



Integrated Performance Report

March 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

March 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	Feb	Mar	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. The recruitment plan is aimed at achieving full establishment by January. Business cases have been agreed with commissioners to support delivery of ARP standards.	
	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, and to support benefits realisation.	
	2.9	Implement Hub and Spoke and Ambulance Vehicle Preparation to improve quality and performance	CEO										Work underway with architect to determine costs and fit out requirements for Leeds/Huddersfield AVP. Medicines Management PID and business case have been approved at Hub and spoke programme board. TheAVP paper for Contract Management Board is drafted, pending reviews. Recruitment for AVP Project Manager was successful.	

YAS STRATEGIC OBJECTIVES 2017/18

Strategic Objective	No	Trust Level Objectives	Lead	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	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 Organisational development. A Steering Group, chaired by the Director of Workforce, meets regularly and work streams across all areas have been set up and project plans being developed.
	3.2	To prioritise the health and well-being of all staff	DWF										Health and wellbeing team are all now in post. The team is currently evaluating existing strategy, but has had the agenda and plan for 2018/19 approved at TEG; a budget for this year has also been approved. The Flu programme planning for 2018 is about to commence, with a review of 2017 having taken place so that lessons can be learnt and these fed back into this years plans. 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, but the proposed model has been agreed by TEG.
	3.3	To build equality and diversity within our organisation to reflect the communities we serve.	DWF										
	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 in draft and will be presented to TEG in April 2018. This will be an enabling strategy for the newly developing Trust Strategy. It is anticipated that the draft strategy will be finalised for launch at the Strategic Leadership Conference.
	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	13.8	
Staff F&F Test % recommended care Q2 17-18	87%	
Occurrence of any never event	None	
Patient Safety Alerts not completed by deadline	None	
Ambulance See-and-treat from F&F Test - % positive, Jan 18	*	
Ambulance Clinical Outcomes, Oct 17	Return of spontaneous circulation (ROSC) in Utstein group	60.0
	Stroke 60 minutes	41.7
	Stroke Care	98.6
	ST Segment elevation myocardial infarction (STeMI) 150 minutes	78.8

(*) 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, Nov 17 (Dec data 24.4.18)	5.63%
Staff turnover (FTE), (YAS Workforce Scorecard Mar 18)	10.6%
NHS Staff Survey response rate 2017	34.52%
Proportion of temporary staff, Feb 18, NHS Model Hospital	1.80%

Strategic Change

RAG ratings (March 18)

Urgent Care	NOT REPORTING
Hub & Spoke	GREEN
A&E Transformation	AMBER
PTS Transformation	AMBER

Operational Performance Response Times

Feb 18	
Cat 1 Life-threatening calls mean	8:07
90 th centile	13:57
Cat 2 Emergency calls mean	25:08
90 th centile	0:55:13
Cat 3 Urgent calls 90 th centile	2:24:28
Cat 4 Less urgent calls 90 th centile	3:33:15

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* Mar 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:** Status remains as **Green**
 - Options for internal or external AVP model completed and to be presented to April HSPB.
 - Benefits profiling completed to be presented as part of the Doncaster STP
 - AVP Leeds revised fit out costs completed, paper to be presented at April HSPB.
 - AVP paper for Contract Management Board completed.
 - Business case for STP funding to support the Doncaster hub project and additional fleet to be presented to the April HSPB.

- **Urgent Care:** Remains **Amber**
 - The programme was refreshed in December and refined over the final quarter of 2017/18, ready for an April relaunch. The next steps are to agree the programme plan and resourcing requirements for projects. Once these are live the programme plan can be refined and milestones developed.

Service Improvement

- **A&E:** Remains **Amber**
 - The new meeting and governance structure for A&E Operational management commenced in March 2018.
 - The A&E Senior Operations team have drafted the programme and projects plan for 18/19 and this is to be submitted to TEG for approval w/c 16th April 2018.
 - The A&E Programme Board has been postponed until May 2018 – to commence once the 18/19 Projects and Programmes are approved/given the go ahead by TEG.
- **PTS:** Remains **Amber**
 - Many areas of the programme are now “green” the parts remaining as amber include understanding of the benefits of the programme.
 - The York and Scarborough mobilisation project has commenced and is reporting as green.
 - The Forecasting and resourcing project is nearing completion and should be completed in April.

A full review of the service transformation programme is progressing to enable alignment to the new strategy currently under development. This will result in a recast of the programme board arrangements from May 2018.

External

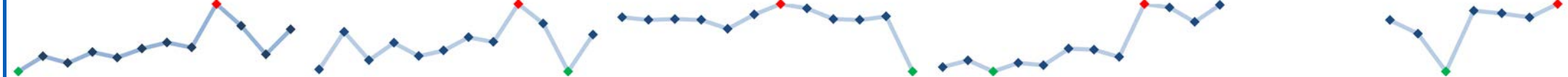
- Winter debriefs continue to place across the Region and all Delivery Boards.

The Trust is attending and NHS England and NHS Improvement half day event for all A&E Delivery Board Chairs and Ambulance Trust Chief Executives – focused on winter delivery and progress (23rd April).
- Action on A&E Launch event taking place on 10 May – YAS hosting a table at the event with a focus on ambulance handover, care homes, system management and escalation.
- WY&H UEC programme board have agreed 3 priorities for working together in the next 2 years:
 - 1) urgent care systems
 - 2) Interoperability and IT capability e.g. direct booking/sharing patient information
 - 3) Workforce – with the first focus on the A&E department workforce
- WYAAT has developed five key areas for improvement:
 - 1) Workforce
 - 2) Referring from A&E into other services
 - 3) NHS Ambulance Contracting
 - 4) Choice Policy
 - 5) Reablement and packages of Care
- SYB ICS conference around the development of Allied Health Professionals taking place 26 April; YAS engagement ongoing around roles of wider multi-disciplinary workforce
- NHSI/NHSE are in discussion with ambulance trusts, commissioners and acute hospitals to provide support on increased jobs and reduction of handover delays.
- YAS working with NHSE and the care home sector, to provide two workshops to improve referrals into our services.
- ARP workshop with SYB commissioning colleagues to develop an understanding of ARP, what YAS is currently doing to improve performance and what support is required from commissioners to work collaboratively.


Our Performance March 2018

↓	Category 1 was 08:17	YTD Performance		
↓	Ambulance responses on Scene down 0.4% YTD		Time	Change
↑	PTS KPI 2 continues to be above target at 83.3% for March	Category 1 Mean Performance	07 mins 46 Sec	
↔	Calls transferred to a CAS Clinician in 111 is above 30% target at 34.6%	Ambulance Turnaround Time	36 mins 18 sec	(47 sec more)


A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 Mean		
Contract	Mar-18	Variance (%)	Contract	Mar-18	Variance (%)	Avg	Mar-18	Var	Avg	Mar-18	Change	Target	Mar-18	Var
73,224	83,181	13.6%	59,424	60,757	2.2%	75.4%	69.8%	(5.6%)	2,280	3,532	54.9%	00:07:00	00:08:17	00:01:17
														

PTS (KPI's exclude South)

PTS Demand (Inc Abort & Escorts)			KPI2 Arrived Hospital (<2Hrs)			KPI3 Pre Planned Picked up (<90Min)			KPI4 Short Notice Patients (<2Hrs)			Calls answered in 3 mins		
Contract	Mar-18	Variance (%)	Target	Mar-18	Variance (%pts)	Target	Mar-18	Variance (%pts)	Target	Mar-18	Variance (%pts)	Target	Mar-18	Var
77,218	90,657	17.4%	82.9%	83.3%	0.4%	92.0%	89.7%	(2.3%)	92%	82.7%	(9.3%)	90.0%	84%	(6.0%)
														

111

111 Answered Calls			111 Answered in 60 secs			Calls To A Clinician (5.22)			111 Call Back in 2 Hours			111 Referral Rate to 999		
Contract	Mar-18	Variance (%)	Target	Mar-18	Variance (%)	Target	Mar-18	Variance (%)	Target	Mar-18	Variance (%)	Avg	Mar-18	Variance (%)
155,026	143,411	8.1%	95%	86.9%	(8.1%)	40%	34.6%	(5.4%)	95%	75.0%	(20.0%)	8.9%	9.1%	0.2%
														

Key	Tolerance for Variance (unless stated different)	Variance	Sparklines	AVG - Average	Contract	Updated
	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	18.04.18 - PMO

Our Quality March 2018

↓	2 in 1000 patients report an incident
↔	0.0001 in 10000 patients incidents result in moderate or above harm
↓	FOI compliance in March was 70%
↔	4 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (ustein)
↓	8 out of 10 people would recommend YAS to Friends and Family

Patient Survey			Infection Control Compliance		
Recommend YAS to F&F			Compliance	Mar 17	Mar 18
	Q2	YTD	Hand Hygiene	98%	99%
PTS	87%	89%	Premise	99%	99%
A&E	83%	83%	Vehicle	98%	98%

Incidents Reported

All Reported Incidents			Patient Incidents			Moderate Harm			Serious incidents			Medication Related		
Avg	No	Change	Avg	No	Change	Avg	No	Change	Avg	No	Change	Avg	No	Change
716	657	(0.2%) ↔	201	188	3.3% ↔	20	22	15.8% ↑	3	1	(83.3%) ↓	63	88	27.5% ↑

Safeguarding

Adult Referrals			Child Referrals		
Avg	No	Change	Avg	No	Change
789	822	13.4% ↑	478	530	19.9% ↑

Patient Relations

Complaints		
Avg	No	Change
83	84	5.0% ↔

Legal

Compliance (21 Days)			FOI Requests		
Avg	%	Change (% Pts)	Avg	No	Change
85%	88%	31.3% ↑	37	35	(5.4%) ↓

Clinical Outcomes (October DATA)

Stroke 60			STeMI Care			ROSC (Utstein)			Survival (Utstein)		
Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	%	Change (%pts)
45.0%	39.6%	(5.0%) ↓	80.9%	77.6%	(7.6%) ↓	50.1%	32.7%	(45.5%) ↓	32.3%	23.1%	(45.6%) ↓

Fleet

Deep Clean Breaches (8 weeks)		
Avg	AE/PTS	Change (%pts)
49	25	56.3% ↑

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

18/04/18 - PMO

Our Workforce - March 2018

↓	935 staff are overdue a PDR out of 4376
↔	144 Staff are on long term sick out of 5201 Staff
↑	420 staff are still to complete the stat and man work book out of 5201
↓	Child level 2 compliance does not include e-learning numbers of 1018 completed end of Feb 18

YTD Performance		
	%	Change
Sickness	5.92%	0.48%
Stat and Man	93.02%	-1.92%

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)
4,351	4,417	1.5%	11.1%	6.4%	(4.7%)	11.6%	10.6%	(1.0%)	46.54	40	(13.7%)	95.0%	62.6%	(32.4%)

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%	6.4%	1.4%	2.0%	2.2%	0.2%	3.9%	4.2%	0.3%	3,535	3,187	(10.9%)	£817,866	£845,660	3.4%

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%	74.7%	(15.3%)	90.0%	93.0%	3.0%	90.0%	93.6%	3.6%	80.0%	73.9%	(6.1%)			0.0%

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	9th April 2018 - Workforce Intelligence Team			

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	(22,061)	(29,811)	(7,751)	(262,111)	(269,450)	(7,339)
Expenditure	21,652	24,496	2,844	258,703	259,303	599
Retained Deficit / (Surplus) with STF Funding	(409)	(5,316)	(4,907)	(3,408)	(10,148)	(6,740)
STF Funding	(176)	(3,986)	(3,810)	(1,510)	(5,320)	(3,810)
Retained Deficit / (Surplus) without STF Funding*	(233)	(1,330)	(1,097)	(1,898)	(4,828)	(2,930)
EBITDA	(1,381)	(6,982)	(5,601)	(15,069)	(21,493)	(6,424)
Cash	17,829	30,165	12,336	17,829	30,165	12,336
Capital Investment	3,669	3,813	144	13,233	7,563	(5,670)
Quality & Efficiency Savings (CIPs)	1,037	1,086	49	12,441	13,632	1,192

Under the "Single Oversight Framework" the overall Trust's rating for March 2018 is 1 (1 being lowest risk, 4 being highest risk).

The Trust has reported a surplus as at the end of March (Month 12) of £4,828k which is a £2,930k favourable variance against the planned surplus of £1,898k (excluding STF). As a result of meeting our control total target we have also earned STF of £5,320k as at Month 12. Our adjusted financial performance after adding back impairments and including earned STF is £10,148. This a draft position subject to the audit of the accounts.

In terms of key service line variances YTD: The A&E service line (including EOC and Special Operations) is £4,368k favourable against plan mainly due to; vacancies and the underutilisation of the overtime budget. The underspend in pay is partially offset by overspend in non-pay including fire service responders and meal break payments. PTS is adverse to plan by £814k 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 £2,384k which is mainly due to additional medical equipment approved by TEG and unachievement of CIPs year to date on a number of schemes including accident reduction, CVL contract and also a proportion of CIPs unidentified by the Directorate. Estates is adverse to plan by £3,802k due to TEG approved refurbishment work and CIP shortfall due to the delay in the relocation from Willerby.

At the end of March 2018 the Trust's cash position was £30.2m against a plan of £17.8m, giving a favourable variance of £12.4m. The increased cash position reflects the underspends against the capital plan and the higher than planned surplus.

Capital expenditure for 17/18 at the end of March 2018 is £7.6m against an original plan of £13.2m leading to an under spend of £5.7m. 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). The loan for EPR was paid in full £978k reducing the underspend to £312k there was slippage on Estates Whitby Station, ICT EOC Updates PTS Refresh, Fleet Tail lift Modifications.

The Trust has a savings target of £12.441m for 2017/18. Whilst YTD the Trust has overachieved against this target by £1,192k, 28% of savings have been delivered non recurrently and therefore causing an underlying recurrent financial risk for future years.

7B FINANCE OVERVIEW

March 2018

	Month	YTD	Trend 2017-18
RISK RATING: Under the "Single Oversight Framework" the overall Trust's rating for March 2018 is 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 month 12 is £21,493k against a plan of £15,069k, a favourable variance of £6,424k against plan.			
SURPLUS: The Trust has reported a surplus as at the end of March (Month 12) of £4,828k which is a £2,930k favourable variance against the planned surplus of £1,898k. As a result of meeting our control total target we have also earned STF of £5,320k as at Month 12. Our adjusted financial performance after adding back impairments and including earned STF is £10,148.			
CAPITAL: Capital expenditure for 17/18 at the end of March 2018 is £7.6m against an original plan of £13.2m leading to an under spend of £5.7m. 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). The loan for EPR was paid in full £978k reducing the underspend to £312k there was slippage on Estates Whitby Station, ICT EOC Updates PTS Refresh, Fleet Taillift Modifications.			
CASH: At the end of March 2018 the Trust's cash position was £30.2m against a plan of £17.8m, giving a favourable variance of £12.4m. The increased cash position reflects the 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 £1,192k, 28% 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	6,867	6,867	0
Business Development Directorate	87	87	0
Capital Charges Directorate	132	0	(132)
Chief Executive Directorate	126	32	(94)
Clinical Directorate	141	142	0
Estates Directorate	323	171	(152)
Finance Directorate	998	835	(163)
Fleet Directorate	1,761	433	(1,329)
People & Engagement Directorate	390	0	(390)
Planned & Urgent Care Directorate	1,427	782	(644)
Quality, Governance & Performance Assurance Directorate	188	188	0
Reserve Schemes	0	4,096	4,096
Grand Total	12,441	13,632	1,192

Recurrent/Non-Recurrent/Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	9,437	9,752	314
Non - Recurrent	2,161	3,881	1,720
Unidentified	843	0	(843)
Grand Total	12,441	13,632	1,192

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

March 2018

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	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	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	Green	Green	Green
Total		£858,047													

Comments:

The trust now has a 12 month action plan for the delivery of health and wellbeing activity across the organisation. A Health and Wellbeing group has been formed to ensure action plan delivery. The Mental Health First Aid training with clinical supervisors has commenced with over 115 managers scheduled to be trained by the end of June. Plans are in place for this to be rolled out across the organisation over the next 12 months. The MSK back care workshop project has commenced. A Mental Health national campaign has been delivered recently with good response and a comprehensive plan for campaigns currently being developed. Active contributions from staff in a physical activity challenge proved successful with a good number of staff engaged with increasing levels of physical activity. Ongoing contract management of the occupational health service continues to ensure staff have the best access to support services needed, eg physiotherapy and counselling. The trust's flu campaign success has been recognised nationally with YAS shortlisted for 2 national awards. The final submission to INNFORM was 65.3% of frontline staff vaccinated at the end of Dec 2017. The planning for the 2018/19 campaign has commenced. The Healthy Food CQUIN continues to be compliant. The Healthy Food CQUIN continues to be compliant.

