



Integrated Performance Report

December 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**

1. Executive Overview
 - a. Strategy 2018 - 2023
 - b. Ambitions & Key Priorities
2. Service Transformation & System Pressures
3. Summary of Exceptions
4. Patients & Communities
5. Our People
6. Achieving Excellence
7. Resource & Sustainability
8. Service Lines
 - a. Integrated Urgent Care
 - b. Emergency Operations Centre
 - c. A&E Operations
 - d. Patient Transport Service
9. National Benchmarking



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



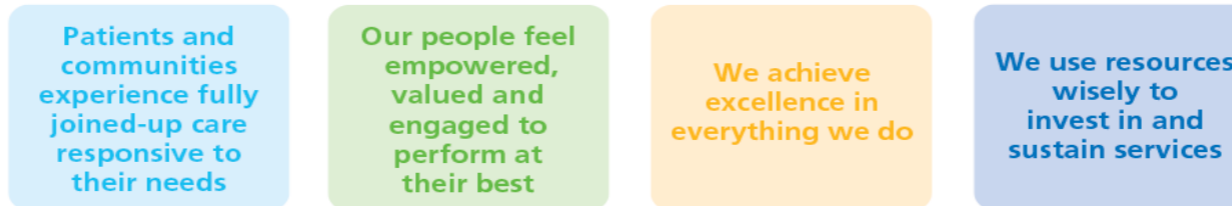
with our core values embedded in all we do



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.

<h3>Service Delivery & Integrated Workforce</h3>	<p>GREEN</p>	<h3>Place Based Care</h3>	<p>GREEN</p>
<p>December Performance: National standards and agreed performance trajectories were not achieved on the following; C1 Mean, C2 Mean and 90th centile, C3 90th centile.</p> <p>YAS Total Transport: Pilot proposal presented at the December meeting. The proposal will now go forward to TMG for corporate approval.</p> <p>Integrated Workforce: High-level driver diagram presented at the December SDIW Board meeting. Due to scale, scope and interdependencies the diagram will be shared with TEG for discussion and prioritisation of projects.</p> <p>EOC: Revised Hear and Treat targeting and current work plan were reviewed and agreed. Further Zonal working pilot planned Q4</p> <p>EOC/111: Integrated CAS initial scoping renewed by TEG. Senior programme lead now in post and work commenced on detailed project planning/PID development.</p> <p>Team based working - proposal agreed in TEG. Development of project plan and resource requirements in progress.</p> <p>Provisional programme focus for 2020:</p> <ul style="list-style-type: none"> - Integrated workforce - Team based working - Total transport - Integrated CAS (including zonal working pilot) 		<p>13.01.20:</p> <p>Care Homes: Care homes falls project in South has been extended with additional funding with an evaluation of current progress due in November.</p> <p>Mental Health: Programme plans under renew. MH Lead now in post. Planning underway for Mental Health Summit, proposed date; 23rd March 2020.</p> <p>Public Health: Public Health priorities for the organisation in place and include; suicide prevention and bereavement support, homelessness and isolation. Public Health Delivery Plan in place with progress monitored on a quarterly basis. MECC: Outline proposal and delivery plan for MECC in development.</p> <p>Place Based Engagement: Most of the new System Support & Delivery Manager roles are now in post with the remainder to follow over the coming months.</p> <p>Dashboards: Place based reporting tools for mental health and falls are in development.</p> <p>Provisional Programme Focus for 2020:</p> <ul style="list-style-type: none"> - ICS/place based plans and co-ordination including pathway development 999/IUC, UTCs - Mental Health - Frailty and falls (Am 'Aging Well' programme) - 999 Academy - Volunteering and Public Health 	
<h3>Infrastructure</h3>	<p>AMBER</p>	<h3>Capacity & Capability</h3>	<p>AMBER</p>
<p>07.01.20:</p> <p>ePR: 91% of YAS patient records now completed on ePR (excluding Low Acuity Transport); 1,890 ePRs completed per day; 681,062 ePRs completed to date. Go-live of the safeguarding referral functionality and associated new processes has been further delayed. One driver of this is to allow sufficient time for user training to ensure that the new arrangements have the requisite integrity and quality.</p> <p>Unified Comms: 'Go Live date' agreed as 1.2.20. Following further considerations during week commencing 06.01.20 it is now proposed to re-schedule the go-live date to after Easter. A key driver of this is a risk assessment relating to system functionality that currently allows only two agent observers on a call, as this does not meet the Trust's requirements.</p> <p>Hub and Spoke/AWP: There is an approximate delay of around four weeks for the completion of the new Doncaster Hub. This means the moving-in dates for staff have been postponed until February, with the new Doncaster Hub going live on 25th February 2020.</p> <p>Tranman: Implementation of the Tranman fleet management system remains challenging. The system has been deployed but there are outstanding issues with multiple areas of functionality such that its usage and associated benefits are constrained. Work is ongoing internally, and with the supplier (Civica), and with NAA partners to attempt to resolve these issues and further updates scheduled to Programme Board for assurance on progress.</p> <p>Warehouse: Single warehouse business case complete and processed through the internal gate process. Decision made to progress with work underway to identify a suitable warehouse in line with organisational requirements with site visits planned end January and early February. Final decision subject to Board approval.</p> <p>Benefits realisation: The Programme Board has initiated a review to focus on benefits realisation and alignment of disparate initiatives relating to digital and 'agile working' developments, to ensure a more focused approach to the overall programme in 2020/21. MIH consultancy have been commissioned to provide support to this process during Q4.</p> <p>Provisional Programme Focus for 2020:</p> <p>Digital enablers and benefits realisation (including unified comms, Microsoft 365, EPR, CAD (linked to NAA) Tranman and associated 'agile' working initiatives).</p> <ul style="list-style-type: none"> - Hub and Spoke and AVP. - Logistics including single warehouse, aligned to AVP. - Emergency Services Radio Programme (aligned to national time table) 		<p>Accountability Framework:</p> <p>First draft programme plan developed and presented to programme board. Workstreams renewal and refined with Executive leads.</p> <p>Performance Reporting:</p> <p>Options appraised for future integrated business reporting tool renewed and recommendations agreed.</p> <p>HR:</p> <p>HR improvement project submitted its first highlight report for consideration by the Transformation Board. Options for the employee engagement platform presented and agreed by the Transformation Board. Future training model support for development of the future model has been procured and commenced January 2020 for a three month period.</p> <p>Provisional Programme Focus for 2020:</p> <ul style="list-style-type: none"> - Accountability Framework. - Future training model. - Cultural development –alignment of work streams. - VFM priorities (aligned to wider NAA programme). 	



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

- 'System by default' from April 2020 for system level planning and governance.
- National planning guidance has been delayed – YAS planning lead working with NHSE/I regional team to develop understanding of response requirements as a regional provider.
- A&E Delivery Boards seeking assurance on performance and related actions relating to escalation to REAP level 3 and mitigating further escalation – YAS response shared via A&E Delivery Boards.
- Ongoing challenges in relation to handover delays across a range of Acute hospital providers.

Service Line	Indicator ID	Exception Commentary
IUC	001	There was a 21% demand increase in December 2019 with 160,403 patients calls answered compared to 132,591 in November . Despite the significant increase in demand the service performance improved by 7.3% from November to 83.1% calls answered in 60 seconds. There was a similar improvement in clinical call backs, 5.7% increase from November and these improvements whilst below target are encouraging and hopefully can be maintained through the following winter months. The festive period is always a busy time for IUC and the Y&H service benchmarked favourably against the other providers, with YAS second in the country across the Christmas and New Year week.
A+E Ops	Patients Conveyed to Hospital	Conveyance to hospital percentage fell to its lowest point in the last 12 months and certainly beyond. Improvements in Hear and Treat and See treat and refer over last month help support this signifcant achievement in avoiding unnecessary hospital attendance.
A+E Ops EOC	002 Calls Answered in 5 secs	Excessive demand in this category led to a significant deterioration of performance within this category. Workforce plans and levels of operational hours were at the planned levels for this period, however, sickness levels in EMDs has compromised this position. The loss of operational hours as a result of hospital handover delays has seen an excessive position and this correlates to the performance outturn in this category.
A+E Ops	003: CAT1 Mean / 90th 003: CAT2 Mean / 90th	Excessive demand in this category led to a significant deterioration of workforce plans and levels of operational hours were at planned levels for this period. However, the loss of operational hours as a result of Hospital Handover delays has been extreme and this correlates with the performance outturn in this category.
A+E Ops	003 CAT3 90th	Although the demand in this category was below expected levels the pressure from the shift in incidents to a higher category has had a detrimental impact upon performance. Workforce plans and levels of operational hours were at planned levels for this period. However, the loss of operational hours as a result of hospital handover delays has seen an excessive position and this correlates to the performance outturn in this category.
A+E Ops EOC	Hear & Treat	Operational demand pressures and consequential delays in response allowed for a broader type of calls being assessed. This has led to positive exception and improvement in the volume of patients dealt with through the clinical hub.
PTS	004	Short Notice / On day bookings KPI4 performance in December is a concern; PTS Management are reviewing resource and planning to recover the position.
IUC	009	The PDR rate in IUC has dropped due to patient demand pressures, work is underway to improve this through the next few months.
PTS	009 & 010	Performance Development Review below 90% Trust target @ 88% Decmeber's top PDR performance in Trust. Statutory & Mandatory @ 100%.
Information Management	016	IG Compliance: Due to operational pressures our overall training compliance level has reduced to 72% at the beginning of January. A high number of staff IG competencies are due to expire during January and February, meaning there is the potential for these figures to further reduce significantly. The IG Team is working with Information Asset Owners and senior managers to ensure staff are contacted and encouraged to complete the training as soon as possible to increase this percentage to an acceptable level and focus on recovering our compliance level to the 95% standard in the Data Security and Protection Toolkit.
		FOI Compliance has improved to 62% which is a vast improvement on the previous month however it is recognised that the compliance rate needs to improve more. Additional assistance is being sought to bolster the administrative function within Legal Services so that departments are being contacted proactively when information has not been forthcoming. Further work is underway to refresh the approach taken by departments in regards to Freedom of Information Act requests, with a more involved role by the Information Asset Owners ("IAOs") envisaged.
CQUINS	017	Staff Flu Vaccinations: Flu vaccine uptake is currently 60.7% across frontline services. For IUC it is 58.65% and for PTS 53.1%. We have had a sustained focus on the delivery of flu vaccine wc 6 Jan across all service lines. Access to Patient Information at Scene (Demonstration): NHS Digital will assess usage of access to patient information during Q4. YAS are expected to have a take up of 5%, our current uptake is 0.5%. We have put plans in place to promote the usage of this access system during Q3, but there is a risk that the value will not have increased to meet target.
PTS	020	Fleet Age and availability versus plan are below target. PTS fleet replacement plan to kick in from March 2020 73 new vehicles, plus 13 for NE Hull contract. The renewal should improve fleet availability.

Indicator ID	Key Operational Standard Description	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Dec-19				
														Target / Forecast	Actual	Actual v Target/Fcast		
001	Integrated Urgent Care	Calls Offered	148,466	129,920	141,675	142,409	141,721	131,686	136,129	134,814	126,624	137,427	156,871	175,308				
		Call Answered	144,696	126,380	139,115	131,822	130,711	120,255	121,263	121,422	115,557	122,183	132,591	160,403	164,515	160,403	▼	
		Calls Answered within 60 Seconds	81.6%	79.0%	86.1%	91.8%	90.9%	88.7%	84.1%	86.8%	89.0%	81.7%	75.8%	83.1%	90%	83.1%	▼	
		Core Clinical Advice				30.7%	31.3%	31.5%	33.4%	31.6%	31.4%	31.2%	29.5%	28.2%	30%	28.2%	▼	
		Clinician Called Back within 1 Hour				64.1%	59.2%	59.4%	59.6%	62.9%	59.1%	53.2%	51.2%	56.9%	60%	56.9%	▼	
		Direct Bookings				46.2%	46.8%	47.1%	44.7%	47.3%	46.6%	44.9%	44.7%	45.2%	30%	45.2%	▲	
		Bookings into UTC				52.0%	53.7%	54.4%	53.9%	52.9%	54.7%	54.0%	52.2%	51.0%	50%	51.0%	▲	
		Bookings into IUC Treatment Centres				59.1%	60.1%	60.8%	60.3%	60.4%	61.7%	61.2%	60.4%	60.2%	95%	60.2%	▼	
		ED Validations				61.8%	60.9%	57.4%	63.0%	51.6%	53.1%	54.6%	52.1%	46.6%	50%	46.6%	▼	
		Ambulance Validations				97.8%	97.9%	98.0%	98.6%	98.9%	98.7%	97.5%	98.1%	97.8%	95%	97.8%	▲	
002	EOC	Telephony - 999 Calls Answered	59,777	54,546	57,868	58,202	59,471	58,166	63,132	60,147	58,919	63,779	63,358	68,507		68,507		
		Telephony - 999 Calls Answered within 5 Seconds	97.8%	97.5%	98.1%	95.5%	97.5%	96.5%	94.5%	94.8%	95.2%	91.4%	87.6%	88.0%	95%	88.0%	▼	
003	A&E Operations	All Activity (H&T + STR + STC)	71,254	63,897	69,455	68,236	69,359	67,360	71,887	69,246	67,636	71,982	71,517	76,409		76,409		
		Hear & Treat (H&T)	6.7%	7.4%	6.5%	6.6%	6.8%	6.8%	6.7%	6.0%	6.0%	6.5%	7.3%	8.4%		8.4%		
		See, Treat & Refer (STR)	22.9%	22.7%	23.4%	23.6%	23.5%	24.1%	24.2%	25.1%	24.9%	24.5%	23.9%	25.0%		25.0%		
		See, Treat & Convey (STC)	70.4%	69.8%	70.1%	69.8%	69.7%	69.1%	69.2%	68.9%	69.1%	69.0%	68.8%	66.7%		66.7%		
		999 Responses (STR + STC)	66,467	59,153	64,936	63,713	64,675	62,776	67,106	65,078	63,554	67,273	66,263	70,017	70,509	70,017	▼	
		Category 1	Mean	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	00:07:29	00:07:46	00:07:00	00:07:46	▲
			90th Percentile	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	00:12:46	00:13:15	00:15:00	00:13:15	▼
		Category 2	Mean	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	00:23:10	00:27:12	00:18:00	00:27:12	▲
			90th Percentile	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	00:49:00	00:58:00	00:40:00	00:58:00	▲
		Category 3	90th Percentile	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	02:18:59	02:56:46	02:00:00	02:56:46	▲
Category 4	90th Percentile	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	02:38:08	03:18:01	03:00:00	03:18:01	▲		
Average Turnaround Time	00:35:11	00:35:52	00:34:07	00:35:10	00:34:51	00:35:51	00:36:40	00:35:54	00:36:20	00:36:14	00:38:03	00:41:00	00:30:00	00:41:00	▲			
Average Job Cycle Time (Responses)	01:56:31	01:57:10	01:51:47	01:57:05	01:55:52	01:56:09	01:55:44	01:52:44	01:52:53	01:57:12	02:01:54	02:07:07		02:07:07				
004	PTS	Journeys	80,652	72,158	75,569	73,830	77,516	73,526	82,095	73,568	74,545	81,434	75,023	69,065	83,380	69,065	▼	
		Patient Journeys < 120 Minutes	99.5%	99.5%	99.4%	99.4%	99.3%	99.4%	99.3%	99.2%	99.2%	99.1%	99.0%	99.2%	90.0%	99.2%	▲	
		Patients Arrive at Appointment on Time	88.6%	89.4%	90.1%	90.7%	88.5%	88.9%	90.9%	91.1%	89.9%	89.5%	88.0%	88.7%	90.0%	88.7%	▼	
		% Pre Planned - Picked Up in 90 Minutes	89.3%	89.5%	89.6%	90.2%	87.3%	88.5%	89.3%	89.3%	89.6%	90.0%	88.9%	87.3%	90.4%	87.3%	▼	
		% Short Notice - Picked Up in 120 Minutes	76.0%	78.0%	76.0%	78.8%	76.0%	76.7%	77.7%	78.8%	77.4%	75.8%	74.1%	71.5%	88.8%	71.5%	▼	
		Calls Answered within 180 Seconds	93.8%	87.2%	90.7%	92.9%	89.2%	89.4%	96.3%	90.4%	86.8%	91.8%	93.3%	94.3%	90.0%	94.3%	▲	

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
005	% Received STEMI Bundle		58.1%			55.9%			53.1%			40.0%	
	% Received Stroke Diagnostic Bundle			95.3%			96.1%			93.4%			95.9%
	% 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.

