NHS
Yorkshire Ambulance Service
NHS Trust

Integrated Performance Report

August 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 IUC).

Improvement Model Ambulance (July 2019)

Single Oversight Framework Score

2

Inspected and rated

Good

CareQuality Commission

Contents

EXECUTIVE OVERVIEW

One Team, Best Care

Our purpose is

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

NHS
Yorkshire Ambulance Service
NHS Trust

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.

Service Transformation & System Pressures

The Service Transformation programme will help to deliver the Trusts strategic Plans and ensure that internal plans are aligned to external system pressures.

Service Delivery & Integrated Workforce Green

• National standards achieved across all categories in August

• Recruitment plan for 19/20 presented to programme board with only minor slippage seen against trajectory and shortfalls backfilled with overtime

• Hear and Treat behind plan at 6.0%, a revised plan to achieve 8% presented to programme board with further detail required on recruitment trajectory to achieve this

• First draft of high level Integrated Workforce plan presented to programme board for discussion on key workstreams

Place Based Care Amber

• Care homes falls project in South has been extended with additional funding with an evaluation of current progress due in November

• North Yorkshire pendant scheme progressing with go live expected around November

• Mental health workstreams presented to programme board in September with Project initiation documents developed for each workstream

Infrastructure Amber

• Doncaster Hub on track for go live January 2020 with temporary accommodation now in place on site

• Output from workshops held in each CBU for identification of possible future hubs or Cluster AVP sites to be presented back in October

• Single warehouse business case now complete and ready for submission through the internal gate process

• Completed ePR's now nearing 500,000 completed records with comms planned to celebrate the milestone

Capacity & Capability Amber

• Work on an options appraisal for future training requirements of the Trust is underway

• Accountability Framework first draft programme plan developed and presented to programme board in September

•Work is underway to identify the most appropriate performance reporting tool for the Trust with options to be presented in October

•Progress against Carter plan presented to programme board in September

The Service Transformation programme will help to deliver the Trusts strategic Plans and ensure that internal plans are aligned to external system pressures.

External System Pressures

ICS level system plans continue to be developed, with draft plans now being shared with YAS and wider partners

YAS continue to remain engaged in hospital reconfigurations across Yorkshire and the Humber, with increasing engagement into the York and Scarborough Hospital Services Review

National guidance continues to be released around the requirements for the NHS Long Term Plan. YAS have submitted initial draft plans into our nominated ICS, West Yorkshire and Harrogate. Further submissions are scheduled from YAS into the ICS by 20 September. Each ICS is required to submit their draft plans by 27 September 2019.

The new South Yorkshire Stroke pathways commence with acute stroke service at Barnsley Hospital ceasing from 1st October 2019. Briefings and new pathways have been shared with teams and services within YAS.

Local ICSs have developed their operational plans, with a focus on reducing inequalities, prevention and digital interoperability and infrastructure

Summary of Exceptions

August 2019

Service Line	Indicator ID	Exception Commentary
A&E Operations	003	See, Treat & Refer (STR): August saw an increase in See, Treat and Refer patients with a subsequent reduction in those conveyed to hospital.
A&E Operations	003	Hear and Treat (H&T): Hear and Treat performance has reduced to 6% from 6.7% last month. It continues to be a key focus area for improvement, exploring CAT3 volumes and how these can be reviewed more effectively as part of the Hear and Treat process.
A&E Operations	003	Average Turnaround: hospital turnaround performance continued to have an impact on available operational hours.
Staff Appraisals/PDR	009	EOC PDR Compliance: PDR compliance has seen some challenges through the summer months; teams have been tasked with improvements to address the backlog.
A&E Operations	003	EOC Sickness: sickness absence rose again in August with higher incidents of long term absence. The management teams are dealing with these absences in line with process.

Indicator ID	Key Operational Standard Description	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Aug-19 Target / Forecast	Aug-19 Actual	Aug-19 Actual v Target/Fcast
001	Calls Offered	128,520	133,906	138,142	165,897	148,466	129,920	141,675	142,409	141,721	131,686	136,129	134,814		134,814	
	Call Answered	127,130	131,175	135,115	163,747	144,696	126,380	139,115	131,822	130,711	120,255	121,263	121,422	119,244	121,422	▲
	Calls Answered within 60 Seconds	92.9%	85.0%	82.9%	90.2%	81.6%	79.0%	86.1%	91.8%	90.9%	88.7%	84.1%	86.8%	90%	86.8%	▼
	Core Clinical Advice								30.7%	31.3%	31.5%	33.4%	31.6%	30%	31.6%	▲
	Clinician Called Back within 1 Hour								64.1%	59.2%	59.4%	59.6%	62.9%	60%	62.9%	▲
	Direct Bookings								46.2%	46.8%	47.1%	44.7%	47.3%	30%	47.3%	▲
	Bookings into UTC								52.0%	53.7%	54.4%	53.9%	52.9%	50%	52.9%	▲
	Bookings into IUC Treatment Centres								59.1%	60.1%	60.8%	60.3%	60.4%	95%	60.4%	▼
	ED Validations								62.9%	61.9%	57.4%	63.0%	51.6%	50%	51.6%	▲
	Ambulance Validations								97.8%	97.9%	98.0%	98.6%	98.9%	95%	98.9%	▲
002	Telephony - 999 Calls Answered	56,488	58,113	57,470	61,815	59,777	54,546	57,868	58,202	59,471	58,166	63,132	60,147		60,147	
	Telephony - 999 Calls Answered within 5 Seconds	97.1%	96.8%	97.9%	98.3%	97.8%	97.5%	98.1%	95.5%	97.5%	96.5%	94.5%	94.8%	95%	94.8%	▼
003	All Activity (H&T + STR + STC)	63,879	66,831	67,123	71,884	71,254	63,897	69,455	68,236	69,359	67,360	71,887	69,246		69,246	
	Hear & Treat (H&T)	6.4%	6.5%	6.3%	6.8%	6.7%	7.4%	6.5%	6.6%	6.8%	6.8%	6.7%	6.0%		6.0%	
	See, Treat & Refer (STR)	23.2%	22.7%	22.9%	23.5%	22.9%	22.7%	23.4%	23.6%	23.5%	24.1%	24.2%	25.1%		25.1%	
	See, Treat & Convey (STC)	70.4%	70.8%	70.8%	69.7%	70.4%	69.8%	70.1%	69.8%	69.7%	69.1%	69.2%	68.9%		68.9%	
	999 Responses (STR + STC)	59,766	62,511	62,886	67,002	66,467	59,153	64,936	63,713	64,675	62,776	67,106	65,078	65,341	65,078	▼
	Category 1 — Mean	00:07:18	00:07:10	00:07:02	00:07:03	00:06:59	00:07:03	00:06:44	00:06:58	00:06:49	00:06:48	00:06:54	00:06:50	00:07:00	00:06:50	▼
	Category 1 — 90th Percentile	00:12:28	00:12:23	00:12:13	00:12:15	00:12:08	00:12:05	00:11:28	00:12:06	00:11:56	00:11:56	00:12:11	00:11:53	00:15:00	00:11:53	▼
	Category 2 — Mean	00:20:19	00:19:58	00:20:29	00:21:03	00:19:49	00:20:02	00:17:40	00:19:40	00:18:38	00:18:46	00:18:17	00:17:04	00:18:00	00:17:04	▼
	Category 2 — 90th Percentile	00:42:11	00:41:37	00:42:36	00:44:17	00:41:16	00:41:50	00:35:35	00:40:29	00:38:09	00:38:16	00:37:26	00:34:21	00:40:00	00:34:21	▼
	Category 3 — 90th Percentile	01:57:25	01:57:34	01:58:25	02:15:22	01:58:10	01:53:11	01:29:42	01:49:54	01:42:58	01:49:22	01:42:47	01:26:58	02:00:00	01:26:58	▼
	Category 4 — 90th Percentile	03:51:53	03:46:58	03:44:04	03:38:33	03:52:38	03:25:18	03:00:09	03:36:53	03:51:12	04:33:48	04:01:23	02:47:17	03:00:00	02:47:17	▼
	Average Turnaround Time	00:33:51	00:32:51	00:33:24	00:34:15	00:34:56	00:35:39	00:33:59	00:35:05	00:34:42	00:35:34	00:36:40	00:35:54	00:30:00	00:35:54	▲
	Average Job Cycle Time (Responses)	01:58:30	01:56:45	01:59:03	01:59:01	01:57:42	01:58:01	01:52:42	01:58:14	01:57:13	01:57:06	01:57:19	01:53:54		01:53:54	
004	Journeys	74,017	83,380	79,827	68,270	80,652	72,158	75,569	73,830	77,516	73,526	82,095	73,568	79,012	73,568	▼
	Patient Journeys < 120 Minutes	99.5%	99.4%	99.5%	99.4%	99.5%	99.5%	99.4%	99.4%	99.3%	99.4%	99.3%	99.2%	90.0%	99.2%	▲
	Patients Arrive at Appointment on Time	87.3%	88.1%	88.9%	87.3%	88.6%	89.4%	90.1%	90.7%	88.5%	88.9%	90.9%	91.1%	90.0%	91.1%	▲
	% Pre Planned - Picked Up in 90 Minutes	88.0%	88.2%	90.0%	87.2%	89.3%	89.5%	89.6%	90.2%	87.3%	88.5%	89.3%	89.3%	90.4%	89.3%	▼
	% Short Notice - Picked Up in 120 Minutes	78.1%	78.9%	79.1%	73.7%	76.0%	78.0%	76.0%	78.8%	76.0%	76.7%	77.7%	78.8%	88.8%	78.8%	▼
	Calls Answered within 180 Seconds	93.9%	95.5%	96.3%	94.3%	93.8%	87.2%	90.7%	92.9%	89.2%	89.4%	96.3%	90.4%	90.0%	90.4%	▲

Integrated Urgent Care (001), EOC (002), A&E Operations (003), PTS (004)

Indicator ID	Key Operational Standard Description	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
005	% Received STEMI Bundle			80.00%			58.10%		55.90%				53.10%
	% Received Stroke Diagnostic Bundle	98.50%			98.70%			95.30%			96.10%		
	% Received Sepsis Care Bundle		70.20%			31.50%			51.90%			53.40%	

ACQI (005)

Please Note: ACQI Care Bundle Data for STEMI, Stroke and Sepsis are submitted quarterly on a rotational basis.

Indicator ID	Key Operational Standard Description		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Aug-19 Target / Forecast	Aug-19 Actual	Aug-19 Actual v Target/Fcast
006	Workforce	Total FTE in Post	4,577	4,651	4,668	4,646	4,655	4,663	4,669	4,668	4,656	4,681	4,675	4,690		4,690	
		BME %	4.7%	4.8%	4.8%	4.9%	5.0%	4.9%	4.9%	4.9%	5.0%	5.0%	5.0%	5.0%	11.1%	5.0%	▼
007	Recruitment	New Starters (FTE)	82.5	103.7	58.4	15.4	62.5	46.6	38.9	55.6	18.6	67.5	49.6	56.6		56.6	
008	Turnover (FTE)	YAS (Rolling 12 Month Periods)	9.3%	9.0%	9.2%	9.1%	9.2%	9.2%	9.3%	9.4%	9.6%	9.9%	9.9%	10.0%		10.0%	
009	PDR / Staff Appraisals	YAS	79.3%	74.0%	80.7%	79.7%	80.1%	78.3%	77.0%	76.1%	70.8%	68.2%	71.7%	74.6%	90.0%	74.6%	▼
		A&E Operations	82.7%	77.8%	83.1%	82.8%	83.6%	82.4%	80.6%	78.2%	71.2%	69.5%	72.2%	76.2%	90.0%	76.2%	▼
		EOC	73.5%	70.1%	77.0%	77.0%	74.2%	71.8%	70.9%	72.5%	69.0%	66.8%	63.8%	60.6%	90.0%	60.6%	▼
		Integrated Urgent Care	67.7%	63.1%	77.6%	72.9%	70.4%	65.0%	63.5%	64.5%	62.1%	55.4%	75.6%	76.1%	90.0%	76.1%	▼
		PTS	88.9%	82.7%	86.9%	85.6%	86.8%	87.3%	86.3%	84.8%	80.6%	73.7%	78.3%	83.0%	90.0%	83.0%	▼
010	Training: Stat & Mand (Substantive Employees)	YAS	92.4%	91.8%	91.9%	93.4%	95.7%	96.3%	97.3%	97.9%	97.9%	98.3%	98.2%	98.3%	90.0%	98.3%	▲
		A&E Operations	93.1%	92.6%	93.2%	95.0%	96.9%	97.4%	97.9%	97.0%	98.2%	98.7%	98.6%	98.9%	90.0%	98.9%	▲
		EOC	89.7%	89.9%	91.4%	91.7%	94.5%	94.8%	97.0%	95.6%	96.8%	97.5%	97.2%	98.5%	90.0%	98.5%	▲
		Integrated Urgent Care	82.6%	81.7%	87.5%	89.4%	92.2%	92.8%	96.0%	97.4%	98.6%	98.6%	98.6%	98.7%	90.0%	98.7%	▲
		PTS	96.4%	95.6%	95.1%	96.1%	98.5%	98.3%	99.1%	98.3%	99.3%	99.7%	99.6%	99.5%	90.0%	99.5%	▲
011	Health & Wellbeing	Total Sickness Rate	5.1%	5.7%	6.2%	6.8%	7.2%	6.7%	6.3%	6.2%	6.1%	6.0%	5.9%	6.2%	4.5%	6.2%	▲
		Long Term Sickness Rate	3.4%	3.6%	4.0%	4.8%	4.6%	4.0%	4.2%	3.9%	3.9%	3.8%	3.6%	3.9%		3.9%	
		Short Term Sickness Rate	1.6%	2.0%	2.2%	2.0%	2.6%	2.6%	2.1%	2.3%	2.3%	2.2%	2.3%	2.3%		2.3%	

