STATUS — Delivery ↔ Benefits NK B
- Mass Communications Tool — OVERALL STATUS — Delivery ↔ Benefits NK
- Enhancement to Career Pathway — To Close — OVERALL STATUS — Delivery ↔ Benefits NK
- Phase 2 – Post Registration Paramedic Career Pathway (SP/AP) To Close — OVERALL STATUS — Delivery ↔ Benefits ↔
- EOC Bus Continuity Imps (Fairfields) To Close — OVERALL STATUS — Delivery ↔ Benefits ↔

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

- Mental Health Programme — OVERALL STATUS — Delivery ↔ Benefits ↔ PG

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

- NEPTS Programme — NEW pending Approval — OVERALL STATUS — Pause ↔ Pause ↔ PG

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

- IUC Improvements Programme — OVERALL STATUS — Delivery ↔ Benefits ↔ PG
- 1. Operational Team Leaders (Apprenticeships) — Delivery ↔ Benefits ↔ PJ
- 2. Rota Review (ORH) — Delivery ↔ Benefits ↔ PJ
- 3. Clinical Career Pathway IUC — Delivery ↔ Benefits ↔ PJ
- 4. Homeworking (transition to BAU) — Delivery ↔ Benefits ↔ PJ

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

- NHS Charities Together-Vol. Schemes — OVERALL STATUS — Delivery ↔ Benefits ↔ PJ

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

- Priority Patient Pathways & Safer Right Care — OVERALL STATUS — Delivery ↔ Benefits NK PJ
- Stroke Video Triage Pilot — Close Sep 2023 — OVERALL STATUS — Delivery ↔ Benefits NK PJ

Our places — Agile Operations

Overall Status (Green)	DELIVERY	BENEFITS
	3 GREEN	7 GREEN
	5 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 (ORH) — OVERALL STATUS — Delivery ↔ Benefits ↔ PJ
- Logistics Hub — OVERALL STATUS — Delivery ↔ Benefits ↔ PG
- Asset Management System — OVERALL STATUS — Delivery ↑ Benefits ↔
- Pre-Packed POM Pouches — OVERALL STATUS — Delivery ↑ Benefits ↔
- Hub & Spoke and AVP — OVERALL STATUS — Delivery ↑ Benefits ↔
- Scarborough Cluster AVP Station — OVERALL STATUS — Delivery ↑ Benefits ↔
- Hull Hub & Spoke — OVERALL STATUS — Delivery ↑ Benefits ↔
- Hybrid / Agile Working — OVERALL STATUS — Delivery ↔ Benefits ↔ PJ

Digital Enablers

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

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

- Clinical Systems Development — OVERALL STATUS — Delivery ↓ Benefits ↓ PG
- ESMCP-Mobile Data Vehicle Solution — OVERALL STATUS — Delivery ↔ Benefits ↔

Northern Ambulance Alliance

Overall Status (RED)	DELIVERY	BENEFITS
	0 GREEN	1 GREEN
	1 AMBER	0 AMBER
	0 RED	0 RED
	1 STOP	1 STOP

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

- Integrated CAD PROJECT STOPPED — OVERALL STATUS — STOP STOP PJ
- Robotic Process Automation — OVERALL STATUS — Delivery ↔ Benefits ↔ 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 — F
- EOC Management re-structure and implementation of Team Based Working — F
- ESMCP Control Room Solution — F
- Case Management — F
- Integrated CAS — F

NHS Yorkshire Ambulance Service NHS Trust

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:18		
999 - Answer 95th Percentile		00:02:06		
999 - C1 Mean (T <7Mins)	00:07:00	00:08:34	⊕	F
999 - C1 90th (T <15Mins)	00:15:00	00:14:50	⊕	P
999 - C2 Mean (T <18mins)	00:18:00	00:29:15	⊕	F
999 - C2 90th (T <40Mins)	00:40:00	01:05:35	⊕	F
999 - C3 Mean (T - <1Hr)	01:00:00	01:28:27		F
999 - C3 90th (T -<2Hrs)	02:00:00	03:19:18	⊕	F
999 - C4 90th (T < 3Hrs)	03:00:00	04:24:05		F
999 - C1 Responses > 15 Mins		840		
999 - C2 Responses > 80 Mins		2,339		
999 - Job Cycle Time		01:44:52	⊕	
999 - Avg Hospital Turnaround	00:30:00	00:42:30	⊕	F
999 - Avg Hospital Handover	00:15:00	00:16:06	⊕	F
999 - Avg Hospital Crew Clear	00:15:00	00:21:08		F
999 - Average Hospital Notify Time		00:06:17		
999 - Total lost handover time		00:35:31		
999 - Crew clear over 30 mins %		22.2%		
999 - C1%		14.0%		
999 - C2%		60.1%		
999 - Calls Ans in 5 sec	95.0%	80.7%		F
999 - AHT		361		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 18 seconds for July, a decrease from June which had a mean of 28 seconds. The median remained the same at zero seconds while the 90th, 95th and 99th percentile all decreased. The 90th decreased from 1 minute 46 seconds in June to 1 minute 1 second in July, 95th from 2 minutes 53 seconds to 2 minutes 6 seconds and 99th from 4 minutes 42 seconds to 4 minutes 25 seconds. This indicates that there was an overall decrease in the call answer times for July, particularly at the tail end with fewer longer waits.

Cat 1-4 Performance - Performance times improved in July and the Cat1 90th percentile national target was achieved. Performance times for Cat1 and Cat2 were exceptionally low in July. The mean performance time for Cat1 improved from June by 15 seconds and the 90th improved by 25 seconds. The mean performance time for Cat2 improved by 2 minutes and the 90th improved by just over 5 minutes.

Abstractions were 0.5% higher than forecast for July, rising 0.4% from June. Weekly Net staff hours have fallen compared to June by over 300 hours per week. Overall availability decreased by 1.0% from June. Compared to July 2022, abstractions are down by 0.6% and availability is up by 6.5%.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 74.1% in July (14.0% Cat1, 60.1% Cat2) after a 0.6% decrease compared to June (0.1% decrease in Cat1 and 0.4% decrease in Cat2). Comparing against July for the previous year, Cat1 proportion increased by 0.4% and Cat2 proportion decreased by 1.8%.

Responses Tail (C1 and C2)

The number of Cat1 responses greater than the 90th percentile target decreased in July, with 840 responses over this target. This is 55 (6.1%) less compared to June. The number for last month was 45.9% fewer compared to July 2022.

The number of Cat2 responses greater than 2x 90th percentile target decreased from June by over 350 responses (13.5%). This is a 59.9% decrease from July 2022.

Job cycle time- Overall, job cycle time is similar to June, decreasing by only 20 seconds but is 5 minutes shorter than in July 2022.

Hospital -The average handover and turnaround times improved significantly in January and again in April. Last month they improved again with handover times reduced by 54 seconds and overall turnaround times reduced by approximately 2 minutes. The number of incidents with conveyance to ED is 4.9% higher than in June and 3.1% higher than July 2022.

Demand Page-At Scene Response demand was 4.2% lower than forecasted levels for July and was 3.6% less than in June. All Response Demand (STR + STC + HT) was 3.3% higher than June and 0.2% lower than July 2022.

Outcomes Page-Comparing incident outcomes proportions within 999 for July 2023 against July 2022, the proportion of Hear & Treat decreased by 0.3%, See, Treat & Refer decreased by 2.2% and See, Treat & Convey increased by 2.4%. The proportion of incidents with conveyance to ED increased by 1.8% from July 2022 and the proportion of incidents conveyed to non-ED increased by 0.6%.

