



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

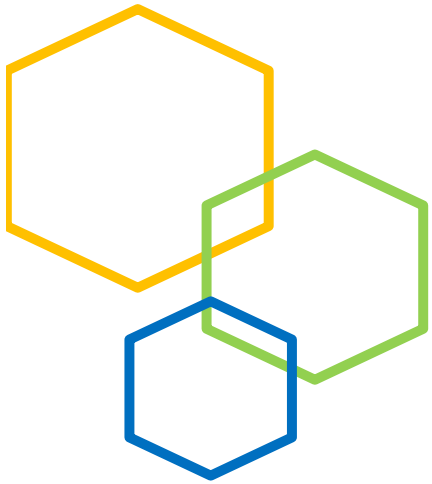
Inspected and rated

Good





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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



with our core values embedded in all we do



Our Vision

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

Our Ambition for 2023 is that



Delivery is directly supported by a range of enabling strategies



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

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

Our Ambitions for 2023

We achieve excellence in everything we do

We use resources wisely to invest in and sustain services

Our Key Priorities

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



The 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.

Summary of Exceptions

October 2019

| Service Line | Indicator ID | Exception Commentary |
|--|--------------|---|
| Integrated Urgent Care | 001 | <p>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.</p> <p>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.</p> <p>A performance review and action plan was provided to commissioners based on these challenges at the end of October.</p> |
| PTS | 004 | <p>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.</p> |
| Patients ACQI | 005 | <p>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.</p> |
| Achieving excellence - clinical outcomes | 014 | <p>Please note: the call to balloon time in the STEMI data remains incomplete due to hospital cycles of data submission.</p> <p>Stroke call to door times are also incomplete as Leeds do not submit data to SNAPP.</p> |
| A+E Operations | Chart 3 | <p>Improvement in see, treat and refer levels is a positive exception and improvements appear to be achieving a new std level.</p> |
| A+E Operations | Demand | <p>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.</p> |
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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 | 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 | | | | |
| | | 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% | ▲ | |
| | | | | | | | 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 | ▲ |
| | | | 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 | ▲ |
| | | | 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% | | |

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

Our People

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 | Actual | 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 | | | |
| | | 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 | | | YTD | | | |
|--------------|--------------------------------------|--|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------------|--------|---------|---------------|--------|
| | | | | | | | | | | | | | | Plan | Actual | Plan v Actual | Plan | Actual | 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 |
| 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% | 3.3% | 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% | | 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 £11.1m 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.

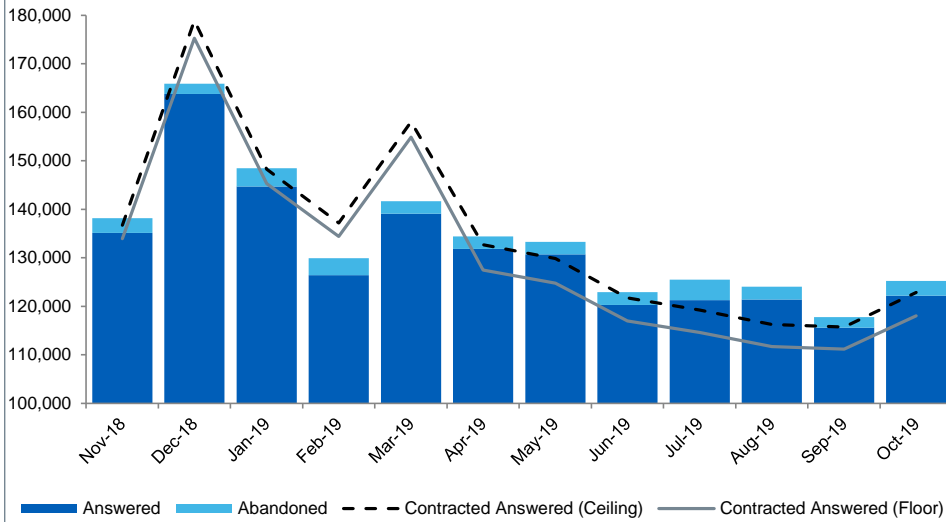
Cash - At the end of October 2019 the Trust's cash position was £53.7m against a plan of £38.9m, a favourable variance of £14.8m. The variance largely results from continued underspends on capital (£6.6m), receivables being better than plan (£5.4m) and payables being worse than plan (£2.5m)

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).

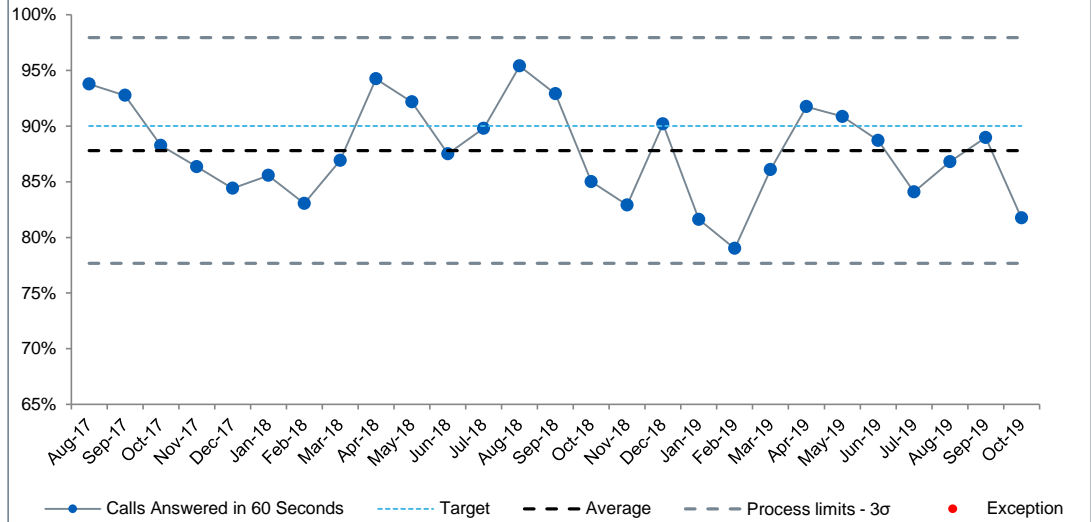


SERVICE LINES

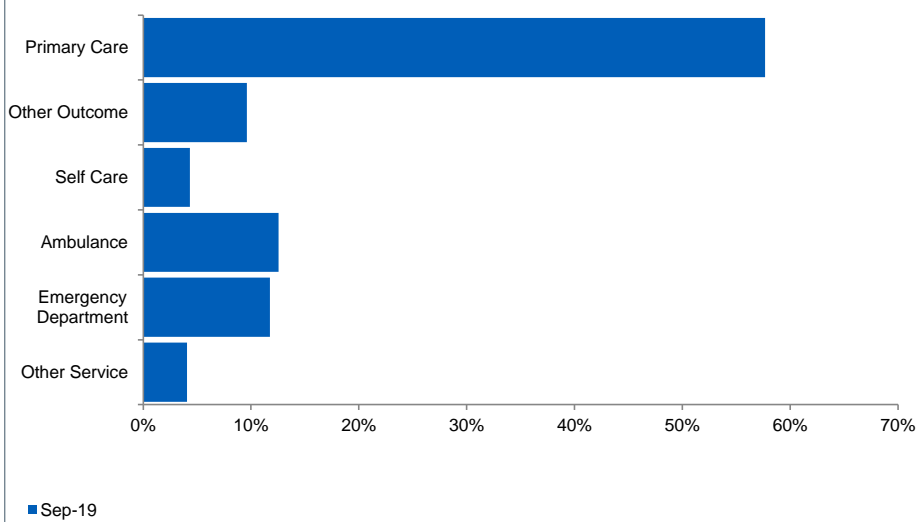
IUC Chart 1: Demand - Calls



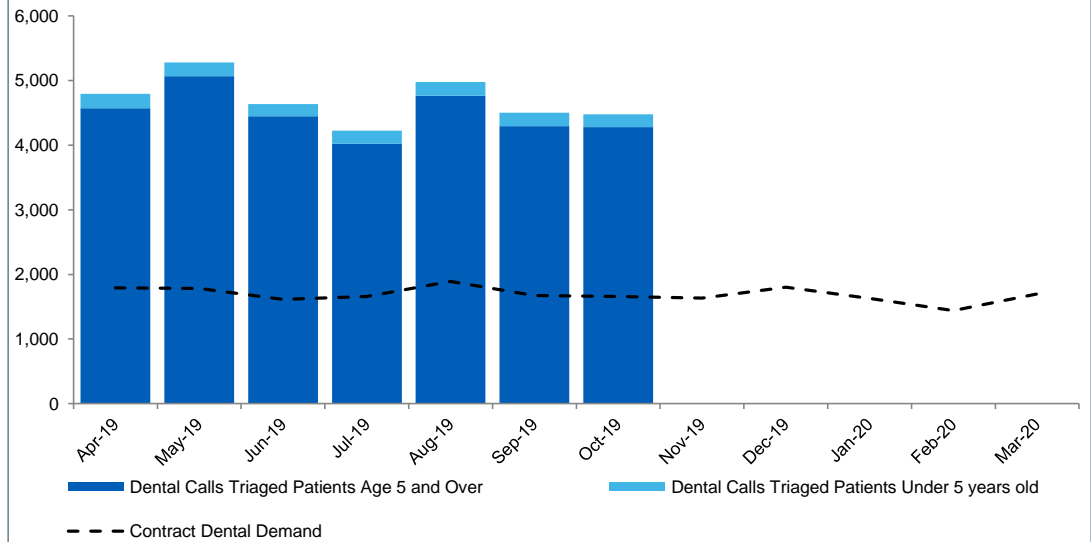
IUC Chart 2: Performance - Calls Answered in 60 Seconds



IUC Chart 3: Outcomes



IUC Chart 4: Demand - Dental





Integrated Urgent Care

October 2019

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:

