



Integrated Performance Report

April 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



Table of Contents

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, Q2 17-18	13.8	
Staff F&F Test % recommended care Q2 18/19	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, Jun 18	80%	
Ambulance Clinical Outcomes,	Return of spontaneous circulation (ROSC) in Utstein group (Dec 18)	53.1%
	Stroke Care Bundle (Apr 18)	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, Nov 18,	6.13%
Staff turnover, Jan 19	0.78%
NHS Staff Survey response rate 17/18	34.52%
Proportion of temporary staff, Feb19	1.08%

Source: [NHS Model Hospital](#)

Operational Performance Response Times

Apr 19	
Cat 1 Life-threatening calls mean	00:06:58
90 th centile	00:12:06
Cat 2 Emergency calls mean	00:19:40
90 th centile	00:40:29
Cat 3 Urgent calls 90 th centile	01:49:54
Cat 4 Less urgent calls 90 th centile	02:23:55

Source: Annex 1 AQI National Benchmarking

Service Transformation Programme RAG ratings (April 2019)

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

Finance Score

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

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 **Green**

- 18/19 ARP plans complete with close down and lessons learned report received by programme board.
- ARP performance better than national standards on Category 1 and 3 but under on Category 2 mean and 90th and Category 4 90th in line with agreed trajectory
- Recruitment/training of new staff behind track but mitigated by overtime – focused recruitment taking place in South
- Hear and Treat behind plan at 6.7% Trajectory for 19/20 under review and EOC rotational pilot commencing
- IUC mobilisation complete with closedown report coming to the next meeting in June
- Focused work agreed on recruitment and retention of Clinical Advisors to support EOC and IUC services

Place Based Care **Amber**

- Work underway to refine Trust plans for frailty, with specific focus on falls and care homes, building on existing evidence and pilot developments.
- Mental health work stream agreed by Programme Board
- Rotational paramedic evaluation is due in the July meeting with the national evaluation to be shared in May. This will be used to shape the Trust response along with the internal evaluation.
- Stock take of Urgent Treatment Centre developments completed and scoping underway for 19/20 plans

Infrastructure **Amber**

- AVP Leeds and Huddersfield closure report and lessons learned shared with the programme board
- Unified Comms work is underway and further refinement of benefits realisation plan
- Scope of logistics improvement project reviewed in Programme Board, including options for more cost effective warehouse solution aligned to wider estate plan.
- ePR went live in April as planned at Scarborough and York

Capacity & Capability **Amber**

- Work on an options appraisal for future training requirements of the trust is underway
- Accountability Framework resources have been agreed in TEG with recruitment to key posts now underway.

External

- Plans for changes to acute medicine provision at the Friarage Hospital and its impact on YAS have been modelled with new operational response developed.
- Key system pathways being modelled alongside system partners to identify key risks, opportunities and impact on activity levels across all providers.
- Winter review across all A&E Delivery Boards underway across the region.
- YAS working with providers and commissioners across the patch to identify local Urgent Treatment Centres and to develop and agree appropriate pathways into them.
- Consultation has commenced around the potential merger of the Bradford area CCGs
- Local ICSs continue to develop their operational plans, with a focus on reducing inequalities, prevention and digital interoperability and infrastructure.

Our Performance April 2019

↓	Category 1 was 06:58
↓	Ambulance responses on scene decreased by 1.7% from last month
↑	PTS KPI 2 continues to be above target at 90% for April
↑	Calls transferred to a CAS Clinician in IUC is above the 30% target at 30.6%

YTD Performance		
	Time	Change
Category 1 Mean Performance	06 mins 58 Sec	0 min 3 sec less
Ambulance Turnaround Time	35 mins 5 sec	1 min 6 sec more

A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 Mean		
Contract	Apr-19	Variance (%)	Contract	Apr-19	Variance (%)	Avg	Apr-19	Var	Avg	Apr-19	Change	Target	Apr-19	Var
77,112	82,509	7.0%	57,957	62,374	7.6%	75.6%	75.3%	(0.3%)	2,347	2,977	26.8%	00:07:00	00:06:58	(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	Apr-19	Variance (%)	Target	Apr-19	Variance (%pts)	Target	Apr-19	Variance (%pts)	Target	Apr-19	Variance (%pts)	Target	Apr-19	Var
76,266	73,830	(3.2%)	82.9%	90.3%	7.4%	92.0%	92.3%	0.3%	92%	79.8%	(12.2%)	90.0%	92.9%	2.9%

IUC

IUC Answered Calls			IUC Answered in 60 secs			IUC Core Clinical Advice %			IUC Call Back in 1 Hours			IUC Referral Rate to 999		
Contract	Apr-19	Variance (%)	Target	Apr-19	Variance (%)	Target	Apr-19	Variance (%)	Target	Apr-19	Variance (%)	Avg	Apr-19	Variance (%)
132,683	130,500	(1.7%)	95%	91.9%	(3.1%)	30%	30.6%	0.6%	60%	64.2%	4.2%	10.2%	12.0%	1.8%

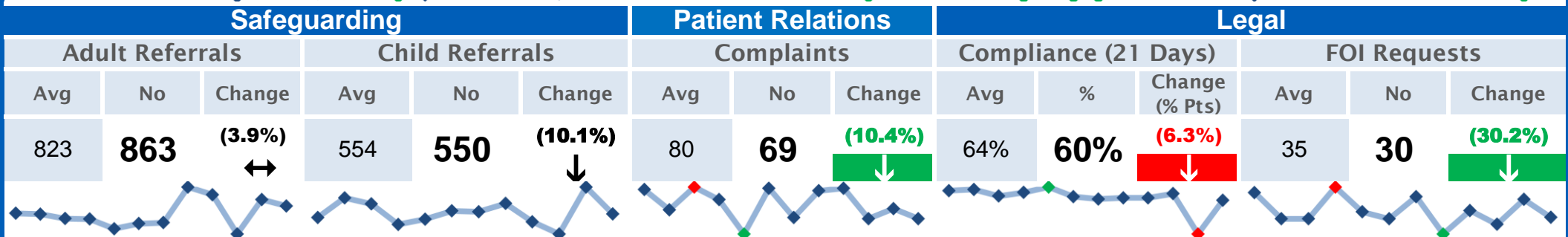
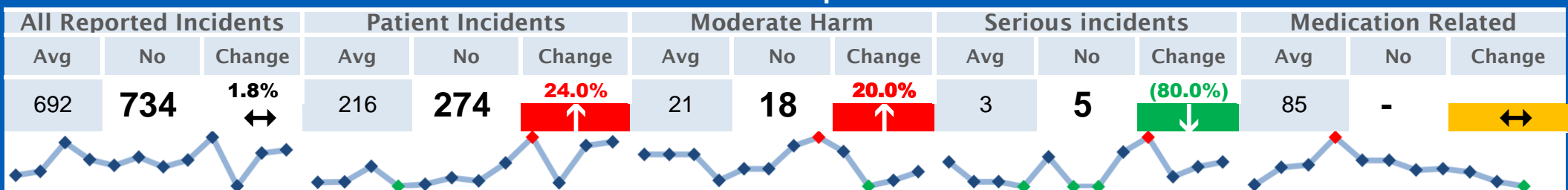
Key	Tolerance for Variance (unless stated different)	Variance	Sparklines	AVG - Average	Contract	Updated
	Tolerance 5% number change or 5% pts	Variance to Contract or Target or Average	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	Demand Contracted for in the main contract	14/05/19 - PMO

Our Quality April 2019

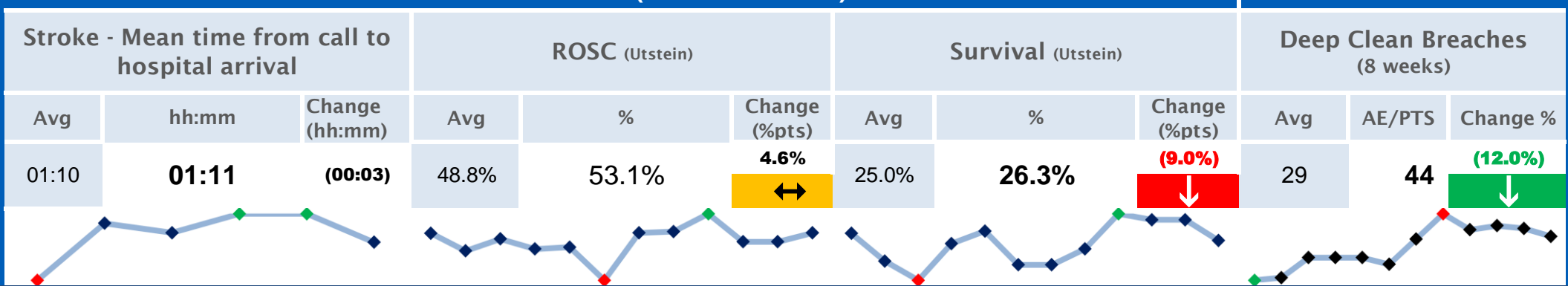
- ↔ 3 in 1000 patients report an incident
- ↑ 0.7 in 10000 patients responses result in moderate or above harm
- ↓ FOI compliance in April was 33%
- ↓ 3 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (Utstein)
- ↔ 9 out of 10 people would recommend YAS to Friends and Family

Patient Survey		Infection Control Compliance			
Recommend YAS to F&F		Compliance	Apr 18	Apr 19	
	Q4	YTD	Hand Hygiene	98%	99%
PTS	89%	89%	Premise	98%	97%
A&E	86%	84%	Vehicle	98%	99%

Incidents Reported



Clinical Outcomes (December 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	15/05/19 - PMO

Our Workforce - April 2019

↑ 887 staff are overdue a PDR out of 4264
 *Sickness data for April omitted pending validation of ESR data.

↑ 170 staff are still to complete the stat and man work book out of 4714

↑ Child level 2 compliance does not include e-learning numbers of 4015 completed end of April-19

YTD Performance		
	%	Change
Sickness	*	
Stat and Man	96.60%	3.26%

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)
4,589	4,668	1.7%	11.1%	6.7%	(4.4%)	9.4%	9.4%	(0.0%)	55.3	55.6	0.6%	95.0%	93.6%	(1.4%)

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)
									205	118	(57.6%)	£823,358	£974,548	18.4%

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%	79.2%	(10.8%)	90.0%	96.6%	6.6%	90.0%	95.8%	5.8%	80.0%	94.3%	14.3%	3941	4,015	74

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	17.05.19 - PMO

	In Month			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Income	(22,564)	(22,564)	0	(22,564)	(22,564)	0
Expenditure	22,438	22,438	0	22,438	22,438	0
Retained Deficit / (Surplus) with STF Funding	(126)	(126)	0	(126)	(126)	0
PSF Funding	(112)	(112)	0	(112)	(112)	0
Retained Deficit / (Surplus) without STF Funding*	(14)	(14)	0	(14)	(14)	0
EBITDA	(1,230)	(1,230)	0	(1,230)	(1,230)	0
Cash	35,763	38,772	3,009	35,763	38,772	3,009
Capital Investment	1,826	487	(1,339)	1,826	487	(1,339)
Quality & Efficiency Savings (CIPs)	534	534	0	534	534	0

RISK RATING: Under the "Single Oversight Framework" the overall Trust's rating for the year to date remains at 1 (1 being lowest risk, 4 being highest risk).

SURPLUS: The Trust has reported a surplus at the end of April (Month 1) of £126k which is line with plan

CASH: At the end of April 2019 the Trust's cash position was £38.7m against a plan of £35.7m, giving a positive variance of £3.0m.

CAPITAL: Capital expenditure for 19/20 at the end of April 2019 is £487k against a plan of £1.8m leading to an underspend of £1.3m. The overall plan is £18.688m expenditure allowing for disposals of £1.075m. This will result in a charge of £17.613m against the Capital Resource Limit (CRL). The Capital Plan is subject to approval from NHS Improvement.

CIP: The Trust has a savings target of £6,592k for 2019/20. The Trust has achieved £534k in month 1 which is line with plan.

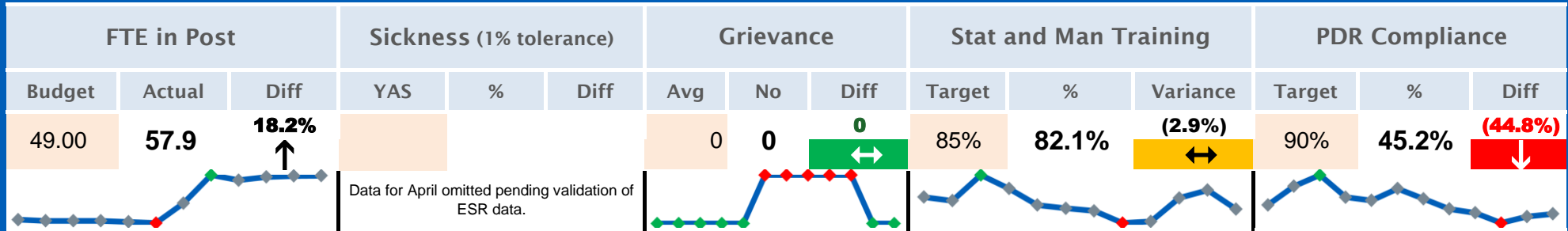
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M3	38.7	35.7																																								
M4	38.7	35.7																																								
M5	38.7	35.7																																								
M6	38.7	35.7																																								
M7	38.7	35.7																																								
M8	38.7	35.7																																								
M9	38.7	35.7																																								
M10	38.7	35.7																																								
M11	38.7	35.7																																								
M12	38.7	35.7																																								
<p>CIP: The Trust has a savings target of £6,592k for 2019/20. The Trust has achieved £534k in month 1 which is line with plan.</p>			<table border="1"> <caption>CIP Trend 2019-20</caption> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr><td>M1</td><td>534</td><td>6,592</td></tr> <tr><td>M2</td><td>534</td><td>6,592</td></tr> <tr><td>M3</td><td>534</td><td>6,592</td></tr> <tr><td>M4</td><td>534</td><td>6,592</td></tr> <tr><td>M5</td><td>534</td><td>6,592</td></tr> <tr><td>M6</td><td>534</td><td>6,592</td></tr> <tr><td>M7</td><td>534</td><td>6,592</td></tr> <tr><td>M8</td><td>534</td><td>6,592</td></tr> <tr><td>M9</td><td>534</td><td>6,592</td></tr> <tr><td>M10</td><td>534</td><td>6,592</td></tr> <tr><td>M11</td><td>534</td><td>6,592</td></tr> <tr><td>M12</td><td>534</td><td>6,592</td></tr> </tbody> </table>	Month	Actual	Plan	M1	534	6,592	M2	534	6,592	M3	534	6,592	M4	534	6,592	M5	534	6,592	M6	534	6,592	M7	534	6,592	M8	534	6,592	M9	534	6,592	M10	534	6,592	M11	534	6,592	M12	534	6,592
Month	Actual	Plan																																								
M1	534	6,592																																								
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M9	534	6,592																																								
M10	534	6,592																																								
M11	534	6,592																																								
M12	534	6,592																																								

