NHS
Yorkshire
Ambulance Service
NHS Trust

Integrated Performance Report

February 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
Care Quality Commission

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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 — Februray 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	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. Business cases are in development and being discussed 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, 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									Work underway with architect to determine costs and fit out requirements for Leeds/Huddersfield AVP. Medicines Management PID and business case have been appproved 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	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. 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									The Diversity Strategy is now in place and the action plan is being implemented across the Trust. Updates have been given at Quality Committee and report to Trust Board in March 2018
	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									

Single Oversight Framework — February 2018

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	NA
	Patient Safety Alerts not completed by deadline	NA
	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, Oct 17 (Nov data 21.3.18	5.66%
Staff turnover (FTE), (YAS Workforce Scorecard Feb 18)	11.6%
NHS Staff Survey response rate 2016	34.52%
Proportion of temporary staff, Jul 17, NHS Model Hospital	1.91%

Strategic Change RAG ratings (Feb 18)

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

Operational Performance Response Times

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

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

Finance Score

	SOF Rating* Feb 18
Capital service capacity (Degree to which a providers generated income covers its financial obligations)	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

SERVICE IMPROVEMENT TRANSFORMATION AND SYSTEM PRESSURES February 2018

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: Moves from **Amber** to **Green**

- The programme moved to Green as per programme scorecard and executive sponsor review.
- 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: 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**

- 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 have been discussed and finalised for the 18/19 year including a revised programme of projects.
- The A&E Programme Board recommences in April 2018.

PTS: Remains **Amber**

- The York and Scarborough mobilisation project will begin to be reported from next month.
- The East Riding mobilisation project is complete.

External

- Winter debriefs are taking place across the Region and All Delivery Board. YAS Executive attended the NHS England Debrief on 12th March, other debriefs are being attended by local A&E staff and DB Reps. Apply Winter lessons to Easter Planning remain high on the agenda for all Delivery Boards. Initial feedback is that partners worked well together but there is much more to do to achieve full system approaches, this is likely to be the focus of this years planning
- 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 form A&E into other services
  3) NHS Ambulance Contracting
  4) Choice Policy
  5) Reablement and packages of Care
- The SY ICS Urgent and Emergency Care steering group has expressed a clear commitment to developing whole system collaboration to manage the urgent care agenda more effectively, although it should be recognised that the transformation necessary to deliver alignment of organisational values and behaviours is not solely within the grasp of the urgent care work stream. This is a significant challenge and should form a major element of the Organisational development agenda of the ICS.
- YAS has been working closely with the consultancy leading on the project: YAS hosted a workshop at Magna and has been hosting conference calls to test the EMS system. It is hope that some of the data will be used live over the Easter Period and will help facilitate conversations and actions to ease pressures in a more timely manner.
- NHSI/NHSE are in discussion with ambulance trusts, commissioners and acute hospitals to provide support on increased jobs and reduction of handover delays.

Our Performance February 2018

- Category 1 was 08:07
- Ambulance responses on Scene down 0.6% YTD
- PTS KPI 2 continues to be above target at 86.5% for February
- Calls transferred to a CAS Clinican in 111 is above 30% target at 34.6%

YTD Performance

	Time	Change
Category 1 Mean Performance	07 mins 42 Sec	
Ambulance Turnaround Time	35 mins 31 sec	(17 sec less)

A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 Mean		
Contract	Feb-18	Variance (%)	Contract	Feb-18	Variance (%)	Avg	Feb-18	Var	Avg	Feb-18	Change	Target	Feb-18	Var
69,496	**75,136**	8.1%	55,281	**55,783**	0.9%	76.0%	**76.0%**	(0.0%)	2,132	**2,975**	39.5%	00:07:00	**00:08:07**	00:01:07

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	Feb-18	Variance (%)	Target	Feb-18	Variance (%pts)	Target	Feb-18	Variance (%pts)	Target	Feb-18	Variance (%pts)	Target	Feb-18	Var
79,981	**73,892**	(7.6%)	82.9%	**86.5%**	3.6%	92.0%	**90.1%**	(1.9%)	92%	**82.6%**	(9.4%)	90.0%	**89%**	(0.6%)

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	Feb-18	Variance (%)	Target	Feb-18	Variance (%)	Target	Feb-18	Variance (%)	Target	Feb-18	Variance (%)	Avg	Feb-18	Variance (%)
126,547	**124,986**	1.2%	95%	**83.0%**	(12.0%)	30%	**34.6%**	4.6%	95%	**77.6%**	(17.4%)	8.9%	**9.5%**	0.7%

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	15.03.18 - PMO

Our Quality February 2018

↔	3 in 1000 patients report an incident
↔	0.0001 in 10000 patients incidents result in moderate or above harm
↓	FOI compliance in February was 83%
↑	4 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	87%	91%
A&E	83%	84%

Infection Control Compliance

Compliance	Feb 17	Feb 18
Hand Hygiene	98%	99%
Premise	98%	98%
Vehicle	97%	98%

Incidents Reported

All Reported Incidents

Avg	No	Change
743	658	(13.8%) ↓

Patient Incidents

Avg	No	Change
201	182	(25.1%) ↓

Moderate Harm

Avg	No	Change
20	19	5.6% ↑

Serious incidents

Avg	No	Change
3	6	200.0% ↑

Medication Related

Avg	No	Change
61	69	(17.9%) ↓

Safeguarding

Adult Referrals

Avg	No	Change
779	725	(11.0%) ↓

Child Referrals

Avg	No	Change
475	442	(0.9%) ↔

Patient Relations

Complaints

Avg	No	Change
84	80	(25.2%) ↓

Legal

Compliance (21 Days)

Avg	%	Change (% Pts)
83%	67%	(31.6%) ↓

FOI Requests

Avg	No	Change
38	37	(14.0%) ↓

Clinical Outcomes (October DATA)

Stroke 60

Avg	%	Change (%pts)
45.2%	41.7%	(9.2%) ↓

STeMI Care

Avg	%	Change (%pts)
81.7%	84.0%	12.6% ↑

ROSC (Utstein)

Avg	%	Change (%pts)
53.4%	60.0%	50.0% ↑

Survival (Utstein)

Avg	%	Change (%pts)
34.8%	42.5%	34.5% ↑

Fleet

Deep Clean Breaches (8 weeks)

Avg	AE/PTS	Change (%pts)
46	16	(69.8%) ↓

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	15/03/18 - PMO

Our Workforce - February 2018

↓	977 staff are overdue a PDR out of 4421
↔	162 Staff are on long term sick out of 5220 Staff
↑	412 staff are still to complete the stat and man work book out of 5220
↓	Child level 2 compliance does not include e-learning numbers of 1018 completed end of Feb 18

YTD Performance

	%	Change
Sickness	5.86%	0.44%
Stat and Man	93.28%	-1.57%

Workforce

Total FTE in Post (ESR)

Avg	N°	Variance (%pts)
4,348	**4,409**	1.4% ↔

BME

Target	%	Variance (%pts)
11.1%	**6.4%**	(4.8%) ↔

Turnover

Avg	%	Variance (%pts)
11.7%	**11.6%**	(0.1%) ↔

Recruitment

New Starts

Avg	No	Variance (%pts)
46.05	**40**	(13.6%) ↓

IG

Information Governance

Target	%	Variance (%pts)
95.0%	**62.7%**	(32.3%) ↓

Sickness

Total

Target	%	Variance (%pts)
5.0%	**6.8%**	1.8% ↔

Short Term

Avg	%	Variance (%pts)
2.0%	**2.5%**	0.5% ↔

Long Term

Avg	%	Variance (%pts)
3.9%	**4.3%**	0.5% ↔

Finance

Agency Spend

Plan YTD £(000)	Actual YTD £(000)	Variance (%pts)
3,215	**2,873**	(11.9%) ↓

Overtime

Avg	AE/PTS Avg	Variance (%pts)
£811,598	**£852,474**	5.0% ↑

Training

PDRs

Target	%	Variance (%pts)
90.0%	**72.7%**	(17.3%) ↓

Stat & Mand

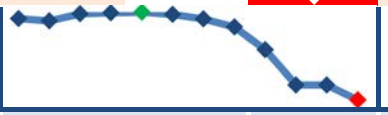
Target	%	Variance (%pts)
90.0%	**93.3%**	3.3% ↑

Adult Safeguarding L1

Target	%	Variance (%pts)
90.0%	**93.4%**	3.4% ↑

Child Safeguarding L2

Target	%	Variance (%pts)
80.0%	**74.1%**	(5.9%) ↓



Clinical Training

Target	%	Variance (%pts)
		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	15th March 2018 - Workforce Intelligence Team

7A OUR FINANCE — February 2018

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	(21,781)	(21,830)	(49)	(240,051)	(239,639)	412
Expenditure	21,231	21,113	(117)	237,052	234,807	(2,245)
Retained Deficit / (Surplus) with STF Funding	(550)	(717)	(167)	(2,999)	(4,832)	(1,833)
STF Funding	(176)	(176)	0	(1,334)	(1,334)	0
Retained Deficit / (Surplus) without STF Funding*	(374)	(541)	(167)	(1,665)	(3,498)	(1,833)
EBITDA	(1,522)	(1,114)	408	(13,688)	(14,511)	(823)
Cash	20,787	41,357	20,570	20,787	41,357	20,570
Capital Investment	2,705	545	(2,160)	9,564	3,750	(5,814)
Quality & Efficiency Savings (CIPs)	1,037	1,045	8	11,404	12,543	1,139

Under the "Single Oversight Framework" the overall Trust's rating for February 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 £1,833k against plan as at the end of February (Month 11).

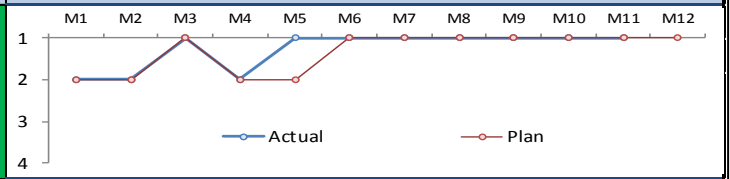
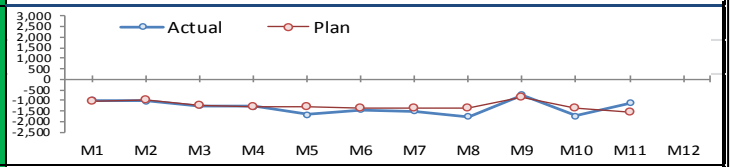
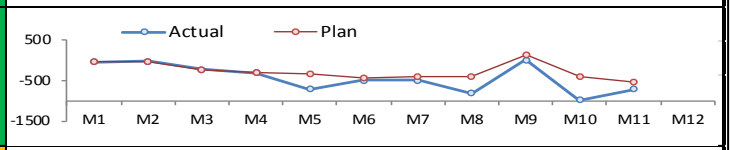
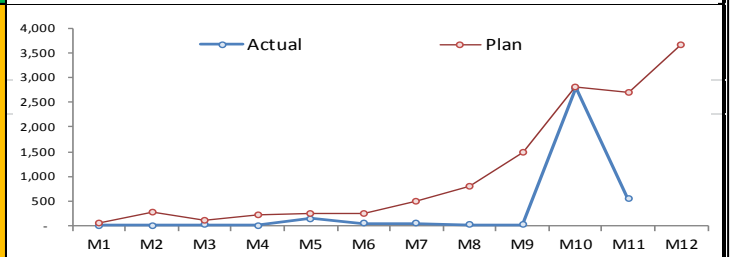
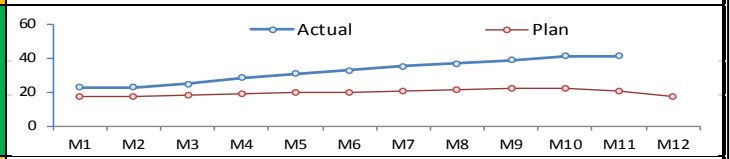
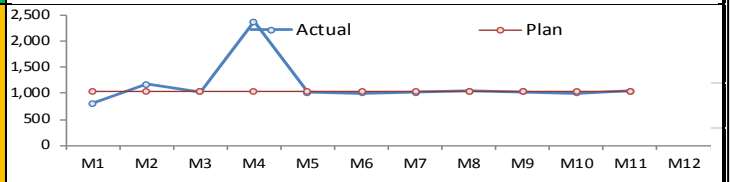
In terms of key service line variances YTD: The A&E service line (including EOC and Special Operations) is £4,288k favourable against plan mainly due to; vacancies and the underutilisation of the overtime budget. The underspend in pay is partially offset by overspend in non-pay including fire service responders and meal break payments and an income shortfall due to the unachievement of CQUIN. PTS is adverse to plan by £496k 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 £1,279k 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 February 2018 the Trust's cash position was £41.4m against a plan of £20.8m, giving a favourable variance of £20.6m. The increased cash position reflects continuing underspends against the capital plan and the higher than planned surplus.

Capital expenditure at the end of February 2018 (Month 11) was £3.7m versus an original plan of £9.5m leading to an under spend of £5.8m. 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 £1,139k, 29% of savings have been delivered non recurrently and therefore causing an underlying recurrent financial risk for future years.

7B FINANCE OVERVIEW — February 2018

	Month	YTD	Trend 2017-18
RISK RATING: Under the "Single Oversight Framework" the overall Trust's rating for February 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 11 is £14,511k against a plan of £13,688k, a favourable variance of £823k against plan.			
SURPLUS: The Trust has reported a surplus as at the end of February (Month 11) of £3,498k which is a £1,833k favourable variance against the planned surplus of £1,665k. As a result of meeting our control total target we have also earned STF of £1,334k as at Month 11. Our adjusted financial performance including earned STF is £4,832 for the year to date.			
CAPITAL: Capital expenditure at the end of February 2018 (Month 11) was £3.7m versus an original plan of £9.5m leading to an under spend of £5.8m. 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 February 2018 the Trust's cash position was £41.4m against a plan of £20.8m, giving a favourable variance of £20.6m. The increased cash 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 £1,139k, 29% 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	6,294	6,294	0
Business Development Directorate	80	80	0
Capital Charges Directorate	121	0	(121)
Chief Executive Directorate	116	29	(86)
Clinical Directorate	130	128	(2)
Estates Directorate	296	156	(140)
Finance Directorate	915	758	(157)
Fleet Directorate	1,614	395	(1,220)
Workforce & Organisational Development Directorate	358	0	(358)
Planned & Urgent Care Directorate	1,308	694	(613)
Quality, Governance & Performance Assurance Directorate	173	173	0
Reserve Schemes	0	3,836	3,836
Grand Total	**11,404**	**12,543**	**1,139**

Recurrent/Non-Recurrent/Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	8,651	8,919	268
Non - Recurrent	1,981	3,624	1,643
Unidentified	772	0	(772)
Grand Total	**11,404**	**12,543**	**1,139**

7C CQUINS - YAS (Nominated Leads: Executive Director of Quality, Governance and Performance Assurance Steve Page, Associate Director of Quality & Nursing - Karen Owen) February 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		
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		
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		
Total		**£858,047**													

The trust has agreed a 12 month action plan for the delivery of health and wellbeing activity across the organisation. The first Health and Wellbeing group has been formed and will meet in March and will drive forward the health and wellbeing action plan. The Mental Health First Aid training with clinical supervisors has commenced with plans for this to be rolled out across the organisation. The procurement for the MSK back care workshop project has been completed with delivery to start in March. A number of national campaigns have been planned and rolled out throughout the year. The trust's flu campaign success has been recognised nationally and as at the end of December YAS is the most improved trust in the country and finished 3rd highest 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 planning for the 2018/19 campaign will commence in March with the first planning group meeting. 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		
End to End Reviews	Head of Investigations & Learning	£1,072,238	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		
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		
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. End to End reviews and mortality reviews are both on track for delivery.