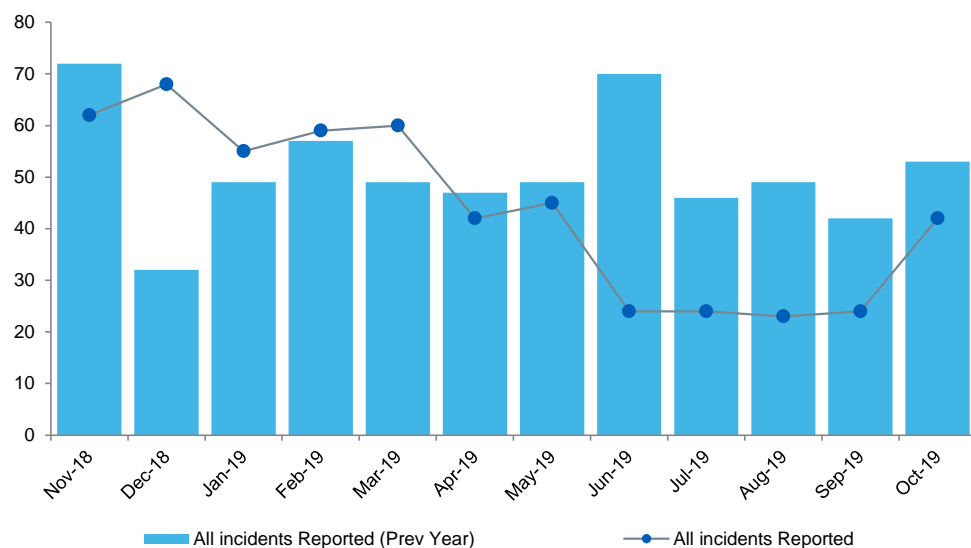
Demand for the IUC service April through to October 2019 has been close to ceiling levels, at 0.6% above ceiling YTD

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

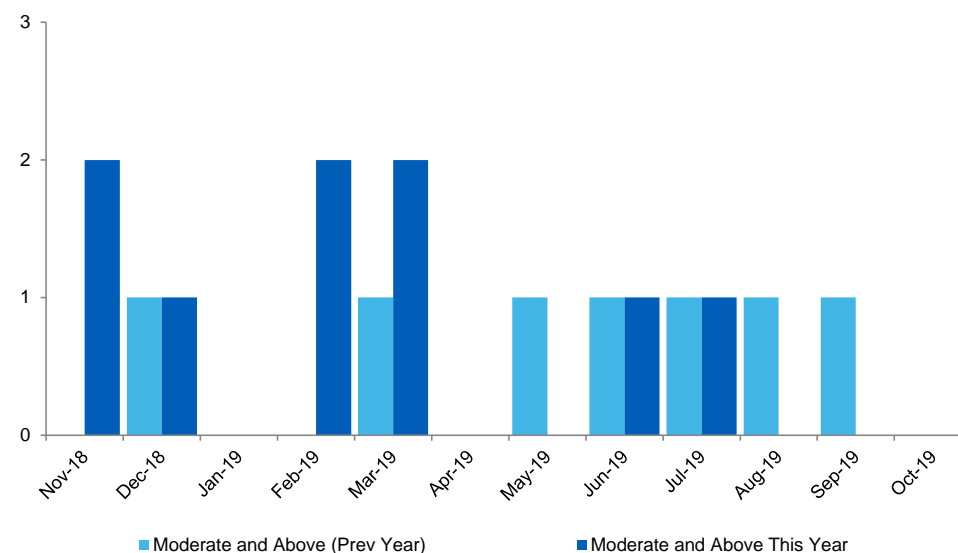
Clinical call back year to date has now fallen short of the national target, this is predominately due to the clinical capacity within IUC. To support the increase of clinical triage support in both our 999/111 services the Trust has launched a clinical recruitment campaign, with the use of external 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

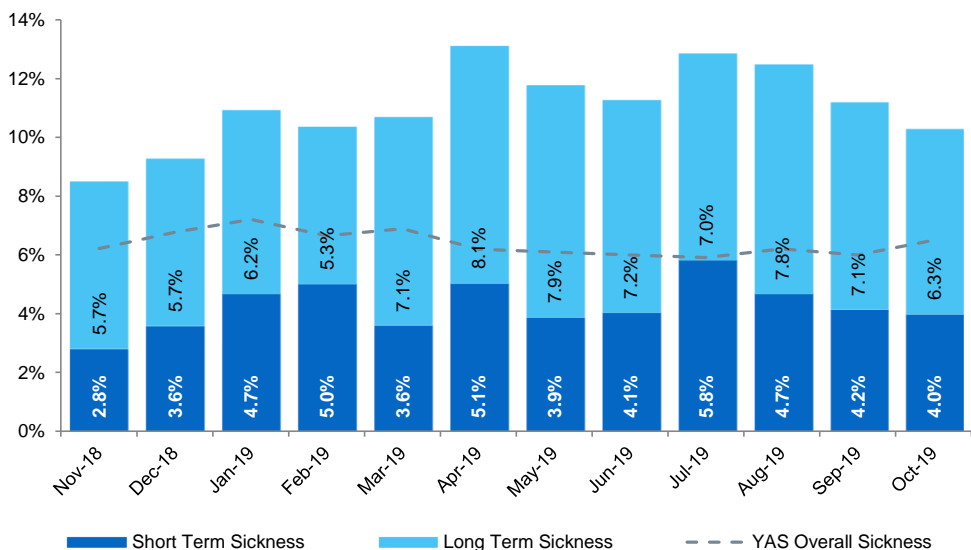
IUC Chart 5: Quality - Reported Incidents



IUC Chart 6: Quality - Reported Incidents - Moderate & Above



IUC Chart 7: Workforce - 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.

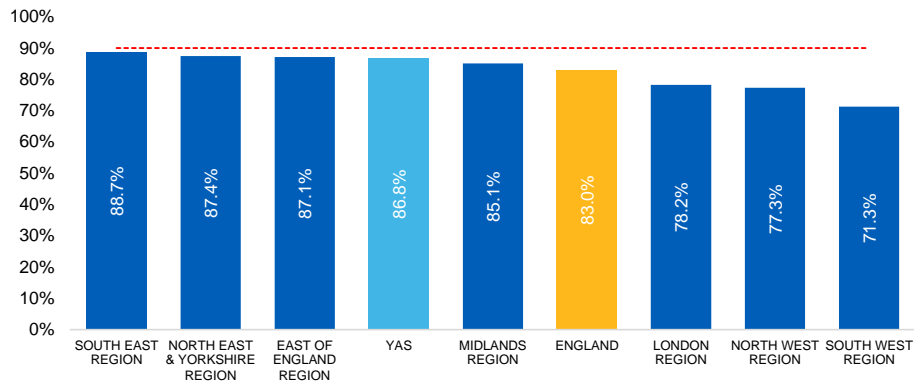
Workforce Commentary:

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.

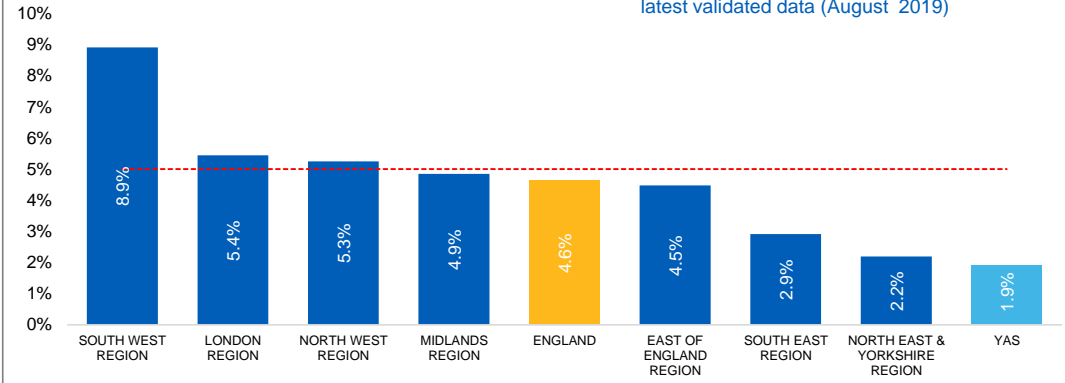
The absence management project continues to be progressed in IUC, which has included a process mapping exercise, a data review, introduction of welfare officers and additional training on the new absence reporting process. Long term absence management is being coordinated by a small team of managers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

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

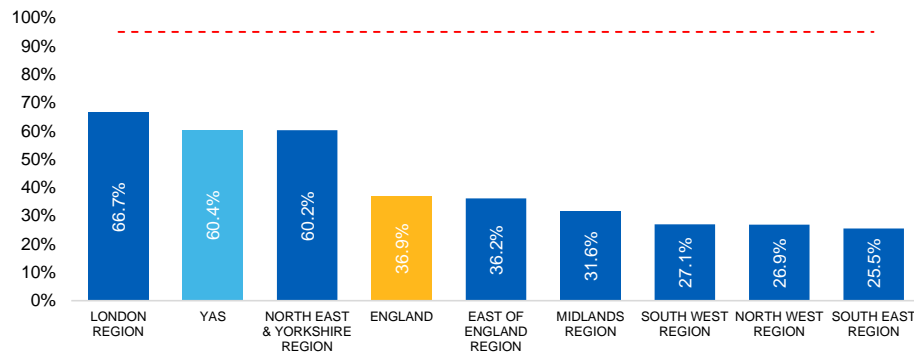


IUC Chart 9: Calls Abandoned (5%)

