



Integrated Performance Report

October 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

October 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	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					Criteria to assess suitable future sites to implement MR/VPS (AVP) agreed. Paper with business case for next sites to be presented at October Programme Board Application of the Change Management Framework/approach within the Programme, including the Doncaster hub, to be 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	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					Head of Well Being arriving in december with H&WB adviser now in post. The contract has been awarded to deliver mental health first aid training to clinical supervisors. The Healthy Food CQUIN continues to be compliant. Flu programme has commenced with 47% of colleagues vaccinated so far		
	3.3	To build equality and diversity within our organisation to reflect the communities we serve.	DWF							
	3.4	To develop high quality, relevant and well governed clinical education processes and activity	EMD							
	3.5.	To develop a workforce strategy to deliver integrated urgent & emergency care	DWF							
	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, Q1 17-18		16.5
Staff F&F Test % recommended care Q1 17-18		85%
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		*
AQIs (Annex 2 Aug 17)	Return of spontaneous circulation (ROSC) in Utstein group (Jun 17)	46.5
	Stroke 60 minutes (Jun 17)	47.8
	Stroke Care (Jun 17)	97.8
	ST Segment elevation myocardial infarction (STeMI) 150 minutes (May 17)	86.0

(*) 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, Jun 17	5.31%
Staff turnover (FTE), (YAS Workforce Scorecard Oct 17)	11.6%
NHS Staff Survey response rate 2016	37%
Proportion of temporary staff, Jun 17	1.85%

Strategic Change RAG ratings (Oct 17)

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

Operational Performance

Aug 17	
<i>Maximum 8 minute response for calls:</i>	
• Category 1	65.8%
<i>Maximum 19 mins for all category calls:</i>	
• Category 1 (conveying)	No
• Category 2R	National
• Category 2T	Target Set

AQIS ARE CURRENTLY BEING REVISED AND DATA POST AUGUST 2017 IS CURRENTLY UNAVAILABLE

Finance and Use of Resources

Capital service capacity (Degree to which a providers generated income covers its financial obligations)	SOF Rating* Oct 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**
 - Criteria to assess suitable future sites to implement MR/VPS (AVP) agreed. Paper with business case for next sites to be presented at October Programme Board
 - Application of the Change Management Framework/approach within the Programme, including the Doncaster hub, to be 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

- **Urgent Care: Not reported this month**
 - The next phase of the Urgent Care Programme is currently under discussion by TEG as part of strategy discussions. The Urgent and Emergency Care Board has been established to further progress strategy direction.
 - Programme will be reviewed by end of November 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 was planned to be 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. Support to establish the A&E Operations Board would be helpful.
- **PTS: Remains Amber**
 - The Programme's overall RAG rating remains unchanged on the previous month.
 - North bid submitted and outcome expected in January 2018.
 - South Yorkshire contract finalised.


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.
- Range of letters from NHSE/I asking local systems to remain focused on:
 - 4 hour ED performance
 - Improvements in the Delayed Transfers of Care (DTOC) levels
 - 15 minute handover with additional clarification on clock start and stop processes
 - Consideration of mutual aid approaches across systems
- South Yorkshire and Bassetlaw ACS recently received a visit from Prof Keith Willetts, as NHS E national programme director, around the ACS programme.
- YAS is working with urgent care networks and local delivery boards to explain the benefits and opportunities of ARP and its impact, particularly around S&T, H&T, ST&R and HT&R; in order better understand how to strengthen the community support for greater use of alternative diversionary pathways (shifting demand from and conveyance to Emergency Departments).
- SYB ACS undertaking a Hospital Services Review with five shortlisted work streams – YAS Clinical Directorate remain involved in all workstreams.
- There is now a new leader in place for the STP in Humber Coast & Vale and the West Yorkshire STP is moving to develop an MOU. Commissioners have re-opened 999 contract negotiations for 18/19 and for a transitional year in the NHS111 contract these discussions are now live.
- 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 (Phase 2 now commenced)
 - Calderdale & Huddersfield NHS FT
 - Durham, Darlington Tees, HRW
 - South Yorkshire Stroke
 - South Yorkshire Acute Review (5 shortlisted work streams) - Urgent & Emergency Care; Stroke; Maternity; Care of the acutely ill child; Gastroenterology / Endoscopy
 - West Yorkshire Stroke Services
 - Thrombectomy
 - Thoracic Aortic Dissection

Our Performance October 2017


↑	The Mean Performance for Cat1 with IFT's was 07:11	YTD Performance		
↔	Ambulance responses on Scene down 1.7% YTD		Time	Change
↑	PTS KPI 2 continues to be above target at 85.6% for October	Category 1 no IFT Mean Performance	00:07:56	
↔	Calls transferred to a CAS Clinican in 111 is above 30% target at 34.6%	Ambulance Turnaround Time	33 mins 36 sec	(4 mins 16 sec more)

A&E


Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 No IFT Mean		
Contract	Oct-17	Variance (%)	Contract	Oct-17	Variance (%)	Avg	Oct-17	Var	Avg	Oct-17	Change	Target	Oct-17	Var
78,839	78,998	0.2%	61,479	60,394	(1.8%)	76.2%	77.4%	1.2%	2,277	2,077	(8.8%)	00:07:00	00:07:56	00:00:56
														

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	Oct-17	Variance (%)	Target	Oct-17	Variance (%pts)	Target	Oct-17	Variance (%pts)	Target	Oct-17	Variance (%pts)	Target	Oct-17	Var
79,736	83,236	4.4%	82.9%	85.6%	2.7%	92.0%	88.6%	(3.4%)	92%	78.6%	(13.4%)	90.0%	68%	(22.5%)
														

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	Oct-17	Variance (%)	Target	Oct-17	Variance (%)	Target	Oct-17	Variance (%)	Target	Oct-17	Variance (%)	Avg	Oct-17	Variance (%)
131,383	135,227	(2.8%)	95%	88.3%	(6.7%)	30%	34.6%	4.6%	95%	84.0%	(11.0%)	8.8%	8.8%	0.0%
														

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 October 2017

↔	2 in 1000 patients report an incident	Patient Survey			Infection Control Compliance		
↔	1 in 10000 patients incidents result in moderate or above harm	Recommend YAS to F&F			Compliance	Oct 16	Oct 17
↓	FOI compliance in October was 34%		Q1	YTD	Hand Hygiene	99%	97%
↑	4 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	98%	98%

Incidents Reported

All Reported Incidents			Patient Incidents			Moderate Harm			Serious incidents			Medication Related		
Avg	No	Change	Avg	No	Change	Avg	No	Change	Avg	No	Change	Avg	No	Change
827	696	7.9% ↑	207	245	7.9% ↑	26	20	(13.0%) ↓	3	2	(60.0%) ↓	57	63	16.7% ↑

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
767	840	6.1% ↑	466	493	8.1% ↑	84	79	5.3% ↑	79%	99%	7.6% ↑	39	32	(11.1%) ↓

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)
44.3%	50.0%	4.6% ↔	83.3%	81.6%	3.2% ↔	54.2%	52.8%	13.5% ↑	34.3%	40.0%	63.9% ↑	33	81	(9.0%) ↓

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

Our Workforce - October 2017

↓	843 staff are overdue a PDR out of 4342
↔	136 Staff are on long term sick out of 5189 Staff
↑	367 staff are still to complete the stat and man work book out of 5189
↔	More than 9 out of 10 staff have completed the Stat Man Workbook

YTD Performance		
	%	Change
Sickness	5.64%	0.21%
Stat and Man	94.28%	-0.25%

Workforce									Recruitment			IG		
Total FTE in Post (ESR)			BME			Turnover			New Starts			Information Governance Training		
Avg	Nº	Variance (%pts)	Target	%	Variance (%pts)	Avg	%	Variance (%pts)	Avg	No	Variance (%pts)	Target	%	Variance (%pts)
4,336	4,369	0.8%	11.1%	6.1%	(5.0%)	11.4%	11.6%	0.2%	47.23	66	39.8%	95.0%	77.6%	(17.4%)

Sickness									Finance					
Total			Short Term			Long Term			Agency Spend			Overtime		
Target	%	Variance (%pts)	Avg	%	Variance (%pts)	Avg	%	Variance (%pts)	Plan YTD £(000)	Actual YTD £(000)	Variance (%pts)	Avg	AE/PTS Avg	Variance (%pts)
5.0%	5.7%	0.7%	1.9%	1.9%	(0.0%)	3.7%	3.8%	0.1%	2,005	1,851	(8.3%)	£809,566	£882,704	9.0%

Training														
PDRs			Stat & Mand			Adult Safeguarding L1			Child Safeguarding L2			Clinical Training		
Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)
90.0%	76.3%	(13.7%)	90.0%	94.3%	4.3%	90.0%	93.5%	3.5%	80.0%	88.3%	8.3%			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	7th November 2017 - Workforce Intelligence Team			8

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	(21,811)	(19,649)	2,161	(152,346)	(151,501)	845
Expenditure	21,393	19,151	(2,241)	150,565	149,160	(1,405)
Retained (Deficit) / Surplus with STF Funding	(418)	(498)	(80)	(1,781)	(2,341)	(560)
STF Funding	(151)	(151)	0	(680)	(680)	0
Retained (Deficit) / Surplus without STF Funding*	(267)	(347)	(80)	(1,101)	(1,661)	(560)
EBITDA	(1,390)	(1,504)	(115)	(8,583)	(9,166)	(582)
Cash	20,936	35,321	14,385	20,936	35,321	14,385
Capital Investment	494	55	(439)	1,753	353	(1,400)
Quality & Efficiency Savings (CIPs)	1,037	1,019	(18)	7,257	8,369	1,112

Under the "Single Oversight Framework" the overall Trust's rating for October 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 £560k against plan as at the end of October (Month 7). Income is lower than plan by £845k, 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 £3,708k 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 £127k 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 £456k 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 October 2017 the Trust's cash position was £35.3m against a plan of £20.9m, giving a favourable variance of £14.4m. The increase in the cash balance of £2m against the September position reflects the higher operating surplus than planned, continuing underspends against the capital plan, and favourable movements in working capital (£0.98m).

Capital spend at the end of October 2017 is £353k against the original plan of £1,753k 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 £1,112k, 34% 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 October 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.			
EBITDA: The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at month 7 is £9,166k against a plan of £8,583k, a favourable variance of £582k against plan.			
SURPLUS: The Trust has reported a surplus (including STF) as at the end of October (Month 7) of £2,341k which is £560k favourable variance against the planned surplus of £1,781k. The STF achieved YTD is £680k.			
CAPITAL: Capital spend at the end of October 2017 is £353k against the original plan of £1,753k 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.			
CASH: At the end of October 2017 the Trust's cash position was £35.3m against a plan of £20.9m, giving a favourable variance of £14.4m. The increase in the cash balance of £2m against the September position reflects the higher operating surplus than planned, continuing underspends against the capital plan, and favourable movements in working capital (£0.98m).			
CIP: The Trust has a savings target of £12.441m for 2017/18. Whilst YTD the Trust has overachieved against this target by £1,112k, 34% 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	4,005	3,928	(78)
Business Development Directorate	51	51	0
Capital Charges Directorate	77	30	(47)
Chief Executive Directorate	74	19	(55)
Clinical Directorate	83	81	(1)
Estates Directorate	188	96	(93)
Finance Directorate	582	450	(133)
Fleet Directorate	1,027	243	(784)
People & Engagement Directorate	228	0	(228)
Planned & Urgent Care Directorate	832	370	(462)
Quality, Governance & Performance Assurance Directorate	110	110	0
Reserve Schemes	0	2,992	2,992
Grand Total	7,257	8,369	1,112

Recurrent/Non-Recurrent/Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	5,505	5,549	44
Non - Recurrent	1,261	2,820	1,559
Unidentified	491	0	(491)
Grand Total	7,257	8,369	1,112

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

October 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						
Healthy food for NHS staff and visitors	Head of Facilities Management, Estates	£285,987	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						
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. 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 is now being arranged 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 47% at the end of October 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						
End to End Reviews	Head of Investigations & Learning	£1,072,238	Green	Green	Green	Green	Green	Green	Green						
Mortality Review	Deputy Medical Director	£1,072,238	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						
Total		£4,290,239													

Comments:
Conveyance: All tasks are now complete with the exception of DOS which is proving a little difficult to action and the benefits of standalone DOS are minimal. 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

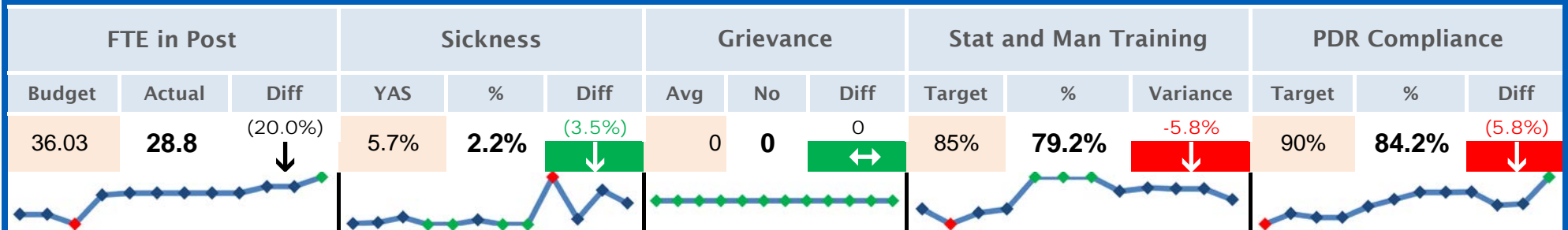
PTS CQUINS		Expected Financial Value of Goal	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
Patient Portal	PTS Locality Manager	£136,000	Green	Green	Amber	Amber	Green	Green	Green						
Local CQUIN developed jointly with YAS and finalised as part of the Q3 2017/18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

Comments:
The Portal remains on track for delivery with no concerns. Commissioners are pleased with the development to date.

