



Integrated Performance Report

January 2018

The following report outlines performance, quality, workforce and finance as identified by nominated leads in each area. All these areas link to the quality of care for patients provided by the Yorkshire Ambulance Service across three main service lines (999, PTS and 111).

Inspected and rated

Good



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The following YAS board report outlines performance, quality, workforce and finance headlines in each area. All these areas link to the quality of care for patients provided by the Yorkshire Ambulance Service across three main service lines (A&E, PTS and 111).

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EXECUTIVE OVERVIEW

1 YAS STRATEGIC OBJECTIVES 2017/18

January 2018

This is an overview of the Trust's strategic objectives alongside their respective RAG ratings . Exception commentary is provided for objectives considered to be Amber and Red rated.

YAS STRATEGIC OBJECTIVES 2017/18												
Strategic Objective	No	Trust Level Objectives	Lead	Jul	Aug	Sep	Oct	Nov	Dec	Jan	COMMENTS/EXCEPTIONS	
1 Excellent Outcomes	1.1	To deliver effective and efficient emergency call handling performance & increase capability to deliver non-conveyance	EDOps								Plans are being developed through the A&E Operations board as part of the Operational Delivery Improvement plan to increase clinical hub capacity with an aim to increase Hear and Treat rates. EMD recruitment is behind plan which contributed to a fall in call answer performance in recent months, however, this is beginning to improve.	
	1.2	To develop integrated patient care through our NHS111 delivery model aligned to national & local strategies for integrated urgent care	DPUC									
	1.3	To deliver safe & effective urgent & emergency care, supporting staff to make appropriate non-conveyance decisions.	DPUC									
	1.4	To create a sustainable core A&E service, with the right number of skilled people in place (A&E Transformation Programme)	EDOps								Recruitment to management posts is complete with RGM starting in February. However the service is not yet at full establishment with approximately 60 vacancies. The recruitment plan is aimed at achieving full establishment by January.	
	1.5	To sustain and deliver improvement in identified patient care and safety priorities	EMD									
2 Improvement & Innovation	2.1	To develop and implement an ICT strategy which enables delivery of YAS strategic priorities and is aligned to the digital roadmap across STPs	EDoF									
	2.2	To embed a robust strategic and operational business planning process into the organisation	DPD									
	2.3	To implement the performance management framework to enable devolved leadership and accountability.	EDQGPA									
	2.4	To enhance service improvement capability and provide assurance through programme and project management.	EDQGPA									
	2.5	To define, deliver and implement an integrated and systematic approach to quality improvement for the Trust.	EDQGPA									
	2.6	To develop research capability in pre-hospital urgent & emergency care, develop research skills & expertise	EMD									
	2.7	To deliver a communications function in support of a motivated workforce & external reputation as a trusted system partner	DPD									
	2.8	To create a sustainable, efficient, patient focused and fit for future PTS service (PTS Transformation Programme)	DPUC								Programme RAG stays Amber the majority of restructure resources are now in place allowing several work streams to progress, as well as the service realising more benefits than originally reported.	
	2.9	Implement Hub and Spoke and Ambulance Vehicle Preparation to improve quality and performance	CEO								Doncaster Hub design has now moved to the final phase. Application of the Change Management Framework/approach within the Programme, including the Doncaster hub, was presented at November Programme Board. Discussions commenced and meetings agreed to determine benefits. STP (ACS) Doncaster bid submitted to SY STP for national consideration for capital funding. Recruitment to Senior Project Manager Post commenced.	

YAS STRATEGIC OBJECTIVES 2017/18												
Strategic Objective	No	Trust Level Objectives	Lead	Jul	Aug	Sep	Oct	Nov	Dec	Jan	COMMENTS/EXCEPTIONS	
3 Our People	3.1	To refresh the organisation's vision & values, building a positive working environment, developing culture & behaviours	DWF								The values and behaviour framework is now in place and work on the implementation has commenced. This work is being led by the new Head of Leadership and Learning. Work streams are being set up and project plans being developed.	
	3.2	To prioritise the health and well-being of all staff	DWF								Health and wellbeing team staff are all now in post. The team is currently evaluating existing strategy and has developed an action plan to deliver the programme for 2018/19. Flu programme has been a priority since October 17 and Trust achieved 65.3% uptake of the vaccine for frontline staff. Mental health first aid training has commenced for Clinical Supervisors. The procurement for the MSK backcare workshops is complete and will commence in the next few weeks. The procurement for the new OH contract will commence in April 2018.	
	3.3	To build equality and diversity within our organisation to reflect the communities we serve.	DWF								The Diversity Strategy is now in place and the action plan is being implemented across the Trust.	
	3.4	To develop high quality, relevant and well governed clinical education processes and activity	EMD									
	3.5	To develop a workforce strategy to deliver integrated urgent & emergency care	DWF								A new Workforce and OD Strategy is now being developed. This will be an enabling strategy for the newly developing Trust Strategy. It is anticipated that the draft strategy will be finalised for April 2018.	
	3.6	To address immediate workforce challenges and develop appropriate processes & controls.	DWF								The new Workforce Structure is now in place, but key roles are still vacant with recruitment ongoing. Work to review and evaluate systems and processes will take place when the new role in governance is appointed to. A review of recruitment pathways and disciplinary processes has commenced.	
4 System Partner & Resilience	4.1	To maintain a high standard of capability for emergency planning, resilience, response and business continuity	EDOps									
	4.2	To develop collaborative relationships with Y&H stakeholders, building the reputation of YAS as a trusted system partner	DPD									
	4.3	To implement professional, co-ordinated approach to public & community engagement and corporate social responsibility	CEO									
	4.4	To implement a robust business development function and bid management process for the organisation	DPD									
5 Safe, Caring & Efficient	5.1	To sustain a safe compassionate service through compliance and continued improvement in all statutory functions	EDQGPA									
	5.2	To further embed the risk management strategy with devolved leadership and accountability in all areas	EDQGPA									
	5.3	To produce financial plans and efficiency programmes to support delivery of our Trust strategy	EDoF									
	5.4	To deliver an enhanced finance function, responsive to core operational delivery and system transformation	EDoF									
	5.5	To produce and implement 5 year strategies for estates and fleet aligned to the overarching vision for the trust	DEF									

The Single Oversight Framework is designed to help NHS providers attain and maintain Care Quality Commission ratings of 'Good' or 'Outstanding'. The Framework doesn't give a performance assessment in its own right. The framework applies from 1 October 2016, replacing the Monitor 'Risk Assessment Framework' and the NHS Trust Development Authority 'Accountability Framework'. The Framework will help identify NHS providers potential support needs across the five themes illustrated below alongside YAS indicators where available. To date Finance and Use of Resources is the only theme which is rated nationally.

Quality of Care

Number of new written complaints per 10,000 calls to Ambulance services, Q2 17-18		13.5
Staff F&F Test % recommended care Q2 17-18		87%
Occurrence of any never event		NA
Patient Safety Alerts not completed by deadline		NA
Ambulance See-and-treat from F&F Test - % positive, Nov 17		*
Ambulance Clinical Outcomes, Sep 17	Return of spontaneous circulation (ROSC) in Utstein group	40.0
	Stroke 60 minutes	46.5
	Stroke Care	99.2
	ST Segment elevation myocardial infarction (STeMI) 150 minutes	78.7

(*) less than 5 responses – data withheld

(**) does not provide results that can be used to directly compare providers because of the flexibility of the data collection methods and variation in local populations

Organisational Health

Staff sickness, Sep 17	5.93%
Staff turnover (FTE), (YAS Workforce Scorecard Jan 18)	11.2%
NHS Staff Survey response rate 2016	37%
Proportion of temporary staff, Jul 17, NHS Model Hospital	1.91%

Strategic Change RAG ratings (Jan 18)

Urgent Care	AMBER
Hub & Spoke	AMBER
A&E Transformation	AMBER
PTS Transformation	AMBER

Operational Performance Response Times

	Jan 18
Cat 1 Life-threatening calls mean	8:10
90 th centile	13:56
Cat 2 Emergency calls mean	26:57
90 th centile	0:59:30
Cat 3 Urgent calls 90 th centile	2:31:51
Cat 4 Less urgent calls 90 th centile	3:45:02

Source: [Systems Indicators](#) (Against 20170926 specifications, indicators agreed through Ambulance Response Programme) – spreadsheets

Finance Score

Capital service capacity (Degree to which a providers generated income covers its financial obligations)	SOF Rating* Jan 18 1
Liquidity (days of operating costs held in cash or cash equivalent forms)	1
I&E margin (I&E surplus or deficit/ total revenue)	1
Distance from financial plan (YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit)	1
Agency spend (distance from providers cap)	1
OVERALL USE OF RESOURCES RATING	1

*1=Providers with maximum autonomy; 2=Providers offered targeted support; 3=Providers receiving mandated support; 4=Special measures

This section provides an overview of internal transformation programmes and external factors to help determine if our internal change plans are aligned to external system pressures.

Internal

- **Hub & Spoke:** Remains **Amber**
 - Doncaster project and change plan drafted. Departmental decant building design reviewed and updated. STP business case commenced.
 - Successful recruitment of AVP project manager.
 - Work underway with architect to determine costs and fit out requirements for Leeds/Huddersfield AVP.
 - Medicine Management Business case and PID completed.
 - AVP paper for Contract Management Board drafted, pending reviews

- **Urgent Care:** **Amber**
Programme is under review.

Service Improvement

- **A&E:** Remains **Amber**
A new meeting and governance structure for A&E operational management has been agreed and will commence week commencing 5th March 2018. Throughout February, plans are being discussed and finalised for the 18/19 year including a revised programme of projects. This will include the commencement of the A&E Programme Board from March onwards.
- **PTS:** Remains **Amber**
 - Flu campaign uptake at 66.4%
 - The East Riding mobilisation is now completed and a new project has commenced, Harrogate/HRW – where YAS is working with commissioners to reduce saloon car journeys by up to 30% to remain competitive and sustainable for the future.

External

- Winter pressures are beginning to ease across most Delivery Board areas, monitoring is still taking place but the focus has moved to recovery and winter debriefing. There are many regional and local debriefs being arranged across the patch. Early lessons identified and Easter Planning remain high on the agendas
- YAS Winter Debrief took place on 24th January, chaired by YAS Deputy Director of Operations.
- Flu levels are on the decrease although flu vaccinations are still being encouraged for front line staff remaining a priority with NHSE/I.
- NHSE/I focus continues in respect of 4 hour ED performance; Handover performance; mutual aid across systems
- The NHS111 Tender process commenced on the 9th February with a launch event in Leeds. Internal Stakeholders attending the event provided insight into the areas to be considered, the successes already achieved and the gaps still to be filled. An action plan is being put in place by the bid team and
- YAS continue to work with urgent care networks and local delivery boards to explain the benefits and impact of ARP; to strengthen community support for greater use of alternative diversionary pathways (to reduce ED conveyance) and to develop options in respect of Low Acuity Transport, Advanced & Specialist Paramedics and Integrated Urgent Care.
- Contract negotiations continue with Commissioners for 999 contract negotiations for 18/19 and for a transitional year in the NHS111 contract. Work continues within the West Yorkshire STP to develop an MOU.
- Hospital reconfigurations continue throughout the region, those considered to have moderate to significant impact on YAS operations are outlined below:-
 - SYB ACS Hospital Services Review report expected in January, with matrix of options. Final report expected in April 2018. Others
 - Friarage Hospital; Durham, Darlington Tees, HRW
 - West Yorkshire Stroke Services including Harrogate
 - Evaluation of MYHT and CHFT reconfigurations continues

Our Performance January 2018



Category 1 was 08:10

Ambulance responses on Scene down 0.8% YTD

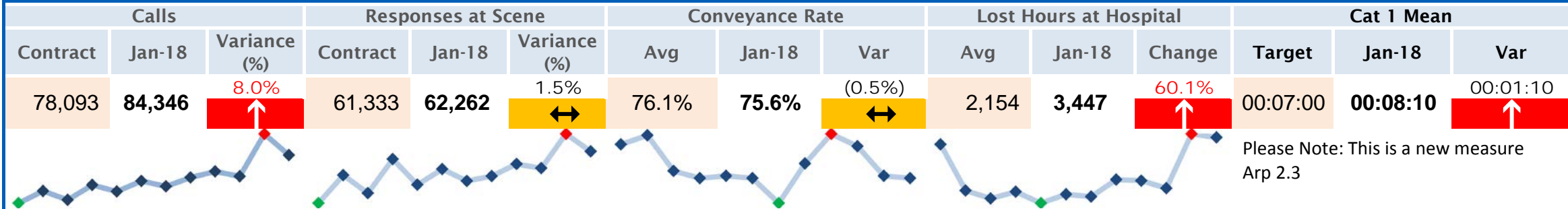
PTS KPI 2 continues to be above target at 85.9% for January

Calls transferred to a CAS Clinician in 111 is above 30% target at 34.6%

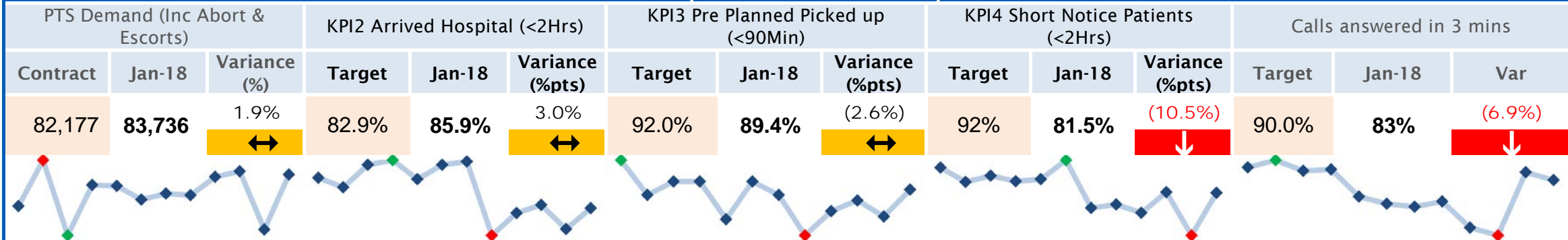
YTD Performance

	Time	Change
Category 1 Mean Performance	08 mins 10 Sec	
Ambulance Turnaround Time	35 mins 48 sec	(12 sec more)

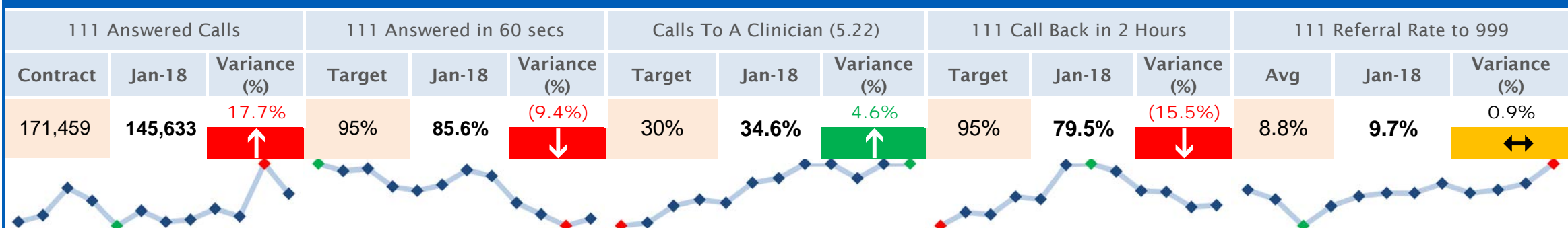
A&E



PTS (KPI's exclude South)



111



Key

Tolerance for Variance (unless stated different)	Variance	Sparklines	AVG - Average	Contract	Updated
From Previous Month (tolerance 5% number change or 5% pts)	Variance to Contract or Target or Average	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	Demand Contracted for in the main contract	13.02.18 - PMO

Our Quality January 2018



3 in 1000 patients report an incident



0.0001 in 10000 patients incidents result in moderate or above harm



FOI compliance in January was 92%



3 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (ustein)



9 out of 10 people would recommend YAS to Friends and Family

Patient Survey

Recommend YAS to F&F

Q2

YTD

PTS

93%

92%

A&E

82%

84%

Infection Control Compliance

Compliance

Jan 17

Jan 18

Hand Hygiene

98%

98%

Premise

98%

99%

Vehicle

97%

98%

Incidents Reported

All Reported Incidents

Avg

No

Change

764

763

(4.1%)



Patient Incidents

Avg

No

Change

202

243

9.5%



Moderate Harm

Avg

No

Change

22

18

5.9%



Serious incidents

Avg

No

Change

3

2

(50.0%)



Medication Related

Avg

No

Change

59

84

25.4%



Safeguarding

Patient Relations

Legal

Adult Referrals

Avg

No

Change

779

815

(8.4%)



Child Referrals

Avg

No

Change

474

446

0.5%



Complaints

Avg

No

Change

83

107

30.5%



Compliance (21 Days)

Avg

%

Change (% Pts)

85%

98%

9.8%



FOI Requests

Avg

No

Change

39

43

43.3%



Clinical Outcomes (Sept DATA)

Fleet

Stroke 60

Avg

%

Change (%pts)

45.0%

45.9%

(6.7%)



STeMI Care

Avg

%

Change (%pts)

82.2%

74.6%

(10.3%)



ROSC (Utstein)

Avg

%

Change (%pts)

52.7%

40.0%

(25.0%)



Survival (Utstein)

Avg

%

Change (%pts)

34.3%

31.6%

7.8%



Deep Clean Breaches (8 weeks)

Avg

AE/PTS

Change (%pts)

43

53

(7.0%)



Key

Change

From Previous Month (tolerance 5% number change or 5% pts)

Direction of Travel

From Previous Month

Sparklines

To demonstrate trend, low point is lowest point in that trend (not zero)

AVG - Average

Previous 12 Periods

Updated

13/02/18 - PMO

Our Workforce - January 2018

↑	1003 staff are overdue a PDR out of 4524
↔	155 Staff are on long term sick out of 5214 Staff
↑	397 staff are still to complete the stat and man work book out of 5214
↓	Child level 2 compliance does not include new e-learning numbers with 336 completed

YTD Performance		
	%	Change
Sickness	5.78%	0.35%
Stat and Man	93.57%	-0.90%

Workforce									Recruitment			IG		
Total FTE in Post (ESR)			BME			Turnover			New Starts			Information Governance		
Avg	Nº	Variance (%pts)	Target	%	Variance (%pts)	Avg	%	Variance (%pts)	Avg	No	Variance (%pts)	Target	%	Variance (%pts)
4,345	4,407	1.4%	11.1%	6.4%	(4.7%)	11.6%	11.2%	(0.4%)	46.09	73	57.7%	95.0%	62.8%	(32.2%)

Sickness									Finance					
Total			Short Term			Long Term			Agency Spend			Overtime		
Target	%	Variance (%pts)	Avg	%	Variance (%pts)	Avg	%	Variance (%pts)	Plan YTD £(000)	Actual YTD £(000)	Variance (%pts)	Avg	AE/PTS Avg	Variance (%pts)
5.0%	7.2%	2.2%	1.9%	2.8%	0.9%	3.8%	4.3%	0.5%	2,937	2,669	(10.0%)	£811,641	£909,012	12.0%

Training														
PDRs			Stat & Mand			Adult Safeguarding L1			Child Safeguarding L2			Clinical Training		
Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)
90.0%	71.8%	(18.3%)	90.0%	93.6%	3.6%	90.0%	93.2%	3.2%	80.0%	77.0%	(3.1%)			0.0%
													under development	

Key	Change		Direction of Travel		Sparklines		AVG - Average		Updated	
	From Previous Month (tolerance 5% number change or 5% pts)		From Previous Month		To demonstrate trend, low point is lowest point in that trend (not zero)		Previous 12 Periods		12th February 2018 - Workforce Intelligence Team	
									8	

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	(21,927)	(22,292)	(365)	(218,270)	(217,809)	461
Expenditure	21,509	21,310	(198)	215,821	213,693	(2,128)
Retained Deficit / (Surplus) with STF Funding	(418)	(982)	(564)	(2,449)	(4,116)	(1,667)
STF Funding	(176)	(176)	0	(1,158)	(1,158)	0
Retained Deficit / (Surplus) without STF Funding*	(242)	(806)	(564)	(1,291)	(2,958)	(1,667)
EBITDA	(1,390)	(1,718)	(329)	(12,166)	(13,398)	(1,231)
Cash	22,557	41,276	18,719	22,557	41,276	18,719
Capital Investment	2,801	2,794	(7)	6,859	3,205	(3,654)
Quality & Efficiency Savings (CIPs)	1,037	1,005	(32)	10,367	11,498	1,131

Under the "Single Oversight Framework" the overall Trust's rating for January 2018 is 1 (1 being lowest risk, 4 being highest risk). The Trust is forecasting that it will achieve a 1 rating for the year.

The Trust submitted a financial plan to NHS Improvement with an annual planned surplus of £53k for 2017/18, which has since been revised to a planned £3,408k surplus in line with the agreed control total. The Trust has reported a favourable position of £1,667k against plan as at the end of January (Month 10). Income is lower than plan by £461k, mainly due to the non-achievement of the CQUIN income

'risk reserve' (relating to non-achievement of the 2016/17 control total) and the funding included in the plan for the Clinical Advisory Network not yet agreed with Commissioners (which is offset by a corresponding favourable variance on expenditure on the Clinical Advisory Network).