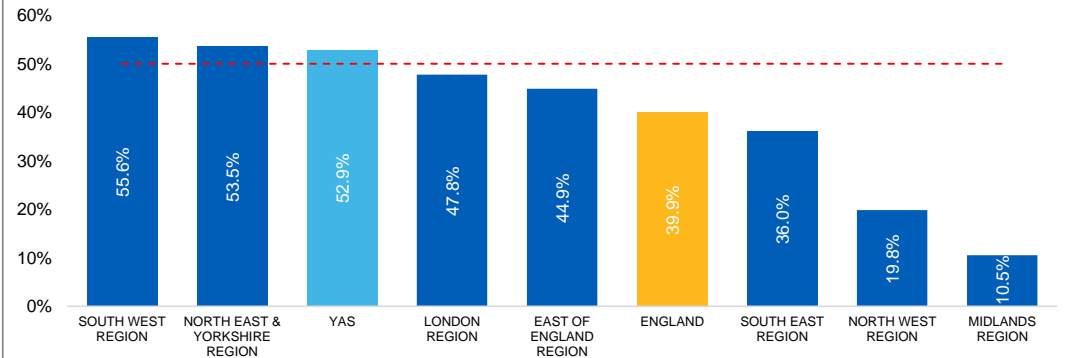
Benchmarking Information is based on the latest validated data (August 2019)



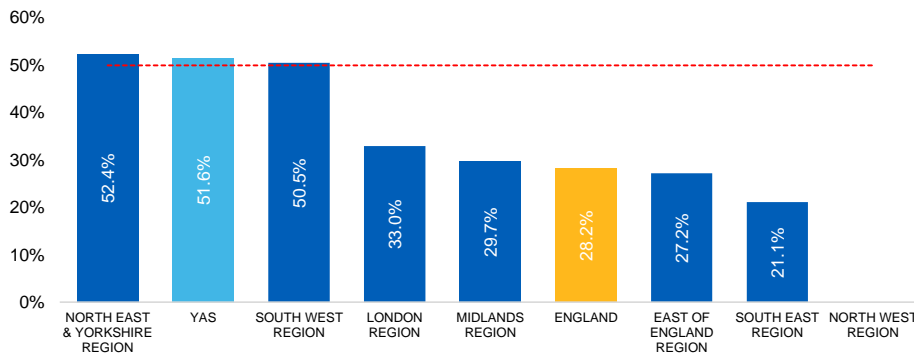
IUC Chart 10: Bookings into IUC Treatment Centres (95%)



IUC Chart 11: Bookings into UTC (50%)



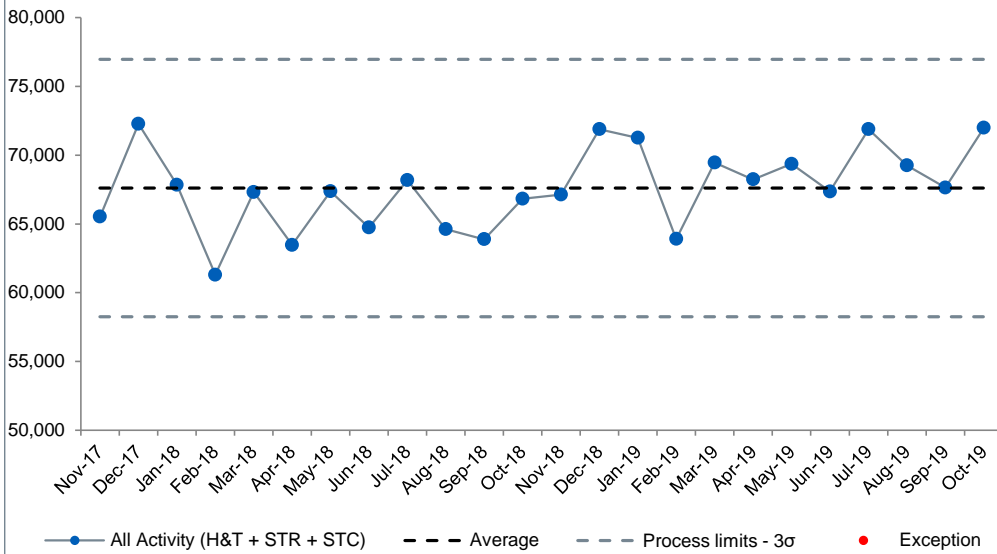
IUC Chart 12: ED Validations (50%)



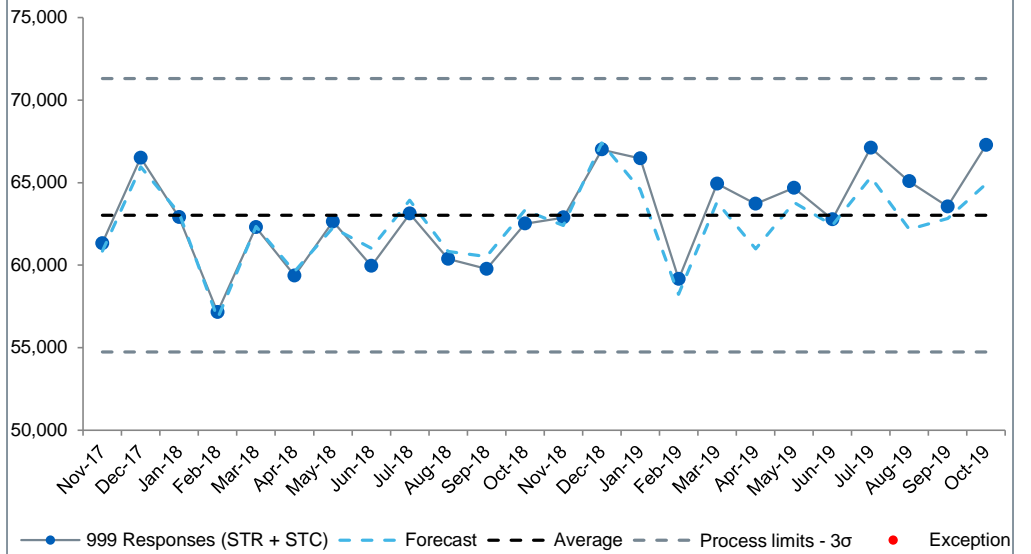
IUC Chart 13: Ambulance Validations (95%)



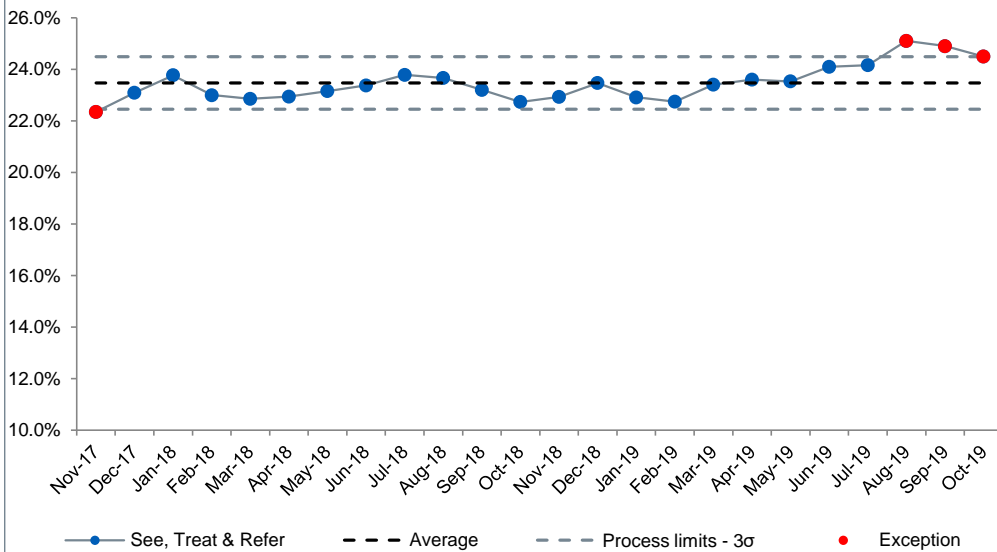
A&E Chart 1: Demand - All Activity (H&T + STR + STC)



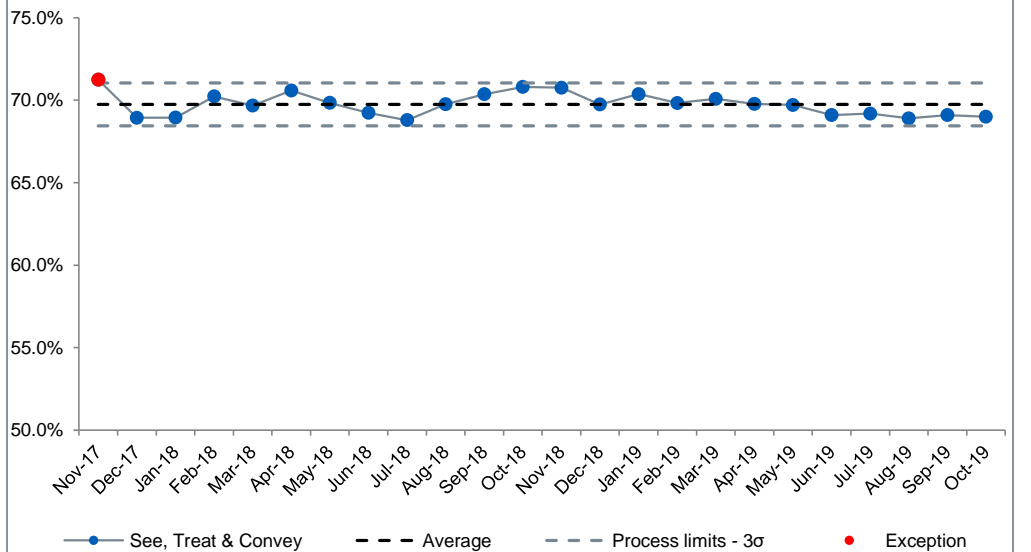
A&E Chart 2: Demand - 999 Responses (STR + STC)



