



# Integrated Performance Report

## February 2019

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

## One Team, Best Care



**Yorkshire  
Ambulance Service**  
NHS Trust



### Our purpose is

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

with our core values embedded in all we do

One Team

Innovation

Resilience

Empowerment

Integrity

Compassion

### Our Vision

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

### Our Ambition for 2023 is that

Patients and communities experience fully joined-up care responsive to their needs

Our people feel empowered, valued and engaged to perform at their best

We achieve excellence in everything we do

We use resources wisely to invest in and sustain services

Delivery is directly supported by a range of enabling strategies

COMMUNITY  
ENGAGEMENT

PEOPLE

QUALITY  
IMPROVEMENT

DIGITAL

FLEET

ESTATES

FINANCE

Patients and communities experience fully joined-up care responsive to their needs

Our people feel empowered, valued and engaged to perform at their best

## Our Ambitions for 2023

We achieve excellence in everything we do

We use resources wisely to invest in and sustain services

## Our Key Priorities

- 1 Deliver the best possible response for each patient, first time.
- 2 Attract, develop and retain a highly skilled, engaged and diverse workforce.
- 3 Equip our people with the best tools, technology and environment to support excellent outcomes.
- 4 Embed an ethos of continuous improvement and innovation, that has the voice of patients, communities and our people at its heart.
- 5 Be a respected and influential system partner, nationally, regionally and at place.
- 6 Create a safe and high performing organisation based on openness, ownership and accountability.
- 7 Generate resources to support patient care and the delivery of our long-term plans, by being as efficient as we can be and maximising opportunities for new funding.
- 8 Develop public and community engagement to promote YAS as a community partner; supporting education, employment and community safety.

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, <a href="#">Q2 17-18</a>	13.8	
Staff F&F Test % recommended care <a href="#">Q2 18/19</a>	84.0%	
Occurrence of any never event	None	
Patient Safety Alerts not completed by deadline	None	
Ambulance See-and-treat from F&F Test - % positive, <a href="#">Jun 18</a>	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, Sep 18,	5.29%
Staff turnover, Nov 18	0.90%
NHS Staff Survey response rate 17/18	34.52%
Proportion of temporary staff, Dec 18	1.13%

Source: [NHS Model Hospital](#)

### Operational Performance Response Times

	Feb 19
Cat 1 Life-threatening calls mean	00:07:03
90 <sup>th</sup> centile	00:12:05
Cat 2 Emergency calls mean	00:20:02
90 <sup>th</sup> centile	00:41:50
Cat 3 Urgent calls 90 <sup>th</sup> centile	01:53:11
Cat 4 Less urgent calls 90 <sup>th</sup> centile	02:33:03

Source: Annex 1 AQI National Benchmarking

### Service Transformation Programme RAG ratings (February 2019)

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

### Finance Score

	SOF Rating* Feb 19
<b>Capital service capacity</b> (Degree to which a providers generated income covers its financial obligations)	1
<b>Liquidity</b> (days of operating costs held in cash or cash equivalent forms)	1
<b>I&amp;E margin</b> (I&E surplus or deficit/ total revenue)	1
<b>Distance from financial plan</b> (YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit)	1
<b>Agency spend</b> (distance from providers cap)	1
<b>OVERALL USE OF RESOURCES RATING</b>	1

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 Delivery & Integrated Workforce Model **Amber**

- RRV-DCA project complete with closure report and lessons learned shared with the programme board
- ARP performance better than trajectory on Category 1, 2 and 3 standards but missed Category 4 90<sup>th</sup> percentile.
- Recruitment/training of new staff behind track – with focussed recruitment taking place in South
- Hear and Treat behind plan, rotational paramedic roles are progressing
- IUC mobilisation plan to achieve 30% clinical advice agreed in the programme board

### Place Based Care **Amber**

- Urgent treatment centre gap analysis complete and workstreams now to be defined
- Care home falls project in Leeds completes in March with the evaluation being presented in May.
- YAS are working collaboratively with EMBED to trial NHS service finder for frontline staff presented to the group

### Infrastructure **Amber**

- Doncaster Hub on track for go live January 2020
- AVP Leeds and Huddersfield backlog maintenance set to complete on schedule
- Unified Comms contract awarded and supplier engagement now taking place
- Options for stock control system being developed as part of the wider logistics project
- EPR Rollout has recommenced with Hull and Chesterfield going live in March and York to follow in April

### Capacity & Capability **Amber**

- Work on an options appraisal for future training requirements of the trust is underway
- Initial scoping of Accountability Framework projects is underway and will be presented at the next meeting

## External

- Following submission of the draft operational plans, NHSI and NHSE have been undertaking joint assurance meetings with commissioners and providers. YAS met with NHSI and NHSE on 27 February, outlining the Trust's outline plan, based on the current contract negotiation position. Wider feedback across the ICS is being shared, focusing on greater alignment between plans.
- A plan for urgent temporary changes at the Friarage Hospital and its impact on YAS is being modelled.
- Hull CCG have served notice on Thames Ambulance Service, following an 'Inadequate' rating from the CQC and ongoing performance issues; a 12 month notice period has commenced.
- The Trust's Draft Operational Plan was submitted on 12 February; the Final Operational Plan will be submitted on 4 April, following approval from the Board of Directors.
- NHSE/I compiled an aggregate system level plan on behalf of each system for the 11 February deadline.
- YAS has been aligned to West Yorkshire & Harrogate ICS, for the purposes of submission.
- YAS planning lead continues to work with ICS partners to support development of ICS system plans.
- Key system pathways being modelled alongside system partners to identify key risks, opportunities and impact on activity levels across all providers.
- YAS working with providers and commissioners across the patch to identify local Urgent Treatment Centres and to develop and agree appropriate pathways into them.

# Our Performance February 2019

- ↓ Category 1 was 07:03
- ↓ Ambulance responses on Scene decreased by 11.1% from last month
- ↑ PTS KPI 2 continues to be above target at 90% for February
- ↔ Calls transferred to a CAS Clinician in 111 is below 50% target at 47.7%

YTD Performance		
	Time	Change
Category 1 Mean Performance	07 mins 24 Sec	0 min 02 sec less
Ambulance Turnaround Time	34 mins 01 sec	0 min 19 sec more

## A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 Mean		
Contract	Feb-19	Variance (%)	Contract	Feb-19	Variance (%)	Avg	Feb-19	Var	Avg	Feb-19	Change	Target	Feb-19	Var
75,136	77,168	2.7%	55,783	57,888	3.8%	75.2%	76.0%	0.8%	2,419	3,768	55.8%	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	Feb-19	Variance (%)	Target	Feb-19	Variance (%pts)	Target	Feb-19	Variance (%pts)	Target	Feb-19	Variance (%pts)	Target	Feb-19	Var
73,892	72,236	(2.2%)	82.9%	90.0%	7.1%	92.0%	92.0%	(0.0%)	92%	79.2%	(12.8%)	90.0%	87.2%	(2.8%)

## 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	Feb-19	Variance (%)	Target	Feb-19	Variance (%)	Target	Feb-19	Variance (%)	Target	Feb-19	Variance (%)	Avg	Feb-19	Variance (%)
137,174	126,380	(8.5%)	95%	79.0%	(16.0%)	50%	47.7%	(2.3%)	95%	80.4%	(14.6%)	9.8%	10.6%	0.8%

Key	Tolerance for Variance (unless stated different)	Variance	Sparklines	AVG - Average	Contract	Updated
	Tolerance 5% number change or 5% pts	Variance to Contract or Target or Average	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	Demand Contracted for in the main contract	12/03/19 - PMO

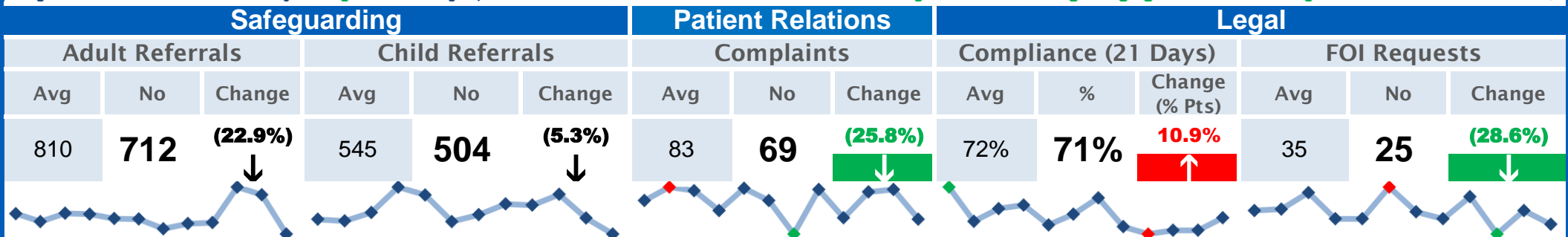
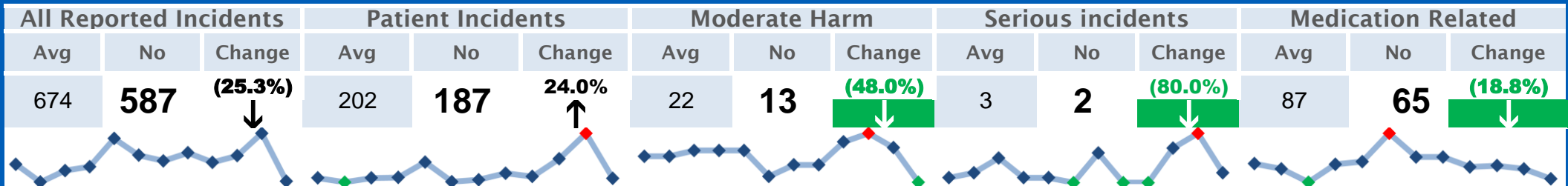


# Our Quality February 2019

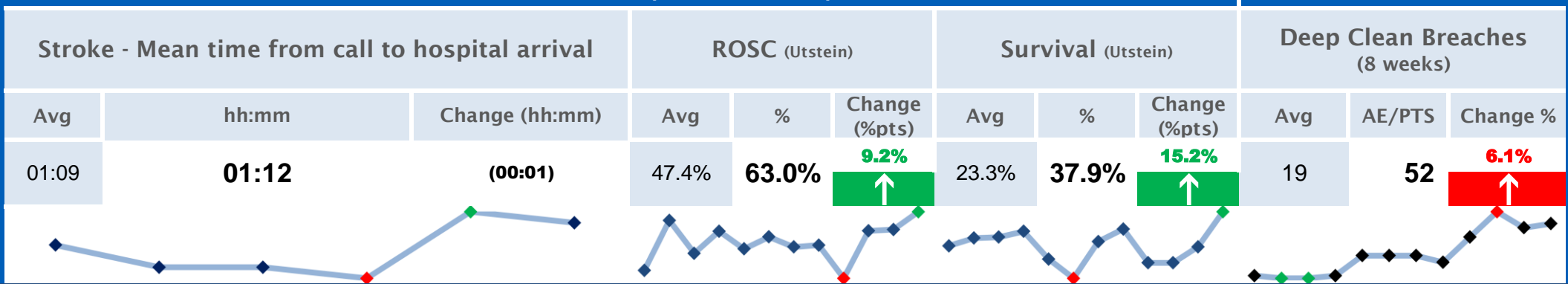
- ↓ 2 in 1000 patients report an incident
- ↓ 0.5 in 10000 patients responses result in moderate or above harm
- ↑ FOI compliance in January was 66%
- ↑ 4 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (Utstein)
- ↔ 9 out of 10 people would recommend YAS to Friends and Family

Patient Survey		Infection Control Compliance			
Recommend YAS to F&F		Compliance	Feb 18	Feb 19	
	Q3	YTD	Hand Hygiene	99%	99%
PTS	89%	90%	Premise	98%	99%
A&E	86%	84%	Vehicle	98%	98%

## Incidents Reported



## Clinical Outcomes (October Data)



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	19/03/19 - PMO

# Our Workforce - February 2019

- ↑ 1028 staff are overdue a PDR out of 4735
- ↔ 156 Staff are on long term sick out of 5287 Staff
- ↑ 102 staff are still to complete the stat and man work book out of 5287
- ↑ Child level 2 compliance does not include e-learning numbers of 3802 completed end of February-19

YTD Performance		
	%	Change
Sickness	5.84%	-0.02%
Stat and Man	96.25%	2.97%

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)
4,548	<b>4,663</b>	<b>2.5%</b>	11.1%	<b>6.6%</b>	<b>(4.6%)</b>	9.6%	<b>9.2%</b>	<b>(0.4%)</b>	55.8	<b>46.6</b>	<b>(16.4%)</b>	95.0%	<b>87.1%</b>	<b>(7.9%)</b>

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 %	Avg	AE/PTS Avg	Variance (%pts)
5.0%	<b>6.7%</b>	<b>1.7%</b>	2.0%	<b>2.6%</b>	<b>0.6%</b>	3.9%	<b>4.0%</b>	<b>0.1%</b>	2,676	1,863	<b>(30.4%)</b>	£826,198	<b>£804,827</b>	<b>(2.6%)</b>

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%	<b>78.3%</b>	<b>(11.7%)</b>	90.0%	<b>96.3%</b>	<b>6.3%</b>	90.0%	<b>91.9%</b>	<b>1.9%</b>	80.0%	<b>92.1%</b>	<b>12.1%</b>	3659	<b>3,802</b>	<b>143</b>

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		11.03.19 - PMO		

	in Month			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
<b>Income</b>	(22,811)	(23,323)	(512)	(250,061)	(254,405)	(4,343)
<b>Expenditure</b>	22,657	23,044	387	245,702	248,671	2,968
<b>Retained Deficit / (Surplus) with STF Funding</b>	(154)	(279)	(125)	(4,359)	(5,734)	(1,375)
<b>STF Funding</b>	(248)	(248)	0	(1,876)	(1,876)	0
<b>Retained Deficit / (Surplus) without STF Funding*</b>	94	(31)	(125)	(2,483)	(3,858)	(1,375)
<b>EBITDA</b>	(1,218)	(1,326)	(108)	(15,009)	(16,714)	(1,705)
<b>Cash</b>	36,816	46,658	9,842	36,816	46,658	9,842
<b>Capital Investment</b>	2,615	1,953	(662)	11,917	13,258	1,341
<b>Quality &amp; Efficiency Savings (CIPs)</b>	864	988	124	8,146	8,023	(124)

Under the "Single Oversight Framework" the overall Trust's rating for February 2019 remains at 1 (1 being lowest risk, 4 being highest risk).

The Trust has reported a surplus as at the end of February (Month 11) of £5,734k, against a plan of £4,359k, a favourable variance of £1,375k against plan. STF achieved YTD is £1,876k.

At the end of February 2019 the Trust's cash position was £46.7m against a plan of £36.8m, giving a positive variance of £9.8m. The movement from January reflects a reduction in payables.