In terms of key service line variances YTD: The A&E service line (including EOC and Special Operations) is £4,290k favourable against plan mainly due to; vacancies and the under utilisation of the overtime budget. The underspend in pay is partially offset by overspend in non-pay including fire service responders and meal break payments and an income shortfall due to the unachievement of CQUIN. PTS is adverse to plan by £460k due to the delay in the management restructure impacting on CIP delivery which is partly offset by savings on vacancies within the Directorate. Fleet is adverse to plan by £1,086k which is mainly due to unachievement of CIPs year to date on a number of schemes including accident reduction, CVL contract and also a proportion of CIPs still yet to be identified by the Directorate.

At the end of January 2018 the Trust's cash position was £41.3m against a plan of £22.6m, giving a favourable variance of £18.7m. The increase in the cash balance of £2.2m against the December position reflects continuing underspends against the capital plan and the higher than planned surplus.

Capital expenditure at the end of January 2018 (Month 10) was £3.2m versus an original plan of £6.9m leading to an under spend of £3.7m. The Trust's originally planned Capital Resource Limit (CRL) was £12.2m plus receipts from property disposals of £1m resulting in a capital plan of £13.2m. NHS Improvement initially approved a CRL for 17/18 of £8.5m, as a result of this the service leads reviewed and subsequently reappraised the deliverability of capital schemes. This resulted in a reduction of the capital plan to £8.5m. However since December additional funding of £190k has been received regarding the NBV of asset disposals and £131k for cybersecurity. This has led to £8.8m gross capital expenditure being available to be spent by the Trust, with the Trust's CRL now £8.6m (Note: CRL being calculated as £8.8m gross capital expenditure less £0.2m disposals). Capital expenditure is currently significantly behind plan however a number of mitigating plans have been approved, with the Trust currently forecasting to achieve plan by year end. However there is still risk to delivery of the capital programme due to the limited time before the year end to deliver schemes with further assurance from scheme leads being sought regarding deliverability for year end. The majority of spend in month relates to the purchase of defibrillators.

The Trust has a savings target of £12.441m for 2017/18. Whilst YTD the Trust has overachieved against this target by £1,130k, 30% of savings have been delivered non recurrently and therefore causing an underlying recurrent financial risk for future years.

	Month	YTD	Trend 2017-18
RISK RATING: Under the "Single Oversight Framework" the overall Trust's rating for January 2018 is 1 (1 being lowest risk, 4 being highest risk). The Trust is forecasting that it will achieve a 1 rating for the year.			
EBITDA: The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at month 10 is £13,398k against a plan of £12,166k, a favourable variance of £1,231k against plan.			
SURPLUS: The Trust has reported a surplus (including STF) as at the end of January (Month 10) of £4,116k which is a £1,667k favourable variance against the planned surplus of £2,449k. The STF achieved YTD is £1,158k.			
CAPITAL: Capital expenditure at the end of January 2018 (Month 10) was £3.2m versus an original plan of £6.9m leading to an under spend of £3.7m. The Trust's originally planned Capital Resource Limit (CRL) was £12.2m plus receipts from property disposals of £1m resulting in a capital plan of £13.2m. NHS Improvement initially approved a CRL for 17/18 of £8.5m, as a result of this the service leads reviewed and subsequently reappraised the deliverability of capital schemes. This resulted in a reduction of the capital plan to £8.5m. However since December additional funding of £190k has been received regarding the NBV of asset disposals and £131k for cybersecurity. This has led to £8.8m gross capital expenditure being available to be spent by the Trust, with the Trust's CRL now £8.6m (Note: CRL being calculated as £8.8m gross capital expenditure less £0.2m disposals). Capital expenditure is currently significantly behind plan however a number of mitigating plans have been approved, with the Trust currently forecasting to achieve plan by year end. However there is still risk to delivery of the capital programme due to the limited time before the year end to deliver schemes with further assurance from scheme leads being sought regarding deliverability for year end. The majority of spend in month relates to the purchase of defibrillators.			
CASH: At the end of January 2018 the Trust's cash position was £41.3m against a plan of £22.6m, giving a favourable variance of £18.7m. The increase in the cash balance of £2.2m against the December position reflects continuing underspends against the capital plan and the higher than planned surplus.			
CIP: The Trust has a savings target of £12.441m for 2017/18. Whilst YTD the Trust has overachieved against this target by £1,130k, 30% of savings have been delivered non recurrently and therefore causing an underlying recurrent financial risk for future years.			

Directorate	Plan YTD £000	Actual YTD £000	YTD Variance £000
A&E Directorate	5,722	5,722	0
Business Development Directorate	73	73	0
Capital Charges Directorate	110	0	(110)
Chief Executive Directorate	105	27	(79)
Clinical Directorate	118	114	(4)
Estates Directorate	269	141	(128)
Finance Directorate	832	681	(151)
Fleet Directorate	1,468	357	(1,111)
Workforce & Organisational Development Directorate	325	0	(325)
Planned & Urgent Care Directorate	1,189	623	(566)
Quality, Governance & Performance Assurance Directorate	157	157	0
Reserve Schemes	0	3,604	3,604
Grand Total	10,367	11,498	1,130

Recurrent/Non-Recurrent/Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	7,865	8,088	224
Non - Recurrent	1,801	3,409	1,609
Unidentified	702	0	(702)
Grand Total	10,367	11,498	1,130

**7C CQUINS - YAS (Nominated Leads: Executive Director of Quality, Governance and Performance Assurance
Steve Page, Associate Director of Quality & Nursing - Karen Owen)**

January 18

Trust Wide	Lead Manager	Financial Value	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
Improvement of health and wellbeing	Dep Director of HR & Organisational Dev	£286,073	Amber	Amber	Red	Red	Red	Red	Amber	Amber	Amber	Amber			
Healthy food for NHS staff and visitors	Head of Facilities Management, Estates	£285,987	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			
Improving the uptake of flu vaccinations for frontline clinical staff	Dep Director of HR & Organisational Dev	£285,987	Amber	Amber	Red	Green	Green	Green	Green	Green	Green	Green			
Total		£858,047													

<p>Comments: Key staff who will deliver health related CQUINs (Head of Well Being and H&WB adviser) are now all in post. A complete review of all health and wellbeing initiatives has been undertaken and in addition a review of the current Occupational Health provision has been undertaken. The trust will later this month, make a decision on the future occupational health provision required for the organisation. The trust will also agree a 12 month action plan for the delivery of health and wellbeing activity across the organisation. The Mental Health First Aid training has now commenced. The procurement for the MSK Back care workshop project has commenced with delivery due to start in March. A number of national campaigns have been planned in during the year and commencement on these have started. The flu campaign success has been recognised nationally and as at the end of December, YAS are the most improved trust in the country and have finished 3rd out of all ambulance trusts. The final submission to INNFORM was 65.3% of frontline staff were vaccinated as of the end of Dec 2017. The Healthy Food CQUIN continues to be compliant.</p>	Green	Fully Completed / Appropriate actions taken
	Amber	Delivery at Risk
	Red	Milestone not achieved

A&E CQUINS		Expected Financial Value of Goal	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
Proportion of 999 incidents which do not result in transfer of the patient to a Type 1 or Type 2 A&E Department	Head of Clinical Hub EOC	£858,048	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			
End to End Reviews	Head of Investigations & Learning	£1,072,238	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			
Mortality Review	Deputy Medical Director	£1,072,238	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			
Local CQUIN developed jointly with YAS and finalised as part of the Q3 2017/18 reconciliation	tbc	£1,287,715	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA			
Total		£4,290,239													

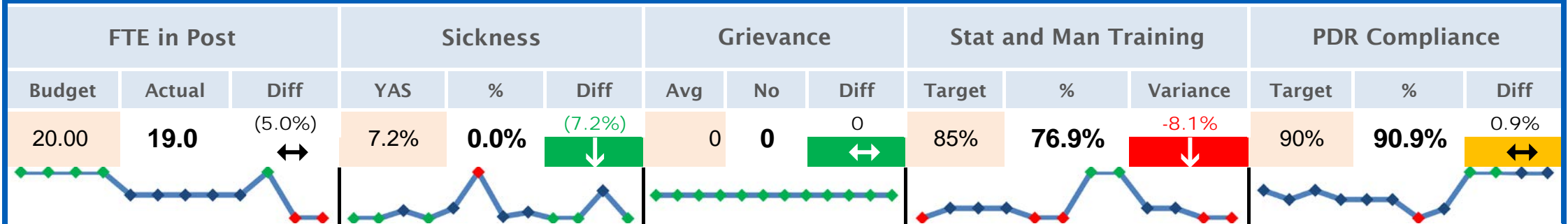
<p>Comments: Conveyance: All tasks with the exception of DOS are complete. We are looking at ways to implement and integrate DOS with 111 and negotiations and target setting for Year 2 are underway. End to End reviews and mortality reviews are both on track for delivery.</p>	Green	Fully Completed / Appropriate actions taken
	Amber	Delivery at Risk
	Red	Milestone not achieved

PTS CQUINS		Expected Financial Value of Goal	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
Patient Portal/Patient Zone	PTS Locality Manager	£136,000	Green	Green	Amber	Amber	Green	Green	Green	Green	Green	Green			
Local CQUIN developed jointly with YAS and finalised as part of the Q3 2017/18 reconciliation		£136,000	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA			
Total		£272,000													

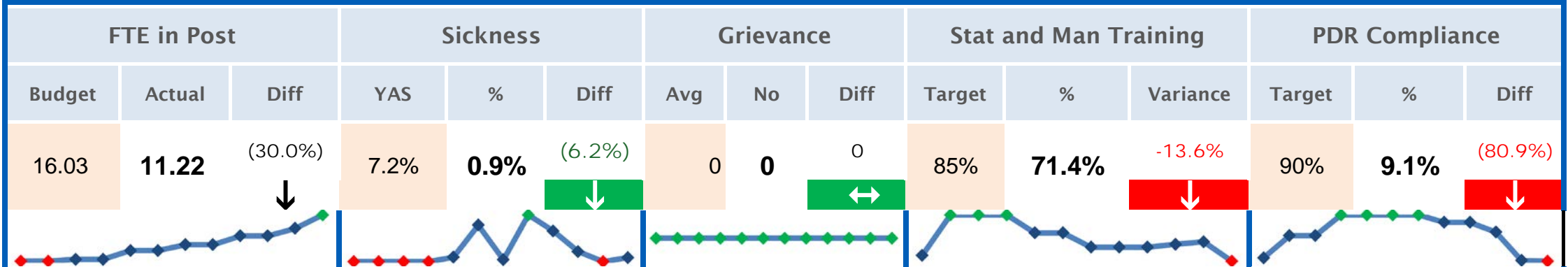
<p>Comments: The Portal now rebadged Patient Zone has been relaunched with fliers and posters issued to hospitals and GP surgeries across the region. The lead for this CQUIN has been out into different hospitals to demonstrate Patient Zone and the benefits it has to patients. This has all been received very positively and the CQUIN is fully on track to deliver at the end of the year</p>	Green	Fully Completed / Appropriate actions taken
	Amber	Delivery at Risk
	Red	Milestone not achieved

Corporate Services - January 2018

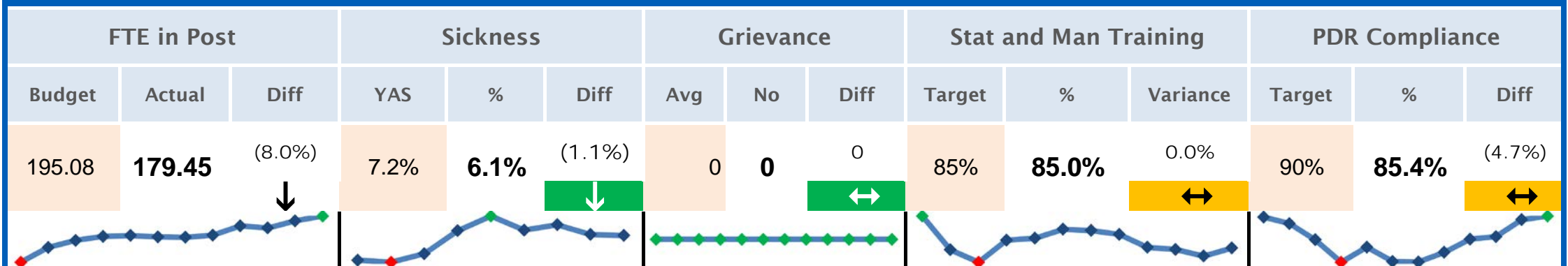
Chief Executive



Business Development








Finance (Excluding Fleet, Estates, BI and ICT)


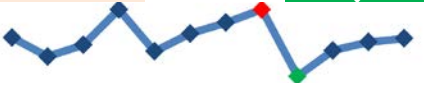
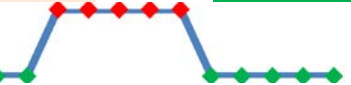

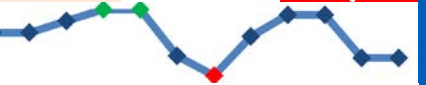


Key	Difference		Direction of Travel	Sparklines		AVG - Average		Updated			
	Current Month (tolerance 5% number difference)		From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)		Previous 12 Periods		07.02.18 - PMO			





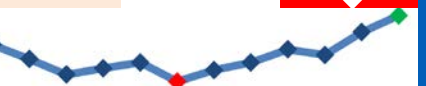
Corporate Services - January 2018

FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
16.60	14.09	(15.1%)	7.2%	3.8%	(3.4%)	0	0	0	85%	80.0%	-5.0%	90%	63.6%	(26.4%)
														

ICT

FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
43.98	39.33	(10.6%)	7.2%	2.7%	(4.5%)	0	0	0	85%	97.5%	12.5%	90%	72.5%	(17.5%)
														

Workforce & Organisational Development

FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
110.4	80.5	(27.1%)	7.2%	3.8%	(3.4%)	0	0	0	85%	92.7%	7.7%	90%	55.4%	(34.6%)
														

Key

Difference

Current Month (tolerance 5% number difference)

Direction of Travel

From Previous Month

Sparklines

To demonstrate trend, low point is lowest point in that trend (not zero)

AVG - Average

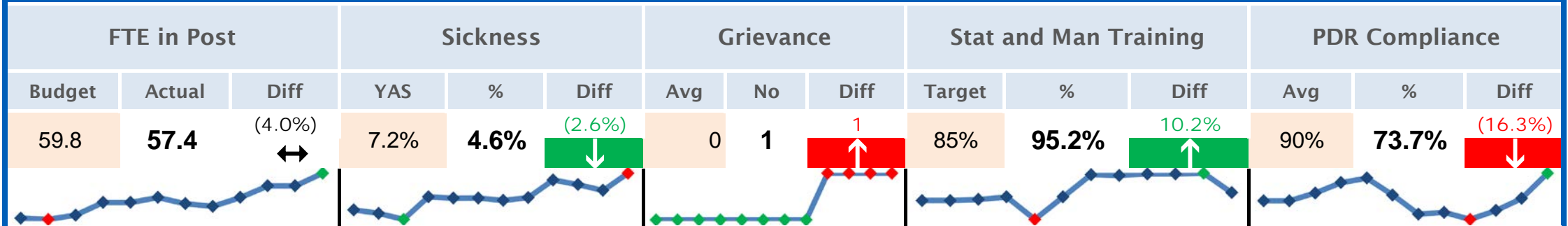
Previous 12 Periods

Updated

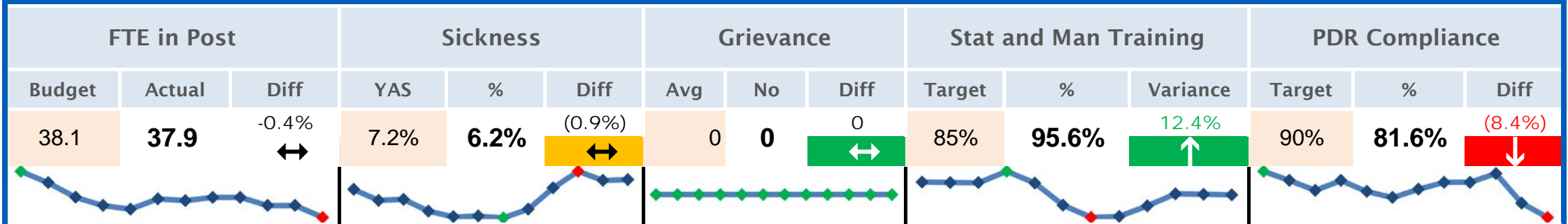
07.02.18 - PMO

Corporate Services - January 2018

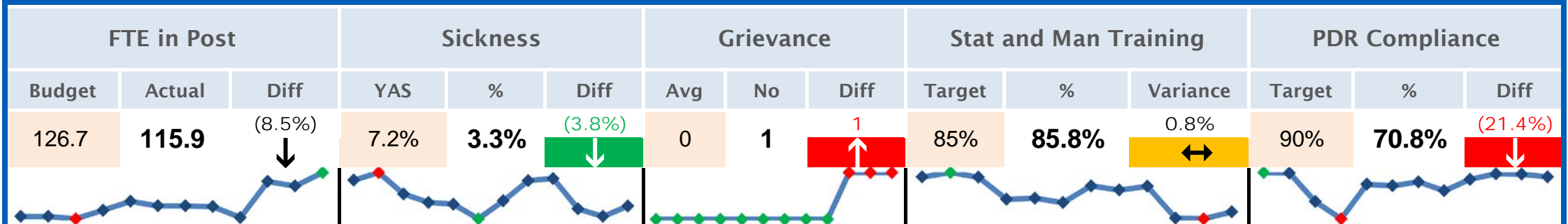
Quality, Governance and Performance Assurance



Clinical



Fleet and Estates



Key

Difference

Direction of Travel

Sparklines

AVG - Average

Updated

Current Month (tolerance 5% number difference and 1% for sickness)

From Previous Month

To demonstrate trend, low point is lowest point in that trend (not zero)

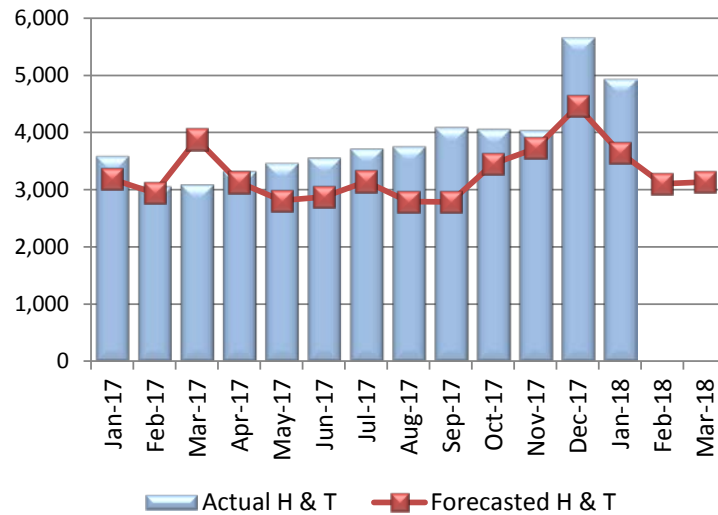
Previous 12 Periods

07.02.18 - PMO

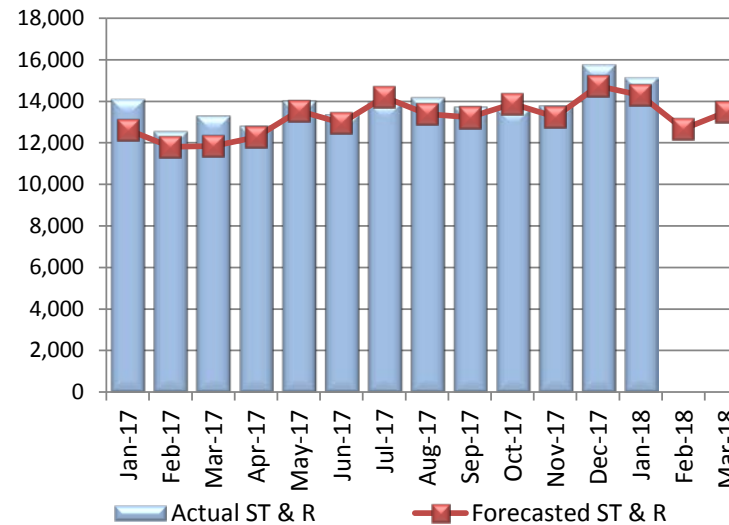
SERVICE LINES

9.1 Activity

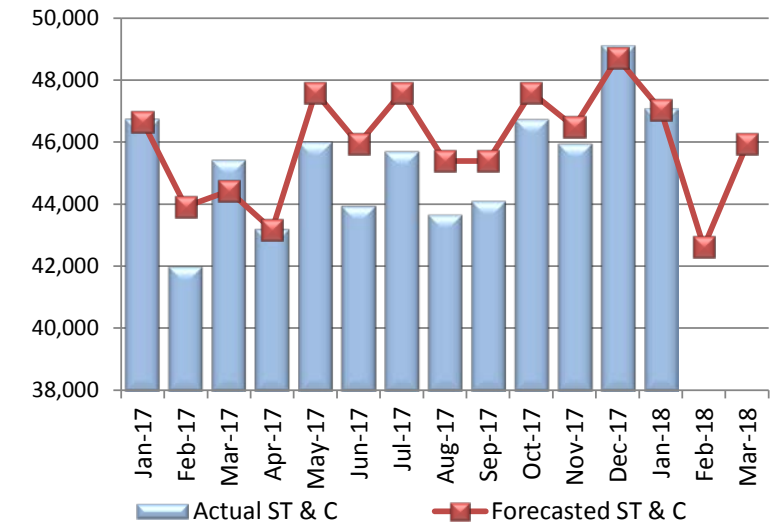
Hear & Treat



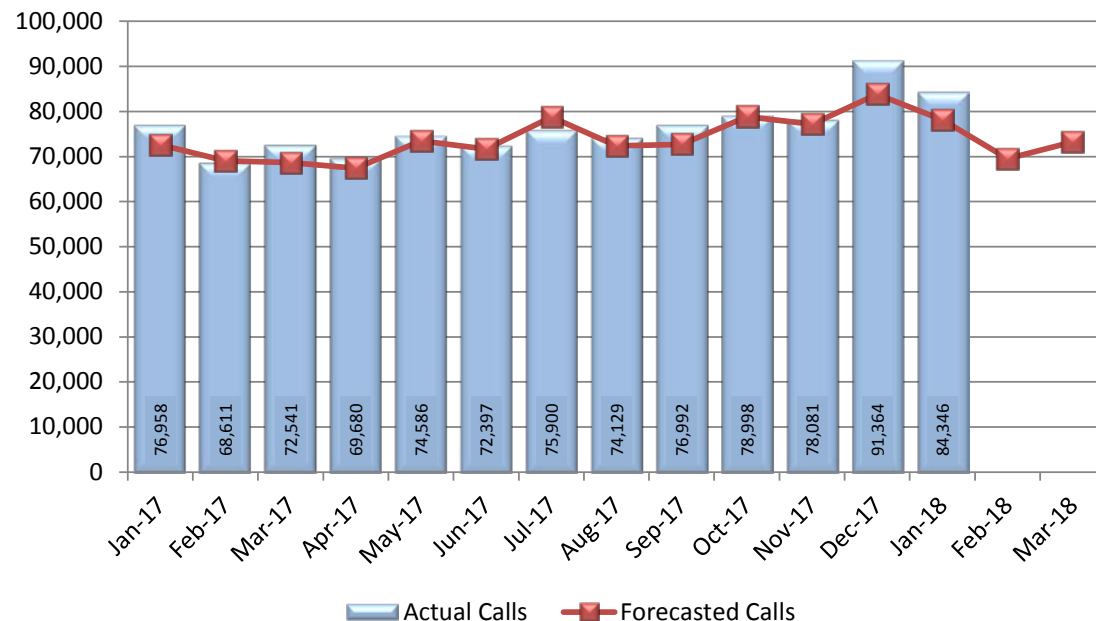
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

Total Demand was 8% above forecast. This is an increase in call numbers of 9.6% vs January last year.