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		
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		
Total		**£272,000**													

Comments:
The dedicated CQUIN lead is working on the final quarter four milestones to ensure all are met at the end of the financial year. There are currently no concerns for the delivery of these and the Patient Zone is set to achieve target by the end of the financial year.

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

Corporate Services - February 2018

Chief Executive

FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
20.00	**19.1**	(4.7%) ↔	6.8%	**0.0%**	(6.8%) ↓	0	**0**	0 ↔	85%	**76.9%**	-8.1% ↓	90%	**75.0%**	(15.0%) ↓

Business Development

FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
16.03	**11.22**	(30.0%) ↓	6.8%	**0.0%**	(6.8%) ↓	0	**0**	0 ↔	85%	**69.2%**	-15.8% ↓	90%	**18.2%**	(71.8%) ↓

Finance (Excluding Fleet, Estates, BI and ICT)

FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
195.08	**179.53**	(8.0%) ↓	6.8%	**7.8%**	1.0% ↑	0	**0**	0 ↔	85%	**83.5%**	-1.5% ↔	90%	**86.9%**	(3.1%) ↔

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	07.03.18 - PMO			

Business Intelligence

Corporate Services - February 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%) ↓	6.8%	**4.3%**	(2.5%) ↓	0	**0**	0 ↔	85%	**80.0%**	-5.0% ↓	90%	**90.9%**	0.9% ↔

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%) ↓	6.8%	**5.4%**	(1.4%) ↓	0	**0**	0 ↔	85%	**95.1%**	10.1% ↑	90%	**73.7%**	(16.3%) ↓

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	**83.1**	(24.8%) ↓	6.8%	**4.5%**	(2.3%) ↓	0	**0**	0 ↔	85%	**90.1%**	5.1% ↑	90%	**61.9%**	(28.1%) ↓

Key	Difference	Direction of Travel	Sparklines	AVG - Average	Updated
	Current Month (tolerance 5% number difference) Sicknes is 1% tolerance	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	07.03.18 - PMO

Corporate Services - February 2018

Quality, Goverance and Performance Assurance

FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Diff	Avg	%	Diff
59.8	**55.4**	(7.4%) ↓	6.8%	**5.2%**	(1.6%) ↓	0	**0**	0 ↓	85%	**96.7%**	11.7% ↑	90%	**71.4%**	(18.6%) ↓

Clinical

FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
38.1	**36.5**	-4.1% ↔	6.8%	**5.7%**	(1.0%) ↓	0	**0**	0 ↔	85%	**97.7%**	14.9% ↑	90%	**90.9%**	0.9% ↔

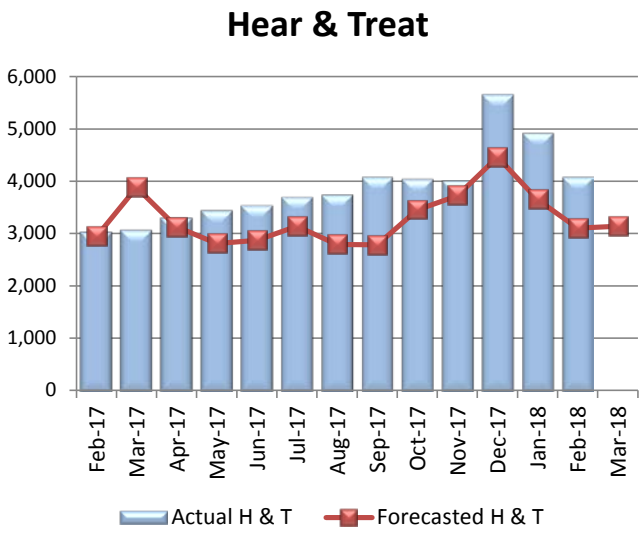
Fleet and Estates

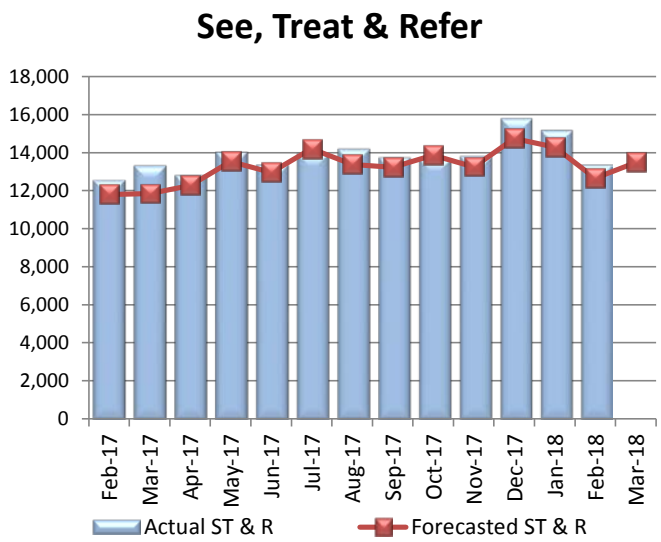
FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
126.7	**116.9**	(7.7%) ↓	6.8%	**3.5%**	(3.3%) ↓	0	**1**	1 ↑	85%	**85.1%**	0.1% ↔	90%	**79.3%**	(11.9%) ↓

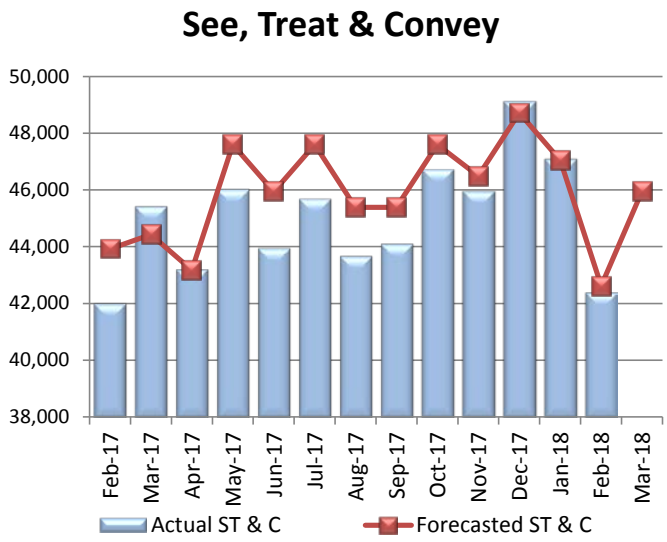
Key	Difference	Direction of Travel	Sparklines	AVG - Average	Updated
	Current Month (tolerance 5% number difference and 1% for sickness)	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	07.03.18 - PMO

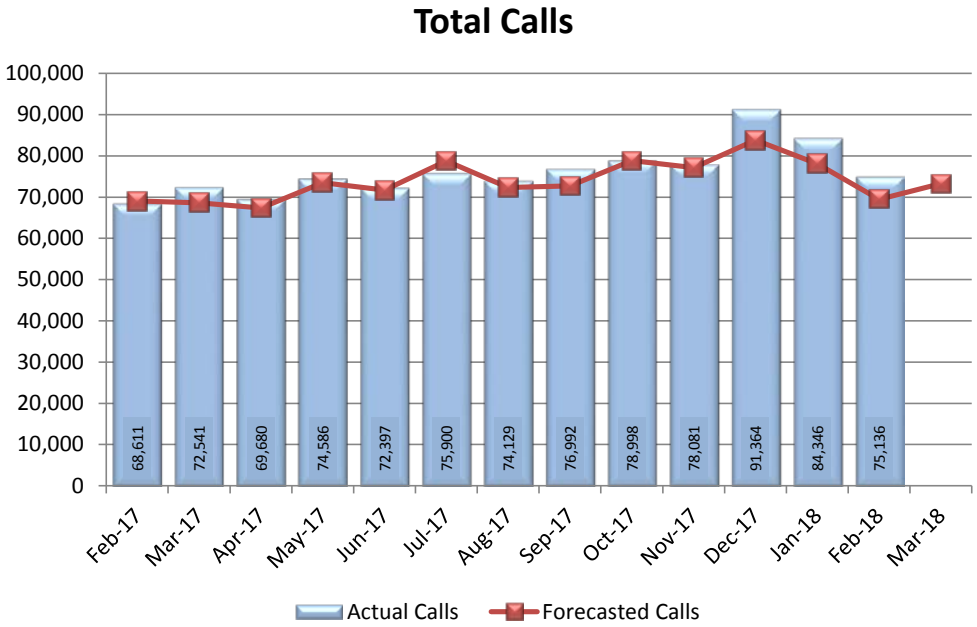
SERVICE LINES

9.1 Activity









Commentary

Total Demand was 8.1% above forecast. This is an increase in call numbers of 9.5% vs February last year.

H&T is 32% above forecast. This is an increase of 34.1% in the amount of H&T carried out vs February last year

ST&R was 5.6% above forecast. This is an increase of 6.4% in the amount of ST&R carried out vs February last year.

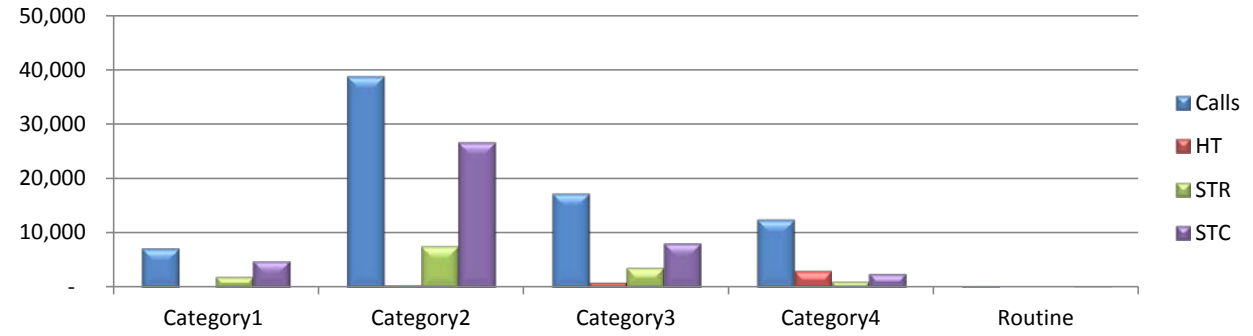
ST&C was 0.5% below forecast. This is an increase of 0.9% in the amount of ST&C carried out vs February last year.

9. A&E Operations

February 2018

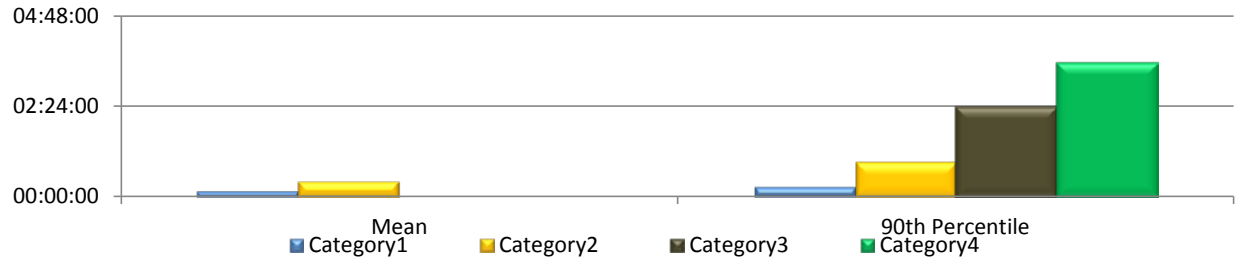
9.2 Activity

ARP2.3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	7,219	5	1,912	4,952	6,864	12.1%
Category2	38,909	419	7,470	26,673	34,143	60.2%
Category3	17,390	884	3,636	8,184	11,820	20.8%
Category4	12,546	2,843	1,066	2,628	3,694	6.5%
Routine	269	-	6	191	197	0.3%



9.3 Performance

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:08:07	00:13:57	00:07:00	00:15:00
Category2	00:25:08	00:55:13	00:18:00	00:40:00
Category3		02:24:28		02:00:00
Category4		03:33:15		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

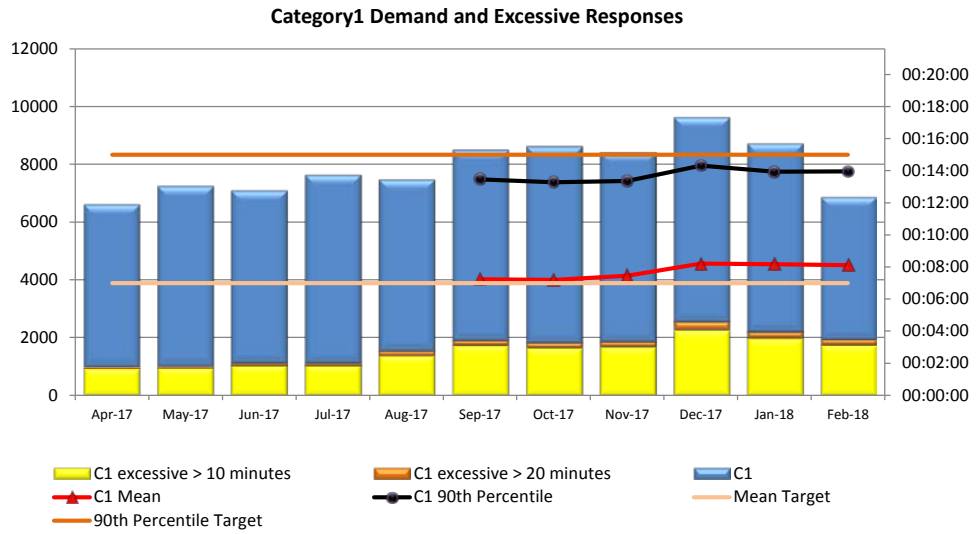
New Guidance has now been released and YAS are working to align all reports to that guidance.

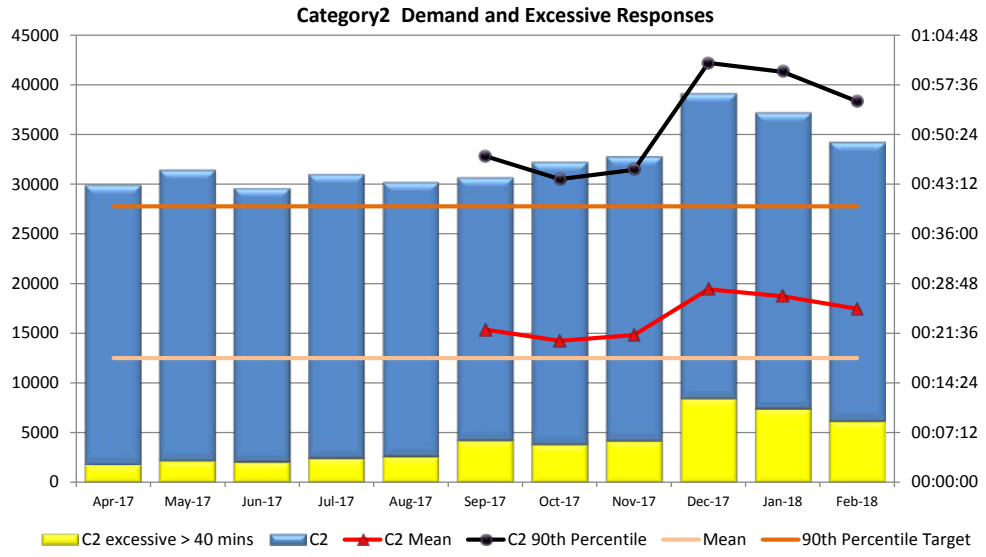
The Calls now split into 4 main categories with HCP calls monitored separately. There are now different standards than in ARP 2.2, for example the 8 minute response per incident does not exist anymore.