As at the end of February Capital expenditure for 18/19 was overspent by £1,341k against the original plan. During February spend continued on the Door and Tail lift modifications, conversion of the 18/19 chassis, ICT schemes, 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 STP Wave 2 award for Doncaster Hub and the associated Fleet. More recently NHSI have agreed to us undershooting Capex to the value of in year disposal receipts regarding Fairfield & Bramham. 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 £123k of which £408k 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
<p><b>RISK RATING:</b> Under the "Single Oversight Framework" the overall Trust's rating for February 2019 remains at 1 (1 being lowest risk, 4 being highest risk).</p>			
<p><b>EBITDA:</b> The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at the end of February (Month 11) is £16,714 against a plan of £15,009k, a favourable variance of £1,705k against plan.</p>			
<p><b>SURPLUS:</b> The Trust's reported year to date surplus (including STF) as at the end of February (Month 11) is £5,734k against a plan of £4,359k, a favourable variance of £1,375k against plan. STF achieved YTD is £1,876k.</p>			
<p><b>CAPITAL:</b> As at the end of February Capital expenditure for 18/19 was overspent by £1,341k against the original plan. During February spend continued on the Door and Tail lift modifications, conversion of the 18/19 chassis, ICT schemes, 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 STP Wave 2 award for Doncaster Hub &amp; associated Fleet. More recently NHSI have agreed to us undershooting Capex to the value of in year disposal receipts re Fairfield &amp; Bramham. This will result in a charge of £17.835m against the Capital Resource Limit (CRL).</p>			
<p><b>CASH:</b> At the end of February 2019 the Trust's cash position was £46.7m against a plan of £36.8m, giving a positive variance of £9.8m. The movement from January reflects a reduction in payables.</p>			
<p><b>CIP:</b> The Trust has a savings target of £9,010k for 2018/19. YTD the Trust has underachieved against this target by £123k of which £408k 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.</p>			

Directorate	Plan YTD £000	Actual YTD £000	YTD Variance £000
A&E Directorate	4366	3483	(883)
Business Development Directorate	30	0	(30)
Chief Executive Directorate	75	27	(48)
Clinical Directorate	96	96	0
Estates Directorate	256	175	(81)
Finance Directorate	564	448	(116)
Fleet Directorate	997	722	(275)
Planned & Urgent Care Directorate	757	569	(188)
Quality, Governance & Performance Assurance Directorate	85	62	(23)
Hub & Spoke	62	62	0
Workforce & OD	858	675	(183)
RESERVE	0	1704	1,704
<b>Grand Total</b>	<b>8,146</b>	<b>8,023</b>	<b>(123)</b>

Recurrent/Non-Recurrent Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	7,387	5,967	(1,420)
Non-Recurrent	759	2,056	1,297
<b>Grand Total</b>	<b>8,146</b>	<b>8,023</b>	<b>(123)</b>

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	Amber	Amber	Amber		
Healthy food for NHS staff and visitors	Head of Facilities Management, Estates Division	£286,016	Green	Green	Green	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	Green	Green	Green		
<b>Total</b>		<b>£858,048</b>													

**Comments:**  
 At the end of Dec we have achieved 65% flu vaccination rate for our frontline staff. The Trust have been shortlisted for a national flu award. Green Fully Completed / Appropriate actions taken  
 Staff survey results have shown improvements to the scores in all Health & Wellbeing questions. The Health and Wellbeing plan for 2019/20 is currently being approved at Trust Management Group and then Trust Executive Group in readiness for 1st April 19. Amber Delivery at Risk  
 The Trust have procured new occupational health and wellbeing services with implementation plans in place for the services to begin 1st April 2019. 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	Green	Green	Green		
End to End Reviews	Head of Investigations & Learning	£1,072,238	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green		
Mortality Review	Deputy Medical Director	£1,716,096	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green		
Respiratory Management Improvement	Deputy Medical Director	£858,477		Green	Green	Green	Green	Green	Green	Green	Green	Green	Green		
<b>Total</b>		<b>£4,290,240</b>													

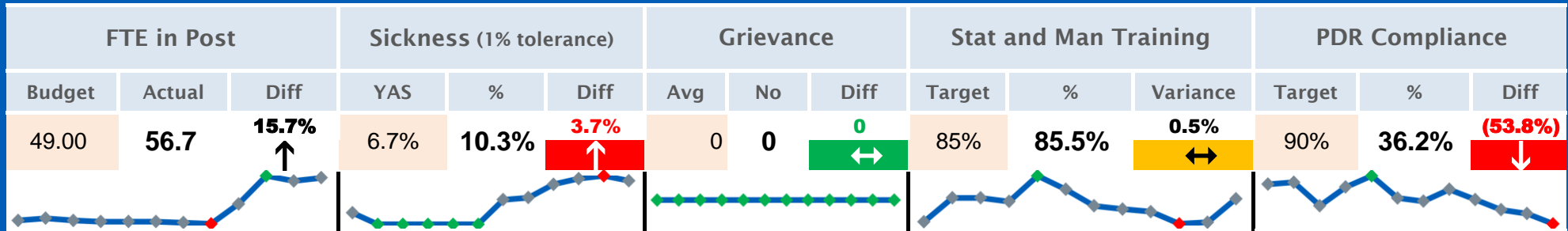
**Comments:**  
 Q3 reports for Respiratory Management, Mortality Review and 999 incidents not resulting in the transfer of patients to Type 1/2 A&E departments have now been accepted. Green Fully Completed / Appropriate actions taken  
 For end-to-end reviews one review has been scheduled and one has been conducted. 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	Green	Green	Green	Green		
<b>Total</b>															

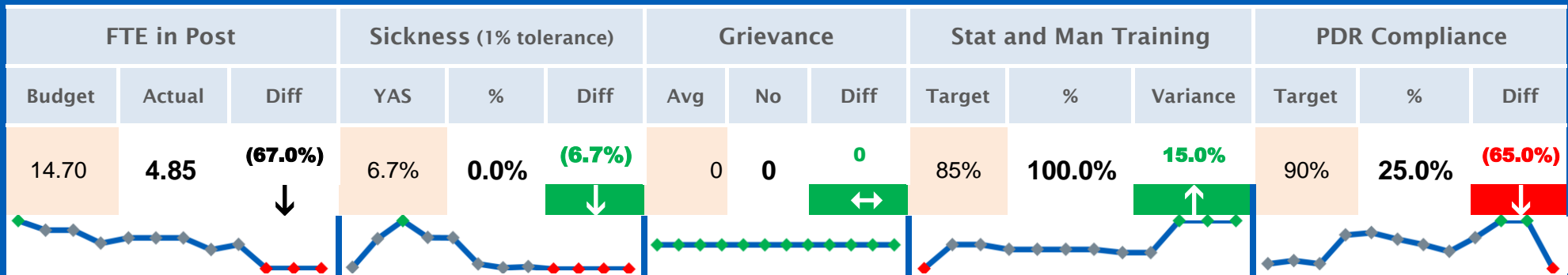
**Comments:**  
 Patient Survey application is fully on track to deliver at the end of the financial year. The use of the app has proved popular with our patients and provides real time information on which to base service improvement. To date 483 surveys have been collected across North, South and West Yorkshire. Green Fully Completed / Appropriate actions taken  
Amber Delivery at Risk  
Red Milestone not achieved

# Corporate Services - February 2019

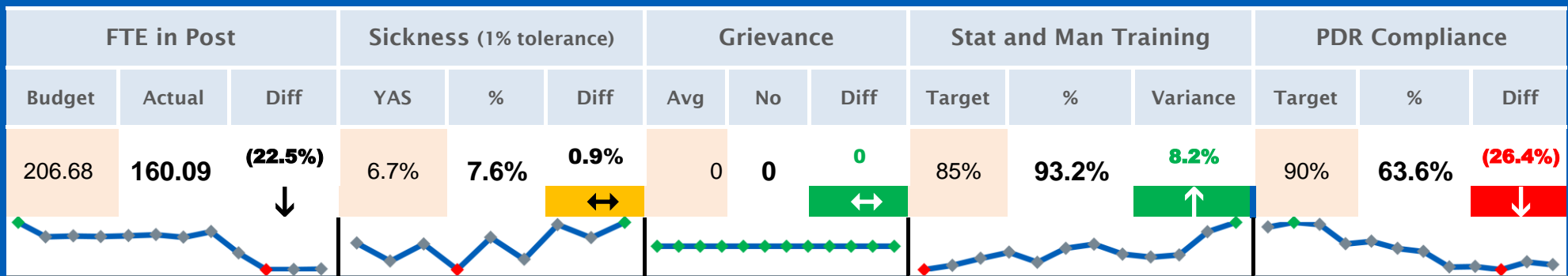
## Chief Executive



## Business Development



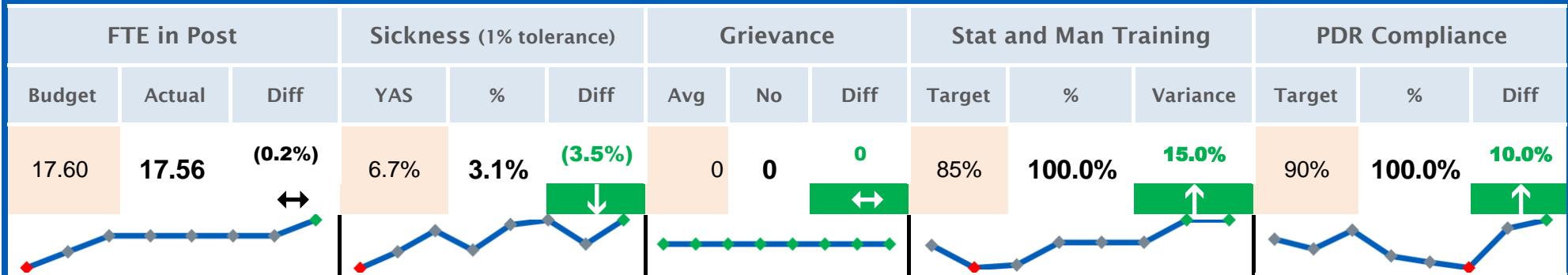
## Finance (Excluding Fleet, Estates, BI and ICT)



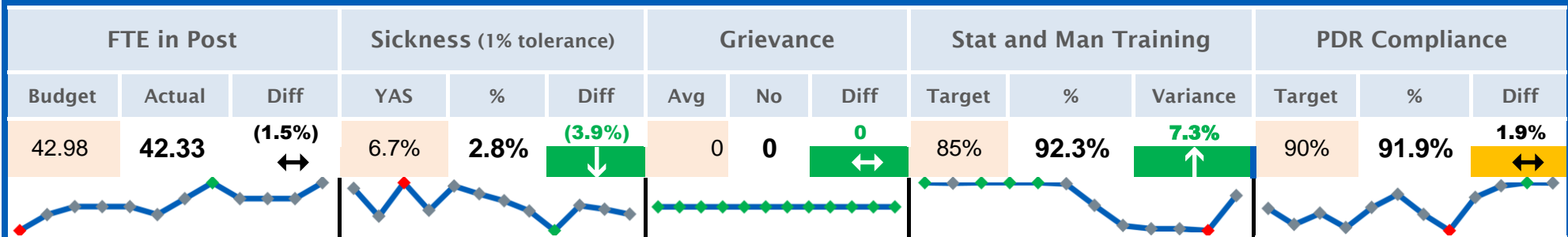
Key	Difference	Direction of Travel	Sparklines	AVG - Average	Updated
	Current Month (tolerance 5% number difference) unless stated	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	13.03.19 - PMO

# Corporate Services - February 2019

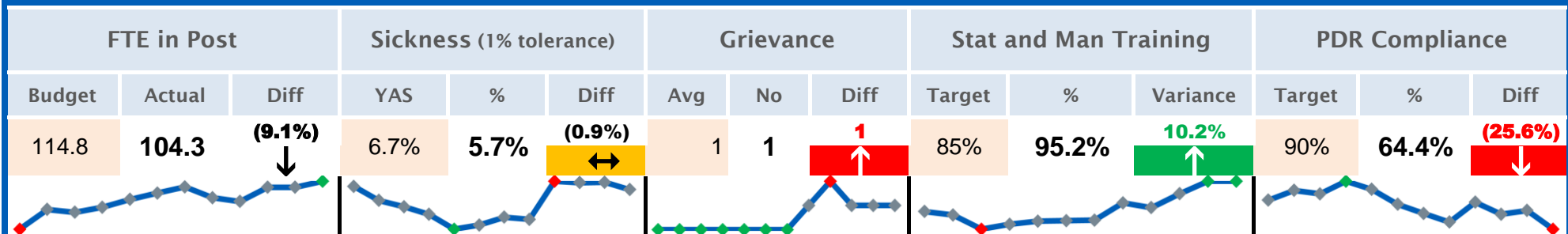
## Business Intelligence



## ICT



## Workforce & Organisational Development



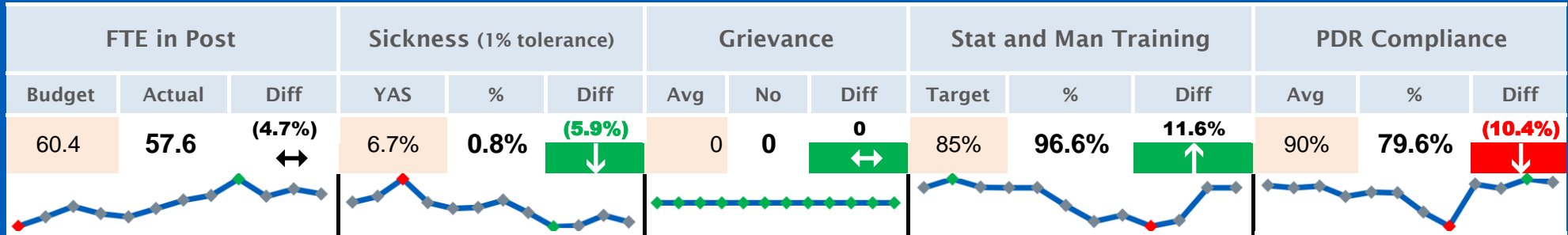
Key

Difference	Direction of Travel	Sparklines	AVG - Average	Updated
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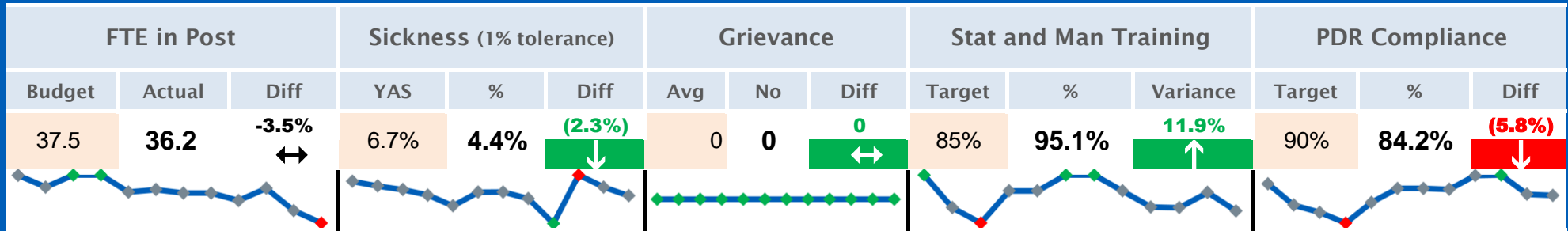


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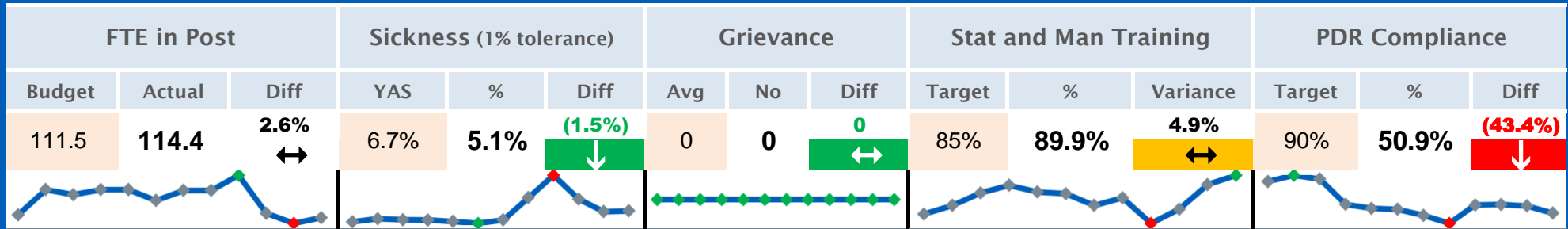
## Quality, Governance and Performance Assurance