Achieving Excellence — August 2019

Indicator ID	Key Operational Standard Description			Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Aug-19 Target / Forecast	Aug-19 Actual	Aug-19 Actual v Target/Fcast
012	Incidents	All Reported		671	705	665	693	786	587	721	734	733	669	729	605		605	
		Serious		6	0	0	7	10	2	4	5	8	2	6	1		1	
		Moderate		19	19	27	30	25	13	15	18	22	14	20	22		22	
		Medication Related		98	98	83	85	80	65	58	85	115	82	80				
013	Patient Relations	A&E	Complaint	12	23	9	20	23	13	16	18	21	12	20	22		22	
			Compliment	3	27	14	1	13	6	15	38	100	103	84	107		107	
			Concern	11	7	12	9	8	13	14	15	14	16	20	15		15	
			Service to Service	13	21	12	13	16	18	17	18	28	29	27	16		16	
		EOC	Complaint	10	21	13	17	11	11	10	11	15	6	16	7		7	
			Compliment	0	1	0	0	2	0	0	0	3	3	2	2		2	
			Concern	6	11	14	4	12	7	9	10	4	10	10	7		7	
			Service to Service	11	11	14	9	9	14	8	8	9	19	26	10		10	
		Integrated Urgent Care	Complaint	22	32	32	34	46	29	37	18	21	17	17	34		34	
			Compliment	7	7	12	11	9	13	10	9	3	4	4	2		2	
			Concern	4	5	3	5	2	1	0	0	2	3	2	1		1	
			Service to Service	29	27	28	15	38	30	20	32	30	17	19	25		25	
		PTS	Complaint	13	17	16	20	13	16	14	22	17	10	21	16		16	
			Compliment	1	2	0	1	1	0	2	1	8	6	8	10		10	
			Concern	29	32	25	19	17	26	34	17	19	28	29	24		24	
			Service to Service	25	20	28	18	17	20	16	15	23	33	30	22		22	
014	Clinical Outcomes Data (January 2019)	Stroke - Call to Hospital Arrival (Mean)		01:19	01:16	01:14	01:15	01:14	01:20	01:12	01:28							
		Stemi - Call to Catheter Insertion for Angio (Mean)		02:18	02:14	02:18	02:13	02:09	02:14	02:11	02:06							
		ROSC (Utstein)		53.8%	63.0%	48.5%	53.1%	24.0%	52.0%	61.4%	62.1%							
		Survival (Utstein)		22.7%	37.9%	35.3%	26.3%	22.2%	34.6%	22.2%	35.0%							
015	Safeguarding	Adult Referrals		740	768	773	966	924	712	898	863	1,002	924	986	918		918	
		Child Referrals		538	557	555	574	532	504	612	550	579	594	612	519		519	
016	Information Management	Information Governance Training Compliance		82.6%	82.0%	76.8%	80.8%	80.6%	87.1%	91.8%	93.6%	92.7%	94.0%	94.7%	95.0%			
		FOI Request Compliance		72.3%	31.6%	62.0%	67.0%	31.0%	66.0%	79.0%	33.0%	33.0%	22.6%	42.4%	60.0%			
017	CQUIN	Staff Flu Vaccinations (YAS)																
		Staff Flu Vaccinations (Frontline Staff)																
		Staff Flu Vaccinations (PTS South)																
		Access Patient Information at Scene (Assurance)																
		Access Patient Information at Scene (Demonstration)																
		Frequent Callers																
		Sepsis Awareness																
		Vehicle Electronic Checklist App (PTS)																

Indicator ID	Key Operational Standard Description			Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Aug-19 Plan	Aug-19 Actual	Aug-19 Plan v Actual	YTD Plan	YTD Actual	YTD Plan v Actual
018	Finance Overview		Risk Rating	1	1	1	1	1	1	1	1	1	1	1	1	1	1	◀▶	1	1	◀▶
			EBITDA	-1,181	-1,521	-1,279	-1,217	-1,879	-1,326	-4,504	-1,230	-2,053	-1,891	-1,861	-1,831	-1,715	-1,831	-116	-8,039	-8,866	-827
			Surplus	-170	-436	-343	-247	-711	-279	-3,687	-126	-1,016	-769	-764	-545	-593	-545	48	-2,471	-3,220	-749
			Capital	649	3,081	2,769	1,561	1,822	1,953	4,931	487	924	312	794	1,685	2,076	1,685	-391	9,581	4,202	-5,379
			Cash	40,882	37,729	42,208	49,057	46,569	46,658	36,110	38,772	41,370	43,981	49,253	52,397	40,031	52,397	12,366	40,031	52,397	12,366
			CIP	718	817	852	1,005	987	988	989	534	538	526	525	528	525	528	3	2,648	2,648	1
019	CIP		A&E	314	331	334	325	331	331	326	232	61	-191	28	28	227	28	-199	1,151	158	-993
			Business Development	-11	0	0	0	0	0	0	-	-	0	0	0	0	0	0	0	0	0
			CEO Directorate	-15	2	3	2	2	2	2	4	9	6	-10	2	6	2	-4	32	12	-20
			Clinical	8	9	9	9	8	8	9	4	-1	2	4	2	2	2	0	8	11	3
			Estates	16	24	9	17	16	16	16	31	5	5	9	5	22	5	-17	127	52	-75
			Finance	4	41	42	42	41	41	41	36	36	37	35	36	36	36	0	180	180	0
			Fleet	66	65	66	65	66	66	65	86	87	86	67	87	87	87	0	434	414	-20
			Planned & Urgent Care	34	64	72	80	81	81	81	82	51	66	66	66	82	66	-16	407	331	-76
			Quality, Governance	6	6	5	6	6	6	6	2	1	2	-5	0	2	0	-2	8	0	-8
			Hub & Spoke	6	5	6	6	5	5	5	-	-	0	0	0	0	0	0	0	0	0
			Workforce OD	50	62	78	79	7	78	78	57	56	57	56	58	57	58	1	283	283	0
			RESERVE	173	208	228	374	353	353	358	0	233	456	275	244	4	244	240	18	1,207	1,189
		Current Position (Cumulative YTD)		3,373	4,190	5,042	6,047	7,034	8,023	9,010	534	1,072	1,598	2,123	528	525	528	3	2,648	2,648	1
020	Transport/Fleet	A&E	Vehicle age +7	21.0%	20.0%	20.0%	17.0%	13.0%	11.0%	8.0%	5.7%	5.4%	6.9%	5.2%	5.2%		5.2%				
			Vehicle age +10	6.0%	5.0%	5.0%	4.0%	4.0%	4.0%	4.0%	3.5%	3.3%	3.3%	3.3%	3.3%		3.3%				
			Availability	88.4%	90.0%	90.5%	89.6%	90.0%	90.0%	88.7%	90.2%	90.0%	90.2%	90.0%	89.1%	95%	89.1%	▼			
		PTS	Vehicle age +7	32.3%	32.0%	32.0%	32.0%	32.0%	32.0%	33.0%	33.0%	31.0%	41.4%	31.0%	31.0%		31.0%				
			Vehicle age +10	25.8%	25.6%	25.2%	25.2%	25.0%	25.0%	24.8%	24.8%	24.1%	24.1%	24.1%	24.1%		24.1%				
			Availability	93.0%	93.0%	93.0%	92.0%	91.0%	91.0%	91.0%	91.0%	90.0%	90.0%	91.0%	91.0%	95%	91.0%	▼			

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).

EBITDA - The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at the end of August (Month 5) is £8.9m against a plan of £8m. A favourable variance of £0.8m.

Surplus - The Trust has reported a surplus at the end of August (Month 5) of £3.2m, a favourable variance of £0.7m against the plan.

Capital - At the end of August 2019 Capital is underspend £5.3m. ICT underspend EPR £0.8m awaiting approval from HSLI, Fleet delivery behind plan as a result of bringing forward schemes into 18/19 to mitigate underspends in that year. Doncaster Hub & Spoke scheme is on plan assurance has been given that it is on trak to deliver in line with the timetable submitted as part of the STP. 19/20 Capital plan of £18.4m expenditure allowing for disposals of £0.3m plus the £0.8m carried over to 19/20 from last year. This will result in a charge of £17.1m against the Capital Resource Limit (CRL). The CRL was approved by NHSEI in June 2019.

Cash - At the end of August 2019 the Trust's cash position was £52.4m against a plan of £40m, a favourable variance of £12.4m. The variance largely results from continued underspends on capital (£4.7m) and receivables being better than plan (£5m). Additionally £1.5m of PDC funding for capital has been drawdown in August and was originally profiled in the plan in September.

CIP - The Trust has a savings target of £6.6m for 2019/20. The Trust has achieved £2.6m at month 5 which is in line with plan (45% of this being non-recurrent).
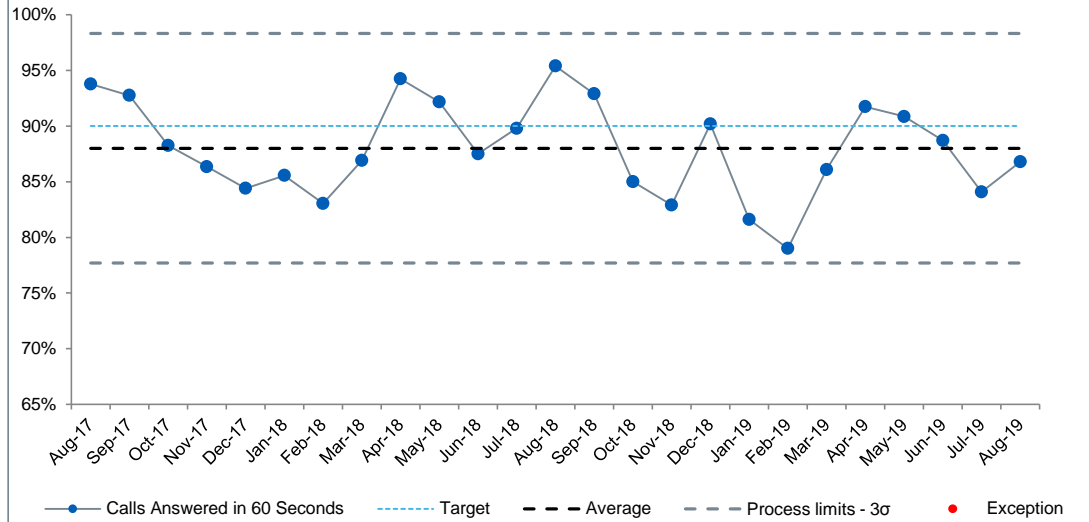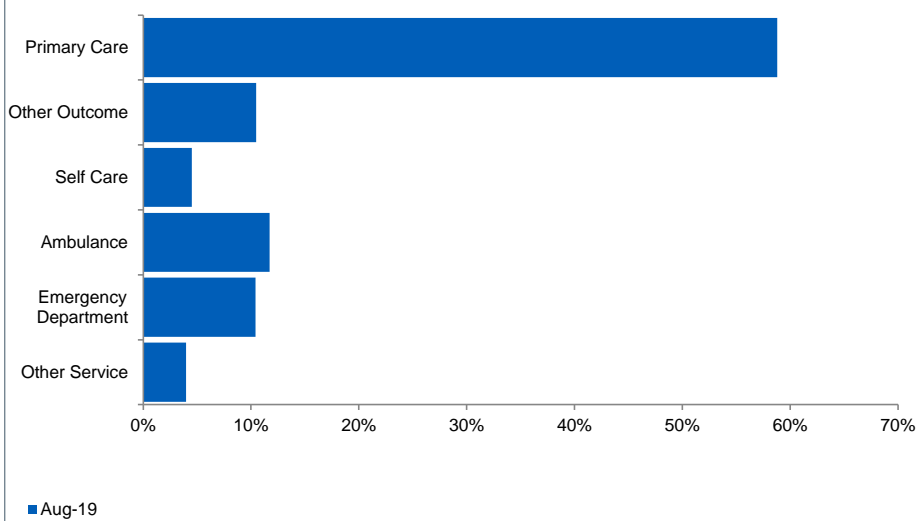
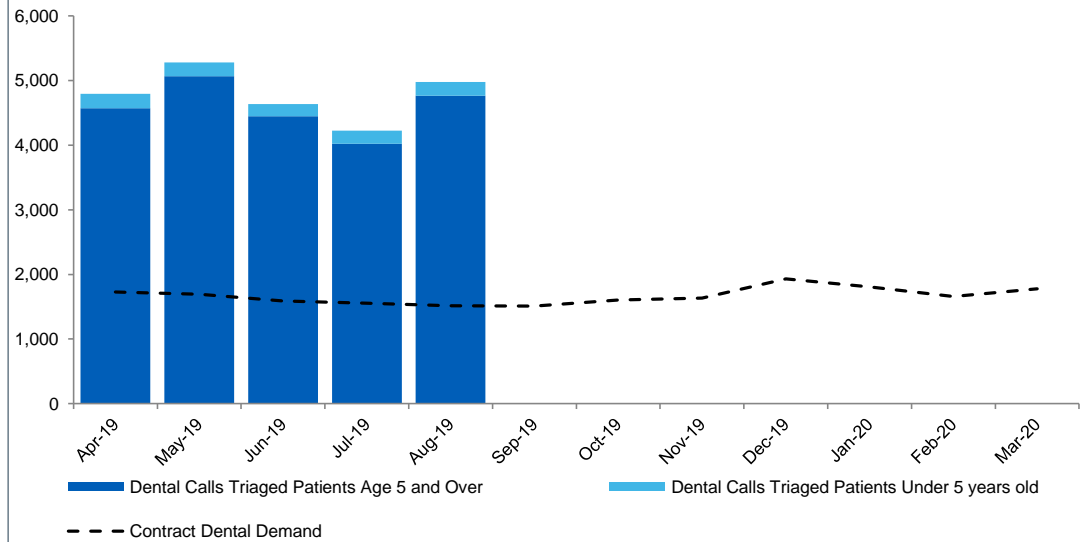# SERVICE LINES

