



Integrated Performance Report

November 2017

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

November 2017

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	COMMENTS/EXCEPTIONS	
1 Excellent Outcomes	1.1	To deliver effective and efficient emergency call handling performance & increase capability to deliver non-conveyance	EDOps							
	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							
	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 is 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						Application of the Change Management Framework/approach within the Programme, including the Doncaster hub, was presented at November Programme Board Discussions commenced and meetings agreed to determine benefits. STP (ACS) Doncaster bid submitted to SY STP for national consideration for capital funding Recruitment to Senior Project Manager Post commenced	

YAS STRATEGIC OBJECTIVES 2017/18										
Strategic Objective	No	Trust Level Objectives	Lead	Jul	Aug	Sep	Oct	Nov	COMMENTS/EXCEPTIONS	
3 Our People	3.1	To refresh the organisation's vision & values, building a positive working environment, developing culture & behaviours	DWF						The new YAS values were formally launched at the management conference on 5 September. Currently work is underway to develop a values based behavioural framework that will be an instrument in embedding the values across the organisation. This piece of work has also engaged a large part of the organisation across the Trust and been discussed at TMG, TEG and Board.	
	3.2	To prioritise the health and well-being of all staff	DWF						Health and wellbeing team are all now in post and are currently evaluating existing strategy and will develop a project plan to deliver the remainder of the programme. Flu programme has been a priority since October 17 and the team have achieved a 200% increase in vaccinations vs last year. Mental health first aid training has commenced for Clinical Supervisors.	
	3.3	To build equality and diversity within our organisation to reflect the communities we serve.	DWF						The Diversity and Inclusion strategy is now launched and work is underway to develop a programme that will deliver and embed the strategy across the trust. Further work is now required to develop and implement a recruitment and retention strategy which reflects the objective to deliver equality and increase diversity in the workforce to reflect the communities we serve	
	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						Further work is required on Development of a Clinical Workforce Strategy, aligned to the national work stream. There is also a requirement to develop and implement a recruitment and retention strategy that is not yet underway as referred to in 3.3.	
	3.6	To address immediate workforce challenges and develop appropriate processes & controls.	DWF						Structure proposal for the Workforce Directorate has been approved and recruitment has commenced. Work to review and evaluate systems and process in Job Evaluation and Remuneration will take place when the new structure is in place and the new role in governance is appointed to.	
4 System Partner & Resilience	4.1	To maintain a high standard of capability for emergency planning, resilience, response and business continuity	EDOps							
	4.2	To develop collaborative relationships with Y&H stakeholders, building the reputation of YAS as a trusted system partner	DPD							
	4.3	To implement professional, co-ordinated approach to public & community engagement and corporate social responsibility	CEO							
	4.4	To implement a robust business development function and bid management process for the organisation	DPD							
5 Safe, Caring & Efficient	5.1	To sustain a safe compassionate service through compliance and continued improvement in all statutory functions	EDQGPA							
	5.2	To further embed the risk management strategy with devolved leadership and accountability in all areas	EDQGPA							
	5.3	To produce financial plans and efficiency programmes to support delivery of our Trust strategy	EDoF							
	5.4	To deliver an enhanced finance function, responsive to core operational delivery and system transformation	EDoF							
	5.5	To produce and implement 5 year strategies for estates and fleet aligned to the overarching vision for the trust	DEF							

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

Quality of Care

Number of new written complaints per 10,000 calls to Ambulance services, Q2 17-18	13.5	
Staff F&F Test % recommended care Q2 17-18	87%	
Occurrence of any never event	NA	
Patient Safety Alerts not completed by deadline	NA	
Ambulance See-and-treat from F&F Test - % positive, Sep 17	*	
CQIs (YTD from Apr 17 to Jul 17)	Return of spontaneous circulation (ROSC) in Utstein group	46.3
	Stroke 60 minutes	48.5
	Stroke Care	98.3
	ST Segment elevation myocardial infarction (STeMI) 150 minutes	81.8

(*) 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, Jul 17 (Aug data 21.12.17)	5.72%
Staff turnover (FTE), (YAS Workforce Scorecard Nov 17)	11.6%
NHS Staff Survey response rate 2016	37%
Proportion of temporary staff, Jun 17	1.85%

Operational Performance

Cat 1 Life-threatening calls mean	Sep 17
	7:14
90 th centile	13:28
Cat 2 Emergency calls mean	22:07
	90 th centile
Cat 3 Urgent calls 90 th centile	1:52:18
Cat 4 Less urgent calls 90 th centile	3:15:04

Strategic Change RAG ratings (Nov 17)

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

Finance Score

Capital service capacity (Degree to which a providers generated income covers its financial obligations)	SOF Rating* Nov 17 1
Liquidity (days of operating costs held in cash or cash equivalent forms)	1
I&E margin (I&E surplus or deficit/ total revenue)	1
Distance from financial plan (YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit)	1
Agency spend (distance from providers cap)	1
OVERALL USE OF RESOURCES RATING	1

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

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

Internal

Hub & Spoke: Remains **Amber**

- Application of the Change Management Framework/approach within the Programme, including the Doncaster hub, to be presented at December Programme Board
- Discussions commenced and meetings agreed to determine benefits
- AVP business cases to be presented to December H&SPB
- Recruitment to Senior Project Manager Post commenced

Urgent Care: Not reported this month

- Programme is being reviewed and inaugural Integrated Urgent and Emergency Care Programme group scheduled to take place on 22/12/17.

Service Improvement

A&E **Amber**

- The re-working of the Transformation Programme into the ODIP has enabled operations to review priorities, identify those projects which will have a positive impact on performance and future-proof the service using ARP as the basis for this.
- The A&E Transformation Programme Board has been replaced by a monthly "A&E Operations Board". With a similar remit to Programme Board, the Operations Board will review progress against the ODIP, ensure benefits are realised and address any delays in achieving key milestones within projects. It is anticipated that the first meeting of this Board will take place in January 2018.

PTS: Remains **Amber**

- The Programme's overall RAG rating has remained the same although a lot of progress has been made with many of the projects turning green. These resources will progress with programme delivery and deliver CQUIN, CIP, KPI and BAU demands. This will increase capacity within the service enabling work streams to progress and has enabled the programme to re-cast milestones/ work streams based on resource availability and reviewed objectives.
- Resource Analyst and North East Operations Manager roles are now in place, and Senior Communications Officer and Logistics Manager roles were successfully recruited to in September. Implementation Lead starts on the 11/12/17.
- The North bids' ITT – YAS were asked to attend a finance discussion with the CCG on the 24/11/17. Preparatory work has started in preparation for the West Yorkshire procurement, expected April 18.


External

- NHS England and NHS Improvement (NHSE/I) continue to provide rigour and challenge to local A&E Delivery Board winter plans – particular focus being placed on escalation processes and resilience across the system.
- Flu vaccinations for front line staff remain a priority with NHSE/I. Weekly calls in place to monitor flu levels.
- NHSE/I focus:
 - Ian Dalton announced as Chief Executive of NHS Improvement; with a real focus on governance, particularly between NHSE, NHSI & ACSs
 - 4 hour ED performance
 - 15 minute handover with additional clarification on clock start and stop processes – YAS standard response to associated actions being developed for distribution into local A&E Delivery Boards
 - Consideration of mutual aid approaches across systems
- South Yorkshire and Bassetlaw ACS starting to develop plans around new governance structures to support the accountability of the Care System.
- YAS continue to work with urgent care networks and local delivery boards to explain the benefits, opportunities and impact of ARP, particularly around S&T, H&T, ST&R and HT&R; to strengthen the community support for greater use of alternative diversionary pathways (to reduce ED conveyance).
- SYB ACS Hospital Services Review report expected in January, with matrix of options. Final report expected in April 2018, based on full final options. YAS Clinical Directorate remain involved in all workstreams.
- Work continues within the West Yorkshire STP to develop an MOU.
- YAS have commenced contract negotiations with Commissioners for 999 contract negotiations for 18/19 and for a transitional year in the NHS111 contract.
- Hospital reconfigurations continue to be modelled throughout the region, those considered to have moderate to significant impact on YAS operations are outlined below:-
 - Mid Yorkshire Hospitals (Impact continues to be monitored – IFTs)
 - Calderdale & Huddersfield FT (Mobilised with positive feedback for YAS)
 - Friarage Hospital
 - Durham, Darlington Tees, HRW
 - South Yorkshire Stroke & South Yorkshire Acute Review
 - West Yorkshire Stroke Services


Our Performance November 2017

↑	Category 1 without IFT's was 07:54	YTD Performance		
↔	Ambulance responses on Scene down 1.5% YTD		Time	Change
↑	PTS KPI 2 continues to be above target at 86.1% for November	Category 1 Mean Performance	00:07:27	
↔	Calls transferred to a CAS Clinician in 111 is above 30% target at 34.6%	Ambulance Turnaround Time	33 mins 21 sec	(15 sec less)


A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 Mean		
Contract	Nov-17	Variance (%)	Contract	Nov-17	Variance (%)	Avg	Nov-17	Var	Avg	Nov-17	Change	Target	Nov-17	Var
77,162	77,376	0.3%	59,743	59,771	0.0%	76.2%	76.9%	0.7%	2,185	1,837	(15.9%)	00:07:00	00:07:27	00:00:27
														
Please Note: This is a new measure Arp 2.3														

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	Nov-17	Variance (%)	Target	Nov-17	Variance (%pts)	Target	Nov-17	Variance (%pts)	Target	Nov-17	Variance (%pts)	Target	Nov-17	Var
85,894	84,410	(1.7%)	82.9%	86.1%	3.2%	92.0%	89.0%	(3.0%)	92%	81.6%	(10.4%)	90.0%	65%	(25.0%)
														

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	Nov-17	Variance (%)	Target	Nov-17	Variance (%)	Target	Nov-17	Variance (%)	Target	Nov-17	Variance (%)	Avg	Nov-17	Variance (%)
130,565	129,873	0.5%	95%	86.4%	(8.6%)	30%	34.6%	4.6%	95%	83.6%	(11.4%)	8.7%	8.9%	0.2%
														

Key	Tolerance for Variance (unless stated different)	Variance	Sparklines	AVG - Average	Contract	Updated
	From Previous Month (tolerance 5% number change or 5% pts)	Variance to Contract or Target or Average	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	Demand Contracted for in the main contract	20.10.17 - PMO

Our Quality November 2017

↔	2 in 1000 patients report an incident	Patient Survey			Infection Control Compliance		
↓	0.4 in 10000 patients incidents result in moderate or above harm	Recommend YAS to F&F			Compliance	Oct 16	Oct 17
↑	FOI compliance in November was 83.5%		Q1	YTD	Hand Hygiene	92%	99%
↓	3 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (ustein)	PTS	91%	92%	Premise	99%	99%
↔	9 out of 10 people would recommend YAS to Friends and Family	A&E	86%	84%	Vehicle	96%	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
800	639	(8.2%) ↓	203	187	(23.7%) ↓	23	12	(40.0%) ↓	3	3	50.0% ↑	56	57	(9.5%) ↓

Safeguarding

Adult Referrals			Child Referrals			Complaints			Compliance (21 Days)			FOI Requests		
Avg	No	Change	Avg	No	Change	Avg	No	Change	Avg	%	Change (% Pts)	Avg	No	Change
768	784	(6.7%) ↓	472	487	(1.2%) ↔	84	74	(6.3%) ↓	81%	90%	(8.7%) ↓	38	41	28.1% ↑

Patient Relations

Legal

Clinical Outcomes (Mar DATA)

Stroke 60			STeMI Care			ROSC (Utstein)			Survival (Utstein)			Deep Clean Breaches (8 weeks)		
Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	AE/PTS	Change (%pts)
44.7%	49.2%	(1.6%) ↔	83.4%	90.6%	11.0% ↑	53.2%	53.3%	0.9% ↔	34.4%	29.3%	(26.8%) ↓	35	47	(42.0%) ↓

Fleet

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	20 Oct 2017 - PMO
					7

Our Workforce - November 2017

↑	910 staff are overdue a PDR out of 4500
↔	133 Staff are on long term sick out of 5194 Staff
↓	351 staff are still to complete the stat and man work book out of 5194
↔	More than 9 out of 10 staff have completed the Stat Man Workbook

YTD Performance		
	%	Change
Sickness	5.67%	0.24%
Stat and Man	94.51%	-0.36%

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)
4,339	4,373	0.8% ↔	11.1%	6.1%	(5.0%) ↓	11.5%	11.6%	0.1% ↔	47.08	44	(6.3%) ↓	95.0%	65.7%	(29.3%) ↓

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%	5.8%	0.8% ↔	1.9%	1.9%	(0.0%) ↔	3.7%	3.9%	0.2% ↔	1,720	1,637	(5.1%) ↓	£813,898	£980,666	20.5% ↑

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%	75.3%	(14.7%) ↓	90.0%	94.5%	4.5% ↑	90.0%	95.4%	5.4% ↑	80.0%	83.8%	3.8% ↑			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	6th December 2017 - Workforce Intelligence Team			8

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	(21,806)	(21,665)	140	(174,152)	(173,166)	986
Expenditure	21,416	20,855	(560)	171,981	170,015	(1,966)
Retained (Deficit) / Surplus with STF Funding	(390)	(810)	(420)	(2,171)	(3,151)	(980)
STF Funding	(151)	(151)	0	(831)	(831)	0
Retained (Deficit) / Surplus without STF Funding*	(239)	(659)	(420)	(1,340)	(2,320)	(980)
EBITDA	(1,362)	(1,769)	(408)	(9,945)	(10,935)	(990)
Cash	21,823	36,947	15,124	21,823	36,947	15,124
Capital Investment	814	28	(786)	2,567	381	(2,186)
Quality & Efficiency Savings (CIPs)	1,037	1,049	12	8,294	9,498	1,204

Under the "Single Oversight Framework" the overall Trust's rating for November 2017 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 £980k against plan as at the end of November (Month 8). Income is lower than plan by £986k, mainly due to the

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

In terms of key service line variances YTD: The A&E service line (including EOC and Special Operations) is £3,853k favourable against plan mainly due to; vacancies and the under utilisation of the overtime budget. The underspend in pay is partially offset by overspend in non-pay including fire service responders and meal break payments and an income shortfall due to the unachievement of CQUIN. PTS is adverse to plan by £255k 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 £519k 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 November 2017 the Trust's cash position was £36.9m against a plan of £21.8m, giving a favourable variance of £15.1m. The increase in the cash balance of £1.6m against the October position reflects the higher operating surplus than planned, continuing underspends against the capital plan, and favourable movements in working capital.

Capital spend at the end of November 2017 is £381k against the original plan of £2,567k YTD. The original plan was £13.233m expenditure (allowing for disposals of £1.05m resulting in a charge of £12.182m against the Capital Resource Limit). At the end of June 2017 NHS Improvement approved a CRL of £8,533k, as a result of this in August 2017 the service leads reviewed and subsequently reappraised the deliverability of capital schemes. This resulted in a reduction of the capital plan to £8.5m which was approved by the Trust Board in September 2017.

The Trust has a savings target of £12.441m for 2017/18. Whilst YTD the Trust has overachieved against this target by £1,205k, 33% of savings have been delivered non recurrently and therefore causing an underlying recurrent financial risk for future years.