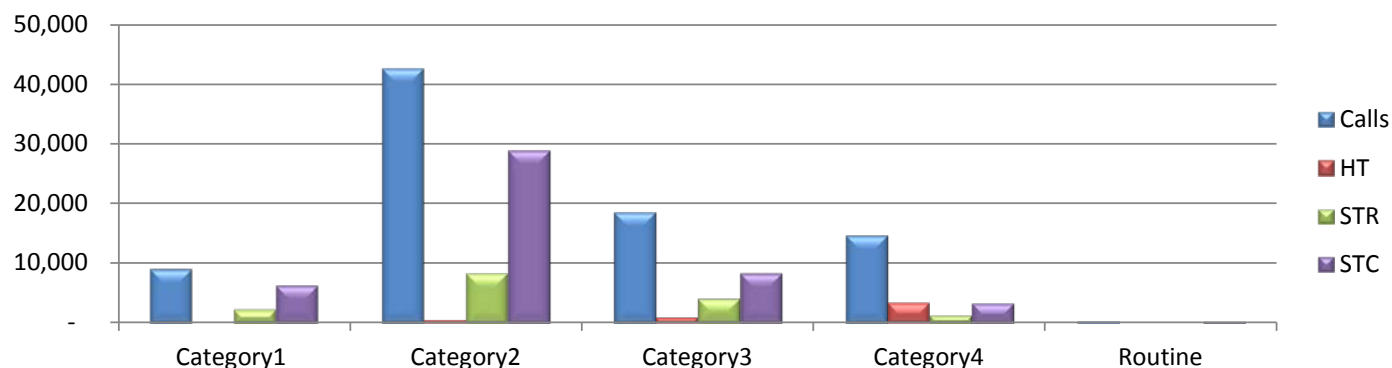
H&T is 35.3% above forecast. This is an increase of 37.5% in the amount of H&T carried out vs January last year

ST&R was 6.1% above forecast. This is an increase of 7.4% in the amount of ST&R carried out vs January last year.

ST&C was 0.1% above forecast. This is an increase of 0.7% in the amount of ST&C carried out vs January last year.

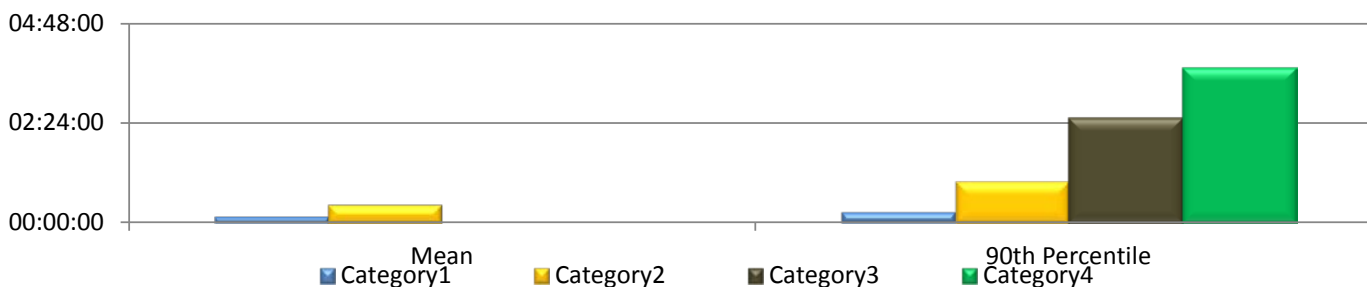
9.2 Activity

ARP2.3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	9,143	25	2,346	6,390	8,736	13.8%
Category2	42,675	575	8,303	28,908	37,211	58.6%
Category3	18,622	960	4,086	8,432	12,518	19.7%
Category4	14,770	3,381	1,368	3,422	4,790	7.5%
Routine	327	-	14	202	216	0.3%



9.3 Performance

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:08:10	00:13:56	00:07:00	00:15:00
Category2	00:26:57	00:59:30	00:18:00	00:40:00
Category3		02:31:51		02:00:00
Category4		03:45:02		03:00:00



ARP3 Update

Yorkshire Ambulance Service is continuing to participate in NHS England's Ambulance Response Programme (ARP) pilot and has now moved to the next stage, Phase 3. This has been developed by listening to feedback from ambulance staff, GPs, healthcare professionals (HCPs). ARP has given us a number of opportunities to improve patient care – which are outlined in the national papers and AACE documents - <https://aace.org.uk/?s=ambulance+response>

New Guidance has now been released and YAS are working to align all reports to that guidance.

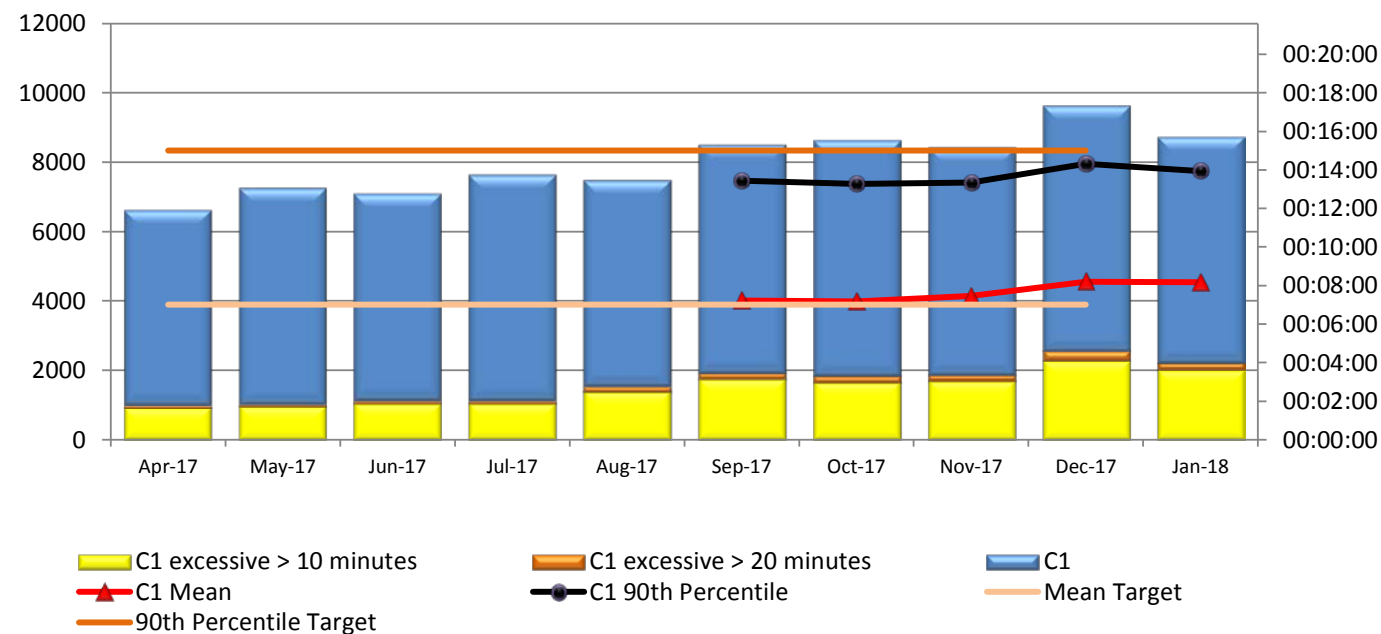
The Calls now split into 4 main categories with HCP calls monitored separately. There are now different standards than in ARP 2.2, for example the 8 minute response per incident does not exist anymore.

As agreed at the contract management board, YAS will only be reporting the YAS response standard until further discussions take place at a regional level. The Category1 No IFT indicator is shown as the indicator may change to not show IFTs within the performance measure. The impact of removing IFTs creates a longer mean time due to de-fib

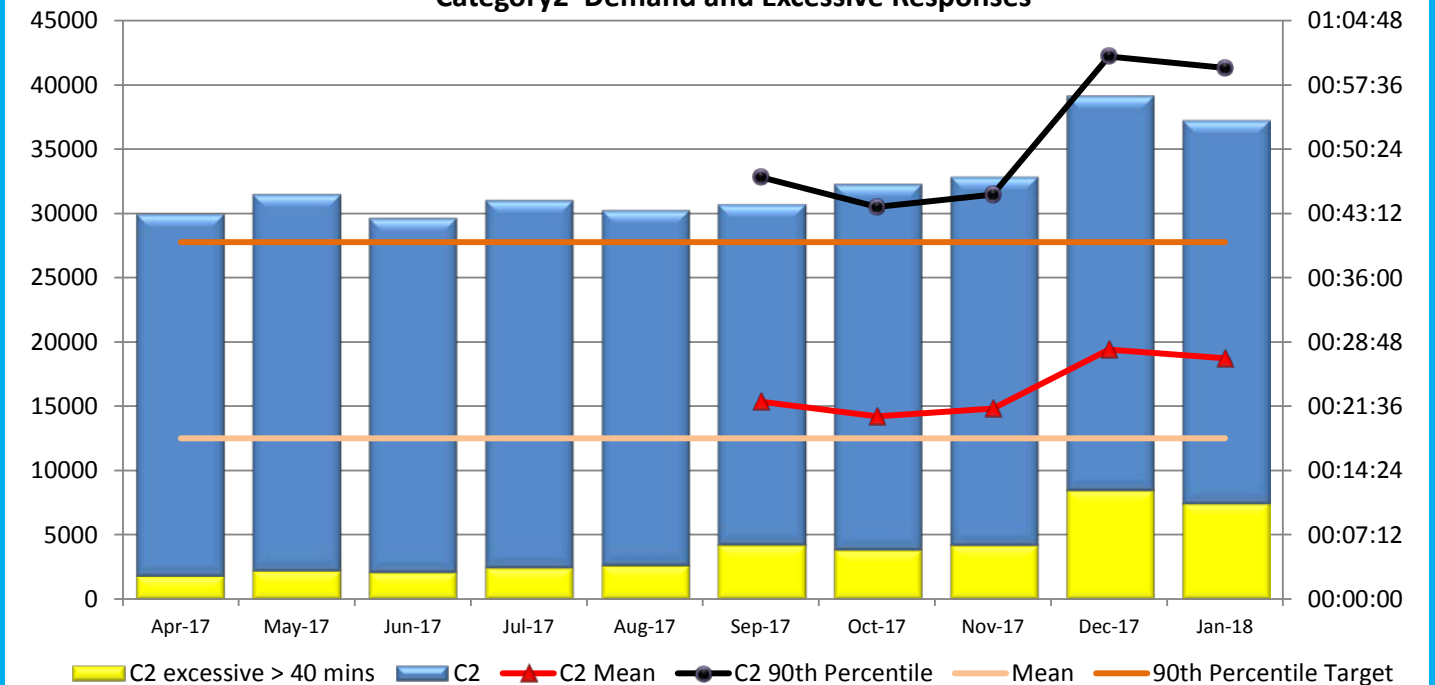
	Mean Standard	90 th Standard
C1	00:07:00	00:15:00
C2	00:18:00	00:40:00
C3		02:00:00
C4		03:00:00
HCP1		No Target
HCP2		No Target
HCP3		No Target
HCP4		No Target

9.4 Demand and Excessive Responses with Tail of Performance

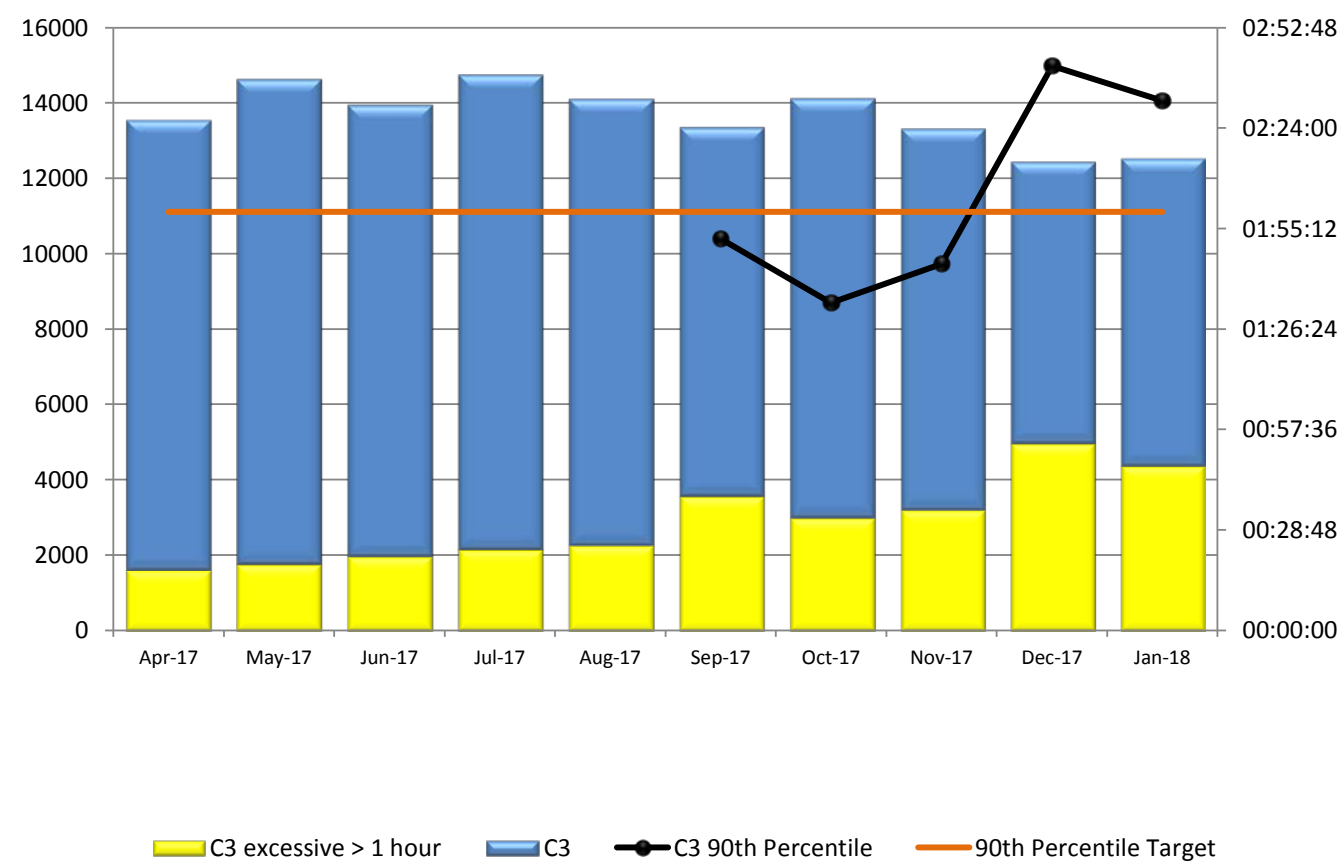
Category1 Demand and Excessive Responses



Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



Commentary

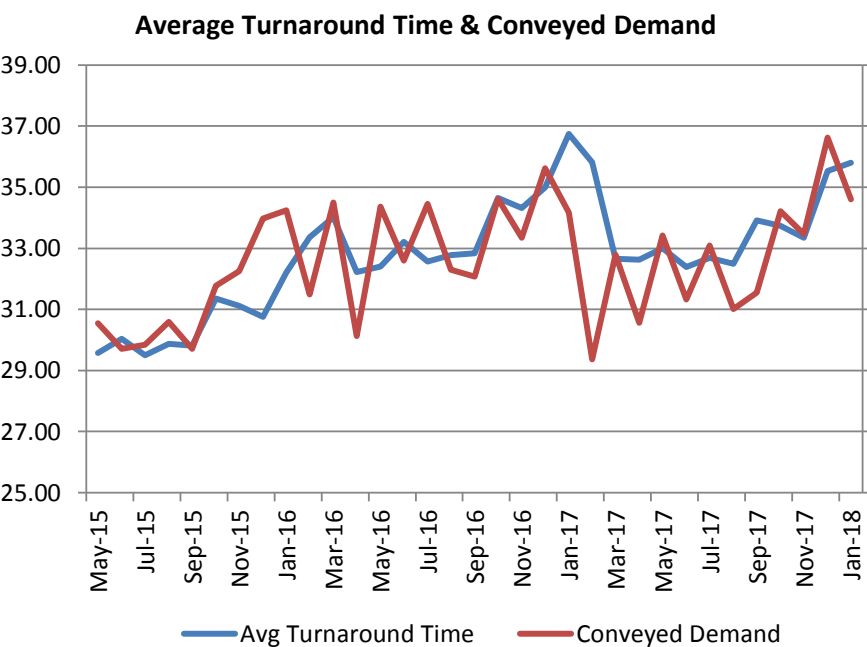
Category 1 mean performance was 8 minutes 10 seconds against the 7 minute target with the 90th percentile at 13:56 against the 15:00 target.

Category 2 Mean performance was 26:57 a decrease of 1 minute 1second on last month which is 8:57 over the 18:00 target with similar performance seen in the 90th percentile at 59:30 an decrease of 1:17 on last month which is 19:30 over the 40:00 target .

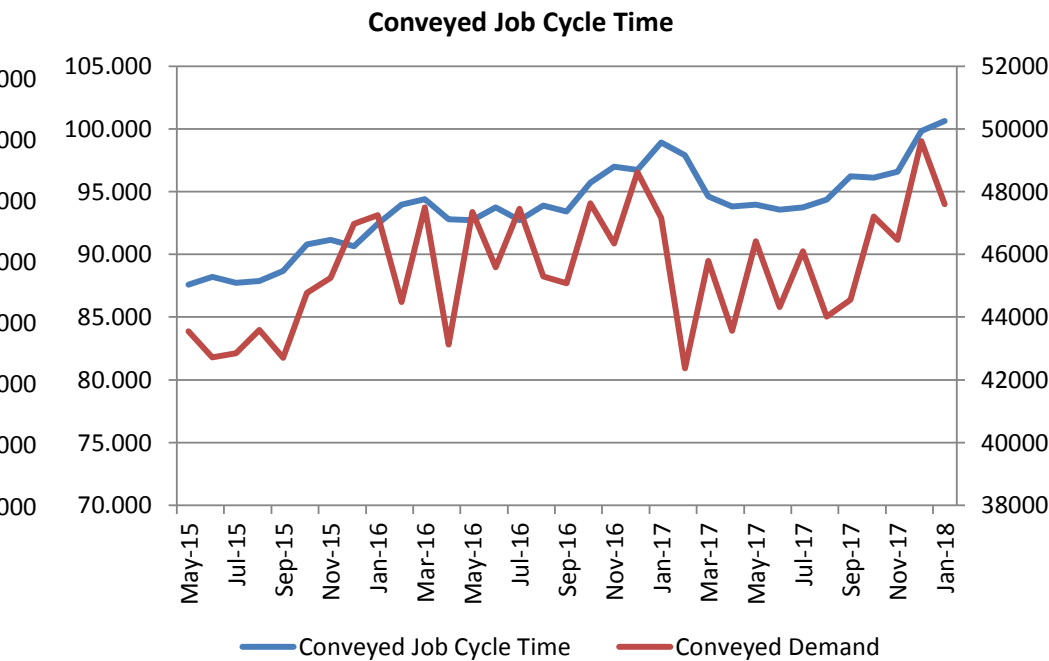
Category 3 90th percentile performance was above target at 2:31:51 against a 2 hour target and improvement of 9:56 on last month

The decline in performance can be directly attributed to the 9.6% increase in demand vs January last year alongside a high number of lost hours at hospital totalling 3447 hours in January which was only a slight fall on December.