A&E Chart 3: Demand - See, Treat & Refer %

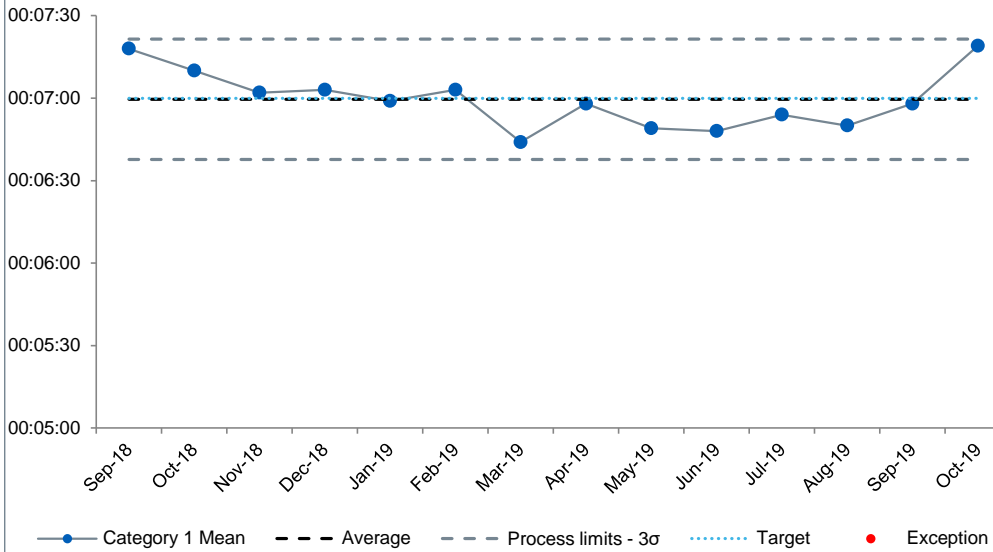


A&E Chart 4: Demand - See, Treat & Convey %



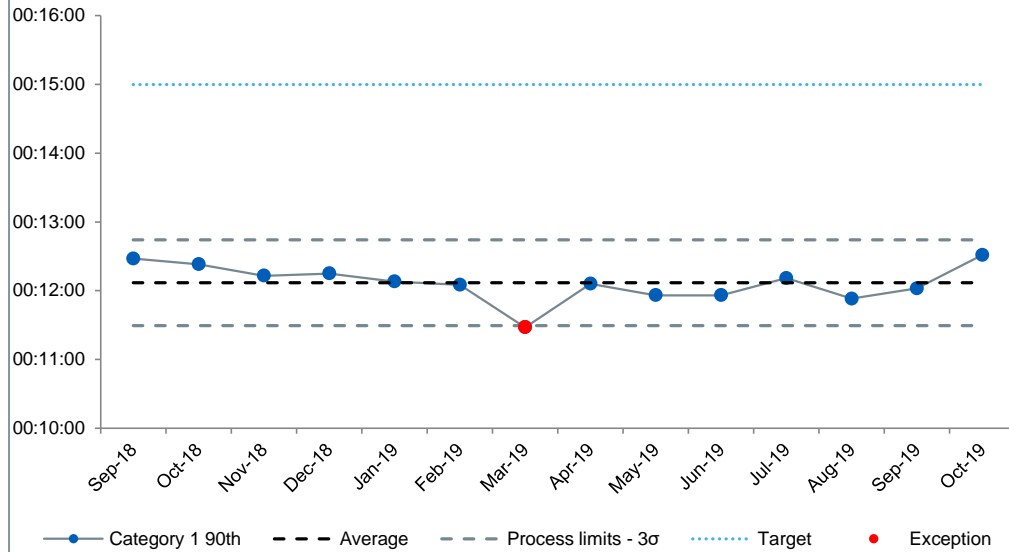
A&E Chart 5: Performance - Category 1 Mean

Year to Date **00:06:57**



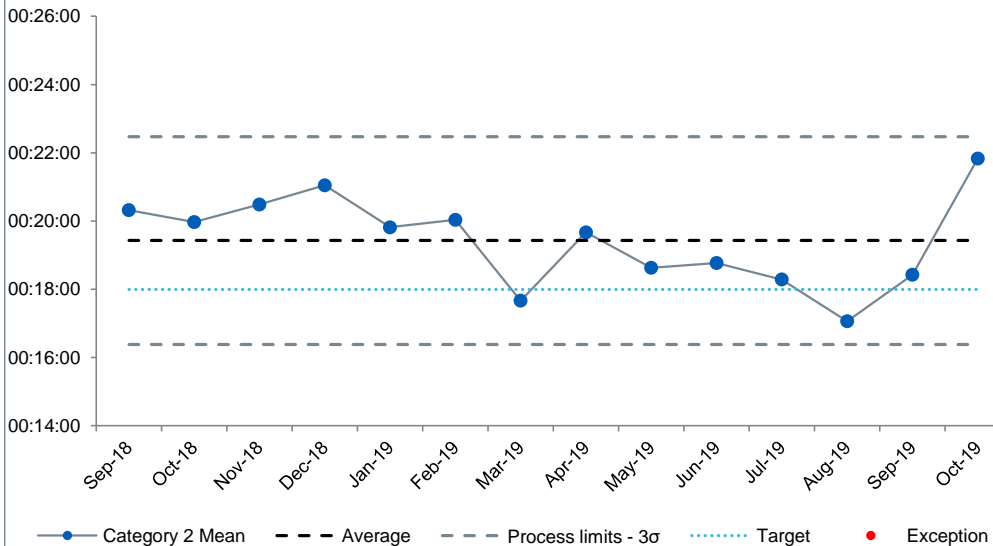
A&E Chart 6: Performance - Category 1 90th Percentile

Year to Date **00:12:06**



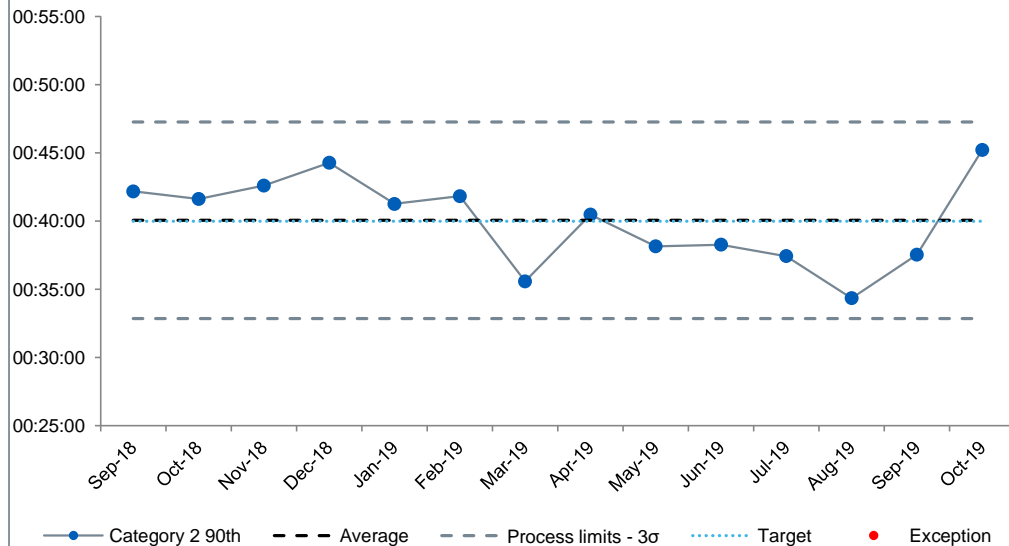
A&E Chart 7: Performance - Category 2 Mean

Year to Date **00:18:59**



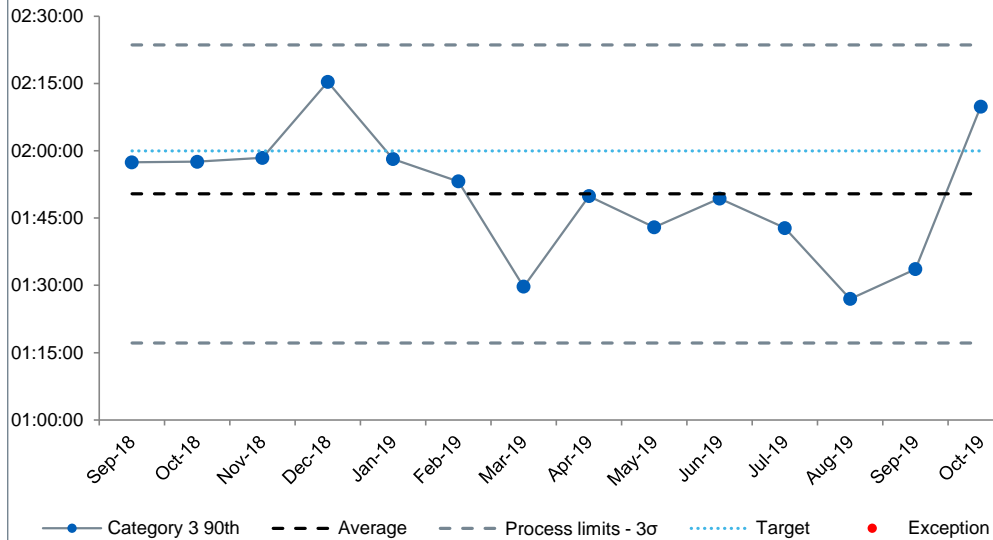
A&E Chart 8: Performance - Category 2 90th Percentile

Year to Date **00:38:59**



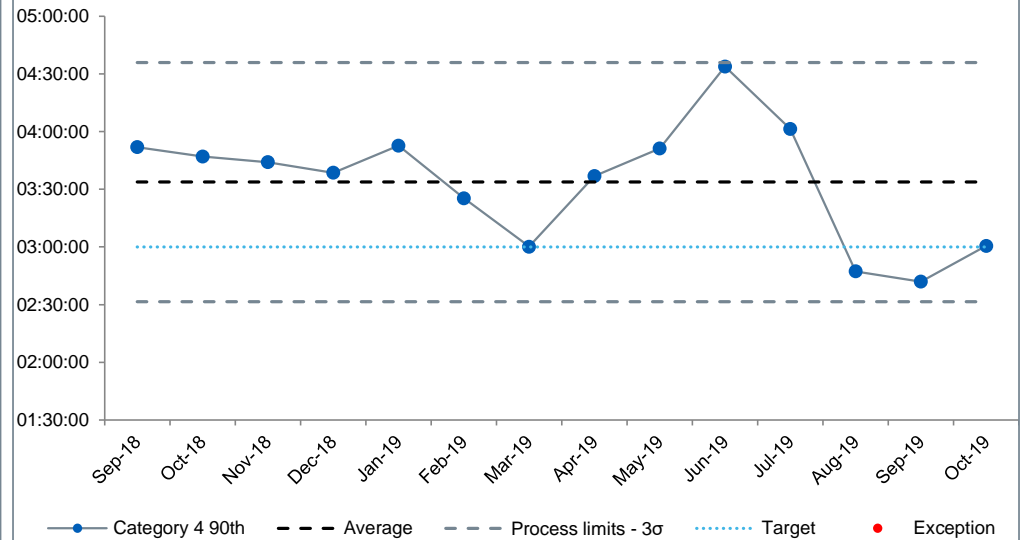
A&E Chart 9: Performance - Category 3 90th Percentile

