



Integrated Performance Report

April 2018

The following report outlines performance, quality, workforce and finance as identified by nominated leads in each area. All these areas link to the quality of care for patients provided by the Yorkshire Ambulance Service across three main service lines (999, PTS and 111).

Inspected and rated

Good



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The following YAS board report outlines performance, quality, workforce and finance headlines in each area. All these areas link to the quality of care for patients provided by the Yorkshire Ambulance Service across three main service lines (A&E, PTS and 111).

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1 YAS STRATEGIC OBJECTIVES 2018/19

April 2018

These represent our current proposed baseline objectives for final sign off, following RTSC.

YAS STRATEGIC OBJECTIVES 2018/19

Strategic Objective	No	Trust Level Objectives	Transformation Programme
1. Safe and Sustainable: Provide a safe, effective, caring and sustainable service for all patients	1.1	Develop the YAS response and deployment model to target appropriate resources, maximise care outcomes and meet the requirements of the IUC specification and ARP standards.	[1] Service Delivery and Integrated Workforce Model
	1.2	Expand the volume and range of clinical advice, to ensure the delivery of appropriate care and to increase the number of patients treated without ambulance deployment.	[1] Service Delivery and Integrated Workforce Model
	1.3	Exploit digital developments to underpin delivery of changes to our service delivery model and integrated patient pathways.	[3] Infrastructure
	1.4	Implement key digital infrastructure projects, including: [1] EPR and integrated care records [2] Single YAS record [3] Unified emergency communications.	[3] Infrastructure
	1.5	Implement the Trust Estate Strategy to underpin the future service delivery model.	[3] Infrastructure
	1.6	Develop Trust Performance Framework: [1] Analytical capability, [2] Service Line Management / PLICS, [3] Embedded performance processes.	[4] Capacity and Capability
2. Best People: Attract, develop and retain a highly skilled, engaged and diverse workforce	2.1	Deploy a multi-professional skill mix across the whole pathway, to target and treat patients most appropriately.	[1] Service Delivery and Integrated Workforce Model
	2.2	Ensure the capacity and capability are in place to deliver Trust Strategy, and Vision and Values.	[4] Capacity and Capability
	2.3	Develop the culture of the organisation to support delivery of high quality, cost effective services.	[4] Capacity and Capability
	2.4	Suggested additional objective: To prioritise the health and well-being of all staff.	
	2.5	Suggested additional objective: Implement the Workforce and OD Strategy	

YAS STRATEGIC OBJECTIVES 2018/19

Strategic Objective	No	Trust Level Objectives	Transformation Programme
3. Care through Collaboration: Provide the best possible integrated care, in collaboration with our system partners	3.1	Work as a strategic partner in population health management, to identify and address local priorities for care delivery.	[2] Place Based Care
	3.2	Develop public and community engagement to enable volunteers and other collaborative partnerships to contribute to a broader range of service delivery.	[2] Place Based Care
	3.3	Work with place-based partners to develop appropriate integrated service delivery models, infrastructure and pathways to manage patients as close to home as possible and in line with ARP standards and the IUC specification.	[2] Place Based Care
	3.4	Work with partners to develop better integrated transport solutions.	[2] Place Based Care
	3.5	Work with partners to support service reconfiguration and ongoing system resilience.	[2] Place Based Care
	3.6	Work with partners to identify and exploit opportunities for co-location where appropriate.	[3] Infrastructure
4. Achieving Excellence: Transform our services to exceed national performance and quality measures	4.1	Maximise the availability of resources through the development of Hub & Spoke / Ambulance Vehicle Preparation.	[3] Infrastructure
	4.2	Deliver high quality care and services meeting or exceeding national standards.	[4] Capacity and Capability
	4.3	Ensure financial stability of the Trust in line with national framework.	[4] Capacity and Capability
	4.4	Implement VFM and productivity improvements aligned to National Ambulance Productivity Programme and Northern Ambulance Alliance.	[4] Capacity and Capability

EXECUTIVE OVERVIEW

The Single Oversight Framework is designed to help NHS providers attain and maintain Care Quality Commission ratings of 'Good' or 'Outstanding'. The Framework doesn't give a performance assessment in its own right. The framework applies from 1 October 2016, replacing the Monitor 'Risk Assessment Framework' and the NHS Trust Development Authority 'Accountability Framework'. The Framework will help identify NHS providers potential support needs across the five themes illustrated below alongside YAS indicators where available. To date Finance and Use of Resources is the only theme which is rated nationally.

Quality of Care

Number of new written complaints per 10,000 calls to Ambulance services, Q2 17-18	13.8	
Staff F&F Test % recommended care Q2 17-18	87%	
Occurrence of any never event	None	
Patient Safety Alerts not completed by deadline	None	
Ambulance See-and-treat from F&F Test - % positive, Mar18	*	
Ambulance Clinical Outcomes, Nov 17	Return of spontaneous circulation (ROSC) in Utstein group	40.0
	Stroke 60 minutes	46.5
	Stroke Care	99.2
	ST Segment elevation myocardial infarction (STEMI) 150 minutes	78.7

(*) less than 5 responses – data withheld

(**) does not provide results that can be used to directly compare providers because of the flexibility of the data collection methods and variation in local populations

Organisational Health

Staff sickness, Dec 17	6.36%
Staff turnover (FTE), (YAS Workforce Scorecard Apr 18)	10.4%
NHS Staff Survey response rate 2017	34.52%
Proportion of temporary staff, Feb 18, NHS Model Hospital	1.80%

Strategic Change RAG ratings (April 18)

Urgent Care	NOT REPORTING
Hub & Spoke	GREEN
A&E Transformation	AMBER
PTS Transformation	AMBER

Operational Performance Response Times

	Mar 18
Cat 1 Life-threatening calls mean	8:17
90 th centile	14:15
Cat 2 Emergency calls mean	25:38
90 th centile	0:55:28
Cat 3 Urgent calls 90 th centile	2:23:16
Cat 4 Less urgent calls 90 th centile	3:17:37

Source: [Systems Indicators](#) (Against 20170926 specifications, indicators agreed through Ambulance Response Programme) – spreadsheets

Finance Score

Capital service capacity (Degree to which a providers generated income covers its financial obligations)	SOF Rating* Apr 18 1
Liquidity (days of operating costs held in cash or cash equivalent forms)	1
I&E margin (I&E surplus or deficit/ total revenue)	1
Distance from financial plan (YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit)	1
Agency spend (distance from providers cap)	1
OVERALL USE OF RESOURCES RATING	1

*1=Providers with maximum autonomy; 2=Providers offered targeted support; 3=Providers receiving mandated support; 4=Special measures

This section provides an overview of internal transformation programmes and external factors to help determine if our internal change plans are aligned to external system pressures.

Internal

- **Hub & Spoke:** Status remains as **Green**
 - AVP delivery model approved at April's HSPB.
 - AVP Leeds revised fit out costs presented at April HSPB.
 - Business case for STP funding to support the Doncaster hub project approved for onward transmission by the April HSPB.

Urgent Care:

- The programme was refreshed in December and refined over the final quarter of 2017/18. The next steps are to agree the programme plan and resourcing requirements for projects. Once these are live the programme plan can be refined and milestones developed.

Service Improvement

- **A&E:** Remains **Amber**
 - Programme of work agreed which defines the workstreams and projects.
 - Individual project planning and production of required project documentation is now underway.
 - Trust governance process for 18/19 Programme is under development.
- **PTS:** Remains **Amber**
 - Many areas of the programme are now "green" the parts remaining as amber include understanding of the benefits of the programme. This work is ongoing.
 - The York and Scarborough mobilisation project has commenced and is reporting as green.
 - The Forecasting and resourcing project has been completed.

A full review of the service transformation programme is progressing to enable alignment to the new strategy currently under development. This will result in a recast of the programme board arrangements from May 2018.

External

- Winter debriefs continue to place across the Region and all Delivery Boards. The Trust is attending an NHSI Review meeting to focus on winter planning, alongside acute partners; reviewing what went well, what challenges were faced and what lessons have been learnt. This is part of a wider programme of focus on winter preparedness for Winter 2018.
- Action on A&E Launch event 10 May – YAS hosted a table with a focus on ambulance handover, care homes, system management and escalation.
- WY&H UEC programme board have agreed 3 priorities for working together in the next 2 years:
 - 1) Urgent care systems
 - 2) Interoperability and IT capability e.g. direct booking/sharing patient information
 - 3) Workforce – with the first focus on the A&E department workforce
- WYAAT has developed five key areas for improvement:
 - 1) Workforce
 - 2) Referring from A&E into other services
 - 3) NHS Ambulance Contracting
 - 4) Choice Policy
 - 5) Reablement and packages of Care
- SYB ICS conference around the development of Allied Health Professionals taking place 26 April; YAS engagement ongoing around roles of wider multi-disciplinary workforce
- NHSI/NHSE are in discussion with ambulance trusts, commissioners and acute hospitals to provide support on increased jobs and reduction of handover delays.
- YAS working with NHSE and the care home sector, to provide two workshops to improve referrals into our services.
- ARP workshop with SYB commissioning colleagues to develop an understanding of ARP, what YAS is currently doing to improve performance and what support is required from commissioners to work collaboratively.
- YAS actively engaged in the ongoing development and implementation of the Escalation Management System (EMS) across South Yorkshire and Bassetlaw ICS area.

Our Performance April 2018

↓	Category 1 was 08:02
↓	Ambulance responses on Scene up by 3% from last month
↑	PTS KPI 2 continues to be above target at 88.1% for April
↓	Calls transferred to a CAS Clinician in 111 is below 50% target at 43%

YTD Performance		
	Time	Change
Category 1 Mean Performance	07 mins 46 Sec	
Ambulance Turnaround Time	34 mins 33 sec	(1 min 45 sec more)

A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 Mean		
Contract	Apr-18	Variance (%)	Contract	Apr-18	Variance (%)	Avg	Apr-18	Var	Avg	Apr-18	Change	Target	Apr-18	Var
69,680	76,660	10.0%	56,205	57,913	3.0%	75.4%	76.2%	0.8%	2,391	2,834	18.6%	00:07:00	00:08:02	00:01:02

PTS (KPI's exclude South)






PTS Demand (Inc Abort & Escorts)			KPI2 Arrived Hospital (<2Hrs)			KPI3 Pre Planned Picked up (<90Min)			KPI4 Short Notice Patients (<2Hrs)			Calls answered in 3 mins		
Contract	Apr-18	Variance (%)	Target	Apr-18	Variance (%pts)	Target	Apr-18	Variance (%pts)	Target	Apr-18	Variance (%pts)	Target	Apr-18	Var
70,437	76,266	8.3%	82.9%	88.1%	5.2%	92.0%	91.5%	(0.5%)	92%	87.1%	(4.9%)	90.0%	94%	4.0%

111

111 Answered Calls			111 Answered in 60 secs			Calls To A Clinician (5.22)			111 Call Back in 2 Hours			111 Referral Rate to 999		
Contract	Apr-18	Variance (%)	Target	Apr-18	Variance (%)	Target	Apr-18	Variance (%)	Target	Apr-18	Variance (%)	Avg	Apr-18	Variance (%)
143,283	137,713	4.0%	95%	94.3%	(0.7%)	50%	43.0%	(7.0%)	95%	83.1%	(11.9%)	9.0%	8.6%	(0.4%)

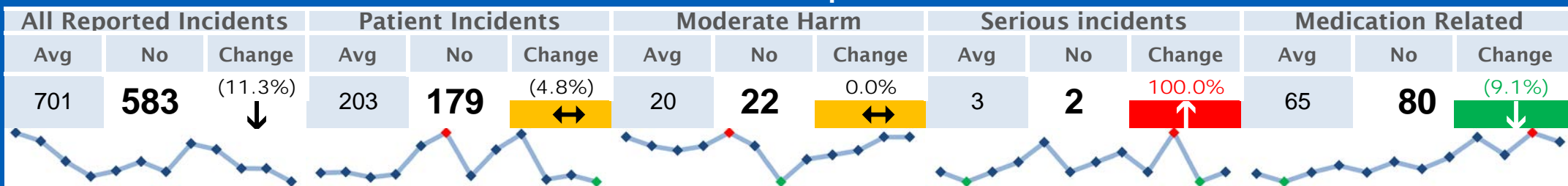
Key	Tolerance for Variance (unless stated different)	Variance	Sparklines	AVG - Average	Contract	Updated
	tolerance 5% number change or 5% pts	Variance to Contract or Target or Average	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	Demand Contracted for in the main contract	15.03.18 - PMO

Our Quality April 2018

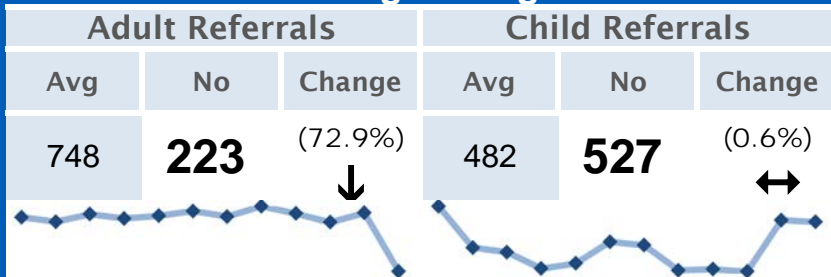
-  2 in 1000 patients report an incident
-  1 in 10000 patients incidents result in moderate or above harm
-  FOI compliance in April was 74%
-  3 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (ustein)
-  8 out of 10 people would recommend YAS to Friends and Family

Patient Survey		Infection Control Compliance			
Recommend YAS to F&F		Compliance	Apr 17	Apr 18	
	Q4	YTD	Hand Hygiene	98%	98%
PTS	85%	89%	Premise	98%	98%
A&E	79%	83%	Vehicle	99%	98%

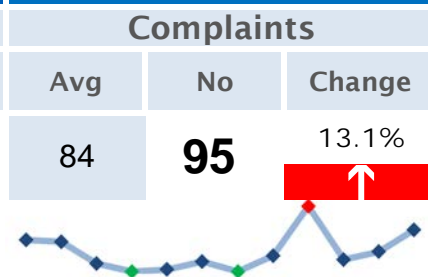
Incidents Reported



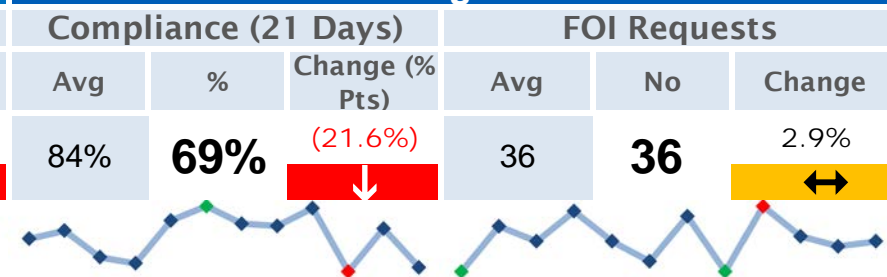
Safeguarding



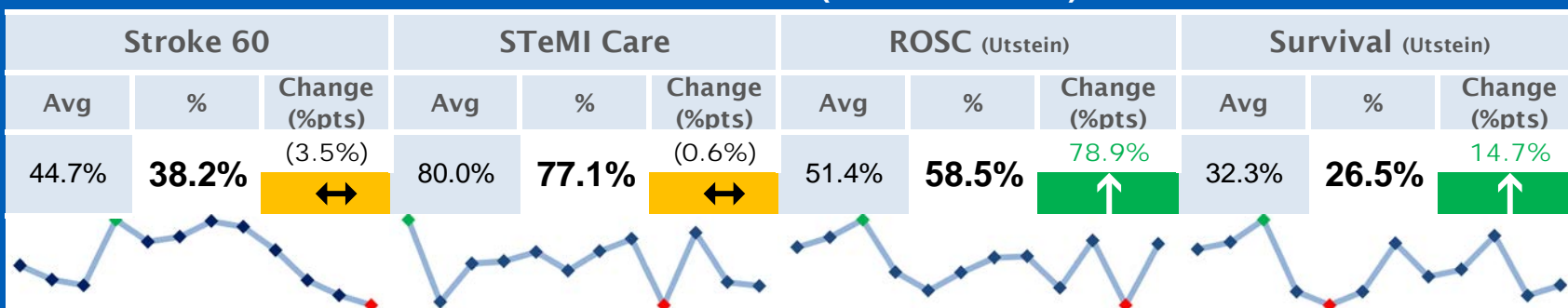
Patient Relations



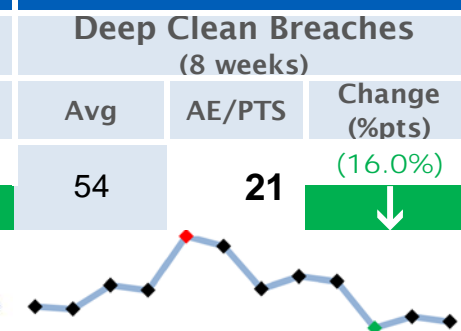
Legal



Clinical Outcomes (October DATA)



Fleet



Key

Change

From Previous Month (tolerance 5% number change or 5% pts)

Direction of Travel

From Previous Month

Sparklines

To demonstrate trend, low point is lowest point in that trend (not zero)

AVG - Average

Previous 12 Periods 18/05/18 - PMO

Updated

Our Workforce - April 2018

- ↓ 836 staff are overdue a PDR out of 4476
- ↔ 140 Staff are on long term sick out of 5227 Staff
- ↓ 404 staff are still to complete the stat and man work book out of 5227
- ↓ Child level 2 compliance does not include e-learning numbers of 1618 completed end of April 18

YTD Performance		
	%	Change
Sickness	5.66%	0.22%
Stat and Man	93.34%	-1.16%

Workforce									Recruitment			IG		
Total FTE in Post (ESR)			BME			Turnover			New Starts			Information Governance		
Avg	Nº	Variance (%pts)	Target	%	Variance (%pts)	Avg	%	Variance (%pts)	Avg	No	Variance (%pts)	Target	%	Variance (%pts)
4,361	4,432	1.6%	11.1%	6.4%	(4.7%)	11.5%	10.5%	(1.0%)	48.57	60	23.7%	95.0%	72.0%	(23.0%)

Sickness									Finance					
Total			Short Term			Long Term			Agency Spend			Overtime		
Target	%	Variance (%pts)	Avg	%	Variance (%pts)	Avg	%	Variance (%pts)	Plan YTD £(000)	Actual YTD £(000)	Variance (%pts)	Avg	AE/PTS Avg	Variance (%pts)
5.0%	5.7%	0.7%	2.0%	2.0%	(0.0%)	3.9%	3.7%	(0.2%)	178	234	23.9%	£842,116	£950,735	12.9%

Training														
PDRs			Stat & Mand			Adult Safeguarding L1			Child Safeguarding L2			eLearning Safeguarding		
Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	No	Prev Month (No)
90.0%	77.7%	(12.3%)	90.0%	93.3%	3.3%	90.0%	94.0%	4.0%	80.0%	76.4%	(3.6%)		1,618	312

Key	Change	Direction of Travel	Sparklines	AVG - Average	Updated
	From Previous Month (tolerance 5% number change or 5% pts)	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	18 May 2018 - PMO

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	(22,333)	(22,570)	(237)	(22,333)	(22,570)	(237)
Expenditure	21,983	22,220	237	21,983	22,220	237
Retained Deficit / (Surplus) with STF Funding	(350)	(350)	0	(350)	(350)	0
STF Funding	(106)	(106)	0	(106)	(106)	0
Retained Deficit / (Surplus) without STF Funding*	(244)	(244)	0	(244)	(244)	0
EBITDA	(1,326)	(1,245)	82	(1,326)	(1,245)	82
Cash	30,764	29,213	(1,551)	30,764	29,213	(1,551)
Capital Investment	112	13	(99)	112	13	(99)
Quality & Efficiency Savings (CIPs)	623	520	(103)	623	520	(103)

Under the "Single Oversight Framework" the overall Trust's rating for April 2018 is 1 (1 being lowest risk, 4 being highest risk).