CIP TRACKER 2019/20			
Directorate	Plan YTD £000	Actual YTD £000	YTD Variance £000
A&E Directorate	232	232	0
Chief Executive Directorate	4	4	0
Clinical Directorate	4	4	0
Estates Directorate	31	31	0
Finance Directorate	36	36	0
Fleet Directorate	86	86	0
Planned & Urgent Care Directorate	82	82	0
Workforce & OD	57	57	0
Quality, Governance & Performance Assurance Directorate	2	2	0
RESERVE	0	0	0
Grand Total	534	534	0

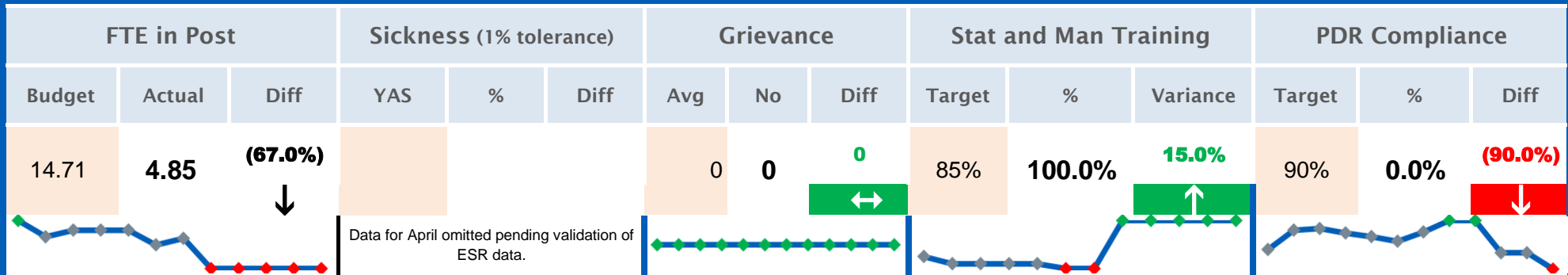
R/NR/Reserves	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	534	534	0
Grand Total	534	534	0

Corporate Services - April 2019

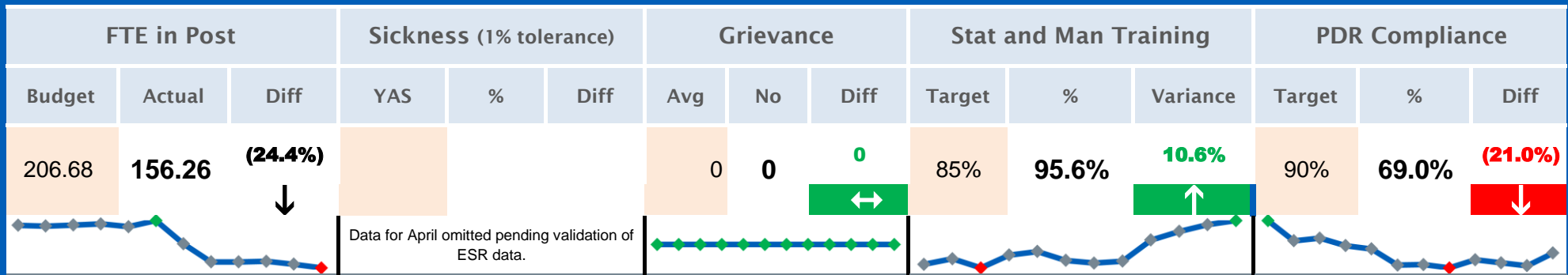
Chief Executive



Business Development



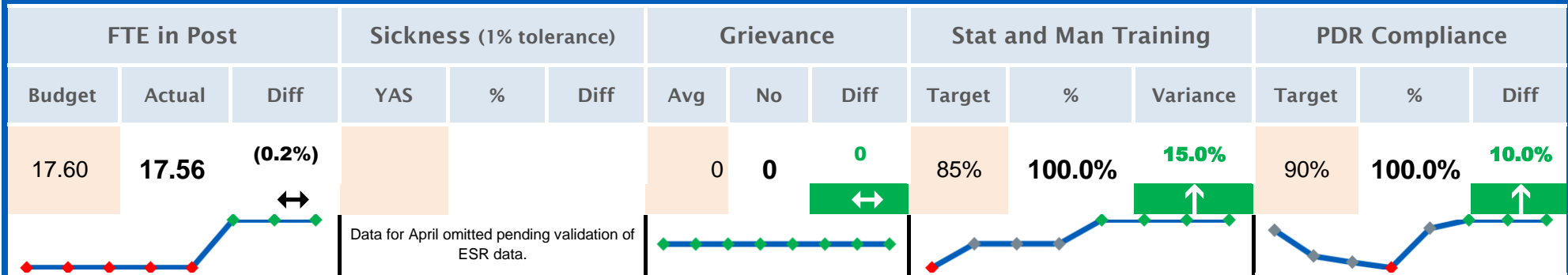
Finance (Excluding Fleet, Estates, BI and ICT)



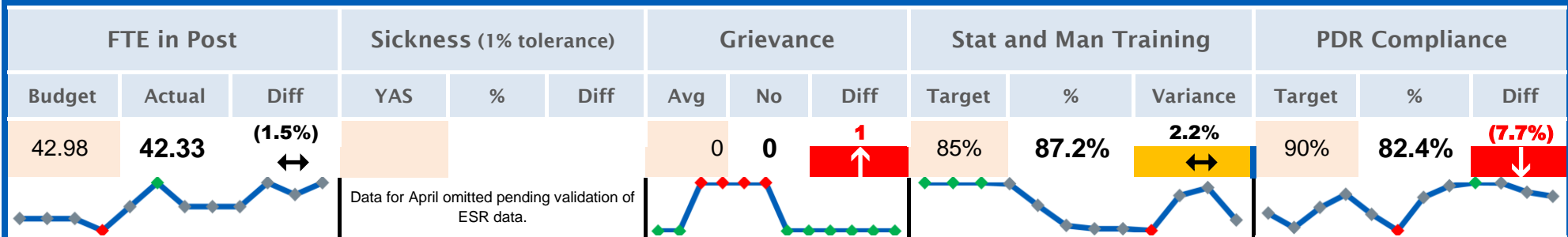
Key	Difference	Direction of Travel	Sparklines	AVG - Average	Updated
	Current Month (tolerance 5% number difference) unless stated	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	08.05.19 - PMO

Corporate Services - April 2019

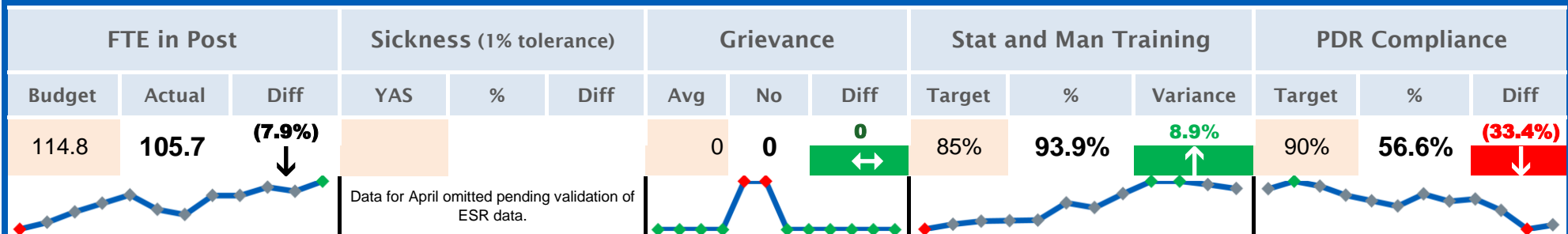
Business Intelligence



ICT



Workforce & Organisational Development



Key

Difference	Direction of Travel	Sparklines	AVG - Average	Updated
Current Month (tolerance 5% number difference) unless stated	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	08.05.19 - PMO

Corporate Services - April 2019

Quality, Governance and Performance Assurance

FTE in Post			Sickness (1% tolerance)			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Diff	Avg	%	Diff
60.4	60.6	0.3%				0	0	0	85%	95.3%	10.3%	90%	85.0%	(5.0%)
			Data for April omitted pending validation of ESR data.											

Clinical

FTE in Post			Sickness (1% tolerance)			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
37.5	37.2	-0.9%				0	0	0	85%	97.6%	14.8%	90%	86.5%	(3.5%)
			Data for April omitted pending validation of ESR data.											

Fleet and Estates

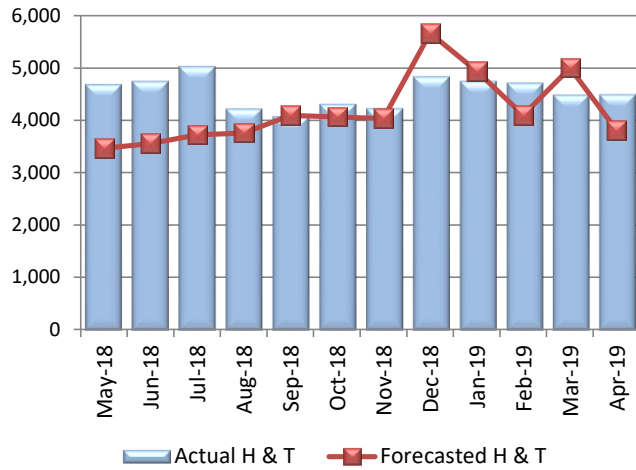
FTE in Post			Sickness (1% tolerance)			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
111.5	113.9	2.1%				0	0	0	85%	93.9%	8.9%	90%	59.8%	(33.6%)
			Data for April omitted pending validation of ESR data.											

Key	Difference	Direction of Travel	Sparklines	AVG - Average	Updated
	Current Month (tolerance 5% number difference) unless stated	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	08.05.19 - PMO

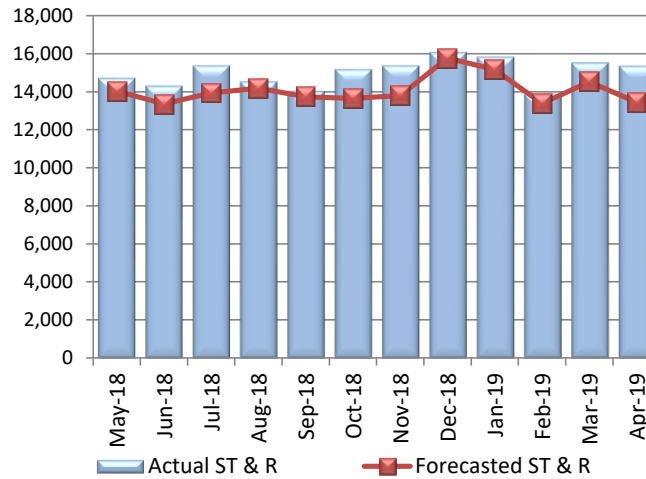
SERVICE LINES

9.1 Activity

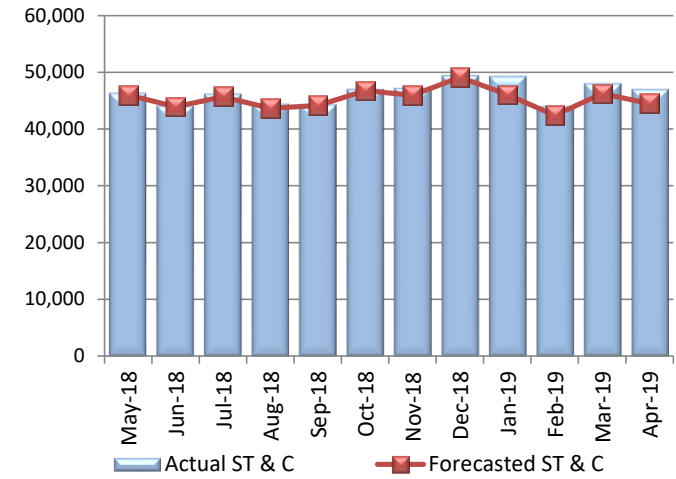
Hear & Treat



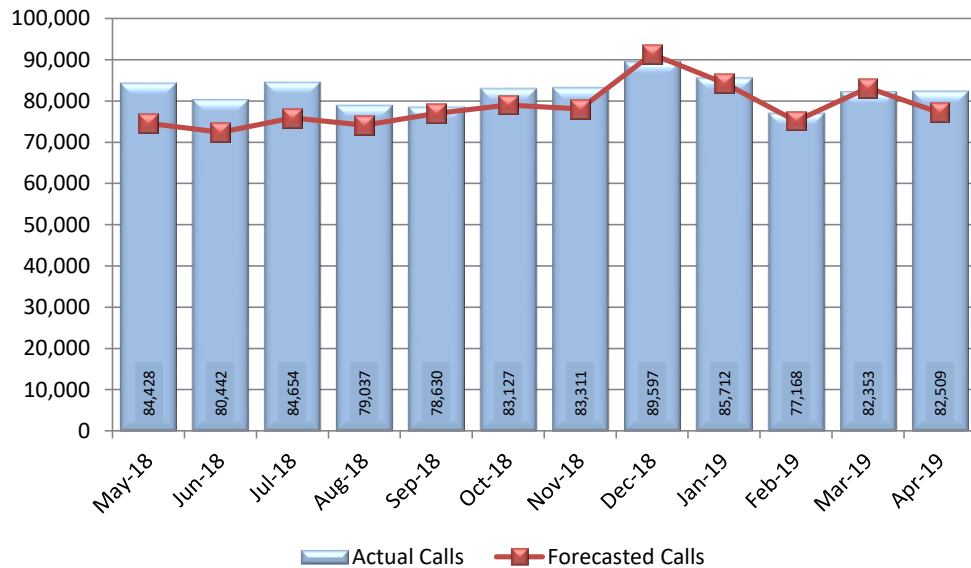
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

Total Calls Activity in April increased by less than 1% against the previous month, with total call activity reporting above trajectory. Demand increased by 7.6% against April the previous year.