9.5 Hospital Turnaround Times



9.6 Conveyed Job Cycle Time



Commentary

Turnaround times: for January were 0.8% higher than December but were 2.6% lower than January last year.

A 1 minute reduction in patient handover results in 8,895 hours; equating to the increased availability of 7 full time ambulances a week.

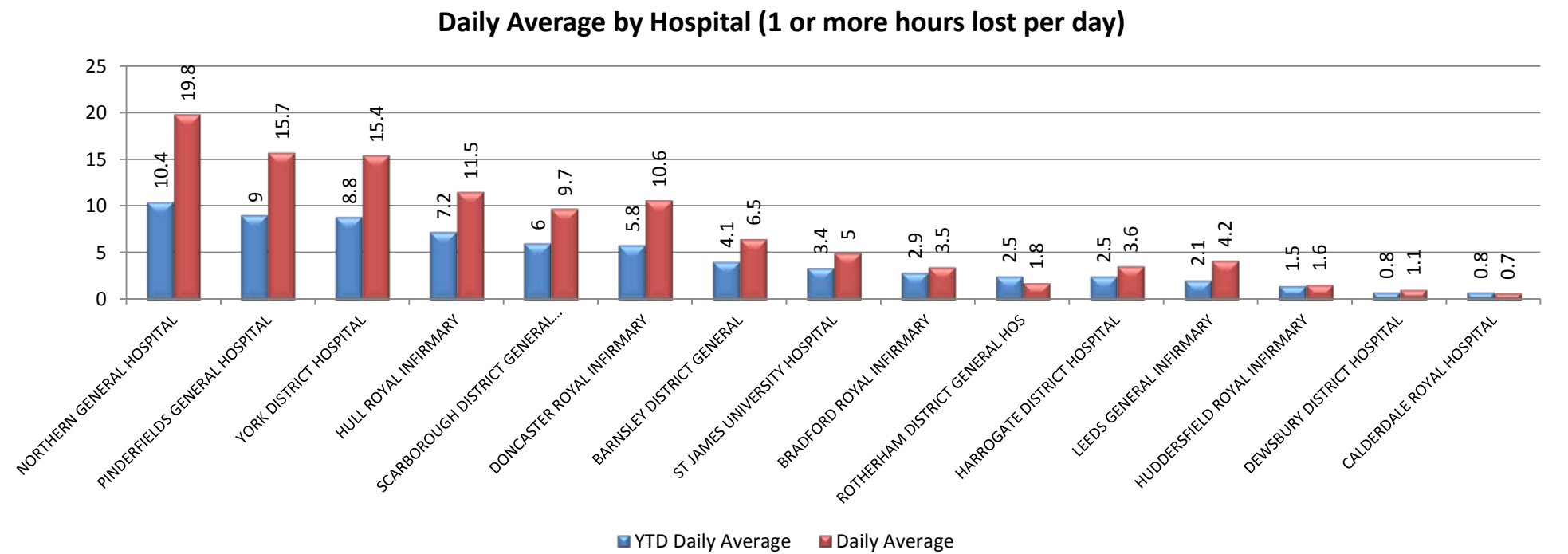
A 5 minute reduction in patient handover results in 44,476 hours; equating to the increased availability of 36 full time ambulances a week.

Job Cycle time: For January was 0.8% higher than December and is showing an increase of 8.0% vs January last year.

Excessive hours: Lost at hospital were lower in January than December by 116 hours which is a decrease of 3.4%. This is lower than January last year showing a decrease of 702 hours, which is a fall of 20.4%. Hull Royal Infirmary, Northern General, York and Pinderfields have been impacting on performance.

9.7 Hospital Turnaround - Excessive Responses

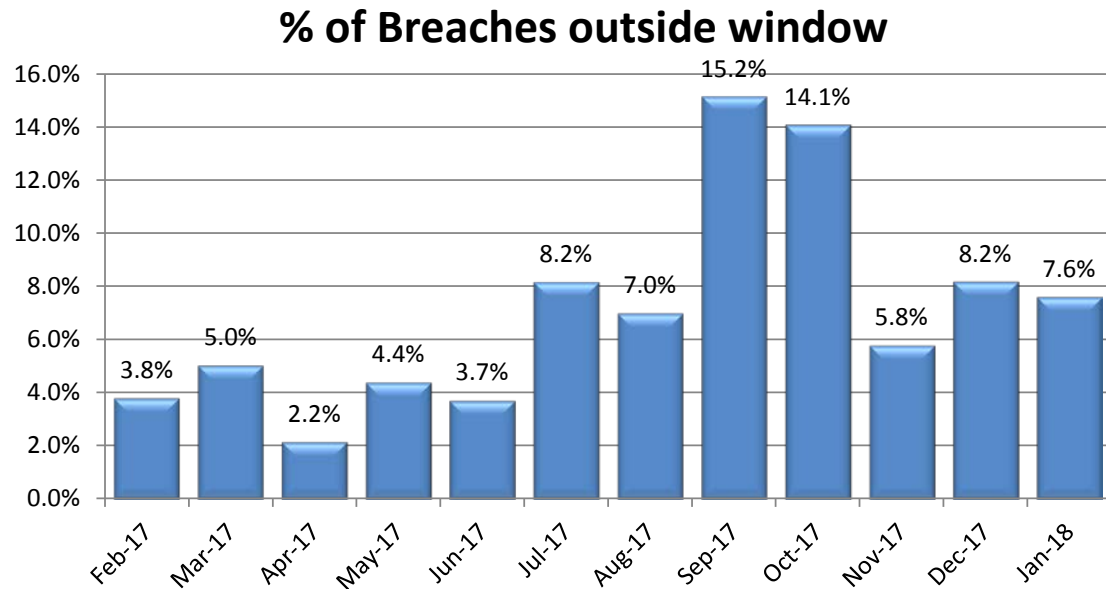
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Last 12 months
Excessive Handovers over 15 mins (in hours)	3,208	1,727	1,509	1,728	1,367	1,646	1,570	2,110	2,077	1,837	3,563	3,447	25,789
Excessive Hours per day (Avg)	103	60	49	58	44	55	51	68	69	59	119	111	70



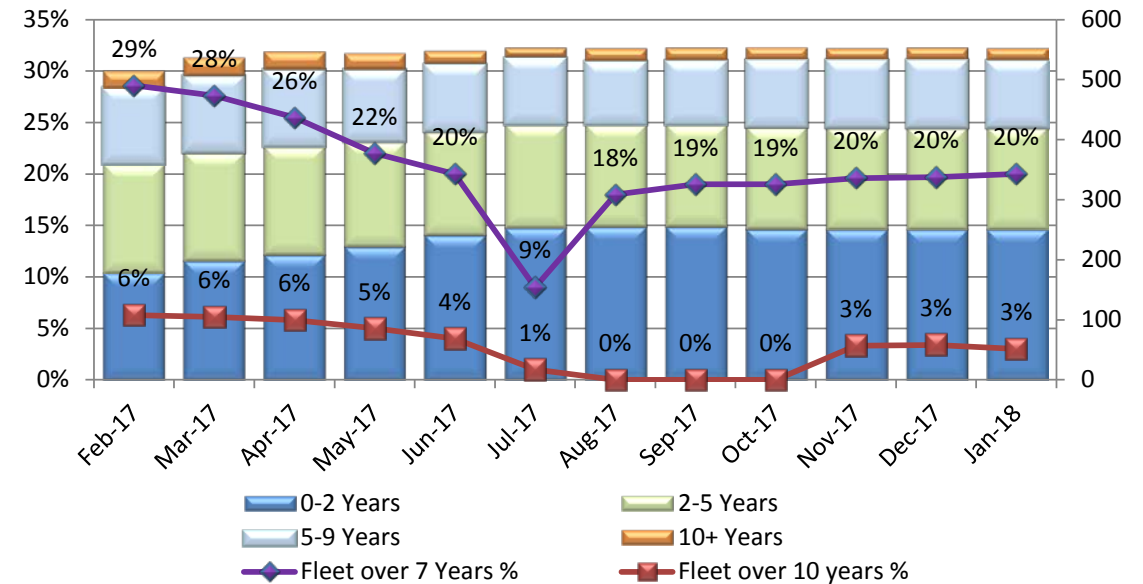
9. A&E Operations

January 2018

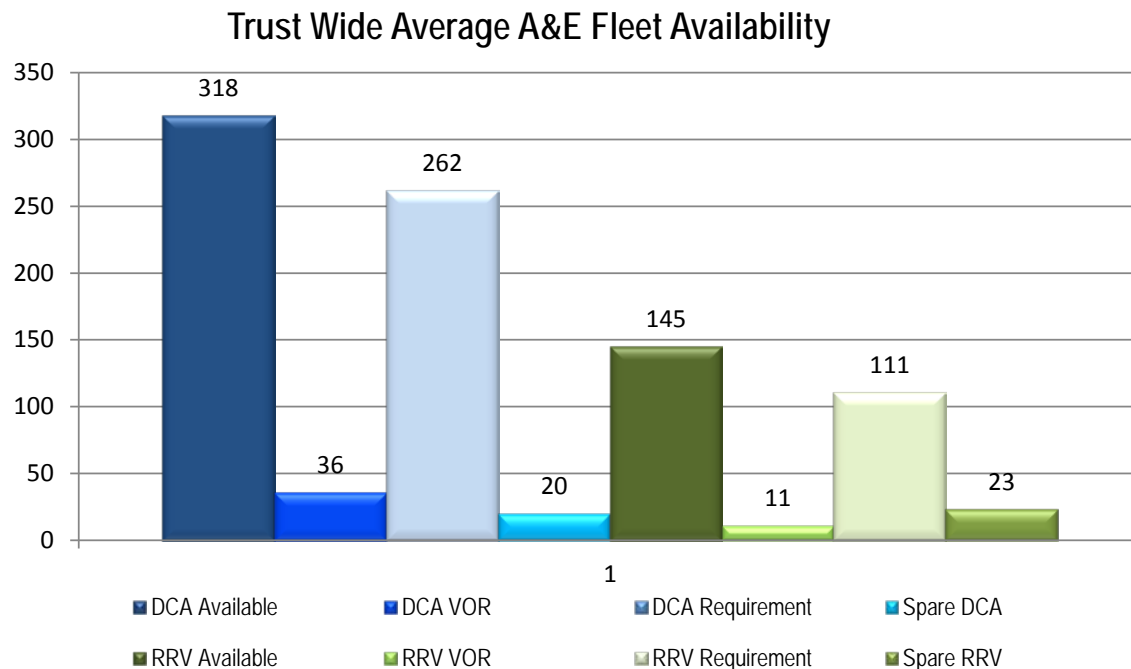
9.8 Vehicle Deep Cleans (5 weeks)



9.9 Vehicle Age



9.10 Fleet Availability



Commentary

Deep clean: The A&E Deep Clean percentage of breaches outside the 5 weeks window decreased in January from 8.2% to 7.6%. Compliance has been significantly affected by the unavailability of vehicles due to operational demand pressures and an increase in short term sickness. Recruitment is again positive, reducing to 14 vacancies (6.20wte) and Discussions are ongoing with HR regarding the realignment of vehicle Deep Cleaning staff working hours to increase utilisation and continued absence management within current procedures.

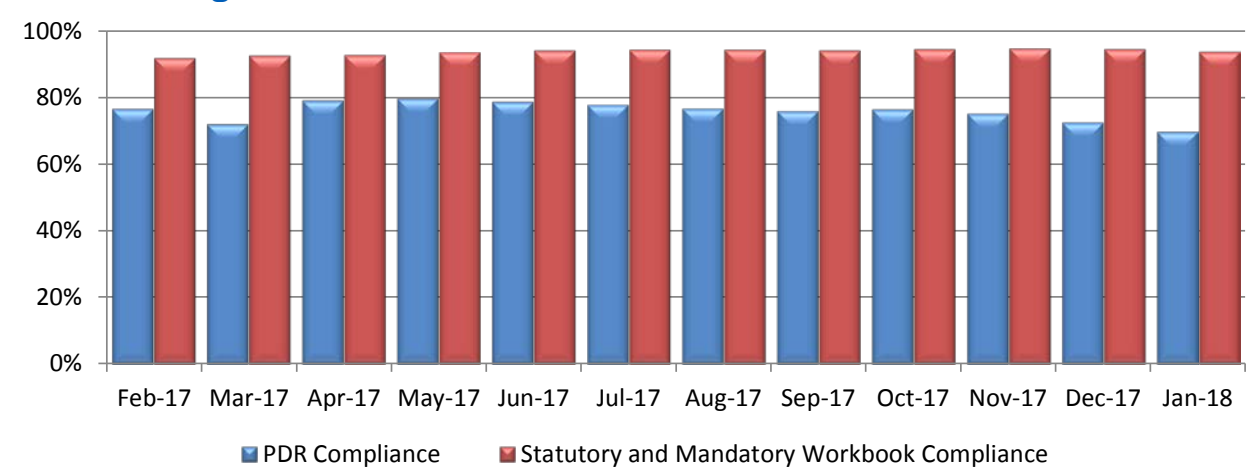
Availability: Vehicle availability decreased in January with the planned catch up of routine maintenance and tail lift projects, these works were suspended over the festive period to allow maximum availability. Although the figures are showing a number of spares, this is due to the use of averages, there is extreme pressure on the vehicle fleet with vehicles being moved on a daily basis to cover operational shifts.

9.11 Workforce

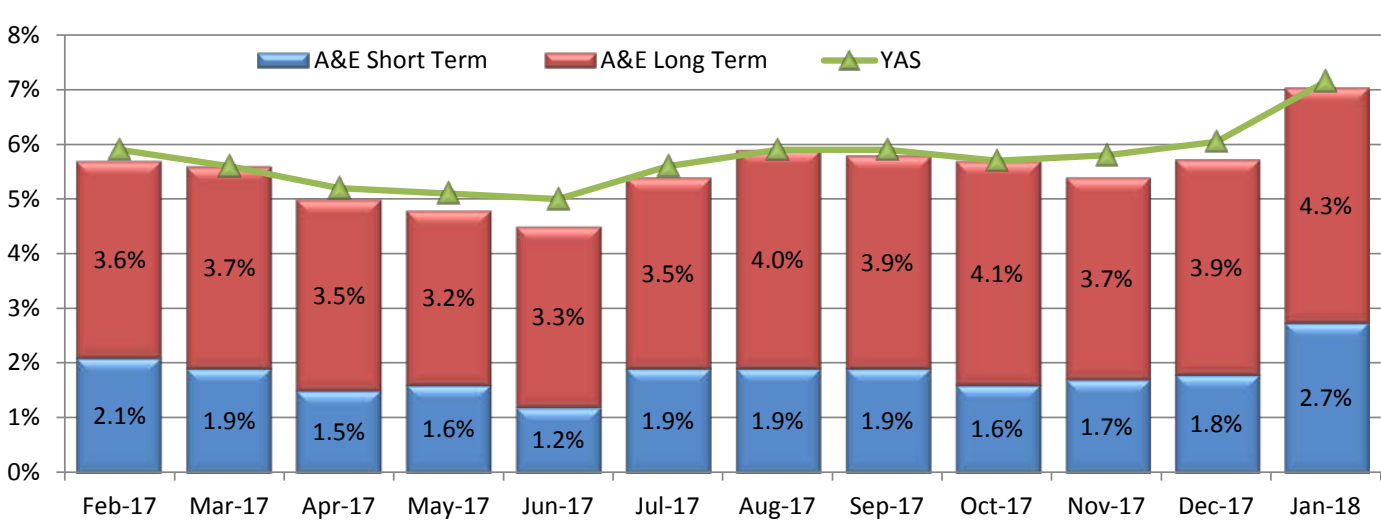
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,368	118	592	1,658	70%
Contracted FTE (before overtime)	2,171	189	395	1,588	73%
Variance	(197)	(71)	197	(70)	(4.2%)
% Variance	(8.3%)	(59.8%)	33.3%		
FTE (worked inc overtime)*	2330.3	189	395	1,747	75%
Variance	(38)	(71)	197	89	5.4%
% Variance	(1.6%)	(59.8%)	33.3%		

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

9.12 Training



9.13 Sickness



Commentary

The number of Operational Paramedics is 915 FTE (Band 5 & 6).
The difference between contract and FTE worked is related to overtime.
The difference between budget and contract is related to vacancies.

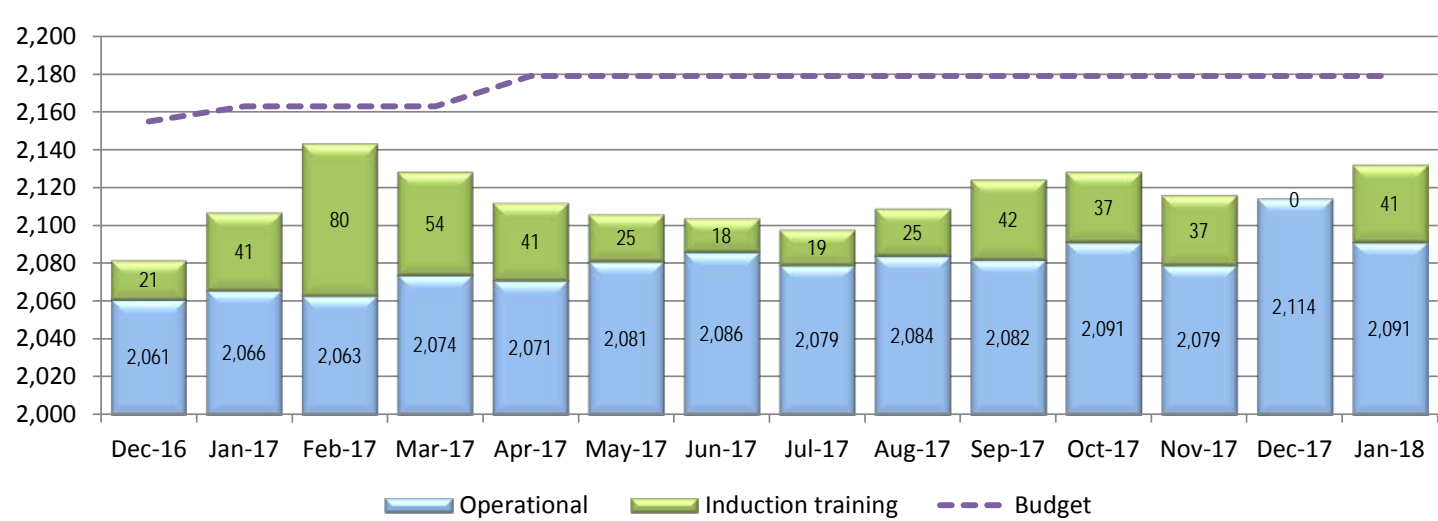
PDR: Currently at 69.8% against stretch target of 90%. This is a decrease of 2.8% vs last month and is 2% below the Trust average

Sickness: Currently stands at 7% which is an increase of 1.3% vs last month and is below the trust average of 7.2%

Recruitment No recruitment was planned in December and staffing numbers are now in line with plan.