IUC IPR Key Indicators - July 23

Indicator	Target	Actual	Variance	Assurance
IUC - Call Answered		125,494	(variance icon)	
IUC - Increase - Previous Month		5.4%		
IUC - Increase Same Month Last Year		-5.6%		
IUC - Calls Triaged		117,370		
IUC - Calls Abandoned	3.0%	10.6%	(H icon)	(F icon)
IUC - Answer Mean	00:00:20	00:02:04	(H icon)	(F icon)
IUC - Answered in 60 Secs	90.0%	63.4%	(H/L icon)	(F icon)
IUC - Call back in 1 Hour	60.0%	47.7%	(variance icon)	(F icon)
IUC - ED Validations %	50.0%	41.9%	(variance icon)	(F icon)
IUC - Ambulance validations %	75.0%	99.2%	(variance icon)	(P icon)
IUC - ED %		15.6%		
IUC - ED outcome to A&E		72.5%		
IUC - ED outcome to UTC		13.7%		
IUC - Ambulance %		11.8%		

IUC Exceptions - Comments (Director Responsible - Nick Smith)

Starting in July, an external provider took some call demand from YAS in order to try to improve performance. This started the week commencing 10th July with 10% being sent out for the first week, dropping to 5% for the remaining weeks of the months. The calls taken by the external provider will not show in our figures at any stage and everything that can be seen in the numbers for July is what remained after that percentage was sent elsewhere. There has been a noticeable improvement in telephony performance which shows in the headlines below.

YAS received 140,379 calls in July, 10.5% below the annual business plan baseline demand. 125,494 (89.4%) of these were answered, 7.9% above last month and 4.3% above the same month last year.

Due to continued high numbers of new starters going through the training process and experienced staff assisting with coaching, call performance metrics are 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 to 63.4% from 42.0% in July. Average speed to answer has decreased by 98 seconds to 2 minutes 4 seconds compared with 3 minutes 42 seconds last month. Abandonment rate decreased to 10.6% from 18.5% last month.

The proportion of clinician call backs made within 1 hour decreased to 47.7% from 49.5% last month. This is 12.3% below the national target of 60%. Core clinical advice decreased to 22.2% from 23.6% last month. These figures are calculated based on the new ADC specification, which removes 111 online cases from counting as part of clinical advice, and also locally we are removing cases which come from the DCABS clinical service as we do not receive the initial calls for these cases.

The national KPI for ambulance validations monitors performance against outcomes validated within 30 minutes, rather than just all outcomes validated, and the target for this is 75% of outcomes. However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the National KPI, performance was 99.7% in July, whilst performance for overall validations was 99.2%, with 9,955 cases validated overall. ED validation performance increased to 41.9% from 37.0% last month. The target for this KPI is 50%. 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 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 53.8% from 53.4% last month and ED bookings decreased to 28.1% from 29.6%. Referrals to IUC Treatments Centres have stayed consistent, however an issue with the booking system is causing the bookings figure for this KPI to appear very low.

PTS IPR Key Indicators - July 23

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	25.9%	⨀	Ⓕ
PTS - % Short notice - Pickup < 120 mins	90.8%	84.5%	⨀	Ⓕ
PTS - % Pre Planned - Pickup < 90 Mins	90.4%	90.1%	⨀	Ⓕ
PTS - Arrive at Appointment Time	90.0%	86.2%	⨀	Ⓕ
PTS - Journeys < 120Mins	90.0%	98.7%	⨀	Ⓟ
PTS - Same Month Last Year		1.6%		
PTS - Increase - Previous Month		-4.3%		
PTS - Demand (Journeys)		74,785	⨀	?

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Total Activity for July was 74,785. Total Demand was 1.6% higher than the same month the previous year, equivalent to c 1,200 extra journeys.

Focus continues on the 120 Min Discharge KPI and patient flow week on week performance improvement for these journeys was seen throughout the month.

The average Patients Per Vehicle was 1.29 during July. This is 0.04 lower than the previous month. The phased approach to increasing efficiencies, managing resource to funded budgets and cohorting patients is on plan aligned to a reduced use of Private Providers; In January, additional discharge provision was provided to minimise delay in Acute settings waiting for transport to discharge. KPI 3 and KPI 4 for all contracts and reports have been changed to align with the South Yorkshire contract from May. In July, short Notice Outwards Performance (KPI 4) was 84.5% (+5.7% on June). Renal patient journey performance remains high and is a good level of service.

Call levels saw a decrease in July: 12.2% on June and 3.2% lower than last July. Performance saw a 11.1% increase, meaning telephony performance was 25.9% for the month of July: 64.1% under target. Current modelling demonstrates that Reservations required an extra 10.5 FTE online to be able to meet the call demand and achieve service level; this is above the contractually funded resource level in PTS reservations; as well as some abstraction level challenges.

Workforce Summary

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

Name	Jul 22	Jun 23	Jul 23
Turnover (FTE) %	12.6%	10.6%	10.0%
Vacancy Rate %	13.7%	14.3%	13.7%
Apprentice %	9.0%	9.5%	9.2%
BME %	6.1%	6.1%	6.2%
Disabled %	4.5%	6.2%	6.2%
Sickness - Total % (T-5%)	9.9%	6.2%	6.3%
PDR / Staff Appraisals % (T-90%)	59.7%	71.4%	71.5%
Stat & Mand Training (Fire & IG) 1Y	90.6%	97.8%	97.4%
Stat & Mand Training (Core) 3Y	87.2%	96.0%	96.1%
Stat & Mand Training (Face to Face)	75.7%	87.3%	88.3%
Stat & Mand Training (Safeguarding L2 +)	93.7%	97.3%	96.6%

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, both Vacancy and Turnover rate have slightly decreased from June 23. Both vacancies and turnover remain high for IUC with 37.2% and 28.5% respectively; strategic discussions with the Trust Executive Group are taking place to work through long and short term solutions for both our call centres. All other Service Lines except for EOC (20% and 18.4%) are below 15%. The YAS Together programme continues to be able to address some cultural concerns.
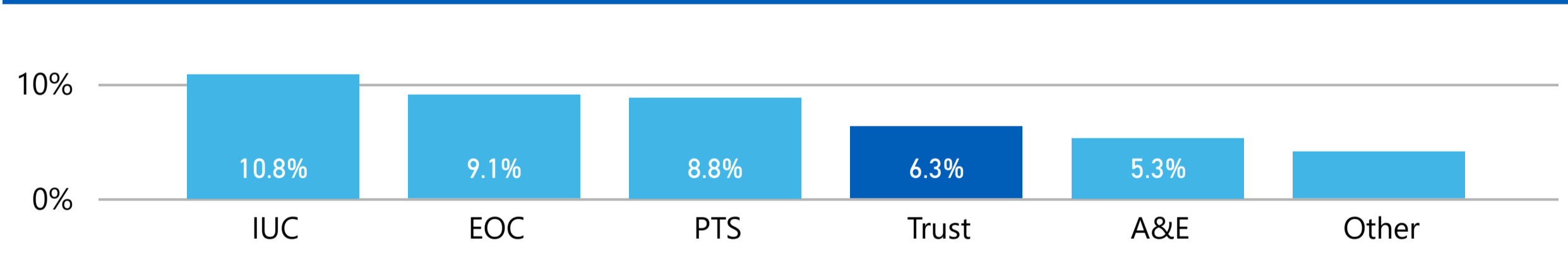
Sickness – Sickness has increased by one percentage point from the previous month, from 6.2% to 6.3% but the overall trend continues to be downward Trust wide. A sub-group of the Operational Efficiency Group is working to actively reduce absence through a review of absence management processes, reasonable workplace adjustments, MSK/injuries at work. This work is reported through the People Committee.