	Month	YTD	Trend 2017-18																																							
RISK RATING: Under the "Single Oversight Framework" the overall Trust's rating for November 2017 is 1 (1 being lowest risk, 4 being highest risk). The Trust is forecasting that it will achieve a 1 rating for the year.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>2</td><td>1</td></tr><tr><td>M2</td><td>2</td><td>1</td></tr><tr><td>M3</td><td>1</td><td>1</td></tr><tr><td>M4</td><td>2</td><td>1</td></tr><tr><td>M5</td><td>1</td><td>1</td></tr><tr><td>M6</td><td>1</td><td>1</td></tr><tr><td>M7</td><td>1</td><td>1</td></tr><tr><td>M8</td><td>1</td><td>1</td></tr><tr><td>M9</td><td>1</td><td>1</td></tr><tr><td>M10</td><td>1</td><td>1</td></tr><tr><td>M11</td><td>1</td><td>1</td></tr><tr><td>M12</td><td>1</td><td>1</td></tr></tbody></table>	Month	Actual	Plan	M1	2	1	M2	2	1	M3	1	1	M4	2	1	M5	1	1	M6	1	1	M7	1	1	M8	1	1	M9	1	1	M10	1	1	M11	1	1	M12	1	1
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EBITDA: The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at month 8 is £10,935k against a plan of £9,945k, a favourable variance of £990k against plan.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>-1,000</td><td>-1,000</td></tr><tr><td>M2</td><td>-1,000</td><td>-1,000</td></tr><tr><td>M3</td><td>-1,000</td><td>-1,000</td></tr><tr><td>M4</td><td>-1,000</td><td>-1,000</td></tr><tr><td>M5</td><td>-1,500</td><td>-1,000</td></tr><tr><td>M6</td><td>-1,000</td><td>-1,000</td></tr><tr><td>M7</td><td>-1,000</td><td>-1,000</td></tr><tr><td>M8</td><td>-1,500</td><td>-1,000</td></tr><tr><td>M9</td><td></td><td>-1,000</td></tr><tr><td>M10</td><td></td><td>-1,000</td></tr><tr><td>M11</td><td></td><td>-1,000</td></tr><tr><td>M12</td><td></td><td>-1,000</td></tr></tbody></table>	Month	Actual	Plan	M1	-1,000	-1,000	M2	-1,000	-1,000	M3	-1,000	-1,000	M4	-1,000	-1,000	M5	-1,500	-1,000	M6	-1,000	-1,000	M7	-1,000	-1,000	M8	-1,500	-1,000	M9		-1,000	M10		-1,000	M11		-1,000	M12		-1,000
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M11		-1,000																																								
M12		-1,000																																								
SURPLUS: The Trust has reported a surplus (including STF) as at the end of November (Month 8) of £3,151k which is a £980k favourable variance against the planned surplus of £2,171k. The STF achieved YTD is £831k.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>-500</td><td>-500</td></tr><tr><td>M2</td><td>-500</td><td>-500</td></tr><tr><td>M3</td><td>-500</td><td>-500</td></tr><tr><td>M4</td><td>-500</td><td>-500</td></tr><tr><td>M5</td><td>-800</td><td>-500</td></tr><tr><td>M6</td><td>-500</td><td>-500</td></tr><tr><td>M7</td><td>-500</td><td>-500</td></tr><tr><td>M8</td><td>-800</td><td>-500</td></tr><tr><td>M9</td><td></td><td>-500</td></tr><tr><td>M10</td><td></td><td>-500</td></tr><tr><td>M11</td><td></td><td>-500</td></tr><tr><td>M12</td><td></td><td>-500</td></tr></tbody></table>	Month	Actual	Plan	M1	-500	-500	M2	-500	-500	M3	-500	-500	M4	-500	-500	M5	-800	-500	M6	-500	-500	M7	-500	-500	M8	-800	-500	M9		-500	M10		-500	M11		-500	M12		-500
Month	Actual	Plan																																								
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M6	-500	-500																																								
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M9		-500																																								
M10		-500																																								
M11		-500																																								
M12		-500																																								
CAPITAL: Capital spend at the end of November 2017 is £381k against the original plan of £2,567k YTD. The original plan was £13.233m expenditure (allowing for disposals of £1.05m resulting in a charge of £12.182m against the Capital Resource Limit). At the end of June 2017 NHS Improvement approved a CRL of £8,533k, as a result of this in August 2017 the service leads reviewed and subsequently reappraised the deliverability of capital schemes. This resulted in a reduction of the capital plan to £8.5m which was approved by the Trust Board in September 2017.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>0</td><td>0</td></tr><tr><td>M2</td><td>0</td><td>0</td></tr><tr><td>M3</td><td>0</td><td>0</td></tr><tr><td>M4</td><td>0</td><td>0</td></tr><tr><td>M5</td><td>0</td><td>0</td></tr><tr><td>M6</td><td>0</td><td>0</td></tr><tr><td>M7</td><td>0</td><td>0</td></tr><tr><td>M8</td><td>0</td><td>0</td></tr><tr><td>M9</td><td></td><td>1,500</td></tr><tr><td>M10</td><td></td><td>2,800</td></tr><tr><td>M11</td><td></td><td>2,700</td></tr><tr><td>M12</td><td></td><td>3,800</td></tr></tbody></table>	Month	Actual	Plan	M1	0	0	M2	0	0	M3	0	0	M4	0	0	M5	0	0	M6	0	0	M7	0	0	M8	0	0	M9		1,500	M10		2,800	M11		2,700	M12		3,800
Month	Actual	Plan																																								
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M9		1,500																																								
M10		2,800																																								
M11		2,700																																								
M12		3,800																																								
CASH: At the end of November 2017 the Trust's cash position was £36.9m against a plan of £21.8m, giving a favourable variance of £15.1m. The increase in the cash balance of £1.6m against the October position reflects the higher YTD operating surplus than planned, continuing underspends against the capital plan, and favourable movements in working capital.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>20</td><td>20</td></tr><tr><td>M2</td><td>20</td><td>20</td></tr><tr><td>M3</td><td>20</td><td>20</td></tr><tr><td>M4</td><td>25</td><td>20</td></tr><tr><td>M5</td><td>25</td><td>20</td></tr><tr><td>M6</td><td>30</td><td>20</td></tr><tr><td>M7</td><td>35</td><td>20</td></tr><tr><td>M8</td><td>35</td><td>20</td></tr><tr><td>M9</td><td></td><td>20</td></tr><tr><td>M10</td><td></td><td>20</td></tr><tr><td>M11</td><td></td><td>20</td></tr><tr><td>M12</td><td></td><td>20</td></tr></tbody></table>	Month	Actual	Plan	M1	20	20	M2	20	20	M3	20	20	M4	25	20	M5	25	20	M6	30	20	M7	35	20	M8	35	20	M9		20	M10		20	M11		20	M12		20
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M9		20																																								
M10		20																																								
M11		20																																								
M12		20																																								
CIP: The Trust has a savings target of £12.441m for 2017/18. Whilst YTD the Trust has overachieved against this target by £1,205k, 33% of savings have been delivered non recurrently and therefore causing an underlying recurrent financial risk for future years.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>800</td><td>1,000</td></tr><tr><td>M2</td><td>1,200</td><td>1,000</td></tr><tr><td>M3</td><td>1,000</td><td>1,000</td></tr><tr><td>M4</td><td>2,300</td><td>1,000</td></tr><tr><td>M5</td><td>1,000</td><td>1,000</td></tr><tr><td>M6</td><td>1,000</td><td>1,000</td></tr><tr><td>M7</td><td>1,000</td><td>1,000</td></tr><tr><td>M8</td><td>1,000</td><td>1,000</td></tr><tr><td>M9</td><td></td><td>1,000</td></tr><tr><td>M10</td><td></td><td>1,000</td></tr><tr><td>M11</td><td></td><td>1,000</td></tr><tr><td>M12</td><td></td><td>1,000</td></tr></tbody></table>	Month	Actual	Plan	M1	800	1,000	M2	1,200	1,000	M3	1,000	1,000	M4	2,300	1,000	M5	1,000	1,000	M6	1,000	1,000	M7	1,000	1,000	M8	1,000	1,000	M9		1,000	M10		1,000	M11		1,000	M12		1,000
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M12		1,000																																								

Directorate	Plan YTD £000	Actual YTD £000	YTD Variance £000
A&E Directorate	4,578	4,578	0
Business Development Directorate	58	58	0
Capital Charges Directorate	88	40	(48)
Chief Executive Directorate	84	21	(63)
Clinical Directorate	94	92	(2)
Estates Directorate	215	111	(104)
Finance Directorate	665	527	(139)
Fleet Directorate	1,174	281	(893)
People & Engagement Directorate	260	0	(260)
Planned & Urgent Care Directorate	951	458	(493)
Quality, Governance & Performance Assurance Directorate	126	126	0
Reserve Schemes	0	3,207	3,207
Grand Total	8,294	9,498	1,205

Recurrent/Non-Recurrent/Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	6,292	6,404	112
Non - Recurrent	1,441	3,094	1,654
Unidentified	562	0	(562)
Grand Total	8,294	9,498	1,205

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

November 17

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					
Healthy food for NHS staff and visitors	Head of Facilities Management, Estates	£285,987	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					
Total		£858,047													

Comments: Key staff who will deliver health related CQUINS (Head of Well Being; H&WB adviser and Occ Health practitioner) have now been appointed with the Advisor now in place. The Head of Health and Wellbeing commences in post on 11th December 2017. A complete review of all health and wellbeing initiatives is being undertaken in addition to a review of the current Occupational Health provision. The Mental Health First Aid training has now commenced with a potential for more places being offered to staff. The flu campaign has commenced and will run until 31st December with regular updates on performance of the programme. The current performance is at 56% at the end of November 2017.

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					
End to End Reviews	Head of Investigations & Learning	£1,072,238	Green	Green	Green	Green	Green	Green	Green	Green					
Mortality Review	Deputy Medical Director	£1,072,238	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					
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

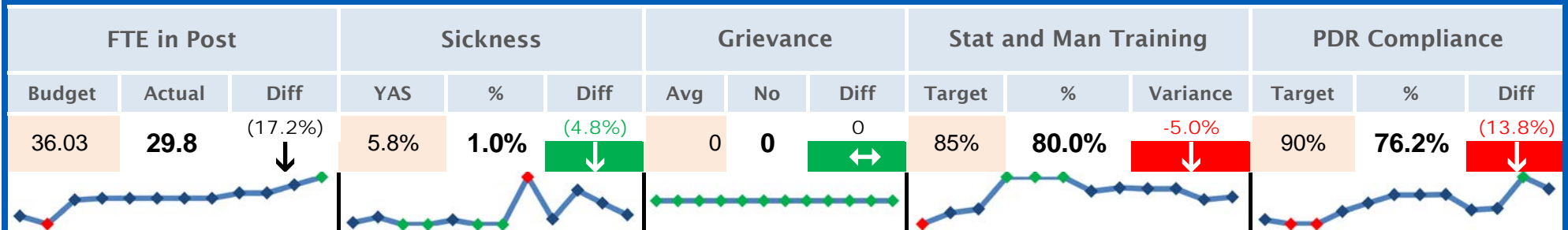
PTS CQUINS		Expected Financial Value of Goal	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
Patient Portal	PTS Locality Manager	£136,000	Green	Green	Amber	Amber	Green	Green	Green	Green					
Local CQUIN developed jointly with YAS and finalised as part of the Q3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

Comments:
The CQUIN is now in full use and there are no issues anticipated with the delivery of this CQUIN. To date commissioners are satisfied with all progress. This quarter has seen the dedicated lead take steps to relaunch the Portal with a view to encouraging more patients to use it on a regular basis, however this is proving difficult as patients stop using the facility when treatments end.

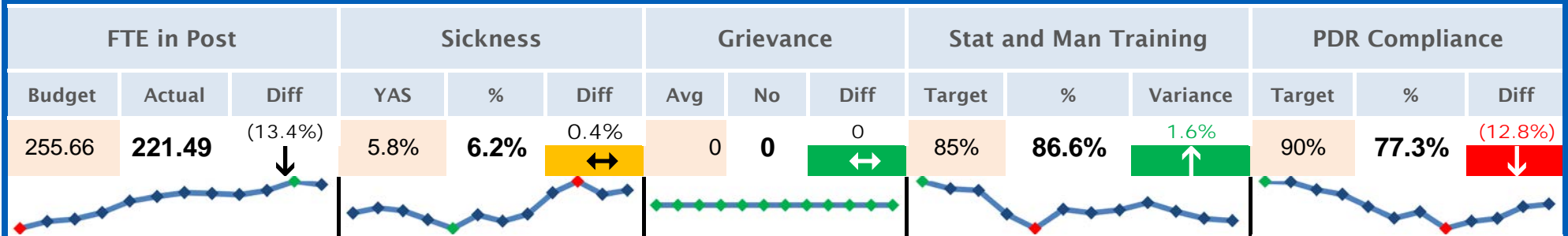
Green Fully Completed / Appropriate actions taken
Amber Delivery at Risk
Red Milestone not achieved

Corporate Services - November 2017

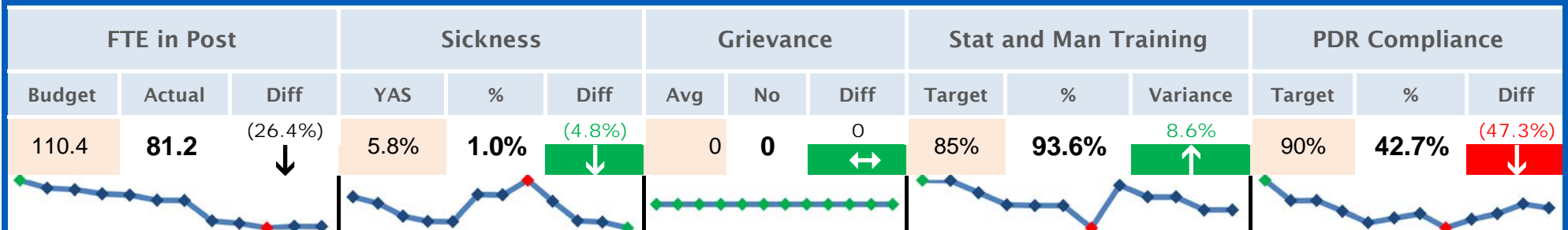
Chief Exec and Business Development



Finance



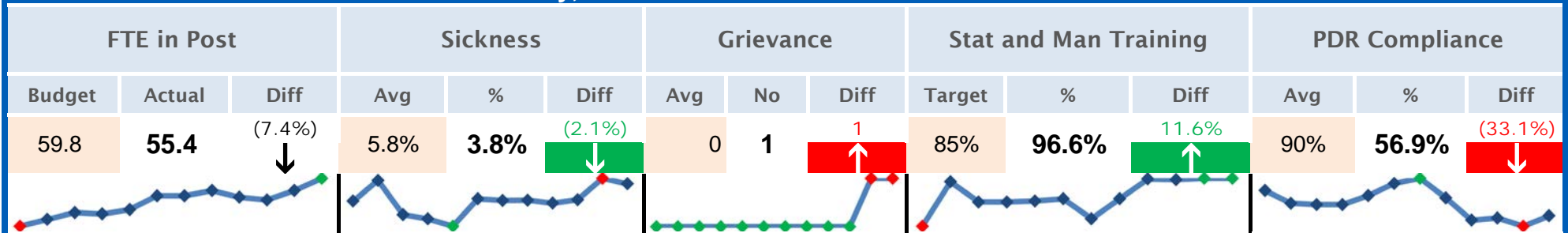
People and Engagement



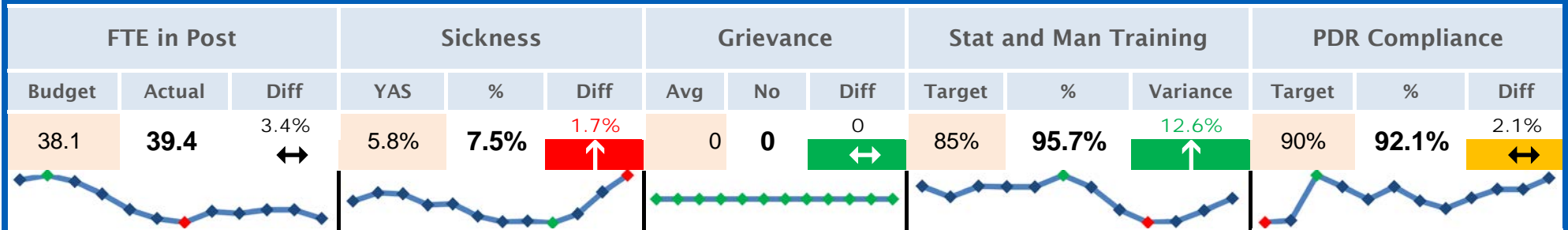
Key	Difference		Direction of Travel	Sparklines	AVG - Average		Updated			
	Current Month (tolerance 5% number difference)		From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods		06.12.17 - PMO			

Corporate Services - November 2017

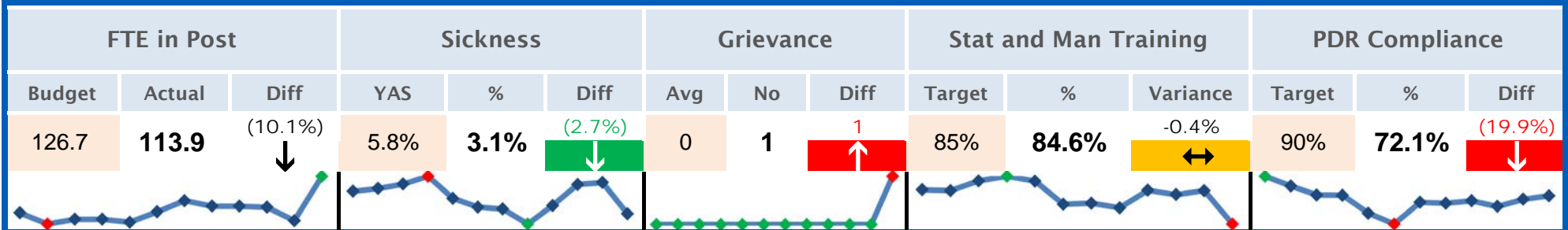
Quality, Governance and Performance Assurance