IUC Chart 1: Demand - Calls

Legend: Answered | Abandoned | Contracted Answered (Ceiling) | Contracted Answered (Floor)
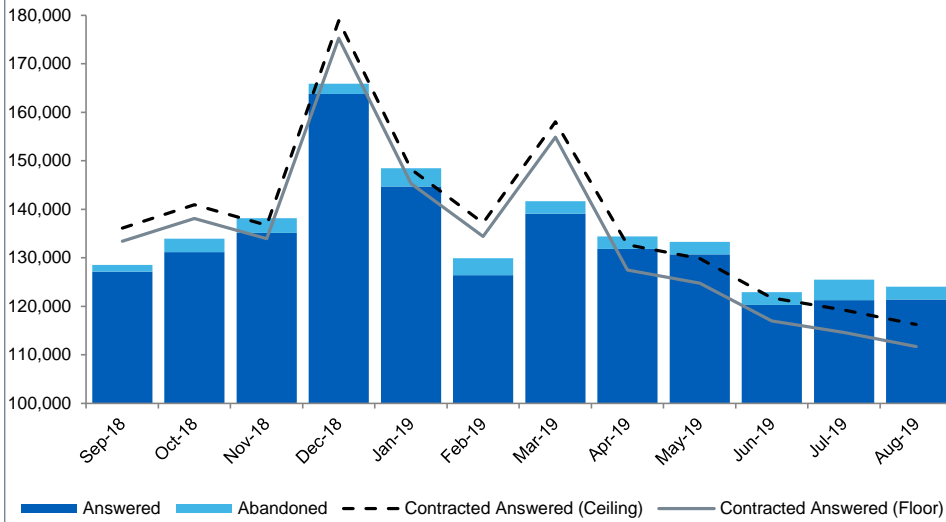
IUC Chart 2: Performance - Calls Answered in 60 Seconds

Legend: Calls Answered in 60 Seconds | Target | Average | Process limits - 3σ | Exception

IUC Chart 3: Outcomes

Legend: Aug-19

IUC Chart 4: Demand - Dental

Legend: Dental Calls Triaged Patients Age 5 and Over | Dental Calls Triaged Patients Under 5 years old | Contract Dental Demand

Integrated Urgent Care

IUC Tbl1: IUC KPI's

IUC KPI's (Target)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
Calls Answered in 60 (90%)	91.8%	90.9%	88.7%	84.1%	86.8%								88.5%
Core Clinical Advice (30%)	30.7%	31.4%	31.5%	33.4%	31.6%								31.7%
Clinician Called Back within 1 Hour (60%)	64.1%	59.2%	59.4%	59.6%	62.9%								61.1%
Direct Bookings * (30%)	46.2%	46.8%	47.1%	44.7%	47.3%								46.4%
Bookings into UTC * (50%)	52.0%	53.7%	54.4%	53.9%	52.9%								53.4%
Bookings into IUC Treatment Centres * (95%)	59.1%	60.2%	60.8%	60.3%	60.4%								60.1%
ED Validations (50%)	61.8%	60.9%	57.4%	63.0%	51.6%								59.0%
Ambulance Validations (95%)	97.8%	97.9%	98.0%	98.6%	98.9%								98.3%

* 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

Performance Commentary:

August has been a very busy month for the IUC service with significantly more demand than anticipated (4.5% above contract ceiling), that said all performance targets were achieved with the exception of call answer that was just short of the 90% performance target.

As part of the winter recruitment, which was brought forward due to the dental demand within IUC, 9 people started with the service on 5 August 2019 and all successfully completed their NHS Pathways training. They have been supporting taking live calls from 2 September 2019.

121,422 calls were answered in August, 4.5% above contract ceiling, predominately associated with excess dental demand. Calls answer performance was 86.8%, a slight increase 2.7% from July with a year to date position of 88.5% against a target of 90%.

Clinical call back exceeded target this month at 62.9%, the first time since April, with the year to date position 61.1% against 60% target of call backs within one hour.

All other of the main contract KPIs were achieved in August and continue to exceed target levels for the year to date position covering April to August 2019.

IUC Chart 5: Quality - Reported Incidents

Legend: ▬ All incidents Reported (Prev Year) ──●── All incidents Reported
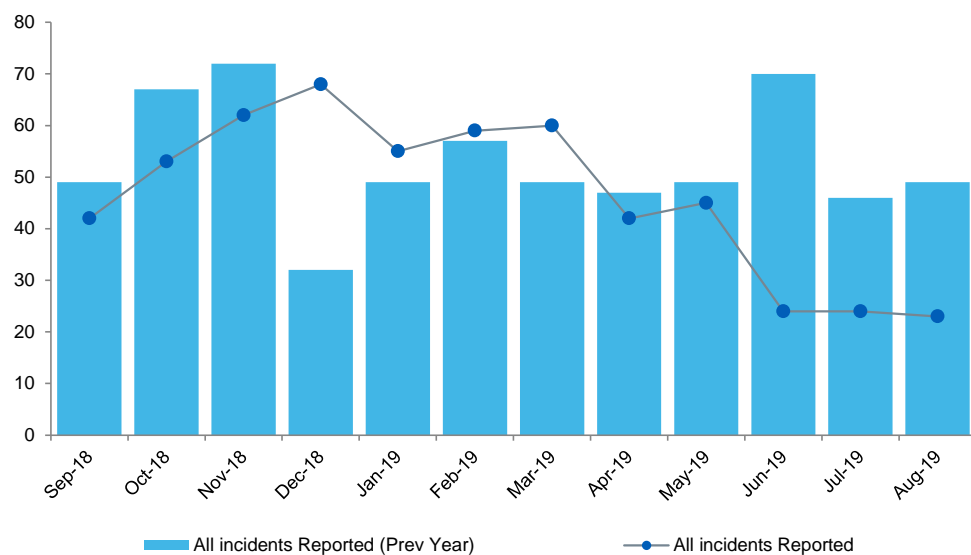
IUC Chart 6: Quality - Reported Incidents - Moderate & Above

Legend: ■ Moderate and Above (Prev Year) ■ Moderate and Above This Year
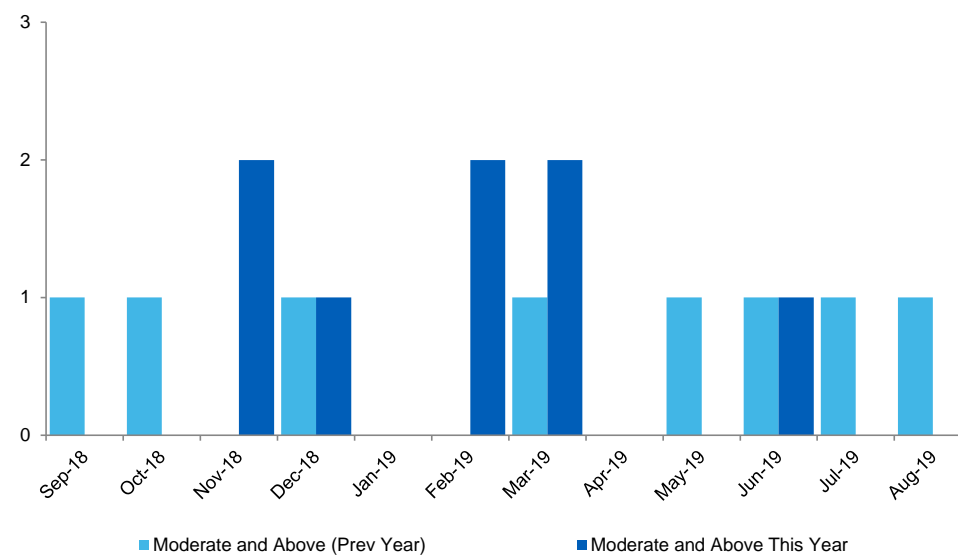
IUC Chart 7: Workforce - Sickness

Legend: ■ Long Term Sickness ■ Short Term Sickness ─ ─ YAS Overall Sickness
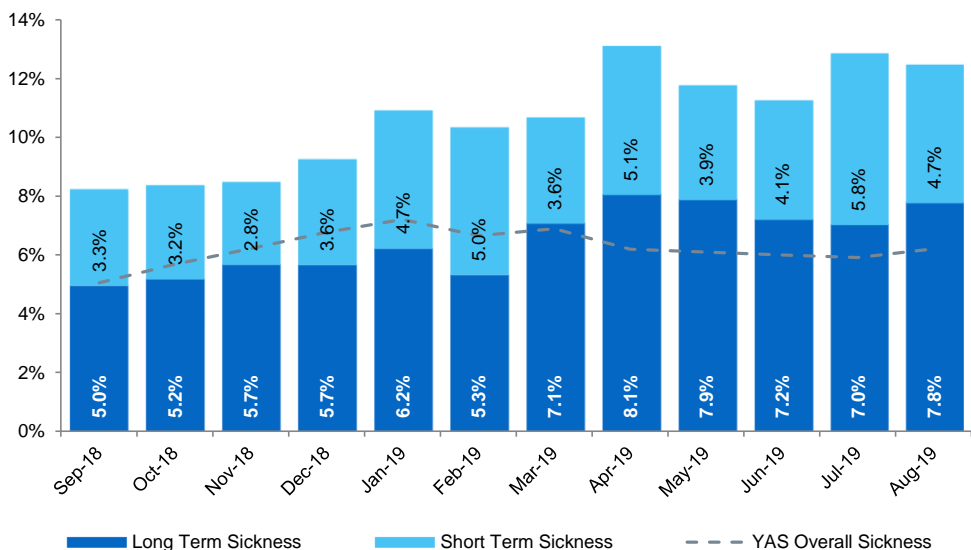
Quality Commentary:

Themes and trends from the reported incidents will form part of the IUC training planned during Autumn which also includes the new NHS Pathways version 18.

Workforce Commentary:

In terms of winter recruitment the 'September 60' additional health advisors target has been achieved and may be extended to include additional staff in October subject to agreement with commissioners on the management of excess dental demand through to March 2020, which would help support the impact of the national marketing campaign for NHS 111 planned by NHS England in October/November.

Absence review meetings are in place , monthly, to support with the reduction of sickness across the Trust by 1%. For IUC a full deep dive review has been completed for the long term absence cases with HR to ensure all actions are being taken to support individuals to return to work.

Integrated Urgent Care

July 2019

IUC Chart 8: Calls Answered in 60 seconds (90%)

Region	Value
YAS	84.1%
NORTH EAST & YORKSHIRE REGION	84.0%
EAST OF ENGLAND REGION	83.2%
SOUTH EAST REGION	82.6%
MIDLANDS REGION	80.9%
ENGLAND	80.3%
NORTH WEST REGION	78.5%
LONDON REGION	77.7%
SOUTH WEST REGION	71.5%
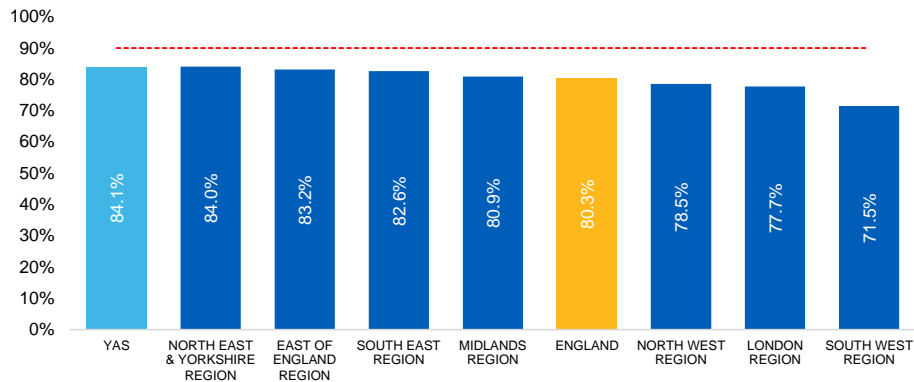
IUC Chart 9: Calls Abandoned (5%)

Region	Value
SOUTH WEST REGION	9.0%
NORTH WEST REGION	7.1%
LONDON REGION	7.0%
MIDLANDS REGION	6.0%
ENGLAND	5.9%
SOUTH EAST REGION	5.7%
EAST OF ENGLAND REGION	5.0%
YAS	3.1%
NORTH EAST & YORKSHIRE REGION	2.9%
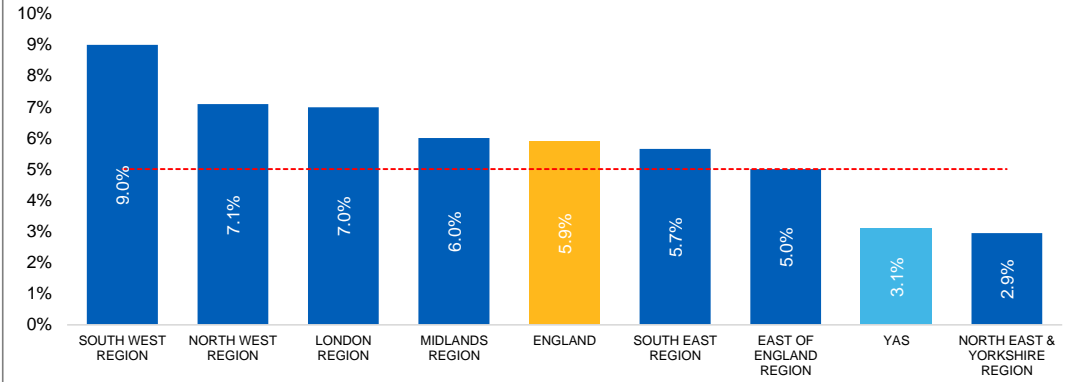
IUC Chart 10: Bookings into IUC Treatment Centres (95%)

Region	Value
NORTH WEST REGION	85.6%
LONDON REGION	68.6%
NORTH EAST & YORKSHIRE REGION	60.3%
YAS	60.3%
EAST OF ENGLAND REGION	45.9%
ENGLAND	41.7%
MIDLANDS REGION	31.3%
SOUTH WEST REGION	25.1%
SOUTH EAST REGION	24.7%
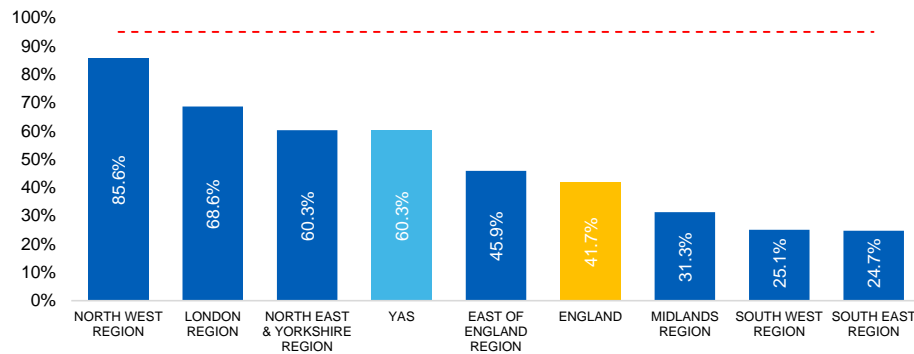
IUC Chart 11: Bookings into UTC (50%)

