



Integrated Performance Report

October 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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EXECUTIVE OVERVIEW



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



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



Delivery is directly supported by a range of enabling strategies



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.

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.

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 Q1 18/19		91.7%
Occurrence of any never event		None
Patient Safety Alerts not completed by deadline		None
Ambulance See-and-treat from F&F Test - % positive, Jun 18		80%
Ambulance Clinical Outcomes, Apr 18	Return of spontaneous circulation (ROSC) in Utstein group	43.8%
	Stroke Care Bundle	98.1%

(*) 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, May 18,	5.23%
Staff turnover, Aug 18	0.72%
NHS Staff Survey response rate 17/18	34.52%
Proportion of temporary staff, Sept 18	1.30%

Source: [NHS Model Hospital](#)

Operational Performance Response Times

	Oct 18
Cat 1 Life-threatening calls mean	7:10
90 th centile	12:23
Cat 2 Emergency calls mean	19:58
90 th centile	41:37
Cat 3 Urgent calls 90 th centile	48:17
Cat 4 Less urgent calls 90 th centile	1:57:34

Source: Annex 1 AQI National Benchmarking

Service Transformation Programme RAG ratings (October 18)

Capacity & Capability	Amber
Infrastructure	Amber
Place Based	Amber
Service Delivery	Amber

Finance Score

Capital service capacity (Degree to which a providers generated income covers its financial obligations)	SOF Rating* Oct 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)	2
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

SERVICE TRANSFORMATION PROGRAMME 2018-19

Service Delivery & Integrated Workforce Model **Amber**

- RRV-DCA project on track with 40 new DCAs operational by Nov 18
- ARP performance better than trajectory on all standards except category 4 90th percentile
- Recruitment/training of new staff behind track – implications and mitigations plan under review
- EPR now live in 5 sites with Calderdale and Huddersfield set for go live early December

Place Based Care **Amber**

- Gap Analysis of UTCs presented to programme board
- Care home PID presented to programme board with highlight reports on progress commencing in December
- NY pendant scheme PID is in development and will incorporate further developments

Infrastructure **Amber**

- Doncaster Hub is currently on track
- AVP Leeds and Huddersfield set for go live 3rd December as planned
- Unified Comms business case reviewed and supported by Finance and Investment Committee

Capacity Capability **Amber**

- Work on an options appraisal for future training requirements of the trust is underway
- Response to PWC Capacity and Capability review underway
- PID under development on service line performance framework


External

- Each place has developed system Winter Plans, A&E Delivery Boards are developing and testing these plans and YAS continues to be engaged.
- YAS have shared the updated Winter Plan with all A&E Delivery Boards.
- West Yorkshire and Harrogate ICS have appointed Councillor Tim Swift (Leader of Calderdale Council and Chair of Calderdale Health and Wellbeing Board) as Chair of the Partnership Board for the first two years. A deputy chair from the NHS is being identified.
- YAS actively engaged in the ongoing development and implementation of the Escalation Management System (EMS) across South Yorkshire and Bassetlaw ICS area.
- YAS working with providers and commissioners across the patch to identify local Urgent Treatment Centres and to develop and agree appropriate pathways into them
- National planning guidance outlines the requirement to develop 'System' plans for 2019/20 and to cover the five year period outlined in the Long Term Plan
- YAS are commencing discussions with each ICS / STP on a financial planning and organisational/system planning basis to ensure plan alignment
- Flu vaccination levels are being reviewed across each A&E delivery board, with additional funding being allocated to Local Authorities to provide vaccinations to social care staff.

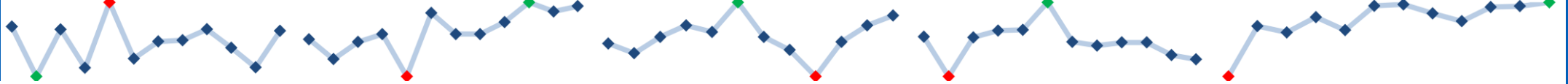
Our Performance October 2018

↓	Category 1 was 07:10	YTD Performance		
↔	Ambulance responses at scene increased by 3.5% from last month		Time	Change
↑	PTS KPI 2 continues to be above target at 88.6% for October	Category 1 Mean Performance	07 mins 36 Sec	0 min 03 sec less
↔	Calls transferred to a CAS Clinician in 111 is below 50% target at 45.6%	Ambulance Turnaround Time	33 mins 30 sec	0 min 21 sec less


A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 Mean		
Contract	Oct-18	Variance (%)	Contract	Oct-18	Variance (%)	Avg	Oct-18	Var	Avg	Oct-18	Change	Target	Oct-18	Var
78,998	83,127	5.2%	62,213	60,394	(2.9%)	75.3%	75.6%	0.3%	2,398	1,834	(23.5%)	00:07:00	00:07:10	00:00:10
														

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	Oct-18	Variance (%)	Target	Oct-18	Variance (%pts)	Target	Oct-18	Variance (%pts)	Target	Oct-18	Variance (%pts)	Target	Oct-18	Var
83,236	83,380	0.2%	82.9%	88.6%	5.7%	92.0%	90.7%	(1.3%)	92%	78.0%	(14.0%)	90.0%	95.5%	5.5%
														

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	Oct-18	Variance (%)	Target	Oct-18	Variance (%)	Target	Oct-18	Variance (%)	Target	Oct-18	Variance (%)	Avg	Oct-18	Variance (%)
140,924	131,175	(7.4%)	95%	85.0%	(10.0%)	50%	45.6%	(4.4%)	95%	76.9%	(18.1%)	9.4%	10.4%	1.0%
														

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	12.11.18 - PMO

Our Quality October 2018

↔	3 in 1000 patients report an incident	Patient Survey			Infection Control Compliance		
↔	1 in 10000 patients responses result in moderate or above harm	Recommend YAS to F&F			Compliance	Oct 17	Oct 18
↓	FOI compliance in October was 31.58%		Q2	YTD	Hand Hygiene	97%	99%
↔	3 in 10 survive a Cardiac Arrest after treatment from a YAS crew (Utstein)	PTS	90%	91%	Premise	99%	96%
↑	9 out of 10 people would recommend YAS to Friends and Family	A&E	82%	83%	Vehicle	98%	98%

Incidents Reported

All Reported Incidents			Patient Incidents			Moderate Harm			Serious incidents			Medication Related		
Avg	No	Change	Avg	No	Change	Avg	No	Change	Avg	No	Change	Avg	No	Change
684	705	5.1% ↑	197	198	7.6% ↑	20	19	0.0% ↔	3	0	(100.0%) ↓	84	98	-

Safeguarding

Adult Referrals			Child Referrals			Complaints			Compliance (21 Days)			FOI Requests		
Avg	No	Change	Avg	No	Change	Avg	No	Change	Avg	%	Change (% Pts)	Avg	No	Change
796	768	3.8% ↔	517	557	3.5% ↔	85	93	63.2% ↑	79%	66%	(19.5%) ↓	37	29	(14.7%) ↓

Patient Relations

Legal

Clinical Outcomes (May Data)

Stroke 60 (removed from COI's)			STeMI Care			ROSC (Utstein)			Survival (Utstein)			Deep Clean Breaches (8 weeks)		
Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	AE/PTS	Change %
	-	-	81.3%	-	-	48.0%	45.7%	0.9% ↔	27.6%	30.4%	5.4% ↑	20	23	(17.9%) ↓

Fleet

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	12.11.18 - PMO

Our Workforce - October 2018

↑	943 staff are overdue a PDR out of 4456
↔	135 Staff are on long term sick out of 5425 Staff
↑	484 staff are still to complete the stat and man work book out of 5425
↑	Child level 2 compliance does not include e-learning numbers of 3308 completed end of October-18

YTD Performance		
	%	Change
Sickness	5.80%	0.16%
Stat and Man	91.76%	-2.52%

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)
4,458	4,651	4.3%	11.1%	6.5%	(4.6%)	10.4%	9.0%	(1.4%)	55.21	104	87.8%	95.0%	82.0%	(13.0%)

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%	3.8%	3.6%	(0.2%)	1,580	1,269	(19.7%)	£839,191	£765,783	(8.7%)

Training														
PDRs			Stat & Mand			Adult Safeguarding L1			Child Safeguarding L2			eLearning Safeguarding		
Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)	Prev Month (No)	No	No completed in Month
90.0%	74.0%	(16.0%)	90.0%	91.8%	1.8%	90.0%	94.3%	4.3%	80.0%	87.0%	7.0%	3140	3,308	168

Key	Tolerance for Variance (unless stated different)		Variance		Sparklines		AVG - Average		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		14.11.18 - PMO	

	in Month			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Income	(22,774)	(22,993)	(219)	(158,891)	(160,583)	(1,692)
Expenditure	22,338	22,557	219	154,737	156,429	1,692
Retained Deficit / (Surplus) with STF Funding	(436)	(436)	0	(4,154)	(4,154)	0
STF Funding	(212)	(212)	0	(955)	(955)	0
Retained Deficit / (Surplus) without STF Funding*	(224)	(224)	0	(3,199)	(3,199)	0
EBITDA	(1,401)	(1,521)	(120)	(10,761)	(11,014)	(253)
Cash	36,195	37,729	1,534	36,195	37,729	1,534
Capital Investment	2,114	3,081	967	5,357	5,152	(205)
Quality & Efficiency Savings (CIPs)	864	817	(47)	4,689	4,191	(498)

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

The Trust has reported a surplus as at the end of October (Month 7) of £4,154k, which is in line with plan.

At the end of October 2018 the Trust's cash position was £37.7m against a plan of £36.2m, giving a positive variance of £1.5m.

The improved position, against the plan, is as a result of receivables being less than plan (+£4.5m) partially offset by capital spend (including payment of the 17/18 accruals) being higher than plan (-£1.8m) and a delay in drawing down PDC funding for capital spend (-£0.7m). Other minor variations make up the remaining £0.5m, most notably utilisation of provisions.

As at the end of October, capital expenditure for 18/19 was underspent by £305k against the original plan. During October spend continued on the Door and Tail lift modifications, conversion of the 17/18 & 18/19 chassis, ICT Refresh, AVP and Estates schemes. The original plan was £22.022m expenditure allowing for disposals of £1.075m. A revised plan was approved by the Board in September 2018, expenditure of £18.004m including disposals of £169k, as a result of delays associated with the Doncaster STP bid, and deferring the planned disposals (Fairfield & Bramham) as agreed with NHSi. This will result in a charge of £17.835m against the Capital Resource Limit (CRL).

The Trust has a savings target of £9,010k for 2018/19. YTD the Trust has underachieved against this target by £499k of which £332k relates to unidentified schemes. It is anticipated that an element of the unidentified schemes will be delivered non-recurrently during the year; causing an underlying recurrent financial risk for future years.

	Month	YTD	Trend 2018-19
RISK RATING: Under the "Single Oversight Framework" the overall Trust's rating for October 2018 remains at 1 (1 being lowest risk, 4 being highest risk).			
EBITDA: The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at the end of October (Month 7) is £11,014 against a plan of £10,761k, a favourable variance of £253k against plan.			
SURPLUS: The Trust has reported a surplus (including STF) as at the end of October (Month 7) of £4,154k, which is in line with plan. STF achieved YTD is £955k.			
CAPITAL: As at the end of October Capital expenditure for 18/19 was underspent by £205k against the original plan. During October spend continued on the Door and Tail lift modifications, conversion of the 17/18 & 18/19 chassis, ICT Refresh, AVP and Estates schemes. The original plan was £22.022m expenditure allowing for disposals of £1.075m. A revised plan was approved by the Board in September 2018, expenditure of £18.004m including disposals of £169k, as a result of delays associated with the Doncaster STP bid, and deferring the planned disposals (Fairfield & Bramham) as agreed with NHS I. This will result in a charge of £17.835m against the Capital Resource Limit (CRL).			
CASH: At the end of October 2018 the Trust's cash position was £37.7m against a plan of £36.2m, giving a positive variance of £1.5m. The improved position, against the plan, is as a result of receivables being less than plan (+£4.5m) partially offset by capital spend (including payment of the 17/18 accruals) being higher than plan (-£1.8m) and a delay in drawing down PDC funding for capital spend (-£0.7m). Other minor variations make up the remaining £0.5m, most notably utilisation of provisions.			
CIP: The Trust has a savings target of £9,010k for 2018/19. YTD the Trust has underachieved against this target by £499k of which £332k relates to unidentified schemes. It is anticipated that an element of the unidentified schemes will be delivered non-recurrently during the year; causing an underlying recurrent financial risk for future years.			

Directorate	Plan YTD £000	Actual YTD £000	YTD Variance £000
A&E Directorate	2382	2168	(214)
Business Development Directorate	19	0	(19)
Chief Executive Directorate	48	17	(31)
Clinical Directorate	61	61	0
Estates Directorate	163	116	(47)
Finance Directorate	359	281	(78)
Fleet Directorate	634	459	(175)
Planned & Urgent Care Directorate	384	256	(128)
Quality, Governance & Performance Assurance Directorate	54	40	(14)
Hub & Spoke	39	39	0
Workforce & OD	546	362	(184)
RESERVE	0	391	391
Grand Total	4,689	4,190	(499)

Recurrent/Non-Recurrent Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	4,207	3,649	(557)
Non-recurrent	483	541	58
Grand Total	4,690	4,190	(499)

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

October 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	Amber	Amber	Amber	Amber	Amber	Amber						
Healthy food for NHS staff and visitors	Head of Facilities Management, Estates	£286,016	Green	Green	Green	Green	Green	Green	Green						
Improving the uptake of flu vaccinations for frontline clinical staff	Dep Director of HR & Organisational Dev	£286,016	Green	Green	Green	Green	Green	Green	Green						
Total		£858,048													

Comments:

The Healthy Food for Staff and Visitors CQUIN continues to perform well and is currently over achieving the 18/19 targets. The Health and Wellbeing plan is now in full implementation phase. The second phase of MHFA training is being procured which will give a further 120 managers trained. A peer support network is being planned for approval. Work with MIND is taking place in peer support and trauma support. The trust are currently out to procure for OH services. The flu campaign delivery is fully underway with our current uptake rate after 4 weeks being 34.5%.

Green	Fully Completed / Appropriate actions taken
Amber	Delivery at Risk
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	Green	Green	Green	Green	Green	Green						
End to End Reviews	Head of Investigations & Learning	£1,072,238	Green	Green	Green	Green	Green	Green	Green						
Mortality Review	Deputy Medical Director	£1,716,096	Green	Green	Green	Green	Green	Green	Green						
Respiratory Management Improvement	Deputy Medical Director	£858,477		Green	Green	Green	Green	Green	Green						
Total		£4,290,240													

Comments:

The end to end review CQUIN continues to progress through 18-19 with one case scheduled and one yet to be scheduled. Work continues with the Respiratory Management Improvement and Non Conveyance CQUINS.

Green	Fully Completed / Appropriate actions taken
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					Amber	Amber							
Total															






Comments:

South & North commissioners agreed the CQUIN proposal by the cut off date of 31 July. However agreement has not yet been met with West Yorks who have submitted some queries on the CQUIN proposal and work is ongoing to resolve this. The Patient App development is on schedule for commencement of surveys 1 October. It is envisaged that rag rating will be green in October.


