NHS
**Yorkshire
Ambulance Service**
NHS Trust

Integrated Performance Report

October 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**

(August 2019)

Single Oversight
Framework Score

2

Inspected and rated

Good

**Care Quality
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.

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

14.10.19
October Performance:
- National standards and agreed performance trajectories not achieved on the following; C1 Mean, C2 Mean and 90th centile, C3 90th centile.
Clinical Recruitment Campaign:
(advertising campaign for clinician roles delivered in partnership with Jupiter Marketing)
- Two campaign concepts shared for consideration by the board. Initial feedback positive. The expected 'Go Live' date for the advertising campaign is early November 2019.
YAS Total Transport:
- Proposal for a YAS Total Transport pilot scheme in development. Intention to present proposal at the December SDIW Board meeting.
Hear & Treat:
- Further detail presented to programme board on the EOC Hear and Treat trajectory with greater clarity given on actions and performance required to achieve 8% and timelines for delivery.

Place Based Care Amber

09.09.19
Care Homes:
- 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:
- Mental health workstreams presented to programme board in September with Project initiation documents developed for each workstream.

Infrastructure Amber

01.10.19
ePR:
- 88.1% of YAS patient records now completed on ePR (excluding Low Acuity Transport)
- 1,730 ePRs completed per day
- Total number ePRs completed = 528,091
Unified Comms:
- 'Go Live date' agreed as 01.02.20.
Doncaster Hub and Spoke:
- Doncaster Hub on track for go live January 2020 with temporary accommodation now in place on site.
- Proposal for next steps for AVP and Hub and Spoke presented to programme board and TEG. A number of business cases have been developed and progressed through the internal gate process.
Warehouse:
- Single warehouse business case complete and processed through the internal gate process. Decision made to progress (subject to Capital funds) and identify a suitable warehouse in line with organisational requirements.

Capacity & Capability Amber

29.10.19
Accountability Framework:
- First draft programme plan developed and presented to programme board in September.

HR:
- HR improvement project submitted its first highlight report for consideration by the Transformation Board.
- Options for an employee platform presented and agreed by the Transformation Board.

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

External System Pressures

YAS is actively involved in the Humber Coast and Vale ICS Accelerator programme.

YAS continue to remain engaged in hospital reconfigurations across Yorkshire and the Humber, with increasing engagement into the Scarborough and Hull Hospital Services Reviews and Hull out of hospital Services review.

National guidance continues to be released around the requirements for the NHS Long Term Plan. YAS have submitted final plans into our nominated ICS, West Yorkshire and Harrogate that reflect our five year financial and workforce plans and activity trajectories. This reflects feedback received from NHSE / I. Each ICS has submitted their final plans to NHSE on 15th November 2019.

Winter planning has commenced, with input from YAS into each A&E Delivery Board.

Service Line	Indicator ID	Exception Commentary
Integrated Urgent Care	001	Quarter two and the month of October has been a challenging period for IUC with demand at 0.6% above ceiling and whilst there has been significant winter recruitment; staffing capacity has fallen short of the required levels making it very busy within the call centres. This is exacerbated with the NHS England national marketing campaign, creating awareness of NHS 111 along with the national requirement to implement NHS Pathways version 18 before end November which requires all staff to have a full day training. A performance review and action plan was provided to commissioners based on these challenges at the end of October.
PTS	004	Short Notice/On day discharge KPI's not met; and worse than previous months. PTS has seen an increase in unplanned activity and on day bookings made by Acutes across Yorkshire in October.
Patients ACQI	005	Following sepsis care bundle promotion through clinical roadshows there has been a steady improvement in this care bundle. Pre-alert is the element that remains challenging for YAS and other ambulance services.
Achieving excellence - clinical outcomes	014	Please note: the call to balloon time in the STEMI data remains incomplete due to hospital cycles of data submission. Stroke call to door times are also incomplete as Leeds do not submit data to SNAPP.
A+E Operations	Chart 3	Improvement in see, treat and refer levels is a positive exception and improvements appear to be achieving a new std level.
A+E Operations	Demand	Although not an exception at this stage the significant demand increase in both calls and incidents and the degradation in performance has seen a sharp worsening of performance and is noteworthy for this period given the changes in category volumes not shown in the report.

Patients & Communities — October 2019

Indicator ID	Key Operational Standard Description		Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Oct-19 Target / Forecast	Oct-19 Actual	Actual v Target/Fcast
001	Integrated Urgent Care	Calls Offered	138,142	165,897	148,466	129,920	141,675	142,409	141,721	131,686	136,129	134,814	126,624	137,427		137,427	
		Call Answered	135,115	163,747	144,696	126,380	139,115	131,822	130,711	120,255	121,263	121,422	115,557	122,183	119,244	122,183	▲
		Calls Answered within 60 Seconds	82.9%	90.2%	81.6%	79.0%	86.1%	91.8%	90.9%	88.7%	84.1%	86.8%	89.0%	81.7%	90%	81.7%	▼
		Core Clinical Advice						30.7%	31.3%	31.5%	33.4%	31.6%	31.4%	31.2%	30%	31.2%	▲
		Clinician Called Back within 1 Hour						64.1%	59.2%	59.4%	59.6%	62.9%	59.1%	53.2%	60%	53.2%	▼
		Direct Bookings						46.2%	46.8%	47.1%	44.7%	47.3%	46.6%	44.9%	30%	44.9%	▲
		Bookings into UTC						52.0%	53.7%	54.4%	53.9%	52.9%	54.7%	54.0%	50%	54.0%	▲
		Bookings into IUC Treatment Centres						59.1%	60.1%	60.8%	60.3%	60.4%	61.7%	61.2%	95%	61.2%	▼
		ED Validations						61.8%	60.9%	57.4%	63.0%	51.6%	53.1%	54.6%	50%	54.6%	▲
		Ambulance Validations						97.8%	97.9%	98.0%	98.6%	98.9%	98.7%	97.5%	95%	97.5%	▲
002	EOC	Telephony - 999 Calls Answered	57,470	61,815	59,777	54,546	57,868	58,202	59,471	58,166	63,132	60,147	58,919	63,779		63,779	
		Telephony - 999 Calls Answered within 5 Seconds	97.9%	98.3%	97.8%	97.5%	98.1%	95.5%	97.5%	96.5%	94.5%	94.8%	95.2%	91.4%	95%	91.4%	▼
003	A&E Operations	All Activity (H&T + STR + STC)	67,123	71,884	71,254	63,897	69,455	68,236	69,359	67,360	71,887	69,246	67,636	71,982		71,982	
		Hear & Treat (H&T)	6.3%	6.8%	6.7%	7.4%	6.5%	6.6%	6.8%	6.8%	6.7%	6.0%	6.0%	6.5%		6.5%	
		See, Treat & Refer (STR)	22.9%	23.5%	22.9%	22.7%	23.4%	23.6%	23.5%	24.1%	24.2%	25.1%	24.9%	24.5%		24.5%	
		See, Treat & Convey (STC)	70.8%	69.7%	70.4%	69.8%	70.1%	69.8%	69.7%	69.1%	69.2%	68.9%	69.1%	69.0%		69.0%	
		999 Responses (STR + STC)	62,886	67,002	66,467	59,153	64,936	63,713	64,675	62,776	67,106	65,078	63,554	67,273	65,341	67,273	▲
		Category 1 — Mean	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	00:06:58	00:07:19	00:07:00	00:07:19	▲
		Category 1 — 90th Percentile	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	00:12:02	00:12:31	00:15:00	00:12:31	▼
		Category 2 — Mean	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	00:18:26	00:21:50	00:18:00	00:21:50	▲
		Category 2 — 90th Percentile	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	00:37:32	00:45:13	00:40:00	00:45:13	▲
		Category 3 — 90th Percentile	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	01:33:37	02:09:51	02:00:00	02:09:51	▲
		Category 4 — 90th Percentile	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	02:41:57	03:00:32	03:00:00	03:00:32	▲
		Average Turnaround Time	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	00:35:58	00:35:45	00:30:00	00:35:45	▲
		Average Job Cycle Time (Responses)	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	01:53:41	01:58:00		01:58:00	
004	PTS	Journeys	79,827	68,270	80,652	72,158	75,569	73,830	77,516	73,526	82,095	73,568	74,545	81,434	83,380	81,434	▼
		Patient Journeys < 120 Minutes	99.5%	99.4%	99.5%	99.5%	99.4%	99.4%	99.3%	99.4%	99.3%	99.2%	99.2%	99.1%	90.0%	99.1%	▲
		Patients Arrive at Appointment on Time	88.9%	87.3%	88.6%	89.4%	90.1%	90.7%	88.5%	88.9%	90.9%	91.1%	89.9%	89.5%	90.0%	89.5%	▼
		% Pre Planned - Picked Up in 90 Minutes	90.0%	87.2%	89.3%	89.5%	89.6%	90.2%	87.3%	88.5%	89.3%	89.3%	89.6%	90.0%	90.4%	90.0%	▼
		% Short Notice - Picked Up in 120 Minutes	79.1%	73.7%	76.0%	78.0%	76.0%	78.8%	76.0%	76.7%	77.7%	78.8%	77.4%	75.8%	88.8%	75.8%	▼
		Calls Answered within 180 Seconds	96.3%	94.3%	93.8%	87.2%	90.7%	92.9%	89.2%	89.4%	96.3%	90.4%	86.8%	91.8%	90.0%	91.8%	▲

Indicator ID	Key Operational Standard Description	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
005	ACQI — % Received STEMI Bundle	80.0%			58.1%			55.9%			53.1%		
	% Received Stroke Diagnostic Bundle		98.7%			95.3%			96.1%			93.4%	
	% Received Sepsis Care Bundle			31.5%			51.9%			53.4%			60.9%

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

Our People

Indicator ID	Key Operational Standard Description		Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Oct-19 Target / Forecast	Oct-19 Actual	Oct-19 Actual v Target/Fcast
006	Workforce	Total FTE in Post	4,668	4,646	4,655	4,663	4,669	4,668	4,656	4,681	4,675	4,690	4,727	4,732		4,732	
		BME %	4.8%	4.9%	5.0%	4.9%	4.9%	4.9%	5.0%	5.0%	5.0%	5.0%	5.1%	5.2%	11.1%	5.2%	▼
007	Recruitment	New Starters (FTE)	58.4	15.4	62.5	46.6	38.9	55.6	18.6	67.5	49.6	56.6	92.9	62.3		62.3	
008	Turnover (FTE)	YAS (Rolling 12 Month Periods)	9.2%	9.1%	9.2%	9.2%	9.3%	9.4%	9.6%	9.9%	9.9%	10.0%	9.9%	9.7%		9.7%	
009	PDR / Staff Appraisals	YAS	80.7%	79.7%	80.1%	78.3%	77.0%	76.1%	70.8%	67.9%	71.7%	74.6%	76.6%	77.6%	90.0%	77.6%	▼
		A&E Operations	83.1%	82.8%	83.6%	82.4%	80.6%	78.2%	71.2%	69.1%	72.2%	76.2%	77.9%	80.2%	90.0%	80.2%	▼
		EOC	77.0%	77.0%	74.2%	71.8%	70.9%	72.5%	69.0%	66.8%	63.8%	60.6%	61.1%	67.0%	90.0%	67.0%	▼
		Integrated Urgent Care	77.6%	72.9%	70.4%	65.0%	63.5%	64.5%	62.1%	55.1%	75.6%	76.1%	70.9%	67.5%	90.0%	67.5%	▼
		PTS	86.9%	85.6%	86.8%	87.3%	86.3%	84.8%	80.6%	73.2%	78.3%	83.0%	90.9%	89.1%	90.0%	89.1%	▼
010	Training: Stat & Mand (Substantive Employees)	YAS	91.9%	93.4%	95.7%	96.3%	97.3%	97.9%	97.9%	98.3%	98.2%	98.3%	98.9%	96.0%	90.0%	96.0%	▲
		A&E Operations	93.2%	95.0%	96.9%	97.4%	97.9%	97.0%	98.2%	98.7%	98.6%	98.9%	99.0%	96.9%	90.0%	96.9%	▲
		EOC	91.4%	91.7%	94.5%	94.8%	97.0%	95.6%	96.8%	97.5%	97.2%	98.5%	97.7%	95.0%	90.0%	95.0%	▲
		Integrated Urgent Care	87.5%	89.4%	92.2%	92.8%	96.0%	97.4%	98.6%	98.6%	98.6%	98.7%	98.5%	92.9%	90.0%	92.9%	▲
		PTS	95.1%	96.1%	98.5%	98.3%	99.1%	98.3%	99.3%	99.7%	99.6%	99.5%	99.7%	98.3%	90.0%	98.3%	▲
011	Health & Wellbeing	Total Sickness Rate	6.2%	6.8%	7.2%	6.7%	6.3%	6.2%	6.1%	6.0%	5.9%	6.2%	6.0%	6.5%	4.7%	6.5%	▲
		Long Term Sickness Rate	4.0%	4.8%	4.6%	4.0%	4.2%	3.9%	3.9%	3.8%	3.6%	3.9%	3.8%	4.0%		4.0%	
		Short Term Sickness Rate	2.2%	2.0%	2.6%	2.6%	2.1%	2.3%	2.3%	2.2%	2.3%	2.3%	2.3%	2.6%		2.6%	