Region	Value
NORTH EAST & YORKSHIRE REGION	53.9%
YAS	53.9%
LONDON REGION	51.3%
SOUTH EAST REGION	46.0%
EAST OF ENGLAND REGION	45.5%
SOUTH WEST REGION	41.4%
ENGLAND	38.1%
NORTH WEST REGION	13.4%
MIDLANDS REGION	11.8%
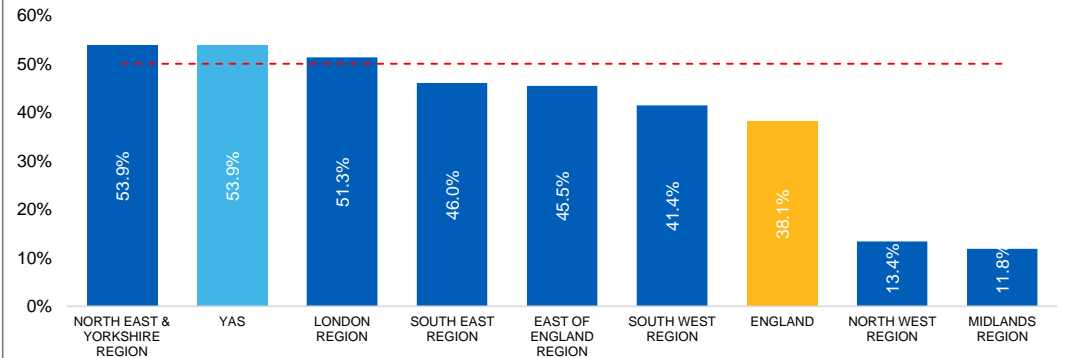
IUC Chart 12: ED Validations (50%)

Region	Value
NORTH EAST & YORKSHIRE REGION	63.0%
YAS	63.0%
LONDON REGION	47.4%
SOUTH WEST REGION	44.9%
ENGLAND	31.0%
EAST OF ENGLAND REGION	29.4%
MIDLANDS REGION	27.8%
SOUTH EAST REGION	20.9%
NORTH WEST REGION	
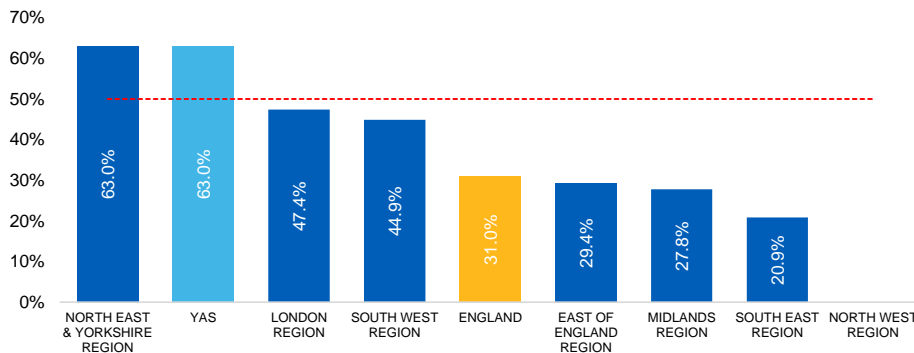
IUC Chart 13: Ambulance Validations (95%)

Region	Value
NORTH EAST & YORKSHIRE REGION	98.6%
YAS	98.6%
LONDON REGION	83.9%
EAST OF ENGLAND REGION	77.3%
SOUTH EAST REGION	73.2%
SOUTH WEST REGION	72.9%
ENGLAND	64.8%
MIDLANDS REGION	57.3%
NORTH WEST REGION	
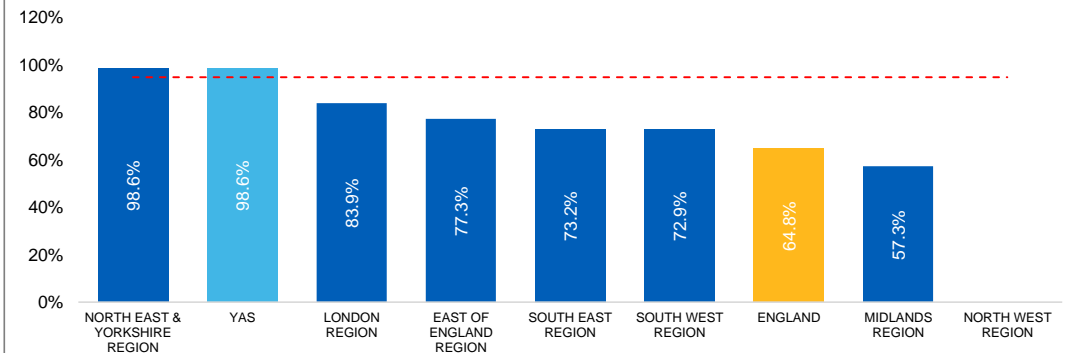
EOC Chart 1: Demand - 999 Calls Answered

Legend: 999 Calls Answered — Average — Process limits - 3σ — Exception
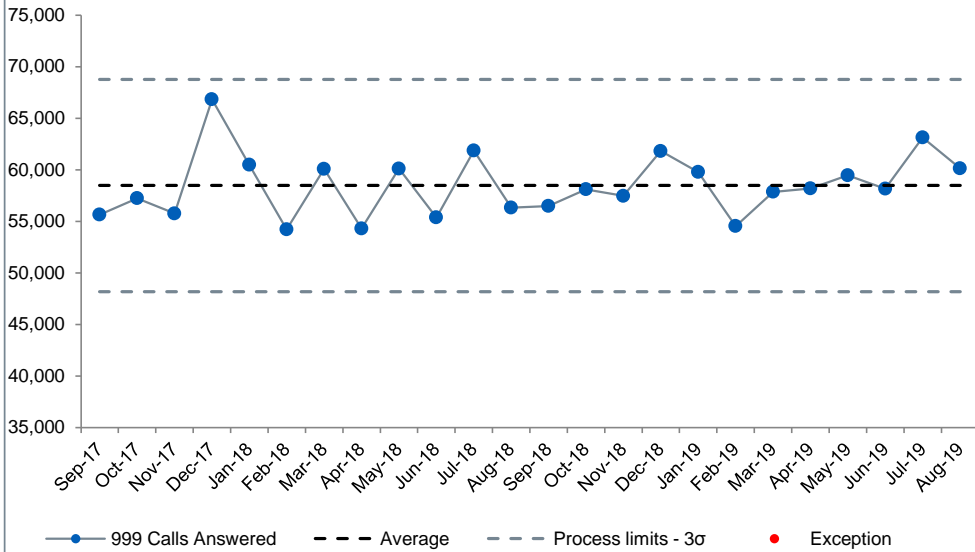
EOC Chart 2: Performance - 999 Calls Answered in 5 Seconds

Legend: 999 Calls Answered in 5 Seconds — Target — Average — Process limits - 3σ — Exception
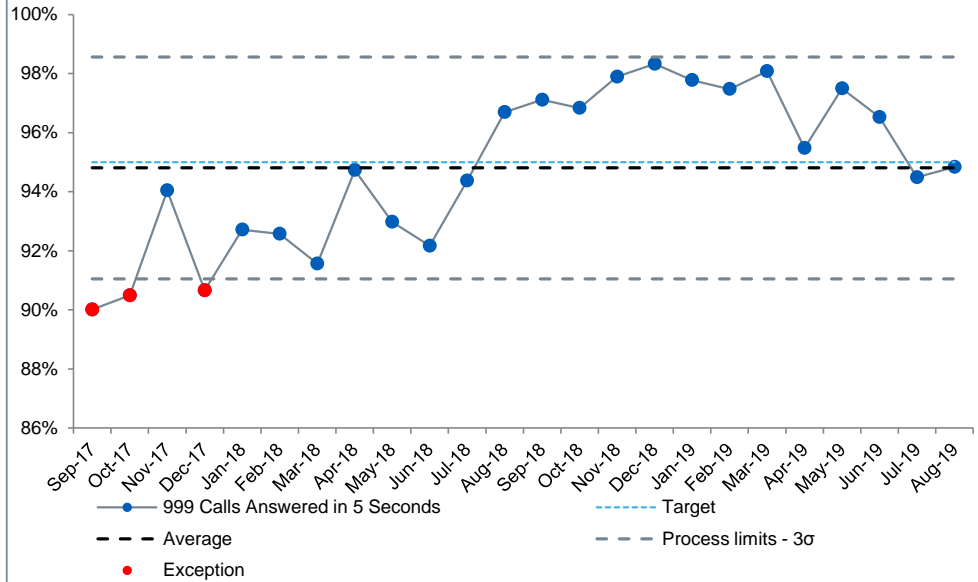
EOC Chart 3: Performance - % Hear & Treat

Legend: Hear & Treat % — Average — Process limits - 3σ — Exception
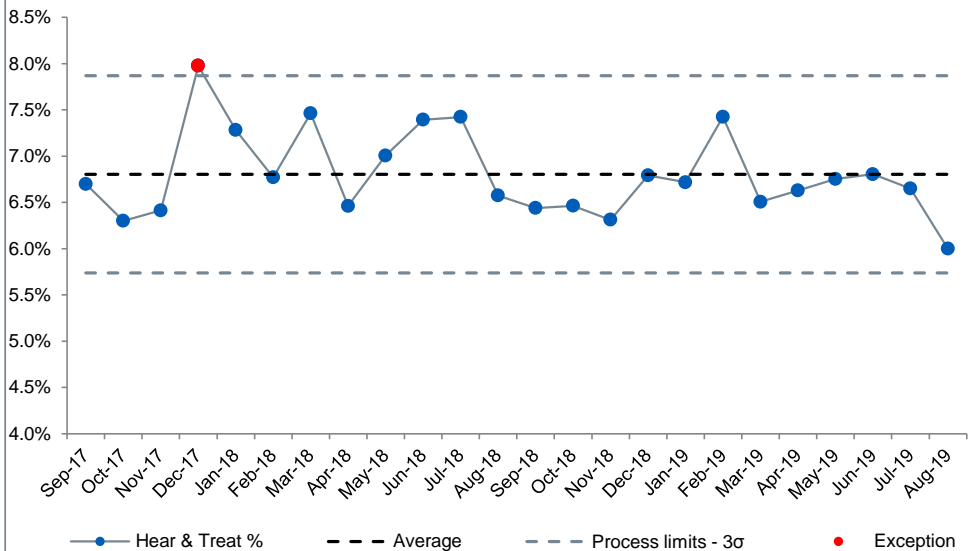
Performance Commentary:

Call volumes reduced more in line with average for the month of August. Demand was consistenly above forecast throughout the month on average 4.2% higher and the EOC dealt with this admirably given the challenges of the Wakefield refurbishment.

Hear and Treat performance has reduced to 6% from 6.7% last month. It continues to be a key focus area for improvement, exploring CAT3 volumes and how these can be reviewed more effectively as part of the Hear and Treat process.

EOC Chart 4: Quality - Reported Incidents

Legend: All incidents Reported (Prev Year) — All incidents Reported

EOC Chart 5: Quality - Reported Incidents - Moderate & Above
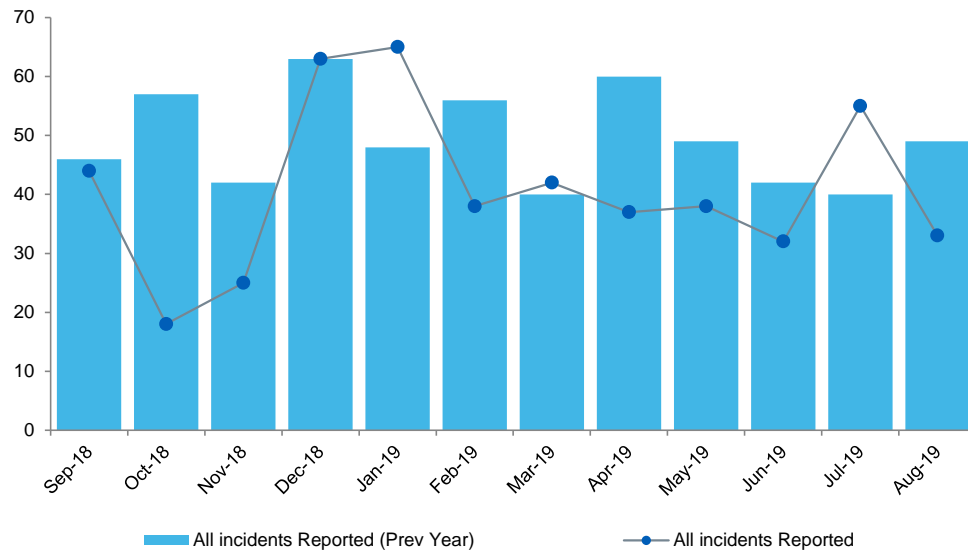
Legend: Moderate and Above (Prev Year) — Moderate and Above
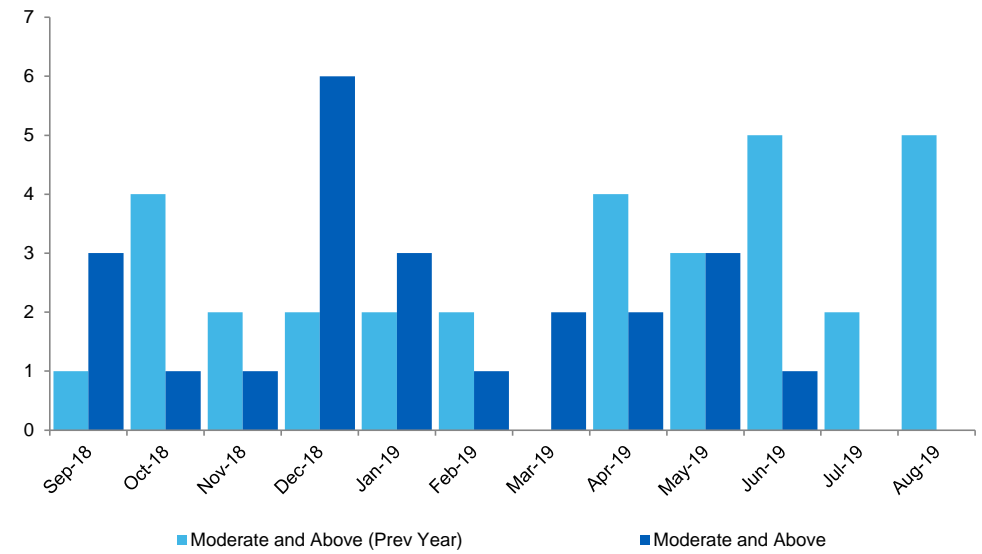
EOC Chart 6: Workforce - Sickness