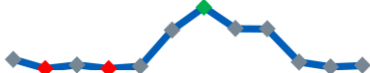


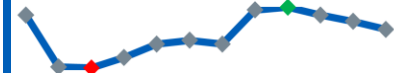
Green	Fully Completed / Appropriate actions taken
Amber	Delivery at Risk
Red	Milestone not achieved

Corporate Services - October 2018






Chief Executive

FTE in Post			Sickness (1% tolerance)			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
20.00	15.1	(24.7%)	5.7%	6.3%	0.6%	0	0	0	85%	82.4%	-2.7%	90%	70.0%	(20.0%)
														

Business Development

FTE in Post			Sickness (1% tolerance)			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
14.70	7.75	(47.3%)	5.7%	0.8%	(4.9%)	0	0	0	85%	77.8%	-7.2%	90%	42.9%	(47.1%)
														

Finance (Excluding Fleet, Estates, BI and ICT)

FTE in Post			Sickness (1% tolerance)			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
213.48	183.84	(13.9%)	5.7%	6.5%	0.8%	0	0	0	85%	86.8%	1.8%	90%	62.3%	(27.7%)
														

Key

Difference
Current Month (tolerance 5% number difference) unless stated

Direction of Travel
From Previous Month

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

AVG - Average

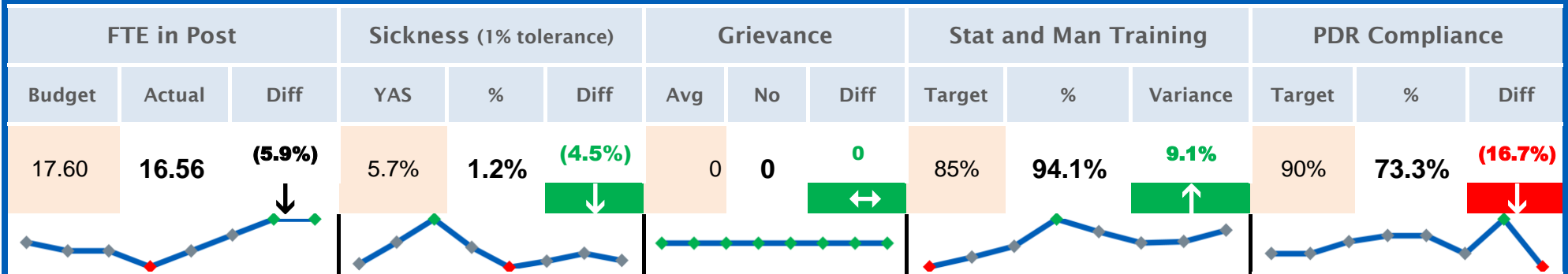
Previous 12 Periods

Updated

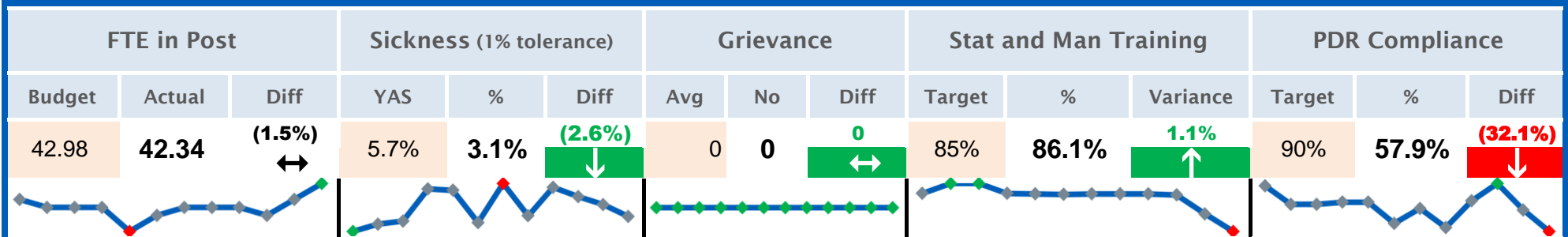
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Corporate Services - October 2018

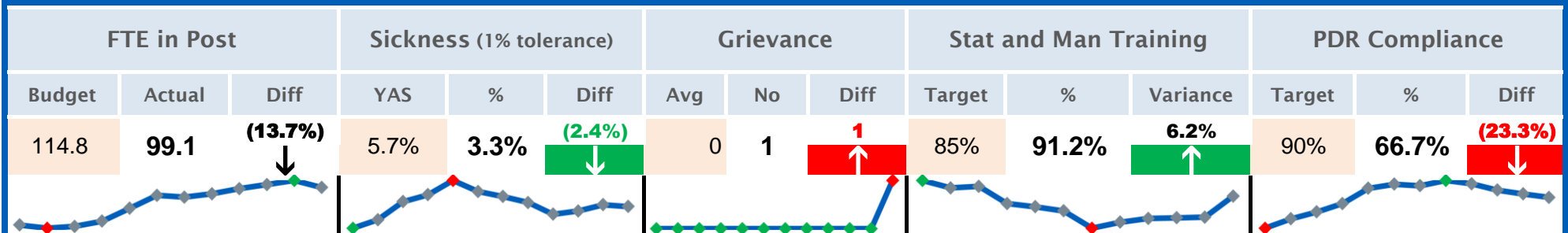
Business Intelligence



ICT



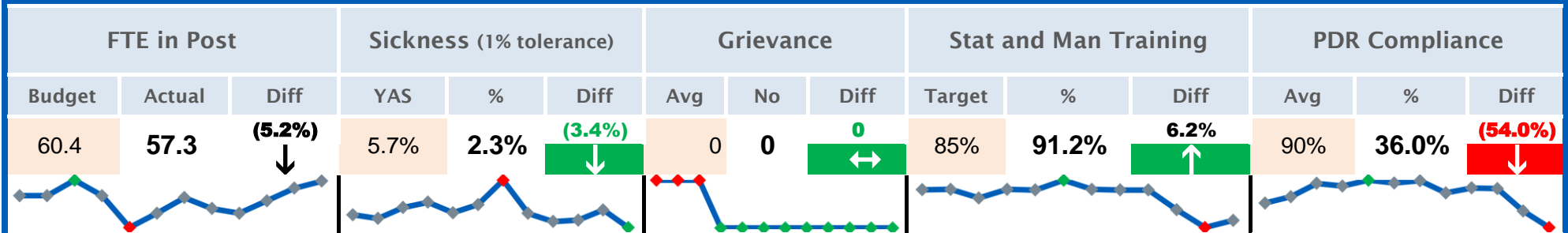
Workforce & Organisational Development



Key	Difference		Direction of Travel		Sparklines		AVG - Average		Updated				
	Current Month (tolerance 5% number difference) unless stated		From Previous Month		To demonstrate trend, low point is lowest point in that trend (not zero)		Previous 12 Periods		08.11.18 - PMO				

Corporate Services - October 2018

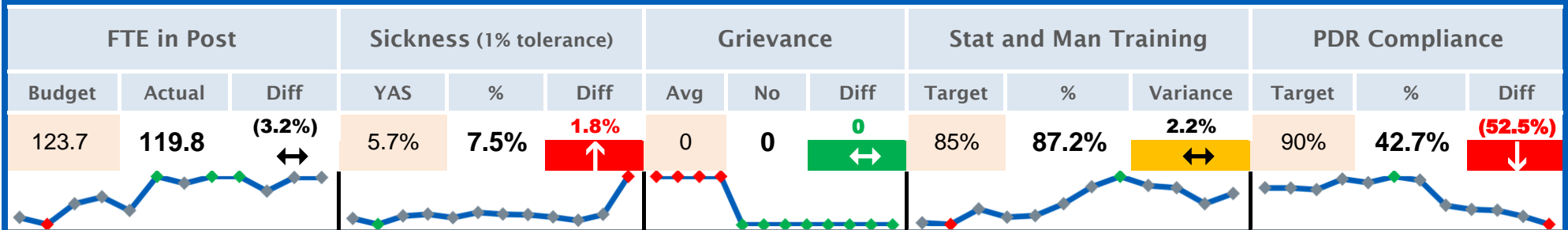
Quality, Governance and Performance Assurance



Clinical



Fleet and Estates



Key

Difference
Current Month (tolerance 5% number difference) unless stated

Direction of Travel
From Previous Month

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

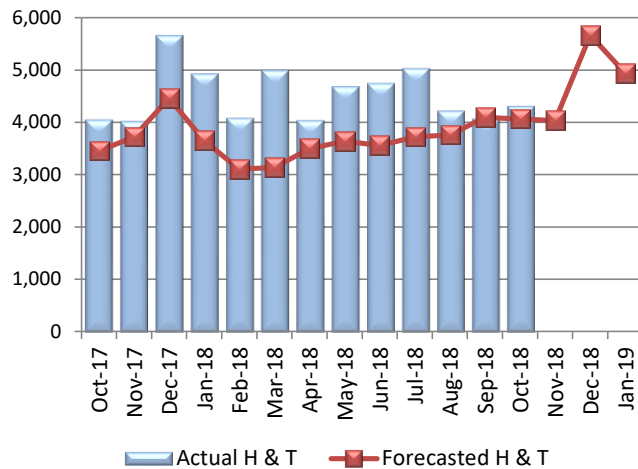
AVG - Average
Previous 12 Periods

Updated
08.11.18 - PMO

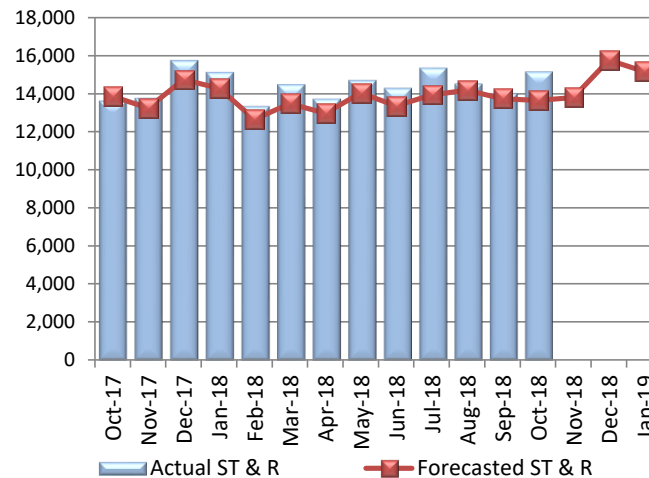
SERVICE LINES

9.1 Activity

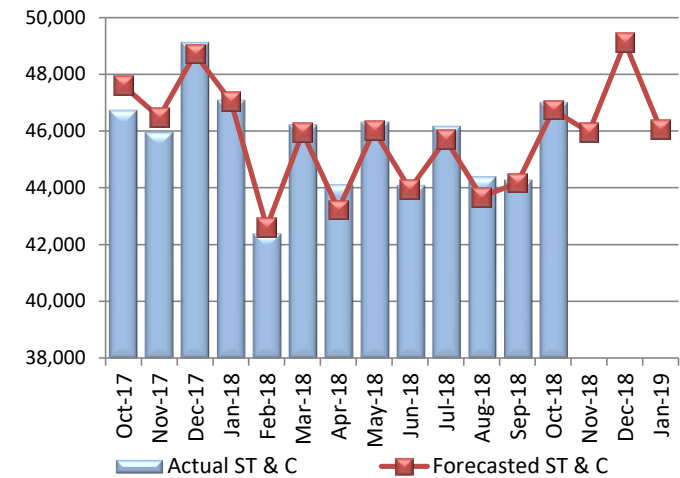
Hear & Treat



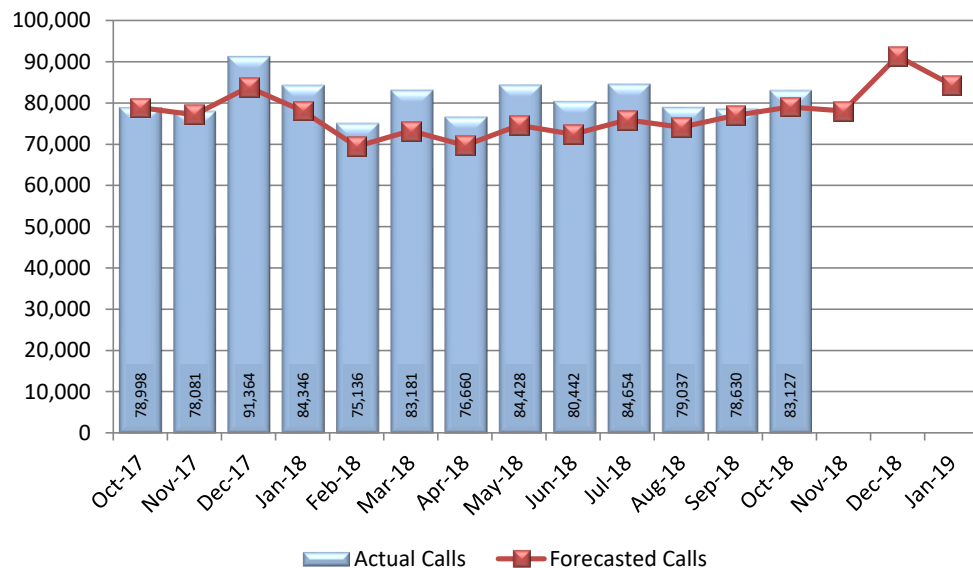
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

Total Calls Increase in call numbers of 5.2 % vs October last year.

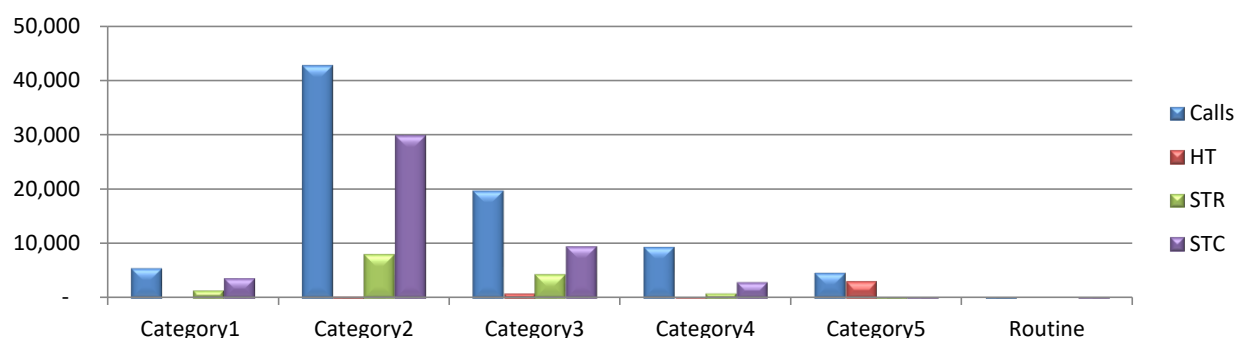
H&T Increase of 6.3 % in the amount of H&T carried out vs October last year. H&T service provision is now behind trajectory at 6.5% against 7.5% trajectory target due to recruitment of clinicians being behind track however mitigating actions are in place to bring recruitment back in line with plan and monitored via ARP programme management.

ST&R Increase of 11.3% in the amount of ST&R carried out vs October last year. See & Treat is an ongoing area of focus with an aim to increase the amount of S&T jobs throughout 18/19.

ST&C Increase of 0.6% in the amount of ST&C carried out vs October last year.

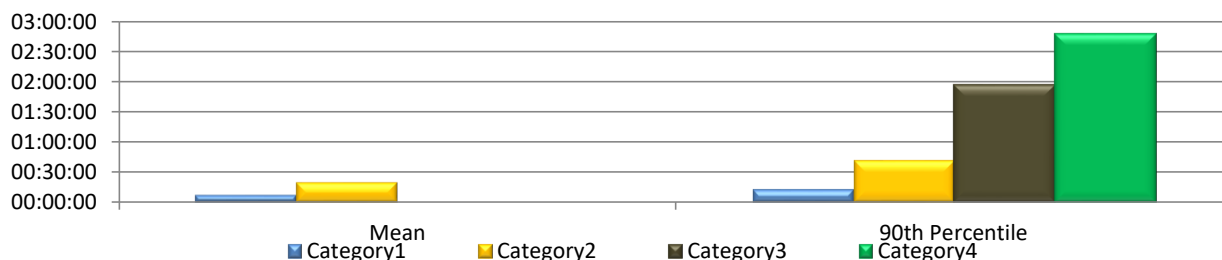
9.2 Activity

ARP3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	5,664	16	1,497	3,764	5,261	8.5%
Category2	42,893	357	8,040	29,971	38,011	61.3%
Category3	19,949	853	4,405	9,616	14,021	22.6%
Category4	9,560	142	946	3,056	4,002	6.4%
Category5	4,777	2,952	291	241	532	0.9%
Routine	284	-	7	216	223	0.4%



9.3 Performance

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:07:10	00:12:23	00:07:00	00:15:00
Category2	00:19:58	00:41:37	00:18:00	00:40:00
Category3		01:57:34		02:00:00
Category4		02:47:56		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.