PDR / Appraisals – Overall compliance rate has stayed the same with a one percentage point increase from the previous month. PTS remains the highest performing area within the Trust at 84.3% whereas Other continues to be the worst performing area at 52.2% which is a percentage point lower than performance last month. Support continues to be provided to all areas, and managers are receiving update briefings and workshops (for new managers) on how to conduct quality appraisals and career conversations. New and regular communications to all Trust managers highlighting use of the Compliance Dashboard have started, encouraging data cleanse and setting clear 90% compliance targets for appraisal completion and training.
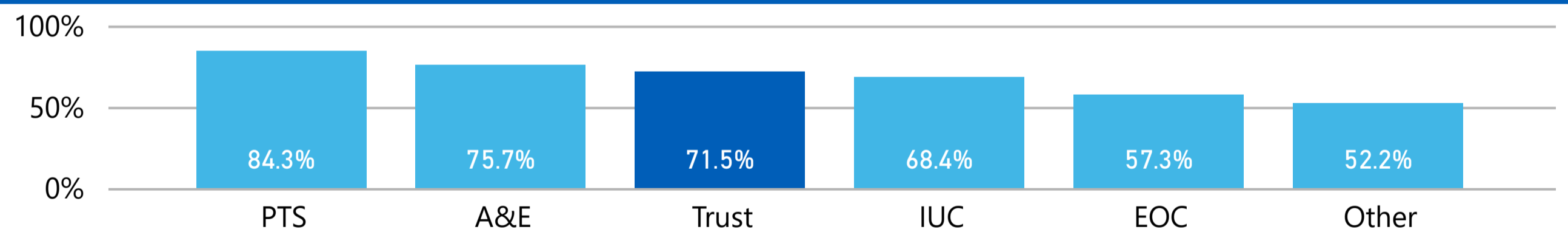
Statutory and Mandatory Training – At Trust level, 3 out of 4 training measures are compliant (90%+). EOC, PTS and Other are all compliant (green) for all categories. Since the targeted work to improve the annual IG and Data Security compliance rate concluded at the end of June, the Fire & IG compliance has dropped slightly but is holding well at 97.4%. A&E is the only area that is non-compliant for Face to Face however the area saw a one percentage point increase from June 2023 to 86.2% and remain on track to achieve the agreed 3-year recovery plan. IUC saw >70 Safeguarding Level 2 competences expire in July/Aug resulting in a drop in compliance to 85.7%. Managers receive the Compliance Dashboard fortnightly with key messages regarding priorities for action. Essential Learning Champions in all areas of the Trust are supporting progress.

Sickness Benchmark for Last Month

IUC	EOC	PTS	Trust	A&E	Other
10.8%	9.1%	8.8%	6.3%	5.3%	

PDR Benchmark for Last Month

PTS	A&E	Trust	IUC	EOC	Other
84.3%	75.7%	71.5%	68.4%	57.3%	52.2%

Sickness

Legend: ● Sickness - Long Term ● Sickness - Short Term

(Bar chart spanning Jun 21 through Jul 23)

PDR - Target 90%

(Line chart: 73.8%, 66.9%, 54.9%, 51.5%, 51.3%, 48.7%, 53.1%, 59.7%, 66.5%, 69.4%, 72.4%, 71.5%, 71.5% across Jun 21 to Jul 23)
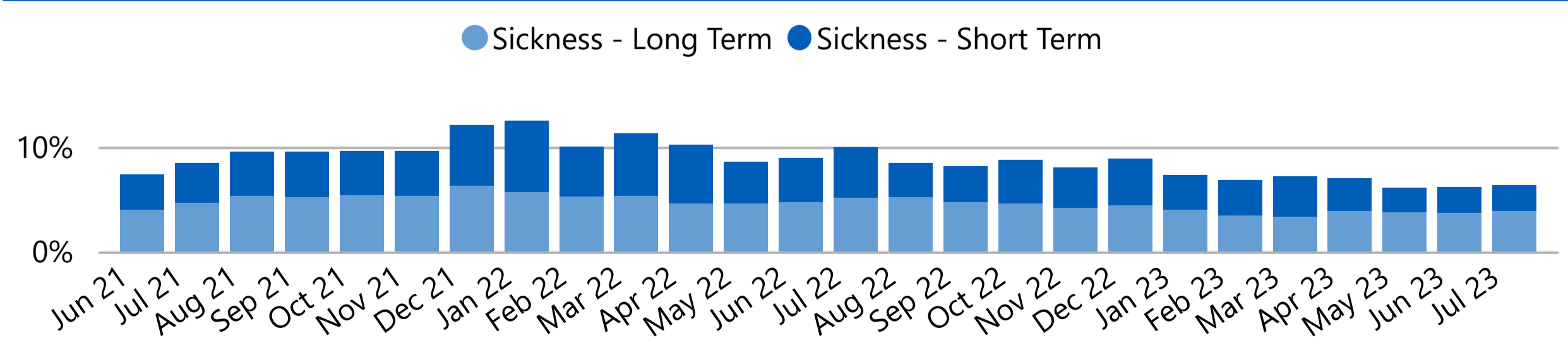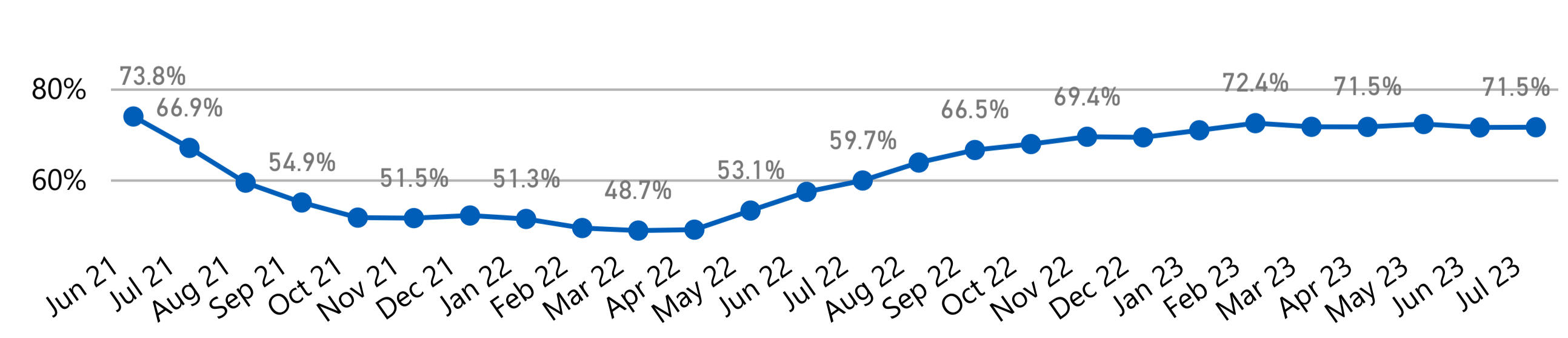
YAS Finance Summary (Director Responsible Kathryn Vause) - July 23

Overview - Unaudited Position

Overall
The Trust has a year end surplus position at month 4 of £485k as shown below. This position is as a result of pay vacancies.

Capital
The expenditure is lower than plan due in the main to delays on Fleet DCA deliveries and the delay in signing the lease for Goole AS.

Cash
As at the end of July the Trust had £75.4m cash at bank. (£61.9m at the end of 22/23).

Risk Rating
There is currently no risk rating measure reporting for 2023/24.