Legend: EOC Short Term — EOC Long Term — YAS Overall Sickness
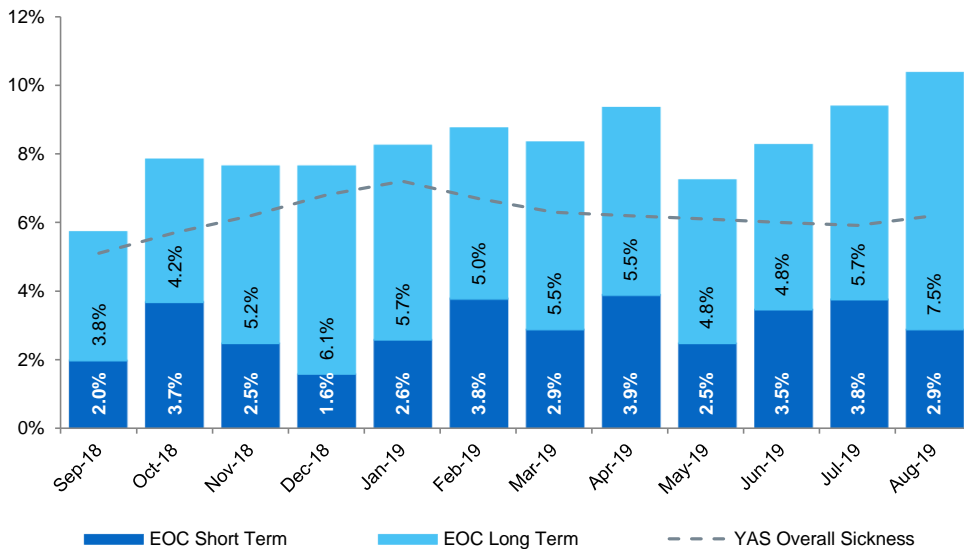
Quality Commentary:

The increase seen in incidents is broadly in line with the increase seen in demand. However those rated moderate and above reduced over the previous year. EOC tends to see incidents around delays in response. In line with the overall improvement in timed responses this is a likely correlation.

Workforce Commentary:

Sickness absence rose again in August with higher incidents of long term absence. The management teams are dealing with these absences in line with process. Themes of musculo skeletal problems and stress, anxiety and depression feature as the issues needing to be resolved. It is hoped the refurbished rooms will support improvements in staff experience and comfort at work.

A&E Chart 1: Demand - All Activity (H&T + STR + STC)

Legend: All Activity (H&T + STR + STC) — Average — Process limits - 3σ — Exception
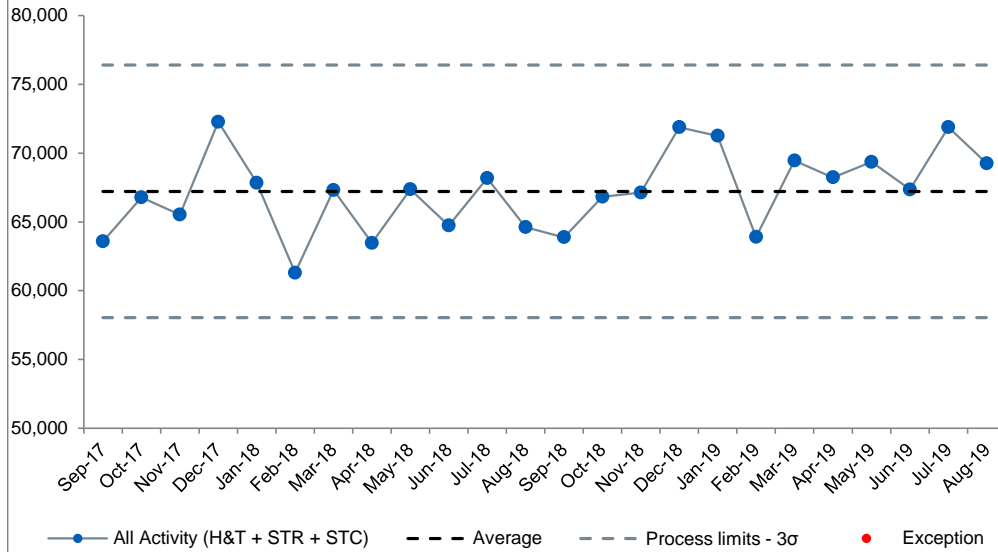
A&E Chart 2: Demand - 999 Responses (STR + STC)

Legend: 999 Responses (STR + STC) — Forecast — Average — Process limits - 3σ — Exception
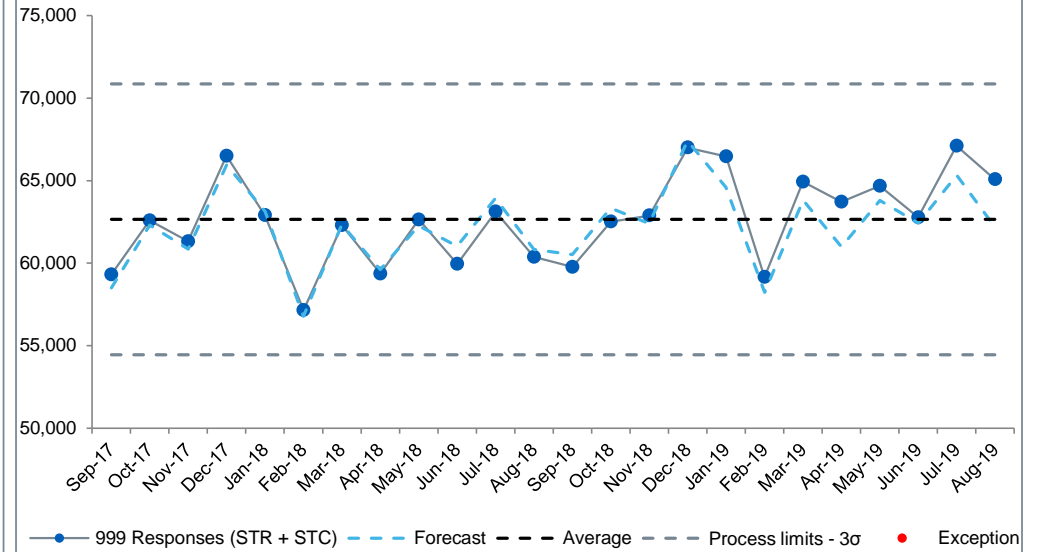
A&E Chart 3: Demand - See, Treat & Refer %

Legend: See, Treat & Refer — Average — Process limits - 3σ — Exception
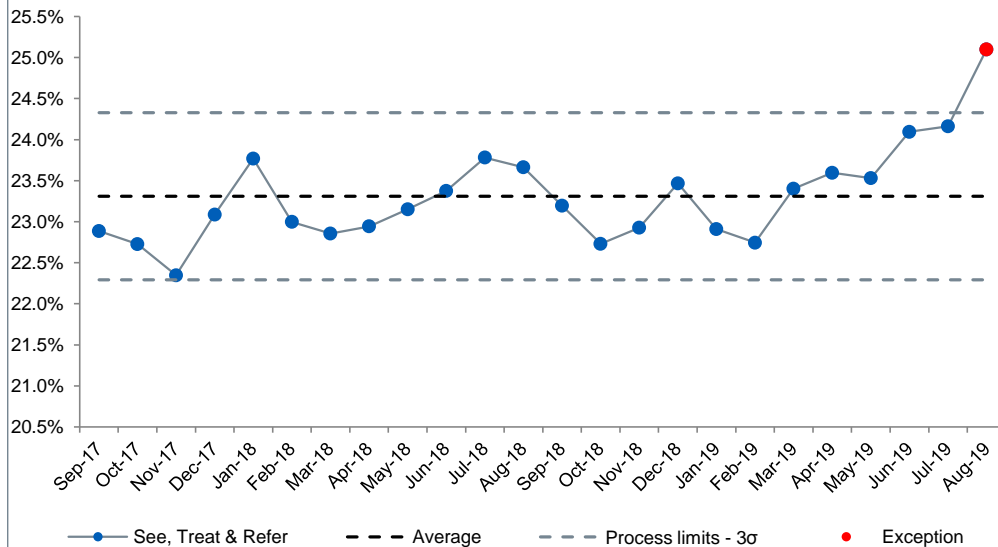
A&E: Chart 4: Demand - See, Treat & Convey %

Legend: See, Treat & Convey — Average — Process limits - 3σ — Exception

A&E Operations   August 2019
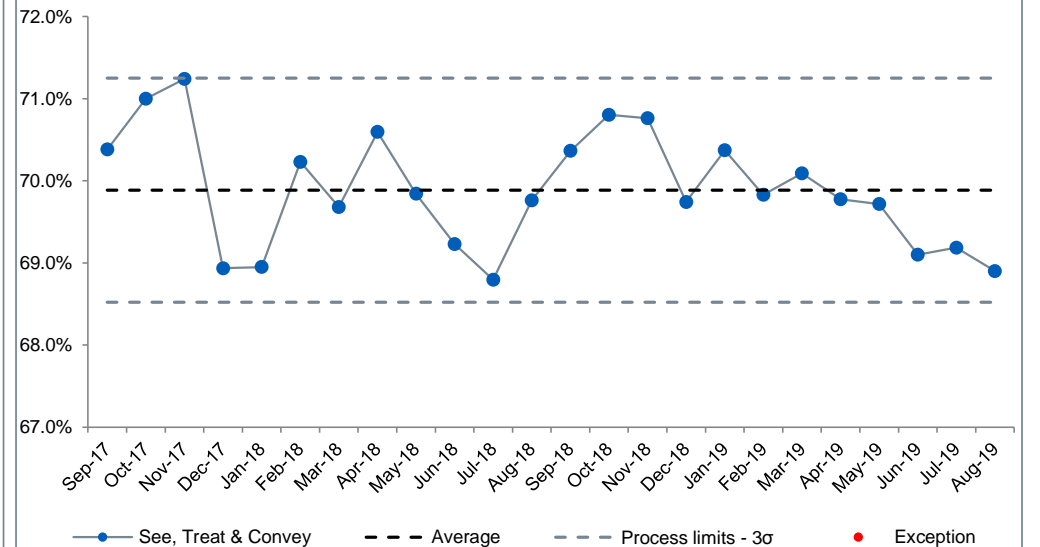
A&E Chart 5: Performance - Category 1 Mean
| Year to Date | 00:06:52 |

Legend: Category 1 Mean — Average — Process limits - 3σ — Target — Exception
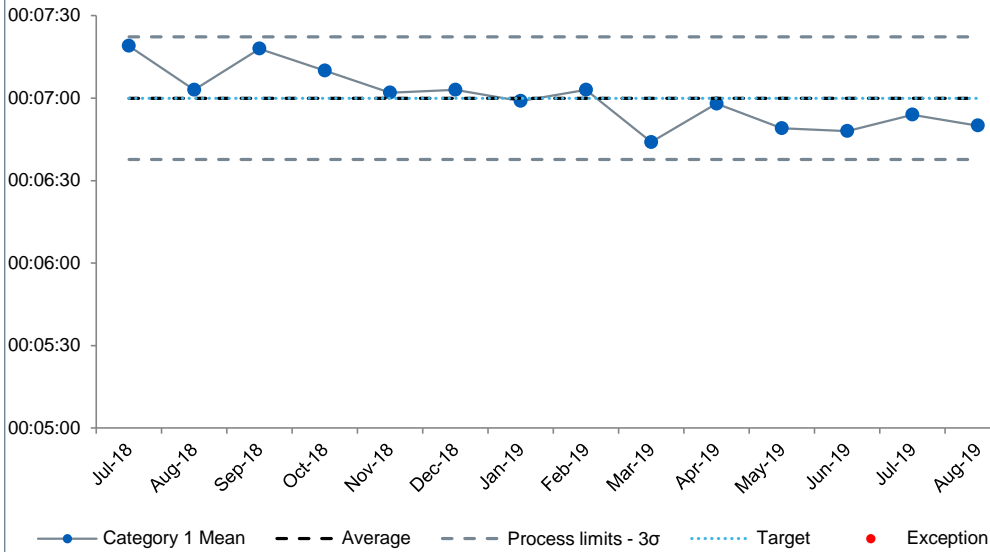
A&E Chart 6: Performance - Category 1 90th Percentile
| Year to Date | 00:12:00 |

Legend: Category 1 90th — Average — Process limits - 3σ — Target — Exception
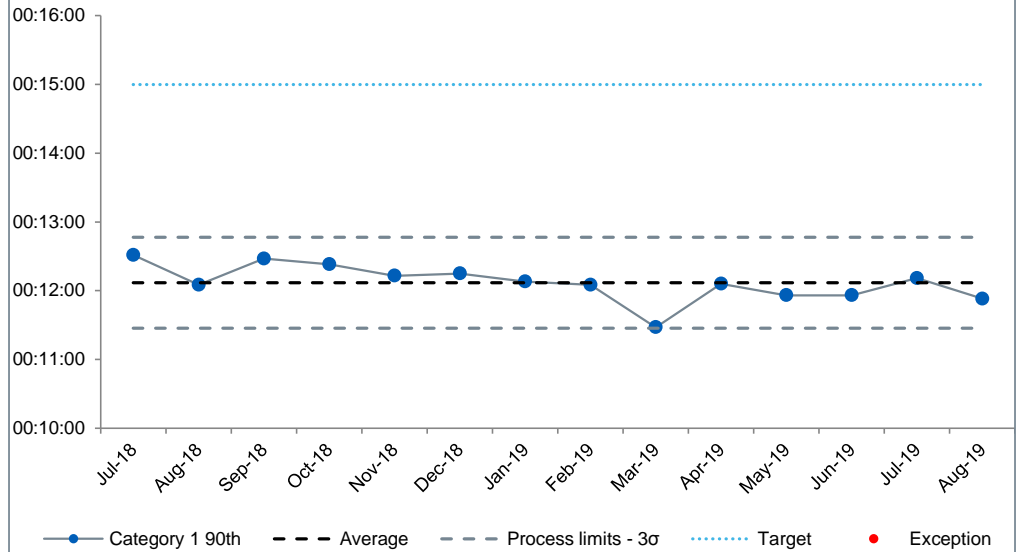
A&E Chart 7: Performance - Category 2 Mean
| Year to Date | 00:18:29 |

