



Integrated Performance Report

August 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

July 2018

These represent our current proposed baseline objectives and are under review by TEG.

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	To develop a model of suitably trained clinicians and support staff, equipped with the right transporting resources, to deliver the best outcomes for patients	[1] Service Delivery and Integrated Workforce Model
	1.2	Work with system partners to expand clinical advice and develop integrated urgent care	[1] Service Delivery and Integrated Workforce Model
	1.3	Deploy digital technologies to support effective clinical decision making	[3] Infrastructure
	1.4	Improve resilience and interoperability of Emergency Control Centres, across the NAA	[3] Infrastructure
	1.5	Deploy digital technologies to improve efficiency and ensure financial sustainability of the Trust in line with national framework.	[4] Capacity and Capability
2. Best People: Attract, develop and retain a highly skilled, engaged and diverse workforce	2.1	Deploy an integrated, multi-professional model of clinical skills across care pathways, to provide the most appropriate treatment for our patients	[1] Service Delivery and Integrated
	2.2	Develop the right skills, structures and processes to ensure delivery of the Trust strategy and vision	[4] Capacity and Capability
	2.3	Shape the Culture of the organisation to deliver the Trust Vision and Values	[4] Capacity and Capability
	2.4	To improve the health and well-being of all our staff	
	2.5	Develop a workforce that reflects the diverse communities we serve	
	2.6	Foster a fully engaged, motivated and connected workforce to provide better services, improve patient care, communication and deliver better health outcomes	

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	Identify and address local priorities for public health, prevention and demand management, using data analytics and working with partners	[2] Place Based Care
	3.2	Develop public and community engagement, 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.	[2] Place Based Care
	3.4	Work with system partners to develop integrated transport solutions that support patient flow, collaboration and resource co-ordination	[2] Place Based Care
	3.5	Work with partners to support system reconfiguration and ongoing sustainability.	[2] Place Based Care
4. Achieving Excellence: Transform our services to exceed national performance and quality measures	4.1	Maximise the availability of resources, improve the working environment and training facilities, through the development of Hub & Spoke / Ambulance Vehicle Preparation.	[3] Infrastructure
	4.2	Engage patients to drive high quality care and services that meet or exceed national standards.	[4] Capacity and Capability
	4.3	Implement VFM and productivity improvements aligned to National Ambulance Productivity Programme and Northern Ambulance Alliance.	[4] Capacity and Capability
	4.4	Develop the Trust's Performance Framework to maximise analytical capabilities, service line management and to embed performance processes	[4] Capacity and Capability
	4.5	Ensure our estate is in the right location and fit for purpose, to support a modern ambulance service.	
	4.6	Foster innovation within the Trust to support system, service and environmental improvement	
	4.7	Work with our health, care and higher education partners to develop the education and training of our staff and those from the wider health and care system	

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.

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 Q4 17-18		81%
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		*
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, Mar 18,	6.26%
Staff turnover, Jun18	0.55%
NHS Staff Survey response rate 17/18	34.52%
Proportion of temporary staff, Jun 18	1.60%

Source: [NHS Model Hospital](#)

Operational Performance Response Times

	Aug 18
Cat 1 Life-threatening calls mean	7:03
90 th centile	12:05
Cat 2 Emergency calls mean	19:26
90 th centile	39:47
Cat 3 Urgent calls 90 th centile	1:59:28
Cat 4 Less urgent calls 90 th centile	2:45:48

Source: Annex 1 AQI National Benchmarking

Service Transformation Programme RAG ratings (August 18)

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

Finance Score

Capital service capacity (Degree to which a providers generated income covers its financial obligations)	SOF Rating* Aug 18
Liquidity (days of operating costs held in cash or cash equivalent forms)	1
I&E margin (I&E surplus or deficit/ total revenue)	2
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

SERVICE TRANSFORMATION PROGRAMME 2018-19

Service Delivery & Integrated Workforce Model **GREEN**

- RRV-DCA project on track with 40 new DCA's operational by Nov 18
- ARP performance better than trajectory on all standards
- Recruitment/training of new staff behind track – implications and mitigations plan under review
- Integrated workforce workstream established

Place Based Care **Amber**

- Work is underway on Gap Analysis of UTC's
- Care home work on falls is underway in South & West Yorkshire
- 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 is underway to review future training requirements of the trust
- PWC capacity and capability review first draft due in September
- PID under development on service line performance framework
- QI Year 2 plan in development







External

- The sector continues to establish any potential impact of a new Health and Care Secretary of State.
- Additional funding secured from the Department of Health for additional DCA vehicles, to support delivery of the ARP standards
- Each place has developed system Winter Plans, A&E Delivery Boards are developing and testing these plans and YAS continues to be engaged..
- The West Yorkshire and Harrogate Health and Care Partnership ICS have developed a Memorandum of Understanding for the system and this has been signed off by YAS.
- YAS engaged in partnership events in HCV STP.
- YAS working with the care home sector, to standardise processes and reduce demand on YAS A&E.
- 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 develop pathways into Urgent Treatment Centres
- External workshop with YAS and key stakeholders about working with volunteers







Our Performance August 2018

	Category 1 was 07:03	YTD Performance		
	Ambulance responses on Scene down by 4.4% from last month		Time	Change
	PTS KPI 2 continues to be above target at 88.9% for August	Category 1 Mean Performance	07 mins 43 Sec	
	Calls transferred to a CAS Clinician in 111 is below 50% target at 44.2%	Ambulance Turnaround Time	32 mins 57 sec	(0 min 49 sec less)







A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 Mean		
Contract	Aug-18	Variance (%)	Contract	Aug-18	Variance (%)	Avg	Aug-18	Var	Avg	Aug-18	Change	Target	Aug-18	Var
74,129	79,037	6.6% 	57,867	58,964	1.9% 	75.5%	75.3%	(0.2%) 	2,436	1,554	(36.2%) 	00:07:00	00:07:03	00:00:03 
														

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	Aug-18	Variance (%)	Target	Aug-18	Variance (%pts)	Target	Aug-18	Variance (%pts)	Target	Aug-18	Variance (%pts)	Target	Aug-18	Var
79,582	79,031	(0.7%) 	82.9%	88.9%	6.0% 	92.0%	89.1%	(2.9%) 	92%	80.7%	(11.3%) 	90.0%	93.5%	3.5% 
														

111

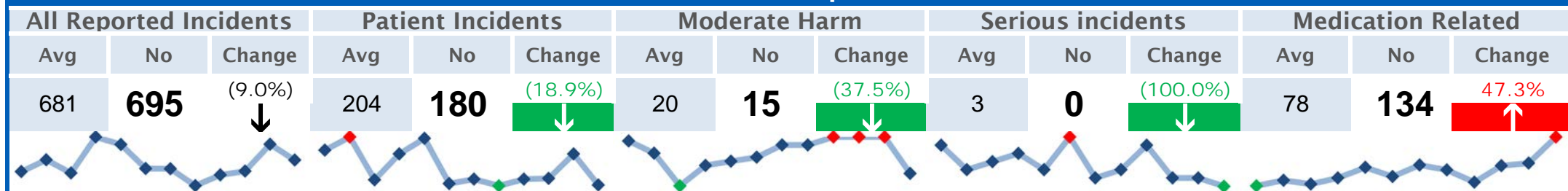
111 Answered Calls			111 Answered in 60 secs			Calls To A Clinician (5.22)			111 Call Back in 2 Hours			111 Referral Rate to 999		
Contract	Aug-18	Variance (%)	Target	Aug-18	Variance (%)	Target	Aug-18	Variance (%)	Target	Aug-18	Variance (%)	Avg	Aug-18	Variance (%)
131,588	129,528	(1.6%) 	95%	95.4%	0.4% 	50%	44.2%	(5.8%) 	95%	84.4%	(10.6%) 	9.2%	9.5%	0.3% 
														

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	14.09.18 - PMO

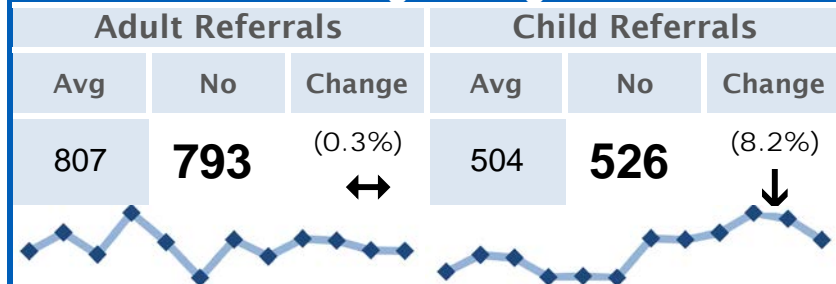
Our Quality August 2018

↔	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	Aug 17	Aug 18
↓	FOI compliance in August was 83.02%		Q1	YTD	Hand Hygiene	98%	99%
↓	1 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (Utstein)	PTS	92%	92%	Premise	100%	98%
↔	8 out of 10 people would recommend YAS to Friends and Family	A&E	84%	84%	Vehicle	100%	99%

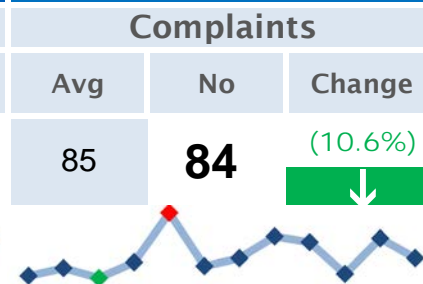
Incidents Reported



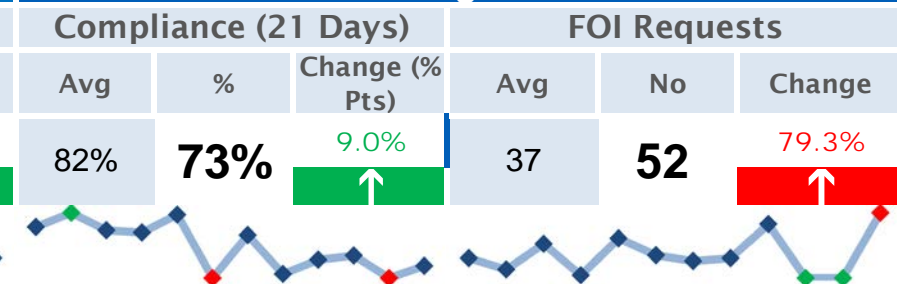
Safeguarding



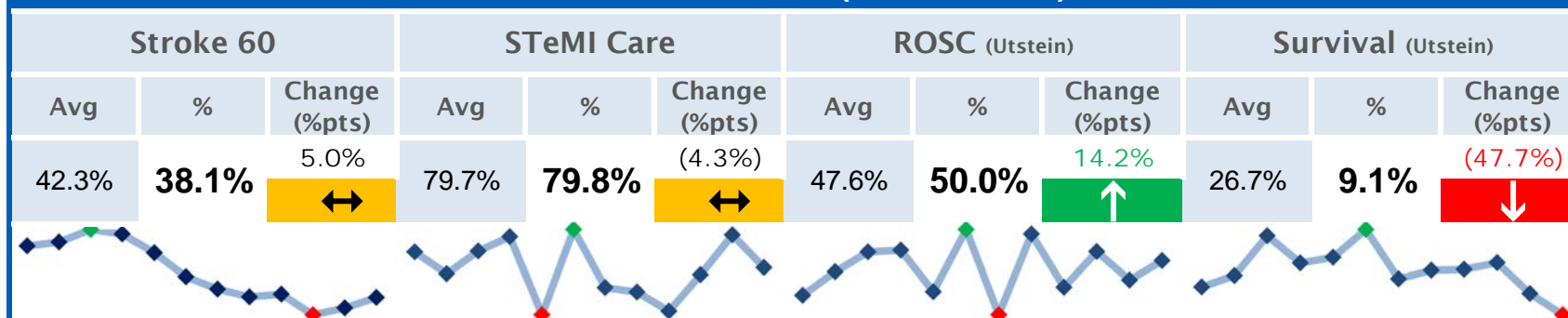
Patient Relations



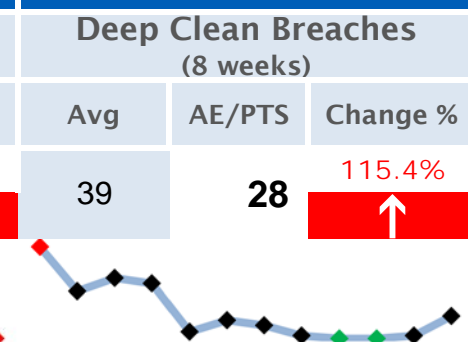
Legal



Clinical Outcomes (APRIL 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

Updated

14/09/18 - PMO

Our Workforce - August 2018

↓	671 staff are overdue a PDR out of 4548
↔	134 Staff are on long term sick out of 5291 Staff
↑	422 staff are still to complete the stat and man work book out of 5291
↑	Child level 2 compliance does not include e-learning numbers of 2898 completed end of August-18

YTD Performance		
	%	Change
Sickness	5.81%	0.24%
Stat and Man	92.84%	-2.51%

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)
4,415	4,534	2.7%	11.1%	6.3%	(4.8%)	10.8%	9.5%	(1.3%)	52.23	78	50.0%	95.0%	81.3%	(13.7%)

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%	5.3%	0.3%	2.0%	1.8%	(0.2%)	3.9%	3.5%	(0.3%)	1,082	1,075	(0.7%)	£847,391	£746,589	(11.9%)

Training														
PDRs			Stat & Mand			Adult Safeguarding L1			Child Safeguarding L2			eLearning Safeguarding		
Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)	Prev Month (No)	No	No completed in Month
90.0%	81.7%	(8.3%)	90.0%	92.8%	2.8%	90.0%	94.5%	4.5%	80.0%	86.6%	6.6%	2670	2,898	228

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		12th Sep 2018 - Workforce Intelligence Team	

	in Month			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Income	(22,705)	(23,662)	(958)	(113,414)	(114,426)	(1,012)
Expenditure	22,146	23,103	958	109,866	110,878	1,012
Retained Deficit / (Surplus) with STF Funding	(559)	(559)	0	(3,548)	(3,548)	0
STF Funding	(142)	(142)	0	(602)	(602)	0
Retained Deficit / (Surplus) without STF Funding*	(417)	(417)	0	(2,946)	(2,946)	0
EBITDA	(1,507)	(1,548)	(41)	(8,242)	(8,312)	(69)
Cash	36,850	40,728	3,878	36,850	40,728	3,878
Capital Investment	466	117	(349)	1,270	1,422	152
Quality & Efficiency Savings (CIPs)	652	559	(93)	3,173	2,722	(451)

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

The Trust has reported a surplus as at the end of August (Month 5) of £3,548k, which is in line with plan.

At the end of August 2018 the Trust's cash position was £40.7m against a plan of £36.9m, giving a positive variance of £3.8m.

The increase in cash is due to NHS receivables being £5m less than Plan, partially offset by PPE assets being £1.2m above Plan.

As at the end of August Capital expenditure for 18/19 was overspent by £152k against plan. During August spend continued on the Door and Tail lift modifications and ICT Refresh whilst the conversion of the 17/18 chassis is progressing ahead of plan contributing to the overspend. This month the Trust received STP funds of £7.588m related to the Ambulance Wave 4 bids. The overall plan is £22.022m expenditure allowing for disposals of £1.075m. This will result in a charge of £20,947m against the Capital Resource Limit (CRL), which was approved by NHS Improvement.

The Trust has a savings target of £9,010k for 2018/19. YTD the Trust has underachieved against this target by £451k of which £218k 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.

7B FINANCE OVERVIEW

August 2018

	Month	YTD	Trend 2018-19
RISK RATING: Under the "Single Oversight Framework" the overall Trust's rating for August 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 August (Month 5) is £8,312 against a plan of £8,242k, a favourable variance of £69k against plan.			
SURPLUS: The Trust has reported a surplus (including STF) as at the end of August (Month 5) of £3,548k, which is in line with plan. STF achieved YTD is £602k.			
CAPITAL: As at the end of August Capital expenditure for 18/19 was overspent by £152k against plan. During August spend continued on the Door and Tail lift modifications and ICT Refresh whilst the conversion of the 17/18 chassis is progressing ahead of plan contributing to the overspend. This month the Trust received STP funds of £7.588m related to the Ambulance Wave 4 bids. The overall plan is £22.022m expenditure allowing for disposals of £1.075m. This will result in a charge of £20,947m against the Capital Resource Limit (CRL), which was approved by NHS Improvement.			
CASH: At the end of August 2018 the Trust's cash position was £40.7m against a plan of £36.9m, giving a positive variance of £3.8m. The increase in cash is due to NHS receivables being £5m less than Plan, partially offset by PPE assets being £1.2m above Plan.			
CIP: The Trust has a savings target of £9,010k for 2018/19. YTD the Trust has underachieved against this target by £451k of which £218k 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	1,572	1,523	(49)
Business Development Directorate	14	11	(3)
Chief Executive Directorate	34	30	(4)
Clinical Directorate	44	44	0
Estates Directorate	116	76	(40)
Finance Directorate	257	236	(21)
Fleet Directorate	453	328	(125)
Planned & Urgent Care Directorate	227	158	(69)
Quality, Governance & Performance Assurance Directorate	38	28	(10)
Hub & Spoke	28	28	0
Workforce & OD	390	250	(140)
RESERVE	0	10	10
Grand Total	3,173	2,722	(451)

Recurrent/Non-Recurrent Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	2,828	2,551	(277)
Non-recurrent	345	171	(174)
Grand Total	3,173	2,722	(451)

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

August 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								
Healthy food for NHS staff and visitors	Head of Facilities Management, Estates	£286,016	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								
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. Significant work is being progressed in MSK including a back care project. A full review of Post Incident Care process has taken place with a proposal for change being taken forward. 105 managers are now trained in Mental Health First Aid and a further cohort to be trained over the coming months. The flu campaign delivery is fully underway with significant increase in peer vaccinators to give maximum coverage across the organisation.

