



Integrated Performance Report

November 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, Jul 18,	5.09%
Staff turnover, Sep 18	1.07%
NHS Staff Survey response rate 17/18	34.52%
Proportion of temporary staff, Oct 18	1.18%

Source: [NHS Model Hospital](#)

Operational Performance Response Times

	Nov 18
Cat 1 Life-threatening calls mean	7:02
90 th centile	12:13
Cat 2 Emergency calls mean	20:29
90 th centile	42:36
Cat 3 Urgent calls 90 th centile	01:58:25
Cat 4 Less urgent calls 90 th centile	02:43:41

Source: Annex 1 AQI National Benchmarking

Service Transformation Programme RAG ratings (November 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* Nov 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 376 DCA's now operational
- ARP performance better than trajectory on Category 1&2 standards but missed category 3& 4 90th percentile.
- Recruitment/training of new staff behind track – with additional driver training now secured to mitigate training shortfall.
- EPR now live in 12 ED handover locations with roll out pausing after early December for winter pressures.
- Hear and Treat behind plan, with additional focus on clinical recruitment in Q4. Workshops held to support development of integrated clinical workforce model.

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 on track for go live January 2020
- AVP Leeds and Huddersfield went live 3rd December as planned
- Unified Comms procurement in progress and benefits realisation plan under development.

Capacity Capability **Amber**

- Work on an options appraisal for future training requirements of the trust is underway
- Response to PWC Capacity and Capability review discussed at TEG
- Proposal for refreshment of gateway review process coming to next meeting
- QI Year 2 plan presented to and agreed by the group


External

- 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 planning lead working with ICS partners to jointly develop WY&H ICS system plan
- YAS continue to initiate discussions within the remaining ICS / STP areas on an organisational/system planning basis to ensure plan alignment
- Planning Guidance anticipated on 21 December 2018, with NHS Long Term Planning Guidance expected mid-January 2019
- 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.
- YAS actively engaged in the ongoing development and implementation of the Escalation Management System (EMS) across South Yorkshire and Bassetlaw ICS area.
- Winter funding for HALO+ model supported for South Yorkshire, operational teams developing operating model
- YAS working with providers and commissioners across the patch to identify local Urgent Treatment Centres and to develop and agree appropriate pathways into them
- 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 November 2018

↓	Category 1 was 07:02	YTD Performance		
↔	Ambulance responses on Scene increased by 3.7% from last month		Time	Change
↑	PTS KPI 2 continues to be above target at 89.5% for November	Category 1 Mean Performance	07 mins 02 Sec	0 min 08 sec less
↔	Calls transferred to a CAS Clinician in 111 is below 50% target at 44.7%	Ambulance Turnaround Time	33 mins 24 sec	0 min 33 sec more


A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 Mean		
Contract	Nov-18	Variance (%)	Contract	Nov-18	Variance (%)	Avg	Nov-18	Var	Avg	Nov-18	Change	Target	Nov-18	Var
78,081	83,311	6.7%	59,771	62,611	4.8%	75.2%	75.4%	0.2%	2,417	2,069	(14.4%)	00:07:00	00:07:02	00:00:02
														

PTS (KPI's exclude South)






PTS Demand (Inc Abort & Escorts)			KPI2 Arrived Hospital (<2Hrs)			KPI3 Pre Planned Picked up (<90Min)			KPI4 Short Notice Patients (<2Hrs)			Calls answered in 3 mins		
Contract	Nov-18	Variance (%)	Target	Nov-18	Variance (%pts)	Target	Nov-18	Variance (%pts)	Target	Nov-18	Variance (%pts)	Target	Nov-18	Var
84,410	79,827	(5.4%)	82.9%	89.5%	6.6%	92.0%	91.6%	(0.4%)	92%	79.8%	(12.2%)	90.0%	96.3%	6.3%
														

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	Nov-18	Variance (%)	Target	Nov-18	Variance (%)	Target	Nov-18	Variance (%)	Target	Nov-18	Variance (%)	Avg	Nov-18	Variance (%)
136,710	135,115	(1.2%)	95%	82.9%	(12.1%)	50%	44.7%	(5.3%)	95%	74.0%	(21.0%)	9.5%	10.9%	1.4%
														

Key	Tolerance for Variance (unless stated different)	Variance	Sparklines	AVG - Average	Contract	Updated
	Tolerance 5% number change or 5% pts	Variance to Contract or Target or Average	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	Demand Contracted for in the main contract	18.12.18 - PMO

Our Quality November 2018

	2 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	Nov 17	Nov 18
	FOI compliance in November was 62%		Q2	YTD	Hand Hygiene	99%	99%
	2 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (Utstein)	PTS	90%	91%	Premise	99%	99%
	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
686	665	(5.7%) ↓	197	191	(3.5%) ↔	21	27	42.1% ↑	2	0	(200.0%) ↓	87	83	(15.3%) ↓

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
795	773	0.7% ↔	522	555	(0.4%) ↔	85	70	(24.7%) ↓	76%	62%	(6.1%) ↓	37	45	55.2% ↑

Clinical Outcomes (July Data)

Stroke - Mean time from call to hospital arrival			Stemi - Mean time from call to catheter insertion for angiography			ROSC (Utstein)			Survival (Utstein)			Deep Clean Breaches (8 weeks)		
Avg	hh:mm	Change (hh:mm)	Avg	hh:mm	Change (hh:mm)	Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	AE/PTS	Change %
01:09	01:08	0.0% ↔	02:14	02:14	(00:06) ↓	46.0%	28.6%	(17.1%) ↓	25.6%	15.8%	(14.6%) ↓	17	42	82.6% ↑

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	18.12.18 - PMO

Our Workforce - November 2018

↑	672 staff are overdue a PDR out of 4482
↔	259 Staff are on long term sick out of 5434 Staff
↑	438 staff are still to complete the stat and man work book out of 5434
↑	Child level 2 compliance does not include e-learning numbers of 3462 completed end of November-18

YTD Performance		
	%	Change
Sickness	5.84%	0.04%
Stat and Man	91.94%	0.18%

Workforce									Recruitment			IG		
Total FTE in Post (ESR)			BME			Turnover			New Starts			Information Governance		
Avg	N°	Variance (%pts)	Target	%	Variance (%pts)	Avg	%	Variance (%pts)	Avg	FTE	Variance (%pts)	Target	%	Variance (%pts)
4,482	4,668	4.1%	11.1%	6.5%	(4.7%)	10.2%	9.2%	(1.0%)	56.4	58.4	3.6%	95.0%	76.8%	(18.2%)

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%	6.2%	1.2%	2.0%	2.2%	0.2%	3.8%	4.0%	0.2%	1,833	1,425	(19.7%)	£819,203	£740,806	(9.6%)

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%	80.7%	(9.3%)	90.0%	91.9%	1.9%	90.0%	89.0%	(1.0%)	80.0%	89.1%	9.1%	3308	3,462	154

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	18.12.18 - PMO

	in Month			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Income	(22,774)	(23,219)	(445)	(181,666)	(183,803)	(2,137)
Expenditure	22,431	22,876	445	177,168	179,305	2,137
Retained Deficit / (Surplus) with STF Funding	(343)	(343)	0	(4,497)	(4,497)	0
STF Funding	(212)	(212)	0	(1,167)	(1,167)	0
Retained Deficit / (Surplus) without STF Funding*	(131)	(131)	0	(3,330)	(3,330)	0
EBITDA	(1,295)	(1,279)	16	(12,056)	(12,292)	(236)
Cash	35,692	42,208	6,516	35,692	42,208	6,516
Capital Investment	1,430	2,769	1,339	6,787	7,921	1,134
Quality & Efficiency Savings (CIPs)	864	859	(5)	5,554	5,042	(512)

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

The Trust has reported a surplus as at the end of November (Month 8) of £4,497k, which is in line with plan.

At the end of November 2018 the Trust's cash position was £42.2m against a plan of £35.7m, giving a positive variance of £6.5m.

The improved position, against the plan, is as a result of receivables being less than plan (£4.4m) and funding for capital spend (£3.8m) meaning that whilst capital expenditure is £2.4m above plan overall, this has been more than offset by additional receipts, with a net contribution to the cash position of £1.4m.

As at the end of November the Capital expenditure for 18/19 was overspent by £1,134k against the original plan. During November 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 £511k of which £351k 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 November 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 November (Month 8) is £12,292 against a plan of £12,056k, a favourable variance of £236k against plan.			
SURPLUS: The Trust has reported a surplus (including STF) as at the end of November (Month 8) of £4,497k, which is in line with plan. STF achieved YTD is £1,167k.			
CAPITAL: As at the end of November Capital expenditure for 18/19 was overspent by £1,134k against the original plan. During November 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 November 2018 the Trust's cash position was £42.2m against a plan of £35.7m, giving a positive variance of £6.5m. The improved position, against the plan, is as a result of receivables being less than plan (£4.4m) and funding for capital spend (£3.8m) meaning that whilst capital expenditure is £2.4m above plan overall, this has been more than offset by additional receipts, with a net contribution to the cash position of £1.4m.			
CIP: The Trust has a savings target of £9,010k for 2018/19. YTD the Trust has underachieved against this target by £511k of which £351k 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	2879	2502	(377)
Business Development Directorate	22	0	(22)
Chief Executive Directorate	55	20	(35)
Clinical Directorate	70	70	0
Estates Directorate	186	125	(61)
Finance Directorate	410	323	(87)
Fleet Directorate	725	525	(200)
Planned & Urgent Care Directorate	477	328	(149)
Quality, Governance & Performance Assurance Directorate	62	45	(16)
Hub & Spoke	45	45	0
Workforce & OD	624	440	(184)
RESERVE	0	619	619
Grand Total	5,554	5,042	(511)

Recurrent/Non-Recurrent Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	5,002	4,222	-779
Non-Recurrent	552	820	268
Grand Total	5,554	5,042	(511)

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

November 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	Amber					
Healthy food for NHS staff and visitors	Head of Facilities Management, Estates	£286,016	Green	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	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 Mental Health First Aider training is being procured which will give a further 120 trained managers. A peer support network as well as TRiM is being planned for approval. Work with MIND is taking place in peer and trauma support. The trust are currently out to procure for Occupational Health services. The flu campaign delivery is fully underway with our current uptake rate at the end of Nov at 61.3%, a 6% improvement on the same time period last year.

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	Green					
End to End Reviews	Head of Investigations & Learning	£1,072,238	Green	Green	Green	Green	Green	Green	Green	Green					
Mortality Review	Deputy Medical Director	£1,716,096	Green	Green	Green	Green	Green	Green	Green	Green					
Respiratory Management Improvement	Deputy Medical Director	£858,477		Green	Green	Green	Green	Green	Green	Green					
Total		£4,290,240													

Comments:

Both End-to-End reviews for Q3 have now been completed. 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	Green						
Total															

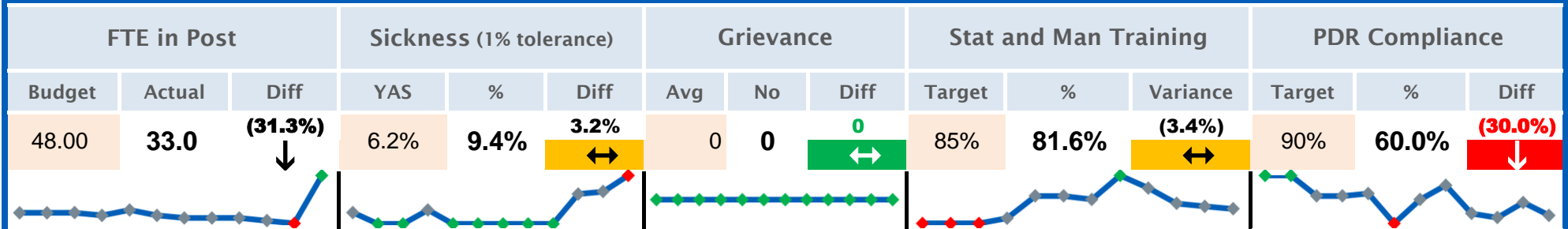
Comments:

Full agreement and sign off has now been agreed with West commissioners. The Quarter 2 reports have been signed off by all three consortia areas i.e. North, South and West. The surveying is going extremely well with over 300 surveys completed to date. The Patient Survey App is fully on track to deliver the CQUIN.

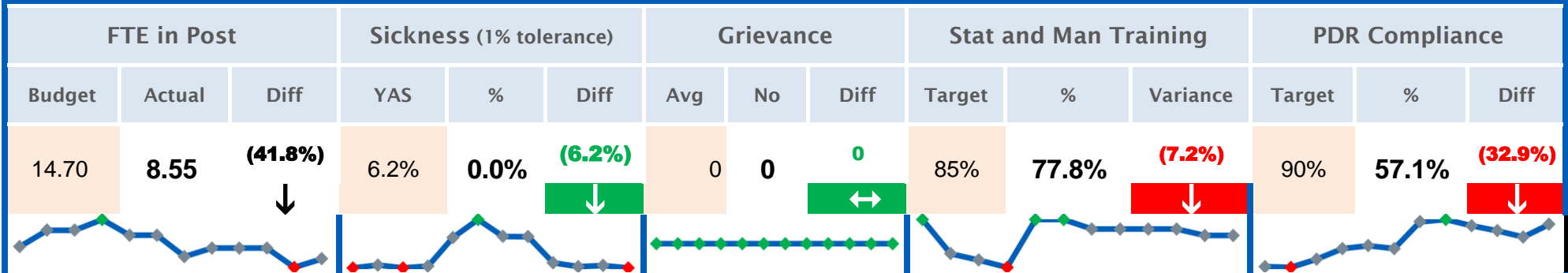
Green	Fully Completed / Appropriate actions taken
Amber	Delivery at Risk
Red	Milestone not achieved

Corporate Services - November 2018

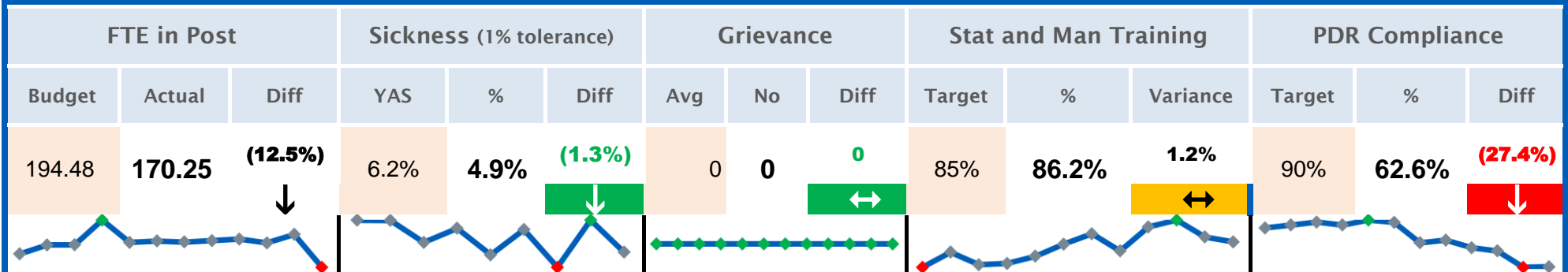
Chief Executive



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

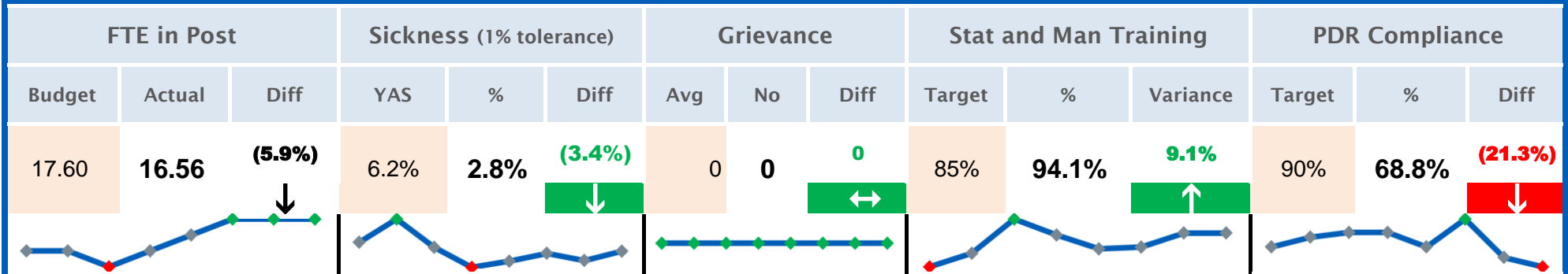
Previous 12 Periods

Updated

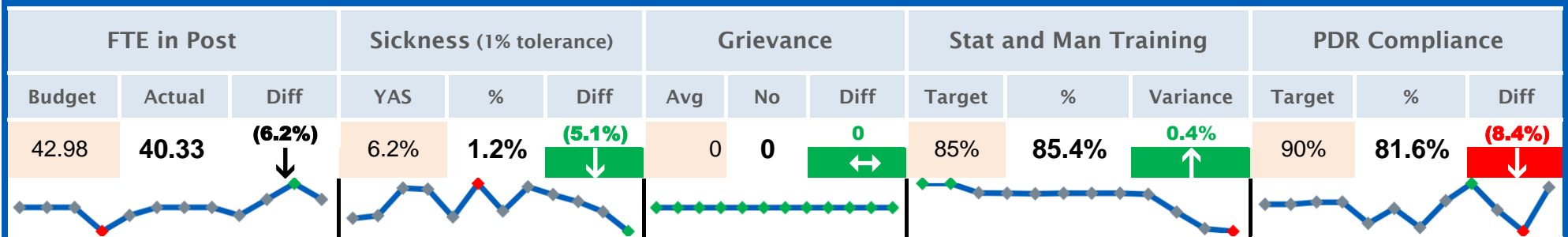
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Corporate Services - November 2018