Indicator ID	Key Operational Standard Description			Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Oct-19 Target / Forecast	Oct-19 Actual	Oct-19 Actual v Target/Fcast
012	Incidents	All Reported		665	693	786	587	721	734	733	669	729	605	638	666		666	
		Serious		0	7	10	2	4	5	8	2	6	1	1	1		1	
		Moderate		27	30	25	13	15	18	22	14	20	22	17	14		14	
		Medication Related		83	85	80	65	58	85	115	82	80	52	66	75		75	
013	Patient Relations	A&E	Complaint	9	20	23	13	16	18	21	12	20	22	17	19		19	
			Compliment	14	1	13	6	15	38	100	103	84	107	102	88		88	
			Concern	12	9	8	13	14	15	14	16	20	15	21	23		23	
			Service to Service	12	13	16	18	17	18	28	29	27	16	9	26		26	
		EOC	Complaint	13	17	11	11	10	11	15	6	16	7	4	11		11	
			Compliment	0	0	2	0	0	0	3	3	2	2	2	0		0	
			Concern	14	4	12	7	9	10	4	10	10	7	3	17		17	
			Service to Service	14	9	9	14	8	8	9	19	26	10	8	13		13	
		Integrated Urgent Care	Complaint	32	34	46	29	37	18	21	17	17	34	17	29		29	
			Compliment	12	11	9	13	10	9	3	4	4	2	7	4		4	
			Concern	3	5	2	1	0	0	2	3	2	1	2	6		6	
			Service to Service	28	15	38	30	20	32	30	17	19	25	46	21		21	
		PTS	Complaint	16	20	13	16	14	22	17	10	21	16	16	14		14	
			Compliment	0	1	1	0	2	1	8	6	8	10	6	4		4	
			Concern	25	19	17	26	34	17	19	28	29	24	28	31		31	
			Service to Service	28	18	17	20	16	15	23	33	30	22	15	27		27	
014	Clinical Outcomes Data (January 2019)	Stroke - Call to Hospital Arrival (Mean)		01:14	01:15	01:14	01:20	01:12	01:28	01:10	01:11							
		Stemi - Call to Catheter Insertion for Angio (Mean)		02:18	02:13	02:09	02:14	02:11	02:06	01:53	02:27							
		ROSC (Utstein)		48.5%	53.1%	24.0%	52.0%	61.4%	62.1%	64.1%	51.7%							
		Survival (Utstein)		35.3%	26.3%	22.2%	34.6%	22.2%	35.0%	45.2%	30.8%							
015	Safeguarding	Adult Referrals		773	966	924	712	898	863	1,002	924	986	918	887	906		906	
		Child Referrals		555	574	532	504	612	550	579	594	612	519	575	587		587	
016	Information Management	Information Governance Training Compliance		76.8%	80.8%	80.6%	87.1%	91.8%	93.6%	92.7%	94.0%	94.7%	95.0%	95.2%	95.2%			
		FOI Request Compliance		62.0%	67.0%	31.0%	66.0%	79.0%	33.0%	33.0%	22.6%	42.4%	60.0%	42.5%	60.5%			
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)																

Resource & Sustainability — October 2019

Indicator ID	Key Operational Standard Description			Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Oct-19 Plan	Oct-19 Actual	Oct-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	-1,279	-1,217	-1,879	-1,326	-4,504	-1,230	-2,053	-1,891	-1,861	-1,831	-1,683	-2,073	-1,489	-2,073	-583	-11,105	-12,621	-1,516
			Surplus	-343	-247	-711	-279	-3,687	-126	-1,016	-769	-764	-545	-605	-507	-357	-507	-150	-3,283	-4,333	-1,050
			Capital	2,769	1,561	1,822	1,953	4,931	487	924	312	794	1,685	379	1,152	1,208	1,152	-56	12,314	5,733	-6,851
			Cash	42,208	49,057	46,569	46,658	36,110	38,772	41,370	43,981	49,253	52,397	52,816	53,688	38,925	53,688	14,763	38,925	53,688	14,763
			CIP	852	1,005	987	988	989	534	538	526	525	528	560	532	532	532	0	3,740	3,740	0
019	CIP		A&E	334	325	331	331	326	232	61	-191	28	28	28	28	227	28	-199	1,603	214	-1,389
			Business Development	0	0	0	0	0	-	-	0	0	0	0	0	0	0	0	0	0	0
			CEO Directorate	3	2	2	2	2	4	9	6	-10	2	2	2	6	2	-4	45	16	-29
			Clinical	9	9	8	8	9	4	-1	2	4	2	2	2	2	2	0	11	15	4
			Estates	9	17	16	16	16	31	5	5	9	5	19	19	26	19	-7	175	90	-85
			Finance	42	42	41	41	41	36	36	37	35	36	36	36	36	36	0	253	253	0
			Fleet	66	65	66	66	65	86	87	86	67	87	123	87	92	87	-5	649	624	-25
			Planned & Urgent Care	72	80	81	81	81	82	51	66	66	66	66	67	80	67	-13	570	464	-106
			Quality, Governance	5	6	6	6	6	2	1	2	-5	0	0	0	2	0	-2	12	0	-12
			Hub & Spoke	6	6	5	5	5	-	-	0	0	0	0	0	0	0	0	0	0	0
			Workforce OD	78	79	7	78	78	57	56	57	56	58	57	57	57	57	0	396	396	0
			RESERVE	228	374	353	353	358	0	233	456	275	244	227	234	4	234	230	26	1,667	1,641
			Current Position (Cumulative YTD)	5,042	6,047	7,034	8,023	9,010	534	1,072	1,598	2,123	528	560	532	532	532	0	3,740	3,740	0
020	Transport/Fleet	A&E	Vehicle age +7	20.0%	17.0%	13.0%	11.0%	8.0%	5.7%	5.4%	6.9%	5.2%	5.2%	3.2%	3.3%		3.3%				
			Vehicle age +10	5.0%	4.0%	4.0%	4.0%	4.0%	3.5%	3.3%	3.3%	3.3%	3.3%	0.0%	0.0%		0.0%				
			Availability	90.5%	89.6%	90.0%	90.0%	88.7%	90.2%	90.0%	90.2%	90.0%	90.0%	90.2%	91.0%	95%	91.0%	▼			
		PTS	Vehicle age +7	32.0%	32.0%	32.0%	32.0%	33.0%	33.0%	31.0%	41.4%	31.0%	31.0%	16.7%	16.9%		16.9%				
			Vehicle age +10	25.2%	25.2%	25.0%	25.0%	24.8%	24.8%	24.1%	24.1%	24.1%	24.1%	24.0%	24.0%		24.0%				
			Availability	93.0%	92.0%	91.0%	91.0%	91.0%	91.0%	90.0%	90.0%	91.0%	91.0%	92.0%	90.0%	95%	90.0%	▼			

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 October (Month 7) is £12.6m against a plan of £11.1.m A favourable variance of £1.5m

Surplus - The Trust has reported a surplus at the end of October (Month 7) of £4.3m, a favourable variance of £1.0m against the plan.

Capital - At the end of October 2019 Capital is underspend £6.6m. ICT underspend EPR £0.8m delayed 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 track 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 £18.3m against the Capital Resource Limit (CRL). The CRL was approved by NHSEI in June 2019.

Cash - At the end of October 2019 the Trust's cash position was £53.7m against a plan of £38.9m, a favourable variance of £14.8m. The variance largely results from continued underspends on capital (£6.6m), receivables being better than plan (£5.4m) and payables being worse than plan (£2.5m)

CIP - The Trust has a savings target of £6.6m for 2019/20. The Trust has achieved £3.7m at month 7 which is in line with plan (44% of this being non-recurrent).
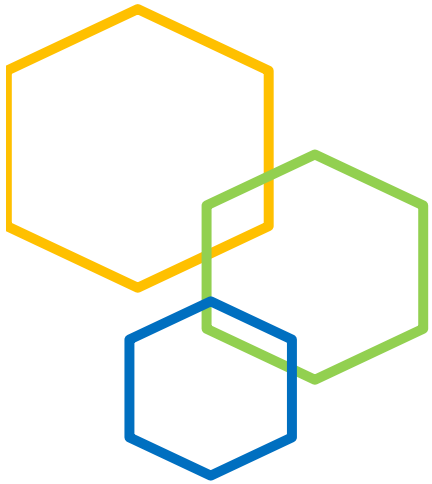
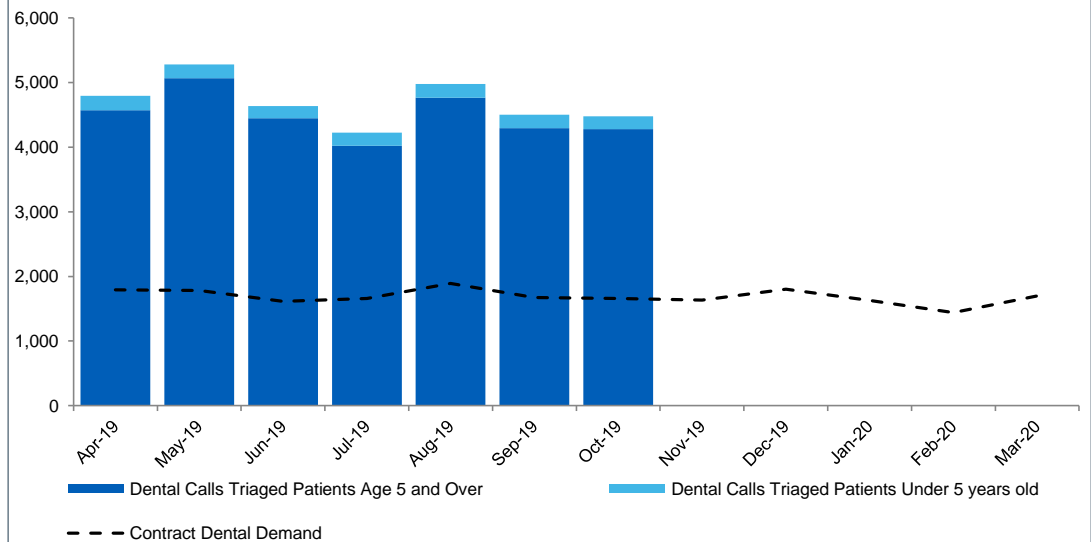# SERVICE LINES

IUC Chart 1: Demand - Calls

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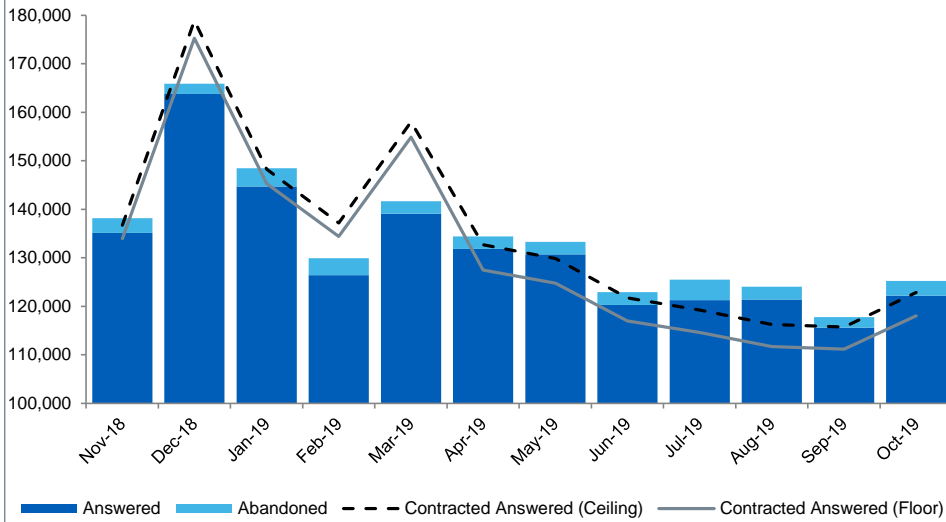
IUC Chart 2: Performance - Calls Answered in 60 Seconds

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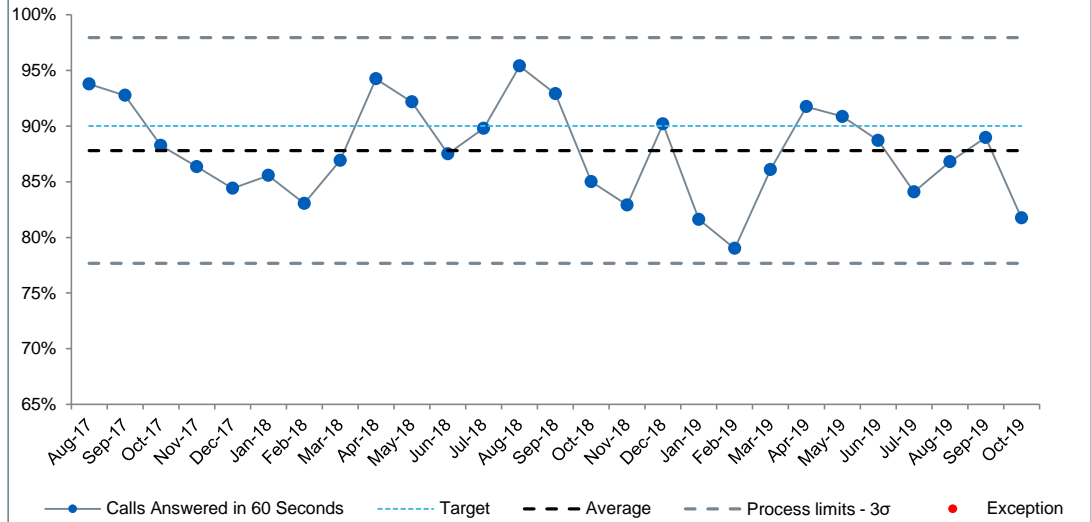
IUC Chart 3: Outcomes