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	Green	Green	Green
End to End Reviews	Head of Investigations & Learning	£1,072,238	Green	Green	Green	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	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	NA	NA	NA
Total		£4,290,239													

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. Mortality reviews are on track for delivery. 2 End to End Reviews completed Q4 as per CQUIN requirement and all 8 reviews delivered during the year covering different sub-regions with learning reported quarterly to commissioners.

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	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	NA	NA	NA
Total		£272,000													

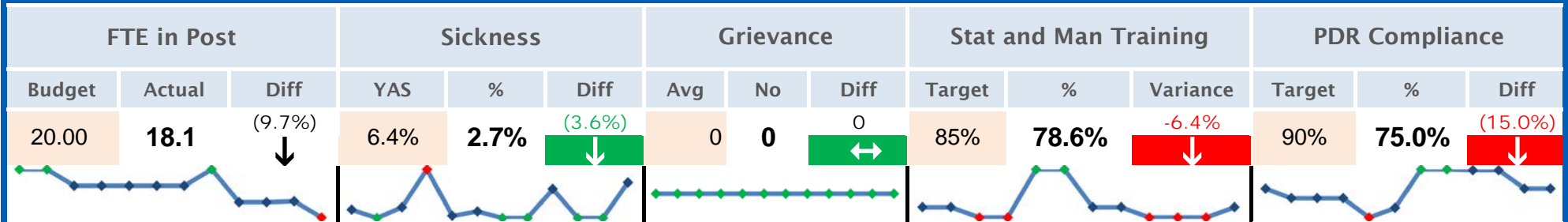
Comments:

The development of the Patient Portal for the PTS CQUIN is now complete with the Portal now named Patient Zone and fully embedded as business as usual. We continue to market the availability of this function across the wider healthcare economy providing access for patients and or their carers upon request. The Patient Zone allows them to monitor their transport requests and provide reassurance that their transport is booked. It also provides the option to cancel transport which is no longer required. The feedback from patient users is excellent. All milestones have been met and it is expected that payment should be received in full.

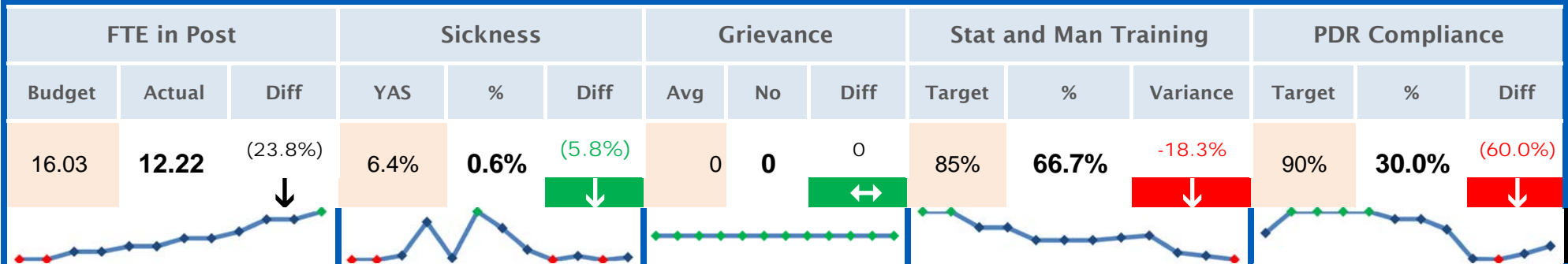
Green	Fully Completed / Appropriate actions taken
Amber	Delivery at Risk
Red	Milestone not achieved

Corporate Services - March 2018

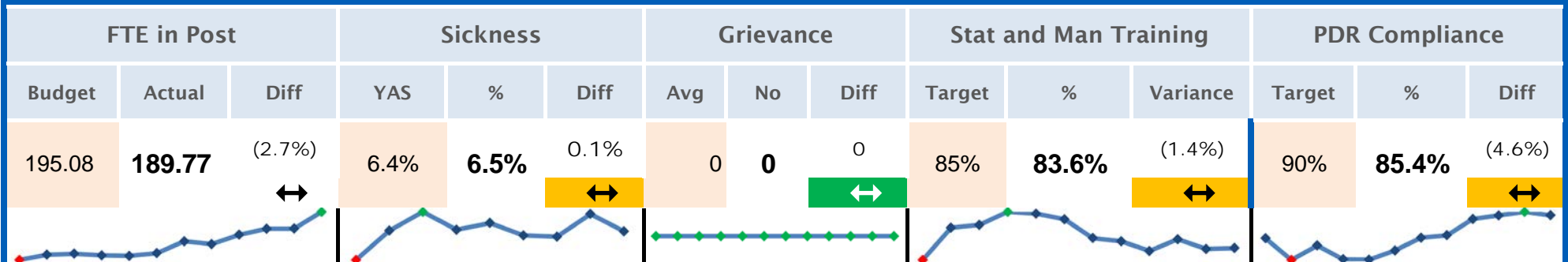
Chief Executive



Business Development



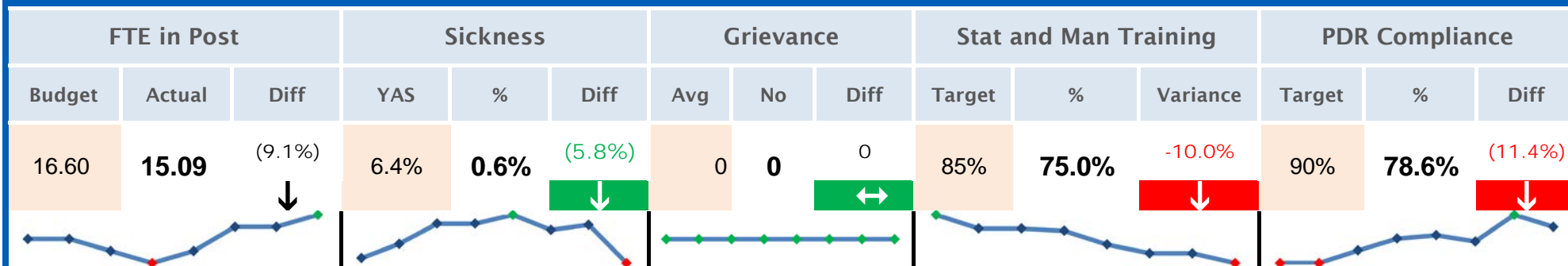
Finance (Excluding Fleet, Estates, BI and ICT)



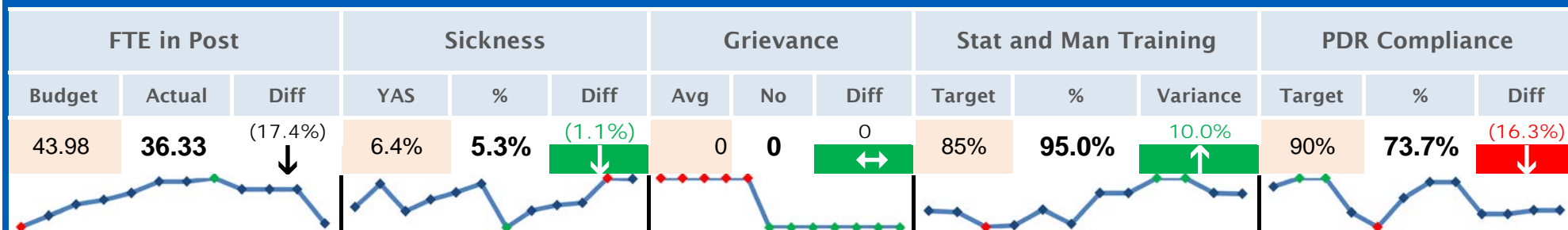
Key	Difference	Direction of Travel	Sparklines	AVG - Average	Updated			
	Current Month (tolerance 5% number difference)	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	09.04.18 - PMO			

Corporate Services - March 2018

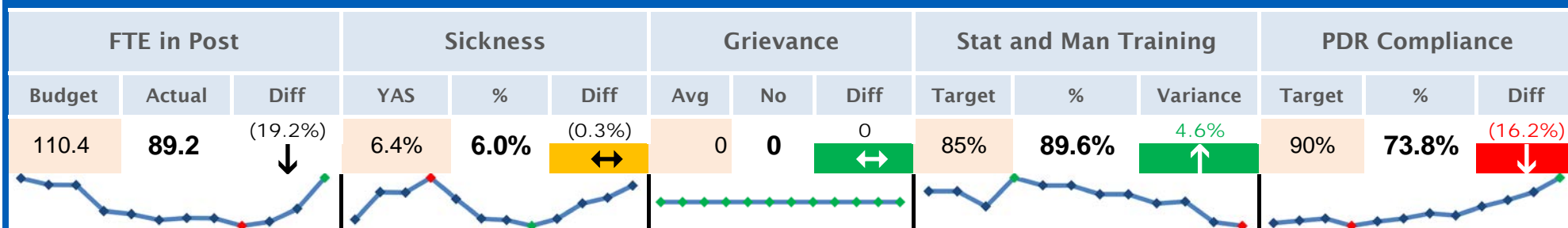
Business Intelligence



ICT



Workforce & Organisational Development



Key

Difference

Current Month (tolerance 5% number difference) Sickness is 1% tolerance

Direction of Travel

From Previous Month

Sparklines

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

AVG - Average

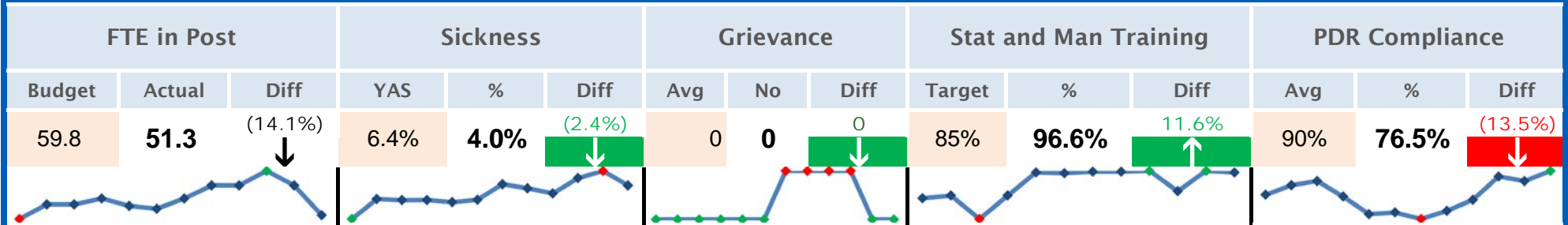
Previous 12 Periods

Updated

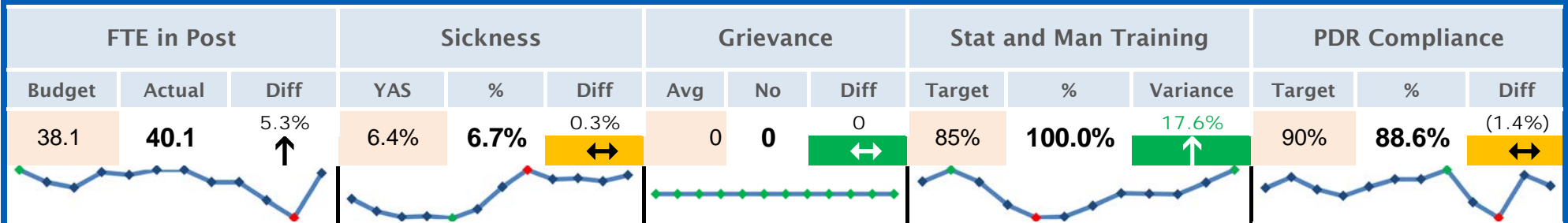
09.04.18 - PMO

Corporate Services - March 2018

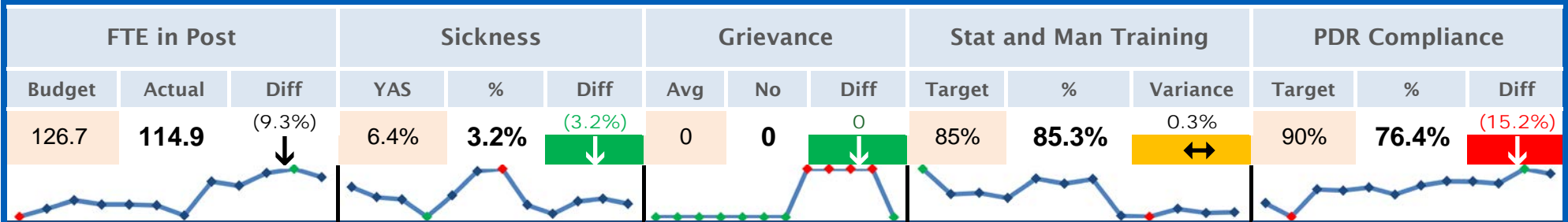
Quality, Governance and Performance Assurance



Clinical



Fleet and Estates

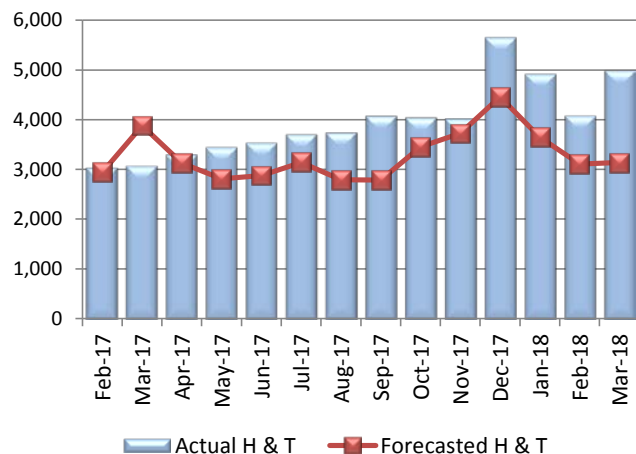


Key	Difference		Direction of Travel	Sparklines		AVG - Average		Updated			
	Current Month (tolerance 5% number difference and 1% for sickness)		From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)		Previous 12 Periods		09.04.18 - PMO			

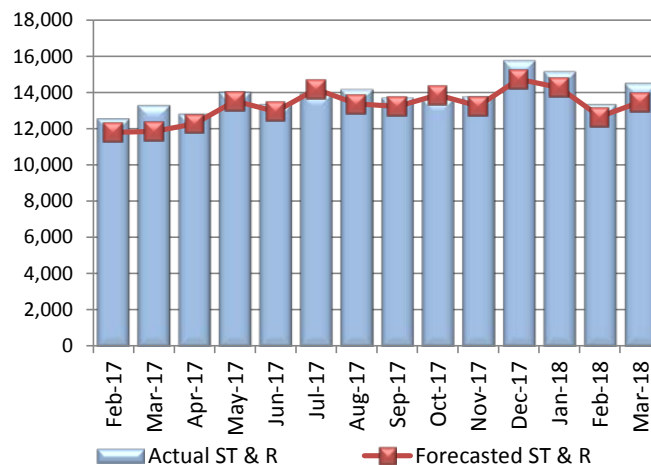
SERVICE LINES

9.1 Activity

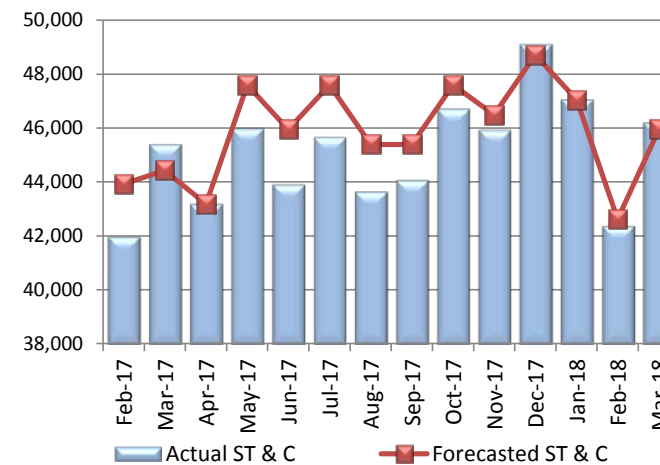
Hear & Treat



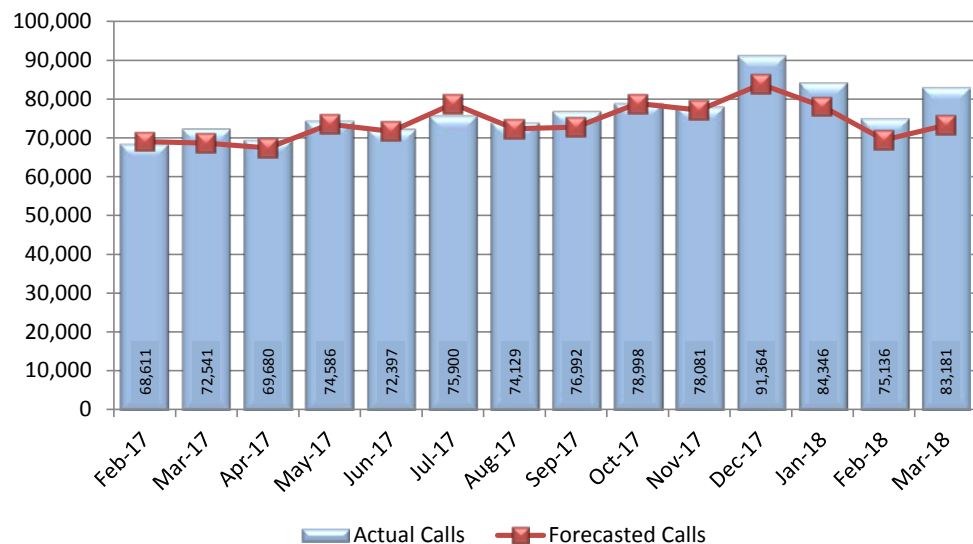
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

Total Demand was 13.6% above forecast. This is an increase in call numbers of 14.7% vs March last year.