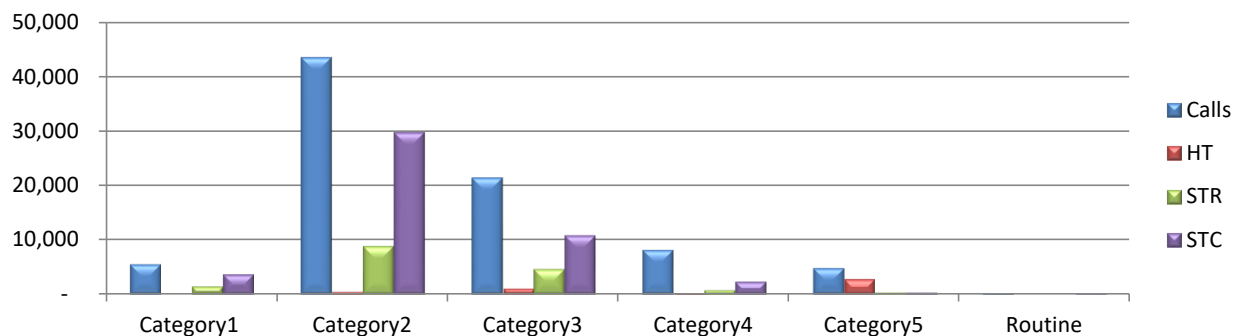
Hear & Treat April's Hear and Treat activity remained in line with the previous months performance, above the forecasted position and 11% higher than performance the previous year.

See, Treat & Refer Activity for April is 1.1% lower than March, 14.3% above the projected position and 11.6% higher than April the previous year.

See, Treat & Convey Activity for April is 2.13% lower than March, in line with trajectory and increased 6.48% versus April the previous year.

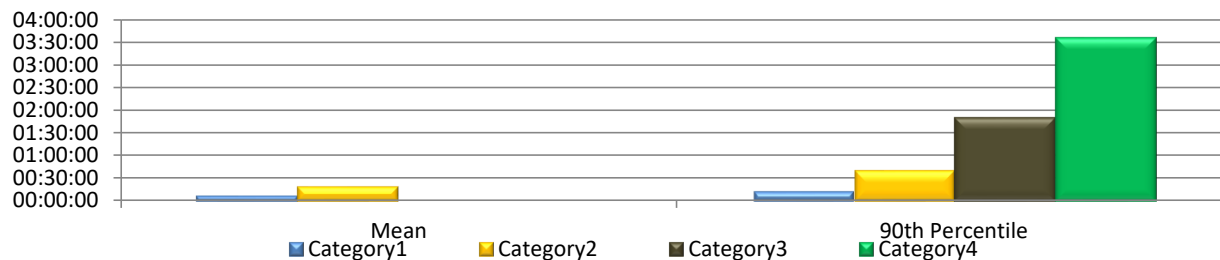
9.2 Activity

ARP3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	5,597	14	1,490	3,728	5,218	8.2%
Category2	43,666	482	8,758	29,650	38,408	60.7%
Category3	21,528	1,099	4,643	10,848	15,491	24.5%
Category4	8,241	208	791	2,387	3,178	5.0%
Category5	4,878	2,720	411	360	771	1.2%
Routine	256	-	3	187	190	0.3%



9.3 Performance

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:06:58	00:12:06	00:07:00	00:15:00
Category2	00:19:40	00:40:29	00:18:00	00:40:00
Category3		01:49:54		02:00:00
Category4		03:36:53		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.

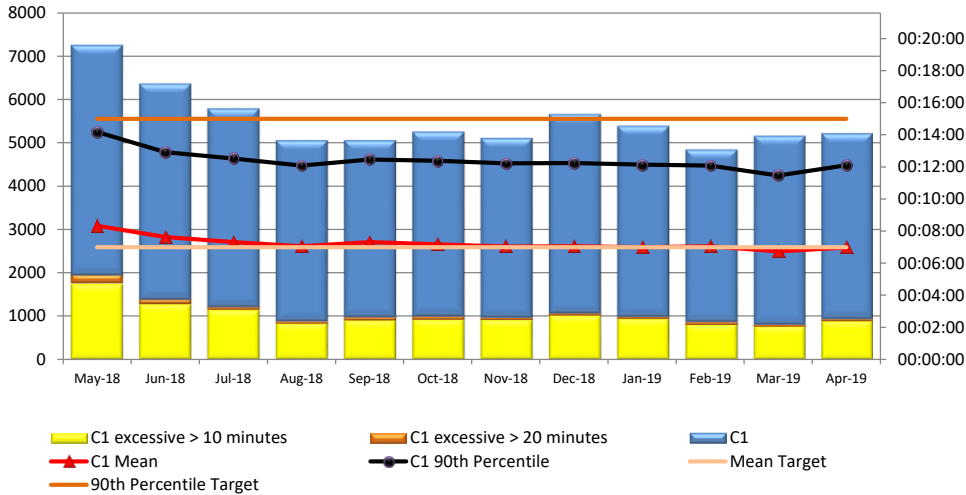
The calls now split into 4 main categories with HCP calls monitored separately. There are now different standards than in ARP 2.2, for example the 8 minute response per incident does not exist anymore.

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.

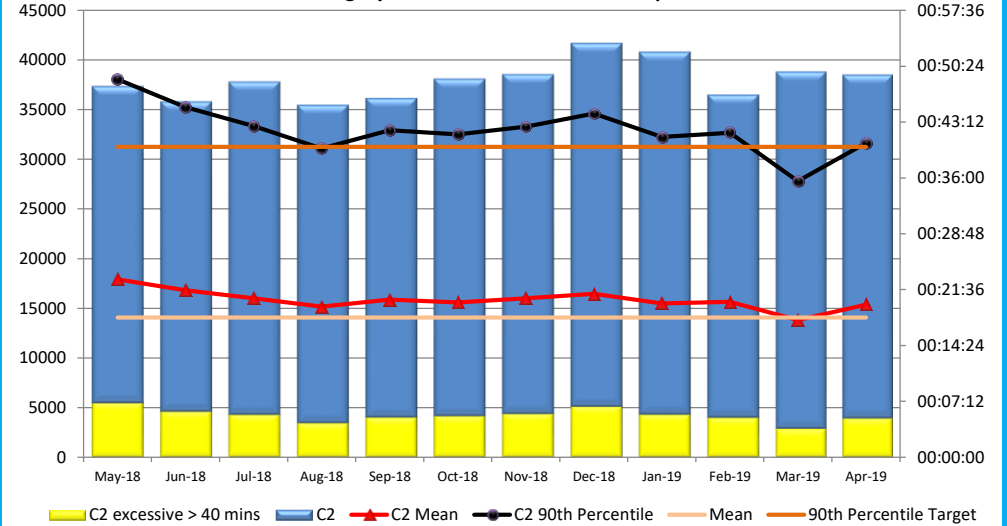
	Mean Standard	90 th Standard
C1	00:07:00	00:15:00
C2	00:18:00	00:40:00
C3		02:00:00
C4		03:00:00
HCP1		No Target
HCP2		No Target
HCP3		No Target
HCP4		No Target

9.4 Demand and Excessive Responses with Tail of Performance

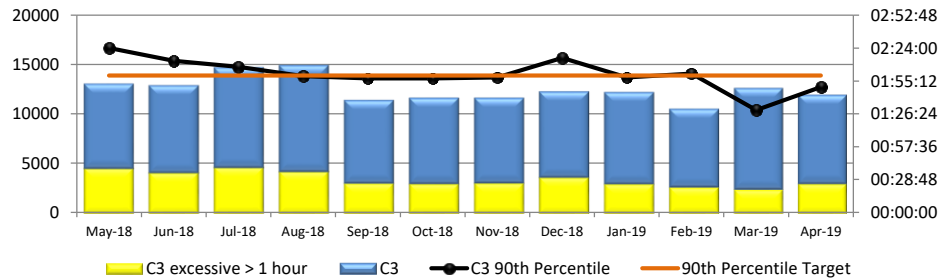
Category1 Demand and Excessive Responses



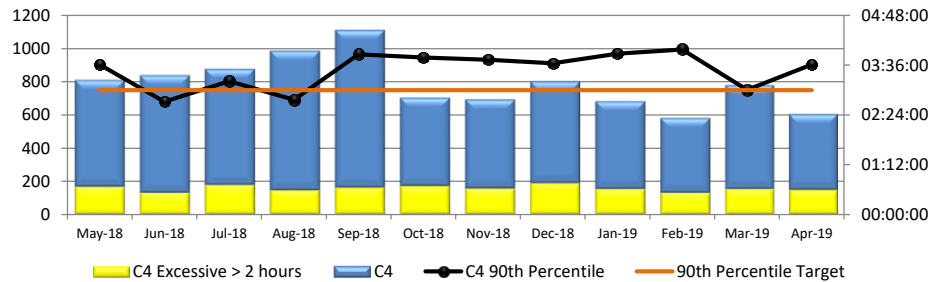
Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



Category4 Demand and Excessive Responses



Commentary

Category 1 Mean performance for April came in under the 7minute target at 00:06:58 with excessive responses at a consistently low level.90th percentile performance has increased slightly but remains within traget at 00:12:06.

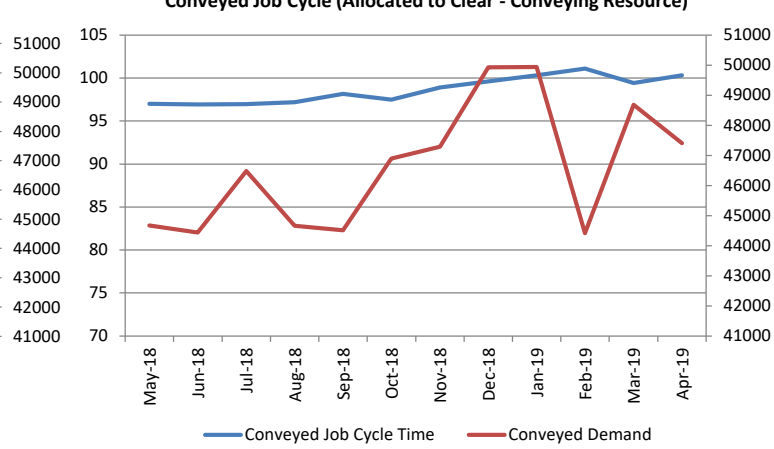
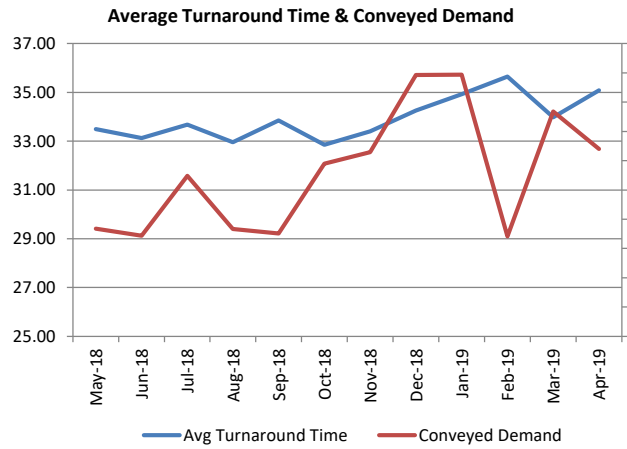
Category 2 Mean performance for April reported a response of 00:19:40, just outside the 00:18:00 min target. 90th percentile performance also reported just above traget at 00:40:29.

Category 3 90th percentile performance reported a 01:49:54 response against a 2 hour target, representing good level of performance.

Category 4 90th percentile performance was 03:36:53. 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: April's times were 3.2% higher than March and 1.5% higher than April the previous year.

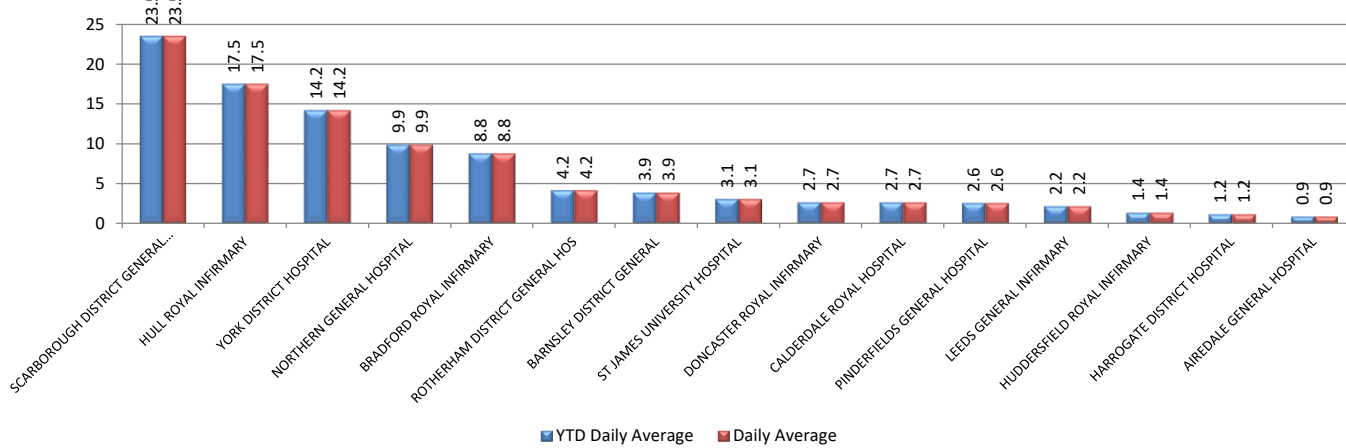
Job Cycle time: Increased by 0.9% against April and Increased 1.8% versus April the previous year.

Excessive hours: Lost hours at hospital for April was 17.8% higher than March.