Full Year Position (£000s)

Name ▼	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)	£0	£485	£485
Cash	£72,917	£75,413	£2,496
Capital	£2,009	£467	£1,542

Monthly View (£000s)

Indicator Name ▼	2023-05	2023-06	2023-07
Surplus/ (Deficit)	£0	£0	£485
Cash	£72,220	£76,347	£75,413
Capital	£209	£258	£0

Patient Demand Summary

Demand Summary

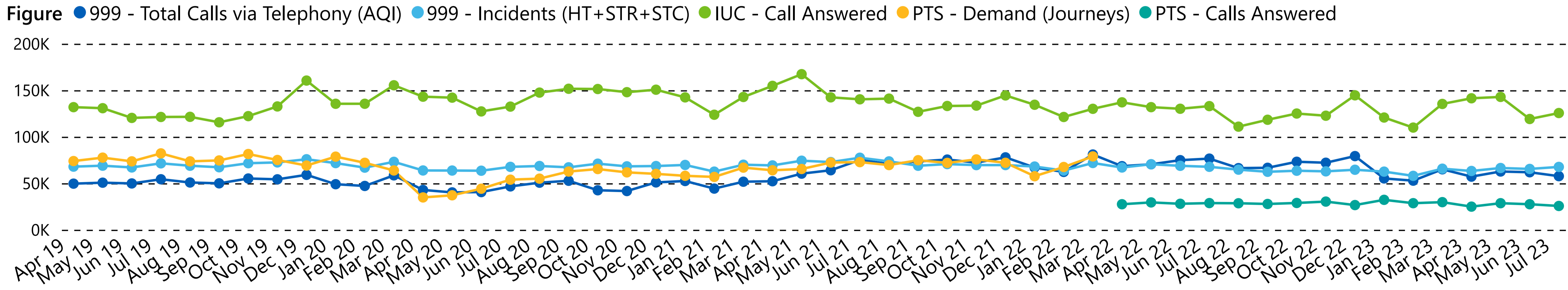| Indicator	Jul 22	Jun 23	Jul 23
999 - Incidents (HT+STR+STC)	67,691	65,407	67,575
IUC - Call Answered	132,942	119,083	125,494
IUC - Increase - Previous Month	2.2%	-16.6%	5.4%
IUC - Increase Same Month Last Year	-5.2%	-8.5%	-5.6%
IUC - Calls Answered Above Ceiling	-20.5%	-19.8%	-21.6%
PTS - Demand (Journeys)	73,608	78,119	74,785
PTS - Increase - Previous Month	-1.4%	2.4%	-4.3%
PTS - Same Month Last Year	1.2%	4.6%	1.6%
PTS - Calls Answered	28,692	27,458	25,599

Commentary

999 - At Scene Response demand was 4.2% lower than forecasted levels for July and was 3.6% less than in June. All Response Demand (STR + STC + HT) was 3.3% higher than June and 0.2% lower than July 2022.

IUC - YAS received 140,379 calls in July, 10.5% below the annual business plan baseline demand. 125,494 (89.4%) of these were answered, 7.9% above last month and 4.3% above the same month last year.

PTS - PTS Total Activity for July was 74,785. Total Demand was 4.6% higher than the same month the previous year, equivalent to c 3,400 extra journeys.
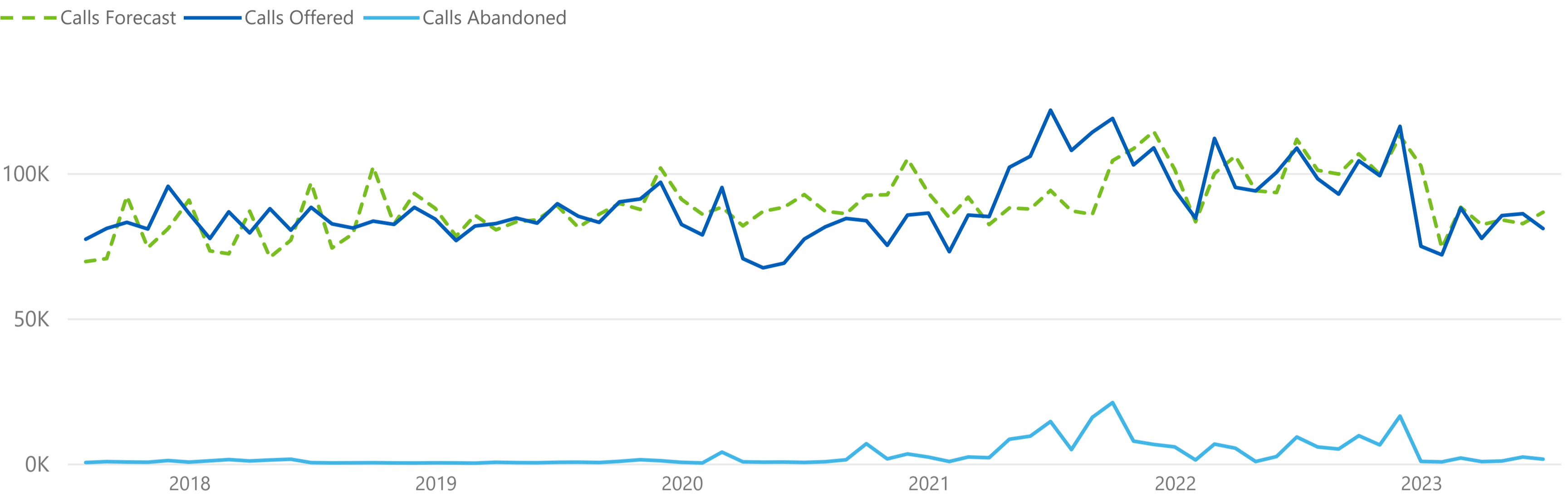
Overall Calls and Demand

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

999 and IUC Historic Demand

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

## 999 Historic Call Demand

Calls Forecast — — — · Calls Offered — Calls Abandoned —

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 July 2023, there were 80,886 calls offered which was 6.5% below forecast, with 79,384 calls answered and 1,502 calls abandoned (1.9%). There were 6.0% fewer calls offered compared with the previous month and 25.5% 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 32.9% reduction in abandoned calls compared with the previous month.

IUC Historic Demand
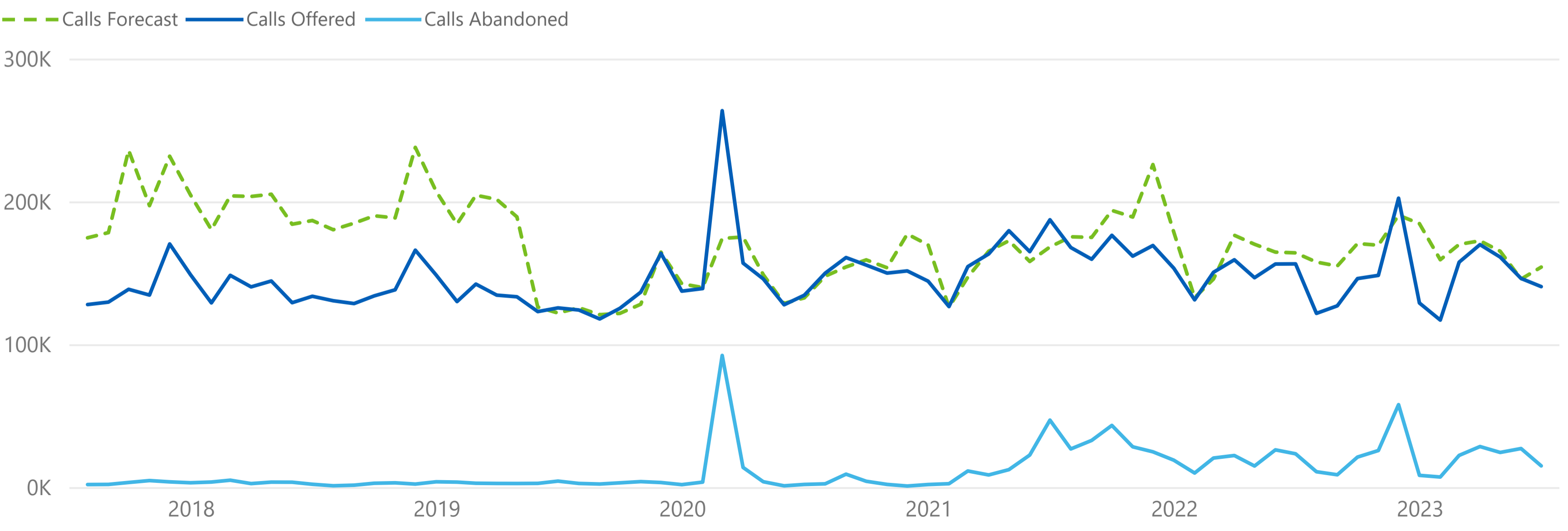
Calls Forecast — — — · Calls Offered — Calls Abandoned —