Legend: Sep-19
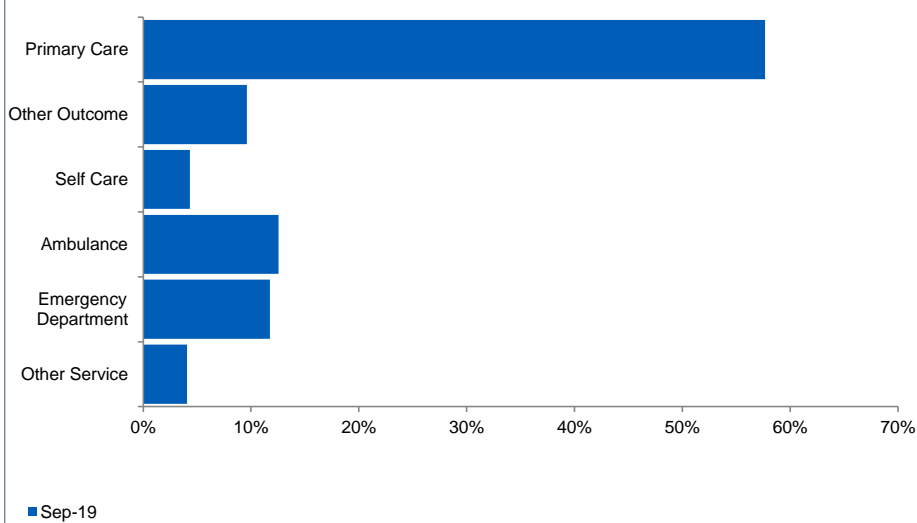
IUC Chart 4: Demand - Dental

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

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%	89.0%	81.7%						87.6%
Core Clinical Advice (30%)	30.7%	31.4%	31.5%	33.4%	31.6%	31.4%	31.2%						31.6%
Clinician Called Back within 1 Hour (60%)	64.1%	59.2%	59.4%	59.6%	62.9%	59.1%	53.2%						59.7%
Direct Bookings * (30%)	46.2%	46.8%	47.1%	44.7%	47.3%	46.6%	44.9%						46.2%
Bookings into UTC * (50%)	52.0%	53.7%	54.4%	53.9%	52.9%	54.7%	54.0%						53.6%
Bookings into IUC Treatment Centres * (95%)	59.1%	60.2%	60.8%	60.3%	60.4%	61.7%	61.2%						60.5%
ED Validations (50%)	61.8%	60.9%	57.4%	63.0%	51.6%	53.1%	54.6%						57.6%
Ambulance Validations (95%)	97.8%	97.9%	98.0%	98.6%	98.9%	98.7%	97.5%						98.2%

* 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:

Demand for the IUC service April through to October 2019 has been close to ceiling levels, at 0.6% above ceiling YTD

This is predominately as a result of excess dental demand, with IUC taking 23,856 calls YTD above contract levels for dental patients.

Clinical call back year to date has now fallen short of the national target , this is predominately due to the clinical capacity within IUC. To support the increase of clinical triage support in both our 999/111 services the Trust has launched a clinical recruitment campaign , with the use of external marketing expertise. This campaign uses new marketing materials designed with staff input to help attract clinical staff into our service.

Y&H IUC continues to perform above national average levels for other NHS 111/IUC on key performance indicators as noted in the national benchmarking

IUC Chart 5: Quality - Reported Incidents

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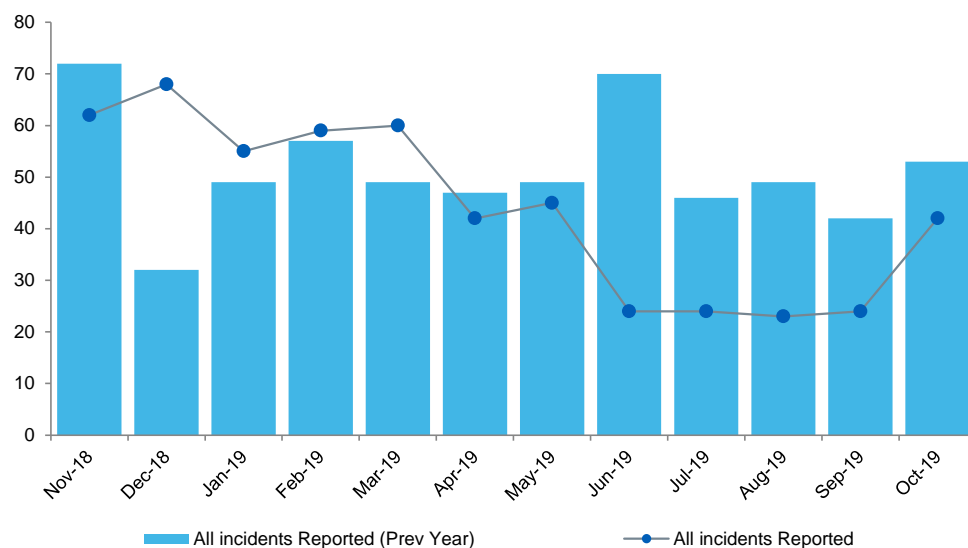
IUC Chart 6: Quality - Reported Incidents - Moderate & Above

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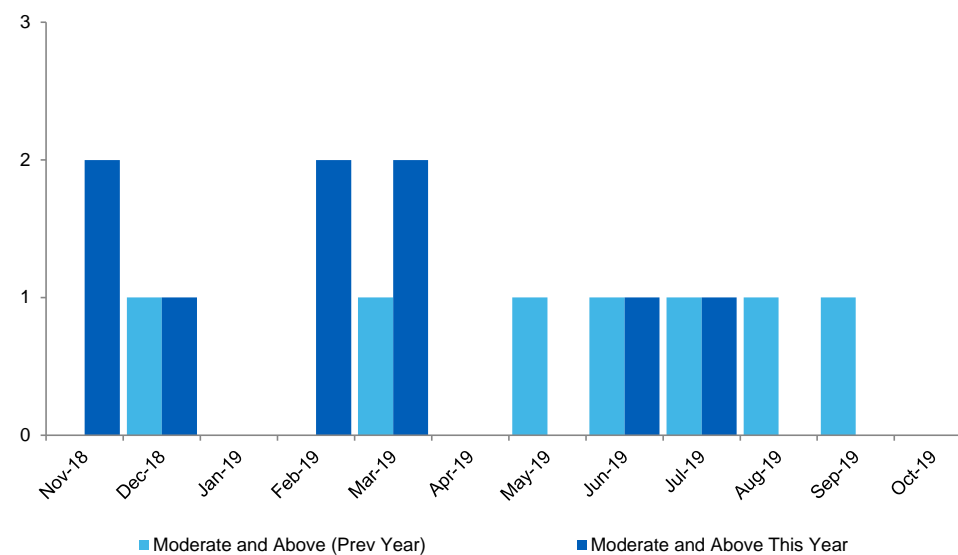
IUC Chart 7: Workforce - Sickness

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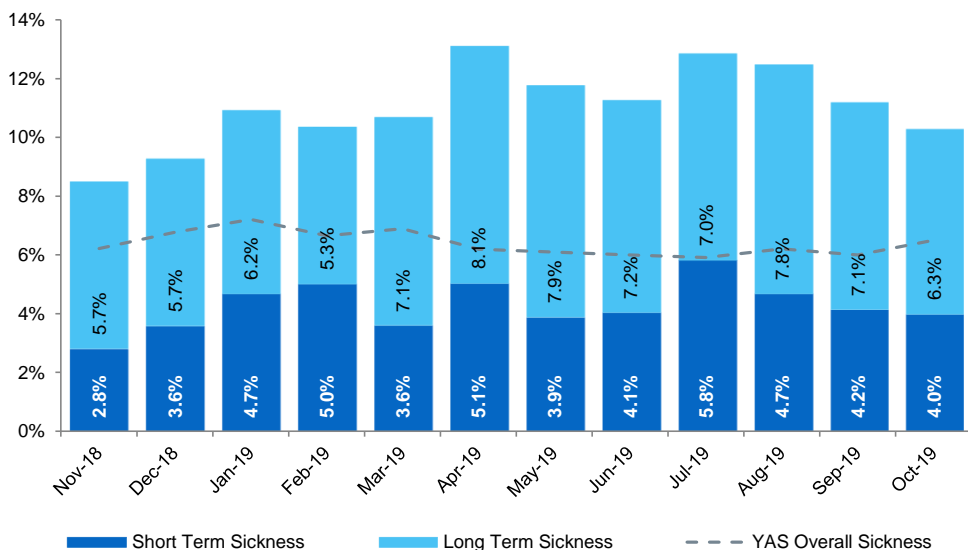
Quality Commentary:

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:

NHS Pathways version 18 will be introduced into the service on the 27 November which will ensure the latest clinical content for our service going into the busy winter period. During the training of the new pathways version during October staff within IUC have also had additional sepsis training as part of our CQUIN for this year.

Cuppa and Chat sessions are taking place in the call centres through November as part of our staff engagement, promoting the staff survey and flu vaccination programme where we will also be seeking staff ideas for training requirements for our training day in spring 2020.

The absence management project continues to be progressed in IUC, which has included a process mapping exercise, a data review, introduction of welfare officers and additional training on the new absence reporting process. Long term absence management is being coordinated by a small team of managers for consistency purposes.

Integrated Urgent Care

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

Region	Value
SOUTH EAST REGION	88.7%
NORTH EAST & YORKSHIRE REGION	87.4%
EAST OF ENGLAND REGION	87.1%
YAS	86.8%
MIDLANDS REGION	85.1%
ENGLAND	83.0%
LONDON REGION	78.2%
NORTH WEST REGION	77.3%
SOUTH WEST REGION	71.3%
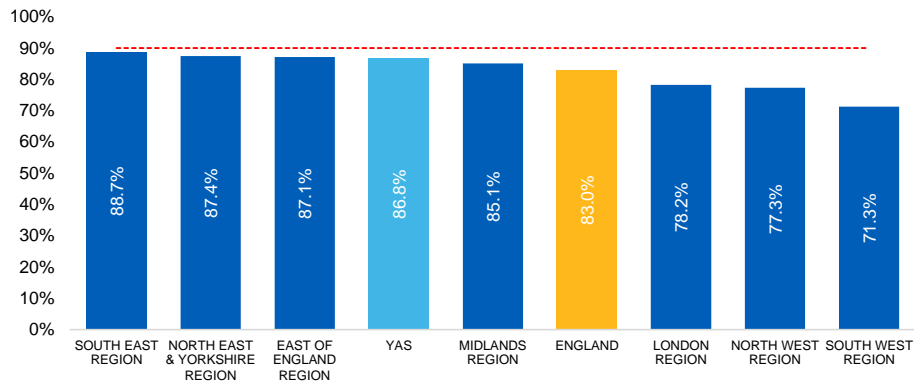
IUC Chart 9: Calls Abandoned (5%)

Benchmarking Information is based on the latest validated data (August 2019)

Region	Value
SOUTH WEST REGION	8.9%
LONDON REGION	5.4%
NORTH WEST REGION	5.3%
MIDLANDS REGION	4.9%
ENGLAND	4.6%
EAST OF ENGLAND REGION	4.5%
SOUTH EAST REGION	2.9%
NORTH EAST & YORKSHIRE REGION	2.2%
YAS	1.9%
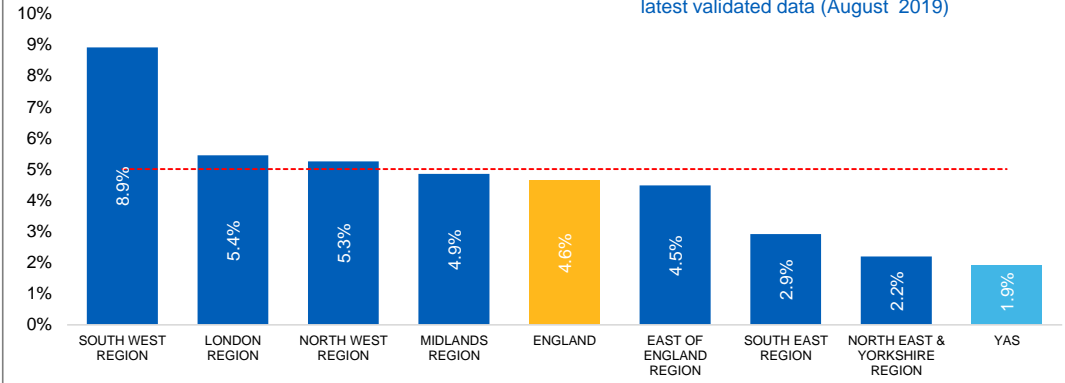
IUC Chart 10: Bookings into IUC Treatment Centres (95%)