Year to Date **01:45:47**

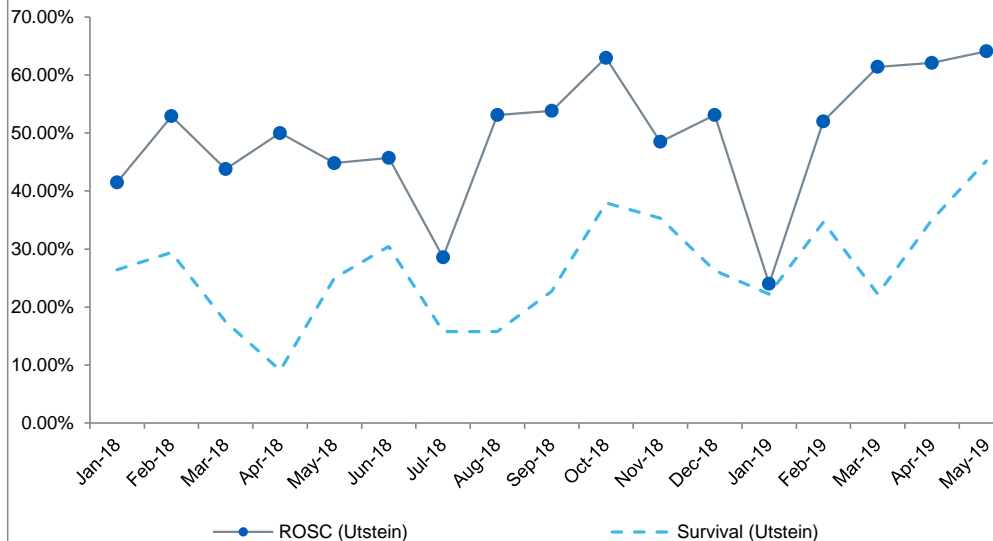


A&E Chart 10: Performance - Category 4 90th Percentile

Year to Date **03:23:29**



A&E Chart 11: Performance - ROSC (Utstein) & Survival (Utstein)



Performance Commentary:

The demand pressures we have seen this year continue. Demand increases above forecast rose significantly 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 performance delivery.

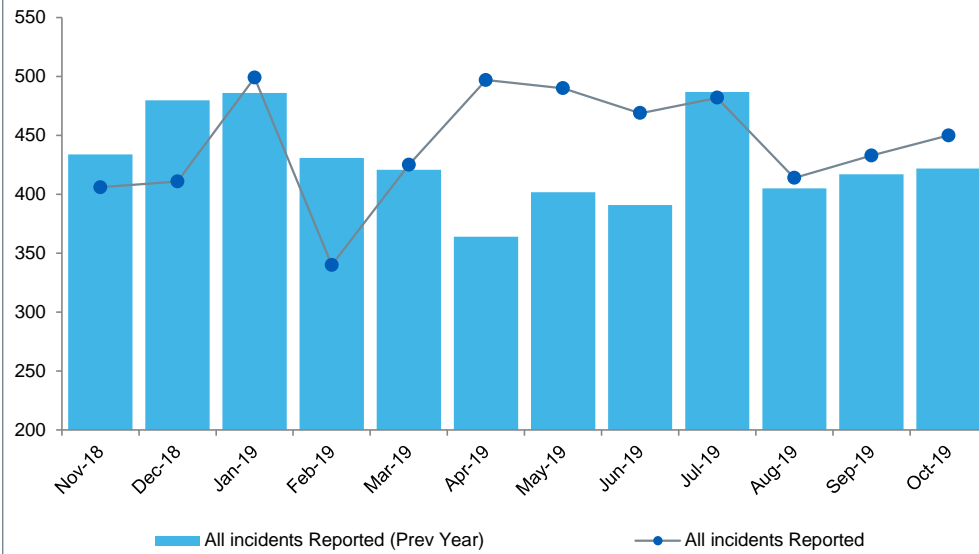
Performance in October saw a failure against all the agreed trajectories except in CAT4. The CAT4 improvement continued from August and September although worsened in October in line with all Category standards. Notable however that the excessive delays we have seen in the past are ebing more effectively 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.

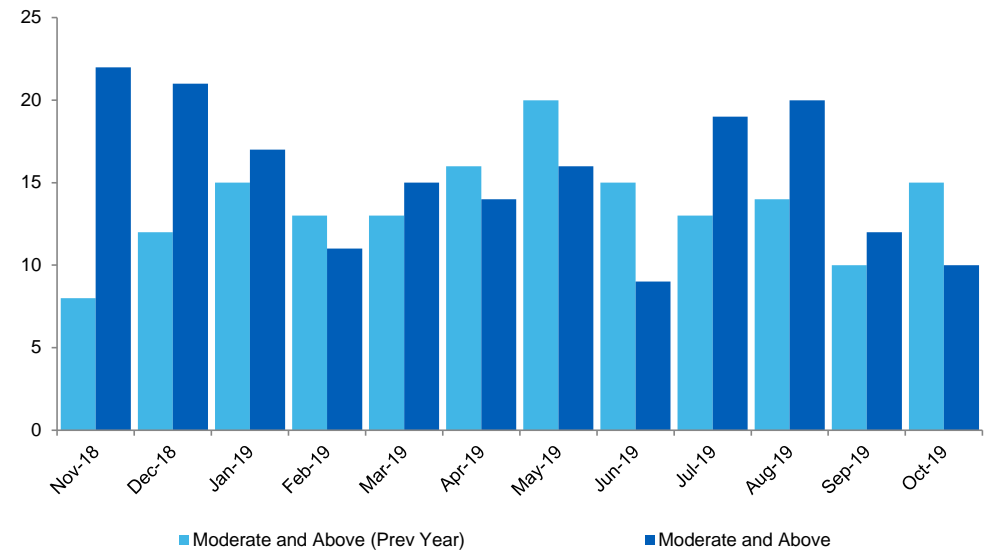
Hospital turnaround performance continued to significantly impact on available operational hours and resulted in call cycle time extension. Work with acute hospitals and systems to improve processes continues with greater regional involvement from NHSI.

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

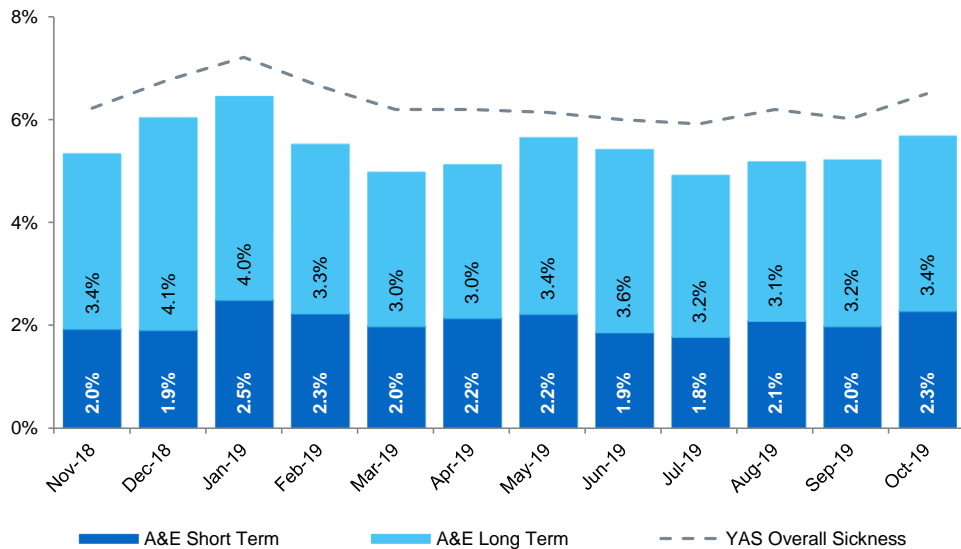
A&E Cht12: Quality - Reported Incidents



A&E Cht13: Quality - Reported Incidents - Moderate & Above



A&E Cht14: Workforce - Sickness



Quality Commentary:

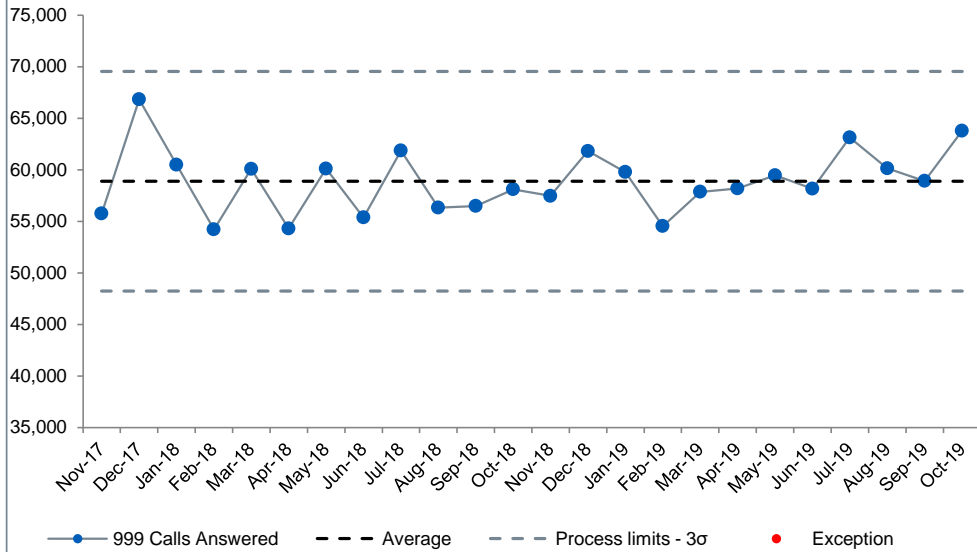
Reported incidents increased for the month of October in line with demand pressure. 450 incidents were reported (0.6% of all attended incidents.) Those rated moderate and above reduced further over the previous month to 10 (0.02% of all incidents) which was a reduction over the previous year.