Indicator ID	Key Operational Standard Description	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Dec-19			
														Target / Forecast	Actual	Actual v Target/Fcast	
006	Workforce	Total FTE in Post	4,655	4,663	4,669	4,668	4,656	4,681	4,675	4,690	4,727	4,732	4,773	4,753		4,753	
		BME %	5.0%	4.9%	4.9%	4.9%	5.0%	5.0%	5.0%	5.0%	5.1%	5.2%	5.1%	5.1%	11.1%	5.1%	▼
007	Recruitment	New Starters (FTE)	62.5	46.6	38.9	55.6	18.6	67.5	49.6	56.6	92.9	62.3	53.1	13.3		13.3	
008	Turnover (FTE)	YAS (Rolling 12 Month Periods)	9.2%	9.2%	9.3%	9.4%	9.6%	9.9%	9.9%	10.0%	9.9%	9.7%	10.1%	9.7%		9.7%	
009	PDR / Staff Appraisals	YAS	80.1%	78.3%	77.0%	76.1%	70.8%	68.2%	71.7%	74.6%	76.6%	77.6%	76.4%	75.7%	90.0%	75.7%	▼
		A&E Operations	83.6%	82.4%	80.6%	78.2%	71.2%	69.5%	72.2%	76.2%	77.9%	80.2%	80.5%	78.8%	90.0%	78.8%	▼
		EOC	74.2%	71.8%	70.9%	72.5%	69.0%	66.8%	63.8%	60.6%	61.1%	67.0%	65.1%	67.1%	90.0%	67.1%	▼
		Integrated Urgent Care	70.4%	65.0%	63.5%	64.5%	62.1%	55.4%	75.6%	76.1%	70.9%	67.5%	63.0%	60.8%	90.0%	60.8%	▼
		PTS	86.8%	87.3%	86.3%	84.8%	80.6%	73.7%	78.3%	83.0%	90.9%	89.1%	86.2%	88.4%	90.0%	88.4%	▼
010	Training: Stat & Mand (Substantive Employees)	YAS	95.7%	96.3%	97.3%	97.9%	97.9%	98.3%	98.2%	98.3%	98.4%	98.0%	97.6%	97.2%	90.0%	97.2%	▲
		A&E Operations	96.9%	97.4%	97.9%	97.0%	98.2%	98.7%	98.6%	98.9%	99.0%	98.6%	98.2%	97.8%	90.0%	97.8%	▲
		EOC	94.5%	94.8%	97.0%	95.6%	96.8%	97.5%	97.2%	98.5%	97.7%	97.7%	97.4%	96.5%	90.0%	96.5%	▲
		Integrated Urgent Care	92.2%	92.8%	96.0%	97.4%	98.6%	98.6%	98.6%	98.7%	98.7%	98.2%	96.1%	95.7%	90.0%	95.7%	▲
		PTS	98.5%	98.3%	99.1%	98.3%	99.3%	99.7%	99.6%	99.5%	99.5%	99.6%	100.0%	100.0%	90.0%	100.0%	▲
011	Health & Wellbeing	Total Sickness Rate	7.2%	6.7%	6.3%	6.2%	6.1%	6.0%	5.9%	6.2%	6.0%	6.5%	6.5%	7.1%	5.6%	7.1%	▲
		Long Term Sickness Rate	4.6%	4.0%	4.2%	3.9%	3.9%	3.8%	3.6%	3.9%	3.8%	4.0%	3.7%	4.3%		4.3%	
		Short Term Sickness Rate	2.6%	2.6%	2.1%	2.3%	2.3%	2.2%	2.3%	2.3%	2.3%	2.6%	2.8%	2.8%		2.8%	

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														Target / Forecast	Actual	Actual v Target/Fcast		
012	Incidents	All Reported	786	587	721	734	733	669	729	605	638	666	736	735		735		
		Serious	10	2	4	5	8	2	6	1	1	1	6	7		7		
		Moderate	25	13	15	18	22	14	20	22	17	14	23	23		23		
		Medication Related	80	65	58	85	115	82	80	52	66	75	69	69		69		
013	Patient Relations	A&E	Complaint	23	13	16	18	21	12	20	22	17	19	20	13		13	
			Compliment	13	6	15	38	100	103	84	107	102	88	117	102		102	
			Concern	8	13	14	15	14	16	20	15	21	23	12	20		20	
			Service to Service	16	18	17	18	28	29	27	16	9	26	25	16		16	
		EOC	Complaint	11	11	10	11	15	6	16	7	4	11	18	12		12	
			Compliment	2	0	0	0	3	3	2	2	2	0	4	2		2	
			Concern	12	7	9	10	4	10	10	7	3	17	9	17		17	
			Service to Service	9	14	8	8	9	19	26	10	8	13	18	23		23	
		Integrated Urgent Care	Complaint	46	29	37	18	21	17	17	34	17	29	18	31		31	
			Compliment	9	13	10	9	3	4	4	2	7	4	7	12		12	
			Concern	2	1	0	0	2	3	2	1	2	6	3	9		9	
			Service to Service	38	30	20	32	30	17	19	25	46	21	17	17		17	
		PTS	Complaint	13	16	14	22	17	10	21	16	16	14	15	7		7	
			Compliment	1	0	2	1	8	6	8	10	6	4	7	9		9	
			Concern	17	26	34	17	19	28	29	24	28	31	23	22		22	
			Service to Service	17	20	16	15	23	33	30	22	15	27	24	24		24	
014	Clinical Outcomes Data	Stroke - Call to Hospital Arrival (Mean)	01:14	01:20	01:12	01:28	01:10	01:11	01:15									
		Stemi - Call to Catheter Insertion for Angio (Mean)	02:09	02:14	02:11	02:06	01:53	02:27	02:12									
		ROSC (Utstein)	24.0%	52.0%	61.4%	62.1%	64.1%	51.7%	55.0%									
		Survival (Utstein)	22.2%	34.6%	22.2%	35.0%	45.2%	30.8%	28.6%									
015	Safeguarding	Adult Referrals	924	712	898	863	1,002	924	986	918	887	906	1,013	1,045		1,045		
		Child Referrals	532	504	612	550	579	594	612	519	575	587	551	260		260		
016	Information Management	Information Governance Training Compliance	80.6%	87.1%	91.8%	93.6%	92.7%	94.0%	94.7%	95.0%	95.2%	95.2%	73.3%	70.3%	95%	70.3%	▼	
		FOI Request Compliance	31.0%	66.0%	79.0%	33.0%	33.0%	22.6%	42.4%	60.0%	42.5%	60.5%	32.3%	61.9%	90%	61.9%	▼	
017	CQUIN	National CCG2: Staff Flu Vaccinations																
		National CCG10: Ambulance – Access to Patient Information at Scene (Assurance)																
		National CCG10B: Ambulance – Access to Patient Information at Scene (Demonstration)																
		Local 1: Supporting the needs of complex Mental Health Patients via Teleconferencing																
		Local 1: IUC/111 Staff Flu Vaccinations																
		Local 2: IUC/111 Frequent Callers																
		Local 3: IUC/111 Sepsis Awareness																
		Local 1: PTS Vehicle Electronic Checklist App																
		Local 1: PTS Staff Flu Vaccinations																

Indicator ID	Key Operational Standard Description	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Dec-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	-1,879	-1,326	-4,504	-1,230	-2,053	-1,891	-1,861	-1,831	-1,683	-2,073	-1,315	-812	-1,216	-812	404	-13,553	-14,748	-1,195	
		Surplus	-711	-279	-3,687	-126	-1,016	-769	-764	-545	-605	-507	-249	238	-64	238	302	-3,446	-4,344	-898	
		Capital	1,822	1,953	4,931	487	924	312	794	1,685	379	1,152	1,889	1,947	1,334	1,947	613	14,880	9,569	-5,311	
		Cash	46,569	46,658	36,110	38,772	41,370	43,981	49,253	52,397	52,816	53,688	57,627	58,179	43,057	58,179	15,122	43,057	58,179	15,122	
		CIP	987	988	989	534	538	526	525	528	560	532	532	532	532	532	1	4,805	4,805	0	
019	CIP	A&E	331	331	326	232	61	-191	28	28	28	28	28	28	227	28	-199	2,057	271	-1,786	
		Business Development	0	0	0	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		CEO Directorate	2	2	2	4	9	6	-10	2	2	2	2	2	6	2	-4	58	21	-37	
		Clinical	8	8	9	4	-1	2	4	2	2	2	2	2	2	2	0	15	19	4	
		Estates	16	16	16	31	5	5	9	5	19	19	19	19	26	19	-7	226	128	-98	
		Finance	41	41	41	36	36	37	35	36	36	36	36	36	36	36	0	325	325	0	
		Fleet	66	66	65	86	87	86	67	87	123	87	87	87	92	87	-5	832	800	-32	
		Planned & Urgent Care	81	81	81	82	51	66	66	66	66	67	67	74	80	74	-6	733	604	-129	
		Quality, Governance	6	6	6	2	1	2	-5	0	0	0	0	0	2	0	-2	15	0	-15	
		Hub & Spoke	5	5	5	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Workforce OD	7	78	78	57	56	57	56	58	57	57	57	57	57	57	0	509	509	0	
		RESERVE	353	353	358	0	233	456	275	244	227	234	234	227	4	227	223	35	2,128	2,093	
		Current Position (Cumulative YTD)		7,034	8,023	9,010	534	1,072	1,598	2,123	528	560	532	532	532	532	532	0	4,805	4,805	0
		020	Transport/Fleet	A&E	Vehicle age +7	13.0%	11.0%	8.0%	5.7%	5.4%	6.9%	5.2%	5.2%	3.2%	3.3%	1.8%	3.5%		3.5%		
Vehicle age +10	4.0%				4.0%	4.0%	3.5%	3.3%	3.3%	3.3%	3.3%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%			
Availability	90.0%				90.0%	88.7%	90.2%	90.0%	90.2%	90.0%	90.0%	90.2%	91.0%	91.2%	91.7%	95%	91.7%	▼			
PTS	Vehicle age +7			32.0%	32.0%	33.0%	33.0%	31.0%	41.4%	31.0%	31.0%	16.7%	16.9%	19.4%	15.3%		15.3%				
	Vehicle age +10			25.0%	25.0%	24.8%	24.8%	24.1%	24.1%	24.1%	24.1%	24.0%	24.0%	22.5%	26.6%		26.6%				
	Availability			91.0%	91.0%	91.0%	91.0%	90.0%	90.0%	91.0%	91.0%	92.0%	90.0%	90.0%	88.0%	95%	88.0%	▼			

Risk Rating - Under the "Single Oversight Framework" the Trust's Finance 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 December (Month 9) is £14.7m against a plan of £13.5m A favourable variance of £1.2m

Surplus - The Trust has reported a surplus at the end of December (Month 9) of £4.3m, a favourable variance of £0.9m against the plan.

Capital - At the end of December 2019 Capital has a year to date underspend of £5.3m against plan, there is a slight improvement in month due to Estates completing most station refurbishments and the delivery of 49 corpuls by Medical Devices Management. Expenditure for ICT related to ePR devices was delayed but the PO was raised in January 2020. The Doncaster Hub & Spoke scheme is slightly behind plan but the Hub & Spoke management team are working closely with the contractor to address issues to ensure a satisfactory outcome. The latest 19/20 Capital plan of £18.6m expenditure matches the Capital Resource Limit (approved by NHSEI in June 2019) plus additional spending power including disposals of £0.3m plus the £0.8m carried over from last year.

Cash - At the end of December 2019 the Trust's cash position was £58.2m against a plan of £43.1m, a favourable variance of £15.1m. The variance largely results from continued underspends on capital (£5.3m) and receivables being better than Plan.

CIP - The Trust has a savings target of £6.6m for 2019/20. The Trust has achieved £4.8m at month 9 which is in line with plan (44% of this being non-recurrent).