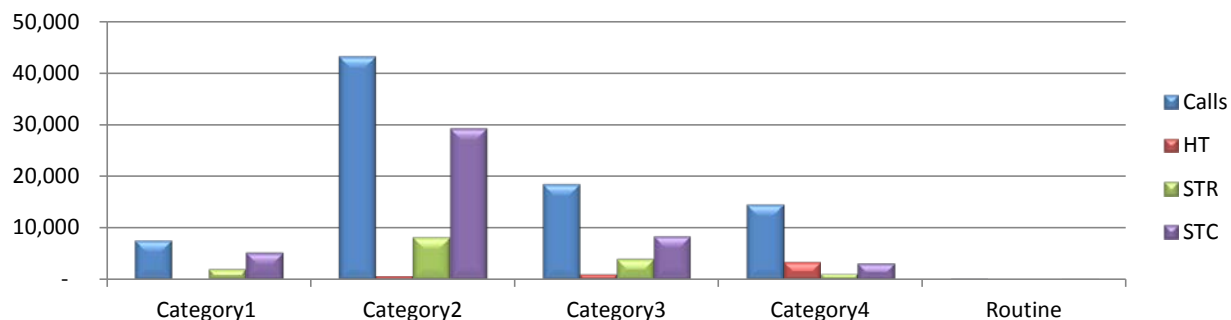
H&T is 59.5% above forecast. This is an increase of 61.8% in the amount of H&T carried out vs March last year

ST&R was 7.7% above forecast. This is an increase of 9.1% in the amount of ST&R carried out vs March last year.

ST&C was 0.6% above forecast. This is an increase of 1.8% in the amount of ST&C carried out vs March last year.

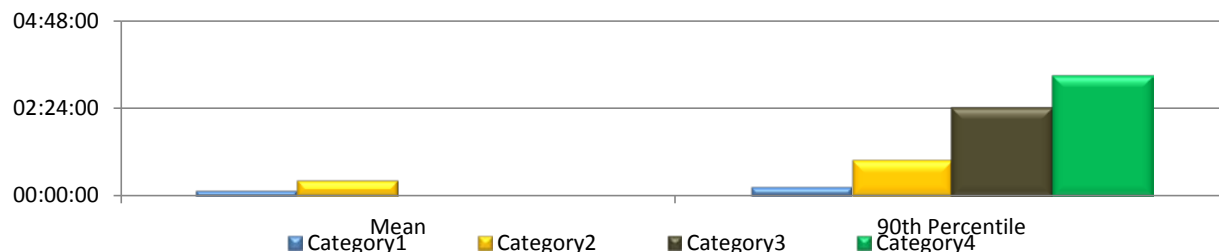
9.2 Activity

ARP2.3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	7,688	16	2,014	5,277	7,291	11.8%
Category2	43,237	716	8,138	29,280	37,418	60.5%
Category3	18,552	997	4,016	8,484	12,500	20.2%
Category4	14,623	3,295	1,202	3,236	4,438	7.2%
Routine	283	-	10	174	184	0.3%



9.3 Performance

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:08:17	00:14:15	00:07:00	00:15:00
Category2	00:25:38	00:57:34	00:18:00	00:40:00
Category3		02:25:24		02:00:00
Category4		03:17:37		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.

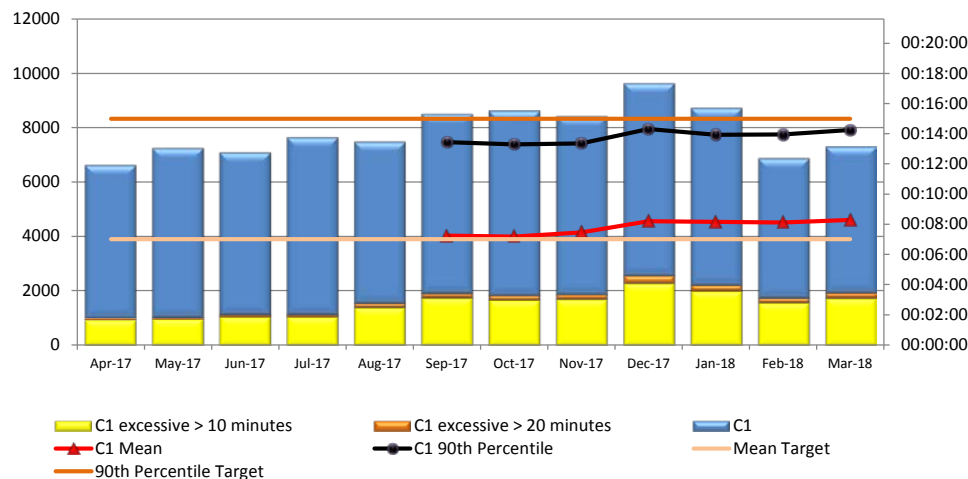
The Calls now split into 4 main categories with HCP calls monitored separately. There are now different standards than in ARP 2.2, for example the 8 minute response per incident does not exist anymore.

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

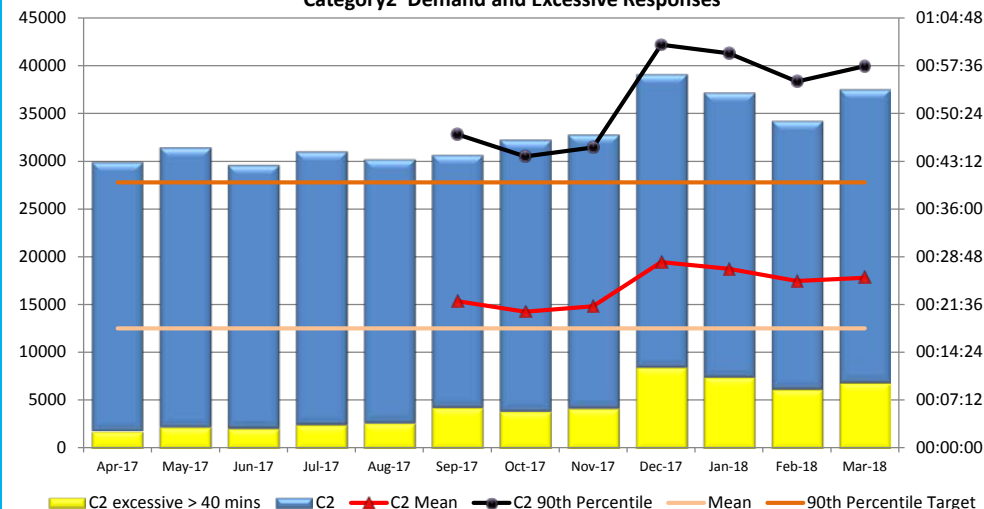
	Mean Standard	90 th Standard
C1	00:07:00	00:15:00
C2	00:18:00	00:40:00
C3		02:00:00
C4		03:00:00
HCP1		No Target
HCP2		No Target
HCP3		No Target
HCP4		No Target

9.4 Demand and Excessive Responses with Tail of Performance

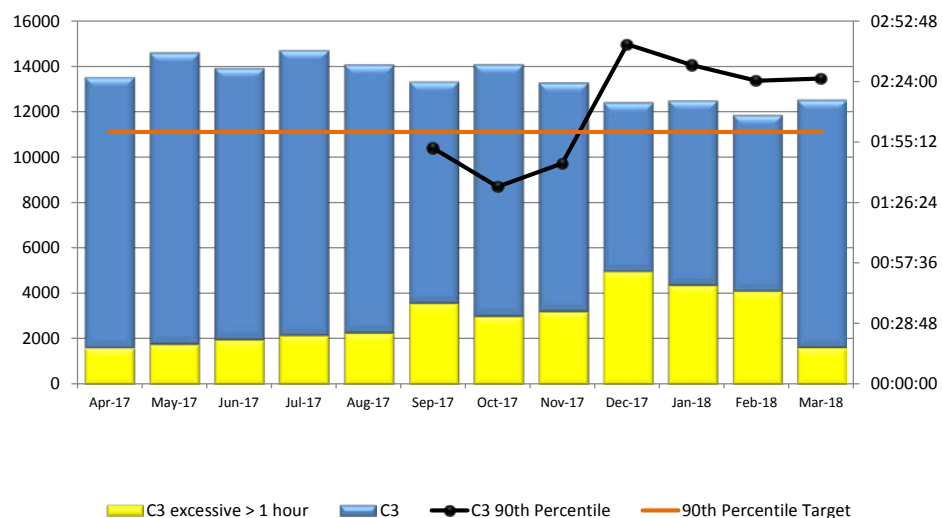
Category1 Demand and Excessive Responses



Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



Commentary

Category 1 mean performance was 8 minutes 17 seconds against the 7 minute target with the 90th percentile at 14:15 against the 15:00 target.

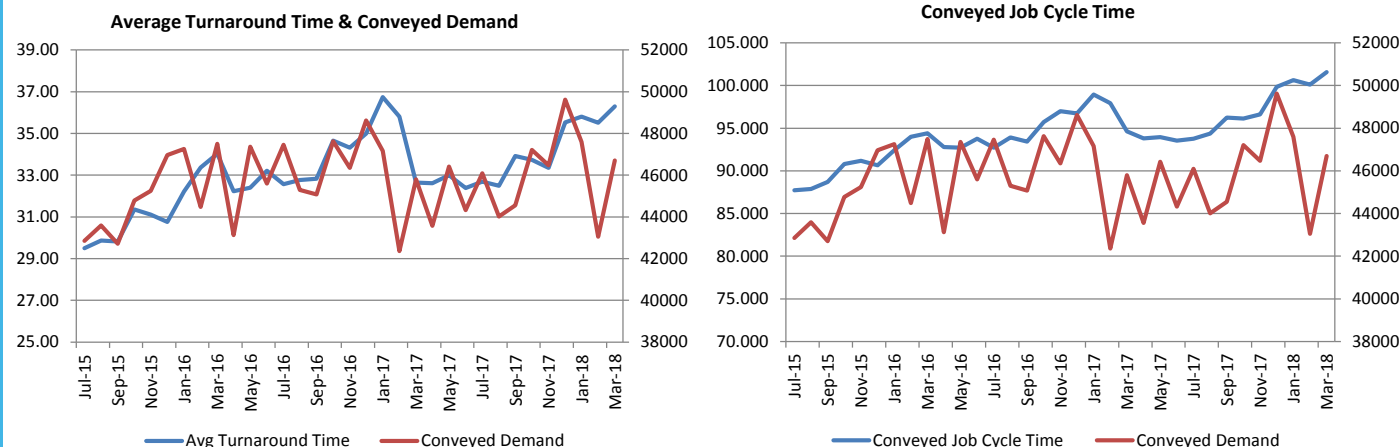
Category 2 Mean performance was 25:38 an increase of 30 seconds on last month which is 7 minutes 38 seconds over the 18:00 target. The 90th percentile stood at 57:34 an increase of 2:21 on last month which is 17 minutes and 34 seconds over the 40:00 target.

Category 3 90th percentile performance was above the 2 hour target at 2:25:24 which was similar to the 2:24:28 recorded last month.

The level of performance against target can be directly attributed to the increase of hours lost at hospital which increased 104.5% vs March last year. This in part will have been driven by several periods of bad weather during this reporting period.

9.5 Hospital Turnaround Times

9.6 Conveyed Job Cycle Time



Commentary

Turnaround times for March were 2.1% higher than February and 10.1% higher than March 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.

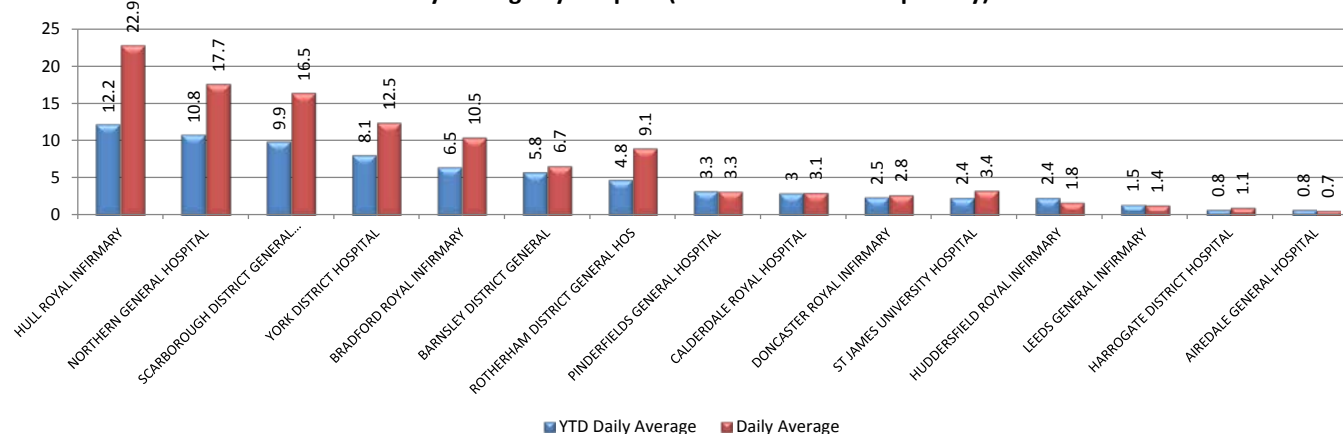
Job Cycle time showed an increase in March of 1.4% and is up by 6.7% vs March last year.