Clinical



Fleet and Estates

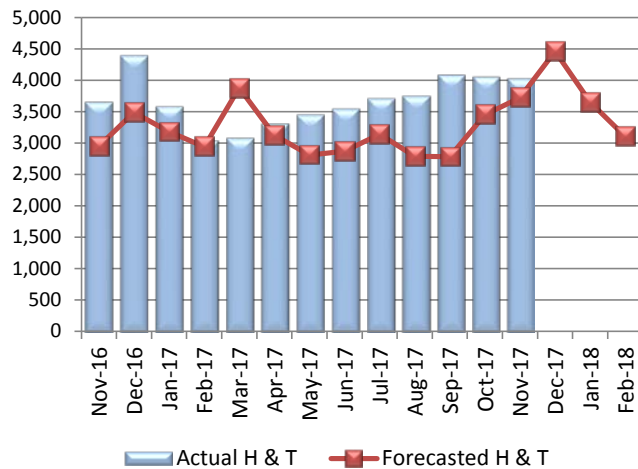


Key	Difference		Direction of Travel		Sparklines		AVG - Average		Updated	
	Current Month (tolerance 5% number difference and 1% for sickness)		From Previous Month		To demonstrate trend, low point is lowest point in that trend (not zero)		Previous 12 Periods		06.12.17 - PMO	

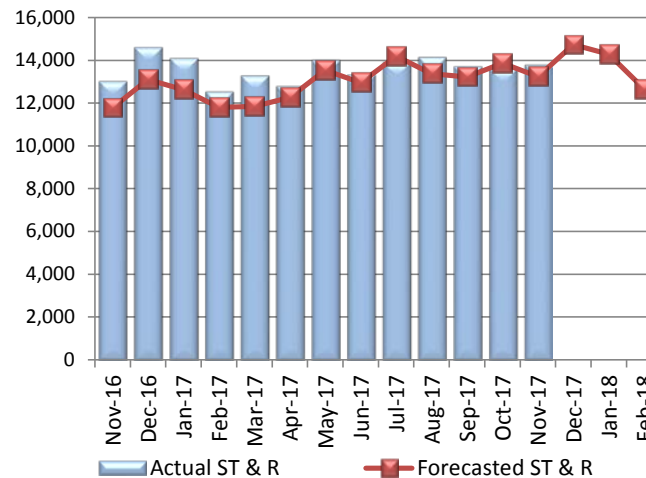
SERVICE LINES

9.1 Activity

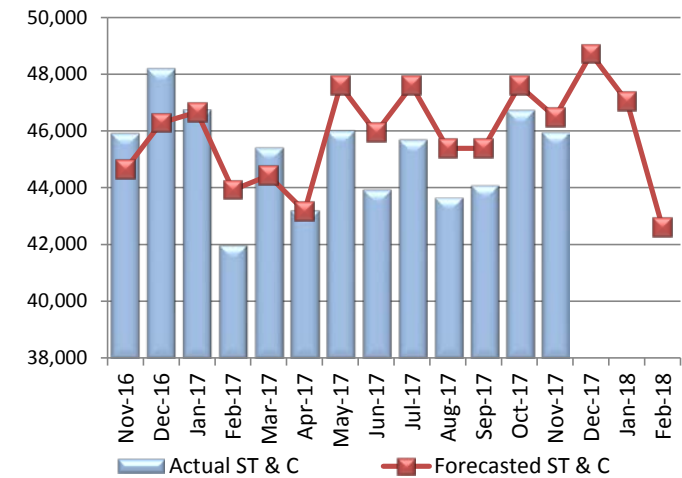
Hear & Treat



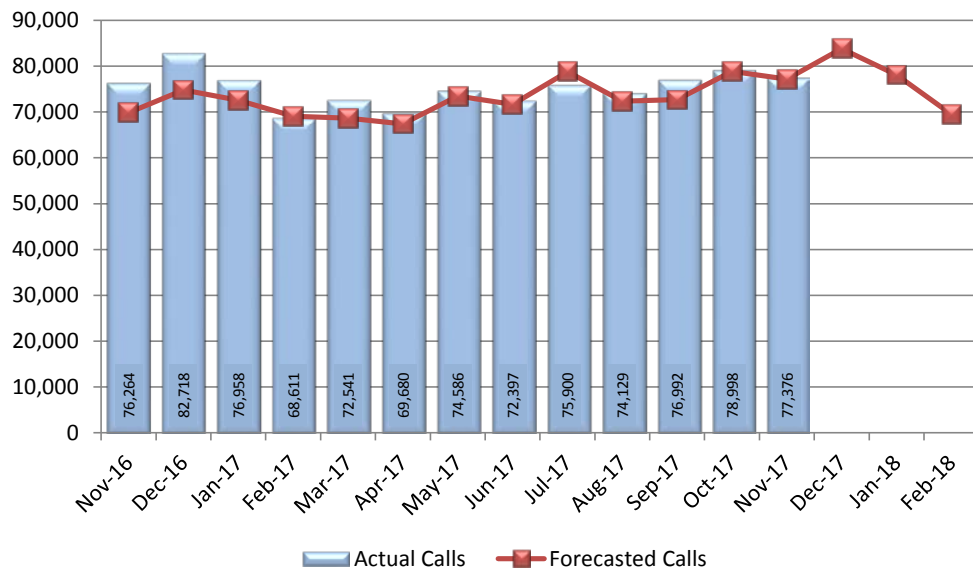
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

Total Demand was 0.3% above forecast. This is an increase in call numbers of 1.5% vs November last year.

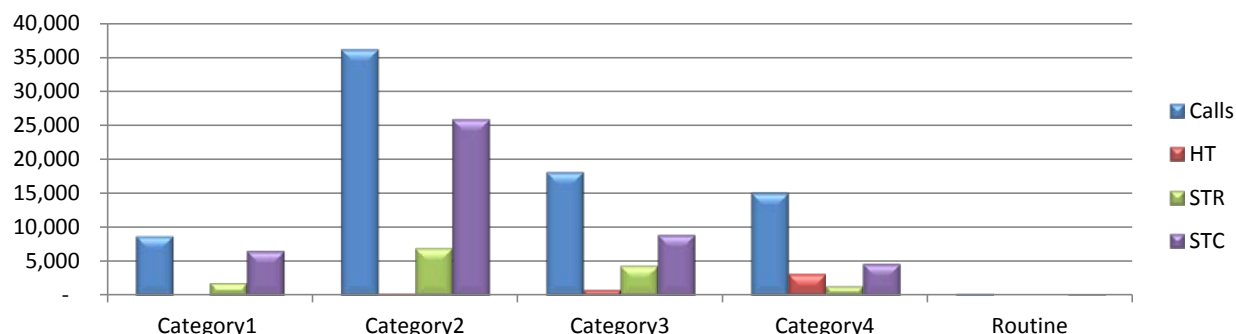
H&T is 8.4% above forecast. This is an increase of 10.2% in the amount of H&T carried out vs November last year

ST&R was 4.2% above forecast. This is an increase of 5.9% in the amount of ST&R carried out vs November last year.

ST&C was 1.1% below forecast. This is an increase of 0.1 in the amount of ST&C carried out vs November last year.

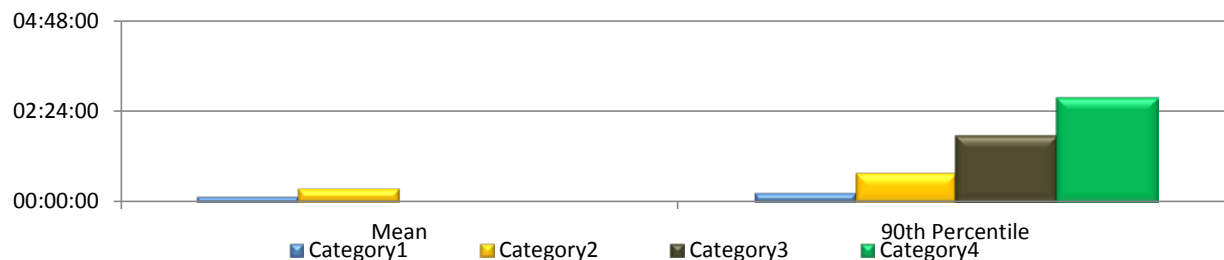
9.2 Activity

ARP2.3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	8,801	27	1,879	6,544	8,423	13.8%
Category2	36,237	301	6,958	25,874	32,832	54.0%
Category3	18,227	795	4,388	8,922	13,310	21.9%
Category4	15,143	3,079	1,393	4,708	6,101	10.0%
Routine	314	-	7	174	181	0.3%



9.3 Performance

ARP 2.3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:07:54	00:13:42	00:07:00	00:15:00
Category2	00:21:20	00:45:18	00:18:00	00:40:00
Category3		01:45:02		02:00:00
Category4		02:46:03		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.

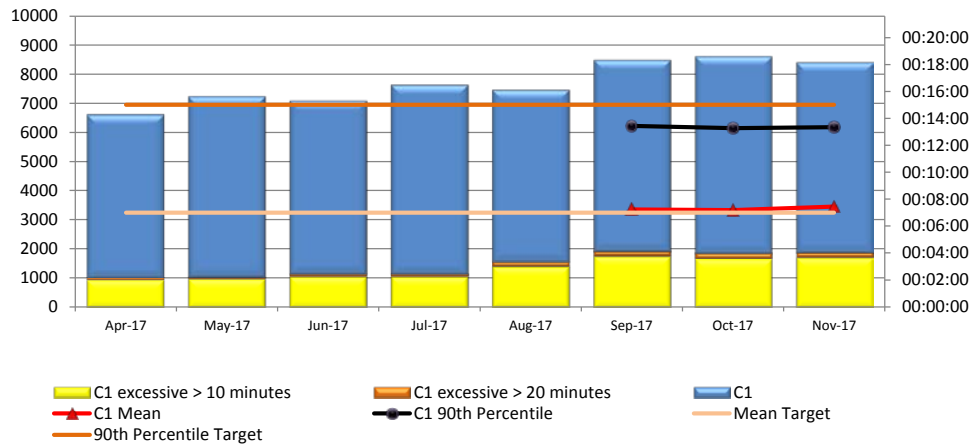
The Calls now split into 4 main categories with HCP calls monitored separately. There are now different standards than in ARP 2.2, for example the 8 minute response per incident does not exist anymore.

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

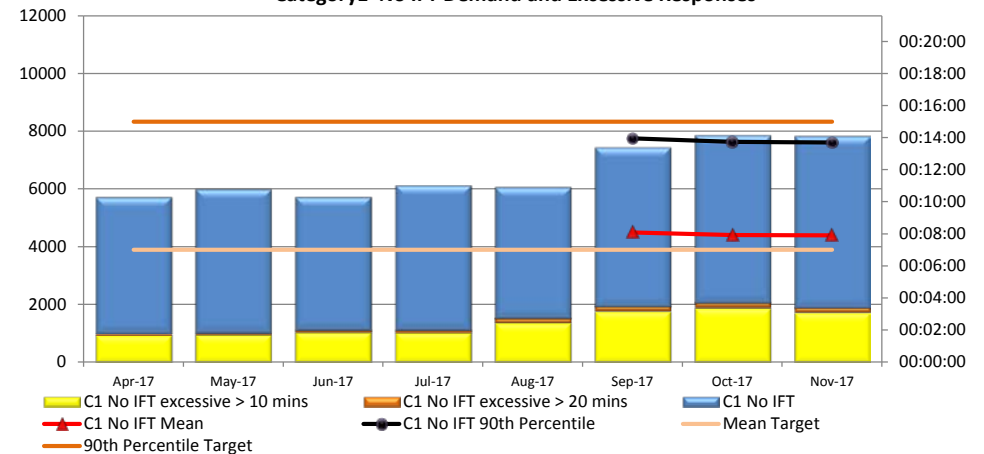
	Mean Standard	90 th Standard
C1	00:07:00	00:15:00
C1 No IFT		
C2	00:18:00	00:40:00
C3		02:00:00
C4		03:00:00
HCP1		No Target
HCP2		No Target
HCP3		No Target
HCP4		No Target

9.4 Demand and Excessive Responses with Tail of Performance

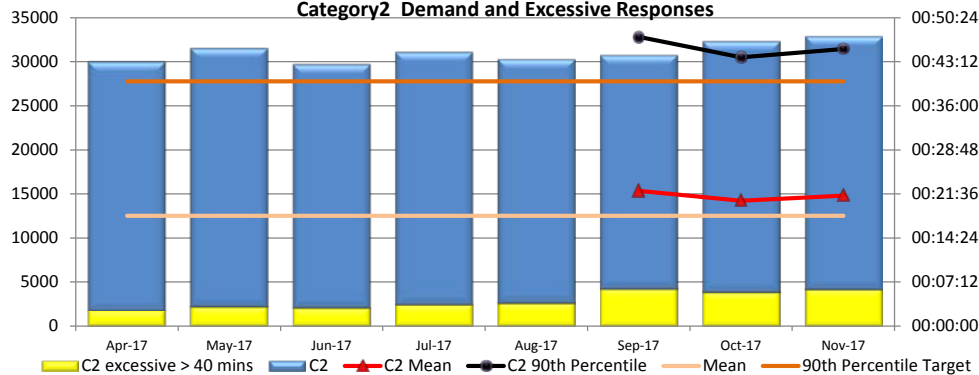
Category1 Demand and Excessive Responses



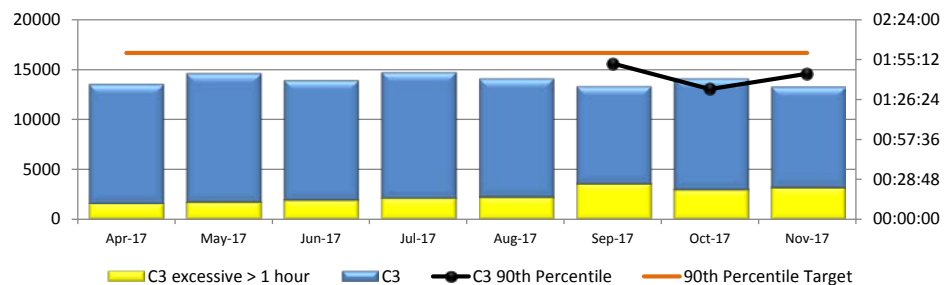
Category1 No IFT Demand and Excessive Responses



Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



Commentary

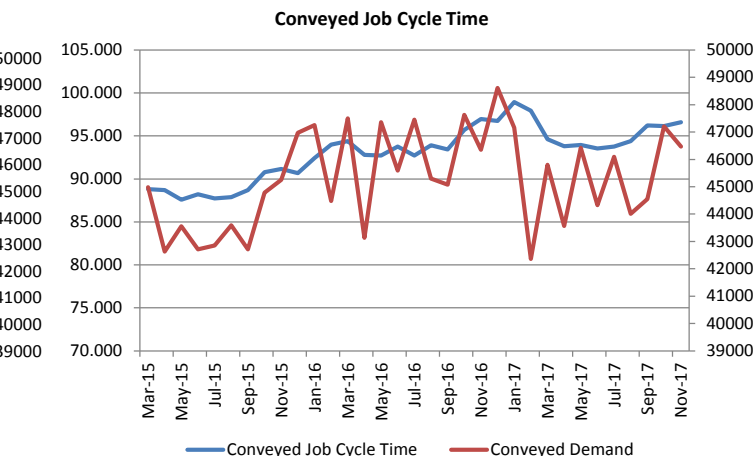
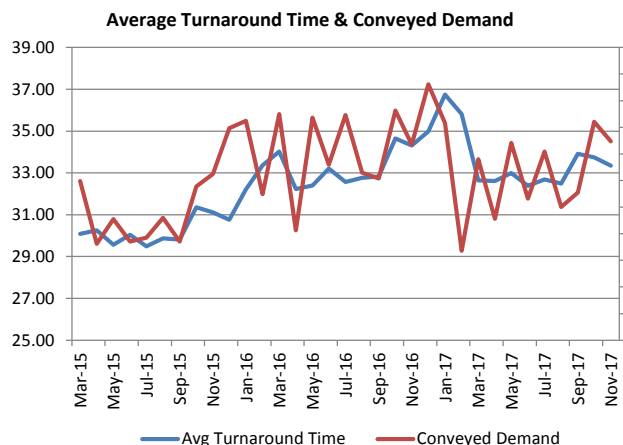
Category 1 mean performance with the Inclusion of inter facility transfers was 7 minutes 27 seconds against the 7 minute target with the 90th percentile at 13:21 against the 15:00 target. Category 1 Mean performance with inter facility transfers removed shows a clear impact on performance at 7.54 the impact on 90th percentile is not as severe with the target still achieved at 13:42.