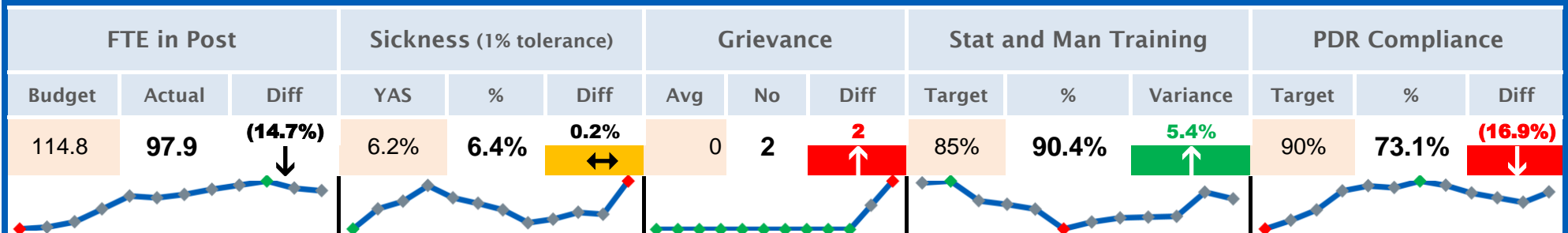
Business Intelligence



ICT



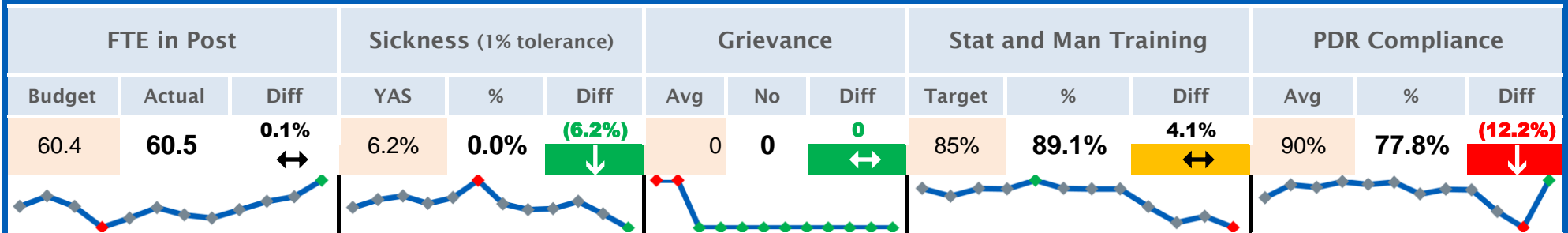
Workforce & Organisational Development



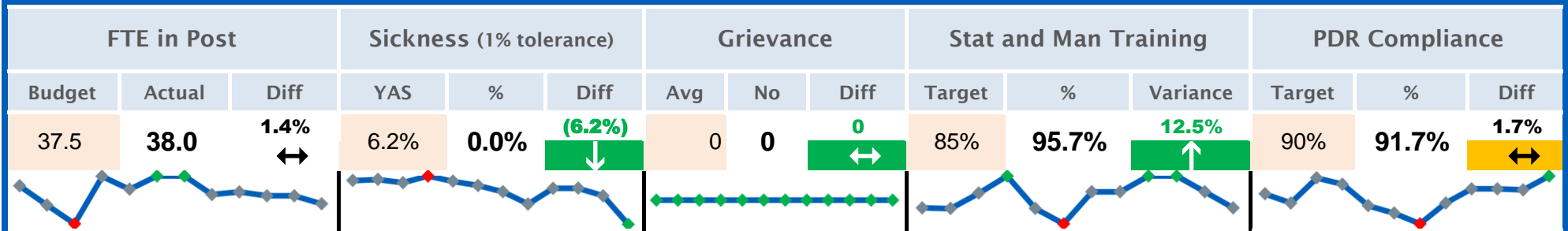
Key	Difference		Direction of Travel		Sparklines		AVG - Average		Updated				
	Current Month (tolerance 5% number difference) unless stated		From Previous Month		To demonstrate trend, low point is lowest point in that trend (not zero)		Previous 12 Periods		18.12.18 - PMO				

Corporate Services - November 2018

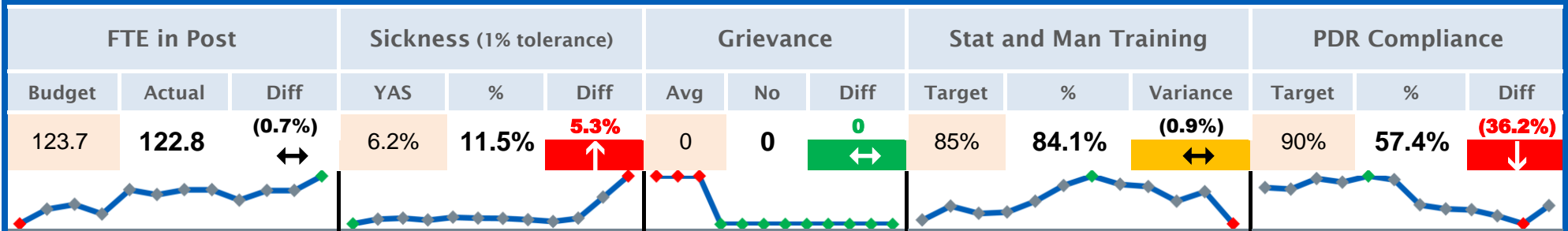
Quality, Governance and Performance Assurance



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)

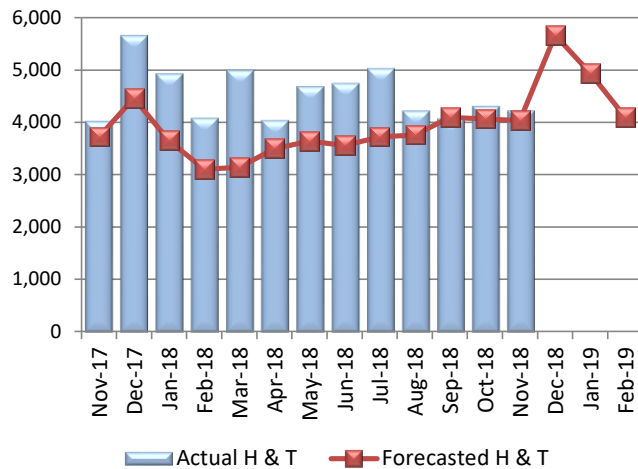
AVG - Average
Previous 12 Periods

Updated
18.12.18 - PMO

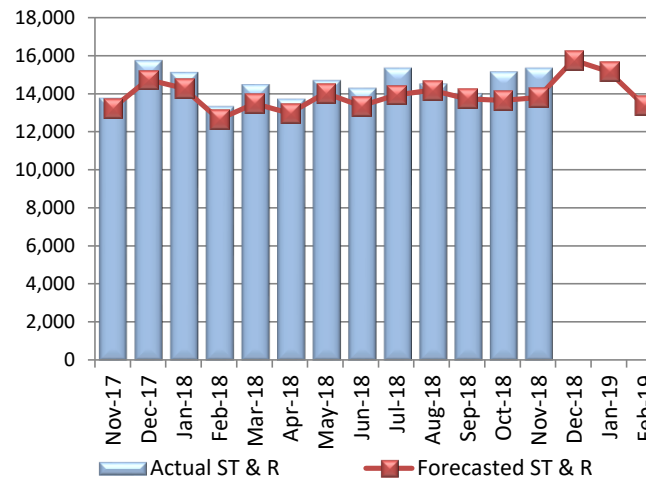
SERVICE LINES

9.1 Activity

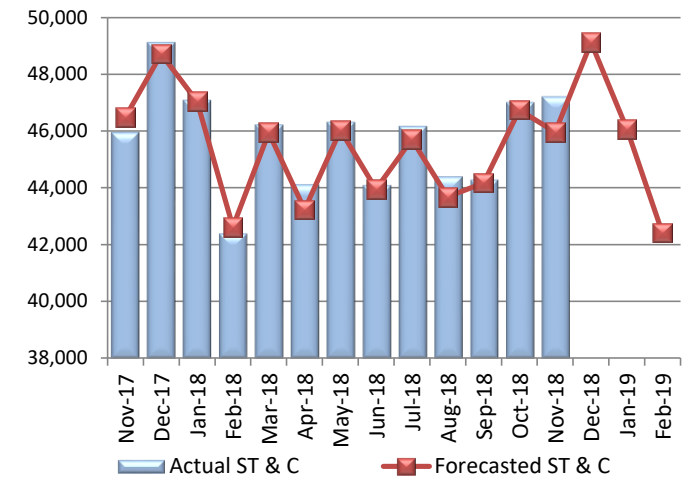
Hear & Treat



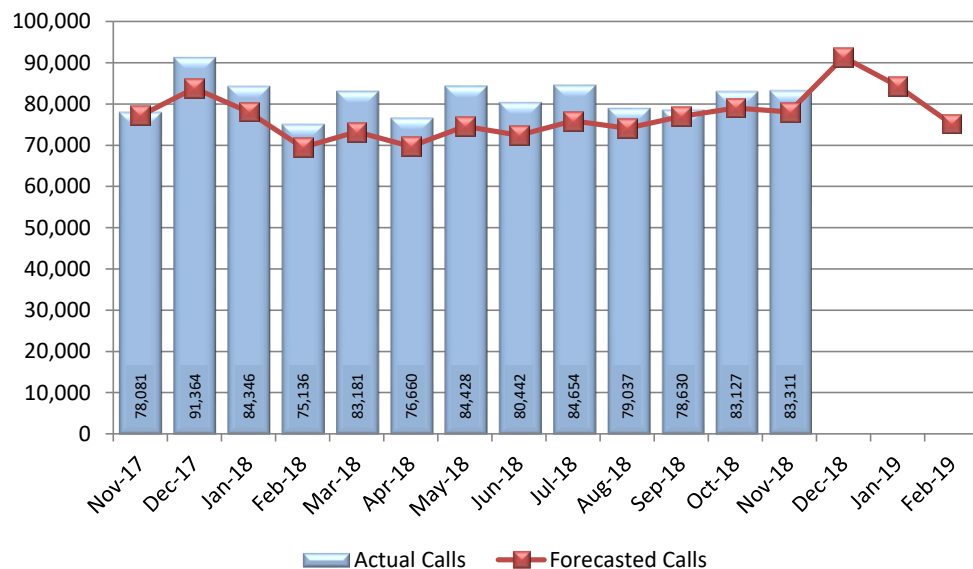
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

Total Calls November calls increased marginally against October, reporting an overall increase of 6.7% on November 2017.

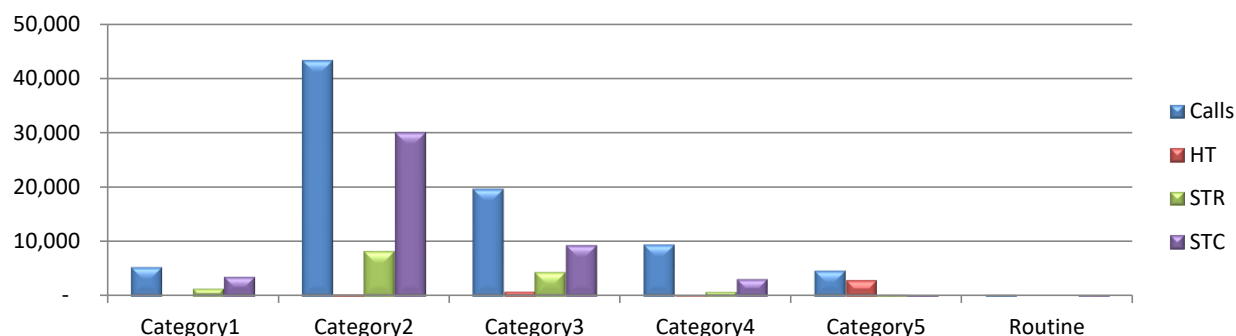
H&T Increase of 5 % in the amount of H&T carried out vs November last year. H&T service provision is now behind trajectory target which is being investigated. Clinical recruitment is still ongoing and the third round of assessment centre will be taking place in the New Year. To date 15wte out of 30 have been recruited to although majority of these staff are not yet operational and are either in training or going through pre-employment checks.

ST&R Increase of 11.5% vs November last year and the most significant increase seen YTD. 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 2.7% in the amount of ST&C carried out vs November last year.

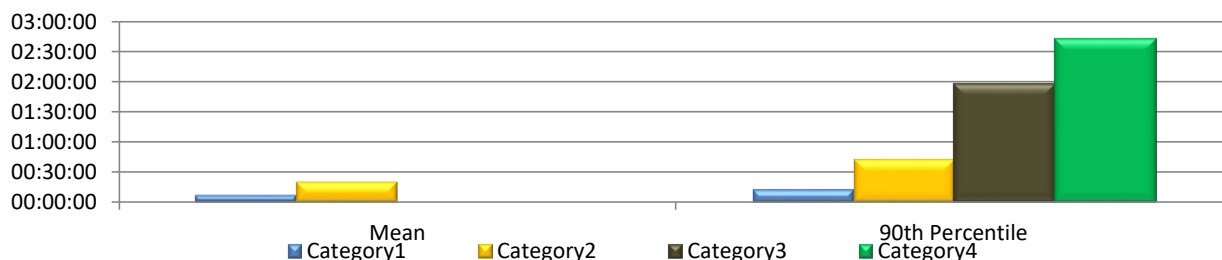
9.2 Activity

ARP3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	5,458	11	1,443	3,670	5,113	8.2%
Category2	43,407	400	8,245	30,196	38,441	61.6%
Category3	19,795	840	4,496	9,486	13,982	22.4%
Category4	9,569	142	875	3,237	4,112	6.6%
Category5	4,776	2,844	313	255	568	0.9%
Routine	306	-	8	200	208	0.3%



9.3 Performance

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:07:02	00:12:13	00:07:00	00:15:00
Category2	00:20:29	00:42:36	00:18:00	00:40:00
Category3		01:58:25		02:00:00
Category4		02:43:42		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.