9.7 Hospital Turnaround - Excessive Responses

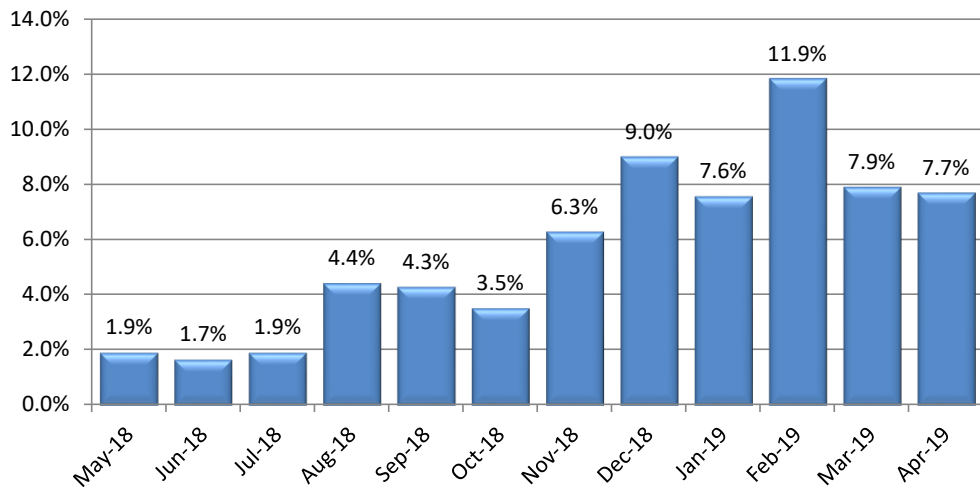
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Last 12 months
Excessive Handovers over 15 mins (in hours)	1,768	1,577	1,952	1,554	1,899	1,834	2,069	2,759	3,484	3,768	2,527	2,977	28,168
Excessive Hours per day (Avg)	57	54	63	52	61	61	67	89	116	122	84	96	77

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

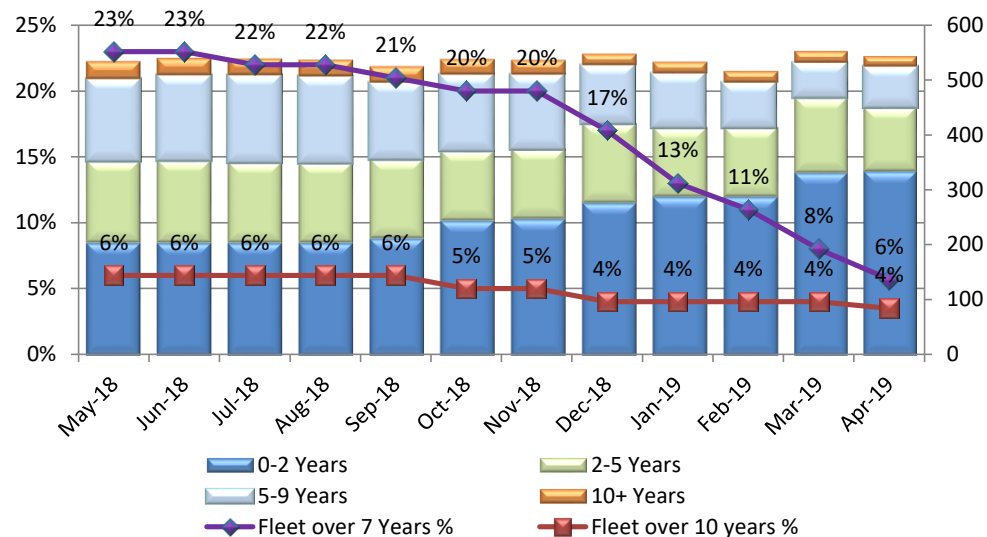


9.8 Vehicle Deep Cleans (5 weeks)

% of Breaches outside window

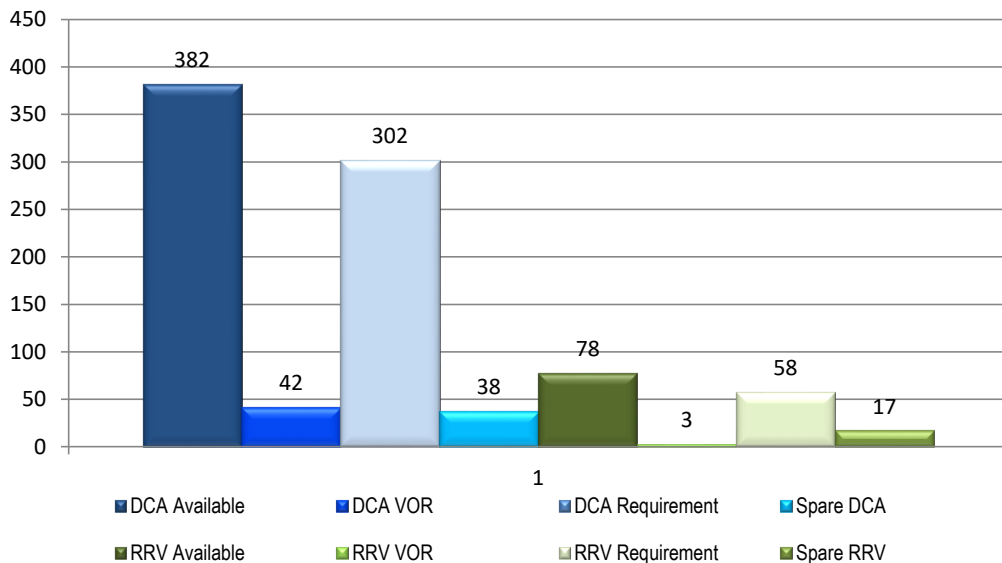


9.9 Vehicle Age



9.10 Fleet Availability

Trust Wide Average A&E Fleet Availability



Commentary

The A&E Deep Clean compliance service level increased compliancy from the previous month from 98.4% to 98.7%. The AVP provision is continuing to build delivery. The focus on ensuring the required cleaning establishment is met in working with operations, to secure release of vehicles continues.

DCA age profile has improved with the completion of the FY18/19 new vehicle replacement programme. Pressure remains on vehicle availability with daily movements taking place to ensure vehicles are available for crews, Fleet are working closely with Operational colleagues to minimise impact.

9.11 Workforce

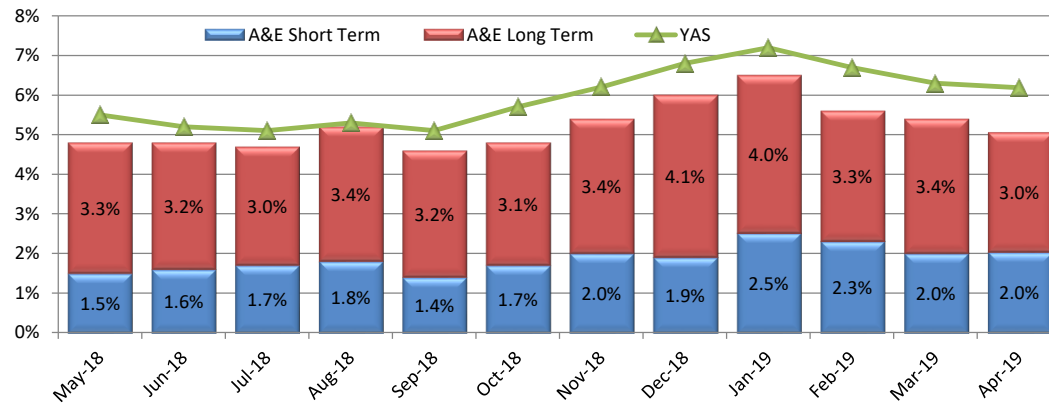
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,475	124	619	1,733	70%
Contracted FTE (before overtime)	2,665	132	505	2,028	76%
Variance	189	(8)	114	295	17.0%
% Variance	7.7%	(6.7%)	18.4%		
FTE (worked inc overtime)*	2761.3	132	505	2,125	77%
Variance	286	(8)	114	392	22.6%
% Variance	11.6%	(6.7%)	18.4%		

* 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

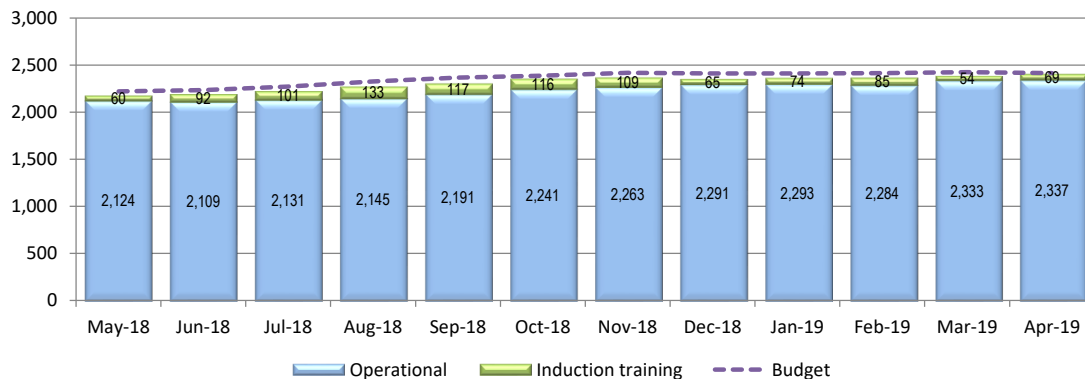


9.13 Sickness



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 82.1% against stretch target of 90%. This is a slight increase of 1.4% against March's performance.

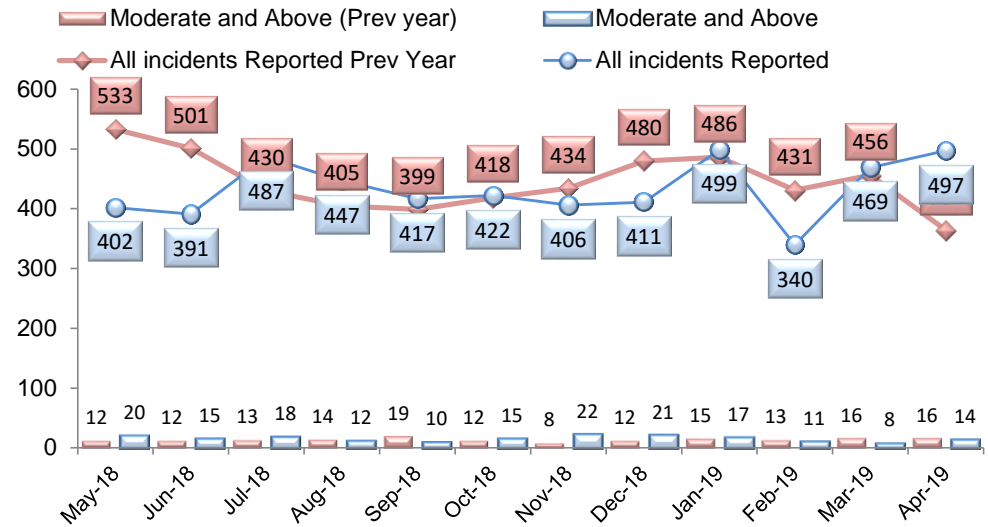
Sickness: Data for April omitted due to ESR data inaccuracy issue, the extent of which is not yet known.

Recruitment: Workforce plans are being developed for 2019/20 in line with contract negotiation

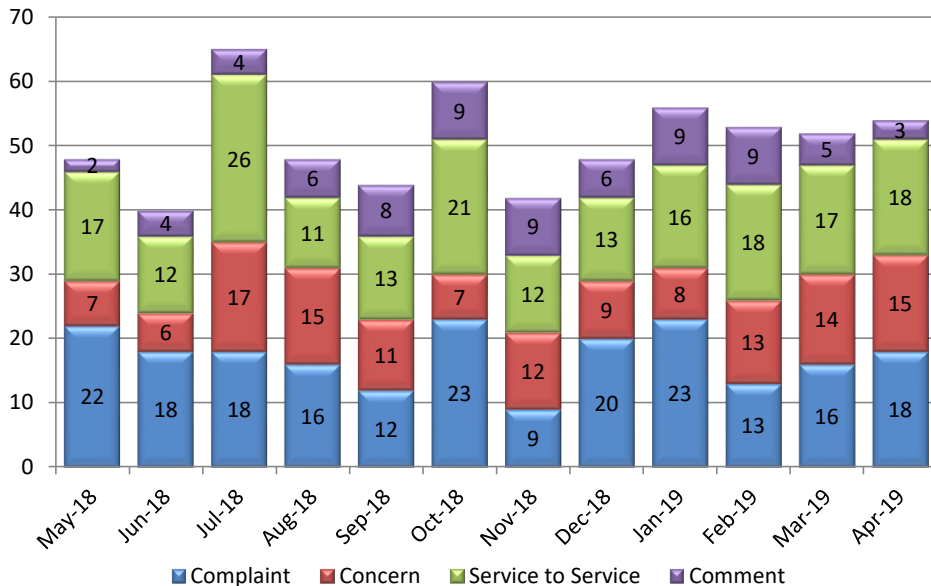
9.15 Quality, Safety and Patient Experience

	Month	YTD
Serious Incidents	3	3
Total Incidents (Per 1000 activities)	0.05	0.05
Total incidents Moderate & above	129	129
Response within target time for complaints & concerns	92%	92%
Ombudsman Cases	Upheld	1
	Not Upheld	0
Patient Experience Survey - Qtrly	0.0%	0.0%