## 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

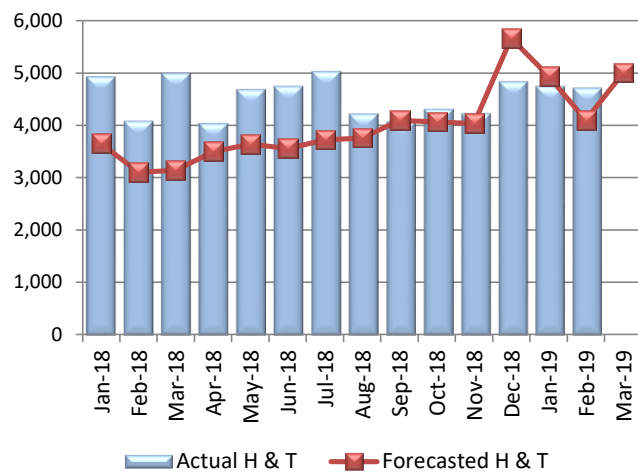
Updated

13.03.19 - PMO

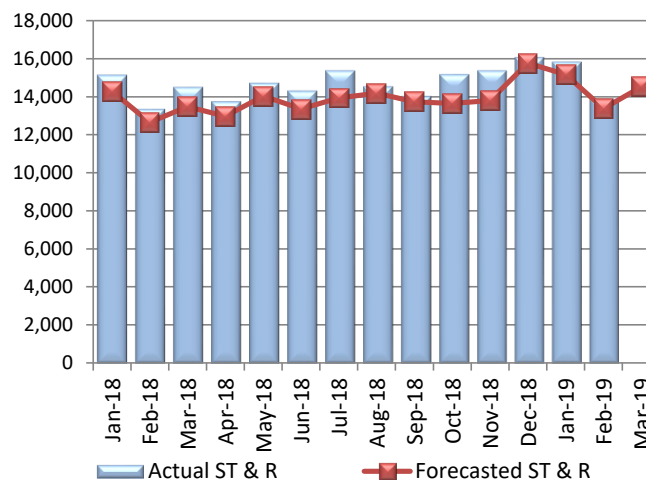
# SERVICE LINES

9.1 Activity

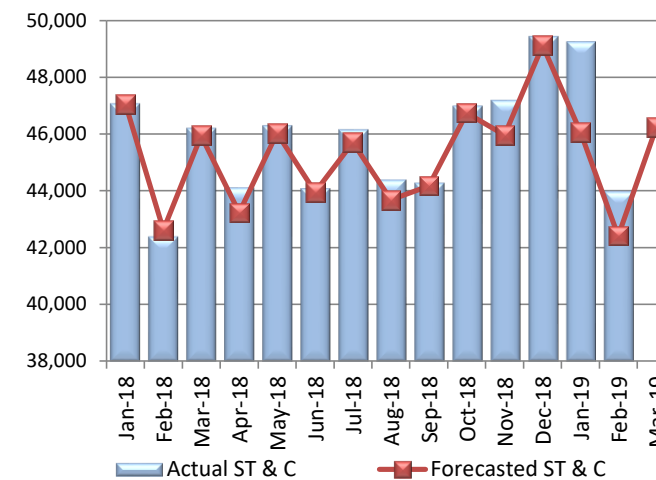
Hear & Treat



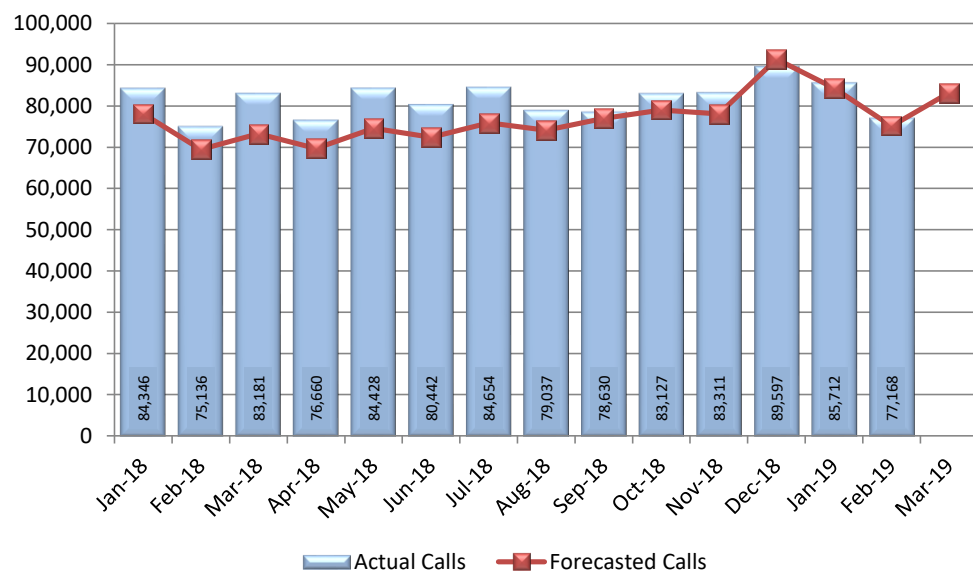
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

**Total Calls** February saw total call activity fall 10% against the previous month, total calls has reduced consistently since December in line with Trajectory.

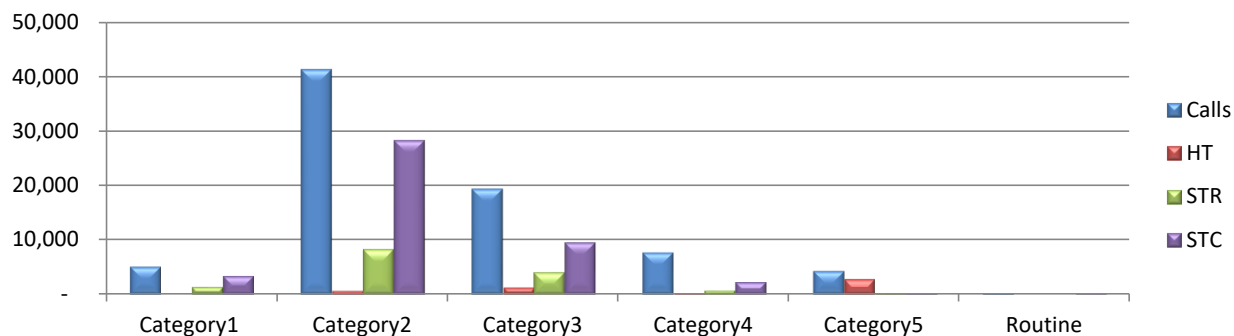
**Hear & Treat** Activity remains stable and currently higher than the forecasted position for February.

**See, Treat & Refer** February activity is 12.4% lower than the previous month but 4% higher than February the previous year. See & Treat is an ongoing area of focus with an aim to increase the amount of See & Treat jobs throughout 18/19.

**See, Treat & Convey** Increase of 3.8% in the amount of See, Treat & Convey carried out versus February last year.

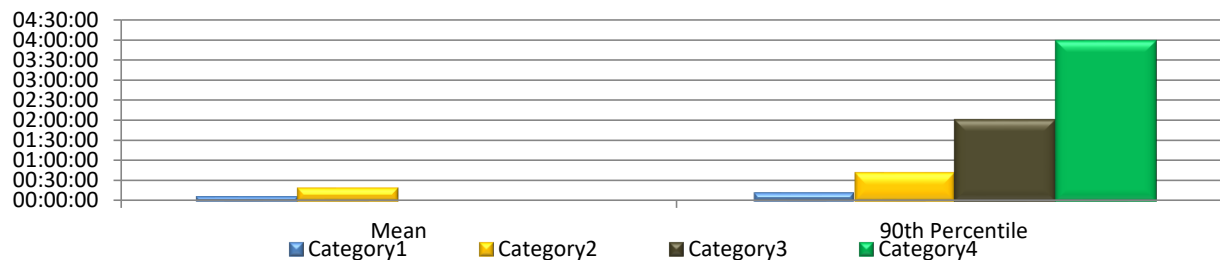
### 9.2 Activity

ARP3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	5,174	16	1,375	3,467	4,842	8.3%
Category2	41,379	651	8,081	28,317	36,398	62.0%
Category3	19,442	1,235	4,024	9,625	13,649	23.3%
Category4	7,779	197	759	2,342	3,101	5.3%
Category5	4,374	2,645	284	224	508	0.9%
Routine	292	-	5	181	186	0.3%



### 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	00:20:02	00:41:50	00:18:00	00:40:00
Category3		02:01:45		02:00:00
Category4		03:58:40		03:00:00



#### ARP3 Update

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.

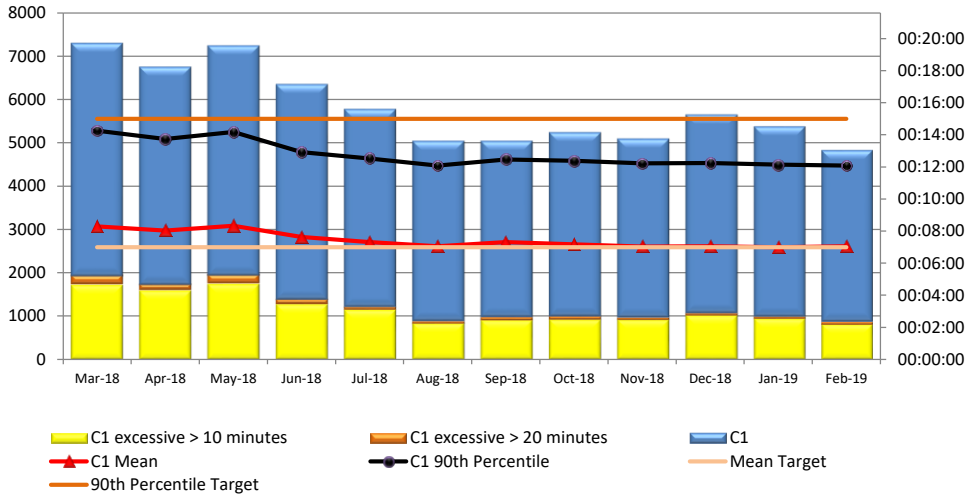
The calls now split into 4 main categories with HCP calls monitored separately. There are now different standards than in ARP 2.2, for example the 8 minute response per incident does not exist anymore.

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 Category 1 No IFT indicator is shown as the indicator may change to not show IFTs within the performance measure. The impact of removing IFTs creates a longer mean time due to de-fib allocation on IFT jobs.

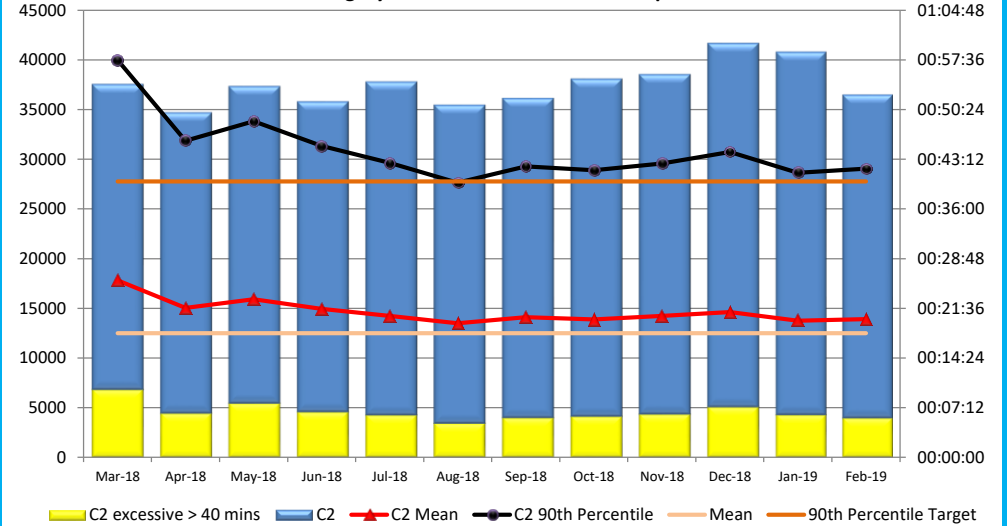
	Mean Standard	90 <sup>th</sup> Standard
C1	00:07:00	00:15:00
C2	00:18:00	00:40:00
C3		02:00:00
C4		03:00:00
HCP1		No Target
HCP2		No Target
HCP3		No Target
HCP4		No Target

9.4 Demand and Excessive Responses with Tail of Performance

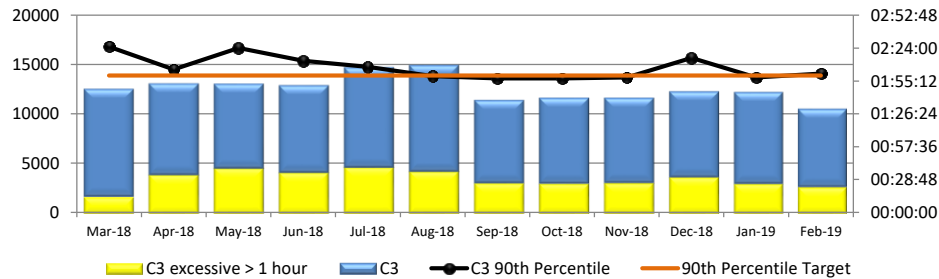
Category1 Demand and Excessive Responses



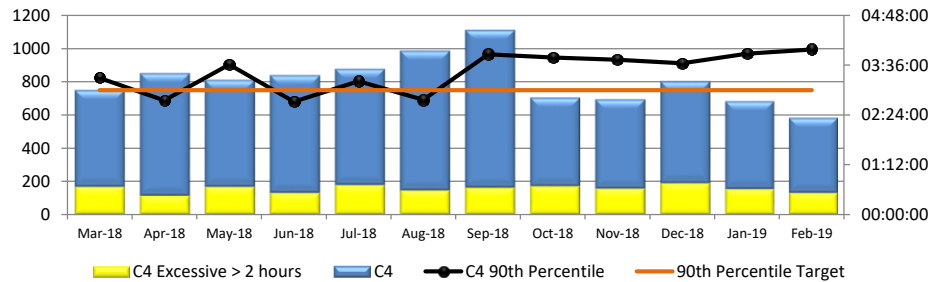
Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



Category4 Demand and Excessive Responses



Commentary

**Category 1** Mean performance was up slightly on the previous month at 00:07:03, however 90th percentile performance has seen further reduction to response time for the second consecutive month. Category 1 responses exceeding 10 minutes are at the lowest level in 12 months.

**Category 2** Mean performance for February remains just outside target at 00:20:02 90th percentile performance is up by 1minute and 50 seconds on the previous month, both are in line with current trajectory.

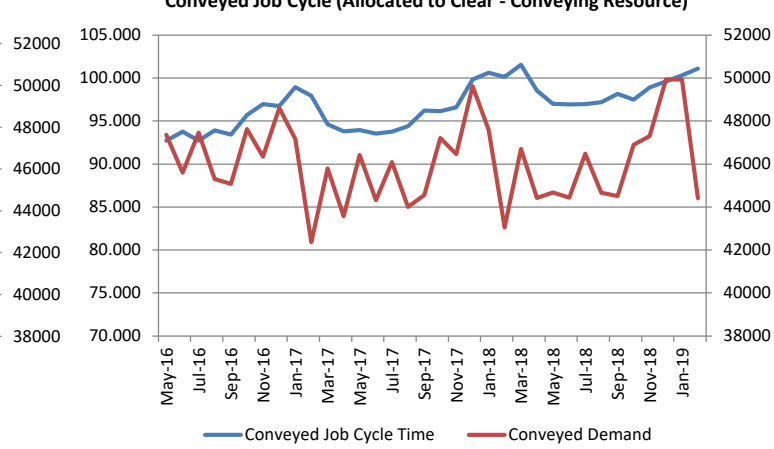
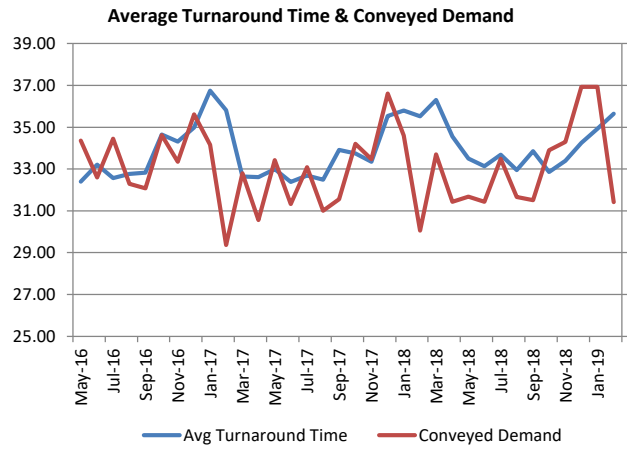
**Category 3** 90th percentile performance reported a 02:01:45 response against a 2 hour target.

**Category 4** 90th percentile performance was 03:58:40. 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.

Targeted work is ongoing with category 4 to try and reduce long tail waits. A project is due to commence to review these incidents and identify options to reduce the long waits. Options will feed into EOC clinical governance group to ensure appropriate governance

9.5 Hospital Turnaround Times

9.6 Conveyed Job Cycle Time



Commentary

**Turnaround times:** February's times were 2.1% higher than January and 0.4% higher than February the previous 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.

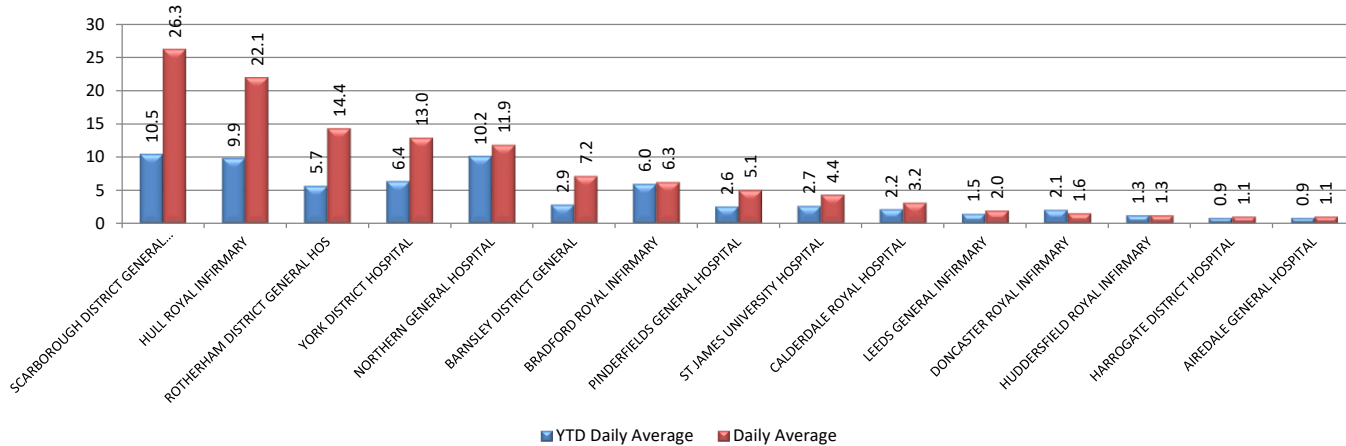
**Job Cycle time:** Increased 0.8% against January and increased 1% against February the previous year. EPR rollout is a contributor to this alongside a reduction in vehicles arriving on scene which may extend DCA cycle time. The contributing factors are currently under more detailed review.