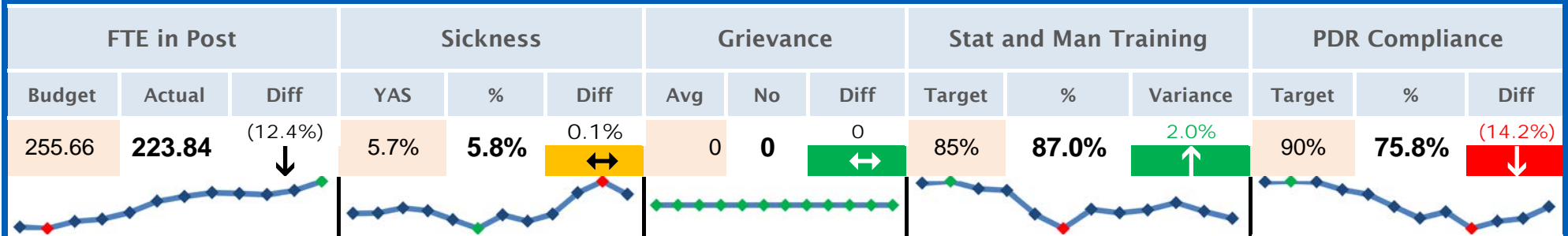
Green Fully Completed / Appropriate actions taken
Amber Delivery at Risk
Red Milestone not achieved

Corporate Services - October 2017

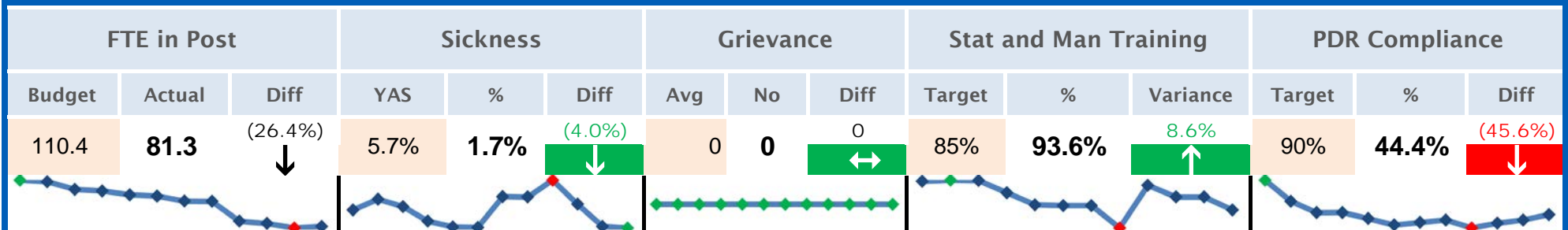
Chief Exec and Business Development



Finance



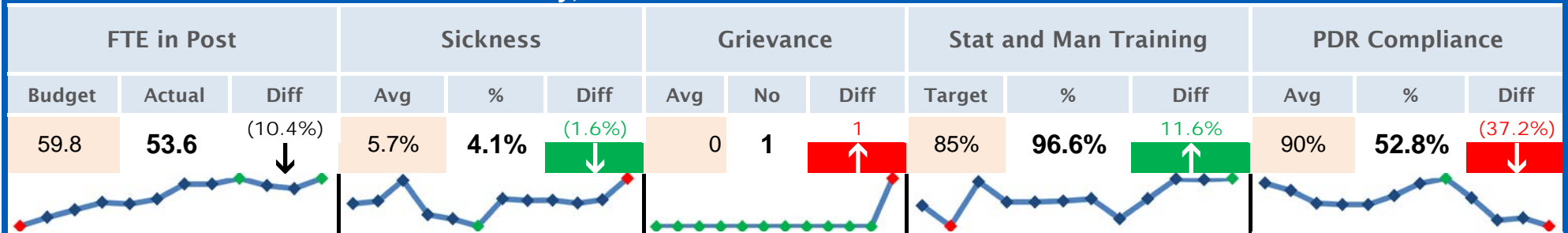
People and Engagement



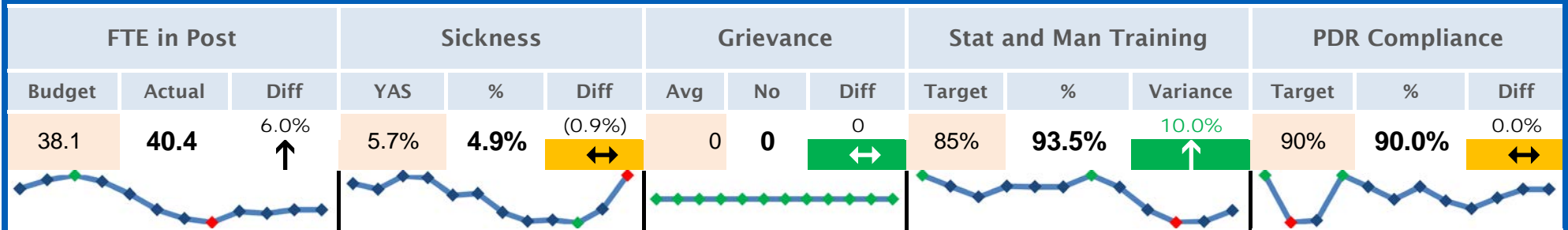
Key	Difference		Direction of Travel		Sparklines		AVG - Average		Updated	
	Current Month (tolerance 5% number difference)		From Previous Month		To demonstrate trend, low point is lowest point in that trend (not zero)		Previous 12 Periods		07.11.17 - PMO	

Corporate Services - October 2017

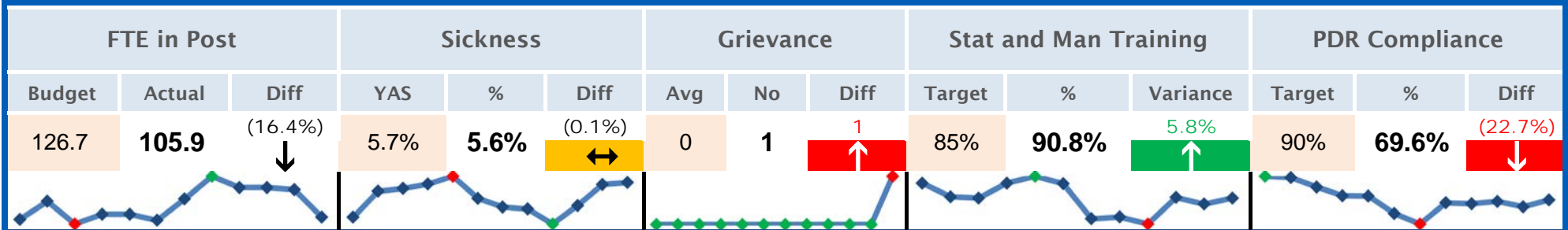
Quality, Governance and Performance Assurance



Clinical



Fleet and Estates

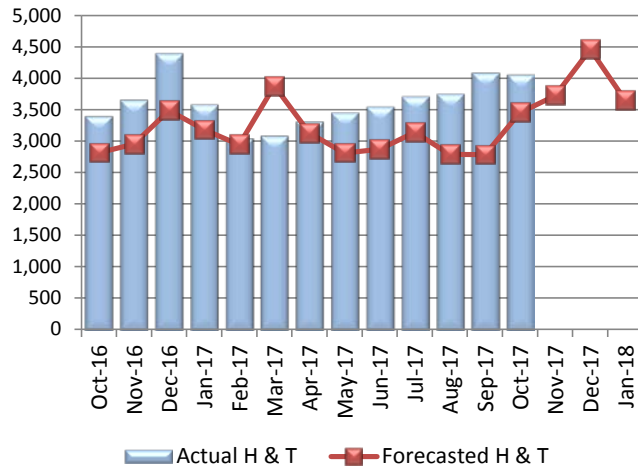


Key	Difference	Direction of Travel	Sparklines	AVG - Average	Updated			
	Current Month (tolerance 5% number difference and 1% for sickness)	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	07.11.17 - PMO			

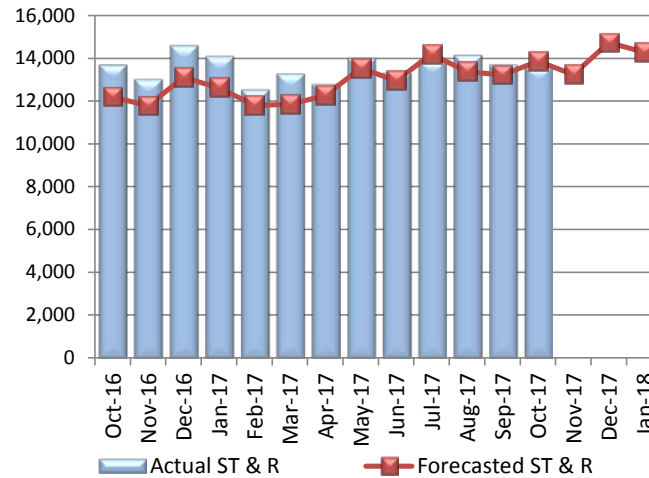
SERVICE LINES

9.1 Activity

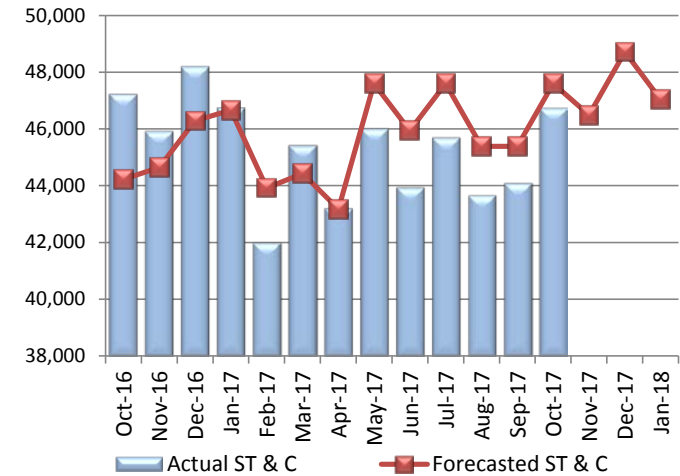
Hear & Treat



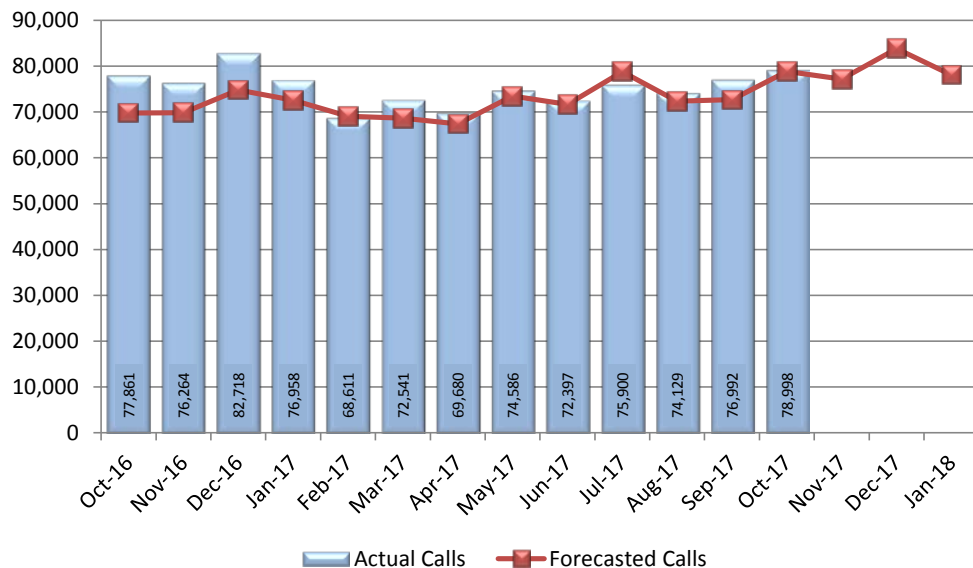
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

Total Demand was 0.2% above forecast. This is an increase in call numbers of 1.5% vs October last year.

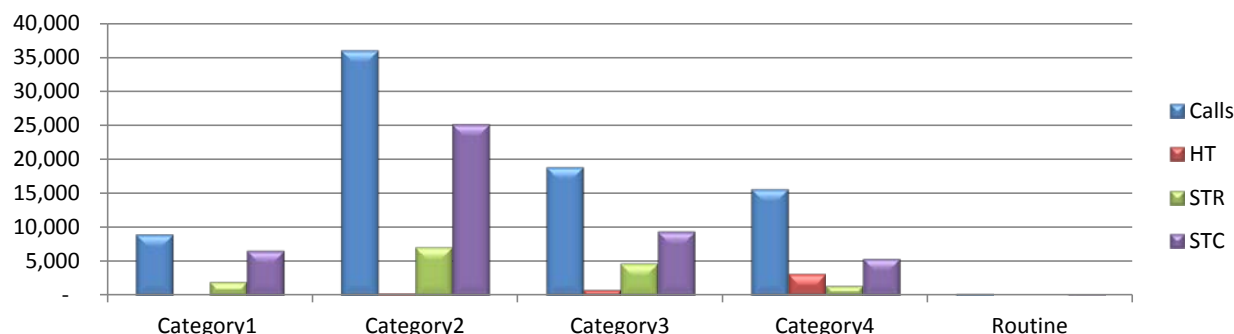
H&T is 17.6% above forecast. This is an increase of 19.3% in the amount of H&T carried out vs October last year

ST&R was 1.6% below forecast. This is a decrease of 0.6% in the amount of ST&R carried out vs October last year.

ST&C was (1.8%) below forecast. This is a decrease of (1.0%) in the amount of ST&C carried out vs October last year.

9.2 Activity

ARP2.3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	9,015	23	2,004	6,626	8,630	13.9%
Category2	36,062	353	7,022	25,228	32,250	51.9%
Category3	18,926	788	4,670	9,443	14,113	22.7%
Category4	15,690	3,027	1,463	5,509	6,972	11.2%
Routine	289	-	8	177	185	0.3%



9.3 Performance

ARP 2.3	Mean	90th Percentile	Mean Target	90th Target
Category1 (inc IFTs)	00:07:11	00:13:17	00:07:00	00:15:00
Category2	00:20:29	00:43:56	00:18:00	00:40:00
Category3		01:33:56		02:00:00
Category4		02:54:20		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.

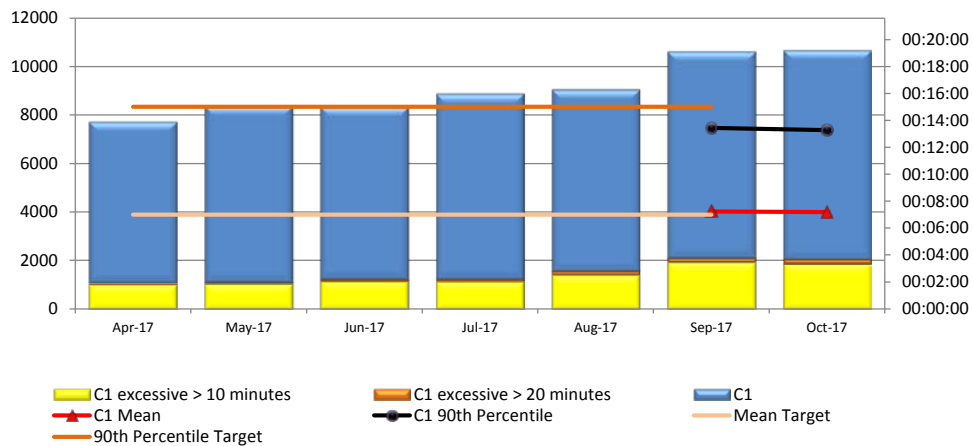
The Calls now split into 4 main categories with HCP calls monitored separately. There are now different standards than in ARP 2.2, for example the 8 minute response per incident does not exist anymore.