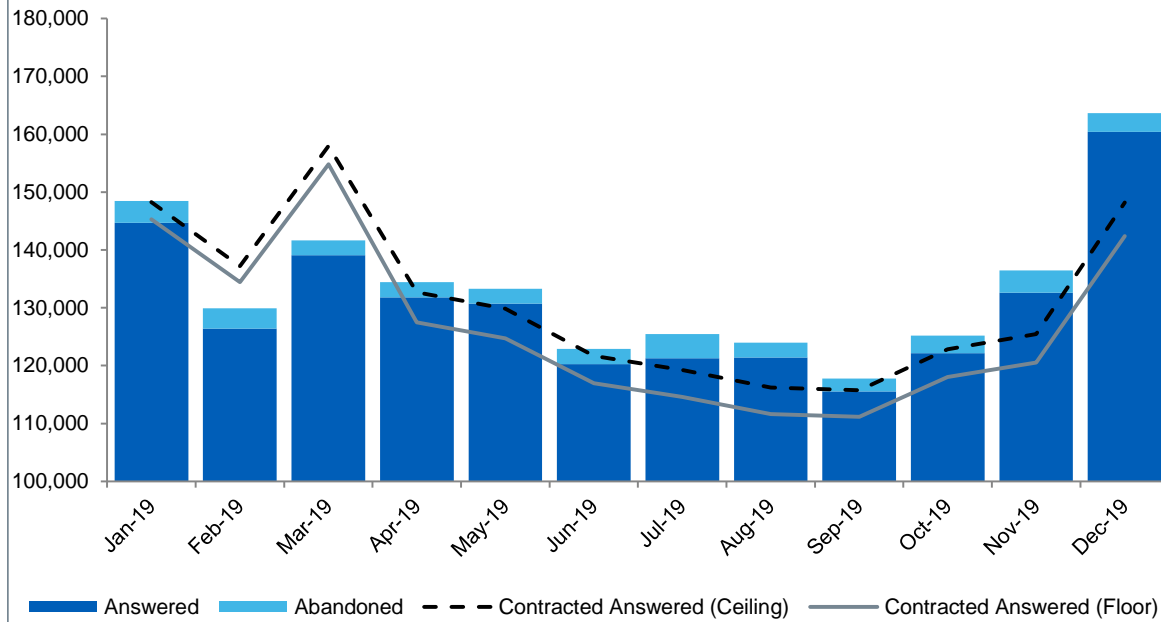


SERVICE LINES

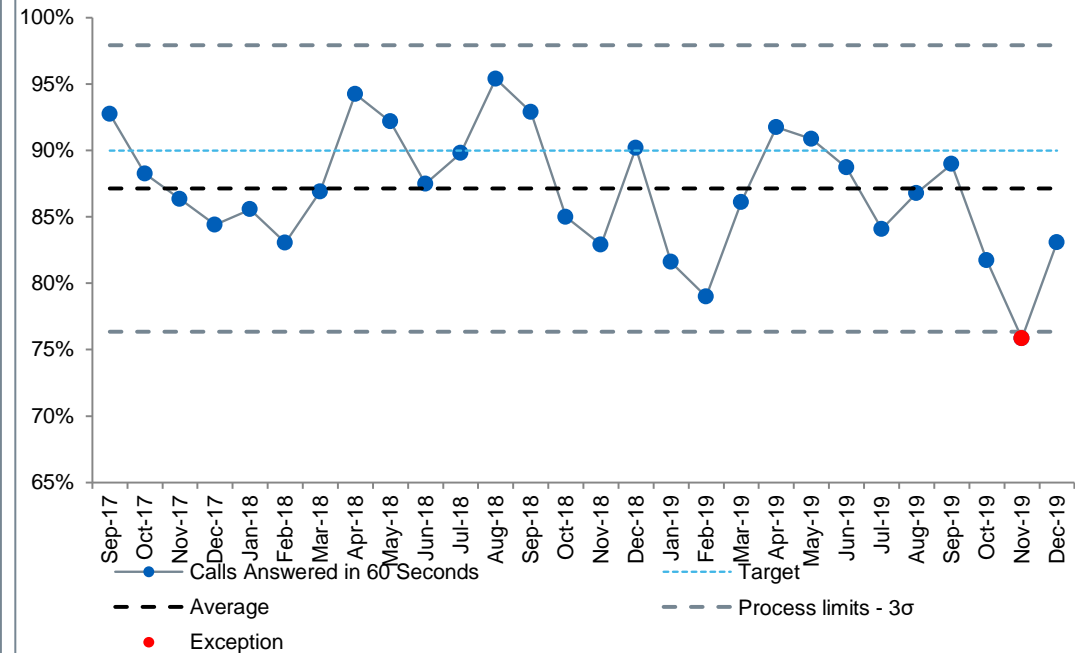
Integrated Urgent Care

December 2019

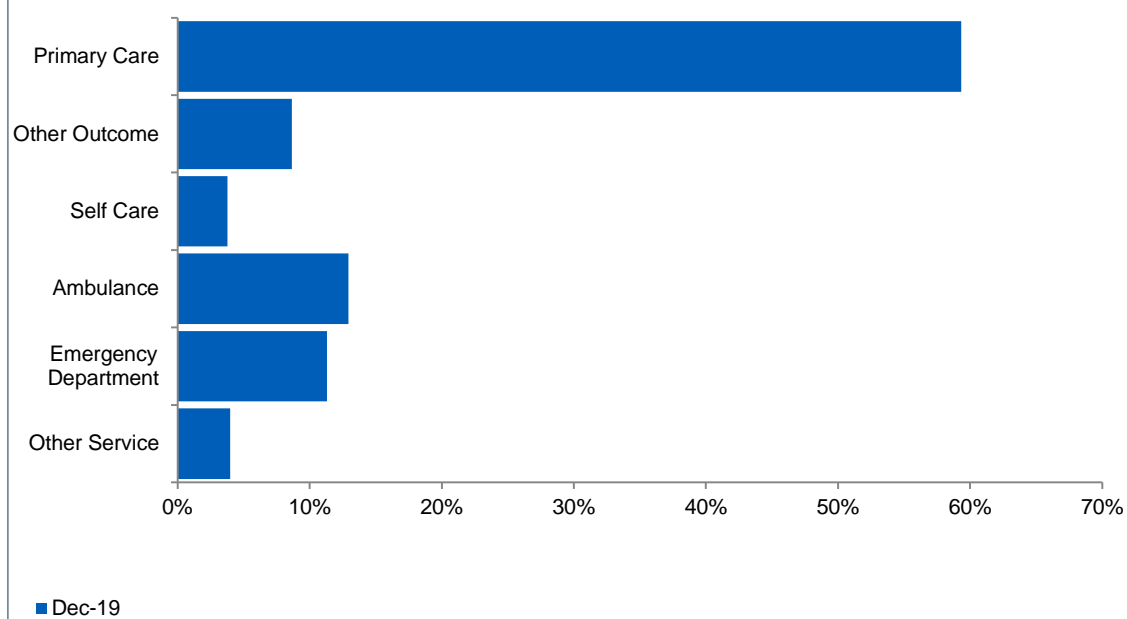
IUC Chart 1: Demand - Calls



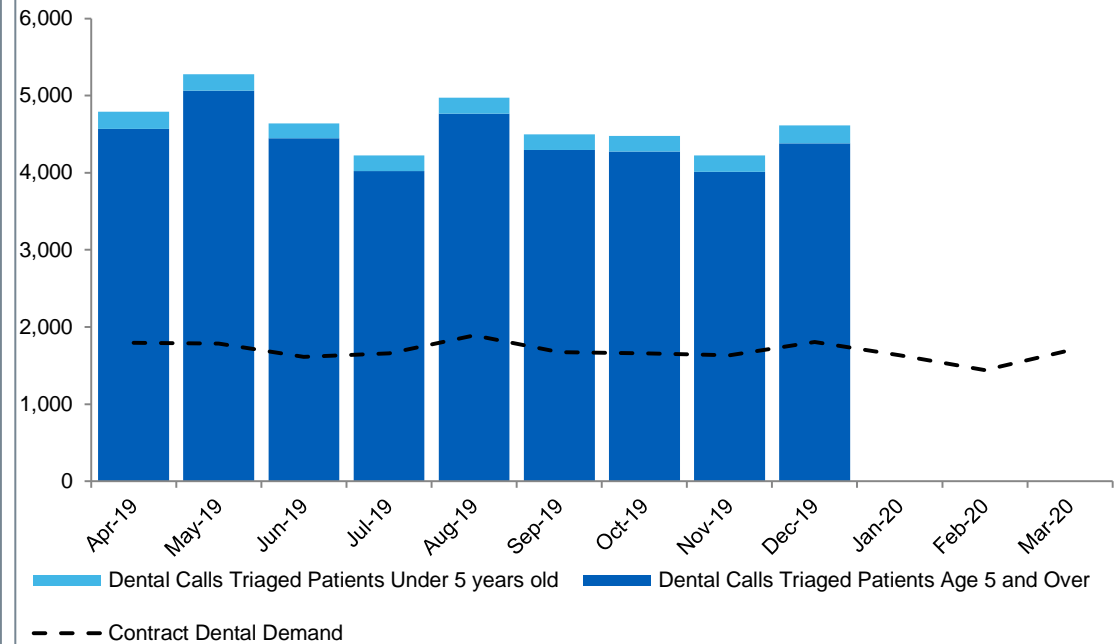
IUC Chart 2: Performance - Calls Answered in 60 Seconds



IUC Chart 3: Outcomes



IUC Chart 4: Demand - Dental





Integrated Urgent Care

December 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%	75.8%	83.1%				85.6%
Core Clinical Advice (30%)	30.7%	31.4%	31.5%	33.4%	31.6%	31.4%	31.2%	29.5%	28.3%				30.9%
Clinician Called Back within 1 Hour (60%)	64.1%	59.2%	59.4%	59.6%	62.9%	59.1%	53.2%	51.2%	56.9%				58.4%
Direct Bookings * (30%)	46.2%	46.8%	47.1%	44.7%	47.3%	46.6%	44.9%	44.7%	45.2%				45.9%
Bookings into UTC * (50%)	52.0%	53.7%	54.4%	53.9%	52.9%	54.7%	54.0%	52.2%	51.0%				53.1%
Bookings into IUC Treatment Centres * (95%)	59.1%	60.2%	60.8%	60.3%	60.4%	61.7%	61.2%	60.4%	60.2%				60.4%
ED Validations (50%)	61.8%	60.9%	57.4%	63.0%	51.6%	53.1%	54.6%	52.1%	46.6%				55.6%
Ambulance Validations (95%)	97.8%	97.9%	98.0%	98.6%	98.9%	98.7%	97.5%	98.1%	97.8%				98.2%

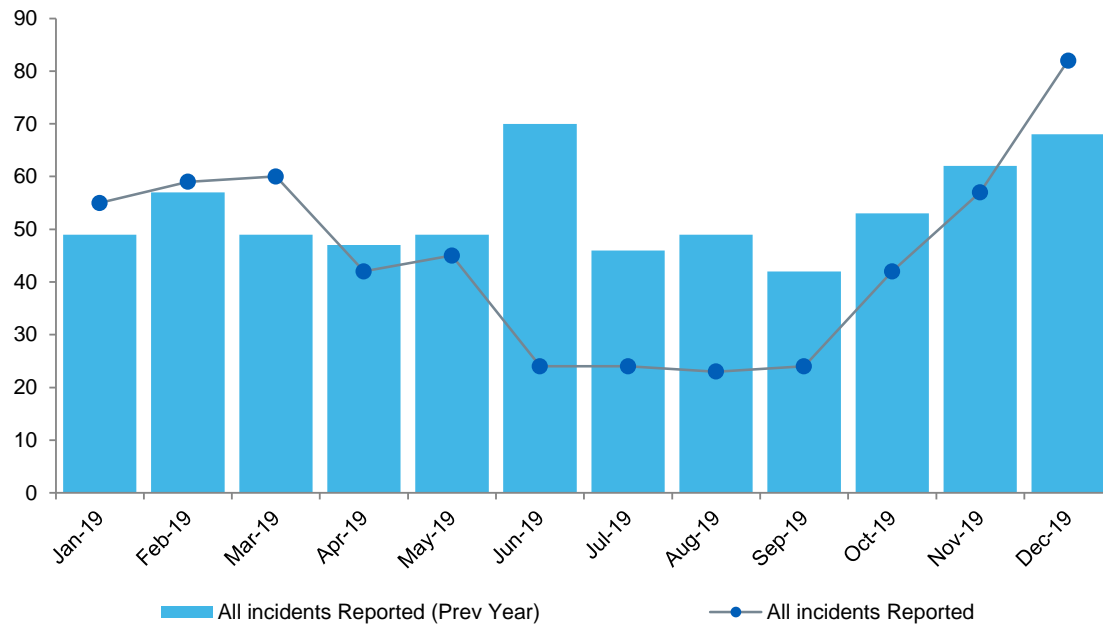
* U&EC whole system measures - national KPI for IUC treatment centres is a new measure and currently under monitoring with NHS England to be reviewed

Performance Commentary:

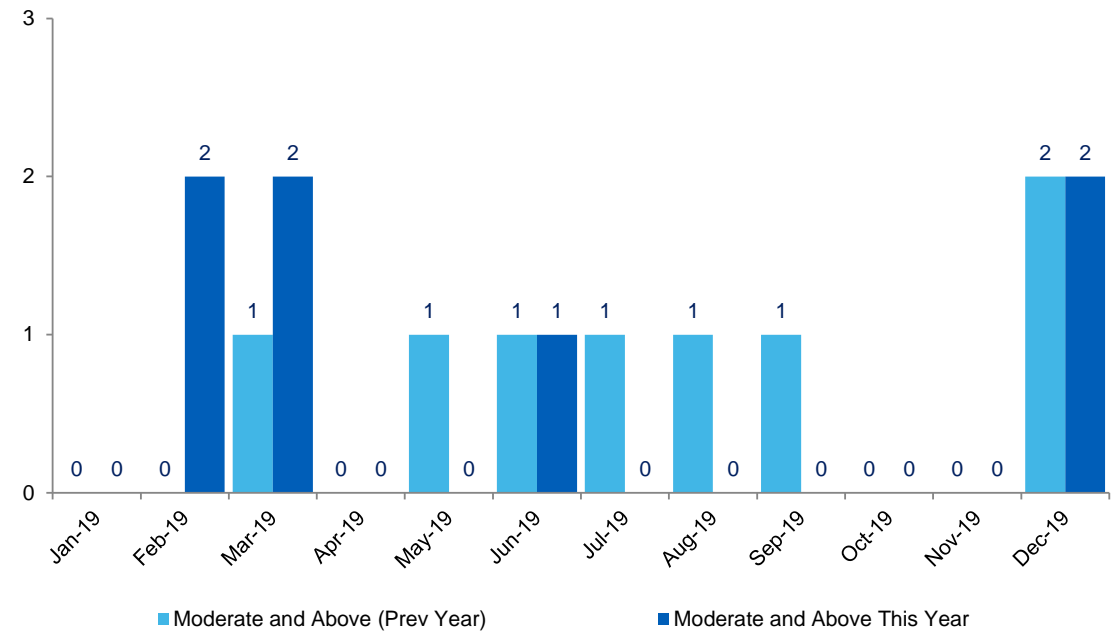
There was a 21% demand increase in December 2019 with 160,403 patients calls answered compared to 132,591 in November. Despite the significant increase in demand the service performance improved by 7.3% from November to 83.1% calls answered in 60 seconds. There was a similar improvement in clinical call backs, 5.7% increase from November and these improvements whilst below target are encouraging and hopefully can be maintained through the following winter months. The festive period is always a busy time for IUC and the Y&H service benchmarked favourably against the other providers, with YAS second in the country across the Christmas and New Year week

Year to date demand in IUC is at 2.1% above ceiling levels which is directly affecting the call answer and call back performance. The year to date performance for the other main KPIs, Core Clinical Advice, E/99D validations and booking are above target and forecast on track for quarter four.

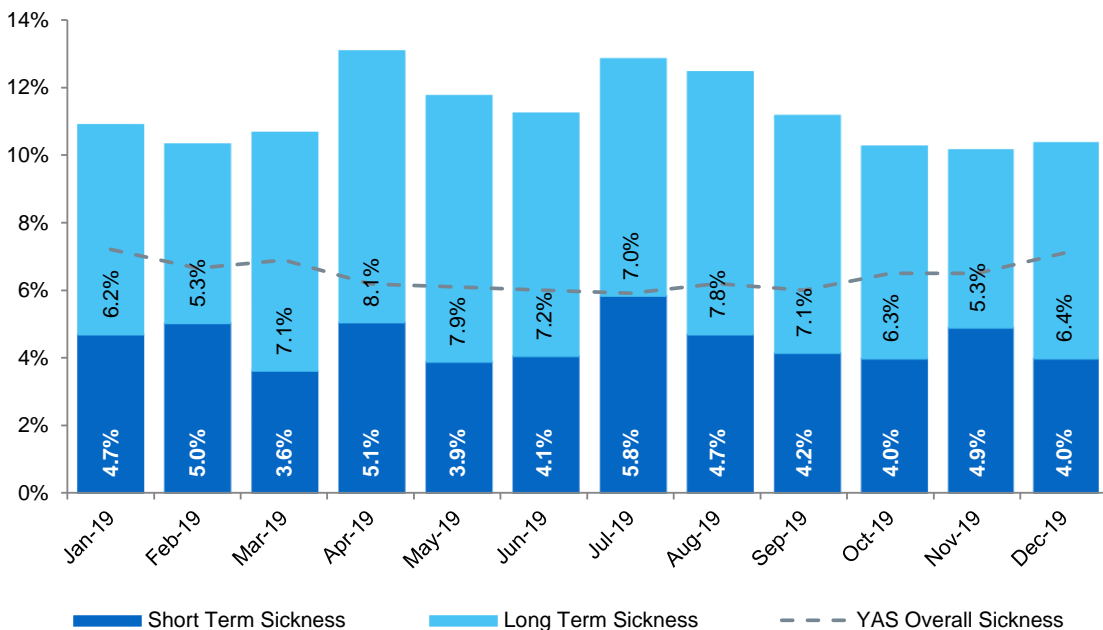
IUC Chart 5: Quality - Reported Incidents



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



IUC Chart 7: Workforce - Sickness



Quality Commentary:

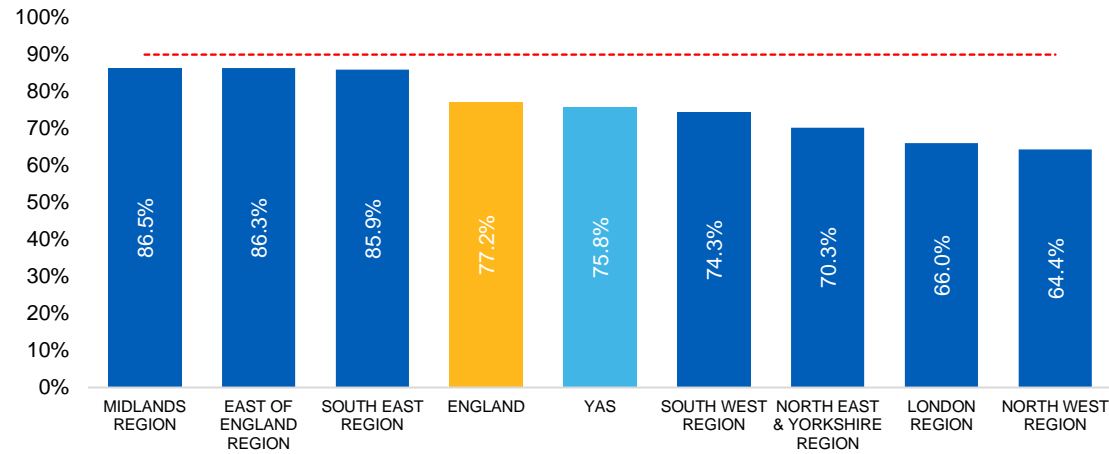
The training for version 19 NHS Pathways is being planned for February and is incorporating training required based on staff feedback from the cuppa & chat sessions with a 'you said, we did' theme and also including Directory of Service, mental health and Aadastra changes. The training session will include the 'Yes to Respect' campaign information.

Workforce Commentary:

Phase two of our clinical recruitment work is underway now following the festive period with advertising through nursing publications, using digital advertising on mobile vans and within railway stations. All this advertising is using the marketing material designed with our clinical advisors input across EOC/IUC.

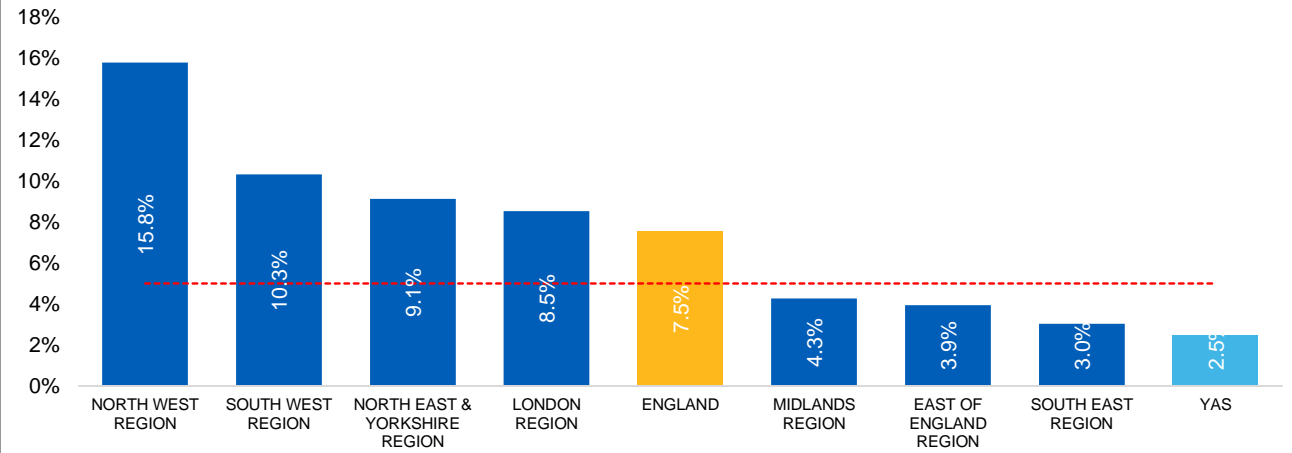
The IUC Health & Wellbeing Coordinators have been in post now for six weeks and started to make a contribution in terms of continuity for staff requiring support to return to work. The team have launched a virtual walk around Yorkshire for January in support of staff's own wellbeing and we hope the improvements in sickness continues.