Excessive hours Lost at hospital for March were 557 hours higher than February which is an increase of 18.7%. This is somewhat higher than March last year showing an increase of 1,805 hours, which is a rise of 104.5%. Several periods of bad weather during the month will have impacted on hospital services. Hours lost remain high generally with Hull, Northern General, Scarborough and York impacting on performance

9.7 Hospital Turnaround - Excessive Responses

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Last 12 months
Excessive Handovers over 15 mins (in hours)	1,509	1,728	1,367	1,646	1,570	2,110	2,077	1,837	3,563	3,447	2,975	3,532	27,361
Excessive Hours per day (Avg)	49	60	44	55	51	70	67	59	119	111	99	114	75

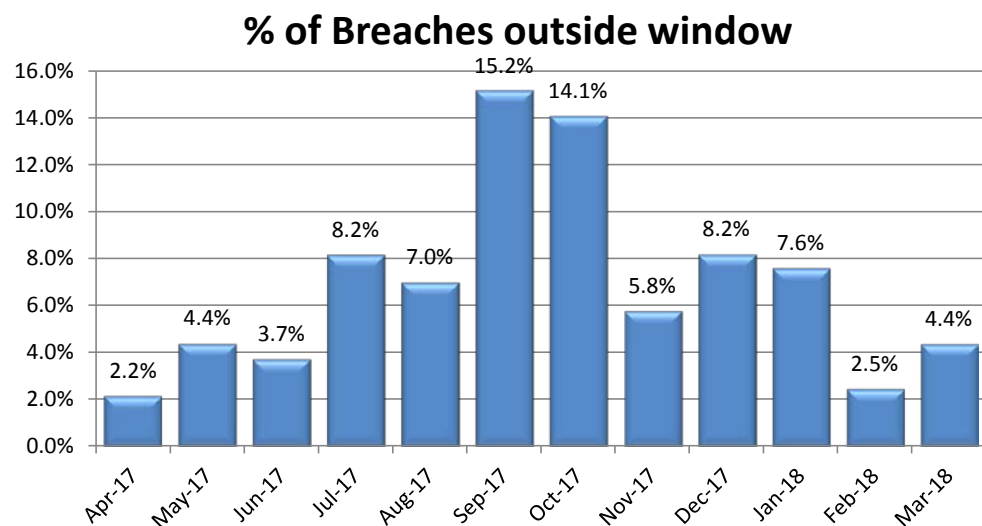
Daily Average by Hospital (1 or more hours lost per day)



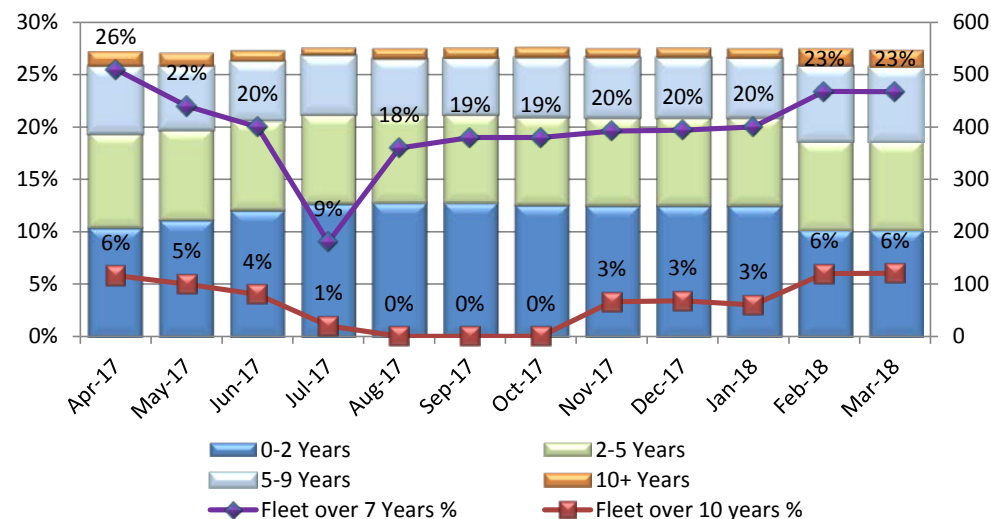
9. A&E Operations

March 2018

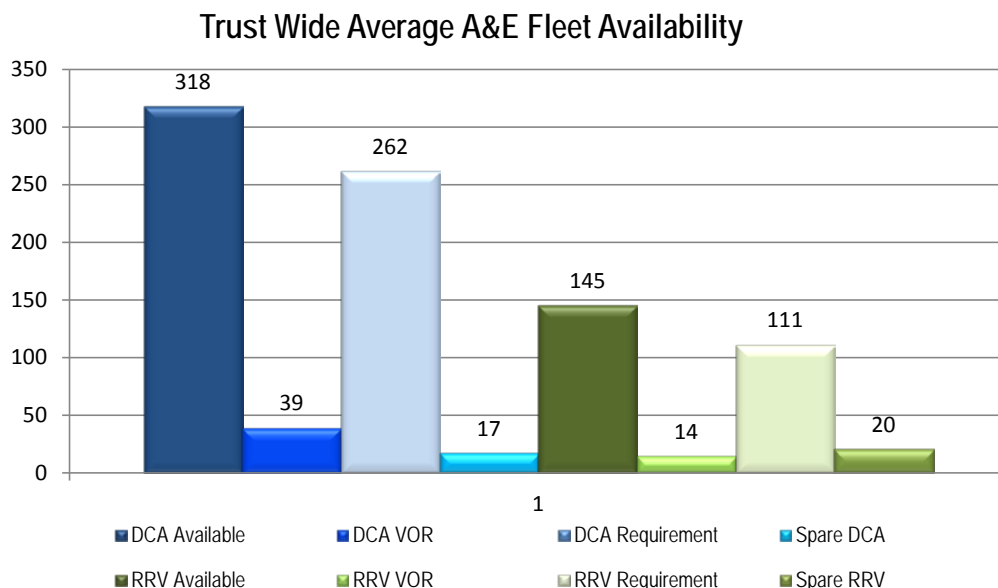
9.8 Vehicle Deep Cleans (5 weeks)



9.9 Vehicle Age



9.10 Fleet Availability



Commentary

Deep clean: The A&E Deep Clean percentage of breaches outside the 5 weeks window increased from 2.5% to 4.4% in March. The A&E Deep Clean compliance service level fell slightly in March to 99.6%. Vehicle unavailability due to operational demand pressures remains an obstacle, but generally operational managers are working with Deep Clean supervisors to free vehicles. The Easter period (Bank Holidays) and the end of the holiday year have impacted capacity. Recruitment is now manageable and around 40 staff on fixed term contracts are currently being transferred to permanent contract. Absence reduced in March by 1.7% to 7.26%.

Availability: Vehicle availability decreased in March with an increase in road traffic collisions during the inclement weather, these have now been repaired and back in service. 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. A&E Operations

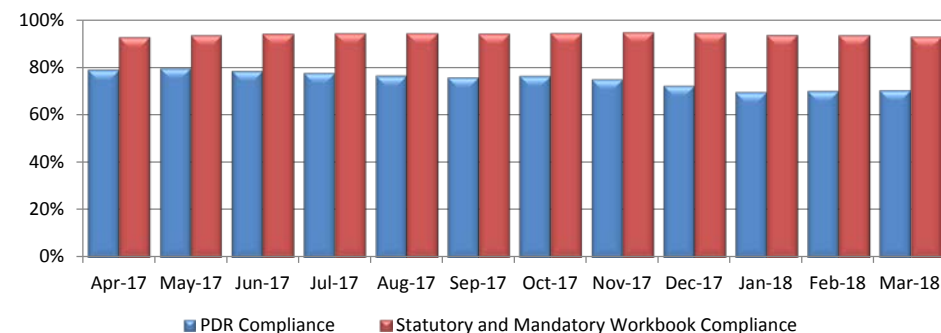
March 2018

9.11 Workforce

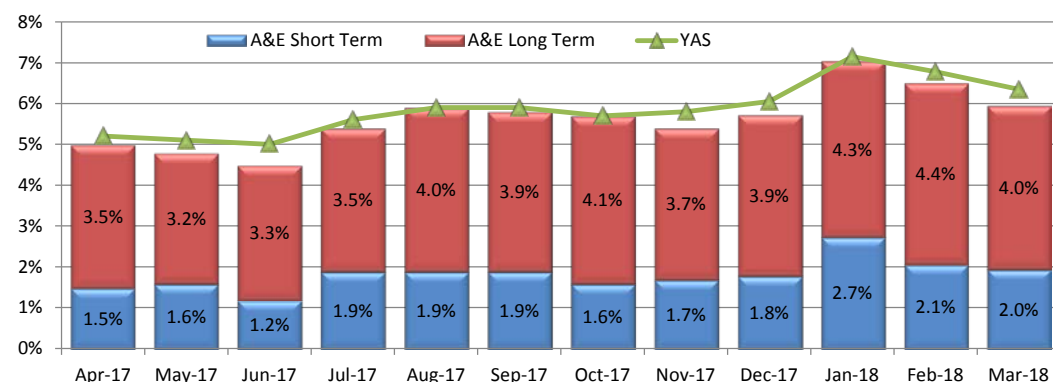
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,368	118	592	1,658	70%
Contracted FTE (before overtime)	2,204	113	475	1,616	73%
Variance	(164)	6	117	(41)	(2.5%)
% Variance	(6.9%)	5.0%	19.7%		
FTE (worked inc overtime)*	2356.6	113	475	1,769	75%
Variance	(11)	6	117		
% Variance	(0.5%)	5.0%	19.7%	111	6.7%

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

9.12 Training



9.13 Sickness



Commentary

The number of Operational Paramedics is 928 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.

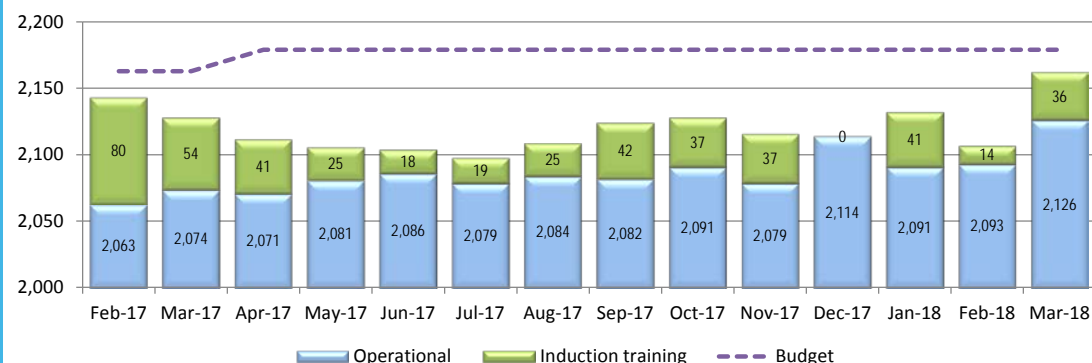
PDR: Currently at 70.6% against stretch target of 90%. This is an increase of 0.4% vs last month and is 4% below the Trust average

Sickness: Currently stands at 6.0% which is a decrease of 0.5% vs last month and is below the trust average of 6.4%

Recruitment Staffing numbers are now in line with plan.

9.14 A&E Recruitment Plan

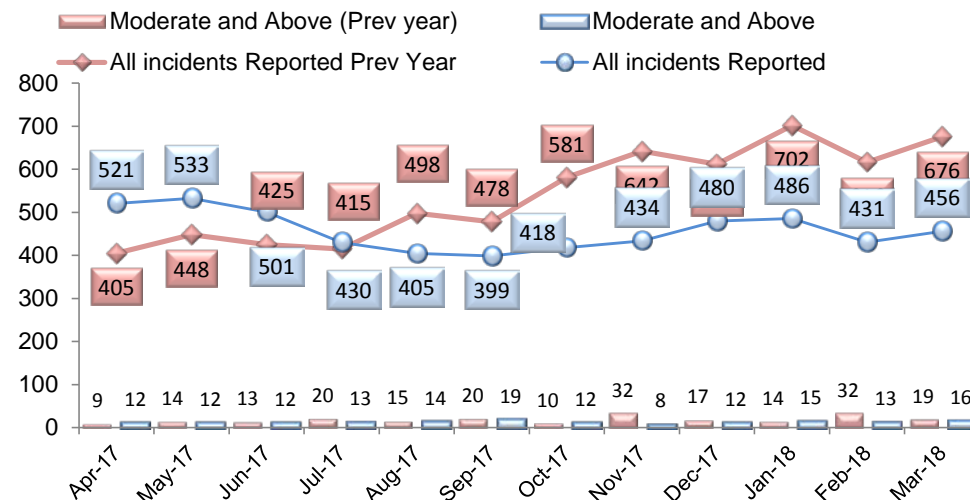
A&E Operations (excluding CS)



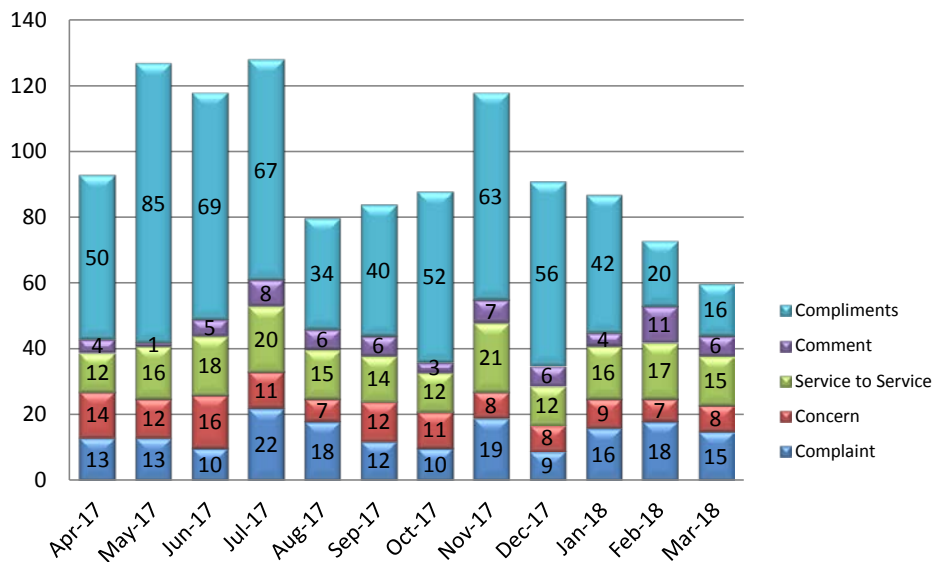
9.15 Quality, Safety and Patient Experience

	Month	YTD
Serious Incidents	1	19
Total Incidents (Per 1000 activities)	0.02	0.03
Total incidents Moderate & above	16	158
Response within target time for complaints & concerns	92%	95%
Ombudsman Cases	Upheld	0
	Not Upheld	1
Patient Experience Survey - Qtrly	79.4%	82.5%

9.16 Quality, Safety and Patient Experience



9.17 Patient Feedback

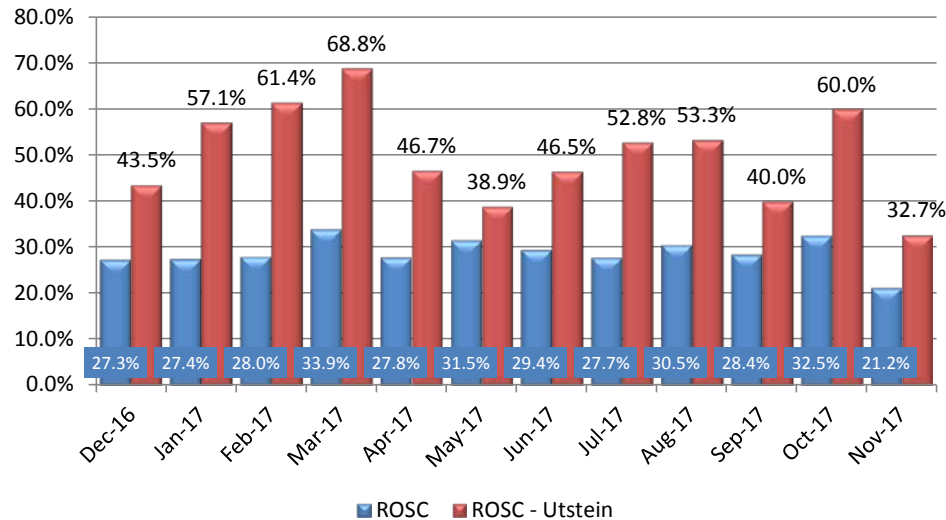


Commentary

Incidents: Total reported incidents increased 5.8% on last month and is down by 32.5% against March last year. It should be noted that figures are now benchmarked against a period of increased reporting which occurred during the last twelve months. Incidents of moderate harm and above remain at a low level.

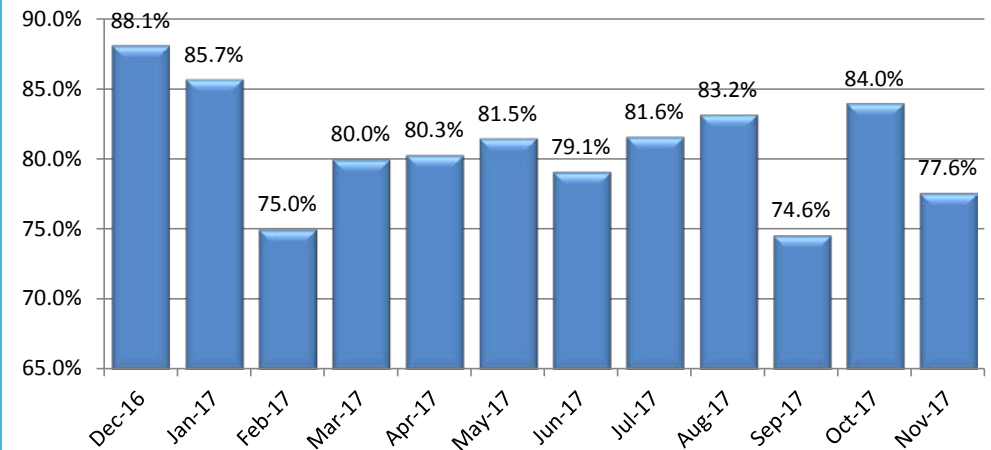
Feedback: Total feedback decreased 17.8% last month while complaints fell from 18 to 15 in March. Compliments decreased as a percentage of feedback and accounted for 26.7% of all feedback.