Region	Value
LONDON REGION	66.7%
YAS	60.4%
NORTH EAST & YORKSHIRE REGION	60.2%
ENGLAND	36.9%
EAST OF ENGLAND REGION	36.2%
MIDLANDS REGION	31.6%
SOUTH WEST REGION	27.1%
NORTH WEST REGION	26.9%
SOUTH EAST REGION	25.5%
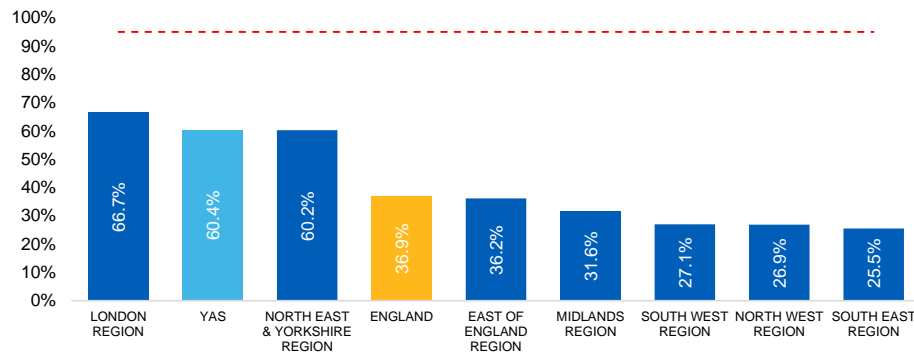
IUC Chart 11: Bookings into UTC (50%)

Region	Value
SOUTH WEST REGION	55.6%
NORTH EAST & YORKSHIRE REGION	53.5%
YAS	52.9%
LONDON REGION	47.8%
EAST OF ENGLAND REGION	44.9%
ENGLAND	39.9%
SOUTH EAST REGION	36.0%
NORTH WEST REGION	19.8%
MIDLANDS REGION	10.5%
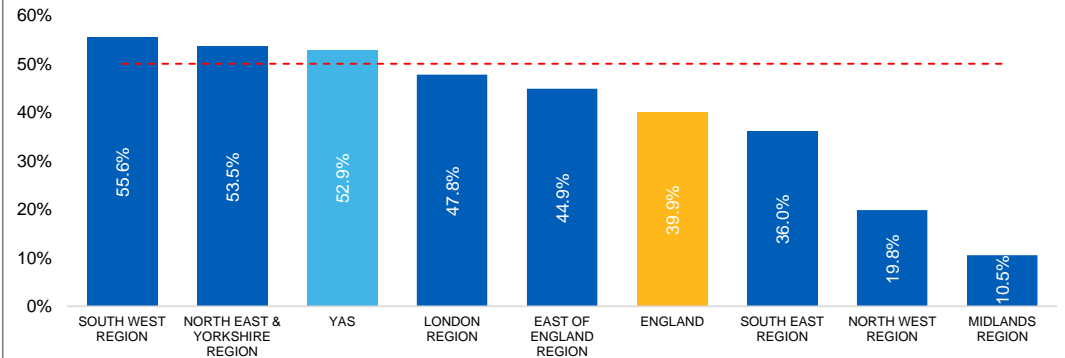
IUC Chart 12: ED Validations (50%)

Region	Value
NORTH EAST & YORKSHIRE REGION	52.4%
YAS	51.6%
SOUTH WEST REGION	50.5%
LONDON REGION	33.0%
MIDLANDS REGION	29.7%
ENGLAND	28.2%
EAST OF ENGLAND REGION	27.2%
SOUTH EAST REGION	21.1%
NORTH WEST REGION	

IUC Chart 13: Ambulance Validations (95%)

Region	Value
NORTH EAST & YORKSHIRE REGION	98.9%
YAS	98.9%
LONDON REGION	87.4%
SOUTH WEST REGION	75.5%
EAST OF ENGLAND REGION	75.3%
MIDLANDS REGION	61.4%
ENGLAND	58.0%
SOUTH EAST REGION	31.9%
NORTH WEST REGION	

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

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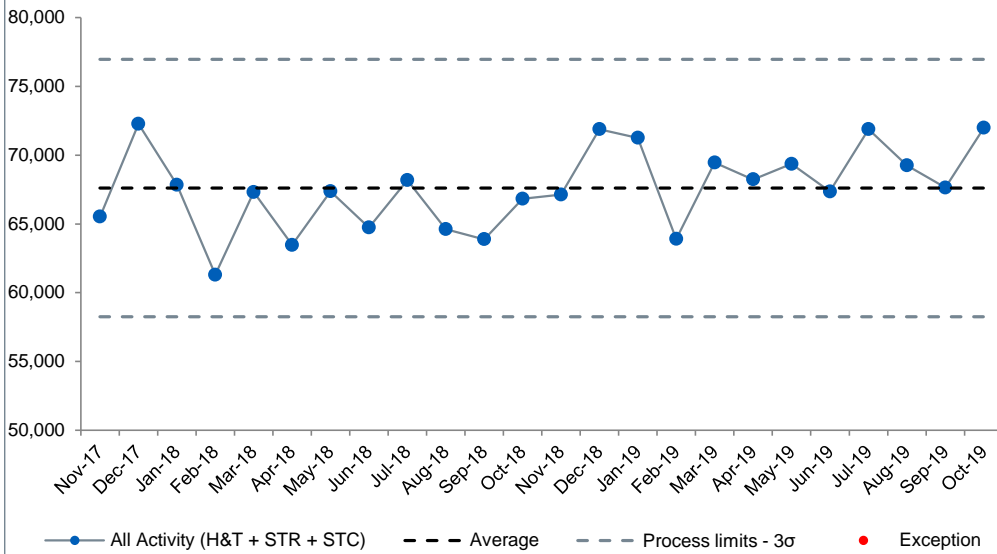
A&E Chart 2: Demand - 999 Responses (STR + STC)

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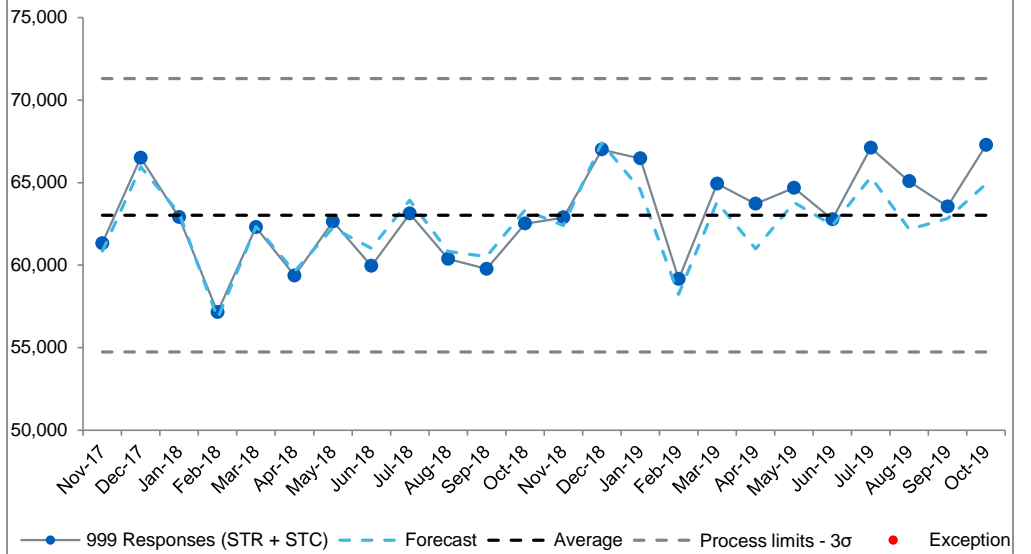
A&E Chart 3: Demand - See, Treat & Refer %

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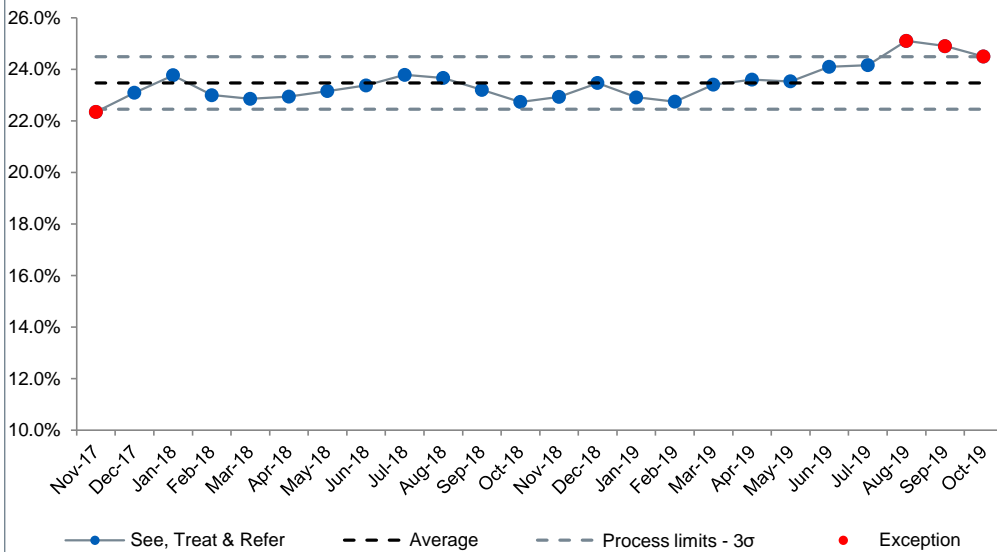
A&E: Chart 4: Demand - See, Treat & Convey %