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

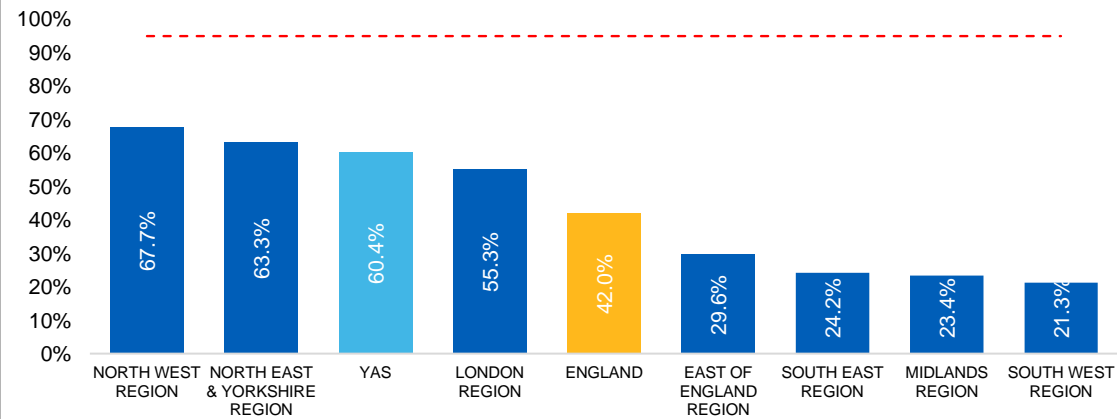


IUC Chart 9: Calls Abandoned (5%)

Benchmarking Information is based on the



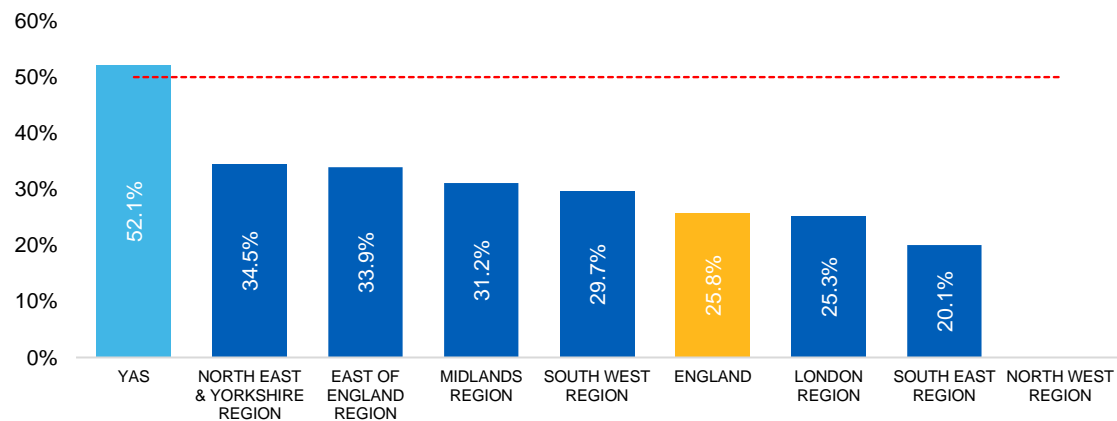
IUC Chart 10: Bookings into IUC Treatment Centres (95%)



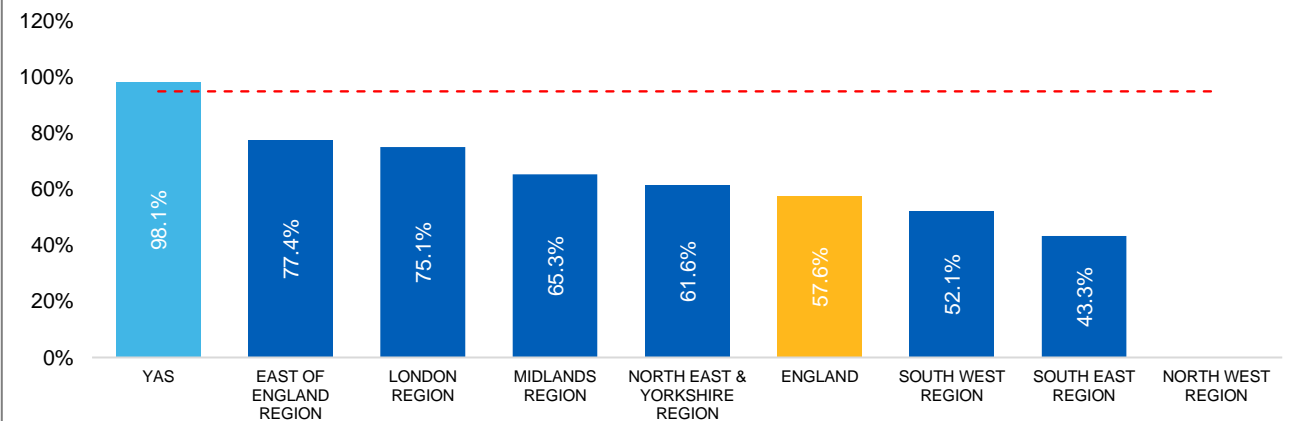
IUC Chart 11: Bookings into UTC (50%)



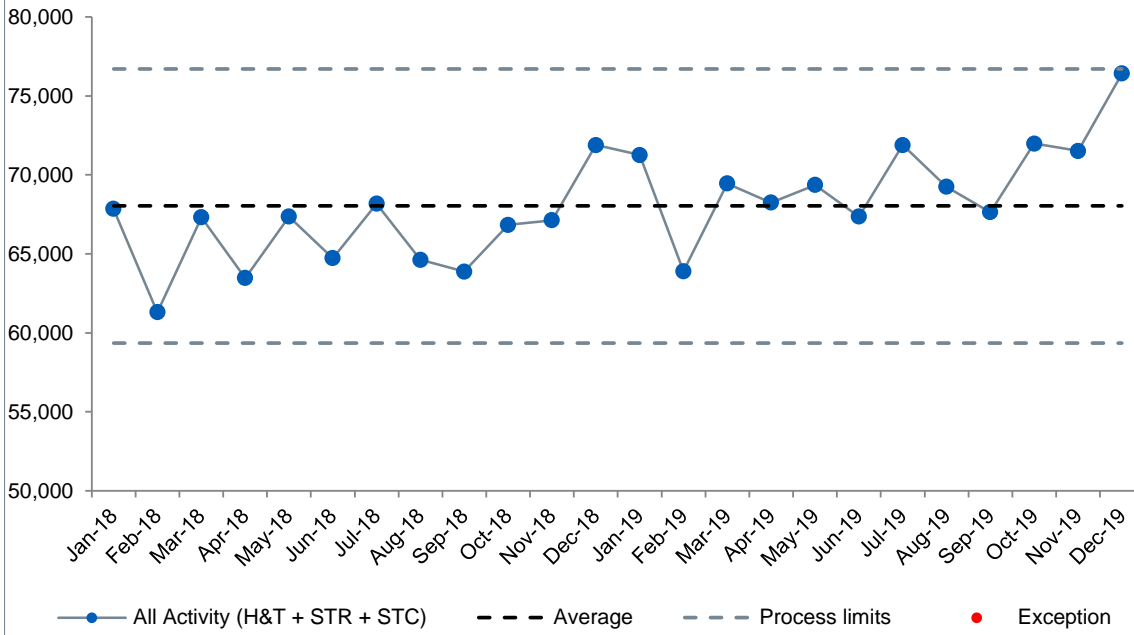
IUC Chart 12: ED Validations (50%)



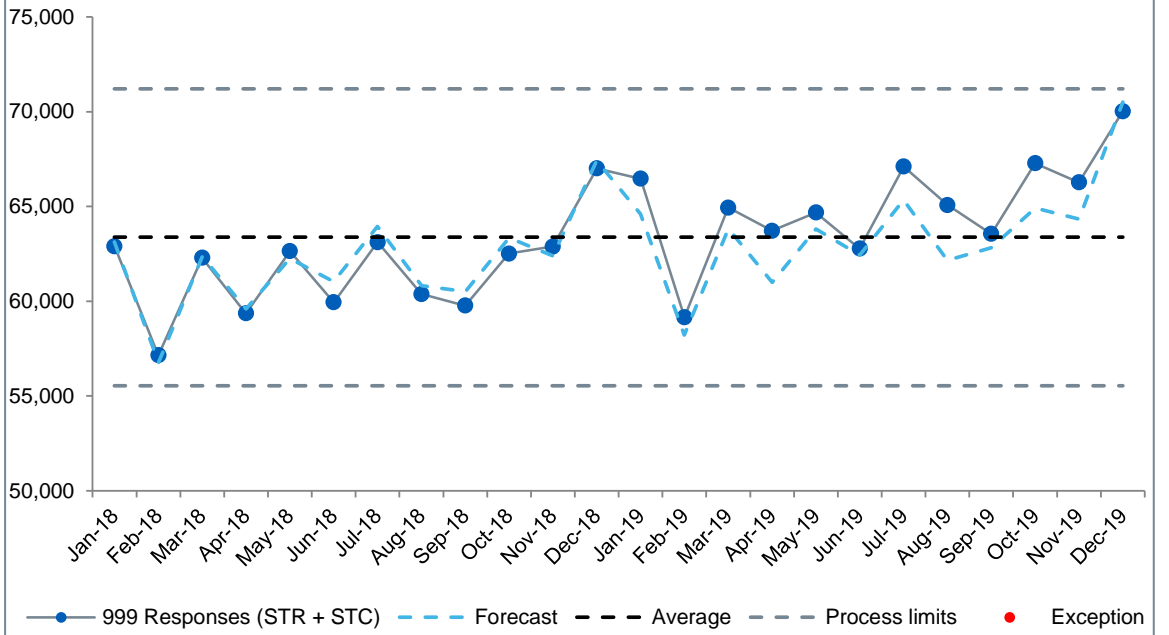
IUC Chart 13: Ambulance Validations (95%)



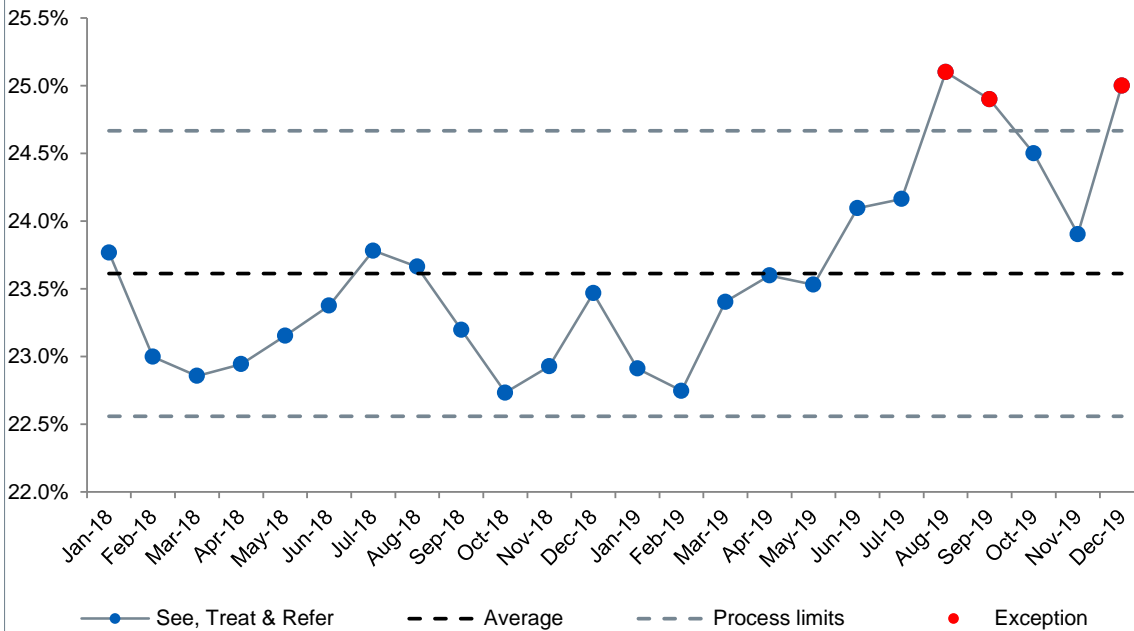
A&E Chart 1: Demand - All Activity (H&T + STR + STC)



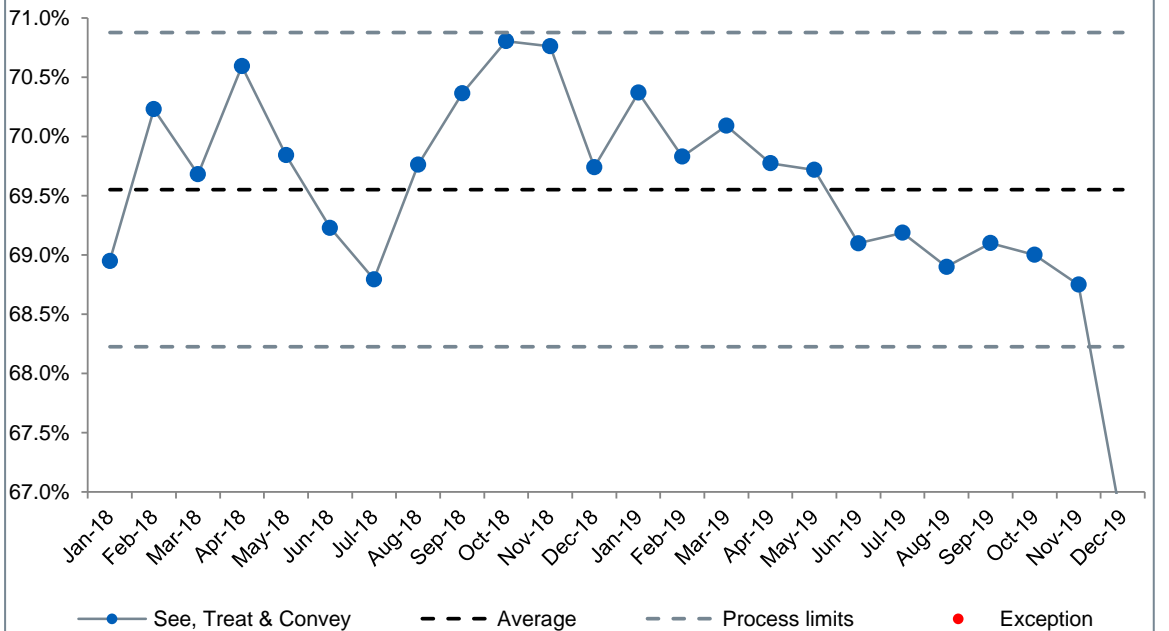
A&E Chart 2: Demand - 999 Responses (STR + STC)