**Excessive hours:** Lost hours at hospital for February was 284 hours higher than January, an increase of 8.2% and an increase of 26.7% against February 2018.

9.7 Hospital Turnaround - Excessive Responses

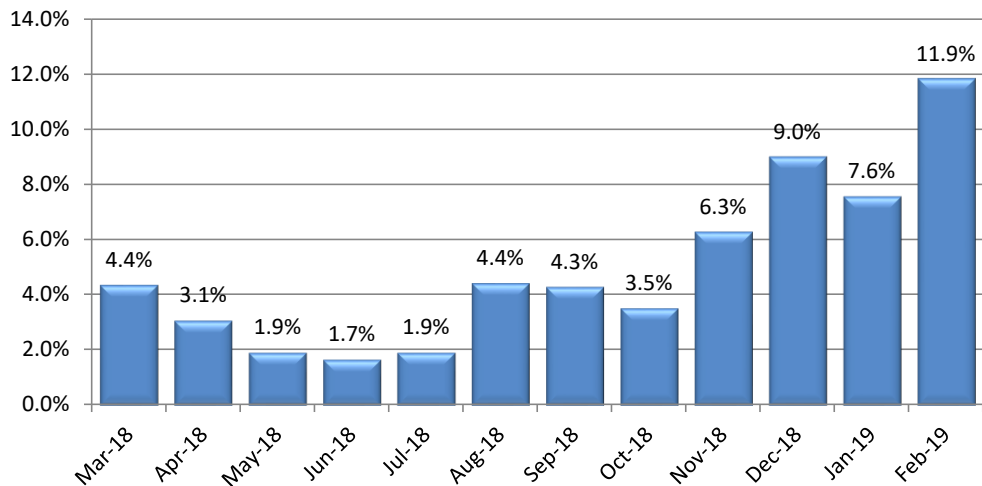
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Last 12 months
Excessive Handovers over 15 mins (in hours)	3,532	2,834	1,768	1,577	1,952	1,554	1,899	1,834	2,069	2,759	3,484	3,768	29,030
Excessive Hours per day (Avg)	114	98	57	53	63	52	61	59	69	89	116	122	79

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

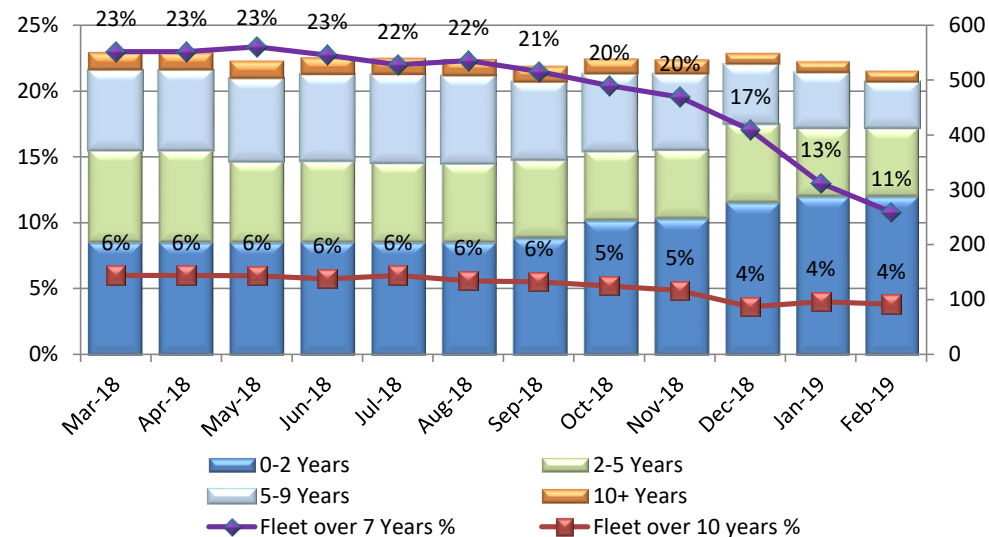


9.8 Vehicle Deep Cleans (5 weeks)

% of Breaches outside window

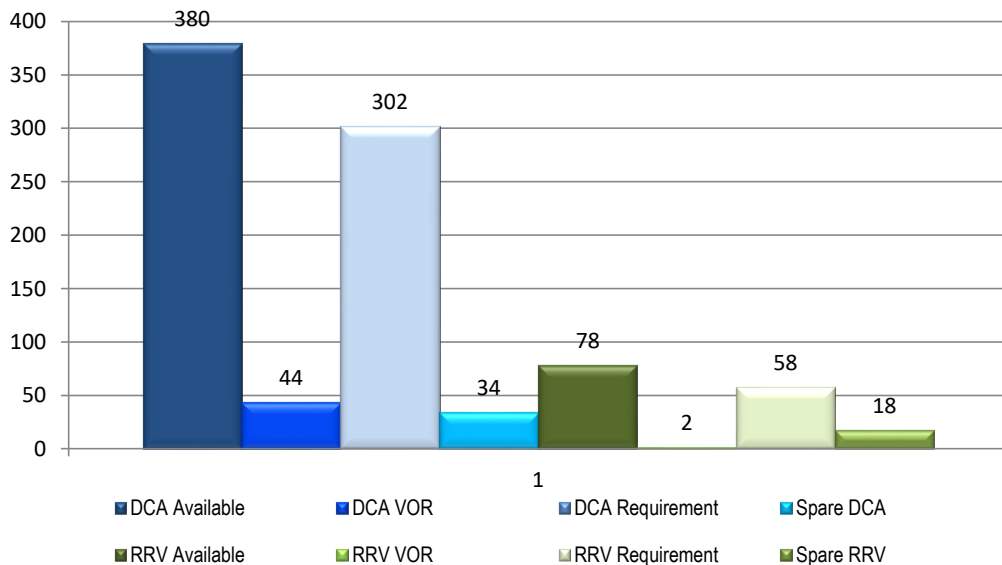


9.9 Vehicle Age



9.10 Fleet Availability

Trust Wide Average A&E Fleet Availability



Commentary

DCA vehicle age profile continues to fall with the introduction of 136 new vehicles, this is however increasing the VOR while vehicles are going through the commissioning process, all vehicles will be delivered by the end of March with the aim to have the vehicles in service mid April.

Although there are spare vehicles within the system the fleet department are experiencing additional pressure moving vehicles on day from station to station to meet rota demand. Fleet are working closely with Operational colleagues to ensure minimum impact.

The A&E Deep Clean compliance service level remained level with the previous month at 98.4%. We are continuing to experience issues accessing the vehicles required for Deep Cleaning due to additional frontline staffing. Targeted overtime remains available and will continue to be available to staff throughout the coming period.

9.11 Workforce

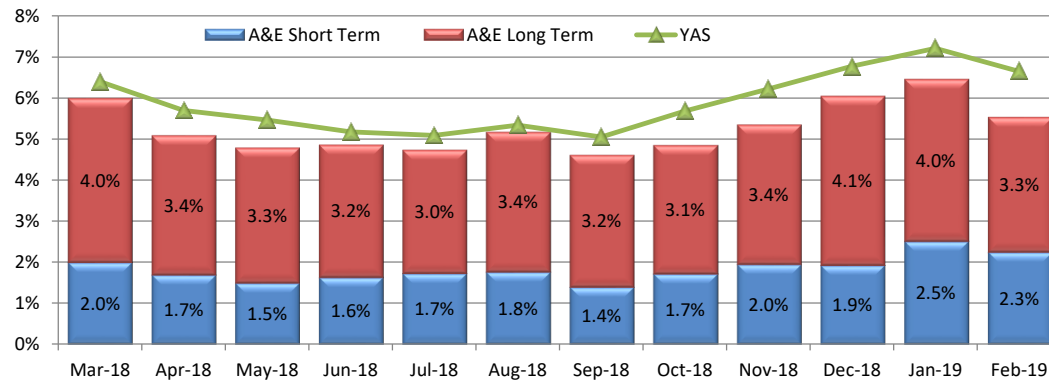
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,718	136	680	1,903	70%
Contracted FTE (before overtime)	2,527	158	503	1,867	74%
Variance	(191)	(22)	177	(36)	(1.9%)
% Variance	(7.0%)	(15.9%)	26.0%		
FTE (worked inc overtime)*	2690	158	503	2,030	75%
Variance	(28)	(22)	177	127	6.7%
% Variance	(1.0%)	(15.9%)	26.0%		

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

9.12 Training

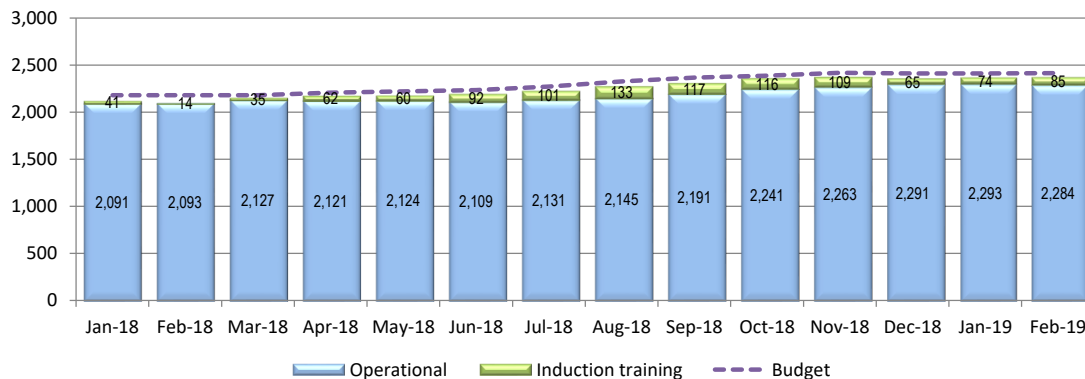


9.13 Sickness



9.14 A&E Recruitment Plan

A&E Operations (excluding CS)



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 56 FTE. The difference between budget and contract is related to vacancies.

**PDR:** Compliance is currently at 82.4% against stretch target of 90%. This is a slight reduction of 1.3% against January's performance.

**Sickness:** Currently stands at 5.6% which is a reduction of 0.9% against the previous month. A&E sickness is reporting below the Trust average of 6.7%.

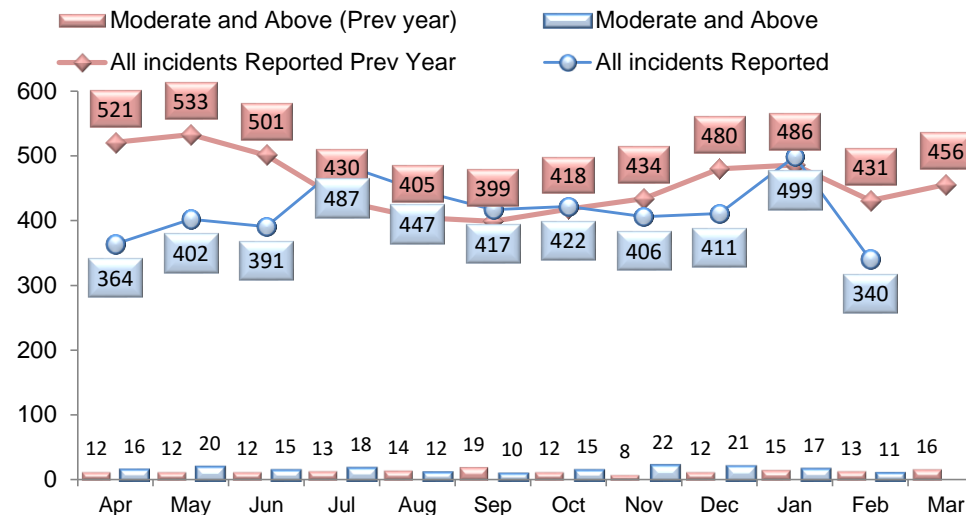
**Recruitment:** Against the 339 ECA recruitment plan at the beginning of the year A&E are forecasted to come in at 313. Paramedic recruitment come in to plan with an additional 74. Workforce plans are being developed for 2019/20 in line with contract negotiation



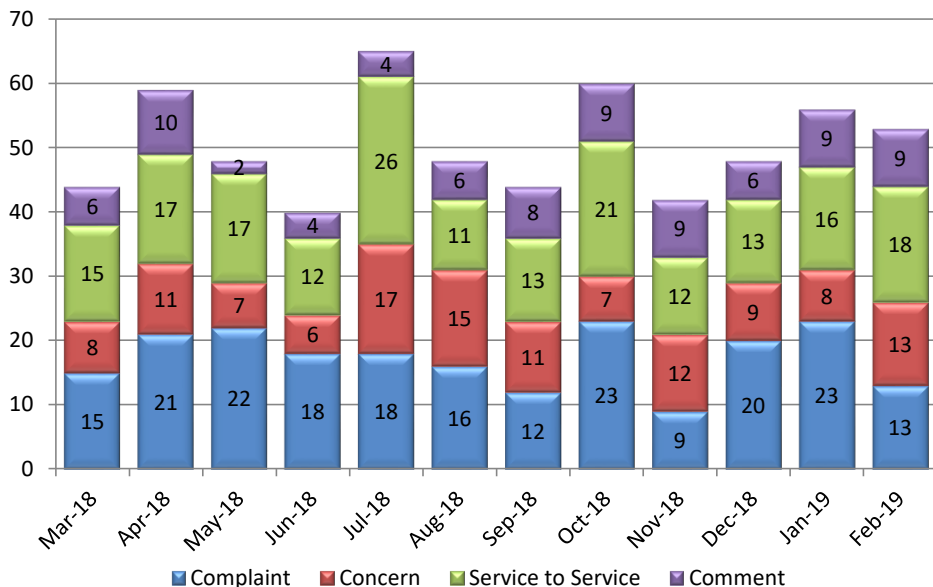
### 9.15 Quality, Safety and Patient Experience

	Month	YTD
Serious Incidents	0	12
Total Incidents (Per 1000 activities)	0.00	0.02
Total incidents Moderate & above	11	177
Response within target time for complaints & concerns	87%	90%
Ombudsman Cases	Upheld	0
	Not Upheld	0
Patient Experience Survey - Qtrly	86.3%	84.2%

### 9.16 Quality, Safety and Patient Experience



### 9.17 Patient Feedback

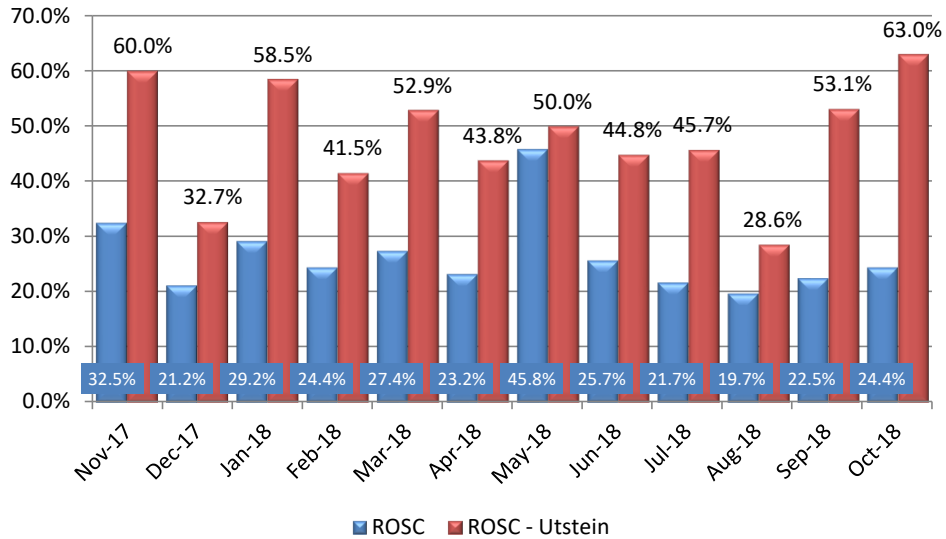


### Commentary

**Incidents:** Total reported incidents decreased 32% on last month and is 21% lower than February last year. Incidents of moderate harm and above remain at a low level and in line with previous months.

**Feedback:** February reported 5.4% reduction in patient feedback against January. Despite a small decrease in patient feedback current volume is broadly in line with previous months.