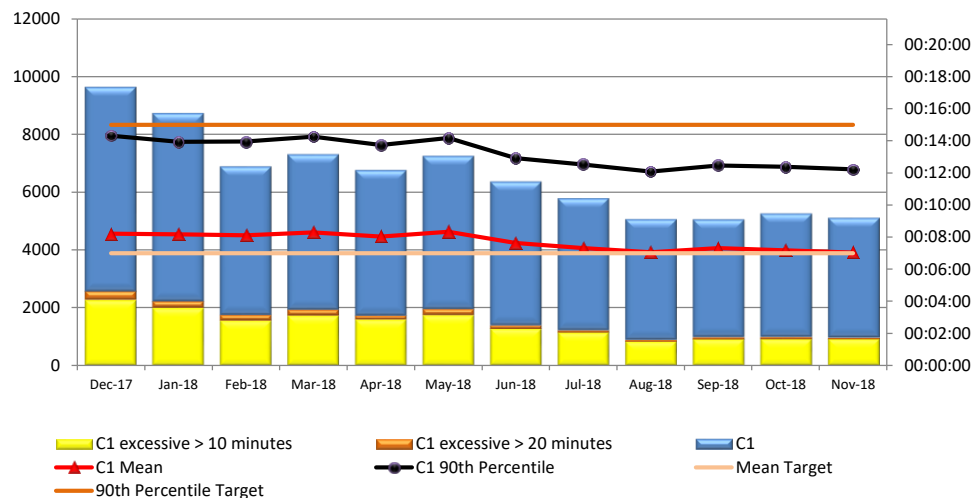
The Calls now split into 4 main categories with HCP calls monitored separately. There are now different standards than in ARP 2.2, for example the 8 minute response per incident does not exist anymore.

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

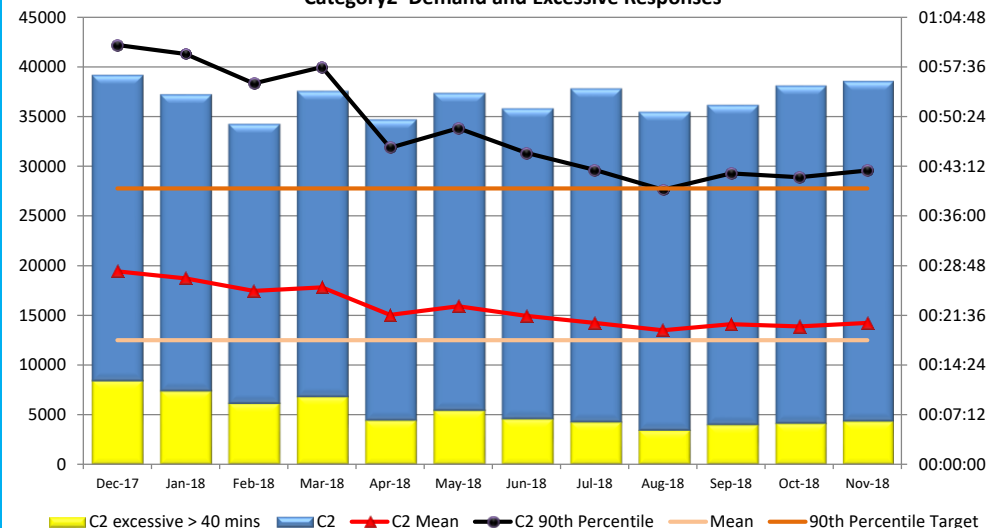
	Mean Standard	90 th Standard
C1	00:07:00	00:15:00
C2	00:18:00	00:40:00
C3		02:00:00
C4		03:00:00
HCP1		No Target
HCP2		No Target
HCP3		No Target
HCP4		No Target

9.4 Demand and Excessive Responses with Tail of Performance

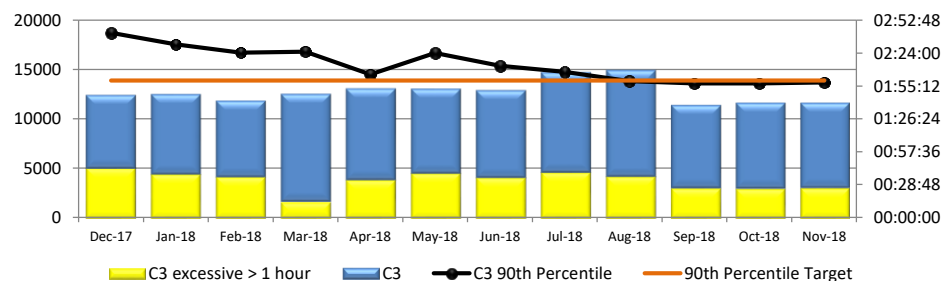
Category1 Demand and Excessive Responses



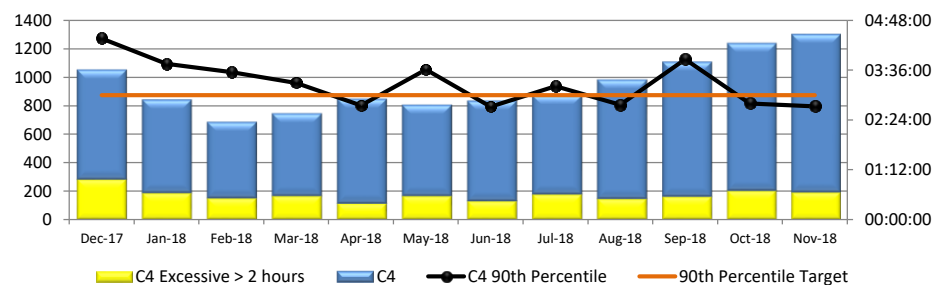
Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



Category4 Demand and Excessive Responses



Commentary

Category 1 Mean performance was 00:07:02 against the 00:07:00 target with the 90th percentile at 00:12:13 against the 00:15:00 target. Mean performance has reduced by 8 seconds and 90th percentile by 10 seconds against previous month performance.

90th percentile performance has reduced consistently since September while Mean performance has now reported under trajectory position for the last six consecutive months with November's response time the lowest YTD.

Category 2 Mean performance for November was 00:20:29, a 31 second increase on the previous month. 90th percentile is reporting 00:42:36, a 59 second increase against November's performance. Despite a slight increase across both Mean and 90th percentile performance both are currently reporting below trajectory.

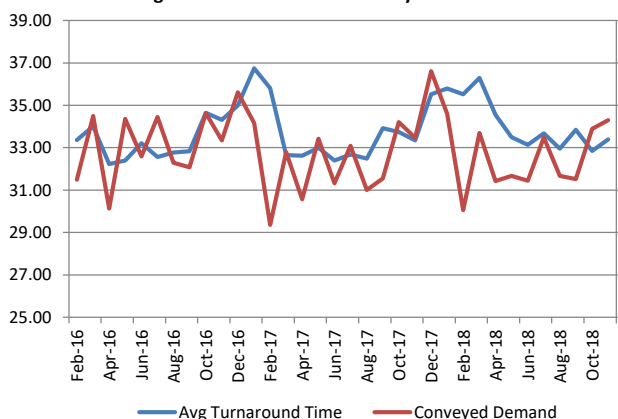
Category 3 90th percentile performance reported 1:58:25 response against a 2 hour target, showing an increase of 00:00:51 against November's performance. However this is the third successive month of reporting within 2:00:00 target.

Category 4 90th percentile performance was within target at 2:43:42 a decrease of 00:04:14 and within the 03:00:00 target. This is the 2nd best level of performance seen in the last 12 months. 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.

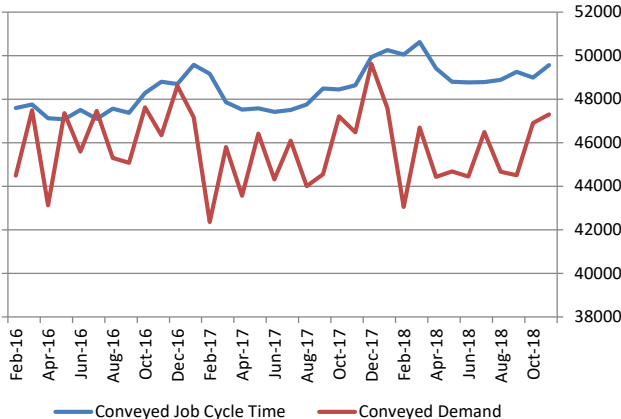
9.5 Hospital Turnaround Times

9.6 Conveyed Job Cycle Time

Average Turnaround Time & Conveyed Demand



Conveyed Job Cycle (Allocated to Clear - Conveying Resource)



Commentary

Turnaround times: Novembers times were 1.7% Higher than October and 0.1% higher than Novemembr 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: Increased 1.5% against October and 2.4% against November 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.

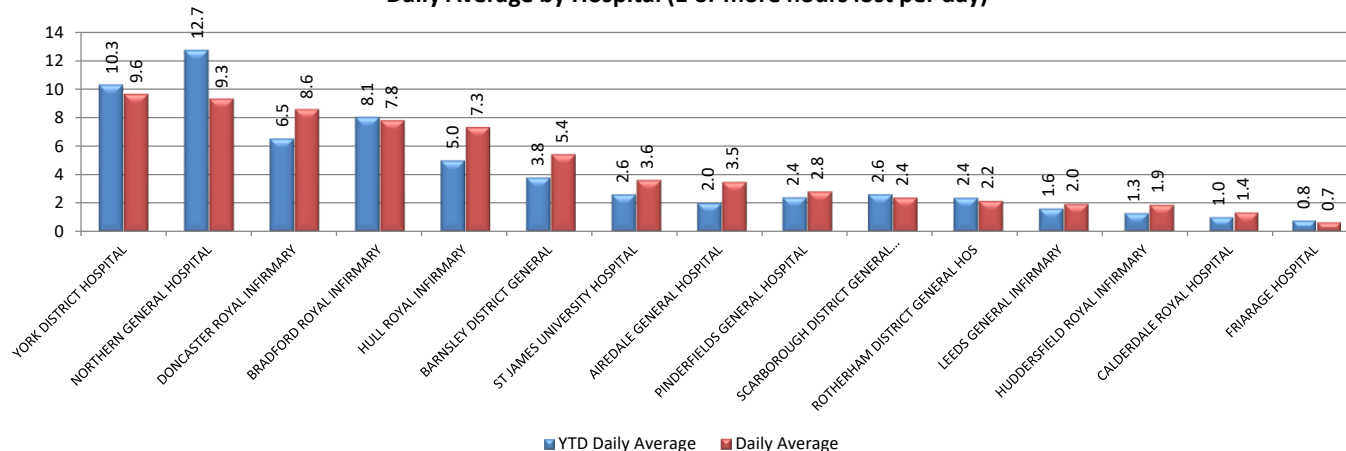
Excessive hours: Lost hours at hospital for November was 235 hours higher than October, an increase of 12.8% and an overall increase of 12.6% against Novemembr 2017.

During the festive period an audit will be taking place to review excessive waits to identify specific common themes and support the delivery model going forward ensuring our service continues to minimise patient harm.

9.7 Hospital Turnaround - Excessive Responses

	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Last 12 months
Excessive Handovers over 15 mins (in hours)	3,563	3,447	2,975	3,532	2,834	1,768	1,577	1,952	1,554	1,899	1,834	2,069	29,004
Excessive Hours per day (Avg)	115	119	96	118	91	59	51	63	52	61	61	67	79

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

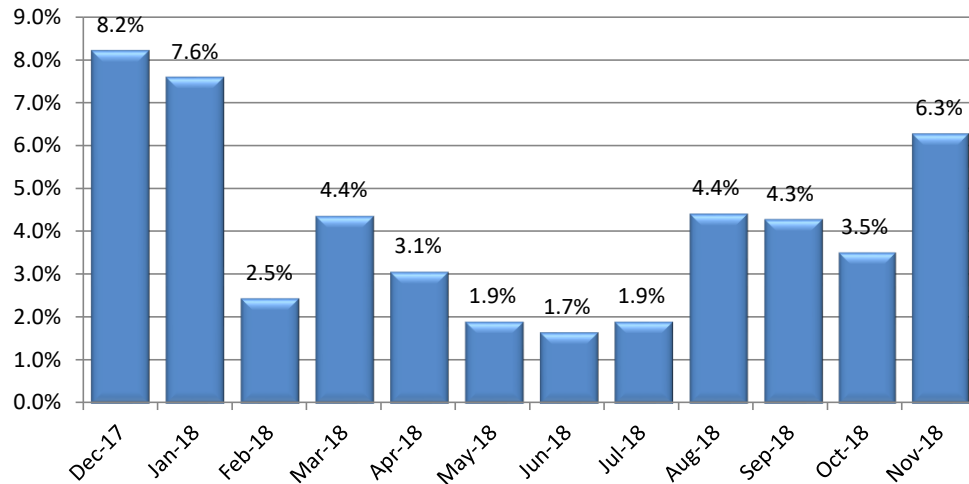


9. A&E Operations

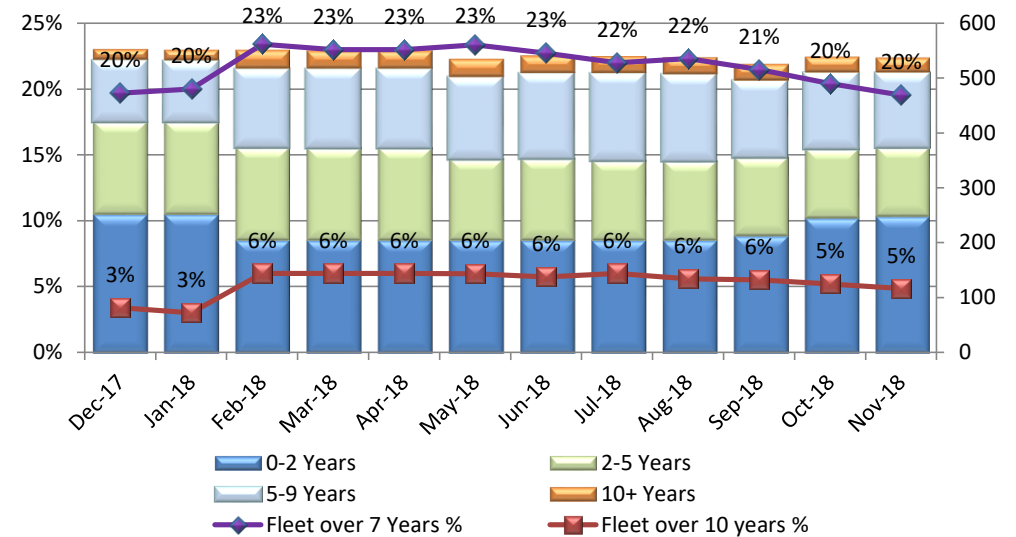
November 2018

9.8 Vehicle Deep Cleans (5 weeks)

% of Breaches outside window

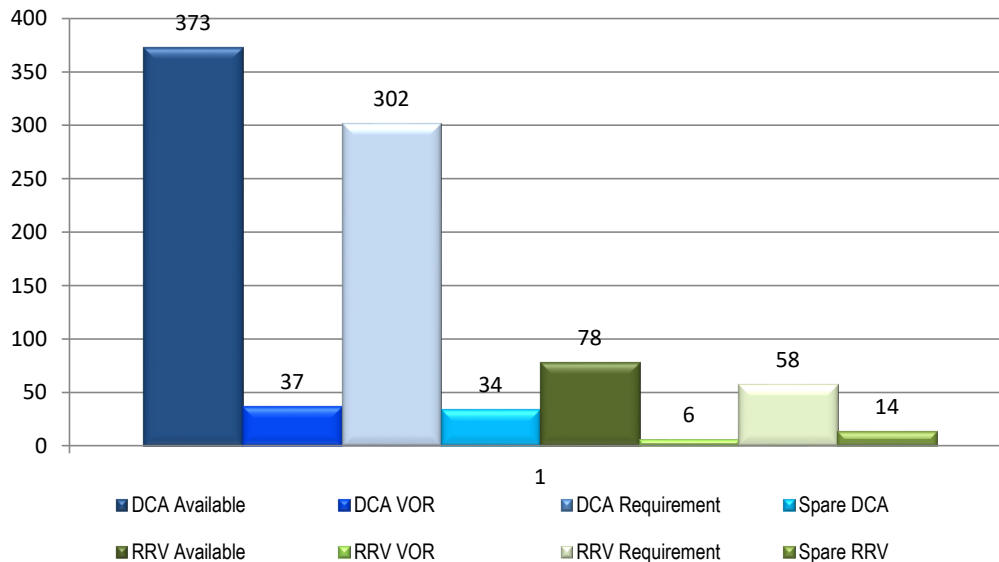


9.9 Vehicle Age



9.10 Fleet Availability

Trust Wide Average A&E Fleet Availability



Commentary

The A&E Deep Clean compliance service level reduced in November to a joint figure of 99.0%, but this was expected as the current Deep Clean teams transferred into 4 weeks full time training for the AVP sites at Leeds and Manor Mill. This is evident from the increase in LBA & CKW data, while the East, North and South remain reasonable static.