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								
End to End Reviews	Head of Investigations & Learning	£1,072,238	Green	Green	Green	Green	Green								
Mortality Review	Deputy Medical Director	£1,716,096	Green	Green	Green	Green	Green								
Respiratory Management Improvement	Deputy Medical Director	£858,477		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								
Total															

Comments:

Commissioners given end of July as deadline for agreement of CQUIN proposals. All except West has now accepted proposals - west have some questions from a new in post Quality Lead. YAS to meet at end of September to discuss concerns. PTS continuing with development of Patient App. Marked as amber as not all commissioners have signed up and this may affect overall financial value.

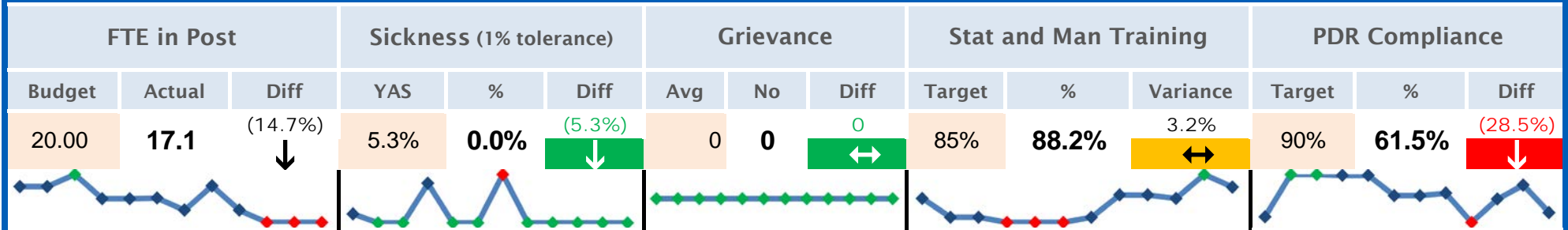
Green Fully Completed / Appropriate actions taken

Amber Delivery at Risk

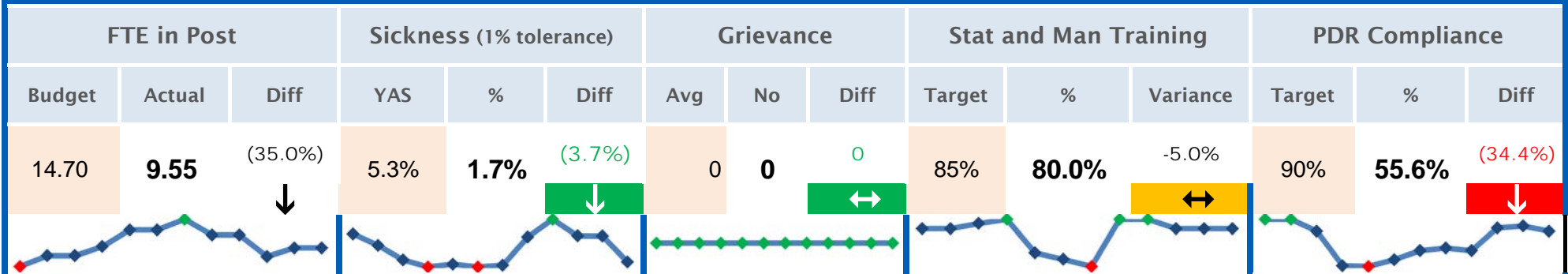
Red Milestone not achieved

Corporate Services - August 2018

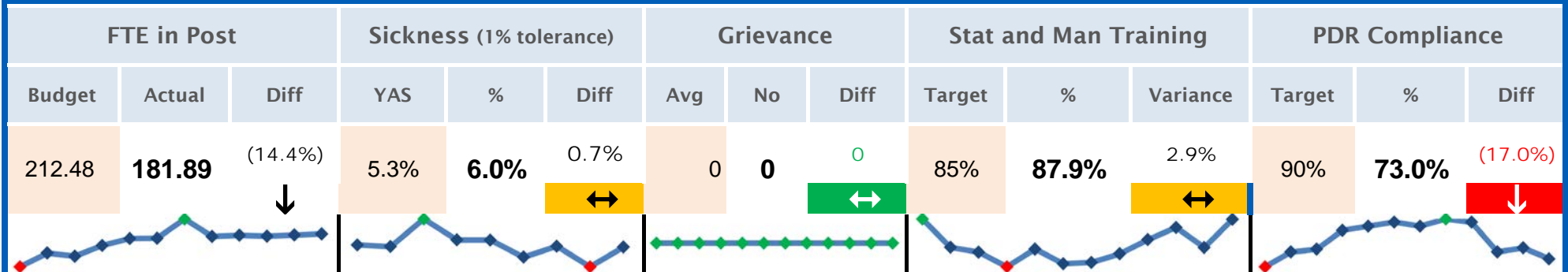
Chief Executive



Business Development



Finance (Excluding Fleet, Estates, BI and ICT)



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

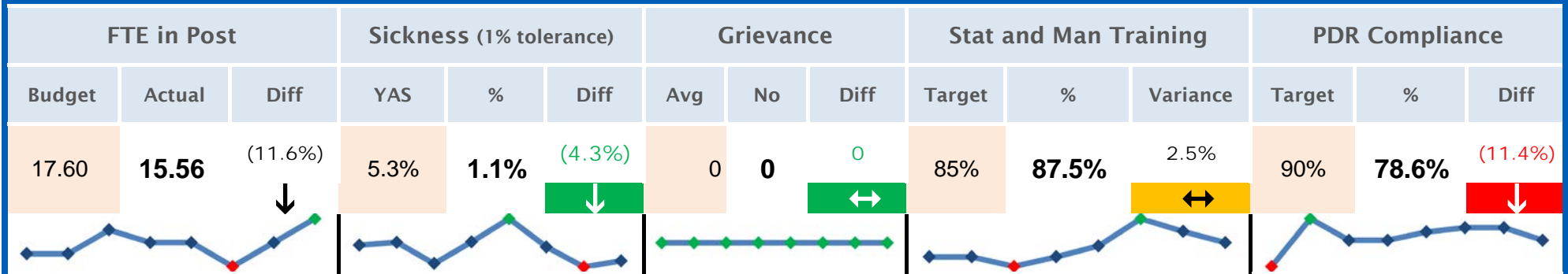
Previous 12 Periods

Updated

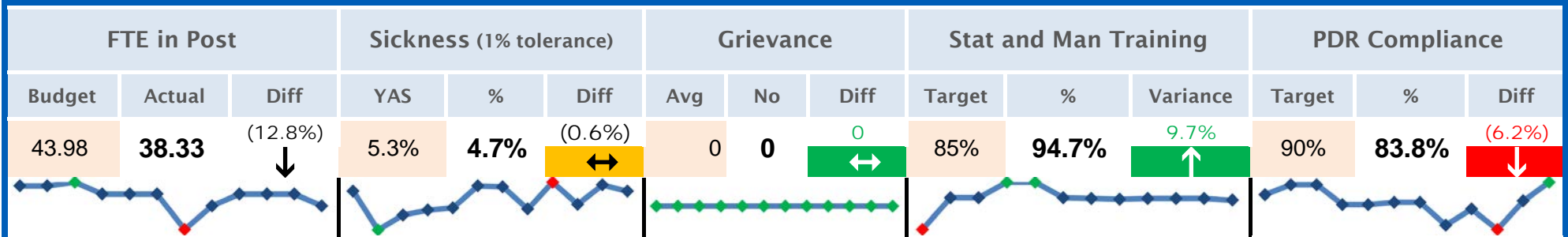
12.09.18 - PMO

Corporate Services - August 2018

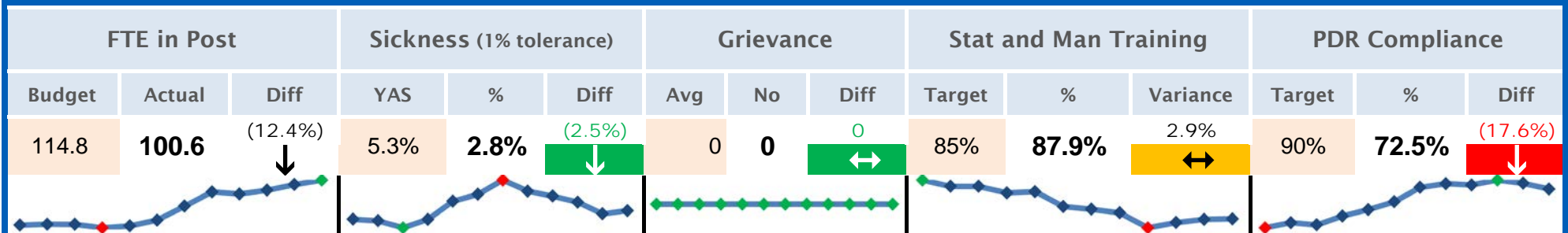
Business Intelligence



ICT



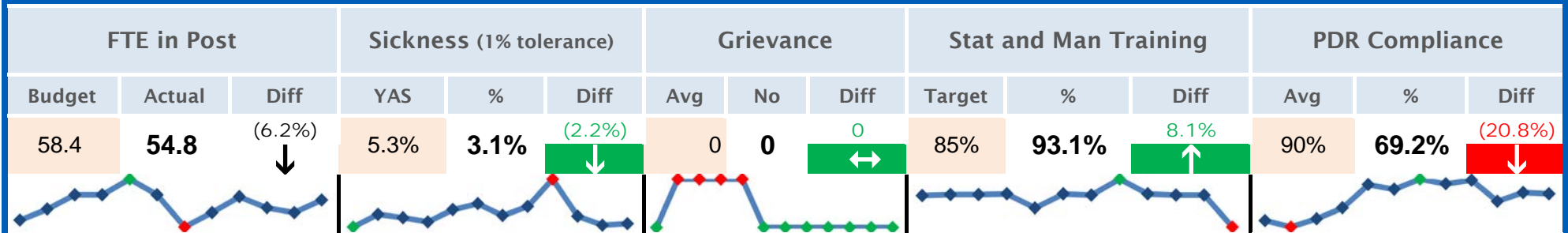
Workforce & Organisational Development



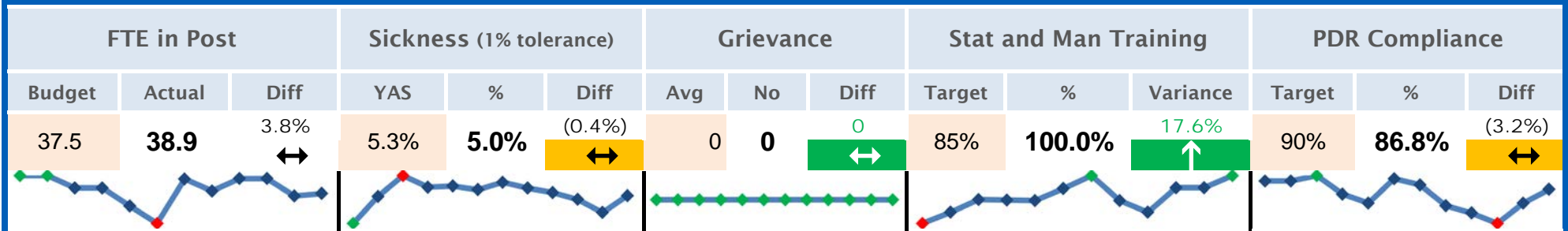
Key	Difference		Direction of Travel		Sparklines		AVG - Average		Updated				
	Current Month (tolerance 5% number difference) unless stated		From Previous Month		To demonstrate trend, low point is lowest point in that trend (not zero)		Previous 12 Periods		12.09.18 - PMO				

Corporate Services - August 2018

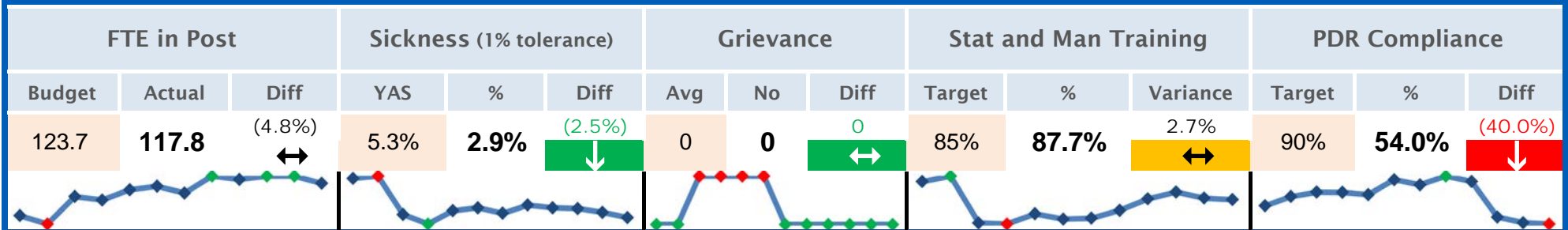
Quality, Governance and Performance Assurance



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)

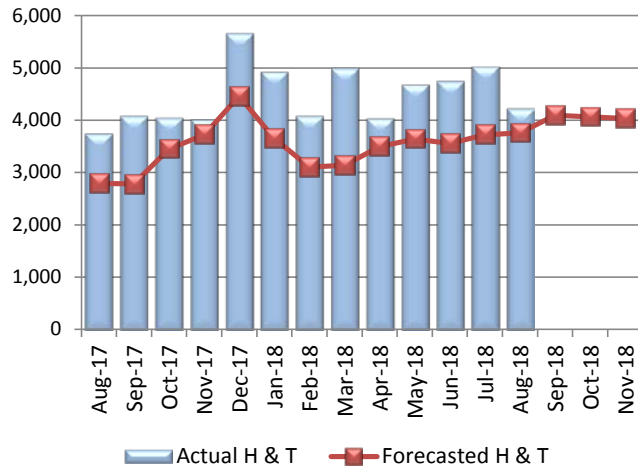
AVG - Average
Previous 12 Periods

Updated
12.09.18 - PMO

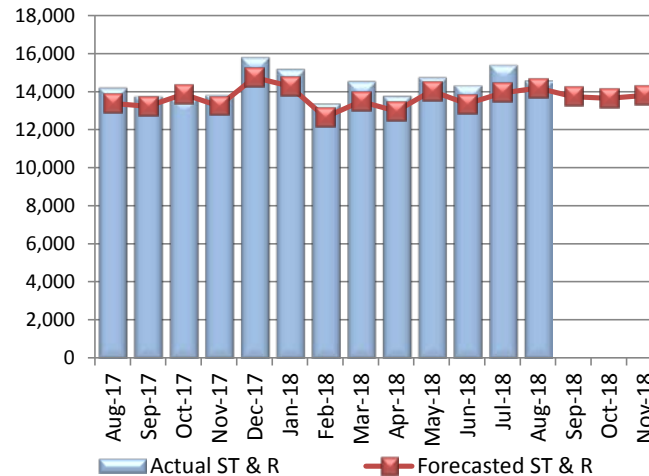
SERVICE LINES

9.1 Activity

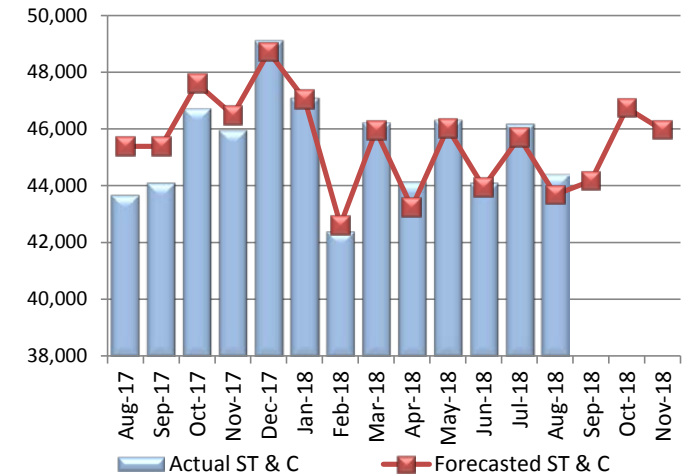
Hear & Treat



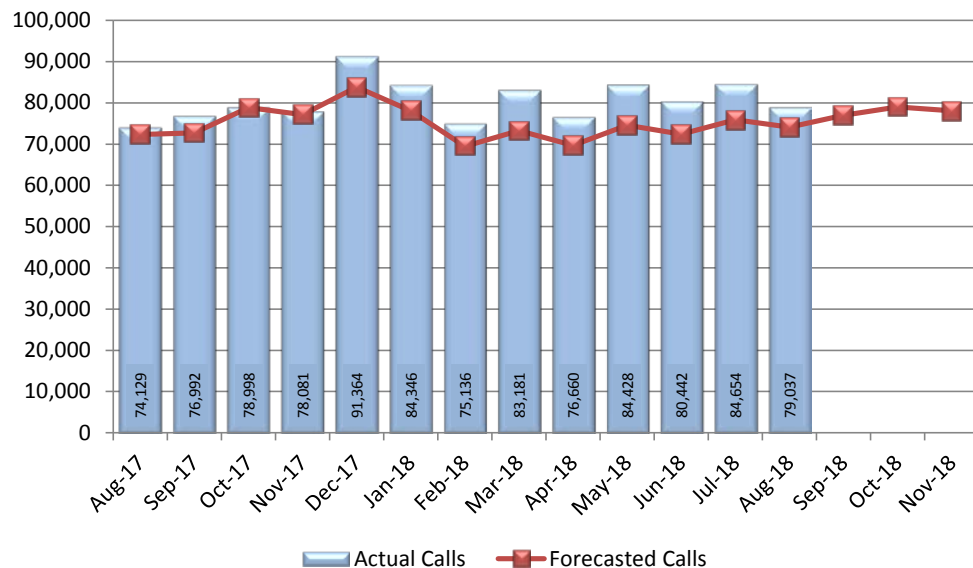
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

Total Calls This is an increase in call numbers of 6.6% vs August last year.