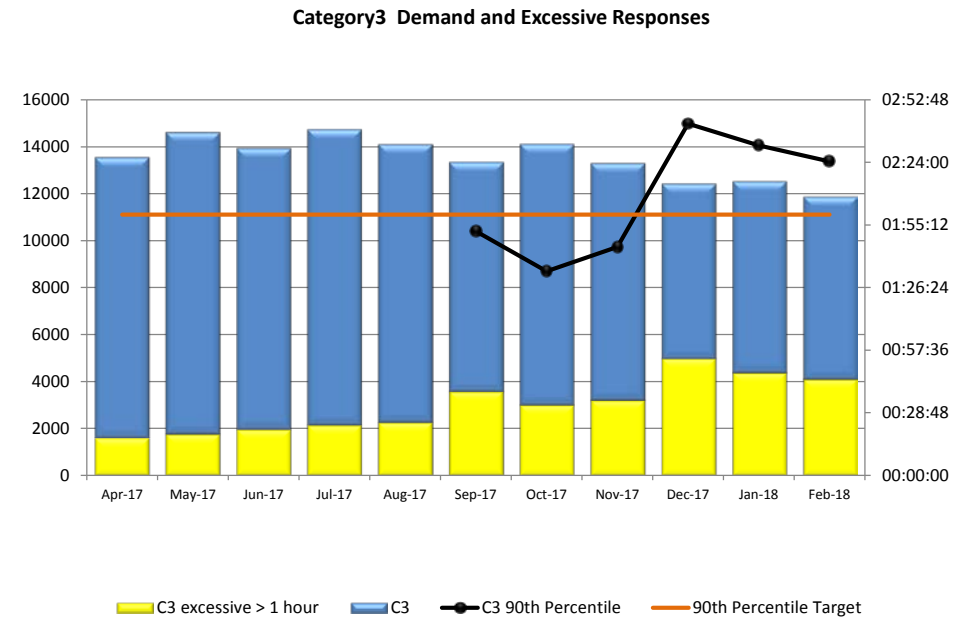
As agreed at the contract management board, YAS will only be reporting the YAS response standard until further discussions take place at a regional level. The Category1 No IFT indicator is shown as the indicator may change to not show IFTs within the performance measure. The impact of

	Mean Standard	90th 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







Commentary

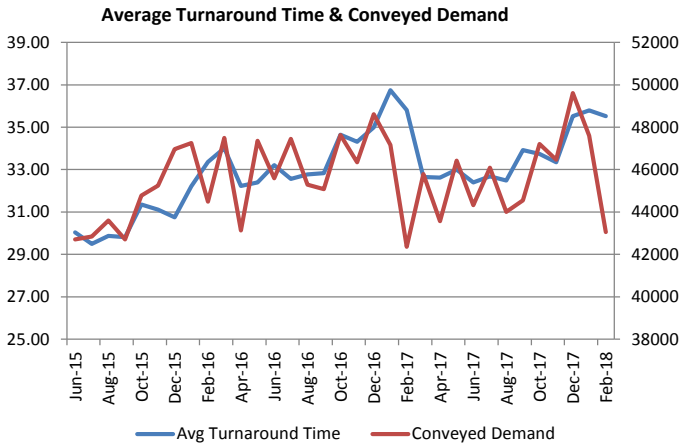
Category 1 mean performance was 8 minutes 7 seconds against the 7 minute target with the 90th percentile at 13:57 against the 15:00 target.

Category 2 Mean performance was 25.08 a decrease of 1 minute 49 seconds on last month which is 7 minutes 8 seconds over the 18:00 target with similar performance seen in the 90th percentile at 55:13 an decrease of 4:17 on last month which is 15 minutes and 13 seconds over the 40:00 target .

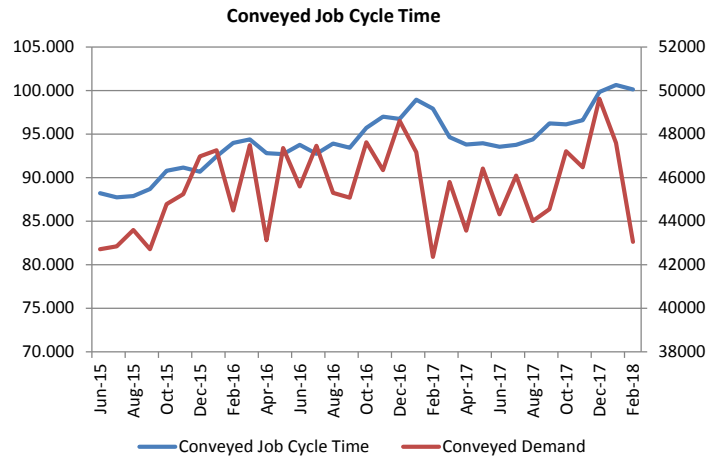
Category 3 90th percentile performance was above target at 2:24:28 against a 2 hour target and improvement of 7 minutes and 23 seconds on last month

The level of performance against target can be directly attributed to the 9.5% increase in demand vs February last year alongside a high number of lost hours at hospital totalling 2975 hours in February.

9.5 Hospital Turnaround Times

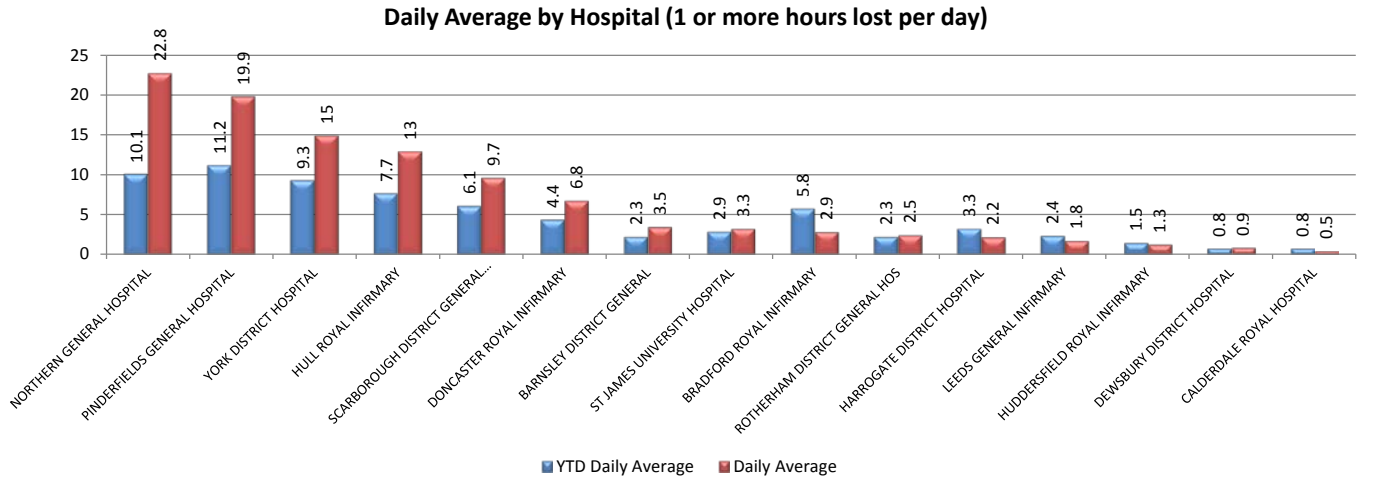


9.6 Conveyed Job Cycle Time



9.7 Hospital Turnaround - Excessive Responses

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Last 12 months
Excessive Handovers over 15 mins (in hours)	1,727	1,509	1,728	1,367	1,646	1,570	2,110	2,077	1,837	3,563	3,447	2,975	25,556
Excessive Hours per day (Avg)	56	52	56	46	53	52	68	67	61	115	115	96	70



Commentary

Turnaround times: for February were 0.8% lower than January and 0.8% lower than February last year.

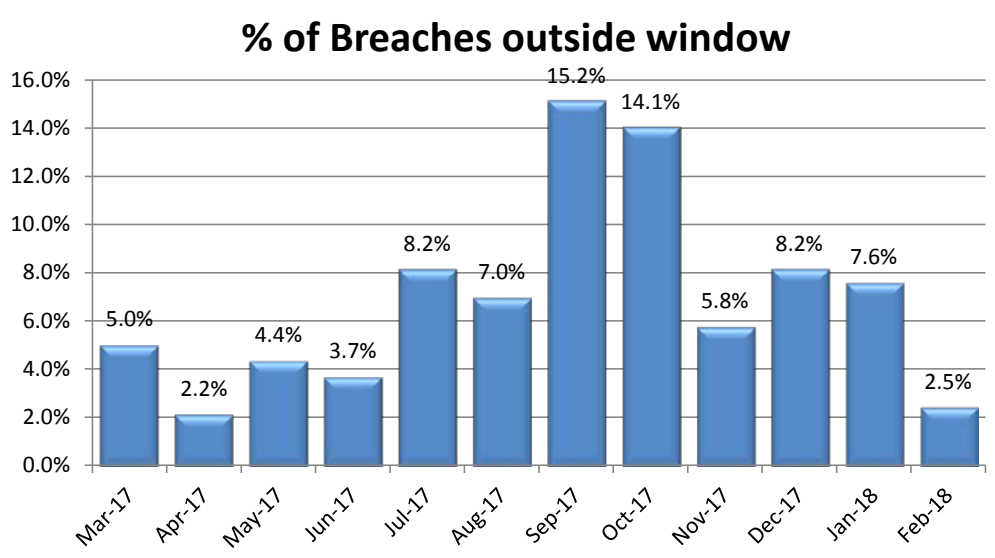
A 1 minute reduction in patient handover results in 8,895 hours; equating to the increased availability of 7 full time ambulances a week.

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

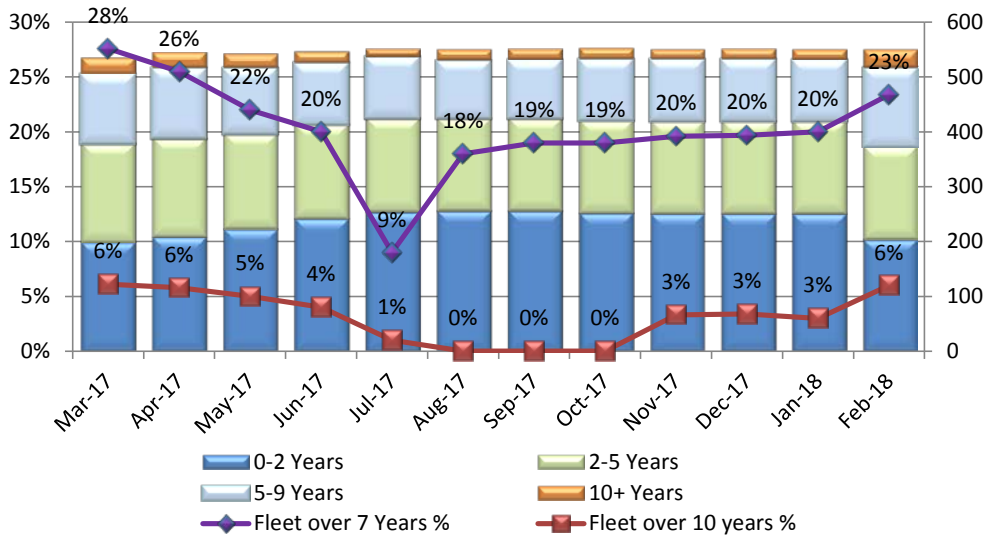
Job Cycle time: showed an decrease on January of 0.5% and is showing an increase of 5.9% vs February last year.

Excessive hours: Lost at hospital for February were 472 hours lower than January which is a decrease of 15.9%. This is lower than February last year showing a decrease of 233 hours, which is a fall of 7.8%. Hours lost remain high generally with Northern General, Pinderfields and York impacting on performance

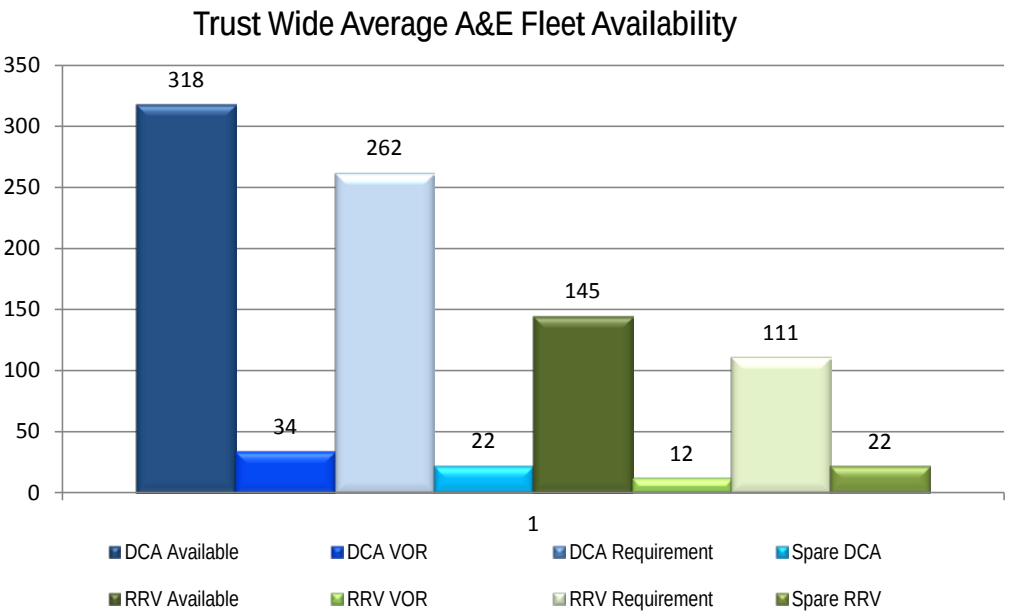
9.8 Vehicle Deep Cleans (5 weeks)



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 February from 7.6% to 2.5%. Compliance has been significantly affected by unavailability of vehicles due to operational demand pressures. The overall weekly delivery has steadily increased throughout the month, although the last week of February included many transport and availability issues due to the snow and ice. Recruitment is again positive, reducing to 12 vacancies (5.1wte). Co-operation for the availability of vehicles has also been more positive in the latter weeks, which again has impacted the overall delivery. 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.

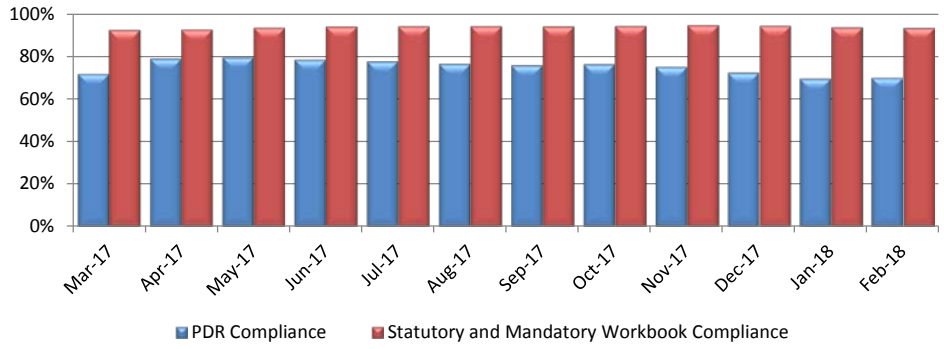
Availability: Vehicle availability increased slightly in February although still under target this is due to continued project work and a number of larger mechanical repairs (engines, gearboxes). Although the figures are showing a number of spares, this is due to the use of averages, there is extreme pressure on the vehicle fleet with vehicles being moved on a daily basis to cover operational shifts.