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

A&E Operations — October 2019
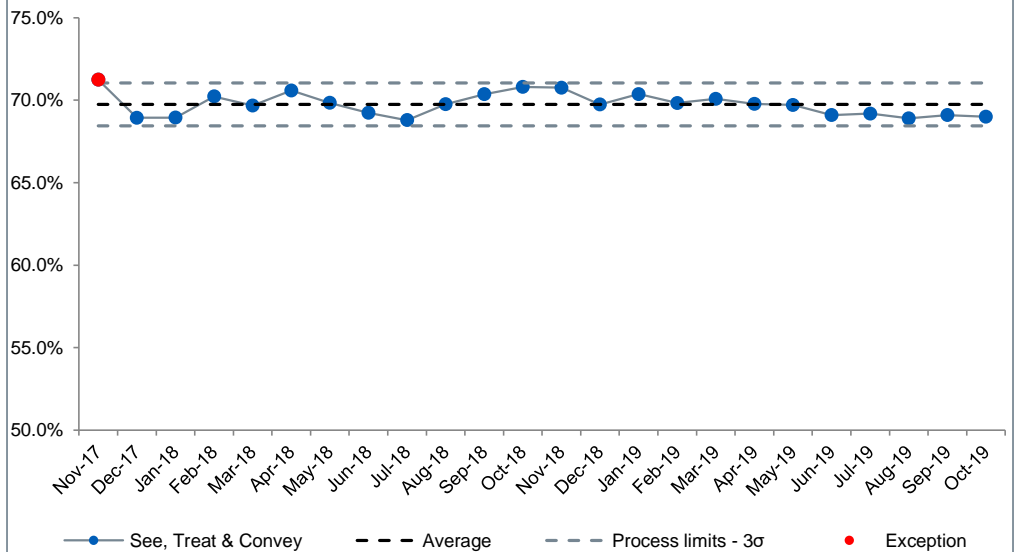
A&E Chart 5: Performance - Category 1 Mean — Year to Date 00:06:57
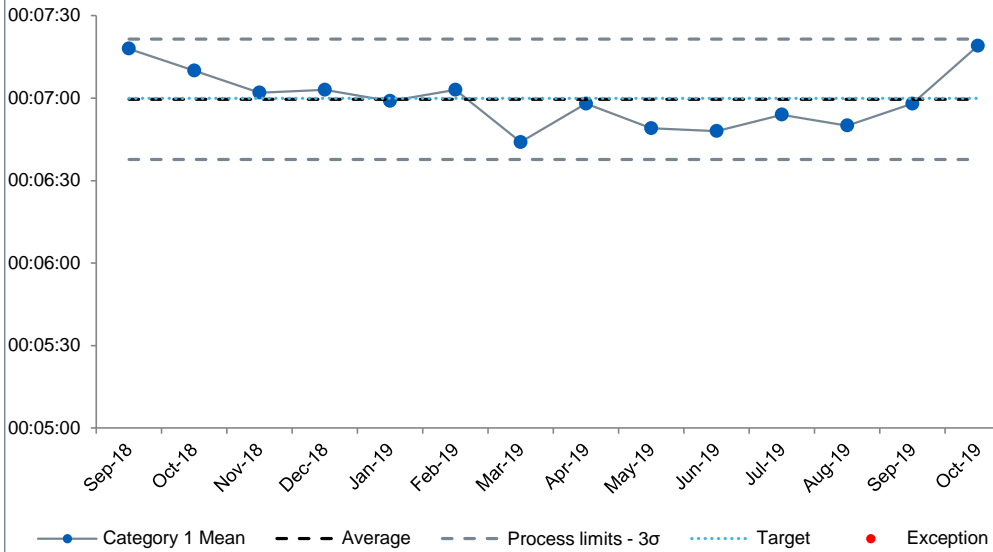
A&E Chart 6: Performance - Category 1 90th Percentile — Year to Date 00:12:06
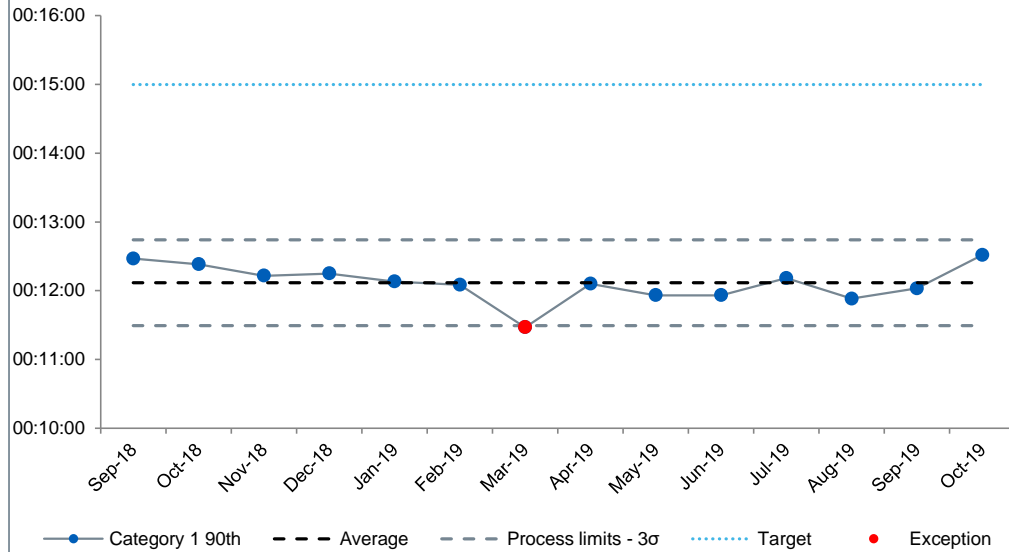
A&E Chart 7: Performance - Category 2 Mean — Year to Date 00:18:59
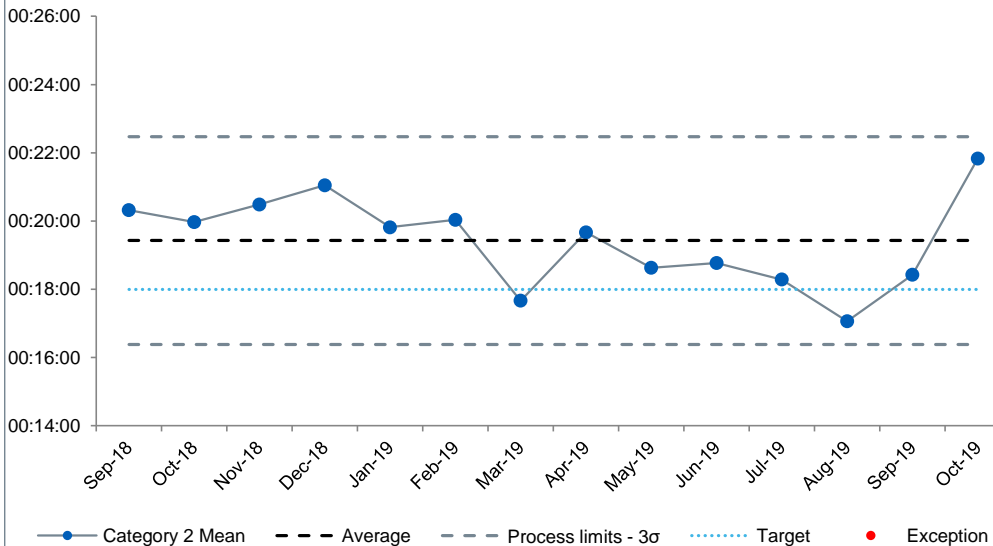
A&E Chart 8: Performance - Category 2 90th Percentile — Year to Date 00:38:59
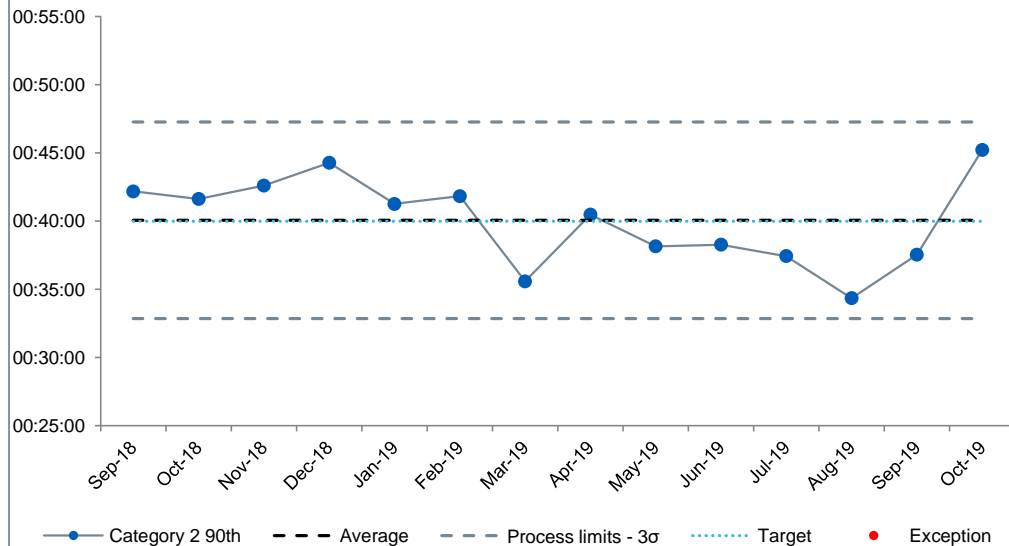
A&E Chart 9: Performance - Category 3 90th Percentile

Year to Date	01:45:47

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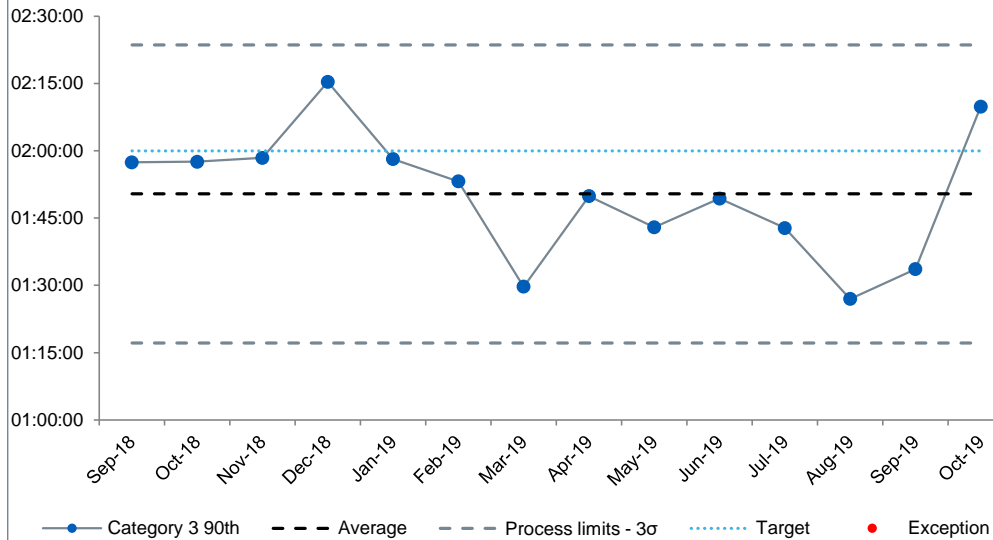
A&E Chart 10: Performance - Category 4 90th Percentile

Year to Date	03:23:29

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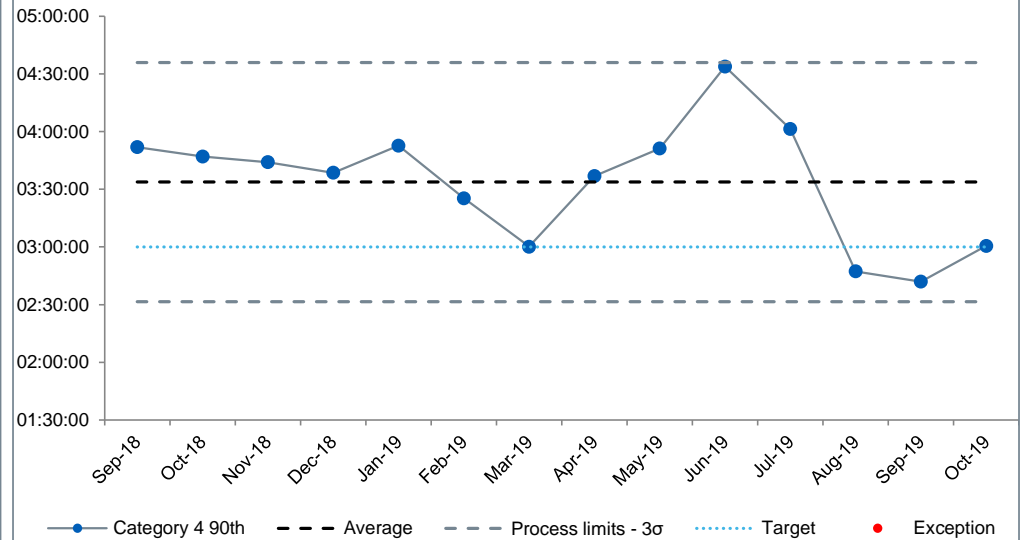
A&E Chart 11: Performance - ROSC (Utstein) & Survival (Utstein)

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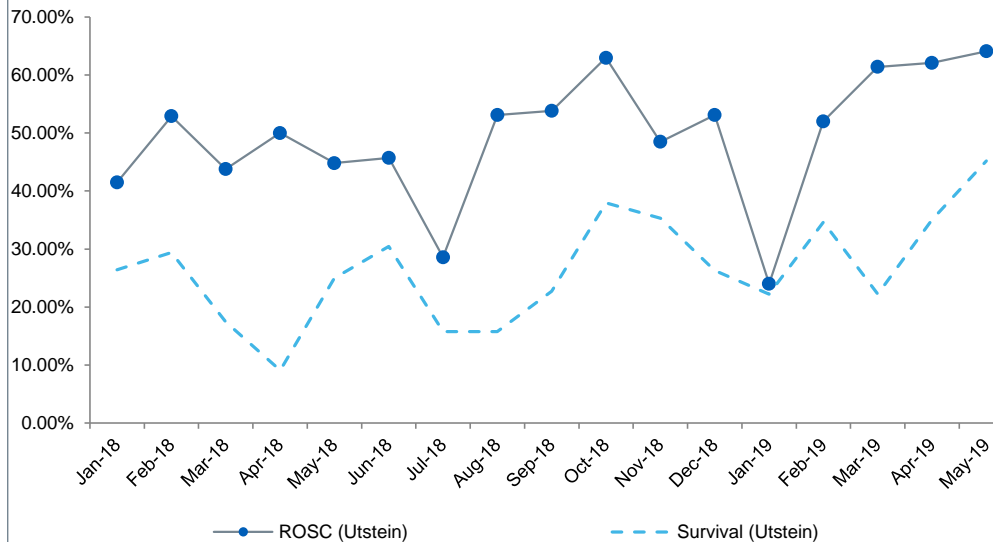
Performance Commentary:

The demand pressures we have seen this year continue. Demand increases above forecast rose signficantly in October with the resulting decline against all ARP standards. In addition the categorisation of calls also increased resulting in a significant shift in volumes of CAT 1 and CAT2 calls. This puts an additional pressure on perfromance delivery.

Performance in October saw a failure against all the agreed trajectories except in CAT4. The CAT4 improvement continued from August and September although worsened in October in line with all Category standards. Notable however that the excessive delays we have seen in the past are ebing more effectively as a likely increase in the volume of LAT crews due to the skill mix challenges we currently face.

October saw improvements maintained in See, Treat and Refer patients with a subsequent reduction in those conveyed to hospital.

Hospital turnaround performance continued to significantly impact on available operational hours and resulted in call cycle time extension. Work with acute hospitals and systems to improve processes continues with greater regional involvement from NHSI.

Performance against ROSC saw a continued improvement in these measures which may indicate reaching the most sick of our patients with increased effectiveness.