9.14 A&E Recruitment Plan

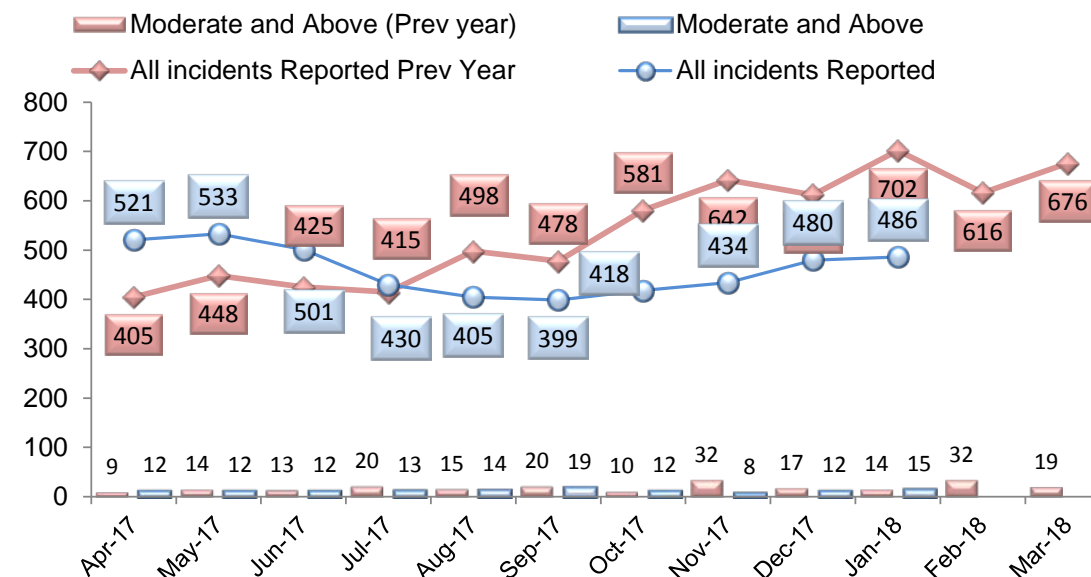
A&E Operations (excluding CS)



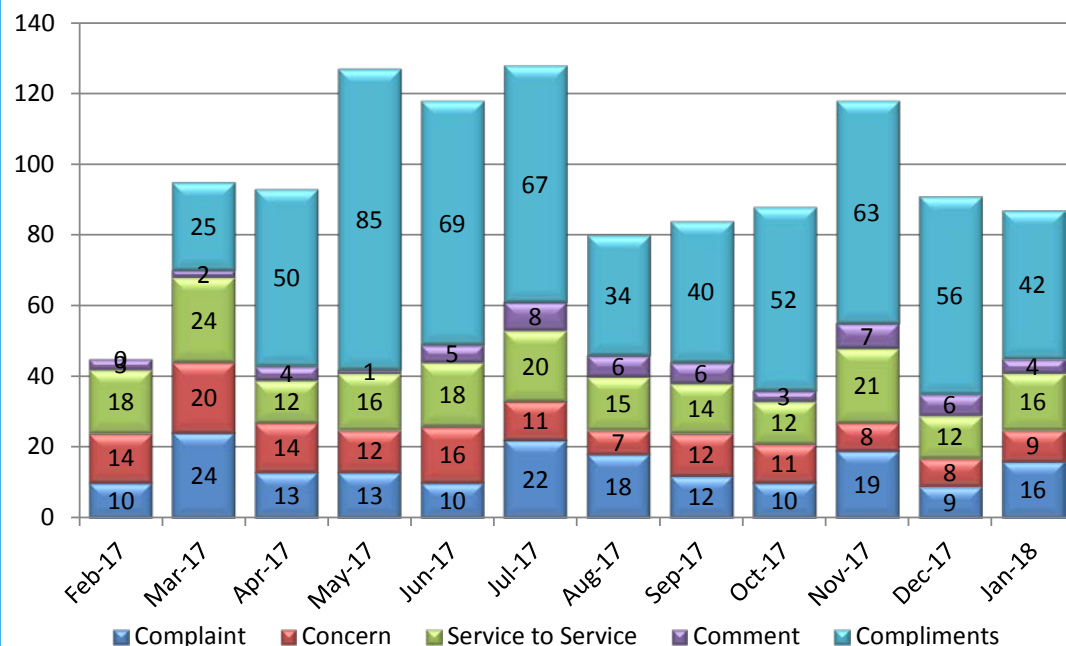
9.15 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	15
Total Incidents (Per 1000 activities)		0.00	0.02
Total incidents Moderate & above		15	0.02
Response within target time for complaints & concerns		90%	95%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	1
Patient Experience Survey - Qtrly		81.7%	83.9%

9.16 Quality, Safety and Patient Experience



9.17 Patient Feedback

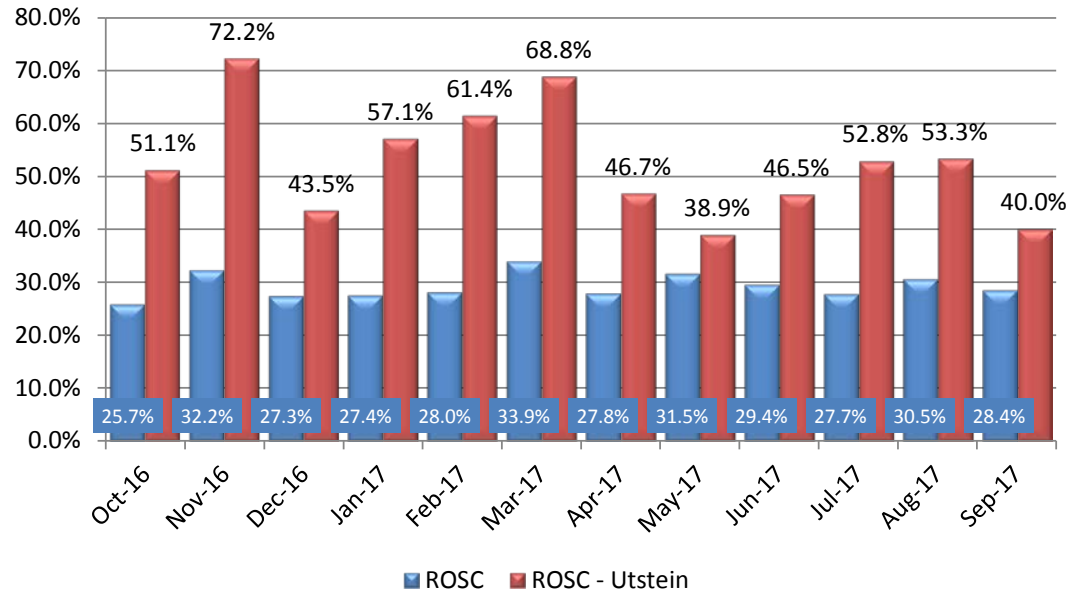


Commentary

Incidents: Total reported incidents increased 1.3% on last month and is down by 30.8% against January last year. Incidents reported have continued to increase along with demand while Incidents of moderate harm and above remained at a low level.

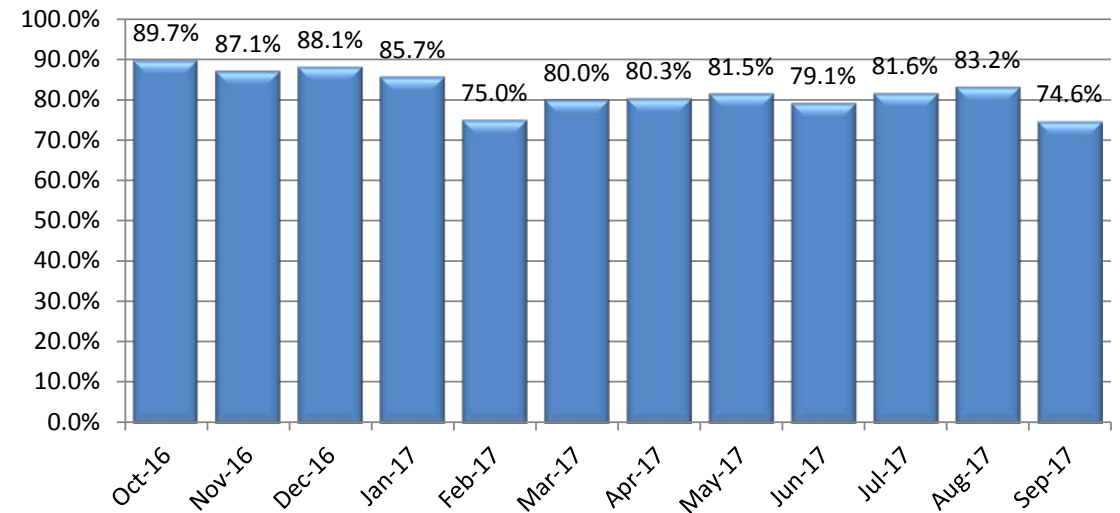
Feedback: Total feedback decreased 4% last month while complaints increased but remained in line with levels seen throughout the year. Compliments accounted for 48% of all feedback.

9.18 ROSC & ROSC Utstein

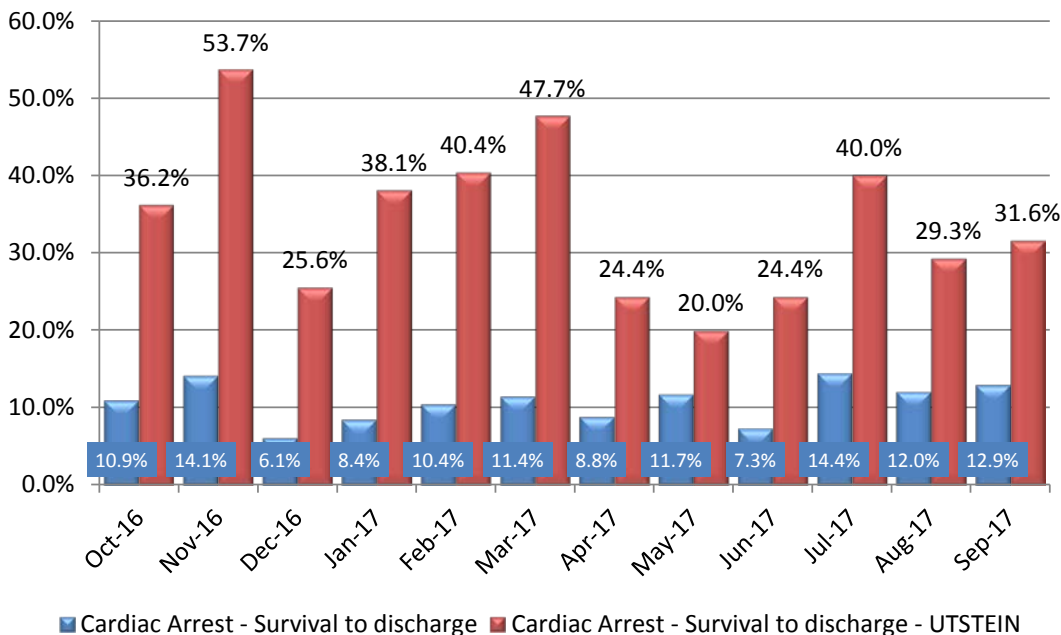


9.19 STEMI - Care Bundle

Stemi - Care Bundle



9.20 Survival to Discharge



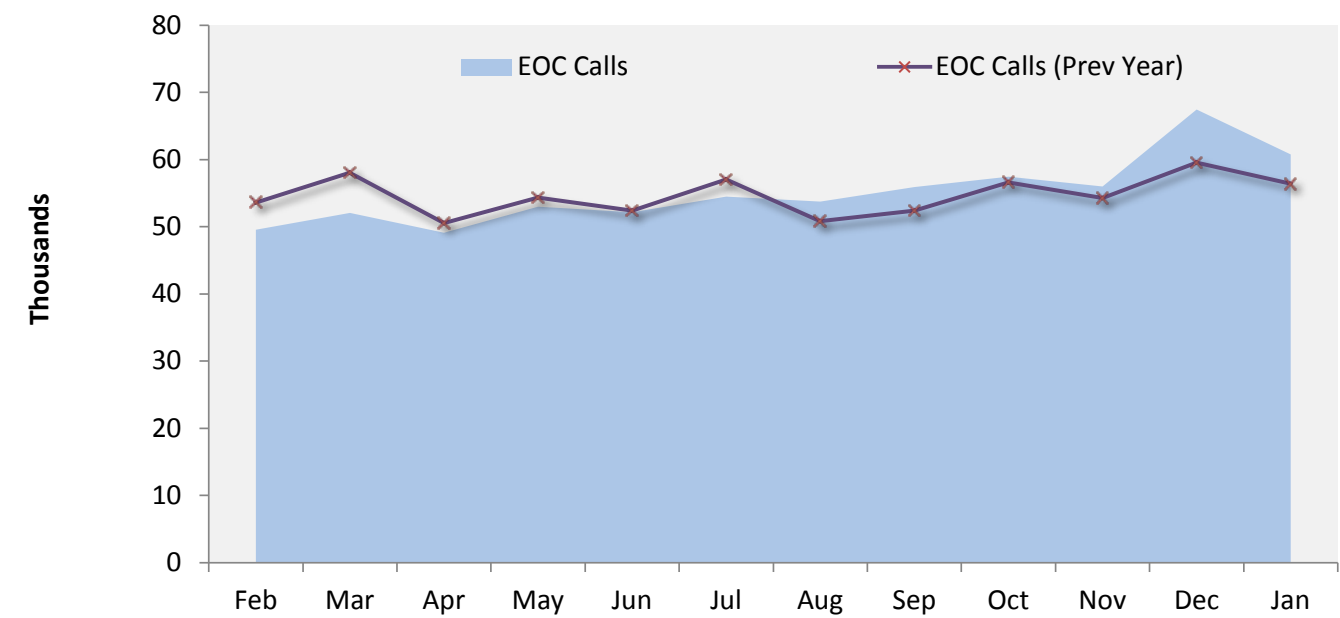
Commentary

ROSC: ROSC (overall) performance for September 2017, 28.4%, is decreased from 30.5% in August. In August 2017 YAS attempted RESUS on 256 patients, of which 78 had ROSC, compared with 218 patients in September, of which 62 had ROSC. The ROSC UTSTEIN comparator group also demonstrates a decrease in performance when comparing August & September's figures. August 2017 saw 32 out of 60 (53.3%) patients with return of spontaneous circulation upon arrival at hospital, whereas September 2017 witnessed 16 out of 40 (40%).

Survival to Discharge: Survival to discharge overall has increased in performance from August (12%) to September (12.9%). 30 patients survived to discharge in August compared with 27 in September, however YAS attended 39 more incidents of cardiac arrest during August compared with September. Survival to Discharge within the UTSTEIN comparator group mirrors the increase shown in survival to discharge overall performance from August (29.3%) to September (31.6%). 17 out of 58 patients survived in August, compared to 12 out of 38 patients within September.

Stemi-Care Bundle: STEMI care performance has decreased; with September's figure of 74.6% (97 out of 130 patients) being down from August's which saw 104 out of 125 patients, 83.2%, receiving the appropriate care bundle.

9.21 Activity

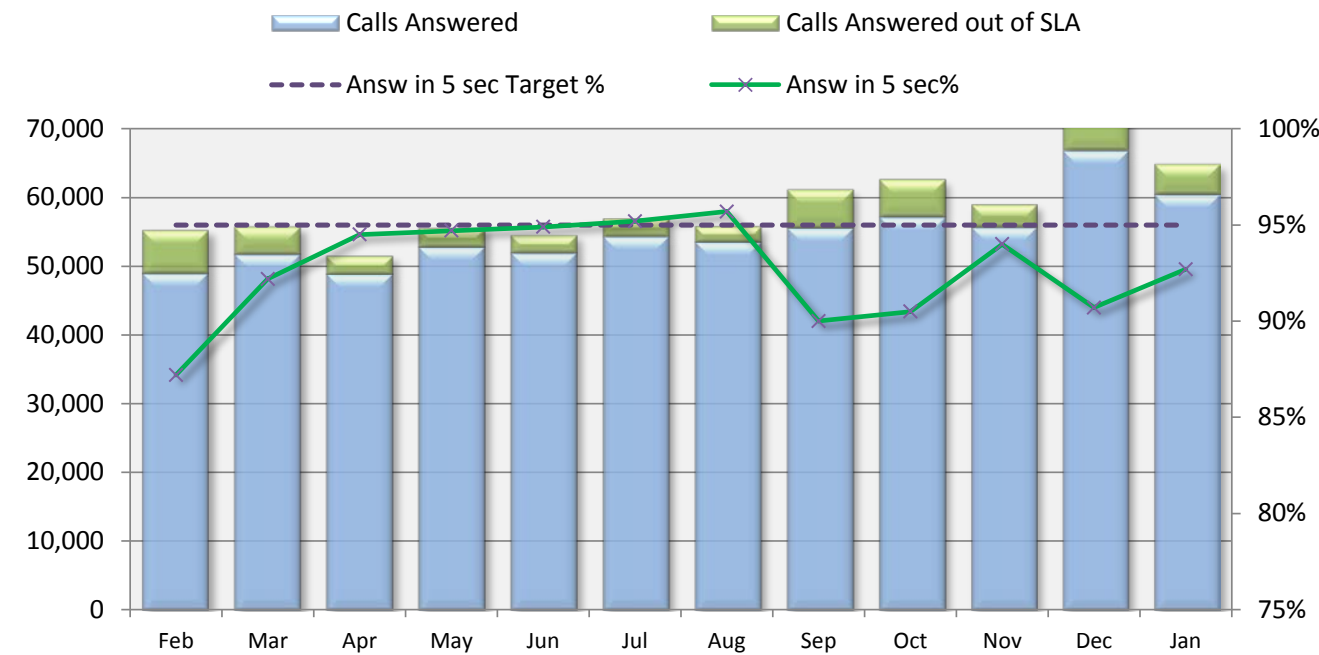


9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2017/18	560,118	557,812	38,073	93.2%
2016/17	544,379	540,003	56,753	89.5%
Variance	15,739	17,809	-18,680	
Variance	2.9%	3.3%	(32.9%)	3.7%

9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	92.7%	93.2%



	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Calls Answered out of SLA	6,308	4,043	2,692	2,804	2,643	2,629	2,327	5,561	5,444	3,324	6,241	4,408
Calls Answered	49,106	51,816	48,981	52,859	51,997	54,397	53,596	55,652	57,238	55,774	66,831	60,487
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	87.2%	92.2%	94.5%	94.7%	94.9%	95.2%	95.7%	90.0%	90.5%	94.0%	90.7%	92.7%

Commentary

Demand: Decreased 9.9% vs last month which is an increase of 7.75% vs January last year

Answer in 5 sec: Increased by 2% vs last month at 92.7% and is now 2.3% below target

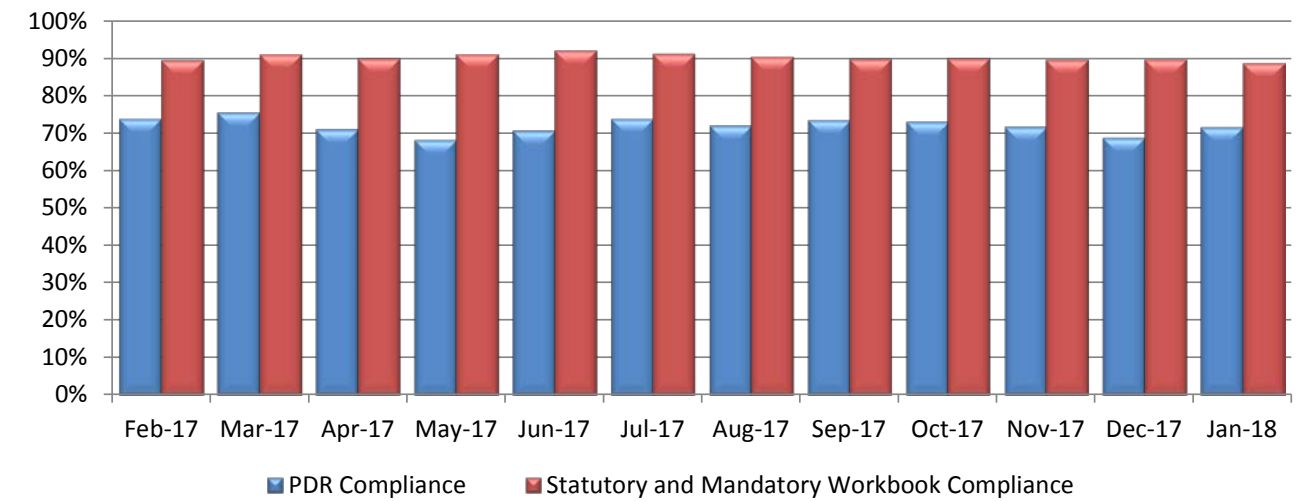
Weekend staffing has been below requirement, an audit is taking place to review if recent changes to resourcing has had an impact on coverage. A full EOC rota review will take place in Q4/Q1

9.24 Workforce

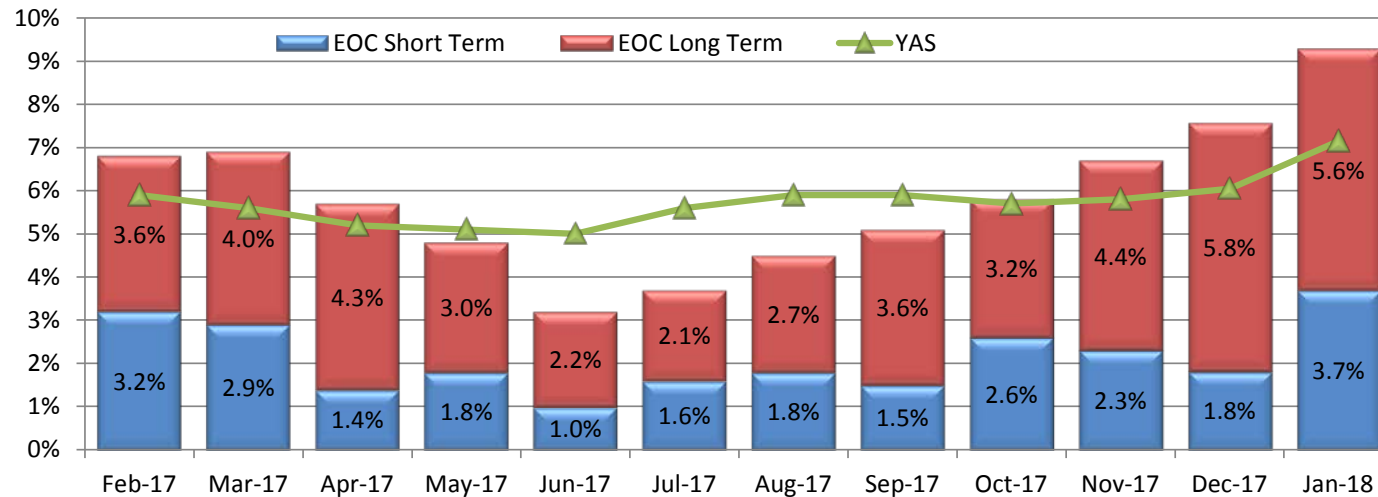
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	327	16.3	82	229	70%
Contracted FTE (before overtime)	313	15.7	78	219	70%
Variance	(14)	(1)	(3)	(10)	(4.2%)
% Variance	(4.2%)	(4.2%)	(4.2%)		
FTE (worked inc overtime)*	318.9	32.3	53	234	73%
Variance	(8)	16	(29)	5	0
% Variance	(2.4%)	97.6%	(35.8%)		

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

9.25 Training



9.26 Sickness



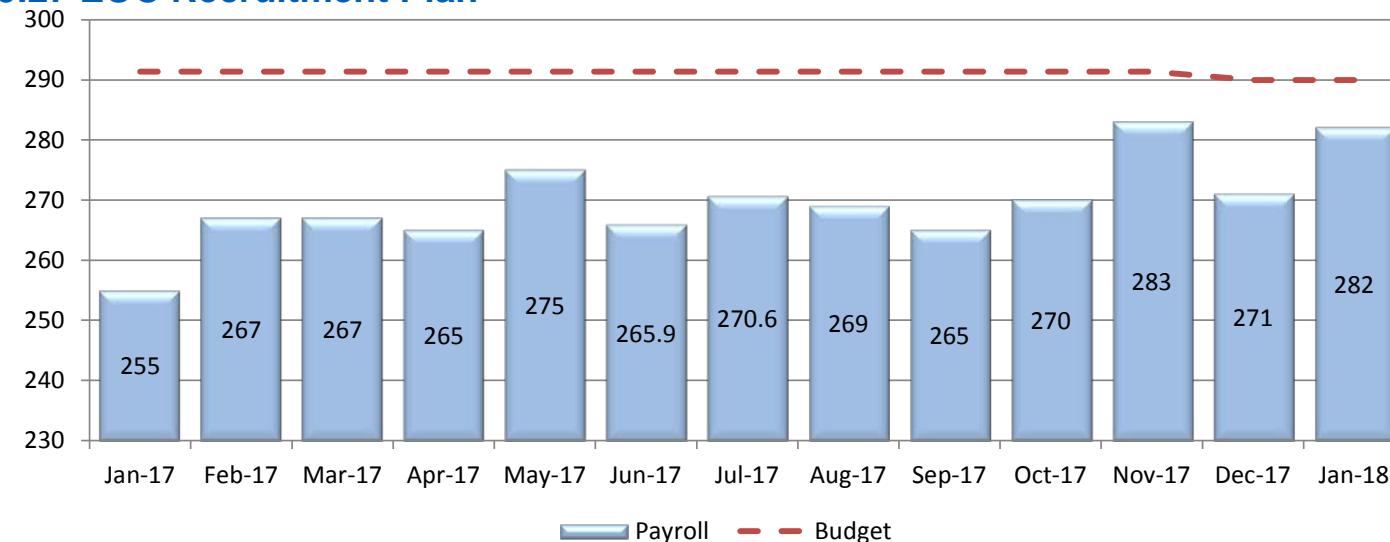
Commentary

PDR: PDR compliance stood at 71.6% in January against a stretch target of 90% which is a Increase of 2.8% on previous month. This is 0.2% below the trust average. Q4 will see a focused action plan to bring the compliance back inline.