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

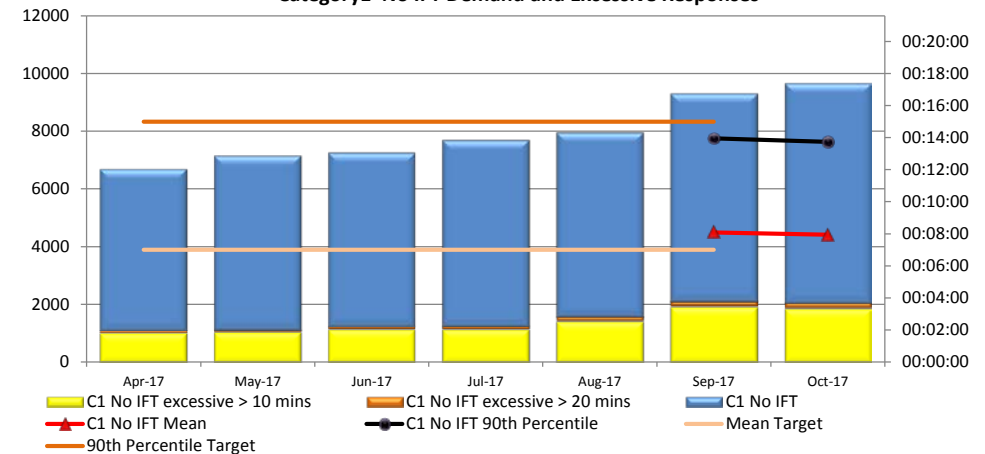
	Mean Standard	90 th Standard
C1	00:07:00	00:15:00
C1 No IFT		
C2	00:18:00	00:40:00
C3		02:00:00
C4		03:00:00
HCP1		No Target
HCP2		No Target
HCP3		No Target
HCP4		No Target

9.4 Demand and Excessive Responses with Tail of Performance

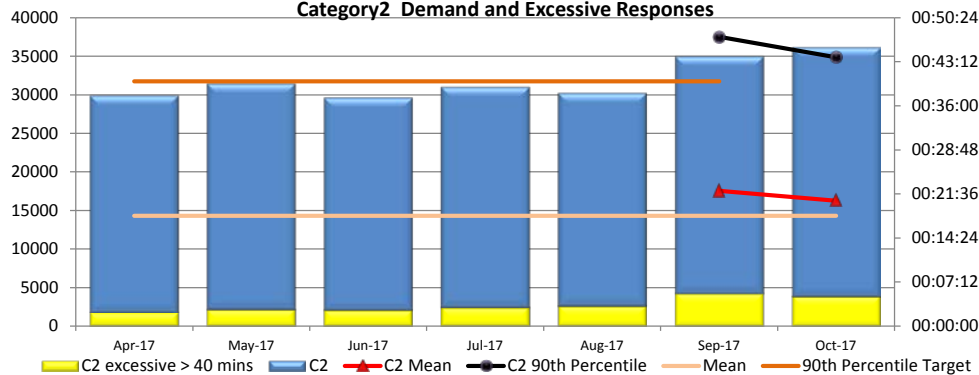
Category1 Demand and Excessive Responses



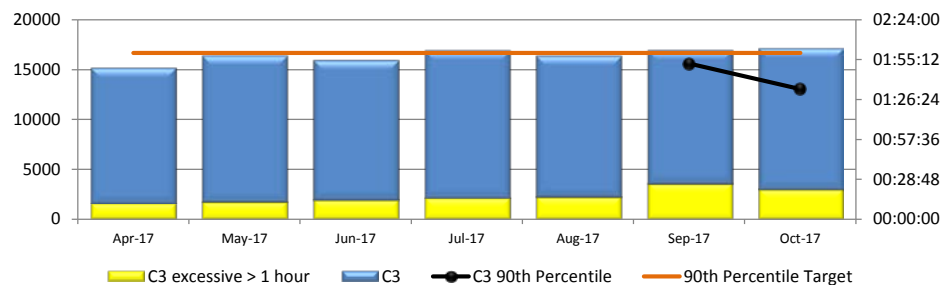
Category1 No IFT Demand and Excessive Responses



Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



Commentary

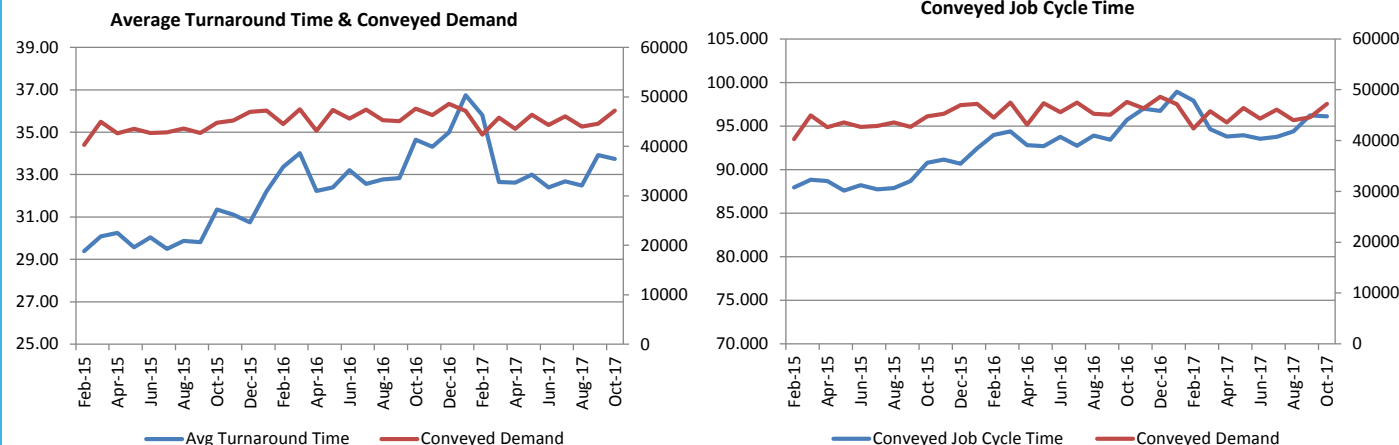
Category 1 mean performance with the inclusion of inter facility transfers was 7 minutes 11 seconds against the 7 minute target with the 90th percentile at 13:17 against the 15:00 target. Category 1 Mean performance with inter facility transfers removed shows a clear impact on performance at 7:56 a 9 second improvement on last month. The impact on 90th percentile is not as severe with the target still achieved at 13:44 a 13 second improvement on last month. The impact of removing IFTs creates a longer mean time .

Category 2 Mean performance was 20:29 an improvement of 1:38 on last month which is 2:29 short of the 18:00 target with similar performance seen in the 90th percentile at 43:56 which is 3:56 above target an improvement of 3:20 on last month which is 3:56 short of the 40:00 target. This improvement can be attributed to a fall in Category 1 demand of 0.5% which this month accounted for 13.9% of jobs as opposed to 14.4% the previous month.

Category 3 90th percentile performance was well under target at 1:33:56 against a 2 hour target

9.5 Hospital Turnaround Times

9.6 Conveyed Job Cycle Time



Commentary

Turnaround times: for October were 0.5% lower than September and 2.7% lower than October 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.

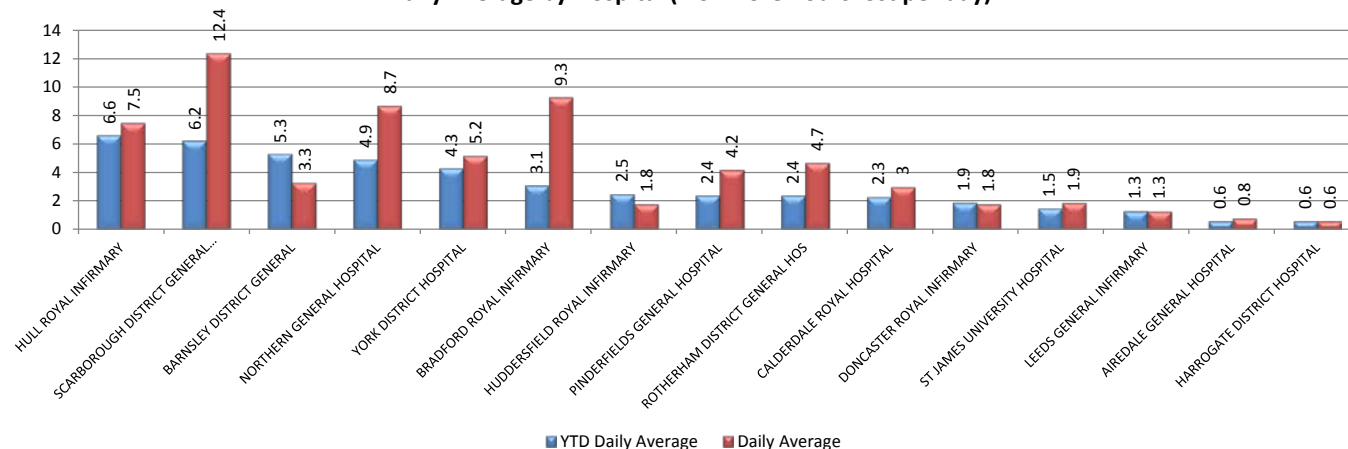
Job Cycle time: showed a slight decrease on September of 0.1% and is a slight increase of 0.4% vs October last year.

Excessive hours: Lost at hospital were slightly lower in October than September by 33 hours which is a decrease of 1.6%. This is significantly lower than October last year showing a decrease of 1072 hours, a fall of 51.6%. Hull Royal Infirmary and Scarborough District General have been impacting on performance.

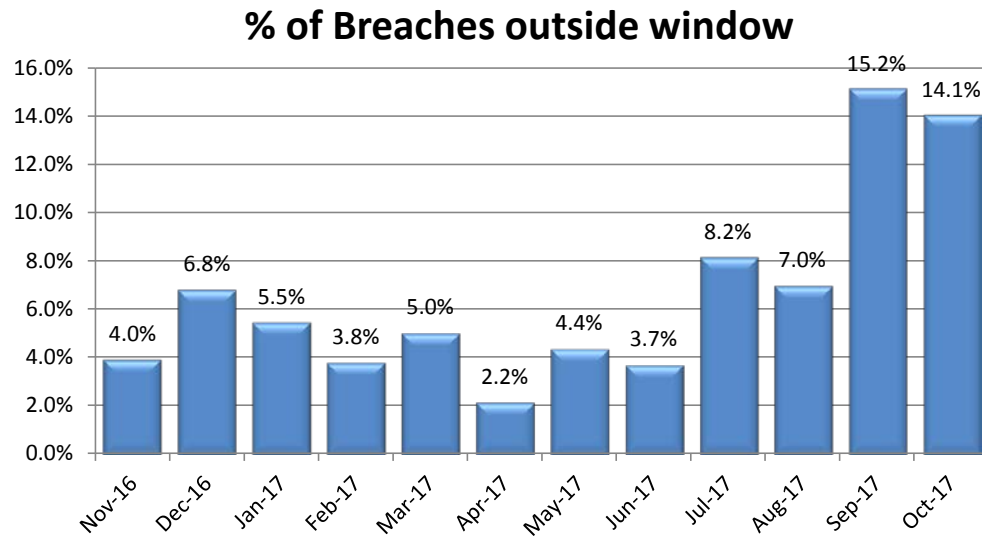
9.7 Hospital Turnaround - Excessive Responses

	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Last 12 months
Excessive Handovers over 15 mins (in hours)	2,923	3,160	4,149	3,208	1,727	1,509	1,728	1,367	1,646	1,570	2,110	2,077	27,174
Excessive Hours per day (Avg)	94	109	134	107	56	50	56	44	55	51	70	67	74

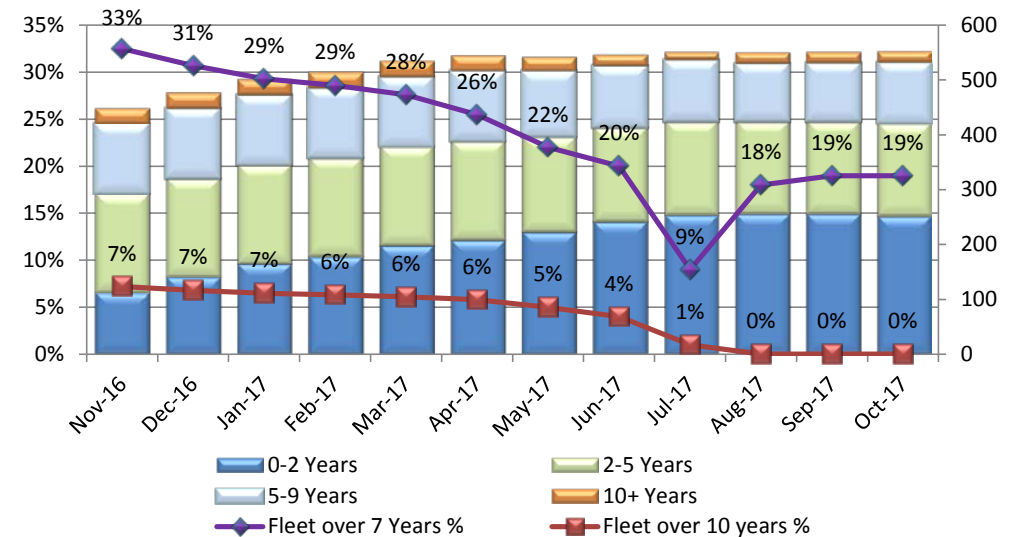
Daily Average by Hospital (1 or more hours lost per day)



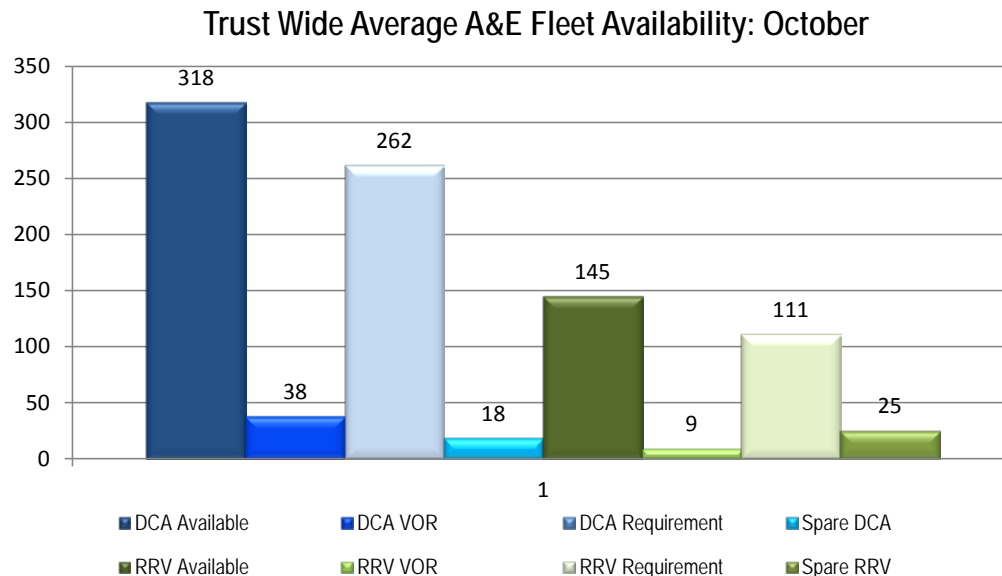
9.8 Vehicle Deep Cleans (5 weeks)



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 October to 14.1%. The reduced service level remains attributable to two key factors that being linked to the new A&E rotas and cleaning staff availability. Discussions are ongoing with HR regarding the realignment of vehicle Deep Cleaning staff working hours to increase utilisation and absence management within current procedures.

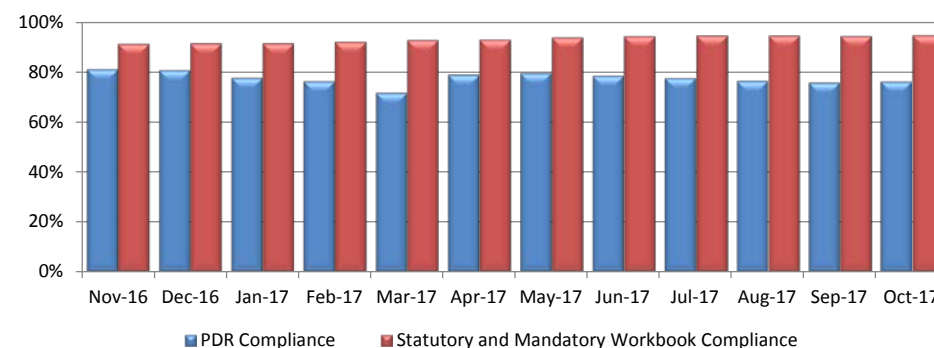
Availability: Vehicle availability has decreased slightly in October as a result of ongoing charging issues on the new vehicles, Fleet are working with the convertor to rectify the issues. Fleet is progressing the tail lift project (replacement frames and platforms) which is affecting the overall availability. The additional 15 recommissioned vehicles are now in service to help assist with Operational pressures. 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

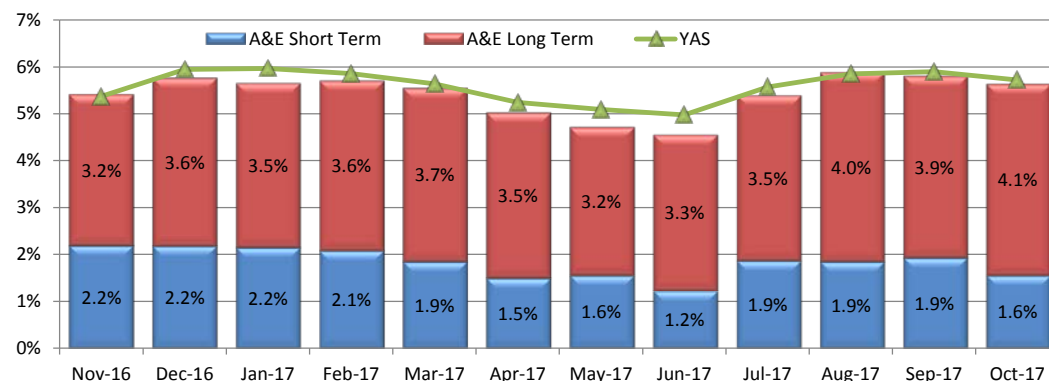
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,368	118	592	1,658	70%
Contracted FTE (before overtime)	2,185	143	485	1,556	71%
Variance	(183)	(25)	107	(101)	(6.1%)
% Variance	(7.7%)	(20.7%)	18.0%		
FTE (worked inc overtime)*	2352.9	143	485	1,725	73%
Variance	(15)	(25)	107		
% Variance	(0.6%)	(20.7%)	18.0%	67	4.1%

* 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.