9.18 ROSC & ROSC Utstein

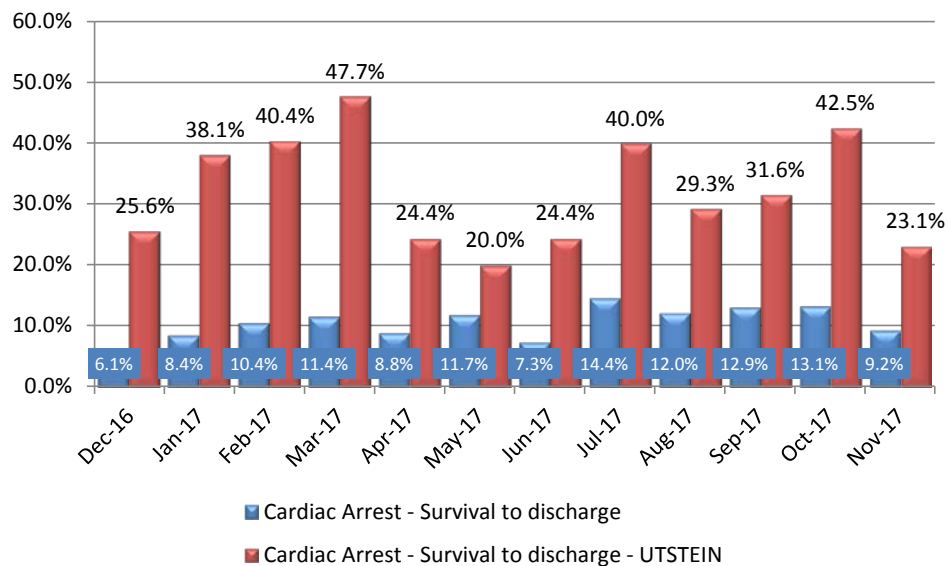


9.19 STEMI - Care Bundle

Stemi - Care Bundle



9.20 Survival to Discharge



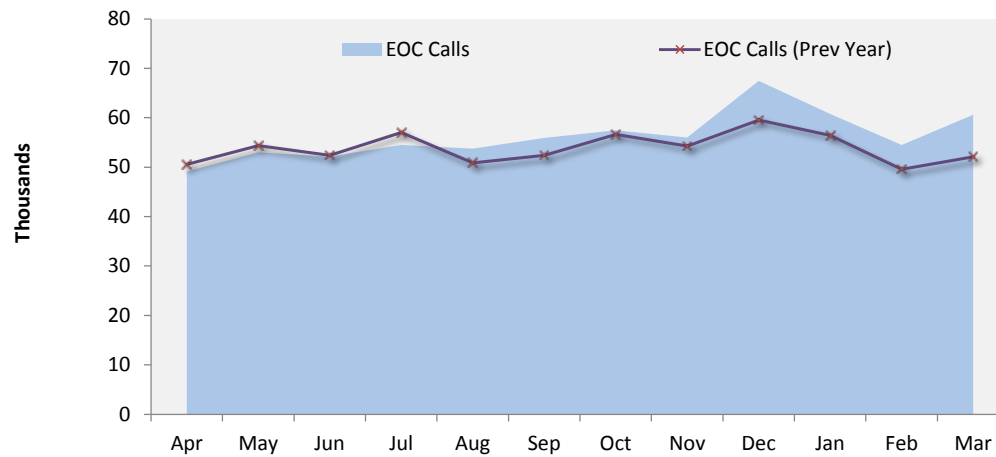
Commentary

ROSC: ROSC (overall) performance for November 2017 was 21.2%, down from October's result of 32.5%. YAS attempted RESUS on 237 patients, of which 77 had ROSC in October, compared with 255 patients in November, of which 54 had ROSC. The ROSC UTSTEIN comparator group also demonstrates a decrease in performance when comparing October & November's figures. October 2017 saw 24 out of 40 patients (60%); whereas November witnessed 18 out of 55 patients with a ROSC in this category (32.7%).

Survival to Discharge: Within the overall survival to discharge category, October saw 31 out of 236 patients (13.1%) survive, compared with 23 out of 249 patients (9.2%) within November. Survival to Discharge within the UTSTEIN comparator group mirrors the decrease shown in survival to discharge overall performance from October (42.5%) to November (23.1%). 17 out of 40 patients survived to discharge during October 2017, compared to 12 out of 52 patients within November.

Stemi-Care Bundle: STEMI care performance for October (84%) witnessed 110 out of 131 patients receiving the appropriate care bundle, compared with November's figure of 77.6% which equates to 114 out of 147 patients receiving the appropriate care bundle.

9.21 Activity

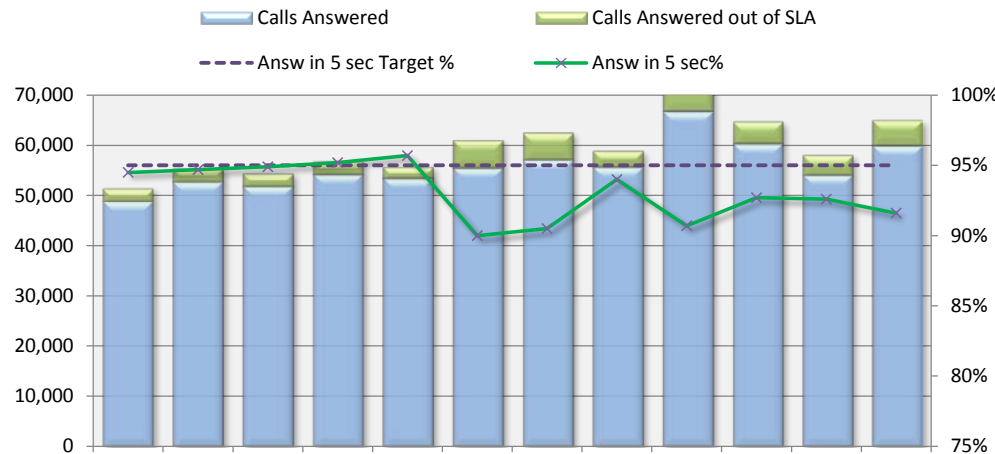


9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2017/18	675,202	672,122	47,168	93.0%
2016/17	646,004	640,925	67,104	89.5%
Variance	29,198	31,197	-19,936	
Variance	4.5%	4.9%	(29.7%)	3.5%

9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	91.6%	93.0%



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Calls Answered out of SLA	2,692	2,804	2,643	2,629	2,327	5,561	5,444	3,324	6,241	4,408	4,026	5,069
Calls Answered	48,981	52,859	51,997	54,397	53,596	55,652	57,238	55,774	66,831	60,487	54,232	60,078
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	94.5%	94.7%	94.9%	95.2%	95.7%	90.0%	90.5%	94.0%	90.7%	92.7%	92.6%	91.6%

Commentary

Demand: Increased 11.2% vs last month and is an increase of 16.4% on last year's figures.

Answer in 5 sec: Decreased by 1% vs last month to 91.6% and is now 3.4% below target

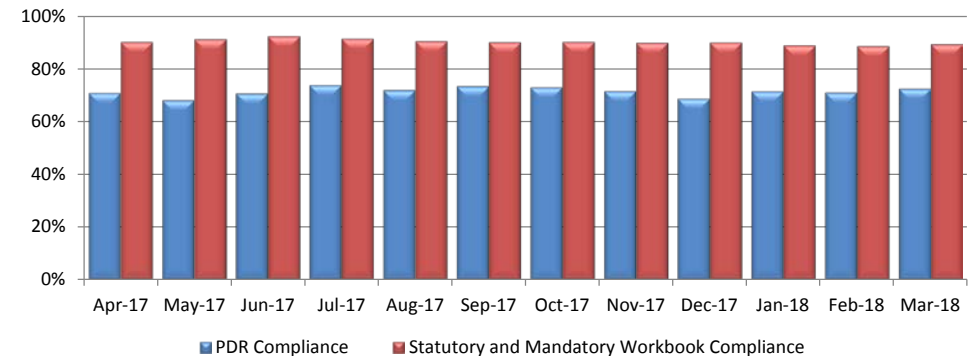
Weekend staffing has been below requirement, an audit is taking place to review if recent changes to resourcing has had an impact on coverage. A full EOC rota review will take place in Q4/Q1. We have also seen an increase in our average handling time since ARP 3, this is being investigated currently.

9.24 Workforce

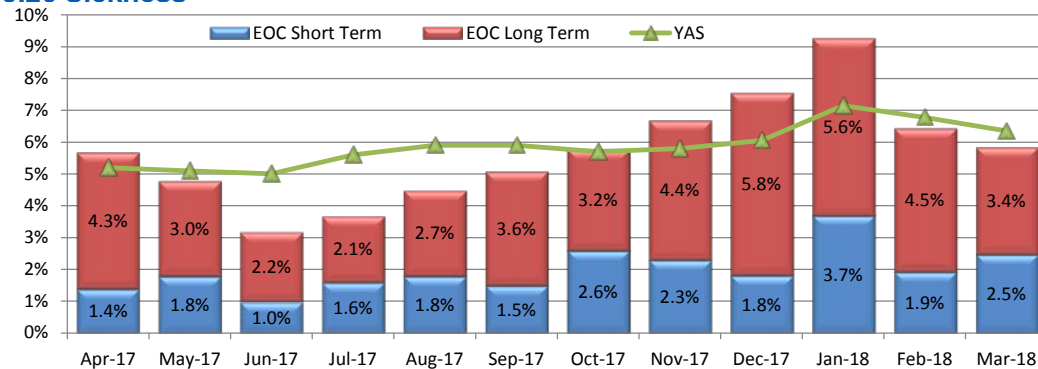
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	327	16.3	82	229	70%
Contracted FTE (before overtime)	313	15.7	78	219	70%
Variance	(14)	(1)	(3)	(10)	(4.2%)
% Variance	(4.2%)	(4.2%)	(4.2%)		
FTE (worked inc overtime)*	318.8	22.1	48	249	78%
Variance	(8)	6	(34)	20	0
% Variance	(2.5%)	35.2%	(41.3%)		

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

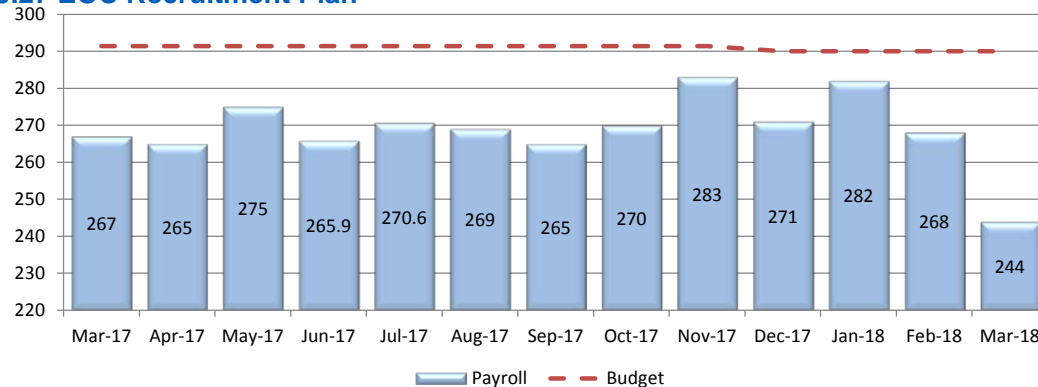
9.25 Training



9.26 Sickness



9.27 EOC Recruitment Plan



Commentary

PDR: PDR compliance stood at 72.6% in March against a stretch target of 90% which is a 1.5% improvement on the previous month but 2.1% below the trust average. Q4 will see a focused action plan to bring the compliance back inline.

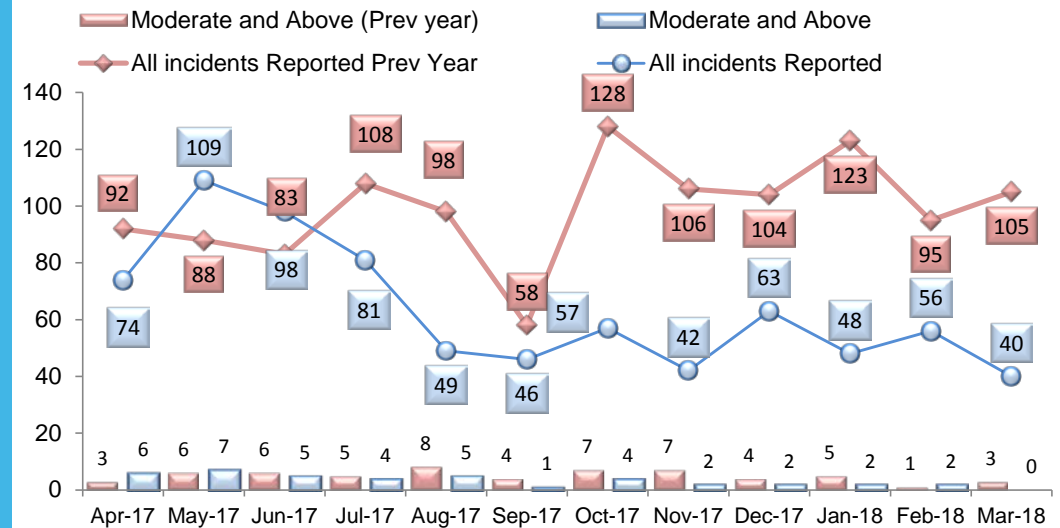
Sickness: Currently at 5.9% which is a decrease of 0.6% on the previous month and is below the Trust average of 6.4% and well below the seasonal average for a Call Centre environment. The focus on the well-being of EOC staff will continue to be a priority.

Recruitment: We are revising our recruitment process to ensure we have the required number of candidates on the next courses planned for April, May and July. 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.

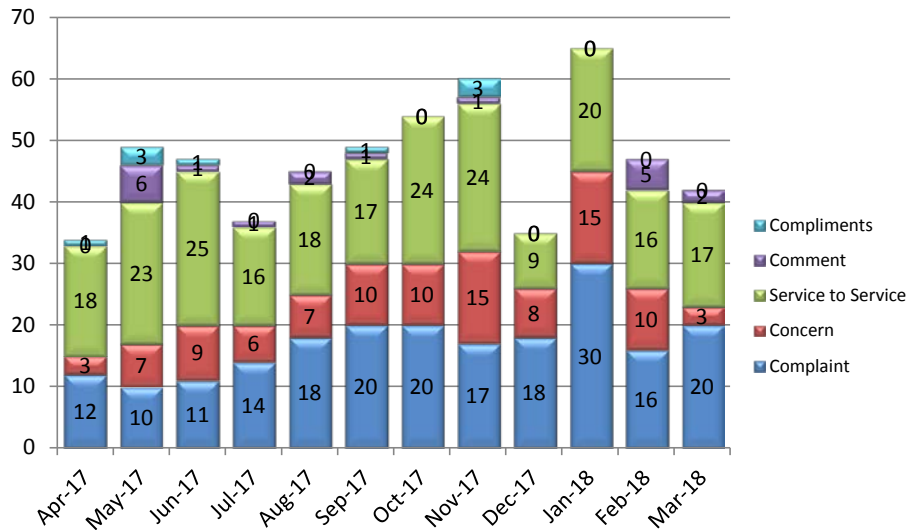
9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	9
Total Incidents (Per 1000 activities)		0.00	0.01
Total incidents Moderate & above		0	40
Response within target time for complaints & concerns		100%	97%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	1
Patient Experience Survey - Qtrly			

9.29 Incidents



9.30 Patient Feedback



Commentary

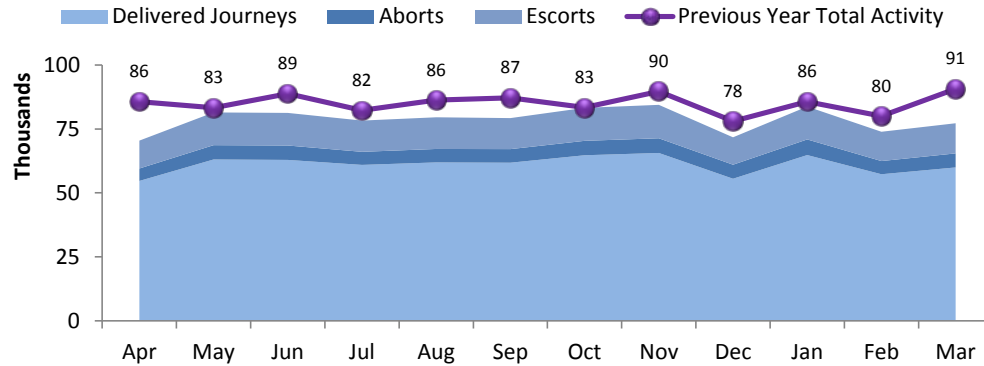
Incidents: Total reported incidents decreased 28.6% on last month and is down by 61.9% against March last year. Incidents of moderate harm and above have remained at a low level.