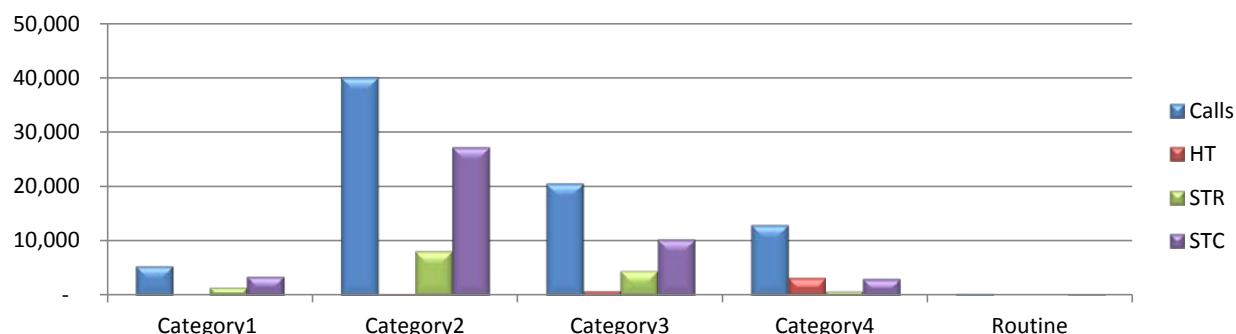
H&T This is an increase of 12.6% in the amount of H&T carried out vs August last year. At 6.6 % this is the second highest H&T rate nationally. H&T service provision on plan with recruitment and trajectory as agreed with commissioners in line with ARP delivery.

ST&R This is an increase of 2.5% in the amount of ST&R carried out vs August 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 This is an increase of 1.7% in the amount of ST&C carried out vs August last year.

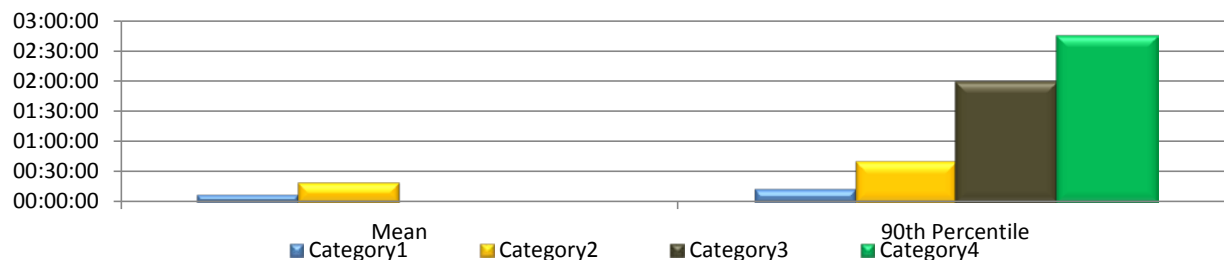
9.2 Activity

ARP3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	5,494	15	1,482	3,583	5,065	8.5%
Category2	40,204	292	8,061	27,335	35,396	59.5%
Category3	20,672	776	4,522	10,360	14,882	25.0%
Category4	13,057	3,149	831	3,086	3,917	6.6%
Routine	321	-	7	213	220	0.4%



9.3 Performance

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:07:03	00:12:05	00:07:00	00:15:00
Category2	00:19:26	00:39:47	00:18:00	00:40:00
Category3		01:59:28		02:00:00
Category4		02:45:47		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.

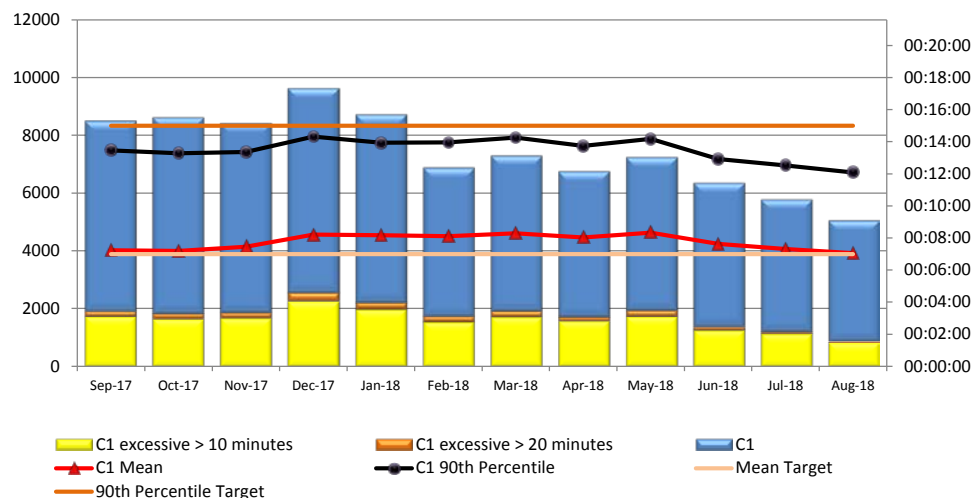
The Calls now split into 4 main categories with HCP calls monitored separately. There are now different standards than in ARP 2.2, for example the 8 minute response per incident does not exist anymore.

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

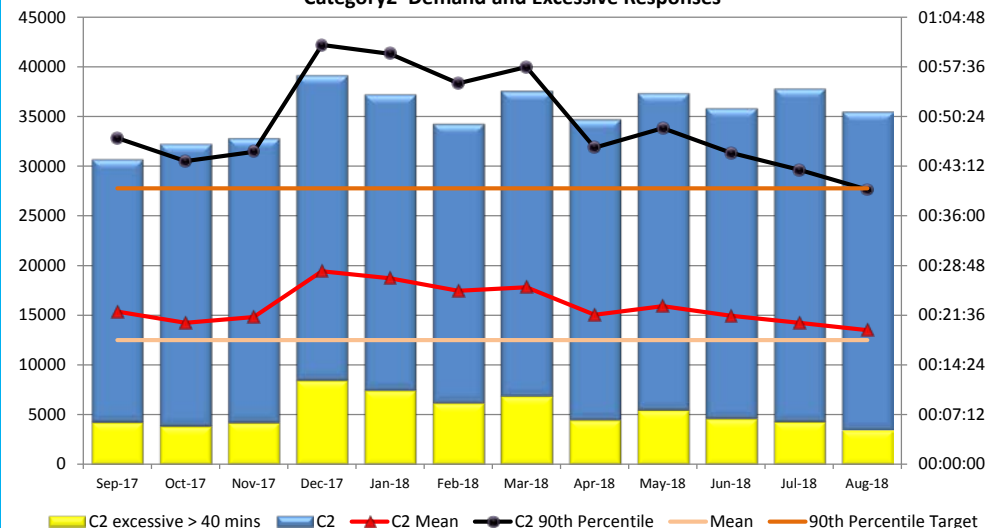
	Mean Standard	90 th Standard
C1	00:07:00	00:15:00
C2	00:18:00	00:40:00
C3		02:00:00
C4		03:00:00
HCP1		No Target
HCP2		No Target
HCP3		No Target
HCP4		No Target

9.4 Demand and Excessive Responses with Tail of Performance

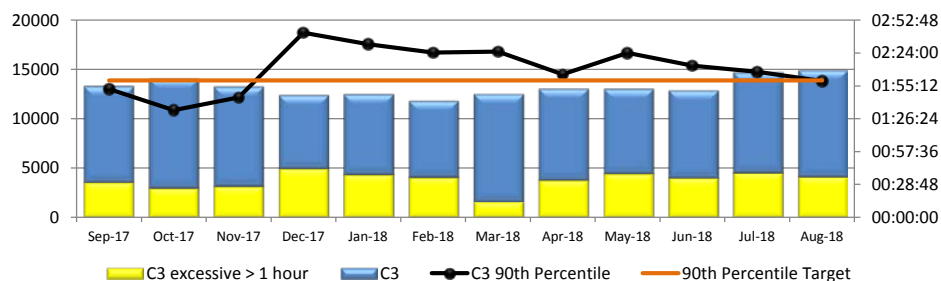
Category1 Demand and Excessive Responses



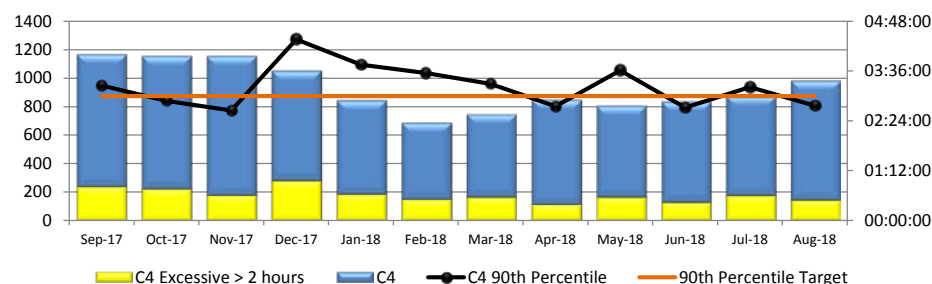
Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



Category4 Demand and Excessive Responses



Commentary

Category 1 mean performance was 7 minutes 3 seconds against the 7 minute target with the 90th percentile at 12:05 against the 15:00 target. This represents the best level of performance since ARP was introduced in September 17 for both the Mean and 90th.

Category 2 mean performance was 19:26 a decrease of 1 minute 3 seconds on last month with similar performance seen in the 90th percentile at 39:47 a decrease of 2:53 on last month. This is the best level of performance in both mean and 90th since ARP was introduced in September 17 and puts the 90th under the target of 40:00 for the first time. This represents a significant improvement in response times with Category 2 accounting for 60% of demand.

Category 3 90th percentile performance was below target at 1:59:28 against a 2 hour target this is a decrease of 5 minutes and 22 seconds on last month and is the first time the target has been achieved in 2018

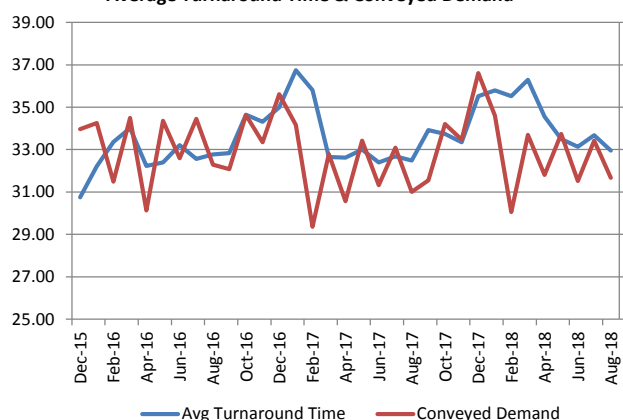
Category 4 90th percentile performance was also below target at 2:45:47 a decrease of 27:08 and is the second best level of performance in 2018 with the best performing month being in June. Performance in category 4 is not as stable as other categories due to the low level of demand which can be impacted significantly by any outlying job times.

Performance is likely to dip in September as per trajectory due to increase in demand, additional staffing and fleet becoming operational end of October/beginning of November. Patient safety will still be maintained through our demand management process and outcomes will be closely monitored to ensure no harm is caused. Overtime will be available during this period and prioritised in key areas.

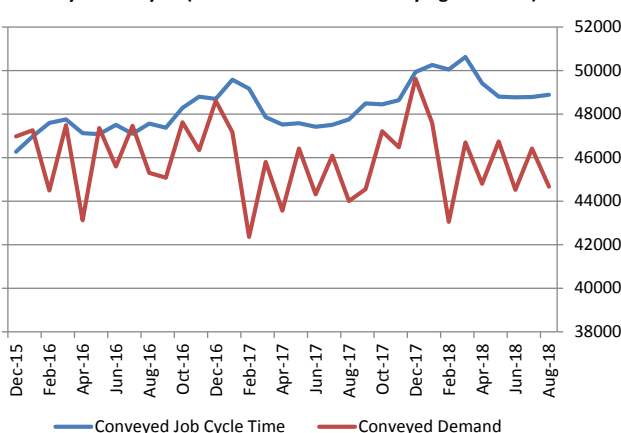
9.5 Hospital Turnaround Times

9.6 Conveyed Job Cycle Time

Average Turnaround Time & Conveyed Demand



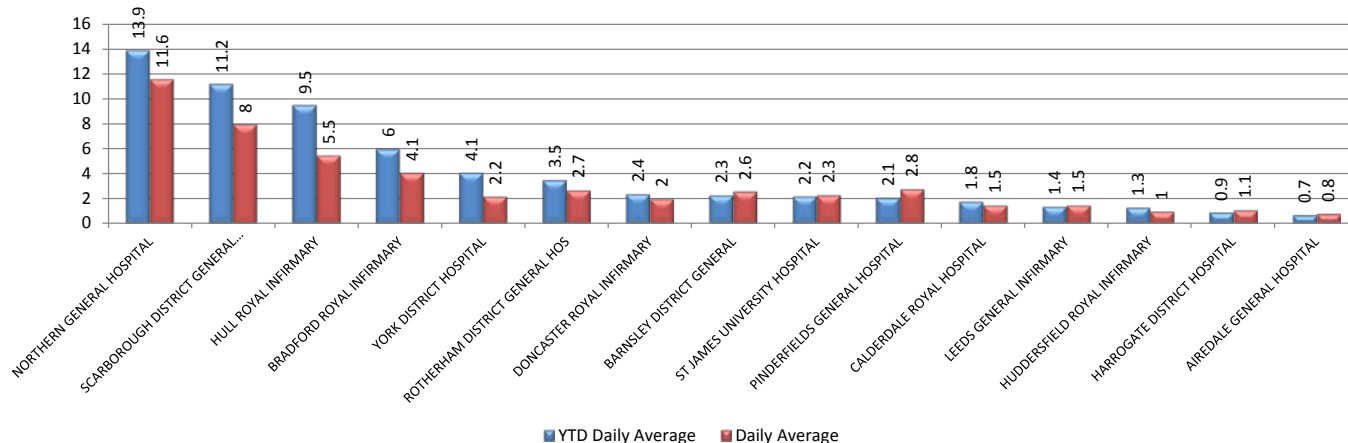
Conveyed Job Cycle (Allocated to Clear - Conveying Resource)



9.7 Hospital Turnaround - Excessive Responses

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	August	Last 12 months
Excessive Handovers over 15 mins (in hours)	2,110	2,077	1,837	3,563	3,447	2,975	3,532	2,834	1,768	1,577	1,952	1,554	29,226
Excessive Hours per day (Avg)	68	72	59	119	111	99	114	91	59	51	65	50	80

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



Commentary

Turnaround times: for August were 2.2% lower than July and were 1.4% higher than August 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: was up slightly against July by 0.3% and is showing an increase of 3.0% vs August last 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.