Workforce Commentary:

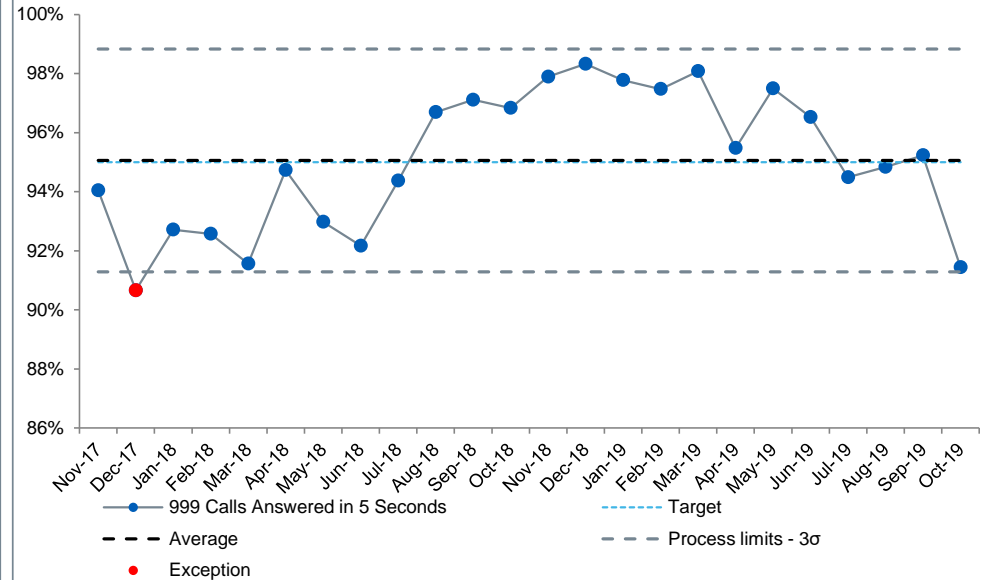
Sickness absence management has been a key focus in Operational areas and the continued levels of 5.7% are below trust average and remains positive. Work continues to reduce this further with significant input from managerial and HR teams.

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

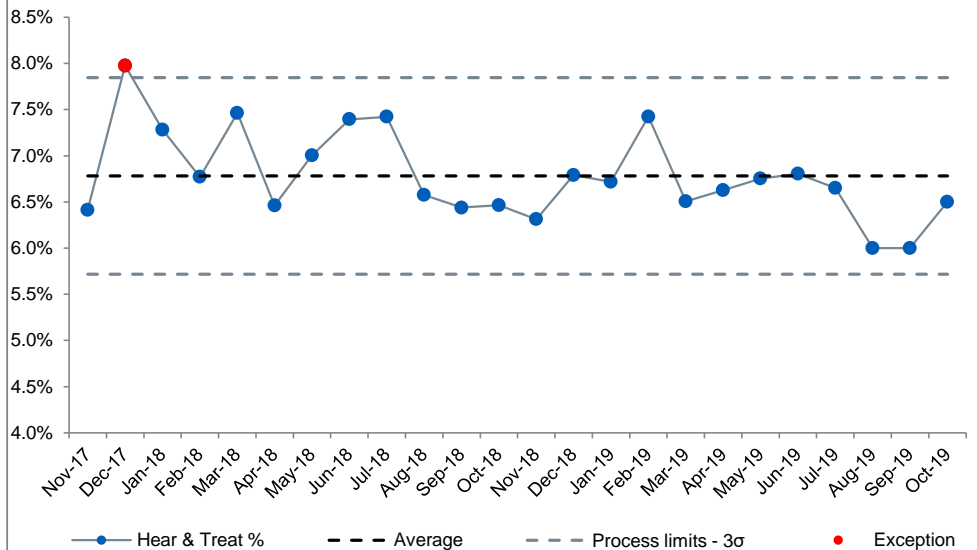
EOC Chart 1: Demand - 999 Calls Answered



EOC Chart 2: Performance - 999 Calls Answered in 5 Seconds



EOC Chart 3: Performance - % Hear & Treat

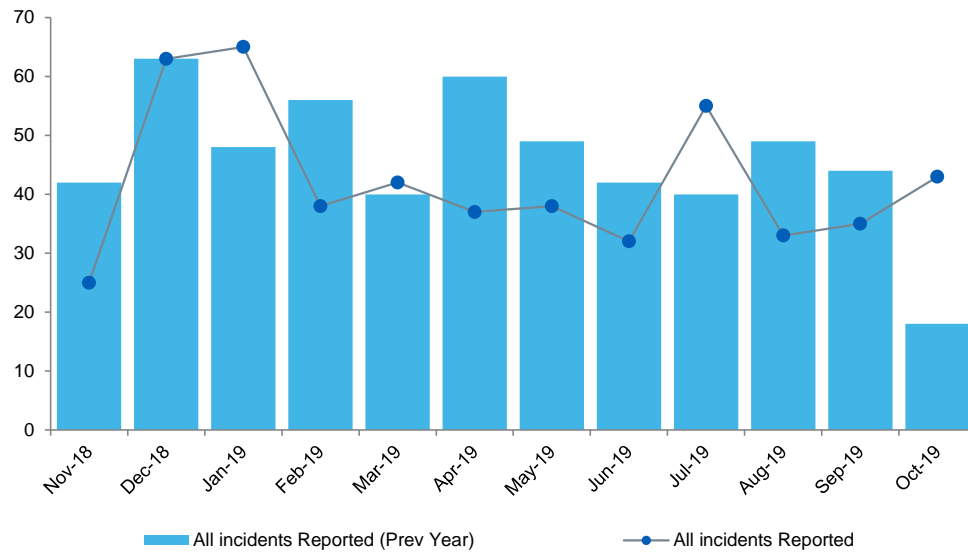


Performance Commentary:

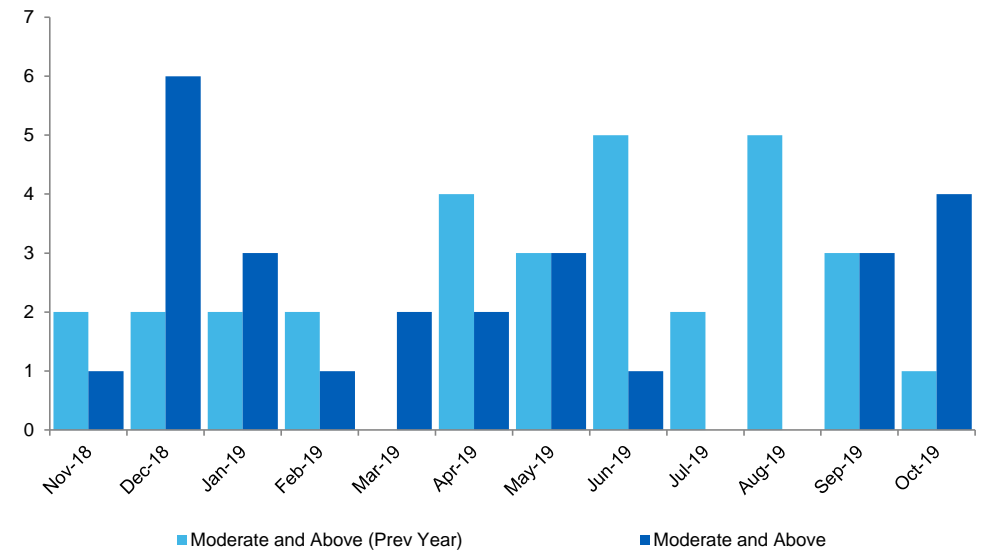
In October call volumes rose to the highest level seen since November 2017. In doing so Call answer standards were not delivered to the 95% in 5 seconds position and mirrored the same levels seen in the Winter of 2017.

Hear and Treat performance improved following the previous months low. It continues to be a key focus area for improvement. EOC are currently 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.