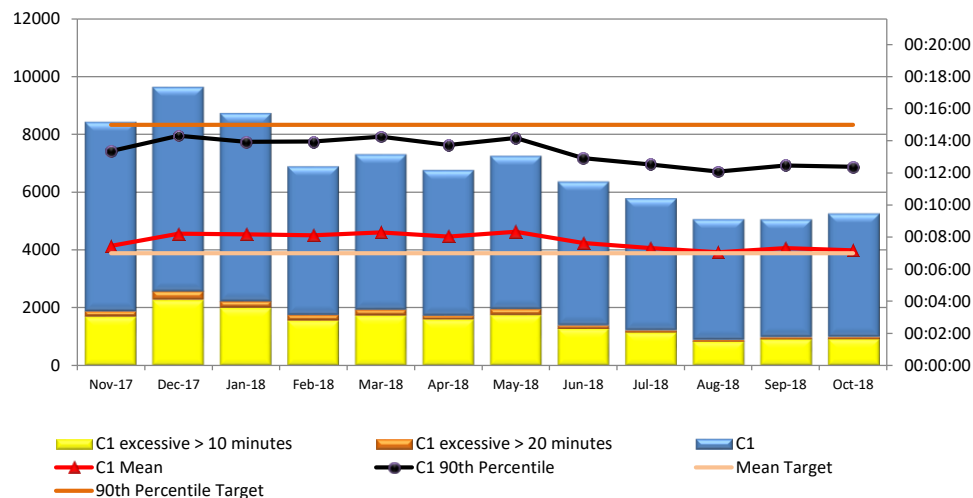
The calls now split into 4 main categories with HCP calls monitored separately. There are now different standards than in ARP 2.2, for example the 8 minute response per incident does not exist anymore.

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 impact of removing IFTs creates a longer mean time due to de-fib allocation on IFT jobs.

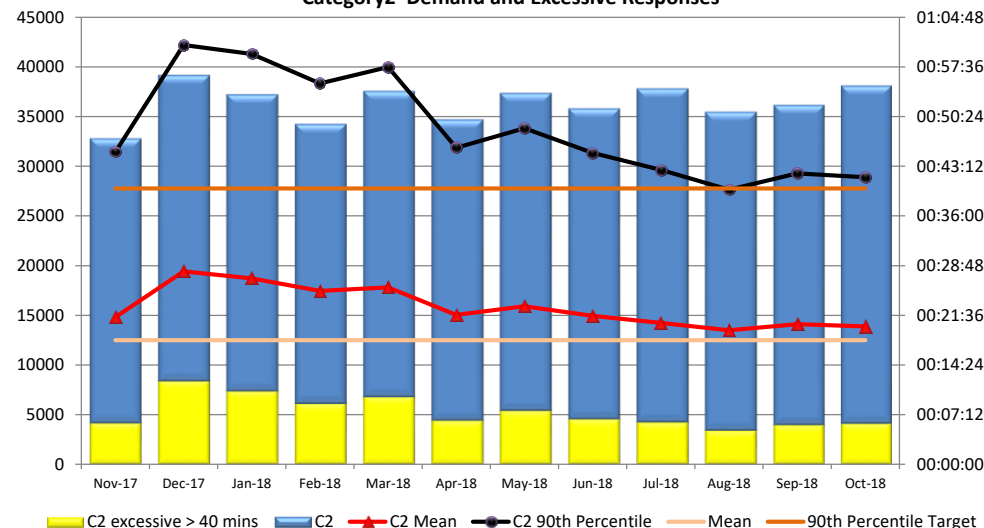
	Mean Standard	90 th Standard
C1	00:07:00	00:15:00
C2	00:18:00	00:40:00
C3		02:00:00
C4		03:00:00
HCP1		No Target
HCP2		No Target
HCP3		No Target
HCP4		No Target

9.4 Demand and Excessive Responses with Tail of Performance

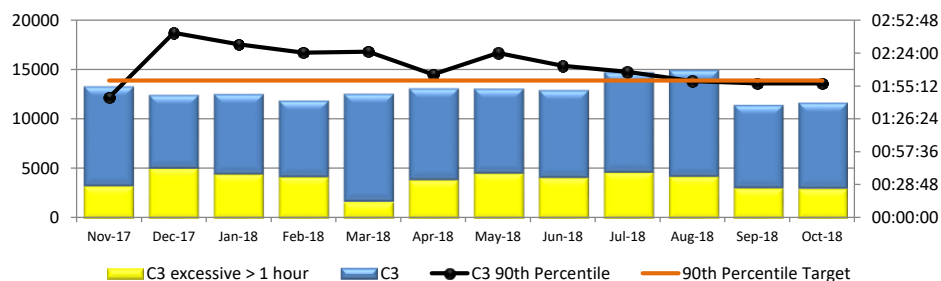
Category1 Demand and Excessive Responses



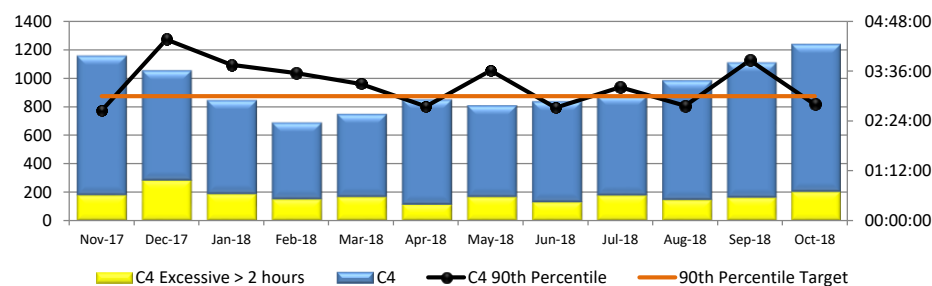
Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



Category4 Demand and Excessive Responses



Commentary

Category 1 Mean performance was 00:07:10 against the 00:07:00 target with the 90th percentile at 00:12:23 against the 00:15:00 target. Mean performance has reduced by 8 seconds and 90th percentile by 5 seconds against previous month performance. This is the second best level of performance seen in the last 12 months

Category 2 Mean performance was 00:19:58, a 21 second reduction against the previous month. 90th percentile is reporting 00:41:37, a 34 second reduction against September's performance. This is the second best level performance seen in the last 12 months.

Category 3 90th percentile performance reported 1:57:34 response against a 2 hour target, showing an increase of 00:00:09 against September's performance. However this is the second consecutive month of reporting within target range.

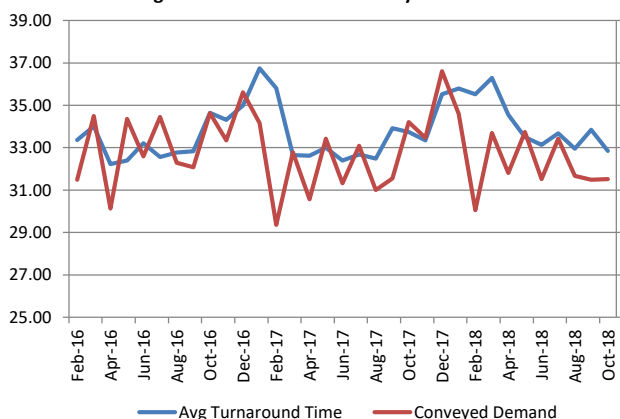
Category 4 90th percentile performance was within target at 2:47:56 a decrease of 01:03:57 and within the 03:00:00 target. Performance in category 4 is not as stable as other categories due to the low level of demand which can be impacted significantly by any outlying job times.

Additional staffing and fleet will become operational at the end of October/beginning of November the impact of which will not yet be reflected in October's results. Additional LAT crews will be operational for winter pressures which will improve category 4 performance.

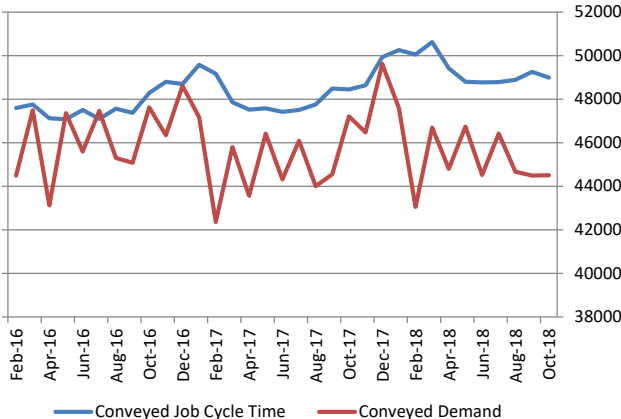
9.5 Hospital Turnaround Times

9.6 Conveyed Job Cycle Time

Average Turnaround Time & Conveyed Demand



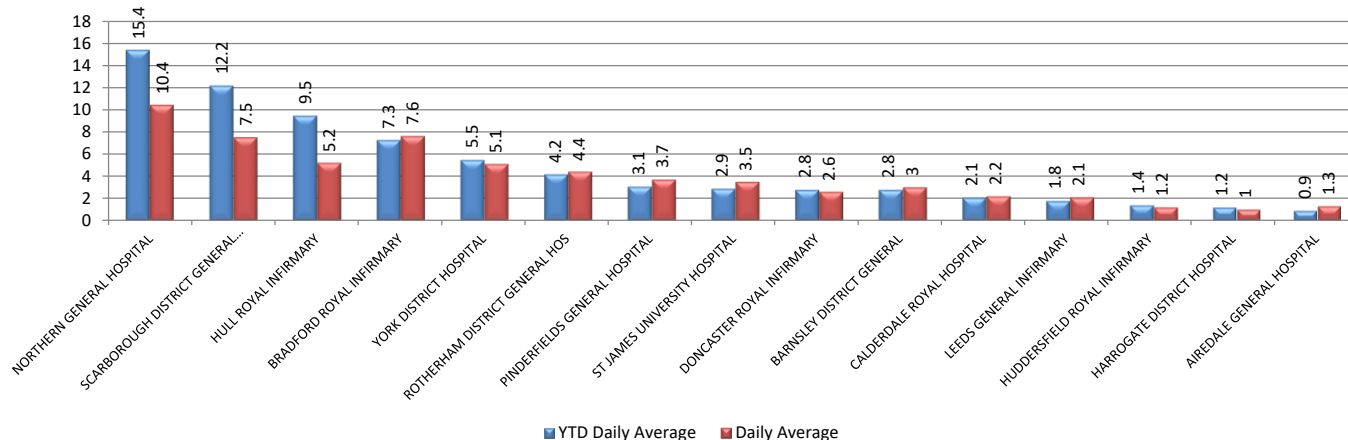
Conveyed Job Cycle (Allocated to Clear - Conveying Resource)



9.7 Hospital Turnaround - Excessive Responses

	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Last 12 months
Excessive Handovers over 15 mins (in hours)	1,837	3,563	3,447	2,975	3,532	2,834	1,768	1,577	1,952	1,554	1,899	1,834	28,772
Excessive Hours per day (Avg)	59	123	111	99	114	94	57	51	65	50	63	59	79

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



Commentary

Turnaround times: October times were 3% lower than September and 2.6% lower than October 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: Down slightly from September showing a 0.7% decrease and 1.4% increase against October the previous year. EPR rollout is a contributor to this alongside a reduction in vehicles arriving on scene which may extend DCA cycle time. The contributing factors are currently under more detailed review.

Excessive hours: Lost hours at hospital for October was 65 hours lower than September, a reduction of 3.4%. Performance for October 2018 was 211 hours lower than the previous year; a reduction of 11.7%.

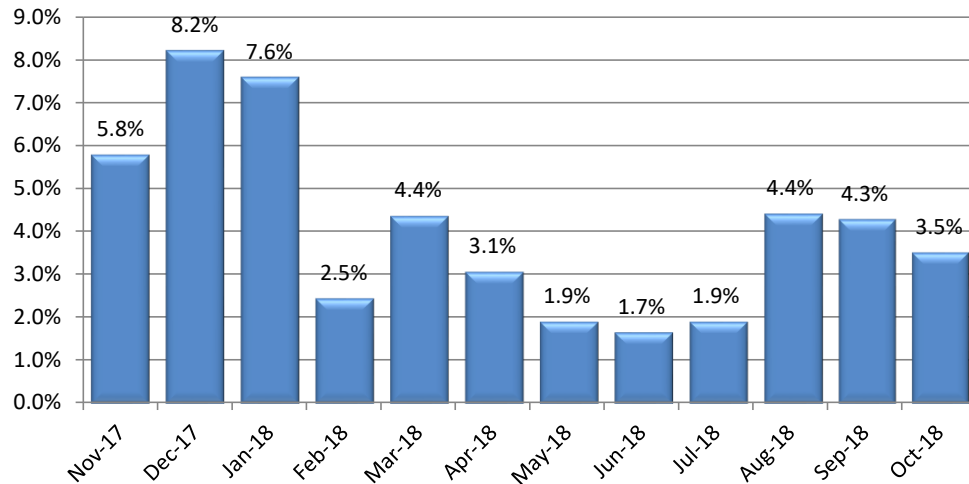
The A&E Operations senior management team are working closely with those acute trusts that regularly have significant handover delays - this involves specific support regarding handover processes and piloting a HALO+ model. Initial findings are positive, progress is being monitored in each working group consisting of commissioners, acute hospital representatives and A&E operations. Winter pressure planning is underway.

9. A&E Operations

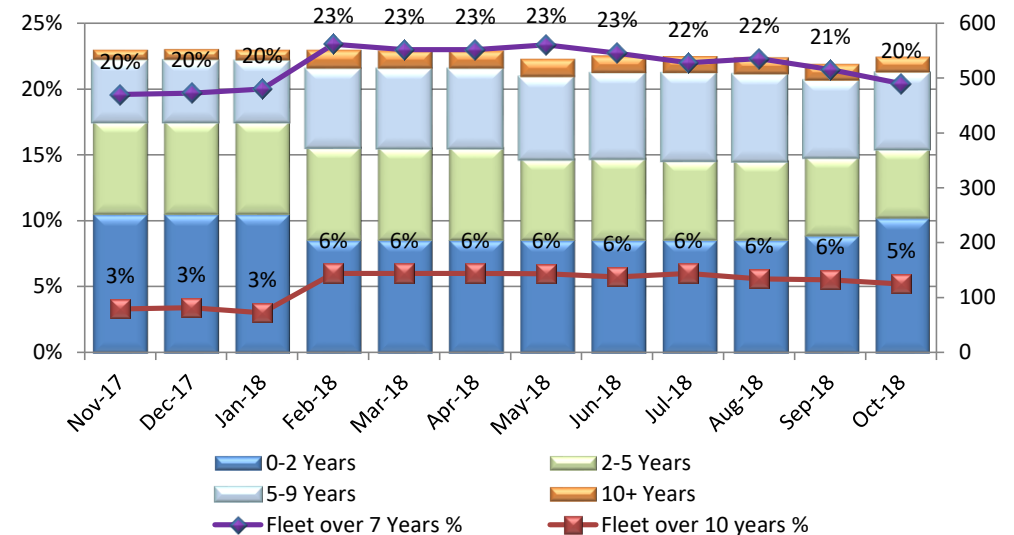
October 2018

9.8 Vehicle Deep Cleans (5 weeks)

% of Breaches outside window

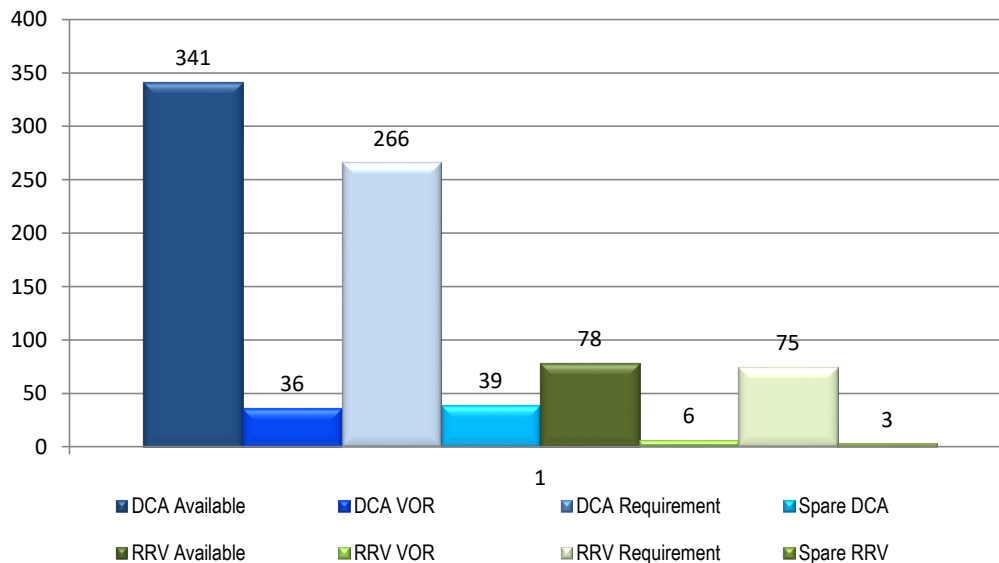


9.9 Vehicle Age



9.10 Fleet Availability

Trust Wide Average A&E Fleet Availability



Commentary

Support from A&E Operations management at all levels has been engaging and supportive as the Trust transitions its fleet mix to support an ARP model, but spares to cover RRV rotas throughout this reporting period has been challenging. Vehicle availability is currently averaging 91% and work continues apace to uplift DCA numbers to 380 vehicles.