The Trust has reported a surplus as at the end of April (Month 1) of £350k, which is in line with plan.

At the end of April 2018 the Trust's cash position was £29.2m against a plan of £30.7m, giving a variance of £1.5m. The reduced cash position reflects the clearance of year end accruals, most notably capital accruals.

CAPITAL: Capital expenditure for

18/19 at the end of April 2018 is £13k against a plan of £112k leading to an underspend of £99k. The overall plan is £14.434m expenditure allowing for disposals of £1.075m. This will result in a charge of £13.359m against the Capital Resource Limit (CRL). The capital plan is subject to approval from NHS Improvement.

The Trust has a savings target of £9,010k for 2018/19. YTD the Trust has underachieved against this target by £103k of which £67k relates to unidentified schemes. It is anticipated that an element of the unidentified schemes will be delivered non-recurrently during the year, hence causing an underlying recurrent financial risk for future years.

	Month	YTD	Trend 2018-19
<p>RISK RATING: Under the "Single Oversight Framework" the overall Trust's rating for April 2018 is 1 (1 being lowest risk, 4 being highest risk).</p>			
<p>EBITDA: The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at month 1 is £1.245k against a plan of £1,326k, an adverse variance of £82k against plan.</p>			
<p>SURPLUS: The Trust has reported a surplus as at the end of April (Month 1) of £350k, which is in line with plan.</p>			
<p>CAPITAL: Capital expenditure for 18/19 at the end of April 2018 is £13k against a plan of £112k leading to an underspend of £99k. The overall plan is £14.434m expenditure allowing for disposals of £1.075m. This will result in a charge of £13.359m against the Capital Resource Limit (CRL). The capital plan is subject to approval from NHS Improvement.</p>			
<p>CASH: At the end of April 2018 the Trust's cash position was £29.2m against a plan of £30.7m, giving a variance of £1.5m. The reduced cash position reflects the clearance of year end accruals, most notably capital accruals</p>			
<p>CIP: The Trust has a savings target of £9,010k for 2018/19. YTD the Trust has underachieved against this target by £103k of which £67k relates to unidentified schemes. It is anticipated that an element of the unidentified schemes will be delivered non-recurrently during the year, hence causing an underlying recurrent financial risk for future years.</p>			

Directorate	Plan YTD £000	Actual YTD £000	YTD Variance £000
A&E Directorate	314	314	(0)
Business Development Directorate	3	0	(3)
Chief Executive Directorate	7	2	(4)
Clinical Directorate	9	4	(5)
Estates Directorate	23	10	(13)
Finance Directorate	51	32	(20)
Fleet Directorate	91	61	(29)
Planned & Urgent Care Directorate	33	33	(0)
Quality, Governance & Performance Assurance Directorate	8	6	(2)
Hub & Spoke	6	6	(0)
Workforce & OD	78	50	(28)
RESERVE	0	2	2
Grand Total	623	520	(103)

Recurrent/Non-Recurrent/Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	554	518	(36)
Non - Recurrent	69	2	(67)
Grand Total	623	520	(103)

**7C CQUINS - YAS (Nominated Leads: Executive Director of Quality, Governance and Performance Assurance
Steve Page, Associate Director of Quality & Nursing - Karen Owen)**

April 2018

Trust Wide	Lead Manager	Expected Financial Value (over 2 years)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
Improvement of health and wellbeing of NHS staff	Dep Director of HR & Organisational Dev	£286,016	Amber												
Healthy food for NHS staff and visitors	Head of Facilities Management, Estates	£286,016	Green												
Improving the uptake of flu vaccinations for frontline clinical staff	Dep Director of HR & Organisational Dev	£286,016	Green												
Total		£858,048													

Comments:		Green	Fully Completed / Appropriate actions taken
The Healthy Food for Staff and Visitors CQUIN continues to perform well and is currently over achieving the 18/19 targets. The trust has committed to a 12 month delivery plan for its health and wellbeing activity, with a strategic group now set up to ensure the trust is on track to deliver the plan and achieve increased scores in this year's staff survey results. Good progress has been made so far this quarter with some of the activity listed in the plan.		Amber	Delivery at Risk
Planning for this year's Flu vaccination campaign has already started and a full project plan is in place with trust approval. Additional activity has been identified and added to this year's plan to ensure the organisation as able to achieve the increased target this year.		Red	Milestone not achieved

A&E CQUINS		Expected Financial Value (over 2 years)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
Proportion of 999 incidents which do not result in transfer of the patient to a Type 1 or Type 2 A&E Department	Head of Clinical Hub EOC	£643,429	Green												
End to End Reviews	Head of Investigations & Learning	£1,072,238	Green												
Mortality Review	Deputy Medical Director	£1,716,096	Green												
Respiratory Management Improvement	Deputy Medical Director	£858,477	?												
Total		£4,290,240													

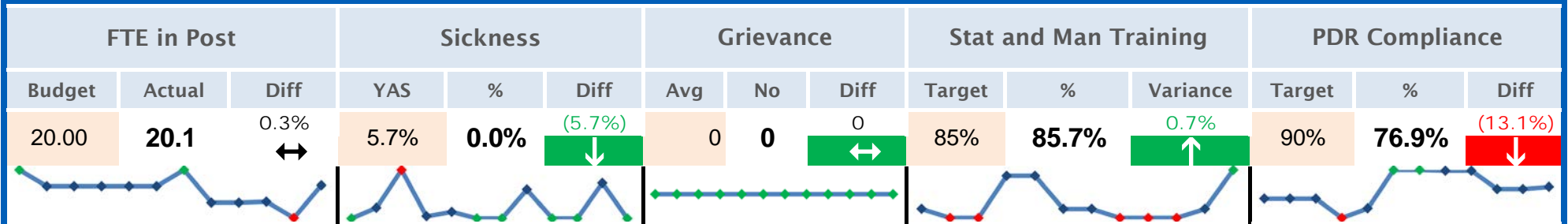
Comments:		Green	Fully Completed / Appropriate actions taken
The end to end review CQUIN continues to progress through 18-19 with two cases being selected per quarter for review with relevant other providers and commissioners. These will be selected across the region throughout the year based upon the appropriateness of the case and the most benefit for system wide learning. For Q1 18-19 one case has already been reviewed and another is being finalised at the time of reporting.		Amber	Delivery at Risk
		Red	Milestone not achieved

PTS CQUINS		Expected Financial Value of Goal	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
Local CQUIN - currently under development		tbc													
Total															

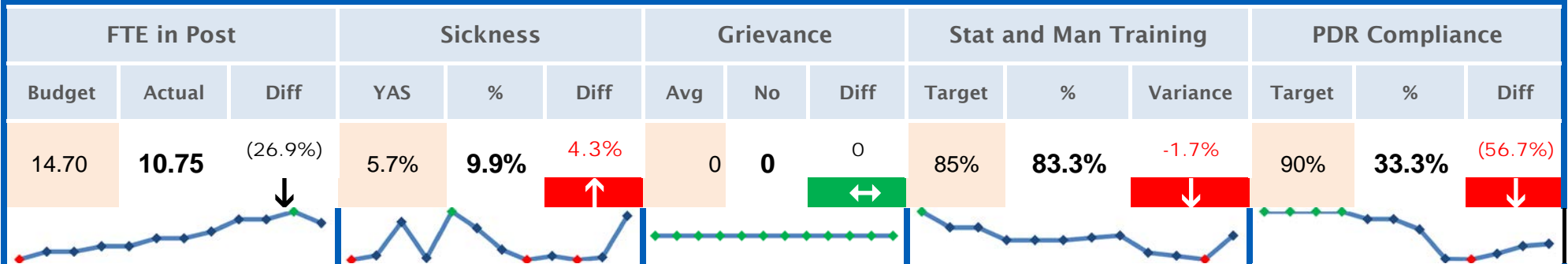
Comments:		Green	Fully Completed / Appropriate actions taken
PTS are still in negotiaton with commissioners on the 2018/19 CQUIN schemes.		Amber	Delivery at Risk
		Red	Milestone not achieved

Corporate Services - April 2018

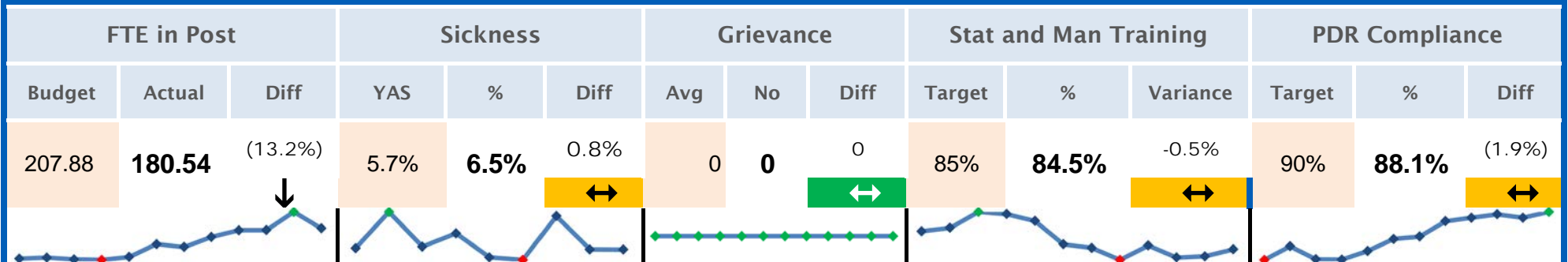
Chief Executive



Business Development



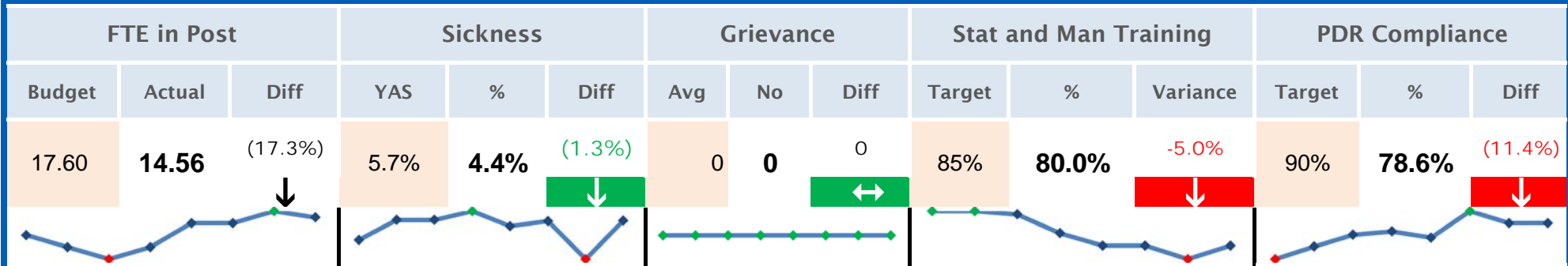
Finance (Excluding Fleet, Estates, BI and ICT)



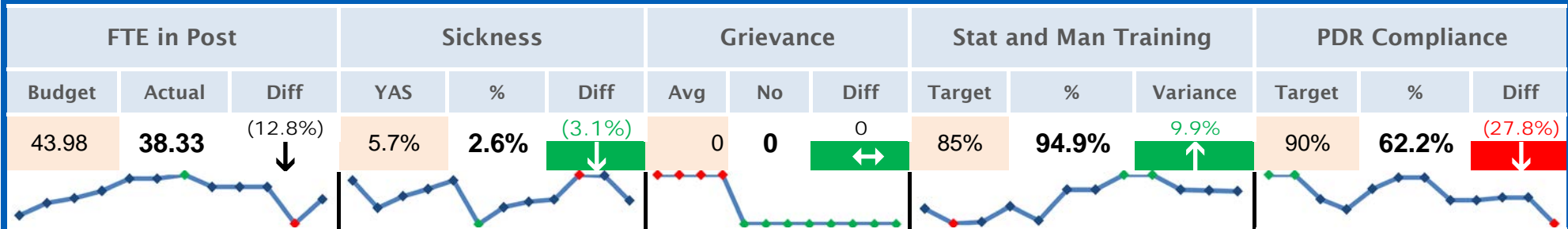
Key	Difference	Direction of Travel	Sparklines	AVG - Average	Updated
	Current Month (tolerance 5% number difference)	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	10.05.18 - PMO

Corporate Services - April 2018

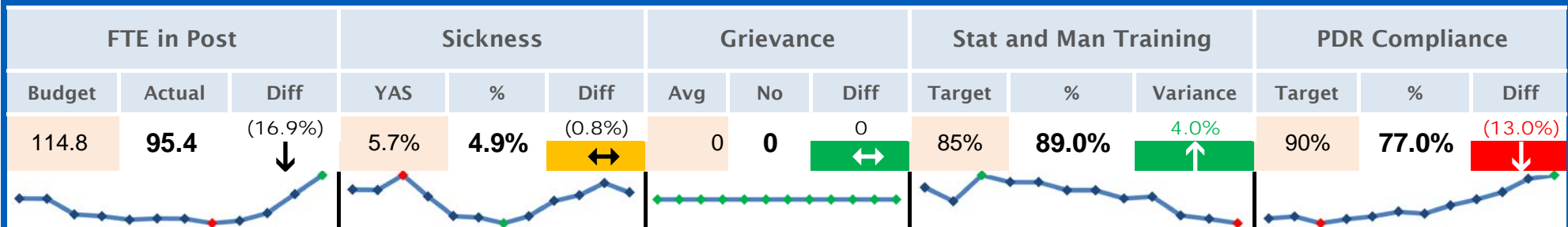
Business Intelligence



ICT



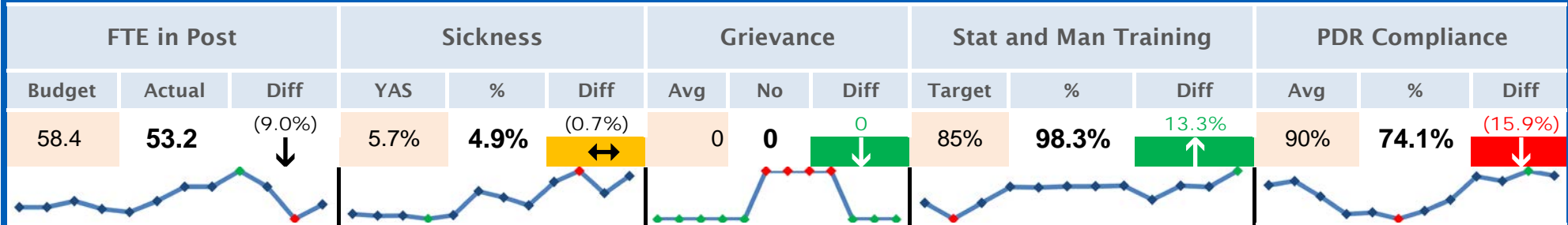
Workforce & Organisational Development



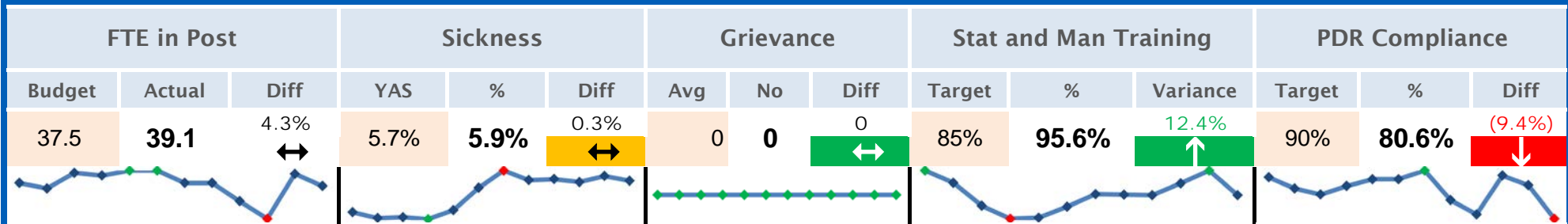
Key	Difference	Direction of Travel	Sparklines	AVG - Average	Updated
	Current Month (tolerance 5% number difference) Sicknes is 1% tolerance	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	10.05.18 - PMO