We had opened overtime to current staff, and slightly increased staffing to cover the stations who fall outside AVP from December. The AVP provision starts in December at Huddersfield and Leeds, and will be fully operational in January. Overtime will be available to staff throughout this period.

A&E vehicle fleet reconfiguration has continued throughout November with the migration from RRV to DCA. The Trust currently has 373 DCA available working towards the target of 380. Vehicle movements still provide a challenge although Fleet and Ops are working together to resolve issues.

9. A&E Operations

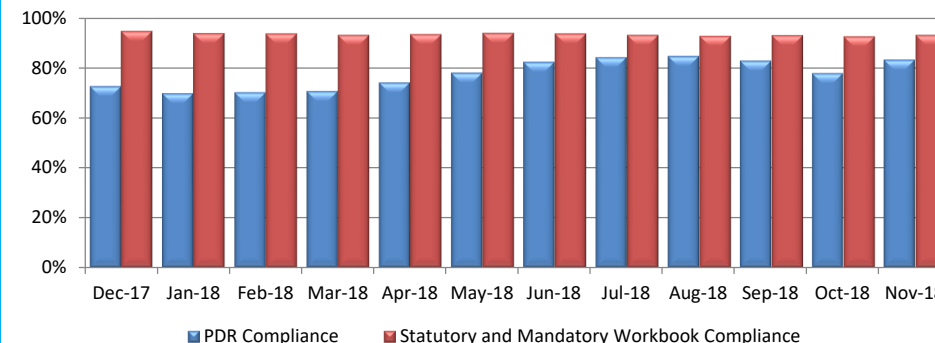
November 2018

9.11 Workforce

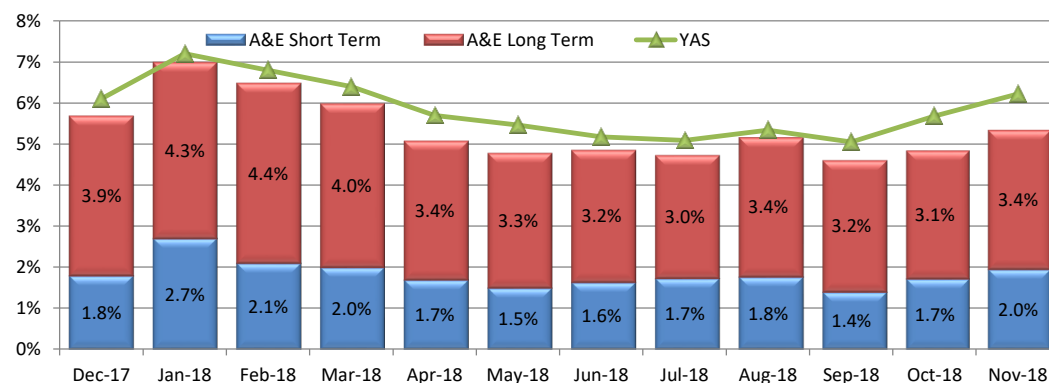
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,686	134	671	1,880	70%
Contracted FTE (before overtime)	2,532	156	522	1,854	73%
Variance	(154)	(21)	149	(26)	(1.4%)
% Variance	(5.7%)	(15.9%)	22.2%		
FTE (worked inc overtime)*	2648.4	156	522	1,971	74%
Variance	(37)	(21)	149	91	4.8%
% Variance	(1.4%)	(15.9%)	22.2%		

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

9.12 Training



9.13 Sickness



Commentary

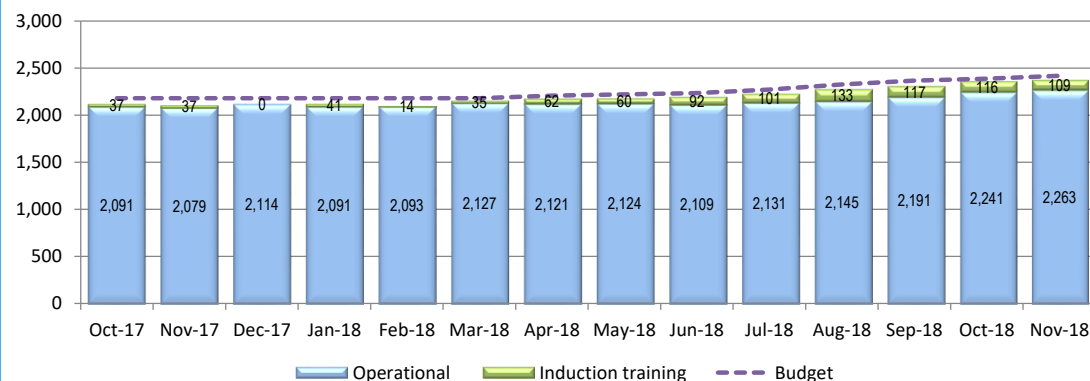
The number of Operational Paramedics is 925 FTE (Band 5 & 6). The difference between contract and FTE worked is related to overtime. Also the budget FTE figure in 9.11 is the year end budget position actual vacancy gap against forecast position in November is 46 FTE. The difference between budget and contract is related to vacancies.

PDR: Compliance is currently at 83.1% against stretch target of 90%. This is a significant increase of 5.3% against Octobers performance.

Sickness: Currently stands at 5.4% which is an increase of 0.6% on last month. A&E sickness is reporting below the Trust average of 6.2%.

9.14 A&E Recruitment Plan

A&E Operations (excluding CS)

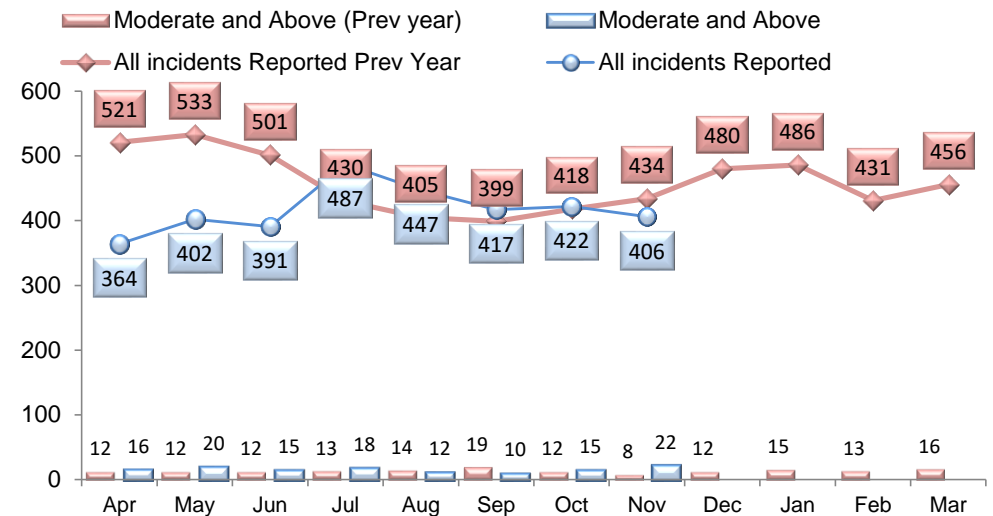


Recruitment Non clinical staffing numbers are slightly behind plan however mitigating action is being taken to resolve this before heading into the winter period. A weekly recruitment/training meeting takes place which has representation from YA Academy, HR and A&E operations to manage the current shortfall,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

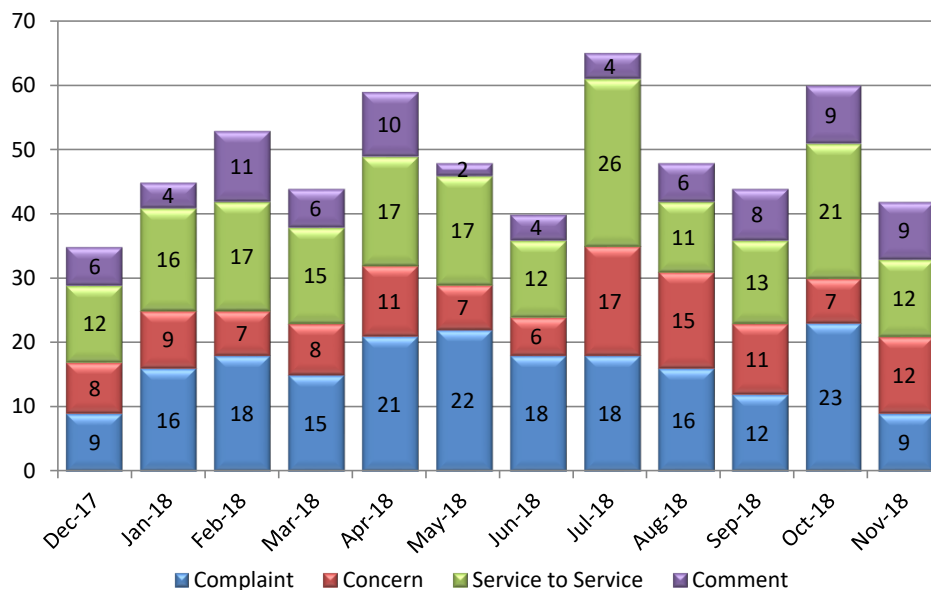
9.15 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	4
Total Incidents (Per 1000 activities)		0.00	0.01
Total incidents Moderate & above		15	128
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

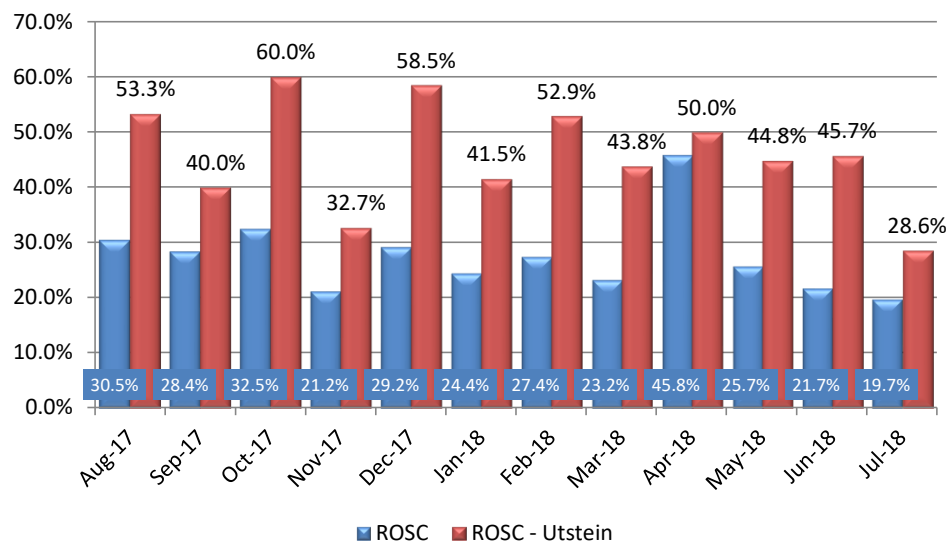


Commentary

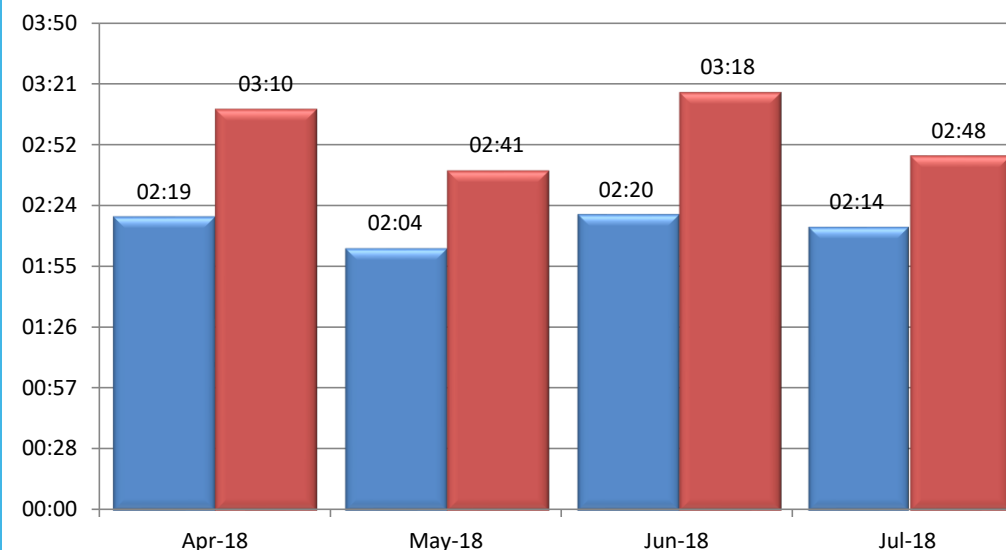
Incidents: Total reported incidents decreased 3.79% on last month and is down by 6.45% against November last year. Incidents of moderate harm and above remain at a low level and in line with previous months.

Feedback: November reported 30% less feedback overall. Compliants fell by 61% to their lowest level since December 2017.

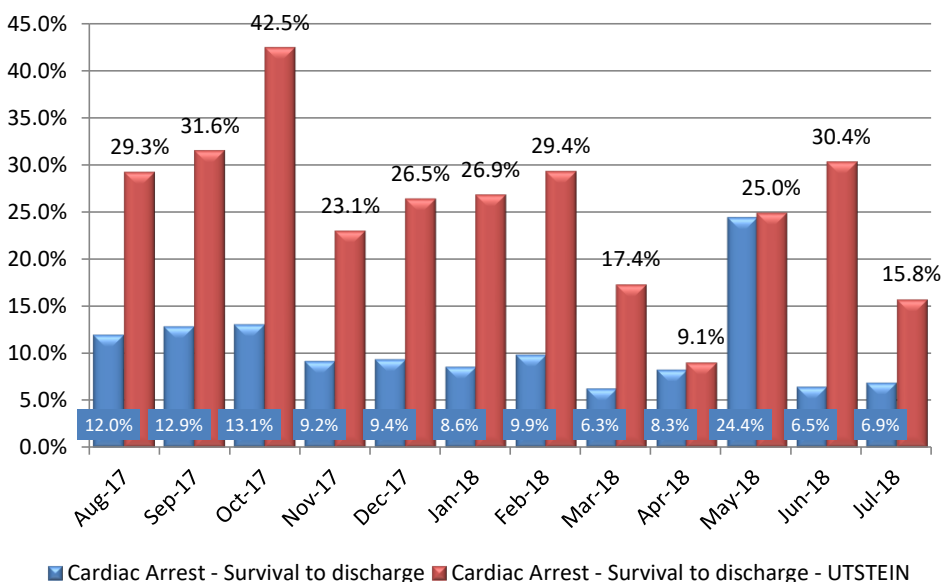
9.18 ROSC & ROSC Utstein



9.19 STEMI - Time from Call to Catheter insertion for Angiography (hh:mm)



9.20 Survival to Discharge



Commentary

Stroke 60 is no longer nationally reported, the new stroke ACQI will provide linked data via SNAPP reports focusing on call to needle for stroke patients receiving thrombolysis (full reporting not expected till April 2019)

*Please note, March, April, May, and June's ACQI data is incomplete and graphically inaccurate due to the following:-

The availability of the clinical data; staffing issues at health records have led to a back log in the processing of paper records. This has resulted in less time for hospitals to provide survival information (1 week instead of 4). The submitted samples are incomplete.