9.11 Workforce

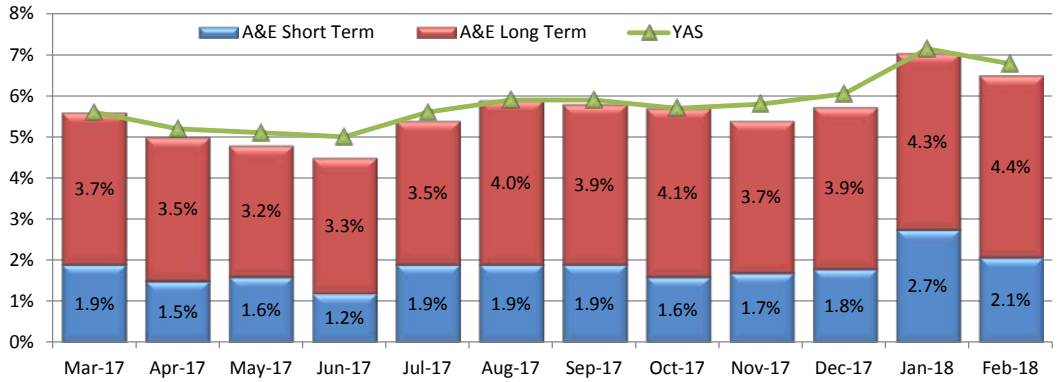
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available Total	Available %
Budget FTE	2,368	118	592	1,658	70%
Contracted FTE (before overtime)	2,188	165	460	1,563	71%
Variance	(180)	(46)	132	(94)	(5.7%)
% Variance	(7.6%)	(39.1%)	22.3%		
FTE (worked inc overtime)*	2347.4	165	460	1,723	73%
Variance	(21)	(46)	132	65	3.9%
% Variance	(0.9%)	(39.1%)	22.3%		

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

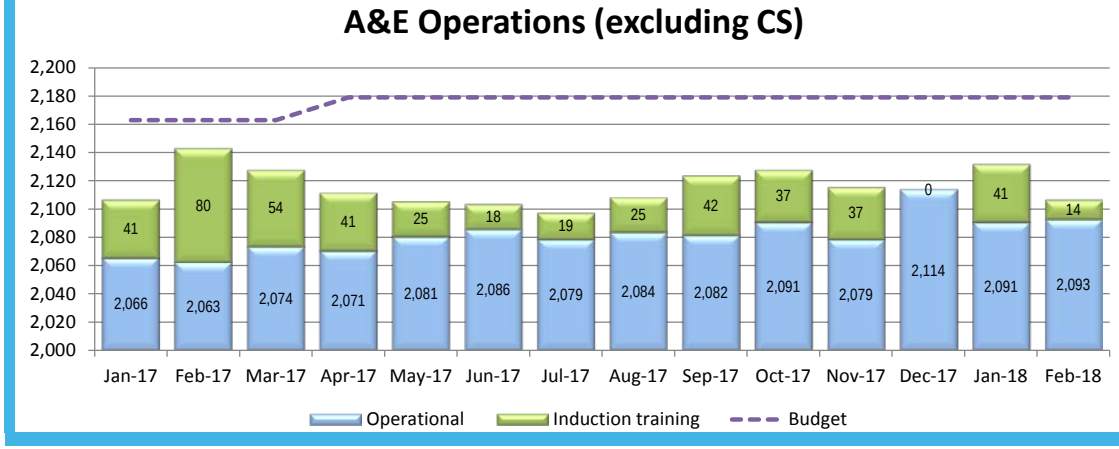
9.12 Training



9.13 Sickness



9.14 A&E Recruitment Plan



Commentary

The number of Operational Paramedics is 904 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 70.2% against stretch target of 90%. This is an increase of 0.3% vs last month and is 2.5% below the Trust average

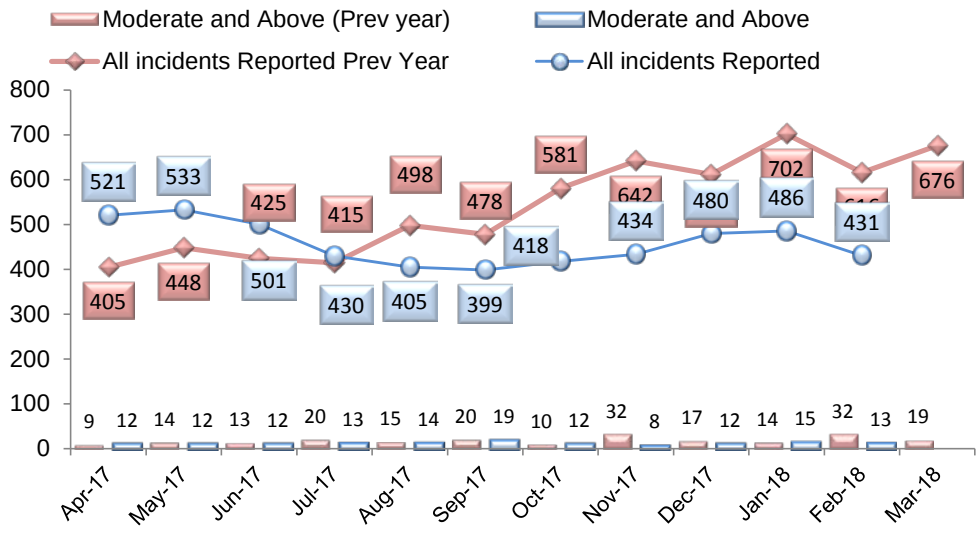
Sickness: Currently stands at 6.5% which is a decrease of 0.5% vs last month and is below the trust average of 6.8%

Recruitment Staffing numbers are now in line with plan.

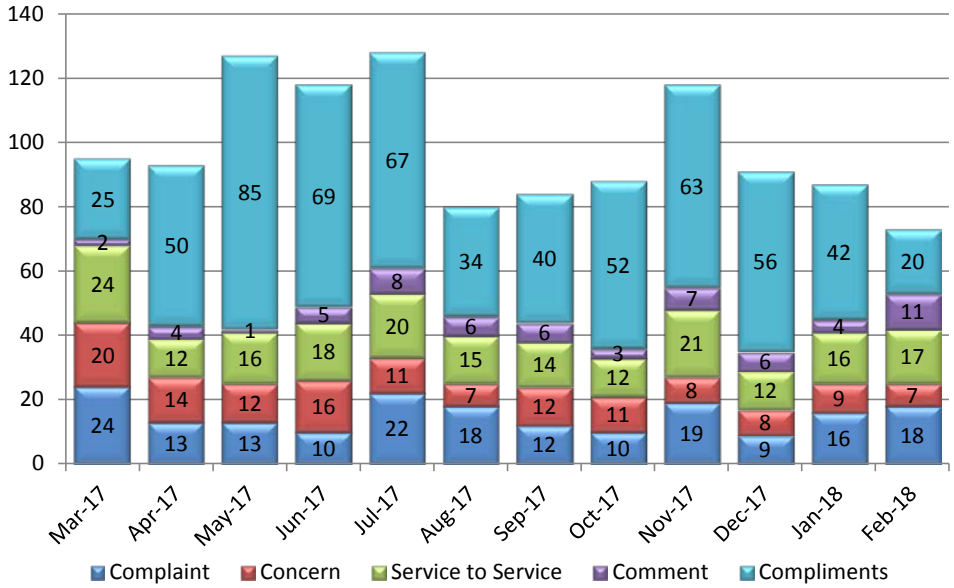
9.15 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		3	18
Total Incidents (Per 1000 activities)		0.05	0.03
Total incidents Moderate & above		13	142
Response within target time for complaints & concerns		100%	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

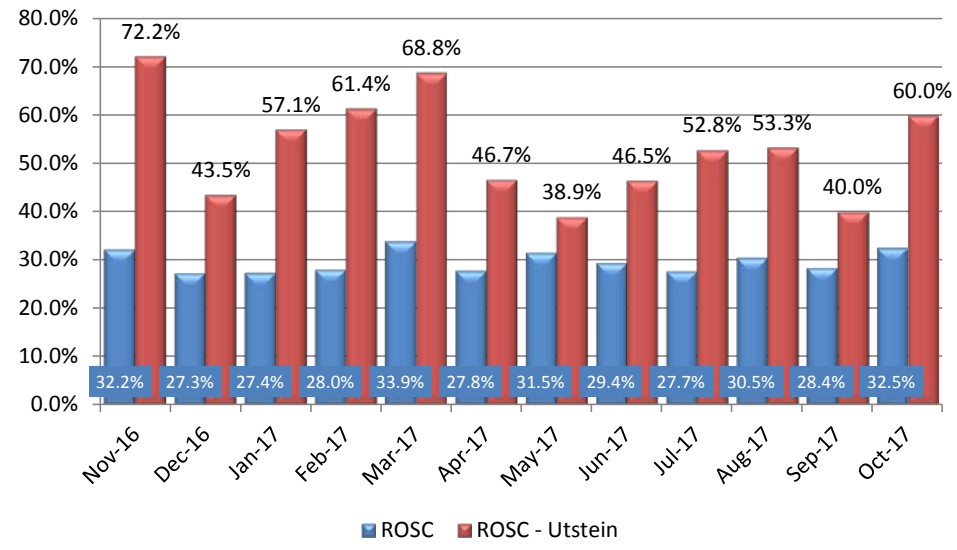


Commentary

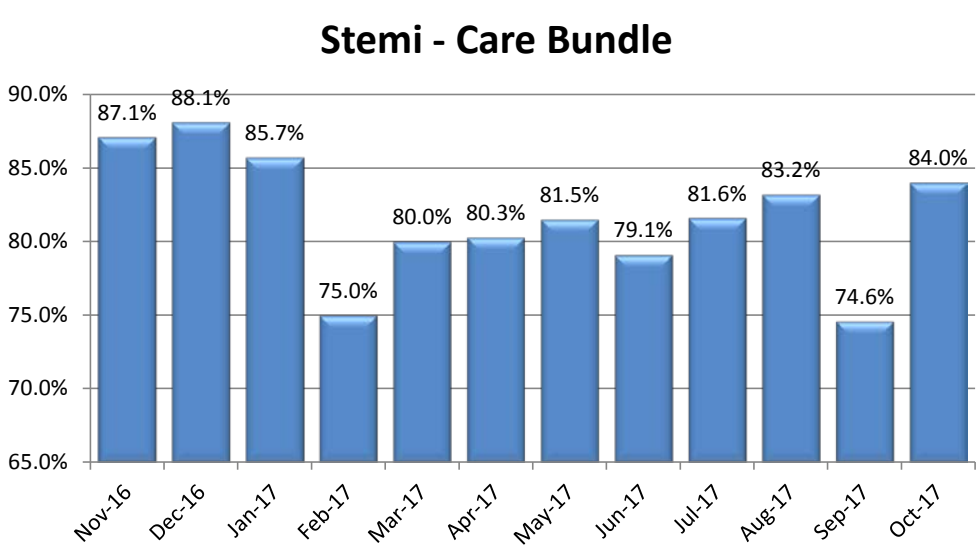
Incidents: Total reported incidents decreased 11.3% on last month and is down by 30% against February last year. This is not as high as in previous months however it should be noted that figures are now benchmarked against a period of increased reporting which occurred during the last twelve months. Incidents of moderate harm and above remained at a low level.

Feedback: Total feedback decreased 16.9% last month while complaints fell to their lowest level for 12 months. Compliments decreased as a percentage of feedback and accounted for 27.4% of all feedback.

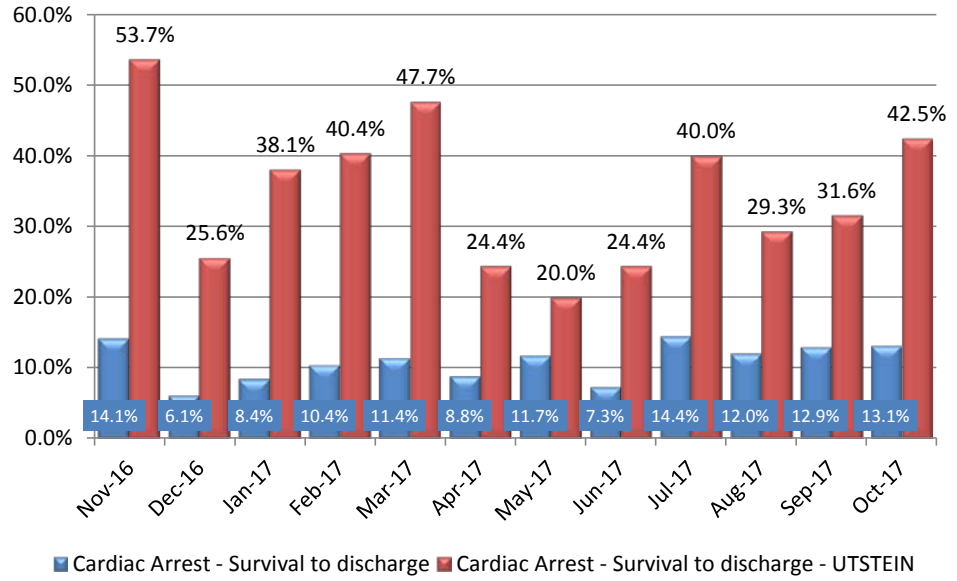
9.18 ROSC & ROSC Utstein



9.19 STEMI - Care Bundle



9.20 Survival to Discharge



Commentary

ROSC: overall performance for October 2017, 32.5% is up from September 2017, 28.4%. YAS attempted RESUS on 237 patients, of which 77 had ROSC, compared with 218 patients in September, of which 62 had ROSC. The ROSC UTSTEIN comparator group also demonstrates an increase in performance when comparing September & October's figures. September 2017 witnessed 16 out of 40 (40%) patients with ROSC. Whereas October 2017 saw 24 out of 40 patients (60%).

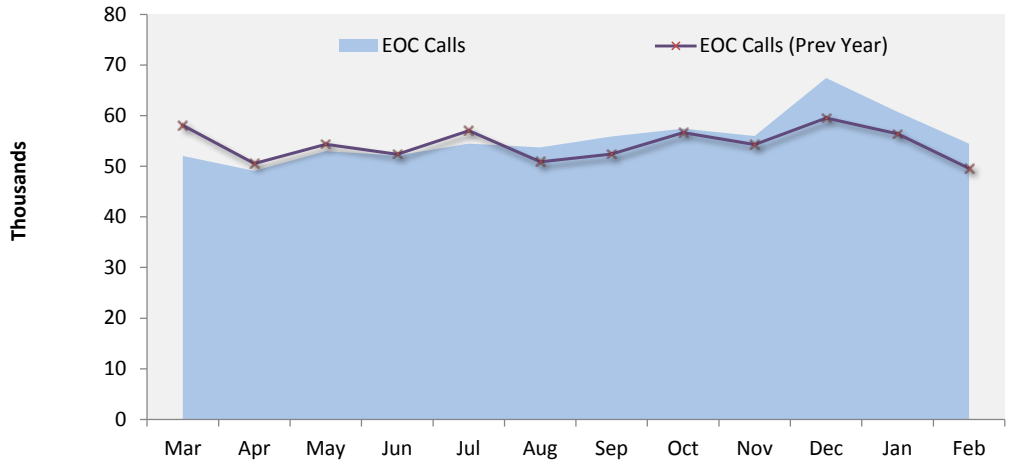
Survival to Discharge: Survival to discharge overall has increased in performance from September (12.9%) to October (13.1%). 27 patients survived during September compared with 31 during October. Survival to Discharge within the UTSTEIN comparator group mirrors the increase shown in survival to discharge overall performance from September (31.6%) to October (42.5%).
12 out of 38 patients within September survived compared with 17 out of 40 during October 2017.