9.16 Quality, Safety and Patient Experience



9.17 Patient Feedback

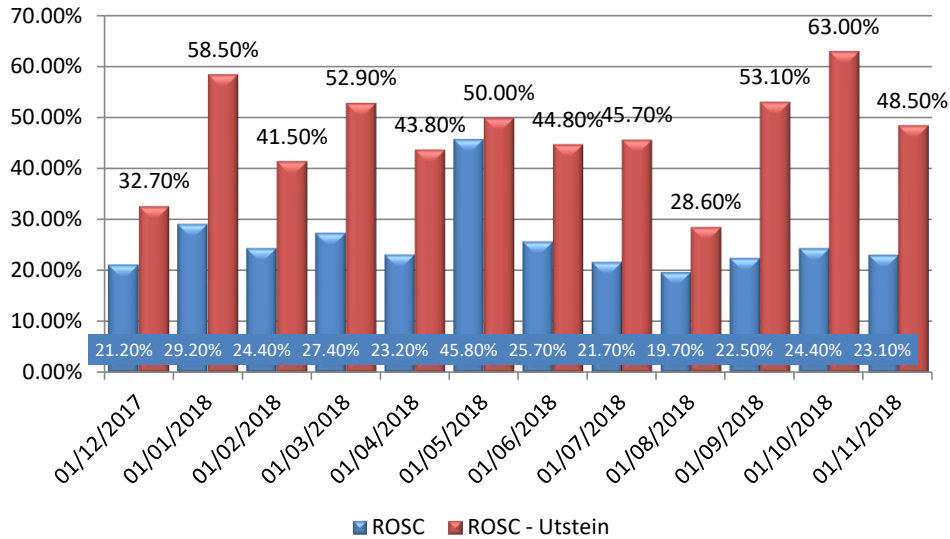


Commentary

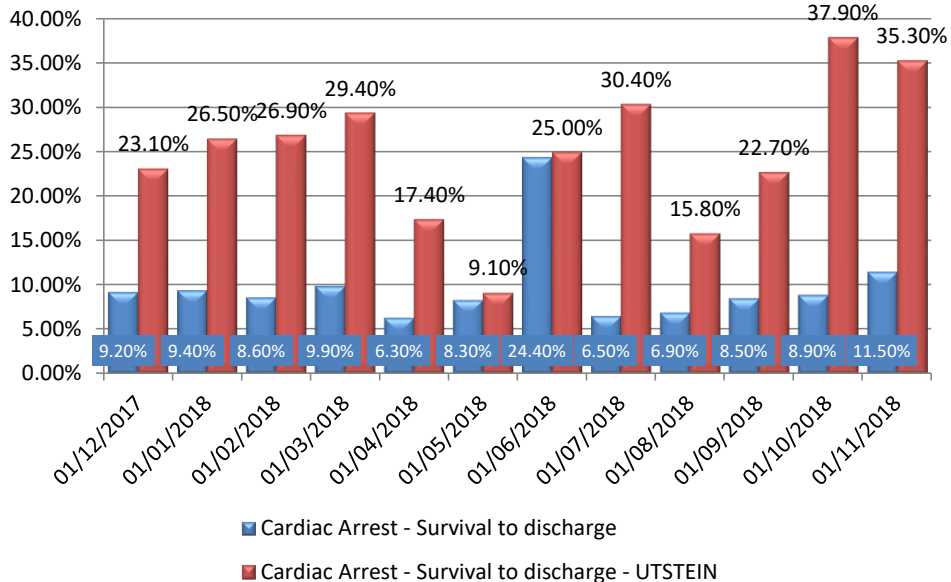
Incidents: Total reported incidents increased by 6% versus previous month. Incidents of a moderate level or above remain low.

Feedback: Patient feedback is broadly in line with previous months.

9.18 ROSC & ROSC Utstein



9.20 Survival to Discharge



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

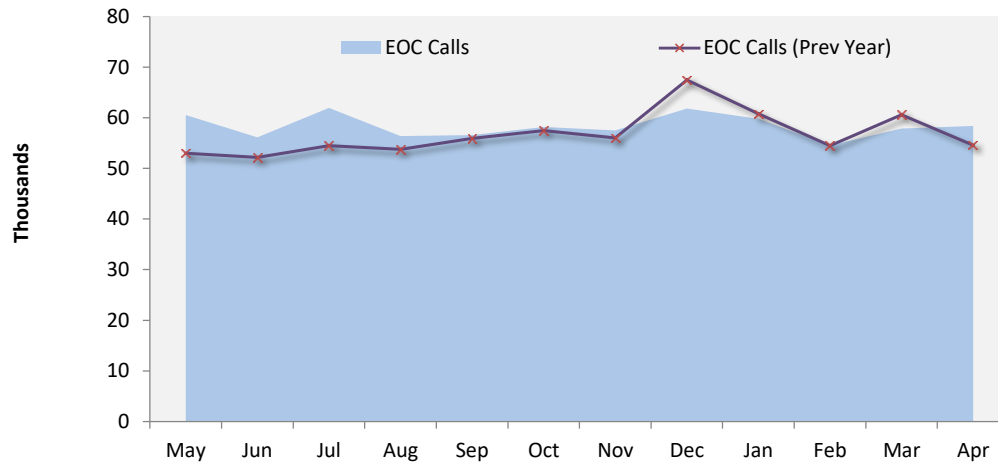
YAS attempted resuscitation on 233 patients during October 2018, 47 of which had a ROSC on arrival at hospital (20.2%). Comparatively 216 patients received resuscitation attempts during November, 50 of which had ROSC (23.1%).

**Overall Survival to discharge, during October 2018, 23 out of 268 patients survived to discharge (8.6%). In comparison, during November 26 patients out of 227 survived (11.5%).

**Survival to Discharge within the UTSTEIN comparator group reported 11 out of 29 patients survived within this group during October 2018 (37.9%), compared to 12 out of 34 patients within November 2018 (35.3%).

Quality Indicator reporting includes data up to November 2018 due to internal configuration issues.

9.21 Activity

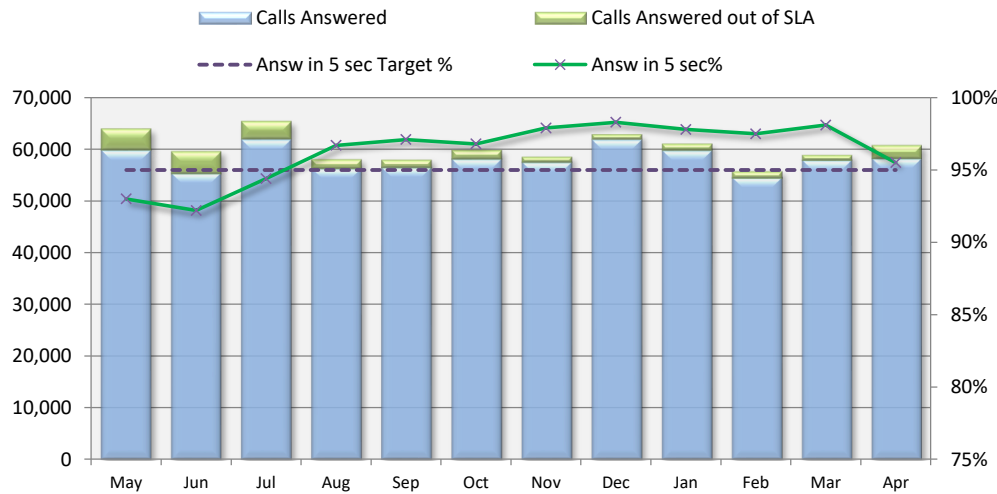


9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2019/20	58,403	58,202	2,631	95.5%
2018/19	54,592	54,306	2,861	94.7%
Variance	3,811	3,896	-230	
Variance	7.0%	7.2%	(8.0%)	0.8%

9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	95.5%	95.5%



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Calls Answered out of SLA	4,177	4,339	3,482	1,864	1,631	1,841	1,210	1,034	1,327	1,377	1,110	2,631
Calls Answered	59,786	55,379	61,860	56,326	56,488	58,113	57,470	61,815	59,777	54,546	57,868	58,202
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	93.0%	92.2%	94.4%	96.7%	97.1%	96.8%	97.9%	98.3%	97.8%	97.5%	98.1%	95.5%

Commentary

Demand: April activity Increased 0.9% against March.

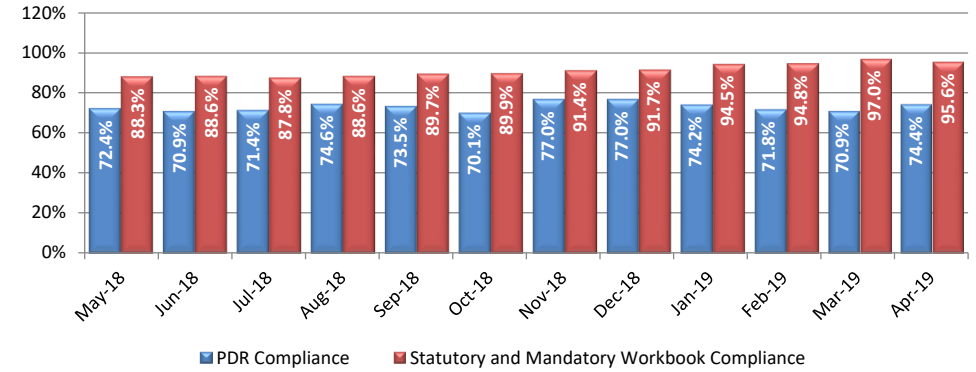
Answer in 5 sec: Performance is down by 2.6% on previous month at 95.5%; 0.5% above 95% target and the 10th consecutive month of achieving this target.

9.24 Workforce

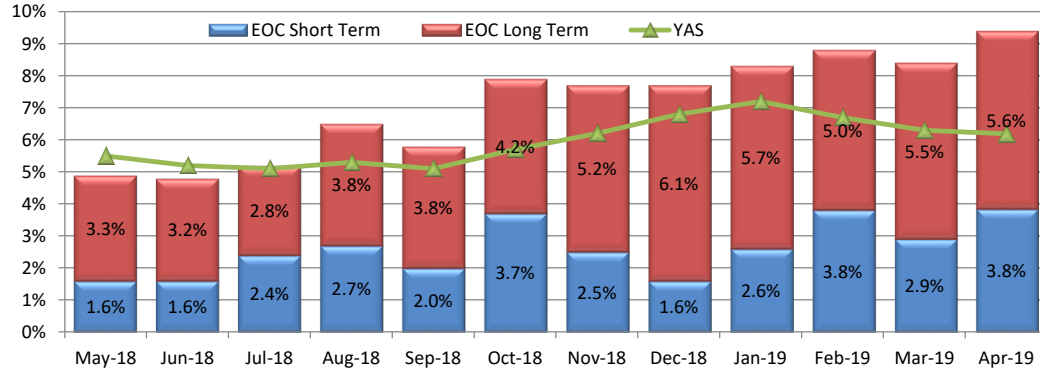
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	335	16.7	84	234	70%
Contracted FTE (before overtime)	313	15.6	78	219	70%
Variance	(22)	(1)	(6)	(15)	(6.6%)
% Variance	(6.6%)	(6.6%)	(6.6%)		
FTE (worked inc overtime)*	316.3	35.3	52	229	72%
Variance	(18)	19	(31)	-5	0
% Variance	(5.4%)	111.1%	(37.6%)		

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

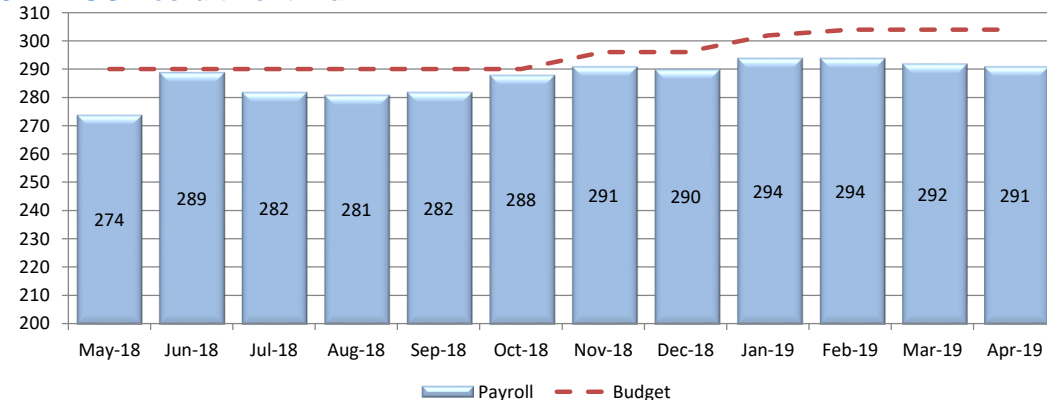
9.25 Training



9.26 Sickness



9.27 EOC Recruitment Plan



Commentary

PDR: PDR compliance stood at 74.4% in April against a stretch target of 90% and is up 3.5% on the previous month.

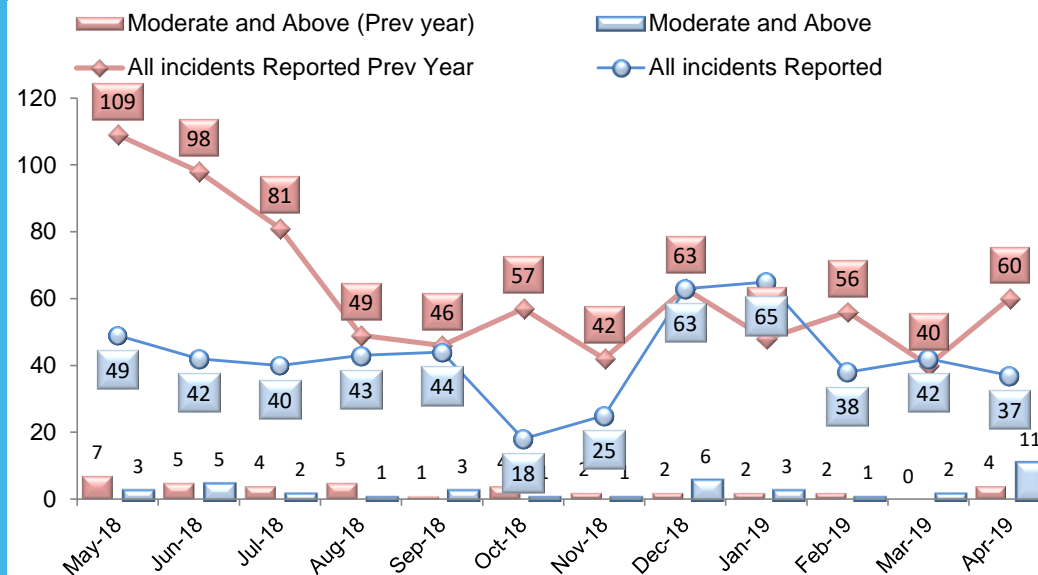
Sickness: Data for April omitted due to ESR data inaccuracy issue, the extent of which is not yet known.