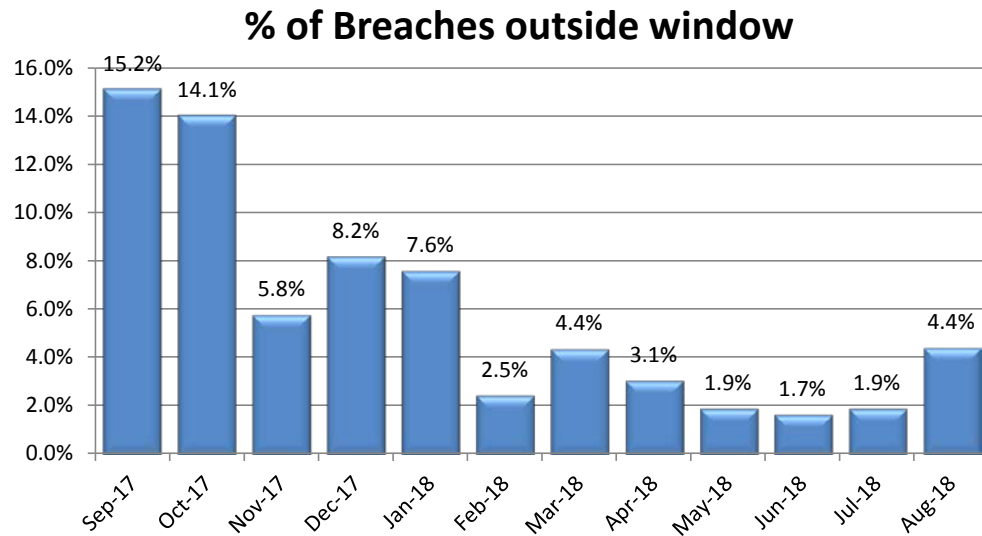
Excessive hours: Lost hours at hospital for August were 398 hours lower than July which is a decrease of 20.4%. This is lower than August last year showing a decrease of 16 hours, which is a fall of 1.0%. Hours lost remain high generally with Northern General, Scarborough and Hull impacting on performance.

The A&E Operations senior management team are working closely with those acute trusts that regularly have significant handover delays. 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.

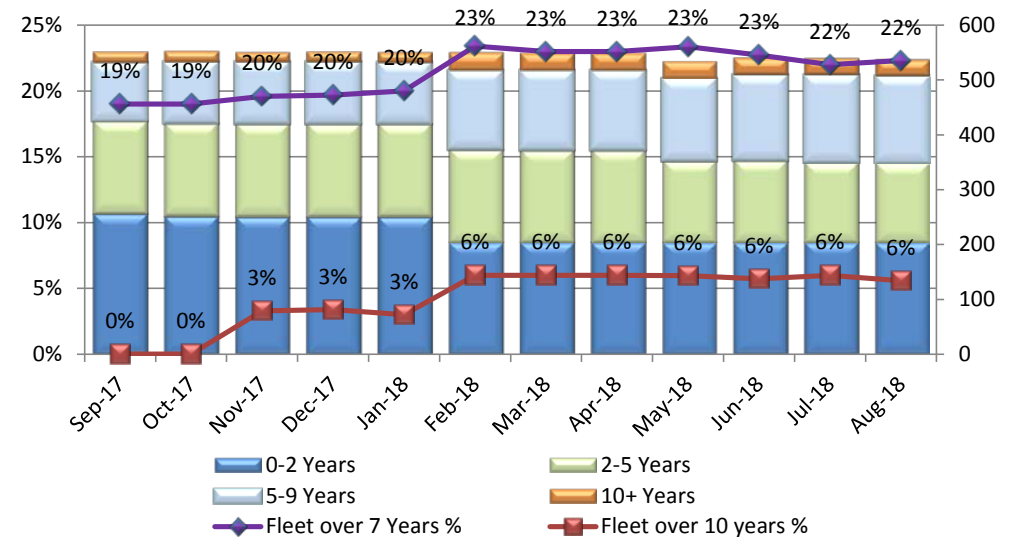
9. A&E Operations

August 2018

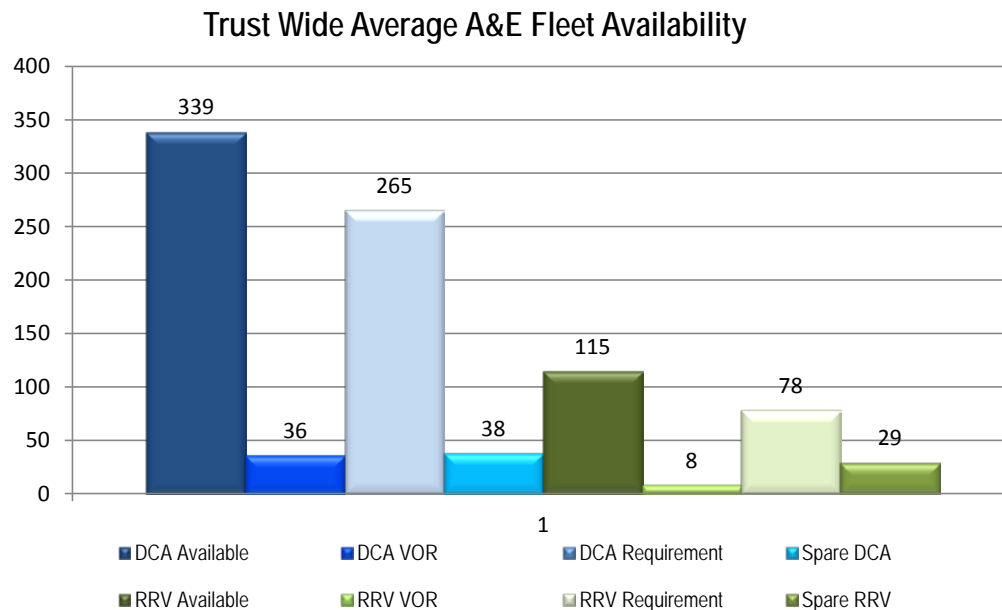
9.8 Vehicle Deep Cleans (5 weeks)



9.9 Vehicle Age



9.10 Fleet Availability



Commentary

The A&E Deep Clean percentage of breaches outside the 5 weeks window stood at 4.4% in August. Despite support from the A&E Operational management, availability of vehicles due to operational requirements became more restrictive than in previous months.

Collaborative work continues with A&E Operational teams to ensure right vehicle, right place at the right time while demand is running high. Although data shows vehicle spare capacity there are daily vehicle movements required to match rota demand, this will be rectified with the fleet reconfiguration under ARP.

9. A&E Operations

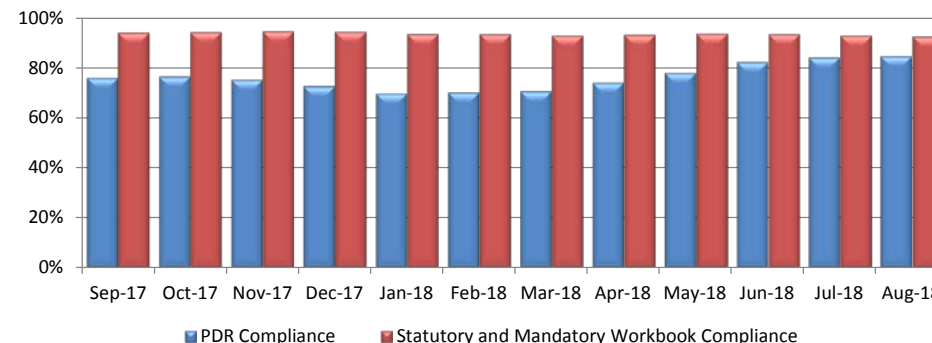
August 2018

9.11 Workforce

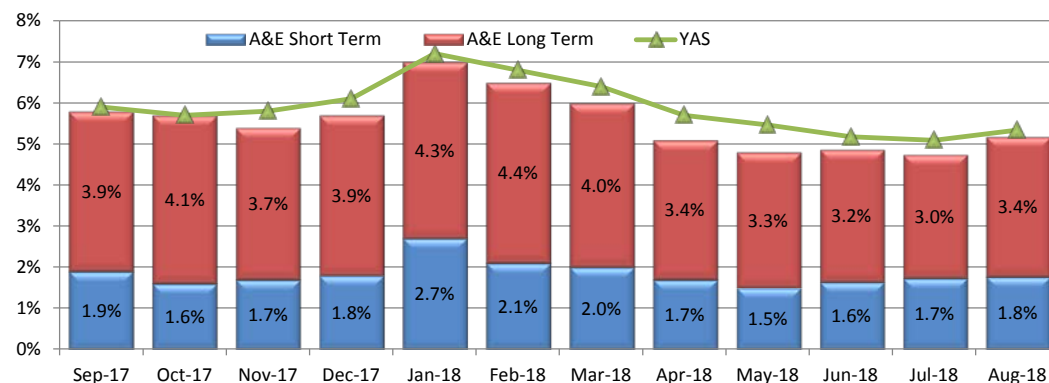
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,515	126	629	1,760	70%
Contracted FTE (before overtime)	2,416	78	546	1,793	74%
Variance	(99)	48	83	32	1.8%
% Variance	(3.9%)	38.3%	13.1%		
FTE (worked inc overtime)*	2553.9	78	546	1,930	76%
Variance	39	48	83	170	9.6%
% Variance	1.6%	38.3%	13.1%		

* 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 925 FTE (Band 5 & 6). The difference between contract and FTE worked is related to overtime. Also the budget FTE figure in 9.11 is the year end budget position actual vacancy gap against forecast position in August is 48 FTE.

The difference between budget and contract is related to vacancies.

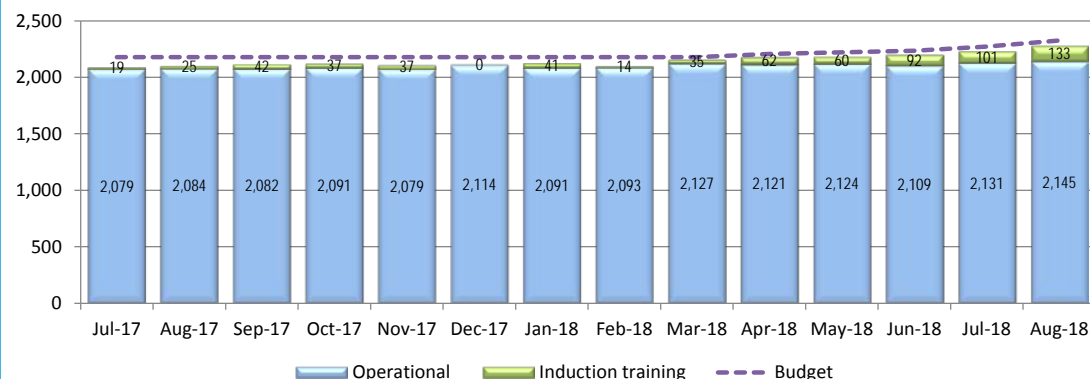
PDR: Currently at 92.8% against stretch target of 90%. This is an increase of 8.6 points vs last month and is 11.1 points above the 81.7% Trust average and is the highest level of compliance in the Trust

Sickness: Currently stands at 5.2% which is a slight increase of 0.5% on last month and is below the trust average of 5.3%.

Recruitment Staffing numbers are slightly behind plan however mitigating action is being taken to resolve this before heading into the winter period.

9.14 A&E Recruitment Plan

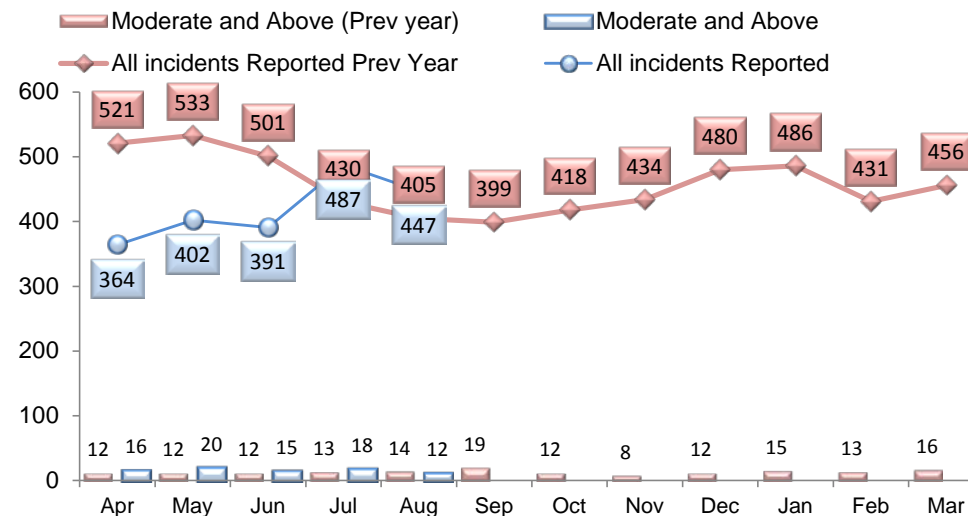
A&E Operations (excluding CS)



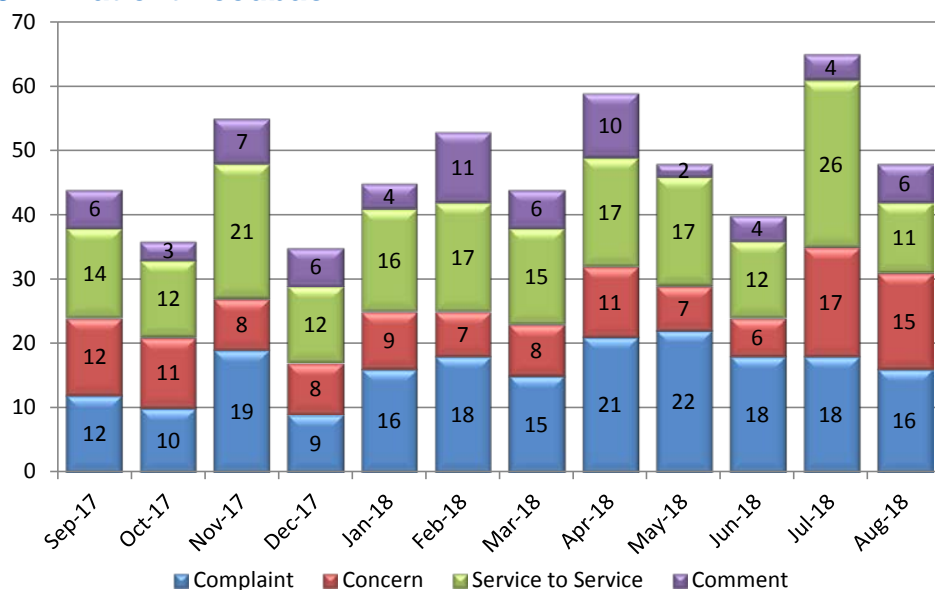
9.15 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	2
Total Incidents (Per 1000 activities)		0.00	0.01
Total incidents Moderate & above		12	81
Response within target time for complaints & concerns		89%	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

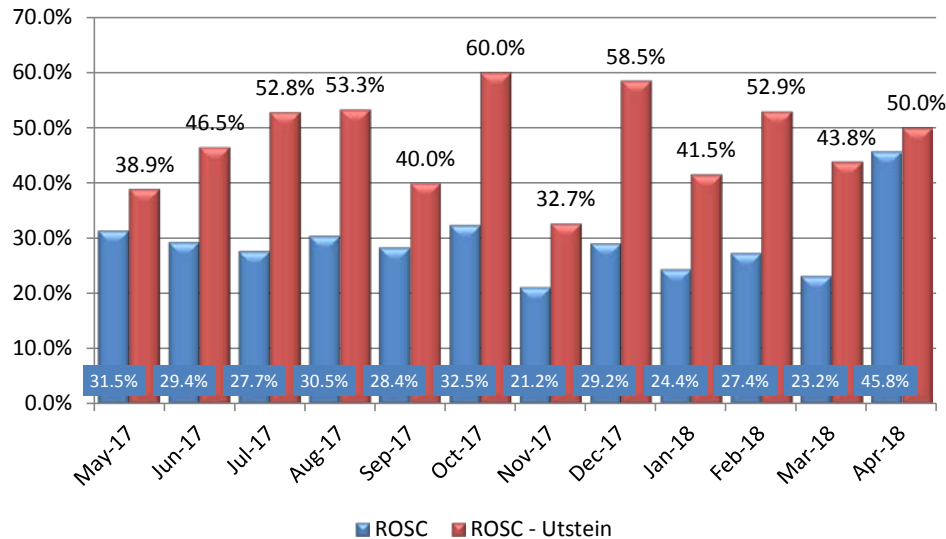


Commentary

Incidents: Total reported incidents decreased 12.5% on last month and is up by 10.3% against August last year. Incidents of moderate harm and above remain at a low level and in line with previous months.