Stemi-Care Bundle: STEMI care performance has increased; with October's performance of 84% (110 out of 131 patients), compared with September's figure of 74.6% (97 out of 130 patients) receiving the appropriate care bundle.

9. EOC - 999 Control Centre

February 2018

9.21 Activity

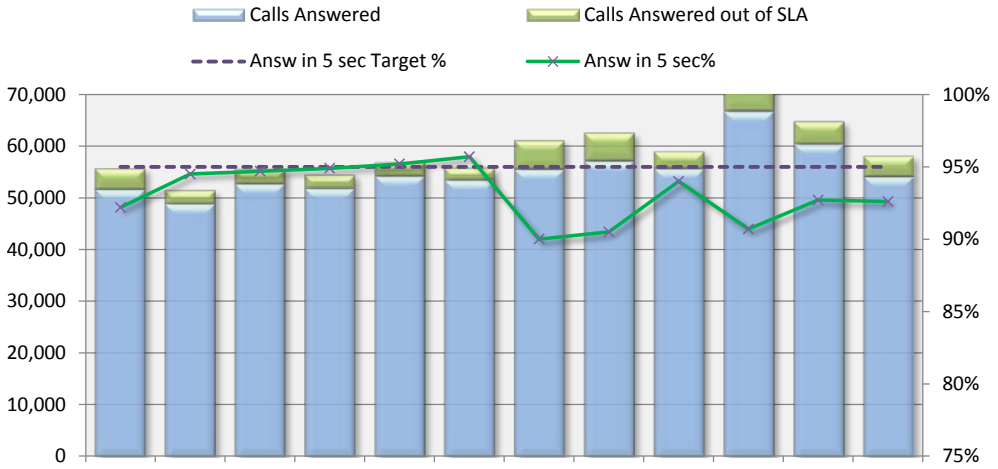


9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2017/18	614,602	612,044	42,099	93.1%
2016/17	593,939	589,109	63,061	89.3%
Variance	20,663	22,935	-20,962	
Variance	3.5%	3.9%	(33.2%)	3.8%

9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	92.6%	93.1%



	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Calls Answered out of SLA	4,043	2,692	2,804	2643	2629	2327	5561	5444	3324	6241	4408	4026
Calls Answered	51,816	48,981	52,859	51997	54397	53596	55652	57238	55774	66831	60487	54232
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	92.2%	94.5%	94.7%	94.9%	95.2%	95.7%	90.0%	90.5%	94.0%	90.7%	92.7%	92.6%

Commentary

Demand: Decreased 10.3% vs last month which is an increase of 9.9% vs February last year

Answer in 5 sec: Decreased by 0.1% vs last month at 92.6% and is now 2.4% below target

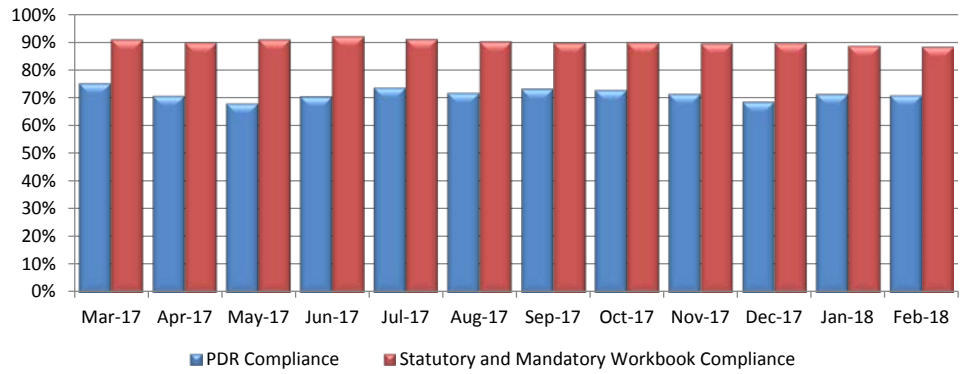
Weekend staffing has been below requirement, an audit is taking place to review if recent changes to resourcing has had an impact on coverage. A full EOC rota review will take place in Q4/Q1
We have also seen an increase in our average handling time since ARP 3, this is being investigated currently.

9.24 Workforce

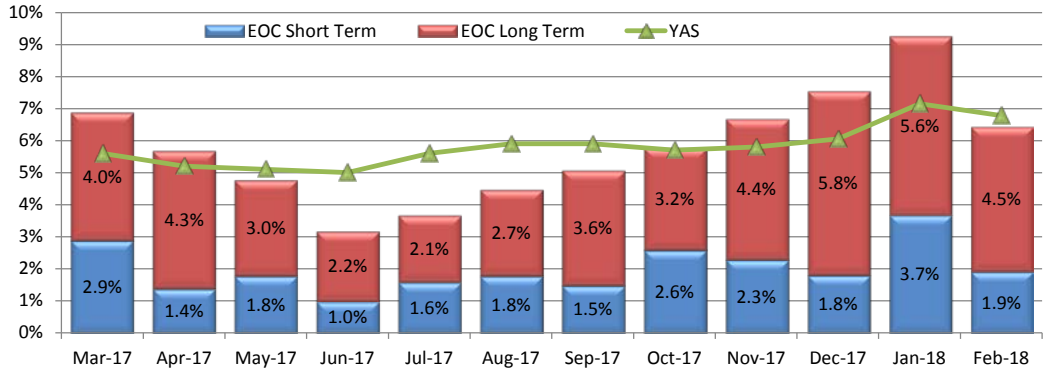
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available Total	Available %
Budget FTE	327	16.3	82	229	70%
Contracted FTE (before overtime)	317	15.9	79	222	70%
Variance	(10)	(0)	(2)	(7)	(2.9%)
% Variance	(2.9%)	(2.9%)	(2.9%)		
FTE (worked inc overtime)*	321.8	25.8	57	239	74%
Variance	(5)	9	(25)	10	0
% Variance	(1.6%)	57.8%	(30.0%)		

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

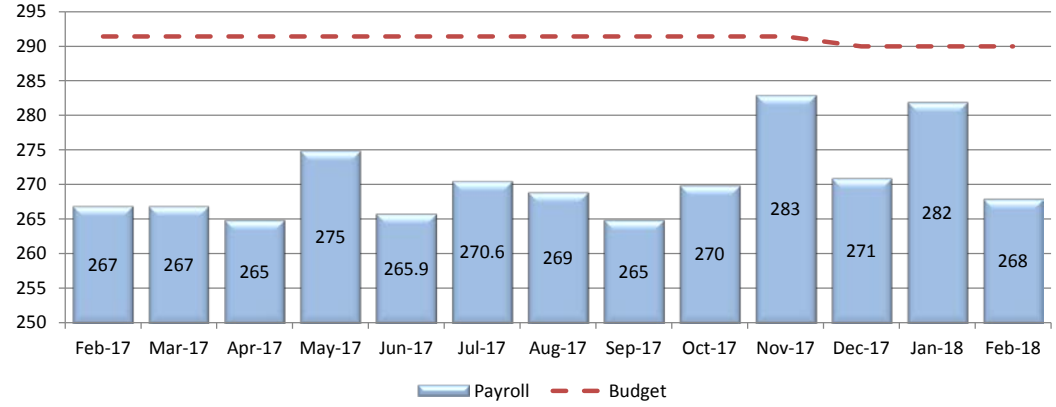
9.25 Training



9.26 Sickness



9.27 EOC Recruitment Plan



Commentary

PDR: PDR compliance stood at 71.1% in February against a stretch target of 90% which is a decrease of 0.5% on previous month. This is 1.6% below the trust average.Q4 will see a focused action plan to bring the compliance back inline.

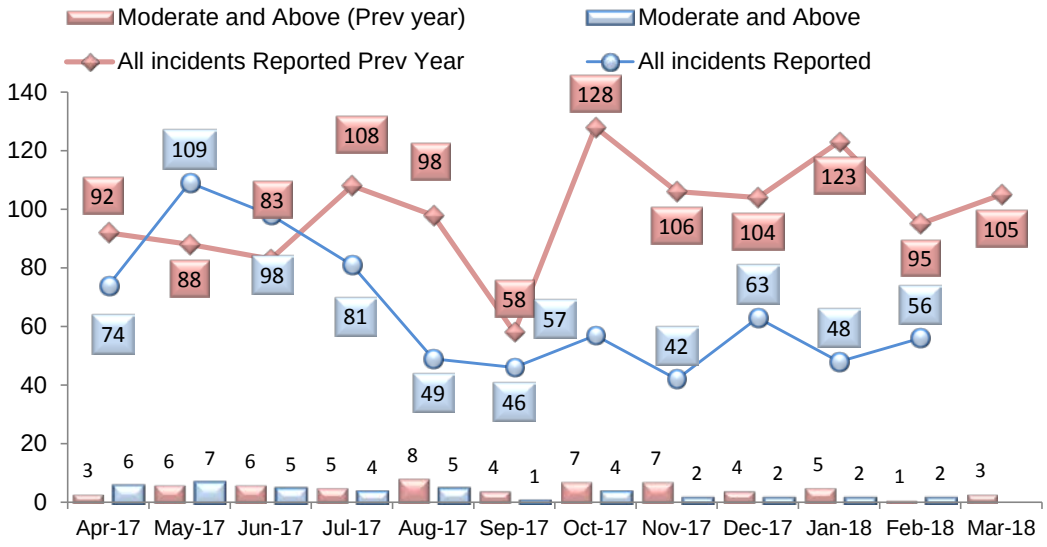
Sickness: Currently at 6.4% which is a decrease of 2.9% on the previous month and is below the Trust average of 6.8% and well below the seasonal average for a Call Centre environment, the focus on the well-being of EOC staff will continue to be a priority.

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.

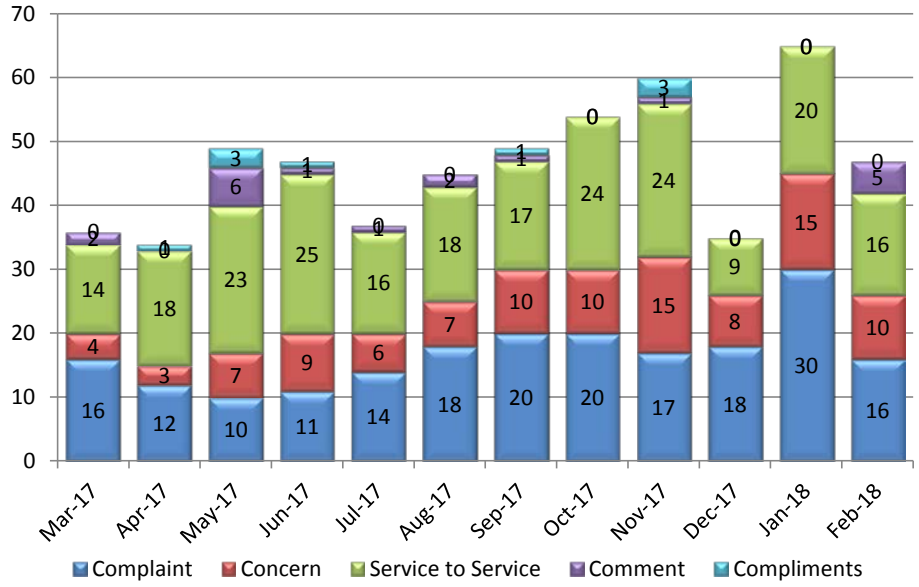
9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		2	9
Total Incidents (Per 1000 activities)		0.04	0.01
Total incidents Moderate & above		2	40
Response within target time for complaints & concerns		97%	88%
Ombudsman Cases	Upheld	0	0
	Not Upheld	1	1
Patient Experience Survey - Qtrly			

9.29 Incidents



9.30 Patient Feedback



Commentary

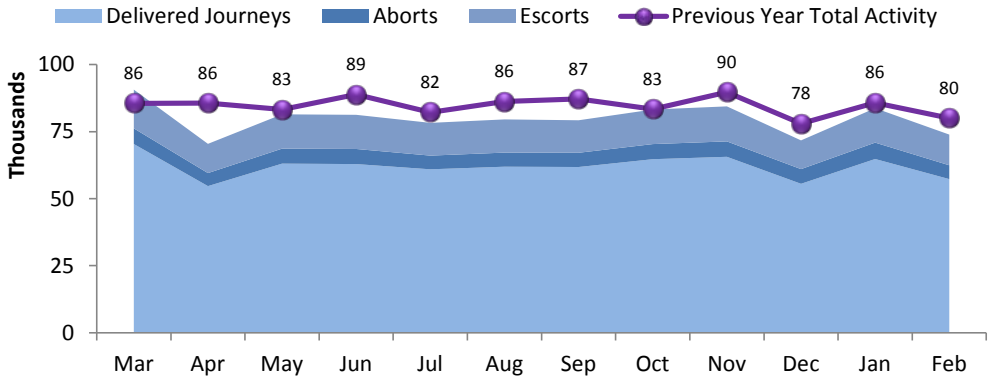
Incidents: Total reported incidents increased 33.3% on last month but is a decrease of 41.1% against February last year. Incidents of moderate harm and above have remained at a low level.

Feedback: Overall feedback decreased 27.7% on the previous month and the number of complaints fell by 46% on the previous month.

10. PATIENT TRANSPORT SERVICE

February 2018

10.1 Demand

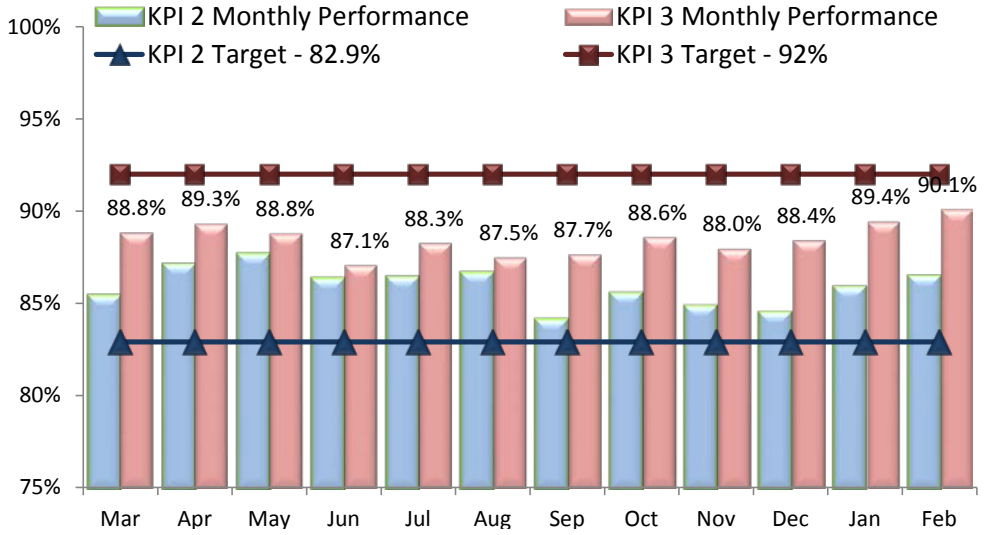


Comparison to Plan

Feb-18	Delivered	Aborts	Escorts	Total
YTD 2017-18	673,256	59,864	134,065	867,185
Previous YTD* 2016-17	720,632	65,252	144,080	929,964
% Variance	(6.6%)	(8.3%)	(7.0%)	(6.8%)

** Demand includes All Activity*

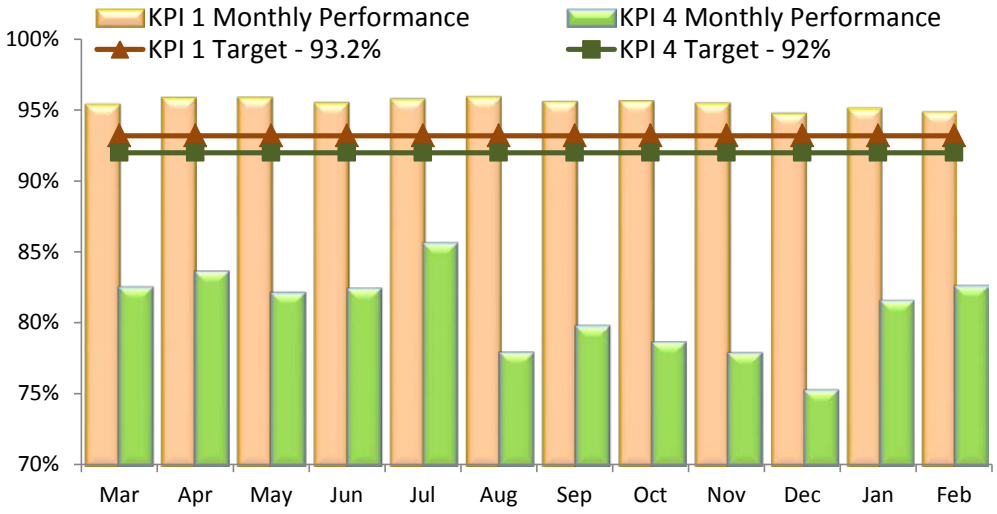
10.2 KPI* 2 & 3**



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 2hours before appointment time

*** Excludes South

Commentary

PTS Demand in February decreased by 11.8% on the previous month and is down by 7.6% against the same month last year. It should be noted snow and reduction to essential patients only on 3 days will impact activity.