Corporate Services - April 2018

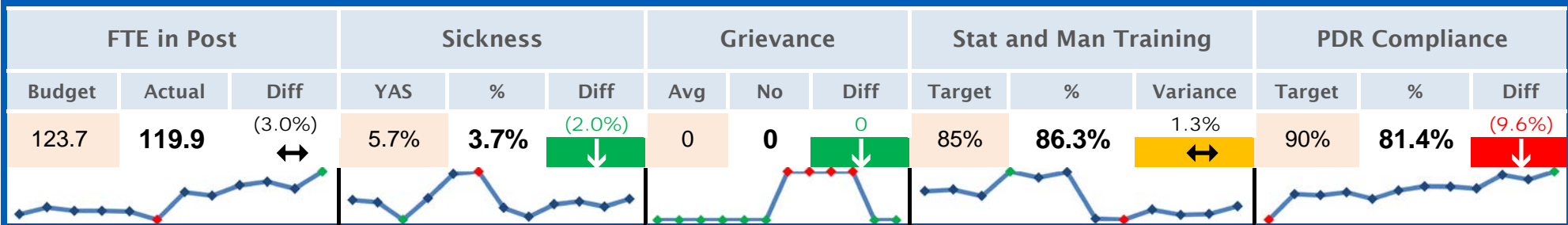
Quality, Governance and Performance Assurance



Clinical



Fleet and Estates

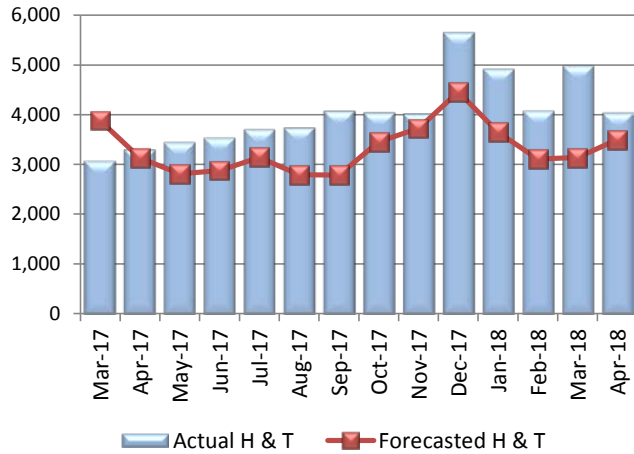


Key	Difference	Direction of Travel	Sparklines	AVG - Average	Updated
	Current Month (tolerance 5% number difference and 1% for sickness)	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	10.05.18 - PMO

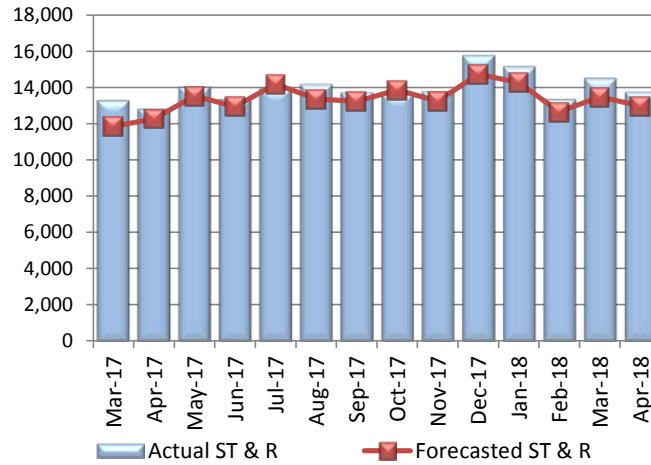
SERVICE LINES

9.1 Activity

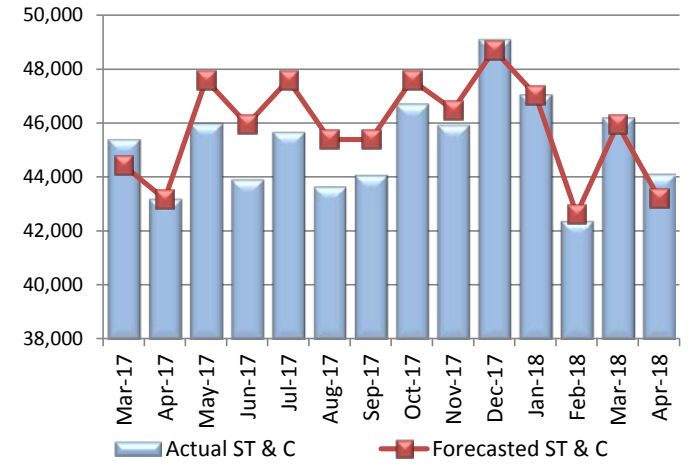
Hear & Treat



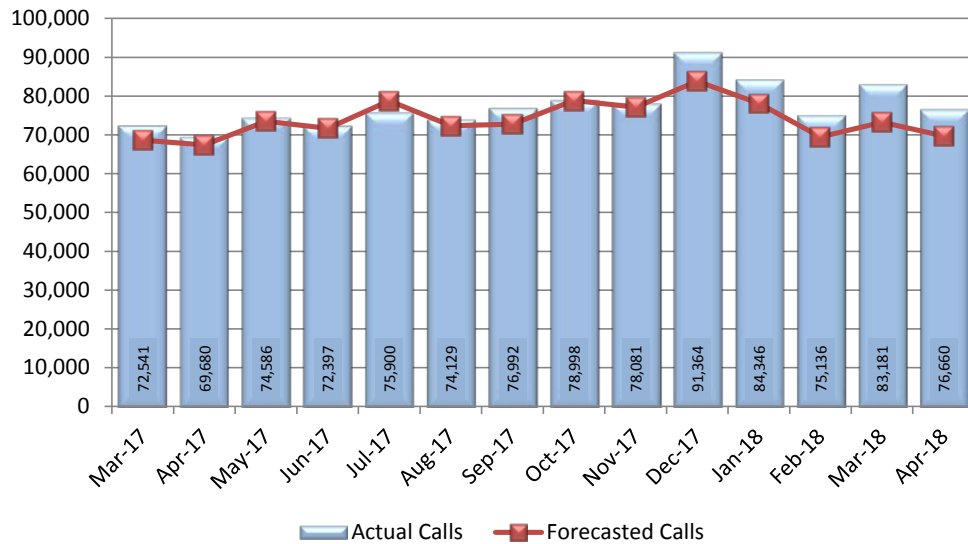
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

Total Demand was 10% above forecast. This is an increase in call numbers of 10% vs April last year.

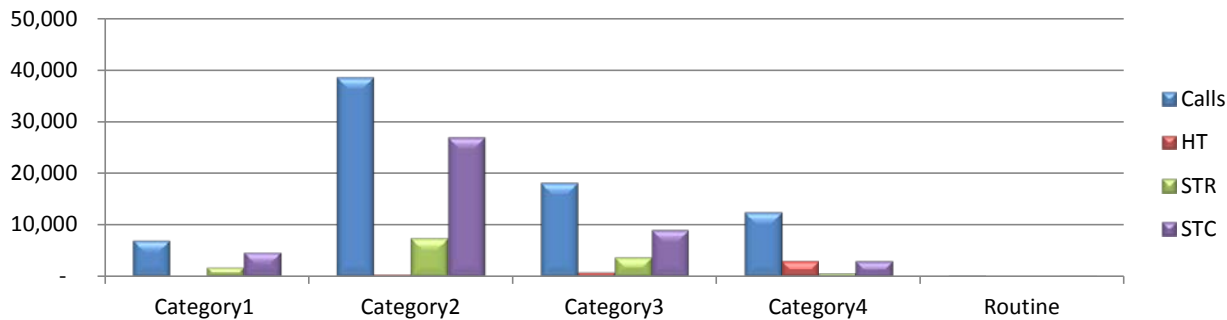
H&T is 15.9% above forecast. This is an increase of 22.3% in the amount of H&T carried out vs April last year

ST&R was 6.1% above forecast. This is an increase of 7.1% in the amount of ST&R carried out vs April last year.

ST&C was 2.1% above forecast. This is an increase of 2.1% in the amount of ST&C carried out vs April last year.

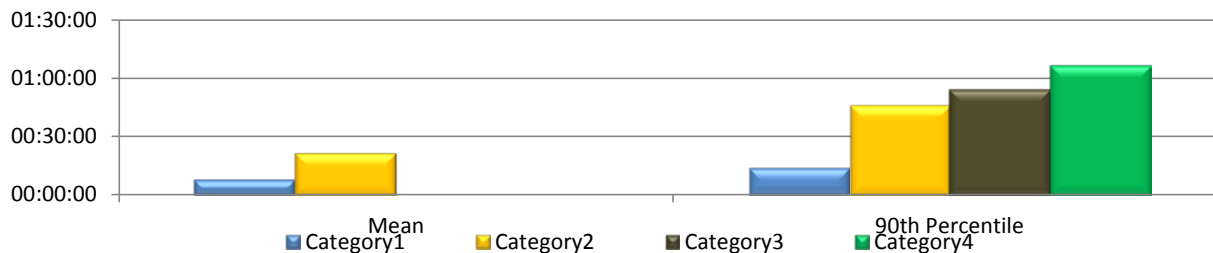
9.2 Activity

ARP2.3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	7,062	12	1,848	4,761	6,609	11.4%
Category2	38,617	385	7,417	27,027	34,444	59.5%
Category3	18,216	763	3,762	9,080	12,842	22.2%
Category4	12,501	2,893	729	3,109	3,838	6.6%
Routine	264	-	10	170	180	0.3%



9.3 Performance

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:08:02	00:13:44	00:07:00	00:15:00
Category2	00:21:39	00:45:53	00:18:00	00:40:00
Category3		00:54:00		02:00:00
Category4		01:06:51		03:00:00



ARP3 Update

Yorkshire Ambulance Service is continuing to participate in NHS England's Ambulance Response Programme (ARP) pilot and has now moved to the next stage, Phase 3. This has been developed by listening to feedback from ambulance staff, GPs, healthcare professionals (HCPs). ARP has given us a number of opportunities to improve patient care – which are outlined in the national papers and AACE documents - <https://aace.org.uk/?s=ambulance+response>

New Guidance has now been released and YAS are working to align all reports to that guidance.

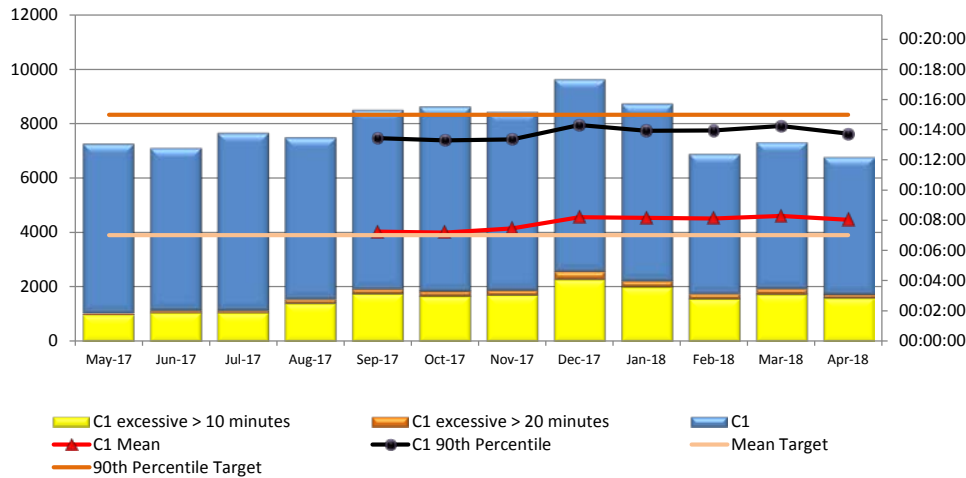
The Calls now split into 4 main categories with HCP calls monitored separately. There are now different standards than in ARP 2.2, for example the 8 minute response per incident does not exist anymore.

As agreed at the contract management board, YAS will only be reporting the YAS response standard until further discussions take place at a regional level. The Category1 No IFT indicator is shown as the indicator may change to not show IFTs within the performance measure. The

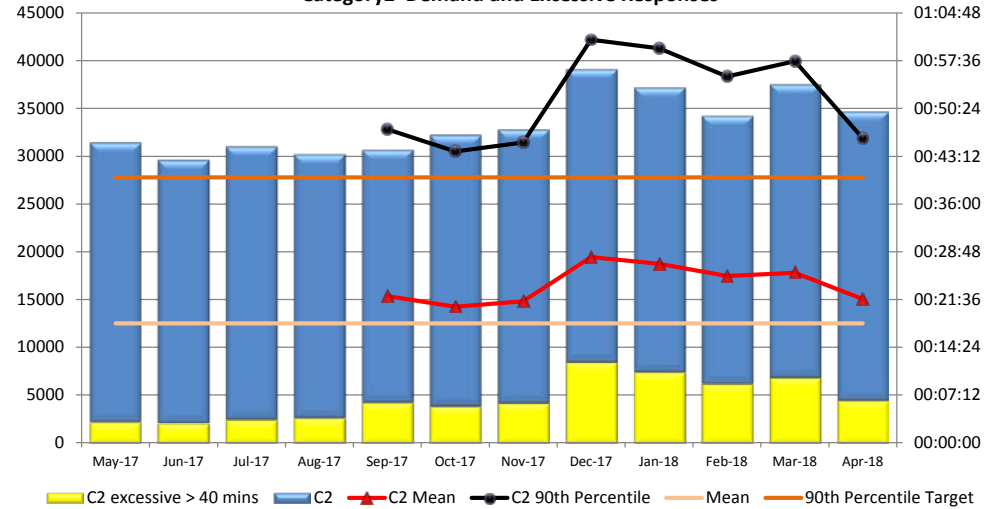
	Mean Standard	90 th Standard
C1	00:07:00	00:15:00
C2	00:18:00	00:40:00
C3		02:00:00
C4		03:00:00
HCP1		No Target
HCP2		No Target
HCP3		No Target
HCP4		No Target

9.4 Demand and Excessive Responses with Tail of Performance

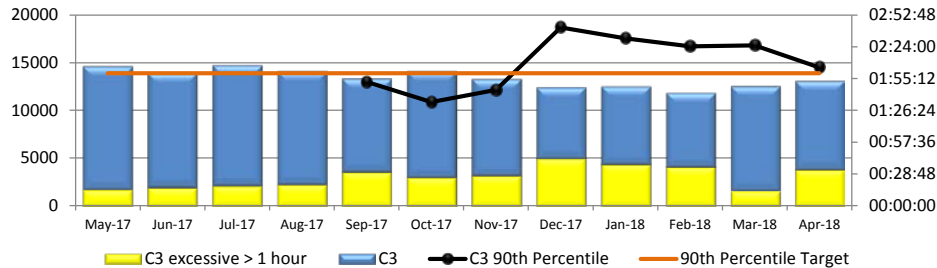
Category1 Demand and Excessive Responses



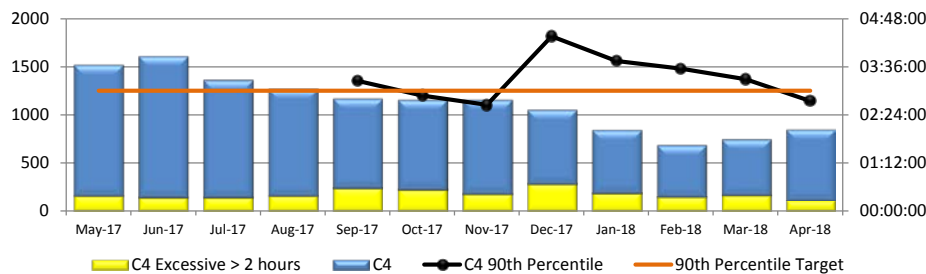
Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



Category4 Demand and Excessive Responses



Commentary

Category 1 mean performance was 8 minutes 2 seconds against the 7 minute target with the 90th percentile at 13:44 against the 15:00 target.

Category 2 mean performance was 21.39 a decrease of 3 minute 59 seconds on last month and is the best level of performance for 5 months with similar performance seen in the 90th percentile at 45:53 a decrease of 11:41 on last month.