The A&E Deep Clean breaches remained at a low level in October at 3.5%. November will be challenging with the AVP training ongoing for staff at Huddersfield and Leeds, but should quickly resolve in December. Plans are in place to cover the Pre-AVP training period. Support from the A&E Operational management continues to be valued and this does help significantly. Still a few issues obtaining spare vehicles to cover single vehicle 24/7 stations. Recruitment remains manageable.

9. A&E Operations

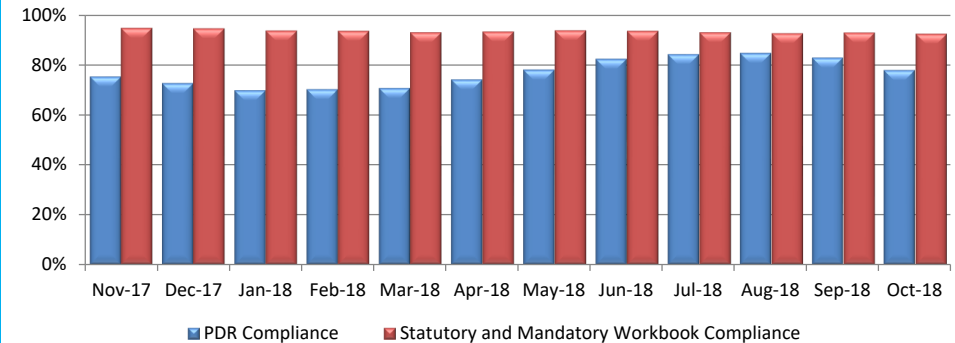
October 2018

9.11 Workforce

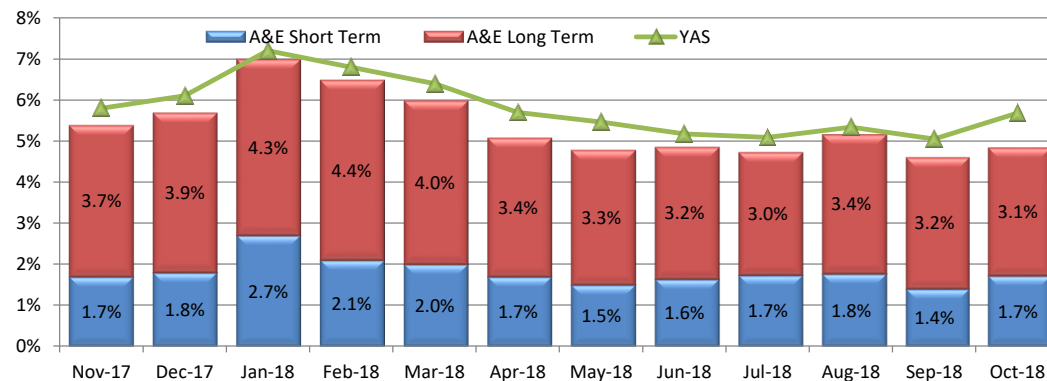
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,677	134	669	1,874	70%
Contracted FTE (before overtime)	2,513	138	552	1,823	73%
Variance	(163)	(4)	117	(51)	(2.7%)
% Variance	(6.1%)	(3.3%)	17.5%		
FTE (worked inc overtime)*	2639	138	552	1,949	74%
Variance	(38)	(4)	117	75	4.0%
% Variance	(1.4%)	(3.3%)	17.5%		

* 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

Paramedic recruitment continued throughout October securing an additional 14 FTEs totalling 966 Band 5 and 6 Operational Paramedics against a year end budget position of 975. The difference between Budget and contracted FTE has reduced by 33% on previous month.

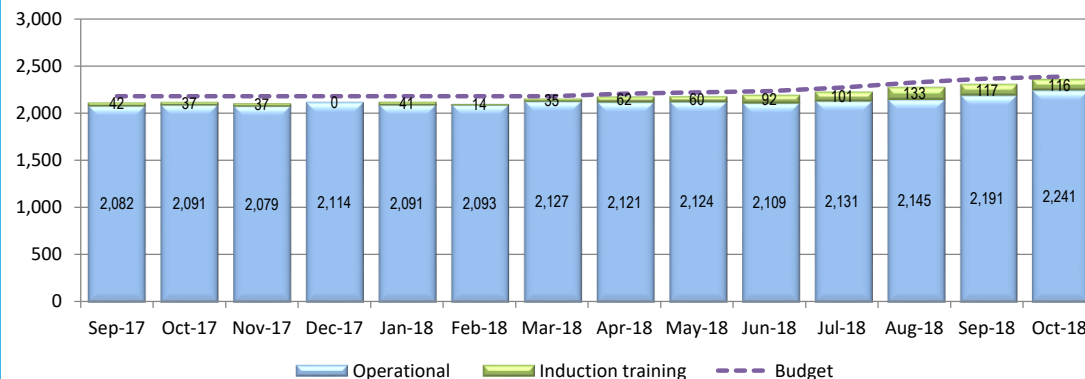
PDR: Currently at 77.8% against stretch target of 90%. This is a decrease of 4.9% vs last month

Sickness: Currently stands at 4.8% which is an increase of 0.2% on last month. A&E sickness is reporting below the Trust average of 5.7%.

Recruitment Non clinical staffing numbers are slightly behind plan however mitigating action is being taken to resolve this before heading into the winter period. A weekly recruitment/training meeting takes place which has representation from YAS Academy, HR and A&E Operations to manage the current shortfall, mitigating actions and understand what we need to do in the coming months to avoid the same issue occurring.

9.14 A&E Recruitment Plan

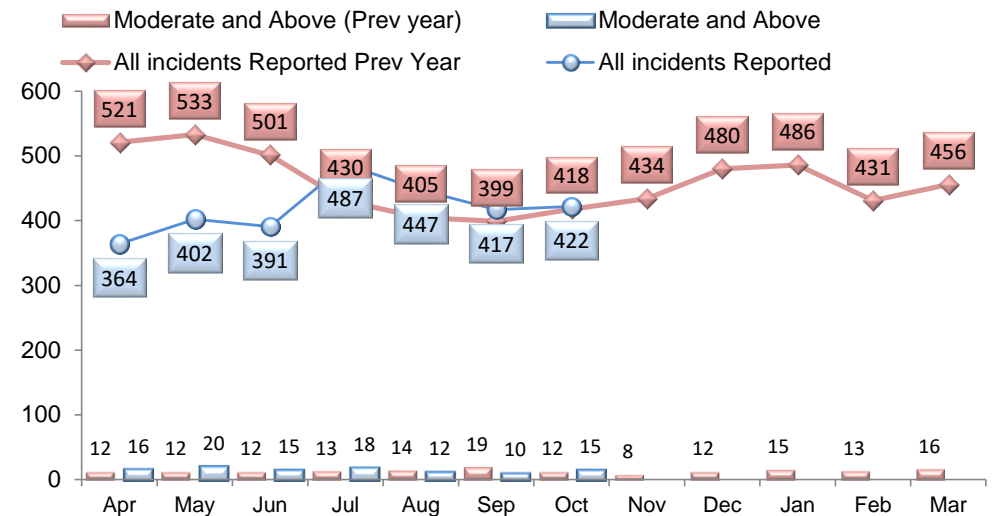
A&E Operations (excluding CS)



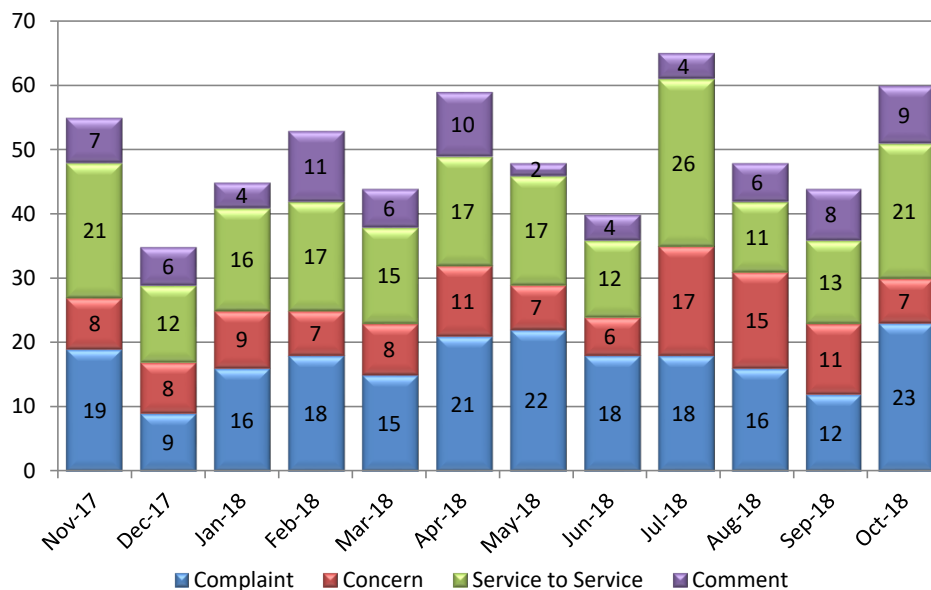
9.15 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	4
Total Incidents (Per 1000 activities)		0.00	0.01
Total incidents Moderate & above		15	106
Response within target time for complaints & concerns		96%	93%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		82.3%	83.2%

9.16 Quality, Safety and Patient Experience



9.17 Patient Feedback

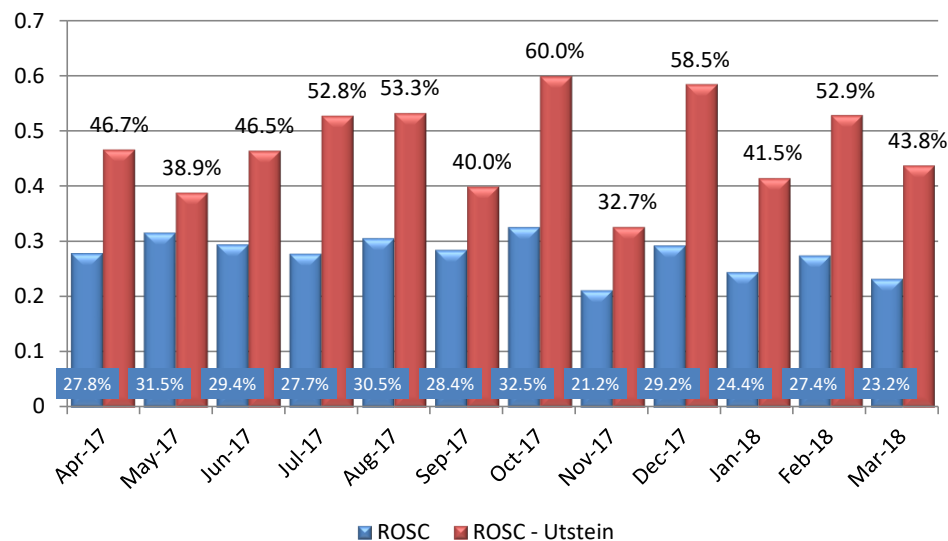


Commentary

Incidents: Total reported incidents increased 1.2% on last month and is up by 1% against October last year. Incidents of moderate harm and above remain at a low level and in line with previous months.

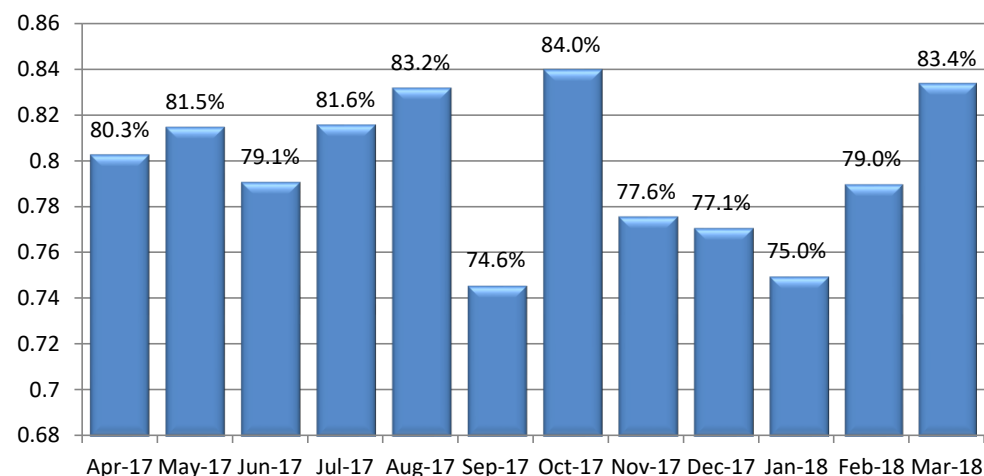
Feedback: October reported a 36% rise for feedback overall. This was also seen in complaints which hit the highest level for 12 months.

9.18 ROSC & ROSC Utstein

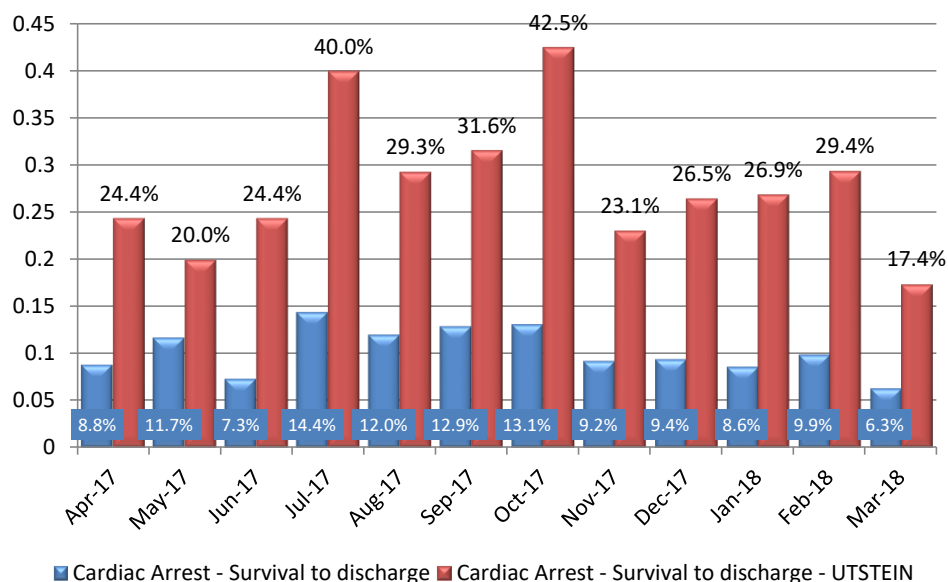


9.19 STEMI - Care Bundle

Stemi - Care Bundle



9.20 Survival to Discharge



Commentary

Early recognition and provision of high quality CPR are the cornerstones of improving the survival to discharge of patients who have had an out of hospital cardiac arrest. Unprecedented winter pressures over the winter period impacted upon YAS' performance. Actions to mitigate risks to our most time critical patients were to maximise the use of CFRs, support rapid turnaround of clinicians at hospitals and evoke escalation systems to manage call volume. The attendance of Red Arrest Team paramedics is challenged over the winter period. However, poor road conditions (snow/ice) with an increase in demand across the month of March did lead to extended call to hospital times and therefore lower than expected performance.