Legend: Category 2 Mean — Average — Process limits - 3σ — Target — Exception
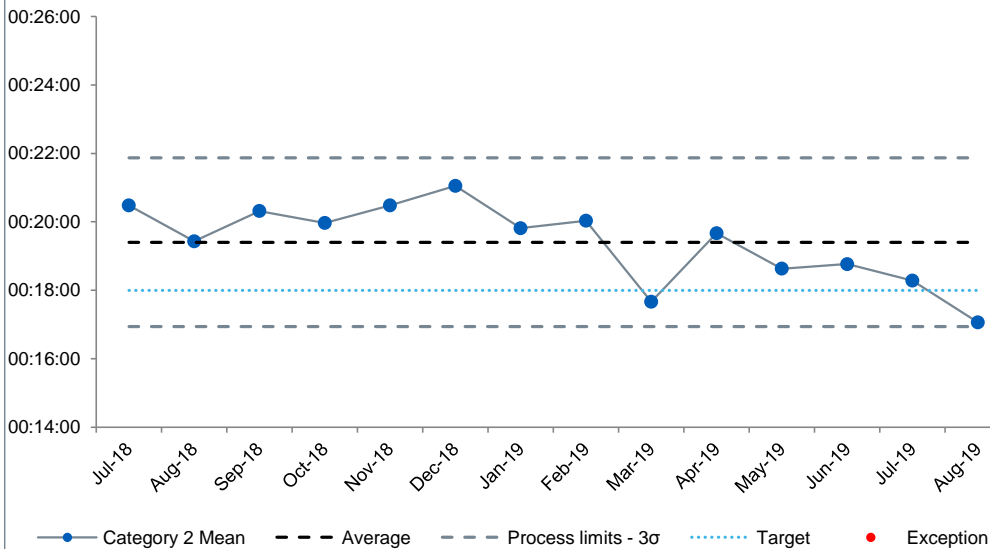
A&E Chart 8: Performance - Category 2 90th Percentile
| Year to Date | 00:37:51 |

Legend: Category 2 90th — Average — Process limits - 3σ — Target — Exception
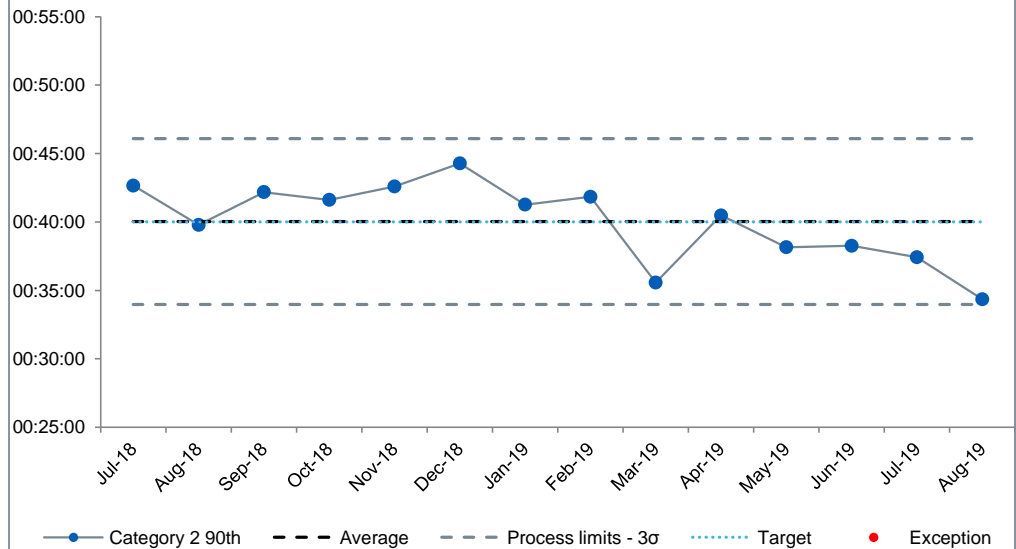
A&E Chart 9: Performance - Category 3 90th Percentile

| Year to Date | 01:42:47 |

Legend: Category 3 90th · Average · Process limits - 3σ · Target · Exception
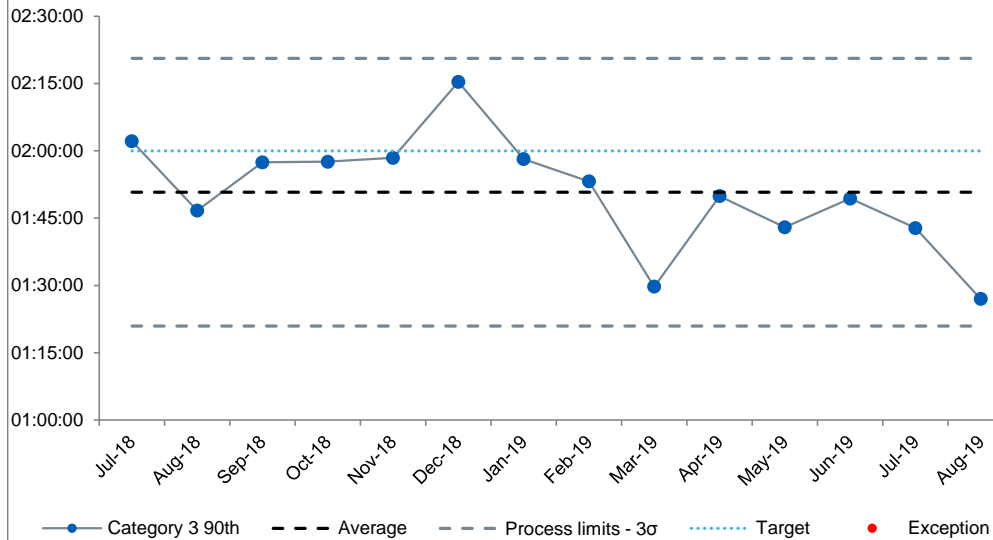
A&E Chart 10: Performance - Category 4 90th Percentile

| Year to Date | 03:43:18 |

Legend: Category 4 90th · Average · Process limits - 3σ · Target · Exception
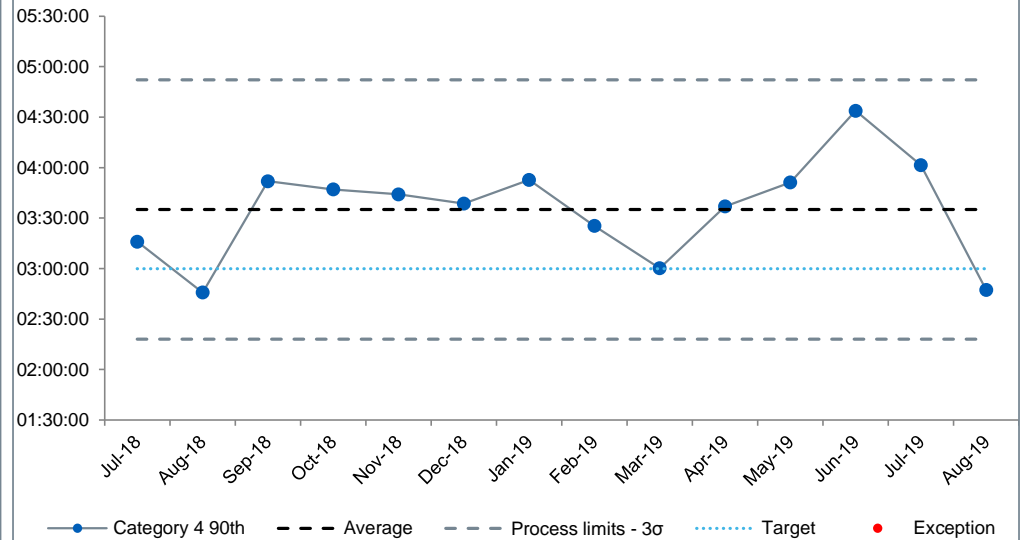
A&E Chart 11: Performance - ROSC (Utstein) & Survival (Utstein)

Legend: ROSC (Utstein) · Survival (Utstein)
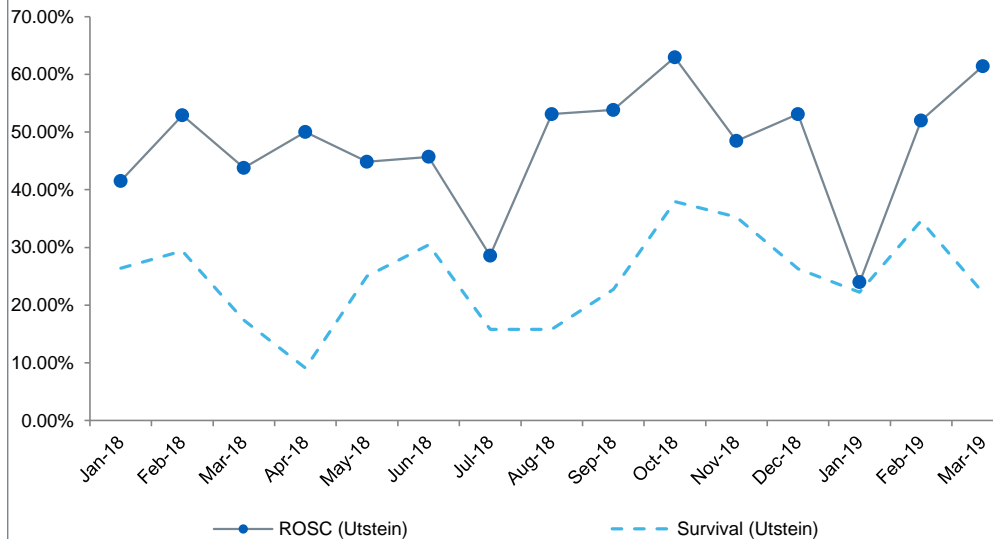
Performance Commentary:

Despite the significant increase in demand against forecast by 4.2% performance achieved was still in line with the agreed trajectories. CAT 2 mean and CAT4 90th% still feature as the pressure performance areas. Improvement in South Yorkshire continues in line with recruitment trajectories and initiatives to support the IFT/HCP workload.

Interestingly August saw an increase in See, Treat and Refer patients with a subsequent reduction in those conveyed to hospital. However the hospital turnaround performance continued to have an impact on available operational hours.

A higher proportion of patients have ROSC at hospital arrival and survive to discharge within the UTSTEIN group than those who have a cardiac arrest under non- UTSTEIN circumstances.
Performance within this patient group demonstrates significant amounts of fluctuation month on month which is attributed to the smaller number of patients being referred to.
27 out of 44 patients had ROSC at hospital arrival during March 2019, equating to 61.4%, compared with 18 of 29 patients within April 2019 (62.1%). Proportionally, YAS improved their performance for this measure across these two months.
During March 2019 8 out of 36 (22.2%) patients survived to discharge within the UTSTEIN group. Comparatively, 7 out of 20 (35%) of patients survived within the same measure for April 2019.
Both measures demonstrate proportional performance increase across March & April, with a decrease in the number of patients within this group.
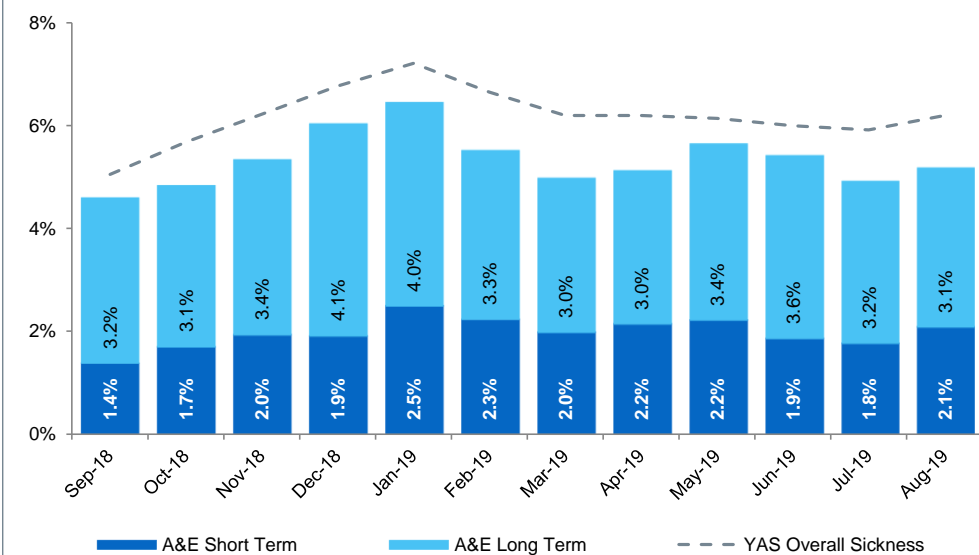
A&E Cht12: Quality - Reported Incidents