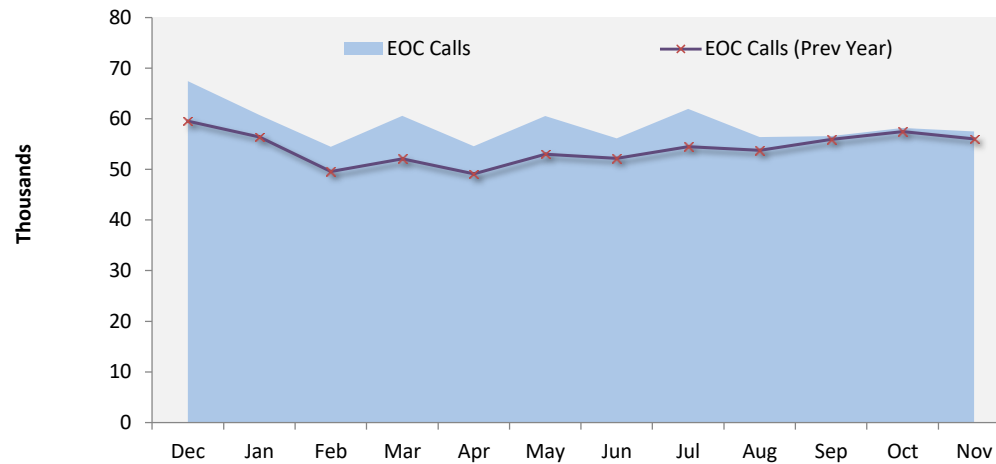
Actions to mitigate the staffing shortages have been implemented end of October; recruitment of fixed term positions with an extension till March 2019; request for data submission extensions to NHSE-granted for Jan and Feb; recruitment of agency staff- over the last four weeks an attempt to recruit through three agencies has as yet been unsuccessful, (due to Christmas period all short term work is filled by agency). Senior team have been based at health records processing resuscitation and sepsis case prioritising to ensure YAS submits a full sample as further NHSE extensions are not possible; Leave has been reviewed

The new ACQI are currently in the process of being submitted by all ambulance trusts. There are at this time definition and submission refinements it cannot be seen as comparable with other services until full data is submitted and reported in the spring. YAS clinical audit will update the exec team with full sample data for comparison and will map our clinical performance over the reporting periods.

9. EOC - 999 Control Centre

November 2018

9.21 Activity

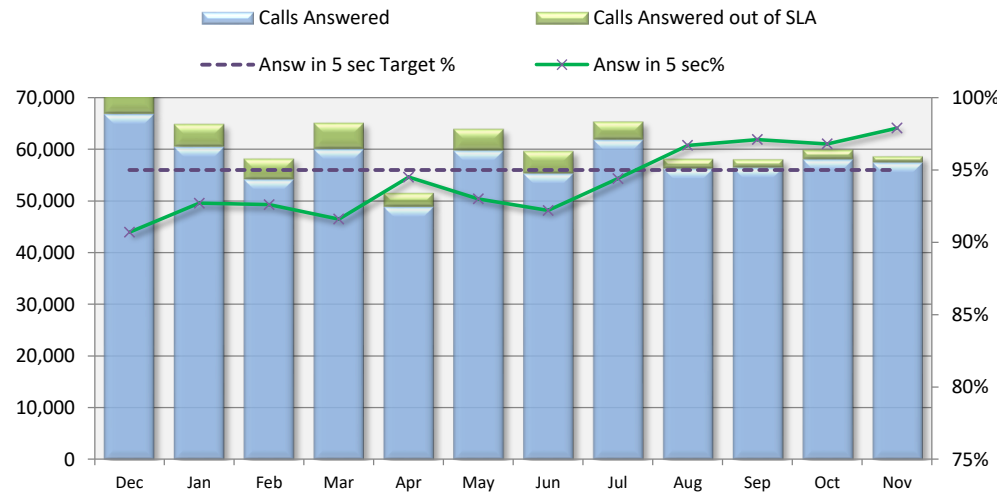


9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2017/18	461,997	460,058	21,450	95.3%
2016/17	431,887	430,494	27,424	93.6%
Variance	30,110	29,564	-5,974	
Variance	7.0%	6.9%	(21.8%)	1.7%

9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	97.9%	95.3%



	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Calls Answered out of SLA	6,241	4,408	4,026	5,069	2,692	4,177	4,339	3,482	1,864	1,631	1,841	1,210
Calls Answered	66,831	60,487	54,232	60,078	48,981	59,786	55,379	61,860	56,326	56,488	58,113	57,470
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	90.7%	92.7%	92.6%	91.6%	94.5%	93.0%	92.2%	94.4%	96.7%	97.1%	96.8%	97.9%

Commentary

Demand: Decreased 1.2% vs last month.

Answer in 5 sec: Performance is up by 1.1% on previous month at 97.9% - 2.9% above 95% target and the fourth 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

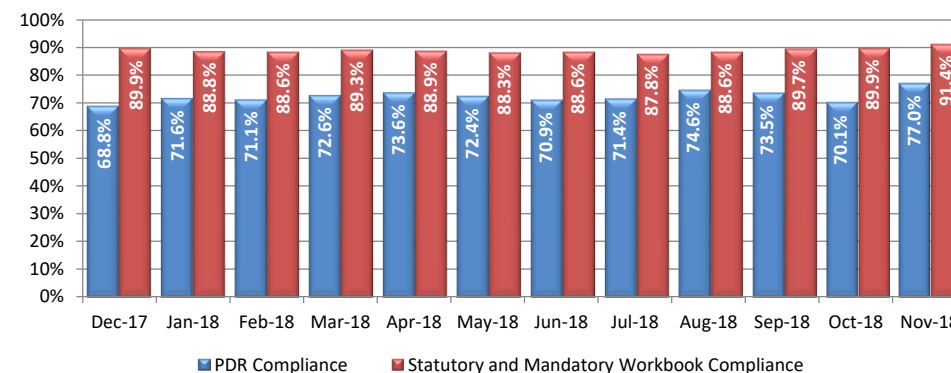
November 2018

9.24 Workforce

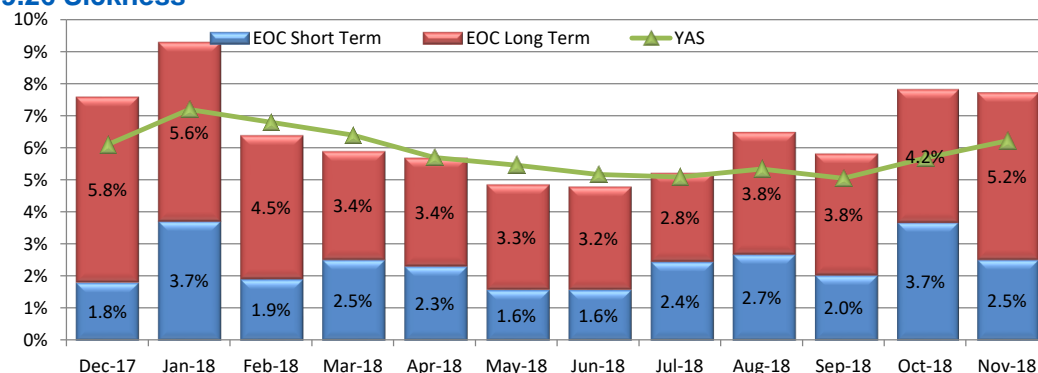
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	335	16.7	84	234	70%
Contracted FTE (before overtime)	326	16.3	81	228	70%
Variance	(9)	(0)	(2)	(6)	(2.6%)
% Variance	(2.6%)	(2.6%)	(2.6%)		
FTE (worked inc overtime)*	329.6	31.0	54	245	74%
Variance	(5)	14	(30)		
% Variance	(1.5%)	85.4%	(35.4%)	10	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



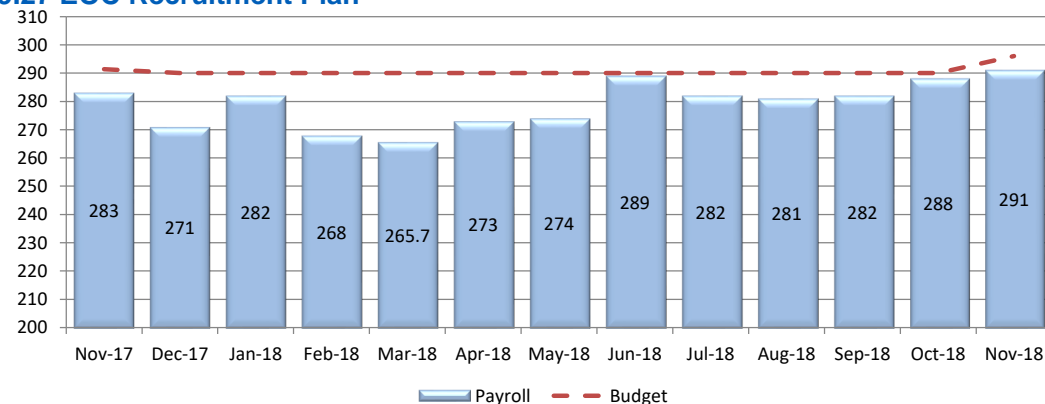
Commentary

PDR: PDR compliance stood at 77% in November against a stretch target of 90% which is a decrease of 6.9% on previous month.

Sickness: Currently at 7.7% which is an decrease of 0.2% on the previous month. This is above the Trust average of 6.2%. The focus on well-being of EOC staff will continue to be a priority.

Recruitment: Clinical recruitment is ongoing for the clinical hub. EMDs are at full establishment, an advert is out to fill vacancies in dispatchers.

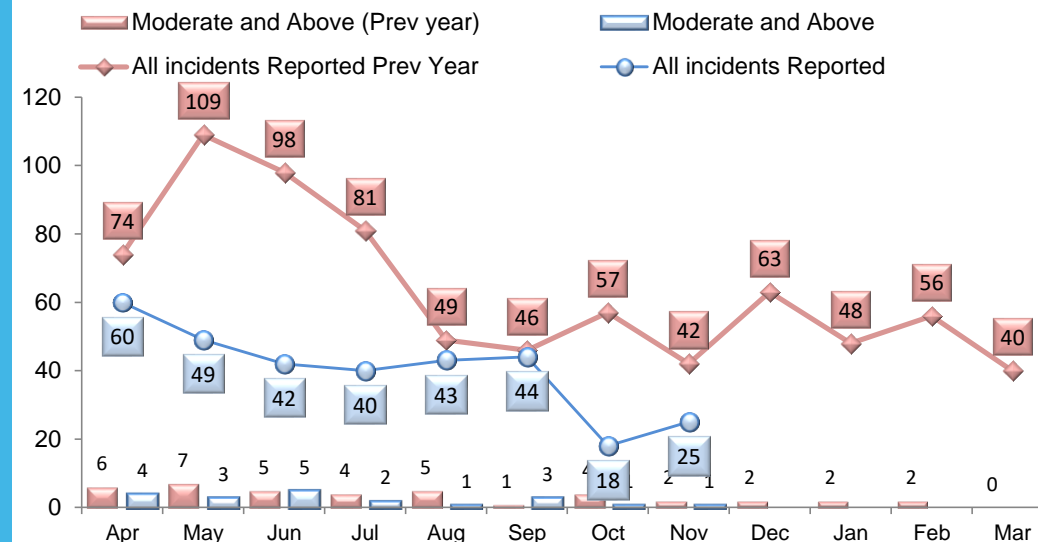
9.27 EOC Recruitment Plan



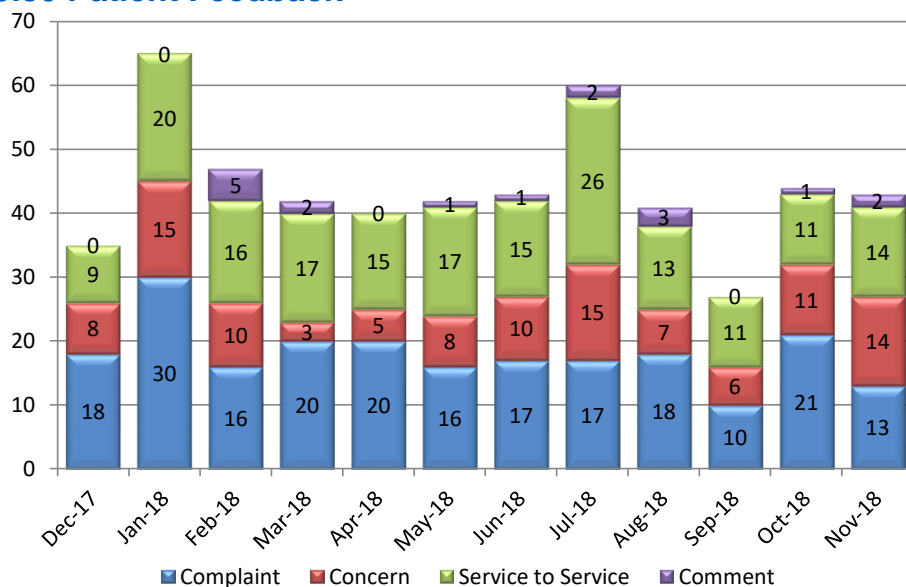
9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	2
Total Incidents (Per 1000 activities)		0.00	0.00
Total incidents Moderate & above		1	20
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

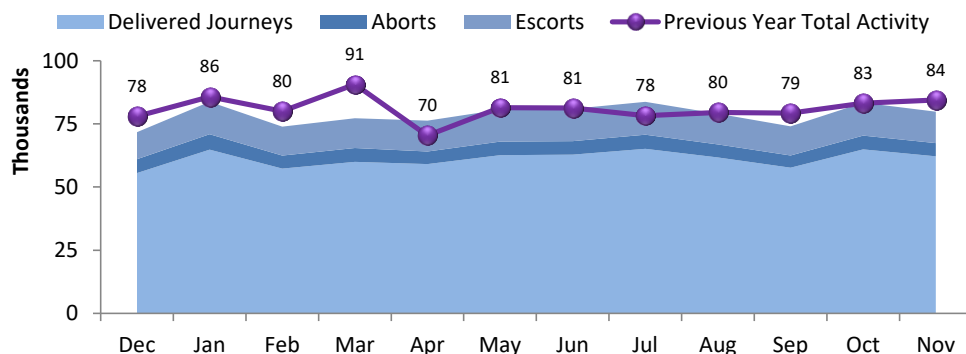
Incidents: Total reported incidents up 39% on previous month and 40% lower than November last year. Incidents of moderate harm and above have remained at a low level.

Feedback: Overall feedback figures have seen little movement (2.2% lower than October) however complaints have reduced by 38%.