9.18 ROSC & ROSC Utstein



Commentary

**\*Please note, April & May's ACQI data is incomplete due to extenuating circumstances and therefore the description below depicts only a portion of YAS's data. In line with this, April & May's data is not comparable to previous months/ other ambulance trusts. Re- submissions will be made to NHS England as soon as possible with an updated report due in the spring. \*\*Survival figures are also subject to change upon re- submission due to a significant number of missing hospital records at the time of original submission, particularly in South Yorkshire.**

**\*\*\*Further, please note that the UTSTEIN group of patients no longer contains incidents witnessed by an EMS, only a bystander from April 2018.**

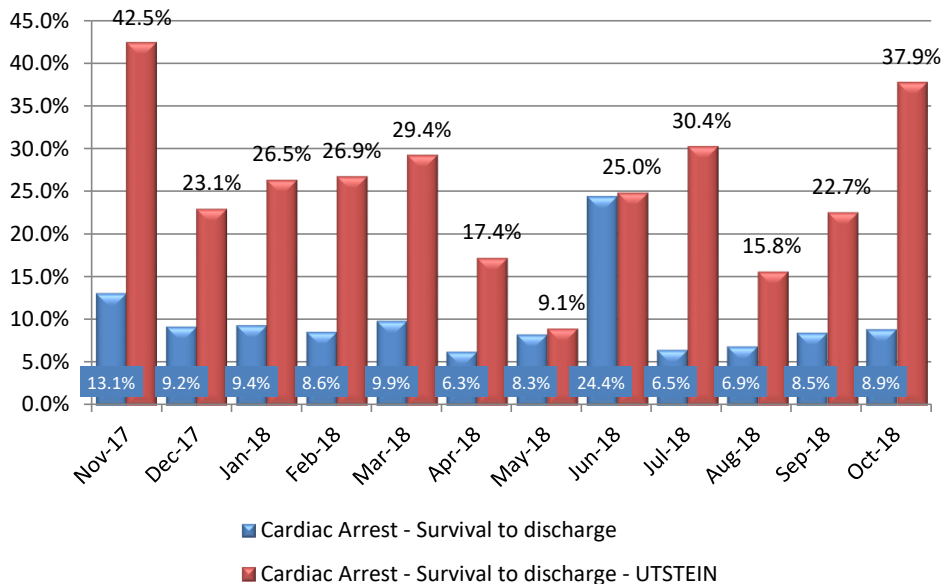
**\*Cardiac Arrest Management**

YAS attempted resuscitation on 213 patients during September 2018, 48 of which had a ROSC on arrival at hospital (22.5%). Comparatively 246 patients received resuscitation attempts during October, 60 of which had ROSC (24.4%).

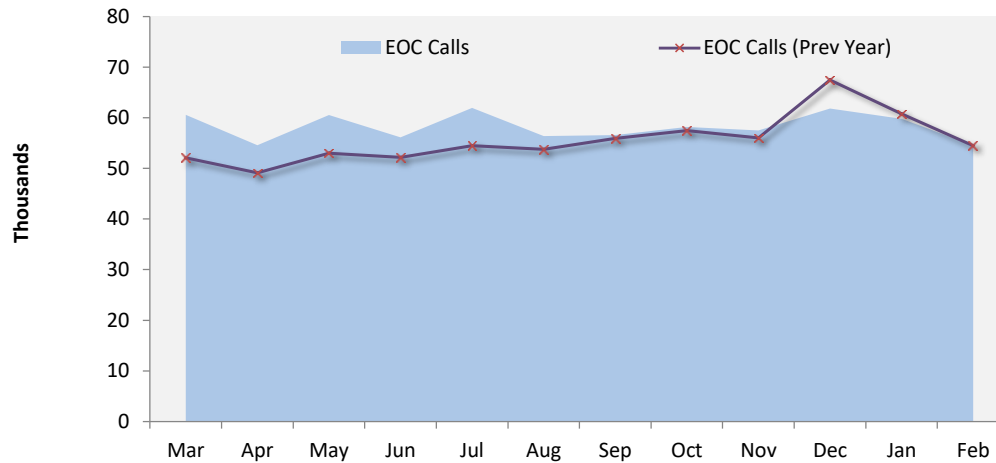
\*\*Overall Survival to discharge, during September 2018, 17 out of 200 patients survived to discharge (8.5%). In comparison, during October 23 patients out of 259 survived (8.9%).

\*\*Survival to Discharge within the UTSTEIN comparator group reported 5 out of 22 patients survived within this group during September 2018 (22.7%), compared to 11 out of 29 patients within October 2018 (37.9%).

9.20 Survival to Discharge



9.21 Activity

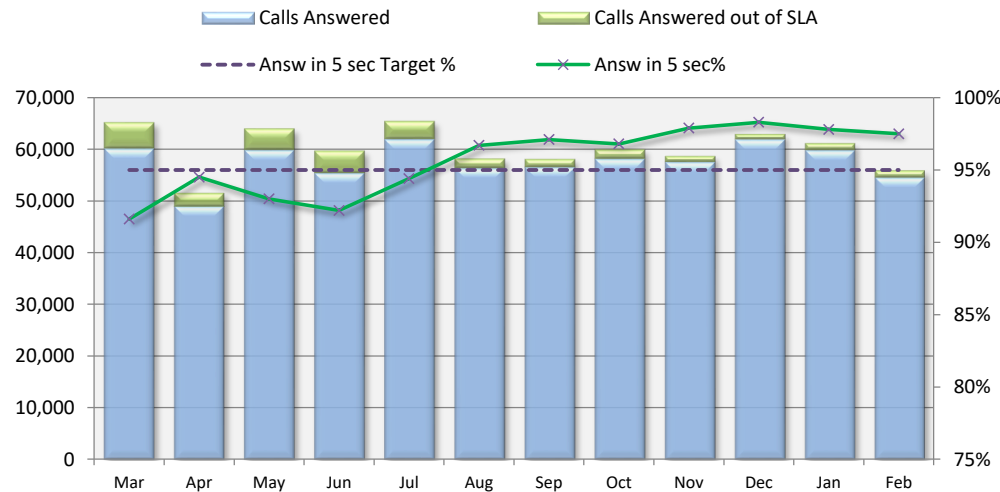


9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2017/18	638,226	636,196	25,188	96.0%
2016/17	614,602	612,044	42,099	93.1%
Variance	23,624	24,152	-16,911	
Variance	3.8%	3.9%	(40.2%)	2.9%

9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	97.5%	96.0%



	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Calls Answered out of SLA	5,069	2,692	4,177	4,339	3,482	1,864	1,631	1,841	1,210	1,034	1,327	1,377
Calls Answered	60,078	48,981	59,786	55,379	61,860	56,326	56,488	58,113	57,470	61,815	59,777	54,546
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	91.6%	94.5%	93.0%	92.2%	94.4%	96.7%	97.1%	96.8%	97.9%	98.3%	97.8%	97.5%

Commentary

**Demand:** Decreased 8.8% against January, in-line with the previous year's demand.

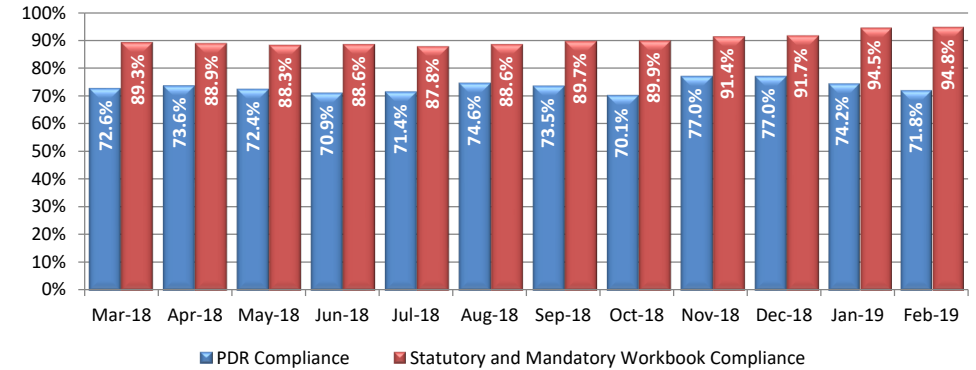
**Answer in 5 sec:** Performance is down by 0.3% on previous month at 97.5%; 2.5% above 95% target and the sixth consecutive month of achievement. YAS has now had the highest call answer performance in the country for 6 consecutive months.

9.24 Workforce

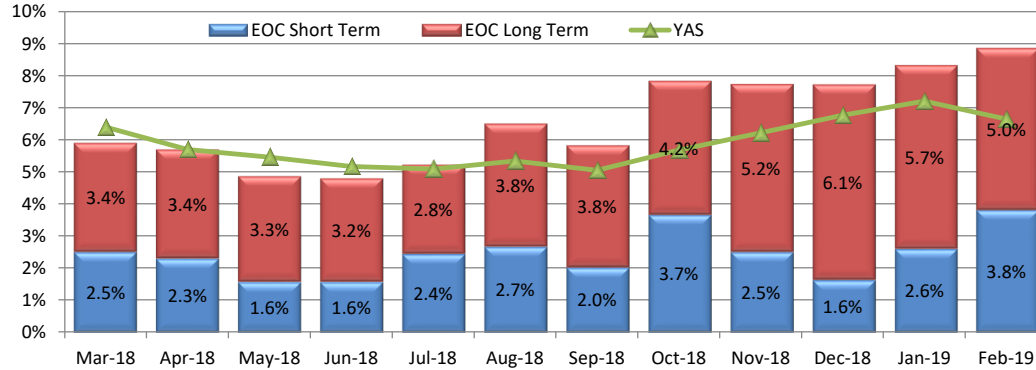
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	335	16.7	84	234	70%
Contracted FTE (before overtime)	320	16.0	80	224	70%
Variance	(14)	(1)	(4)	(10)	(4.2%)
% Variance	(4.2%)	(4.2%)	(4.2%)		
FTE (worked inc overtime)*	320.8	33.3	41	247	77%
Variance	(14)	17	(43)	12	0
% Variance	(4.1%)	99.1%	(51.1%)		

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

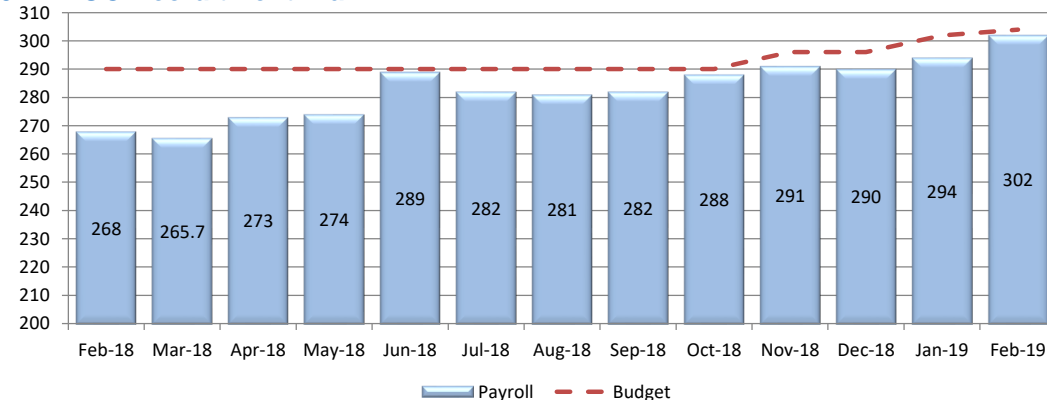
9.25 Training



9.26 Sickness



9.27 EOC Recruitment Plan



Commentary

**PDR:** PDR compliance stood at 71.8% in February against a stretch target of 90% and is down 2.4% on the previous month. Having cleansed the data 3 months ago reviewing this again as the compliance reduced the data was reviewed again and has reverted back to the original list pre the cleanse. This has been reported to the ESR team and going through the cleanse again. A communication has been sent to managers reminding them to log PDRs at the time of completion as PDRs have continued to be taking place during the winter months.

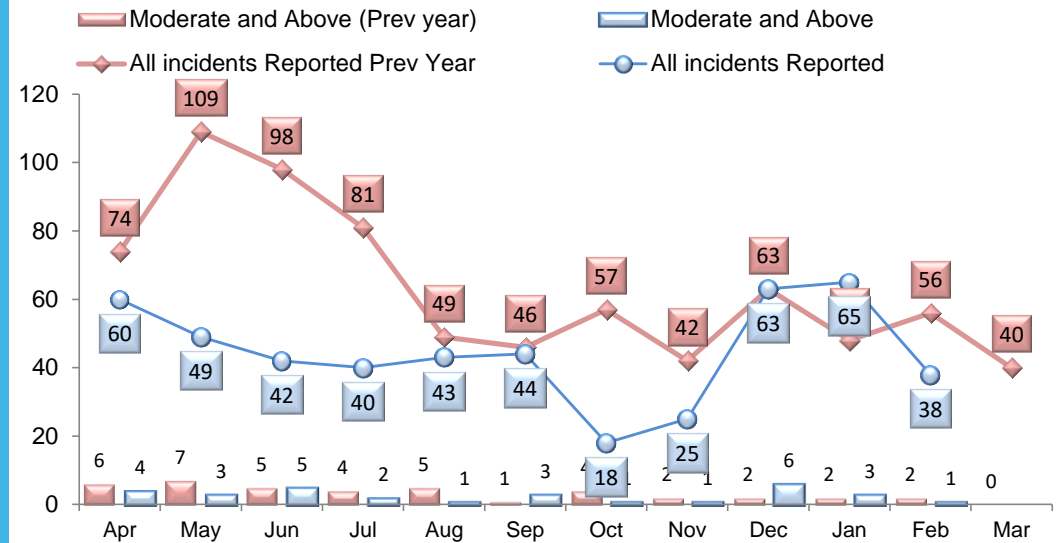
**Sickness:** Currently at 8.8% a 0.5% increase against January This is current above the Trust average of 6.7%. The focus on wellbeing of EOC staff will continue to be a priority. HR are supporting Duty Managers educating them on Trust policy as a number are new in post. Having reviewed the top reasons for absence these remain the same although there was a similar pattern last year which is under review with the HR team so understand whether the incentives over the festive period has had a negative impact in terms of short term sickness.

**Recruitment:** Clinical recruitment is ongoing for the clinical hub. The rotational advert within Operations has now closed with 11 applications, 5 have been successful, work is now ongoing regarding start dates and training.

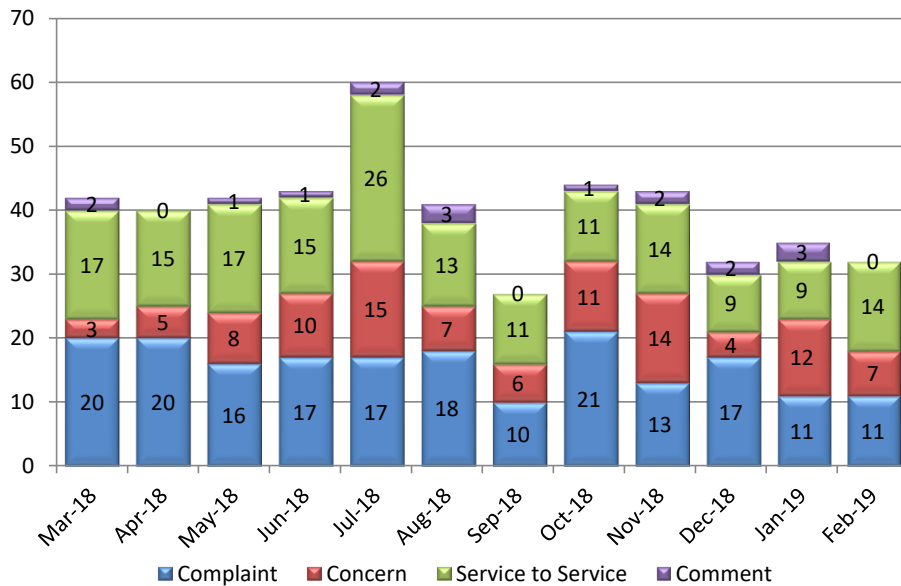
9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		4	7
Total Incidents (Per 1000 activities)		0.07	0.01
Total incidents Moderate & above		3	30
Response within target time for complaints & concerns		100%	85%
Ombudsman Cases	Upheld	0	0
	Not Upheld	1	3
Patient Experience Survey - Qtrly			

9.29 Incidents



9.30 Patient Feedback

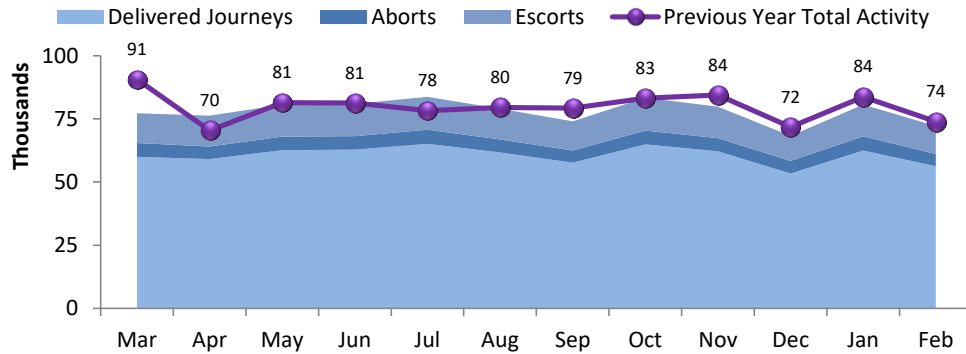


Commentary

**Incidents:** All reported incidents have decreased by 71% against January, incidents of moderate harm and above remain at a low level.