YAS received 140,379 calls in July, 10.5% below the annual business plan baseline demand. 125,494 (89.4%) of these were answered, 7.9% above last month and 4.3% above the same month last year.
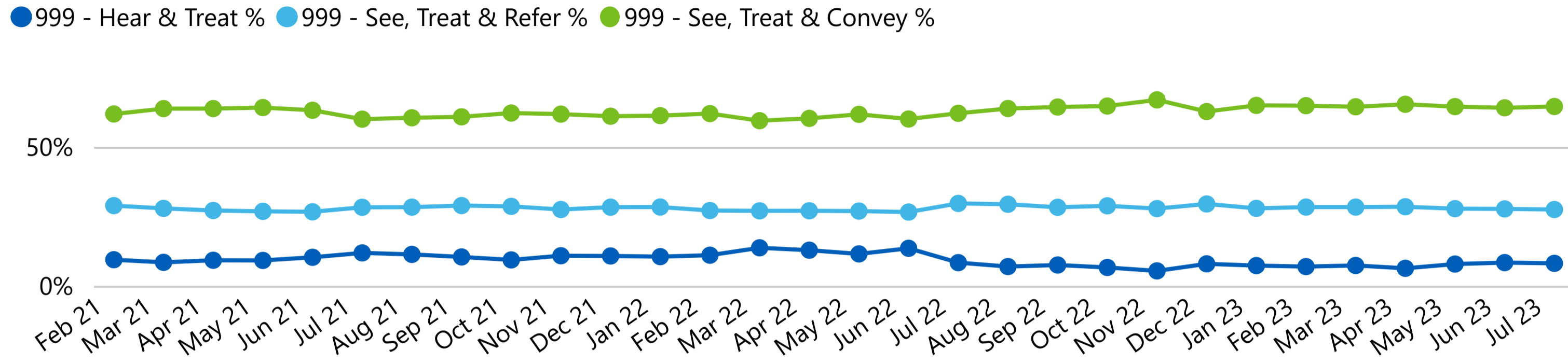
Calls abandoned decreased to 10.6% from 18.5% last month and was 4.3% below last year.

Patient Outcomes Summary

Outcomes Summary

ShortName	Jul 22	Jun 23	Jul 23
999 - Incidents (HT+STR+STC)	67,691	65,407	67,575
999 - Hear & Treat %	8.3%	8.3%	8.1%
999 - See, Treat & Refer %	29.6%	27.7%	27.4%
999 - See, Treat & Convey %	62.0%	64.0%	64.5%
999 - Conveyance to ED %	55.3%	56.3%	57.1%
999 - Conveyance to Non ED %	6.7%	7.7%	7.4%
IUC - Calls Triaged	125,770	111,977	117,370
IUC - ED %	14.5%	16.0%	15.6%
IUC - Ambulance %	11.7%	11.9%	11.8%
IUC - Selfcare %	4.4%	4.6%	4.4%
IUC - Other Outcome %	11.6%	13.8%	15.2%
IUC - Primary Care %	56.0%	51.8%	51.6%
PTS - Demand (Journeys)	73,608	78,119	74,785

999 Outcomes

● 999 - Hear & Treat %   ● 999 - See, Treat & Refer %   ● 999 - See, Treat & Convey %

IUC Outcomes

● IUC - ED %   ● IUC - Ambulance %   ● IUC - Selfcare %
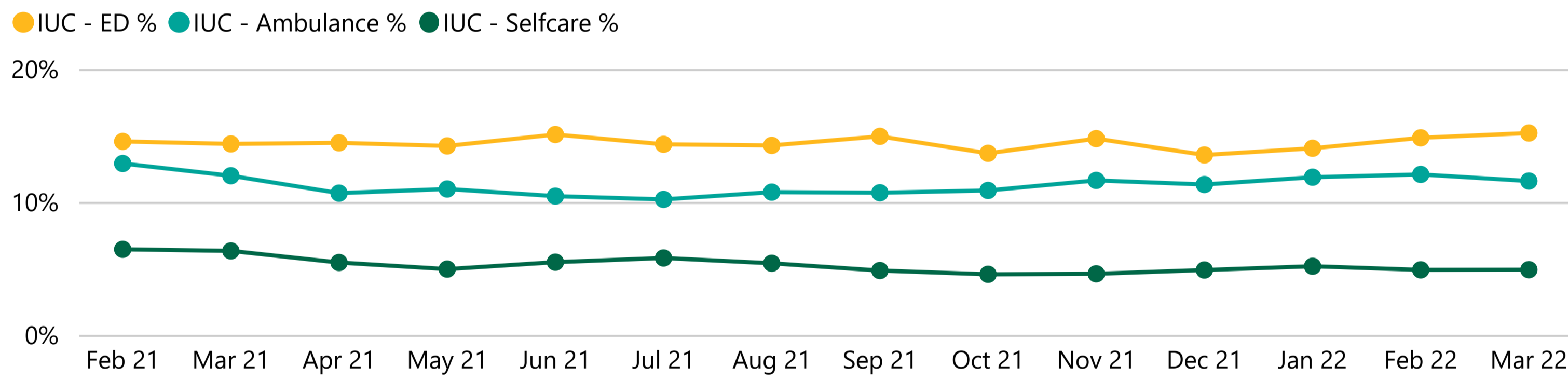
Commentary

999 - Comparing incident outcomes proportions within 999 for July 2023 against July 2022, the proportion of Hear & Treat decreased by 0.3%, See, Treat & Refer decreased by 2.2% and See, Treat & Convey increased by 2.4%. The proportion of incidents with conveyance to ED increased by 1.8% from July 2022 and the proportion of incidents conveyed to non-ED increased by 0.6%.

IUC - The proportion of callers given an Ambulance outcome was 11.8%, with Primary Care outcomes at 51.6%. The proportion of callers given an ED outcome was 15.6%. The percentage of ED outcomes where a patient was referred to a UTC was 13.7%, a figure that historically has been as low as 2-3%. A key goal of the 111 first programme was to reduce the burden on emergency departments by directing patient to more appropriate care settings.

Patient Experience (Director Responsible - Clare Ashby)

NHS
Yorkshire Ambulance Service
NHS Trust

Patient Relations

Indicator	Jul 22	Jun 23	Jul 23
Service to Service	70	104	101
Concern	29	47	39
Compliment	105	106	111
Complaint	95	85	98

YAS Comments

Patient relations - The overall number of Complaints, Concerns and Service to Service cases remain similar to previous month but formal complaints have increased for both the A&E Frontline and IUC this month. Patient Transport Services complaints and concerns have decreased but have seen a significant increase in Service to Service cases received whilst all cases concerning 999 call handling and dispatch have reduced slightly.