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

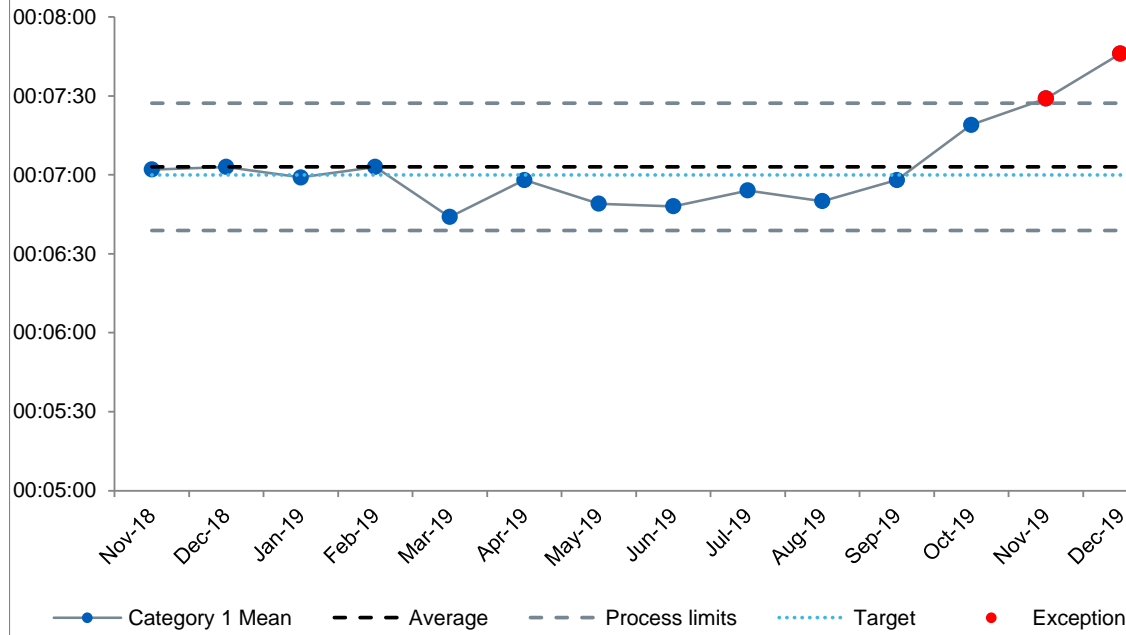


A&E: Chart 4: Demand - See, Treat & Convey %



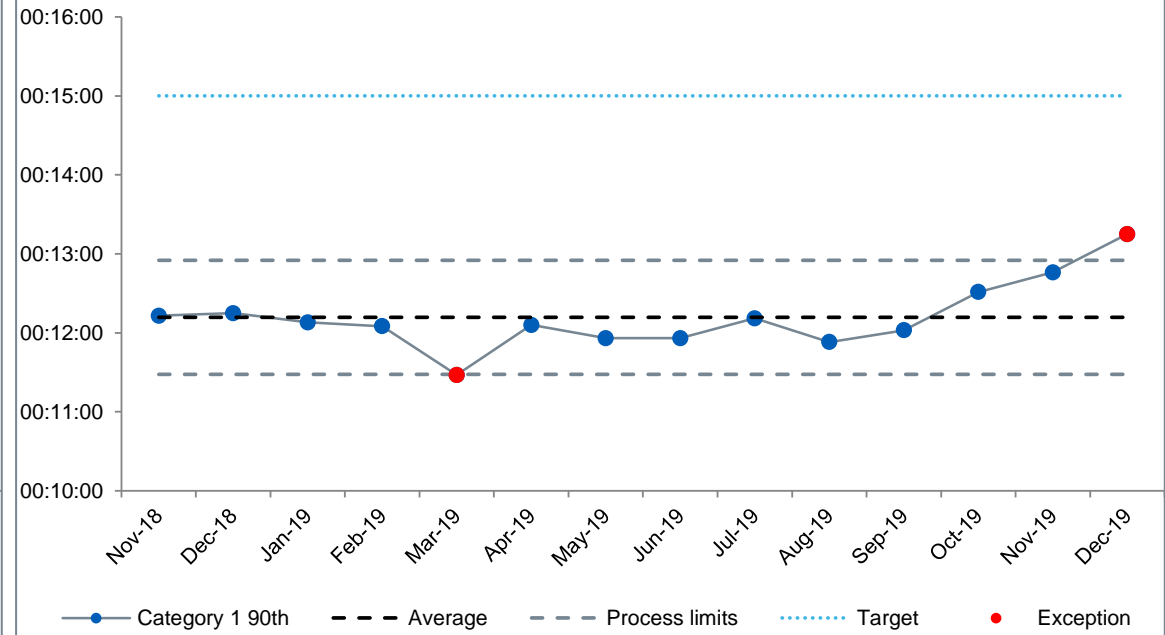
A&E Chart 5: Performance - Category 1 Mean

Year to Date **00:07:07**



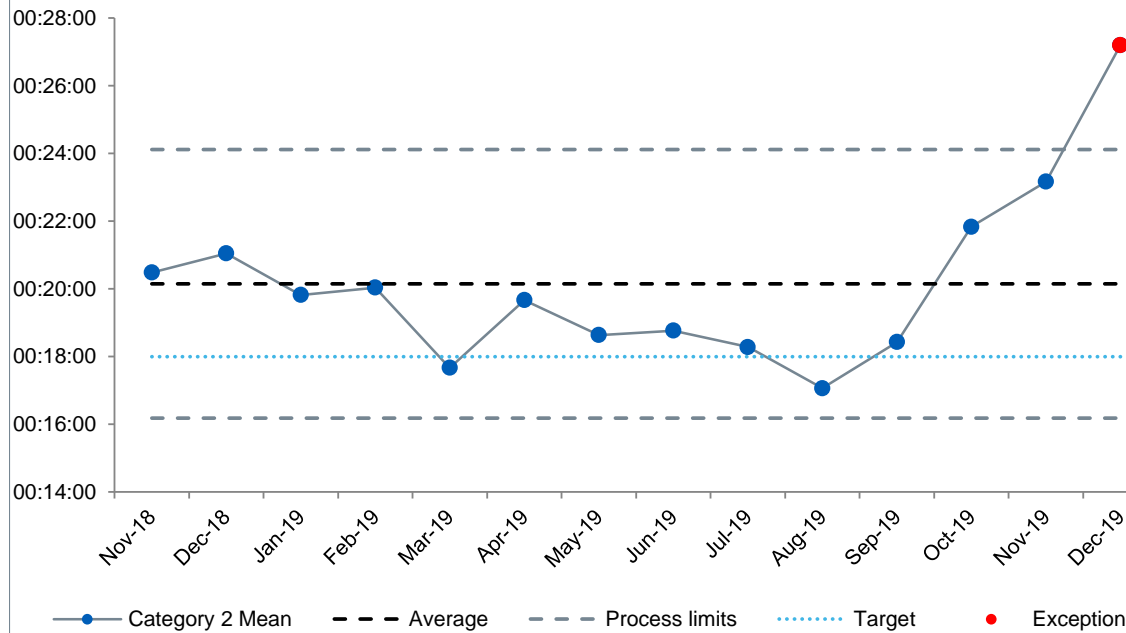
A&E Chart 6: Performance - Category 1 90th Percentile

Year to Date **00:12:21**



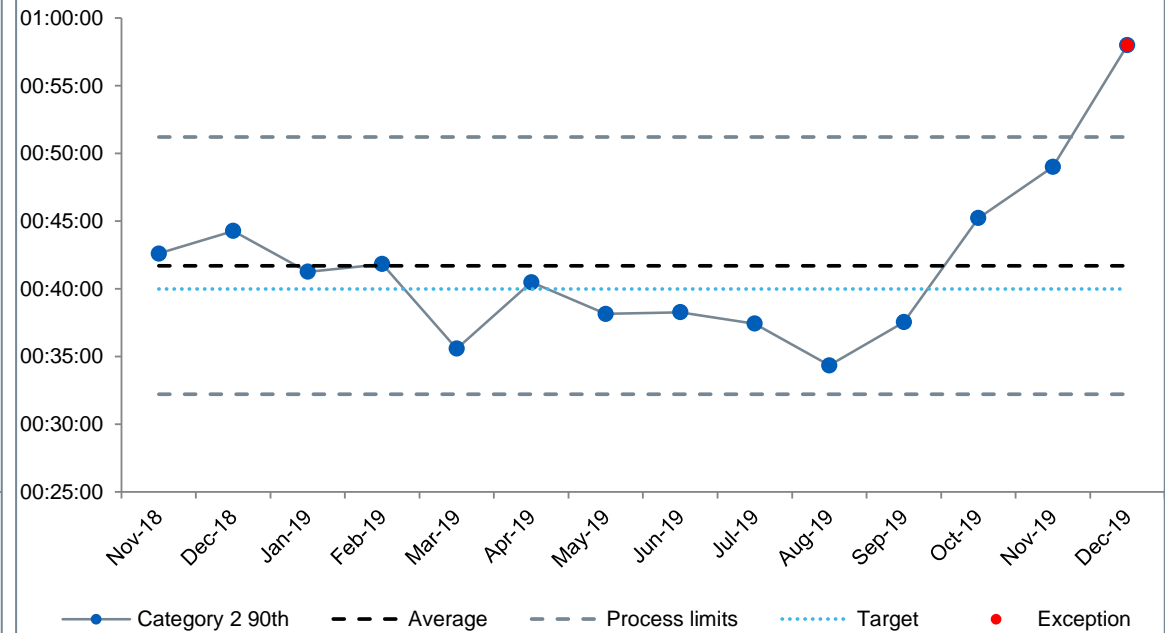
A&E Chart 7: Performance - Category 2 Mean

Year to Date **00:20:30**



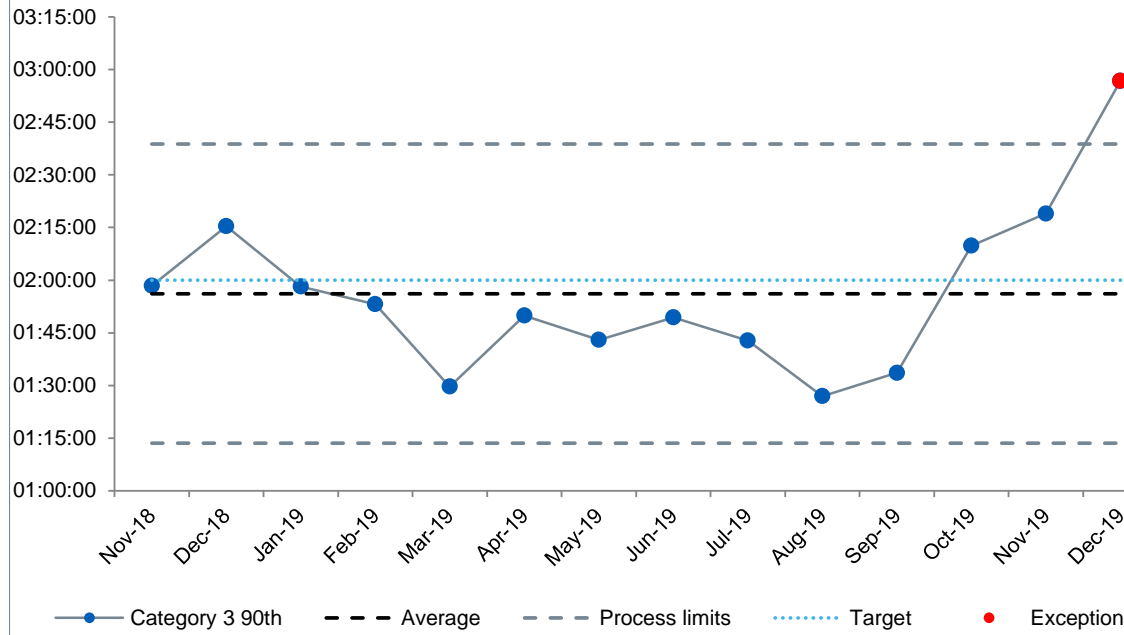
A&E Chart 8: Performance - Category 2 90th Percentile

Year to Date **00:42:41**



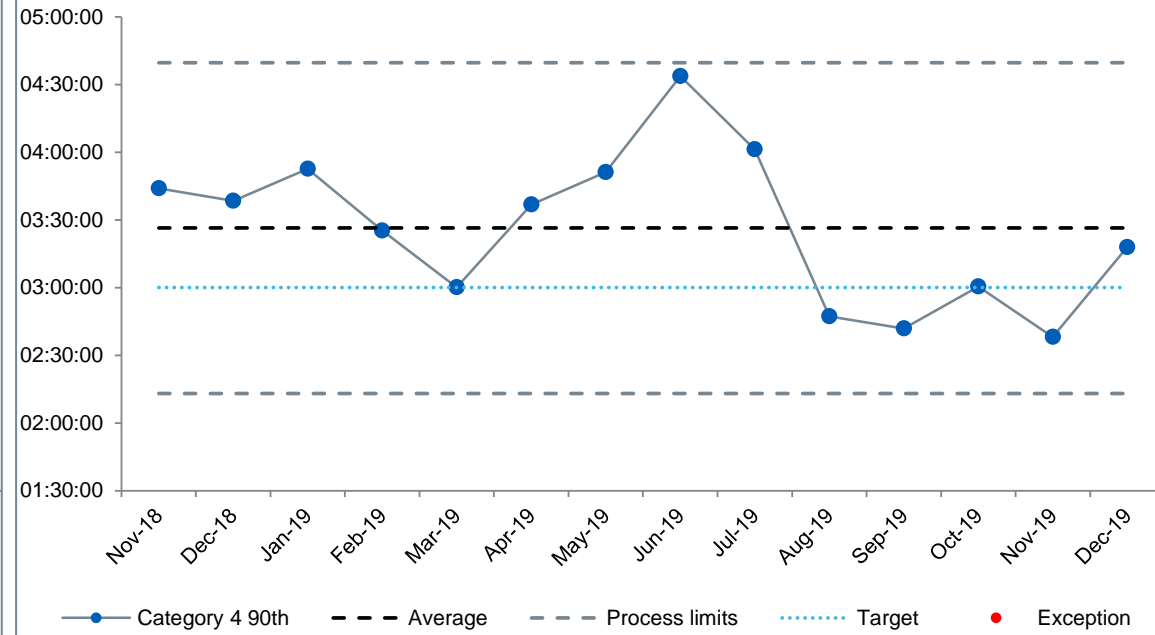
A&E Chart 9: Performance - Category 3 90th Percentile

Year to Date **01:55:52**

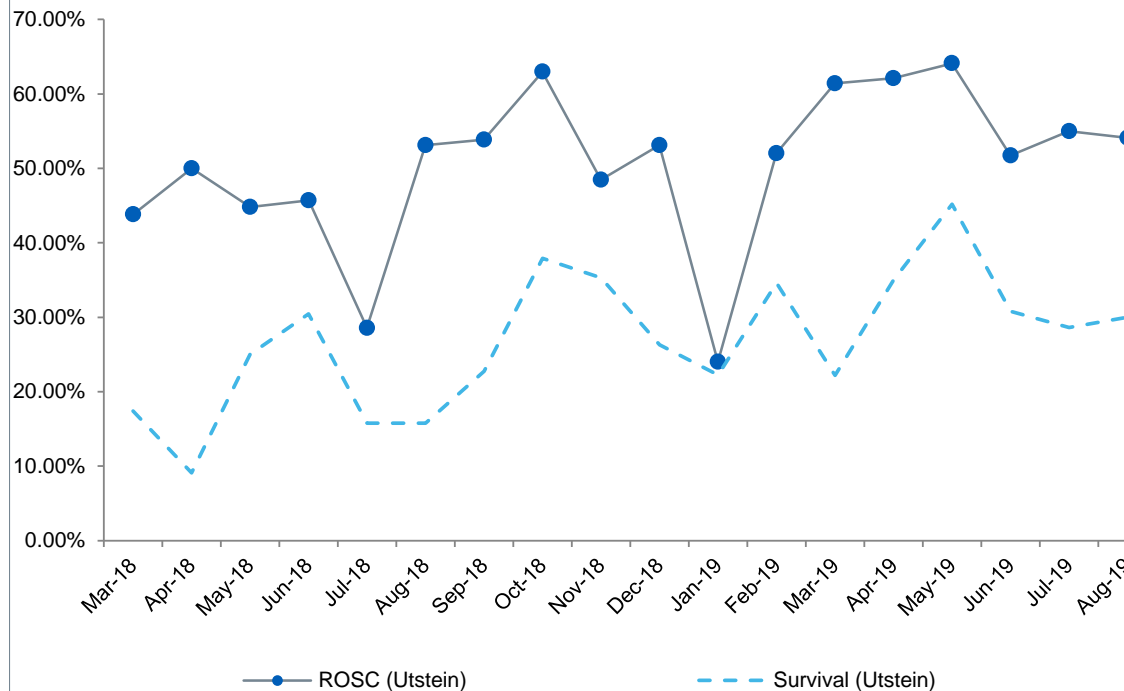


A&E Chart 10: Performance - Category 4 90th Percentile

Year to Date **03:16:33**



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



Performance Commentary:

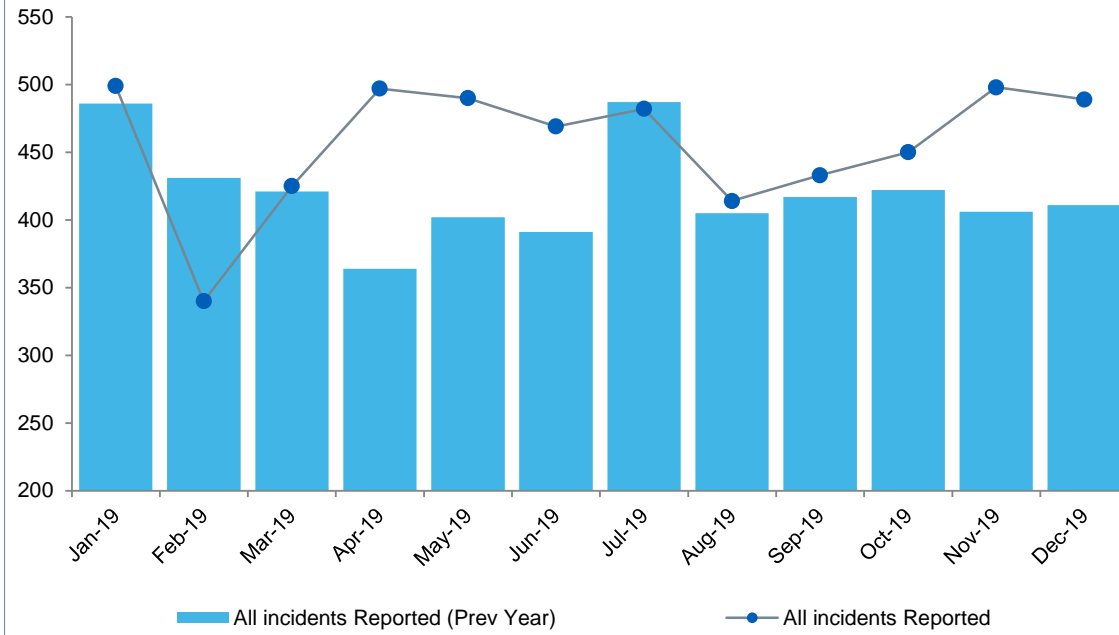
The extreme demand pressures seen last month rose again to the highest point in the last 12 months. These demand increases above business plans saw further decline against all ARP standards excluding CAT4. In addition the categorisation of calls continues to be of higher acuity resulting in a significant shift in volumes of CAT1 and CAT2 calls. CAT1 increase 6.0%; CAT2 increase 0.8%; CAT3 decreased 13.9%; CAT4 decreased 2.1%

Performance in December saw further degradation against all the agreed trajectories and national standards except in CAT4 which maintained a stable position all be it above National standards unsurprising given the excessive demand pressures. See, Treat and Refer improved as a percentage of all calls as did Hear and Treat. There was a subsequent significant % reduction in those patients conveyed to hospital which shows a positive exception and further demonstrates system level effect when demand increases.