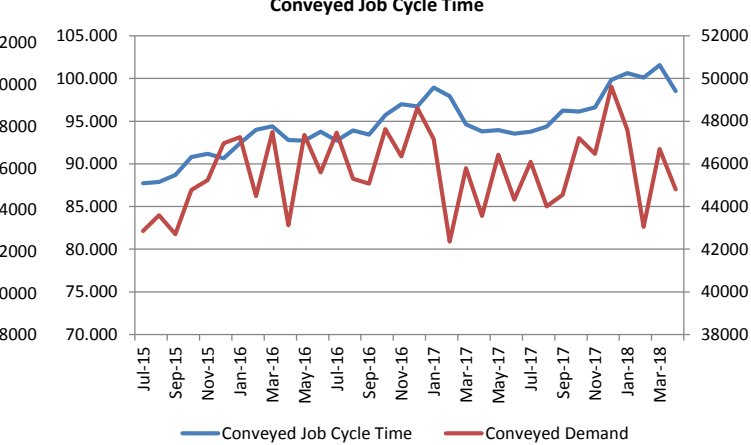
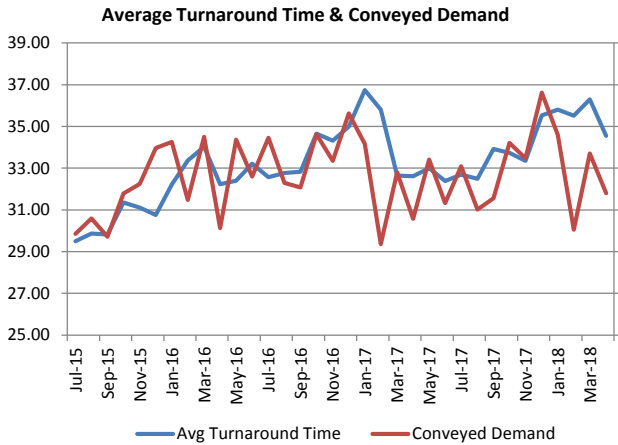
Category 3 90th percentile performance was above target at 2:05:16 against a 2 hour target an improvement of 20 minutes and 8 seconds on last month

Category 4 90th percentile performance was below target at 2:44:53 which mirrors performance gains seen across category 2 & 3

The commencement of Transition to ARP delivery model and reliance upon DCA has seen greater volumes of DCA hours and a reduction in RRV numbers. This is on the back of a significant reduction in overtime through April. This sees a reduction in overall resource numbers and it is pleasing to see that with reduced OT spend and resource numbers the new model alludes to an improvement

9.5 Hospital Turnaround Times

9.6 Conveyed Job Cycle Time



Commentary

Turnaround times: for April were 4.8% lower than March but were 5.9% higher than April last year. A 1 minute reduction in patient handover results in 8,895 hours; equating to the increased availability of 7 full time ambulances a week.

A 5 minute reduction in patient handover results in 44,476 hours; equating to the increased availability of 36 full time ambulances a week.

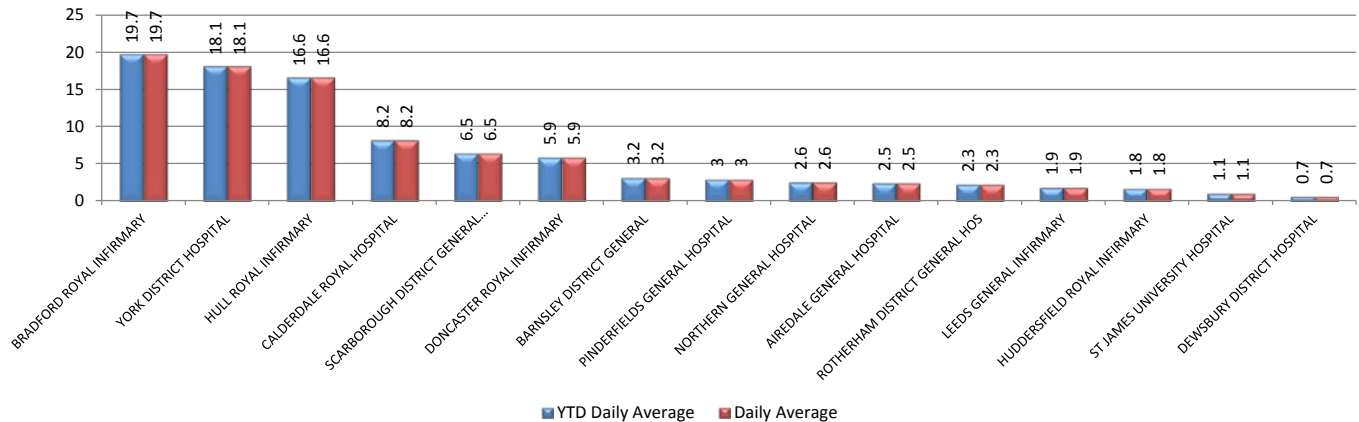
Job Cycle time: showed a decrease on March of 3.0% and is showing an increase of 5.0% vs April last year.

9.7 Hospital Turnaround - Excessive Responses

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Last 12 months
Excessive Handovers over 15 mins (in hours)	1,728	1,367	1,646	1,570	2,110	2,077	1,837	3,563	3,447	2,975	3,532	2,834	28,686
Excessive Hours per day (Avg)	56	47	53	52	68	69	59	115	115	96	118	91	78

Excessive hours: Lost at hospital for April were 698 hours lower than March which is a decrease of 19.8%. This is however higher than April last year showing an increase of 1325 hours, which is a rise of 87.8%. Hours lost remain high generally with Bradford, York and Hull impacting on performance.

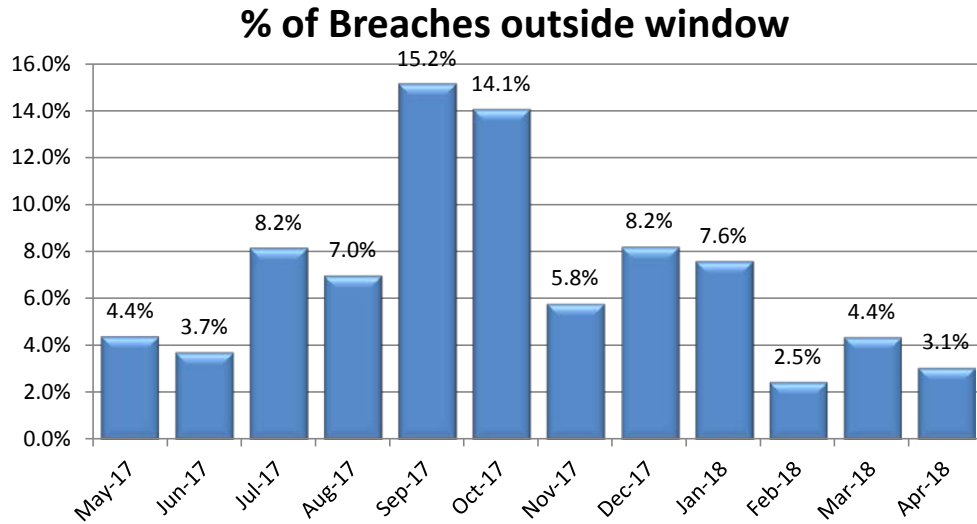
Daily Average by Hospital (1 or more hours lost per day)



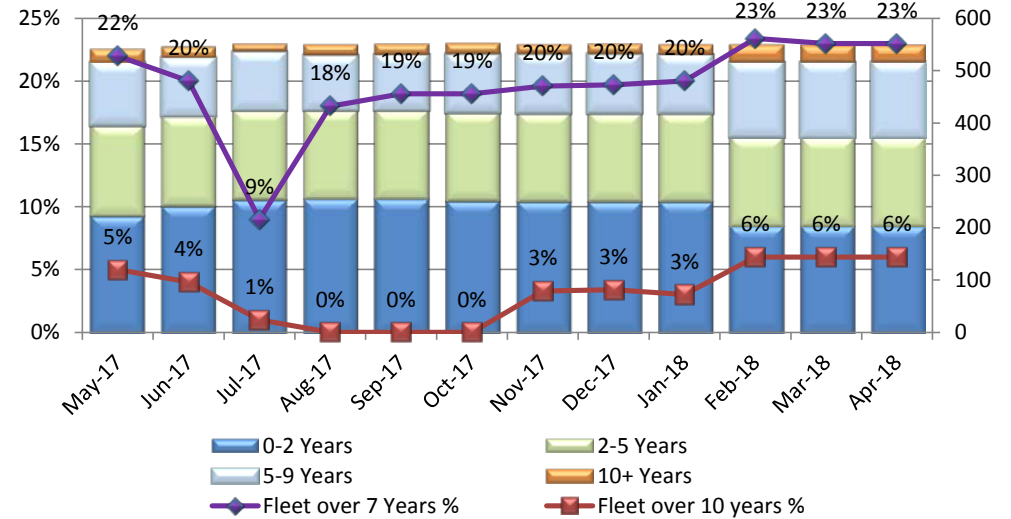
9. A&E Operations

April 2018

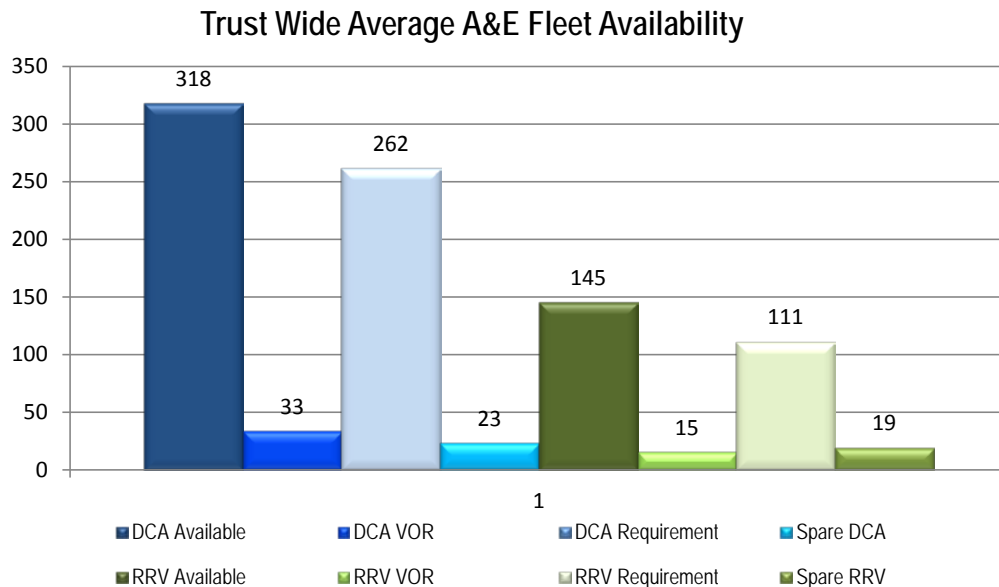
9.8 Vehicle Deep Cleans (5 weeks)



9.9 Vehicle Age



9.10 Fleet Availability



Commentary

The A&E Deep Clean percentage of breaches outside the 5 weeks window decreased from 4.4% to 3.1% in April. Vehicle unavailability due to operational demand pressures remains an obstacle, but we are now seeing some areas achieving 100% compliance on a weekly basis. Operational managers continue to work with supervisors to free vehicles for deep cleaning but vehicles continue to be in high demand for operational use. Recruitment remains manageable and we have completed the Fixed Term to Permanent contract change for 38 staff with remaining Fixed Term staff on assessment period.

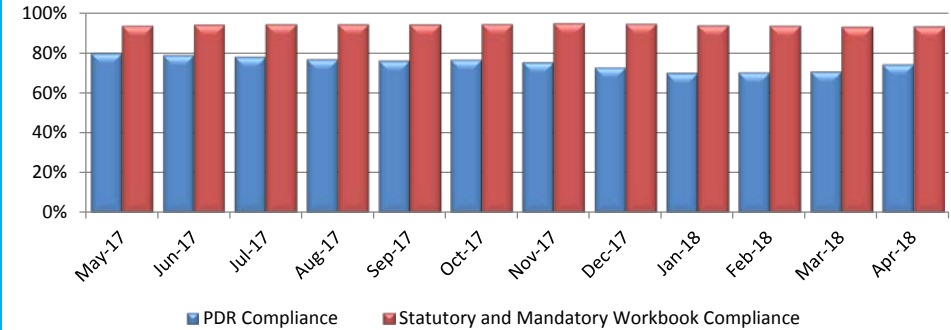
A&E availability has been affected by a higher number of RTC in April which has affected vehicle downtime but these have now been repaired and are back in service. Although there are spares in the system there remains a high number of vehicle movements to meet operational shifts.

9.11 Workforce

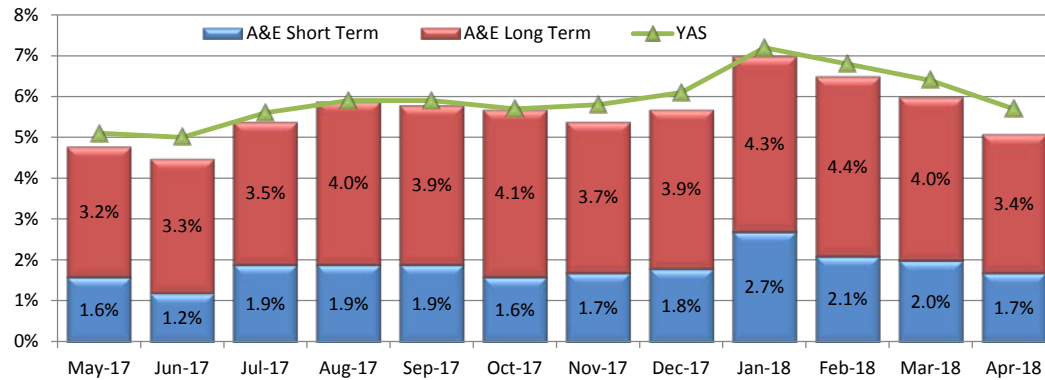
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,424	121	606	1,697	70%
Contracted FTE (before overtime)	2,337	135	482	1,721	74%
Variance	(87)	(13)	124	24	1.4%
% Variance	(3.6%)	(11.0%)	20.4%		
FTE (worked inc overtime)*	2526.9	135	482	1,910	76%
Variance	103	(13)	124		
% Variance	4.2%	(11.0%)	20.4%	213	12.6%

* FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE ** Sickness and Absence (Abstractions) are from GRS

9.12 Training



9.13 Sickness



Commentary

The number of Operational Paramedics is 904 FTE (Band 5 & 6). The difference between contract and FTE worked is related to overtime.

The difference between budget and contract is related to vacancies.

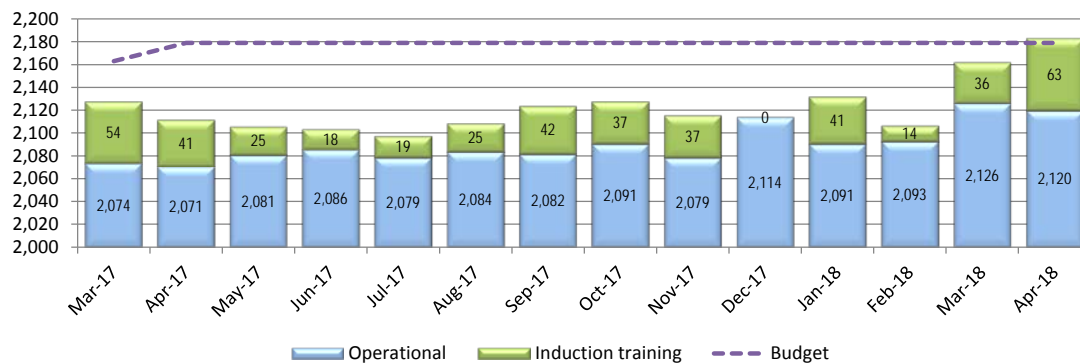
PDR: Currently at 74.1% against stretch target of 90%. This is an increase of 3.5% vs last month and is 3.6% below the Trust average

Sickness: Currently stands at 5.1% which is a decrease of 0.9% vs last month and is below the trust average of 5.7%

Recruitment Staffing numbers are now in line with plan.