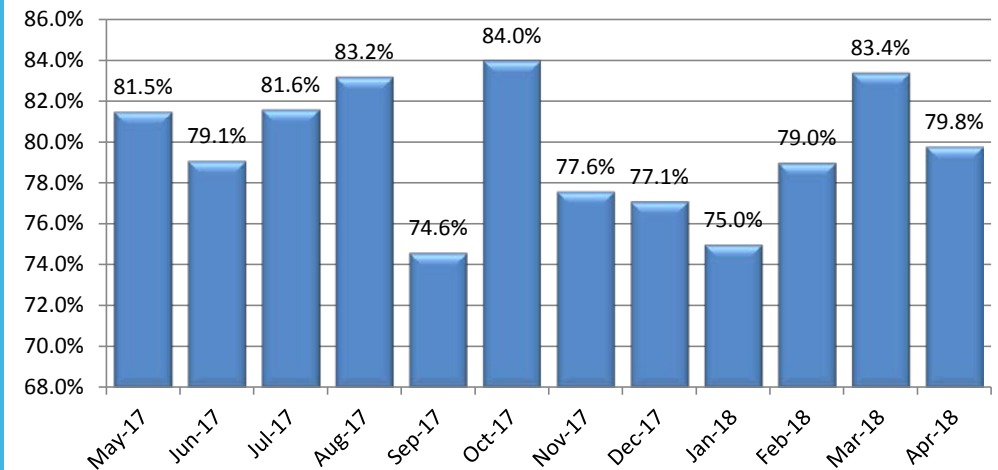
Feedback: Total feedback decreased 26.1% vs last month which was largely driven by a reduction in service to service after a rise seen in July.

9.18 ROSC & ROSC Utstein

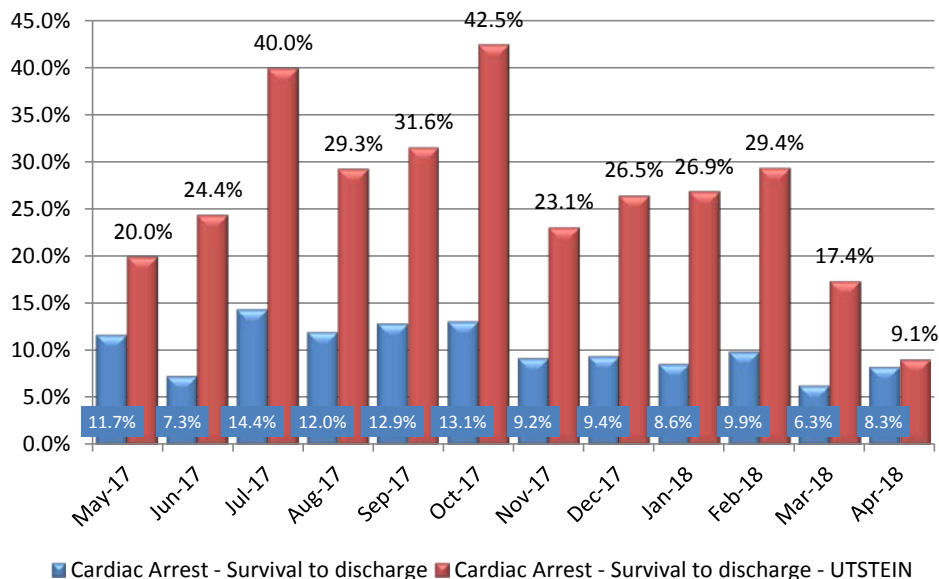


9.19 STEMI - Care Bundle

Stemi - Care Bundle



9.20 Survival to Discharge



Commentary

Early recognition and early 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 and the Operations Teams. However, poor road conditions snow and 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 across the ACQI.

Cardiac Arrest Management

YAS attempted resuscitation on 276 patients during March 2018, 64 of which had a ROSC on arrival at hospital. Comparatively 190 patients received resuscitation attempts during April, 40 of which had ROSC (25.8%). Overall Survival to discharge, during March 2018, 17 out of 269 patients survived to discharge (6.7%). In comparison, during April 14 patients out of 169 survived (8.3%).

Survival to Discharge within the UTSTEIN comparator group reported 8 out of 46 patients survived within this group during March 2018, compared to 2 out of 22 patients within April 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. April 2018 continued this trend of improvement with 71 out of 89 patients receiving the appropriate care bundle (79.8%).

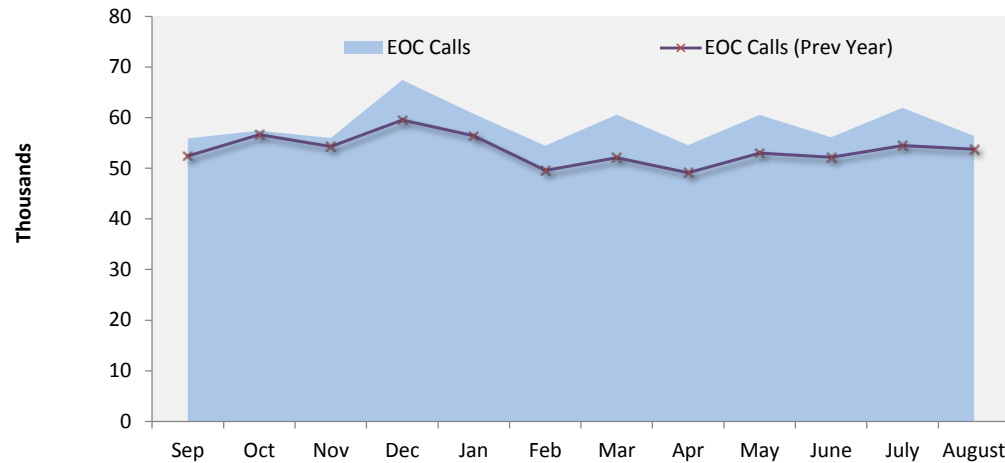
The key improvement in analgesia administration has been the main improvement. The clinical manager team will continue to promote the best practice message to staff through CS teams at locality meetings.

*** please note April data set is incomplete due to delays in records process.**

9. EOC - 999 Control Centre

August 2018

9.21 Activity

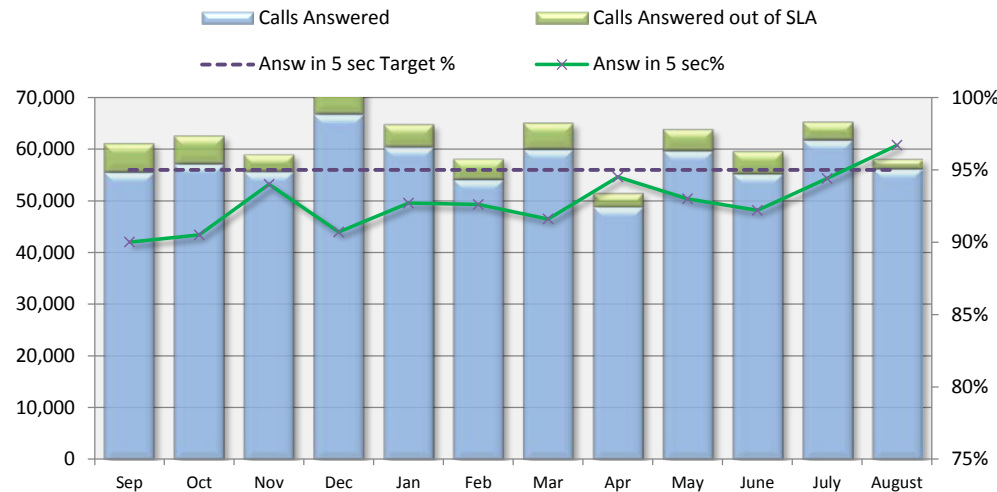


9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2017/18	289,680	287,987	16,768	94.2%
2016/17	262,512	261,830	13,095	95.0%
Variance	27,168	26,157	3,673	
Variance	10.3%	10.0%	28.0%	(0.8%)

9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	96.7%	94.2%



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	August
Calls Answered out of SLA	5,561	5,444	3,324	6,241	4,408	4,026	5,069	2,692	4,177	4,339	3,482	1,864
Calls Answered	55,652	57,238	55,774	66,831	60,487	54,232	60,078	48,981	59,786	55,379	61,860	56,326
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	90.0%	90.5%	94.0%	90.7%	92.7%	92.6%	91.6%	94.5%	93.0%	92.2%	94.4%	96.7%

Commentary

Demand: Decreased 9.0% vs last month however this is an increase of 6.7% vs August last year.

Answer in 5 sec: : Increased by 2.3% vs last month and at 96.4% is now 1.7% above target. This represents an excellent level of performance and is the first time in over 12 months YAS has exceeded the national target. YAS was the highest performing call answering site in the country during August.

9. EOC - 999 Control Centre

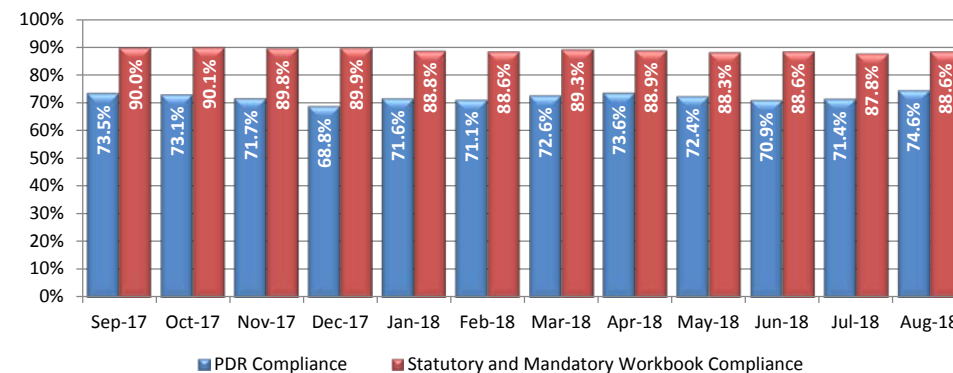
August 2018

9.24 Workforce

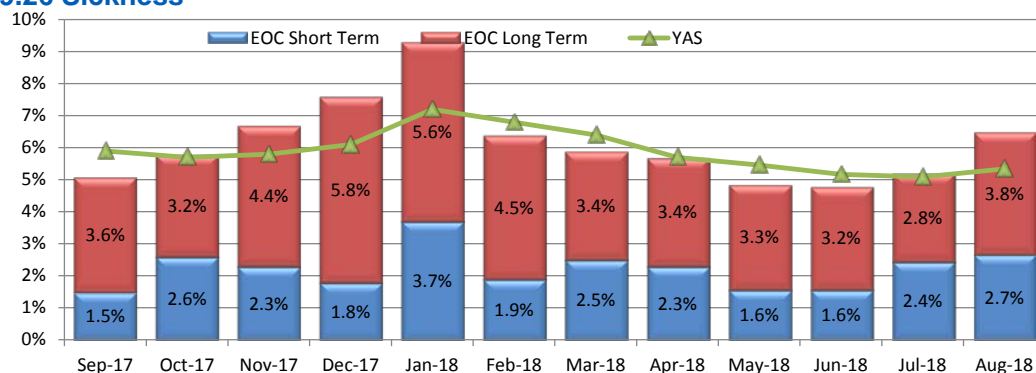
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	327	16.3	82	229	70%
Contracted FTE (before overtime)	328	16.4	82	230	70%
Variance	1	0	0	1	0.3%
% Variance	0.3%	0.3%	0.3%		
FTE (worked inc overtime)*	327.6	25.6	71	231	71%
Variance	1	9	(11)		
% Variance	0.2%	56.6%	(13.6%)	3	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

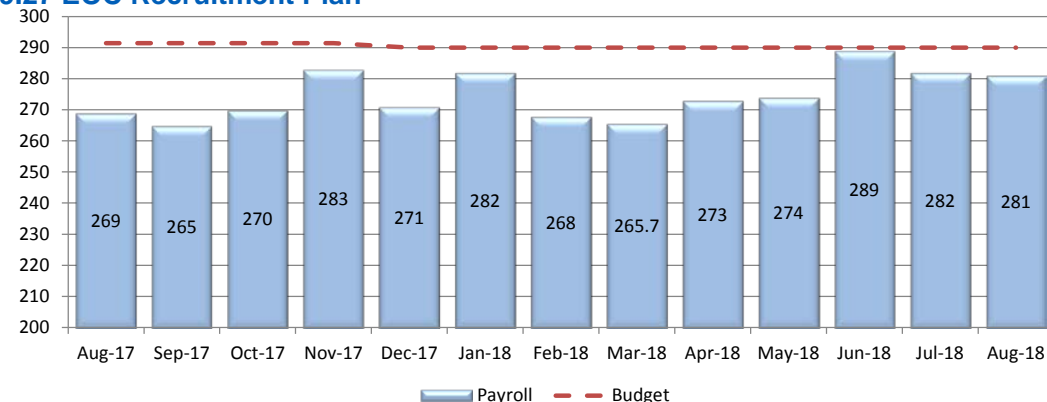
9.25 Training



9.26 Sickness



9.27 EOC Recruitment Plan



Commentary

PDR: PDR compliance stood at 88.6% in August against a stretch target of 90% which is an increase of 17.2 points on previous month and is 6.9points above the trust average of 81.7%.

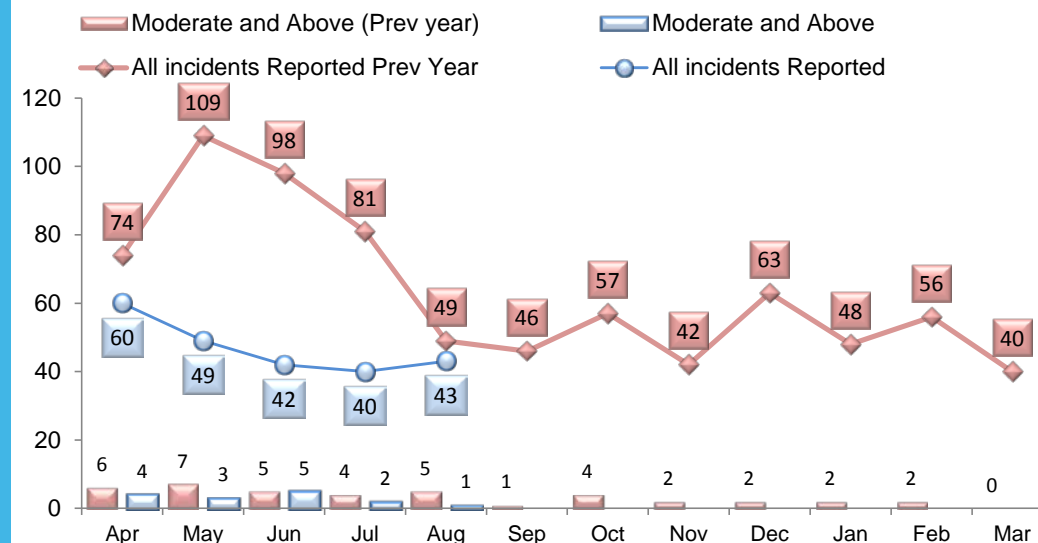
Sickness: Currently at 6.5% which is an increase of 1.3% on the previous month. This is slightly above the Trust average of 5.1% and well below the seasonal average for a Call Centre environment, the focus on the well-being of EOC staff will continue to be a priority.

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

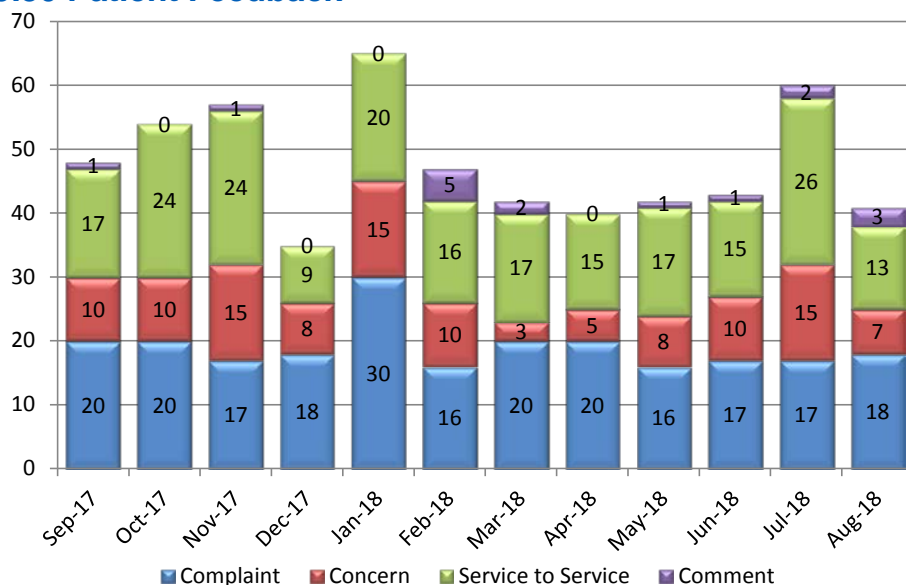
9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	1
Total Incidents (Per 1000 activities)		0.00	0.00
Total incidents Moderate & above		2	15
Response within target time for complaints & concerns		100%	88%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly			

9.29 Incidents



9.30 Patient Feedback



Commentary

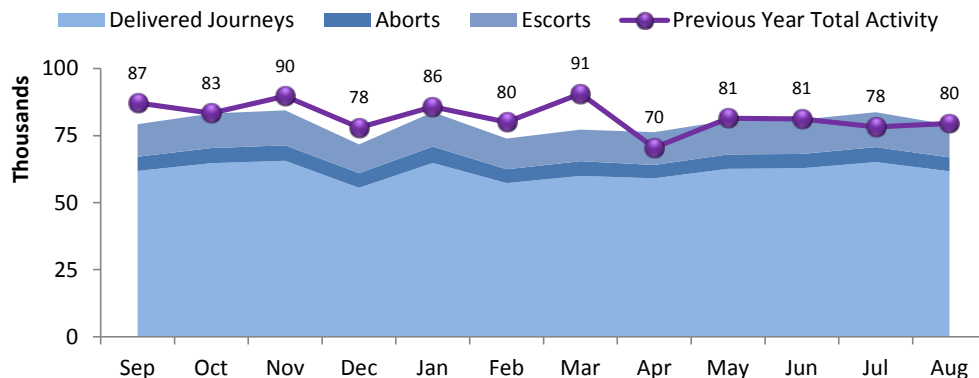
Incidents: Total reported incidents increased 7.5% on last month and is a decrease of 12.2% against August last year. Incidents of moderate harm and above have remained at a low level.