KPI 1 Performance is above the 93.2% target - it did decrease by 0.3% percent in February.

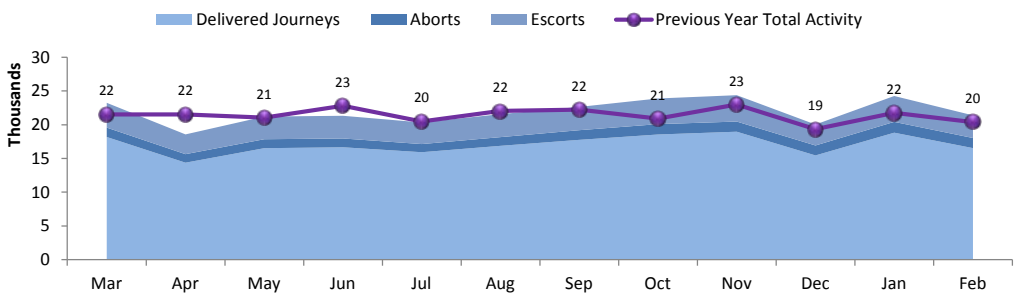
KPI 2 Inward performance continues to improve rising from 85.9% to 86.5% and is 3.6% above the making appointment on-time target.

KPI 3 The outward performance increased by 0.7% on last month and is now 1.9% below the annual target of 92%.

KPI 4 The performance of outward short notice bookings picked up within 2 hours improved by 1.1% to 82.6% in February 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. PATIENT TRANSPORT SERVICE (South) February 2018

10.1 Demand



Comparison to Plan

Feb-18	Delivered	Aborts	Escorts	Total
YTD 2017-18	169,941	13,932	34,359	218,232
YTD 2017-18	184,126	16,707	34,709	235,542
% Variance	(7.7%)	(16.6%)	(1.0%)	(7.3%)

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 & delievred within 90 minutes
GP2 - patients requested and delievered within 120 minutes (GP Urgents 1 & 2 not visualy shown on performance graphs)

Commentary

C1 performance for February is 99.4% which is an outstanding result given the weather challenges that we have experiencd during the month. The level of performance is consistent for all CCG areas and the year to date performance is also an improvement on the previous year.

C2/3 Performance has seen a slight dip at 89.3% & 89.5%. This performance is only marginally below its KPI of 90% and when looking at the year to date performance as we move into the final month of this performance year the year to date performance is very good at 91%.

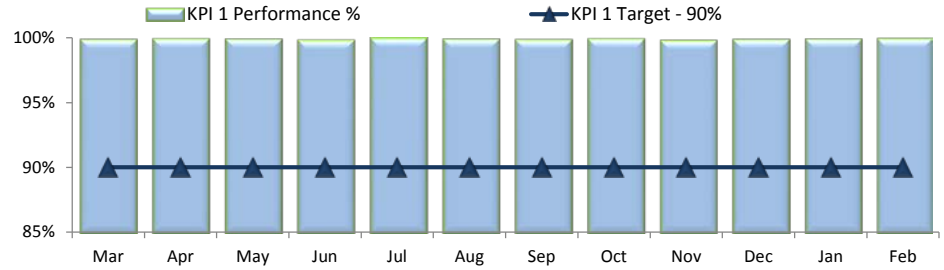
C4 Performance has seen its best month since we started the new contract in September with performance well above its KPI target at 92%.

C5 Performance remains challenging with regard to short notice and on day outward patient journeys. Only Barnsley CCG area is consistently above its target for this KPI and the Patient Flow Coordinator has been tasked with reviewing the best practice within Barnsley with a view to replicating this where possible across other sites. Performance for the month was 83.3%.

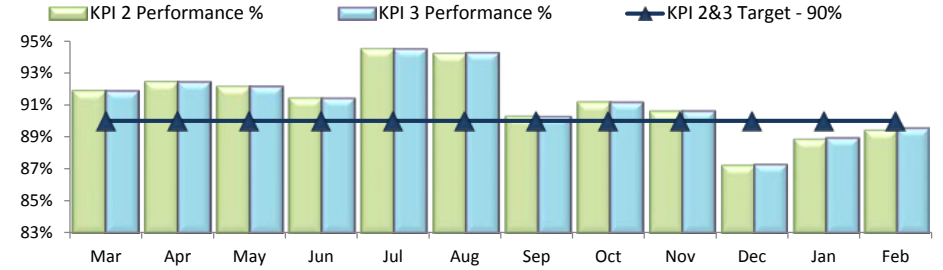
GP urgent Performance continues to improve with some significant improvements for the GP Urgent 2 & 3 KPI. GP 1 47.4% is a fall on the previous month, however this dip is linked to low numbers and timings when the GP 90 bookings have been made. GP 2 performance of 80.5% and GP 3 performance of 91.1% is the best performance rates for these indicators that we have seen since we started the service in September and we continue to see sustained improvements with this service following work between YAS the CCG and STH.

The Discharge Service has seen a slight drop in performance at 81.7%. The latter part of the month was particularly challenging for this service due to the severe adverse weather related issues which impacted on journey times particularly when linked to stretcher and wheel chair discharges.

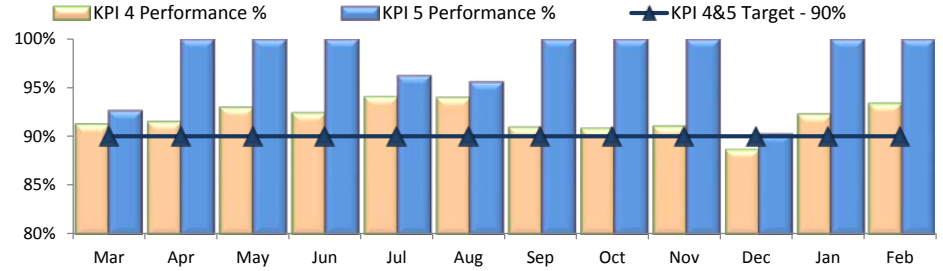
10.2 KPI 1 - Journeys no longer than 120 Mins



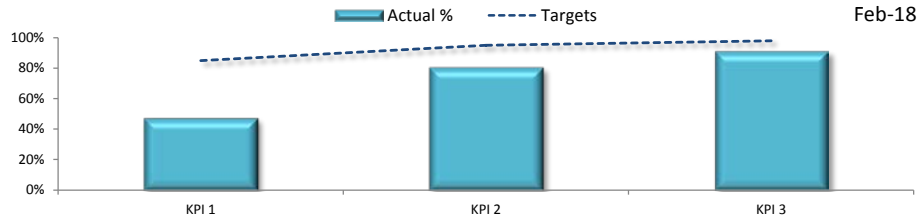
10.3 KPI 2&3 - Inwards Journeys



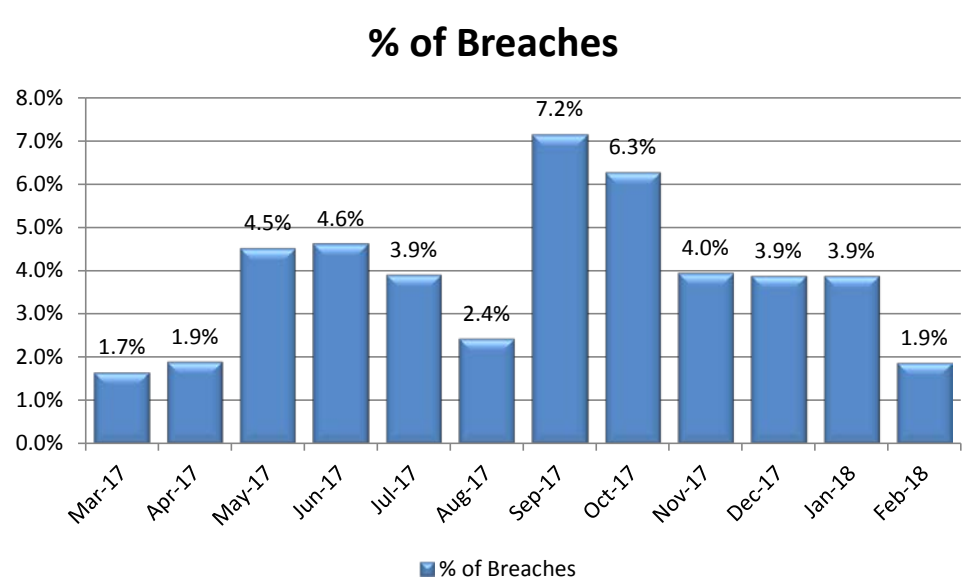
10.3 KPI 4&5 - Outwards Journeys



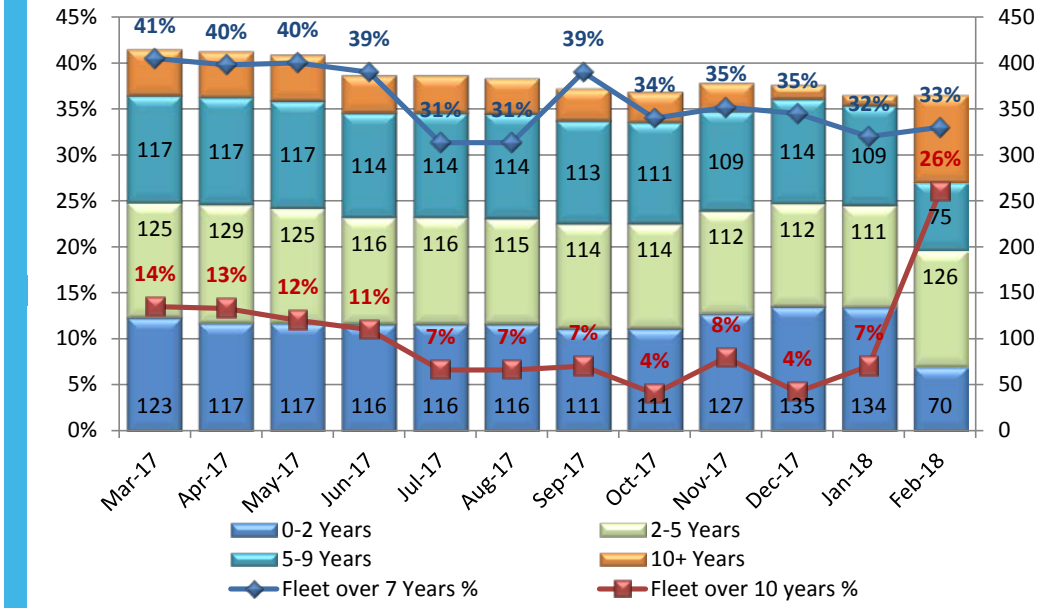
10.3 GP Urgent Performance



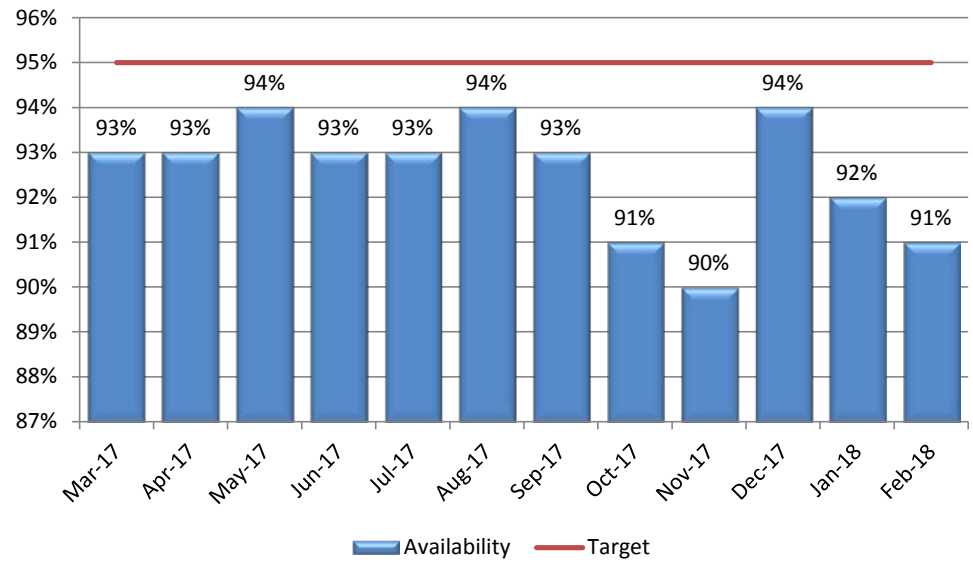
10.4 Deep Clean (5 weeks)



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

Vehicle availability decreased slightly by 1 percentage point in February and at 91% is below the 95% trust target.

The PTS deep clean percentage of breaches outside the 5 weeks window improved from 3.9% to 1.9%.

Figures for February show the proportion of vehicles aged above ten years increased to 26% in February and is due to a high number of PTS vehicles purchsed in early 2008.

Vehicle availability decreased in February and at 91% is below the 95% trust target, this is 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.