A&E Cht12: Quality - Reported Incidents

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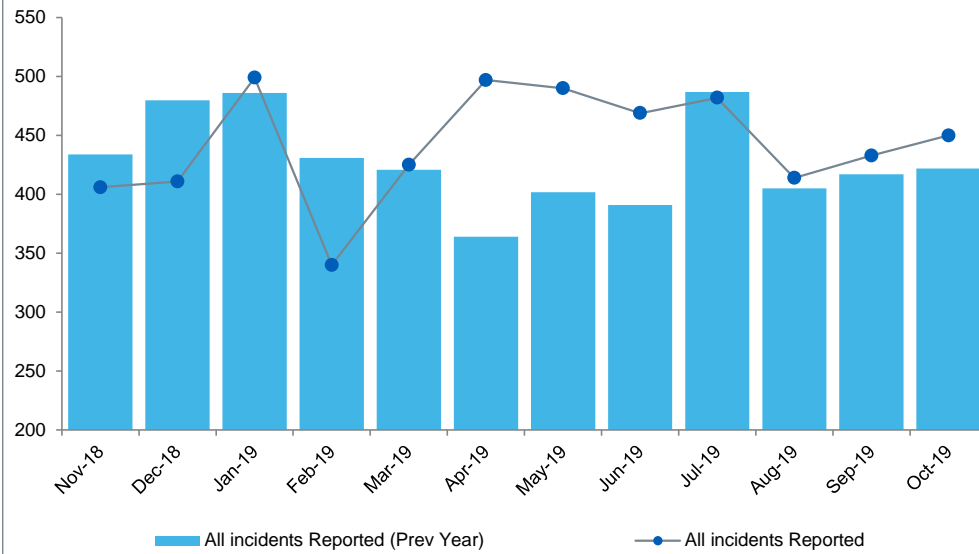
A&E Cht13: Quality - Reported Incidents - Moderate & Above

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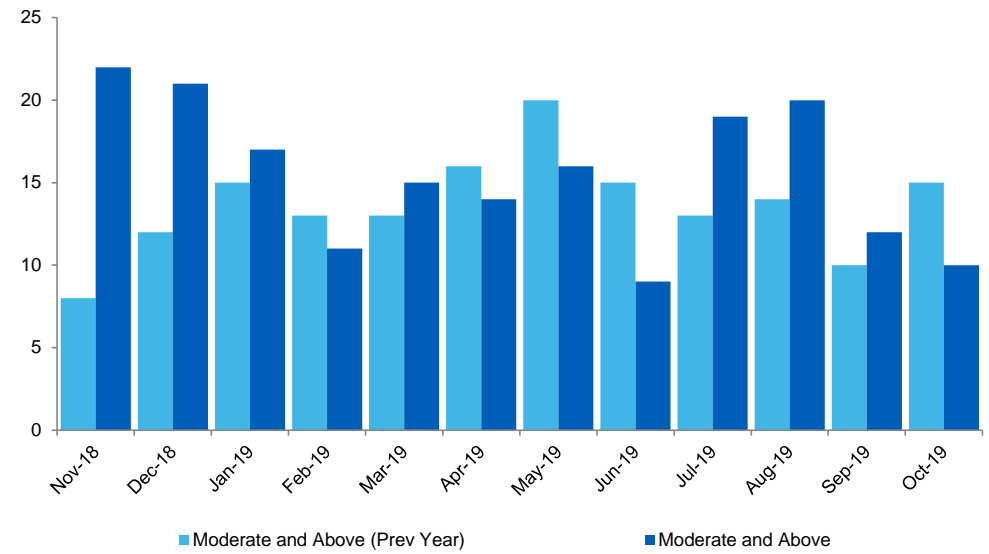
A&E Cht14: Workforce - Sickness

Month	Long Term	Short Term
Nov-18	3.4%	2.0%
Dec-18	4.1%	1.9%
Jan-19	4.0%	2.5%
Feb-19	3.3%	2.3%
Mar-19	3.0%	2.0%
Apr-19	3.0%	2.2%
May-19	3.4%	2.2%
Jun-19	3.6%	1.9%
Jul-19	3.2%	1.8%
Aug-19	3.1%	2.1%
Sep-19	3.2%	2.0%
Oct-19	3.4%	2.3%

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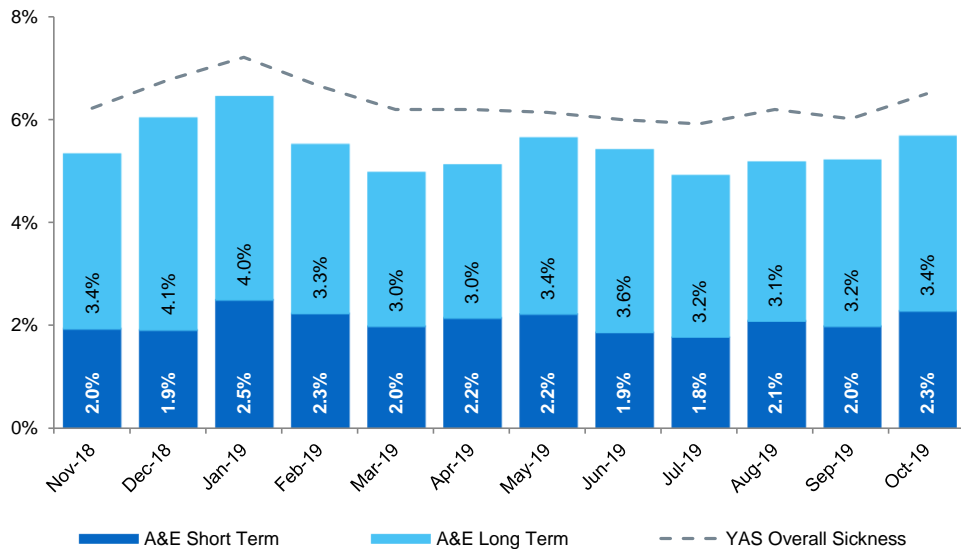
Quality Commentary:

Reported incidents increased for the month of October in line with demand pressure. 450 incidents were reported (0.6% of all atttended incidents.) Those rated moderate and above reduced further over the previous month to 10 (0.02% of all incidents) which was a reduction over the previous year.

Workforce Commentary:

Sickness absence management has been a key focus in Operational areas and the continued levels of 5.7% are below trust average and remains positive. Work continues to reduce this further with signficant input from managerial and HR teams.

PDR compliance has seen some challenges through the summer months and Operational teams have been tasked with improvements to address the backlog.

EOC Chart 1: Demand - 999 Calls Answered

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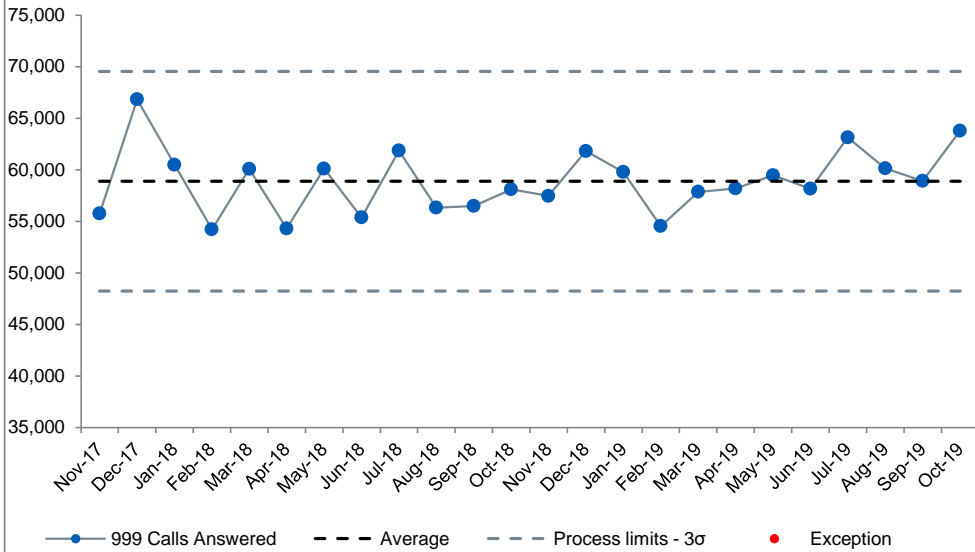
EOC Chart 2: Performance - 999 Calls Answered in 5 Seconds

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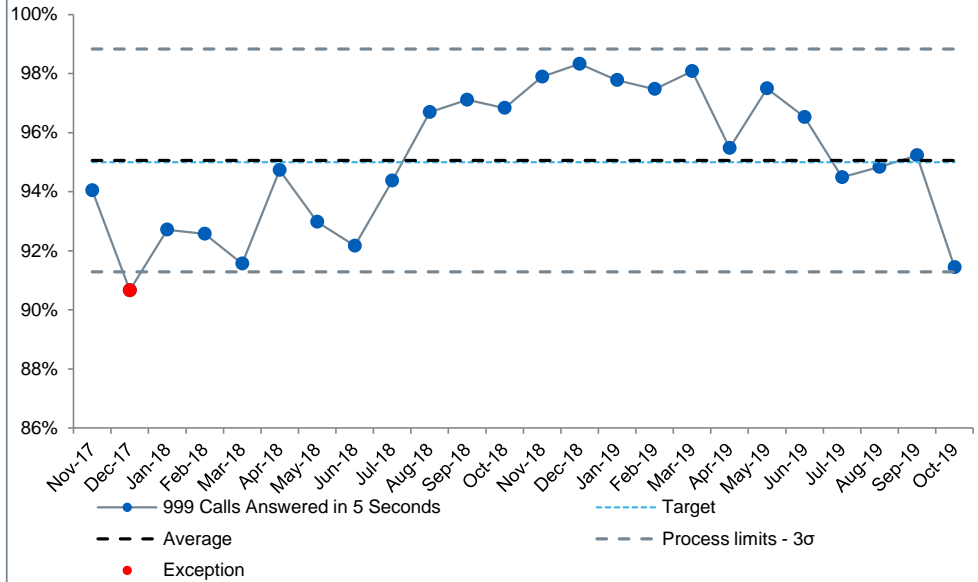
EOC Chart 3: Performance - % Hear & Treat

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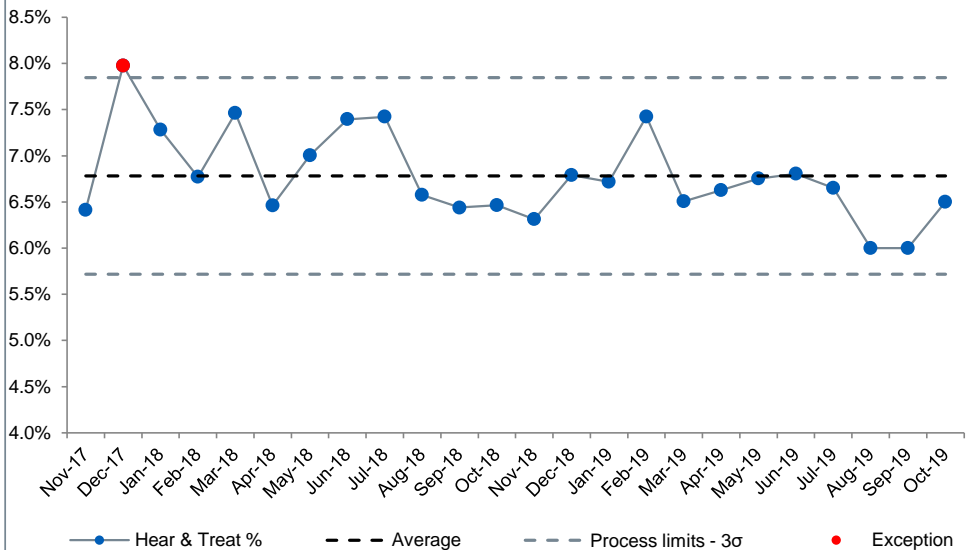
Performance Commentary:

In October call volumes rose to the highest level seen since November 2017. In doing so Call answer standards were not delivered to the 95% in 5 seconds position and mirrored the same levels seen in the Winter of 2017.

Hear and Treat performance improved following the previous months low. It continues to be a key focus area for improvement. EOC are curently exploring CAT3 volumes and how these can be reviewed more effectively as part of the Hear and Treat process. The effects of sustained delivery of national standards in Operations and the AQI requirements to not delay an emergency response to CAT3 patients makes this a more complex position however positive progress is being made and the appropriate clinical governance is being sought for the process.

EOC Chart 4: Quality - Reported Incidents

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

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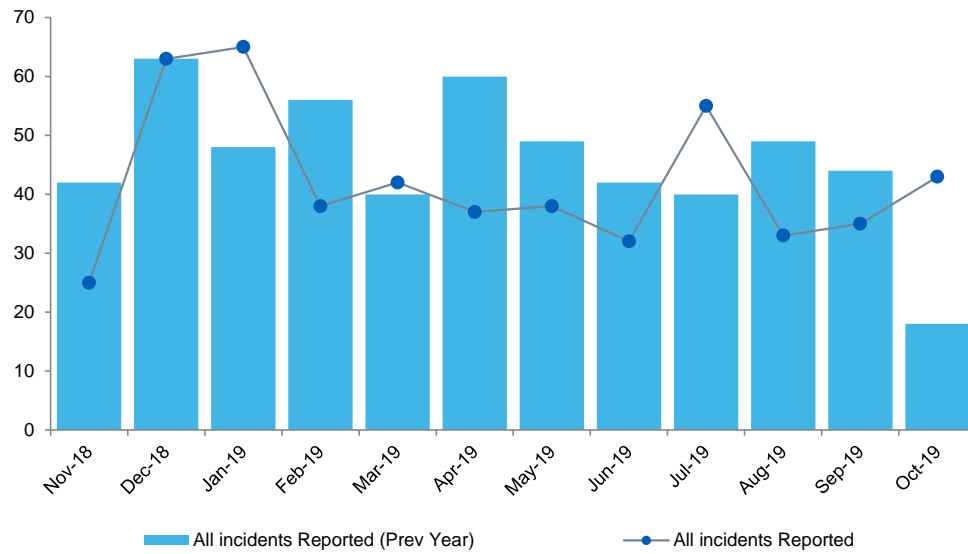
Legend: ■ Moderate and Above (Prev Year) ■ Moderate and Above
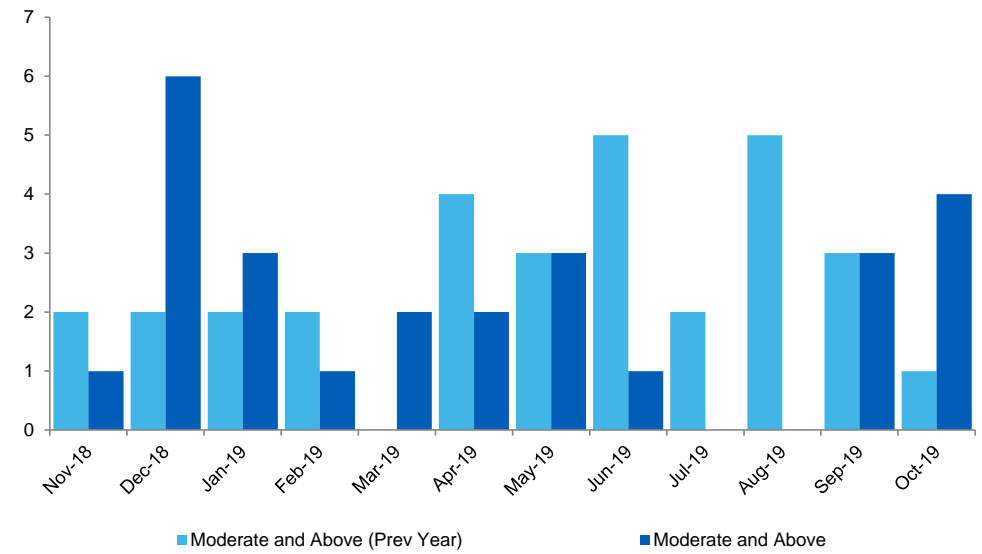
EOC Chart 6: Workforce - Sickness