**Feedback:** February feedback figures decreased slightly, remaining at a low level overall.

10.1 Demand



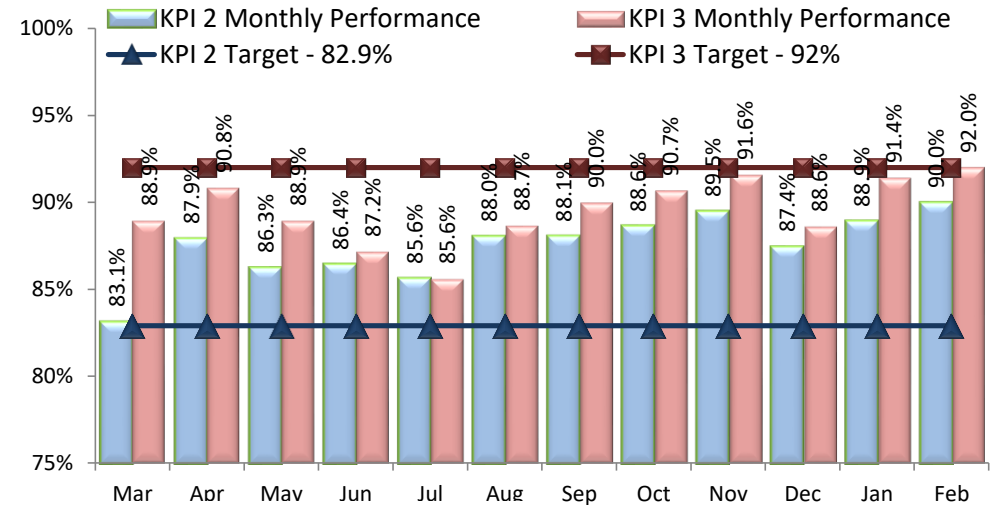
Comparison to Plan

Feb-19	Delivered	Aborts	Escorts	Total
YTD 2018-19	668,209	57,370	133,344	858,923
Previous YTD* 2017-18	673,256	59,864	134,065	867,185
% Variance	(0.7%)	(4.2%)	(0.5%)	(1.0%)

\* Demand includes All Activity

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

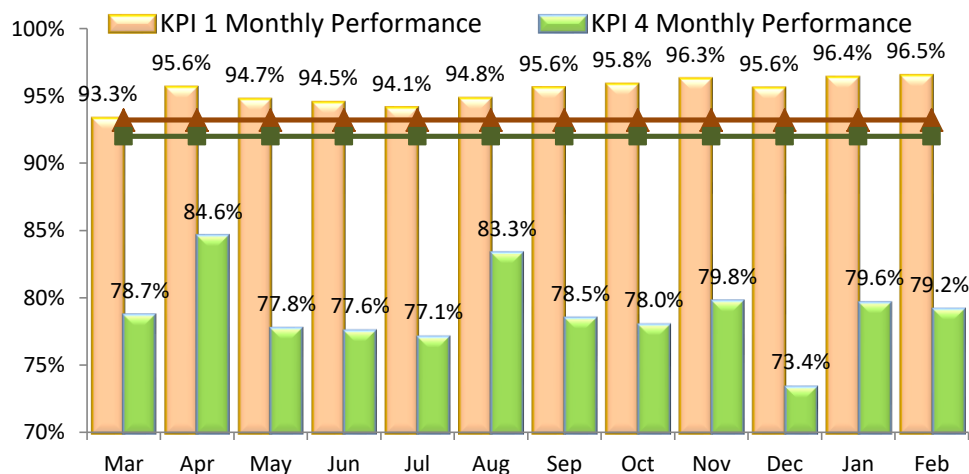
10.2 KPI\* 2 & 3\*\*



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 February decreased by 10.5% on the previous month and is down by 2.3% against the same month last year.

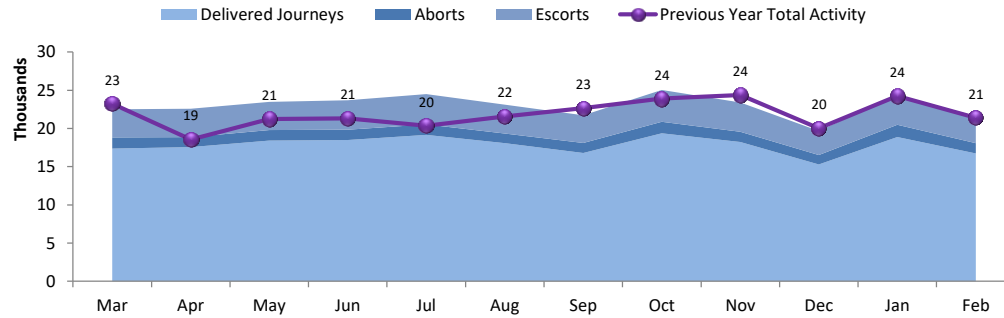
**KPI 1** Performance increased by 0.8 points in February to 96.5% and remains above the 93.2% target.

**KPI 2** Inward performance stood at 90% in February which is up from 88.9% in the previous month and remains above the 82.9% making appointment on-time target.

**KPI 3** The outward performance increased by 0.6% on last month to 92%. The annual target is 92%.

**KPI 4** The performance of outward short notice bookings picked up within 2 hours decreased by 0.4 points to 79.2% in February and remains below the 92% target. Commissioned levels of activity vs KPI 4 target and a behaviour of high % discharges undertaken on-day by local acutes makes this KPI unrealistic with current resources.

10.1 Demand



Comparison to Plan

	Feb-19	Delivered	Aborts	Escorts	Total
YTD 2018-19		196,964	14,976	41,209	253,149
YTD 2017-18		186,479	15,429	37,718	239,626
% Variance		5.6%	(2.9%)	9.3%	5.6%

South Performance Indicators as of April 2018

- KPI C1 - The patient's journey inwards and outwards should take no longer than 120 minutes
- KPI C2 - Patients should arrive at the site of their appointment no more than 120 minutes before their appointment time
- KPI C3 - Patients will arrive at their appointment on time
- KPI C4 - Pre-planned outward patients should leave the clinic/ward no later than 90 minutes after their booked ready time
- GP1 - patients requested & delivered within 90 minutes

Commentary

February 2019 has seen a 1% increase in overall activity compared to the corresponding month last year. Coupled with this increase was another large rise in Escort bookings, which rose by 4.8% to a total of 3521. Over 20% of all bookings have an Escort travelling with the patient.

South saw a 50% increase in 4 Man lifts and a 9.6% increase in T2 patients during the month. This level of double handed work and complex patients draw in several crews at a time to move a single patient.

On Day Discharge KPI has seen a significant improvement when compared to the last month.

C1 Performance for February was 99.5% against a KPI of 90%.

C2 Performance has shown further improvements and now stands at 87.9%. This is the indicator's highest level of performance since August last year. This is also the third month in a row which has seen an improvement, resulting in more patients arriving at Hospital in time for their appointments.

C3 Performance has matched that of C2 and has also achieved its best performance since August 2018 with 88.1% arriving on time for their appointment. The year to date performance for this indicator at 89% is close to its target of 90%.

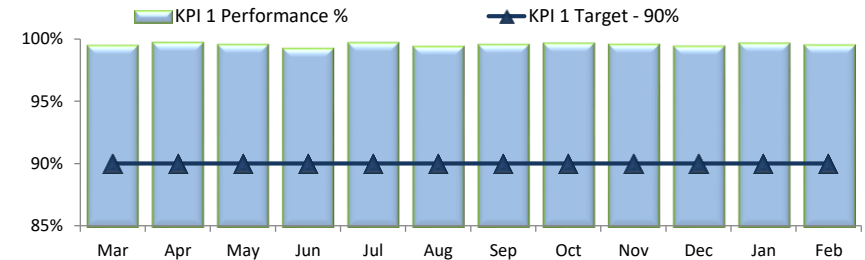
C4 Performance for pre-planned outward patients collected within 90 mins has seen a slight dip in performance at 84.2%. Last month, I mentioned that the focus for this indicator was to improve patient waiting times in Sheffield and pleasingly Sheffield CCG has seen a 2% improvement in this KPI during February.

Of particular note has been the big increase in performance for C5 Performance for short notice and On Day Discharge patients. Last month performance stood at 67% for C5 and 66.1% for Discharges. In February we saw a 9% increase in performance for these indicators with C5 now standing at 75.6% and On Day Discharges at 75%. These two areas had been of particular focus for the CCG and I am pleased to report on the improvements achieved this month.

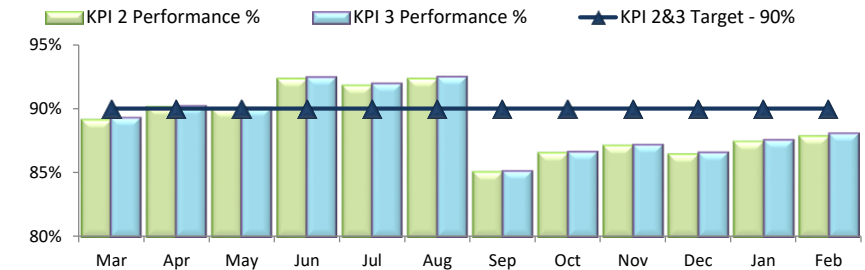
The GP Urgent Service also saw a significant improvement in the GP 120 Mins KPI moving from 86.4% to 92.5%. Performance for GP 90 was 54.8% and GP03 91.5%.

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

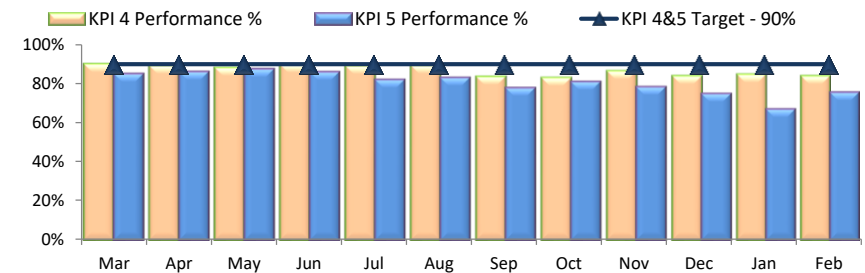
10.2 KPI 1 - Journeys no longer than 120 Mins



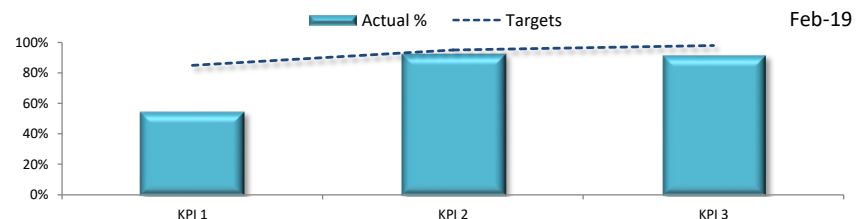
10.3 KPI 2&3 - Inwards Journeys



10.3 KPI 4&5 - Outwards Journeys

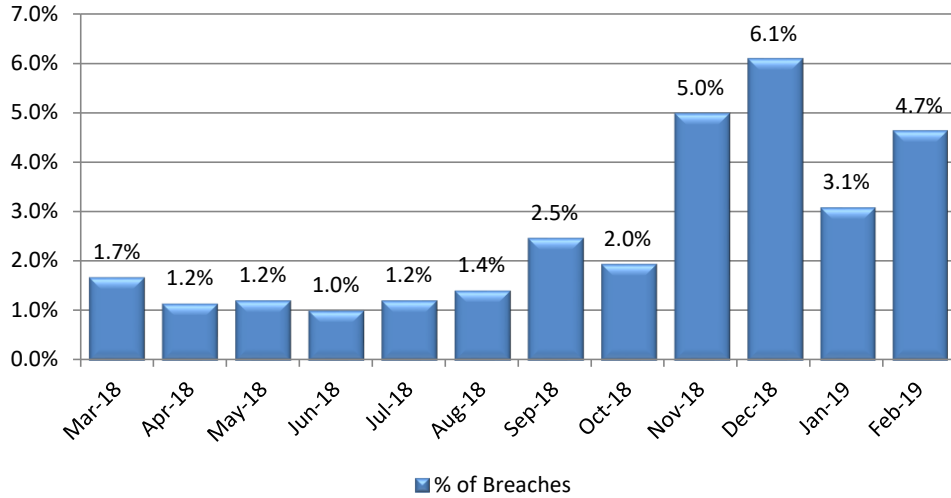


10.3 GP Urgent Performance

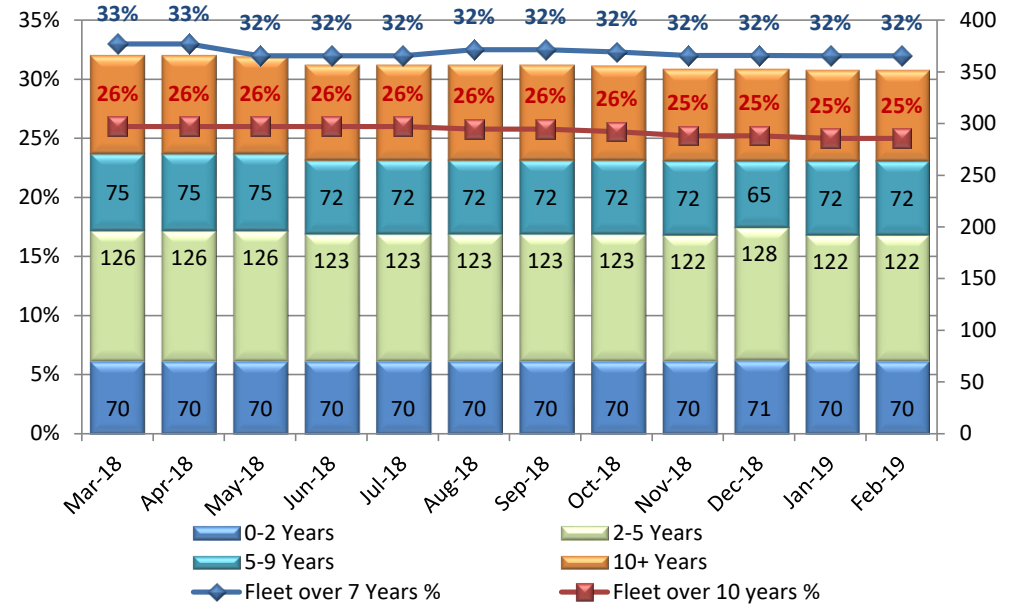


10.4 Deep Clean (5 weeks)

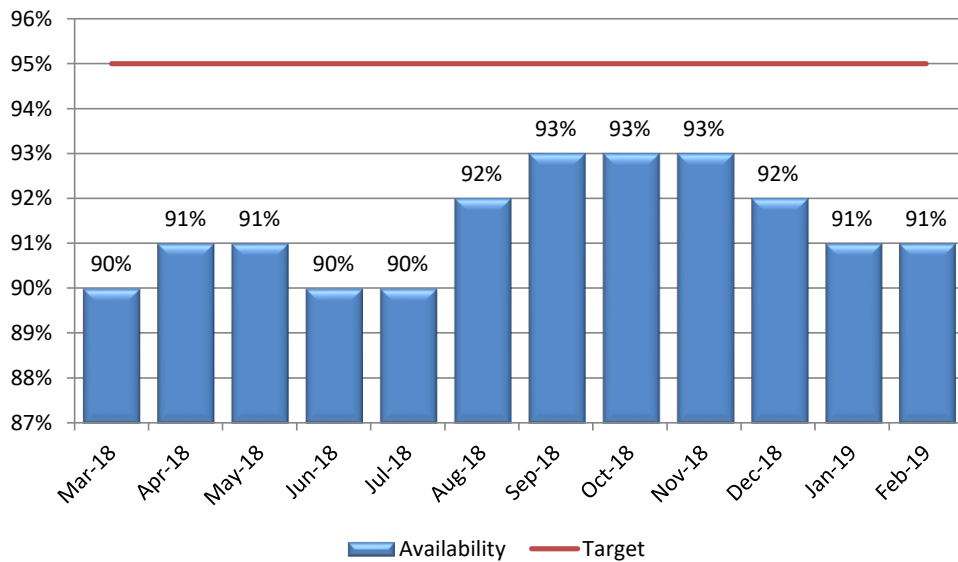
% of Breaches



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

PTS vehicle availability has held at 91% for the second month with vehicle age still accounting for a high number of VOR. It is becoming increasingly difficult to get parts for older vehicles which is increasing downtime. Fleet are working closely with PTS colleagues to minimise impact.

The PTS vehicle Deep Cleaning Service Level compliance continues to exceed 99% although we are continuing to chase vehicles due to unrecorded movements. We now have the PTS vehicles encompassed within AVP at Leeds, Huddersfield and Wakefield. Further work to clarify the specific bases is ongoing with each area.