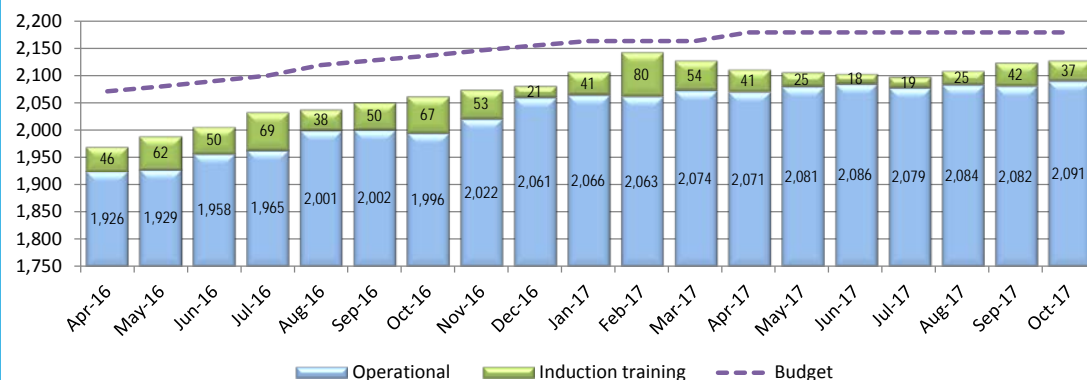
PDR: Currently at 76.5% against stretch target of 90%. This is an increase of 0.5% vs last month and is 0.3% below the Trust average

Sickness: Currently stands at 5.7% which is a decrease of 0.1% vs last month and is in line with the trust average of 5.7%

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

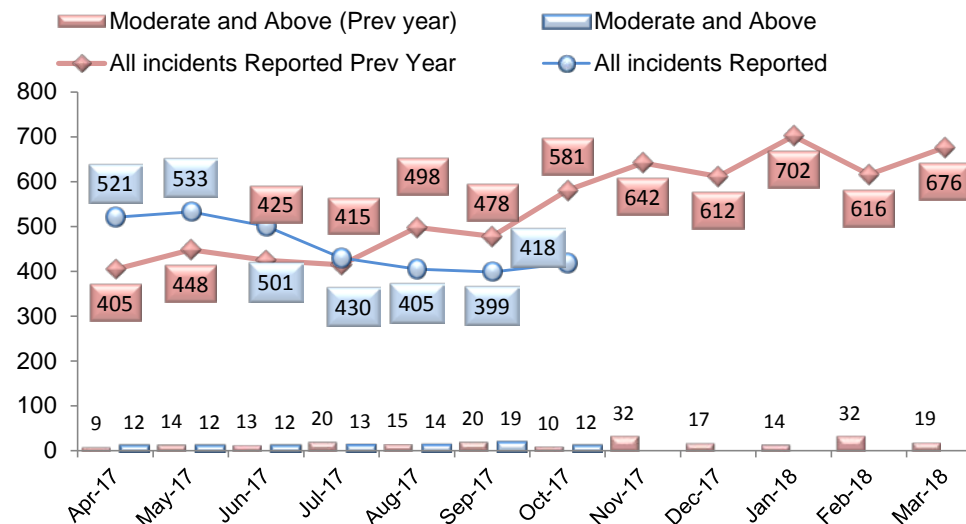
A&E Operations (excluding CS)



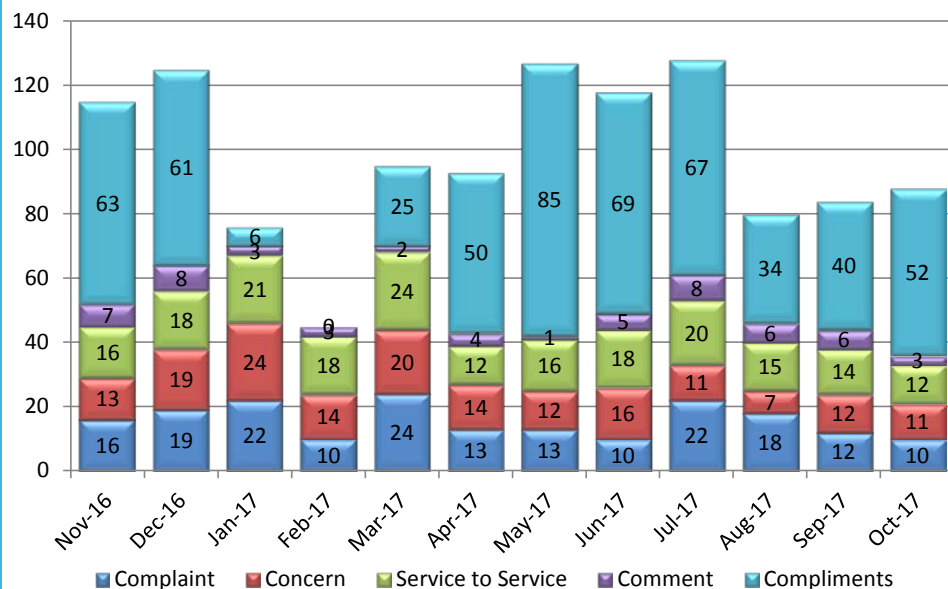
9.15 Quality, Safety and Patient Experience

	Month	YTD
Serious Incidents	0	10
Total Incidents (Per 1000 activities)	0.00	0.02
Total incidents Moderate & above	12	0.02
Response within target time for complaints & concerns	95%	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

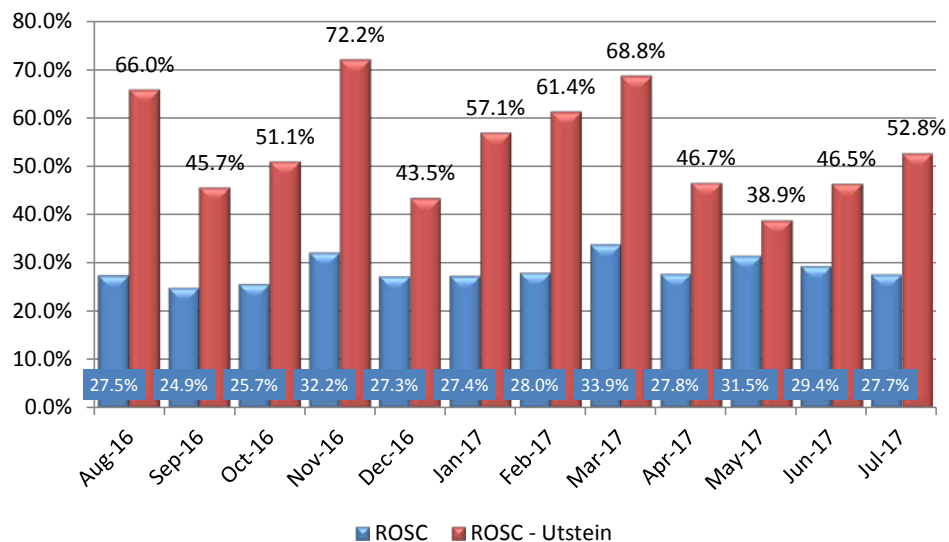


Commentary

Incidents: Total reported incidents increased 4.8% on last month and is down by 28.1% against October 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 have remained at a low level in line with the previous 12 months.

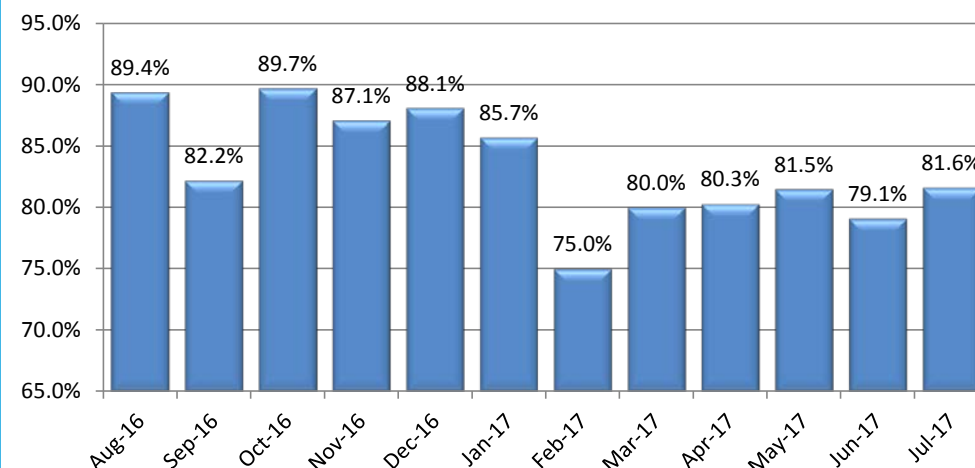
Feedback: Total feedback increased marginally last month however complaints fell to the joint lowest level of the year, while compliments increased which accounted for 59.1% of all feedback.

9.18 ROSC & ROSC Utstein

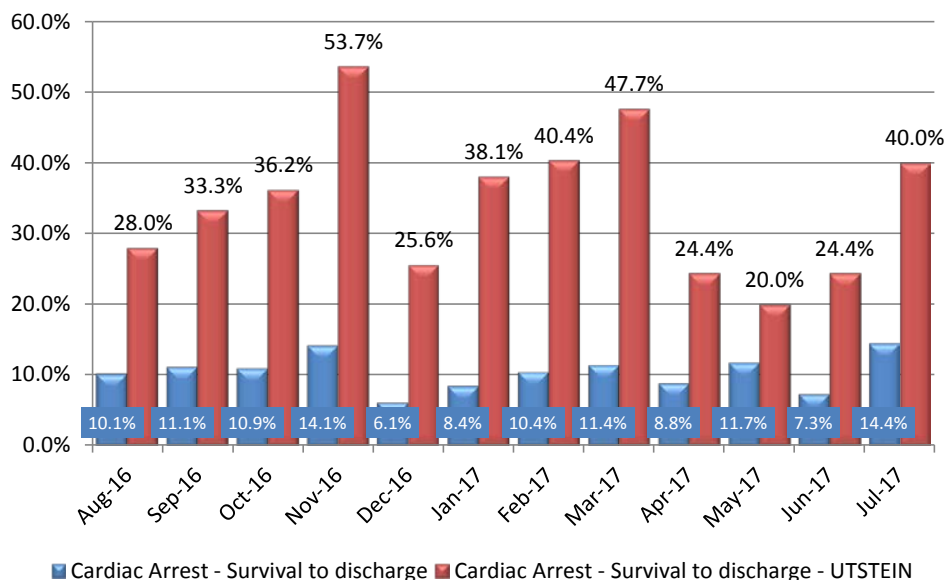


9.19 STEMI - Care Bundle

Stemi - Care Bundle



9.20 Survival to Discharge



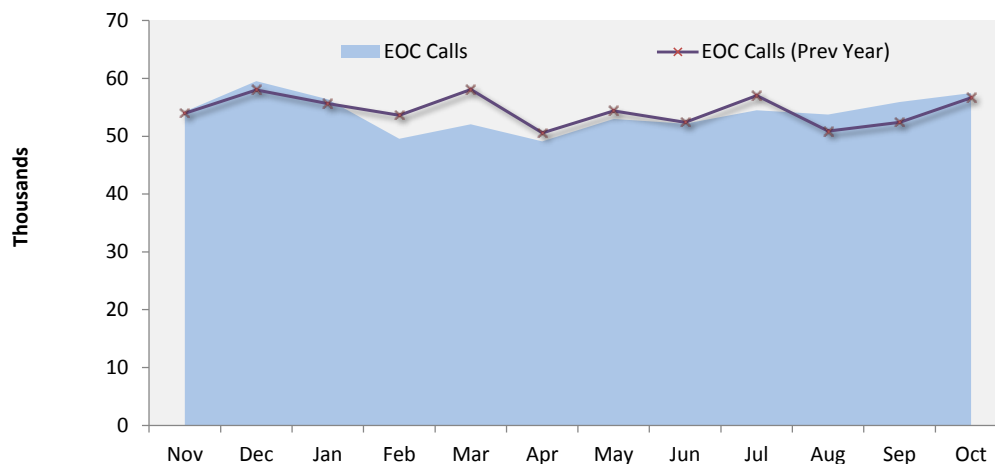
Commentary

ROSC: ROSC (overall) performance for July 2017, 27.7%, is slightly down from June's figure of 29.4%. In June 2017 YAS attempted RESUS on 252 patients, of which 74 had ROSC, compared with 191 patients in July, of which 53 had ROSC.

Survival to Discharge: Survival to discharge overall has shown a large increase in performance from June (7.3%) to July (14.4%). 18 patients survived to discharge in June and 27 in July. This large percentage increase can be attributed to both an increase in the number of patients who have survived, but also a decrease in the denominator i.e. the number of cardiac arrests incidents. Survival to Discharge within the UTSTEIN comparator group mirrors the increase shown in survival to discharge overall performance from June (24.4%) to July (40%). 10 out of 41 patients survived in June, compared to 14 out of 35 patients within July.

Stemi-Care Bundle: STEMI care performance has increased slightly, with June's figure of 79.1% (87 out of 110 patients) compared with July which saw 80 patients out of 98 patients, 81.6%, receiving the appropriate care bundle.

9.21 Activity

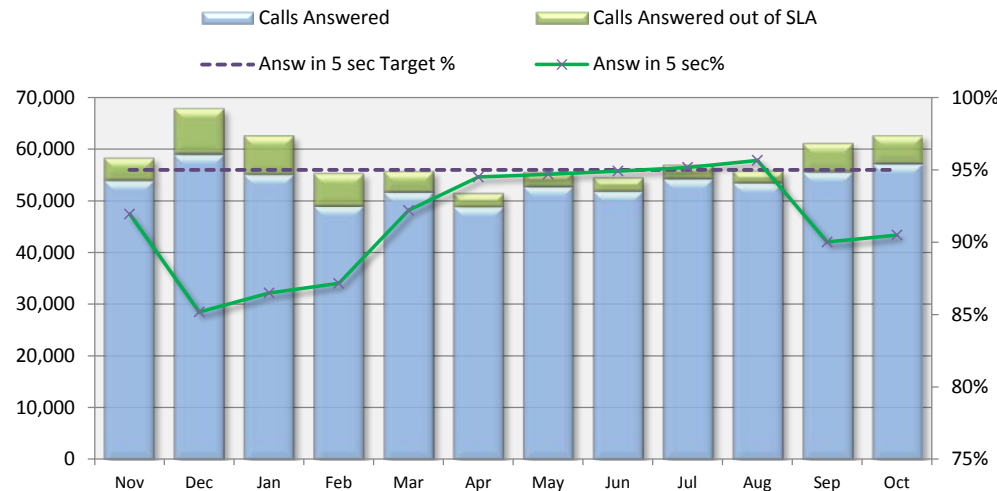


9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2017/18	375,886	374,720	24,100	93.6%
2016/17	374,190	371,707	36,186	90.3%
Variance	1,696	3,013	-12,086	
Variance	0.5%	0.8%	(33.4%)	3.3%

9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	90.5%	93.6%



	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Calls Answered out of SLA	4,351	8,760	7,456	6,308	4,043	2,692	2,804	2,643	2,629	2,327	5,561	5,444
Calls Answered	54,042	59,079	55,175	49,106	51,816	48,981	52,859	51,997	54,397	53,596	55,652	57,238
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	91.9%	85.2%	86.5%	87.2%	92.2%	94.5%	94.7%	94.9%	95.2%	95.7%	90.0%	90.5%

Commentary

Demand: Increased 2.8% vs last month.