Complaints, Compliments, Concerns and Service to Service

● Complaint ● Compliment ● Concern ● Service to Service

Patient Safety - Quality (Director Responsible - Clare Ashby)

NHS Yorkshire Ambulance Service NHS Trust
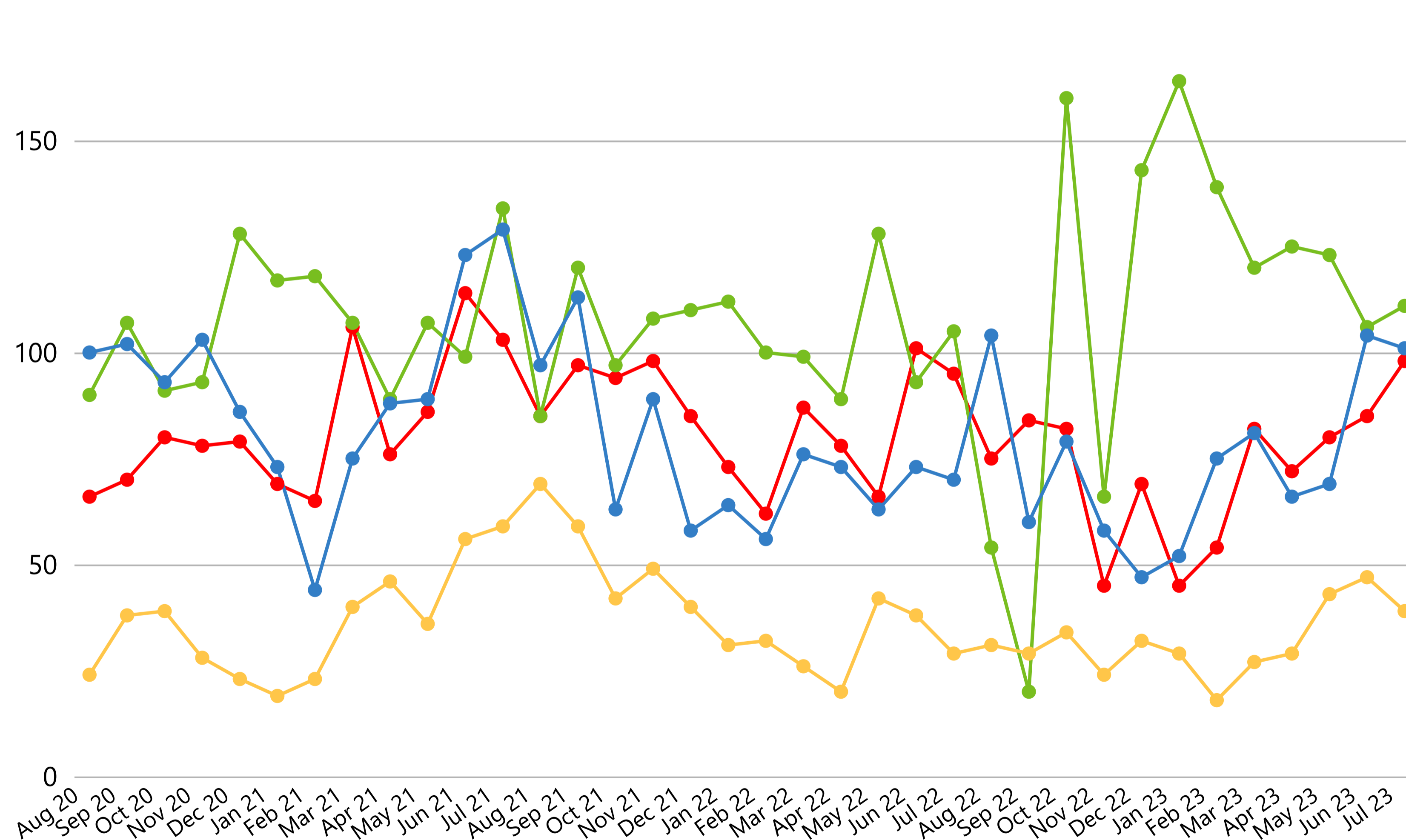
Incidents

Indicator	Jul 22	Jun 23	Jul 23
All Incidents Reported	766	689	827
Number of duty of candour contacts	12	15	32
Number of RIDDORs Submitted	4		5

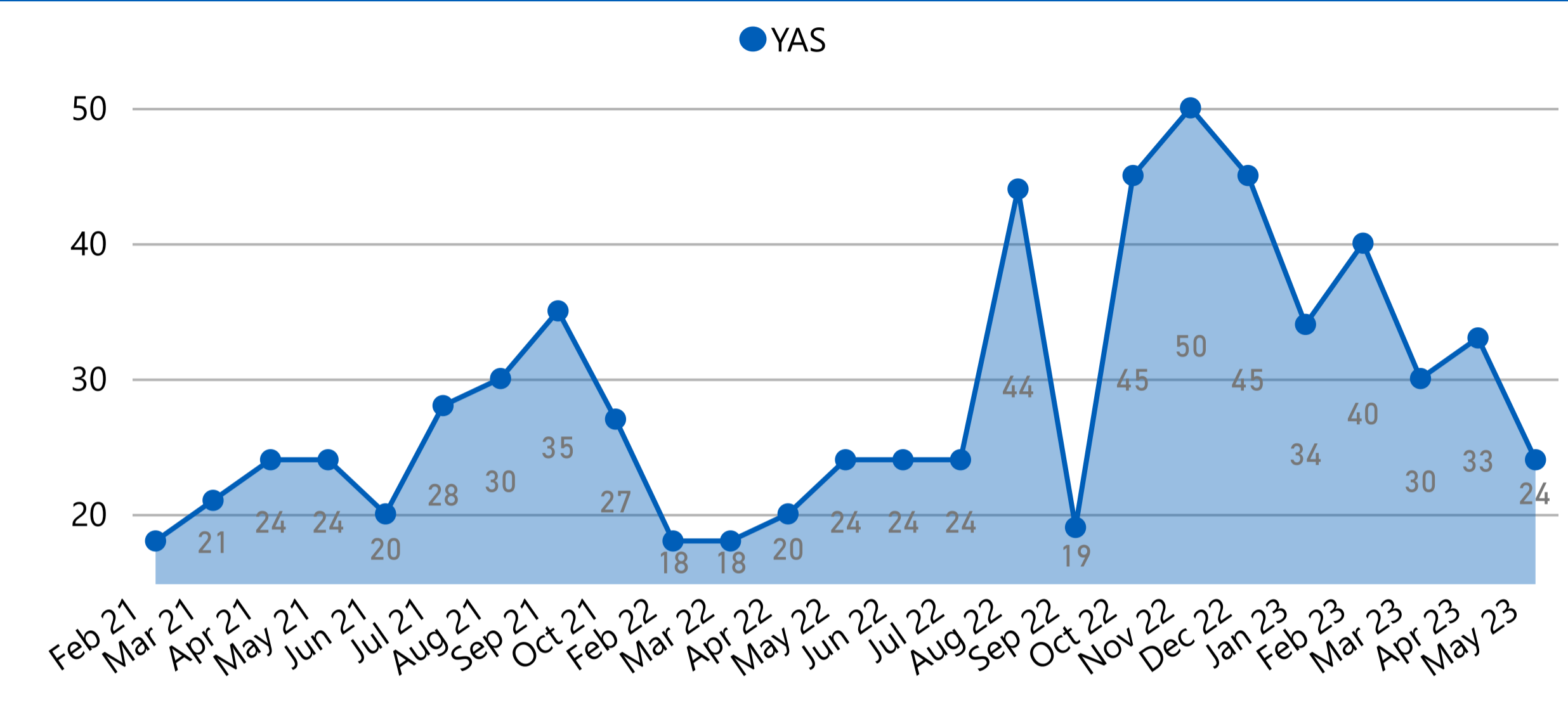| ▲	May 22	Apr 23	May 23
Moderate & Above Harm (verified)	24	33	24
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	5	5	8
Serious incidents (verified)	2	12	8

Incidents - Verified Moderate and Above Harm

● YAS

Data points: Feb 21: 18, Mar 21: 21, Apr 21: 24, May 21: 24, Jun 21: 20, Jul 21: 28, Aug 21: 30, Sep 21: 35, Oct 21: 27, Feb 22: 18, Mar 22: 18, Apr 22: 20, May 22: 24, Jun 22: 24, Jul 22: 24, Aug 22: 44, Sep 22: 19, Oct 22: 45, Nov 22: 50, Dec 22: 45, Jan 23: 34, Feb 23: 40, Mar 23: 30, Apr 23: 33, May 23: 24

Safeguarding

Indicator	Jul 22	Jun 23	Jul 23
Domestic Homicide Review (DHR)	3	1	2
Safeguarding Adult Review (SAR)	6	2	2
Child Safeguarding Practice Review/Rapid Review (CSPR/RR)		4	2
Child Death	17	13	13

A&E Long Responses

Indicator	Jul 22	Jun 23	Jul 23
999 - C1 Responses > 15 Mins	1,553	895	840
999 - C2 Responses > 80 Mins	5,826	2,704	2,339

YAS Comments

Domestic Homicide Reviews (DHR) – Two requests for information in relation to DHR's were received in July. Suicides as a result of currently or having history of being in a domestically abusive relationship are presenting as a theme.