Category 2 Mean performance was 21:20 an increase of 51 seconds on last month which is 3:20 over the 18:00 target with similar performance seen in the 90th percentile at 45:18 an increase of 1:22 on last month which is 5:18 over the 40:00 target.

Category 3 90th percentile performance was well under target at 1:45:42 against a 2 hour target but has increased 11:06 on the previous month.

9.5 Hospital Turnaround Times

9.6 Conveyed Job Cycle Time



Commentary

Turnaround times: for November were 1.2% lower than October and 2.9% lower than November 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.

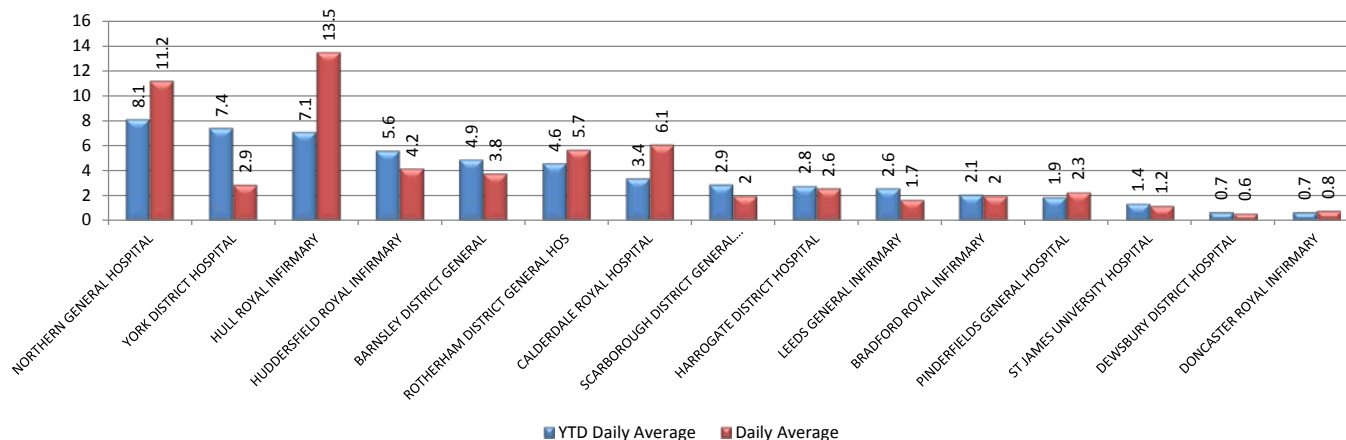
Job Cycle time: showed an increase on October of 0.5% and is showing a decrease of 0.4% vs November last year.

Excessive hours: Lost at hospital were lower in November than October by 240 hours which is a decrease of 13.1%. This is significantly lower than November last year showing a decrease of 1086 hours, a fall of 59.1%. Hull Royal Infirmary and Northern General have been impacting on performance.

9.7 Hospital Turnaround - Excessive Responses

	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Last 12 months
Excessive Handovers over 15 mins (in hours)	3,160	4,149	3,208	1,727	1,509	1,728	1,367	1,646	1,570	2,110	2,077	1,837	26,088
Excessive Hours per day (Avg)	102	143	103	58	49	58	44	53	52	68	69	59	72

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

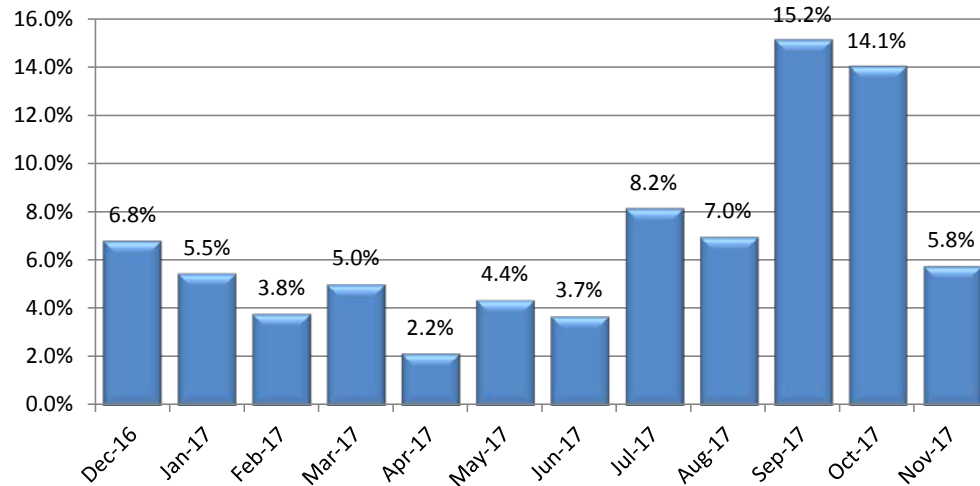


9. A&E Operations

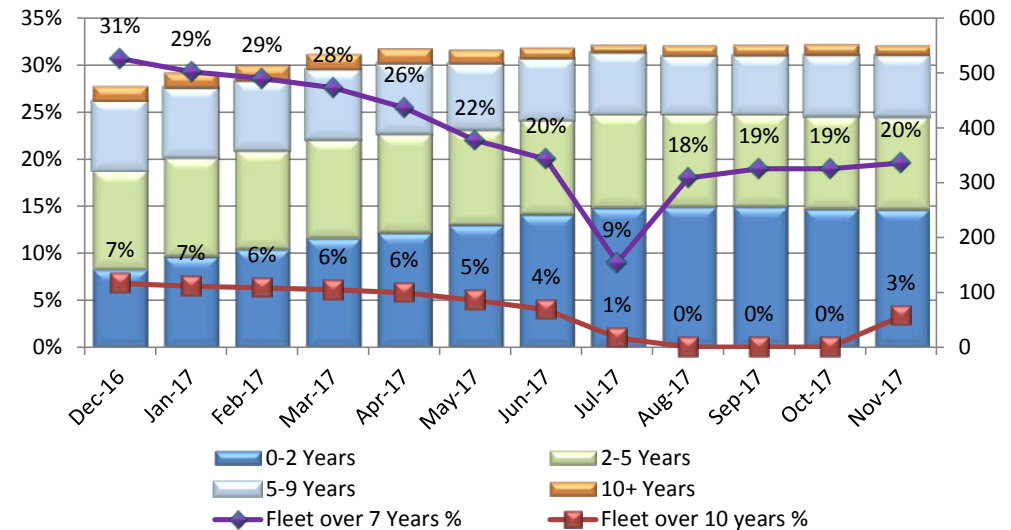
November 2017

9.8 Vehicle Deep Cleans (5 weeks)

% of Breaches outside window

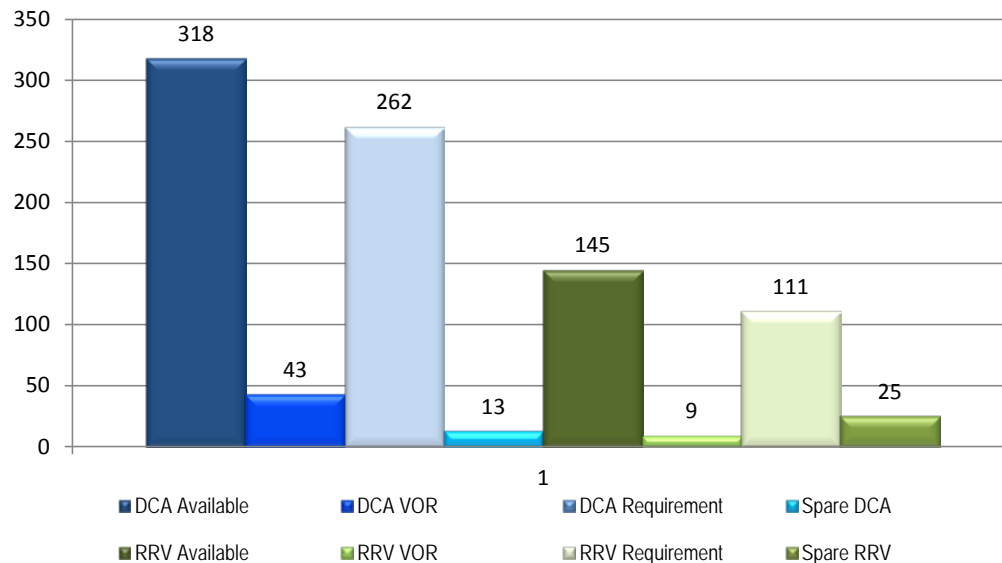


9.9 Vehicle Age



9.10 Fleet Availability

Trust Wide Average A&E Fleet Availability: October



Commentary

Deep clean: The A&E Deep Clean percentage of breaches outside the 5 weeks window decreased in November to 5.8%. The A&E deep clean compliance service level increased significantly in November and is due to progressive communication and working partnerships between the Ancillary staff and the A&E Line Managers. We have had an increased number of staff completing progression checks, however unavailability of vehicles linked to the new A&E rotas and the current working times of key vehicle deep cleaners continues to affect service level. The high level of staff absence is reducing and appropriate attendance management is in place. 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.

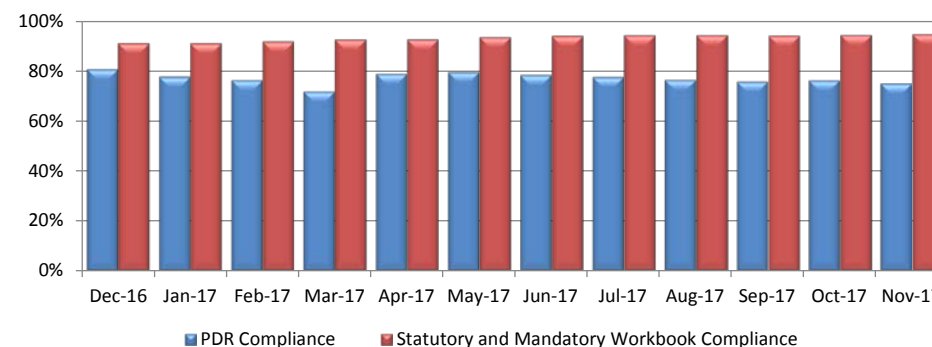
Availability: Vehicle availability has decreased slightly in November as a result of ongoing battery charging issues on the new vehicles and Fleet is working with the convertor to rectify the issues. Fleet is progressing the tail lift project (replacement frames and platforms) which is affecting the overall availability. Although the figures are showing a number of spares, this is due to the use of averages, there is extreme pressure on the vehicle fleet with vehicles being moved on a daily basis to cover operational shifts.

9.11 Workforce

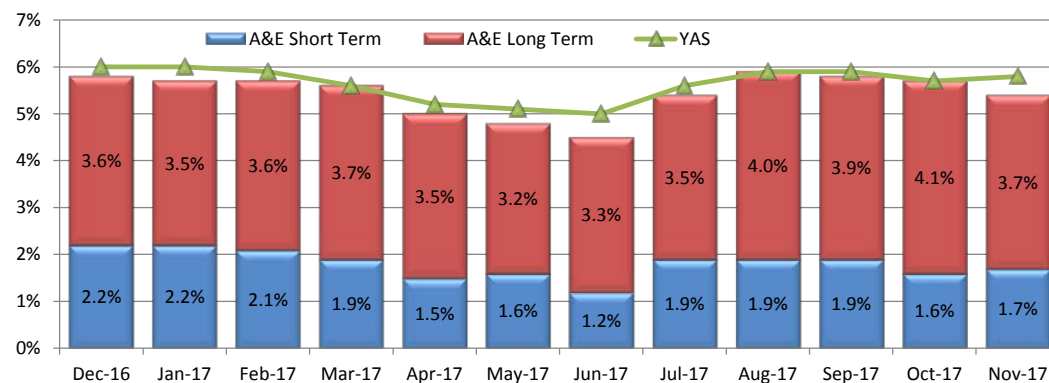
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,368	118	592	1,658	70%
Contracted FTE (before overtime)	2,172	135	447	1,589	73%
Variance	(196)	(17)	145	(68)	(4.1%)
% Variance	(8.3%)	(14.3%)	24.5%		
FTE (worked inc overtime)*	2350.3	135	447	1,768	75%
Variance	(18)	(17)	145		
% Variance	(0.7%)	(14.3%)	24.5%	110	6.7%

* 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



Commentary

The number of Operational Paramedics is 919 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.

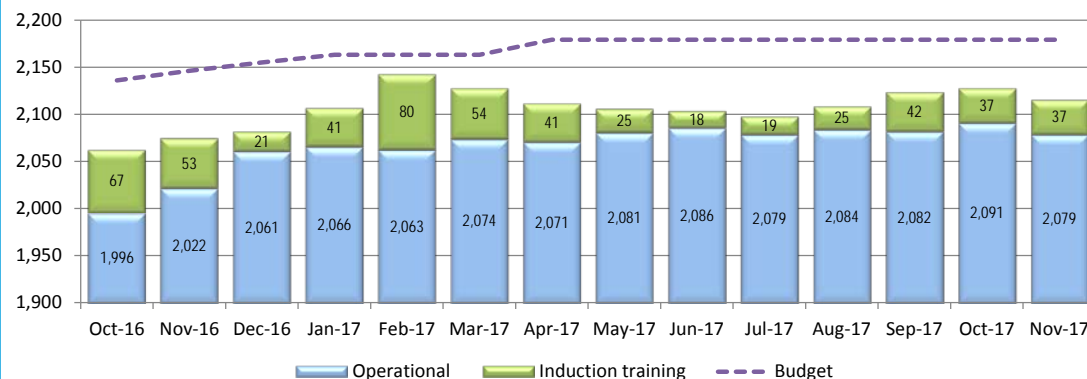
PDR: Currently at 75.2% against stretch target of 90%. This is a decrease of 1.3% vs last month and is 0.1% below the Trust average

Sickness: Currently stands at 5.4% which is a decrease of 0.3% vs last month and is below the trust average of 5.8%

Recruitment is slightly behind plan. All available places for induction training pre Christmas period are at capacity which will take the service to full capacity by January.

9.14 A&E Recruitment Plan

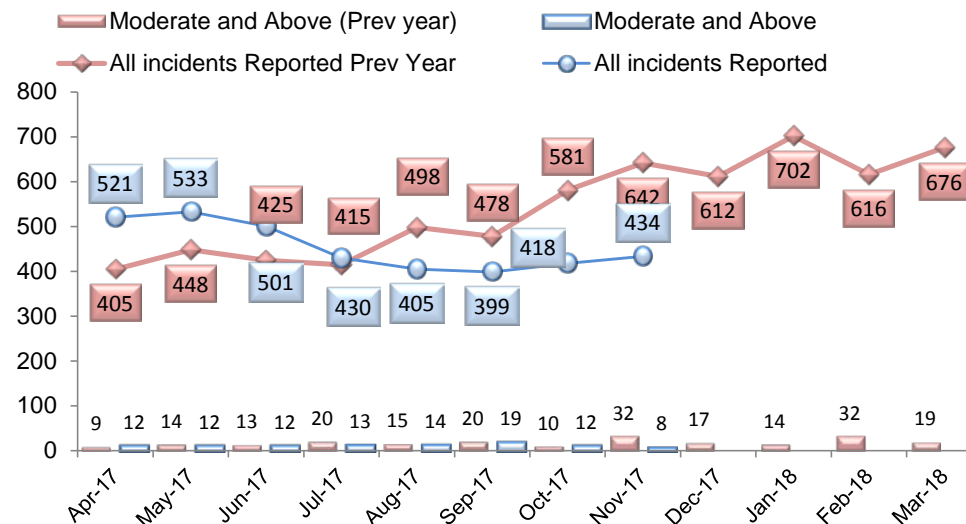
A&E Operations (excluding CS)



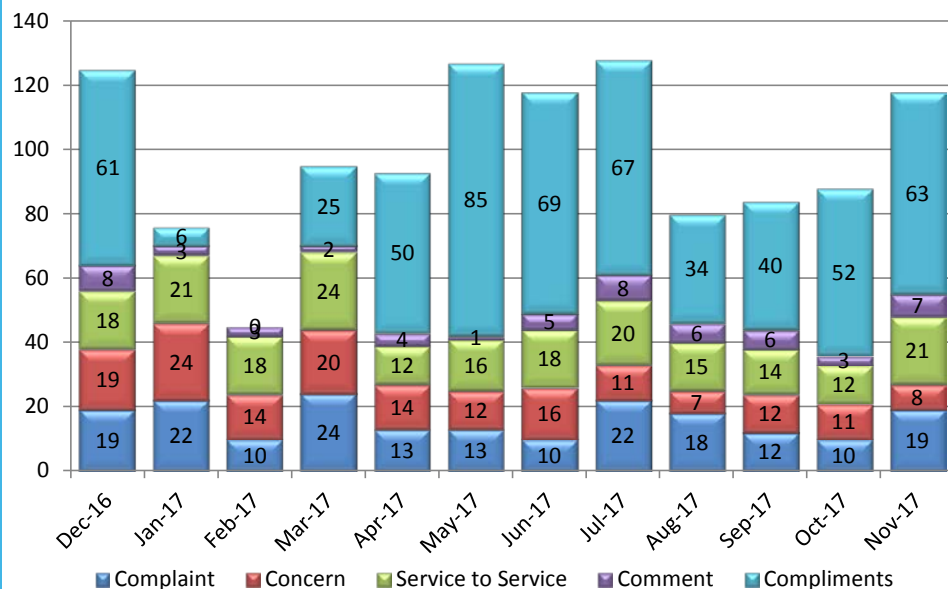
9.15 Quality, Safety and Patient Experience