Answer in 5 sec: Increased by 0.5% vs last month at 90.5% and is 4.5% below target

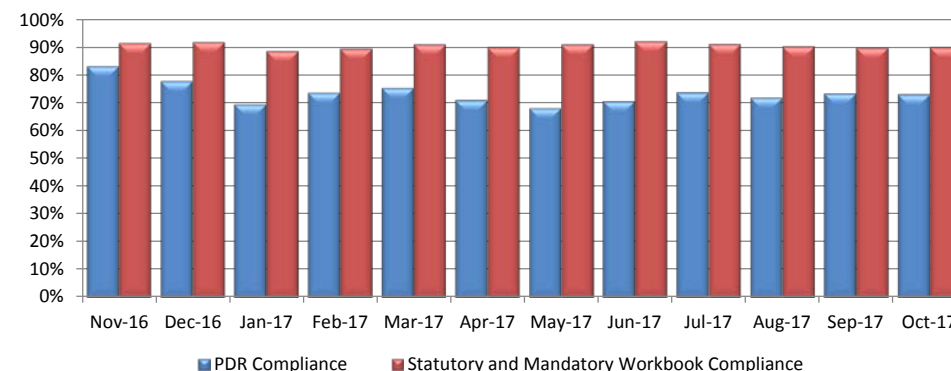
Weekend staffing has been below requirement, an audit is taking place to review if recent changes to resourcing has had an impact on coverage.

9.24 Workforce

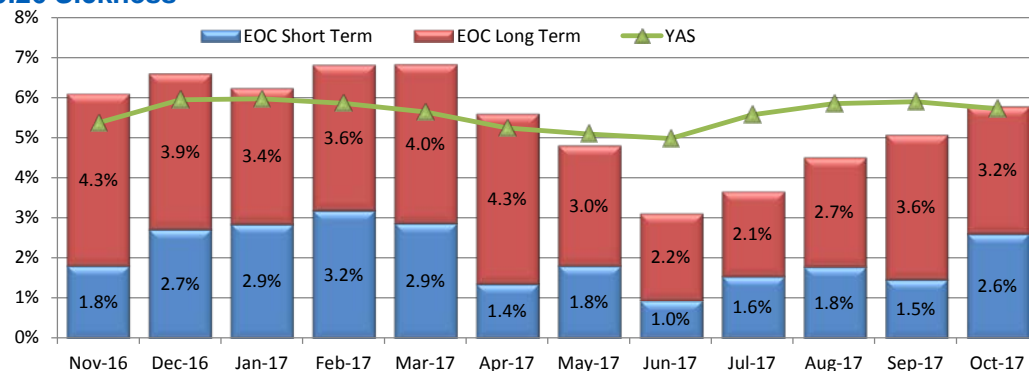
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	327	16.3	82	229	70%
Contracted FTE (before overtime)	314	15.7	79	220	70%
Variance	(13)	(1)	(3)	(9)	(3.8%)
% Variance	(3.8%)	(3.8%)	(3.8%)		
FTE (worked inc overtime)*	312	20.1	65	227	73%
Variance	(15)	4	(17)	-2	0
% Variance	(4.6%)	23.0%	(20.3%)		

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

9.25 Training



9.26 Sickness



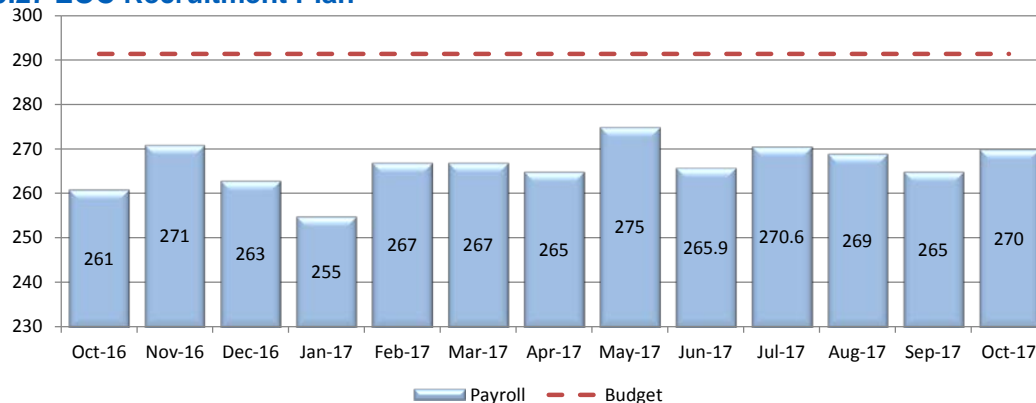
Commentary

PDR: PDR compliance stood at 73.1% in October against a stretch target of 90% which is a decrease of 0.4% on previous month. This is 3.2% below the trust average.

Sickness: Currently at 5.8% which is an increase of 0.7% on the previous month and is slightly above the Trust average of 5.7%.

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.

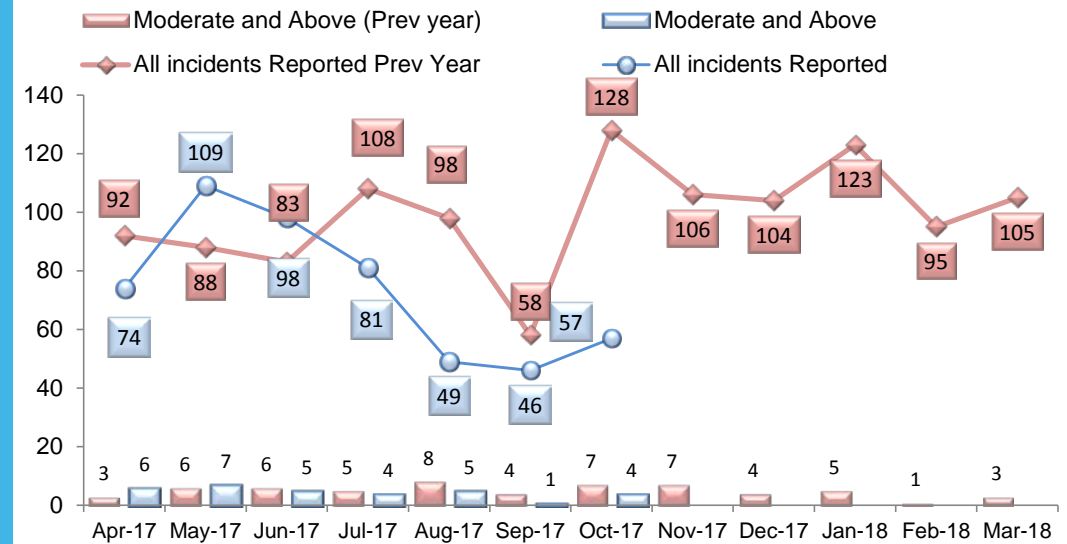
9.27 EOC Recruitment Plan



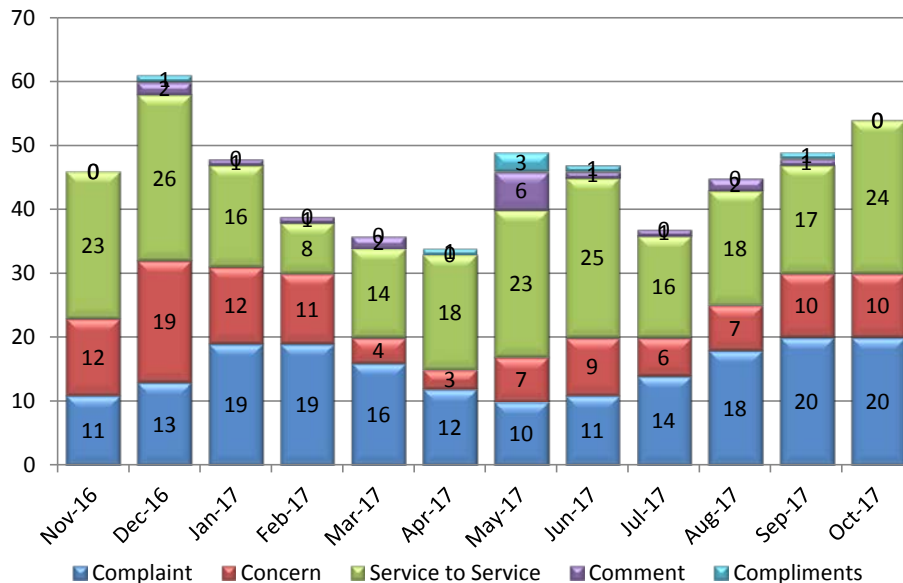
9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	7
Total Incidents (Per 1000 activities)		0.00	0.02
Total incidents Moderate & above		4	32
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

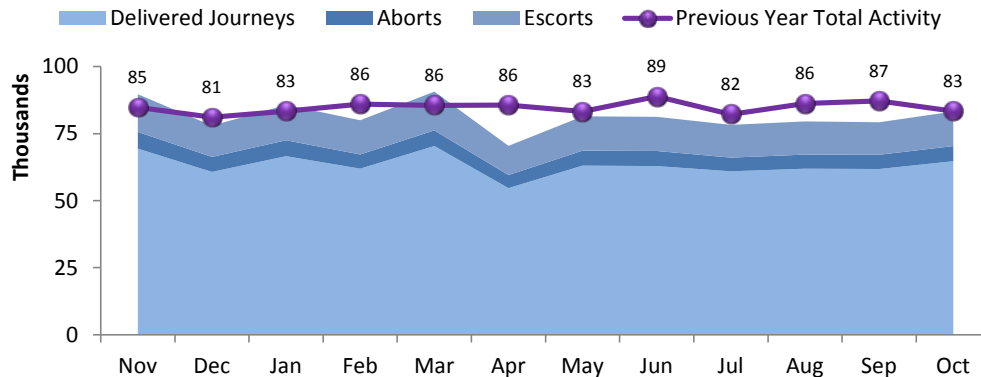
Incidents: Total reported incidents increased 23.9% on last month however this was a decrease of 55.5% against October last year. Incidents of moderate harm and above have remained at a low level.

Feedback: Overall feedback increased slightly on the previous month. Complaint levels remained in line with the previous month

10. PATIENT TRANSPORT SERVICE

October 17

10.1 Demand

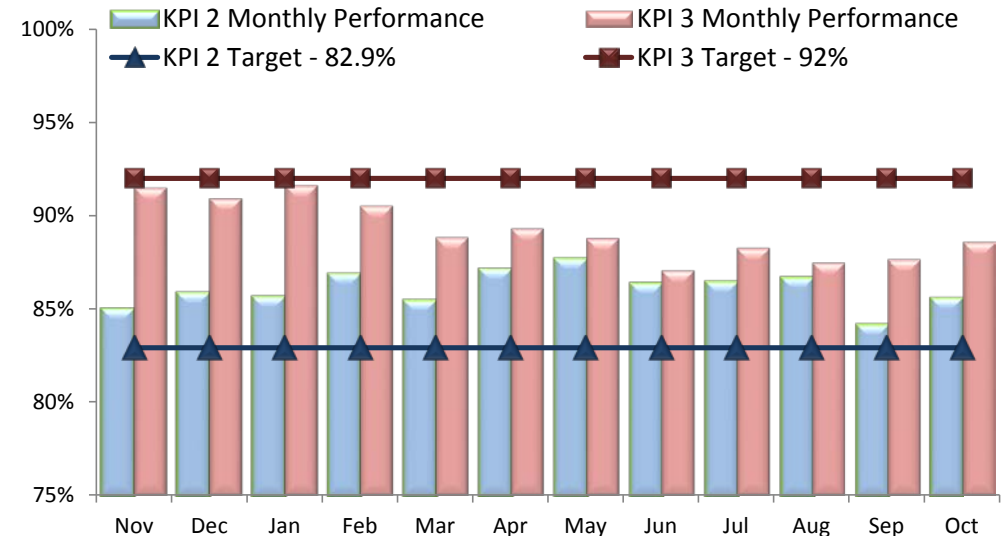


Comparison to Plan

Oct-17	Delivered	Aborts	Escorts	Total
YTD 2017-18	430,022	37,384	86,017	553,423
Previous YTD* 2016-17	461,964	42,266	92,397	572,554
% Variance	(6.9%)	(11.6%)	(6.9%)	(3.3%)

* Demand includes All Activity

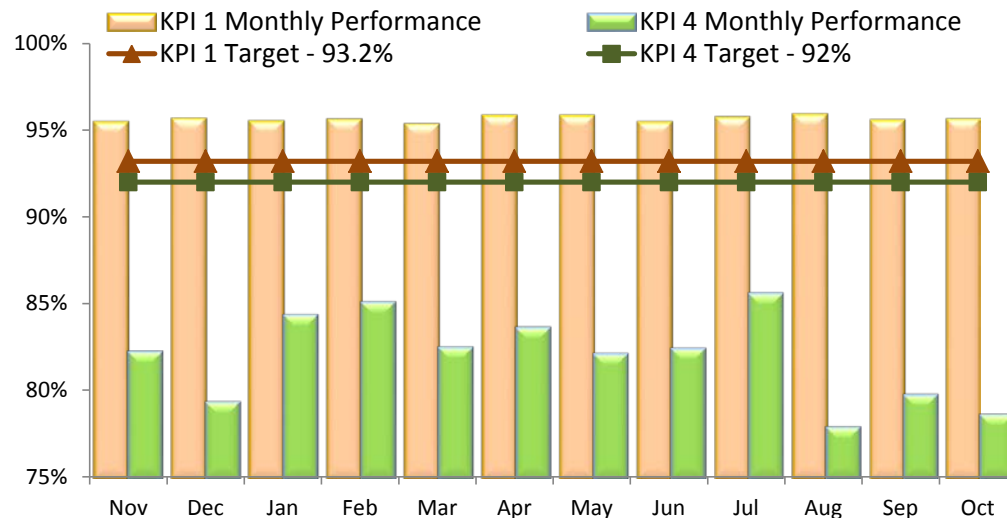
10.2 KPI* 2 & 3**



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 October increased by 5.1% on the previous month and shows a rise of 4.4% against the same month last year

KPI 1 Performance increased by 0.1% percent in October and remains 2.4% above target.

KPI 2 Inward performance in October rose to 85.6% and is 2.7% above the making appointment on-time target.

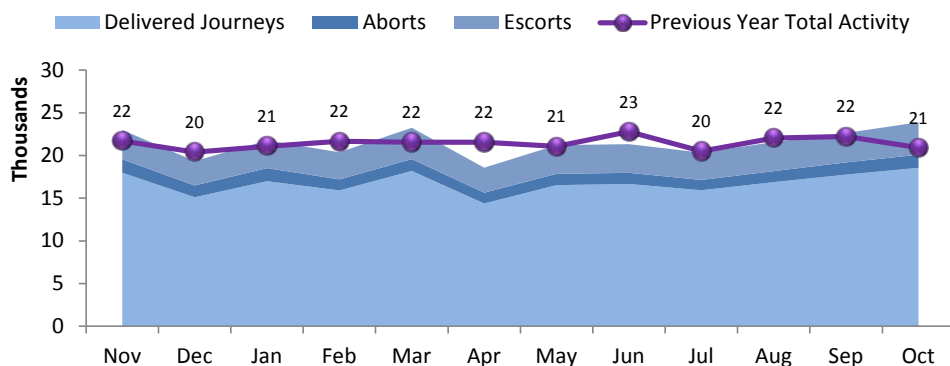
KPI 3 The outward performance increased by 0.9% on last month and is now 3.4% below the annual target of 92%.