Sickness: Currently at 9.3% which is an increase of 1.7% on the previous month and is above the Trust average of 7.2% but well below the seasonal average for a Call Centre environment, the focus on the well-being of EOC staff will continue to be a priority.

Recruitment: We have experienced issues in the recruitment process with our 2 most recent EMD intakes being delayed, due to the extended recruitment time some candidates have dropped out. We are revising our recruitment process to ensure we have the required number of candidates on the next course in January. Also some vacancies are being held due to pending changes with our dispatch model which may identify a need for different resources than what we have in our current plan.

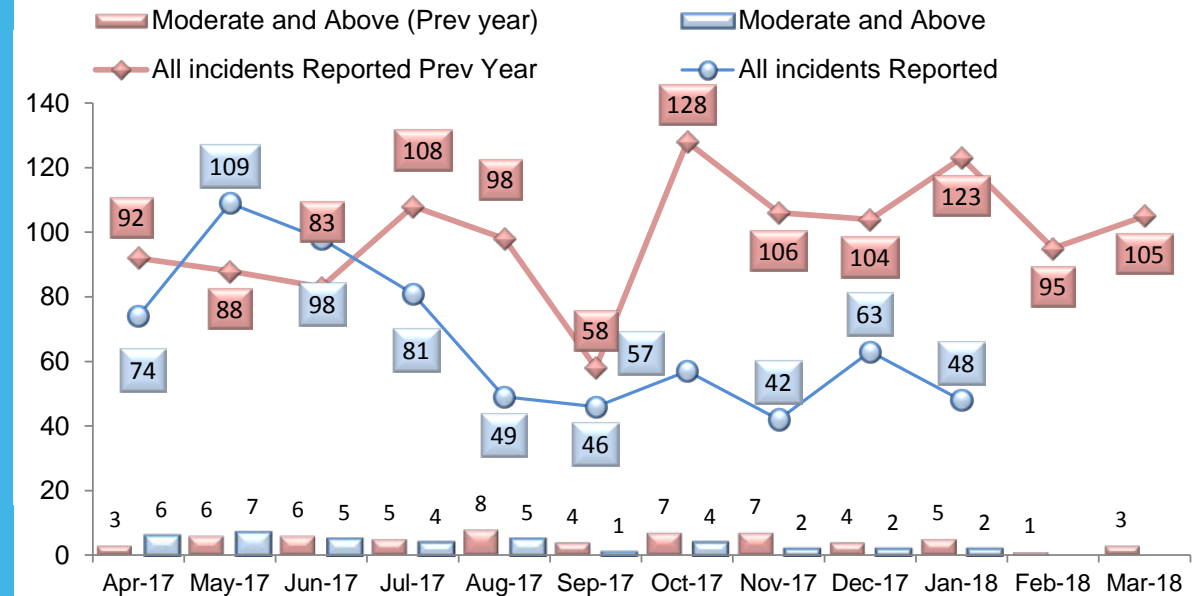
9.27 EOC Recruitment Plan



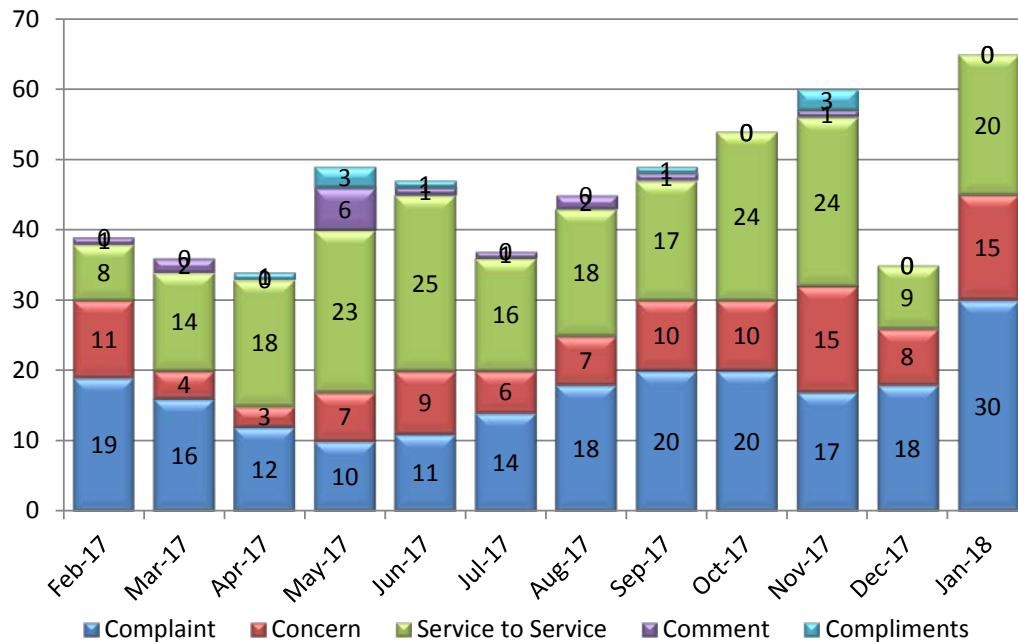
9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	7
Total Incidents (Per 1000 activities)		0.00	0.01
Total incidents Moderate & above		2	38
Response within target time for complaints & concerns		97%	87%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly			

9.29 Incidents



9.30 Patient Feedback



Commentary

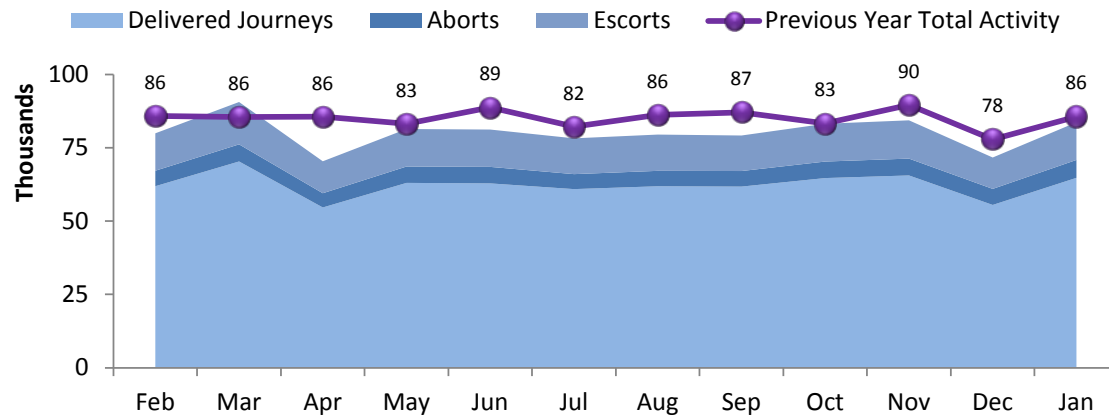
Incidents: Total reported incidents decreased 12.5% on last month and a decrease of 65.9% against January last year. Incidents of moderate harm and above have remained at a low level.

Feedback: Overall feedback increased 85% on the previous month after a particularly low level of feedback in December. The number of complaints increased by 66% on the previous month and was at its highest level for 12 months.

10. PATIENT TRANSPORT SERVICE

January 18

10.1 Demand

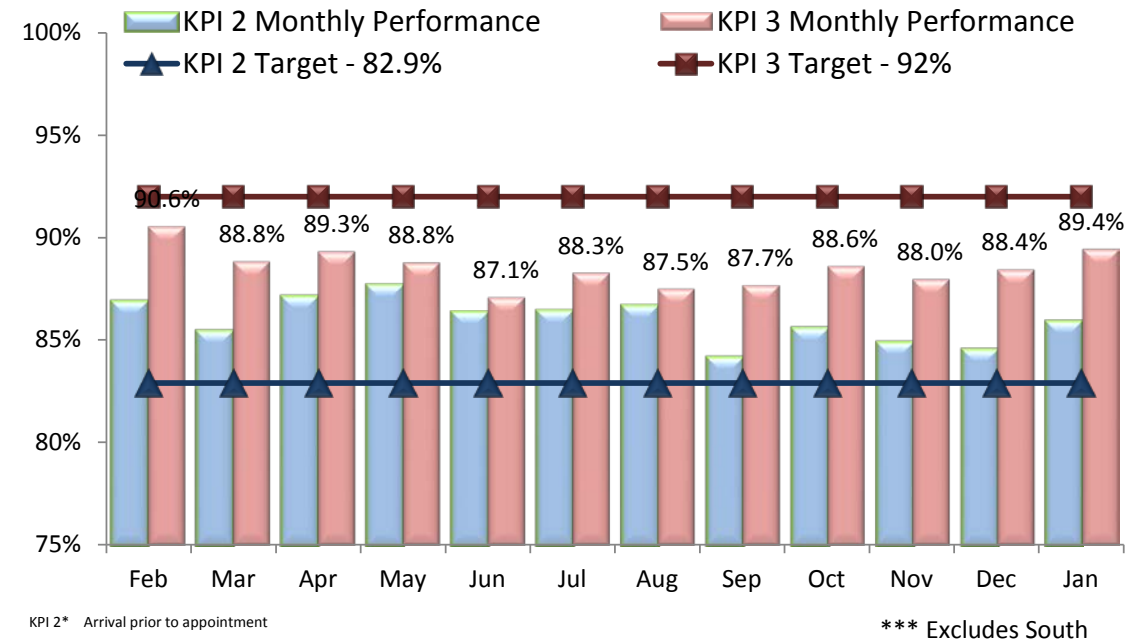


Comparison to Plan

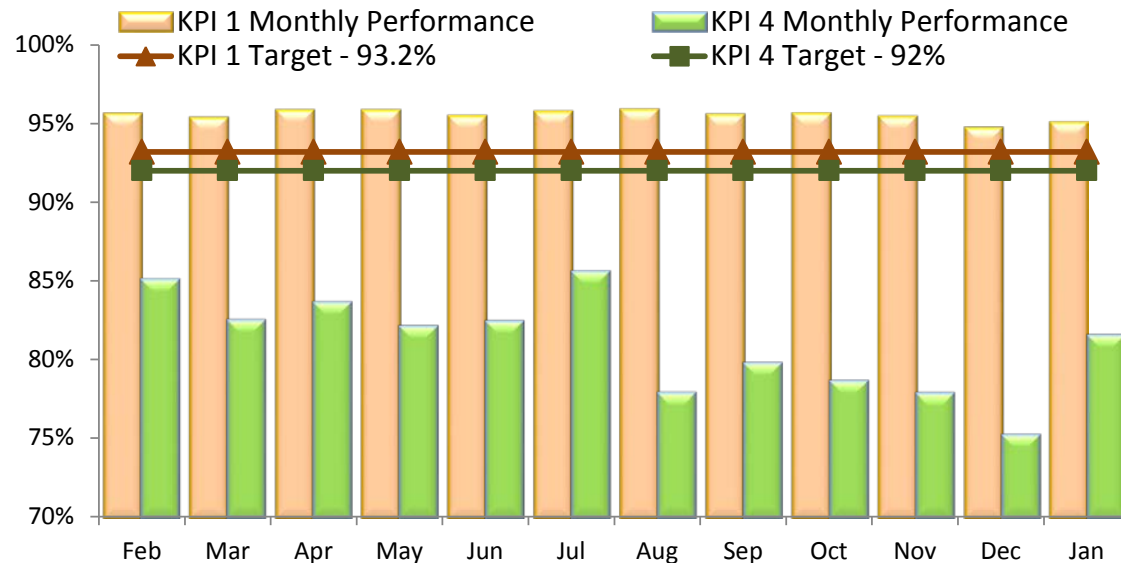
Jan-18	Delivered	Aborts	Escorts	Total
YTD 2017-18	615,963	54,711	122,619	793,293
Previous YTD* 2016-17	658,693	59,973	131,317	849,983
% Variance	(6.5%)	(8.8%)	(6.6%)	(6.7%)

* Demand includes All Activity

10.2 KPI* 2 & 3**



10.3 Performance KPI*** 1 & 4****



KPI 1*** Inward - Picked up no more than 2 hours before appointment time

*** Excludes South

Commentary

PTS Demand in January increased by 16.7% on the previous month and shows a 2.3% increase against the same month last year.

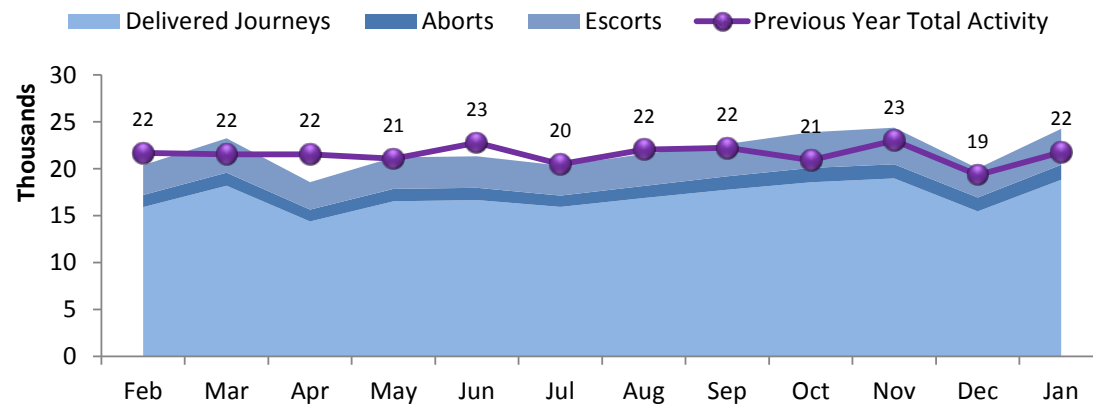
KPI 1 Performance increased by 0.4% percent in January and is 1.9% above target.

KPI 2 Inward performance in January improved from 84.6% to 85.9% and is 3% above the making appointment on-time target.

KPI 3 The outward performance increased by 1% on last month and is now 2.6% below the annual target of 92%.

KPI 4 The performance of outward short notice bookings picked up within 2 hours improved by 6.2% to 81.5% in January but remains below the 92% target. Commissioned levels of resource vs KPI 4 target and a behaviour of high % discharges undertaken on-day by local acutes makes this KPI challenging.

10.1 Demand



Comparison to Plan

Jan-18	Delivered	Aborts	Escorts	Total
YTD 2017-18	169,941	13,932	34,359	218,232
YTD 2017-18	168,217	15,417	31,530	215,164
% Variance	1.0%	(9.6%)	9.0%	1.4%

South Performance Indicators - as of September 2017

Commentary

C1 performance for January is 99.6% which is one of the indicators best performance results for the year and is above the year to date average.

C2/3 performance has seen an improvement when compared to the previous month at 88.8% & 88.9% respectively. The year to date performance remains above target at 91.1% & 91.2%.

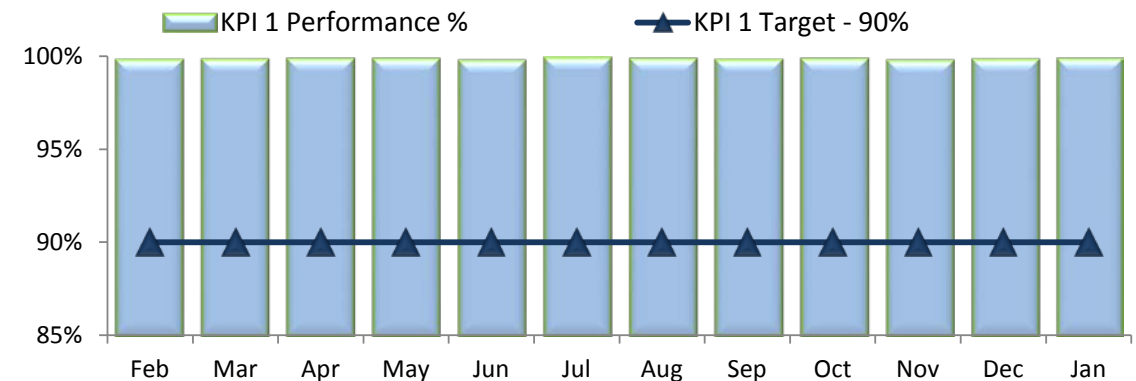
C4 performance has seen a vast improvement on last month with performance at 91.2% which is well above the KPI target.

C5 performance at 84.4% is again an improvement on last month and is tracking on a positive trajectory.

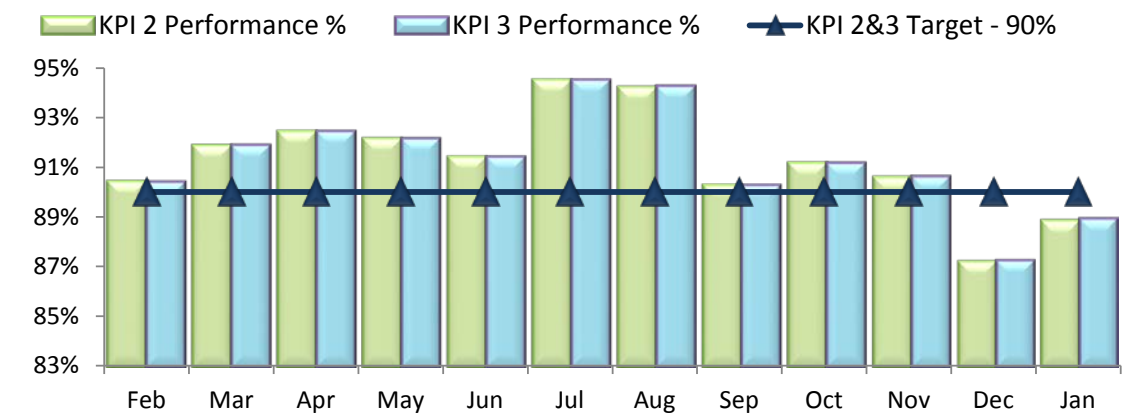
GP Urgent performance has improved to its best levels since the service started in September. Last month the KPI for GP1 was 64% which is an increase of 20%. GP2 was 77% and GP3 88%. These levels of performance have shown a marked improvement.

The discharge service has also seen the improvement continue and now stands at 83.2% for the month. This performance is very good when considering that 90% of all discharge activity continues to be On Day and therefore prevents little opportunity to effectively plan resources to meet demands.