Cardiac Arrest Management

YAS attempted resuscitation on 263 patients during February 2018, of which 72 had ROSC. Comparatively, resuscitation was attempted on 276 patients during March, 64 of which had a ROSC on arrival at hospital.

Overall Survival to discharge, during February 2018, 26 out of 263 patients survived to discharge (9.9%). In comparison, during March 18 patients out of 269 survived (6.7%).

Survival to Discharge within the UTSTEIN comparator group reported 15 out of 51 patients survived within this group during February 2018, compared to 8 out of 46 patients within March 2018.

AQI Care Bundle:

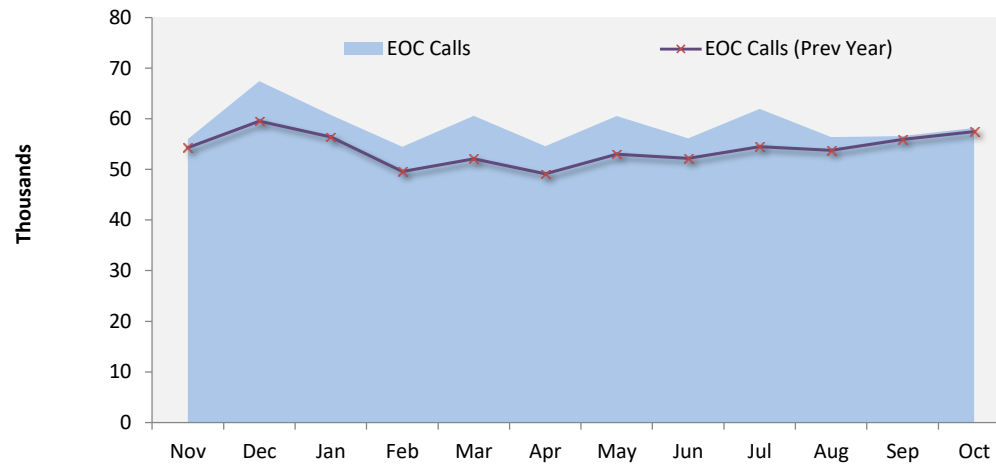
Stroke care has been consistently high across YAS during 2017/18, having never fallen below 97%. March 2018 maintains this consistency with 623 out of 635 (98.1%) suspected stroke patients receiving appropriate care. STEMI local improvement can be seen in February and March 2018 with 98 out of 124 (79%) during February and 121 out of 145 (43.4%) patients receiving appropriate care in March. The key improvement in analgesia administration, the main improvement The clinical manager team will continue to promote the best practice message to staff through CS teams at locality meetings.

Clinical data has been rolled back to March 2018 due to data collation issues from April and May 2018.

9. EOC - 999 Control Centre

October 2018

9.21 Activity

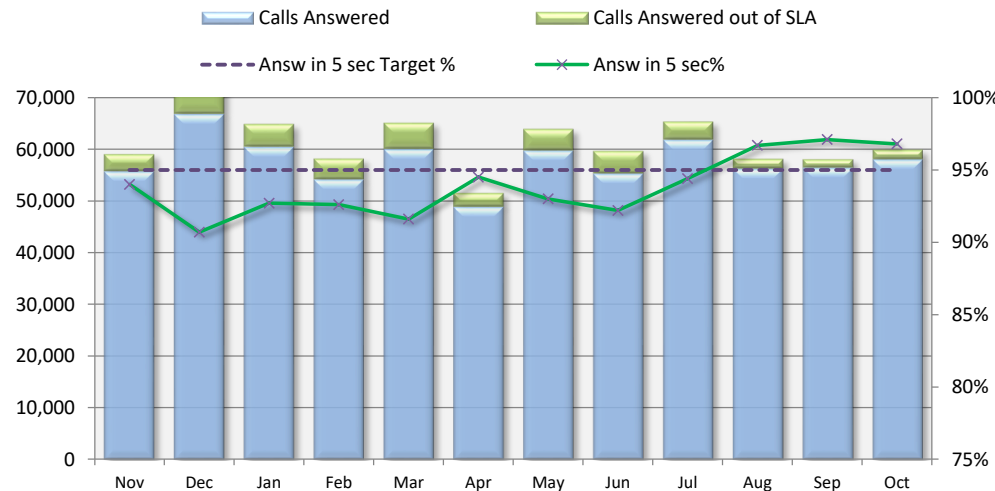


9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2017/18	404,483	402,588	20,240	95.0%
2016/17	375,886	374,720	24,100	93.6%
Variance	28,597	27,868	-3,860	
Variance	7.6%	7.4%	(16.0%)	1.4%

9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	96.8%	95.0%



	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Calls Answered out of SLA	3,324	6,241	4,408	4,026	5,069	2,692	4,177	4,339	3,482	1,864	1,631	1,841
Calls Answered	55,774	66,831	60,487	54,232	60,078	48,981	59,786	55,379	61,860	56,326	56,488	58,113
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	94.0%	90.7%	92.7%	92.6%	91.6%	94.5%	93.0%	92.2%	94.4%	96.7%	97.1%	96.8%

Commentary

Demand: Increased 2.8% vs last month, an increase of 1.3% vs October last year.

Answer in 5 sec: Performance is slightly down by 0.3% on previous month at 96.8% however remains 1.8% above target and the third consecutive month of achievement. YAS has now had the highest call answer performance in the country for 4 consecutive months.

9. EOC - 999 Control Centre

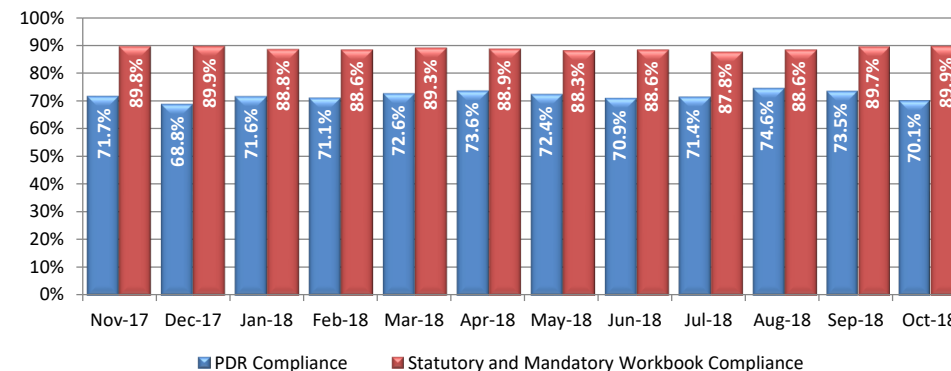
October 2018

9.24 Workforce

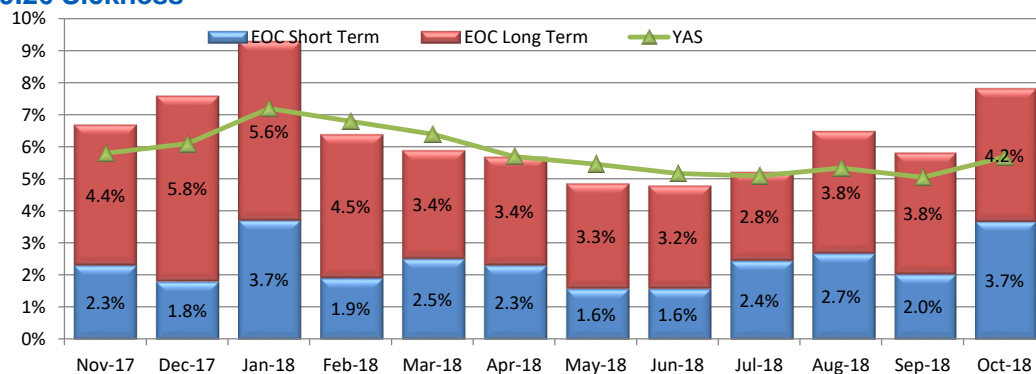
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	335	16.7	84	234	70%
Contracted FTE (before overtime)	324	16.2	81	227	70%
Variance	(11)	(1)	(3)	(7)	(3.1%)
% Variance	(3.1%)	(3.1%)	(3.1%)		
FTE (worked inc overtime)*	329.6	5.7	13	311	94%
Variance	(5)	(11)	(71)		
% Variance	(1.5%)	(65.9%)	(84.3%)	77	0

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

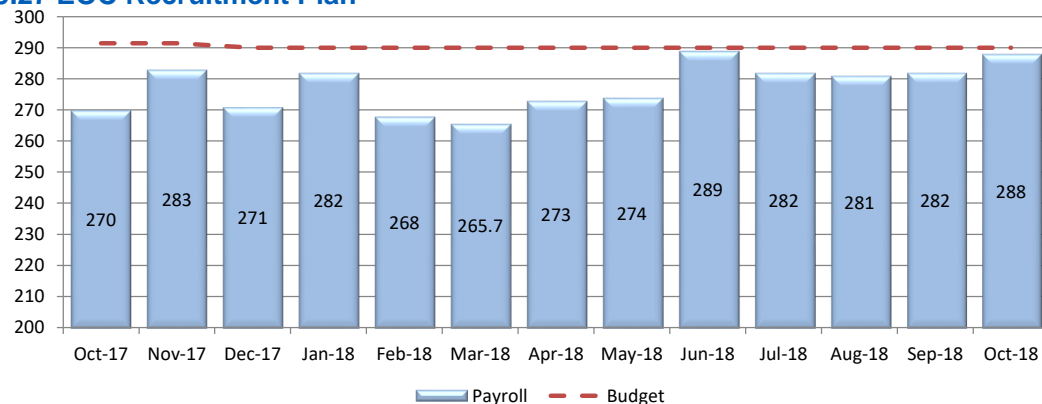
9.25 Training



9.26 Sickness



9.27 EOC Recruitment Plan



Commentary

PDR: PDR compliance stood at 70.1% in October against a stretch target of 90% which is a decrease of 3.4% on previous month.

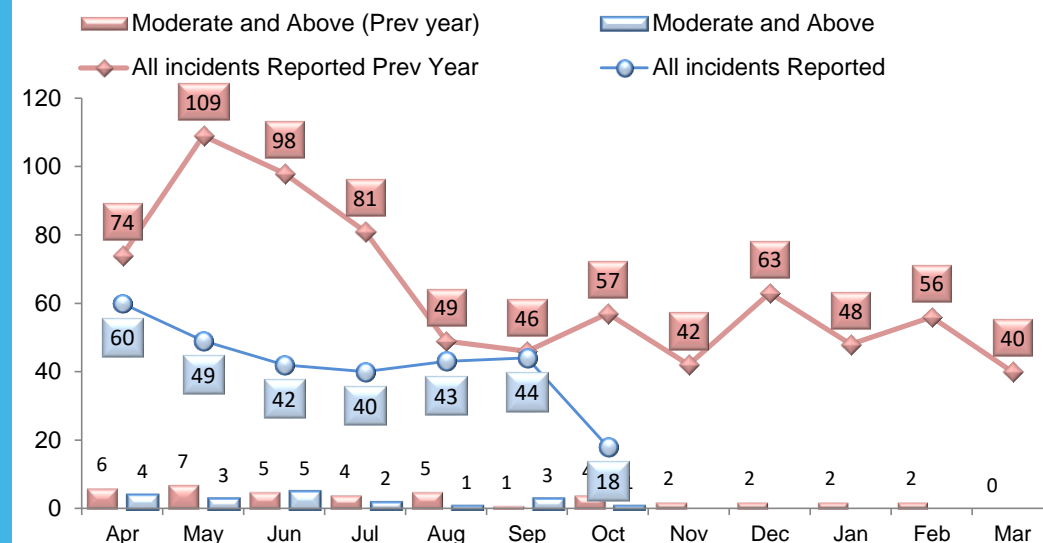
Sickness: Currently at 7.9% which is an increase of 2.1% on the previous month. This is above the Trust average of 5.7%. The focus on well-being of EOC staff will continue to be a priority.

Recruitment: We are revising our recruitment process to ensure these are targeted for EOC specifically for EMDs & Dispatchers. We have recruited a small number of additional clinical staff for the clinical hub which have been redeployed from frontline A&E operations.

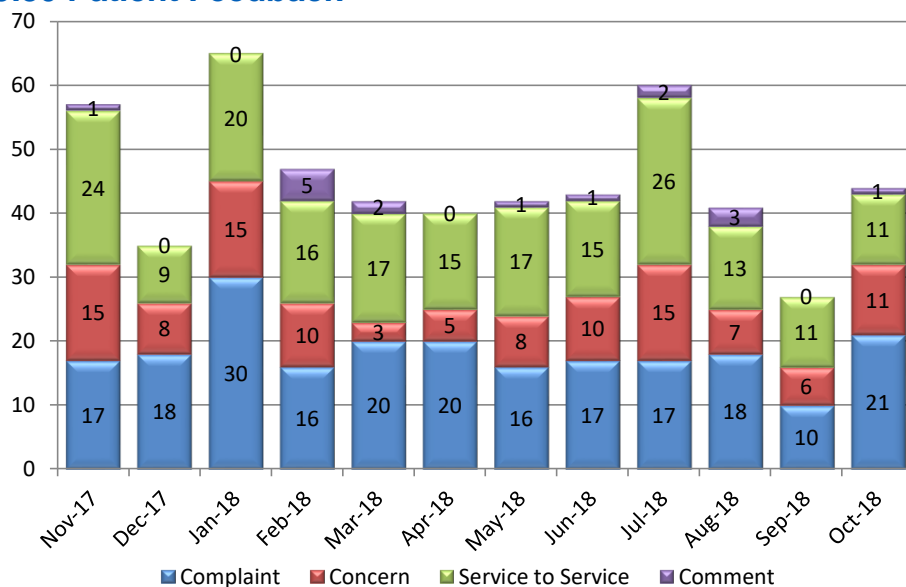
9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	2
Total Incidents (Per 1000 activities)		0.00	0.01
Total incidents Moderate & above		1	19
Response within target time for complaints & concerns		79%	90%
Ombudsman Cases	Upheld	0	0
	Not Upheld	1	2
Patient Experience Survey - Qtrly			

9.29 Incidents



9.30 Patient Feedback



Commentary

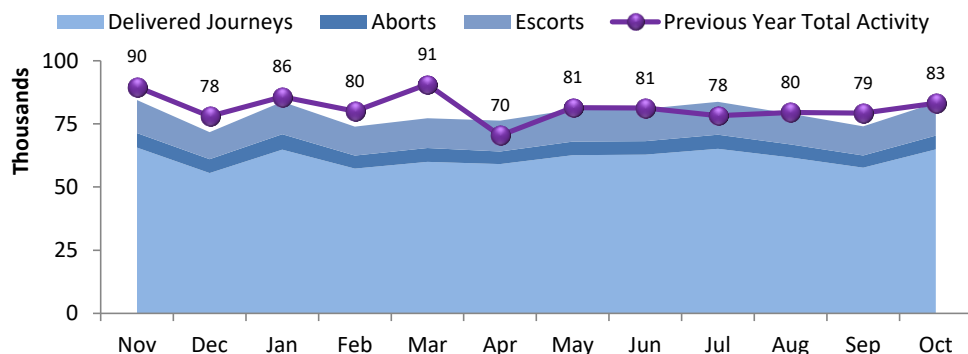
Incidents: Total reported incidents down 59% on last month; a decrease of 68% against October last year. Incidents of moderate harm and above have remained at a low level.

Feedback: Overall feedback figures increased 63% on previous month.