KPI 4 The performance of outward short notice bookings picked up within 2 hours decreased by 1.1% to 78.6% in October and it 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)

October 17

10.1 Demand



Comparison to Plan

Oct-17	Delivered	Aborts	Escorts	Total
YTD 2017-18	116,693	9,352	23,511	149,556
YTD 2017-18	118,136	10,940	21,987	151,063
% Variance	(1.2%)	(14.5%)	6.9%	(1.0%)

South Performance Indicators - as of September 2017

KPI 1 - The patient's journey inwards and outwards should take no longer than 120 minutes

KPI 2 - Patients should arrive at the site of their appointment no more than 120 minutes before their appointment time.

KPI 3 - Pre-planned outward patients should leave the clinic/ward no later than 90 minutes after their booked ready time

KPI 4 - Short notice/on day outward patients should be collected no later than 120 minutes after their booked ready time.

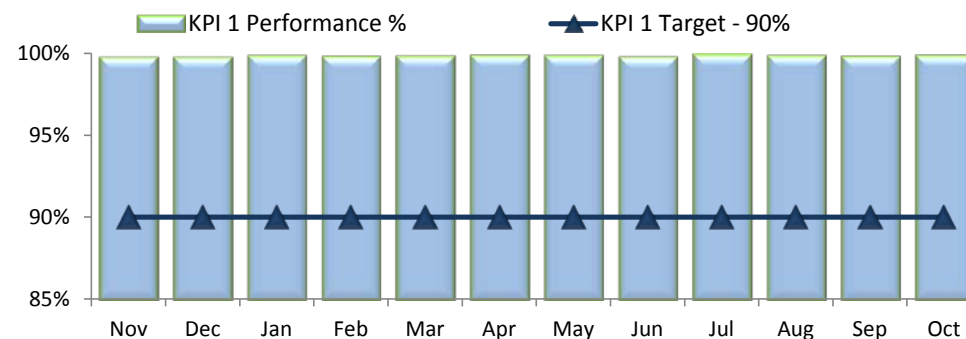
Commentary

Some new KPI's in the South contract are causing concern as follows

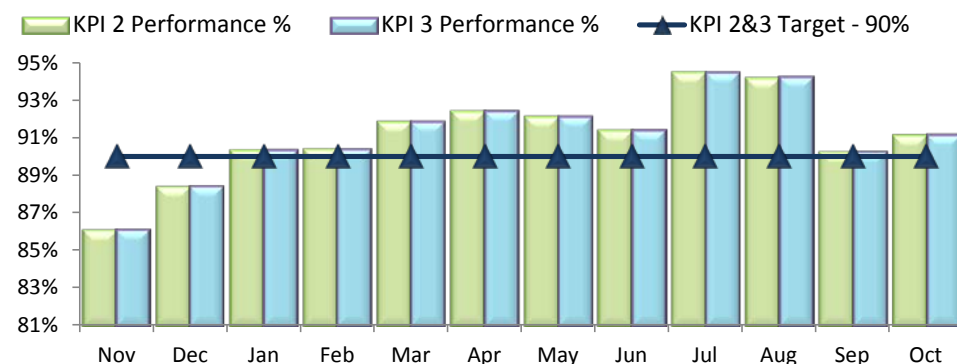
On Day discharge has seen a slight dip in performance for the month and the indicator stands at 78.9%. This is a drop of 1.2% when compared to the previous month. Sheffield CCG performance remains the focus of our attention for the Discharge Service.

GP Urgent performance stands at 31.9% for GP 90min and 56.7% for GP 120min. This is a slight dip when compared to the previous month. The changes brought in place with the introduction of additional crews and changes to shift times were implemented at the end of last month and the changes will see an impact from November onwards. Delays are still being experienced when multiple GP Urgent referrals are booked at the same time and delays are experienced at the MAC/SAC units.

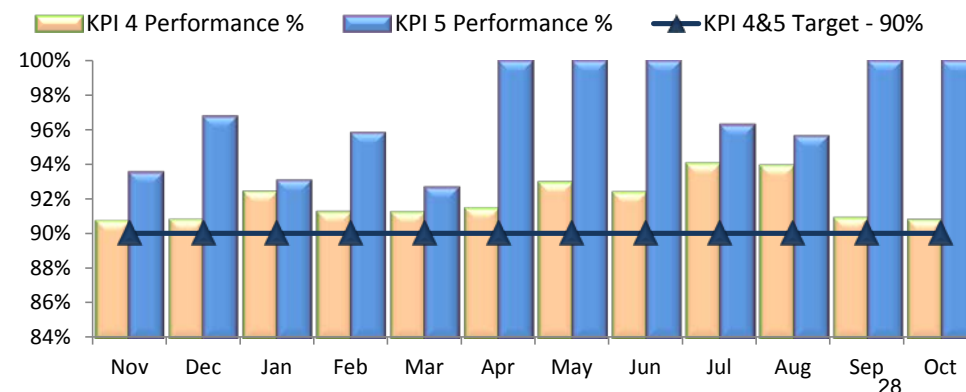
10.2 KPI 1 - Journeys no longer than 120 Mins



10.3 KPI 2&3 - Inwards Journeys



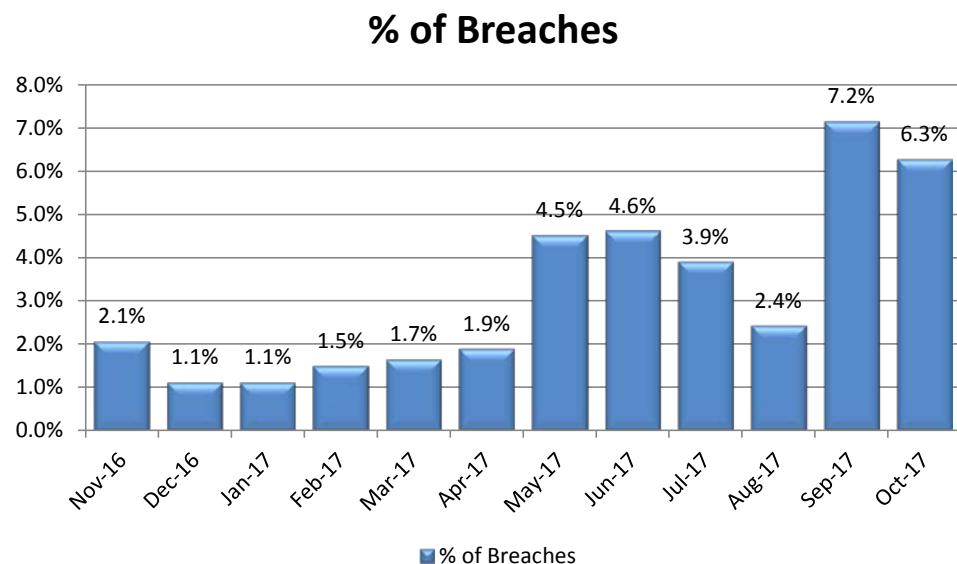
10.3 KPI 4&5 - Outwards Journeys



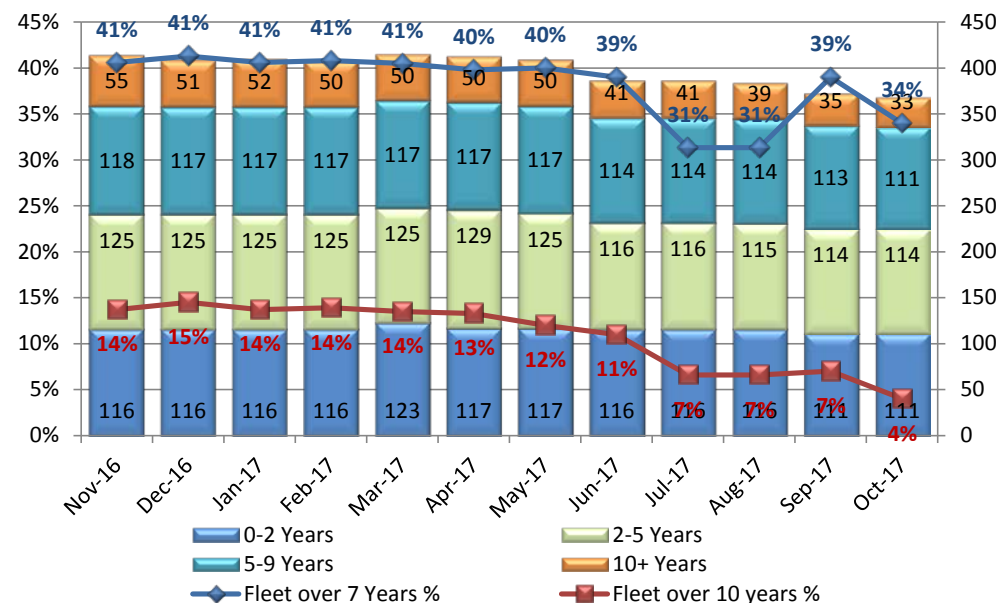
10. PATIENT TRANSPORT SERVICE

October 17

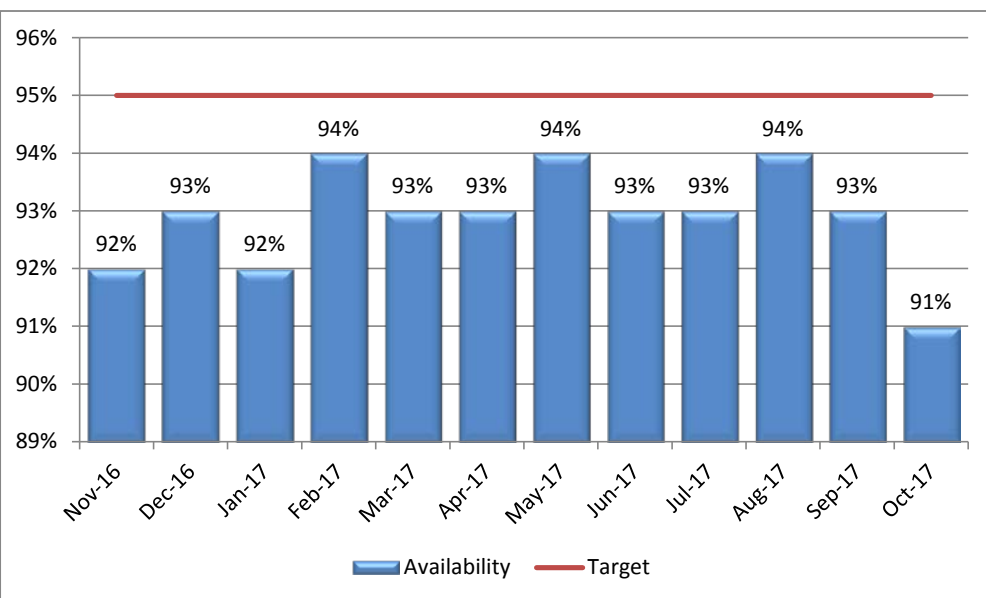
10.4 Deep Clean (5 weeks)



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

Vehicle availability has dropped this month and at 91% 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.

The PTS Deep Clean percentage of breaches outside the 5 weeks window decreased from 7.2% in September to 6.3%. Regionally we had 18 breaches totalling 190 exception days. Generally the availability of PTS vehicles for Deep Cleaning remains high due to the availability of vehicles through the night.

Figures for October show that 4% of PTS fleet is aged over 10 years which is the lowest level in the past 12 months. There are currently 24 vehicles being converted to align the vehicle age profile with the South contract, these vehicle will be in service through November/December. The reduction of older vehicle age is in part from the vehicle reduction aligned to the South Yorkshire contract.

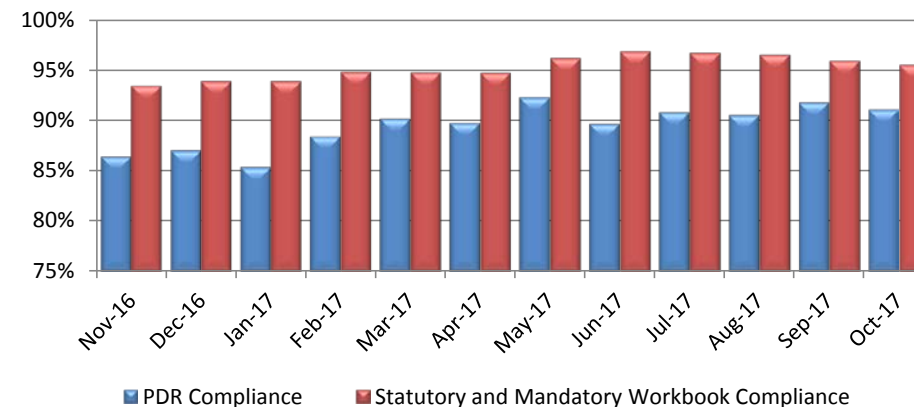
10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	599	30	120	449	75%
Contracted FTE (before OT)	586	42	98	447	76%
Variance	(13)	(12)	22	(2)	(0.5%)
% Variance	(2.1%)	(39.2%)	18.5%		
FTE worked inc overtime	620	42	98	481	78%
Variance	(21)	(12)	22	31	7.0%
% Variance	(3.5%)	(39.2%)	18.5%		

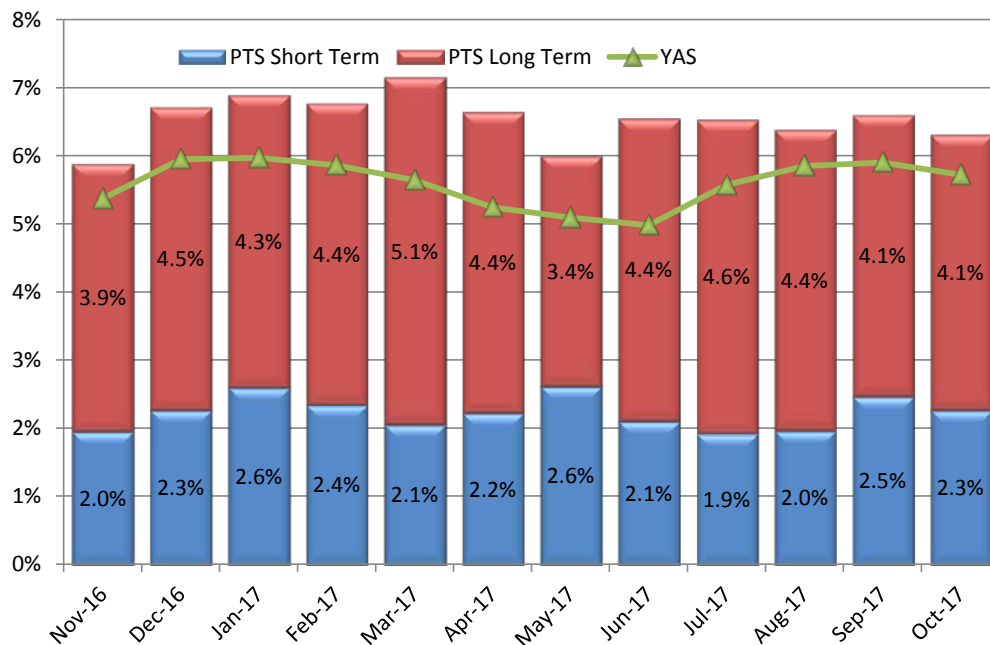
** FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

** Sickness and Absence (Abstractions) is from GRS

10.8 Training



10.9 Sickness



Commentary

PDR compliance decreased slightly from 91.8% in September to 91.1% in October, but remains above the 90% Trust target.

Statutory and Mandatory Workbook compliance fell slightly in October to 95.6% but remains above the 90% Trust target.

Sickness rate increased slightly in October by (0.1%) and is 1% higher than the 5.7% YAS average.