Recruitment: CA recruitment is now complete with 45 CA's in the system, 15 positions will be held for the dispatch clinicians, JD currently in the banding process.

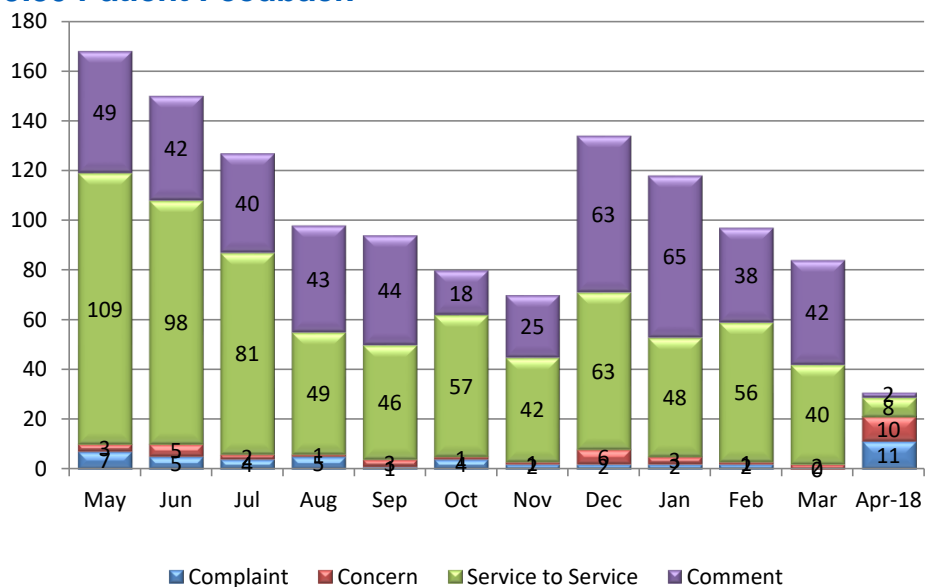
9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		1	1
Total Incidents (Per 1000 activities)		0.02	0.02
Total incidents Moderate & above		11	11
Response within target time for complaints & concerns		65%	65%
Ombudsman Cases	Upheld	0	0
	Not Upheld	1	1
Patient Experience Survey - Qtrly			

9.29 Incidents



9.30 Patient Feedback



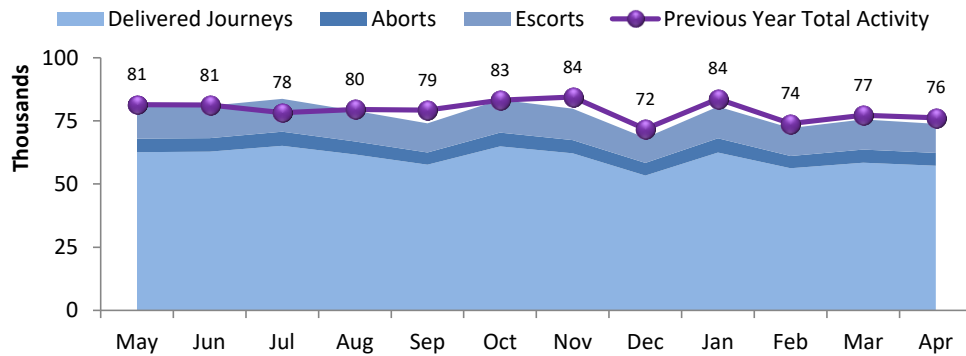
Commentary

Incidents: All reported incidents have decreased by 11.9% against March. The number of moderate and above incidents has increased.

There are no specific themes apparent within the reported moderate and above incidents, which reflect a range of different events. A number of the incidents reported in April are based on a retrospective review of the winter period. This process is now incorporated into the ongoing monitoring and review process.

Feedback: April feedback figures have decreased significantly, with noticeable reduction in service to service feedback and comments.

10.1 Demand



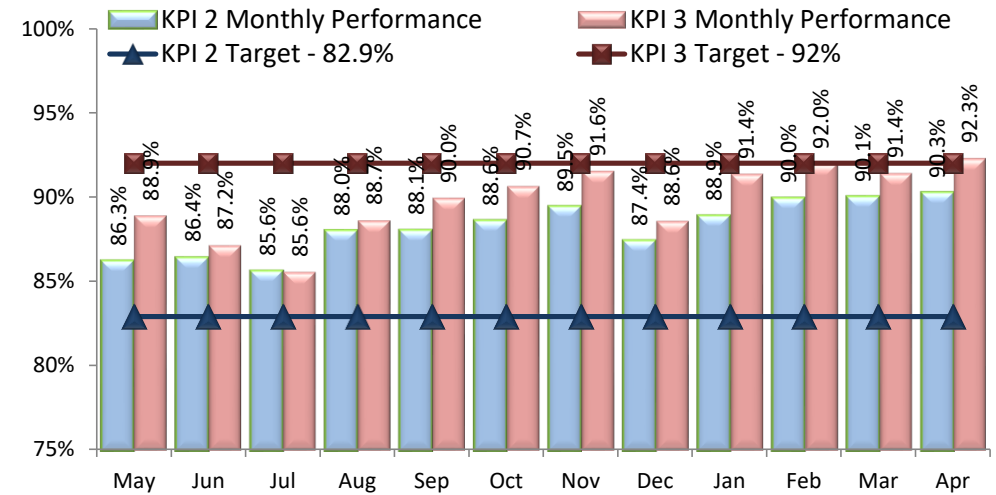
Comparison to Plan

Apr-19	Delivered	Aborts	Escorts	Total
YTD 2019-20	57,257	5,055	11,518	73,830
Previous YTD* 2018-19	59,075	4,972	12,219	76,266
% Variance	(3.1%)	1.7%	(5.7%)	(3.2%)

* Demand includes All Activity

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

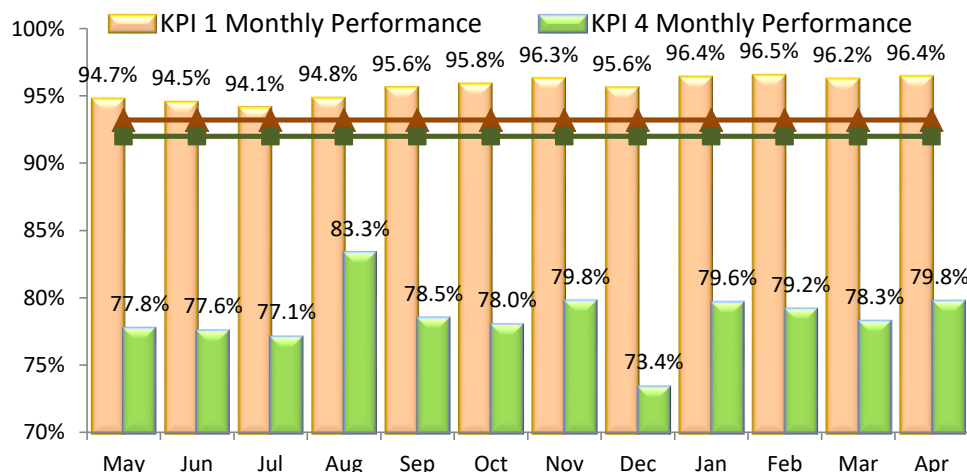
10.2 KPI* 2 & 3**



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 April increased by 2.3% on the previous month and is down by 3.2% against the same month last year.

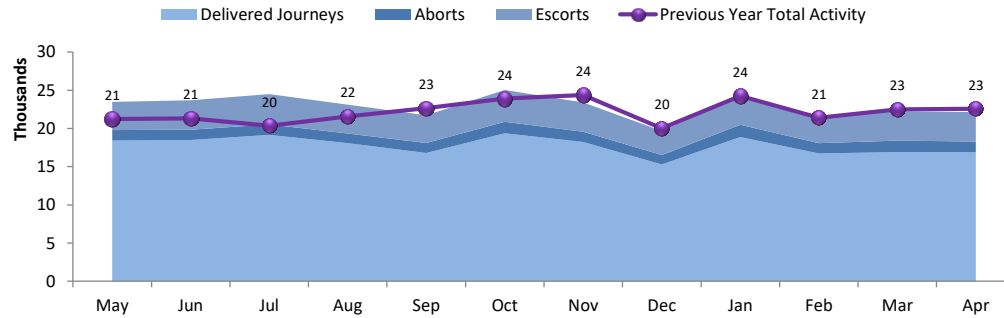
KPI 1 Performance increased by 0.2% in April to 96.4%, which equals the best YTD performance over the last 12 months and remains above the 93.2% target.

KPI 2 Inward performance increased to 90.3% in April which is the best achieved in the past 12 months and remains above the "arrival prior to appointment" target.

KPI 3 The outward performance increased to 92.3% This is the best performance in the past 12 months. The annual target is 92%.

KPI 4 The performance of outward short notice bookings picked up within 2 hours increased by 1.5% to 79.8% in April and remains below target. Unplanned "on-day" Acute discharge activity.

10.1 Demand



Comparison to Plan

	Apr-19	Delivered	Aborts	Escorts	Total
YTD 2019-20		16,880	1,406	3,846	22,132
YTD 2018-19		17,560	1,300	3,717	22,577
% Variance		(3.9%)	8.2%	3.5%	(2.0%)

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

April 2019 has seen a continued and sustained improvement in virtually all contract KPI's. This improvement follows three months of sustained improvements and is pleasing to note when placed against the challenges of the Easter Bank Holiday period and the increased flow rates seen across all Acute Trust sites on the lead up to a holiday period.

Overall contract activity has seen a slight reduction of 2% when compared to the corresponding month last year. However, we have seen a total of 65, three and four man lifts during the month coupled with a 3.5% increase in Escort bookings meaning that almost 25% of all PTS journeys have an escort booked to travel with the patient. This increase results in fewer seats being available on the ambulance and can lead to delays for other patients.

C1 Performance for April 2019 was 99.4% against a target of 90%. This was an improvement on last month and the level of performance is consistent across all CCG areas. This is an outstanding achievement when the above challenges are taken into account.

C2 Performance has shown further improvements and stands at 91.1% in April. This is the fifth month in a row that this indicator has seen an improvement and is now at its highest level since August 2018.

C3 Performance has surpassed that of C2 and stands at 91.5% which is the best performance during the past eight months and means that more patients are arriving on time for their appointments. Also of note is that all CCG hospital sites are achieving above their 90% target for this indicator and Barnsley CCG patients have experienced the best performance for an entire 12 months.

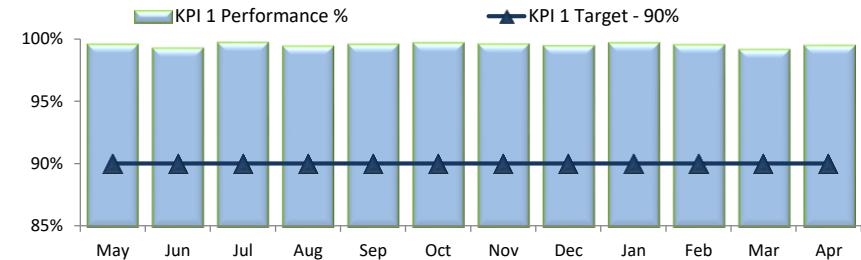
C4 Performance for pre-planned outward patients collected within 90 minutes has seen further month on month improvements and stands at 86.1%. Of note is that all CCG areas with the exception of Sheffield are above the 90% target for this indicator. Further work is being targeted in Sheffield to ensure consistency of service delivery and patient quality.

C5 Performance for short notice and on day patients has seen an improvement on last month and at 76.5% has seen its best performance for this indicator since November 2018, resulting in more patients leaving hospital in a timely manner following their appointments and stays.

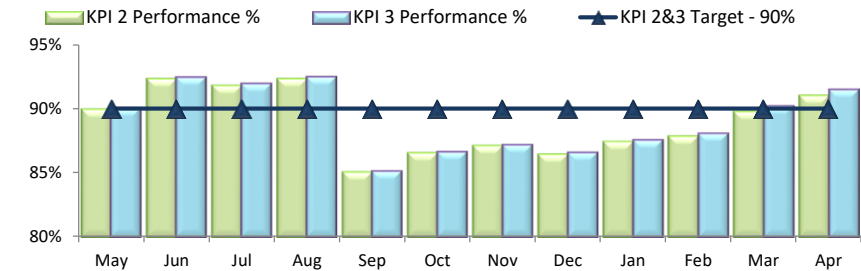
The GP Urgent Service continues to operate effectively with improved performance across several indicators. GP 90 mins stood at 57.4%, GP 120 mins was 94.2% (best performance since August 2018) and GP03 was 95.7% (best performance since June 2018). The Discharge Service has seen a significant

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

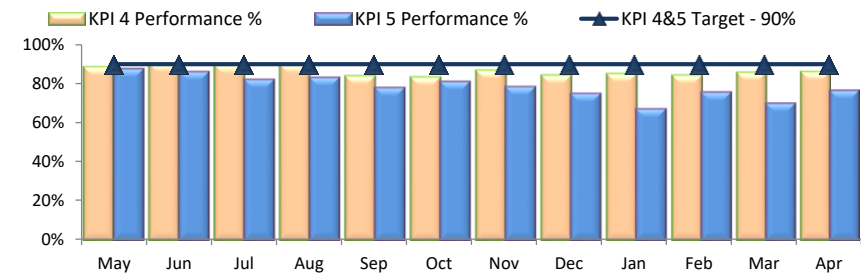
10.2 KPI 1 - Journeys no longer than 120 Mins