	Month	YTD
Serious Incidents	2	12
Total Incidents (Per 1000 activities)	0.03	0.03
Total incidents Moderate & above	8	0.03
Response within target time for complaints & concerns	91%	96%
Ombudsman Cases	Upheld	0
	Not Upheld	1
Patient Experience Survey - Qtrly	81.7%	83.9%

9.16 Quality, Safety and Patient Experience



9.17 Patient Feedback

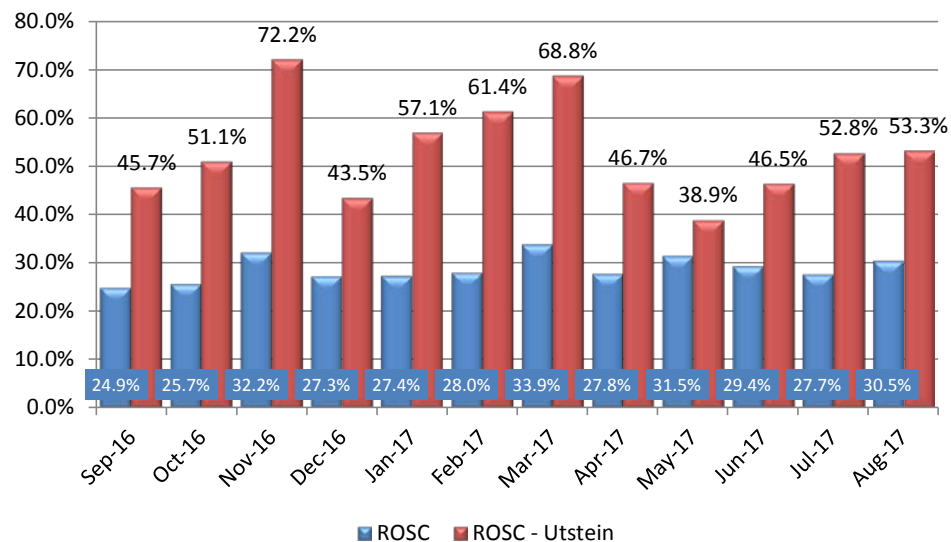


Commentary

Incidents: Total reported incidents increased 3.8% on last month and is down by 32.4% against November 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 fell to its lowest level in over 18 months

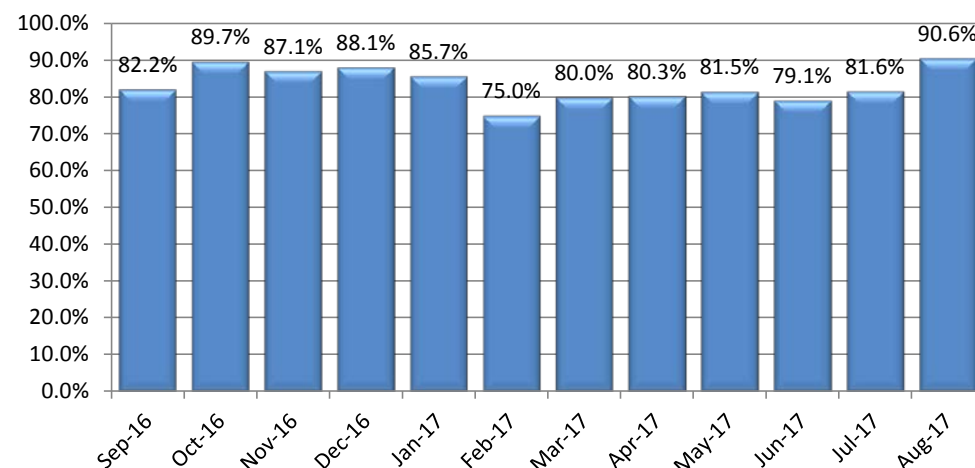
Feedback: Total feedback increased 34% last month complaints also showed an increase but remained in line with levels seen throughout the year. Compliments also increased and accounted for 53.4% of all feedback.

9.18 ROSC & ROSC Utstein

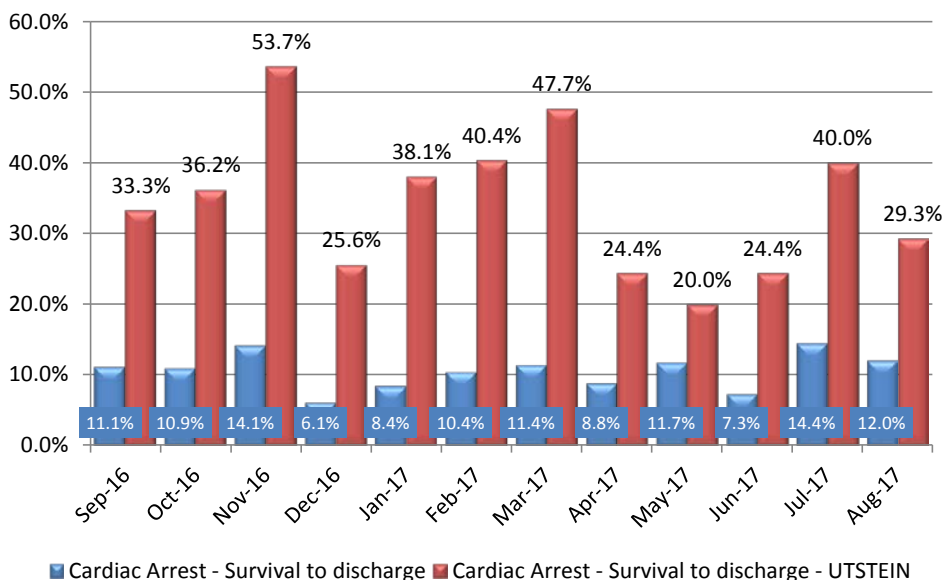


9.19 STEMI - Care Bundle

Stemi - Care Bundle



9.20 Survival to Discharge



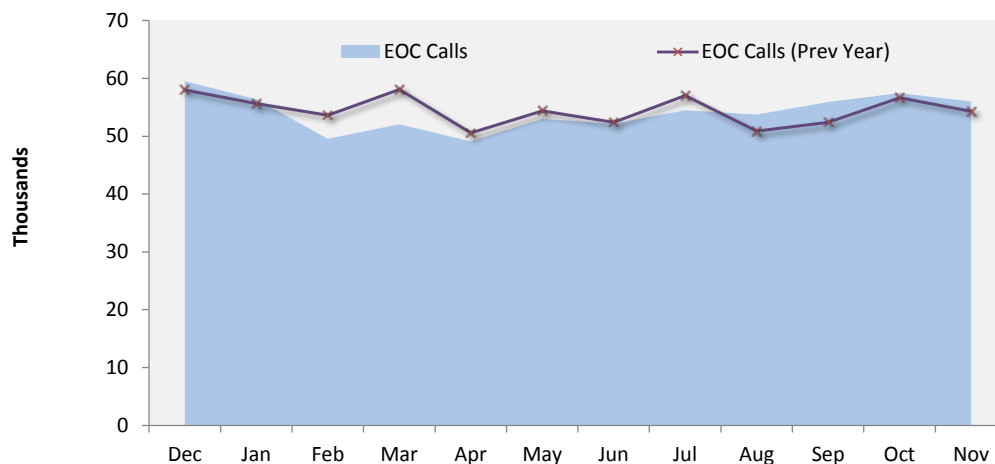
Commentary

ROSC: ROSC (overall) performance for July 2017, 30.5%, is UP from July's figure of 27.7%. In July 2017 YAS attempted RESUS on 191 patients, of which 53 had ROSC, compared with 256 patients in August, of which 78 had ROSC. The ROSC UTSTEIN comparator group also demonstrates an increase in performance when comparing July and August's figures. July 2017 saw 19 out of 36 (52.8%) patients with return of spontaneous circulation upon arrival at hospital, whereas August witnessed 32 out of 60 (53.3%).

Survival to Discharge: Survival to discharge overall has shown a slight decrease in performance from July (14.4%) to August (12%). 27 patients survived to discharge in July and 30 in August. Despite decrease in performance, more people survived in August than in July. However, YAS attempted more resuscitations during August, hence the drop in percentage performance. Survival to Discharge within the UTSTEIN comparator group mirrors the decrease shown in survival to discharge overall performance from July (40%) to August (29.3%). 14 out of 35 patients survived in July, compared to 17 out of 58 patients within August.

Stemi-Care Bundle: STEMI care performance has increased, with August's figure of 90.6% (48 out of 53 patients) being up from July which saw 80 patients out of 98 patients,

9.21 Activity

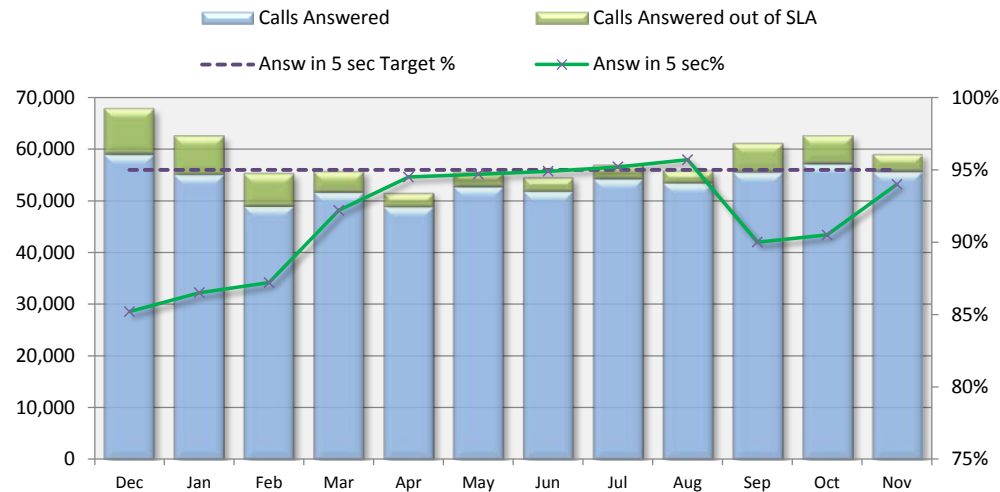


9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2017/18	431,887	430,494	27,424	93.6%
2016/17	428,459	425,749	40,537	90.5%
Variance	3,428	4,745	-13,113	
Variance	0.8%	1.1%	(32.3%)	3.1%

9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	94.0%	93.6%



	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Calls Answered out of SLA	8,760	7,456	6,308	4,043	2,692	2,804	2,643	2,629	2,327	5,561	5,444	3,324
Calls Answered	59,079	55,175	49,106	51,816	48,981	52,859	51,997	54,397	53,596	55,652	57,238	55,774
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	85.2%	86.5%	87.2%	92.2%	94.5%	94.7%	94.9%	95.2%	95.7%	90.0%	90.5%	94.0%

Commentary

Demand: Increased 2.5% vs last month.

Answer in 5 sec: : Increased by 3.5% vs last month at 94% and is now 1% below target

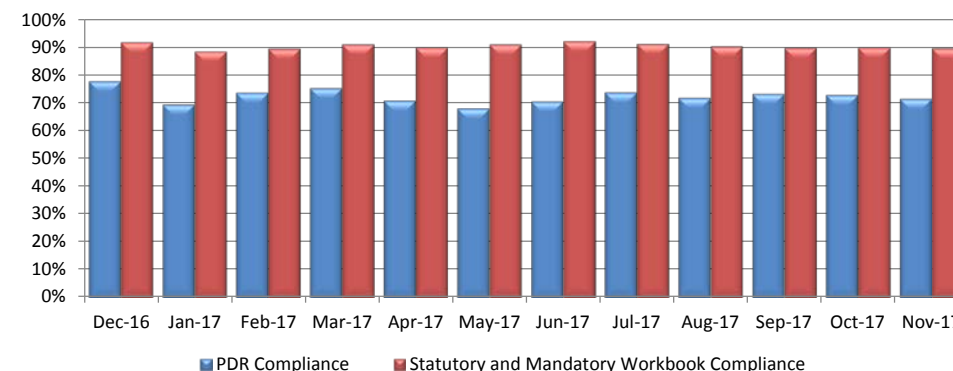
Weekend staffing has been below requirement, an audit is taking place to review if recent changes to resourcing has had an impact on coverage.

9.24 Workforce

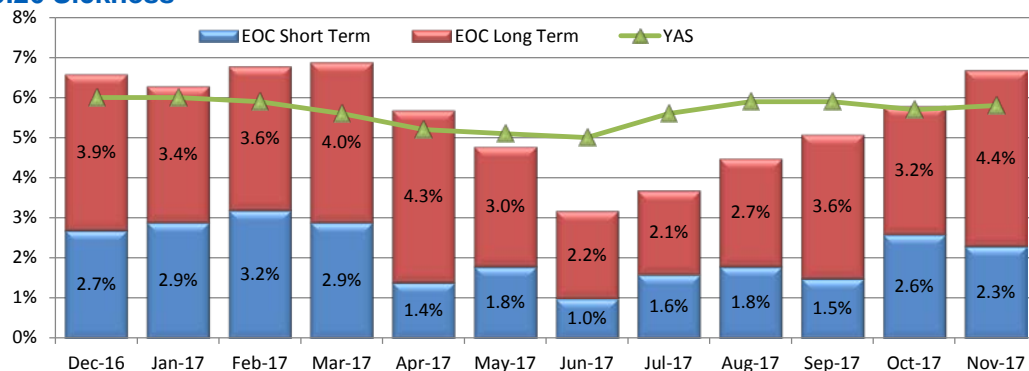
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	327	16.3	82	229	70%
Contracted FTE (before overtime)	314	15.7	78	220	70%
Variance	(13)	(1)	(3)	(9)	(4.0%)
% Variance	(4.0%)	(4.0%)	(4.0%)		
FTE (worked inc overtime)*	320	23.7	64	232	73%
Variance	(7)	7	(18)	3	0
% Variance	(2.1%)	45.0%	(21.4%)		

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

9.25 Training



9.26 Sickness



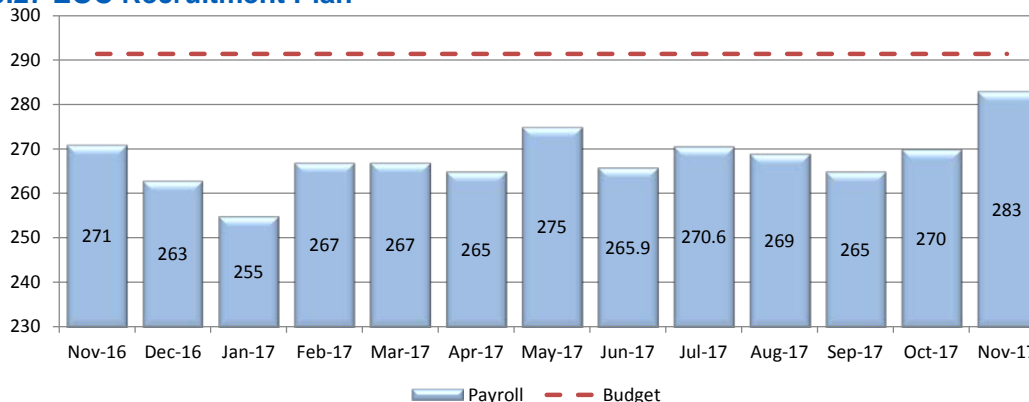
Commentary

PDR: PDR compliance stood at 71.7% in November against a stretch target of 90% which is a decrease of 1.4% on previous month. This is 3.6% below the trust average.

Sickness: Currently at 6.7% which is an increase of 0.9% on the previous month and is slightly above the Trust average of 5.8%.