Feedback: Overall feedback decreased 10.6% on the previous month but the number of complaints rose by 4 (25%) on the previous month.

10. PATIENT TRANSPORT SERVICE

March 2018

10.1 Demand

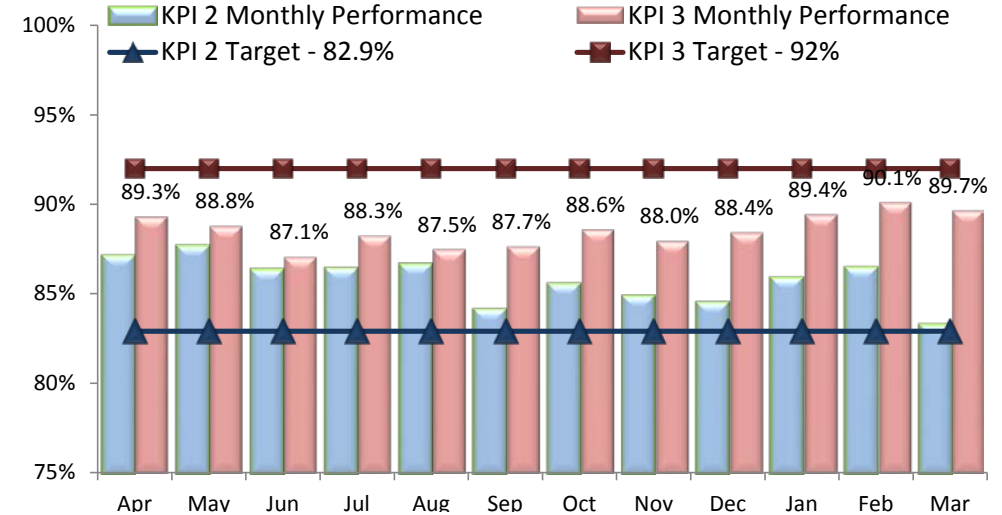


Comparison to Plan

Mar-18	Delivered	Aborts	Escorts	Total
YTD 2017-18	733,211	65,349	145,843	944,403
Previous YTD* 2016-17	791,007	71,087	158,527	1,020,621
% Variance	(7.3%)	(8.1%)	(8.0%)	(7.5%)

* Demand includes All Activity

10.2 KPI* 2 & 3**

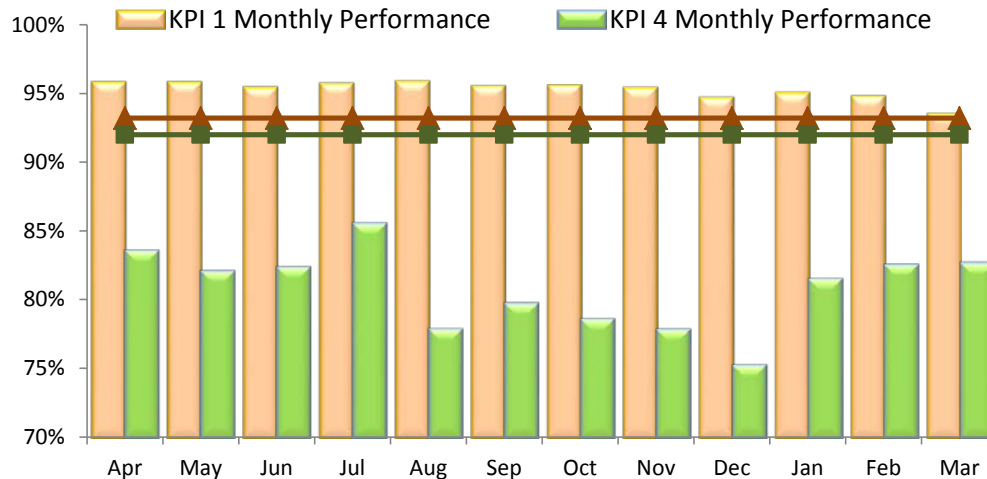


KPI 2* Arrival prior to appointment

KPI 3** Departure after appointment

*** Excludes South

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 March increased by 4.5% on the previous month and is down by 14.8% against the same month last year. Due to heavy snow and ice on pavements and affecting safe access and transfer for 3 days of March, this resulted in essential patient activity only.

KPI 1 At 93.5% performance is above the 93.2% target but decreased by 1.3% percent in March.

KPI 2 Inward performance decreased from 86.5% to 83.5% but remains above the making appointment on-time target of 82.9%.

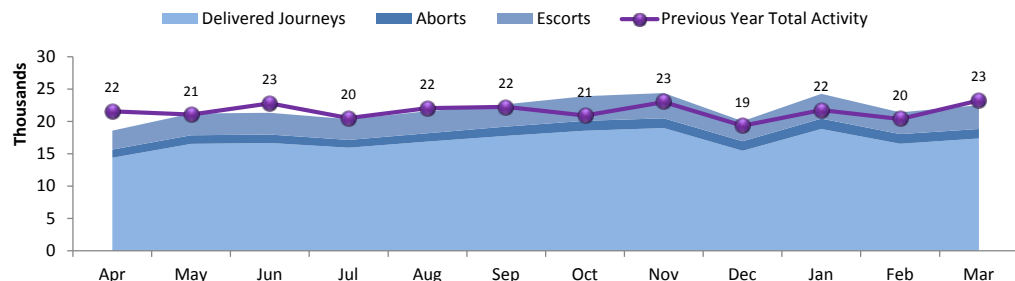
KPI 3 The outward performance decreased by 0.4% on last month and is now 2.3% below the annual target of 92%.

KPI 4 The performance of outward short notice bookings picked up within 2 hours improved by slightly by 0.1% to 82.7% in March but remains below the 92% target. Commissioned levels of resource vs KPI 4 target and a

10. PATIENT TRANSPORT SERVICE (South)

March 2018

10.1 Demand



Comparison to Plan

Mar-18	Delivered	Aborts	Escorts	Total
YTD 2017-18	203,843	16,889	41,399	262,131
YTD 2016-17	202,314	18,097	38,379	258,790
% Variance	0.8%	(6.7%)	7.9%	1.3%

South Performance Indicators - as of September 2017

- KPI C1 - The patient's journey inwards and outwards should take no longer than 120 minutes
- KPI C2 - Patients should arrive at the site of their appointment no more than 120 minutes before their appointment time
- KPI C3 - Patients will arrive at their appointment on time
- KPI C4 - Pre-planned outward patients should leave the clinic/ward no later than 90 minutes after their booked ready time
- GP1 - patients requested & delivered within 90 minutes
- GP2 - patients requested and delivered within 120 minutes (GP Urgents 1 & 2 not visually shown on performance graphs)

Commentary

C1 Performance for March is 99.5% which is an outstanding result when placed in context of the severe weather conditions which we have experienced. This level of performance is consistent across all CCG areas and well above the KPI C2/3 Performance has seen a slight dip at 89.2% and 89.3%. This performance is only marginally below its KPI of 90%. However when looking at the final year to date performance for these two KPIs, performance for the year has finished at 90.8% and 90.9%.

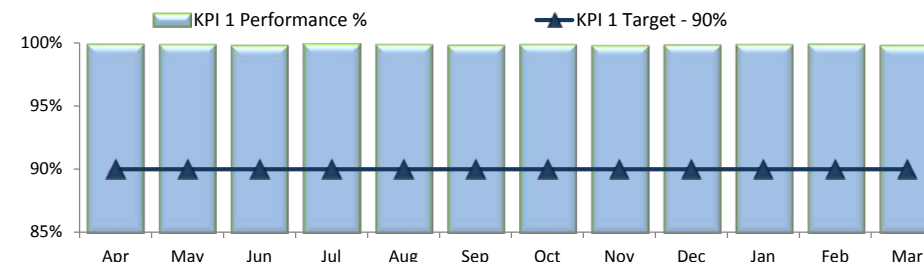
C4 Performance has again been strong and is above the KPI indicator at 90.3%.

All KPI performance for C1,2,3 and 4 targets have ended the year above target and above the previous year's performance by some margin. This excellent performance is even more impressive when these improvements are set against an increase in activity, the embedding of the new contract and the challenges of some severe adverse weather conditions this winter.

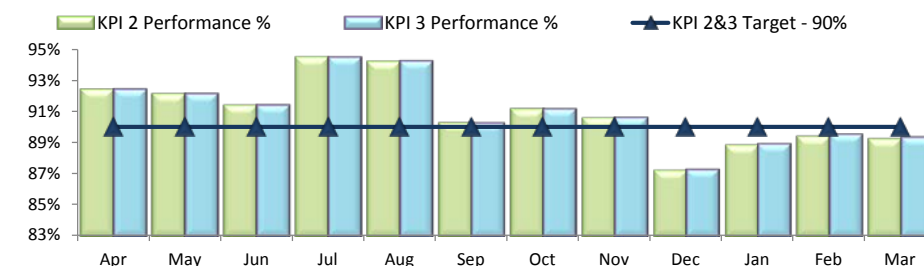
C5 performance remains challenging with regard to short notice and On Day outward patient journeys, 85% of patient journeys were completed within the KPI which is also an improvement on the previous month. The number of short notice journey's for the month of March was the highest for the entire year and despite this increase Barnsley CCG area was well above its target at 95%.

GP Urgent performance has seen continued improvement with March being the best performance for the service since its inception. GP 1 performance was 51.4% GP 2 84.4% and GP 3 94.4%. We continue to make rapid progress and month on month performance improvements with the service following continued work between YAS, the CCG and STH.

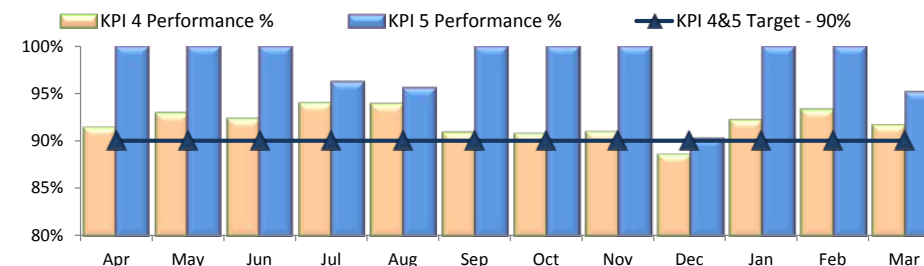
10.2 KPI 1 - Journeys no longer than 120 Mins



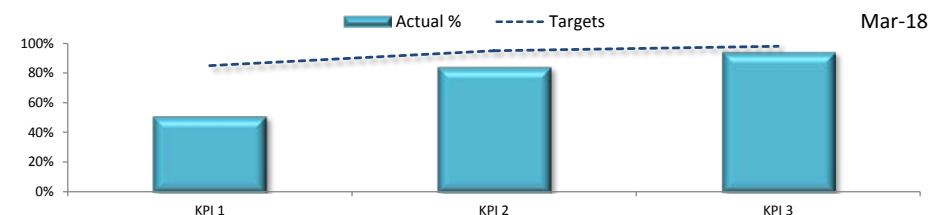
10.3 KPI 2&3 - Inwards Journeys



10.3 KPI 4&5 - Outwards Journeys



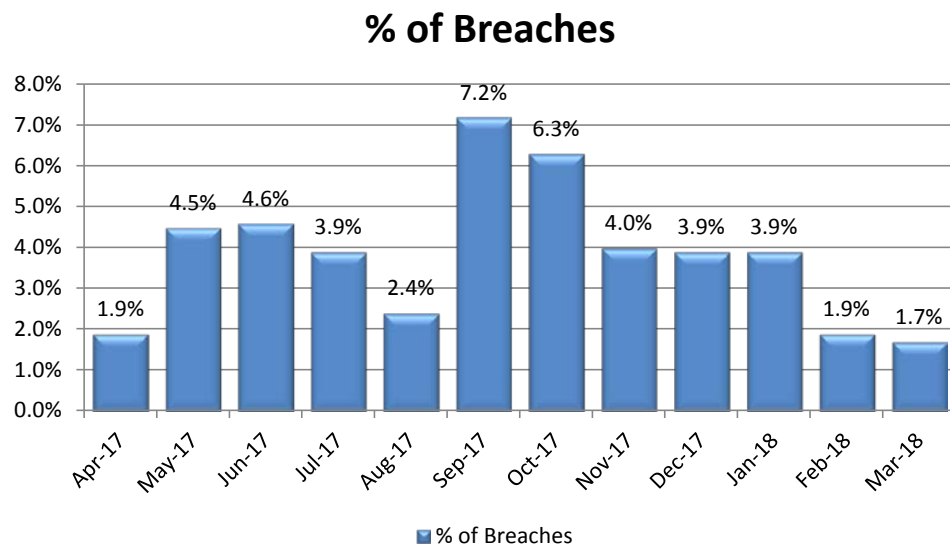
10.3 GP Urgent Performance



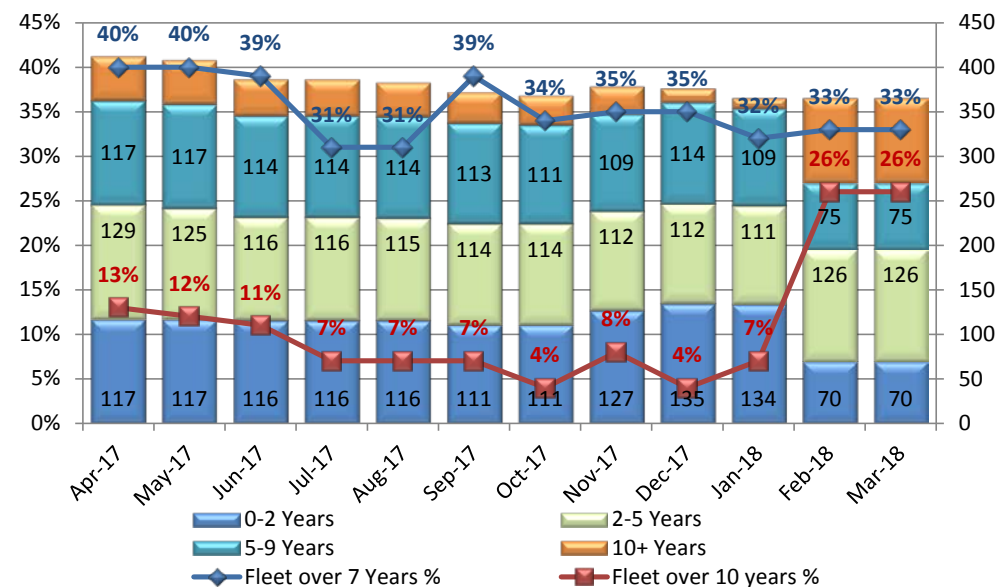
10. PATIENT TRANSPORT SERVICE

March 2018

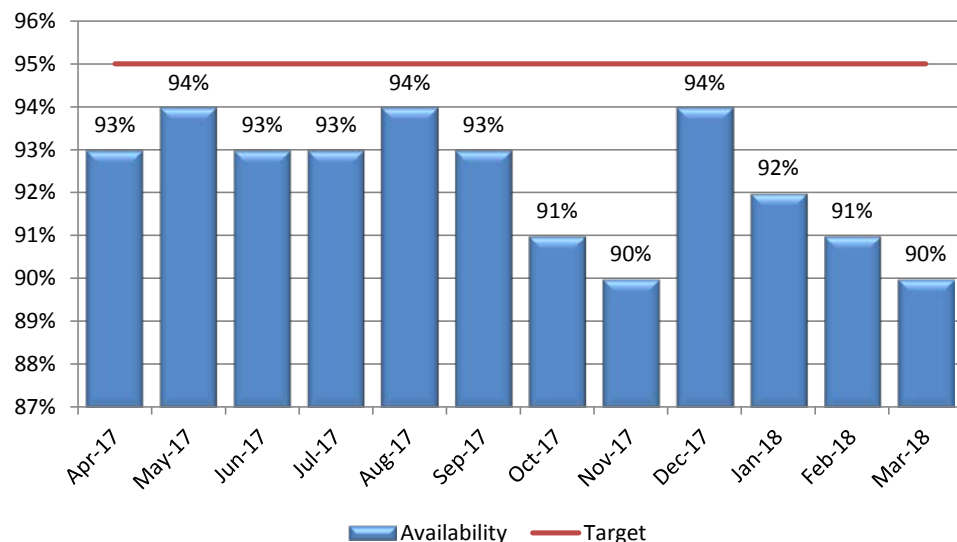
10.4 Deep Clean (5 weeks)



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

Vehicle availability decreased slightly by 1 percentage point in March and at 90% is below the 95% trust target - this is detrimentally impacting PTS performance, quality and cost. This is largely due to a number of age related vehicle issues and the lead time for parts with manufactures not supporting vehicles over 10 years of age.