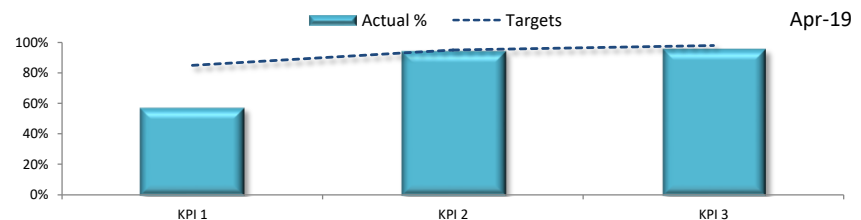
10.3 KPI 2&3 - Inwards Journeys



10.3 KPI 4&5 - Outwards Journeys

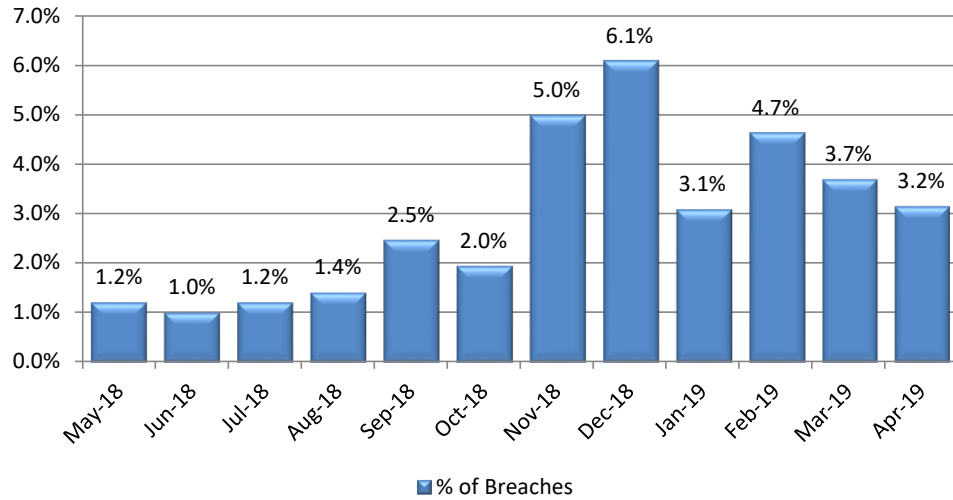


10.3 GP Urgent Performance

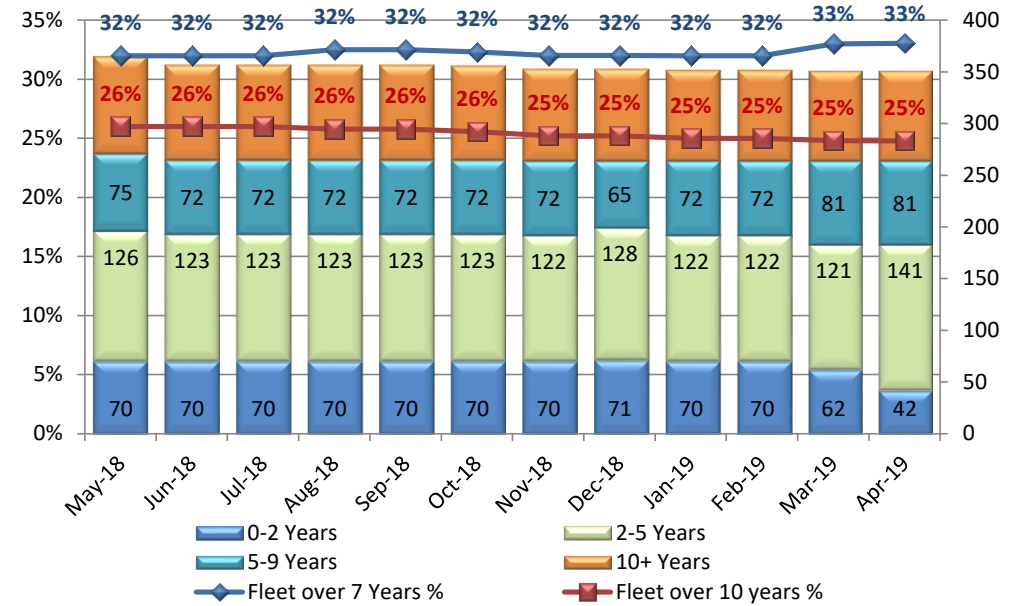


10.4 Deep Clean (5 weeks)

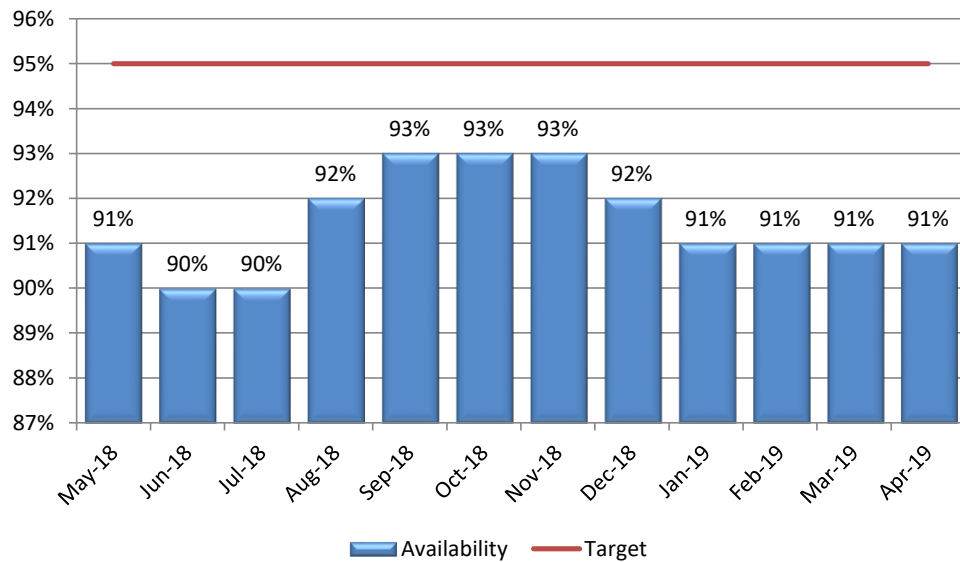
% of Breaches



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

The PTS vehicle Deep Cleaning Service Level compliance again exceeds 99%. The unrecorded vehicle movements do continue, but this is not causing the same level of issue as previously.

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.

PTS vehicle availability has held at 91% for the fourth month with vehicle age still accounting for a high number of VOR. Fleet are working closely with PTS colleagues to minimise impact.

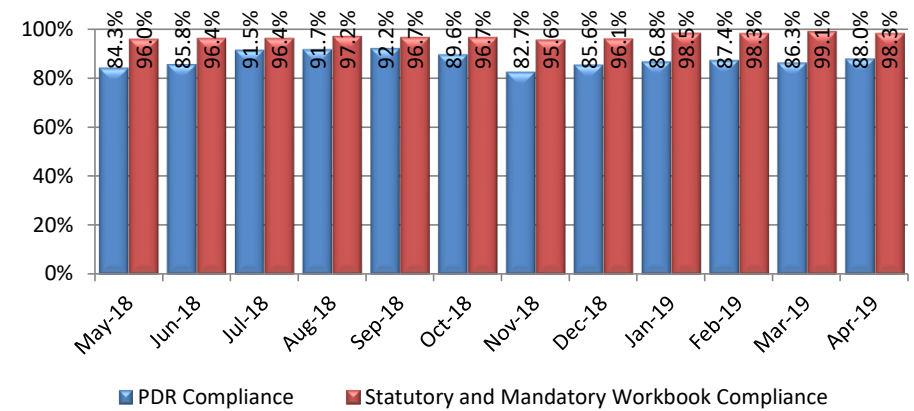
10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	612		122	490	80%
Contracted FTE (before OT)	548		103	446	81%
Variance	(64)		20	(44)	(9.0%)
% Variance	(10.5%)		16.1%		
FTE worked inc overtime	580		103	477	82%
Variance	33		20	(13)	(2.6%)
% Variance	5.3%		16.1%		

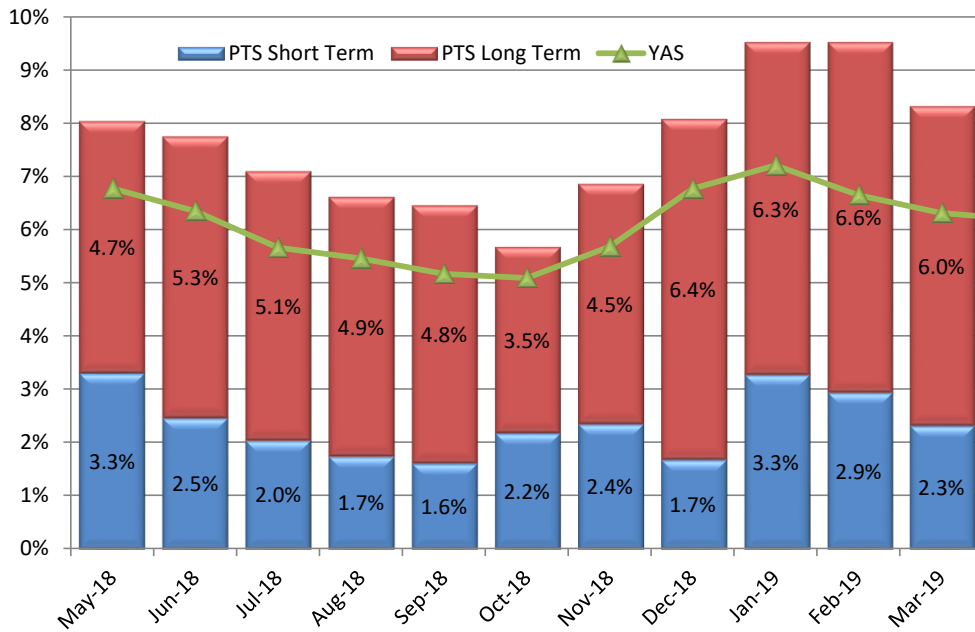
** FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

** Sickness and Absence (Abstractions) is from GRS

10.8 Training



10.9 Sickness



Commentary

PDR compliance Increased by 1.7% in April to 88% and is below the 90% Trust target. Work continues to deliver the target and to validate the data to ensure factually accurate and representative reporting.

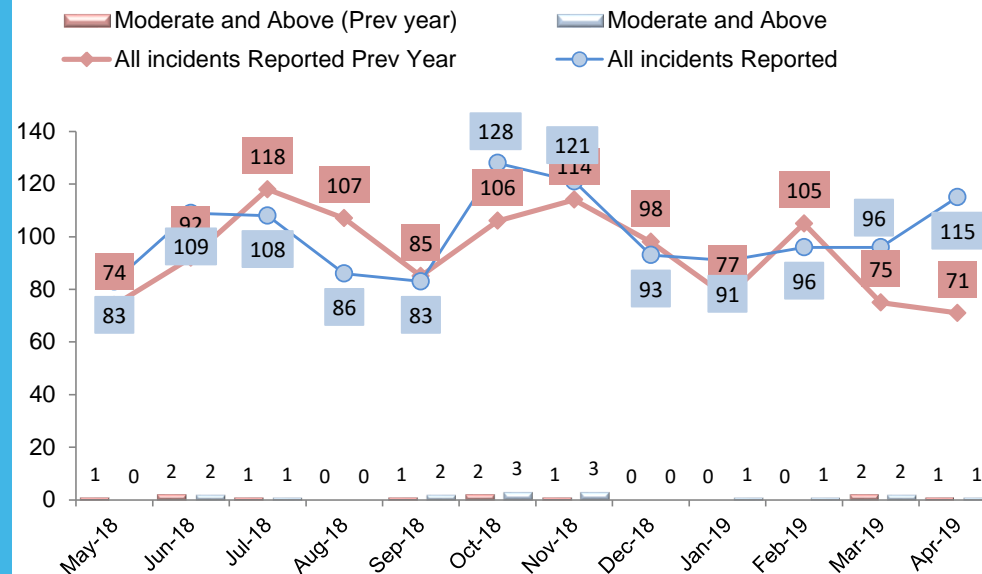
Statutory and Mandatory Workbook compliance is at 98.3% and remains well above the 90% Trust target.

Sickness Data for April omitted due to ESR/GRS data inaccuracy issue, the extent of which is not yet known.

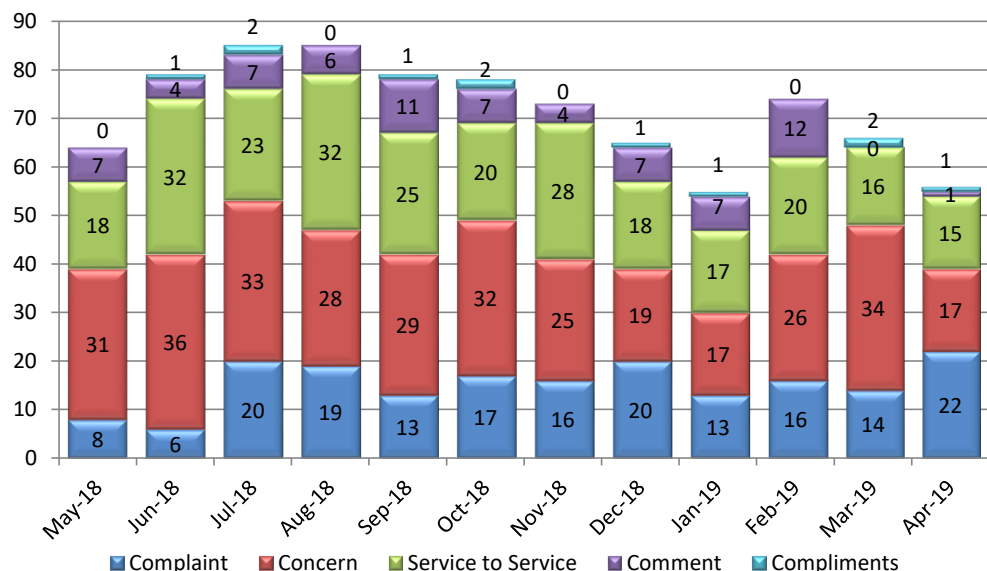
10.10 Quality, Safety and Patient Experience

		Apr 2019	2019-20
Serious Incidents		0	0
Total Incidents (per 1000 activities)		0.000	0.000
Total incidents Moderate & above		2	2
Response within target time for complaints & concerns		87%	87%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		0.0%	0.0%
Call Answered in 3 mins - Target 90%		92.9%	92.9%

10.11 Incidents



10.12 Patient Feedback



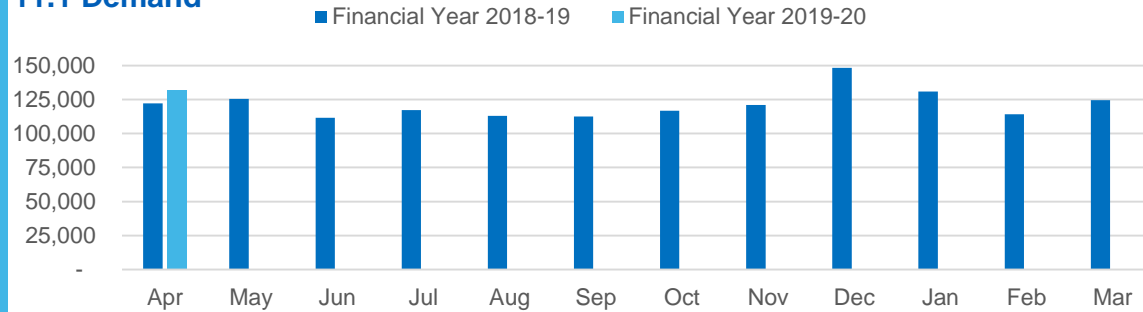
Commentary

Quality, Safety and Patient Experience: The proportion of calls answered in 3 minutes increased to 92.9% in April which is up from 90.7% on the previous month and above the 90% target.