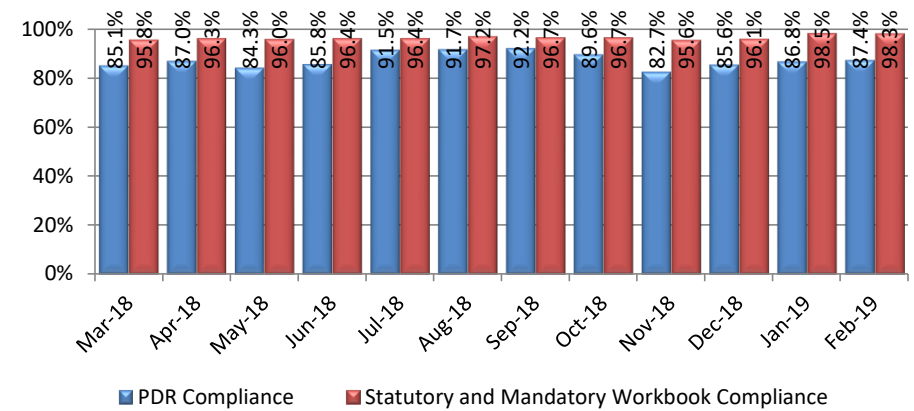
10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	605	30	121	454	75%
Contracted FTE (before OT)	560	59	101	400	72%
Variance	(45)	(28)	20	(53)	(11.8%)
% Variance	(7.5%)	(94.1%)	16.7%		
FTE worked inc overtime	582	59	101	423	73%
Variance	23	(28)	20	(31)	(6.8%)
% Variance	3.8%	(94.1%)	16.7%		

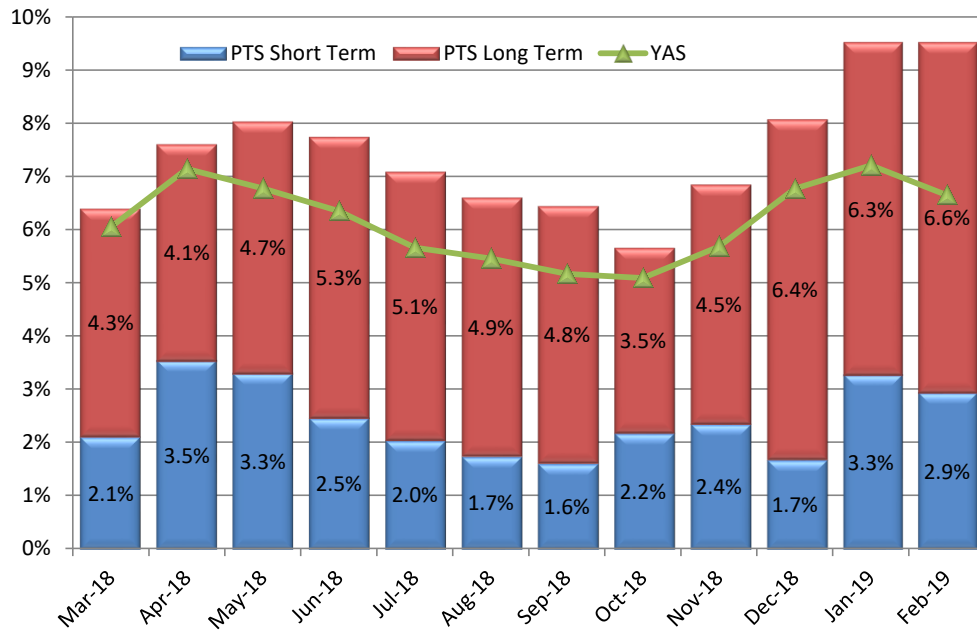
\*\* FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

\*\* Sickness and Absence (Abstractions) is from GRS

10.8 Training



10.9 Sickness



Commentary

**PDR** compliance increased by 0.6 points in February to 87.4% and is below the 90% Trust target. Work continues to deliver the standard and to validate the data to ensure comprehensive reporting.

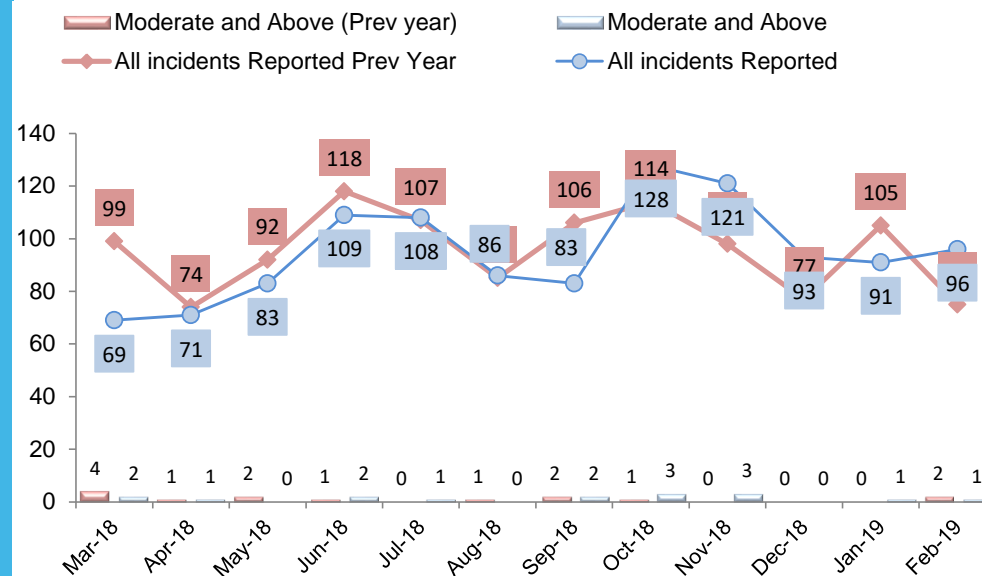
**Statutory and Mandatory Workbook** compliance decreased slightly to 98.3% and is above the 90% Trust target.

**Sickness** rate in PTS decreased in February by 0.1 points to 9.5%, 3.8 points above the 5.7% YAS average.

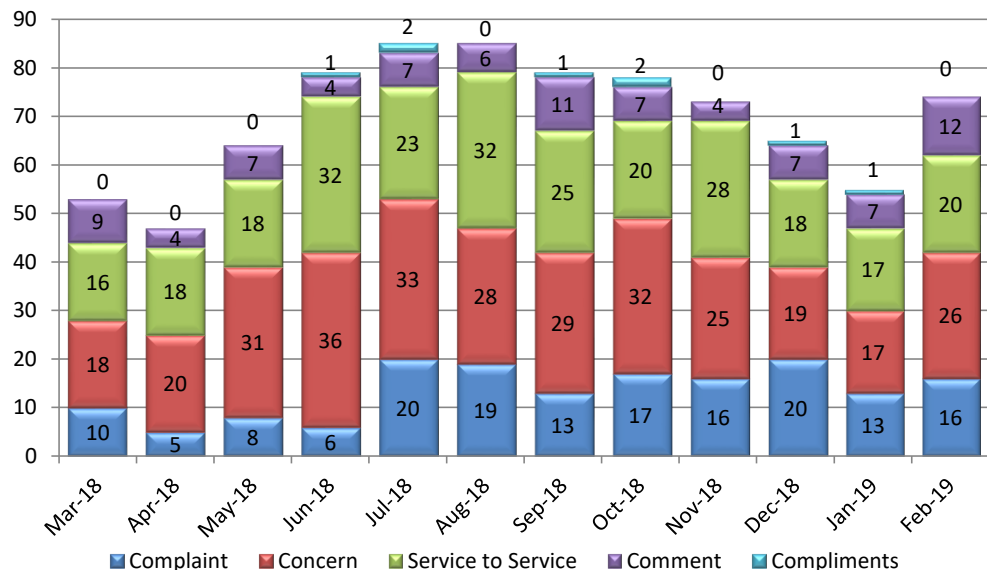
### 10.10 Quality, Safety and Patient Experience

		Feb 2019	2018-19
Serious Incidents		0	2
Total Incidents (per 1000 activities)		0.000	0.005
Total incidents Moderate & above		1	11
Response within target time for complaints & concerns		93%	90%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		91.6%	90.2%
Call Answered in 3 mins - Target 90%		87.2%	92.9%

### 10.11 Incidents



### 10.12 Patient Feedback



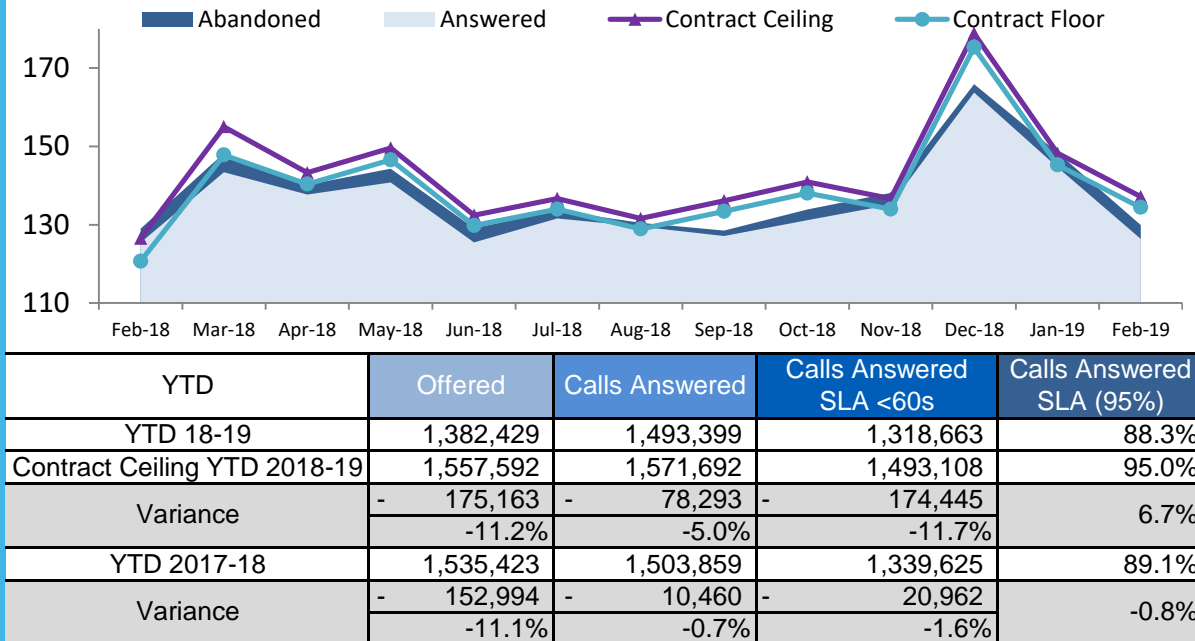
### Commentary

**Quality, Safety and Patient Experience:** The proportion of calls answered in 3 minutes decreased to 87.2% in February which is down from 93.8% on the previous month and below the 90% target.

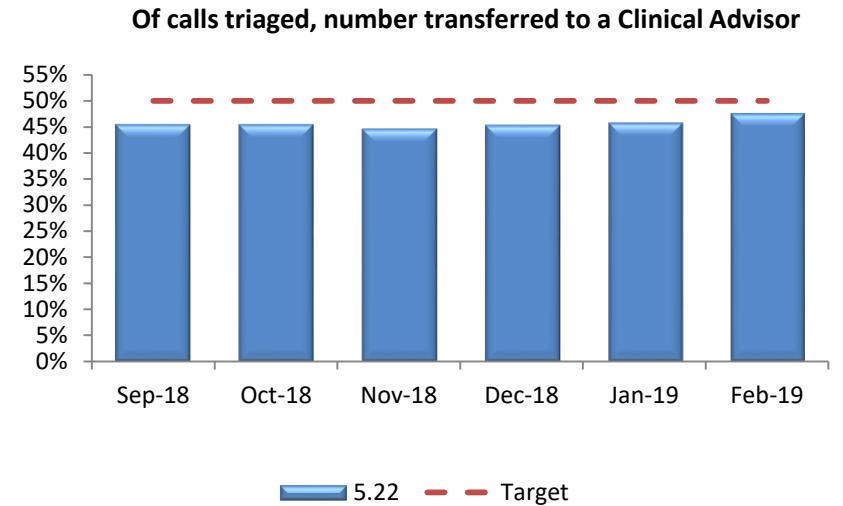
**Incidents:** The number of reported incidents within PTS during February increased by 5.5% on the previous month's level and has increased in comparison to last year's figure.

**Patient Feedback:** figures are up by 19 on the previous month. Closer inspection of the 4 Cs (complaints, concerns, comments and compliments) show the number of complaints increased by 3 in February and concerns were up by 9 with service to service increasing by 3.

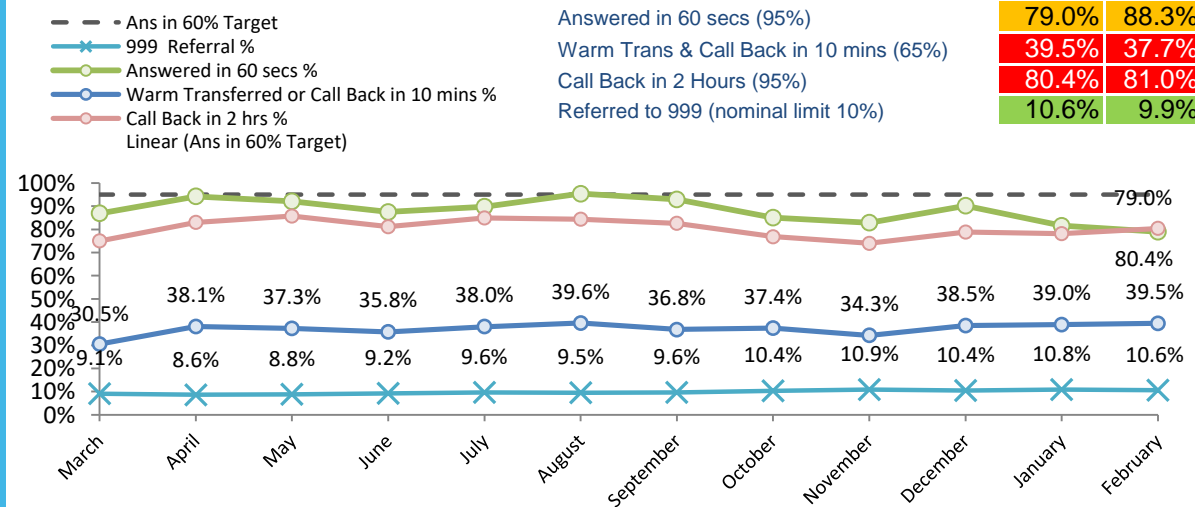
11.1 Demand



11.3 proportion calls transferred to a clinical advisor



11.2 Performance



Commentary

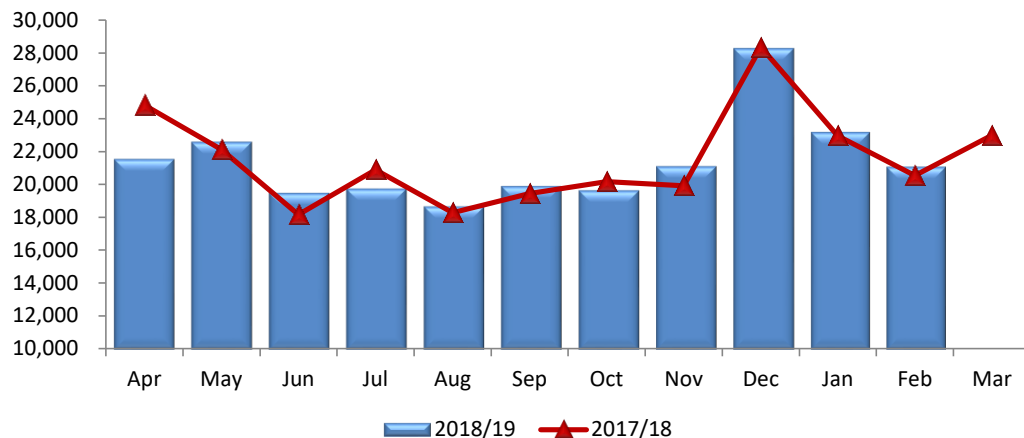
Call volumes for February 2019 were -6% below contract floor and -7.9% below contract ceiling, although marginally above February 2018 (+950 calls). (NB. This year's floor includes 50% growth of the total 4.19% growth for the year).

Performance for February 2019 was 79.0%, a decrease of -2.6% 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).

Clinical KPIs for 2 hours call-back increased by +2.2% from last month (78.2%), although the proportion of patients receiving a warm transfer or 10 min callback increased by 0.5% from January (39.0%).