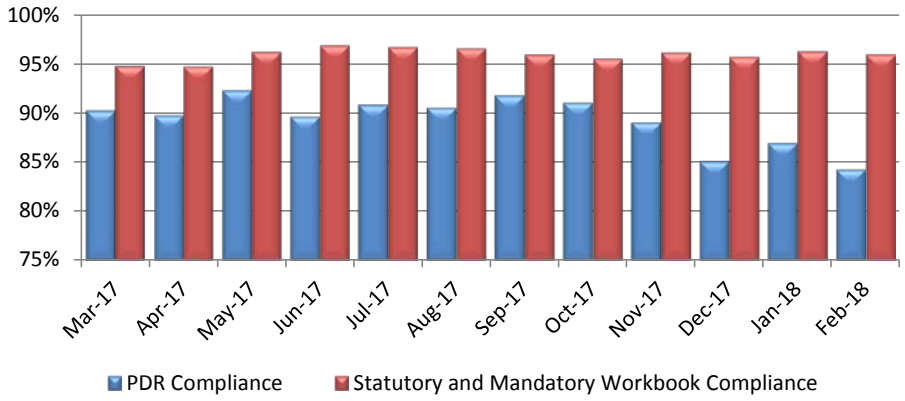
10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available Total	Available %
Budget FTE	599	30	120	449	75%
Contracted FTE (before OT)	575	54	101	420	73%
Variance	(25)	(24)	19	(29)	(6.5%)
% Variance	(4.1%)	(79.6%)	16.0%		
FTE worked inc overtime	608	54	101	453	75%
Variance	(9)	(24)	19	4	0.8%
% Variance	(1.4%)	(79.6%)	16.0%		

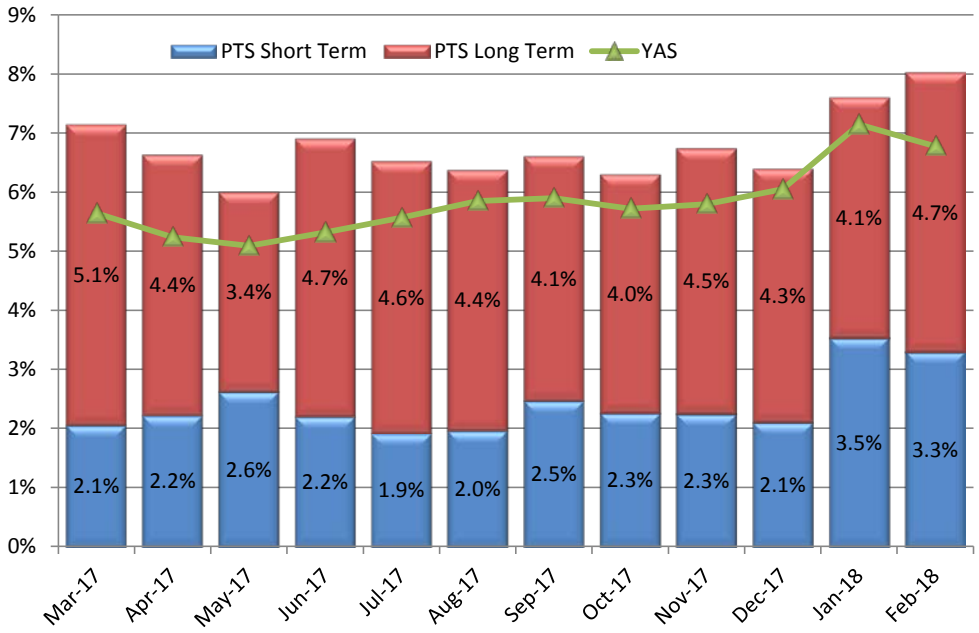
"* FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

** Sickness and Absence (Abstractions) is from GRS

10.8 Training



10.9 Sickness



Commentary

PDR compliance fell 87% in January to 84.3%; this remains a strong performer compared to ther areas of YAS, however is below the 90% Trust target.

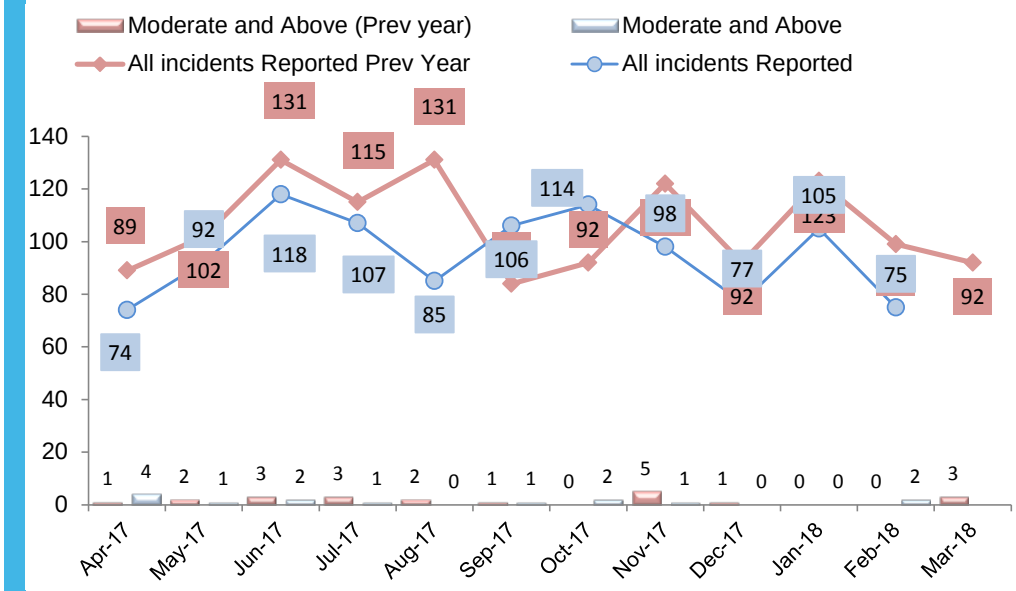
Statutory and Mandatory Workbook compliance stood at 96% in February and is above the 90% Trust target.

Sickness rate increased in February by 0.4% and was 1.3% higher than the 6.8% YAS average; A deep dive of sickness is to be undertaken and actions reported as an outcome.

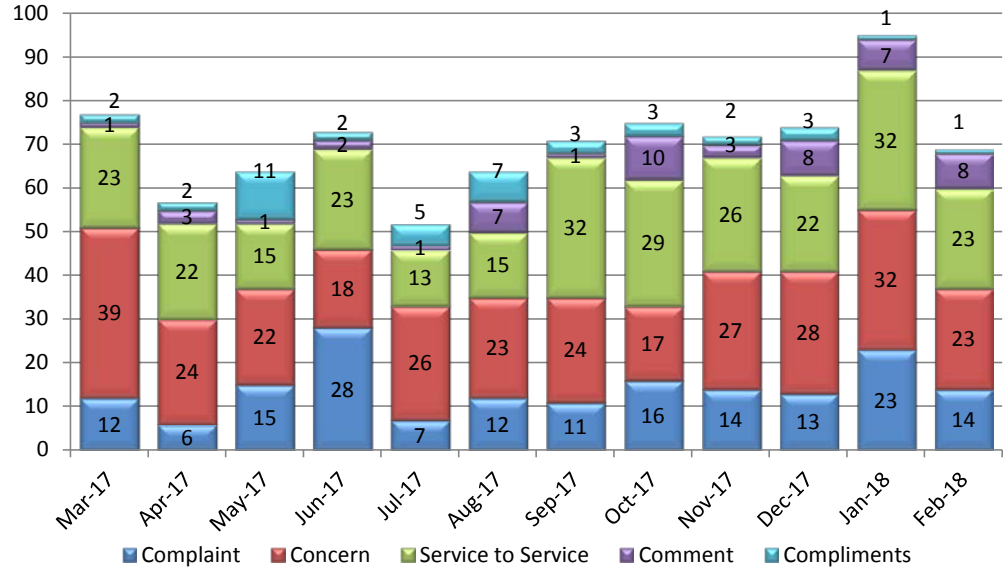
10.10 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	2
Total Incidents (per 1000 activities)		0.000	0.003
Total incidents Moderate & above		0	14
Response within target time for complaints & concerns		93%	94%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		93.2%	90.8%
Call Answered in 3 mins - Target 90%		89.4%	78.8%

10.11 Incidents



10.12 Patient Feedback



Commentary

Quality, Safety and Patient Experience: The proportion of calls answered in 3 minutes stood at 89.4% in February which is up from 83.1% on the previous month and is below the 90% target.

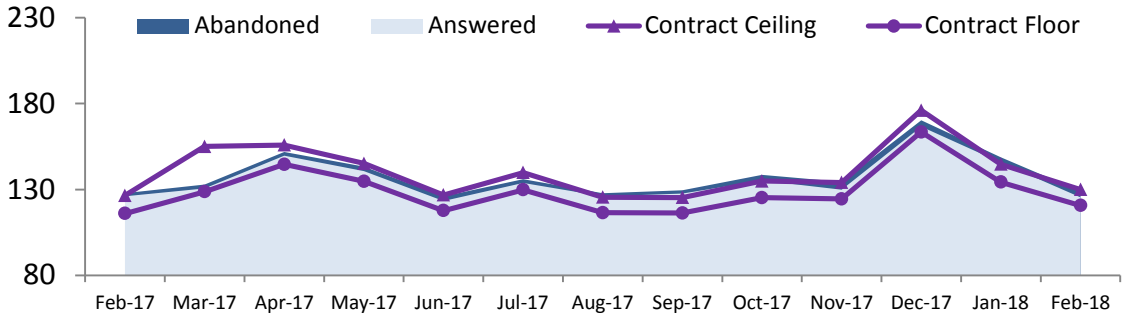
Incidents: The number of reported incidents within PTS decreased by 28.6% vs last month and is down by 24.2% on the previous year's figures.

Patient Feedback: Patient feedback figures are down by 26 (27.4%) 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 February. The YTD average number of complaints each month is 14 equating to a complaint rate per PTS journey of 0.02%.

11. NHS 111

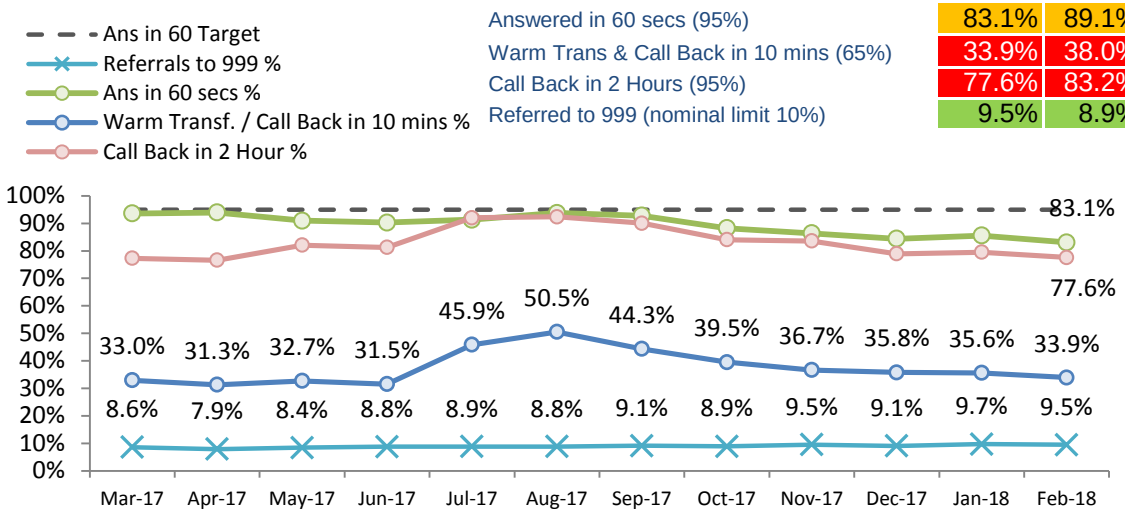
February 18

11.1 Demand



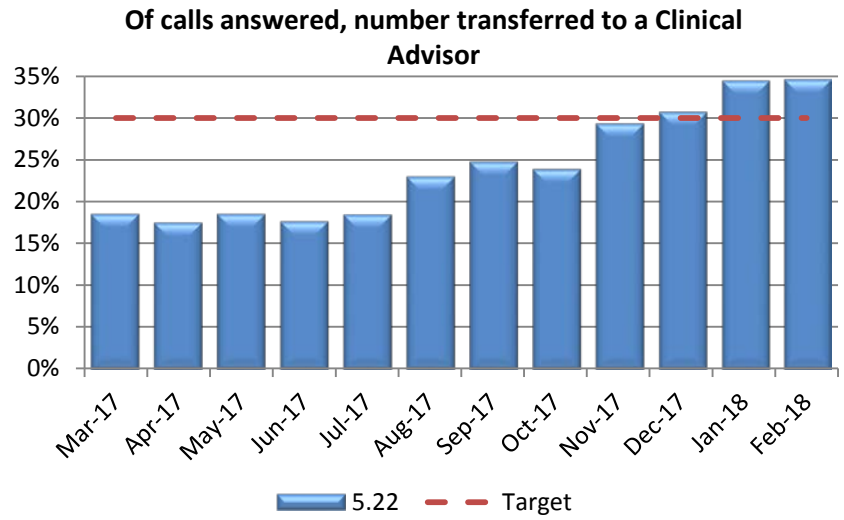
YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 2017-18	1,535,403	1,503,840	1,339,612	89.1%
Contract YTD 2017-18	1,538,357	1,497,778	1,422,889	95.0%
Variance	- 2,954	6,062	- 83,277	5.9%
	-0.2%	0.4%	-5.9%	
YTD 2016-17	1,464,462	1,438,560	1,341,335	93.2%
Variance	70,941	65,280	- 1,723	-4.2%
	4.6%	4.3%	-0.1%	

11.2 Performance



	Feb-18	YTD
Answered in 60 secs (95%)	83.1%	89.1%
Warm Trans & Call Back in 10 mins (65%)	33.9%	38.0%
Call Back in 2 Hours (95%)	77.6%	83.2%
Referred to 999 (nominal limit 10%)	9.5%	8.9%

11.3 proportion calls transferred to a clinical advisor



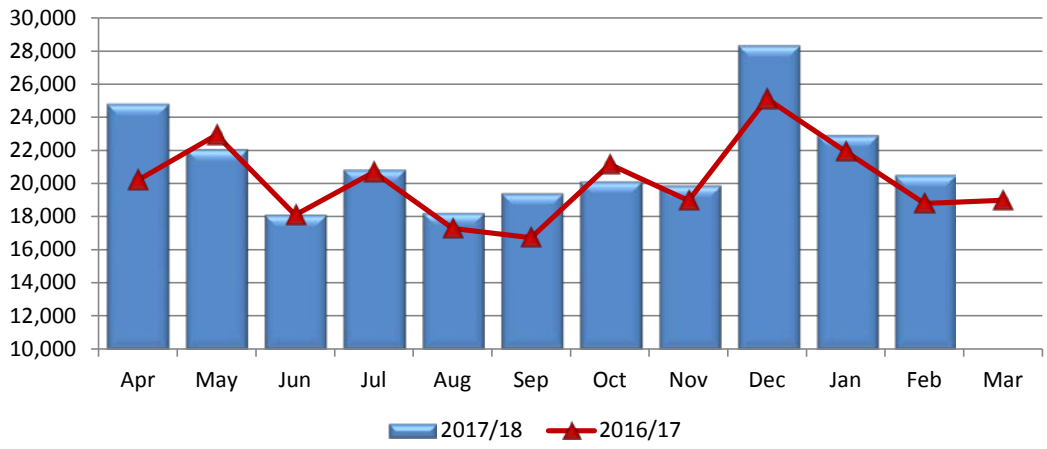
Commentary

Figures for February 2018 show that 83.1% 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 continue to track closely with the contract ceiling with calls for February 0.9% below ceiling.

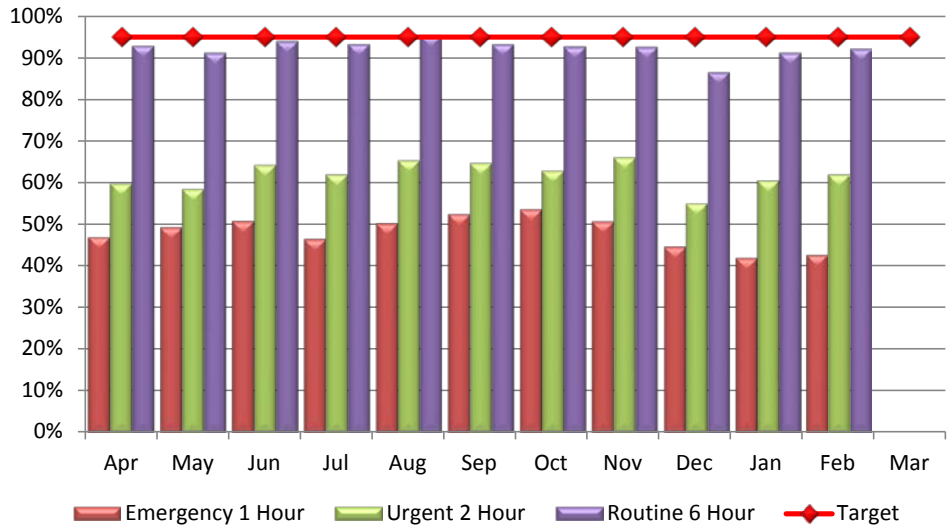
The 2 local clinical KPIs for 2 hours call-back (77.6%) and warm transfer / 10 minute call-back (33.9%) have fallen from January, reflecting the fact that clinical staff habve supported front end call handling. Clinical advice is exceeding the 30% NHS England target.