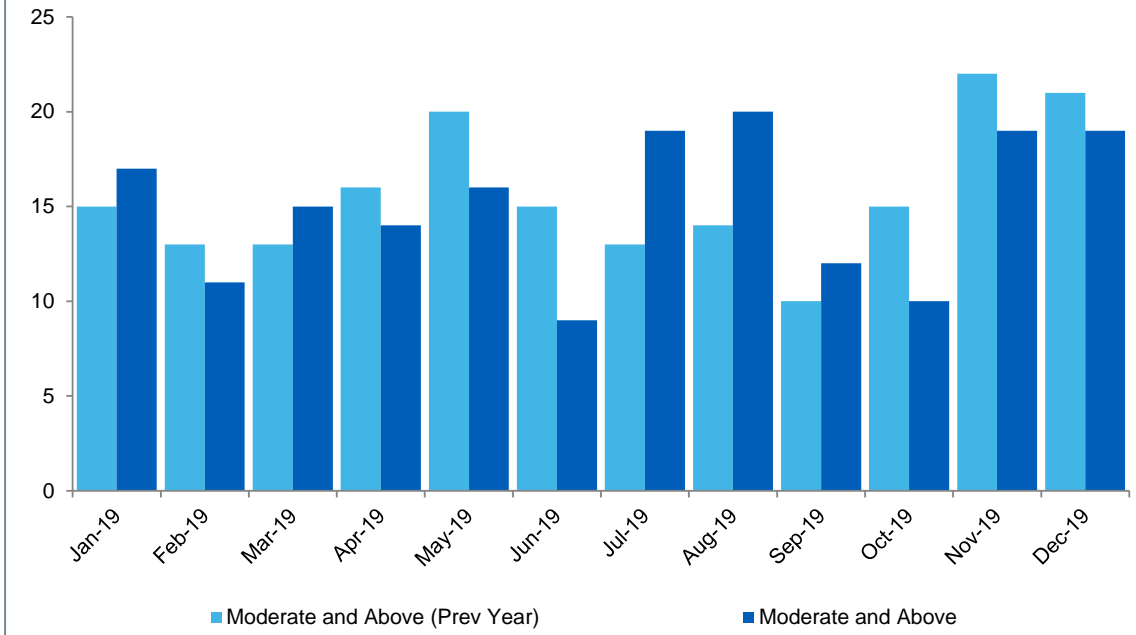
Hospital turnaround performance continues to significantly impact on available operational hours and resulted in significant call cycle time extension. This month 6,898 handovers breached 30 mins and 2,573 breached an hour. 4,614 ambulance hours were lost to Hospital Handover alone.

Work with acute hospitals and systems to improve processes continues with greater regional involvement from NHSI and local management focus on ways to reduce the impact on service delivery.

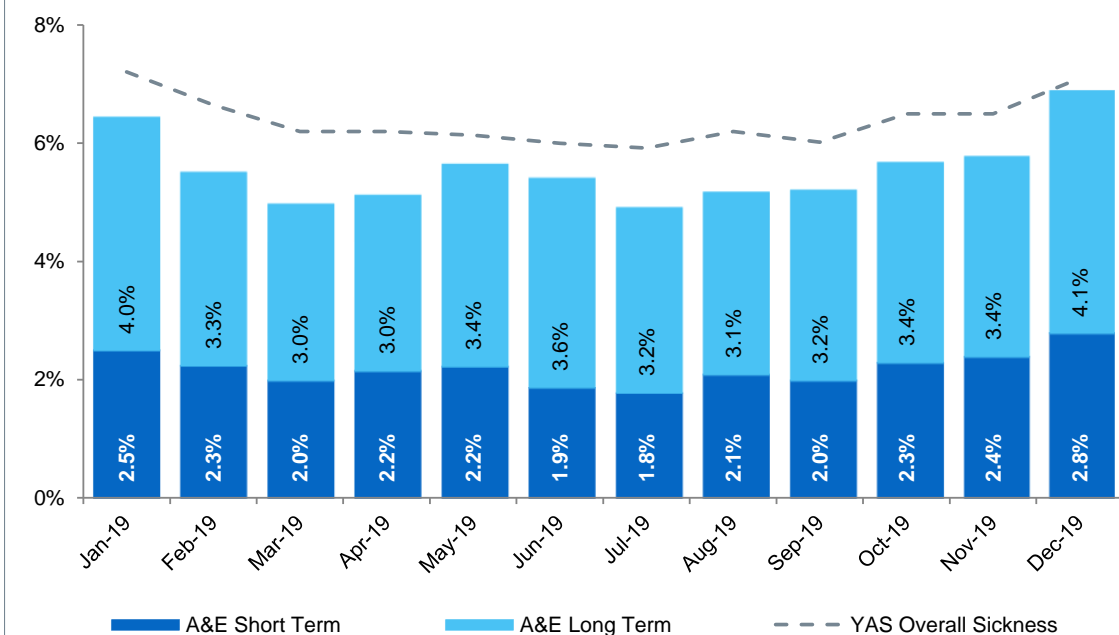
A&E Cht12: Quality - Reported Incidents



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



A&E Cht14: Workforce - Sickness



Quality Commentary:

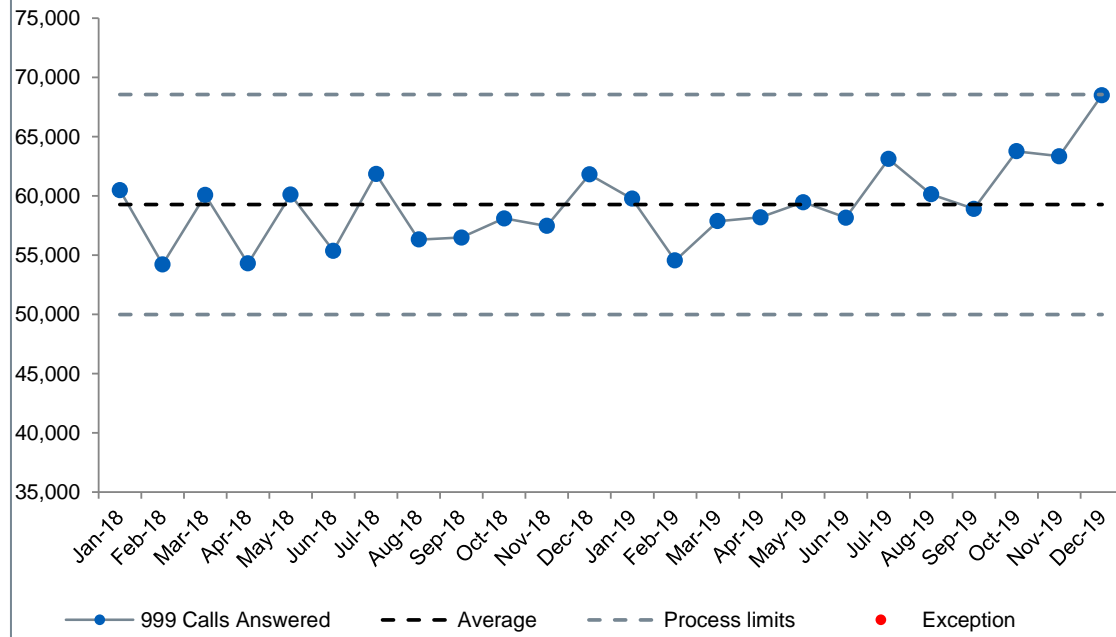
Reported incidents remained static during December despite the demand pressure trend, but shows an increase over the previous year with 489 incidents were reported (0.6% of all attended incidents.) Those rated moderate and above stayed static against the previous month to 19 (0.02% of all incidents) this represents a reduction over the previous year.

Workforce Commentary:

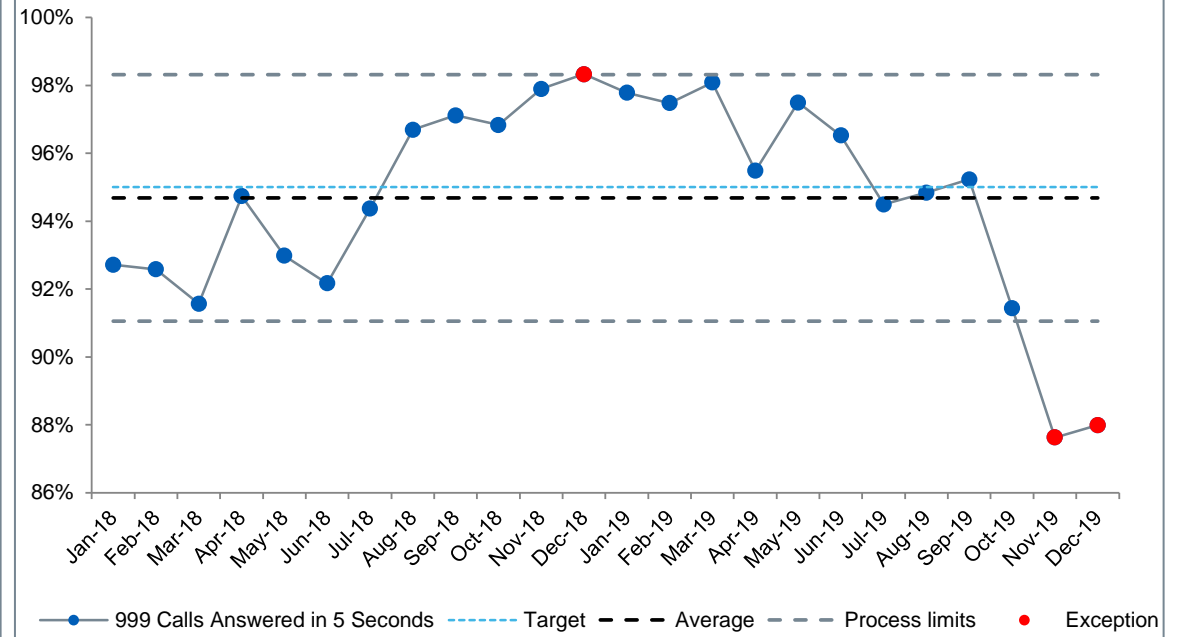
Sickness absence management has been a key focus in Operational areas, however, the sickness level increased to 6.9%. This shows a common picture at this time of year but A+E Ops remain below trust average and positive. Work continues to reduce this further with significant input from managerial and HR teams. Given the increased demand pressure this level is projected to decline in line with previous years.

PDR compliance has seen some challenges through the summer months and Operational teams have been tasked with improvements to address the backlog. Given the increased Operational demand pressures and escalation of the REAP plans there will be further slippage as tactical options are utilised to support service delivery. Mitigations to address this through the summer months will need to be prepared.

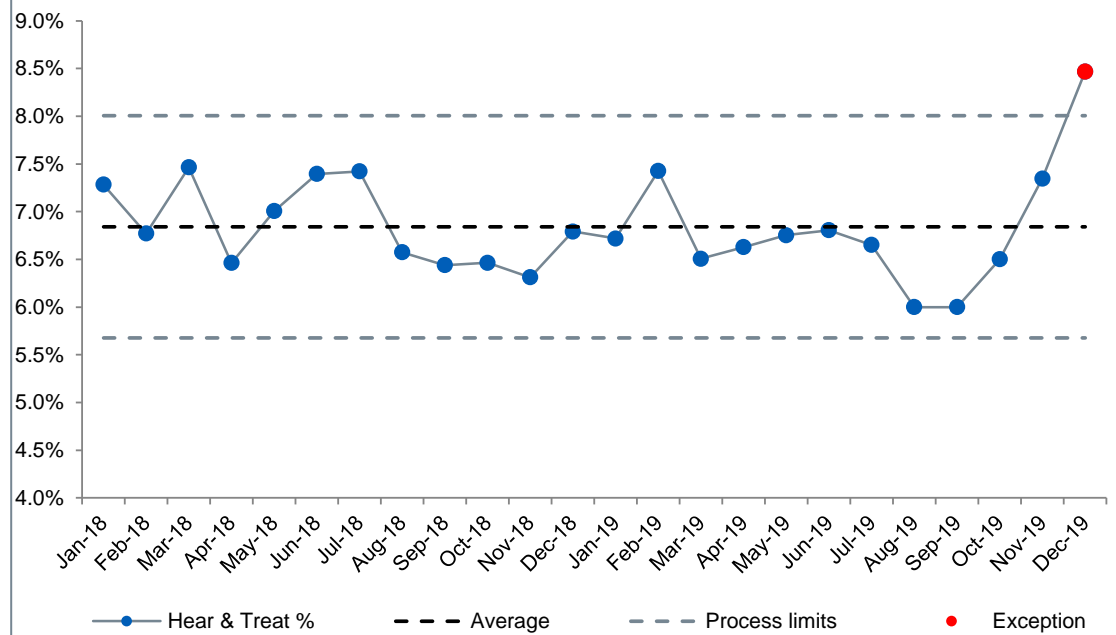
EOC Chart 1: Demand - 999 Calls Answered



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



EOC Chart 3: Performance - % Hear & Treat



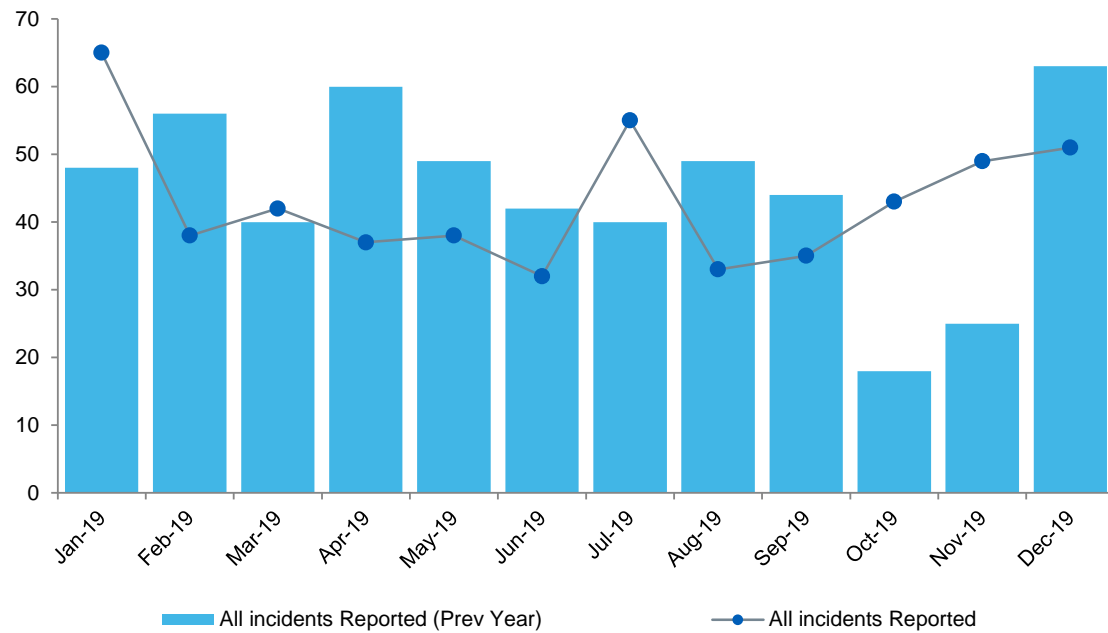
Performance Commentary:

In December call volumes rose to the highest level seen since November 2017. As a result call answer standards were not delivered to the 95% in 5 seconds position and mirrored the same levels seen in the winter of 2017. Despite the additional demand a slight improvement was seen against the November period. The operational impact of the additional times can be seen in the degradation of performance to National response standards.