Feedback: Overall feedback figures decreased 31.6% on previous month largely driven by the decrease in service to service feedback after the spike seen last month.

10. PATIENT TRANSPORT SERVICE

August 2018

10.1 Demand

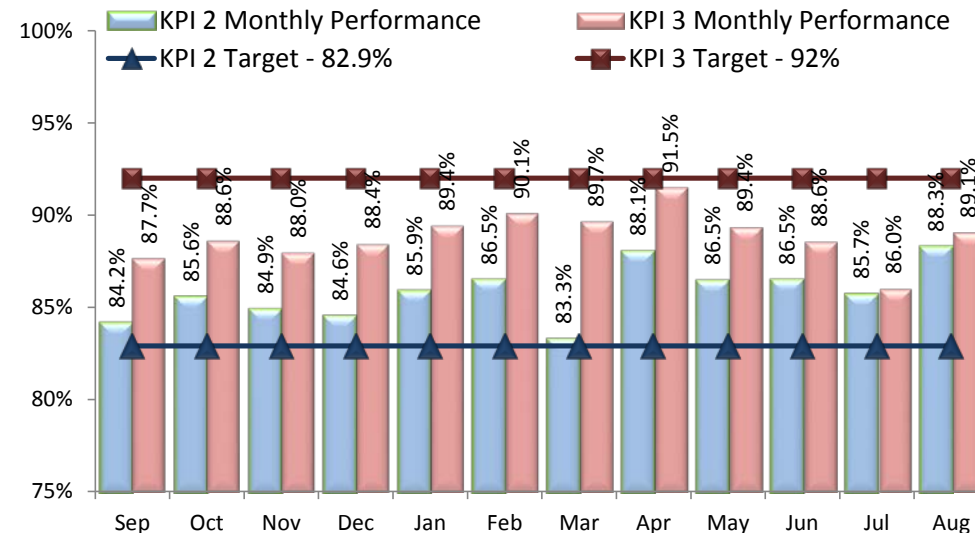


Comparison to Plan

	Aug-18	Delivered	Aborts	Escorts	Total
YTD 2018-19		311,365	26,409	62,845	400,619
Previous YTD* 2017-18		303,506	26,440	61,010	390,956
% Variance		2.6%	(0.1%)	3.0%	2.5%

* Demand includes All Activity

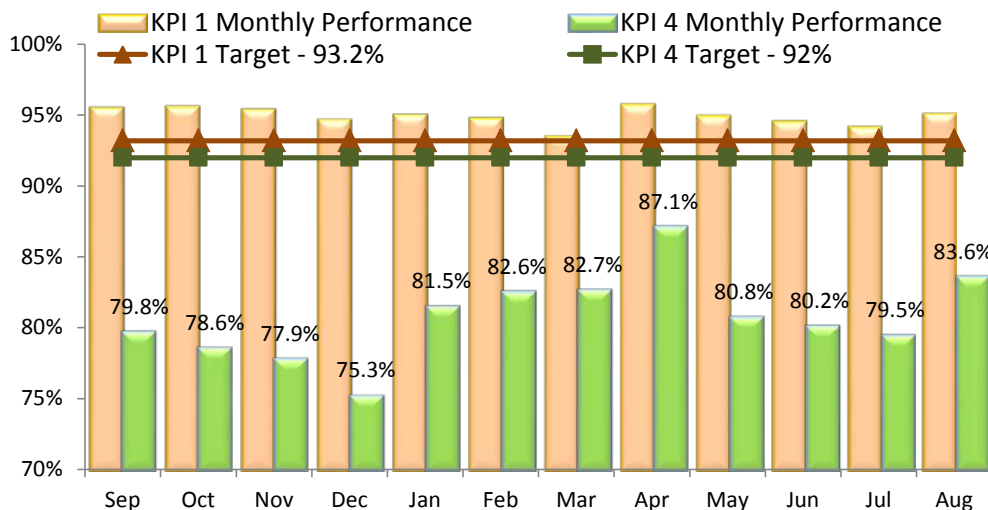
10.2 KPI* 2 & 3**



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

*** Excludes South

Commentary

PTS Activity in August decreased by 5.6% on the previous month and is down by 0.7% against the same month last year.

KPI 1 Performance increased slightly by 0.9 points in August to 95.1% and remains above the 93.2% target.

KPI 2 Inward performance stood at 88.3% in August which is up from 85.7% in the previous month and remains above the 82.9% making appointment on-time target.

KPI 3 The outward performance increased by 3.1 points on last month to 89.1%, the annual target is 92%.

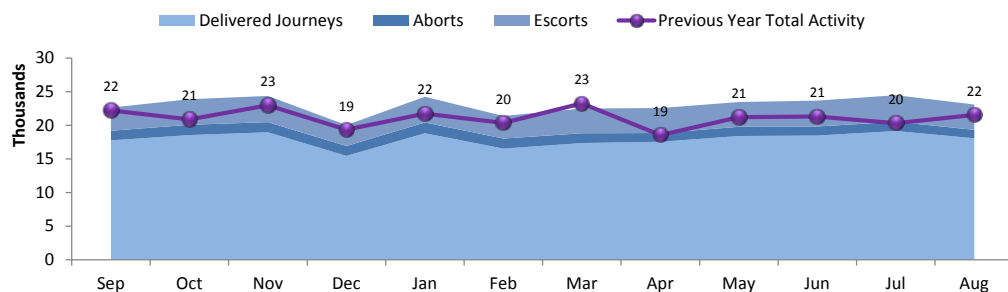
KPI 4 The performance of outward short notice bookings picked up within 2 hours increased by 4.1 points to 83.6% in August and remains below the 92% target. Commissioned levels of resource vs KPI 4 target and a behaviour of high % discharges undertaken on-day by local acutes makes this KPI unrealistic.

Exceptions:- In August **West** activity decreased by approx 1300 journeys compared to July. **Scarborough & VOR** saw an increase in activity by 14.1% YTD. 19.3% increase in saloon car patients and 16.6% increase in stretcher patients. **East** saw a 8.5% decrease in abortions. Call response has achieved its KPI of 90% achieving 93.5%.

10. PATIENT TRANSPORT SERVICE (South)

August 2018

10.1 Demand



Comparison to Plan

	Aug-18	Delivered	Aborts	Escorts	Total
YTD 2018-19		91,691	6,648	18,999	117,338
YTD 2017-18		80,374	6,389	16,258	103,021
% Variance		14.1%	4.1%	16.9%	13.9%

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

Overall contract activity has continued to see a significant increase in demand of 6.8% when compared to the corresponding month of the previous year. Complex patient movements and higher mobility's also continue to increase at a dramatic rate. Four man lifts have increased by 87%, stretchers by 70%, T2's by 45% and W2's by 14%. These complex movements and double handed work results in more staff being drawn into moving a single patient. This limits the amount of crews we have available and then leads to delays and increased waiting times for patients particularly at the end of the day and for On Day Discharges which have not been pre-planned. The number of escorts have also continued to increase by over 10% with a total of 3776 escorts being carried during August. Escorts now account for almost 20% of all activity. This means that we have fewer spaces left on Ambulances to carry patients and again this results in delays for other patients awaiting transport. Despite being out of the Winter pressure period the South has experienced one of its busiest months for Discharge activity, with a total of 1595 of which almost 90% is On Day. The GP Urgent Service has also seen its second busiest month of the entire year with a total of 223 bookings. Even though we have seen these increases in activity and complexity of patient movements the South PTS, Discharge and GP Urgent Services have continued to show excellent performance. It should be noted - previous Year activity is for different Contracted activity bundles.

C1 performance for August was 99.4% against a KPI of 90%. This is an outstanding result when placed in the context of the increase in patient and escort numbers.

C2 performance is 92.5% against a KPI of 90% and maintains the impressive performance of ensuring patients arrive on time for their appointments.

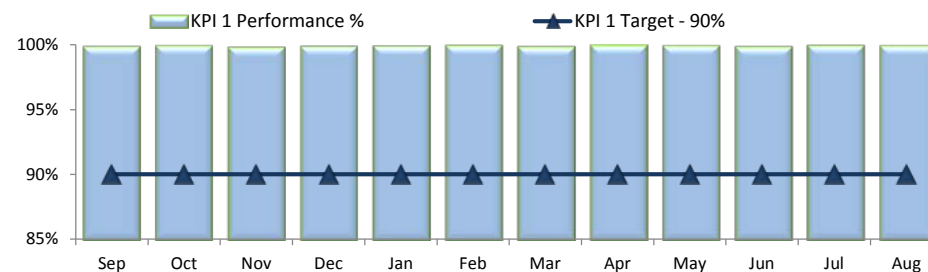
C3 performance is 92.6% and well above its KPI and again maintains the high level of performance we have seen during the period of the contract.

C4 performance which measures pre-planned outward patients being collected within 90 mins is above its KPI target and was 89.7% for the month narrowly below target of 90%.

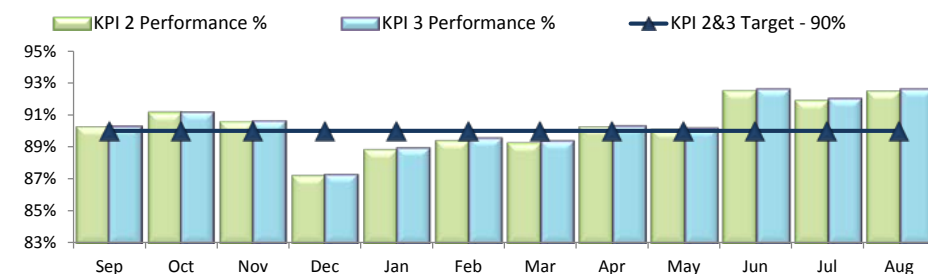
C5 performance for short notice and on day patients has seen an improvement on the previous month standing at 83%.

The GP Urgent Service has maintained the improvements in performance which we have experienced during the past several months. GP 90 Mins was 70.6%, GP 120 was 94.3% and GP03 was 94.2%.

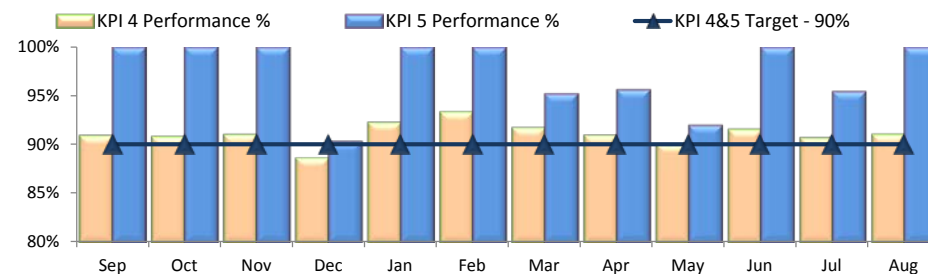
10.2 KPI 1 - Journeys no longer than 120 Mins



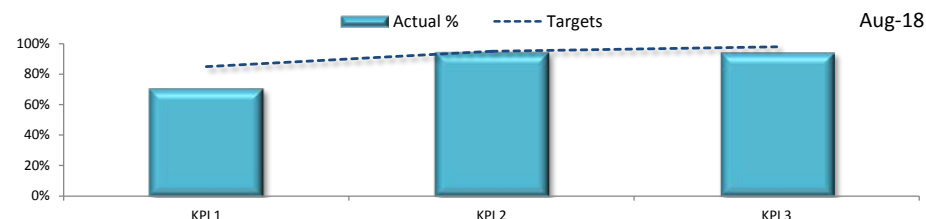
10.3 KPI 2&3 - Inwards Journeys



10.3 KPI 4&5 - Outwards Journeys



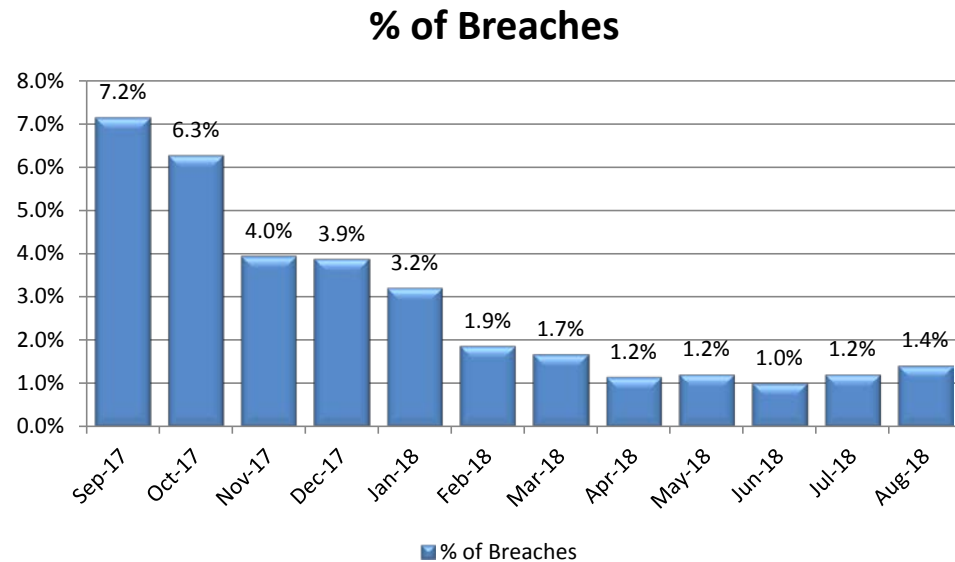
10.3 GP Urgent Performance



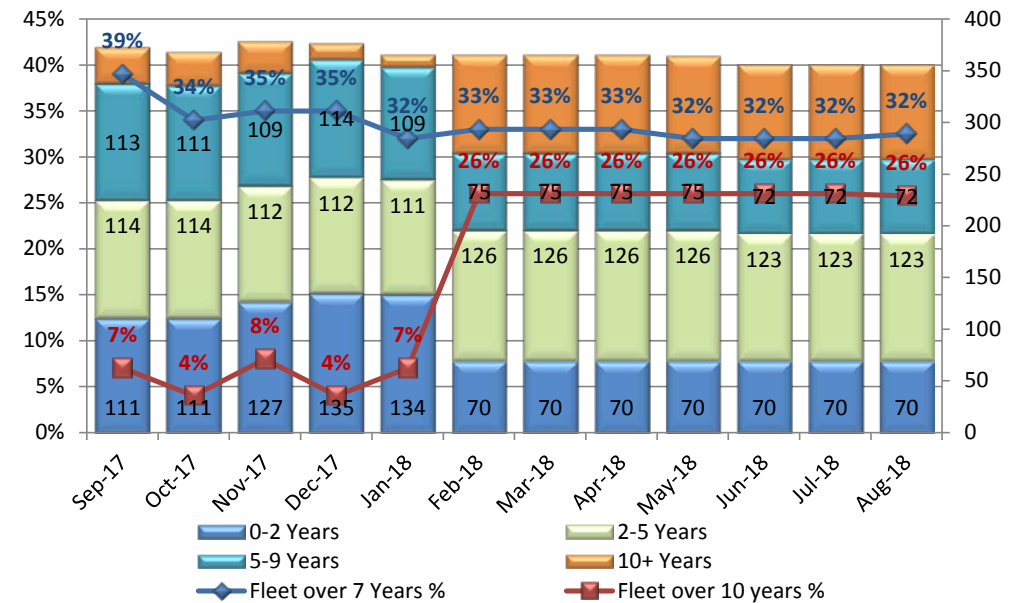
10. PATIENT TRANSPORT SERVICE

August 2018

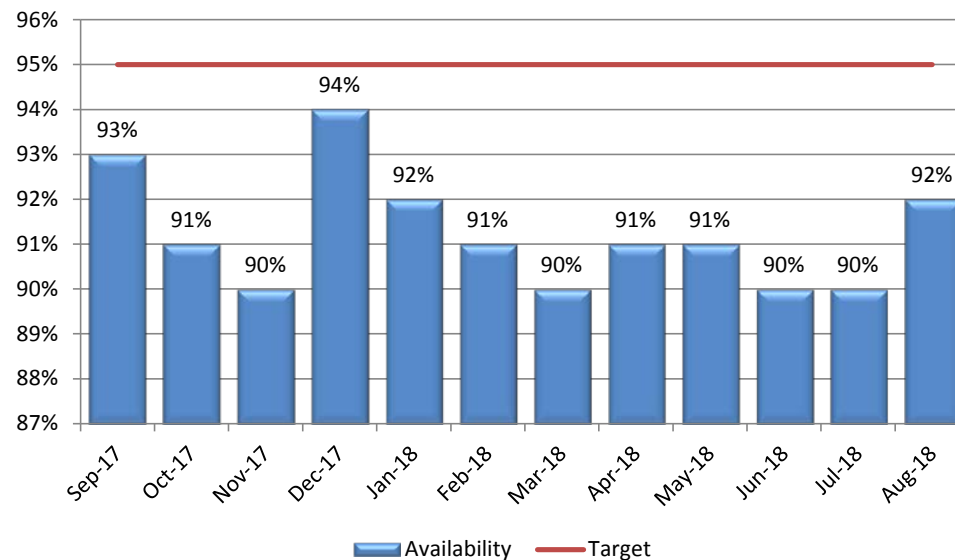
10.4 Deep Clean (5 weeks)



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

Vehicle availability is up from 90% to 92% and is below the 95% trust target figure.