10. PATIENT TRANSPORT SERVICE

October 2018

10.1 Demand



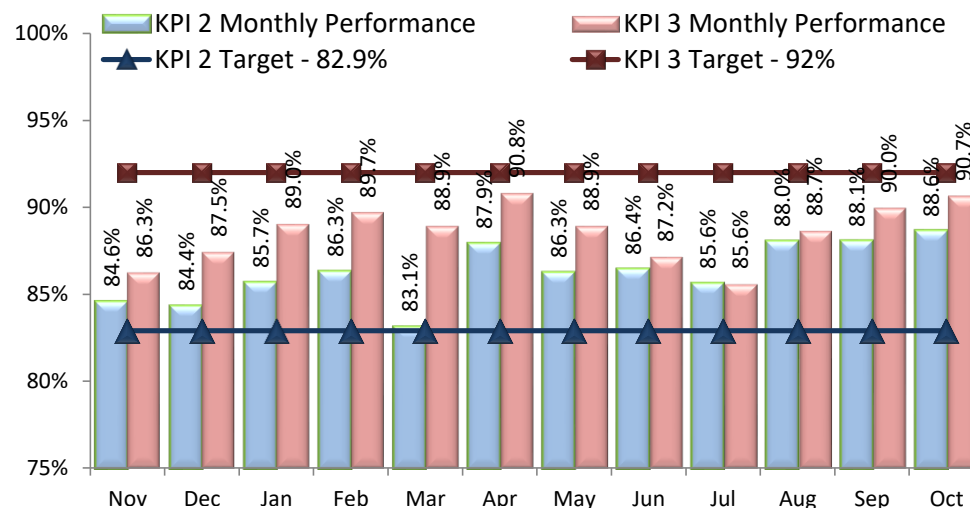
Comparison to Plan

Oct-18	Delivered	Aborts	Escorts	Total
YTD 2018-19	433,945	36,677	87,394	558,016
Previous YTD* 2017-18	430,022	37,384	86,017	553,423
% Variance	0.9%	(1.9%)	1.6%	0.8%

* Demand includes All Activity

*** Note: Unmeasured Journeys are now included in performance calculations, to match other PTS contract reports

10.2 KPI* 2 & 3**

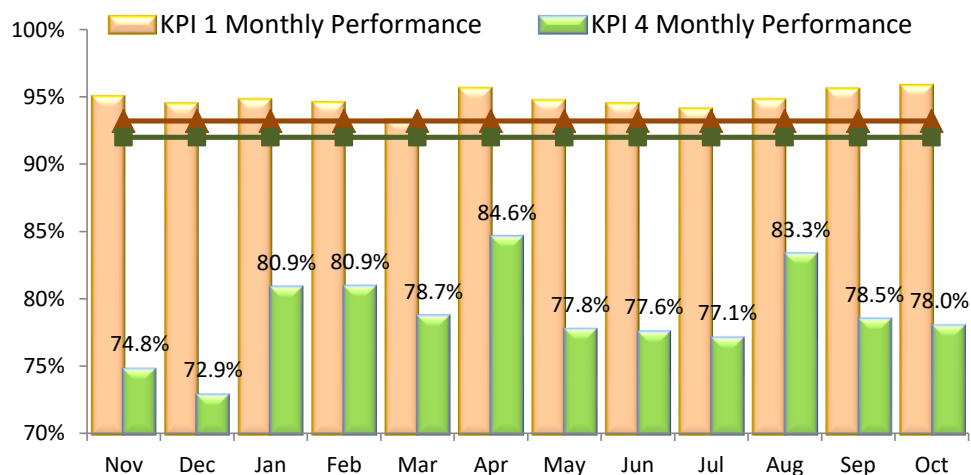


KPI 2* Arrival prior to appointment

KPI 3 ** Departure after appointment

*** Excludes South

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



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

KPI 4 **** Outward - Short notice bookings picked up within 2 hours after informed ready

*** Excludes South

Commentary

PTS Activity in October increased by 12.6% on the previous month and is up by 0.2% against the same month last year.

KPI 1 Performance increased slightly by 0.2 points in October to 95.8% and remains above the 93.2% target.

KPI 2 Inward performance stood at 88.6% in October which is up from 88.1% in the previous month and remains above the 82.9% making appointment on-time target.

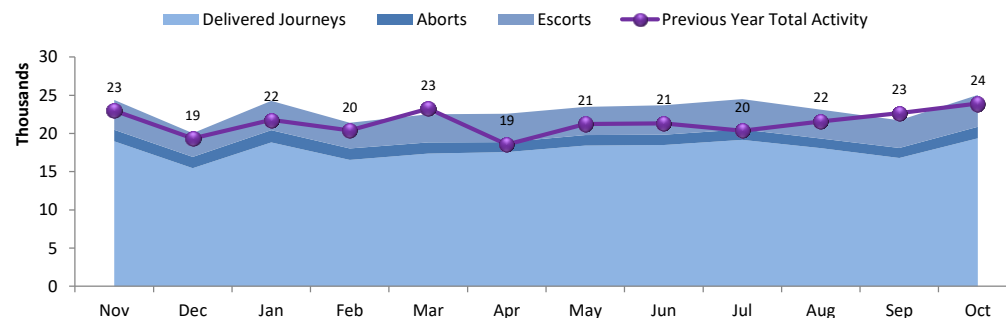
KPI 3 The outward performance increased by 0.7 points on last month to 90.7%, the annual target is 92%.

KPI 4 The performance of outward short notice bookings picked up within 2 hours decreased by 0.5 points to 78.0% in October and 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 unrealistic.

10. PATIENT TRANSPORT SERVICE (South)

October 2018

10.1 Demand



Comparison to Plan

Oct-18	Delivered	Aborts	Escorts	Total
YTD 2018-19	127,844	9,460	26,788	164,092
YTD 2017-18	116,693	9,352	23,511	149,556
% Variance	9.6%	1.2%	13.9%	9.7%

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 Urgent 1 & 2 not visually shown on performance graphs)

Commentary

October 2018 has seen the highest level of overall contract activity ever experienced with South and is the highest level since the new contract went live in September 2017. Activity has increased by 4.8% compared to the same month last year. More than 20% of all journeys now have an escort booked to travel with the patient. The number of double handed patient movements have also increased dramatically. T2s have increased by 11.7%, stretcher's by 5.6% and W2s by 4.4%. Overall PTS performance for October compared to the previous month has seen an improvement.

C1 performance for October was 99.6% against a KPI of 90%. This level of performance has only ever been surpassed twice before and when placed in context of the largest ever number of patient movements this level of performance is exceptional.

C2/C3 Performance stands at 86.6% & 86.7%. This is an improvement of a whole percentage point when compared to last month and is evidence that improvements are being made following the reconfiguration of resources that has taken place within the South Consortia recently.

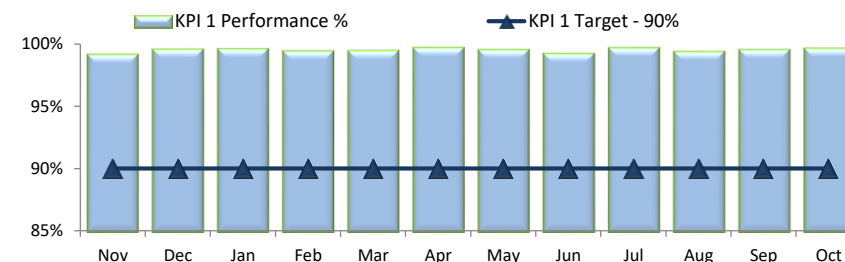
C4 Performance for pre-planned outwards patient collected within 90mins has seen a slight dip and stands at 83.3% (it should be noted that this level of performance is more in line with other PTS Contract performance for outward pre-planned). The area of focus for improvement gains remains in Sheffield and work is ongoing to remodel the resources to maximise efficiencies with other service areas. e.g. Sheffield DDS and GP Urgent Services.

C5 Performance for short notice and on day discharges has improved from its September levels and now stands at 81%. The GP Urgent Service is maintaining its overall levels of performance and October's position was 51% for GP 90 mins, 90.7% for GP 120 mins and 94.3% for the GP03 target.

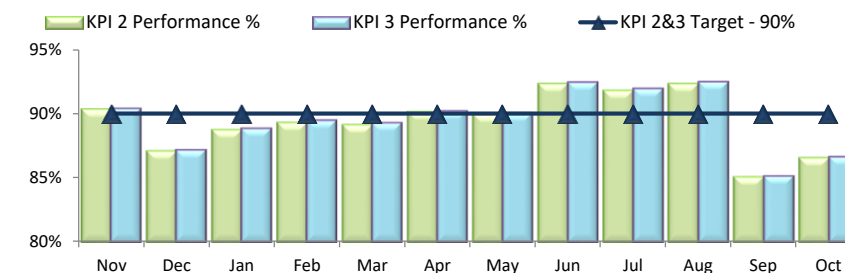
The Discharge Service has seen a significant uplift in performance and has improved from its September position and now stands at 80.1%. This level of performance is in line with other Consortia areas across Yorkshire.

*** Note: Unmeasured Journeys are now included in performance calculations, to match other PTS contract reports

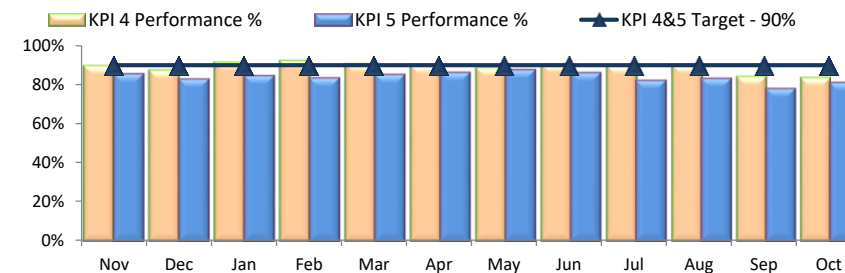
10.2 KPI 1 - Journeys no longer than 120 Mins



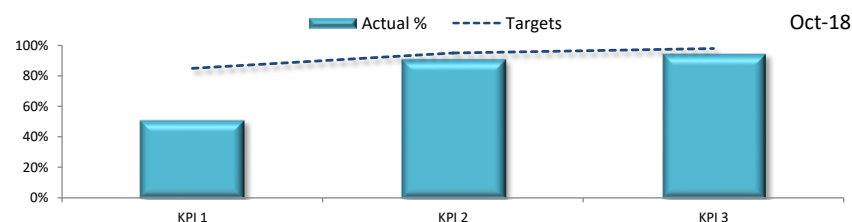
10.3 KPI 2&3 - Inwards Journeys



10.3 KPI 4&5 - Outwards Journeys



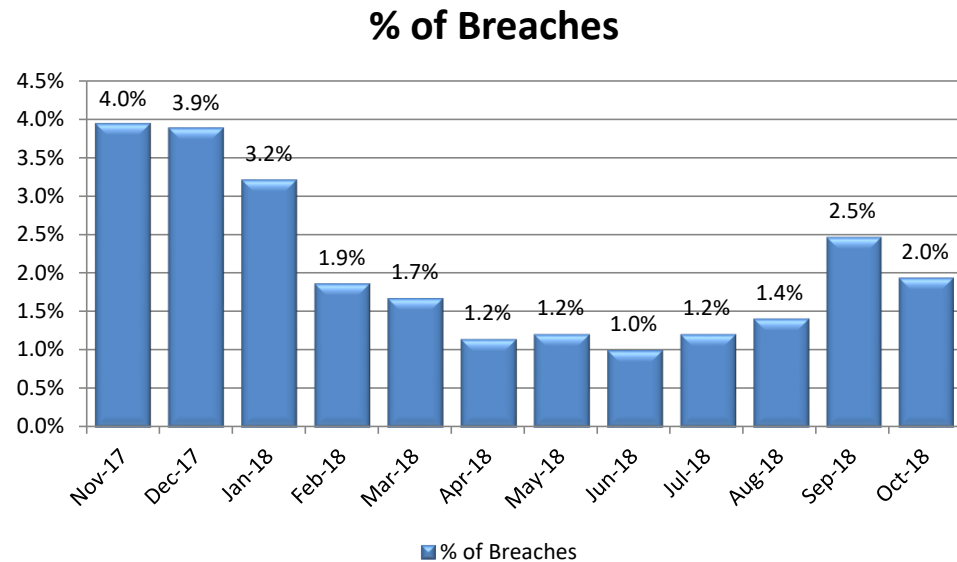
10.3 GP Urgent Performance



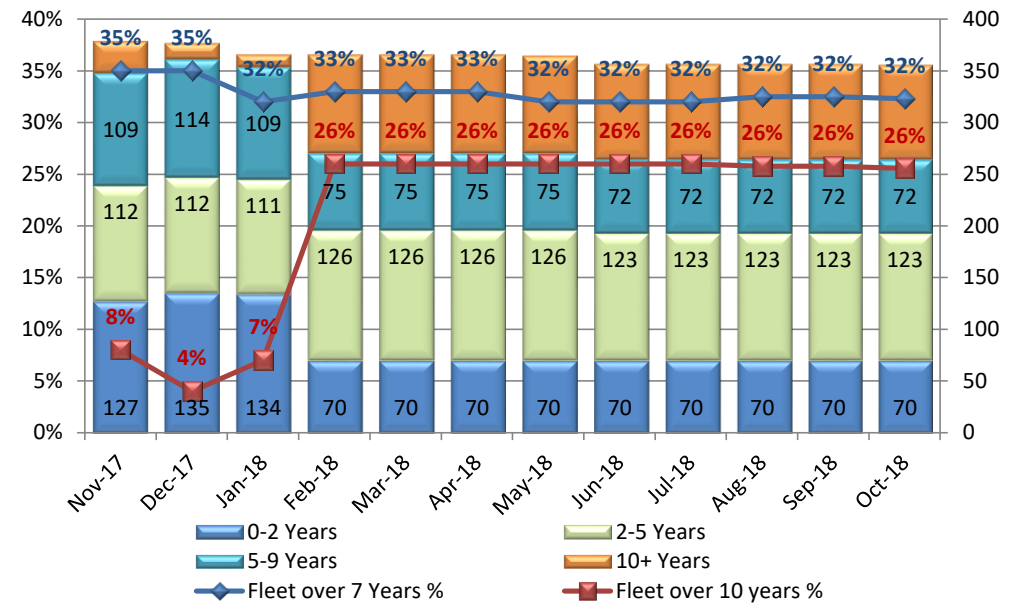
10. PATIENT TRANSPORT SERVICE

October 2018

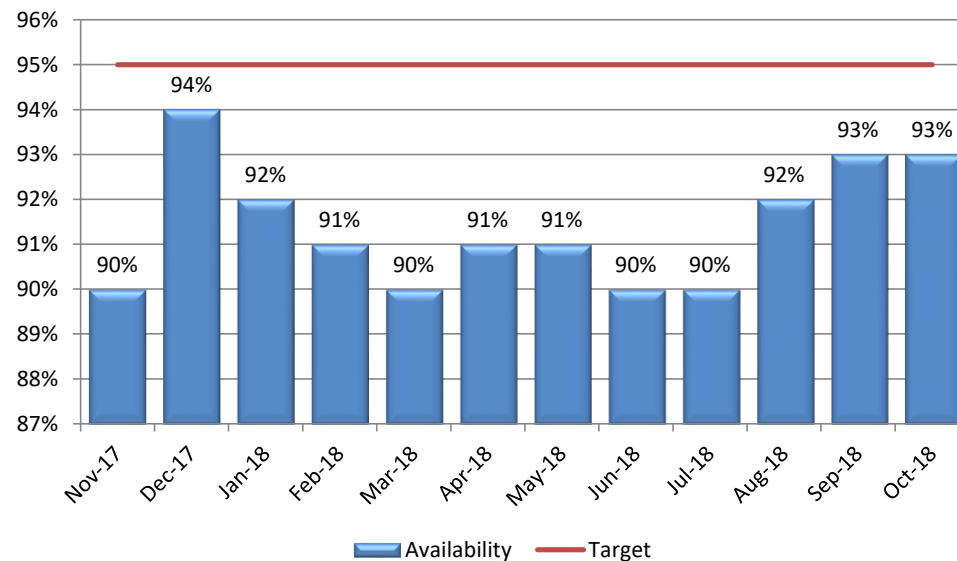
10.4 Deep Clean (5 weeks)



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

Vehicle availability remains at 93% but is below the 95% Trust target figure due to the amount of vehicle defects associated with vehicle age, which remains a challenge.

The proportion of vehicles aged above ten years is 26% and remains unchanged since February 2018. Vehicle age is affecting vehicle availability as parts are becoming more difficult to obtain for vehicles in this age bracket.

The PTS vehicle Deep Cleaning Service Level slightly increased in October. We continue to have issues in chasing vehicles due to unrecorded movements. Further work to clarify the specific bases is ongoing with each area.