10. PATIENT TRANSPORT SERVICE

November 2018

10.1 Demand



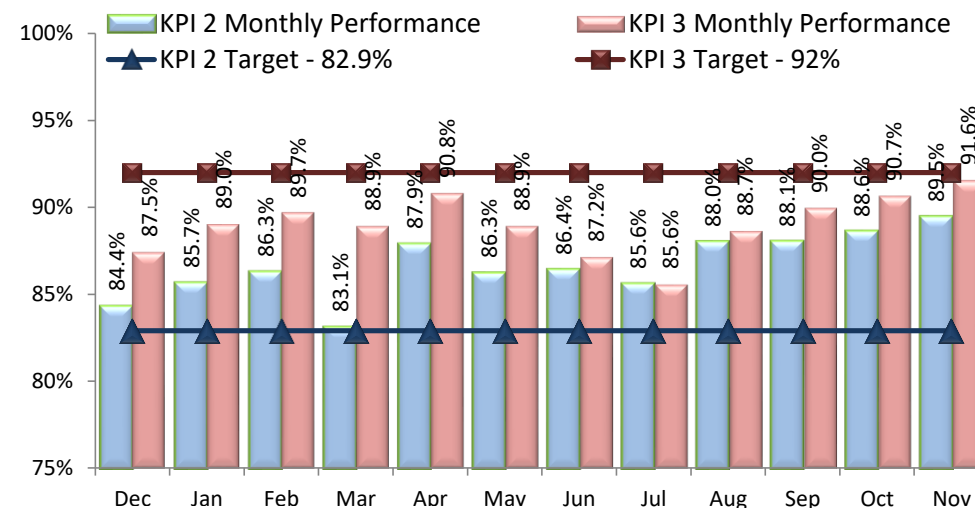
Comparison to Plan

Nov-18	Delivered	Aborts	Escorts	Total
YTD 2018-19	496,109	41,903	99,831	637,843
Previous YTD* 2017-18	495,631	43,127	99,075	637,833
% Variance	0.1%	(2.8%)	0.8%	0.0%

* Demand includes All Activity

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

10.2 KPI* 2 & 3**

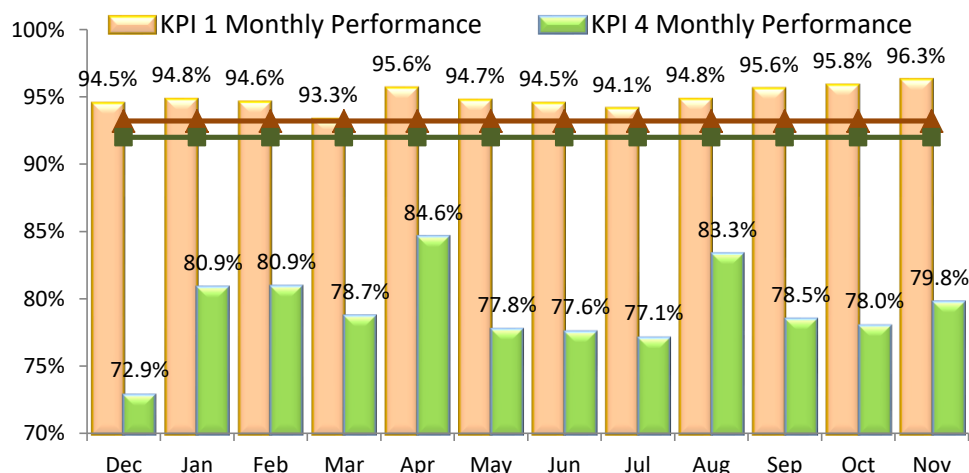


KPI 2* Arrival prior to appointment

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 November decreased by 4.3% on the previous month and is down by 5.4% against the same month last year.

KPI 1 Performance increased slightly by 0.7 points in November to 96.3% and remains above the 93.2% target.

KPI 2 Inward performance stood at 89.5% in November which is up from 88.6% in the previous month and remains above the 82.9% making appointment on-time target.

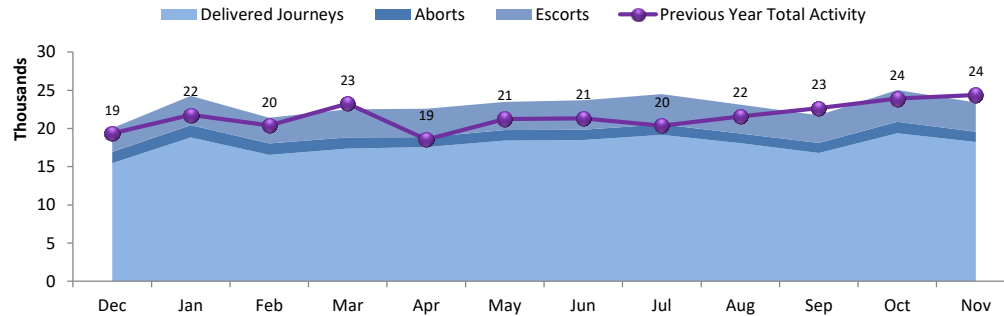
KPI 3 The outward performance increased by 1.6 points on last month to 91.6%, the annual target is 92%.

KPI 4 The performance of outward short notice bookings picked up within 2 hours increased by 1.8 points to 79.8% in November 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)

November 2018

10.1 Demand



Comparison to Plan

	Nov-18	Delivered	Aborts	Escorts	Total
YTD 2018-19		146,071	10,796	30,620	187,487
YTD 2017-18		135,663	10,856	27,418	173,937
% Variance		7.7%	(0.6%)	11.7%	7.8%

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

November 2018 has shown continued and in some cases dramatic improvements in some important patient care performance areas, namely patients arriving on time for their appointments and patients being collected from wards/clinic as soon as possible following their visits.

Activity has seen a slight fall compared to the same month last year but we have experienced a 13.8% increase in double handed work. Escort numbers remain high at 3832 but have seen a slight fall compared to the previous year. We have identified the wards/clinic who are booking the largest number of escorts and we have started to work with Acute Trust colleagues to reduce these numbers. However, we have still seen that over 20% of all patient transport bookings have an escort travelling with the patient, taking up a seat on the Ambulance. The amount of double handed patients within the South still continues to be higher as a proportion of all patient movements when compared to other consortia areas in Yorkshire.

C1 performance for November was 99.5% against a KPI of 90%. The level of performance is consistent across all CCG areas and is outstanding when placed in context of some challenging events with major traffic delays during the month, increase in traffic congestion due to the upcoming festive period and problems with traffic flow around some of the major hospital sites.

C2/C3 performance has shown an improvement compared to last month and stood at 87.2%. This improvement has now been sustained over the past two months and the year to date figure of 89.5% is only 0.5% below its KPI target.

C4 performance for pre-planned outward patients collected within 90 mins has seen a large improvement from last month with over a 3% point increase in performance to stand at 86.7% for the month.

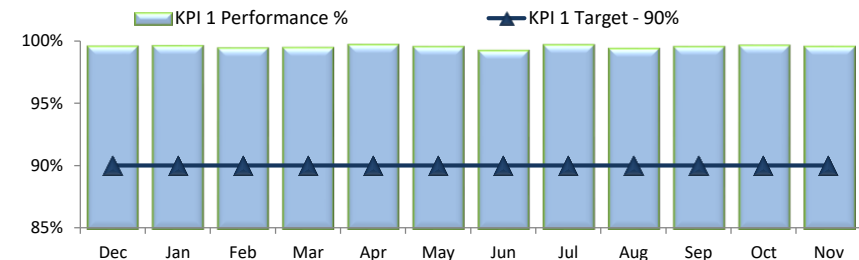
C5 performance for short notice and on day discharges has seen its busiest month during the last quarter and as a result performance stood at 78.3% for November.

The GP Urgent Service saw its busiest month of the whole year in November but it still continued to maintain its current performance levels at 59.3% for GP90 mins, 84% for GP120 mins and 90.3% for the GP03 target.

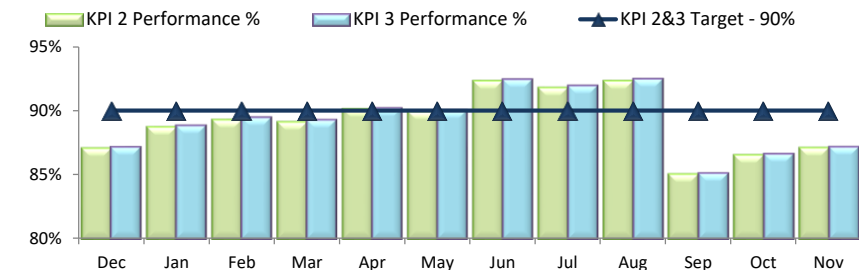
The Discharge Service also saw its busiest month in November for the past quarter and performance stood at 77.4%. This level of performance for a On Day Discharge Service is consistent when compared with other consortia areas across Yorkshire.

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

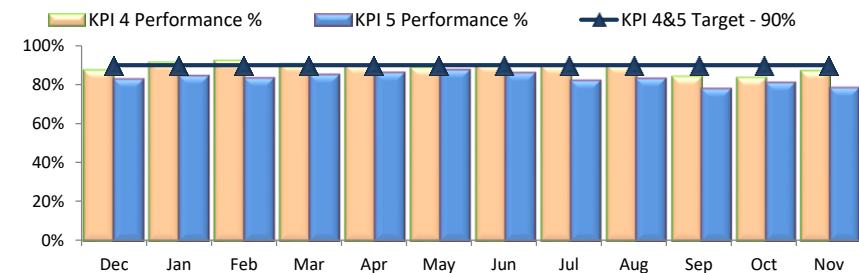
10.2 KPI 1 - Journeys no longer than 120 Mins



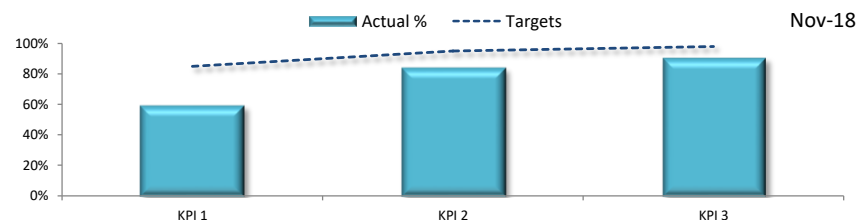
10.3 KPI 2&3 - Inwards Journeys



10.3 KPI 4&5 - Outwards Journeys



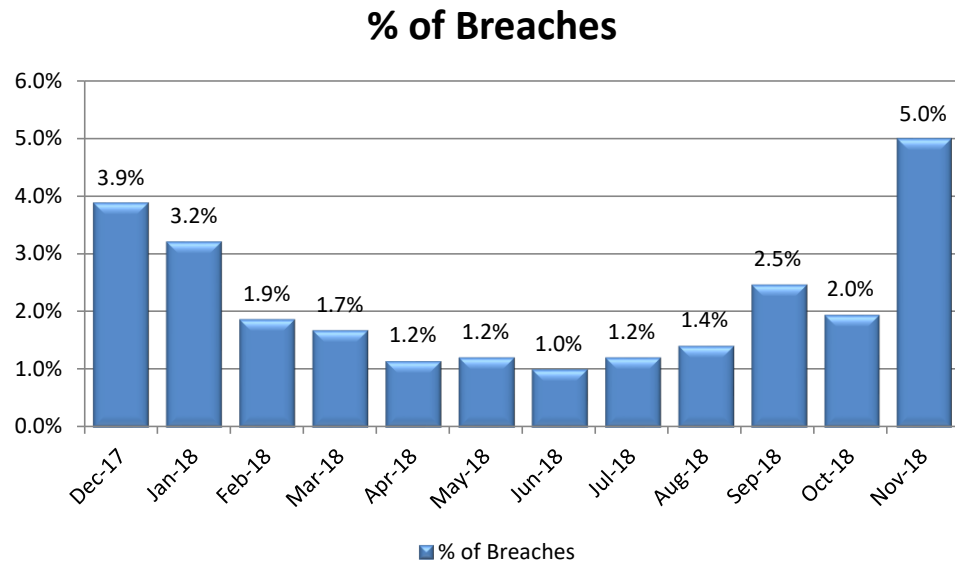
10.3 GP Urgent Performance



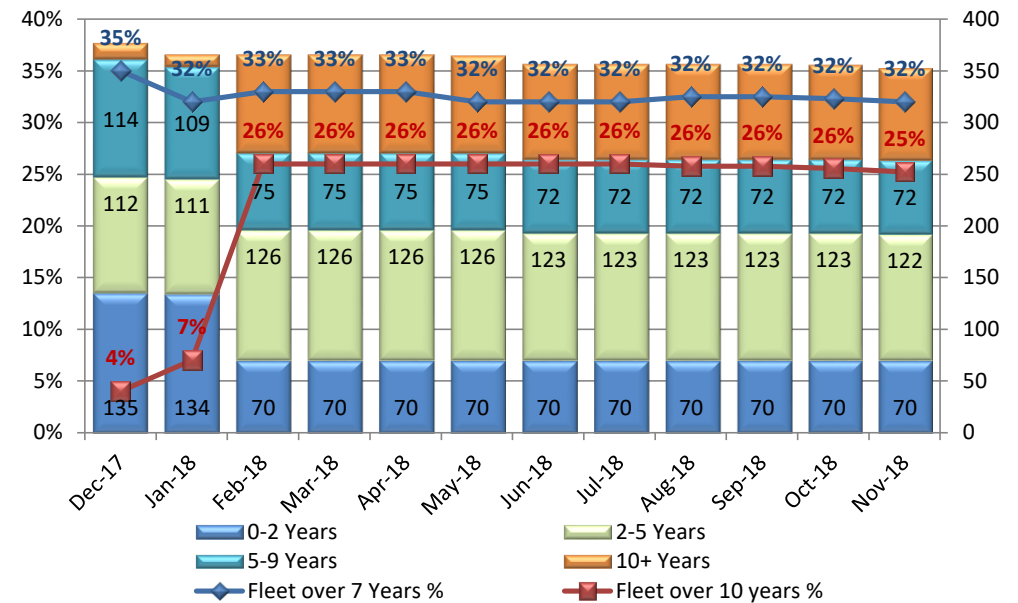
10. PATIENT TRANSPORT SERVICE

November 2018

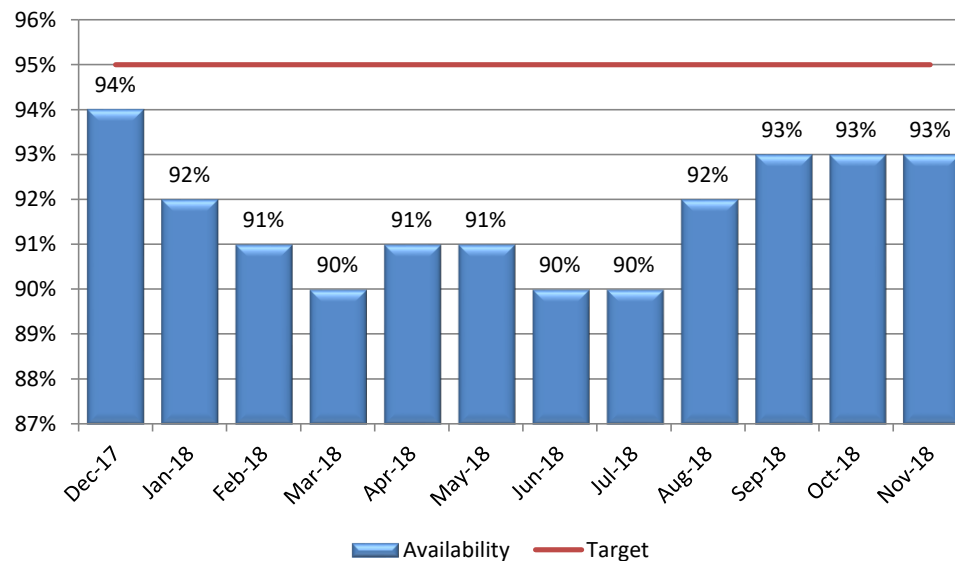
10.4 Deep Clean (5 weeks)



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

The PTS vehicle Deep Cleaning Service Level compliance also reduced in November due to the same reasons as in A&E. Further work is ongoing to facilitate the easy location of vehicles needing cleaning.

PTS vehicle availability remains stable at 93% with vehicle age still accounting for a high number of VOR.