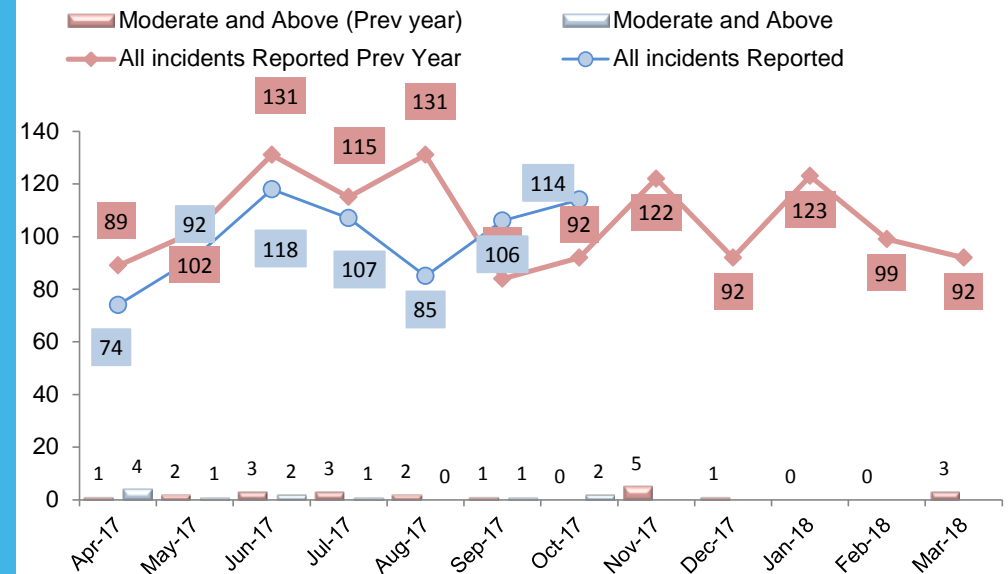
10. PATIENT TRANSPORT SERVICE

October 2017

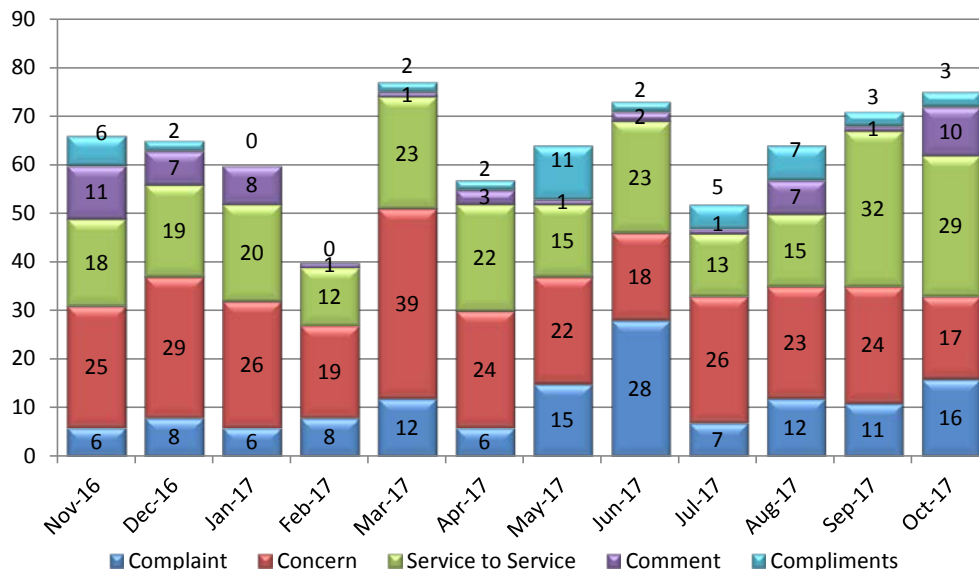
10.10 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		1	2
Total Incidents (per 1000 activities)		0.02	0.00
Total incidents Moderate & above		0	11
Response within target time for complaints & concerns		97%	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%	77.7%

10.11 Incidents



10.12 Patient Feedback



Commentary

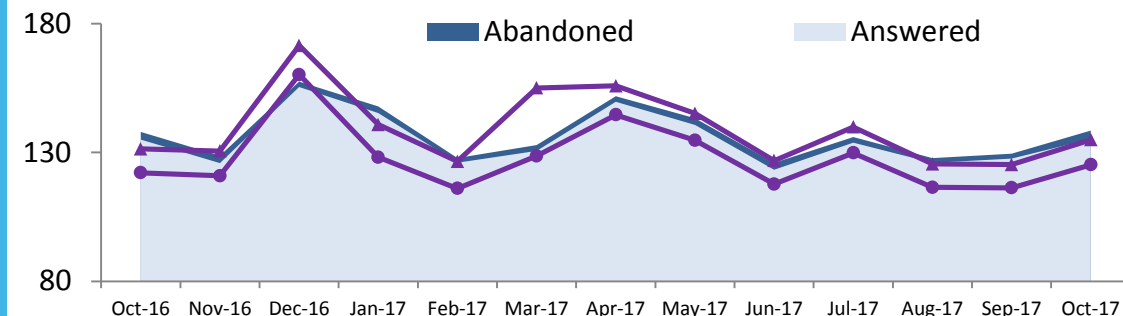
Incidents: The number of reported incidents within PTS increased by 7.5% vs last month and show an increase of 23.9% against October last year while Incidents of moderate harm remained low.

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 increased from 11 to 16, however, the number of concerns fell from 24 to 17. The YTD average number of complaints each month is 11 equating to a complaint rate per PTS journey of 0.02%. PTS are currently undertaking some trend analysis on complaints to gain a better understanding of any underlying issues.

11. NHS 111

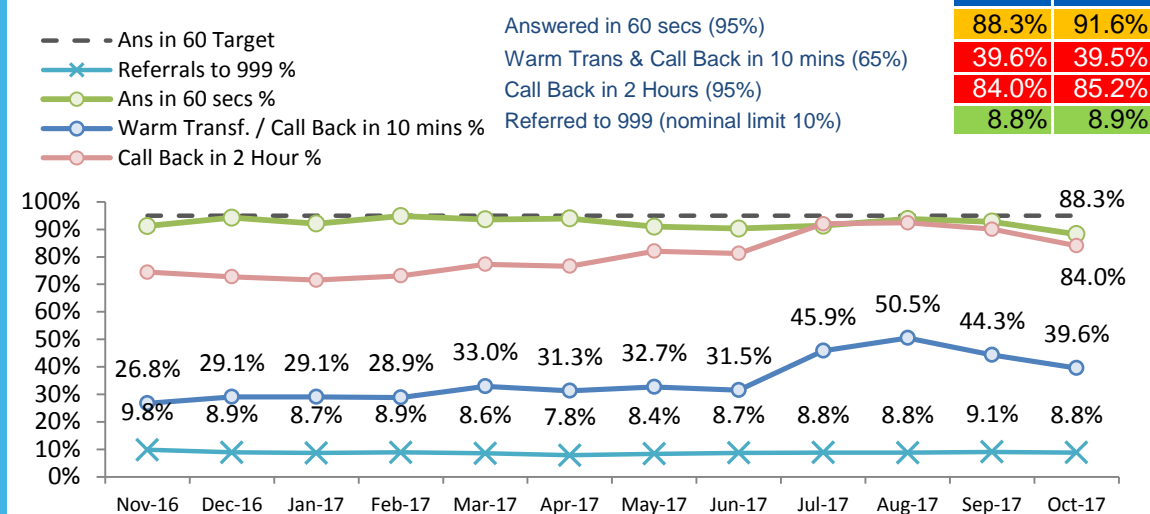
October 17

11.1 Demand

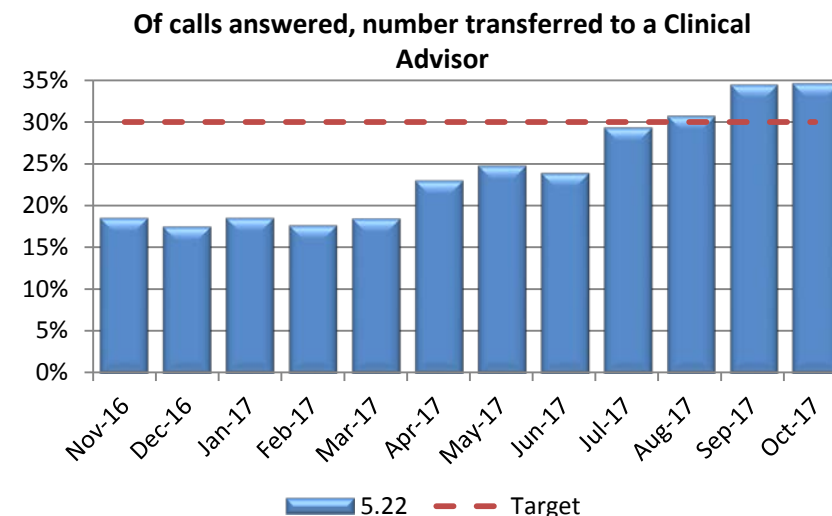


YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 2017-18	952,995	936,368	858,107	91.6%
Contract YTD 2017-18	953,507	928,355	881,937	95.0%
Variance	- 512	8,013	- 23,830	3.4%
	-0.1%	0.9%	-2.7%	
YTD 2016-17	902,450	885,934	826,690	93.3%
Variance	50,545	50,434	31,417	-1.7%
	5.3%	5.4%	3.7%	

11.2 Performance



11.3 proportion calls transferred to a clinical advisor



Commentary

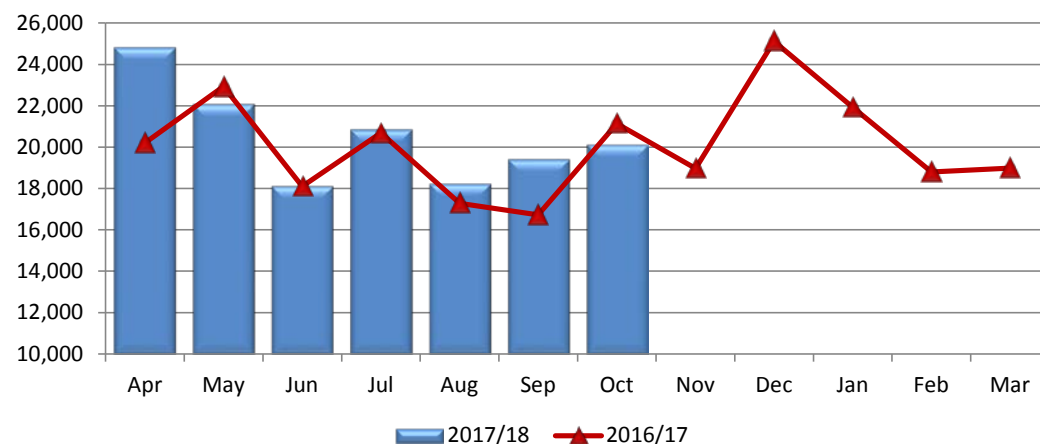
Figures for October 2017 show that 88.3% patient calls were answered in 60 seconds. Commissioners are aware that the 2017/18 contract settlement does not fund the service to meet this KPI.

Calls continue to track closely with the contract ceiling with calls in October 2.9% above (this would have been higher if not for SAN network issues on the 29th October and the need for national contingency). Compared to last year YTD at end October demand is 5.4% above (0.9% above YTD ceiling).

The 2 local clinical KPIs for 2 hours call-back (84%) and warm transfer / 10 minute call-back (39.6%). This fall from September reflects that clinicians have supported front end call handling.

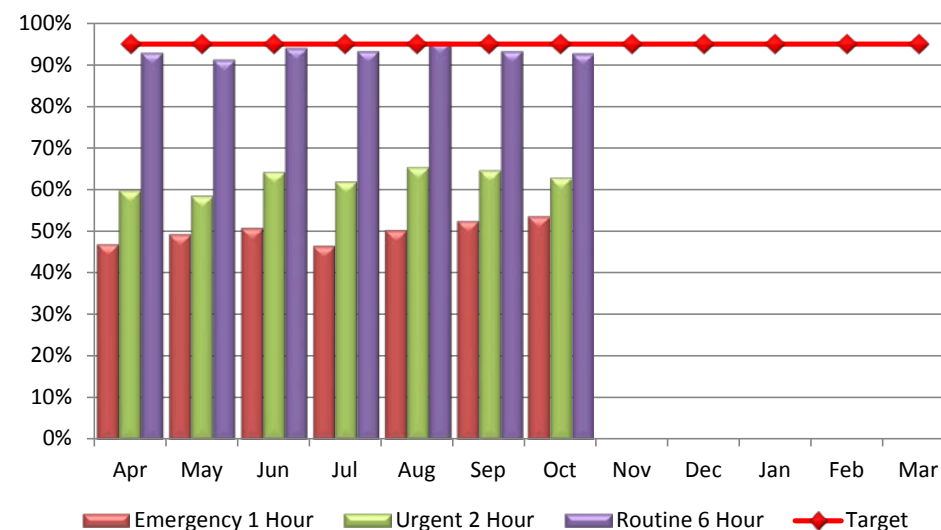
Clinical advice continues to exceed the 30% NHS England target.

11.4 Demand

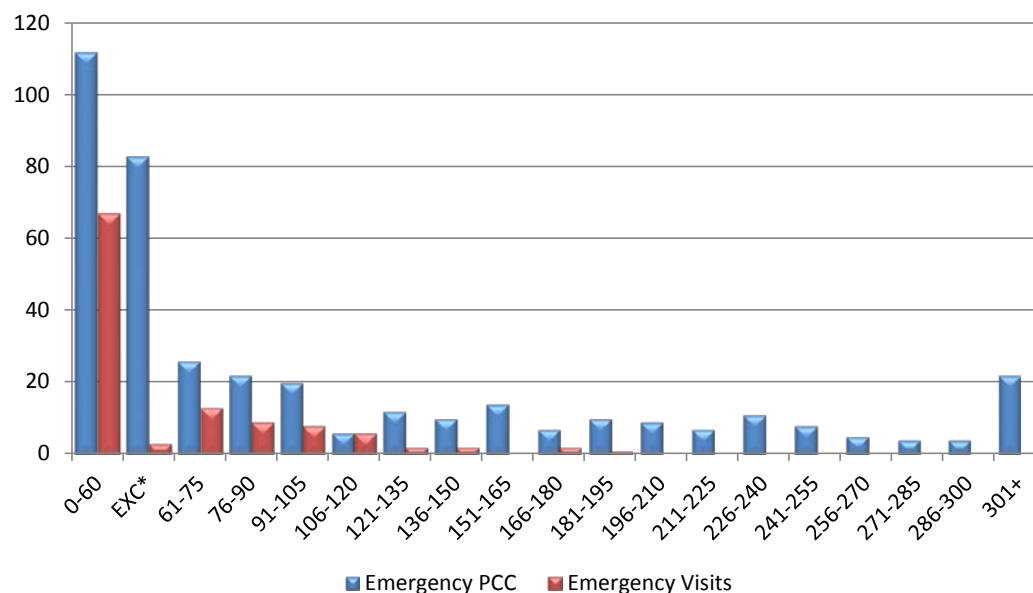


YTD	Variance	YTD 2016-17	YTD 2017-18	Diff	Percentage
		137,063	143,909	6,846	5.0%

11.6 Performance



11.5 Tail of Performance



11.7 Complaints

Adverse incidents	
Adverse incidents	1 SI reported in October.
Adverse reports received	No adverse reports received.
Patient Complaints	19 patient complaints received in October directly involving the LCD part of the pathway. 7 upheld, 1 partially upheld, 6 not upheld and 5 remain under investigation.