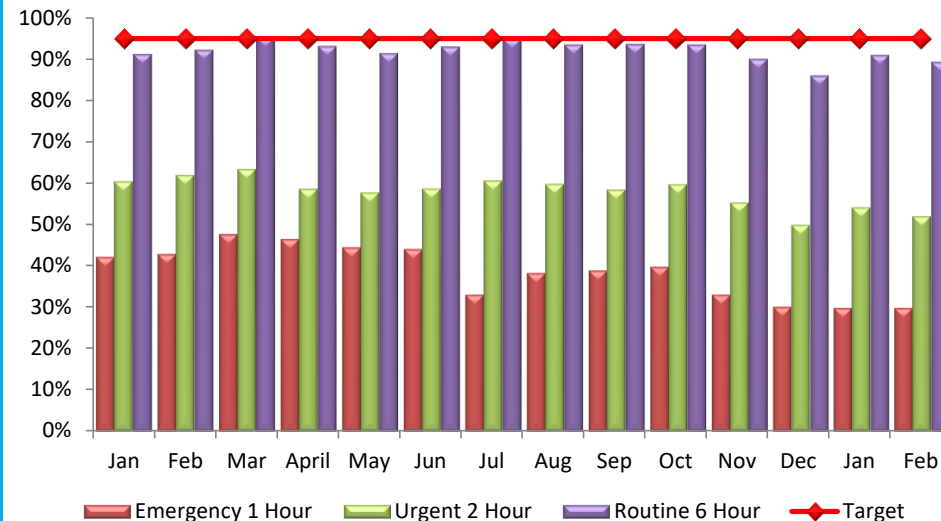
The NHS England target for clinical advice has now increased to 50% across the IUC system as a whole. Clinical Advice% for February 2019 was at 47.7%.

### 11.4 Demand

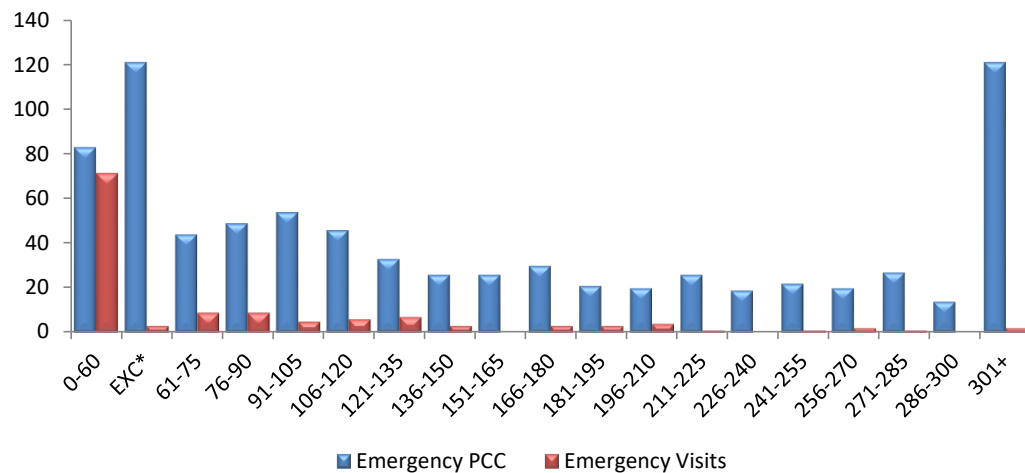


YTD	Variance	YTD 2017-18	YTD 2018-19	Diff	Percentage
		235,686	235,604	-82	0.0%

### 11.6 Performance



### 11.5 Tail of Performance



### 11.7 Complaints

Adverse incidents	
Adverse incidents	No SIs reported in Feb-19.
Adverse reports received	No adverse reports received
Patient Complaints	22 patient complaints received in Feb-19 according to DATIX 4 C's report (includes all categories). 18 of these directly involving the LCD part of the pathway. 2 upheld, 3 partly upheld, 2 not upheld and 15 remain under investigation.

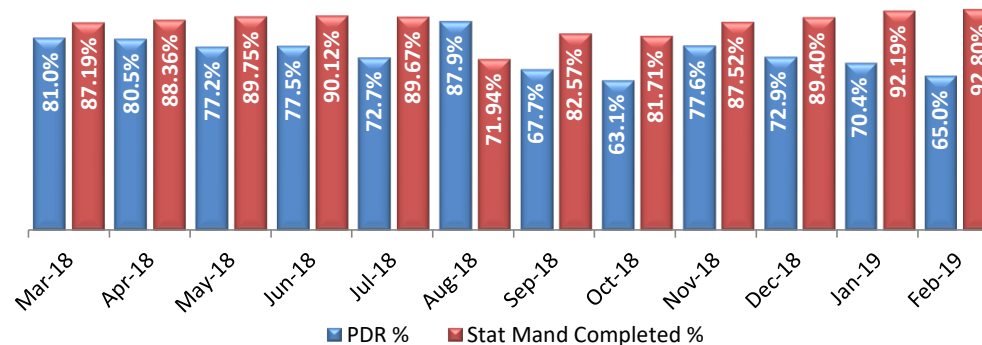
**Comments:** Patient demand levels for WYUC Feb-19, in comparison to Feb-18, increased by 2.7%. NQR 1 hour emergency performance maintained the 29.8% from Jan-19. The 2 hour urgent cases and the 6 hour routine cases fell from the Jan-19 outturn (52.0% vs 54.1% for urgent cases and 89.3% vs 91.0% for routine cases).

11.8 Workforce FTE - Call Handler & Clinician

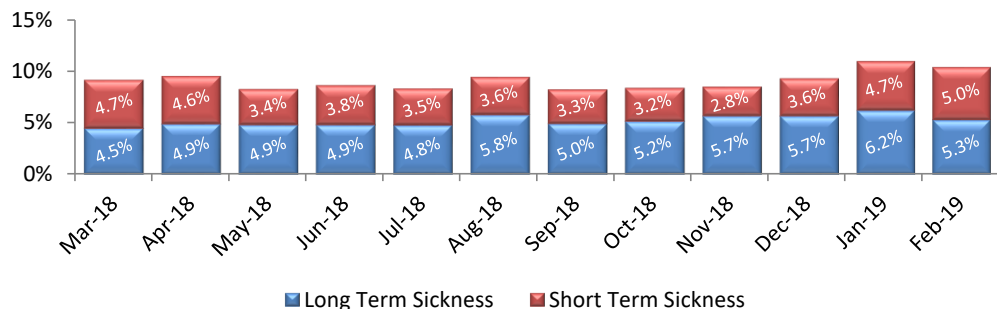
Available

	FTE	Sickness	Absence	Total	%
Budget FTE	304	27	70	207	68%
Contracted FTE (before OT)	349	47	84	218	63%
Variance	45	-20	-14	11	-5%
% Variance	15%	-72%	-20%	5%	
FTE (Worked inc Overtime)	374	47	84	243	65%
Variance	70	-20	-14	36	-3%
% Variance	22.9%	-72%	-20%	17%	

11.11 Training



11.9 Sickness



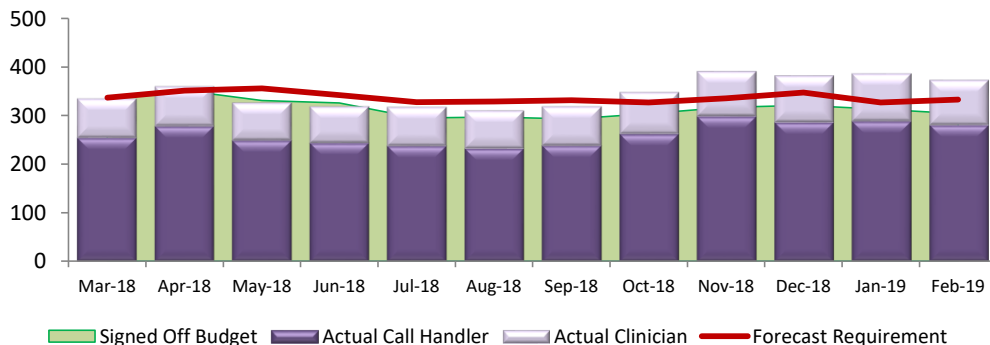
Commentary

Statutory and mandatory training increased by 0.6% from January 2019 to February 2019 while PDR rates decreased by -5.3%. The capacity to do PDRs were impacted by increased sickness levels, therefore limiting availability. The service are reviewing current PDR completion rates and have offered additional overtime, together with a focus day on the 21 February (major technology upgrade between 07:00 and 16:30 where calls will be nationally routed to other NHS 111 providers).

Sickness continues to be difficult for the NHS111 service with rates remaining above the Trust target. ESR levels are at 10.3% for February 2019 and HR senior advisors have continued the review of long term sickness cases to ensure that staff are being supported in line with the Trust Attendance Management process.

Additional actions around health and wellbeing have continued with mental health promotion and a deep clean of work areas scheduled for the call centres.

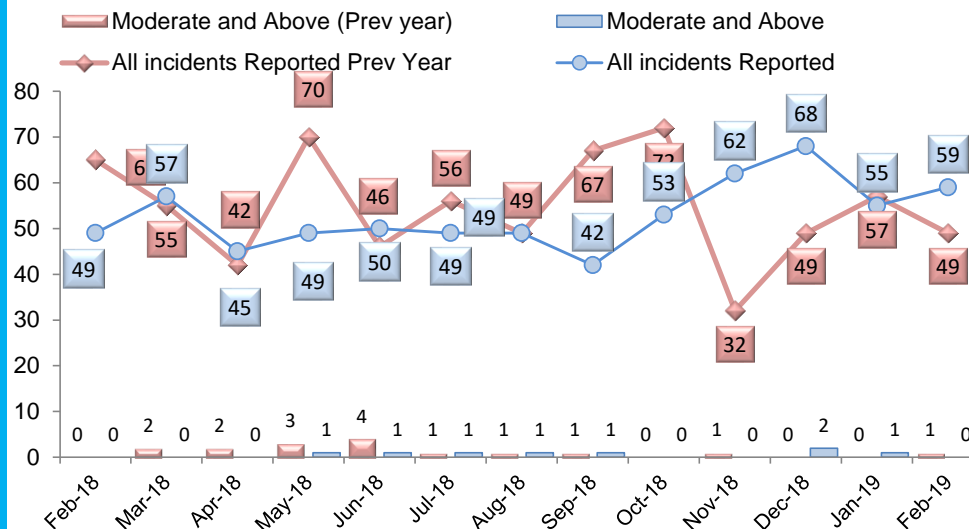
11.10 Recruitment Plan



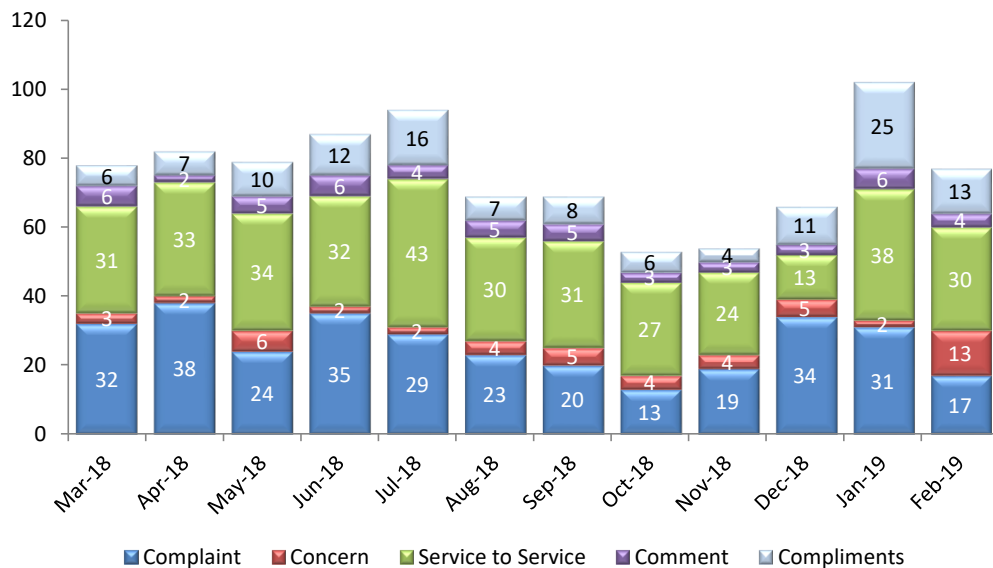
### 11.12 Quality, Safety and Patient Experience

		Feb-19	YTD
Serious Incidents		0	5
Total Incidents (per 1000 activities)		0.00	0.00
Total incidents Moderate & above		0	8
Response within target time for complaints & concerns		88%	90%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0

### 11.14 Incidents



### 11.13 Patient Feedback



### Commentary

No SIs were reported for February 2019.

17 patient complaints were received in February. These were related to delayed response from OOH provider, appropriateness of referral, call outcome, handover between services and telephone manner.

Themes and trends from these are reviewed by the governance team and actions taken to support improvements in service.

The number of compliments decreased, with 13 received during February 2019.

Patient Feedback data is now provided by the 111 Governance Team to ensure report consistency across the trust.

# ANNEXES

System (February 2019)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
<b>Total Incidents (HT+STR+STC)</b>	63,553	94,220	89,475	57,462	68,735	68,796	32,797	85,674	56,575	45,713
<b>Incident Proportions%</b>	<b>YAS</b>	<b>LOND</b>	<b>NWAS</b>	<b>EMAS</b>	<b>EEAS</b>	<b>SWAS</b>	<b>NEAS</b>	<b>WMAS</b>	<b>SECAMB</b>	<b>SCAS</b>
C1 and C2 Incidents	65.1%	70.4%	62.6%	68.9%	68.5%	60.6%	63.4%	54.4%	61.5%	55.3%
C1 Incidents	7.6%	12.2%	9.8%	9.5%	9.6%	5.7%	7.3%	6.0%	6.0%	5.3%
C2 Incidents	57.5%	58.2%	52.8%	59.5%	58.9%	54.9%	56.2%	48.4%	55.5%	50.0%
C3 Incidents	16.6%	18.8%	20.9%	18.8%	16.1%	24.4%	22.4%	34.7%	27.9%	28.2%
C4 Incidents	1.7%	1.5%	4.0%	0.8%	2.6%	2.0%	1.1%	1.6%	1.0%	1.6%
HCP 1-4 Hour Incidents	9.1%	3.3%	2.9%	5.1%	3.6%	3.4%	3.8%	5.6%	3.2%	7.8%
Hear and Treat	7.5%	3.5%	7.1%	6.4%	6.9%	6.6%	5.0%	3.2%	6.5%	7.0%
<b>Performance</b>	<b>YAS</b>	<b>LOND</b>	<b>NWAS</b>	<b>EMAS</b>	<b>EEAS</b>	<b>SWAS</b>	<b>NEAS</b>	<b>WMAS</b>	<b>SECAMB</b>	<b>SCAS</b>
C1-Mean response time (Target 00:07:00)	00:07:03	00:06:37	00:08:02	00:07:39	00:07:53	00:07:01	00:06:12	00:06:46	00:07:49	00:07:39
C1-90th centile response time (Target 00:15:00)	00:12:05	00:10:59	00:13:30	00:13:42	00:14:19	00:12:48	00:10:37	00:11:41	00:14:24	00:13:47
C2-Mean response time (Target 00:18:00)	00:20:02	00:22:21	00:27:02	00:30:27	00:26:00	00:30:03	00:26:12	00:12:32	00:22:29	00:20:00
C2-90th centile response time (Target 00:40:00)	00:41:50	00:46:58	00:58:03	01:04:45	00:53:46	01:03:33	00:54:47	00:22:49	00:43:17	00:40:41
C3-90th centile response time (Target 02:00:00)	01:53:11	02:53:09	03:04:00	03:06:17	03:31:16	02:58:05	03:57:01	01:27:31	04:45:14	02:39:21
C4-90th centile response time (Target 03:00:00)	02:33:03	03:24:43	03:31:50	02:50:32	03:25:27	03:40:58	02:56:31	02:03:30	05:11:04	04:06:14
<b>Proportion of All incidents</b>	<b>YAS</b>	<b>LOND</b>	<b>NWAS</b>	<b>EMAS</b>	<b>EEAS</b>	<b>SWAS</b>	<b>NEAS</b>	<b>WMAS</b>	<b>SECAMB</b>	<b>SCAS</b>
Incidents with transport to ED	60.3%	63.3%	60.8%	61.6%	58.2%	52.6%	58.7%	57.8%	61.0%	53.2%
Incidents with transport not to ED	9.4%	6.8%	6.0%	4.7%	2.8%	4.8%	10.4%	3.7%	0.8%	6.6%
Incidents with face to face response	22.9%	26.4%	26.0%	27.3%	32.1%	36.0%	25.8%	35.3%	31.7%	33.2%

Clinical (October 2018)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
ROSC	24.4%	38.4%	28.4%	28.1%	31.5%	29.7%	31.8%	33.8%	27.9%	28.5%
ROSC - Utstein	63.0%	70.6%	39.6%	48.7%	56.5%	54.3%	50.0%	60.0%	48.6%	47.8%
Cardiac - Survival To Discharge	8.9%	10.5%	7.9%	8.3%	10.3%	10.9%	8.7%	11.2%	9.0%	15.2%
Cardiac - Survival To Discharge Utstein	37.9%	39.5%	22.9%	23.1%	35.0%	20.9%	25.0%	35.9%	38.9%	52.2%