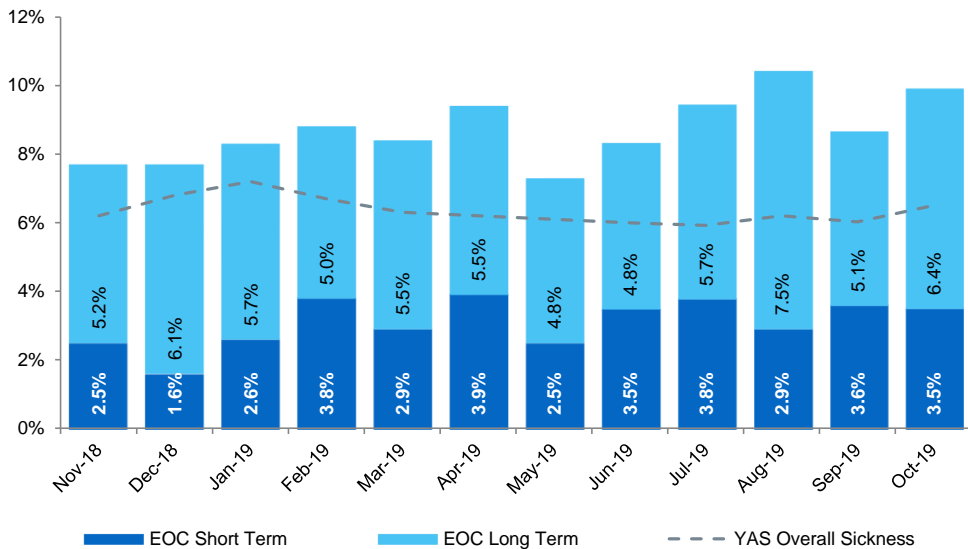
EOC Chart 4: Quality - Reported Incidents



EOC Chart 5: Quality - Reported Incidents - Moderate & Above



EOC Chart 6: Workforce - Sickness



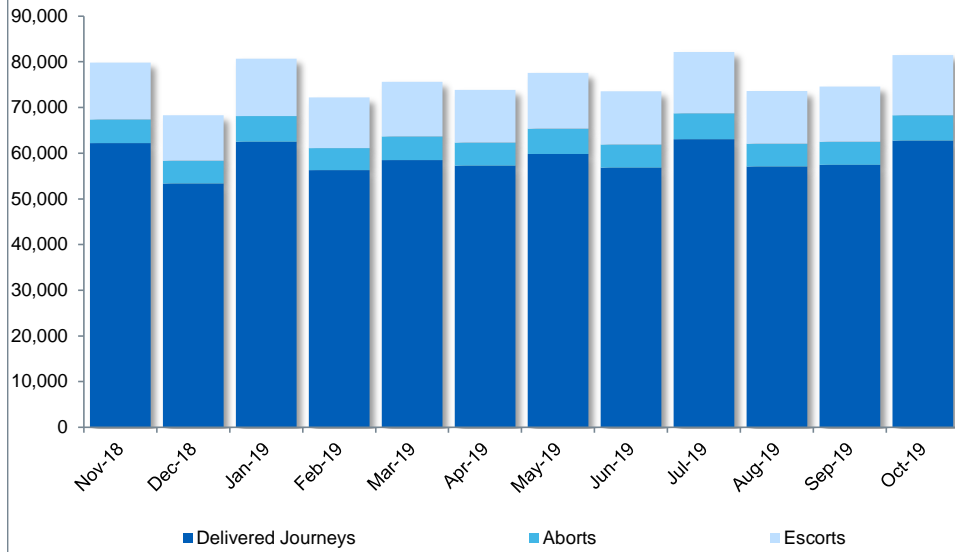
Quality Commentary:

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

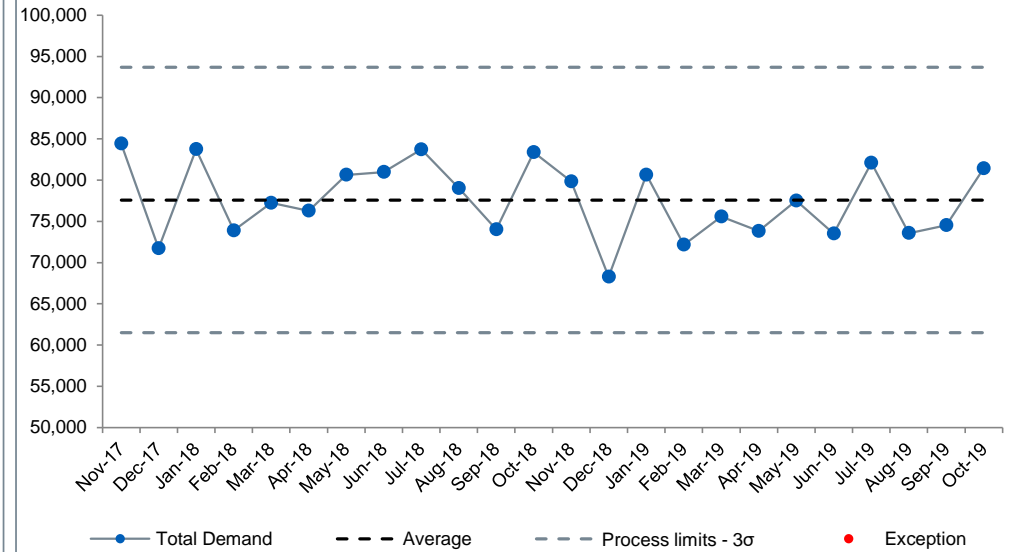
Workforce Commentary:

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 significant 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.

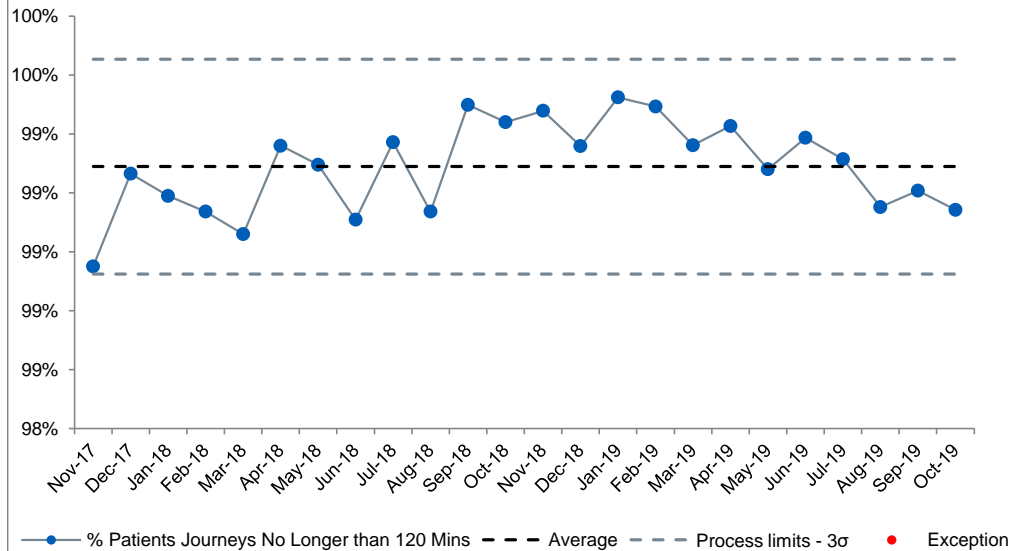
PTS Chart 1: Demand - Journeys



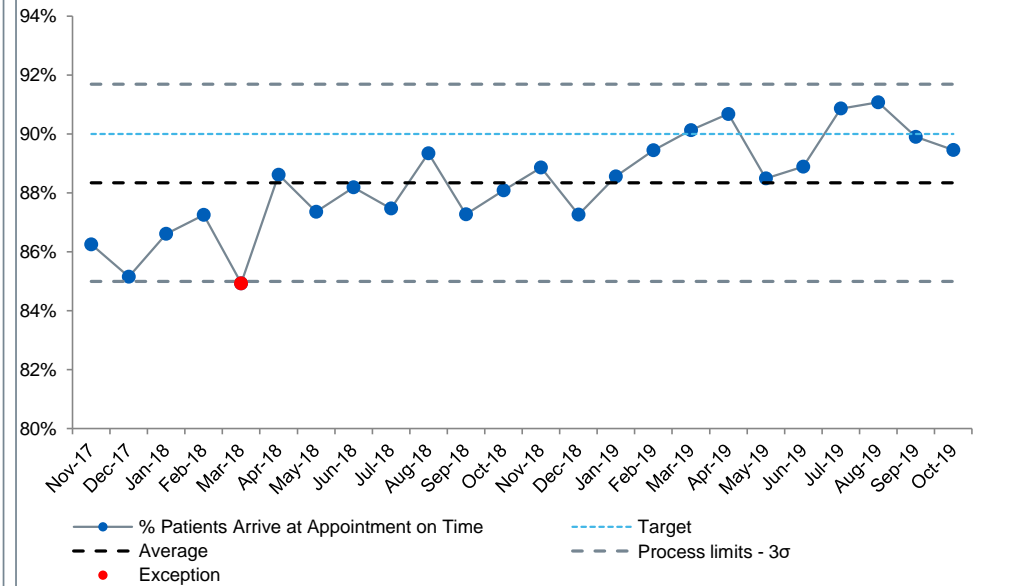
PTS Chart 2: Demand - Total Demand



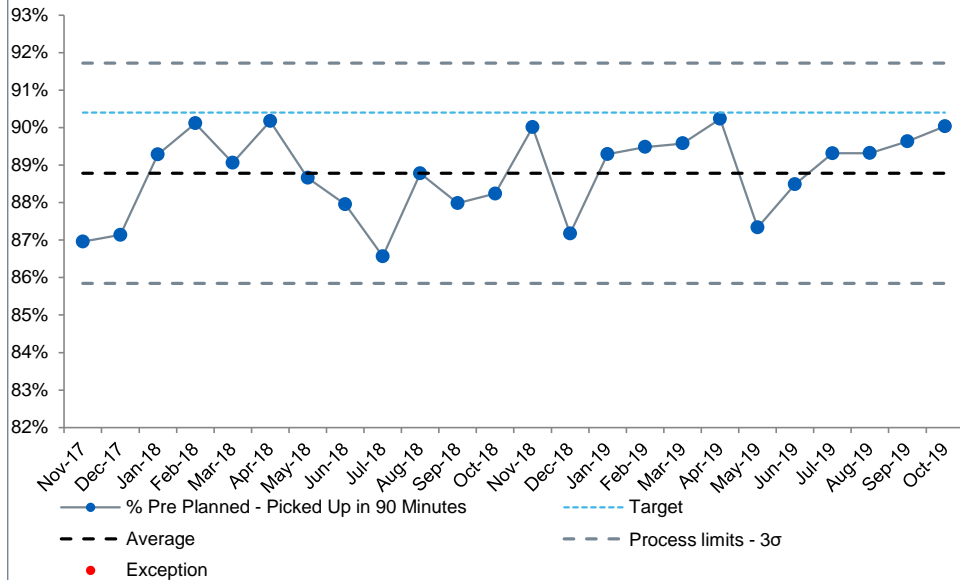
PTS Chart 3: % Patients Journeys to be no longer than 120 Minutes