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

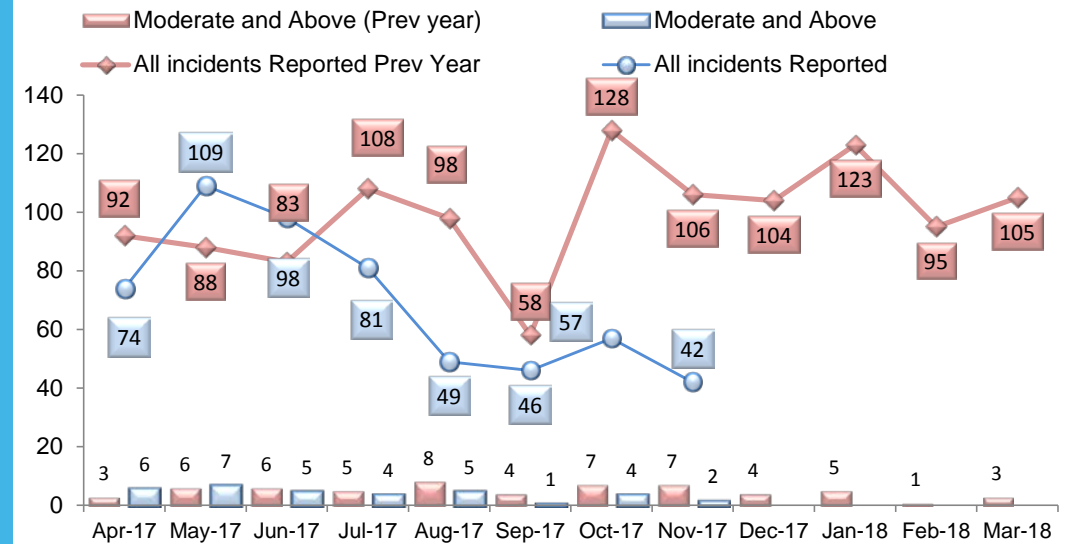
9.27 EOC Recruitment Plan



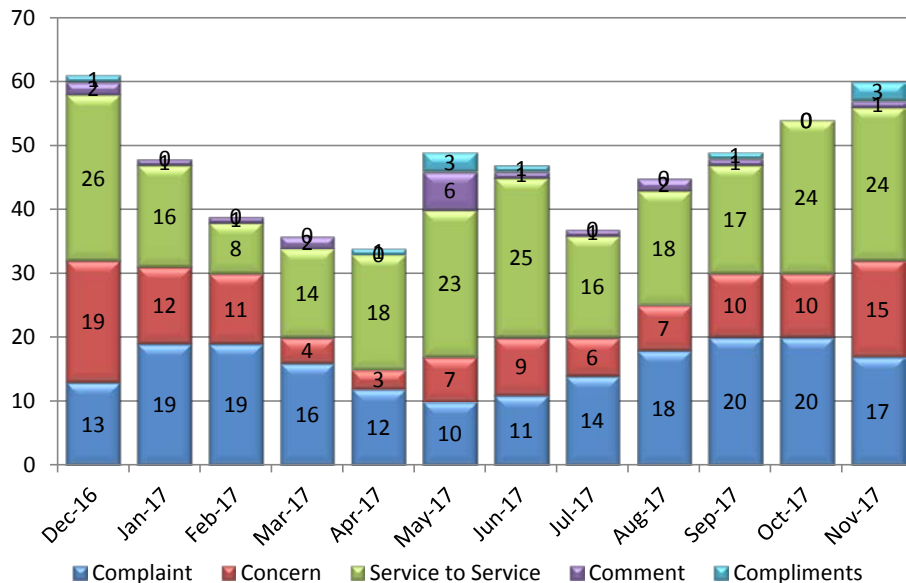
9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	7
Total Incidents (Per 1000 activities)		0.00	0.02
Total incidents Moderate & above		4	34
Response within target time for complaints & concerns		85%	85%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly			

9.29 Incidents



9.30 Patient Feedback



Commentary

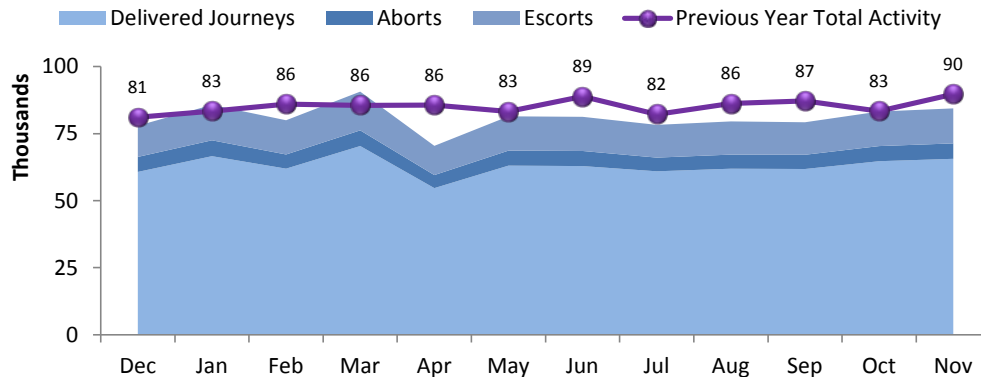
Incidents: Total reported incidents decreased 26.3% on last month which is a decrease of 60.4% against November last year. Incidents of moderate harm and above have remained at a low level.

Feedback: Overall feedback increased 11.1% on the previous month. While complaint levels have decreased 15% on the previous month.

10. PATIENT TRANSPORT SERVICE

November 17

10.1 Demand

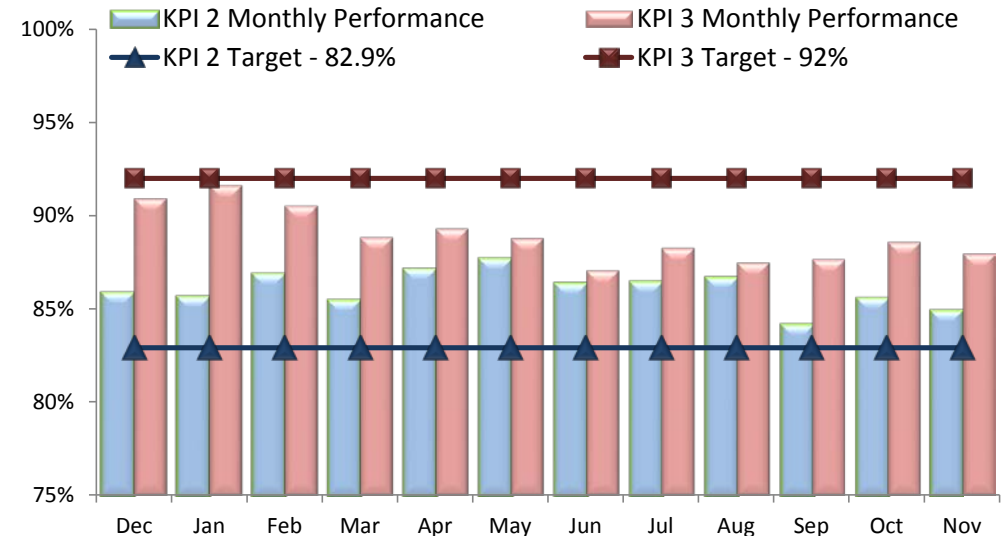


Comparison to Plan

Nov-17	Delivered	Aborts	Escorts	Total
YTD 2017-18	495,631	43,127	99,075	637,833
Previous YTD* 2016-17	531,380	48,471	106,469	658,448
% Variance	(6.7%)	(11.0%)	(6.9%)	(3.1%)

* Demand includes All Activity

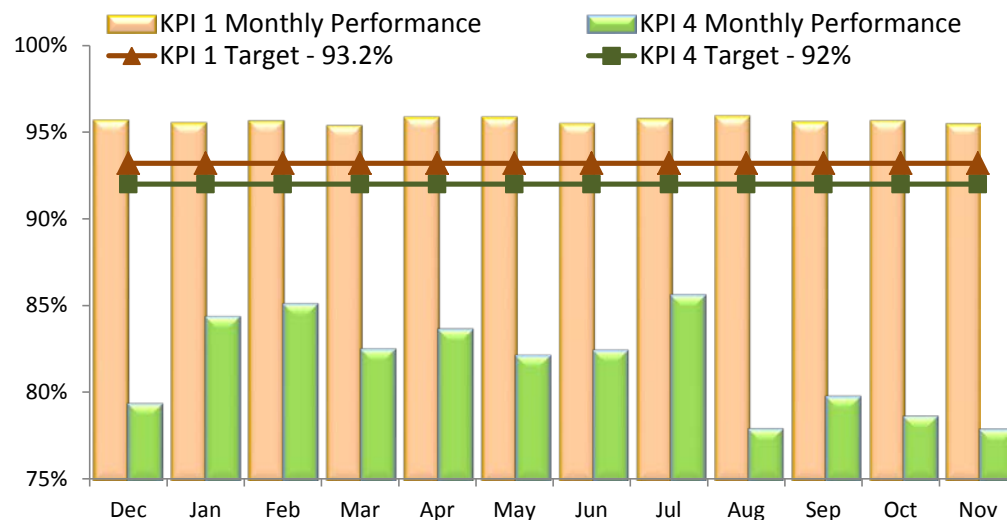
10.2 KPI* 2 & 3**



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 November increased by 1.4% on the previous month and shows a 1.7% reduction against the same month last year

KPI 1 Performance decreased by 0.2% percent in November and remains 2.2% above target.

KPI 2 Inward performance in November fell to 84.9% and is 2% above the making appointment on-time target.

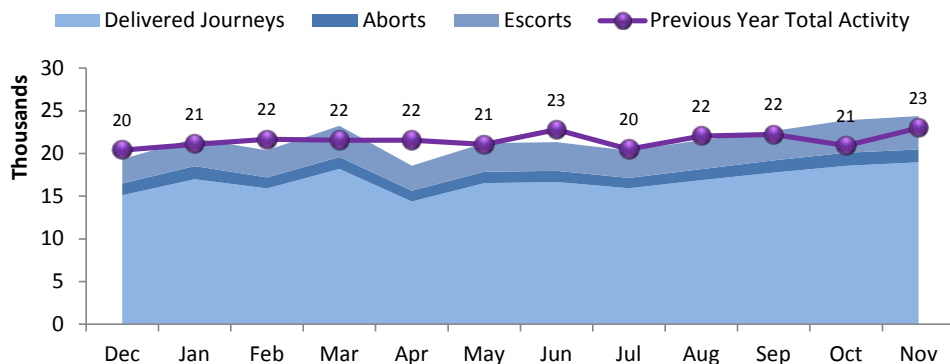
KPI 3 The outward performance decreased by 0.6% on last month and is now 4% below the annual target of 92%.

KPI 4 The performance of outward short notice bookings picked up within 2 hours decreased by 0.7% to 77.9% in November and it remains somewhat 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)

November 17

10.1 Demand



Comparison to Plan

Nov-17	Delivered	Aborts	Escorts	Total
YTD 2017-18	135,663	10,856	27,418	173,937
YTD 2017-18	136,121	12,510	25,428	174,059
% Variance	(0.3%)	(13.2%)	7.8%	(0.1%)

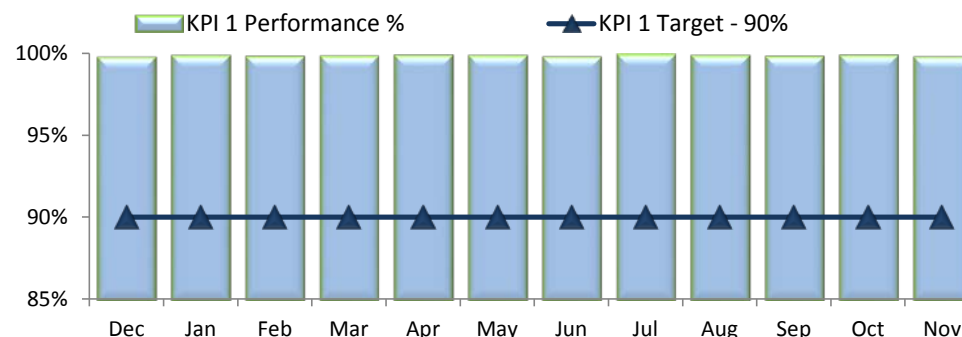
South Performance Indicators - as of September 2017

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)

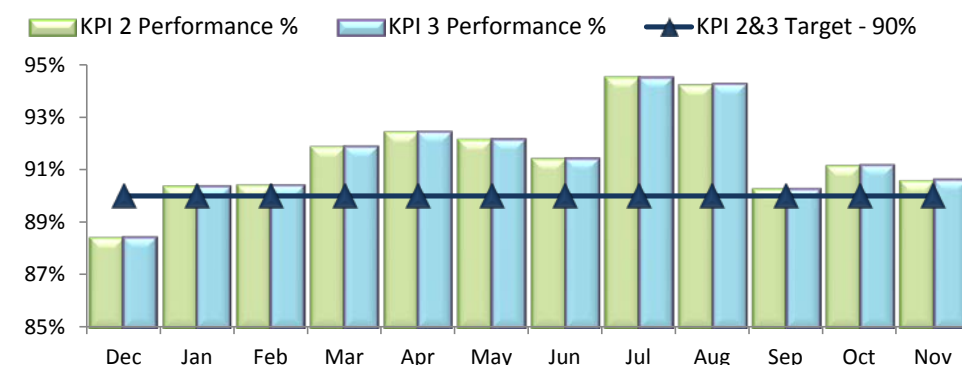
Commentary

The November performance for core PTS KPIs C1,2,3 remain strong with the continued achievement of all KPI targets in these areas.
 C1 performance is 99.2%. This performance is consistent across all CCGs. C2/3 performance has seen a slight dip but remain above their KPI targets. There has been a dip in the Sheffield and Rotherham CCG performance which continues to be a focus for attention. C4 performance has reduced and narrowly missed KPI by 0.6%, with an increase in unmeasured journeys. .
 GP Urgent performance stands at 37.3% for GP 1 and 57.9% for GP 2 120. Immediate measures have been taken to improve performance in this area by amending crew rotas, increasing capacity.
 On Day Discharge has achieved its highest performance to date at 84.6%. We are continually monitoring

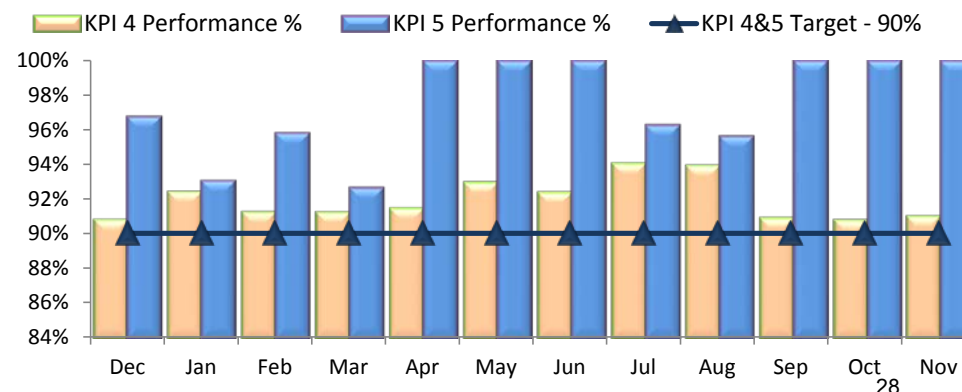
10.2 KPI 1 - Journeys no longer than 120 Mins