Safeguarding Adult Review (SAR) – Two requests for information in relation to SAR's were received in July. Prominent safeguarding concerns were lack of engagement with hospital services resulting in death, and death following suicide.

Child Safeguarding Practice Review / Rapid Review (CSPR/RR) – 2 Rapid Reviews were undertaken by YAS in July following evidence of non accidental injuries and sexual abuse.

Child Death – The Safeguarding team contributed information in regard to 13 children who died in July. Ages of the children ranged from 0-17 with themes including suicide, road traffic accidents, complex medical conditions and prematurity.

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

Care Bundles (Last 3 Results)

Indicator	Jul 22	Aug 22	Oct 22	Nov 22	Jan 23	Feb 23
STEMI %	57.2%		60.0%		67.0%	
Stroke %		93.0%		95.0%		94.0%

STEMI Clinical Care Bundle – This clinical care bundle consists of four elements: administration of Aspirin, administration of GTN, administration of analgesia and recording of pre and post analgesia pain scores. Compliance with the overall STEMI clinical care bundle continues to be below 70%. When looking at compliance for the indivvdial elements of the clinical care bundle, administraion of analgesia and pre and post analgesia pain score recording are the two elements with bring down the average compliance for the total clinical care bundle. Due to a change in the audit specification, we expect to see an increase in the compliance to analgesia administration in coming months. However, lack of pre & post analgesia pain score recording continues to be a trend across the trust in other clinical quality audit. Following discussion of these trends at CQDF & Medicines optimisation group specific pain management audits are to be conducted as part of the 2023/24 audit programme which will address the speciifc root causes of this trend.

Stroke Clinical Care Bundle – Consistently performing in the 90% range, compliance could be improved with better documentation of patient blood sugar.
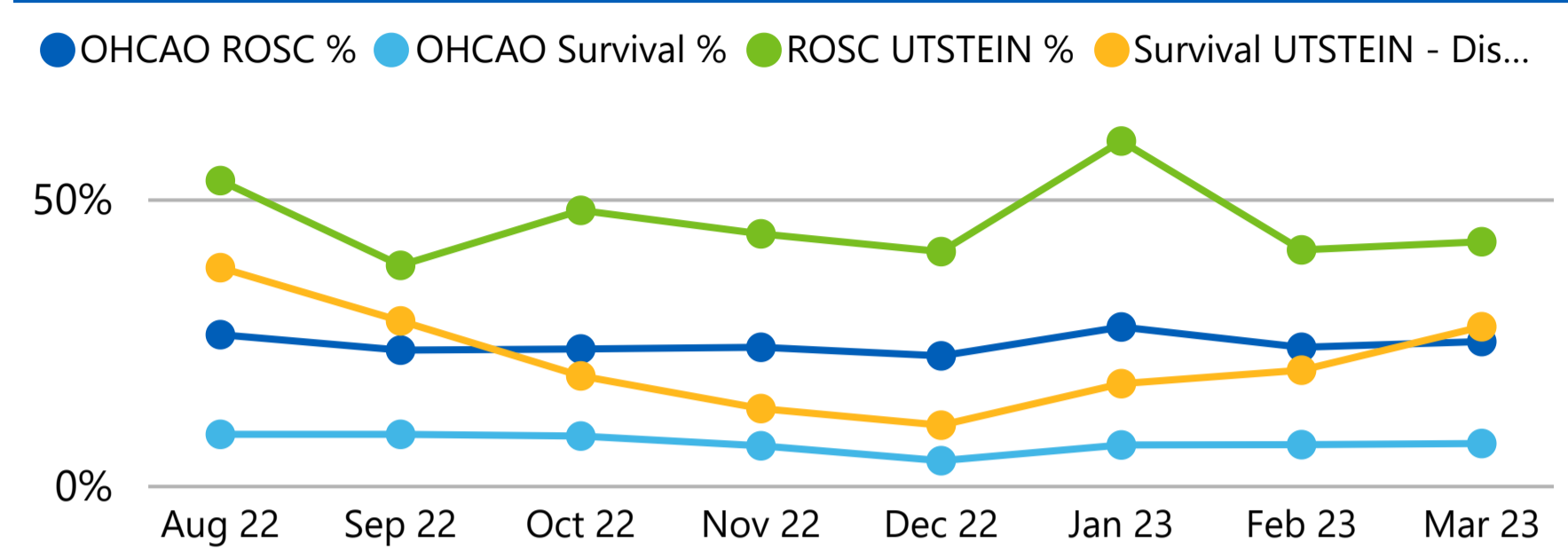
STEMI Analgesia

Indicator	Jul 22	Oct 22	Jan 23
Number of YAS STEMI patients	228	206	241
STEMI Pre & Post Pain Score	202	183	221
STEMI Pre & Post Pain Score %	88.6%	88.8%	91.7%

Sentinal Stroke National Audit Programme (SSNAP)

Indicator	Jan 23	Feb 23	Mar 23
Avg time (mins) from call to hospital	83	84	88
Total Patients	442	420	471

ROSC and Survival

● OHCAO ROSC % ● OHCAO Survival % ● ROSC UTSTEIN % ● Survival UTSTEIN - Dis...

ROSC & Survival

Indicator	Jan 23	Feb 23	Mar 23
Number of Patients with ROSC at Hospital Arrival	103	67	81
Number of Patients YAS continued / commenced CPR (ROSC)	374	277	324
Number of Patients who survived to discharge	25	19	27

Cardiac Arrest Clinical Patient Outcomes –During 2022, YAS attempted resuscitation on an average of 332 patients per month, with a significant increase in December 2022. This increase in patients resulted in the proportion of survival being the lowest recorded on record for YAS, however, the number of patients who survived (20) was normal for the trust. ROSC rates remained between 20% and 28% over the course of 2022 with no statistically significant events. OHCAO demand has not impacted the ROSC rate for the trust, with only survival being affected. This would suggest a consistency in the clinical care we are providing to this patient group pre- hospital. Further work is planned for 2023/24 to further analyse ALS best practice across the trust in order to determine what has the biggest impact upon patient outcome. For a more detailed look at clinical quality outcomes please use the clinical strategy dashboard.

Clinical Final Working Impressions (ePR)- Top 5

	Jun 23	Jul 23
1	No abnormality detected (no new injury or illness found) (7.9%)	No abnormality detected (no new injury or illness found) (6.6%)
2	Acute coronary syndrome (ACS) (3.7%)	Acute coronary syndrome (ACS) (4.3%)
3	Lower respiratory tract infection (3.2%)	Lower respiratory tract infection (3.8%)
4	Head injury : no LOC (2.4%)	Sepsis (2.6%)
5	Lower urinary tract infection (2.4%)	Vasovagal syncope (2.6%)

Patient Pathways – referrals – Patient Pathways – referrals – 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. Please note, the increase in pathways usage is likely due to changes in data recording via ePR.