10. PTS

October 2018

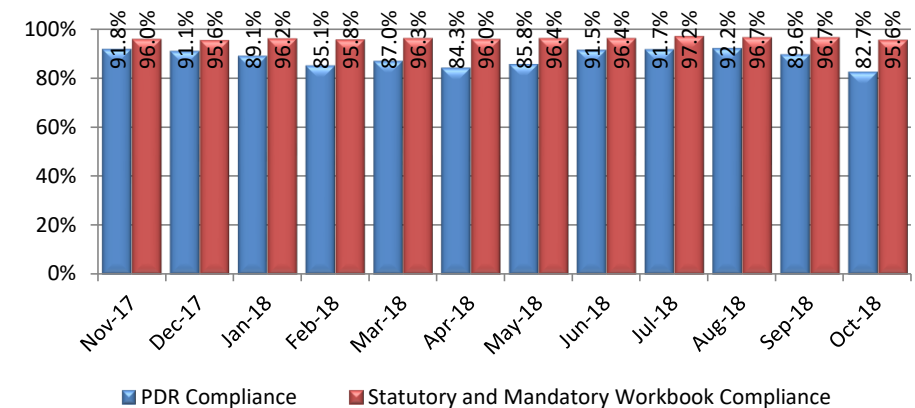
10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	605	30	121	454	75%
Contracted FTE (before OT)	556	45	98	413	74%
Variance	(49)	(14)	23	(40)	(8.8%)
% Variance	(8.1%)	(47.8%)	19.2%		
FTE worked inc overtime	579	45	98	437	75%
Variance	26	(14)	23	(17)	(3.7%)
% Variance	4.2%	(47.8%)	19.2%		

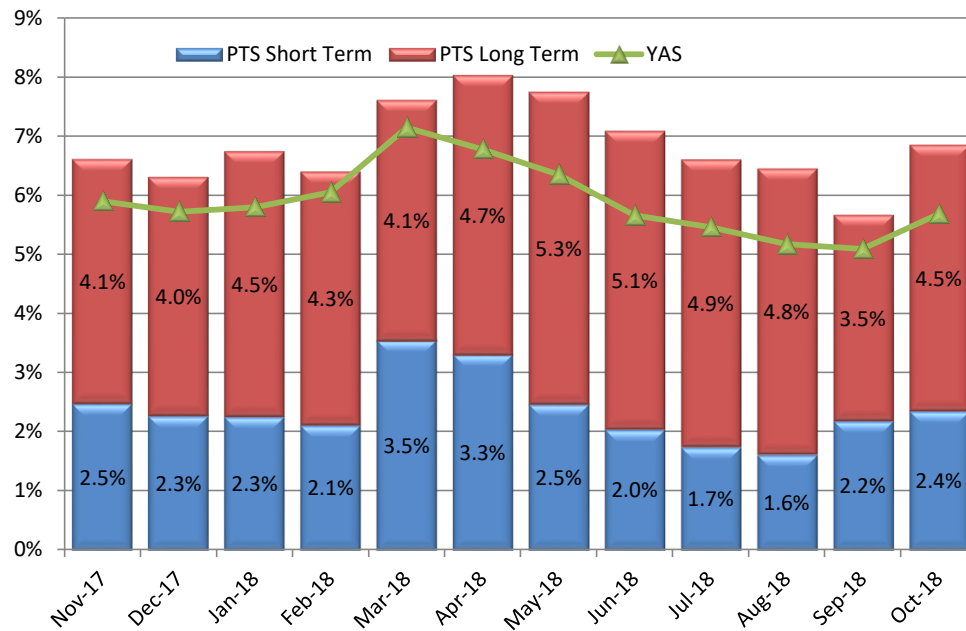
** FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

** Sickness and Absence (Abstractions) is from GRS

10.8 Training



10.9 Sickness



Commentary

PDR compliance declined by 7.8 points in October to 82.7% and is below the 90% Trust target and work continues to deliver the standard.

Statutory and Mandatory Workbook compliance reduced slightly to 95.6% and is above the 90% Trust target.

Sickness rate in PTS increased in October by 1.2 points to 6.9%, just 1.2 points above the 5.7% YAS average.

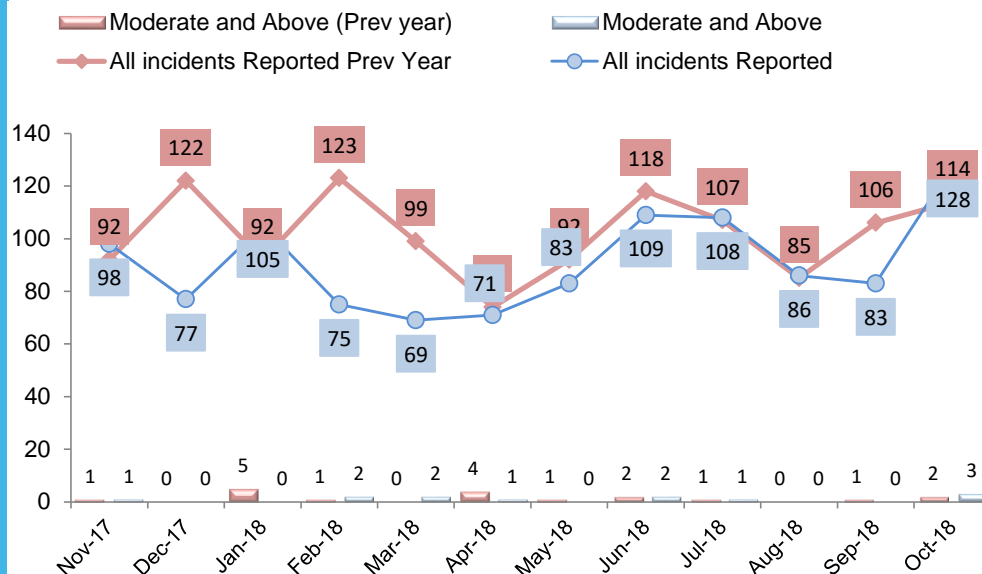
10. PATIENT TRANSPORT SERVICE

October 2018

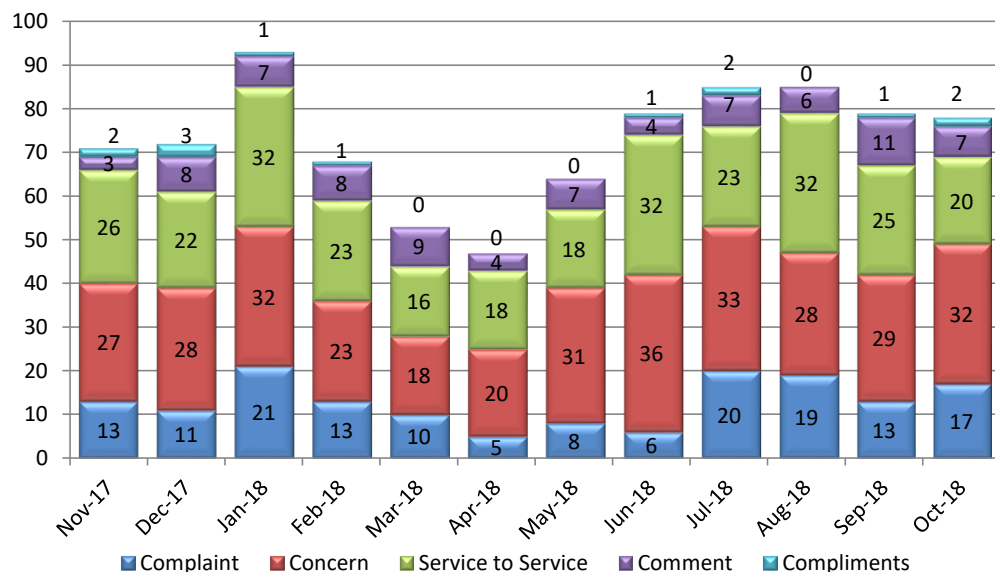
10.10 Quality, Safety and Patient Experience

		Oct 2018	2018-19
Serious Incidents		0	2
Total Incidents (per 1000 activities)		0.000	0.005
Total incidents Moderate & above		3	9
Response within target time for complaints & concerns		92%	90%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		91.6%	90.7%
Call Answered in 3 mins - Target 90%		95.5%	92.9%

10.11 Incidents



10.12 Patient Feedback



Commentary

Quality, Safety and Patient Experience: The proportion of calls answered in 3 minutes increased to 95.5% in October which is up from 93.9% on the previous month and above the 90% target.

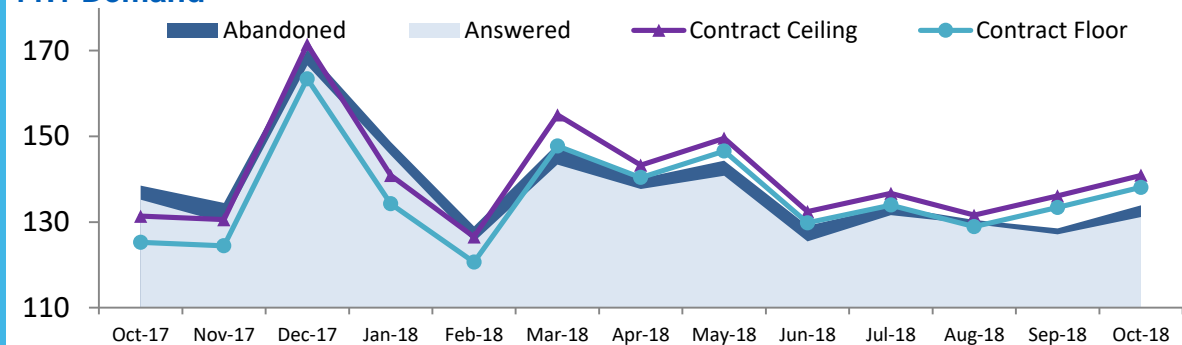
Incidents: The number of reported incidents within PTS during October increased by 54.2% on the previous month's level and has only slightly increased in comparison to last year's figure.

Patient Feedback: figures are down by 1 on the previous month. Closer inspection of the 4 Cs (complaints, concerns, comments and compliments) show the number of complaints increased by 4 in October and concerns were up by 3 with service to service decreasing by 5. The YTD average number of complaints each month is 13 equating to a complaint rate per PTS delivered journey of 0.01%.

11. NHS 111

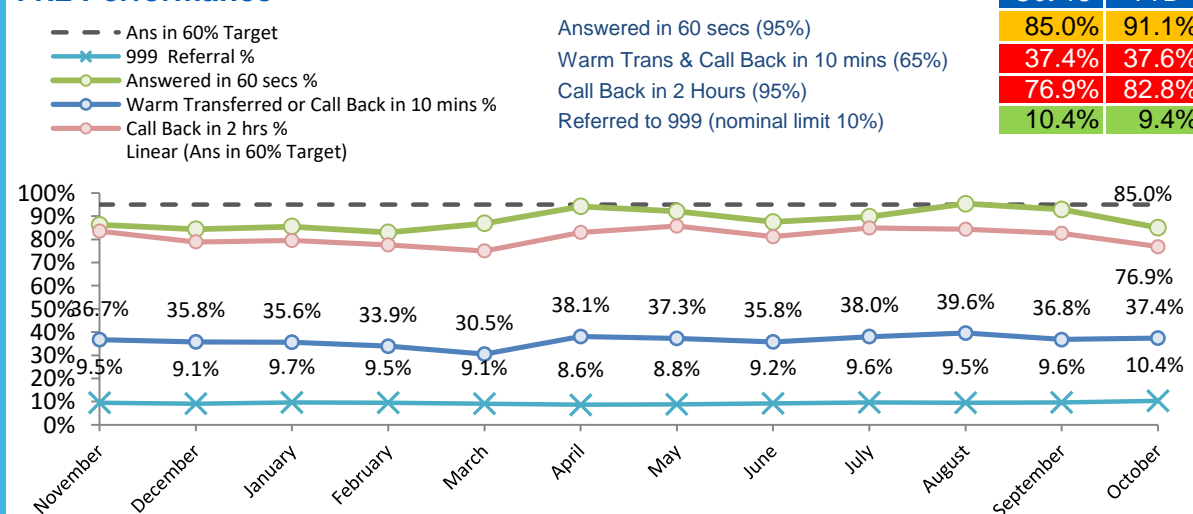
October 18

11.1 Demand



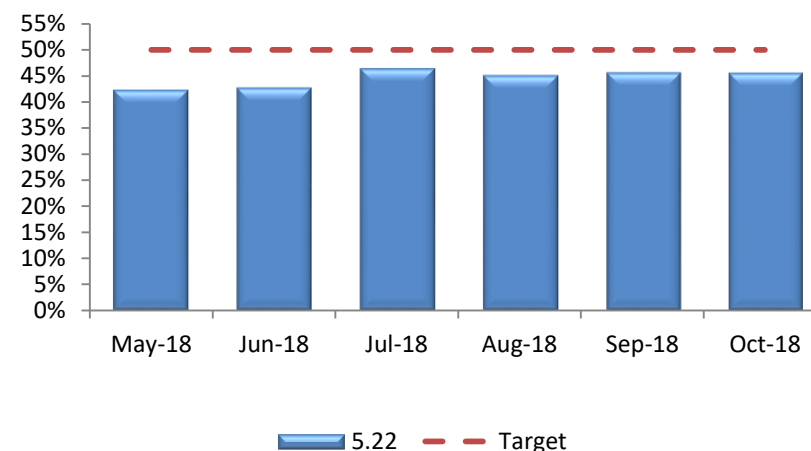
YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 18-19	940,206	923,461	840,917	91.1%
Contract Ceiling YTD 2018-19	971,127	970,684	922,150	95.0%
Variance	- 30,921 -3.2%	- 47,223 -4.9%	- 81,233 -8.8%	3.9%
YTD 2017-18	952,995	936,368	858,107	91.6%
Variance	- 12,789 -1.4%	- 12,907 -1.4%	- 17,190 -2.0%	-0.6%

11.2 Performance



11.3 proportion calls transferred to a clinical advisor

Of calls triaged, number transferred to a Clinical Advisor



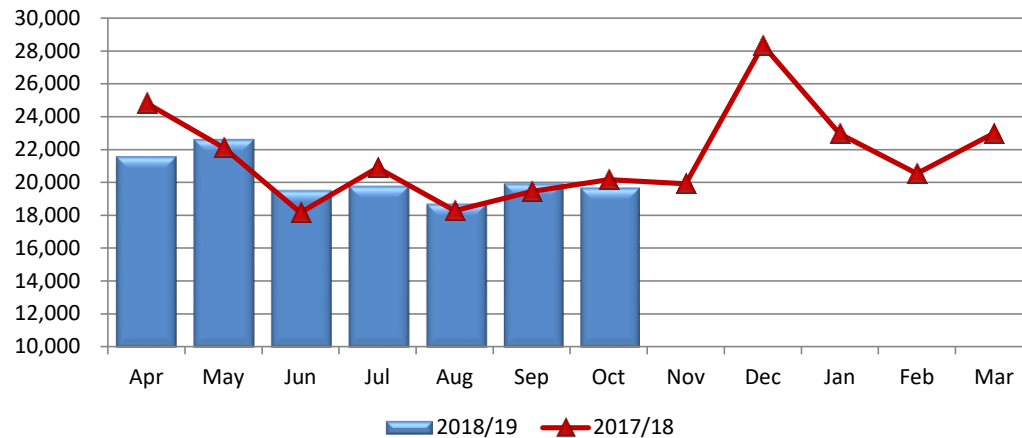
Commentary

Call volumes for October 2018 were 5% below contract floor . (NB.This years floor includes 50% growth of the total 4.19% growth for the year). October 2018 call levels were -6.9% below contract ceiling.

Performance for October 2018 was 85.0%, a decrease of -7.9% from last month. (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). Some of the challenges in October have been linked to additional training requirements for new NHS Pathways and release of senior call handlers to train new starters. Tail of performance remains strong with 95% answered in 110 seconds.