10.3 KPI 2&3 - Inwards Journeys



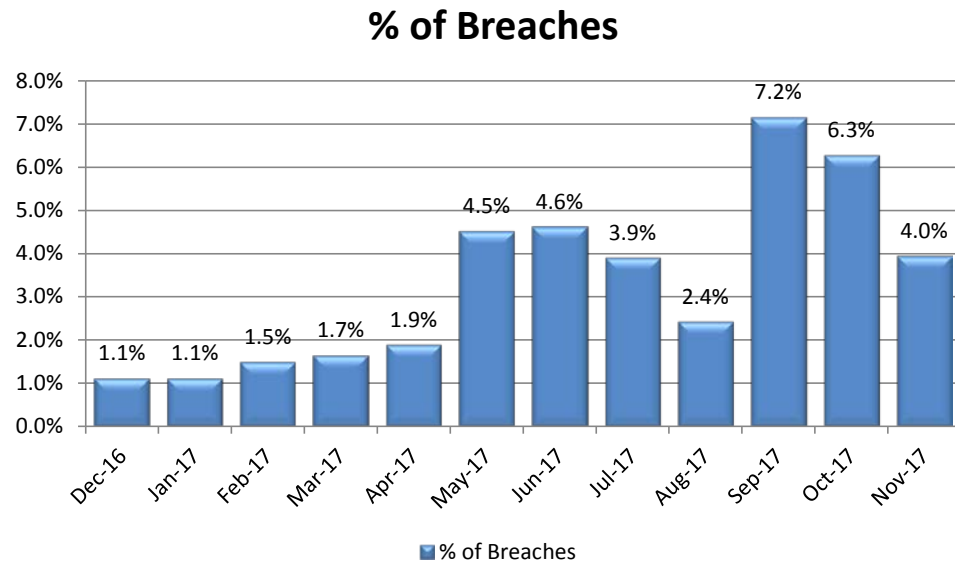
10.3 KPI 4&5 - Outwards Journeys



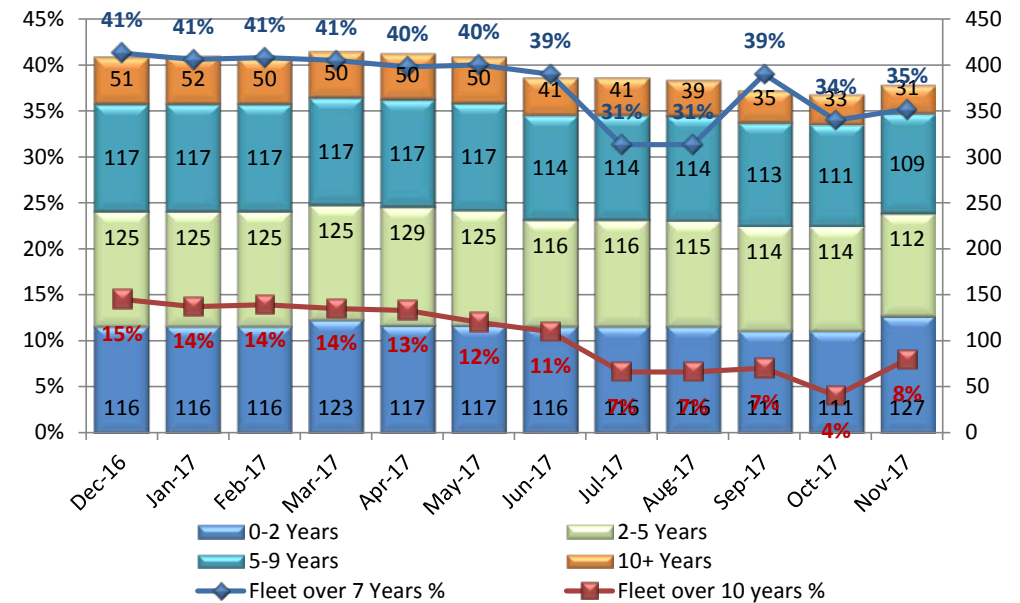
10. PATIENT TRANSPORT SERVICE

November 17

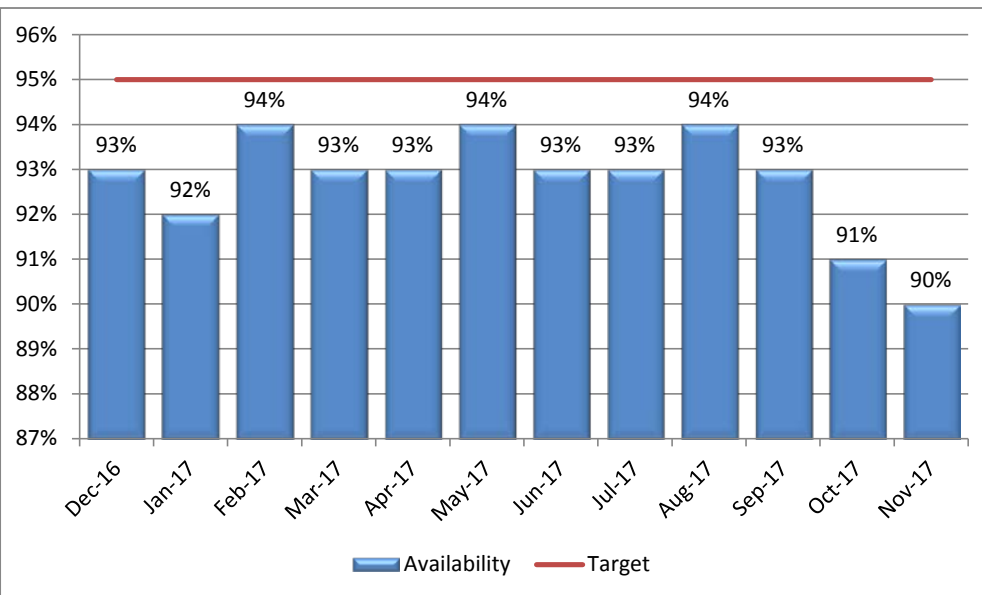
10.4 Deep Clean (5 weeks)



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

Vehicle availability has dropped for the third consecutive month and at 90% is below the 95% trust target. This shortfall is because of general fleet maintenance due to vehicle age and issues relating to road traffic collisions. With new purchases and removals this age profile is improving.

The PTS Deep Clean percentage of breaches outside the 5 weeks window decreased from 6.3% in October to 4.0% in November. Generally the availability of PTS vehicles for Deep Cleaning remains high due to the availability of vehicles through the night.

Figures for November show that 9% of PTS fleet is aged over 10 years. There are currently 24 vehicles being converted to align the vehicle age profile with the South contract, these vehicles will be in service through December. The reduction of older vehicle age is in part from the vehicle reduction aligned to the South Yorkshire contract.

10. PTS

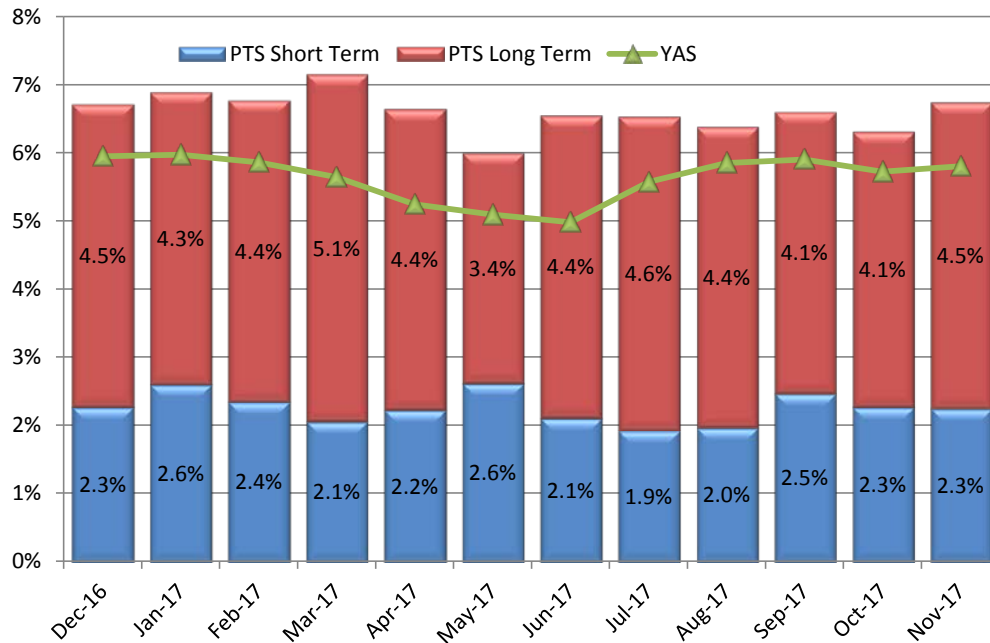
10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	599	30	120	449	75%
Contracted FTE (before OT)	586	49	99	438	75%
Variance	(14)	(19)	21	(11)	(2.5%)
% Variance	(2.3%)	(62.9%)	17.6%		
FTE worked inc overtime	630	49	99	482	77%
Variance	(31)	(19)	21	33	7.3%
% Variance	(5.1%)	(62.9%)	17.6%		

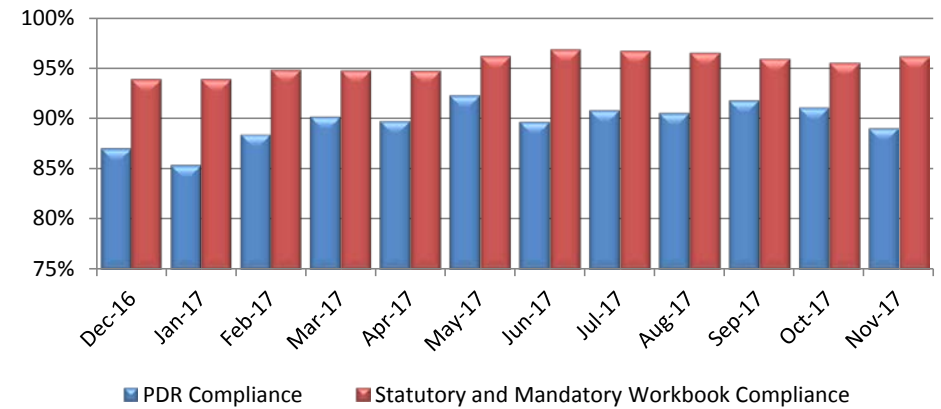
** FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

** Sickness and Absence (Abstractions) is from GRS

10.9 Sickness



10.8 Training



Commentary

PDR compliance decreased from 91.1% in October to 89.1% in November, but remains above the 90% Trust target.

Statutory and Mandatory Workbook compliance improved in November to 96.2% and is above the 90% Trust target.

Sickness rate increased slightly in November by (0.1%) and is 1% higher than the 5.8% YAS average.

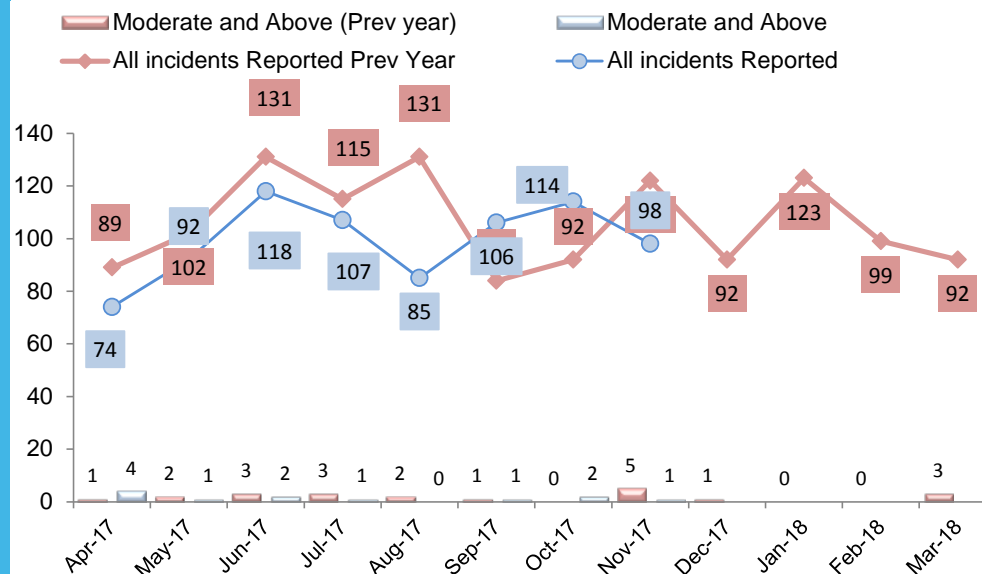
10. PATIENT TRANSPORT SERVICE

November 2017

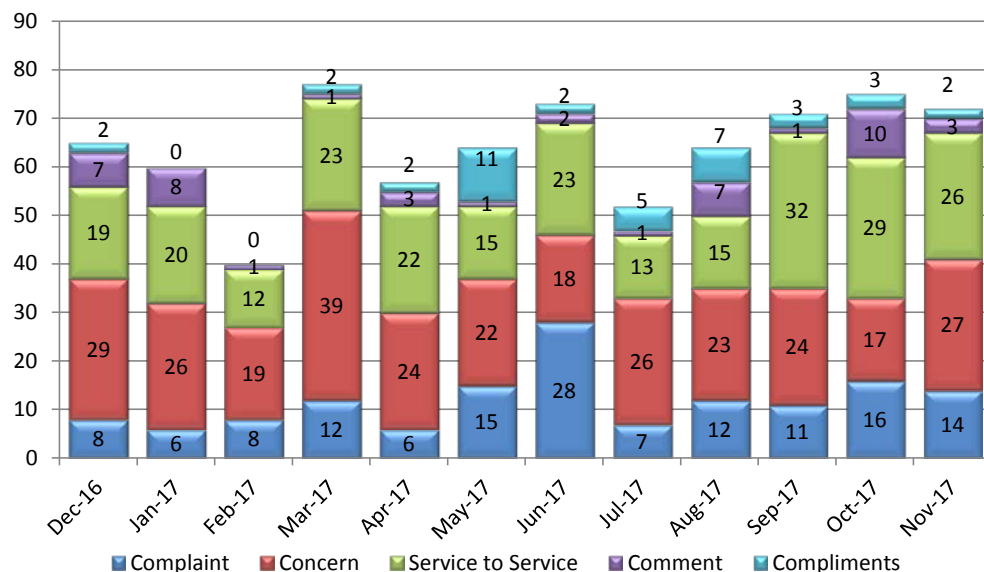
10.10 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	2
Total Incidents (per 1000 activities)		0.00	0.00
Total incidents Moderate & above		0	12
Response within target time for complaints & concerns		93%	95%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		93.2%	91.2%
Call Answered in 3 mins - Target 90%		67.5%	76.1%

10.11 Incidents



10.12 Patient Feedback



Commentary

Quality, Safety and Patient Experience: At 67.5% the proportion of calls answered in 3 minutes continues to fall short of the 90% target. This is due to abstraction, recruitment delays and sickness. Recruitment will recommence in the new year.

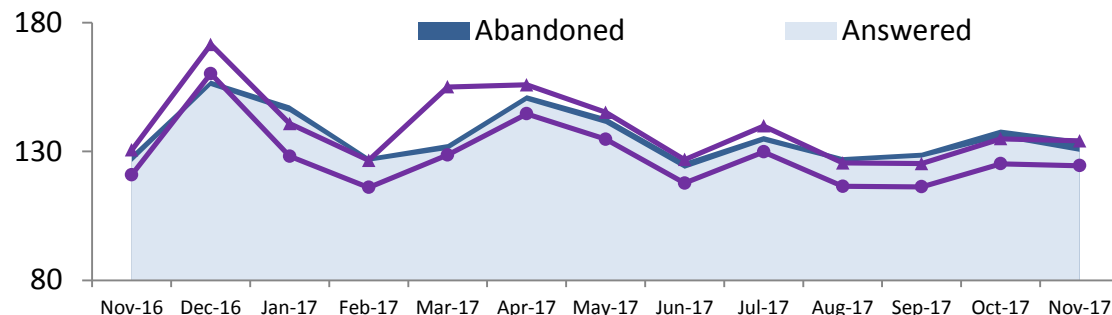
Incidents: The number of reported incidents within PTS decreased by 14% vs last month and is down by 20% against November last year.

Patient Feedback: Patient feedback figures are up by 4 (5.6%) on the previous month. Closer inspection of the 4 Cs (complaints, concerns, comments and compliments) reveal the number of complaints decreased from 16 to 14, however, the number of concerns increased from 17 to 27. The YTD average number of complaints each month is 12 equating to a complaint rate per PTS journey of 0.02%. PTS is currently undertaking trend analysis on complaints to gain a better understanding of any underlying issues.