Legend: ■ EOC Short Term ■ EOC Long Term - - - YAS Overall Sickness
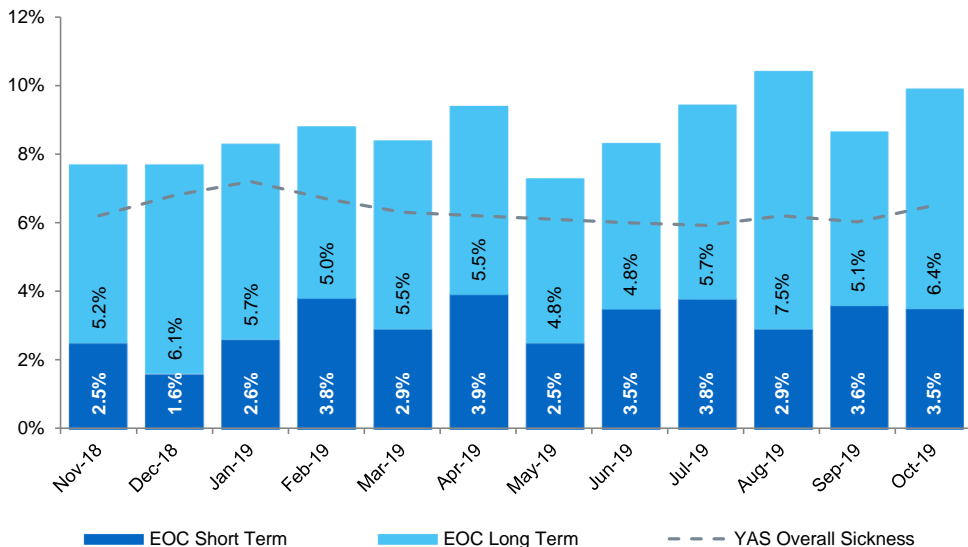
Quality Commentary:

Total number of incidents are significantly higher than October the previous year and have increased against September's figures.

Workforce Commentary:

Long term sickness degraded in October with a 1.3% increase in incidents of long term absence. The EOC team have been focused on ensuring robust managerial processes are in place and have been liaising with the IUC team in a bid to support each other with signficant challenges to the call handling staff groups.
Themes of musculoskeletal problems and stress, anxiety and depression feature as the issues needing to be resolved. Now the Wakefield refurbishment is complete it is envisaged that this will support improvements in staff experience and wellbeing at work.
Training of new staff is ongoing and this will support an improvement on available cover. Due to the roll out of the IFT/HCP and the planned introduction of AMPDS 13.2 the call handling staff have had changes to process that are being embedded. These pressures also have an impact on the EMD's in EOC.
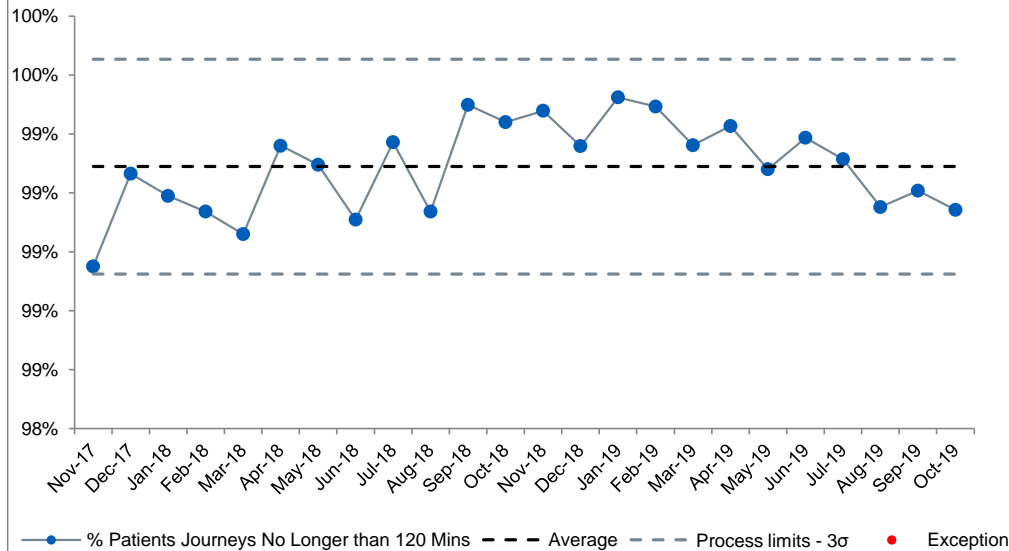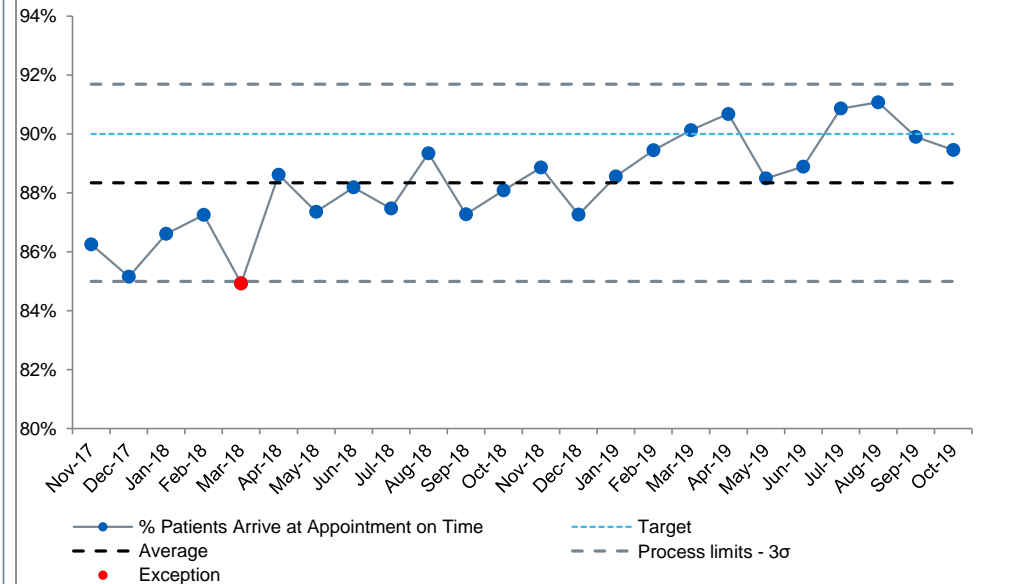
Patient Transport Service

October 2019

PTS Chart 1: Demand - Journeys

Legend: Delivered Journeys, Aborts, Escorts
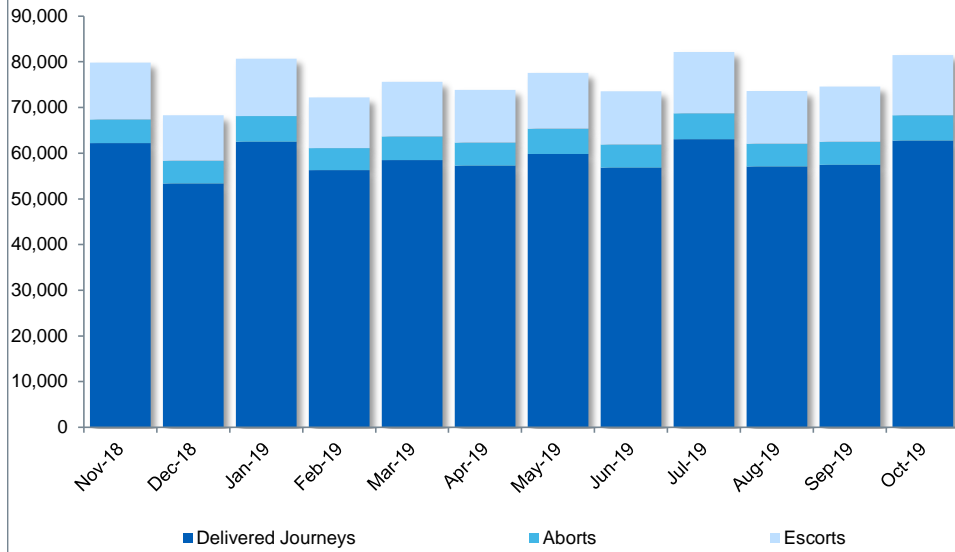
PTS Chart 2: Demand - Total Demand

Legend: Total Demand, Average, Process limits - 3σ, Exception
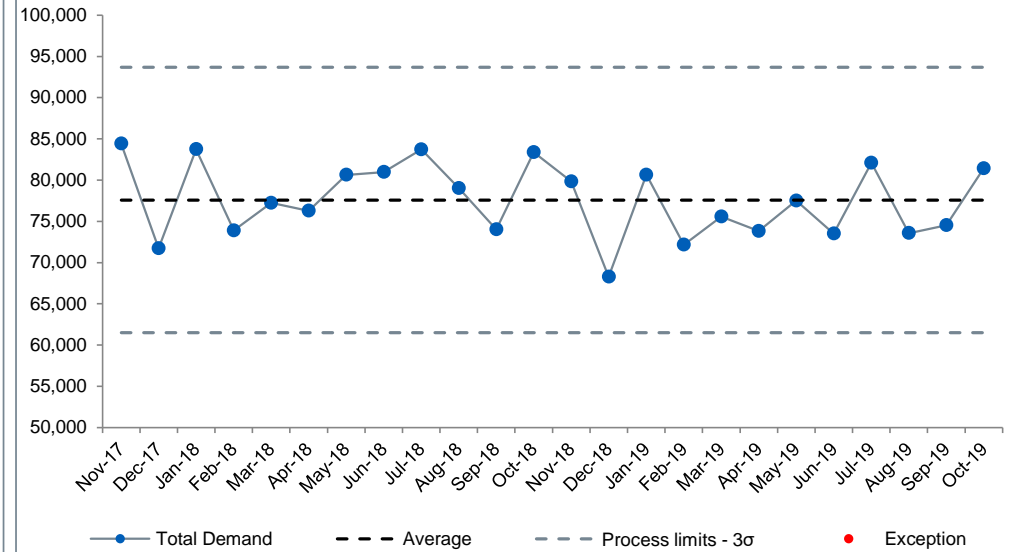
PTS Chart 3: % Patients Journeys to be no longer than 120 Minutes

Legend: % Patients Journeys No Longer than 120 Mins, Average, Process limits - 3σ, Exception

PTS Chart 4: % Patients Arrive at Appointment on Time

Legend: % Patients Arrive at Appointment on Time, Target, Average, Process limits - 3σ, Exception

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

Legend: % Pre Planned - Picked Up in 90 Minutes — Target — Average — Process limits - 3σ — Exception
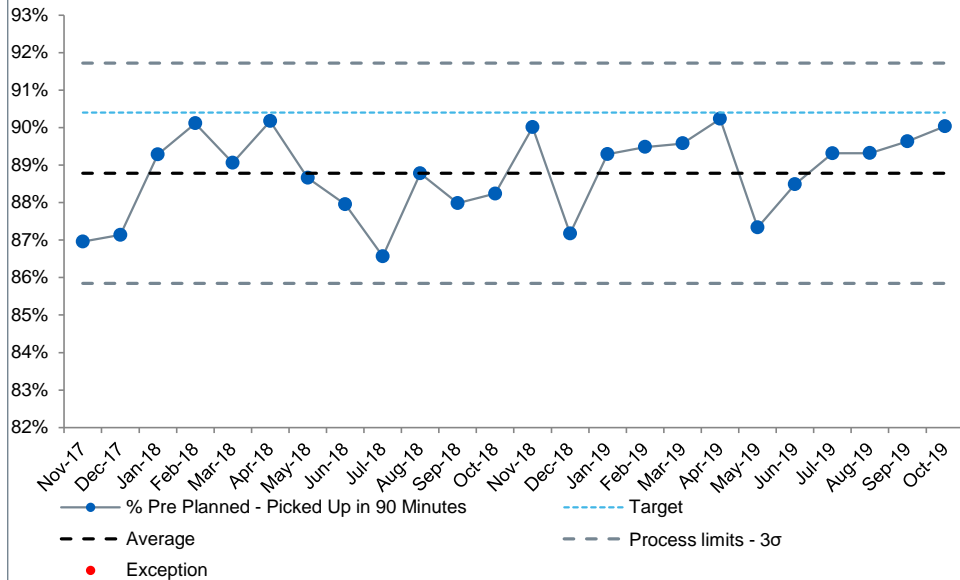
PTS Chart 6: Performance - % Short Notice - Picked Up in 120 Mins