9.14 A&E Recruitment Plan

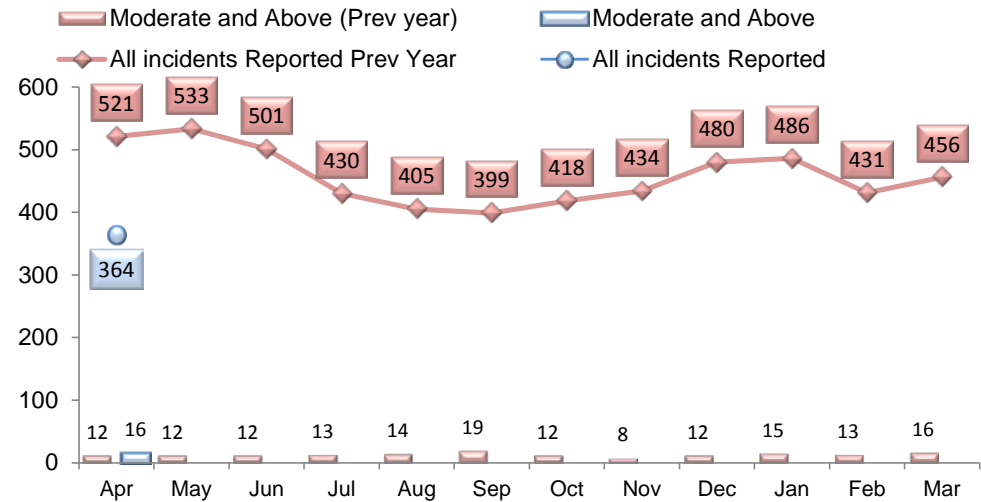
A&E Operations (excluding CS)



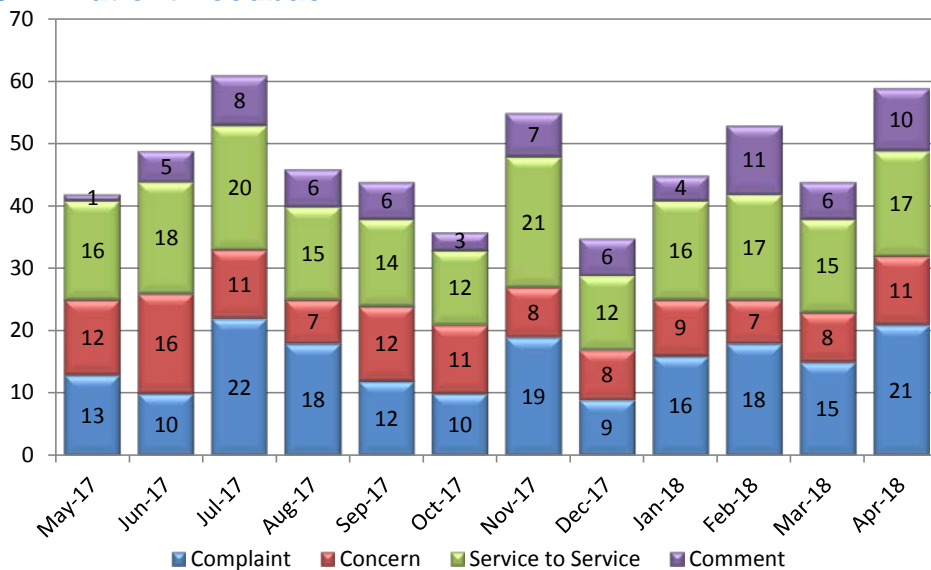
9.15 Quality, Safety and Patient Experience

	Month	YTD
Serious Incidents	0	0
Total Incidents (Per 1000 activities)	0.00	0.00
Total incidents Moderate & above	16	16
Response within target time for complaints & concerns	92%	92%
Ombudsman Cases		
Upheld	0	0
Not Upheld	0	0
Patient Experience Survey - Qtrly		

9.16 Quality, Safety and Patient Experience



9.17 Patient Feedback

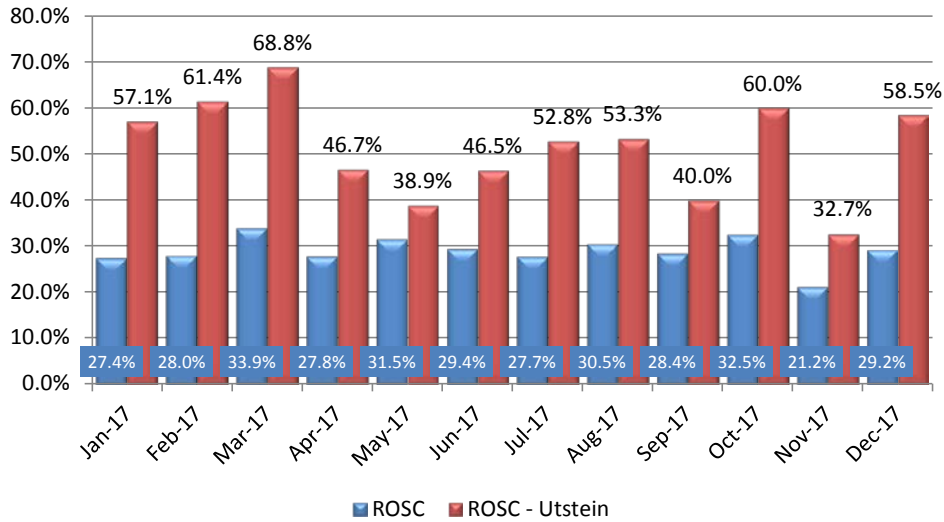


Commentary

Incidents: Total reported incidents decreased 20.2% on last month and is down by 30.1% against April last year. This is not as high as in previous months, however, it should be noted that figures are benchmarked against a period of increased reporting which occurred during the last twelve months. Incidents of moderate harm and above remain at a low level.

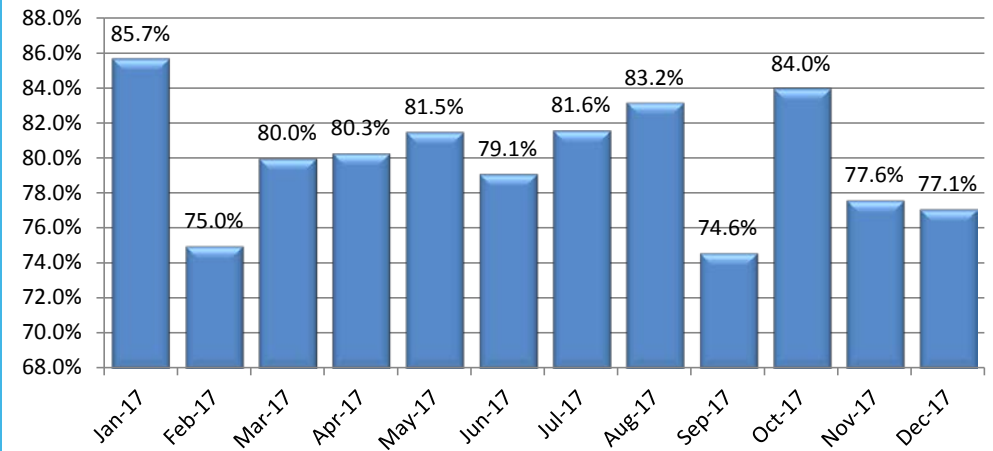
Feedback: Total feedback increased 34.1% last month while complaints increased 40% in line with the overall feedback.

9.18 ROSC & ROSC Utstein

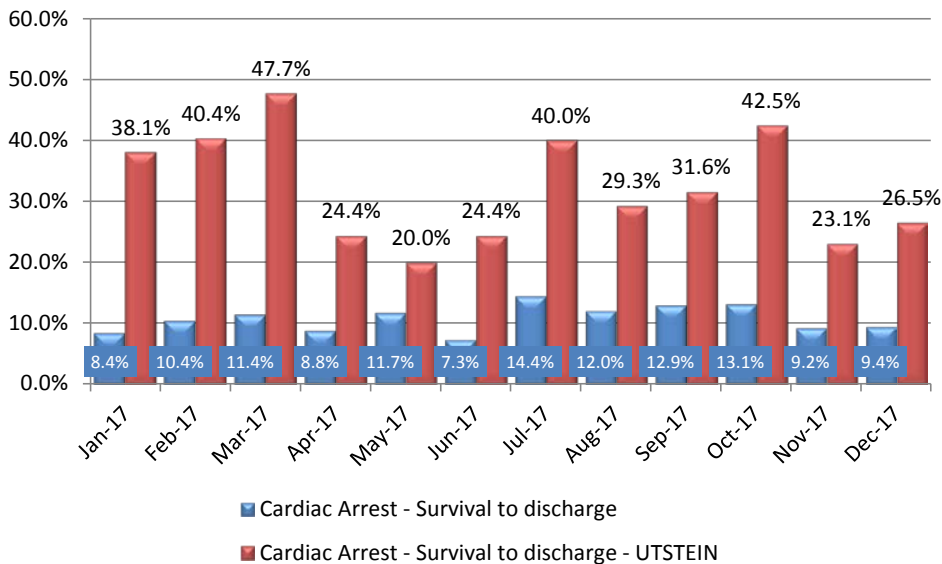


9.19 STEMI - Care Bundle

Stemi - Care Bundle



9.20 Survival to Discharge



Commentary

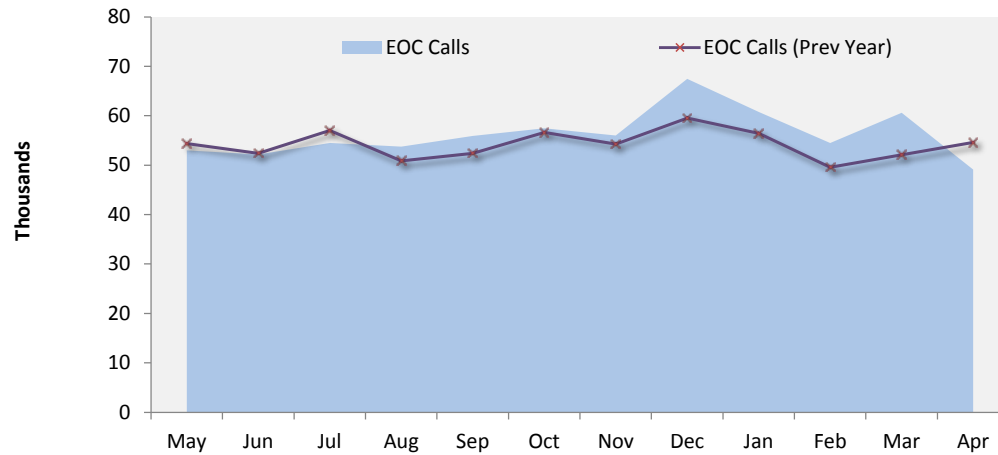
ROSC: ROSC (overall) performance for December 2017 was 29.2%, up from November's result of 21.2%. YAS attempted resuscitation on 255 patients in November, of which 54 had ROSC. Comparatively, resuscitation was attempted on 319 patients during December, of which 93 had ROSC. The ROSC UTSTEIN comparator group also demonstrates an increase in performance when comparing November & December's figures. November witnessed 18 out of 55 patients with a ROSC in this category (32.7%); whereas December saw 31 out of 53 patients with ROSC.

Survival to Discharge: Within the overall survival to discharge category, November saw 23 out of 249 patients (9.2%) survive to discharge; compared with 29 out of 308 patients (9.4%) during December 2017. Whilst performance between the two months only differs by 0.2%, 6 more patients survived during December vs November. Survival to Discharge within the UTSTEIN comparator group mirrors the increase shown in overall survival from November (23.1%) to December (26.5%).

12 out of 52 patients survived to discharge within November compared to 13 out of 49 within December.

Stemi-Care Bundle: During November 2017, STEMI care bundle performance was 77.6%, equating to 114 out of 147 patients receiving the appropriate care bundle. Comparatively, during December YAS administered the appropriate care bundle to a higher number of patients, 118 out of 153. However, due to a higher number of people suffering a STEMI during December, percentage performance was slightly less for this

9.21 Activity

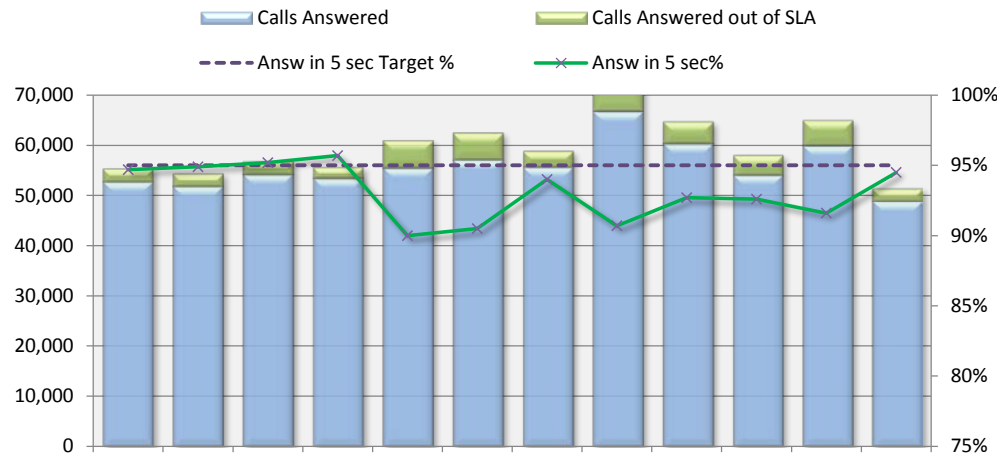


9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2017/18	49,113	48,981	2,692	94.5%
2016/17	54,592	54,306	2,861	94.7%
Variance	-5,479	-5,325	-169	
Variance	(10.0%)	(9.8%)	(5.9%)	(0.2%)

9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	94.5%	94.5%



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Calls Answered out of SLA	2,804	2,643	2,629	2327	5561	5444	3324	6241	4408	4026	5069	2692
Calls Answered	52,859	51,997	54,397	53596	55652	57238	55774	66831	60487	54232	60078	48981
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	94.7%	94.9%	95.2%	95.7%	90.0%	90.5%	94.0%	90.7%	92.7%	92.6%	91.6%	94.5%

Commentary

Demand: Decreased 19.0% vs last month which is a decrease of 10.0% vs April last year.

Answer in 5 sec: Increased by 2.9% vs last month at 94.5% and is now just 0.5% below target.

Weekend staffing has been below requirement, an audit is taking place to review if recent changes to resourcing has had an impact on coverage. A full EOC rota review will take place in Q4/Q1.

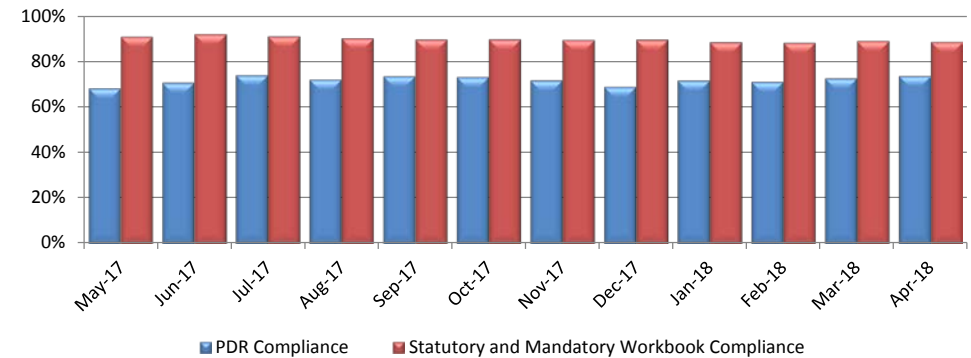
We have also seen an increase in our average handling time since ARP 3, this is currently being investigated.

9.24 Workforce

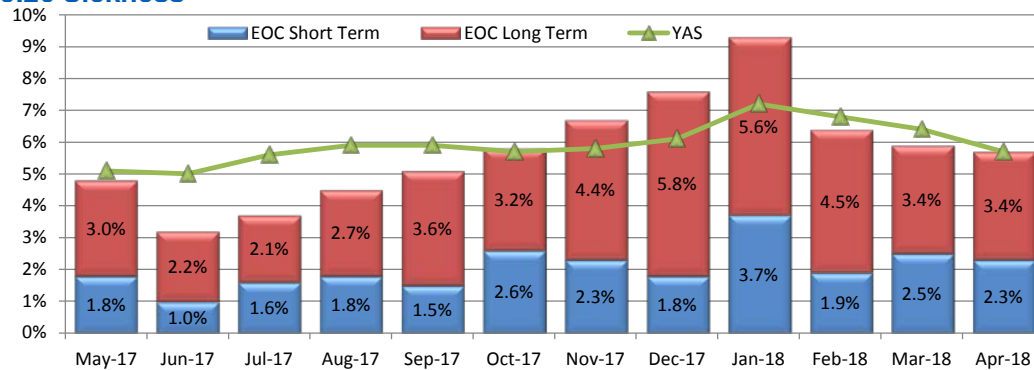
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	327	16.3	82	229	70%
Contracted FTE (before overtime)	319	16.0	80	223	70%
Variance	(8)	(0)	(2)	(6)	(2.4%)
% Variance	(2.4%)	(2.4%)	(2.4%)		
FTE (worked inc overtime)*	326.1	24.2	64	238	73%
Variance	(1)	8	(18)	9	0
% Variance	(0.2%)	48.1%	(22.2%)		

* FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE ** Sickness and Absence (Abstractions) are from GRS

9.25 Training



9.26 Sickness



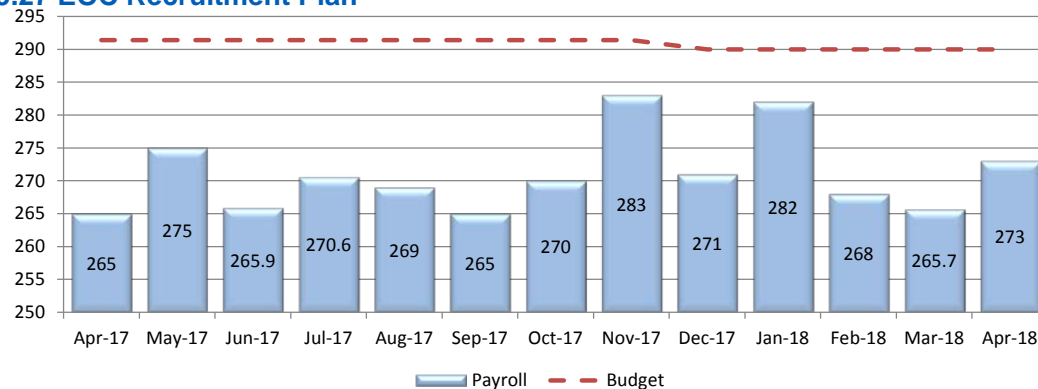
Commentary

PDR: PDR compliance stood at 73.6% in April against a stretch target of 90% which is an increase of 1.0% on previous month. This is 4.0% below the trust average. Q1 will see a focused action plan to bring the compliance back in line.

Sickness: Currently at 5.7% which is a decrease of 0.2% on the previous month and is in line with the Trust average of 5.7% and well below the seasonal average for a Call Centre environment, the focus on the well-being of EOC staff will continue to be a priority.

Recruitment: We are revising our recruitment process to ensure we have the required number of candidates on the next courses planned for April, May and July. Also some vacancies are being held due to pending changes with our dispatch model which may identify a need for different resources than we have in our current plan.