Legend: All incidents Reported (Prev Year) — All incidents Reported
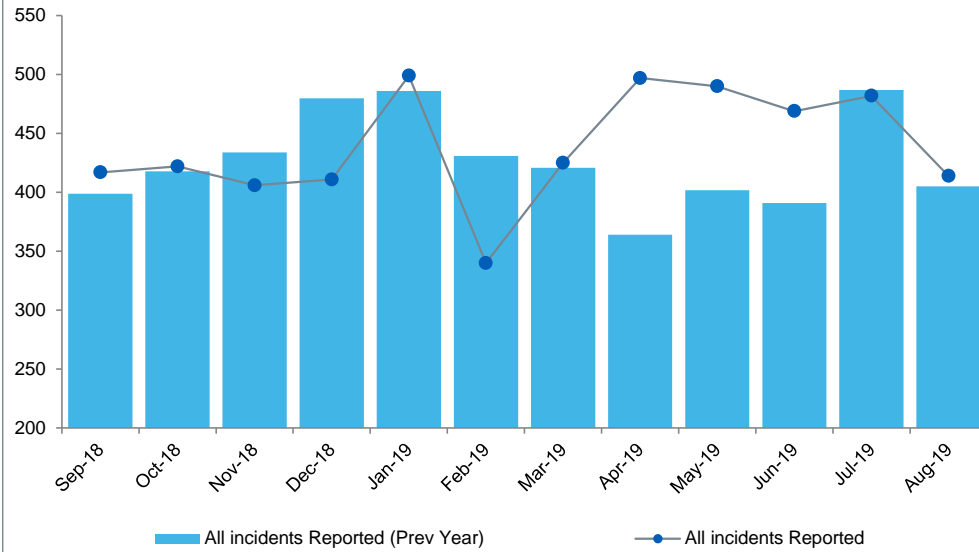
A&E Cht13: Quality - Reported Incidents - Moderate & Above

Legend: Moderate and Above (Prev Year) — Moderate and Above
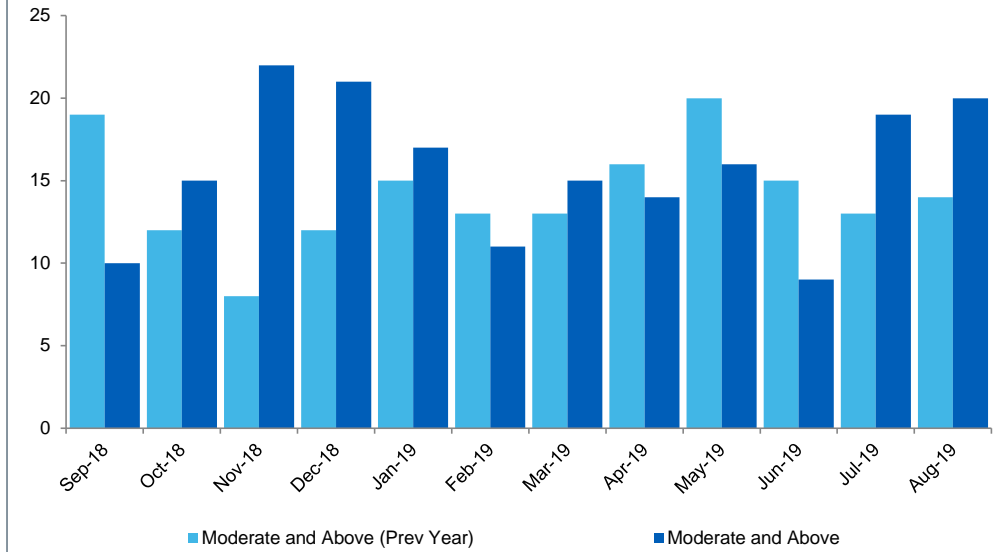
A&E Cht14: Workforce - Sickness

Legend: A&E Short Term — A&E Long Term — YAS Overall Sickness

Quality Commentary:

Reported incidents reduced for the month of August although the type of reported incident rated moderate and above remains similar to last month. Several instances of poor patient experience have been noted and this resulted in focus on moving and handling errors and areas for improvement.

Workforce Commentary:

Sickness absence management has been a key focus in Operational areas and the continued improvement remains positive. 5.2% for the Operational A+E area is a positive position and is line with the Trust average.

PDR compliance has seen some challenges through the summer months and Operational teams have been tasked with improvements to address the backlog.
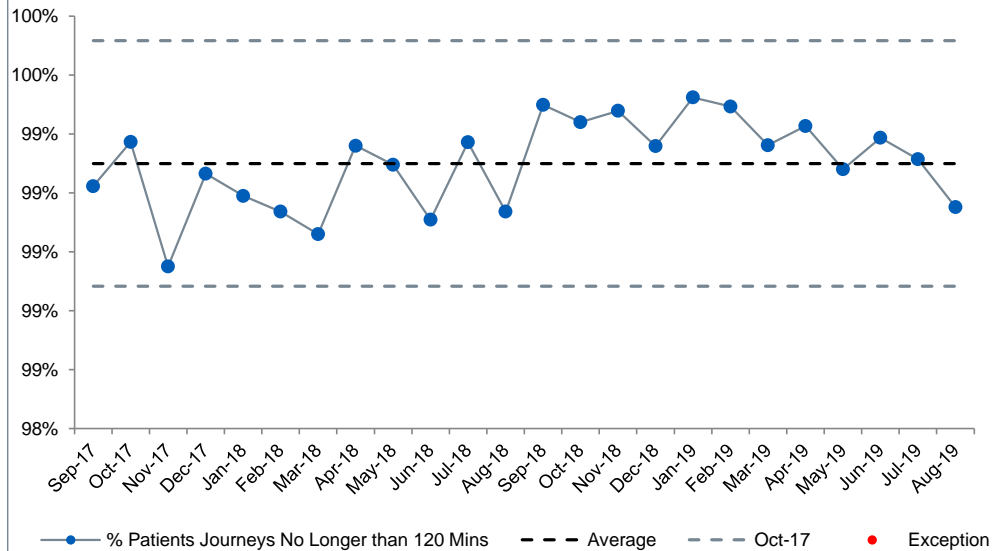
Patient Transport Service — August 2019
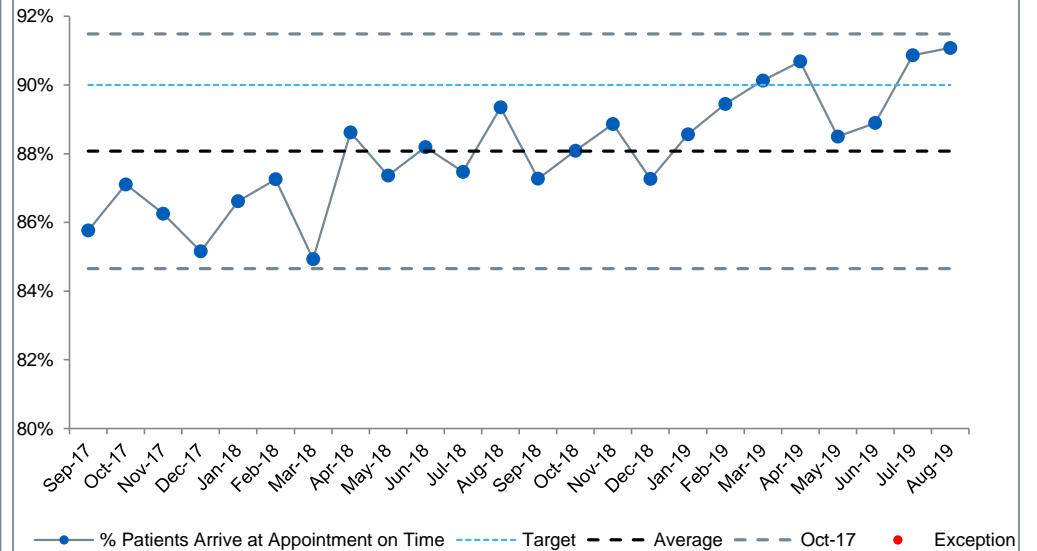
PTS Chart 1: Demand - Journeys

Legend: Delivered Journeys, Aborts, Escorts

(Monthly stacked bar chart, Sep-18 to Aug-19)
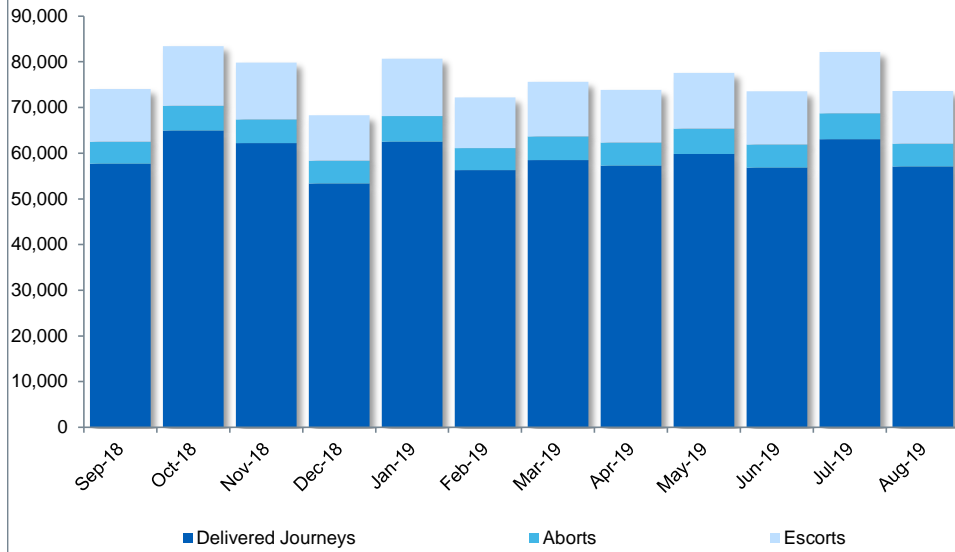
PTS Chart 2: Demand - Total Demand

Legend: Total Demand, Average, Oct-17, Exception

(Monthly line chart, Sep-17 to Aug-19)
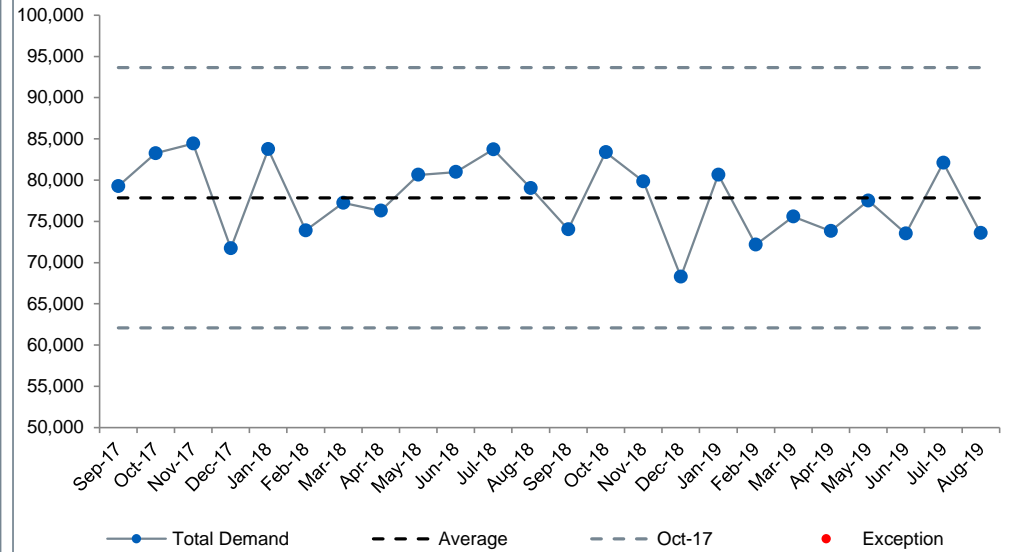
PTS Chart 3: % Patients Journeys to be no longer than 120 Minutes

Legend: % Patients Journeys No Longer than 120 Mins, Average, Oct-17, Exception

(Monthly line chart, Sep-17 to Aug-19)

PTS Chart 4: % Patients Arrive at Appointment on Time

Legend: % Patients Arrive at Appointment on Time, Target, Average, Oct-17, Exception

(Monthly line chart, Sep-17 to Aug-19)

PTS Chart 5: Performance - % Pre Planned - Picked Up in 90 Minutes

Legend: % Pre Planned - Picked Up in 90 Minutes — Target — Average — Oct-17 — ● Exception
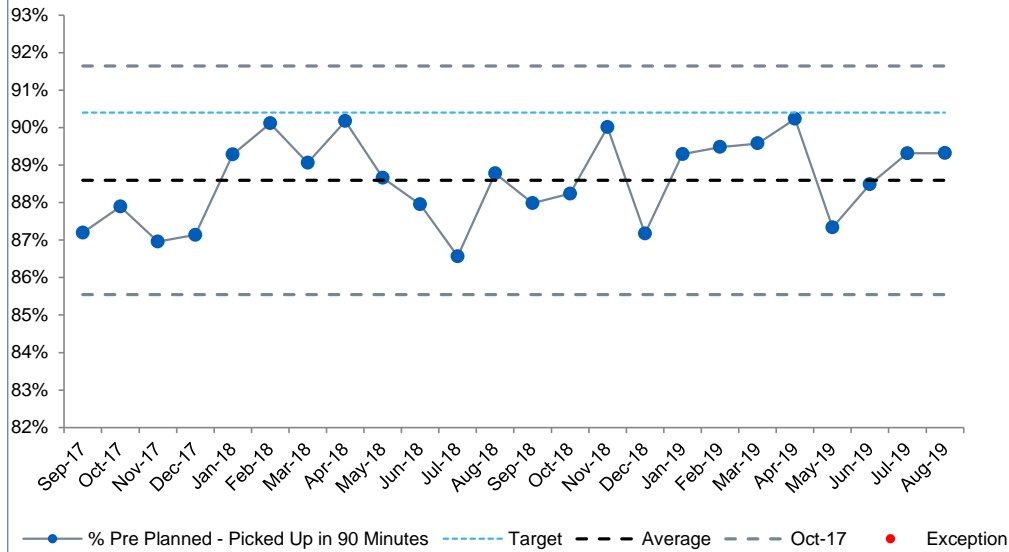
PTS Chart 6: Performance - % Short Notice - Picked Up in 120 Mins