The PTS deep clean percentage of breaches outside the 5 weeks window improved from 1.9% to 1.7% and is at its lowest level this financial year. The PTS vehicle Deep Cleaning Service Level has remained very good in March.

Figures for March show the proportion of vehicles aged above ten years remain at the same level as the previous month and at 26% is due to the high number of PTS vehicles purchased in early 2008. An order for new vehicles for North is being progressed, but manufacturer lead time and procurement advise this will take approximately 9 months.

10. PTS

March 2018

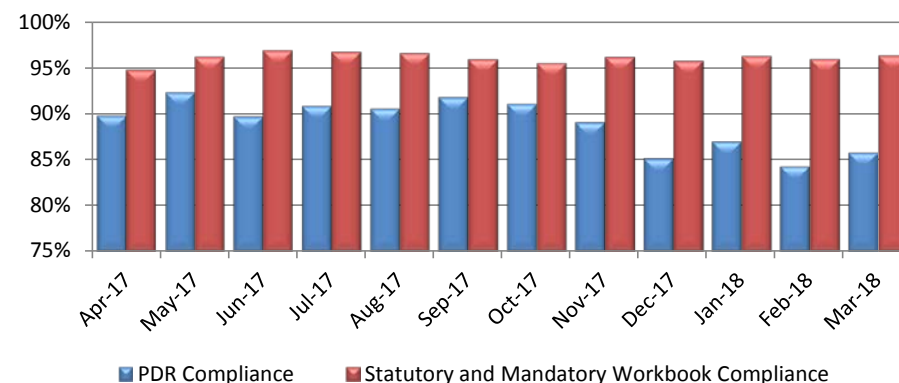
10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	599	30	120	449	75%
Contracted FTE (before OT)	567	48	102	417	74%
Variance	(32)	(18)	18	(33)	(7.2%)
% Variance	(5.4%)	(60.9%)	15.1%		
FTE worked inc overtime	598	48	102	448	75%
Variance	1	(18)	18	(1)	(0.2%)
% Variance	0.1%	(60.9%)	15.1%		

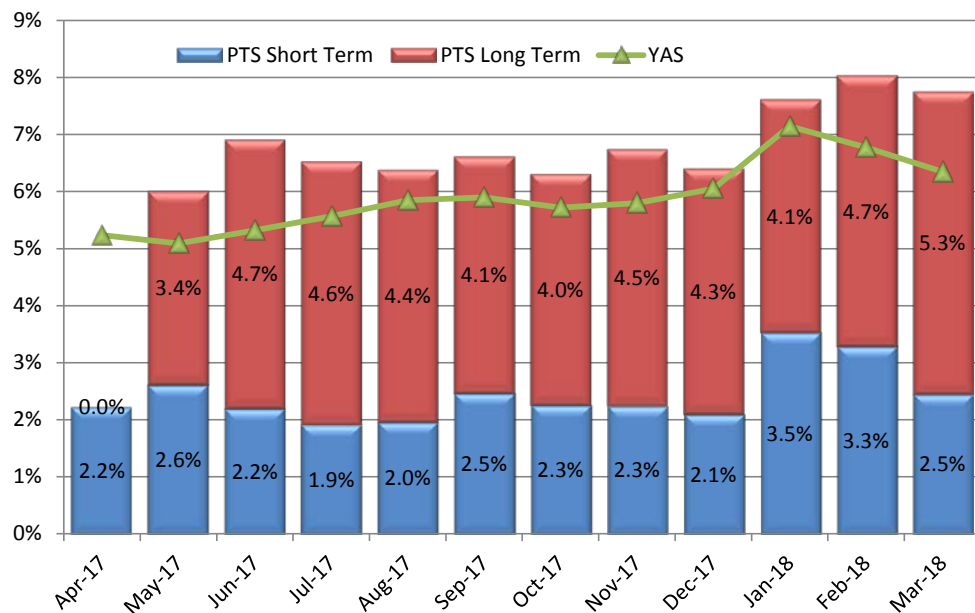
** FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

** Sickness and Absence (Abstractions) is from GRS

10.8 Training



10.9 Sickness



Commentary

PDR compliance improved from 84.3% in February to 85.8% in March but remains below the 90% Trust target.

Statutory and Mandatory Workbook compliance improved by 0.4% to 96.4% in March and is above the 90% Trust target.

Sickness rate decreased in March by 0.6% but remains higher than the 6.13% YAS average; Both long and short term sickness levels are monitored.

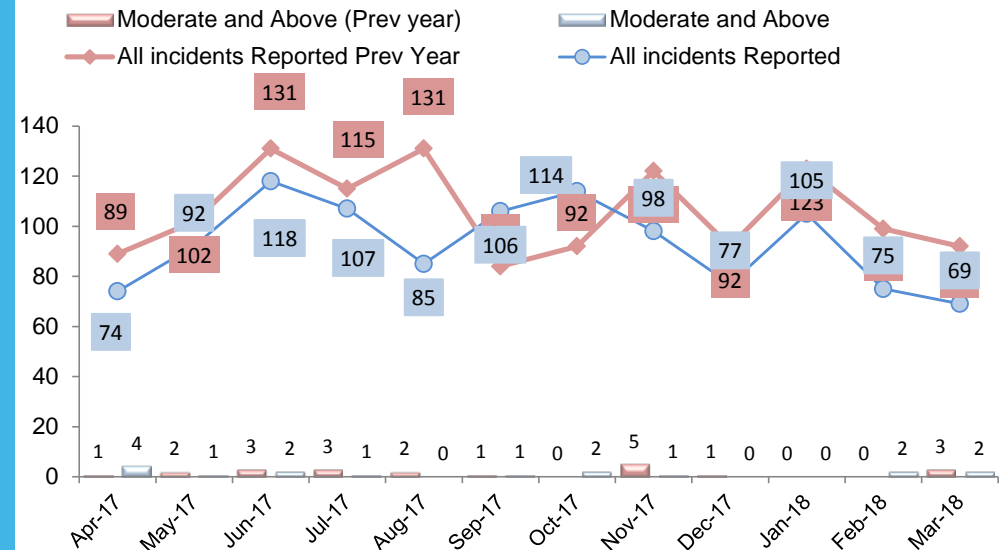
10. PATIENT TRANSPORT SERVICE

March 2018

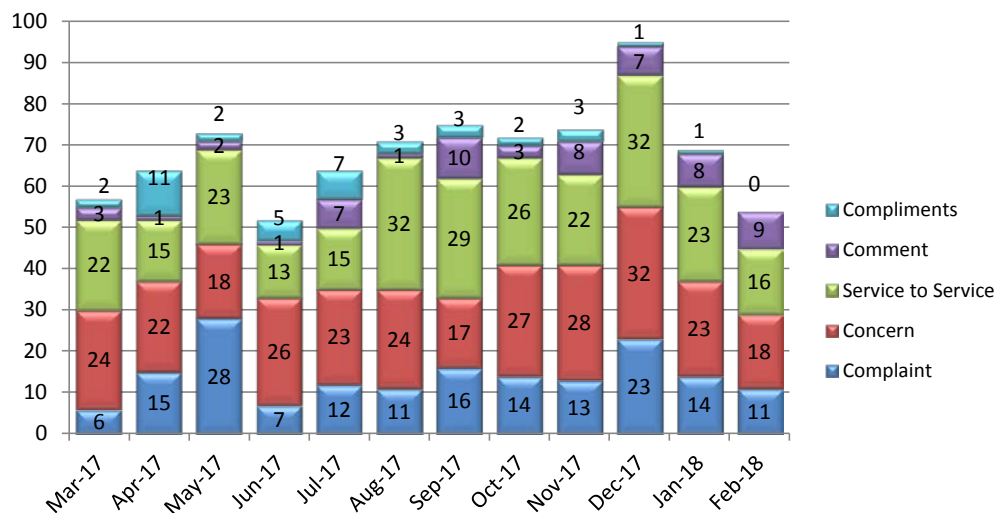
10.10 Quality, Safety and Patient Experience

	Mar 2018	2017-18
Serious Incidents	0	2
Total Incidents (per 1000 activities)	0.000	0.003
Total incidents Moderate & above	2	16
Response within target time for complaints & concerns	93%	93%
Ombudsman Cases	Upheld	0
	Not Upheld	0
Patient Experience Survey - Qtrly	87.4%	89.1%
Call Answered in 3 mins - Target 90%	84.0%	79.2%

10.11 Incidents



10.12 Patient Feedback



Commentary

Quality, Safety and Patient Experience: The proportion of calls answered in 3 minutes stood at 84% in March which is down from 89.4% on the previous month and below the 90% target.

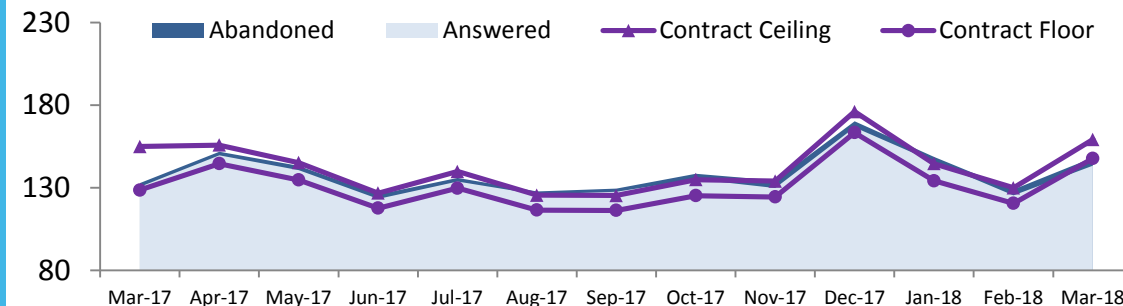
Incidents: The number of reported incidents within PTS decreased by 8% vs last month and is down by 25% on the previous year's figures.

Patient Feedback: Patient feedback figures are down by 15 (21.74%) on the previous month. Closer inspection of the 4 Cs (complaints, concerns, comments and compliments) reveal the number of complaints, concerns and service to service comments all declined in March. The YTD average number of complaints each month is 14 equating to a complaint rate per PTS journey of 0.02%.

11. NHS 111

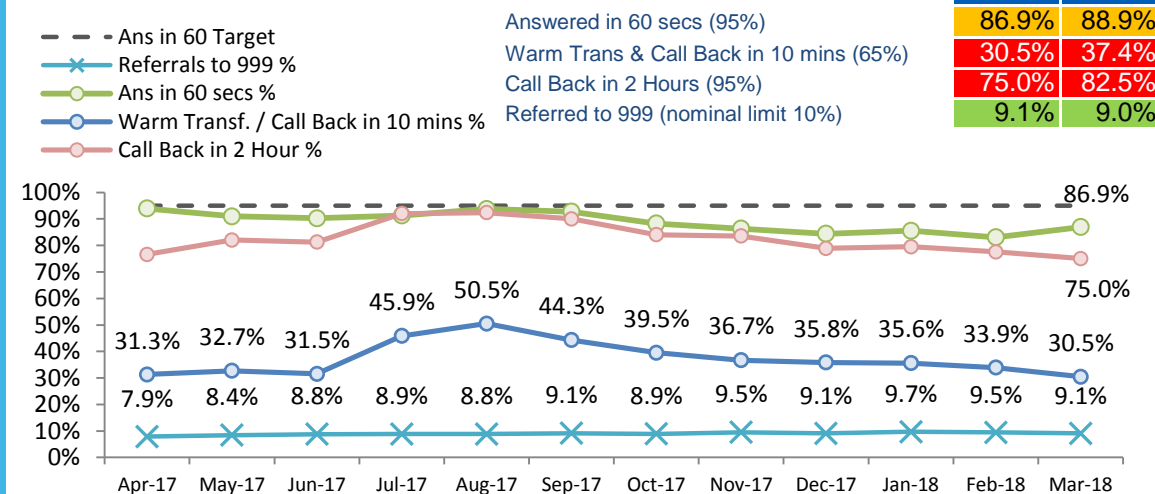
March 18

11.1 Demand

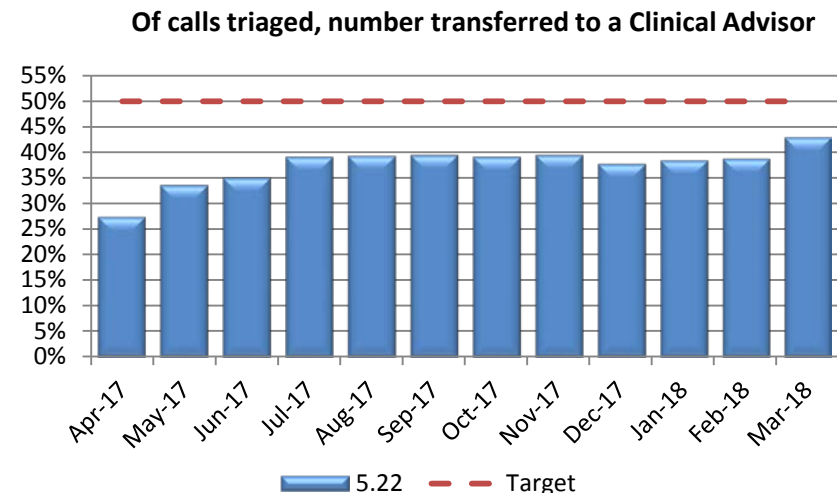


YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 2017-18	1,683,704	1,647,270	1,464,267	88.9%
Contract YTD 2017-18	1,697,584	1,652,804	1,570,164	95.0%
Variance	- 13,880 -0.8%	- 5,534 -0.3%	- 105,897 -6.7%	6.1%
YTD 2016-17	1,597,347	1,569,172	1,463,619	93.3%
Variance	86,357 5.1%	78,098 4.7%	648 0.0%	-4.4%

11.2 Performance



11.3 proportion calls transferred to a clinical advisor



Commentary

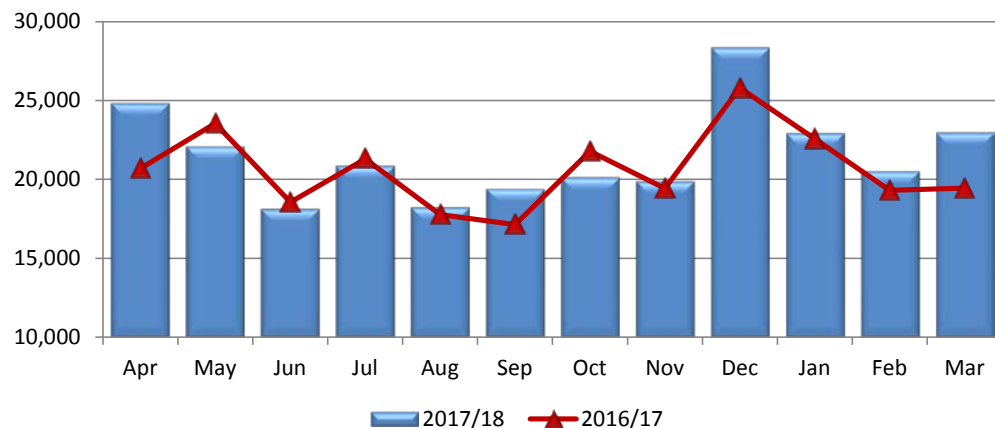
Figures for March 2018 show that 88.9% of patient calls were answered in 60 seconds. Commissioners are aware that the 2017/18 contract settlement does not fund the service to meet this KPI.