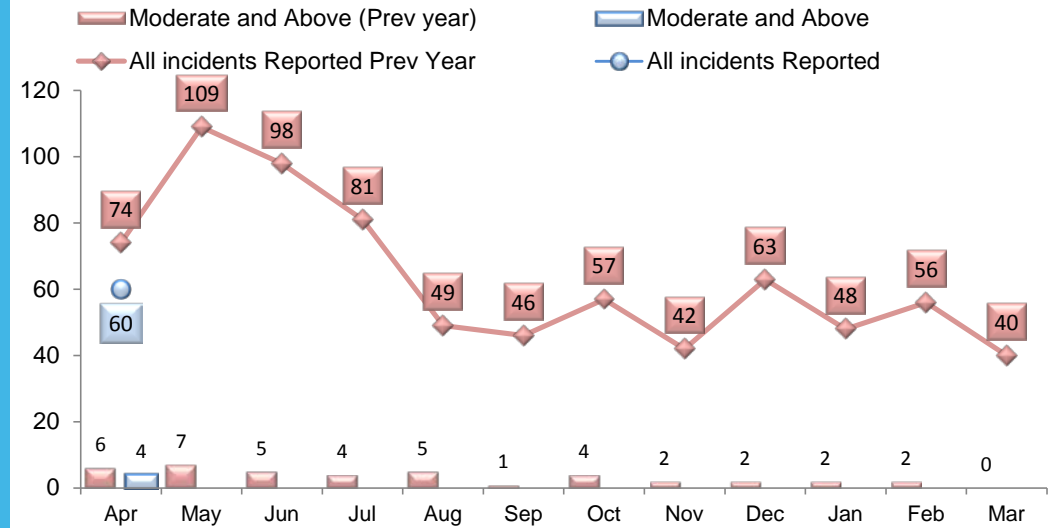
9.27 EOC Recruitment Plan



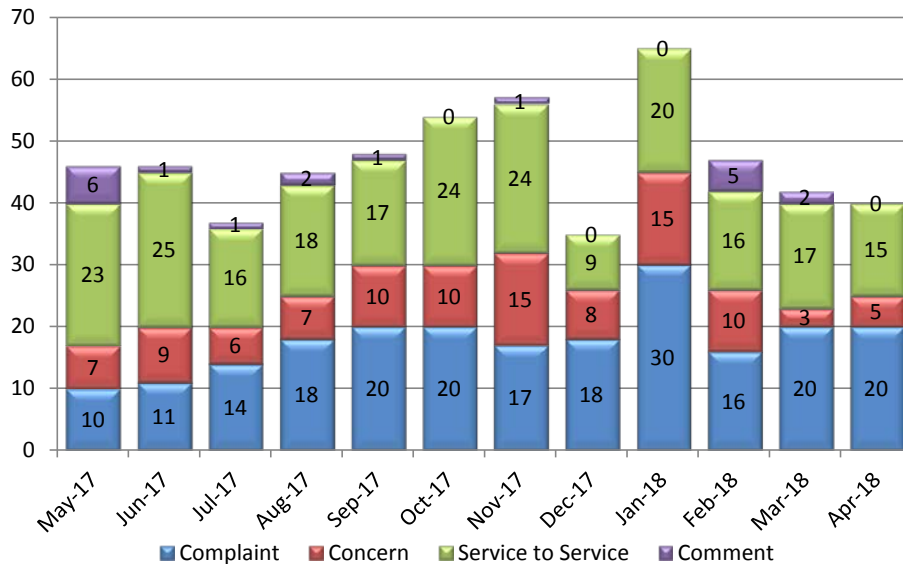
9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	1
Total Incidents (Per 1000 activities)		0.00	0.02
Total incidents Moderate & above		0	4
Response within target time for complaints & concerns		0%	93%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly			

9.29 Incidents



9.30 Patient Feedback

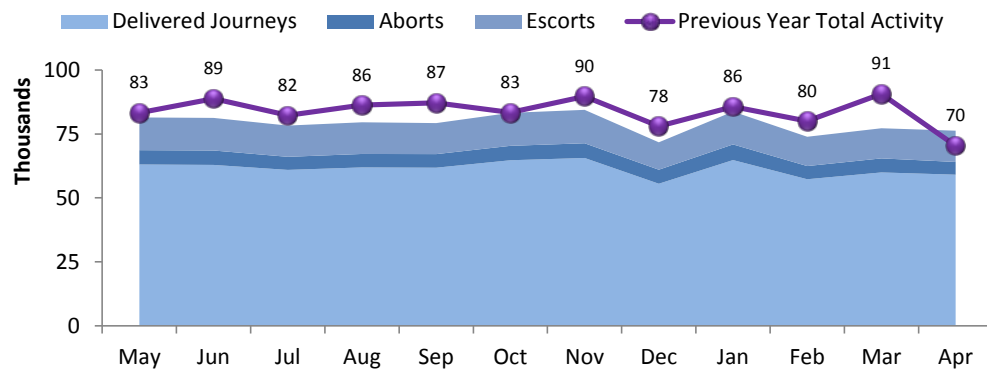


Commentary

Incidents: Total reported incidents increased 42.9% on last month but is a decrease of 18.9% against April last year. Incidents of moderate harm and above have remained at a low level.

Feedback: Overall feedback decreased marginally on last month with complaints remaining level with the previous month.

10.1 Demand

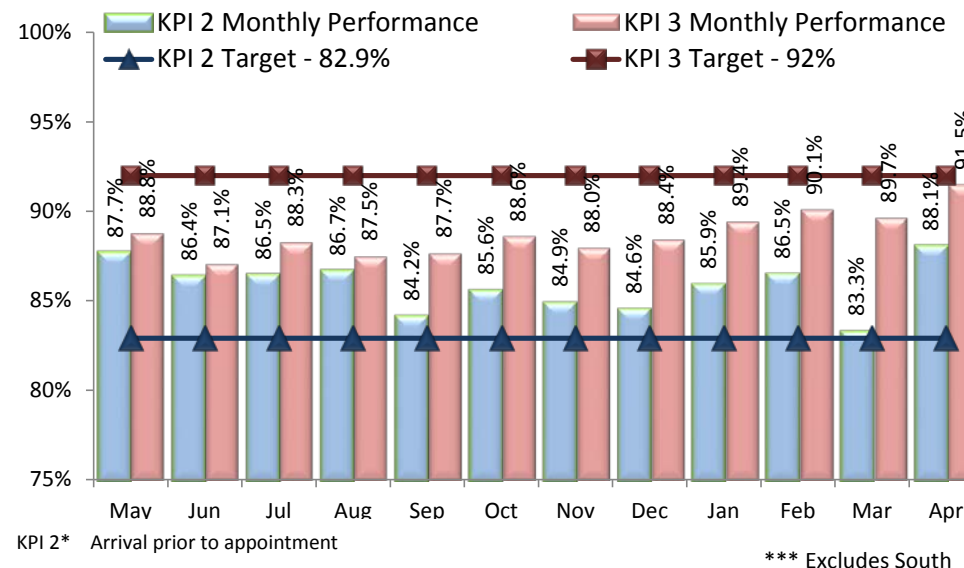


Comparison to Plan

Apr-18	Delivered	Aborts	Escorts	Total
YTD 2018-19	59,075	4,972	12,219	76,266
Previous YTD* 2017-18	54,682	4,857	10,898	83,217
% Variance	8.0%	2.4%	12.1%	(8.4%)

* Demand includes All Activity

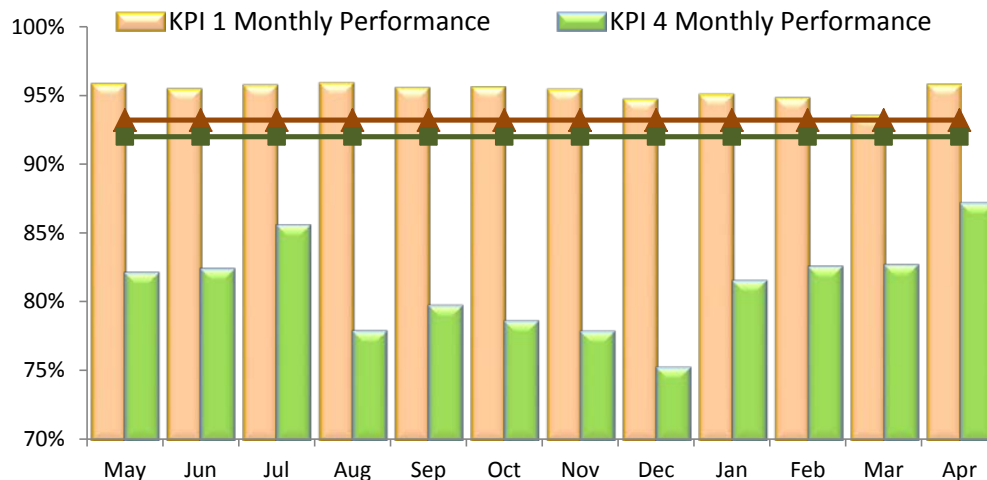
10.2 KPI* 2 & 3**



KPI 2* Arrival prior to appointment

*** Excludes South

10.3 Performance KPI*** 1 & 4****



KPI 1**** Inward - Picked up no more than 2 hours before appointment time

*** Excludes South

Commentary

PTS Demand in April decreased by 1.2% on the previous month but is up by 8.3% against the same month last year. However it should be noted that It is not possible to make a direct comparison to April 2017 as 2018 only included 2 days of the Easter period and 2017 had all 4 along with an extra weekend day.

KPI 1 Performance at 95.8% is above the 93.2% target - and is up by 2.3 points on the previous month.

KPI 2 Inward performance continues to improve rising from 83.3% to 88.1% and is 5.2 points above the making appointment on-time target.

KPI 3 The outward performance increased by 1.8 points on last month and at 91.5% is close to the annual target of 92%.

KPI 4 The performance of outward short notice bookings picked up within 2 hours improved from 82.7% to 87.1% in April but remains below the 92% target. Commissioned levels of resource vs KPI 4 target and a behaviour of high % discharges undertaken on-day by local acutes makes this KPI challenging.

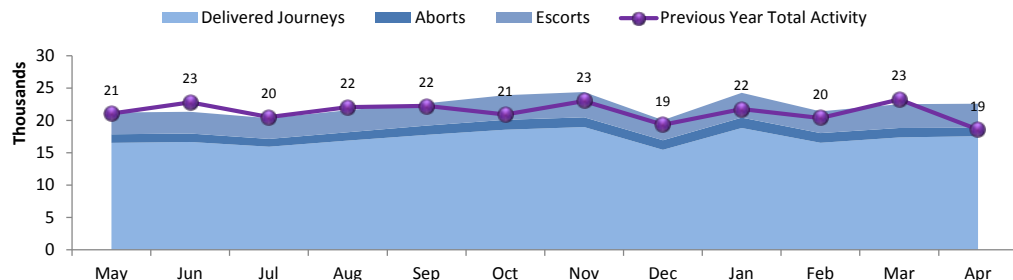
East: Overall activity in April 2018 has seen an increase 9.3% when compared to the same month of the previous year.

West: In April activity was 1.5% above the same period last year. All KPI's improved across

10. PATIENT TRANSPORT SERVICE (South)

April 2018

10.1 Demand



Comparison to Plan

Apr-18	Delivered	Aborts	Escorts	Total
YTD 2018-19	17,560	1,300	3,717	22,577
YTD 2017-18	14,379	1,262	2,928	18,569
% Variance	22.1%	3.0%	26.9%	21.6%

South Performance Indicators as of April 2018

- KPI C1 - The patient's journey inwards and outwards should take no longer than 120 minutes
- KPI C2 - Patients should arrive at the site of their appointment no more than 120 minutes before their appointment time
- KPI C3 - Patients will arrive at their appointment on time
- KPI C4 - Pre-planned outward patients should leave the clinic/ward no later than 90 minutes after their booked ready time
- GP1 - patients requested & delivered within 90 minutes
- GP2 - patients requested and delivered within 120 minutes (GP Urgents 1 & 2 not visually shown on performance graphs)

Commentary

C1 (KPI1) Performance for April was 99.9% against a KPI of 90%. This is an outstanding result when placed in context with the increase in patient numbers. The level of performance is consistent across all CCG areas.

C2/3 (KPI 2 & 3) Performance is again above its KPI targets and stands at 90.2% for both indicators. This is also an improvement on the previous month and an impressive result against the backdrop of the increased number of journeys.

C4 (KPI4) Performance has again been strong and stands at 89.5% only marginally below its KPI target.

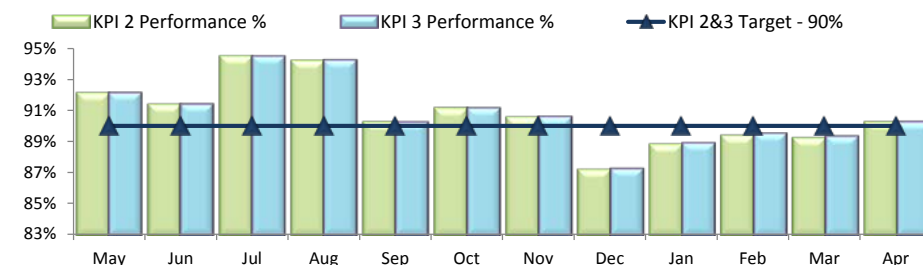
C5 Performance for short notice and on day outward patients has seen an improvement on the previous month and shows positive signs of improvement following the work undertaken last month to alter the mix of crews. Barnsley and Rotherham have seen the best months performance for this indicator since the new contract commenced and work is being undertaken with STH to improve the number of patients sent to the Discharge lounge and additional crews are being recruited for Doncaster. Whilst still below its KPI the performance now stands at 86.1% and I am confident given this work being undertaken as mentioned there will be continued performance gains against this indicator in the coming months.

The Discharges Service for April 2018 has also seen its best month since the contract commenced and stood at 85.2%. These performance gains have been achieved by amending the workforce mix of crews to factor in the increase in double handed work.

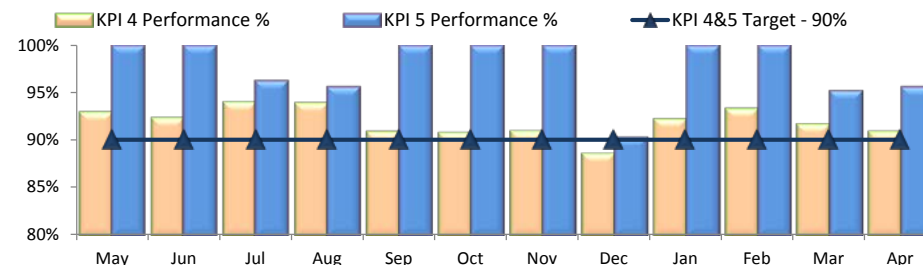
10.2 KPI 1 - Journeys no longer than 120 Mins