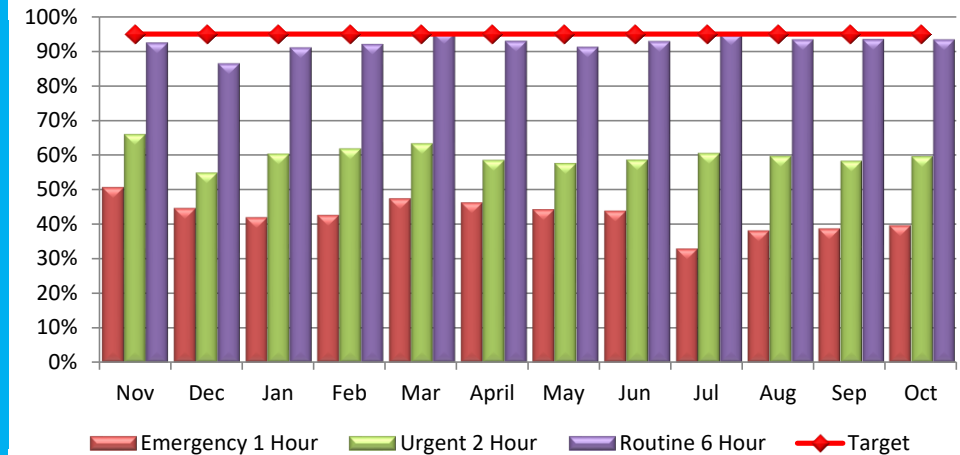
Clinical KPIs for 2 hours call-back decreased by -5.8% from last month (82.6%). Clinical recruitment continues with 5 new starters in training. The NHS England target for clinical advice has now increased to 50% across the IUC system as a whole. Clinical contacts for October 2018 remained at 45.6%

11.4 Demand

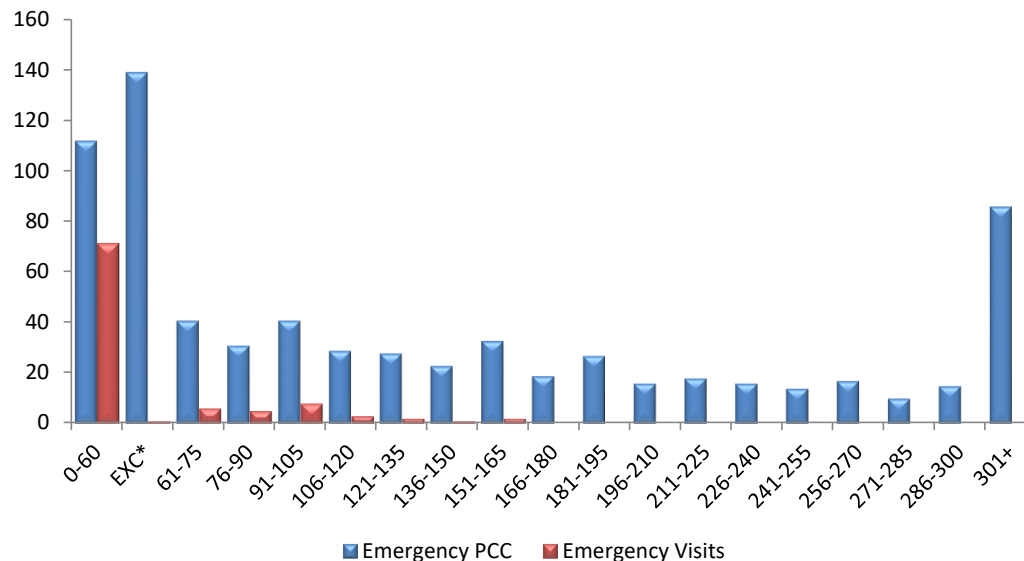


YTD	Variance	YTD 2017-18	YTD 2018-19	Diff	Percentage
		143,909	141,877	-2,032	-1.4%

11.6 Performance



11.5 Tail of Performance



11.7 Complaints

Adverse incidents	
Adverse incidents	No SI's received / reported
Adverse reports received	No adverse reports received
Patient Complaints	21 patient complaints received in Oct-18 according to DATIX 4 C's report. 17 directly involving the LCD part of pathway. 2 upheld, 4 not upheld, 1 partially upheld and 14 under investigation.

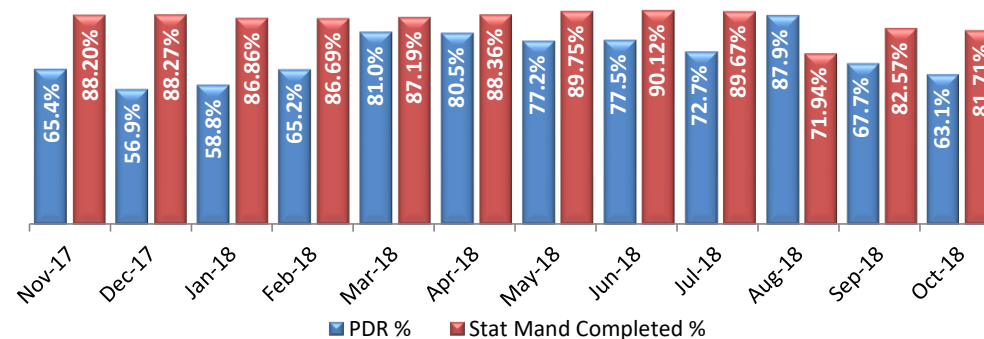
Comments: Patient demand fell during Oct 18 (-2.4%) as compared to Oct 17, with YTD figures below the 2017-18 levels. NQR performance for Emergency 1 hour fell by 13.9%, Urgent 2 hour has decreased by 3.1% and Routine 6 hours increased by 0.8% compared to Oct 17. Early analysis suggests that the changes to emergency outcome may be linked to the NHS Pathways V15 release with more cases with a potential

11.8 Workforce FTE - Call Handler & Clinician

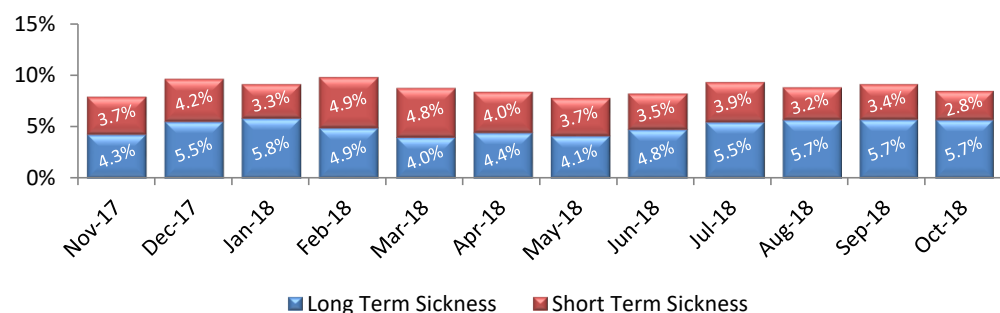
Available

	FTE	Sickness	Absence	Total	%
Budget FTE	317	29	73	216	68%
Contracted FTE (before OT)	332	58	115	160	48%
Variance	15	-29	-42	-56	-20%
% Variance	5%	-102%	-57%	-26%	
FTE (Worked inc Overtime)	363	58	115	190	52%
Variance	46	-29	-42	-25	-16%
% Variance	14.4%	-102%	-57%	-12%	

11.11 Training



11.9 Sickness

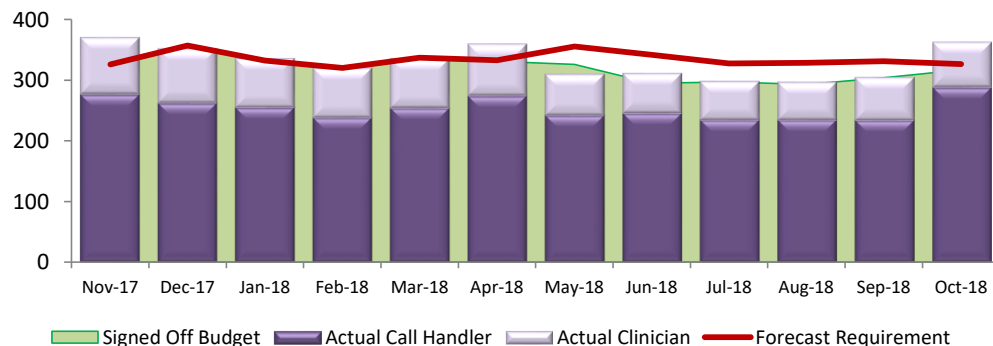


Commentary

Both Statutory and mandatory training and PDR rates decreased during October 2018. Stat Mand % was -8.3% under the 90% target at 71.71%, and PDR rates were at 63.1% (-4.6% below last month). The operational management team are reviewing the plan for improvement aligned to the winter action plan for the peak festive period.

Sickness continues to be difficult for the NHS111 service with rates remaining above the Trust target. The sickness information for NHS111 is now taken from ESR data so that comparisons can be made across the Trust. ESR levels are at 8.5% for October 2018, a decrease of -0.63% from September 18. Work continues with HR colleagues and operational managers to support staff to maintain attendance at work.

11.10 Recruitment Plan

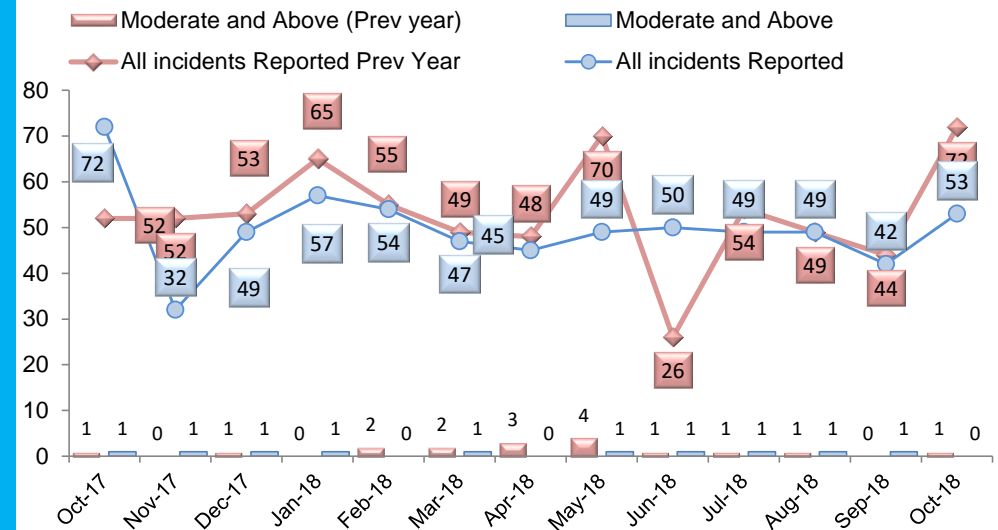


Winter recruitment is on track with over 100 new starters trained since July with two further courses in November for staff to be live prior to Christmas.

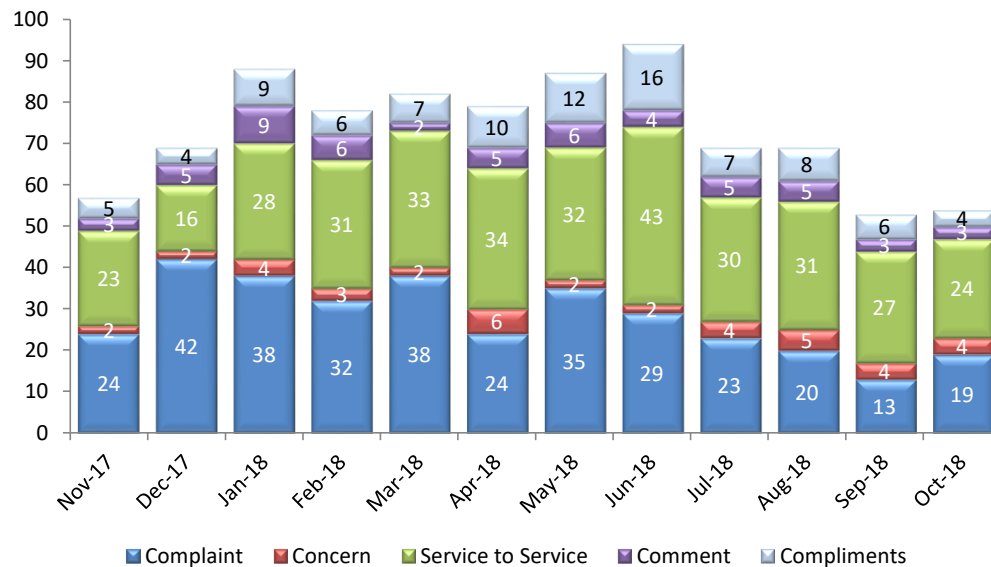
11.12 Quality, Safety and Patient Experience

		October 18	YTD
Serious Incidents		0	4
Total Incidents (per 1000 activities)		0.00	0.00
Total incidents Moderate & above		0	5
Response within target time for complaints & concerns		94%	92%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0

11.14 Incidents



11.13 Patient Feedback



Commentary

No SIs were reported for October 2018.

19 patient complaints were received in October, an increase of 6 on the previous month. Themes and trends from these are reviewed by the governance team and actions taken to support improvements in service.

The number of compliments also decreased, with 4 received during October 2018.

ANNEXES

System (October 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)										
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	65.3%	66.4%	62.1%	66.5%	65.7%	60.5%	59.3%	54.1%	56.1%	53.3%
C1 Incidents	7.9%	10.1%	9.0%	9.9%	8.9%	6.4%	7.2%	6.3%	5.8%	5.6%
C2 Incidents	57.4%	56.3%	53.2%	56.6%	56.8%	54.2%	52.1%	47.8%	50.3%	47.7%
C3 Incidents	17.6%	22.2%	23.4%	21.2%	18.7%	25.0%	27.4%	36.6%	33.7%	31.3%
C4 Incidents	1.9%	1.7%	3.3%	0.3%	3.2%	0.9%	1.3%	1.8%	1.3%	2.2%
HCP 1-4 Hour Incidents	8.6%	3.5%	3.4%	4.8%	3.9%	3.9%	7.0%	4.2%	3.4%	7.6%
Hear and Treat	6.5%	3.2%	6.8%	7.1%	6.3%	5.6%	4.9%	3.0%	5.4%	5.7%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:07:10	00:06:13	00:08:01	00:07:37	00:08:09	00:07:02	00:06:14	00:06:51	00:07:30	00:06:53
C1-90th centile response time (Target 00:15:00)	00:12:23	00:10:14	00:13:21	00:13:31	00:14:40	00:12:41	00:10:34	00:11:48	00:13:56	00:12:45
C2-Mean response time (Target 00:18:00)	00:19:58	00:17:36	00:24:40	00:29:47	00:24:59	00:27:11	00:20:40	00:12:04	00:19:24	00:15:44
C2-90th centile response time (Target 00:40:00)	00:41:37	00:35:21	00:52:44	01:01:52	00:51:04	00:56:32	00:43:08	00:21:55	00:36:42	00:31:10
C3-90th centile response time (Target 02:00:00)	00:48:17	00:49:32	01:17:57	01:08:57	01:18:58	01:11:17	01:12:35	00:32:55	01:21:21	00:46:43
C4-90th centile response time (Target 03:00:00)	01:57:34	01:56:38	03:05:39	02:45:50	03:08:29	02:43:56	02:50:41	01:12:42	03:09:59	01:48:33
Proportion of All incidents	0	0	0	0	0	0	0	0	0	0
Incidents with transport to ED	60.9%	62.7%	62.3%	61.3%	59.2%	53.9%	57.7%	57.7%	59.4%	54.8%
Incidents with transport not to ED	9.7%	7.1%	6.3%	4.4%	3.1%	5.0%	11.6%	3.8%	2.7%	6.6%
Incidents with face to face response	22.8%	27.0%	24.5%	27.2%	31.3%	35.5%	25.9%	35.5%	32.5%	33.0%

Clinical (Jun 2018)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
ROSC	21.7%	38.3%	37.5%	25.0%	32.1%	31.0%	24.4%	32.7%	36.6%	27.5%
ROSC - Utstein	45.7%	70.0%	64.9%	40.0%	61.5%	41.9%	60.0%	67.6%	69.7%	52.9%
Cardiac - Survival To Discharge	6.5%	10.9%	11.5%	8.3%	9.4%	11.0%	10.5%	9.9%	10.2%	25.7%
Cardiac - Survival To Discharge Utstein	30.4%	34.4%	43.2%	20.7%	37.5%	23.0%	33.3%	26.7%	33.3%	35.3%