10. PTS

November 2018

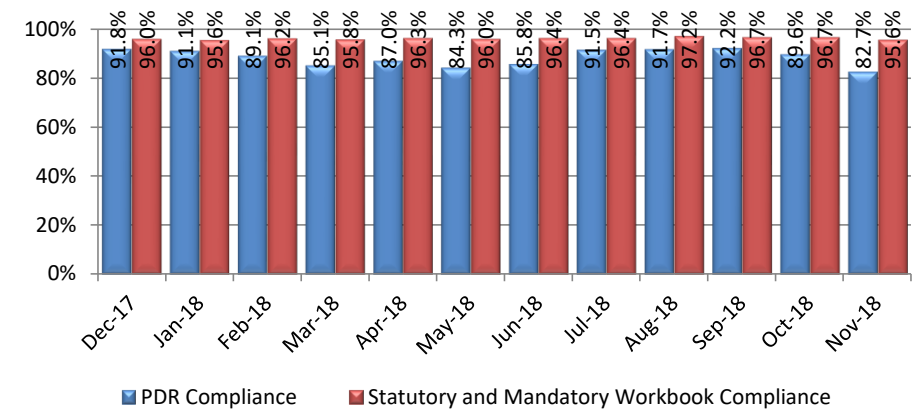
10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	605	30	121	454	75%
Contracted FTE (before OT)	560	48	99	413	74%
Variance	(45)	(17)	22	(40)	(8.8%)
% Variance	(7.5%)	(57.1%)	18.4%		
FTE worked inc overtime	591	48	99	445	75%
Variance	14	(17)	22	(9)	(1.9%)
% Variance	2.3%	(57.1%)	18.4%		

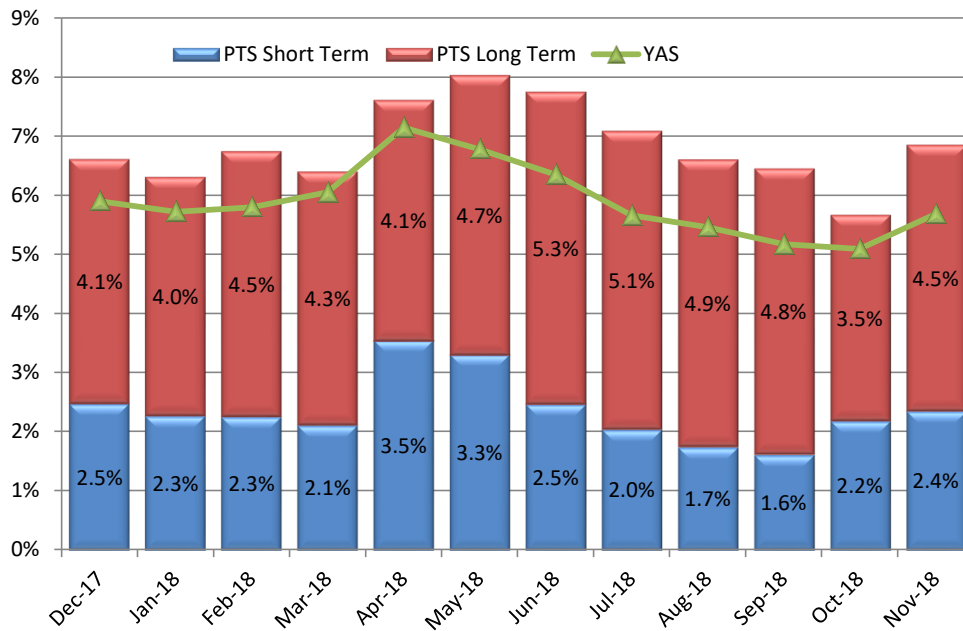
** FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

** Sickness and Absence (Abstractions) is from GRS

10.8 Training



10.9 Sickness



Commentary

PDR compliance declined by 6.9 points in November 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 November by 1.2 points to 6.9%, just 1.2 points above the 5.7% YAS average.

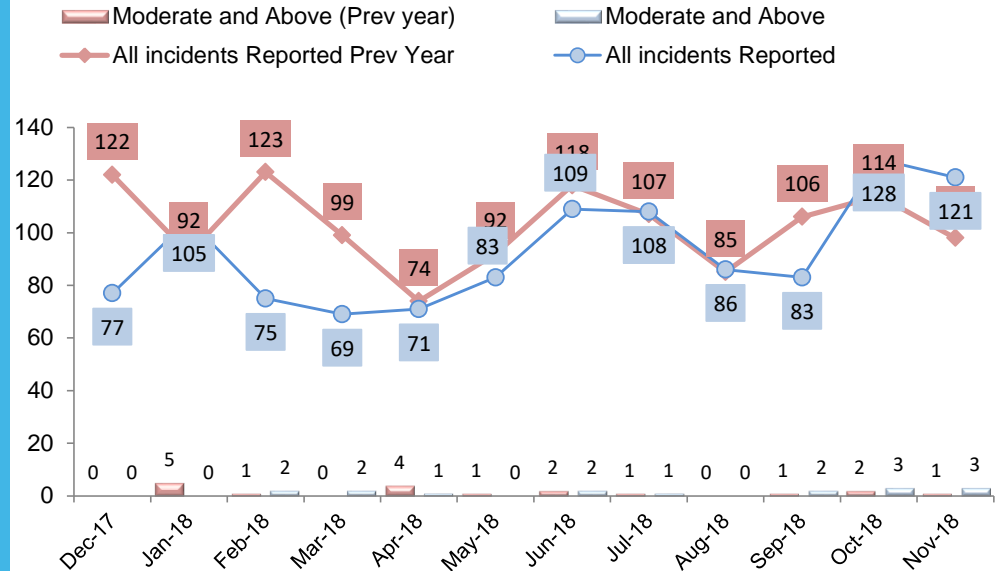
10. PATIENT TRANSPORT SERVICE

November 2018

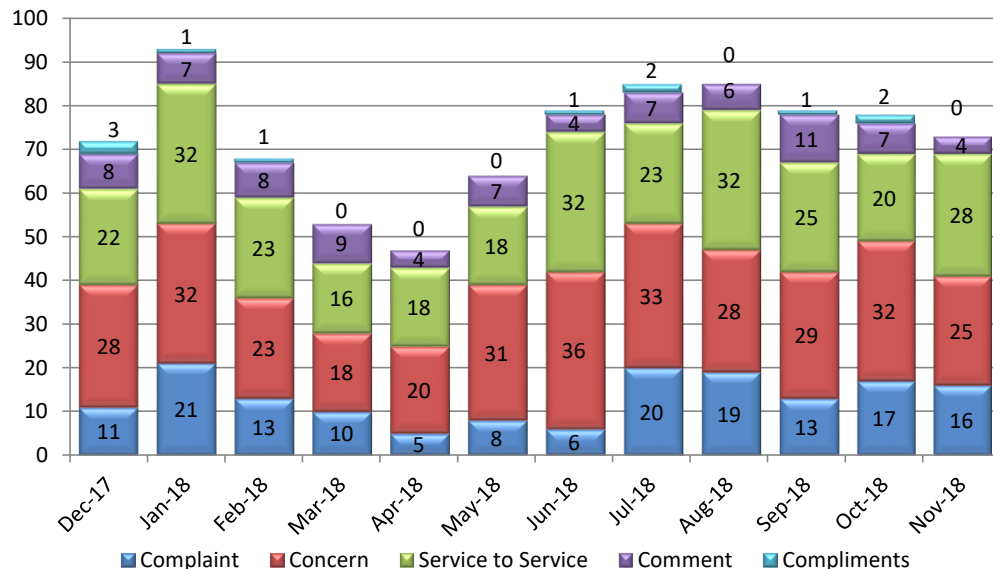
10.10 Quality, Safety and Patient Experience

		Nov 2018	2018-19
Serious Incidents		0	2
Total Incidents (per 1000 activities)		0.000	0.005
Total incidents Moderate & above		3	12
Response within target time for complaints & concerns		94%	91%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		91.6%	90.7%
Call Answered in 3 mins - Target 90%		96.3%	93.4%

10.11 Incidents



10.12 Patient Feedback



Commentary

Quality, Safety and Patient Experience: The proportion of calls answered in 3 minutes increased to 96.3% in November which is up from 93.4% on the previous month and above the 90% target.

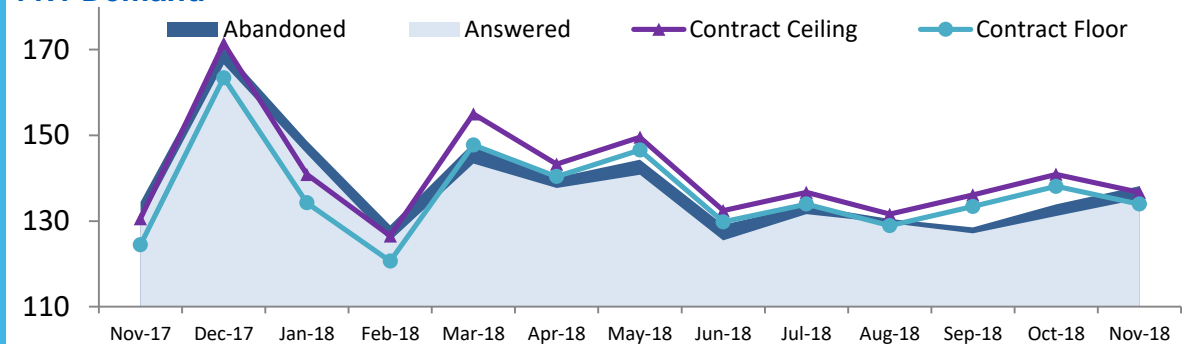
Incidents: The number of reported incidents within PTS during November decreased by 5.5% on the previous month's level and has only slightly increased in comparison to last year's figure.

Patient Feedback: figures are down by 5 on the previous month. Closer inspection of the 4 Cs (complaints, concerns, comments and compliments) show the number of complaints decreased by 1 in November and concerns were down by 7 with service to service increasing by 8.

11. NHS 111

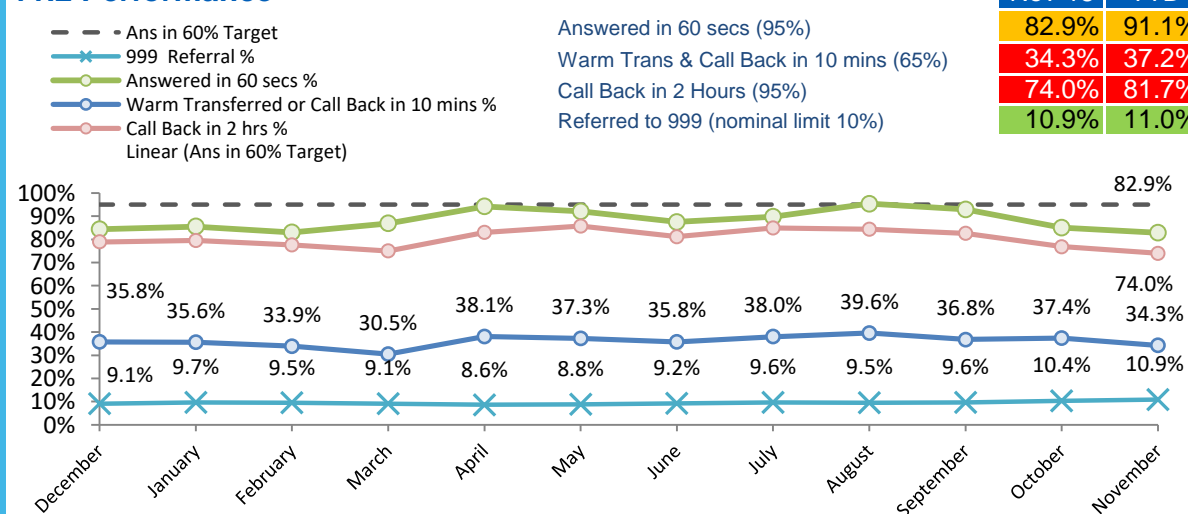
November 2018

11.1 Demand



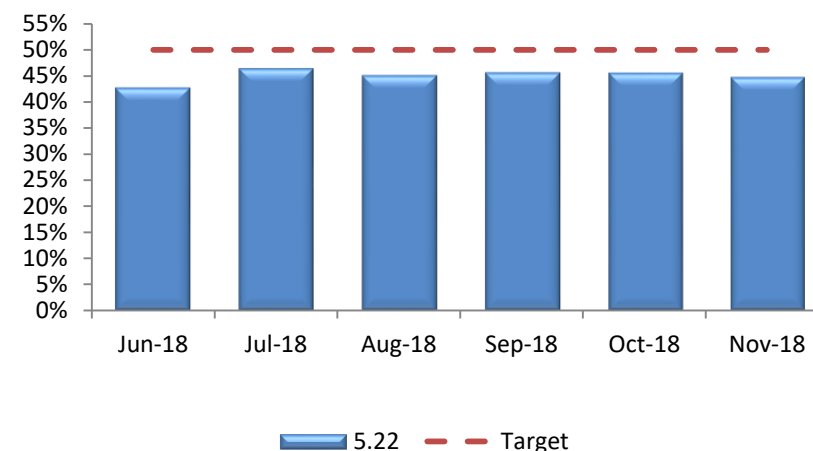
YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 18-19	938,146	923,461	840,917	91.1%
Contract Ceiling YTD 2018-19	971,127	970,684	922,150	95.0%
Variance	- 32,981	- 47,223	- 81,233	3.9%
	-3.4%	-4.9%	-8.8%	
YTD 2017-18	952,995	936,368	858,107	91.6%
Variance	- 14,849	- 12,907	- 17,190	-0.6%
	-1.6%	-1.4%	-2.0%	

11.2 Performance



11.3 Proportion of calls transferred to a clinical advisor

Of calls triaged, number transferred to a Clinical Advisor



Commentary

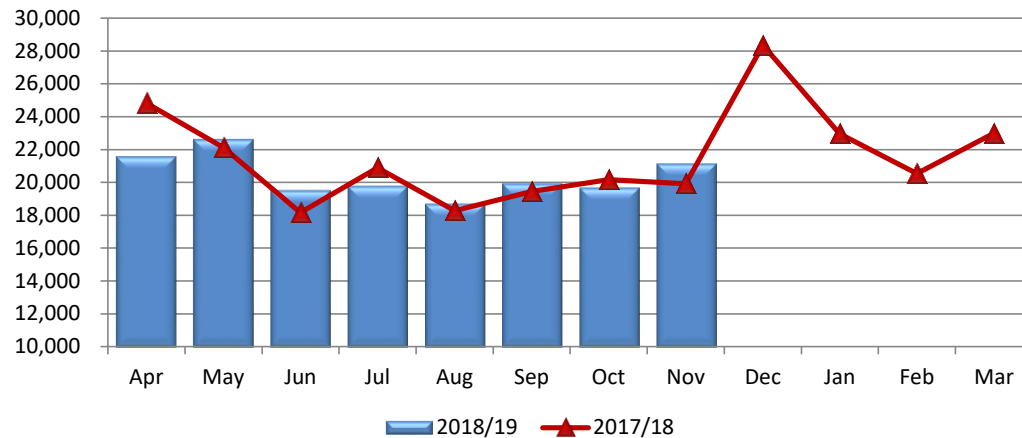
Call volumes for November 2018 were 0.9% above contract floor for the first time since August 2018 (NB This year's floor includes 50% growth of the total 4.19% growth for the year). November 2018 call levels were 1.2% below contract ceiling.

Performance for November 2018 was 82.9%, a decrease of 2.1% 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 November have been an increase on shrinkages for front line staff, reduction in overtime take up, longer call length than planned and misalignment of resources to demand. The operational team have a range of actions to support improvements for the winter period.

Clinical KPIs for 2 hours call-back decreased by 2.9% from last month (76.9%). Clinical recruitment is ongoing; six Clinical Advisors started at end of October/beginning of November.