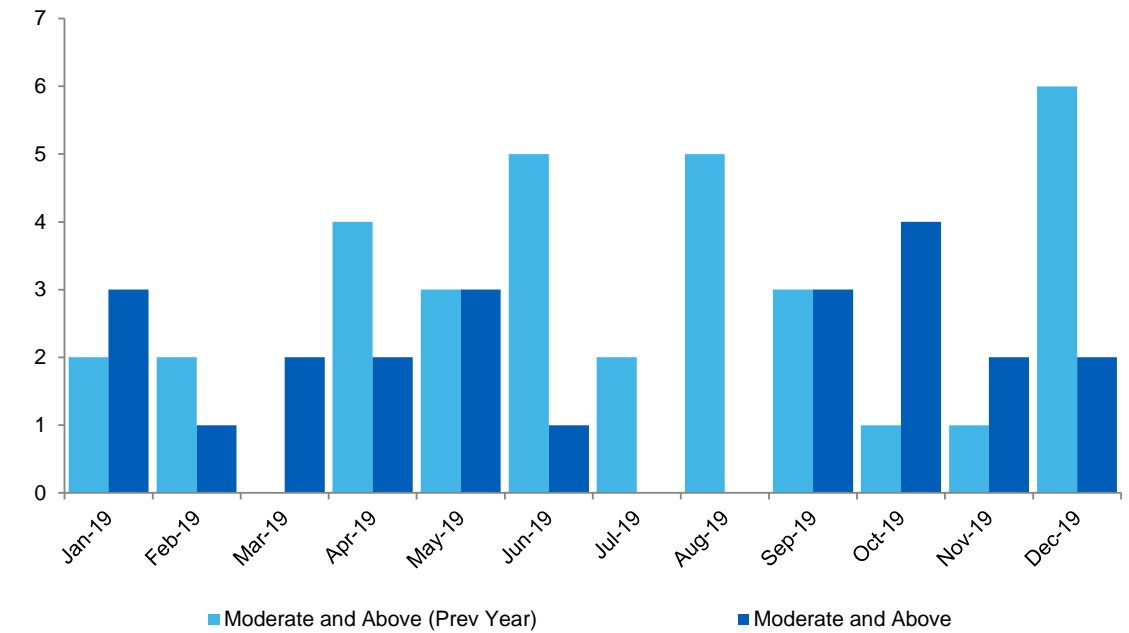
EMD sickness levels have impacted on the call answer standards due to the loss in capacity within this important staff group for call answer. Initiatives around urgent call takers have been undertaken to boost the call taking efficiency.

Hear and Treat performance improved significantly which is correlated to the extended delays in timely response to patients. It continues to be a key focus area for improvement. EOC is 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.

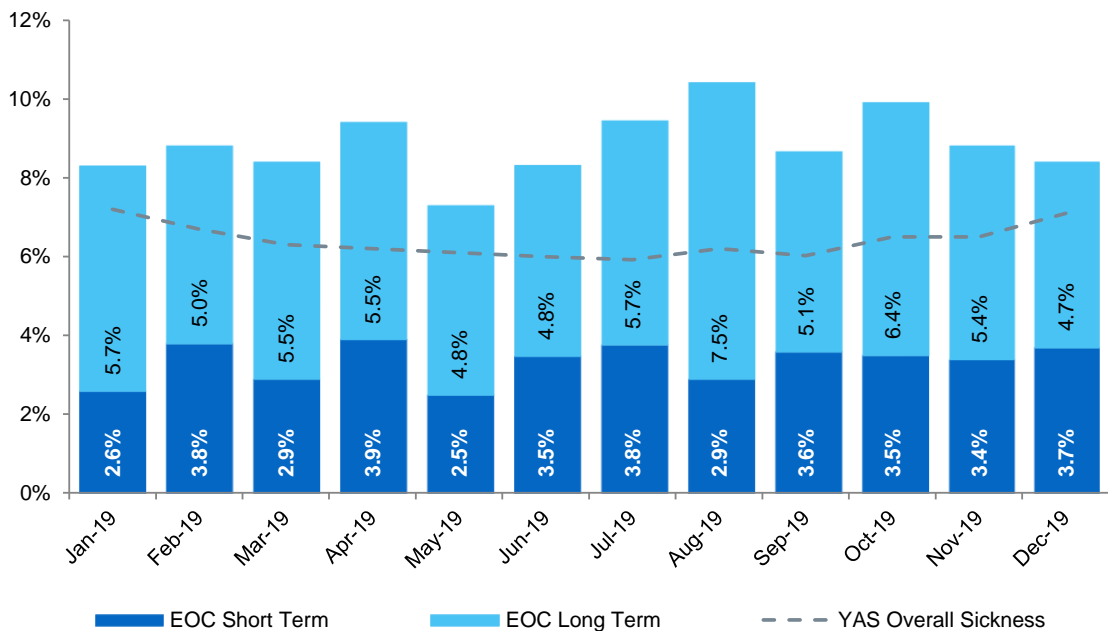
EOC Chart 4: Quality - Reported Incidents



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



EOC Chart 6: Workforce - Sickness



Quality Commentary:

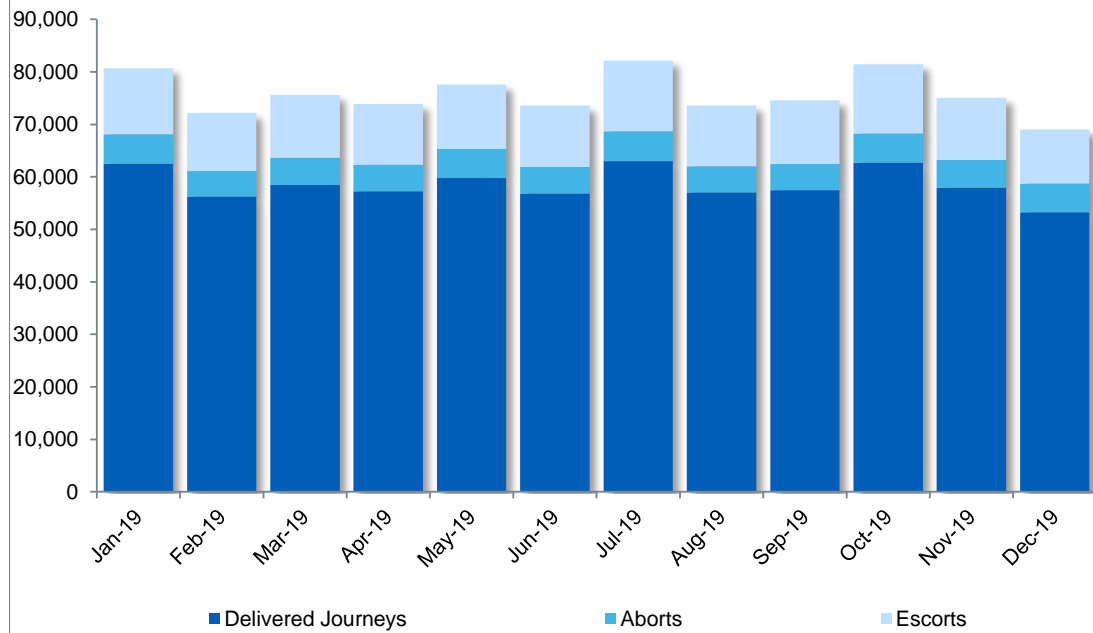
The total number of incidents rose in December, however, this is lower than those experienced in the previous year. The level of incidents classed as moderate or above remain low.

Workforce Commentary:

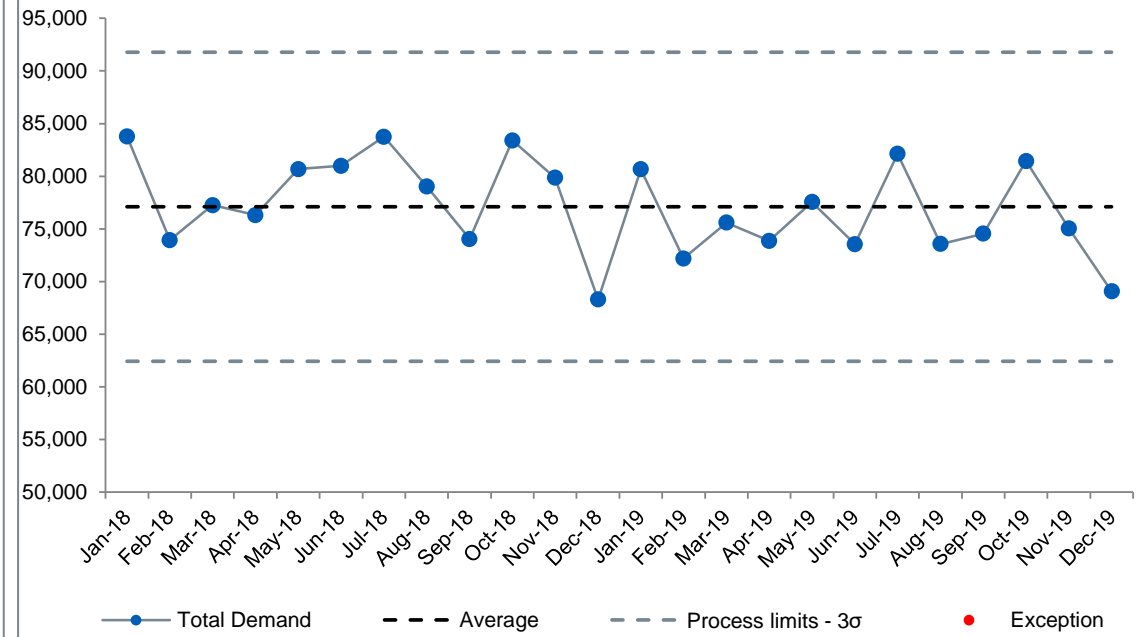
Long term sickness improved in December with a 0.7% decrease in incidents of long term absence. The EOC team is focussing on ensuring robust managerial processes are in place and have been liaising with the IUC team in a bid to support each other with significant challenges to the call handling staff groups. However there was an increase in occurrences of short term sickness through the month. Themes of musculoskeletal problems and stress, anxiety and depression feature as the key issues.

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 EMDs in EOC.

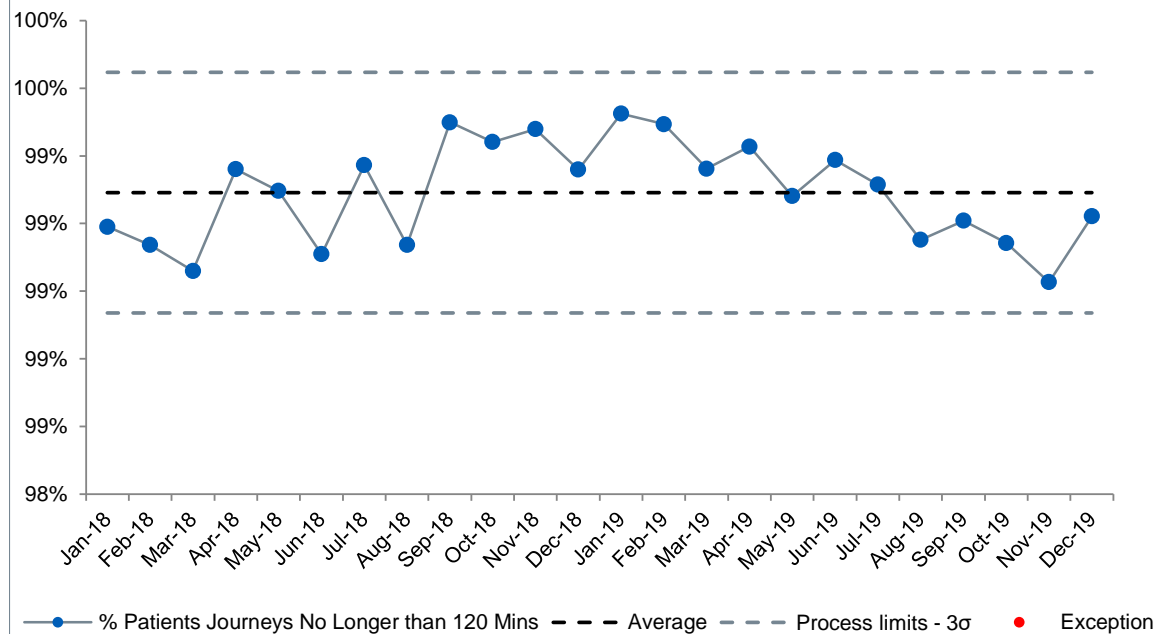
PTS Chart 1: Demand - Journeys



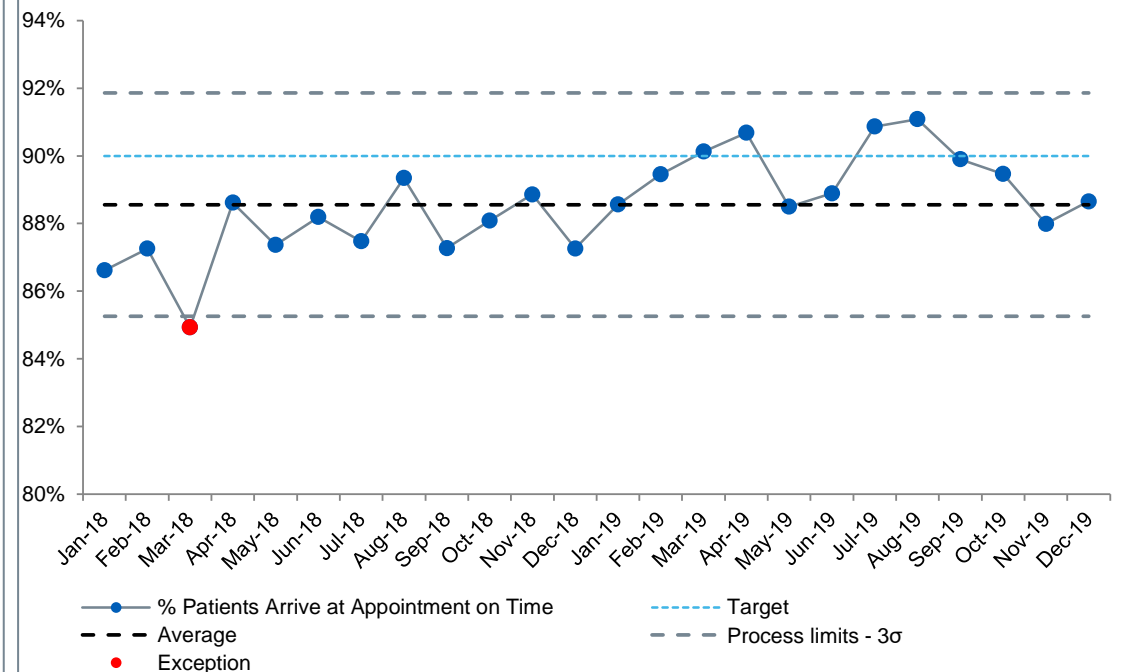
PTS Chart 2: Demand - Total Demand



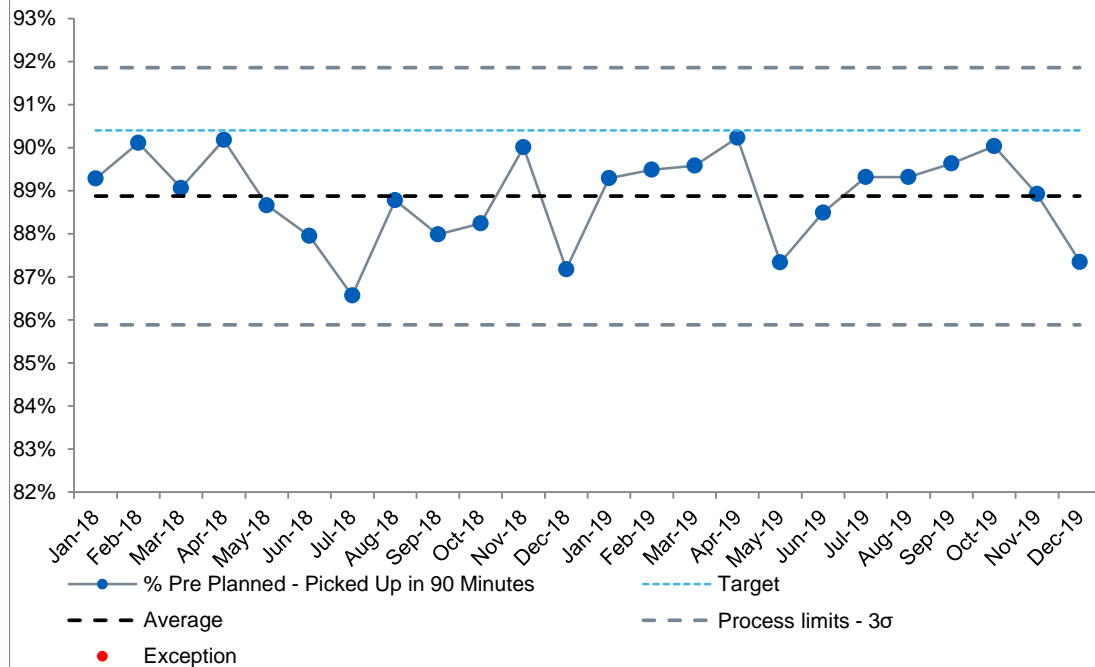
PTS Chart 3: % Patients Journeys to be no longer than 120 Minutes