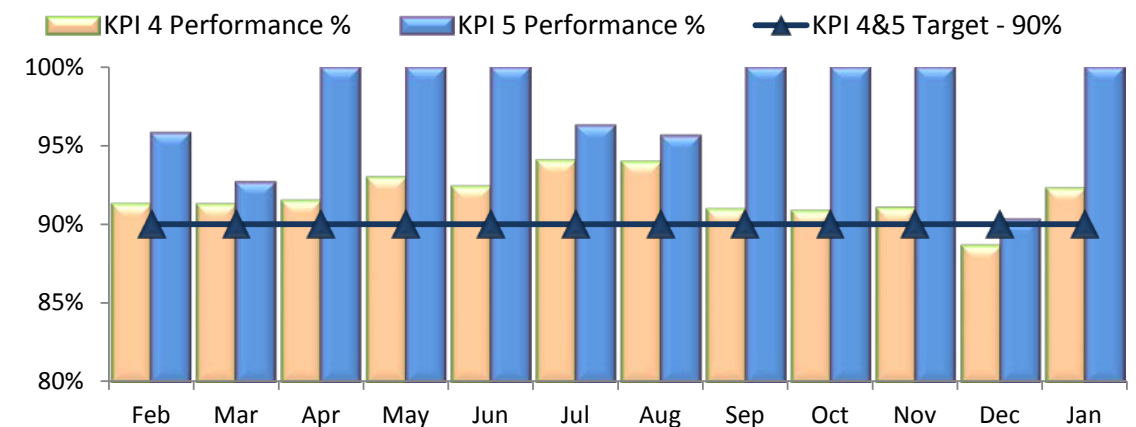
10.2 KPI 1 - Journeys no longer than 120 Mins



10.3 KPI 2&3 - Inwards Journeys



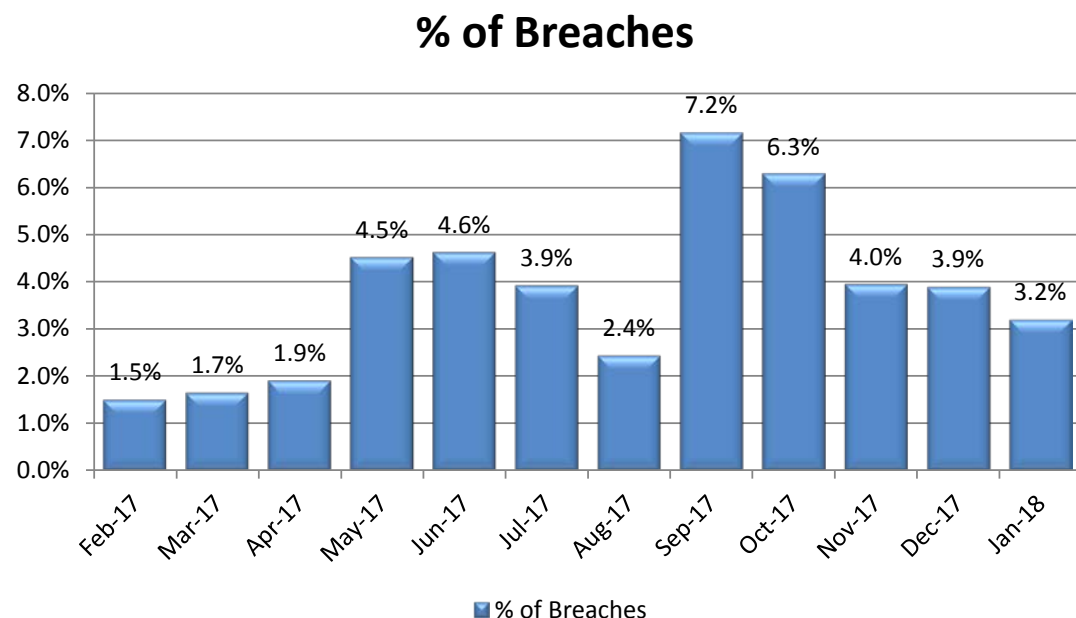
10.3 KPI 4&5 - Outwards Journeys



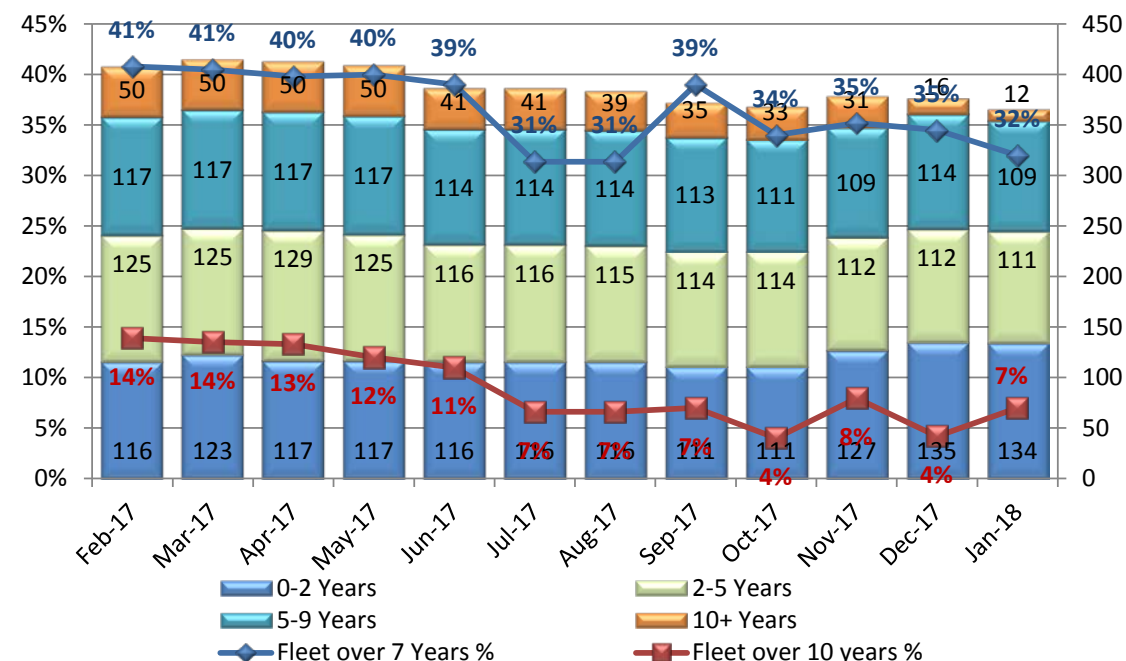
10. PATIENT TRANSPORT SERVICE

January 18

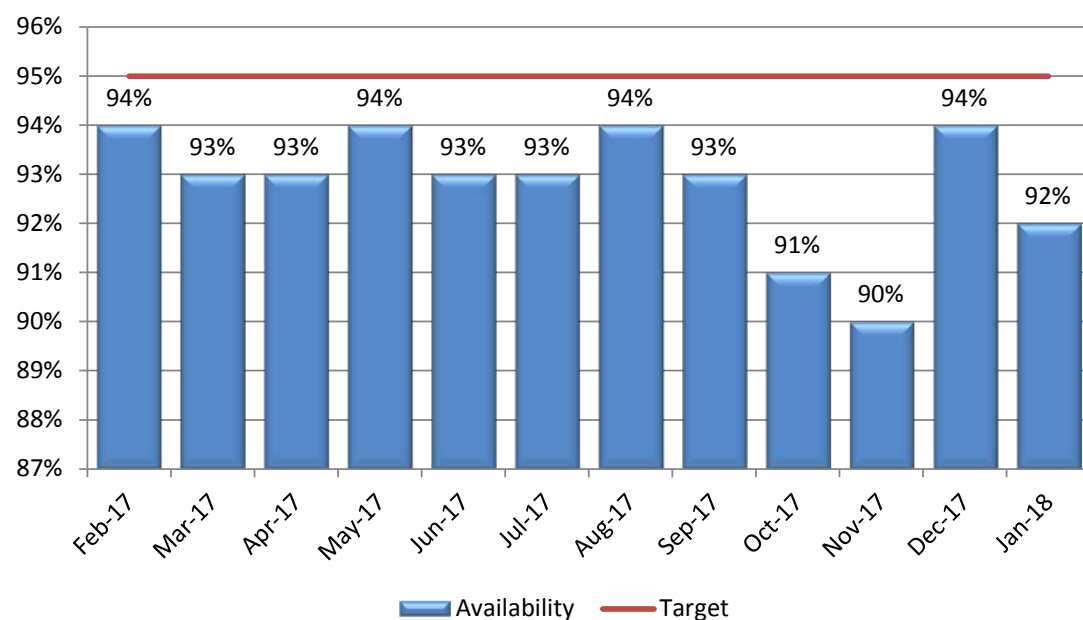
10.4 Deep Clean (5 weeks)



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

Vehicle availability decreased by 2 percentage points in January and at 92% is below the 95% trust target. This is due to a number of age related vehicle issues and the lead time for parts with manufacturers not supporting vehicles over 10 years of age. This reduction in availability has seen increased pressure on operational delivery during our peak demand time

The PTS deep clean percentage of breaches outside the 5 weeks window stood at 3.2% and down from 3.9% on the previous month. On the whole, PTS vehicle availability for deep cleans remains high but there have been some issues concerning the none availability of some PTS car scheme vehicles.

Figures for January show that 7% of PTS fleet is aged over 10 years. Work is underway for replacement vehicles within the VoY and Scarborough with staff consultations due to take place in February and March.

10. PTS

January 2018

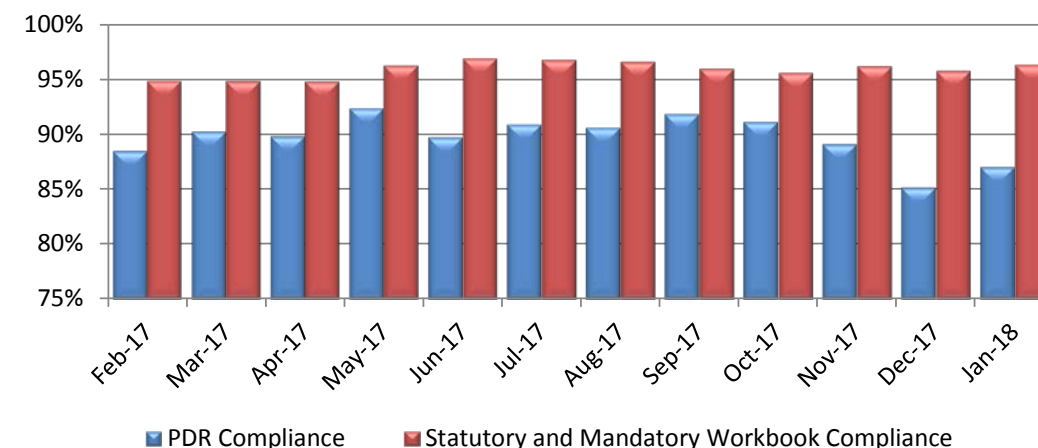
10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	599	30	120	449	75%
Contracted FTE (before OT)	579	52	100	427	74%
Variance	(20)	(22)	20	(23)	(5.0%)
% Variance	(3.4%)	(74.9%)	16.8%		
FTE worked inc overtime	615	52	100	463	75%
Variance	(16)	(22)	20	13	3.0%
% Variance	(2.6%)	(74.9%)	16.8%		

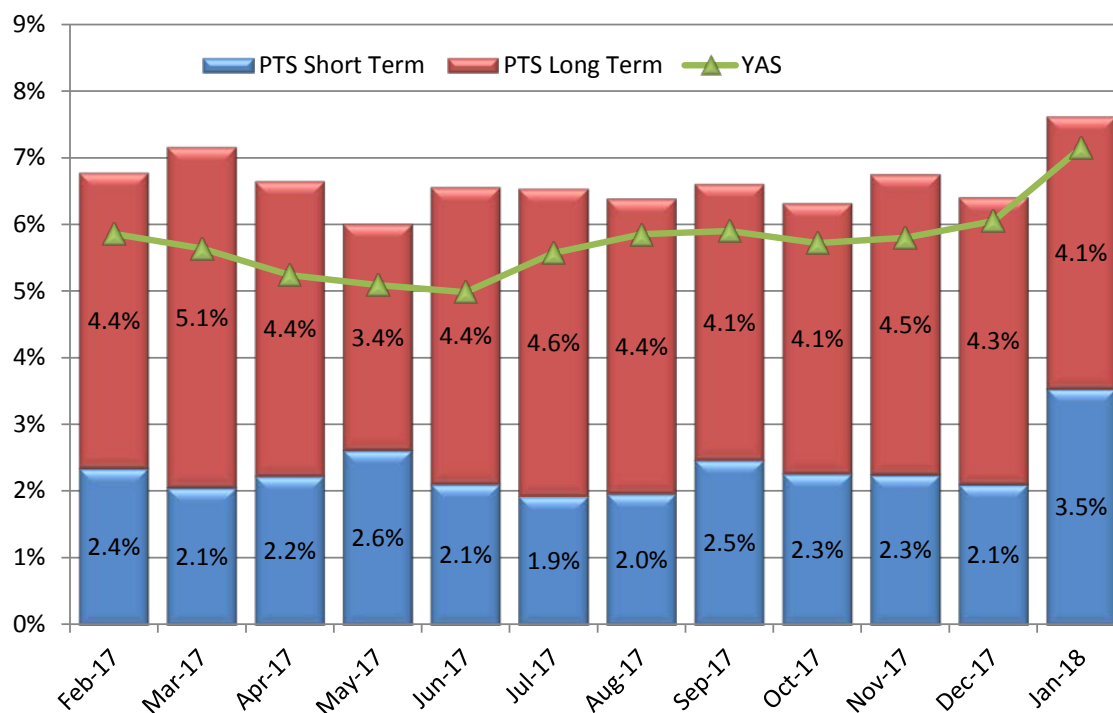
** FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

** Sickness and Absence (Abstractions) is from GRS

10.8 Training



10.9 Sickness



Commentary

PDR compliance improved from 85.2% in December to 87% in January and is below the 90% Trust target.

Statutory and Mandatory Workbook compliance improved in January to 96.3% and is above the 90% Trust target.

Sickness rate increased in January by (1.1%) and was 0.5% higher than the 7.2% YAS average.

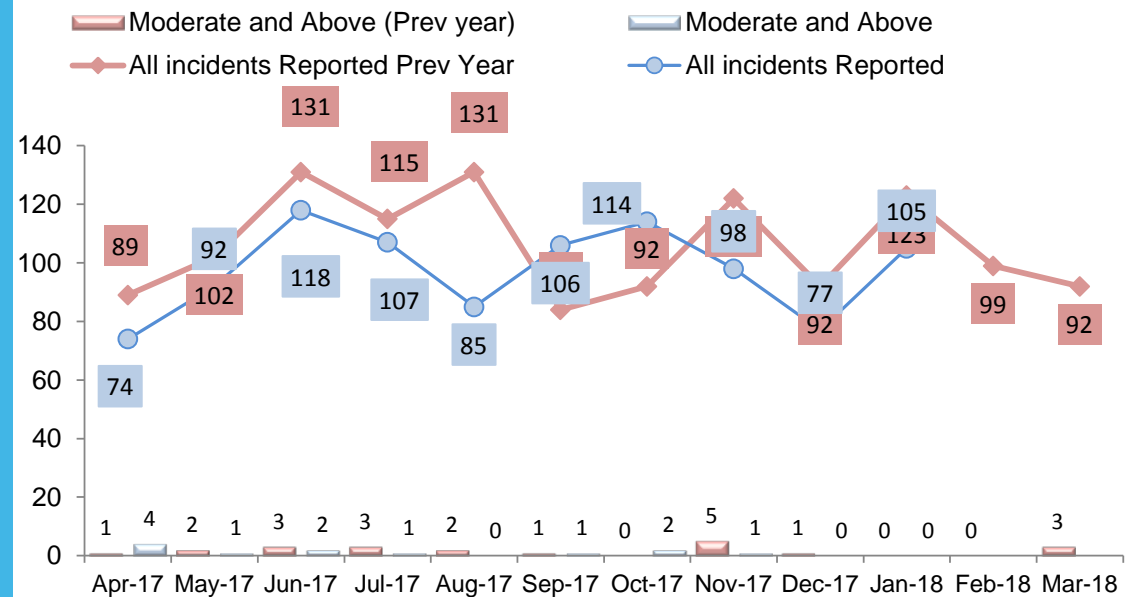
10. PATIENT TRANSPORT SERVICE

January 2018

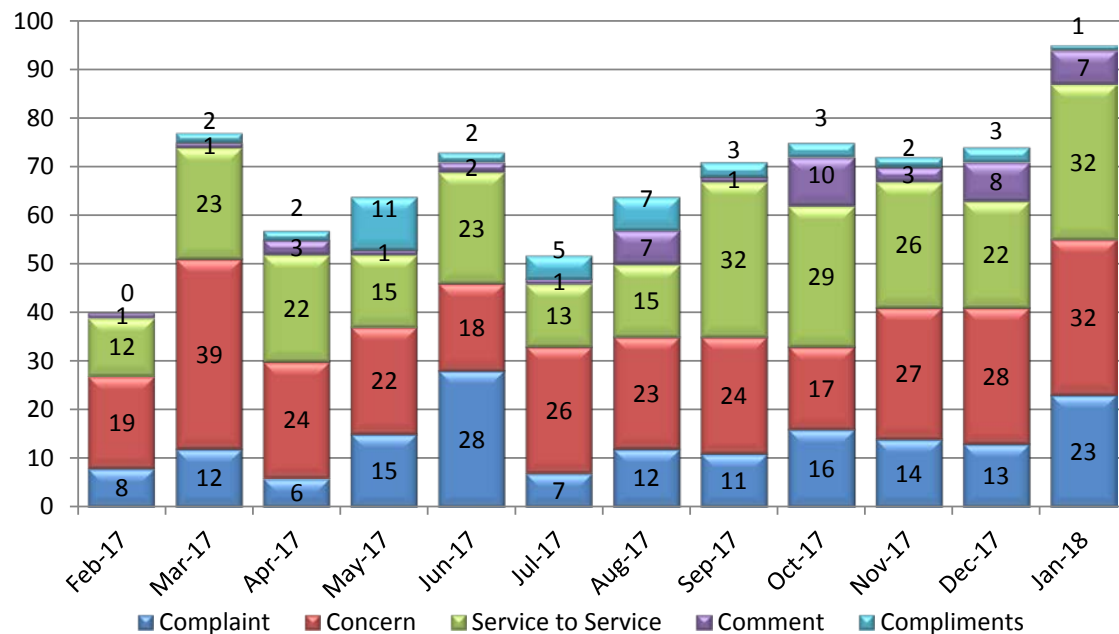
10.10 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	2
Total Incidents (per 1000 activities)		0.000	0.003
Total incidents Moderate & above		0	12
Response within target time for complaints & concerns		93%	95%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		93.2%	91.2%
Call Answered in 3 mins - Target 90%		83.1%	77.7%

10.11 Incidents



10.12 Patient Feedback



Commentary

Quality, Safety and Patient Experience: The proportion of calls answered in 3 minutes stood at 83.1% in January which is down from 85.7% on the previous month and is below the 90% target. This is due to abstraction, recruitment delays and sickness. Recruitment will recommence in the new year.

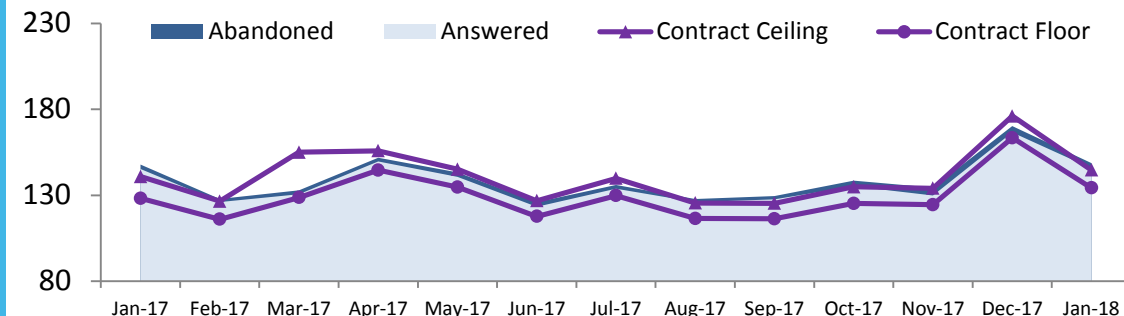
Incidents: The number of reported incidents within PTS increased by 36% vs last month but is down by 15% on the previous year's figures.

Patient Feedback: Patient feedback figures are up by 21 (4.1%) on the previous month. Closer inspection of the 4 Cs (complaints, concerns, comments and compliments) reveal the number of complaints increased from 13 to 23, the number of concerns increased from 28 to 32. The YTD average number of complaints each month is 14 equating to a complaint rate per PTS journey of 0.02%.