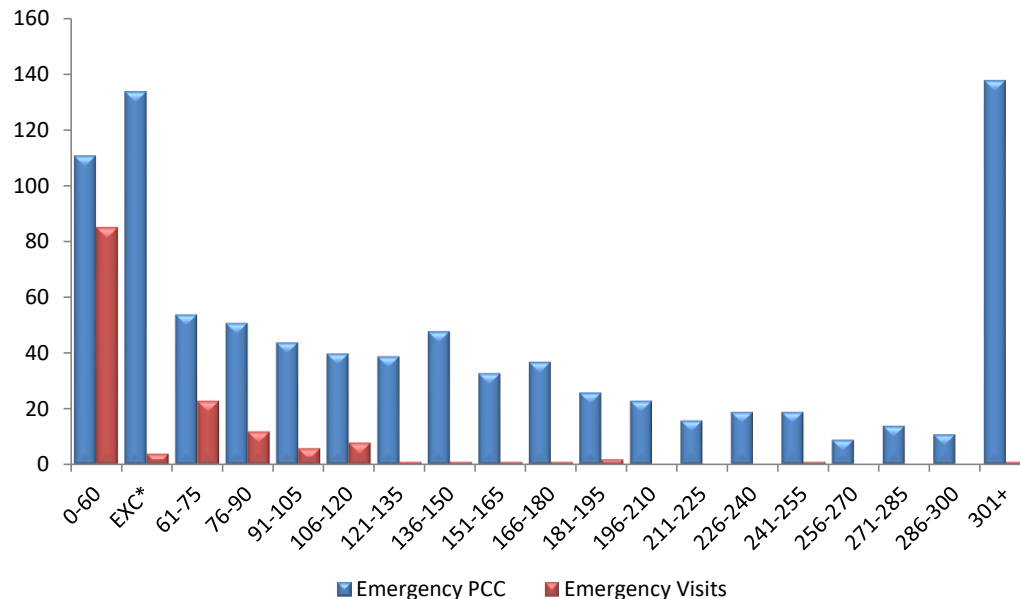
Clinical Advice for November 2018 at 44.7% (0.9% below last month's)

11.4 Demand

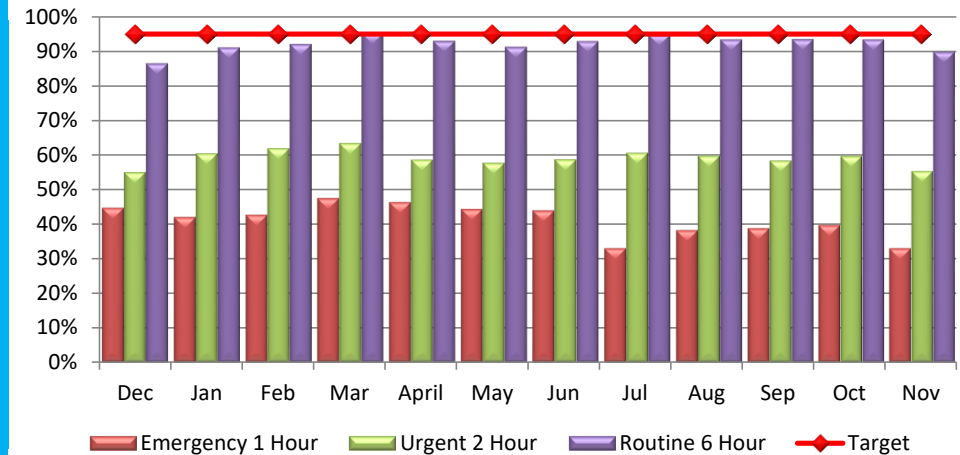


YTD	Variance	YTD 2017-18	YTD 2018-19	Diff	Percentage
		163,825	163,023	-802	-0.5%

11.5 Tail of Performance



11.6 Performance



11.7 Complaints

Adverse incidents	
Adverse incidents	No SIs reported in Nov-18 under WYUC contract.
Adverse reports received	No adverse reports received
Patient Complaints	24 patient complaints received in Nov-18 according to DATIX 4 C's report. 20 of these directly involving the LCD part of the pathway. 2 upheld, 4 not upheld, 1 partially upheld and 17 remain under investigation.

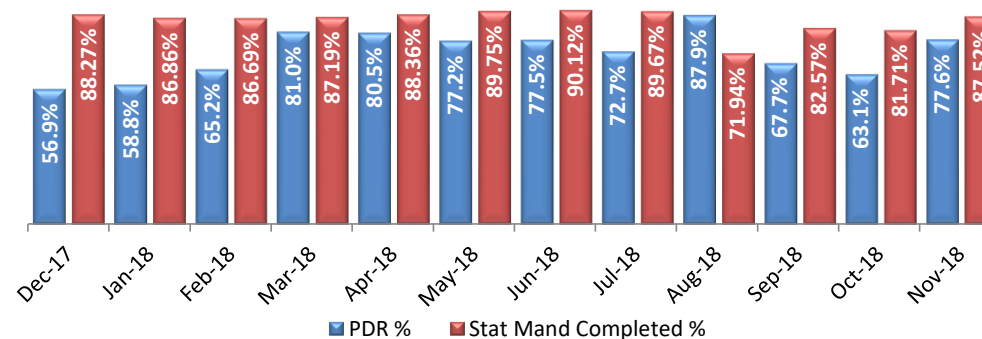
Comments: Patient demand increased during Nov-18 (6.2%) as compared to Nov-17, but YTD figures remain below the 2017-18 levels. NQR performance for Emergency 1 hour fell by 6.7%, Urgent 2 hour has decreased by 4.4% and Routine 6 hours decreased by 3.5% compared to Oct-18. Early analysis suggests that the changes to emergency outcome may be linked to the NHS Pathways V15 release with more cases with a potential Sepsis flag reaching a 1 hr clinical outcome.

11.8 Workforce FTE - Call Handler & Clinician

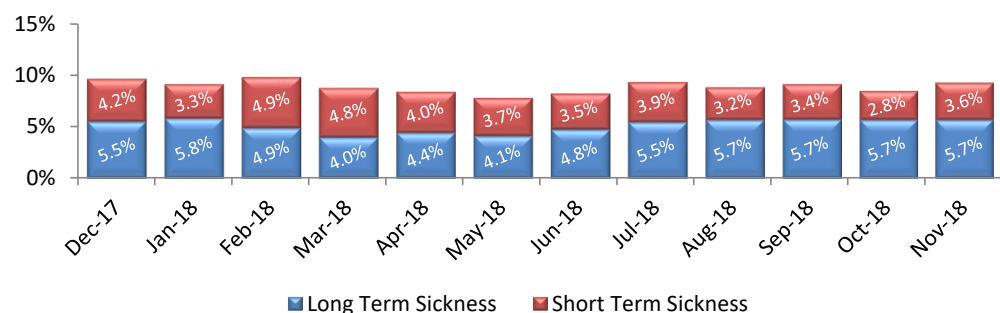
Available

	FTE	Sickness	Absence	Total	%
Budget FTE	321	29	74	218	68%
Contracted FTE (before OT)	319	67	126	125	39%
Variance	-2	-38	-53	-93	-29%
% Variance	-1%	-133%	-71%	-43%	
FTE (Worked inc Overtime)	349	67	126	156	45%
Variance	28	-38	-53	-63	-23%
% Variance	8.8%	-133%	-71%	-29%	

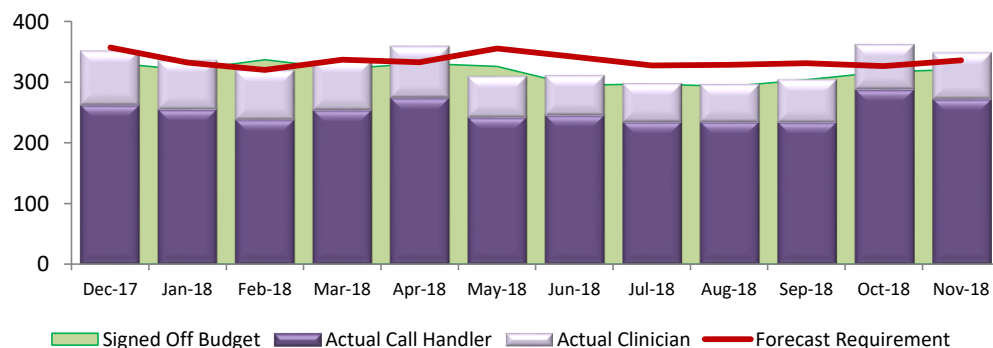
11.11 Training



11.9 Sickness



11.10 Recruitment Plan



Commentary

Both Statutory and mandatory training and PDR rates increased during November 2018. Stat Mand was 2.5% under the 90% target at 87.5%, and PDR rates were 77.6% (14.5% above last month). The operational management team are reviewing the plan for improvement aligned to the winter action plan for the peak festive period.

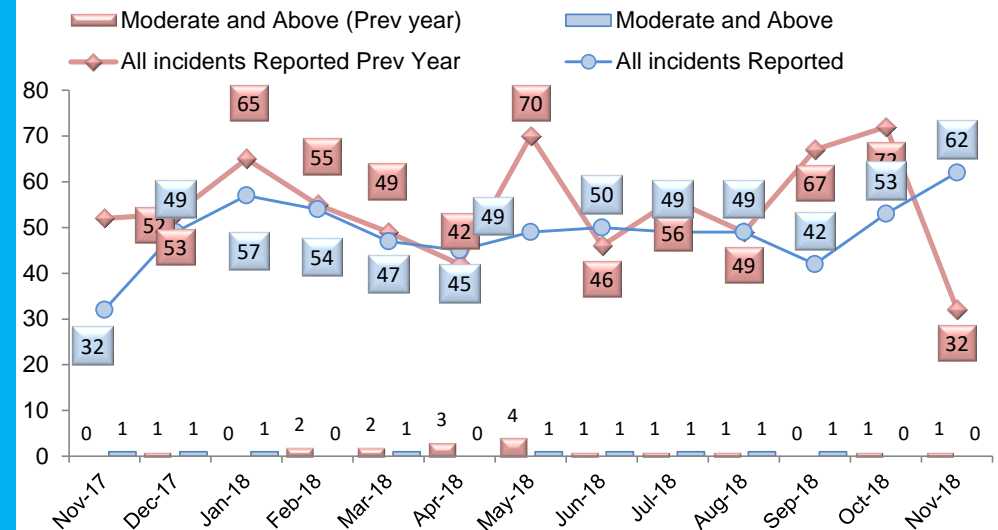
Sickness continues to be difficult for the NHS111 service with rates remaining above the Trust target. The sickness information for NHS111 is now taken from ESR data so that comparisons can be made across the Trust. ESR levels are at 9.3% for November 2018, an increase of 0.76% from October 2018. Work continues with HR colleagues and operational managers to support staff to maintain attendance at work.

Winter recruitment is on track with over 100 new starters trained since July.

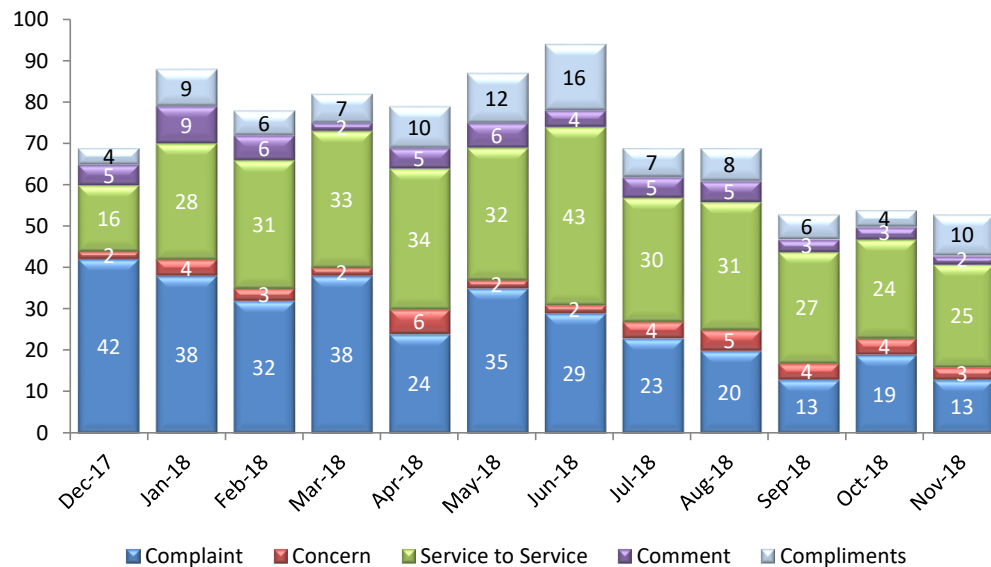
11.12 Quality, Safety and Patient Experience

		Nov-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		88%	92%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0

11.14 Incidents



11.13 Patient Feedback



Commentary

No SIs were reported for November 2018.

13 patient complaints were received in November, a decrease 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 increased, with 10 received during November 2018.

ANNEXES

System (November 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)	66,859	99,461	95,117	61,768	71,639	72,114	33,636	88,872	60,863	47,309
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	65.4%	68.6%	62.2%	66.9%	66.2%	61.6%	64.1%	54.7%	56.8%	55.2%
C1 Incidents	7.7%	11.3%	8.8%	10.2%	8.9%	6.2%	7.1%	6.5%	5.8%	5.8%
C2 Incidents	57.7%	57.3%	53.4%	56.6%	57.3%	55.4%	57.0%	48.2%	51.0%	49.4%
C3 Incidents	17.4%	20.7%	22.3%	19.3%	18.7%	24.3%	25.1%	36.6%	33.3%	29.8%
C4 Incidents	1.9%	1.5%	3.4%	0.3%	3.0%	0.9%	1.1%	1.5%	1.3%	2.0%
HCP 1-4 Hour Incidents	8.8%	3.2%	3.9%	5.4%	3.5%	3.8%	4.1%	3.9%	3.2%	7.6%
Hear and Treat	6.3%	3.3%	7.2%	8.1%	6.5%	5.8%	5.4%	3.0%	5.4%	5.5%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:07:02	00:06:16	00:07:42	00:07:52	00:08:11	00:06:58	00:06:13	00:06:53	00:07:31	00:06:56
C1-90th centile response time (Target 00:15:00)	00:12:13	00:10:30	00:12:52	00:13:57	00:14:36	00:12:44	00:10:47	00:11:50	00:13:59	00:12:49
C2-Mean response time (Target 00:18:00)	00:20:29	00:18:46	00:23:16	00:31:01	00:25:48	00:28:11	00:23:42	00:12:46	00:19:24	00:16:56
C2-90th centile response time (Target 00:40:00)	00:42:36	00:38:11	00:49:50	01:04:42	00:52:20	00:59:15	00:48:44	00:23:29	00:36:44	00:34:06
C3-90th centile response time (Target 02:00:00)	01:58:25	02:06:02	02:42:57	02:55:19	03:27:03	02:51:58	03:19:11	01:27:56	03:13:49	02:01:20
C4-90th centile response time (Target 03:00:00)	02:43:41	02:52:13	03:08:59	02:45:58	04:11:47	04:17:40	03:37:55	02:22:26	04:12:29	02:50:28
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	60.9%	63.4%	61.8%	60.7%	59.3%	53.7%	58.4%	58.2%	61.6%	54.5%
Incidents with transport not to ED	9.7%	7.1%	6.2%	4.6%	2.9%	4.9%	10.1%	3.6%	0.2%	6.7%
Incidents with face to face response	23.1%	26.1%	24.8%	26.5%	31.2%	35.6%	26.1%	35.2%	32.8%	33.3%

Clinical (Jul 2018)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
ROSC	19.7%	33.6%	37.6%	29.2%	31.6%	30.2%	32.1%	37.2%	28.8%	35.8%
ROSC - Utstein	28.6%	60.5%	71.4%	57.6%	62.5%	45.1%	61.1%	59.5%	46.7%	72.2%
Cardiac - Survival To Discharge	6.9%	10.6%	9.4%	12.4%	15.7%	12.4%	7.9%	15.2%	8.4%	18.9%
Cardiac - Survival To Discharge Utstein	15.8%	40.0%	28.6%	36.4%	41.7%	26.5%	21.4%	47.2%	28.6%	50.0%