11. NHS 111

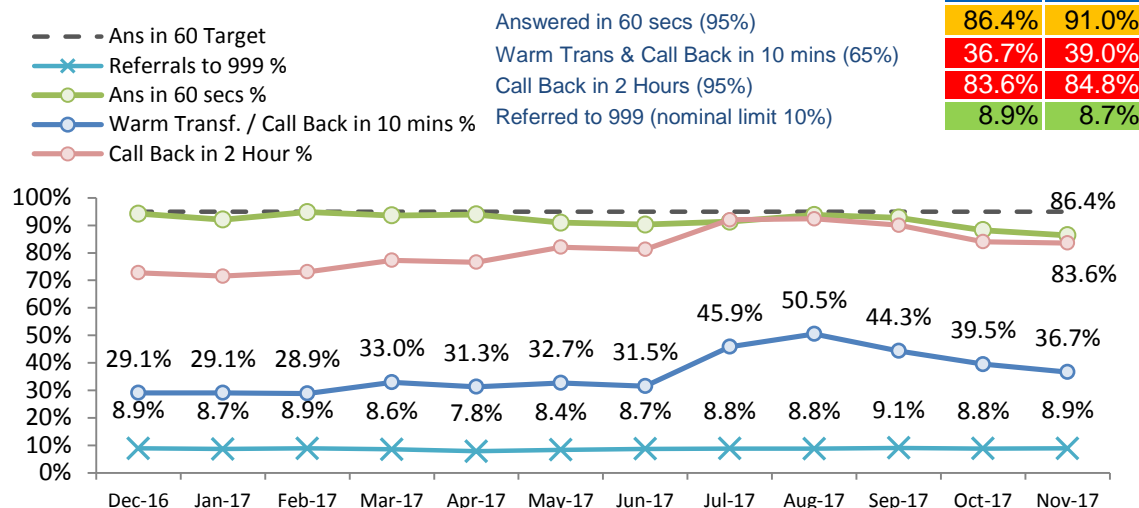
November 17

11.1 Demand

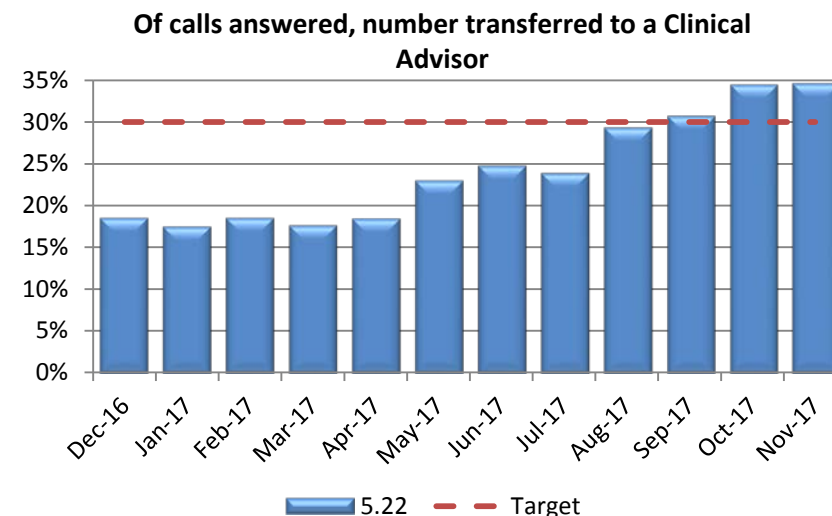


YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 2017-18	1,087,464	1,066,241	970,258	91.0%
Contract YTD 2017-18	1,087,609	1,058,919	1,005,973	95.0%
Variance	-145	7,322	-35,715	4.0%
	0.0%	0.7%	-3.6%	
YTD 2016-17	1,031,225	1,011,822	941,547	93.1%
Variance	56,239	54,419	28,711	-2.1%
	5.2%	5.1%	3.0%	

11.2 Performance



11.3 proportion calls transferred to a clinical advisor



Commentary

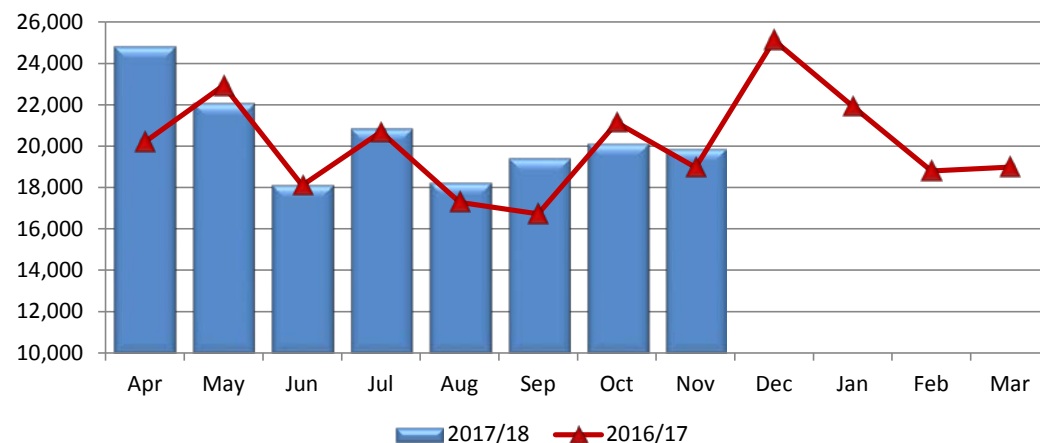
Figures for November 2017 show that 86.4% patient calls were answered in 60 seconds. Commissioners are aware that the 2017/18 contract settlement does not fund the service to meet this KPI.

Calls continue to track closely with the contract ceiling with calls answered YTD at end November demand is 0.7% above ceiling.

The 2 local clinical KPIs for 2 hours call-back (83.6%) and warm transfer / 10 minute call-back (36.7%) dropped slightly in November as clinical staff supported with call handling

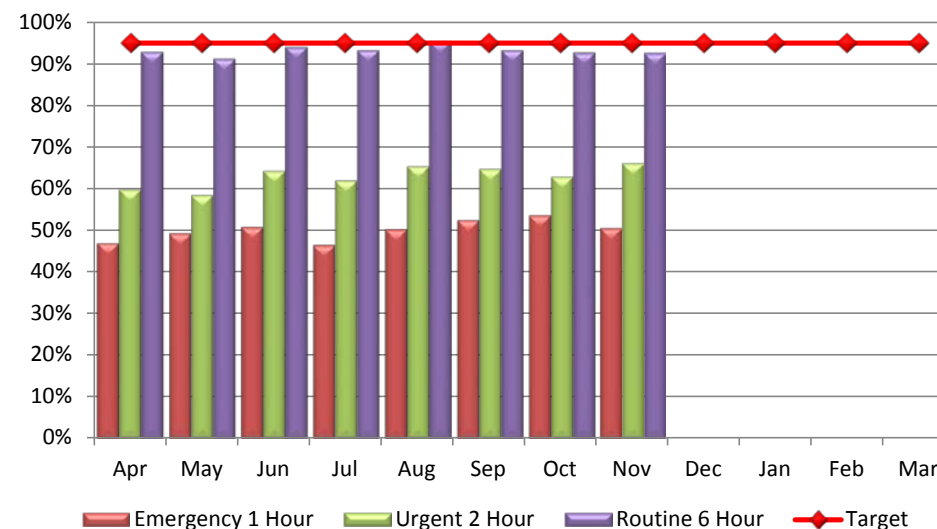
Clinical advice is exceeding the 30% NHS England target.

11.4 Demand

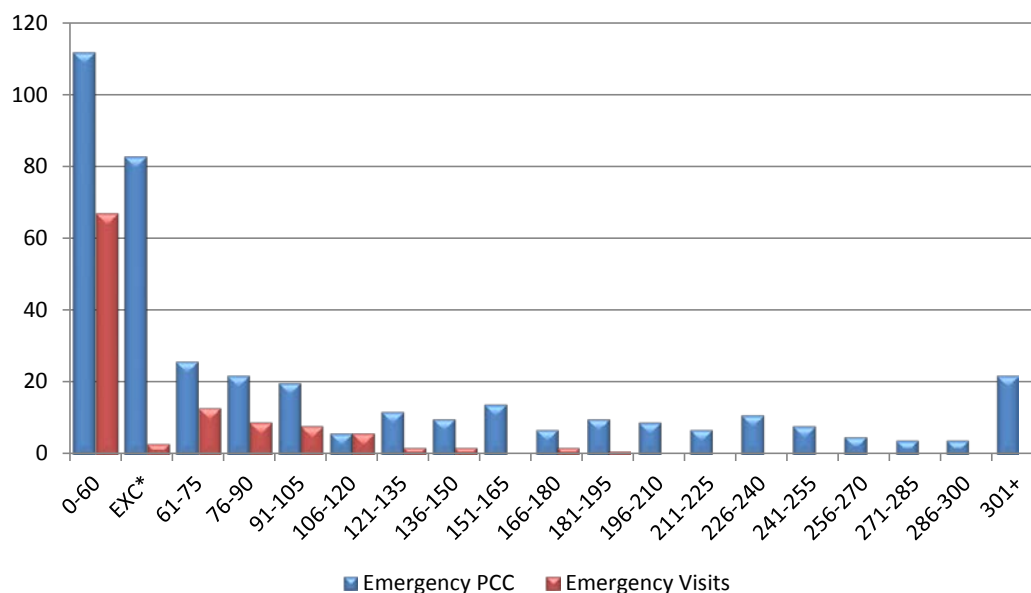


YTD	Variance	YTD 2016-17	YTD 2017-18	Diff	Percentage
		156,025	163,825	7,800	5.0%

11.6 Performance



11.5 Tail of Performance



11.7 Complaints

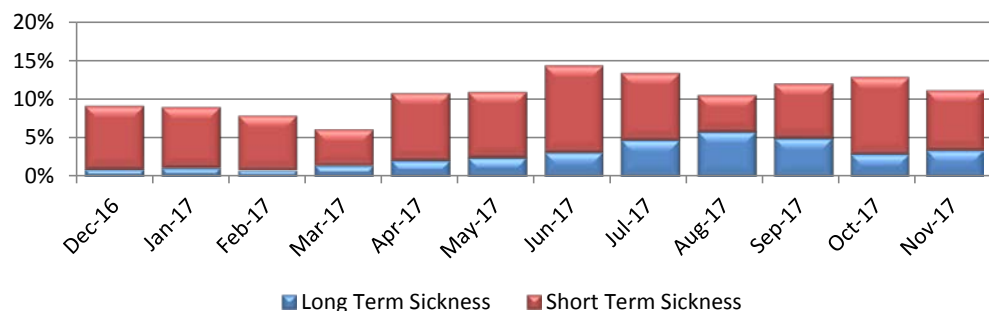
Adverse incidents	
Adverse incidents	No SI's reported in November.
Adverse reports received	No adverse reports received.
Patient Complaints	16 patient complaints received in Nov 17 directly involving the LCD part of the pathway. 3 upheld, 0 partially upheld, 2 not upheld and 11 remain under investigation.

Comments: Patient demand levels for WYUC November 2017, in comparison to November 2016 increased by 2.5%. NQR 12 performance improved for all 3 indicators (50.7% emergency compared to 48.6% Nov 16, 66% urgent compared to 60.3% in Nov 16 / 92.6% routine compared to 90.2% Nov 16). Performance and actions continue to be picked up through the WYUC review task and finish group.

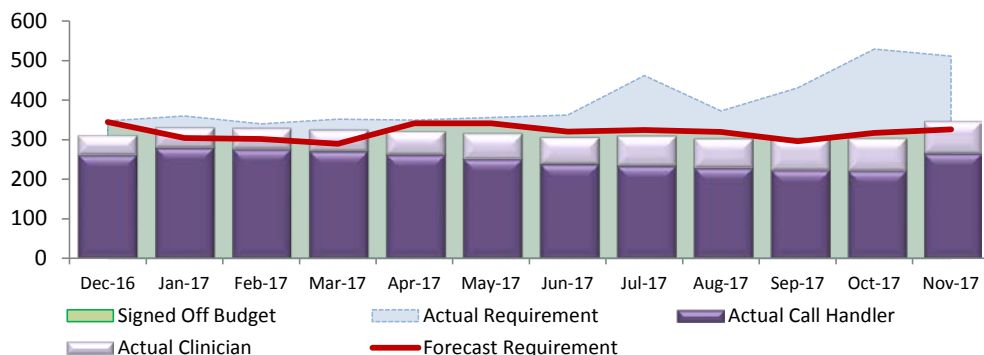
11.8 Workforce FTE - Call Handler & Clinician

	FTE	Sickness	Absence	Available	
				Total	%
Budget FTE	326	29	75	222	68%
Contracted FTE (before OT)	348	39	127	182	52%
Variance	21	-10	-51	-40	-16%
% Variance	7%	-33%	-69%	-18%	-16%
FTE (Worked inc Overtime)	370	39	127	204	55%
Variance	44	-10	-51	-17	-13%
% Variance	13.4%	-33%	-69%	-8%	-13%

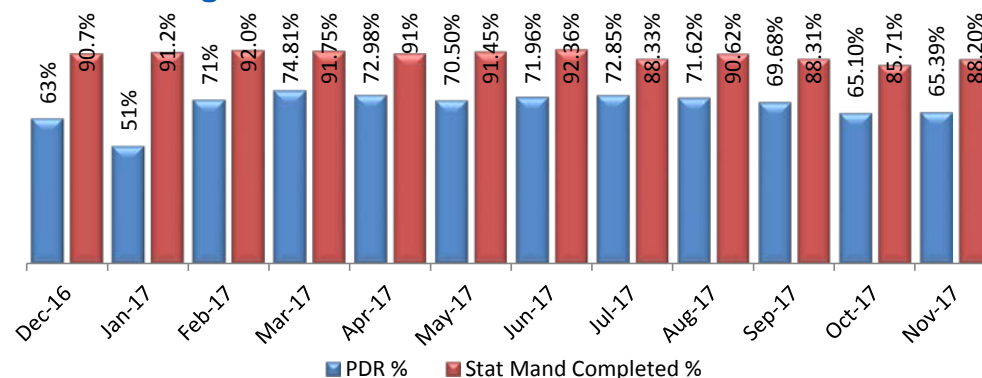
11.9 Sickness



11.10 Recruitment Plan



11.11 Training



Commentary

Sickness and PDRs continue to be a priority for the service and further work on PDRs will be picked up in January following the festive peak demand period.

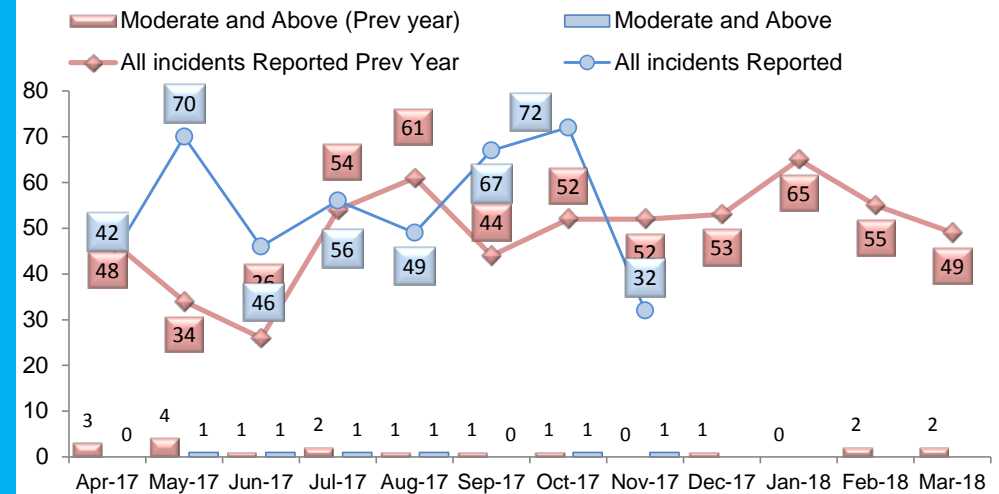
Call handling staff for winter are now in place; with the majority of staff live ready for December.

Clinical staffing remains strong and has significantly increased from last winter.

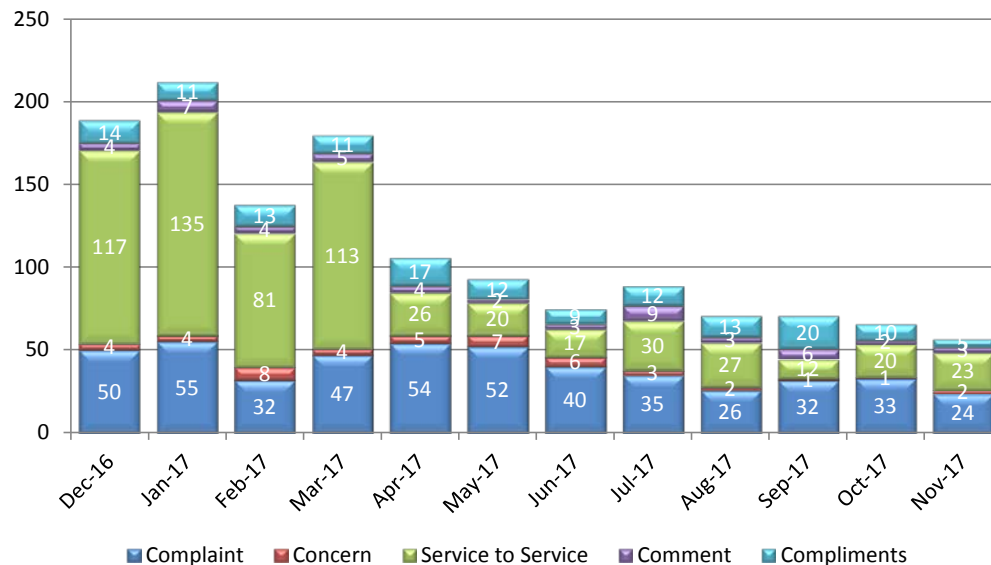
11.13 Quality, Safety and Patient Experience

		Nov-17	YTD
Serious Incidents YTD		1	2
Total Incidents (per 1000 activities)		0.01	0.00
Total incidents Moderate & above		1	6
Response within target time for complaints & concerns		70%	78%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		0.0%	0.0%

11.15 Incidents



11.14 Patient Feedback



Commentary

One SI was reported in November, 24 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 November noted as moderate. There was 5 compliments during November.

During November the NHS Pathways version 14 was successfully implemented which included new clinical content associated with sepsis.

ANNEXES

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