11. NHS 111

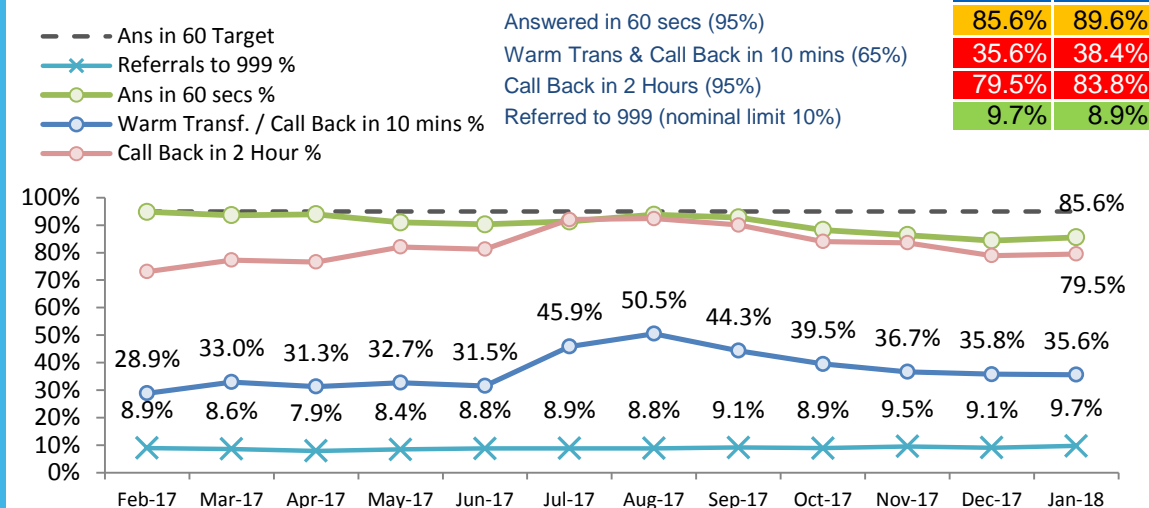
January 2018

11.1 Demand

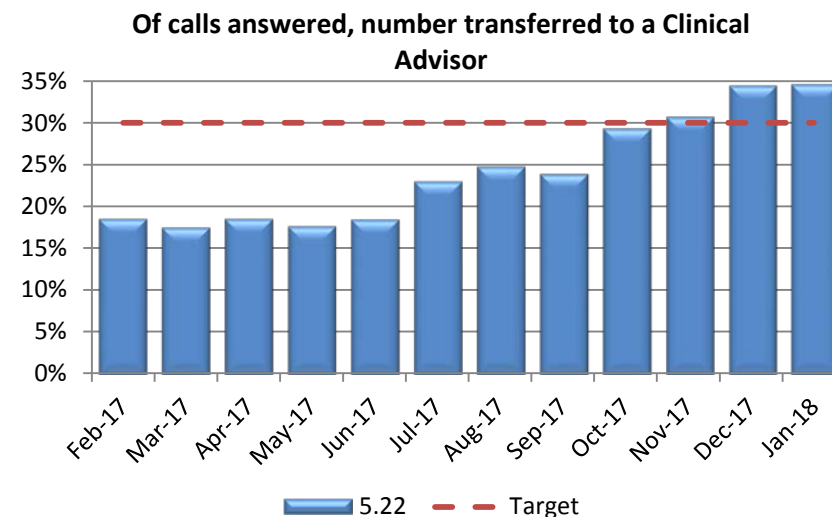


YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 2017-18	1,406,418	1,378,429	1,235,456	89.6%
Contract YTD 2017-18	1,408,381	1,371,230	1,302,669	95.0%
Variance	- 1,963	7,199	- 67,213	5.4%
	-0.1%	0.5%	-5.2%	
YTD 2016-17	1,336,597	1,312,516	1,221,793	93.1%
Variance	69,821	65,913	13,663	-3.5%
	5.0%	4.8%	1.1%	

11.2 Performance



11.3 proportion calls transferred to a clinical advisor



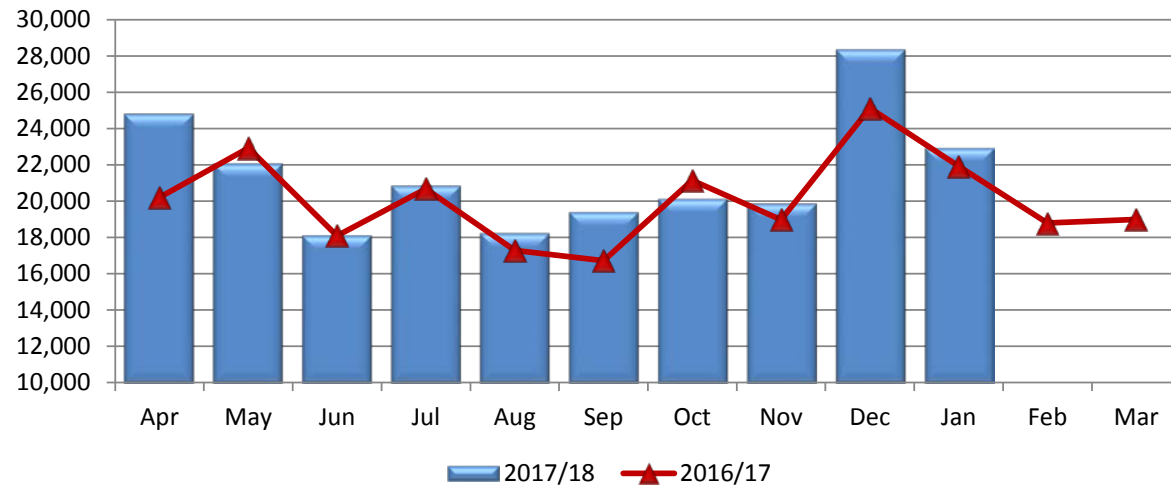
Commentary

Figures for January 2018 show that 85.6% patient calls were answered in 60 seconds. Commissioners are aware that the 2017/18 contract settlement does not fund the service to meet this KPI.

Calls answered continue to track closely with the contract ceiling with calls for January 0.5% above ceiling.

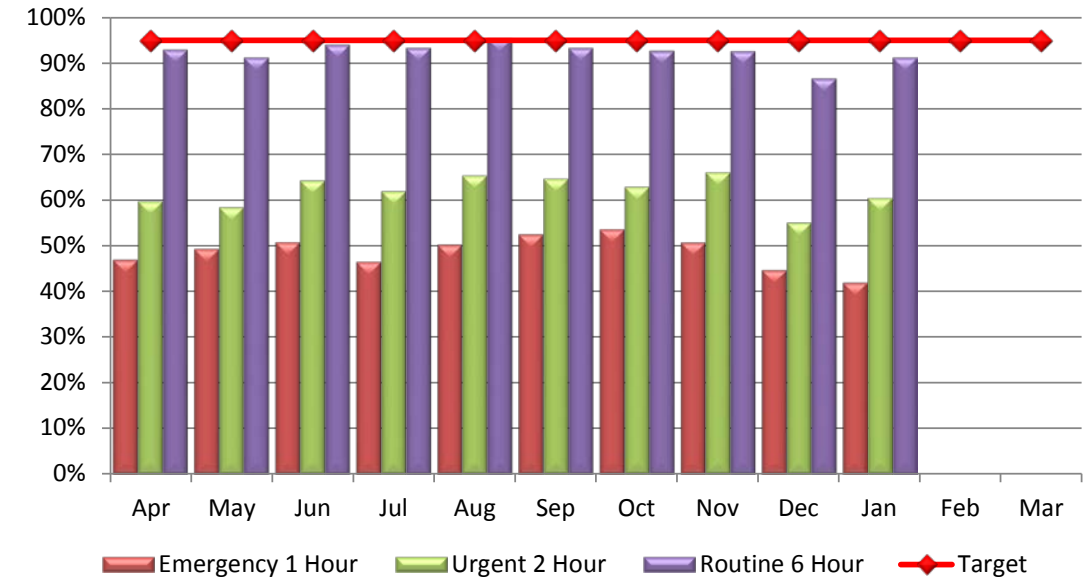
The 2 local clinical KPIs for 2 hours call-back (79.5%) and warm transfer / 10 minute call-back (35.6%) have increased and decreased respectively since December. Clinical advice is exceeding the 30% NHS England target.

11.4 Demand

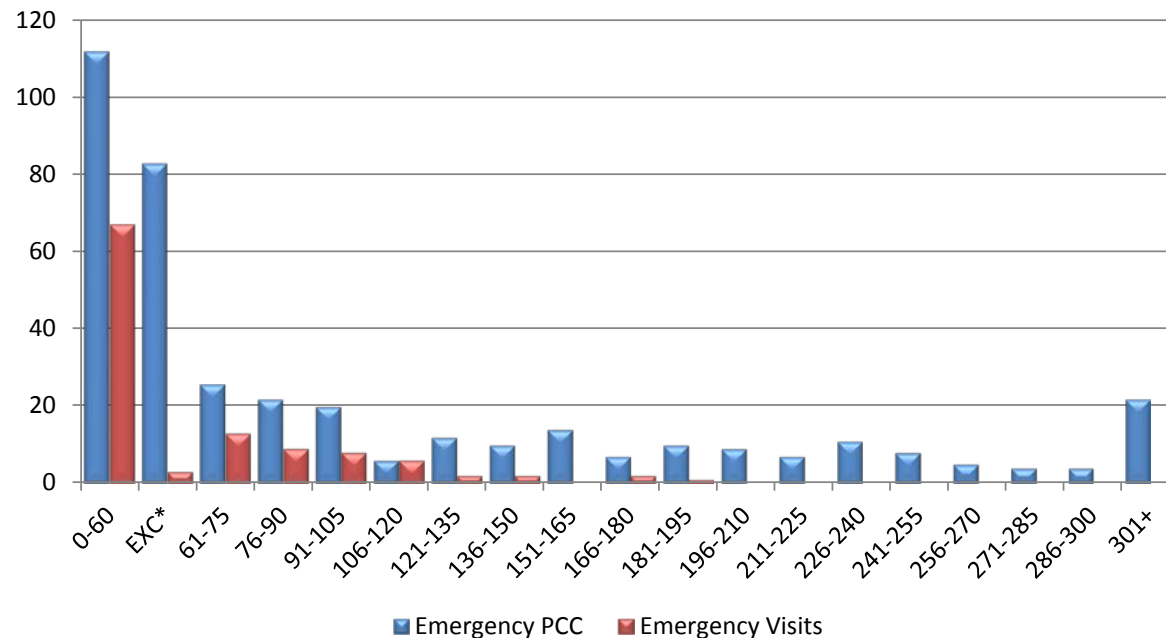


YTD	Variance	YTD 2016-17	YTD 2017-18	Diff	Percentage
		203,066	215,137	12,071	5.9%

11.6 Performance



11.5 Tail of Performance



11.7 Complaints

Adverse incidents	
Adverse incidents	1 SI reported in January in the category 'Response Related: OOH Provider' which occurred on 1st Jan 2018
Adverse reports received	No adverse reports received.
Patient Complaints	19 patient complaints received in Jan-18 directly involving the LCD part of the pathway. 4 upheld, 1 partially upheld, 6 not upheld and 8 remain under investigation.

Comments: Patient demand levels for WYUC Jan 18, in comparison to Jan 17 increased by 4.7%. NQR performance improved compared to last year for the 1 hour emergency (42% emergency from 41.9% in Jan 17) and the 2 hour urgent cases (60.4% against 55.2%). Performance for the 6 hour routine NQR also improved comparatively (91.2% against 89.3% in Jan 17).

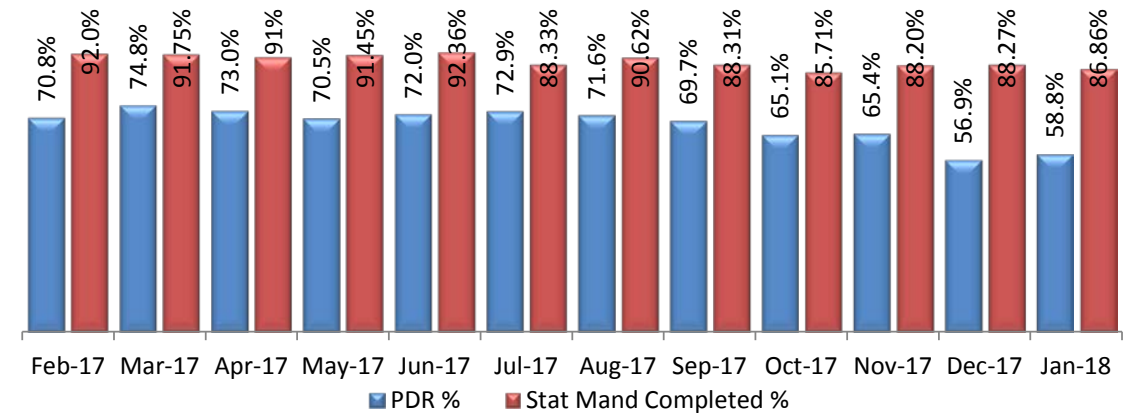
11. NHS 111

January 2018

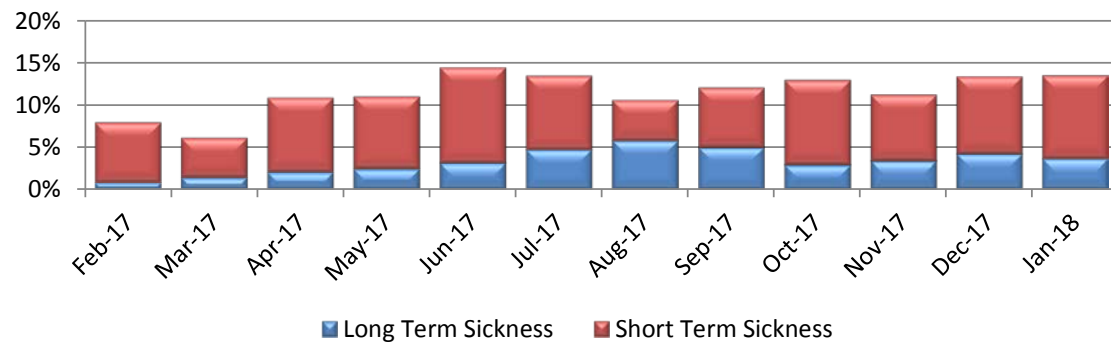
11.8 Workforce FTE - Call Handler & Clinician

	FTE	Sickness	Absence	Available	
				Total	%
Budget FTE	332	30	76	226	68%
Contracted FTE (before OT)	316	43	97	177	56%
Variance	-16	-13	-20	-49	-12%
% Variance	-5%	-43%	-26%	-22%	
FTE (Worked inc Overtime)	337	43	97	197	59%
Variance	5	-13	-20	-29	-9%
% Variance	1.4%	-43%	-26%	-13%	

11.11 Training



11.9 Sickness



Commentary

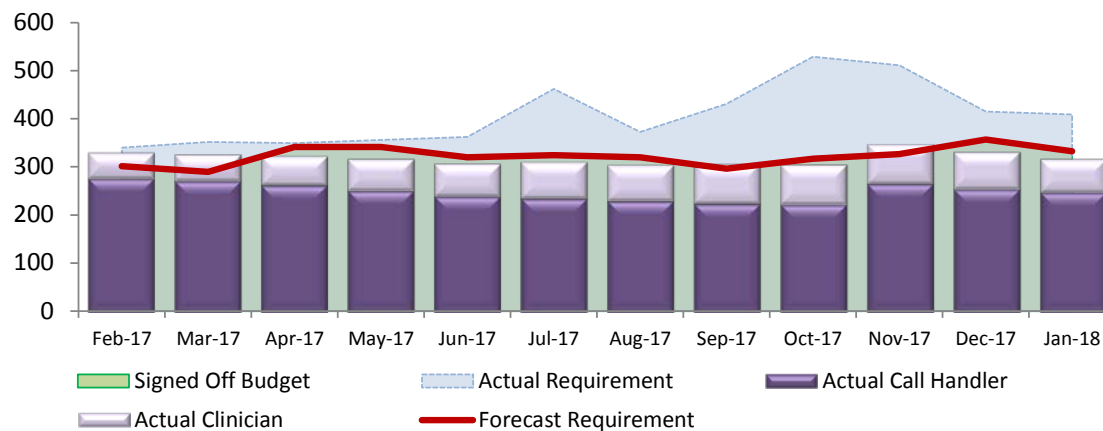
There was a freeze on training and development during December and January in line with the expected and actual increase in patient demand.

The cough/cold symptoms seen within the patient demand affected the NHS 111 staff over the festive period and increased absence. Long Term sickness is the focus for the team as there has been a rise in this during the month too.

A plan has been developed to manage the PDR completion and statutory mandatory training in quarter four to the required levels.

Additional dental nurses were brought into the service for the winter peak along with additional senior and clinical support and a review of this period will be used to prepare for the Easter workforce requirements .

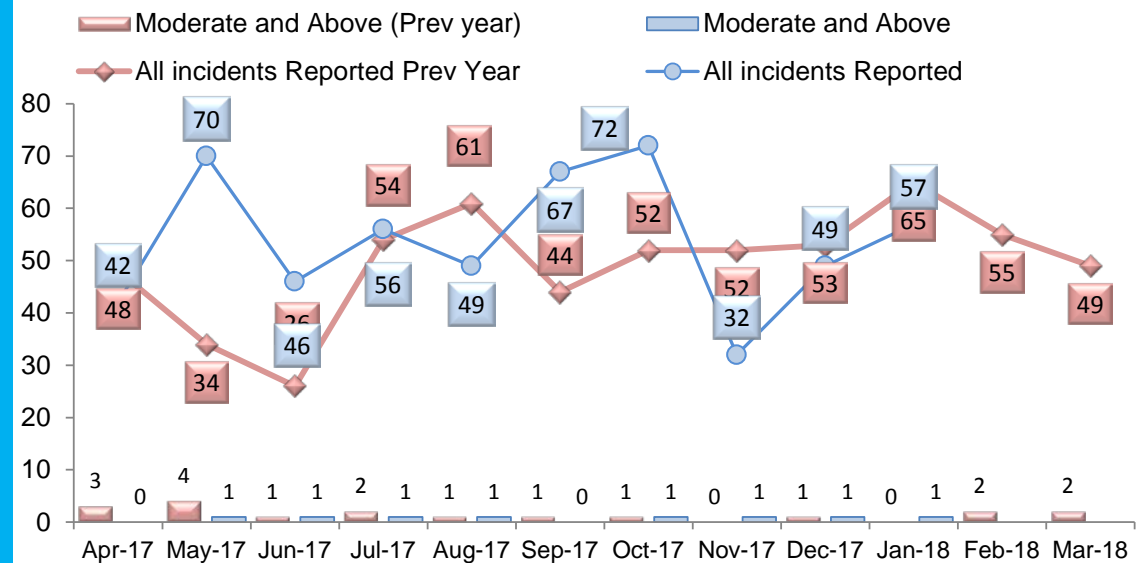
11.10 Recruitment Plan



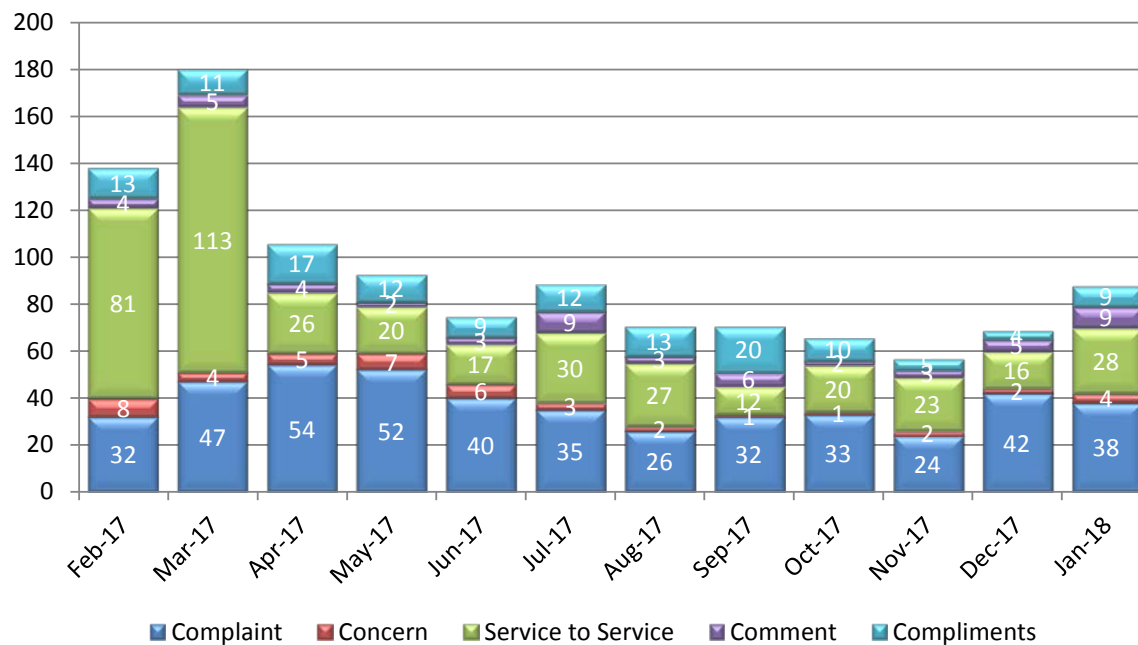
11.13 Quality, Safety and Patient Experience

		Jan-18	YTD
Serious Incidents		1	4
Total Incidents (per 1000 activities)		0.01	0.00
Total incidents Moderate & above		1	8
Response within target time for complaints & concerns		89%	80%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		0.0%	0.0%

11.15 Incidents



11.14 Patient Feedback



Commentary

One SI was reported in January.

38 patient complaints were received and are being investigated. This is down on the previous month. The YTD average number of complaints each month (Apr to Jan) is 38 equating to a calls answered complaint rate of 0.03%.

The level of moderate and above incidents remains very low across the year with one incident in this category in January.

There were 9 compliments received during January.

ANNEXES

**NATIONAL BENCHMARKING
AND
NATIONAL AMBULANCE QUALITY
INDICATOR PAGES
ARE CURRENTLY UNDER REVIEW**