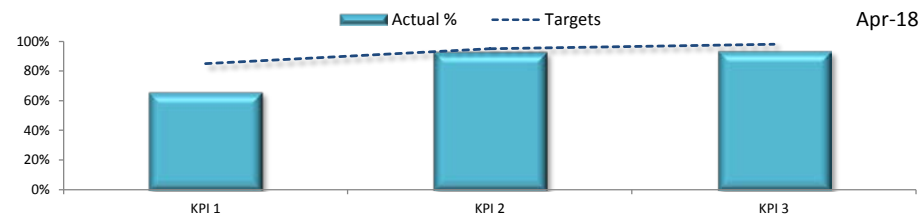
10.3 KPI 2&3 - Inwards Journeys



10.4 KPI 4&5 - Outwards Journeys



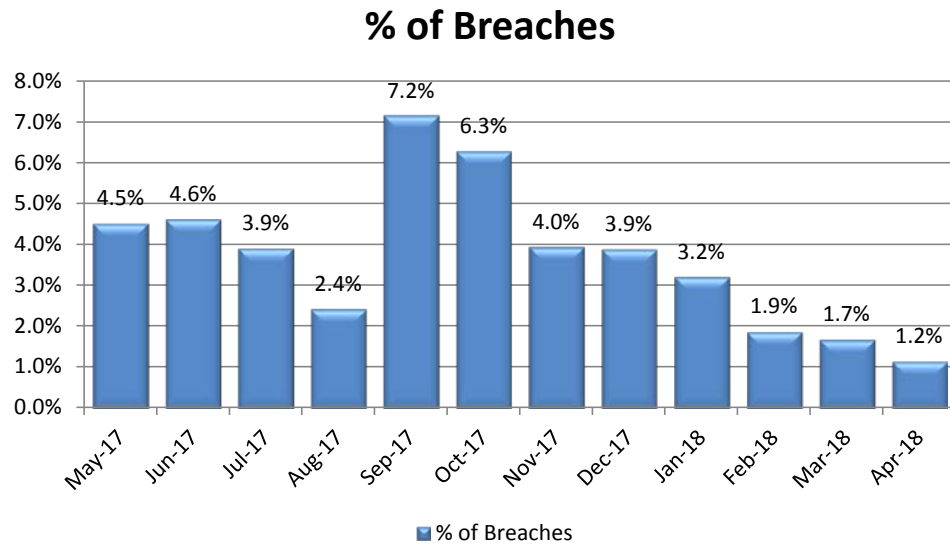
10.5 GP Urgent Performance



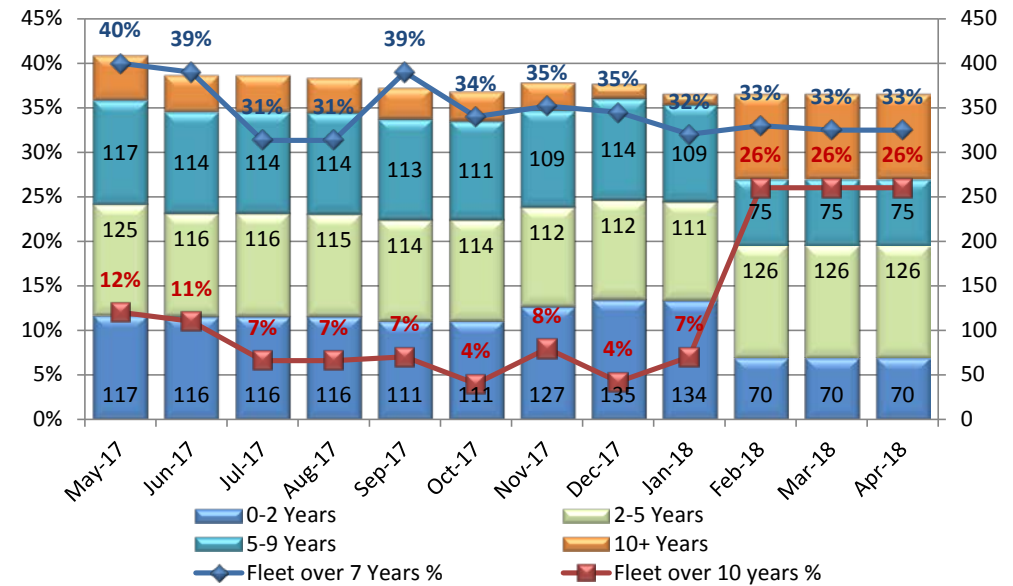
10. PATIENT TRANSPORT SERVICE

April 2018

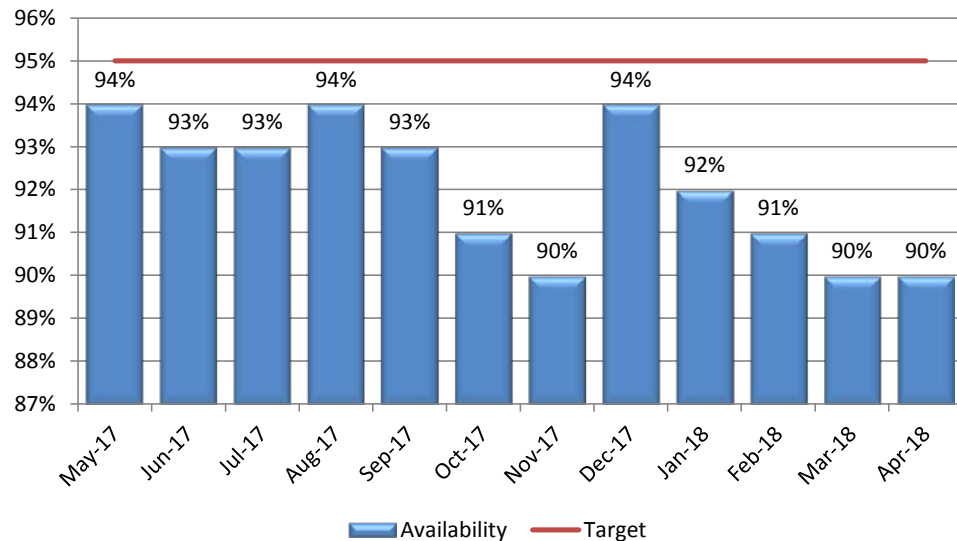
10.6 Deep Clean (5 weeks)



10.7 Vehicle Age



10.8 Vehicle Availability



Commentary

Vehicle availability at 90% remains unchanged on the previous month and is below the 95% trust target.

The PTS deep clean percentage of breaches outside the 5 weeks window improved from 1.7% to 1.2% in April and is at its lowest level in the last 12 months reporting period. Although the availability of PTS vehicles for deep cleaning continues to remain high unknown vehicle movements still cause issues.

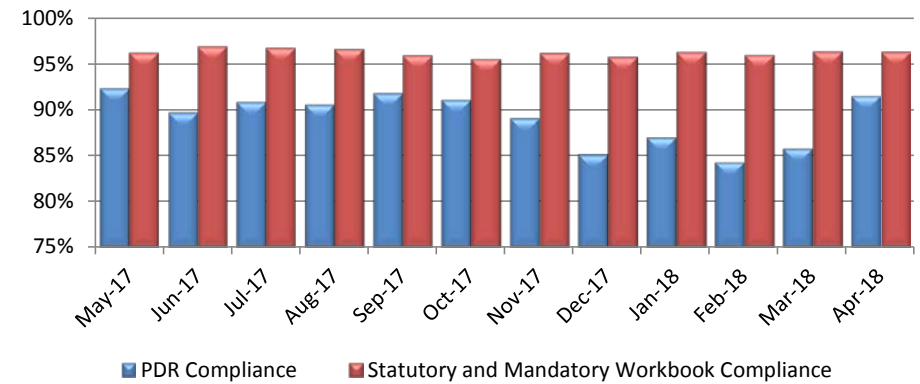
Figures for April 2018 show the proportion of vehicles aged above ten years is 26% and remains unchanged since February 2018. This is due to a high number of PTS vehicles purchased in early 2008.

10.9 Workforce

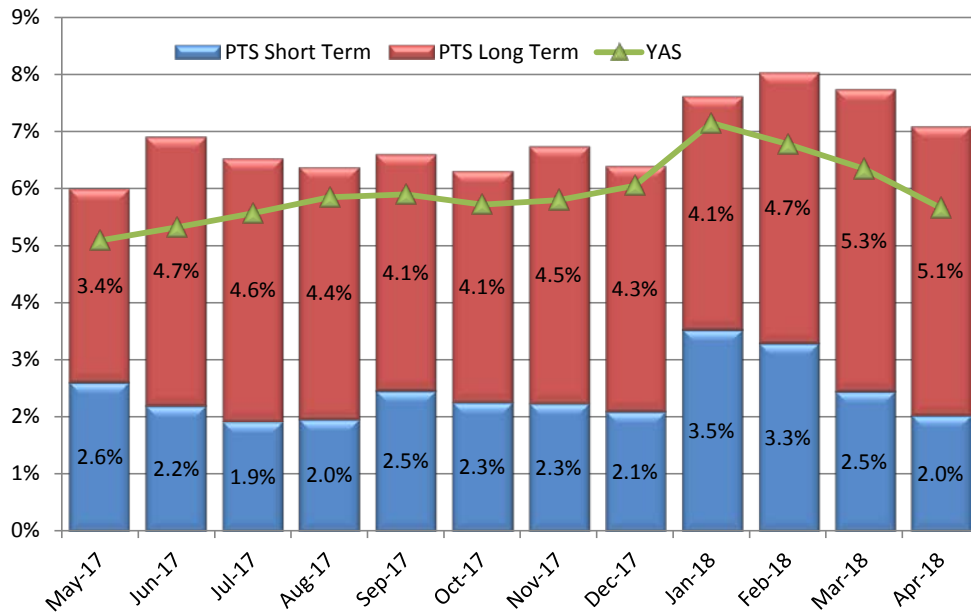
FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	617	31	123	463	75%
Contracted FTE (before OT)	561	44	92	425	76%
Variance	(56)	(13)	32	(38)	(8.2%)
% Variance	(9.1%)	(43.6%)	25.7%		
FTE worked inc overtime	592	44	92	456	77%
Variance	25	(13)	32	(6)	(1.4%)
% Variance	4.0%	(43.6%)	25.7%		

** FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE
 ** Sickness and Absence (Abstractions) is from GRS

10.10 Training



10.11 Sickness



Commentary

PDR compliance improved in April to 91.5% and is above the 90% Trust target.

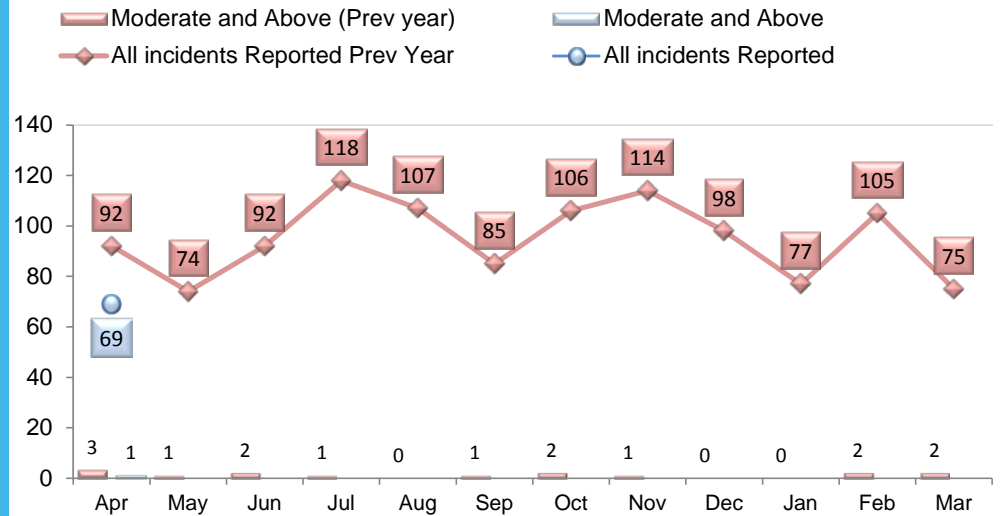
Statutory and Mandatory Workbook compliance stood at 96.4% in April and is above the 90% Trust target.

Sickness rate in PTS decreased in April by 0.6% and was 0.6% lower than the 5.7% YAS average.

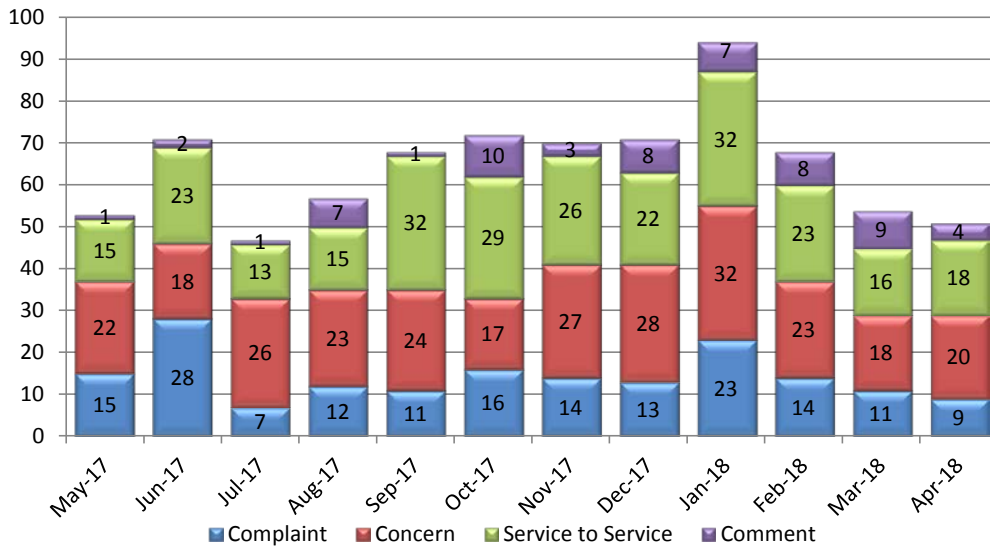
10.12 Quality, Safety and Patient Experience

	Apr 2018	2018-19
Serious Incidents	1	1
Total Incidents (per 1000 activities)	0.017	0.017
Total incidents Moderate & above	1	1
Response within target time for complaints & concerns	92%	92%
Ombudsman Cases	Upheld	0
	Not Upheld	0
Patient Experience Survey - Qtrly	0.0%	0.0%
Call Answered in 3 mins - Target 90%	94.0%	94.0%

10.13 Incidents



10.14 Patient Feedback



Commentary

Quality, Safety and Patient Experience: The proportion of calls answered in 3 minutes stood at 94% in April which is up from 84% on the previous month and is below the 90% target.

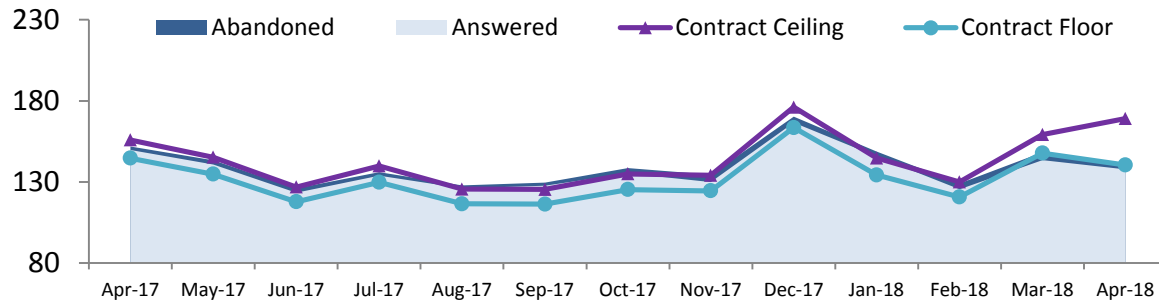
Incidents: The number of reported incidents within PTS decreased by 8% vs last month and is down by 25% on the previous year's figures.

Patient Feedback: Patient feedback figures show the number of complaints declined by 2 in April but the number of concerns also increased by 2. The YTD average number of complaints each month is 14 equating to a complaint rate per PTS journey of 0.02%.

11. NHS 111

April 18

11.1 Demand



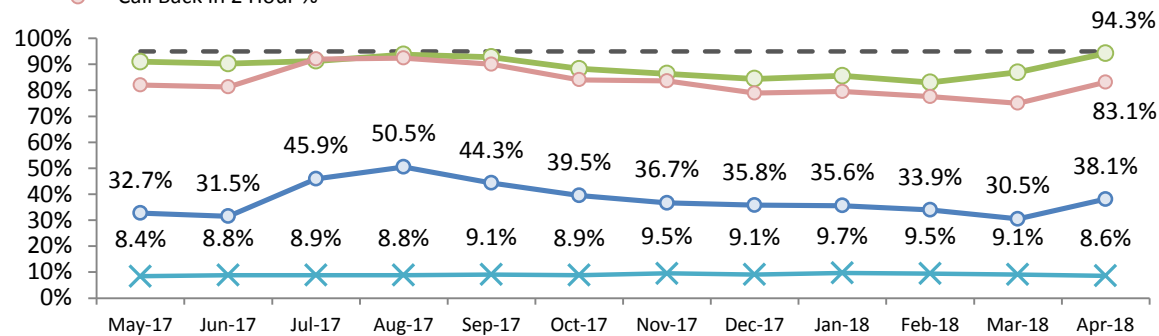
YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 18-19	140,202	137,713	129,795	94.3%
Contract YTD 2018-19	169,072	143,283	136,119	95.0%
Variance	-28,870 -17.1%	-5,570 -3.9%	-6,324 -4.6%	0.7%
YTD 2017-18	151,828	149,673	140,650	94.0%
Variance	-11,626 -8.3%	-11,960 -8.7%	-10,855 -8.4%	0.3%

11.2 Performance

- - - Ans in 60 Target
- x— Referrals to 999 %
- o— Ans in 60 secs %
- o— Warm Transf. / Call Back in 10 mins %
- o— Call Back in 2 Hour %

- Answered in 60 secs (95%)
- Warm Trans & Call Back in 10 mins (65%)
- Call Back in 2 Hours (95%)
- Referred to 999 (nominal limit 10%)

Apr-18	YTD
94.3%	94.3%
38.1%	38.1%
83.1%	83.1%
8.6%	8.6%



11.3 proportion calls transferred to a clinical advisor

Of calls triaged, number transferred to a Clinical Advisor



Commentary

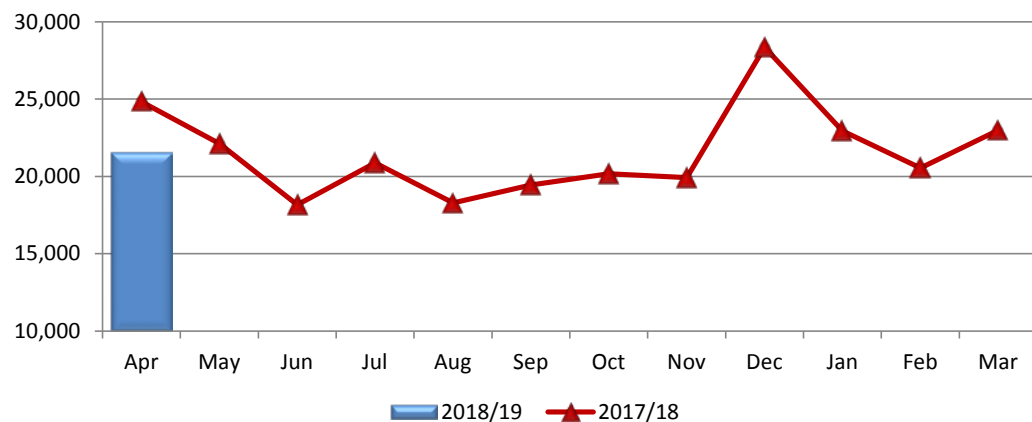
Call volumes for April 2018 were slightly down on the contract floor by 1.9%. (NB. This year's floor includes 50% growth of the total 4.19% growth for the year)

It is not possible to make a direct comparison to April 2017 as 2018 only included 2 days of the Easter period and 2017 had all 4 along with an extra weekend day.

Performance for April 2018 increased to 94.3% a rise of 7.4% from the March position. (NB The contract settlement for 2018/19 does not fund the service to meet this KPI of 95%, it maintains 2017/18 level of performance).