11.4 Demand

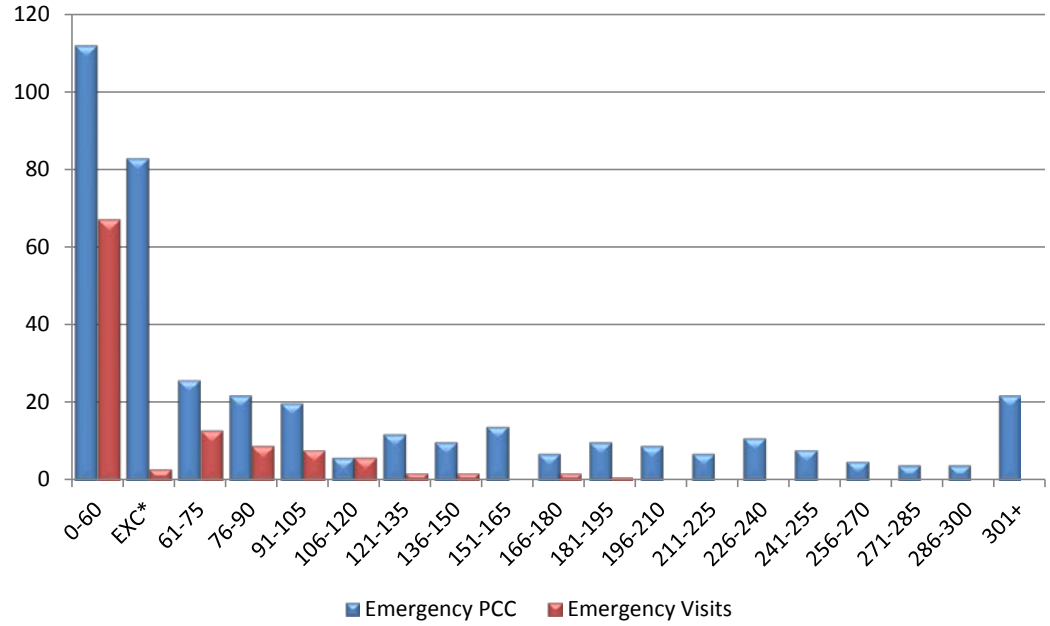


YTD Variance	YTD 2016-17	YTD 2017-18	Diff	Percentage
	203,066	235,686	32,620	16.1%

11.6 Performance



11.5 Tail of Performance



11.7 Complaints

Adverse incidents	
Adverse incidents	No SI's were reported in February
Adverse reports received	No adverse reports received.
Patient Complaints	24 patient complaints received in February directly involving the LCD part of the pathway. 2 upheld, 2 partially upheld, 9 not upheld and 11 remain under investigation.

Comments: Patient demand levels for WYUC Feb 18, in comparison to Feb 17 increased by 6.4%. NQR performance, compared to last year, fell for the 1 hour emergency (42.7% emergency from 48.5% in Feb 17). Performance for the 2 hour urgent cases however improved (61.9% against 60.4%) as did the 6 hour routine NQR (92.2% against 90.5% in Feb 17).

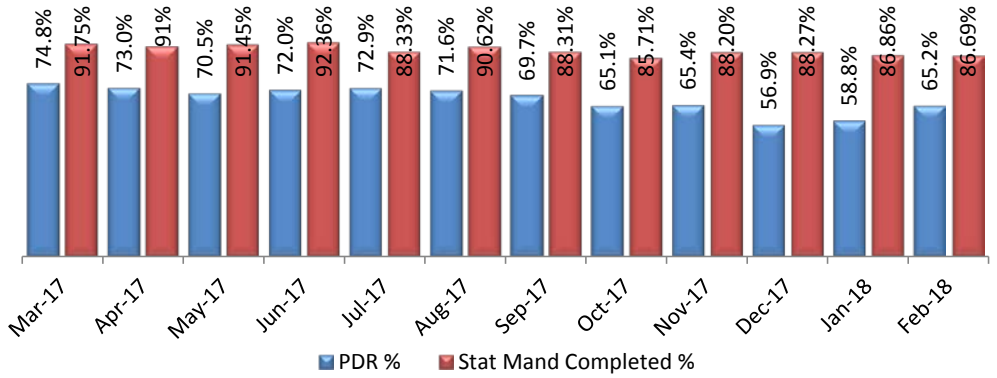
11. NHS 111

February 18

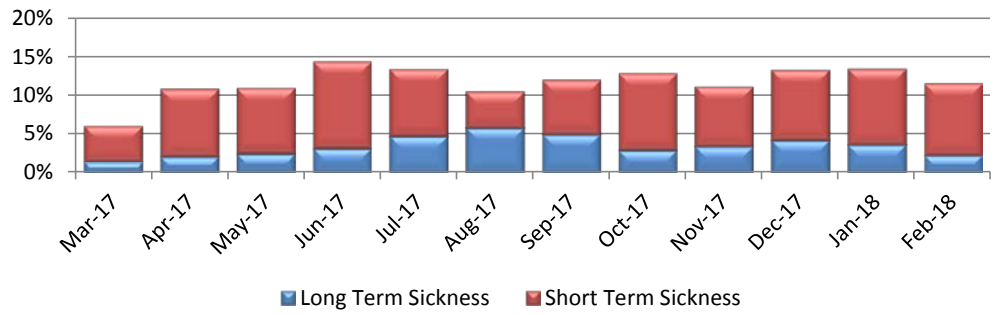
11.8 Workforce FTE - Call Handler & Clinician

	FTE	Sickness	Absence	Available Total	Available %
Budget FTE	320	29	74	218	68%
Contracted FTE (before OT)	300	35	76	189	63%
Variance	-20	-6	-2	-29	-5%
% Variance	-6%	-21%	-3%	-13%	
FTE (Worked inc Overtime)	321	35	76	210	65%
Variance	1	-6	-2	-8	-3%
% Variance	0.2%	-21%	-3%	-3%	

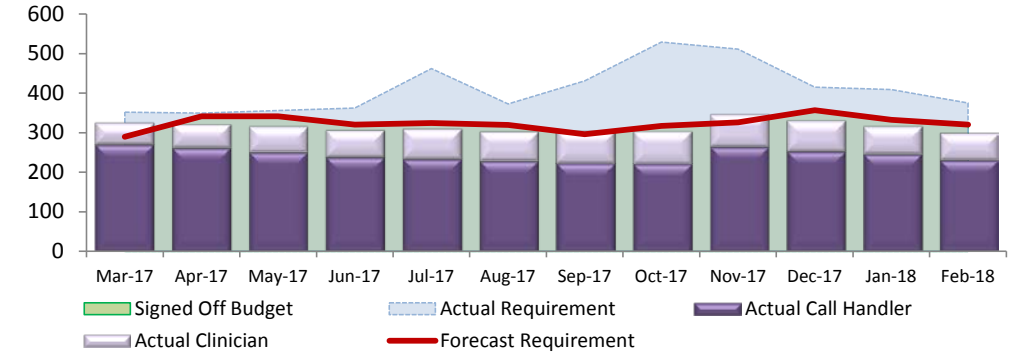
11.11 Training



11.9 Sickness



11.10 Recruitment Plan



Commentary

There was a freeze on training and development during December and January in line with the expected and actual increase in patient demand and due to service and staffing pressures it has been difficult to release staff (as planned) to complete training. A plan is in place however to use any on-day capacity to allow release of staff.

Overall sickness levels fell during February, 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.

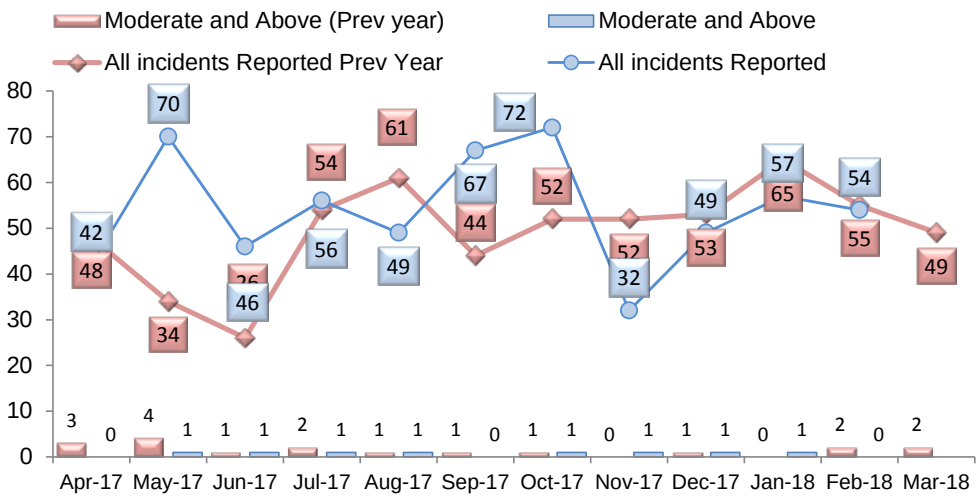
PDR rates improved across the period following a re-focus within the service and close working with the Education Records, KPI and Compliance Coordinator to cleanse and update records. This continues to be focus of the service across March.

The service continue to review Easter staffing and performance expecations recognising the significant call increases across the period, with further details in the overall Trust Easter plan.

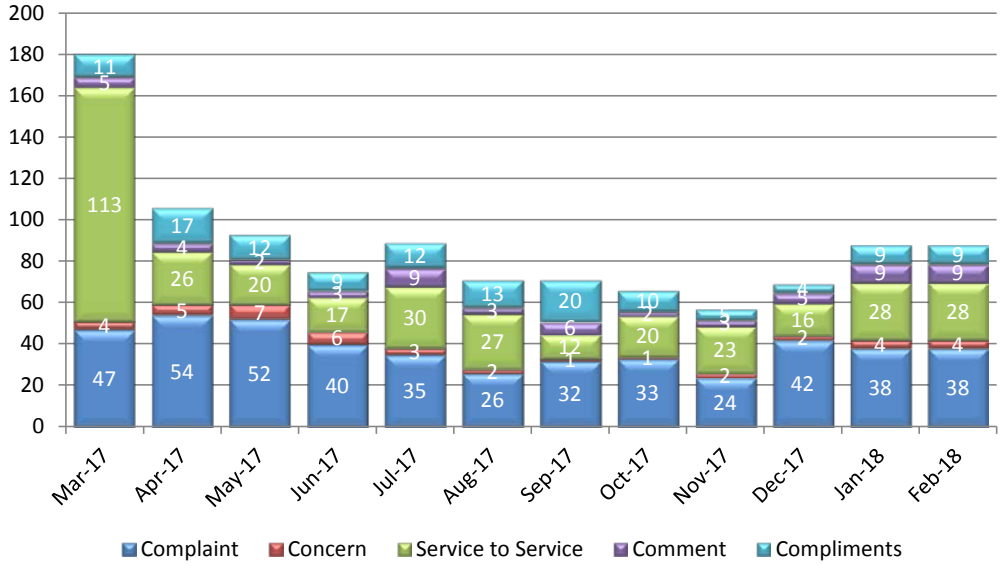
11.13 Quality, Safety and Patient Experience

		Feb-18	YTD
Serious Incidents		0	4
Total Incidents (per 1000 activities)		0.00	0.00
Total incidents Moderate & above		0	8
Response within target time for complaints & concerns		84%	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 February.

32 patient complaints were received and are being investigated. This is down on the previous month. The YTD average number of complaints each month (March to February) 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 no incidents in this category recorded in February.

There were 6 compliments received during February.

ANNEXES

Annex 1 AQI National Benchmarking

February 2018

System (January 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)	**68430**	**101395**	**96141**	**63046**	**73798**	**73091**	**34280**	**92371**	**62234**	**47050**
Incident Proportions%	**YAS**	**LOND**	**NWAS**	**EMAS**	**EEAS**	**SWAS**	**NEAS**	**WMAS**	**SECAMB**	**SCAS**
C1 and C2 Incidents	67.2%	63.1%	65.6%	69.6%	63.3%	59.9%	62.1%	52.0%	52.5%	50.6%
C1 Incidents	12.8%	8.4%	10.9%	10.4%	9.0%	7.4%	7.1%	6.0%	5.3%	5.5%
C2 Incidents	54.5%	54.8%	54.7%	59.2%	54.2%	52.5%	55.0%	46.0%	47.2%	45.0%
C3 Incidents	18.3%	21.5%	20.4%	17.2%	17.0%	26.7%	21.9%	37.8%	37.2%	32.5%
C4 Incidents	1.2%	2.7%	4.1%	0.3%	6.8%	2.2%	1.4%	2.7%	2.1%	3.1%
HCP 1-4 Hour Incidents	5.9%	4.2%	4.4%	4.5%	4.4%	4.9%	2.8%	3.4%	3.5%	7.9%
Hear and Treat	7.2%	4.2%	4.0%	8.4%	8.5%	5.0%	6.4%	3.7%	4.7%	5.9%
Performance	**YAS**	**LOND**	**NWAS**	**EMAS**	**EEAS**	**SWAS**	**NEAS**	**WMAS**	**SECAMB**	**SCAS**
C1-Mean response time (Target 00:07:00)	00:08:10	00:07:10	00:09:51	00:09:19	00:08:35	00:09:11	00:06:32	00:06:48	00:07:51	00:07:04
C1-90th centile response time (Target 00:15:00)	00:13:56	00:11:45	00:16:44	00:16:44	00:15:25	00:16:50	00:11:22	00:11:44	00:14:07	00:12:39
C2-Mean response time (Target 00:18:00)	00:26:57	00:20:25	00:39:59	00:37:11	00:29:11	00:29:45	00:23:23	00:12:22	00:16:13	00:16:30
C2-90th centile response time (Target 00:40:00)	00:59:30	00:42:08	01:31:33	01:22:15	01:00:49	01:02:29	00:48:58	00:22:26	00:30:12	00:33:04
C3-90th centile response time (Target 02:00:00)	02:31:51	02:25:38	03:14:16	03:22:40	03:22:54	02:28:32	03:28:22	01:22:49	02:23:34	02:15:14
C4-90th centile response time (Target 03:00:00)	03:45:02	02:19:04	03:16:31	02:48:57	03:52:10	03:32:37	03:09:57	02:25:57	04:03:04	03:05:58
Proportion of All incidents	**YAS**	**LOND**	**NWAS**	**EMAS**	**EEAS**	**SWAS**	**NEAS**	**WMAS**	**SECAMB**	**SCAS**
Incidents with transport to ED	60.3%	62.0%	64.6%	62.9%	55.9%	52.2%	56.9%	55.9%	58.2%	54.2%
Incidents with transport not to ED	8.9%	7.1%	7.1%	1.1%	4.7%	6.3%	12.2%	3.6%	2.7%	6.5%
Incidents with face to face response	23.5%	26.6%	24.3%	27.6%	30.9%	36.5%	24.5%	36.8%	34.4%	33.4%

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%