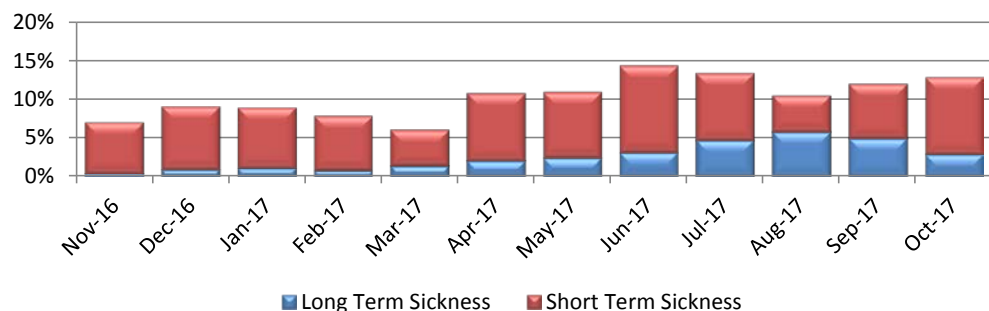
Comments: Patient demand levels for WYUC Oct 17, in comparison to Oct 16 fell by 7.4% although when normalised for the number of weekends demand is approximately the same. NQR performance improved compared to Oct 16 with NQR12a (1 hour emergency) improving to 53.6% (up by 5.8%), NQR12b (urgent) at 62.8% (up by 2.7%) and NQR12c (routine) at 92.7% (up 2.7%).

Performance and actions continue to be picked up through the WYUC

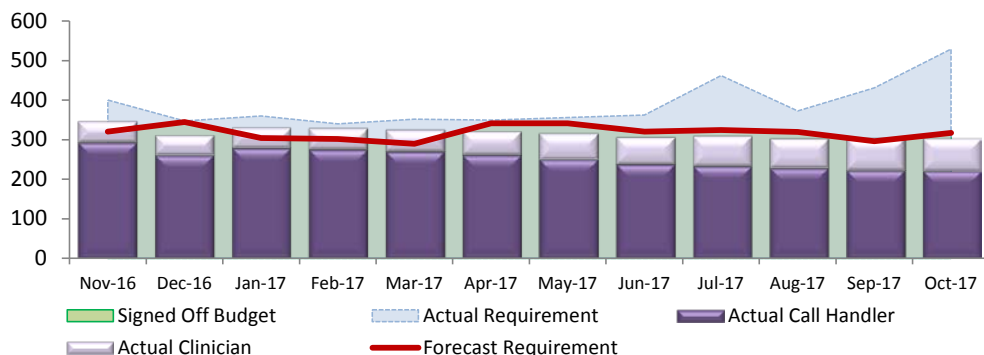
11.8 Workforce FTE - Call Handler & Clinician

	FTE	Sickness	Absence	Available	
				Total	%
Budget FTE	317	29	73	216	68%
Contracted FTE (before OT)	305	40	112	154	50%
Variance	-12	-11	-39	-62	-18%
% Variance	-4%	-39%	-53%	-29%	-18%
FTE (Worked inc Overtime)	333	40	112	182	55%
Variance	16	-11	-39	-34	-13%
% Variance	5.0%	-39%	-53%	-16%	-13%

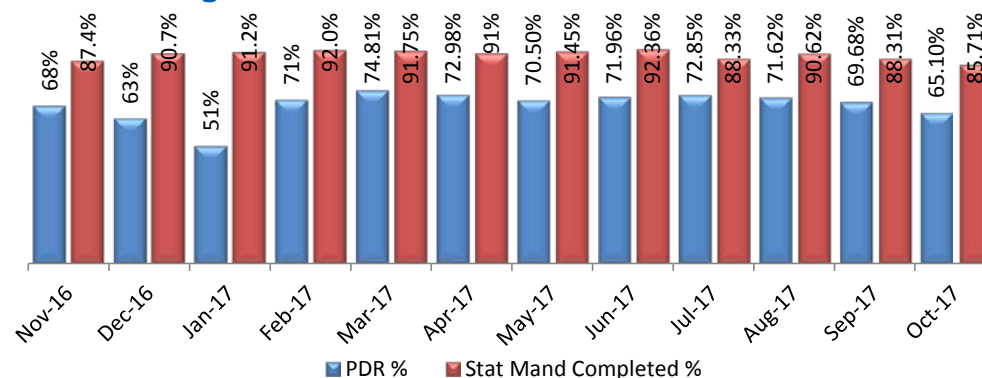
11.9 Sickness



11.10 Recruitment Plan



11.11 Training



Commentary

Sickness and PDRs continue to be a priority for the service although during October & November training for NHS Pathways version 14 for all staff must be undertaken to ensure the new clinical release, which includes sepsis is in place for winter. PDR rates have also been impacted by the capacity and demand challenge being faced by the service during the period and therefore impacting on the ability to complete PDRs.

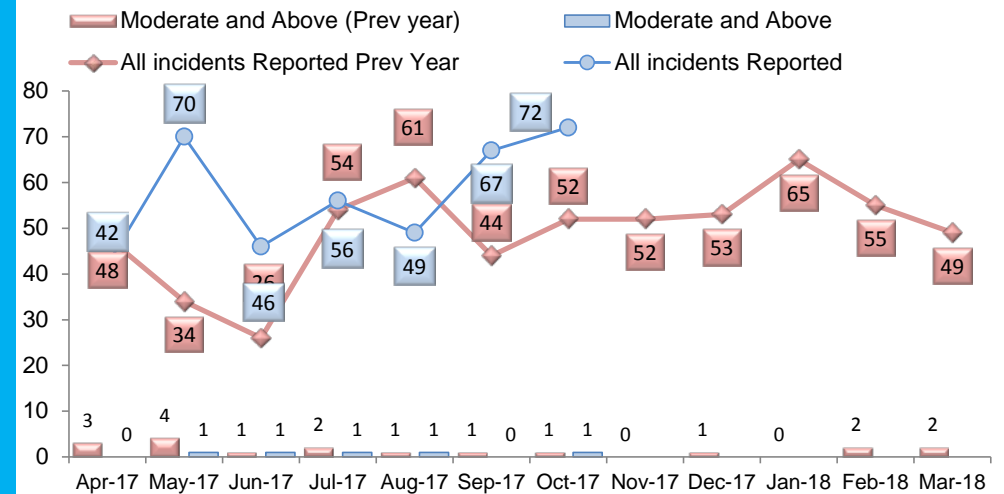
Call handling recruitment for winter is currently under plan and additional actions, defined in a performance plan, have been put into place already. Additional staff are in training with an intake of dental nurses (to support front end dental calls) expected from the 20th November

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

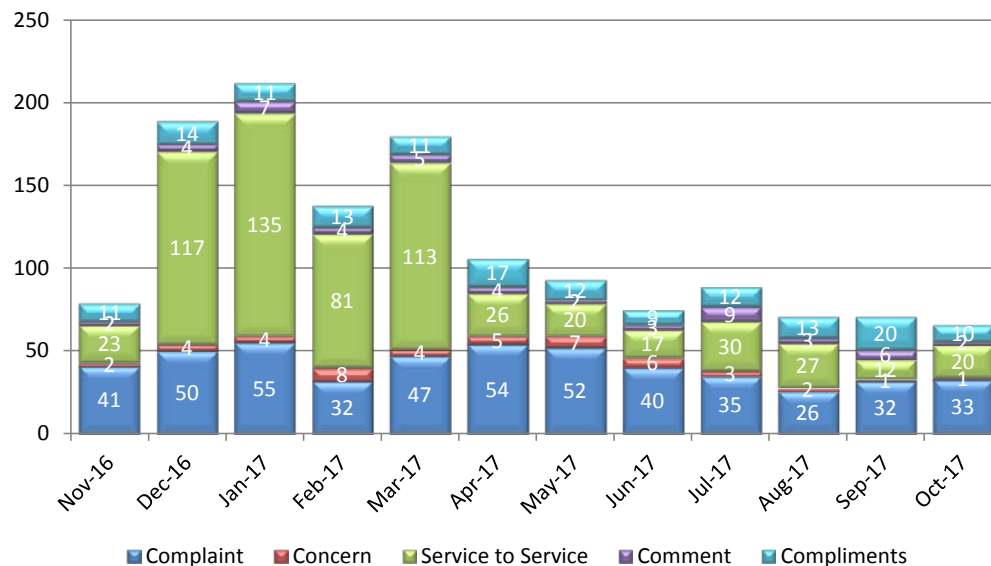
11.13 Quality, Safety and Patient Experience

		Oct-17	YTD
Serious Incidents YTD		0	1
Total Incidents (per 1000 activities)		0.00	0.00
Total incidents Moderate & above		1	5
Response within target time for complaints & concerns		67%	79%
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 reported in October, 33 patient complaints were received and are being investigated.

The level of moderate and above incidents remains very low across the year with no incidents in this category in October.

There was 10 compliments during October.

ANNEXES

Annex 1 National Benchmarking - Year to Date (@ August 2017)

Oct-17

AQIS ARE CURRENTLY BEING REVISED AND DATA POST AUGUST 2017 IS UNAVAILABLE AT THIS TIME

Ambulance Quality Indicator (A&E)	Target	Units	East Midlands	East of England	London	North East	North West	South Central	South East Coast	South Western	West Midlands	YAS	RANK (1 - 10)	YTD
Time to Answer - 50%		mm:ss	0:02	0:01	0:00	0:01	0:01	0:03	0:03	0:02	0:01	0:01	2	August
Time to Answer - 95%		mm:ss	0:31	0:23	0:32	0:28	0:58	0:11	1:44	1:11	0:07	0:05	1	August
Time to Answer - 99%		mm:ss	1:21	1:18	1:38	1:20	2:25	1:04	3:44	2:49	0:42	0:42	1	August
Abandoned calls		%	0.62	1.09	1.21	0.59	2.22	0.30	4.05	1.93	0.61	0.25	1	August
Cat Red 8 minute response - RED 1	75%	%		71.3	74.6	73.4		74.9	64.1					August
Cat Red 8 minute response - RED 2	75%	%		60.3	71.1	56.8		71.7	49.4					August
Cat Red 19 minute response	95%	%		90.2	94.6	87.6		94.7	88.1					August
95 Percentile Red 1 only Response Time		Time		15.0	12.8	13.2		13.7	16.0					August
Category1 8 minute response***	75%	%	N/A				N/A			N/A	N/A	71.6		August
Category1 19 minute response***	95%	%	N/A				N/A			N/A	N/A	92.2		August
Category2 19 minute response***		%	N/A				N/A			N/A	N/A	74.8		August
Category3 40 minute response***		%	N/A				N/A			N/A	N/A	77.2		August
Category4 90 minute response***		%	N/A				N/A			N/A	N/A	84.5		August
Time to Treat - 50%		mm:ss		7.5	6.3	7.7		6.5	8.3					August
Time to Treat - 95%		mm:ss		23.4	17.7	27.8		19.3	25.0					August
Time to Treat - 99%		mm:ss		34.6	37.9	48.7		30.6	39.0					August
STEMI - Care		%	83.2	92.5	72.2	93.0	83.8	84.1	58.7	61.5	79.3	80.8	6	May
Stroke - Care		%	98.0	99.6	97.0	98.1	99.8	98.7	93.2	95.6	94.2	98.2	4	May
Frequent caller *		%	0.4	0.4	0.5	1.1	1.4	3.6				2.6	6	August
Resolved by telephone		%	18.8	9.2	11.1	7.5	9.6	12.4	6.2	14.2	4.7	9.2	6	August
Non A&E		%	23.1	37.9	37.5	36.7	32.8	40.2	47.5	49.4	38.8	31.2	9	August
STEMI - 150		%	94.7	92.7	90.5	88.9	78.5	91.6	89.7	76.7	88.9	84.8	8	May
Stroke - 60		%	52.6	51.5	68.6	49.2	59.4	52.0	65.8	39.2	60.4	48.6	9	May
ROSC		%	25.4	29.1	32.0	26.3	37.0	30.4	25.2	27.2	29.0	29.5	4	May
ROSC - Utstein		%	46.9	57.1	61.8	44.6	64.0	36.9	59.1	42.3	54.4	43.2	8	May
Cardiac - STD		%	9.0	7.9	9.3	8.3	8.2	12.6	7.1	6.8	11.1	10.2	3	May
Cardiac - STD Utstein		%	31.1	25.5	31.3	27.8	24.7	27.1	31.6	20.0	30.4	22.5	9	May
Recontact 24hrs Telephone		%	1.0	8.8	3.6	12.5	3.1	12.2	8.1	9.9	14.9	3.5	3	August
Recontact 24hrs on Scene		%	5.0	5.7	8.8	4.7	3.0	4.5	6.3	4.5	6.9	1.1	1	August

Annex 2 Ambulance Quality Indicators - YAS

October 2017

AQIS ARE CURRENTLY BEING REVISED AND DATA POST AUGUST 2017 IS UNAVAILABLE AT THIS TIME

Indicator	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	YTD RANK (1 - 10)	YTD National Range (last month shown)		
Time to Answer (50%)	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	2	0:00	to	0:03
Time to Answer (95%)	0:12	0:20	0:14	0:33	0:36	0:35	0:11	0:05	0:05	0:05	0:05	0:05	1	0:02	to	0:55
Time to Answer (99%)	1:06	1:20	1:03	1:30	1:34	1:36	0:56	0:45	0:45	0:50	0:36	0:32	1	0:30	to	1:54
Abandoned calls	0.5	0.8	0.9	1.6	2.5	1.6	0.6	0.3	0.3	0.2	0.2	0.3	1	0.17	to	1.37
Cat Red 8 minute response**	68.8	70.7												N/A		
Cat Amber 19 minute response**	70.0	69.0														
Cat Green 60 minute response**	95.1	94.4														
Category1 8 minute response***		65.7	65.7	64.2	65.9	66.1	69.5	71.2	72.9	70.5	71.8	65.8				
Category1 19 minute response***		89.5	88.3	88.4	89.4	89.6	92.1	92.4	92.8	92.0	91.6	89.4				
Category2 19 minute response***		69.3	71.1	67.9	71.4	72.1	76.3	77.8	77.0	72.9	71.6	69.5				
Category3 40 minute response***		71.1	72.2	68.0	72.8	70.9	79.7	79.9	79.9	74.6	74.5	72.2				
Category4 90 minute response*** (excl HCP)		90.3	84.3	83.5	84.0	81.6	86.8	84.0	83.9	86.1	83.6	79.1				
STEMI - Care	82.2	89.7	87.1	88.1	85.7	75.0	80.0	80.3	81.5	79.1			6	67.3	to	91.1
Stroke - Care	98.8	99.1	99.1	98.8	99.1	96.7	98.6	98.4	98.0	97.8			4	94.9	to	99.7
Frequent caller *	4.03	2.52	2.83	2.92	2.87	2.54	2.67	2.79	2.69	2.74	2.38	2.61	6	0.20	to	3.50
Resolved by telephone	6.8	7.8	8.5	9.4	9.2	7.5	6.9	8.3	8.1	8.9	9.0	9.2	6	4.8	to	18.2
Non A&E	30.8	30.0	29.7	30.7	31.0	30.4	29.9	30.2	31.4	30.6	31.3	32.4	9	22.8	to	49.1
STEMI - 150	84.7	83.8	81.4	88.8	80.0	82.7	80.4	83.3	86.0				8	71.8	to	92.1
Stroke - 60	42.0	39.9	41.4	42.4	43.8	41.8	41.0	50.2	47.1	47.8			9	36.1	to	64.3
ROSC	25.2	25.7	32.2	27.3	27.4	28.0	33.9	27.8	31.5	29.4			4	24.3	to	35.6
ROSC - Utstein	46.8	51.1	72.2	43.5	57.1	61.4	68.8	46.7	38.9	46.5			8	41.4	to	62.1
Cardiac - STD	11.1	10.9	14.1	6.1	8.4	10.4	11.4	8.8	11.7	7.3			3	6.3	to	12.6
Cardiac - STD Utstein	33.3	36.2	53.7	25.6	38.1	40.4	47.7	24.4	20.0	24.4			9	21.5	to	35.8
Recontact 24hrs Telephone	6.7	5.0	7.3	5.7	5.1	3.7	4.9	3.8	4.0	4.1	2.8	3.1	3	0.8	to	13.8
Recontact 24hrs on Scene	1.6	1.3	1.5	1.6	1.5	1.3	1.1	1.1	1.0	1.3	1.0	1.1	1	1.1	to	8.5

Comments:- Please Note ** 21st April to 19th October due to ARP2 and *** 20th October onwards due to ARP2.2