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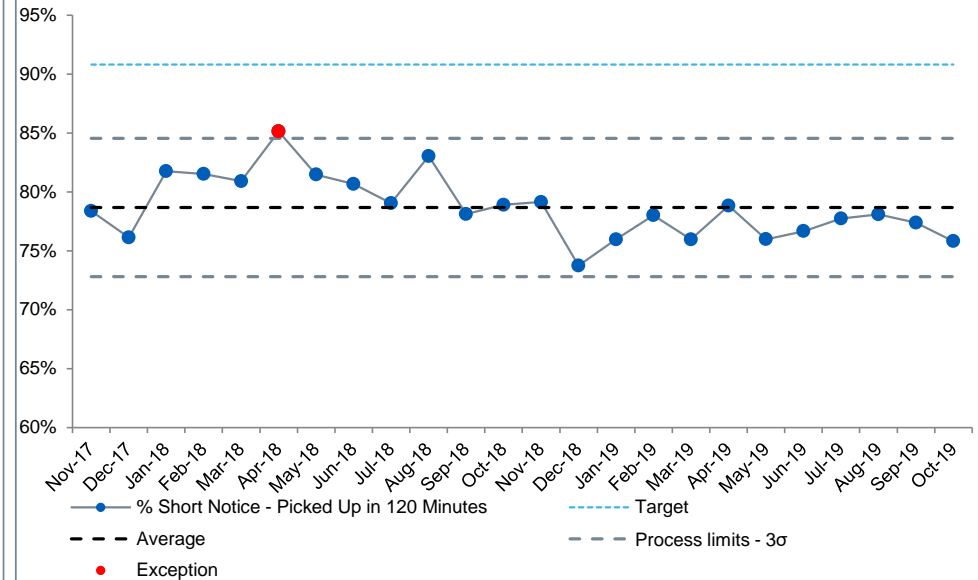
PTS Chart 7: Telephony - Calls Answered within 180 Seconds

Legend: Answered in 180 — Target — Average — Process limits - 3σ — Exception
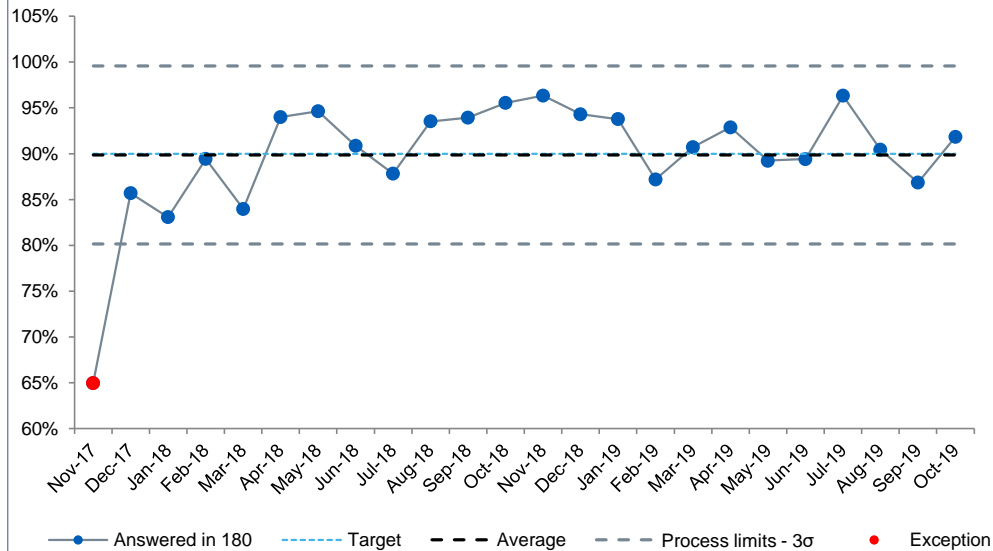
Performance Commentary:

The total demand for the past 3 months, August to October has also shown an increase of some 7,866 journeys.
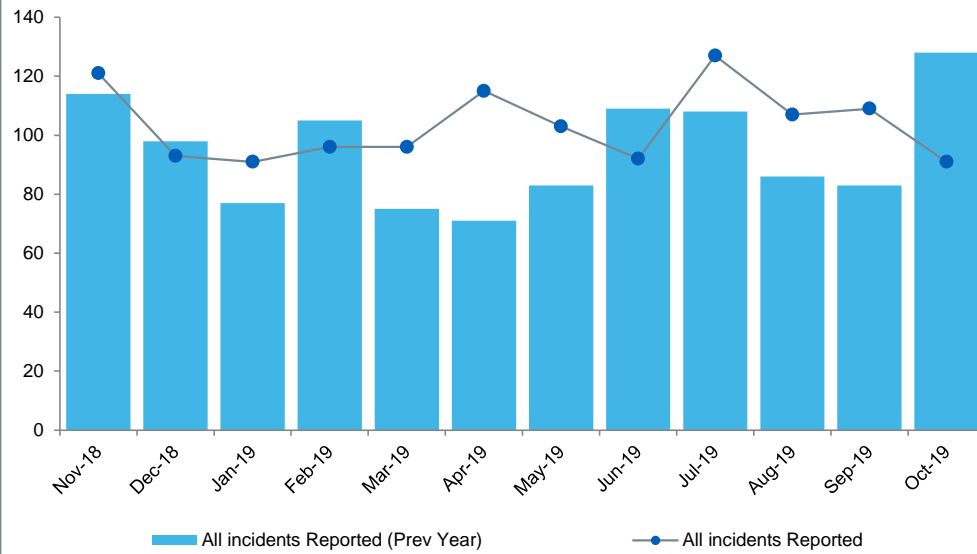
Importantly our patients arrive prior to appointment. KPIs 1 and 2 continue to exceed target throughout the Region.

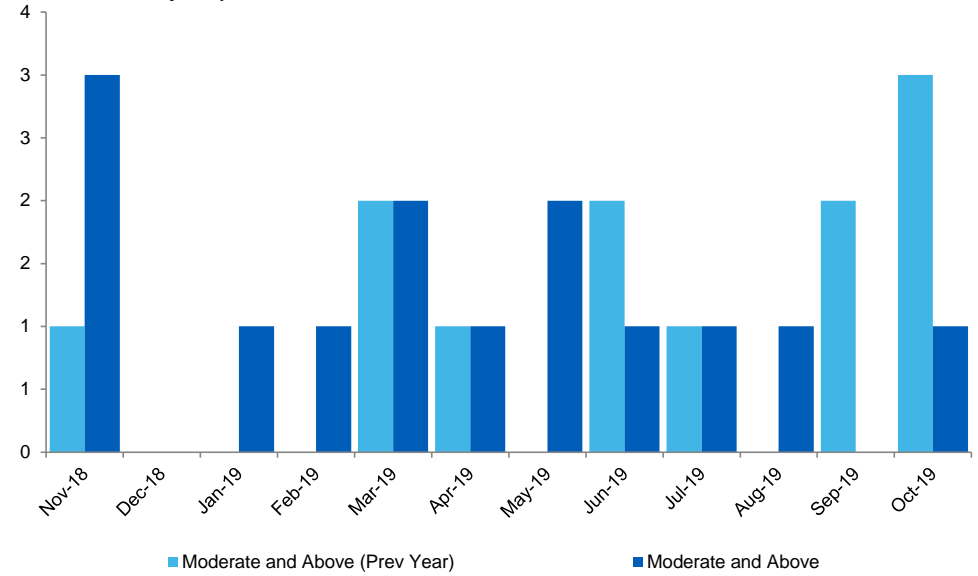KPI 3 (pre-planned outward) continues to achieve target.

KPI 4 (on-day discharge) did not achieve target and is below YTD.
There has been an increase in unscheduled DDS activity in Mid Yorks during October, PTS are working closely with Sheffield CCG and Acutes focusing on high abort rates on discharges; PTS North & East activity is significantly above what was contracted for on-day journeys.

PTS calls answered had an unusual dip in September but is again exceeding KPI in October.
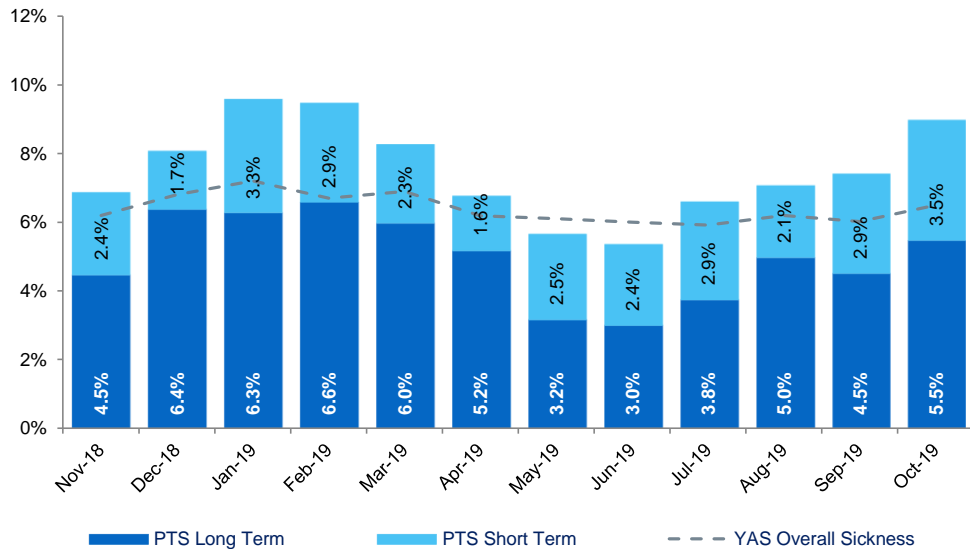
PTS Chart 8: Quality - Reported Incidents

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: Sickness

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

Quality Commentary:

In October PTS was rated as Good by the CQC with 9 areas identified of outstanding practice.

All reported Incidents have decreased against September. Incidents of moderate or above remain low and in-line with previous months.

Workforce Commentary:

Sickness has increased for the 4th month in a row.

LTS has increased by 1 full %
STS at 3.5% is the highest it has been in the last 12 months.
All cases are being managed and monitored in line with process.

Staturtory & Mandatory training (including workbooks) within PTS had reached an all time high compliancy level standing at 98.37% well within the Trust's target.

PDR's for the month of October dipped slightly by 0.9% just missing 90%. However there has been a month on month improvement over the past 5 months.

National Benchmarking

Ambulance Quality Indicators

October 2019

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)	71,559	106,785	98,904	65,415	73,954	76,314	35,918	93,882	64,407	51,284
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	65.7%	66.3%	63.9%	69.3%	69.8%	61.7%	66.7%	56.8%	60.5%	55.0%
C1 Incidents	8.7%	8.9%	10.7%	10.4%	10.5%	6.4%	8.3%	6.5%	6.0%	5.4%
C2 Incidents	57.0%	57.4%	53.1%	58.8%	59.2%	55.4%	58.4%	50.3%	54.6%	49.6%
C3 Incidents	16.3%	20.6%	18.1%	16.8%	14.5%	23.8%	18.2%	32.5%	28.6%	29.5%
C4 Incidents	0.9%	1.9%	2.9%	1.0%	2.7%	1.8%	1.1%	1.4%	0.6%	1.6%
HCP 1-4 Hour Incidents	7.9%	3.2%	7.2%	4.7%	3.3%	4.4%	8.4%	5.3%	4.8%	7.3%
Hear and Treat	6.6%	6.8%	7.3%	8.0%	6.4%	5.5%	5.5%	3.8%	5.8%	7.9%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:07:19	00:07:03	00:07:31	00:07:45	00:08:09	00:07:02	00:06:40	00:07:02	00:07:43	00:07:28
C1-90th centile response time (Target 00:15:00)	00:12:31	00:11:48	00:12:43	00:14:03	00:15:01	00:12:48	00:11:25	00:12:13	00:14:37	00:13:20
C2-Mean response time (Target 00:18:00)	00:21:50	00:19:08	00:26:17	00:32:43	00:29:25	00:28:21	00:32:17	00:13:49	00:20:06	00:19:27
C2-90th centile response time (Target 00:40:00)	00:45:11	00:38:36	00:55:55	01:07:27	01:00:06	00:59:06	01:06:10	00:25:21	00:38:01	00:40:07
C3-90th centile response time (Target 02:00:00)	02:09:54	02:25:11	03:33:03	04:08:24	04:26:42	02:52:50	04:28:30	02:01:43	03:52:51	02:30:05
C4-90th centile response time (Target 03:00:00)	02:40:55	02:56:11	03:23:07	04:06:46	04:15:30	03:11:48	03:16:58	02:58:49	05:34:12	03:28:18
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	59.4%	58.8%	59.8%	63.1%	58.2%	53.7%	58.4%	55.0%	61.8%	53.2%
Incidents with transport not to ED	9.4%	6.5%	5.7%	4.6%	2.9%	4.7%	10.4%	6.6%	1.1%	7.0%
Incidents with face to face response	24.6%	28.0%	27.2%	24.3%	32.5%	36.0%	25.7%	34.6%	31.3%	31.9%

Clinical (April 2019)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
ROSC	25.9%	34.5%	33.6%	32.4%	29.9%	34.0%	35.9%	34.4%	22.5%	30.7%
ROSC - Utstein	51.7%	55.3%	59.1%	55.6%	46.7%	59.0%	50.0%	65.7%	31.0%	66.7%
Cardiac - Survival To Discharge	8.3%	8.7%	10.6%	10.5%	12.0%	9.9%	9.2%	16.5%	8.5%	14.5%
Cardiac - Survival To Discharge Utstein	30.8%	26.7%	33.3%	40.0%	31.0%	41.0%	31.8%	44.1%	24.1%	36.0%

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