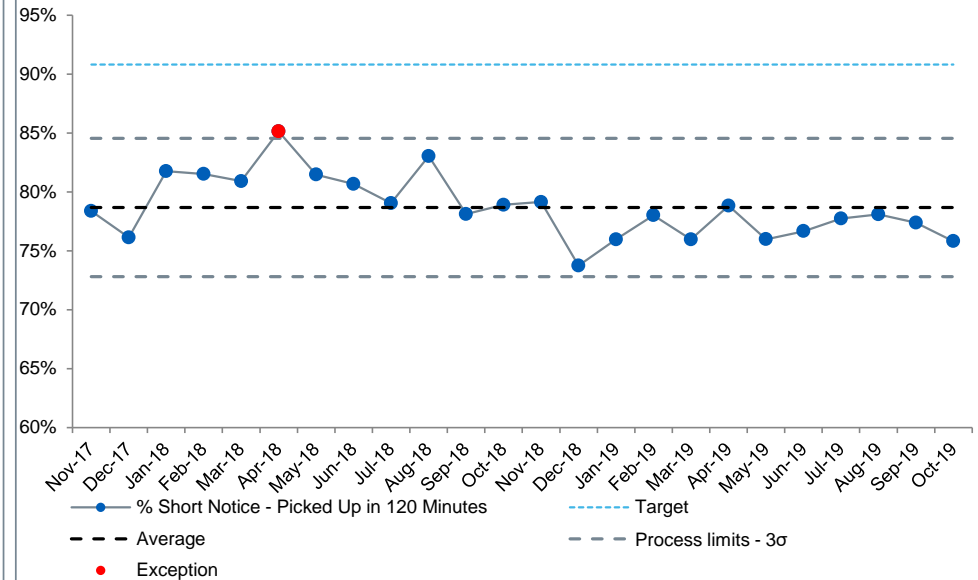
PTS Chart 4: % Patients Arrive at Appointment on Time



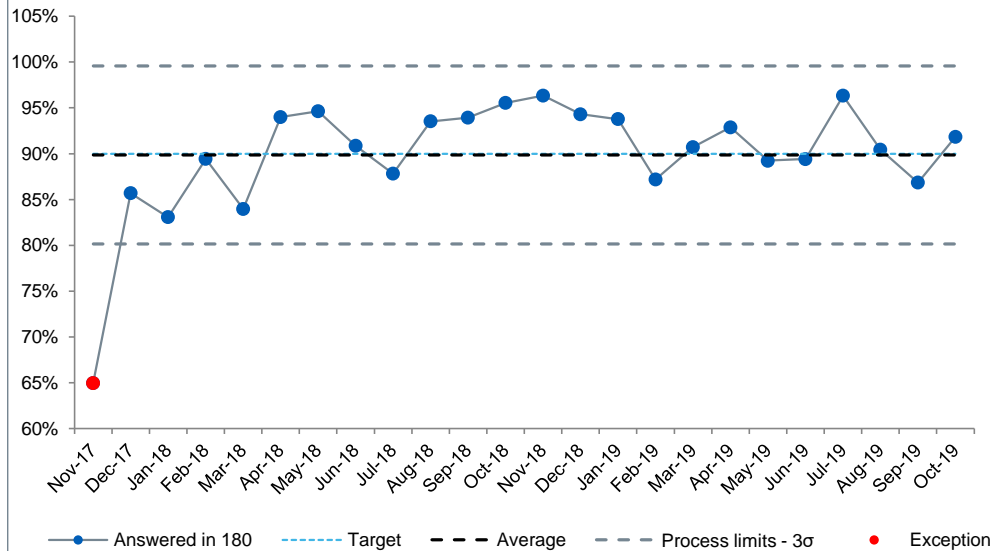
PTS Chart 5: Performance - % Pre Planned - Picked Up in 90 Minutes



PTS Chart 6: Performance - % Short Notice - Picked Up in 120 Mins



PTS Chart 7: Telephony - Calls Answered within 180 Seconds



Performance Commentary:

The total demand for the past 3 months, August to October has also shown an increase of some 7,866 journeys.

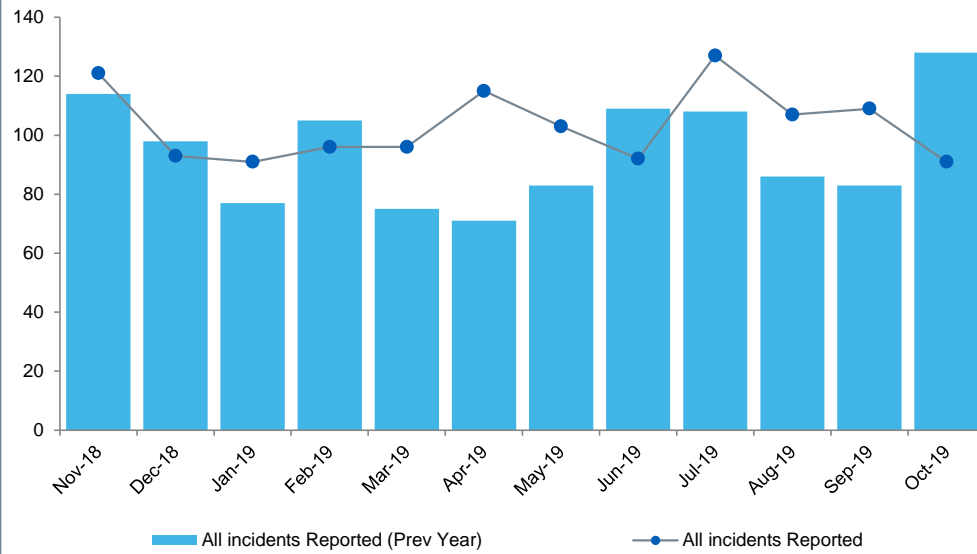
Importantly our patients arrive prior to appointment. KPIs 1 and 2 continue to exceed target throughout the Region.

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

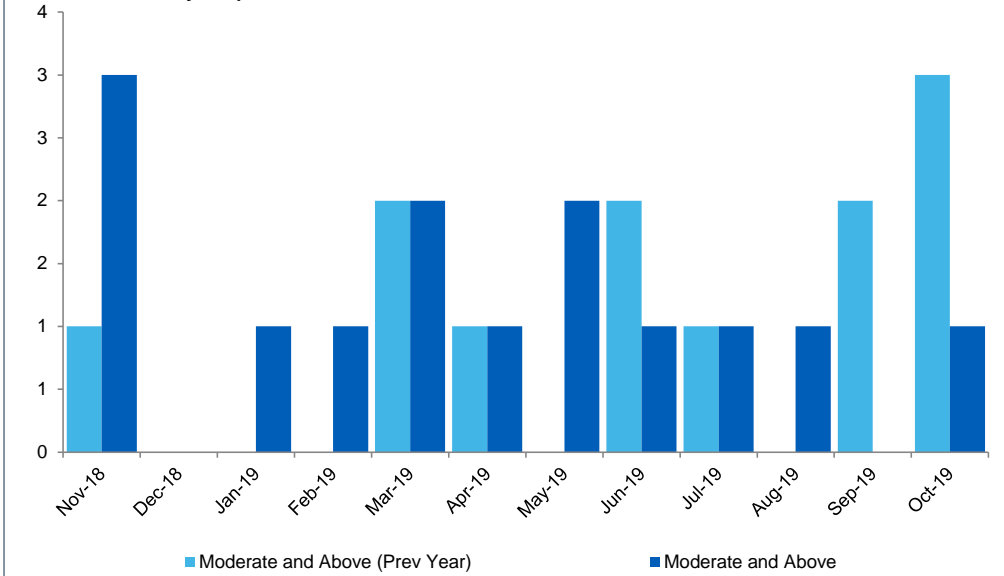
KPI 4 (on-day discharge) did not achieve target and is below YTD. There has been an increase in unscheduled DDS activity in Mid Yorks during October, PTS are working closely with Sheffield CCG and Acutes focusing on high abort rates on discharges; PTS North & East activity is significantly above what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

PTS calls answered had an unusual dip in September but is again exceeding KPI in October.

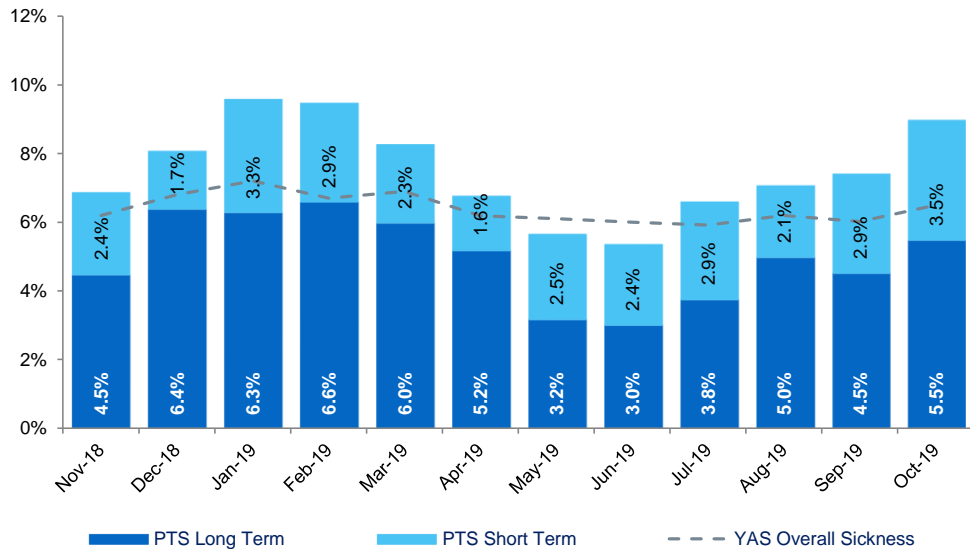
PTS Chart 8: Quality - Reported Incidents



PTS Chart 9: Quality - Reported Incidents - Moderate & Above



PTS Chart 10: 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.

Statutory & 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