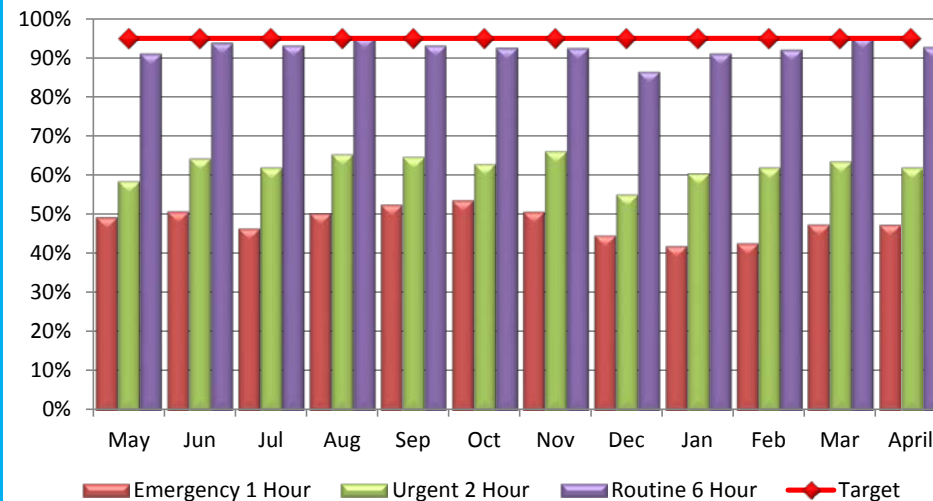
Clinical KPIs for 2 hours call-back increased by 8.1% (83.1%), reflecting seasonal change in demand. The NHS England target for clinical advice has now increased to 50% across the IUC system as a whole. YAS is

11.4 Demand

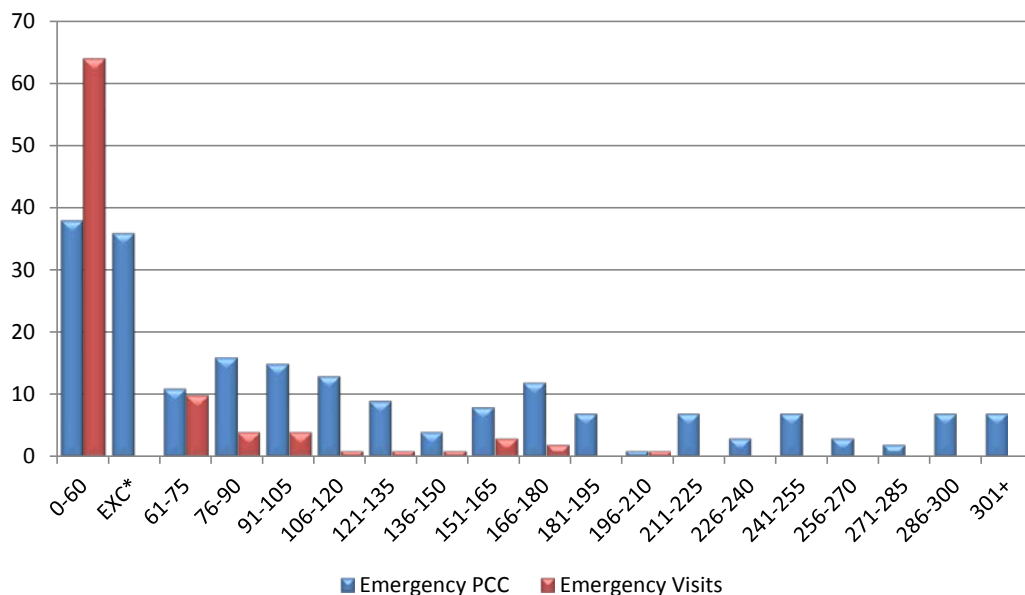


YTD	Variance	YTD 2017-18	YTD 2018-19	Diff	Percentage
		24,831	21,578	-3,253	-13.1%

11.6 Performance



11.5 Tail of Performance



11.7 Complaints

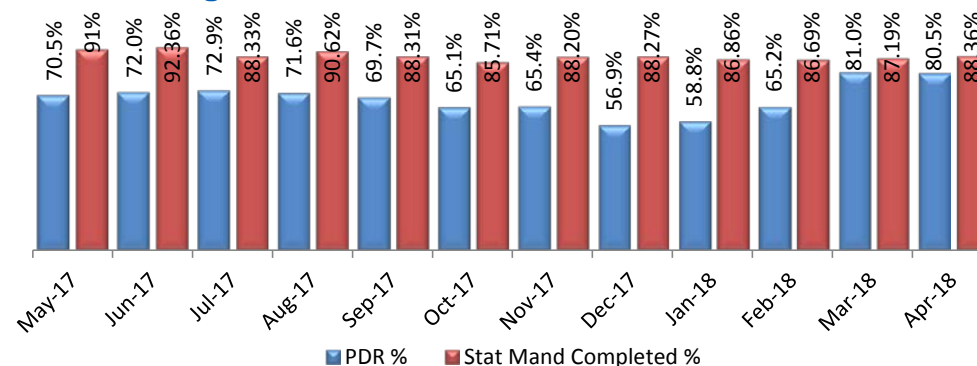
Adverse incidents	
Adverse incidents	No SIs reported in April-18.
Adverse reports received	No adverse reports received
Patient Complaints	32 patient complaints received in Apr-18 according to DATIX 4 C's report (includes all categories). 26 of these directly involving the LCD part of the pathway. 3 upheld, 3 partially upheld, 3 not upheld and 17 remain under investigation.

Comments: As Easter fell differently in 2018 its not possible to make a comparison to April 2017 and further information during the next couple of months will give a better indication of demand levels. NQR performance marginal fell across all categories from March 2018 in April 2018 to 1 hour emergency (47.4% emergency), the 2 hour urgent cases (61.9%) and 6 hour routine NQR (92.9%).

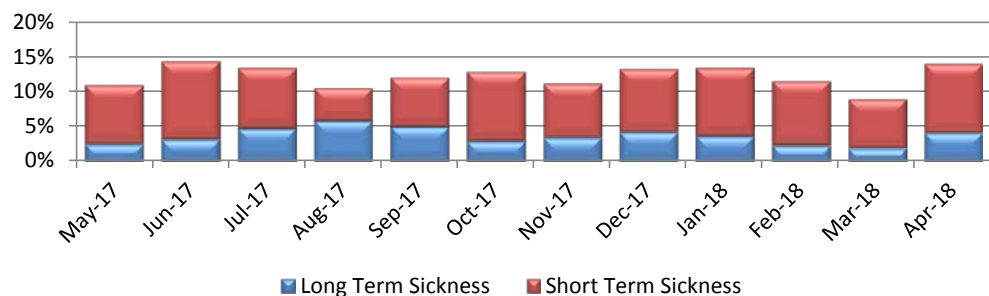
11.8 Workforce FTE - Call Handler & Clinician

	FTE	Sickness	Absence	Available	
				Total	%
Budget FTE	333	30	77	226	68%
Contracted FTE (before OT)	334	47	94	193	58%
Variance	1	-17	-18	-34	-10%
% Variance	0%	-57%	-23%	-15%	
FTE (Worked inc Overtime)	360	47	94	219	61%
Variance	27	-17	-18	-8	-7%
% Variance	8.1%	-57%	-23%	-3%	

11.11 Training



11.9 Sickness

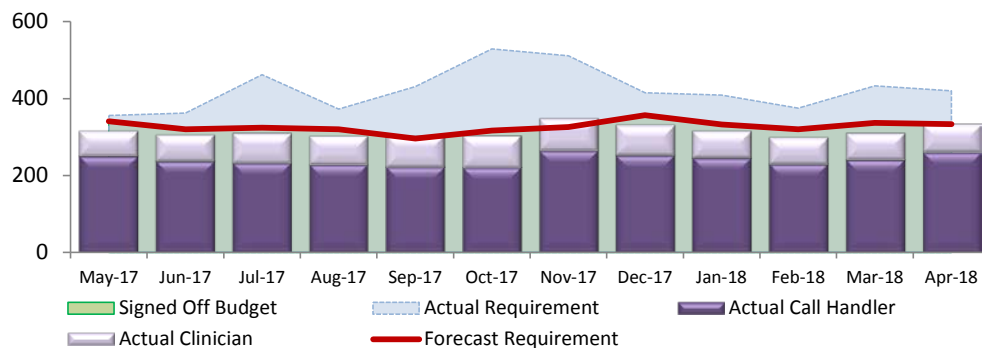


Commentary

Statutory and mandatory training and PDRs continue to remain within the 80% and work is underway now within the service to deliver NHS Pathways version 15 training for implementation of the new clinical software before July 2018. The training will also include the new safeguarding module.

Sickness continues to be difficult for the NHS111 service and in April there was a rise in both long and short term sickness. The sickness information for NHS111 is taken from the workforce management tool (which includes agency staff) and from next month will move to the ESR data so that comparisons can be made across the Trust. ESR levels are at 8.28% for April 2018 and had marginally improved from March 2018 which was at 8.94%. For long term sick in the period of April, there were 18 people in this category and during April 2018, 9 of these returned to work. Work is underway with HR colleagues and operational managers to support staff to maintain attendance at work.

11.10 Recruitment Plan

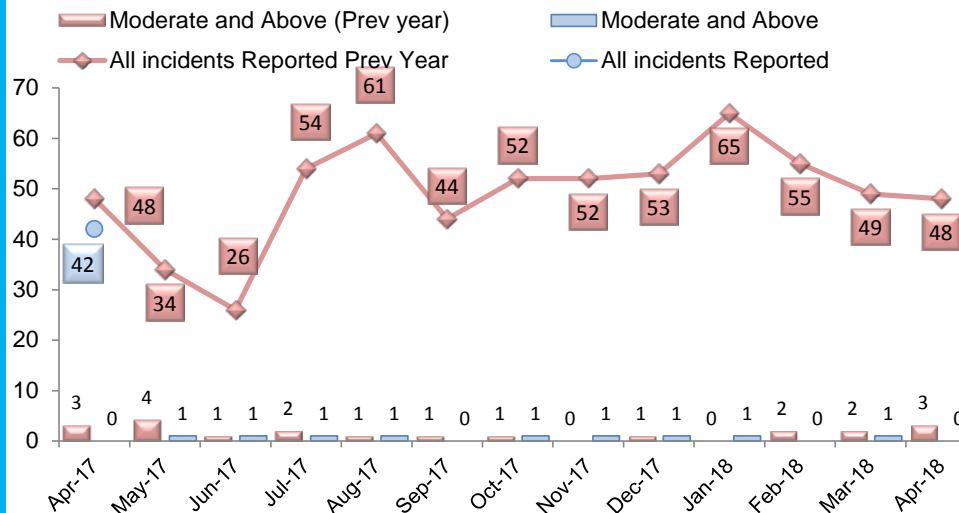


Clinical recruitment is an ongoing process within NHS111 to maintain sufficient clinical staff. An additional 3 clinicians started with the Trust in April and 27 applications being progressed for senior clinical advisors, homes workers and pharmacists.

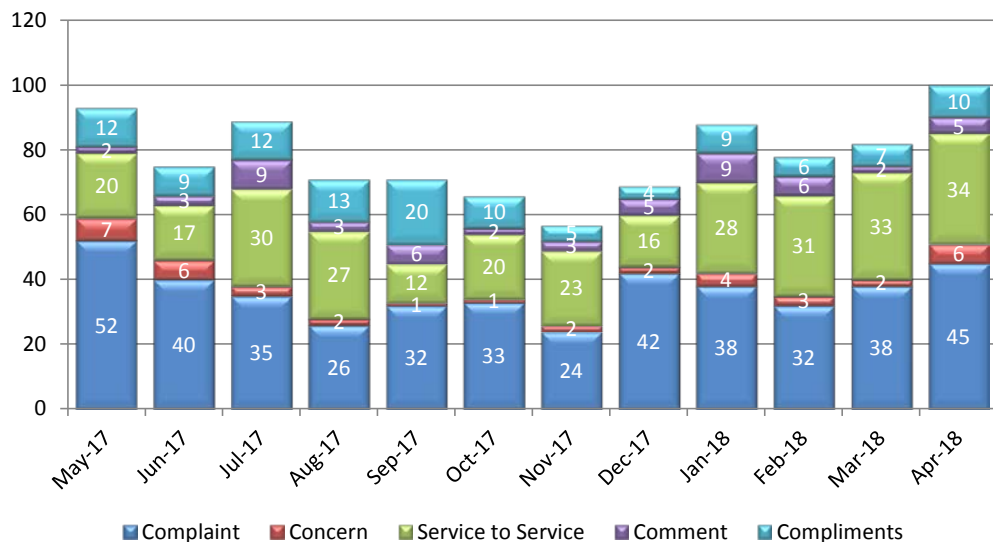
11.13 Quality, Safety and Patient Experience

		Apr-18	YTD
Serious Incidents		0	0
Total Incidents (per 1000 activities)		0.00	0.00
Total incidents Moderate & above		0	0
Response within target time for complaints & concerns		84%	84%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		0.0%	0.0%

11.15 Incidents



11.14 Patient Feedback



Commentary

No SIs were reported in April.

45 patient complaints were received in April, this is up on the previous month and linked to the Easter period. 21 of these are for the WYUC service and the other 24 NHS 111. Themes and trends from these are reviewed by the governance team and actions taken to support improvements in service.

Patients complaints into NHS 111 tend to refer to the whole episode of care and there are some cases associated with delayed call back from other services. Other themes include the call handling and outcome of the case, these are being investigated.

There were 10 compliments received during April 2018 .

ANNEXES

System (March 2018)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
Total Incidents (HT+STR+STC)	67124	99786	93235	59109	73932	68259	34060	88055	60659	47049
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	66.9%	63.5%	62.9%	72.7%	64.0%	65.6%	61.6%	52.5%	54.7%	51.9%
C1 Incidents	10.9%	8.7%	10.9%	11.0%	9.2%	8.3%	6.8%	5.9%	5.6%	5.6%
C2 Incidents	56.0%	54.8%	52.0%	61.7%	54.8%	57.3%	54.8%	46.6%	49.1%	46.2%
C3 Incidents	18.7%	21.0%	22.6%	17.5%	17.9%	27.6%	23.0%	37.6%	34.6%	29.8%
C4 Incidents	1.1%	2.8%	4.4%	0.3%	6.9%	1.2%	1.2%	2.1%	1.8%	3.1%
HCP 1-4 Hour Incidents	5.7%	4.2%	4.2%	2.6%	4.2%	4.6%	2.3%	3.7%	3.2%	8.1%
Hear and Treat	7.5%	4.2%	4.5%	6.9%	7.0%	6.8%	6.2%	3.8%	5.7%	7.1%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:08:17	00:07:26	00:08:40	00:09:46	00:08:47	00:09:44	00:06:28	00:07:10	00:08:14	00:07:26
C1-90th centile response time (Target 00:15:00)	00:14:15	00:11:59	00:14:43	00:17:31	00:15:40	00:17:42	00:11:00	00:12:31	00:15:09	00:13:34
C2-Mean response time (Target 00:18:00)	00:25:38	00:23:20	00:32:34	00:45:06	00:27:26	00:35:16	00:22:46	00:14:17	00:19:37	00:19:50
C2-90th centile response time (Target 00:40:00)	00:55:28	00:49:20	01:14:15	01:40:18	00:56:23	01:13:50	00:47:19	00:26:48	00:37:17	00:41:36
C3-90th centile response time (Target 02:00:00)	02:23:16	02:52:30	03:14:19	04:15:55	03:29:15	03:15:56	03:27:22	01:42:21	03:52:06	02:47:33
C4-90th centile response time (Target 03:00:00)	03:17:37	02:35:57	03:26:02	02:58:10	04:02:38	05:32:25	02:55:28	02:33:35	05:54:23	04:03:05
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	60.1%	63.4%	64.3%	63.9%	57.4%	49.9%	57.1%	56.4%	58.5%	54.2%
Incidents with transport not to ED	9.5%	6.6%	7.2%	1.1%	4.7%	4.2%	12.5%	3.5%	2.8%	6.4%
Incidents with face to face response	22.9%	25.7%	24.0%	28.1%	31.0%	39.1%	24.1%	36.3%	33.0%	32.3%

Clinical (November 2017)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
STEMI - Care Bundle	85.9%	82.0%	72.2%	70.9%	74.3%	65.3%	85.7%	77.6%	93.5%	78.1%
Stroke - Care Bundle	99.2%	95.8%	98.8%	95.8%	99.8%	95.3%	99.0%	94.6%	93.1%	98.7%
STEMI - Patients transferred to PPCI within 150 mins	78.7%	89.1%	77.4%	83.8%	88.1%	72.5%	97.5%	91.7%	79.5%	76.3%
Stroke - Arrival at Hyper Acute Stroke Centre in 60 mins	46.5%	64.3%	47.3%	33.1%	44.7%	31.1%	50.7%	53.4%	48.0%	58.6%
ROSC	28.4%	29.3%	34.0%	33.8%	41.2%	30.1%	32.9%	32.5%	25.7%	30.7%
ROSC - Utstein	40.0%	41.7%	52.0%	63.4%	63.2%	52.8%	46.9%	44.8%	50.0%	55.2%
Cardiac - Survival To Discharge	12.9%	8.0%	13.3%	10.1%	11.4%	9.1%	13.7%	11.1%	5.7%	16.5%
Cardiac - Survival To Discharge Utstein	31.6%	28.6%	41.7%	38.5%	38.2%	25.7%	37.5%	27.6%	26.3%	37.0%