The PTS deep clean percentage of breaches outside the 5 weeks window stood at 1.4% in August. The PTS vehicle Deep Cleaning Service Level again remained very good and stable in August

Figures for August 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. Vehicle age is affecting vehicle availability as parts are becoming difficult to obtain for vehicles over 10 years of age.

10. PTS

August 2018

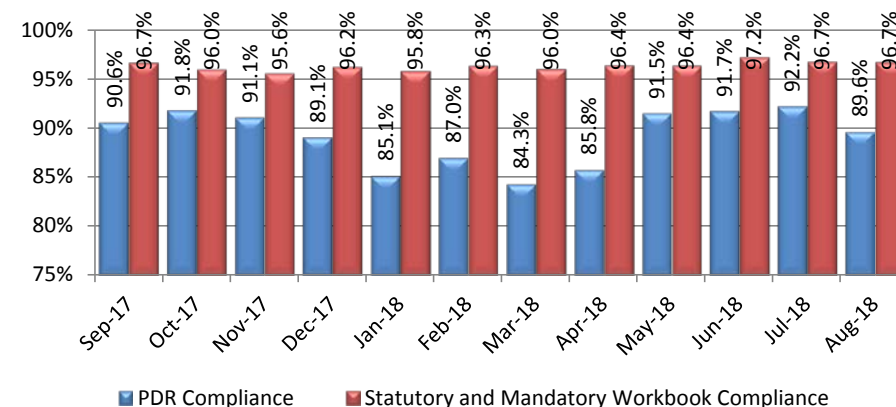
10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	605	30	121	454	75%
Contracted FTE (before OT)	562	41	96	425	76%
Variance	(43)	(11)	25	(29)	(6.3%)
% Variance	(7.1%)	(36.3%)	20.9%		
FTE worked inc overtime	598	41	96	461	77%
Variance	7	(11)	25	7	1.6%
% Variance	1.2%	(36.3%)	20.9%		

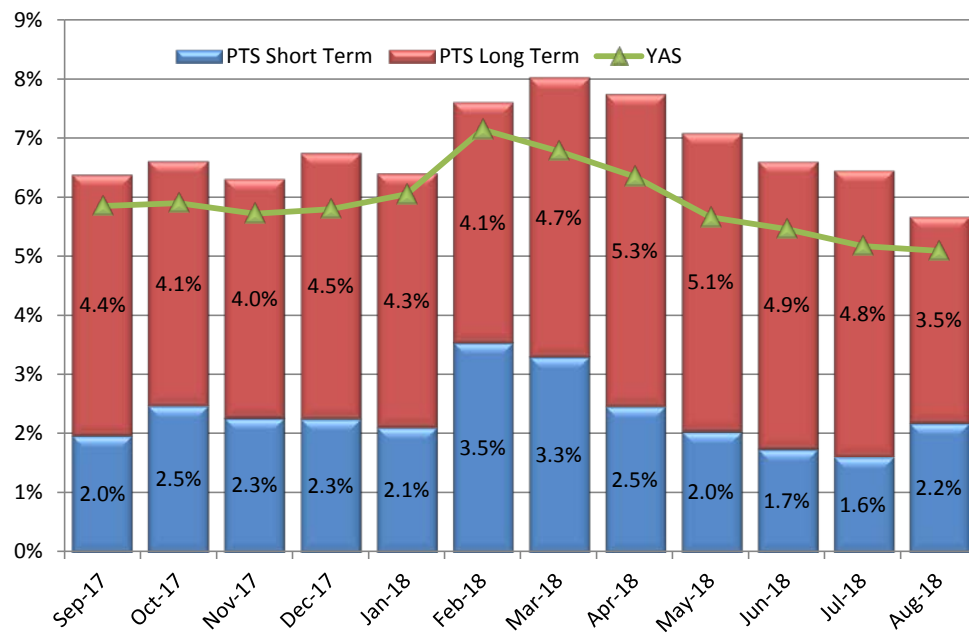
** FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

** Sickness and Absence (Abstractions) is from GRS

10.8 Training



10.9 Sickness



Commentary

PDR compliance declined by 2.6 points in August to 89.6% and is marginally below the 90% Trust target and work continues to deliver the standard.

Statutory and Mandatory Workbook compliance remains unchanged on the previous month and at 96.7% is above the 90% Trust target.

Sickness rate in PTS decreased in August by 0.7 points to its lowest level in the last 12 month reporting period to 5.7% narrowing the gap to just 0.6 points above the 5.1% YAS average.

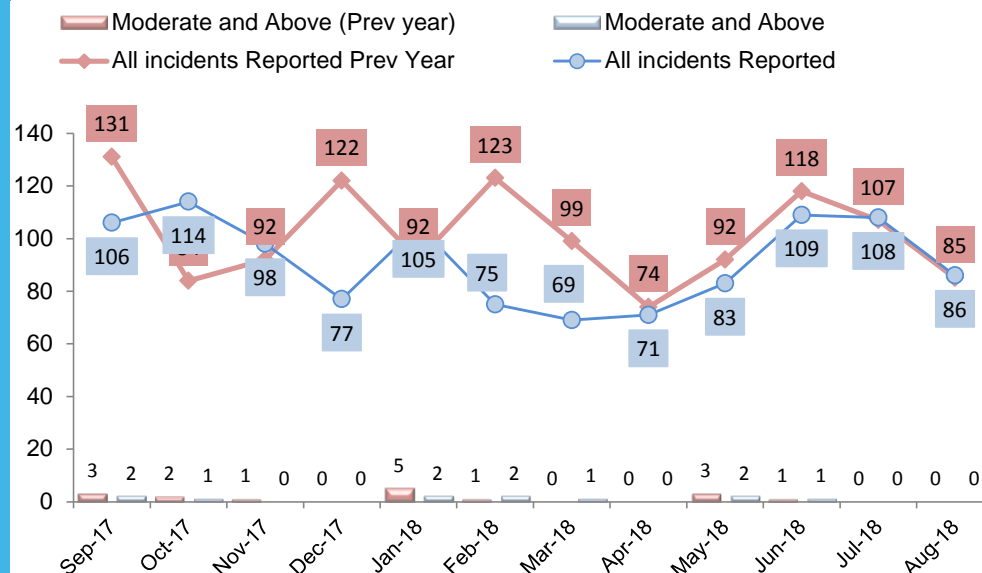
10. PATIENT TRANSPORT SERVICE

August 2018

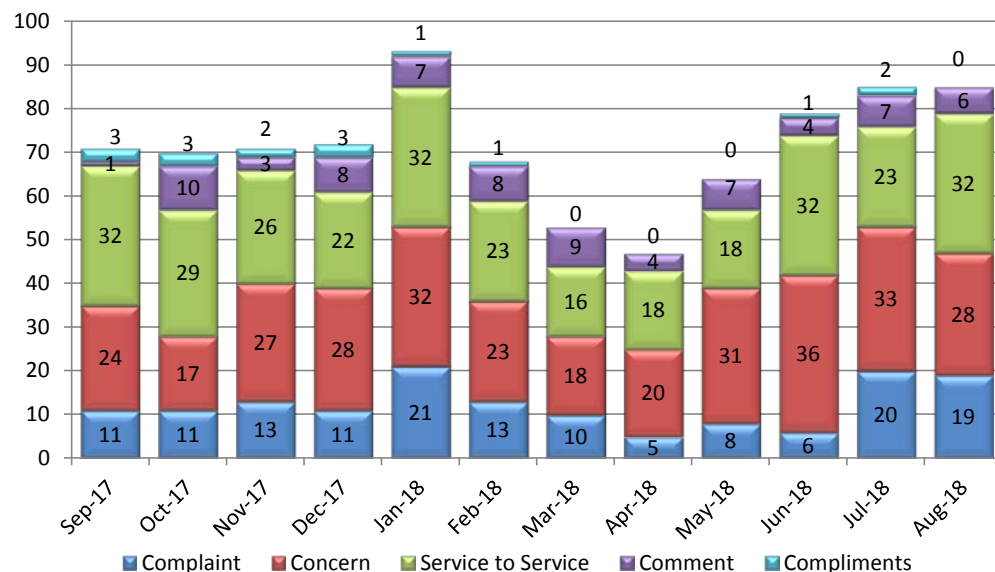
10.10 Quality, Safety and Patient Experience

		Aug 2018	2018-19
Serious Incidents		0	0
Total Incidents (per 1000 activities)		0.000	0.000
Total incidents Moderate & above		0	4
Response within target time for complaints & concerns		96%	92%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		91.6%	91.6%
Call Answered in 3 mins - Target 90%		93.5%	92.1%

10.11 Incidents



10.12 Patient Feedback



Commentary

Quality, Safety and Patient Experience: The proportion of calls answered in 3 minutes stood at 93.5% in August which is up from 87.8% on the previous month and above the 90% target.

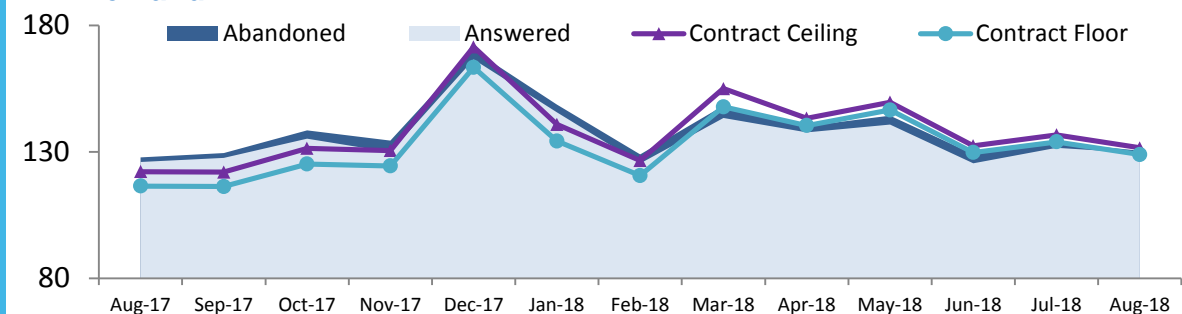
Incidents: The number of reported incidents within PTS during August decreased by 20.4% on the previous month level and remained in line with last years figure.

Patient Feedback: figures are up by 2 on the previous month. Closer inspection of the 4 Cs (complaints, concerns, comments and compliments) show the number of complaints decreased by 1 in August and concerns were down by 5 with service to service increasing by 9. The YTD average number of complaints each month is 12 equating to a complaint rate per PTS delivered journey of 0.01%.

11. NHS 111

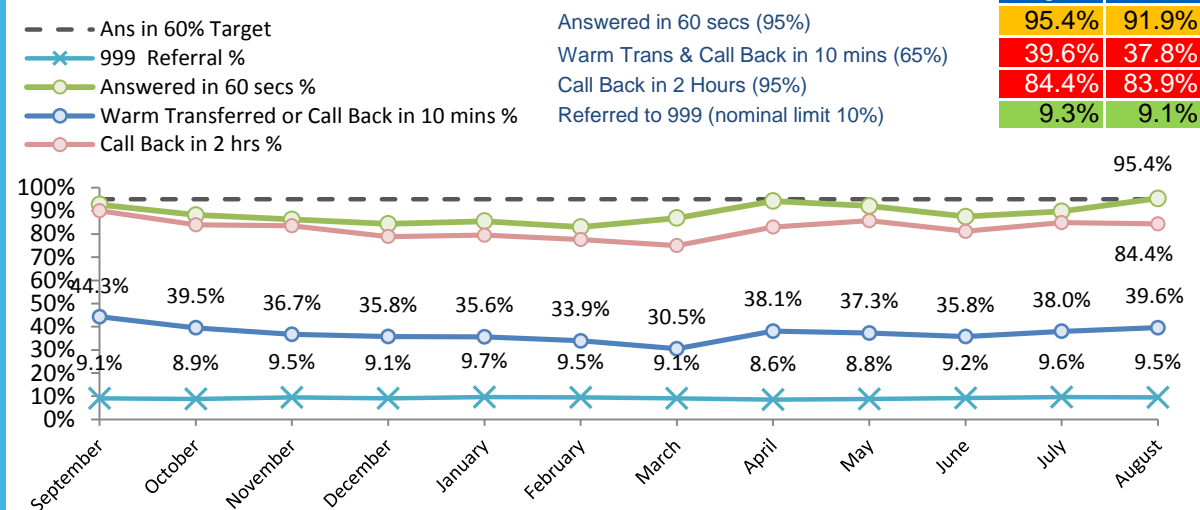
August 18

11.1 Demand



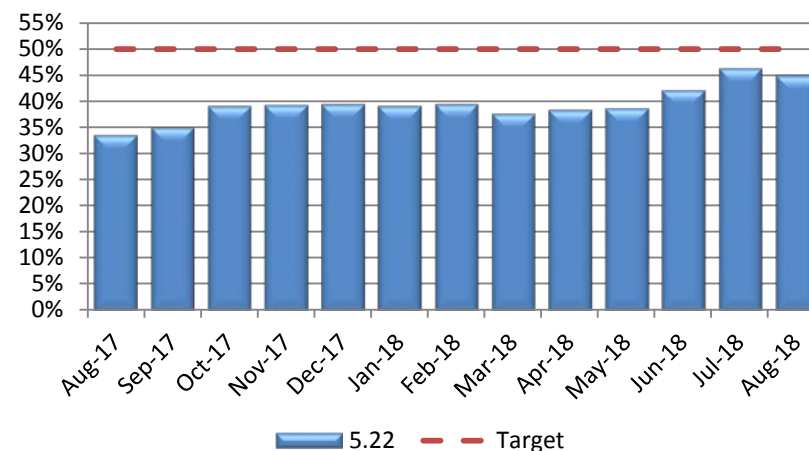
YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 18-19	677,780	665,156	611,269	91.9%
Contract Ceiling YTD 2018-19	691,679	693,618	658,937	95.0%
Variance	- 13,899 -2.0%	- 28,462 -4.1%	- 47,668 -7.2%	3.1%
YTD 2017-18	684,941	673,509	620,380	92.1%
Variance	- 7,161 -1.1%	- 8,353 -1.3%	- 9,111 -1.5%	-0.2%

11.2 Performance



11.3 proportion calls transferred to a clinical advisor

Of calls triaged, number transferred to a Clinical Advisor



Commentary

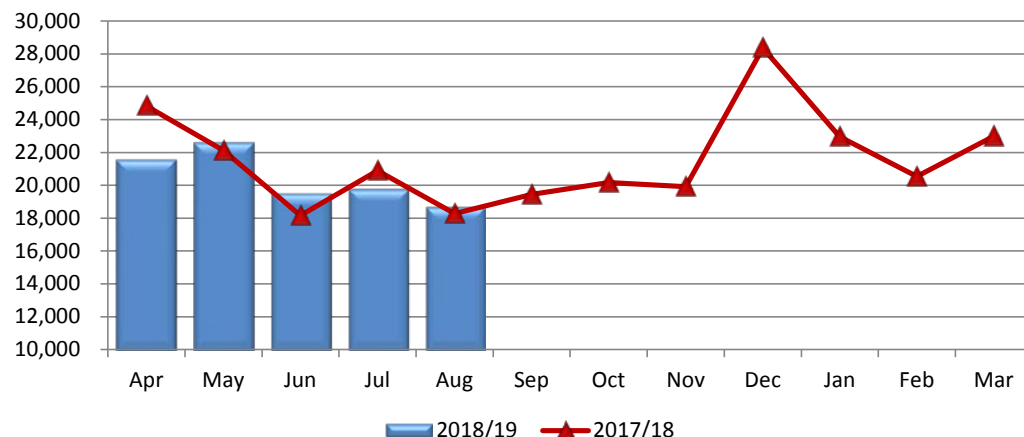
Call volumes for August 2018 were above the contract floor for the first time since February 2018 with actual calls answered 0.5% above floor levels. (NB. This year's floor includes 50% growth of the total 4.19% growth for the year). August 2018 call levels were 1.6% below contract ceiling.