Incidents: The number of reported incidents within PTS during April increased by 19.8% against the previous month and is 62% higher than April the previous year.

Patient Feedback: Feedback overall decreased by 16.6% in April versus March. Concerns have seen 50% reduction and compliments increased by 57%.

11.1 Demand



*2018/19 Calls Answered and Answered in 60 secs excludes dental calls to allow a like for like comparison

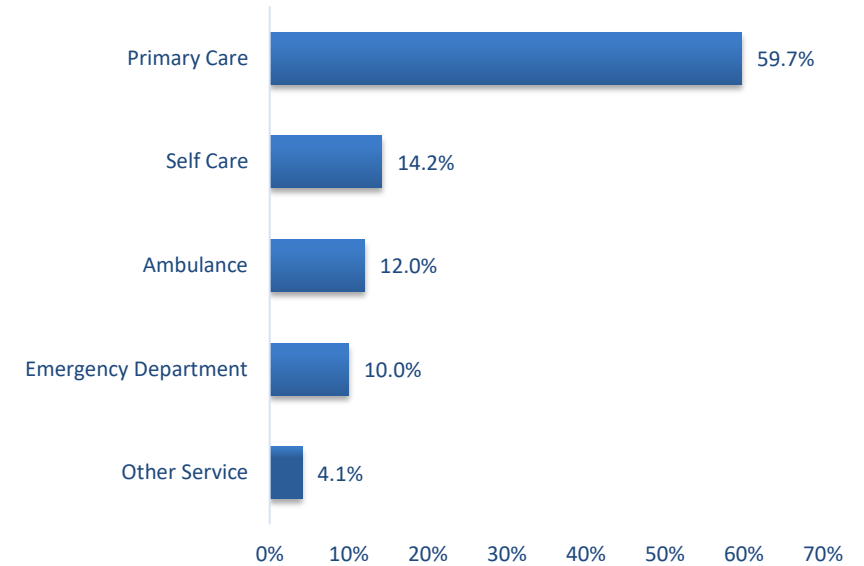
Demand Summary	
Calls Answered 2019-20	131,822
Calls Answered 2018-19 (excl. dental)*	122,213
Variance	7.9%
Contract Floor	127,480
Variance	3.4%
Contract Ceiling	132,683
Variance	-0.6%
Calls Answered SLA <60s % (90% target)	91.8%

11.2 Performance

IUC KPIs	Target	Apr-19
Core Clinical Advice	30%	30.6%
Call Backs Made within 1 hour %	60%	64.2%
Direct Bookings - System Indicator *	30%	46.2%
Bookings into UTC - System Indicator*	50%	52.0%
Bookings into IUC Treatment Centres - System Indicator *	95%	59.1%
ED Validations	50%	64.2%
Ambulance Validations	95%	97.8%

* U&EC whole system measures - national KPI for IUC treatment centres is a new measure and currently under monitoring with NHS England to be reviewed

11.3 Outcome



Comment

The new IUC service for Yorkshire & Humber went live April 19
 A new dedicated regional dental clinical assessment & booking service (CABS) for dental patients age five and over is managed under a separate contract by a new CABS provider which means these calls should no longer be taken by YAS.

Actual demand for IUC was 3.4% above the contract floor and 7.9% above last financial year after adjusting for the lost of dental demand for patients aged 5 and above. The IUC service has taken excess dental demand in April than anticipated due to initial implementation issues with the new dental service. This is being addressed with NHS England.

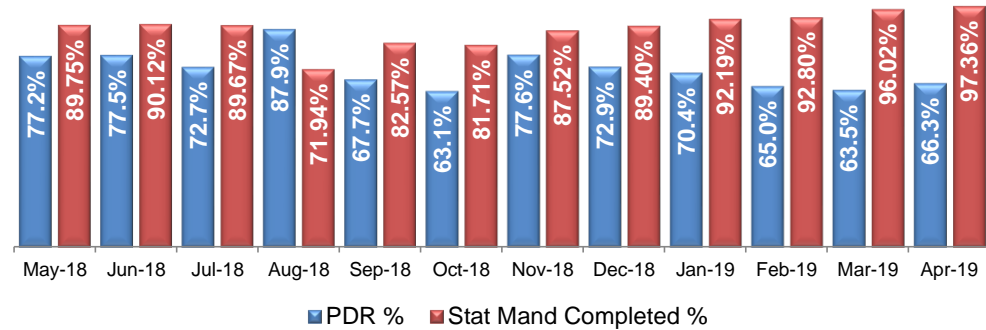
YAS had a very positive start achieving all contract targets. Some of the national IUC KPIs are still under review in terms of the target measure; in particular the overall booking target. This service now reports on new KPIs in line with the new contract and NHS England IUC Spec.

11.8 Workforce FTE - Call Handler & Clinician

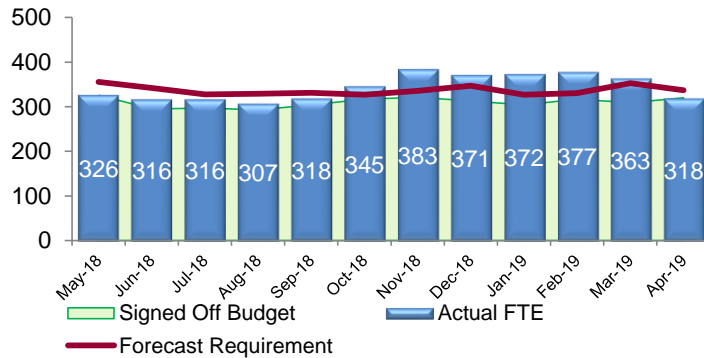
	Total
Budget FTE	320
Actual FTE deployed	318
Variance	-2
Variance %	-0.6%
Actual FTE Breakdown	318
Substantive	283
Agency	23
Overtime	12

* Due to an issue with ESR, sickness data is not available and therefore the table above has been adjusted to reflect data

11.11 Training



11.10 Recruitment Plan



Commentary

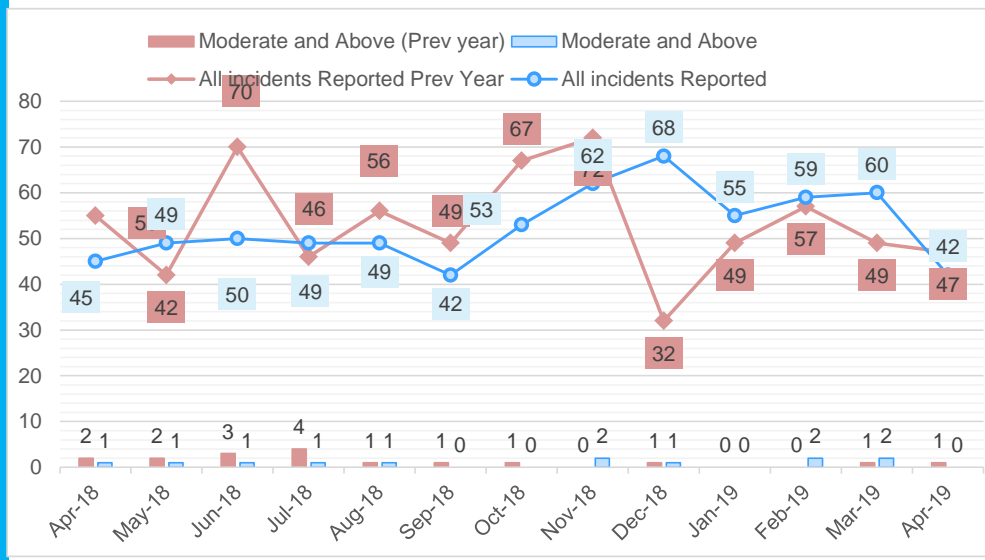
Statutory and mandatory training increased by 1.34% from March 2019 to April 2019 while PDR rates increased by 2.8%.

Following the IUC mobilisation, PDR work is now being progressed along with the new logging process within ESR.

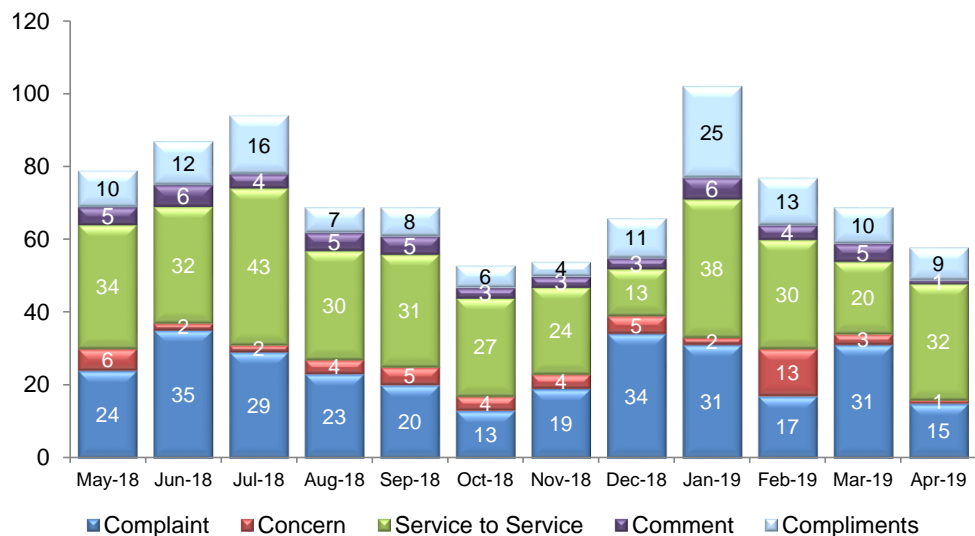
11.12 Quality, Safety and Patient Experience

		Apr-19	YTD
Serious Incidents		0	0
Total Incidents (per 1000 activities)		0.00	0.00
Total incidents Moderate & above		1	1
Response within target time for complaints & concerns		94%	94%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0

11.14 Incidents



11.13 Patient Feedback



Commentary

No SIs reported for April 2019.

15 patient complaints were received in April 2019. 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 9 received during April 2019.

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

ANNEXES

System (April 2019)	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)	67,873	103,960	98,819	61,645	71,024	73,011	-	90,430	61,449	48,048
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	64.5%	66.0%	61.6%	67.3%	69.1%	60.6%	-	53.9%	57.5%	53.7%
C1 Incidents	7.7%	11.0%	9.5%	9.4%	9.8%	5.8%	-	6.0%	5.8%	4.9%
C2 Incidents	56.8%	54.9%	52.2%	57.9%	59.2%	54.8%	-	47.9%	51.7%	48.8%
C3 Incidents	17.6%	21.1%	20.3%	19.8%	15.9%	24.4%	-	35.3%	32.2%	29.1%
C4 Incidents	2.0%	1.6%	4.2%	1.1%	2.7%	2.1%	-	1.6%	1.0%	1.7%
HCP 1-4 Hour Incidents	9.2%	3.0%	2.6%	5.0%	3.4%	3.6%	-	5.7%	3.7%	7.6%
Hear and Treat	6.7%	7.0%	8.2%	6.7%	6.4%	6.4%	-	3.2%	5.7%	7.9%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:06:58	00:06:04	00:07:29	00:07:18	00:07:51	00:07:00	-	00:06:43	00:07:20	00:06:54
C1-90th centile response time (Target 00:15:00)	00:12:06	00:10:11	00:12:37	00:13:02	00:14:08	00:13:05	-	00:11:38	00:13:59	00:12:15
C2-Mean response time (Target 00:18:00)	00:19:40	00:16:26	00:23:21	00:25:56	00:26:51	00:29:51	-	00:12:14	00:19:18	00:18:03
C2-90th centile response time (Target 00:40:00)	00:40:29	00:32:55	00:49:45	00:54:27	00:55:23	01:02:54	-	00:22:22	00:36:10	00:36:39
C3-90th centile response time (Target 02:00:00)	01:49:54	01:48:22	02:37:08	02:27:48	04:04:14	03:06:07	-	01:18:55	03:37:28	02:16:55
C4-90th centile response time (Target 03:00:00)	02:23:55	03:14:39	02:55:41	02:25:00	04:10:50	03:30:08	-	01:55:46	04:30:42	03:18:25
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	59.9%	59.2%	59.0%	62.1%	58.8%	53.4%	-	58.3%	61.0%	52.9%
Incidents with transport not to ED	9.7%	6.7%	6.2%	4.5%	2.8%	4.6%	-	3.6%	1.1%	6.1%
Incidents with face to face response	23.7%	27.1%	26.6%	26.7%	31.9%	35.5%	-	34.9%	32.2%	33.1%
Clinical (November 2018)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
ROSC	23.1%	30.0%	36.5%	21.3%	25.3%	28.9%	32.4%	32.7%	19.1%	31.6%
ROSC - Utstein	48.5%	57.1%	53.7%	51.5%	63.4%	43.6%	57.1%	41.3%	45.2%	50.0%
Cardiac - Survival To Discharge	11.5%	6.5%	6.3%	5.8%	8.4%	11.0%	11.9%	11.3%	6.6%	16.1%
Cardiac - Survival To Discharge Utstein	35.3%	29.5%	14.9%	24.2%	35.9%	25.6%	28.6%	23.8%	14.3%	37.5%