Referrals

Indicator	May 23	Jun 23	Jul 23
ePR Referrals (%)	9.0%	8.9%	9.1%
ePR Referrals	4,465	4,462	4,703
ePR Records	49,819	50,349	51,858

Fleet and Estates

Estates

Indicator	Jun 23	Jul 23
P1 Emergency (2 HRS)		100.0%
P2 Emergency (4 HRS)	92.5%	96.2%
P2 Emergency – Complete (<24Hrs)	69.8%	88.5%
Planned Maintenance Complete	98.5%	99.8%
P6 Non Emergency - Attend within 2 weeks	98.3%	95.5%
P6 Non Emergency - Complete within 4 weeks	79.0%	84.9%
P5 Non Emergency - Logged to Wrong Category	100.0%	

Estates Comments

Requests for reactive work/repairs on the Estate totalled 296 jobs for the month of July. This is a representative theme of an average 300 repairs requests within month, Springhill remains the largest requester for service at 25 requests followed by HART at 17 requests for reactive works. SLA figures continue to be good with at an overall response KPI at 94% and completion KPI at 85%.

The other categories aside the P1 & P2 emergency works are - P3 attend within 24 hours and P4 which is attend within 2 days. The P4 category accounts for just over a third of request with attendance KPI at 93% against a target of 90%. Planned Maintenance activity on the Estate carried out by our service provider to attended to Statutory, mandatory and routine maintenance is recorded at near 100% for July.

999 Fleet
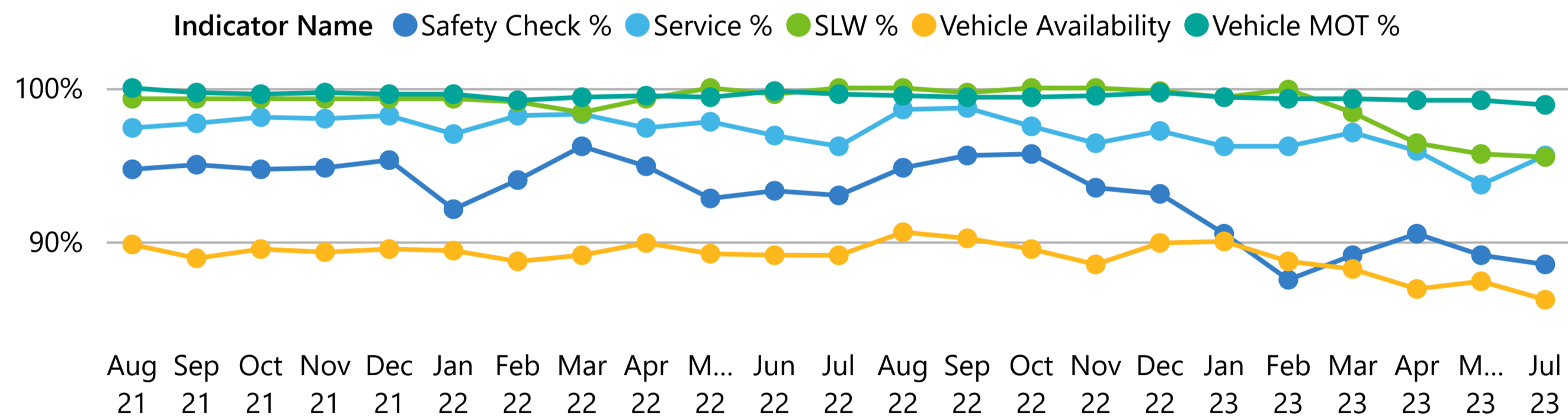
999 Fleet Age

IndicatorName	Jul 22	Jul 23
Vehicle age +7	15.4%	12.0%
Vehicle age +10	1.6%	1.0%

PTS Age

IndicatorName	Jul 22	Jul 23
Vehicle age +7	7.4%	28.5%
Vehicle age +10	1.0%	4.5%

PTS Fleet

Fleet Comments

A&E availability stabilised at 86.2% in July with the high level of vehicle off the road being attributed to the number of vehicles requiring engines which are back ordered with Fiat, a secondary supplier has been sourced and engines ordered. May has seen a drop of 1.7% to 88.5% in Safety Check compliance this is due to higher VOR rates and rota requirement this means it has been difficult to remove vehicles off the road for maintenance, fleet have employed the assistance of sub-contractors to carryout routine maintenance out of hours as well as overtime to catch up on routine maintenance. PTS compliance remains high with availability increasing by 0.1% to 89.7%. Fleet are working with operational colleagues to ensure rotas have the required vehicle availability.A&E age profile remains stable this month, the 64 DCA have suffered a further delay until September this is due to the ongoing issues with whole vehicle type approval, issues are attributed to the availability of staff within the Vehicle Certification Agency (VCA) our vehicle convertors Venari are pressing the VCA for a resolution as soon as possible. PTS vehicles over 7 years has increased and 10 years has remained stable, specifications have now been agreed with base vehicles clarified for order.
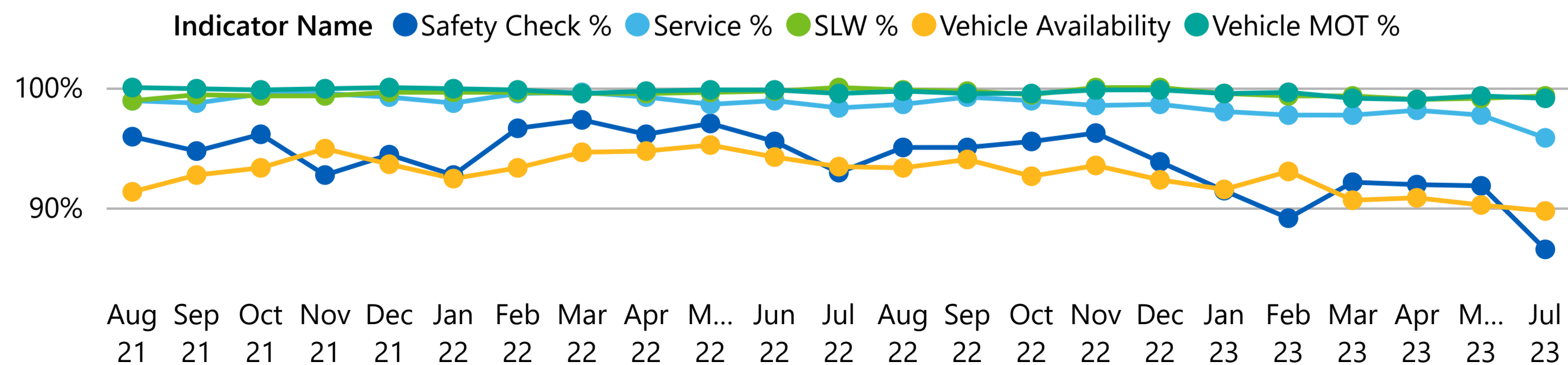
Glossary - Indicator Descriptions (A&E)

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)

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
IUC06	IUC - Core Clinical Advice	percent	Proportion of patients that received core clinical advice
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)

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	
QS31	Domestic Homicide Review (DHR)	int	
QS32	Safeguarding Adult Review (SAR)	int	
QS33	Child Safeguarding Practice Review/Rapid Review (CSPR/RR)	int	
QS34	Child Death	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)

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)

mID	ShortName	IndicatorType	Description
CLN43	STEMI Pre & Post Pain Score %	percent	Proportion of patients with a pre-hospital clinical working impression of STEMI who had a pre & post analgesia pain score recorded as part of their patient record
CLN42	STEMI Pre & Post Pain Score	int	Number of patients with a pre-hospital clinical working impression of STEMI who had a pre & post analgesia pain score recorded as part of their patient record
CLN41	STEMI Analgesia %	percent	Proportion of patients with a pre-hospital clinical working impression of STEMI who received the appropriate analgesia
CLN40	Number of patients who received appropriate analgesia (STEMI)	int	Number of patients with a pre- hospital clinical working impression of STEMI who received the appropriate analgesia
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 (mins) 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

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