Performance for August 2018 was 95.4%, an increase of 5.6% from August 2017. (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 decreased by 0.5% from last month (85.0%).

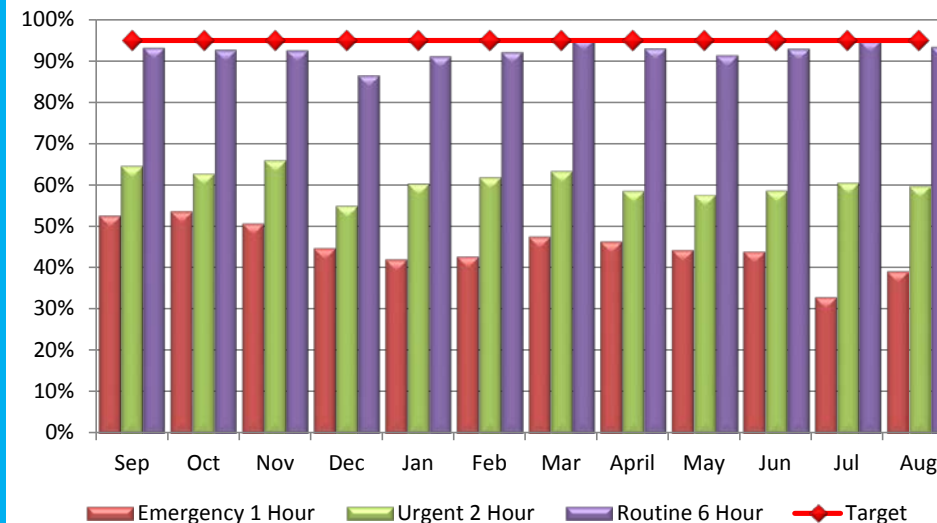
The NHS England target for clinical advice has now increased to 50% across the IUC system as a whole. Clinical contacts for August 2018 was 45.1%, (1.3% below last month)

11.4 Demand

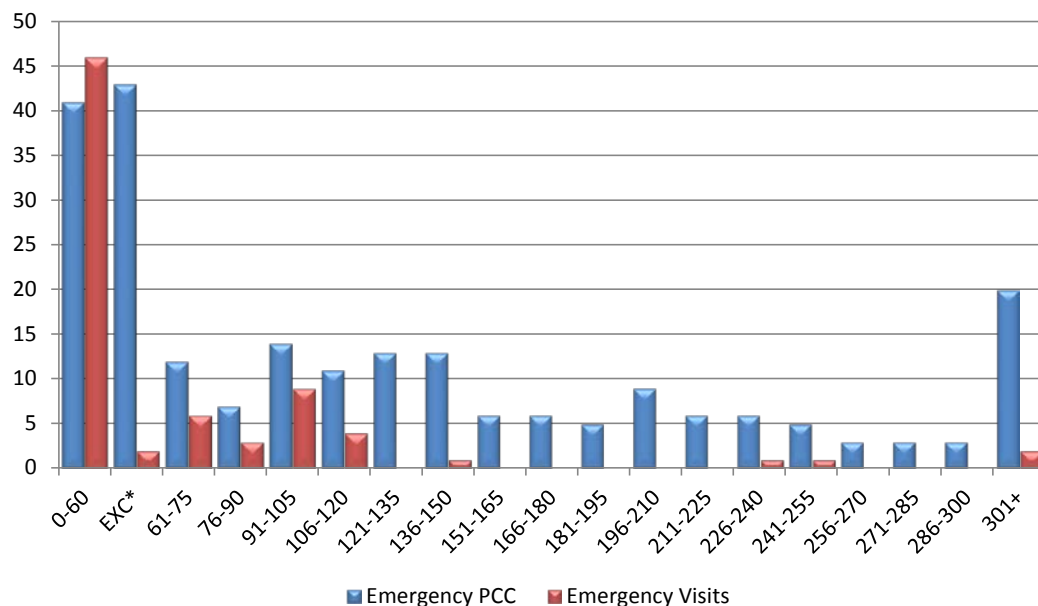


YTD	Variance	YTD 2017-18	YTD 2018-19	Diff	Percentage
		104,288	102,233	-2,055	-2.0%

11.6 Performance



11.5 Tail of Performance



11.7 Complaints

Adverse incidents	
Adverse incidents	One SI reported in Aug-18. Incident on 12th August - Leeds area - related to clinical care pathway/direct referral pathway. Currently under investigation.
Adverse reports received	No adverse reports received
Patient Complaints	18 patient complaints received in Aug-18 according to DATIX 4 C's report (includes all categories). 13 of these directly involving the LCD part of the pathway. 2 upheld, 3 not upheld and 13 remain under investigation.

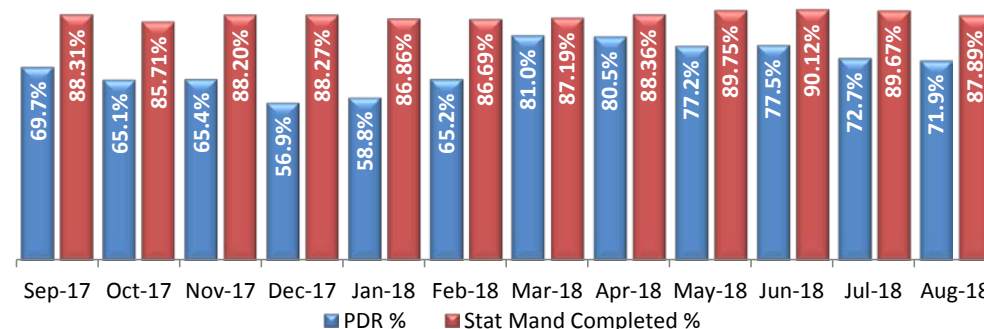
Comments: Patient demand increased during Aug 18 (2.3%) as compared to Aug 17, cumulatively remain below if the year to date picture is compared to 2017. NQR performance improved for Emergency 1 hour by 6.2%. Urgent 2 hour has decreased by 0.8% from July to August and Routine 6 hours also decreased by 1.4%

11.8 Workforce FTE - Call Handler & Clinician

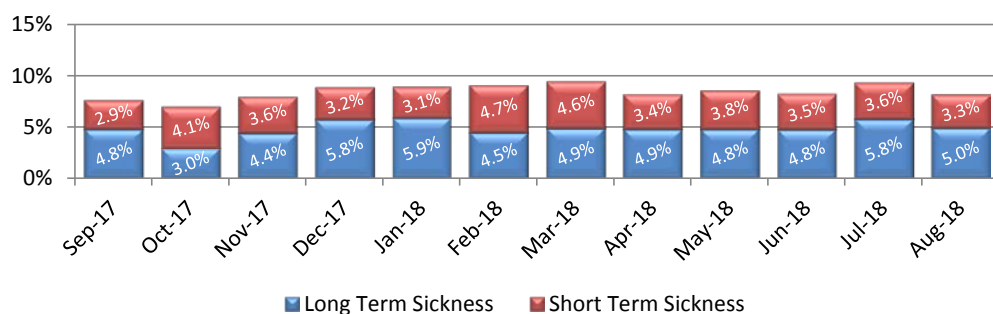
Available

	FTE	Sickness	Absence	Total	%
Budget FTE	329	30	76	224	68%
Contracted FTE (before OT)	277	49	88	140	51%
Variance	-52	-19	-12	-84	-17%
% Variance	-16%	-65%	-16%	-37%	
FTE (Worked inc Overtime)	298	49	88	161	54%
Variance	-31	-19	-12	-62	
% Variance	-9.4%	-65%	-16%	-28%	-14%

11.11 Training



11.9 Sickness

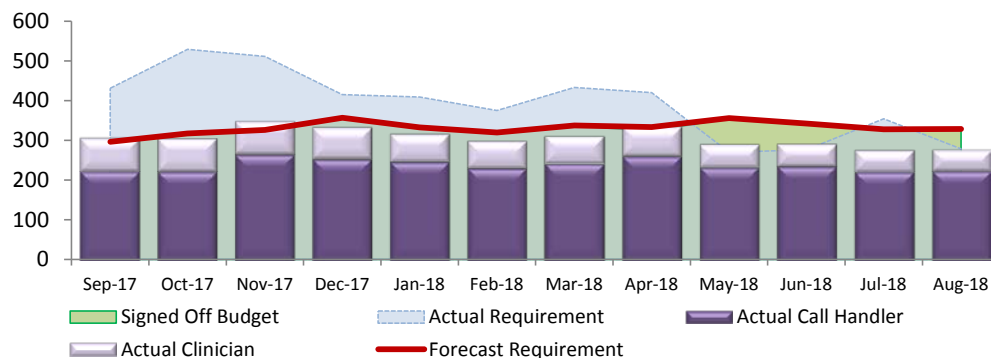


Commentary

Statutory and mandatory training was under the 90% target at 87.89%, and PDR rates decreased by 0.8% during August.

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 8.3% for August 2018, a 1.1% decrease from July 18. Work continues with HR colleagues and operational managers to support staff to maintain attendance at work.

11.10 Recruitment Plan

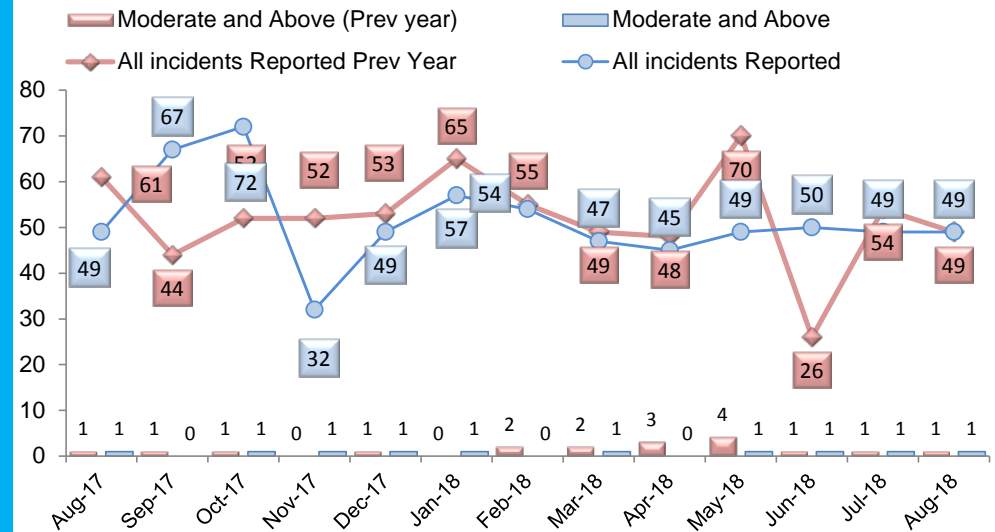


Clinical recruitment is an ongoing process within NHS111 to maintain sufficient clinical staff with an additional 10 clinicians currently being processed to commence after September. A joint advert for Senior Clinical Advisors in EOC and NHS 111 has recently gone out to support further clinical recruitment.

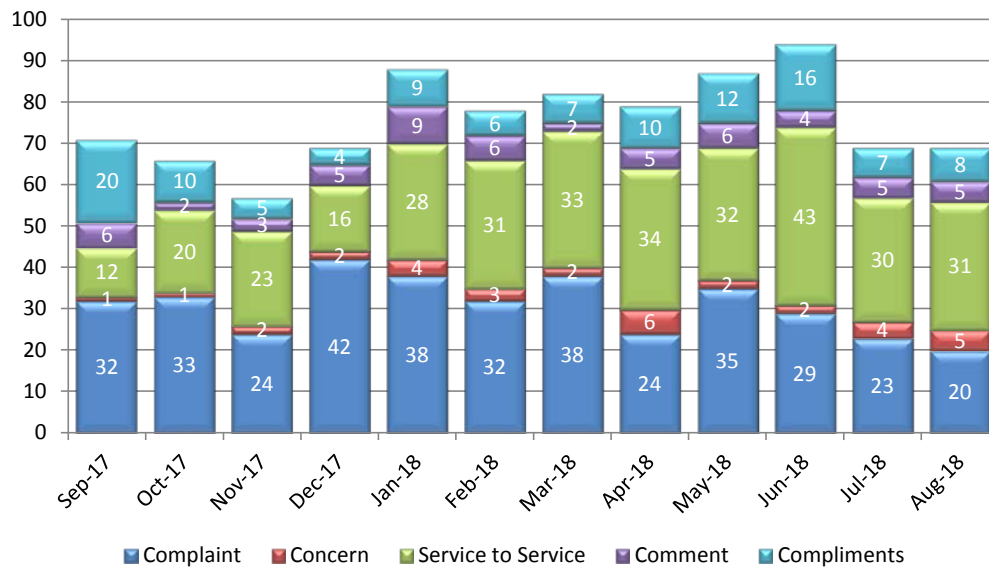
11.13 Quality, Safety and Patient Experience

		Aug-18	YTD
Serious Incidents		1	3
Total Incidents (per 1000 activities)		0.00	0.01
Total incidents Moderate & above		1	4
Response within target time for complaints & concerns		68%	96%
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

One SI was reported for August 2018.

20 patient complaints were received in August, a decrease of 3 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 increased, with 8 received during August 2018.

ANNEXES

System (August 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)	64245	95518	90475	57976	69692	71548	33542	84369	58313	44851
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	63.2%	62.7%	60.8%	66.8%	64.8%	60.0%	59.1%	53.0%	53.2%	52.3%
C1 Incidents	7.9%	9.6%	9.3%	9.9%	9.1%	6.3%	6.5%	6.2%	5.7%	5.4%
C2 Incidents	55.3%	53.1%	51.5%	56.9%	55.7%	53.7%	52.6%	46.8%	47.5%	46.9%
C3 Incidents	23.3%	23.0%	24.3%	20.7%	18.8%	25.4%	26.8%	36.9%	35.5%	31.9%
C4 Incidents	1.5%	2.7%	4.1%	0.3%	3.4%	0.9%	1.2%	1.9%	1.6%	2.5%
HCP 1-4 Hour Incidents	5.3%	3.8%	4.0%	5.3%	3.8%	4.3%	6.3%	4.9%	3.6%	7.8%
Hear and Treat	6.6%	3.0%	5.7%	6.9%	6.9%	5.2%	4.9%	3.0%	5.9%	5.5%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:07:03	00:06:45	00:07:53	00:07:34	00:08:10	00:07:02	00:06:09	00:06:40	00:07:32	00:07:08
C1-90th centile response time (Target 00:15:00)	00:12:05	00:10:58	00:13:20	00:13:48	00:14:59	00:13:00	00:10:23	00:11:23	00:14:17	00:13:07
C2-Mean response time (Target 00:18:00)	00:19:26	00:17:05	00:21:47	00:31:29	00:24:53	00:26:43	00:19:01	00:11:42	00:18:15	00:15:23
C2-90th centile response time (Target 00:40:00)	00:39:47	00:34:15	00:46:25	01:06:53	00:52:03	00:56:52	00:38:41	00:21:17	00:35:07	00:30:30
C3-90th centile response time (Target 02:00:00)	01:59:28	01:53:55	02:21:31	03:02:22	03:04:20	02:44:12	02:37:53	01:04:32	03:08:43	01:53:24
C4-90th centile response time (Target 03:00:00)	02:45:48	02:03:53	02:58:10	02:47:18	03:36:41	06:05:07	02:52:47	01:42:38	03:37:10	02:41:41
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	59.8%	62.9%	63.5%	61.2%	59.1%	52.6%	58.4%	57.1%	58.5%	54.8%
Incidents with transport not to ED	9.7%	7.0%	6.4%	4.3%	2.9%	5.0%	11.9%	3.7%	2.8%	6.2%
Incidents with face to face response	23.9%	27.1%	24.4%	27.6%	31.0%	37.2%	24.7%	36.3%	32.8%	33.4%

Clinical (March 2018)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
ROSC	25.8%	34.6%	37.1%	30.8%	32.7%	33.3%	34.0%	25.2%	29.7%	29.4%
ROSC - Utstein	50.0%	61.8%	53.7%	61.9%	60.0%	58.3%	75.0%	42.9%	40.9%	-
Cardiac - Survival To Discharge	8.3%	3.4%	7.5%	10.8%	11.6%	9.2%	14.9%	14.1%	8.6%	14.1%
Cardiac - Survival To Discharge Utstein	9.1%	20.8%	21.6%	36.8%	43.3%	26.5%	47.6%	34.1%	21.4%	-