Calls answered at year end were 0.3% below contract ceiling.

The 2 local clinical KPIs for 2 hours call-back (75%) and warm transfer / 10 minute call-back (30.5%). Clinical advice is exceeding the 30% NHS England target.

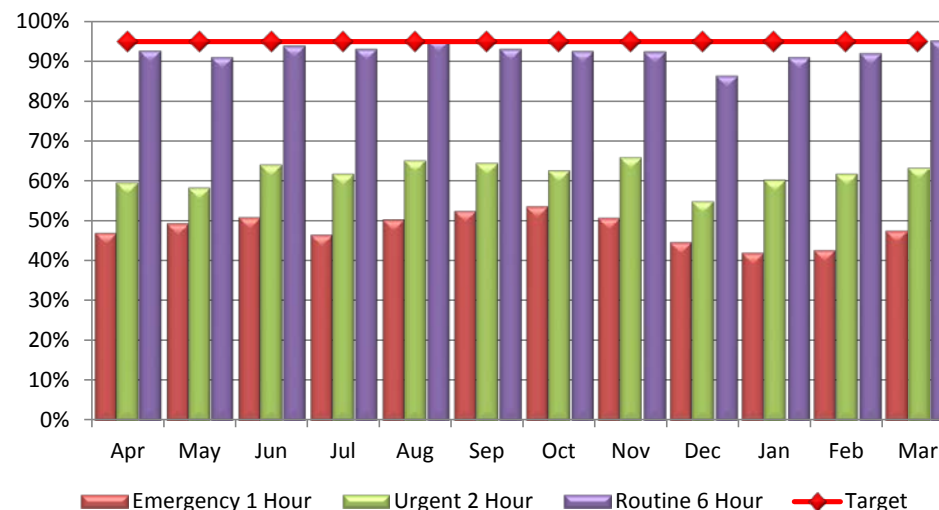
YAS NHS 111 had an extremely good Easter 30 March to 2 April 201 with performance and calls answer 20% higher than the average for all providers across England

11.4 Demand

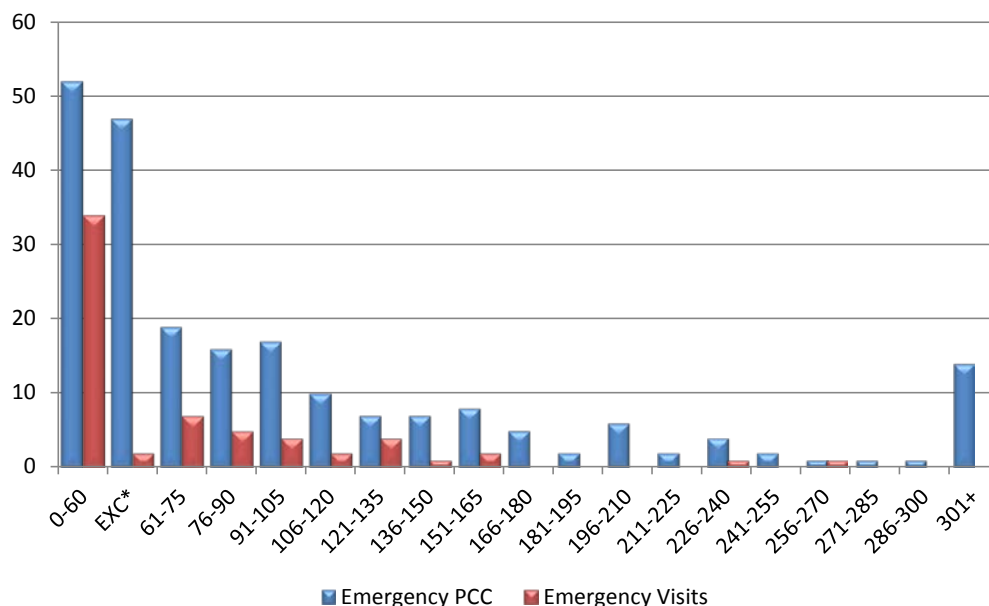


YTD	Variance	YTD 2016-17	YTD 2017-18	Diff	Percentage
		247,339	258,685	11,346	4.6%

11.6 Performance



11.5 Tail of Performance



11.7 Complaints

Adverse incidents	
Adverse incidents	No SIs declared in Mar-18.
Adverse reports received	No adverse reports received.
Patient Complaints	21 patient complaints received in Mar-18 directly involving the LCD part of the pathway. 8 closed and 13 acknowledged and under investigation.

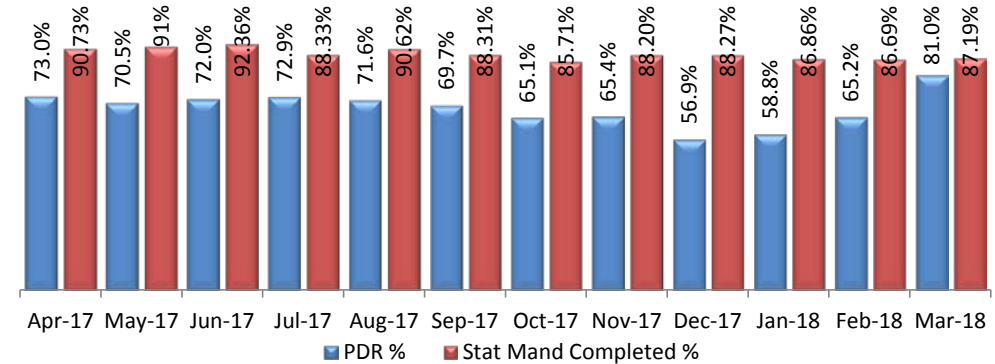
Comments: Patient demand levels for WYUC YTD for 2017/18 increased by 4.6% in comparison to 2016/17. Primarily linked to additional Easter demand within 2017/18 where there was one and a half Easter.

11.8 Workforce FTE - Call Handler & Clinician

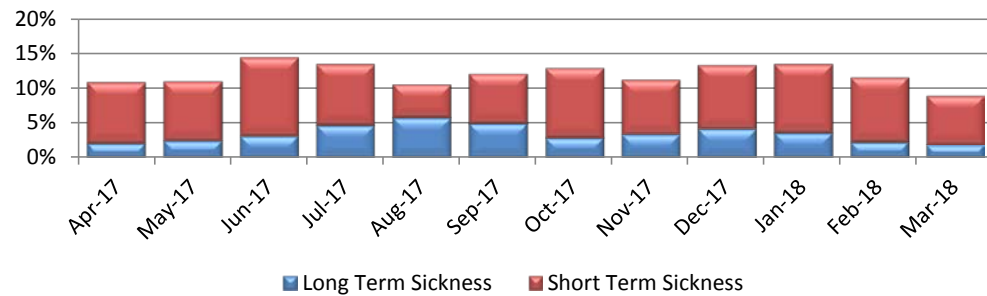
Available

	FTE	Sickness	Absence	Total	%
Budget FTE	337	30	78	229	68%
Contracted FTE (before OT)	311	28	97	186	60%
Variance	-26	2	-19	-43	-8%
% Variance	-8%	8%	-25%	-19%	
FTE (Worked inc Overtime)	336	28	97	211	63%
Variance	-1	2	-19	-18	-5%
% Variance	-0.3%	8%	-25%	-8%	

11.11 Training



11.9 Sickness



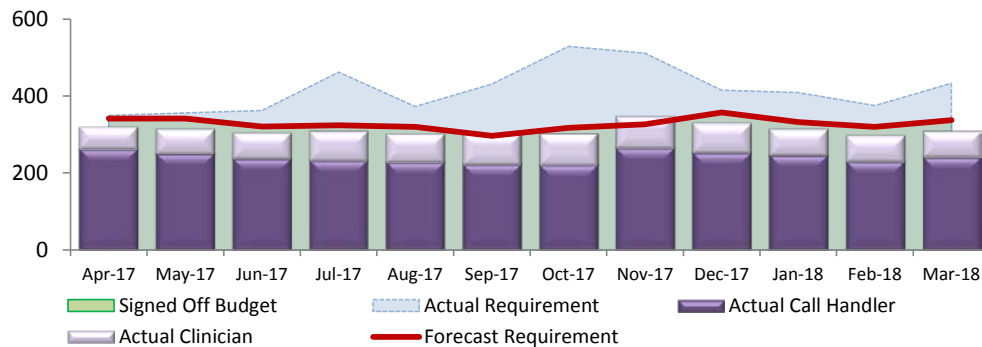
Commentary

Following the peak winter period the completion of PDRs and statutory and mandatory training has taken place. The PDR rate has increased significantly in March to 81%.

Overall sickness levels fell again during March, although continues to track above the Trust target. Long term sickness fell over the period, reflecting the actions of managers in following the sickness process and supporting staff.

The recruitment and training plan have been developed for 2018/19 in line with the contract settlement and the expected rise in demand.

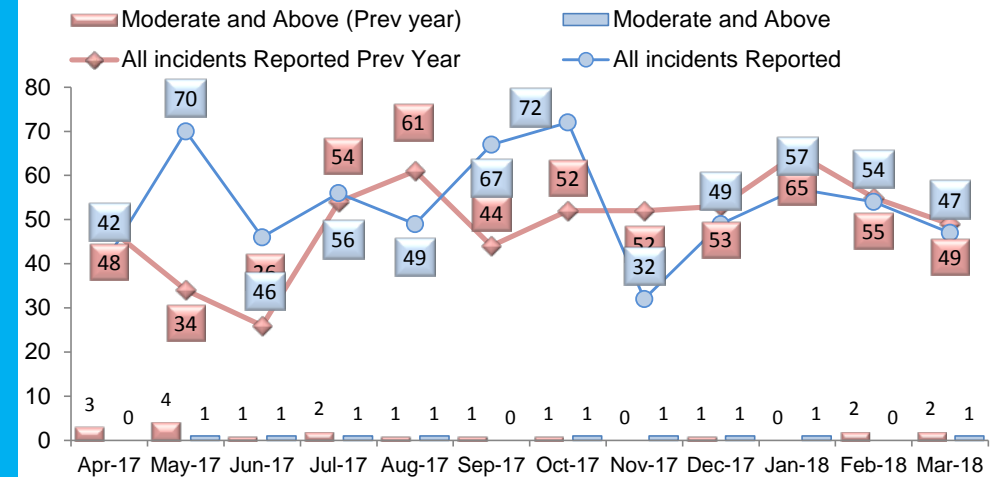
11.10 Recruitment Plan



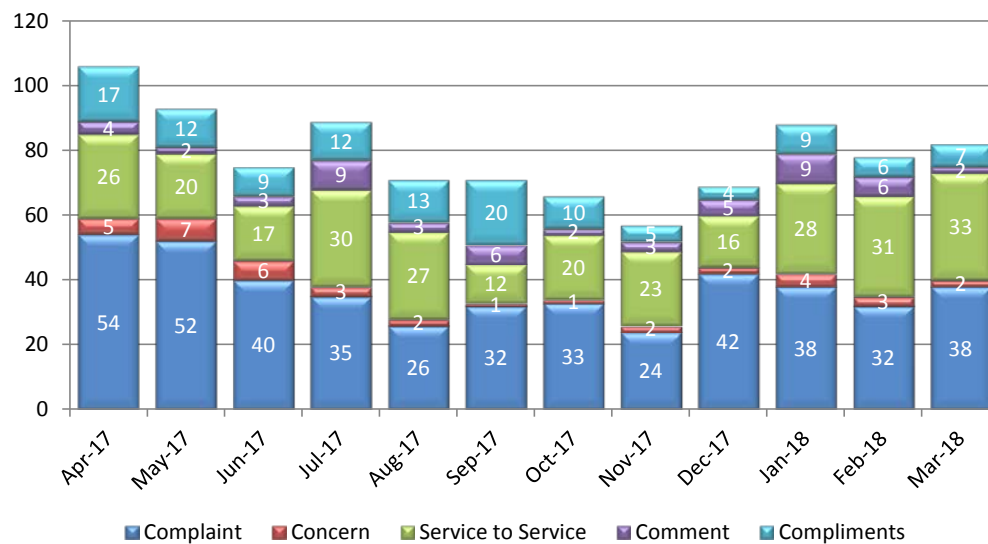
11.13 Quality, Safety and Patient Experience

		Mar-18	YTD
Serious Incidents		0	4
Total Incidents (per 1000 activities)		0.00	0.00
Total incidents Moderate & above		1	9
Response within target time for complaints & concerns		67%	81%
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

No SIs were reported in March .

38 patient complaints were received and are being investigated.

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

There were 7 compliments received during March .

ANNEXES

System (February 2018)	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)	61089	89910	83147	55402	66951	65077	30252	81798	55323	41780
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	67.4%	62.8%	62.7%	71.3%	62.2%	57.3%	59.5%	52.2%	52.4%	49.6%
C1 Incidents	11.3%	8.6%	10.4%	11.2%	8.8%	7.3%	6.7%	6.1%	5.4%	5.5%
C2 Incidents	56.2%	54.2%	52.2%	60.2%	53.4%	50.0%	52.8%	46.2%	47.0%	44.1%
C3 Incidents	19.4%	21.6%	22.4%	16.9%	18.7%	25.6%	25.0%	37.7%	36.9%	33.2%
C4 Incidents	1.1%	2.8%	4.6%	0.4%	7.0%	1.3%	1.3%	2.4%	1.9%	3.3%
HCP 1-4 Hour Incidents	5.1%	4.2%	4.6%	3.3%	4.5%	4.4%	2.8%	3.8%	3.6%	7.8%
Hear and Treat	6.8%	4.1%	4.2%	8.1%	7.5%	5.3%	5.9%	3.6%	5.2%	6.1%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:08:07	00:07:26	00:08:51	00:09:27	00:08:42	00:09:19	00:06:34	00:07:03	00:08:18	00:07:05
C1-90th centile response time (Target 00:15:00)	00:13:57	00:11:48	00:14:53	00:16:29	00:15:38	00:17:03	00:10:55	00:12:06	00:14:57	00:12:56
C2-Mean response time (Target 00:18:00)	00:25:08	00:23:21	00:31:59	00:41:27	00:26:53	00:31:47	00:19:57	00:13:14	00:17:40	00:16:16
C2-90th centile response time (Target 00:40:00)	00:55:13	00:49:21	01:12:05	01:30:32	00:56:02	01:05:26	00:40:26	00:24:22	00:33:03	00:32:19
C3-90th centile response time (Target 02:00:00)	02:24:28	02:59:27	03:02:00	04:04:27	03:07:36	02:39:38	02:50:44	01:36:47	03:19:44	02:12:39
C4-90th centile response time (Target 03:00:00)	03:33:15	02:34:17	03:10:54	02:27:40	04:01:05	04:41:59	03:01:26	02:42:23	05:41:05	03:10:01
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	60.9%	62.7%	65.2%	62.7%	57.6%	51.6%	57.8%	56.3%	58.0%	54.9%
Incidents with transport not to ED	9.2%	6.8%	7.3%	1.1%	4.6%	6.2%	12.0%	3.7%	2.9%	6.2%
Incidents with face to face response	23.1%	26.3%	23.3%	28.0%	30.3%	36.8%	24.3%	36.5%	33.9%	32.9%

Clinical (September 2017)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
STEMI - Care Bundle	74.6%	74.0%	71.5%	75.0%	91.4%	66.2%	94.9%	85.0%	71.9%	70.9%
Stroke - Care Bundle	99.2%	95.8%	98.8%	95.8%	99.8%	95.3%	99.0%	94.6%	93.1%	98.7%
STEMI - Patients transferred to PPCI within 150 mins	78.7%	89.1%	77.4%	83.8%	88.1%	72.5%	97.5%	91.7%	79.5%	76.3%
Stroke - Arrival at Hyper Acute Stroke Centre in 60 mins	46.5%	64.3%	47.3%	33.1%	44.7%	31.1%	50.7%	53.4%	48.0%	58.6%
ROSC	28.4%	29.3%	34.0%	33.8%	41.2%	30.1%	32.9%	32.5%	25.7%	30.7%
ROSC - Utstein	40.0%	41.7%	52.0%	63.4%	63.2%	52.8%	46.9%	44.8%	50.0%	55.2%
Cardiac - Survival To Discharge	12.9%	8.0%	13.3%	10.1%	11.4%	9.1%	13.7%	11.1%	5.7%	16.5%
Cardiac - Survival To Discharge Utstein	31.6%	28.6%	41.7%	38.5%	38.2%	25.7%	37.5%	27.6%	26.3%	37.0%