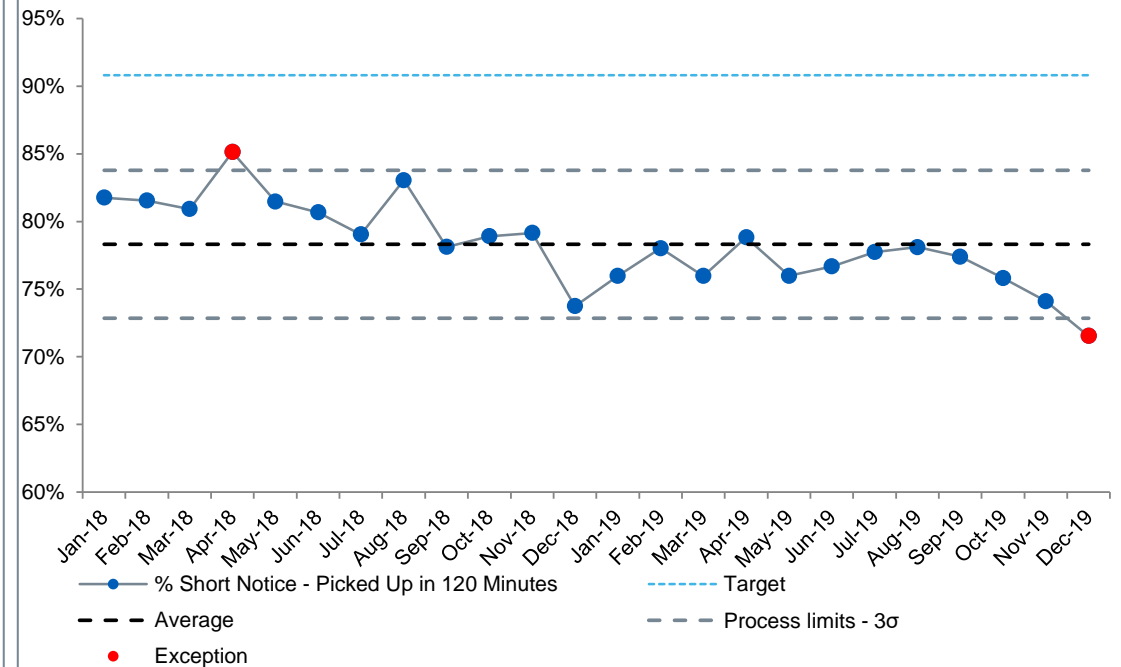
PTS Chart 4: % Patients Arrive at Appointment on Time



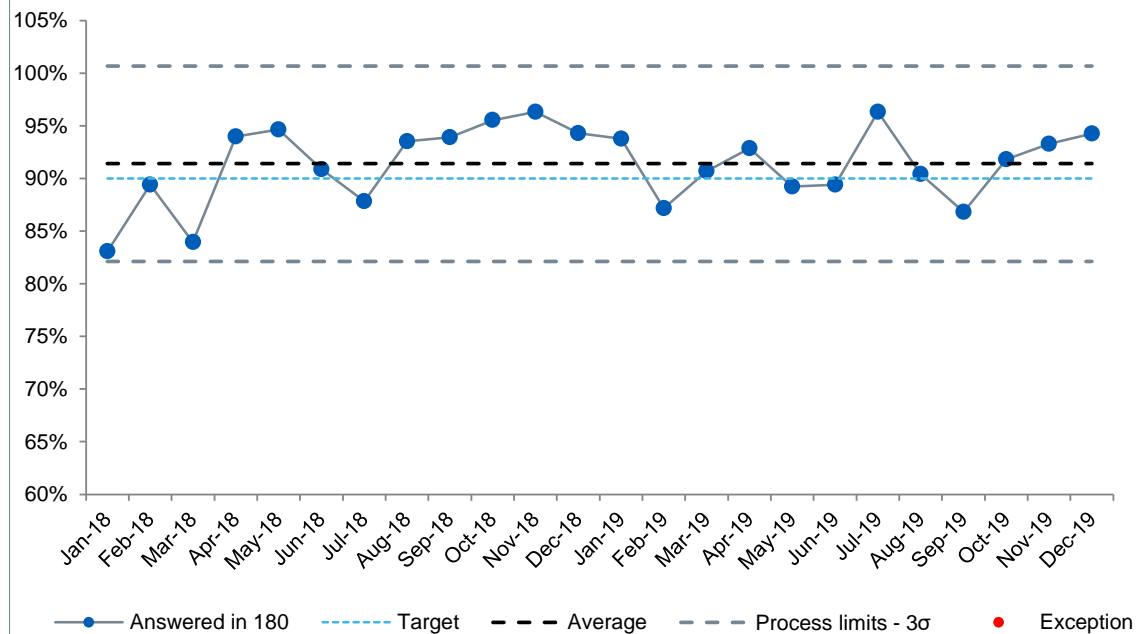
PTS Chart 5: Performance - % Pre Planned - Picked Up in 90 Minutes



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 December reduced. This is forecast with much reduced outpatient and planned care services throughout the Christmas period.

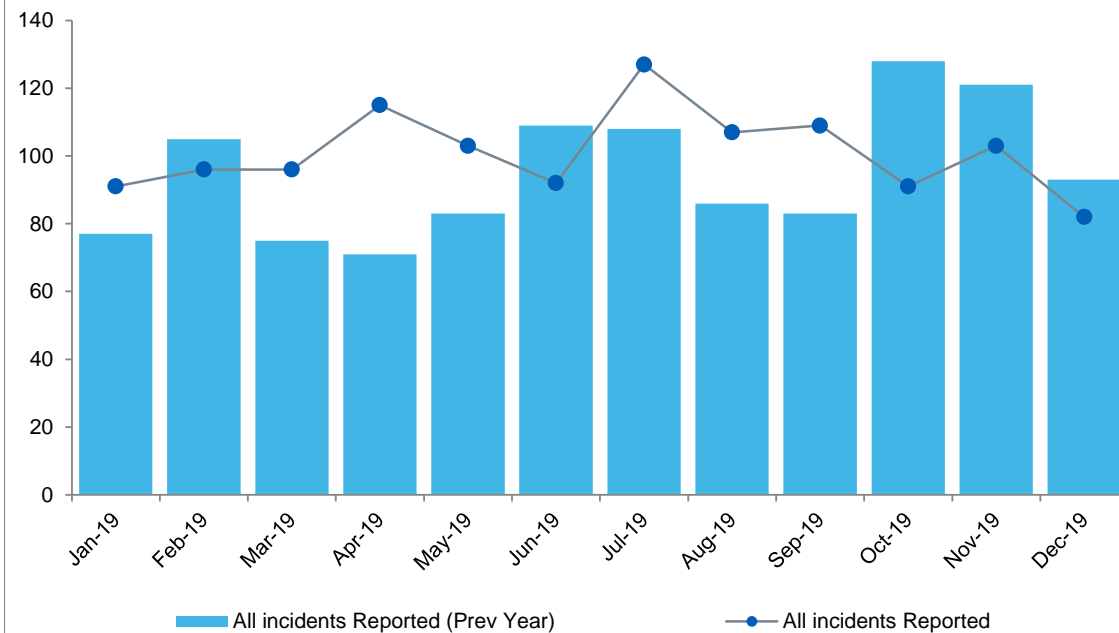
Importantly during December we maintained performance at YTD average so that our patients arrive prior to appointment (KPI1).

KPI 3 (pre-planned outward) December drop in performance v's target and YTD average.

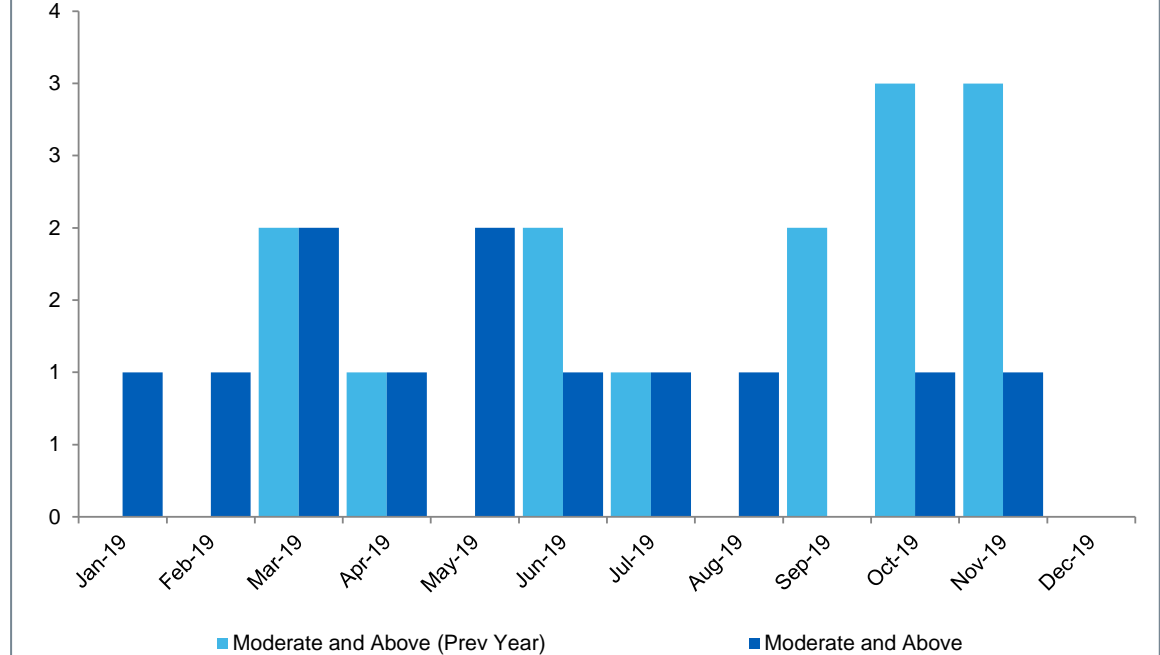
KPI 4 (on-day discharge) did not achieve target and is below YTD. Management review underway.

PTS calls answered continues to improve with December above target and YTD average.

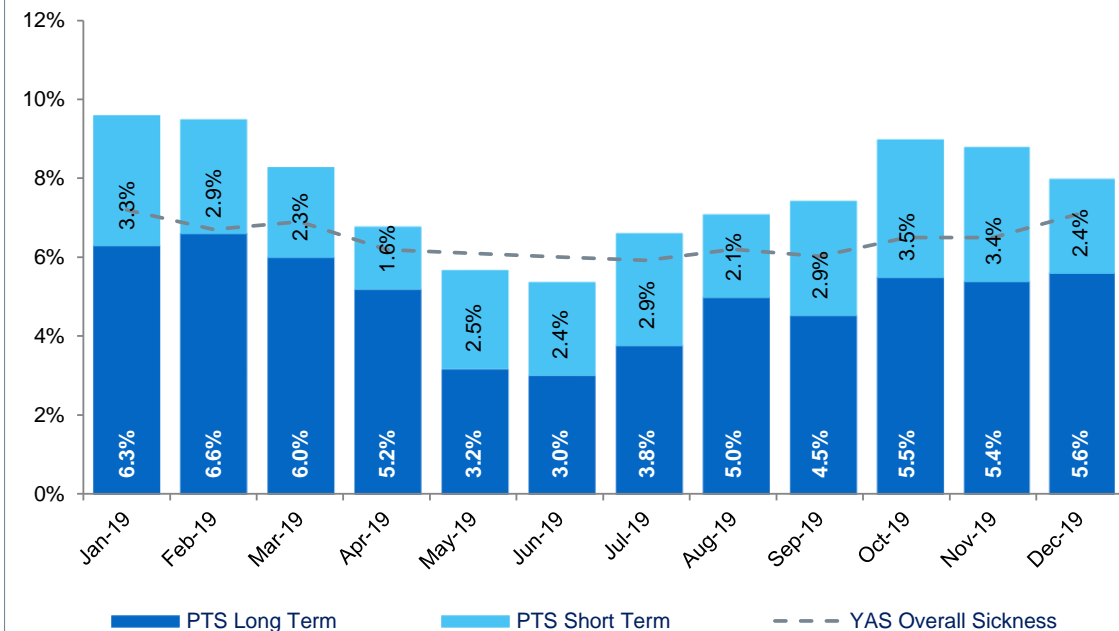
PTS Chart 8: Quality - Reported Incidents



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 November. Incidents of moderate or above remain low and in-line with previous months.

Workforce Commentary:

Sickness has decreased for the second month in a row. LTS remains high but STS has reduced by a full 1%. All cases are being managed and monitored in line with process.

Statutory and Mandatory training (including workbooks) within PTS remains well above the Trust average; some planning ahead of removal of workbooks in April.

PDRs for the month of December narrowly missed 90%, standing at 88% - the highest in the Trust.



Ambulance Quality Indicators

December 2019

System	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)	75,823	111,730	104,809	71,457	79,984	82,002	37,767	99,997	68,798	55,758
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	67.0%	69.6%	65.7%	72.1%	70.5%	64.2%	67.8%	59.2%	62.7%	56.1%
C1 Incidents	8.9%	9.9%	10.8%	11.9%	10.4%	7.0%	8.5%	6.9%	7.1%	6.2%
C2 Incidents	58.1%	59.7%	55.0%	60.1%	60.1%	57.2%	59.3%	52.3%	55.6%	49.9%
C3 Incidents	13.1%	16.7%	13.9%	12.6%	12.5%	17.9%	16.5%	30.1%	26.7%	29.0%
C4 Incidents	0.6%	1.8%	4.5%	1.6%	1.0%	1.2%	1.1%	1.2%	0.5%	1.7%
C5 Incidents	2.7%	1.2%	0.7%	0.0%	5.5%	6.8%	0.0%	0.1%	0.0%	0.3%
HCP Level 3 & HCP Level 4	8.1%	2.7%	6.5%	3.3%	2.6%	3.9%	6.9%	4.9%	4.0%	6.5%
Hear and Treat	8.4%	8.0%	8.6%	9.7%	7.9%	6.0%	7.5%	4.1%	6.7%	7.9%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:07:46	00:07:02	00:07:29	00:08:10	00:08:25	00:07:08	00:07:14	00:07:02	00:07:55	00:07:31
C1-90th centile response time (Target 00:15:00)	00:13:15	00:11:45	00:12:37	00:14:35	00:15:24	00:12:57	00:12:26	00:12:15	00:14:46	00:13:38
C2-Mean response time (Target 00:18:00)	00:27:12	00:26:42	00:31:36	00:41:43	00:31:53	00:30:07	00:39:11	00:14:56	00:21:42	00:19:47
C2-90th centile response time (Target 00:40:00)	00:58:00	00:57:41	01:10:40	01:27:19	01:06:41	01:03:06	01:17:51	00:28:09	00:41:32	00:41:35
C3-Mean centile response time (Target 01:00:00)	01:12:00	01:30:41	02:05:16	02:07:11	01:45:54	01:31:40	02:03:42	01:01:08	01:53:46	01:01:58
C3-90th centile response time (Target 02:00:00)	02:56:46	03:45:27	04:57:16	05:14:40	04:41:22	03:48:30	05:08:43	02:24:05	04:11:54	02:30:23
C4-90th centile response time (Target 03:00:00)	03:18:01	04:11:07	03:29:19	04:04:50	04:43:09	04:20:58	03:11:19	03:13:27	05:21:05	03:24:49
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	58.0%	57.2%	58.6%	59.4%	56.3%	52.7%	56.8%	55.6%	60.6%	51.9%
Incidents with transport not to ED	8.5%	6.3%	5.3%	4.6%	2.5%	4.4%	9.4%	6.1%	1.0%	6.8%
Incidents with face to face response	25.0%	28.5%	27.5%	26.3%	33.2%	36.9%	26.3%	34.1%	31.7%	33.4%
Clinical (August 2019)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
ROSC	31.0%	31.4%	34.2%	25.1%	23.3%	30.3%	30.9%	31.4%	35.9%	29.1%
ROSC - Utstein	54.1%	62.5%	53.2%	33.3%	43.9%	42.6%	57.9%	52.8%	72.7%	50.0%
Cardiac - Survival To Discharge	9.6%	7.9%	7.4%	7.9%	8.6%	16.2%	8.4%	9.1%	7.2%	12.6%
Cardiac - Survival To Discharge Utstein	30.0%	30.2%	23.5%	20.0%	26.3%	27.8%	37.5%	24.2%	17.9%	33.3%