Legend: % Short Notice - Picked Up in 120 Minutes — Target — Average — Process limits - 3σ — ● Exception
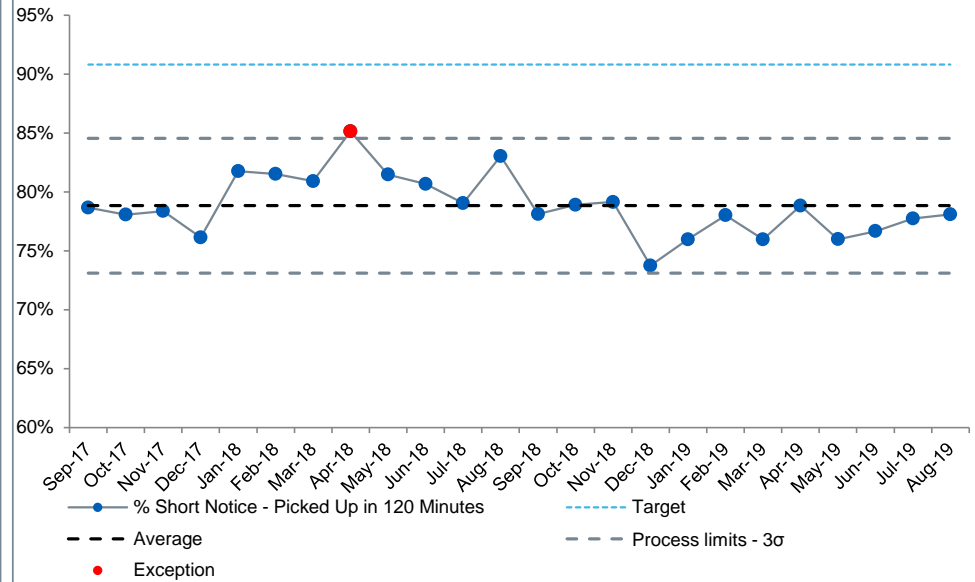
PTS Chart 7: Telephony - Calls Answered within 180 Seconds

Legend: Answered in 180 — Target — Average — Oct-17 — ● Exception
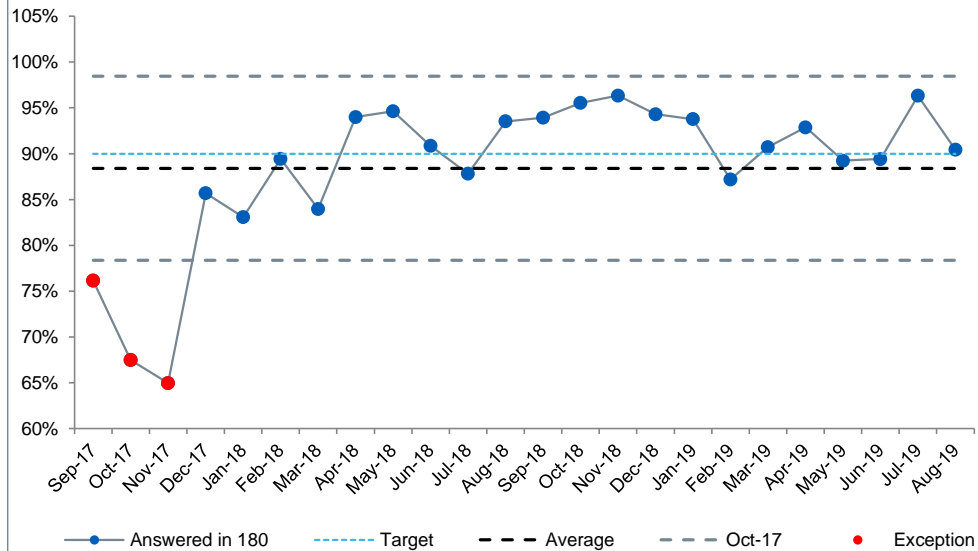
Performance Commentary:

PTS August performance was above or equal to YTD average in all PTS performance areas, with the exception of short-notice / on day bookings which was both below the average YTD.
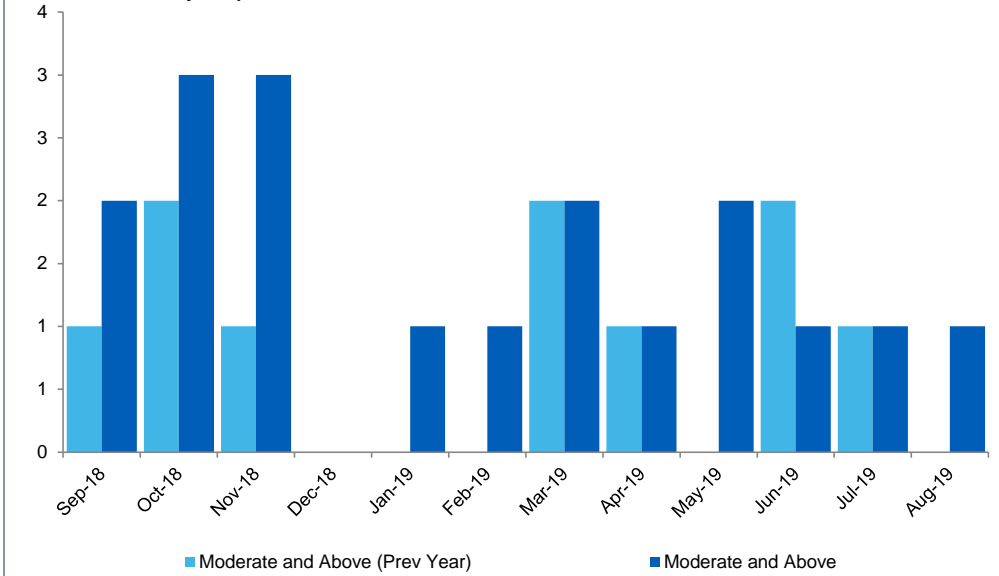
PTS exceeded or met contractual KPI target in August with the exception of:
a) Pre-planned pick up after appointment by a % point
b) Short Notice "on-day" continued to improve for the 4th successive month, but is still below blended KPI target*.

*This KPI target was changed in West Yorkshire to 85% in June and achieved for the first time on record. discussion are underway with other CCG's to reach agreement on realistic "on-day" targets. It should also be noted that unplanned same day performance is a direct reflection of discharge pre-planning, and varies significantly by hospital site and contract.
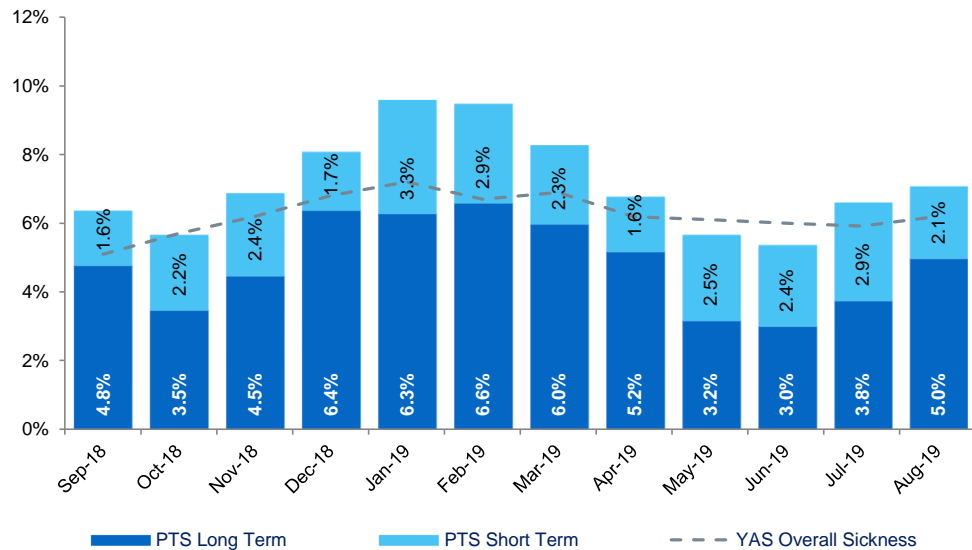
PTS Chart 8: Quality - Reported Incidents

Legend: All incidents Reported (Prev Year) — All incidents Reported
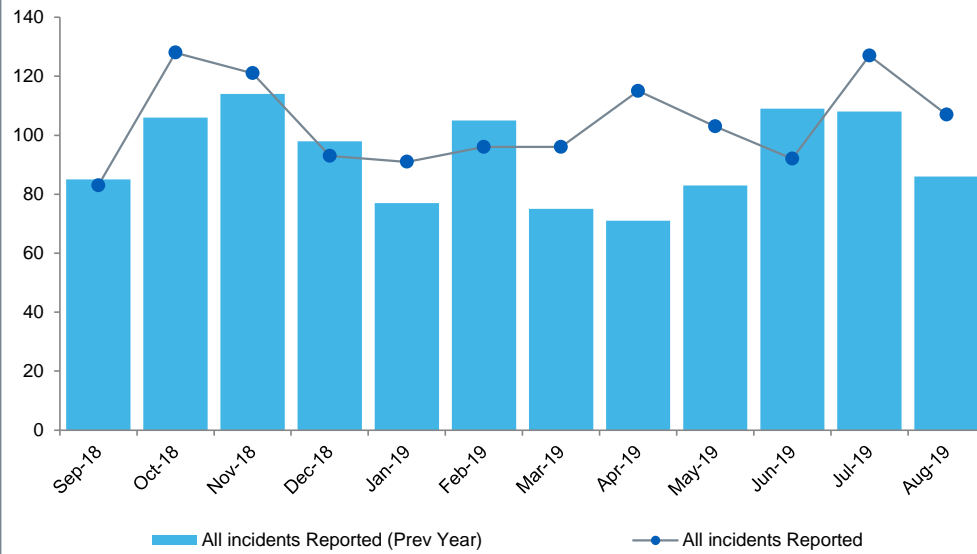
PTS Chart 9: Quality - Reported Incidents - Moderate & Above

Legend: Moderate and Above (Prev Year) — Moderate and Above

PTS Chart 10: Quality - Reported Incidents

Values: Sep-18 1.6% / 4.8%; Oct-18 2.2% / 3.5%; Nov-18 2.4% / 4.5%; Dec-18 1.7% / 6.4%; Jan-19 3.3% / 6.3%; Feb-19 2.9% / 6.6%; Mar-19 2.3% / 6.0%; Apr-19 1.6% / 5.2%; May-19 2.5% / 3.2%; Jun-19 2.4% / 3.0%; Jul-19 2.9% / 3.8%; Aug-19 2.1% / 5.0%

Legend: PTS Long Term — PTS Short Term — YAS Overall Sickness

Quality Commentary:

All incidents are being managed in accordance with process and escalation as and when required via Incident Reporting Group and are monitored and reviewed at the monthly Performance Review Meetings.

The number of reported incidents within PTS during August decreased by 23 against the previous months with Moving and Handling seeing the biggest improvement.

Workforce Commentary:

Statutory and Mandatory Workbook compliance is at 97.73% and remains well above the 90% Trust target.

PDR compliance is at 84.14%. Work continues to deliver the target of 90%. although there had been a change in the recording process which highlights this is a recording failure rather than a reduction in PDR's completed.

There are no exceptions to report for August staff sickness.

National Benchmarking

Ambulance Quality Indicators

System (August 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)	72,996	111,675	105,288	69,205	77,045	78,421	36,159	92,820	66,830	51,020
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	62.9%	65.7%	60.7%	67.4%	67.4%	60.6%	64.3%	53.5%	57.7%	53.0%
C1 Incidents	8.0%	9.9%	10.1%	9.8%	9.9%	6.0%	7.5%	5.9%	5.8	5.2%
C2 Incidents	54.9%	55.8%	50.7%	57.6%	57.5%	54.6%	56.8%	47.6%	51.9%	47.7%
C3 Incidents	17.6%	21.2%	21.7%	18.1%	17.4%	24.6%	22.7%	35.3%	32.7%	31.5%
C4 Incidents	3.8%	2.1%	4.2%	1.1%	3.0%	1.9%	1.2%	1.7%	0.7%	2.1%
HCP 1-4 Hour Incidents	9.7%	3.0%	3.1%	4.9%	3.4%	3.7%	6.4%	5.6%	3.0%	6.0%
Hear and Treat	6.1%	6.8%	7.8%	8.5%	6.2%	6.1%	4.7%	3.6%	5.9%	7.4%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:06:50	00:06:36	00:07:16	00:07:23	00:07:45	00:07:15	00:06:33	00:06:44	00:07:15	00:06:55
C1-90th centile response time (Target 00:15:00)	00:11:53	00:11:01	00:12:17	00:13:22	00:14:22	00:13:14	00:11:17	00:11:39	00:13:44	00:12:30
C2-Mean response time (Target 00:18:00)	00:17:04	00:18:28	00:22:16	00:29:39	00:24:56	00:27:52	00:27:11	00:12:35	00:18:21	00:15:38
C2-90th centile response time (Target 00:40:00)	00:34:21	00:37:37	00:47:18	01:02:07	00:51:09	00:57:58	00:57:16	00:23:06	00:34:23	00:31:02
C3-90th centile response time (Target 02:00:00)	01:26:58	02:12:57	02:42:02	03:31:00	03:05:47	02:57:33	03:44:46	01:28:08	03:09:59	01:50:42
C4-90th centile response time (Target 03:00:00)	01:28:02	03:20:57	03:05:04	03:25:45	03:00:44	03:28:14	03:35:32	02:07:18	04:25:38	02:43:34
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	59.2%	57.7%	58.1%	61.5%	58.1%	53.2%	57.4%	54.3%	60.5%	53.4%
Incidents with transport not to ED	9.5%	6.4%	6.2%	4.4%	2.4%	4.6%	10.5%	6.6%	1.2%	5.5%
Incidents with face to face response	25.2%	29.1%	27.9%	25.6%	33.3%	36.1%	27.4%	35.5%	32.5%	33.7%

Clinical (April 2019)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
ROSC	27.9%	31.0%	33.2%	30.5%	27.0%	31.4%	34.1%	32.8%	19.2%	32.3%
ROSC - Utstein	62.1%	57.8%	62.7%	45.2%	56.0%	55.9%	52.9%	55.6%	34.6%	55.0%
Cardiac - Survival To Discharge	6.6%	8.5%	7.9%	7.6%	4.7%	9.9%	11.0%	11.3%	6.0%	12.9%
Cardiac - Survival To Discharge Utstein	35.0%	32.4%	21.7%	22.2%	20.8%	28.8%	35.3%	31.6%	8.0%	40.0%

Please Note: C4 data cannot be compared among trusts due to different processes within trusts when dealing with C5 incidents with a response